HRSA Health Workforce

State of the Behavioral Health Workforce, 2025

December 2025

The United States is experiencing a mental health crisis with increased levels of unmet behavioral health needs among people of all ages (CDC, 2025a). The capacity of the behavioral health workforce to meet the demand is limited by supply and distribution challenges. However, the challenges facing the behavioral health workforce extend beyond the supply and demand issues. They also include **patient-level barriers**, such as stigma and ability to pay that both hinder access to care; and **provider-level barriers,** such as limited scopes of practice, reimbursement challenges, and clinician burnout, all of which limit the ability to provide high-quality care.

This report provides an overview of the current behavioral health workforce supply and distribution in the United States and factors impacting the workforce and access to behavioral health care 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.

Highlights

- Substantial shortages of addiction counselors, marriage and family therapists, mental health counselors, psychologists, mental health and substance use disorder social workers, adult psychiatrists, child and adolescent psychiatrists, and school counselors are projected in 2038.
- As of December 2, 2025, 40% (137 million) of the U.S. population lives in a Mental Health Professional Shortage Area (Mental Health HPSA).
- Rural counties are more likely than urban counties to lack behavioral health providers. Residents of rural counties are also more likely to receive behavioral health services from primary care providers.
- The lack of uniformity in behavioral health providers' scope of practice, reimbursement challenges, and increased burnout hinder the accessibility of the behavioral health workforce.
- Expanding integrated care, leveraging health support workers, and using telebehavioral health may help alleviate behavioral health workforce shortages and maldistribution.

Describing the behavioral health care workforce

The opioid epidemic and mental health crisis in the United States have contributed to an increase in overdoses, suicides, and depression in the past two decades (CDC, 2025a, 2025b; Garnett et al., 2023; Goodwin et al., 2022; Spencer et al., 2024). The COVID-19 pandemic also exacerbated behavioral health needs (Panchal et al., 2023). Even though behavioral health needs have increased, there are persistent challenges with access to behavioral health services and high levels of unmet need (SAMHSA, 2025b).

In 2024, approximately 62 million U.S. adults (23% of all U.S. adults) had a mental illness and nearly half of them did not receive treatment (48%) (SAMHSA, 2025b). Behavioral health services can be difficult to access due to behavioral health provider shortages, high out-of-pocket costs, coverage gaps, and other factors (GAO, 2022). For example, 6 in 10 psychologists do not accept new patients (APA, 2022), and the national average wait time for behavioral health services is 48 days (National Council for Mental Wellbeing, 2025).

Behavioral health occupations

The traditional behavioral health workforce comprises many different occupations including licensed professionals and health support workers. These occupations have different education, training, and licensure requirements that can vary by state and accrediting body (NCQA, 2024). Table 1 shows the current supply in typical behavioral health occupations.

Table 1. Current Supply of the Behavioral Health Workforce

Profession	Year	Supply
Substance abuse and behavioral disorder counselors [a]	2023	108,587
Marriage and family therapist [a]	2023	30,566
Mental health counselor [a]	2023	154,019
Psychiatric aide [b]	2024	34,900
Psychiatric advanced practice registered nurse [c]	2022	39,354
Psychiatric physician assistant/associate [d]	2024	3,224
Psychiatrist [e]	2023	52,164
Psychologist [a, f]	2023	104,012
Social worker [a]	2023	531,223

[a] Adapted from the *American Community Survey 5-Year Public Use Microdata Sample (PUMS)*, by the U.S. Census Bureau, 2019-2023 (https://www2.census.gov/programs-surveys/acs/data/pums/2023/5-Year/). [b] Adapted from the *Occupational Employment and Wage Statistics (OEWS)*, by the U.S. Bureau of Labor Statistics, 2024 (https://www.bls.gov/oes/tables.htm). [c] Adapted from the *American Psychiatric Nurses Association's Psychiatric Mental Health Nursing Workforce Survey,* 2022. [d] Adapted from the *National Commission on Certification of Physician Assistants' Annual report,* 2024. [e] Adapted from the *American Medical Association's (AMA) Physician Professional Data,* 2023. Data includes both active MDs and DOs and excludes residents. [f] Limited to psychologists with doctoral-level education attainment. The total count for psychologists, regardless of degree level, is 254,657.

The occupations in the behavioral health workforce are not homogeneous. Different occupations provide different levels of care. For example, psychiatrists can prescribe medication, psychologists can provide psychological assessments and therapy, and peer providers can offer support based on their training and lived experiences.

Other occupations providing behavioral health services

Behavioral health occupations are not the only members of the U.S. healthcare workforce providing behavioral health services. In many cases, primary care providers, such as primary care physicians, physician assistants/associates (PAs) (Mauldin et al., 2020), or nurse practitioners (NPs), are the first health professionals to see patients with behavioral health issues (Balestra, 2019).

Primary care providers delivered 32% of mental health related office visits between 2012 and 2014 (Cherry et al., 2018). Approximately 7% of primary care physicians' direct patient care time was spent on providing behavioral health services between 2019 and 2021 which was a 20% increase from five years earlier (HRSA, 2025d).

Current and future shortages

Health Professional Shortage Areas (HPSAs) are one method to measure the extent of current provider shortages. HPSAs are used to identify a shortage of health professionals in geographic areas, facilities, or populations. As of December 2, 2025, 137 million people in the United States (approximately 40% of the U.S. population) live in a Mental Health HPSA (Census, n.d.; HRSA, n.d.).

The **current shortages** seen through HPSA data and the **projected future shortages** are generated using two completely different concepts. HPSAs are a "real-time" designation, and a Mental Health HPSA is specific to mental health care providers (HRSA, 2023). By contrast, projections come from the Health Resources and Services Administration's (HRSA) Health Workforce Simulation Model (HWSM). This model projects the future supply of and demand for over 100 health care occupations, including behavioral health occupations (HRSA, 2025d).

Substantial shortages are projected for the behavioral health workforce in the future (HRSA, 2025e). Table 2 shows the projected shortages and percent adequacy in 2038 across different scenarios. Percent adequacy is the percentage of demand that supply will meet in a given year.

Table 2. Projected Shortages of Selected Behavioral Health Providers in 2038, Number and Percent Adequacy [a]

Profession	Status Quo	Unmet Need	Elevated Need
Addiction counselors	-77,050 (30%)	-88,340 (27%)	-123,270 (21%)
Adult psychiatrists	-36,780 (50%)	-44,230 (45%)	-86,430 (30%)
Child and adolescent psychiatrists	-7,030 (61%)	-8,840 (55%)	-19,770 (36%)
Child, family, and school social workers	5,860 (103%)	-11,910 (94%)	-28,480 (86%)
Healthcare social workers	-10,610 (91%)	-22,180 (82%)	-39,980 (72%)
Marriage and family therapists	-33,840 (60%)	-42,590 (55%)	-63,540 (45%)
Mental health and substance use disorder social workers	-17,030 (85%)	-28,960 (77%)	-62,060 (62%)
Mental health counselors	-99,780 (55%)	-122,620 (50%)	-203,690 (38%)
Psychiatric nurse practitioners	2,940 (108%)	-600 (98%)	-20,790 (64%)
Psychiatric physician assistants/associates	-1,310 (78%)	-1,980 (70%)	-4,860 (49%)
Psychologists	-99,840 (48%)	-119,300 (43%)	-152,520 (37%)
School counselors	-39,680 (80%)	-60,330 (73%)	-

Note. Adapted from the *National Center for Health Workforce Analysis (NCHWA)'s Workforce projections*, by the Health Resources and Services Administration, 2025 (https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections). [a] Data are expressed in full-time equivalents (FTEs), defined as working 40 hours a week. Negative values indicate a projected shortage. Positive values indicate a projected surplus. Dashes indicate that projections were not available. Percent adequacy is calculated by dividing supply by demand. Unmet Need assumes increased demand and Elevated Need assumes both increased demand and improved access. Full descriptions of these scenarios are found on the workforce projections dashboard (https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections).

Distribution

Behavioral health providers work in many environments including community behavioral health centers, Federally Qualified Health Centers (FQHCs), hospitals, inpatient facilities, schools, criminal justice systems, and other private office-based settings.

Maldistribution of the workforce leaves high-need areas without access to behavioral health services. As of December 2, 2025, 40% (137 million) of the U.S. population lives in a Mental Health HPSA (Census, n.d.; HRSA, n.d.). Rural counties are more likely than urban counties to lack psychiatric mental health NPs, psychologists, social workers, and counselors (Table 3) (Andrilla et al., 2022a, 2022b, 2022c, 2022d). The short supply of providers in rural areas exacerbates the challenges with access to behavioral health services (Frogner et al., 2023).

Table 3. Percentage of U.S. Rural and Urban Counties Without Behavioral Health Providers, 2021

Profession	Rural Counties	Urban Counties
Psychiatric mental health nurse practitioner	69%	31%
Psychologist	45%	16%
Social worker	22%	5%
Counselor	18%	5%

Note. Adapted from Andrilla et al.'s (2022a, 2022b, 2022c, 2022d) *Changes in the supply and rural-urban distribution of psychiatric nurse practitioners in the U.S., 2014-2021*; *Changes in the supply and rural-urban distribution of psychologists in the U.S., 2014-2021*; *Changes in the supply and rural-urban distribution of social workers in the U.S., 2014-2021*; and *Changes in the supply and rural-urban distribution of counselors in the U.S., 2014-2021*, by the Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) Rural Health Research Center, University of Washington, 2022 (https://www.ruralhealthresearch.org/topics/workforce/publications).

Challenges for the behavioral health workforce

Several factors affect the ability of the behavioral health workforce to provide quality care. These factors range from population demographics and the unmet need in those populations to various aspects of providing care, such as scopes of practice, cost, reimbursement, and insurance coverage. In addition, other factors affect burnout, well-being, and turnover rates among the workforce.

Population demographics

Youth behavioral health concerns have remained elevated since 2009 (CDC, 2020). The COVID-19 pandemic further increased this need with 53% of female high school students experiencing persistent feelings of sadness or hopelessness and 21% making a suicide plan in 2023 (CDC, 2024). The treatment rate for major depressive episodes among adolescents increased from 60% in 2023 to 61% in 2024 (SAMHSA, 2025b).

There are also growing and unique behavioral health needs among older adults. By 2060, the number of adults aged 65 and older is projected to increase by 54%, compared with only a 9% increase in the total U.S. population (Census, 2025). The 2024 National Survey on Drug Use and Health (NSDUH) estimated that more than one in seven adults aged 50 or older had a mental illness in the past year (SAMHSA, 2025b). Behavioral health needs among older adults are often under-identified by both providers and patients (WHO, 2025). Many behavioral health providers are not adequately trained to work with older adults (Moye et al., 2019). Geriatricians are uniquely positioned to be the first point of contact for behavioral health care needs for older adults (IOM, 2012). However, the projected national shortage of 1,570 geriatricians in 2038 will further limit the accessibility of behavioral health care for older adults in the future (HRSA, 2025e; Lester et al., 2020).

Unmet need

The 2024 NSDUH found that approximately 6.1 out of 29.5 million adults age 18 and older with any mental illness in the past year who did not receive mental health treatment perceived an unmet need for mental health services (SAMHSA, 2025b). Social determinants of health and barriers to care can hinder an individual's access to services and increase unmet behavioral health needs (Coombs et al., 2021; Mojtabai et al., 2011). Stigma at the individual, interpersonal, and structural level affects the perceived need for care and ability to access care (Misra et al., 2021).

Scopes of practice

A scope of practice is the description of roles and services a credentialed health care provider is qualified and allowed to perform under the state law. Inconsistent scopes of practice make it more difficult for clinicians to move to and practice in different states or provide telehealth services across state lines. They also can contribute to burnout and hurt retention when providers cannot practice to the full scope of their training. Other challenges include:

- Scope of practice laws can lack standardization and uniform definitions, be overly restrictive and not based on evidence, not clearly delineate the services that can be provided, and lack clear definitions for health support workers (Frogner et al., 2020).
- Scopes of practice can vary across states. One state may authorize the provision of services while another state may not allow these same services.

Expanding and harmonizing scopes of practice makes it easier to provide high-quality care. An example of reducing scope of practice barriers is the elimination of the federal requirement for providers to have a waiver to prescribe medications for opioid use disorder (buprenorphine) (SAMHSA, 2024a). The removal of the Drug Addiction Treatment Act (DATA), or X-Waiver, now permits providers with an active Drug Enforcement Agency (DEA) registration to prescribe Schedule III medications for opioid use disorders as allowed by state law. Removal of this waiver eliminates the time-consuming process for providers to obtain the ability to prescribe medications for opioid use disorders and may provide more flexibility to prescribers to provide these services.

Cost, reimbursement, and insurance coverage

The accessibility of behavioral health services is also limited by reimbursement barriers. According to the 2024 NSDUH, 65% of adults with any mental illness and a perceived unmet need for services reported cost as one of the main reasons for not receiving behavioral health services (SAMHSA, 2025b).

In 2008, Congress passed the Mental Health Parity and Addiction Equity Act (MHPAEA) to require health insurance companies to provide comparable benefits for behavioral health services as they do for medical or surgical procedures. This parity law did not alleviate access barriers because, in part, the law did not require coverage of specific behavioral health services (MACPAC, 2021b). The Department of Labor's 2022 MHPAEA Report to Congress noted low compliance with reporting requirements by insurance companies and the necessity of both stronger enforcement and clearer statutory language (DOL et al., 2022).

As a result of reimbursement challenges, many behavioral health providers do not participate in insurance panels and require payment at the time of service. Compared with physical health care providers, behavioral health providers are less likely to accept insurance (Wen et al., 2019). In 2017, only 46% of psychiatrists accepted Medicaid payments from new patients (MACPAC, 2021a). In 2016, only 43% of psychiatrists and 19% of nonphysician mental health providers participated in any of the 531 provider networks in the Affordable Care Act marketplace (Zhu et al., 2017).

Mental health providers have cited low reimbursement rates and administrative burdens as the main reasons they choose not to participate in insurance plans (Busch et al., 2019; Saunders & Guth, 2023; Zhu et al., 2023). In many states, primary care physicians have higher reimbursement rates than psychiatrists for the same behavioral health services (Mark et al., 2010, 2017).

The coverage of behavioral health services and behavioral health provider types can also vary by insurance type. Medicaid expansion states have higher percentages of covered behavioral health services (Guth et al., 2023). Health support workers, such as peer providers, also face insurance challenges. As of 2023, 8 U.S. states and territories do not offer reimbursement for peer support services through Medicaid (Earley et al., 2024).

Medicare payment reforms in 2024 aimed to increase coverage of services provided by community health workers and peer providers (Seshamani & Jacobs, 2023). However, it is unclear how those changes to increase provider participation will interact with new 2025 beneficiary eligibility requirements (APA, 2025). Additionally, as of May 2025, MHPAEA standards for benefit access under private health insurance systems reverted to narrower 2013 rules that were in effect prior to an expanded final rule that passed in 2024 (DOL et al., 2025).

Retention

While it is difficult to estimate precise turnover rates for the behavioral health workforce (Herschell et al., 2020), they are believed to be high (Brabson et al., 2020). It has also been suggested that turnover among the behavioral health workforce is higher in rural areas (Hallett et al., 2024). Many individual, organizational, and system-level factors can impact a behavioral health provider's intent to leave the workforce (Schoebel et al., 2021) including:

- Low wages put a strain on behavioral health providers and discourage them from staying in the workforce. Financial concerns are especially a challenge for health support workers (Bates et al., 2022; Videka et al., 2019).
- Restrictive and inconsistent scopes of practice and policies can restrict a provider from practicing at their fullest ability and limit their mobility across states (Health Workforce Technical Assistance Center, 2022).
- Behavioral health providers are experiencing large workloads, large caseloads, workplace violence, and a lack of organizational support (Hilton et al., 2021; Yang & Hayes, 2020).

Burnout

The COVID-19 pandemic exacerbated the long-standing problem of burnout among the health workforce due to higher stress levels for both clinical and non-clinical staff (Prasad et al., 2021). Prior to the COVID-19 pandemic, estimates ranged from 21% to 67% of behavioral health providers feeling overburdened due to emotionally taxing positions, high stress environments, lack of career advancement, low salaries, and high caseloads (Kelly & Hearld, 2020; Morse et al., 2011). More recent data suggest that burnout remains a concern for the behavioral health workforce. For example, in a 2023 survey of 750 behavioral health professionals, 93% of participants indicated that they had experienced burnout, with 62% indicating they had experienced severe burnout (National Council for Mental Wellbeing, 2023). Another series of surveys found that the rate of burnout among psychiatrists increased from 36% in 2017 to 47% in 2022, before declining to 39% in 2023 (Medscape, 2018, 2023, 2024).

Evolving strategies to improve behavioral health care access

Expanding primary care and behavioral health integrated care

The U.S. health care system is traditionally designed to treat physical and behavioral health concerns separately. As this is the case, most training for behavioral health providers also remains separated from traditional medical care. There has been a growing effort to integrate behavioral health services into primary care settings and vice versa (CMS, 2025b).

There is a large body of work by agencies and organizations documenting the benefits of integrated care (AHRQ, n.d.; National Council for Mental Wellbeing, n.d.; Ramanuj et al., 2019). Integration can occur in multiple ways. For example, many FQHCs that provide primary care to underserved communities also incorporate behavioral health providers into their model, and Certified Community Behavioral Health Clinics (CCBHC) that provide behavioral health care typically incorporate primary care. Integration can also occur in school-based settings (Rural Health Information Hub, 2024).

Patients are already seeking behavioral health services from their primary care providers (Hines et al., 2024; Horstman et al., 2022). According to the National Ambulatory Medical Care Survey, 16% of primary care visits in 2016-2018 included a behavioral health component, an increase of 49% from 2006-2007 (Rotenstein et al., 2023).

Despite widespread benefits, the integrated care model has not been widely implemented due to multiple challenges. These include limited adoption of technology, insurance and reimbursement limitations, limited training opportunities, and workflow and logistical barriers (Bagalman et al., 2022; Westfall et al., 2022; Knutson, 2017; Wallace et al., 2015).

Leveraging health support workers

Health support workers use their lived experiences and community ties to provide behavioral health support services. Peer providers have been shown to have a positive effect in reducing stigma associated with behavioral health treatment, increasing awareness of behavioral health resources, improving treatment engagement, and allowing licensed behavioral health providers to focus on more complex behavioral health services (Hiller-Venegas et al., 2022; O'Keefe et al., 2021; Weaver & Lapidos, 2018). Community health workers have been shown to be effective in using their community ties to improve health outcomes, reduce the cost of care, and address social determinants of health (Association of State and Territorial Health Officials, n.d.).

Using health support workers can increase access to care. However, there is ambiguity in the scopes of practice for these workers and their roles in the behavioral health workforce can vary (NCQA, 2024). Health support workers also face challenges with burnout, low compensation, and reimbursement (Chapman et al., 2018; Choi et al., 2021; Foundation for Opioid Response Efforts, 2023).

Using telebehavioral health

Telehealth represented less than 1% of behavioral health outpatient visits prior to the COVID-19 pandemic (Lo et al., 2022). From March 2020 through August 2020, the use of telehealth for

behavioral health outpatient visits reached 40% of all visits. The use of telebehavioral health services has remained strong (Cantor et al., 2023; FAIR Health, 2024; Lo et al., 2022).

Telebehavioral health services can help overcome accessibility barriers to behavioral health services for individuals in underserved areas and provide benefits for urban dwellers as well (Bashshur et al., 2016). Because telebehavioral health offers additional privacy when speaking with a provider, potential barriers associated with stigma may also be overcome. Despite the evidence demonstrating the quality of telehealth services (Snoswell et al., 2021), organizations face many challenges in providing telebehavioral health services:

- Some populations may have difficulties using and accessing telebehavioral health, such as older adults, children, individuals with low income, and individuals with low technological literacy (Kruse et al., 2020; Schoebel et al., 2021; Ettman et al., 2025).
- Telehealth services do not have service and payment parity. Telebehavioral health services are often not covered or are reimbursed at a lower rate when compared with in-person services (Weigel et al., 2020; Center for Connected Health Policy, 2023).
- Telebehavioral health may not be cost effective for organizations without the necessary infrastructure (Rural Health Information Hub, n.d.; Zachriston et al., 2021).

Since 2020, state, federal, and private organizations expanded their telehealth policies in support of telebehavioral health services. Yet, these changes to make behavioral health services more accessible may not have been sustained. Recent changes include the following:

- In 2020, most Medicaid programs expanded their coverage of telehealth services with many states allowing service and payment parity. Many states also allowed patients to receive audio-only services and telehealth services in their home (HRSA, 2025c). In April 2020, Medicare issued retroactive waivers also allowing audio-only telehealth for certain behavioral health and educational services (CMS, 2021).
- The Consolidated Appropriations Act of 2023 permanently authorized some of the flexibilities for the use of telehealth in 2020, including allowing FQHCs to serve as a distant site provider for behavioral health services, removing geographic restrictions for originating site telebehavioral health services, and allowing Medicare patients to receive telebehavioral health services in their homes (HRSA, 2025b).
- Flexibility to offer telehealth services without risk of violating the Health Insurance Portability and Accountability Act (HIPAA) rules expired when the COVID-19 Public Health Emergency ended on May 11, 2023 (HHS, 2023). Providers may still provide telebehavioral health services provided they are compliant with HIPAA rules. HIPAA compliance is complex, especially when applied to the audio-only provisions for telebehavioral health services (HHS, n.d.).
- Telehealth policy for Medicare and Medicaid continues to evolve. For example, CMS is considering revisions to its 5-step review process to simplify reviewing requests to the Medicare Telehealth Services List (CMS, 2025a). While the aforementioned flexibilities that were made permanent are unchanged, some aspects of telehealth under Medicare such as in-person visit requirements do not yet have permanent rules in place (CMS, 2025c).

Conclusion

The United States is experiencing an opioid epidemic and mental health crisis (CDC, 2025a, 2025b). Behavioral health needs continue to rise (SAMHSA, 2025b). The behavioral health workforce is projected to suffer from significant shortages in the future including pronounced shortages of addiction counselors, marriage and family therapists, mental health counselors, psychologists, psychiatric physician assistants/associates, adult psychiatrists, child and adolescent psychiatrists, and school counselors (HRSA, 2025e). Increasing the supply of the behavioral health workforce is not enough to address systemic, provider, and patient-level barriers. Maldistribution of the workforce is also a major limiting factor to accessing behavioral health services.

Inconsistent scopes of practice, reimbursement challenges, limited training in integrated health, and increased levels of burnout prevent behavioral health providers from performing at their full capacity and remaining in the workforce. Stigma and increased out-of-pocket costs will continue to hinder patients' ability to access behavioral health services.

Behavioral health needs are elevated for children and older adults, as well as in rural and underserved areas. Adequate workforce planning and investments in the behavioral health workforce will be important to address these needs.

The behavioral health projections provided incorporate new data from the American Medical Association (AMA), Accreditation Council for Graduate Medical Education (ACGME), and Bureau of Labor Statistics (BLS) as well as updated attrition information. Demand for behavioral health providers continues to increase while there are indications of a decline in production of some behavioral health professionals. 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 also download the data from the dashboard in spreadsheet form.

References

Agency for Healthcare Research and Quality (AHRQ). (n.d.). *The academy: Integrating behavioral health & primary care*. Retrieved November 3, 2023, from https://integrationacademy.ahrq.gov/

American Psychological Association (APA). (2022, November). *Psychologists struggle to meet demand amid mental health crisis.* https://www.apa.org/pubs/reports/practitioner/2022-covid-psychologist-workload.pdf

American Psychological Association (APA). (2025, May 13). *Statement on mental health parity.* Retrieved November 24, 2025, from https://updates.apaservices.org/statement-on-mental-health-parity

Andrilla, C.H.A., Woolcock, S.C., Garberson, L.A., & Patterson, D.G. (2022a, October). *Changes in the supply and rural-urban distribution of psychiatric nurse practitioners in the U.S., 2014-2021.* Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) Rural Health Research Center, University of Washington. https://www.ruralhealthresearch.org/topics/workforce/publications

Andrilla, C.H.A., Woolcock, S.C., Garberson, L.A., & Patterson, D.G. (2022b, October). *Changes in the supply and rural-urban distribution of psychologists in the U.S., 2014-2021.* Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) Rural Health Research Center, University of Washington. https://www.ruralhealthresearch.org/topics/workforce/publications

Andrilla, C.H.A., Woolcock, S.C., Garberson, L.A., & Patterson, D.G. (2022c, October). *Changes in the supply and rural-urban distribution of social workers in the U.S., 2014-2021.* Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) Rural Health Research Center, University of Washington. https://www.ruralhealthresearch.org/topics/workforce/publications

Andrilla, C.H.A., Woolcock, S.C., Garberson, L.A., & Patterson, D.G. (2022d, October). *Changes in the supply and rural-urban distribution of counselors in the U.S., 2014-2021*. Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) Rural Health Research Center, University of Washington. https://www.ruralhealthresearch.org/topics/workforce/publications

Association of State and Territorial Health Officials. (n.d.). *Community health workers: Evidence of their effectiveness* [Data brief]. https://www.astho.org/globalassets/pdf/community-health workers-summary-evidence.pdf

Bagalman, E., Dey, J., Jacobus-Kantor, L., Stoller, B., West, K.D., Radel, L., Schreier, A., Rousseau, M., Blanco, M., Creedon, T.B., Nye, E., Ali, M.M., Dubenitz, J.M., Schwartz, D., White, J.O., Swenson-O'Brien, A.J., Oberlander, S., Burnszynski, J., Lynch-Smith, M., Bush, L., Kennedy, G., Sherry, T.B., & Haffajee, R.L. (2022, September 16). *HHS roadmap for behavioral health integration.* Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Retrieved December 2, 2025, from https://aspe.hhs.gov/reports/hhs-roadmap-behavioral-health-integration

Balestra, M.L. (2019). Family nurse practitioner scope of practice issues when treating patients with mental health issues. *The Journal for Nurse Practitioners*, *15*(7), 479-482. https://doi.org/10.1016/j.nurpra.2018.11.007

Bashshur, R.L., Shannon, G.W., Bashshur, N., & Yellowlees, P.M. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine and e-Health, 22*(2), 87-113. https://doi.org/10.1089/tmj.2015.0206

Bates, T., Chapman, S., Gaiser, M., & Buche, J. (2022, March). *Measuring the financial contribution of peer providers*. UCSF Health Workforce Research Center on Long-Term Care, University of California San Francisco. https://healthworkforce.ucsf.edu/bibcite/reference/1971

Brabson, L.A., Harris, J.L., Lindhiem, O., & Herschell, A.D. (2020). Workforce turnover in community behavioral health agencies in the USA: A systematic review with recommendations. *Clinical Child and Family Psychology Review*, *23*(3), 297-315. https://doi.org/10.1007/s10567-020-00313-5

Busch, S.H., Ndumele, C., Foster, C., & Kyanko, K.A. (2019). Patient characteristics and treatment patterns among psychiatrists who do not accept private insurance. *Psychiatric Services*, *70*(1), 35-39. https://doi.org/10.1176/appi.ps.201800014

Cantor, J.H., McBain, R.K., Ho, P., Bravata, D.M., & Whaley, C. (2023). Telehealth and in-person mental health service utilization and spending, 2019 to 2022. *JAMA Health Forum*, *4*(8), e232645. https://doi.org/10.1001/jamahealthforum.2023.2645

Center for Connected Health Policy. (2023). *State telehealth laws and Medicaid program policies* [Report]. The National Telehealth Policy Resource Center, Public Health Institute. https://telehealthresourcecenter.org/wp-content/uploads/2023/05/Fall2023_ExecutiveSummaryfinal.pdf

Centers for Disease Control and Prevention (CDC). (2020). *Youth Risk Behavioral Survey data summary & trends report 2009-2019.* U.S. Department of Health and Human Services. https://www.cdc.gov/yrbs/dstr/pdf/YRBSDataSummaryTrendsReport2019-508.pdf

Centers for Disease Control and Prevention (CDC). (2024, August 6). *Youth Risk Behavioral Survey data summary & trends report 2013-2023.* U.S. Department of Health and Human Services. https://www.cdc.gov/yrbs/dstr/index.html

Centers for Disease Control and Prevention (CDC). (2025a, June 9). *Protecting the nation's mental health*. U.S. Department of Health and Human Services. Retrieved September 16, 2025, from https://www.cdc.gov/mental-health/about/what-cdc-is-doing.html

Centers for Disease Control and Prevention (CDC). (2025b, June 9). *Understanding the opioid overdose epidemic*. U.S. Department of Health and Human Services. Retrieved September 16, 2025, from https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html

Centers for Medicare and Medicaid Services (CMS). (2021, May 24). *COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers*. U.S. Department of Health and Human Services. Retrieved December 5, 2025, from https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

Centers for Medicare and Medicaid Services (CMS). (2025a, November 5). *Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements;*

and Medicare Prescription Drug Inflation Rebate Program. Federal Register. Retrieved December 5, 2025, from https://www.federalregister.gov/documents/2025/11/05/2025-19787/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other

Centers for Medicare and Medicaid Services (CMS). (2025b, November 21). *Innovation in behavioral health (IBH) model*. U.S. Department of Health and Human Services. Retrieved December 2, 2025, from https://www.cms.gov/priorities/innovation/innovation-models/innovation-behavioral-health-ibh-model

Centers for Medicare and Medicaid Services (CMS). (2025c, November 26). *Telehealth FAQ Calendar Year 2026*. U.S. Department of Health and Human Services. Retrieved December 5, 2025, from https://www.cms.gov/files/document/telehealth-faq-updated-11-26-2025.pdf

Chapman, S.A., Blash, L.K., Mayer, K., & Spetz, J. (2018). Emerging roles for peer providers in mental health and substance use disorders. *American Journal of Preventive Medicine, 54*(6, Suppl. 3), S267-S274. https://doi.org/10.1016/j.amepre.2018.02.019

Cherry, D., Albert, M., & McCaig, L.F. (2018). Mental health-related physician office visits by adults aged 18 and over: United States, 2012-2014. *NCHS Data Brief*, *311*. https://www.cdc.gov/nchs/data/databriefs/db311.pdf

Choi, Y.H., Amoako, E., St. Pierre, M., Wayment, C., Schoebel, V., & Buche, J. (2021, April 1). *Supporting paraprofessionals and strengthening resilience among providers.* Behavioral Health Workforce Research Center, University of Michigan. https://www.healthworkforceta.org/research-alerts/supporting-paraprofessionals-and-strengthening-resilience-among-providers/

Coombs, N.C., Meriwether, W.E., Caringi, J., & Newcomer, S.R. (2021). Barriers to healthcare among U.S. adults with mental health challenges: A population-based study. *SSM – Population Health*, *15*, 100847. https://doi.org/10.1016/j.ssmph.2021.100847

Earley, J., Roberts, S., & Nichols, M. (2024, May). *Medicaid reimbursement for peer support services: A detailed analysis of rates, processes, and procedures.* Peer Recovery Center of Excellence, University of Missouri – Kansas City. https://policycentermmh.org/app/uploads/2024/07/May-2024-Peer-Excellence-Medicaid-Reimbursement-Report.pdf

Ettman, C., Ringlein, G.V., Dohlman, P., Straub, J., Brantner, C.L., Chin, E., Sthapit, S., Goicoechea, E.B., Mojtabai, R., Albert, M., Spivak, S., Iwashyna, T., Goes, F., Stuart, E., & Zandi, P. (2025, February). Trends in mental health care and telehealth use across area deprivation: An analysis of electronic health records from 2016 to 2024. *PNAS Nexus*, 4*(2).* https://doi.org/10.1093/pnasnexus/pgaf016

FAIR Health. (2024, April 29). *Trends in mental health conditions: An analysis of private healthcare claims* [Report]. https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Trends%20in%20Mental%20Health%20Conditions%20-%20A%20FAIR%20Health%20White%20Paper.pdf

Foundation for Opioid Response Efforts. (2023, June). *Supporting and building the peer recovery workforce* [Report]. https://forefdn.org/wp-content/uploads/2023/06/fore-prc-survey-report.pdf

Frogner, B.K., Fraher, E.P., Spetz, J., Pittman, P., Moore, J., Beck, A.J., Armstrong, D., & Buerhaus, P.I. (2020). Modernizing scope-of-practice regulations — Time to prioritize patients. *New England Journal of Medicine, 382*(7), 591-593. https://doi.org/10.1056/NEJMp1911077

Frogner, B.K., Patterson, D.G., & Skillman, S. (2023). The workforce needed to address population health. *The Milbank Quarterly*, *101*(S1), 841-865. https://doi.org/10.1111/1468-0009.12620

Garnett, M.F., & Curtin, S.C. (2023). Suicide mortality in the United States, 2001–2021. *NCHS Data Brief, 464*. https://doi.org/10.15620/cdc:125705

Goodwin, R.D., Dierker, L.C., Wu, M., Galea, S., Hoven, C.W., & Weinberger, A.H. (2022). Trends in U.S. depression prevalence from 2015 to 2020: The widening treatment gap. *American Journal of Preventive Med*icine, *63*(5), 726-733. https://doi.org/10.1016/j.amepre.2022.05.014

Guth, M., Saunders, H., Corallo, B., & Moreno, S. (2023, March 17). *Medicaid coverage of behavioral health services in 2022: Findings from a survey of state Medicaid programs.* Kaiser Family Foundation. Retrieved November 3, 2023, from https://www.kff.org/medicaid/issue-brief/medicaid-coverage-of-behavioral-health-services-in-2022-findings-from-a-survey-of-state-medicaid-programs/

Hallett, E., Simeon, E., Amba, V., Howington, D., McConnell, K.J., & Zhu, J.M. (2024). Factors influencing turnover and attrition in the public behavioral health system workforce: Qualitative study. *Psychiatric Services*, *75*(1), 55–63. https://doi.org/10.1176/appi.ps.20220516

Health Resources and Services Administration (HRSA). (n.d.). *Health workforce shortage areas* [Dashboard]. U.S. Department of Health and Human Services. Retrieved December 2, 2025, from https://data.hrsa.gov/topics/health-workforce/shortage-areas

Health Resources and Services Administration (HRSA). (2023, June). *What is shortage designation?* U.S. Department of Health and Human Services. Retrieved December 11, 2023, from https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas

Health Resources and Services Administration (HRSA). (2025a, January 17). *Private insurance coverage for telehealth*. U.S. Department of Health and Human Services. Retrieved December 2, 2025, from https://telehealth.hhs.gov/providers/billing-and-reimbursement/private-insurance-coverage-for-telehealth

Health Resources and Services Administration (HRSA). (2025b, November 21). *Telehealth policy updates*. U.S. Department of Health and Human Services. Retrieved December 2, 2025, from https://telehealth.hhs.gov/providers/telehealth-policy/telehealth-policy-updates

Health Resources and Services Administration (HRSA). (2025c, December 1). *State Medicaid telehealth coverage*. U.S. Department of Health and Human Services. Retrieved December 2, 2025, from https://telehealth.hhs.gov/providers/billing-and-reimbursement/state-medicaid-telehealth-coverage

Health Resources and Services Administration (HRSA). (2025d, December 18). *Technical document for HRSA's health workforce simulation model.* U.S. Department of Health and Human Services. Retrieved December 18, 2025, from https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/technical-documentation

Health Resources and Services Administration (HRSA). (2025e, December 18). *Workforce projections* [Dashboard]. U.S. Department of Health and Human Services. Retrieved December 18, 2025, from https://data.hrsa.gov/topics/health-workforce/workforce-projections

Health Workforce Technical Assistance Center. (2022). *Health professions regulation in the U.S*. Retrieved November 3, 2023, from https://www.healthworkforceta.org/health-professions-regulation-in-the-us/

Herschell, A.D., Kolko, D.J., Hart, J.A., Brabson, L.A., & Gavin, J.G. (2020). Mixed method study of workforce turnover and evidence-based treatment implementation in community behavioral health care settings. *Child Abuse & Neglect, 102*, 104449. https://doi.org/10.1016/j.chiabu.2020.104419

Hiller-Venegas, S., Gilmer, T.P., Jones, N., Munson, M.R., & Ojeda, V.D. (2022). Clients' perspectives regarding peer support providers' roles and support for client access to and use of publicly funded mental health programs serving transition-age youth in two southern California counties. *The Journal of Behavioral Health Services & Research, 49*, 364–384. https://doi.org/10.1007/s11414-022-09792-6

Hilton, N.Z., Addison, S., Ham, E., Rodrigues, N.C., & Seto, M.C. (2021). Workplace violence and risk factors for PTSD among psychiatric nurses: Systematic review and directions for future research and practice. *Journal of Psychiatric and Mental Health Nursing, 29*(2), 186-203. https://doi.org/10.1111/jpm.12781

Hines, C.E., Watson, N., Brooks, Z., & Tucker, T. (2024). Review of mental healthcare provision by primary care physicians in the Department of Defense (DoD). *Journal of Public Health, 33*, 2643–2649. https://doi.org/10.1007/s10389-024-02234-x

Horstman, C.E., Federman, S., & Williams II, R.D. (2022, September 15). *Integrating primary care and behavioral health to address the behavioral health crisis.* The Commonwealth Fund. Retrieved December 2, 2025, from https://www.commonwealthfund.org/publications/explainer/2022/sep/integrating-primary-care-behavioral-health-address-crisis

Hudman, J., McDermott, D., Shanosky, N., & Cox, C. (2020, August 6). *How private insurers are using telehealth to respond to the pandemic* [Issue brief]. Kaiser Family Foundation. Retrieved November 3, 2023, from https://www.healthsystemtracker.org/brief/how-private-insurers-are-using-telehealth-to-respond-to-the-pandemic/

Institute of Medicine (IOM): Committee on the Mental Health Workforce for Geriatric Populations, Board on Health Care Services (2012). *The mental health and substance use workforce for older adults: In whose hands?* (J. Eden, K. Maslow, M. Le, & D. Blazer, Eds.). National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK201410/

Kelly, R.J., & Hearld, L.R. (2020). Burnout and leadership style in behavioral health care: A literature review. *The Journal of Behavioral Health Services & Research*, *47*(4), 581-600. https://doi.org/10.1007/s11414-019-09679-z

Knutson, K.H. (2017). Payment for integrated care: Challenges and opportunities. *Child and Adolescent Psychiatric Clinics of North America*, *26*(4), 829-838. https://doi.org/10.1016/j.chc.2017.06.010

Kruse, C., Fohn, J., Wilson, N., Patlan, E.N., Zipp, S., & Mileski, M. (2020). Utilization barriers and medical outcomes commensurate with the use of telehealth among older adults: Systematic review. *JMIR Publications, 8*(8), e20359. https://doi.org/10.2196/20359

Lester, P.E., Dharmarajan, T.S., & Weinstein, E. (2020). The looming geriatrician shortage: Ramifications and solutions. *Journal of Aging and Health*, *32*(9), 1052-1062. https://doi.org/10.1177/0898264319879325

Lo, J., Rae, M., Amin, K., Cox, C., Panchal, N., & Miller, B.F. (2022, March 15). *Telehealth has played an outsized role meeting mental health needs during the COVID-19 pandemic.* Kaiser Family Foundation. Retrieved November 3, 2023, from https://www.kff.org/coronavirus-covid-19/issue-brief/telehealth-has-played-an-outsized-role-meeting-mental-health-needs-during-the-covid-19-pandemic/

Mark, T.L., Parish, W., Zarkin, G.A., & Weber, E. (2010). Comparison of Medicaid reimbursements for psychiatrists and primary care physicians. *Psychiatric Services, 71*(9), 947-950. https://doi.org/10.1377/hlthaff.2017.0325

Mark, T.L., Olesiuk, W., Ali, M.M., Sherman, L.J., Mutter, R., & Teich, J.L. (2017). Differential reimbursement of psychiatric services by psychiatrists and other medical providers. *Psychiatric Services, 69*(3), 281-285. https://doi.org/10.1176/appi.ps.201700271

Mauldin, S.G., Morton-Rias, D., Barnhill, G.C., Kozikowski, A., & Hooker, R.S. (2020). The role of PAs in providing mental health care. *Journal of the American Academy of Physician Assistants, 33*(12), 34-41. https://doi.org/10.1097/01.JAA.0000694988.35913.1a

Medicaid and CHIP Payment and Access Commission (MACPAC). (2021a, June). *Physician acceptance of new Medicaid patients: Findings from the National Electronic Health Records Survey* [Fact sheet]. https://www.macpac.gov/wp-content/uploads/2021/06/Physician-Acceptance-of-New-Medicaid-Patients-Findings-from-the-National-Electronic-Health-Records-Survey.pdf

Medicaid and CHIP Payment and Access Commission (MACPAC). (2021b, July). *Implementation of the Mental Health Parity and Addiction Equity Act in Medicaid and CHIP* [Issue brief]. https://www.macpac.gov/wp-content/uploads/2021/07/Implementation-of-the-Mental-Health-Parity-and-Addiction-Equity-Act-in-Medicaid-and-CHIP.pdf

Medscape. (2018, January 17). Medscape national physician burnout & depression report 2018 [Slideshow]. https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235#3

Medscape. (2023, January 27). Physician burnout & depression report 2023: I cry but no one cares [Slideshow]. https://www.medscape.com/slideshow/2023-lifestyle-burnout-6016058#3

Medscape. (2024, January 26). Physician burnout & depression report 2024: We have much work to do [Slideshow]. https://www.medscape.com/slideshow/2024-lifestyle-burnout-6016865#3

Misra, S., Jackson, V.W., Chong, J., Choe, K. Tay, C, Wong, J. & Yang L.H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the United States: Implications for interventions. *Community Psychology, 68*(3-4), 486-512. https://doi.org/10.1002/ajcp.12516

Mojtabai, R., Olfson, M., Sampson, N.A., Jin, R., Druss, B., Wang, P.S., Wells, K.B., Pincus H.A., & Kessler, R.C. (2011). Barriers to mental health treatment: Results from the National Comorbidity Survey Replication (NCS-R). *Psychological Medicine, 41*(8), 1751-61. https://doi.org/10.1017/s0033291710002291

Morse, G., Salyers, M.P., Rollins, A.L., Monroe-DeVita, M., & Pfahler, C. (2011). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, *39*(5), 341-352. https://doi.org/10.1007/s10488-011-0352-1

Moye, J., Karel, M.J., Stamm, K.E., Qualls, S.H., Segal, D.L., Tazeau, Y.N., & DiGilio, D.A. (2019). Workforce analysis of psychological practice with older adults: Growing crisis requires urgent action. *Training and Education in Professional Psychology, 13*(1), 46-55. https://doi.org/10.1037/tep0000206

National Committee for Quality Assurance (NCQA). (2024, August 30). *Defining the behavioral health workforce: The need for a standardized topology* [Report]. https://www.ncqa.org/white-papers/defining-the-behavioral-health-workforce/

National Council for Mental Wellbeing. (n.d.). *Integrated health*. Retrieved November 3, 2023, from https://www.thenationalcouncil.org/our-work/focus-areas/integrated-health/

National Council for Mental Wellbeing. (2023, April 25). *New study: Behavioral health workforce shortage will negatively impact society*. Retrieved December 10, 2025, from https://www.thenationalcouncil.org/news/help-wanted/

National Council for Mental Wellbeing. (2025, April 24). 2024 *CCBHC impact report*. https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/

O'Keefe, V.M., Cwik, M.F., Haroz, E.E., & Barlow, A. (2021). Increasing culturally responsive care and mental health equity with indigenous community mental health workers. *Psychological Servi*ces, *18*(1), 84–92. https://doi.org/10.1037/ser0000358

Panchal, N., Saunders, H., Rudowitz, R., & Cox, C. (2023, March 20). *The implications of COVID-19 for mental health and substance use*. Kaiser Family Foundation. Retrieved May 22, 2024, from https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

Phillips, L. (2023, May). *A closer look at the mental health provider shortage.* American Counseling Association. Retrieved December 1, 2025, from https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/a-closer-look-at-the-mental-health-provider-shortage

Prasad, K., McLoughlin, C., Stillman, M., Poplau, S., Goelz, E., Taylor, S., Nankivil, N., Brown, R., Lintzer, M., Cappelucci, K., Barbouche, M., & Sinsky, C.A. (2021). Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine, 35*,100879. https://doi.org/10.1016/j.eclinm.2021.100879

Ramanuj, P., Ferenchik, E., Docherty, M., Spaeth-Rublee, B., & Pincus, H.A. (2019). Evolving models of integrated behavioral health and primary care. *Current Psychiatry Reports, 21*(4). https://doi.org/10.1007/s11920-019-0985-4

Rotenstein, L.S., Edwards, S.T., & Landon, B.E. (2023). Adult primary care physician visits increasingly address mental health concerns. *Health Affairs (Project Hope), 42*(2), 163-171. https://doi.org/10.1377/hlthaff.2022.00705

Rural Health Information Hub. (n.d.). *Barriers to telehealth in rural areas.* Retrieved June 12, 2024, from https://www.ruralhealthinfo.org/toolkits/telehealth/1/barriers

Rural Health Information Hub. (2024, May 15). *School-based social and emotional supports model*. U.S. Department of Health and Human Services. Retrieved December 2, 2025, from https://www.ruralhealthinfo.org/toolkits/mental-health/2/affordability/school-based

Saunders, H., & Guth, M. (2023, January 10). *A look at strategies to address behavioral health workforce shortages: Findings from a survey of state Medicaid programs*. Kaiser Family Foundation. Retrieved November 3, 2023, from https://www.kff.org/medicaid/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/

Schoebel, V., Wayment, C., Gaiser, M., Page, C., Buche, J., & Beck, A. (2021). Telebehavioral health during the COVID-19 pandemic: A qualitative analysis of provider experiences and perspectives. *Telemedicine and e-Health*, *27*(8), 947-954. https://doi.org/10.1089/tmj.2021.0121

Seshamani, M., & Jacobs, D. (2023, November 6). *Important new changes to improve access to behavioral health in Medicare*. Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services. Retrieved August 14, 2024, from https://www.cms.gov/blog/important-new-changes-improve-access-behavioral-health-medicare-0

Snoswell, C.L., Chleberg, G., De Guzman, K.R., Haydon, H.M., Thomas, E.E., Caffery, L.J., & Smith, A.C. (2021). The clinical effectiveness of telehealth: A systematic review of meta-analyses from 2010 to 2019. *Journal of Telemedicine and Telecare, 29*(9), 669-684. https://doi.org/10.1177/1357633X211022907

Spencer, M.R., Garnett, M.F., & Miniño, A.M. (2024). Drug overdose deaths in the United States, 2002–2022. *NCHS Data Brief*, *491*. https://doi.org/10.15620/cdc:135849

Substance Abuse and Mental Health Services Administration (SAMHSA). (2024a, November 6). *Removal of DATA Waiver (X-Waiver) requirement*. U.S. Department of Health and Human Services. Retrieved November 3, 2025, from https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement

Substance Abuse and Mental Health Services Administration (SAMHSA). (2024b, November 15). *DEA and HHS extend telemedicine flexibilities through 2025.* U.S. Department of Health and Human Services. Retrieved August 27, 2025, from https://www.samhsa.gov/about/news-announcements/statements/2024/dea-hhs-extend-telemedicine-flexiblities-through-2025

Substance Abuse and Mental Health Services Administration (SAMHSA). (2025a, January 17). *DEA and HHS issue final telemedicine rule for buprenorphine access.* U.S. Department of Health and Human Services. Retrieved August 27, 2025, from https://www.samhsa.gov/about/news-announcements/statements/2025/dea-and-hhs-issue-final-telemedicine-rule-for-buprenorphine-access

Substance Abuse and Mental Health Services Administration (SAMHSA). (2025b, July 29). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health*. U.S. Department of Health and Human Services. Retrieved August 27, 2025, from https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2024

U.S. Government Accountability Office (GAO). (2022, March 29). *Mental health care: Access challenges for covered consumers and relevant federal efforts* [Report]. https://www.gao.gov/assets/gao-22-104597.pdf

U.S. Census Bureau (Census). (n.d.). *U.S. and world population clock: The United States population on December 2, 2025*. U.S. Department of Commerce. Retrieved December 2, 2025, from https://www.census.gov/popclock/

U.S. Census Bureau (Census). (2025, February 12). *2023 National population projections tables: Main series. Table 2: Projected age and sex composition of the population* [Table]. U.S. Department of Commerce. Retrieved July 9, 2025, from https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html

U.S. Department of Health and Human Services (HHS). (n.d.). *Guidance on How the HIPAA Rules Permit Covered Health Care Providers and Health Plans to Use Remote Communication Technologies for Audio-Only Telehealth.* Retrieved December 5, 2025, from https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/hipaa-audio-telehealth/index.html

U.S. Department of Health and Human Services (HHS). (2023, April 13). *Notice of expiration of certain notifications of enforcement discretion issued in response to the COVID-19 nationwide public health emergency.* Federal Register. Retrieved December 2, 2025, from https://www.federalregister.gov/documents/2023/04/13/2023-07824/notice-of-expiration-of-certain-notifications-of-enforcement-discretion-issued-in-response-to-the

U.S. Departments of Labor (DOL), Health and Human Services (HHS), & Treasury. (2022). *2022 MHPAEA report to congress: Realizing Parity, Reducing Stigma, and Raising Awareness* [Report]. https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/report-to-congress-2022-realizing-parity-reducing-stigma-and-raising-awareness.pdf

U.S. Departments of Labor (DOL), Health and Human Services (HHS), & Treasury. (2025, May 15). *Statement of U.S. Departments of Labor, Health and Human Services, and the Treasury regarding enforcement of the final rule on requirements related to the Mental Health Parity and Addiction Equity Act.* https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-parity/statement-regarding-enforcement-of-the-final-rule-on-requirements-related-to-mhpaea

Videka, L., Neale, J., Page, C., Buche, J., Beck, A.J., Wayment, C., & Gaiser, M. (2019, August). *National analysis of peer support providers: Practice settings, requirements, roles, and reimbursement.* Behavioral Health Workforce Research Center, University of Michigan. https://www.healthworkforceta.org/wp-content/uploads/2023/07/BHWRC_National-Analysis-of-Peer-Support.pdf

Wallace, N.T., Cohen, D.J., Gunn, R., Beck, A., Melek, S., Bechtold, D., & Green, L.A. (2015). Start up and ongoing practice expenses of behavioral health and primary care integration

interventions in the Advancing Care Together (ACT) Program. *Journal of the American Board of Family Medicine, 28*(Suppl 1), S86-97. https://doi.org/10.3122/jabfm.2015.S1.150052

Weaver, A., & Lapidos, A. (2018). Mental health interventions with community health workers in the United States: A systematic review. *Journal of Health Care for the Poor and Underserved*, *29*(1), 159-180. https://doi.org/10.1353/hpu.2018.0011

Weigel, G., Ramaswamy, A., Sobel, L., Salganicoff, A., Cubanski, J., & Freed, M. (2020, May 11). *Opportunities and barriers for telemedicine in the U.S. during the COVID-19 emergency and beyond* [Issue brief]. Kaiser Family Foundation. Retrieved November 3, 2023, from https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/

Wen, H., Wilk, A.S., Druss, B.G., & Cummings, J.R. (2019). Medicaid acceptance by psychiatrists before and after Medicaid expansion. *JAMA Psychiatry, 76*(9), 981-983. https://doi.org/10.1001/jamapsychiatry.2019.0958

Westfall, J.M., Jabbarpour, Y., Jetty, A., Kuwahara, R., Olaisen, H., Byun, H., Kamerow, D.,\ Guerriero, M., McGehee, T., Carrozza, M., Topmiller, M., Grandmont, J., & Rankin, J. (2022, May 31). *The state of integrated primary care and behavioral health in the United States 2022.* Robert Graham Center, HealthLandscape. https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/state-of-integrated-pc-and-bh.pdf |

World Health Organization (WHO). (2025, October 8). *Mental health of older adults* [Fact sheet]. Retrieved November 3, 2025, from https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults

Yang, Y., & Hayes, J.A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy, 57*(3), 426-436. https://doi.org/10.1037/pst0000317

Zachrison, K.S., Richard, J.V., & Mehrotra, A. (2021, August 27). Paying for telemedicine in smaller rural hospitals: Extending the technology to those who benefit most. *JAMA Health Forum, 2(8).* https://doi.org/10.1001/jamahealthforum.2021.1570

Zhu, J.M., Zhang, Y., & Polsky, D. (2017). Networks in ACA marketplaces are narrower for mental health care than for primary care. *Health Affairs, 36*(9), 1624-1631. https://doi.org/10.1377/hlthaff.2017.0325

Zhu, J.M., Renfro, S., Watson, K., Deshmukh, A., & McConnell, K.J. (2023). Medicaid reimbursement for psychiatric services: Comparisons across states and with Medicare. *Health Affairs, 42*(4), 556-565. https://doi.org/10.1377/hlthaff.2022.00805