

POLICY BRIEF

Estimating Supply of Child and Adolescent Psychologists



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



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Background

Approximately half of children in the United States (U.S.) who have a mental health disorder do not receive the treatment they need, a number that is likely to increase given workforce shortages, regional maldistribution of providers, and increased behavioral health needs due to challenges associated with the COVID-19 pandemic.^{1,2} A large gap exists between service demands and the available supply of psychologists, an issue made more critical by workforce projections indicating the need for an additional 28,560 psychologists to meet demand for child and adolescent services.³ Barriers to accessing care, including family stress, loss of insurance, and financial hardship, are likely to exacerbate unmet needs as the pandemic continues to disrupt social interaction and daily life.² Prior research to assess the supply of clinical child and adolescent subspecializations among behavioral health providers may underestimate the number of psychologists without a child and adolescent specialty credential who primarily treat these populations. This second year of a two-year study adds to estimates of the health service psychologist workforce that provides services to children and adolescents.

Methods

The University of Michigan Behavioral Health Workforce Research Center (BHWRC) partnered with investigators at the American Psychological Association (APA) to collect primary data from licensed health service psychologists. APA generated a random, geographically representative sample comprising state license board and APA membership data from all 50 states and the District of Columbia. The APA disseminated an online Qualtrics survey via email invitation to a sample of 18,617 respondents in April and May 2021. The study was reviewed and approved by APA internal research ethics procedures, and no personally identifying information was collected from respondents to protect confidentiality. The survey received 842 response submissions from doctoral-level practicing psychologists for a response rate of 4.5%.

Key Findings

Respondent Demographics

Approximately 25.7% of respondents identified as child and adolescent psychologists, defined as psychologists who frequently or very frequently provided services to children and/or adolescents. Approximately 65% of child and adolescent psychologists reported frequently or very frequently providing services to children and 96% to adolescents. Respondents were majority female (74%) and non-Hispanic white, with an average age of 55.

Professional Characteristics

Fifty-three percent of child and adolescent psychologists reported having a primary or secondary area of specialty in clinical child and adolescent psychology, with additional common specialty areas including clinical psychology (39%), behavioral and cognitive psychology (14%), and clinical health psychology (12%). A majority reported having received training through doctoral programs (76%), post-licensure training (CE, 77%), internship programs (76%), and on-the-job training (72%). Fifty-four percent of child and adolescent psychologists worked in private practice, 36% in individual solo practices, and 18% in independent group practices.

Practice Characteristics

Child and adolescent psychologists worked a mean of 40.6 hours per week and were more likely to work full-time (35 hours or more/week) than part-time, as compared to psychologists focusing on all other age groups. The majority of work hours were reported as spent providing direct client care (22.9 hours/week), administrative management activities (9.0), teaching (3.3), and providing clinical supervision (2.6). On average, child and adolescent psychologists spent 15.7 hours/week providing services to children and adolescents, with 7.0 hours spent providing care to children and 8.7 hours of care to adolescents. Based on a full-time equivalent (FTE) of 40 total hours per week, one individual child and adolescent psychologist accounted for 0.39 FTE, or spent about 39% of their total work hours providing services to children and adolescents. Given the national supply of approximately 21,800 child and adolescent psychologists, child and adolescent psychologists provided the workload capacity of 8,541 FTEs of services to children and adolescents. Psychologists focusing on all other age groups provided an additional 1,540 FTEs of services to children and adolescents. In total, the national supply of services to children and adolescents from all psychologists combined was estimated to be 10,081 FTEs.

Client Populations Served

The most commonly reported types of insurance accepted were self-pay (83%), private insurance (69%), Medicaid (46%), and Medicare (35%). Service provision and treatment areas most frequently named included anxiety disorders (92% of respondents indicating frequently or very frequently providing services), depressive disorders (83%), trauma-and stressor-related disorders (62%), disruptive, impulse control, and conduct disorders (50%), and neurocognitive disorders (41%). Compared to psychologists focusing on all other age groups, child and adolescent psychologists reported higher levels of cultural competency: 34% reported feeling “well-prepared” or “extremely well-prepared” by their doctoral program to treat clients from diverse cultural populations. Ninety-two percent also reported extremely knowledgeable, very knowledgeable, or knowledgeable in providing services to children and 100% reported the same in providing services to adolescents.

Remote Care Services and Response to the COVID-19 Pandemic

The majority (88%) of child and adolescent psychologists reported providing remote care at the time of the survey: 35% were treating all clients remotely and 53% were treating a hybrid of some remotely and some in-person. Child and adolescent psychologists were more likely to provide services in a hybrid fashion (53%) than psychologists focusing on all other age groups (35%) and were less likely to provide services entirely remotely (35%) than psychologists focusing on all other age groups (54%). The most commonly-used technology reported by child and adolescent psychologists were telehealth platforms (91%). Some also reported secure messaging tools (37%) and wellness apps (12%). Forty-three percent of child and adolescent psychologists reported working more during the pandemic than they did prior, 44% reported working the same amount, and 12% reported working less.

Conclusions & Policy Considerations

A significant discrepancy remains between the demand for services provided to children and adolescents and the number of psychologists who work with these age groups. The workload capacity of the psychologist workforce shows a great shortage when supply is standardized into FTEs. Findings indicate the overall psychologist workforce provided to be about 10,080 FTEs, when 28,560 FTE psychologists are needed to meet demand for services provided to children and adolescents.³ Addressing the psychologist workforce shortage is imperative for broadening access to care for these populations, particularly in the wake of the COVID-19 pandemic. This dearth in service availability is compounded by prior BHWRC research suggesting that many behavioral health providers find it difficult to effectively deliver telebehavioral health services to children given challenges in securing the focus and attentiveness of those clients.⁴ Greater investigation is needed on the pandemic's effect on children and adolescents and these populations' access to behavioral health services, as both age groups are likely to have experienced reduced social contact, increased behavioral health needs, and decreased avenues to care since the pandemic onset. Policies that narrow the gap between supply and demand, such as increasing training opportunities and addressing financial and insurance barriers to care for families, will be critically important for ensuring the psychologist workforce is adequately sized and prepared to meet the behavioral health needs of children and adolescents.

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