

The Behavioral Health Workforce: Supply, Demand, Challenges, and Opportunities



**SCHOOL OF PUBLIC HEALTH
BEHAVIORAL HEALTH WORKFORCE
RESEARCH CENTER**
UNIVERSITY OF MICHIGAN

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“A Workforce Crisis”

- **Increased demand for behavioral health services**
- **Too few workers**
- **Poorly distributed workforce**
- **Need for additional training**
- **Increased emphasis on integrated care and treatment of co-occurring disorders**
- **Lack of systematic workforce data collection**



Behavioral Health Occupations

Licensed professionals

- Psychiatrists
- Psychologists
- Marriage and family therapists
- Social workers
- Licensed professional counselors
- Psychiatric nurse practitioners

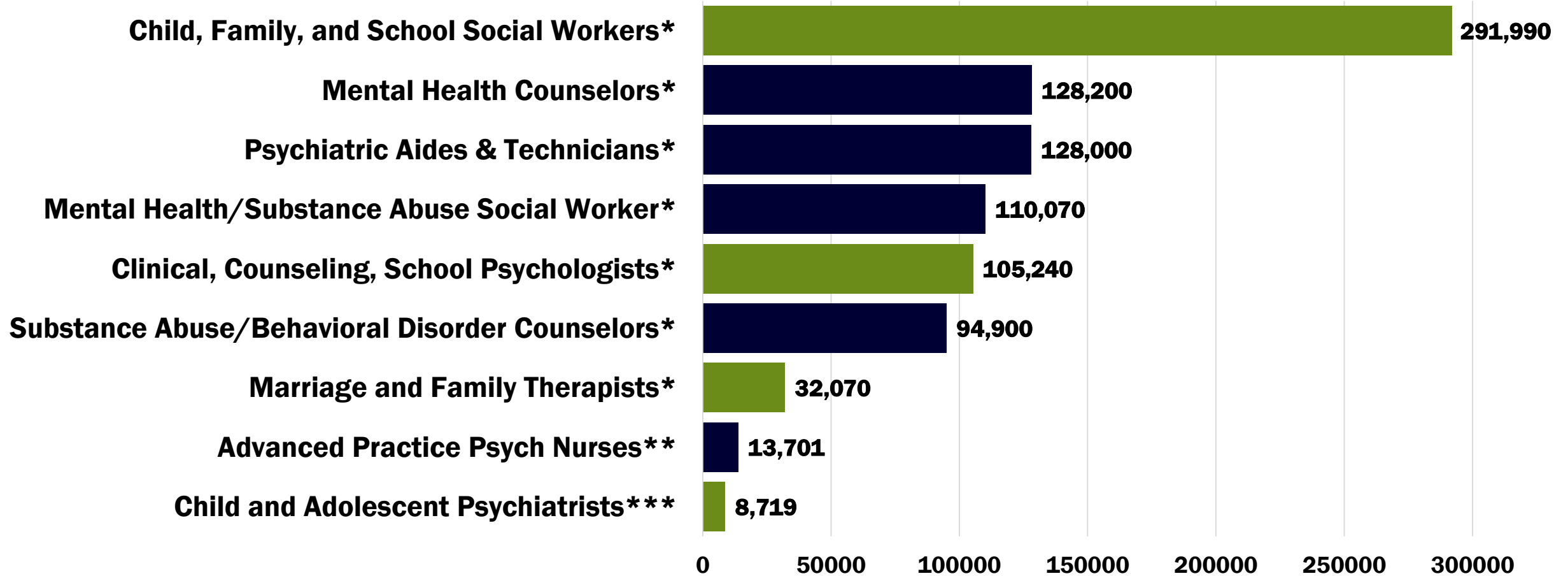
Certified professionals

- Addiction counselors
- Peer providers
- Psychiatric rehabilitation specialists
- Psychiatric aide/technicians
- Case managers

Primary care providers



Behavioral Health Workforce Supply



Total: 912,890; Child/Family Focus: 437,929

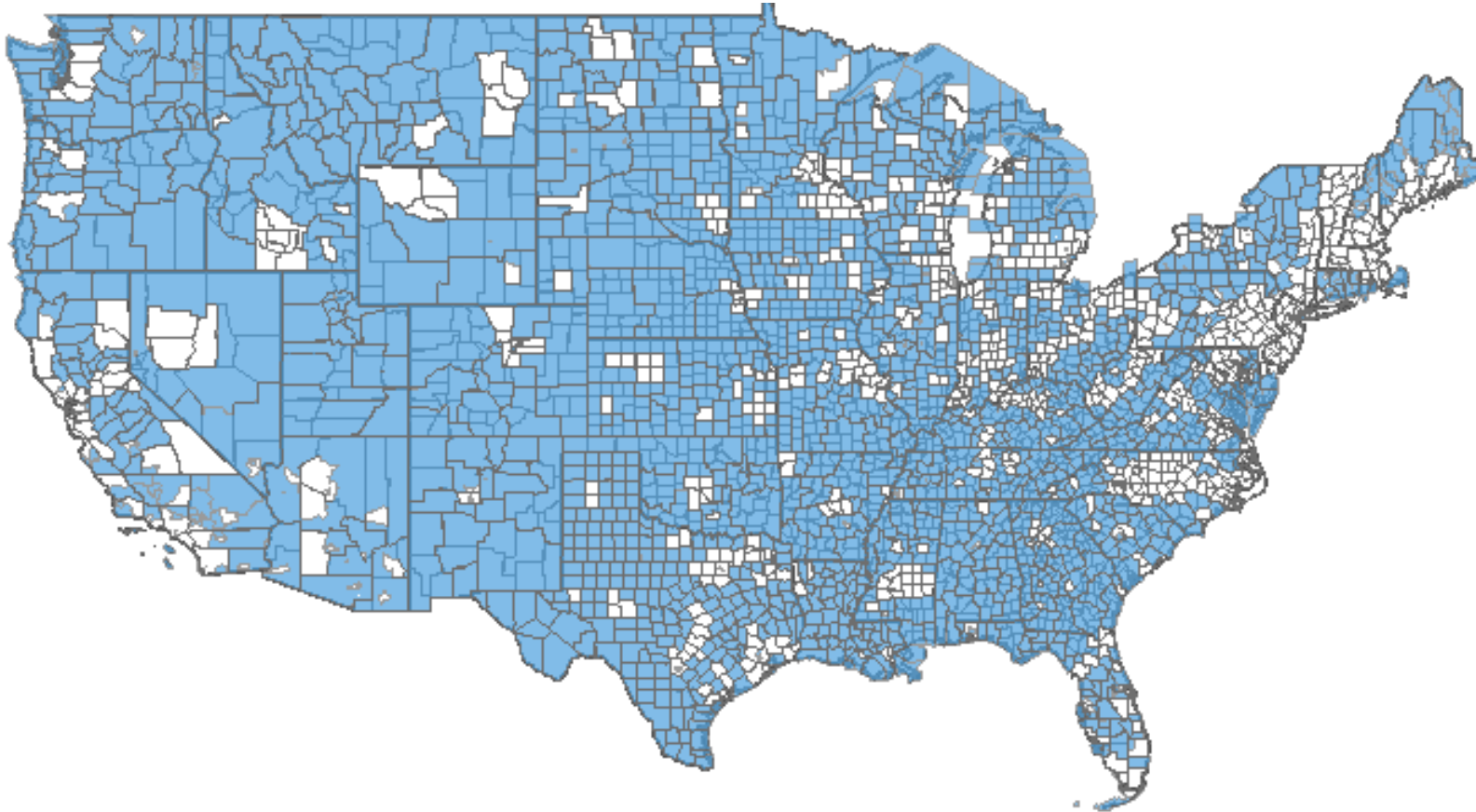
*Bureau of Labor Statistics, 2015

**SAMHSA, 2012

***AACAP, 2015



Maldistribution of Workforce Limits Access



- **4,000 mental health Health Profession Shortage Areas (HPSAs); approximately 2,800 psychiatrists are needed to address the shortage**
- **Increase from 2012: 3,669 mental health HPSAs, 1,846 psychiatrists needed**
- **55% of U.S. counties (rural) have no practicing psychiatrists, psychologists, or social workers**

Sources: HRSA Data Warehouse, 2016; SAMHSA, 2012



Assessment of Need

Mental, emotional, behavioral disorders in youth are estimated to cost \$247B annually¹

Youth mental health concerns have increased over time.³ In 2014:

- **11% experienced at least one major depressive episode (MDE) in the past year**
- **8% experienced MDE with severe impairment**

Reported youth substance use is decreasing over time, however:³

- **5% report having a substance use or alcohol problem**
- **9% reported using illicit drugs in past month**

Workforce shortage estimates are generally based on utilization and unmet need

- **63% of youth with severe major depression did not receive mental health treatment³**
- **Co-occurring disorders are increasing in prevalence**
- **Have better data for adults than youth**

The 9.6% of child Medicaid patients who use BH services account for 38% of child Medicaid expenditures²

¹O'Connell, Boat, and Warner, 2009

²Pires et al, 2013

³SAMHSA National Survey on Drug Use and Health, 2014

Behavioral Health Workforce Projections: 2025

Occupation	Supply	Demand	Difference
Psychiatrists	45,210	60,610	-15,400
BH NPs	12,960	10,160	2,800
BH PAs	1,800	1,690	110
Clinical, Couns, School Psych	188,930	246,420	-57,490
SA/BD Counselors	105,970	122,510	-16,540
MH Counselors	145,700	172,630	-26,930
School Counselors	243,450	321,500	-78,050
MH/SA Social Workers	109,220	157,760	-48,540
MFTs	29,780	40,250	-10,470
TOTAL	883,020	1,133,530	-250,510

National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025

September 2016

U.S. Department of Health and Human Services

Health Resources and Services Administration

Bureau of Health Workforce

National Center for Health Workforce Analysis



<https://bhw.hrsa.gov/health-workforce-analysis/research/projections>



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Workforce Development Challenges and Opportunities

- **Recruitment and retention of workers**
 - **High turnover**
 - **Aging workforce**
 - **Need recruitment into rural areas**
- **Ensuring a diverse workforce**
- **More specialized training needed for serving special populations**
- **Scopes of practice both enhance and limit workforce capacity**



Thank You

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