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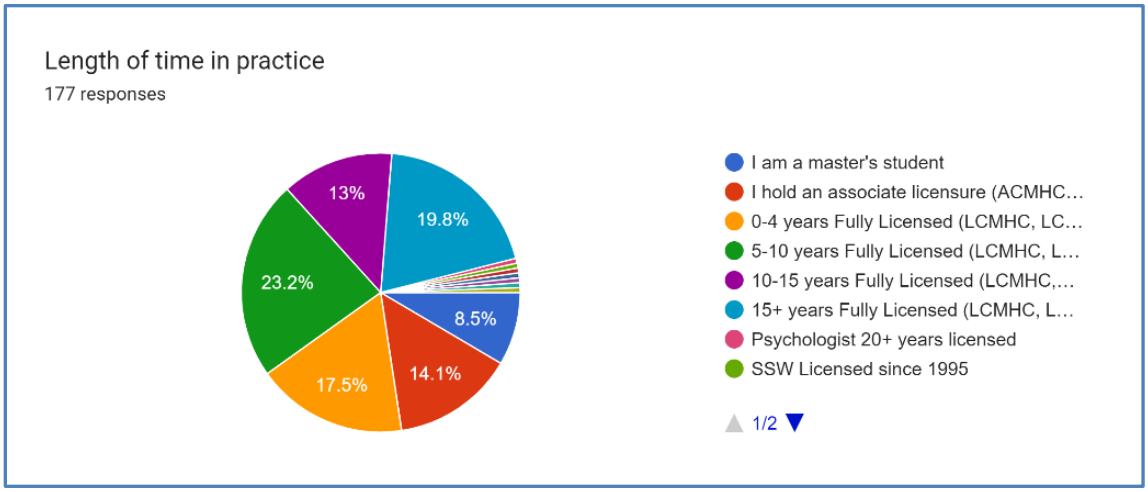
Utah Mental Health Counselors Association (UMHCA)
Member Survey Response

Office of Professional Licensing Review Request for Information
December 2022

In December 2022, UMHCA solicited all UMHCA members to provide feedback on their experiences as mental health therapists, their experience with supervision, as well as their recommendations for the licensure process and public protections. UMHCA received 177 survey responses. The survey was emailed to 1273 UMHCA contacts, with 66% (840) opening the document. A total of 232 individuals clicked through the email (18.2%) and from that UMHCA's response rate was 76.3% from individuals who had fully opened the email. Total response rate from all individuals emailed was 13.9%. This is a comprehensive summary of those responses.

As UMHCA anticipated, the 177 respondents reported experience in the mental health field ranged from student status (non-licensed experience) to 30+ years' experience. The breakdown in experience was:

- 23.2% had been in practice 5-10 years
- 19.8% in practice for 15+ years
- 17.5% in practice for 0-4 years
- 13% for 10-15 years
- 14.1% were ACMHCs (clinically supervised practice)
- 8.5% were students in graduate school to be a mental health therapist



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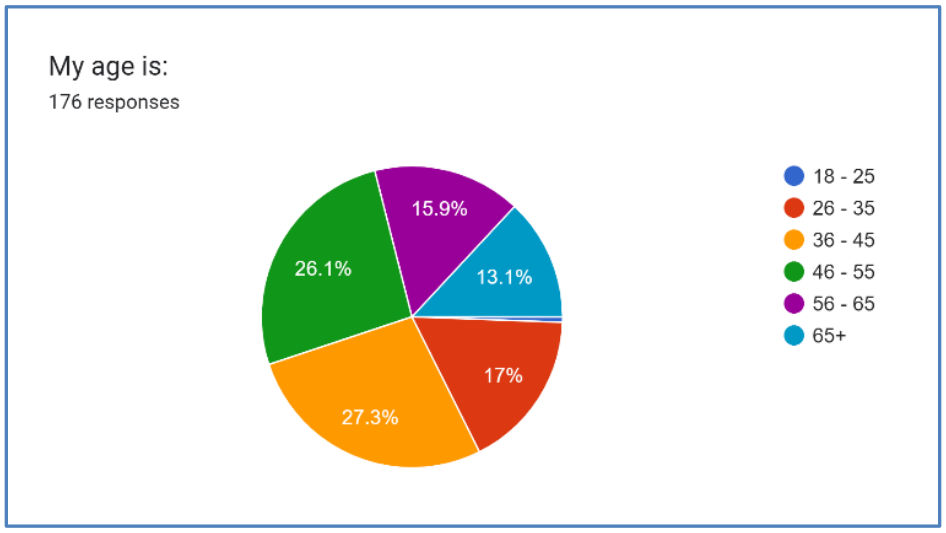
The majority of the respondents were in the 36–55 year age range.

- 27.3% were age 36-45
- 26.1% were age 46-55
- 17% were age 26-35
- 5.9% were age 56-65
- 13.1% were age 65+
- 0.6% were age 18-25



Respondents practiced in a wide variety of settings:

- Private Practice Owners (35.3%)
- Nonprofit Community Mental Health Agencies (16.5%)
- Group Private Practices (27.8%)
- Hospital/Crisis Centers (6.3%)
- Residential Treatment Centers (9.7%)

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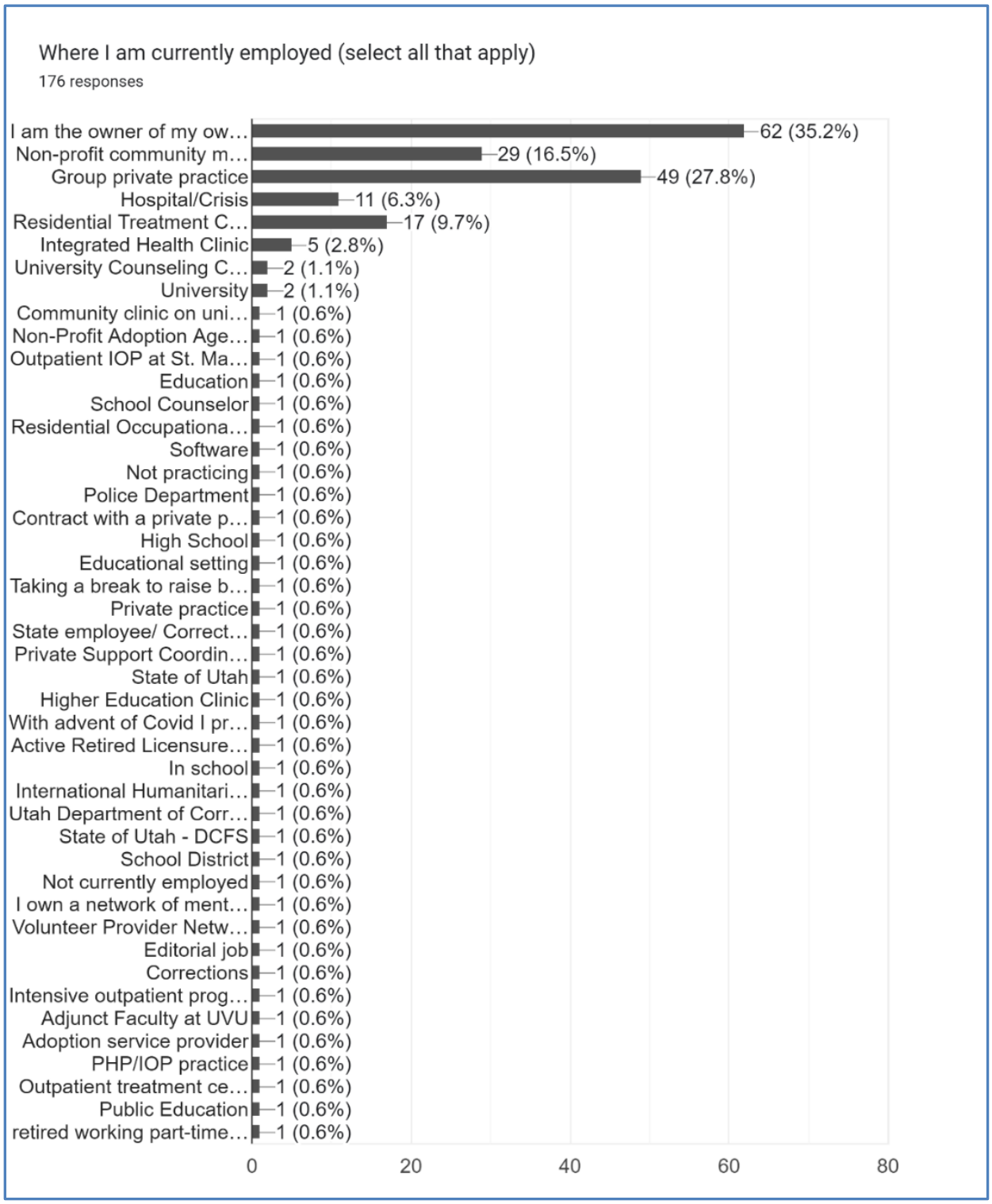
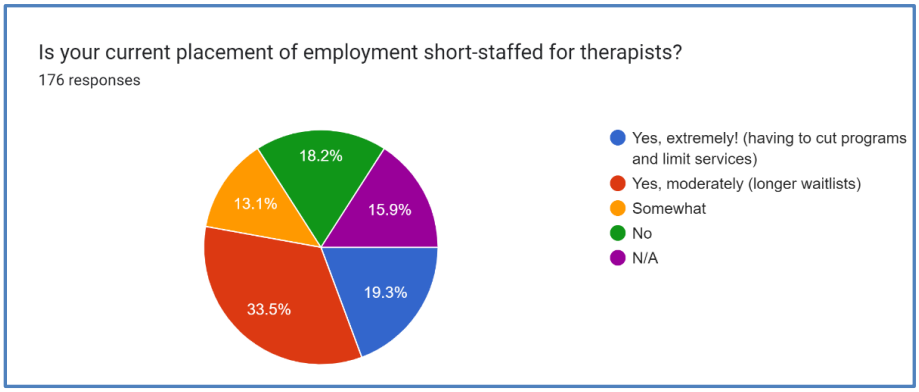


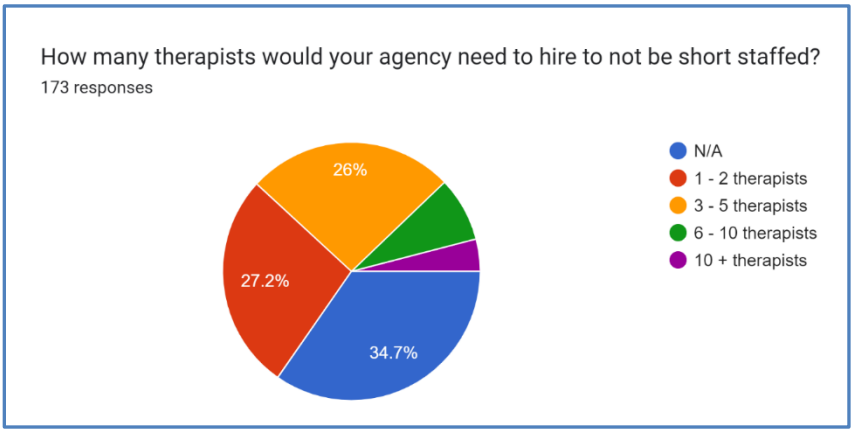
Workforce Shortage:

65.9% of respondents reported that their current place of employment/agency did not have enough mental health therapists to meet community mental health needs, with 52.8% of those respondents reporting that their staffing shortage was critical and severely impacted the ability to meet public mental health needs. Given that 35.3% of the sample was comprised of respondents who work in their own private practice, these percentages regarding workforce shortage cause grave concern both for public health and for mental health therapists' excessive stress.



When asked how many additional mental health therapists their agency needed to have adequate staffing:

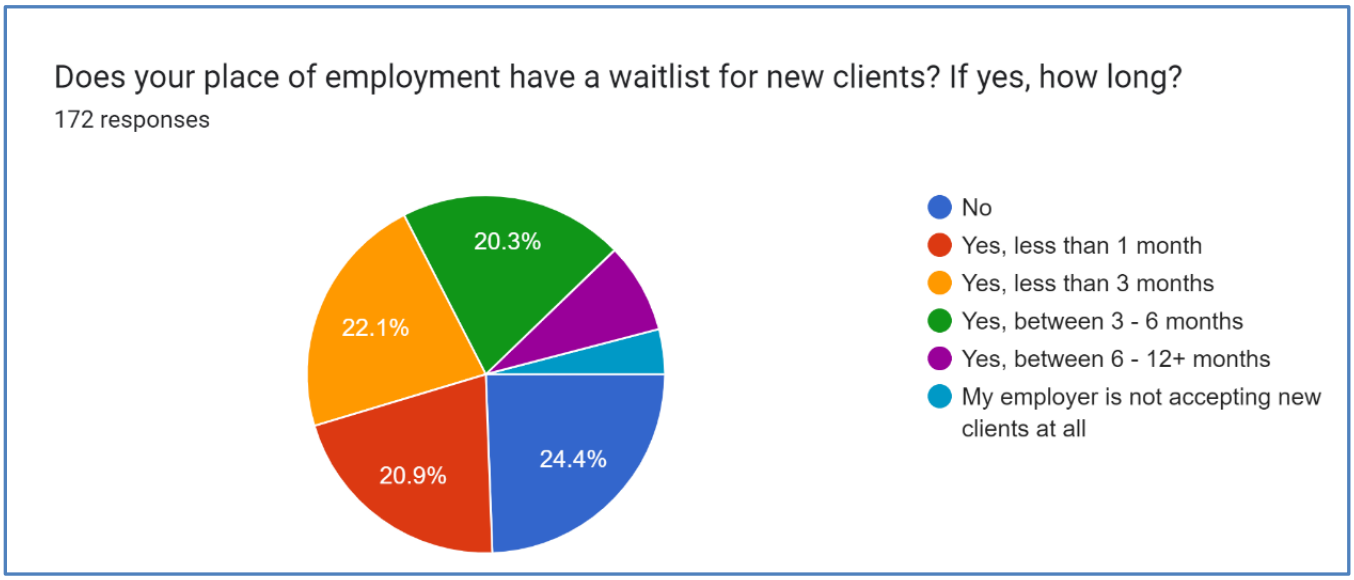
- 4% responded that 10+ additional therapists were needed to meet their demand
- 8.1% required 6-10 additional therapists
- 26% needed 3-5 additional therapists
- 27.2% needed an additional 1-2 therapists



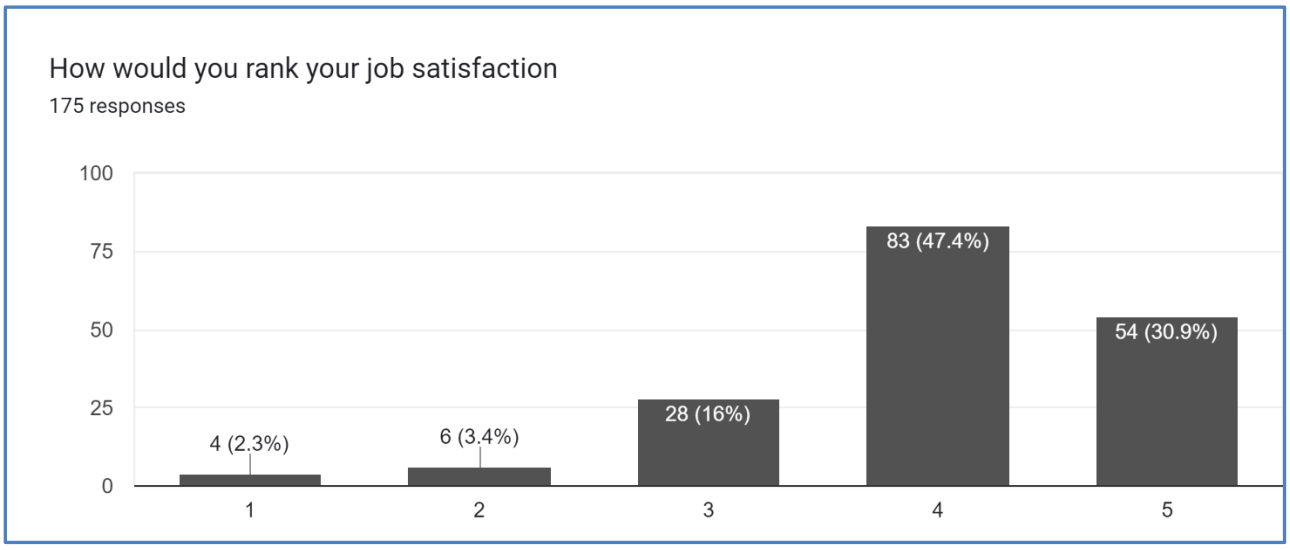
This shortage of licensed mental health therapists was impacting the ability to provide mental health therapy to those seeking treatment. This is a concern since appropriate mental health treatment is lifesaving especially for clients suffering from psychosis, depression, substance use, suicidal behaviors, and who have a severe persistent mental illness.

Reported waitlists indicated:

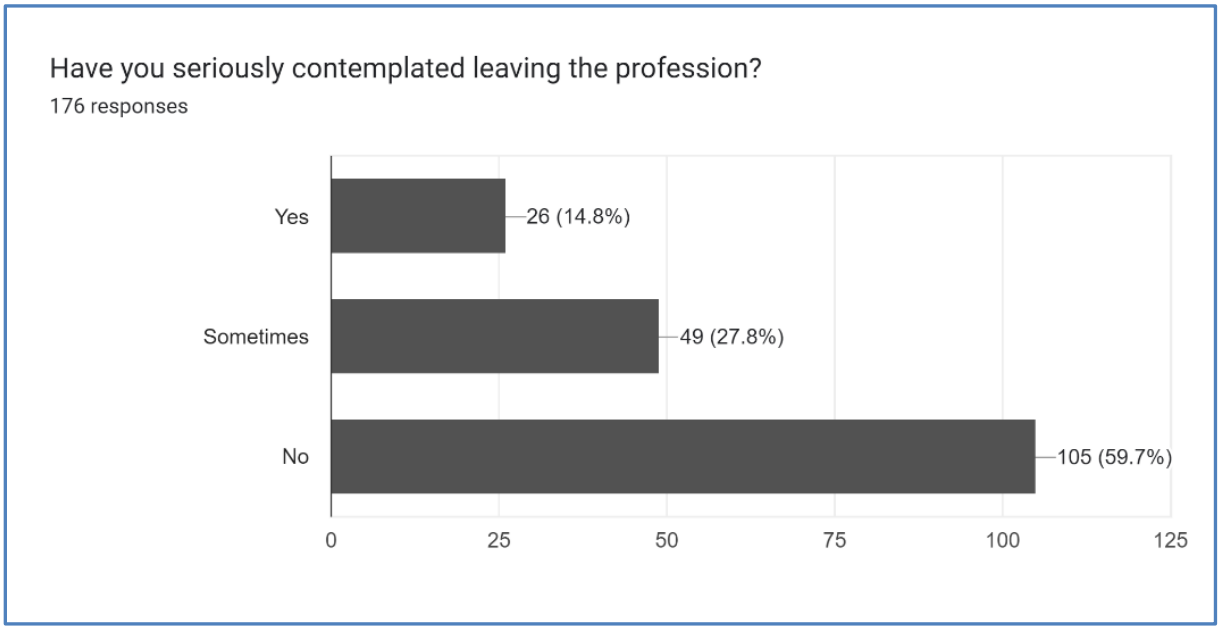
- 4.1% were not accepting any new clients
- 8.1% had a waitlist of over 6-12+ months
- 20.3% had a waitlist from 3-6 months
- 22.1% had a waitlist less than 3 months
- 20.9% had a waitlist less than 1 month.



On a 5-point scale (1 extremely dissatisfied and 5 extremely satisfied), respondents overwhelmingly reported they were satisfied with their job (78.3%).



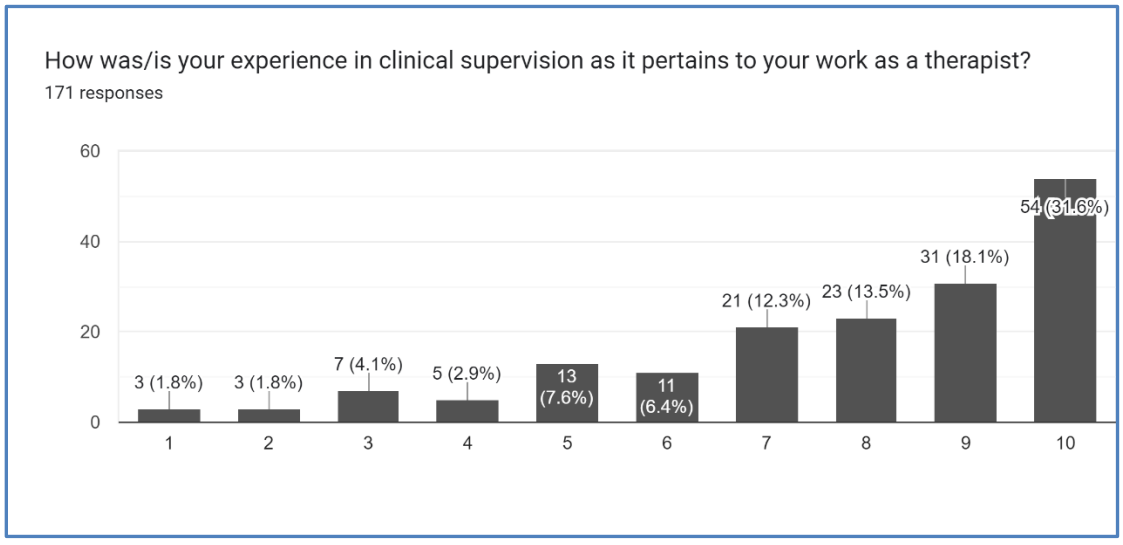
<u>However, 42.6% of respondents reported they had seriously contemplated leaving the profession.</u>



When asked what motivated respondents to consider leaving the profession, clear themes emerged: poor compensation, stress, and burnout.

a. 69% of respondents mentioned one or more of the following issues might motivate them to leave: an excessive workload, long hours, stress (employment, personal), a decrease in job satisfaction, limited support, experiencing burnout, and waning effectiveness. 24.3% of those respondents mention burnout specifically as being a primary motivator. Situations leading to burnout include: having a heavy workload, agencies requiring long working hours, poor compensation, limited support, limited access to supervision, and legal liability concerns.
b. Poor compensation and limited benefits were a motivator for 58% of respondents. Specifically: low pay, poor benefits, and challenges managing insurance and state regulations.
c. 9% indicated that frustration with staffing shortages, limited resources, and long waitlists could motivate them to leave the profession.
d. A small number of respondents reported that DOPL regulations, difficulty obtaining licensure, and (conversely) the fear that DOPL would reduce regulations could motivate them to leave the profession.

UMHCA asked respondents to rate their experience in clinical supervision from harmful (1) to beneficial (10). 82% reported that their supervision was favorable (rated it 6 or higher).



UMHCA asked respondents for their experience with supervision both beneficial and not beneficial. This is a summary of the main themes from the 154 responses.

Beneficial experiences were reported to have had supervisors who:

- answered questions
- provided mentoring
- were available in a crisis and provided direction during client crises
- were effective communicators
- shared and taught clinical interventions
- encouraged vulnerability in the supervisee
- were trauma-informed
- assisted with ethical dilemmas
- had experience with the population the supervisee was working with
- challenged supervisee bias and countertransference
- focused on supervisee professional growth
- were skilled mental health therapists
- respected supervisee autonomy
- were supportive of supervisees' approach to therapy
- provided validation and support.

Not beneficial experiences were reported to have had supervisors who:

- did not provide individual support
- did not have any training or experience in supervision
- did not have time for supervisees outside of supervision
- had poor communication skills
- did not hold supervisees accountable
- were themselves overwhelmed and burned out
- were micromanaging of supervisees
- saw supervision as a burden
- were demeaning to supervisees
- focused more on administrative tasks and productivity of supervisees
- engaged in unethical practices
- did not provide enough time for supervision
- did not answer supervisee questions or teach clinical skills

When asked what respondents believe caused the most harm to the public, clear themes of poor training, unethical practices, and current lack of resources were evident.

a. 82.8% of respondents reported that inadequately trained therapists, incompetence in treatment, and unethical practices risk harm to the public. Specific themes mentioned were poor supervision/consultation, ethical violations, burnout, insufficient training, blurred boundaries, unprofessional practice, unethical practice, and practicing outside of the scope of practice.

b. 34.4% of respondents reported that the current lack of resources, the difficulty in accessing services, the cost of treatment for clients, and the high caseloads of mental health therapists adversely impacted public mental health.

c. 20.4% of respondents identified poor compensation and billing practices as problems including: low reimbursement, low therapist salaries, dishonest billing practices, complex insurance regulations, and Medicaid/Medicare limitations.

d. 6.4% of respondents stated current regulations were problematic and expressed a preference for: decreasing hours of supervised practice, reducing barriers to graduation and licensure, and fewer regulations.

e. A small minority of respondents reported that continuing public misinformation about mental health treatment and stigma for seeking treatment caused harm to the public.

UMHCA asked respondents for their recommendations to improve our profession with the goal of better protecting the public. Some of the main themes were:

a. Increase training and continuing education (CE) requirements. 33% of respondents reported a need for increasing trainings. Specifically mentioned training needs were therapist self-awareness, values management, ethics, substance use, multicultural, trauma-informed care and trauma treatment, anti-bias, and domestic violence. Increased ethics training was mentioned most often. Following close behind was the need for improving and increasing CE requirements and offering more live trainings.

b. Respondents reported that the burnout and high caseloads impacted the public in 25.9% of responses. Respondents would like to see measures enacted that would increase therapist collaboration/consultation, decrease burnout, decrease insurance complexity, and ensure caseloads are manageable.

c. DOPL and licensure regulations were mentioned in 25% of responses. Responses about DOPL were varied. 81.5% of the respondents wanted to maintain the current or have an increase in DOPL regulations, while 18.5% of those respondents wanted a decrease in DOPL regulatory rules and were concerned about DOPL overreach. The majority saw a need for DOPL to have stricter consequences for ethical violations, more timely investigation of complaints, more guidance on how to report complaints to DOPL, and improving DOPL communication to mental health therapists regarding changes in laws/rules.

d. Respondents identified addressing the low pay, poor insurance reimbursement, Medicaid limitations, and lack of parity in 21.3% of responses.

e. Public health issues were mentioned by respondents in 16.7% of responses. Including increased public education regarding the therapy process, decreasing poverty and homelessness, increasing the number of therapists in public agencies, better access to mental health services, better availability of resources and referral options, and decreasing stigma about mental health problems.

f. A small number of respondents (5.6%) were very concerned about life coaches and individuals practicing therapy without a license.

UMHCA asked respondents what they would recommend to improve the regulation of our professional license. While recommendations varied, some clear themes emerged:

a. 26.3% of respondents recommended either maintaining or increasing Continuing Education (CE) requirements with recommendations to increase training in supervision, ethics, multicultural, and trauma specific treatments. Supervision was mentioned the most. Only 3.5% of respondents recommended eliminating or decreasing CE requirements.

b. 47% or respondents recommended changing or maintaining current licensure requirements and regulations. Of this 47%, 85.7% expressed strengthening (68.2%) or maintaining (17.5%) current licensing regulations including a desire to have stricter licensure requirements including more challenging licensure exams, requirements for certification of clinical supervisors (training and competency), required consultation, and increasing the time required for full licensure. Conversely 14.3% of respondents wanted a decrease in licensure exam requirements and regulations.

c. Other themes that were mentioned less frequently included: increased pay, improvement of complaint investigations, increased support for mental health therapists (i.e., training, supervision, consultation), increased access to treatment, improved graduate school education/training, improved clarity in DOPL/Legislative requirements, and the regulation of life coaches.

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The results of this survey provide a comprehensive view of the perspectives of clinical mental health counselors and state of the profession in Utah. UMHCA remains committed to working with DOPL, the Utah Legislature, and affiliated professions to ensure that mental health therapists have the training, understanding of laws/rules, and resources to continue to treat individuals dealing with emotional distress, mental disorders, and relationship concerns.

Please contact me if there are any questions and if additional information is needed. UMHCA would be willing to meet with OPLR staff to discuss this summary and share our expertise with the Clinical Mental Health Counseling profession.

Sincerely,

Anna Lieber, LCMHC, NCC

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