Building a Comprehensive Plan for Gambling Behavioral Health Care Workforce Development

May 30, 2024

Public health professionals have recognized the workforce crisis in behavioral health for many years. Over 15 years ago, experts first called for a national strategy to promote behavioral health workforce development. Yet the U.S. Health Resources and Services Administration (HRSA) still describes an alarming situation. They estimate that more than half of the U.S. population lives in an area with a mental health shortage designation. Likewise, they suggest that the current shortages are projected at least through 2036. As concerns about mental health continue to grow, the question at hand is how we might deal with increases in need and help-seeking when the available workforce already is strained.

In the U.S., this crisis might be especially acute for gambling, compared to other mental health concerns, like mood disorders and substance use disorders. The ongoing overdose crisis and elevated mental health demand limit the amount of professional attention that can be directed to gambling. Simultaneously, a rapidly expanding gambling environment, an ongoing lack of awareness of gambling as a public health problem, and the absence of federally-coordinated responses likely contribute to gambling-related workforce deficits. Across the nation, states are considering gambling legalization, most notably for online gambling opportunities, including sports and casino gambling. Yet, we know that gambling receives less attention than other important addictive behaviors. This might be most evident in the absence of any major U.S. federal spending that is specific to gambling-related research, prevention, and intervention. These factors are likely to contribute to low rates of help-seeking, with some estimates suggesting that

just one in 25 people at moderate risk for gambling problems seeks help.

When jurisdictions begin projects intended to build up their behavioral health workforce for gambling, it might be instructive to examine and emulate successful examples of related workforce development initiatives. One recent report on behavioral health workforce expansion in Connecticut suggested that in many areas of the U.S., behavioral health workforce development emerged as a response to the Department of Health and Human Services New Freedom Commission Goals for Mental Health Care. These goals included:

- Goal 1: Americans understand that mental health is essential to overall health.
- Goal 2: Mental health care is consumer and family driven.
- Goal 3: Disparities in mental health services are eliminated.
- Goal 4: Early mental health screening, assessment, and referral to services are common practice.
- Goal 5: Excellent mental health care is delivered and research is accelerated.
- Goal 6: Technology is used to access mental health care and information.

Inspired by these goals, the Connecticut Workforce Collaborative on Behavioral Health engaged in a multi-faceted workforce development initiative as a seventh goal intended to transform mental health care in the state. Its experience is instructive and potentially useful for other jurisdictions attempting to expand the gambling care workforce in their area. Based on their workforce development experience, the experts involved made five primary recommendations. First, it is important to recognize workforce development as a state and local priority. This suggests that comprehensive workforce development contributes meaningfully to transforming mental health care. Second, they recommend that jurisdictions employ evidence-based training and staff development approaches. Their experience indicates that evidence-based staff development can lead to enduring, successful changes compared to other strategies. Third, it is necessary to target diverse workforce groups. Doing so requires broadening beyond the typical workforce initiative targets (i.e., health care practitioners) to support larger systemic changes across various levels of care. Fourth, the Collaborative recommended the use of multiple strategies to increase consumer and family direction. This recommendation stems from the observation that participatory care models will reinforce needed treatment seeking and engagement. And, fifth,

it remains essential to build cross-sector collaborations. Inter-agency cooperation broadens the expertise of those involved and the reach of co-developed solutions.

Taking these ideas into consideration, and focusing on the third recommendation (i.e., targeting diverse workforce groups), it is possible to make some preliminary, yet specific, suggestions for gambling-related workforce development interventions across areas of experience and responsibility (see Table). The following table shows how Connecticut's workforce development interventions (*Table 2, p. 330*) can be extended and applied to gambling care.

Target Group	Workforce Intervention	Gambling Development	Performance Indicators
Potential Behavioral Healthcare Workers	Career pathways planning and identification	Resources and tools made available to career services planning centers for entry into the gambling care profession; foster the development of student peer health education programming for gambling; promote recruitment of underrepresented groups in behavioral health training programs	Number of students enrolled in programs that include gambling care; number of gambling peer health education programs in use; number of gambling-training student peer health educators; number of racial/ethnic minority students pursuing behavioral health workforce careers
Behavioral Healthcare Workers in Training	Higher education curriculum reform	Gambling-related course development, course training for educators, and course implementation at academic clinical programs	Number of gambling care courses offered; number of students enrolled in gambling care courses

Behavioral Healthcare Workers	Reinforcement and transferring skills	Ongoing professional education for providing gambling care	Number of professional CE course offerings for gambling care; number of professionals enrolled in gambling care CE courses; total number of certified gambling specialists
Behavioral Healthcare Supervisors	Standards and competency for problem solving, communication, and mentoring	Instruction about gambling-related clinical supervision and related tasks, such as documentation, frequency, and format	Number of supervisors who have completed specialized gambling training; number of gambling care networking opportunities for supervisors
Behavioral Healthcare Leadership	Leadership development and business requirements	Instruction about staff recruitment and retention, idiosyncratic billing issues, workforce expansion, and process impacts (e.g., routine screening) related to gambling	Number of certified gambling care professionals on staff; number of trained peer specialists on staff; number of clients screened/assessed/treated for gambling
Peers (i.e., people in recovery from problem gambling)	Services training	Development of gambling peer services training programs and integration of peer specialists into gambling care programs as professional partners	Total number of peers with lived experience trained in behavioral health first response that includes gambling; number of gambling mutual help meetings available; number of gambling peer specialists trainings offered; number of gambling certified peer specialists

Family	Parent leadership development	Expansion and wide-scale promotion of programs to support gambling care access, parental advocacy, mutual support, and participatory care programs	Number of family members trained in gambling resource availability; family members participating in gambling care advisory committees; number of family members trained in behavioral health first response that includes gambling
Communities	First responder training	Integration of gambling disorder into U.S.-based Mental Health First Aid training	Number of public employees (public safety, fire, school) trained in behavioral health first response programs, such as Mental Health First Aid, that include gambling

Gambling-related workforce expansion often focuses on training and education experiences for the existing behavioral health workforce. Although providing such expansion opportunities is a natural first step in workforce development, there is a need to think creatively about coordinated gambling care workforce development across multiple levels of experience and responsibility. Developing training and education programs for behavioral healthcare workers to apply and adapt their skills from one area (e.g., substance use disorder) to gambling is an important piece of transforming the workforce landscape, but probably insufficient for truly transformative change. One very important factor that prevents this from being a sufficient solution is that these professionals already are working beyond capacity during a time of growing mental health need. Building interest and capacity earlier in professional development, such as through supporting career development pathways that encourage entry into behavioral healthcare and specialized training for those already pursuing such careers, will increase the size of the available workforce rather than just repurpose the existing workforce. Likewise, increasing efforts toward routinely introducing peers as part of the reimbursable clinical care system also expands the magnitude of who can participate in coordinated care. These efforts require top-down support, as well as community and family connection and awareness, for

their success. This means that leadership levels also require specific guidance and development interventions for integrating gambling care into their services and providing ongoing support for those efforts. Finally, with these added workforce development targets, it will be important to identify one-year, five-year, and even 10-year workforce transformation change goals. Early career initiatives, in particular, are essential and will take time to emerge as tangible workforce changes.

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