

Chapter 2

Behavioral Health Workforce Development in the United States

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ABSTRACT

Mental health and substance use conditions are among the most prominent causes of illness and disability in the U.S. Yet less than half of the individuals with these conditions receive treatment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011; Office of National Drug Control Policy [ONDCP], 2013). While there are many impediments to accessing care, the absence of a workforce that is of sufficient size and adequately trained is a significant factor (Olfson, 2016). This chapter provides an overview of the U.S. behavioral health workforce and describes seven strategic areas in which activity has been undertaken to strengthen it. The initiatives of the Annapolis Coalition on the Behavioral Health Workforce are presented to highlight these strategic areas, which include assessment and planning; competency identification and development; roles for persons in recovery and family members; integrated care and interprofessional collaboration; workforce development in substance use; diversity and cultural competency; and knowledge dissemination and adoption of best practices.

INTRODUCTION

By any measure, mental health and substance use problems and the efforts to prevent and treat them are major health issues within the U.S. Data from the federal government indicates that approximately

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45 million adults, or 1 in 5 within the population, experience a mental health condition annually. Yet less than 40% receive care for these conditions (SAMHSA, 2011). While substance use disorders are estimated to impact 10% of the U.S. population, or approximately 23 million individuals, specialty substance abuse treatment is being offered to just 1 in 10 of those individuals with a diagnosable condition (JAMA Network Journals, 2015; ONDCP, 2013). More specifically, in the last decade alone there has been a five-fold increase in deaths from heroin and a three-fold increase in deaths from prescription opioid pain relievers, with drug overdose now the number one cause of injury-related death in the U.S. (Hedegaard, Chen, & Warner, 2015).

While there are many factors that contribute to the gap between the number of individuals in the U.S. who have behavioral health conditions and the number receiving care, workforce issues appear to play a prominent role (Olfson, 2016). Difficulties recruiting and retaining a competent workforce, achieving workforce diversity, and assuring that the workforce delivers safe and effective services have been repeated sources of concern (Hoge et al, 2013).

The authors of this chapter have been addressing these issues in their role as leaders of the Annapolis Coalition on the Behavioral Health Workforce. The Coalition emerged over a decade ago from grass roots efforts to bring attention to and find solutions for the workforce crisis in this health care sector. It is a non-profit organization whose mission is to increase access to quality behavioral health care by improving the recruitment, retention, training, and performance of the mental health and addiction workforce.

The purpose of this chapter is to provide a brief overview of the behavioral health workforce in the U.S. and the educational and health care context in which it functions. With that information as background, a series of workforce strategies are reviewed, highlighting responses to key workforce challenges. The activities of the Annapolis Coalition are used to illustrate steps that have been undertaken to address these challenges. This information is supplemented by examples of the work of other groups and organizations in the country in addressing these challenges.

As the context for this review, it is important to note that, historically, there has been a clear distinction in the U.S. between the mental health workforce and the substance use workforce. This remains largely true today, though the boundaries have begun to blur given the emphasis on ensuring that all members of the workforce are competent to assess and treat persons with co-occurring mental and substance use conditions (SAMHSA, 2009). Many of the workforce challenges and workforce development strategies are common to the mental health and substance use fields, while they differ on numerous workforce dimensions. Therefore, these two fields are addressed together and, at times, separately in the analysis that follows.

BACKGROUND

The U.S. Behavioral Health Workforce

A recent primer on the mental health workforce published by the Congressional Research Service highlighted the lack of agreement within the U.S. about the composition and size of the mental health workforce, citing different definitions and statistics offered by SAMHSA, the Health Resources and Services Administration (HRSA), and the Institute of Medicine (IOM; Heisler & Bagalman, 2015). There does appear to be agreement on a set of core specialty mental health disciplines, which includes psychiatry, psychology, clinical social work, advanced practice psychiatric nursing, and mental health

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