

The seal of Broome County, New York, is a circular emblem. It features a central shield with a scale of justice and a sword. The shield is flanked by two figures, one holding a staff and the other a book. The outer ring of the seal contains the text "SEAL OF BROOME COUNTY" at the top and "STATE OF NEW YORK" at the bottom, separated by a star on the left and a scroll on the right.

**PSYCHIATRIC SERVICE PROVISION
IN BROOME COUNTY:
CONCERNS & SUGGESTIONS**

Alison S. Cole, BA
Broome County Mental Health Department
State University of New York at Binghamton

Broome County Mental Health Department
One Hawley Street
Binghamton, NY 13901

Arthur R. Johnson, LCSW
Commissioner

February 2007

PSYCHIATRIC SERVICE PROVISION IN BROOME COUNTY: CONCERNS & SUGGESTIONS

Acknowledgments

Special thanks are due to the Broome County Mental Health Department for commissioning this project, as well as its persistent dedication to serving the mental health needs of this community. In addition, thanks are due to the Broome County Mental Health Commissioner, Arthur R. Johnson, for conceiving and supporting the project. The project supervisor and Staff Psychologist at the Broome County Mental Health Department, Dr. Robert Russell, was instrumental in overseeing and reviewing this project from start to finish. The author would also like to thank Abigail Mack, Director of Clinical Services, for her time and patience in answering questions, and to the clerical staff for their assistance in arranging interviews. Lastly, special thanks are due to the psychiatrists who agreed to be interviewed, for providing their insights and opinions. Without their support, this project would not have been possible.

TABLE OF CONTENTS

Introduction.....	4
Table 1: Range of Annual Income per Physician Specialty.....	5
Table 2: Proportion of Psychiatry Residents by State.....	6
Table 3: Psychiatrist Demographics by State.....	6
Table 4: Psychiatrist by Job Category and Site.....	10
Method.....	10
Participants.....	10
Procedures.....	11
Results.....	11
Summary.....	16
Concluding Recommendations.....	17
References.....	18

Introduction

The shortage of psychiatrists experienced locally is likely a reflection of the same phenomenon occurring on a national level. Only 4.3 % of all practicing physicians are psychiatrists, and that figure has been on a downward slope since the 1950's, during which time 7% of physicians were psychiatrists (Sierles, Yager, & Weissman, 2003). In 2004, only 1,656 certificates were issued nationally in psychiatry, compared to 7,167 in internal medicine and 3,371 in family medicine (ABMS, 2004). In an annual online survey conducted by the American Psychiatric Association, demographic data on psychiatry residents are collected and disseminated to monitor the proportion of incoming physicians. Between the years of 1988 and 1998 the average number of residents each year was 6,078. From 1999-2005 that number dropped to an average of 5,754 residents each year, representing a 5% decline (APA, 2005).

The observed decrease of graduating medical students choosing psychiatry cannot be attributed to a lack of job opportunities. The past several years have seen an increased demand for psychiatrists, with recruiters reporting difficulty in filling positions in every domain of mental health care (Sherer, 2001). The lack of available psychiatrists has coincided with an increase in the issuing of psychotropics by non-psychiatrists, including family physicians, nurse practitioners, and even psychologists (e.g. New Mexico and Louisiana).

Often, the choice of specialty is decided early in a medical student's career. In a survey of 223 first-year medical students, less than 1% (0.5%) listed psychiatry as their specialty of choice (Feifel, et al., 1999). At some point this number must gradually increase to reach the 3-5% that graduate as psychiatrists, but the increase is marginal. Information gathered by the Graduating Seniors Questionnaire of the Association of American Medical Colleges (AAMC), a survey completed by 80% of the 16,000 graduating senior medical students nationally, suggests that students rate their psychiatry clerkships as unsatisfactory (AAMC, 2001). The data indicated that seniors graduating in 2001 were more apt to rate their neurology, obstetrics, and psychiatry clerkships as having been "inadequate" and less likely to rate these clerkships as "excellent" compared to those in internal medicine, pediatrics, family medicine, and emergency medicine.

Much of the lack of interest in psychiatry has been attributed to the relatively low income available to that specialty. The average national salaries earned by specialists include \$247,000 for ophthalmologists, \$265,000 for anesthesiologists, and \$283,000 for cardiologists compared to psychiatrists who can expect on average \$142,000; roughly half the income of several other specialties. With the increasing debts accrued by graduating medical students, and the economic opportunities offered by other specialties, clearly income is directly related to psychiatry's perceived desirability.

Conversely, although income is a significant factor in the graduating medical student's choice of specialty, it is not the only one. In an analysis of 15 surveys comparing salaries earned by physicians with three or more years of experience, salary ranges were established based on geographic location and years of experience. Table 1 illustrates the salary range available to physicians practicing in various specialties.

Table 1: Range of Annual Income per Physician Specialty

Specialty	Salary (Lowest)	Salary (Highest)
Family Medicine	\$122,625	\$176,514
Pediatrics	\$121,776	\$163,615
Psychiatry	\$138,267	\$189,500
Cardiology	\$186,667	\$434,607
General Surgery	\$175,314	\$364,279
Radiology	\$211,181	\$429,716

Despite their sharing the low end of the financial distribution among physician specialties, the fields of family medicine and pediatrics are not experiencing the shortages seen in psychiatry. To the contrary, those two specialties represent the largest number of active physicians. Clearly, the forces attracting doctors into those professions are not shared by psychiatry.

As a state, however, New York has fared better than any other, with the highest concentration of psychiatry residents (1,080). California comes in at a distant second, with little more than half as many (585). This disproportionately high concentration of psychiatry residents (nearly 20% of the nation's total) is likely attributable to the number of APA accredited programs in New York State. Table 2 illustrates the disparity in the number of APA accredited programs among the eight states with the largest number of such programs.

Table 2: Proportion of Psychiatry Residents by State

STATE	# of APA Programs	National % of Residents
New York	30	18.3%
California	17	9.9%
Texas	10	5.4%
Massachusetts	9	5.6%
Illinois	8	4.3%
Ohio	8	4.0%
Pennsylvania	8	4.8%
Florida	3	2.1%

** The states selected represent the eight states with the largest number of Residency programs.*

In addition to having the largest number of residency programs, New York State also has one of the largest overall proportions of practicing psychiatrists per capita, ranking third among all fifty states. Table 3 illustrates the number of psychiatrists per state; what percentage of all physicians are psychiatrists in that state; and the number of active psychiatrists per 100,000 residents.

Table 3: Psychiatrist Demographics by State

STATE	Number of Psychiatrists	% of Physicians that are Psychiatrists	Active Psychiatrists per 100,000 Residents
Massachusetts	2,020	8.6%	31.57
Connecticut	889	8.1%	25.33
New York	4,649	8.1%	24.14
Maryland	1,316	7.0%	23.50
Vermont	141	7.8%	22.63
Rhode Island	226	7.1%	21.00
Maine	236	7.3%	17.86
Hawaii	218	7.0%	17.10
Pennsylvania	1,929	5.9%	15.52

New Hampshire	196	6.3%	14.96
Colorado	612	5.8%	13.12
New Jersey	1,135	5.1%	13.02
California	4,636	6.0%	12.83
North Dakota	77	5.3%	12.09
Kansas	306	5.8%	11.15
Virginia	840	5.0%	11.10
Washington	698	4.8%	11.10
New Mexico	208	5.5%	10.78
Oregon	390	4.7%	10.71
Illinois	1,342	4.7%	10.51
Alaska	68	5.0%	10.25
Minnesota	523	4.2%	10.19
North Carolina	877	4.8%	10.10
Wisconsin	557	4.5%	10.06
Michigan	974	4.8%	9.62
South Carolina	397	5.0%	9.33
Louisiana	416	4.6%	9.20
Ohio	1,037	4.2%	9.05
Delaware	75	4.2%	8.89
Missouri	498	4.2%	8.59
Nebraska	151	4.2%	8.59
Georgia	747	4.6%	8.23
Kentucky	341	4.4%	8.17
West Virginia	146	4.2%	8.04
Montana	72	3.8%	7.70
Arizona	449	4.4%	7.60
South Dakota	58	4.1%	7.47
Florida	1,315	3.8%	7.39
Tennessee	432	3.5%	7.24
Iowa	214	4.0%	7.21
Texas	1,630	4.2%	7.13
Arkansas	193	4.3%	6.94
Utah	169	3.9%	6.84
Indiana	408	3.7%	6.51
Alabama	288	3.6%	6.32
Wyoming	27	3.1%	5.3
Oklahoma	185	3.6%	5.21
Idaho	73	3.5%	5.12

Nevada	112	3.4%	4.64
Mississippi	134	3.2%	4.59

It seems a paradox that the state with the most APA accredited residency programs (table 2), and the third highest proportion of psychiatrists per capita (table 3) would be suffering from a shortage. Conceptualizing these numbers relative to other states is uninformative, however, given that the entire nation is short on psychiatrists. It may be more useful to compare the proportion of psychiatrists per capita to those of other fields within medicine. For instance, the number of United States residents per active psychiatrist is 7,900 compared to 5,700 for pediatricians, 3,000 for General Internists, and 3,000 for General Practitioners. These numbers are particularly alarming given that these specialists are expected to provide services for a comparable number of patients (AAMC, 2006). This data indicates that relative to other medical specialties, psychiatrists are largely under represented. According to recent data collected by the American Board of Medical Specialties (ABMS), there are 4,649 physicians certified in psychiatry in New York State. With the most recent census data indicating a state population of approximately 20 million, if every New York State resident required psychiatric services, that would amount to approximately 4,300 patients per psychiatrist.

On a local level, the situation is no different. The mental health agencies within Broome County have different methods for assessing need but, the pattern is consistent across agencies: the need of the community for psychiatric services exceeds the number of physicians available to meet that need. Both United Health Services (UHS) and Broome County Mental Health Department (BCMHD), two of the three largest outpatient mental health clinics in the county¹, will provide timely psychiatric services for those individuals referred from the Comprehensive Psychiatric Emergency Program (CPEP) and from the inpatient psychiatry units. Inmates with psychiatric needs who have recently been released from jail or prison are also given a priority psychiatric examination at BCMHD. There is a much longer waiting period, however, at UHS for individuals who are self referred or have been referred from other agencies or providers. The waiting list at the UHS Outpatient Clinic is upwards to nine months for such referrals. BCMHD is not currently accepting self referrals from the community for individuals seeking psychiatric services. On occasions, “within clinic” referrals from a primary therapist may be approved by the treatment team for psychiatric services. This usually takes place several weeks after the individual has been engaged in counseling and there is a compelling clinical rationale for doing so. Many of the private practice psychiatrists in the community are not able to take new patients. The Veteran’s Affairs Outpatient Clinic provides services to approximately 500 clients, yet has only one staff psychiatrist. In a recent study performed by the Local Government Unit, it was shown that all of the adult outpatient mental health clinics in the county listed the recruitment of new psychiatrists as a great challenge to providing quality outpatient services (Fassler & Johnson, 2005).

¹ In addition to BCMHD and UHS, the Community Treatment and Rehabilitation Center (CTRC) operated by the Greater Binghamton Health Center, comprise the three largest Office of Mental Health outpatient clinics in Broome County.

Part of the problem may be attributable to limitations put on agencies as to which physicians are eligible for hiring. It is generally understood for instance, that limited permit physicians are only accepted by Article 28 institutions (e.g. inpatient hospitals). The New York State Education Department (NYSED) is the governing body that provides these regulations, and their specifications do not appear to preclude Article 31 agencies (e.g. county mental health clinics) from hiring these limited permit physicians. They specifically state that:

“You may be eligible to apply for a limited permit to practice medicine only under the supervision of a New York State licensed and currently registered physician and only in a general hospital, nursing home, State-operated psychiatric, developmental or alcohol treatment center, or incorporated, nonprofit institution for the treatment of the chronically ill” where “The words hospital, as used in subdivision (2) of section 6525, and public hospital, as used in subdivision (1) of section 6526 of the Education Law, shall be construed to include a general hospital as defined by Public Health Law, section 2801(10), a psychiatric center operated by the State Office of Mental Health, a developmental center operated by the State Office of Mental Retardation and Developmental Disabilities, an alcohol treatment center operated by the State Office of Alcoholism and Substance Abuse Services, a nursing home, a facility licensed pursuant to article 31 of the Mental Hygiene Law for the care and treatment of persons with mental illness and approved by the State Office of Mental Health, or an incorporated nonprofit home or institution for the care of the chronically ill approved by the State Department of Health.” (Office of the Professions, NYSED, §60.7).

Working under the assumption that limited permit physicians are not eligible for employment at county mental health clinics may unnecessarily be contributing to the physician shortage.

On a national level, an estimated 32% of physicians are 55 or older. However, within the specialty of psychiatry, that number approaches 50%, making it the specialty with the second highest proportion of physicians aged 55 or older (AAMC, 2006). This figure appears to be representative of psychiatrists practicing in Broome County. Many of these actively practicing psychiatrists in Broome County are already past their retirement age. What this might indicate is that the shortage currently experienced may be expected to worsen, as older doctors retire and younger ones are not available to fill their positions.

The purpose of this project was to identify and obtain descriptive data pertaining to the psychiatrists currently practicing in Broome County (e.g. private practice vs. public agency; inpatient vs. outpatient; part-time vs. full-time; general vs. specialized practice). Our second aim was to obtain their professional opinions regarding the current availability of psychiatric services in Broome County and what might be done to alleviate the shortage.

METHOD

Participants

For the purposes of the current study, forty licensed psychiatrists were identified as actively practicing psychiatry within Broome County. Of those 40, thirty-three were contacted and 18 agreed to an interview. These physicians were identified as either practicing in a public setting (e.g. hospital, outpatient clinic) or in private practice. Of those 40 physicians, it was found that 10% work for the NYS Disability Office and thus do not provide direct community services. Ten percent work with child and adolescent clients; 26% practice independently; 21% see adult outpatient clients within a public agency; and 45% see primarily inpatient clients. Below is a specific breakdown of both employment categories and sites.

Psychiatrist by Job Category and Site

	Number	Percent
Practicing Private Practice	15	38
Practicing Within an Service Agency	25	64
BCMHD	9	23
UHS	4	10
GBHC	16	41
NYS Disability	4	10
Child & Adolescent**	5	13
Adult Public Sector (Outpatient)	23	59
Adult Public Sector (Inpatient)	13	33

*Based on 40 psychiatrists practicing in Broome County

** Of the five psychiatrists identified as working with children and adolescents, only four are currently working with that population.

There are a few noteworthy limitations of this report. Of the 40 active psychiatrists identified in Broome County, only about 50% were available for interviews. Additionally, the views expressed by those 50% are potentially not representative of those doctors whom we were unable to interview. The doctors who agreed to an interview represent a non-random, uneven distribution of Broome County's mental health agencies. Also, information obtained regarding those psychiatrists who were not interviewed was often of an informal or secondhand nature. The author recommends that these limitations be considered while reviewing the findings.

Procedure

The psychiatrists were approached primarily by phone (or in person in the case of BCMHD doctors), and asked if they would agree to a brief (15-20 minute) interview. Examples of questions included, but were not limited to:

- What influenced your decision to work in this area?
- Why might other psychiatrists decide to (or decide not to) practice in this area?
- What could be done to attract psychiatrists to this area?
- Would you encourage others to choose psychiatry as a specialty and why?

Interviews with program directors were tailored to issues relevant to their position and knowledge, with questions including, but not limited to:

- Have you had difficulties recruiting psychiatrists, and if so, why?
(e.g. funding cuts vs. lack of applicants)
- Are locum tenens doctors an option?
- Are limited permit doctors an option?
- What might be done to attract doctors to this area?

RESULTS

Responses to the questions asked were broken down into discrete categories, with relatively high convergence of physician's opinions and assessment of the situation for several topics. Common themes and trends are discussed, which are broken down into question categories. Opinions maintained by only a single physician (or very few) are clarified as such.

Why might psychiatry be an under-represented specialty within medicine?

The most frequent response to this question involved income. The salaries of psychiatrists are typically less than those of most other specialties, which plays a significant role in deterring medical students from pursuing that career path. With the rising expense of medical school and mountain of debt, graduates are eager to consider a more lucrative specialty.

Of the psychiatrists who mentioned income, about half described managed care as creating difficulties for their practice by capitating fees and adding paperwork. In addition, many insurance companies offer limited compensation for mental health services or even none at all. Several doctors lamented the fact that Medicaid rates have not increased in several years. This is particularly problematic for private practice doctors who do not benefit from the stability and security of working for an agency. Private practice offices with only one or two physicians have no negotiating power with insurance companies which provide the bulk of their income. In addition, psychiatrists

can only bill for face-to-face time, so their practice must be very time intensive in order to make a reasonable living.

About twenty percent of the doctors interviewed felt that psychiatry is often perceived as less prestigious, less respected, less exciting, and “easier” than other specialties, and this has been an ongoing trend over the past few decades. Several experienced psychiatrists commented that psychiatry does not have the status that it did thirty years ago. This changing reputation may contribute to the shortage. In addition, the lingering stigma associated with mental illness may still contribute to the perceived prestige of the profession.

A few of the doctors felt that working as a psychiatrist takes a certain type of personality or way of relating to people that many doctors lack, and that working with a patient’s emotional and psychological pain is much harder on a physician than treating physical ailments. Knowing in advance the emotional strain involved may deter medical students who are either not interested in or not prepared for that aspect of the job.

What led you to choose a career in psychiatry?

The general consensus with regards to this question was that a certain intrinsic and personal motivation is necessary in order for one to choose a career in psychiatry, and that without it, one will not be satisfied with the line of work. The point was phrased in many different ways but conveyed the premise that a certain calling is experienced, rather than an emotionless, calculated, and pragmatic process. Several doctors reported that they view the profession as one allowing them to work with a broad range of clients, and that variety was an aspect that they appreciate.

Psychiatrists occasionally reported being influenced by a strong mentor, typically a prominent and respected psychiatrist. Often this mentor assisted them while doing their psychiatry rotation and encouraged them to pursue psychiatry. Other reasons included both personal factors (e.g. a spouse/parent practicing psychiatry, a personal background in dealing with mental illness) as well as pragmatic (e.g. that was the specialty looking to hire at that time and place).

A few doctors mentioned that psychiatry can be more structured than other specialties (e.g. set hours, less on-call time), with lower risk of malpractice cases and less overhead costs, and these factors appealed to them when they were choosing a specialty. Also, a few doctors mentioned that psychiatry may be less demanding than other specialties and more conducive to raising a family.

What influenced your decision to practice in this community?

Responses to this question were highly variable. Some doctors reported having completed either their residency or fellowship here and enjoyed the area enough to stay. A few mentioned having interviewed here in the summer or fall and were attracted to the climate. Had they come during the winter however, they would have been less likely to

have stayed. Several of them described the landscape and community as pleasant, while others came for more specific, personal reasons (e.g. family in this area, spouse got a job here). Some were attracted to the general size of the community (e.g. large enough to have the amenities of a big city without the traffic, crime rate, noise, pollution, and cost of living inherent to large cities).

Several mentioned that they would have liked to have left the area, but that their conscience held them here. They realized that it would be difficult to replace them, and the reduction in services would have a significant impact on the community. Several felt too strong a loyalty to the community and/or to their agency, which prevents them from either retiring or relocating.

What might attract psychiatrists to want to practice in this community?

Several of the doctors mentioned that this is a nice area to raise a family, as well as a nice place to retire. The low cost of living was consistently discussed, as well as the low crime rate and the landscape/climate. Others mentioned that it is close enough to large cities to benefit from their amenities and far enough away to escape the chaos. Surprisingly, when asked what attractions or services make living here pleasant, Wegman's was the most frequent response (others included the Oakdale Mall, the restaurants, and the local hockey team).

What might deter psychiatrists from choosing to practice in this community?

The most common responses to this question tended to center around the size of the community, the local economy/salary potential, and factors relating to those issues.

Binghamton was consistently described as too small a city to attract young doctors. This region is not a cultural center. The psychiatrists interviewed felt that this area cannot offer what a larger city has to offer, with the most common examples being a vibrant social atmosphere, entertainment, educational resources (e.g. large conferences, a medical university, residency/fellowship programs, research facilities, continuing education opportunities), a strong, thriving economy, cultural diversity, and competitive salaries. The majority of the doctors interviewed were 55 or older and assumed that young doctors seek big cities and all the excitement and activity that go with them. In addition to excitement and entertainment, it was suggested that a young, single doctor might have a hard time meeting a potential mate in this area. It was the understanding of nearly every psychiatrist interviewed that the lack of these qualities and attributes worked to deter more doctors than they attracted.

The struggling economy in this region was also frequently cited as a concern. The salary range here was considered to be below the national average, and *that* factor alone was enough to contribute to the problem substantially. Several doctors mentioned that not only are salaries more competitive in surrounding cities and states but also as close as the next county over. While many doctors prefer the buzz of a large, prosperous city (with self-paying or privately insured clients), still others prefer the peace and quiet of a rural

community, with ‘pleasant country folk’, fewer clients, and potentially better pay. The reasonable cost of living here was not considered enough to compensate for the low salary potential and high taxes. It was deemed a financial risk to establish a private practice in a community with a weak economy. The alternative option often required one to be an on-call doctor for a local hospital, working nights and weekends; an equally unattractive choice.

One doctor pointed out that if prospective applicants do their homework and discover that, on average, Broome County loses twenty-five residents each week (1,340 people last year alone), they are likely to ask why. A few of the doctors mentioned that the pollution in local areas due to industry was enough to scare off some qualified applicants, as well as the unstable industry and insecure job market. One doctor felt that by closing down the state hospital residency program, the state “dried up any incentive to come here”. Another mentioned that community agencies offering less than a full-time position with benefits will not attract psychiatrists either.

An issue that was occasionally discussed focused on respect or status. Several doctors considered this to be the deciding factor in weighing two otherwise comparable positions. This was clearly a sensitive topic, but a handful of doctors were forthcoming and described the importance of feeling respected by colleagues and being given the status that they felt they had earned. This topic of perceived status can take many forms, with some examples including: having “Doctors Only” parking spots; having an office “big enough to turn around in” (with a window perhaps); having a sign on the door that says “Dr.” or “MD”; receiving professional courtesy; being addressed as “Dr. _____”; and having sufficient clerical assistance (e.g. charts retrieved, clients brought to their office, etc.). For several doctors the work environment and respect from colleagues was more important than salary or work load. One doctor reportedly left agency work and went into private practice just to receive respect from staff, have an office with a window, and have nice furniture. The argument was that if a client walks into a “tiny, dingy office with cheap furniture, no windows, and a name on the door lacking title or credentials, they’re likely to wonder where their money is going and if it’s worth paying it.” One doctor pointed out that with this added respect comes added responsibility, which other colleagues and office staff may not recognize, but that lawyers and insurance companies certainly do.

Why might a psychiatrist choose private practice over agency work?

In general, the benefits of working for oneself focused on control, freedom, and flexibility. It was considered preferable by most to be able to select one’s own staff and clients. In private practice the psychiatrist is free to choose his/her hours, clients, and acceptable forms of payment. With this freedom and flexibility comes the potential to earn more money, and several doctors noted this as a considerable benefit.

Doctors leaving agency work for private practice reported having done so for the added freedom but also for a change of scenery. Generally, a doctor who worked for a government agency for the bulk of his/her career and then switched over to private

practice wanted a fresh setting or different lifestyle. One doctor stated that “After having been on-call for an entire inpatient unit, being on-call for just your own patients was nice.” Also, doctors who had previously worked for an agency commented on the stress and burden of understaffing. It was the understanding of several psychiatrists that if an agency can get two physicians to carry the load of four physicians, then they will. The argument was that, “if we’re going to have to work this hard, we might as well work for ourselves, where the pay reflects the effort”.

Of the doctors interviewed, those in private practice preferred being able to select their own clients, which may or may not include difficult to treat populations (e.g. seriously and persistently mentally ill, dually-diagnosed, personality disorder patients) or “undesirable” patients (e.g. substance abusers, parolees, sex offenders, etc.). In addition, those in private practice may accept any form of payment that they prefer, which often does not include Medicaid. A few mentioned that working with a highly controlling or unorganized administration could be enough to persuade a doctor to switch to private practice. Some felt that private practice physicians receive more respect, as well as physicians working for a private hospital, but there was not complete consensus regarding this issue.

Why might a psychiatrist choose agency work over private practice?

Of the doctors interviewed, those working for agencies (e.g. county clinic, state hospital, private hospital, etc.) enjoyed the stability and security accompanying the position. Many mentioned the retirement package offered by New York State as a significant benefit to working for the county or state; however, two doctors felt that the benefits offered by the state were no better than those of a private hospital, which tend to provide a more competitive salary. In addition, many felt that having a fixed, reliable salary was preferable, compared to the more variable income of a doctor in private practice. It was mentioned that a psychiatrist in private practice had to see a large number of clients to compensate for overhead costs, and that not all payment options were comparable. For instance, several doctors noted that Medicaid rates have not increased in over a decade, making it a less desirable payment option. Also, one doctor mentioned that young doctors brought to this area might base their decision to enter agency work due to opportunities to advance in the profession. One of the most frequently mentioned advantages to working for an agency was the perception that agency work is less demanding and less pressured, which, combined with the security, was enough to tip the scale in favor of practicing under the umbrella of an organization.

What could be done to help attract psychiatrists to this community?

The doctors interviewed had several suggestions, with considerable overlap across interviews. The two most frequent suggestions involved establishing a good residency/fellowship program and offering more competitive salaries. Several of the doctors felt that there is nothing inherently unpleasant about the Southern Tier, and many rather enjoyed raising their children here. So, if residents were continuously being cycled

through and were offered a full-time position with competitive wages and benefits; we may not be dealing with the shortage that we are currently.

It was also mentioned that medical students are often strongly influenced by a positive rotation experience. Current national data suggests that medical students typically rate their psychiatry rotation quite low, but the reasons for this finding are unclear. If the students were influenced by a well respected and helpful mentor, they might be persuaded to think more seriously about a career in psychiatry.

It was suggested that a “student loan forgiveness program”, in which agencies could help shoulder the burden of medical school loans, could be a significant incentive. In addition, doctors, like anyone else, are not eager to work nights or weekends, or be forever on-call. If an agency could offer a position with more structured and finite hours, less on-call time, and less work load, applicants will be “pounding down the door”. If potential applicants, upon touring local mental health facilities, found that psychiatrists were accorded respect from colleagues and clients, and the work atmosphere was pleasant, inviting and with attractive perks (e.g. doctors only parking), they might be more apt to consider a position in this region.

There was strong agreement that the interview and the visit to the region is very important, and that if the effort was made to find out the applicants personal interests and introduce them to suitable venues, they may discover that the area does in fact have much to offer. If they were referred to a quality realtor, or if their spouse was assisted in finding a good job match, they might be encouraged to consider Binghamton.

Summary

The aim of the present study was to identify the licensed psychiatrists currently practicing in Broome County, and to elicit suggestions from them as to how the local shortage of psychiatrists might be remedied. It was found that 40 psychiatrists are currently practicing in Broome County with the majority of them working for public agencies on either inpatient units or at outpatient clinics. Approximately fifty percent of these physicians agreed to an interview and provided useful insights as to why a shortage exists and what may be done to attract psychiatrists to this community. While researching this issue, it was found that a shortage of psychiatrists is not only a local concern but a national one as well. As a state, however, New York has far more APA accredited residency programs than any other state and the third largest proportion of practicing psychiatrists per capita. Yet despite this, the mental health needs of this community are not being met. There is additional concern that many local psychiatrists, who are currently working in the public sector, are past or approaching retirement age. When they finally do retire, this will lead to a crisis for this community as there are few replacements to fill their ranks.

Concluding Recommendations

- ❖ Implement a good residency and/or fellowship program.
- ❖ Enhance the current psychiatry rotation and provide seminars or workshops to develop and strengthen mentoring skills.
- ❖ Provide positions that are attractive to applicants (e.g. full time, benefits, competitive wages, structured hours, opportunities for advancement, etc.).
- ❖ Foster an atmosphere of respect and courtesy towards physicians, in addition to providing tangible amenities (e.g. a nice office).
- ❖ Offer a student loan forgiveness program in exchange for a specified number of years of service.
- ❖ Make an effort to accommodate and match the applicant's interests with local services and attractions; help match their spouse with a position in his/her field; recommend good realtors, schools for their children, etc.
- ❖ Consider hiring limited permit psychiatrists for Article 31 agencies.

References

- American Board of Medical Specialties (ABMS). (2005). Annual Report and Reference Handbook.
- American Psychiatric Association (APA). (2005). Resident Census: Characteristics and Distribution of Psychiatry Residents in the U.S. Office of Graduate and Undergraduate Education.
- Association of American Medical Colleges (AAMC): Center for Workforce Studies. (2006a). Key Physician Data by State.
- Association of American Medical Colleges (AAMC): Center for Workforce Studies. (2006b). Physician Specialty Data: A Chart Book.
- Fassler, O. & Johnson, A. (2005). Adult Outpatient Mental Health Clinics in Broome County: An Evaluation of Utilization and Service Gaps. Broome County Mental Health Department.
- Feifel, D., Moutier, C. Y., & Swerdlow, N. R. (1999). Attitudes Toward Psychiatry as a Prospective Career Among Students Entering Medical School.
- New York State Department of Education, Office of the Professions. Regulations of the Commissioner, Part 60; §60.7 Definitions relating to limited permits and persons exempt from licensure.
- Sherer, R.A. (2001). Specialists Are Key to Quality Health Care. *Psychiatric Times*, 18(1,3).
- Sierles, F. S., Yager, J., & Weissman, S. H. (2003). Recruitment of U.S. Medical Graduates Into Psychiatry: Reasons for Optimism, Sources of Concern. *Academic Psychiatry*, 27(4), 252-259.