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Collaborative Policymaking in Action

Addressing Behavioral Health Workforce Shortages and Establishing State Resource Systems

A Mental Health Matters National Online Dialogue

Hosted by: The State Exchange on Employment & Disability (SEED), an initiative funded by the U.S. Department of Labor's Office of Disability Employment Policy.

Dates: March 10 - April 14, 2023

This national online dialogue was one of four in a series designed to inform the *Mental Health Matters: National Task Force on Workforce Mental Health Policy*. Through these dialogues, ePolicyWorks engaged targeted audiences and key stakeholders on four main priority areas, including:

- Parity, benefits and equal treatment in the workplace,
- Workplace care and supports,
- Underserved rural, racial and ethnic communities, and
- Behavioral health care workforce shortages and state resource systems.

Participants submitted ideas regarding how to ensure policies meet the needs of workers and jobseekers with mental health conditions. The following is a summary of recommendations on addressing behavioral health workforce shortages and establishing state resource systems. These recommendations will be used to inform the task force's development of resources and policy frameworks.

Participant Recommendations

Leverage community colleges to increase the capacity and diversity of the behavioral health workforce.

Dialogue participants noted that students at community colleges are among the most diverse in terms of race and ethnicity and socio-economic status. According to the American Association of Community Colleges, students enrolled for credit at a community college are more likely to be diverse, older and receiving some sort of financial aid. Research on strategies to recruit talent for health care professions, such as nursing, medicine and physician assistants, shows that partnerships with community colleges are a successful and important part of diversifying the workforce.

Encourage community colleges to recruit and expose students to behavioral health career opportunities.

Create incentives for students in community colleges to pursue behavioral health careers, such as student loan reimbursement programs.

Review the working conditions of behavioral health professionals to prevent providers from leaving the workforce.

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that more than 50 percent of behavioral health providers experience symptoms of mental health conditions due to work-related stress, low salaries, high student debt and excessive caseloads. Recognizing that these factors can put behavioral health workers at a high risk for burnout, dialogue participants made the following suggestions.

Limit the number of consecutive work hours permitted for behavioral health professionals and institute a state-approved maximum limit of patients per provider (in rural areas, consider travel distance limits, as well).

Confirm behavioral health workers receive appropriate benefits, including access to family and medical leave benefits.

Require that all behavioral health workers receive appropriate mental health crisis training.

Ensure workers' salaries are commensurate with providers' levels of education, training and experience.

Forgive behavioral health care workers' education loans.

Participants noted that many behavioral health care workers graduate with a large amount of student debt, which may impact their interest and ability to work with certain populations or in certain locations.

Fund debt forgiveness programs for behavioral health care workers

Incentivize behavioral health care workers who pursue employment with a government or not-for-profit mental health care provider instead of private practice (as these organizations often do not accept patient insurance).

Participant Recommendations

Consider licensure policy changes and improvements.

Aspiring behavioral health care professionals face burdensome state licensure and certification requirements due to assessment and program costs and discriminatory questions. To prevent people from being deterred from entering the profession, dialogue participants suggested the following:

Explore opportunities for interstate behavioral health licensure compacts to expand access to providers and job opportunities.

Direct state and national credentialing boards to explore disparities in testing outcomes and identify opportunities to eliminate those disparities.

Review and update licensure requirements for behavioral health positions to be less burdensome.

Enact legislation that creates pathways to licensure for immigrants and refugees with international credentials.

Mandate that licensure requirements for all health professionals include training/education on mental health to increase the capacity of these professionals to identify and support patients with mental health conditions.

Increase access to job opportunities for internationally trained immigrants and refugees.

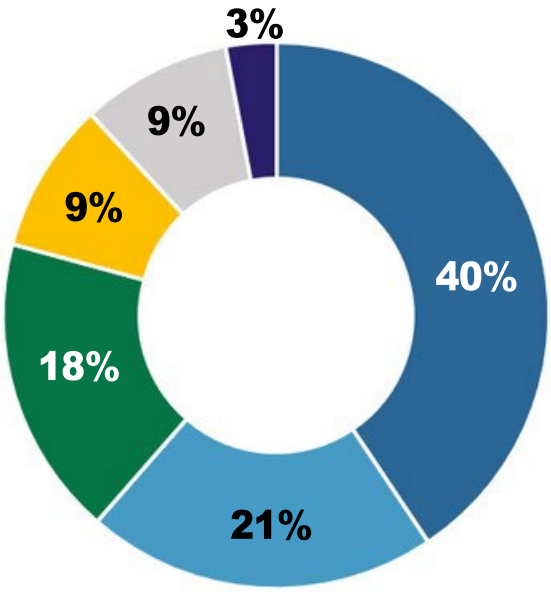
According to research by the Migration Policy Institute, approximately 1.2 million immigrants and refugees with behavioral health credentials earned abroad are unemployed or underemployed in the U.S. This includes nearly 270,000 underemployed immigrant health workers, 63 percent of whom earned their degrees in other countries. Participants suggested the following:

Fund and promote bridge training and programming for internationally certified behavioral health care professionals.

Expand financial support for immigrants and refugees with international health care credentials to resume their careers through apprenticeships, scholarships, grants and other “learn and earn” models.

Invest in English language instruction for adults who have met educational competency standards but need additional English language learning support to enter the behavioral health care workforce.

Participant Demographics

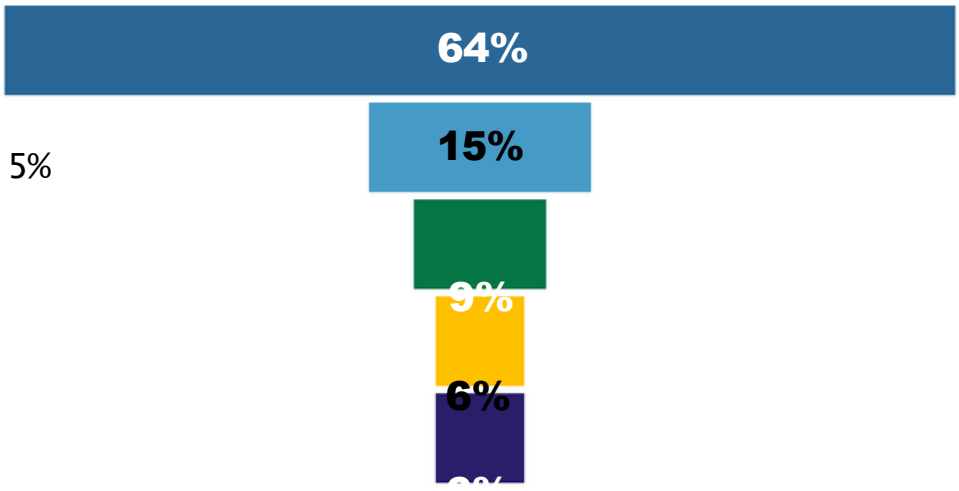


Stakeholder Group*

- Other - 40%
- Employee - 21%
- Policymaker - 18%
- Employer - 9%
- Caregiver - 9%
- Unemployed - 3%

Race/Ethnicity*

- White - 64%
- Black/African American - 15%
- Other - 9%
- Asian - 6%
- Middle Eastern - 6%



Mental Health Condition

- No - 47%
- Yes - 41%
- Did Not Disclose - 12%

*Respondents could select all that apply.

Many leading organizations, agencies and advocacy groups helped promote the dialogue and shared ideas and resources. These included, but are not limited to: