

# Partners in Mental Health Initiative: Stakeholder Report 2022



## Overview

The PArtners in Mental Health Steering Committee is composed of PA organization leaders and PA champions and convened on June 26-28, 2022 in Johns Creek, Georgia. With returning and new participants, the meeting's purpose was to extend efforts supporting the initiative's shared goal to effect systemic change that improves the nation's health by advancing the roles of PAs and strengthening partnerships to address issues impacting mental health and substance use disorders (SUD). The meeting provided a forum for highlighting current activities; examining environmental trends; and envisioning new strategies to reinforce all PA efforts to address patient and provider mental health and addiction.

To open the meeting, participants shared expectations. Recurrent themes included the significant importance of this work, the chance to build on existing efforts, and the opportunities to be inspired and energized, to envision the future, and to share the dialogue broadly to inform what can next be accomplished by the PA organizations and across the PA profession.

## Activities & Accomplishments

Collective impact is a social change strategy that suggests partner organizations and grassroots champions conduct mutually reinforcing activities through top-down and bottom-up action. The steering committee reflected on this movement's history; and leaders highlighted activities within each organization's mission and capacity that support the common purpose:

- **ARC-PA:** The *Standards* (5<sup>th</sup> edition) require PA education to include didactic and clinical instruction in psychiatric conditions, behavioral health conditions, SUD, and provider personal wellness as well as behavioral aspects of response to illness, injury, and stress. Both educational and clinical postgraduate programs are accredited, and numbers are growing.
- **AAPA:** Established behavioral and mental health as an AAPA [national health priority](#); championed mental health at the 2022 conference with main stage events, a mental health CME symposium (which is now available as an [open-access curriculum](#)), a symposium on clinician and clinical student well-being (an outgrowth of the AAPA's task force on burnout), and additional CME; highlighted AAPA data collection, data briefs, and posters/publications on burnout and contributions of PAs to address mental health; shared partnerships, including those striving to ensure opioid education following the educational requirement changes for the X-waiver; and noted a PCORI dissemination grant to support integration of patient-centered outcomes research in clinical decision making with an initial focus on mental health.
- **APAP:** Accepted the Association of PAs in Psychiatry's first invitation to meeting; expressed encouragement by and interest in efforts across the PA profession to address mental health; and a commitment to share and amplify this work with APAP
- **NCCPA:** Inclusion of psychiatric and behavioral health content on the certifying exam and recertifying assessment and support for a CAQ in psychiatry; continued mining of NCCPA practice analysis and other data sets regarding how PAs care for mental health and SUD; publication and presentation of PA profession efforts in general and its contributions to mental health care with reach extended through PA ambassadors, virtual roundtables, and on social, online, and other media; support for the nccPA Health Foundation's efforts broadly; and a robust commitment to employee health and wellness.
- **nccPA Health Foundation:** Leads, supports, and hosts the steering committee; delivers CME presentation with clarion call for mental health and highlights screening tools all PAs can implement in practice; administers a [mental health outreach seed grant](#) for PAs and PA students and has supported mental health projects with its Kathy J. Pedersen Grant to Promote Equitable Care; raises awareness of mental health through its spotlight, feature series, social media, and podcasts, including those in partnership with the PA Foundation and NCCPA; and conducts outreach at PA and interprofessional conferences, like Psych Congress<sup>1</sup>, where efforts are made to educate about how to add a psychiatry PA to one's practice.
- **PAEA:** Completed grant-funded project from SAMHSA with subaward funding from the American Academy of Addiction Psychiatry. Activities aimed to remove barriers and expand curricula and training opportunities for PA students in addiction medicine and behavioral health as a strategy to expand the behavioral health workforce and increase the PA provider

<sup>1</sup> Psych Congress is a national conference on practical psychopharmacology and serves as a unique and integrated forum to connect with the entire mental health team.

pipeline to increase access. Approximately 70% of PA programs offer MAT training, and a new SUD curriculum was piloted at 20 programs with efforts now aimed at making the curricula more accessible. Advocacy efforts, for example, to name PAs as mental and behavioral health professionals for the purposes of federal workforce development programs were also noted.

- **PA Foundation:** Highlighted commitment to Mental Health First Aid (MHFA) training and featured “Kicking the Stigma” partnership with the Indianapolis Colts to provide MHFA training for 12 PAs in Indiana who will train a goal of 1200 people in the first year; noted opportunities to collaborate with other PA state academies to provide MHFA; shared latest outcomes from three-year grant to develop student programming (e.g., videos, podcasts, resources) for preventing prescription opioid misuse that focused on special populations (hospice/ palliative care, adolescents, patients in recovery, and LGBTQ+); noted new Vital Minds podcasts and “in the words of PAs” blog posts; and shared work with AAPA and the Cleveland Clinic on early cognitive impairment.
- **Clinically practicing champions:** *Certified PA Jay Somers* is AAPA’s liaison to the American Psychiatric Association. He noted 60% of active psychiatrists are 55 or older and 46% are 65 or older. Research shows an estimated workforce shortage of 21,000 psychiatrists by 2030, even more for child psychiatry. Unfortunately, he perceives there has been limited clarity, and frank reluctance to work with PAs, from APA as to how to expand access, embrace team-based care, or address health inequities. He highlighted work with the interprofessional SMI Adviser Advisory Board, current burnout and professional fulfillment research, and the urgent need to encourage scholarship and additional investment of time and money toward addressing PA workforce and burnout issues. *New champion, Certified PA Melissa Rodriguez* practices in obstetrics and gynecology and amplified the importance of cultural competency, patient education, and normalizing mental health during and after pregnancy. She expressed concern about changing access to abortion care and the cascading effect on mental health. While representing APAP, *Certified PA Tim Bewley* also shared experiences as a psychiatry PA in rural and other settings, noting a need for educational pathways and research on PA contributions. *New champion, Certified PA Adrienne Colabuno* shared efforts at a developing PA program, underscoring the need to integrate student mental health into PA education and ensure support for students in managing the rigors of PA education while establishing healthy behaviors they can carry into practice. While serving as the Committee’s Chair, *Certified PA Erin Crown* also shared her experience as a psychiatry PA and her integrated care practice model; and she noted work to equip teachers to address mental health and behavioral health in the classroom as well as how to promote self-care. The importance of hearing from grassroots champions was recognized as essential to this effort.

## Environmental Scan

Recognizing how the pandemic, social movements, and current events are shaping norms and expectations broadly, participants engaged in a force field analysis to identify how environmental changes and trends may impact the collective’s ability to achieve its goal to advance the role of PAs and strengthen partnerships to address mental health and SUD. The discussion identified driving forces enhancing efforts and restraining forces challenging efforts:

### Forces to Enhance Efforts:

- **Awareness:** Increased attention to the myriad crises impacting mental health, including health care workforce shortages, the opioid epidemic, racism, and health disparities.
- **Telehealth & Technology:** The pandemic relaxed restrictions and provided proof of concept for expanded access, especially in rural areas, with telehealth; retaining changes for greater telehealth utilization and building on lessons learned supports this work.
- **Changing Perceptions & Reducing Stigma:** Paradigm shifts to normalize mental health and reduce stigma are occurring across sectors; emphasis on self-care for patients and providers is being promulgated.
- **PA Education & Training:** Certified PAs have the core medical knowledge and generalist training to manage comorbidities and care for patients’ physical and mental health as part of whole person care.

### Forces to Challenge Efforts

- **Collaboration & Opportunity for Coalition Building:** The PA profession has a demonstrated body of work and commitment to this movement and may amplify its goals by engaging social workers, counselors, pharmacists, and others, in grassroots efforts.
- **Paucity of PA research:** Limited data and practice models for how PAs practice in psychiatry challenge efforts to engage policy, health care, education, and other decision makers.
- **Limited psychiatry PA role models:** PA students may not see psychiatry PAs due to limited preceptors, clinical training sites, and specialized training opportunities. This may foster misaligned perceptions or limit expectations about practicing in psychiatry. A general lack of awareness and appreciation of PA contributions among an aging psychiatry workforce also limits models.

- **Legislative, Regulatory, and Institutional Barriers:** Laws and regulations may not include PAs as behavioral health/mental health providers and may otherwise limit scope of practice (e.g., supervision or collaboration arrangements) or reinforce perceptions of limited scope of practice (compared to NPs).

- **Combatting Fatigue & Provider Burnout:** Reports suggest 30% of medical providers are thinking of leaving their current positions, which will exacerbate existing shortages, strain limited resources, restrict access, and delay patient care.

The steering committee concluded the confluence of current crises has made mental health a priority in many areas, and the PA profession's integration efforts are poised to leverage that increased attention in support of their patients.

## Actionable Strategies for Further Exploration

Recognizing the increasing incidence of mental illness, SUD, and overdose deaths as well as the knowledge and capacity of the PA workforce, there was a renewed desire to do more as a collective and as individual organizations within the PA profession to advance the role of PAs and strengthen partnerships to address these increasingly devastating health problems. In the spirit of collective impact, the steering committee sought to identify strategies to enhance educational approaches, to strengthen the practice environment and foster integration, and to raise awareness of PA efforts and models to integrate mental health into practice. Through a series of exercises, the steering committee generated avenues for exploration:

### Enhance Educational Approaches

- **Mental Health Bootcamps:** In line with AAPA's national health priority, explore opportunities to offer CME or other pathways to encourage and continue to equip PAs with core skills for practicing in psychiatry; such an enterprise may be an opportunity to seek external funding.
- **Leverage Mental Health First Aid:** Explore opportunities to expand access to Mental Health First Aid (MHFA) in PA education, including integrating into curricula, providing training for PA faculty, and submitting abstracts with integration models for the PAEA Education Forum. Expand MHFA among clinically-practicing PAs via specialized training programs and at PA conferences, equipping PAs as trainers to promulgate grassroots outreach and community education.
- **Encourage Precepting:** While PAs receive CME credit for precepting, explore opportunities to network with other organizations to encourage providing CME credit for psychiatrists or others for precepting PA students.

### Strengthen Practice & Foster Integration

- **Expand PA Research and Data Gathering:** Support and enhance PA data collection efforts to ensure all surveys of and about PAs are inclusive of the PA role in mental health; generate additional data to concretize and describe PA contributions that can be leveraged with a variety of decision makers. Likewise, explore during future reviews whether the *Competencies for the PA Profession* is appropriately inclusive of mental and behavioral health.
- **Recognize the Mental Health-Overall Health Connection:** Encourage PAs and patients to recognize the brain-body connection and the impact of comorbid problems. Support didactic education and CME that layers mental health as a potential comorbidity and presents disease state information in relation to the potential for mental illness to occur.
- **Educate about Burnout & Provider Wellness:** Increase education, resources, and research regarding PA burnout and provider wellness; consider integrating into mental health bootcamps or standalone CME activities; develop a network of PA champions to deliver this content.

### Raise Awareness

- **Integrate Mental Health into Campaigns:** Leverage existing marketing campaigns, including AAPA's PA's Go Beyond, for which resources are already allocated to amplify and promote awareness of the PA role and contributions in addressing mental health and SUD. Likewise, emphasize the PA role in mental health in national legislative/advocacy efforts of AAPA and PAEA and explore developing resources for PA state chapters for state advocacy.
- **Target Decision-Makers:** Educate health care executives and others about PA value, including the business case for PAs and the opportunity to expand access and patient care. Continue to participate with mental health organizations, like Psych Congress, to increase awareness of PAs among the mental health workforce and network with other health professions.
- **Network of Champions:** Target PA influencers and grassroots champions to share stories, videos, and resources on social and other media related to the role of PAs in psychiatry as well as how all PAs address mental health and SUD in practice.

Please note: The items for continued exploration may be in addition to activities the PA organizations will undertake in support of their own spheres of influence and expertise, consistent with a collective impact strategy.

## Supporting the Movement

The steering committee concluded by declaring the value of dedicated time to learn about existing efforts and envision how to extend this movement. Participants recognized a network of leaders committed to collective impact and noted takeaways they would share with their organizations, with low hanging fruit related to further integration of mental health into existing educational, marketing, and advocacy efforts. Participants recognized PAs are stepping up to fill gaps and ensure access. They underscored the impact of PA champion perspectives and noted an interest in psychiatrist and interprofessional stakeholder, PA chapter leader, and policy maker perspectives. To maintain momentum, an update in approximately six months was suggested with a subsequent annual meeting in 2023 to share collaborative efforts and strategize about new opportunities. Participants noted inspiring discussions and a sense of progress toward the goals of enhancing patient and provider health while also recognizing significant opportunities to expand and extend this work, including the potential for organizations to pursue funding to advance identified opportunities. Finally, participants acknowledged the nccPA Health Foundation's role in convening and supporting this group and noted the convening serves as a catalyst for relationship building, idea generation, and validation and extension of individual efforts. To stay apprised of these efforts, share your contact information with the nccPA Health Foundation at [ContactUs@nccPAHealthFoundation.net](mailto:ContactUs@nccPAHealthFoundation.net).

## Participants & Acknowledgements

The nccPA Health Foundation thanks the following individuals for their participation at this meeting:

### **Todd Allen, MBA, MMS, PA-C**

Chair, nccPA Health Foundation  
State of Idaho Department of Health and Welfare  
State Hospital South

### **Tim Bewley, PA-C, DMSc-psychiatry candidate**

Association of PAs in Psychiatry

### **Adrienne M. Colabuno, MPAS, PA-C**

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### **Erin C. Crown, MHS, PA-C, Steering Committee Chair**

Board Member, nccPA Health Foundation  
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### **Tiffany Flick**

Managing Director, nccPA Health Foundation

### **Daniel Pace, CHCP**

Chief Strategy Officer, Vice President Education & Research  
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### **Melissa Rodriguez, DMSc, PA-C**

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### **Lynette Sappe-Watkins, CFRE**

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### **Tyler Smith, MPH**

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### **Jay C. Somers, DHS, PA-C, DFAAPA**

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### **Zeno W. St. Cyr, II, MPH\***

Retired, US Department of Health & Human Services  
Board Member, NCCPA

### **Rebecca Walsh, MPH**

Program Administrator, nccPA Health Foundation

### **Suzanne York, MPH, PA-C**

Accreditation Director  
Accreditation Review Commission on Education for the Physician Assistant

Although unable to attend, the nccPA Health Foundation recognizes the additional contributions of steering committee members:

### **Dawn Morton-Rias, EdD, PA-C**

President and CEO  
NCCPA & nccPA Health Foundation

\*Zeno W. St. Cyr, II, also serves concurrently on the nccPA Health Foundation Board but represented NCCPA at this meeting.