

COVID-19 and the Mental Health Workforce

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Prior to the COVID-19 pandemic, an estimated [125,000 additional mental health professionals](#) were required to meet the nation's mental health needs. Recent events have intensified the need for mental health professionals and the services they provide. As a result of the COVID-19 outbreak and the recent civil unrest precipitated by the killing of George Floyd, Americans are experiencing [high rates of mental health problems](#) and cite the future of the nation as a [significant source of stress](#). To contain the [mental health impact of these national crises](#), it is important to have a sufficient workforce for addressing the mental health needs of Americans, and particularly [people of color who are disproportionately affected](#) by the current environment.

Considerations for Recruitment, Training, and Service Coverage

Evidence-based treatments. There are [more than 80 treatments](#) that clinical trials have found to be efficacious for addressing mental health concerns. However, many mental health professionals do not receive training in these interventions and thereby [do not deliver evidence-based treatments](#) to individuals in need. Additionally, evidence-based treatments are not a one size fits all solution. Some clients may benefit from [cultural adaptations](#) of evidence-based treatments, which require knowledge and skills in both delivering evidence-based treatments and providing culturally responsive care. **To address the nation's current mental health needs, training in evidence-based treatments for addressing [race-based stress and trauma](#) and distress associated with [community crises](#) could prove beneficial.** Considerations could also be made for promoting the evaluation and continuous improvement of mental health professionals' cultural responsiveness.

Models of mental health care. Not all individuals with mental health problems require intensive treatment. [Stepped care models](#) triage individuals with relatively little need to low intensity and cost interventions and reserve more intensive and costly interventions for individuals with greater impairments. Stepped care has been shown to effectively treat mental health problems while improving service availability and [reducing the burden on existing resources](#). **Promoting stepped care models may be a cost-effective and efficacious way to respond to the surging mental health pandemic.** For example, disseminating self-help resources for coping with stress and training lay health workers can help with the allocation of existing resources for mental health treatment.

Representation within the mental health workforce. Inconsistent with the U.S. racial and ethnic landscape, [86% of the mental health workforce identifies as White](#). Additionally, although more than [60 million Americans](#) speak a language other than English in their homes, less than [11% of mental health professionals](#) are able to provide services in a language other than English. Individuals in need can benefit from working with a [mental health professional from a similar background](#). **Efforts could be made to promote the hiring, promotion, and other terms and conditions of employment of mental health professionals of color and mental health professionals with skills to provide linguistically appropriate services to individuals who do not speak English proficiently.**

Policymakers and public health officials addressing the mental health impact of COVID-19 on the American population should consider how to expedite the recruitment, training, and deployment of a sufficient mental health workforce.

