

POLICY BRIEF

Support for Behavioral Health Providers During Public Health Emergencies



Project Team

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Background

Since the start of the coronavirus disease 2019 (COVID-19) pandemic, studies on provider well-being have largely focused on the stressors experienced by frontline medical workers,¹ yet support for behavioral health providers is also crucial given that they experience significant stress and burnout.² The pandemic also necessitated a rapid shift to telehealth for many behavioral health providers, compounding already challenging work environments. The goal of this project was to understand the impact of public health emergencies—such as the COVID-19 pandemic—on behavioral health providers and the care they provide to patients. To that end, this study examined the following research questions:

1. What supports are in place for behavioral health providers to manage burnout and stress during public health emergencies such as the COVID-19 pandemic?
2. What supports are available to assist with necessary shifts in service delivery, such as the transition from in-person care to telehealth services?
3. What are the long-term implications of the shift to telehealth for behavioral health providers and patients?

Methods

Our study team conducted a comprehensive literature review focused on the impact of the COVID-19 pandemic on behavioral health providers. We examined literature on best practices for addressing burnout and workplace stress for behavioral health providers, shifts in service delivery and relevant policy changes during the pandemic, and supports and resources available to help providers adjust to these changes. We then developed a semi-structured interview protocol informed by our literature review. We conducted 12 key informant interviews with stakeholders and experts familiar with burnout, the transition to telehealth during the pandemic, and types of support available to behavioral health providers.

Key Findings

Literature Review

A number of studies suggest that burnout can affect physical and mental health for many professionals.³ Factors associated with burnout may include high work demands, role conflict, role ambiguity, and other organizational factors.⁴ In addition, behavioral health providers may be more likely than other providers to experience burnout due to the nature of their work, including frequent client interaction, exposure to issues such as suicidality and trauma, and limited financial resources.⁵ Interventions to decrease burnout

among behavioral health providers address the issue through one of two strategies: addressing organizational factors (such as reducing workload and increasing job resources) or addressing individual factors (such as improving resilience and coping).⁶ However, there are few burnout interventions targeted specifically toward behavioral health providers.

As the COVID-19 pandemic took hold in the U.S., federal and state regulators, as well as public and private payers, made several adjustments to accommodate the changing needs in the healthcare landscape. Developing policies related to telehealth services were of particular importance to ensure that patients continued to receive care and that providers were paid for services. This was challenging as policies around telehealth had not been widely adopted or consistently supported in the U.S. prior to the pandemic.

Qualitative Analysis

The research team conducted 12 key informant interviews with experts and providers in the behavioral health workforce. Findings fell into three major thematic categories: burnout among behavioral health providers exacerbated by the pandemic, shifts in service delivery mode for behavioral health care, and the impact of reimbursement and policy changes on the behavioral health workforce. Despite the preference for organizational interventions, burnout supports often focus on wellness, resilience, and other individual-level factors, while less focus is put on systemic issues. Surface-level wellness strategies aimed at individuals, like free food or time for meditation, highlight a disconnect between what leaders believe will be effective and what providers themselves experience. According to our data, though likely well-intentioned, the interventions do not get to the root of the issue, which stems from overwork and low pay. Despite the many advantages of telehealth, 11 of 12 interview participants stressed that some types of therapies, services, and client populations are not well suited for virtual care delivery. Interviewees also reported a lack of adequate training following the service delivery shift from in-person to telehealth.

Conclusions

The COVID-19 pandemic has brought much-needed attention to the phenomenon of burnout, particularly among healthcare workers. However, more research is needed to determine the best ways to support behavioral health providers specifically. In addition, the transition to telehealth has been largely positive for behavioral health providers, but there are several challenges that must be addressed as telehealth becomes a mainstream service modality. Researchers must identify best practices for telehealth delivery of behavioral health services, ensuring providers understand the nuances required for effective teletherapy, especially for populations that have been disproportionately negatively impacted during the COVID-19 pandemic. In the behavioral health workforce, this includes lower licensure (or unlicensed) providers, peer counselors, and community behavioral health providers. Finally, if there are permanent extensions of policies that establish coverage and payment parity for telehealth, provider organizations should invest in effective ways to provide organizational-level support for their staff in this new element of the behavioral healthcare landscape.

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