

OCCUPATIONAL PROFILE: MENTAL HEALTH COUNSELORS

In Washington state, mental health counseling refers to the application of principles of human development, learning theory, psychotherapy, group dynamics, and etiology of mental illness and dysfunctional behavior to individuals, couples, families, groups, and organizations, for the purpose of treatment of mental disorders and promoting optimal mental health and functionality. Mental health counseling also includes, but is not limited to, the assessment, diagnosis, and treatment of mental and emotional disorders, as well as the

application of a wellness model of mental health. (Washington State Legislature, 2001) Mental health counselors (MHCs, also referred to as LMHCs) are usually master's level professionals who use a variety of therapeutic counseling approaches, and may specialize in the treatment of specific population groups (e.g., elderly, college students, children, incarcerated).

Mental health counselor associates (MHCAs, or LMHCAs) are individuals who have completed the required education to become an MHC and are in the process of completing the extensive supervised practice hours (see below) required to obtain an MHC license and practice independently.

MHCs on the integrated behavioral health/physical health team may work with primary care providers to deliver direct counseling and therapy for patients and their families. In some settings these individuals perform care management. (Skillman, Snyder, Frogner, & Patterson, 2016)

Size, Distribution, and Demographics of Supply

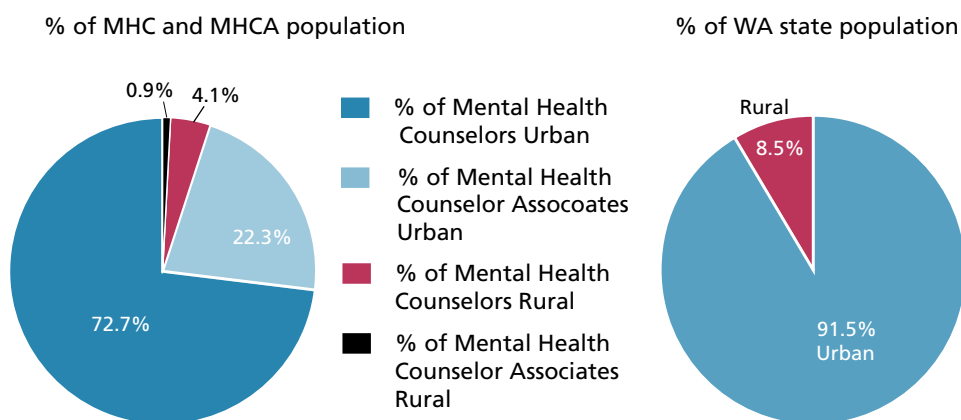
In April 2017, there were 6,531 mental health counselors (MHCs) who held an active license in Washington (Table 1). The mean age of Washington's MHCs was 52 years old, and 76.2% were female.

TABLE 1. Mental Health Counselors (MHC) and Counselor Associates (MHCA) with Washington State Licenses, 2017

	MHC	MHCA
With address in:		
Washington	5,923 (90.7%)	1,790 (95.7%)
Oregon	226 (3.5%)	37 (2.0%)
Idaho	65 (1.0%)	11 (0.6%)
Other	317 (4.9%)	32 (1.7%)
Total	6,532	1,870

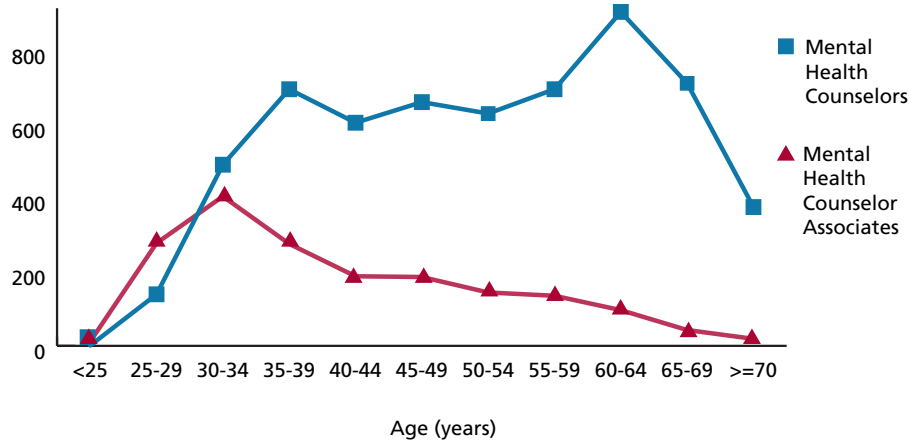
Data sources: Washington State Department of Health, 2017 Health Professions Licensing Data System.

Figure 1: Rural/Urban Distribution of Mental Health Counselors (MHCs) and Associates (MHCAs) and the General Population in Washington (Revised 11-2018)



Data sources: 2016 Washington State Office of Financial Management county population data; Washington State Department of Health, 2017 Health Professions Licensing Data System. Does not include 0.1% of total MHCs for whom location was unknown.

Figure 2: Age Distribution of Licensed Mental Health Counselors and Mental Health Counselor Associates in Washington State, 2017



Data source: Washington State Department of Health, 2017 Health Professions Licensing Data System.

An additional 1,870 individuals held a conditional Washington license as a mental health counselor associate (MHCA)—about 23.2% of the total Washington MHC workforce. The mean age of Washington’s MHCAs was 41 years old, and 74.0% were female.

Nearly all (94.6%) of Washington’s MHCs and 95.9% of MHCAs had urban addresses.

TABLE 2. Distribution, Age, and Sex of Mental Health Counselors and Counselor Associates in Washington by Accountable Community of Health

Mental Health Counselors	N	Population	Rate per 100,000	Mean Age	%, (N) >55 Years	%, (N) Female
Statewide*	5,923	7,183,700	85.5	52	45.5% (2,694)	76.2% (4,513)
By Accountable Community of Health (ACH) †						
Pierce County	503	844,490	59.6	52	45.1% (227)	75.7% (381)
North Sound	920	1,206,900	76.2	52	47.2% (434)	78.2% (719)
King County	2,373	2,105,100	112.7	51	43.4% (1,030)	76.2% (1,808)
Better Health Together	585	587,770	99.5	50	43.8% (256)	76.2% (446)
Cascade Pacific Action Alliance	492	614,750	80.0	54	55.1% (271)	77.0% (379)
Greater Columbia	364	710,850	51.2	50	41.8% (152)	73.6% (268)
Southwest Washington	254	493,780	51.4	49	37.4% (95)	72.8% (185)
Olympic Community of Health	305	367,090	83.1	55	58.7% (179)	75.7% (231)
North Central	127	252,970	50.2	50	39.4% (50)	75.6% (96)

Mental Health Counselors Associates	N	Population	Rate per 100,000	Mean Age	%, (N) >55 Years	%, (N) Female
Statewide*	1,790	7,183,700	24.9	41	16.5% (295)	74% (1,324)
By Accountable Community of Health (ACH) †						
Pierce County	190	844,490	22.5	43	22.1% (42)	70.0% (133)
North Sound	296	1,206,900	24.5	41	15.2% (45)	75.0% (222)
King County	779	2,105,100	37.0	40	13.5% (105)	72.8% (567)
Better Health Together	123	587,770	20.9	38	15.4% (19)	79.7% (98)
Cascade Pacific Action Alliance	139	614,750	22.6	45	25.2% (35)	79.9% (111)
Greater Columbia	77	710,850	10.8	40	10.4% (8)	71.4% (55)
Southwest Washington	79	493,780	16.0	42	21.5% (17)	72.2% (57)
Olympic Community of Health	84	367,090	22.9	44	22.6% (19)	79.8% (67)
North Central	23	252,970	9.1	43	21.7% (5)	60.9% (14)

Data source: Washington State Department of Health, 2017 Health Professions Licensing Data System.

* MHCs and MHCAs with Washington State license address only.

† Counties in multi-county ACHs are Whatcom, Skagit, Snohomish, San Juan, Island (North Sound), Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams (Better Health Together), Grays Harbor, Mason, Thurston, Pacific Lewis, Wahkiakum, Cowlitz (Cascade Pacific Action Alliance), Whitman, Asotin, Garfield, Columbia, Walla Walla, Franklin, Benton, Kittitas, Yakima (Greater Columbia), Clark, Skamania, Klickitat (Southwest Washington), Clallam, Jefferson, Kitsap (Olympic Community of Health), Okanogan, Chelan, Douglas, Grant (North Central).

Education/Training

Universities in Washington may offer education programs in counseling through psychology or education schools or departments. Some programs prepare graduates to pursue clinical counseling work as a licensed mental health counselor, others to pursue a marriage and family therapist license, and others to pursue school psychologist credentials. These are overlapping fields but are credentialed separately. The available data do not always distinguish graduates' program tracks, but about 17 schools in Washington offer masters in counseling programs focused on preparing graduates to acquire an MHC license. Washington State University's master and doctoral programs are closing upon graduation of currently enrolled students. Figure 3 and Table 3 provide estimates of graduates presumed to pursue MHC careers.

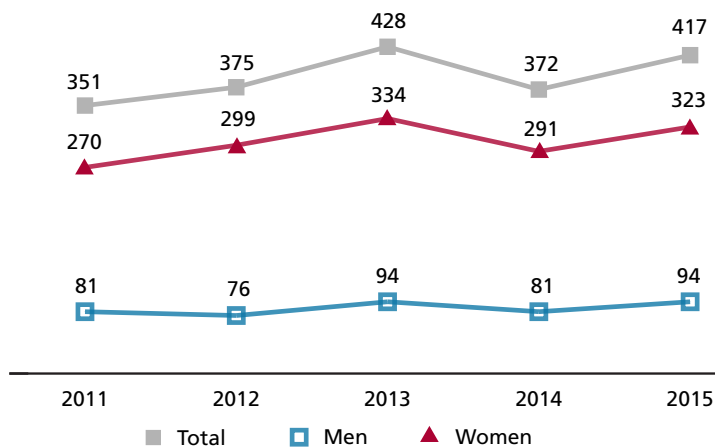
Credentialing

Graduation from an accredited counseling program is not required for licensure as a mental health counselor in Washington. (Washington State Department of Health, 2017) However, applicants must provide proof of having studied core content areas required for licensure. The content areas include diagnosis, counseling treatment, ethics, research, multicultural concerns, substance abuse, and other areas.

The most recognized accreditation organization for these programs is the Council for Accreditation of Counseling and Related Educational Programs (CACREP). There are presently six accredited mental health counseling programs in Washington: Central Washington University, City University of Seattle, Western Washington University, Eastern Washington University, Antioch University, and Gonzaga University. Seattle University is in the process of gaining CACREP accreditation for a mental health counseling program. (Council for Accreditation of Counseling & Related Educational Programs, 2017)

After completing one's education but prior to becoming an independent MHC, graduates obtain conditional licensure as an MHCA while gaining the supervised experience necessary to be eligible for full licensure. Associates may provide and be paid

Figure 3: Master's Degree in Counseling Professions in Washington State, 2011- 2015



Data Source: Integrated Postsecondary Education Data System (IPEDS).

TABLE 3. Washington Schools Offering Master-Level Degrees in Counseling Professions, 2016

School	# Graduations 2016	CACREP Accredited
Antioch University Seattle	28	X
Argosy University – Seattle	14	
Bastyr University	15	
Central Washington University	9	X
City University of Seattle*	13	X
Eastern Washington University	22	X
Gonzaga University	51	X
Heritage University†	0	
Northwest University	37	
Saint Martin's University§	29	
Seattle University	20	In process
The Seattle School of Theology and Psychology	61	
University of Puget Sound	9	
Walla Walla University	7	
Washington State University‡	2	
Western Washington University	5	X
Whitworth University	4	

Data source: Integrated Postsecondary Education Data System (IPEDS), 2016 provisional data; Council for Accreditation of Counseling and Related Educational Programs (CACREP) online directory (accessed July 2017), Masters in Psychology and Counseling Accreditation Council online directory (accessed July 2017).

* Total graduates include Marriage, Couple and Family Counseling Program students who may apply for Marriage and Family Therapy license.

† Program under evaluation.

‡ Program closed to new students, final master's students graduated May 2017 and final doctoral students will graduate no later than July 2022.

§ Also MPCAC (Masters in Psychology and Counseling Accreditation Council) accredited.

for services only under approved supervision. As an MHCA, they must obtain a minimum of 36 months of full-time counseling or 3,000 hours of postgraduate mental health counseling under the supervision of an approved licensed MHC or equally qualified licensed mental health practitioner in an approved setting.(Washington State Legislature, 2017) At least 100 hours must be in immediate supervision with an approved licensed mental health counselor or equally qualified licensed mental health practitioner, and at least 1,200 hours must be direct counseling with individuals, couples, groups or families. Supervisors must complete a verification form and make statements as to the applicant’s qualifications. The associate credential can only be renewed six times.

In addition to completing their required supervised training, applicants must pass one of the two National Board of Certified Counselors (NBCC) exams: National Counselor Exam (NCE) or National Clinical Mental Health Counselor Exam (NCMHCE). Passing exam scores must be sent directly from NBCC to the Department of Health.

Practice Characteristics

Nationally, settings with the highest level of employment for MHCs are individual and family services, outpatient care centers, residential care facilities, hospitals, and state and local governments.(Bureau of Labor Statistics, “Outlook Handbook”, 2017) They also work in private practice.

The 2016 mean annual wage¹ for mental health counselors in Washington was \$46,200.(Bureau of Labor Statistics, “Employment Statistics”, 2017) The 10th percentile mean annual wage was \$29,290 and the 90th percentile mean annual wage was \$64,710.

Relevant Skills Needed for Behavioral Health – Primary Care Integration:

MHCs in the integrated behavioral health/physical health team may work with primary care providers to deliver direct counseling and therapy for patients and their families. In some settings these individuals perform care management.(Skillman, Snyder, Frogner, & Patterson, 2016)

A white paper from the American Mental Health Association describes key principles and skills ideally suited for clinical mental health counselors in the integrated medical model.(Otis & Miller, 2016) MHCs should:

- Provide brief, solution-focused interventions which are evidence-based and improve patient function
- Obtain strong generalist training to treat patients of various ages
- Obtain training in health psychology, family therapy, brief therapy, behavioral medicine, child development
- Obtain knowledge of common chronic illnesses, including symptoms, mechanisms, common co-occurring mental health problems and treatment
- Obtain knowledge of biological components of health and disease
- Obtain knowledge of how memory, perception, cognition, emotions, and motivation can influence health
- Obtain knowledge of child and adult psychotropic medications, their uses and common side effects
- Know how to monitor patient progress and coordinate care
- Obtain knowledge in population-based interventions in addition to disease-specific interventions
- Understand when to refer complex patients

Examples of specific services which MHCs may perform in integrated primary care settings include trauma-informed care, improving compliance in diabetes treatment, suicide ideation and risk assessment, and depression screening.

Demand

Washington’s “early warning” system of health workforce demand changes, the Washington Health Workforce Sentinel Network, allows employers to report workforce shifts and high-priority needs.(Workforce Training & Education Coordinating Board, 2017) Across the state, behavioral health and community health clinic sentinels consistently ranked MHCs to be among the top occupations with exceptionally long vacancies and increased demand in their facilities. As stated by one Sentinel:

¹Estimates do not include self-employed workers.

“Some Mental Health Counselors have become Care Authorizers under managed care and have become employed under ACH. This has had some impact as the pay is higher in those organizations than in Community Mental Health. Also, organizations that did not historically provide these services are now doing integrated care and creating more positions for the job market. There have also been a flood of new contracts available. As we compete and obtain additional funding, there is an increase in demand for these counselors.” (Workforce Training & Education Coordinating Board, 2017)

Rural sentinels reported difficulty recruiting and retaining many occupations, including MHCs. Sentinels reported requiring increased training for new and incumbent MHCs in areas related to integration and healthcare transformation, including evidence-based practices, use of health information technology, treatment of co-occurring disorders, and new documentation requirements.

The Washington State Employment Security Department (ESD) estimates that the average annual growth rate for mental health counselors between 2015 – 2020 will be 1.7% and for 2020 – 2025 will be 1.3%. (Washington State Employment Security Department, 2017) This equates to 87 and 81 annual openings due to growth, respectively. ESD estimates, however, are based on average health sector growth trends and do not necessarily take into account state initiatives that may increase demand for behavioral health occupations.

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TECHNICAL NOTES

- Washington State mental health counselor and mental health counselor associate data are from the Washington State Department of Health, Health Professions Licensing Data System, April 2017, as analyzed by the Washington State Office of Financial Management. All analyses include MHC/MHCAs ages 18 – 75 years with active license status and expiration of license \geq 2017.
- Washington population data are from the Washington State Office of Financial Management, 2016 data.
- Rural/urban status determined using Rural Urban Commuting Area (RUCA) taxonomy.(U.S. Department of Agriculture) and practitioner's license public address ZIP code.
- Included IPEDS CIP code 51.1508 (Mental Health Counseling/Counselor), 42.28 (Clinical, Counseling and Applied Psychology), 13.1101 (Counselor Education/School Counseling and Guidance Services [for Gonzaga University, Heritage University, University of Puget Sound, Seattle University when only code choice available]); inclusion of 42.28 in analysis instead of 13.1101 where both were listed; Masters awards only, 1st/2nd major, no imputation variables. 2011 – 2015 Final Release Data, 2016 Provisional Data Release.
- Washington State Employment Security Department, SOC code 21-1014 (Mental Health Counselors).

FUNDING

This study was funded through contract # IAA-860-17 between the Washington Workforce Training and Education Coordinating Board and the University of Washington, supported by Governor Inslee's Workforce Innovation and Opportunity Act (WIOA) discretionary funds.

SUGGESTED CITATION

McCarty RL, Skillman SM. Washington State's Behavioral Health Workforce - Occupational Profile: Mental Health Counselors. Center for Health Workforce Studies, University of Washington, Dec 2017.