

Supporting Indiana's Behavioral Health Workforce to Strengthen Community Wellness

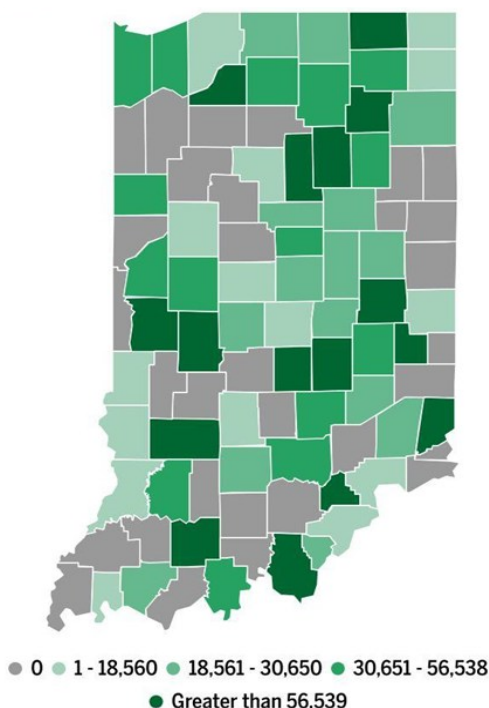
Indiana faces significant challenges in meeting the behavioral and mental health (B&MH) needs of its residents. All 92 of Indiana's counties contain [federally designated](#) mental health professional shortage areas. As of the most recent [licensing and supplemental survey data](#), Indiana has 782 actively practicing psychiatrists, but only 558 (71.4%) report at least one practice location within the state. Thirty-one counties have no reported psychiatry fulltime equivalent (FTE), and an additional 33 counties exceed the federal population-to-psychiatrist ratio threshold, with rural counties facing significant shortages. [Federal projections](#) indicate that by 2030, Indiana's psychiatrist supply is expected to decline by 4.3%, while demand is projected to increase by more than 50%.

The Indiana Health Workforce Council, established in 2024, brings together clinicians, educators, employers, and state leaders to create an intentional strategy for strengthening the state's health workforce capacity.

Focus Areas

- Expand and stabilize graduate medical education (GME) capacity in psychiatry
- Evaluate continuing education as a strategy to align with larger statewide initiatives incentives

Population to Psychiatrist FTE



Psychiatry Residencies

Indiana currently has five [ACGME-accredited](#) psychiatry residency programs, with 132 total approved residency positions across the state. While Indiana data is limited, [national data](#) indicate that psychiatry demonstrates the highest in state retention rate when compared to family medicine, pediatrics, or obstetrics/gynecology.

Despite this, psychiatry residency capacity remains vulnerable as several residency positions rely on short-term or grant-based funding. Given the shortages that rural communities face with accessing psychiatric care, and research showing that rural training experiences during residency are associated with higher rates of subsequent rural practice, ensuring rural training for psychiatry residencies was another point of focus.

Recommendations:

- Prioritize psychiatry residencies, particularly those training models prioritizing rural or community-based rotations, in Graduate Medical Education Board funding decisions.

Continuing Education for Master's-Level Clinicians

Master's-level clinicians, including licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, and licensed addiction counselors, represent a substantial portion of Indiana's behavioral health workforce.

Indiana has adopted the [Certified Community Behavioral Health Clinic \(CCBHCs\) model](#) at eight pilot sites, supported by federal demonstration funding, to ensure access to high quality behavioral health care. With a long-term goal of statewide implementation, CCBHCs seek to expand access to and the delivery of [state-prioritized](#) evidence-based practices (EBPs) and care models.

Based on [workforce data collected at the time of license renewal](#) in 2024, 31.5% of licensees who report actively providing services to Hoosiers also reported private practice as their primary work setting. It is important to consider how to ensure comparable care quality for Hoosiers in non-CCBHC settings.

Research reviewed by the subcommittee found that continuing education can support [professional skill development](#)

and may reduce [burnout](#); however, there is little evidence that continuing education in specific topics such as EBPs or clinical supervision can alleviate workforce shortages. Compared to contiguous states, Indiana's continuing education requirements are among the least prescriptive and only require ethics-related content. Following extensive review, the subcommittee concluded that additional continuing education mandates could increase administrative burden and create unintended barriers.



Moving Forward

These recommendations represent a potential strategy to address Indiana's behavioral health workforce challenges. By stabilizing and expanding psychiatry training capacity, supporting rural and community-based training models, and maintaining flexible approaches to workforce development, Indiana can strengthen access to behavioral health services and support the well-being of Hoosiers across the state.



Contact the Health Workforce Council
for more information:

<https://www.in.gov/health/directory/office-of-the-commissioner/health-workforce-council/>

