

## **Behavioral health needs investment in workforce development**

Mass.-based William James College president on this generation's health crisis

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By Nicholas Covino

On Jan. 1, the minimum wage increased here in the Commonwealth and in 20 other states across the country. This was a necessary and welcome increase for workers across professions, but it won't do enough to make a difference for many professionals who are tasked with tackling the health crisis of this generation.

Half of the population of the United States will suffer from a diagnosable mental illness in their lifetime, but mental health care is the most difficult referral for primary care professionals to make. The paucity of behavioral health professionals is the major challenge to mental health access. More than 50 percent of the counties in the U.S. lack even one psychiatrist, psychologist or counselor.

With attrition rates among behavioral health professions ranging from 50-75 percent each year, we simply do not have enough child and family therapists, addictions counselors and general psychotherapists to serve those in need. The Federal Health Resources and Services Administration (HRSA) predicts that the nation will see a shortage of more than 250,000 professionals in 2025 and called for immediate action to correct this.

It is not likely 'stigma' but salary that discourages talented and compassionate people from remaining in the field, and this loss of workers has significant and far-reaching impacts. When we consider the impact on business productivity, high school completion, medical care, and incarceration, the costs and the consequences are staggering.

A recent Blue Cross Blue Shield of Massachusetts Foundation study asked mental health and substance use treatment seekers about their experience with accessing care; the vast majority of respondents had great difficulty, even with health insurance. This is a familiar story to most American families and health professionals. Even in 'well-resourced' Massachusetts, more than 50 percent of those who sought behavioral health care could not obtain it. This failure in our healthcare system has serious economic, educational, medical and social consequences.

The BCBS Foundation report found that when people are unable to access care, they often miss work and other activities. Lost productivity, absenteeism, turnover,

accidents, and ‘presenteeism’ cost U.S. businesses nearly \$300 billion per year. In the Commonwealth, a November report by the Massachusetts Taxpayers Foundation put the cost of productivity lost just to opioid abuse at \$9.7 billion.

So, what should we do?

The diminished workforce in behavioral health, not the availability of insurance, is a major impediment to quality care. The Commonwealth needs to increase access to treatment by expanding the workforce by a minimum of 20 percent; by working with insurers and the federal government to increase salaries and compensation for behavioral health providers; expanding the skills of the existing workforce; and educating medical professionals to provide diagnosis, triage, and medication-assisted treatments.

A new generation of mental health professionals must be recruited, educated and supported. Those who have shown a passion for work in this field need to be retained and offered a path for education and professional development, and other health professionals need training. When the shortage of primary care physicians threatened healthcare, the Kraft Family Foundation created a loan forgiveness program to attract new professionals. This is needed now for psychologists, social workers, counselors, and other behavioral health workers. MassHealth took a step forward by funding loan repayment programs aimed at recruiting and retaining professionals in community settings, but the less than \$15 million in funding for the programs support only around one hundred professionals. Massachusetts’ leading public health crisis requires a deeper pipeline of similar initiatives to recruit individuals to these vital roles in our communities. A short-term, intensive, comprehensive, initiative that engages employers, government, educational institutions and insurers is required to make the course correction needed to increase access to care.

U.S. Representative Katherine Clark’s law to bring \$75,000 in loan forgiveness for those who commit to working as addiction counselors needs to be extended to other mental health careers. This will help provide relief from costly student loans and incentivize employers to support graduate training for entry-level workers with less worry of them leaving after graduation. Employers will see benefits from retaining and developing dedicated professionals rather than paying for advertising, hiring and training new staff or missing service contracts due to insufficient personnel.

Our current behavioral health workers need scholarship support, loan forgiveness, the promise of promotion and investment in providing supervision to increase their skills. Academic institutions need to reduce tuition for those who commit to public service and partner with social service organizations to make education accessible. Programs like City Year and Teach for America fuel the idealism of young people for compassionate service; something similar is needed to invite young people to make a

difference in behavioral health. Community colleges can provide education, credentials, and skills to entry-level practitioners to fill the pipeline of future behavioral health professionals. Moreover, young people of color need to be inspired, attracted and supported to a field that desperately needs their talents and their cultural expertise.

All of this will work only when compensation for behavioral health services is brought into line with other medical specialties. Community agencies are often paid less for the same work that is done at the state level. When earnings and benefits are low, and people must work additional shifts to support their families, workers leave for more remunerative careers. Clinicians with a desire to serve eventually discover that their student loans can be disposed of more rapidly when they refuse reduced insurance compensation for 'private' fees. Insurers and the state and federal government must increase reimbursement rates to community agencies and professionals to retain experienced staff.

What we fail to do in the way of treating substance use disorders and mental illness profoundly limits health care, education, our judicial system, and our economy. The effort to improve accessibility is the responsibility of federal and state government, foundations, business, and all of us. In this new year, the time has come to connect these dots and to act.

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