

FIG. 1. AVERAGE NUMBER OF FULL-TIME EQUIVALENT PSYCHIATRISTS PER FACILITY, MENTAL HEALTH ORGANIZATIONS, UNITED STATES 1974-1978

In 1979, Winslow wrote "...psychiatrists are leaving the Community Mental Health Centers (CMHCs) at a rapid rate and are being replaced by other mental health professionals." (Winslow, 1979; p.25). If psychiatrists are leaving the CMHC program, where are they being employed? Which professionals are replacing them? This Note concerns the redistribution of professionals in the core mental health disciplines working in organized settings during the period 1974-1978, with a special focus on changes in the staffing of federally funded CMHCs. The findings are based on data reported by mental health organizations into the Mental Health Statistical Reporting Program of the National Institute of Mental Health. 1/

The Core Mental Health Disciplines

In 1974 the major mental health organized settings reported an estimated 57,428 positions occupied by full-time, part-time and trainee professionals in the core mental health disciplines (Taube, 1976). 2/ By 1978, the number of these positions increased to 66,905, an increase of 17 percent (Division of Biometry and Epidemiology, unpublished data, 1978). In terms of full-time equivalents (FTEs) 4/, the number of professionals in the core disciplines increased from 41,853 to 50,423 FTEs, an increase of 20 percent. This increase in the number of FTE core professionals in the major organized mental health settings is a function of (1) an 8 percent increase in the average number of FTE core professionals per facility (from 11.7 to 12.6 FTEs) and (2) a 12 percent increase in the number of mental health organizations (from 3,583 to 4,015 mental health organizations) 5/. The number of FTE core professionals, as a percent of total FTE patient care staff, has increased from 15 percent in 1974 to 17 percent in 1978.

Change in the average number of FTE core professionals per facility has occurred differentially among the different types of mental health organizations, ranging between a decline of 10 percent for non-Federal general hospital psychiatric outpatient services to an increase of 41 percent in private psychiatric hospitals (table A).

Table A. Percent change in the average number of full-time equivalent professionals in the core mental health disciplines, by type of mental health organization and discipline, United States, 1974-1978

Type of mental health organization	Core mental health disciplines			
	All core disciplines	Psychiatrists	Psychologists (Masters and above)	Social workers (Masters and above)
	Percent change 1974-1978			
Total all organizations.....	8	- 14	23	18
State & county mental hospitals..	5	- 14	21	20
Private psychiatric hospitals....	41	17	100	64
VA neuropsychiatric hospitals....	32	27	24	42
VA general hospital psychiatric inpatient services.....	12	20	7	9
VA general hospital psychiatric outpatient services.....	19	16	36	9
Non-Federal general hospital psychiatric inpatient services.	0	- 9	20	10
Non-Federal general hospital psychiatric outpatient services	- 10	- 25	21	3
Freestanding outpatient clinics.....	13	- 8	23	13
Federally funded CMHCs.....	11	- 13	15	23
Other.....	20	- 8	37	24

Psychiatrists

The most striking observation which can be made of the data presented in table A and figure 1 is the widespread decline in the average number of FTE psychiatrists per facility across all types of mental health organizations except for private psychiatric hospitals and the VA

general and neuropsychiatric hospitals. Decreases in average FTE psychiatrists ranged between 8 percent in freestanding outpatient clinics to 25 percent in non-Federal general hospital psychiatric outpatient services, amounting to an overall decrease of 14 percent for all major mental health organizations in the specialty mental health system during 1974-1978. By contrast, the average number of FTE psychiatrists per facility in private psychiatric and VA general and neuropsychiatric hospitals increased between 16 and 27 percent. For federally funded community mental health centers, the drop in the average number of FTE psychiatrists per center (-13 percent) is somewhat larger than the drop in the average number of psychiatrists per CMHC (-4 percent) (see reference table 2). This suggests that psychiatrists during 1974-1978 continued their association with the federally funded CMHCs but decreased the average number of hours they were scheduled to work at the centers.

Changes in the disciplinary composition of staff in CMHCs are a function of (a) the maturation of individual centers and (b) changes in the types of CMHCs funded each year. The declining average number of psychiatrists in federally funded CMHCs should be interpreted with the following in mind. Unpublished NIMH data show an increasing proportion of hospital-affiliated centers funded during 1975-1977. These are centers which affiliate with a hospital for inpatient services, do not report an inpatient affiliate staff, and consequently have a smaller average number of psychiatrists per center (Bass, 1979). An increasing proportion of such centers entering the pool of federally funded each year would affect cross-sectional data by depressing the mean. A comparison of cross-sectional to cohort data for 1974-1977 tends to confirm this hypothesis. The average number of positions and of FTE psychiatrists per center for a cohort of 310 of 400 federally funded CMHCs in 1974 increased 8 percent and 3 percent respectively (see table B). By contrast, cross-sectional data for the same period, which included the newly funded CMHCs entering the program during this period, showed a decrease in the average number of positions and of FTE psychiatrists per center (2 percent and 7 percent, respectively). Cohort data suggest that during this period, the average CMHC did not experience a noteworthy decline in number of positions or of FTE psychiatrists, but roughly a constant level of staffing of psychiatrists accompanied by a sizeable increase in positions occupied by psychologists and social workers at a B.A. level or above.

Table B. Staffing statistics for selected disciplines in a cohort of federally funded community mental health centers contrasted with cross-sectional data, United States, 1974-1977 ^{1/}

Selected disciplines	1974	1975	1976	1977	Percent change ^{3/} 1974-1977	
					Cohort data	Cross-sectional data
Psychiatrists						
Positions per CMHC	6.5	6.6	6.8	7.1	8.2	- 1.7
FTEs ^{2/} per CMHC	4.1	4.1	4.1	4.2	2.9	- 6.7
Psychologists (BA & above)						
Positions per CMHC	9.4	11.3	11.4	12.1	28.9	22.2
FTEs ^{2/} per CMHC	7.5	8.9	9.1	9.7	29.6	23.2
Social Workers (BA & above)						
Positions per CMHC	12.8	14.3	15.0	15.2	18.3	18.3
FTEs ^{2/} per CMHC	10.8	12.2	12.8	12.9	18.9	18.9

^{1/} N= 310 out of 400 federally funded CMHCs.

^{2/} Full-time equivalents.

^{3/} Percent change was calculated on averages which were not rounded to two significant figures and so differ slightly from a calculation based on the table's rounded figures.

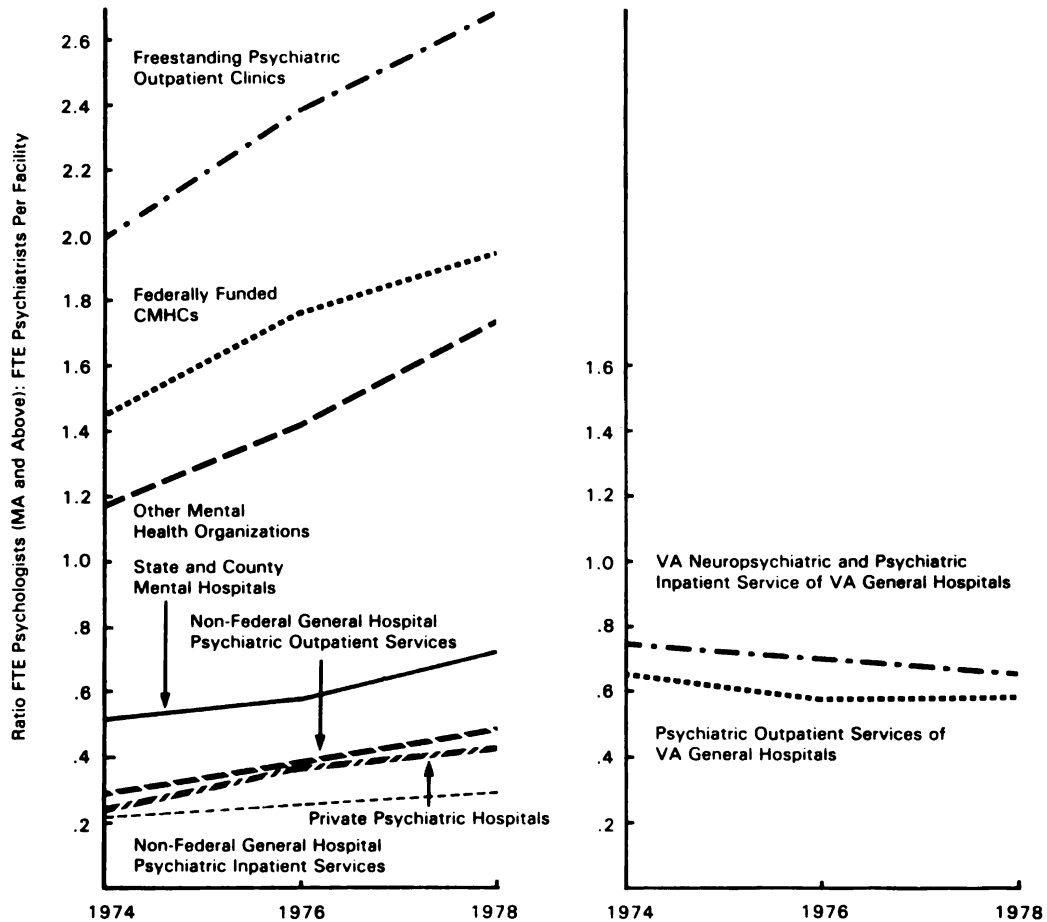
Psychologists

A comparison of reference tables 2 and 3 shows that the decrease in FTE psychiatrists is in sharp contrast to increases in FTE psychologists (Master's level and above). The overall increase in the average number of FTE psychologists for all mental health organizations amounts to 23 percent. In 1974 there was an average of 4.2 FTE psychiatrists per facility in the major organized settings of the specialty mental health system as compared to 3.0 FTE psychologists (Master's and above). By 1978 psychologists closed this difference, numbering an average of 3.7 FTE psychologists to 3.6 FTE psychiatrists per facility. Actually, in 1978, positions occupied by psychiatrists still outnumbered those for psychologists in the average mental health organization (5.6 positions as compared to 4.8 positions, respectively), but psychiatrists are more likely to be employed part-time and in more than a single setting. Thus, they are likely to be double counted in numbers and account for a smaller number of FTEs.

In federally funded community mental health centers, the average number of positions occupied by psychologists per center exceeded the number occupied by psychiatrists in 1974 and the difference between them increased during 1974-1978. There were 7.2 psychiatrist positions (4.6 FTEs) and 8.3 psychologist positions (MA or over) (6.7 FTEs) per center in 1974. By 1978, the average number of psychiatrist positions had dropped to 6.9 (4.0 FTEs) and the average number of positions occupied by psychologists per center increased to 9.3 (7.7 FTEs).

The trend toward an increasing ratio of FTE psychologists to FTE psychiatrists per facility applies across all major organized settings in the specialty mental health services system except for the VA neuropsychiatric and general hospitals (see figure 2). The increasing

FIG. 2. RATIO OF AVERAGE NUMBER OF FULL-TIME EQUIVALENT (FTE) PSYCHOLOGISTS (MA AND ABOVE) TO FTE PSYCHIATRISTS PER FACILITY, MENTAL HEALTH ORGANIZATIONS, UNITED STATES 1974-1978



trend in this ratio is steepest among the freestanding outpatient clinics, the federally funded CMHCs and other mental health organizations which include the residential treatment centers for emotionally disturbed children, (RTCs), mental health day/night facilities, and nonfederally funded multi-service facilities.

The similarity found between the freestanding psychiatric outpatient clinics and federally funded CMHCs in the slope of this trend may not be surprising given the fact that the original organization for two-thirds of the CMHCs was a psychiatric outpatient clinic which had increased the types of services it provided by means of affiliation agreements with a hospital or other mental health organization in the catchment area. Arranging for this network of services permitted the outpatient clinic to meet the service requirements for Federal funding. The staffing reports of such affiliated CMHCs however, do not include affiliate staff but only the staff administered by the grantee. Figure 2 suggests that, although the ratio of FTE psychologists (M.A. and above) to FTE psychiatrists in the average facility is quite different for outpatient clinics and CMHCs, the latter having more psychiatrist staff hours, the direction and rate of change of this ratio is similar in both of these settings.

Social Workers

The average number of FTE social workers (Master's level and above) per facility has increased 18 percent in all mental health organizations (see reference table 4). Percent increase in the average number of FTE social workers per facility has ranged between 2 percent in the psychiatric inpatient units of VA general hospitals to 64 percent in private psychiatric hospitals. Federally funded CMHCs, with an increase of 23 percent in the average number of FTE social workers per center, are not far from the average increase of 18 percent for all mental health organizations.

The numerical relationship between psychiatrists and social workers (Master's level and above) is much the same as that between psychologists and psychiatrists in federally funded CMHCs. The average number of positions occupied by social workers per facility exceeded that occupied by psychiatrists in 1974 (9.6 psychiatrists to 7.2 social workers) and the difference between them increased so that by 1978 there was an average of 11.9 social worker positions (10.2 FTEs) to 6.9 psychiatrist positions (4.0 FTEs).

As with psychologists MA and above, the trend toward an increasing ratio of FTE social workers to FTE psychiatrists applies across all major organized settings in the specialty mental health system except for the VA general hospitals, psychiatric inpatient and outpatient units (see figure 3). The trend is not a changing staffing pattern unique to the CMHCs.

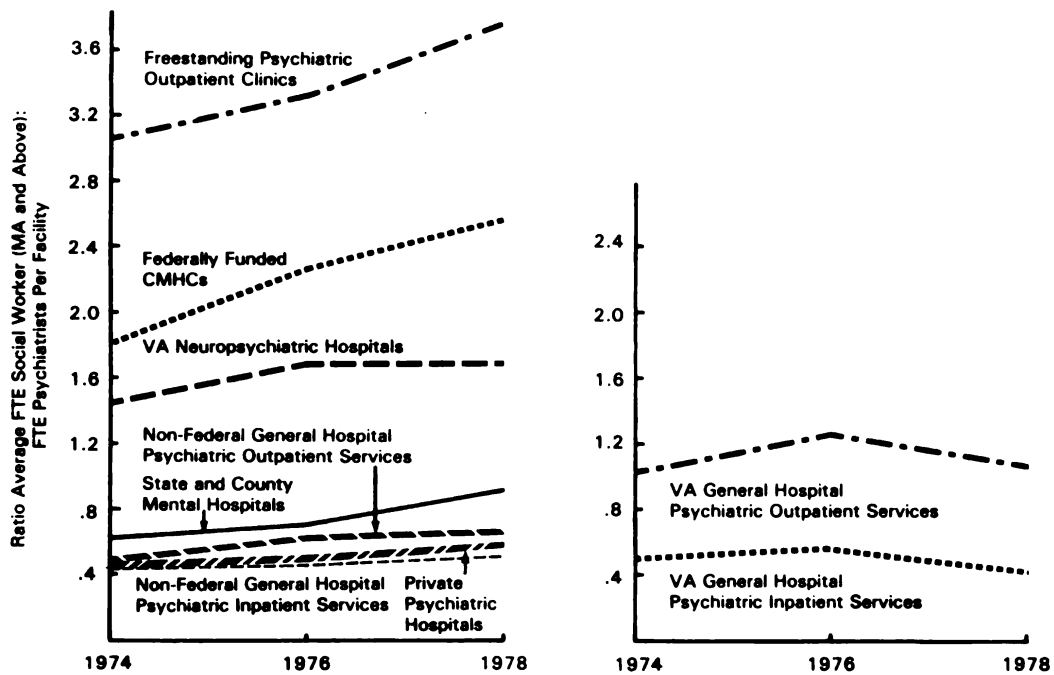
Further Analysis and Discussion

As seen in figure 1 on the title page of this report, the decline in the average number of FTE psychiatrists per facility is fairly widespread in organized mental health settings. Only VA hospitals and private psychiatric hospitals have remained untouched by this trend.

The first step in analyzing the decline in the average number of FTE psychiatrists per facility is to examine separately the trend in the numerator and the denominator comprising the average. During 1974-1978, the total number of FTE psychiatrists employed in organized settings (numerator) declined from 14,947 FTEs to 14,450 FTEs, a decline of 3 percent for the entire period after a 3 percent increase during 1974-1976 (see figure 4). The number of mental health organizations, on the other hand, increased 12 percent (from 3,583 to 4,015) $\frac{3}{1}$. In other words, there have been less psychiatrist staff time available in organized settings to service a larger number of mental health organizations.

The decline in psychiatrist participation in organized settings involves not only a diminishing amount of psychiatrist staff time but also the number of psychiatrist positions (full-time, part-time, and trainees) as well. The number of positions occupied by psychiatrists in organized settings decreased from 23,183 in 1974 to 22,509 in 1978. This decrease in number of positions does not reflect a diminishing total pool of psychiatrists. On the contrary, during the period 1974-1978, the total pool of psychiatrists in the Nation increased 11 percent (from 25,713 to 28,522) (American Medical Association; annual publication) $\frac{6}{1}$.

FIG. 3. RATIO OF AVERAGE NUMBER OF FULL-TIME EQUIVALENT (FTE) SOCIAL WORKERS (MA AND ABOVE) TO FTE PSYCHIATRISTS PER FACILITY, SELECTED MENTAL HEALTH ORGANIZATIONS, UNITED STATES 1974-1978



Although there is a decrease in number of FTE psychiatrists for an increasing number of facilities in the total specialty mental health service delivery system, this pattern is not common to each type of mental health organization in the system. Figure 4 demonstrates that there are different routes for arriving at a diminished average number of psychiatrists per facility, within the organizational components of the specialty mental health system. A dilution effect caused by insufficient growth in numbers of psychiatrist staff hours to serve a larger number of facilities, is the general pattern which applied to federally funded CMHCs. For example, the number of FTE psychiatrists in CMHCs increased during 1974-1978 from 1,848 to 2,246 (22 percent) but not as much as the 41 percent increase in number of CMHCs (from 400 to 563); hence the declining slope in figure 1 in the average number of FTE psychiatrists per center. With some qualifications, this pattern applies as well to non-Federal general hospital psychiatric inpatient units. In the latter, growth in number of FTE psychiatrists kept pace with the growth in number of facilities during 1974-1976, after which the number of facilities increased while the number of FTE psychiatrists declined slightly, resulting in a declining psychiatric presence in the average facility.

Contrast that to the declining slope for State and county mental hospitals in figure 1, resulting from a decrease in number of facilities from 313 to 286 (minus 9 percent) but an even greater decline in number of FTE psychiatrists employed there (from 4,714 to 3,712; minus 21 percent). The same pattern applies to the psychiatric outpatient units of non-Federal general hospitals and beginning in 1976, to freestanding psychiatric outpatient clinics.

One answer to the question raised by the title of this report "Where Have All the Psychiatrists Gone?" is that a decreasing number and percentage of the total pool of psychiatrists has associated with an organized setting during 1974-1978. The question which remains to be addressed concerns the types of employment status which have been responsible for the decline of FTE psychiatrists in the specialty mental health system, that is, the extent to which the decline reflects a loss of full-time, part-time and/or trainee staff.

The implications, both current and long-term, are very different if the decline is in trainees as opposed to full- or part-time employed. This area of inquiry will be the subject of a sequel to this Note. It will address trends in the employment status for professionals in the core mental health disciplines within the specialty mental health system.

FIG. 4. PERCENT CHANGE IN NUMBER OF FACILITIES AND FULL-TIME EQUIVALENT (FTE) PSYCHIATRISTS IN SELECTED MENTAL HEALTH ORGANIZATIONS, UNITED STATES, 1974-1978

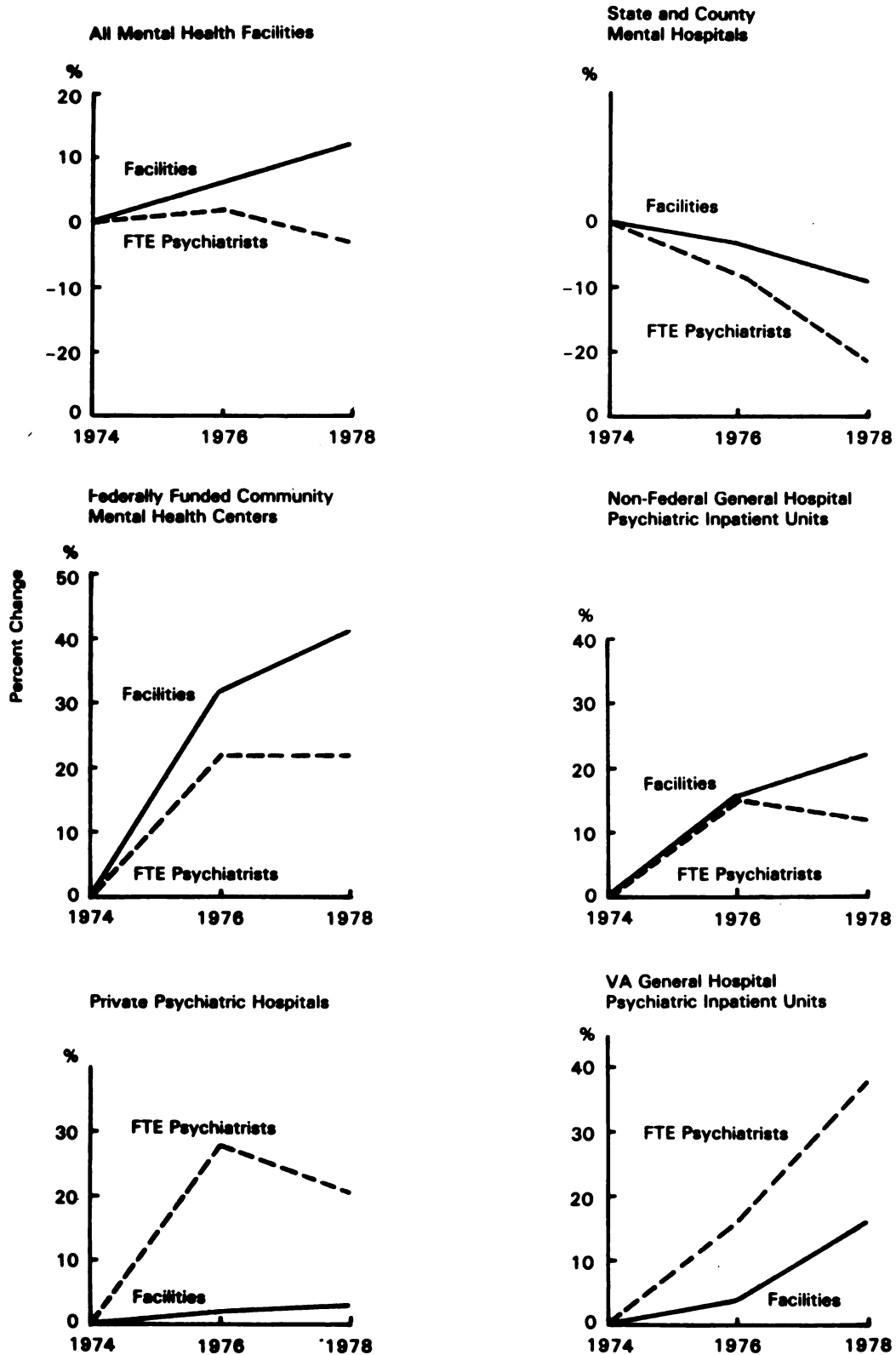
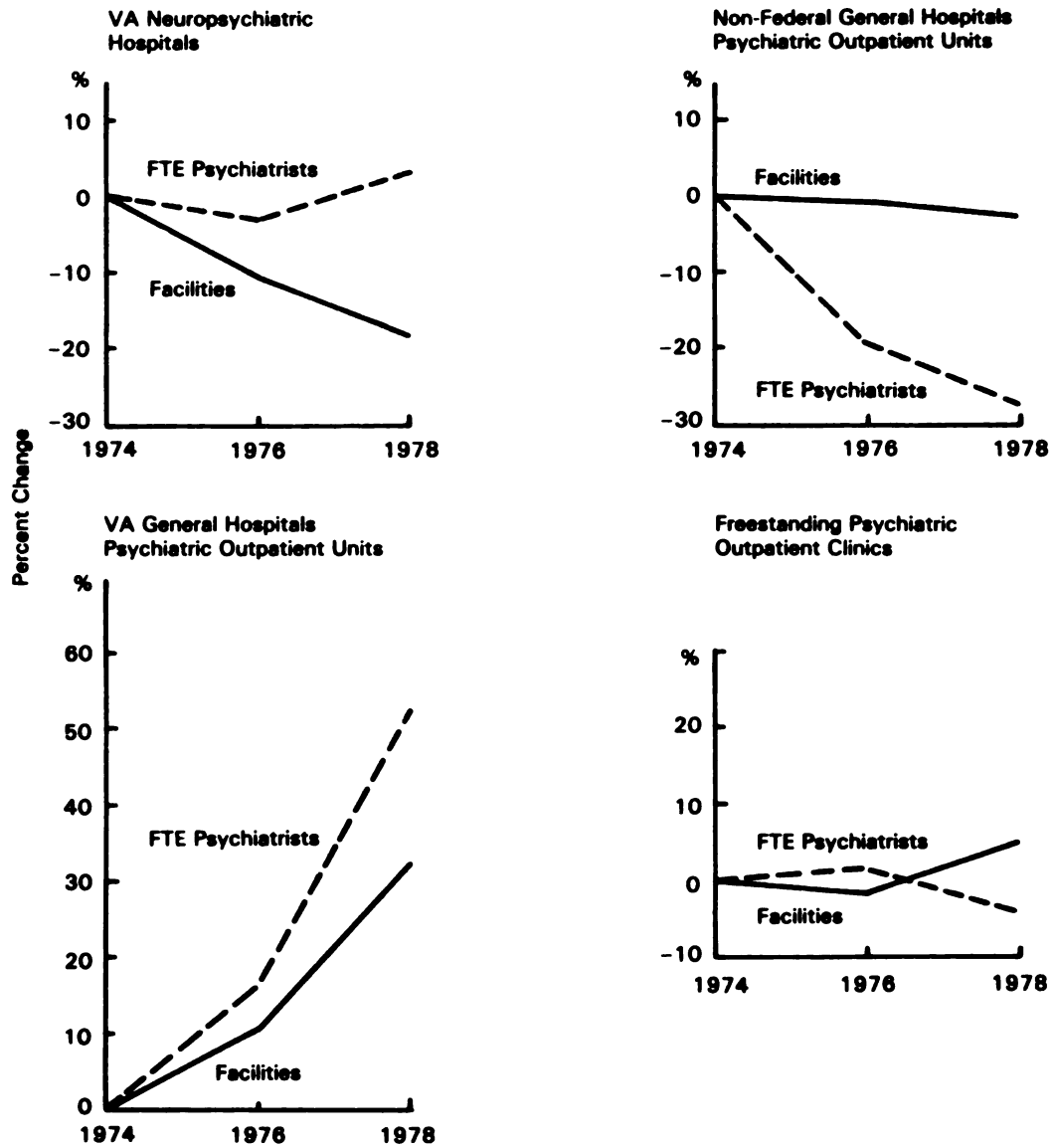


FIG. 4. (CONT'D) PERCENT CHANGE IN NUMBER OF FACILITIES AND FULL-TIME EQUIVALENT (FTE) PSYCHIATRISTS IN SELECTED MENTAL HEALTH ORGANIZATIONS, UNITED STATES, 1974-1978



FOOTNOTES

- 1/ Estimates were made for nonrespondents.
- 2/ The core mental health disciplines include psychiatry, psychology, social work and psychiatric nursing. Counted as professionals in the data reported in this paper are psychiatrists, psychologists at the Masters level and above and social workers at the Master's level. The data do not permit breaking out psychiatric nurses at a Master's level. Hence nurses were excluded from this report. Status: Staff members regularly employed 35 or more hours a week were counted as full-time, those working less than 35 hours as part-time and those receiving a supervised work-learning experience in the facility as an integral part of a training program were counted as trainees.
- 3/ Positions rather than persons are reported in this report since it is not possible to obtain an unduplicated count of persons as some professionals work part-time in more than a single organized setting. A count of full-time equivalents (FTEs), on the other hand, unduplicates the count of persons across organized settings but may under-estimate the count of persons in these settings as several persons working part-time may total a single FTE. The unduplicated count of persons in organized settings in the mental health services delivery system is somewhere between the count of positions and FTEs.
- 4/ The criterion for full-time employment in many cases is the Department of Labor standard of 35 or more hours per week. In mental health facilities, the average hours worked per week for most of the full-time staff are close to 40 hours per week. For this reason, 40 hours has been used as the equivalent for a full-time position.
- 5/ In these counts of mental health organizations, V.A. general hospitals and non-Federal general hospitals with psychiatric inpatient and outpatient services have been double counted - once, as applicable, in the count of hospitals with psychiatric inpatient services and again in the count of hospitals with psychiatric outpatient services.
- 6/ These figures are reported data and do not include an estimate for nonresponse or unclassified.

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Table 1. Average number of positions occupied by professionals in the core mental health disciplines,^{1/} per organization and their full-time equivalent (FTEs), mental health organizations, United States 1974-1978

Mental health organizations	Average number of professional positions per organization			Percent change 1974-1978	Average FTE professionals per organization			Percent change 1974-1978
	1974	1976	1978		1974	1976	1978	
Total all organizations ^{2/} ..	16.0	16.9	16.7	4.4%	11.7	12.6	12.6	7.7%
State & county mental hosp...	37.9	36.3	37.6	0.8	32.7	33.0	34.2	4.6
Private psychiatric hospitals	13.1	17.9	18.9	44.3	9.9	13.7	14.0	41.4
VA neuropsychiatric hospitals	45.9	52.1	60.5	31.8	41.3	48.3	54.7	32.4
VA general hospital psychiatric inpatient.....	22.7	24.9	25.2	11.0	18.7	20.8	20.9	11.8
VA general hospital psychiatric outpatient.....	11.8	15.4	14.1	19.5	8.8	10.7	10.5	19.3
Non-Federal general hospital psychiatric inpatient.....	5.5	5.5	5.0	- 9.1	3.8	4.1	3.8	0.0
Non-Federal general hospital psychiatric outpatient.....	22.6	21.2	20.4	- 9.7	14.5	13.2	13.1	- 9.7
Freestanding outpatient clinics.....	13.1	14.2	14.0	6.9	7.9	8.7	8.9	12.7
Federally funded CMHCs.....	25.1	27.6	28.2	12.4	19.7	21.6	21.8	10.7
Other ^{3/}	9.8	10.2	10.9	11.2	7.1	7.8	8.5	19.7

1/ Included as the core mental health disciplines are: psychiatrists, psychologists, Master's level and above, social workers Master's level and above, registered nurses.

2/ Number of facilities

	1974	1976	1978
Total.....	3,583	3,791	4,015
State & county mental hospitals	313	304	286
Private psychiatric hospitals..	180	183	186
VA neuropsychiatric hospitals..	27	24	22
VA general hospital psychiatric inpatient.....	86	89	100
VA general hospital psychiatric outpatient.....	77	85	102
Non-Federal general hospital psychiatric inpatient.....	684	791	837
Non-Federal general hospital psychiatric outpatient.....	307	303	298
Freestanding outpatient clinics.....	1,092	1,076	1,150
Federally funded CMHCs.....	400	528	563
Other.....	417	408	471

3/ Includes residential treatment centers for emotionally disturbed children, freestanding mental health day/night facilities and other multiservice mental health facilities.

Table 2. Average number of positions occupied by psychiatrists per organization and their full-time equivalents (FTEs), mental health organizations, United States 1974-1978

Mental health organizations	Average number of professional positions per organization			Percent change 1974-1978	Average FTE professionals per organization			Percent change 1974-1978
	1974	1976	1978		1974	1976	1978	
Total all organizations ^{1/} ...	6.5	6.2	5.6	- 13.8%	4.2	4.0	3.6	- 14.3%
State & county mental hosp...	18.8	16.4	15.3	- 18.6	15.1	14.3	13.0	- 13.9
Private psychiatric hospitals	8.1	10.5	10.6	30.9	5.9	7.5	6.9	16.9
VA neuropsychiatric hospitals	13.7	14.6	18.3	33.6	12.0	13.1	15.2	26.7
VA general hospital psychiatric inpatient.....	10.7	11.7	12.4	15.9	8.7	9.8	10.4	19.5
VA general hospital psychiatric outpatient.....	4.8	5.7	5.4	12.5	3.1	3.3	3.6	16.1
Non-Federal general hospital psychiatric inpatient.....	3.4	3.2	2.9	- 14.7	2.3	2.4	2.1	- 8.7
Non-Federal general hospital psychiatric outpatient.....	13.9	11.9	10.6	- 23.7	8.1	6.6	6.1	- 24.7
Freestanding outpatient clinics.....	3.4	3.5	3.0	- 11.8	1.3	1.3	1.2	- 7.7
Federally funded CMHCs.....	7.2	7.1	6.9	- 4.2	4.6	4.3	4.0	- 13.0
Other ^{2/}	2.6	2.4	2.2	- 15.4	1.2	1.2	1.1	- 8.3

1/ See footnote to table 1 for the number of mental health organizations in each category in 1974, 1976 and 1978.

2/ Includes residential treatment centers for emotionally disturbed children, freestanding mental health day/night facilities and other multiservice mental health facilities.

Table 3. Average number of positions occupied by psychologists (Master's level and above) per organization and the full-time equivalents (FTEs), mental health organizations, United States 1974-1978

Mental health organizations	Average number of psychologist programs (Masters and above per organization)			Percent change 1974-1978	Average number of FTE psychologists (Masters and above per organization)			Percent change 1974-1978
	1974	1976	1978		1974	1976	1978	
Total all organizations ^{1/} ...	4.1	4.7	4.8	17.1%	3.0	3.5	3.7	23.3%
State & county mental hosp...	8.8	8.9	10.0	13.6	7.8	8.2	9.4	20.5
Private psychiatric hospitals	2.0	3.2	3.6	80.0	1.5	2.7	3.0	100.0%
VA neuropsychiatric hospitals	12.8	14.5	15.6	21.9	11.6	13.3	14.4	24.1
VA general hospital psychiatric inpatient.....	7.2	7.0	7.3	1.4	5.6	5.7	6.0	7.1
VA general hospital psychiatric outpatient.....	3.4	4.6	4.4	29.4	2.5	3.3	3.4	36.0
Non-Federal general hospital psychiatric inpatient.....	0.7	0.8	0.8	14.3	0.5	0.6	0.6	20.0
Non-Federal general hospital psychiatric outpatient.....	3.5	3.9	4.4	25.7	2.4	2.5	2.9	20.8
Freestanding outpatient clinics.....	4.3	5.0	5.0	16.3	2.6	3.1	3.2	23.1
Federally funded CMHCs.....	8.3	9.4	9.3	12.0	6.7	7.6	7.7	14.9
Other ^{2/}	2.1	2.3	2.4	14.3	1.4	1.7	1.9	35.7

^{1/} See footnote to table 1 for the number of mental health organizations in each category in 1974, 1976 and 1978.

^{2/} Includes residential treatment centers for emotionally disturbed children, freestanding mental health day/night facilities and other multiservice mental health facilities.

Table 4. Average number of positions occupied by social workers (Master's level and above) per organization and the full-time equivalents (FTEs), mental health organizations, United States 1974-1978

Mental health organizations	Average number of social worker programs (Masters and above per organization)			Percent change 1974-1978	Average number of FTE social workers (Masters and above per organization)			Percent change 1974-1978
	1974	1976	1978		1974	1976	1978	
Total all organizations ^{1/} ...	5.4	6.0	6.3	16.7%	4.5	5.0	5.3	17.8%
State & county mental hosp...	10.3	11.0	12.3	19.4	9.8	10.5	11.8	20.4
Private psychiatric hospitals	3.0	4.2	4.7	56.7	2.5	3.6	4.1	64.0
VA neuropsychiatric hospitals	19.4	23.0	26.6	37.1	17.6	22.0	25.0	42.0
VA general hospital psychiatric inpatient.....	4.8	6.2	5.5	14.6	4.4	5.3	4.5	2.3
VA general hospital psychiatric outpatient.....	3.7	5.1	4.3	16.2	3.2	4.1	3.5	9.4
Non-Federal general hospital psychiatric inpatient.....	1.4	1.4	1.3	- 7.1	1.0	1.1	1.1	10.0
Non-Federal general hospital psychiatric outpatient.....	5.3	5.4	5.3	0.0	4.0	4.1	4.1	2.5
Freestanding outpatient clinics.....	5.4	5.8	6.0	11.1	4.0	4.3	4.5	12.5
Federally funded CMHCs.....	9.6	11.1	11.9	24.0	8.3	9.7	10.2	22.9
Other ^{2/}	5.2	5.6	6.2	19.2	4.5	4.9	5.6	24.4

^{1/} See footnote to table 1 for the number of mental health organizations in each category in 1974, 1976 and 1978.

^{2/} Includes residential treatment centers for emotionally disturbed children, freestanding mental health day/night facilities and other multiservice mental health facilities.

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