

Mental Health Workforce in New England

December 10, 2024

Key Takeaways:

- There is a shortage of mental health workers in New England.
- The shortage is highest in Rhode Island, Vermont, and Maine.
- There is a particularly high shortage of psychiatrists, followed, to a lesser degree, by social workers.
- Psychiatry, the occupation with the greatest shortage, is lacking gender and racial diversity.

It is critical for higher education leaders, employers, and policymakers to address the mental health worker shortage in New England with a gender and racial equity-focused approach.

Introduction:

Mental health workers are essential for the well-being of a region. Across the six New England states the prevalence of any mental health illness among people aged 18 or older was estimated between 21.1% and 26.8%, and the prevalence of a major depressive episode among people aged 12 to 17 is estimated between 19.18% and 22.15% between 2021 and 2022 (SAMHSA, 2024). While the demand for mental health support has increased, mental health positions are going unfilled (Lightcast., 2024). This gap between the need for care and the number of providers varies at the state and local levels. This report highlights the areas in New England where that shortage is more severe and recommends how to address it with a gender and racial equity focus.

Since 2023...

6 - 33

Unfilled Mental Health Jobs in New England each month (per 100 job postings)

5.5x

Shortage of Mental Health Workers in RI compared to MA

90

Unfilled Psychiatry Jobs in New England (per 100 job postings)

< 40%

New England Psychiatrists are Women

Hispanics/Latinxs

6% | 12%

Psychiatrists NE Population

Source: Lightcast 2024 and ACS 2022

There is a shortage of mental health workers in New England:

Since 2023, average monthly job postings have been higher than average monthly hires in New England. This suggests a shortage of mental health workers in 2023 and 2024. National surveys and alternative measures by state confirm that there is a shortage of mental health workers in New England and in the United States (e.g., Burns et al., 2023; Kaiser Family Foundation, 2024)

Mental Health Occupation Job Postings and Hires Between 2018 and 2024:

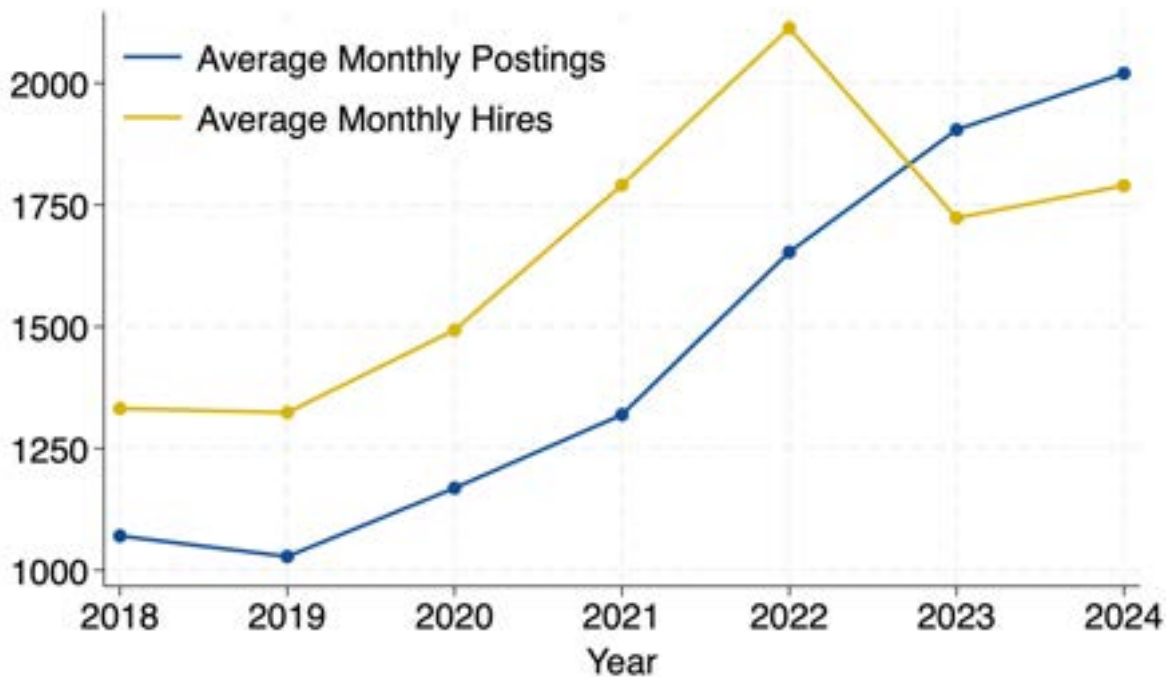


Figure 1. Average monthly job postings and hires from 2018 to 2024 in the six New England states for Clinical and Counseling Psychologists, Mental Health and Substance Use Social Workers, Psychiatrists, and Substance Use, Behavioral Disorder, and Mental Health Counselors.

The Standard Occupation Codes (SOC) included in this analysis are: 19-3033 (Clinical and Counseling Psychologists), 21-1023 (Mental Health and Substance Use Social Workers), 29-1223 (Psychiatrists), and 21-1018 (Substance Use, Behavioral Disorder, and Mental Health Counselors). Source: Lightcast 2024.

The shortage is highest in Rhode Island, followed by Vermont and Maine:

Figure 2 maps the mental health occupational shortage (“hires per 100 job postings”) between January 2023 and September 2024. Fewer hires per job posting suggests a more intense mental health workforce shortage. The state with the greatest shortage, with only 67 hires per 100 postings, is Rhode Island, followed by Vermont and Maine with 78 and 79 hires per 100 postings, respectively.

Mental Health Worker Shortage by State, 2023-2024

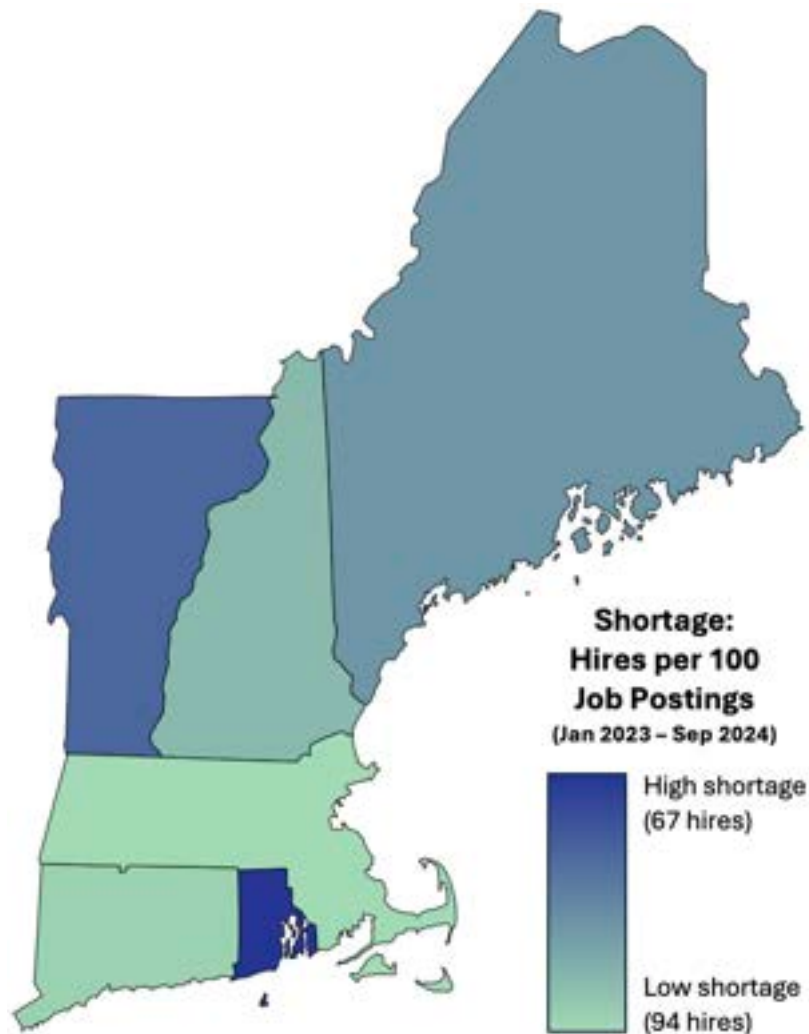


Figure 2. Map of New England showing hires per 100 postings. Source: Lightcast 2024

The shortage is mostly driven by lack of psychiatrists and social workers:

Figure 3 illustrates the number of hires per 100 job postings between January 2023 and September 2024 among Clinical and Counseling Psychologists, Mental Health and Substance Use Social Workers, Psychiatrists, and Substance Use, Behavioral Disorder, and Mental Health Counselors. The greatest shortage is among psychiatrists, with only eight hires per 100 job postings. Mental Health and Substance Use Social Workers represent the second largest shortage with 58 hires per 100 job postings. Thus, when looking to grow the mental health workforce, it is important to consider strengthening psychiatry and social work education programs (e.g., AAMC, 2022; Aggarwal et al. 2022; National Council of Mental Wellbeing, 2017, pp 25-27; Pheister et al. 2022).

Mental Health Worker Shortage by Occupation, 2023-2024

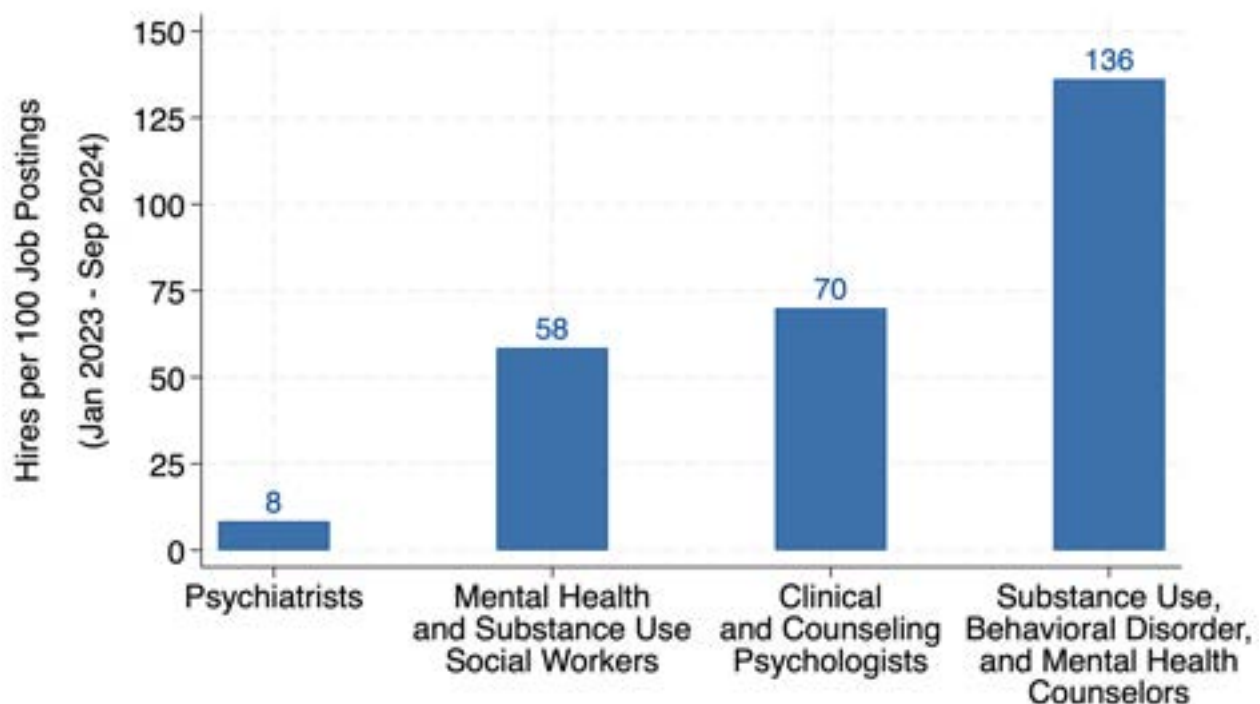


Figure 3. Bar chart showing hires per 100 job postings by occupation. The Standard Occupation Codes (SOC) included in this analysis are: 19-3033 (Clinical and Counseling Psychologists), 21-1023 (Mental Health and Substance Use Social Workers), 29-1223 (Psychiatrists), and 21-1018 (Substance Use, Behavioral Disorder, and Mental Health Counselors). Source: Lightcast 2024

Psychiatry, the occupation with the greatest shortage, is lacking gender and racial diversity:

Figure 4 demonstrates the percentage of women in each of the mental health occupations in New England. Females are underrepresented among psychiatrists, with only 38% of psychiatrists in New England identifying as female compared to the other mental health occupations, which are predominately female. The underrepresentation of women in psychiatry, and their overrepresentation in other mental health occupations, mirrors national trends. Given the higher prevalence of mental illness among women (National Institute of Mental Health, 2024), it is critical for higher education leaders, employers, and policymakers to consider how best to close this gender gap.

Percentage of Female-Identifying Mental Health Workers by Occupation, 2024

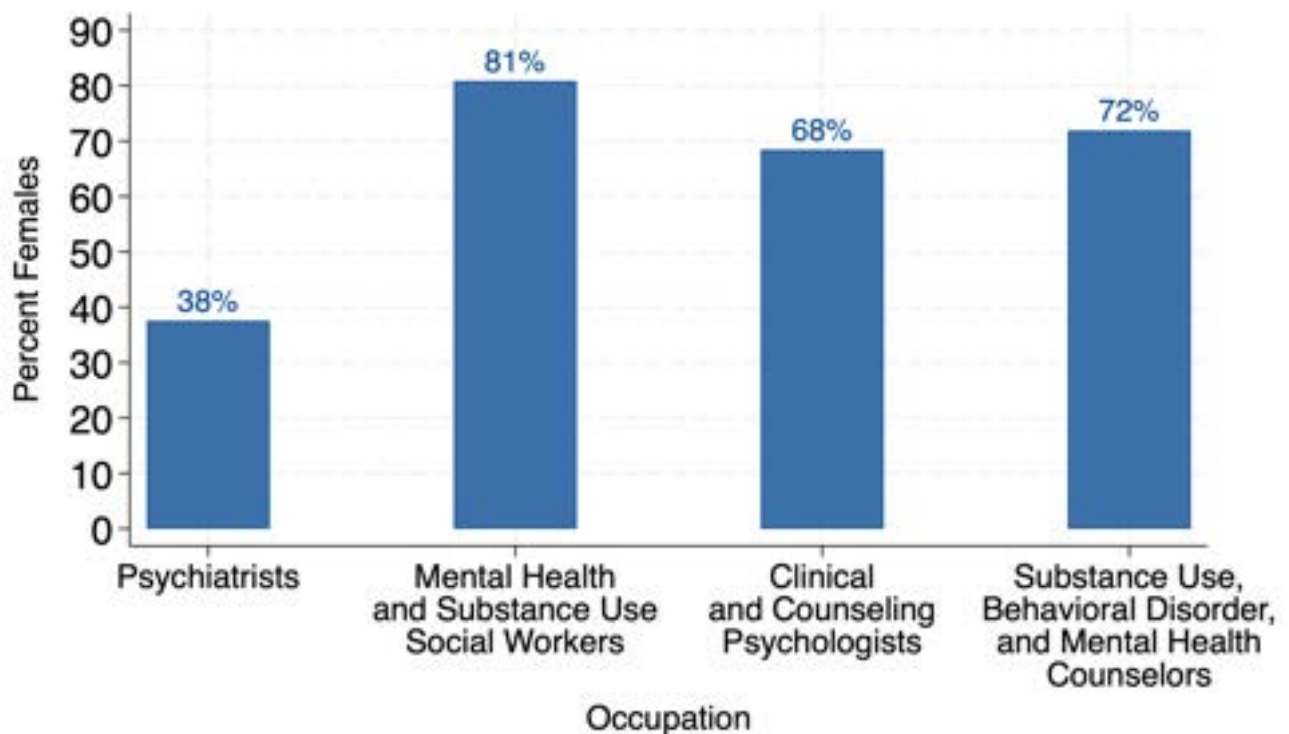


Figure 4. Bar chart showing the percent of females by occupation. The Standard Occupation Codes (SOC) included in this analysis are: 19-3033 (Clinical and Counseling Psychologists), 21-1023 (Mental Health and Substance Use Social Workers), 29-1223 (Psychiatrists), and 21-1018 (Substance Use, Behavioral Disorder, and Mental Health Counselors).

Figure 5 shows the racial/ethnic distribution of mental health workers in New England compared to the racial/ethnic composition of New England as a whole based on the 2022 American Community Survey. A positive value indicates that there is overrepresentation of a racial/ethnic group in a given occupation, while a negative value indicates underrepresentation. A value of zero indicates that the racial/ethnic composition of the occupation aligns with that racial/ethnic group's share of the total population in New England. Hispanic or Latinx and Black or African American individuals are underrepresented among psychiatrists, all people of color are underrepresented among clinical and counseling psychologists, and Hispanic or Latinx individuals are underrepresented across all four occupations.

Representation of Racial/Ethnic Groups by Mental Health Occupation in New England, 2024

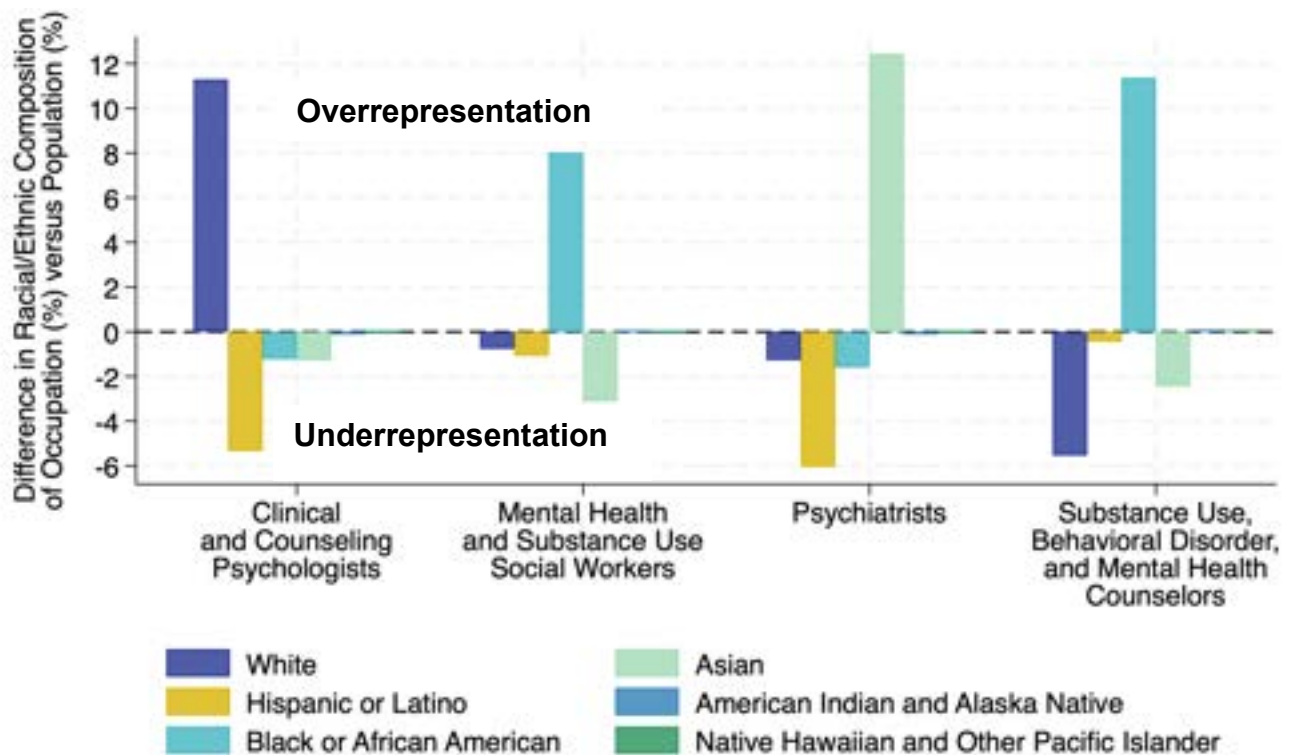


Figure 5. Bar chart showing difference in racial/ethnic composition between each occupation and New England as a whole.

People of color, on average, have less access to mental health services, are less likely to receive needed care and are more likely to receive poorer quality of care (McGuire & Miranda, 2008). Given this, the shortage of psychiatrists in New England, as well as the lack of racial diversity in the psychiatry occupation, presents an important opportunity to focus on improving educational and workforce pipelines for students of color.

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Appendix: Methodology

The hires and job postings measures from Figures 1, 2 and 3 come from Lightcast. Lightcast collects job posting information from publicly available online job boards and company websites (e.g., indeed.com, simplyhired.com, dejobs.com) and collects information about hires from the Quarterly Workforce Indicators, where each hire is measured as a Social Security number showing up in a company's payroll in a quarter when it did not show up in the previous quarter. We aggregate the monthly job postings measures data to a total by year and divide by the number of months in that year. The hires data is already available in average monthly values for each year. We use data up to September 2024. The gender and racial compositions by occupation from Figures 4 and 5 also come from Lightcast, which combines its own data, American Community Survey (ACS) data and Quarterly Workforce Indicators (QWI) data to compute the shares. We use the 2022 American Community Survey to compute the New England racial composition that we use as benchmark in Figure 5.