



Job Assessments and the Anticipated Retention of Behavioral Health Clinicians Working in Health Professional Shortage Areas

Donald E. Pathman, MD MPH, Lisa de Saxe Zerden, MSW, PhD, Amanda Beth Shafer, Thomas R. Konrad, PhD, Jerry N. Harris, PhD, Jackie Fannell, Brianna M. Lombardi, MSW, PhD

Background

A shortage of behavioral health clinicians (BHC) impedes access to mental health services nationwide, with the shortage most acute in federal Mental Health Professional Shortage Areas (mHPSAs). As retaining BHCs in MHPSAs is critical, this study sought to identify work and job characteristics drawn from the wider clinician retention literature associated with anticipated retention of BHCs working in safety net practices in mHPSAs.

Methods

Data for this cross-sectional study were drawn from the Provider Retention and Information System Management (PRISM) Collaborative's annual survey of clinicians completing loan repayment support in mHPSAs, from 2016-2023. Bivariate associations with 5-year anticipated retention for clinicians' assessments of aspects of their jobs and work were assessed with binary logistic regression while controlling for demographic, professional, and community characteristics.

Findings

The 2,587 respondent sample (67.5% response rate) of BHCs included 42% LCSWs, 39% LPCs, 12% psychologists, and 7% LMFTs. Seventy-seven percent of BHCs foresaw remaining in their practices for at least another year, 66.8% another two years, and 42.2% another five years. Five-year anticipated retention rates were higher for clinicians who reported an effective and supportive administration, felt well and fairly compensated, had a good work-life balance, and provided the full range of services they desired.

Conclusions and Policy Implications

Four out of ten BHCs working in mHPSAs anticipated they would still be working in their current practices in five years. Multiple characteristics related to the work and jobs of BHCs are related to their anticipated retention, suggesting modifiable factors that safety net facilities in mHPSAs can address to better retain BH clinicians.