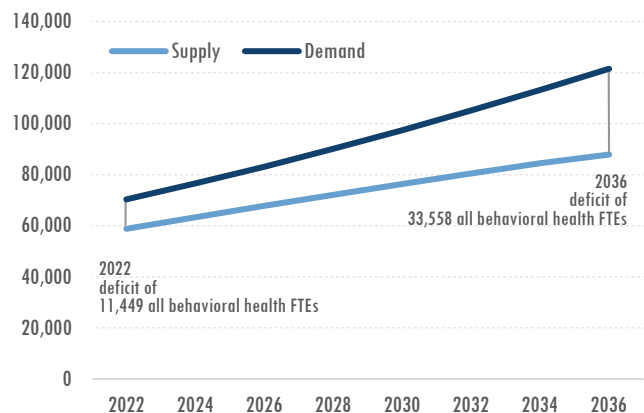## Background

The Health Professions Resource Center has contracted with GlobalData to apply the same models used by the Health Resources and Services Administration to estimate Texas behavioral health care workforce supply and demand, utilizing Texas-specific data when available. The following figures show the projected full-time equivalent (FTE) statewide supply and demand for behavioral health professions through 2036, with a baseline year of 2022. Demand projections are based on recent national health care use and delivery patterns. As access to care changes and models of care transform, health care use and delivery patterns may change the demand for behavioral health professionals over time. Projections are not predictions, as there are a number of factors that can influence supply and demand over time.

Key Findings

All Behavioral Health Workforce

- The behavioral health care workforce projections include addiction counselors, marriage and family therapists, mental health counselors, psychologists, and social workers.

- The 2022 projected supply was 58,906 FTEs, and the projected demand was 70,355, leading to a deficit of 11,449 FTEs.

- By 2036, the behavioral health workforce supply is projected to increase by 49.3% to 87,961 FTEs while demand is projected to grow by 72.7% to 121,519 FTEs, leading to a deficit of 33,558 FTEs.

- Between 2022 and 2036, the statewide supply of behavioral health care providers is projected to not meet demand. Based on these projections, 27.6% of the projected demand for behavioral health providers in 2036 will not be met.

- There are data limitations (See Discussion on Page 4) to the behavioral health projections that limit the interpretation and conclusions that can be drawn regarding the overall behavioral health workforce as well as individual professions.
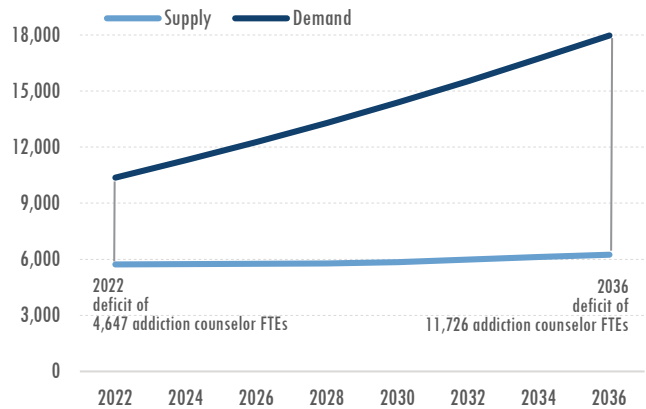
Figure 1. All Behavioral Health FTE Supply and Demand, 2022-2036

2022 deficit of 11,449 all behavioral health FTEs

2036 deficit of 33,558 all behavioral health FTEs

Addiction Counselors

- The 2022 addiction counselor projected supply was 5,721 FTEs, and the projected demand was 10,368, leading to a deficit of 4,647 FTEs.

- By 2036, the addiction counselor supply is projected to increase by 9.0% to 6,236 FTEs while demand is projected to grow by 73.2% to 17,962 FTEs, leading to a deficit of 11,726 FTEs.

- Between 2022 and 2036, statewide supply of addiction counselors is projected to not meet demand. Based on these projections, 65.3% of the projected demand for addiction counselors in 2036 will not be met.
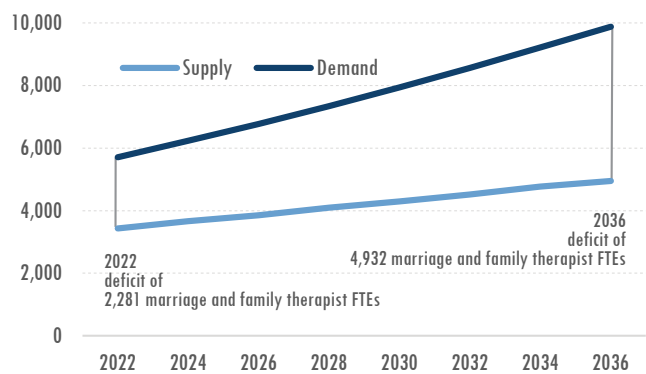
Figure 2. Addiction Counselor FTE Supply and Demand, 2022-2036

Marriage and Family Therapists (MFTs)

- The 2022 MFT projected supply was 3,431 FTEs, and the projected demand was 5,712 FTEs, leading to a deficit of 2,281 FTEs.

- By 2036, MFT supply is projected to grow by 44.4% to 4,954 FTEs, while demand is projected to grow by 73.1% to 9,886 FTEs, leading to a deficit of 4,932 MFT FTEs.

- Between 2022 and 2036, statewide supply of MFTs is projected to not meet demand. Based on these projections, 49.9% of the projected demand for MFTs in 2036 will not be met.
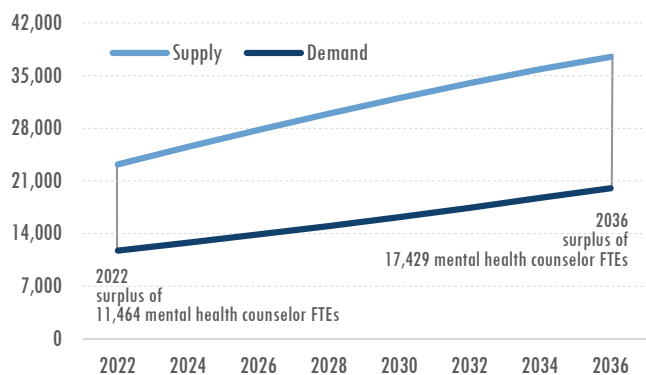
Figure 3. Marriage and Family Therapist FTE Supply and Demand, 2022-2036

Mental Health Counselors (MHCs)

- The 2022 MHC projected supply was 23,220 FTEs, and the projected demand was 11,756 FTEs, leading to a surplus of 11,464 FTEs.

- By 2036, MHC supply is projected to grow by 61.4% to 37,477 FTEs, while demand is projected to grow by 70.5% to 20,048 FTEs, leading to a surplus of 17,429 MHC FTEs.
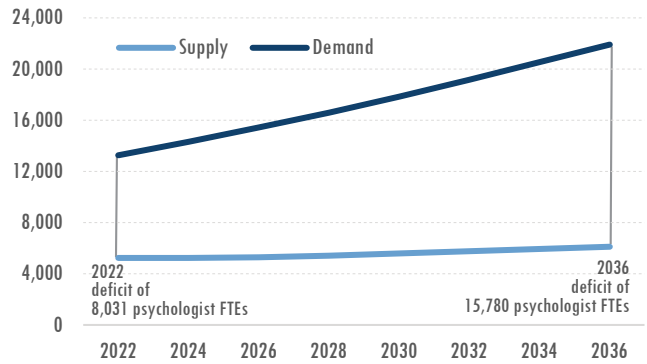
Figure 4. Mental Health Counselor FTE Supply and Demand, 2022-2036

Psychologists

- The 2022 psychologist projected supply was 5,239 FTEs, and the projected demand was 13,270 FTEs, leading to a deficit of 8,031 FTEs.

- By 2036, psychologist supply is projected to grow by 17.0% to 6,130 FTEs, while demand is projected to grow by 65.1% to 21,910 FTEs, leading to a deficit of 15,780 psychologist FTEs.

- Between 2022 and 2036, statewide supply of psychologists is projected to not meet demand. Based on these projections, 72.0% of the projected demand for psychologists in 2036 will not be met.
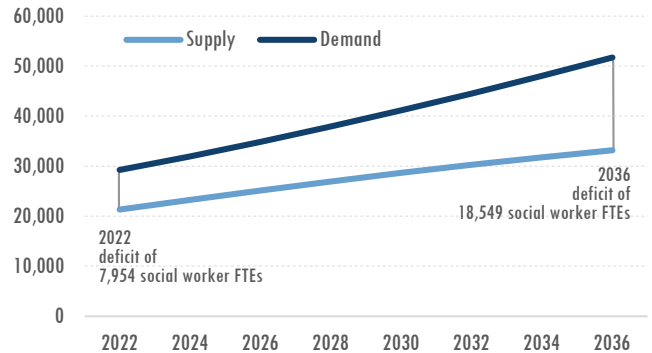
Figure 5. Psychologist FTE Supply and Demand, 2022-2036

2022
deficit of
8,031 psychologist FTEs

2036
deficit of
15,780 psychologist FTEs

Social Workers

- The 2022 social worker projected supply was 21,295 FTEs, and the projected demand was 29,249 FTEs, leading to a deficit of 7,954 FTEs.

- By 2036, social worker supply is projected to grow by 55.7% to 33,164 FTEs, while demand is projected to grow by 76.8% to 51,713 FTEs, leading to a deficit of 18,549 social worker FTEs.

- Between 2022 and 2036, statewide supply of social workers is projected to not meet demand. Based on these projections, 35.9% of the projected demand for social workers in 2036 will not be met.

Figure 6. Social Worker FTE Supply and Demand, 2022-2036

2022
deficit of
7,954 social worker FTEs

2036
deficit of
18,549 social worker FTEs

Discussion

Based on Texas-specific data using the Health Workforce Model, the shortage of addiction counselors, marriage and family therapists, psychologists, and social workers is projected to worsen between 2022 and 2036. In contrast, the supply of mental health counselors is projected to exceed the projected demand during the same time frame. However, there are several limitations to consider when interpretating these data.

Caveats and Limitations

First, it should be noted that these projections are not predictions. They can be used to inform policy, strategies, plans and programs to improve the Texas health care workforce. However, there are many factors that can influence either supply of or demand for mental and behavioral health providers. Changes in health care coverage, access, and delivery could affect demand for services. Likewise, the supply of behavioral health professionals could be impacted by changes in the economic climate or in the ability to attract, educate, and retain behavioral health professionals.

Other factors to consider are the diversity of the providers and their geographic distribution. Diversity fosters delivery of culturally competent care, and an adequate distribution of providers improves access to care. Moreover, a well-distributed and diverse mix of specialized behavioral health providers ensures that specific skill demands are met.

National surveys, like the American Community Survey and the Behavioral Risk Factor Surveillance System (BRFSS) are used to model demand for mental and behavioral health services. However, the lack of more detailed Texas specific mental health and substance abuse information in these national surveys is a limitation to obtain demand projections that closely reflect the needs of the Texas populations. Additionally, national surveys collect data on services received, but there is no information available on populations that refrain from seeking mental or behavioral health services due to resource limitations (such as time, money, or insurance coverage). Leaving out unfulfilled demand is a limitation on the accuracy of the demand projections. This is particularly marked for professions where data regarding provider-patient encounters is unavailable or lacks specificity regarding the behavioral health occupation.

For more data, including projections by geographic region, behavioral health provider type, and the methods used to create the projections, visit Texas Health Data at http://healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/workforce-supply-and-demand-projections.