Behavioral Health Workforce Projections, 2016-2030:
Marriage and Family Therapists

This factsheet presents national-level supply and demand projections for marriage and family therapists (MFTs) from 2016 through 2030 using HRSA's Health Workforce Simulation Model (HWSM).[1] While the nuances of modeling workforce supply and demand differ for individual health occupations, the basic framework remains the same across provider types. For supply modeling, the major components include: common labor-market factors like unemployment; demographic and geographic characteristics of the existing workforce in a given occupation; new entrants to the workforce (e.g., newly trained MFTs); and workforce participation decisions (e.g., patterns in retirement and hours worked). For patient demand modeling, the HWSM assumes that demand equals supply in 2016,[2] and that the major components of patient demand include population demographics; health care use patterns; and demand for health care services (translated into requirements for full-time equivalents or FTEs).

In terms of limitations, this HWSM assumes that over the period studied, current national patterns of labor supply and service demand remain unchanged within each demographic group. Thus, changes in health care utilization patterns may affect projected demand in future years. Similarly, advances in medicine and technology and shifts in health care delivery models (e.g., team-based care, telemedicine) may also affect the efficiency of service delivery, and consequently, how provider supply is best assessed. These projections do not account for the geographic distribution of providers, which can impact access to care. HRSA will consider incorporating such factors into its future workforce projections as the evidence base evolves.

The following two scenarios are simulated: **Scenario One** assumed supply and demand were in equilibrium in 2016, and **Scenario Two** adjusted current and projected demand based on estimates of unmet need from recent studies. HRSA recognizes the challenges with estimating demand and unmet need for behavioral health services. More information and a detailed explanation of how unmet need was estimated in our workforce model can be found in our technical documentation.[3]

---

[1] This model uses a micro-simulation approach where supply is projected based on the simulation of career choices of individual health workers. Demand for health care services is simulated for a representative sample of the current and future U.S. population based on each person's demographic and socioeconomic characteristics, health behavior, and health risk factors that affect health care utilization patterns. For more information on data and methods, please see: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf

[2] The assumption that supply equals demand at baseline is a standard approach in workforce projection modelling. Please refer to: Ono T, Lafortune G, Schoenstein M. "Health workforce planning in OECD countries: a review of 26 projection models from 18 countries." *OECD Health Working Papers, No. 62*. France: OECD Publishing; 2013: 8-11.

[3] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Technical Documentation for HRSA's Health Workforce Simulation Model. Rockville, MD: U.S. Department of Health and Human Services, 2018. Available from: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf.

BACKGROUND

MFTs are behavioral health providers who diagnose and treat behavioral health conditions within the context of marriage and family relationships.[4] MFTs are trained in psychotherapy and family dynamics, and can help individuals, couples, and families to address issues such as low self-esteem, stress, substance use, eating disorders, and chronic illness that can lead to marital or family distress. All states license MFTs, and licensure generally requires a master's or doctoral degree in marriage and family therapy or a related discipline, as well as two years of supervised clinical experience. In addition, licensed MFTs must pass a state-recognized exam and fulfill annual continuing education requirements.[5] MFTs may be employed in mental health and substance use treatment centers, hospitals, colleges, and employee assistance programs, as well as in private practice.

FINDINGS

Between 2016 and 2030, the national supply of MFTs is projected to grow from 52,860 FTEs to 74,270 FTEs (41 percent increase; *Exhibit 1*). Under Scenario One, demand is estimated to grow from 52,860 FTEs to 60,510 FTEs (14 percent). Under Scenario Two, which adjusts for the approximately 20 percent of the population reporting unmet behavioral health needs, demand is also projected to increase 14 percent, from 63,430 FTEs to 72,620 FTEs. These estimates suggest the U.S. will have a sufficient supply of MFTs to meet projected growth in demand for MFT services in 2030. While the MFT supply is expected to be adequate to meet demand, these estimates do not capture changes in care delivery patterns or regional mal-distributions in MFT supply that may be present both at baseline and in 2030.

Exhibit 1. Estimated Supply of and Demand for Marriage and Family Therapists in the United States, 2016-2030

	Scenario One (Assumes equilibrium)	Scenario Two (Assumes unmet need)
Supply		
Estimated supply, 2016	52,860	52,860
Estimated supply growth, 2016-2030:	21,410 (41%)	21,410 (41%)
New entrants, 2016 - 2030	*43,900*	*43,900*
Attrition, 2016 – 2030 [a]	*-23,300*	*-23,300*
Changing work patterns [b]	*840*	*840*
Projected supply, 2030	74,270	74,270
Demand		
Estimated demand, 2016	52,860	63,430
Estimated demand growth, 2016-2030 [c]	7,650 (14%)	9,190 (14%)
Projected demand, 2030	60,510	72,620
Projected Supply (minus) Demand, 2030 [d]	*13,760*	*1,650*

Note: All numbers reflect full-time equivalents (FTEs). Numbers may not sum to totals due to rounding.
[a] Includes retirements and mortality.
[b] For example, changes from full-time to part-time hours, or vice versa.
[c] Demand growth reflects changing demographics.
[d] The demand for MFTs may lag behind supply due to projection models' use of current utilization patterns as the basis for future projections. This pattern of utilization may be due to lack of access to behavioral health care.

---

[4] American Association of Marriage and Family Therapy (AAMFT). About Marriage and Family Therapists. Alexandria, VA: AAMFT. 2018. Available from: https://www.aamft.org/About_AAMFT/About_Marriage_and_Family_Therapists.aspx.
[5] University of Michigan, Scopes of Practice for Behavioral Health Professionals. Accessed at: http://www.behavioralhealthworkforce.org/practice-data-visualizations/ accessed July 27th, 2018.