Diversifying the Behavioral Health Workforce: The Need to Promote Equity in Recruitment and Retention Strategies

Author: Cory Ware, MPA Senior Training and Technical Assistance Coordinator
Editor: Pam Woll, MA, Senior Editor

A brief survey of the literature on the behavioral health workforce reveals several concerning factors that may be impeding both the chance of favorable outcomes for patients from diverse backgrounds and the sustainability of the workforce as a whole. With the current increase in the demand for behavioral health services in a field that is already strained, it is becoming increasingly clear that members of the behavioral health community must launch a collaborative effort to explore solutions that will increase the recruitment and retention of a truly diverse workforce.

In 2018, more than 44 million American adults had a diagnosable mental health condition, and rates of severe depression worsened among youth (Beck et al., 2018). According to SAMHSA's 2018 National Survey on Drug Use and Health, Black Americans made up over 10% of the 44 million individuals with mental illnesses—nearly 5 million people (Mental Health America, 2018). As the COVID-19 outbreak began in 2019, the course of that outbreak revealed "deep-seated inequities" in health and behavioral health care for Black communities (SAMHSA, n.d., p.1). By April, 2020, Black people—who make up 13% of the U.S. population—accounted for 30% of U.S. COVID-19 cases (SAMHSA, n.d.).

As data continued to accumulate, researchers found an additional consequence of the COVID-19 pandemic: an increase in the number of Americans in need of behavioral health services (American Psychological Association, 2021). Researchers found that African Americans were among the minority groups more heavily affected by the stress of COVID-19 because they were more likely than White Americans to contract COVID-19, to develop severe cases of COVID-19, and to die from COVID-19 (American Psychiatric Association, n.d.; Snowden & Snowden, 2021).

Despite the hard work of those within the behavioral health field, the increased demand for behavioral health services outweighed the already short supply of behavioral health practitioners. For example, of the 2.3 million Black Americans in need of substance use disorder (SUD) treatment, more than 88% received no treatment. In addition, of the 4.8 million African Americans reporting any mental illness, 69% received no treatment (SAMHSA, n.d.).

Confounding factors such as stigma, inequitable behavioral health policies, centuries old but still prevalent traditions of racism and discrimination, and other barriers to the accessibility of services contribute immensely to the disparities in behavioral health engagement and outcomes (Pfefferle & Gibson, 2010). However, these are all deep, complex, and long-standing challenges affecting individuals, organizations, and systems. Addressing those challenges will require the consistent, concerted efforts of a broad coalition of leaders and change agents.

Meanwhile, the field acknowledges the need for immediate relief and the importance of "seeding" greater equity and cultural responsiveness within the behavioral health field. An effective way of working toward both of these outcomes will be to increase our efforts to recruit and retain a diverse behavioral health workforce (Buche et al., 2017).

"The advantages of a diverse healthcare workforce have been well-documented in the literature" (Buche et al.; Beck, 2017). Experts believe that diversification of the behavioral health workforce can benefit society by improving and enhancing practitioners' culturally and linguistically appropriate services (CLAS) (Cohen et al., 2002). Behavioral health providers with diverse racial, ethnic, and other demographic and socioeconomic differences are more likely to:

- increase patient satisfaction;
- increase trust among broader populations, especially diverse populations in need of services;
- increase the likelihood of service engagement; and
- increase the benefit that patients derive from services (Buche et al., 2017; Pfefferle & Gibson, 2010).

The literature is clear that a diverse behavioral health workforce will bring many benefits, but the recruitment and retention of a diverse workforce has its challenges. While more equitable recruitment strategies for behavioral health professionals have been discussed within the literature, there is still a significant lack of diversity within the field. For example, in 2019, 83% of psychologists in the U.S. workforce were white, 7% Hispanic/Latino, 4% Asian, 3% African American, and 2% "other" or mixed-race (American Psychological Association, 2020). To increase successful recruitment of diverse employees in behavioral health, the surveyed literature suggests the following:

- Create and use early pipeline programs that foster partnerships with more diverse educational institutions that offer participants internships and opportunities for employment (Zhang et al., 2021; Pfefferle & Gibson, 2010).

- Create and implement hiring principles and organizational values that champion diversity, equity, and inclusion (DEI) in each part of the hiring process, within day-to-day operations, and throughout the organizational culture (Zhang et al., 2021; Pfefferle & Gibson, 2010).

For organizational success, retention strategies must go hand-in-hand with recruitment strategies. A survey conducted by the Behavioral Health Workforce Research Center at Michigan found that employee retention is affected by several factors: job security, benefits, sufficient pay, career advancement, workforce development opportunities, and safe work environments free from discrimination (Buche et al., 2017). The Behavioral Health Workforce Research Center suggests the following measures for improving employee retention:

- Provide more resources to guide career advancement: For example, organizations can offer continuing education opportunities, increase job autonomy, develop organizational succession plans, and construct career ladders for staff (Buche et al., 2017).

- Offer better reporting options for instances of discrimination: These might begin with additional DEI training for administrators and employees. These sessions would include discussion of possible policy changes and organizational values and norms that would help create diverse, equitable, and inclusive environments free from discrimination (Buche et., 2017).

For the success and survival of the field, behavioral health organizations must:

- make a concerted effort to research, plan, implement, evaluate, and report innovative suggestions for the recruitment of diverse candidates into the behavioral health workforce; and

- make necessary changes to ensure that employees from diverse racial, ethnic, and socioeconomic backgrounds are recruited and retained.

A collaborative effort, seeded with innovative solutions, will grow and enhance the behavioral health field. Eventually, a robust workforce will match the demand for behavioral health services—all the while increasing engagement and favorable outcomes for the growing diverse population in need of behavioral health services.

References

American Psychiatric Association. (n.d.). *Mental health disparities: African Americans.* https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-African-Americans.pdf

American Psychological Association. (2021). *Worsening mental health crisis pressures psychologist workforce.* https://www.apa.org/pubs/reports/practitioner/covid-19-2021

American Psychological Association. (2020). *CWS data tool: Demographics of the psychology workforce* [Interactitve data tool]. https://www.apa.org/workforce/data-tools/demographics

Beck, A. J., Manderscheid, R. W., & Buerhaus, P. (2018). The future of the behavioral health workforce: Optimism and opportunity. *American Journal of Preventive Medicine, 54*(6), 187-189. https://doi.org/10.1016/j.amepre.2018.03.004.

Buche, J., Beck, A. J., & Singer, P. M. (2017). *Factors impacting the development of a diverse behavioral health workforce.* School of Behavioral Health Workforce Research Center. https://www.behavioralhealthworkforce.org/wp-content/uploads/2017/05/FA2P1_Workforce-Diversity_Final-Report.pdf

Cohen, J. J., Gabriel, B., & Terrel, C. (2002). The case for diversity in the healthcare workforce. *Health Affairs, 21* (5), 90-102.

Mental Health America. (2019). *Black and African American communities and mental health.* https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health

Pfefferle, S.G. & Gibson, T.S. (2010). Minority recruitment for the 21st century: An environmental scan. *Abt Associates, Inc.*

SAMHSA. (n.d.). *Double jeopardy: Covid-19 and behavioral health disparities for black and latino communities in the U.S. (submitted by obhe).* Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf

Snowden, L. R. & Snowden, J. M. (2021). Coronavirus trauma and African Americans' mental health: Seizing opportunities for transformational change. *International Journal of Environmental Research and Public Health 18* (7). https://doi.org/10.3390/ijerph1807356

Zhang, Y. X., Wilk, A.S., von Esenwein, S., & Cummings, J. R. (2021). *Recruitment snd retention of school mental health providers: Strategies and key resources.* Southeast Mental health Technology Transfer Center (Southeast MHTTC).