POLICY BRIEF

Integrating Public Health and Behavioral Health Care

Project Team

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Background

Behavioral health (BH) and public health (PH) systems share many common goals, workforce members, practice settings, and missions, yet their respective workforces are often siloed in research and in practice. Recent workforce challenges attributable to the coronavirus disease 2019 (COVID-19) pandemic indicate that continuing to silo these systems is detrimental. Both the BH and PH workforces are seeing high rates of burnout, decreasing workforce sizes, and disparate impacts on workers of color and those with the lowest wages. Integrated systematic approaches to the delivery of BH and PH services hold promise for expanding access to care, increasing workforce efficiencies, and transforming BH and PH services delivery with significant improvements in health. Despite overlapping occupations, missions, and practice settings, research investigating the actual and potential synergies and intersections between the BH and PH workforces is limited. The growing prevalence of BH disorders coupled with these workforce shortages indicates a need for ensuring a competent and responsible PH workforce prepared to meet demand for mental health and substance use disorder care. Evidence exists for the value of incorporating BH education into PH training to supplement and aid in workforce understaffing.[2]

Methods

The University of Michigan BH Workforce Research Center characterized and created a typology of the BH and PH workforces using literature gathered through an environmental scan. These included occupations held by, settings of, and services delivered by the BH and PH workforces that were examined for overlap as well as identifying members of the PH workforce receiving BH training through publicly available courses. Key sources of publicly available national- and state-level data for the typology of the BH and PH workforces were derived from the National Association of County and City Health Officials National Profile of Local Health Departments survey data from 2005, 2008, 2010, 2013, 2016, and 2019 (including local health department workforce composition, budget, program and service areas, service areas, and organizational characteristics reported at the local health department level); Centers for Disease Control and Prevention National Center for Health Statistics/WONDER for county-level health outcomes; American Community Survey for county-level community demographic data; and Area Health Resource Files for county-level health resources.

Key Findings

This study identified overlap between the BH workforce and PH workforce. Comparison of studies investigating the composition of these respective workforces revealed similar occupations in both worker populations. Table 1 highlights the commonalities between the occupational titles and practice settings of paraprofessional workers, PH nurses, social workers, and substance abuse counselors.

Table 1: Commonalities between the Behavioral and Public Health Workforces		
	Behavioral Health	**Public Health**
Paraprofessional Workers	Title: Health educator, health education specialists, community health worker, peer support specialist Practice Setting: Hospitals (state, local, private); individual and family services; religious, grantmaking, civic, professional, and similar organizations; nonprofit organizations and government agencies	Title: Health educator, health education specialists, community health worker, peer support specialist Practice Setting: Hospitals (state, local, private); individual and family services; religious, grantmaking, civic, professional, and similar organizations; nonprofit organizations, and government agencies
Public Health Nurses	Title: Public health nurse Practice Setting: Not specified in behavioral health–specific studies	Title: Public health nurse Practice Setting: All levels of government, community-based and other nongovernmental service organizations; foundations; policy think tanks; academic institutions; and other research
Social Workers	Title: Social worker, clinical social worker, healthcare social worker, mental health and substance abuse social workers Practice Setting: Mental health and substance use treatment centers; physicians' offices; clinics; hospitals; colleges; private practice; and	Title: Social worker, social services professional, licensed clinical social worker, licensed master social worker Practice Setting: Not specified in public health–specific studies
Substance Abuse Counselors	Title: Addiction counselor Practice Setting: Mental health centers; community health centers; prisons; private practice; outpatient mental health and substance abuse centers; individual and family services; hospitals: state, local, and private; residential mental health and substance abuse facilities; and government	Title: Substance abuse and behavioral health disorders counselor, behavioral health counselor, behavioral counselor Practice Setting: Mental health centers; community health centers; prisons; private practice; outpatient mental health and substance abuse centers; individual and family services; hospitals: state, local, and private; residential mental health and substance abuse facilities; and government

Overlap was also observed through services provided and licensure/certification requirements of these professionals and additional PH occupations. The development of the online training compendium found commonalities in both PH and BH training. Training topics with overlap included BH, training for health workforce members, mental health, social determinants of health, substance use disorder, and crisis management.

Conclusions

Collaboration across BH and PH systems holds promise for enhancing the capacity of the PH workforce to better address provider shortages. Evidence exists for the value of incorporating BH education into PH training to supplement and aid in workforce understaffing. BH training for PH workers creates opportunities to broaden knowledge of signs, symptoms, and risk factors for mental health issues and connect people in need to professional and self-help resources.

Acknowledgements

References

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