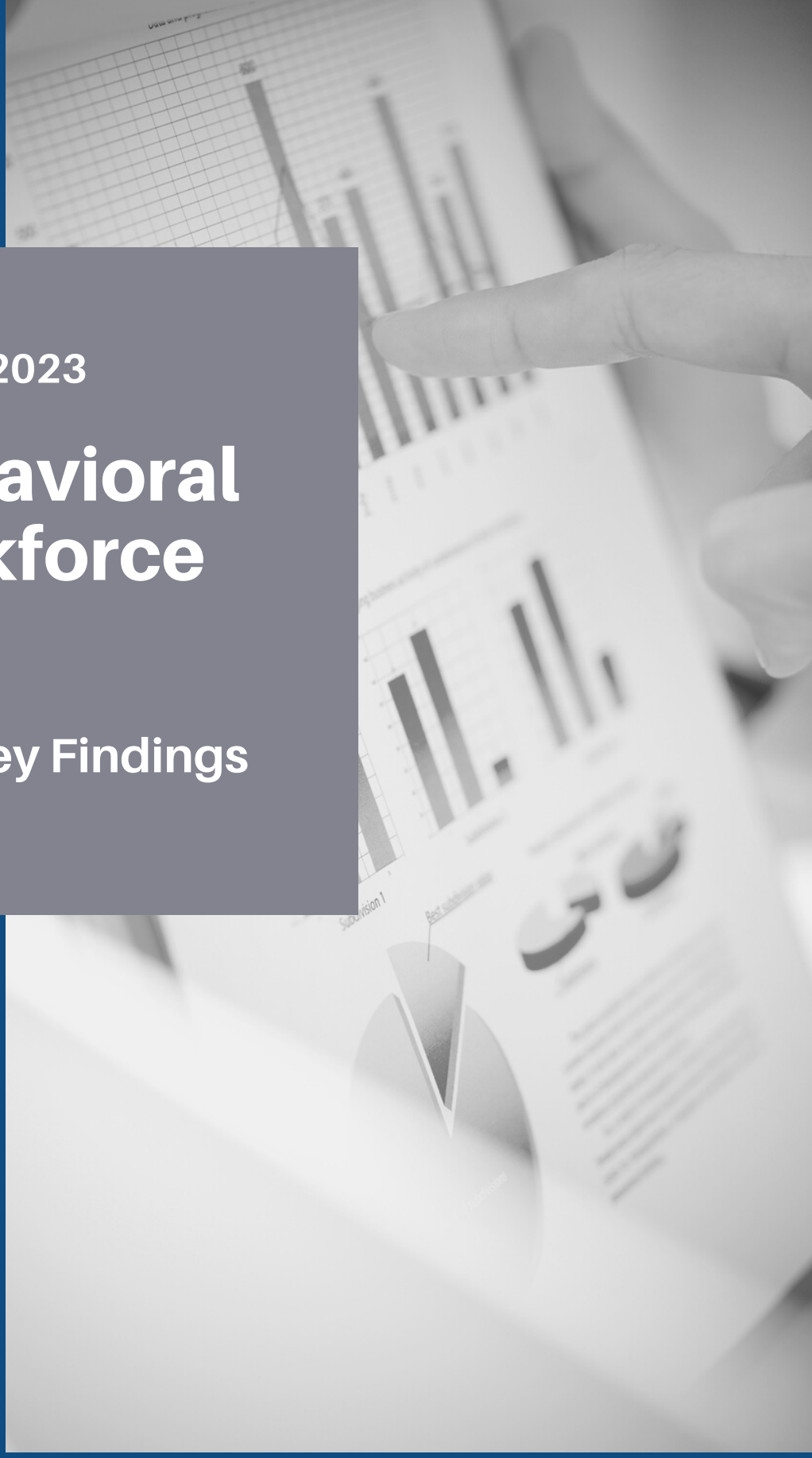

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Clinical Behavioral Health Workforce Survey:

Initial Analyses & Key Findings

Fitzhugh Mullan Institute for Health Workforce Equity
THE GEORGE WASHINGTON UNIVERSITY

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Clinical Behavioral Health Workforce Survey

Initial Analyses & Key Findings

The urgent need to prevent and treat substance use disorder and mental illness in the United States demands an increased focus on the distribution and adequacy of the workforce offering behavioral health (BH) services. The George Washington University Fitzhugh Mullan Institute for Health Workforce Equity was awarded a 3-year grant from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) to build a national database on the mental health (MH) and substance use disorder (SUD) workforce and provide analysis on the extent to which efforts are needed to expand the MH/SUD workforce.

As part of this project, the Mullan Institute research team conducted surveys of behavioral health workers and employers in late 2021. The Clinical Behavioral Health Workforce Survey included licensed behavioral health providers (counselors, marriage & family therapists, psychologists, and social workers), and the Behavioral Health Workforce Employer Survey included representatives of behavioral health provider organizations identified through a membership list from the National Council for Mental Wellbeing. This report describes the findings of the Clinical Behavioral Health Workforce Survey.

Executive Summary

The Clinical Behavioral Health Workforce Survey was emailed to a random sample of 4,802 psychologists, counselors, social workers, and marriage and family therapists in states where licensure files included email addresses (response rate 26.9%). Three out of four respondents were female (76.0%), and the median age was 46. The vast majority (83.4%) identified their race/ethnicity as White, approximately one out of ten Black or African American (9.8%) followed by Hispanic or Latino (3.2%) and <3.0% in other race/ethnicity categories (Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, other).

Nearly 90% of survey respondents indicated that they currently provided behavioral health services in a role that required a professional license (vs. working in other behavioral health roles, working in other fields, or being out of practice). Nearly half (47.1%) reported working in private practice settings. The next largest group (7.9%) reported working in community mental health centers or clinics, with smaller groups reporting a wide range of settings, from physicians' offices to government agencies to schools.

Among survey respondents who indicated the specific populations they worked with, the most frequently named populations included LGBTQ individuals (41.2%), individuals with low socioeconomic status (40.9%), individuals with justice system involvement (22.5%), Veterans (21.3%), and pregnant/postpartum people (20.5%).

Among all respondents, 26.6% indicated they did not accept insurance. Less than half of all respondents accepted Medicaid (44.9%), whereas over half (59.5%) accepted commercial insurance. In 2020, the median income category across all professions was $70,000 to $84,999. Psychologists had the highest salaries (median $85,000 to $99,999) compared to all other licenses (median $55,000 to $69,999.)

Nearly all respondents (91.0%) reported being satisfied or very satisfied with their careers across all license types. However, one-third (33.8%) of respondents indicated at least a moderate level of burnout, with 7.8% reporting severe burnout.

Methods

The Clinical Behavioral Health Workforce Survey was conducted by the Mullan Institute research team from September to November 2021.

To reach the broadest possible range of licensed behavioral health providers, the research team selected a random sample of providers selected from all state licensure files where email addresses are included with the data. The list of state licensure rosters included:

- Licensed professional counselors: 7 states (FL, KS, LA, MI, NC, OH, UT)
- Licensed marriage and family therapists: 7 states (FL, KS, LA, MI, NC, OH, UT)
- Licensed psychologists: 9 states (DC, KS, MI, MN, NC, OH, OK, UT, WV)
- Licensed clinical social workers: 10 states (AR, FL, KS, LA, MN, NC, OH, OK, OR, UT)

A random selection of 1,250 providers was selected for each license type. The email addresses in state licensure data were invalid for 198 selected providers. Therefore, 4,802 licensed clinical behavioral health providers were invited to participate in the electronic survey we conducted via Qualtrics. The survey was administered using the Dillman approach of an initial survey mailing, followed by up to three reminders with links to the survey. Survey domains included respondent demographics, licensure and training, practice characteristics (setting, populations served, services provided), employment arrangements and compensation, and job satisfaction and burnout. All respondents who completed the survey received a $50 gift card. The survey was cleared through the Office of Management and Budget (OMB) and approved by the GW Office of Human Research.

To understand overall correlations between licensure data and active practice status, we also used online searches to examine whether providers in the full list of potential survey respondents were listed as providers on clinic websites or had an online Yelp, Google, or similar patient review dated within the past six months. We cross-tabulated active practice status as determined through the search process with survey respondents' reported active practice status.

Licensure data is only from certain states because of data limitations, so the results may not be nationally representative.

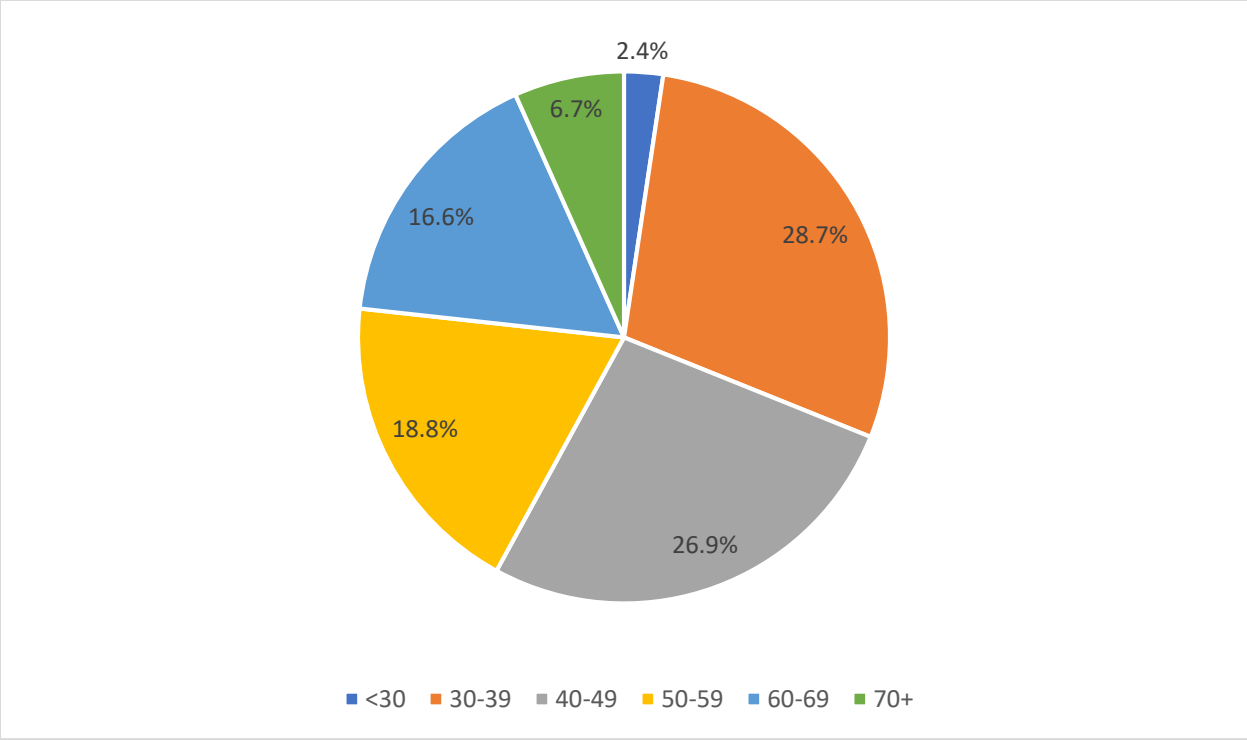
Results

The survey received 1290 responses (26.9% response rate). We conducted a descriptive data analysis, including overall descriptive statistics and comparisons by licensure category. The results of these analyses are reported below.

Demographics

Survey respondents ranged in age from 22 years to 89 years. Their overall mean age was 48 years old, and the median age was 46 years old. The age distribution of all respondents in 10-year age categories is shown in Figure 1.

Figure 1: Age Distribution of Survey Respondents



More than 3 of 4 respondents (76.0%) identified themselves as female. Another 22.1% identified themselves as male, with the remainder choosing to self-describe or declining the question. Most respondents (86.3%) identified their sexual orientation as heterosexual/straight, while a few identified as bisexual (5.3%), gay or lesbian (3.5%), or other identities (or declined to answer).

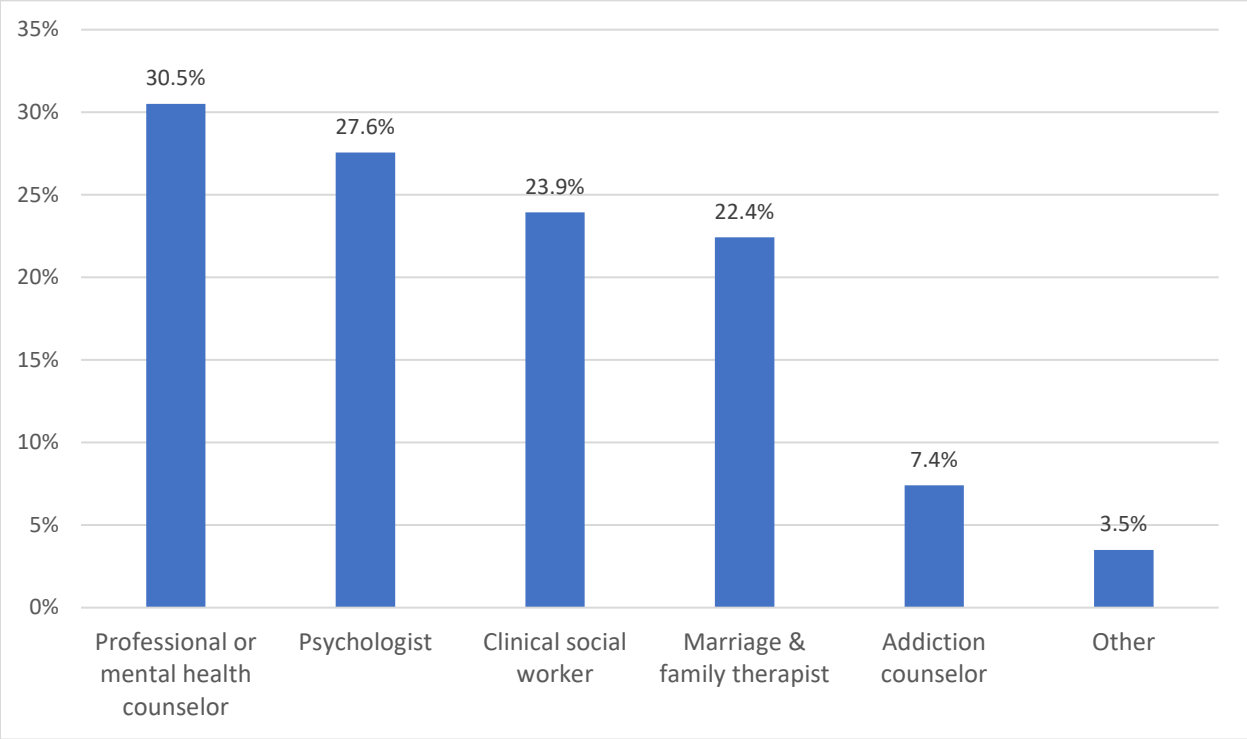
Most respondents (83.4%) identified their race/ethnicity as White.[1] The next largest race/ethnicity category was Black or African American (9.8%), followed by Hispanic or Latino (3.2%). Fewer than 3% of respondents identified themselves as being in other race/ethnicity categories (Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, other).

[1] Race/ethnicity was asked as a "check all that apply" question, so participants could indicate more than one category.

Licensure & Training

Among survey respondents who indicated which behavioral license(s) they held, most (85.8%) reported having a single license. Smaller groups had two licenses (13.1%) or three licenses (1.1%). The distribution of license categories among all respondents is shown in Figure 2.

Figure 2: Behavioral Health License Types of Survey Respondents



A small number of respondents (9.7%) indicated that they held additional certifications in substance use disorder counseling in addition to their behavioral health licenses. The most frequently named certifications included CAADC (Certified Advanced Alcohol and Drug Counselor), LCAS (Licensed Clinical Addiction Specialist), and MAC (Master Addictions Counselor).

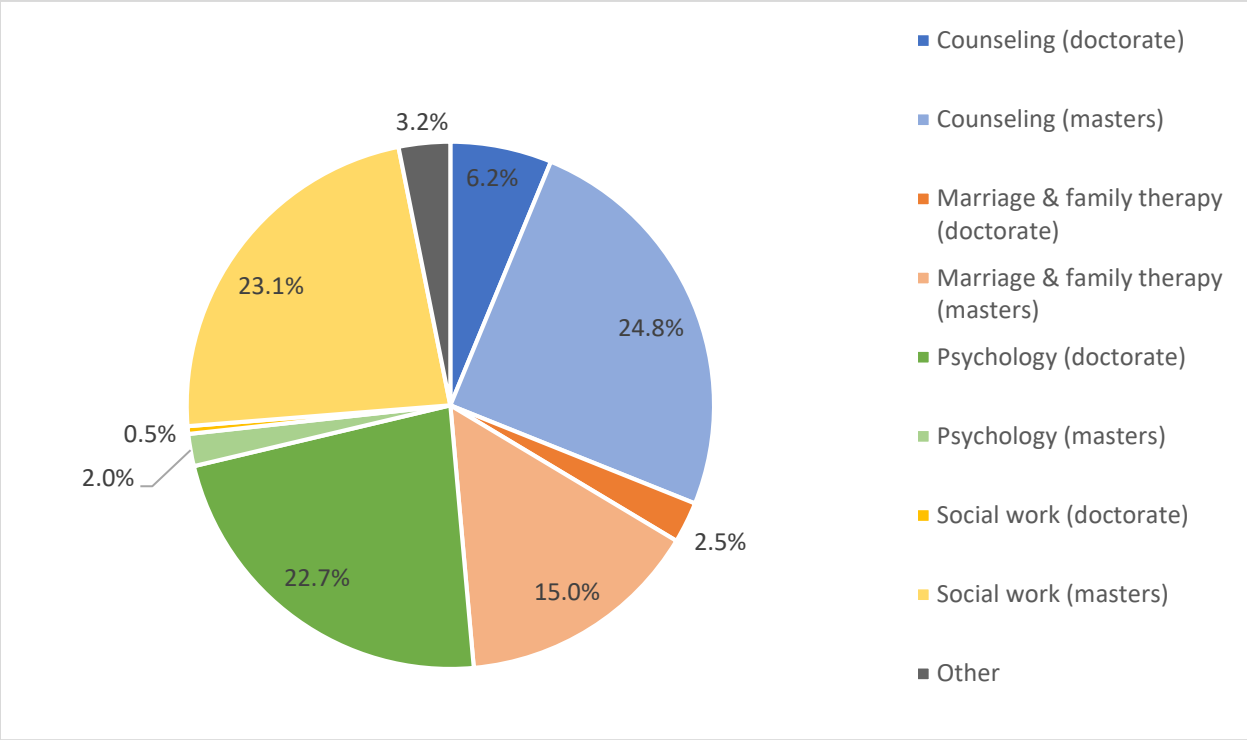
When asked in which states they held current license(s), collectively, survey respondents reported being licensed in all states and territories except two states (Montana and South Dakota) and three territories (American Samoa, Guam, and Puerto Rico). Most respondents (77.1%) reported being licensed in a single state. An additional 17.8% reported being licensed in two states, and the remaining 5.1% reported being licensed in three or more states. The most frequently represented states included North Carolina (33.5% of respondents), Kansas (11.7%), Ohio (10.5%), Louisiana (8.6%), Michigan (8.0%), Minnesota (7.8%) and Utah (7.4%).

The distribution of behavioral health degrees represented among survey respondents is shown in Figure 3. The most frequently reported degrees overall were masters in counseling (24.8% of respondents), master of social work (23.1%), doctor of psychology (22.7%), and masters in marriage & family therapy

(15.0%). Overall, the largest group reported holding a master's or doctorate in counseling (31.1%), followed by psychology (24.7%), social work (23.6%), and marriage & family therapy (17.5%).

When we compared the states where survey respondents reported receiving their training with where they were being licensed or practicing, slightly more than half of those who responded to both questions reported being licensed (55.8%) and practicing (51.2%) in the same state where they completed their training.

Figure 3: Behavioral Health Degrees of Survey Respondents



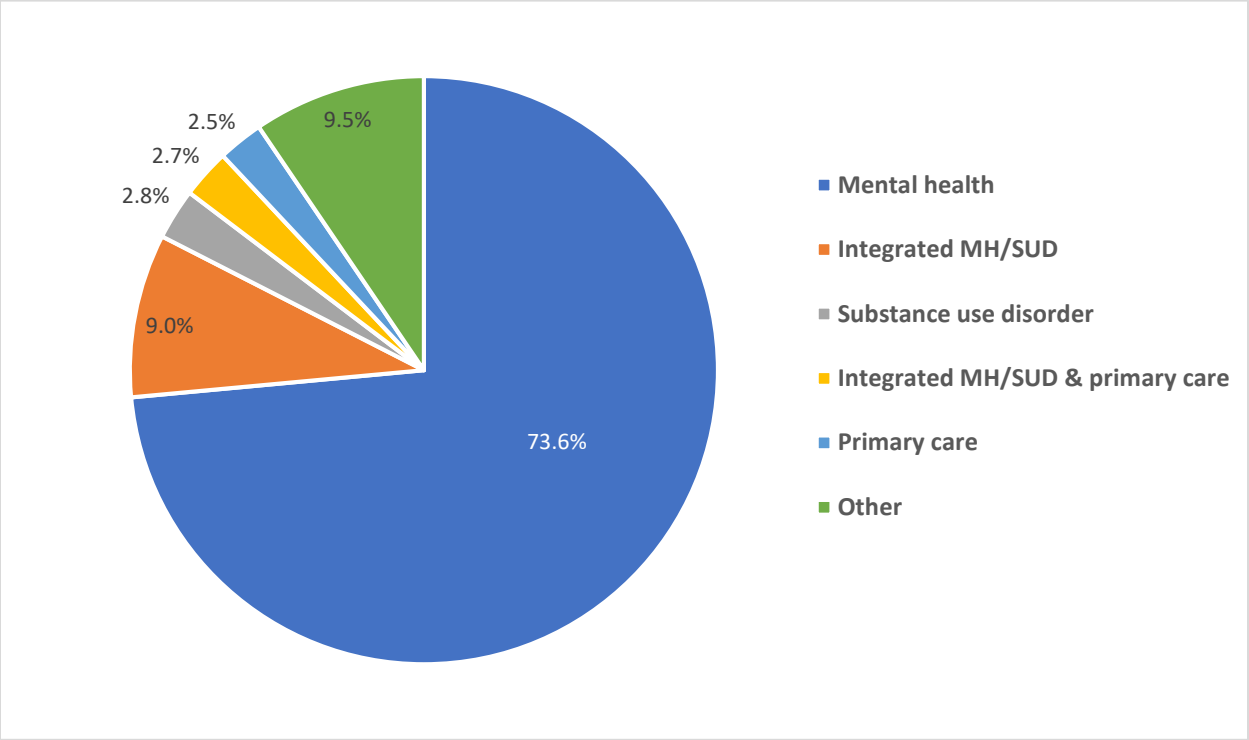
While master's degrees were more prevalent than doctorate degrees for respondents trained in counseling (79.9% vs. 20.1%), marriage & family therapy (85.6% vs. 14.4%), and social work (98.0% vs. 2.0%), respondents trained in psychology were much more likely to hold doctorate degrees (92.0%) rather than masters degrees (8.0%). Other degrees named by respondents included master's and doctorate in education, family science, nursing, and ministry. Degree years ranged from 1966 to 2021; most respondents (71.5%) indicated they had earned their degrees since 2000.

Practice Characteristics

Nearly 90% of survey respondents indicated that they provided behavioral health services in a role that required a professional license (vs. working in other behavioral health roles, working in different fields, or being out of practice). Among those who did not, slightly fewer than half (45.4%) indicated that they worked in other behavioral health roles that did not require a license—either seeing clients or in other capacities.

Most respondents working in licensed roles (73.6%) reported working in primary practice locations that focused on mental health treatment (vs. other types of treatment). Another 9.0% reported working in integrated mental health and substance use-focused settings. Smaller groups (2-3% each) reported working in substance use-focused practices, primary care or integrated MH/SUD and primary care practices, and 9.5% reported working in practices focused on other treatment areas, including eating disorder programs, geriatric care, and in behavioral health roles integrated with other types of medical services (e.g., oncology, obstetrics/gynecology, chronic disease support).

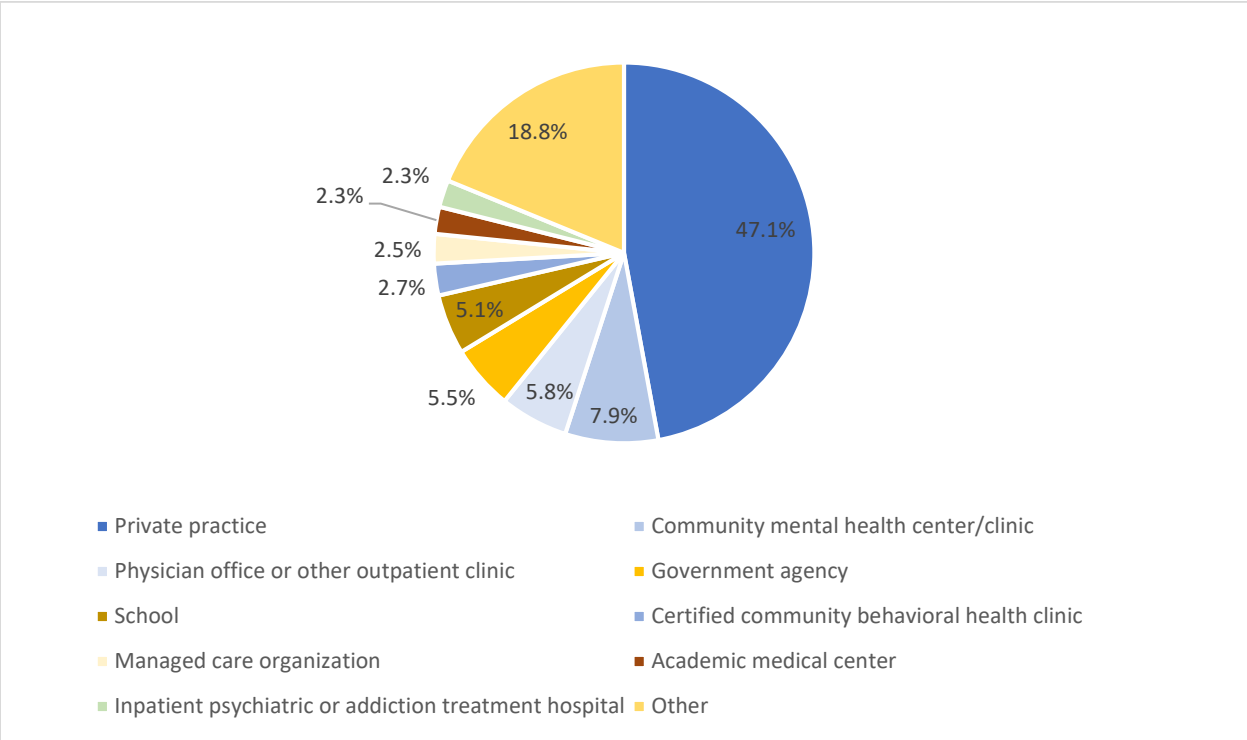
Figure 4: Treatment Focus of Survey Respondents' Primary Practice Locations



When asked to describe the primary practice settings where they worked, the largest group of respondents (47.1%) reported working in private practice settings. The next largest group (7.9%) reported working in community mental health centers or clinics, with smaller groups reporting a wide range of settings, from physicians' offices to government agencies to schools. The distribution of settings is shown in Figure 5 (with every setting with over 2% representation shown and others consolidated under "other"). Sections shaded in **blue** represent outpatient settings.

Respondents with marriage & family therapy licenses were most likely to report working in private practice (62.9%), and those with social work licenses were least likely (33.6%). Respondents with counseling licenses were most likely to report working in community mental health centers or clinics (11.2%).

Figure 5: Practice Settings of Survey Respondents

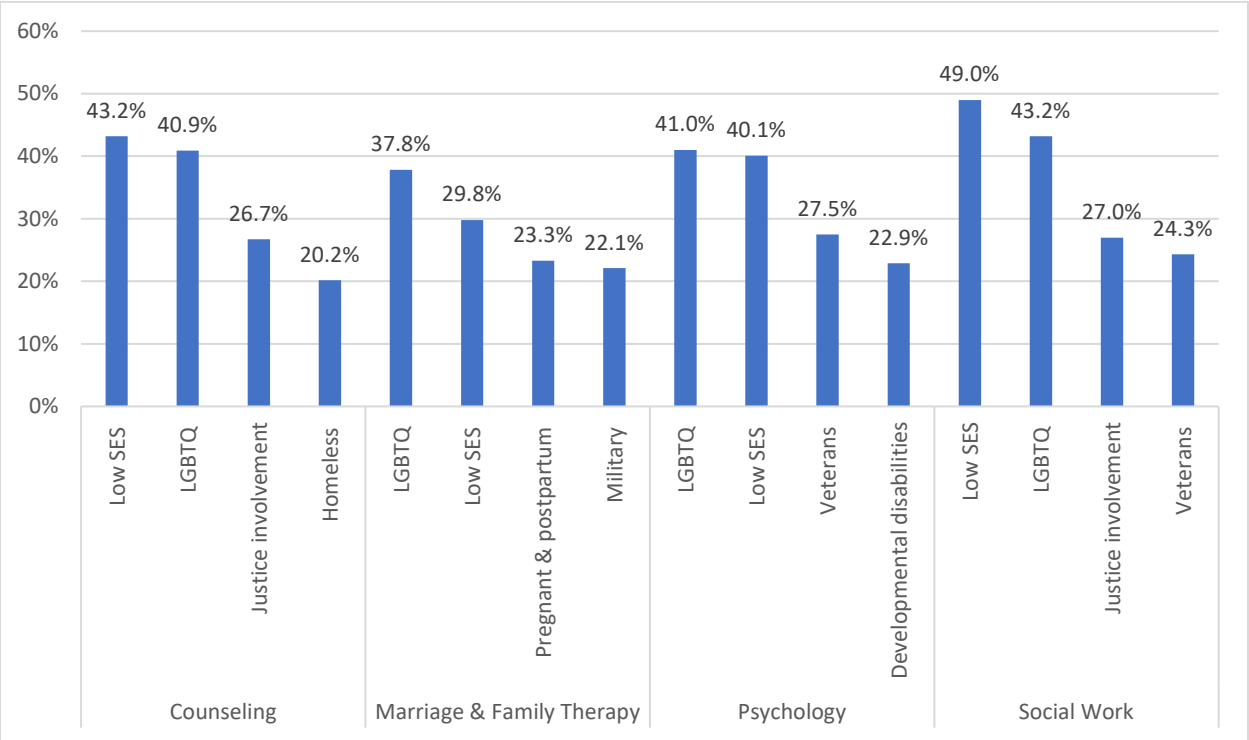


Among respondents who reported how many behavioral health clients they saw per week, all licensure groups reported seeing a median of 20 clients per week. Across all licensure groups, respondents reported working a median of 36 hours per week. Respondents with social work licenses had the highest median work hours per week (38), and respondents with marriage & family therapy licenses had the lowest (31).

Among survey respondents who indicated the specific populations they worked with, the most frequently named populations included:

- LGBTQ individuals (41.2%)
- Individuals with low socioeconomic status (40.9%)
- Individuals with justice system involvement (22.5%)
- Veterans (21.3%)
- Pregnant/postpartum people (20.4%)

Figure 6: Survey Respondent Most Frequently Served Special Populations by License Type



There were a few notable differences when comparing the most frequently served special populations by license types, as shown in Figure 6. While all license groups listed LGBTQ individuals and individuals with low socioeconomic status (SES) among their top special populations, the following populations were only on the lists for certain license types:

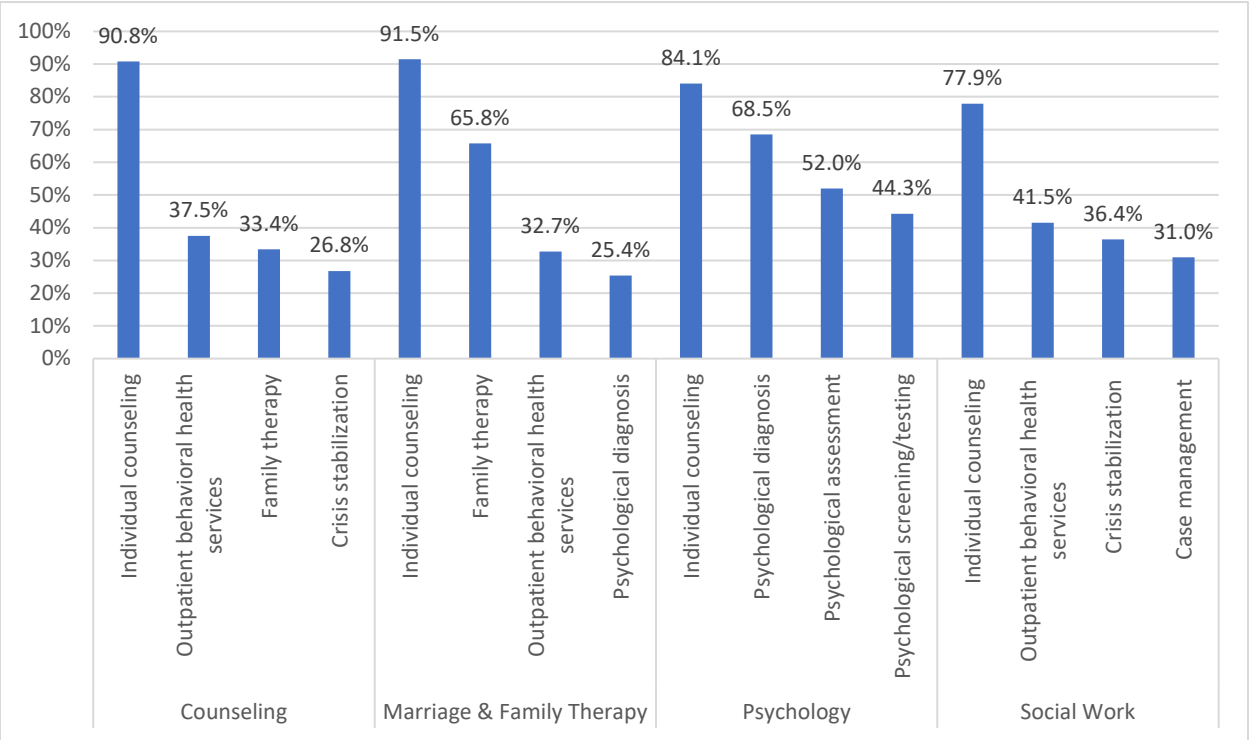
- Individuals experiencing homelessness (counseling)
- Individuals with developmental disabilities (psychology)
- Individuals with justice involvement (counseling and social work)
- Military members & families (marriage & family therapy)
- Pregnant & postpartum people (marriage & family therapy)
- Veterans (psychology and social work)

Among survey respondents who indicated which behavioral health services they provided, the most frequently named services were:

- Individual counseling (85.9%)
- Outpatient behavioral health services (38.3%)
- Psychological diagnosis (36.2%)
- Family therapy (35.2%)
- Psychological assessment (29.5%)
- Crisis stabilization (26.5%)

When comparing by license type, as shown in Figure 7, individual counseling was the most frequently provided service for all license types—and was provided by more than 3 of 4 respondents with all types of licenses (from 77.8% of social workers to 91.5% of marriage & family therapists). Beyond this, services varied by license type: psychologists were more likely to provide various psychological diagnosis and assessment services. In contrast, other license types were more likely to offer other types of outpatient behavioral health services and family therapy. Respondents with counseling and social work licenses were most likely to indicate providing crisis stabilization services, and social workers were most likely to indicate providing case management services.

Figure 7: Survey Respondent Most Frequently Provided Services by License Type



Among respondents who saw behavioral health clients, the most frequently accepted insurance types were:

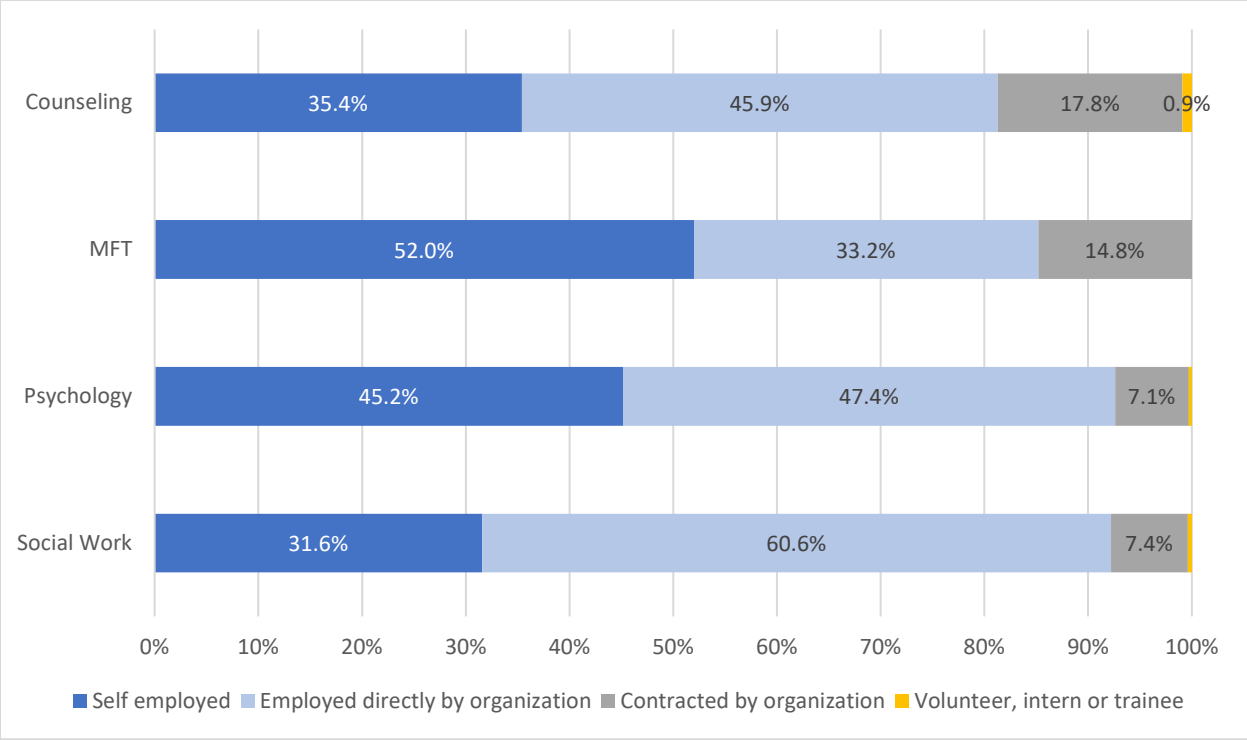
- Commercial insurance (59.5%)
- Medicaid (44.9%)
- TRICARE (28.0%)
- Medicare (27.7%)

Among all respondents, 26.6% indicated they did not accept insurance. Less than half of all counselors and therapists surveyed accepted Medicaid (44.9%), whereas over half (59.5%) accepted commercial insurance. Respondents with marriage & family therapy licenses were most likely to report not accepting insurance (28.0%), and respondents with social work licenses were least likely (19.3%).

Employment Arrangements & Compensation

When asked to indicate their employment arrangements, nearly half (47.7%) of respondents reported they were employed directly by organizations. Another 40.0% were self-employed, and 11.9% were contractors. Respondents with clinical social work licenses were most likely to be employed directly by organizations (60.6%), while respondents with marriage & family therapy licenses were most likely to be self-employed (52.0%). Respondents with counseling licenses were most likely to be contractors (17.8%).

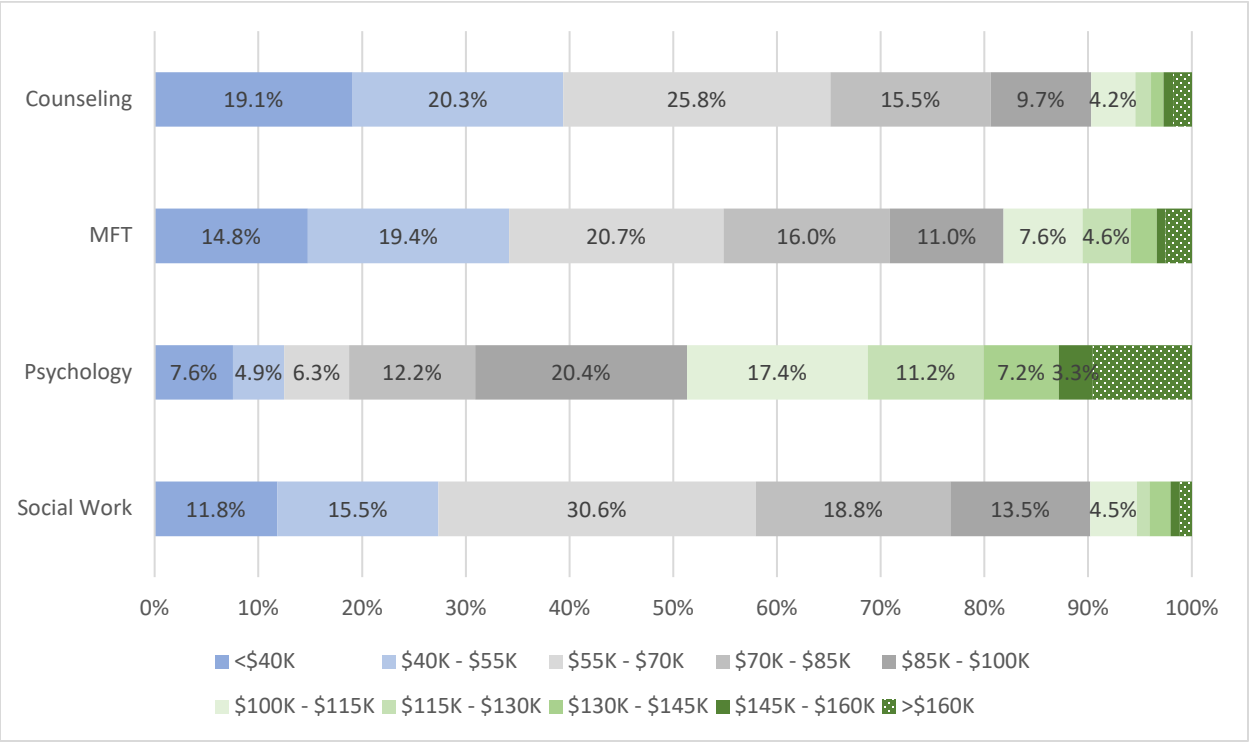
Figure 8: Survey Respondent Employment Arrangements by License Type



Among respondents who indicated their 2020 annual income, the median category overall was $70,000 to $84,999. Respondents with psychology licenses had the highest median income ($85,000 to $99,999). In contrast, respondents with all other types of licenses (clinical social worker, professional or mental health counseling, marriage & family therapy, and addiction counseling) had a median income category of $55,000 to $69,999.

The distribution of income categories for each profession is shown in Figure 9.

Figure 9. Survey Respondent Income Categories by License Type



As shown in Figure 9, the income distribution for respondents with psychology licenses was dramatically different from the distributions for other types of licenses: while nearly half (48.7%) of respondents with psychology licenses reported earning $100,000 or more per year, only 18.1% of marriage & family therapy licensees and fewer than 10% of social work and counseling licensees earned as much.

Telehealth Use & COVID-19 Impact

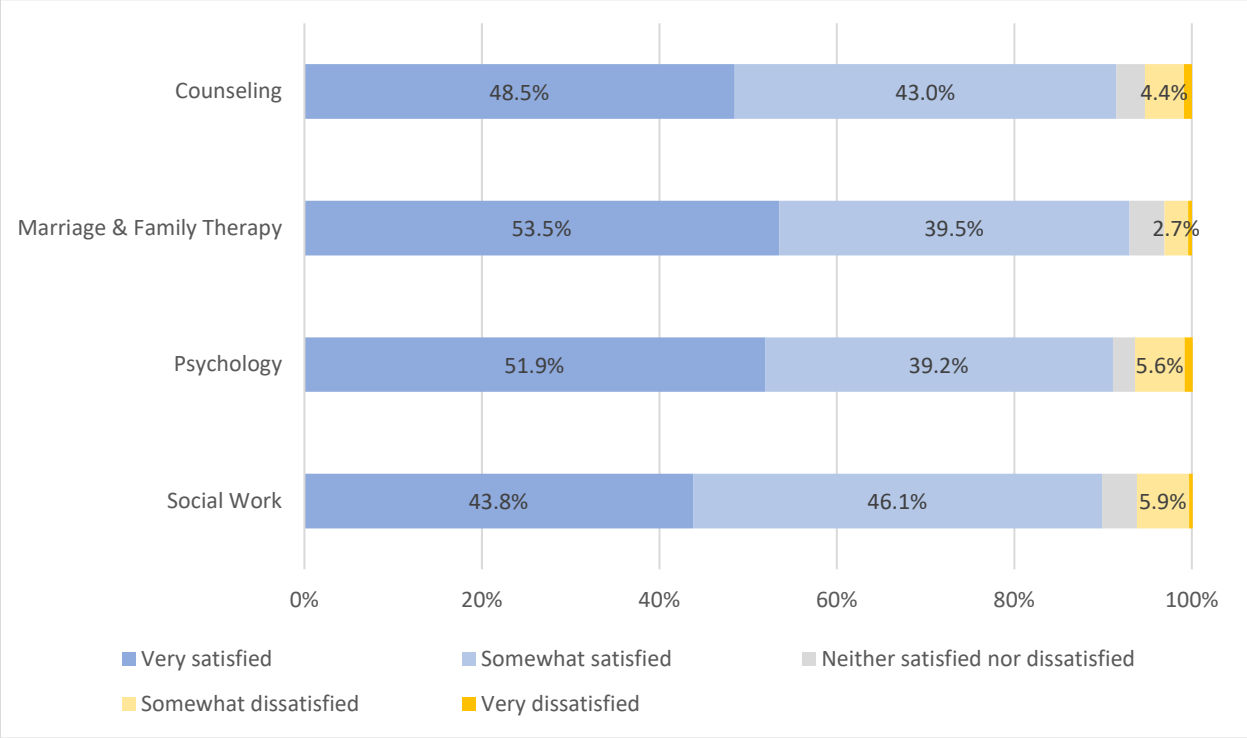
Nearly all respondents (92.9%) reported using telehealth in their jobs, starting either before the COVID-19 pandemic (24.3%) or during the pandemic (68.6%). Respondents with marriage & family therapy licenses were most likely to report using telehealth before the pandemic (31.6%), and respondents with social work licenses were least likely (19.9%). Respondents with social work licenses were also most likely to report that they still did not use telehealth (12.1%).

While most respondents (91.9%) indicated that the COVID-19 pandemic did not disrupt their employment, 21.6% reported experiencing reduced client activity, and a few (8.1%) were furloughed or lost their jobs. On the other hand, 32.7% indicated that their client activity increased during the pandemic, and 37.7% saw no significant changes in their practice activity. Respondents with counseling (9.7%) and psychology licenses (9.3%) were most likely to report being furloughed or losing their jobs during the pandemic. Respondents with marriage & family therapy licenses were less likely to report being furloughed or losing their jobs (5.9%) and more likely to report increased client activity (36.7%).

Career Satisfaction & Burnout

Career satisfaction among survey respondents was generally high. Nearly all respondents (91.0%) reported being satisfied or very satisfied with their careers across all license types. Responses to the career satisfaction question by license type are shown in Figure 10.

Figure 10. Career Satisfaction of Survey Respondents by License Type

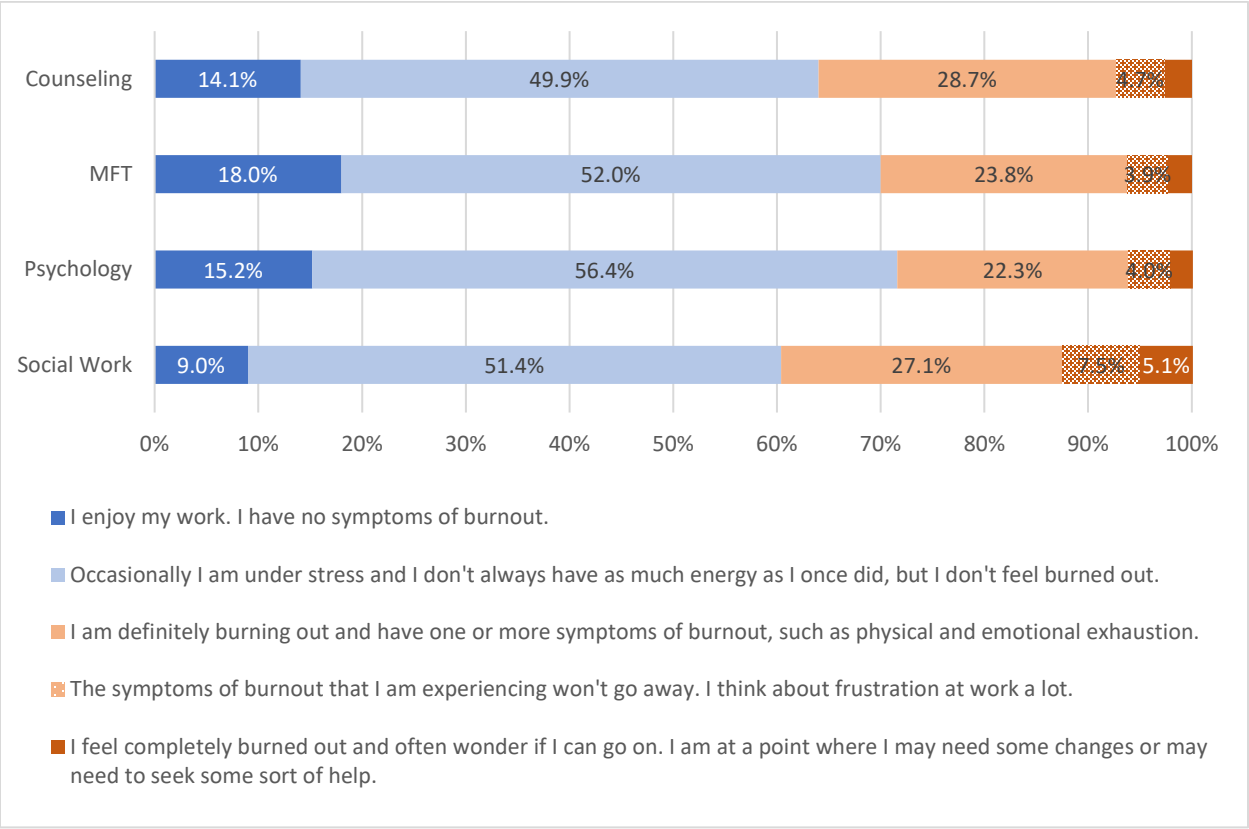


There was little variation in satisfaction rates by license type, as all rates were high. Respondents with marriage & family therapy licenses had the highest percentage (93.0%) of satisfied or very satisfied with their careers. In comparison, respondents with social work licenses had the lowest percentage (89.9%) satisfied or very satisfied.

When asked to rate their burnout on a 5-point Likert scale,[2] about one-third (33.8%) of respondents indicated at least a moderate level of burnout (score of 3+). Most of these (26.0%) were in the moderate category, but a small group of respondents (7.8%) indicated severe levels of burnout (scores of 4 or 5). Responses to the burnout question by license type are shown in Figure 11.

[2] Dolan ED, Mohr D, Lempa M, et al. Using a single item to measure burnout in primary care staff: a psychometric evaluation. *Journal of General Internal Medicine* 2015; 30: 582-7.

Figure 11. Reported Burnout of Survey Respondents by License Type



Burnout rates varied more by license type than career satisfaction rates. Respondents with social work licenses had the highest levels of at least moderate (39.7%) and severe burnout (12.6%). Respondents with psychology licenses had the lowest levels of at least moderate (28.5%) and severe burnout (6.2%).

Since rates of burnout were substantially higher than rates of career dissatisfaction, we examined the degree to which survey respondents who reported they were satisfied or very satisfied with their careers also reported feeling burned out by license type. The findings aligned with overall rates of burnout by license type: rates of burnout were highest among respondents with social work licenses who reported being satisfied or very satisfied with their careers (33.5% at least moderate burnout, 7.0% high burnout) and lowest among respondents with psychology licenses (24.2% at least moderate burnout, 3.1% high burnout).

When asked whether they planned to retire in the next year, 3.4% said yes, and another 5.4% said they didn't know. (Most respondents [91.2%] said they did not plan to retire.) Respondents with psychology licenses were most likely to say they planned to retire (5.6%), and those with counseling licenses were least likely (2.1%). Most retirement intentions appeared to be related to age rather than other concerns: the median age of respondents who said they planned to retire was 67, and they reported relatively low levels of burnout (21.1% moderate or severe burnout) and career dissatisfaction (10.5% somewhat or very dissatisfied).

Activity Status and Registration with National Plan and Provider Enumeration System (NPPES)

When we compared survey respondents' answers to questions about whether they were actively seeing behavioral health clients to the findings of our searches of work profiles, review websites, and licensure data posted online to identify active providers, the findings mostly aligned: 88.6% of respondents were active according to both criteria, and 1.2% of respondents were not active according to both criteria. Another 9.0% of respondents had active licenses or online profiles but did not report seeing behavioral health clients on the survey, and only 1.3% reported seeing clients on the survey but did not appear to be active, according to internet search data.

More than 4 out of 5 survey respondents (85.2%) indicated that they had a National Provider Identifier, a unique identification number for providers covered by health insurance.[3] While alignment between active status and having an NPI was strong among survey respondents, the fact that some active providers report not having an NPI suggests using National Plan and Provider Enumeration data to track the active clinical behavioral health workforce may lead to undercounts of the workforce.

Conclusion

The Clinical Behavioral Health Workforce Survey findings demonstrate that using state licensure data for psychologists, counselors, and therapists is a good proxy for identifying the clinical behavioral health workforce—90% of whom indicated they are actively seeing clients on the survey. The survey data details behavioral health providers' self-employment, client populations served (including number of clients), types of insurance accepted, hours worked, and other factors. We also found that survey respondents reported high rates of burnout, especially among social workers and counselors, but they also reported high rates of career satisfaction. It will be important to continue to track burnout among this population, given the ongoing behavioral health crisis and the workforce challenges identified by behavioral health employers in the Behavioral Health Workforce Employer Survey. Developing these types of questions into a regular national sample survey of psychologists, counselors, marriage & family therapists, and social workers, similar to the National Sample Survey of Registered Nurses conducted by the Health Resources and Services Administration, could be a useful strategy for ongoing monitoring of the active clinical behavioral health workforce given the limited available data on this critical workforce.

[3] National Provider Identifier. Centers for Medicare & Medicaid Services. https://www.cms.gov/medicare/regulations-guidance/administrative-simplification