



Whole Health Campaign Policy Brief: *Workforce Development*

Situation Statement

Behavioral health care is a critical aspect of health care reform. In order for this care to be effective, it must be accessible to consumers and provided by highly trained professionals. To accomplish these goals, we must improve recruitment efforts and compensation for the behavioral healthcare professions, as well as access to care in underserved populations. We must also strive to assure that other health care providers, such as primary care physicians and trauma professionals are trained to handle situations where behavioral health is an issue for the consumer.

Fewer than one in eight people addicted to alcohol or other drugs receive any treatment (SAMHSA, 2008; Wright, 2004). Slightly less than half of people experiencing a major depressive episode are treated, and if their depression is detected in primary care, only one in five receives treatment consistent with evidence based practices (Kessler et al, 2003). According to the Health Resources and Services Administration (HRSA), 77 million Americans live in areas not adequately served by substance abuse or mental health professionals. Half the counties in the United States do not have a single mental health professional in its employ. (Annapolis Coalition, 2007). It would take 5,145 professionals to close this gap.

It is critical that behavioral health treatment continue to be mainstreamed into the primary care setting. Patients depend on primary care professionals to detect and recommend treatment for other chronic diseases, and addiction and mental health conditions should not be an exception. Training must be provided so that primary care settings can be a place where screening, intervention, and treatment are available for behavioral health conditions.

The Whole Health Campaign strongly supports building the capacity of the entire health care system to serve as the medical homes for people with health and behavioral health problems. A consortium of 17 medical and health professional organizations (Project MAINSTREAM, 2002) released a four-point consensus statement of the core knowledge, skills and attitudes needed by all health professionals, because all health professionals come into contact with patients with substance use disorders. These four points are a useful framework for equipping the entire health care workforce to recognize and manage the mental illnesses and addictions of their patients:

- All health professionals should receive education in their basic core curricula to enable them to understand and accept mental illnesses, alcohol and other drug abuse and dependence as disorders that, if appropriately treated, can lead to improved health and well-being.

- All health professionals should have a basic knowledge of mental health and addictions and an understanding of their effect on the patient, the family, and the community.
- All health professionals should be aware of the benefits of screening for potential or existing mental health and substance-related problems, as well as of appropriate methods for intervention.
- All health professionals should have core knowledge of treatment and be able to initiate treatment or refer patients for further evaluation and management. At a minimum, all health professionals should have the ability to communicate an appropriate level of concern and the requisite skills to offer information, support, follow-up, or referral to an appropriate level of services.
- All health professionals should have an understanding of how a patient's culture impacts help-seeking, perceptions of illness, and response to treatment.

In addition to training other health professionals, there must also be a continued emphasis on the recruitment and training of mental health and substance abuse professionals, particularly those who are representative of underserved communities. These specialists currently carry a large majority of the casework involving behavioral health consumers, and will continue to do so for the foreseeable future.

The workforce that presently serves people with mental illnesses and addictions is poorly paid, aging, and in some cases, inadequately trained. Reports by the Institute of Medicine, AMERSA, and the Annapolis Coalition all found the country's capacity to prevent and treat mental illness with skilled professionals is hampered by poor financing. Funds are lacking for education and training, wages and benefits, clinical supervision, career advancement incentives, professional status and recognition, and integration with the rest of health care and public health. This in turn creates severe problems recruiting and retaining skilled staff, especially health professionals who serve populations at the greatest risk of receiving inadequate primary health care. The economic stimulus bill of 2009 appropriated \$500,000,000 for health professional training programs, including \$300 million for the National Health Services Corps and \$200 million for professional training. Reimbursement for behavioral health professionals must be increased in these and future programs, if we are to achieve whole health.

Specific Reform Recommendations on Mental Health and Substance Use Care and Prevention

Three documents have been prepared to define in detail the specific recommendations of the mental health and substance use fields around national health reform. These three documents are:

Benefit Design and Delivery of Care
 Reforming the Healthcare Delivery System
 Wellness Promotion and Chronic Disease Prevention Initiatives

We will be glad to provide either an e-version or paper copy of each of these documents.

Final 5-28-09