



A view from the crow's nest: Paradoxes of Behavioral Health Preparation and Training

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What is The *Annapolis Coalition*?

- A small not-for-profit
- Large “Coalition”
- Neutral convener of stakeholders
- Source of information & technical assistance
- Vehicle for strategic planning, collective action, & public/private partnerships





What is WICHE

- Established by Congress in 1953
- An Interstate Compact of the 15 Western States and US Pacific Territories and Freely Associated States
- A platform for promoting innovation, cooperation, resource sharing, and sound public policy
- Mental health program supports members in improving systems of care and building a quality behavioral health workforce





For more information

www.annapoliscoalition.org

www.wiche.edu/mentalhealth



Four + Decades of Change in Behavioral Health Care

- Cultural competency
- Patient Safety/State Hospital Downsizing
- Performance/outcomes measurement
- Managed care and shifts in financing
- Consumerism
- Recovery & resilience
- Recognition of Co-occurring illnesses & medical co-morbidities
- Evidence-based practice & the rapidly expanding body of evidence

AND NOW: What's next with

THE AFFORDABLE CARE ACT





Response of the Field

Typically – slow, uneven and unfocused, inefficient and driven by tradition and anecdote

A universal problem irrespective of setting, discipline, or specialty



The workforce landscape— how we think it ought to be....

8





How we more often experience it...



But what's the reality?

As usual, somewhere in between

- Workforce issues are complex, creating “wicked” challenges
- Issues of diversity (race/ethnicity/language/geography and workplace culture) further complicate workforce development strategies
- Traditional methods have not always been sound...



Workforce development

- For decades we have underinvested, and far worse, *wasted* resources
- In the Annapolis Coalition Work, we refer to this collective phenomenon as

**THE PARADOXES OF WORKFORCE
DEVELOPMENT IN BEHAVIORAL
HEALTH**



Paradox 1: We train graduate behavioral health professionals for a world that no longer exists



Paradox 2: Those who spend the most time with consumers/families receive the least training



Paradox 3: Training programs persist in utilizing ineffective teaching strategies



Hey, try
this!! Read
this!!



Paradox 4: We train only where willing crowds gather



Paradox 5 (in two parts):
Consumers and families receive little educational support...



...a contemporary “mo-occurring” family



Paradox 5: ...and their lived experience doesn't inform the rest of the workforce



Paradox 6: The diversity of the current workforce...



Paradox 6: ...doesn't match the diversity of those served





But you can change that...

Hawai'i Psychology Internship Consortium



Paradox 7: Students are rewarded for “doing time” in our educational systems





Paradox 8: We do not systematically retain or recruit staff



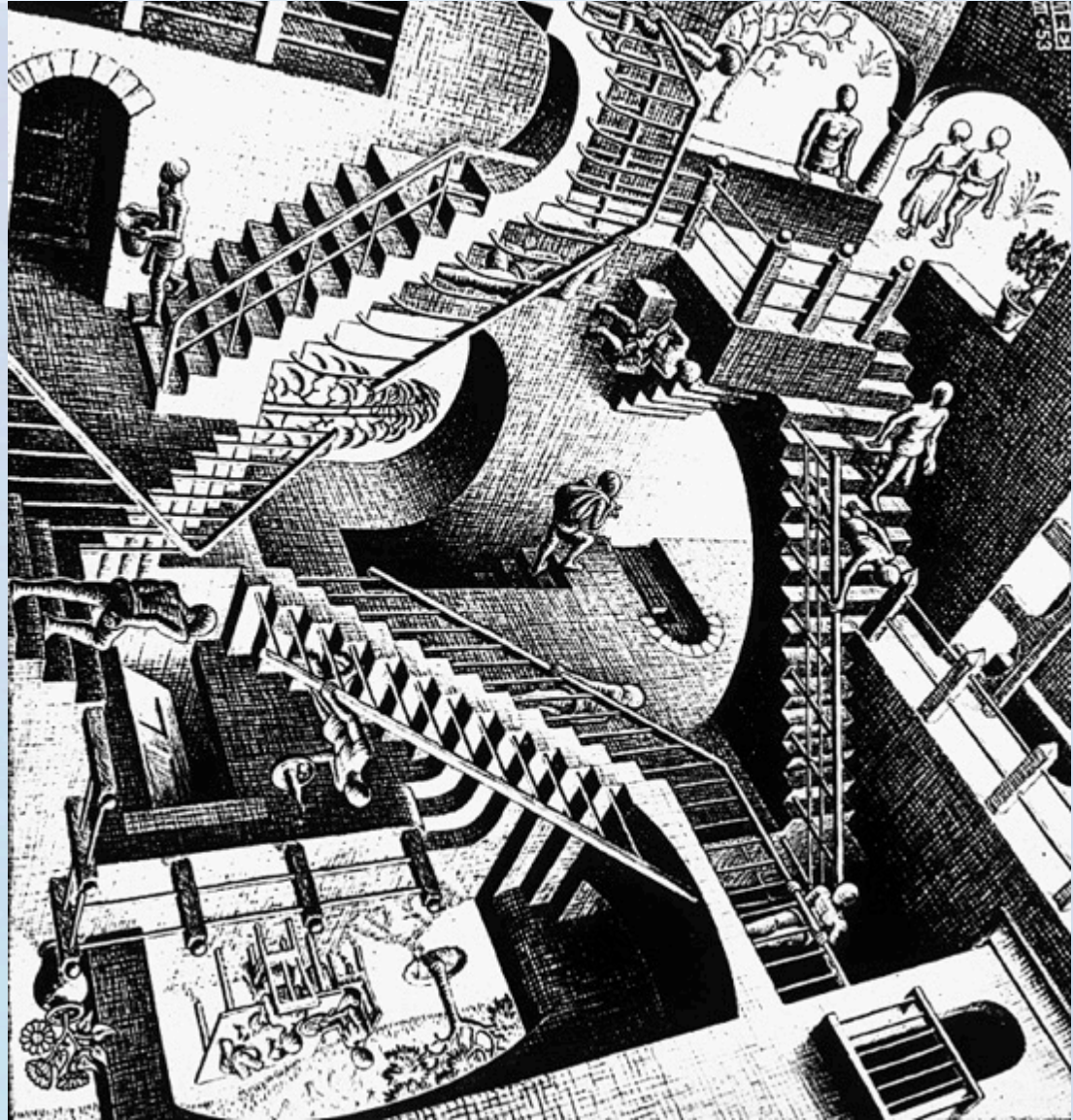
Paradox 9: Once hired, little supervision or mentoring is provided



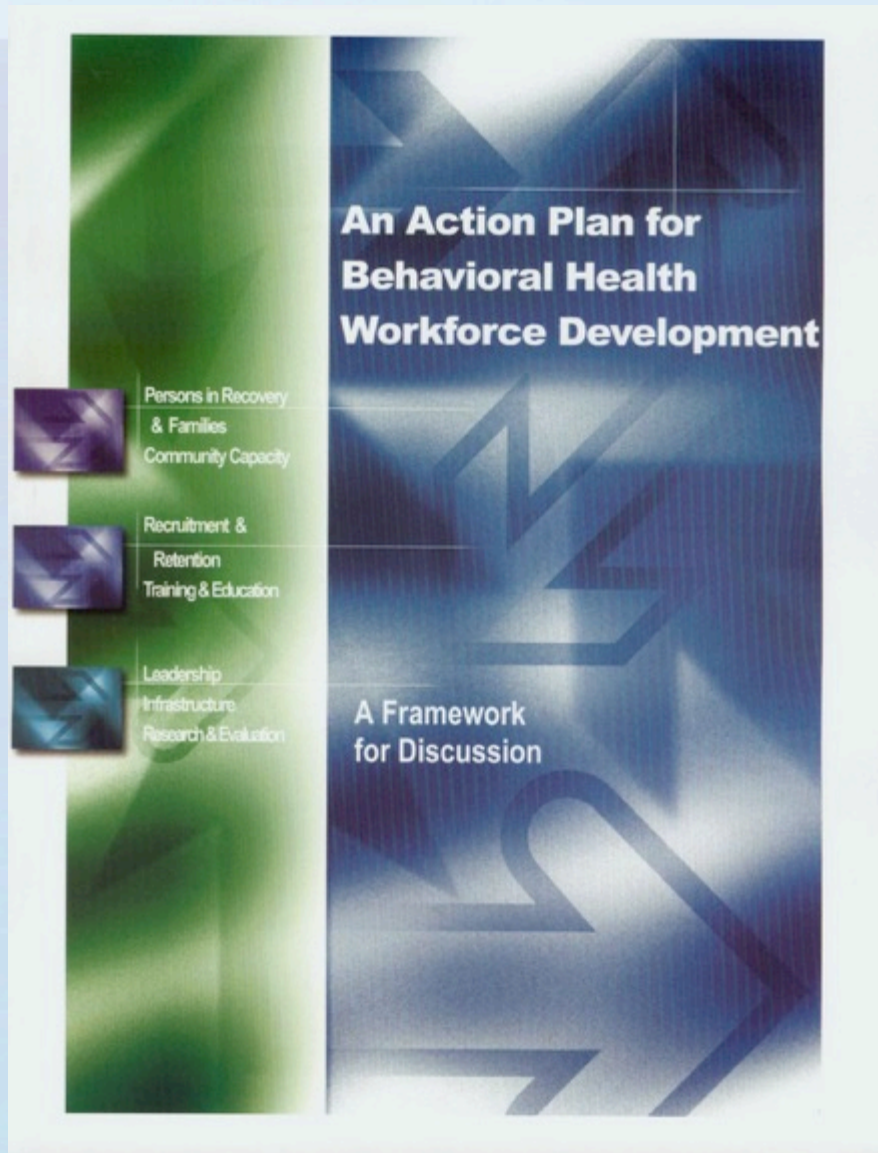
Paradox 10: Career ladders and leadership development are haphazard



Paradox 11: Incompetent service systems thwart the competent performance of individuals






The Plan



An Action Plan for Behavioral Health Workforce Development

A Framework for Discussion

-  Persons in Recovery & Families
Community Capacity
-  Recruitment & Retention
Training & Education
-  Leadership
Infrastructure
Research & Evaluation

THANKS FOR LISTENING







Keep in touch...

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