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

Disclaimer

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Alicia Kirley, MBA
Senior Director
National Council for Mental
Wellbeing

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.

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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.
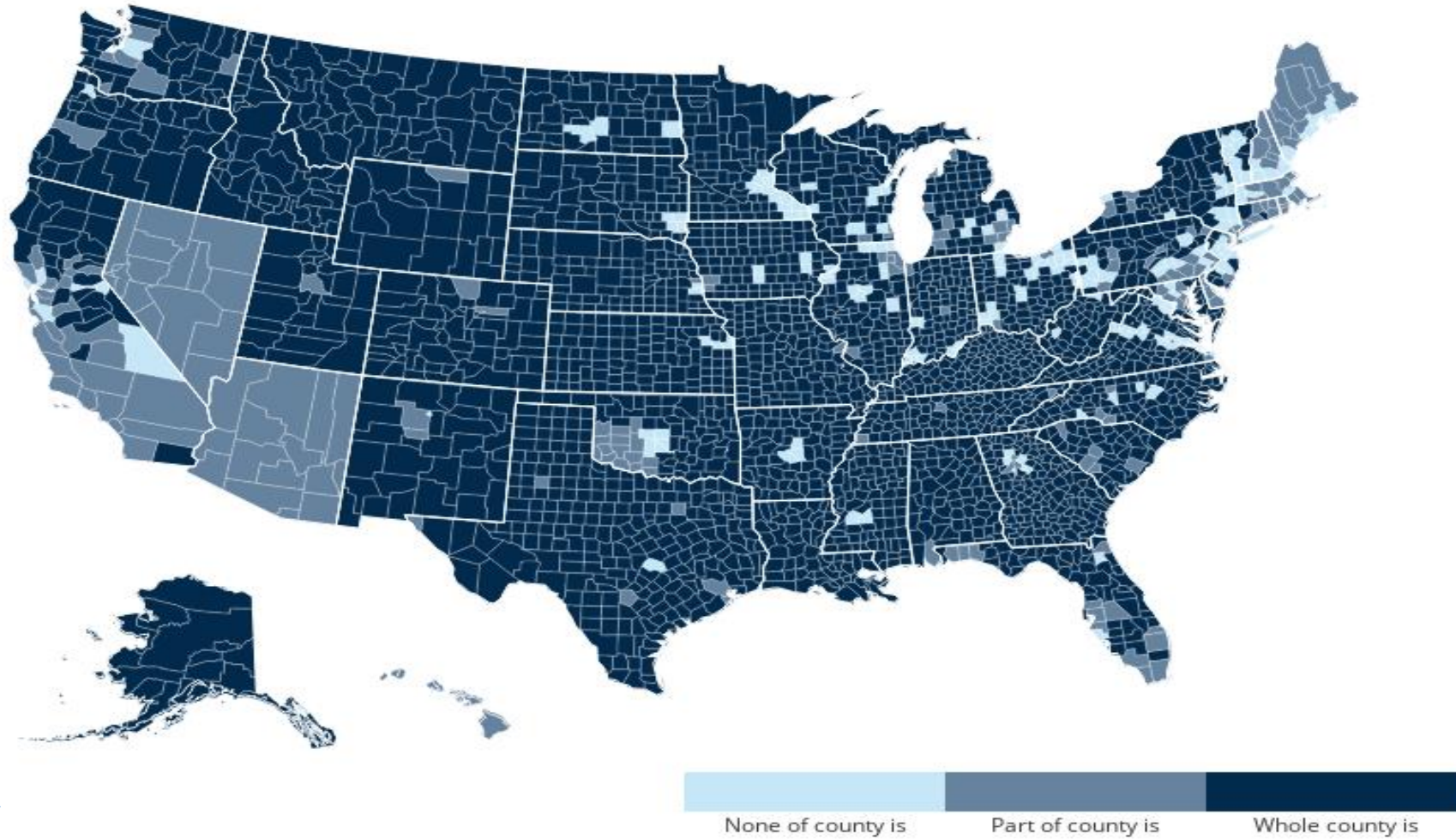
1,2 National Center for Health Statistics, 2019
KFF analysis of Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) (2008 and 2018)

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The Problem

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

None of county is | Part of county is | Whole county is

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The Facts

65% of non-metropolitan counties do not have a psychiatrist & 47% do not have a psychologist (American Journal of Preventive Medicine, 2015)
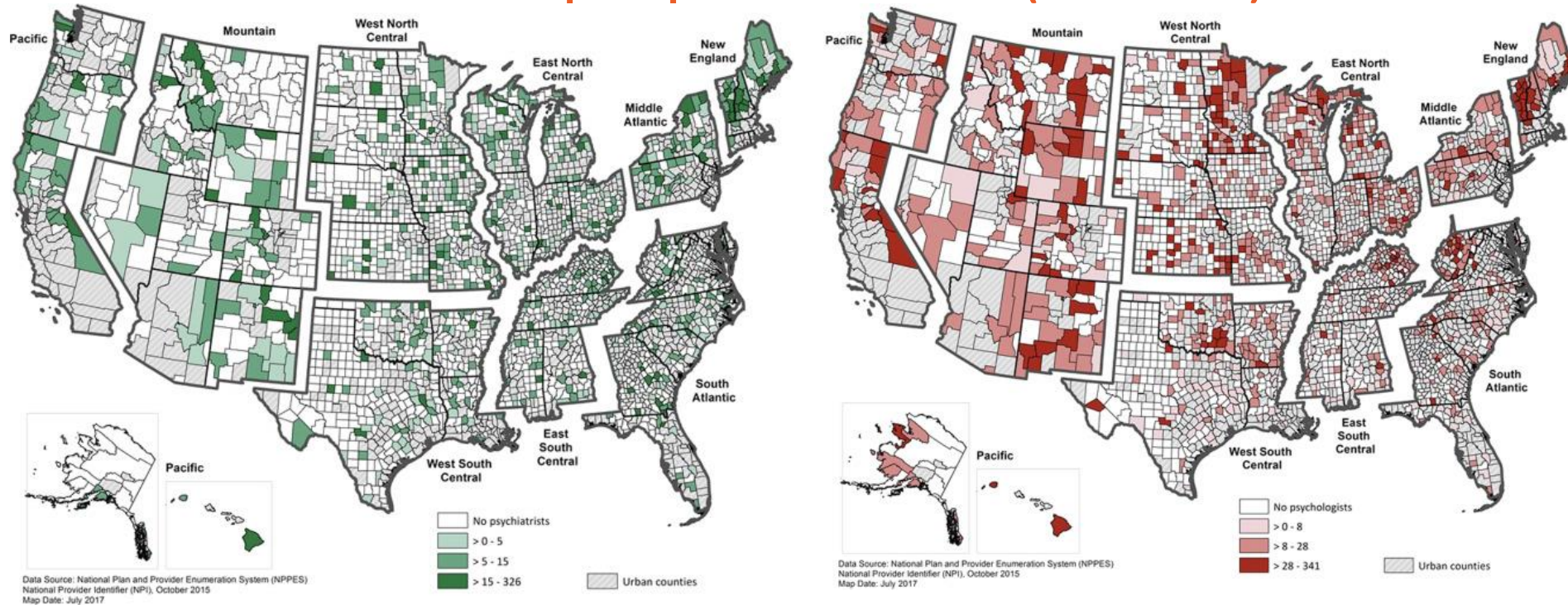
Rural Hospitals – closing at alarming rate & on life support

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)

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Psychiatrists & Psychologists in Rural U.S. Counties per 100,000 population (2015)

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Mental Health and Substance Use Treatment Gaps

Despite Consequences and Disease Burden, Treatment Gaps among African Americans Remain Vast
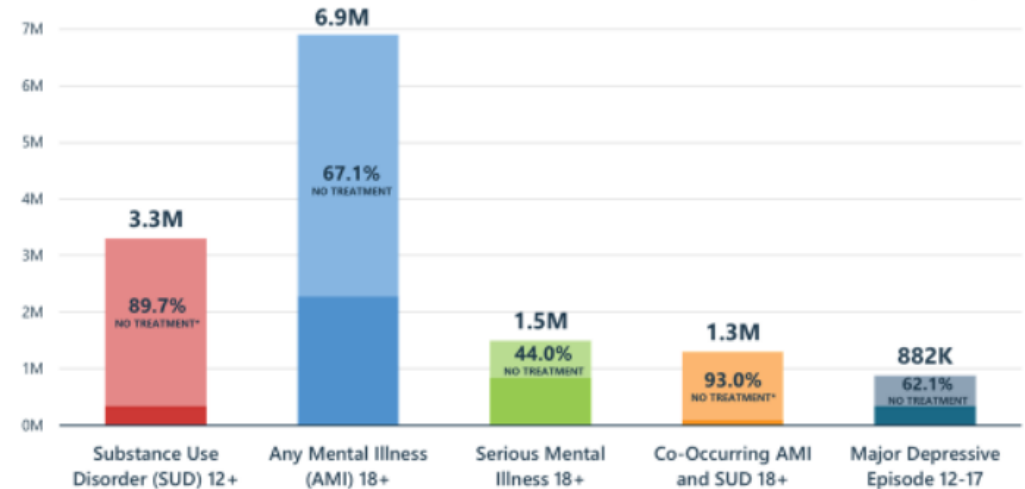PAST YEAR, 2018 NSDUH, African American 12+
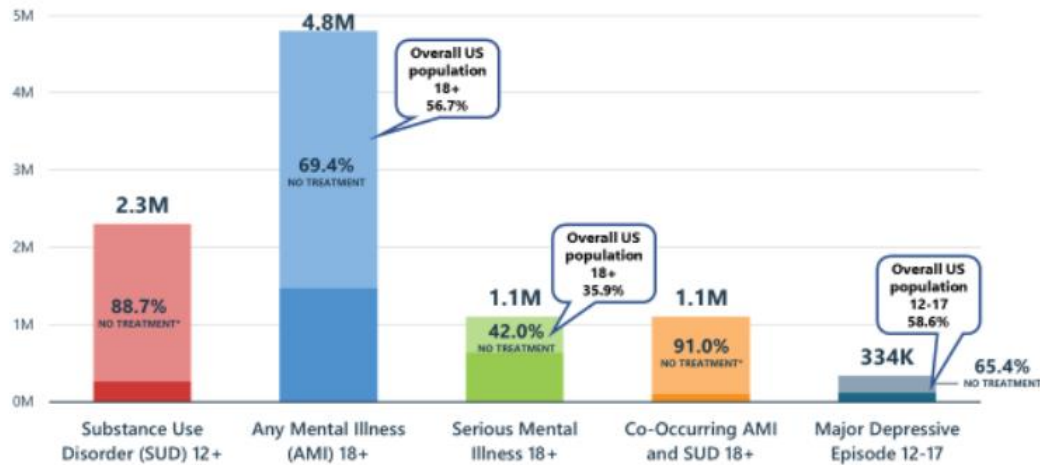
Despite Consequences and Disease Burden, Treatment Gaps among Hispanics Remain Vast
PAST YEAR, 2018 NSDUH, Hispanic 12+

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://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/addiction-counselors-2018.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2937083/

https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/Behavioral-Health-Workforce-Projections.pdf

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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/

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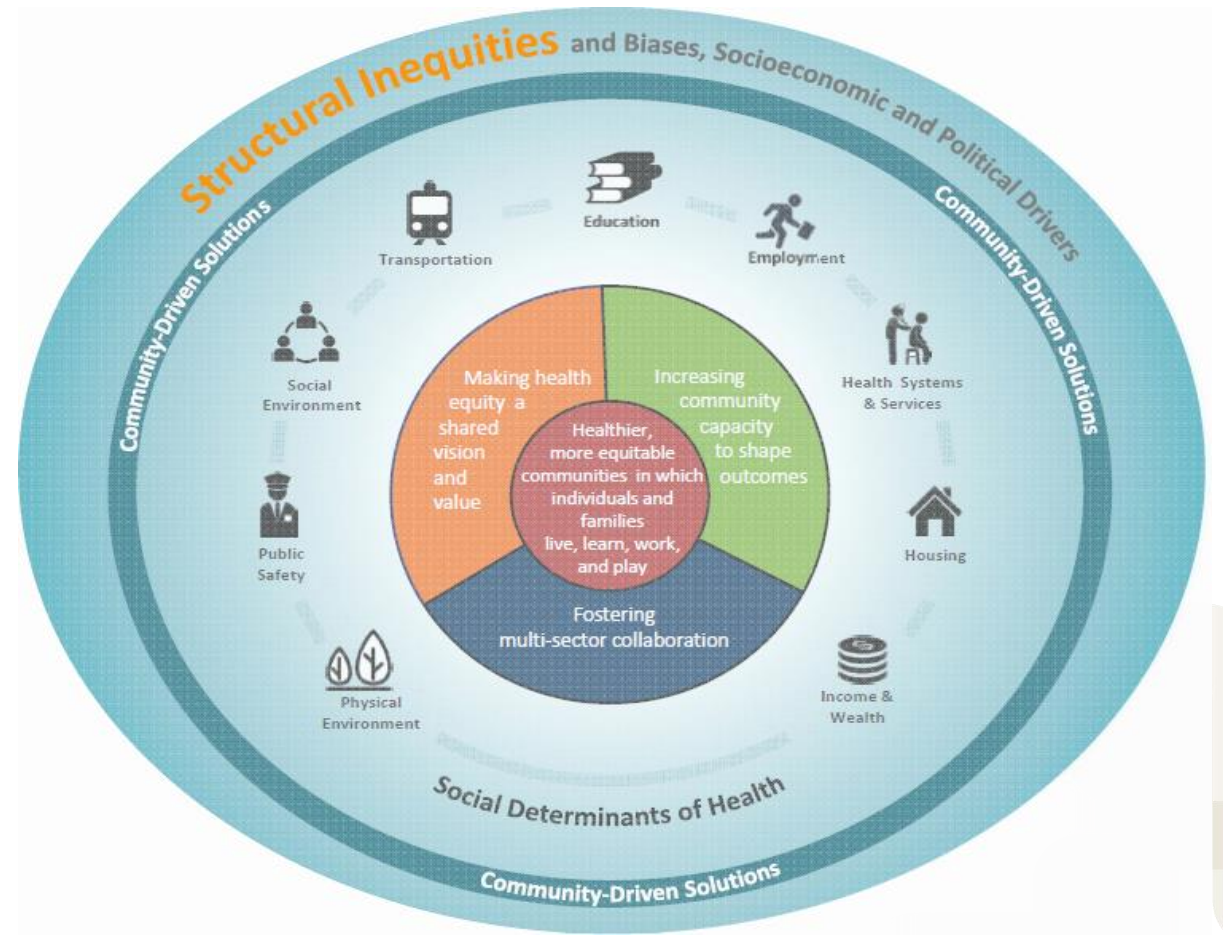
Workforce shortages

result in **reduced access** to mental health and substance use treatment and

maldistribution of mental

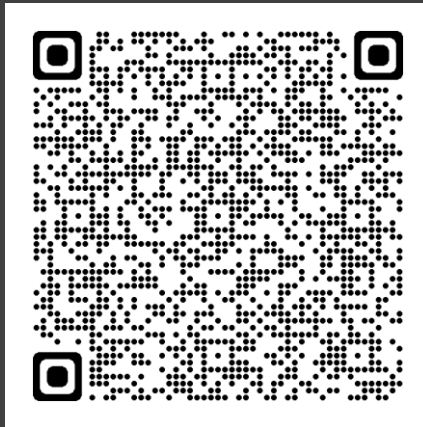health and substance use providers (Morning Consult, 2021).

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

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Ayla Colella, LMHC
Senior Director National Council
for Mental Wellbeing

Check on the Survey:

Impact of COVID-19 on the Workforce

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.

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"

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

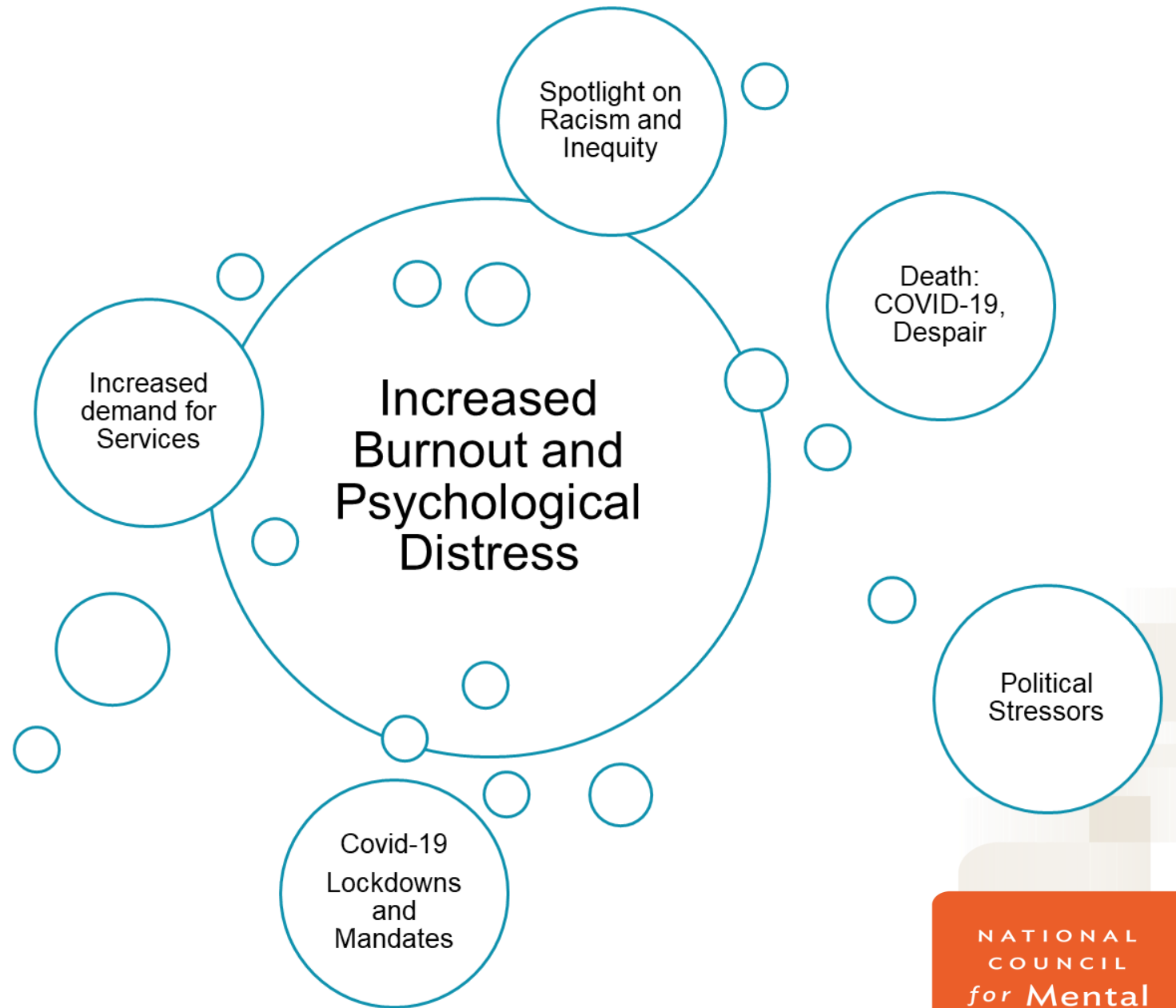NATIONAL COUNCIL *for* Mental Wellbeing

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

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Where does this leave us?

Moral Distress on Individuals and Organizations:

- Compassion Fatigue/Burnout

- Turnover Rates

- Staff Engagement

- Organizational Resilience/Wellness

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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	→	Beatdown	→	Burnout
CAN'T STOP NOW		CAN'T TAKE THIS		CAN'T KEEP GOING

Source: National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011).

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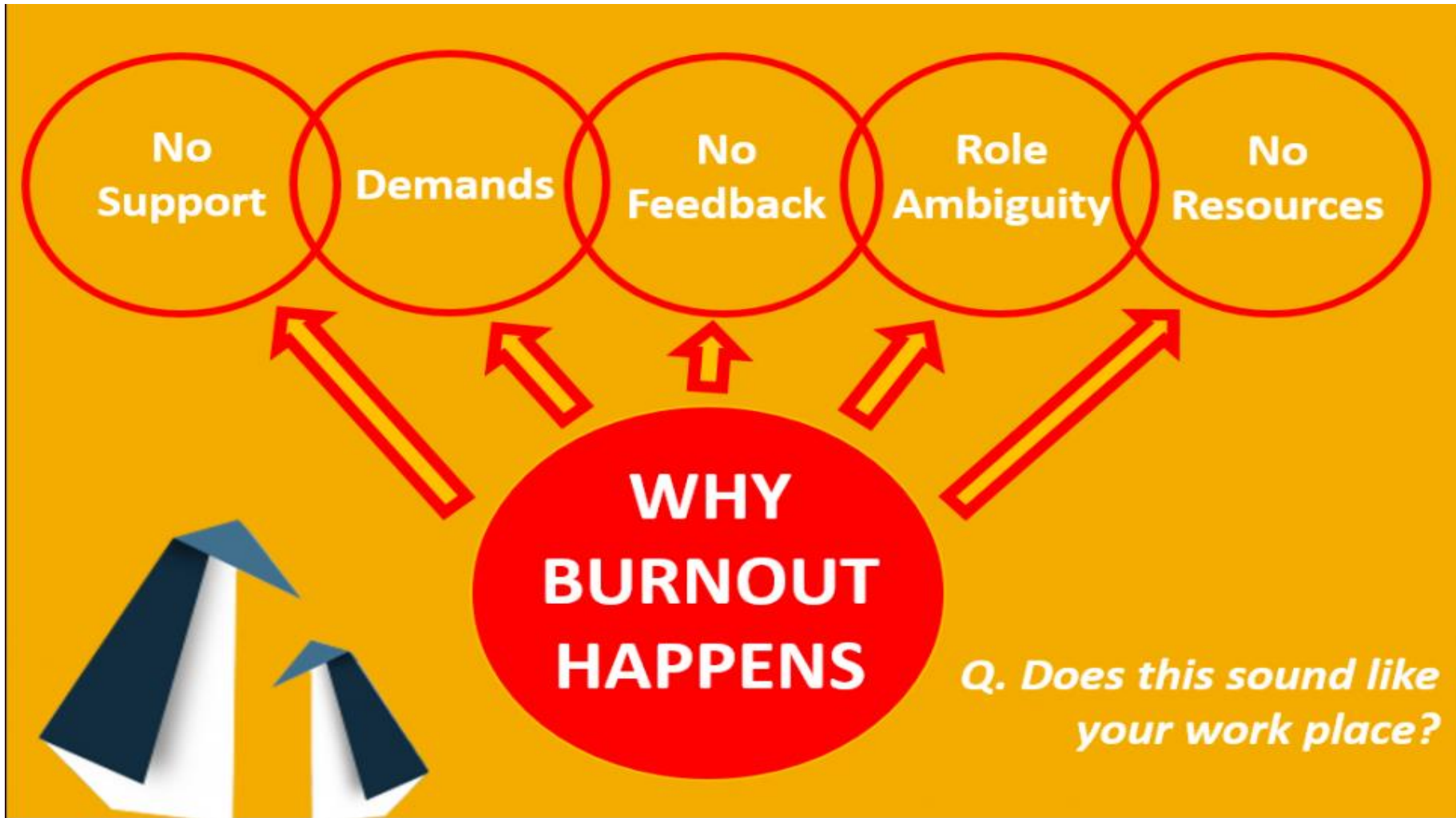
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COVID, Trauma & The Human Stress response

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The Brain's Threat Network

AWAY THREAT

(Threat is Stronger)

TOWARD REWARD

(Reward is Better)

Source: NeuroLeadership Institute 2018

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Impact of Stress on Brain Energy

Brain evolution

NEOCORTEX
cognition, language
sensory perception,
spatial reasoning

MAMMALIAN BRAIN
emotion and feeling

REPTILIAN BRAIN
instincts

Typical Performance

Cognition

Social/ Emotional

Regulation

Survival

During Stress

Cognition

Social/ Emotional

Regulation

Survival

https://www.neurosequential.com/covid-19-resources

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Survival Mode Response

Inability to

- Respond
- Learn
- Process
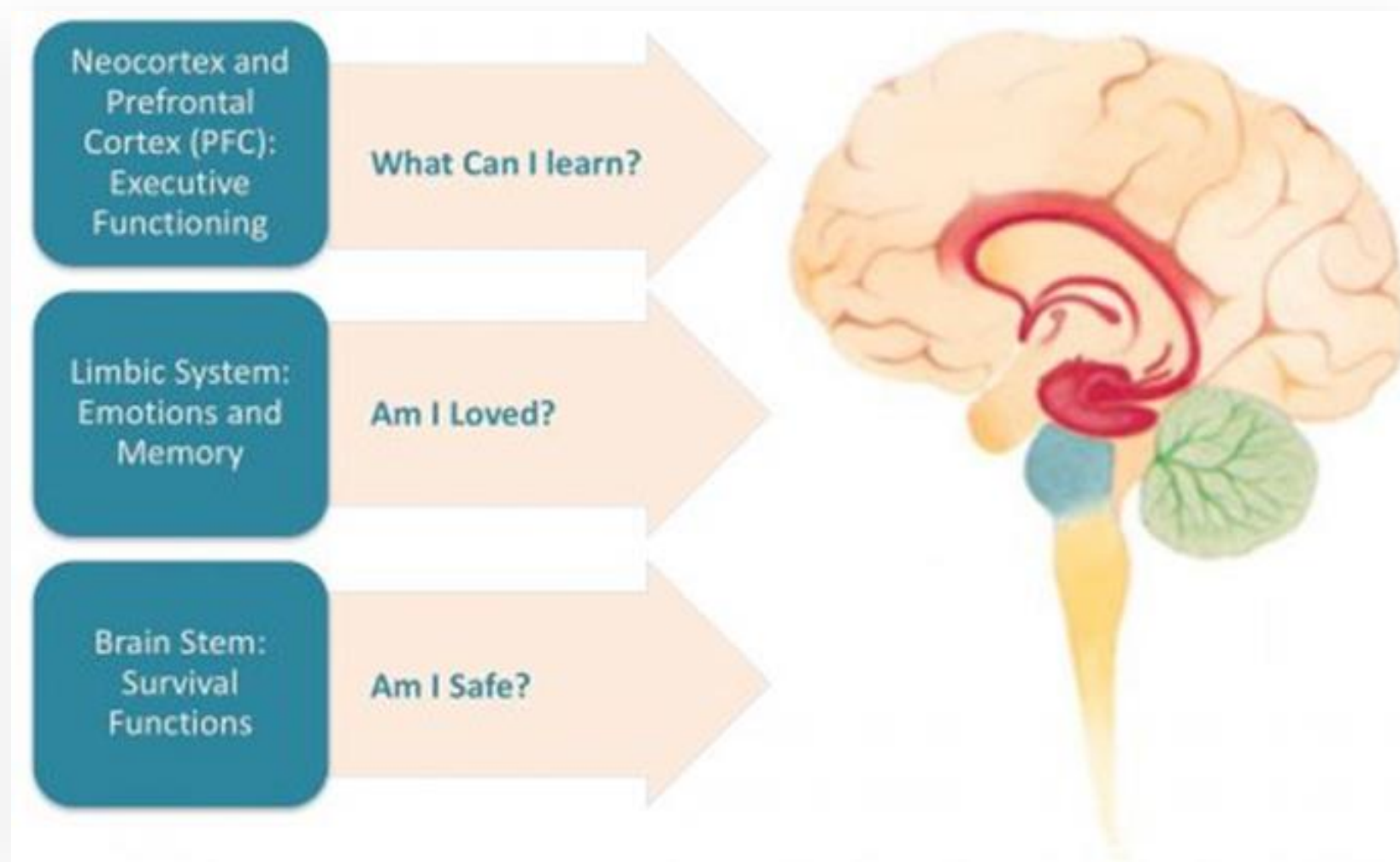
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Brain Based Science

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Resilience : Creating and Sustaining a Culture of Compassionate Resilience

Pam Pietruszewski, MA
Senior Advisor National Council
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User experience

Design

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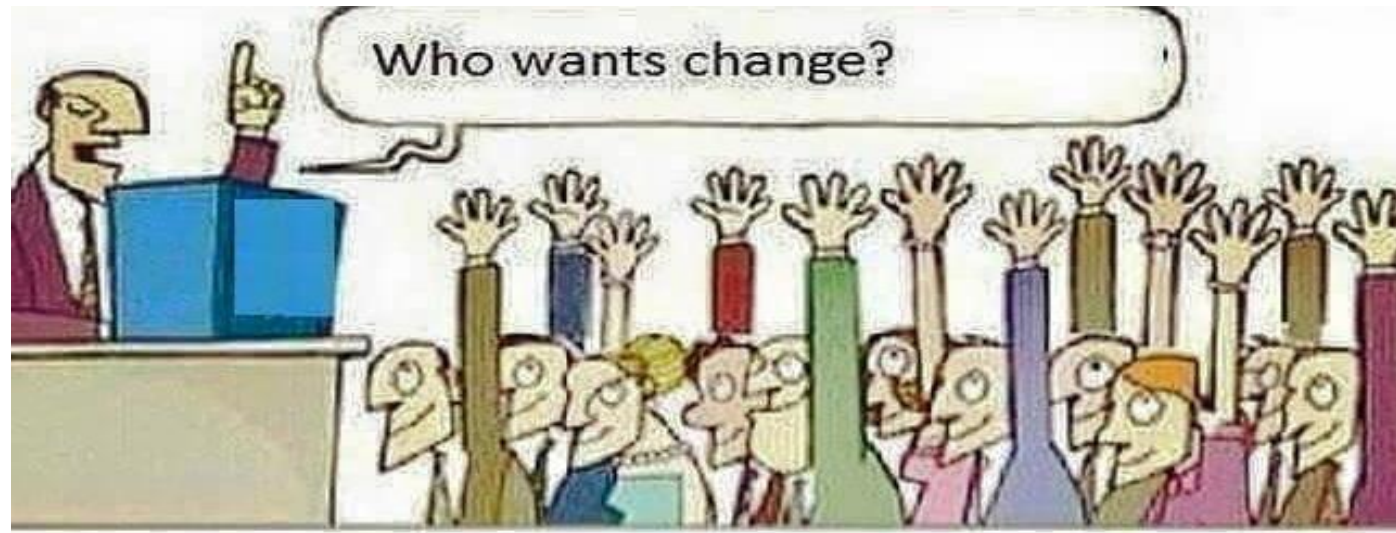*for* Mental
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But today's problems are complex and interconnected. Shift from hero to host. People more willingly support things they've played a part in creating. Leaders need to be skilled conveners, hosting meaningful conversations with good questions and supporting creativity and experimentation.

From Leadership in the Age of Complexity
https://www.margaretwheatley.com/articles/Leadership-in-Age-of-Complexity.pdf

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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.

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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

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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

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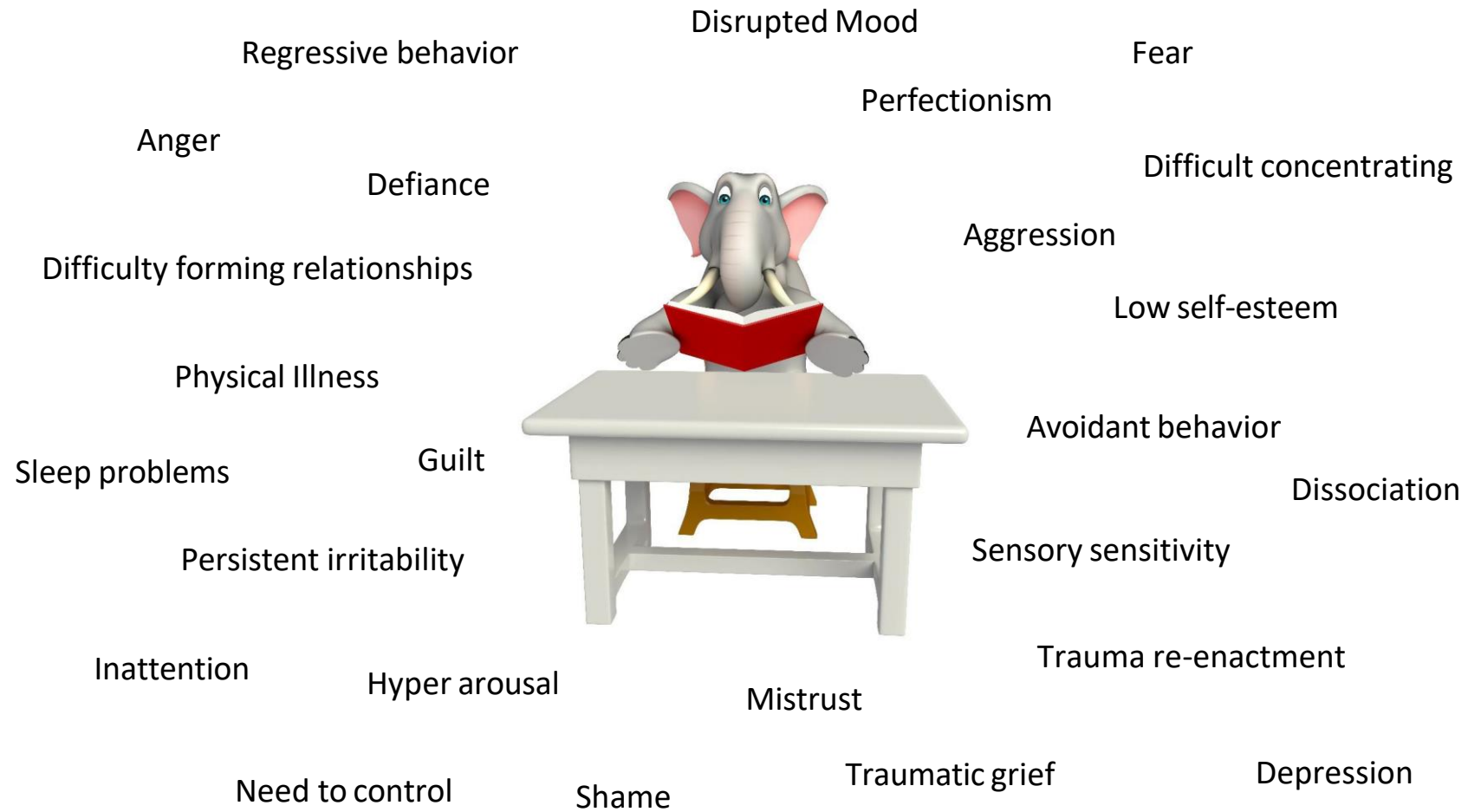# SAMHSA's Trauma Informed Care Principles

Safety

Trustworthiness and Transparency

Peer Support

Collaboration and Mutuality

Empowerment, Voice and Choice

Cultural, Historical and Gender issues

The "Spirit" of Motivational Interviewing
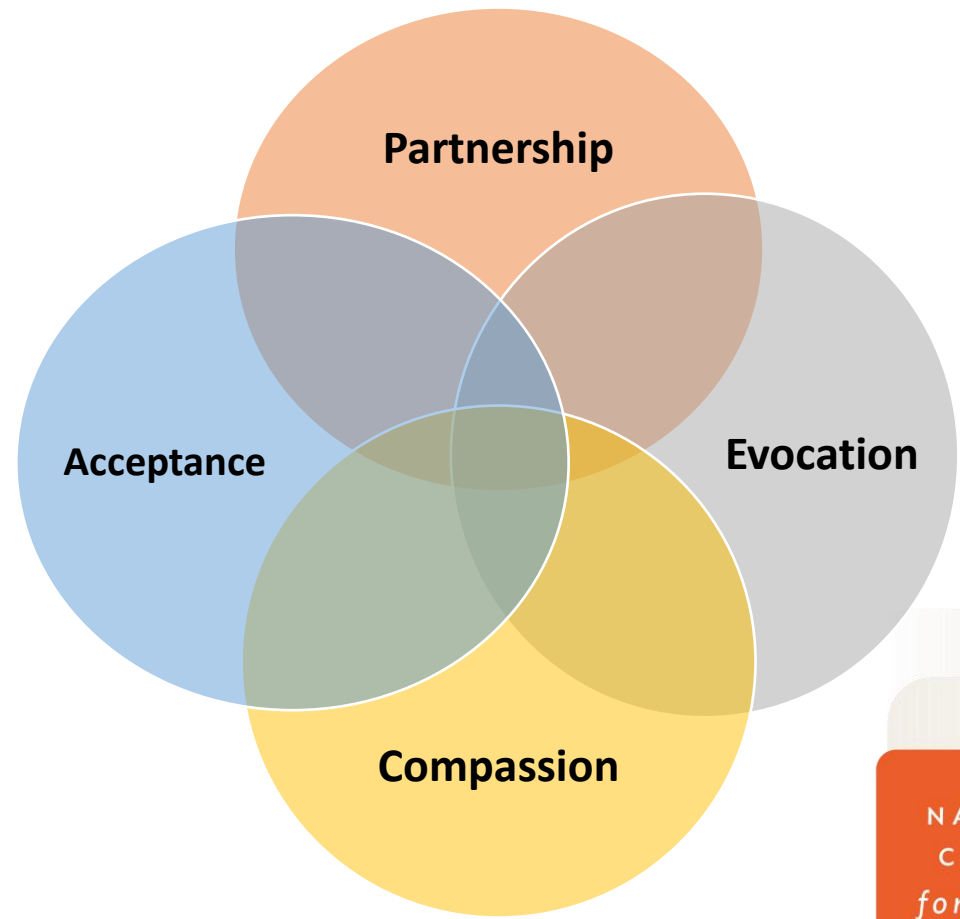
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What's Sitting in the Room from Trauma

Disrupted Mood

Regressive behavior

Fear

Perfectionism

Anger

Difficult concentrating

Defiance

Aggression

Difficulty forming relationships

Low self-esteem

Physical Illness

Avoidant behavior

Sleep problems

Guilt

Dissociation

Persistent irritability

Sensory sensitivity

Inattention

Trauma re-enactment

Hyper arousal

Mistrust

Need to control

Shame

Traumatic grief

Depression

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.
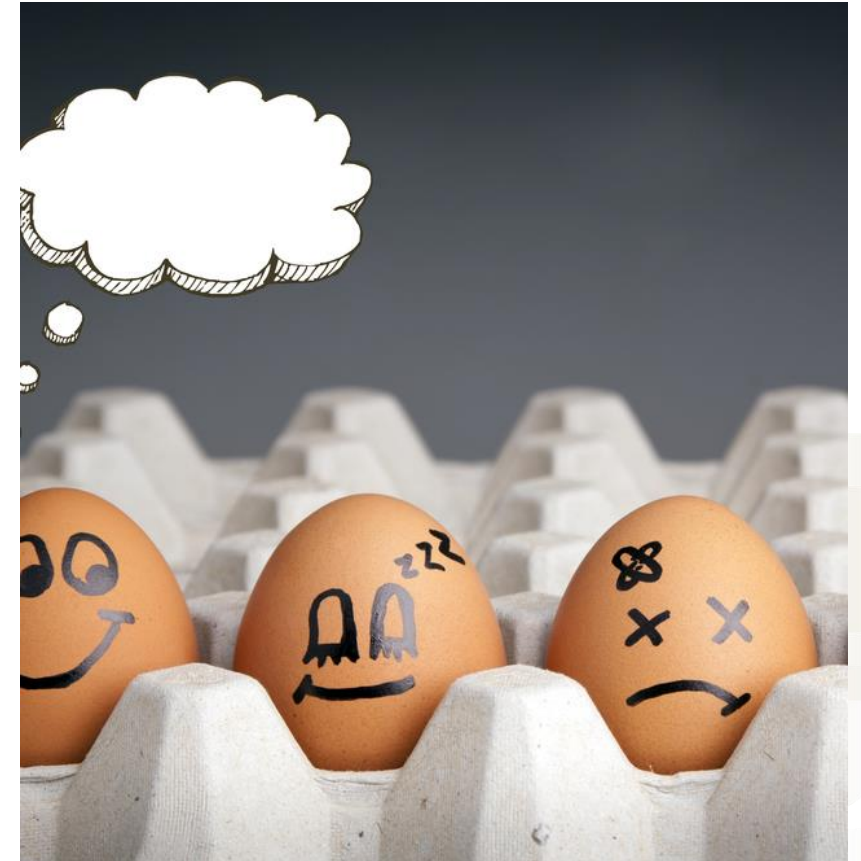
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Wrestling vs. Dancing

You should…
Why didn't you…
I think…

Yes and…
I wonder…
You've considered…

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Organizations & Change

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."

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What Does a Trauma-Informed, Resilience-Oriented Organization Include?

Safe, calm, and secure environment with supportive care

System-wide understanding of trauma prevalence, impact and trauma-informed care

Cultural competence, Cultural humility, Diversity, Equity and Engagement

Persons served and staff voice, choice and advocacy

Recovery-oriented, person-driven, trauma-specific services

Healing, hopeful, honest and trusting relationships

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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
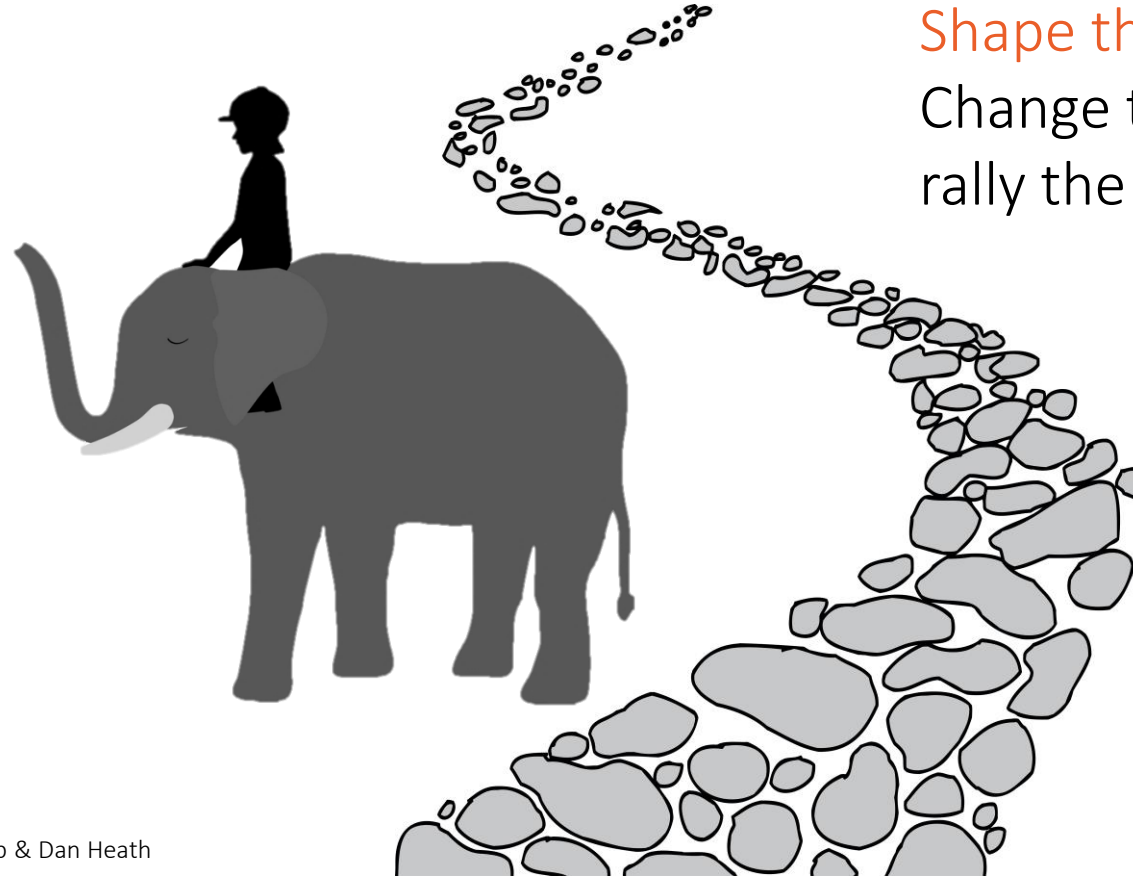
Nutting et al. Annals of Fam. Med. 2010

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

Shape the Path
Change the environment, rally the herd

Motivate the Elephant
Find the feeling, shrink the change

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

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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!
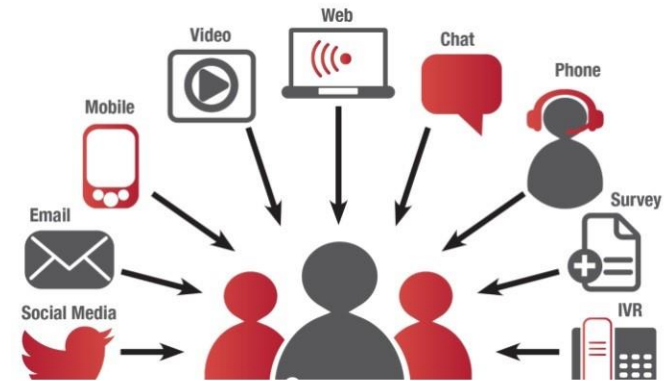
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Find your Why

"The most productive people start with purpose and use it like a compass."
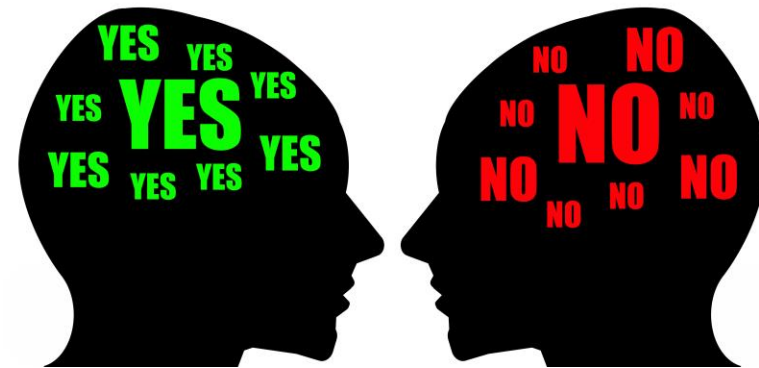
- Lorne Whitehead

Why → What → How

Difficult Conversations

Focus on engagement – nothing else

Reflect, Reflect, Reflect

Ask for their story

Then summarize

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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.

Make it Stick: Embedding Change in Organizational Culture. Harvard Business Press, 2008

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Resources for Health Care Worker Well-Being:
6 Essential Elements

Advance Organizational Commitment

Cultivate a Culture of Connection & Support

Strengthen Leadership Behaviors

Enhance Workplace Efficiency

Conduct Workplace Assessment

Examine Policies & Practices

https://nam.edu/compendium-of-key-resources-for-improving-clinician-well-being/

National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience

nam.edu/CW | #ClinicianWellBeing

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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

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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."

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Why Integrated Care?

The Value

Behavioral health and primary care providers have **shared responsibility**

SMI greater risk for **COVID-19 mortality** possibly due to poor primary care access & prevention

$293B **added costs** due to mental health/ substance use co-morbidity with medical disorders

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

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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).

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Goals of Integrated Care

Improving	Overall health outcomes
Expanding	Identification and screening for individuals with mental and behavioral health conditions, and social risks factors
Building	Supports through linkages to Community and Social Services
Avoiding	Avoiding hospital admissions, readmissions and emergency room utilization
Preparing	Preparing practices for value-based payment models
Reducing	Reducing overall health care costs

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Levels of Integration
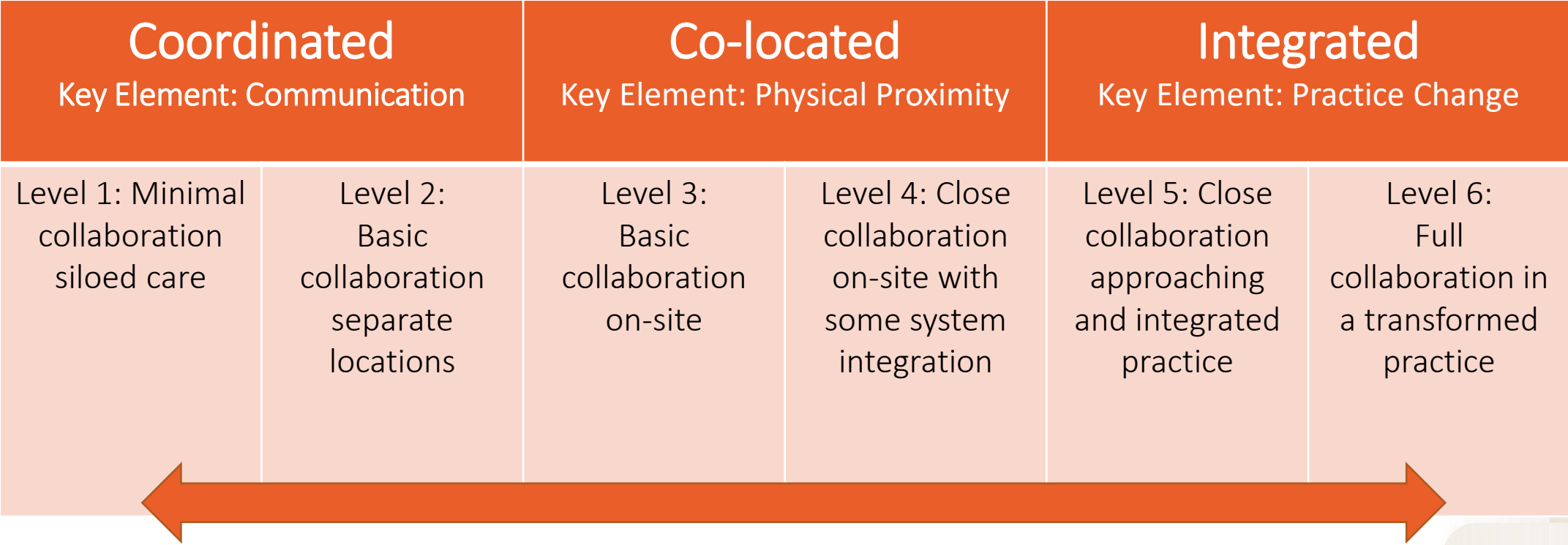
Coordinated Key Element: Communication		Co-located Key Element: Physical Proximity		Integrated Key Element: Practice Change	
Level 1: Minimal collaboration siloed care	Level 2: Basic collaboration separate locations	Level 3: Basic collaboration on-site	Level 4: Close collaboration on-site with some system integration	Level 5: Close collaboration approaching and integrated practice	Level 6: Full collaboration in a transformed practice

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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)

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Status of Participation in the CCBHC Model

Legend:
- States where clinics have received expansion grants
- States selected for the CCBHC demonstration
- Independent statewide implementation
- No CCBHCs

There are **431 CCBHCs** in the U.S., across 41 states, Guam and Washington, D.C.

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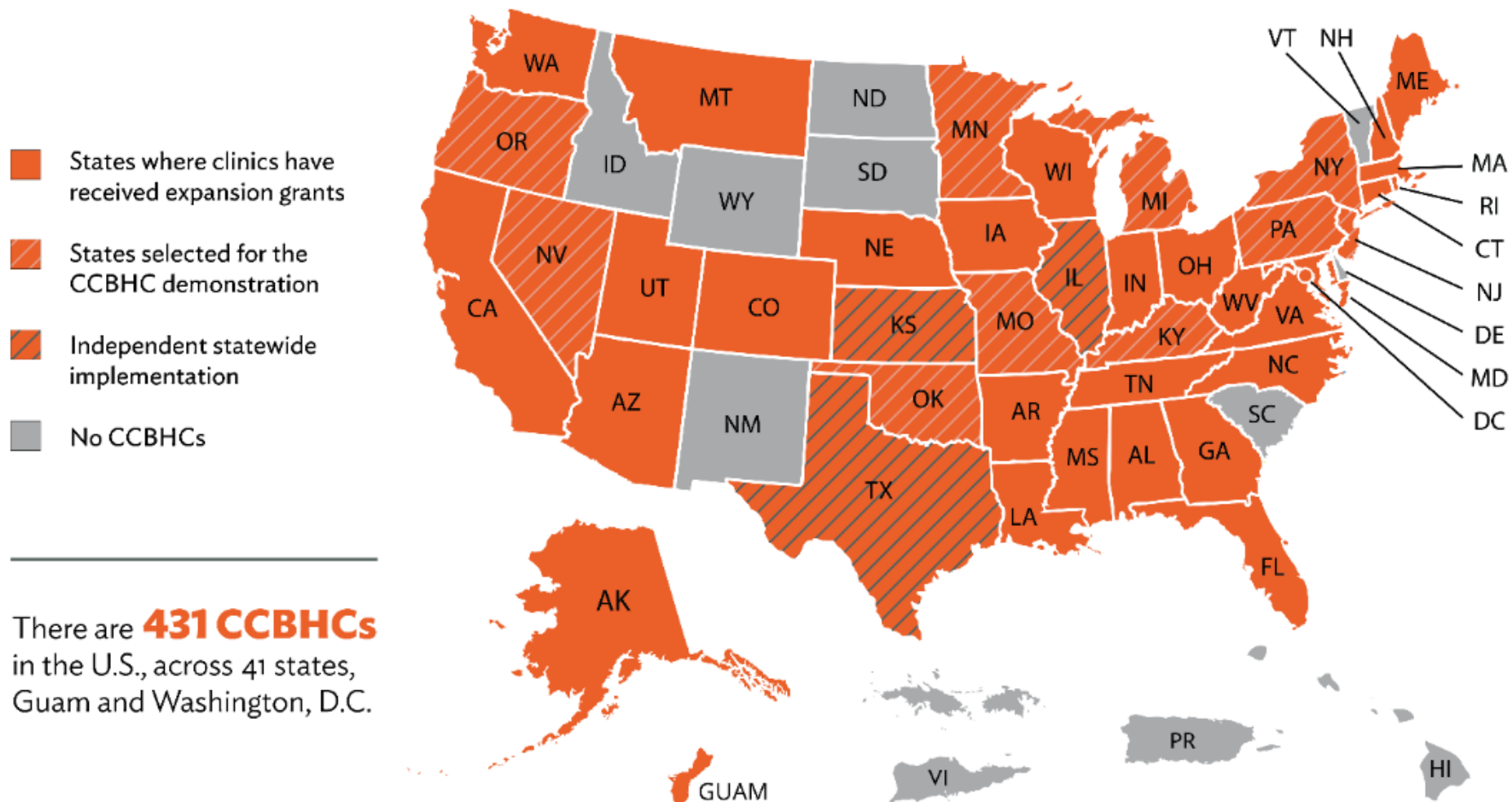
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Extension for Community Healthcare Outcomes: Project ECHO Mission

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.

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Breaking Down Knowledge Silos

Reach & Impact

Policy Recommendations

Increase	compensation for high demand workforce
Support	adoption of transformative clinical approaches to relieve burden of increased demand
Expand	workforce through innovative approaches to building a behavioral health workforce pipeline
Reduce	administrative burden in documenting treatment plans through the use of SOAP notes
Identify	opportunities to leverage innovative financing models for workforce such as career impact bonds (CIBs)
Increase	adoption of in-person/telehealth hybrid models and digital innovation
Lift	barriers and support extensions for telehealth access/options

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Hope for the Future

Investment in National Health Service Corps, Behavioral Health Workforce Education and Training Program

Minority Fellowship Program

Promotion of the mental well-being of frontline Heathcare workforce

Launch of 988 crisis response and strengthen community-based crisis response

Expanding tele/virtual options

More health services for justice involved populations

Focus on children and youth prevention (ex. Schools)

Use of MHFA to support professionals across the social and human service fields

Expand funding and support for CCBHC adoption

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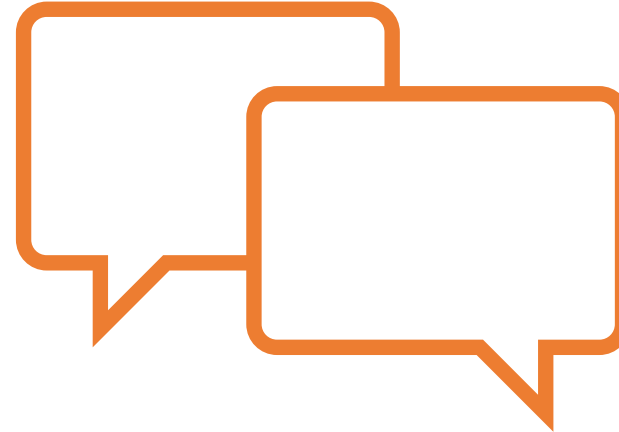# COMMUNITY OF PRACTICE INTIMATE DIALOUGE

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.

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