

In Partnership with Black Psychiatrists of America, Inc. and
The National Association of Black Social Workers, Inc.

2022



The Association of Black Psychologists, Inc. Presents

The Black Mental Health Workforce Survey Report

The First Multidisciplinary and Multigenerational Report on the Black Mental Health Workforce



Acknowledgements

The Association of Black Psychologists, Inc. extends its gratitude to the National Association of Black Social Workers, Inc., and Black Psychiatrists of America, Inc. for their partnership in support of this study. We would also like to extend our appreciation to the mental health professionals participating in the Black Mental Health Workforce Survey. We want to acknowledge Christopher D. Hill, Ph.D., for conducting the data analysis and preparing the report. Lastly, we want to recognize the contributions of The Association of Black Psychologists, Inc. Black Mental Health Workforce Taskforce members:

- **Donell Barnett, PhD**, National President of The Association of Black Psychologists, Inc.
- **Lanéay L. London, MSW**, NAMI Urban Los Angeles, Behavioral Health Workforce Consultants, The Association of Black Psychologists, Inc.
- **Christopher D. Hill, PhD**, The Association of Black Psychologists, Inc.
- **Joniesha Hickson, M.A.**, The Association of Black Psychologists, Inc.
- **Daryl Shorter, MD**, Addiction Psychiatrist & Medical Director, Baylor College of Medicine
- **Melissa Haley, MSW**, President, National Association of Black Social Workers, Inc.
- **Napoleon B. Higgins, Jr. MD**, Executive Director, Black Psychiatrists of America, Inc.
- **Sheena Myong Walker, PhD**, Assistant Professor of Psychology, University of the Virgin Islands
- **Anthony P. Young, PsyD**, President, Denver-Rocky Mountain Association of Black Psychologists, Inc.
- **Suzanne Randolph Cunningham, PhD**, Research Jegna, The Association of Black Psychologists, Inc.

Contact

The Association of Black Psychologists, Inc.

7119 Allentown Road, Suite 203

Ft. Washington, MD20744

www.ABPsi.org

The ABPsi | NationalABPsi





LETTER TO THE READER

Since 1968, The Association of Black Psychologists, Inc. (ABPsi) has led the field of Black/African Psychology and served as the professional home for psychologists and mental health professionals of African heritage. Since its inception, ABPsi has fought inequalities and advocated for the Black Mental Health Workforce.

The COVID-19 pandemic awakened the world to the inhumane treatment of Black people and a constellation of health and social disparities. These events exacerbated existing stress and trauma. Several studies document declining wellness, increased mental illness, and increased numbers of death by [suicide](#) in Black communities. Viewing senseless murder and torture, in addition to the burdens of the pandemic, many Black Americans need mental support. Still, they cannot find mental health providers who look like them and have an intimate understanding of their needs and challenges.

While several reports document the ongoing mental health workforce crisis, few of those reports highlight the specific concerns of Black-Identified students and professionals. This oversight can only be understood in the context of privilege, whereby minoritized groups and voices get rolled up in general perspectives that do not represent the lived experience of Black, Indigenous, and other People of Color, or those who identify with other gender or attractional orientations.

The primary purpose of this report is to allow Black mental health providers to tell their own stories (Kujichagulia). The information contained herein represents perspectives from a cross-section of Black Mental Health Professionals and focuses on salient issues across the industry. In a later release, the taskforce will produce focused reports on each discipline and specific rungs of the career ladder.

Thank you for engaging with us in the pursuit of Black Liberation.

ABOUT ABPSI

MISSION

ABPsi sees its mission and destiny as the liberation of the African Mind, empowerment of the African Character, and enlivenment and illumination of the African Spirit.

PURPOSE

ABPsi promotes and advances the profession of African Psychology, influences social change, and develops programs whereby psychologists of African descent can assist in solving problems of Black communities and other ethnic groups.



Introduction

Purpose

The mental health industry vastly underserves Black people. People of African descent navigated existing and historical psychological harm, but more recently, a syndemic of Covid-19, institutional racism, and economic strain.

The story of Black people is one of strength, genius, creativity, and resilience. Amid this story, Black people are reaching for mental and spiritual healing. Further, Black healers are responsible for navigating the same challenges as our brothers and sisters while being stretched too thin to respond to the community's needs. The yoke of that responsibility is far too great to bear in silence.

The leading Black mental health organizations (ABPsi, NABSW, BPA) joined and took on the right and responsibility to advocate beyond the respective professions and join forces (UJIMA) to represent the needs of each discipline, Black mental health professionals as a whole, our black communities worldwide.

The Black Mental Health Workforce Taskforce was developed and consisted of members of ABPsi intended to understand workforce challenges at each step of the career pipeline.

What We Know

The research (Greenberg et al., 2020; Sovold et al., 2021) is well-documented on mental health concerns among the healthcare and mental health workforce worldwide (Kakuma et al., 2011). Even before the COVID-19 pandemic, mental health concerns among mental health professionals included stress, burnout, depression, anxiety, substance use and abuse, and other poor mental health outcomes (Morse et al., 2012). The novel coronavirus forced mental health professionals into innovative care practices. It illuminated several barriers (Ojha & Syed, 2020), particularly for historically unserved, under-served, or inappropriately served communities.

One potential solution is the recent passing of the 21st Century Cures Act by the U.S. Congress. The Cures Act mandated the Health Resources and Services Administration, an agency under the U.S. Department of Health & Human Services, to study the nation's mental health and substance abuse disorder workforce to help policymakers and other stakeholders make decisions about behavioral health workforce education, training, and delivery of care.



Introduction

What is less understood is 1) the mental health concerns of Black mental health professionals, particularly during the COVID-19 pandemic, 2) the challenges and barriers faced by Black mental health professionals while serving the Black community, and 3) what Black mental health professionals need to serve Black patients in their communities better.

The most recent data shows that Black mental health professionals are underrepresented in psychology, psychiatry, social work, and licensed professional counseling and therapy. Though some reports suggest that the mental health workforce is diversifying, some mental health professional areas continue to experience massive shortages (Nelson A., 2003; Page et al., 2011; Santiago et al., 2014).

Several news outlets like Forbes, NBC News, and others have reported on the negative impact (e.g., stress, burnout, and increased workload) of the lack of Black mental health providers on the Black mental health workforce and Black patients (Gara et al., 2019; Spector, 2001).

Black mental health professionals have revealed several accounts of microaggressions, institutional racism, marginality, and invisibility. (Delapp & Williams, 2015; Johnson et al., 2021; Obasi, 2022). Ultimately, the experiences of Black mental health professionals have led to many leaving the mental health profession (Shim, 2020).

What We Want to Know

This report provides insight into salient factors that present concerns, challenges, and barriers among the Black mental health workforce. In addition, we hope that the findings herein not only be utilized to understand the Black mental health workforce better but also to develop community-orientated strategies and solutions resulting in positive outcomes for the Black mental health workforce and those they serve.

ABPsi presents the first multidisciplinary, multigenerational, Black Mental Health Workforce Survey Report.



Table of Contents

	Introduction	p 01
01	Chapter 1: Demographics	p 07
02	Chapter 2: Work Roles and Location	p 11
03	Chapter 3: Challenges	p 16
04	Chapter 4: Workplace Training & Supports	p 19
05	Chapter 5: Voices From the Field	p 24
06	References	p 28
07	Summary and Recommendations	p 32



Chapter 1: Who Are the Black Mental Health Workforce Survey Respondents

Demographics

ABPsi's Mental Health Workforce Taskforce, in collaboration with Black Psychiatrists of America and the National Association of Black Social Workers, designed the Black Mental Health Workforce Survey—the survey used for this study. The Black Mental Health Workforce Survey received 648 responses ($n = 648$) from mental health professionals, primarily in the continental U.S.

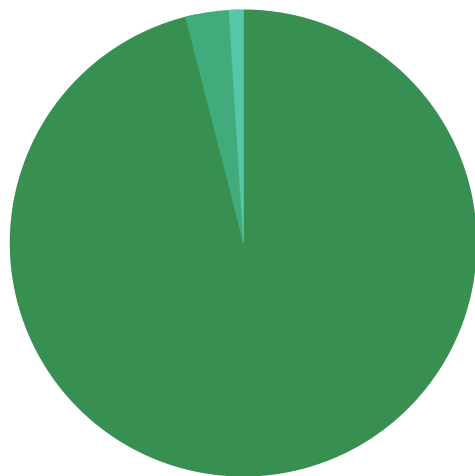
Racial Identity

When asked to describe their racial identity:

- 96% reported their racial identity as Black/African American.
- 3% reported their racial identity as Bi-racial/Multi-racial.
- 1% reported their racial identity in other racial identity categories (White, Asian American, American Indian/Alaska Native/Indigenous, Other).
- 2% of survey respondents who reported their racial identity as Black/African American reported to identify with a LatinX/O or Hispanic ethnic group.

Bi-racial/multiracial

3%



Black/African American
96%

“There is a lack of representation of clinicians of color, particularly Black male clinicians. The workforce lacks diversity, and it is difficult to find clinicians of color in private practice who can serve the demand of clients who need services. There are many imbalances in the workforce that are not being addressed...the space is underserved and under-supported.”

Respondent Quote

Note. For this analysis $n = 647$; missing = 1

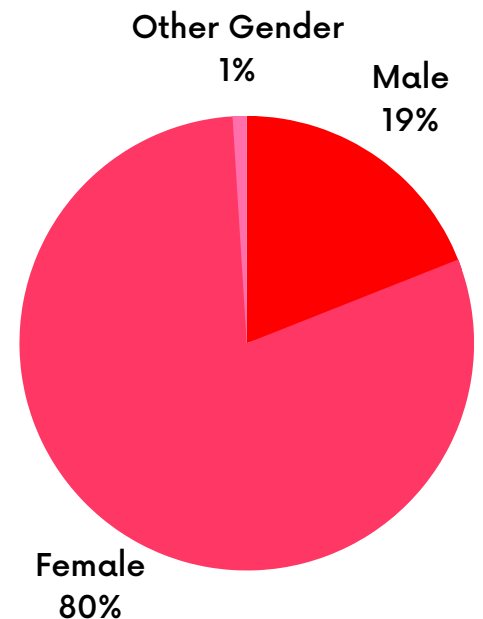


Chapter 1: Who Are the Black Mental Health Workforce Survey Respondents

Gender Identity

When asked to describe their gender identity:

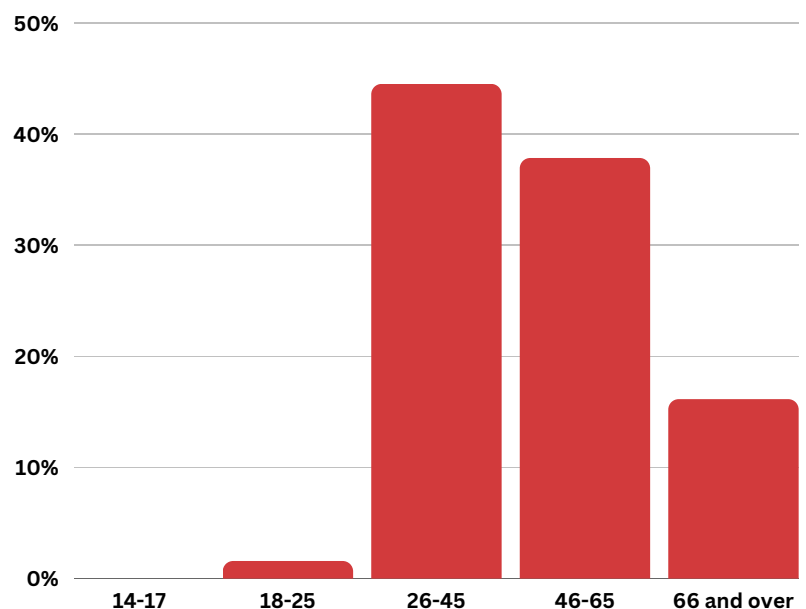
- 80% reported female as their gender identity.
- 19% reported male as their gender identity.
- 1% reported to be another gender identity (e.g., non-binary, transgender, other gender).



Note. For this analysis n = 648; missing = 0.

Age Group

- Nearly half (45%) of survey respondents reported to be in the 25-45 age group followed by 38% of survey respondents who reported to be in the 46-65 age group.
- 35% of survey respondents reported to be female in the 26-45 age group followed by 31% of survey respondents who reported to be female in the 46-65 age group.



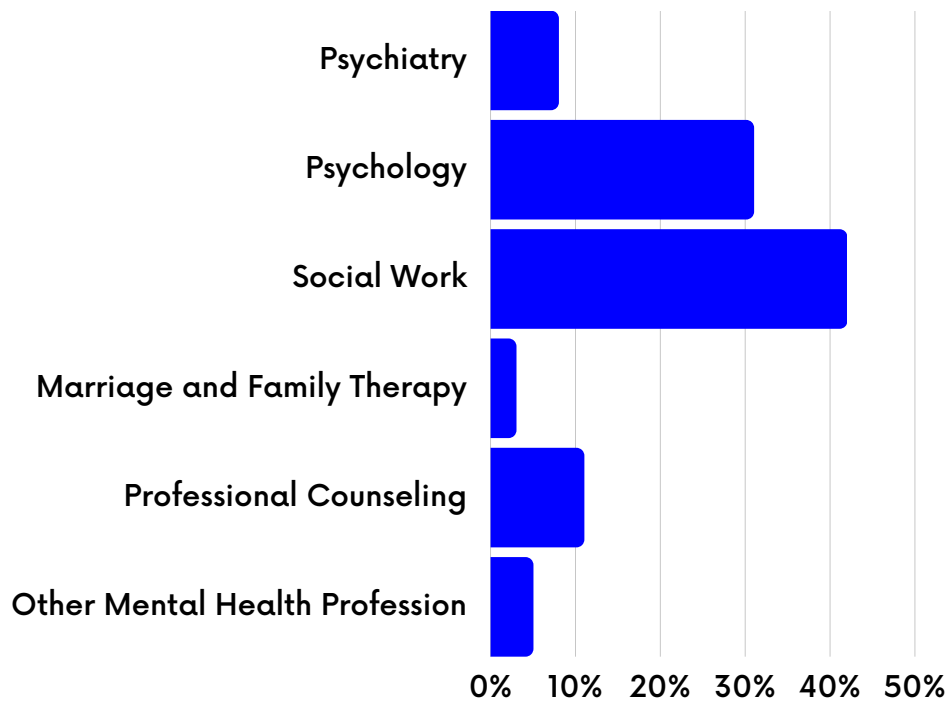
Note. For this analysis n = 645; missing = 3.



Chapter 1: Who Are the Black Mental Health Workforce Survey Respondents

Mental Health Professionals

Nationally, [4%](#) of psychologists (American Psychological Association, 2018), [2%](#) of psychiatrists (American Psychiatric Association, 2021), [22%](#) of social workers (Institute for Health Workforce Equity, 2020), [7%](#) of marriage and family counselors, and [11%](#) of professional counselors are reported to be Black. The Black Mental Health Workforce Survey respondents characterized their professions in the following categories:



Note.
For this analysis $n = 648$; missing = 0.



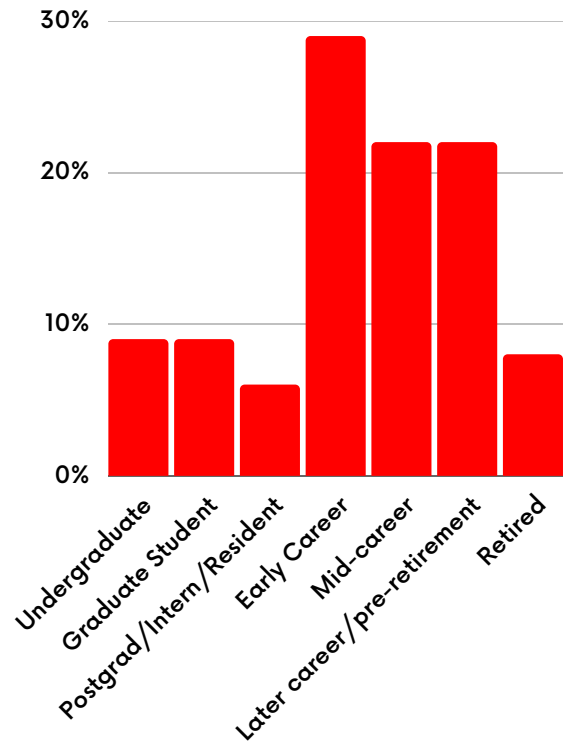


Chapter 1: Who Are the Black Mental Health Workforce Survey Respondents

Career Ladder

Mental Health Professional survey respondents were asked to characterize where they were on the career ladder.

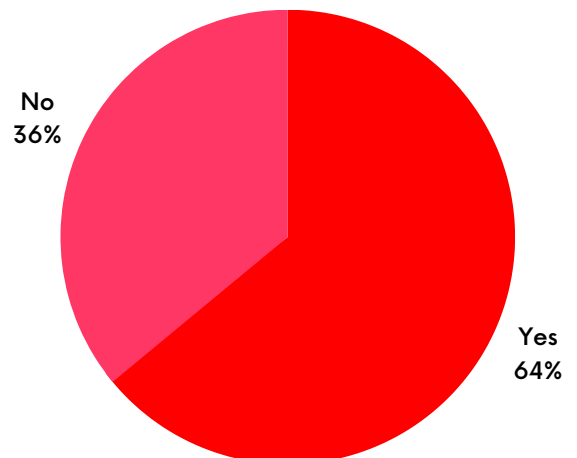
- 29% characterized themselves as early career or within ten years of receiving their terminal degree or licensure.
- 22% characterized themselves as mid-career or 11 to 20 years post-terminal degree.
- 22% characterized themselves as career to pre-retirement or 21+ years in the mental health profession.
- 8% characterized themselves as retired.
- 10% characterized themselves as a student (i.e., high school, undergraduate, graduate student).
- 6% characterized themselves as post-graduate/intern/resident status.



Note. For this analysis n = 648; missing = 0.

Clinical Licenses

More than half of survey respondents (64%) reported holding a clinical license.

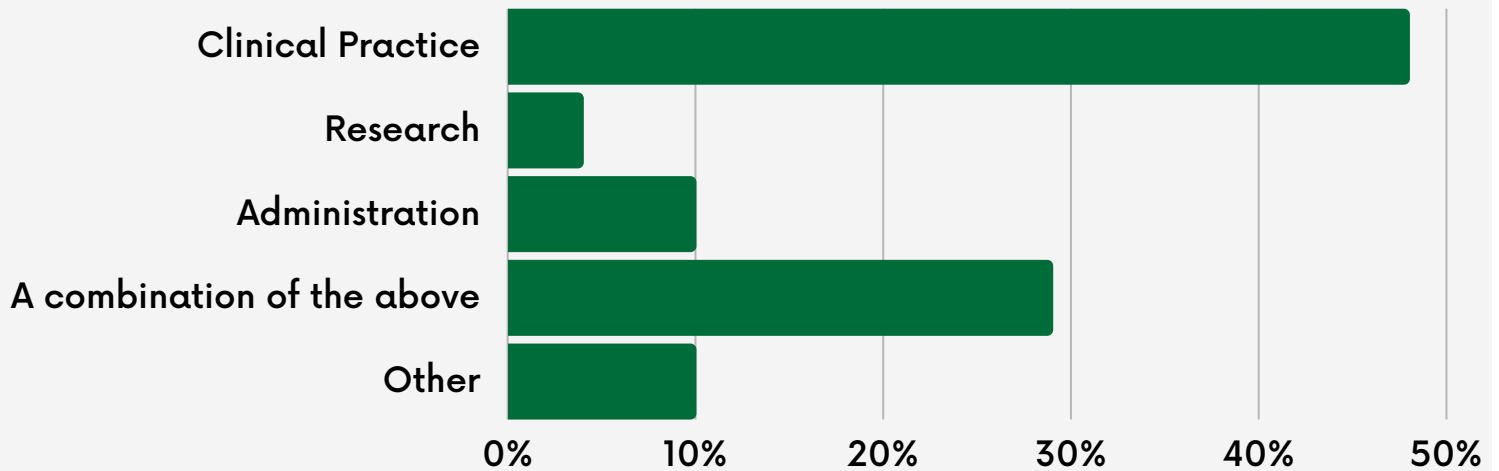


Note. For this analysis n = 648; missing = 0.



Chapter 1: Who Are the Black Mental Health Workforce Survey Respondents

Primary Work Roles for Black Mental Health Professionals



Note. For this analysis n = 647; missing = 1.

How Black MH Workforce survey respondents characterized their primary work roles:

- 48% characterized their primary work role as clinical practice.
- 29% characterized their primary work role as a combination of clinical practice, research, and administration.
- 10% characterized their primary work role in an administrative capacity (e.g., organizational administrator, another non-clinical role).
- 4% characterized their primary work role to be primarily researchers.



48%

Nearly half of mental health professional respondents (48%) characterized their primary work role in clinical practice.



Chapter 2: Where Do Black Mental Health Professionals Live and Work?

Geographic Location

- 98% of survey respondents reported that they live and work in the United States, including the U.S. Territories.
- 2% of survey respondents reported that they live outside of the United States (e.g., Canada, South America, Africa, Europe, and the Caribbean).



Note. For this analysis $n = 603$; missing = 45

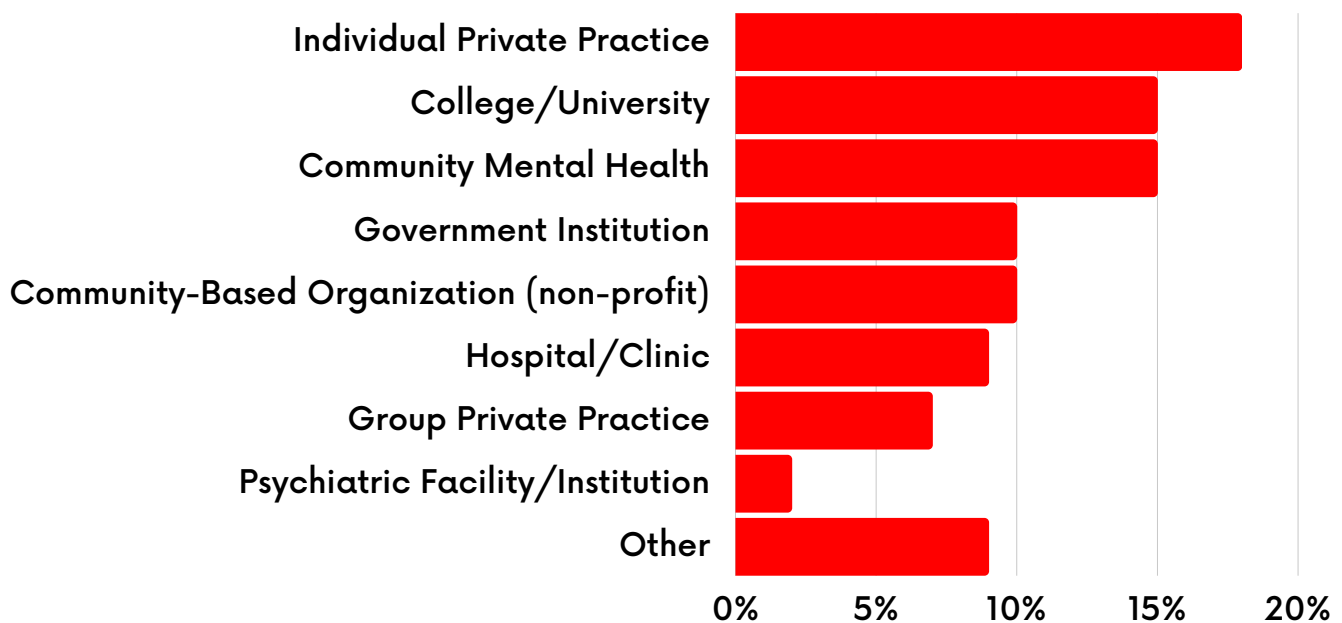
- 67% of the survey respondents reported to work in urban cities.
- 16% of survey respondents reported to work in suburban locations.
- 6% of survey respondents reported to work in rural locations.
- 9% of survey respondents reported working in other types of geographical locations.



Chapter 2: Where Do Black Mental Health Professionals Live and Work?

Primary Work Location

Mental health professional survey respondents were asked about their primary work location and setting.



Note. For this analysis n = 609; missing = 39

- Over half (56%) of survey respondents reported to work in outpatient settings.
- A quarter of survey respondents (25%) reported to work in private practice locations (i.e., individual and group private practice locations).
- 15% of survey respondents reported to work in college and university locations.
- 15% of survey respondents reported to work in community mental health locations.

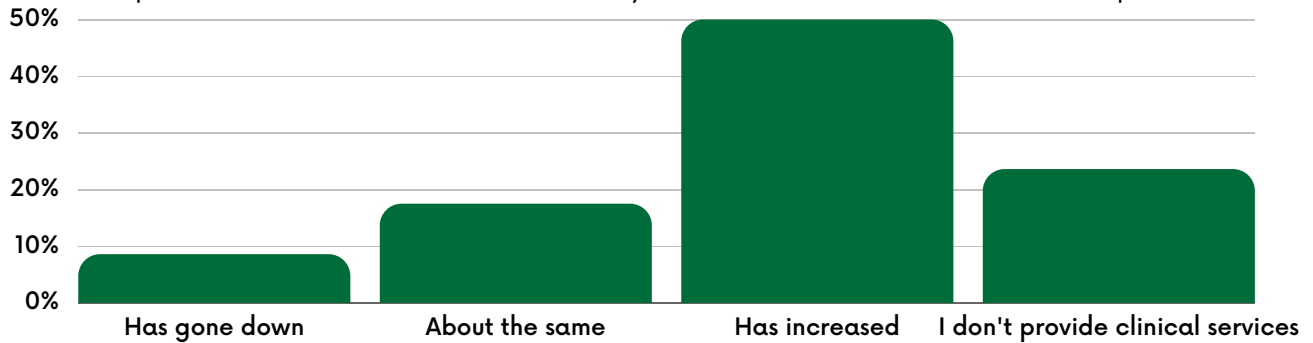


Chapter 2: Where Do Black Mental Health Professionals Live and Work?

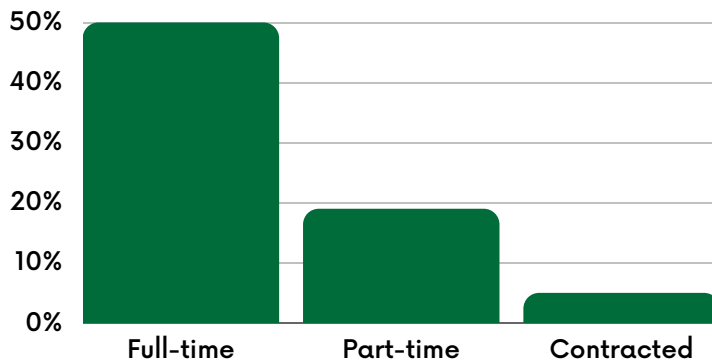
Clinical Workload

Mental health professional survey respondents who do clinical work were asked how they would describe their clinical workload since the beginning of the COVID-19 pandemic.

- 50% reported that their clinical workload has increased since the COVID-19 pandemic.
- 17% reported that their workload had stayed the same since the COVID-19 pandemic.



Note. For this analysis n = 606; missing = 42



Primary Work Schedule

Of those who do clinical work:

- 50% reported to be full-time
- 19% reported to be part-time
- 5% reported to be contractors

Note. For this analysis n = 610; missing = 38



The challenges are many with competing workplace & family responsibilities



Respondent Quote

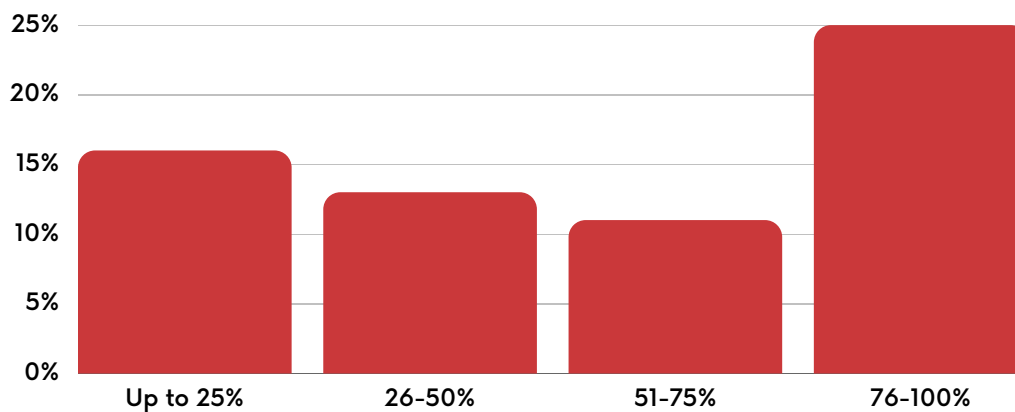


Chapter 2: Where Do Black Mental Health Professionals Live and Work?

Telehealth Workload

Of those who do clinical work:

- 25% reported that telehealth accounts for 76%-100% of their workload.
- 16% reported that telehealth makes up to 25% of their workload.
- 13% reported that telehealth accounts for 26%-50% of their workload.
- 11% reported that telehealth accounts for 51%-75% of their workload.



Note. For this analysis n = 608; missing = 40

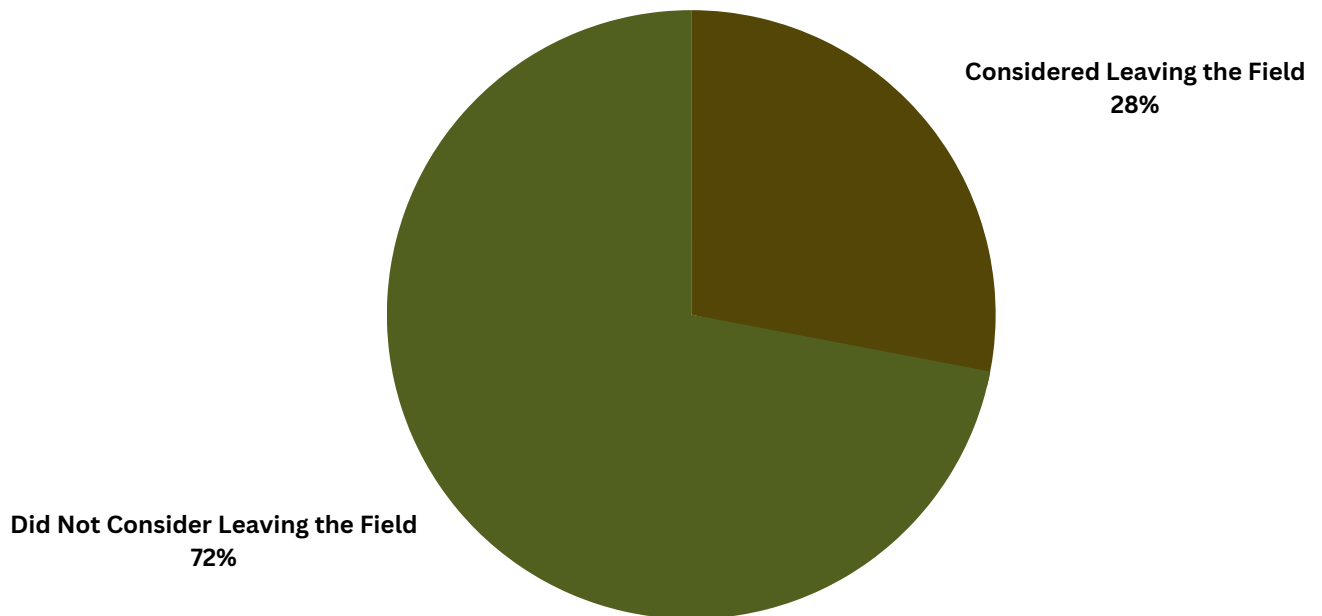




Chapter 3: Reasons for Leaving the Field and Other Challenges

Challenges

Twenty-eight percent (28%) of survey respondents reported that they considered or are considering leaving the mental health field.



Note. For this analysis n = 610; missing = 38.

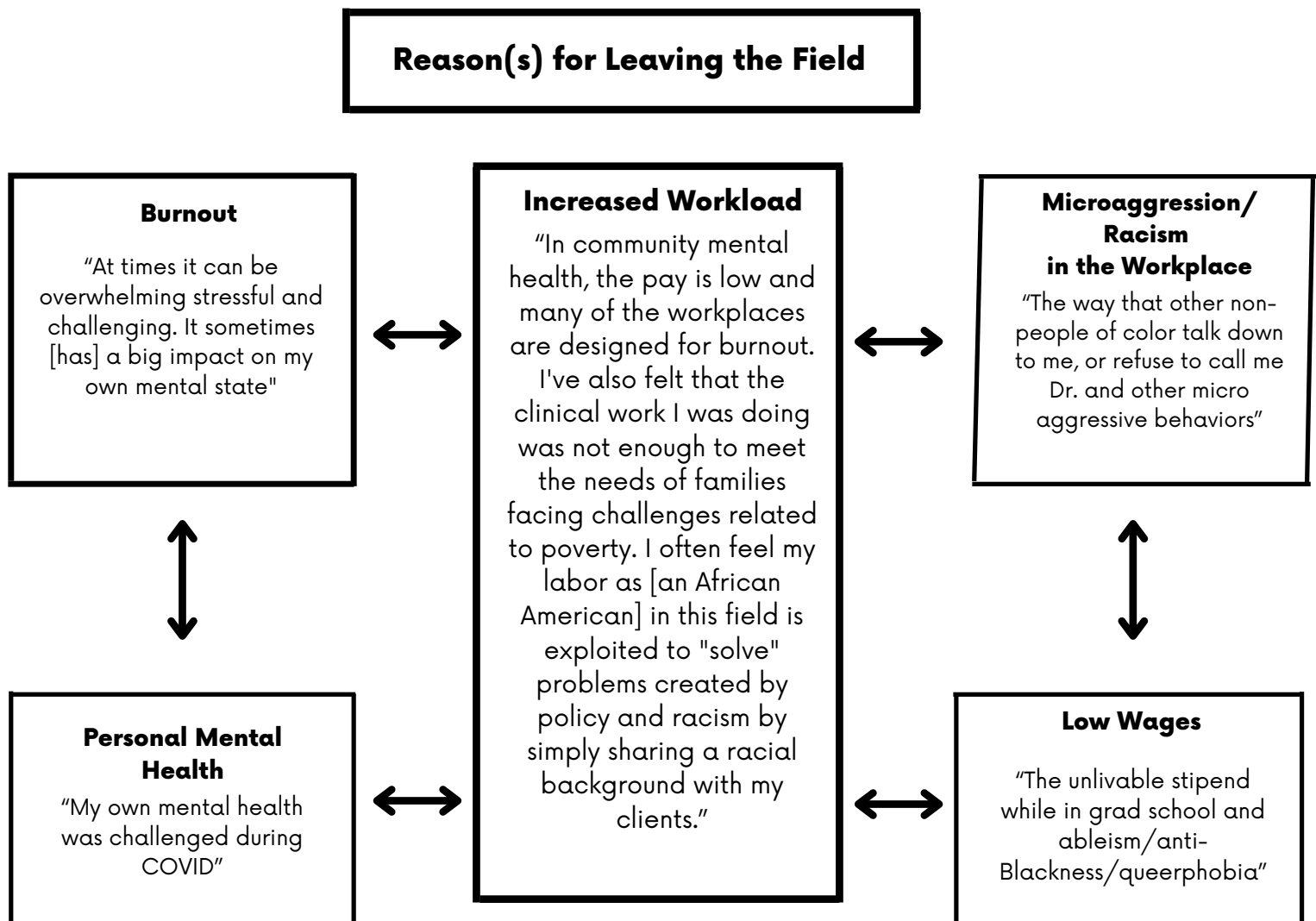




Chapter 3: Reasons for Leaving the Field and Other Challenges

Reasons for Leaving the Field and Other Challenges

Mental Health Professionals who reported that they considered or are considering leaving the mental health field were asked to list their primary reasons for considering leaving the field. The top themes that emerged were (1) burnout, (2) low wages, (3) increased workload, (4) microaggressions and racism in the field, and (5) personal mental health.



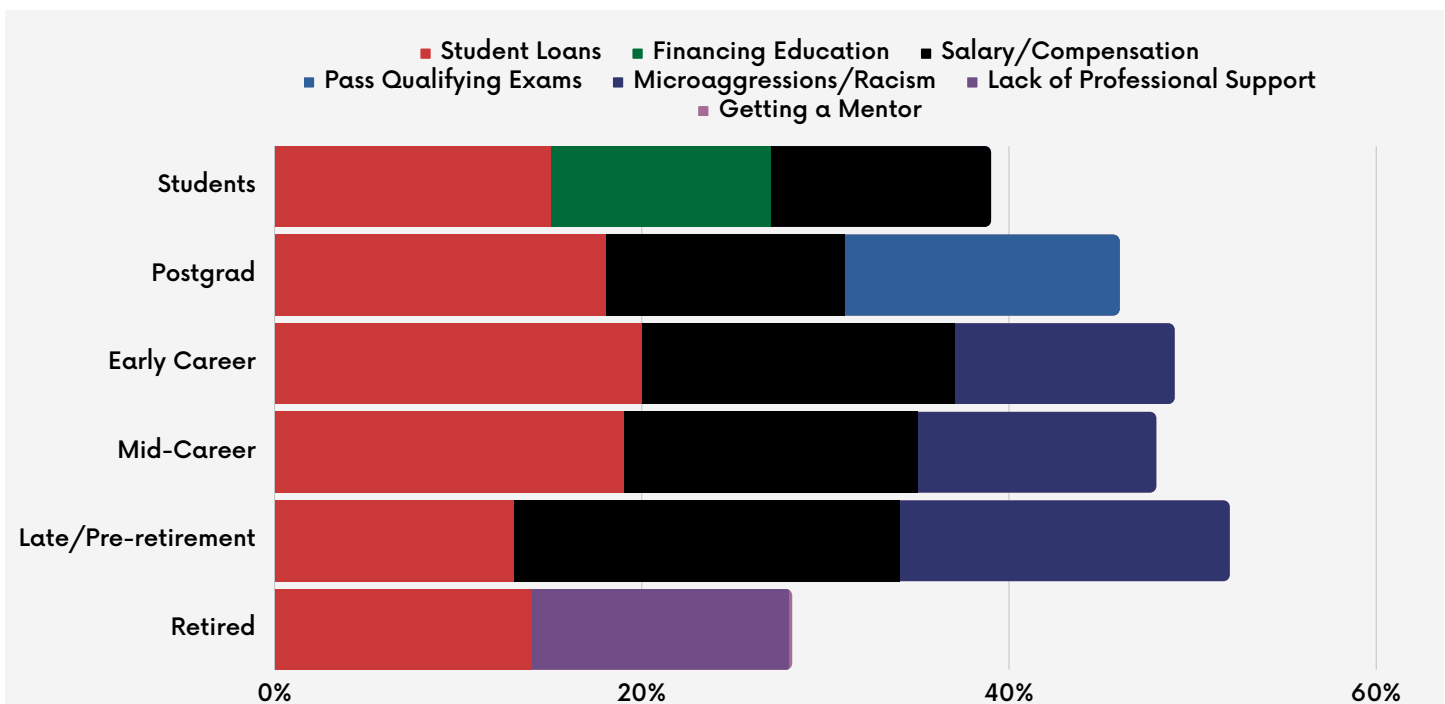
Note. For this analysis, Survey Respondents may have reported multiple reasons under this item. Therefore, some responses may be reported in multiple reasons for leaving the field; n = 405; missing = 243.



Chapter 3: Reasons for Leaving the Field and Other Challenges

Main Challenges Faced by Mental Health Professionals

Forty-eight percent (48%) of the survey respondents reported student loans as the main challenge they face as a mental health professional. In addition, student loans was reported as the main challenge as a mental health professional by students, postgraduates, and early-career and mid-career professionals. Salary and compensation was reported as the main challenge as a late career/pre-retired mental health professional. Getting a mentor was reported as the main challenge by retired mental health professionals



Note. For this analysis, Survey Respondents may have reported multiple challenges under this item. Therefore, some respondents may be reported for multiple challenges faced by mental health professionals; n = 599; missing = 49. Survey Respondents were able to indicate multiple categories under this item. Therefore, some respondents may be reported in multiple types of challenges. Student (n = 247); Postgrad (n = 114); Early Career (n = 569); Mid-career (n = 377); Late to Pre-retirement (n = 278); Retired (n = 29).



Chapter 4: Workforce Training and Supports

Workforce Training and Supports

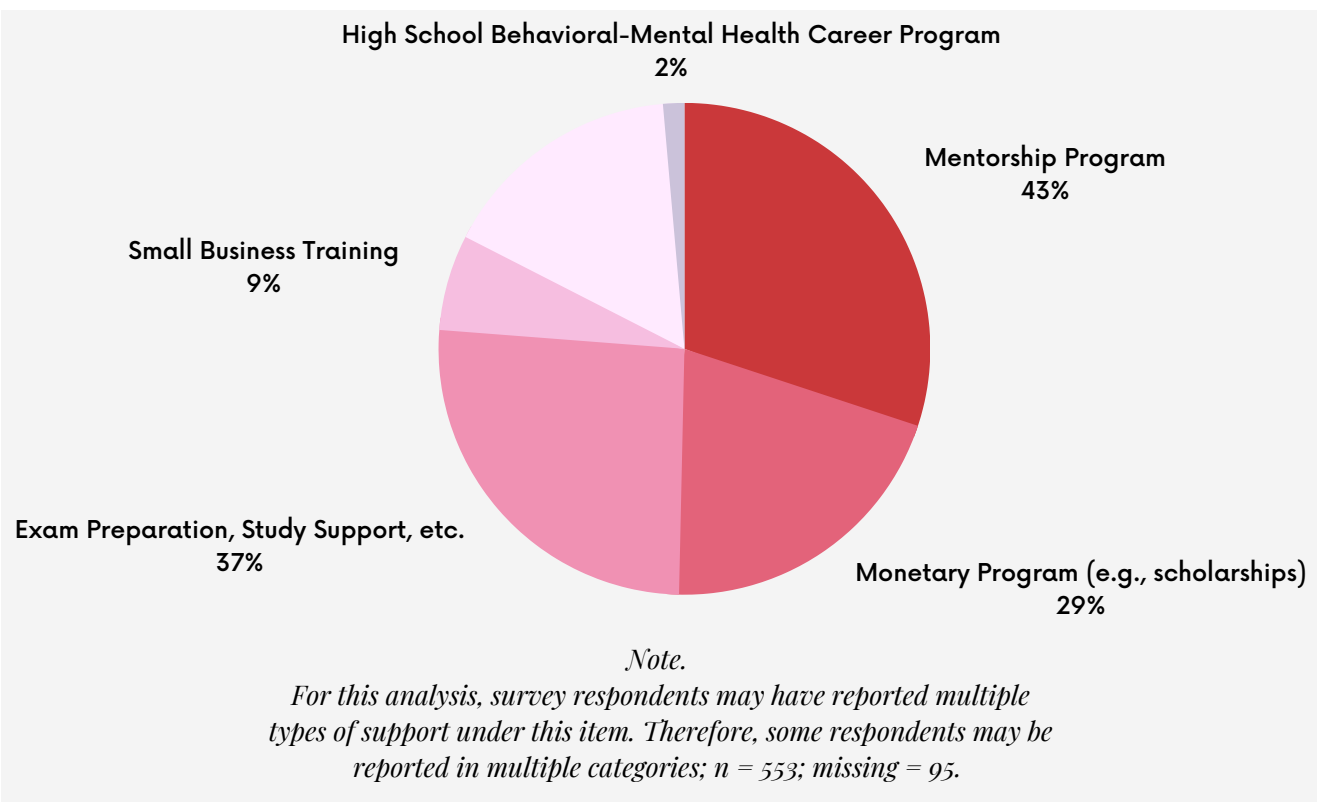
Professional Support Received During Training

Survey respondents reported receiving the following professional support during their training:

- 43% received mentorship programs.
- 37% received exam preparation and study support.
- 29% received monetary support including scholarships.

Survey respondents reported being involved in the following psychological courses or programs during high school:

- 44% reported no courses or programs offered during high school.
- 23% reported a course offered in high school.



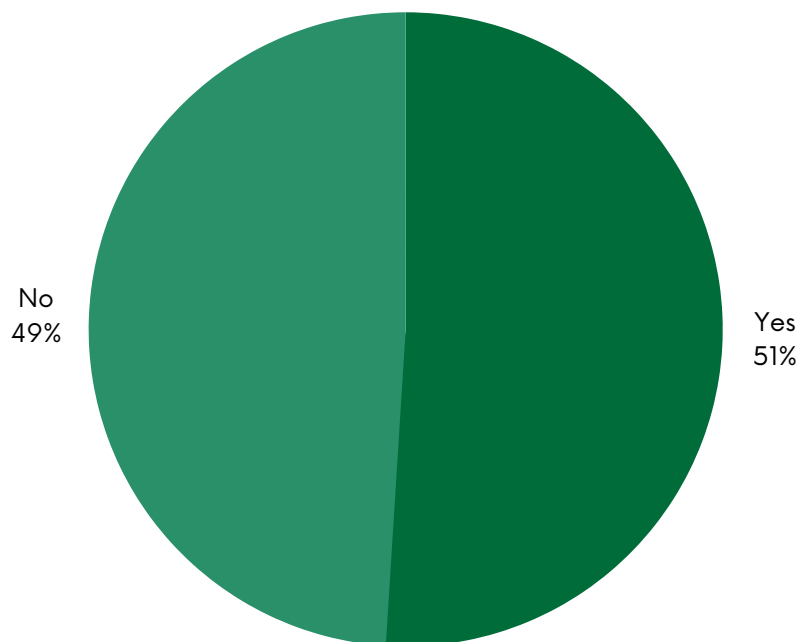


Chapter 4: Workforce Training and Supports

Workforce Training and Supports

Training In the Psychology of African/Black People

- Half (51%) of mental health professional survey respondents reported receiving training in the Psychology of African/Black People.



Note. For this analysis n = 588; missing = 60

- 58% of survey respondents received post-graduate training or continuing education in working with people of African descent.
- 58% of survey respondents reported primarily working with Black/African American individuals.
- 83% of survey respondents believed learning African-centered clinical practices would be beneficial to them personally and professionally.



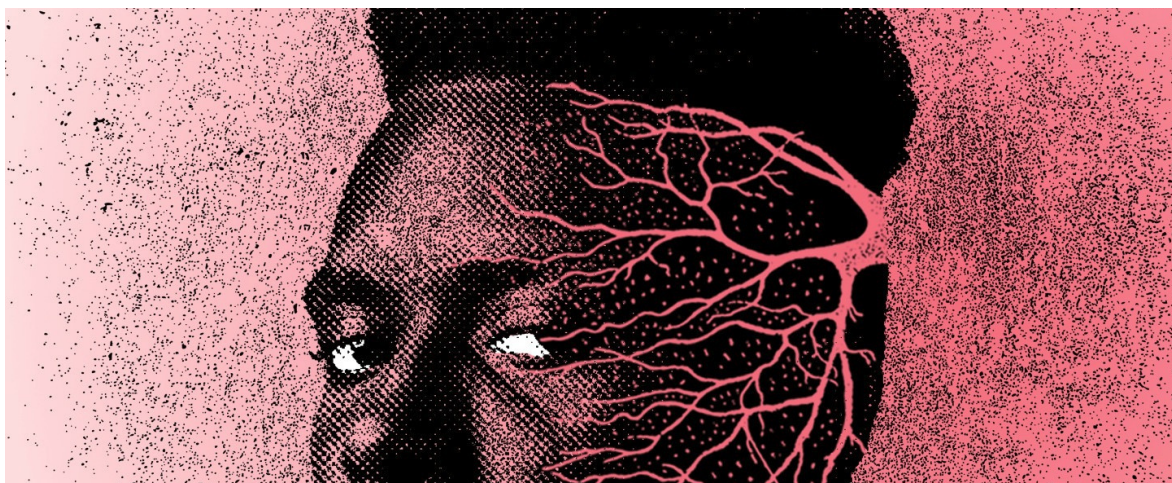
Chapter 4: Workforce Training and Supports

Workforce Training and Supports

Formal Training and Preparation to Enter the Field

Mental health professional survey respondents reported on how adequate their formal training was in the following areas below:

- 58% reported training in traditional talk therapy with Black people or people of African descent.
 - 41% of survey respondents indicated receiving no training in this area.
 - 34% of those who received training indicated their training was inadequate.
- 57% reported training in the diagnosis of Black people or people of African descent.
 - 43% indicated receiving no training.
 - 37% of those who received training indicated their training was inadequate.
- 38% of survey respondents reported training in pharmacological interventions with Black people or people of African descent.
 - 62% indicated receiving no training.
 - 25% of those who received training indicated their training was inadequate.
- 56% of survey respondents reported training in the evaluation and psychological assessment of Black people or people of African descent.
 - 44% indicated receiving no training.
 - 35% of those who received training indicated their training was inadequate.

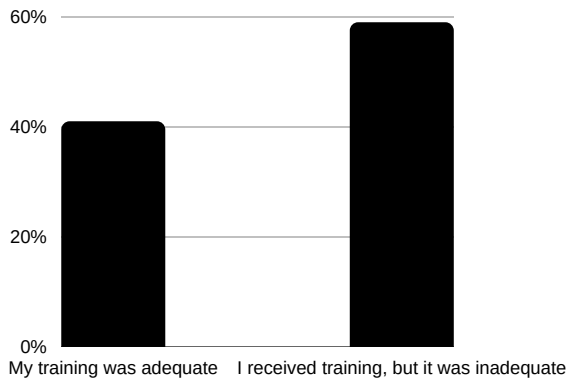




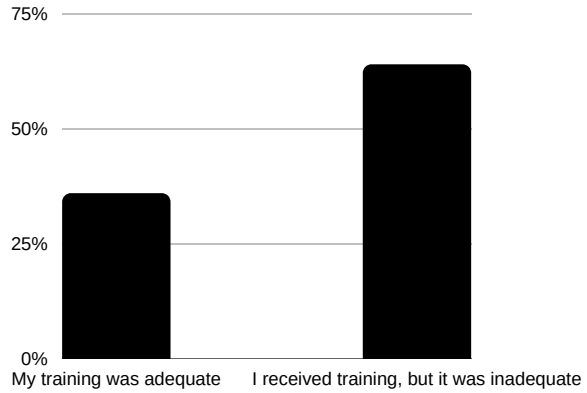
Chapter 4: Workforce Training and Supports

Workforce Training and Supports

Training in Traditional Talk Therapy with Black People or People of African Descent



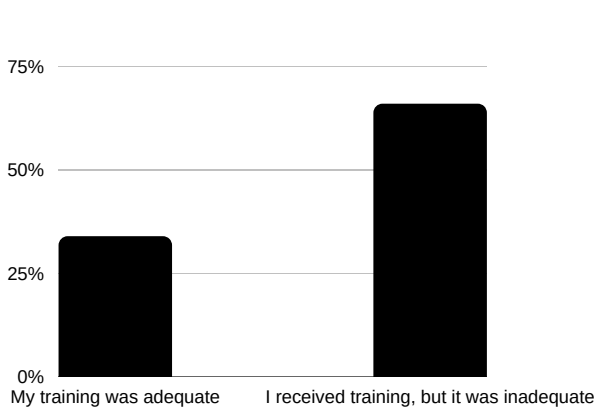
Training to Diagnose Black People or People of African Descent



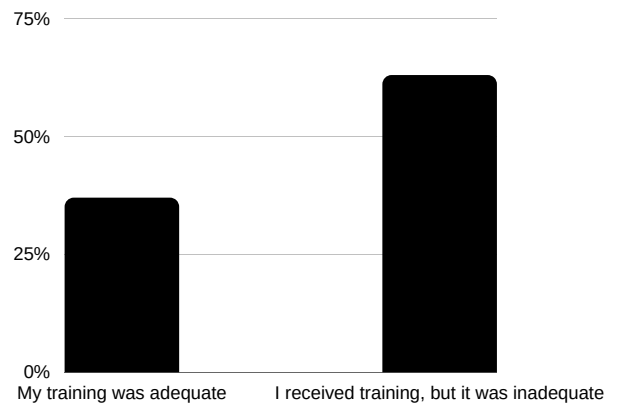
“I am concerned that the level of training to treat Black people is inefficient due to lack of research and training.”

Respondent Quote

Training in Pharmacological Interventions with Black People or People of African Descent



Training in Evaluation and Psychological Assessment with Black People or People of African Descent



Note. For Figure 24, this analysis $n = 588$; missing = 60; For Figure 25, this analysis $n = 584$; missing = 64; For Figure 26, this analysis $n = 589$; missing = 59; For Figure 27, this analysis $n = 589$; missing = 59.

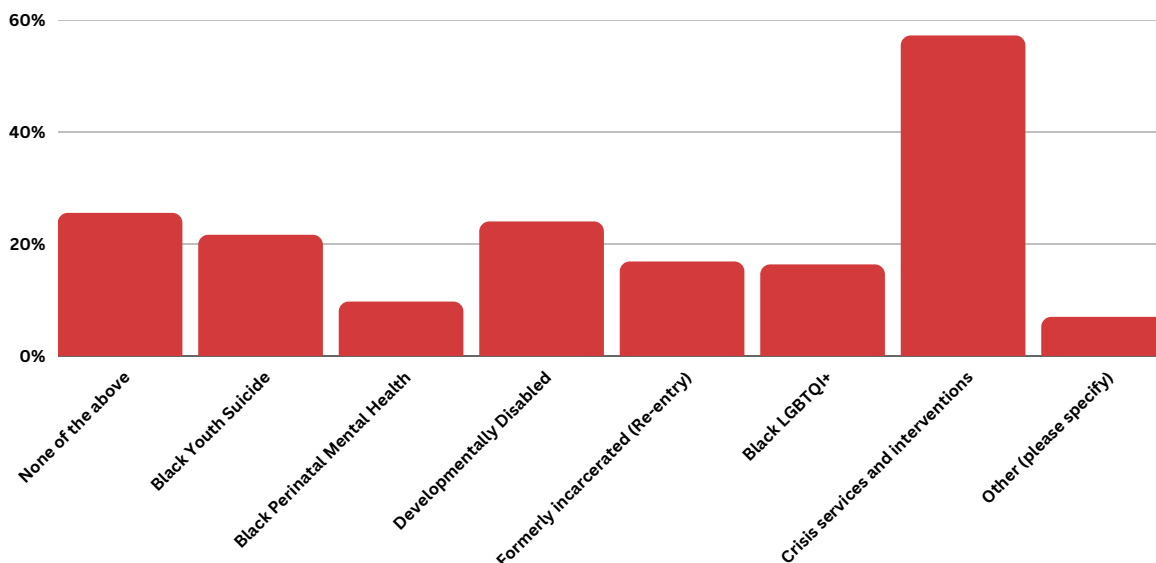


Chapter 4: Workforce Training and Supports

Workforce Training and Supports

Trainings for Specific Specialized Populations

- 57% of survey respondents reported that they received specialized training for crisis services and interventions.
- 24% of survey respondents reported receiving specialized training for the developmentally disabled.
- 17% of survey respondents reported receiving training for those who were formally incarcerated.
- 16% of survey respondents reported receiving training for Black LGBTQI+ individuals.



Note. This list was determined for the collection of this survey and is not an exhaustive list of training needs. The taskforce acknowledges that there is a more expansive list of trainings.

This analysis: n = 587; missing = 61



We also need to recognize that simply increasing the number of Black mental health professionals is not enough. The healing needed in our communities comes from challenges outside the medical model proposed by mainstream psychology. There is no critical number of [mental health professionals] that will change problems in housing, food, policing, poverty, etc. unless we begin forging connections with entities fighting against these.



Respondent Quote



Concerns about the State of the Black Mental Health Workforce

The mental health workforce has become a national and international crisis. Although many researchers and other mental health leaders and professionals would say the current challenges are not new, the COVID-19 pandemic has exacerbated many issues resulting in retention, burnout, and other adverse well-being outcomes (Paris & Hoge, 2010; Pearman et al., 2020). However, it is more critical to understand the plight of Black mental health professionals, particularly during the last two years during the COVID-19 pandemic. Not only are Black mental health professionals more likely to work in underserved communities (Goodfellow et al., 2016), but they also are at a higher risk of COVID-19 infection (Nguyen, et al., 2020). Many Black mental health professionals have reported increased levels of microaggressions, racism in the workplace, and vicarious racial trauma as a result of working with patients of color during the COVID-19 pandemic (Miu & Moore, 2021). To further understand and fill in the gaps of limited peer-reviewed research, the Black Mental Health Workforce Survey prompted respondents to share any concerns about the state of the Black Mental Health Workforce.

The top theme that emerged was **workforce shortage**. Black mental health professionals felt that not only was there a shortage of Black professionals in their respective mental health professional, but in particular, there was a shortage of Black males across all mental health professionals.



There is a lack of representation of clinicians of color, particularly Black male clinicians. The workforce lacks diversity, and it is difficult to find clinicians of color in private practice who can serve the demand of clients who need services. There are many imbalances in the workforce that are not being addressed...the space is underserved and under-supported.



Respondent Quote





Chapter 4: Workforce Training and Supports

Concerns about the State of the Black Mental Health Workforce

Microaggressions/racism in the field was the second most frequently mentioned concern for Black mental health professionals. Although discrimination, racism, and microaggressions have been well documented as reoccurring experiences for Black mental health professionals in the workplace, it is worth noting that one survey respondent indicated their experiences occurred with age (i.e., ageism). Another survey respondent expressed concerns about microaggressions and racism in the workplace intersecting with sexual orientation.



...Many who understand and/or practice Afrocentric psychology lack in understanding the complexities of Black LGBTQ+ populations.

Respondent Quote

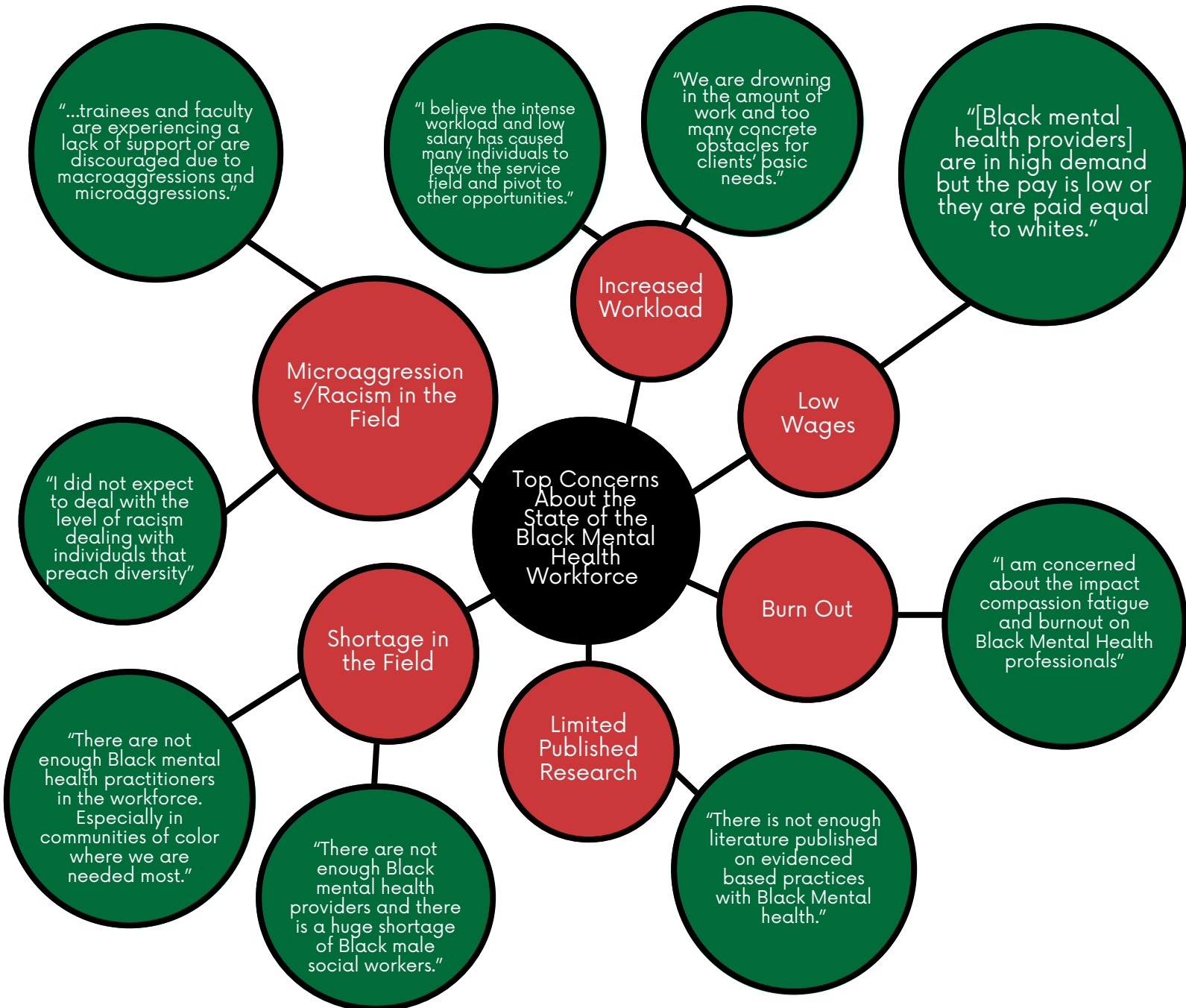


The figure on the following page shows the other themes that emerged as concerns for the state of the Black mental health workforce with sample quotes from respondents



Chapter 4: Workforce Training and Supports

Voices from the Field





Chapter 5: Preliminary Recommendations & Solutions from the Field

Voices from the Field: Top Recommendations to Improve the Black Mental Health Workforce

More support receiving CEUs/ Licensure for Black Mental Health Professionals

Develop more pathway programs for youth.

Increase the Number of Black/African-Centered Educators and Educational Training Programs.

More Mentorship

Make the Black Mental Health Workforce Survey an annual collection

Expand the Black Mental Health Workforce Network

"Lack of CEs for BIPOC or Black only trainings. Almost every training I only see white professionals. Black professionals still seem to be only good for diversity issues"

"We need to make sure the young people entering the field know about the ethnic psych approaches and organizations."

"We need to view the world through our group experience as Black People and utilize traditional Cultural practices to restore the balance and heal our people."

"We need to find paths to identify, recruit and mentor African American students."

"I am very encouraged that you are doing this survey...let's continue to learn more through this survey"

"We need more ways and opportunities to connect. Especially those of us who are not in diverse spaces. Rural, white suburbs, etc."

"Issues with passing the EPPP and potential careers and advancement opportunities outside of licensure-if needed"

"We should be more visible so our youth can envision themselves in our roles and normalize mental health provision and service seeking."

"We need to create more institutions to allow Black mental health professionals to focus and utilize strength-based perspective in treating the mental health of the Black community."

"I think it would serve Black people collectively better if there was a popular hub to share and exchange this information."

"More CEU's targeted to [Black] Mental Health would be good."

"...culturally informed, culturally sensitive training is necessary to address issues concerning mental health in the African American/Caribbean communities."



References

Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., ... & Rajaratnam, S. M. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, 69(32), 1049.

Delapp, R. C., & Williams, M. T. (2015). Professional challenges facing African American psychologists: The presence and impact of racial microaggressions. *The Behavior Therapist*, 38(4), 101-105.

Gara, M. A., Minsky, S., Silverstein, S. M., Miskimen, T., & Strakowski, S. M. (2019). A naturalistic study of racial disparities in diagnoses at an outpatient behavioral health clinic. *Psychiatric Services*, 70(2), 130-134.

Goodfellow, A., Ulloa, J. G., Dowling, P. T., Talamantes, E., Chheda, S., Bone, C., & Moreno, G. (2016). Predictors of primary care physician practice location in underserved urban and rural areas in the United States: a systematic literature review. *Academic medicine: journal of the Association of American Medical Colleges*, 91(9), 1313.

Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *bmj*, 368.

Johnson, N., Archibald, P., Estreet, A., & Morgan, A. (2021). The Cost of Being Black in Social Work Practicum. *Advances in Social Work*, 21(2/3), 331-353.

Miu, A. S., & Moore, J. R. (2021). Behind the masks: Experiences of mental health practitioners of color during the COVID-19 pandemic. *Academic Psychiatry*, 45(5), 539-544.

Nelson, A. R. (2003). Unequal treatment: report of the Institute of Medicine on racial and ethnic disparities in healthcare. *The Annals of thoracic surgery*, 76(4), S1377-S1381.

Nguyen, L. H., Drew, D. A., Graham, M. S., Joshi, A. D., Guo, C. G., Ma, W., ... & Zhang, F. (2020). Risk of COVID-19 among front-line health-care workers and the general community: a prospective cohort study. *The Lancet Public Health*, 5(9), e475-e483.

Obasi, C. (2022). Black social workers: Identity, racism, invisibility/hypervisibility at work. *Journal of social work*, 22(2), 479-497.



References

Ojha, R., & Syed, S. (2020). Challenges faced by mental health providers and patients during the coronavirus 2019 pandemic due to technological barriers. *Internet interventions*, 21, 100330.

Page, K. R., Castillo-Page, L., & Wright, S. M. (2011). Faculty diversity programs in US medical schools and characteristics associated with higher faculty diversity. *Academic medicine: journal of the Association of American Medical Colleges*, 86(10), 1221.

Paris, M., & Hoge, M. A. (2010). Burnout in the mental health workforce: A review. *The journal of behavioral health services & research*, 37(4), 519-528.

Pearman, A., Hughes, M. L., Smith, E. L., & Neupert, S. D. (2020). Mental health challenges of United States healthcare professionals during COVID-19. *Frontiers in Psychology*, 11, 2065.

Santiago, C. D., & Miranda, J. (2014). Progress in improving mental health services for racial-ethnic minority groups: A ten-year perspective. *Psychiatric Services*, 65(2), 180-185.

Shim, R.S. (2020, July). Structural Racism is Why I'm Leaving Organized Psychiatry. *STAT*. <https://www.statnews.com/2020/07/01/structural-racism-is-why-im-leaving-organized-psychiatry/>

Søvd, L. E., Naslund, J. A., Kousoulis, A. A., Saxena, S., Qoronfleh, M. W., Grobler, C., & Münter, L. (2021). Prioritizing the mental health and well-being of healthcare workers: an urgent global public health priority. *Frontiers in public health*, 9, 679397.

Spector, R. (2001). Is there racial bias in clinicians' perceptions of the dangerousness of psychiatric patients? A review of the literature. *Journal of mental health*, 10(1), 5-15.



Appendix A

2022 Black Mental Health Workforce Survey Report

Methodology

Survey Instrument

The Mental Health Workforce Survey—the survey used for this study—was developed by the Association of Black Psychologists Mental Health Workforce Taskforce, in collaboration with Black Psychiatrists of America and the National Association of Black Social Workers. Data received from the Black Mental Health Workforce Survey was used in the development of this report.

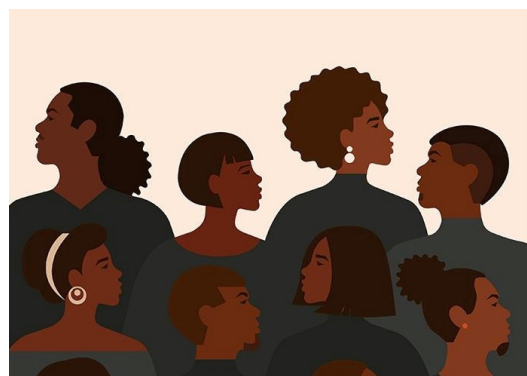
The survey consists of four sections: (1) Professional Profile, (2) Work Setting, (3) Professional Support and Challenges, and (4) Trainings and Continuing Education. It includes 186 select response and 3 open-response items across the four sections, which are shown in Appendix A.

Procedures

Survey participants were recruited via mass email from the Association of Black Psychologists, National Association of Black Social Workers, and Black Psychiatrists of America databases.

Additionally, survey participants were recruited through Professional Associations' social media platforms and members' invitations.

The Black Mental Health Workforce Survey launched on May 3, 2022 and closed on July 18, 2022.





Appendix A

Methodology

Survey Respondents Profiles

The ten-week survey administration yielded 648 responses from mental health professionals around the globe, with approximately 98% reporting from the United States. In general, the survey yielded a 63% completion rate (i.e., 328 respondents providing a response to 100% of the items). Within the responses, there was diversity with regards to the geographic location, mental health profession type, career ladder, profession role, gender and racial/ethnic identity, and age group.

To protect confidentiality, the Mental Health Workforce Survey does not ask for any information that would identify a respondent personally. In other words, the survey was completely anonymous.



Hypothesis

The Black Mental Health Workforce Taskforce developed the survey to understand career market trends of Black mental health professionals. The Taskforce developed the following hypotheses:

1. Black professionals have challenges and face many barriers in their journey as mental health professionals.
2. The mental health education of professionals in early years is limited.
3. Black Mental Health professionals want to learn more about serving Black patients in their community.

The key findings of the following report are presented as follows:

1. Demographic information
2. Primary work setting
3. Reasons for leaving the field
4. Trainings and Continuing Education
5. Solutions from the field



Black Mental Health Workforce Report

Phase One Summary

Work Setting and Location

- While 48% of survey respondents characterized their primary work role as clinical practice, almost a third of respondents reported working a combination of clinical practice, research, and administration.
- Two thirds of survey respondents reported working in an urban city while only 6% characterized their work location as rural.

Workforce Challenges

- Half reported increased workload since the start of the pandemic. A quarter reported that telehealth accounts for 76-100% of their workload.
- More than a quarter reported that they have recently considered leaving the mental health field. When asked about reasons they considered leaving, the responses included 1) Burnout, 2) Low Wages, and 3) Increased workload, 4) Microaggressions and racism in the field, and 5) Personal mental health
- Across all respondents, a majority (48%) reported student loans as the main challenge.

Training and Support

- Only 30% reported getting some type of financial support (e.g. scholarships) during their training.
- Only half of the respondents reported receiving training in the psychology of African/Black people while 58% reported primarily working with Black/African Americans.

Recommendations from the perspective of survey respondents

- 1) More support for continuing education and licensure, such as Black population-specific training and financial support/study materials to assist with obtaining licenses
- 2) Career pathway support beginning, with high school programs, to introduce young people to the field
- 3) Increase the number and representation of Black/African-Centered Educators and training programs
- 4) Increase mentoring opportunities
- 5) Increase opportunities for Black mental health professionals to connect and network

In Partnership with Black Psychiatrists of America, Inc. and
The National Association of Black Social Workers, Inc.

2022



The Association of Black Psychologists, Inc. Presents

The Black Mental Health Workforce Survey Report

The First International Multidisciplinary and Multigenerational Report on the Black Mental Health Workforce