

Addressing the Mental Health Workforce Shortage

The Workforce Shortage

For decades, policy and workforce experts alike have been concerned about the shortage of mental health professionals, as the number of individuals needing mental health services outpaces the numbers of mental health practitioners. The COVID-19 pandemic highlighted structural challenges facing America’s health care system, especially employee shortages and a lack of racial and ethnic diversity and linguistic capabilities. While these challenges existed prior to the pandemic, they intensified during the global health emergency and are expected to grow significantly if unaddressed.

Many people live in places with few mental health practitioners

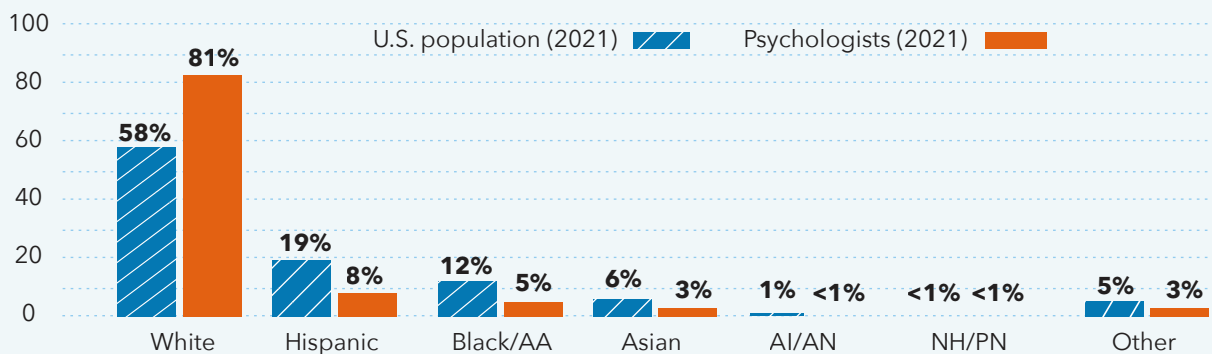
150 million people or roughly 45% of the U.S. population, live in federally designated mental health professional shortage areas.¹



The mental health workforce is less diverse than the populations they serve

For example, nationally, psychologists are less diverse than the U.S. population.²

Race/ethnicity, U.S. population compared to psychologists



Even before the pandemic, experts predicted increased demand for mental health practitioners

Before the pandemic, the U.S. Health Resources and Services Administration (HRSA) predicted that the U.S. would face a shortfall of more than 350,000 mental health professionals by 2030.



The COVID-19 pandemic increased demand further



Approximately **4 out of every 10** adults (39%) reported symptoms of anxiety or depressive disorder in 2021, during the early stages of the COVID-19, up from around 1 in 10 adults (11%) in 2019.⁵

72% of psychologists saw their waitlists for new and existing patients expand during the COVID-19 pandemic.⁶



Patient referrals to see mental health providers nearly doubled from early to later in the pandemic, from 37% in 2020 to 62% in 2021.⁷

40% of psychologists reported witnessing an increase in patients with anxiety disorders, and 66% of practitioners reported increases in the number of patients needing treatment for depression.⁸

Public Policy

To address the problem, Kaiser Permanente is focusing on hiring and retention of mental health workers and launching [new programs](#) to expand and diversify the workforce. These are important steps, but public policy also is needed to address the challenge at scale across the country. Kaiser Permanente supports several approaches:

- **Conduct and share additional research on workforce trends.** The U.S. Health Resources and Services Administration (HRSA) should reevaluate the current and future adequacy of the behavioral health workforce, considering trends in demand/utilization and changing modes of practice, such as telehealth. In addition, HRSA should evaluate mental health

professionals' willingness to participate in health plan networks and accept health insurance.

- **Increase funding for residency and other mental health physician training programs.** Federal policymakers should expand and restructure federal Graduate Medical Education funding to increase the number of psychiatry, addiction medicine, and child psychiatry residency positions and fellowships and establish new residency programs. In addition, states and hospitals should be incentivized to contribute matching funds for new residency programs.
- **Support programs to expand and diversify the behavioral health workforce and make care easier to access.** Institutions and policy leaders should invest in programs to diversify the behavioral health workforce and increase the number of practitioners trained to deliver services to medically underserved populations, including people of color. Leaders also should support state curriculum development, specialized training, and certification of behavioral health peers and community health workers, and promote team-based approaches that can make behavioral health services easier to access.
- **Streamline training requirements to minimize economic burden and enable more people from diverse backgrounds to enter the mental/behavioral health professions.** Policymakers should promote expanded, well-designed education, training, and fellowship opportunities that reduce the total cost of attaining degrees and licensure, with particular focus on support and mentorship for diverse mental health practitioners.
- **Promote the use of telehealth and technology to improve access and enable more flexible care and scheduling.** More states should adopt state licensing compacts, which allow mental health practitioners to provide care to patients in states that have joined the compact.

References

Full citations for this document can be found at: kpihp.org/references-ics.