APA Fact Sheet Series on Psychologist Supply and Demand Projections 2015-2030: Unmet Need

Key Findings

- If current health service utilization patterns continue, the national demand for psychologists is expected to be **101,120 FTEs** by 2030, an increase of **5,940 FTEs** (**6%**) from 2015.
- However, under a hypothetical scenario where unmet need was addressed, the national demand is projected to increase by **26,160 FTEs**, or **27%**, to **121,340 FTEs** in 2030.
- Top reasons for not receiving mental health services among populations with self-perceived unmet need included "**could not afford cost**" (38%), "**thought could handle the problem without treatment**" (28%), "**did not know where to go for services**" (21%), and "**did not have time**" (20%).

Background

Workforce projections[1] examine current and future psychologist supply and demand in the United States from 2015 to 2030. Supply is determined on the basis of the number of licensed psychologists active in the workforce,[2] new entrants, and workforce participation patterns, whereas demand is determined on the basis of current patterns of service utilization and projected demographic changes in the U.S. population.

The projections examined a hypothetical "Unmet Need" scenario. This scenario projected demand if all population who perceived unmet need for mental health services would have received care.

The projections are described in terms of full-time equivalent (FTE) psychologists. An FTE is defined as a licensed, doctoral-level psychologist who works 39 hours per week.

Findings

From 2015 to 2030, the national demand for psychologists is projected to increase to 101,120 FTEs. That is an increase of 5,940 FTEs (6%) from the demand level in 2015. This assumes current utilization patterns of health services by the population will continue.

However, if unmet need were addressed,[3] the national demand would be projected to increase by *a total* of 26,160 FTEs, or 27%, which is an *additional* 20,220 FTEs on top of the 5,940 FTE increase projected under the baseline scenario. In 2030, demand is projected to be 121,340 FTEs under the address unmet need scenario.

Top reasons for not receiving mental health services among adults who perceived unmet need included "could not afford cost" (38%), "thought could handle the problem without treatment" (28%), "did not know where to go for services" (21%), and "did not have time" (20%).

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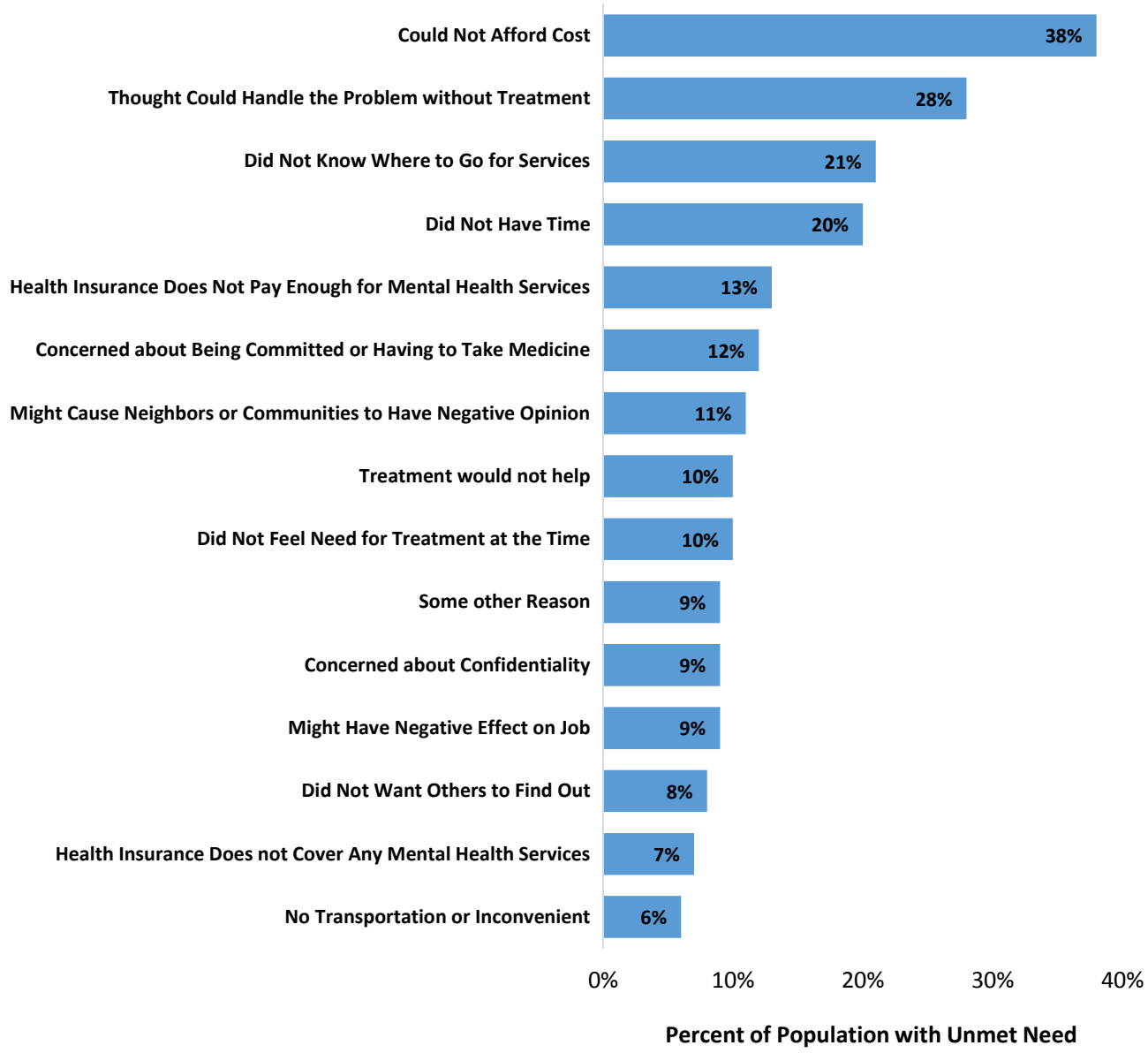
[1] IHS Markit. (2018). *Psychologist workforce projections for 2015-2030: Addressing supply and demand*. Washington, DC: American Psychological Association.

[2] Includes licensed psychologists actively working in a position that requires a psychology license, or in a position that does not require a psychology license but uses clinical skills and/or training as a psychologist.

[3] This scenario is based on the estimates from U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2017). Receipt of services for substance use and mental health issues among adults: Results from the 2016 National Survey on Drug Use and Health. Self-perceived unmet need for mental health services is estimated from a question that asks all adults (aged 18 or older) whether there was any time in the past 12 months when they thought they needed treatment or counseling for mental health issues but did not receive services. Approximately 20% of the population with any mental illness had unmet mental health needs during the previous year, including 39% of the population with serious mental illness reporting unmet needs.

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Reasons for Not Receiving Mental Health Services Despite an Unmet Need, 2016



Note: Response categories are not mutually exclusive; respondents could indicate multiple reasons for not receiving mental health services.

Source: 2016 National Survey of Drug Use and Health, Substance Abuse and Mental Health Service Administration

Limitations

Workforce projections are based on available data that reflect current patterns. Several limitations are worth noting. Demand is based on service utilization rather than need. It is likely that the need for psychological services exceeds current utilization levels. While the projections include psychology specialties, available data do not enable separate projections by specialty. Workload definitions for psychologists in federal data sources emphasize mental health services, rather than health services more broadly. It is likely that the projections underestimate psychologists' provision of physical health-related services. Therefore, demand for health services may be higher than estimated here.