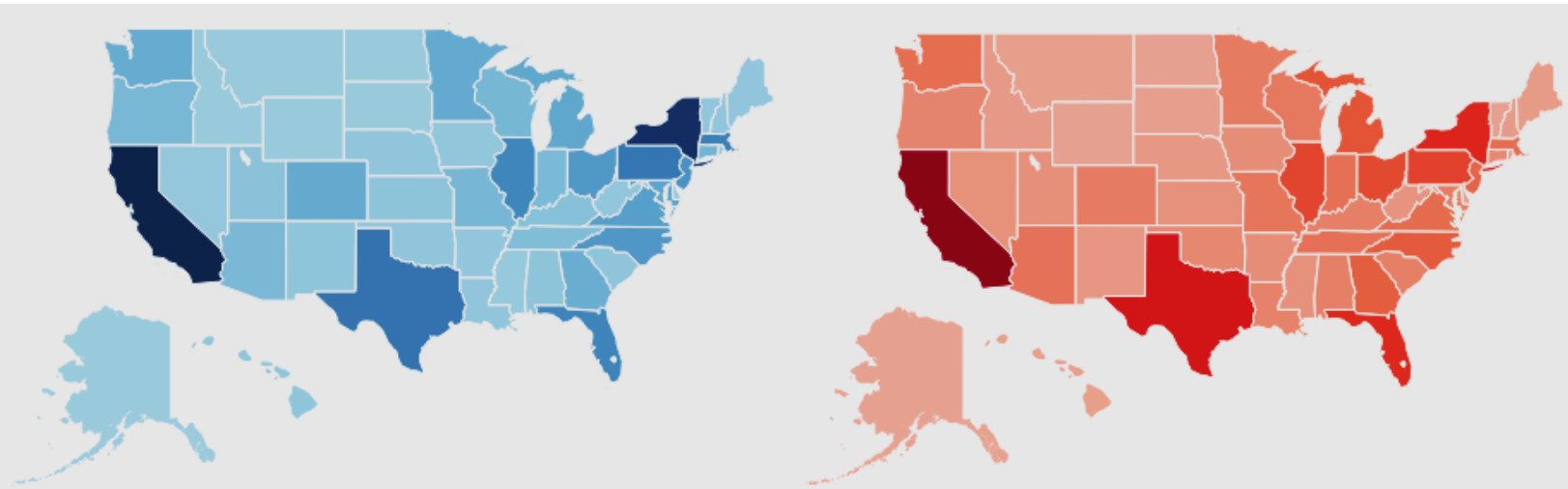


A Summary of Psychologist Workforce Projections:

Addressing Supply and Demand from 2015-2030

American Psychological Association
Center for Workforce Studies

July 2018



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

CWS CENTER FOR
WORKFORCE
STUDIES
AMERICAN PSYCHOLOGICAL ASSOCIATION

Recommended citation

American Psychological Association. (2018). *A Summary of Psychologist Workforce Projections: Addressing Supply and Demand from 2015-2030*. Washington, DC: Author.

Acknowledgements

IHS Markit: Timothy M. Dall, MS; Ritashree Chakrabarti, PhD; Ryan Reynolds, MA

American Psychological Association: Jaime Diaz-Granados, PhD; Karen Stamm, PhD; Peggy Christidis, PhD; Luona Lin, MPP, Katherine Nordal, PhD

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We also thank the following staff and committee from the American Psychological Association for their contribution to the project: Lynn Bufka, Alberto Figueroa-Garcia, Garth Fowler, Cathi Grus, Howard Kurtzman, Tiffany Townsend, Vaile Wright, and members of the APA Committee on Aging workforce survey working group.

This report describes research and analysis conducted by staff members of IHS Markit commissioned by the American Psychological Association. It does not constitute APA policy or commit APA to the activities described therein.

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The American Psychological Association's Center for Workforce Studies is responsible for the collection, analysis and dissemination of information relevant to the psychology workforce and education system. Through the use of surveys, federal statistics and data mining, the Center gathers information about the profession of psychology, including its scientific and educational communities, practitioners, and psychologists working in the public interest.

For questions regarding this report, please contact the APA Center for Workforce Studies at cws@apa.org or 1-800-374-2721 (extension 5980)

Psychologist Workforce Projections: Addressing Supply and Demand from 2015-2030

- *Psychologist workforce projections highlight insufficient supply to meet unmet need for mental health services.*

Workforce projections examine current and projected psychologist supply and demand from 2015 to 2030. This is the first independent workforce analysis commissioned by the American Psychological Association and conducted by IHS Markit. IHS Markit conducts health workforce studies for federal and state governments, associations, non-profit organizations and health systems. The projections are based on U.S. Census population projections, rosters of doctoral-level licensed psychologists, APA survey data on practice patterns and nationally representative federal surveys of service utilization. The projections include licensed, doctoral-level psychologists who were actively working and are described in terms of full-time equivalent (FTE) psychologists. An FTE psychologist was defined as an individual who worked 39 hours per week, the national average of total work hours.

Supply was determined by the number of licensed psychologists who are active in the workforce, new entrants, workforce participation patterns and migration patterns. Demand was determined by current patterns of service utilization and projected population demographic changes. The starting point for the projections assumed supply and demand were equal. In 2015, the supply of psychologists was estimated to be 95,180.

Baseline scenarios projected supply and demand if current trends continue (i.e. for supply, current workforce patterns continue and for demand, current service utilization patterns continue). These scenarios focus on mental health services and may underestimate psychologists' role in providing health services more broadly. Another demand scenario projected the effects of continued expansion of health insurance coverage under the Affordable Care Act. Hypothetical demand scenarios included a scenario addressing an estimated 20 percent unmet need for mental health services and two scenarios related to equity and barriers to care. A geographic equivalence scenario projected demand if individuals without health insurance in rural areas had service utilization patterns similar to insured individuals in metropolitan areas. A racial/ethnic equivalence scenario projected demand if the entire U.S. population had service utilization patterns similar to the insured non-Hispanic white population.

Key Findings

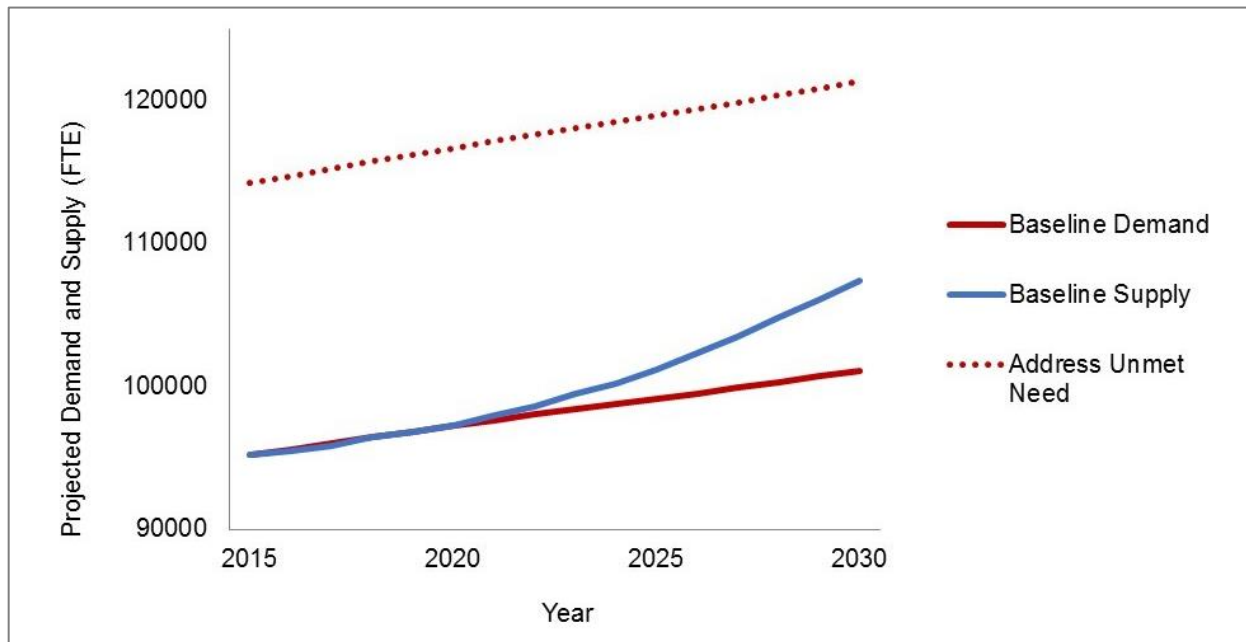
- By 2030, supply is projected to be sufficient to meet baseline demand, demand under the Affordable Care Act, and demand in the geographic equivalence scenario.
- In 2015, supply falls short by approximately 20,000 to 25,000 psychologists to meet unmet need or demand in the racial/ethnic equivalence scenario.
- Increasing supply by increasing graduates by 10 percent and delaying retirement by two years narrows but does not eliminate the gap between supply and unmet need.

Fact Sheets

Explore details on the following topics.

- [Supply Scenarios for the Psychologist Workforce](#)
- [Demand Scenarios for the Psychologist Workforce](#)
- [Geographic Equivalence](#)
- [Racial/Ethnic Equivalence](#)
- [Unmet Need](#)
- [Demand across Age Groups](#)
- [Demand across Racial/Ethnic Groups](#)
- [Demand within the Hispanic Population](#)
- [Demand within the Black/African American Population](#)
- [Demand by Employment Setting](#)
- [Geographic Patterns in Supply and Demand](#)
- [Data Sources](#)

An Overview of Supply and Demand Projections



Scenarios		Projected FTE		Increase between 2015 (Baseline Scenario) and 2030
		2015	2030	
Supply	Baseline Supply	95,180	107,410	12,230
	10% Fewer Graduates	95,180	101,620	6,440
	10% More Graduates	95,180	113,190	18,010
	Retire 2 Years Earlier	95,180	103,450	8,270
	Retire 2 Years Later	95,180	111,330	16,150
	Retire Earlier & Fewer Graduates	95,180	97,680	2,500
	Retire Later & More Graduates	95,180	117,120	21,940
Demand	Baseline Demand	95,180	101,120	5,940
	Address Unmet Need	114,220	121,340	26,160
	Geographic Equivalence	99,950	106,020	10,840
	Racial/Ethnic Equivalence	116,010	126,200	31,020
	Effect of the Affordable Care Act	95,840	101,780	6,600

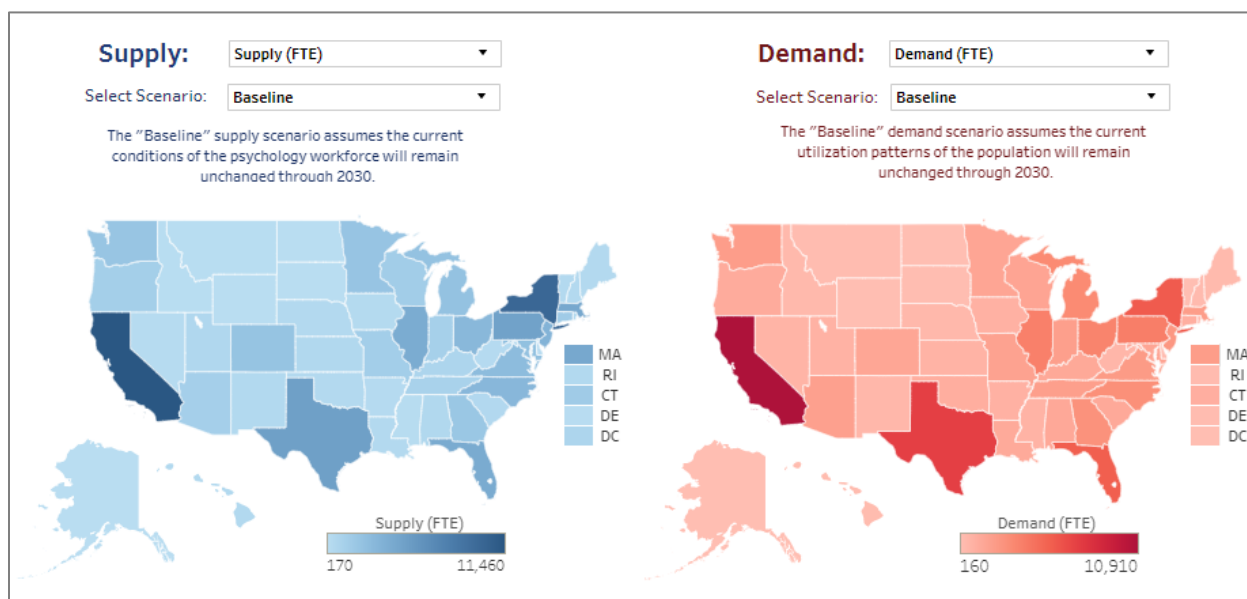
Please visit the data tool: [An Overview of Psychologist Supply and Demand Projections, 2015-30](#)

Psychologist supply and demand are roughly in balance and increase at similar rates through 2020. Around 2020, supply meets demand and begins to increase at a faster rate. Supply is sufficient to meet or exceed demand under some scenarios. In 2022, supply meets demand under the Affordable Care Act and in 2028 supply meets demand in the geographic equivalence scenario.

Psychologist supply is insufficient to meet demand in the racial/ethnic equivalence scenario or address the unmet need for psychological services. Even under supply scenarios where more graduates enter the workforce and psychologists retire later, supply is insufficient to meet demand in the racial/ethnic equivalence scenario or address unmet need for psychological services. The gap between supply and demand narrows but is not eliminated under these scenarios.

If racial/ethnic equivalence and unmet need were addressed, demand could increase substantially. By 2030, and the racial/ethnic equivalence scenario requires an additional 25,080 psychologists (above the 5,940 psychologist increase under baseline demand). Addressing unmet need requires an additional 20,220 psychologists.

Interactive State-Level Map Tool



Please visit the data tool: [State-level Maps for Psychologist Workforce Projections, 2015-30](#)

Click on the map image or link to explore the supply and demand projections by state, by year, and under different scenarios.

Limitations

The projections may underestimate demand, as they are based on available data from federal agencies and other sources. Generally, these sources rely on traditional definitions of psychologists as providers of mental health services that may not capture the broad range of psychological services. For example,

psychologists' expanding roles in addressing health conditions (e.g., obesity, smoking, pain management, chronic illnesses) and in more heterogeneous venues (e.g., primary care, integrated care) may not be sufficiently captured in these projections. Furthermore, federal data sources often characterize psychologists differently than the terms used by the profession. For example, the category "offices of health practitioners" includes offices of psychologists in private practice. In the psychologist workforce, private practice is the largest work setting and is often classified separately. Information about psychological services, populations, and service venues must be reviewed closely in making future projections.

The projections do not allow examination of detailed breakdowns in certain areas. While the projections include services delivered by specialty areas (such as neuropsychology or clinical health psychology) and in primary care settings, available data sources do not identify specialty areas or settings for psychologists.

Finally, demand was based on service utilization patterns rather than need. It is likely that the need for psychological services exceeds current service utilization patterns. The unmet need scenario suggested that this is the case. It is also likely that the underlying assumption that supply and demand are equal at the starting point (2015) does not account for current unmet need. However, the magnitude of these discrepancies is uncertain.

Conclusions and Implications

Workforce projections represent an important step in understanding the current and future workforce. While the psychologist workforce appears to be the right size nationwide, there are projected imbalances for certain populations and geographic areas. The projections suggest that the psychologist workforce will experience greater demand for services provided to older adults, Hispanic populations, and in the South.

From 2015 to 2030, the national baseline demand for psychologists is projected to grow by 6 percent. Yet baseline supply of psychologists is projected to grow by 13 percent. The projected rates of growth differ because the population groups growing at faster rates historically used fewer psychological services.

Demand could increase substantially if racial/ethnic equivalence and unmet need were addressed. Complex financial, social, cultural, and geographic reasons impact whether an individual will or will not seek services. Among individuals with a perceived unmet need for mental health services, inability to afford the cost was the most common reason for not receiving services (SAMHSA, 2017).

Workforce projections are fluid. The quality of the projections rests on the data quality and precision (accuracy in occupation counts, taxonomies for work settings, etc.) and assumptions underlying the projections (baseline supply and demand are assumed to be equal, current patterns are assumed to carry forward into the future, etc.). Projections are not synonymous with predictions; projections are not definitive statements about what will happen in the future. Rather, projections represent best estimates of what will occur in the future, given current data and current assumptions. In intervening time, complex factors can affect those projections. Population estimates and rates of growth may change. Healthcare delivery is evolving to include new models. Retirement patterns and work patterns may deviate from assumptions. Population epidemiology is changing.

The projections demonstrate the difficulties in obtaining quality data on the psychologist workforce. The psychologist workforce is characterized by overlapping, incomplete data sources with varying degrees of comprehensiveness. Definitions sometimes do not match across data sources or do not provide specific details about the psychologist workforce.

The projections point to the need for more precise data sources, improved workforce tracking, true longitudinal data, and analysis of trends. In describing the psychologist workforce, significant data gaps exist. For example, we need more precise data on specialties in psychology. It was not possible to examine specialties separately in the workforce projections. Another example is that federal definitions largely rely on traditional definitions of psychologists as mental health service providers.

Workforce projections are very much like weather forecasts. Forecasts can be wrong; the original projections may or may not materialize. Workforce projections sometimes show reversed patterns over time. Initial projections that show supply and demand in balance can project workforce shortages at a later point, and vice versa. For example, physician projections currently show shortages (AAMC, 2018). Some professions, such as nurses (U.S. Department of Health and Human Services, HRSA, NCHWA, 2017), show cyclical patterns of shortages and surpluses. Yet projections encourage preparedness. Policy changes take place, and resources flow into areas where they are needed.

A Road Map for Next Steps

These analyses represent a first step in projecting supply and demand in the psychologist workforce.

The following next steps are recommended:

Address unanswered questions. While the current projection study addresses some key issues about the psychologist workforce such as size, geographic distribution, and the ability to address unmet need, it leaves other questions in need of further and more refined study. It leaves other questions unresolved, such as does the workforce have the right specialty training? How can we examine primary care, health services (as opposed to mental health services), and other more precise categorizations of the work that psychologists do? Future projections may address these questions as well as variations in practice patterns.

Address limitations. Review the data sources used in the projections. For example, the National Provider Identifier (NPI) registry has a healthcare provider taxonomy, which may prove useful in estimating the number of psychologists in specialty areas. Some federal surveys contain mental health screening questions, which could be used as an additional indicator of unmet need. Incorporate national epidemiological data to be more precise about psychologists' role in health. Use surveys to fill in data gaps.

Provide comments on federal statistical data collection efforts. Monitor *Federal Register* data collection notices. Provide feedback on how to better measure psychologists' roles in health and health-related behaviors. Encourage adoption of survey questions on integrated care and the changing nature of healthcare delivery.

Nominate psychologists to serve on governmental advisory committees. Federal agencies, such as the National Center for Health Statistics (NCHS), the Agency for Healthcare Research and Quality (AHRQ), and the Health Resources and Services Administration (HRSA), often have advisory committees that provide guidance on surveys, research, and technical issues. This is a long-term mechanism to enable more precise data collection on psychologists' role in health.

Develop comprehensive strategies for tracking licensed psychologists across all jurisdictions. Work with the Association of State and Provincial Psychology Boards (ASPPB) and state licensing boards to periodically track the workforce of licensed psychologists. Although state regulations present barriers in collecting workforce data, efforts exist for data sharing between ASPPB and APA. The minimum dataset for psychologists also represents the potential for long-term workforce tracking. Linking to other data sources, such as the NPI registry, may be beneficial.

Technical Report

Psychologist Workforce Projections for 2015-2030: Addressing Supply and Demand provides more details about the methods and results.

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