Center for Health Statistics
Health Professions Resource Center

Highlights: The Supply of Mental Health Professionals in Texas - 2010

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Texas is experiencing a shortage of Mental Health Professionals, according to a recent analysis of health provider supply data conducted by The Health Professions Resource Center, and the available data indicate that the shortages are likely to worsen. Mental Health providers include, but are not limited to, psychiatrists, psychologists, psychoanalysts, social workers, licensed professional counselors, licensed chemical dependency counselors, marriage and family therapists, and psychiatric nurses. Also, primary care physicians provide a growing percentage of mental health services, particularly with increased availability of psychotropic drugs. All of these professions play an important role in improving the mental health of Texans, yet to some degree there is evidence to suggest that there is a shortage of all of these professional types who serve the 25 million people in the state. This report is an update of a previous report: *Highlights: The Supply of Mental Health Professionals in Texas – 2005*.*

Psychiatrists

Historically, Texas has had a low number of psychiatrists and low supply ratios (the number of providers per 100,000 population). While this is a cause for concern, changes in practice characteristics indicate that other mental health professionals may be providing more mental health services than psychiatrists. A recent article in the New York Times found that due to changes in how much insurance will pay, psychiatrists are less likely to perform talk therapy and more likely to prescribe medication.[1] A psychiatrist can have shorter patient visits and see more patients this way. A 2005 U.S. government survey found that just 11 percent of psychiatrists provided talk therapy to all of their patients. Insurance company reimbursement rates and policies that discourage talk therapy are part of the reason: a psychiatrist can earn $150 for three 15-minute medication visits, compared with only $90 for a 45-minute talk therapy session. Competition from other mental health professionals — who unlike psychiatrists do not attend medical school, so they can often afford to charge less — is another reason that talk therapy is priced at a lower rate. Also, many psychiatrists have stopped taking insurance because the reimbursement rate from insurers is low.[2] Many have also quit accepting Medicaid and Medicare. This illustrates the importance of other mental health professionals; however, Texas is experiencing shortages of those as well.

*The previous version of this report did not include child psychiatrists in the data on psychiatrists; the numbers of child psychiatrists were reported separately. Due to the increase in the categories of psychiatric specialties, this report includes all psychiatric specialties together, with additional information on child psychiatrists following. Therefore, the numbers of psychiatrists in this report for past years do not match the numbers in the previous report. Also, due to changes in the classifications of rural and urban counties and border and non-border counties, some of the information presented in this report may not match that published in the previous report.

The data on psychiatrists were obtained from the Texas Medical Board's licensing database. Psychiatry is a direct patient care physician specialty.[3] Texas has a severe shortage of psychiatrists. In 2010, there were 1,687 psychiatrists in Texas, including 188 child psychiatrists. Most of those psychiatrists were concentrated along the I-35 corridor from Bexar County to Dallas County, and also in the Harris and Cherokee County areas. As in 2005, there were 181 counties with no psychiatrists in 2010, and there were very few psychiatrists in the West Texas or Panhandle areas (Figure 1). Of those 181 counties that had no psychiatrists, 154 were rural counties containing a total population of 2,139,825. The number of psychiatrists has increased slightly over the past two and a half decades, but the supply ratio has decreased (Table 1). Increases in the number of psychiatrists have not kept pace with the state's population growth, resulting in decreasing supply ratios.

Table 1. Psychiatrists and Supply Ratios

Year	Number	Texas	Rural	Urban	Border	Rural Border
1985	1,222	7.5	2.0	8.6	2.8	0.7
1990	1,264	7.4	2.1	8.4	3.0	0.0
1995	1,365	7.3	2.8	9.0	3.6	0.3
2000	1,422	7.0	3.0	8.0	3.3	0.8
2005	1,488	6.5	2.8	7.0	2.6	1.1
2010	1,687	6.6	2.7	7.2	2.5	0.5

Figure 1.

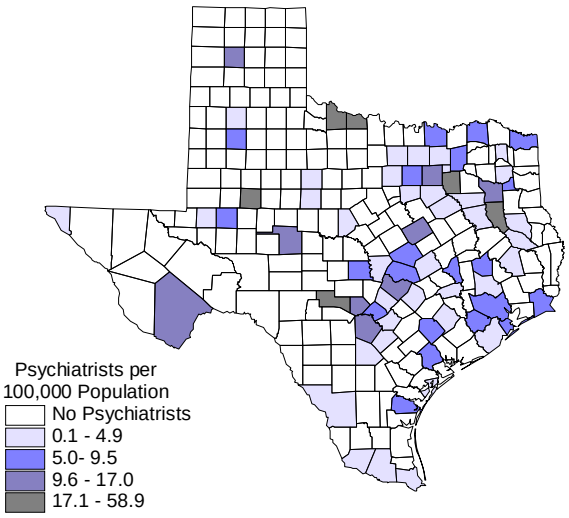
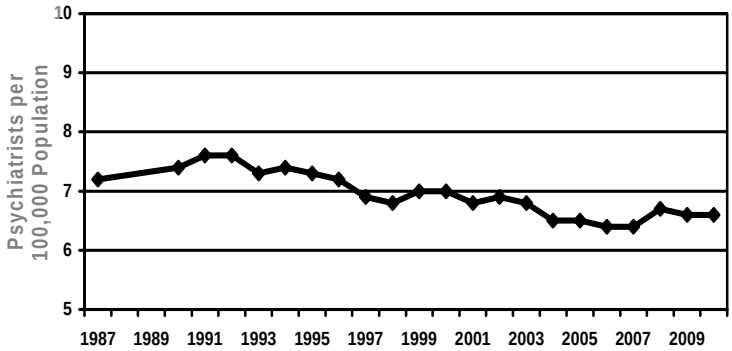


Figure 2. Psychiatrists per 100,000 Population



While some areas of Texas may appear to have an adequate number or even an abundance of psychiatrists based on supply ratios, other areas - such as the rural, West Texas, South Texas, and Panhandle areas - have been designated by the U.S. Department of Health and Human Services as Health Professional Shortage Areas (HPSAs)[4] for mental health, which makes them eligible for various incentives to increase the supply of psychiatrists in those areas. In April of 2011, 195 (77%) of Texas' 254 counties held designations as whole county HPSAs (Figure 3).[5] This is an increase from the 183 counties designated in 2002. Many counties have held designations as

mental health provider shortage areas for decades. The HPSA designation is based primarily on the ratio of psychiatrists to the population and indicates a lack of adequate supply of psychiatrists.

Figure 3. Federally Designated Mental Health Shortage Areas

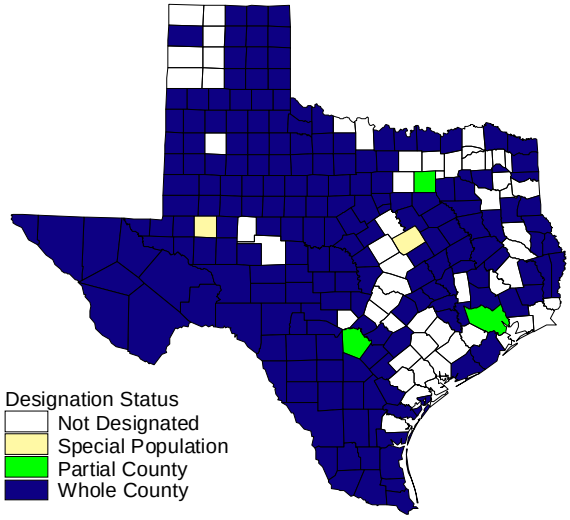
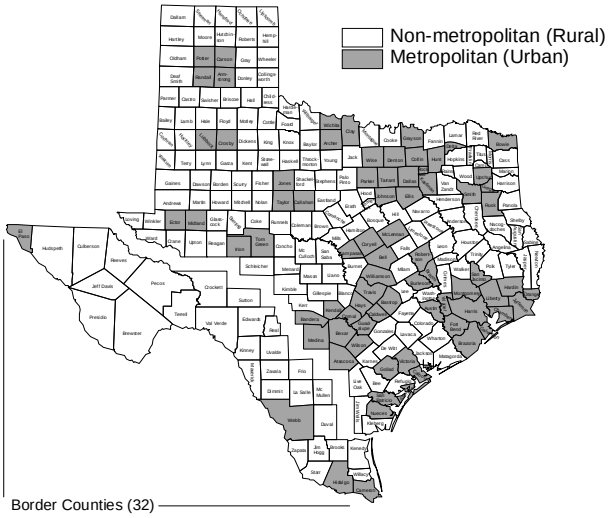


Figure 4. Rural/Urban & Border/Non-border counties



The "border counties" are comprised of 32 counties – 4 urban counties and 28 rural counties. This region encompasses those counties within 100 kilometers of the U.S./Mexico border (Figure 4). In 2010, there were 2,628,175 people in the border counties. This area, which is predominately Hispanic (87.7%), has a higher poverty rate than the rest of Texas, and other high-need indicators. This area has a shortage of most health care services and requires special attention. The border counties have lower supply ratios than Texas as a whole for psychiatrists and many other mental health professionals, and the 28 rural border counties have even lower supply ratios.

The shortages of psychiatrists appear to be most acute in the rural areas, particularly the rural border areas. In 2010, the state of Texas had a psychiatrist supply ratio of 6.6. However, the supply ratio for the rural counties was only 2.7, compared with 7.2 in the urban counties. For the 28 rural border counties, the ratio was only 0.5 (Table 1).

In 2010, 5.0% of the psychiatrists in Texas practiced in the 177 rural counties, where 12.4% of the population lived. Between 2000 and 2010, the supply ratios for rural counties declined slightly, from 2.8 to 2.7 respectively, and nine of those counties lost all of their psychiatrists. The supply ratios for the 32 border counties declined slightly, from 3.3 in 2000 to 2.5 in 2010.

As with direct patient care physicians overall, Texas recruits more psychiatrists from other states and countries than it produces from its own medical schools. In 2010, only 47.5% of the psychiatrists practicing in Texas were graduates of one of the eight medical schools in the state; 24.3% of the psychiatrists were graduates of a U.S. medical school outside of Texas, and 28.2% were graduates of a foreign medical school. The percentage of Texas graduates practicing in Texas in 2010 decreased from that of previous years. In 1998, 50.0% of the psychiatrists

practicing in Texas were Texas graduates. Since Texas is so dependent on graduates from non-Texas medical schools for the supply of psychiatrists, any disruption in this source of psychiatrists in the supply pipeline would make the current shortage even more pronounced.

The Health Professions Resource Center studies the median ages of providers to determine if the workforce is aging, which may indicate an impending loss due to retirements. The median age is the age midpoint of the workforce; half of the providers are younger than the median age and half are older. The median age of psychiatrists increased slightly over the last few years – from 52 in 2000 to 55 in 2010 (Table 2). This was higher than the median age of all direct patient care physicians, which was 49 in 2010. This suggests that Texas may see more losses of psychiatrists due to retirements than with many other physician specialties in the next 10-15 years, and this will only exacerbate the psychiatrist shortage. This underscores the need to stimulate interest in this specialty among medical students and to research and implement effective recruitment methods for more psychiatrists to enter the workforce to replace those who will leave. There is also a difference between the median ages of psychiatrists in the rural areas, 59 years, and the urban areas, 54 years. Thus, losses due to retirements can be expected to happen sooner in rural areas than in the urban areas. This further illustrates the possibility of a severe shortage of psychiatrists in the rural areas in the future. And, in 2010, only 3.9% of the psychiatrists in Texas were located in the border counties, while 10.4% of the population was located there.

Table 2. Median Ages of Psychiatrists

Year	Texas	Rural	Urban	Border	Rural Border*
2000	52	55	52	52	50
2005	51.5	55	51	55	67
2010	55	59	54	57	63

*There were only 2 psychiatrists in Rural/Border counties in 2010; the small number accounts for the large fluctuations in the median age.

The Health Professions Resource Center also studies demographic information related to health providers. In a diverse state such as Texas, where females comprised 49.8% of the population in 2010, and almost 40% of the population was Hispanic, it is considered desirable to have a healthcare workforce that mirrors the diversity of the population. However, the majority of psychiatrists are male, although the percentage of females has been increasing each year (Table 3). In 2010, 27.5% of all direct patient care physicians were female, and the median age of all direct patient care physicians was 49 years. The median age for males was 52 years while the median age for females was 44 years. For psychiatrists, the median age for males was 57 and for females it was 50. In general, female psychiatrists tend to be younger than male psychiatrists, and the increasing percentage of females in the workforce will help to keep the median age from increasing as rapidly as in the past. However, for both males and females, the median ages were significantly higher than they were for all physicians, indicating a potential shortage in the future due to retirements that some other physician specialties may not experience as rapidly.

Table 3. Psychiatrists by Gender (%)

Year	Male	Female
2000	71.3	28.7
2005	67.0	33.0
2010	62.5	37.5

The psychiatrists were predominately White, and the proportion of Hispanics was significantly less than their proportion of the general population. The percentages by race/ethnicity have shown little change over the last decade (Table 4).

Table 4. Psychiatrists by Race/Ethnicity (%)

Year	White	Black	Hispanic	Other
2000	71.7	3.3	12.4	12.6
2005	68.4	3.8	12.8	15.0
2010	72.2	4.0	13.3	10.5

Child Psychiatrists

Although a psychiatrist does not have to be specifically a child psychiatrist to treat children, child psychiatrists have a special focus and interest in addressing the health care needs of children and their families. In 2010, 27.4% of the population of Texas – 6,956,043 people - were age 18 or younger, but there were only 188 child psychiatrists, distributed across 37 of the state's 254 counties. That is a supply ratio of 2.7 per 100,000 children ages 0-18. As with all psychiatrists, most of the child psychiatrists were located along I-35 from Bexar County to Dallas County, with another cluster around Harris County. Bexar County had the most child psychiatrists of any county, 35, followed by Harris County with 34. The median age of child psychiatrists in 2010 was 52 – younger than the median age of all psychiatrists at 55. The median age for males was 55 and the median age for females was 49. Only six child psychiatrists practiced in the border counties, serving a population of 861,524 children, and only five practiced in the rural counties in Texas, serving a population of 814,578 children. None practiced in the rural border counties, where 122,320 children lived.

Psychologists

The data for psychologists were obtained from the Texas State Board of Examiners of Psychologists' licensing database. Psychologists diagnose and treat mental, nervous, emotional, and behavioral disorders and ailments. In Texas, there are four categories of licensees recognized by the Texas State Board of Examiners of Psychologists (TSBEP): licensed psychologist (LP), provisionally licensed psychologist (PLP), licensed specialist in school psychology (LSSP), and licensed psychological associates (LPA). In 2010, there were 3,797 LPs, 171 PLPs, 1,054 LPAs, and 2,704 LSSPs; however, a psychologist may hold more than one of these license types. The data in this report represent an unduplicated count of those four types of licensees – resulting in a total of 6,547 psychologists for 2010.

Although there has been an increase in the number of psychologists in the state of Texas, many areas - such as the rural, West Texas, South Texas, and the Panhandle areas – have had shortages based on supply ratios (Figure 5). And, although the number of psychologists has increased each year, the supply ratios have remained fairly level (Table 5, Figure 6). The largest concentration of psychologists, based on supply ratios, is in the Central Texas area. In 2010, 5.3% of Texas' psychologists practiced in the 177 rural counties, where 12.4% of the population lived. The rural counties had much lower ratios than the urban counties (Table 5), and in 2010, 103 counties had no psychologists, compared with 120 counties in 1999. Of those 103 counties, 96 were rural counties containing a total population of 750,046.

With the passage the Minimum Data Set, the Health Professions Resource Center expects to collect additional demographic information for psychologists in the future.

Figure 5.

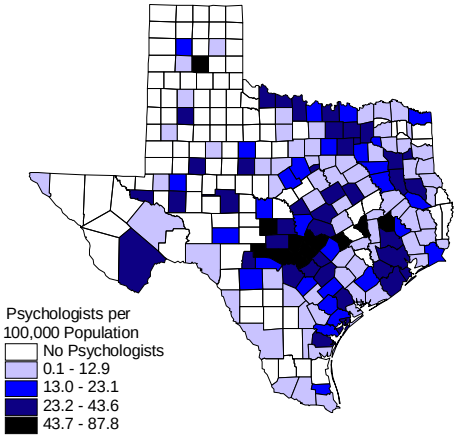


Figure 6. Psychologists per 100,000 Population

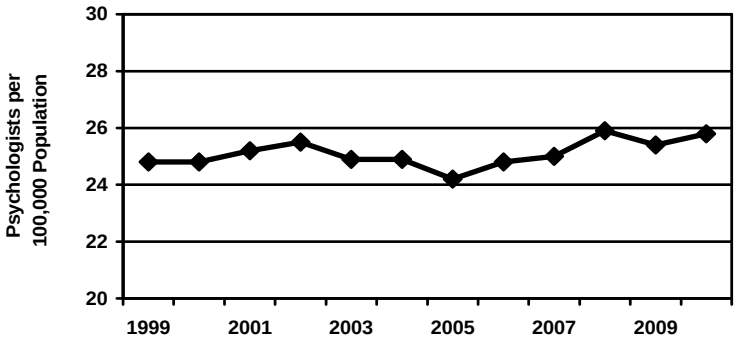


Table 5. Psychologists and Supply Ratios

Year	Number	Texas	Rural	Urban	Border	Rural Border
2000	5,044	24.8	9.8	26.3	7.1	2.4
2005	5,567	24.2	10.2	26.3	7.6	3.0
2010	6,547	25.8	11.1	27.9	8.3	5.4

Social Workers

The data for licensed social workers were obtained from the Texas State Board of Social Worker Examiners' licensing database. Many social workers are unlicensed but the data in this report pertain only to those who are licensed. Social workers apply specialized knowledge and skills in the areas of assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions and addictions, including severe mental illness in adults and serious emotional disturbances in children. Treatment methods include the provision of individual, marital, couple, family, group therapy, and psychotherapy. There are four types of social worker licensure. These four types of social workers provide various types of services; however, all levels are involved in restoring or enhancing social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. More information can be found under the "Scope of Practice" section on the Texas State Board of Social Worker Examiners' website.[6] The data in this report include all four types of licensees.

In 2010, there were 16,962 licensed social workers in Texas. They were distributed throughout the state, although many West Texas counties did not have any social workers. In 2010, there were 46 counties with no social workers, compared with 35 counties in 1999. Of those 46 counties, 43 were rural, containing a total population of 199,413. The number of social workers has increased since 2000, however, when this increase is related to the growth of the population, the supply ratios for social workers per 100,000 people have decreased from 71.5 in 2000 to 66.8 in 2010 (Table 6). While some areas of Texas may appear to have had an adequate number or even an abundance of social workers, other areas - such as the rural, West Texas, South Texas, and the Panhandle areas - had shortages based on supply ratios. Most of the counties with no social workers were in these areas (Figure 7). In 2010, 8.1% of the social workers practiced in the 177 rural counties, where 12.4% of the population lived, and the rural counties had much

lower supply ratios than the urban counties (Table 6). The disparity is becoming more pronounced over time.

Data on age were only available back to 2001. The median age of all active social workers has increased slightly since then – from 45 in 2001 to 47 in 2010 (Table 7). Social workers in the rural areas tended to be older than their urban counterparts. The gender data provided to the Health Professions Resource Center were not complete, but it was determined that in 2010 at least 66.8% of the social workers were female, while at least 12.8% were male. The gender was unknown for 20.4%. With the passage the Minimum Data Set, the Health Professions Resource Center expects to collect additional demographic information in the future.

Figure 7.

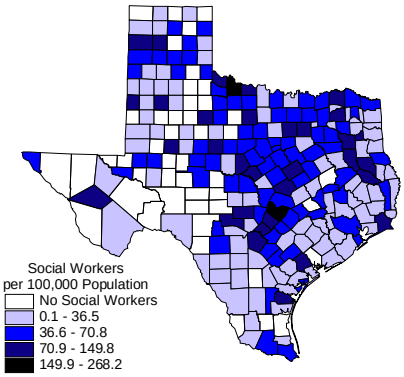


Figure 8. Social Workers per 100,000 Population

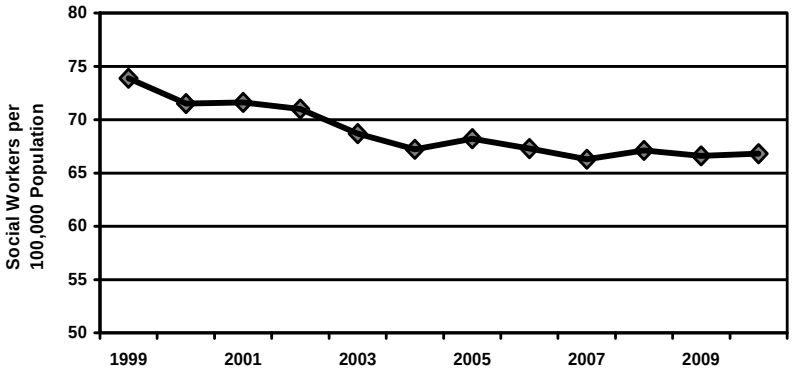


Table 6. Social Workers and Supply Ratios

Year	Number	Texas	Rural	Urban	Border	Rural Border
2000	14,549	71.5	52.8	74.5	43.0	19.6
2005	15,687	68.2	45.1	71.7	42.4	23.1
2010	16,962	66.8	43.7	70.1	41.5	18.4

Table 7. Median Ages of Social Workers

Year	Texas	Rural	Urban	Border	Rural Border
2001	45	45	45	45	45
2010	47	50	47	48	48

Licensed Professional Counselors

The data for licensed professional counselors were obtained from the Texas State Board of Examiners of Professional Counselor's licensing database. Licensed professional counselors (LPCs) apply mental health, psychotherapeutic, and human development principles to facilitate human development and adjustment throughout the life span; prevent, assess, evaluate, and treat mental, emotional, or behavioral disorders and associated distresses that interfere with mental

health; conduct assessments and evaluations to establish treatment goals and objectives; and plan, implement, and evaluate treatment plans using counseling treatment interventions that include counseling, assessment, consulting, and referral.[7]

The Health Professions Resource Center has reliable data on licensed professional counselors dating back to only 2001. The number of licensed professional counselors has increased during that time, from 10,036 to 15,781 in 2010 (Table 8). In 2010, there were 44 counties with no licensed professional counselors, and 42 of them were rural counties containing a total population of 184,932. In 2010, 7.9% of Texas' licensed professional counselors practiced in the 177 rural counties, where 12.4% of the population lived. The rural counties had much lower ratios than the urban counties. With the passage the Minimum Data Set, the Health Professions Resource Center expects to collect additional demographic information in the future. At the request of the Professional Licensing and Certification Unit, to which the licensing board is administratively attached, the Health Professions Resource Center started including interns in the data in 2006. If only non-intern LPCs were counted, both the numbers and the ratios would have decreased since 2006.

Figure 8

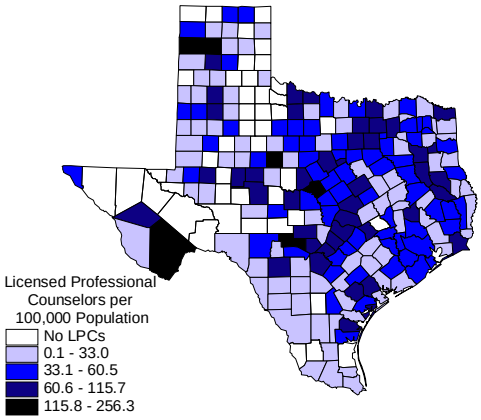
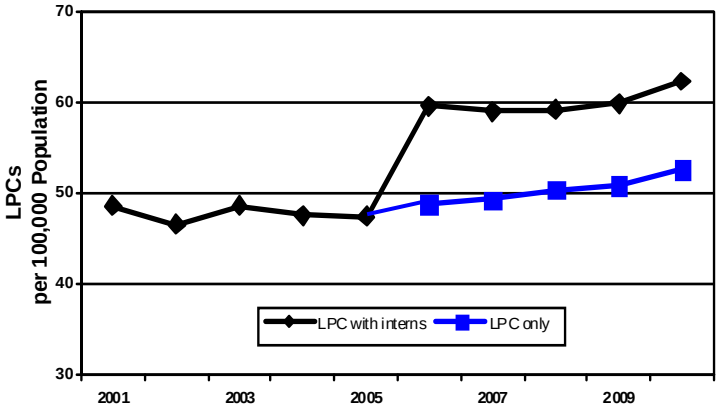


Figure 9. Licensed Professional Counselors per 100,000 Population



Note: the sharp increase from 2005-2006 was due to the inclusion of interns.

Table 8. Texas Licensed Professional Counselors and Supply Ratios

Year	Number	Texas	Rural	Urban	Border	Rural Border
2001	10,036	48.5	31.3	51.3	18.3	13.3
2005	10,896	47.4	31.0	49.9	19.7	13.7
2006	13,954	59.5	38.8	62.6	29.2	23.3
2010	15,781	62.2	39.6	65.4	30.6	21.2

Note: Starting in 2006, interns were included in the data for licensed professional counselors. In 2010, there were only 13,352 LPCs who were not interns, for a ratio of 52.6.

Table 9. Median Ages of Licensed Professional Counselors

Year	Texas	Rural	Urban	Border	Rural Border
2001	51	51	51	52	55
2005	54	54	54	55	57
2010	50	52	50	47	54
One effect of adding interns to the data has been a reduction in the median ages. Below are the median ages for just those LPCs who were not interns in 2010.					
2010	53	54	53	50	58

Licensed Chemical Dependency Counselors

The data for licensed chemical dependency counselors were obtained from the Licensed Chemical Dependency Counselor Program's licensing database. A licensed chemical dependency counselor (LCDC) is licensed to provide chemical dependency counseling services involving the application of the principles, methods, and procedures of the chemical dependency profession as defined by the profession's ethical standards and the Knowledge, Skills, and Abilities (KSAs) as defined by rule in 25 TAC ch. 441 (relating to General Provisions). The license does not qualify an individual to provide services outside this scope of practice.[8]

In 2010, there were 7,242 licensed chemical dependency counselors in Texas, and 66 counties had none, compared with 73 counties in 2002. Almost all of those 66 counties were west of I-35 – in West Texas or the Panhandle (Figure 10). Sixty-two of them were rural counties containing a total population of 395,900. In 2010, 11.8% of Texas' licensed chemical dependency counselors practiced in the 177 rural counties, where 12.4% of the population lived, and the rural counties had slightly lower ratios than the urban counties (Table 10).

The Health Professions Resource Center has reliable data on licensed chemical dependency counselors dating back to 2002. At the request of the Professional Licensing and Certification Unit, to which the licensing board is administratively attached, the Health Professions Resource Center started including interns in the data in 2006. However, if only non-intern LCDCs were counted, both the numbers and the ratios would have decreased during that time.

The median age of all active licensed chemical dependency counselors increased since 2002 – from 50 to 51 in 2010 (Table 11). However, as with the licensed professional counselors, the median age decreased somewhat with the addition of interns. Excluding interns, the median age for 2010 was 55. Unlike with most professions, the median age in the border counties was lower than the state as a whole, and the rural border counties' average was comparable to that of the state at 52.5.

Figure 10.

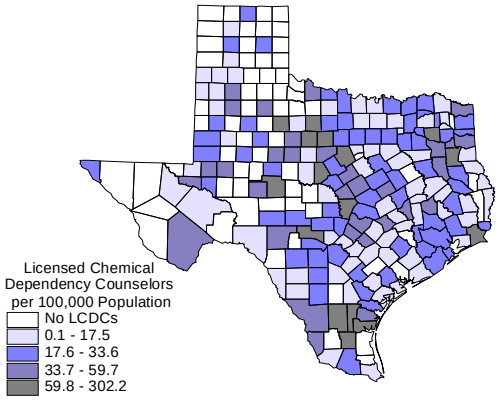
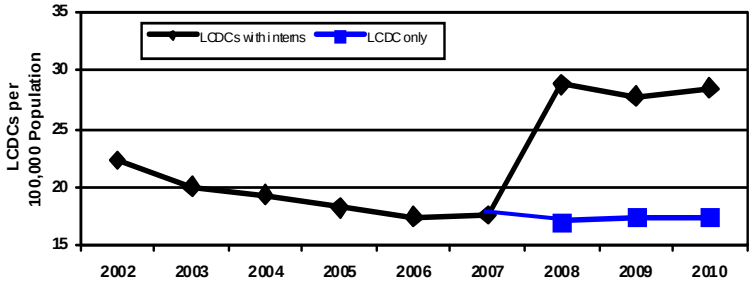


Figure 11. Licensed Chemical Dependency Counselors per 100,000 Population



Note: the sharp increase from 2007-2008 was due to the inclusion of interns.

Table 10. Licensed Chemical Dependency Counselors and Supply Ratios

Year	Number	Texas	Rural	Urban	Border	Rural Border
2002	4,699	22.3	21.0	22.5	11.4	8.7
2005	4,186	18.2	17.3	18.3	10.8	9.4
2008	6,980	28.9	27.3	29.1	25.7	21.5
2010	7,242	28.5	27.1	28.7	25.6	19.4

Note: Starting in 2008, interns were included in the data for licensed chemical dependency counselors. In 2010, there were only 4,415 LCDCs who were not interns, for a ratio of 17.4.

Table 11. Median Ages of Licensed Chemical Dependency Counselors

Year	Texas	Rural	Urban	Border	Rural Border
2002	50	50	48	48	53.5
2010	51	50	51	45	42
One effect of adding interns to the data has been a reduction in the median ages. Below are the median ages for just those LCDCs who were not interns in 2010.					
2010	55	55	55	51	50.5

The licensed chemical dependency counselors were predominately female - and the percentage of females has been increasing (Table 12) - and predominately White, although the percentages of Blacks and Hispanics have been increasing slightly (Table 13). The race/ethnicities of a large number of licensed chemical dependency counselors were unknown in 2010 for unexplained reasons, but this has appeared to skew the data for Whites more than the other race/ethnicities.

Table 12. LCDCs by Gender (%)

Year	Male	Female
2002	41.5	58.5
2005	40.3	59.7
2010	35.7	64.3

Table 13. LCDCs by Race/Ethnicity (%)

Year	White	Black	Hispanic	Other	Unknown
2002	69.8	15.4	11.9	2.4	0.4
2005	67.7	16.5	12.8	2.5	0.5
2010	48.2	17.5	14.4	2.4	17.5

Marriage and Family Therapists

The data for marriage and family therapists were obtained from the Texas State Board of Examiners' of Marriage and Family Therapists. Marriage and family therapists render professional therapy services to individuals, families, and couples, singly or in groups, and involves the professional application of family systems theories and techniques in the delivery of therapy services to those persons. The term includes the evaluation and remediation of cognitive, affective, behavioral, or relational dysfunction within the context of marriage or family systems.[9]

In 2010, there were 2,847 marriage and family therapists in Texas. There were 132 counties with no marriage and family therapists, an increase from 2001, when 128 counties had none. Of those 132 counties, 116 of them were rural counties containing a total population of 1,198,774. Most of those counties were in the West Texas, South Texas, or Panhandle areas, but a significant number were also in Central and East Texas (Figure 12). At the request of the Professional Licensing and Certification Unit, to which the licensing board is administratively

attached, the Health Professions Resource Center started including associates in the data in 2006. This caused the data to show an increase in the numbers from 2005-2006, even though the numbers had been dropping steadily from 1999-2005. Even including associates, the supply ratios have continued to decrease (Table 14). The rural counties had much lower ratios than the urban counties. In 2010, 5.7% of Texas' marriage and family therapists practiced in the 177 rural counties, where 12.4% of the population lived.

The median age of all active marriage and family therapists increased since 2002 – from 54 years to 58 years in 2010 (Table 15). The median age of marriage and family therapists in the rural areas was similar to that of the urban areas, while the median age in the border counties was slightly higher than that for Texas overall. Adding associates to the data had the effect of lowering the overall median age by two years. With the passage the Minimum Data Set, the Health Professions Resource Center expects to collect additional demographic information in the future.

Figure 12.

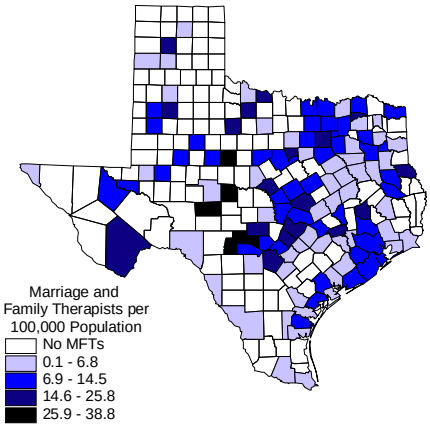


Figure 13. Marriage and Family Therapists per 100,000 Population

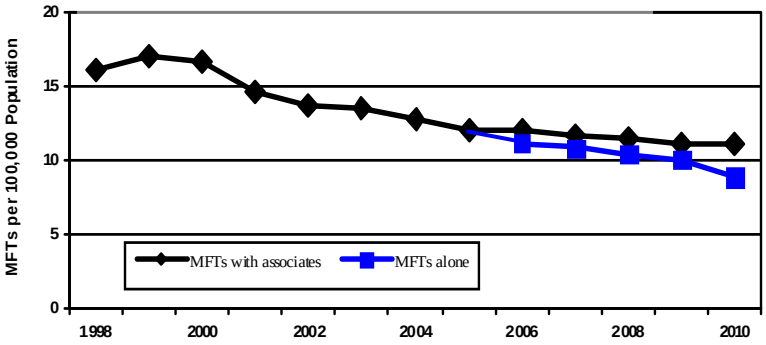


Table 14. Marriage and Family Therapists and Supply Ratios

Year	Number	Texas	Rural	Urban	Border	Rural Border
1998	3,156	16.1	5.7	17.8	4.7	0.0
2001	3,034	14.7	6.2	16.0	4.5	0.8
2005	2,790	12.1	5.7	13.1	3.7	1.3
2006	2,831	12.1	5.4	13.1	3.1	1.1
2010	2,847	11.2	5.1	12.1	2.9	1.6

Note: Starting in 2006, associates were included in the data for marriage and family therapists. In 2010, there were only 2,259 MFTs who were not associates, for a ratio of 8.9.

Table 15. Median Ages of Marriage and Family Therapists

Year	Texas	Rural	Urban	Border	Rural Border
2002	54	55	54	55	57.5
2005	57	57	57	57.5	59
2010	58	60	58	62	59.5
One effect of adding associates to the data has been a reduction in the median ages. Below are the median ages for just those MFTs who were not associates in 2010.					
2010	60	60	60	62	59.5

Psychiatric Nurses

The data for psychiatric nurses were obtained from the Board of Nursing's licensing database. The Board of Nursing recognizes psychiatric nurses based on their employment in a "psychiatric/mental health/substance abuse" work area, or specialty. For the purposes of this report, psychiatric nurses are registered nurses who indicated that their work area was "psychiatric/mental health/substance abuse." Licensed vocational nurses may also practice in this specialty/work area, but the data in this report pertain only to registered nurses. However, for comparison purposes, in 2010 there were 2,361 licensed vocational nurses, or 3.3% of the total, who identified themselves as psychiatric nurses.

In 2010, there were 5,049 psychiatric nurses in Texas, and they accounted for 2.9% of all registered nurses, compared with 3.2% in 2005 and 5.0% in 1996. There were 130 counties with no psychiatric nurses, compared to 116 in 2005. One hundred and twelve of those were rural counties with a total population of 1,045,961. Almost all of those counties were west of I-35 – in West Texas and the Panhandle (Figure 14). Even though the number of registered nurses has increased, both the numbers and the ratios of those who identify themselves as psychiatric nurses have decreased steadily over the past two decades (Table 16). While some areas of Texas may seem to have had an adequate number or even an abundance of psychiatric nurses, other areas - such as the rural, West Texas, South Texas, and the Panhandle areas – had shortages based on supply ratios. In 2010, 11.3% of Texas' psychiatric nurses practiced in the 177 rural counties, where 12.4% of the population lived. The rural counties had lower ratios than the urban counties, although over the last two decades there has been slight net increase in the rural supply ratios and a large net decrease in the urban supply ratios, such that by 2010 the ratios for rural and urban were not far apart (Table 16). The supply ratios for psychiatric nurses were lower in the border counties than they were in Texas as a whole, and were much lower in the rural border counties.

The median age of psychiatric nurses increased over the last few years – from 49 in 2000 to 54 in 2010 (Table 17). This was ten years more than the median age of all registered nurses, which was 44 in 2010. This means that more psychiatric nurses will reach retirement age sooner than other registered nurses, which underscores the need for new psychiatric nurses to enter the workforce to replace those who will leave. The difference in the median ages of psychiatric nurses in the rural and urban areas was negligible, but unlike most other professions, the median age in the border areas was significantly less than that of the state as a whole, while the median ages for the rural border areas was significantly higher.

Figure 14.

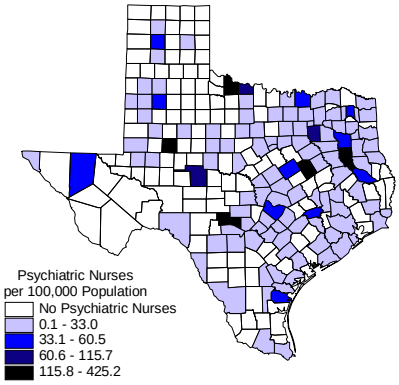


Figure 15. Psychiatric Nurses per 100,000 Population

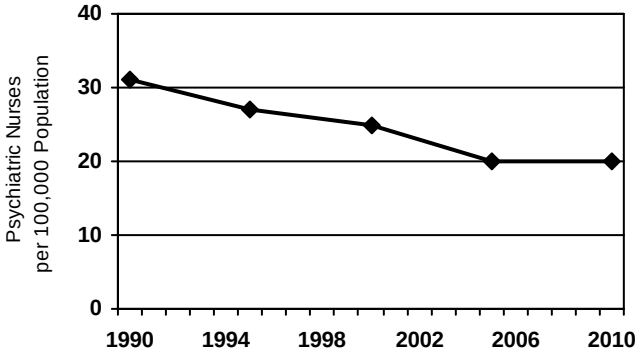


Table 16. Psychiatric Nurses and Supply Ratios

Year	Number	Texas	Rural	Urban	Border	Rural Border
1990	5,262	31.0	16.3	33.7	11.4	2.3
1996	5,136	26.9	19.6	28.1	9.6	1.8
2000	5,084	25.0	20.9	25.7	10.1	2.1
2005	4,602	20.0	17.2	20.4	7.5	2.1
2010	5,049	19.9	18.2	20.1	10.1	1.0

Table 17. Median Ages of Psychiatric Nurses

Year	Texas	Rural	Urban	Border	Rural Border
2000	49	49	49	48	55.5
2005	52	52	53	50	51.5
2010	54	54	54	49	59

There were some differences in the demographics of the psychiatric nurse workforce when compared with all registered nurses. A higher percentage of psychiatric nurses were male, 16.3% in 2010 compared with 11.1% for all registered nurses (Table 18). The percentage of Hispanic psychiatric nurses in 2010 (9.4%) was much lower than the percentage of the Hispanic population of the state (38.8%), and was also lower than the percentage of all Hispanic registered nurses (12.0%). Only 10.3% of all registered nurses were black, compared with 17.0% of psychiatric nurses.

Table 18. Psychiatric Nurses by Gender (%)

Year	Male	Female
2000	13.3	86.7
2005	14.4	85.6
2010	16.3	83.7

Table 19. Psychiatric Nurses by Race/Ethnicity (%)

Year	White	Black	Hispanic	Other
2000	77.4	11.2	6.6	4.8
2005	75.3	12.6	6.9	5.2
2010	66.6	17.0	9.4	7.0

Summary:

- Texas has had and continues to have a shortage of many types of mental health care providers, based on supply ratios and the number of federally designated Health Professional Shortage Areas for mental health.
- Based on past trends, this shortage is expected to continue for the foreseeable future, and likely to worsen, because of retirements and the lack of new recruits.

- For many mental health professions, the supply ratios are decreasing, which suggests that the growth in supply is not matching the growth in the population, and some professions are even seeing a decrease in the numbers of providers.
- The shortages are most acute in the rural and border areas.
- For those professions for which age information was available, the median ages of mental health providers are often higher in the rural and border areas, which could exacerbate the shortages in the near future, as those providers retire. The median ages are often higher than those for non-mental health professionals.
- Many Texas counties are without mental health care providers of various types, and nineteen counties did not have any of the types of providers analyzed in this report. Those counties were all rural, and all but five were non-border counties. They contained a total population of 45,055 people. All but five were in the Panhandle or West Texas.
- Most of the psychiatrists practicing in Texas graduated from a medical school outside of Texas. Texas must continue to recruit and retain psychiatrists from outside of Texas - the state's largest source of trained psychiatrists - while increasing the output of psychiatrists from Texas medical schools and encouraging those graduates to stay in the state to practice, both by encouraging more students to pursue a medical career, and by investing in the infrastructure and ongoing support required to increase educational and training opportunities.
- As the maps show, many of the counties in West Texas and the Panhandle do not have any mental health providers. The citizens of many of these counties often have to drive long distances to see a mental health provider – in some cases, over a hundred miles.

End Notes:

NOTE: Please cite The Health Professions Resource Center as the source when using or distributing information from this report. Any comments or questions should be sent to Brian King at brian.king@dshs.state.tx.us.

Population data were obtained from the Texas State Data Center, University of Texas at San Antonio, http://txsdc.utsa.edu/.

[1] New York Times, Talk Doesn't Pay, So Psychiatry Turns Instead to Drug Therapy, Gardiner Harris, March 5, 2011, http://www.nytimes.com/2011/03/06/health/policy/06doctors.html

[2] KevinMD.com, How a psychiatrist can write 100,000 prescriptions a year, and what that means for primary care, Matthew Mintz MD, http://www.kevinmd.com/blog/2010/01/psychiatrist-write-100000-prescriptions-year-means-primary-care.html

[3] The Psychiatrist information that was analyzed in this study comprised physicians who were actively involved with providing patient care directly to patients (direct patient care physicians). Classes of physicians that were excluded from this analysis were federal or military physicians, residents or fellows, physicians primarily involved with research or administration, and retirees. Over the years the Texas Medical Board has expanded the specialty categories so that by 2010,

psychiatric specialties include Psychiatry (1,488), Addiction Psychiatry (1), Child and Adolescent Psychiatry (188), Forensic Psychiatry (5), and Geriatric Psychiatry (5).

[4] Health Professional Shortage Areas (HPSAs) are designated as such by the federal Shortage Designation Branch (U.S. DHHS) in collaboration with Texas' Primary Care Office. More information can be found on The Health Professions Resource Center's website at http://www.dshs.state.tx.us/chs/The Health Professions Resource Center/hpsa.shtm and the Shortage Designation Branch's website at http://bhpr.hrsa.gov/shortage/.

[5] The Health Resources and Services Administration's guidelines use a population-to-provider ratio to determine shortages. For mental health HPSA designations, the ratio of population-to-psychiatrists must be 30,000:1 or greater to qualify as a shortage area, or 20:000:1 or greater if the poverty rate exceeds 20%.

[6] Texas State Board of Social Worker Examiners' website:
http://www.dshs.state.tx.us/socialwork/default.shtm.

[7] Texas State Board of Examiners of Professional Counselors' website:
http://www.dshs.state.tx.us/counselor/default.shtm.

[8] Licensed Chemical Dependency Counselor Program's website:
http://www.dshs.state.tx.us/lcdc/default.shtm.

[9] Texas State Board of Examiners of Marriage and Family Therapists' website:
http://www.dshs.state.tx.us/mft/default.shtm.

For more information on health provider supply statistics and Health Professional Shortage Areas, see The Health Professions Resource Center's website at
http://www.dshs.state.tx.us/CHS/The Health Professions Resource Center/.

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