Staffing Patterns, Service Provision, and Training Needs of Community Mental Health Centers in Iowa

Background

In the Spring of 1994, the directors of the 34 Community Mental Health Centers in Iowa who are members of the Community Mental Health Center Association were asked to distribute a four page survey to all providers at their centers. According to the 1995 CMHCAI directory, there are a total of 720 service providers in member centers. Responses were received from 32/34 (94%) of centers. Responding centers had a total number of 680 staff members. From these centers, 285 completed surveys (42%) were returned; the range of response rate from centers was 13% to 65% and the average response rate per responding center was 42%. The study objectives were to: 1) describe staffing patterns in CMHCs of Iowa; and 2) describe services that are provided in Community Mental Health Centers. Intended study applications are to:
1) describe the current distribution of staff in CMHCs; 2) evaluate the current capacity for services that are provided by the present staff; 3) determine unmet service needs; and 4) develop education and training programs appropriate to the service needs of CMHC providers.

Survey results based on the 285 survey respondents are summarized in this report.

Staff Description

Respondents were asked to provide some demographic information about themselves and their experience in mental health services. These responses are summarized in Table 1.

Table 1: Characteristics of Survey Respondents

Characteristic	Response
Age (mean years)	38.43
Gender (% female)	56.80
Percent indicating Iowa as home state	60.70
Total years experience in mental health services (mean)	12.43
Total years experience in community based mental health services (mean)	9.37
Years in present position (mean)	6.64

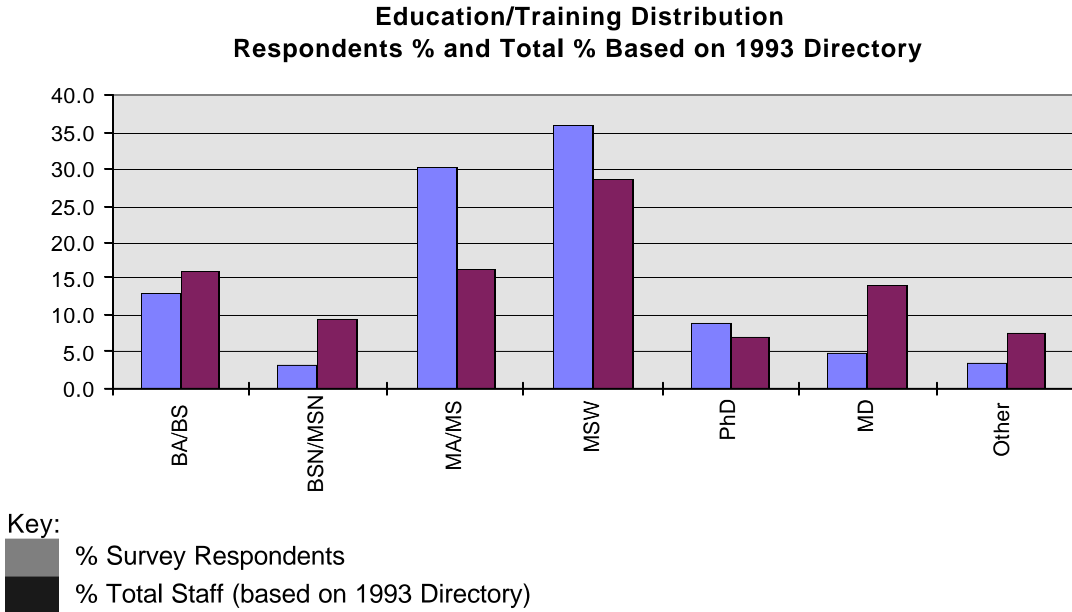
Respondents were then asked to provide information regarding their educational degree. These results are summarized below in Table 2 and represented graphically in Figure 1.

Table 2: Educational Level of Survey Respondents

Degree	Respondents (%)	Total (%) Based on 1993 CMHCAI Directory	Percent Distribution of FTE Staff in US*
BA/BS	13.0	16.2	40.1**
BSN/MSN	3.2	9.5	8.6
MA/MS	30.2	16.5	**
MSW	36.1	28.5	32.4
PhD	9.1	7.2	12.2
MD	4.9	14.1	5.7
Other	3.5	7.8	

*Table 6.8g, p114. Mental Health, United States, 1994. CMHS/CMHS
**Category is “other mental health professionals (BA and above)”

Figure 1: Education/Training Distribution

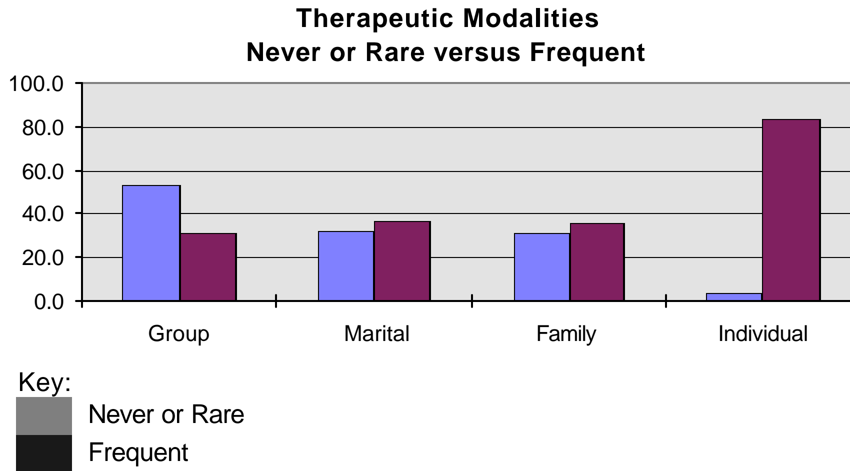


Range of Services

<u>Therapeutic Modalities</u>

Respondents were asked to indicate the therapeutic modalities that they used in their practice (i.e., individual, marital, family, group) and the frequency of use. They were asked to indicate the frequency of use with the choices being "never", "rare", "occasional" (defined as at least one time per month) and "frequent" (defined as at least one time per week). Not surprisingly, nearly all respondents indicated that they used individual therapy frequently (83%). An unexpected finding was that over 1/2 of respondents (53%) indicated that they never or rarely used group therapy. About 1/3 of respondents indicated that they never or rarely used marital or family therapy; approximately an equal proportion indicated that they used these modalities frequently. The responses of never/rare versus frequent for each modality are illustrated in Figure 2.

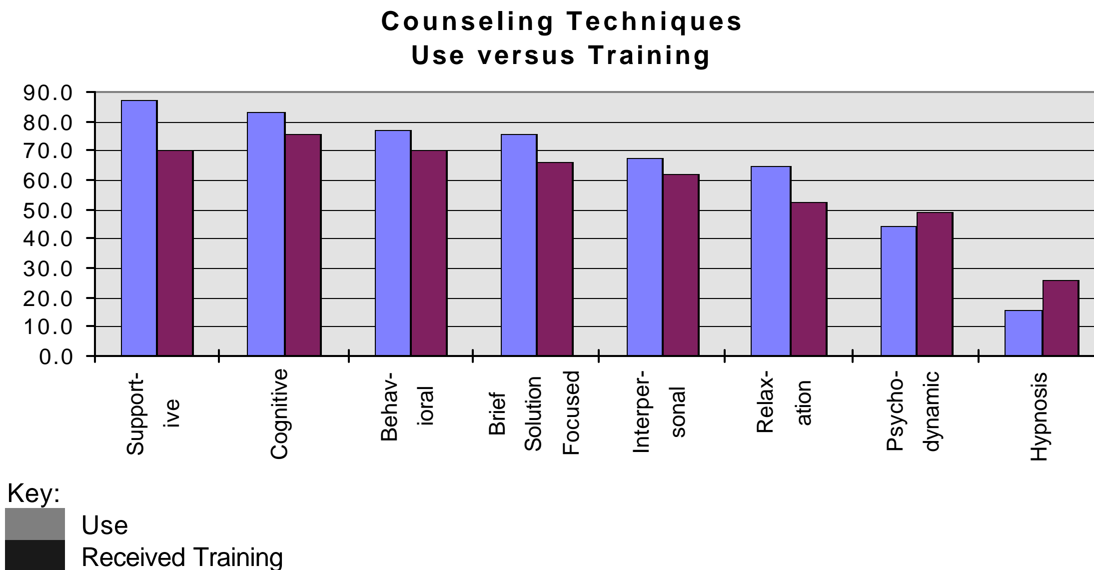
Figure 2: Use of Therapeutic Modalities



Key:
Never or Rare
Frequent

<u>Counseling Techniques</u>
Respondents were asked to describe the type of counseling techniques that they used and whether or not they had received training in those techniques. These responses are illustrated in Figure 3. The most common type of therapy used was supportive therapy (87%) with 70% of respondents indicating that they had received training in this area. Overall, it appears that most respondents have had training in the therapeutic techniques that they are practicing.

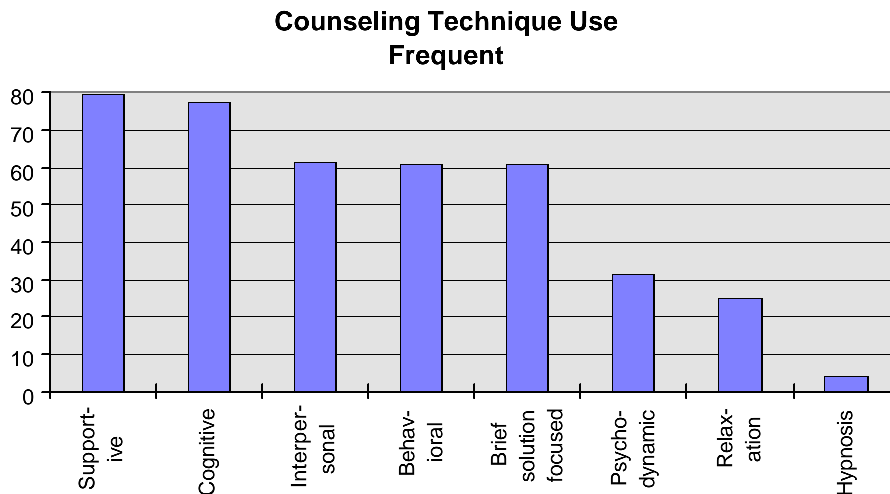
Figure 3: Use versus Training in Counseling Techniques



Key:
Use
Received Training

Respondents were asked to estimate the frequency of use of various counseling techniques. Techniques used with the greatest frequency were supportive, cognitive, interpersonal, behavioral, and brief solution focused therapy. The percent of respondents who indicated that they used these techniques frequently are summarized below in Figure 4.

Figure 4: Respondents Indicating Frequent Use of Counseling Techniques



Self-Assessment of Confidence in Performing Tasks

Providers were asked to assess their confidence in performing 20 tasks, which fell into four categories. These are listed below.

1. Evaluation/Assessment
   - Intake assessment
   - Crisis calls
   - DSMIII-R diagnosis
   - Recommendation for medication

2. Treatment Modalities
   - Medication monitoring
   - Psychosocial rehabilitation
   - Counseling modalities (individual, couple, family, group)
   - Counseling techniques (brief solution focused, behavioral, cognitive, relaxation)

3. Case Management
    Identification of resources
    Developing resources
    Developing case management teams
    Entitlement programs

4. Family Support
    Family education
    Support for caregivers

The percent of respondents who indicated confidence in performing each task is summarized in Table 3. Tasks in which over 50% of respondents indicated confidence include individual counseling, intake assessment, cognitive interventions, and crisis calls. Tasks in which less than 1/3 of respondents indicated confidence included making psychiatric medication recommendations, psychosocial rehabilitation, psychiatric medication monitoring, and developing case management teams.

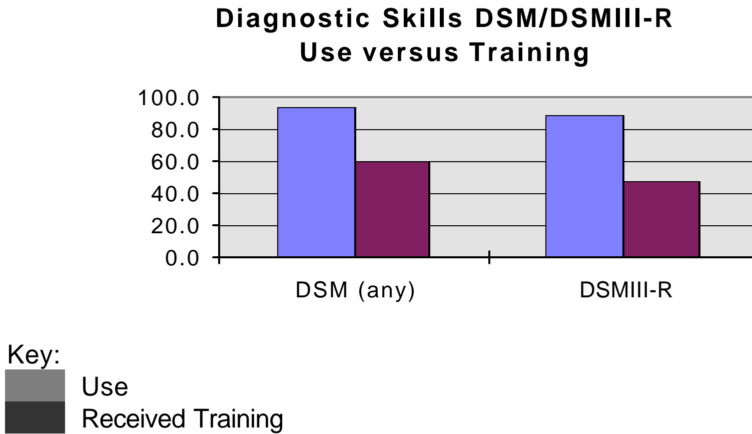
Table 3: Confidence in Typical Tasks Performed by Mental Health Practitioners

Tasks	Confident
Individual counseling	71.2
Intake assessment	64.9
Cognitive interventions	51.9
Crisis calls	51.6
Finding resources for client	45.6
Brief solution focused therapy	39.6
Behavioral interventions	39.3
DSMIII-R diagnosis	35.8
Group counseling	35.1
Relaxation therapy	33.0
Family counseling	32.6
Couple counseling	32.6
Effective use of and support for caregivers	29.8
Developing resources for client	29.8
Patient/family education	29.8
Developing care management teams across/between agencies	28.1
Psychiatric medication recommendations	23.5
Medication monitoring	21.4
Psychosocial rehabilitation	16.8
Entitlement programs (Medicaid, SSI, medically needy, pharmaceuticals, etc.)	16.5

DSM Training, Use, and Confidence

Respondents were asked if they used DSM and, if so, which version. At the time of the survey, the current version of DSM was DSMIII-R. Almost all respondents (94%) indicated that they used DSM and most indicated that they used the latest edition (88%). However, only about 1/2 of the respondents who used DSMIII-R had received formal training in it. These relationships are illustrated in Figure 5.

Figure 5: Use versus Training in Diagnostic Skills DSM/DSMIII-R



Respondents were then asked to indicate their confidence in making specific DSM diagnoses. This question asked, “In your opinion, has your training provided you with adequate knowledge and skill to make the following DSM diagnoses?” The response to this question is demonstrated below in Table 4.

Table 4: Confidence in Making DSM Diagnoses

DSM Diagnoses	% Stating Confidence
Mood Disorders	77.2
Anxiety Disorders	73.3
Personality Disorder	67.4
Schizophrenia/Psychotic Disorders	64.9
Adolescent Disorders	57.2
Children Disorders	53.0
Alcohol/Drug Abuse	51.9
Alzheimer’s/Other Dementias	26.0
Psychiatric Manifestations of Medical Illness	21.8

Continuing Education

Number of Classes Taken

Providers were asked to list the topic, location, and sponsor of continuing education courses in psychiatric diagnosis and treatment that they had taken over the past five years and to limit their response to 5 or fewer courses that were the most relevant to their practice. Approximately 1/3 of respondents (34%) indicated that they had taken no such classes; a nearly equal proportion (27%) indicated that they had taken 5 or more such classes. The remaining 2/3 of respondents indicated that they had taken between 1 and 4 classes.

Desire for Additional Training

For each of 20 tasks, respondents were asked to indicate their desire for additional training. The results are tabulated in Table 5, below. The five tasks in which respondents indicated the highest interest were brief solution focused therapy, DSMIII-R diagnosis, psychiatric medication recommendations, family counseling and couple counseling. The five tasks that respondents least frequently identified as areas in which additional training was desired were intake assessment, patient/family education, effective use of support for caregivers, developing resources for clients, and developing case management teams.

Table 5: Additional Training Desired on Typical Tasks Performed

Tasks	Additional Training Desired
Brief solution focused therapy	35.8
DSMIII-R diagnosis	29.2
Psychiatric medication recommendation	28.8
Family counseling	27.0
Couple counseling	26.0
Group counseling	23.5
Entitlement programs (Medicaid, SSI, medically needy, pharmaceuticals, etc.)	22.5
Cognitive interventions	21.4
Relaxation therapy	19.3
Medication monitoring	18.6
Behavioral interventions	17.2
Individual counseling	15.1
Psychosocial rehabilitation	14.8
Crisis calls	14.4
Finding resources for client	13.0
Developing case management teams across/between agencies	13.0
Developing resources for client	12.3
Effective use of and support for caregivers	11.3
Patient/family education	10.5
Intake assessment	9.5

Availability of Continuing Education Courses

Respondents were asked if continuing education courses of relevance and interest were generally available. Most respondents (58%) indicated that they were, with only 8% stating that they were not. One third (33%) of respondents indicated that availability was variable or that they were unsure.

Awareness of Upcoming Meetings
About 2/3 of respondents (65%) indicated that they receive adequate notification of upcoming meetings. Only 12% of respondents indicated that they did not and 23% said that this was variable or that they were unsure.

Barriers to Participation
Distance. Respondents were asked if continuing education courses were difficult to attend because of distance. Nearly 40% of respondents indicated that distance was a problem; the remaining responses were nearly equally distributed between "no" and "variable or unsure".

Cost. Respondents were also asked if continuing education courses were difficult to attend because of prohibitive costs (e.g., registration fees and travel expenses). Approximately 1/2 (47%) of respondents indicated that this was the case with the remaining responses equally distributed between "no" and "variable or unsure".

Educational Leave
Nearly 90 % of respondents indicated that they were able to take paid leave from work to attend courses. Only 155 respondents specified the number of days per year that they were able to obtain paid leave and their responses ranged from 1 to 10 days with the most frequent response being 5 days. This appeared to be true, independent of the size of the center, the location of the center (urban versus rural), and the number of years worked at the Mental Health Center.

Summary

Nearly one-half of CMHC providers responded to a survey describing CMHC staff characteristics, range of service provision, and continuing education needs.

The distribution of survey respondents according to educational degree appears to generally reflect the staff distribution according to the 1993 CMHCAI Directory. The proportion of persons with MSW and MA/MS degrees is higher in the directory than in the survey respondents and the proportion of nurses and physicians is lower. It is possible that information about staff distribution obtained from the directory provides an underestimate of the proportion of persons with MSW and MA/MS degrees providing services in CMHCs and overestimates the proportion of nurses and physicians providing direct services because the former group represents a greater proportion of FTEs than does the latter.

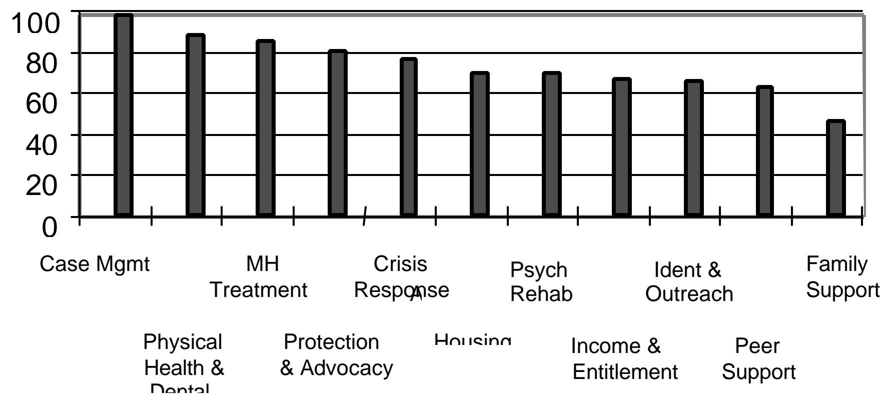
The type of therapy most frequently used is individual psychotherapy and staff indicate training consistent with use in nearly all counseling techniques. The types of therapy most frequently used are supportive and cognitive therapy. Respondents indicate confidence in their ability to perform individual psychotherapy and indicate a desire for additional training in the area of brief solution focused therapy.

Respondents generally perceive that continuing education courses of interest are available and they indicate that their center provides paid leave for them to attend such courses. However, cost and distance appear to present a barrier to participation for a significant proportion of respondents.

Appendices

Assessment of Service Component Adequacy by Case Managers

Service Component	Assessment of Adequacy		
	number responding	service not needed over past one year	if needed, percent indicating adequacy
I. Crisis Response	89	5 (6%)	77%
II. Mental Health Treatment	88	1 (1%)	85%
III. Income and Entitlement	90	1 (1%)	67%
IV. Protection and Advocacy	88	14 (16%)	80%
V. Physical Health and Dental	91	0 (0%)	88%
VI. Housing	91	3 (3%)	71%
VII. Psychosocial Rehabilitation	91	3 (3%)	71%
VIII. Peer Support	90	2 (2%)	63%
IX. Identification and Outreach	90	3 (3%)	66%
X. Family Support	91	10 (11%)	46%
XI. Case Management	90	1 (1%)	98%



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