

CHECK THESE OUT...



The Annapolis Coalition

A non-profit organization dedicated to improving the recruitment, retention, training and performance of the prevention and treatment workforce in the mental health sectors of the behavioral health field.

<http://www.annapoliscoalition.org/default.aspx>

Healthy Ready to Work

This site focuses on understanding systems, access to quality health care, and increasing the involvement of youth.

<http://www.syntiro.org/hrtw/tion-youth.pdf>

National Collaborative on Workforce and Disability

NCWD/Youth is a source for information about employment and youth with disabilities.

<http://www.ncwd-youth.info/youth-development>

Issue 10

focus

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TOPIC WATCH

Each month we will feature a different topic; expanding the knowledge, resources, and peer networking in targeted areas. These target areas will include disaster planning, emerging adults, transition, supported education, leadership, organizational development, sustainability, and others

Workforce Development

“Across the nation there is a high degree of concern about the state of the behavioral health workforce and pessimism about its future. Workforce problems have an impact on almost every aspect of prevention and treatment across all sectors of the diverse behavioral health field.”
(Substance Abuse and Mental Health Services Administration (SAMHSA) by The Annapolis Coalition on the Behavioral Health Workforce, 2007)

The CAFÉ TA Center defines “workforce” broadly, as the behavioral health workforce, consisting of individuals in training or currently employed to provide health promotion, prevention, and treatment services. This group includes professionals with graduate training, as



well as individuals who have associate's or bachelor's degrees, high school diplomas, or even less formal education. It includes persons in recovery and their family members as pivotal members of the workforce.



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What contributes to the pessimism portrayed by the Annapolis Coalition on the Behavioral Health Workforce? Concerns about the capability of the workforce to provide quality care are based upon a belief that a majority of the workforce is uninformed about, and unengaged in, health promotion and prevention activities. Many in the workforce may lack familiarity with resilience- and recovery-oriented practices and are often reluctant to engage consumers and emerging adults in collaborative relationships that involve shared decision-making about treatment options, program development, and service impact. The workforce lacks the diversity of the populations it serves, and in large sections of rural America, there is no mental health workforce.

A Snapshot of the Mental Health Workforce:

- Estimates indicate that there were slightly more than half a million clinically trained and active mental health professionals in the United States in 2002 (Manderscheid & Henderson, 2004).
- Psychiatry has stayed static in terms of growth, while psychology has doubled in size over the past 25 years, and social work has increased by 20% over the past 1 ½ decades.
- Increases in the number of psychiatric nurses with graduate-level preparation largely have been offset by the number of nurses leaving the active workforce, and by sharp reductions in the number of students who are enrolling in this discipline's graduate programs.
- The majority of professionals are non-Hispanic Whites, often exceeding 90% of discipline composition (Duffy et al., 2004). For most disciplines, substantially more than half of the clinically trained professionals are over the age of 50 (Duffy et al., 2004).
- More than 85% of the 1,669 federally designated mental health shortage areas are rural in nature (Bird, Dempsey, & Hartley, 2001).

Consumer Roles in Workforce Development

Consumer leaders and organizations play a critical role in developing, promoting, and monitoring the development of a workforce that has the capacity to serve consumers of adult mental health services. They can contribute to this through a formal effort that:

- Facilitates collaboration with consumer leaders and consumer run organizations
- Serves as a resource and provides expertise in the development and improvement of the mental health workforce
- Advocates for consumer run, recovery oriented service delivery systems
- Monitors the outcomes of community based mental health systems
- Ensures that providers within the workforce develop knowledge and expertise with regard to:
 - Behavioral action plans such as SAMHSA's Recovery Action Plans;
 - Health insurance options, including Medicaid buy-in incentives;
 - Pediatric to adult health care issues, such as the "medical home" concept, mental health screening for both youth and families, and youth choice in deciding medications and treatment;
 - School-based mental health services, including the role of the IEP team, training in mental health issues for IEP

team members, the importance of parent involvement in transition planning, and mental health screenings as part of the school health curriculum;

- Funding sources and their eligibility requirements;
- Strategies for combating workplace discrimination under the Americans with Disabilities Act;
- Accessing services for consumers and emerging adults with mental health needs under the SSI, SSDI, Ticket to Work and Medicaid Work Incentive Programs, and Vocational Rehabilitation;
- Strategies for combating disincentives in systems, such as organizational culture, red tape, and "creaming";
- Actively involving consumers and emerging adult in the decisions affecting their lives, including training Peer Support Specialists
- Develops and provides training on: Consumer and emerging adult driven care, recovery principles, and systems transformation;
- Cultural competency within the workforce;
- Developing and utilizing provider and policy level consumer run advisory groups;
- Measuring and monitoring consumer driven care and service outcomes; and
- The hiring, supervision, and evaluation of consumer employees.