

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

***Substance Abuse and Mental Health Care Environment “Toxic”
for Persons in Recovery and Those Working in the Field***

“The environments in which behavioral health care is both given and received are toxic for persons in recovery, family members, and the workforce,” according to a recent report commissioned by the Substance Abuse and Mental Health Services Administration (SAMHSA). The report examined the current status of the substance abuse and mental health—also known as behavioral health—workforce and found “overwhelming evidence that the behavioral health workforce is not equipped in skills or in numbers to respond adequately to the changing needs of the American population” (p. 1). Among the weakness contributing to the current “toxic” environment:

- **A Critical Workforce Shortage.** Difficulty in recruiting and retaining mental health and substance abuse staff was observed, especially those trained to meet the needs of the young and the elderly. For example, “nationwide, only 700 practicing psychologists view older adults as their principal population of focus, well short of the estimated 5,000 to 7,500 geropsychologists necessary to meet current needs” (p. 64). The shortage is particularly acute in rural areas. More than one-half (55%) of U.S. counties have no practicing psychiatrists, psychologists, or social workers, and all of these counties are rural.
- **A Narrow Focus on Urban White Adults.** Prevention, intervention, and treatment strategies are primarily developed by, tested with, and provided by Caucasian, non-Hispanic adults residing in urban areas. Thus, “the unique needs of the country’s rapidly growing ethnically and racially diverse populations . . . receive sparse attention, with parallels in a behavioral health workforce that lacks cultural and linguistic diversity and cultural competence” (p. 68).
- **Dissatisfaction Among Persons in Recovery.** Many persons receiving care described a workforce with “negative attitudes toward the very persons they are to serve” (p. 65). In addition, there was the feeling that “the emphasis on compassionate and caring therapeutic relationships has been significantly eroded in behavioral health care” (p. 65).
- **Inadequate and Irrelevant Training.** Employers of behavioral health care workers report that “recent graduates of professional training programs are unprepared for the realities of practice in real-world settings, or worse, have to unlearn an array of attitudes, assumptions, and practices developed during graduate training that hinder their ability to function” (p. 66). It is also felt that current professional education fails to provide “substantive training in evidence-based practices” (p. 66).

To address these weakness, seven strategic goals with specific actions were developed and are discussed in length in the report (available online at <http://www.samhsa.gov/workforce/annapolis/workforceactionplan.pdf>). The report concludes that “the workforce remains the most essential ingredient for success in the development of resilience and for ensuring positive outcomes for people in recovery and their families” (p. 25).

SOURCE: Adapted by CESAR from The Annapolis Coalition on the Behavioral Health Workforce, *An Action Plan for Behavioral Health Workforce Development*, 2007. Available online at http://www.annapoliscoalition.org/national_strategic_planning.php.

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