



INDIANA'S BEHAVIORAL HEALTH WORKFORCE REPORT SERIES
PSYCHIATRISTS AND PSYCHIATRIC APRNs
DATA REPORT

Bowen Center for Health Workforce Research and Policy // November 2022



SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

ACKNOWLEDGEMENTS

The Bowen Center for Health Workforce Research and Policy would like to recognize the many individuals and organizations that contributed to making this report possible. The survey tool used to collect the data presented in this report was developed in collaboration with an expert advisory group and approved by the Governor's Health Workforce Council. The Indiana Professional Licensing Agency administrated the survey questions in conjunction with the license renewal process.

November 2022

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EXECUTIVE SUMMARY

Access to psychiatric and behavioral health care is a top public health priority in Indiana¹. The 2022 Indiana Behavioral Health Workforce Report series summarizes the demographic and professional characteristics of psychiatric and other licensed behavioral health professionals actively practicing in Indiana.² This report is the first of the series and examines characteristics of two behavioral health professions: physicians with a specialty in psychiatry (psychiatrists), and advanced practice registered nurses with a specialty in psychiatry (psychiatric APRNs). Psychiatrists and psychiatric APRNs are unique among the behavioral health professionals as they are authorized to provide medication management as part of their practice, a critical component of comprehensive behavioral health care.³

Psychiatrists and psychiatric APRNs represent a relatively small percent of their overall respective professions. Adult and child psychiatrists representing only 4% of the overall physician workforce and psychiatric APRNs representing 6% of the APRN workforce.^{4,5} However, these professionals are more diverse than their counterparts. Nearly 40% of psychiatrists identify as non-white, a much higher representation than that of the overall physician workforce (32%). Similarly, around 15% of psychiatric APRNs identified non-white, a slightly higher representation than the overall APRN workforce (10.5%).

Data has also shown that a slightly greater proportion of psychiatrists and psychiatric APRNs report completing their education in Indiana. A slightly greater proportion of psychiatric APRNs reported completing their qualifying education in Indiana as compared to overall APRNs (73% compared to 72%). Additionally, the proportion of psychiatrists reported completing their residency in Indiana, slightly higher than overall physicians (35% versus 34%). This demonstrates the importance of psychiatric training programs to Indiana's physician and APRN workforces.

Despite being more diverse and more likely to have completed their education in Indiana, nearly half of Indiana counties either have no direct access or lack sufficient capacity to these specialists. Additionally, the majority of psychiatrists and psychiatric APRNs report a practice address in a metropolitan area. Relatedly, recent data obtained by Health Resources and Services Administration report that the majority of Indiana is currently designated as a mental health professional shortage area⁶. These findings demonstrate the importance of increasing access to psychiatric services in underserved communities through expansion of telehealth and recruitment programs.

¹ Indiana Behavioral Health Commission. Available at: <https://www.in.gov/fssa/dmha/indiana-behavioral-health-commission/>

² Information on Indiana's Behavioral Health Workforce is presented as a series, and not as a single comprehensive document, due to the staggered nature of license renewal periods, which would significantly delay the availability of information on some professions if all behavioral health profession types were described within a single report.

³ It is noted that there are other types of providers that may contribute significantly to providing behavioral health services, such as primary care physicians. However, primary care physicians were excluded due to this report's focus on dedicated behavioral health professions with a specialty in psychiatry. Additionally, there may be other provider types, such as physician assistants that report working with psychiatrists but were excluded from this report due to the relatively low counts of providers (n=16 in the most recent [Indiana Physician Assistant Data Report](#)).

⁴ 2022 Physician Data Report <https://hdl.handle.net/1805/28950>

⁵ 2022 RN Data Report <https://hdl.handle.net/1805/29700>

⁶ HRSA: Health Workforce Shortage Areas. <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

INTRODUCTION

BACKGROUND

Indiana's behavioral health workforce is comprised of several licensed health professions authorized to provide various types of specialized behavioral health services. Evaluating the supply of this workforce and identifying workforce shortages is crucial to informing workforce development and policy initiatives focused on addressing access to behavioral health care. The 2022 Behavioral Health Data Report series includes a collection of data reports presenting supply information on licensed health professionals with a professional focus or specialty in behavioral health or psychiatric care. This report is the first of this series and presents summary information on physicians and APRNs who report having a practice specialty in psychiatry.

METHODOLOGY

DATA COLLECTION

During the 2021 license renewal period, physicians and APRNs provided information regarding their practice specialty and the services they provide. A full list of the supplemental questions administered to physicians⁷ and nurses⁸ during the 2021 license renewal cycle can be found on IUPUI [ScholarWorks](#). The supplemental data collected during license renewal and basic licensure data (name, license number, etc.) presented in this report were extracted one month after the close of the license renewal period (August - October) of odd-numbered years).

DATA MANAGEMENT PROCEDURES

Supplemental data were cleaned and coded per processes outlined in the Bowen Center data management procedures document (available at: <http://hdl.handle.net/1805/16704>). After completing these procedures, the supplemental data were merged to licensure data by license number to create a Workforce Master File for each respective health profession. The Master File was then uploaded to the Indiana Health Professions Database. Verification and geocoding of license address and self-reported practice address(es) were provided by Melissa Data, Inc.

Additional variables were created as part of data management processes. The first included assignment of full-time equivalency (FTE) based on reported hours in direct patient care, as outlined in Table 1. This FTE assignment based on the reported hours in direct patient care for each reported practice location. Address cleaning and geocoding also resulted in additional variables related to geographic location and rurality based on criteria outlined by the United States Department of Agriculture (more information can be found here: <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/documentation/>).

⁷ <https://scholarworks.iupui.edu/handle/1805/26208>

⁸ <https://hdl.handle.net/1805/26907>

Table 1. FTE conversion based for reported hours in direct patient care

Reported hours in patient care	Conversion
0 hours in patient care/Not applicable	0.0 FTE
1 - 4 hours in patient care	0.1 FTE
5 - 8 hours in patient care	0.2 FTE
9 - 12 hours in patient care	0.3 FTE
13 - 16 hours in patient care	0.4 FTE
17 - 20 hours in patient care	0.5 FTE
21 - 24 hours in patient care	0.6 FTE
25 - 28 hours in patient care	0.7 FTE
29 - 32 hours in patient care	0.8 FTE
33 - 36 hours in patient care	0.9 FTE
37 - 40 hours in patient care	1.0 FTE
41 or more hours in patient care	1.0 FTE

LIMITATIONS

There are notable limitations to this report. First, information presented is largely based on self-reported data which introduces the potential for some level of response bias. However, this bias may be diminished through the requirement for all physicians and registered nurse to provide employment and practice information during online renewal and attestation that all information provided is accurate. Additionally, because of changes to survey data collected during license renewal, caution should be taken when interpreting longitudinal data. The Bowen Center is taking steps to minimize the future changes to supplemental survey questions in order to ensure confidence in future longitudinal analyses.

REPORT STRUCTURE

This report includes three sections of summary data:

Section I: Psychiatrists

Sections II: Psychiatrist APRN Workforce

Section III: Geographic Distribution

The 2022 Indiana Behavioral Health Workforce Data Report provides key information on Indiana's psychiatrist and psychiatric APRN workforce. Additional data can be viewed or requested online at www.bowenportal.org.

REPORTING SAMPLE

The 2021 Physician and RN reporting sample included those who 1) had an active license status, 2) renewed their license online, 3) reported actively practicing in medicine, and 4) reported providing healthcare services to Indiana residents either in person or through telemedicine. The 2021 physician reporting sample includes 18,519 physicians or 63.9% of all physicians who renewed their licenses. Among these physicians, 707 (3.8%) reported their specialty as adult and/or child psychiatry. The 2021 RN reporting sample includes 9,276 APRNS, and 569 (6.1%) of these professionals reported a practice specialty in psychiatry.

Psychiatrists and Psychiatric APRNs

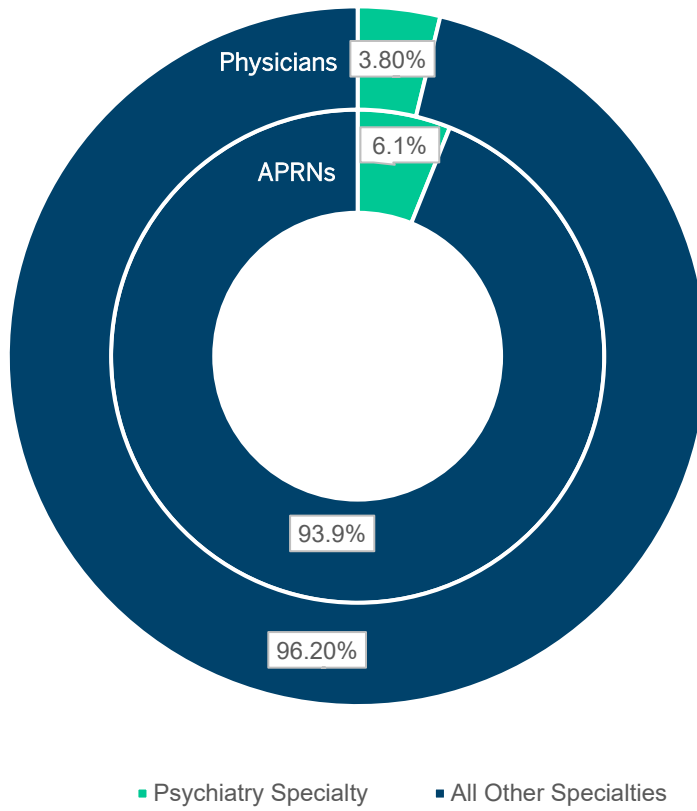


Figure 1: Specialty distribution among psychiatrists and APRNs

SECTION I: PSYCHIATRISTS

SPECIALTY DISTRIBUTION

Psychiatrists represent just under 4% of the total physician workforce; despite the small representation, they are essential for ensuring timely access to appropriate behavioral and medical health care. This section examines the characteristics of physicians who reported a specialty in psychiatry or child psychiatry. Overall, 707 physicians reported having a specialty in psychiatry, with 91.1% reporting general psychiatry and 8.9% child psychiatry. Figure 1.1 provides a breakdown of these specialists.

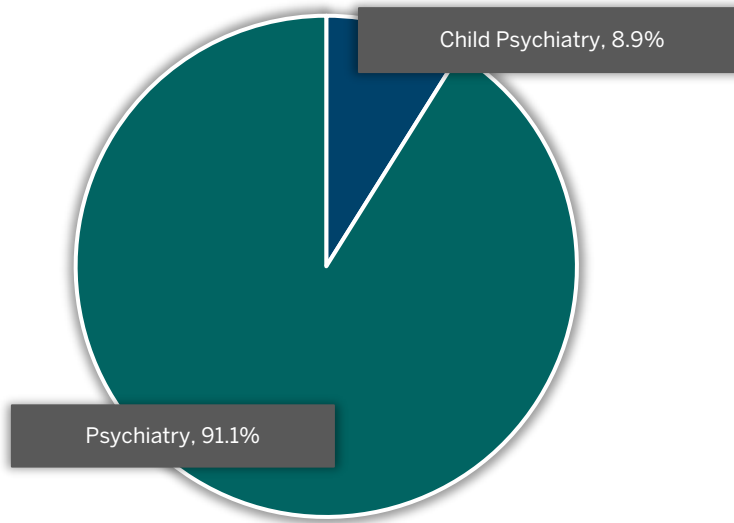


Figure 1.1 Specialty distribution among psychiatrists.

DEMOGRAPHICS

The psychiatrist workforce is slightly older than the total physician workforce, with the average age of psychiatrists being 52.7 years of age. Male psychiatrists were found to be older (54.2) than their female counterparts (50.4). Additionally, 37.2% of females reported being under the age of 44, while 28.3% of males reported being less than 44 years of age. Psychiatrists were found to be slightly more diverse than the overall physician workforce, with 39.3% identifying as non-White. However, 95.9% of psychiatrists identified as not of Hispanic, Latina/o, or Spanish origin. Table 1.1 displays additional details on the demographic characteristics of Indiana psychiatrists.

Table 1.1: Psychiatrists Demographic Characteristics

	Female		Male		Gender not Available		Total	
	N	%	N	%	N	%	N	%
Total	306		388		13		707	
Mean Age	50.4		54.2		60.3		52.7	
Age Groups								
Under 35	35	11.4	28	7.2	1	7.7	64	9.0
35-44	79	25.8	82	21.1	1	7.7	162	22.9
45-54	81	26.5	85	21.9	1	7.7	167	23.6
55-64	65	21.2	102	26.3	3	23.1	170	24.1
65 and Older	41	13.4	86	22.2	7	53.9	134	19.0
Age Not Available	5	1.6	5	1.3	0	0.0	10	1.4
Ethnicity								
Hispanic, Latina/o, or Spanish origin	10	3.3	19	4.9	0	0.0	29	4.1
Not Hispanic, Latina/o, or Spanish	296	96.7	369	95.1	13	100.0	678	95.9
Race								
White	182	59.5	241	62.1	6	46.2	429	60.7
Asian	65	21.2	87	22.4	4	30.8	156	22.1
Black or African American	28	9.2	20	5.2	1	7.7	49	6.9
Native Hawaiian/Pacific Islander	3	1.0	0	0.0	0	0.0	3	0.4
American Indian or Alaska Native	0	0.0	3	0.8	0	0.0	3	0.4
Other	19	6.2	33	8.5	2	15.4	54	7.6
Multiracial	9	2.9	4	1.0	0	0.0	13	1.8

Source: Indiana Physician License and Supplemental Survey Data, 2021

Notes: Data on Gender was not provided for every respondent by Indiana Professional Licensing Agency (IPLA). Age was calculated as the difference between the respondent's date of birth and the date of survey completion.

EDUCATION

Education characteristics of Indiana psychiatrists are presented in Table 1.2. Psychiatrists with a practice address located in-state are more likely to have completed their medical education in Indiana (30%) than those who have a practice address outside of Indiana (7.7%). Additionally, the highest proportion of psychiatrists located in-state reported completing their residency in another US state (41.9%) or Indiana (35%). Among psychiatrists practicing outside of Indiana, most completed residency training in another US state (63.1%) or a contiguous state (26.1%).

Table 1.2: Psychiatrist Education and Training Characteristics Based on Practice Location

Location of Training Program	Practice in Indiana		Practice Outside of Indiana	
	N	%	N	%
Total	577		130	
Medical School				
Indiana	173	30.0	10	7.7
Contiguous State	95	16.4	22	16.9
Another US State	139	24.1	60	46.2
Another Country	170	29.5	38	29.2
Residency				
Indiana	202	35.0	11	8.5
Contiguous State	132	22.9	34	26.1
Another US State	242	41.9	82	63.1
Another Country	1	0.2	3	2.3

Source: Indiana Physician License and Supplemental Survey Data, 2021

Notes: Contiguous States include Michigan, Ohio, Kentucky, and Illinois

PRACTICE CHARACTERISTICS

PRACTICE SETTING

Table 1.3 provides information on reported practice settings for psychiatrists' primary, secondary, and tertiary practice locations. Nearly all psychiatrists reported having a primary practice (98%), 24.5% reported having a secondary practice and 7% reported having a tertiary practice address. For all three practices, psychiatrists were more likely to report practicing in an inpatient hospital setting (19% for primary practice, 22% for secondary practice, and 20% for tertiary practice), followed by a single-specialty office/clinic (14.4% for primary practice, 19.1% for secondary practice, and 12% for tertiary practice).

Table 1.3: Psychiatrist Practice Setting Characteristics

Practice Setting	Primary Practice		Secondary Practice		Tertiary Practice	
	N	%	N	%	N	%
Total	693		173		50	
Office/Clinic – Solo Practice	84	12.1	9	5.2	0	0.0
Office/Clinic – Partnership	18	2.6	4	2.3	1	2.0
Office/Clinic – Single Specialty Group	100	14.4	33	19.1	6	12.0
Office/Clinic – Multi Specialty Group	58	8.4	14	8.1	2	4.0
Hospital – Inpatient	132	19.0	38	22.0	10	20.0
Hospital – Outpatient	68	9.8	11	6.4	7	14.0
Hospital – Emergency Department	5	0.7	2	1.2	0	0.0
Hospital – Ambulatory Care Center	1	0.1	1	0.6	0	0.0
Federal Government Hospital	12	1.7	0	0.0	0	0.0
Research Laboratory	2	0.3	0	0.0	0	0.0
Medical School	18	2.6	0	0.0	0	0.0
Nursing Home or Extended Care Facility	4	0.6	2	1.2	2	4.0
Home Health Setting	0	0.0	0	0.0	0	0.0
Hospice Care	0	0.0	0	0.0	0	0.0
Federal/State/Community Health Center(s)	82	11.8	25	14.5	10	20.0
Local Health Department	1	0.1	0	0.0	1	2.0
Telemedicine	83	12.0	18	10.4	6	12.0
Volunteer in a Free Clinic	0	0.0	0	0.0	0	0.0
Other	25	3.6	16	9.2	5	10.0

Source: Indiana Physician License and Supplemental Survey Data, 2021

Notes: Physicians may have more than one practice address.

HOURS IN PATIENT CARE

The majority of psychiatrist reported their average hours per week in patient care at their primary practice (n=687). More than a quarter of psychiatrists with a primary practice reported spending 37-40 hours per week in patient care at their primary practice setting, followed by 14.1% who reported more than 41 hours in patient care. This varied from psychiatrists who reported a secondary practice setting (n=171) or tertiary practice setting (n=47), with more than half reporting fewer than 12 hours per week in patient care (64.8% secondary practice: 93.6% tertiary practice). Table 1.4 displays additional details of psychiatrist's average hours per week in patient care.

Table 1.4: Average hours per week in patient care

Average hours per week in patient care	Primary Practice		Secondary Practice		Tertiary Practice	
	N	%	N	%	N	%
Total	687		171		47	
0 hours per week	4	0.6	5	2.9	3	6.4
1-4 hours per week	25	3.6	37	21.6	16	34.0
5-8 hours per week	46	6.7	39	22.8	18	38.3
9-12 hours per week	38	5.5	30	17.5	7	14.9
13-16 hours per week	42	6.1	20	11.7	0	0.0
17-20 hours per week	55	8.0	19	11.1	1	2.1
21-24 hours per week	47	6.8	6	3.5	0	0.0
25-28 hours per week	38	5.5	1	0.6	0	0.0
29-32 hours per week	58	8.4	7	4.1	0	0.0
33-36 hours per week	52	7.6	1	0.6	0	0.0
37-40 hours per week	185	26.9	4	2.3	1	2.1
41 or more hours per week	97	14.1	2	1.2	1	2.1

Source: Indiana Physician License and Supplemental Survey Data, 2021

PATIENT PANEL

Table 1.5 provides a summary of reported patient panel characteristics among Indiana psychiatrists. The majority of psychiatrist reported not offering a sliding fee scale at any practice location, those who did offer this payment method were likely to report less than 5% of their patient panel on a sliding fee scale. However, psychiatrists were more likely to report a percentage of their patient panel who are Medicaid recipients across practice locations. Over one-fifth (22.8%) of psychiatrists reported having 50% or more of their patients covered by Indiana Medicaid for their primary practice; 8.5% reported the same for their secondary practice, as well as 2.4% for their tertiary practice.

When asked about accepting new Indiana Medicaid patients at any of their practices, 66.1% of psychiatrists reported that they are accepting new Indiana Medicaid patients. However, psychiatrists who are currently not accepting new Medicaid recipients reported a full patient panel as a primary barrier (n=11; 4.6%), followed by practicing in a government facility (n=6; 2.5%). Further details can be found in Table 1.6.

Table 1.5: Psychiatrist Patient Panel Characteristics

	Primary Practice		Secondary Practice		Tertiary Practice	
	N	%	N	%	N	%
Percent of Patients on a Sliding Fee Scale						
Do not offer a sliding fee scale	140	19.8	30	4.2	11	1.6
>0% - 5%	70	9.9	15	2.1	7	1.0
6% - 10%	39	5.5	13	1.8	4	0.6
11% - 20%	28	4.0	6	0.9	2	0.3
21% - 30%	13	1.8	7	1.0	1	0.1
31% - 50%	19	2.7	6	0.9	2	0.3
Greater than 50%	18	2.6	8	1.1	4	0.6
Not Applicable	380	53.8	622	88.0	676	95.6
Percent of Patient Panel who are Medicaid Recipients						
Do not have Medicaid Patients	68	9.6	13	1.8	4	0.6
>0% - 5%	61	8.6	4	0.6	3	0.4
6% - 10%	31	4.4	9	1.3	1	0.1
11% - 20%	44	6.2	7	1.0	1	0.1
21% - 30%	70	9.9	17	2.4	4	0.6
31% - 50%	102	14.4	24	3.4	11	1.6
Greater than 50%	161	22.8	60	8.5	17	2.4
Not Applicable	170	24.1	573	81.1	666	94.2

Source: Indiana Physician License and Supplemental Survey Data, 2021

Table 1.6: Psychiatrist Medicaid Participation Status

	N	%
Accepting new Indiana Medicaid patients		
Accepting new Indiana Medicaid patients	467	66.1
Not accepting new Indiana Medicaid patients	240	34.0
Barriers to not Accepting New Medicaid Patients (n=240)		
Practicing at Government Facility	6	2.5
Full Patient Panel	11	4.6
Acute Care/Specialist/Hospitalist	3	1.3
Reimbursement Rates	5	2.1
Administrative Burden	2	0.8
Policies of Practice	4	1.7
Managing Medicaid Patients	2	0.8
Not Currently Enrolled as a Medicaid Provider	1	0.4
Not Providing Direct Patient Care	1	0.4
Not Applicable (locum tenens, Planning to Retire)	205	85.4

Source: Indiana Physician License and Supplemental Survey Data, 2021

SERVICES PROVIDED

The 2021 physician supplemental license renewal survey allowed for respondents to indicate special services they may provide. Table 1.7 outlines services provided by psychiatrists based on whether they provide telehealth services. Of the total 707 psychiatrists included in the reporting sample, 403 (57%) reported providing at least one psychiatric service. The majority of psychiatrists who provide a psychiatric service, reported providing addiction counseling (n=277), followed by screening for addiction (n=178) and MAT-Naltrexone services (n=175).

Table 1.7: Psychiatric Services Provided, Psychiatrists

Telehealth Status	Addiction Screening		Addiction Counseling		MAT - Methadone		MAT - Buprenorphine		MAT - Naltrexone		Services for Dementia and Alzheimer's Disease		Services for OUD-affected Pregnancy		Total Unique APRNs	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not Providing Telehealth Services	39	21.91	57	20.58	35	23.33	37	21.14	5	35.71	39	21.91	11	19.3	76	26.2
Providing Telehealth Services	139	78.09	220	79.42	115	76.67	138	78.86	9	64.29	139	78.09	46	80.7	327	73.9
Total	178	100	277	100	150	100	175	100	14	100	178	100	57	100	403	100

Source: 2021 Indiana Physician License and Supplemental Survey

POPULATIONS SERVED

Psychiatrists were also asked to report the populations they serve, which is summarized in Table 1.8. Altogether, 697 (98.6%) of psychiatrists reported the population that they serve. Nearly all psychiatrists reported serving adults (n=652), followed by geriatric patients (n=428), and adolescents aged 11 through 19 (n=316). Most (80.9%) psychiatrists reported that they provide telehealth services to these populations.

Table 1.8: Populations served, Indiana Psychiatrists

Telehealth Status	Children (ages 2 - 10)		Adolescents (ages 11 - 19)		Adults		Geriatric		Inmates		Disabled Persons		Individuals in Recovery		Total Unique APRNs	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not Providing Telehealth Services	31	15.2	46	14.56	121	18.56	76	17.76	18	25.71	44	16.86	46	16.03	133	19.1
Providing Telehealth Services	173	84.8	270	85.44	531	81.44	352	82.24	52	74.29	217	83.14	241	83.97	564	80.9
Total	204	100	316	100	652	100	428	100	70	100	261	100	287	100	697	100

Source: 2021 Indiana Physicians License and Supplemental Survey Data

SECTION II: PSYCHIATRIC APRNs

APRN POSITION BREAKDOWN

Of the 9,276 APRNs included in the 2021 reporting sample, 569 (6.1%) reported a practice specialty in psychiatry. Figure 2.1 shows psychiatric APRNs primary role, with most practicing as a Nurse Practitioner (86%) followed by a Clinical Nurse Specialist (13%).

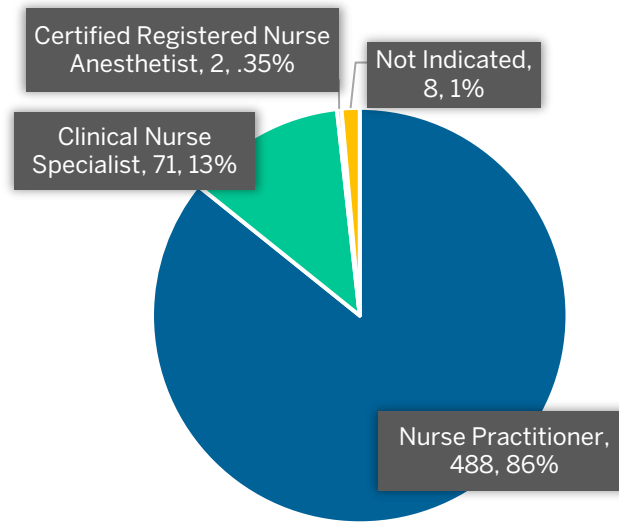


Figure 2.1: Role breakdown of psychiatric APRNs

DEMOGRAPHICS

Table 2.1 depicts demographic characteristics for psychiatric APRNs. Overall, the majority of psychiatric APRNs are female (87.2%), white (85.8%) and non-Hispanic (98.4%). Male psychiatric APRNs are slightly younger than their female counterparts (44.1 years old vs 48.7 years old). Male psychiatric APRNs also report greater racial diversity (15.9% non-White) than female psychiatric APRNs (13.5% non-White).

Table 2.1: Demographic Characteristics, Indiana Psychiatric APRNs

	Male		Female		Not Available		Total	
	N	%	N	%	N	%	N	%
Total (with row %)	63	11.1	496	87.2	10	1.8	569	100.0
Mean Age	44.2		48.7		40.9		44.6	
Age Category								
Under 35	11	17.5	69	13.9	3	30.0	83	14.6
35 - 44	26	41.3	138	27.8	4	40.0	168	29.5
45 - 54	16	25.4	134	27.0	1	10.0	151	26.5
55 - 64	9	14.3	100	20.2	0	0.0	109	19.2
65 and Older	1	1.6	55	11.1	1	10.0	57	10.0
Not Available	0	0.0	0	0.0	1	10.0	1	0.2

Table 2.1: Demographic Characteristics, Indiana Psychiatric APRNs

	Male		Female		Not Available		Total	
	N	%	N	%	N	%	N	%
Race								
White	53	84.1	429	86.5	6	60.0	488	85.8
American Indian/Alaska Native	0	0.0	0	0.0	0	0.0	0	0.0
Native Hawaiian/Pacific Islander	0	0.0	1	0.2	0	0.0	1	0.2
Black or African American	6	9.5	43	8.7	2	20.0	51	9.0
Asian	1	1.6	7	1.4	1	10.0	9	1.6
Some Other Race	0	0.0	11	2.2	0	0.0	11	1.9
Multiracial	2	3.2	3	0.6	0	0.0	5	0.9
Not Available	1	1.6	2	0.4	1	10.0	4	0.7
Ethnicity								
Hispanic or Latino	1	1.6	8	1.6	0	0.0	9	1.6
Not Hispanic or Latino	62	98.4	488	98.4	10	100.0	560	98.4

Source: 2021 Indiana RN License and Supplemental Survey

EDUCATION

QUALIFYING EDUCATION

Table 2.2a summarizes reported qualifying education for psychiatric APRNs by location. Three-fourths of all psychiatric APRNs earned their qualifying education in Indiana, followed by 15% who earned their degree in a contiguous state. Almost half of psychiatric APRNs who earned their qualifying education within Indiana report a baccalaureate degree in nursing as their qualifying education. This was followed by about a third (36.1%) who reported an associate degree in nursing as their qualifying degree. When looking at psychiatric APRNs who completed their qualifying education in a contiguous state, more reported an associate degree in nursing (40.0%) than reported a baccalaureate degree in nursing (34.1%).

Table 2.2a Indiana Psychiatric APRNs Qualifying Education

	Indiana		Contiguous States		Another State (Not Listed)		Another County (Not US)		Total	
	N	%	N	%	N	%	N	%	N	%
Total (with row %)	416	73.1	85	14.9	61	10.7	7	1.2	569	100.0
Qualifying Degree										
Diploma - nursing	10	2.4	7	8.2	4	6.6	2	28.6	23	4.0
Associate degree - nursing	150	36.1	34	40.0	13	21.3	0	0.0	197	34.6
Baccalaureate degree - nursing	190	45.7	29	34.1	25	41.0	2	28.6	246	43.2
Master's degree - nursing	62	14.9	13	15.3	19	31.1	2	28.6	96	16.9
Doctoral degree- nursing (DNP)	4	1.0	1	1.2	0	0.0	0	0.0	5	0.9
Doctoral degree- nursing (PHD)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Doctoral degree- nursing (Other)	0	0.0	1	1.2	0	0.0	1	14.3	2	0.4

Source: Indiana Registered Nurse License and Supplemental Survey Data, 2021

Note: Contiguous States include Michigan, Illinois, Kentucky, and Ohio

HIGHEST EDUCATION

Highest reported education and future education plans can be found in Table 2.2b. The majority of psychiatric APRNs (92.6%) reported a master's degree in nursing as their highest education. When asked about non-nursing degrees, 20.4% reported having a baccalaureate degree in a non-nursing field. Regarding education plans, around 12% reported that they intend to pursue a doctoral degree in nursing practice.

Table 2.2b Indiana Psychiatric APRNs Highest Education and Education Plans

	N	%
Total	569	100.0
Highest Nursing Education		
Diploma - nursing	0	0.0
Associate degree - nursing	1	0.2
Baccalaureate degree - nursing	2	0.4
Master's degree - nursing	527	92.6
Doctoral degree - nursing	39	6.9
Highest Non-Nursing Education		
Vocational/Practical Certificate -non nursing	5	0.9
Diploma - non-nursing	6	1.1
Associate degree - non-nursing	22	3.9
Baccalaureate degree - non-nursing	114	20.4
Master's degree - non-nursing	55	9.7
Doctoral degree - non-nursing	9	1.6
Not Applicable	358	62.9
Education Planning to Pursue in the Next 2 Years		
Associate's degree- nursing	0	0.0
Associate's degree- other field	1	0.2
Bachelor's degree- nursing	0	0.0
Bachelor's degree - other field	1	0.2
Master's degree - nursing	7	1.2
Master's - other field	5	0.9
Doctor of Nursing Practice (DNP)	68	12.0
PhD - Nursing	12	2.1
Doctoral degree - other field	7	1.2
No intention to pursue further education	468	82.3

Source: Indiana Registered Nurse License and Supplemental Survey Data, 2021

PRACTICE CHARACTERISTICS

EMPLOYMENT CHARACTERISTICS

Employment characteristics are provided in Table 2.3. Regarding primary workforce position, 85.9% of psychiatric APRNs report their position as an Advanced Practice Nurse. When asked about total paid nursing positions, the majority (79.1%) reported working in 1 position with another 17.4% reporting 2 positions. About three-fourths of APRNs (75.6%) reported no plans to change their current employment status. Similarly, 74.5% of psychiatric APRNs reported that they do provide telemedicine services.

Table 2.3 Indiana Psychiatric APRNs Employment Characteristics

	N	%
Primary Workforce Position		
Consultant/Nurse Researcher	3	0.5
Nurse Executive	3	0.5
Nurse Manager	5	0.9
Advanced Practice Nurse	489	85.9
Staff Nurse	20	3.5
Nurse Educator (faculty)	14	2.5
Nurse Educator (staff development)	0	0
Nurse Educator (patient educator)	0	0
Other – Health Related	13	2.3
Not Applicable	22	3.9
Non-Respondents	0	0
Total Paid Positions in Nursing		
1 position	450	79.1
2 positions	99	17.4
3 positions	16	2.8
4 or more positions	2	0.4
Not applicable	2	0.4
Non-Respondents	0	0
Employment Plans for Next 2 Years		
Continue as you are	430	75.6
Increase hours	54	9.5
Decrease hours	31	5.5
Seek non-clinical job	2	0.4
Retire	16	2.8
Unknown	36	6.3
Non-Respondents	0	0
Providing Telemedicine Services		
Yes	424	74.5
No	145	25.5

Source: Indiana Registered Nurse License and Supplemental Survey Data, 2021

PRIMARY PRACTICE SETTING

Table 2.4 presents the reported primary and secondary work settings of psychiatric APRNs. Nearly half of psychiatric APRNs reported an outpatient clinic (47.8%) as their primary practice setting, followed by public/community health agency (18.3%) and by hospital setting (17.4%). Although most psychiatric APRNs reported no secondary setting (70.1%), beyond that outpatient clinic was reported most often (11.6%), followed by hospital (6.3%) and public/community health agency (5.1%).

Table 2.4 Indiana Psychiatric APRNs Primary Work Setting

Work Setting	Primary Setting		Secondary Setting	
	N	%	N	%
Outpatient Clinic	272	47.8	66	11.6
Hospital	99	17.4	36	6.3
Other	38	6.7	17	3.0
Public/Community Health Agency	104	18.3	29	5.1
Nursing Home/Extended Care Facility/Assisted Living Facility	21	3.7	5	0.9
Home Health	3	0.5	1	0.2
Academic Setting	15	2.6	7	1.2
Occupational Health	-	0.0	2	0.4
School-Based Health	1	0.2	1	0.2

Table 2.4 Indiana Psychiatric APRNs Primary Work Setting

Work Setting	Primary Setting		Secondary Setting	
	N	%	N	%
Hospice	1	0.2	1	0.2
Correctional Facility	8	1.4	3	0.5
Insurance Claims/Benefits	-	0.0	0	0.0
Assisted Living	21	3.7	2	0.4
Policy/Planning/Licensing Agency	-	0.0	0	0.0
Not applicable	7	1.2	399	70.1
Non-Respondents	-	0.0	0	0.0

Source: Indiana Registered Nurse License and Supplemental Survey Data, 2021

HOURS IN PATIENT CARE

Table 2.5 depicts reported hours providing patient care. At their primary practice, 39.0% of psychiatric APRNs report working 37-40 hours a week, followed by 17.7% who report working 41 or more hours a week and 8.7% who report working 33-36 hours per week. Most psychiatric APRNs reported not having a secondary practice, and therefore 51.4% responded 0 hours per week and 20.5% responded not applicable.

Table 2.5 Primary Practice Hours, Psychiatric APRNs

Practice Hours	Primary Practice		Secondary Practice	
	N	%	N	%
0 hours per week	11	1.93	293	51.49
1 – 4 hours per week	3	0.53	17	2.99
5 – 8 hours per week	15	2.64	43	7.56
9 – 12 hours per week	14	2.46	24	4.22
13 – 16 hours per week	13	2.28	23	4.04
17 – 20 hours per week	32	5.62	25	4.39
21 – 24 hours per week	42	7.38	10	1.76
25 – 28 hours per week	22	3.87	2	0.35
29 – 32 hours per week	38	6.68	1	0.18
33 – 36 hours per week	50	8.79	1	0.18
37 – 40 hours per week	222	39.02	8	1.41
41 or more hours per week	101	17.75	5	0.88
Not Applicable	6	1.05	117	20.56

Source: 2021 Indiana RN License and Supplemental Survey

SERVICES PROVIDED

Table 2.6 outlines services provided by psychiatric APRNs based on whether they provide telemedicine services. Of the total 569 psychiatric APRNs included in the reporting sample, 371 (65.2%) reported providing at least one psychiatric service. Addiction counseling was reported by the highest number of psychiatric APRNs (n=230), followed by addiction screening (n=167) and MAT – Naltrexone (n=162). The majority (73.9%) of psychiatric APRNs who reported providing one of these psychiatric services reported providing telehealth services.

Table 2.6: Psychiatric Services Provided, Psychiatric APRNs

Providing Telehealth Services	Addiction Screening		Addiction Counseling		MAT - Methadone		MAT - Buprenorphine		MAT - Naltrexone		Services for Dementia and Alzheimer's Disease		Services for OUD-affected Pregnancy		Total Unique APRNs	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not Providing Telehealth Services	44	26.4	54	23.5	7	46.7	25	18.8	32	19.8	42	31.6	7	18.4	97	26.2
Providing Telehealth Services	123	73.7	176	76.5	8	53.3	108	81.2	130	80.3	91	68.4	31	81.6	274	73.9
Total	167	100	230	100	15	100	133	100	162	100	133	100	38	100	371	100

Source: 2021 Indiana RN License and Supplemental Survey

POPULATIONS SERVED

Psychiatric APRNs were also asked about populations they serve, and this information is described by telemedicine status in Table 2.7. Altogether, 555 (97.5%) of psychiatric APRNs reported the population that they serve. Most APRNs reported serving adults (n=533), followed by geriatric patients (n=401), and adolescents aged 11 through 19 (n=345). Most (74.4%) psychiatric APRNs reported that they do provide telehealth services.

Table 2.7: Populations served, Indiana Psychiatric APRNs

Providing Telehealth Services	Children (ages 2 - 10)		Adolescents (ages 11 - 19)		Adults		Geriatric		Inmates		Disabled Persons		Individuals in Recovery		Total Unique APRNs	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not Providing Telehealth Services	40	19.1	70	20.3	135	25.3	98	24.4	15	30.0	46	20.5	61	22.4	142	25.6
Providing Telehealth Services	169	80.9	275	79.7	398	74.7	303	75.6	35	70.0	178	79.5	211	77.6	413	74.4
Total	209	100	345	100	533	100	401	100	50	100	224	100	272	100	555	100

Source: 2021 Indiana RN License and Supplemental Survey Data

SECTION III: GEOGRAPHIC DISTRIBUTION

PSYCHIATRISTS GEOGRAPHIC DISTRIBUTION

Of the 707 psychiatrists who were included in the 2021 reporting sample, many reported more than one practice address. A total of 748 reported practice addresses were identified within Indiana. Table 3.1 below provides a summary of the geographic capacity of psychiatrists located in Indiana.

Overall, 29 Indiana Counties (31.5%) have no reported FTE from psychiatrists. Additionally, 25 counties have population-to-provider ratios (PPRs) that are greater than 30,000:1, the threshold determined to sufficient capacity for psychiatry by the Health Resources and Services Administration (HRSA)⁹, and 8 of those counties have PPRs greater than 100,000:1. Altogether, around 60% of Indiana counties either lack sufficient capacity or have no direct access to psychiatrists. Figure 3.1 provides a geographic representation of Indiana psychiatrist's PPR with and without practice locations.

Table 5.1. Geographic Supply of Psychiatrists Actively Practicing and Located in Indiana

County Name	Population	Total Psychiatrists	Psychiatrist FTE	Population to PCP FTE Ratio
Adams	35,544	-	-	-
Allen	375,520	36	21.4	17,547.7
Bartholomew	83,280	6	4.8	17,350.0
Benton	8,695	1	0.3	28,983.3
Blackford	11,926	-	-	-
Boone	66,875	18	8.3	8,057.2
Brown	15,093	-	-	-
Carroll	20,137	-	-	-
Cass	37,727	6	3.1	12,170.0
Clark	117,410	13	5.9	19,900.0
Clay	26,231	-	-	-
Clinton	32,186	2	0.8	40,232.5
Crawford	10,582	-	-	-
Daviess	33,277	3	1.7	19,574.7
Dearborn	49,612	9	3.4	14,591.8
Decatur	26,587	1	0.1	265,870.0
DeKalb	43,193	3	1.4	30,852.1
Delaware	114,461	11	7.7	14,865.1
Dubois	42,534	4	1.2	35,445.0
Elkhart	205,184	13	10.5	19,541.3
Fayette	23,068	-	-	-
Floyd	77,879	5	3.9	19,969.0
Fountain	16,456	1	0.5	32,912.0
Franklin	22,750	-	-	-
Fulton	20,069	-	-	-
Gibson	33,711	2	0.8	42,138.8
Grant	66,055	8	3.8	17,382.9
Greene	32,174	-	-	-
Hamilton	330,455	36	18.7	17,671.4
Hancock	76,614	7	5.1	15,022.4
Harrison	40,164	2	0.2	200,820.0
Hendricks	166,806	12	7.6	21,948.2

⁹ 42 CFR part 5, Appendix C, Part 1, and A.4

Table 5.1. Geographic Supply of Psychiatrists Actively Practicing and Located in Indiana

County Name	Population	Total Psychiatrists	Psychiatrist FTE	Population to PCP FTE Ratio
Henry	48,158	1	0.2	240,790.0
Howard	82,486	10	6.2	13,304.2
Huntington	36,351	2	0.9	40,390.0
Jackson	44,077	1	0.9	48,974.4
Jasper	33,433	-	-	-
Jay	20,697	-	-	-
Jefferson	32,167	7	3.4	9,460.9
Jennings	27,639	-	-	-
Johnson	156,148	8	3.6	43,374.4
Knox	36,833	8	6.2	5,940.8
Kosciusko	79,156	6	3.8	20,830.5
LaGrange	39,537	1	0.2	197,685.0
Lake	485,983	50	34.6	14,045.8
LaPorte	110,026	7	4.7	23,409.8
Lawrence	45,552	2	1.0	45,552.0
Madison	129,486	12	9.5	13,630.1
Marion	957,337	237	146.9	6,516.9
Marshall	46,336	5	4.2	11,032.4
Martin	10,169	-	-	-
Miami	35,684	1	0.8	44,605.0
Monroe	147,318	23	13.6	10,832.2
Montgomery	38,295	3	1.2	31,912.5
Morgan	70,141	2	0.3	233,803.3
Newton	13,981	-	-	-
Noble	47,640	1	1.0	47,640.0
Ohio	5,890	-	-	-
Orange	19,552	1	0.2	97,760.0
Owen	20,854	-	-	-
Parke	16,912	1	0.7	24,160.0
Perry	19,091	2	0.3	63,636.7
Pike	12,364	-	-	-
Porter	169,482	13	8.0	21,185.3
Posey	25,480	-	-	-
Pulaski	12,482	1	0.1	124,820.0
Putnam	37,419	2	0.2	187,095.0
Randolph	24,694	-	-	-
Ripley	28,457	3	1.5	18,971.3
Rush	16,632	-	-	-
Scott	23,784	-	-	-
Shelby	44,559	6	2.8	15,913.9
Spencer	20,364	-	-	-
St. Joseph	270,882	30	20.4	13,278.5
Starke	22,996	1	0.8	28,745.0
Steuben	34,591	2	1.8	19,217.2
Sullivan	20,647	1	0.1	206,470.0
Switzerland	10,727	-	-	-
Tippecanoe	193,302	23	14.2	13,612.8
Tipton	15,154	1	0.2	75,770.0
Union	7,140	-	-	-
Vanderburgh	181,548	31	20.2	8,987.5

Table. 5.1. Geographic Supply of Psychiatrists Actively Practicing and Located in Indiana

County Name	Population	Total Psychiatrists	Psychiatrist FTE	Population to PCP FTE Ratio
Vermillion	15,485	-	-	-
Vigo	107,305	16	10.0	10,730.5
Wabash	31,198	2	1.4	22,284.3
Warren	8,219	-	-	-
Warrick	62,608	4	3.0	20,869.3
Washington	27,942	-	-	-
Wayne	66,176	18	11.6	5,704.8
Wells	28,010	-	-	-
White	24,163	2	0.7	34,518.6
Whitley	33,899	2	0.5	67,798.0

Source: Indiana Physician Re-Licensure Survey, 2021; U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Note: Population-to-provider FTE ratios cannot be calculated for counties with no reported physician FTE.

Indiana Psychiatrists

Capacity and Geographic Distribution

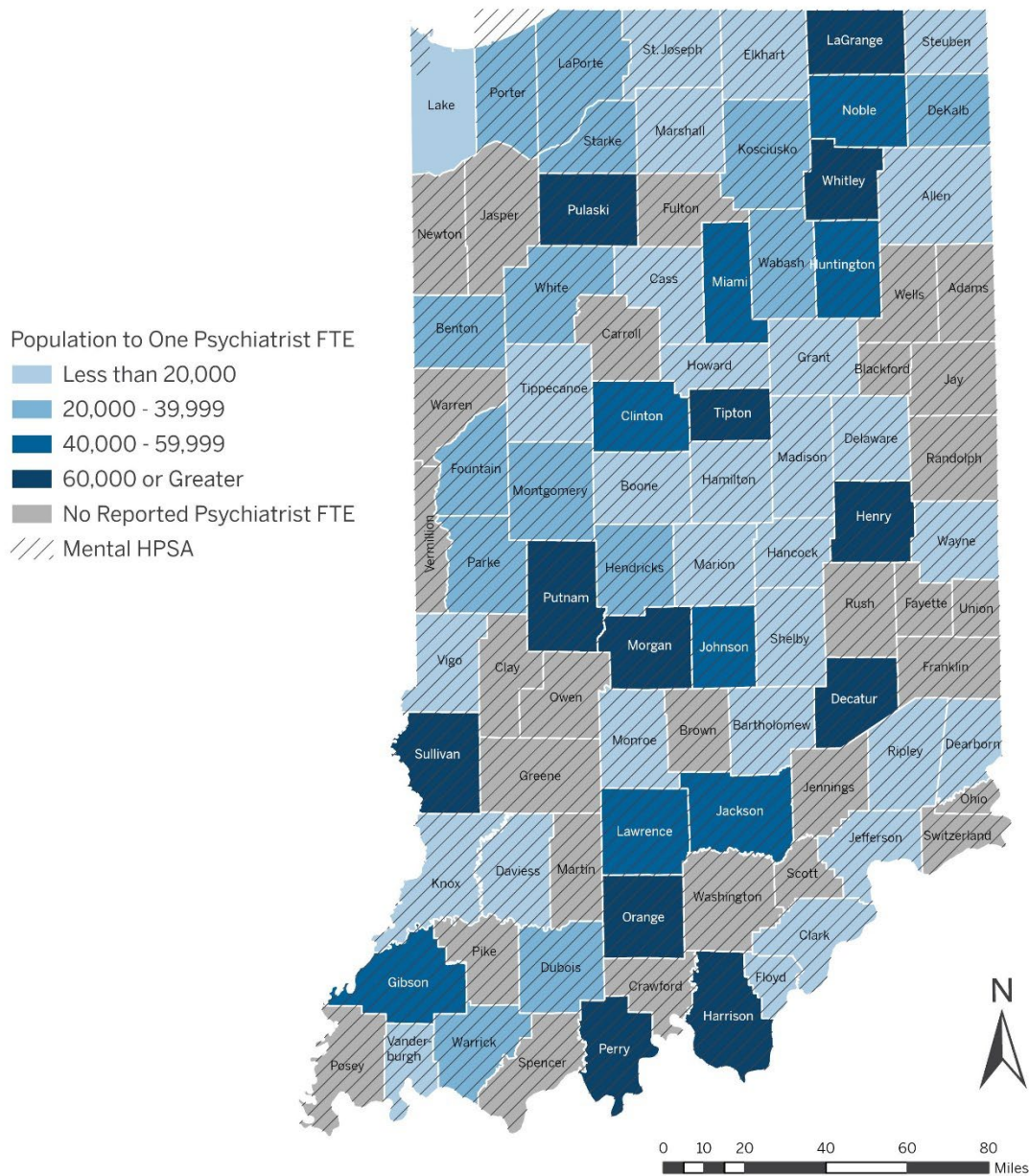


Figure 3.1. Geographic Distribution of Indiana Psychiatrist Workforce Capacity.

PSYCHIATRIC APRNS GEOGRAPHIC DISTRIBUTION

Table 3.2. provides a summary of the county-level capacity of psychiatric APRNs. A total of 649 reported practice addresses were identified within Indiana. A total of 18 Indiana Counties (19.5%) have no reported FTE from a Psychiatric APRN. Additionally, 21 counties have PPRs that are greater than 30,000:1 and 3 of those counties have PPRs greater than 100,000:1. Therefore, 42% of Indiana counties either lack sufficient capacity or have no direct access to a psychiatric APRN. Figure 3.1 provides a geographic representation of Indiana psychiatric APRNs PPR with and without practice locations.

Table 3.2: County-level capacity of Indiana Psychiatric APRNs

County	Population	Total Psychiatric APRNs	Total Psychiatric APRN FTE	Population to PSYCH APRN FTE
Adams	35,544	2	1.7	20,908.2
Allen	375,520	39	26.6	14,117.3
Bartholomew	83,280	12	8	10,410.0
Benton	8,695	5	4.5	1,932.2
Blackford	11,926	-	-	-
Boone	66,875	5	4.5	14,861.1
Brown	15,093	-	-	-
Carroll	20,137	1	0.4	50,342.5
Cass	37,727	2	2	18,863.5
Clark	117,410	17	13	9,031.5
Clay	26,231	1	0.3	87,436.7
Clinton	32,186	-	-	-
Crawford	10,582	-	-	-
Daviess	33,277	5	3.3	10,083.9
Dearborn	49,458	5	4	12,364.5
Decatur	26,587	-	-	-
DeKalb	43,193	5	2.8	15,426.1
Delaware	114,135	4	3.9	29,265.4
Dubois	42,534	3	2.9	14,666.9
Elkhart	205,184	13	9.1	22,547.7
Fayette	23,068	4	2.4	9,611.7
Floyd	77,879	9	6.2	12,561.1
Fountain	16,456	1	0.2	82,280.0
Franklin	22,750	-	-	-
Fulton	20,069	2	1.9	10,562.6
Gibson	33,711	3	3	11,237.0
Grant	66,055	11	10.1	6,540.1
Greene	32,174	1	0.2	160,870.0
Hamilton	330,455	35	23.2	14,243.8
Hancock	76,614	3	1.2	63,845.0
Harrison	40,164	-	-	-
Hendricks	166,806	15	11.2	14,893.4
Henry	48,158	3	2.6	18,522.3
Howard	82,486	9	6.3	13,093.0
Huntington	36,351	-	-	-
Jackson	44,077	1	1	44,077.0
Jasper	33,433	1	-	-
Jay	20,697	1	-	-
Jefferson	32,167	3	2.9	11,092.1
Jennings	27,639	2	0.6	46,065.0
Johnson	156,148	15	9.7	16,097.7
Knox	36,833	4	4	9,208.3
Kosciusko	79,156	5	2.4	32,981.7
LaGrange	39,537	2	0.9	43,930.0

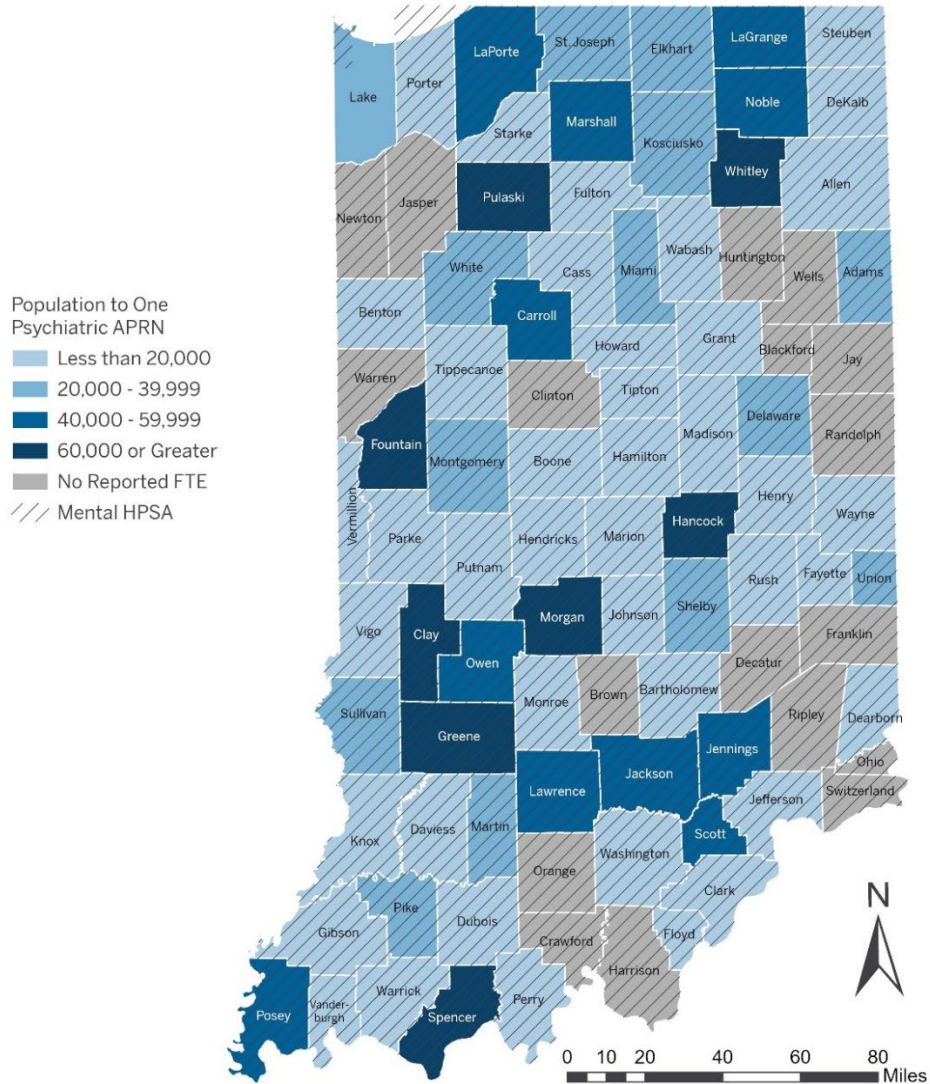
Table 3.2: County-level capacity of Indiana Psychiatric APRNs

County	Population	Total Psychiatric APRNs	Total Psychiatric APRN FTE	Population to PSYCH APRN FTE
Lake	485,983	30	24.3	19,999.3
LaPorte	110,026	3	2.6	42,317.7
Lawrence	45,552	1	1	45,552.0
Madison	129,486	11	9.6	13,488.1
Marion	957,337	148	111.6	8,578.3
Marshall	46,336	1	1	46,336.0
Martin	10,169	1	0.5	20,338.0
Miami	35,684	2	1.4	25,488.6
Monroe	147,318	23	13.9	10,598.4
Montgomery	38,295	4	1.7	22,526.5
Morgan	70,141	2	0.7	100,201.4
Newton	13,981	-	-	-
Noble	47,640	3	1.1	43,309.1
Ohio	5,890	-	-	-
Orange	19,552	-	-	-
Owen	20,854	1	0.5	41,708.0
Parke	16,912	2	1.4	12,080.0
Perry	19,091	1	1	19,091.0
Pike	12,364	1	0.6	20,606.7
Porter	169,482	11	8.6	19,707.2
Posey	25,480	1	0.6	42,466.7
Pulaski	12,482	1	0.2	62,410.0
Putnam	37,419	3	2	18,709.5
Randolph	24,694	-	-	-
Ripley	28,457	-	-	-
Rush	16,632	1	1	16,632.0
Scott	23,784	2	0.4	59,460.0
Shelby	44,559	3	1.7	26,211.2
Spencer	20,364	1	0.2	101,820.0
St. Joseph	270,882	15	11.8	22,956.1
Starke	22,996	2	2	11,498.0
Steuben	34,591	2	1.9	18,205.8
Sullivan	20,647	1	1	20,647.0
Switzerland	10,727	-	-	-
Tippecanoe	193,302	28	20.4	9,475.6
Tipton	15,154	3	1	15,154.0
Union	7,140	1	0.3	23,800.0
Vanderburgh	181,548	38	28.1	6,460.8
Vermillion	15,485	3	1.6	9,678.1
Vigo	107,305	21	15.2	7,059.5
Wabash	31,198	3	2.2	14,180.9
Warren	8,219	-	-	-
Warrick	62,608	7	3.6	17,391.1
Washington	27,942	3	2.8	9,979.3
Wayne	66,176	13	9.8	6,752.7
Wells	28,010	-	-	-
White	24,163	2	0.7	34,518.6
Whitley	33,899	1	0.5	67,798.0

Source: 2021 Indiana Physician License and Supplemental Survey Data; Annual Estimates of the Resident Population for Counties in Indiana: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-18)

Notes: Population to provider FTE ratios cannot be calculated for counties with no reported provider FTE.

Indiana Psychiatric Advanced Practice Registered Nurse's (APRN)



Source: 2021 Indiana Registered Nurse License Supplemental Survey Data; U.S. Census Bureau, 2016 - 2020 American Community Survey 5-Year Estimates.
 Note: Population-to-Provider FTE Ratios cannot be calculated for counties with no reported registered nurse FTE.

Figure 3.2. Geographic Distribution of Indiana Psychiatric APRNs Workforce Capacity.

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RECOMMENDED CITATION

Dickinson, A., Tobin, M., Sparks, C., Vaughn, S., Maxey, H. Behavioral Health Report Series: Psychiatrists and Psychiatric APRNs. (2022). Bowen Center for Health Workforce Research and Policy. Indiana University School of Medicine.

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