

# Building a Sustainable Mental Healthcare Workforce in Arizona: Provider Perspectives and Solutions



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Why does this work matter  
right now?

# A Story About Culturally Responsive Care

- Interviewee Profile:
  - Therapist specializing in:
    - Spanish-speaking clients.
    - LGBTQ+ individuals.
    - Indigenous communities in Arizona.
- The Client:
  - From a small Indigenous group.
  - Previously labeled “a lost cause.”
  - Attributed harmful behavior to a spell.
- The Outcome:
  - Therapist responded with cultural understanding and built trust by respecting the client’s worldview.
  - Achieved results in two months that another therapist couldn't achieve in six.

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The good end of mental healthcare accessibility.

# The Cost of Limited Access

- The Individual:
  - Lived in a remote, rural town in Kansas.
  - Diagnosed with schizophrenia and paranoia.
  - No nearby mental healthcare professionals.
  - Limited emergency services in the area.
- The Crisis:
  - Experienced severe symptoms one night.
  - Left home and drove into a rural area while it was snowing.
  - Car broke down with no one nearby and no cell phone service to call for help.
  - Tragically passed away due to the cold.
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  - Especially in rural areas, access means having care that is both available and reachable.
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The bad end of mental healthcare accessibility.

# Background

- **Common Barriers to Mental Healthcare Access:**
  - Affordability, Social Factors, Environmental Factors (Coombs et al., 2021)
  - **Notably in Rural Areas (Coombs et al., 2021; Chipp et al., 2011):**
    - Shortage of qualified mental healthcare specialists.
    - Long travel distances and scheduling conflicts.
- **Arizona's Mental Healthcare Workforce:**
  - 9 Psychiatrists per 100,000 residents (HRSA, 2025).
  - 10.07% of mental healthcare workforce need met (AAMC, 2023).
- **Population Growth Rates:**
  - Arizona: 1.13% (Biernacka-Lievestro & Fall, 2024; Koch et al., 2025).
  - National: 0.47% (Biernacka-Lievestro & Fall, 2024; Koch et al., 2025).
- **Telehealth as a Means to Improve Accessibility:**
  - Prior studies have shown that in many cases, telehealth appointments are equally as effective as in-person visits for achieving desired patient outcomes (Bulkes et al., 2022; Davis et al., 2024).

# Research Objectives

- Primary Objectives:
  1. Understand how telehealth has influenced mental healthcare accessibility in Arizona.
  2. Identify barriers providers face when working with telehealth.
  3. Compare provider perspectives on telehealth's effectiveness when compared to in-person care.
  4. Provide recommendations for enhancing telehealth accessibility and sustainability.

# Methods

- Qualitative thematic analysis methodology was used.
  - Guided by Braun and Clarke's six-phase thematic analysis framework.
  - Thematic analysis enables data-driven analysis of qualitative interview data.
- 15 Arizona-based mental healthcare professionals were recruited for interviews.
  - Semi-structured interviews were conducted with each participant over Zoom.
- Cohen's kappa and Holsti's method were used for data validation of the codes.

# Demographics of Interview Participants

**Table 1:** Demographic Characteristics of Interview Participants by Professional Title and Gender

Title	Count	Female	Male
Chief Medical Officer	1	1	0
Clinical Director	4	3	1
Practice Manager	1	0	1
Clinical Coordinator	1	1	0
Outreach Manager	1	0	1
PMHNP	2	2	0
Psychiatric PA	1	1	0
Clinical Professor	2	2	0
Social Worker	3	1	2
Therapist/Consultant	1	0	1
Total	17	11	6

**Table 1** "Demographic Characteristics of Interview Participants by Professional Title and Gender" presents the demographic characteristics of the interview participants. There is an overlap between the PMHNP and Psychiatric PA titles with the Clinical Professor title, as one of the PMHNP interview participants and the Psychiatric PA interview participant are also represented in the Clinical Professor category. This overlap reflects the dual roles held by these participants.

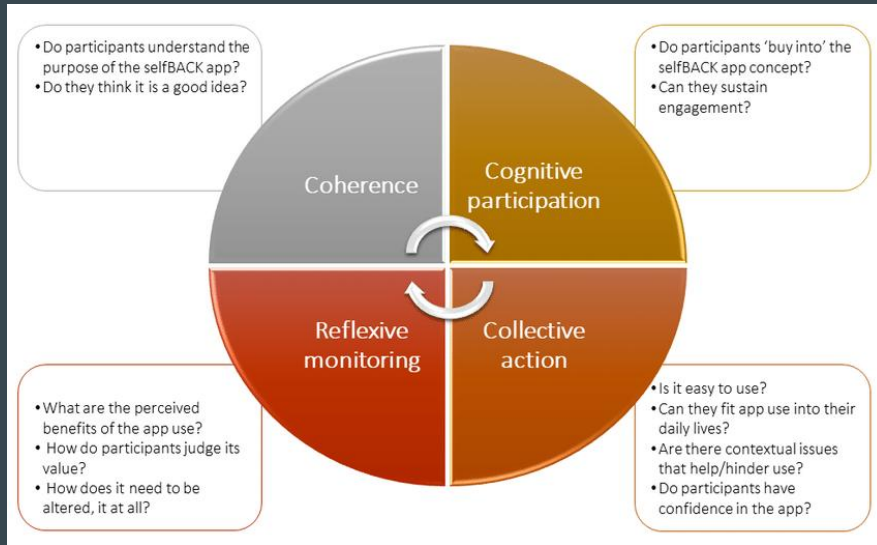
# Coding Process

Code	Description	Examples
Geographical and Facility Expansion	Expansion into urban and rural regions has increased over time; telehealth has been integrated for accessibility.	New facilities are being opened in both urban and rural areas to meet growing demand for care, with telehealth used to extend services where in-person care is limited.
Telehealth in Rural Areas	Telehealth expands access to healthcare for patients in remote and rural areas, but challenges such as broadband infrastructure and technological illiteracy persist.	In some rural counties, patients face difficulty accessing telehealth services due to poor broadband internet infrastructure, while others need one-on-one guidance to set up their telehealth accounts.
Mobile Units for Service Gaps	Mobile units deliver care to farming and undocumented communities.	Mobile units equipped with behavioral health services address transportation and scheduling barriers by providing care directly to remote farming communities and underserved populations.
Workforce Shortages and Burnout	Shortages of licensed behavioral health professionals in both urban and rural areas delays access to care, with rural regions facing the most acute challenges.	Rural clinics reported waiting lists of several weeks due to a lack of therapists, leading to delays in care for high-acuity patients.
Leadership Development for Staff Retention	Employee incentives, leadership, and recognition programs improve staff retention.	Leadership programs, staff recognition, increased pay, and career development opportunities have been implemented to reduce burnout and retain experienced behavioral health professionals.

Supervisor Shortages Hinder Career Accessibility	Supervisory bottlenecks occur when there are insufficient supervisors to support and mentor new workforce entrants, leading to delays in workforce development and skill acquisition.	High workloads prevent supervisors from mentoring new hires effectively, slowing licensure and workforce integration.
COVID-19 as Telehealth Catalyst	Pandemic spurred adoption of telehealth; adoption continues post-COVID.	Telehealth adoption and expansion surged during pandemic lockdowns where in-person appointments were limited.
Development of Sustainable Telehealth Infrastructure	Reliable broadband and user-friendly telehealth platforms are essential for delivering consistent care, particularly in rural and underserved regions.	Policy reforms in government and healthcare facilities ensure telehealth persists as a care option; accessible technology enables patients in remote areas to receive telehealth services.
Internet and Tech Barriers	Poor internet connection and device access challenges hinder patient engagement and waste valuable appointment time; tech illiteracy is common among older populations.	Low-income households often lack reliable internet or devices needed for telehealth, preventing them from participating in virtual care.
Privacy and Environmental Concerns	Privacy and environmental challenges limit telehealth adoption, especially in shared or unsafe home settings.	Patients avoid telehealth sessions due to privacy concerns in shared home environments, especially in cases involving sensitive topics or multiple household members.
Age-Based Telehealth Preferences	Young patients adopt telehealth easily; many older adults and those facing isolation still prefer in-person care for social connection and ease of communication.	Tech-savvy youth engage easily, while older patients often avoid telehealth.

Cultural and Language Barriers	Language and culture gaps limit access for Hispanic and Native populations.	Linguistic support programs improve Hispanic and Native patient engagement.
Telehealth Prescription Restrictions	Regulations requiring in-person evaluations before prescribing controlled substances via telehealth limit access to certain treatments, especially for patients in underserved or rural areas.	Patients in rural areas struggle to access certain medications due to DEA rules that mandate in-person visits prior to receiving a controlled substance medication.
In-Person Care for High-Acuity Cases	High-risk patients are referred from law enforcement for crisis interventions.	Police refer high-risk patients for immediate facility interventions; telehealth has limited use for acute, life-threatening crisis care where physical intervention is needed.
Funding Inequities in Mental Healthcare	Funding diverted to emergency and curative care rather than prevention and community health.	Funds redirected to emergency care instead of proactive, preventative services.
Education and Licensing Costs	Licensing and training costs create barriers to entering mental health fields.	Educational costs and long unpaid or low-pay training times deter aspiring mental health professionals.
Accessibility for IDD and SMI Populations	Shortage of properly trained IDD and SMI personnel leaves marginalized groups underserved.	IDD and SMI providers lack easy access to specialized training programs and resources, resulting in inadequate care for populations with complex behavioral health needs.
Balancing In-Person and Virtual Care	Telehealth builds sustained rapport in a more casual environment; in-person care fosters initial trust.	Providers build rapport through consistent, long-term telehealth use, but in-person appointments are still important for fostering the initial connection between patients and providers.

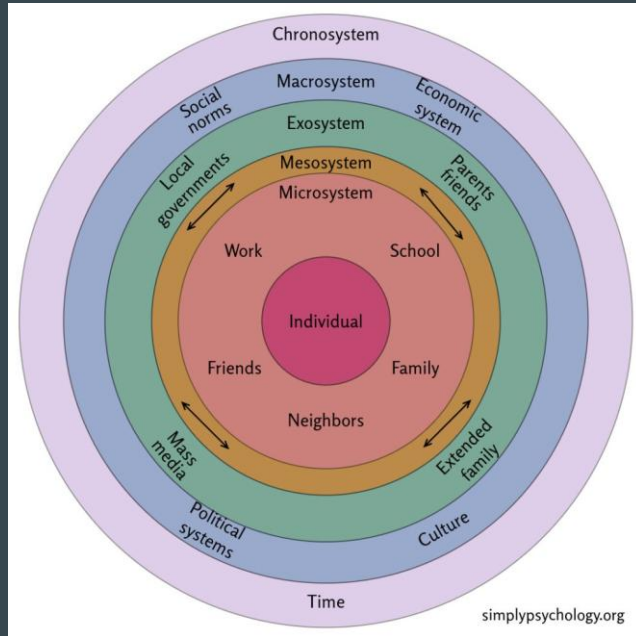
# Applying Normalization Process Theory (NPT)



- NPT helped identify themes related to:
  - How mental healthcare professionals might adjust their workflows depending on where they serve.
  - How professionals use different strategies depending on their client populations.
  - How different practices incorporate telehealth into their clinical settings.

Rasmussen, C. D. N., Svendsen, M. J., Wood, K., Nicholl, B. I., Mair, F. S., Sandal, L. F., Mork, P. J., Sjøgaard, K., Bach, K., & Stochkendahl, M. J. (2020). App-Delivered Self-Management Intervention Trial selfBACK for People With Low Back Pain: Protocol for Implementation and Process Evaluation. *JMIR Research Protocols*, 9(10), e20308–e20308. <https://doi.org/10.2196/20308>

# Applying Ecological Systems Theory (EST)



- EST helped identify themes related to:
  - How geographic location shapes access to care.
  - How institutional and policy level barriers influence provider decision making.
  - How broader systemic forces interact with individual experiences within mental healthcare delivery.

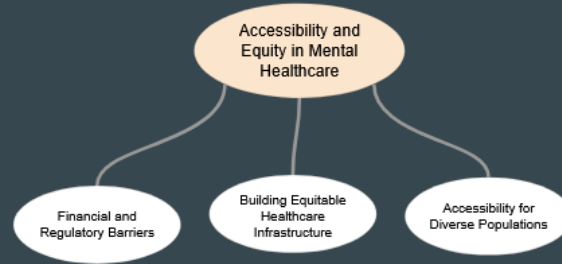
# Data Validation

**Table 2:** Cohen's Kappa ( $\kappa$ ) and Holsti's Method Score for Inter-Coder Reliability

Interview	Cohen's Kappa ( $\kappa$ )	Holsti's Method
1	0.65	0.67
2	0.75	0.76
3	0.94	0.94
4	0.87	0.89
5	0.83	0.84
Average	0.81	0.82

Table 2 "Cohen's Kappa ( $\kappa$ ) and Holsti's Method Score for Inter-Coder Reliability" showcases the inter-coder reliability scores for each of the five validated transcripts. The average Cohen's kappa score ( $\kappa$ ) is 0.81, and the average Holsti's method score is 0.82, indicating a high degree of coding reliability.

# Theme 1: Accessibility and Equity in Mental Healthcare



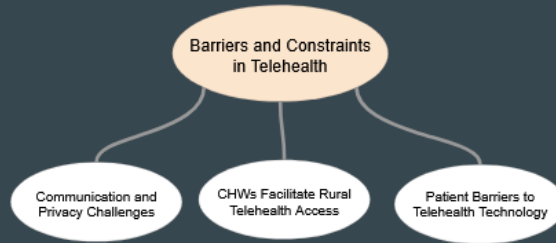
*“The barrier that I see is placed there by the DEA, and they require periodic in office visits. It’s inconvenient for a lot of people, but for those patients that are rural, it’s beyond inconvenient.”*

*“Real clear telehealth guidelines. We’re still kind of like, ‘Hmm, do COVID rules still apply? What has changed? Has anything changed? What are the rules?’ So very clear rules are number one, and they need to be widely disseminated.”*

*“I also think another thing that needs to be addressed that’s pretty critical is medication cost. As a provider, I have many medications available to me that I can’t make available to my patients because of cost issues; insurance rules.”*

# Theme 2: Barriers and Constraints in Telehealth

*“There’s a lot of interruptions, like people, family members, dogs starting barking, or somebody at the door ringing the bell - all interruptions.”*



*“For a lot of the members that we serve, we have mobile units. [...] So we take the providers to them. And then naturally, I team up my staff with community health workers, and on the spot over there, they take their laptops and sign them (patients) up.”*

*“Most of them (patients) have state funded phones which don't have highly equipped electronic services. For example, they don't use iPhones, Android, or anything like that. They just use block phones. [...] Most of them are low social security or disability, they have limited income, low socioeconomic status.”*

*“I am a little leery that some of the COVID programs that provided assistance for Wi-Fi and internet and that type of thing (may disappear). I'm worried that some families may no longer be able to pay for that, especially with the increases in cost of living and everything else.”*

# Theme 3: Expanding Mental Healthcare Access Through Telehealth

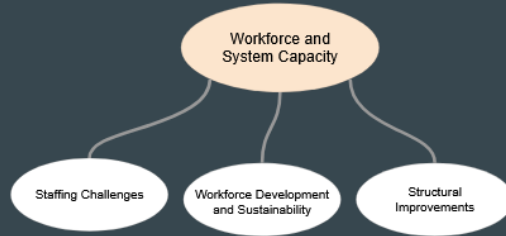


*“I have said a million times that telehealth services are the only good thing that came out of the COVID era. [...] I think it was well overdue and I just really felt like that needed to continue because we had had such good success during the COVID era providing it.”*

*“I do remember I was working with one of my clients, she didn't want to come out of the house because she was very paranoid, but we talked about some meditation, some breathing skills, and she said, ‘Okay, I can do it in front of you.’ [...] Then she moved into her room in her house and was very comfortable.”*

*“Number one, it allows them to stay in their safe space at home. And to some of the clients that's very important to them, as they're willing to open up if they feel they're in their safe place.”*

# Theme 4: Workforce and System Capacity

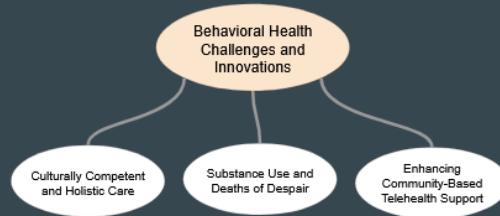


*“I think the big thing is those wages and those salaries. A lot of people aren't going to take all that burnout, and then get yelled at and stomped at, and feel like they're not valued. [...] I've seen people resign daily or weekly from all kinds of walks.”*

*“In my mind, the fundamental problem of healthcare, or at least behavioral healthcare, is we don't have enough people who have the education and training who want to stay in the field. [...] If you want to be a licensed behavioral health therapist, psychotherapist, or social worker, think about how expensive it is to become that.”*

*“So if I see a client for an hour, it's 50 minutes (of appointment time), and then I have 10 minutes where I'm doing my notes. But there's all kinds of other stuff (such as) overhead (and) other tasks I can't bill for. So I'm getting paid for eight hours a day, but I'm actually working 12 in order to meet my revenue targets and keep my job.”*

# Theme 5: Behavioral Health Challenges and Innovations

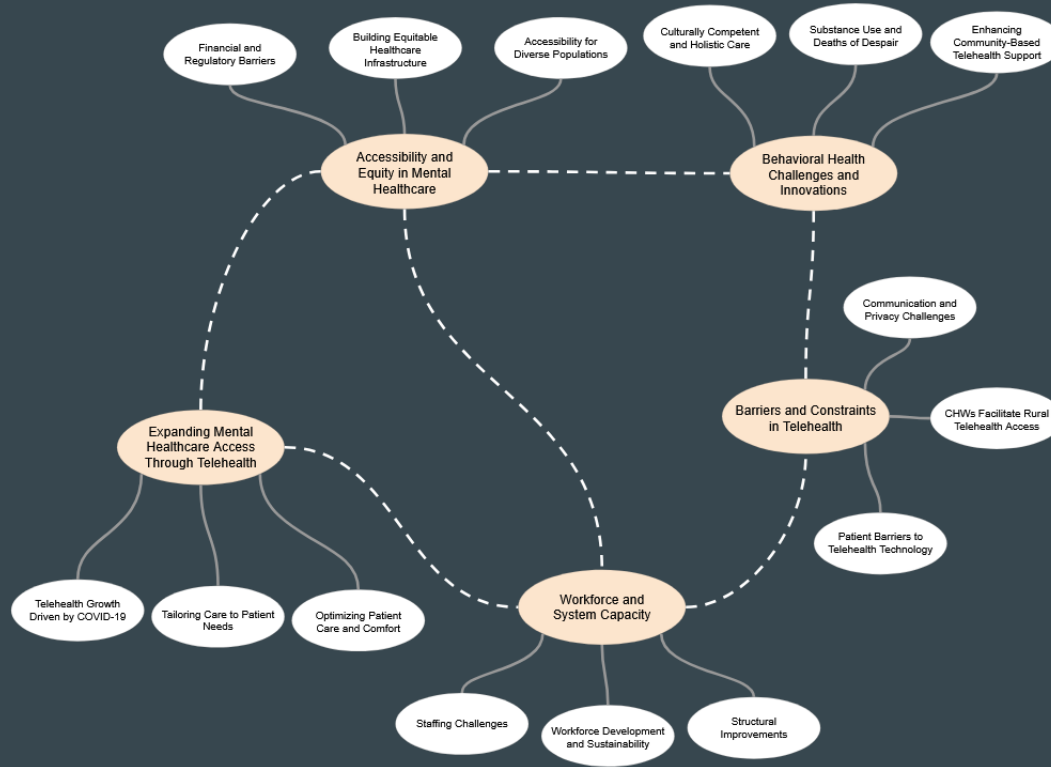


*“Let's say you're trying to work with somebody on the reservation. Let's say you're working with Yaqui, and they speak a dead language like Yoeme, and if they speak Yoeme, are you going to be able to get a Yoeme interpreter? Absolutely not, that's a dead language.”*

*“We are actually backsliding with our life expectancy rates. It doesn't have to do with cancer; it has to do with mental health and things like substance use that we are dealing with.”*

*“I would like to see areas in public libraries where, if you don't have access to a computer, stable internet, or whatever it may be, there's a small private room where you can go in and access a computer (for telehealth) and close the door.”*

# Thematic Map of Insights from Mental Health Professionals



# Telehealth's Strengths and Areas for Improvement

- Interviewees generally viewed telehealth as a powerful tool for expanding access.
  - Additionally, it allows for more flexible and patient-centered care.
- Telehealth is especially helpful for clients dealing with:
  - Anxiety
  - Trauma
  - Logistical Challenges (transportation limitations, geographic barriers, etc...)
- However, technology alone isn't enough to ensure equitable care.
  - Telehealth's success also depends on:
    - Provider training.
    - Reliable infrastructure.
    - Systems that better support both clients and clinicians.
- Without these elements, telehealth can become another barrier rather than a solution.

# The Need for Culturally Aware Mental Healthcare

- Common cultural challenges faced by mental healthcare professionals include:
  - Language barriers.
  - Limited cultural understanding.
  - Insufficient training in culturally responsive care.
  - These challenges are especially pronounced in rural primary care settings.
- Interviewees also acknowledged a gap in culturally responsive care for Native and Indigenous communities.
  - To address this gap, interviewees suggested:
    - Dedicated culture training programs.
    - Active collaboration with community leaders.

# Supporting a Sustainable Mental Health Workforce

- Burnout and high turnover are urgent and ongoing problems affecting the mental health workforce.
  - Burnout and high turnover are driven by:
    - Low pay.
    - High emotional burden.
    - Limited professional growth.
  - High turnover:
    - Disrupts client care.
    - Places greater strain on remaining staff.
    - Makes the profession less appealing to those considering a career in mental health.
  - These challenges are especially pronounced in rural and underserved areas.
- Solutions interviewees suggested to alleviate burnout and turnover:
  - Better compensation.
  - Increased training opportunities.
  - Dedicated mentorship and career development pathways.
  - More supportive workplace environments.

# Limitations and Future Research

- These findings are based solely on the perspectives of mental healthcare professionals.
  - This study focused exclusively on mental healthcare professionals and not clients.
  - As a result, the findings may not fully capture client experiences or preferences regarding telehealth use.
- There was a lack of cultural diversity among the interviewees.
  - While the study included individuals from a diverse range of mental healthcare professions, representation from minority racial and ethnic groups was limited.
  - This likely influenced the cultural perspectives reflected in the interviews and thematic analysis results.
- Future research:
  - Studies including perspectives on telehealth from both providers and clients could help create more client-centered telehealth solutions.
  - Studies focusing on the telehealth perspectives and experiences of minority racial and ethnic groups will lead to a better understanding of how different communities view and interact with virtual care.

# Short-Term Strategies and Recommendations

1. Expand the Role of Community Health Workers (CHWs)
  - a. CHWs serve as connectors between mental healthcare professionals and clients.
  - b. They are particularly important in telehealth and rural settings.
  - c. Interviewees suggested expanding CHW roles through financial incentives and benefits. This could:
    - i. Reduce provider strain.
    - ii. Improve care accessibility.
2. Increase the Use of Mobile Units
  - a. Mobile units bring services directly to clients in remote or underserved communities.
  - b. While they are not a replacement for fixed clinics, mobile units provide a practical, scalable way to improve access in the short-term while longer-term solutions continue to be developed.
3. Create Telehealth Access Points in Community Spaces
  - a. This involves equipping libraries, schools, and community centers with:
    - i. Internet access.
    - ii. Computers or devices.
    - iii. Basic staff support.
  - b. This could be especially beneficial for youth and individuals lacking technology or privacy at home.
  - c. It is a low-cost, community-based approach to make care more consistent and accessible.

# Long-Term Strategies and Recommendations

## 1. Reform Policies Related to Telehealth and Billing Systems

- a. Current billing models do not account for non-billable work (documentation, overhead tasks, etc...).
- i. The mismatch between compensation and workload contributes to burnout and turnover.
- b. Interviewees recommended:
  - i. Updating reimbursement structures to reflect the full scope of their work.
  - ii. Clarifying and streamlining telehealth policies.
- c. Consistent and fair policy is key to long-term workforce retention and sustainability.

## 2. Increase Investments in Education and Career Development

- a. Mental healthcare career pathways are typically expensive, lengthy, and highly competitive.
- b. Financial pressures drive new mental healthcare professionals toward higher-paying positions, and these positions are often outside the underserved areas that need them the most.
- c. Interviewees recommended:
  - i. Increase funding for mental healthcare education and training programs.
  - ii. Offer more scholarship and loan forgiveness opportunities.
  - iii. Support workforce retention through mentorship and long-term career growth opportunities.

# Moving Toward a More Sustainable Mental Healthcare System

- What Mental Healthcare Professionals Are Asking For:
  1. Changes that address both immediate needs and long-term sustainability.
  2. Smarter policies around billing, telehealth, and workforce development.
  3. Infrastructure that works for both mental healthcare professionals and the communities they serve.
  4. Increased investments in training, mentorship, and culturally competent care.
- Why This Matters:
  - These insights are grounded in the real-world experiences of Arizona's mental healthcare professionals.
  - Although the current system is stretched thin, change is possible.
  - A stronger workforce means better care for everyone, regardless of location, income, or identity.

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# Thank You and Questions

- **Thank you to:**
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  - Dr. Jonathan Maupin
  - Alexis Meitl
  
- Please feel free to ask any questions you may have or share your thoughts on this topic!
  - You can also reach out to me anytime at: [nmeitl@asu.edu](mailto:nmeitl@asu.edu)