Pandemic Impact and Workforce Wellbeing Strategies

Alicia Kirley, MBA
Senior Director National Council for Mental Wellbeing

Ayla Colella, LMHC,
Senior Director National Council for Mental Wellbeing

Pam Pietruszewski, MA
Senior Advisor National Council for Mental Wellbeing
This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
Welcome
Learning Objectives

• Identify the recruitment and retention challenges facing mental health and SUD treatment providers in the wake of COVID-19.

• Understand the impact of collective trauma and burnout on our workforce.

• Explore strategies to navigate clinical and organizational challenges, improve staff wellbeing, and leverage systems-level innovations.
Pre-Pandemic State of Mental Health

- Prior to the COVID-19 Pandemic, one in ten adults reported symptoms of anxiety and/or depression

- 47 million reported have any mental illness

- In 2018, over 48,000 Americans died by suicide, and on average between 2017 and 2018, nearly eleven million adults reported having serious thoughts of suicide in the past year

- Black and Hispanic people were less likely to receive behavioral health services compared to the general population and deaths by suicide are historically higher among communities of color.

1,2 National Center for Health Statistics, 2019
The Problem

Health Professional Shortage Areas: Mental Health, by County, 2021

Source: Rural Health Info 2021
The Facts

65% of non-metropolitan counties do not have a psychiatrist & 47% do not have a psychologist (American Journal of Preventive Medicine, 2015)

Rural Hospitals – closing at alarming rate & on life support

80 rural hospitals closed between 2010 & 2017 (Chartis Center for Rural Health)

Suicide, substance use, and addiction disproportionately affect rural America (Rural Policy Research Institute 2019)
Psychiatrists & Psychologists in Rural U.S. Counties per 100,000 population (2015)

Source: American Journal of Preventive Medicine, 2015
Mental Health and Substance Use Treatment Gaps

**Despite Consequences and Disease Burden, Treatment Gaps among African Americans Remain Vast**

**Despite Consequences and Disease Burden, Treatment Gaps among Hispanics Remain Vast**

SAMHSA, 2020
SUD Treatment Workforce

• The supply of addiction counselors is projected to increase 6% between 2016 and 2030
• Demand for addiction counselors may increase 21-38% by 2030
• Each year, 25% of SUD clinicians leave the job
• Workforce shortages → decreased access to care

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2937083/
Lack of Diversity among Workforce

Recent data from American Psychiatric Association indicates only 2 percent of the estimated 41,000 psychiatrists in the U.S. are Black, and just 4 percent of psychologists are Black.

On college campuses, close to 61 percent of counseling center staff are White, and 13 percent are Black, according to a 2020 Association for University and College Counseling Center Directors survey.

https://www.insightintodiversity.com/addressing-the-lack-of-black-mental-health-professionals/
Workforce shortages result in reduced access to mental health and substance use treatment and maldistribution of mental health and substance use providers (Morning Consult, 2021).

Pre-pandemic, the mental health and substance use treatment system was frail. Social determinants and risk factors compound maldistribution or inequity of care.

www.TheNationalCouncil.org
Ayla Colella, LMHC
Senior Director National Council for Mental Wellbeing
Check on the Survey:
Demand for behavioral health organizations’ services has continued to increase.

Increased demand is causing patient waitlist to grow.

Organizations are having trouble recruiting and retaining employees.
Future supply and demand for behavioral health practitioners will be affected by a host of factors related to population growth, aging of the nation’s population, overall economic conditions, expansion of insurance coverage, changes in health care reimbursement, retirement, attrition, availability of training, and geographic location of the health workforce.”

HRSA
Impacts on Mental Health and Substance Use

• More than half a million people have reported signs of anxiety and/or depression, Anxiety screens were up by 634% and depression screens were up 873%.

• Nearly 180,000 people who took the screening reported suicidal ideation on more than half the days or nearly every day.

• Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth. In September 2020, over half of 11-17-year-olds reported having thoughts of suicide or self-harm nearly every day of the previous two weeks.

• Nearly 78,000 youth reported experiencing frequent suicidal ideation, including nearly 28,000 LGBTQ+ youth.

• 70% of people reported that loneliness or isolation was the top contributing factor to mental health issues.
Compounding factors

Increased Burnout and Psychological Distress

- Spotlight on Racism and Inequity
- Death: COVID-19, Despair
- Political Stressors
- Covid-19 Lockdowns and Mandates
- Increased demand for Services
Where does this leave us?

Moral Distress on Individuals and Organizations:
• Compassion Fatigue/Burnout
• Turnover Rates
• Staff Engagement
• Organizational Resilience/Wellness
Burnout – The Exhaustion Cycle

- A syndrome of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment
- Develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically

THE EXHAUSTION CYCLE

- Busy: Can’t stop now
- Beatdown: Can’t take this
- Burnout: Can’t keep going

COVID, Trauma & The Human Stress response
The Brain’s Threat Network

AWAY THREAT
(Threat is Stronger)

TOWARD REWARD
(Reward is Better)

Source: NeuroLeadership Institute 2018
Impact of Stress on Brain Energy

Typical Performance
- Cognition
- Social/Emotional
- Regulation
- Survival

During Stress
- Cognition
- Social/Emotional
- Regulation
- Survival

https://www.neurosequential.com/covid-19-resources
Survival Mode Response

Inability to

• Respond
• Learn
• Process
Brain Based Science

- Neocortex and Prefrontal Cortex (PFC): Executive Functioning
  - What Can I learn?

- Limbic System: Emotions and Memory
  - Am I Loved?

- Brain Stem: Survival Functions
  - Am I Safe?
Resilience: Creating and Sustaining a Culture of Compassionate Resilience
Pam Pietruszewski, MA
Senior Advisor National Council for Mental Wellbeing
Who wants change?

Who wants to change?
But today’s problems are complex and interconnected. **Shift from hero to host.**

People more willingly support things they’ve played a part in creating. Leaders need to be *skilled conveners*, hosting *meaningful conversations* with *good questions* and supporting creativity and experimentation.

**From Leadership in the Age of Complexity**
The Righting Reflex

Desire to fix what is wrong or give advice... but becomes a fruitless effort to solve problems for other people, which violates their autonomy and leads to difficult conversations with poorer outcomes.
Most people won’t really listen or pay attention to your point of view until they become convinced that you’ve heard and appreciated theirs.

-M Nichols
Benefits of Motivational Interviewing for Leaders

• Elicit staff ideas about improvement

• “Resistance” as an opportunity to explore real implementation barriers

• By modeling, others are exposed firsthand how a collaborative communication technique might be used to promote change.

Hettema J, July 2014 Journal of Beh Health Services & Research
SAMHSA’s Trauma Informed Care Principles

Safety
Trustworthiness and Transparency
Peer Support
Collaboration and Mutuality
Empowerment, Voice and Choice
Cultural, Historical and Gender issues

The “Spirit” of Motivational Interviewing

- Partnership
- Acceptance
- Evocation
- Compassion
What’s Sitting in the Room from Trauma

Regressive behavior

Anger

Defiance

Difficulty forming relationships

Physical Illness

Sleep problems

Persistent irritability

Inattention

Hyper arousal

Need to control

Disrupted Mood

Perfectionism

Fear

Difficult concentrating

Aggression

Low self-esteem

Avoidant behavior

Dissociation

Sensory sensitivity

Trauma re-enactment

Depression

Mistrust

Traumatic grief

Shame
Compassion Fatigue and Motivation

• **Personal distress** moves us away from a compassionate motivation and toward threat protection or distress avoidance.

• **Distress tolerance** is a skill and a competence we work toward when engaging with suffering, through awareness and managing our own distress.

• **Everyone** is on their own life journey. I’m not the cause of their suffering and it’s not entirely within my power to make it go away. It may be difficult to bear but may I still be helpful if I can.
Wrestling vs. Dancing

You should...
Why didn’t you...
I think...

Yes and...
I wonder...
You’ve considered...
Autonomy
• Honoring the past (“The way we’ve always done things.”) and affirming historians
• Seek to understand, then to be understood. - Stephen Covey

Collaboration
• Choose curiosity
• In what way do you contribute to the overall goals/mission?

“I don’t feel the love.”
**What Does a Trauma-Informed, Resilience-Oriented Organization Include?**

<table>
<thead>
<tr>
<th>Safe, calm, and secure environment with supportive care</th>
</tr>
</thead>
<tbody>
<tr>
<td>System-wide understanding of trauma prevalence, impact and trauma-informed care</td>
</tr>
<tr>
<td>Cultural competence, Cultural humility, Diversity, Equity and Engagement</td>
</tr>
<tr>
<td>Persons served and staff voice, choice and advocacy</td>
</tr>
<tr>
<td>Recovery-oriented, person-driven, trauma-specific services</td>
</tr>
<tr>
<td>Healing, hopeful, honest and trusting relationships</td>
</tr>
</tbody>
</table>

[www.thenationalcouncil.org](http://www.thenationalcouncil.org)
Adaptive Reserve:
A practice’s ability to make and sustain change

What it takes:

• Shared vision

• Shift in the ways people think about and understand their roles

• Adopting different mental models of the work

Direct the Rider
Follow the bright spots, investigate what is working and replicate it.

Motivate the Elephant
Find the feeling, shrink the change

Shape the Path
Change the environment, rally the herd

From *Switch: How to Change Things When Change is Hard* by Chip & Dan Heath

www.TheNationalCouncil.org
Communicate 7 Times, 7 Ways

1. Connecting to Mission and Vision
2. Policy and Procedures
3. Competency Based Evaluations
4. On Boarding
5. Care pathways & protocols
6. Dashboards
7. Supervision

8. **Celebrations!**
Find your Why

“The most productive people start with purpose and use it like a compass.”
- Lorne Whitehead
Difficult Conversations

Focus on engagement – nothing else

Reflect, Reflect, Reflect

Ask for their story

Then summarize
## Indicators of an Organizational Behavioral Shift

| Change leaders are sought for advice and input | ...rather than criticized. |
| Results are used to evaluate how best to continue or improve | ...rather than being challenged or discounted. |
| Decisions are consistent with the vision and the marketplace | ...rather than on historical successes and past practices. |
| Change leaders gain more influence | ...rather than change resisters getting more time and attention. |

Practice Transformation Strategies to Enhance the Workforce

1. Optimize clinical practice through integrated care models
2. Reduce burnout, improve team satisfaction and client outcomes through team based care
3. Improve access to care through innovative solutions
What is Integrated Care?

“The care a patient experiences as a result of a team of interprofessional clinical and non-clinical care providers, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.”
Why Integrated Care?

The Value

- Behavioral health and primary care providers have shared responsibility.
- $293B added costs due to mental health/substance use co-morbidity with medical disorders.
- SMI have greater risk for COVID-19 mortality possibly due to poor primary care access & prevention.
- Adults with mental illness have higher prevalence of common preventable diseases.
- SMI have less access to preventive care/care management for comorbid general illnesses.
- Decreased life span due to untreated or undertreated chronic medical conditions.
- SMIs have less access to preventive care/care management for comorbid general illnesses.

www.Thenationalcouncil.org
Principles of Effective Integrated Care

- Person-centered Multidisciplinary and Interprofessional Team Care
- Population-Based Care
- Measurement-Based Care
- Evidence-Based Care
- Accountable Care

Evidence supports that team-based care has delivered:

» Increased **access** to care and reduced complications (Weller et al., 2014).
» Improved safety and better communication (Smith et al., 2018; Dehmer et al., 2016).
» Decreased burnout, turnover and tension and conflict among care providers (WHO, 2010), and increased **productivity** and **satisfaction** (Smith et al., 2018; von Peter et al., 2018).
## Goals of Integrated Care

<table>
<thead>
<tr>
<th>Improving</th>
<th>Overall health outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanding</td>
<td>Identification and screening for individuals with mental and behavioral health conditions, and social risks factors</td>
</tr>
<tr>
<td>Building</td>
<td>Supports through linkages to Community and Social Services</td>
</tr>
<tr>
<td>Avoiding</td>
<td>Avoiding hospital admissions, readmissions and emergency room utilization</td>
</tr>
<tr>
<td>Preparing</td>
<td>Preparing practices for value-based payment models</td>
</tr>
<tr>
<td>Reducing</td>
<td>Reducing overall health care costs</td>
</tr>
</tbody>
</table>
## Levels of Integration

<table>
<thead>
<tr>
<th>Coordinated</th>
<th>Co-located</th>
<th>Integrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Element: Communication</td>
<td>Key Element: Physical Proximity</td>
<td>Key Element: Practice Change</td>
</tr>
<tr>
<td>Level 1: Minimal collaboration siloed care</td>
<td>Level 2: Basic collaboration separate locations</td>
<td>Level 3: Basic collaboration on-site</td>
</tr>
<tr>
<td>Level 4: Close collaboration on-site with some system integration</td>
<td>Level 5: Close collaboration approaching and integrated practice</td>
<td>Level 6: Full collaboration in a transformed practice</td>
</tr>
</tbody>
</table>

Spotlight on CCBHC: A promising Model

- CCBHC is an integrated community behavioral health model of care that aims to improve service quality and accessibility. CCBHCs do the following:
  - Provide integrated, evidence-based, trauma-informed, recovery-oriented and person-and-family-centered care
  - Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services
  - Have established collaborative relationships with other providers and health care systems to ensure coordination of care
  - Culturally and Linguistically responsive services and competent care
CCBHC: Investing in the Workforce

5,201 STAFF HIRED as a result of becoming a CCBHC

Estimated 9,000 STAFF HIRED across all 224 active CCBHCs

41 NEW POSITIONS PER CLINIC on average since becoming a CCBHC

“CCBHC status has afforded us the ability to hire health care coordinators to bridge the gap in care between physical health and behavioral health. Their services are not typically billable in a traditional behavioral health space. Having these staff during the pandemic has been instrumental in helping our consumers navigate their health care needs in a new way, as well as ensure they have the support from primary care if exposed to COVID-19 etc. Our population has historically been underserved by the health care system. So having these staff onboard to help ensure we are paying attention to clients’ entire wellbeing and helping break barriers during a time of rapid change in the system has been invaluable. Lifeworks NW (Oregon)
Status of Participation in the CCBHC Model

There are **431 CCBHCs** in the U.S., across 41 states, Guam and Washington, D.C.
Extension for **Community Healthcare Outcomes:** **Project ECHO Mission**

**Mission:** To democratize medical knowledge and get best practice care to underserved people all over the world, touching the lives of 1 billion people by 2025.

**Addressing Critical Needs:** Within the first 3 days that the COVID-19 pandemic spread throughout the United States, the ECHO Institute conducted trainings in 55 countries in 4 languages through ECHO on responding to COVID-19.

www.TheNationalCouncil.org
Breaking Down Knowledge Silos

Reach & Impact
### Policy Recommendations

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase</td>
<td>compensation for high demand workforce</td>
</tr>
<tr>
<td>Support</td>
<td>adoption of transformative clinical approaches to relieve burden of increased demand</td>
</tr>
<tr>
<td>Expand</td>
<td>workforce through innovative approaches to building a behavioral health workforce pipeline</td>
</tr>
<tr>
<td>Reduce</td>
<td>administrative burden in documenting treatment plans through the use of SOAP notes</td>
</tr>
<tr>
<td>Identify</td>
<td>opportunities to leverage innovative financing models for workforce such as career impact bonds (CIBs)</td>
</tr>
<tr>
<td>Increase</td>
<td>adoption of in-person/telehealth hybrid models and digital innovation</td>
</tr>
<tr>
<td>Lift</td>
<td>barriers and support extensions for telehealth access/options</td>
</tr>
<tr>
<td><strong>Hope for the Future</strong></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td>Investment in National Health Service Corps, Behavioral Health Workforce Education and Training Program</td>
<td></td>
</tr>
<tr>
<td>Minority Fellowship Program</td>
<td></td>
</tr>
<tr>
<td>Promotion of the mental well-being of frontline Healthcare workforce</td>
<td></td>
</tr>
<tr>
<td>Launch of 988 crisis response and strengthen community-based crisis response</td>
<td></td>
</tr>
<tr>
<td>Expanding tele/virtual options</td>
<td></td>
</tr>
<tr>
<td>More health services for justice involved populations</td>
<td></td>
</tr>
<tr>
<td>Focus on children and youth prevention (ex. Schools)</td>
<td></td>
</tr>
<tr>
<td>Use of MHFA to support professionals across the social and human service fields</td>
<td></td>
</tr>
<tr>
<td>Expand funding and support for CCBHC adoption</td>
<td></td>
</tr>
</tbody>
</table>
COMMUNITY OF PRACTICE INTIMATE DIALOGUE

Join us for Part Two

https://us06web.zoom.us/meeting/register/tZMrf-mvpzsuGdeYPUw0WtO28d9_YVpcNrBL

Pandemic Impact and Workforce Wellbeing Strategies

July 29, 2022 from 2:00-3:00pm ET

* Dive deeper into your questions
* Coordinate your efforts
* Expand your network

Part Two will be via Zoom so you will have the opportunity to interact with the presenters verbally or via chat.

www.TheNationalCouncil.org