



SCHOOL OF MEDICINE
 BOWEN CENTER FOR HEALTH
 WORKFORCE RESEARCH & POLICY

2018 Psychologist Licensure Survey Data Report

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Executive Summary

Identifying supply and distribution of the psychologist workforce is crucial in understanding the capacity to meet mental health needs and improve overall population health of Indiana citizens. Psychology has evolved from a field focusing solely on scientific research into a clinical profession that combines research with mental health treatment. Today, psychologists are seen as a valuable part of the behavioral health workforce that offers therapeutic treatment for various mental health needs. Data presented in this report provide a snapshot of key demographic and practice characteristics for the psychologist workforce in Indiana.

The 2018 Indiana Psychologist Licensure Survey Data Report presents key information derived from data collected from the psychologist re-licensure survey administered by the Indiana Professional Licensing Agency (IPLA) during the license renewal period. In 2018, 1,797 psychologists renewed their professional licenses. Of those who renewed their license, 966 (53.8%) psychologists reported actively practicing and had a valid Indiana license address and were included in this report.

Based on the sample in this report, this workforce is experiencing a demographic shift. Around three-quarters (75.1%) of psychologists under the age of 45 are female, and female psychologists are shown to have greater racial and ethnic diversity. When examining workforce capacity, the greatest need for psychologists appears to be in rural, less populous counties. For instance, 21 of the 31 (67.7%) counties with no reported psychologist FTE are designated as rural. This limited access to psychologists is compounded by the fact that only around one-fifth of this workforce reported working more than 32 hours per week in patient care (21.8%).

This report details important demographic and practice characteristics for the psychologist workforce and examines these data specifically for psychologists. The 2018 Psychologist Licensure Survey Data Report presents a snapshot of data on the psychologist profession to provide stakeholders with information needed to improve the quality and accessibility of psychologists for Indiana residents through policymaking, workforce development, and resource allocation. Additional analyses and reports may be made available upon submission of a technical assistance request at medicine.iu.edu/research/centers-institutes/bowen-health-workforce.

Section I: Background Information

Introduction

The Bowen Center for Health Workforce Research and Policy (Bowen Center) aims to improve population health by informing health workforce policy through data management, community engagement and original research. The Bowen Center has a rich history of collecting, analyzing, and disseminating health workforce data and research for the State of Indiana. Understanding the status of Indiana's health care workforce is critical to ensuring that Indiana residents have access to high quality care, to developing programs that will train practitioners to meet future needs and to recruiting and retaining health care professionals in Indiana.

The 2018 Indiana Psychologist Licensure Survey Data Report presents key information and data collected from the psychologist re-licensure surveys administered by the Indiana Professional Licensing Agency (IPLA) during the biennial license renewal period. The report includes data on a large sample of psychologists that may be used to promote meaningful policy discussion and to inform evidence-based health workforce policy development.

The data presented describe psychologists' demographic, educational and professional characteristics as well as essential supply and geographic distribution information.

Methods

Survey Administration

Indiana's psychologist re-licensure survey was adapted from the Psychologist Minimum Data Set (MDS) created by the Health Resources and Services Administration (HRSA), National Center for Health Workforce Analysis¹. HRSA has established MDS tools for many licensed health professionals to facilitate the establishment of national databases with consistent core data elements covering demographics, educational, credentialing, and practice characteristics. Indiana's psychologist re-licensure survey was administered by the IPLA during the biennial licensure renewal period. All psychologists who renewed their license electronically (n=1,797) were invited to complete the voluntary survey.

Dataset Construction

The data used for this report were extracted from the psychologist base license file and the psychologist survey data file provided by the IPLA. The base license file contains administrative data such as license status, expiration date, license number, and date of birth. These data are important for calculating additional demographic variables such as age and applying the inclusion and exclusion criteria used for this report.

The survey file underwent cleaning and coding procedures developed by the Bowen Center. After these procedures were completed, the base license file was merged with the survey file by license number to create a Psychologist Master File. This master files was then transferred to the department of Biostatistics to be imported into the Indiana Health Professions Database.

License address data were accessed in the database by the Polis Center for address cleaning and geocoding. This process involves standardizing addresses using 360Science software and geocoding using address locator software. These procedures returned the geographical coordinates of the license address as well as the county federal information processing standards (FIPS) code and census block ID. These values are then returned to the Indiana Health Professions Database to be used for data reporting.

¹The Indiana Psychologist Licensure Survey can be viewed on the IUPUI ScholarWorks Repository: <https://scholarworks.iupui.edu/handle/1805/13284>

2018 Indiana Psychologist Licensure Survey

Sample selection criteria were applied to the master file to determine the samples of psychologists actively practicing in Indiana. The following criteria were applied:

1. Psychologist renewed license online in 2018;
2. Psychologist responded to the 2018 re-licensure survey;
3. Psychologist holds an active, probationary or valid to practice while reviewed license;
4. Psychologist reported actively working as a psychology;
5. Psychologist reported an Indiana license address; and
6. Psychologist whose license address could be confirmed through geocoding.

Psychologists who did not meet the inclusion criteria were excluded from the sample. The final sample includes 966 psychologists who held an active, valid to practice while reviewed or probationary license; reported actively working as a psychologist; and provided an Indiana practice location that could be geocoded. The inclusion and exclusion criteria applied to the merged datasets for psychologists are presented below.

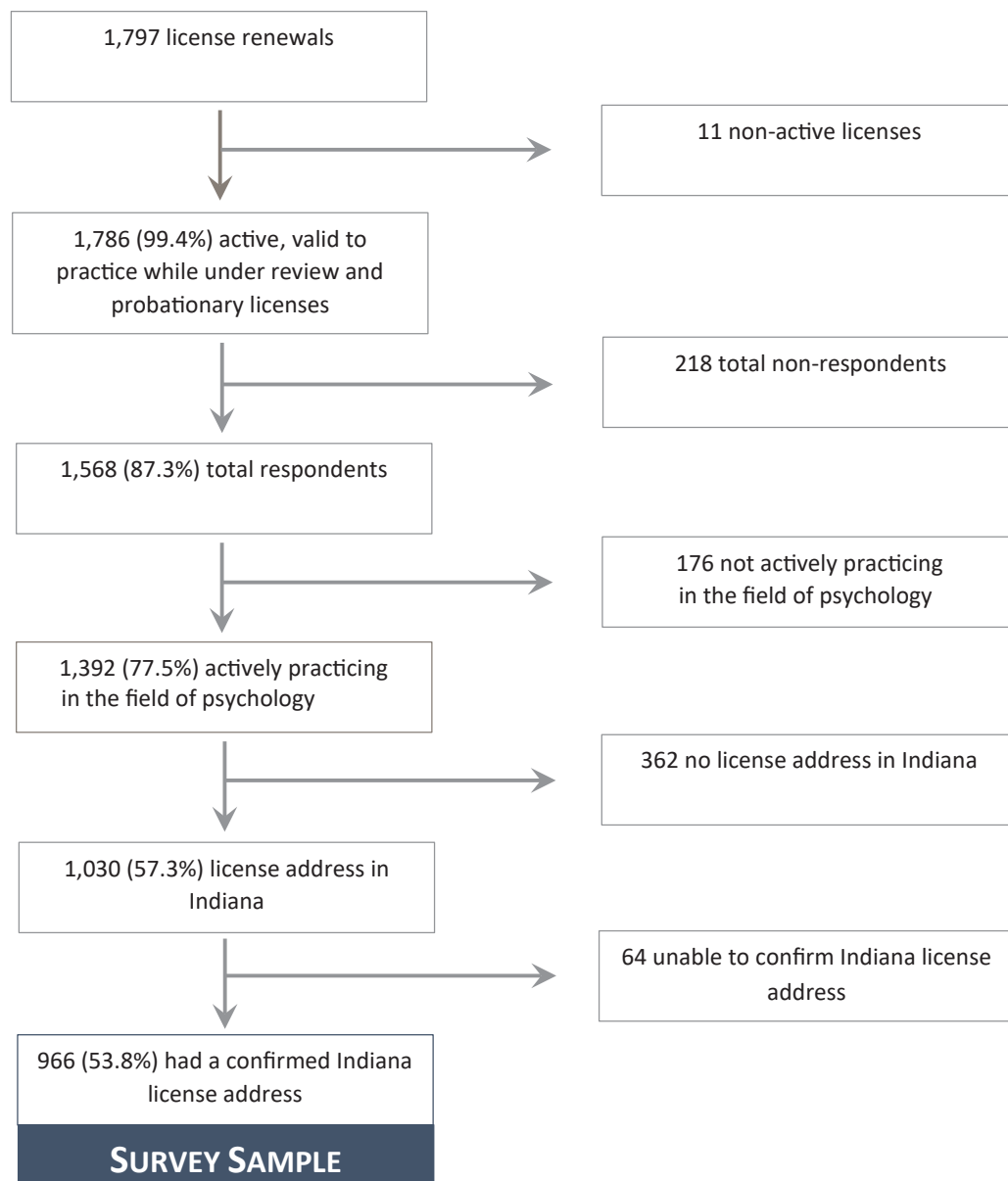


Figure 1.1: Sample Selection Criteria for Indiana Psychologists

FTE Assignment

A full-time equivalent (FTE) was assigned to each individual based upon the survey response indicating average number of hours per week spent in direct patient care. To accurately map the distribution and capacity of the psychologist workforce throughout Indiana, FTEs were assigned to each individual practitioner. Geographic information system (GIS) maps present the distribution of the pharmacist workforce by FTE throughout the report. Table 1.1 outlines the FTE assignment to each hourly category.

Table 1.1: FTE Calculation Based on Reported Hours per Week in Patient Care

| Reported Hours per Week in Patient Care | Assigned FTE |
|-----------------------------------------|--------------|
| 0 | 0 |
| 1 – 4 | 0.1 |
| 5 – 8 | 0.2 |
| 9 – 12 | 0.3 |
| 13 – 16 | 0.4 |
| 17 – 20 | 0.5 |
| 21 – 24 | 0.6 |
| 25 – 28 | 0.7 |
| 29 – 32 | 0.8 |
| 33 – 36 | 0.9 |
| 37 – 40 | 1 |
| 41 or more | 1 |

Rurality

County rurality was determined by population. If a county had a population of at least 50,000 it was designated as “urban”. If the county population was less than 50,000 the county was designated as “rural”.

Limitations

The analyses and data presented in this report have several key limitations that should be taken into account when utilizing and interpreting these data. The information in this report was collected in self-reported response format as part of a voluntary survey. As is the case with all survey research, it is likely there is some level of response bias. In this case, it is possible responses to a question do not reflect the absolute practice characteristics of a provider. Although these self-reported data may not be considered absolute, they provide a method of gauging practice characteristics. This report should only be used to inform policy discussion.

Additionally, the data presented in this report only represent a sample of the entire psychologist workforce. Due to missing data and the voluntary nature of the survey it is likely many psychologists are not represented in the final samples of this report. Also, many survey respondents did not answer every question, therefore the tables in this report include non-respondents to the questions represented. Although this report contains samples of the pharmacists who renewed their license, this fairly large sample (53.8%) may be valuable for informing health workforce policies.

Lastly, to meet State of Indiana needs and because of changes in the methodology for administration of the Psychologist Licensure Survey, several updated versions have resulted over the years. Therefore, a conservative approach was taken and data trend analyses are not presented in this report.

Supplemental Data Tables

The primary purpose of the 2018 Psychologist Licensure Survey Data Report is to provide a snapshot of key information pertaining to the psychologist workforce in Indiana. This report only presents highlights of the re-licensure survey data. Additional data tables can be requested online through the Bowen Center website: medicine.iu.edu/research/centers-institutes/bowen-health-workforce.

Section II: Psychologist Workforce

Demographic Characteristics

The average age of Indiana psychologists is 51.8. Male psychologists are slightly older than their female counterparts: the average age of male psychologists is 56.6 with 58.8% over the age of 55, while female psychologists have an average age of 48.4 with 30.3% being over age of 55. Demographic data demonstrates little racial and ethnic diversity among male and female psychologists. The majority of male psychologists identified as White (97.6%) and Not Hispanic or Latino (74.3%). Similarly, the majority of female psychologists identified as White (91%) and Not Hispanic or Latino (79.3%). More details on psychologists' demographic characteristics can be found in Table 2.1.

Table 2.1: Psychologist Demographic Information

| | Male | | Female | | Non-Respondents | | Total | |
|-------------------------------------------|------------|--------------|------------|--------------|-----------------|--------------|------------|--------------|
| Average Age | | | | | | | | |
| Age Category | N | % | N | % | N | % | N | % |
| Under 35 | 16 | 4.3 | 82 | 14.5 | 1 | 3.2 | 99 | 10.2 |
| 35 - 44 | 62 | 16.8 | 169 | 29.9 | 4 | 12.9 | 235 | 24.3 |
| 45 - 54 | 74 | 20 | 143 | 25.3 | 7 | 22.6 | 224 | 23.2 |
| 55 - 64 | 106 | 28.6 | 95 | 16.8 | 10 | 32.3 | 211 | 21.8 |
| 65 and Older | 110 | 29.7 | 71 | 12.6 | 9 | 29 | 190 | 19.7 |
| Non-Respondents | 2 | 0.5 | 5 | 0.9 | 0 | 0 | 7 | 0.7 |
| Total | 370 | 100.0 | 565 | 100.0 | 31 | 100.0 | 966 | 100.0 |
| Race | | | | | | | | |
| White | 361 | 97.6 | 514 | 91 | 28 | 90.3 | 903 | 93.5 |
| Black or African American | 3 | 0.8 | 24 | 4.2 | 1 | 3.2 | 28 | 2.9 |
| Asian | 3 | 0.8 | 18 | 3.2 | 0 | 0 | 21 | 2.2 |
| American Indian or Alaska Native | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Native Hawaiian or Other Pacific Islander | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Non-Respondents | 3 | 0.8 | 2 | 0.4 | 2 | 6.5 | 7 | 0.7 |
| Other | 0 | 0.0 | 7 | 1.2 | 0 | 0.0 | 7 | 0.7 |
| Total | 370 | 100.0 | 565 | 100.0 | 31 | 100.0 | 966 | 100.0 |
| Ethnicity | | | | | | | | |
| Hispanic or Latino | 4 | 1.1 | 9 | 1.6 | 0 | 0 | 13 | 1.3 |
| Not Hispanic or Latino | 275 | 74.3 | 448 | 79.3 | 7 | 22.6 | 730 | 75.6 |
| Non-Respondents | 91 | 24.6 | 108 | 19.1 | 24 | 77.4 | 223 | 23.1 |
| Total | 370 | 100.0 | 565 | 100.0 | 31 | 100.0 | 966 | 100.0 |

Source: Indiana Psychologist Licensure Survey, 2018

Notes: Age was calculated by measuring the difference between the respondent's date of birth and the date of survey completion. Gender, race and ethnicity were derived from question 1, 2 and 3 on the survey.

Educational Characteristics

Educational characteristics are provided in Tables 2.2 and 2.3. Self-reported educational characteristics demonstrate that the majority of psychologists obtained professional training in Indiana (499; 52%) or one of the contiguous states (214; 22%). Of the psychologists who received their qualifying education in Indiana, 95.8% reported obtaining a doctoral degree (Table 2.2). When reporting highest education, the majority of psychologists reported receiving a PhD (62.8%), followed by 35.1% receiving a PsyD. No respondent reported a specialist degree or certificate as their highest education (Table 2.3).

Table 2.2: Psychologist Qualifying Education

| Qualifying Degree | Indiana | | Contiguous States | | Other US State | | Other Country (not US) | | Non-Respondents | | Total | |
|---------------------------------|------------|--------------|-------------------|--------------|----------------|--------------|------------------------|--------------|-----------------|------------|------------|--------------|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Bachelor's Degree | 1 | 0.2 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 0.1 |
| Master's Degree | 9 | 1.8 | 6 | 2.8 | 3 | 1.2 | 0 | 0.0 | 0 | 0.0 | 18 | 1.9 |
| Doctoral Degree | 478 | 95.8 | 208 | 97.2 | 240 | 95.6 | 2 | 100 | 0 | 0.0 | 928 | 96.1 |
| Military Training Certification | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Other | 2 | 0.4 | 0 | 0.0 | 1 | 0.4 | 0 | 0.0 | 0 | 0.0 | 3 | 0.3 |
| Non-Respondents | 9 | 1.8 | 0 | 0.0 | 7 | 2.8 | 0 | 0.0 | 0 | 0.0 | 16 | 1.7 |
| Total | 499 | 100.0 | 214 | 100.0 | 251 | 100.0 | 2 | 100.0 | 0 | 0.0 | 966 | 100.0 |

Source: Indiana Psychologist Licensure Survey, 2018

Notes: Contiguous states include Ohio, Kentucky, Illinois and Michigan. Information on qualifying degree and education location were derived from questions 4 and 5 on the survey.

Table 2.3: Psychologist Highest Education

| Highest Education | N | % |
|--------------------------------------------------------------------------------------|------------|--------------|
| Master's Degree (MA, MS, MED) | 3 | 0.3 |
| Specialist degree/Certificate of Advanced Graduate Study (e.g. EdS, PsyS, SSP, CAGS) | 0 | 0.0 |
| PhD | 607 | 62.8 |
| PsyD | 339 | 35.1 |
| Other | 15 | 1.6 |
| Non-Respondents | 2 | 0.2 |
| Total | 966 | 100.0 |

Source: Indiana Psychologist Licensure Survey, 2018

Notes: Information on highest education was derived from question 7 on the survey.

Professional and Practice Characteristics

Details on employment characteristics of psychologists can be found in Tables 2.4-2.7. The majority (85.5%) of psychologists reported they have no plans to change their employment status for the next 12 months, while a small percentage reported plans to increase hours in the field of psychology (5.4%) (Table 2.4). When asked about their primary activity, majority of psychologists reported working in direct client care/healthcare services (67.6%), followed by teaching/education/research (10.8%) (Table 2.5).

When asked about practice specialty almost half of psychologists reported their specialty as clinical psychology (45.7%), followed by counseling psychology (13.7%) and clinical child and adolescent psychology (13%) (Table 2.6). When indicating the setting of their primary practice, the highest proportion of psychologists reported practicing in an independent solo practice (22.6%), followed by independent group practice (17.7%) and mental health clinic (10.5%) (Table 2.7).

Table 2.4: Psychologist Employment Plans

| Employment Plans | N | % |
|---------------------------------------------|------------|--------------|
| No planned change | 826 | 85.5 |
| Increase hours in the field of psychology | 52 | 5.4 |
| Decrease hours in the field of psychology | 31 | 3.2 |
| Increase hours in direct patient care | 34 | 3.5 |
| Decrease hours in direct patient care | 12 | 1.2 |
| Leave employment in the field of psychology | 5 | 0.5 |
| Non-Respondent | 6 | 0.6 |
| Total | 966 | 100.0 |

Source: Indiana Psychologist Licensure Survey , 2018

Notes: Information on employment plans was derived from question 10 on the survey.

Table 2.5: Psychologist Primary Activity

| Primary Activity | N | % |
|---------------------------------------------------|------------|--------------|
| Direct Client Care/Healthcare Services | 653 | 67.6 |
| Teaching/Education/Research | 104 | 10.8 |
| Administration Management | 70 | 7.2 |
| Clinical Supervision | 46 | 4.8 |
| Other Human Services (e.g. forensics, consulting) | 25 | 2.6 |
| Clinical/Community Consultation & Prevention | 19 | 2.0 |
| Other | 13 | 1.3 |
| Non-Clinical Consultation | 6 | 0.6 |
| Non-Respondents | 30 | 3.1 |
| Total | 966 | 100.0 |

Source: Indiana Psychologist Licensure Survey, 2018

Notes: Information on primary activity was derived from question 11 on the survey.

Table 2.6: Psychologist Practice Specialty

| Primary Practice Specialty | N | % |
|-------------------------------------------------|------------|--------------|
| Clinical Psychology | 441 | 45.7 |
| Counseling Psychology | 132 | 13.7 |
| Clinical Child & Adolescent Psychology | 126 | 13.0 |
| Clinical Health Psychology | 50 | 5.2 |
| Clinical Neuropsychology | 70 | 7.2 |
| Other | 42 | 4.3 |
| Forensic Psychology | 29 | 3.0 |
| Cognitive Behavioral Psychology | 20 | 2.1 |
| Organizational & Business Consulting Psychology | 8 | 0.8 |
| Professional Geropsychology | 8 | 0.8 |
| Couple & Family Psychology | 6 | 0.6 |
| Rehabilitation Psychology | 6 | 0.6 |
| Psychoanalytic Psychology | 4 | 0.4 |
| Police & Public Safety Psychology | 2 | 0.2 |
| Group Psychology | 1 | 0.1 |
| Non-Respondents | 21 | 2.2 |
| Total | 966 | 100.0 |

Source: Indiana Psychologist Licensure Survey, 2018

Notes: Information on primary practice specialty was derived from question 16 on the survey.

Table 2.7: Psychologist Practice Setting

| Primary Practice Setting | N | % |
|--------------------------------------------------------------|------------|--------------|
| Independent solo practice | 218 | 22.6 |
| Independent group practice | 171 | 17.7 |
| Mental health clinic | 101 | 10.5 |
| College/University Counseling/Health Center | 78 | 8.1 |
| Other | 57 | 5.9 |
| Community health center | 48 | 5.0 |
| Non-federal hospital: General Medical | 47 | 4.9 |
| Primary or specialist medical care | 47 | 4.9 |
| Federal Government hospital | 33 | 3.4 |
| Veterans Facility | 27 | 2.8 |
| Non-federal hospital: Psychiatric | 22 | 2.3 |
| Correctional Facility | 22 | 2.3 |
| Rehabilitation | 17 | 1.8 |
| Long-term care facility (e.g. nursing home, assisted living) | 16 | 1.7 |
| School-based mental health service | 10 | 1.0 |
| Residential setting | 9 | 0.9 |
| Organization/Business setting | 6 | 0.6 |
| Child welfare facility | 2 | 0.2 |
| Criminal Justice Facility | 2 | 0.2 |
| Non-Respondents | 33 | 3.4 |
| Total | 966 | 100.0 |

Source: Indiana Psychologist Licensure Survey, 2018

Notes: Information on primary practice setting was derived from question 18 on the survey.

Workforce and Distribution

Tables 2.8-2.9 demonstrate data on psychologists' workforce capacity and geographic distribution. The highest proportion of psychologists reported spending 17 – 20 hours per week in patient care (11.8%), followed by 10.4% who reported spending 21 – 24 hours per week in patient care. Around one-fifth (21.8%) reported spending more than 32 hours per week in patient care. More information on hours in patient care can be found in Table 2.8.

Geographic distribution of Indiana psychologists is displayed in Table 2.9 and demonstrated in Map 2.1. There is no threshold of insufficient capacity for the psychologist workforce. However, measuring capacity is still valuable for determining where insufficient capacity may exist.

Four counties in Indiana have population-to-provider FTE ratios (PPRs) above 100,000:1 (Steuben, Ripley, Putnam, Owen). Additionally, thirty-one counties had no reported psychologists FTE; twenty-one of these counties were rural.

Table 2.8: Psychologist Hours per Week in Patient Care

| Average Hours Per Week in Patient Care | N | % |
|----------------------------------------|------------|--------------|
| 0 hours per week | 90 | 9.3 |
| 1 - 4 hours per week | 72 | 7.5 |
| 5 - 8 hours per week | 64 | 6.6 |
| 9 - 12 hours per week | 61 | 6.3 |
| 13 - 16 hours per week | 58 | 6.0 |
| 17 - 20 hours per week | 114 | 11.8 |
| 21 - 24 hours per week | 100 | 10.4 |
| 25 - 28 hours per week | 79 | 8.2 |
| 29 - 32 hours per week | 90 | 9.3 |
| 33 - 36 hours per week | 63 | 6.5 |
| 37 - 40 hours per week | 94 | 9.7 |
| 41 or more hours per week | 54 | 5.6 |
| Non-Respondents | 27 | 2.8 |
| Total | 966 | 100.0 |

Source: Indiana Psychologist Licensure Survey, 2018

Notes: Information on average hours per week in patient care were derived from question 17.

Data Report

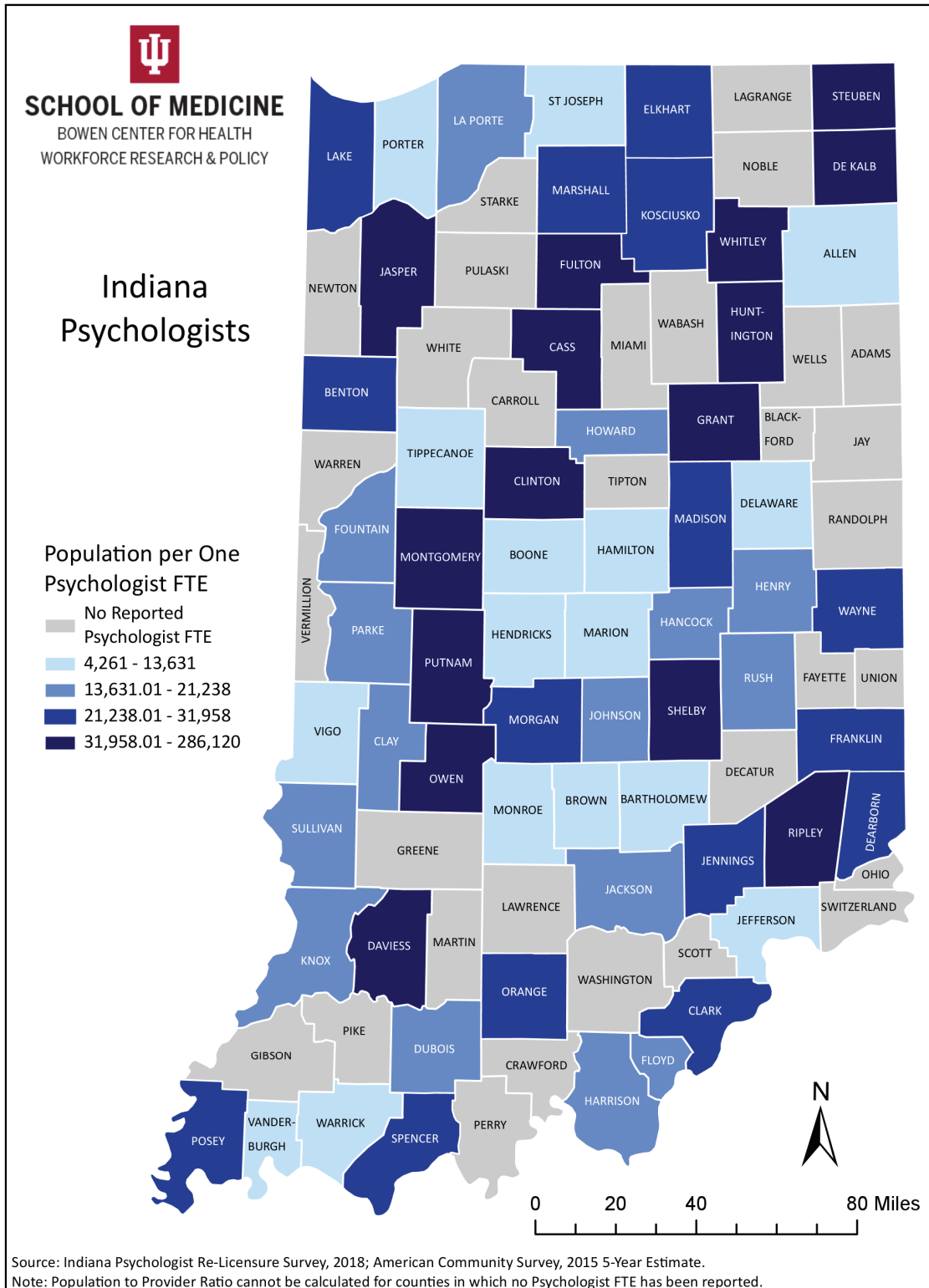
Table 2.9: Psychologist Workforce Capacity by County

| County | Rurality | Total FTE | Resident per Counselor FTE | County | Rurality | Total FTE | Resident per Counselor FTE |
|-------------|----------|-----------|----------------------------|-------------|----------|-----------|----------------------------|
| Adams | Rural | 0.0 | — | Lawrence | Rural | 0.0 | — |
| Allen | Urban | 35.1 | 10,354 | Madison | Urban | 6.0 | 21,713 |
| Bartholomew | Urban | 6.7 | 11,863 | Marion | Urban | 108.6 | 8,529 |
| Benton | Rural | 0.3 | 29,173 | Marshall | Rural | 1.8 | 26,090 |
| Blackford | Rural | 0.0 | — | Martin | Rural | 0.0 | — |
| Boone | Urban | 11.1 | 5,451 | Miami | Rural | 0.0 | — |
| Brown | Urban | 1.3 | 11,546 | Monroe | Urban | 25.0 | 5,696 |
| Carroll | Urban | 0.0 | — | Montgomery | Rural | 0.9 | 42,413 |
| Cass | Rural | 0.4 | 96,190 | Morgan | Urban | 3.1 | 22,388 |
| Clark | Urban | 3.9 | 29,020 | Newton | Urban | 0.0 | — |
| Clay | Urban | 1.9 | 14,045 | Noble | Rural | 0.0 | — |
| Clinton | Rural | 0.8 | 41,043 | Ohio | Urban | 0.0 | — |
| Crawford | Rural | 0.0 | — | Orange | Rural | 0.7 | 28,178 |
| Daviess | Rural | 0.7 | 46,301 | Owen | Rural | 0.1 | 211,920 |
| Dearborn | Urban | 1.6 | 31,049 | Parke | Rural | 1.0 | 17,107 |
| Decatur | Rural | 0.0 | — | Perry | Rural | 0.0 | — |
| DeKalb | Rural | 0.6 | 70,748 | Pike | Rural | 0.0 | — |
| Delaware | Urban | 19.8 | 5,926 | Porter | Urban | 19 | 8,766 |
| Dubois | Rural | 2.1 | 20,138 | Posey | Urban | 0.8 | 31,958 |
| Elkhart | Urban | 6.3 | 31,854 | Pulaski | Rural | 0.0 | — |
| Fayette | Rural | 0.0 | — | Putnam | Urban | 0.2 | 188,250 |
| Floyd | Urban | 4.5 | 16,866 | Randolph | Rural | 0.0 | — |
| Fountain | Rural | 1.0 | 16,888 | Ripley | Rural | 0.1 | 286,120 |
| Franklin | Urban | 0.9 | 25,483 | Rush | Rural | 0.8 | 21,238 |
| Fulton | Rural | 0.3 | 68,423 | Scott | Rural | 0.0 | — |
| Gibson | Urban | 0.0 | — | Shelby | Urban | 0.6 | 74,068 |
| Grant | Rural | 1.2 | 57,413 | Spencer | Rural | 0.7 | 29,794 |
| Greene | Urban | 0.0 | — | St. Joseph | Urban | 36.6 | 7,301 |
| Hamilton | Urban | 69.6 | 4,261 | Starke | Rural | 0.0 | — |
| Hancock | Urban | 4.2 | 16,982 | Steuben | Rural | 0.2 | 171,335 |
| Harrison | Urban | 2.2 | 17,831 | Sullivan | Urban | 1.3 | 16,239 |
| Hendricks | Urban | 11.4 | 13,459 | Switzerland | Rural | 0.0 | — |
| Henry | Rural | 3.4 | 14,454 | Tippecanoe | Urban | 16.7 | 10,835 |
| Howard | Urban | 6.0 | 13,794 | Tipton | Urban | 0.0 | — |
| Huntington | Rural | 0.8 | 46,078 | Union | Rural | 0.0 | — |
| Jackson | Rural | 2.2 | 19,759 | Vanderburgh | Urban | 13.3 | 13,631 |
| Jasper | Urban | 1.0 | 33,448 | Vermillion | Urban | 0.0 | — |
| Jay | Rural | 0.0 | — | Vigo | Urban | 13.7 | 79,02 |
| Jefferson | Rural | 3.1 | 10,468 | Wabash | Rural | 0.0 | — |
| Jennings | Rural | 1.3 | 21,625 | Warren | Rural | 0.0 | — |
| Johnson | Urban | 10.4 | 14,004 | Warrick | Urban | 5.2 | 11,729 |
| Knox | Rural | 2.5 | 15,224 | Washington | Urban | 0.0 | — |
| Kosciusko | Rural | 2.5 | 31,193 | Wayne | Rural | 2.9 | 23,402 |
| LaGrange | Rural | 0.0 | — | Wells | Urban | 0.0 | — |
| Lake | Urban | 23.0 | 21,373 | White | Rural | 0.0 | — |
| LaPorte | Urban | 6.4 | 17,387 | Whitley | Urban | 0.7 | 47,614 |

Source: Indiana Psychologist Licensure Survey, 2018; 2015 American Community Survey, 5-year population data.

Notes: Population to provider ratios cannot be calculated for counties in which there is no reported psychologist FTE.

2018 Indiana Psychologist Licensure Survey



Map 2.1: Psychologist Workforce Capacity by County

Closing Summary

There is a growing demand for psychologists who can address the rise in mental illness and addiction throughout Indiana¹. As was demonstrated in this report, much of the psychologist workforce is contributing to patient care. For instance, 67.6% reported their primary activity to be direct client care/healthcare services. The majority of psychologists also reported their specialty as clinical psychology (45.7%) or counseling psychologists (13.7%). However, access to psychologists may still be limited in some geographies and communities.

A small percent of this workforce reported their primary practice as a mental health clinic (10.5%), community health center (5.0%) or rehabilitation setting (1.8%). The highest proportion of psychologists reported working 17 – 20 hours per week in patient care (11.8%), and majority of psychologists had no intention to change their employment status (85.5%). Moreover, 31 counties in Indiana had no reported psychologist FTE.

While there is evidence for a need to improve capacity and access to care, it is also important to highlight the potential changes and opportunities in the psychologist workforce. For instance, the majority of psychologists under the age of 45 are female (compared to more than half of those over 55 being male). Additionally, nearly three-quarters of psychologists practicing in Indiana received their education in Indiana or one of the contiguous states (713; 73.8%). This may be important to consider for recruitment and engagement of psychologists in Indiana.

This report provides a snapshot of the psychologist workforce. The Bowen Center is committed to continuous improvement in our reporting on Indiana's psychologists. The data presented in this report are also available through the BowenPortal.org. The Portal offers users the ability to generate interactive GIS maps, develop customized reports, and download data for customized analyses. We welcome feedback on this report and/or inquiries for customized reports through email at bowenctr@iu.edu.

¹ Rudd RA, Aleshire N, Zibbell JE, Gladden RM. Increases in Drug and Opioid Overdose Deaths – United States, 2000 – 2014. MMWR Morb Motal Wkly Rep 2015; 64 (50 – 51): 1378 – 82.