

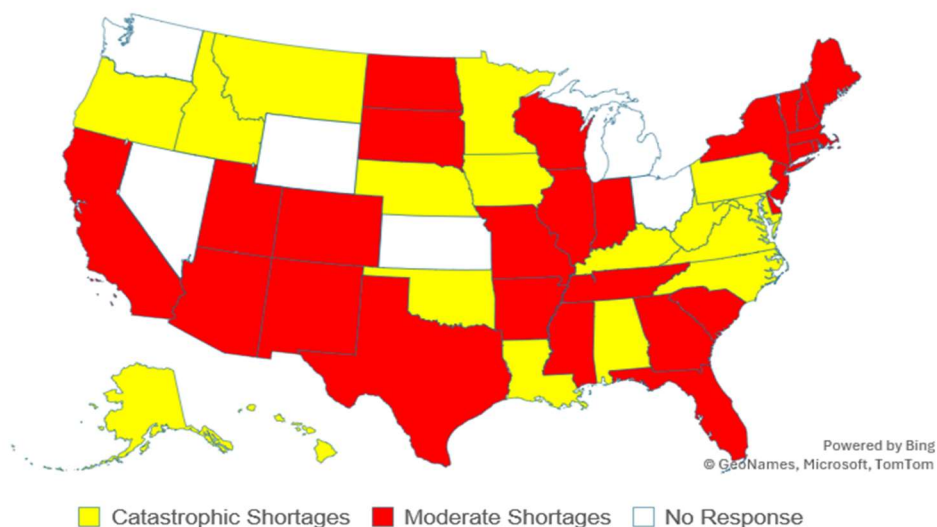
State Hospital Workforce Shortages Worsen Despite Salary Increases and Recruitment Initiatives

State governments operate 195 state psychiatric hospitals that provide care to more than 40,000 individuals every day. Because these hospitals operate 24 hours a day, seven days a week, workforce shortages directly affect patient care, hospital operations, and state budgets. States are responding with higher salaries, temporary locum tenens staffing, and expanded recruitment and retention strategies, yet shortages remain widespread and, in several key disciplines, are worsening.

State Psychiatric Hospital Workforce Shortages

In 2026, all 45 responding states reported workforce shortages that affected service delivery in state psychiatric hospitals. Seventeen states reported at least one “catastrophic” workforce shortage, and the remaining 28 states reported at least one “moderate” shortage with significant operational impacts (see Figure 1).

Figure 1: States experiencing workforce shortages at state psychiatric hospitals, by shortage level, 2026



Definitions of workforce shortage impact:

Catastrophic Impact: Hospitals were not able to staff all beds (some beds are not able to be used) or experience major delays in when a service is available. State may need to mandate extensive overtime or extensive use of expensive temporary staff.

Moderate Impact: Staff shortages result in longer waits for clients to receive services, or state needs to use a lot of overtime or temporary workers, increasing costs.

Minimal Impact: There is a shortage of staff, but it isn't limiting provision of services to clients. State is having difficulty recruiting staff or is working to increase the workforce in this area.

All Responding
States

Had State Hospital
Workforce shortages in
2026

Salaries
Increased

over 20% for many
disciplines from 2023 to
2026

Use of Locum
Tenens is

a growing budget issue
in many states

State Hospital Workforce Shortages by Staff Discipline

Adult psychiatrists were the most commonly reported shortage discipline, with 40 states reporting any shortage and 36 states reporting a catastrophic or moderate shortage. Other frequently reported shortage disciplines included registered nurses (38 states), social workers (MSW) and nurse practitioners (35 states each), and psychologists (Ph.D.) and mental health aides/technicians (34 states each) (see Table 1).

Table 1: State Psychiatric Hospital Workforce Shortages, by Discipline and Shortage Level, 2026

Discipline	Catastrophic	Moderate	Minor	No Shortage	Not Used	Unknown	Valid Responses
Adult Psychiatrists	7	29	4	5	0	0	45
Registered Nurses	7	28	3	1	0	1	40
Nurse Practitioners	1	15	19	8	0	1	44
Social Workers (MSW)	2	22	11	5	0	0	40
Psychologists (Ph.D.)	6	17	11	5	0	1	40
Mental Health Aides/Technicians	3	20	11	4	1	0	39
Support Staff	1	19	14	5	0	1	40
Licensed Practical Nurses	5	15	12	4	3	2	41
Bilingual/Multilingual Staff	3	16	8	7	3	3	40
Child Psychiatrists	8	9	8	2	15	3	45
Psychologists (Masters)	2	8	14	6	10	4	44
Peer Specialists	1	8	15	7	7	3	41
Other Social Workers	1	8	13	4	8	2	36
Licensed Behavioral Health Workers	2	9	10	4	5	5	35
Care Coordinators/Case Managers	1	10	7	12	9	1	40
Pharmacists	0	7	9	18	1	5	40
Employment/Education Specialists	1	4	7	11	13	4	40

Catastrophic shortages were most often reported for child psychiatrists (8 states), although more than half of responding states do not treat children in state psychiatric hospitals. Adult psychiatrists and registered nurses were each reported as having catastrophic shortages in 7 states.

Moderate shortages were most frequently reported for adult psychiatrists (29 states), registered nurses (28 states), social workers (MSW) (22 states), mental health aides/technicians (20 states), support staff (19 states), psychologists (Ph.D.) (17 states), and nurse practitioners and licensed practical nurses (15 states each).

Change in State Hospital Workforce Shortages, 2023-2026

States reported state hospital workforce shortages in 2023 using the same shortage-level questions. Table 2 compares states with valid, comparable shortage-severity responses in both 2023 and 2026 for each discipline. Because the updated 2026 file includes additional state responses, the matched-state denominator varies by discipline.

Among disciplines with valid matched responses, psychologists (Ph.D.) had the most states worsen to catastrophic shortage status (5 states). Adult psychiatrists followed with 4 states, while registered nurses worsened to catastrophic shortage status in 3 states.

Social workers (MSW) showed the most improvement, with 10 states reporting lower shortage severity in 2026. Nurse practitioners improved in 9 states, while registered nurses and licensed practical nurses each improved in 6 states.

Table 2: Number of States with a Change in Shortage Severity 2023 to 2026, by Discipline and Shortage Level

Discipline	← IMPROVED			Total Improved	→ WORSENE			Total Worsened	SUMMARY	
	From Catastrophic (Code 3 → lower)	From Moderate (Code 2 → lower)	From Minor (Code 1 → 0 No Shortage)		→ Code 1 (Minor Worsening)	→ Code 2 (Moderate Worsening)	→ Code 3 (Catastrophic)		Net Change	States Ending at No Shortage in 2026
Psychologists (Ph.D.)	1	3		4	1	1	5	7	+3	2
Adult Psychiatrists	2		2	4		2	4	6	+2	2
Child Psychiatrists	1	2		3	2	1	2	5	+2	
Peer Specialists		4		4	3	2		5	+1	
Support Staff	1	3		4	2	2	1	5	+1	
Pharmacists		1		1	2	2		4	+3	1
Mental Health Aides/Technicians	2	1		3	1	2	1	4	+1	1
Bilingual/Multilingual	2	1		3	1	1	2	4	+1	2
Social Workers (Other)	1	2	1	4	2	1	1	4	0	1
Care Coordinators/Case Managers	1	3	1	5	2	1	1	4	-1	3
Nurse Practitioners	1	6	2	9	1	2	1	4	-5	4
Licensed Behavioral Health Workers	2	2		4		1	2	3	-1	1
Registered Nurses	4	2		6			3	3	-3	
Employment/Education			2	2	1		1	2	0	2
Psychologists (Masters Level)		4		4	1		1	2	-2	1
Licensed Practical Nurses	2	3	1	6		1	1	2	-4	1
Social Workers (MSW)	4	4	2	10		2		2	-8	2

Notes: Analysis based on states participating in both 2023 and 2026 surveys. 'From Catastrophic' = shortage moved from Code 3 to any lower code. 'From Moderate' = moved from Code 2 to Code 1 or 0. 'From Minor' = moved from Code 1 to Code 0 (No Shortage). Net Change is calculated as Total Worsened minus Total Improved; positive values indicate net worsening, negative values indicate net improvement, and zero indicates equal numbers of states improving and worsening. Codes 8 (Unknown/Not Available), 'Choose Shortage Level,' and 9 (Not Used in Setting) excluded. Source: NRI State Hospital Workforce Shortage Surveys, 2023 and 2026.

Social workers (MSW) had the largest number of states with improved shortage severity: 10 states reported a lower shortage level in 2026, including 2 states that ended at no shortage. Nurse practitioners improved in 9 states, including 4 that ended at no shortage. Licensed practical nurses and registered nurses each improved in 6 states.

Registered nurse shortages improved in 6 matched states, while 3 states worsened to catastrophic shortage levels. No matched state moved from a registered nurse shortage to no shortage in 2026.

State Psychiatric Hospital Entry and Top Salaries

States reported annual salaries, excluding fringe benefit costs, for major disciplines working in state psychiatric hospitals. **Caution: Salary ranges shown are the minimum (entry) and maximum (top) salaries permitted under state rules—these do not necessarily represent average salaries, and there may be no person in a state working for either the minimum or maximum salary listed.**

Table 3 shows that the median entry salary for psychiatrists is \$230,000 per year and the median top salary is \$327,115. Among states responding to the salary-adequacy question, 18 reported that psychiatrist salaries were adequate for recruitment or retention, while 14 reported that they were not; three states reported salary data but did not provide an adequacy response.

Table 3: 2026 State Psychiatric Hospital Entry and Top Salaries (excluding fringe benefits)

Discipline	Average Entry	Median Entry	Average Top	Median Top	Minimum Entry	Maximum Top	Salaries are Adequate to Recruit	Salaries are Not Adequate	States Reporting
Psychiatrist	\$236,618	\$230,000	\$333,962	\$327,115	\$123,694	\$522,840	18	14	35
Other Physicians	\$196,263	\$184,236	\$295,046	\$278,444	\$87,895	\$780,000	17	13	35
Psychologists (Ph.D.)	\$95,966	\$93,444	\$143,638	\$143,822	\$42,287	\$235,443	10	19	37
Psychologists (Masters)	\$80,293	\$71,822	\$106,457	\$108,846	\$39,000	\$160,000	10	7	22
Social Workers (MSW+)	\$63,099	\$64,454	\$95,313	\$94,272	\$38,000	\$136,020	16	15	38
Nurse Practitioners	\$110,833	\$110,000	\$151,377	\$152,346	\$48,300	\$213,951	21	8	35
Registered Nurses	\$74,601	\$73,154	\$117,159	\$114,131	\$40,000	\$186,301	16	15	37
Licensed Practical Nurses	\$51,275	\$51,147	\$71,211	\$73,924	\$32,000	\$110,288	15	13	35
Case Managers	\$52,330	\$50,999	\$75,636	\$72,312	\$29,000	\$110,000	17	9	27
Substance Abuse Counselors	\$58,365	\$59,670	\$84,278	\$85,138	\$34,261	\$133,951	16	6	26
Pharmacists	\$108,433	\$104,448	\$161,679	\$153,085	\$71,187	\$239,200	13	10	30
Peer Specialists	\$40,495	\$38,361	\$60,591	\$57,065	\$21,899	\$107,904	9	5	17
Hospital CEO/Superintendent	\$140,537	\$131,189	\$205,442	\$183,539	\$79,477	\$621,752	18	6	33

Psychologists (Ph.D.) (19 states), registered nurses and social workers (15 states each), and psychiatrists (14 states) were the disciplines with the most states reporting that salaries remained inadequate to recruit or retain staff.

Change in State Psychiatric Hospital Salaries, 2023-2026

NRI collected state psychiatric hospital salary information using the same approach in 2023. For each position and year, average entry and top-of-scale salaries were calculated using only reported numeric salaries greater than zero; zero and blank values were treated as no response. Percent change was calculated as the 2026 average minus the 2023 average, divided by the 2023 average. Because the responding states differ across years and disciplines, these figures compare the reported averages rather than a matched-state cohort.

Average entry-level salaries increased across all disciplines shown in Table 4 from 2023 to 2026. Pharmacists had the largest percentage increase, rising 30.0 percent from \$83,436 to \$108,433. Other physicians and state hospital CEOs/superintendents followed, with increases of 27.8 percent and 27.7 percent, respectively; psychiatrists increased 24.3 percent, and substance use disorder counselors increased 23.1 percent.

At the top of the salary scale, pharmacists again had the largest increase (27.3 percent), followed by substance abuse counselors (23.2 percent), other physicians (20.9 percent), and case managers (20.7 percent). The smallest increases were for master's-level psychologists (4.7 percent), MSW-level social workers (9.1 percent), and licensed practical nurses (9.6 percent).

Table 4: State Psychiatric Hospital Entry and Top Salaries, 2023 and 2026, by Discipline

Discipline	Entry-Level Salary			Top-of-Scale Salary			Respondent States (n)	
	2023	2026	% Change	2023	2026	% Change	2023	2026
Pharmacists	\$83,436	\$108,433	30.0%	\$127,027	\$161,679	27.3%	25	30
Other Physicians	\$153,522	\$196,263	27.8%	\$244,003	\$295,046	20.9%	28	35
Hospital CEO/Superintendent	\$110,021	\$140,537	27.7%	\$183,990	\$205,442	11.7%	26	33
Psychiatrists	\$190,361	\$236,618	24.3%	\$301,547	\$333,962	10.7%	30	35
Substance Abuse Counselor	\$47,430	\$58,365	23.1%	\$68,405	\$84,278	23.2%	19	26
Social Workers (MSW & Above)	\$52,350	\$63,099	20.5%	\$87,360	\$95,313	9.1%	29	38
Case Managers	\$43,438	\$52,330	20.5%	\$62,643	\$75,636	20.7%	17	27
Psychologists (Ph.D.)	\$80,580	\$95,966	19.1%	\$127,032	\$143,638	13.1%	30	37
Psychologists (Masters Level)	\$67,684	\$80,293	18.6%	\$101,629	\$106,457	4.7%	20	22
Nurse Practitioners	\$94,534	\$110,833	17.2%	\$133,312	\$151,377	13.6%	25	35
Registered Nurses	\$65,408	\$74,601	14.1%	\$99,033	\$117,159	18.3%	29	37
Peer Specialists	\$35,671	\$40,495	13.5%	\$53,220	\$60,591	13.9%	17	17
Licensed Practical Nurses	\$46,685	\$51,275	9.8%	\$64,962	\$71,211	9.6%	29	35

State Hospital Use of Locum Tenens

States use temporary professional staff, or locum tenens, to fill state hospital vacancies and maintain operations. Among the states that described budget impacts, most reported higher staffing costs, pressure on operating budgets, or the need to shift funds; one state reported no budget impact.

Twenty-eight states reported using locum tenens in state hospitals. Of these, 27 reported use because the hospital could not hire permanent workers, 12 cited staffing flexibility, and 9 cited other reasons, including coverage for leaves, emergency staffing needs, forensic-service demand, and hard-to-fill specialties.

The most common locum tenens workers were:

- **Physicians/Psychiatrists (MDs)** - reported by 21 states
- **Registered Nurses (RNs)** - reported by 19 states
- **Other Staff** - reported by 15 states, including psychologists, pharmacists, direct-care staff, CNAs, behavior technicians, nurse practitioners, physician assistants, mental health specialists, social workers, rehabilitation therapists, dietitians, clerical staff, and dentists

States most often described locum tenens as increasing hospital operating costs and creating budget pressure.

- **Rates reported as two to three times employee costs:** One state reported that locum tenens rates were two to three times the cost of state employees, the only quantified comparison in the survey responses.
- **Budget cuts and fund shifting required:** States reported having to cut other budget areas and request additional legislative appropriations. One state reported that locum tenens spending "exceeds planned spending and requires shifting from other essential community programs."
- **Downstream effects on position inventory:** One state described a cycle in which reducing permanent staff and relying on locum tenens led the legislature to cut the authorized position inventory, making it harder for the hospital to rebuild a permanent workforce.

Twelve states reported pressure to reduce locum tenens use: CO, CT, HI, KY, MA, MO, MT, NC, NY, OK, VT, and WV. Sources of pressure included budget constraints, legislative attention, position-defunding concerns, and formal strategic goals to expand and retain the permanent workforce.

Steps States Are Taking to Reduce Locum Tenens Use

The strategies cluster into four approaches:

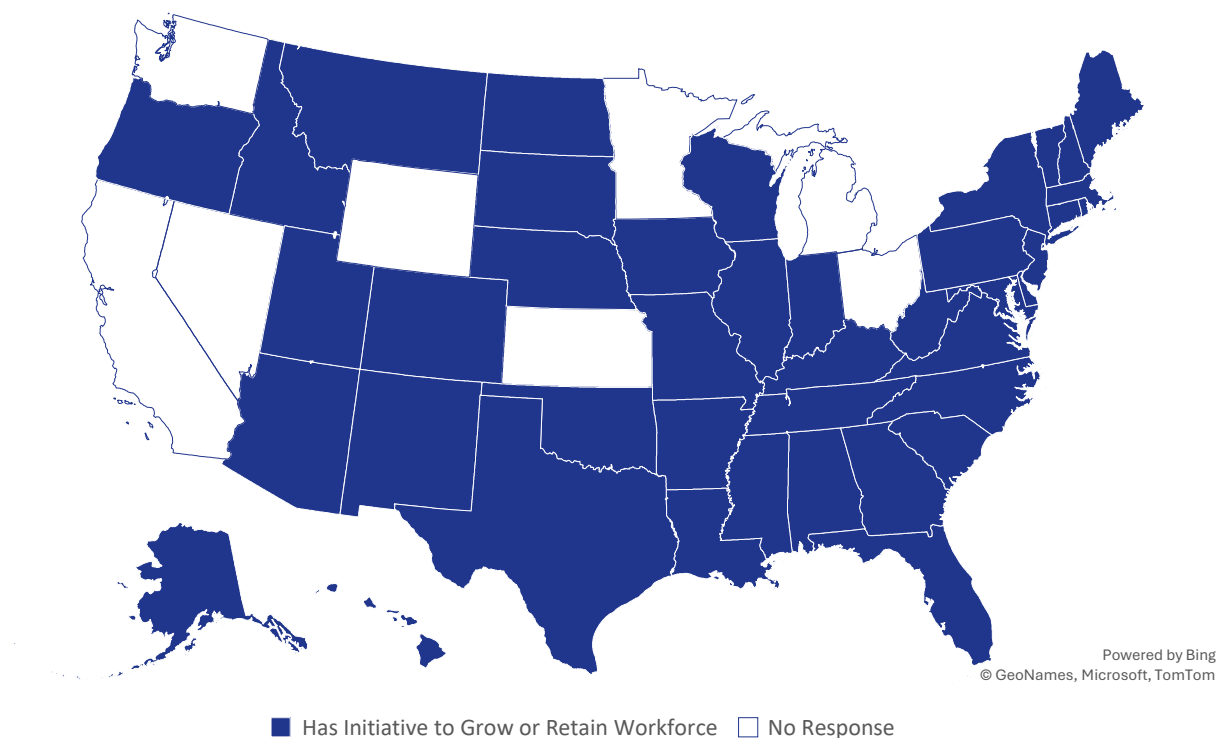
- **Recruitment and compensation:** States reported active recruitment, salary reviews or increases, recruitment incentives, loan forgiveness, and stronger connections with academic and training programs.
- **Build a permanent workforce:** North Carolina and other states emphasized strategic efforts to grow and retain permanent employees and reduce spending on temporary workers.

- **Pipeline and appointment reforms:** New Jersey reported moving from temporary to permanent physician staffing and expanding a residency program; New York reported salary increases, statewide recruitment efforts, and temporary noncompetitive appointments through NY HELPS.
- **Using locum tenens as a bridge to permanent hiring:** Hawaii reported using its vendor relationship as a recruitment mechanism for permanent state staffing.

State Initiatives to Grow the State Hospital Workforce

To address these critical shortages, states have launched a range of workforce development initiatives. The following summary reflects activities reported by 43 responding SMHAs. These workforce initiatives include efforts targeting community and crisis-provider workforces in addition to initiatives for state psychiatric hospitals.

Figure 2: States Reporting Initiatives to Grow, Recruit or Retain Behavioral Health Workers, 2026



1. Recruitment & Workforce Pipeline Development (e.g., job fairs, internships, school partnerships)

- **States reporting examples:** AK, AL, AR, AZ, CT, DE, FL, GA, HI, IL, IN, KY, LA, MA, MD, ME, MO, MS, NC, NE, NJ, NM, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WI, and WV
- **Common approaches:**
 - Participating in high school/college job fairs and career events
 - Offering internships, practicums, and clinical rotations
 - Partnering with community colleges and universities for curriculum development
 - Developing career awareness websites and digital platforms
 - Hosting healthcare “camps” or informational sessions for students

2. Recruitment Bonuses

- **Number of states:** 20 (AL, AR, AZ, CO, CT, DE, IA, IN, LA, MT, ND, NH, OR, SC, SD, TN, TX, UT, VA, VT)
- **Common approaches:**
 - Sign-on bonuses for direct care and clinical positions
 - Retention bonuses (e.g., for case managers, nurses)
 - Employee referral bonuses
 - Targeted bonuses for hard-to-fill roles (e.g., psychiatric nurses, direct support professionals)

3. Tuition Reimbursement & Loan Repayment Programs

- **Number of states:** 30 (AR, AZ, CT, DE, FL, GA, HI, IN, LA, MA, MD, MO, MT, NC, ND, NE, NH, NM, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT)
- **Common approaches:**
 - State-funded loan repayment programs (e.g., for psychiatrists, social workers, nurses)
 - Tuition reimbursement for job-related courses or degrees
 - “Grow your own” programs (e.g., LPN to RN, bachelor’s to master’s)
 - Federal programs (e.g., National Health Service Corps)
 - Scholarships for behavioral health students (sometimes tied to service commitments)

4. Licensing & Certification Support

- **Number of states:** 31 (AK, AR, CT, DC, FL, HI, IA, ID, IL, IN, KY, LA, MA, MD, MO, MS, NC, ND, NE, NJ, NM, NY, OK, OR, PA, RI, SC, TN, TX, VA, VT)
- **Common approaches:**
 - Paying for or reimbursing license renewal fees
 - Offering free or subsidized certification programs (e.g., peer support specialists)
 - Providing clinical supervision for advanced licensure (e.g., LCSW)
 - Funding exam preparation or study materials
 - Developing new certifications (e.g., Spanish-language social work exam)

5. Career Pathways & On-the-Job Training

- **Number of states:** 33 reported career-pathway or on-the-job training initiatives (AL, AR, AZ, CO, CT, DE, FL, GA, HI, ID, IL, KY, LA, MA, MS, NC, NE, NH, NM, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV)
- **Common approaches:**
 - Registered apprenticeships (e.g., behavioral health technician, LPN)
 - Career ladder programs (e.g., mental health technician → nurse → advanced clinician)
 - Competency-based training and leadership development
 - Paid on-the-job training for new hires
 - Cross-training opportunities

Report Limitations

The findings of this report should be interpreted in light of several methodological limitations. First, not all states submitted responses to the Profiles surveys in both 2023 and 2026. As a result, the number of states for which we could reliably assess changes in workforce shortage levels over time was reduced, which may limit the generalizability of trend analyses.

Second, the measures of workforce shortage severity used in both survey years are inherently subjective. Although states were provided with standardized definitions for each shortage

category—catastrophic, moderate, and minor—the application of these labels likely varies across respondents. Differences in professional judgment, organizational context, and system-level awareness may have influenced how each state interpreted and applied the definitions. Consequently, a shortage classified as “catastrophic” in one state might be considered routine or expected in another, introducing potential inconsistency in cross-state comparisons.

Third, respondent continuity varied between survey administrations. In many cases, the individual completing the survey in 2026 was not the same person who responded in 2023. Such shifts in respondents complicate the attribution of observed changes to actual workforce conditions rather than to respondent effects.

These limitations suggest that the reported trends should be viewed as directional rather than definitive, underscoring the need for complementary data sources and more objective, standardized metrics in future assessments.

This report and other State Profiles Reports are available at www.nri-inc.org/profiles. State Mental Health Agency Staff can use the Profiles restricted access website to view individual state responses to questions.

A data visualization of state hospital workforce data is available for registered state users at: <https://nri-inc.org/state-profiles/protected-publications/bh-workforce-dashboard-2023-2026/>

Contact NRI at Profiles@nri-inc.org with any questions.