

SNAPSHOT

Behavioral Health Workforce Shortages and State Resource Systems

As the prevalence of behavioral health conditions increases, so does the need for behavioral health care professionals. However, large caseloads, burnout and confusing or costly credentialing processes all contribute to a critical shortage of providers.

Policy options to address the shortage include collecting data to better understand workforce gaps, using available resources such as the National Suicide Hotline and peer support specialists, removing barriers to entering behavioral health-related professions, and licensure restructures.

5 Things to Know About Behavioral Health Workforce Shortages and State Resource Systems

1

Mental Health America reports that as of June 2022, only one mental health care provider is available for every 350 people in the United States.

2

According to the Substance Abuse and Mental Health Services Administration, 58 million adults experienced a mental health condition in 2021, but an undersized mental health workforce resulted in only 28% of mental health needs being met.

3

Burnout rates among behavioral health professionals are higher than other workers. According to the National Council for Mental Wellbeing, 93% of behavioral health workers say they have experienced burnout.

4

The launch of the 988 Lifeline came with more than \$432 million in federal funding. These funds provided states flexibility to invest in state level programs to support 988 call centers and other mental health professionals.

5

Peer support specialists are nonclinical health professionals who work with people diagnosed with mental health or substance use disorders. Peer support specialists use their lived experience of recovery, along with formal training, to promote mind-body recovery and resiliency.



5 State Approaches to Behavioral Health Workforce Shortages and State Resource Systems

Minnesota

1

Minnesota created a Rural Health Advisory Committee to assess mental health care shortages in rural areas. Committee findings recommended expanding recruitment efforts, decreasing barriers to training, greater mental health collaboration in primary care and extending the careers of retiring workers.

Delaware

2

Delaware created a framework to maximize the benefits of 988. The proposed integrated crisis care system consists of a statewide 24/7 behavioral health crisis communications center capable of telephonic, text, and chat services to receive communications made to 988. The state also established the Behavioral Health Crisis Services Board to provide additional oversight.

Oklahoma

3

Oklahoma established the Oklahoma Mental Health Loan Repayment Act to provide educational loan repayment assistance for mental health or substance abuse treatment providers who provide services in Health Professional Shortage Areas for mental health.

Virginia

4

Virginia permits the Department of Behavioral Health and Developmental Services to hire peer support specialists to support adult substance abuse treatment programs. These individuals include those who may have previously been convicted of a specified offense substantially related to their own substance abuse or mental illness and have been successfully rehabilitated.

New York

5

New York directed the Commission of Mental Health to create a work group and corresponding report regarding frontline worker trauma. The report was also required to identify training opportunities for employers with frontline workers to support their mental health and wellness.
