



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

HEALTH CARE REFORM

Health Professions Training and Education

There is a critical need to increase and enhance mental and behavioral health workforce education and training. As documented in the report of the Annapolis Coalition on the Behavioral Health Workforce (2007):

There is substantial and alarming evidence that the current workforce lacks adequate support to function effectively and is largely unable to deliver care of proven effectiveness in partnership with the people who need services. There is equally compelling evidence of an anemic pipeline of new recruits to meet the complex behavioral health needs of the growing and increasingly diverse population in this country. The improvement of care and the transformation of systems of care depend entirely on a workforce that is adequate in size and effectively trained and supported.

Specifically, the report emphasizes several key areas that must be addressed, including:

- 1) notable lack of racial and cultural diversity among mental health disciplines;
- 2) concerns about workforce size in general and the geographic distribution of these professionals, especially in rural communities;
- 3) critical shortage of those trained to meet the needs of children/youth and older adults;
- 4) training among disciplines occurs in isolation, not interdisciplinary, which is necessary for affordable and cost-effective primary care service delivery.

APA RECOMMENDATION: Develop and maintain a diverse psychology workforce competent to develop and apply evidence-based behavioral and psychosocial assessments and interventions to address the current needs and changing demographics of our nation's population.

Specifically, APA supports the following legislative initiatives:

Graduate Psychology Education Act (S. 811/H.R. 2066) would authorize the Graduate Psychology Education (GPE) Program, which was established in 2002 to provide funding to accredited doctoral, postdoctoral, and internship programs for interdisciplinary training for underserved populations (e.g., older adults; children; chronically ill persons; and victims of abuse and trauma, including military service members and veterans) in rural and urban communities.

Health Professions and Primary Care Reinvestment Act (S. 3708/H.R. 7302 – 110th Congress) would amend Titles VII and VIII of the Public Health Service Act to: address workforce shortages for primary care health professions; assist underrepresented minorities or disadvantaged students to enter health professions; authorize the GPE Program; expand Geriatrics Education and Training initiatives to include graduate programs and professionals in behavioral and mental health; and improve national health workforce analysis efforts.

Minority Fellowship Program of the Substance Abuse and Mental Health Services Administration helps to reduce racial and ethnic disparities in mental health status and to improve the quality of mental health services for minority populations. This highly successful program provides training primarily to minority

mental health professionals to offer culturally and linguistically appropriate, accessible mental health and substance use services for diverse populations.

National Health Service Corps and Federally Qualified Health Centers provide integrated health care services for individuals across the lifespan in underserved communities. Independently, and through the National Health Service Corps, psychologists serve as essential members of interdisciplinary health care teams providing mental and behavioral health services.

Geriatrics Loan Forgiveness Act (H.R. 1457) would amend the Public Health Service Act to allow participants to include their time in an accredited geriatric education program toward the two-year minimum obligation to qualify for the National Health Service Corps Loan Repayment Program. This loan repayment program provides up to \$25,000 annually to repay student loans in exchange for service in a Health Professional Shortage Area.

Retooling the Health Care Workforce for an Aging America Act (S. 245/H.R. 468) includes among its many important provisions language that would amend Title VII of the Public Health Service Act to: (1) expand funding for Geriatric Education Centers for grants to offer short-term intensive courses in geriatrics; (2) expand the Geriatric Academic Career Awards program to include junior faculty in nursing, social work, psychology, and allied health disciplines; (3) authorize a new Geriatric Career Incentive Awards program to provide financial support for psychology students and masters level clinical social workers who wish to pursue a doctorate or other advanced degree in geriatrics, long-term care, geropsychology, or chronic care management; and (4) analyze current and projected needs for health care professionals and paraprofessionals in the long-term care sector. This legislation would also authorize a research study on the geriatric mental health workforce.

Caring for an Aging America Act (S. 750) would amend Titles VII and VIII of the Public Health Service Act to: establish the Geriatric and Gerontology Loan Repayment Program for physicians, physician assistants, advance practice nurses, psychologists, and social workers; expand eligibility for the Nursing Education Loan Repayment Program; strengthen the existing Career Ladder Grants Program to expand career advancement opportunities for direct care workers in long-term care settings; and establish a Health and Long-Term Care Workforce Advisory Panel.

Health Access and Health Professions Supply Act (S. 790/H.R. 3109) includes among its many important provisions language that would: (1) amend the Social Security Act to make cost of training psychology interns eligible for Medicare payments to hospitals; and (2) amend the Public Health Service Act to include behavioral and mental health professionals among those: (a) eligible for membership on a permanent national health workforce commission, (b) included in workforce data collection and analysis, (c) included in an expansion of the National Health Service Corps Scholarship and Loan Repayment Program, (d) allowed to be commissioned officers in the Public Health Service through a newly established Public Health Science Track, and (e) included in a new Health Professions Training Pipeline Partnerships Program.

Child Health Care Crisis Relief Act (H.R. 1932) would amend the Public Health Service Act to support the professional training of individuals to provide mental health services for children and adolescents, including: (1) entering into contracts with qualified individuals to pay educational loans in exchange for providing mental health services to children and adolescents; (2) awarding competitive grants to higher education institutions to establish or expand internship or other field placement programs for students receiving specialized training or clinical experience in child and adolescent mental health; and (3) awarding grants to higher education institutions to establish or expand graduate child and adolescent mental health training programs.