



## Behavioral Health Workforce Projections, 2016 – 2030

The National Center for Health Workforce Analysis (NCHWA), in the Health Resources and Services Administration's (HRSA's) Bureau of Health Workforce (BHW), is pleased to present the following analyses on the adult and pediatric mental health and substance abuse disorder workforce, as required by the 21st Century Cures Act, Public Law No. 114-255, section 9026(a). These analyses are comprised of (1) a series of factsheets with national-level health workforce estimates for selected behavioral health occupations in a 14-year period, from 2016 to 2030; (2) a factsheet with estimates of new workforce entrants for selected behavioral health occupations between 2016 and 2021; (3) a report presenting state-level projections of supply and demand for behavioral health occupations from 2016 to 2030; and (4) in this introduction, the assessment below of the mental health and substance use disorder workforce capacity, strengths, and weaknesses as of the date of this report. Along with other HRSA reports and factsheets that provide health workforce projections, these findings aim to provide information on trends within the mental health and substance use disorder provider workforce. A technical report describing HRSA's Health Workforce Simulation Model (HWSM), which was used to develop the projections that accompany these materials.

### The Behavioral Health Workforce in the United States

The magnitude and distribution of the nation's mental health and substance use disorder provider workforce has significant implications for providing Americans with access to essential health care services. It is estimated that 18.3% of the U.S. adult population—44.7 million people—suffered from any mental illness in the past year.<sup>1</sup> In 2016, 28.6 million people aged 12 or older used an illicit drug in the past 30 days, corresponding to about 1 in 10 Americans overall (10.6 percent) and 1 in 4 among young adults aged 18 to 25. Illicit drug use is driven primarily by marijuana use and the misuse of prescription pain relievers. An estimated 11.8 million people misused opioids in the past year, including 11.5 million pain reliever misusers and 948,000 heroin users. About 116 people each day die from opioid-related drug overdoses in the United States.<sup>2</sup> Beyond the direct toll on individuals and families, mental illness and substance use disorders are well-established drivers of disability, mortality, and healthcare costs.

Shortages and mal-distribution of behavioral health providers complicate the behavioral health landscape by constraining access to essential care and treatment for millions of individuals with mental illness or substance use disorders.<sup>3</sup> HRSA previously underscored this challenge as it released its first report<sup>4</sup> on behavioral health practitioners in 2016, detailing the projected supply and demand of practitioners through 2025 at the national level. Mal-distribution intensifies the magnitude of provider shortages, as certain areas of the country have few or no behavioral health providers available. The shortage of an educated and seasoned behavioral health workforce is exacerbated by high turnover rates, a lack of professionals, aging workers, and low compensation.

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<sup>1</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). Key substance use and mental health indicators in the United States: results from the 2016 National Survey on Drug Use and Health. Rockville, MD: SAMHSA. [www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf](http://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf). Published September 2017. Accessed July 25, 2018.

<sup>2</sup> Help, Resources, and Information – National Opioids Crisis. U.S. Department of Health and Human Services. [www.hhs.gov/opioids/](http://www.hhs.gov/opioids/). Accessed July 25, 2018.

<sup>3</sup> Closing Behavioral Health Workforce Gaps: A HRSA Program Expanding Direct Mental Health Service Access in Underserved Areas. Kopley, Hayden O. et al. American Journal of Preventive Medicine, Volume 54, Issue 6, S190 - S191.

<sup>4</sup> Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. National projections of supply and demand for selected behavioral health practitioners: 2013–2025. Rockville, MD: HRSA. <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/behavioral-health2013-2025.pdf>. Published 2016. Accessed July 25, 2018.

Paired with an assessment of the nation’s behavioral health workforce magnitude, distribution, capacity, and unmet needs, HRSA administers a number of programs intended to strengthen the health workforce and connect skilled professionals to communities in need. HRSA workforce programs innovatively address the health workforce challenges and needs of the nation through a focus on three priority areas:

- 1) Addressing supply and distribution challenges to ensure access to care for underserved populations across the United States;
- 2) Preparing a diverse health care workforce to ensure culturally competent care for all Americans; and
- 3) Transforming health care delivery to meet the needs of the 21st century by supporting models that drive quality care and achieve improved health outcomes, at a lower cost.

As the nation faces a behavioral health and substance abuse crisis, the Federal Government is committed to developing and implementing an effective response. Such a response must inherently be multifactorial, given the scope and complexity of this issue. Addressing health workforce shortages by increasing the size of the labor force is intended to be just one component of an overall strategy to increase access to high quality care that also leans on resources and efforts from states, communities, industry, and other key stakeholders.

Building and reshaping the behavioral health workforce must be aligned with other efforts to address social determinants of health and to improve delivery of mental health and substance abuse treatment services. The behavioral health field must move toward improved coordination and integration with other health care in primary, specialty emergency, and rehabilitative care settings. Primary care physicians (PCPs) are often the first contact for a person with an undiagnosed health concern and provide coordinated, continuing care for patients – and people typically see their PCP more often than they see specialists.

The extent to which primary care providers are preventing, screening, or referring for mental and substance use disorder services is an area still under active study.<sup>5</sup> Today, HRSA funds nearly 1,400 health centers operating more than 11,000 service delivery sites – which are an important care gateway for individuals with behavioral health and primary care needs. More than 27 million people in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin rely on health centers for care.<sup>6</sup> This is equivalent to 1 in 12 people in the U.S. – including 1 in 9 children, 1 in 5 rural residents, and 1 in 3 people living in poverty. Nearly 90% of HRSA health centers provide mental health services. According to 2016 Uniform Data System (UDS) data,<sup>7</sup> health centers provided over 8.5 million mental health visits for approximately 1,788,577 patients. As a result of efforts to integrate behavioral health screening, treatment, and support into primary care, one measure for depression screenings and follow-up care for health center patients increased by nearly 10 percentage points from 2015 (50.61%) to 2016 (60.34%).

Enhancing the integration of behavioral health into primary care will help to address ensuring that access to health care is quick and effective. In addition, other factors may help to increase access to needed behavioral health services. These include – among other factors – the use of health information technology, elevation of prevention and recovery-oriented systems, strengthening the quality of care and services delivered, easing administrative burdens for physicians, facilitating shifts in health care delivery models towards team-based care, fully embracing telemedicine modalities, and focusing attention on the value of using peers and paraprofessionals in behavioral health care delivery.

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<sup>5</sup> Kathol R. G., Rollman B. L. (2014). Value-based financially sustainable behavioral health components in patient-centered medical homes. *The Annals of Family Medicine*, 12(2), 172–175.

<sup>6</sup> HRSA Health Center Program. <https://bphc.hrsa.gov/sites/default/files/bphc/about/healthcenterfactsheet.pdf>. Accessed August 20, 2018.

<sup>7</sup> HRSA Health Center Program. Behavioral Health and Primary Care Integration. <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/behavioralhealth/index.html>. Accessed August 20, 2018.