

A Grassroots Effort to Understand the Behavioral Health Workforce

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The North Carolina healthcare workforce has taken a hit over the last few years. Even before the pandemic, the acuity of client need—especially in the child and adolescent population—and the lack of healthcare system resources available were taking a toll. We must examine how we support the sustainability of the existing workforce and increase the interest in the pursuit of behavioral health as a career for future workforce needs.

The increase in acceptance of the importance of behavioral/mental health as part of a person's overall health and the ongoing impact of societal stressors has led to a pile up of needs and strain on the existing behavioral health workforce. Efforts have been made at multiple levels from state agencies to academic researchers to better understand the needs of and solutions to sustaining and growing the behavioral health workforce.

In an effort to highlight the lived experience of behavioral health clinicians who are on the front lines of the clinical work, and are the very individuals the healthcare system wants to retain, the Center of Excellence for Integrated Care (COE) conducted three regional (coastal, piedmont, mountain) focus groups across North Carolina in the summer of 2024. Participants were recruited through snowball sampling with contact lists, stakeholders, and individuals who had engagement with previous work done by COE.

Focus Group Key Findings:

1. Solutions to the workforce concerns in behavioral health are ones that must take **both a short-term and long-term approach**.
2. Current workforce members **deserve tangible support (ex: financial and organizational)**. We must no longer expect and hope for people in helping professions to feel "called" to do the work, often at a sacrifice to themselves and their families.
3. There is a great need to **increase diversity in the workforce and in leadership** positions to ensure access to culturally responsive and equitable care.
4. Considerations must be made for early and wide **pathways to invite people to see the possibility of earning advanced degrees and participating in training** that uplifts, educates, and empowers them to continue the work.
5. Due to an **increasing demand for services**, therapists are often seeing more clients to help meet the demand—**leading to an increase in the daily weight and compassion fatigue** experienced by behavioral health therapists.



"Why would I choose a field like this, choosing to take on a large amount of debt to come out and make a fraction and not be able to afford your adult life—it just feels like a setup from the start."

Behavioral Health Workforce Challenges

- Low reimbursement rates
- Unable to achieve personal/familial financial goals
- Inability to begin payments on student loans
- Holding multiple jobs to meet basic personal and familial needs
- No increase in pay when attaining full licensure
- Limited benefits packages
- Heavy emotional weight of the workload
- Unrealistic case loads
- Rigid schedules
- Difficulty navigating personal well-being when personal stress is high
- Unable to afford their own therapy
- Concerns about appropriateness of fit for approved services (ex: system does not seem to fully evaluate when psychotherapy versus another service will be more appropriate)
- Importance of the supervisor role within agencies can be minimized
- Inadequate access to leadership
- Lack of diversity in agency leadership
- Lack of support for the work they do
- Insufficient connection with other clinicians



Possible Solutions to Overcome Challenges

- Begin undergraduate careers with community college courses
- North Carolina Office of Rural Health will begin offering loan repayment to behavioral health clinicians willing to work in designated rural areas
- Encouragement of agency wellness initiatives (ex: childcare assistance; paid/unpaid time off; reduction or streamlining in the paperwork and bureaucracy)
- Provide incentives for staying in and continuing to do good work
- Increase partnerships between local agencies and school systems—including telehealth support
- Increase accessibility to mental health support through an integrated care model
- Increase education and technical assistance to continue maximizing the skills and efficiency of behavioral health clinicians in primary care
- Increase partnerships between primary care clinics and graduate schools to help educate graduate students of the benefit of working in these facilities
- Provide incentives, similar to hourly rates, to be active in learning collaboratives
- More uniformity in the documentation requested by insurers
- Higher payment for multi-person consultations (ex: couple, family) due to increased paperwork, skill level, and risk involved
- More flexibility in schedules
- Increase transparency from leadership
- Provide clarity and transparency regarding insurance reimbursement, and how payment is portioned out with agency overhead and clinician pay
- Increase supervisor support and training to ensure clinicians are brought up to speed on elements such as note writing, handling inappropriate client behavior, and safety
- Continue to push for equity and behavioral health reform



An important and clear take-away from these focus groups is simply that clinicians want to continue to do the work. They have a passion and feel called to the work; however, they are also making the reasonable request that they not have to sacrifice their own well-being to do so. North Carolina has made recent strides with respect to increased Medicaid reimbursement, and they are hopeful those improvements will continue.

Agencies across the state might consider reflecting on the information shared from these clinician participants and examine if they can implement some of the possible solutions. Of course, not all suggestions are feasible for all agencies and clinics. However, in lieu of or in addition to, agencies could consider their own communication with clinical staff, and what is needed to sustain and attract new employees when needed. Clinicians desire to be a part of the solution because they want to continue doing the important work they believe in and care so deeply about.

"Death by a 1,000 cuts starts here when new graduates, used to a sense of community and teamwork, go out and the only place they can find this is in agencies where the demands/expectations are unreasonable and the pay is low—and the cost of living is high and so they sacrifice this greater vision of their place in the world for a change of job."