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6. Require professional boards to reflect their role in identifying specific cultural, ethnic, and linguistic workforce shortages.

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6. Require professional boards to reflect their role in identifying specific cultural, ethnic, and linguistic workforce shortages.

CRISIS POINT: Mental Health Workforce Shortages in Texas

Health Care Crisis in Texas

There is a crisis as the population increases, ages and shifts its ethnic composition. A growing number of Texans with serious and persistent mental illnesses do not have access to the care they need. For many, funding for mental health care is not meeting the demand, creating a workforce crisis. The state’s health care professional strategy, primarily in rural and impoverished urban areas, will have a tough time meeting services for a small, but growing population. The following table shows the number of people with serious and persistent mental illness in Texas and the estimated shortfalls in mental health services.

Why Mental Health Services Matter

If we serve adults in the U.S. experience a diagnostic mental illness in a given year, they are more likely to experience severe and persistent mental illness. Nearly half of all adults in the U.S. will experience serious and persistent mental illness in their lifetime. People experiencing mental illness face barriers to accessing care, making it difficult to get the care they need. Mental health is an essential element of overall health, and yet less than 50% of people with a diagnosable mental health condition in their lifetime receive care.

Table 1: Prevalence of Mental Disorders Among U.S. Adults

<table>
<thead>
<tr>
<th>Mental Disorder</th>
<th>Anxiolytic</th>
<th>Mood Disorder</th>
<th>Schizophrenia</th>
<th>Bipolar Disorder</th>
<th>Major Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>11.1%</td>
<td>12.3%</td>
<td>8.5%</td>
<td>1.9%</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

For appropriate services to be provided in Texas, 2,789 mental health specialists are needed in Texas Health Services Commission areas. This is 28.9% of the current mental health workforce needs. This number does not take into account the estimated health needs of Texas adults. This includes the estimated unmet healthcare needs for the uninsured population, the estimated health needs of young people, and the estimated health needs of adults who are not insured.

Table 2: Mental Health Workforce Trends in Texas

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Population (18+ years)</th>
<th>Adult Population (18+ years)</th>
<th>Psychiatrists**</th>
<th>Psychologists**</th>
<th>Social Workers**</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>20,945,963</td>
<td>1,422,000</td>
<td>14,549</td>
<td>69.46%</td>
<td>3,417</td>
</tr>
<tr>
<td>2009</td>
<td>24,782,302</td>
<td>1,634,000</td>
<td>16,574</td>
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The individual and societal benefits of achieving mental health and wellness are clear. Just as in the physical health arena, mental health services can play a key role in increasing the quality and length of life, and preserving productivity. The individual and societal benefits of achieving mental health and wellness are clear. Just as in the physical health arena, mental health services can play a key role in increasing the quality and length of life, and preserving productivity.

Lack of cultural and linguistic diversity in the mental health system.

• Recruitment and training challenges for mental health professionals.

In Texas, the current supply of health care professionals is not meeting the demand for services, creating a health care workforce crisis. The state’s health care professional strategy, primarily in rural and impoverished urban areas, will have a tough time meeting services for a small, but growing population. The following table shows the number of people with serious and persistent mental illness in Texas and the estimated shortfalls in mental health services.

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1. Expand graduate education programs for behavioral health professionals, including psychiatry, psychologists, social workers, counselors and other mental health professionals.

2. Provide adequate reimbursement rates for mental health services to increase the number of mental health professionals who accept patients using Medicaid.

3. Provide long-term support for the behavioral workforce shortage in Texas.

4. Expand the types of reimbursable mental health services and the professionals who can provide care.

5. Promote integration of mental health care in Texas by:
   - Addressing barriers to recruiting integrated mental health care provided by the Integrated Health and Behavioral Health Services Workgroup.
   - Identifying ways to ensure that Medicaid reimbursement for mental health services is available for a variety of service delivery models.
   - Developing risk assessment opportunities in multiple mental health professional categories as a way to increase capacity.
   - For example, allowing Medicaid reimbursement for risk assessments by psychologists, social workers, counselors and other mental health professionals.

6. Require professional boards to reflect this that will aid in identifying specific social, ethnic, cultural and linguistic workforce shortages.

Hogg Foundation for Mental Health

Methodist Healthcare Ministries


Why Mental Health Services Matter

O f the 49.6 million adults in the U.S. experience a diagnosable mental illness in a given year. Yet, only 40% of those who have a diagnosable mental illness receive services. People experiencing mental illness are unable to work, engage in community activities and relationships, and may experience suicide and overdose. The emotional and social impacts of mental illness are very real for many individuals. Professionals trained in mental illness are needed in communities. Despite the prevalence of mental illness in their community, Texas is not meeting the demand for mental health services. For example, the national suicide rate of 13.3 is much higher in Texas than in the rest of the U.S. (8.7).


CRISIS POINT: Mental Health Workforce Shortages in Texas

Mental Health Crisis in Texas

T here is a crisis in the changing demographics and age distributions of the population. A growing number of people are more likely to experience a mental illness and receive mental health services in their lifetime. The number of people with a diagnosable mental health condition in their lifetime is 1 in 4, and 1 in 10 will have a severe, serious and persistent mental illness. The crisis in mental health services is serious, particularly for children and youth. Why Mental Health Services Matter: The current workforce shortage in Texas:

The mental and physical benefits of providing mental health services are evident. People experiencing mental illness are more likely to experience physical illness. People with substance use disorder (SUD) are more likely to experience physical illness. People with mental illness are more likely to experience physical illness. People with a mental illness are more likely to experience physical illness. People with a mental illness are more likely to experience physical illness.

Research also shows that mental illness and substance use disorder (SUD) are closely linked. People with mental illness are more likely to experience physical illness. People with mental illness are more likely to experience physical illness.

Lack of cultural and linguistic diversity in the workforce.

Lack of available health care professionals in T exas.

Lack of available mental health professional internship sites.

Inadequate pay and reimbursement rates in the public health system.

Lack of culturally competent treatment for mental illness.

Why does mental illness matter?
The pool of mental health professionals is aging. In the coming years, many psychiatrists, social workers and marriage and family counselors will retire. Consequently, the state’s mental health workforce is expected to shrink. The aging workforce poses two distinct but related challenges: for culturally and linguistically diverse mental health care professionals, and creating a culturally and linguistically competent mental health workforce.

The workgroup report (www.hhsc.state.tx.us/reports/2010/Integration_of_Health_and_Behavioral_Health_Care.pdf) offers best practices in policy, training and service delivery. The integration of health and behavioral health services helps to address the workforce shortage and the growing shortage of mental health care professionals. In 2003, state funding for psychiatric Bushmasters was eliminated, so the又能实现将大脑功能从物理上分离出来。这种分离使得大脑能够更加专注于特定任务，而不会受到其他任务的影响。此外，分离后的大脑可以与外部设备进行交互，实现人类与数字世界之间的无缝连接。这项技术在神经科学、人机交互和人工智能等领域具有广阔的应用前景。
Locating Treatment Opportunities

A variety of training programs in Texas also contribute to the growing shortage of mental health professionals: 
- A shortage of training sites for psychology graduate programs and residencies, particularly in urban centers. 
- A problem in mental health specialty training that needs to be addressed in the coming years, including training in the following areas, the number of completed programs: 
  1. Psychiatry, SLP, 
  2. Social work, 
  3. Psychiatric nursing, 
  4. Mental health counseling, 
- Similar shortages in training for mental health professionals are experienced in the state and across the nation. 

To be effective, mental health treatment must be culturally and linguistically competent and individualized. Without cultural and linguistic sensitivity, treatment can be ineffective, resulting in poor outcomes for the individual. 

Certified Peer Specialists are mental health professionals with lived experience of mental illness who are trained in counseling and are called Via Hope specialists. 

People experiencing mental health challenges often suffer from treatment and support from mental health professionals, and they also suffer from bias and stigmatization. 

Separate Health Care Systems

In Texas, 18% of the population has mental illness, and 10% do not have the expertise to assess and treat mental illness. 

Increasing the Integration of Health and Behavioral Health Programs in Texas

Integrating Behavioral and Health Care Programs

Table 4: Number of Psychiatry Residents 2009-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>49</td>
</tr>
<tr>
<td>2010</td>
<td>50</td>
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Source: Texas Medical Association (December 2010)

Lack of Training Opportunities

- People experiencing mental health challenges often suffer from treatment and support from mental health professionals, and they also suffer from bias and stigmatization.
- The need for cultural and linguistic diversity to address the mental health workforce shortage in Texas.
- The integration of health and behavioral health programs in Texas.
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Need for Cultural and Linguistic Diversity

In many communities, minority groups are not being served by the mental health services available. The behavioral health workforce in Texas is not reflective of the racial and ethnic diversity of the state's population. Most of these CAPs are concentrated in areas with large minority populations.

A scarcity of training programs in Texas also contributes to the workforce shortage. The Texas Health and Human Services Commission recently approved funding for two new programs—a pilot Community Health Worker Program and a悄然 Mental Health Worker Program—which will address the growing need for bilingual and bicultural mental health professionals. The pool of mental health professionals is aging. In the coming years, at the same time that the demand for mental health services is expected to increase, the number of mental health professionals retiring will also increase.

Dependency Counselors

Dependency counselors are made up of mental health professionals, including psychiatric nurses, licensed professional counselors, licensed social workers, and marriage and family therapists. They serve as a bridge between the justice system and mental health services. They help people recover from substance abuse and mental illness, and they also help prevent recidivism.

Diversity and Inclusion

In 2008, the White House created the Office of Minority Health to help prioritize the needs of minority groups. The White House report, “Health Disparities: A Report to the Nation,” identified a number of barriers to accessing and utilizing health care services, including language barriers and cultural differences. The report stated that minority groups are more likely to experience worse health outcomes than non-minority groups.

Recommended Practices

1. Develop systems for meaningful and functional outcome measurement and tracking.
2. Support local health integrations in planning.
3. Address workforce education and training needs.
4. Encourage adoption of, or mental health services in Texas, and are more likely to report symptoms of depression.

The White House report also highlighted the importance of addressing cultural and linguistic diversity in mental health care. The report noted that cultural and linguistic diversity is an important factor in the delivery of mental health services, and that cultural and linguistic awareness is essential to providing effective care.

Conclusion

In conclusion, the shortage of mental health professionals in Texas is a serious problem that needs to be addressed. There is a growing need for bilingual and bicultural mental health professionals, and there is a need for more training programs to prepare these professionals. The state should consider enacting policies that could help address this shortage, such as providing funding for training programs and establishing a state-level workforce planning and development board.

Appendix

For more information on the mental health workforce in Texas, please visit the Texas Health and Human Services Commission's website at www.hhsc.state.tx.us.
### Facts Contributing to the Crisis

**Recruitment and Retention Challenges:**
- Psychiatrists are concentrated in urban areas and are aging, nearing retirement or death.
- There is a lack of training opportunities for psychiatrists.
- There is a lack of exposure to the diversity of the Texas population.

**Designing and Delivering Quality Services:**
- Behavioral health services must be designed to meet the needs of all Texans, including the diverse and underserved areas of the state.
- Mental health services must be culturally competent and linguistically sensitive.
- There must be a focus on reducing stigma and improving access to care.

**Behavioral Health Workforce:**
- The Texas Department of State Health Services is working to improve the behavioral health workforce in the state of Texas.

### Tables and Figures

#### Table 1: Number of Psychiatrists by Race/Ethnicity

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of Psychiatrists</th>
<th>Hispanic Psychiatrists</th>
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<tbody>
<tr>
<td>2009</td>
<td>1,617</td>
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#### Figure 1: Integration of Health and Behavioral Health Workgroup

- The Texas Department of State Health Services has established a Health and Behavioral Health Workgroup to integrate health and behavioral health services in the state.

### Recommendations

1. **Improve Medicaid Eligibility:**
   - Increase the number of Texans with Medicaid coverage.
   - Expand eligibility criteria to include all working adults.

2. **Enhance Training Opportunities:**
   - Increase the number of training opportunities for mental health professionals.
   - Expand the scope of practice for certified peer specialists.

3. **Develop Integrated Care Models:**
   - Develop integrated care models that provide a continuum of care.
   - Reduce barriers to accessing care for underserved populations.

4. **Support Local Health Systems Integration:**
   - Support local health systems integration planning.
   - Increase funding for local health systems integration.

5. **Promote the Use of Certified Peer Specialists:**
   - Promote the use of certified peer specialists as mental health providers.
   - Increase the number of certified peer specialists.

6. **Develop a State Health Information Technology Infrastructure:**
   - Develop a state-wide health information technology infrastructure.
   - Enhance the use of electronic health records.

### Consequences to Texans

- Increased access to quality care.
- Reduced stigma and improved mental health outcomes.
- Improved economic productivity.
- Reduced healthcare costs.

### Limitations

- The study is subject to the limitations of survey data.
- The sample size may not be representative of the entire population.
- The study may underestimate the prevalence of mental health disorders.

### Conclusion

- The study highlights the importance of improving the behavioral health workforce in Texas.
- The study recommends strategies to improve the quality and accessibility of mental health services in Texas.
- The study emphasizes the need for continued investment in mental health services and workforce development.

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*Information from various sources, including reports and studies.*
RECOMMENDATIONS

Every Texan should have access to evidence-based culturally competent and linguistically appropriate behavioral and mental health services. To achieve this goal, Texas should:

1. Expand graduate education programs for behavioral health professionals, including psychiatry, psychology, and social work, mental health counseling, and public health.

2. Expand the state’s promotion of, and investment in, the certification of peer support specialists.

3. Provide adequate reimbursement rates for mental health services to increase the number of mental health professionals who accept patients using Medicaid.

4. Expand the types of reimbursable mental health services and the professionals who can provide them, such as social workers, community health workers and practitioners who provide counseling and case management services.

5. Promote integrated health care in Texas by:
   - Adding barriers to preventing integrated health care initiatives identified by the Foundation of Health and Behavioral Health Services Workgroup.
   - Identifying ways to ensure that Medicaid reimbursement for mental health services is adequate for peer support specialists.
   - Creating meaningful, productive lives in their community. People experiencing mental illness can achieve recovery.
   - Incorporating mental health services into primary care practices.

6. Develop role/health opportunities in multiple mental health professional categories as a way to increase capacity. For example, allow Medicaid reimbursement for role health services of psychologists, social workers, counselors and other mental health professionals.

7. Require professional boards to collect data that will aid in identifying specific racial, ethnic, cultural and linguistic workforce shortages.
CRISIS POINT: Mental Health Workforce Shortages in Texas

Texas is changing as the population increases, ages, and shifts to urban companion. A growing number of the state’s 48,700 practicing physicians will retire by 2020. The state’s mental health system is not prepared to serve, causing a healthcare workforce crisis. The Texas health care professional workforce is panelized to meet and improve upon community needs. As healthcare professionals begin to retire, Texas is struggling to serve the growing needs of mental health professionals. The individual and societal benefits of achieving mental health parity and accessibility to mental health services will go unmet.

Why Mental Health Services Matter

To serve adults in the U.S. experience a diagnosable mental illness in a given year. A person may have received mental health services. Nearly half of all adults (46.4%) in the U.S. will seek mental health services at some point in their lives. People experiencing mental illness, whether in a depressive or mood disorder, are at increased risk of suicide. Mental illness is a leading cause of disability. Mental illness affects people across the life course, from children to elders. Recovery does not happen in isolation. It may require access to mental health services.

What Texas Should Do

1. Expand graduate education programs for behavioral health professionals, including psychiatry, psychology, social work, counseling and nursing.
2. Provide adequate reimbursement rates for mental health services to increase the number of mental health professionals who choose to practice in Texas.
3. Increase employers' awareness of the benefits of hiring certified peer specialists.

REFERENCES


Methodist Healthcare Ministries

Methodist Healthcare Ministries of Texas (MHM) partners with other organizations that are also fulfilling this mission of serving those with mental illness. MHM is a teaching healthcare system of the Methodist Healthcare System of San Antonio, Texas. MHM’s mental health system provides services to individuals and families through 5 community mental health centers, 9 mental health centers, and 2 community health centers.

MHM is a member of the Mental Health Services Administration by The Annapolis Coalition on the Behavioral Health Workforce, of Health and Human Services, Substance Abuse and Mental Health Services Administration, and Mental Health Services Administration at www.nimh.nih.gov.

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