

# Diversity in California's Mental Health Workforce and Education Pipeline

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## Abstract

Current data suggest that segments of California's mental health care workforce are becoming more racially and ethnically diverse. The psychology profession continues to be a predominantly White workforce, but counselors and social workers are more reflective of California's diverse population. Education data indicate that White students represent a majority of recent graduates of doctoral and master's level programs in clinical or counseling psychology, as well as marriage and family therapy. Hispanic or Latino and African American students are well represented in social work programs at both the master's and baccalaureate level and in training programs leading to employment as psychiatric technicians or substance abuse/addiction counselors. In 2012, Hispanic or Latina women represented one-third of all graduates of master's in social work (MSW) programs in California.

## Background

While nearly one in six Californians has a mental health need, only one-half of these individuals receive treatment.<sup>i</sup> Need for mental health services was projected at 16% for the entire population, but higher for African Americans (19%), Native Americans (20%) and Hispanics (20%), than for Whites (14%) and Asian Americans (10%).<sup>ii</sup> While one in 20 adults has a serious mental illness, and one in 13 children has a serious emotional disturbance, the incidence among Latinos, African Americans, Native Americans and multi-racial individuals is slightly higher.

Visits to mental health professionals are reported to be significantly lower among Latino and Asian immigrants than among all other racial/ethnic groups, and even US-born Latinos who perceive that they have need of mental health services are significantly less likely to access those services than their White counterparts (28% vs. 42%).<sup>iii</sup> Latinos face a number of barriers to access of these services, including geographic isolation,<sup>1 2</sup> lack of

## Key Findings

- Segments of California's mental health workforce are becoming more reflective of the state's diverse population.
- Employed psychologists are predominantly white, but employed counselors and social workers are much more diverse by comparison.
- The majority of graduates of mental health professions education programs in California are female, but the gender composition varies widely by program type.
- Student data indicate that recent graduates of mental health professions education programs are more racially and ethnically diverse than the current workforce.
- In 2012, Hispanic or Latina women represented approximately one out of every three graduates from a master's in social work (MSW) program in California.

transportation, shortages of practitioners in underserved areas, and lack of culturally and linguistically relevant services.<sup>iv</sup> Similar factors are reported for Asian groups, with some evidence suggesting especially intense stigmatization of mental illness.<sup>v</sup>

These factors have led to pipeline and workforce strategies intended to develop a mental health workforce that better reflects the population it serves, and to incentivize mental health professionals to move to or stay in underserved communities.<sup>vi</sup> The 2004 California Mental Health Services Act (MHSA) gave special emphasis to workforce development, including expanding outreach to multicultural communities, increasing the diversity of the mental health workforce to promote “meaningful inclusion of diverse racial and ethnic community members who are underrepresented in the mental health provider network,” and promoting the inclusion of cultural competency in training and education programs. The state has made a substantial investment in developing a diverse mental health workforce.<sup>vii</sup>

This issue brief describes the current racial/ethnic composition of employed psychologists, counselors, and social workers, as well as recent graduates of selected mental health professions educational programs.

## Methodology & Description of the Data

The data used in this brief come from two sources: The American Community Survey (ACS) and the Integrated Postsecondary Education Data System (IPEDS).

### *American Community Survey*

The American Community Survey (ACS) is a large-scale national survey administered by the U.S. Census Bureau. Roughly 65,000 households are surveyed every month over the course of a year, representing about 2.5% of the population. The full set of data is published annually in a series of pre-tabulated profiles, tables, and maps. ACS data are also available as a 1% public use microdata sample (PUMS) file, which was used for this issue brief.

The ACS is one of the few available sources of data that can be used to describe demographic characteristics of the workforce. Occupations are coded using the Census classification, which is based on the Standard Occupational Classification (SOC) Manual. However, the level of detail describing individual occupations is limited. Mental health occupations identified in the ACS include psychologist, counselor, and social worker.<sup>3 4 5</sup>

### *Integrated Postsecondary Education Data System*

The Integrated Postsecondary Education Data System (IPEDS) is a collection of interrelated surveys conducted annually by the U.S. Department of Education’s National Center for Education Statistics (NCES). It is the most comprehensive source of information on postsecondary education available.<sup>6</sup> The completion of IPEDS surveys is mandatory for postsecondary institutions that participate in (or apply to participate in) federal student financial aid programs.

Fields of academic study and occupational training are organized in IPEDS using a taxonomic scheme called the Classification of Instructional Programs (CIP).<sup>7</sup> The CIP scheme assigns numeric codes to areas of instructional content in order to facilitate the collection of information describing educational programs. For this issue brief, the following CIP codes were used to identify educational programs<sup>5</sup> preparing mental health professionals: clinical psychology (CIP 42.2801); counseling psychology (42.2803); marriage and family therapy (51.1505); social work (CIP 44.0701); substance abuse/addiction counseling (51.1501); psychiatric/mental health services technician (CIP 51.1502).

The IPEDS data are a proxy for new entrants into the mental health workforce and they have some limitations, particularly for fields of clinical and counseling psychology (including marriage and family therapy). Not all graduates of doctoral level programs in clinical or counseling psychology are going to become licensed psychologists; not all graduates of master’s level programs are going to become licensed as marriage and family therapists,

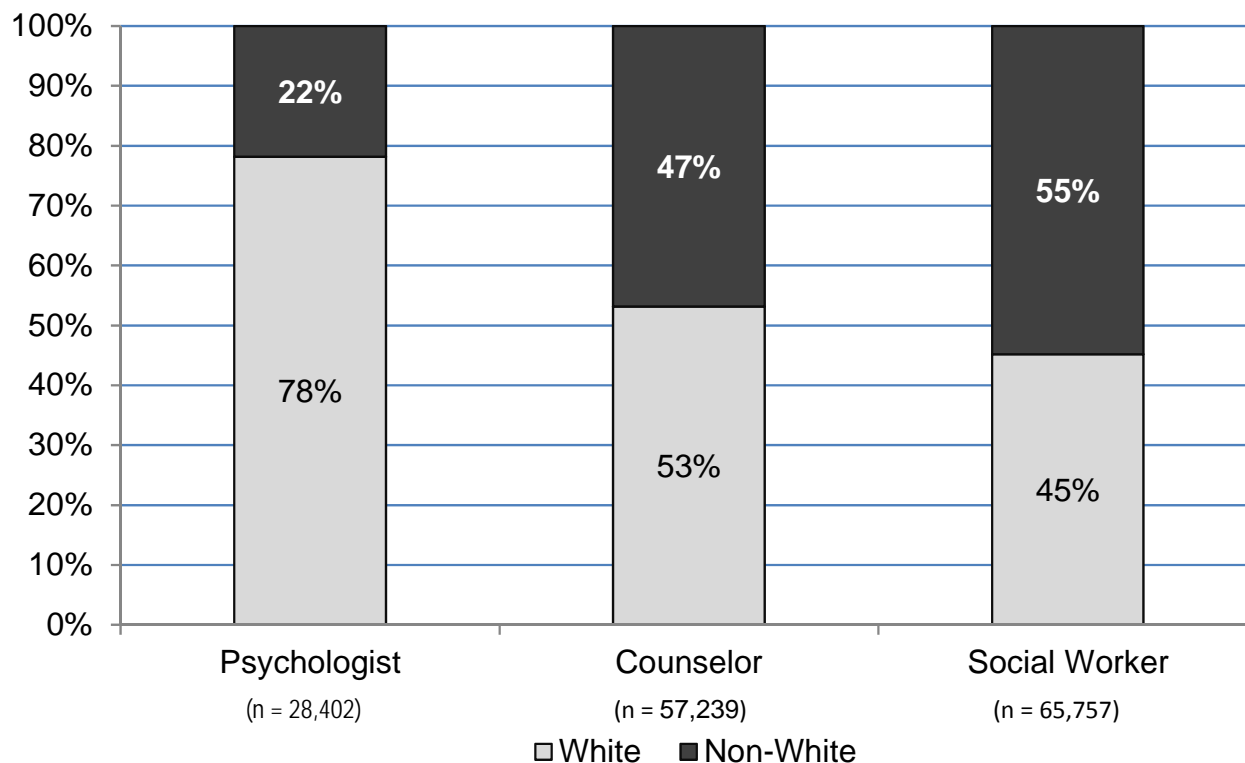
or work as another type of unlicensed mental health professional.

To refine the correspondence between the IPEDS data describing graduates of clinical or counseling psychology, or marriage and family therapy education programs and the current workforce, data compiled by the California Board of Psychology and the California Board of Behavioral Sciences were used to identify schools whose graduates have become licensed mental health professionals in recent years. Only IPEDS data from these schools are included in the figures and tables describing graduates of clinical psychology, counseling psychology, or marriage and family therapy programs.

### Findings -- Mental Health Workforce in California

Figure 1 describes the 2012 composition of employed psychologists, counselors, and social workers in California by White versus non-White race/ethnicity. These data show the extent to which diversity in the mental health workforce varies by occupation. The non-White population accounts for well over half of employed social workers, nearly half of all employed counselors, but only 20% of employed psychologists.

**Figure 1. Psychologists, Counselors, and Social Workers by White vs. non-White race/ethnicity, California, 2012**



Source: American Community Survey, Public Use Microdata Sample, California, 2012

Table 1 describes the 2012 composition of occupation by race/ethnicity in greater detail,<sup>8</sup> and includes the composition of California's general population as a benchmark. It underscores the fact that California's non-White population is substantially underrepresented in the psychologist workforce. Latinos account for the largest share of the non-White workforce in each occupation although they are underrepresented in each occupation by comparison with the general population. In contrast, the share of African Americans employed as either counselors or social workers is more than double their proportion in the population. Asians employed as counselors is less than half their proportion of the population in California.

**Table 1. Race/ethnicity by selected occupation, California, 2012**

Race/ethnicity	Occupation			CA Population
	Psychologist	Counselor	Social Worker	
White	78.2%	53.1%	45.2%	39.3%
Hispanic/Latino	11.6%	22.8%	24.8%	38.3%
African American	--	14.8%	12.9%	5.7%
Asian	--	5.9%	13.5%	13.3%
Other non-White <sup>9</sup>	--	3.4%	3.6%	3.5%
African American/Asian/Other non-White	10.2%	--	--	22.5%
Total identified <sup>10</sup>	28,328	57,329	65,706	37,958,521
Sample observations	333	560	667	367,365

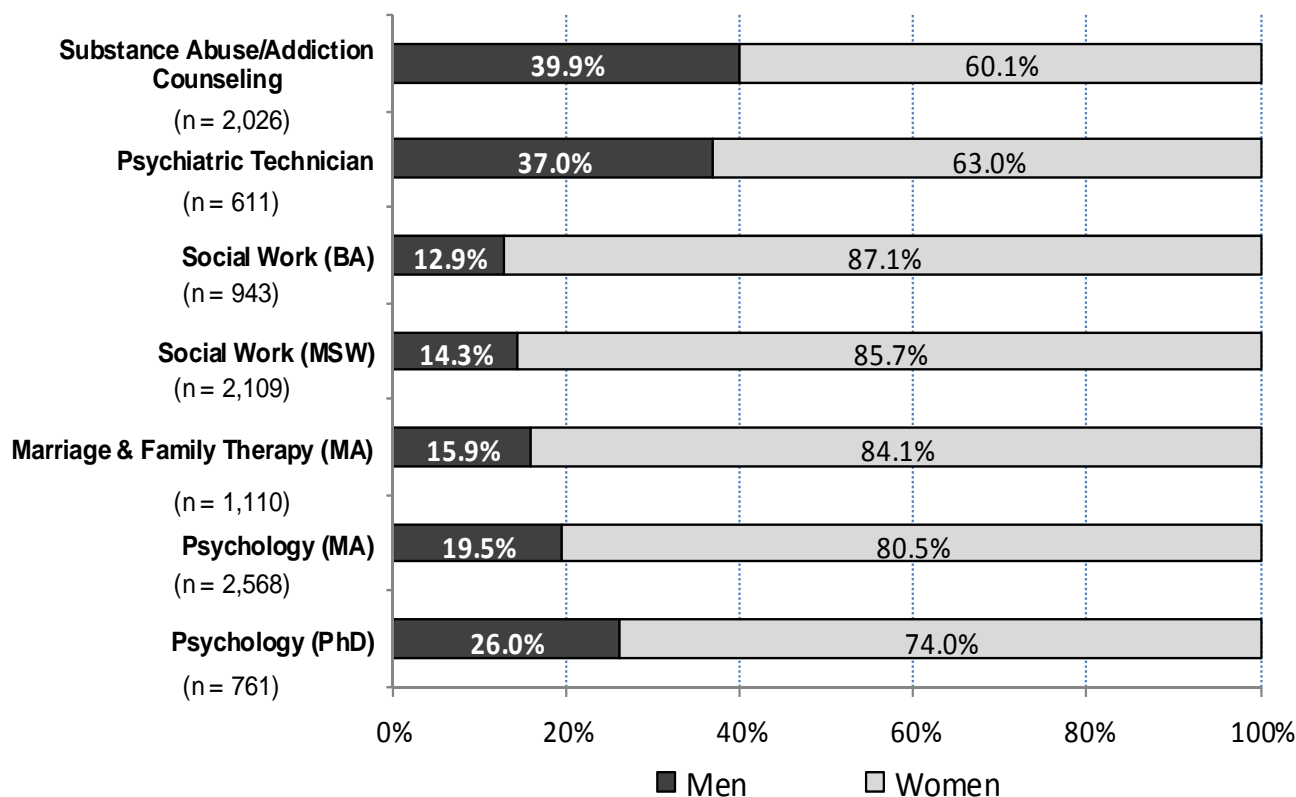
Source: American Community Survey, Public Use Microdata Sample, California, 2012

### The Post-secondary Mental Health Education Pipeline in California

Figure 2 illustrates the gender composition of graduates of selected mental health professions training programs in 2012. Women represented the majority of graduates in each program type, but the distribution varies widely: men accounted for 13% of graduates of baccalaureate social work programs, but 40% of graduates of substance abuse/addiction counseling programs.

Complete data on the percent of graduates by race/ethnicity and gender for each of the selected mental health profession are shown in Appendix 1.

**Figure 2. Graduates of selected mental health education programs by gender, California, 2012**

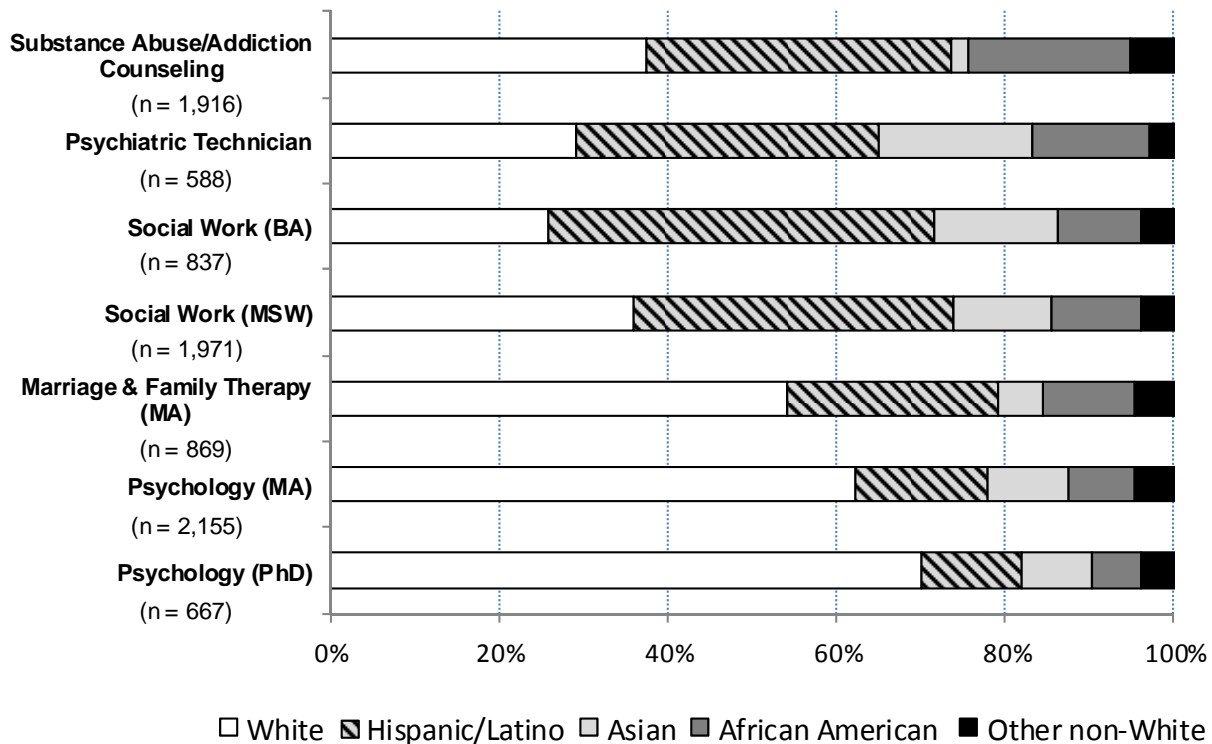


Source: IPEDS Completions Survey, 2012

Figure 3 below illustrates the composition of graduates of the major mental health professions training programs in 2012 by race/ethnicity.<sup>11</sup> White students represented the majority of graduates in both doctoral and master’s-level clinical or counseling psychology programs, as well as master’s-level marriage and family therapy programs. However, there was much greater racial and ethnic diversity in programs training social workers at both the baccalaureate and master’s degree levels, as well as programs training substance abuse/addiction counselors and psychiatric technicians. In each of these training programs with greater diversity, Latino students represented anywhere from 35% to 45% of the total number of graduates in 2012. African American students represented from 6% (doctoral level clinical or counseling psychology) to 20% (substance abuse/addiction counseling) of the total number of graduates in each program.

Complete data on the percent of graduates by race/ethnicity and gender for each of the selected mental health profession are shown in Appendix 1.

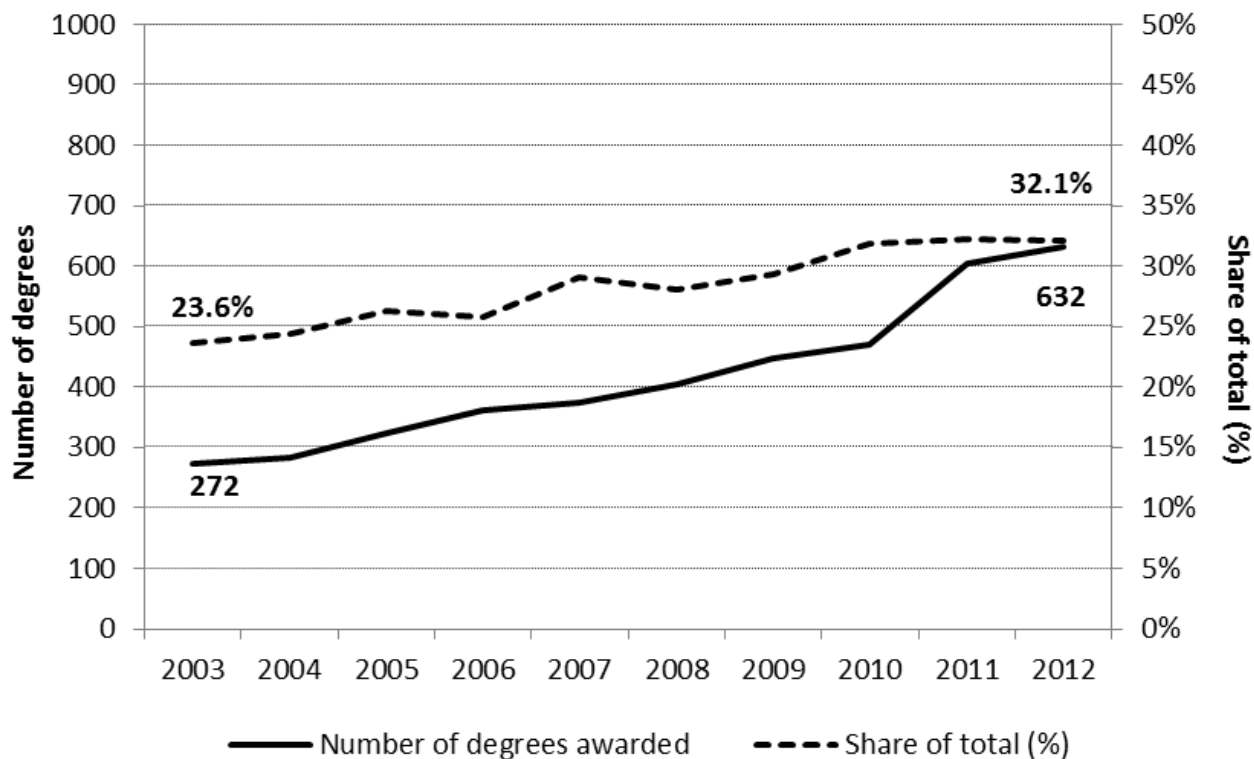
**Figure 3. Graduates of selected mental health education programs by race and ethnicity, California, 2012**



Source: IPEDS Completions Survey, 2012

Figure 3 demonstrates the extent to which social work training programs in California, at both the baccalaureate and master's degree level are comparatively racially and ethnically diverse. Figure 4 displays data on Latina women in master's of social work (MSW) programs. Between 2003 and 2012 the number of Latina women graduating from an MSW program in California increased by 133%. In 2012, one out of every three MSW graduates in California<sup>12</sup> was a Latina woman. Given the historical issue of underrepresentation of non-White students in mental health and health care related professions requiring advanced degrees, this trend represents a real success.

**Figure 4. Hispanic/Latina women graduates from master's in social work programs, California**



Source: IPEDS Completions Survey, 2012

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## References

- i. Holt, W. and Adams, N. (2013, July). *Mental Health Care in California: Painting a Picture*. California Health Care Almanac. Oakland, CA: The California HealthCare Foundation. HSRI, TAC, and Holzer, C. (June 29, 2012). *California Mental Health Prevalence Estimates*. Sacramento, CA: Department of Health Care Services.
  - ii. Grant, D., Kravitz-Wirtz, N., Aguilar-Gaxiola, S., Sribney, M., Aydin, M., and Brown, E.R. (July 2010). *Mental Health Status and Use of Mental Health Services by California Adults*.
  - iii. Aguilar-Gaxiola, S., Loera, G., Méndez, L., Sala, M., Latino Mental Health Concilio, and Nakamoto, J. (2012). *Community-Defined Solutions for Latino Mental Health Care Disparities: California Reducing Disparities Project, Latino Strategic Planning Workgroup Population Report*. Sacramento, CA: UC Davis.
  - iv. Collins, R., Wong, E., Cerully, J., and Roth, E. (2014). *Racial and Ethnic Differences in Mental Illness Stigma in California*. Rand Corporation and The California Mental Health Services Authority.
  - v. Chapman, S. and Lok, V. (2009). *The Mental Health Workforce in California: Trends in Employment, Education, and Diversity*. San Francisco, CA: Center for the Health Professions.
  - vi. Chapman, S., Christian, S., Lok, V. (2009). *Restructuring California's Mental Health Workforce: Interviews with Key Stakeholders*. San Francisco, CA: Center for the Health Professions.
1. Maps of areas where mental health professionals are abundant in the state are almost a reverse image of where persons with serious mental illness are most concentrated. See <http://www.chcf.org/publications/2013/07/data-viz-mental-health> Accessed July 7, 2014
  2. This map of mental health professional shortage areas prepared by the Office of State Health Planning and Development (OSHPD) illustrates where mental health professionals are in short supply. [http://gis.oshpd.ca.gov/atlas/content/report/shortage/hpsa\\_mh.pdf](http://gis.oshpd.ca.gov/atlas/content/report/shortage/hpsa_mh.pdf) Accessed July 7, 2014
  3. Information about occupation in the ACS is provided by the designated head of household, which means that the accuracy of the information depends on the head of household accurately characterizing the occupation of other members of the household. Unless the head of household is a psychologist, counselor or social worker, it is possible that individuals in the ACS data whose occupation is coded as such do not actually work in that occupation due to misreporting.
  4. Sample cases where employment status is identified as either "unemployed" or "not in labor force" have been excluded; sample cases where the industry code is not plausibly related to healthcare have also been excluded. In addition, we've restricted the sample for each occupation based on reported educational attainment as follows: Psychologist (master's degree or higher); Counselor (at least one year of college); Social Worker (bachelor's degree or higher).
  5. For more information about the specific job titles associated with each Census Occupation Code, see the Census 2010 Occupation Index at <https://www.census.gov/people/io/methodology/indexes.html>
  6. Tables and figures in this issue brief are based on revised data files (considered the most up-to-date data). As such, they may not match tables or figures published by NCES, which are based on original, unrevised data. For more information see: <http://nces.ed.gov/ipeds/cipcode/resources.aspx?y=55>
  7. CIP codes specifically describing clinical or counseling psychology or marriage and family therapy programs are not used by some schools that offer these programs. For example, almost all of the schools in the California State University system offering graduate degrees use the generic CIP code for general psychology to report all master's degree program graduates, regardless of program type. As a result, these data capture students who are most likely not be working as mental health professionals, and caution should be exercised when drawing conclusions.
  8. The level of detail reflects the number of sample cases. Statistics are not reported for sample sizes of less than 35 cases.

## Notes

1. Maps of areas where mental health professionals are abundant in the state are almost a reverse image of where persons with serious mental illness are most concentrated. See <http://www.chcf.org/>



9. Includes Native American, Native Hawaiian/Pacific Islander, and individuals identified as more than one race.
10. Only sample cases whose race identity was reported have been included (race/ethnicity is unknown for approximately .02% of the population).
11. Only students whose race/ethnicity is identified are included in calculating the distribution.
12. Technically, one of every three MSW graduates whose race/ethnicity was identified.

## Appendix 1

**Table 2. Composition of graduates by program type, by race/ethnicity and by gender, California, 2012**

<b>Race/ethnicity</b>	<b>Psych (PhD)</b>	<b>Psych (MA)</b>	<b>MFT (MA)</b>	<b>Social Work (MSW)</b>	<b>Social Work (BA)</b>	<b>Psych Tech</b>	<b>Substance Abuse/Addiction Counseling</b>
White	70.0%	62.2%	54.3%	36.1%	25.8%	29.1%	37.6%
Hispanic/Latino	12.0%	15.8%	24.9%	37.7%	45.8%	35.9%	36.1%
African American	5.7%	7.9%	10.9%	10.5%	9.8%	13.9%	19.3%
Asian	8.4%	9.5%	5.3%	11.8%	14.8%	18.4%	1.9%
Native Hawaiian/Pacific Islander	0.6%	0.4%	0.8%	0.3%	1.2%	0.5%	0.6%
Native American	0.7%	0.4%	0.5%	0.4%	0.7%	0.7%	2.6%
More than one race	2.5%	3.8%	3.3%	3.2%	1.9%	1.5%	2.0%
Total identified graduates	667	2,155	869	1,971	837	588	1,916
Unknown	99	413	241	138	106	23	110
Men	26.0%	19.5%	15.9%	14.3%	12.9%	37.0%	39.9%
Women	74.0%	80.5%	84.1%	85.7%	87.1%	63.0%	60.1%
Total graduates	766	2,568	1,110	2,109	943	611	2,026

Source: IPEDS Completions Survey, 2012

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