



Mental Health Workforce Forum

Minnesota Rural Health Conference

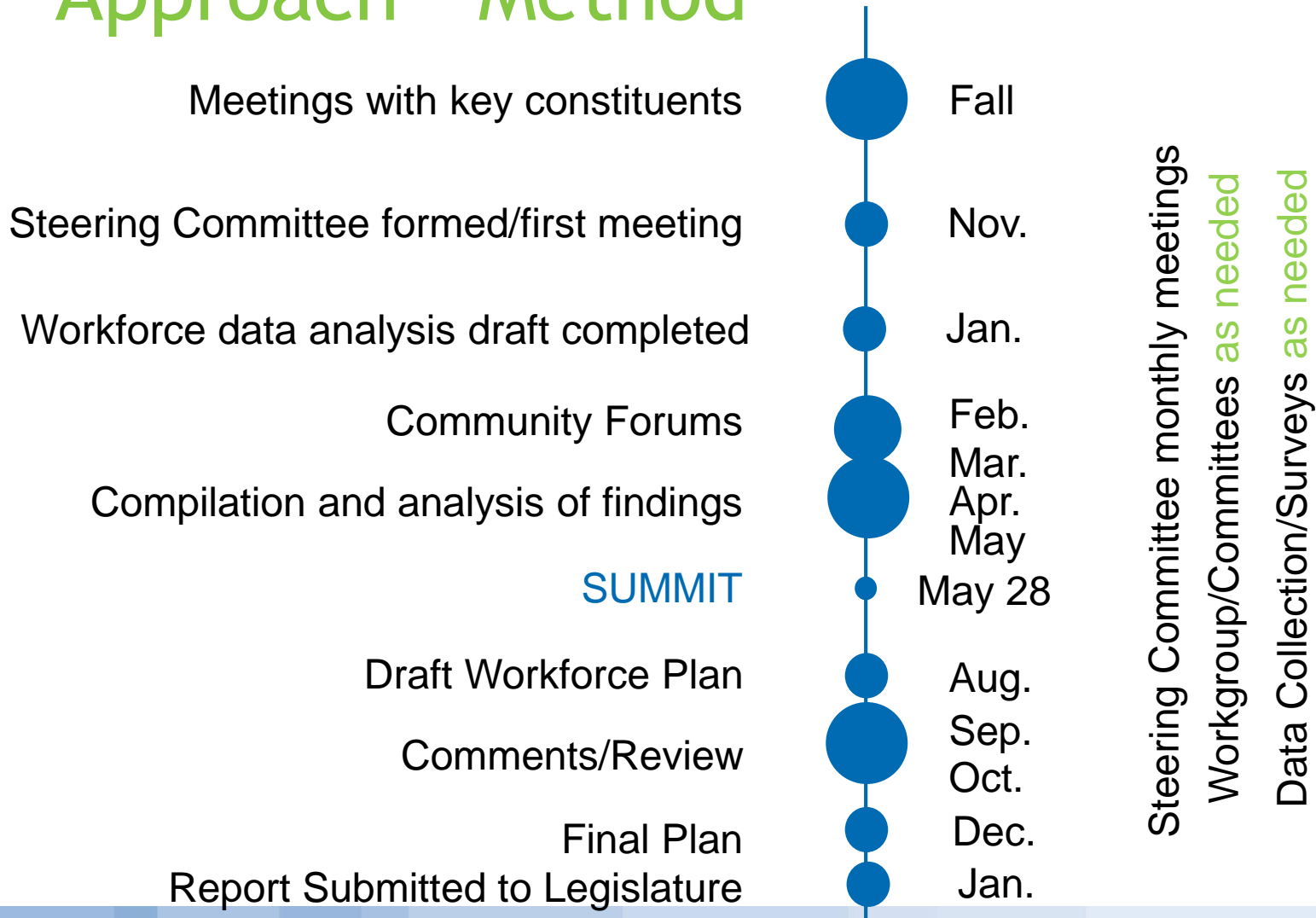
Legislative Charge (SF1236)

The Minnesota State Colleges and Universities (MNSCU) will convene a summit involving the Department of Human Services, MNSCU, U of M, private colleges, mental health professionals, special education representatives, child and adult mental health advocates and providers, and community mental health centers. The purpose will be

- to develop a comprehensive plan to increase the number of qualified people working at all levels of our mental health system,
- ensure appropriate coursework and training and
- create a more culturally diverse mental health workforce.

The plan must be submitted to the legislature by January 15, 2015.

Approach - Method



Steering Committee

- Department of Human Services
- Department of Health
- Minnesota State Colleges and Universities
- University of Minnesota
- Private Colleges
- Mental Health Professionals
- Special Education Representatives
- Child and Adult Mental Health Advocates and Providers
- Community Mental Health Centers

Steering Committee Questions

- What benchmarks exist to measure supply and demand of workforce and can be used to measure progress?
- What benchmarks can be used to measure diversity of the mental health workforce?
- What are the differences between metro and greater MN?
- What programs currently educate and train MH professionals, practitioners and others? How accessible are they? How appropriate is their education and training?

Data Report

- Focus on Supply of and Demand for Mental Health Professionals
 - Psychiatrist
 - Psychologist
 - Mental Health Counselor
 - Marriage and Family Therapist
 - Social Worker
 - Psychiatric Nurse Practitioner
- Multiple data sources
 - DEED
 - IPEDS
 - MDH, ORHPC
- Numerous challenges

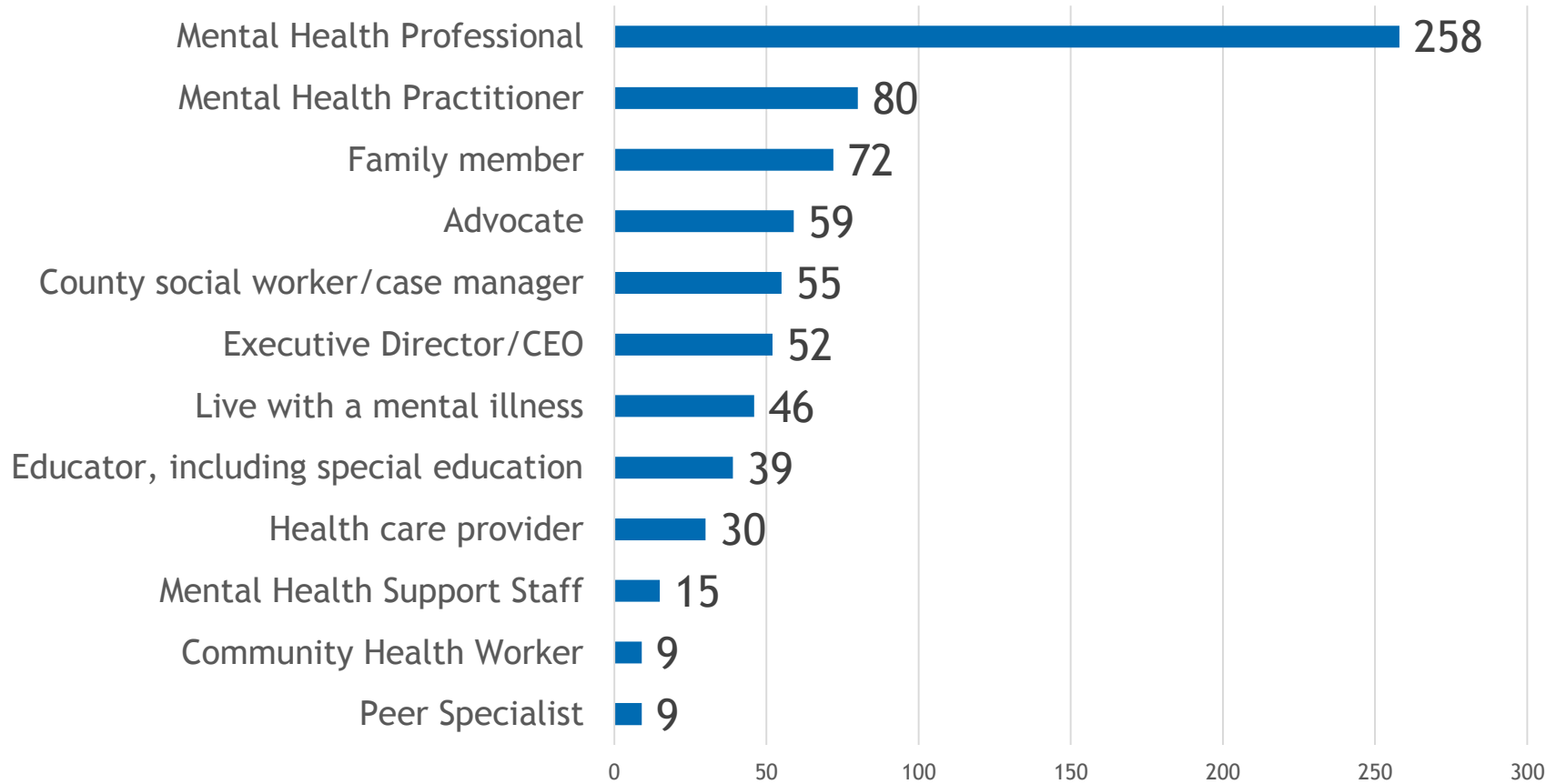
Forums/Presentations

Bemidji	Northfield
Brainerd	Pine City
Duluth	Rochester
Grand Rapids	St. Cloud
Mankato	Willmar
Metro Twin Cities (3)	Worthington
State Operated Services	MN Chapter of American Psychiatric Assn.
MN Assn. of Community Mental Health Clinics	MN Coalition of Licensed Social Workers
Native American Mental Health Advisory Council	

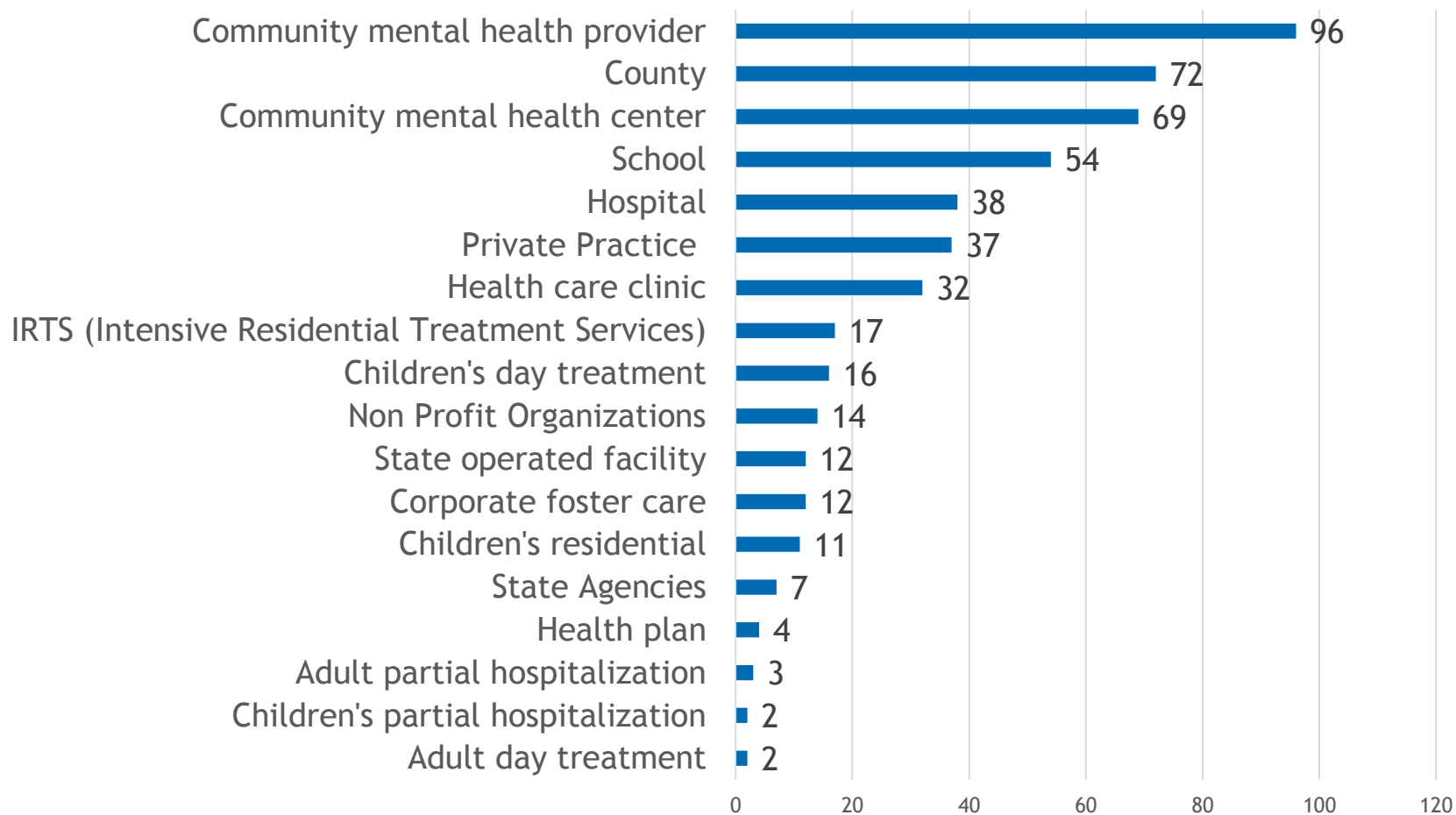
Forum Attendees

Providers	150
Educators	60
Family Members/Consumers	23
School Districts	21
State (DHS, Licensing, etc)	12
Students	20
Elected official	1
Law enforcement	3
Total	290

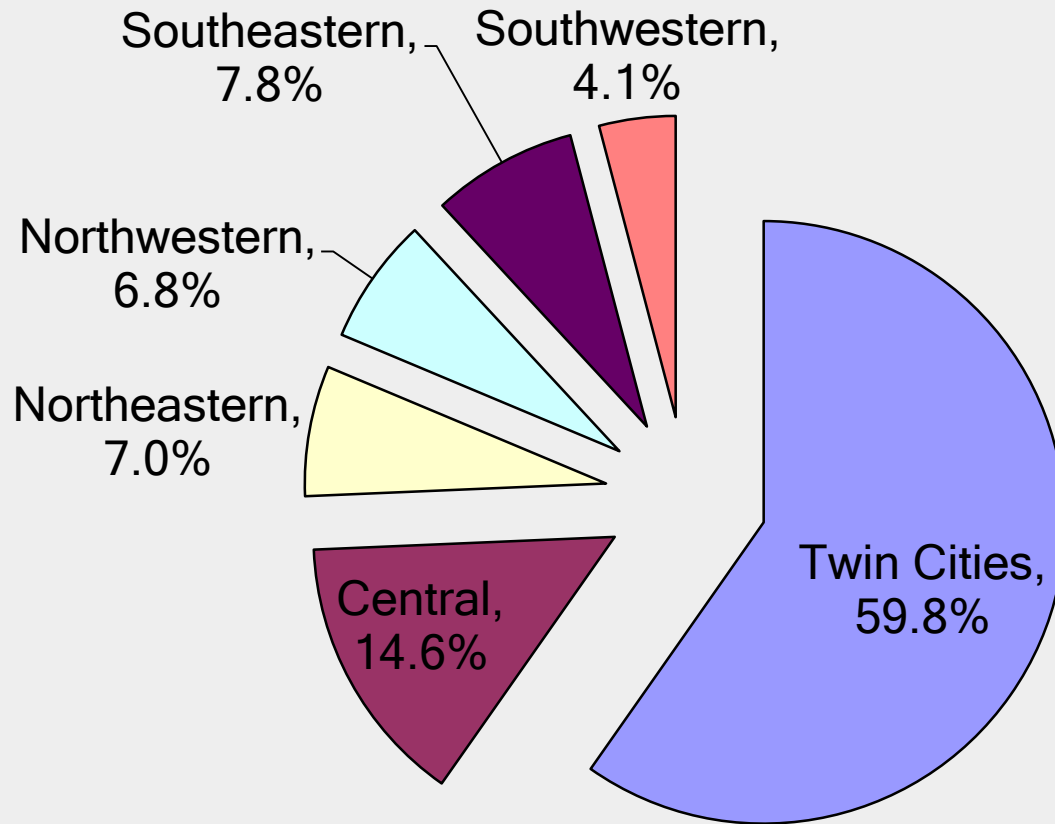
Survey of 500+ Minnesotans



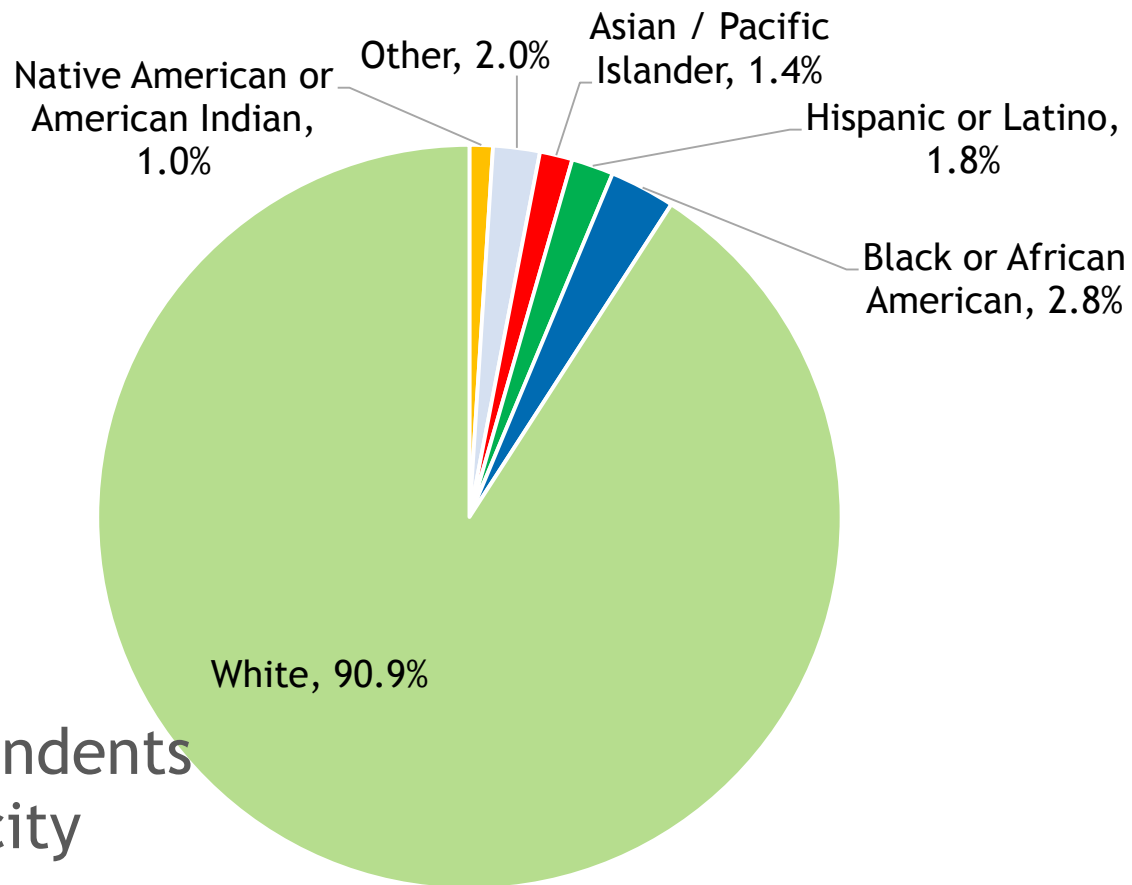
In What Setting Do You Work?



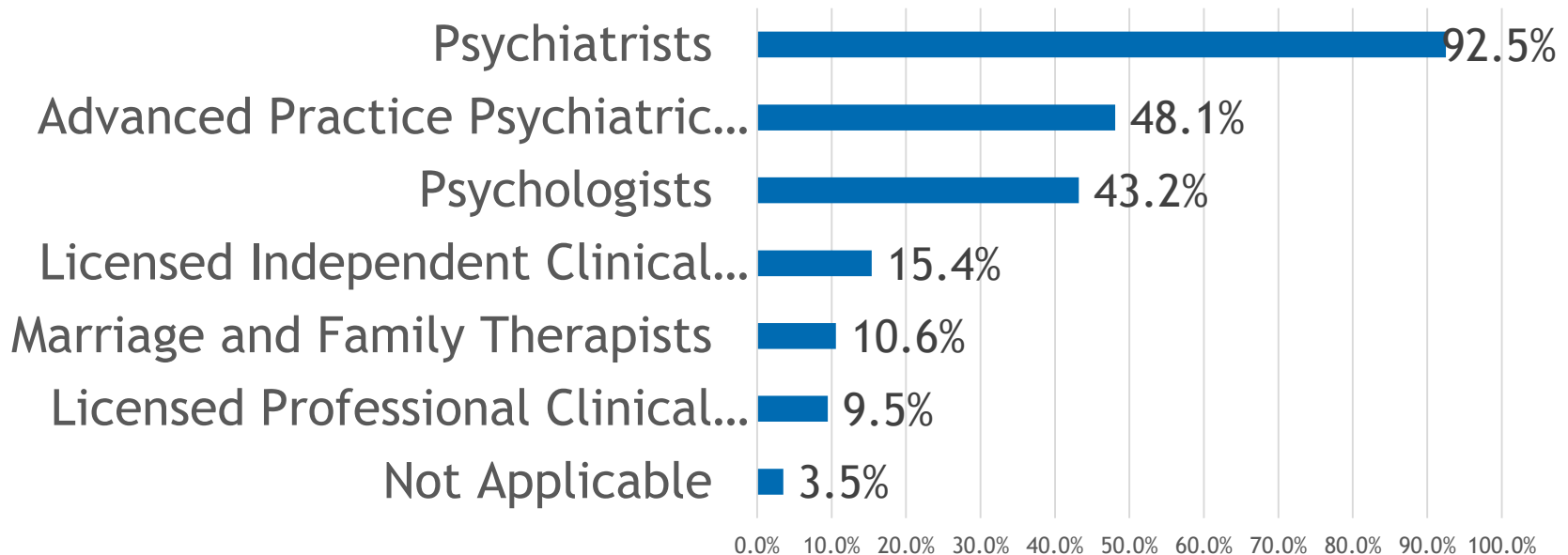
Where in the state are you located?



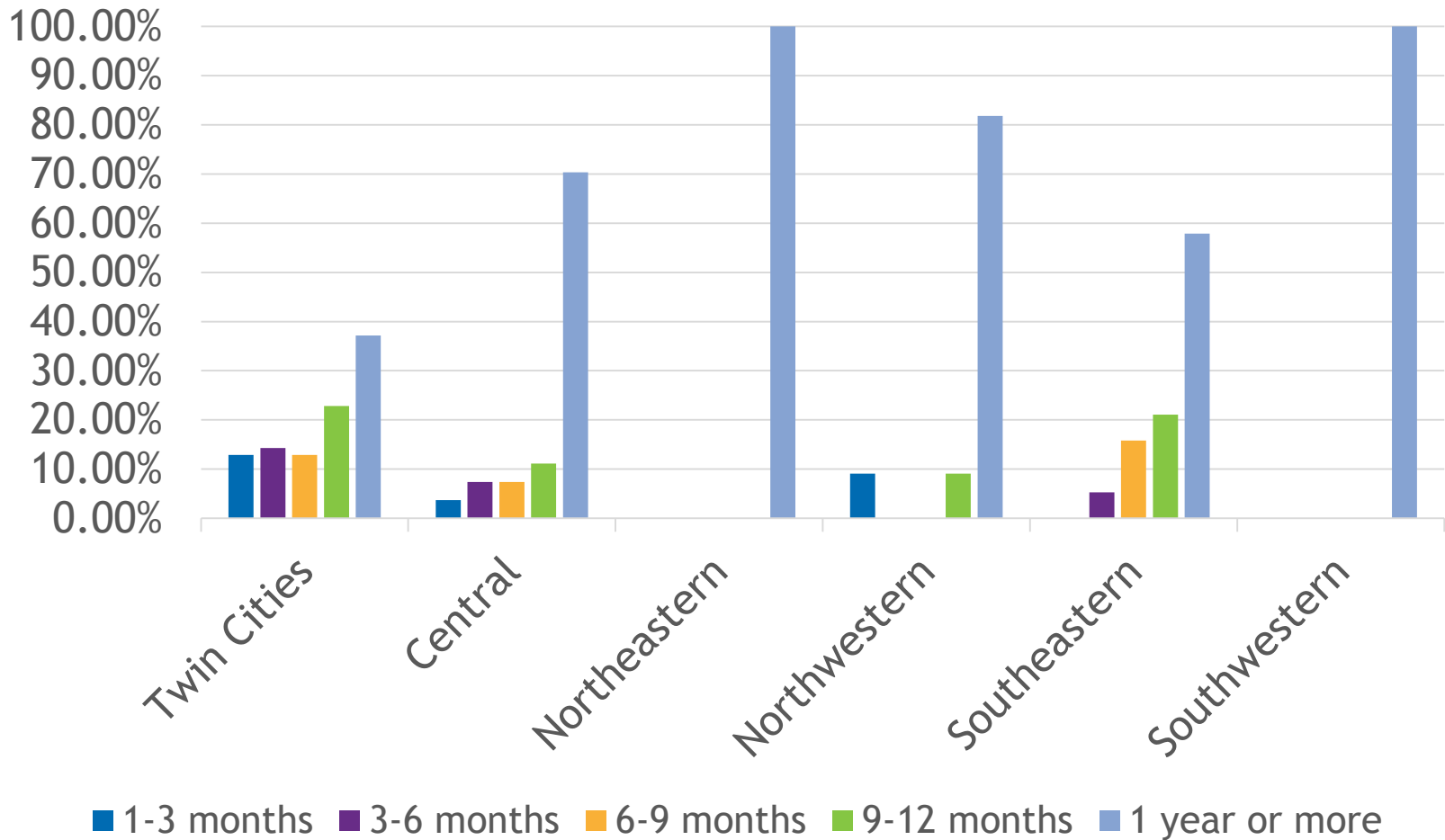
Survey Respondents By Ethnicity



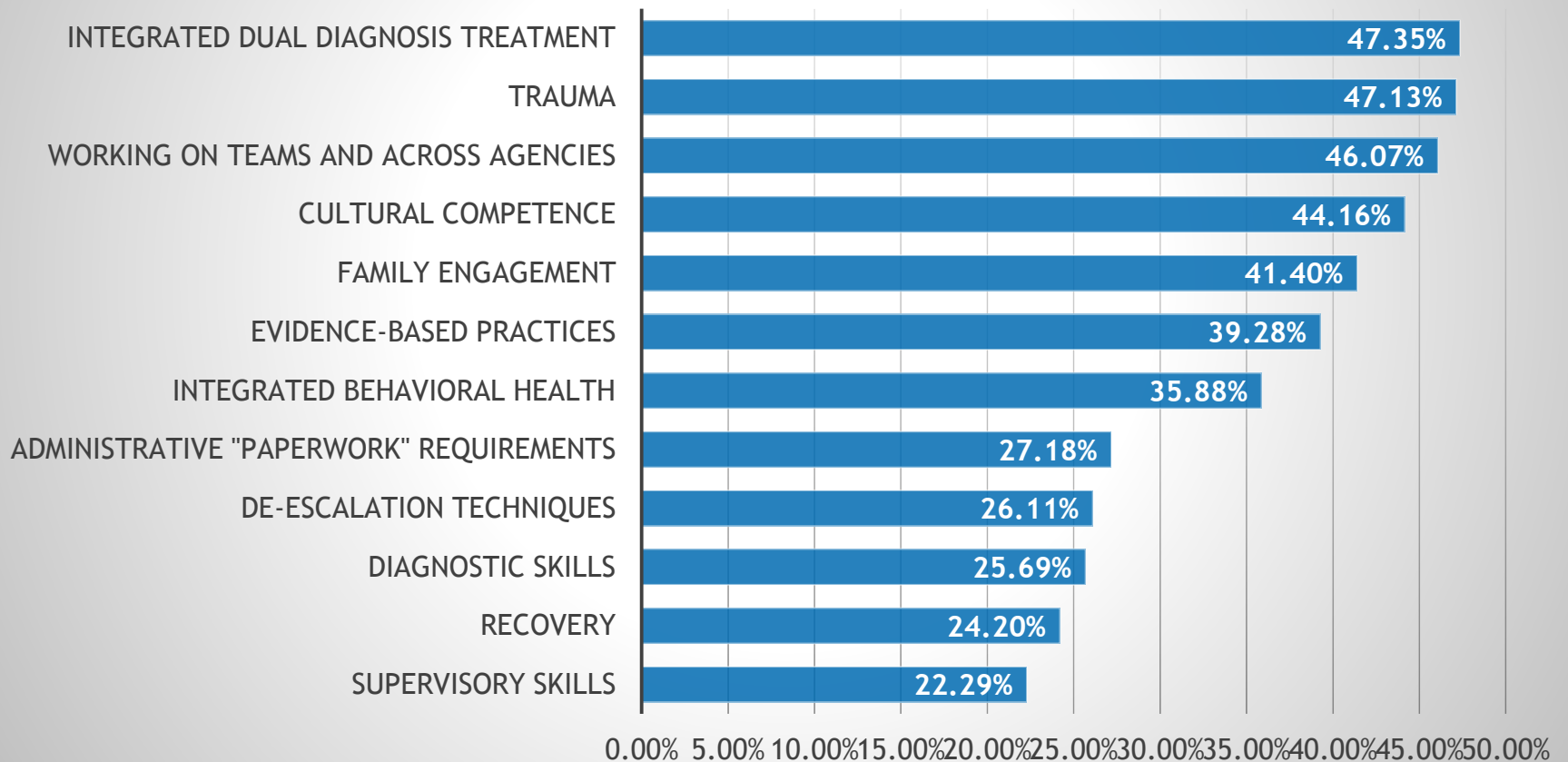
Based on your experience, which 3 of the following mental health professionals are the most difficult to access? (You may choose 3)



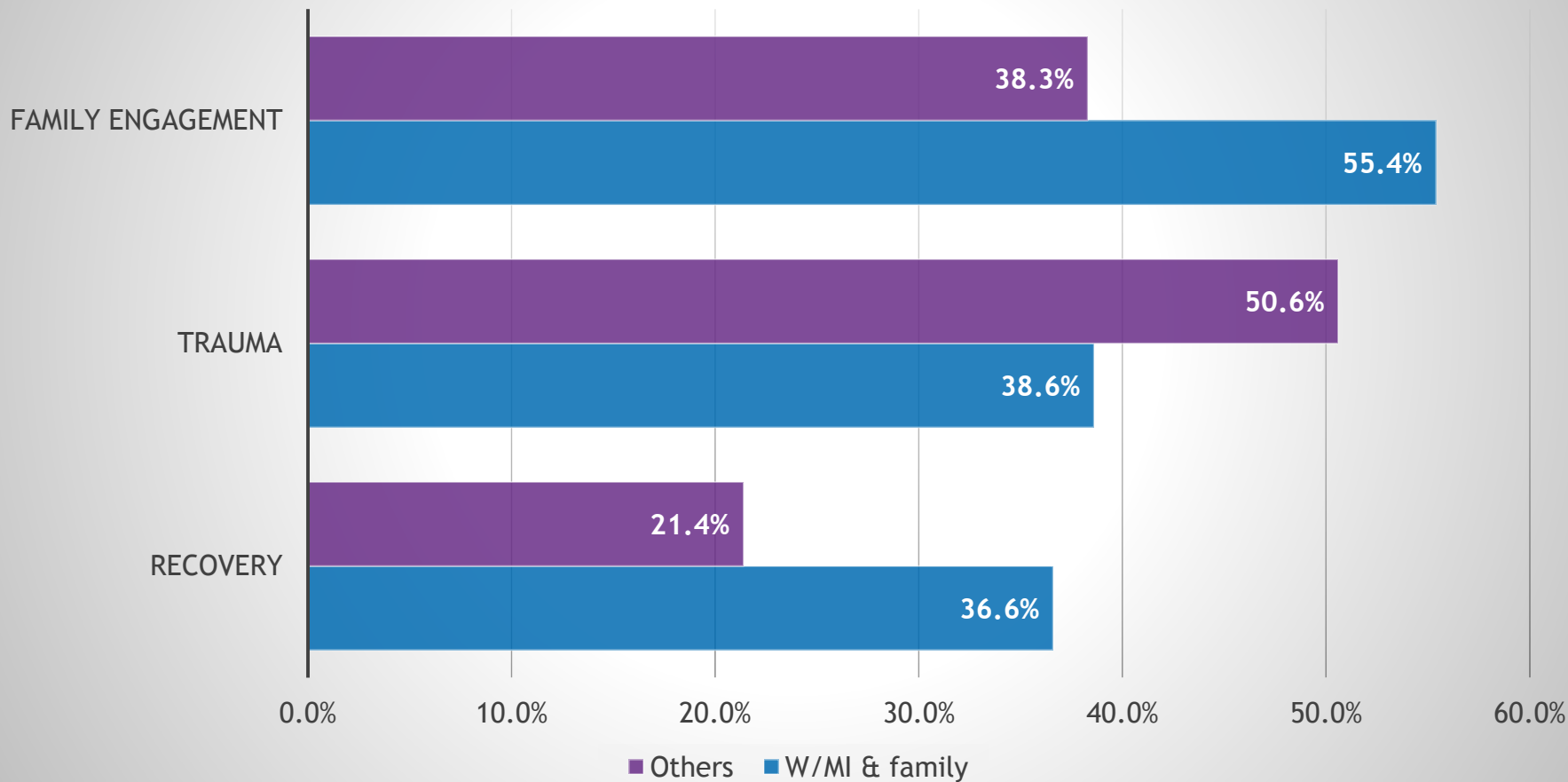
Perception of how long it takes to fill psychiatrist position



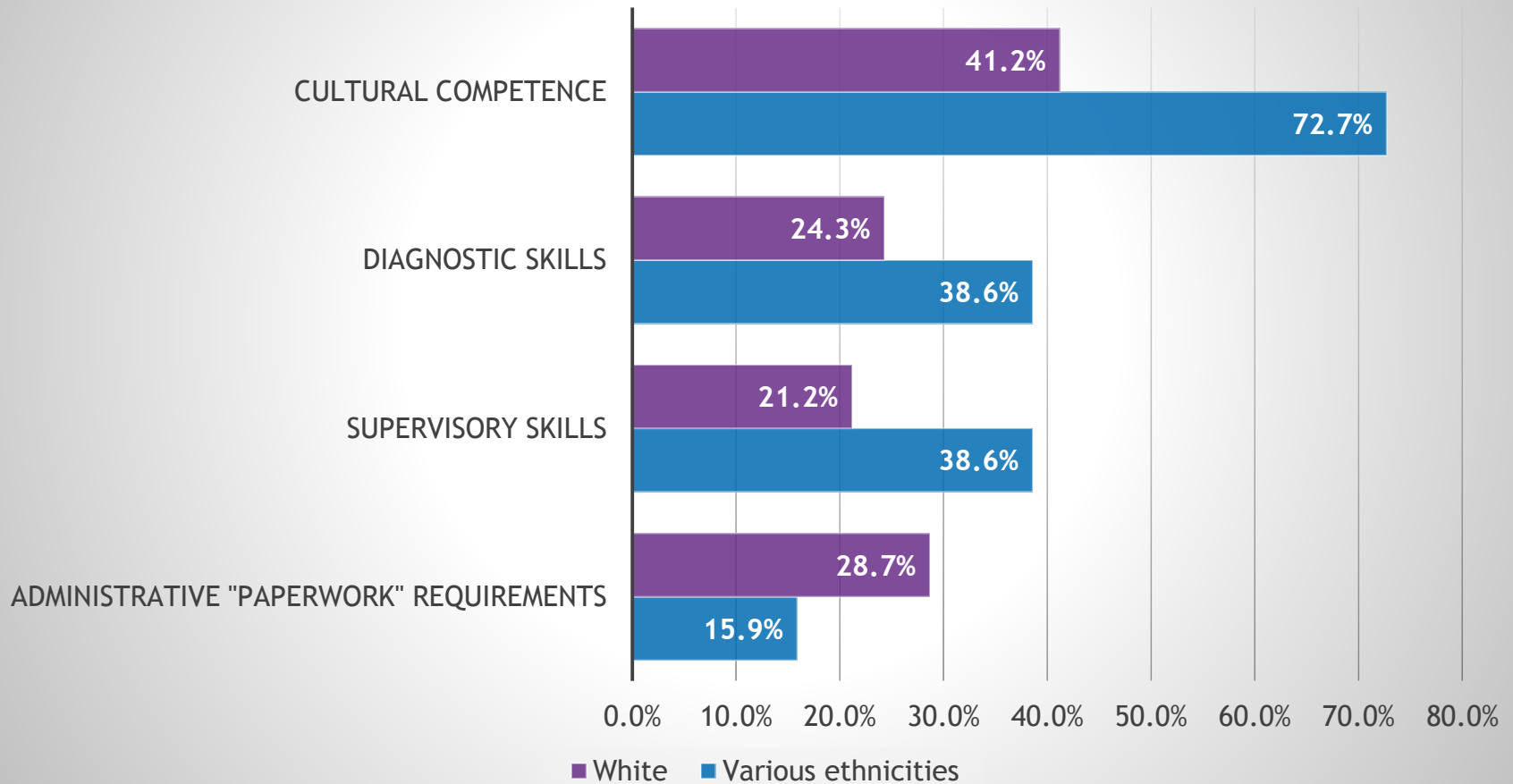
In what areas do you think mental health professionals and practitioners need more education and preparation? (n = 471)



Areas of greatest difference: people with mental illness & families and others



Areas of greatest difference: Various ethnicities and white



What steps do you think could be taken to ensure they receive this education and preparation? How can we make education accessible?

- Every student needs to have a significant amount of time working face to face with people who have mental illness and/or addiction. This should be an internship - something built into their education.
- More discussion between community providers who and the graduate programs at the colleges and university's.
- Utilize local Peer Support Specialists for practice drills in de-escalation techniques, cultural competence with diverse populations.
- Much more mental health education in medical school for family physicians. Require a mental health rotation.
- Trainees could benefit from financial support during internships, adequately paid apprenticeships post-graduation and increased access to well trained supervisors. Mentors would be great help too.

Deep Concerns Expressed in Forums & Survey Responses

- The lack of beds for the most acutely ill patients and the problems that creates is making it difficult to both recruit and retain workers at all levels.
- Social workers put in seven years for their education and licensure and make \$38,000 a year in central Minnesota. And they have student loans to pay off. Wages in this sector are too low.

Deep Concerns Expressed in Forums & Survey Responses

- Rochester may not be considered to be a mental health shortage area, but I'm telling you, we have a hard time finding and hiring people.
- “There's got to be a better way to get education and training than driving four hours to Minneapolis from Bemidji. And then back. I can't take that much time off work.”

Deep Concerns Expressed in Forums & Survey Responses

- “How is this effort (Summit and state plan) going to be any different than any of the other times we’ve sat around the table?”
- “I didn’t get into this job to fill out multiple copies of multiple forms. I want to work with people.”
- “If our psychiatrist has an accident, we’re going to be in trouble. We don’t have a fallback plan.”

How can we increase the number of qualified people working at all levels of our mental health system?

- Expand loan forgiveness programs for mental health staff at all levels
 - Use stipends and grants as incentive to get them to shortage areas
 - Have MNSCU schools offer alternative of a senior capstone project focused on mental health and tied to loan forgiveness if person goes into mental health career
- Approach licensure boards to ask if they could create equivalencies for supervision among disciplines for masters licensed professionals to open up possibilities for employment and supervision across the board
- Recruit in high schools—expose them to mental health careers
- Develop entry level career ladders in mental health that can lead to bachelors and masters degrees

Suggestions for a Culturally Diverse Workforce

- Offer programs through Tribal colleges
- Make sure licensing boards are culturally diverse
- Develop mentoring programs
- Grants, stipends, scholarships for students from underrepresented cultures in the field.
- Supported pipeline - behavioral aide to mental health practitioner to professional to clinical supervisor; support from high school through licensure with mentoring and financial support

Suggestions for a Culturally Competent Workforce

- Encourage clients who are of a different culture and doing well in recovery to train to become peer support specialists.
- Coordinate training efforts between mental health providers, higher education professionals, and leaders in local/regional communities from cultural minorities. Establish regional networks and training centers to facilitate these efforts, make the training more affordable and accessible, and more sustained and consistent.
- Students coming out of grad programs hear a lot about being "culturally competent", but what they often don't seem to get is what it means to be poor. Being "broke" as a grad student is not the same thing as living in poverty. We have to talk about "class" and culture.

Ensure Appropriate Coursework & Training

- Need to prepare students for the changing work of mental health careers and the amount of paperwork involved
- Get users of mental health care services into classes to talk with students as part of their education/training
- Develop a certificate for direct care mental health workers
- Psych rotations need to be a mandatory part of nurse education
- Increase capacity to produce certified peer specialist and promote this role around the state.

What Are Your Recommendations?

- to develop a comprehensive plan to increase the number of qualified people working at all levels of our mental health system,
- ensure appropriate coursework and training and
- create a more culturally diverse mental health workforce.