



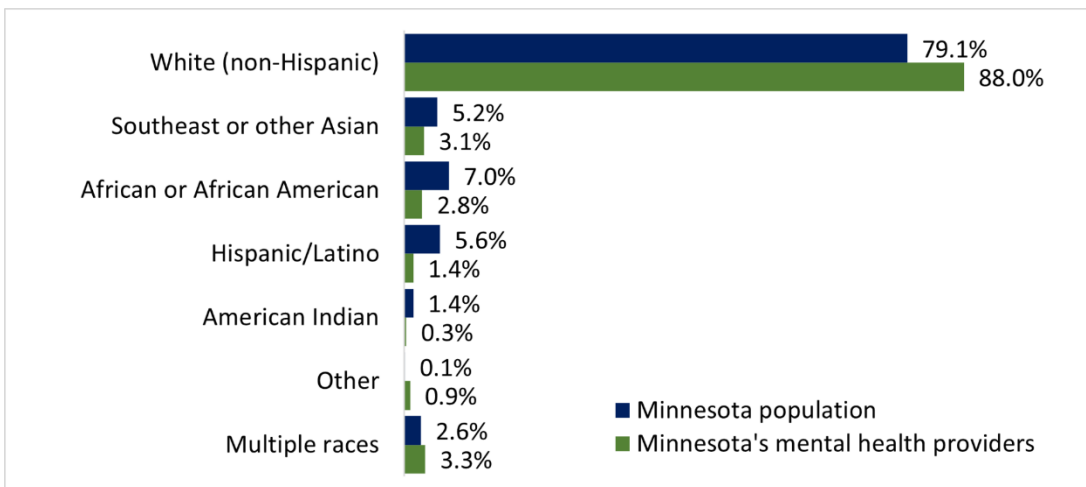
Spotlight: Equity and the mental health workforce

August 2022

The ORHPC research team within the [Health Workforce Planning and Analysis Unit](#) collects and analyzes Minnesota-specific data on nearly 20 different licensed health professions. This article focuses on the diversity of Minnesota's mental health workforce, which includes social workers, licensed mental health counselors, marriage and family therapists, and psychologists. We also showcase some of MDH's grant programs that are designed to grow the diversity of the mental health workforce and expand access to mental health care.

People of color are underrepresented in our mental health workforce (see Figure 1). While approximately 79 percent of Minnesota's statewide population is white, 88 percent of its mental health workforce is white. Conversely, Asians, Africans and African Americans, Hispanics/Latinos, and American Indians all comprise smaller shares of the mental health professions than they do in the statewide population.

Figure1: Race of Minnesota's population compared to its mental health workforce, 2022



Data sources: Race on Minnesota’s mental health providers comes from the MDH Healthcare Workforce Survey, October 15, 2021 – March 15, 2022. Mental health providers include psychologists, LPCs, LPCCs, LICSWs, LGSWs, and LMFTs. Data on Minnesota race demographics come from the U.S. Census Bureau, Quick Facts, 2021. Retrieved from <https://www.census.gov/quickfacts/MN> on April 26, 2022.

Culture has important implications for mental health. Culture can affect how health and illness are viewed, and may influence patterns of seeking treatment and relationships with clinicians. Racism and discrimination may also be factors.⁴ As shown in Table 1, our survey results suggest that Minnesota’s mental health providers of color are more likely—in some cases much more likely—than white clinicians to provide care to underserved groups (e.g., immigrants/refugees; other racial or ethnic minority group members; low-income or uninsured patients; and patients who require an interpreter). There may be any number of possible reasons for this, but the broad pattern suggests that more diversity in the mental health workforce can lead to greater access to care for cultural, ethnic, or racial minorities.

Table 1. Which of the following underserved patient groups do you serve on a daily basis, if any? (Check all that apply.)

Patient group	White providers	Providers of color
Immigrants/refugees	21%	39%
Other racial or ethnic minority group members	52%	68%

Low-income or uninsured patients	59%	68%
Medicaid, MinnesotaCare, or other MN health care program recipients	63%	62%
Patients who require an interpreter	19%	29%
Veterans	24%	21%
Populations with disabilities	45%	47%
Unsure	3%	4%
None of these	7%	4%

MDH programs to help bridge disparity gaps

These findings are important in light of an MDH statewide health assessment which found that not all Minnesotans have the same chance to be healthy.² People of color, American Indians, people with disabilities, people living in poverty, and members of the LGBTQ community have less access to health care and experience worse health outcomes in Minnesota, including mental health. With an eye towards these findings, ORHPC administers several workforce grant programs designed to increase diversity in Minnesota’s mental health workforce and improve health outcomes for communities of color.

1. Mental Health Cultural Community Continuing Education (MHCCCE) Grant

The [Mental Health Cultural Community Continuing Education Grant \(MHCCCE\) Program](#) is a new program that is part of a larger effort to support providers of color in mental health. Just approved for funding in 2021 by the Minnesota State Legislature, this program has two separate components— one for individuals and one for trainers.

The MHCCCE grant for individuals. This component of the Mental Health Cultural Community Continuing Education grant seeks to support licensed

mental health professionals from underrepresented communities who wish to become qualified to serve as supervisors for less-experienced mental health practitioners who are on the path toward professional-level licensure.

The MHCCCE grant for trainers. The MHCCCE solicited grant applications from post-secondary educational institutions, or private training entities approved as continuing education providers by respective licensing boards, to offer free trainings to eligible students who wish to become board-recognized supervisors for mental health practitioners seeking licensure. Grantees of this program will make group training available, particularly in areas where it can be difficult for individuals to access the required coursework.

2. International Medical Graduate (IMG) Program

The [IMG Assistance program](#) supports international medical graduates (IMGs) who wish to earn a Minnesota license to practice primary care medicine here. While not specifically focused on mental health, primary care providers from immigrant communities can be an important safety net for patients. Many immigrant communities experience greater barriers (including stigma) for seeking mental health treatment, so it is important to grow the supply of culturally-sensitive primary care providers—one of the key aims of this program.

The IMG Assistance program offers comprehensive support to facilitate the integration of IMGs into the healthcare workforce, including state funded IMG residency positions. IMG who participate in one of these residency positions are required to serve in a rural or urban underserved area. This directly increases access to culturally and linguistically appropriate primary care in areas around the state lacking diverse providers.

3. Mental Health Safety Net Grant

The [Mental Health Safety Net grant](#) supports eligible mental health providers who serve the uninsured. Each year, funds are awarded proportionally among eligible community mental health centers, based on the total number

of uninsured patients under the age of 21 served. Eligible budget lines include: salaries and fringe; supplies; travel; equipment and capital improvements; and contracted services.

Endnotes

¹ Gopalkrishnan N. (2018). Cultural Diversity and Mental Health: Considerations for Policy and Practice. *Frontiers in public health*, 6, 179. <https://doi.org/10.3389/fpubh.2018.00179> [Accessed, June 5, 2022]

² Minnesota Department of Health. [Health Equity Reports and Publications - Minnesota Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/health-equity-reports)

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