Central East (HHS Region 3)

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# Recruiting and Retaining Unicorns: Finding Your Dream Psychiatrist

**How to recruit and retain excellent community psychiatrists committed to public service and the provision of high-quality psychiatric care.**


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THE ANNAPOLIS COALITION ON THE BEHAVIORAL HEALTH WORKFORCE

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# Introduction

The challenge of finding a committed and capable psychiatrist ready to work in public service in our nation's community mental health centers and community health centers is well known to all in the field. At times, such psychiatrists can seem to be mythical, like the unicorn. But they do exist and more may be coming. The fastest way to increase their number is to demonstrate to the profession that being a psychiatrist in a Community Mental Health Center (CMHC) or Federally Qualified Health Center (FQHC) is a viable, exciting and meaningful career choice. This document is an attempt to help ignite that virtuous cycle-to help CMHCs and FQHCs find their mythical psychiatrists, make them real, and keep them. To do this, the nature and scale of the problem will be discussed, with the injection of a modicum of hope. What a good public service community psychiatry job looks like will be sketched out and the actions needed to find and secure an excellent psychiatrist to fill it will be described.

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# The Challenge

Across the country, it is becoming increasingly difficult to find psychiatrists to work in the public service sector-those settings that rely largely on government funding-Medicare, Medicaid, state and local dollars-and charity/philanthropy. These are the provider organizations that care for people who can't afford private services. This population includes people with serious psychiatric disabilities, people living in or near poverty, ethnic and racial minorities, people with addictions, the LGBTQ community, geographically isolated people, and other groups who are socially and economically marginalized. This is the same terrain as what is known as community psychiatry. The terms public service psychiatry and community psychiatry are used interchangeably.

Lack of psychiatrists has always been a problem for rural areas. Somewhere around 50% of American counties do not have a psychiatrist in them. This is also true in poor communities of color, both rural and inner city. But the shortage has now reached into even the near suburbs of major cities. In addition, smaller community-based organizations, as opposed to large health care systems, whatever their geography, are at a competitive disadvantage in a market with shrinking numbers of psychiatrists available to work. Long-standing restrictions on the number of Medicare-funded residency slots available has limited the size of the workforce to somewhere between 30-40,000 psychiatrists in practice in a country that has continued to grow. Many are engaged in private practice or academic careers. Of those in practice close to 50% are within just a few years of retirement age. The good news is that the number of residency slots has grown over the past several years, and they are all being filled. There are now about 1900 first year slots, up from 1500 four years ago. Reinforcements may be coming, if the jobs are attractive.

In the meantime, while it is difficult to find psychiatrists to work in FQHCs or CMHCs, it is not impossible. There are psychiatrists who are looking for meaningful careers in public service, who want to take care of those who need that care the most, and who are excited by the prospects of team-based, supported practice. There are psychiatrists who want to be in community mental health centers and whole-person primary health services that incorporate behavioral health as a core part of their mission. What follows are some thoughts on how you can find these doctors and offer them what they need to decide to work with you and your community.

# What do the excellent public service community psychiatrists need and want in a job?

## 1 Money-How much is enough? And what about loan repayment?

From a market baseline, prevailing salary or per hour wage for any particular region of the country, the amount of money that it takes to hire an excellent community psychiatrist depends on the quality of the job being offered. What are the opportunities that come with the job? How does the job build the capacities of the person to practice the kind of care they aspire to provide? How much does the organization inspire loyalty? Is the organization recognized for the work it does and how it does it? Of course, there is a bottom line for salary and benefits or for an hourly rate. Even the best designed job will need to meet salary and benefit expectations. An excellent psychiatrist will not come without expense and the more experienced they are, the more the expense. Salaries for full time community psychiatrists vary state by state, and often within states, depending on the local market and cost of living. Salaries generally run anywhere from the mid $200k to the mid $300k. Looking at these numbers, it is critical to keep in mind that when used wisely an excellent community psychiatrist can bring in a significant portion of their cost, if not all of it and more, and support the capacity of an organization to provide needed services and tap other streams of funding. This will become even more true as the shift is made to value-based funding. It is also important to keep in mind that a well-run organization friendly to psychiatric practice will reduce the amount of money needed to induce an excellent psychiatrist to work there. Details on what this might look like follow.

It needs to be noted that a significant advantage of working in a CMHC or an FQHC is the possibility of being eligible for loan repayment through the National Health Service Corps (NHSC), NHSC has just received additional funding through the American Rescue Plan Act.[1] The loan repayment is significant at up to $50,000 a year for full time work for a two-year commitment, and up to $25,000 a year for a two-year half-time commitment. The NHSC loan repayment program requires that the CMHC or FQHC be designated as being in a Health Professional Shortage Area (HPSA)[2]. This designation can be made based on geography (i.e., isolated rural county) or underserved population (ie. uninsured people or racial/ethnic minorities.) More details about HPSA designation and the NHSC loan repayment program can be found at https://data.hrsa.gov/tools/shortage-area/hpsa-find and NHSC Loan Repayment Program.[3]

Some states also offer their own loan repayment programs for serving in areas of high need. The repayment offered is also generally significant. For information about the States that offer their own loan repayment programs, contact the Department of Health in the State of interest. Given the amount of student debt most young psychiatrists have, these loan repayment programs are an important inducement to public service.

[1] https://www.hrsa.gov/about/news/press-releases/apply-hrsa-loan-repayment-scholarship

[2] https://data.hrsa.gov/tools/shortage-area/hpsa-find

[3] https://nhsc.hrsa.gov/sites/default/files/NHSC/loan-repayment/nhsc-lrp-fact-sheet.pdf



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Lastly, if the resources needed to hire a psychiatrist are outside of reach, it may be useful to find a partnering agency to work out a shared position or, find a linked agency that spans both organizations. This might make the finances work enough to induce a psychiatrist to settle in the region. Having a spanning function will also attract psychiatrists interested in helping to lead and develop organizational capacity.

**Take Away**

As might be expected, money (pay and benefits) is extremely important. But just as important are the nature of the job and the opportunities it offers. For some CMHCs and FQHCs there is federal and state support for loan repayment. For the NHSC see NHSC Loan Repayment Program.

For each state, do a web-search for loan repayment programs for providing medical and psychiatric care in underserved areas. Lastly, organizations can combine their recruitment efforts and financial capacity by offering shared or, ideally, spanning positions.

## 2 Autonomy-Free to be?

The issue of autonomy in practice is clear and is not that different from other medical specialties. Psychiatrists like to have some capacity to determine how and when they practice and how the process of making those determinations happens. Examples of this include how the workflow of patients is managed and how they work with their non-psychiatric colleagues. In any organization there are restrictions and constraints in total freedom of practice. What's necessary is dialogue and the sense that dialogue is welcome. This is best produced when there is a clear commitment to providing excellent care on the part of the organization and the psychiatrist. When this is the case, usually issues are resolvable, permitting the freedom to practice within the constraints that are necessary to ensure that the care is provided in a way that supports the organization.

One important issue regarding autonomy is the issue of paying a salary or a per hour wage. A salary implies a more committed relationship between the parties, but it tends to restrict the flexibility of practice. In some circumstances, not unusual in community practice, the psychiatrist may not wish to work enough hours to warrant a salary, preferring to practice in other settings as well. Navigating the path through this is an example of the kind of dialogue and negotiation required for finding and retaining an excellent psychiatrist.

**Take Away**

The work of being a community psychiatrist requires personal and organizational flexibility. The best way to be flexible is to anticipate the need for it and to have a working relationship with the psychiatrist that is based on mutual respect and a shared purpose (see more under the heading "Relationship-Can I work with you?").

## 3 Teamwork-Who works together and how?

Teamwork is an interesting issue in psychiatry. It's a common perception that psychiatrists want to work alone, seeing patients in their private offices. This isn't completely false. Some private practitioners do practice this way and some in community settings still try to practice this way too, despite the overwhelming evidence that patients in public settings have needs that far exceed the capacity of a solo psychiatrist to address.

In fact, for the most part, psychiatrists know this. When they are being trained, they usually work on teams, particularly on inpatient units, so they are at least familiar with the idea of psychiatric teamwork. Sadly, when they go out into practice in the world of community mental health, in outpatient settings, in particular, they still often find the old model of having therapists doing a sort of private practice approach to care with the psychiatrist as a backup at arm's reach. In these kinds of practices, psychiatrists are not usually seen as being team members and are often assigned to see patients with very little contact with the rest of the staff. There is a name for this style of practice among community psychiatrists-it's called being a "doc in a box". It is recognized as a soul-crushing way to practice. Fortunately, FQHCs and enlightened CMHCs have structured the team approach into their service provision. They frequently now have a complex mix of primary medical staff (physicians, nurse practitioners, physician assistants), nursing staff, Medical Assistants, therapists, care managers/link workers, peers, and other support staff. It is possible to create a team that mirrors what is done in inpatient settings, allowing labor to be distributed to the persons trained to do it. The process of being able to use and work with the resources and skills of other professionals who focus on other aspects of care makes the job of being a community psychiatrist much easier. Among the things that FQHCs and CMHCs can sell and sell hard is the way teams are used. It's important to keep this in the foreground because it's about the quality of the work. With a well-run team, a psychiatrist can function expeditiously and efficiently which are critical elements of job quality, while attending to people with great clinical and social needs in a comprehensive way. Working on a team, an excellent psychiatrist can accomplish far more than working alone. In fact, the notion of the "doc in the box", seeing a revolving door list of patients every 20-30 minutes, writing prescriptions and coming out for air every once in a while, is anathema to high quality practice. Practicing this way is a way to take the skills of community psychiatrists and rapidly make most of them useless to the patients and the organization.

It is also important to emphasize how that team supports the day-to-day work of the psychiatrist specifically. It starts with the front office functions of scheduling patients and fielding questions and progresses to the role of psychiatric nursing support for immediate follow up of patients to ensure medications have been obtained and any issues with them or other aspects of treatment are addressed immediately. It also includes links with therapists seeing patients and peers and social workers who are supporting them. If the setting is a whole-person primary health setting, effective links with the primary medical clinicians are also critical. In addition to meetings (either face to face or virtual), a good electronic health record (EHR) can facilitate needed communication.

The issue of coverage, if it's necessary in the clinical setting, is also critical. Having a fair, transparent but flexible process that determines who's on call and when can make an enormous difference in the burden of practice, if it's also well compensated.

**Take Away**

Effective teamwork is the basis of modern community psychiatric practice in FQHCs and CMHCs. High functioning teams are essential recruitment and retention tools. In addition to providing multidisciplinary care, a critical aspect of teamwork is how the team supports the day-to-day practice of the psychiatrist, from scheduling patients to confirming whether they followed up on a referral or picked up their medications and all points in between. Make sure the potential recruit knows how their work will be supported!

## 4 Leadership-What's the psychiatrist's role?

Psychiatrists, including young psychiatrists, who want to be engaged in public service, often want a sense that they will be able to contribute beyond providing clinical care alone and that will be able to grow into having a more significant organizational and community role over time. How they can participate and engage in the furthering of the capacity of the FQHC or CMHC is an important element. Not all psychiatrists will require this, but psychiatrists who are especially interested in working in places like an FQHC or CMHC often want to maximize their impact. They're likely to be on the cutting edge of psychiatric practice and they will want to be participating in the process of developing and overseeing services. Engaging them in shaping the work that's done by the organization and in how the organization develops over time is an extremely strong inducement to attract and retain a high-quality psychiatrist. It will be an important piece of what can be offered to them.

While considering leadership as a key component of a job's appeal, it's important to note the critical role of the position of Medical Director as the sine qua non of medical leadership in any healthcare organization. A good medical director can shoulder much of the work of recruitment and retention, engaging other psychiatrists (and nurse practitioners and physician assistants) in the life of the organization while ensuring that the care they provide is of high quality. Just as importantly, the absence of a respected medical director is taken as a clear sign that an organization has not worked out its relationship with physicians.

**Take Away**

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## 5 Relationship-Can we work together?

The issue of leadership gets to an even more fundamental issue. Can administration and psychiatrists work together? Can they take on some joint challenges or projects? Are there ways that this process of being embedded in an organization feels like you are working with and part of the organization rather than just sort of being siphoned off to the side? It ties back to the notion of autonomy, which is some capacity to operate in your own sphere, but expands on it. In the autonomy there is a clear linkage for relationship, teamwork and a capacity for leadership that, together with a reasonable salary, gets very close to an ideal job to offer.

**Take Away**

As in all of psychiatry, it's the relationships that really matter. Developing a mutually respectful relationship based on trust and shared purpose between the other leaders in the organization and the psychiatrist(s) is the key to a fruitful partnership. This relationship building must start during recruitment with a focus on engaging the potential recruit in an ongoing, open dialogue that values their input on the mission and the methods of the organization.

## 6 Career support-What happens to psychiatrists who work here? What is done to support their continuous improvement?

For early and mid-career psychiatrists, it is important to convey some sense of what their career might look like if they took the job offered and how the organization can help them develop themselves. Time off and financial support for continuing education are the usual offerings. Offering the recruit an opportunity to be mentored or providing time for them to teach or to develop projects or to participate in local, state, and national initiatives are less traditional but very effective ways of helping a psychiatrist grow in their career. Providing these kinds of opportunities is challenging for smaller community-based organizations.

An example of an effort to overcome this problem is the Pennsylvania Psychiatric Leadership Council (PPLC[4]). It was created, in part, to support continuous improvement and career development activities across the state. Made up of practicing public service community psychiatrists, administrators, advocates, consumers, families and other mental health professionals, its mission is to help public service psychiatrists see a convivial path to developing their capacities and their capabilities. The PPLC's goal is to work with employers and psychiatrists to help the latter move forward in their capabilities and careers.

**Take Away**

Providing traditional support for continuing education is essential but adding additional ways to support career development will go a long way for recruitment and retention.

[4] https://paplc.org/

## 7 Patient load-How much time is there to see people?

Patient load is a huge issue in the practice of public service psychiatry. There is a constant effort to try to figure out how many patients can possibly be seen in a day and still do a good job of it. Several things are clear. The better the teamwork, the better patient care will work. The better the EHR works, the easier it is to be efficient in taking care of patients. Put another way, the less teamwork there is, the less the EHR works, and the less there is a focus in the organization around supporting the work of the psychiatrist. The slower the work is going to be, the harder it's going to be, the more patients there will be who need to be seen because treatment isn't working, the more even an excellent psychiatrist will begin to burn out. A story might be worth telling here…. Many years ago, I had a young medical student spend a day watching me practice. At the end of the day, I asked what he thought of the work and he said, "It was fabulous, I really enjoyed it, it was really good". Then he looked at me and said, "but you know there's no way I will ever do this job". I said, "Why not?" and he replied, "Do you realize that when you sat down and started seeing patients, you got up out of that chair exactly twice during the day, once to go to the bathroom and once to have something to eat for lunch. Other than that, you're in that chair, it's just too much, too long." Then he asked the really hard question, a question we all have to keep in mind when thinking about delivering services. "Do you think you were as good with your last patients as you were with the patients you saw at the beginning of the day?"

In public service psychiatry, there is a direct imperative to get people to be seen. Of course, it's partly a financial concern. The clinics mostly remain on a fee-for-service payment arrangement, getting paid only for the patients seen (though telehealth has broadened that to include patients we hear, at least so far.) But the drive to see patients is even more a clinical one. How else to assure easy access with continuous follow-up to populations burdened with need? Facing both these imperatives, those in public service also must make sure that they are providing quality care and addressing the needs of the population in a way that will not burn everybody out. It is a marathon, not a sprint. There are hopeful signs that we can do more with less. Group therapy continues to offer opportunities to decrease some of the burden. So does peer support and developing the psychiatric capacities of primary medical providers. Thinking about how to manage the patient load is a critical element of recruitment. What are the expectations? Are they realistic? The fastest way to lose a psychiatrist is to make it impossible for them to feel like they can do the work that they need to do to take care of patients. Thinking this through requires active ongoing thought and discussion as it depends so much on the supports available and on the kind of patient population being served.

So how many people can a community psychiatrist see in a day? Somewhere between roughly 10 and 22 people! Group treatment can increase this number. This is not counting family members or curbside consultations.

### Take Away

The productivity of community psychiatrists both in terms of number of patients seen and good outcomes achieved (not necessarily related) is highly dependent on the challenges patients present and the organization of the practice. Highly effective and highly efficient team-based practices with excellent EHRs can see more patients and do it well. Demonstrating this capacity to potential recruits will engage their interest immediately. If the teams are not functioning at this level yet, engage the potential recruit in finding ways to overcome the barriers to more effective and efficient care.



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## 8 Technology and Practice

As noted above, having a functional EHR is now an essential element of practice. How well it tracks patients and facilitates the use of medication, how easy it is to write or dictate a note, are all extremely critical. EHRs can add to or lessen the patient load and burden. The capabilities of available EHR systems run the gamut. Some are good, some are atrocious, and some may even be dangerous (for example, making it difficult to track what medications people are on). Almost all have one unique good feature. None are perfect.

With COVID-19, telepsychiatry has also emerged as a major element of work and the platforms to work from, while not as varied (yet) as EHRs, also have their strengths and weaknesses. Sorting out the good from the bad is happening as this is being written. Uncertainties about how telepsychiatry will fit into the future abound. All that's clear is that it's not going away and that it opens even more opportunities to recruit psychiatrists who live at a great distance from the community they serve. This will surely change the dynamic of recruitment and aspects of the job (no commute and rare face to face time), though it is unlikely to change the qualities of what makes a good job.

### Take Away

The EHR and the Video Platform are now key tools of practice. The practice's capacity and quality will ride on them. When recruiting a psychiatrist, demonstrate that the EHR and Video Platform they will work with are at least functional and that they will have a meaningful role in continuing to improve them.

## 9 Significance beyond immediate practice-How can the psychiatrist help improve the lives of the people living in the community?

Engaging the psychiatrist in the mission of the organization and in working with the community can be a real draw. This is especially true for mission-based, public service organizations employed in meeting the psychiatric needs of a particular population and/or an overall community and tied into other aspects of that community (for example housing or human service delivery). Helping them become psychiatric leaders on mental health issues in the community, identifying them as media contacts or encouraging them to work with public officials or local philanthropies can sweeten the deal for psychiatrists who are particularly interested in public service. It gives them an additional opportunity to impact on the community and the concerns about mental health and the challenges they present to the community. New psychiatrists, coming out of training imbued with an understanding of population health and the social determinants of mental health will look for opportunities like this. Now the mental health aspects of covid are front and center but the challenges of the deaths of despair (Overdoses, suicides, and alcohol) are not far behind. Nor are community trauma, homelessness, and the long-term challenges of disabling psychiatric disorders. Encouraging committed public service psychiatrists to not only provide clinical care but to also participate in service and policy development provides additional meaning. Permitting public service psychiatrists to work locally, for example, to develop substance use treatment programs or create initiatives to prevent suicide, has significant meaning to psychiatrists and are stand out reasons to seek employment.

### Take Away

Many psychiatrists will be interested in contributing more to their communities than seeing patients or even helping to lead their organizations. They will appreciate opportunities in the community to use what they have learned to address mental health issues that the community faces. Helping them do this will support recruitment and retention.



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## 10 Family, Leisure, and Community

Lastly, the rest of life involves family, leisure, and community. Anyone recruiting a psychiatrist and their family, if they have one, has to know and show that the community they represent has incredible things to offer-all communities do. Take time to explore what the person is looking for in their life outside of work and then help them to find it. It may not look exactly like what they might be anticipating, but it is there. In fact, it's the work of a good community psychiatrist to find and know all the treasures of their community. Help them do this and it will never be forgotten.

**Take Away**

If you love the community your organization serves, show it! Help the psychiatrist find reasons to love it too. Make connections!

## 11 Where are the Unicorns?

Shifting gears, where are these unicorn psychiatrists to be found? In Pennsylvania, we have built a corral. The PPLC: Pennsylvania Psychiatric Leadership Council: PAPLC sponsors Centers of Excellence in Public Service Psychiatry at the University of Pittsburgh, the University of Pennsylvania, and Penn State University. Each Center runs a fellowship program in Public Service Psychiatry, adding additional training in community psychiatry to the standard training received in psychiatric residency programs. We now are training somewhere around 10 young psychiatrists a year for careers in Public Service Psychiatry. The fellows are exposed to all the possibilities such a career may bring, and they're looking for jobs that launch that career. They want to know what the opportunities are. The PPLC is busy channeling unicorns to organizations ready to employ them. There is no reason other states might not follow suit. Fortunately, the opportunity to do so is growing. There is a nationwide, vibrant organization of community psychiatrists-the American Association for Community Psychiatry (AACP)[5] -whose members are committed to growing the field, developing, and supporting fellowship programs and credentialing those psychiatrists who focus on practicing community psychiatry (see https://www.community psychiatry.org).

In recent times there has been an explosion of fellowships in public and community psychiatry across the country (see https://www.communitypsychiatry.org/training-consultation/fellowship-training-opportunities). This growth reflects the fact that young psychiatrists and faculty are expressing a renewed interest in public service. These are the places to find the psychiatrists committed to public service. Not only are there young psychiatrists on offer, but the faculty are likely to know public service psychiatrists across the state and even nationally. Connect with them!

The other place to look to find your unicorn is the district branch of the American Psychiatric Association (APA)[6] in whatever state you're in. The district branch of the Pennsylvania Psychiatric Society[7] has been a key partner of the PPLC. Like other district branches, it easily ties into residency programs across the state.

[5] https://www.communitypsychiatry.org/
[6] https://www.psychiatry.org/
[7] https://www.papsych.org/

The PPLC, the AACP and the APA are committed to diversifying the ranks of psychiatrists. The fellowships in community psychiatry across the country pride themselves on the diversity of their fellows and faculty. Employing psychiatrists from racial and ethnic minorities is key to providing excellent community psychiatry. The fellowships, the AACP, and the APA can help direct organizations to a diverse pool of community psychiatrists.

## Take Away

There is a growing corral for public service, community psychiatrists. Across the country there is the AACP, an expanding number of fellowships in public and community psychiatry, and the district branches of the APA. In addition to the traditional methods of advertising positions, establishing, and maintaining connections with local community psychiatrists, the local district branch of the APA and with local or state fellowship programs are effective ways to be at the head of the line for high quality potential candidates. In addition, there has been a major focus on ensuring diversity in the fellowships, making the pool of applicants even more suited to the needs of CMHCs and FQHCs.

## Conclusion

Finding a committed public service, community psychiatrist to work in an FQHC or a CMHC is a distinct challenge all over the country. But it is possible. There are growing numbers of psychiatrists interested in a career of public service and the infrastructure needed to support them is developing. They can be found, and, if offered a well-designed job with the right inducements, they can be recruited and retained to the benefit of their patients, the community, the organization, and themselves.