

## National Dialogues on Behavioral Health - 2018 Conference Overview

### Reinventing the Behavioral Health Workforce: Implementing Innovative Solutions

The future of the behavioral health workforce is dire. By 2025, shortages are projected for psychiatrists, behavioral health social workers, psychologists, school counselors, and marriage and family therapists. These shortages are not evenly distributed: 62 million people live in rural or frontier counties and 75% of these counties have no practicing psychiatrists, psychologists or social workers **today**. That is, the emphasis on workforce shortages in the future is misleading. The workforce crisis exists **today**, and the current situation is alarming if not unacceptable.

A large proportion of persons with mental illness and substance use problems remain unserved. According to SAMHSA, only 19.6 million of the 43.8 million adults who have mental illness receive any mental health services. Similarly, of the 22.7 million adolescents and adults that have an illicit drug or alcohol use problem, only 4.1 million receive any treatment for their problems. The needs of children and the elderly, veterans and their families, those incarcerated and recently released from incarceration, and rural populations are particularly noteworthy.

Besides the issue of shortages, the current BH workforce is characterized by being part of an aging population (for example, over 50% of male psychiatrists and 25% of female psychiatrists are over 60 years old), high turnover, maldistribution, and inadequate compensation. At the same time, behavioral health systems are evolving so that there is a priority on the delivery of evidence-based services, a recovery orientation, quality and accountability, and integration with primary care. The current training infrastructure is ill-equipped to address the needs of this changing behavioral health environment.

These system inadequacies have resulted in shifting the responsibility to other social service and law enforcement agencies. The workforce at these agencies, in large part, has not seen such responsibilities as part of its mission, and, consequently, staff have not been trained to address behavioral health needs.

So, the question is: **What is to be done to address this behavioral health workforce disaster?** Key questions are:

- **How can one “resource shift” and better utilize the current workforce?**
- **How can one use technology and telehealth as workforce extenders, especially in rural areas?**
- **How can one optimize the use of peer specialists, family caregivers, school counselors, and providers in the child welfare and criminal (and juvenile) justice systems?**
- **How can one build effective behavioral health community collaboratives?**
- **What are effective funding and reimbursement strategies to support needed workforce initiatives?**

The goal of the 2018 National Dialogues on Behavioral Health Conference in New Orleans is to address these questions in separate sessions, emphasizing best practices in these areas and issues of implementation. The objective is also to use the presentations and discussions at the conference as building blocks for designing models of the future BH workforce.