Job Characteristics and the Anticipated Retention of Behavioral Health Clinicians Working in Mental Health Professional Shortage Areas (mHPSA)

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INTRODUCTION

- The U.S. faces a critical shortage of behavioral health (BH) clinicians, especially in federally designated Mental Health Professional Shortage Areas (mHPSAs), affecting access to BH care for over 122 million people[1-3]
- While recruitment efforts like loan repayment programs help attract clinicians to underserved areas, high turnover rates (15–40% annually) undermine these gains[4]
- Retention of clinicians in mHPSAs is essential to sustaining BH services in mHPSAs' safety-net settings such as community mental health centers and FQHCs[5,6]
- Little is known about which specific job-related factors influence the retention of master's and doctoral-level BH clinicians in mHPSAs

RESEARCH OBJECTIVES

This study aimed to identify the aspects of BH clinicians' jobs and work environments within U.S. mHPSAs that are associated with their anticipated 5-year retention.

METHODS

Study Design: Cross-sectional analysis from survey data from BH clinicians working in mHPSAs at the time their National Health Services Corps loan repayment ended, between 2016—2023.

Participants: BH clinicians (*N*=2,587; LCSWs, LPCs, psychologists, LMFTs) who worked ≥30 hours/week.

Data Collection: Surveys administered at the end of loan repayment terms by the PRISM Collaborative (33 states), capturing job satisfaction and assessments (Likert scale, 1-5) of various aspects of their work and jobs, and their anticipated 5-year retention.

Analysis: Bivariate and then adjusted associations with 5-year anticipated retention were assessed for BH clinicians' assessments of various aspects of their work and jobs controlling for demographic, professional, and community characteristics, and all other measured aspects of their jobs.

RESULTS

Survey Respondents: The overall response rate was 67.5%. Of the 2,587 eligible respondent BH clinicians, 42% were LCSWs, 39% LPCs, 12% psychologists, and 7% LMFTs.

- 60% were married; 49% had children; 77% had family in state or within driving distance
- On average, had 4.9 years in current setting (range 0.5 to 26 years)
- 64.8% practiced in an urban county vs. 35.2% in a rural county

Anticipated Retention: 42% of clinicians anticipated staying in their current practice for at least another 5 years (see Figure 1).

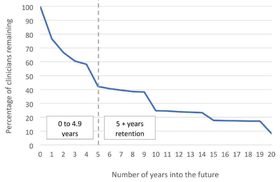

Fig. 1 Percentage of behavioral health clinicians who anticipate remaining in their current safety-net practices over the years ahead

Bivariate job correlates of anticipated retention

	No.	%	% ant. retention of 5>years	*p*-value
Scale 1: Having good Administration				
Strongly Agree	427	16.8%	78.0%	< 0.001
Agree	1,018	40.0%	66.3%	
Neutral	759	29.8%	48.1%	
Disagree	274	10.8%	34.3%	
Strongly Disagree	68	2.7%	25.0%	
Scale 2: Finding meaning in work				
Strongly Agree	1,505	59.2%	62.9%	< 0.001
Agree	970	38.2%	52.4%	
Neutral	56	2.2%	39.3%	
Disagree	5	0.2%	20.0%	
Strongly Disagree	5	0.2%	60.0%	
Scale 3: Having good work-life balance				
Strongly Agree	260	10.2%	70.0%	< 0.001
Agree	692	27.1%	64.2%	
Neutral	777	30.5%	57.3%	
Disagree	651	25.5%	53.6%	
Strong Disagree	171	6.7%	37.4%	
Scale 4: Feeling well and fairly compensated				
Strongly Agree	271	10.6%	73.4%	< 0.001
Agree	580	22.8%	66.9%	
Neutral	1,070	42.0%	57.7%	
Disagree	449	17.6%	46.8%	
Strongly Disagree	177	6.9%	38.4%	
Item 5: Being able to provide full range of services desired				
Strongly Agree	996	39.0%	69.1%	< 0.001
Agree	1,161	45.5%	56.8%	
Neutral	222	8.7%	37.8%	
Disagree	143	5.6%	32.2%	
Strong Disagree	31	1.2%	29.0%	
Item 6: Feeling strongly supported by staff				
Strongly Agree	704	27.6%	67.3%	< 0.001
Agree	1,104	39.7%	59.0%	
Neutral	541	21.2%	57.7%	
Disagree	219	8.6%	55.1%	
Strongly Disagree	74	2.9%	42.5%	

Logistic Regression Model Results: Independent Job Predictors of Retention

Effective and Supportive Administration: (OR= 1.56, *p*<.001)

Fair Compensation: Perceived adequacy and fairness in pay (OR = 1.27, *p*<.001)

Work-Life Balance: Flexibility and manageable hours (OR = 1.15, *p*<.001)

Full Scope of Practice: Ability to provide full range of desired services (OR = 1.27, *p*<.001)

Non-Significant Factors:

- **Finding Meaning in Work**: Nearly all clinicians found their work meaningful, so this did not affect anticipated retention ratings (OR=1.05, *p*=.63)
- **Feeling Staff Support**: Feeling supported by colleagues was not independently associated with anticipated 5-year retention (OR=1.07, *p*=.20)

CONCLUSIONS & POLICY IMPLICATIONS

- Addressing BH clinician job satisfaction and retention are as vital as recruitment in solving workforce shortages in mHPSAs
- Many retention-promoting strategies (e.g., upskilling administrators, expanding BH clinicians' schedule flexibility, promoting autonomy) are low-cost and feasible for safety-net practices
- While loan repayment programs are helpful, these should be paired with workplace improvements to maximize long-term retention for BH clinicians in safety-net settings

Future Policy Directions:

- Invest in leadership training for practice administrators, to teach them to better understand, support, and empower BH clinicians to create attractive and viable long-term positions
- Invest in developing the science and tools for managing BH and other clinicians within safety net clinics, to counterbalance current emphasis on fiscal management
- Tie public dollars to safety net practices for BH services to documented evidence of good clinician management (e.g., evidence on standardized measures of clinician work satisfaction and low turnover rates; documented policies for flexible work schedules and including clinicians in administrative decisions)

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