

STATE REGULATORY REQUIREMENTS FOR MENTAL HEALTH TECHNICIANS:
A NATION-WIDE STUDY

Executive Summary

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Introduction: According to the Bureau of Labor Statistics (BLS, 2016) there are 139,700 psychiatric technicians/aides in the United States with a projected increase of approximately 6% over the next 10 years. While job descriptions and position titles vary by type of care facility and state, the BLS (2017) describes common job duties as providing therapeutic care, monitoring patients' conditions, assisting patients in their daily activities and ensuring a safe, clean environment. While federal regulations are in place to ensure education and training standards for aides working in home health and long term care, psychiatric technicians/aides' regulations are left to each state.

Purpose of the Study: The purpose of this study is to identify and describe state regulation requirements for psychiatric technicians/aides in the United States as a first step in examining staffing in acute psychiatric hospitals.

Significance: Six percent of the population in the U.S. has a serious mental illness (National Institute of Mental Health, 2015). There are an estimated 1.4 million hospitalizations for mental illness annually (Saba, Levit & Elixhauser, 2008). Mental illness affects people across the lifespan and hospitalizations for mental illness have increased, with the largest increase seen in children 5-12 years of age (Blader, 2011, Bardach, et al., 2014). A significant amount of care and interaction during a patient's stay in acute psychiatric facilities is provided by psychiatric technicians/aides. Ensuring that these care providers have the necessary knowledge and skills has implications for the quality and safety of care that is provided in acute inpatient psychiatric facilities in the U.S.

While there is some limited information on organization websites, there is nothing in the literature of the current practice scope, required education/training, or other characteristics for psychiatric technicians/aides. Their contributions to care provision in acute psychiatric facilities in the U.S. are equally absent from the literature. One article (Schrift, Cavender & Hoover, 2013) was found that describes, through worker narratives, the work of now-retired psychiatric attendants who cared for mentally ill patients in a facility in rural Appalachia; but the facility was an asylum rather than an acute psychiatric facility and presented a historic perspective rather than current practice. Considering they

are a significant part of the workforce in acute psychiatric facilities, little is known of their initial or continued preparation to work with mentally ill patients.

Specific Aims/Hypothesis: Analyzing current regulatory requirements for psychiatric technicians/aides across the U.S. will help identify if requirements in registry, certification and standards for training and competency evaluation are in place that ensure that the care being provided to a vulnerable population is safe and of high quality.

Conceptual Framework: The Centers for Disease Control and Prevention (CDC, 2012) Policy Process Framework will be utilized to guide this study. Policy can be defined as “a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions” (CDC, 2012, p. 3). This aligns with the regulatory focus of this study. Policy development domains include problem identification, policy analysis, strategy and policy development, policy enactment, and policy implementation. Throughout this process there is ongoing stakeholder engagement and education and continuous evaluation.

The focus of this study will be on problem identification. The CDC Policy Process Framework defines the primary outcomes for this step in the process as clarifying and framing the problem or issue by collecting, summarizing and interpreting relevant information, defining characteristics, identifying gaps and framing the problem or issue in a way that aids in exploring potential policy solutions (CDC, 2012).

Methodology: Guided by the Centers for Disease Control and Prevention’s Policy Process Framework (2012), this study focused on the problem identification step of the process. Utilizing search text, an internet bot initiated the search for relevant state regulations using search terms such as psychiatric technician/aide/mental health technician/behavioral health technician, regulation, health code, health statute. A confirmatory search was conducted to validate the internet bot findings and ensure that no state regulatory requirements had been missed or misinterpreted.

Results: Few states have regulatory requirements for licensure, certification, registry, or standards for training and competency evaluation for psychiatric technicians/aides. Only two states (CO and KS) have regulations requiring licensure for psychiatric technicians/aides. It’s important to note, Arkansas uses the title of licensed psychiatric technician nurse while California uses licensed psychiatric technician but define their scopes of practice similar to that of a licensed practical nurse rather than an aide/technician.

Colorado requires psychiatric technicians to have completed an accredited psychiatric technician program and successfully pass an examination (C.R.S. 12-42-104). Kansas also requires educational preparation but the program must be approved by the board, contain specified content and include classroom and clinical hours (K.S.A. 65-4203).

Only Kansas requires continuing education and stipulates mental health technicians must have 30 continuing education hours for licensure renewal. In all other states, standards for continuing education are set at the individual employer level. An additional finding of this study was the vast differences in titles and role definitions within and across states.

Implications: While regulatory measures have been implemented for other similar workforce categories working with vulnerable populations; such as nursing home residents and nursing aides, acutely mentally ill patients in 48 out of 50 states have not been subject to this protective measure.

Recommendations: Further exploration of this problem including potential policy solutions that ensure safe, high quality care is being provided to acute psychiatric patients is indicated. Registered nurses, as direct supervisors of this segment of the workforce, must be patient advocates by being engaged in the next steps of the policy process that include policy analysis, strategy and policy development, policy enactment, and policy implementation.

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