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issueBRIEF

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Transforming the Workforce in Children's Mental Health

The work of children's mental health depends on people, from parents to professionals, volunteers to friends, teachers to probation officers. Success in children's mental health depends on the ability of systems to support the development of their competencies.

This brief is based on an article by Larke Huang, Gary Macbeth, Joan Dodge and Diane Jacobstein, "Transforming the Workforce in Children's Mental Health" in *Administration and Policy in Mental Health, 32*(2), 167-187, November 2004 and was written with assistance of Cliff Davis.

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A report from the *President's New Freedom Commission on Mental Health* in 2003 described the need for "significant changes in practice models and in the organization of services to improve access, quality and outcomes in mental health." The Commission recognized that substantial changes are needed in both who does the work in mental health and how that work is done.

Workforce issues, including training for the delivery of mental health services for children and adolescents, are particularly critical because:

1. Children and adolescents change constantly as they grow through largely predictable developmental stages;
2. Children and adolescents live in families and a "whole family" approach is needed for services and supports to be effective;
3. Mental health needs of children and adolescents are complex and linked to developmental stages;
4. Children and adolescents with mental health needs often interact with multiple service systems (e.g., health; education; child welfare; juvenile justice).

People Do the Work! Systems Must Support the People!

Preparation and training are complex for the people working in children's mental health because:

1. Community-based care for children with severe mental health disorders requires different competencies than were addressed in the preparation of many professionals currently working in the field;
2. There are critical shortages of providers trained with the skills necessary to work effectively in a family-centered, community-based, culturally and linguistically competent, and collaborative service delivery model;
3. There is a long "lag time" between the development of evidence-based, effective interventions and their implementation in front-line service delivery;
4. Very few professionals receive training in the attitudes, knowledge and skills consistent with new models of service provision;
5. Direct care staff in health, childcare, education, child welfare, and juvenile justice must be recognized as part of the child mental health workforce and be trained to effectively carry out this role

What is the current and expected demand in children's mental health?

Demographic trends in children's mental health help to define the challenges facing workforce development efforts.

- There will be 83.2 million persons under the age of 18 in the U.S. by 2030, a 16% increase over the 2000 Census figures.
- In 2000, 4 diverse groups—African American, Latino, Asian American, and American Indians—comprised 39% of all American children.
- In the 20 years from 1995 to 2015, growth rates are expected to be:
  - 74% among Asian American children and youth;
  - 59% among Latino children and youth;
  - 19% among African American children and youth;
  - 17% among American Indian children and youth; and
  - minus 3% among white, non-Hispanic children and youth.
- 12% of the current U.S. population was born outside the country, which raises the potential for linguistic isolation from existing helping systems.

Epidemiological trends also define challenges for workforce development:

- One child in five (1 in 5) in the U.S. has a diagnosable mental disorder.
- One child in ten (1 in 10) has a serious emotional disturbance that causes substantial impairment in functioning at home, at school, and/or in the community at large.
- It appears that the prevalence of emotional disorders is increasing.
- Increasing numbers of very young children are being referred to treatment agencies for help with social-emotional disturbances.

PEOPLE WHO DO THIS WORK NEED *competencies in best community practices, child development, family and youth partnerships, cultural competency, and effective collaborative relationships with many agencies and disciplines.* **This is what Workforce Development must accomplish!**

- At least one-third (1/3) of the children being served by the U.S. mental health system are diagnosed with 2 or more psychiatric disorders.
- Increasing numbers of youth are identified with co-occurring mental health and substance abuse disorders.
- Increasing numbers of children are being recognized with co-occurring developmental disabilities and mental health disorders.
- Some family members caring for children with emotional disorders have mental health and/or substance abuse disorders.
- Fifty to seventy-five percent (50-75%) of youth involved with the juvenile justice system are estimated to have mental health needs.
- In child welfare, 39-80% of children are estimated to have mental health needs.
- In rural areas, the mental health needs of children appear similar, but rates of service access and utilization are very uneven.

Only about 20% of the children with mental health needs are receiving mental health care and many of these children are receiving inadequate services.

Who is the current workforce?

Traditional mental health service delivery has involved:

- Child psychiatrists
- Psychologists
- Clinical social workers
- Psychiatric nurses
- Licensed counselors and therapists, including substance abuse providers
- Case managers
- Mental health aides
- Psychiatric technicians

However, consider these data.

- In the year 2000 there was a projected need for 30,000 child psychiatrists, but currently there are 6,300, many of whom do not work in public systems.
- In 2003 there were 88,500 licensed psychologists in the U.S., but many are not trained to work with children who have serious disorders.
- 90% of states report difficulty in recruiting and retaining child welfare workers and there is a 30-40% annual turnover rate nationally.
- Enrollment of nurses in graduate psychiatry training is declining.

The "Untapped Army" Waiting in the Wings

Family members have described themselves as the "silent army" waiting to partner with professional providers in the mental health care of their children. Many professionals, though, do not yet readily understand or make effective use of partnerships with families in treatment.

WORKFORCE DEVELOPMENT MUST RE-TRAIN EXISTING PROVIDERS *to improve their ability to provide effective community-based care AND train a much larger set of people to take important roles, including paraprofessionals, family members, home- and school-based staff, pre-school staff, and early childhood consultants. All must be prepared to utilize the "transforming principles".*

What do we need to do differently to have an effective workforce?

The President's *New Freedom Commission on Mental Health* identified the following key principles as critical for its proposed "transformation" of the mental health system:

- Care is consumer and family-driven;
- Care is oriented toward recovery and resilience—toward hope;
- Disparities in the care of racial and ethnic minorities are reduced and care is culturally competent;
- A broad array of community-based alternatives to traditional care is accessible in the community, based on evidence-based and best practices;
- Care is individualized and flexible, utilizes child and family strengths;
- Care is coordinated across all child and family serving systems;
- Children's developmental differences are recognized, especially for groups of children with specialized needs, such as those with co-occurring disorders;
- Technological advances are used effectively.

We need a workforce that is trained with the competencies to implement these transformation principles into practice.

We need people trained to provide a broader array of services, such as:

> *Early childhood mental health consultation; family preservation; family supports; behavioral aide services; intensive care coordination, home- and school-based services; respite; mentoring; crisis and transition services; care in juvenile justice settings; and culturally-specific supports.*

We must train professionals to have attitudes, behaviors, and skills that are congruent with the changing children's mental health field. These include:

- Collaborating respectfully with caregivers, so that families are viewed as the experts on their children;
- Honoring caregivers and their cultural traditions;
- Recognizing and harnessing family strengths and abilities;
- Listening, reflecting, and synthesizing from a "system's thinking" as well as family-focused perspective;
- Working effectively in cross agency service planning teams;
- Striving toward cultural and linguistic competence when serving diverse ethnic and racial groups;
- Valuing cross agency collaborations to organize and deliver services in more creative, flexible and effective ways;
- Taking a broader view of who are service providers for children and families, including non-traditional and culturally specific providers;
- Increasing respect for the ideas and decision-making skills of front-line, direct care staff;
- Promoting and using evidence-based mental health practices;
- Increasing application of advances in information technology to improve services.

Workforce training must be designed for many purposes and for many people.

1. Parents and caregivers need information about service approaches, how multiple systems function, and how to establish effective relationships with professionals.
2. Non-traditional providers need to learn about how agency systems function.
3. Existing agency staff who are accustomed to working alone need to learn to work in collaborative teams that cross agency boundaries.
4. Child-serving agencies have many different missions. Administrators must learn to effectively communicate and coordinate across agencies.
5. Communities need to develop and promote a shared base of values and principles across their many stakeholders.
6. Fundamental core competencies that include attitudes, knowledge, and skills must be developed and promoted across agency systems and communities.

What can we do?

State human service agencies can:

- Adopt cross-agency workforce development plans with consistent competencies;
- Develop stakeholder consensus around core competencies for direct care;
- Standardize curricula across agency systems and in multiple practice areas;
- Engage diverse parents, caregivers and youth as competency instructors;
- Utilize telehealth and web-based learning strategies, especially in rural areas;
- Promote scholarship and internship opportunities to address professional shortages in the public sector;
- Offer university and community college loan and loan repayment programs for public sector service;
- Work with historically Black colleges and universities to recruit, prepare and support students for public sector service;
- Promote paraprofessional training in needed service technologies and effective interventions;
- Implement marketing strategies to interest high school students in public service;
- Build strong links to federally funded Comprehensive Community System of Care grant sites to expand knowledge about effective approaches.

THE REPORT OF THE PRESIDENT'S New Freedom Commission on Mental Health *was a catalyst for change in recommending that the U.S. Dept. of Health and Human Services "initiate and convene a public-private partnership" to engage in strategic planning to address workforce issues, and to "partner with State agencies that are responsible for the mental health care of children and adults to develop model, portable curricula to train direct care staff in the Nation's public-sector systems."*

Community provider agencies can:

- Develop curricula to train personnel in key Systems of Care services and supports;
- Develop ongoing paraprofessional training programs;
- Offer staff a range of incentives for personnel growth and training in competencies needed for cross-agency collaboration and new ways of working with families
- Offer incentives for practice in areas with underserved populations.

Universities and community colleges can:

- Design and promote pre-service education that is aligned with competencies needed in the public sector to provide new service delivery models and approaches;
- Promote and expand cross-disciplinary training in the treatment of co-occurring disorders;
- Recruit and support students from diverse racial, ethnic and cultural backgrounds.

Professional associations and organizations can:

- Promote cutting-edge service delivery models;
- Refine accreditation and credentialing standards to support cross-disciplinary competencies;
- Advocate for public-sector workforce improvements in recruiting, retaining, training and remunerating at the Federal and State levels.

Family advocacy organizations can:

- Promote the involvement of diverse caregivers in all agency systems planning and implementation activities;
- Develop partnerships with universities and colleges to develop and co-teach courses;
- Educate legislators in human service workforce issues and advocate for solutions.

Individual citizens can:

- Explore training and educational opportunities to work in child serving agencies;
- Request ongoing training from child serving agencies and organizations.

A Catalyst for Next Steps:

The President's New Freedom Commission provided an opportunity to highlight workforce development issues. In response, the Substance Abuse and Mental Health Services Administration contracted with the Annapolis Coalition to develop a National Strategic Plan for Behavioral Workforce Development that is to be produced in 2006. This is an opportunity to construct recommendations to address workforce issues in children's mental health. The objective of this brief is to stimulate discussion on do-able, measurable action strategies to be included in the national plan. Please email any effective strategies to improve the workforce serving children to Larke Huang at the American Institutes for Research (Lhuang@air.org). For information on the Annapolis Coalition and the strategic planning process, go to www.annapoliscoalition.org.

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