



# Assuring the Sufficiency of a Frontline Workforce:

A National Study of  
Licensed Social Workers

SPECIAL REPORT:  
SOCIAL WORK SERVICES  
IN BEHAVIORAL  
HEALTH CARE SETTINGS



**Assuring the Sufficiency of a Frontline Workforce Project**

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Center for Workforce Studies  
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# Preface

This report is one of six prepared as part of a national study of licensed social workers conducted by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS) of the School of Public Health at the University at Albany. It summarizes and interprets the responses of social workers in behavioral health care settings obtained through a national sample survey of licensed social workers in the United States conducted in 2004. The report is available from the NASW Center for Workforce Studies at <http://workforce.socialworkers.org>

This profile of the licensed social work workforce in behavioral health care settings will be an invaluable resource for educators, policymakers, and planners making decisions about the future of the social work profession and its related education programs. The information presented in this report will support the development of effective workforce policies and strategies to ensure that there are adequate numbers of social workers prepared to respond to the behavioral health care needs of individuals and families in the United States.

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# Overview of the Study

## Social work is a diverse profession,

unique among the human service professions in that the term *social worker* is defined so broadly in different organizations and settings. Predicted changes in the country's demographics landscape over the next several decades are expected to increase the need for social work services. However, the lack of a standard definition has left the social work profession without reliable data upon which to base future projections about the supply of, and demand for, social work professionals. In addition, available data sets were inadequate to describe the scope of professionally trained social workers who provide frontline services in behavioral health care settings. To better predict the adequacy and sufficiency of the social work labor force to meet the changing needs of society, the National Association of Social Workers (NASW), in partnership with the Center for Health Workforce Studies, University at Albany, conducted a benchmark national survey of licensed social workers in the fall of 2004. Licensed social workers were selected for the sample because they represent frontline practitioners and because state licensing lists provided a vehicle for reaching practitioners who may not have had any other identifiable professional affiliation. This national study provides baseline data that can guide policy and planning to assure that an appropriately trained social work workforce will be in place to meet the current and future needs of a changing population.

A random sample of 10,000 social workers was drawn from social work licensure lists from 48 states and the District of Columbia. Licensure lists were not available from Delaware and Hawaii. The sample was stratified by region. Three mailings were conducted: the first was sent to all social workers in the sample, and two subsequent mailings were sent to nonrespondents. The survey response rate was 49.4 percent. Among the respondents, 81.1 percent reported that they were currently active as social workers.

Most licensed social workers in the United States have a master's degree in social work (MSW). In many states, the MSW is the minimum qualification for social work licensure. Other states, however, license social workers with a bachelor's of social work (BSW) degree, utilizing a separate level of licensure for BSW social workers. A

## Overview of the Study continued

few states license social workers who do not have a degree in social work; generally, these professionals must have at least a bachelor's degree in a related field.

More MSW degrees than BSW degrees are conferred each year, although BSW programs are rising in popularity. In 2000, social work education programs graduated about 15,000 new BSWs and 16,000 new MSWs. The number of social workers graduating with bachelor's degrees increased by about 50 percent between 1995 and 2000, while the number of social workers graduating with master's degrees rose by about 25 percent during the same period (National Center for Education Studies [NCES], 2000).

Of the survey respondents:

- Seventy-nine percent have an MSW as their highest social work degree,
- Twelve percent had a BSW only,
- Two percent hold a doctorate, and
- Eight percent did not have degrees in social work.<sup>1</sup>

This report summarizes the key findings related to an important group of social workers providing frontline services in behavioral health care settings. The study responses highlight areas that affect the sufficiency of supply and continuity of service delivery of social workers in behavioral health care settings.



# Key Findings

The following key findings have important implications for social workers who work in behavioral health care settings and for the clients they serve.

- ① *Social workers in behavioral health represent the largest specialty sector within the frontline social work labor force.*
- ② *The future sufficiency of a trained frontline labor force in behavioral health is a concern.*
- ③ *The social work profession needs to expand its recruitment and retention efforts to ensure a behavioral health workforce that is keeping pace with client diversity.*
- ④ *Behavioral health care social workers provide intensive services to clients with mental illness and substance use disorders.*
- ⑤ *Social workers in behavioral health care provide services in a range of private and public sectors, serving a broad cross-section of consumers.*
- ⑥ *Social workers in behavioral health organizations report workplace stressors that threaten the quality of care for those with mental health conditions and substance use disorders.*

# Background

Although the term *social worker* has been used generically to refer to someone offering social assistance, there is a need to clarify the educational preparation, knowledge, skills, and values that are embodied in professional social work.<sup>2</sup> The discipline of professional social work is more than 100 years old and has a well-developed system of professional education governed by national educational policy and accreditation standards (Council on Social Work Education [CSWE], 2006). Professional social work practice is legally defined and regulated in all state jurisdictions in this country. However, there is not a universal definition of professional social work used by federal agencies that collect and analyze labor force information. Consequently, available data resources are inadequate for reliably gauging the sufficiency of the current workforce or projecting future needs for the profession. There are many indicators that the demand for social work services will increase in the near future, primarily because of the changing demographics within our society.

The 21st Century promises unprecedented changes in health care, including dramatic increases both in the need for, and in the utilization of, health care services. As the “baby boom” generation ages, the nation’s health care workforce is anticipating a crisis that will extend beyond the current nursing shortage and affect the availability of a range of health care professionals, including social workers (Wing & Salsberg, 2002).

Another sector of the health care system expected to face increased service demands is the behavioral health care arena. There is strong speculation that the current supply of behavioral health care workers is inadequate to provide services to all who currently need them, much less able to meet a significantly increased demand (McRee, Dower, Briggance, Vance, Keane & O’Neil, 2003). In the behavioral health arena, social workers provide the majority of mental health services in this country (SAMSHA, 2000). Their skills contribute to better health outcomes, more appropriate use of services, and reduced health costs (Grenier & Gorey, 2000; Gorey, 1996).

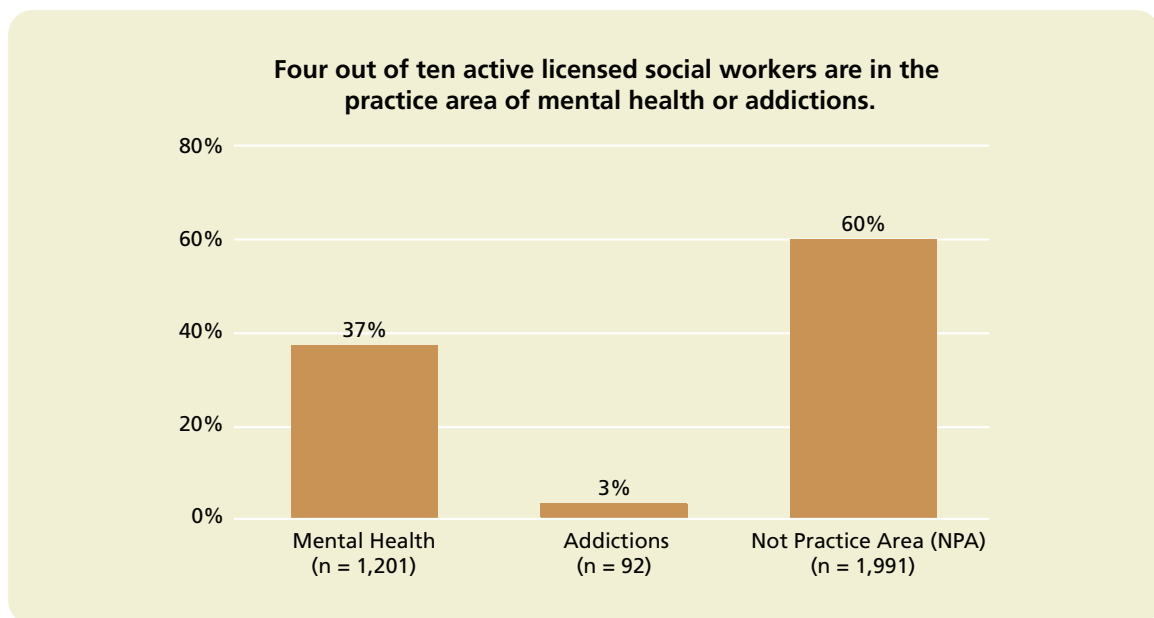
# Discussion of the Findings

- 1 Social workers in behavioral health represent the largest specialty sector within the frontline social work labor force.

**An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year (NIMH, 2006).**

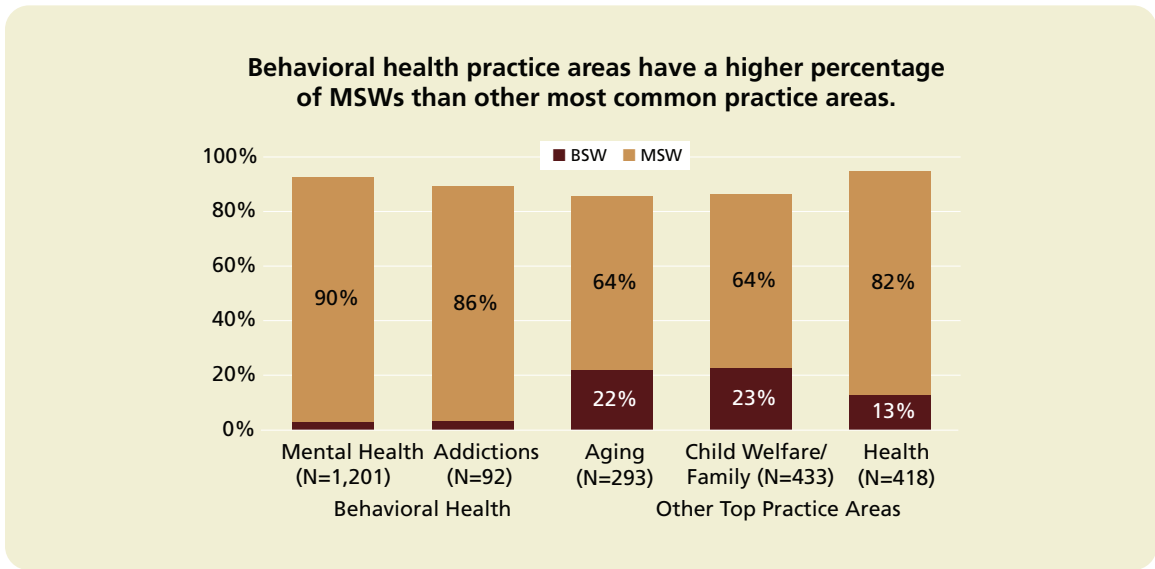
Social workers play a dominant role in the delivery of behavioral health care services. Forty percent of licensed social workers identify behavioral health as their practice focus, making behavioral health care social workers the largest single group of active licensed social workers. (Figure 1).

FIGURE 1. PRIMARY PRACTICE AREA OF ACTIVE LICENSED SOCIAL WORKERS



Behavioral health care social workers are well-trained and experienced professionals. Ninety percent of licensed behavioral health care social workers hold master's degrees in social work (Figure 2). Fewer than four percent in the practice areas of mental health and addictions hold BSWs.<sup>3</sup>

FIGURE 2. HIGHEST SOCIAL WORK DEGREE DISTRIBUTION BY LARGEST PRACTICE AREAS



Licensed MSWs in behavioral health have a median of 15 years of experience while those in other practice areas have a median of 14 years of experience. Medians for those in mental health and addictions are 15 years and 10 years, respectively. The majority of MSWs in behavioral health believe they were well prepared for social work practice by their social work degree programs (59%) and post-degree training (74%). In addition, 21 percent of behavioral health MSWs report that they also are licensed in chemical dependency treatment, 67 percent of those in addictions, and 18 percent of those in mental health.

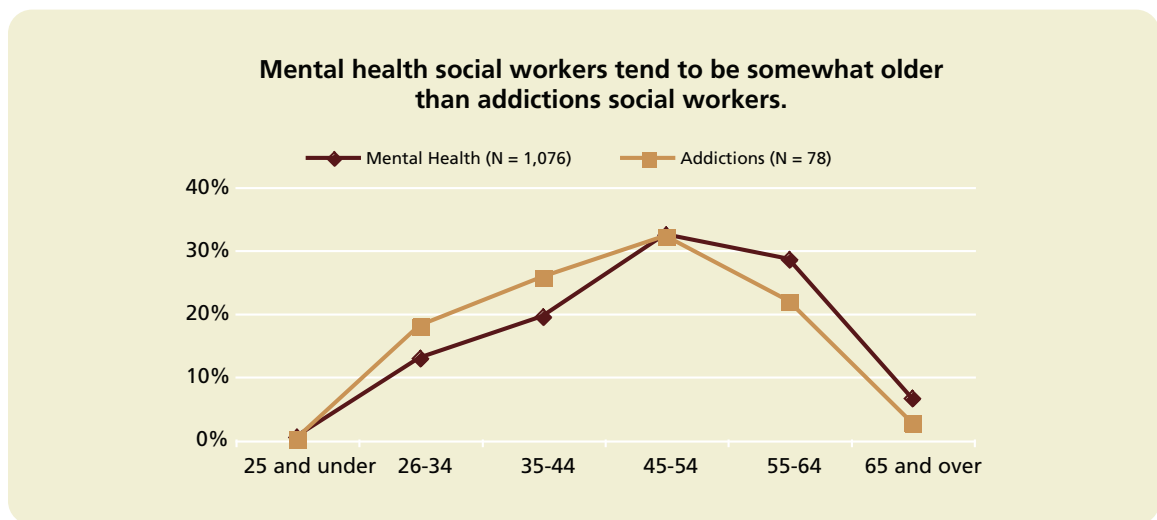
Providing direct services to clients is the most common role (98%) performed by behavioral health care social workers. Individual counseling, screening/assessment, treatment planning, and psychotherapy are the tasks behavioral health MSWs are most likely to perform. Although they are primarily involved in providing direct client services, behavioral health social workers perform a variety of other roles. These include administration, consultation, supervision, and planning.

② The future sufficiency of a trained frontline labor force in behavioral health is a concern.

**In 2003, 20.3 million Americans in need of treatment for substance abuse did not receive it (CSAT, 2005).**

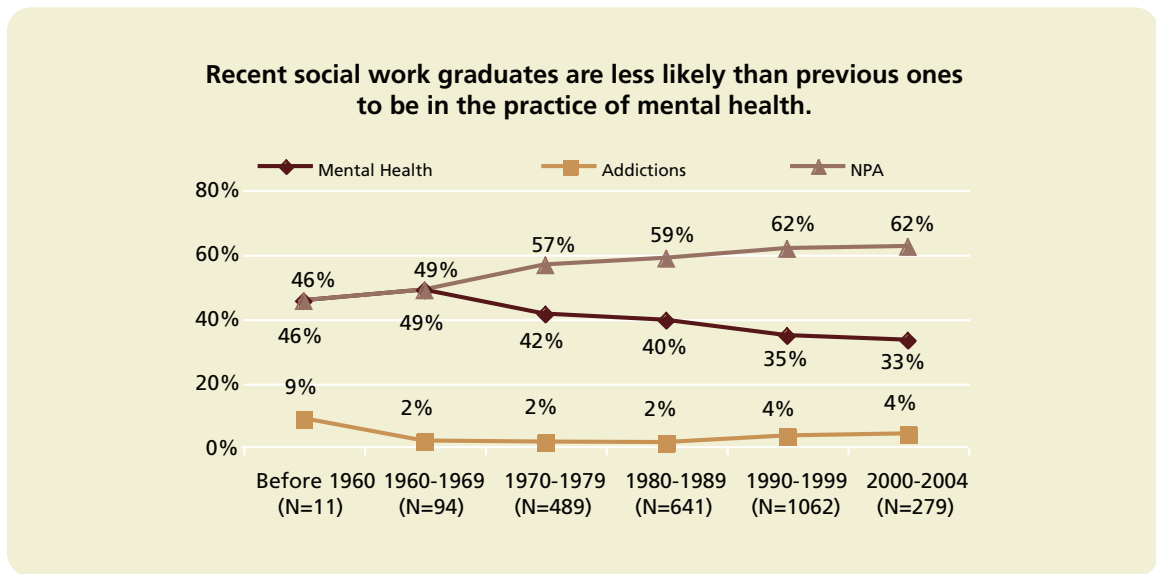
Over the next decade, it will be imperative that the social work profession recruit new professionals to replace those social workers who are retiring. The median age of behavioral health social workers is 50 years, older than for all other practice areas combined (49 years). Figure 3 shows that social workers in mental health are slightly older than those in addictions (a median age of 50.5 years versus 47.5 years).

FIGURE 3. AGE DISTRIBUTION OF MSWS IN MENTAL HEALTH AND ADDICTIONS



Although a significant percentage of recent graduates report working in behavioral health practice areas, interest in addictions seems to be increasing, whereas interest in mental health is decreasing. Four percent of those graduating between 2000 and 2004, compared with 2 percent of those graduating in the 1980s, report working in addictions. In contrast, 40 percent of those who graduated in the 1980s report practicing in mental health, but only 33 percent of those graduating between 2000 and 2004 say they work in this area (Figure 4).

FIGURE 4. PRACTICE AREA DISTRIBUTION OF LICENSED MSWS BY YEAR OF FIRST SOCIAL WORK DEGREE



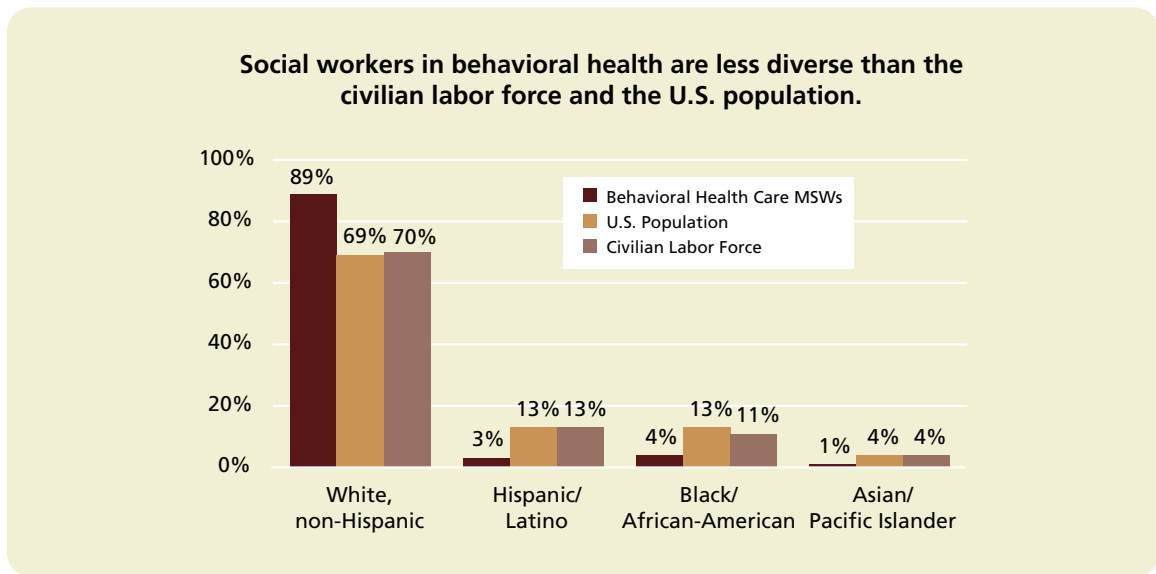
- ③ The social work profession needs to expand its recruitment and retention efforts to assure a behavioral health workforce that is keeping pace with client diversity.

Overall, the profession has not kept pace with population trends in terms of its ability to attract social workers of color. As a result of this deficit, MSWs in behavioral health are less diverse than both the civilian labor force and the U.S.

population (Figure 5). Among MSWs in behavioral health, 89 percent are non-Hispanic White, four percent are Black/African American, three percent are Hispanic/Latino, and one percent are Asian/Pacific Islander. As a frontline provider of services, it is essential for the social work profession to expand the racial and ethnic diversity within its ranks. Data show improvement in the number of students of color recruited into social work education programs, and this trend needs to be accelerated and strategies need to be developed to retain social workers of color who are currently in practice (Lennon, 2004).

**Racial and ethnic minorities experience a greater disability burden from mental illness than whites due to receiving less and poorer quality care rather than due to severity or prevalence of illnesses. (U.S. Public Health Service, 2001).**

FIGURE 5. RACIAL/ETHNIC DISTRIBUTION OF BEHAVIORAL HEALTH MSWS, THE U.S. POPULATION, AND THE CIVILIAN LABOR FORCE

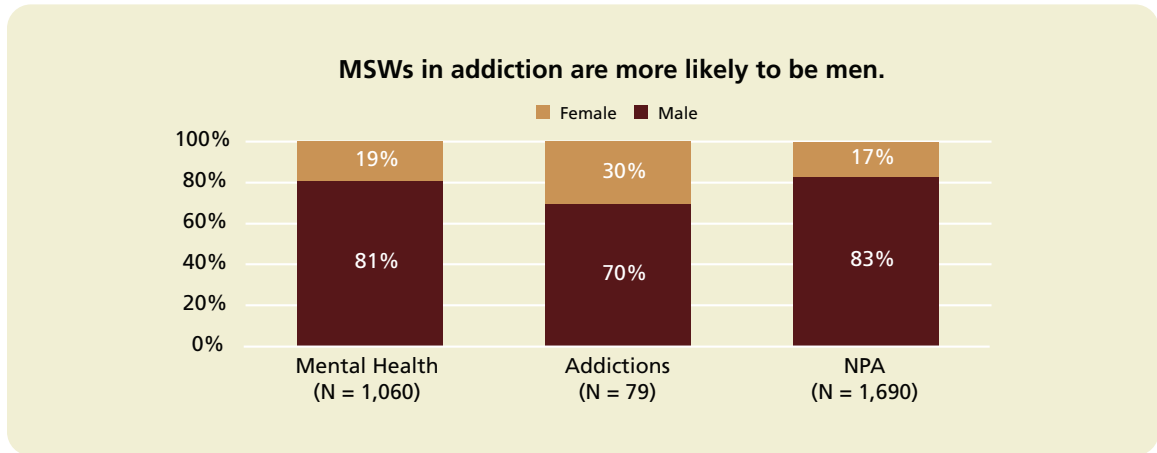


However, MSWs in behavioral health carry caseloads that are less diverse than those of social workers overall. Sixty-five percent of behavioral health care MSWS serve caseloads that are predominantly non-Hispanic White, compared to 57 percent of social workers overall. Those in mental health are more likely to carry predominantly non-Hispanic White caseloads than MSWs in addictions or MSWs in non-behavioral health practice areas (66% versus 51% and 49%).

Few MSWs in behavioral health carry caseloads that are predominantly any *single* minority group. Six percent have caseloads that are predominantly Black/African American, and three percent have caseloads that are predominantly Hispanic/Latino. One percent carry caseloads that are predominantly Asian or Native American. Again, some variation exists by practice area, with social workers in addictions more likely to have predominantly Black/African American caseloads than those in mental health (11% versus 6%).

In terms of gender diversity, 19 percent of MSWs in mental health are men, which is comparable to the figure for both MSWs in non-behavioral health practice areas (NPA) (17%) and social workers overall (18%). Figure 6 shows that MSWs in addictions are much more likely to be men (30%).

FIGURE 6. GENDER DISTRIBUTION OF MSWS IN MENTAL HEALTH, ADDICTIONS AND NPA



④ Behavioral health care social workers provide intensive services to clients with mental illness and substance use disorders.

**In 2003, an estimated 21.6 million Americans were classified with substance dependence or abuse (CSAT, 2005).**

As expected, most behavioral health care MSWs see clients with diagnoses of mental illness (97%), affective conditions (97%), substance abuse conditions (93%), and psychosocial stressors (100%). Interestingly, they also report seeing clients with chronic medical conditions (91%), acute medical conditions (80%), neurological conditions (78%), physical disabilities (75%), and developmental disabilities (65%).

The predominance of mental and emotional issues among clients of behavioral health care MSWs is illustrated by the percentages reporting that they treat “many” clients with selected conditions: mental illness (60%), affective conditions (56%), substance abuse conditions (33%), and psychosocial stressors (87%) (Table 1).

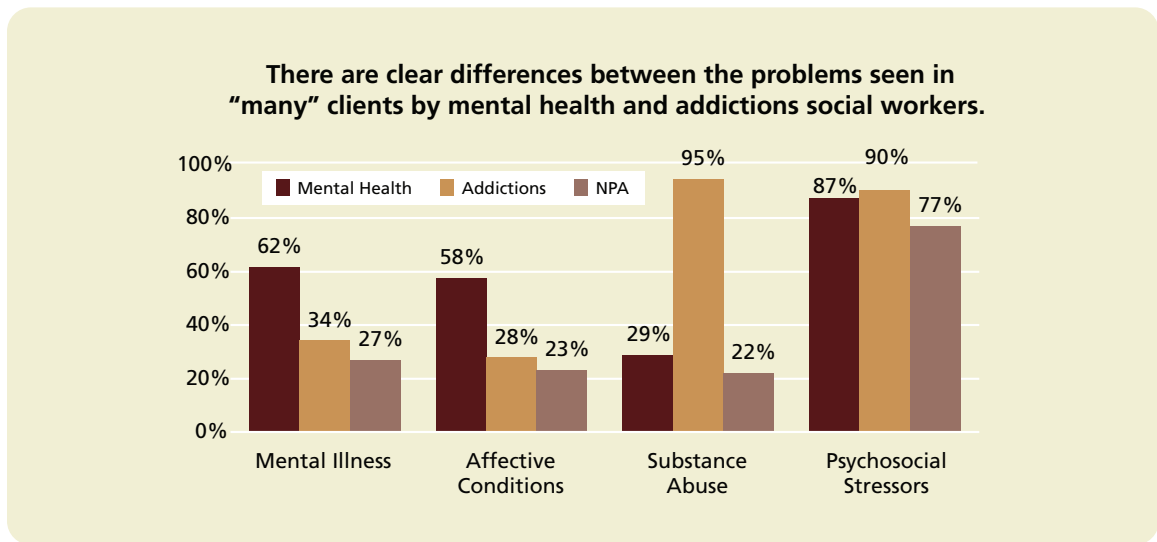


TABLE 1. PERCENTAGE SERVING “ANY” OR “MANY” CLIENTS WITH BEHAVIORAL HEALTH AND OTHER CONDITIONS, BEHAVIORAL HEALTH MSWS COMPARED WITH ALL SOCIAL WORKERS

Client Conditions	“Any” Clients		“Many” Clients	
	All Social Workers	Behavioral Health	All Social Workers	Behavioral Health
<b>BEHAVIORAL HEALTH CONDITIONS</b>				
Mental Illness	96%	97%	39%	60%
Affective Conditions	90%	97%	33%	56%
Substance Abuse Conditions	87%	93%	27%	33%
Psychosocial Stressors	98%	100%	76%	87%
<b>OTHER CONDITIONS</b>				
Neurological Conditions	80%	78%	7%	3%
Developmental Disabilities	75%	65%	10%	2%
Physical Disabilities	79%	75%	19%	5%
Acute Medical Conditions	79%	80%	20%	5%
Chronic Medical Conditions	88%	91%	28%	15%
Co-Occurring Conditions	93%	97%	42%	41%

Within behavioral health, the frequency of problems seen in “many” clients by mental health and addictions social workers also varies. Social workers in mental health are roughly twice as likely as other social workers to see clients with diagnoses of mental illness or affective conditions. Not surprisingly, almost all MSWs in addictions see clients with substance abuse conditions, whereas less than one-third of those in mental health and other practice areas report regularly seeing such problems among clients (Figure 7).

FIGURE 7. PERCENTAGE OF MSWS REPORTING “MANY” CLIENTS WITH TYPES OF BEHAVIORAL HEALTH PROBLEMS, BY PRACTICE AREA AND NPA



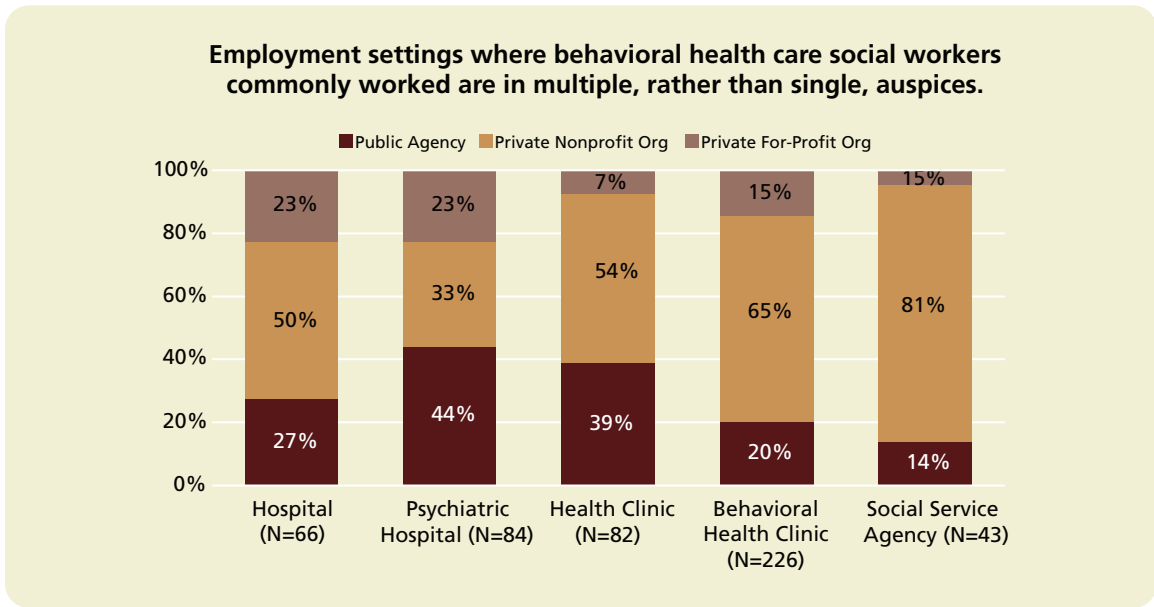
- 5 Social workers in behavioral health care provide services in a range of private and public sectors, serving a broad cross-section of consumers.

Private practice is the most common employment sector reported by MSWs in behavioral health (35%), followed by the nonprofit sector (33%), public sector (20%), and for-profit sector (12%). MSWs in mental health are almost four times as likely to report private practice as their employment sector as MSWs in non-behavioral health practice areas (37% versus 8%).

**Children who experience a depressive episode are five times more likely to have depression as adults (NMHA, 2004).**

Half (50%) of behavioral health care social workers employed in hospitals worked in the private, non-profit sector while substantial numbers also worked for public (27%) or for-profit (23%) hospitals (Figure 8).

FIGURE 8. SECTOR OF EMPLOYMENT SETTINGS OF BEHAVIORAL HEALTH MSWS



Almost three-fifths of MSWs in behavioral health care are employed in one of two work settings: private practice (37%) or behavioral health clinics (21%). Other common settings include health clinics (8%), psychiatric hospitals (8%), and hospitals (7%). MSWs in mental health are most likely to be in private practice (39%) and behavioral health clinics (21%). MSWs in addictions are most likely to work in behavioral health clinics (23%), private practice (10%) and hospitals (10%).

While most social workers in mental health work in one of the six most common behavioral health care settings identified in the study, more than two-fifths (44%) of MSWs in addictions report “Other” as their employment setting (Table 2).

TABLE 2. EMPLOYMENT SETTINGS OF LICENSED MSWS BY PRACTICE AREA

Employment Setting	Mental Health (N=1,011)	Addictions (N=71)	NPA (N=1,531)
Private Practice	39%	10%	8%
Hospital/Medical Center	6%	10%	18%
Psychiatric Hospital	8%	1%	1%
Health Clinic/Outpatient Facility	8%	9%	5%
Behavioral Health Clinic/Outpatient Facility	21%	23%	4%
Social Service Agency	4%	4%	16%
Other	14%	44%	49%

MSWs practicing in metropolitan and micropolitan areas are more likely to be in private practice (39% and 31%, respectively) than those in small towns and rural areas (20% and 22%, respectively). However, MSWs practicing in small towns and rural areas are more likely to be in behavioral health clinics (36% and 44%, respectively) (Table 3).

TABLE 3. PERCENTAGE OF BEHAVIORAL HEALTH SOCIAL WORKERS IN SELECTED EMPLOYMENT SETTINGS, BY RURAL/URBAN SETTING

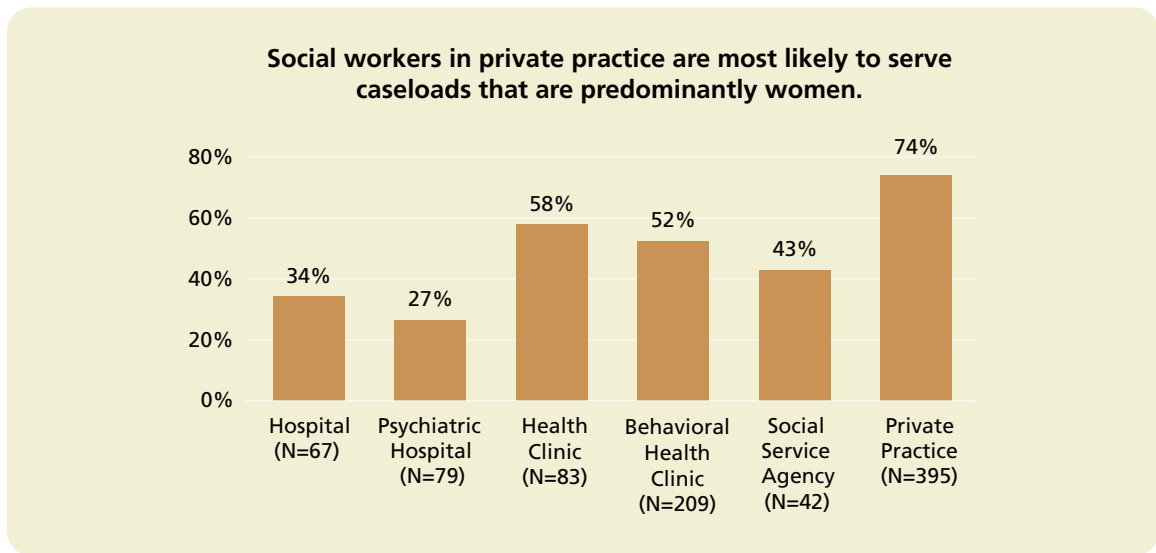
Employment Setting	Metropolitan Area (n=803)	Micropolitan Area (n= 85)	Small Town (n=50)	Rural Area (n=18)
Private Practice	39%	31%	20%	22%
Hospital/Medical Center	7%	9%	2%	0%
Psychiatric Hospital	8%	8%	16%	0%
Health clinic/outpatient Facility	8%	7%	8%	11%
Behavioral Health Clinic/ Outpatient Facility	19%	28%	36%	44%
Social Service Agency	4%	2%	4%	6%

A majority of MSWs in behavioral health serve clients from multiple age groups. Fifty-four percent see some children, 81 percent see some adolescents, 94 percent see some adults age 22 to 54, and 80 percent see some adults age 55 and older (“older adults”). This broad range in age of potential clients highlights the need for social workers in behavioral health to have training related to child, adolescent, and geriatric issues.

Fifty-four percent of licensed MSWs in behavioral health carry caseloads that are predominantly female. This phenomenon varies quite dramatically by practice area: fifty-seven percent of social workers in mental health have a predominantly female clientele, whereas only 14 percent of social workers in addictions see mostly women.

Approximately three-fourths of social workers in private practice carry predominantly female caseloads. In contrast, just 27 percent of social workers in psychiatric hospitals and 34 percent of those in hospitals carry predominantly female caseloads (Figure 9).

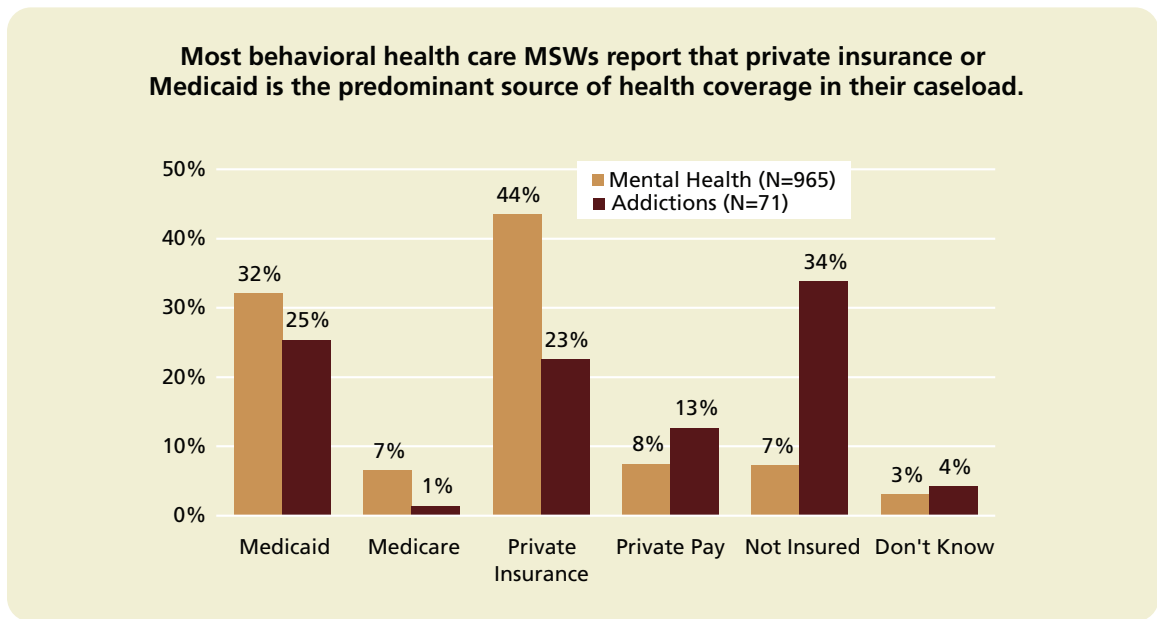
FIGURE 9. PERCENTAGE OF BEHAVIORAL HEALTH MSWS SERVING “PREDOMINANTLY” FEMALE CASELOADS, BY EMPLOYMENT SETTING



Private insurance is the most common source of health care coverage reported for clients in caseloads of MSWs in behavioral health (42%). However, clients of approximately one-third of social workers in behavioral health receive health care coverage through Medicaid, while less than 10 percent receive coverage through Medicare.

Sources of health care coverage vary substantially by practice area. MSWs in mental health are approximately twice as likely as those in addictions and those not in behavioral health to report private insurance as the most common source of health care coverage (44% versus 23% and 17%). This group also is more likely than MSWs in addictions to have clients covered predominantly by Medicaid or Medicare (32% and 7% versus 25% and 1%) (Figure 10).

FIGURE 10. PERCENTAGE OF MSWS REPORTING PREDOMINANT SOURCE OF HEALTH CARE COVERAGE AMONG CLIENT CASELOAD, BY PRACTICE AREA



6 Social workers in behavioral health organizations report workplace stressors that threaten the quality of care for those with mental health conditions and substance use disorders.

Behavioral health care MSWs report high satisfaction with their efficacy in helping clients with a range of problems (93%), improving quality of life for their clients (89%), helping clients address a few key problems (88%), helping clients meet objectives (84%), and helping clients resolve crisis situations (82%). However, they also identify changes in the workplace that could have an impact on this efficacy.

Licensed social workers in behavioral health report that changes in social work practice and the service delivery system in the past two years have increased barriers to service. More than three-fifths report increases in paperwork (73%), severity of client problems (68%), and caseload size (65%) (Table 4).

TABLE 4. FIVE LARGEST CHANGES IN PRACTICE OF SOCIAL WORK REPORTED BY BEHAVIORAL HEALTH CARE MSWS, BY SETTING

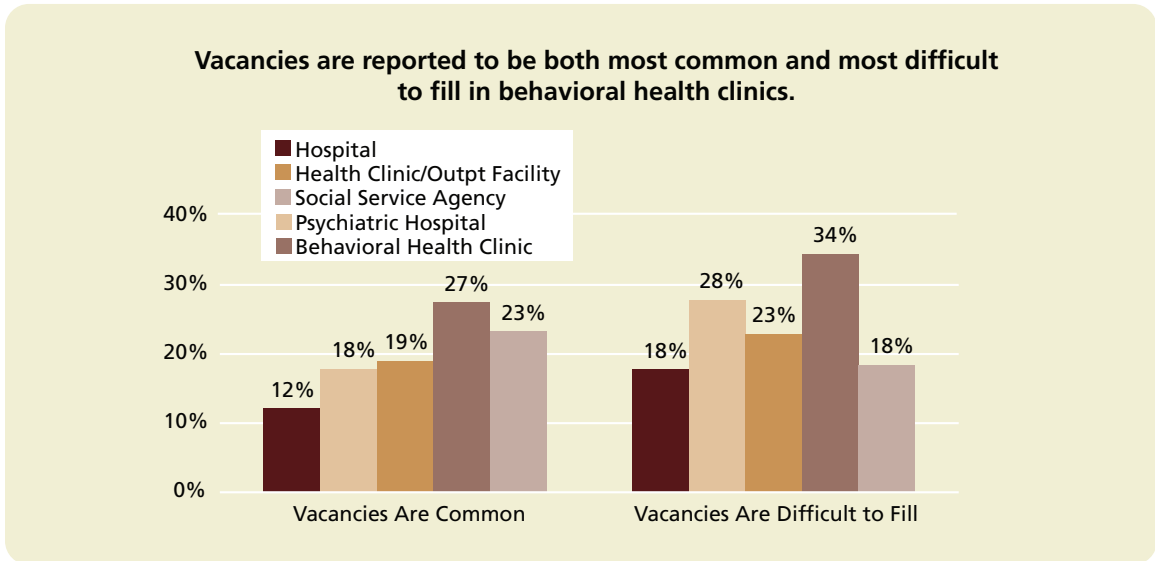
<b>Hospital</b>	<b>Psychiatric Hospital</b>	<b>Health Clinic</b>
Severity of caseload increased	Severity of caseload increased	Paperwork increased
Caseload size increased	Paperwork increased	Severity of caseload increased
Paperwork increased	Waiting lists increased	Caseload size increased
Waiting lists increased	Caseload size increased	Level of oversight increased
Assignment of non-SW tasks increased	Assignment of non-SW tasks increased	Waiting lists increased
<b>Behavioral Health Clinic</b>	<b>Social Service Agency</b>	<b>Private Practice</b>
Paperwork increased	Paperwork increased	Paperwork increased
Severity increased	Severity increased	Severity increased
Caseload increased	Level of oversight increased	Non-SW tasks increased
Level of oversight increased	Caseload size increased	Availability of training increased
Waiting lists increased	Waiting lists increased	Level of oversight increased

Behavioral health care social workers tend to be satisfied with the time available to provide clinical services (85%) and to address presenting problems (80%), severity of problems (77%), and breadth of problems (68%). About half of these social workers report satisfaction with the time available to provide services to client families (55%) and to participate in training (51%). However, fewer than half report satisfaction with time available to address service delivery issues (42%), access basic services (41%), perform administrative tasks (38%), and conduct investigations (28%).

The percentage of MSWs in behavioral health reporting that vacancies are common in their agencies is comparable to that of MSWs working in other practice areas altogether (23% versus 17%). There is little difference in the reports of vacancies by those in mental health (23%) and addictions (25%). However, social workers in behavioral health report greater difficulty in filling vacant positions (27%), and this is more pronounced for those working in addictions (42%) than for those practicing in mental health (26%).

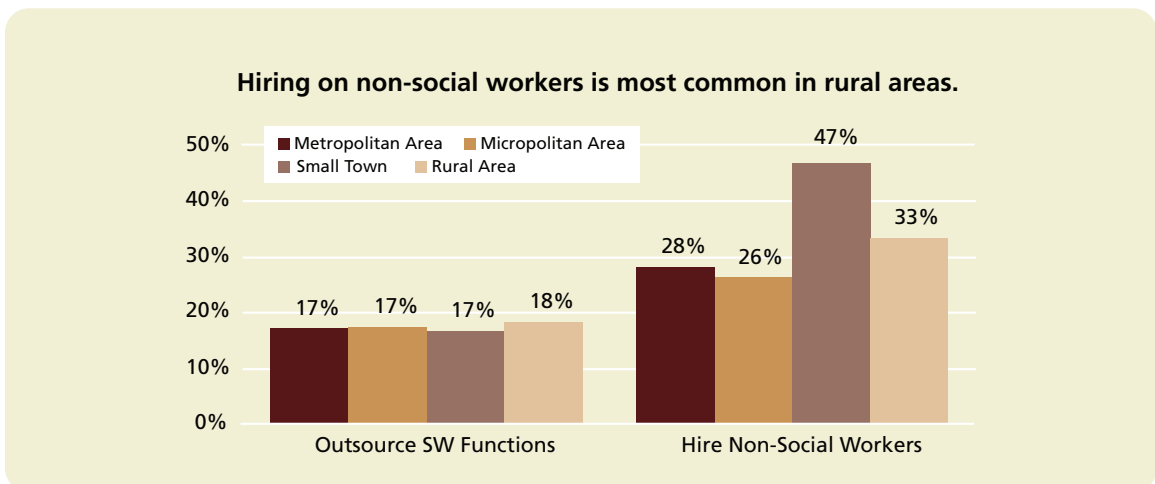
Vacancies are reported to be both most common and most difficult to fill in behavioral health clinics (27% and 34%) and least common and difficult to fill in hospitals (12% and 18%) (Figure 11).

FIGURE 11. PERCENTAGE OF BEHAVIORAL HEALTH CARE MSWS REPORTING THAT VACANCIES ARE COMMON OR DIFFICULT TO FILL, BY EMPLOYMENT SETTING



MSWs in small towns and rural areas are more likely to report vacancies as both common and difficult to fill and are much more likely to report that their agencies fill social work positions with non-social workers (Figure 12.)

FIGURE 12. PERCENTAGE OF BEHAVIORAL HEALTH CARE MSWS REPORTING HIRING OF NON-SOCIAL WORKERS OR OUTSOURCING OF SOCIAL WORK FUNCTIONS, BY GEOGRAPHIC LOCATION OF PRACTICE





Issues of personal safety also are concerns among MSWs in behavioral health. These social workers are more likely than those not in behavioral health to report facing personal safety issues on the job (57% versus 50%). However, much like social workers overall, sixty-eight percent of behavioral health MSWs who experience personal safety issues report that such issues are adequately addressed by their employers.

Mental health social workers are slightly more likely than those in addictions to report facing personal safety issues (58% versus 53%), but they also are slightly more likely to report that these issues are adequately addressed (68% versus 64%). Social workers in psychiatric hospitals are most likely to report personal safety issues (82%), while those in social service agencies are least likely to do so (44%). Hospital social workers are most likely to say that their safety issues are adequately addressed (76%), while those in social service agencies are least likely to report this (47%).

Those in mental health are much more likely to plan to remain in their current position than social workers in addictions (72% versus 43%). Social workers in addictions are much more likely to plan to seek a new opportunity or promotion (43% versus 24%) and to plan to decrease their social work hours (16% versus 11%).

Behavioral health care MSWs in private practice are most likely to plan to remain in their current position over the next two years (82%), while those in social service agencies are least likely to plan to do so (59%). Those in health clinics and behavioral health clinics are most likely to plan to seek a new opportunity or promotion as a social worker (35% and 34%, respectively).

# Conclusion

The 2004 study of licensed social workers was designed to help illuminate the current number, qualifications, roles, and tasks of social workers providing frontline services in the rapidly changing behavioral health care environment. In order to plan for and improve care to a rapidly expanding array of behavioral health care needs and options, the social work profession is now better equipped to develop action strategies based on data from the active workforce.

The most compelling finding of the study is the “aging-out” of the frontline social worker providing direct services to clients in a wide range of community agencies. Social work will experience a *double squeeze* as a result of the Baby Boomer phenomenon. There will be an explosion in demand for health and social services provided by social workers as an estimated 70 million people will be over age 65 by 2030. At the same time, a substantial cohort of frontline social workers will be leaving the workforce. According to data and projections from the Bureau of Labor Statistics, social work is one of the occupations most affected by Baby Boomer retirements, with the retirement replacement needs reaching 95,000 in the 2003-2008 timeframe (Dohm, 2000). Occupations dominated by women, like social work, are especially vulnerable with an aging workforce because women’s level of workforce participation is lower than men’s as they approach retirement age (Toossi, 2005). Clearly, the profession needs to focus on both recruitment and retention strategies to address this problem.

Although the current workforce in behavioral health care settings appears to be relatively stable, the demographics, entry patterns, and workplace factors clearly are having an impact on the recruitment of social workers into this practice area. Additional studies of how growing demand for behavioral health care services will affect the role and numbers of social workers needed in key settings will be useful to ensure that adequate numbers of behavioral health social workers are recruited and supported in this field.

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# Footnotes

- 1 These individuals are older practitioners who have been permitted to retain licenses earned earlier in their careers even though the formal requirements have since become more stringent. Data related to these practitioners are not reported in tables or charts, but may be referenced in text.
- 2 Estimates of the number of social workers in the United States range from 840,000 self-reported social workers in the 2000 Current Population survey (only 600,000 of whom have at least a bachelor's degree), to 450,000 employer-classified social work jobs reported to the U.S. Bureau of Labor Statistics, to the 3000,000 social workers licensed by the 50 states and the District of Columbia, to the estimated 190,000 clinical social workers described by West et al. in *Mental Health, United States, 2000*.
- 3 As a result, this report compares experiences of behavioral health care MSWs with licensed MSWs in other practice areas. Comparisons with BSWs are not presented throughout the report as the small size of the BSW sample precludes inference of meaningful conclusions.

