# Behavioral Health Workforce Projections, 2016-2030:
## Psychiatric Technicians, Psychiatric Aides

This factsheet presents national-level supply and demand projections for psychiatric technicians and aides 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., new psychiatric technicians); 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.

This factsheet does not provide projections for the future supply of these occupations. Forecasting supply is uniquely challenging for these providers because their future supply numbers will depend on the competitiveness of wages, benefits and workplace characteristics associated with these occupations, as well as on fundamental workforce supply determinants (e.g. number of new entrants to these occupations). Broad labor market and economic factors that affect workers' choices cannot be estimated using the current HWSM, but future model improvements may support these types of analyses.

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

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[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.

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]

## BACKGROUND

Working under the direction of a physician, nurse, or other behavioral health professional, psychiatric aides assist individuals afflicted by behavioral illness.[4]  In this role, psychiatric aides may help patients with activities of daily living, including bathing, dressing, and eating.  Psychiatric aides may also escort patients to and from medical appointments and coordinate educational and recreational programs for patients.  Psychiatric technicians provide similar services, as well as assist with monitoring patients and administering certain treatments.[5]  Both psychiatric technicians and aides may work in hospitals, residential care facilities, and skilled nursing facilities. The required education for nursing, psychiatric, and home health aides is less than high school, a high school diploma or equivalent, or a post-secondary non-degree award.[6]

## FINDINGS

In 2016, the national supplies of psychiatric technicians and psychiatric aides are estimated to be 61,720 FTEs and 67,410 FTEs, respectively (*Exhibit 1, Exhibit 2*).  Under Scenario One, demand for psychiatric technicians is estimated to grow from 61,720 FTEs to 69,730 FTEs (13 percent), while demand for psychiatric aides is estimated to grow from 67,410 FTEs to 78,180 FTEs (16 percent).  Under Scenario Two, which adjusts for the approximately 20 percent of the population reporting unmet behavioral health needs due to barriers in receiving care, demand for psychiatric technicians and aides is also projected to increase 13 percent and 16 percent, respectively.  These estimates do not capture regional mal-distributions in the supply of psychiatric technicians and aides that may be present at baseline.

*Exhibit 1. Estimated Supply of and Demand for Psychiatric Technicians in the United States, 2016-2030*

|  | Scenario One (Assumes equilibrium) | Scenario Two (Assumes unmet need) |
|---|---|---|
| *Supply* | | |
| Estimated supply, 2016 | 61,720 | 61,720 |
| *Demand* | | |
| Estimated demand, 2016 | 61,720 | 74,060 |
| Estimated demand growth, 2016-2030 [a] | 8,010 | 9,620 |
| Projected demand, 2030 | 69,730 (13%) | 83,680 (13%) |

Note: All numbers reflect full-time equivalents (FTEs).  Numbers may not sum to totals due to rounding.
[a] Demand growth reflects changing demographics.

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[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.
[4] U.S. Bureau of Labor Statistics. Occupational Outlook Handbook: Psychiatric Technicians and Aides. 2018.  Available from: https://www.bls.gov/ooh/healthcare/psychiatric-technicians-and-aides.htm.
[5] American Association of Psychiatric Technicians.  What is a Psychiatric Technician? 2017.  Available from:  https://psychtechs.org/about-psychiatric-technicians/.
[6] 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 III Available from:  https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/chartbook3.pdf

*Exhibit 2. Estimated Supply of and Demand for Psychiatric Aides in the United States, 2016-2030*

| | Scenario One (Assumes equilibrium) | Scenario Two (Assumes unmet need) |
|---|---|---|
| *Supply* | | |
| Estimated supply, 2016 | 67,410 | 67,410 |
| *Demand* | | |
| Estimated demand, 2016 | 67,410 | 80,890 |
| Estimated demand growth, 2016-2030 [a] | 10,770 | 12,930 |
| Projected demand, 2030 | 78,180 (16%) | 93,820 (16%) |

Note: All numbers reflect full-time equivalents (FTEs).  Numbers may not sum to totals due to rounding.
[a] Demand growth reflects changing demographics.