SERIOUS MENTAL ILLNESS (SMI) & THE BEHAVIORAL HEALTH WORKFORCE CRISIS

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The ‘crisis in brief’

- **Longstanding shortages in sufficiently trained public sector SMI providers have worsened still further post-pandemic**
- SMI training has been de-prioritized with social work, counseling & clinical psychology for several decades

  Most MSWs and counseling MA students graduate with no training in SMI beyond a standard diagnostic (DSM) course
- **Shortages of qualified providers even worse in intersectional areas including**
- Prison and jail-based MH services & diversion programs
- Intensive service programs (mobile outreach, Assertive Community Treatment, inpatient & partial hospitalization)
- Crisis services continuum

These gaps & shortages are extremely consequential

- **SMI remains one the most significant causes of years lost to disability (disability adjusted life years) in the US & globally**
- Costs to the system are staggering
- **Access to evidence based / supported practices in SMI is minimal; non-evidence supported practices remain normative**
- Outcomes have not improved decade on decade for the past 40 years

We consistently & repeatedly fail to support & prioritize SMI services, providers (& service users)

Reasons?

Stigma

Societal devaluation / abandonment

Unwillingness or inability to prioritize the structural changes we need, instead focusing on often ineffective individual level intervention

Omigbodun *et al.*
International Journal of Mental Hea
https://doi.org/10.1186/s13033-02

DEBATE

The new World Ment
impossible things

Stephen Allison [1], Tarun Bas
Vinay Lakra [5]

A widening longevity gap between people with schizophrenia and general population: A literature review and call for action

Ellen E. Lee [a b], Jinyuan Liu [c], Xin Tu [a c], Barton W. Palmer [a d], Lisa T. Eyler [a d 1],
Dilip V. Jeste [a d e 1]

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https://doi.org/10.1016/j.schres.2017.09.005

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broadly—especially by people with lived experience from divers
about how this chronically under-resourced field, as part of wide
reprioritised.

Keywords Sub-Saharan Africa, Psychosis, Global Mental Health,

Evolving Public Views On The Likelihood Of Violence From People With Mental Illness: Stigma And Its

d John Monahan

https://doi.org/10.1377/hlthaff.2019.00702

ding potential violence and support for
for schizophrenia. By 2018 over
iteria for schizophrenia as dangerous to
tment. Sixty-eight percent saw people

iew of the historical role of psychology
onfluence of factors renders this a propitious time for psychologists to
to the care of those living with an SMI. These factors include (a) the
ed and/or functional assessment tools and effective psychosocial
interventions, often created or empirically tested and enhanced by psychologists, (b) the continuing evolution of a recovery movement which brings more optimism to the field, and (c) the establishment, over the past 15 years, of an APA recognized and approved infrastructure to provide and recognize formal SMI Psychology training and expertise. (PsycInfo Database Record (c) 2024 APA, all rights reserved).

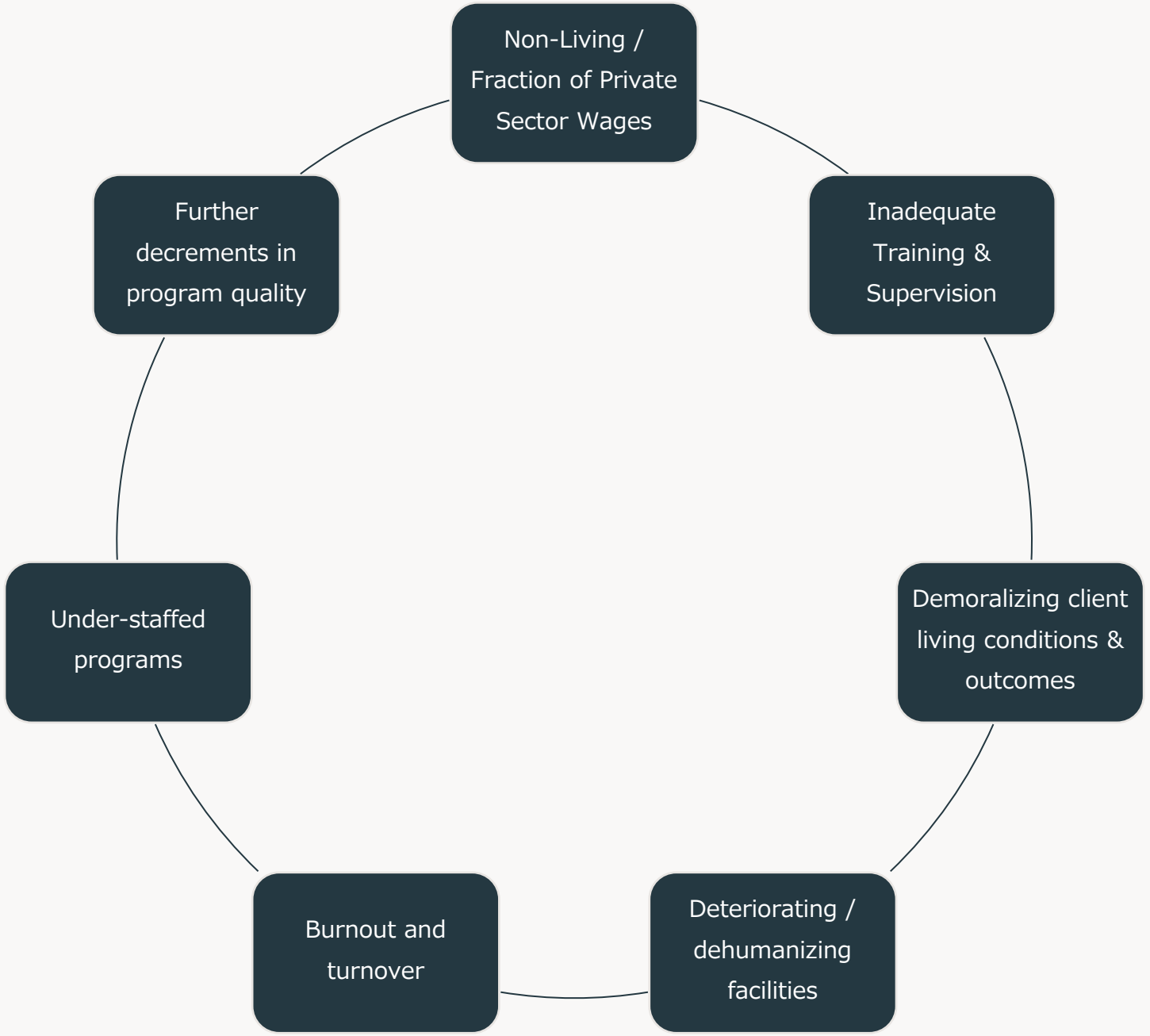
- Systemic (e.g., manag
- Training factors (e.g.,
- Further, stigma held

Some of our “solutions” harmful at worst, unlikely to succeed

- **Diverting ‘SMI’ service dollars to preventative services**
- Case study = CA Mental Health Services Act
- **Belief that underpaid, often exploited peer specialists & community health workers can “fill the gap”**

Ways forward

Disrupt toxic feedback loops



(It’s all connected)

What is responsible for the daily demoralization providers face?

- **Disability poverty – need SSI reforms**
- **Unequal opportunity & non-integration– need ADA reforms**
- **Poor or absent housing – Section 8 program reform, urban planning, housing equity**
- **Lack of parity – parity reforms & enforcement**
- **Inadequate worker training, support & compensation (next slide)**

ultimately we do not solve the workforce crisis through workforce solutions alone

Incentivize training & ‘SMI’ placement

- **Federal, state & professional association initiatives to incentivize quality SMI training in social work, counseling, psychology**
- Focus on values-based services, integrating lived experience (those most impacted)
- *Example = New York State SMI EBP training incentive program*
- **Medicare/Medicaid reforms to increase the pay of front-line public sector workers**
- Re-imbursement rates, alternative payment models etc
- **Federal, state & regional investment in loan repayment / loan forgiveness**
- **Pay peer supporters, CHWs & other front-line workers a living wage & establish mechanisms for career advancement / mobility**

Give SMI services the level of prioritization they deserve

- **Ethical and moral obligation to support the full community participation of individuals with SMI, valuing them as citizens**
- And do so now, understanding the necessity of culture change
- **Adequately / equitably fund the SMI workforce, services, services research & community support**
- That means state MH authorities, SAMHSA, HRSA & NIMH (etc)
- **Refuse the temptation to solve workforce problems by replacing positions paid more with positions paid less (aka task shifting), esp when those paid less are precisely members of the target group**