

Expanding Telepsychiatry and Psychology Licensure for Rural North Carolina

By Aditi Adhikari



Key Points

- North Carolina faces a shortage of school psychologists; 12 school districts have zero school psychologists on staff¹
- Lack of licensure reciprocity and access to telepsychiatry both contribute to lack of access to mental health resources for children and adolescents²
- HB 933 tackles these issues, and can potentially mitigate the school psychologist shortage using the PSYPACT program

House Bill 933

In May 2018, NC House Bill 993 passed the Senate with amendments. It had both Democratic and Republican sponsors, many of whom represent rural areas.⁹ It did not pass in the House, and has not been further amended to garner the support of the House. The bill contains provisions for PSYPACT. PSYPACT allows psychiatrists to practice across state lines both in person and through telecommunications, thus mitigating the issue of psychologist shortage and also geographical barriers to access. Since 2016, 7 states (IL, MO, NE, CO, UT, NV, AZ) have passed this APA-approved policy.¹⁰ Since this legislation is new, no studies have been conducted over the past two years to test their efficacy. However, telepsychiatry programs have been shown to be effective in treating children and adolescents: a 2015 study of 233 children aged 5-13 years showed a decrease in hyperactivity ($p=0.02$) and inattention ($p<0.001$) using a telepsychiatry program.¹¹ A 2003 study revealed that North Carolina took part in 0 of the numerous reciprocity programs offered by the Association of State and Provincial Psychology Board, even though 35 states were participating at that time.¹² Increasing the number of professionals in the state will increase access to mental health services.

Background³⁻⁸

What is Telepsychiatry?

The application of telemedicine techniques to the field of psychiatry. Telepsychiatry can include

- Videoconferencing
- Online messaging with a provider
- "Hub" sites for provider meetings

Telepsychiatry has been shown to be effective in reducing ADHD, ADD, and behavioral issues in children and adolescents in more than 250 studies. The improvement was at least comparable to that achieved via traditional psychotherapy.

Academic Toll

Effect of Mental Health Status on GPA



A study of over 4,000 high school students revealed that those with mental health issues had significantly lower GPAs and were 35-40% less likely to finish their degree

Fast Stats



26%

of NC adolescents experience depression



14%

of psychologists work at educational institutions, down from 17%



10%

of NC Public School district have zero school psychologists



73%

of Mental Health Professional Shortage areas are in rural locations

15000

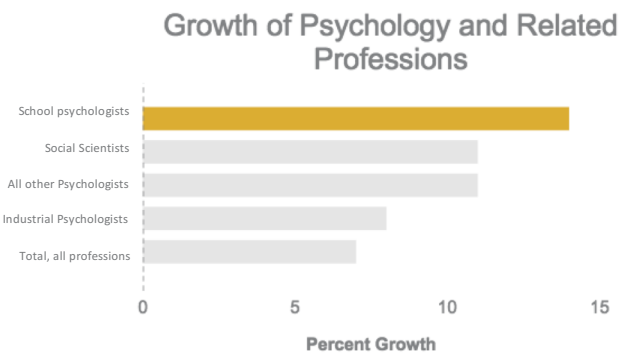
Predicted shortage of school psychologists nationally by 2020

1:2126

Ratio of psychologists to NC children, triple the National Association of School Psychologists recommended ratio, 1:700

Why Reciprocity?

Without inter-state reciprocity, telepsychiatry services cannot be offered across state lines. It has been long acknowledged that increasing reciprocity in licensure is beneficial to growing professions, of which psychology is one: the Bureau of Labor Statistics estimates that demand for school psychologists will grow 14% from 2016-2026, a rate higher than most professions.¹³



Of note, 11% of psychologist working in rural North Carolina were trained out of state, a rate higher than graduates from Duke or UNC-Chapel Hill's psychology programs. Most psychologists working in rural areas graduates from North Carolina Central University.⁵ This indicates that out of state graduates are a useful resource to rural North Carolina, and that policies should encourage their mobility into this state.

Barriers to Implementation

Though reciprocity of licensure and the implementation of a telepsychiatry program would benefit North Carolina, there are two major barriers to their implementation.

Lack of Broadband Access

There are 3.2 million rural residents in North Carolina, making it the state with the 2nd highest rural population. Fewer than 50% of the population in many rural North Carolina counties have reliable access to broadband internet, and 11% of the state population is underserved. Furthermore, 95% of North Carolinians who lacked access to broadband internet in 2016 lived in rural areas. More than

60,000 residents have no option for high speed internet.³

98% of schools, however, do have access to high-speed internet, making them ideal locations for telepsychiatric service hubs.¹⁴ Even a rural community that otherwise lacks valuable resources – such as internet access – could implement any number of telehealth services in a school or other public institution.

The passage of House Bill 1086 would bolster rural access to high speed internet, facilitating the implementation of bills such as House Bill 933.

Political Feasibility

Traditionally, rural Republican voters do not support government intervention, but that does not appear to be the case on this issue. 74% of Democrats and 67% of Republicans support government broadband networks.¹⁵ This trend is consistent with the nation. States with majority Republican state legislatures have passed similar legislation to HB 933; Nebraska unanimously passed a similar law in April 2014, as Missouri and Arizona passed similar legislation as well.¹⁶

Why Rural?

Both rural and urban communities would benefit from this legislation. In particular, rural areas of North Carolina share a border with Tennessee, Kentucky, Virginia, and Georgia. Bringing in psychologists from those states and increasing their ability to provide telepsychiatric services would change lives.

Looking Ahead

Currently, only 2% of institutions offering doctoral programs in psychology are located rurally in the United States.⁵ Ideally, this number would grow in order to create greater workforce supply in rural areas across the nation. However, this is a long term solution, as school psychologists must complete a bachelor's education and another 2 years for a specialist degree. In the meantime, the state should promote telepsychiatry in rural locations where in-person consults are not available or feasible.

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