Dread, burnout and exhaustion:

Opportunity for Policy Solutions to address California's overwhelmed Behavioral Health Workforce

Bridging the Research-to-Policy Gap

Introduction

Burnout is frequently cited as a leading cause of high attrition in the behavioral health workforce[1,2]. Yet, there remains a limited understanding of the specific factors driving burnout, particularly given the evolving landscape of the field with the introduction of new behavioral health programs. This project aims to examine burnout rates within the behavioral health workforce and identify key factors associated with burnout. The goal is to understand what policy changes can be leveraged to address this pressing challenge and how such changes may differentially impact various parts of the workforce. Bridging the gap between research and policy is essential, emphasizing the need to identify and address the underlying drivers of burnout to ensure a more sustainable and effective behavioral health workforce.

Provider Well-Being: Burnout and Retention

Thanks to outreach efforts by colleagues across the behavioral health sector and the generosity of over 300 providers who participated in either a live focus group or completed a widely distributed survey, we were able to hear from a wide range of types of behavioral health providers. We received responses from mental health rehabilitation specialists, psychologists, psychiatrists, substance use disorder counselors, MFTs, LPCCs, LCSWs, community health workers, occupational therapists, and many others. They hold a wide range of licenses and certifications, including individuals that are fully licensed, not-licensed but have a trainee designation, as well unlicensed behavioral health workers. Approximately half of our respondents work with county behavioral health systems.

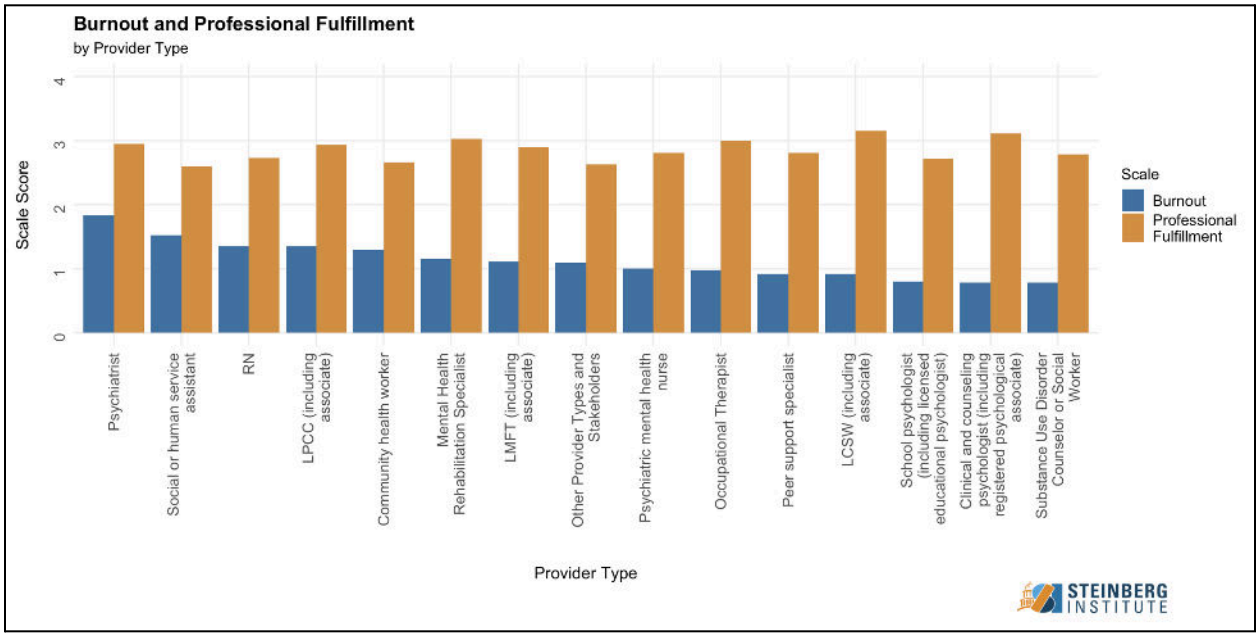
Findings from our sample are in line with previous research indicating that the behavioral health workforce is experiencing at least moderate levels of burnout with roughly 50% endorsing **physical and/or emotional exhaustion** and 40% endorsing **dread** when thinking about work. Moreover, burnout is occurring across all provider types without a clear indicator of one profession being substantially protected over another from these effects. We do however see that county behavioral health workers are more likely to endorse feelings of burnout.

"There's no space to debrief yourself on what you're feeling so they get burnt out a lot quicker."

In addition to these feelings of burnout, only 52% of the providers expect to stay in their current position over the next year, suggesting a need for more solutions to retain providers through policy efforts towards building a stronger behavioral health workforce.

Strengthening the Workforce through Professional Fulfillment

Despite endorsements of burnout, over 90% of our sample reported that they were at least moderately fulfilled professionally, endorsing that their work was **meaningful**, **satisfying**, and that they are able to **contribute professionally** in ways that they value most. Further, the more professionally fulfilled an individual felt the less likely they were to be experiencing burnout and are more likely to remain in their current position as well as recommend their field to someone else. Meaning, focusing on factors that may contribute to professional fulfillment could illuminate key areas for policy action.



Consistent with previous research[3], key drivers for professional fulfillment and burnout across the sample were satisfaction with current compensation and caseload. In our sample however, the leading predictor was whether the provider felt adequately trained to work with their population. Across the full sample, we also found that involvement in collaborative care models, including the quality of this experience, was related to professional fulfillment. We also saw some different patterns across licensing types where caseload was a key factor for unclicensed workers while compensation and inclusion in collaborative care models were key factors amongst licensed providers.

Conclusions and Policy Solutions

A key component of a strong and sustainable workforce is the well-being of its workers. While the data collected through this survey should be considered preliminary, it highlights several critical areas that could be addressed through policy. These include promoting training programs that are better aligned with the types of care being provided to meet the needs of those receiving services, highlighting the importance of collaborative care models in providing these services, and considering modern solutions - such as inclusion of technology - to drive down overhead costs and create more manageable caseloads for behavioral health providers.

“When you’re working with somebody with severe mental illness, and these other people who are most at risk for incarceration, homelessness, and you know, multiple medical comorbidities, you can’t do it by yourself.”

About This Research

The Steinberg Institute Vision 2030 initiative aims to improve care systems for individuals experiencing mental health and substance use disorders by reducing homelessness, incarceration, and inappropriate emergency room hospitalizations. Achieving these reductions requires more comprehensive care to meet the unique needs of these communities. Moreover, the success of these programs depends on recruiting and retaining a diverse workforce with varying skill sets. As such, a final goal of Vision 2030 is to strengthen the behavioral health workforce through meaningful policy.

In January and February of 2024, we held convenings with a variety of behavioral health professionals which in turn helped inform the development of a broader survey around key elements for addressing the behavioral health workforce shortage, including provider burnout and retention. From mid-August through mid-September, 2024, the Steinberg Institute conducted a survey of behavioral health providers. We focused our survey on the experiences of direct service providers to help inform our broader efforts to strengthen the workforce through advocacy, research, and implementation. In this brief, we describe a subset of results from our research and plan to release a full report on this survey and other efforts later this year.

We received more than 300 responses from direct service providers, the majority of whom provide behavioral health services exclusively in California. Our respondents were 75% cisgender female and had an average age of 44 (age range from 18 to 83). The three most common races reported by our respondents were White/Caucasian (nearly 50%), Asian (approximately 10%), and African American or Black (approximately 10%), and approximately 30% reported that they were Hispanic, Latino, or of Spanish origin. More than 95% of our respondents indicated that they speak English well enough to provide services in English; the only other language which more than 10% of providers reported speaking sufficiently fluently was Spanish (~17%). Furthermore, 70% of our respondents accept medi-cal insurance, 40% accept private insurance, and 52% provide care within a county system.

Acknowledgments

We would like to thank all of the providers who graciously contributed their time and knowledge by engaging in focus groups as well as those that completed the survey. This work could not have been done without the financial support from our funder, the Kaiser Foundation. We would also like to thank Dr. Patrick Tennant from Meadows Mental Health Policy Institute for his service as the interim director at the Steinberg Institute and provided oversight on the development and implementation of this data collection.

References

1. Paris, M., & Hoge, M. A. (2010). Burnout in the mental health workforce: A review. *The journal of behavioral health services & research*, *37*, 519-528.

2. Brabson, L. A., Harris, J. L., Lindhiem, O., & Herschell, A. D. (2020). Workforce turnover in community behavioral health agencies in the USA: A systematic review with recommendations. *Clinical child and family psychology review*, *23*(3), 297-315.
3. Hallett, E., Simeon, E., Amba, V., Howington, D., McConnell, K. J., & Zhu, J. M. (2024). Factors influencing turnover and attrition in the public behavioral health system workforce: Qualitative study. Psychiatric Services, 75(1), 55-63.