CommonWealth
NONPROFIT JOURNAL OF POLITICS, IDEAS & CIVIC LIFE

HEALTH / HEALTH CARE / OPINION

Our mental health care worker shortage is taking a toll

Addressing pay scale, loan assistance, and other steps must be taken

SONIA ERLICH **Mar 8, 2023**

MENTAL HEALTH CARE is, like many industries, facing a workforce shortage, as clinicians flee the field in record numbers. But looming alongside that shortage is a second and equally troubling mental health crisis, one that threatens our nation's children.

So, what happens when the two crises intersect? The answer can be found simply by looking within many of our homes, families, and communities.

While people wait for delayed health care, emotional problems often escalate. For clients, especially young ones, a clinician's departure can be disruptive at best, devastating at worst. For clinicians, frequent job changes create financial and personal instability but also interfere with the sense of efficacy and satisfaction that make emotionally taxing work feel worthwhile. Mental health is a person-centered field that relies upon a therapeutic alliance between client and clinician. Yet clinicians are fleeing faster than they can be hired, directly compromising the care that is possible.

Many of the reasons behind the mental health workforce shortage parallel what those in other industries face – measuring childcare costs against income earned, experiencing discordance with organizational culture and workplace conditions, and working within an already taxed, understaffed system that relies upon those who are left to fulfill the vastness of need. When the need is the mental health of a human being, those tasked with responding feel the weight of filling every crack in the system with ourselves.

A year into the global shutdown, mental health clinicians had learned how to adapt our craft to a virtual platform, logging onto one video session or phone call after another, and even squeezing interventions into text messages when that's what the circumstances required. This new approach to care meant meeting clients where they were on a whole new level. It was an incredible and rapid shift involving constant creativity – inventing games to keep a six-year-old engaged with a video call, leading a middle schooler through breathing techniques over the phone while she lay on her bed, and assessing a teen's safety using any discernible verbal and

non-verbal cues that could possibly be gleaned through a quiet conversation while the client's phone screen pointed at his ceiling.

Multiply these examples a few times, and you've got a typical day – busier certainly, but not so different from the work we sought to do. Multiply the severity of circumstances a few more times – while we are dealing with our own devastations – and you've got a typical day for a pandemic therapist.

Mental health treatment is a cognitive, emotional, and physiological experience. Yet emotion regulation and other social-emotional learning that occur in a therapeutic process do not address problems caused by the grind of life in the context of extreme inequity. Mental health clinicians are not equipped to resolve the issues of poverty or institutional racism or social disenfranchisement that are the root of many mental health issues. This, of course, is not unique to mental health care and is recognized as a factor in burnout across the health care sector.

Clinician burnout begets clinician burnout. When one worker leaves, those remaining must fill the gaps. Wait time frustrations lead to an increasingly stressful environment for everyone involved. Clinicians often spend a good portion of appointment time managing distress caused by system failures rather than engaging in treatment. Spending time this way is deeply unsatisfying to the clinician and further detracts from using sessions to focus on mental health care.

Hospitals are reporting increased incidents of violence and incivility against health care workers. The worker's experience contributes to emotional exhaustion and occupational stress. This is a self-reinforcing spiral that will continue until another force disrupts it.

Nevertheless, mental health clinicians are trained to recognize opportunity in crisis. Taking that cue, let us pause, reflect, and re-envision what we want for ourselves, our communities, and our systems. In her essay "The Pandemic is a Portal," Arundathi Roy reminds that "Historically, pandemics have forced humans

to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next." In other words, there is no going back to business as usual.

So how do we recruit and sustain an already taxed mental health workforce in the middle of a mental health crisis? How do we create systems that care for those providing care? Embedded in those questions are glimmers of solutions.

Pay inequity must be addressed. In health care systems, structural inequities can exacerbate workplace stress, and higher turnover rates occur among workers who earn less. Mental health clinicians, who can easily make 30 percent more in private practice, struggle to justify remaining in settings that offer not only less pay and more pressure, but also less autonomy and equity. Loan repayment programs associated with working in health care systems that serve underserved populations can attract recent graduates for a time, but to retain clinicians for the long term, shrinking the gap in pay and power is non-negotiable.

Still, with lagging hiring, innovative recruitment efforts must be taken to build the pipeline and a more diverse workforce. Outreach and mentorship must begin earlier than graduate school. Creating internship and employment opportunities for college and high school students to gain exposure to the mental health field will help build the next generation of workers and ideally reach a more diverse, representative swath of future clinicians.

Workers want to know that our employers value our wellbeing. Just as clinicians show curiosity and compassion toward the client experience, so must organizational leadership – across industries – demonstrate interest and investment in the worker experience. Measures like Maslach's Burnout Inventory acknowledge the potential for an institution to acknowledge stress and burnout, implement measures that mitigate the progression of burnout, and move toward wellbeing. Evaluating institutional domains such as workload, organizational support, and workplace culture is a critical first step. The pandemic forced a reckoning with our collective humanity and existence, compelling that look into

Roy's portal. For many of us, our clearest opportunity to operate as a collective is in the workplace, and thus, change can begin by renegotiating the rules that govern that landscape.

Employee assistance programs should be comprehensive, easily accessible, and clearly messaged. An organizational culture that ensures respect, support, and job security when workers seek assistance or need a break is an absolute must. Organizations are positioned to assess whether workers can reasonably reduce their load when experiencing high stress levels. Models of integrated mental health care have been shown to increase team collaboration, and that collaboration can support staff wellness and sustainability. Investment in group mental health can begin to chip away at the vast waitlists and shift the onus of the healing process from individual clinicians to supportive peer environments.

Thankfully in the mental health field, there are common cornerstones to which we can keep returning – the drive to be of service, the commitment to humanity, and the belief in healing and transformation. These values drive many of us to work through challenging circumstances.

When working conditions are designed to care for us, we are well positioned to use our skills and find creative solutions. And when organizations are oriented toward building therapeutic environments, we can all play a part in meeting the urgent needs of now.

Sonia Erlich is a psychotherapist and manager of clinical role development for TEAM UP for Children at Boston Medical Center.