



# Addressing the Adolescent Mental Health Emergency

## Part 3: Building and Sustaining a Mental Health Care Workforce

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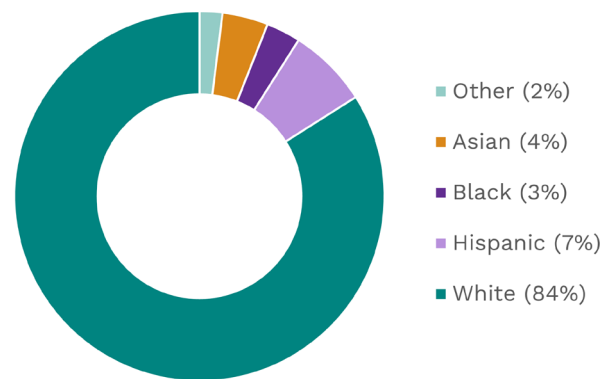
## PART 3

# Building and Sustaining a Mental Health Care Workforce

## The Case for a Strong Workforce

Core to creating a comprehensive and accessible mental healthcare system is a well-trained and diverse workforce of mental health professionals equipped to meet growing demands for services. Prior to the COVID-19 pandemic, the behavioral healthcare workforce was already strained—experts estimated that the U.S. would need four times the number of child psychiatrists we have today.<sup>1</sup> Since then, the pandemic has further exacerbated these workforce shortages.<sup>2</sup> Mental health providers are reporting record-breaking waitlists paired with the inability to refer patients to other, equally strained practices.<sup>3</sup>

Workforce shortages take on a new context when it comes to serving youth of color and LGBTQ+ youth, who need culturally responsive and, in many cases, trauma-informed care. People of color are underrepresented in the behavioral health workforce, with only 3 percent of psychologists identifying as Black, 4 percent identifying as Asian, 7 percent identifying as Hispanic, and 2 percent identifying as American Indian, Alaska Native, Native Hawaiian and Other Pacific Islander, or having two or more races.<sup>4</sup>



Meanwhile, few mental health professionals receive comprehensive training in culturally responsive care for youth of color and LGBTQ+ youth<sup>5, 6</sup> despite the evidence that these trainings improve practitioner knowledge and quality of care.<sup>7, 8</sup> Addressing these gaps in mental health workforce development is critical to providing quality services to youth of color and LGBTQ+ youth. In an April survey of Upswing grant recipients, 90% had staff and leadership reflective of the youth they serve (of color, LGBTQ+, lived mental health experience). Through our interviews with some of these organizations, we took a closer look at the workforce development approaches and challenges experienced by their communities and share below six recommendations for building and sustaining a culturally responsive mental healthcare workforce.

# Recommendations

## For Funders

**Provide multi-year general operating support to allow organizations to hire and retain high-quality staff through fair and competitive compensation practices.**

***What we're hearing:***

"100% of my team is BIPOC. Retention has been hard. We have really great people and really excellent workers, but they don't exist in a vacuum. They will experience family stresses and have to leave for a higher paying job in order to support their families... In many cases, we are our parents' retirement plans."

"Keeping seasoned staff with strong engagement and clinical skills is challenging, as these staff often leave community mental health organizations for private practice after receiving their full license."

**Fund policy and advocacy to address root causes of workforce gaps including insurance reimbursement rates and policies.**

***What we're hearing:***

"Rarely does the reimbursement rate for services provided in community mental health centers cover the cost of 'doing business,' especially considering the amount of overhead required in a fee for service environment. This results in a funding gap that organizations must fill with philanthropy and grant funding in order to keep its doors open."

"Our program is primarily supported by Medicaid funding where we don't get nearly the cost to run the program. Reimbursement rates are low and we do many things that don't get reimbursed."

**Allow funding to support staff development, particularly for entry-level therapists.** To be fully licensed, many entry-level therapists are required to complete a two-year postgraduate internship. Organizations are often unable to bill for services provided by these pre-licensure professionals, which limits their capacity to hire and train them. This has a negative impact on the inclusion and development of a new generation of culturally responsive providers.

***What we're hearing:***

"The trend that I hope to see is funders allowing resources to be dedicated to staff development. There are never enough resources to maintain training and support for staff who are ultimately the ones directly serving our youth on the ground. We know that the quality of training and support for staff directly correlates to the quality of services that we can provide."

"Community Mental Health organizations frequently hire young, inexperienced staff who come directly from the classroom and enter a high-stress, challenging setting.... This leaves an incredible burden on organizations to train 'green' clinicians..."

"We have a young staff who are able to reach young populations in these programs. That has been helpful to draw people in, but the leadership component and training needs to be available to those young staff and it's expensive. The demographics of who is on the frontline of non-profits need to change in order to make a real transformation with participants."

## For Higher Education, Training Institutions, and State Licensure Associations

**Center cultural responsiveness as a core value of curriculum and licensing standards to better prepare new professionals for serving the needs of diverse communities.** An understanding of systemic barriers and population-specific needs must be integrated across training topics, rather than truncated into a singular course.



### *What we're hearing:*

"We have so many youth who tell us that before they came to [our organization], they were really struggling to find and access culturally competent care. We recently had a client who lives in a very rural, conservative region of the state whose father was doing massive research to try and find a culturally competent provider. He said our webpage gave him more information and insight that there was no [bias] in service compared to all of these other services he had looked at.."

"When COVID-19 hit and we adapted to a 100% virtual model, we were preparing tutorials for just using the technology in both English and Spanish. We really didn't see any other culturally competent trainings in the space for our people to learn how to navigate that virtual process."

**Recruit and intentionally support diverse students to obtain their degree and professional licensure.** This looks like support with financial aid and scholarships and the inclusion of programs and testing materials in languages other than English to develop a workforce reflective of the youth and communities that they serve.

***What we're hearing:***

"We have so many of our youth from the leadership development program who go on to attend social work and mental health programs in college. And they come back. When it's time to do their practicums, their internships, their graduate training, they want to come back and work with us to help others like them."

"One thing that I've really tried to do is make sure that we are hiring staff that are part of our communities which means hiring candidates that don't necessarily fit the mold due to the systemic challenges that LGBTQ+ and BIPOC providers and young adults face. Not everyone has the opportunity or ability to go directly from high school to college to graduate school for licensure."

## For Community-Based Organizations

**Invest in youth as peer specialists and consider engaging them in hiring processes.**

***What we're hearing:***

"We have a three-round hiring process and, in that, we have built in a part where we get to introduce our youth to a candidate, and they can ask them questions. This has a two-fold benefit because we get to see what our youth want to know and what they value in staff, but the youth also get to learn interview skills and professional development. It's a really great system."

## For Policymakers and Professional Associations

**Support licensure reciprocity across state lines through policy initiatives such as the [Counseling Compact](#), an interstate contract which allows licensed counselors to practice in member states without additional licenses.** This can alleviate shortages of culturally responsive professionals while offering greater flexibility, supporting growing telehealth infrastructure, and improving continuity of care.

***What we're hearing:***

"Many [therapists] had researched the rules for practicing across state lines and found it untenable... The rules for tele-counseling between states vary state-to-state. Some states are not reciprocal and the rules allowing interstate counseling also to vary by type of license (Ph.D., LCSW, etc.). Some of the newly implemented waivers on in-state licensing requirements, made to permit interstate mental health service provision, were time-limited for COVID-19 and later revoked. The ability for any given therapist to see clients nationwide was very complex and therefore most were choosing only to serve clients within their own state."

## Endnotes

- <sup>1</sup> Axelson, D. [“Meeting the Demand for Pediatric Mental Health Care.”](#) Pediatrics 144 no. 6 (2019).
- <sup>2</sup> Clay, R.A. [“How to meet increased demand for services.”](#) Monitor on Psychology 52 no. 3 (2021).
- <sup>3</sup> Caron, C. [“‘Nobody Has Openings’: Mental Health Providers Struggle to Meet Demand.”](#) The New York Times (2021).
- <sup>4</sup> American Psychological Association. [Demographics of U.S. Psychology Workforce](#) [Interactive Data Tool]. (2020).
- <sup>5</sup> Cenat, J.M. “How to provide anti-racist mental health care.” The Lancet Psychiatry 7 no. 11 (2020): 929-931. DOI: [10.1016/S2215-0366\(20\)30309-6](#)
- <sup>6</sup> Whaibeh E., Mahmoud H., and Vogt E.L. “Reducing the Treatment Gap for LGBT Mental Health Needs: the Potential of Telepsychiatry.” The Journal of Behavioral Health Services & Research 47 (2020): 424-431. DOI: [10.1007/s11414-019-09677-1](#)
- <sup>7</sup> Jones S.C.T., Anderson R.E., Metzger I.W. “‘Standing in the Gap’: The Continued Importance of Culturally Competent Therapeutic Interventions for Black Youth.” Evidence-Based Practice in Child and Adolescent Mental Health 5 no. 3 (2020): 327-339. DOI: [10.1080/23794925.176546](#)
- <sup>8</sup> Rhoten B., Burkhalter J.E., Joo R., Mujawar I., Bruner D., Scout N., Margolies L. “Impact of an LGBTQ Cultural Competence Training Program for Providers on Knowledge, Attitudes, Self-Efficacy and Intentions.” Journal of Homosexuality (2021). DOI: [10.1080/00918369.2021.1901505](#)

