Modeling the Mental Health Workforce in Washington State: Using State Licensing Data to Examine Provider Supply in Rural and Urban Areas

Background: Mental health is the second leading cause of disability and premature mortality. An effective mental health care system requires monitoring the adequacy and distribution of mental health providers at the regional, state, and national levels.

Purpose: To demonstrate the use of state health professional licensing data for examining mental health provider supply in geographically defined medical service areas.

Methods: State licensing files on credentialed health professionals, a simple licensure renewal survey, the 1990 U.S. Census, and the National Comorbidity Survey were used to calculate supply and requirements for mental health services in urban and rural areas of Washington State in 1998-1999.

Major Findings:
✖ Notable shortages of mental health providers existed throughout the state, especially in rural areas.
✖ 85 percent of the rural Health Service Areas (HSAs) and 77 percent of the Mental Health Regions had at least 10 percent fewer psychiatrists than the state ratio of 10.4 FTEs per 100,000 people.
✖ 83 percent of the rural HSAs and 54 percent of the Mental Health Regions had at least 10 percent fewer nonphysician mental health providers than the state ratio of 306.5 FTEs per 100,000 people.

Policy Implications: States gathering a minimum database at licensure renewal on specialty, location, hours, and visits can develop uniform, area-specific estimates of health service shortage that can be used by:
◆ State and federal policy makers to determine program eligibility and to allocate resources.
◆ Educational programs to encourage placement of trainees and graduating providers in areas with the highest need.