



Behavioral Health Workforce Education and Training (BHWET)

The Impact of Pandemic Stress Upon the Behavioral Health
Workforce

Friday April 1, 2022

Brought to You By



HRSA Disclaimer

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Words Matter

BHE-TAC promotes the use of affirming, person-first language when discussing behavioral health disorders. Non-stigmatizing, recovery-oriented language can help reduce negative bias and promote successful engagement in treatment and recovery.

Introductions



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Welcome



Learning Objectives

1. Understanding the current landscape of Behavioral Health
2. Understand the impacts of the COVID-19 Pandemic on underserved populations
3. Acknowledge the impacts of the pandemic on the behavioral health workforce
4. Identify specific strategies for navigating these challenges and recognize the opportunities for the future for the behavioral health workforce





The Landscape

Mental Health and Substance Use

Pre-Pandemic State of Mental Health

- Prior to the COVID-19 Pandemic, one in ten adults reported symptoms of anxiety and/or depression
- 47 million reported have any mental illness
- In 2018, over 48,000 Americans died by suicide, and on average between 2017 and 2018, nearly eleven million adults reported having serious thoughts of suicide in the past year
- Black and Hispanic people were less likely to receive behavioral health services compared to the general population and deaths by suicide are historically higher among communities of color.

[1,2 National Center for Health Statistics](#), 2019

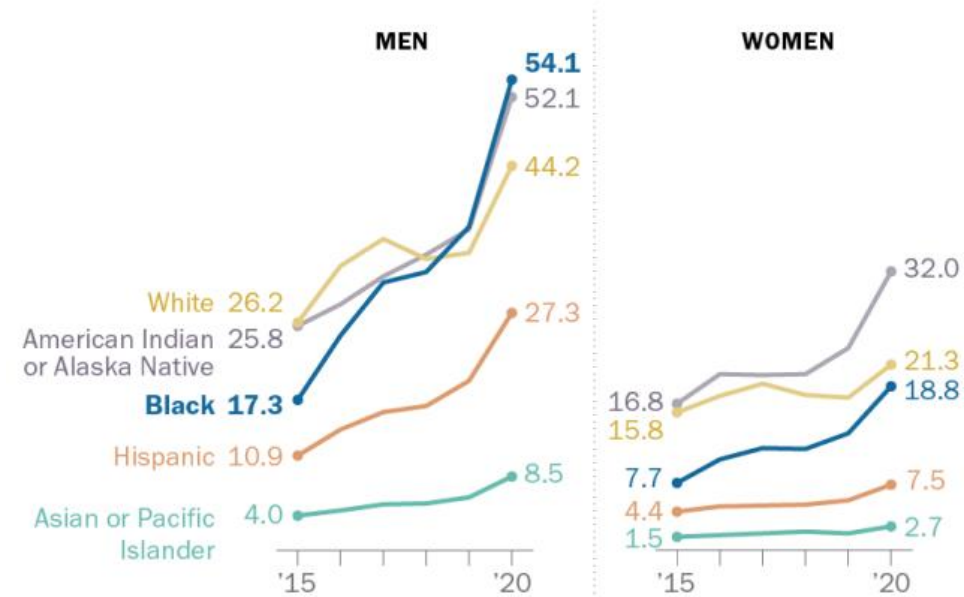
KFF analysis of Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) (2008 and 2018)



Drug Overdose Death by Race and Ethnicity

Drug overdose death rate among Black men in the U.S. more than tripled between 2015 and 2020

U.S. drug overdose death rate per 100,000 people, by race and ethnicity (age-adjusted)



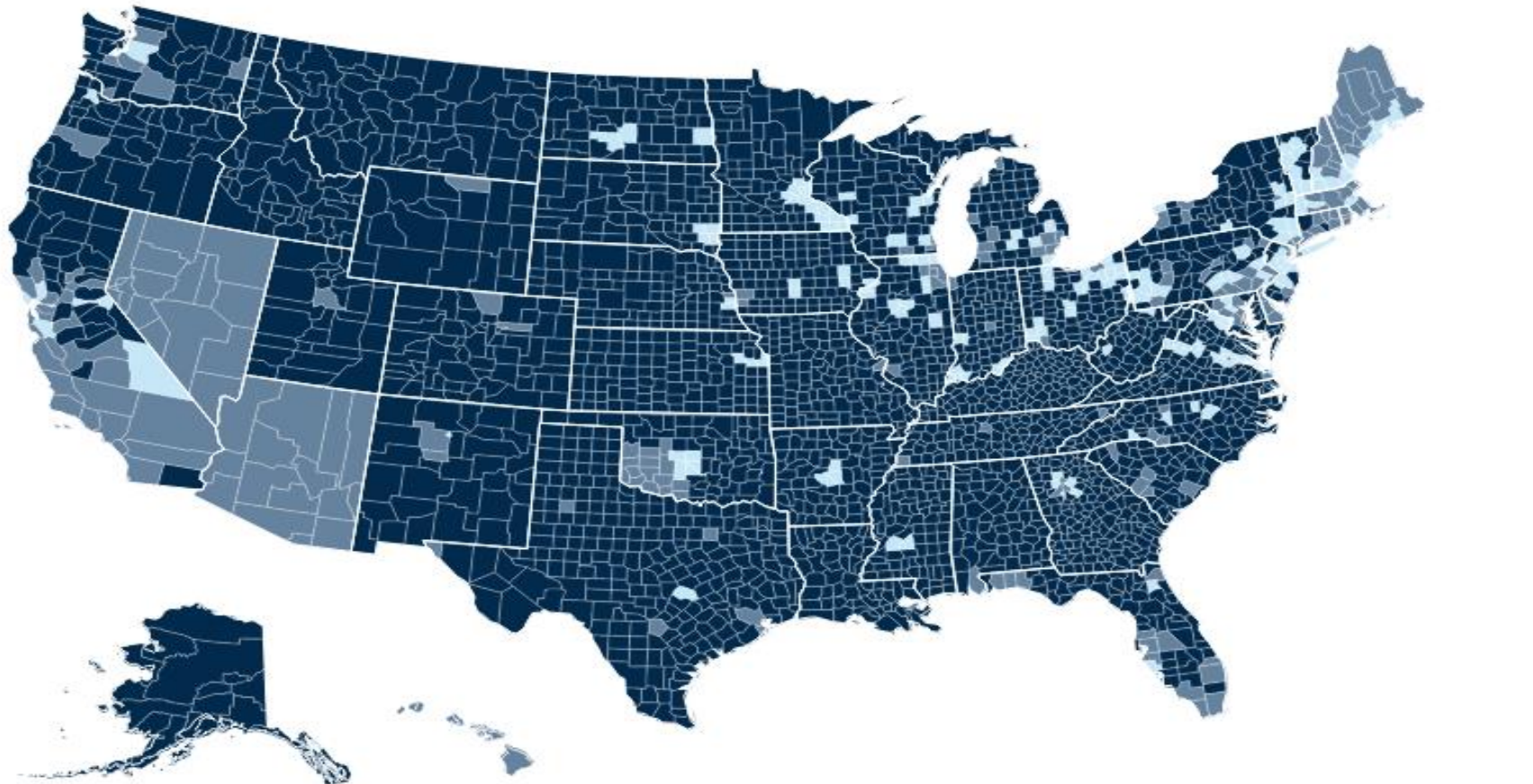
Note: All racial categories include people of one race, as well as those who are multiracial. For those who are multiracial, the CDC selects a single race to allow for consistent comparisons. All racial groups refer to non-Hispanic members of those groups, while Hispanics are of any race.

Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER

The Problem

Health Professional Shortage Areas: Mental Health, by County, 2021



The Facts

65% of non-metropolitan counties do not have a psychiatrist &
47% do not have a psychologist (American Journal of Preventive Medicine, 2015)

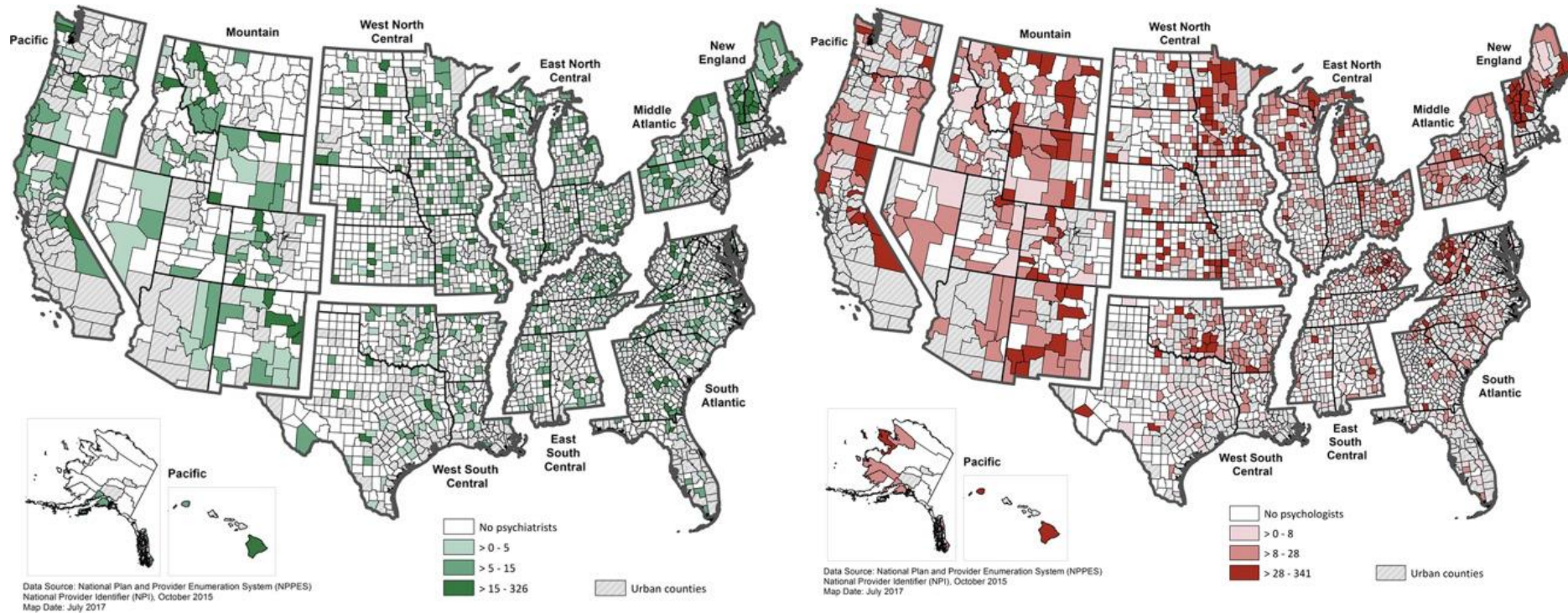
Rural Hospitals – closing at alarming rate & on life
support

80 rural hospitals closed between 2010 & 2017 (Chartis Center for
Rural Health)

Suicide, drug abuse, and addiction disproportionately
affect rural America (Rural Policy Research Institute 2019)



Psychiatrists & Psychologists in Rural U.S. Counties per 100,000 population (2015)



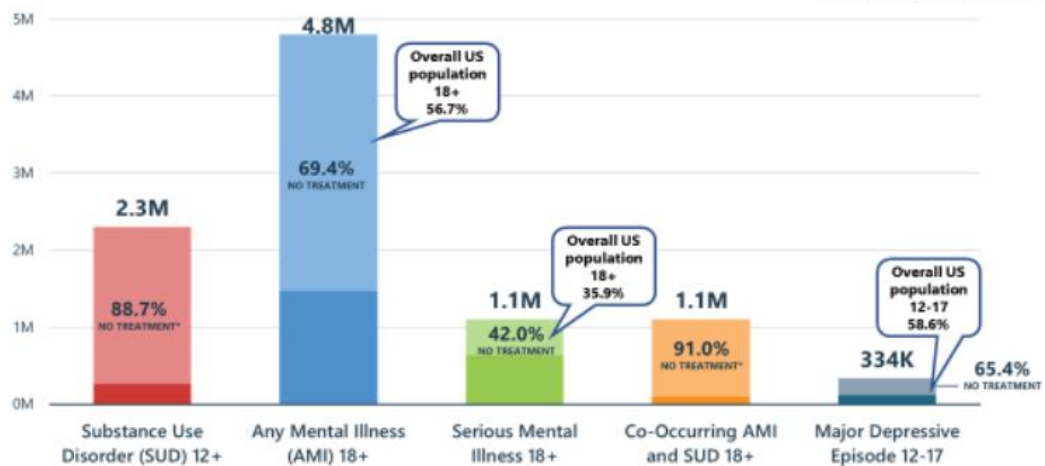
Source: American Journal of Preventive Medicine, 2015



Mental Health and Substance Use Treatment Gaps

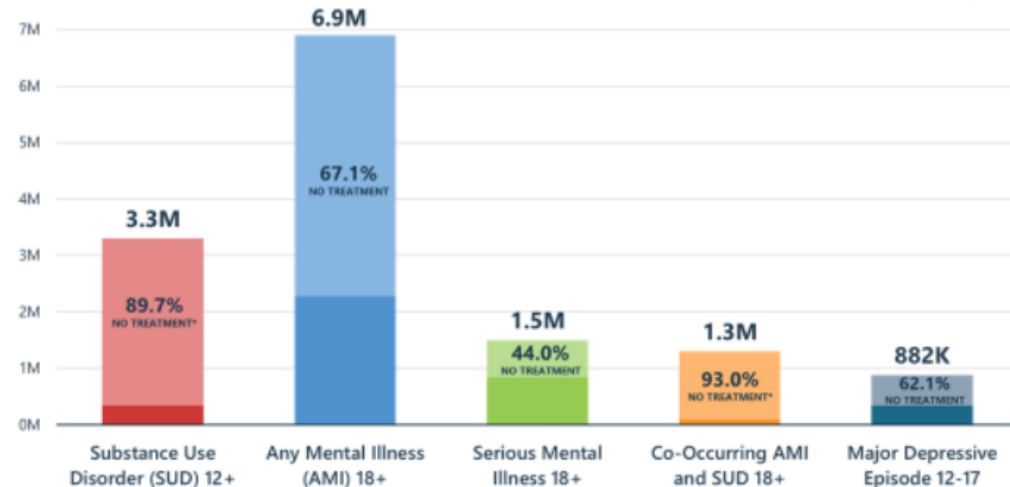
Despite Consequences and Disease Burden, Treatment Gaps among African Americans Remain Vast

PAST YEAR, 2018 NSDUH, African American 12+



Despite Consequences and Disease Burden, Treatment Gaps among Hispanics Remain Vast

PAST YEAR, 2018 NSDUH, Hispanic 12+



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

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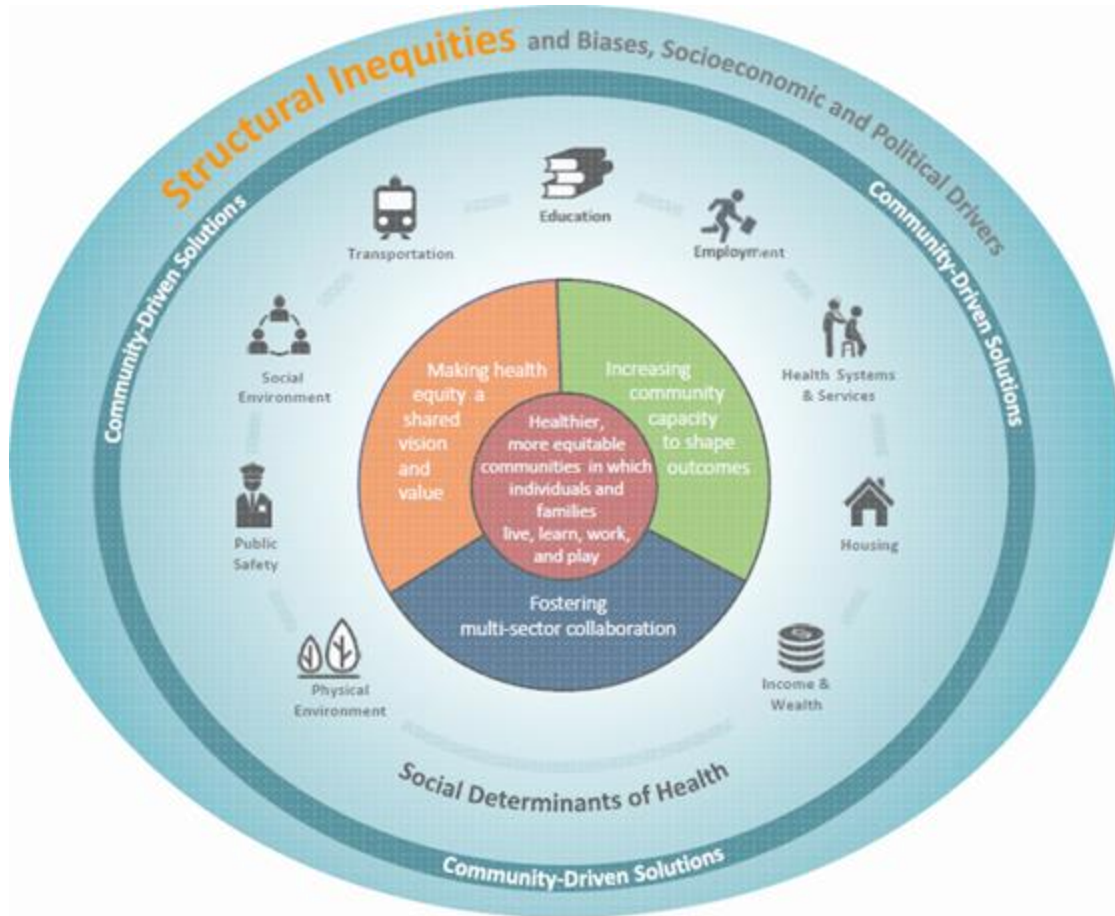


Definition: Disparities in Health

“Differences in the incidence, mortality, and burden of disease and other adverse health conditions that exist among special population groups in the United States”

“Differences in health that are not only unnecessary and avoidable, but, in addition, are considered unfair and unjust”

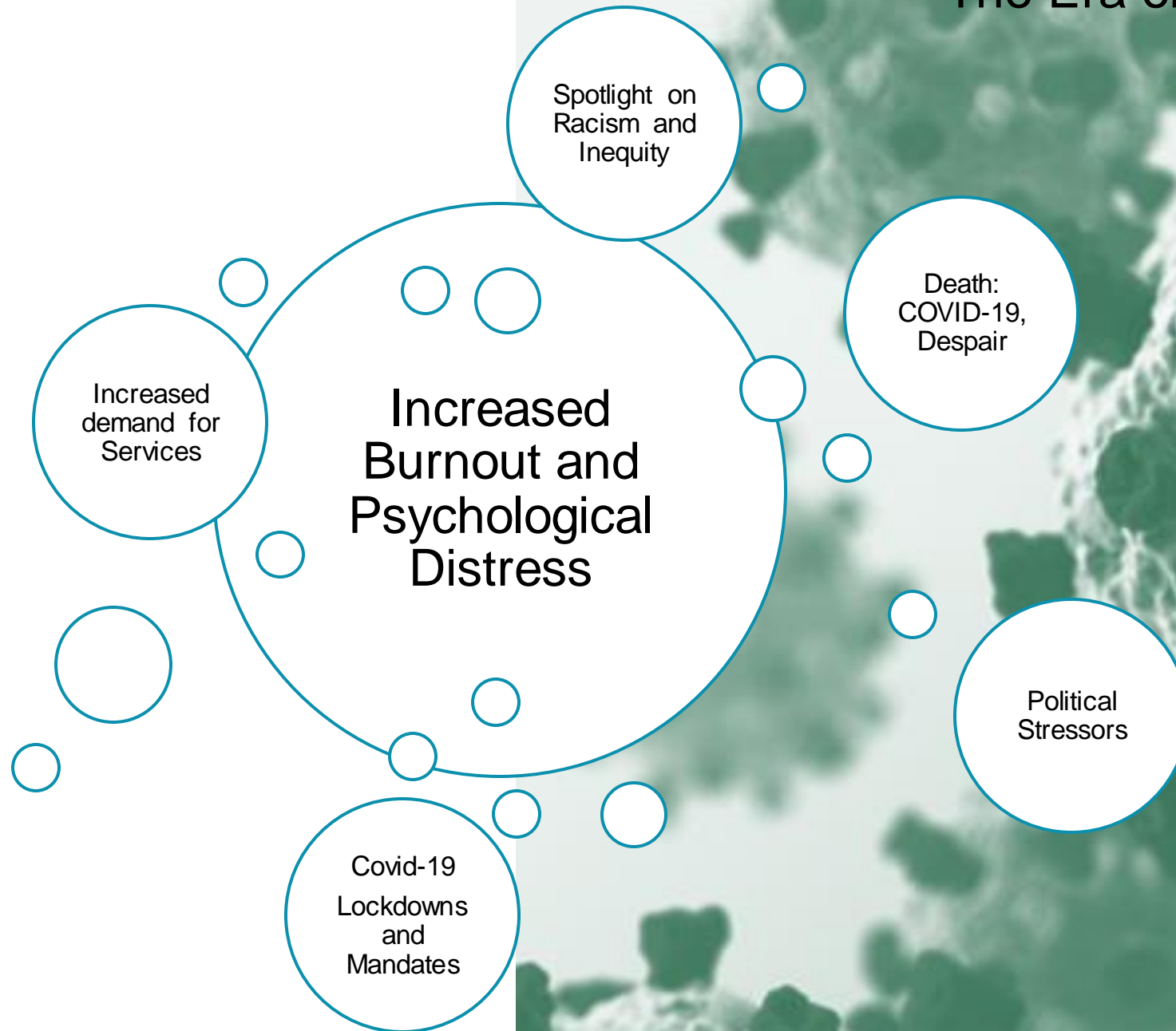
Health Inequities



Health inequities arise when certain populations are made vulnerable to illness or disease, often through the **inequitable distribution of protections and supports.**



The Era of COVID-19 Pandemic and...



Impacts on the Behavioral Health Field

80% increase in demand for mental health and substance use treatment in the past three months.

Nearly all mental health and substance use treatment organizations report workforce shortages and problems recruiting and retaining workers.



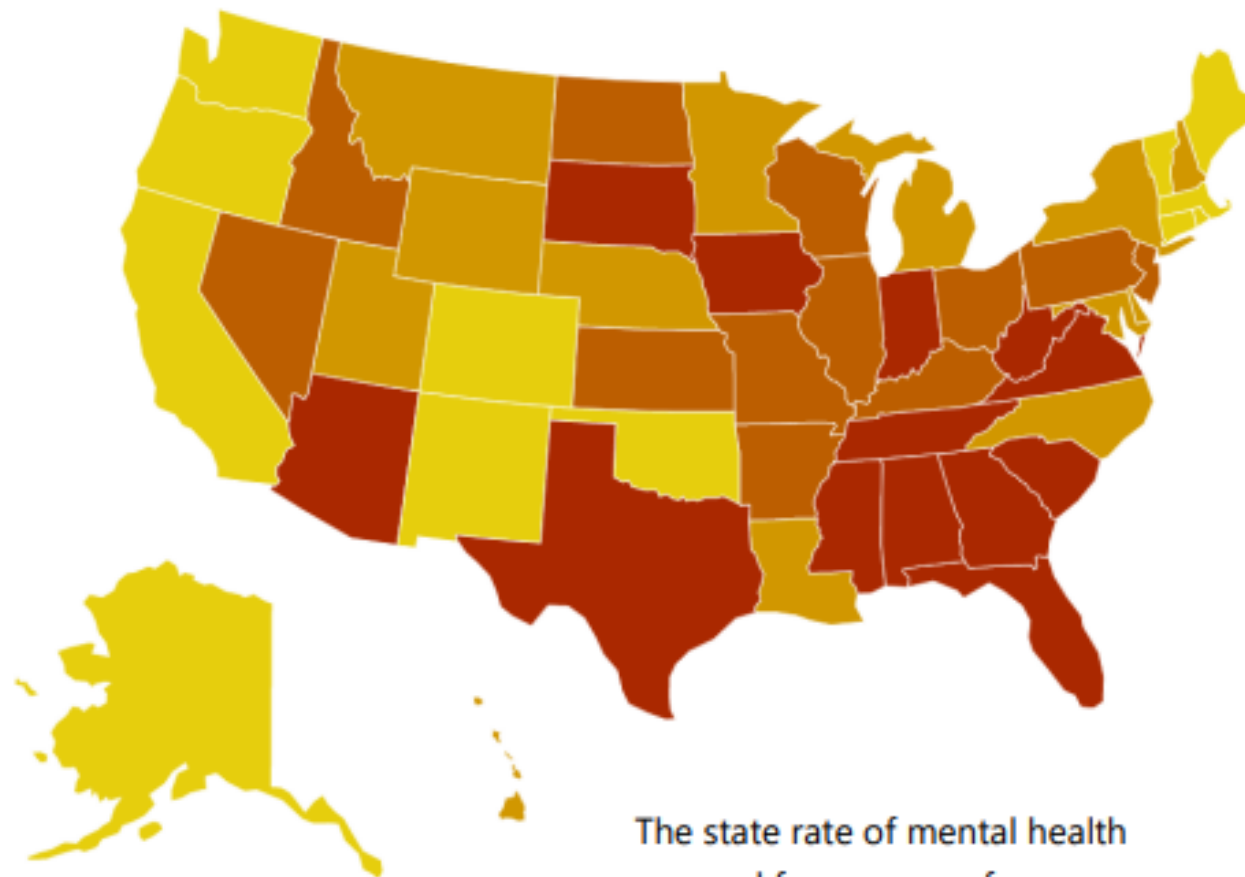
Behavioral Health Workforce

- One in five health care workers have quit their jobs since the pandemic began, while 12% have been laid off.
- 31% of the remaining healthcare workforce have considered leaving their work and 79% said the national worker shortage has significantly affected them and their place of work.
- Staff and employers cited the following factors as contributors to the exodus of healthcare workers:
 - COVID-19 pandemic
 - Insufficient pay and opportunities
 - Burnout
- Workforce shortages result in reduced access to mental health and substance use treatment and maldistribution of mental health and substance use providers (Morning Consult, 2021).



Behavioral Health Workforce

Mental Health Workforce Availability



160:1 (MA)
Ranked 1-13

990:1 (AL)
Ranked 39-51



[Mental Health America, 2020](#)



Impacts on Mental Health and Substance Use

- **More than half a million people** have reported signs of anxiety and/or depression, Anxiety screens were up by 634% and depression screens were up 873%.
- **Nearly 180,000 people who took the screening reported suicidal ideation** on more than half the days or nearly every day
- **Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth.** In September 2020, over half of 11-17-year-olds reported having thoughts of suicide or self-harm nearly every day of the previous two weeks.
- Nearly **78,000 youth** reported experiencing frequent suicidal ideation, including nearly **28,000 LGBTQ+ youth.**
- **70% of people reported that loneliness or isolation** was the top contributing factor to mental health issues



“

The volume of people requesting services has increased slightly but the **level of distress and crisis** that people are experiencing is infinitely higher. We see more people in **severe crisis** due to homelessness, substance use and **lack of hope**. In our rural community, we don't have much in the way of housing or housing supports.”

**National Council for Mental Wellbeing
Member**





Who is most at risk?

- Communities of Color
- Essential workers
- Young Adults
- People experiencing job loss
- Parents and Children

[SAMHSA, 2020](#)



The Role of Social Workers During a Pandemic

Cultural competence has emerged as a crucial skill

Social Workers play a critical role in addressing health disparities

Considered non-medical or unessential in some places

Ethical challenges related to balancing service demands, limited resources, policies, and personal risks

Students shifted to virtual education, field placement opportunities were limited

Social workers report they are struggling to manage daily work routines, meet client needs and combat the range of social justice issues inherent in the pandemic



Impacts of Covid-19 on Social Workers

Impact on Clinical Practice

- Increased work-load
- Loss of employment
- Redeployment to new settings
- Early retirement
- Concern for personal health and safety
- Social workers in private practice seeing few clients
- Personal caregiving responsibilities
- Limiting recent graduates' employment potential
- Social workers experiencing new opportunities

Impact on Employment Status

- Clients with increased complexities
- Challenges with transition to virtual care
- Benefits with transition to virtual care
- Adapting in-person services and personal well-being





Navigating New Terrain

- Enhancing the Workforce
- Preparing the Workforce
- Building the Workforce Pipeline



Strategies to Increase and Enhance the Workforce



Integrated and Collaborative Care Models



Increase the number of professionals working in mental health and substance use field



Improve Training and Preparation



Enhancing the Workforce

Strategies for Clinical Practice



What is Integrated Care?

“The care a patient experiences as a result of a **team of interprofessional clinical and non-clinical care providers, working together** with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.”



Why Integrated Care?

Behavioral health and primary care providers have **shared responsibility**

\$293B **added costs** due to mental health/substance use co-morbidity with medical disorders

Decreased life span due to untreated or undertreated chronic medical conditions

SMI have **less access** to preventive care/care management for comorbid general illnesses

SMI greater risk for **COVID-19 mortality** possibly due to poor primary care access & prevention

Adults with mental illness have **higher prevalence** of common preventable diseases



Principles of Effective Integrated Care

- Person-centered Multidisciplinary and Interprofessional Team Care
- Population-Based Care
- Measurement-Based Care
- Evidence-Based Care
- Accountable Care

Evidence supports that **team-based care** has delivered:

- » Increased access to care and reduced complications (Weller et al., 2014).
- » Improved safety and better communication (Smith et al., 2018; Dehmer et al., 2016).
- » Decreased burnout, turnover and tension and conflict among care providers (WHO, 2010), and increased productivity and satisfaction (Smith et al., 2018; von Peter et al., 2018).

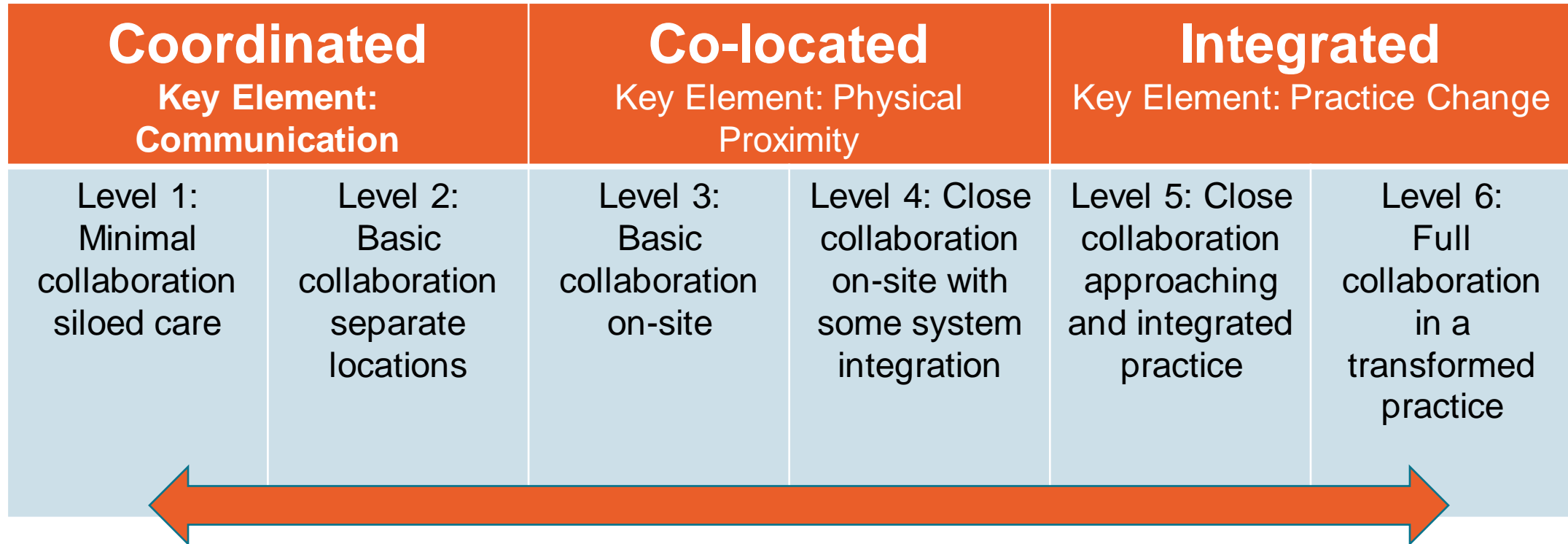


Goals of Integrated Care

Improving	Overall health outcomes
Expanding	Identification and screening for individuals with mental and behavioral health conditions, and social risks factors
Building	Supports through linkages to Community and Social Services
Avoiding	Avoiding hospital admissions, readmissions and emergency room utilization
Preparing	Preparing practices for value-based payment models
Reducing	Reducing overall health care costs



Levels of Integration



Sources: SAMHSA-HRSA Center for Integrated Health Solutions, *A Standard Framework for Levels of Integrated Healthcare and Update Throughout the Document* (Washington, DC: SAMHSA-HRSA Center for Integrated Health Solutions, March 2013), 10.



Spotlight on CCBHC: A promising Model

CCBHC is an integrated community behavioral health model of care that aims to improve service quality and accessibility. CCBHCs do the following:

- Provide integrated, evidence-based, trauma-informed, recovery-oriented and person-and-family-centered care
- Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services
- Have established collaborative relationships with other providers and health care systems to ensure coordination of care
- Culturally and Linguistically responsive services and competent care



CCBHC: Investing in the Workforce

- **5,201 STAFF HIRED** as a result of becoming a CCBHC
- Estimated **9,000 STAFF HIRED** across all 224 active CCBHCs
- **41 NEW POSITIONS PER CLINIC** on average since becoming a CCBHC

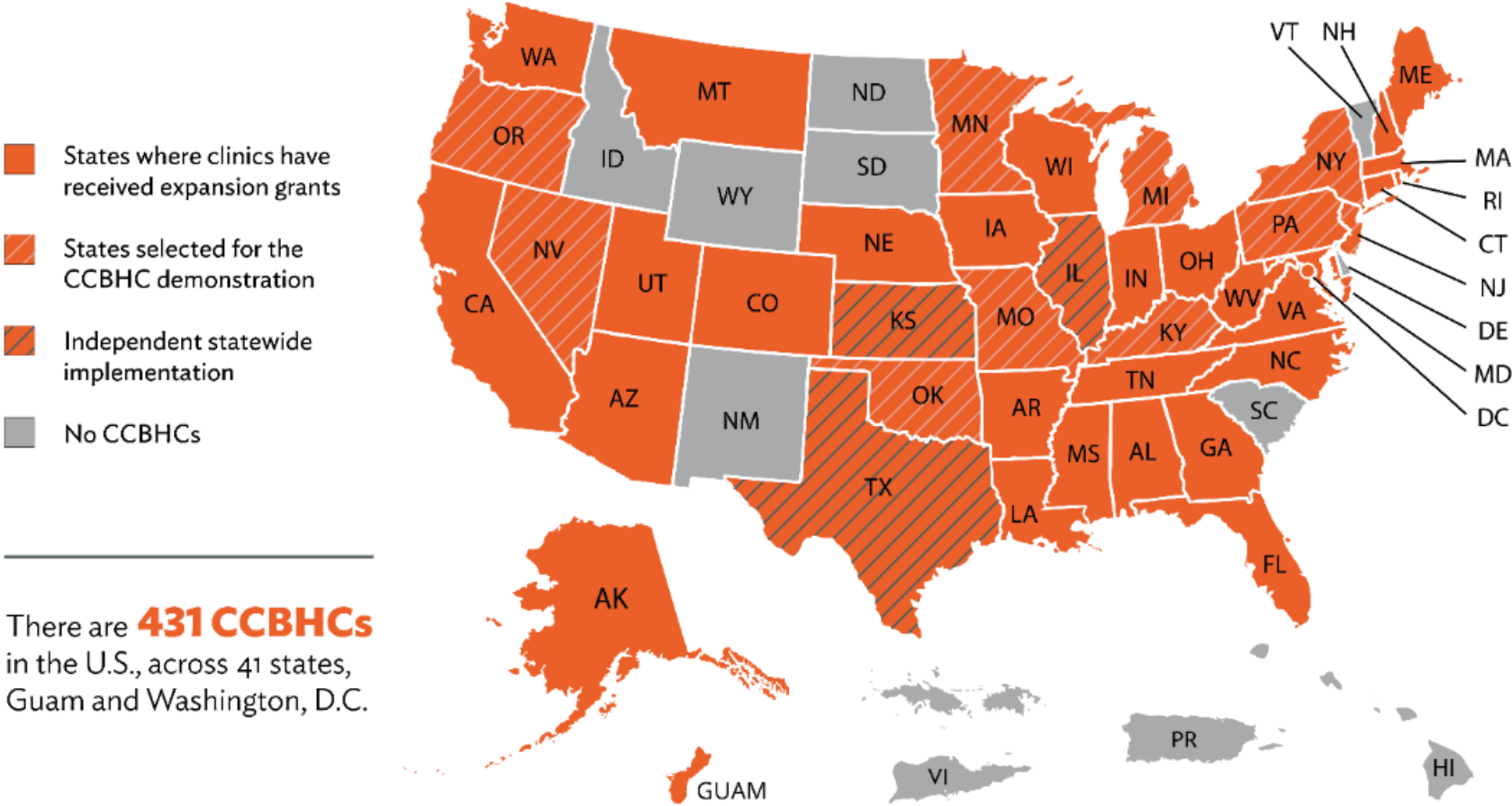
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CCBHC status has afforded us the ability to hire health care coordinators to bridge the gap in care between physical health and behavioral health. Their services are not typically billable in a traditional behavioral health space. Having these staff during the pandemic has been instrumental in helping our consumers navigate their health care needs in a new way, as well as ensure they have the support from primary care if exposed to COVID-19 etc. Our population has historically been underserved by the health care system. So having these staff onboard to help ensure we are paying attention to clients' entire wellbeing and helping break barriers during a time of rapid change in the system has been invaluable.

Lifeworks NW (Oregon)



Status of Participation in the CCBHC Model



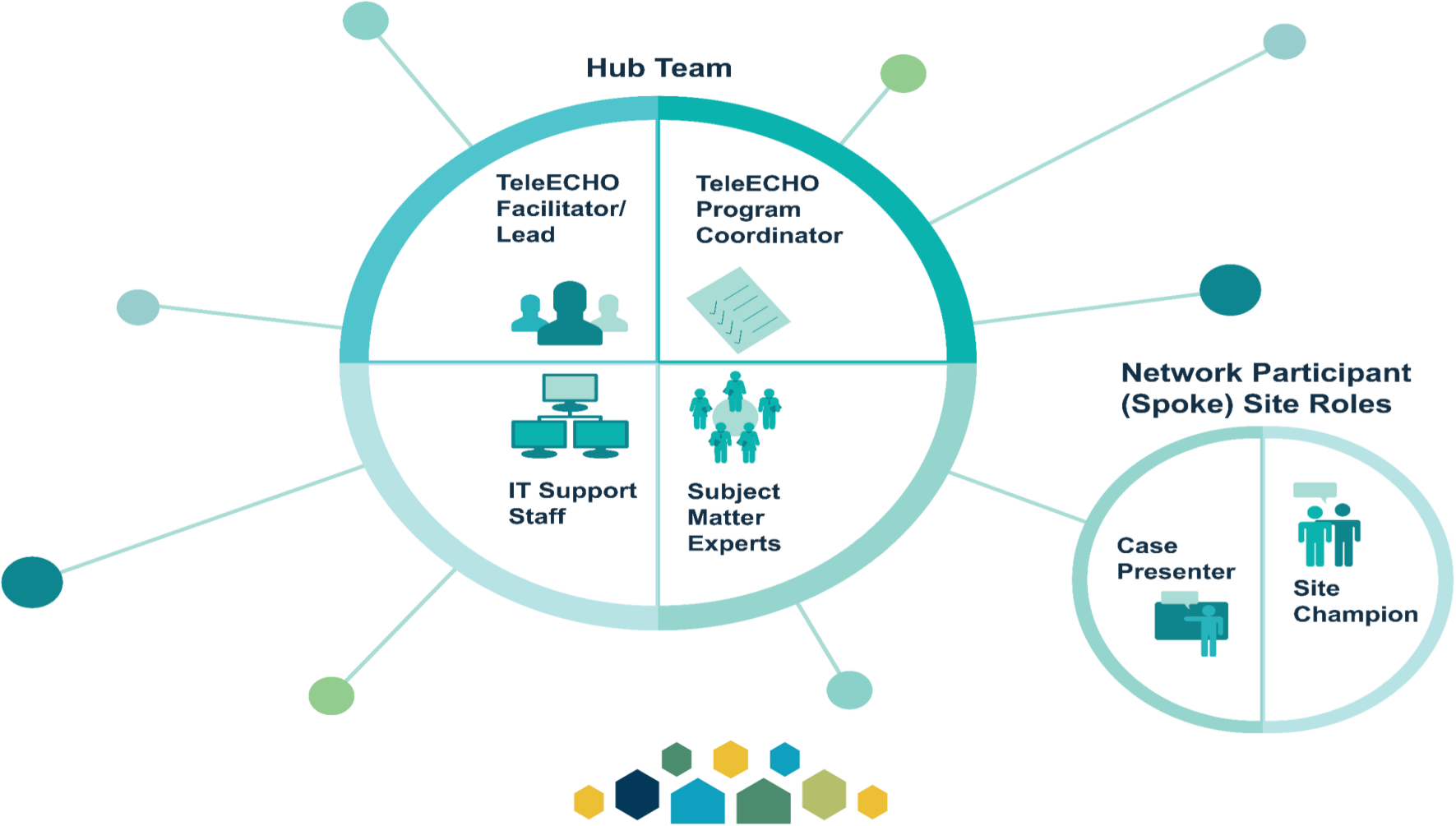
Extension for Community Healthcare Outcomes: Project ECHO Mission

Mission: To democratize medical knowledge and get best practice care to underserved people all over the world, touching the lives of 1 billion people by 2025.

Addressing Critical Needs: Within the first 3 days that the COVID-19 pandemic spread throughout the United States, the ECHO Institute conducted trainings in 55 countries in 4 languages through ECHO on responding to COVID-19.



Breaking Down Knowledge Silos



Reach & Impact



ECHO Programs

Programs
1241

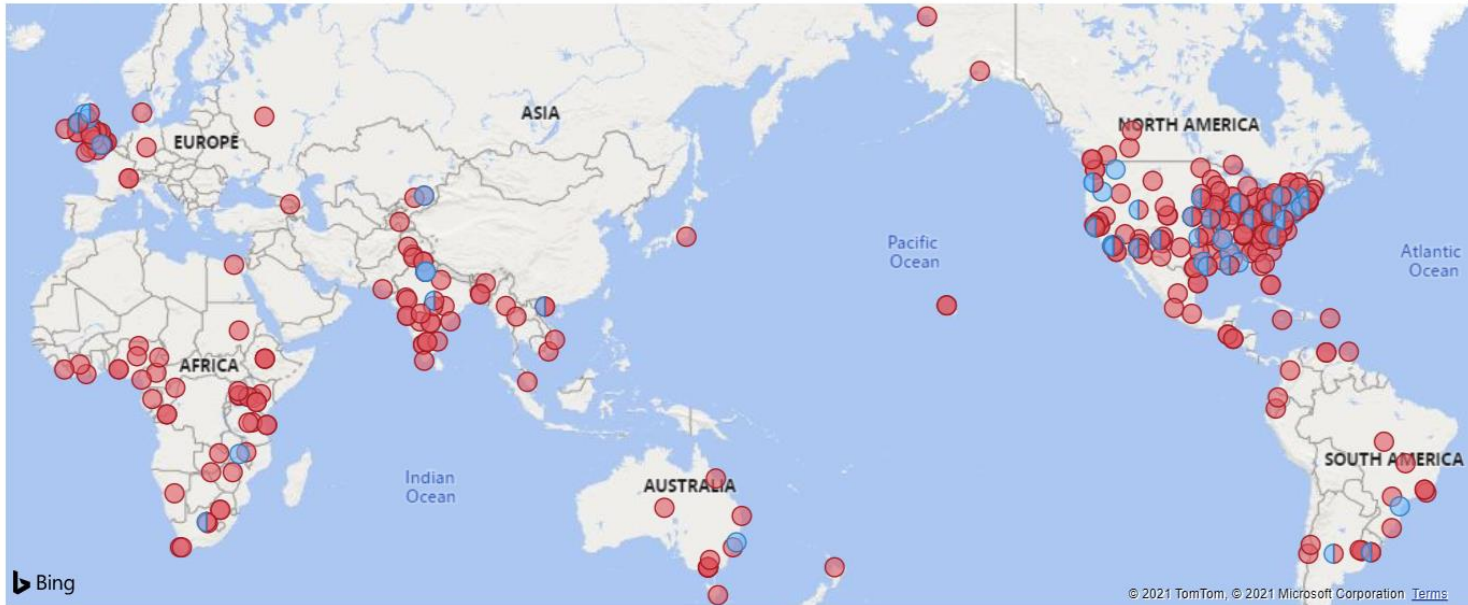
Countries
59

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Program	Hub	Focus	Status	Website	Email	Program City	Program St./Pr./Reg.	Program Country
1. Dor Crônica/ECHO Trem	Fundação Amor (Fundacao Amor)		Active			Juiz de Fora		Brazil
Access Afya ECHO program	Access Afya Kenya Ltd.		Active			Nairobi		Kenya
Accord Hospice ECHO	ACCORD Hospice		Planned			Paisley	Scotland	United Kingdom
ACI Genetics ECHO (Breast Cancer Genetics)	Stellenbosch University	Healthcare, Non-Infectious Diseases, Cancer, Cancer Diagnosis, Cancer Screening	Active			Stellenbosch	Western Cape	South Africa
ACLA COVID-19 TeleECHO Clinic	AmeriHealth Caritas Health Plan	Healthcare, Infectious Diseases, Covid-19	Active			Philadelphia	Iowa	United States
ACLA Integrated Health TeleECHO Clinic	AmeriHealth Caritas Health Plan	Healthcare, Behavioral and Mental Health, Primary Care	Active			Philadelphia	Louisiana	United States

Please email any questions to: [✉](mailto:info@echo.nyu.edu)

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Last Updated: 7/14/2021



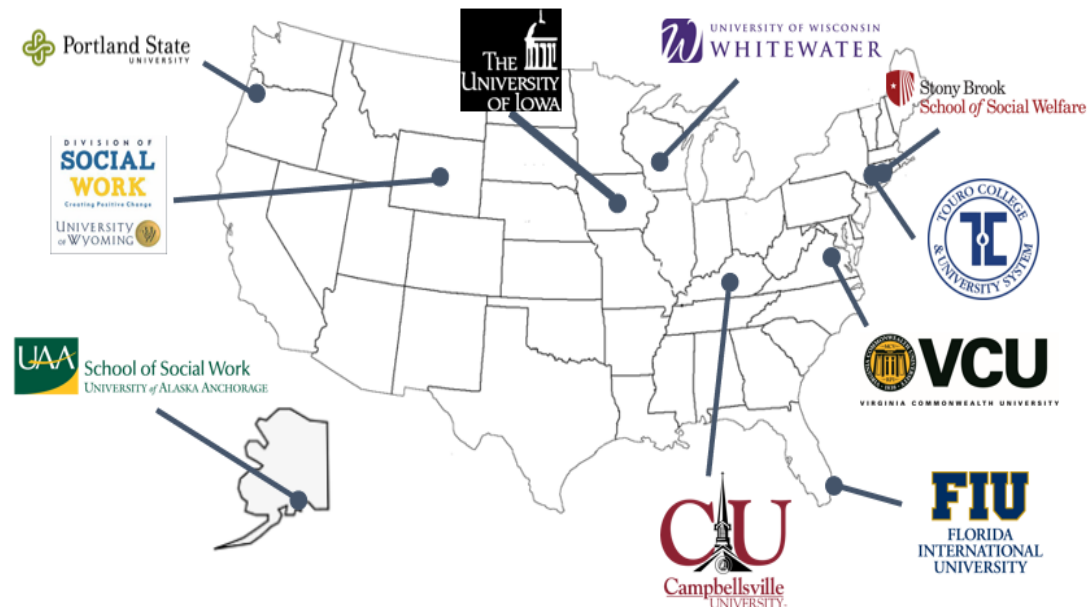
Preparing the Workforce:

Education and Training



Setting the Stage

- From May 2019 to May 2020, there were over **81,000 drug overdose deaths** in the United States, which is the **highest number of overdose deaths** ever recorded in a 12-month period ([CDC, 2020](#)).
- The social work profession can be a major change agent in this work, **as nearly 75% of all social workers** interact with individuals who use alcohol and substances ([USBLS, 2019](#)).
- **Social workers haven't received the education**, training or experience necessary to adequately address SUDs in practice ([Estreet et al., 2017](#)).



Social Workers on the Frontline of the Opioid Epidemic: Learning Collaborative funded by New York Community Trust and run by the National Council for Mental Wellbeing aimed to help prepare social workers to work with and alleviate substance use challenges by having students take specific substance use courses and focus on substance use activities in their internship.

Hands On Learning: Social Workers on the Frontline

Schools/Faculty
Champion

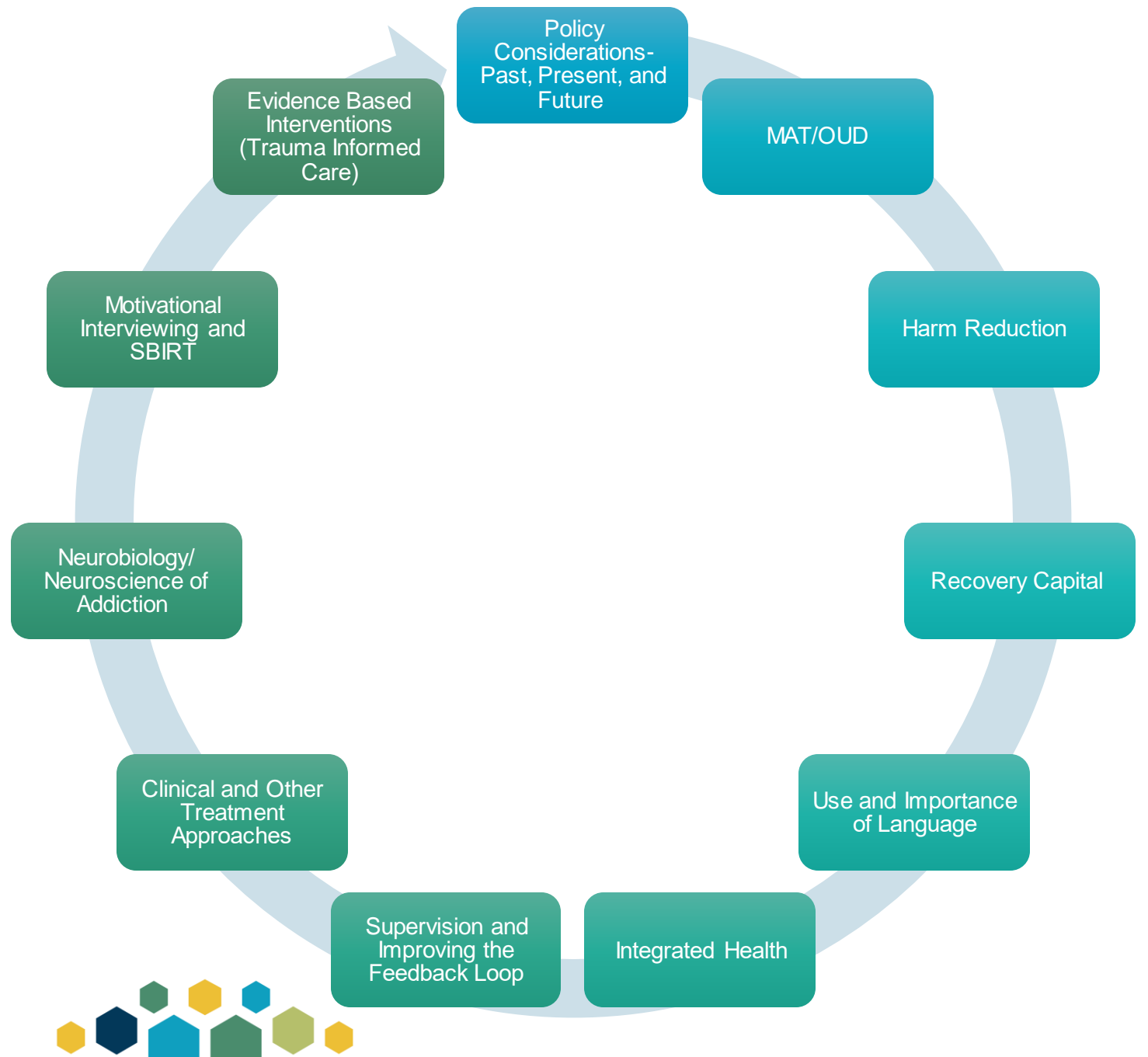
Field
Supervisors

Students

University Counseling Services	Inpatient and Outpatient SUD/ODU treatment providers	Integrated Health
Primary Care Settings	MAT Programs	University Collegiate Recovery Program
Child Welfare (drug court)	Domestic Violence Program	Community Mental Health Clinics
Organizations serving the homeless population	K-12 After School Program	Juvenile Drug Court
Veteran's Hospital	Detox/Crisis Services	Tribal Council/Medical/SUD Provider for Native Americans



Areas of Focus: Social Workers on the Frontline



Evaluation Questions

- Did students get what they need to improve their competencies and confidence for practice in the field ?
- Do students feel more knowledgeable, prepared, and comfortable addressing SUD after this initiative?
- Do faculty and field supervisors observe increased competencies among participating students?
- Do Social Work programs enrich the learning content and opportunities available to students on substance use and disorders?
- Did participation contribute to increased interest and intention among social work students to enter professional practice or careers to address SUD after receiving their degree?



Evaluation Data: Students



Skills and **techniques for relationship building**; cultivating a therapeutic bond; and motivational interviewing



Knowledge of **theories and treatments** for SUD



Students said they gained a general **understanding of SUD** and more **compassion/empathy** for those experiencing SUD



Themes from site visit discussions supported the students' self-perceptions; education helped students **reduce some of their fears and the stigma** surrounding work with those who experience SUD



Evaluation Data: Faculty



Students demonstrated growth in several specific competencies



More focus on macro/policy in the clinical space



Continue to refine and update curriculum



Need to prepare students for certifications



Intent to Work in the SUD Field

- **Students rated the following as their top reasons for wanting to work in the SUD field:**

- Gained better perspective for how SUD impacts people
- Had the experience of seeing their work make a difference
- Had opportunities to address stigma and discrimination in the field
- Interactions with experts in the SUD field



82%

of students agreed that their interest in addressing SUD in professional practice increased because of this experience*



What Led to Students' Feelings of Increased Competency



Peer-to-peer
learning



Enhanced
Courses



Case
Studies

“I liked the small breakout groups with the other students from different universities. It is nice to hear their perspective and how things are going in their communities.”

- SW STUDENT



Other Key Takeaways

The **varied sizes, settings, and geographic locations** of the participating Schools of Social Work contributed greatly to the success of the learning collaborative.

The **opportunities for participants to connect with those in various schools** and settings allowed for greater learning and discussions around the ways SUD/ODD is talked about and treated in different communities and parts of the country.

Student stipends allowed for students' active participation and engagement, as the stipends gave students the space to dedicate their time to the Learning Collaborative instead of spending time in another role.

Engagement of all field instructors/supervisors early on and build on **partnerships** between schools and community partners



Building the Workforce

Increasing the Workforce Pipeline



Approaches for Building the Workforce



Partnerships that support both ends of the pipeline, meaningful training and growth and stability in future workforce



Early engagement of new workforce through collaboration with high school and university students in behavioral health careers



Building a supportive behavioral health workforce through using non-traditional workers



Policy Recommendations

Increase	compensation for high demand workforce
Support	adoption of transformative clinical approaches to relieve burden of increased demand
Expand	workforce through innovative approaches to building a behavioral health workforce pipeline
Reduce	administrative burden in documenting treatment plans through the use of SOAP notes
Identify	opportunities to leverage innovative financing models for workforce such as career impact bonds (CIBs)
Increase	adoption of in-person/telehealth hybrid models and digital innovation
Lift	barriers and support extensions for telehealth access/options



Hope for the Future

Investment in National Health Service Corps, Behavioral Health Workforce Education and Training Program

Minority Fellowship Program

Promotion of the mental well-being of frontline Healthcare workforce

Launch of 988 crisis response and strengthen community-based crisis response

Expanding tele/virtual options

More health services for justice involved populations

Focus on children and youth prevention (ex. Schools)

Use of MHFA to support professionals across the social and human service fields

Expand funding and support for CCBHC adoption



Resources

- [Center of Excellence for Integrated Health Solutions – Resources Page](#)
- [Substance Use Education Practice-National Council](#)
- [2022.02.07 NC AABHCoE Addressing-Access-to-MH-and-SU-Services Toolkit.pdf](#)
- [Advanced Clinical Social Work Practice in Integrated Care](#)
- [Council on Social Work Education \(CSWE\) - Practitioner Education](#)
- [U.S. Bureau of Labor Statistics – Mental Health & Substance Use Social Workers](#)
- [Exploring Social Work Student Education: The effect of a harm reduction curriculum](#)
- [Guiding Principles for Workforce Development](#)





Questions or Comments?

Prompt Questions

1. What is something that stood out to you from the presentation and why?
2. What is one thing you want to learn more about through supervision and research after the presentation?
3. As a student, how do you see your role in advancing the behavioral health workforce? What are tools you need to feel successful and supported?
4. As a supervisor/field placement supervisor, what role do you feel you play in supporting students and the workforce? What tools do you need to help you do this?
5. As an instructor/professor, how is your role crucial in the support of students and field placements in advancing the behavioral health workforce?
6. Given the multiple roles everyone plays, what are some strategies you can all suggest to create strong partnerships and collaboration given mutually agreed upon goals of this work?





Thank you!