



**BHWC**

BEHAVIORAL HEALTH  
WORKFORCE CENTER

# Community Mental Health Providers in Illinois: Confidence and Training Needs

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UNIVERSITY OF  
ILLINOIS CHICAGO

Jane Addams College  
of Social Work

# Introduction

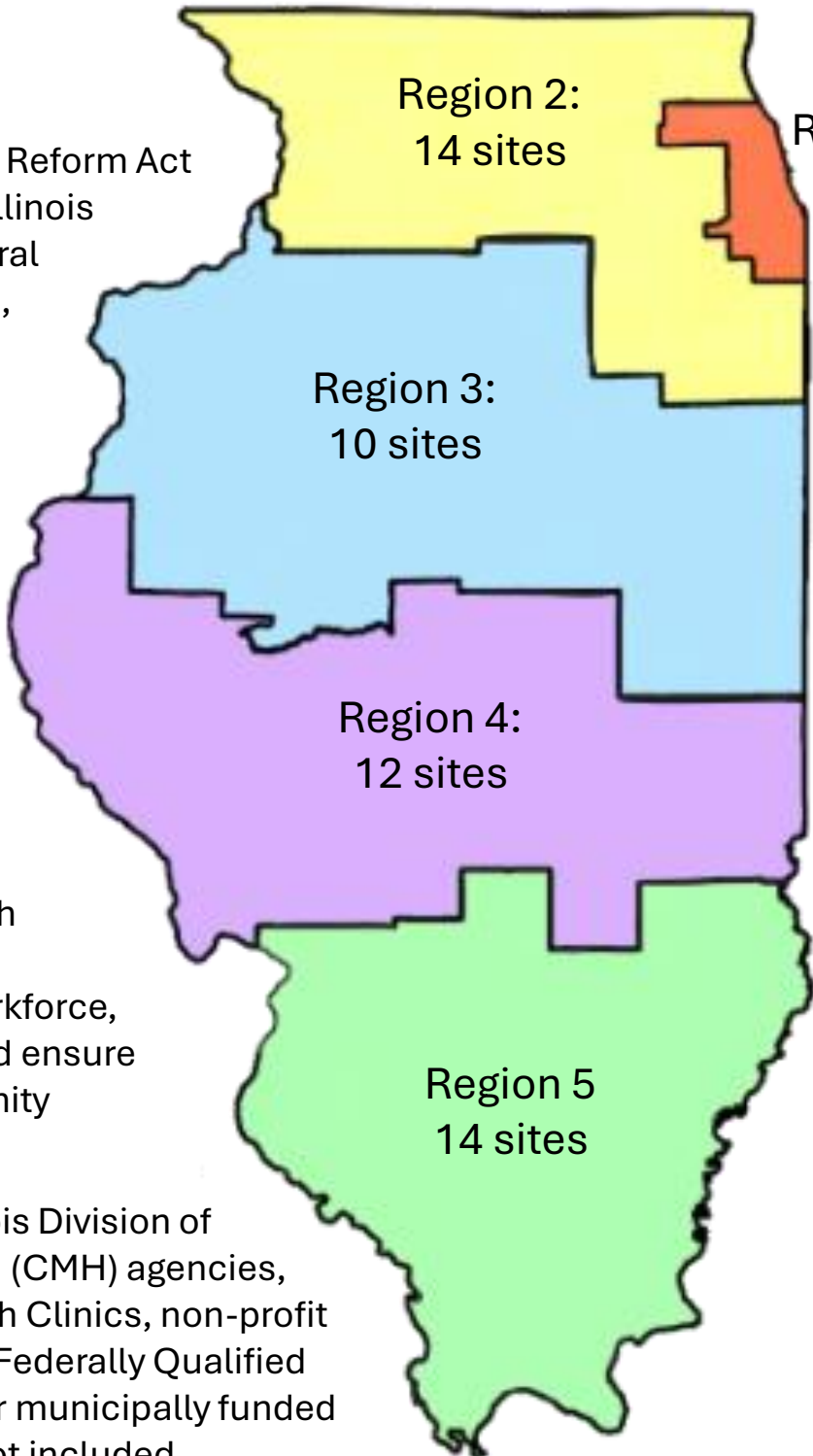
As established in the Healthcare and Human Services Reform Act of Illinois, the Behavioral Health Workforce Center of Illinois (BHWC) seeks to increase access to effective behavioral health services through innovative initiatives to recruit, educate, and retain qualified and diverse behavioral health providers.

One component of the Center’s work is assessment of the behavioral health workforce to better understand key shortage areas and providers’ retention and training needs. The BHWC conducted a survey of behavioral health providers in outpatient community mental health settings across Illinois in 2023-24.

This assessment aimed to understand provider demographics, shortage areas, and retention/training needs to increase access to effective behavioral health services. The survey provides crucial insights into the composition and diversity of the behavioral health workforce, allowing for targeted interventions to address gaps and ensure culturally relevant, accessible services for all community members.

The sampling frame was built by starting with the Illinois Division of Mental Health (DMH) list of Community Mental Health (CMH) agencies, which includes Certified Community Behavioral Health Clinics, non-profit organization, hospital-based clinics, programs within Federally Qualified Health Centers, county health departments, and other municipally funded programs and centers. Private practice groups were not included.

## Regional Participation



# Methodology

- 1 Sample Selection**  
A stratified random sample of 120 sites was selected from six areas of Illinois, including 20 each from Chicago and suburban Cook County.
- 2 Site Eligibility**  
92 of the selected sites were eligible, with 74 (80.4%) agreeing to participate.
- 3 Survey Distribution**  
Eligible sites distributed survey information to all behavioral health service providers. Participants received a \$20 gift card incentive.
- 4 Data Analysis**  
555 responses were weighted for statewide analyses. Regional differences were analyzed using chi-square and ANOVA tests.



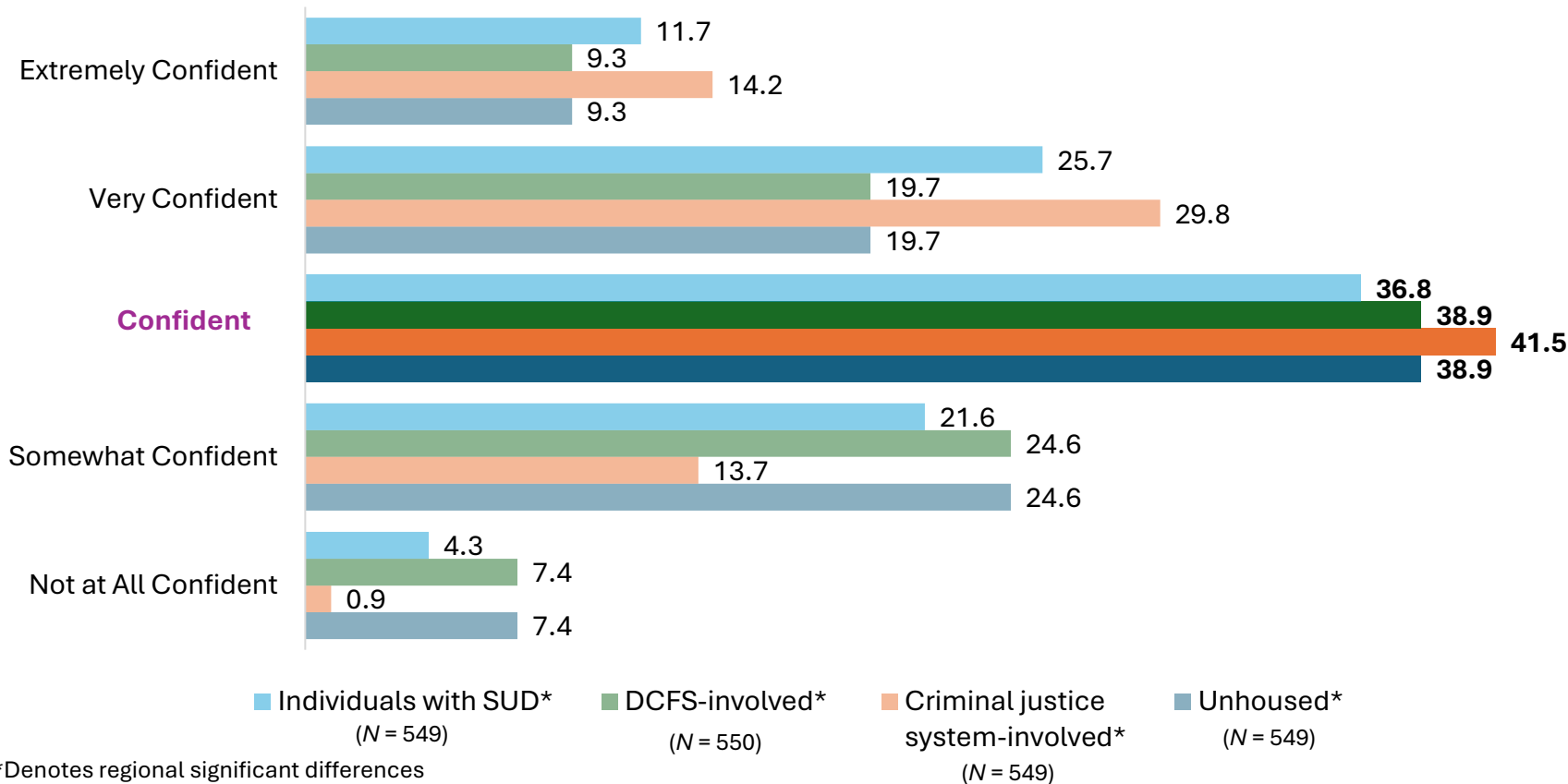
# Confidence in Providing Services

## Age Groups

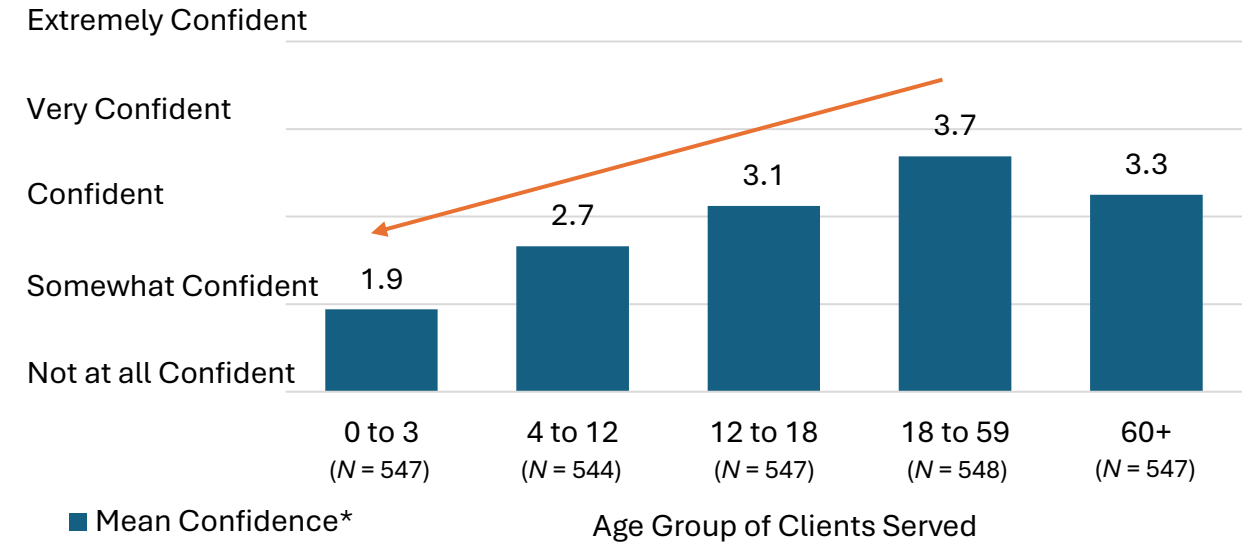
Examining all providers revealed a **statistically significant difference between providers' confidence in their service provision and the client age group** being served.

Overall, providers were **least confident in working with very young clients**. Confidence in addressing clients' needs tended to **increase as the age of the client increased**.

Overall, providers were **confident** in providing services to **individuals with SUD, DCFS-involved youth/families, criminal justice system-involved individuals/families, and unhoused/underhoused individuals**.



Confidence **decreased** as the age of the client decreased.



## Regional Differences

Providers' confidence in providing services to **individuals with substance use disorders (SUD), Department of Children and Family Services (DCFS)-involved youth/families (youth-in-care), criminal justice system-involved individuals/families, and unhoused/underhoused individuals** varied significantly by region.

Suburban Cook's confidence levels in serving unhoused individuals, individuals with SUD, criminal justice system-involved individuals, and DCFS-involved youth were notably low compared to other regions.

There were no significant differences across regions in confidence levels in providing services to diverse racial/ethnic groups or LGBTQIA+ individuals.

# Adequacy of Training

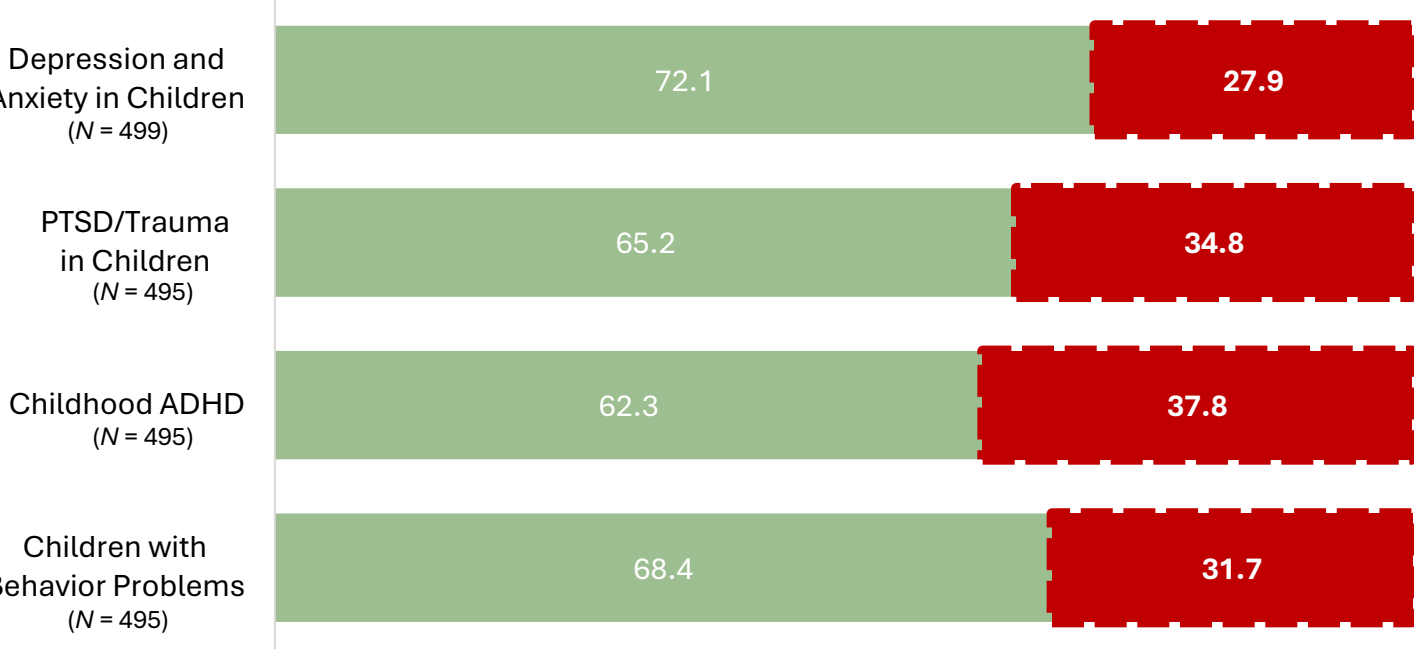
## Overall Training Perception

The majority reported that their training adequately met their needs to provide services to different age groups as well as to individuals with various mental health conditions. Statewide, providers indicated **higher need for training in interventions for psychosis, substance use, and parenting challenges.**

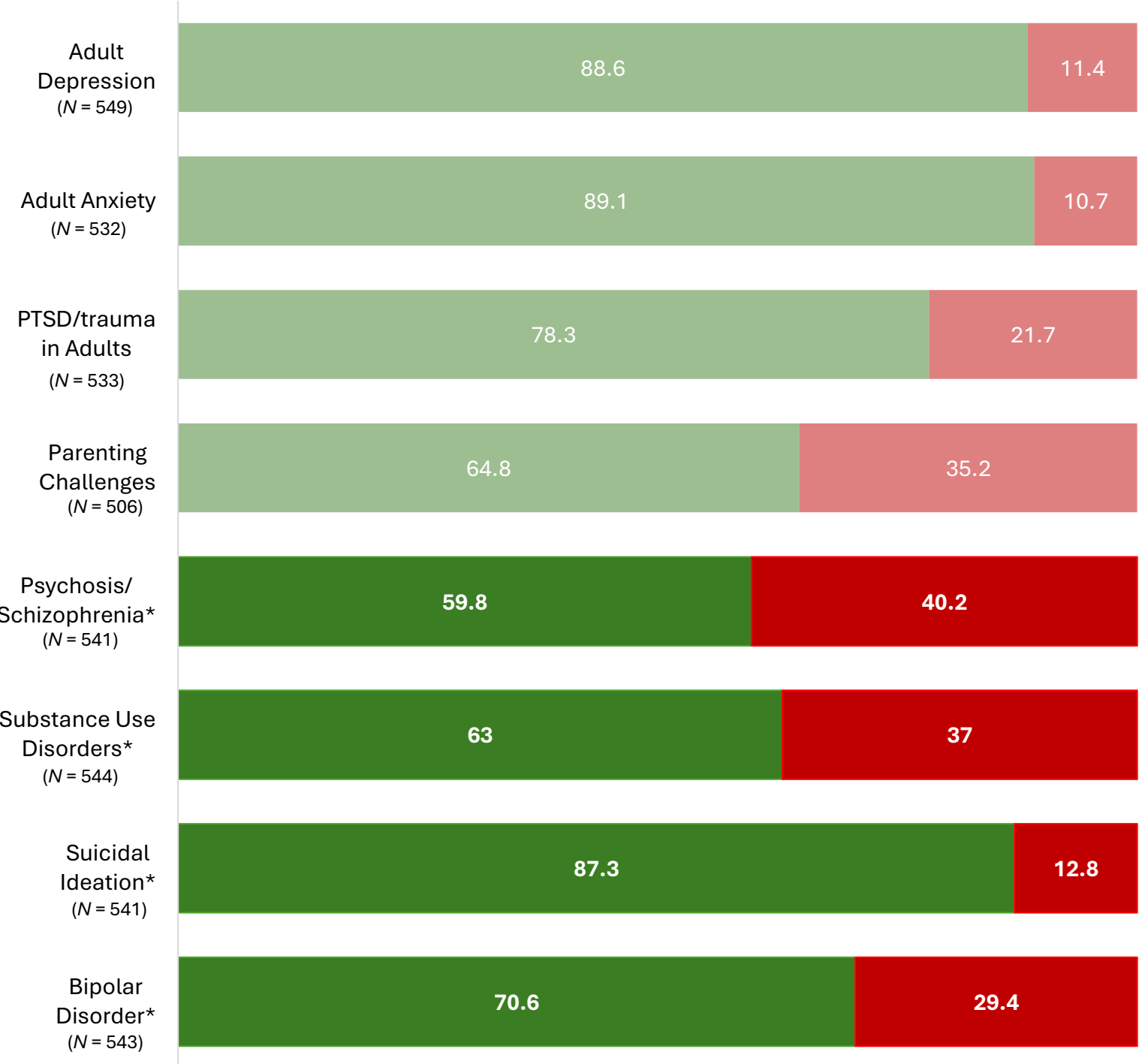
**Additionally, a higher proportion of providers felt that they received inadequate training for providing services to children,** consistent with their lower levels of confidence in their ability to provide services to children.

Additionally, **providers with a license and/or certificate felt more adequately prepared** to address adult depression, SUD, and PTSD/trauma in adults than providers without a license or certificate.

## A higher proportion of providers felt that they received inadequate training for providing services to children.



## Training Adequacy for Specific Adult Behavioral Health Needs



■ Agree ■ Disagree

\*Denotes statistical significance by region

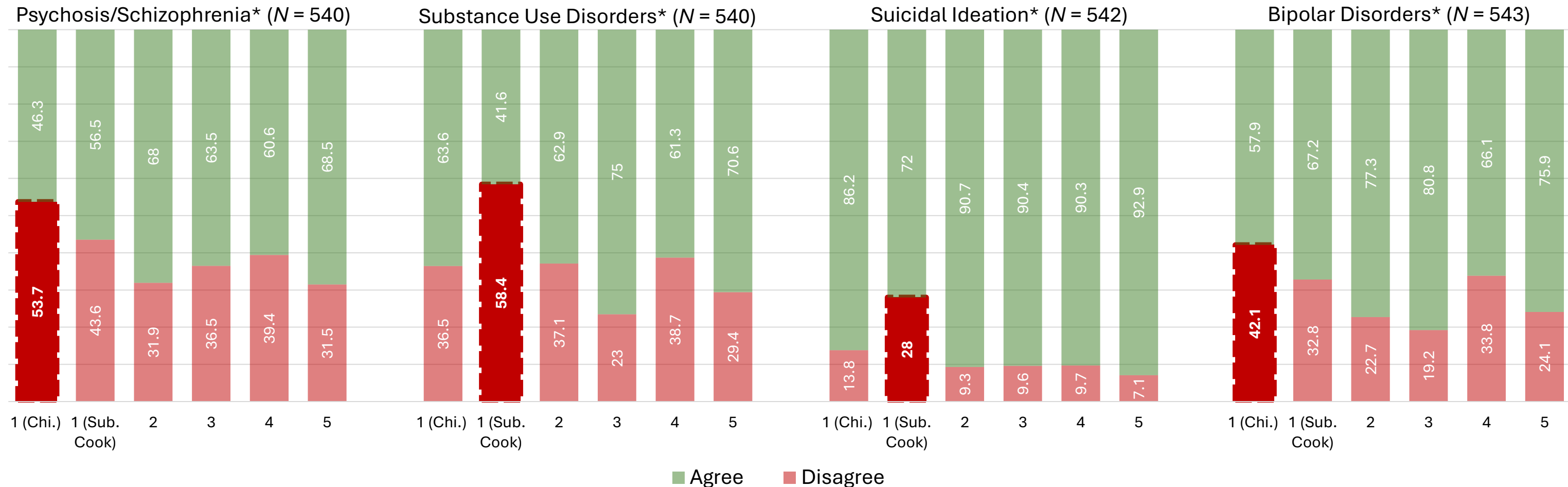
# Adequacy of Training

## Regional Differences

The percentage of providers who reported receiving adequate training to address psychosis/schizophrenia, SUD, suicidal ideation, and bipolar disorder varied significantly across regions. **Chicago providers were relatively split on the adequacy of training for psychosis/schizophrenia and bipolar disorders**, with over half of Chicago providers reporting that they received inadequate training to address psychosis/schizophrenia and just under half reporting inadequate training for bipolar disorders.

**Suburban Cook perceived training to address SUD and suicidal ideation as more inadequate** compared with other regions, with over half disagreeing that they received adequate training on SUD.

### I have received adequate training to address...



# Use of Interventions

## Overall Intervention Use

**Motivational interviewing was the most commonly used intervention** for providers conducting therapy/counseling, followed by cognitive behavioral therapy (CBT) with adults, and mindfulness-based stress reduction (MBSR).

Additionally, **providers with licenses and/or certificates were significantly more likely to endorse using psychodynamic therapy** more often than those who did not have a license or certificate.

## Regional Differences in Child Interventions

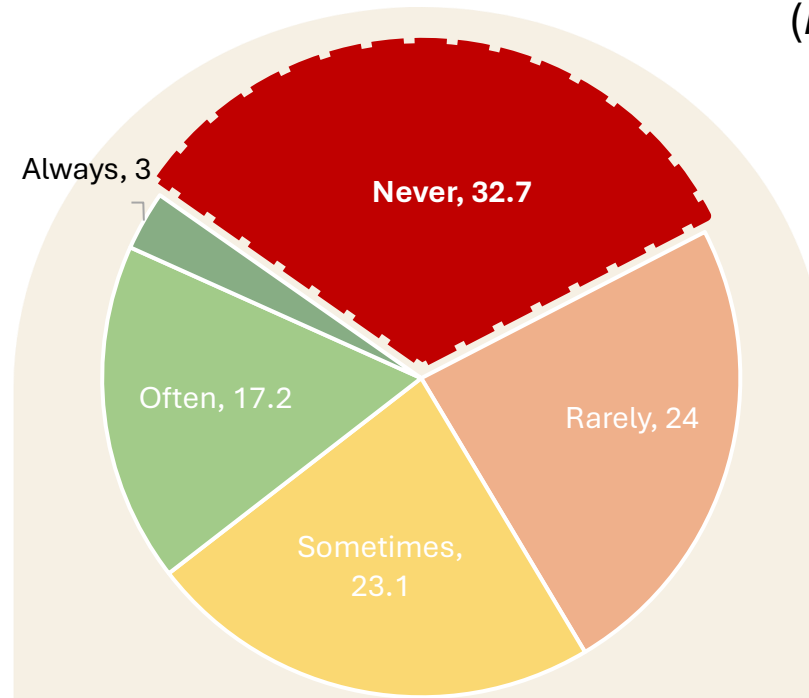
When looking at providers of therapy/counseling with children and adolescents, **more than half of providers reported using CBT with children often or always** compared with **less than half using parent skills training**.

The use of **parent skills training differed significantly across regions, with providers using it least in Chicago**. While this intervention was generally used infrequently by providers, it was utilized much more frequently in region 5.

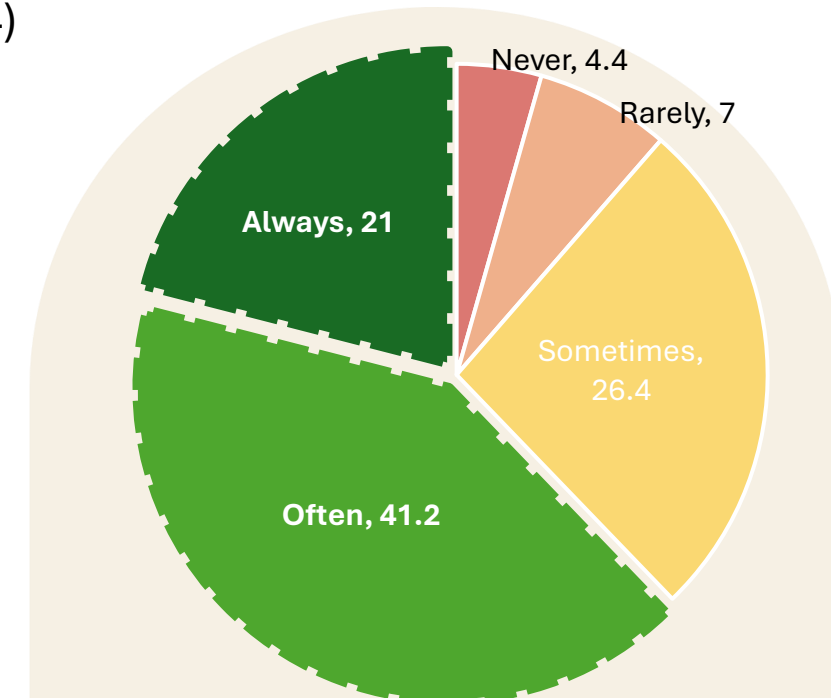
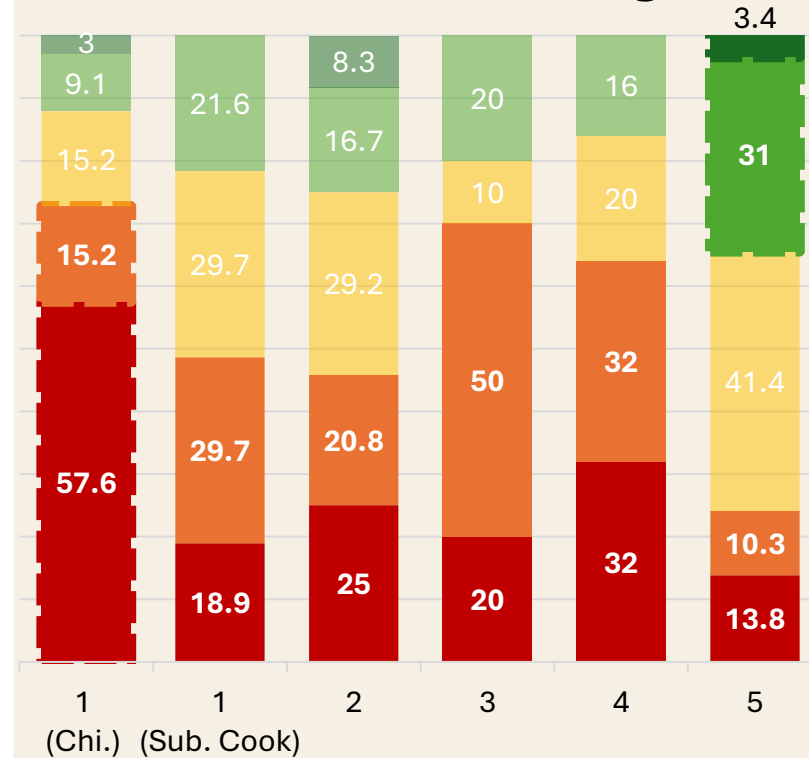
Child/Adolescent providers' use of CBT with children varied significantly across regions. At least half of providers reported using CBT with children often or always in all regions except Chicago. **Compared with other regions, providers in Chicago had relatively infrequent use of CBT with children.**

## Use of parent skills training and CBT with children varied across regions.

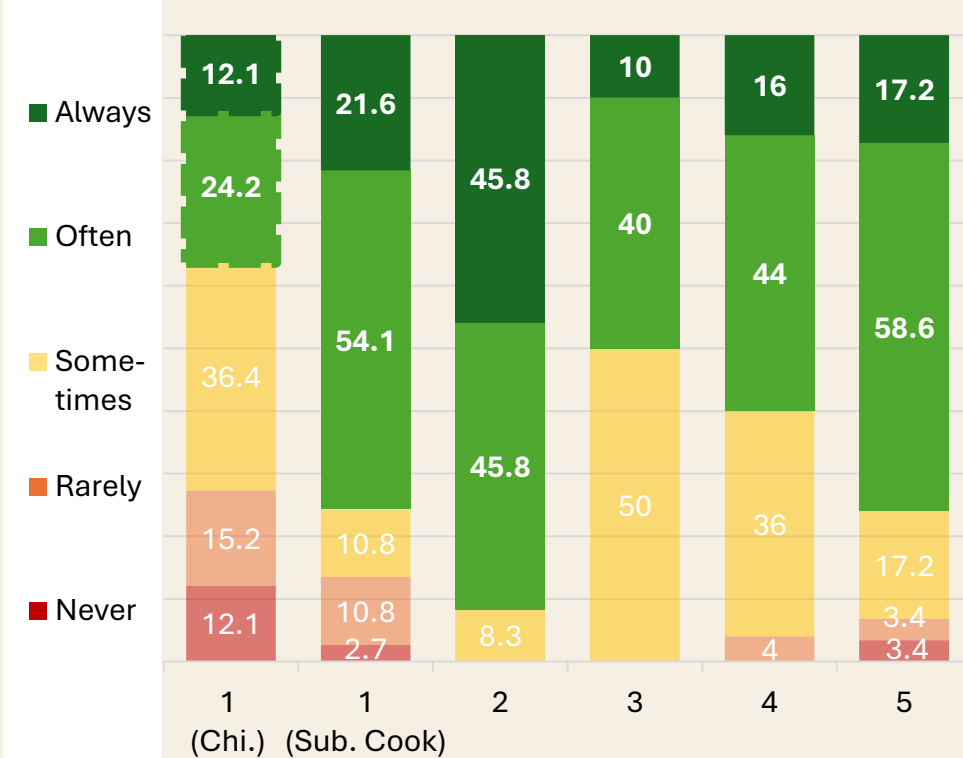
(N = 154)



### Parent Skills Training\*



### CBT with Children\*



# Openness to Additional Training

## Training on Evidence-Based Practices (EBP)

**Providers showed a strong likelihood of participating in further training across all areas.** Nearly at least three-quarters of respondents were reportedly likely or very likely to participate in all training topics pertaining to diagnoses and intervention strategies for both adults and children. Likelihood of participation was highest for training on PTSD/trauma in adults (89.8%) and training on suicidal ideation (89.5%).

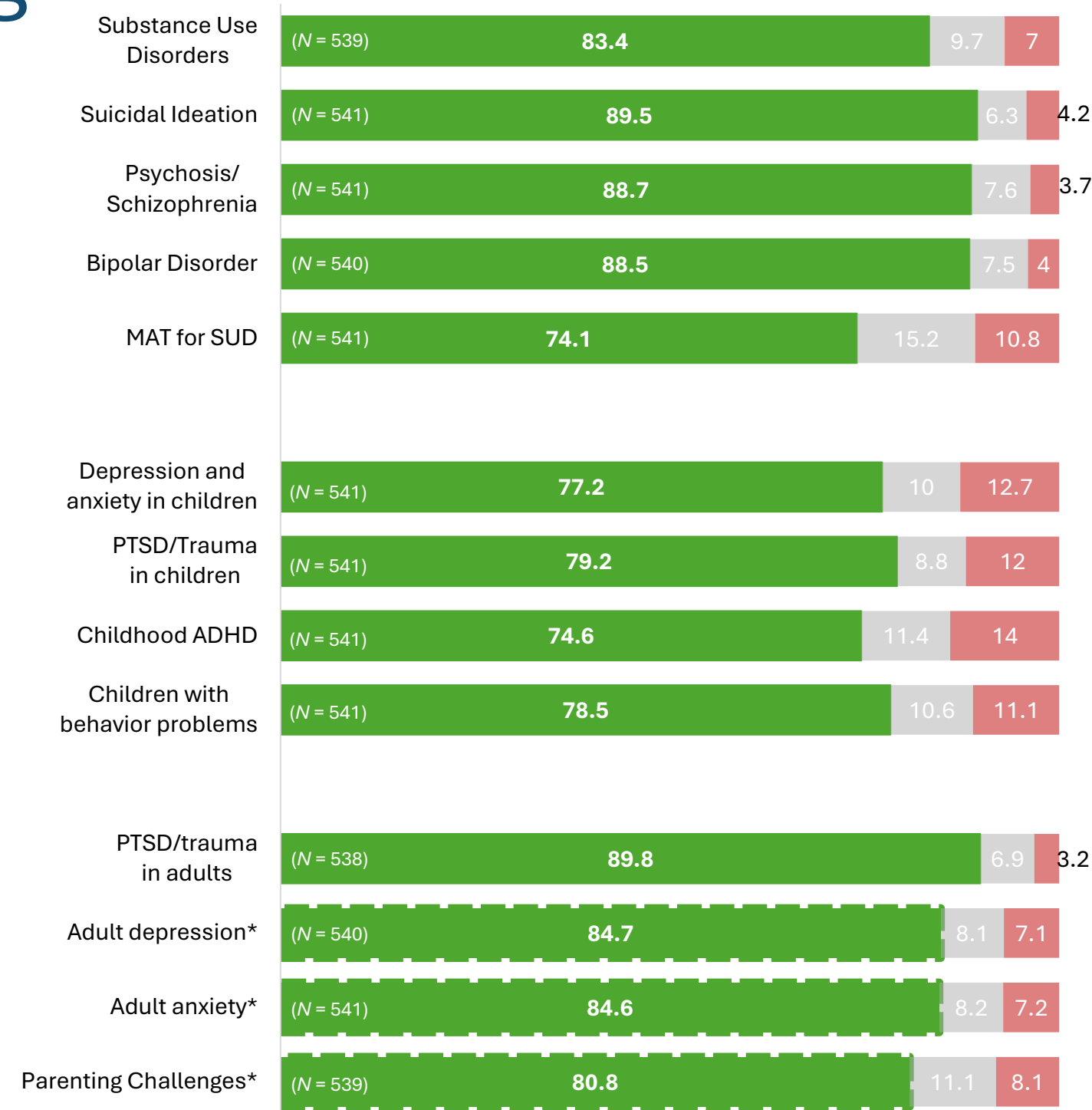
## EBP Training Regional Differences

**Providers' likelihood of attending training on interventions for adult depression, adult anxiety, and parenting challenges was generally high overall but did significantly differ between regions.** Regions 4 and 5 – region 4 in particular – indicated a very high likelihood of attending training on all three of these topics. Other regions reported a generally high likelihood to attend training for all three topic areas as well, peaking at 85.1% in Chicago for training on adult anxiety.

## Training Related to Work Duties and Environment

Providers reported a generally high likelihood of attending non-intervention trainings. **Providers reported the highest likelihood of participating in trainings regarding strategies to prevent and manage burnout.** Regardless of region, whether or not providers had a license, and regardless of how long they have been in the field, providers are highly likely to attend trainings on how to prevent burnout, how to manage stress, and how to engage effectively in supervision.

## I would participate in additional training on...



\*Denotes statistically significant regional differences

■ Likely ■ Not Sure ■ Unlikely

# Barriers to Attending Training

## Training Barriers

The most substantial barrier to attending training was **cost**, with nearly three-quarters of providers highlighting it as a concern. Time constraints, particularly being unable to attend trainings during work hours, also posed a barrier for over half of respondents. The third most frequently identified barrier to training attendance was productivity expectations.

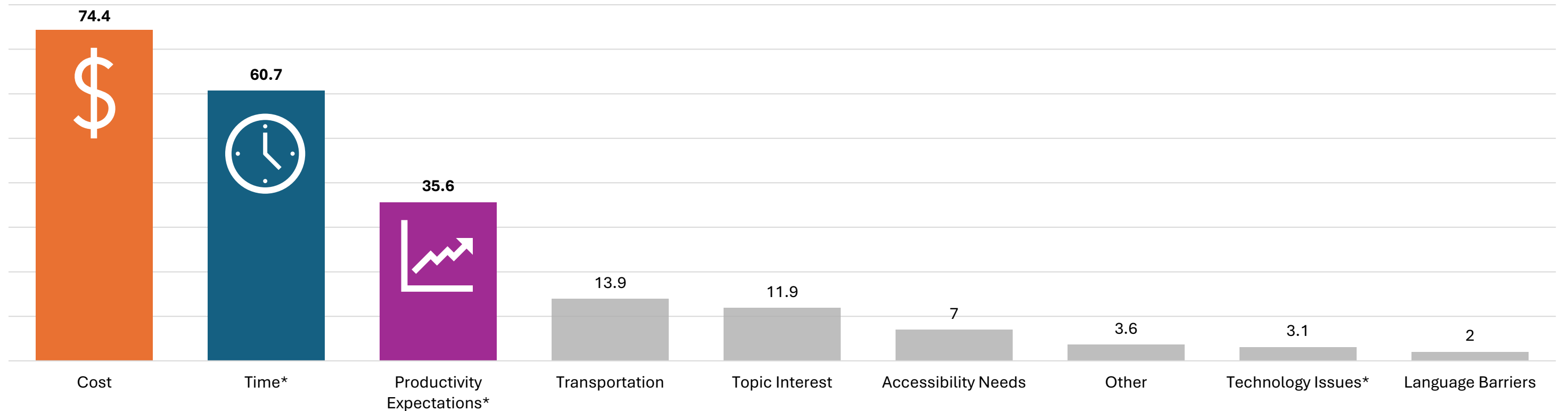
## Regional Differences

Time constraints, productivity expectations, and technology issues were barriers that showed **significant differences between regions**. Time constraints posed a barrier for over two-thirds of Chicago providers (68.4%). Productivity expectations were another significant barrier for providers, with region 2 exhibiting the highest percentage and Chicago reporting the lowest.

## Training Format

Providers showed a strong preference for **instructor-led webinars (68.7%)**. However, instructor-led, in-person training also had notable interest (42.9%), followed by self-paced training options such as recorded webinars or interactive courses (37.8%).

**Cost** was the greatest barrier preventing training participation for providers. (N = 542)



\*Denotes statistically significant regional differences



# Discussion and Implications

The Community Mental Health Provider Survey included 555 mental health service providers across the state. The survey offers valuable insights into the confidence levels and training needs of providers in publicly funded community mental health agencies in Illinois.

**Confidence and Training Adequacy.** Overall, providers reported high levels of confidence in service provision and felt that their training was generally adequate. Significant differences were found in the following areas:

- **Age-varying confidence.** Providers had lower confidence in their ability to treat children than adults, with the lowest confidence reported for very young children.
- **Inadequate training in interventions for serious mental health conditions.** Providers felt less confident in treating psychosis, bipolar disorder, and substance use than adult depression and anxiety.
- **Inadequate training in interventions for children.** There was lower confidence in skills to treat children and provide parenting interventions.

**Likelihood to Engage in Training.** Providers across the state expressed a strong likelihood of attending further training across a range of areas, with over 80% indicating interest in training in specific adult mental health conditions. This openness to training was consistent regardless of region, licensure, or years of experience, indicating a widespread recognition of the need for continuous professional development.

**Additional Training Needs.** Training in stress management, burnout prevention, and effective supervision was highly requested. This may be related to the overall need for additional training. Providers who feel confident in their ability to address diverse client needs are less likely to experience job stress and burnout, underscoring the importance of accessible and targeted training initiatives.

**Opportunities for Services Improvement.** Findings point to the need for specific trainings in educational programs and continuing education:

- Low confidence in working with younger age groups indicates a need to enhance training in evidence-based early and middle childhood interventions.
- Low use of behavioral parenting interventions in most regions, but particularly in Chicago, indicates inadequate treatment of children's behavior problems. Enhanced training in parenting interventions is critical.
- Findings point to the need for training in interventions for people with serious mental health issues and substance use. Over half of Chicago providers indicated a need for training to work with people with psychosis (54%), pointing to a critical deficit in this area.
- Training in stress management, burnout prevention, and supervision may help agencies increase staff retention and positive service outcomes.
- **Barriers to Training.** The most significant barriers to attending training included: 1) Cost (74%) 2) Time constraints (61%) 3) Productivity expectations (35%)

These barriers were particularly significant in

- Chicago, where time constraints affected over two-thirds of providers.
- Region 2, where productivity expectations were a major concern.

**Address Barriers.** To improve access to training, the following strategies are recommended

- Offering low-cost or free training options during work hours
- Incorporating ongoing consultation and coaching through supervision or learning collaboratives to support uptake of effective interventions
- Adapting billing and workplace policies to support training attendance
- Exploration of skill-based training requirements for licensing renewal