

The Distribution of the Youth Behavioral Health Workforce in Rural and Urban America in 2025

KEY FINDINGS

- In 2025, rural counties had half the per capita supply of youth behavioral health clinicians compared to urban areas (33.7 vs. 68.9 per 100,000 youth, respectively).
- Nearly two-thirds of all rural U.S. counties (65.1%), lacked any youth behavioral health clinician, with this percentage increasing to 87.2% in the most remote counties.
- Youth/family/school psychologists were the most prevalent youth behavioral health clinicians in rural areas (19.2 per 100,000), while mental health clinical nurse specialists were largely absent (99.0% of rural counties and 89.2% of urban counties lacked this provider type).
- The East South Central Census Division had the lowest rural youth behavioral health clinician supply across all Census Divisions (9.8 per 100,000 youth).
- The West South Central Census Division had the lowest urban youth behavioral health clinician supply across all Census Divisions (26.3 per 100,000 youth).
- The New England Census Division had the largest supply of youth behavioral health clinicians in rural (86.5 per 100,000 youth) and urban areas (125.4 per 100,000 youth) across U.S. Census Divisions.

BACKGROUND

Youth in rural areas are at elevated risk for mental health challenges.¹ The per capita supply of behavioral health providers, including psychologists, psychiatrists, and psychiatric nurse practitioners, is disproportionately lower in rural counties compared to urban counties.²⁻⁵ This difference is particularly evident in the field of child psychiatry. In 2020, there were 8.8 child psychiatrists per 100,000 children in metro counties (median), compared to 1.8 per 100,000 in non-metro and 3.3 per 100,000 in non-metro adjacent to metro counties.⁶ Access to behavioral health services in rural communities via telehealth or telepsychiatry is also hampered by inadequate broadband access.⁷

The aging demographic of the physician behavioral health workforce (eg, more than one-third of psychiatrists are over 65 years old [36.6%], compared to 23.2% of physicians overall⁸) adds urgency to understanding and addressing the geographic distribution of the behavioral health workforce. The objective of this project was to examine the distribution of the child and youth behavioral health workforce across rural and urban areas of the U.S.

METHODS

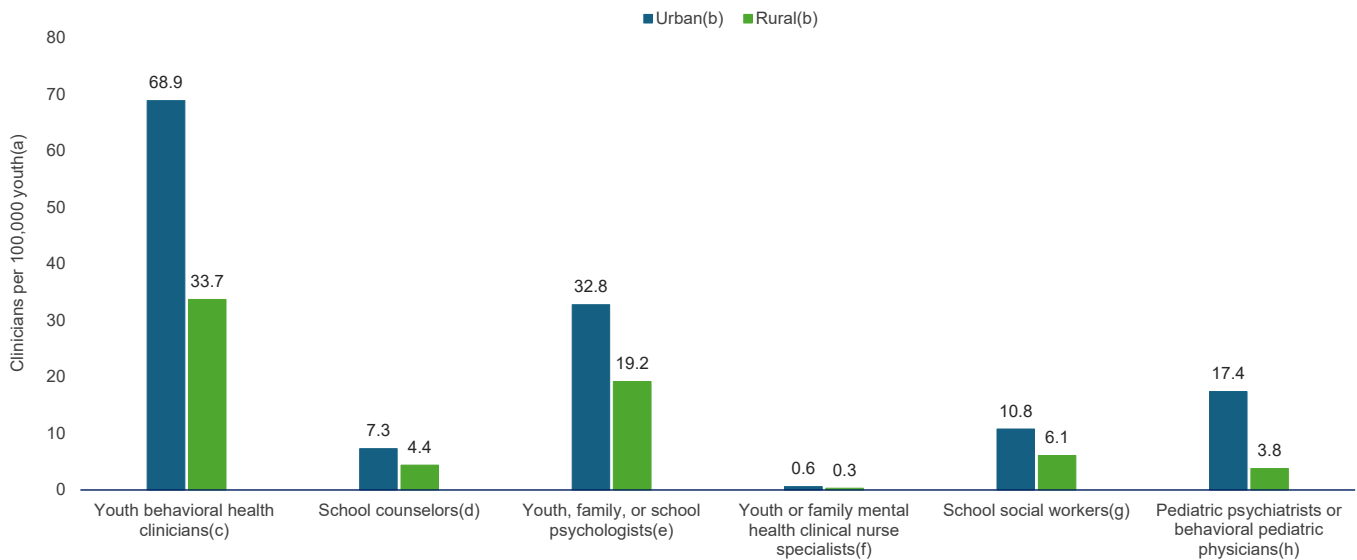
We used the National Plan and Provider Enumeration System (NPEES) National Provider Identifier (NPI) data downloaded in July 2025. We included the following provider types who provide care to specifically address child or adolescent behavioral/mental health: school counselors; youth, family, or school psychologists; youth or family mental health clinical nurse specialists; school social workers; and pediatric psychiatrists or behavioral pediatric physicians (see the Technical Appendix for specific NPI taxonomy codes). Providers were grouped into geographic categories based on the county of their practice location ZIP Code using the 2024 U.S. Department of Agriculture Economic Research Service Urban Influence Codes (UIC).⁹ We defined urban counties as those with UIC codes 1 and 4. Rural counties were those with UIC codes 2, 3, and 5 or higher. Subclassifications of rural included counties adjacent to metro areas (UIC 2, 3, 5, 6), micropolitan counties nonadjacent to metro areas (UIC 7), small and remote counties nonadjacent to a metro area with a town of 5,000 (UIC 8), and small and remote counties nonadjacent to a metro area without a town of 5,000 (UIC 9).¹⁰ We calculated provider counts and the ratio per 100,000 youth population (ages 5-17)¹¹ for each U.S. county and for each U.S. Census Division overall and for each level of rurality described above. The specific taxonomy codes and detailed methodology are provided in the Technical Appendix.

RESULTS

The chart (Figure 1), national maps (Figures 2-3), and tables (Tables 1-4) in this brief describe the supply and geographic distribution of youth behavioral health providers in the U.S. as of July 2025.

Nationally, the per capita supply of youth behavioral health clinicians in rural areas of the U.S. is 33.7 per 100,000 youth, less than half that of and significantly lower than in urban areas (68.9 per 100,000) (Figure 1). Youth, family, or school psychologists are most prevalent in rural areas, with an average of 19.2 per 100,000 youth in rural areas, yet the rural psychologist workforce ratio remains significantly below that of urban areas (32.8 per 100,000) (Table 1). The smallest and most remote counties (nonadjacent to metro without a town of at least 5,000 residents) have substantially lower population adjusted supplies of school counselors, social workers, pediatric psychiatrists, and behavioral pediatric physicians than more urban counties. Variation exists in the supply of behavioral health providers across types of rural areas, as shown in Figure 1 and Table 1.

Figure 1. Youth Behavioral Health Clinicians per 100,000 Youth^a Population in U.S. Counties by Rurality,^b 2025



Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; Claritas population data, 2022; U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

^aAges 5-17.

^bUIC codes were used to classify provider locations based on county: Urban (or metropolitan) (UIC 1, 4) and Rural (UIC 2, 3, 5-9).

^cIncludes all provider types listed below.

^dTaxonomy codes: School Counselors: 101YS0200X.

^eTaxonomy codes: Youth, Family, or School Psychologists: Clinical Child & Adolescent Psychologist - 103TC2200X; School Psychologist - 103TS0200X; Family Psychologist - 103TF0000X.

^fTaxonomy codes: Youth or Family Mental Health Clinical Nurse Specialists - Child & Adolescent Psychiatric/Mental Health Clinical Nurse Specialist - 364SP0807X; Child & Family Psychiatric/Mental Health Clinical Nurse Specialist - 364SP0810X.

^gTaxonomy codes: School Social Workers - 1041S0200X.

^hTaxonomy codes: Pediatric Psychiatrists or Behavioral Pediatric Physicians: Developmental-Behavioral Pediatrics Physician - 2080P0006X; Child & Adolescent Psychiatry Physician - 2084P0804X.

Table 1. Youth Behavioral Health Clinicians per 100,000 Youth^a Population in U.S. Counties by Urban Influence Code (UIC) Category,^b 2025

	All counties	Urban	All rural	Sub-Categories of rural counties			
				Adjacent to metro	Micro nonadjacent to metro	Small and remote nonadjacent to metro with a town of at least 5,000 residents	Small and remote nonadjacent to metro without a town of at least 5,000 residents
Youth behavioral health clinicians ^c	64.1	68.9	33.7	31.6	48.4	36.4	18.1
School counselors ^d	6.9	7.3	4.4	4.0	6.8	4.6	2.2
Youth, family, or school psychologists ^e	31.0	32.8	19.2	19.4	20.2	23.7	13.0
Youth or family mental health clinical nurse specialists ^f	0.5	0.6	0.3	0.2	0.5	0.5	0.3
School social workers ^g	10.2	10.8	6.1	4.4	14.7	4.6	2.0
Pediatric psychiatrists or behavioral pediatric physicians ^h	15.6	17.4	3.8	3.6	6.3	3.0	0.6

Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; Claritas population data, 2022, U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

^aAges 5-17.

^bUIC codes were used to classify provider locations based on county: Urban (or metropolitan) (UIC 1, 4) and Rural, which was also sub-categorized as follows: adjacent to metro (UIC 2, 3, 5, 6), nonadjacent micropolitan (UIC 7), small and remote with town of 5,000 (UIC 8), and small and remote without town of 5,000 (UIC 9).

^cIncludes all provider types listed below.

^dTaxonomy codes: School Counselors: 101YS0200X.

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^fTaxonomy codes: Youth or Family Mental Health Clinical Nurse Specialists - Child & Adolescent Psychiatric/Mental Health Clinical Nurse Specialist - 364SP0807X; Child & Family Psychiatric/Mental Health Clinical Nurse Specialist - 364SP0810X.

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^hTaxonomy codes: Pediatric Psychiatrists or Behavioral Pediatric Physicians: Developmental-Behavioral Pediatrics Physician - 2080P0006X; Child & Adolescent Psychiatry Physician - 2084P0804X.

Table 2 shows the supply of youth behavioral health clinicians per 100,000 youth population across U.S. Census Divisions. The supply of youth behavioral health clinicians was much lower in East South Central (24.9 per 100,000 youth) and West South Central (24.0 per 100,000 youth) Census Divisions than in the New England Census Division, which had the most robust supply of youth behavioral health clinicians overall (121.2 per 100,000 youth). In rural counties, New England counties had the highest supply (86.5 per 100,000 youth), eight times the supply in rural counties in the East South Central (9.8 per 100,000 youth) and West South Central (10.1 per 100,000 youth) Census Divisions. Census Division-level per capita supply estimates for each youth behavioral health provider type are reported in the Appendix (Tables A1-A5).

Table 2. Youth Behavioral Health Clinicians^a per 100,000 Youth^b Population in U.S. Counties by Census Division^c and Urban Influence Code (UIC) Category,^d 2025

	All counties	Urban	All rural	Sub-Categories of rural counties			
				Adjacent to metro	Micro nonadjacent to metro	Small and remote nonadjacent to metro with a town of at least 5,000 residents	Small and remote nonadjacent to metro without a town of at least 5,000 residents
New England	121.2	125.4	86.5	67.9	139.8	119.8	65.0
Middle Atlantic	93.1	96.7	45.1	45.4	17.7	82.5	38.8
East North Central	68.6	75.1	37.4	36.2	47.2	48.5	27.1
West North Central	40.7	48.0	22.4	22.3	25.4	25.4	17.5
South Atlantic	69.5	73.2	40.4	38.8	52.8	74.3	33.8
East South Central	24.9	31.2	9.8	9.4	14.0	6.6	4.1
West South Central	24.0	26.3	10.1	11.6	8.7	4.6	4.8
Mountain	85.2	89.1	62.8	47.8	100.9	40.3	17.5
Pacific	66.5	66.9	57.8	53.6	80.7	26.9	6.5

Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; Claritas population data, 2022, U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

^aIncludes all school counselors; youth, family, or school psychologists; youth or family mental health clinical nurse specialists; school social workers; and pediatric psychiatrists or behavioral pediatric physicians.

^bAges 5-17.

^cCensus Divisions: New England—CT, ME, MA, NH, RI, VT; Middle Atlantic—NJ, NY, PA; East North Central—IL, IN, MI, OH, WI; West North Central—IA, KS, MN, MO, NE, ND, SD; South Atlantic—DE, DC, FL, GA, MD, NC, SC, VA, WV; East South Central—AL, KY, MS, TN; West South Central—AR, LA, OK, TX; Mountain—AZ, CO, ID, MT, NV, NM, UT, WY; Pacific—AK, CA, HI, OR, WA.

^dUIC codes were used to classify provider locations based on county: metropolitan or urban (UIC 1, 4), adjacent to metro (UIC 2, 3, 5, 6), nonadjacent micropolitan (UIC 7), small and remote with town of 5,000 (UIC 8), and small and remote without town of 5,000 (UIC 9).

Nationally, 50.1% of all counties had no youth behavioral health clinicians (Table 3). This percentage was disproportionately high in rural counties: 65.1% lacked a youth behavioral health clinician, compared with 25.4% of urban counties. As rurality increased, the percentage of counties without a behavioral health clinician also increased. Across all provider types, youth or family mental health clinical nurse specialists were absent from more counties nationally (95.3%), with 99.0% of rural counties and 89.2% of urban counties lacking this provider type. Within rural counties, the youth, family, or school psychologists were most often represented.

Table 3. Percentage of U.S. Counties Without a Youth Behavioral Health Clinician by Urban Influence Code (UIC) Category,^a 2025

	All counties	Urban	All rural	Sub-Categories of rural counties			
				Adjacent to metro	Micro nonadjacent to metro	Small and remote nonadjacent to metro with a town of at least 5,000 residents	Small and remote nonadjacent to metro without a town of at least 5,000 residents
Youth behavioral health clinicians ^b	50.1%	25.4%	65.1%	57.7%	50.0%	64.8%	87.2%
School counselors ^c	79.8%	61.6%	90.9%	88.9%	85.6%	89.6%	97.6%
Youth, family, or school psychologists ^d	60.5%	36.5%	75.0%	68.9%	68.8%	73.6%	90.2%
Youth or family mental health clinical nurse specialists ^e	95.3%	89.2%	99.0%	99.0%	97.7%	98.4%	99.6%
School social workers ^f	79.8%	61.6%	90.9%	89.4%	82.8%	91.2%	97.7%
Pediatric psychiatrists or behavioral pediatric physicians ^g	75.1%	49.0%	91.0%	88.5%	82.4%	93.6%	99.3%

Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

^aUIC codes were used to classify provider locations based on county: Urban (or metropolitan) (UIC 1, 4) and Rural, which was also sub-categorized as follows: adjacent to metro (UIC 2, 3, 5, 6), nonadjacent micropolitan (UIC 7), small and remote with town of 5,000 (UIC 8), and small and remote without town of 5,000 (UIC 9).

^bIncludes all provider types listed below.

^cTaxonomy codes: School Counselors: 101YS0200X.

^dTaxonomy codes: Youth, Family, or School Psychologists: Clinical Child & Adolescent Psychologist - 103TC2200X; School Psychologist - 103TS0200X; Family Psychologist - 103TF0000X.

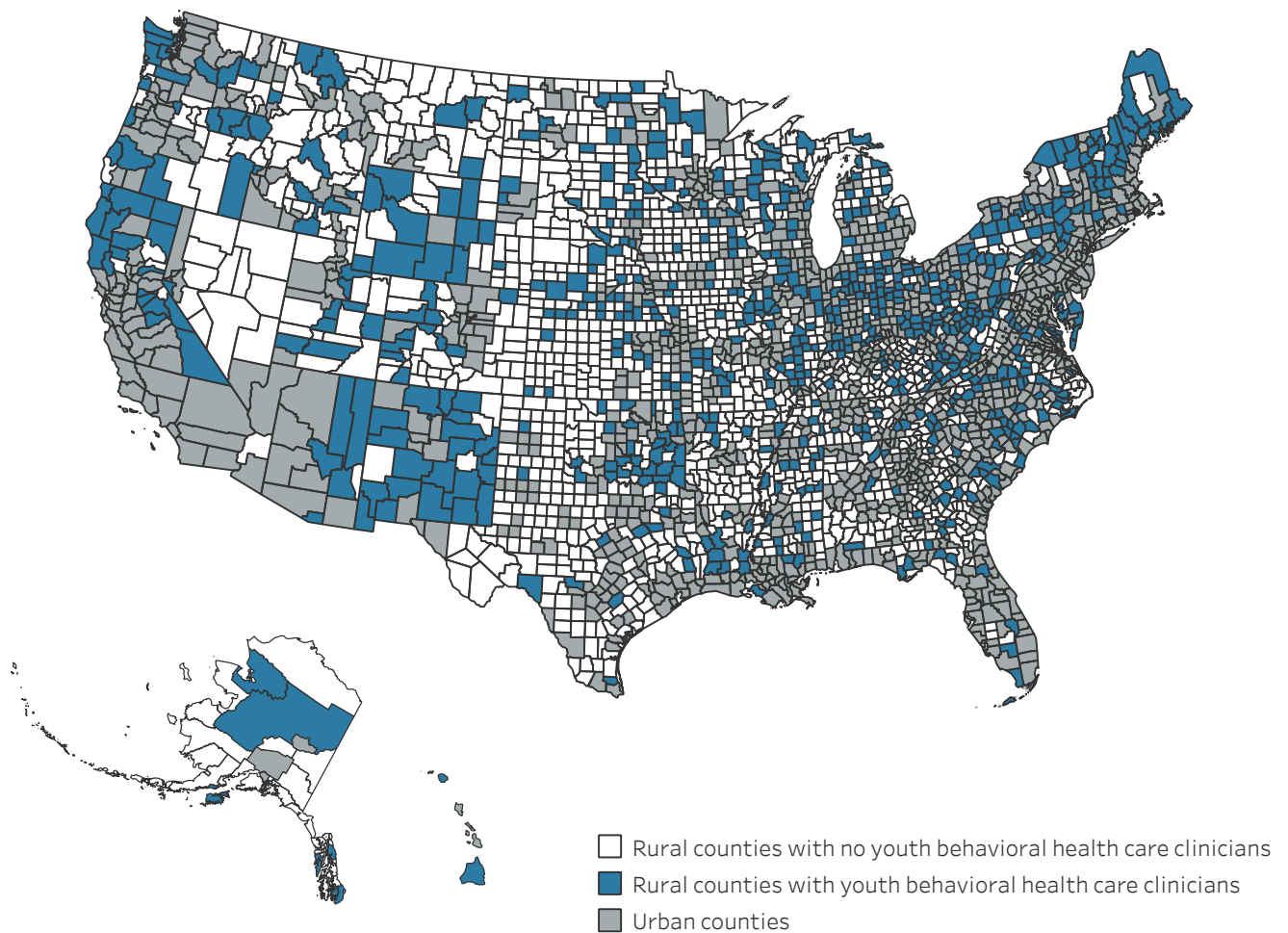
^eTaxonomy codes: Youth or Family Mental Health Clinical Nurse Specialists - Child & Adolescent Psychiatric/Mental Health Clinical Nurse Specialist - 364SP0807X; Child & Family Psychiatric/Mental Health Clinical Nurse Specialist - 364SP0810X.

^fTaxonomy codes: School Social Workers - 1041S0200X.

^gTaxonomy codes: Pediatric Psychiatrists or Behavioral Pediatric Physicians: Developmental-Behavioral Pediatrics Physician - 2080P0006X; Child & Adolescent Psychiatry Physician - 2084P0804X.

Figure 2 displays the geographic distribution of all youth behavioral health providers combined across rural U.S. counties, demonstrating wide variation in accessibility of the youth behavioral health workforce across the U.S. Regionally, 71.0% of counties in the West North Central Census Division did not have at least one youth behavioral health provider (Table 4). A slightly lower percentage of rural counties in the West North Central Census Division lacked at least one youth behavioral health provider (78.9%) compared to the West South Central Census Division (81.1%).

Figure 2. Rural U.S. Counties^a With and Without Youth Behavioral Health Clinicians (All Types)



^aUrban Counties are indicated in gray.

Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

Note: Youth behavioral health clinicians include all school counselors; youth, family, or school psychologists; youth or family mental health clinical nurse specialists; school social workers; and pediatric psychiatrists or behavioral pediatric physicians.

Table 4. Percentage of U.S. Counties Without a Youth Behavioral Health Clinician by Census Division^a and Urban Influence Code (UIC) Category,^b 2025

	All counties	Urban	All rural	Sub-Categories of rural counties			
				Adjacent to metro	Micro nonadjacent to metro	Small and remote nonadjacent to metro with a town of at least 5,000 residents	Small and remote nonadjacent to metro without a town of at least 5,000 residents
New England	7.4 (5)	2.9 (1)	11.8 (4)	10.5 (2)	12.5 (1)	0.0 (0)	33.3 (1)
Middle Atlantic	12.0 (18)	3.3 (3)	25.4 (15)	20.4 (10)	50.0 (2)	0.0 (0)	75.0 (3)
East North Central	31.6 (138)	17.3 (31)	41.5 (107)	34.9 (60)	35.5 (11)	35.7 (5)	75.6 (31)
West North Central	71.0 (439)	42.0 (55)	78.9 (384)	71.9 (123)	63.1 (41)	71.4 (25)	90.3 (195)
South Atlantic	37.1 (218)	22.3 (69)	53.6 (149)	50.5 (102)	61.1 (11)	41.7 (5)	67.4 (31)
East South Central	66.2 (241)	45.5 (61)	78.3 (180)	79.9 (111)	56.1 (23)	90.9 (10)	92.3 (36)
West South Central	66.6 (313)	38.0 (60)	81.1 (253)	76.3 (135)	64.7 (22)	92.0 (23)	96.1 (73)
Mountain	55.2 (155)	25.0 (18)	65.6 (137)	61.3 (49)	35.9 (14)	66.7 (10)	85.3 (64)
Pacific	29.2 (49)	3.9 (3)	50.6 (46)	29.7 (11)	18.8 (3)	42.9 (3)	93.6 (29)

Values indicate % (Count).

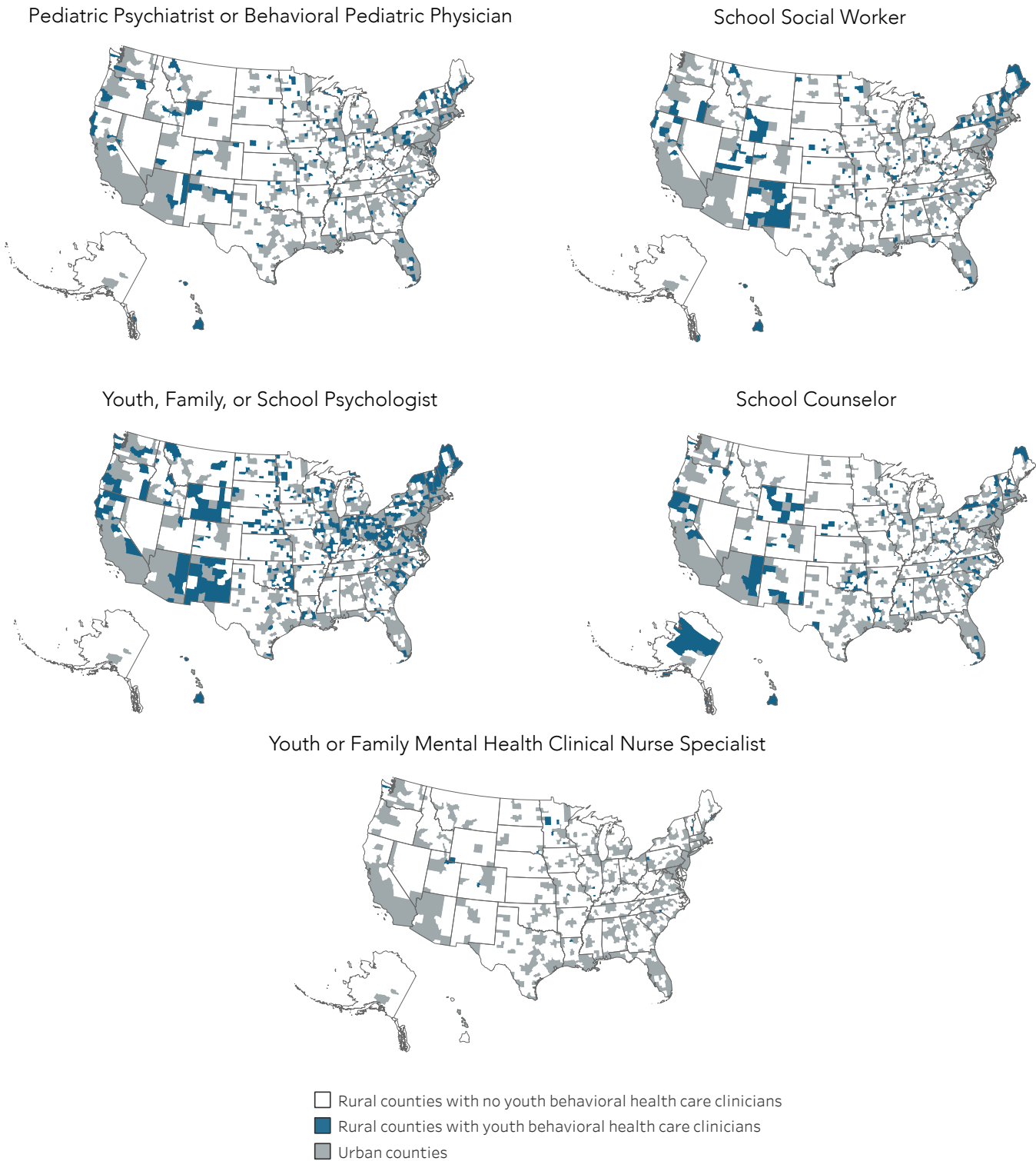
Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

^aCensus Divisions: New England—CT, ME, MA, NH, RI, VT; Middle Atlantic—NJ, NY, PA; East North Central—IL, IN, MI, OH, WI; West North Central—IA, KS, MN, MO, NE, ND, SD; South Atlantic—DE, DC, FL, GA, MD, NC, SC, VA, WV; East South Central—AL, KY, MS, TN; West South Central—AR, LA, OK, TX; Mountain—AZ, CO, ID, MT, NV, NM, UT, WY; Pacific—AK, CA, HI, OR, WA.

^bUIC codes were used to classify provider locations based on county: metropolitan or urban (UIC 1, 4), adjacent to metro (UIC 2, 3, 5, 6), nonadjacent micropolitan (UIC 7), small and remote with town of 5,000 (UIC 8), and small and remote without town of 5,000 (UIC 9).

Figure 3 shows geographic variation in the availability of the rural youth behavioral health workforce across provider types. While some rural counties maintain access to multiple provider categories, large swaths of the West North Central, Mountain, and West South Central divisions show persistent workforce gaps in rural counties across all five provider types examined. This clustering of provider shortages suggests that many rural youth face limited availability across both specialized clinical providers (psychiatrists, psychiatric nurses) and school-based providers (counselors, social workers, psychologists).

Figure 3. 5-Panel Map Figure of Rural U.S. Counties With and Without Youth Behavioral Health Providers



In clockwise order from top left: A) pediatric psychiatrist or behavioral pediatric physician, B) school social worker, C) youth, family, or school psychologist, D) school counselor, E) youth or family mental health clinical nurse specialists. Urban counties are indicated in gray.

Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

LIMITATIONS

The NPPES NPI data has limitations. First, providers working in group settings may register for individual NPIs, group NPIs, or both, depending on their practice structure. This may make identifying individual providers more difficult. Second, NPI data only capture providers who have registered to bill for services; this data source will not capture providers who have not billed insurance (eg, cash-only) or those who bill under another provider or group practice NPI. NPI data do not capture all practice locations for a single provider. Traveling or visiting practice locations are not accounted for in these analyses, which can affect our estimates of the rural supply more than the urban supply. Nonetheless, NPI data remain a valuable resource for analyzing the relative geographic distribution of healthcare providers across counties, states, and census divisions.¹²

DISCUSSION

This policy brief documents variation in the distribution of the youth behavioral health workforce across U.S. counties, with remote counties experiencing the greatest workforce scarcity.

Half of U.S. counties lack any youth behavioral health clinician, with this percentage increasing to 87.2% in the most remote counties. The rural-urban difference in per capita supply (33.7 vs. 68.9 per 100,000 youth) reflects that workforce availability decreases consistently with increasing rurality. Across provider types, youth/family/school psychologists demonstrate the greatest geographic representation, while mental health clinical nurse specialists are relatively rare in both rural and urban areas. The scarcity of mental health clinical nurse specialists may reflect several factors, including specialized graduate education requirements, scope-of-practice regulations, reimbursement policies, and workforce trends favoring psychiatric-mental health nurse practitioner roles over clinical nurse specialist designations.¹³ Also, mental health services delivered by clinical nurse specialists may be more likely to be billed under group practice or supervising provider NPIs, potentially underestimating their workforce presence.¹⁴

The lower supply of youth behavioral health clinicians in rural versus urban counties is consistent with existing research documenting geographic disparities in the behavioral health workforce generally and in child-serving specialties specifically.^{2,6,15,16} The pattern wherein health care workforce supply decreases progressively with increasing rurality has also been documented across multiple healthcare disciplines.^{17,18}

Geographic clustering of workforce shortages is apparent at the Census Division level. The East South Central and West South Central Census Divisions show the lowest per capita

supply, both overall and in rural counties. In contrast, New England maintains the highest supply, with rural counties in that division showing eight times the workforce density of those in the South Central division.

CONCLUSION AND POLICY IMPLICATIONS

This analysis documents substantial geographic variation in the availability of the youth behavioral health workforce, with rural counties experiencing markedly lower per capita supply and half of all U.S. counties lacking any youth behavioral health clinician. The progressive decrease in workforce supply with increasing rurality, combined with pronounced regional clustering of shortages in the South Central Census Divisions, reveals systematic patterns of workforce scarcity that extend across multiple provider types. These findings highlight the value of continued monitoring of youth behavioral health workforce distribution patterns and suggest that efforts to address rural youth mental health access challenges may benefit from attention to both the magnitude of workforce shortages and their geographic concentration in the nation's most remote and socioeconomically vulnerable communities.

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APPENDIX

Table A1. Pediatric Psychiatrists or Behavioral Pediatric Physicians^a per 100,000 Youth^b Population in U.S. Counties by Census Division^c and Urban Influence Code (UIC) Category,^d 2025

	All counties	Urban	All rural	Adjacent to metro	Rural		
					Micro nonadjacent to metro	Small and remote nonadjacent to metro with a town of at least 5,000 residents	Small and remote nonadjacent to metro without a town of at least 5,000 residents
	(Count)	(Count)	(Count)	(Count)	(Count)	(Count)	(Count)
New England	38.9 (842)	40.8 (789)	22.7 (53)	17.1 (27)	51.0 (23)	13.8 (3)	0.0 (0)
Middle Atlantic	23.6 (1,516)	24.9 (1,490)	5.8 (26)	6.0 (24)	8.8 (2)	0.0 (0)	0.0 (0)
East North Central	14.0 (1,061)	16.3 (1,020)	3.1 (41)	3.0 (31)	5.0 (8)	4.0 (2)	0.0 (0)
West North Central	12.3 (446)	16.0 (414)	3.1 (32)	3.4 (17)	4.1 (11)	2.7 (2)	1.0 (2)
South Atlantic	13.7 (1,416)	15.0 (1,375)	3.5 (41)	3.4 (33)	6.6 (5)	5.7 (2)	1.3 (1)
East South Central	8.6 (272)	11.5 (257)	1.6 (15)	1.2 (7)	3.0 (6)	2.2 (1)	1.4 (1)
West South Central	10.0 (748)	11.4 (732)	1.5 (16)	1.8 (13)	1.6 (3)	0.0 (0)	0.0 (0)
Mountain	13.2 (563)	14.7 (536)	4.3 (27)	4.0 (12)	6.2 (14)	2.9 (1)	0 (0)
Pacific	17.3 (1,506)	17.9 (1,483)	5.5 (23)	5.2 (11)	8.1 (12)	0.0 (0)	0.0 (0)

Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; Claritas population data, 2022, U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

^aTaxonomy codes: Pediatric Psychiatrists or Behavioral Pediatric Physicians: Developmental-Behavioral Pediatrics Physician - 2080P0006X; Child & Adolescent Psychiatry Physician - 2084P0804X.

^bAges 5-17.

^cCensus Divisions: New England—CT, ME, MA, NH, RI, VT; Middle Atlantic—NJ, NY, PA; East North Central—IL, IN, MI, OH, WI; West North Central—IA, KS, MN, MO, NE, ND, SD; South Atlantic—DE, DC, FL, GA, MD, NC, SC, VA, WV; East South Central—AL, KY, MS, TN; West South Central—AR, LA, OK, TX; Mountain—AZ, CO, ID, MT, NV, NM, UT, WY; Pacific—AK, CA, HI, OR, WA.

^dUIC codes were used to classify provider locations based on county: metropolitan or urban (UIC 1, 4), adjacent to metro (UIC 2, 3, 5, 6), nonadjacent micropolitan (UIC 7), small and remote with town of 5,000 (UIC 8), and small and remote without town of 5,000 (UIC 9).

Table A2. School Social Workers^a per 100,000 Youth^b Population in U.S. Counties by Census Division^c and Urban Influence Code (UIC) Category,^d 2025

	All counties	Urban	All rural	Rural			
				Adjacent to metro	Micro nonadjacent to metro	Small and remote nonadjacent to metro with a town of at least 5,000 residents	Small and remote nonadjacent to metro without a town of at least 5,000 residents
	(Count)	(Count)	(Count)	(Count)	(Count)	(Count)	(Count)
New England	20.0 (434)	20.9 (403)	13.3 (31)	12.7 (20)	6.7	23.0 (5)	32.5 (3)
Middle Atlantic	19.5 (1,253)	20.1 (1,198)	12.3 (55)	13.7 (55)	0.0 (0)	0.0 (0)	0.0 (0)
East North Central	7.4 (558)	8.3 (520)	2.9 (38)	2.2 (22)	7.5 (12)	6.1 (3)	1.2 (1)
West North Central	6.5 (238)	7.9 (204)	3.3 (34)	4.6 (23)	1.9 (5)	2.7 (2)	2.0 (4)
South Atlantic	10.7 (1,109)	11.7 (1,073)	3.1 (36)	3.3 (32)	1.3 (1)	2.9 (1)	2.5 (2)
East South Central	3.6 (115)	4.3 (95)	2.2 (20)	2.1 (13)	3.0 (6)	0.0 (0)	1.4 (1)
West South Central	3.5 (258)	3.9 (252)	0.6 (6)	0.6 (4)	1.1 (2)	0.0 (0)	0.0 (0)
Mountain	19.7 (842)	17.8 (650)	30.2 (192)	14.0 (42)	62.5 (142)	17.3 (6)	2.7 (2)
Pacific	7.4 (647)	7.4 (617)	7.1 (30)	2.8 (6)	16.1 (24)	0.0 (0)	0.0 (0)

Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; Claritas population data, 2022, U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

^aTaxonomy codes: School Social Workers - 1041S0200X.

^bAges 5-17.

^cCensus Divisions: New England—CT, ME, MA, NH, RI, VT; Middle Atlantic—NJ, NY, PA; East North Central—IL, IN, MI, OH, WI; West North Central—IA, KS, MN, MO, NE, ND, SD; South Atlantic—DE, DC, FL, GA, MD, NC, SC, VA, WV; East South Central—AL, KY, MS, TN; West South Central—AR, LA, OK, TX; Mountain—AZ, CO, ID, MT, NV, NM, UT, WY; Pacific—AK, CA, HI, OR, WA.

^dUIC codes were used to classify provider locations based on county: metropolitan or urban (UIC 1, 4), adjacent to metro (UIC 2, 3, 5, 6), nonadjacent micropolitan (UIC 7), small and remote with town of 5,000 (UIC 8), and small and remote without town of 5,000 (UIC 9).

Table A3. Youth or Family Mental Health Clinical Nurse Specialists^a per 100,000 Youth^b Population in U.S. Counties by Census Division^c and Urban Influence Code (UIC) Category,^d 2025

	All counties	Urban	All rural	Rural			
				Adjacent to metro	Micro nonadjacent to metro	Small and remote nonadjacent to metro with a town of at least 5,000 residents	Small and remote nonadjacent to metro without a town of at least 5,000 residents
	(Count)	(Count)	(Count)	(Count)	(Count)	(Count)	(Count)
New England	3.8 (83)	4.1 (80)	1.3 (3)	0.0 (0)	2.2 (1)	9.2 (2)	0.0 (0)
Middle Atlantic	0.6 (36)	0.6 (35)	0.2 (1)	0.2 (1)	0.0 (0)	0.0 (0)	0.0 (0)
East North Central	0.7 (52)	0.8 (50)	0.2 (2)	0.0 (0)	1.3 (2)	0.0 (0)	0.0 (0)
West North Central	0.9 (33)	1.0 (26)	0.7 (7)	0.8 (4)	0.7 (2)	0.0 (0)	0.5 (1)
South Atlantic	0.3 (29)	0.3 (27)	0.2 (2)	0.1 (1)	0.0 (0)	0.0 (0)	1.3 (1)
East South Central	0.1 (4)	0.2 (4)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
West South Central	0.2 (13)	0.2 (12)	0.1 (1)	0.1 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Mountain	0.4 (16)	0.4 (13)	0.5 (3)	0.7 (2)	0.4 (1)	0.0 (0)	0.0 (0)
Pacific	0.2 (17)	0.2 (16)	0.2 (1)	0.5 (1)	0.0 (0)	0.0 (0)	0.0 (0)

Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; Claritas population data, 2022, U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

^aTaxonomy codes: Youth or Family Mental Health Clinical Nurse Specialists - Child & Adolescent Psychiatric/Mental Health Clinical Nurse Specialist - 364SP0807X; Child & Family Psychiatric/Mental Health Clinical Nurse Specialist - 364SP0810X.

^bAges 5-17.

^cCensus Divisions: New England—CT, ME, MA, NH, RI, VT; Middle Atlantic—NJ, NY, PA; East North Central—IL, IN, MI, OH, WI; West North Central—IA, KS, MN, MO, NE, ND, SD; South Atlantic—DE, DC, FL, GA, MD, NC, SC, VA, WV; East South Central—AL, KY, MS, TN; West South Central—AR, LA, OK, TX; Mountain—AZ, CO, ID, MT, NV, NM, UT, WY; Pacific—AK, CA, HI, OR, WA.

^dUIC codes were used to classify provider locations based on county: metropolitan or urban (UIC 1, 4), adjacent to metro (UIC 2, 3, 5, 6), nonadjacent micropolitan (UIC 7), small and remote with town of 5,000 (UIC 8), and small and remote without town of 5,000 (UIC 9).

Table A4. Youth, Family, or School Psychologists^a per 100,000 Youth^b Population in U.S. Counties by Census Division^c and Urban Influence Code (UIC) Category,^d 2025

	All counties	Urban	All rural	Rural			
				Adjacent to metro	Micro nonadjacent to metro	Small and remote nonadjacent to metro with a town of at least 5,000 residents	Small and remote nonadjacent to metro without a town of at least 5,000 residents
	(Count)	(Count)	(Count)	(Count)	(Count)	(Count)	(Count)
New England	45.9 (995)	46.1 (891)	44.5 (104)	34.9 (55)	71.0 (32)	65.5 (14)	32.5 (3)
Middle Atlantic	42.6 (2,735)	44.2 (2,640)	21.2 (95)	19.7 (79)	4.4 (1)	82.5 (12)	29.1 (3)
East North Central	43.2 (3,268)	46.1 (2,882)	29.5 (386)	29.2 (297)	32.1 (51)	36.4 (18)	23.6 (20)
West North Central	18.4 (688)	21.2 (550)	13.2 (138)	12.6 (63)	14.2 (38)	17.4 (13)	12.0 (24)
South Atlantic	39.7 (4,106)	41.1 (3,773)	28.4 (333)	27.5 (270)	26.4 (20)	62.9 (22)	26.3 (21)
East South Central	8.1 (255)	10.4 (231)	2.6 (24)	2.8 (17)	2.5 (5)	2.2 (1)	1.4 (1)
West South Central	8.3 (619)	8.9 (569)	4.8 (50)	5.6 (40)	3.3 (6)	1.5 (1)	3.6 (3)
Mountain	40.1 (1,714)	43.2 (1,575)	21.9 (139)	21.4 (64)	26.9 (61)	14.4 (5)	12.1 (9)
Pacific	26.1 (2,274)	26.0 (2,155)	28.3 (119)	29.9 (63)	36.3 (54)	6.7 (2)	0.0 (0)

Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; Claritas population data, 2022, U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

^aTaxonomy codes: Youth, Family, or School Psychologists: Clinical Child & Adolescent Psychologist - 103TC2200X; School Psychologist - 103TS0200X; Family Psychologist - 103TF0000X.

^bAges 5-17.

^cCensus Divisions: New England—CT, ME, MA, NH, RI, VT; Middle Atlantic—NJ, NY, PA; East North Central—IL, IN, MI, OH, WI; West North Central—IA, KS, MN, MO, NE, ND, SD; South Atlantic—DE, DC, FL, GA, MD, NC, SC, VA, WV; East South Central—AL, KY, MS, TN; West South Central—AR, LA, OK, TX; Mountain—AZ, CO, ID, MT, NV, NM, UT, WY; Pacific—AK, CA, HI, OR, WA.

^dUIC codes were used to classify provider locations based on county: metropolitan or urban (UIC 1, 4), adjacent to metro (UIC 2, 3, 5, 6), nonadjacent micropolitan (UIC 7), small and remote with town of 5,000 (UIC 8), and small and remote without town of 5,000 (UIC 9).

Table A5. School Counselors^a per 100,000 Youth^b Population in U.S. Counties by Census Division^c and Urban Influence Code (UIC) Category,^d 2025

	All counties	Urban	All rural	Rural			
				Adjacent to metro	Micro nonadjacent to metro	Small and remote nonadjacent to metro with a town of at least 5,000 residents	Small and remote nonadjacent to metro without a town of at least 5,000 residents
	(Count)	(Count)	(Count)	(Count)	(Count)	(Count)	(Count)
New England	12.5 (270)	13.4 (259)	4.7 (11)	3.2 (5)	8.9 (4)	9.2 (2)	0.0 (0)
Middle Atlantic	6.8 (439)	6.9 (414)	5.6 (25)	5.7 (23)	4.4 (1)	0.0 (0)	9.7 (1)
East North Central	3.3 (247)	3.6 (224)	1.8 (23)	1.8 (18)	1.3 (2)	2.0 (1)	2.4 (2)
West North Central	2.0 (74)	2.0 (51)	2.2 (23)	1.0 (5)	4.5 (12)	2.7 (2)	2.0 (4)
South Atlantic	5.1 (528)	5.1 (466)	5.3 (62)	4.6 (45)	18.5 (14)	2.9 (1)	2.5 (2)
East South Central	4.4 (139)	4.8 (107)	3.5 (32)	3.3 (20)	5.5 (11)	2.2 (1)	0.0 (0)
West South Central	2.1 (155)	1.9 (123)	3.1 (32)	3.4 (24)	2.7 (5)	3.1 (2)	1.2 (1)
Mountain	11.9 (508)	12.9 (470)	6.0 (38)	7.7 (23)	4.8 (11)	5.8 (2)	2.7 (2)
Pacific	15.5 (1,347)	15.4 (1,277)	16.7 (70)	15.2 (32)	20.2 (30)	20.2 (6)	6.5 (2)

Data sources: National Plan and Provider Enumeration System National Provider Identifier data, July 2025; Claritas population data, 2022, U.S. Department of Agriculture (Economic Research Service) Urban Influence Codes, 2024.

^aTaxonomy codes: School Counselors: 101YS0200X.

^bAges 5-17.

^cCensus Divisions: New England—CT, ME, MA, NH, RI, VT; Middle Atlantic—NJ, NY, PA; East North Central—IL, IN, MI, OH, WI; West North Central—IA, KS, MN, MO, NE, ND, SD; South Atlantic—DE, DC, FL, GA, MD, NC, SC, VA, WV; East South Central—AL, KY, MS, TN; West South Central—AR, LA, OK, TX; Mountain—AZ, CO, ID, MT, NV, NM, UT, WY; Pacific—AK, CA, HI, OR, WA.

^dUIC codes were used to classify provider locations based on county: metropolitan or urban (UIC 1, 4), adjacent to metro (UIC 2, 3, 5, 6), nonadjacent micropolitan (UIC 7), small and remote with town of 5,000 (UIC 8), and small and remote without town of 5,000 (UIC 9).

TECHNICAL APPENDIX

Methodology

This study used the National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data downloaded in July 2025 and the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes (UIC), 2024.¹⁰

We used NPPES NPI data for analyses of the following providers who focus on child or adolescent behavioral/mental health, based on their taxonomy codes. Specific provider taxonomy codes and descriptions are listed in the table below.

NPPES Taxonomy Codes to Identify Youth Behavioral Health Providers			
Grouping	Provider type	Description	Taxonomy code
Pediatric Psychiatrists or Behavioral Pediatric Physicians	Developmental-Behavioral Pediatrics Physician	A developmental-behavioral specialist is a pediatrician with special training and experience who aims to foster understanding and promotion of optimal development of children and families through research, education, clinical care and advocacy efforts. This physician assists in the prevention, diagnosis, and management of developmental difficulties and problematic behaviors in children and in the family dysfunctions that compromise children's development.	2080P0006X
	Child & Adolescent Psychiatry Physician	Child & Adolescent Psychiatry is a subspecialty of psychiatry with additional skills and training in the diagnosis and treatment of developmental, behavioral, emotional, and mental disorders of childhood and adolescence.	2084P0804X
School Social Workers	School Social Workers	A social worker is a person who is qualified by a Social Work degree, and licensed, certified or registered by the state as a social worker to practice within the scope of that license. A social worker provides assistance and counseling to clients and their families who are dealing with social, emotional and environmental problems. Social work services may be rendered to individuals, families, groups, and the public.	1041S0200X
Youth or Family Mental Health Clinical Nurse Specialists	Child & Adolescent Psychiatric/Mental Health Clinical Nurse Specialist	A registered nurse who, through a graduate degree program in nursing, or through a formal post-basic education program or continuing education courses and clinical experience, is expert in a specialty area of nursing practice within one or more of the components of direct patient/client care, consultation, education, research and administration. Area of specialty: Child & Adolescent Psychiatric/Mental Health	364SP0807X
	Child & Family Psychiatric/Mental Health Clinical Nurse Specialist	A registered nurse who, through a graduate degree program in nursing, or through a formal post-basic education program or continuing education courses and clinical experience, is expert in a specialty area of nursing practice within one or more of the components of direct patient/client care, consultation, education, research and administration. Area of specialty: Child & Family Psychiatric/Mental Health	364SP0810X

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NPPES Taxonomy Codes to Identify Youth Behavioral Health Providers

Grouping	Provider type	Description	Taxonomy code
Youth, Family, or School Psychologists	Clinical Child & Adolescent Psychologist	A psychologist who develops and applies scientific knowledge to the delivery of psychological services to infants, toddlers, children and adolescents within their social context. Of particular importance to the specialty of clinical child psychology is an understanding of the basic psychological needs of children and adolescents, and how the family and other social contexts influence the socio-emotional adjustment, cognitive development, behavioral adaptation and health status of children and adolescents	103TC2200X
	School Psychologist	A psychologist whose specialty is concerned with the science and practice of psychology with children, youth, families; learners of all ages; and the schooling process. The basic education and training of school psychologists prepares them to provide a range of psychological diagnosis, assessment, intervention, prevention, health promotion, and program development and evaluation services with a special focus on the developmental processes of children and youth within the context of schools, families and other systems. School psychologists are prepared to intervene at the individual and system level, and develop, implement, and evaluate preventive programs. In these efforts, they conduct ecologically valid assessments and intervene to promote positive learning environments within which children and youth from diverse backgrounds to ensure that all have equal access to effective educational and psychological services that promote healthy development	103TS0200X
	Family Psychologist	A psychologist whose specialty is founded on principles of systems theory with the interpersonal system of the family the focus of assessment, intervention and research.	103TF0000X
School Counselors	School Counselors	A counselor specializing in supporting students' academic, emotional, and social development within educational settings.	101YS0200X

Note: Descriptions of professions were obtained from the National Uniform Claim Committee (NUCC) <https://taxonomy.nucc.org/>.

We categorized all U.S. counties into one of the following geographic categories using the ERS 2024 UIC codes: metropolitan or urban (UIC 1, 4), adjacent to metro (UIC 2, 3, 5, 6), nonadjacent micropolitan (UIC 7), small and remote nonadjacent with a town of 5,000 (UIC 8), and small and remote nonadjacent without a town of 5,000 (UIC 9).¹⁰ We linked each provider's practice location ZIP Code obtained through NPPES to a county to classify each provider's geographic location according to UIC code.

Census Divisions include the following states:

- New England: CT, ME, MA, NH, RI, VT
- Middle Atlantic: NJ, NY, PA
- East North Central: IL, IN, MI, OH, WI
- West North Central: IA, KS, MN, MO, NE, ND, SD
- South Atlantic: DE, DC, FL, GA, MD, NC, SC, VA, WV

- East South Central: AL, KY, MS, TN
- West South Central: AR, LA, OK, TX
- Mountain: AZ, CO, ID, MT, NV, NM, UT, WY
- Pacific: AK, CA, HI, OR, WA.

We calculated provider counts and the ratio per 100,000 child population (aged 5-17)¹¹ for each U.S. county and for each U.S. Census Division overall and for each level of rurality (metropolitan/urban, adjacent micropolitan, nonadjacent micropolitan, small and remote nonadjacent with a town of 5,000, and small and remote nonadjacent without a town of 5,000).

We used Version 9.4 of the SAS System for Windows for the data analyses. The University of Washington Human Subjects Division approved this research.