Behavioral Health Workforce Projections, 2016-2030:
Social Workers

This factsheet presents national-level supply and demand projections for social workers 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 social workers); 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).

About the National Center for Health Workforce Analysis

The National Center for Health Workforce Analysis informs public and private sector decision-makers on health workforce issues by expanding and improving health workforce data, disseminating workforce data to the public, and improving and updating projections of the supply and demand for health workers. Visit the website: https://bhw.hrsa.gov/national-center-health-workforce-analysis

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]

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[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

Broadly, social workers help people identify and deal with problems in their day-to-day lives.[4] For individuals with mental illness or substance use disorders, social workers provide counseling and other support services. Social workers may deliver care such as individual or group counseling, crisis management, case management, client advocacy, and preventative service, either by working directly with clients or by working as part of a health care team. To become a social worker, an individual needs to obtain a Bachelor's degree. Clinical social workers must obtain a Master's degree, licensure, and meet certain additional requirements.[5] This fact sheet focuses specifically on social workers with a master's or doctoral degree in social work. Graduate degree-prepared social workers may be employed in mental health and substance use treatment centers, physicians' offices, clinics, hospitals, and colleges, as well as in private practice. Social workers with graduate degrees may also be engaged in research, planning, and teaching, and thus, may not provide behavioral health care directly.

FINDINGS

Between 2016 and 2030, the national supply of social workers with a graduate degree is projected to grow from 232,900 FTEs to 520,450 FTEs (*Exhibit 1*). Under Scenario One, demand is estimated to grow from 232,900 FTEs to 266,790 FTEs (15 percent). Under Scenario Two, which adjusts for the approximately 20 percent of the population reporting unmet behavioral health needs due to barriers in receiving care, demand is also projected to increase 15 percent, from 279,460 FTEs to 320,170 FTEs. These estimates suggest the U.S. will have a sufficient supply of graduate degree-prepared social workers to meet projected demand growth in 2030. While the supply of social workers with graduate degrees is expected to be adequate to meet demand, these estimates do not capture care delivery pattern changes or regional mal-distributions in social worker supply that may be present both at baseline and in 2030.

Exhibit 1. Estimated Supply of and Demand for Social Workers[a] in the United States, 2016-2030

	Scenario One (Assumes equilibrium)	Scenario Two (Assumes unmet need)
Supply		
Estimated supply, 2016	232,900	232,900
Estimated supply growth, 2016-2030:	287,550 (123%)	287,550 (123%)
New entrants, 2016 - 2030	380,900	380,900
Attrition, 2016 – 2030[b]	*-96,410*	*-96,410*
Changing work patterns[c]	*3,060*	*3,060*
Projected supply, 2030	520,450	520,450
Demand		
Estimated demand, 2016	232,900	279,460
Estimated demand growth, 2016-2030[d]	33,890 (15%)	40,710 (15%)
Projected demand, 2030	266,790	320,170
Projected Supply (minus) Demand, 2030[e]	*253,660*	*200,280*

Note: All numbers reflect full-time equivalents (FTEs). Numbers may not sum to totals due to rounding.
[a] Includes ONLY social workers with a graduate degree.
[B] Includes retirements and mortality.
[c] For example, changes from full-time to part-time hours, or vice versa.
[d] Demand growth reflects changing demographics.
[e] The demand for social workers 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] U.S. Bureau of Labor Statistics. Occupational Outlook Handbook: Community and Social Service Occupations: Social Workers. 2018. Available from: https://www.bls.gov/ooh/community-and-social-service/social-workers.htm#tab-1.
[5] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. The U.S. Health Workforce Chartbook, Part IV Available from: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/chartbookpart4.pdf