



**Hogg Foundation for Mental Health**

*SERVICES, RESEARCH, POLICY, AND EDUCATION*

# **The Mental Health Workforce in Texas: A Snapshot of the Issues**

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## **Abstract**

Texas is in urgent need of more well-trained and supported mental health professionals. The majority of the state's counties are characterized by a shortage of mental health professionals, with declines in supply in recent years most notably affecting rural areas. Both leaders of Texas state agencies and community healthcare organizations report extensive problems in recruitment and retention and insufficient training capacity. Existing supply gaps in mental health providers are likely to increase as an aging workforce begins to retire and job availability for mental health professions increases. Despite the number of Texas universities offering professional education in mental health fields, insufficient attempts are being made to research and promote organized and widespread recruitment and retention activities. People of color are underrepresented in mental health professions, and Texas appears to be lacking in effective racial and culturally diverse recruitment in the mental health professions. This snapshot of the current state of the Texas mental health workforce provides preliminary information to highlight issues that key stakeholders--professionals, employers, higher education, consumers of services, and licensing boards, among others--must address to assure the availability of a qualified mental health workforce.

## **The Mental Health Workforce in Texas: A Snapshot of the Issues<sup>i</sup>**

Access to effective mental health treatment is contingent upon the availability of a qualified mental health workforce. Recent reports from the Institute of Medicine<sup>1</sup>, the President's New Freedom Commission on Mental Health<sup>2</sup>, and the Annapolis Coalition on the Behavioral Health Workforce<sup>3</sup> have identified critical mental health workforce issues common among states that influence access to effective treatment, including: (a) a shortage of workers across professional disciplines, especially in rural areas; (b) difficulties recruiting new workers and retaining qualified staff; (c) the lack of diversity and cultural and linguistic expertise among the existing workforce; (d) outdated educational content and teaching methods in professional and continuing education; and (e) insufficient data to inform workforce planning.

The most pressing issues facing the national mental health workforce are related to the supply, training, and retention of qualified professionals. The Annapolis Coalition on the Behavioral Health Workforce, a non-profit national organization whose purpose is to build national momentum to address the mental health workforce crisis and to promote improvements in the training and education of the workforce, has described the present status of mental health workforce issues:

There is substantial and alarming evidence that the current workforce lacks adequate support to function effectively and is largely unable to deliver care of proven effectiveness in partnership with the people who need services. There is equally compelling evidence of an anemic pipeline of new recruits to meet the complex behavioral health needs of the growing and increasingly diverse population in this country. The improvement of care and the transformation of systems of care depend entirely on a workforce that is adequate in size and effectively trained and supported. Urgent attention to this crisis is essential.<sup>4</sup>

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<sup>i</sup> The Hogg Foundation is indebted to John Morris of the Annapolis Coalition on the Behavioral Healthcare Workforce, the staff of the Center for Health Statistics, Texas Department of State Health Services, and numerous other individuals in Texas who provided invaluable assistance in the development of this paper. Debbie Berndt, program officer for the Foundation, researched and wrote the report.

These issues are echoed by Texas state agencies and community organizations. Leaders of state mental health, health, human services, criminal justice, and education agencies that serve people with mental illness describe extensive problems, including high turnover rates and retirements and insufficient training capacity for their staff.<sup>5</sup> Communities confirm these concerns. A 2006 survey of hospitals, health clinics, and healthcare providers in seven small communities in Texas identified mental health professionals as being the provider type most lacking in their communities.<sup>6</sup>

Using a wide variety of readily available public data sources and some key informant interviews, this paper provides a snapshot of the mental health workforce in Texas. Emphasized issues include personnel supply and distribution, supply gap trends, recruitment and retention, cultural and linguistic diversity, and the challenges facing professional and continuing education. The review provides sources of critical Texas mental health data and Texas workforce planning initiatives. It discusses preliminary findings on current efforts to address mental health workforce issues in the state and highlights issues that key stakeholders--professionals, employers, higher education, consumers of services, and licensing boards, among others--must address to assure the availability of a qualified mental health workforce.

### ***Workforce Shortages and Misdistribution***

Current and projected mental health workforce shortages are widely reported nationally<sup>7</sup> and in Texas.<sup>8</sup> Existing research indicates mental healthcare workforce shortages in the majority of counties in Texas, especially affecting rural communities. However, there is no commonly accepted, objective approach to quantify workforce needs.

One way to examine workforce capacity is through the number of counties designated as Health Professional Shortage Areas (HPSAs). HPSAs are geographic areas recognized by the Department of State Health Services as having an acute shortage of health care professionals. A designation permits provider reimbursement and student scholarship and loan incentives in order to

attract professionals to work in the county.<sup>9</sup> In 2006, 184 of the 254 counties in Texas, 72 percent, were designated as Health Professional Shortage Areas for mental health purposes.<sup>10</sup>

Another way to evaluate Texas' capacity is to compare the supply ratio [i.e., the number of professionals per 100,000 population] against that of other states and to examine supply trends within the state over time. Mental healthcare is provided by a wide range of licensed professionals such as psychiatrists, psychologists, primary care physicians, social workers, psychiatric nurses, and a variety of types of counselors, as well as paraprofessionals like psychiatric technicians. Additionally, peer specialists [i.e., persons in recovery and their family members] may provide support services to persons in treatment and their families. A recent review of the supply of various types of mental health professionals in Texas<sup>11</sup> revealed the following about specific mental health professions.<sup>ii</sup>

#### *Psychiatrists*

There were 1,488 general and child psychiatrists in Texas in 2005. The supply ratio of psychiatrists per 100,000 population declined from 6.8 in 1990 to 5.6 in 2005. By way of comparison, 2004 supply ratios among the states ranged from 1.11 in Louisiana to 22.5 in Vermont.<sup>12</sup> Most psychiatrists working in Texas are located in the major urban areas of Houston, Dallas, Austin, and San Antonio and in less populated counties containing state psychiatric hospitals. There are 181 counties (71 percent of all counties) with no psychiatrists at all and very few psychiatrists in West Texas or along the border. The supply ratio is 6.1 in urban counties as compared to 2.6 in rural counties. The border rural area ratio is 1.1.

The scarcity of child psychiatrists in Texas is even more acute. In 2005, there were 190 child psychiatrists practicing in Texas, a supply ratio of 2.9 per 100,000 children ages 0-18.

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<sup>ii</sup> For more detailed information about Texas urban, rural, and border distributions, see Texas Department of State Health Services, Center for Health Statistics. (2006a). *Highlights: The supply of mental health professionals in Texas*. Retrieved March 9, 2007 from <http://www.dshs.state.tx.us/chs/hprc.MHHgho5.pdf>

Non-psychiatric primary care physicians play a significant role in the provision of mental health care for those who prefer to be treated in a medical setting or who otherwise lack access to mental health treatment.<sup>13iii</sup> In 2005, the primary care physician supply in Texas metropolitan areas (71 per 100,000) was within the national benchmark of 60-80 per 100,000.<sup>14</sup> However, the ratio in rural areas (53) was well below the benchmark. The rural border region supply ratio was 45. Twenty-seven counties (10.6 percent of counties) had no primary care physician in 2005 and 16 counties (six percent) had only one physician.<sup>15</sup>

### *Psychologists*

In 2005, there were 5,567 licensed doctoral level psychologists in Texas. The supply ratio of psychologists per 100,000 population declined slightly from 24.8 in 1999 to 24.2 in 2005. In the major urban areas, the supply ratio was 26.3 while it was 10.3 in rural areas. In 2005, 112 counties (44 percent) had no psychologists. Supply ratios in 2004 among the states ranged from 10.60 in Alabama to 78.3 in Delaware.<sup>16</sup> Among the five states with the largest populations, Texas has the lowest supply ratio at 24.2, with New York at 49.9, Illinois at 43.3, California at 40.4, and Florida at 27.1.<sup>17</sup>

### *Social workers*

Nationally, social workers are the largest group of licensed mental health providers,<sup>18</sup> and this is also true in Texas. In 2005, there were 15,687 licensed social workers in the state. While the number of social workers has increased in recent years, the supply ratio has declined from 73.9 in 1999 to 68.2 in 2005. As with other health professionals, the supply is most scarce in rural West and South Texas and in the Panhandle. While urban counties had a 71.7 supply ratio, in rural counties the ratio was 45.1 per 100,000, 61.0 in border counties and 34.8 in rural border counties. Forty-six counties (18 percent) had no social workers. 2004 rates among the states ranged from 40.7 in Rhode Island to 351.5 in

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<sup>iii</sup> The Hogg Foundation for Mental Health has invested in a major initiative to determine how to best address the barriers that inhibit the implementation of effective integrated care in Texas. Further information is available at [www.hogg.utexas.edu/programs\\_ihc.html](http://www.hogg.utexas.edu/programs_ihc.html).

Maine. Among the five states with the largest populations, Texas has the lowest supply ratio at 68.2, with New York at 188.1, Illinois at 164.4, California at 124.7, and Florida at 109.4.<sup>19</sup>

#### *Licensed professional counselors*

There were 10,896 Texas Licensed Professional Counselors (LPCs) in 2005. The supply of LPCs has declined somewhat in recent years, from 48.5 per 100,000 in 2001 to 47.4 per 100,000 in 2005. The ratio varies from 49.9 in urban counties to 24.2 in rural border counties. National supply data for LPCs are not available.

#### *Psychiatric nurses*

In 2005, there were 4,602 psychiatric nurses in Texas. The supply of psychiatric nurses has dropped steadily from 1990 to 2005, a ratio change of 31.0 per 100,000 to 20.0 per 100,000. Urban counties continue their advantage, with 20.4 per 100,000 compared with the rural rate of 17.2. National supply data are not readily available.

#### *Licensed chemical dependency counselors*

In 2005, there were 4,186 Licensed Chemical Dependency Counselors (LCDCs) in Texas. The supply of LCDCs declined from 22.3 per 100,000 in 2002 to 18.2 in 2005. Seventy counties (27 percent of all counties) had no LCDCs. National supply data are not readily available.

#### *Marriage and family therapists*

There were 2,790 Marriage and Family Therapists in 2005. The supply of marriage and family therapists has declined from 16.1 in 1998 to 12.1 in 2005. The urban/rural distribution pattern persists, with a 13.1 ratio in urban counties and a 5.7 ratio in rural counties. National supply data are not readily available.

#### *Psychiatric Technicians*

Although they make up the largest workforce by far, paraprofessional staff that provide direct care and rehabilitative services to users of mental health treatment in community and inpatient settings

are not credentialed in Texas. Therefore, data on the number of people working in these positions are not available.

*Peer specialists*

There is a growing movement, nationally and within the state, to utilize consumers of mental health services who are in recovery and family members to provide support and assistance to persons in treatment. Two advocacy organizations, the Texas Mental Health Consumers and the Depression and Bipolar Support Alliance Texas, are engaged in efforts to train and credential consumers and family members as peer specialists.<sup>20</sup> The state does not gather data on the number of peer specialists working in the state.

*Supply Gap Trends*

The supply gap in mental health providers is likely to become even wider in the near future as the aging workforce begins to retire and fewer people are entering the profession. The average age of mental health professionals in Texas in 2005 was as follows:<sup>21</sup>

**Table 1**  
*Average age of mental health professionals in Texas in 2005*

<b>Profession</b>	<b>Age</b>
Psychiatrists	52.9
Psychologists	unavailable
Social Workers	46.3
Licensed Professional Counselors	53.4
Marriage and Family Therapists	56.1
Psychiatric Nurses	51.8
Primary Care Physicians	46

*Note.* Data on age of average retirement among the professions are not available.

The Texas Workforce Commission has projected growth in job availability for selected mental health-related professions between the years 2002-2012 as follows:<sup>22</sup>

**Table 2*****Projected growth in job availability for mental health professions between 2002-2012***

<b>Profession</b>	<b>Growth rate</b>	<b>2002 Average Annual Employment</b>	<b>Projected 2012 Average Annual Employment</b>
Psychiatrists	20 percent	1,250	1,500
Mental Health and Substance Abuse Social Workers	26.2 percent	4,200	5,300
Mental Health Counselors	22.9 percent	2,400	2,950
Psychiatric Technicians	34 percent	17,500	23,450

It appears likely that in the near future, retirement rates will exceed job growth rates.

***Recruitment and Retention***

Recruitment involves attracting people to train in the mental health professions as well as employer efforts to hire people to provide services. Retention refers to attempts to keep employees from leaving an organization or the field of mental health care. The ability to enter the mental health professions is contingent upon the capacity of institutions of higher education to train students. The number of Texas universities offering professional education in psychology, counseling, and social work,<sup>23</sup> and psychiatry<sup>24</sup> is as follows:

**Table 3*****Number of Texas Colleges and Universities Offering Mental Health Professional Education in 2007***

<b>Academic</b>	<b>Programs</b>			<b>Residency Training</b>
	<b>Bachelor</b>	<b>Master</b>	<b>Doctoral</b>	
Psychiatric Residency Training	N/A	N/A	N/A	10 (9 university-based, 1 hospital-based)
Psychology	36	31	13	N/A
Social Work	19	7	3	N/A
Substance Abuse Counseling	1	N/A	N/A	N/A
Marriage and Family Counseling	N/A	4	2	N/A

In 2005, Texas universities graduated 30 doctoral level psychologists, 661 Master's degree social workers, and 186 Master's degree psychologists.<sup>25</sup> Sixty-eight physicians completed a psychiatric residency that year.<sup>26</sup>

Texas imports more psychiatrists from out of state than it graduates from its medical schools.<sup>27</sup> In 2003, legislative appropriations which supported psychiatric residency training through state psychiatric facilities were eliminated.<sup>28</sup> In 2004, Texas had 364 approved slots for psychiatry residencies but only 273 residency slots were filled.<sup>29</sup> However, additional funding for residencies may not increase the number of psychiatrists. There may be a lack of domestic interest in pursuing a career in mental health among medical students. Nationally, there are about 1,200 internship slots in psychiatry; about one-half of those openings are filled by students who graduated from medical schools from outside this country.<sup>30</sup>

Texas state agencies that serve persons with mental health disorders consistently report difficulties recruiting mental health professionals (especially in rural areas) as well as other employees who serve persons with mental disorders such as teachers, probation officers, and caseworkers.<sup>31</sup> Social work positions in the mental health area are more difficult to fill than vacancies in other areas of social work.<sup>32</sup> It has been suggested that the problem, at least in urban areas, is not so much a shortage of professionals as having professionals who are willing to work for the salaries offered.<sup>33</sup>

Information on efforts by the professional associations representing mental health practitioners to attract students to the field is not readily available. However, the Texas chapter of the National Association of Social Workers has recently adopted the national 2006 Social Work Reinvestment Initiative which outlines a number of strategies to address workforce development, including the need to conduct and disseminate research findings that examine factors that affect recruitment and retention.<sup>34</sup>

Formal efforts in Texas to attract high school and college students into mental health-related professional training programs do not appear to be widespread. A notable exception, however, are the Texas Area Health Education Centers (AHECs). AHECs were established by Congress in 1971 to recruit and train health professionals in underserved communities. There are three AHEC programs in Texas, each with several, county-based centers, located in West Texas: Texas Tech University Health Science Center, South Texas: The University of Texas Health Science Center at San Antonio, and East Texas: The University of Texas Medical Branch at Galveston.<sup>35</sup> Mental health-related activities are specifically included within their scope of work. For example, students are provided information about mental health careers (e.g., [www.texashotjobs.org](http://www.texashotjobs.org)) and provided community-based educational placements in mental health settings. The AHECs also help communities recruit and retain mental health professionals.<sup>36</sup>

Studies on retention among mental health professionals are limited in number and scope. Among the studies, the turnover rate ranged from a low of 13.2 percent in a residential treatment facility to a high of 72.6 percent in a community mental health organization.<sup>37</sup> Better data are available for substance use treatment professionals. One national study found that the average turnover rate among such professionals is 18.5 percent, far exceeding the average annual turnover rates of teachers (13 percent) and nurses (12 percent).<sup>38</sup>

Anecdotally, public and private mental health employers in Texas express serious concerns regarding turnover and retention among their workers. In 2006, the Department of State Health Services' state psychiatric hospitals had a 17 percent turnover rate among social workers, a 20.3 percent turnover among psychiatric nurses, a 13.9 percent turnover among psychiatrists, and a 13.5 percent turnover among psychologists.<sup>39</sup> Statewide data on retention rates among the professions or on specific initiatives to retain mental health workers are not available.

***Cultural and Linguistic Diversity***

The disparities that racial and ethnic minorities face in accessing quality healthcare are well documented.<sup>40</sup> Though many factors contribute to this problem, the lack of minority representation in professional training programs and in the workforce is an important factor. A 2001 Surgeon General’s report on mental health stated that “Racial and ethnic minorities continue to be badly underrepresented, relative to their proportion of the U.S. population, within the core mental health professions – psychiatry, psychology, and social work, counseling, and psychiatric nursing.”<sup>41</sup>

A comparison of the racial and ethnic makeup of Texas<sup>42</sup> and that of the national mental health workforce<sup>43</sup> reveals the following:<sup>iv</sup>

**Table 4**  
***2006 Comparison of Racial / Ethnic Composition of Texas with National Mental Health Workforce***

<b>Race/Ethnicity</b>	<b>Texas Population</b>	<b>National Mental Health Workforce Percentage</b>
White	49.2 percent	Psychiatrists: 75.7 percent Psychologists: 94.7 percent Social Workers: 85.1 percent Counselors: 80 percent Marriage and Family Therapists: 91.5 percent Psychiatric Nurses: 90.2 percent
Hispanic	35.1 percent	Not available
African American	11.2 percent	Not available
Other	4.5 percent	Not available

In 2004, African-Americans represented 11 percent of the population nationally, but only 7 percent of psychology doctoral degree recipients. Hispanics represented 13 percent of the population, but only 6 percent of the doctoral psychology degree recipients.<sup>44</sup> However, between 1995 - 2005, the percentage of Hispanic psychiatrists in Texas increased from 10.4 percent to 12.8 percent of the psychiatry workforce,<sup>45</sup> perhaps due to recruitment efforts.

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<sup>iv</sup> Unfortunately, complete race/ethnicity data on mental health professionals working in Texas are not available.

Guided by the Texas Higher Education Coordinating Board’s “Uniform Recruitment and Retention Strategy,” some universities are making significant efforts to recruit minority and underrepresented students. The University of Texas Medical Branch (UTMB), for example, has a strategic plan to attract such students to healthcare careers. UTMB has partnered with community outreach programs and K-12 schools to educate minority students about careers in the health professions. It also has a number of programs to support minority pre-med, nursing, and medical students.<sup>46</sup> Although these activities are not specific to mental health, they provide an example of a comprehensive approach to increase capacity of mental health professionals of color.

A review of a sample of major Texas university departments of psychology and social work did not find mental health specific recruitment programs targeting students of color. However, in 2000 the Texas A & M School Psychology Program received the American Psychological Association Suinn Minority Achievement Award for having awarded one-quarter of the school’s doctorates to students of color.<sup>47</sup> The department’s Doctoral Training Grants focus on recruiting bilingual school psychologists. The state’s universities that have historically served students of color, such as Texas Southern University and Prairie View A & M University, have graduate degree programs in the mental health professions. Sixty-seven percent of Prairie View A & M’s 2006 graduate class in psychology were persons of color.<sup>48</sup>

Given the diversity of languages spoken in the state, the need for translators and interpreters trained to work in mental health settings is growing. Texas does not certify interpreters to work in medical settings.<sup>49</sup> However, the Texas Department of State Health Services has policies and procedures regarding the use of translators and interpreters for persons with limited English proficiency in the public mental health system. In addition, the University of North Texas Health Science Center, School of Public Health, has established a master’s level Health Interpreting and

Health Applied Linguistics program to prepare students to become professional health interpreters and leaders in health applied linguistics.<sup>50</sup>

Community-based mental health organizations are contributing to the effort to increase cultural competency among the workforce. Recently, the Houston-based Asian American Family Services introduced the Stanley Sue Center for Cultural Competency to provide training for graduate students and working mental health professionals. The Center will also partner with universities in the Houston area to recruit more Asian-American graduate students to work in the field.<sup>51</sup>

In addition to the need for a more diverse workforce, the existing workforce must be trained to provide culturally competent services.<sup>v</sup> In recent years, many mental health provider organizations in the state have required employees to obtain cultural competence training. As there are no uniform standards and little outcome measurement regarding cultural competency training, the benefit to people of color served is unknown.

### ***Professional and Continuing Education***

A recent Institute of Medicine (IOM) report catalogues a long history of initiatives to improve the mental health workforce.<sup>52</sup> Referencing experts in the training of mental health professionals, the report details deficiencies in graduate education, including insufficient attention to scientific, evidence-based treatment or guidelines, lack of inter-disciplinary training, and reluctance to embrace competency-based training.<sup>53</sup> The IOM notes that in general, mental health and substance use professionals are trained the way they have been for many years.<sup>54</sup> Employers lament that “recent graduates of professional training programs are unprepared for the realities of practice in real-world settings, or worse, have to unlearn an array of attitudes, assumptions, and practices developed during graduate training that hinder their ability to function.”<sup>55</sup>

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<sup>v</sup> The Hogg Foundation for Mental Health is partnering with community mental health providers to support their adaptation of evidence-based mental health treatments to reflect the cultures of the populations served. Information is available at [www.hogg.utexas.edu/programs\\_cc.html](http://www.hogg.utexas.edu/programs_cc.html).

The current status of Texas higher education’s efforts to address the deficiencies described by the IOM is unknown. However, the University of Texas at Austin School of Social Work has recently convened a meeting of university schools and departments of social work in the state to start a dialogue regarding the teaching of evidence-based practices in social work curricula.<sup>56</sup>

After becoming licensed, mental health professionals are required to obtain annual continuing education credits. There are few guidelines as to the content of the continuing education that must be acquired. For example, the Texas State Board of Examiners of Psychologists requires that psychologists in Texas take 12 hours of CEUs annually, three of which must be related to ethics, Board’s Rules of Conduct, or professional responsibility.<sup>57</sup> According to the IOM, “the general absence of standards or guidelines regarding content raises concern that many practitioners may never become educated about critical, emerging issues in the field.”<sup>58</sup> The IOM adds that “continuing education for all segments of the workforce tends to rely on single-session, didactic approaches which have proven ineffective in changing workforce practice patterns.”<sup>59</sup>

An analysis of both initial and continuing education training opportunities for mental health professionals in Texas would provide a valuable baseline for a further dialogue about the current curricula, teaching methods, and their relationship to licensing and accreditation standards.

### ***Workforce Data and Planning***

Effective workforce development requires valid data. There are several sources of mental health workforce data in Texas:

1. The Center for Health Statistics, Texas Department of State Health Services, collects, analyzes, and disseminates health information for policy development. It publishes demographic, supply, and employment information related to health professions, including mental health professions.<sup>60</sup>

2. The Texas Higher Education Coordinating Board provides a list of institutions awarding degrees in mental health fields and course inventories.<sup>61</sup>
3. The Texas Workforce Commission provides labor market information, including projections of job growth in mental health professions.<sup>62</sup>

State licensing boards, including the Texas Medical Board, the Texas State Board of Examiners of Psychologists, the Texas Board of Nurse Examiners, the Texas State Board of Social Worker Examiners, the Texas Licensed Chemical Dependency Counselor Program, and the Texas State Board of Examiners of Professional Counselors, have information on persons licensed to provide mental health services in their respective fields in Texas.<sup>vi</sup>

Several workforce planning efforts are underway in the state that should contribute to mental health workforce development:

1. The Texas Statewide Health Coordinating Council (SHCC), a body established by the Texas Legislature, is charged with promoting the health of Texans through the development of a comprehensive State Health Plan. The 2005-2010 Texas State Health Plan and the 2007-2008 Texas State Health Plan Update contain mental health workforce data and, in addition, recommendations that, though not specific to mental health, would greatly improve mental health workforce planning and development. Recommendations include a requirement for the standardized collection of workforce supply and demand data; strengthening interdisciplinary training by higher education; and improved support of culturally diverse student recruitment activities, among others.<sup>63</sup> The SHCC is developing supply and demand models for health professions, which will facilitate workforce planning efforts.

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<sup>vi</sup> Licensing information for the various professionals is available at the following sites: [www.tmb.state.tx.us](http://www.tmb.state.tx.us); [www.tsbep.state.tx.us](http://www.tsbep.state.tx.us); [www.bne.state.tx.us](http://www.bne.state.tx.us); [www.dshs.state.tx.us/socialwork/default.shtm](http://www.dshs.state.tx.us/socialwork/default.shtm); [www.dshs.state.tx.us/default/lcdc.shtm](http://www.dshs.state.tx.us/default/lcdc.shtm); and [www.dshs.state.tx.us/counselor/default.shtm](http://www.dshs.state.tx.us/counselor/default.shtm).

2. The Texas Health Care Policy Council, established by the 79<sup>th</sup> Texas Legislature and hosted by the office of the Governor, has developed a strategic plan to coordinate health workforce planning across the state. The plan contains a number of key findings and recommendations, including the need for accurate and complete workforce data the development of supply and demand models; standards for continuing education; and an inventory of health workforce funding sources, among others.<sup>64</sup>
3. The Texas Health Institute, a non-profit health policy organization, is involved in multiple workforce and mental health-related policy and community development activities.<sup>vii</sup>
4. Through the Office of the Governor, the State has received a federal Substance Abuse and Mental Health Administration grant to transform mental health care in Texas. The Mental Health Services Transformation Workgroup (TWG), a consortium of state agencies and mental health consumers, is charged with developing and implementing the change plan. The TWG has outlined a number of strategies to address workforce concerns, including collaborations with universities and licensing/credentialing bodies to address professional training and curriculum requirements, credentialing of peer specialists, and the use of new technologies to promote distance learning initiatives.<sup>65</sup> It has also prioritized the need to upgrade the skills and knowledge base of the existing mental health workforce and associated professionals who interact with people with mental illness in public health and behavioral health, human services, criminal justice, and education systems through the development of training institute. A conceptualization of a training institute is in its early stages.<sup>66</sup>

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<sup>vii</sup> Further information is available at [www.healthpolicyinstitute.org](http://www.healthpolicyinstitute.org)

Though the focus of state workforce development in recent years has been on critical health professions such as nursing, there is a recent broader appreciation and interest in addressing the mental health workforce as well.

### ***Conclusion***

Based on workforce supply trends, distribution problems, high turnover rates, anticipated retirements of current workers, and a projected state mental health job growth of 20 percent or more, it appears that Texas is currently experiencing and may continue to experience an insufficient mental health workforce supply to meet future demand. Moreover, the workforce does not reflect the diversity of the state's population, a variable that may contribute to disparities in access to treatment for persons of color.

Further information is needed to undertake effective workforce development in the state, including a) standardized and reliable supply and demand data for each professional type; b) an examination of the potential functions that consumers and family members can provide within the workforce; c) an inventory and analysis of existing community and state recruitment and retention activities, including those targeting different cultural groups; d) an evaluation of higher education and continuing education content and teaching methods and their relationship to state licensing standards in light of the evidence on effective practices provided by recent research; and e) an analysis of higher education's capacity within the mental health professions to increase the supply of graduates.

Across the country, innovative solutions have been identified and are being implemented. Nationally, the Annapolis Coalition Action Plan has proposed strategies such as broadening the concept of workforce to include consumers and family members and encouraging communities to "grow your own" by supporting student training and career development in mental health professions in rural areas.<sup>67</sup> The current emphasis among states to expand integrated physical healthcare and mental healthcare, delivered in the primary care setting, acknowledges and builds upon the reality that

most people in this country now get their mental healthcare in a medical setting.<sup>68</sup> Other strategies focus on the potential application of technology (e.g., web-based training and treatment; teleconferencing; creative use of personal digital assistants or PDAs) in health education and clinical care to build professional capacity and to expand access to treatment, especially in underserved areas.<sup>69</sup>

Efforts to address the state of the mental health workforce in Texas will likely be complex and long term. Many problematic factors such as financial disincentives and the lingering stigma of mental illness influence the desirability of entering and staying in the field. Long-standing traditions in professional education and professional identity may impact the flexibility needed to adapt to the evolving mental healthcare environment (e.g., use of telemedicine, consumer-driven and recovery-focused treatment). Invested parties, including mental health professionals, paraprofessionals, consumers, employers, payers, professional associations, licensing boards, and higher education, may have conflicting interests or priorities. This preliminary report aims to encourage these stakeholders to develop the common vision and goals, persistence, flexibility, and resources to produce a sufficient, capable mental health workforce for Texas.

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- <sup>1</sup> The Institute of Medicine of the National Academies. (2006). *Improving the quality of health care for mental and substance-use conditions* (p. 264-299). Washington, DC: National Academy Press.
- <sup>2</sup> The President's New Freedom Commission on Mental Health (2003). *Achieving the promise: Transforming mental health care in America* (DHHS Publication No. SMA-03-3832). Rockville, MD: U.S. Government Printing Office.
- <sup>3</sup> Hoge, M.A., Morris, J.A., Daniels, A.S., Stuart, G.W., Huey, L.Y., & Adams, N. (2007). *An action plan on behavioral health workforce development*. Cincinnati, Ohio: The Annapolis Coalition on the Behavioral Health Workforce.
- <sup>4</sup> Hoge, M.A., et al., 2007 (Executive summary, p. 2).
- <sup>5</sup> Ganju, V. (2006a). *Voices transforming Texas: Texas assessment of mental health needs and resources*. Mental Health Transformation Grant. Austin, Texas
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