

Partners in Mental Health Initiative: Stakeholder Report 2023



Overview

The PArtners in Mental Health Steering Committee met on June 25-27, 2023 in Johns Creek, Georgia. The Steering Committee is composed of PA organization leaders and grassroots mental health champions, both Board Certified PAs and interprofessional partners. With returning and new participants, the meeting's purpose was to support 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). Moreover, there was a sense that addressing mental wellness is integral to the practice of medicine, in education, and beyond. The meeting intentionally adopted a future-focused orientation that provided a forum for highlighting likely activities; sharing opportunities for collaboration; and envisioning new strategies to reinforce all PA efforts to address patient and provider mental health, including addiction.

Activities, Likely Plans, and Lived Experiences

Collective impact is a social change strategy that suggests partners conduct mutually reinforcing activities through top-down and bottom-up action to support a common purpose. Having reflected on past efforts, participants shared plans and lived experiences, including collaboration opportunities and persistent barriers. The following are highlights from partner perspectives:

- **AAPA/PA Foundation:** Mental health is a [national health priority](#), and educational and other resources are available. AAPA is committed to program concepting, partnership development, and seeking new project funding, including a potential SUD fellowship program and PA-led training initiative regarding youth mental health. (These programs may model the PA Foundation's Mental Health First Aid initiative, which enrolled its second cohort.) Further opportunities may include educational bootcamps; advocacy/outreach with payers and other stakeholders; small research grants; and media outreach.
- **APAP:** All PAs should be equipped to address mental health. Barriers include psychiatrists retiring (and not mentoring successors); fewer medical students choosing psychiatry; limited promotion of psychiatry as a practice choice; clinical clerkship/preceptor shortages; PA curriculum limitations related to psychotherapies; and provider competition. The barriers may seed collaboration for further demonstrating PA contribution and value in the mental health space and for addressing advocacy, employment, and reimbursement challenges (e.g., identifying PAs as mental health providers). The goal is to change perceptions; garner PAs greater recognition and legitimacy from the physician medical and other communities; and foster relationship-building across the mental health workforce.
- **ARC-PA:** The *Standards* (5th ed) address required instruction in psychiatric and behavioral conditions, substance use disorders, counseling skills, and provider personal wellness. The *Standards* also require supervised clinical practice experiences that enable students to meet learning outcomes for behavioral and mental health care. In March 2023, ARC-PA added APAP as a collaborating organization and encourages commissioner nominations. Additional opportunities include accreditation of postgraduate programs in psychiatry, albeit voluntary, and the development of the 6th edition of the *Standards*.
- **NCCPA:** Leveraging its data, NCCPA increases awareness of and amplifies the role of Board Certified PAs to address mental health through its reports, posters/manuscripts, and communications vehicles. Slight increases in psychiatry and behavioral science content were included in the recertification assessment in 2023 and are expected for PANCE in 2025. As requested, NCCPA continues to offer a Certificate of Added Qualifications (CAQ) in psychiatry; and 41% of CAQ examinations year-to-date are in psychiatry. Continued cross organizational collaboration in raising awareness of the PA role in mental health across disciplines is vital.
- **nccPA Health Foundation:** In addition to convening the Steering Committee, the Health Foundation supports an online resource center; presents a CME slide deck; administers an [outreach grant](#); raises awareness through PA spotlights, features and social media; and exhibits at US Psych Congress. Collaboration opportunities include broadening recognition for the collective's efforts; exploring how mental health intersects a host of issues; and expanding the PA presence at mental health workforce events. There is a need for continued PA, student, and interprofessional partner engagement to support workforce development and access to care as well as the need for education to encourage all efforts.

- **PAEA:** Sustained engagement to incorporate SUD curricula and resources strives to strengthen education for students. A frequent barrier from an advocacy perspective is ‘SUD fatigue’ among policymakers, though progress continues to be made. Advocacy priorities emphasize National Health Service Corps funding, particularly for PAs in mental/behavioral health and the need for clinical training sites (which have become increasingly difficult to secure compared to pre-COVID efforts). Opportunities for continued advocacy progress may include increased focus on health workforce shortages; renewed attention to the mental health crisis; and ongoing partnerships to foster SUD training, including with the American Academy of Addiction Psychiatry – Providers Clinical Support System and the American Society of Addiction Medicine.
- **PA Champions:** *Certified PA Adrienne Colabuno* serves on the faculty at a new program and shared intentional efforts to integrate PA student wellness strategies as well as strategies to emphasize mental health as part of overall health and whole-person care. She noted incorporation of Mental Health First Aid training for all students prior to clinical rotations as well as plans for simulated educational experiences. *Certified PA Melissa Rodriguez* practices in obstetrics and gynecology and highlighted education (e.g., webinars, conferences, podcast, and policies), advocacy, and partnership efforts to support mental health and maternal mental health, including a potential partnership with Postpartum Support International. She noted persistent barriers related to PAs not being recognized as mental health providers, supervision requirements (and perceptions of the same), and competition from other providers for limited opportunities. *Certified PA Jay Somers* is AAPA’s liaison to the American Psychiatric Association and serves on the Serious Mental Illness (SMI) Advisory Board; he practices full-time and owns his practice. His research interest is related to professional fulfillment and burnout. He noted barriers related to stigma; reimbursement; provider shortages; rural/urban divides; health care costs; lack of educational comfort; fee for service systems that react to sick care; political systems that ignore or downplay social determinants of mental health, racism, sexism/genderism; divisive rhetoric counter to DEI goals which support mental health equity; and a focus on quantity vs. quality of life. He noted collaboration opportunities should focus on PA students, additional CME for PAs and other providers, research and support for professional fulfillment and provider health resources.
- **PA-Psychiatrist Teams:** Two teams joined the Steering Committee, reestablishing the participation of psychiatrists in this initiative for the first time since the pandemic. *Certified PA Peter Carmany and Terri Langford, MD*, highlighted their hospital-affiliated, integrated care model. They identified collaboration opportunities related to precepting students, developing a local mental health alliance, and fostering outreach to local organizations. Barriers identified include limited access to substance use / mental health treatment; distrust of psychiatry and pharmacotherapy, which is exacerbated by stigma; lack of prescribing and behavioral health knowledge among primary care providers; and prejudicial attitudes toward PAs regarding their knowledge and experience. They noted a need to share successful PA-psychiatrist team models and the opportunity to recruit psychiatrists to mentor PAs. *Certified PA Kaitlin Staebler and Erin Amato, MD*, shared their innovative, private practice model. They identified the need for greater education of PAs and physicians related to PA utilization and shared efforts to foster relationships with local PA programs, educate local physicians about the scope of PA practice, and develop a PA residency program. Barriers identified include insurance and prior authorization requirements, including differences in requirements for specialty services; new provider credentialing challenges; and plan exclusions. Finally, they are expanding access through a new intensive outpatient program; integration of mental health in primary care; the opening of satellite clinics; and collaboration between schools, clinics, offices, and fellow mental health practices.

The Steering Committee recognized champions’ lived experiences as essential to broadening the lens and providing additional authenticity, scope, and context to foster the growth and evolution of this ongoing movement.

Synergies & Common Themes Influencing the Work Ahead

Through a series of exercises, participants reflected on the shared perspectives and experiences to identify synergies and common themes. Participants recognized momentum but also opportunities to do more and do it better. These themes influence the collective’s ability to advance the role of PAs and strengthen partnerships to address mental health and SUD:

- **Collaboration and partnership** are vital, both across PA organizations, programs, and individual clinicians as well as with interprofessional partners and organizations. Fostering a culture of collaboration is good for patient care, expanding access, and addressing workforce shortages. The commitment of the PA profession’s national organizations provides common ground for recognition of needs and challenges, promotion of the PA role, and sharing this movement’s work.
- **Branding and advocacy** for the PA role in mental health across disciplines will foster recognition of contributions in line with the belief that ‘every PA is a psych PA’. Efforts should be tailored for the psychiatry community, workforce decision

makers, and reimbursement and policy/legislative stakeholders. Additionally, efforts should increase awareness of PA capacity to address psychiatric shortages as well as access to care in the mental health space.

- **Wellbeing/wellness and fulfillment** are essential for clinicians, educators, students, and patients. Mental health is not niched, and it should be recast as integral to health and quality of life.
- **Stigma**, institutional and individual, remains a critical challenge; all activities should strive to destigmatize mental illness for patients and providers.
- **Intersectionality** provides an opportunity to explore how mental health impacts challenges at the patient and practice levels as well as at the health care system and societal levels. By considering the possibilities, the movement may identify opportunities to embed mental health priorities in increasingly meaningful ways.

Participants underscored opportunities to encourage creativity, storytelling, and innovation to expand the impact of this work while combatting the chronicity of mental health issues. Moreover, there was recognition that these synergies suggested new possibilities as well as the opportunity for a framework that scaffolds continued progress for this movement.

Actionable Strategies for Further Exploration

The Steering Committee concluded that the increased recognition of mental health concerns and the increased incidence of mental illness and SUD, as exacerbated by myriad other crises, makes the topic of mental health a priority. Further, the PA profession's sustained efforts are poised to leverage that increased attention as a catalyst to do more to advance the role of PAs and strengthen partnerships to address mental health disparities in this area of overall health. 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. Through its efforts, the Steering Committee generated avenues for exploration:

Enhance Educational Approaches

- **Enhance Curriculum:** Foster recognition of mental health as integral to overall health by exploring integration of Mental Health First Aid, simulated experiences, curricula related to psychotherapies, and student wellness strategies.
- **Develop Preceptors:** Identify opportunities to offer psychiatry-focused preceptor workshops for PA and interprofessional partners, inclusive of strategies for how to be an effective preceptor, how to promote mental wellness, how to reach beyond the PA profession to build preceptor pools, and the benefits to the practice and preceptor.
- **Access Resources:** Explore how to network between PA and other organizations to ensure educational and other materials are readily and easily accessible for implementation and integration in the PA profession.

Strengthen Practice & Foster Integration

- **Share PA-Psychiatrist Models:** Create multi-media tool kits and other opportunities (e.g., workshops, panel discussions, podcasts, articles, etc.) that showcase PA-psychiatrist team models and are tailored to multiple stakeholders, including PAs, psychiatrists, and others. Resources could elaborate on the education, role, and contributions of PAs; describe how to leverage team-based care strategies to integrate PAs into psychiatry practices (and the benefits of doing so); offer onboarding templates and experiences from the field.
- **Publish Case Studies:** Foster recognition for the benefits of strong PA-psychiatrist team, including integration strategies, benefits to patient care, the business case for practices, and how strong teams expand the mental health workforce. Consider encouraging incentives or funding to support publication.

Raise Awareness

- **Explore Public Statements:** Identify key messages to share across PA organizations that describe the national mental health crisis, the role and contributions of Board Certified PAs, the milestones and plans of this profession-wide movement, and an invitation to participate in extending this work with messaging and invitations customized to targeted audiences.
- **Foster Relationship-Building:** Target opportunities for interprofessional outreach to the psychiatry community through US Psych Congress, Neuroscience Education Institute, and the American Psychiatric Association as well as to healthcare executives. Network to encourage recognition of and further opportunities to showcase PA-psychiatrist teams, PA contributions to mental health workforce, and seek a seat at the table for workforce and policy discussions.
- **Reduce Stigma:** Leverage social and other media to encourage influencers and grassroots champions to share stories and experiences that highlight mental health in a positive light; feature tips and strategies for improving mental health; and resources for PAs (or others) to use to integrate mental health in practice.

Please note: The items for continued exploration may be in addition to activities the PA organizations and Champions 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 recognizing the synergy of organization, champion, and PA-psychiatrist team perspectives as well as appreciation for the energy, enthusiasm, and solution-focused approach to the meeting. Participants noted the value of the collective experience, including insights related to clinical practice challenges as well as the critical perceptions of organized psychiatry. Further, members noted feeling equipped and inspired with new ideas and connections to foster positive changes and broaden the lens for supporting this work. At the same time, members noted movements are iterative; and continued dialogue is needed to nurture the ideas generated. Participants acknowledged the nccPA Health Foundation's role in supporting this group and noted the convening is a catalyst for relationship building, idea generation, and validation and extension of individual efforts. Finally, participants noted the maturation and growth of this movement offers a launching point for innovation and activities to equip and engage all PAs to integrate mental and behavioral health. To stay apprised of these efforts, share your contact information with the nccPA Health Foundation at ContactUs@nccPAHealthFoundation.net.

Participants

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

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