



Behavioral Health Workforce Projections, 2017-2030:

This factsheet presents national-level supply and demand projections for select behavioral occupations from 2017 through 2030 using HRSA's Health Workforce Simulation Model (HWSM). HRSA published workforce projections for similar behavioral health occupations in 2018. The findings presented here reflect updates that were made to the HWSM including newer data on current supply, utilization, and the number and characteristics of new graduates. As such, the workforce projections in this report cannot be directly compared to those made in 2018. More information on the extent of enhancements to the HWSM can be found in the technical documentation.ⁱ

Psychiatrists are physicians who diagnose and treat mental illnesses and substance use disorders through a combination of modalities, including psychotherapy, psychoanalysis, hospitalization, and the use of medication. Psychiatrists must complete a 4-year residency program after medical school, and may also complete additional specialized fellowship training in sub-specialties such as child and adolescent psychiatry. All states require practicing psychiatrists to be licensed.ⁱⁱ

Psychiatric Nurse Practitioners (NPs) earn advanced degrees in psychiatric-mental health nursing, and apply the nursing process to treat individuals or families with psychiatric disorders.ⁱⁱⁱ **Psychiatric Physician Assistants (PAs)** perform psychiatric evaluations and assessments, order and interpret diagnostic studies, establish and manage treatment plans, and order referrals as needed.^{iv} Both professions most often work under the supervision of a psychiatrist or other physician, and may have the authority to prescribe medications. In some states, Psychiatric NPs can work independently from a physician. To become an NP, an individual must obtain a Master's or Doctoral degree in the respective Advanced Practice Nursing occupation and obtain licensure.^v To become a licensed PA, a master's degree from an accredited educational institution is required.

Psychologists (currently in practice) assess, diagnose, and treat mental disorders and learning disabilities, as well as cognitive, behavioral, and emotional problems. These providers help people deal with a range of problems, from short-term personal issues to severe, chronic conditions.^{vi} Psychologists may also be scientists researching these disorders. A doctoral degree is required for clinical and counseling psychologists. All states require psychologists who practice independently be licensed by the jurisdiction in which they practice.^{vii} **Social workers** help people identify and deal with problems in their day-to-day lives.^{viii} 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.^{ix} This report 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, research, planning, or teaching.

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>

Marriage and Family Therapists (MFTs) diagnose and treat behavioral health conditions within the context of marriage and family relationships.^x 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.^{xi}

Addiction counselors provide treatment and support to people who suffer from addiction to alcohol and other drugs, or other behavioral health problems. Licensure and certification requirements for addiction counselors vary by state.^{xii} **Mental health counselors** work with individuals and groups to deal with anxiety, depression, grief, stress, suicidal impulses, and other mental and emotional health issues,^{xiii} and **school counselors** work with students through individual and group counseling sessions to help students address academic, emotional, or social problems.^{xiv} For these professions, there are state mandated licensure or certifications which are required.

METHODS

While the nuances of modeling workforce supply and demand differ for individual health occupations, the basic HWSM framework remains the same across all occupations. For supply modeling, the HWSM's major components include common labor-market factors like unemployment and new entrants to the workforce (e.g., newly trained psychiatrists, social workers, etc.), demographic and geographic characteristics of the existing workforce, and workforce participation decisions (e.g., patterns in retirement and hours worked). The model assumes that current supply patterns for behavioral health professionals remain the same within each demographic group throughout the forecast period and projects forward in one-year increments by aging the existing workforce. Each annual supply estimate becomes the starting point for the subsequent year, with the process repeated through 2030. For demand modeling, the HWSM assumes that demand equals supply in 2017,^{xv} and applies behavioral health utilization patterns across future population demographics. The model provides demand projections under a "status quo" scenario, which assumes the current behavioral health care use and delivery patterns for the selected behavioral health occupations discussed here will remain the same in 2030 as they are in 2017, and only accounts for shifts in their usage from large predictable population changes, such as aging of the population and the associated changes in disease burden and health risk behaviors. Thus, this scenario models whether the nation's future behavioral health workforce will be sufficient to provide a level of care at least as good as 2017 levels, and it does not address inadequacies related to current care levels.

The status quo scenario presented here also does not reflect potential changes in behavioral health care utilization patterns in future years resulting from advancements in care or changes to the U.S. health care system. Quantifying changes to demand due to innovations in behavioral health care delivery models, team-based care, health-seeking behaviors, and other health system-level factors presents many challenges. HRSA will continue incorporating such factors into its future workforce projections as the evidence-base evolves and reliable data sources become available.

FINDINGS AND CONCLUSIONS

Nationally, two of the nine behavioral health occupations estimated in this report (psychiatrists and addiction counselors) are projected to experience shortages in supply by 2030, if there are no changes in behavioral health care utilization from today (*Exhibit 1*). If current supply and utilization patterns for behavioral health professionals remain the same throughout the forecast period, seven occupations (nurse practitioners, physician assistants, psychologists, social workers, marriage and family therapists, mental

health counselors, and school counselors) will be adequate or may potentially experience an oversupply at the national level.

Exhibit 1. Projected Supply and Demand for Behavioral Health Occupations in the U.S., 2017-2030

	Adult Psychiatrists	Child & Adolescent Psychiatrists	Nurse Practitioners	Physician Assistants	Psychologists	Social Workers	Marriage & Family Therapists	Addiction Counselors	Mental Health Counselors	School Counselors
Supply ^a										
Estimated supply, 2017	33,650	8,090	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
<i>New entrants, 2017-2030</i>	10,270	5,000	9,520	1,770	49,400	367,520	39,190	33,300	72,860	158,440
<i>Attrition ^b, 2017-2030</i>	(14,850)	(2,810)	(2,770)	(350)	(29,670)	(82,760)	(18,080)	(28,030)	(45,150)	(52,640)
<i>Change in work patterns ^c</i>	(2,050)	(450)	(300)	(80)	(7,730)	(10,800)	(1,540)	(2,730)	(4,150)	(3,750)
Projected supply, 2030	27,020	9,830	16,900	2,890	103,440	513,370	72,650	93,880	164,320	218,130
Total Growth, 2017-2030	(6,630)	1,740	6,450	1,340	12,000	273,960	19,570	2,540	23,560	102,050
% growth, 2017-2030	-20%	22%	62%	86%	13%	114%	37%	3%	17%	88%
Demand										
Estimated demand, 2017	38,410	9,240	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
Projected demand, 2030 ^d	39,550	9,190	12,050	1,670	95,600	268,750	57,970	105,410	158,850	119,140
Total growth, 2017-2030	1,140	(50)	1,600	120	4,160	29,340	4,890	14,070	18,090	3,060
% growth, 2017-2030	3%	-1%	15%	8%	5%	12%	9%	15%	13%	3%
Adequacy of Supply, 2030										
Total Projected Supply (minus) Demand	(12,530)	640	4,850	1,220	7,840	244,620	14,680	(11,530)	5,470	98,990

Notes: All numbers reflect full time equivalent (FTEs); Numbers presented are rounded to the nearest ten and may not sum due to rounding; Negative numbers are in parenthesis;

^a For all professions except psychiatrists, the model assumes that demand and supply are equal in 2017.

^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.

Between 2017 and 2030, the total supply of all psychiatrists is projected to decline as retirements exceed new entrants. Rapid growth in supply of psychiatric nurse practitioners and psychiatric physician assistants may help blunt the shortfall of psychiatrists, but not fully offset it. In 2030, the supply of these three types of providers will not be sufficient to provide any higher level of care than the national average in 2017, which does not fully meet need.

Further, the results here illustrate that the nation is producing many social workers trained at the master’s level, but there is insufficient information to model the subset of these social workers who become licensed clinical social workers. Still, modeling results suggest that if current trends continue, the overall national supply of social workers will grow rapidly and through 2030 should be more than sufficient to meet demand. However, the role of social workers in care delivery continues to evolve. To the extent that the nation relies greatly on social workers in a patient-centered medical home model that better integrates behavioral health and primary care, the increase in demand for social workers could be substantially higher than the projections in this report. Furthermore, data limitations created challenges to modeling the subset of social workers in the specific role of mental health and substance abuse social workers. Therefore, the analysis models supply and demand for all social workers trained at the master’s degree or higher. This

scope includes health care social workers and social workers in other care delivery settings—most of whom are helping either directly or indirectly to address the psychological needs of patients.

While this report provides a baseline scenario for examining the future national-level adequacy of selected behavioral health occupations, the estimates and projections are based on the primary assumption that there are no changes in the levels of behavioral health care service provision or utilization by 2030. While this provides an answer to the question of what could hypothetically be expected to occur if there are no policy or legislative changes, it can be argued that it is unlikely that there will be no changes to the current behavioral health care landscape over the next 13 years. Further, the baseline assumption that current levels of service are “sufficient” does not address the evidence of high levels of unmet need for behavioral health services.

The U.S. health system continues to evolve to better address behavioral health challenges. Federal and state legislation and programs have been and continue to be implemented to improve mental health parity with other health care, to encourage integrated and team-based care for mental health and substance use treatment, and to break down other barriers. Therefore, these findings can be interpreted as representing a “lower bound” on demand for the behavioral health occupations presented in this report.

ⁱ 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 their health care utilization patterns. For more information on data and methods, please see: bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/technical-documentation-health-workforce-simulation-model.pdf

ⁱⁱ University of Michigan, *Scopes of Practice for Behavioral Health Professionals*. Available from: www.behavioralhealthworkforce.org/practice-data-visualizations Accessed December 2019.

ⁱⁱⁱ American Psychiatric Nurses Association. *Psychiatric-Mental Health Nurses*. 2018. Available from: www.apna.org/i4a/pages/index.cfm?pageID=3292. Accessed December 2019.

^{iv} PhysicianAssistantEDU.org. *How to Become a PA Specialized in Psychiatry/Mental Health*. 2018. Available from: www.physicianassistantedu.org/psychiatry-mental-health/. Accessed December 2019.

^v 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 I: Clinicians*. Available from: bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/hrsa-us-health-workforce-chartbook-part-1-clinicians.pdf Accessed December 2019.

^{vi} American Psychological Association. 2019. *What do Practicing Psychologists Do?* Available from: www.apa.org/helpcenter/about-psychologists Accessed December 2019.

^{vii} University of Michigan, *Scopes of Practice for Behavioral Health Professionals*. Available from: www.behavioralhealthworkforce.org/practice-data-visualizations Accessed December 2019.

^{viii} U.S. Bureau of Labor Statistics. *2018 Occupational Outlook Handbook: Social Workers*. Available from: www.bls.gov/ooh/community-and-social-service/social-workers.htm#tab-1. Accessed December 2019.

^{ix} 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 I: Clinicians*. Available from: bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/hrsa-us-health-workforce-chartbook-part-1-clinicians.pdf Accessed December 2019.

^x American Association of Marriage and Family Therapy (AAMFT). *About Marriage and Family Therapists*. Alexandria, VA: AAMFT. 2018. Available from: www.aamft.org/About_AAMFT/About_Marriage_and_Family_Therapists.aspx Accessed December 2019.

^{xi} University of Michigan, *Scopes of Practice for Behavioral Health Professionals*. Available from: www.behavioralhealthworkforce.org/practice-data-visualizations/ Accessed December 2019.

^{xii} University of Michigan, *Scopes of Practice for Behavioral Health Professionals*. Available from: www.behavioralhealthworkforce.org/practice-data-visualizations/ Accessed December 2019.

^{xiii} U.S. Bureau of Labor Statistics. *2018 Occupational Outlook Handbook: Community and Social Service Occupations*. Available from: www.bls.gov/ooh/community-and-social-service/home.htm Accessed December 2019.

^{xiv} American School Counselor Association. *Role of the School Counselor*. Available from: www.schoolcounselor.org/administrators/role-of-the-school-counselor Accessed December 2019.

^{xv} 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.