



Behavioral Health Workforce Projections, 2020-2035

November 2022

This brief contains highlights of workforce projections for behavioral health occupations in the United States.

These estimates were generated using HRSA's Health Workforce Simulation Model (HWSM) and start with the year 2020 and go through 2035. The primary function of the HWSM is to assess the adequacy of the nation's projected workforce supply to meet the demand.

Full data on the workforce projections will be made available in the [Workforce Projections Dashboard](#).

Key Results and Takeaways

The COVID-19 pandemic and continuing opioid crisis have had a considerable impact on the demand for behavioral health services in the United States. A recent study by the University of Michigan's Behavioral Health Workforce Research Center, using data from insurance claims, found a significant increase in the number of mental health diagnoses and procedures during the pandemic.¹

These results suggest an increase in the need (and demand) for behavioral health services that may not be fully captured by the data currently available.

The standard projections data published by HRSA likely do not capture this increase in demand as the underlying datasets used to generate projections are only available to 2020. The alternative projections scenarios are introduced with the intent to reflect the current demand for and supply of the behavioral health workforce more accurately. This brief examines some of these alternative scenarios related to the supply of and demand for behavioral health services²:

- The first scenario addresses estimates of the unmet need for behavioral health services, using data from the 2020 National Survey on Drug Use and Health (NSDUH).³ Using respondents self-reported unmet need for mental health or substance abuse treatment, demand estimates are increased by approximately 21.8% to reflect this gap in services. In this case, the scenario addresses what demand would be if all individuals with a current need that have not received treatment were to seek treatment. Under this scenario, **shortages are observed for adult psychiatrists, child and adolescent psychiatrists, psychologists, and addiction counselors**. For example, under the unmet

¹ University of Michigan Behavioral Health Workforce Research Center. *Assessing Behavioral Health Workforce Surge Needs during the COVID-19 Pandemic*. Ann Arbor, MI: UNSPH; 2021.

² For additional information on these and other scenarios see the [HWSM technical documentation](#).

³ Substance Abuse and Mental Health Services Administration. [2020 NSDUH Annual National Report](#). U.S. Department of Health and Human Services.

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.

For more information, visit the [Health Workforce Analysis](#) webpage.

need scenario, there is projected to be a shortage of 25,940 full-time equivalent (FTE)⁴ addiction counselors in 2035 such that the national supply of addiction counselors is sufficient to meet just 81% of demand.

Exhibit 1. Projected Supply Adequacy in 2035 under Alternative Scenarios

Profession	Unmet Need	Reduced Barriers	Elevated Need	Elevated Need + Fewer Grads	Elevated Need + No BHWET
Adult Psychiatry	57%	50%	43%	41%	43%
Child & Adolescent Psychiatry	90%	63%	56%	53%	56%
Psychologists	97%	108%	90%	86%	89%
Addiction Counselors	81%	84%	71%	69%	71%
Mental Health Counselors	109%	108%	92%	87%	91%
School Counselors	169%	124%	109%	102%	109%
Child, Family, and School Social Workers	184%	223%	183%	170%	183%
Healthcare Social Workers	169%	194%	161%	149%	161%
Mental Health and Substance Abuse Social Workers	157%	148%	127%	118%	120%
Marriage and Family Therapists	106%	116%	97%	92%	97%
Psychiatric Nurse Practitioners	174%	146%	127%	118%	123%
Psychiatric Physician Assistants	140%	125%	107%	101%	107%

Note: Adequacy is calculated by taking projected supply in 2035 divided by projected demand in 2035.

For additional information on these and other behavioral health scenarios, refer to the [HWSM technical documentation](#).

- The Reduced Barriers scenario projects demand under the assumption that populations that have historically faced barriers to accessing behavioral health services demonstrated care use rates comparable to populations perceived to have fewer barriers to accessing care.⁵ Under this scenario, **shortages are observed for adult psychiatrists, child and adolescent psychiatrists, and addiction counselors**. The largest shortfall is observed for adult psychiatrists, where supply is projected to be sufficient to meet just 50% of the demand in 2035.
- The Elevated Need scenario reflects both the increase in demand needed to address estimates of unmet needs and an increase in utilization of services to address inequities in access to behavioral health services by communities that historically have had lower access to behavioral health services. Under this scenario, **there are shortages in 6 out of the 12 behavioral health professions** reported in Exhibit 1, including adult psychiatrists, child and adolescent psychiatrists, psychologists, addiction counselors, mental health counselors, and marriage and family therapists.
- While the scenarios above focus on changes in the demand for behavioral health services, several factors, including the number of new graduates and providers' future retirement plans, may affect the supply of behavioral health providers. For example, assuming 10% fewer graduates join the

⁴ An FTE is defined as working 40 hours per week.

⁵ In general, this scenario modifies care use patterns for nonmetropolitan county residents, racial and ethnic minority populations, and people without health insurance to match the use patterns of their peers living in metropolitan counties who are non-Hispanic White and have health insurance. For school counselors, the scenario models the American School Counselors Association (ASCA) recommendation of 1 school counselor per 250 students.

behavioral health workforce each year in the elevated need scenario, **shortages are projected for adult psychiatrists, child and adolescent psychiatrists, psychologists, addiction counselors, mental health counselors, and marriage and family therapists.**

- The Health Resources and Services Administration’s Behavioral Health Workforce Education and Training Program (BHWET) was designed to expand the behavioral health workforce with a focus on knowledge and understanding of children, adolescents, and transitional-aged youth at risk for behavioral health disorders. Similarly, HRSA’s Opioid Workforce Expansion Program (OWEP) was designed to enhance community-based experiential training for students preparing to become behavioral health professionals with a focus on opioid use disorder (OUD) and other substance use disorders (SUD) prevention, treatment, and recovery services.

Between academic years 2014 and 2020, over 18,000 students graduated from BHWET- and OWEP-supported programs and entered the behavioral health workforce.⁶ Both BHWET and OWEP provided funding through the 2021-2022 academic year. The final scenario in Exhibit 1 demonstrates the Elevated Need scenario assuming the BHWET and OWEP programs had never existed. This scenario generally shows lower supply adequacy than the Elevated Need scenario. For example, under this scenario the supply of Mental Health Counselors is sufficient to meet just 91% of the demand, compared to 92% in the Elevated Needs scenario. In fact, **under this scenario, shortages are projected for adult psychiatrists, child and adolescent psychiatrists, psychologists, addiction counselors, mental health counselors, and marriage and family therapists.**

- For the first time, the model includes estimates of three categories of social worker occupations. As the majority of clinical social workers are part of the mental health and substance abuse social workers, the focus with the various scenarios is most applicable to this specific social worker occupation. Additionally, given the COVID-19 pandemic and continuing opioid crisis as described above and increased demand for services, the alternative models are best suited to describe current health care utilization trends. As such and shown in Exhibit 1, the Elevated Need and Fewer Graduates or Elevated Need and No BHWET scenarios indicate that there may be an adequate number of clinical social workers to meet expected demand nationwide; however, **there are significant distributional issues associated with social workers such that certain states, rural areas, and medically underserved areas do not have an adequate supply of clinical social workers to meet expected demand.**

These projections were generated using some data from the period of the COVID-19 pandemic. The pandemic impacted the population seeking care, the workforce providing care, and the data available for both. These projections should be interpreted with caution as the behavior of those seeking care and the size and composition of the workforce providing care during the pandemic may not be fully reflected in these projections. See the [HWSM technical documentation](#) for details on the methodology and datasets used to generate these projections.

For full data on the workforce projections, see the [Workforce Projections Dashboard](#). You can access a [webinar](#) about the Workforce Projections Dashboard that shows how to use it. You can also [download the data](#) from the dashboard in spreadsheet form.

⁶ U.S. Department of Health and Human Services, Health Resources and Services Administration. [Behavioral Health Workforce Education and Training Program: Academic Years 2014-2020](#).