

ACMHA: The College for Behavioral Health Leadership



ACMHA ARM CHAIR REFLECTIONS Training and Education – Summit 2000

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Well, okay....so Training and Education don't quite sit at the right hand of God. But maybe they're close, just beyond Altruism, Honesty, and Finance.

In the nine years since ACHMA considered this topic, as with most things, there have been some changes but mostly there remain various levels of inertia, intransigence, unawareness, and a dogged (some would say stupid) maintenance of the status quo. And now with tough economic times upon us, maybe the first instinct is to hold on to what we have which, of course, runs counter to a reform process.

We in behavioral health gushingly cite sources such as the IOM, New Freedom, and the Surgeon General reports that serve to legitimize the concerns and efforts we have had for decades. Parity has come as a boon, but how things get worked out, the details of change, have yet to have been fully determined. The place of Health Care Reform in the new Administration's philosophy and budget offers promise but until realized, will remain rhetorical. So what, in this somewhat pontifical armchair reflection, does all this have to do with Training and Education?

Well, Training and Education are at the ground zero of reform. Until substantive and successful efforts to train and educate the pre-professional, interdisciplinary workforce in transformational models that reflect what we should *BE*, we will continue to nibble at the edges of reform. How people are trained pre-professionally and in what context will determine their professional behaviors and values. Retraining the existing workforce is similar in difficulty to making someone who is left-handed write with their right hand....we must not minimize the degree of difficulty involved in pulling it off. People tend to work in learned patterns, and if there are no incentives or disincentives to change those patterns, the likelihood of change is reduced. So if we start early, (pre-professionally) we have a better chance of pulling it off.

Standards for training tend to lag behind societal need and the politics of change. Individual disciplines have a self-concept of being separate from others, focusing on those elements that make them unique. Where are the pre-professional training programs that model and reward coherent interdisciplinary team function, cooperation, and communication; where there has been sufficient forethought and attention to desired outcomes; where values, goals and funding are aligned to ensure societal relevance and to fulfill need?

The Annapolis Coalition, spawned initially by ACHMA and the Academic Behavioral Health Consortium (ABHC) has called for sweeping reform in both pre-professional training and in the retraining of the established workforce across disciplines, advocating a national action plan for

change. The report, published in 2007, identifies seven strategies for change grouped within three broad domains:

- Broaden the concept of Workforce
 1. Expand the role of individuals in recovery (and their families when appropriate) to participate in, and ultimately direct, or accept responsibility for their care; provide care and support to others; and educate the workforce.
 2. Expand the role and capacity of communities to effectively identify their needs and promote behavioral health and wellness.
- Strengthen the Workforce
 3. Implement systematic recruitment and retention strategies at the federal, state, and local levels.
 4. Increase the relevance, effectiveness, and accessibility of training and education.
 5. Actively foster leadership development among all sectors of the workforce.
- Implement structures to support the workforce
 6. Enhance the infrastructure available to support and coordinate workforce development efforts.
 7. Implement a national research and evaluation agenda on behavioral health workforce development.

The Annapolis Coalition has been active in working with states and has been focusing on the existing workforce: Alaska, Iowa, New Mexico, Louisiana, New York, Ohio, New Jersey, North Carolina, and California.

And since I am on record as a strong advocate to revamp pre-professional training, I would add the following. For societal relevance, pre-professional training programs should:

- Train in an interdisciplinary team model in which trainees from the relevant behavioral health disciplines learn to work together, coordinate care, and focus on outcomes and the application of evidence based approaches; training in Pay for Performance, Public Reporting of Performance and other incentivizing behavioral and fiscal shaping should be incorporated into training programs.
- Train in the full integration of behavioral health services into physical health care systems.

Reforming the system and how its workforce functions clearly involves complex challenges that will take decades to achieve. If practitioners are trained poorly they will practice poorly, so training determines a great deal about the level and quality of health care that is achieved or achievable. Behavioral healthcare is a team effort requiring the sustained interaction of many disciplines if the provision of care is to approach quality. But we are not trained in this paradigm resulting in a fragmented effort by us, and for patients and their families. The fragmentation is further compounded by the disarray of insurance coverage provisions. If we were in the automobile manufacturing business (a dangerous analogy to be sure), 50 percent of what we produced would be recalled as defective.

Perhaps an extended modification of the British "Firm" system should be considered wherein funding for an extended team for a give cohort of patients (and their families) would become the experimental model of care using a biopsychosocial construct. The federal government,

through its focus on *innovation* should fund demonstration projects of this model. This would require cross-discipline and cross-curricular efforts to create a coherency of function, and it would mean a dismantling of the walls “protecting” one discipline from another.

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