

Mental Health Workforce Conference Break-Out Groups

Professional Education and Training

Needs and Issues in Texas

Professional education and training needs vary by discipline, by urban/rural locale, and for different types of organizations. Common concerns are:

- The need to develop a pipeline in elementary and secondary schools for students interested in health and human services professions.
- There is no centralized education authority to ensure unnecessary duplication or appropriate distribution of higher education training programs across the state.
- There is a serious shortage of mental health professionals in specific disciplines (e.g., child psychiatrists).
- Training non-mental health professionals who, by nature of their jobs (e.g., child care workers, police officers), could assist people needing help to get services.
- Providing better training for primary care physicians and the means to reimburse them for the mental health care they provide.
- Educating students to embrace the mental illness recovery model.
- Training in evidence-based practices is absent in some curricula.
- There is a significant lag in disseminating innovation into the field – a gap between research and practice.
- The need to train students who want to work in rural areas and with populations of color.
- The lack of available career ladders.
- The overall need to produce significantly more professionals and paraprofessionals to meet the need in Texas.

Potential Next Steps

- Better utilize community colleges.
- Train across disciplines and service systems.
- Use consumers and family members to train professionals.
- Promote distance learning and better use of technology.
- Change curriculum to promote training in evidence-based practices and competency-based learning.
- Promote employer flexibility to support employee professional development (e.g., release time for employee continuing education).
- Develop curriculum and credentialing process for front-line mental health workers.

Recruitment and Retention

Needs and Issues in Texas

- There is a serious shortage of mental health workers.
 - The mental health workforce is aging.
 - The mental health workforce is insufficiently diverse in all ways, not just in terms of ethnicity.
 - There is not a sustained effort to develop a non-traditional base of potential workers of the future, such as consumers and family members and the faith-based community.
 - Mental health is a stigmatized, low-prestige profession, especially the public mental health system.
- Nonprofit organizations have great difficulty retaining mental health workers.
 - Burnout is a common problem.
 - Salaries are insufficient to attract and retain talented mental health workers, especially in rural areas.
 - Mental health workers have limited opportunities for advancement in their organizations.
 - Mental health workers lack quality supervision and peer support.
- The mental health business model is inflexible and unhelpful.
 - Payment is not oriented toward “payment for performance.”
- Leadership is particularly lacking.
 - Agency leadership is disheartened.
 - Experienced leadership is aging and close to retirement.
 - Emerging leaders are not being identified and professionally nurtured.
 - There are no training tracks for leadership.
- Academia is not producing graduates with the skills needed for today’s work.
 - Higher education curricula change is difficult.
 - There is an erosion of communication between higher education and the public mental health sector.
 - More research should be applied – that is, oriented towards practical impact in the real world.
 - Faculty are not rewarded for involvement in community initiatives.

Potential Next Steps:

- Nurture the development of a non-traditional workforce.
- Increase the number of diverse people, including persons of color, entering mental health professions.
- Support a rural workforce development initiative like Alaska’s.
- Consider recruitment of potential “second career” employees, as have the education and substance abuse treatment fields.
- Work with students in kindergarten through college to promote mental health professions and to combat stigma.
- Survey front-line staff to better understand the changes in work conditions and incentives that could improve employee retention.

- Promote the use of new incentive and compensation models, such as flexible scheduling and promoting from within, to increase workers' satisfaction and retention.
- Promote Individual Development Accounts (employee funds matched by employers), to support on-going professional development.
- Use older, more experienced workers as mentors in recognition of their contributions and skills.
- Provide leadership and management training to providers.
- Assist the Texas Legislature in understanding its role in workforce development.
- Work with the Texas Legislature on changes in compensation and reimbursement.
- Solicit business community involvement to help improve healthcare financing and delivery.
- Build the business case for expanding the mental health workforce, demonstrating the costs of untreated mental illness and workforce shortages.
- Actively reach out to existing training programs
- Develop a strong provider-academia linkage (to include consumers, families, business, professional associations, and other stakeholders) to produce knowledgeable students with increased core competencies.
- Support interdisciplinary academic training and include consumers and family members as teachers.

Cultural and Linguistic Diversity

Needs and Issues in Texas

- Many more bilingual mental health therapists are needed to serve Texans whose primary language is one other than English.
- There are insufficient numbers of mental health professionals of color representing the populations of the state.
- Cultural attitudes toward mental illness and low pay for mental health professionals serve as disincentives for some students of color attracted to the field.
- Effective training on cultural and linguistic competence is not widely available or utilized.
- The emphasis on the use of evidence-based practice treatments raises concerns about the lack of participation among populations of color in clinical trials.
- Agencies need to change from the top to the bottom in order to become more culturally competent.
- Providers need to partner with families in order to better serve children and adults with mental health needs.
- Many parts of the state lack professional training opportunities in mental health; as a result, students move elsewhere to train and many do not return to their home community to live and work.
- In some cultures, the Western notion of mental illness is not an acceptable concept and therefore people seek help from physicians, friends, or the faith community rather than from the specialty mental health sector.
- Because of misunderstandings about mental illness, people do not seek services until they are in crisis.
- There are insufficient numbers of translators or interpreters who are trained to work in mental health settings.
- There are structural barriers to professional training for minorities, such as the lack of scholarship support.
- “Cultural competence” is not uniformly defined and there are no common curricula for training purposes.

Potential Next Steps

- Develop models of effective cultural competence training.
- Utilize distance learning strategies to broaden access to training.
- Encourage the Texas Education Agency to develop curriculum on mental health for use in elementary and high schools and include mental health in public education efforts to encourage students to enter health professions.
- Partner with Area Health Education Centers to increase student access to information about mental health careers.
- As did Alaska, get Texas universities involved in minority workforce development and the training of paraprofessionals.
- Increase scholarship support to attract students of color to mental health professional training.
- Encourage communities to support talented students in their professional training so they will be more likely to return home to work.

“Prosumers” and Paraprofessional Employees

Needs and Issues in Texas

- Consumers and family members are not well utilized as a workforce resource.
 - The level of jobs available to consumers is very low.
 - Consumers must be credentialed to work at a higher level and no such process currently exists.
 - There are several evidence-based peer mentor employment models (e.g., Georgia Peer to Peer Program; Fairweather Lodge) that are available but not being used.
 - The stigma of mental illness continues to negatively affect consumer employment.
 - There are concerns that consumer-employees in the public mental health system can no longer be advocates; that employment may actually reduce their strengths.
 - Medicaid limits consumers’ ability to be gainfully employed (SSI limitations).
 - Employment for adult consumers is an integral part of recovery.

- Colleges are not teaching students new ways of thinking about consumer and family issues.

Potential Next Steps

- There must be a paradigm shift to fully recognize and include consumers and family members in the mental health workforce.
- Finances must support the use of consumers and paraprofessionals.
 - Community mental health centers will continue to have a fiscal disincentive to hire consumers and family members as long as their work cannot be reimbursed.
 - Revise the Medicaid Rehabilitation program to reimburse certified consumers and family members as employees. The Texas Mental Health Consumers in Dallas is developing a consumer certification process.
 - Focus more on the transition from school to work and supported employment by using state and federal Block Grant funds set-asides for this purpose.
 - “Individual Development Accounts” that provide 2-1 matching funds for supported employment are not being used in Texas.
 - There is potential for community college/AA degrees (ex: Bastrop NAMI curriculum-based programs that provide dual high school-community college credit) to credential new workers, including consumers/family members.
 - Support competency-based training and credentialing initiatives (e.g., Texas Association for Infant Mental Health) and gradually build in steps to require competency-based training in state licensure.
- In rural areas, “necessity as the mother of invention” may create opportunities or provide flexibility for new ideas.

- Some areas of Texas are very large. Explore the use of “hub and spoke” approaches to promote training and services.
- Use technology and distance learning strategies like Alaska’s that help “grow your own” to increase resources for staff and increase access to services.
- In the Alaska initiative, employers supported their employees’ professional development through time off for classes, career ladders, etc.
- Certify mental health technicians (as has California) which could be particularly helpful for rural areas.
- The National Association for Rural Mental Health is focusing on: 1) how to use evidence-based practices when there is inadequate workforce; 2) diversity in order to be cultural competent; 3) “grow your own” approaches necessary to keep rural young people in communities.
- Use the faith-based resources and laypeople to increase access to care and help identify, support, and maintain consumers.
 - A recent African-American conference in Austin for consumers and families had significant participation by the faith-based community, many of whom receive state and federal funds.
 - Example: a new distance learning Ph.D in Pastoral Counseling for African-American churches.
- To change important policies, business, government, insurance, providers, consumers, and community leaders all must be involved.
 - Bring business to the table so they will understand the economics of the issues involved.
 - Bring the entire community to the table so we do not continue “singing to the choir.”
 - Business will come as long as mental health parity is not discussed, but parity needs to be discussed within a business case economic impact context.
 - The Hogg Foundation could play a role in convening a workgroup to tackle issues facing business leaders.

Continuing Education

Needs and Issues in Texas

- Training for three distinct groups:
 - Mental health professionals under purview of regulatory board and professional organizations
 - Other mental health professionals, paraprofessionals, and consumer/family providers
 - Other professional in regular contact with children (teachers, daycare providers, PCPs, juvenile court personnel)
- Continuing education must include:
 - Training in evidence-based practices
 - Competency-based training and assessment
 - Training using proven learning methodologies (not just talking heads)
 - Ongoing supervision to help integrate new skills into practice (but clinical supervision is not reimbursable, creating a deterrent to best practices and professional development)
- Technology can increase access to effective continuing education but it has limitations and there are barriers to its use (e.g., limitations from professional organizations such as APA).
- Web-based training resources are currently limited
- Role of regulatory boards has expanded, but they are not well-situated to do good professional development management (due to lack of capacity and regulatory restrictions) as opposed to professional organizations
- Continuing education is tasked with making up for deficiencies in higher education

Potential Next Steps

- Use research to support training requirements.
- Create incentives for competency-based training through special recognition or extra credit.
- Identify incentives for acquiring evidence-based training.
- Encourage organizations and individuals paying for continuing education to screen for quality of continuing education provided, not just whether provider is on approved list.
- Use training to incorporate consumers and family members as providers in evidence-based ways.