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MHTTC

Mental Health Technology Transfer Center Network

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MHTTC Network: Addressing Mental Health Workforce Needs

The Mental Health Technology Transfer Center (MHTTC) Network disseminates free resources, training, and technical addressing workforce development across mental illness prevention, treatment, and recovery support. The Network includes ten regional centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office. Find your Center.[1]

MHTTC Workforce Development Working Group

Network-wide working groups bring together experts from each center on shared topics. The Workforce Development Working Group is made up of members from all regional and population specific MHTTCs. The mission is to identify and address mental health workforce shortages and other barriers to increasing access to mental health services. This includes offering and enhancing opportunities to increase the capacity of individuals who serve persons with mental illness to adopt evidence-based and culturally and linguistically appropriate services that improve the health and mental health outcomes of the clients, families, and communities they serve. This document defines the mental health workforce and workforce development, identifies major needs of the mental health workforce, and highlights projects of the MHTTC Network designed to address those needs.

Defining the Mental Health Workforce

The mental health workforce is inclusive of any individual whose work involves serving and/or supporting persons at risk for, living with, or recovering from a mental illness and their loved ones.

Mental Health Workforce Development

The goal of workforce development is to improve the mental health of individuals, families, and communities by ensuring that there is a workforce of appropriate size, composition, and competency to address mental health-related needs. There is consensus in the United States about the critical need to strengthen the mental health workforce. The MHTTC Network is committed to playing a key role in addressing that need.

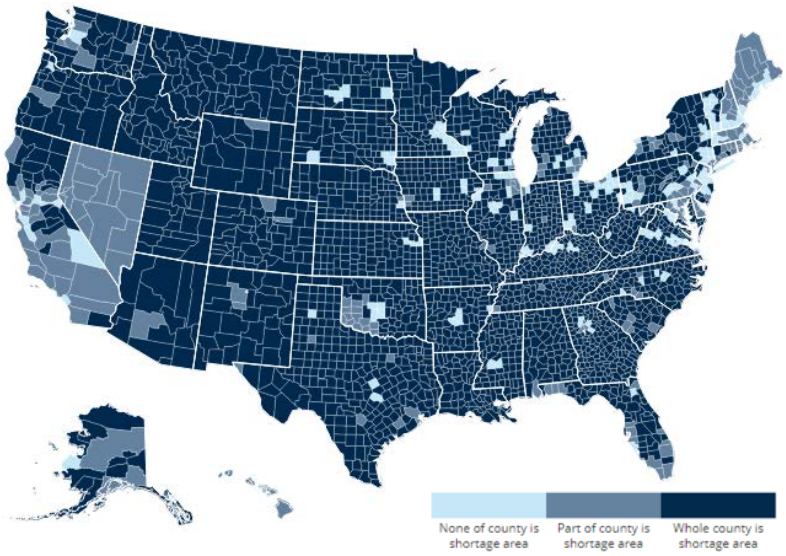
In addition to strengthening the workforce, efforts are being made to expand the mental health workforce to address an on-going workforce shortage, especially for underserved, and culturally and linguistically diverse populations. These individuals may be licensed to provide mental health services or may work in direct care roles that do not require licensure. This workforce includes those who provide mental health services or supports on a voluntary (unpaid) basis, or within the context of other roles (with or without a license). Examples include teachers, religious or spiritual advisors, traditional healers, community elders, emergency responders, law enforcement personnel, medical and dental care providers, coaches, crisis line workers, 12-step sponsors, and others who work to support individuals and families in maintaining, recovering, or expanding their mental health.

Snapshot: The Need to Address Mental Health Workforce Development

Research describes mental health provider shortages, as well as barriers to accessing evidence-based and culturally and linguistically responsive care among diverse subpopulations.

- As of September 30, 2019, an additional 6,166 practitioners were needed to remove mental health provider shortage designations in the U.S.[2]
- Roughly half of all mental healthcare for common psychiatric disorders is provided in primary care; 75% of adults with depression see primary care providers, but only half are accurately diagnosed.[3]
- In a survey of physicians, a majority felt confidence in managing clinical depression or anxiety disorders, and felt the least confident in managing serious mental illness.[4]
- Despite the demonstrated outcomes of evidence-based practices among certain populations, these practices have not been widely adopted in clinical practice.[5]
- A 2016 report projected the supply of workers in selected behavioral health professions to be approximately 250,000 workers short of the demand projections by 2025.[6]

Health Professional Shortage Areas (HPSAs): Mental Health by County, 2019[9]



Location[2]	Population Living in Mental Health HPSAs
American Samoa	55,009
Federated States of Micronesia	102,843
Guam	82,842
Marshall Islands	53,158
Northern Mariana Islands	53,366
Puerto Rico	1,661,225
Republic of Palau	10,762
U.S. Virgin Islands	100,142

- There is a need for training on addressing cultural and language barriers between patients and providers.[7]
- Providers need training on implementing integrated care models, management, and leadership development. There is a need to develop recruitment and retention strategies to incentivize practice in underserved areas.[7]

Goals of the Workforce Development Working Group

Working Group members produce products to publicize the work to the broader mental health workforce and maintain current, relevant, and accessible resources on our Workforce Development webpage.[8] In 2020-2021, the Working Group will:

- Develop a list of subject matter experts across subcategories of workforce development areas.
- Develop a universal assessment tool to determine the training and resource needs of current and developing mental health providers.
- Continue to review, and provide resources for, the Workforce Development webpage.
- Assess additional workforce needs to guide future efforts of the Working Group.

MHTTCs Responding to the Need

In response to the clear need to address mental health workforce development, the MHTTC Network has developed trainings, products, and communities of practice. Some of the specific efforts targeting mental health workforce development include:

- New England MHTTC organized and hosted a year-long learning collaborative on Person-Centered Recovery Planning.
- Northeast and Caribbean MHTTC provided virtual learning communities to enhance provision of clinical supervision, employment services, and housing services for people with mental illness.
- Central East MHTTC created and provided, in conjunction with the Annapolis Coalition on the Behavioral Health Workforce, a learning collaborative on recruitment and retention for provider organizations in Maryland and Pennsylvania.
- Southeast MHTTC provided a webinar series on recruitment and retention of the mental health workforce and another on evidence-based practices for people with serious mental illness, including suicide prevention and supported housing.
- Great Lakes MHTTC provided a workforce recruitment and retention learning collaborative for Ohio-based providers inclusive of in-person training and ongoing coaching calls.
- South Southwest MHTTC developed a Peer Workforce Organizational Retention Assessment to identify individualized technical assistance and consultation opportunities regarding processes for improving peer staff retention in organizations.
- Mid-America MHTTC lead the development of a weekly online series for providers who are unfamiliar with telehealth. Recordings of the presentations as well as additional resources are posted on their website for *Telehealth Learning & Consultation Tuesdays*.
- Mountain Plains MHTTC developed one webinar series on rural mental health disparities and workforce implications and an additional series on training the existing mental health workforce to meet the needs of agricultural workers.
- Pacific Southwest MHTTC provided long distance learning and on-site training modalities focused on workforce diversity development.
- Northwest MHTTC created an online foundational course, and then provided in-person training and ongoing technical assistance to implement cognitive behavioral therapy for psychosis.
- The National American Indian and Alaska Native MHTTC implemented Healing the Returning Warrior, a webinar series and curriculum to train trainers, for professionals treating Native Veterans with post-traumatic stress disorder (PTSD).
- The National Hispanic and Latino MHTTC developed and disseminated two curricula on cultural and clinical applications for reducing health disparities in services, and enhancing culturally sensitive skills of the workforce treating Hispanic and Latinos with a mental health disorder.

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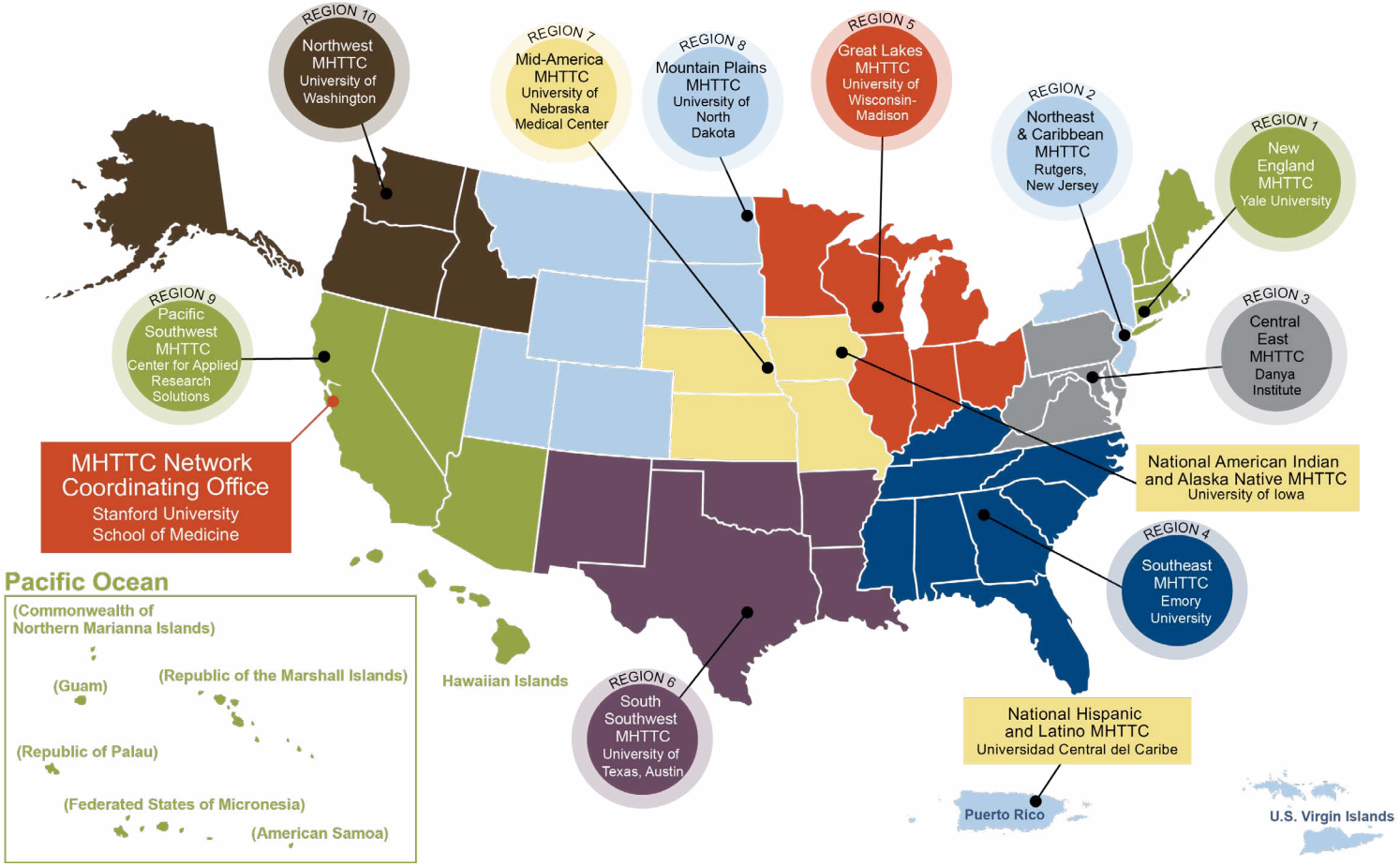

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Citations

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