



The Gap between Science and Practice in Behavioral Health Care: Implications for Workforce Training based on a Regional Snapshot

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Background

United States (US) statistics show that one of every five young people in the general population will suffer from at least one mental disorder in a given year, and mental health disorders beginning in youth, tend to persist into adulthood (Patel et al., 2007). Fewer than half of the youth with mental health illnesses receive treatment (Coyle et al., 2011).

While there are numerous barriers that impede a youth receiving the mental health care that they need, one barrier may be the lack of mental health professionals with the skills of evidence-based care. Although there has been a rapid increase in knowledge about what interventions work for the majority of youth, a gap exists between the science and practice of behavioral health treatment.

Specific Aim

To examine workforce implications of the needs, resources, and implementation of behavioral health best practices for children and youth in a diverse nine county region of Upstate New York.

Methods

The current study was completed as part of a larger project in the 9- county region in Upstate New York. Surveys were distributed to Primary Care Providers, Mental Health Clinicians (Psychiatrists, Psychologists, Social Workers, and Mental Health Counselors), and Higher Education Training Directors. Focus groups also were conducted which included urban, suburban, and rural settings.



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Results

- ❖ Nearly all respondents (94%) indicated that in their professional opinion, their community had unmet mental health needs.
- ❖ PCPs report that almost half (44%) of all their patient visits concern mental health issues.
- ❖ The two barriers to care rated most highly by both PCPs and mental health clinicians: wait time for first appointment and lack of providers that provide evidence-based services.
- ❖ 70% of mental health clinicians and 57% PCPs surveyed perceived "Lack of providers that provide evidence-based services" as a significant or very significant barrier to care.
- ❖ Mental health clinicians were also asked to share how up to date they believe they are on evidence-based treatments for common diagnoses and concerns and only 23-42% of providers reported they were "Very up to date"; while 27-39% additional providers indicated that they were "Almost up to date"; 18-41% "Somewhat up to date; 2-27% "A little up to date; 0-11% "Not at all up to date".
- ❖ PCPs reported that roughly 5% of their training was in mental health.

Recommendations

- ❖ Encourage mental health disciplines to set evidence-based assessment and treatment learning objectives for graduate programs
- ❖ Encourage states to require coursework and practica in evidence-based assessment and treatment for licensure
- ❖ Encourage states to require continuing education in evidence-based assessment and treatment for licensure renewal
- ❖ Encourage professional organizations, states, academic institutions, and other organizations to develop and evaluate web-based and regional trainings for mental health clinicians and PCPs on new advances in evidence-based mental health care

Coyle, D., Doherty, G., Matthews, M., & Sharry, J. (2007). Computers in talk-based mental health interventions. *Interacting with Computers*, 19, 545-562.
Patel, V., Fisher, A.J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public-health challenge. *Lancet*, 369, 1302-1313.