



Behavioral Health Workforce Projections, 2016-2030: Mental Health and School Counselors

This factsheet presents national-level supply and demand projections for mental health and school counselors from 2016 through 2030 using HRSA's Health Workforce Simulation Model (HWSM).¹ While the nuances of modeling workforce supply and demand differ for individual health occupations, the basic framework remains the same across provider types. For supply modeling, the major components include: common labor-market factors like unemployment; demographic and geographic characteristics of the existing workforce in a given occupation; new entrants to the workforce (e.g., newly trained counselors); and workforce participation decisions (e.g., patterns in retirement and hours worked). For patient demand modeling, the HWSM assumes that demand equals supply in 2016,² and that the major components of patient demand include population demographics; health care use patterns; and demand for health care services (translated into requirements for full-time equivalents or FTEs).

In terms of limitations, this HWSM assumes that over the period studied, current national patterns of labor supply and service demand remain unchanged within each demographic group. Thus, changes in health care utilization patterns may affect projected demand in future years. Similarly, advances in medicine and technology and shifts in health care delivery models (e.g., team-based care, telemedicine) may also affect the efficiency of service delivery, and consequently, how provider supply is best assessed. These projections do not account for the geographic distribution of providers, which can impact access to care. HRSA will consider incorporating such factors into its future workforce projections as the evidence base evolves.

The following two scenarios are simulated: **Scenario One** assumed supply and demand were in equilibrium in 2016, and **Scenario Two** adjusted current and projected demand based on estimates of unmet need from recent studies. HRSA recognizes the challenges with estimating demand and unmet need for behavioral health services. More information and a detailed explanation of how unmet need was estimated in our workforce model can be found in our technical documentation.³ For school counselors, the adjusted current and projected demand model assumes need using the American School Counselor Association

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>

¹ This model uses a micro-simulation approach where supply is projected based on the simulation of career choices of individual health workers. Demand for health care services is simulated for a representative sample of the current and future U.S. population based on each person's demographic and socioeconomic characteristics, health behavior, and health risk factors that affect health care utilization patterns. For more information on data and methods, please see: <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf>

² The assumption that supply equals demand at baseline is a standard approach in workforce projection modelling. Please refer to: Ono T, Lafortune G, Schoenstein M. "Health workforce planning in OECD countries: a review of 26 projection models from 18 countries." *OECD Health Working Papers*, No. 62. France: OECD Publishing; 2013: 8-11.

³ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Technical Documentation for HRSA's Health Workforce Simulation Model. Rockville, MD: U.S. Department of Health and Human Services, 2018. Available from: <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf>.

recommendation of one counselor per 250 students.⁴

BACKGROUND

Two types of counselors are referred to in this factsheet, both of whom provide behavioral health services: *Mental health counselors*, who work with individuals and groups to deal with anxiety, depression, grief, stress, suicidal impulses, and other mental and emotional health issues,⁵ and *school counselors*, who work with students through individual and group counseling sessions to help students address academic, emotional, or social problems.⁶

For both these professions, there are state mandated licensure or certifications which are required. For mental health counselors, all states require a master’s degree in counseling, 2,000 to 4,000 hours of supervised clinical experience, passing a state-recognized exam, and completing annual continuing education classes. School counselors are certified or licensed professionals who possess a master’s degree or higher in school counseling or a substantial equivalent, meet state certification/licensure standards and abide by the laws of the states in which they are employed.⁷ School counselors are further required to complete a practicum and internship supervised by a certified school counselor in a school setting.

FINDINGS FOR MENTAL HEALTH COUNSELORS

At the national level, the supply of mental health counselors is projected to increase by 13 percent between 2016 and 2030 (*Exhibit 1*), reflecting growth over the past decade in the annual number of new mental health counselors trained.

Exhibit 1. Estimated Supply of and Demand for Mental Health Counselors in the United States, 2016-2030

	Scenario One (Assumes equilibrium)	Scenario Two (Assumes unmet need)
Supply		
Estimated supply, 2016	140,400	140,400
Estimated supply growth, 2016-2030:	18,920 (13%)	18,920 (13%)
<i>New entrants</i>	73,530	73,530
<i>Attrition</i> ^a	-55,900	-55,900
<i>Change in average work hours</i> ^b	1,290	1,290
Projected supply, 2030	159,320	159,320
Demand		
Estimated demand, 2016	140,400	168,490
Estimated demand growth, 2016-2030 ^c :	25,790 (18%)	30,970 (18%)
Projected demand, 2030	166,190	199,460
Total Projected Supply (minus) Demand ^d	-6,870	-40,140

Notes: All numbers reflect full time equivalents. Numbers may not sum to totals due to rounding.

^a Includes retirements and mortality.

^b For example, changes from full-time to part-time hours, or vice versa.

^c Demand growth reflects changing demographics.

^d The demand for mental health counselors may lag behind supply due to projection models’ use of current utilization patterns as the basis for future projections. This pattern of utilization may be due to lack of access to behavioral health care.

⁴ American School Counselor Association (ASCA). Student-to-School-Counselor Ratios [Internet]. ASCA, 2018. Available from: <https://www.schoolcounselor.org/press>.

⁵ U.S. Bureau of Labor Statistics. Occupational Outlook Handbook: Community and Social Service Occupations [Internet]. 2018. Available from: <https://www.bls.gov/ooh/community-and-social-service/home.htm>

⁶ American School Counselor Association. The Role of the Professional School Counselor [Internet]. ASCA; 2018. Available from: <https://www.schoolcounselor.org/administrators/role-of-the-school-counselor>

⁷ University of Michigan, Scopes of Practice for Behavioral Health Professionals. Accessed at: <http://www.behavioralhealthworkforce.org/practice-data-visualizations/> accessed July 27th, 2018.

Under Scenario One, the demand for mental health counselors is expected to increase by 18 percent by 2030 although demand will exceed supply, suggesting a deficit of mental health counselors of approximately 6,870 full-time equivalents (FTEs). Under Scenario Two, which adjusts for the 20 percent of the population reporting unmet behavioral health needs due to barriers in receiving care, demand is projected to exceed supply by approximately 25 percent to 199,460 FTEs, resulting in a greater deficit.

FINDINGS FOR SCHOOL COUNSELORS

Nationally, the U.S. is producing a relatively large number of school counselors. The supply of school counselors is projected to increase by 101 percent between 2016 and 2030 (*Exhibit 2*), reflecting growth over the past decade in the annual number of new school counselors trained. Under Scenario One, the demand for school counselors is expected to increase by 3 percent by 2030 although supply will exceed demand, suggesting a surplus of school counselors of approximately 105,290 FTEs. Under Scenario Two, which adjusts for the American School Counselor Association recommendation of one counselor per 250 students, supply is projected to exceed demand by approximately 1 percent to 215,610 FTEs, resulting in a modest surplus.

Exhibit 2. Estimated Supply of and Demand for School Counselors in the United States, 2016-2030

	Scenario One (Assumes equilibrium)	Scenario Two (Assumes unmet need)
Supply		
Estimated supply, 2016	108,130	108,130
Estimated supply growth, 2016-2030:	108,980 (101%)	108,980 (101%)
<i>New entrants</i>	158,340	158,340
<i>Attrition</i> ^a	-53,690	-53,690
<i>Change in average work hours</i> ^b	4,330	4,330
Projected supply, 2030	217,110	217,110
Demand		
Estimated demand, 2016	108,130	208,480
Estimated demand growth, 2016-2030 ^c :	3,690 (3%)	7,130 (3%)
Projected demand, 2030	111,820	215,610
Total Projected Supply (minus) Demand	105,290	1,500

Notes: All numbers reflect full time equivalents. Numbers may not sum to totals due to rounding.

^a Includes retirements and mortality.

^b For example, changes from full-time to part-time hours, or vice versa.

^c Demand growth reflects changing demographics.