The Arizona Behavioral Health Workforce

Background

- Behavioral health is a broad term that encompasses mental health, substance use disorders, and co-occurring disorders (the presence of both mental health and substance use disorders).⁴
- Common behavioral health disorders include depression, anxiety, and alcohol and drug dependency.¹

Behavioral Health in Arizona⁸

- 19.24% of adults experienced mental illness in the prior year.
- 4.43% of adults had serious thoughts of suicide in the prior year.
- 7.36% of adults experienced a substance use disorder in the prior year.
- 5.70% of adults experienced an alcohol use disorder in the prior year.

of Arizonans live in a mental health care professional shortage area.²

of Arizonan adults experience mental illness but do not receive treatment.³

BEHAVIORAL HEALTH

Behavioral health is a "state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community." People with behavioral health problems can live "satisfying, meaningful, contributing life..."

PROMOTING BEHAVIORAL HEALTH

Protective factors to promote behavioral health include education, stable employment, economic stability, secure housing, higher socio-economic status, family support, positive peer relationships, family support, social engagement, and physical activity. 1,5,6

The Workforce

The behavioral health workforce includes "all workers involved in treatment or prevention of mental health and/or substance use disorders." 9

Psychiatrists*
Psychologists*
Advanced Practice Psychiatric Nurses
Marriage and Family Therapists*
Certified Prevention Specialists
Addiction Counselors*
Psychiatric Nurse Practitioners

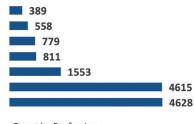
Psychiatric Physician Assistants Mental Health/Professional Counselors* Clinical, Counseling, School Psychologists School Counselors Social Workers* Psychiatric Rehabilitation Specialists Case Managers Psychiatric Aides and Technicians Homeless Outreach Specialists Parent Aides Peer Support Specialists Recovery Coaches

*included in this report

5.71

Arizona Behavioral Health Workforce 2019

Behavior Analysts
Marriage & Family Therapists
Psychiatrists
Substance Abuse Counselors
Psychologists
Counselors
Social Workers



8.19 11.43 11.90 22.80 67.74 67.93

Count by Profession

Ratio per 100,000 by Profession

Rural Disparities

- Rural barriers to behavioral health care include longer travel distances to providers, lack of behavioral health workforce, and stigma.
- Rural populations are more likely to have higher uninsured rates and higher levels of poverty compared to non-rural populations, increasing the likelihood that cost is also a



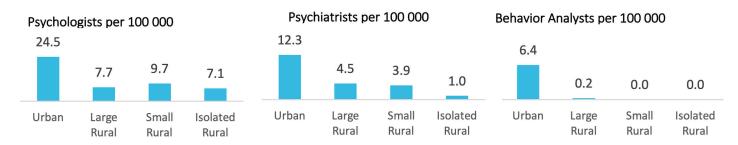
90% of Arizonans live in urban areas and 95.7% of behavioral health providers are located in urban areas.

barrier to behavioral health care.

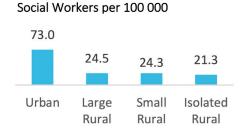
Rural Workforce

	Total	Psychiatrists	Psychologists	Behavior Analysts
Arizona	13,333	779	1,553	389
Urban	12,762	752	1,495	388
Large Rural	348	18	31	1
Small Rural	163	8	20	0
Isolated Rural	60	1	7	0

10% of Arizonans live in large (micropolitan), small, and isolated small rural areas and 4.3% of behavioral health providers are located in these areas.



	Social Workers	Counselors	Marriage & Family Therapists	Substance Abuse Counselors
Arizona	4,628	4,615	558	811
Urban	4,458	4,412	535	722
Large Rural	99	133	11	55
Small Rural	50	54	9	22
Isolated Rural	21	16	3	12



Counselors per 100 000 Marriage & Family Therapists per 100 000 Substance Abuse Counselors per 100 000 8.8 11.8 13.6 12.2 10.7 72.3 4.4 32.9 3.0 2.7 26.3 16.2 Urban Urban Large Small Isolated Large Small Isolated Urban Large Small Isolated Rural Rural Rural Rural Rural Rural Rural Rural Rural

- 1. World Health Organization. (2014). Social determinants of mental health. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf;jsessionid=B1BEC2340C0F497429D1A8831B3E10A2?sequence=1
- 2. Health Resources and Services Administration. (2020). Designated health professional shortage areas statistics. Retrieved from https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport
- 3. Reinert, M., Nguyn, T., & Fritz, D. (2019). State of mental health in american 2020. Retrieved from https://mhanation-al.org/sites/default/files/State%20of%20Mental%20Health%20in%20America%20-%20202.pdf
- 4. Centers for Medicare and Medicaid Services. (2019). A roadmap to behavioral health. Retrieved from https://www.cms.gov/files/document/roadmap-behavioral-health-updated-2019pdf
- 5. Alegria, M., Mulvaney-Day, N., Torres, M., Polo, A., Cao, Z., & Canino, G. (2007). Prevalence of psychiatric disorders across latino subgroups in the united states. *American Journal of Public Health*, 97(1), 68-75.
- 6. McLeod, J. (2013). Social stratification and inequality. In C. Aneshensel, J. Phelan & A. Bierman (Eds.), *Handbook of the sociology of mental health* (pp. 229-255). New York: Springer.
- 7. Muntaner, C., Ng, E., Vanroelen, C., Christ, S., & Eaton, W. (2013). *Social stratification, social closure, and social class as determinants of mental health disparities*. In C. S. Aneshensel, J. C. Phelan & A. Bierman (Eds.), Handbook of the sociology of mental health (pp. 205-228). New York: Springer.
- 8. SAMHSA. (2018b). Results from the 2017 national survey on drug use and health: Detailed tables. (). Retrieved from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017. pdf
- 9. Beck, A. J., Singer, P. M., Buche, J., Manderscheid, R. W., Buerhaus, P., Moreno Tuohy, C., & Boulton, M. L. (2016). *A minimum data set for the behavioral health workforce*. University of Michigan School of Public Health, Behavioral Health Workforce Research Center.