Behavioral Health Crisis Workforce Shortages, 2023 and 2026

NRI 2026 State Profiles

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Crisis Workforce Shortages Worsen as States Rapidly Expand 24/7 Crisis Service Systems

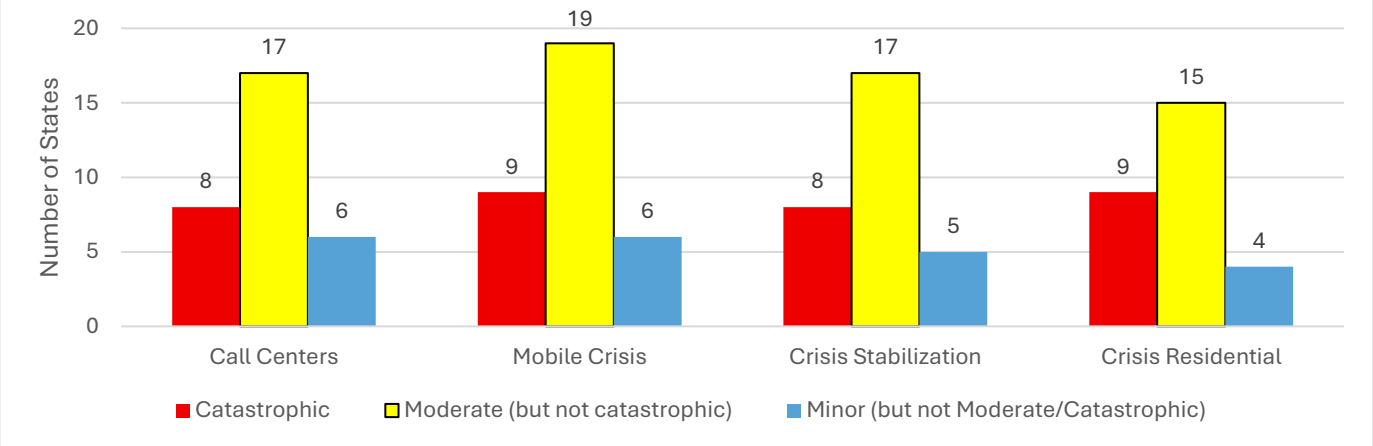
Since 2023, responding states report behavioral health workforce shortages; and these shortages have become more severe as states rapidly expand crisis services to meet growing demand.

Since the nationwide transition to the 988 /Lifeline in 2022, states have made major investments–exceeding $3.9 billion–to build out comprehensive, 24/7 crisis systems aligned with SAMHSA's model of care: someone to talk to, someone to respond, and a safe place for help. These efforts have led to rapid growth in service utilization across the continuum of the crisis services. Contacts to 988/Lifeline centers, mobile crisis dispatches and individuals using crisis stabilization services increased from 4 million in 2022 to over 9.7 million individuals in 2025.

However, the crisis workforce has not kept pace with this expansion. **All but one responding state (35 states out of 36 responding) reported crisis workforce shortages in 2026**, with many states indicating that shortages are persistent, widespread, and affecting multiple crisis settings. In 13 states, shortages of crisis workers in at least one crisis setting reached a "catastrophic" level–defined as conditions causing persistent service disruptions, including long delays and difficulty maintaining 24/7 operations. The while 19 states all reported at least a moderate shortages in one or more crisis settings, and three states reported minor shortages, underscoring systemic workforce constraints.

Shortages are most severe **in crisis stabilization and short-term crisis residential programs**, followed by **mobile crisis teams**, with fewer–but still significant–shortages in crisis call centers. The most affected occupations include **MSW-level social workers, licensed behavioral health clinicians, bilingual/ multilingual staff, peer specialists, psychiatrists, and nursing staff.**

Figure 1: Number of States Reporting a Crisis Services' Workforce Shortage, by Setting and Shortage Level, 2026



Shortage Levels are Getting Worse

States report higher shortage levels in 2026

Social Workers

The discipline with shortages in most states

Mobile Crisis

The crisis setting with most states reporting shortages

Between 2023 and 2026, shortages not only persisted but **increased in both prevalence and severity,** with 11 states reporting worsening shortage levels. The largest increases occurred in **crisis stabilization services,** particularly for psychiatrists, nurse practitioners, social workers, peer specialists, and licensed behavioral health workers—highlighting the workforce challenges associated with expanding capacity in these settings.

In short: despite major progress in expanding crisis services, workforce shortages now constrain states' ability to sustain and fully implement these systems.

Methodology: NRI's State Profiles project, in partnership with state behavioral health crisis leaders, conducted two surveys on behavioral health crisis workforce shortages—one in 2023 and a follow-up in early 2026. Survey questions were developed collaboratively with state leaders. Questionnaires were sent to state mental health authority (SMHA) Commissioners in both years. Forty states responded in 2023; to date, 36 states responded to the crisis workforce questions in 2026. Trend analyses in this report include only 32 states that responded both years.

2026 Crisis Workforce Shortages:

35 of the 36 responding states reported a crisis services' workforce shortage in 2026. Of the 14 states with catastrophic shortages—defined as conditions causing persistent service disruptions, delays, and difficulty maintaining 24/7 operations—8 states reported catastrophic shortages in mobile crisis teams and in short-term crisis residential programs, 7 in crisis stabilization programs, and 7 in at crisis contact centers (such as 988/Lifeline centers).

The remaining 20 states all reported moderate shortages (defined as persistent shortages causing response delays, excessive overtime, or reliance on temporary staffing) in at least one crisis setting.

Catastrophic levels of shortages were most frequently cited for mobile crisis services and short-term crisis residential programs (9 states each), with crisis stabilization programs and crisis contact centers having only slightly fewer states (8) reporting catastrophic shortages. Mobile crisis services had the most states reporting any level of workforce shortage (34 states, with 19 states reporting at least one workforce category with a moderate shortage).

Table 1 shows that social workers and other licensed behavioral health workers were the most frequently identified disciplines with catastrophic or moderate shortages in 2026. States are consistently short of bilingual/multilingual workers across all crisis settings in 2026.

Table 1: Number of States Reporting a Catastrophic or Moderate Level Shortage by Discipline and Crisis Setting, 2026

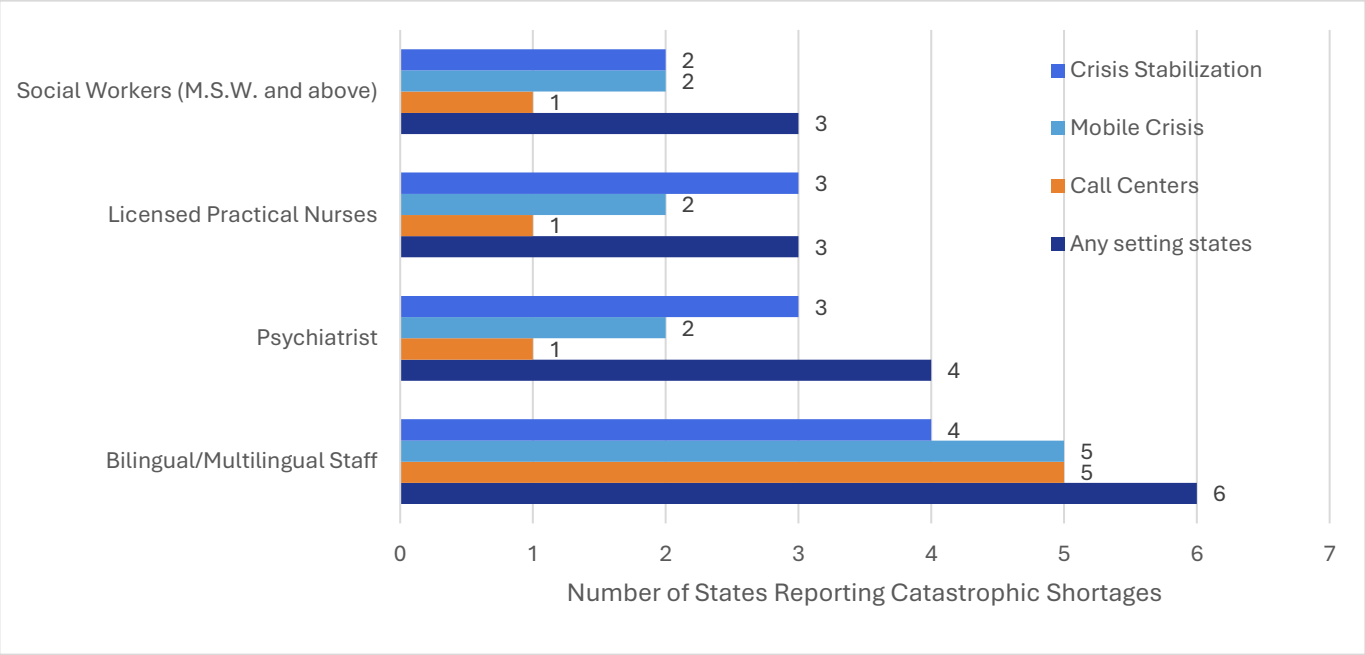
Catastrophic or Moderate Shortages	988/Contact Centers	Mobile Crisis Teams	Crisis Stabilization	Short-Term Crisis Residential
Social Workers, MSW	10	16	12	9
Other Licensed Behavioral	13	15	12	10
Peer Specialists	5	14	11	9
Bilingual/Multilingual Staff	17	16	16	14
Other Social Workers	7	9	7	5
Registered Nurses	4	9	15	17
Psychiatrists	5	7	12	13
Nurse Practitioners	3	6	11	13
Mental Health Aids	4	4	5	7
Licensed Practical Nurses	5	8	13	12
Case Managers	2	4	7	5
Psychologists, PhD.	3	6	4	5
Psychologist, Masters' Level	2	5	3	4
Support Staff	1	3	3	2
Prevention Specialists	2	1	1	0

Behavioral health disciplines with the most states reporting catastrophic or moderate shortages, by crisis continuum setting in 2026:

- **Mobile crisis services** are heavily impacted by shortages of MSW social workers (16 states), licensed behavioral health workers (15), bilingual/multilingual workers (16), and peer specialists (14 states).
- **Crisis stabilization programs** struggle to find and retain medical professionals, including registered nurses (15 states), licensed practical nurses (13), psychiatrists (12), MSW social workers (12), licensed behavioral health workers (12), as well as bilingual/multilingual workers (16 states).
- **Short-term crisis residential programs** have shortages similar to crisis stabilization programs with major shortages of medical staff: registered nurses (17 states), psychiatrists (13), nurse practitioners (13), LPNs (12), and bilingual workers (14 states).
- **Crisis contact centers:** have slightly fewer shortages but are experiencing catastrophic or moderate shortages in workforce including bilingual/multilingual staff (17), Licensed BH workers (13), and MSW social workers (10).

The workforce disciplines with the most states reporting catastrophic shortages were bilingual/ multilingual staff (6 states), psychiatrists (5 states), and MSW social workers, and LPNs (4 states).

Figure 2: Crisis Workforce Shortage Disciplines with Catastrophic Shortages, by Setting and Number of States, 2026



Change in Crisis Workforce Shortages, 2023 to 2026

Three years after the 2023 survey, workforce shortages remain a major challenge across the crisis continuum. The most affected settings in 2026 are **crisis stabilization and crisis residential programs**, followed by **mobile crisis teams**. The occupations most frequently reported as being in shortage are **MSW-level social workers, bilingual/multilingual staff, licensed behavioral health clinicians, peer specialists, psychiatrists, and nurses**. Shortages have also increased in severity, with 11 states experiencing catastrophic shortages of crisis system workers in 2026 that reported moderate shortages in 2023.

Change in Number of States Reporting Workforce Shortages at 988/Crisis Contact Centers:

Responding states reported the largest increase in shortages of bilingual/multilingual staff, with 3 states reporting catastrophic shortages and 10 states reporting moderate shortages in 2026. Seven states reported increased levels of shortages of licensed behavioral health workers, with 2 states reporting catastrophic shortages and 10 states reporting moderate shortages. Masters'-level social workers had very high shortage levels in both 2023 and 2026.

Table 2: Number of States Reporting Crisis Contact Center Workforce Shortages, 2023 and 2026, By Type of Crisis Worker and Shortage Level.

Type of Crisis Worker	Any Shortage 2023	Any Shortage 2026	Increased Shortage Level, 2023-2026	Minor Shortage 2023	Minor Shortage 2026	Moderate Shortage 2023	Moderate Shortage 2026	Catastrophic Shortage 2023	Catastrophic Shortage 2026
Bilingual/Multilingual	9	15	7	2	2	6	10	1	3
Licensed BH Workers	9	14	7	0	2	8	10	1	2
Social Workers (MSW)	13	13	5	4	5	8	7	1	1
Peer Specialist	7	9	5	4	6	2	2	1	1
Social Workers (Other)	5	7	5	1	2	3	5	1	0
Psychiatrist	5	6	1	0	1	4	4	1	1
Other Nurses	2	5	2	0	0	2	4	0	1
Case Managers	4	5	3	2	4	2	1	0	0
MH Aids/Technicians	2	5	1	1	3	1	2	0	0
Registered Nurses	2	4	1	0	0	2	3	0	1
Psychologists (Master's)	2	4	2	0	2	2	2	0	0
Support Staff	2	4	0	1	4	1	0	0	0
Nurse Practitioner	2	2	1	0	0	2	1	0	1
Psychologists (Ph.D.	2	2	0	0	0	2	2	0	0
Prevention Specialists	1	0	0	0	0	1	0	0	0

Change in Number of States Reporting Workforce Shortages in Mobile Crisis Services

Responding states reported the largest increase in shortages of peer specialists and social workers (bachelor's level), with 6 states reporting increased levels of shortages for those positions, followed by licensed behavioral health workers and bilingual/multilingual workers (increase of severity in 4 states). Overall, MSW-level social workers, licensed behavioral health workers, and bilingual/multilingual specialists have the highest levels of shortages in 2026, with bilingual/multilingual specialist levels reaching catastrophic shortage levels in 3 states, and peer specialists reaching catastrophic shortage levels in 2 states in2026.

Table 3: Number of States Reporting Mobile Crisis Program Workforce Shortages, 2023 and 2026, by Type of Crisis Worker and Shortage Level.

Type of Crisis Worker	Any Shortage 2023	Any Shortage 2026	Increased Shortage Level 2023-2026	Minor Shortage 2023	Minor Shortage 2026	Moderate Shortage 2023	Moderate Shortage 2026	Catastrophic Shortage 2023	Catastrophic Shortage 2026
Social Workers (M.S.W.)	22	16	4	8	5	12	10	2	1
Licensed BH Workers	16	15	4	2	3	12	11	2	1
Bilingual/Multilingual Staff	14	15	4	3	4	10	8	1	3
Peer Specialist	14	14	6	3	2	11	10	0	2
Social Workers (Other)	8	10	6	2	4	6	6	0	0
Psychiatrist	12	9	2	3	3	9	5	0	1
Nurse Practitioner	11	8	1	3	3	8	4	0	1
Psychologists (Master's)	6	8	2	2	4	4	4	0	0
Registered Nurses	9	6	1	2	0	7	5	0	1

Type of Crisis Worker	Any Shortage 2023	Any Shortage 2026	Increased Shortage Level 2023-2026	Minor Shortage 2023	Minor Shortage 2026	Moderate Shortage 2023	Moderate Shortage 2026	Catastrophic Shortage 2023	Catastrophic Shortage 2026
Other Nurses	9	6	1	2	0	7	5	0	1
MH Aids/Technicians	4	6	1	2	4	2	2	0	0
Support Staff	3	6	1	1	4	2	2	0	0
Psychologists (Ph.D. Level)	5	5	1	1	0	4	5	0	0
Case Managers	8	4	2	4	3	4	1	0	0
Prevention Specialists	2	0	0	1	0	1	0	0	0

Change in Number of States Reporting Workforce Shortages in Crisis Stabilization Services

Responding states reported the largest increase in shortages of registered nurses, nurse practitioners, and peer specialists (7 states each). Catastrophic-level shortages of bilingual/multilingual staff increased by 1 state, from 2 states in 2023 to 3 states in 2026, while moderate shortages increased by 2 states, from 6 states to 8 states in 2026. Overall, registered nurses, nurse practitioners, MSW-level social workers, and psychiatrists had very high shortage levels in both 2023 and 2026.

Table 4: Number of States Reporting Crisis Stabilization Program Workforce Shortages, 2023 and 2026, by Type of Crisis Worker and Shortage Level.

Type of Crisis Worker	Any Shortage in 2023	Any Shortage in 2026	Increased Shortage level 2023-2026	Minor Shortage 2023	Minor Shortage 2026	Moderate Shortage 2023	Moderate Shortage 2026	Catastrophic Shortage 2023	Catastrophic Shortage2026
Registered Nurses	12	16	8	3	6	8	9	1	1
Nurse Practitioner	12	15	7	3	7	8	7	1	1
Social Workers (M.S.W.)	15	15	5	7	8	8	6	0	1
Psychiatrist	14	14	6	4	7	7	5	3	2
Licensed BH Workers	12	13	4	4	4	6	8	2	1
Bilingual/Multilingual Staff	10	13	5	2	2	6	8	2	3
Support Staff	7	11	5	4	9	2	2	1	0
Other Nurses	10	10	4	2	3	7	6	1	1
Peer Specialist	13	10	7	5	1	7	7	1	2
Social Workers (Other)	6	8	5	2	4	2	4	2	0
Case Managers	8	8	4	5	5	2	3	1	0
MH Aids/Technicians	11	8	4	7	6	3	2	1	0
Psychologists (Master's)	5	6	3	2	4	3	2	0	0
Psychologists (Ph.D. Level)	7	4	1	3	1	4	3	0	0
Prevention Specialists	2	0	0	2	0	0	0	0	0

Change in Number of States Reporting Workforce Shortages in Short-Term Crisis Residential Services

Responding states reported the largest increase in shortages of registered nurses, nurse practitioners, and psychiatrists (6 states each) in short-term crisis residential services in 2026. Catastrophic-level shortages of bilingual/multilingual staff increased by 2 states, from 1 state in 2023 to 3 states in 2026. Overall, registered nurses, MSW-level social workers, nurse practitioners, and psychiatrists had the highest shortage levels in both 2023 and 2026. Mental health aids/technicians and case managers were the only 2 workforce categories where states reported improvement in staffing levels from 2023 to 2026.

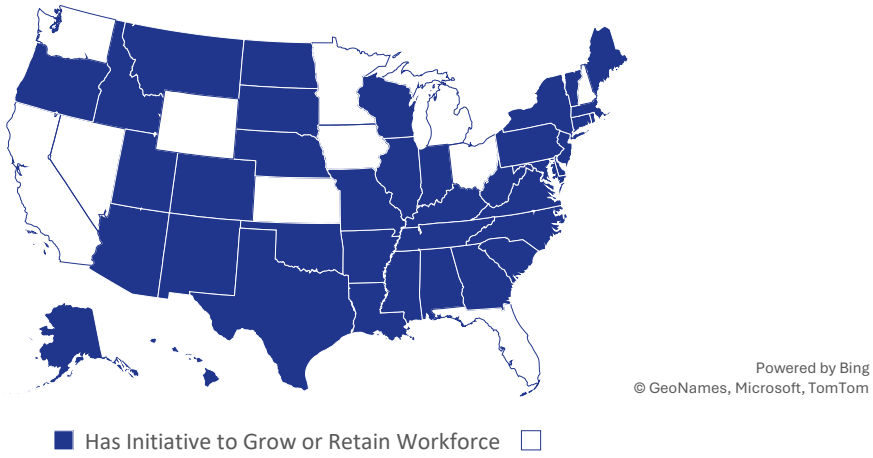
Table 5: Number of States Reporting Short-Term Crisis Residential Program Workforce Shortages, 2023 and 2026, By Type of Crisis Worker and Shortage Level.

Type of crisis worker	Any shortage in 2023	Any Shortage 2026	Increased Shortage Level 2023-2026	Minor Shortage 2023	Minor Shortage 2026	Moderate Shortage in2023	Moderate Shortage 2026	Catastrophic Shortage 2023	Catastrophic Shortage 2026
Registered Nurses	13	14	6	3	3	8	10	2	1
Social Workers (M.S.W.)	16	14	5	6	9	8	4	2	1
Psychiatrist	13	13	6	2	6	9	5	2	2
Nurse Practitioner	11	13	6	1	4	10	8	0	1
Licensed BH Workers	12	12	5	3	5	7	6	2	1
Peer Specialist	12	12	5	3	5	8	6	1	1
Bilingual/Multilingual Staff	10	11	4	1	2	8	6	1	3
MH Aids/Technicians	13	10	3	5	7	7	3	1	0
Support Staff	9	10	2	3	9	5	1	1	0
Other Nurses	10	9	2	1	3	9	5	0	1
Psychologists (Masters)	7	7	2	2	4	4	3	1	0
Social Workers (Other)	6	7	5	3	4	3	3	0	0
Case Managers	12	6	2	6	5	5	1	1	0
Psychologists (Ph.D. Level)	9	4	1	4	1	5	3	0	0
Prevention Specialists	4	0	0	2	0	1	0	1	0

State Initiatives to Grow the Behavioral Health 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.

Figure 3: States Reporting Initiatives to Grow, Recruit or Retain Behavioral Health Workers, 2026



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

- **Number of states:** 30 (AK, AL, AR, AZ, CT, DE, GA, HI, KY, LA, MA, MD, MO, MS, NE, NJ, NM, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI)
- **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:** 19 (AL, AR, AZ, CO, CT, IL, IN, LA, MT, ND, NH, OR, SC, SD, TN, TX, VA, VT, WI)
- **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, GA, HI, IL, IN, MA, MD, MO, ND, NE, NH, NJ, NM, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV)
- **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:** 27 (AK, AR, CT, HI, ID, IL, IN, KY, LA, MA, MD, MS, ND, NE, NJ, NM, NY, OR, PA, RI, SC, TN, TX, UT, VA, VT, WI)
- **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:** 22 (AK, AL, AR, AZ, CO, CT, DE, GA, ID, IL, KY, LA, MA, MS, NE, NY, OK, SD, TN, TX, VA, WI)
- **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 is available at www.nri-inc.org/profiles. SMHA staff can access state-specific responses via the Profiles State Access website.

Please send questions or comments to Profiles@nri-inc.org