



## Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues

Provides an overview of the facts and issues affecting the substance abuse and mental health workforce in America. Presents demographic data on the workforce, major factors that impact the workforce, and efforts to address workforce challenges. [Read the full report.](#)

Issue 30

*focus*

### What is the Focus?

The *Focus* newsletter highlights important issues in mental health, providing timely information on a range of topics, including workforce development, supported education, organizational development and sustainability, peer-to-peer services, youth transition and system transformation. Have a suggestion for a topic? Let us know!



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## Mental Health Workforce Crisis

In SAMHSA's 2013 *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues*, SAMHSA identified "Worker Shortages" as one of the main challenges facing the nation in its efforts to meet the demand for effective behavioral health services.

The lack of a sufficient workforce has been an issue of national importance for years. In 2005, SAMHSA commissioned the Annapolis Coalition on the Behavioral Health Workforce ([www.annapoliscoalition.org](http://www.annapoliscoalition.org)) to develop an Action Plan on workforce development that encompasses the breadth of this field and is national in scope.

Their report, published in 2007, declared a high degree of concern about the state of the behavioral health workforce and pessimism about its future. Reported workforce problems and issues encompassed:

- Difficulties in recruiting and retaining staff;
- The absence of career ladders for employees;
- Marginal wages and benefits;
- Limited access to relevant and effective training;
- The erosion of supervision;
- A vacuum with respect to future leaders;
- Financing systems that place enormous burdens on the workforce to meet high levels of demand with inadequate resources;
- Significant concerns about the capability of the workforce to provide quality care;
- Lack of familiarity with resilience- and recovery-oriented practices;
- Lack of racial diversity reflecting that of the populations it serves;
- No mental health or addictions workforce in large sections of rural America;

- Insufficient skills or numbers in the behavioral health workforce to respond adequately to the changing needs of the American population; and
- Insufficient array of skills needed to assess and treat persons with co-occurring conditions.

Reports on the addiction treatment workforce from the Center for Substance Abuse Treatment (DHHS, 2003, 2005) provide additional context by identifying several conditions and trends that have broad relevance for the workforce in all sectors of behavioral health. These include:

- A workforce and treatment capacity insufficient to meet demand.
- A changing profile of the people in need of services, which includes increased co-occurring mental illnesses and substance use disorders, medical comorbidity, rapidly evolving patterns of licit and illicit drug use, and involvement in the criminal justice system.
- A shift to increased public financing of treatment, accompanied by declining private coverage, budgetary constraints in publicly funded systems, managed care policies and practices, and the large number of undocumented and uninsured individuals.
- Major paradigm shifts within the field, including the movement toward a recovery management (and resilience-oriented) model of care.
- A continual escalation of demands on workers to change their practices, including the adoption of best practices and evidence-based interventions.
- An increase in the use of medications in treatment, with the resultant demand that the workforce be knowledgeable and skilled in managing medications.
- A challenge to provide services more frequently in non-behavioral health settings.
- An expansion of requirements to implement performance measures and to demonstrate patient outcomes through data.
- A climate of ongoing discrimination or stigma related to people who receive *and* provide care.

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## **What is being done?**

The gap and needs of further development and attention to the mental health workforce crisis has not gone unnoticed. Many initiatives and activities have surfaced across the country. Here are a few of them:

## **Action Planning**

In order to address the workforce crisis, the Substance Abuse and Mental Health Services Administration (SAMHSA) commissioned the Annapolis Coalition on the Behavioral Health Workforce to develop an Action Plan on workforce development that encompasses the breadth of this field and is national in scope. <http://www.samhsa.gov/Workforce/Annapolis/ExecSummaryWorkforceActionPlan.pdf>

## Peer Specialists Certification

The Peer Specialist profession continues to grow, cutting across diverse cultures, populations, and geographic areas. In itself, it continues to provide a workforce that is being formally recognized as an answer to some of the workforce crisis issues. One formal effort to promote standards, ethics, and facilitate career ladders is the certification of Peer Specialists. One example, the GA Certified Peer Specialists, are responsible for the implementation of peer support services, which are Medicaid reimbursable under Georgia's Rehab Option. They also serve on Assertive Community Treatment Teams (ACT), as Community Support Individuals (CSI) and in a variety of other services designed to assist the peers they are partnered with in reaching the goals they wish to accomplish in their personal recovery journeys. <http://www.gacps.org/>

## Workforce Development Collaboration

Partnerships between and across agency and organizations boundaries are forming to address issues of concern and respond in a manner that promotes the input of diverse population needs and opinions. One such collaboration is the Working Well Together (WWT) Technical Assistance Center that ensures public mental health agencies are prepared to recruit, hire, train, support, and retain multicultural clients, family members, parents, and caregivers as employees within the public mental health system. <http://workingwelltogether.org/>

## University Affiliated Initiatives to Increase the Quality and Quantity of the Mental Health Workforce

North Carolina's AHEC Program brings its educational services, training programs, and information services to the community mental health facilities in the state, with the goals of increasing the linkages between academic and practice settings, of improving the practice environment for mental health professionals, of enhancing the workforce development of the public mental health system, and thereby increasing the access to appropriate care for citizens in all communities. <http://www.ncahec.net/>

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## The Future

With the implementation of the Affordable Care Act and new Mental Health Parity rules, more people will be trying to gain access to the behavioral health care system. While additional access to care is a positive, the strain on the system as it tries to meet rising demand will certainly be great. People with lived experience and consumer organizations have played a central role in advocating for increased access to care. Now that that access has expanded, the chance for consumers and their organizations to advocate for their ability to meet the new demand for behavioral health services through peer support services has arrived.

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