

BEHAVIORAL HEALTH WORKFORCE

STRATEGIES TO INCREASE CLINICIANS IN AMERICAN INDIAN COMMUNITIES

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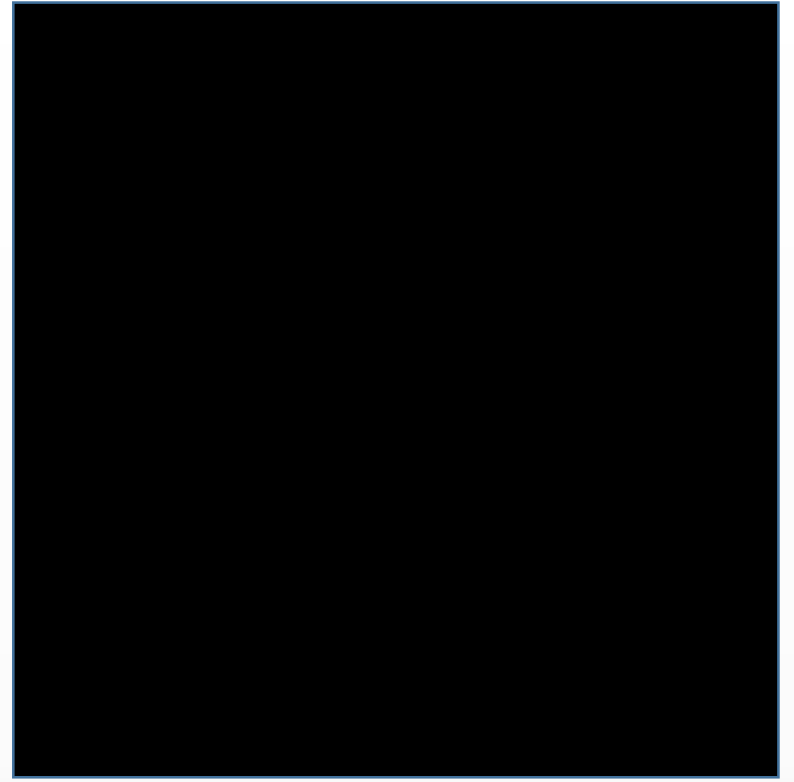


SCHOOL
OF MEDICINE
DEPARTMENT OF PSYCHIATRY
& BEHAVIORAL SCIENCES



Objectives

1. Describe strategies to increase American Indian participation in the behavioral health workforce
2. Assess importance of building diverse workforce with cultural competence
3. Identify barriers in workforce development and strategies to overcome these barriers



INTRODUCTION

INTERESTING FACTS ABOUT NATIVE AMERICANS IN NM

New Mexico

- There are 23 Indian tribes located in New Mexico. Each Tribe is a sovereign nation with its own government, life-ways, traditions, and culture. Each tribe has a unique relationship with the federal and state governments.
- **State Population:** Approximately 220,000 comprising approximately 10.5% of NM's population
- **Albuquerque:** Has the 7th largest urban Indian population in the country among places with more than 100,000 citizens according to the 2010 US census; making up 6% of the city's population. (New Mexico In Depth by Coleen Keane, 11/8/2017)



Pueblos in New Mexico

- There are 19 Pueblos in NM which can be grouped by language as follows:
- ***Keresan***: Pueblos of Acoma, Cochiti, Laguna, San Felipe, Santo Domingo/Kewa, Zia, Santa Ana
- ***Tewa***: Pueblos of Ohkay Owingeh, Pojoaque, Nambe, Tesuque, San Ildefonso, Santa Clara
- ***Towa***: Pueblo of Jemez
- ***Tiwa***: Pueblos of Isleta, Sandia, Picuris, and Taos
- ***Zuni***: Pueblo of Zuni



Apache Tribes

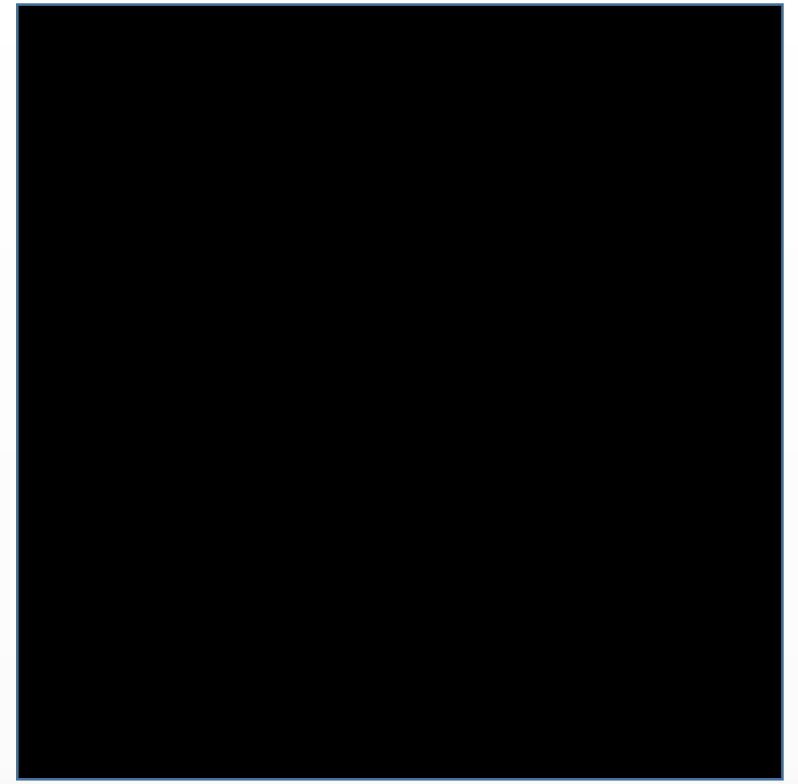
- Jicarilla Apache Nation
- Mescalero Apache Tribe
- Fort Sill Apache Tribe



Navajo Nation in NM

The Nation's territory covers approximately 17 million acres in Arizona, New Mexico, Utah, and Colorado. In NM there are approximately 54 "Chapters" or local governments.





29 AGENCIES ACROSS STATE
PROVIDING BH SERVICES TO AI/AN
COMMUNITIES

Indian Health Services Facilities in NM

Albuquerque Area

- Acoma-Canoncito-Laguna Service Unit
- Albuquerque Indian Hospital
- Jicarilla Service Unit
- Mescalero Service Unit
- New Sunrise Regional Treatment Center
- Santa Ana Health Center
- Santa Fe Service Unit
- Taos-Picuris Service Unit
- Zia Health Clinic
- Zuni Comprehensive Health Center



Indian Health Services Facilities in NM

Navajo Area

- Crownpoint Health Care Facility
- Gallup Indian Medical Center
- Shiprock-Northern Navajo Medical Center



Tribal 638 Facilities

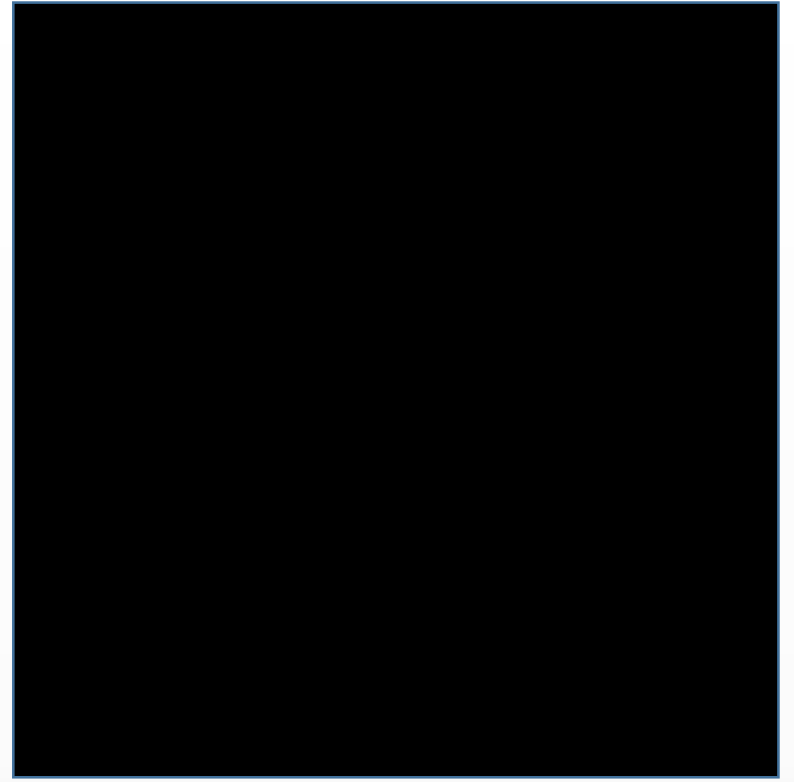
- Pueblo of Acoma (Behavioral Health)
- Pueblo of Cochiti (Social Services)
- Pueblo of Isleta (Clinic, Behavioral Health, Social Services)
- Pueblo of Jemez (Clinic includes Behavioral Health)
- Pueblo of Laguna (Behavioral Health and Social Services)
- Pueblo of Nambe (Behavioral Health)
- Ohkay Owingeh (Social Services)
- Pueblo of San Felipe (Behavioral Health)
- Pueblo of Sandia (Behavioral Health)
- Pueblo of Santa Ana (Social Services)
- Pueblo of Santa Clara (Behavioral Health and Social Services)
- Pueblo of Santo Domingo (Behavioral Health and Substance Abuse)
- Pueblo of Taos (Behavioral Health and Social Services)
- Pueblo of Zuni (Zuni Recovery Center)
- Jicarilla Apache Nation (Behavioral Health, Mental Health, and Substance Abuse)



Urban Facilities

- First Nations Community Health Source





DATA ON BH NEEDS IN NM

Adult Mental Health Needs in NM

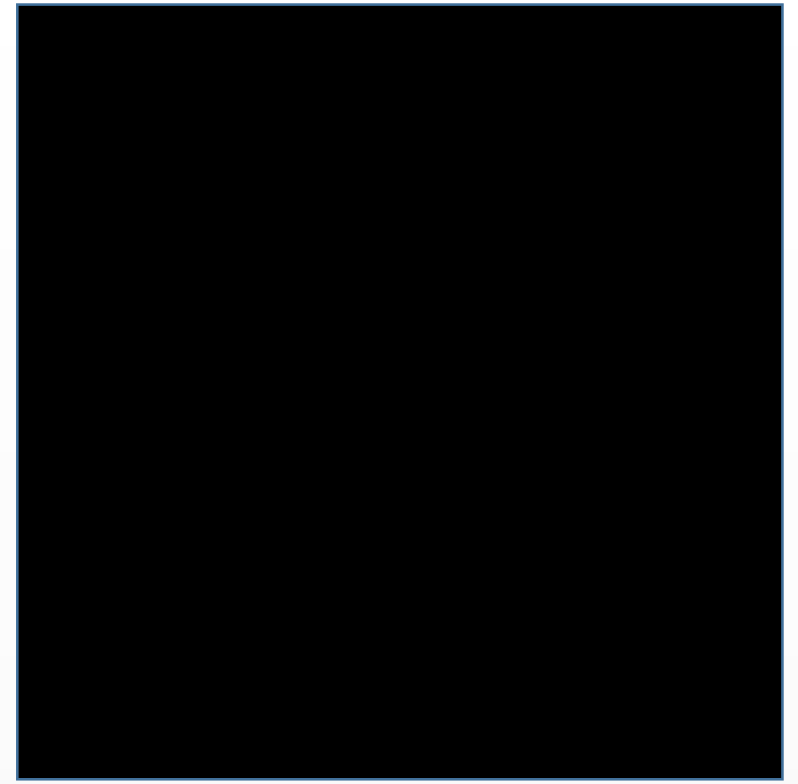
- Adult data in NM can be hard to come by. Information here is taken from the NM Indicator Based Information System (IBIS).
- The prevalence of current depression was highest among adults 25-64, and higher among American Indian adults and Hispanic adults than White adults.
- Depression was more common among American Indian females and Hispanic females than among White females.
- For both male and female adults between 25 and 64 experience more frequent mental distress. Among this group, AI/AN men and Hispanic women are the subgroups with the highest rates.



Youth risk of suicide in NM

- *Persistent sadness and hopelessness for at least 2 weeks*
- Overall AI/AN:High School Students 35% compared to NM Statewide: 32.9%
- *Seriously considered suicide*
- Overall AI/AN High School Students 17.8% compared to NM Statewide: 16.3%
- Overall AI/AN Middle School Students 21.9% compared to NM Statewide: 20.8%
- *Made a suicide plan*
- Overall AI/AN High School Students 13.4% compared to NM Statewide: 10.9%
- Overall AI/AN Middle School Students 12.9% compared to NM Statewide: 11.7%
- *Attempted suicide*
- Overall AI/AN High School Students 13% compared to NM Statewide: 9.6%
- Overall AI/AN Middle School Students 11.2% compared to NM Statewide: 9%





NEED FOR A BEHAVIORAL HEALTH WORKFORCE TO ADDRESS THESE NEEDS

CULTURALLY COMPETENT, WILLINGNESS TO PRACTICE IN RURAL COMMUNITIES, REPRESENTATIVE OF
POPULATION BEING SERVED

Behavioral Health Workforce

Prescribers

- Psychiatrists
 - child, addictions, psychosomatics, geriatric, forensic
- Advanced practice nurses
 - Clinical nurse specialists, Nurse practitioners
- Physician Assistants
- Prescribing Psychologists
- Primary care providers

Therapists

- Counselors
- Social Workers
- Addictions counselors
- Psychiatrists
- Psychologists

And

- Community Health Representatives
- Peer specialists
- Community Support Workers



BH Workforce Shortages nationally

- National data indicates that 60% of individuals with mental health conditions do not receive treatment in any given year
- Unmet need is associated with working age, lower income, rural residence, and lack of health insurance.
- Health outcomes from VA data between 2005-2009 suggests that suicide rates correlated with mental health staffing levels per patients with mental health conditions (Katz, et al. *Psych Services*, 2013)
- Many clients prefer having therapists from their own culture/ethnicity and may be more likely to remain in treatment and report greater satisfaction when therapist is from similar cultural background (Maramba and Hall, *Cultural Diversity and Ethnic Minority Psych*, 2002)



American Indians are underrepresented in nearly all behavioral health disciplines

Although American Indians represent 10.5% of New Mexico's population, they represent:

- 1.8% of NM psychiatrists
- 1.3% of NM psychiatric nurse practitioners
- 1.8% of NM independently licensed therapists
- 5% of NM non-independently licensed therapists
- 13% of Licensed alcohol and drug abuse counselors



IHS and tribal facilities across the U.S. that provide behavioral health services report a variety of staffing issues affecting access to services

- Fewer than 50% of IHS substance abuse and behavioral health facilities have the capacity to offer pharmacotherapy
- 53% of IHS and tribal facilities that provide behavioral health services do not have licensed medical providers onsite.
- IHS and tribal facilities report difficulty retaining and recruiting mental health professionals due to remote, rural locations.

"Access to Mental Health Services at Indian Health Services and Tribal Facilities", Report from Office of Inspector General, 2011



Five part strategy to recruit and retain BH providers to serve AI/AN communities in NM

1. Encourage AI/ AN students to consider BH careers
2. Help support AI/ AN students remain connected to their communities during their health professions training
3. Provide opportunities for BH students of all disciplines to work and learn in AI/AN communities
4. Increase capacity for all health providers to learn about culturally competent approaches to BH in AI/AN communities
5. Support AI/AN providers to reach full independent licensure while working in their own communities



1. Encouraging AI/AN students to consider BH careers

- Behavioral Health Workforce Careers Summit held in 5 locations across New Mexico in spring 2018
- Panel discussions included nurse, social worker, LADAC, psychiatrist, and psychologist
- Collaboration with local schools of nursing, social work, medicine, psychology and counselling to provide information about admission
- Collaborations with local mental health agencies to provide information about employment and internship opportunities
- IHS scholarship and loan repayment opportunities shared
- Active outreach to AI/AN high school students
- To be repeated annually



2. Support AI/AN in remaining connected to communities during health professions training

- Strengthen university and community partnerships to facilitate educational electives that allow students to return home throughout the school year
- Examples of successful community based electives for BH students include:
 - Local needs assessment
 - Participation in collaborative grant writing to address suicide prevention and other important local priorities
 - Youth leadership opportunities to support suicide prevention activities



3. Provide opportunities for BH students of all disciplines to complete clinical electives serving AI/AN communities

Onsite and telehealth electives

- Need to identify clinical supervisors who are affiliated with health professions training programs
- Provide consistent supervision to support students as they learn clinical best practices for assessment and treatment
- Supervision to include time for processing awareness of multiple roles
- Key topics to ensure that all BH trainees understand include ICWA, self determination, sovereignty, historical trauma



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Onsite and telehealth electives

- Need to identify clinical supervisors who are affiliated with health professions training programs
- Provide consistent supervision to support students as they learn clinical best practices for assessment and treatment
- Supervision to include time for processing awareness of multiple roles
- Key topics for all BH trainees that are not always part of health professions curricula include: understanding ICWA, self determination, sovereignty, historical trauma



4. Increase capacity for all health providers to learn about culturally competent approaches to BH in AI/AN communities

Two initiatives to increase capacity of healthcare providers to learn more about BH care in AI/AN communities

- a. Mental Health First Aid with AI/AN adaptations
- b. Webinar series on best practices in BH health – in partnership with IHS Telebehavioral Health Center of Excellence



4. Increase capacity for all health providers to learn about culturally competent approaches to BH in AI/AN communities

Mental Health First Aid with AI/AN adaptations

- Onsite training to provide an overview of all BH conditions
- Also provides practice in responding to common BH presentations
- Grounded in the importance of seeing culture as a strength and resiliency factor
- Initially developed to provide BH overview for current CHRs although also relevant to first responders, tribal leaders, teachers, law enforcement and other community members



4. Increase capacity for all health providers to learn about culturally competent approaches to BH in AI/AN communities

Mental Health First Aid with AI/ AN Adaptations

- Overview of all BH conditions
- Opportunities to rehearse what to say when someone presents in distress
- Adaptations include discussions of historical trauma and emphasis on the importance of culture as strength
- Initially developed for Community Health Representatives but also relevant for first responders, law enforcement, teachers, tribal leadership and other community members



5. AI/AN providers to reach full independent licensure while working in their own communities

- Social workers and counselors are the backbone of the BH workforce (making up over 90% of BH clinicians)
- Many social workers and therapists in NM report challenges in completing requirements to independent licensure
- In New Mexico, 61% of this workforce have completed all requirements to independent licensure
- However, only 33% of AI/AN social workers/ counselors in NM have completed requirements for independent license



Path to independent licensure for social workers in NM

- 3600 hours of clinical practice
- 90 supervision hours from an independently licensed social worker within five years
- 30 hours may be obtained through interdisciplinary supervision
- Telehealth supervision is allowable.



Path to independent licensure for counselors in NM

- 3000 clinical practice hours
- 100 supervision hours from a range of licensed behavioral health specialists
- Telehealth supervision not currently allowed.



5. AI/AN providers to reach full independent licensure while working in their own communities

- Important barrier is the lack of local independently licensed clinicians to provide supervision
- Using telehealth to provide group supervision to group and individual supervision
- Supervision sessions can also be used to provide support and space to think through clinical and administrative issues that are unique to working in tribal communities



Discussion

- What other strategies are you using in your communities?
- Other ideas for increasing BH workforce?



Q&A

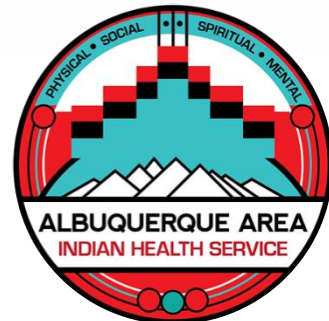
Questions & Answers

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