



Topic Brief: Regulatory Standards in Behavioral Health Professions

Date: 7/16/2019

Nomination Number: 1044

Purpose: This document summarizes the information addressing a nomination submitted on March 13, 2023 through the Effective Health Care Website ([link to nomination](#)). This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: The nominator is concerned that credentialing requirements for social workers, marriage and family counselors, and professional counselors create a barrier to entry for would-be practitioners, thus limiting the number of mental health providers in a field of practice in which there is a shortage of providers.

Findings: The EPC Program will not develop a new systematic review because we did not find enough primary studies addressing barriers to workforce entry for mental health professionals.

Background

Mental health services are widely used and in demand in the United States. Behavioral health spending across all payers was \$212 billion in 2015, which was 62% more than in 2006.¹ To meet the increased demand for mental health services, it has been estimated that the United States needs 4.4 million more practitioners.² In the midst of a shortage of mental health providers, an analysis of barriers to entering the field may be beneficial. The nominator is interested in credentialing requirements that may deter would-be practitioners from entering the field.

Credentialing involves an established series of guidelines that ensure that qualifications, training, licensure, and ability to practice are achieved for all healthcare providers. Each state has unique laws and credentialing requirements.³ The nominators are interested in evidence supporting the necessity of components of credentialing requirements to determine which are essential and non-essential.

Scope

What is the relationship between counseling credentialing requirements and patient outcomes?

Table 1. Questions and PICOTS (population, intervention, comparator, and outcome)

Questions	Counseling credentialing requirements and patient outcomes
Population	Persons receiving counseling services By diagnosis status:

	<ul style="list-style-type: none"> • For patients with a DSM-V diagnosis (e.g., PTSD, schizophrenia, bipolar disease, depression) • For patients without a DSM-V diagnosis <p>By type of issue for which they are seeking services</p>
Interventions	<p>Components of the counseling credentialing requirements:</p> <ul style="list-style-type: none"> • Time requirements (e.g., formal education, supervision/practicum) • Difficulty of testing (e.g., pass/fail rates, mean number of testing attempts) • Other components of credentialing requirements
Comparators	<p>Comparison groups are by behavioral health service type/service provider credentials:</p> <ul style="list-style-type: none"> • LMFT • Professional counselor (LPC or LMHC) • LCSW or LICSW • LCADAC • MD/DO (psychiatrist or primary care), nurse practitioner, psychologists with doctoral level training
Outcomes	<p>a) For patients with a DSM-V diagnosis</p> <ul style="list-style-type: none"> • Objective: change in ratings on relevant mental health assessments/diagnosis • Subjective: consumer satisfaction, HRQOL, harms <p>b) For patients without a DSM-V diagnosis</p> <ul style="list-style-type: none"> • Subjective: consumer satisfaction, HRQOL, harms

Abbreviations: DO=doctor of osteopathic medicine; DSM-V=Diagnostic and Statistical Manual of Mental Disorders, version 5; HRQOL=health-related quality of life; LCADAC=licensed clinical alcohol and drug abuse counselor; L(I)CSW=licensed (independent) clinical social worker; LMFT=licensed marriage and family therapist; LMHC=licensed mental health counselor; LPC=licensed professional counselor; MD=medical doctor; PTSD=post-traumatic stress disorder.

Assessment Methods

See Appendix A.

Summary of Literature Findings

We did not find any systematic reviews or primary studies addressing the nomination.

See Appendix B for detailed assessments of all EPC selection criteria.

Summary of Selection Criteria Assessment

The nominator is concerned that credentialing requirements for social workers, marriage and family counselors, and professional counselors create a barrier to entry for would-be practitioners, thus limiting the number of mental health providers in a field of practice in which there is a shortage of providers. We did not find any systematic reviews or primary studies addressing the nomination.

Please see Appendix B for detailed assessments of individual EPC Program selection criteria.

Related Resources

We identified sources of information on the mental/behavioral health staffing shortage that may be of interest:

- A Look at Strategies to Address Behavioral Health Workforce Shortages: Findings from a Survey of State Medicaid Programs: <https://www.kff.org/medicaid/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/>
- Credentialing, Licensing, and Reimbursement of the SUD Workforce: A Review of Policies and Practices Across the Nation: <https://aspe.hhs.gov/reports/credentialing-licensing-reimbursement-sud-workforce-review-policies-practices-across-nation-0>
- Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States: <https://www.healthmanagement.com/wp-content/uploads/HMA-NCMW-Issue-Brief-10-27-21.pdf>
- Washington's Behavioral Health Workforce: Barriers and Solutions: Phase I Report and Recommendations: <https://www.wtb.wa.gov/wp-content/uploads/2019/12/BehavioralHealthWorkforcePhase1Finalv2.pdf>
- Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature: Final Report: <https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/Behavioral%20Health%20Workforce%20Wage%20Study%20Report-Final%20020122.pdf>

References

1. Behavioral Health Spending & Use Accounts 2006-2015. Substance Abuse and Mental Health Services Administration. 2019. doi: <https://store.samhsa.gov/sites/default/files/d7/priv/bhsua-2006-2015-508.pdf>.
2. Behavioral Health Workforce Report, Substance Abuse and Mental Health Services Administration, 2021. Substance Abuse and Mental Health Services Administration. 2021. doi: <https://annapoliscoalition.org/wp-content/uploads/2021/03/behavioral-health-workforce-reportSAMHSA-2.pdf>.
3. Patel R SS. Credentialing. doi: <https://www.ncbi.nlm.nih.gov/books/NBK519504/>.

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Appendix A: Methods

We assessed nomination for priority for a systematic review or other AHRQ Effective Health Care report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix B for detailed description of the criteria.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Absence of Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years June 15, 2018 - June 15, 2023, on the questions of the nomination from these sources:

- AHRQ: Evidence reports and technology assessments
 - AHRQ Evidence Reports <https://www.ahrq.gov/research/findings/evidence-based-reports/index.html>
 - EHC Program <https://effectivehealthcare.ahrq.gov/>
 - US Preventive Services Task Force <https://www.uspreventiveservicestaskforce.org/>
 - AHRQ Technology Assessment Program <https://www.ahrq.gov/research/findings/ta/index.html>
- US Department of Veterans Affairs Products publications
 - Evidence Synthesis Program <https://www.hsrd.research.va.gov/publications/esp/>
 - VA/Department of Defense Evidence-Based Clinical Practice Guideline Program <https://www.healthquality.va.gov/>
- Cochrane Systematic Reviews <https://www.cochranelibrary.com/>
- PROSPERO Database (international prospective register of systematic reviews and protocols) <http://www.crd.york.ac.uk/prospéro/>
- PubMed <https://www.ncbi.nlm.nih.gov/pubmed/>
- Joanna Briggs Institute <http://joannabriggs.org/>

Impact of a New Evidence Review

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

Feasibility of New Evidence Review

We conducted a limited literature search in PubMed and PsycInfo for the last five years, June 15, 2018 - June 15, 2023. We reviewed all studies identified titles and abstracts for inclusion. We classified identified studies by question and study design to estimate the size and scope of a potential evidence review.

Search strategy

Ovid MEDLINE ALL 1946 to June 15, 2023

Date searched: June 16, 2023

1 *Behavioral Sciences/ or *Community Mental Health Services/ or *Counselors/ or *Directive Counseling/ or exp *Mental Health Services/ or exp *Psychiatry/ or exp *Psychology/ or *Psychotherapists/ or exp *Psychotherapy/ or *Social Workers/ (325808)

2 (counsel?or\$1 or psychologist* or psychiatrist* or psychotherapist* or "social worker\$1" or therapist*).ti,kf. (25479)

3 or/1-2 (338306)

4 Credentialing/ or Certification/ or Licensure/ (28218)

5 (certification\$1 or certified or credential* or licensed or licensure or training or LCADAC or LCSW or LICSW or LMFT or LMHC or LPC).ti,kf. (185949)

6 or/4-5 (204734)

7 Treatment Outcome/ or Patient Outcome Assessment/ (1155082)

8 ("drop-out\$1" or outcome\$1 or recover* or relaps* or remission* or termination*).ti,ab,kf. (3345944)

9 or/7-8 (3993021)

10 and/3,6,9 (3525)

11 limit 10 to english language (3425)

12 11 not ((exp Animals/ not Humans/) or (animal model* or bitch\$2 or bovine or canine or capra or cat or cats or cattle or cow\$1 or dog\$1 or equine or ewe\$1 or feline or goat\$1 or hamster\$1 or horse\$1 or invertebrate\$1 or macaque\$1 or mare\$1 or mice or monkey\$1 or mouse or murine or nonhuman or non-human or ovine or pig or pigs or porcine or primate\$1 or rabbit\$1 or rat\$1 or rattus or rhesus or rodent* or sheep or simian or sow\$1 or vertebrate\$1 or zebrafish).ti.) (3403)

13 limit 12 to yr="2020 - 2024" (669)

1413 and ((meta-analysis or systematic review).pt. or (meta-anal* or metaanal* or ((evidence or review or scoping or systematic or umbrella) adj3 (review or synthesis))).ti.) (55)

15 limit 12 to yr="2018 - 2024" (1263)

16 15 and (Follow-Up Studies/ or Longitudinal Studies/ or Prospective Studies/ or Retrospective Studies/ or (follow-up or longitudinal\$2 or prospective\$2 or retrospective\$2).ti.) (146)

Ovid APA PsycInfo 1806 to June Week 1 2023

Date searched: June 16, 2023

1 Counselors/ or General Practitioners/ or Mental Health Personnel/ or Clinical Psychologists/ or Psychologists/ or Psychiatrists/ or Psychotherapists/ or Rehabilitation Counselors/ or Social Workers/ (88725)

2 (((behavioral or drug or "mental health" or "substance abuse") adj2 (professional\$1 or specialist\$1 or therapist\$1)) or counsel?or\$1 or ((general or nurse) adj practitioners) or psychologist* or psychiatri* or psychotherapist* or "social worker" or "social workers" or specialist* or therapist*).ti,ab,id. (530298)

3 or/1-2 (546587)

4 exp Clinical Psychology Graduate Training/ or exp Community Mental Health Training/ or exp Counselor Education/ or exp Counselor Trainees/ or exp Practicum Supervision/ or exp Professional Examinations/ or exp Professional Certification/ or exp Professional Licensing/ or exp Psychiatric Training/ or exp Psychotherapy Training/ (26270)

5 (certification\$1 or certified or credential* or licensed or licensure or training or LCADAC or LCSW or LICSW or LMFT or LMHC or LPC).ti,ab,id. (323987)

6 or/4-5 (331991)

7 Treatment Outcomes/ or Psychotherapeutic Outcomes/ or "Recovery (disorders)"/ or "Relapse (disorders)"/ or "Remission (disorders)"/ or Treatment Dropouts/ or Treatment Termination/ (74665)

8 ("drop-out\$1" or outcome\$1 or recover* or relaps* or remission* or termination*).ti,ab,id. (612654)

9 or/7-8 (624521)

10 and/3,6,9 (9559)

11 limit 10 to yr="2020 -Current" (1841)

12 limit 11 to "0830 systematic review" (73)

13 limit 10 to yr="2018 -Current" (2864)

14 limit 13 to ("0430 followup study" or "0450 longitudinal study" or "0451 prospective study" or "0453 retrospective study") (163)

Appendix B. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the United States?	Yes.
1b. Is the nomination a request for an evidence report?	Yes.
1c. Is the focus on effectiveness or comparative effectiveness?	No.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Yes. Mental health services are widely used and in demand in the United States. Behavioral health spending across all payers was \$212 billion in 2015, which was 62% more than in 2006. ¹ To meet the increased demand for mental health services, it has been estimated that the United states needs 4.4 million more practitioners. ²
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the United States population or for a vulnerable population	Yes. Mental health services are widely used and in demand in the United States. Behavioral health spending across all payers was \$212 billion in 2015, which was 62% more than in 2006. ¹ To meet the increased demand for mental health services, it has been estimated that the United states needs 4.4 million more practitioners. ²
2c. Incorporates issues around both clinical benefits and potential clinical harms	No.
2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes. Mental health services are widely used and in demand in the United States. Behavioral health spending across all payers was \$212 billion in 2015, which was 62% more than in 2006. ¹ To meet the increased demand for mental health services, it has been estimated that the United states needs 4.4 million more practitioners. ²
3. Desirability of a New Evidence Review/Absence of Duplication	
3. A recent high-quality systematic review or other evidence review is not available on this topic	Yes. We did not find any systematic reviews addressing the nomination.
4. Impact of a New Evidence Review	
4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)?	Yes. There are no guidelines addressing this issue.
4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)?	Yes. Credentialing requirements vary across states and across provider types. The requirements are not evidence-informed.
5. Primary Research	
5. Effectively utilizes existing research and knowledge by considering: - Adequacy (type and volume) of research for conducting a systematic review - Newly available evidence (particularly for updates or new technologies)	We reviewed the whole yield and did not find any primary care studies addressing the nomination.