Workforce Development

Policy Brief

Public and private health systems should have health care providers, in numbers and locations adequate to provide timely and accessible services, who are well-trained in effective and culturally competent treatment and supports for children, youth and adults living with mental illness and co-occurring disorders.

Development of a health care workforce with expertise in effective and culturally competent treatment of mental illness and co-occurring disorders—and in sufficient numbers and locations to meet demand—is a NAMI health care priority because access to well-qualified providers is integral to assuring that children, youth and adults living with mental illness can access timely and appropriate treatment.

An estimated 9.8 million adults aged 18 and older live with a serious mental illness, such as schizophrenia, major depression or bipolar disorder, and thirteen percent of children aged eight to 15 have at least one mental disorder,[1] yet 55 percent of U.S. counties have no practicing psychiatrists, psychologists or social workers.[2] Our nationwide shortage of mental health professionals[3] significantly impacts access to needed mental health treatment and contributes to inadequate care and unsafe conditions.

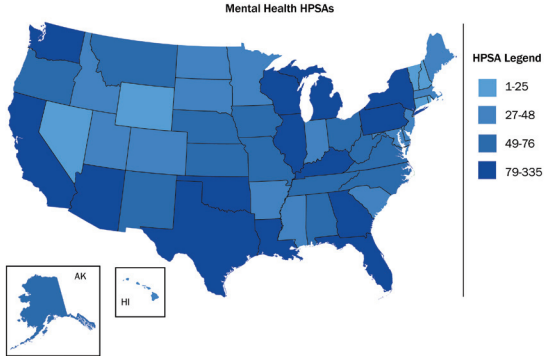
Rural and frontier communities, as well as communities of color, are disproportionately affected by workforce shortages. Shortages of bicultural and/or bilingual mental health professionals create significant barriers for individuals from diverse backgrounds, particularly those with limited English proficiency. [4,5] In addition, there is a critical shortage of providers trained to meet the needs of children and youth living with mental health conditions. A projected 12,624 child and adolescent psychiatrists alone will be needed by 2020, far exceeding the 7,418 who are currently practicing, primarily in urban areas.[6]

Low reimbursement rates for mental health services, particularly by public payers such as Medicaid, add to the problem. Low reimbursement is a major barrier to recruitment of qualified mental health staff and poses significant fiscal challenges to providers of mental health care.

Finally, many academic training programs and provider systems fail to train providers on the most effective, evidence-based interventions for children, youth and adults living with mental illness[7] and co-occurring health and substance use disorders--or on cultural competence in service delivery. To address our country's need for timely and quality care that improves outcomes for those living with mental illness, active recruitment, training and retention of health care providers with expertise in effective and culturally competent treatment of mental illness and co-occurring disorders is essential.

Federally-Designated Health Professional Shortage Areas (HPSA) for Mental Health[8]

(Legend: Number of Mental Health Professional Shortage Area Designations per State)



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Questions on Workforce Development

Prioritize Recruitment and Retention

- Are payers implementing effective strategies to recruit, train and retain qualified health care providers to provide effective treatment for mental illness and co-occurring disorders, to increase workforce diversity and to meet the needs of rural and underserved populations?
- Are universities, community colleges, hospitals and behavioral health providers working together to increase the behavioral health workforce?

Extend Capacity

- Are peer-delivered education and support services available for individuals living with mental illness and co-occurring disorders and their families?
- Are illness self-management programs available for individuals living with mental illness and co-occurring disorders?

Enhance Quality of Training

- Are educational programs providing effective training in evidence-based treatment of serious mental illness and co-occurring disorders and the concepts of wellness and recovery?
- Are behavioral health providers provided on-going training in the delivery and supervision of evidence-based interventions for individuals living with serious mental illness and co-occurring disorders?
- Are persons in recovery and family members engaged in meaningful roles in formal education and training programs and on-going staff education, training and quality improvement efforts?

Improve Accountability

- Are networks of providers adequate to ensure timely, accessible and effective mental health treatment by qualified providers?
- Are providers reimbursed at rates reflecting the true cost of providing effective and evidence-based interventions for serious mental illness and co-occurring disorders?
- Do education curricula, training and program accreditation, certification and licensure requirements include treatment competencies for mental health and co-occurring disorders?
- Is standardized data on meaningful performance, process and outcome measures, including data by race and ethnicity, publicly available?

Endnotes

[1]National Institutes of Health, National Institute of Mental Health, *Child and Adolescent Mental Health*. Web. September 13, 2010.
[2]Clark, Westley H., J.D. M.P.H., CAS, FASAM, *SAMHSA Strategic Initiatives: Behavioral Health Workforce and Health IT*, NASADA/NPN/NTN Annual Meeting. Norfolk, VA. June 3, 2010.
[3]U.S. Department of Health & Human Services, Health Resources and Services Administration (HRSA), *Designated Health Professional Shortage Areas (HPSA) Statistics*. September 3, 2010. Web. September 4, 2010.
[4]U.S. Department of Health and Human Services. *Mental Health: Culture, Race, and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General*, 2001.
[5]Non-Hispanic Whites account for 90.2 percent of all psychiatric nurses and 94.7 percent of psychologists. Source: Hoge, Michael A. et al., The Annapolis Coalition on the Behavioral Health Workforce, *An Action Plan for Behavioral Health Workforce Development*, DHHS Pub. No. 280-02-0302. 2007. Web. September 4, 2010.
[6]*Ibid.*
[7]The Annapolis Coalition on the Behavioral Health Workforce, *Severe Mental Illness*. Web. September 1, 2010.
[8]U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HRSA Geospatial Data Warehouse, *Health Professional Shortage Areas*. Web. September 4, 2010. [http://datawarehouse.hrsa.gov/hpsadetail.aspx].

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