

Community Mental Health in Massachusetts

Anna Spencer, Kristin Phelan,
Lynn Faust and Wilmary Delvalle



Addressing the Workforce Crisis

Following national trends in behavioral health (National Council for Mental Wellbeing, 2023), the mental health sector in Massachusetts has been facing a shortage of workers. Contributing factors such as burnout, low pay, and cost of attaining licensure have been made worse by the recent COVID-19 pandemic (Massachusetts Health Policy Commission, 2023). The result has been a high rate of turnover and trouble filling positions in community mental health settings, making it significantly harder for clients to access mental health support (Massachusetts Health Policy Commission, 2023).

Background

Mental health organizations have been dealing with challenges related to staffing and resources since before the COVID-19 pandemic struck (MA Health Policy Commission, 2023). Clinical positions require advanced degrees and the schooling process requires internships that are largely unpaid. This combination of factors increases the stress placed on a student and can make completion of a program a challenge for anyone who is not well-resourced financially or socially. Social Workers make up a large portion of those delivering mental healthcare in Massachusetts, and we will be looking at them in more depth here as an example of financial startup costs to obtaining a job in a mental health sector.

According to the Council on Social Work Education, in 2021 the average debt accumulated from student loans for individuals graduating with a master's was between \$68,000 and \$76,000. The cost of then obtaining the first level of licensure (LCSW) is \$173 to apply to take the exam, \$230 to take the exam, and \$68 to obtain their license if the test is passed; bringing the total cost to \$471. For LCSWs looking to obtain an independent license (LICSW) they would pay \$173 to apply to take the exam, \$260 to take the exam, and \$82 to obtain the license if the exam is passed; bringing the total to \$515 (Association of Social Work Boards) on top of the educational debt. These totals do not take into account any money spent on study materials, and do not take into account the ongoing cost of the 20 continuing education units (CEU) needed each license cycle for LCSWs and 30 CEUs needed for LICSWs (Mass.gov).

In addition to this path creating financial barriers for individuals coming from lower socio-economic backgrounds, recently it was also shown that White test-takers of the social work exam were roughly twice as likely to pass the exam as Black test-takers when taking the exam for the first time (2022 ASWB Exam Pass Rate Analysis). Similar disparities were seen in analyzing pass rates of other races, creating both a discriminatory barrier and additional financial barrier for those who need to pay to retake the exam.



Current Context



With the onset of the COVID-19 pandemic, the factors impacting the workforce shortage worsened significantly. The MA Health Policy Commission (HPC) found that individuals were leaving mental health positions at rates outpacing hiring efforts- the Association of Behavioral Health noted in February of 2022 that one survey showed that for every 10 clinicians entering the workforce, 13 were then leaving.

The Bureau of Labor Statistics lists the median wage for social workers in Massachusetts as \$50,390 a year and \$24.23 per hour in 2021. This is concerning compared to the costs of attaining the advanced degrees needed for these roles. The HPC notes low pay rates and overall lack of resources are at the core of the workforce crisis in Massachusetts. The high rates of turnover and vacancy then exacerbate the burnout and stress from overworking that is felt by those who remain at their jobs. With commercial insurances reimbursing at higher rates than MassHealth plans typically accepted at community mental health organizations, clinicians can opt to open up private practice insurances taking insurances higher reimbursement rates.



MORE THAN

9 in 10

of behavioral health workers said they have experienced burnout.

62%

report their level of burnout between an **8 and 10** on a 10-point scale.

NATIONAL COUNCIL
for Mental Wellbeing

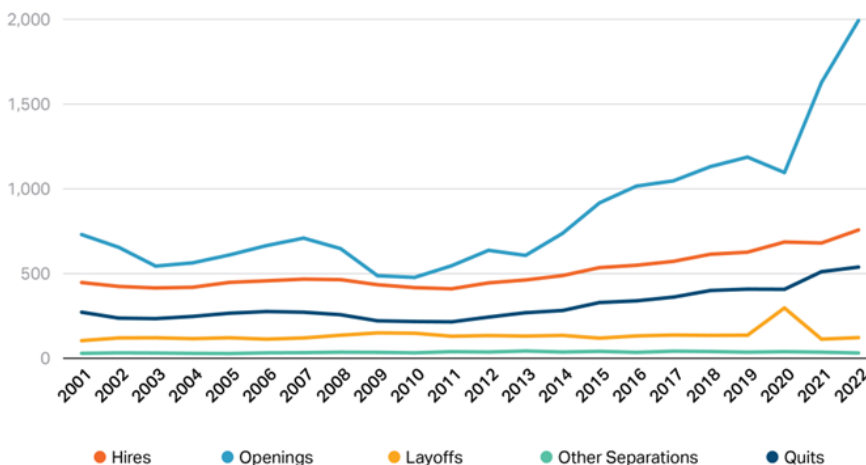
Research conducted by The Harris Poll

The workforce crisis is leading to long wait times and insufficient access for mental health services. This is at a time when the mental health of both children and adults is continuing to worsen (Massachusetts Association of Health Plans, 2023; Becker 2022). The HPC found that as of June 2022, emergency department boarding times were 12+ hours for 50% of clients seeking care, up from 38% before the COVID-19 pandemic. Additionally, each week in Massachusetts there are between 30 and 300 children awaiting placement in higher levels of care. In January of 2023 the Massachusetts Association of Health Plans released a report commenting on the state of crisis with children's behavioral health citing long wait times and inaccessible outpatient services due to worker shortages.

Nationally, turnover in health care roles has risen since 2010, and spiked after 2020, as evidenced by increases in job openings well above the increase in quits.



United States health care and social assistance separations, hires, and job openings (in thousands), 2001-2022



After a spike in 2020, layoffs dropped below pre-pandemic levels in 2021.

Quits have accelerated since 2020.

Although the total number of health care openings has risen, **the share of openings in health care** compared to all other nonfarm industries **has been similar for the past 20 years.**

Notes: Other separations includes retirements, transfers to other locations, deaths, and other separations due to employee disability. December 2022 data is preliminary.
Sources: Job Openings and Labor Turnover Survey, Bureau of Labor Statistics, 2022.

Recommendations

1. **Increase Pay Rates and Reimbursement Rates:** MassHealth should adjust reimbursement rates to align them with reimbursement rates of commercial insurances, making pay on par with private practice to increase job sustainability. The state should pay for all services mandated, including administrative, mileage, and interpreter services. This will work will ensure that providers can afford to stay in community practice and provide high-quality care, and that mental health services will not have long waiting times for services. A lobbying effort may be required to accomplish these goals.
2. **Address Licensure Barriers:** Agencies, associations and schools should work with licensing boards to address the barriers to accessing licensure for mental health providers, especially those from underrepresented communities. This could include creating more accessible and affordable training programs and offering support and mentorship to new providers, and/or, as suggested by proposed MA S.160/H.1253, remove the requirement for an LCSW exam altogether.
3. **Increase Workforce Pipeline:** Agencies and associations should work with educational institutions and community organizations to increase the number of mental health providers entering the workforce. This could include providing financial assistance and loan repayment programs not only for the school based portion of the education but the internship and practicum portions. Agencies and associations should advocate for increased reimbursements for interns so that agencies can pay the interns for their work. This should encourage individuals from diverse backgrounds to pursue careers in mental health and allow them to work on their degree without needing additional full time jobs. Additionally, educational institutions should increase their level of outreach to undergraduates and high schoolers to educate on social work and mental health careers.

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