LICENSED SOCIAL WORKERS IN BEHAVIORAL HEALTH, 2004

Prepared by

Center for Health Workforce Studies
School of Public Health, University at Albany
Rensselaer, NY

For

The National Association of Social Workers
Center for Workforce Studies
Washington, DC

March 2006

LICENSED SOCIAL WORKERS IN BEHAVIORAL HEALTH, 2004

Chapter 1 of 7

Overview

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Preface

This report summarizes and interprets the responses of social workers in the practice areas of Mental Health and Addictions obtained though a national sample survey of licensed social workers in the U.S. conducted in 2004. It is one of six reports prepared by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany.

Existing sources of data on social workers provide important but fragmented information on the field, preventing the development of an accurate comprehensive picture of the social work workforce. The NASW/CHWS study and this report provide comprehensive, up-to-date information on active licensed social workers working in the health care arena. This information includes: demographic characteristics, education and training, employment roles and tasks, work environment, client characteristics, career paths, and workplace issues.

The resulting profile of the licensed social work workforce will be a valuable resource for planners and policy makers making decisions about the future of the social work profession and its related education programs.

This report was prepared by Bonnie Primus Cohen, Sandra McGinnis, and Paul Wing of the CHWS staff, with assistance and guidance from Tracy Whitaker and Toby Weismiller of NASW. Reviews by a project advisory committee are gratefully acknowledged.

Funding support of the Robert Wood Johnson Foundation is also gratefully acknowledged. The findings and conlusions presented in this report are those of the authors alone, and do not necessarily reflect the opinions of the foundation.

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Chapter 1. Overview

Behavioral health problems affect individuals across age groups, educational levels and economic status. Many individuals need clinical treatment and/or support services to help them address and recover from one or more mental health and substance abuse disorders. Consider the following national statistics:

- More than 54 million Americans are affected by mental illness each year[1].
- An estimated 21.4 million American adults (10% of all adults) have serious psychological distress[2].
- More than half of the population currently drinks alcohol, and 7% are heavy drinkers. Approximately one in five ages 12 years and older participate in binge drinking[3].
- Approximately 8 percent of Americans use illicit drugs[4].
- 4.6 million adults have diagnoses of substance abuse disorder and serious mental illness[5].

Behavioral health conditions can impair individuals' abilities to cope with life's ordinary demands and routines. Many individuals with these diagnoses must further contend with life circumstances that complicate their problems, e.g. family dysfunction, poverty, trauma, community disasters, or the return from war. Their reduced or lost productivity are both staggering personal and social costs[6].

Clinical treatment and support services have been demonstrated to help people address their problems, recover, and reestablish fulfilling lives. However, the availability of these services varies considerably across the country, as do the requirements for access to these services. Behavioral health insurance coverage differs among health plans, employers, and states. While this coverage has increased in the past decades, and efforts to achieve parity with reimbursement for other medical and surgical care are growing, mental health coverage is limited. Substance abuse is not consistently included by insurance plans.

Social workers play a significant role in providing care to clients in need of behavioral health services in this challenging environment. They are involved in preventing, diagnosing, and treating mental and behavioral disorders. They assist clients to cope with loss, manage anxiety, and move toward recovery. In addition to clinical services, they provide support services that enable clients to connect to community resources responsive to their unique situations. They assist families to understand and support their loved ones' recovery, and support caregiving efforts. It is important to note that many social workers advocate for and lead programs that utilize evidenced-based practices to assist clients addressing these problems.

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[1] National Mental Health Association, www.nhma.org, 2006.
[2] SAMHSA, op.cit.
[3] SAMHSA, op. cit.
[4] SAMHSA, op.cit.
[5] SAMSHA, op.cit.
[6] Rice, D.P., & Miller, L.S. (1993). The economic burden of affective disorders. In R.M. Scheffler, L.F. Rossiter, & T.-W. Hu (Eds), *Advances in Health Economics and Health Services Research: Vol. 14* (pp. 37-53). Greenwich, CT: JAI Press.

Understanding the experience and perspectives of licensed social workers who provide behavioral services to clients is important. Only by clarifying their needs will it be possible to help sustain them in their work. Further, the perspectives of these social workers will help to identify barriers to the delivery of services to clients. This information will assist in assuring that quality behavioral health services are provided to those in need.

Goals of this Report

This report has been prepared to inform policy makers, educators, and practitioners about the licensed social work workforce in Behavioral Health. Identifying what is common and what differs among these professionals and licensed social workers in other practice areas will facilitate educational planning, policy development, and program design, and ultimately will contribute to improving the quality of care provided in the United States.

The workforce profile that follows is a comprehensive description of the licensed social work workforce in the practice area of Behavioral Health in 2004. It addresses the roles and practices of these social workers within key employment settings as well as the issues they confront in providing services to clients. This description will help focus attention and resources to engage, prepare, and sustain social workers in their work.

The Social Work Workforce in Behavioral Health

Background

The data presented in *Licensed Social Workers in Behavioral Health* is drawn from a survey conducted in 2004 by the National Association of Social Workers (NASW) in collaboration with the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany. The survey provides important new insights about the nation's licensed social workers.

Despite the significant contributions of social workers to the American health care system, gaps continue to exist in knowledge about the roles and tasks Behavioral Health social workers perform in different settings. Existing sources of data about the field (e.g., Bureau of Labor Statistics [BLS], Census Public-Use Microdata Sample [PUMS] and NASW studies) are valuable, but the picture they provide of the profession is fragmented. The NASW/CHWS study was undertaken to clarify practice patterns among licensed social workers.

Licensed social workers were selected for this study because they represent a major cohort of social workers that provide frontline services to clients, and that were readily identifiable through state licensing lists. Their commitment to the field, as evidenced by their pursuing licensure and the diversity of their practice focuses, makes them a very important group to study. Licensed social workers constitute 63 percent of the 460,000 reported by the Bureau of Labor Statistics (BLS), and the study findings provide an important baseline for monitoring changes within this profession. It is recognized, however, that practice patterns of licensed social workers ultimately need to be compared with other groups of social workers to gain a more complete understanding of this profession.

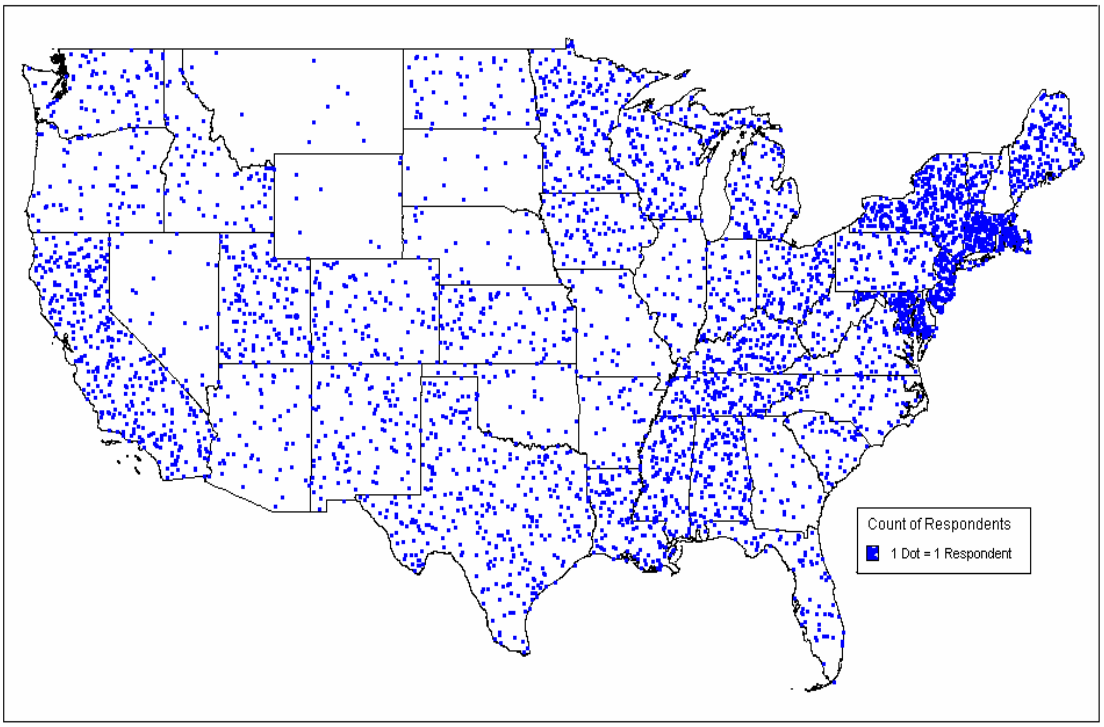
Legal regulation of professions, including social work, varies from state to state. Generally, jurisdictions may regulate as many as four broad areas of social work practice: baccalaureate social work degree upon graduation; master's degree in social work (MSW) upon graduation; MSW with two years of postgraduate supervised experience; and MSW with two years of post-

master's direct clinical social work experience. Some jurisdictions regulate only one of these practice levels, but most regulate two or more levels of social work practice. Currently, 35 jurisdictions recognize and regulate baccalaureate level practice, while all states recognize and regulate master's degree level practice. A few jurisdictions license at an associate level, and a small number offer more than four licensure categories. While the study sample of licensed social workers does not represent the full range of professionally educated social workers, it does offer a good representation of those providing frontline services.

The study findings are based on a national survey distributed to a stratified random sample of 10,648 licensed social workers in 48 states plus the District of Columbia. Based on this, it is estimated about 106,000 social workers practice in Behavioral Health nationwide (97,000 in Mental Health and 9,000 in Addictions). The study achieved a response rate of 49.4%. The distribution of licensed social workers that responded to the survey is seen below. Data collected includes information on licensed social workers' demographic and educational backgrounds, practice patterns, the clients they serve, and their perspectives on changes in their practice. The survey instrument can be found in Appendix B.

The findings of the larger report on social workers and this supplement pertain only to licensed social workers. Findings should not be generalized as conclusions about practice patterns of the non-licensed social work workforce.

Figure 1. Distribution of Responses to NASW/CHWS Survey

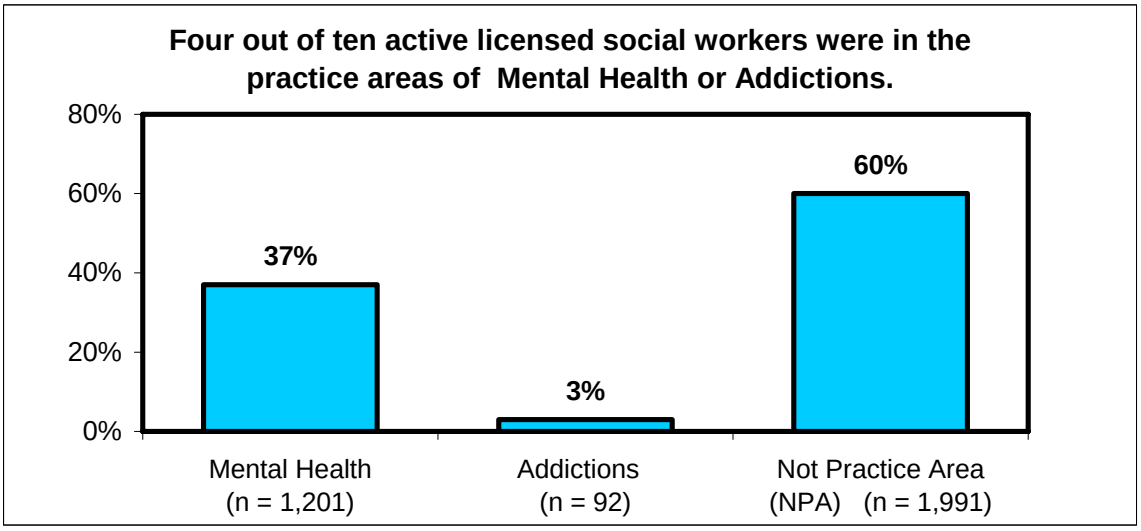


Note: The above map reflects only responses received to the NASW/CHWS survey, and is not intended for use in comparing actual numbers of social workers practicing in these states. Response rates varied dramatically from state to state. Furthermore, the original sampling frame was restricted to licensed social workers, and was subject to variations between states in licensing requirements.

Framework for Analysis

Social workers who identify Behavioral Health as the focus of their primary employment represent a large group of licensed social workers: More than one-third of licensed social workers (37%) are in the practice area of Mental Health, while another 3 percent are in the practice area of Addictions.

Figure 2. Primary Practice Area Of Active, Licensed Social Workers

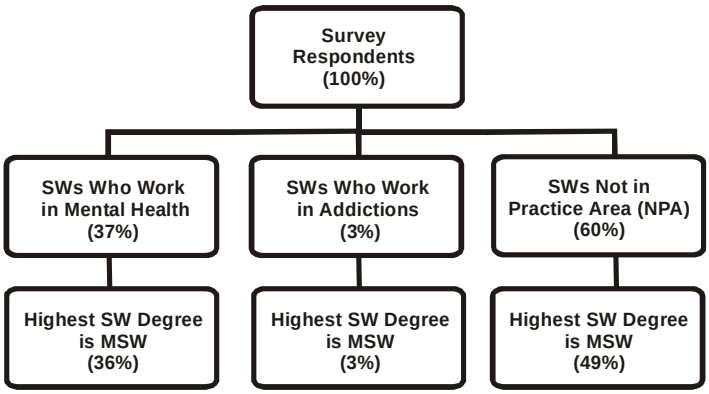


A significant majority of social workers in Behavioral Health practice areas hold master's degrees in social work (MSWs). Fewer than 4 percent in either Mental Health or Addictions are BSWs. Some Behavioral Health social workers do not have formal social work degrees (4 percent of those in Mental Health and 8 percent of those in Addictions), but this is less common in Behavioral Health than among social workers overall (8%).

This report describes and compares the experiences of MSWs in Mental Health and in Addictions, the two Behavioral Health practice areas. It also compares experiences of Behavioral Health 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. It should be noted that Behavioral Health BSWs represent fewer than 10 percent of all baccalaureate trained licensed social workers responding to the NASW/CHWS survey. However, a discussion of Behavioral Health BSWs can be found in Appendix A.

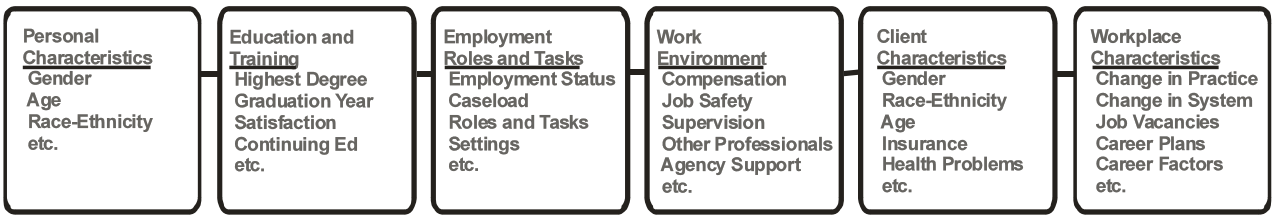
Comparisons with social workers overall (survey respondents regardless of degree history) are provided within the report where this information provides insights into Behavioral Health practice. Similarly, when relevant, social workers are compared by employment setting and by the client populations served. Figure 3 is a "map" that indicates the characteristics and factors covered in the report.

Figure 3. Schematic "Map" of the Factors and Characteristics of Licensed Social Workers



The report will reference the following characteristics of social workers employed in Behavioral Health.

Figure 4. Characteristics of Licensed Social Workers in the Practice Area of Behavioral Health



Interesting variations in the patterns will be displayed throughout the report in tables and charts. The pink cells in the tables highlight the smallest percentages in their respective rows, and the green cells highlight the largest percentages. Only rows for which the difference between the largest and smallest percentages was at least 10 percentage points have highlighted cells. Only differences among groups will be presented in the text.

Appendix A. A Profile of Behavioral Health BSWs

Fewer than 10% of licensed baccalaureate trained social workers who responded to the NASW/CHWS survey identified a Behavioral Health practice area as the focus of their social work practice. Thirty-seven respondents identified their practice area as Mental Health and three identified Addictions. The small size of the BSW sample precludes inference of meaningful conclusions, and comparisons were therefore not made in the presentation of results in *Licensed Social Workers in Behavioral Health.*

The following is a summary description of BSWs respondents in the practice area of Mental Health only. Because so few respondents identified Addictions, general statements cannot be made for this practice area. *The description that follows applies to the 37 BSW respondents in Mental Health only and* ***should not be generalized*** *to BSW social workers or BSWs in Behavioral Health overall.*

BSW respondents in Mental Health were younger than MSWs in this practice area (43 years versus 50.5 years), and more likely to be female (90% versus 81%). They were similar to MSWs, however, in racial and ethnic background. BSWs were significantly less likely than MSWs to work in metropolitan areas (54% versus 84%), and more likely to work in all other practice locations, e.g., micropolitan areas (23% versus 10%), small towns (14% versus 5%) and rural areas (9% versus 2%).

BSWs mirrored MSWs in their perspectives on the adequacy of their educational preparation, as well as their interests in future training. BSW's like MSWs, were generally satisfied with their degree programs and continuing education training, (68% versus 60%, 76% versus 74%). Clinical practice and trauma/disaster were the topics both groups were most interested in for future training. However, these BSWs were less likely to have certification in chemical dependency than MSWs (8% versus 18%).

BSW respondents in Mental Health had fewer years experience in social work than MSWs (a median of 10 versus 15 years). Almost half had been with their employers less than 5 years, similar to MSWs (48% versus 45%), but fewer had been with current employers more than 15 years (11% versus 21%).

These BSWs did not work in substantially different settings than MSWs. Within the most common behavioral health settings, they were most likely to work in behavioral health clinics, psychiatric hospitals, and social service agencies. They were much less likely to be in private practice. Interestingly, more than a fourth of these social workers were employed in settings other than those listed below. BSWs were most likely to be employed in the non-profit sector (41%) and the public sector (39%).

Table 1. Primary Employment Settings of BSWs and MSWs in Mental Health

Primary Employment Setting	BSW	MSW
Private solo practice	0%	31%
Private group practice	5%	8%
Hospital/medical center	3%	6%
Psychiatric hospital	14%	8%
Health clinic	8%	8%
Behavioral health clinic	19%	21%
Social service agency	14%	4%
Nursing home	5%	0%
Criminal justice agency/court	5%	1%
Other	27%	13%

Like MSWs, the role most commonly performed by virtually all BSWs in the sample was the provision of direct services to clients (98% and 95%). It was also the role they were most likely to perform 20 hours per week or more (59% and 58%). owever, the tasks these two groups perform varied, as seen below.

Table 2. Percentages of Mental Health BSWs and MSWs Performing Selected Tasks

	BSW	MSW
Information/referral	84%	72%
Crisis intervention	81%	69%
Screening/assessment	76%	77%
Treatment planning	70%	76%
Case management	68%	47%
Client education	68%	57%
Individual counseling	62%	78%
Home visits	57%	17%
Advocacy	51%	23%
Discharge planning	51%	34%
Medication adherence	49%	36%
Program development	43%	28%
Family counseling	38%	55%
Group counseling	35%	33%
Psychoeducation	32%	60%
Supervision	32%	28%
Program management	30%	25%
Psychotherapy	19%	74%
Couples counseling	11%	50%

The profile of client problems differed between BSWs and MSWS. BSWs were more likely to report serving "many" clients with mental health (87% versus 62%) and substance abuse problems (37% versus 29%), while MSWs were more likely to report serving "many" with affective conditions (58% versus 39%). BSWs were more likely to serve older adults than MSWs in Mental Health (23% versus 7%). Their clients were more likely receive health coverage through Medicaid (67% versus 32%), and notably, none were covered through private insurance.

BSWs were most likely to work full time for one employer (75%). Nineteen percent worked for multiple employers in social work, and 6% worked part time. The median salary of full time BSWs in Mental Health working for one employer was $34, 307, as compared to a median of $50,681 for MSWs in Mental Health. These BSWs were less likely to see their compensation as very adequate, as compared to MSWs (7% versus 17%).

BSWs were more likely than MSWs to work in job settings where non-social workers were hired to fill social work roles (36% versus 29%), but were less likely to report that vacancies were difficult to fill in their agencies (16% versus 26%), and less likely to report that social work functions were outsourced (7% versus 18%). BSWs did not differ from MSWs in their reports that vacancies in their agencies were common (24% versus 23%). They were much more likely to report job safety issues in their jobs (70% versus 43%), though there were no differences in the percent of those reporting job safety issues who said that their issues were adequately addressed (73% of BSWs and 70% of MSWs).

BSWs were more likely than MSWs to report experiencing negative changes in practice in the past two years, including increases in paperwork (91% versus 73%), severity of client problems (74% versus 68%), caseload size (71% versus 65%), waiting lists for services (67% versus 57%), and level of oversight (61% versus 55%).

BSWs were less likely than MSWs in Mental Health to plan to remain in their jobs (57% versus 72%). The most common reasons BSWs reported for consideration of potential job changes were higher salary (84% versus 70% for MSWs), job stress (51% versus 33%), and lifestyle/family concerns (43% versus 55%).

Appendix B. Methodology

Data were collected from 4,489 licensed social workers from 48 states and the District of Columbia through a mailed survey instrument. These responses resulted from surveys distributed to a stratified random sample of 10,000 licensed social workers across the U.S. Details of the sampling procedure are provided below.

Survey design. The design of the instrument was informed by extensive interviews and focus groups with practicing social workers, including a number of social workers specifically drawn from the areas of Child Welfare/Family Social Work, Aging, and Behavioral Health.

The core survey had four sections: **Background**, which included questions on demographics and education/training; **Social Work Practice**, which included questions on hours worked, roles, setting, practice area, and salary; **Services to Clients**, which included questions on tasks and caseload; and **Workplace Issues**, which included questions about changes in the practice of social work, satisfaction, and career plans.

Additionally, special supplements were included in the instrument for social workers who serve older adults (age 55 and older) or children and adolescents (age 21 or younger). These supplements gathered more detailed information on working with these populations.

Sampling and survey administration. A database was constructed from approximately 255,000 names of licensed social workers from state licensure and registration lists. These lists included anyone credentialed by the state as a social worker, regardless of whether the state title was licensed social worker, certified social worker, registered social worker, or any other. The master list was then presented to an address-cleaning service to obtain updated address information.

The list was then stratified by Census division. The U.S. Bureau of the Census recognizes nine such divisions: New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, and Pacific. The purpose of the stratification was to draw equal-sized samples from regions of the country that are both heavily and sparsely populated. This strategy resulted in a sample in which social workers in less-populated divisions were overrepresented, which was desirable because it allowed large enough samples from each division to permit meaningful analysis of regional and rural/urban differences.

A random sample of 9,999 social workers was drawn from this master list (1,111 from each of the nine Census Divisions). The sample was then analyzed for duplicate names, which were eliminated and replaced with other randomly selected names from the same Census division.

Table 3 shows that the final sample represented approximately 4% of the master list. However, this represented very different proportions of the social workers in each division -- from 8% of social workers in the East South Central division to 2% of social workers in the South Atlantic division.

Table 3. Sampling Rates for Census Regions for 2004 Licensed Social Worker Survey

Census Region	Total number	Percent	Number	Percent of total
New England	14,436	5.67	1,111	7.7%
Middle Atlantic	25,267	9.93	1,111	4.4%
East North Central	57,174	22.46	1,111	1.9%
West North Central	24,904	9.78	1,111	4.5%
South Atlantic	56,265	22.11	1,111	2.0%
East South Central	13,974	5.49	1,111	8.0%
West South Central	25,040	9.84	1,111	4.4%
Mountain	15,595	6.13	1,111	7.1%
Pacific	21,859	8.59	1,111	5.1%
Total	**254,514**	**100**	**9,999**	**3.9%**

Because many of the addresses were no longer valid, a number of surveys in the first mailing were returned undelivered. A supplementary sample was drawn to replace surveys that were returned undelivered in the first few weeks of the mailing cycle. The replacement sample was matched by Census division to the undeliverable addresses, and a total of 692 additional surveys were sent as part of the replacement sample.

Three mailings were sent to the social workers in the sample. The first mailing generated most of the valid responses (57%), although a third of the responses were generated by the second mailing (32%). Approximately one in ten (11%) of the responses resulted from the third mailing. One Census division, East North Central, only received two mailings due to a database error, although the overall response rates for this division were similar to others. Each mailing offered responses an opportunity to participate in a lottery drawing for varying amounts of money: $1,000 for the first mailing, $500 for the second mailing, and $250 for the third mailing. Respondents who returned their surveys were eligible for each subsequent drawing.

Table 4. Response Patterns by Mailing

Mailing	Number	Percent of responses
First	2535	57%
Second	1445	32%
Third	510	11%

Response rates varied by Census division, with the highest response rate in the Middle Atlantic (53%) and the lowest in the South Atlantic (46%).

Table 5. Response Rates by Census Division

Census Division	Total -- all mailings			Response rate
	Responses	Removals	Total surveyed	
New England	476	273	1,261	48.2%
Middle Atlantic	564	115	1,183	52.8%
East North Central	471	197	1,204	46.8%
West North Central	488	113	1,067	51.2%
South Atlantic	469	190	1,205	46.2%
East South Central	501	173	1,200	48.8%
West South Central	504	62	1,135	47.0%
Mountain	521	198	1,202	51.9%
Pacific	495	210	1,191	50.5%
Total	**4,489**	**1,531**	**10,648**	**49.2%**

Survey analysis. Our strategy for analysis centered on variation by demographics, degree, and sector. Subsequent reports will analyze the data in more detail by practice area and setting. Only data from active social workers were used in the analyses unless otherwise specified.

A number of variables used in these analyses were created from the survey data. "**Active**" status was defined as working either a full time or a part time job in social work. "**Sector**", which was asked in detail, was grouped into four categories: public sector (which included federal, state, and local government and military), private non-profit, private for-profit other than private practice, and private practice. Social workers were asked to indicate all degrees they held in both social work and another field. **Highest social work degree** was the most advanced of the social work degrees indicated, although some respondents held a higher degree in another field than they did in social work.

Age and income were asked as categorical variables, but an estimation procedure was used to assign exact values from within each category randomly to each respondent in that category. This procedure allows some statistical procedures, such as the estimation of mean values and the use of regression analysis, which would not be possible with categorical data. This procedure also allowed the calculation of an "**age at entry**," which was defined as the estimated age of respondents in the year in which they reported receiving their first social work degree: the BSW (if applicable), or the MSW (if they did not hold a bachelor's degree in social work). Age at entry could not be calculated for licensed social workers who did not hold a BSW or MSW.

Data limitations. Although these data represent an important contribution to knowledge of licensed social workers, there are a number of important limitations which need to be recognized. Perhaps the most serious of these is that the data are not generalizable to non-licensed social

workers, who may perform different functions and serve different populations. This lack of generalizability may be particularly important to two groups of social workers who are likely to be underrepresented among licensees: BSW-level social workers, who are not eligible to become licensed in many states; and social workers, who are not required to hold licenses. When statements are made about the percentage of social workers doing policy development, for example, the word "licensed" should always be understood even if not explicitly stated.

There is also the potential for some response bias even within the universe of licensed social workers. NASW members may have been more likely than other social workers to respond to the survey, which featured the NASW name and logo prominently. Also, because much of the instrument concentrated on the provision of direct services, social workers working in other capacities may have been less likely to feel that the survey was relevant to their work.

Another shortcoming of the data for the purposes of analyzing employment-related trends such as supply, demand, and turnover is that there is no data on the previous jobs held by social workers. It is therefore not possible to reliably estimate whether social workers are leaving certain sectors, settings, or practice areas for others.

A final caveat is that some data were collected on both primary and secondary employment: sector, setting, practice area, and caseload. This was intended to capture information about multiple jobholders, but subsequent analyses showed that most social workers who offered information about both primary and secondary employment only reported holding one social work job. Presumably, these social workers reported what they felt to be the second-most fitting information for their first job under "secondary." For example, if they worked only one job treating addicted teenagers they may have indicated that the "primary" practice area was Addictions and that their "secondary" practice area was Adolescents. Due to this apparent misunderstanding of the survey instructions, data on secondary employment was not deemed valid for analyses of multiple jobholders, except (cautiously) when more than one social work job was indicated by the respondent.

Licensed Social Workers In Behavioral Health

Reference Document

Chapter 2 of 7

Demographic Profile

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Chapter 2. Demographic Proflie of Licensed Social Workers in Behavioral Health

Summary of the Findings

- Social workers in Behavioral Health were more likely to be women than men.
- MSWs in Addictions were significantly more likely to be male (30%) than either MSWs in Mental Health (17%) or licensed social workers overall (18%).
- Social workers in Behavioral Health were less diverse in racial and ethnic background than the client populations they served and the U.S. civilian labor force.
- These social workers were older than social workers in other practice areas. Their median age was 50 years compared with a median of 48 years for MSWs not in Behavioral Health and 49 years for licensed social workers overall.
- Among Behavioral Health social workers, MSWs in Mental Health had a higher median age than those in Addictions (50.5 years compared to 47.5 years).
- Eighty-four percent of MSWs in Behavioral Health practiced in metropolitan areas while 2% practiced in rural areas.
- MSWs in Mental Health had a median of 15 years experience in social work. This was higher than the median for MSWs in Addictions (10 years) or MSWs NPA (14 years).
- The MSW was the predominant degree for licensed social workers in Behavioral Health practice areas. Ninety percent of those in Mental Health and 86% in Addictions had earned this degree. Fewer than 4% in either of these practice areas had BSWs as their highest social work degree.
- The majority of MSWs in Behavioral Health believed they were well prepared for social work practice by their formal degree (59%) and post-degree training (74%).
- MSWs in Mental Health were more likely than those in Addictions to report satisfaction with their degree (60 versus 54%) and post degree programs (74% versus 69%).
- One in five licensed social workers in Behavioral Health was also licensed in chemical dependency treatment.
- Two-thirds of MSWs in Addictions (67%) and almost one-fifth of those in Mental Health (18%) had this second licensure.
- Private practice and behavioral health clinics were the most common setting for those with chemical dependency licensure.
- Social workers graduating before 1980 were more likely to be in the practice area of Mental Health than more recent graduates.
- More than three-fifths of MSWs in Behavioral Health reported many opportunities for continuing education and training in social work.

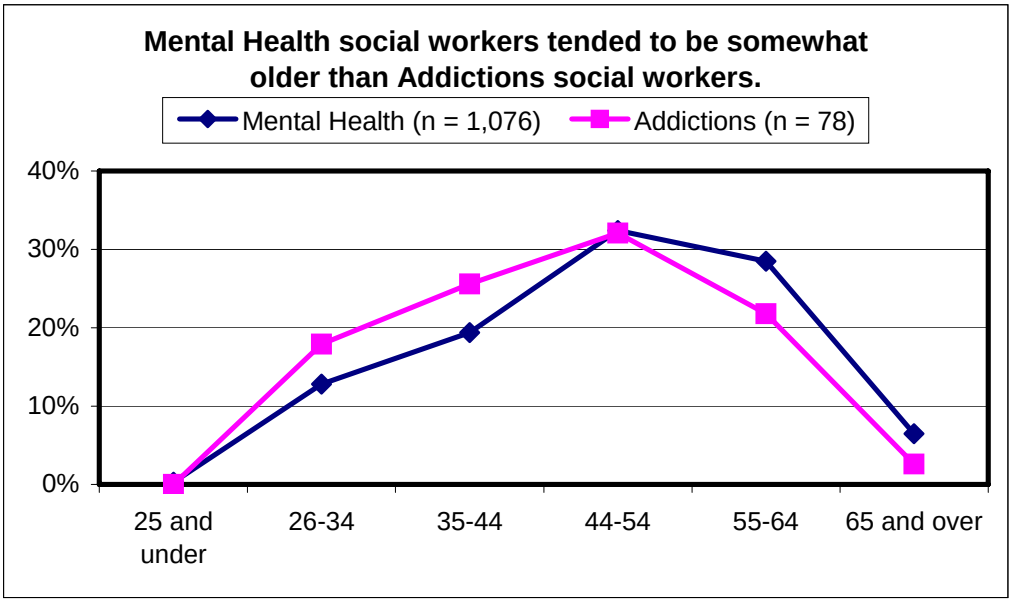
- Those practicing in urban settings were more than twice as likely to report having many options for continuing education as those working in small towns and rural areas.
- Behavioral Health social workers were most interested in receiving further training in clinical practice. Those in Mental Health were also highly interested in trauma/disaster training. Those in Addictions were highly interested in substance abuse.

Demographics

Age

The median age of MSWs in Behavioral Health was 50 years, older than MSWs in other practice areas (48), as well as social workers overall (49). Figure 1 shows that, on average, social workers in Mental Health were slightly older than those in Addictions (a median age of 50.5 years versus 47.5).

Figure 1. Age Distribution of MSWs in Mental Health and Addictions



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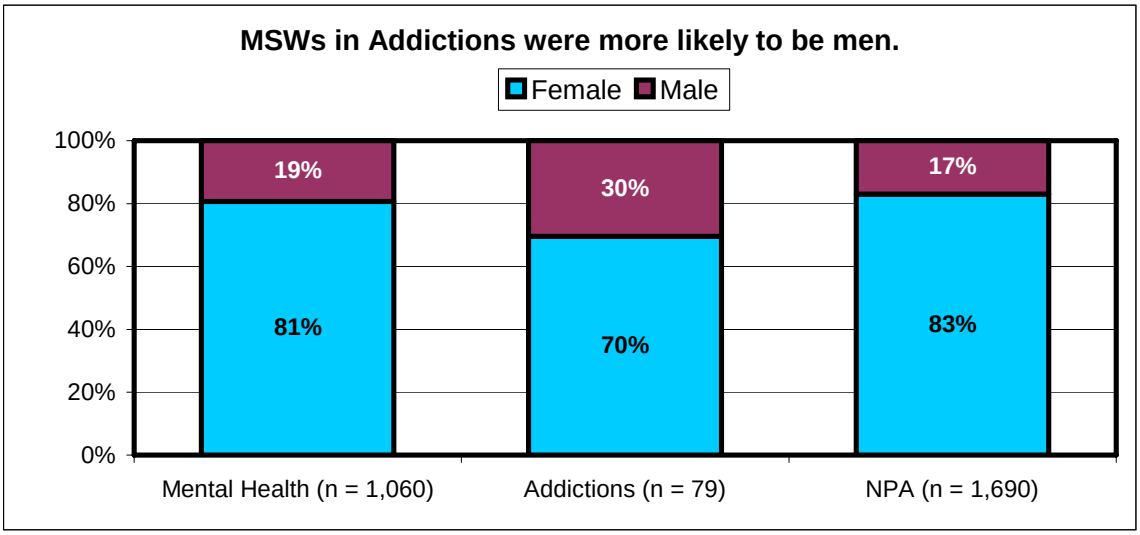
Gender

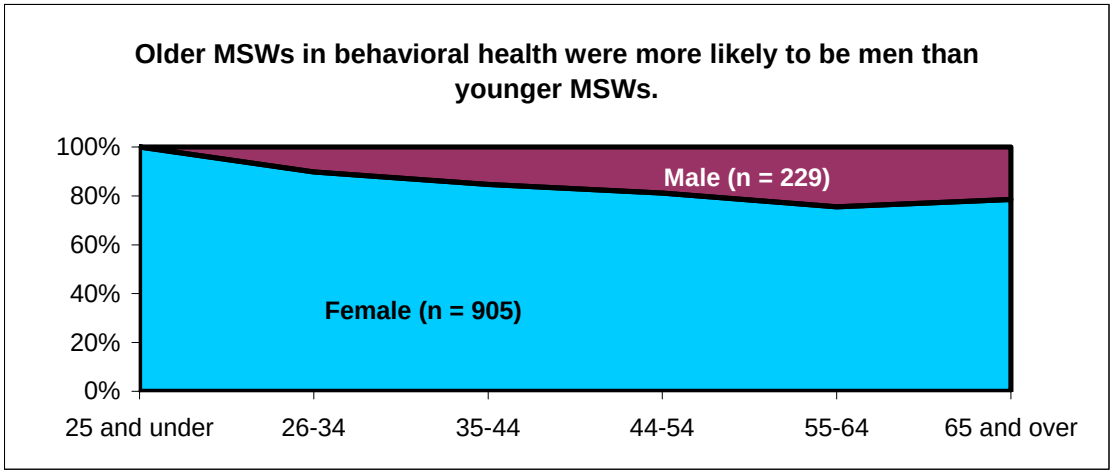
Nineteen percent of MSWs in Mental Health were men, comparable to the figure for both MSWs NPA (17%) and social workers overall (18%). Figure 2 shows that MSWs in Addictions were much more likely to be men (30%).

Figure 2. Gender Distribution of MSWs in Mental Health and Addictions and NPA



While social work has always been a female-dominated profession, the larger study suggests that it may be increasingly so. Figure 3 shows the number of men in Behavioral Health has been diminishing among recent entrants, a pattern which mirrors that of MSWs NPA.

Figure 3. Gender Distribution of Behavioral Health MSWs, by Age Group



Race/Ethnicity

MSWs in Behavioral Health were less diverse than both the civilian labor force and the U.S. population. This pattern was consistent with patterns of other social workers. Among MSWs in Behavioral Health, 89 percent were non-Hispanic White, 4 percent Black/African-American, 3 percent Hispanic/Latino, and 1 percent Asian/Pacific Islander.

Figure 4. Racial/Ethnic Distribution of Behavioral Health MSWs, the U.S. Population, and the Civilian Labor Force

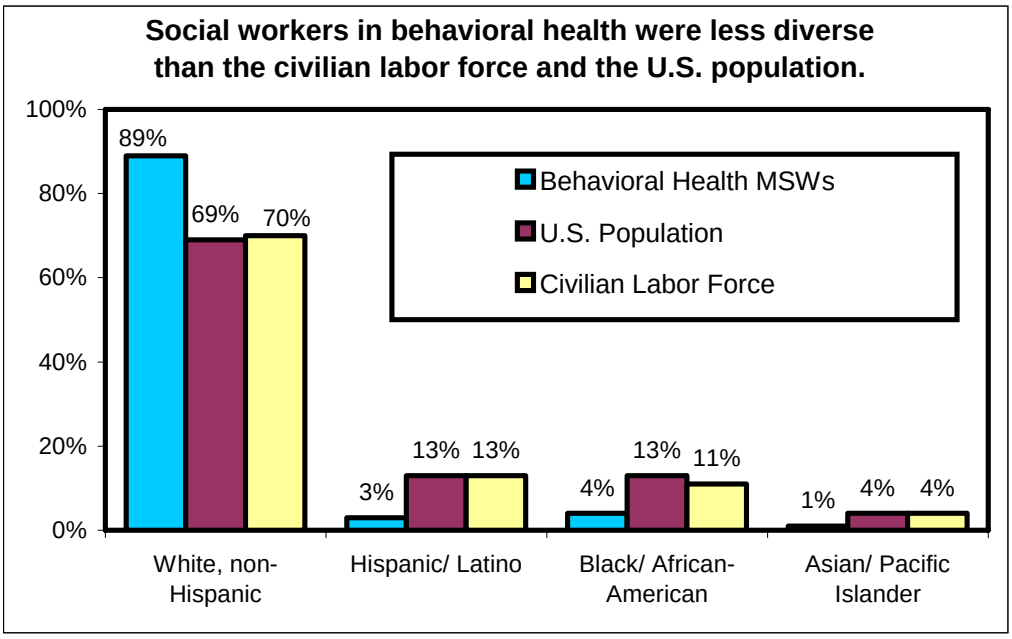
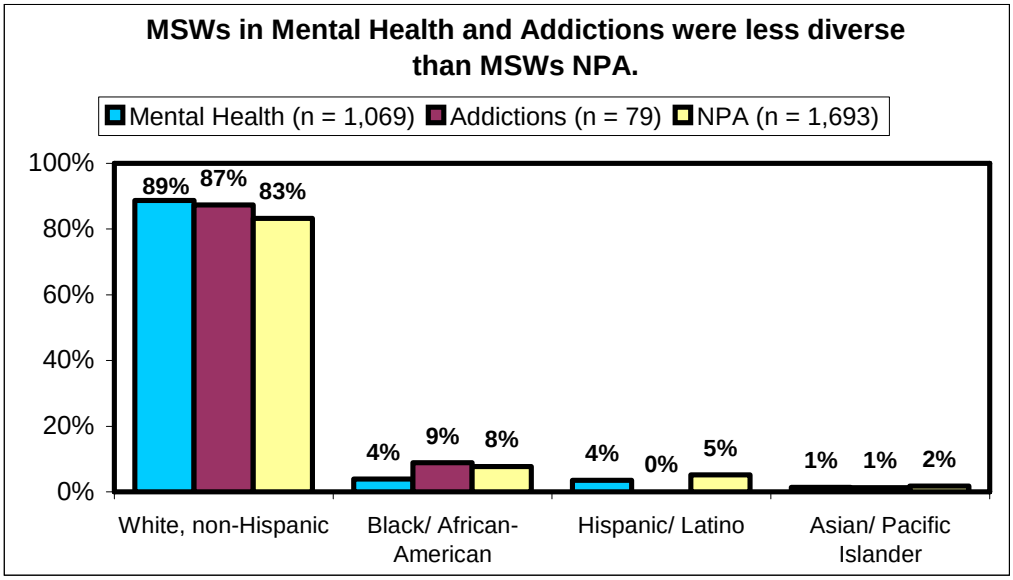


Figure 5. Racial/Ethnic Distribution of MSWs in Mental Health, Addictions, and NPA

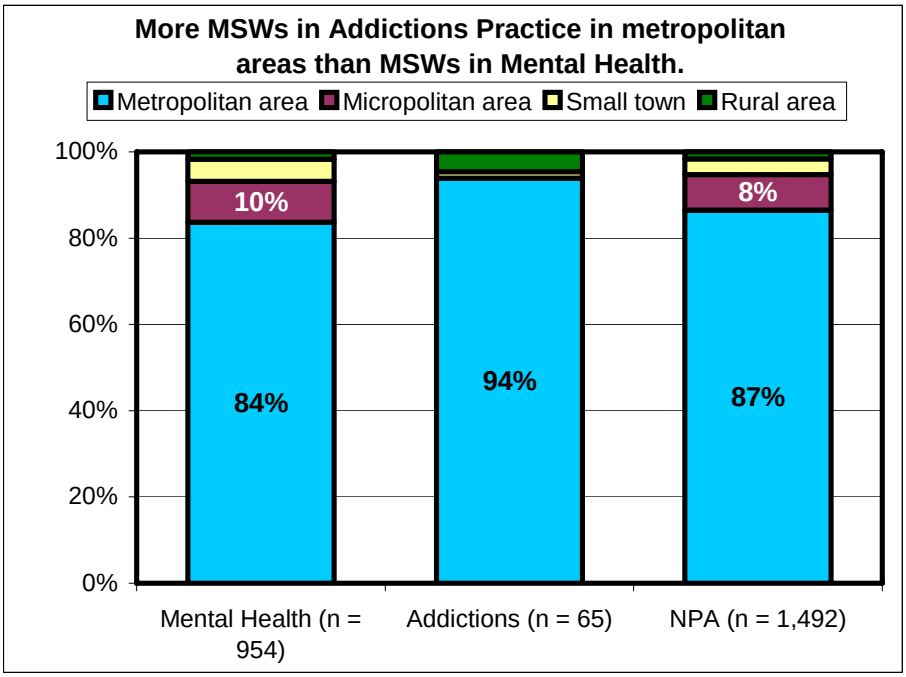


Geographic Location of Practice

MSWs in Behavioral Health were most likely to practice in metropolitan areas (84%), while few practice in micropolitan areas (9%), small towns (5%), or rural areas (2%). This distribution was similar to that of MSWs not in these practice areas, 87% of whom practiced in metropolitan areas. Those in Mental Health had a distribution very similar to MSWs NPA, with 84% in

metropolitan areas, 10% in micropolitan areas, 5% in small towns, and 2% in rural areas, as shown in Figure 6 below. Those in Addictions, on the other hand, were overwhelmingly in metropolitan areas (94%), with a small number in rural areas (5%) and even fewer in small towns (less than 2%).

Figure 6. Practice Locations of MSWs in Mental Health, Addictions, and NPA



As seen in Table 1, the prevalence of social workers in different work settings varies with the geographic location of practice.

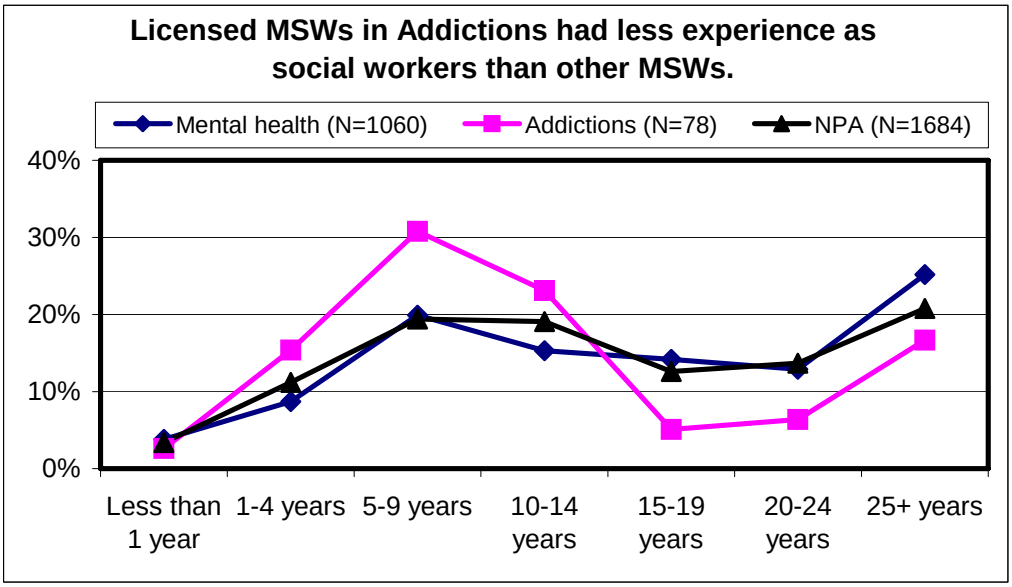
Table 1. Practice Location of Behavioral Health MSWs by Setting

	Private Practice (n=353)	Hospital/ Medical Center (n=63)	Psychiatric Hospital (n=75)	Health Clinic/ Outpatient Facility (n=73)	Behavioral Health Clinic/ Outpatient Facility (n=203)	Social Service Agency (n=39)
Metropolitan Area	89%	86%	80%	84%	75%	87%
Micropolitan Area	7%	13%	9%	8%	12%	5%
Small Town	3%	2%	11%	6%	9%	5%
Rural Area	1%	0%	0%	3%	4%	3%

Years Experience

Licensed MSWs in Behavioral Health had a median of 15 years experience. Those in Mental Health had a median of 15 years, compared to 10 years for those in Addictions and 14 for MSWs NPA.

Figure 7. Years Experience of MSWs in Mental Health, Addictions, and NPA



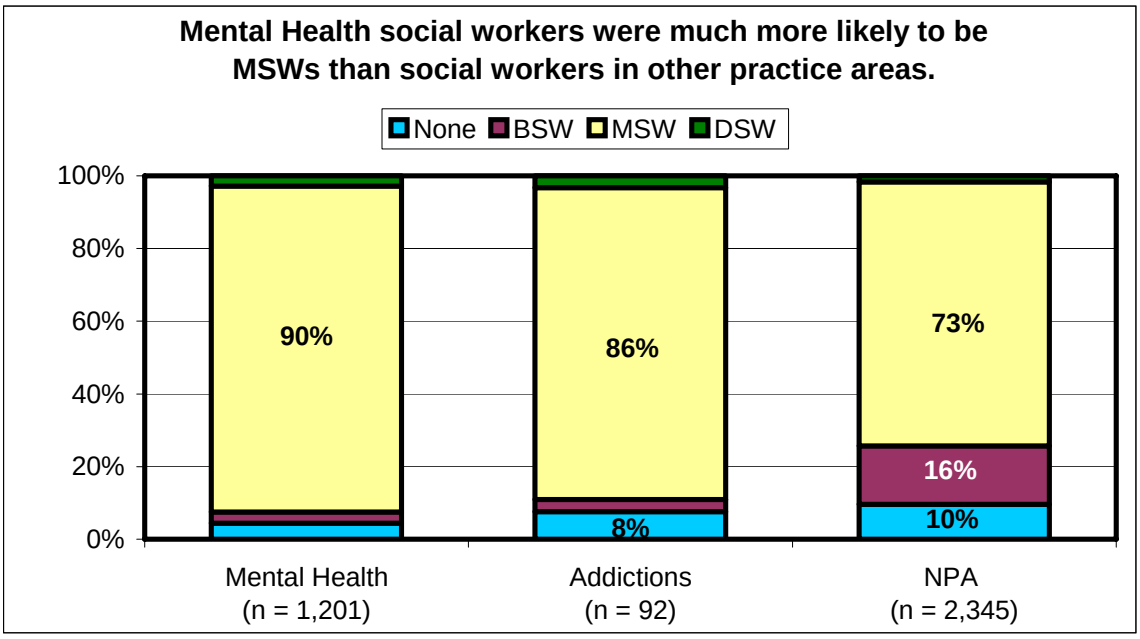
Education and Training

Undergraduate and graduate degrees and continuing professional education are important components of licensure requirements.

Highest Formal Degree

Ninety percent of licensed Behavioral Health social workers held master's degrees in social work. Fewer than 4 percent in either the practice areas of Mental Health or Addictions held BSWs.

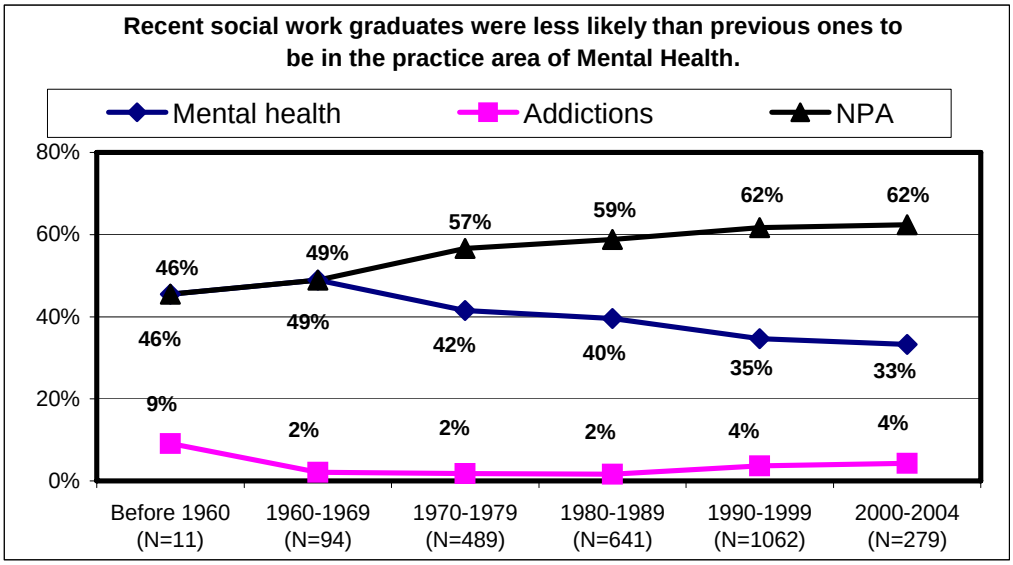
Figure 8. Highest Social Work Degree of Active, Licensed Social Workers by Practice Area



Graduation Year

A significant percentage of recent graduates reported Behavioral Health practice areas. Participation in Addictions was slightly higher among the most recent graduates, with 4% reporting this practice among those graduating between 2000-2004 as compared with 2% of those graduating in the 1970s and 1980s. In contrast, the percentage of new graduates in Mental Health declined from 40% among those who graduated in the 1980s to 33% among those who graduated between 2000 and 2004.

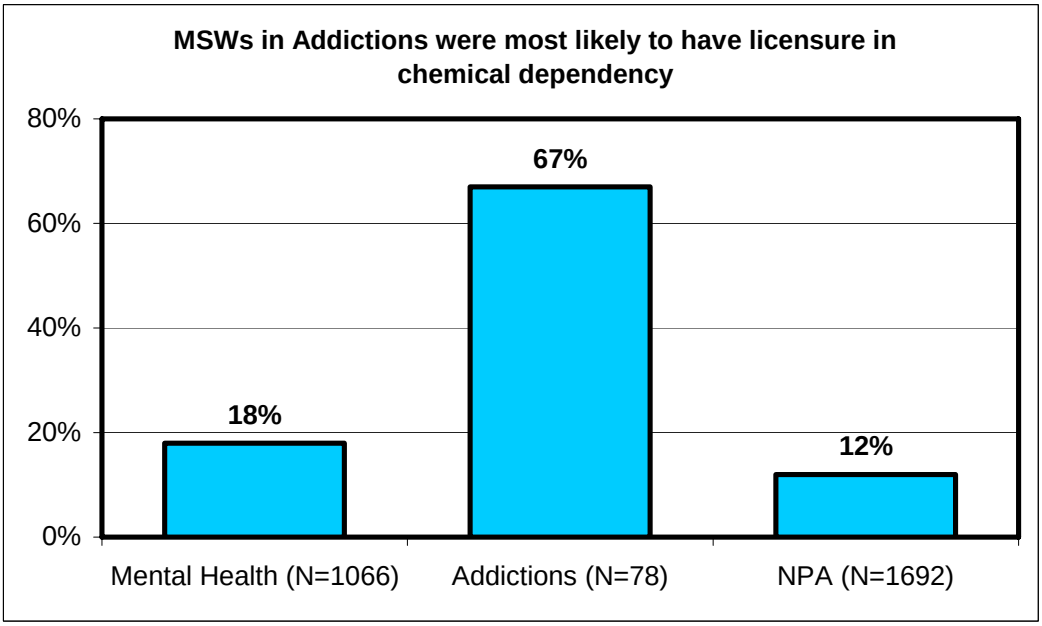
Figure 9. Practice Area Distribution of Licensed MSWs by Year of First Social Work Degree



Licensure in Chemical Dependency

Twenty-one percent of Behavioral Health MSWs reported they were licensed in chemical dependency treatment, compared to 12 percent of MSWs NPA. Figure 10 shows 67 percent of those in Addictions were licensed in chemical dependency, compared to 18 percent of those in Mental Health.

Figure 10. Percentages of MSWs with State Licensure in Chemical Dependency Treatment, by Practice Area



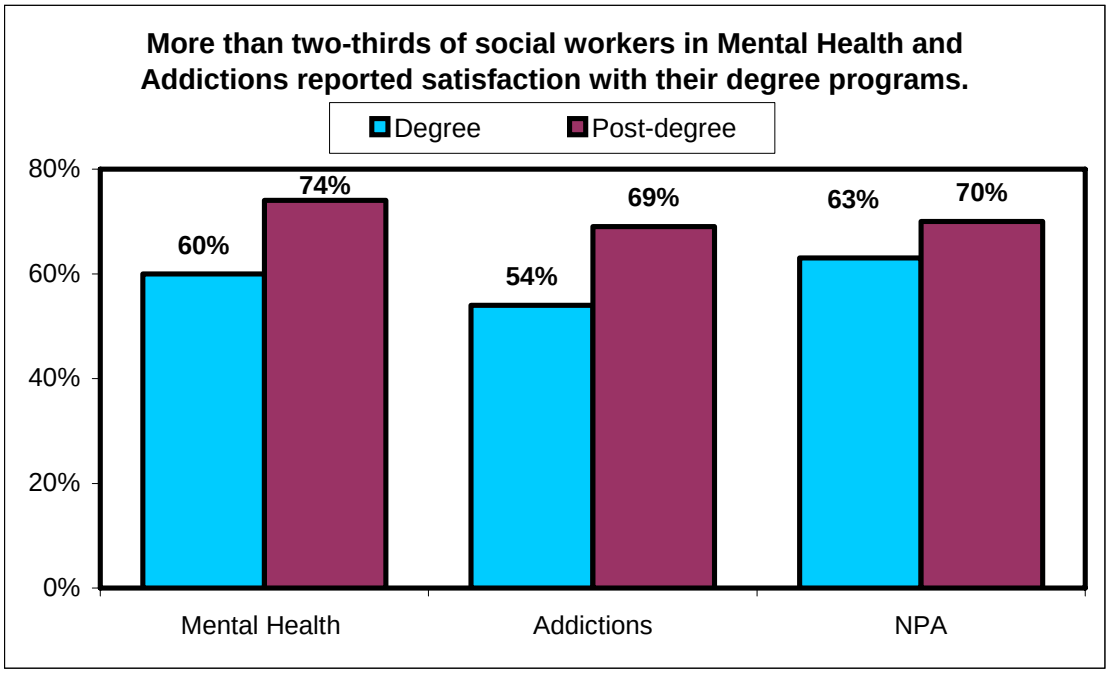
Those with chemical dependency licensure were most likely to work in private practice (40% in Mental Health; 11% in Addictions) and behavioral health clinics (19% in Mental Health; 26% in Addictions), while fewer worked in hospitals (7% in both practice areas), psychiatric hospitals (9% in Mental Health; none in Addictions), or health clinics (7% in Mental Health; 9% in Addictions). This distribution was similar to that of all MSWs within the practice areas.

Satisfaction with Education and Training

The majority of MSWs in Behavioral Health believed they were well prepared for social work practice by their social work degree program (59%) and post degree training (74%). This was comparable to MSWs NPA (63% and 70%), and licensed social workers overall (60% and 71%).

Figure 11 shows that MSWs in Mental Health were more likely than those in Addictions to report satisfaction with both their degree programs (60% versus 54%), as well as their post-degree training (74% versus 69%).

Figure 11. Percentages of Licensed MSWs Satisfied with Degree and Post-degree Preparation, by Practice Area



Continuing Education and Training in Social Work

Ninety-nine percent of social workers in Mental Health and 100 percent of those in Addictions reported that they participated in training/continuing education (CE) in the past two years.

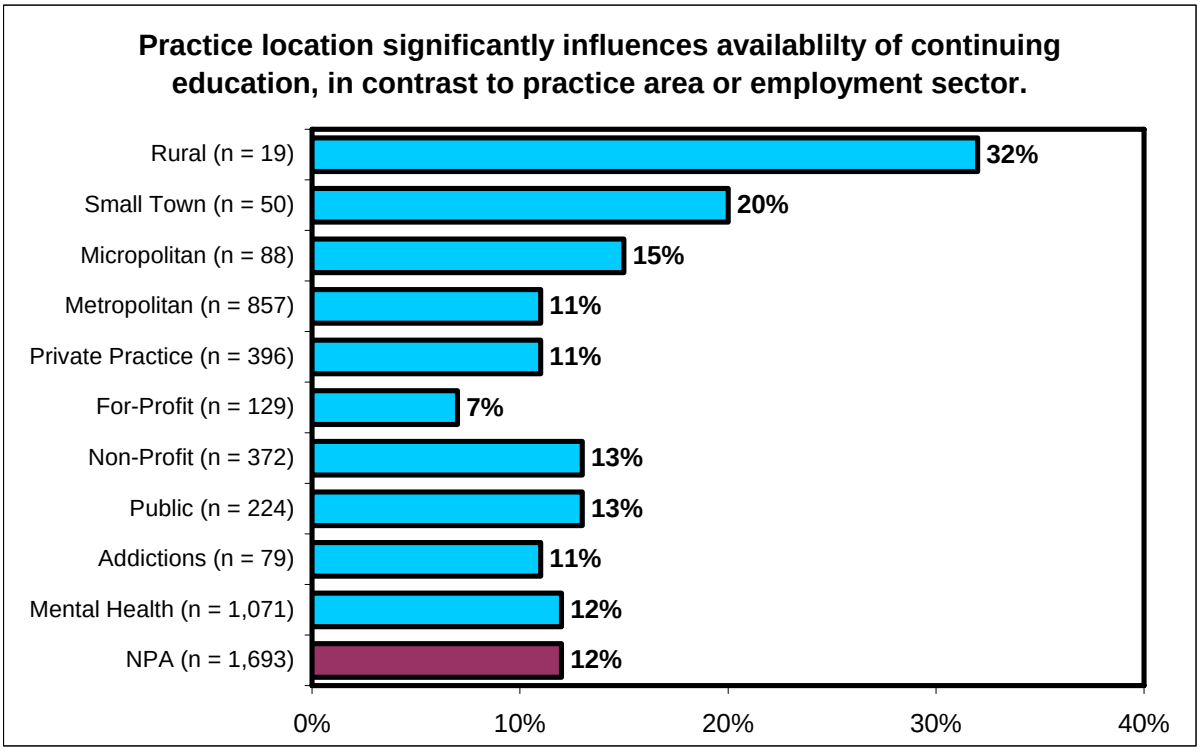
Sixty-three percent of Mental Health MSWs and 58 percent of Addictions MSWs reported many choices for continuing education, comparable to MSWs in other practice areas (61%).

Geographic location of practice emerged as a factor influencing the availability of CE programs. Licensed social workers in metropolitan and micropolitan areas were much more likely to report

having “many” choices (64% and 60%) than those practicing in small towns and rural areas (36% and 32%). Social workers in private practice were most likely to report having “many” choices (66%), followed by those in non-profit organizations (63%), for-profit organizations (60%), and public agencies (58%).

The following charts provide information on the characteristics of social workers who reported that continuing education/training is “unavailable.” This listing will assist educators, policy makers and practitioners in the field to develop and target resources to augment current programs.

Figure 12. Percentages Reporting That Training Options were Unavailable (1 or 2 on a 5-point scale), by Practice Area, Employment Sector, and Practice Location



Short courses/workshops and conferences were the most common sources of CE reported. Clinical practice (61%), trauma/disaster preparedness (31%), specialty practice area (30%), and best practices (22%) were the topics most desired for future training among those in Behavioral Health. Mental Health and Addictions social workers placed a somewhat different priority on various topics, as shown in Table 2.

Table 2. Percentages of MSWs Reporting Interest in Topics for Future Training

	Mental Health	Addictions	All Behavioral Health
Clinical practice	61%	53%	61%
Trauma/disaster preparedness	31%	30%	31%
Specialty practice area	30%	19%	30%
Best practices	22%	29%	22%
Medication use	20%	22%	21%
Substance abuse	19%	44%	21%
Professional ethics	18%	16%	18%
Program development	15%	25%	15%
Administration	14%	33%	15%
Cultural competency	12%	15%	13%
Interdisciplinary practice	9%	6%	9%
Paperwork management	8%	9%	8%
Delivering rural services	6%	8%	6%
Community organizing	4%	10%	5%
Telehealth	4%	0%	3%
Care management	2%	3%	2%

Table 3. Types of Continuing Education/Training Programs Attended in the Past Two Years, by Practice Area

Type of Continuing Education	Mental Health (n = 1,077)	Addictions (n = 79)	NPA (n = 1,703)	Total
Short courses or workshops?	82%	82%	82%	82%
Conference CE programs?	78%	78%	82%	80%
Professional association programs?	32%	27%	32%	32%
On-the-job training?	31%	43%	38%	36%
Supervised clinical practice?	30%	35%	23%	26%
Certificate programs?	22%	28%	21%	22%
Supervised practice?	11%	16%	12%	12%
Courses with academic credit?	8%	9%	13%	11%
Distance learning?	8%	8%	8%	8%
Other CE?	5%	5%	4%	5%

LICENSED SOCIAL WORKERS IN BEHAVIORAL HEALTH, 2004

Chapter 3 of 7

What Social Workers Do

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Center for Workforce Studies
Washington, DC

March 2006

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Chapter 3. What Social Workers Do

Summary of the Findings

- Forty percent of licensed social workers were in Behavioral Health practice areas.
- Thirty-seven percent of all licensed social workers identified Mental Health as their primary area of practice, making them the single largest group of licensed social workers participating in the NASW/CHWS study. These social workers represent 41 % of active licensed MSWs.
- Three percent of licensed social workers identified Addictions as their primary area of practice.
- While most social workers in Behavioral Health performed multiple roles in their jobs, 80% spent more than 20 hours weekly performing one role.
- Ninety-eight percent of social workers in Behavioral Health reported that providing direct services to clients was their primary role. This was also the role they were most likely to spend 20 hours or more on each week in their jobs (59%).
- MSWs in Mental Health were slightly more likely to spend 20 or more hours per week on direct services than MSWs in Addictions (59% versus 54%).
- Consistent with employment patterns of social workers overall, MSWs in Behavioral Health worked a median of 40 hours per week in their primary employment.
- The majority of these social workers were employed by one employer (58%).
- MSWs in Addictions were more likely than those in Mental Health to work full time for a single employer (65% versus 58%).
- MSWs in Mental Health were more likely than those in Addictions to work part time for a single employer (19% versus 5%).
- Almost half of these social workers had worked with their current employer five or fewer years (49%).
- One in five had been with their current employer for more than fifteen years (20%).
- MSWs in Behavioral Health were more likely to carry smaller caseloads in their primary jobs than other licensed social workers.
- MSWs in Addictions were less likely to carry caseloads of 50 or more clients than those in Mental Health (13% versus 18%).
- Health clinics and behavioral health clinics were the settings where Behavioral Health social workers were most likely to carry large caseloads; social service agencies and psychiatric hospitals were the settings where they were the least likely to carry these caseloads.

- Individual counseling (78%), screening/ assessment (77%), treatment planning (63%), and psychotherapy (74%) were the tasks that MSWs in Behavioral Health most commonly perform.
- Significant numbers of those in Behavioral Health spent at least half their time on only two tasks, psychotherapy (48%) and individual counseling (43%). They were more than twice as likely to perform these tasks as were MSWs NPA.
- MSWs in Behavioral Health were less likely than MSWs NPA to feel that tasks they performed were below their levels of skill and training (9% versus 16%), but similar in reporting that tasks performed were above their levels of skills and training (36% versus 33%).

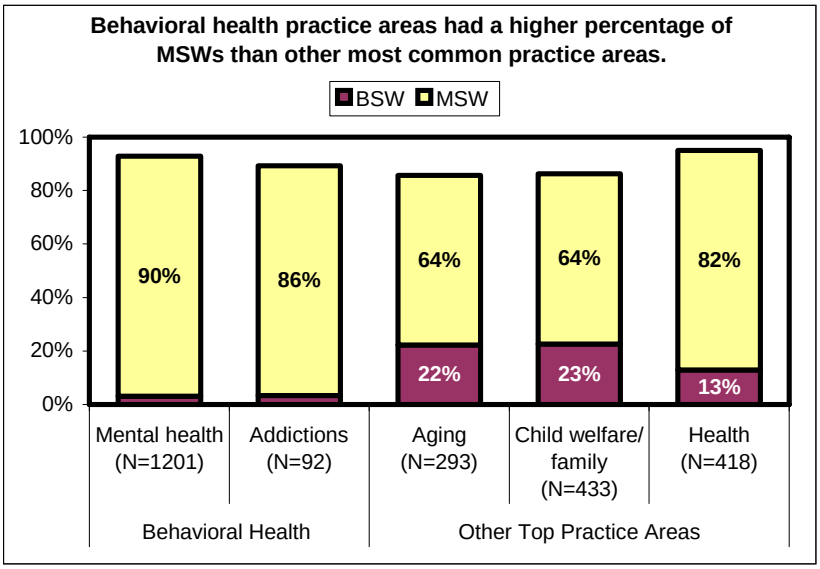
Practice Area

Behavioral Health social workers are the largest single group of active licensed social workers. Thirty-seven percent of licensed social workers (1,201) reported in response to the NASW-CHWS survey that Mental Health was the focus of their social work practice in their primary employment. Another 3 percent (92) reported that their practice focus was Addictions.

Approximately one-fourth of social workers in Behavioral Health work multiple jobs. Of these, more than half (52%) report Mental Health as their focus of social work practice in their second job, while 5% report Addictions. Other commonly reported secondary practice areas included Higher Education (8%), Adolescents (8%), and Child Welfare/Family (7%).

Among all licensed MSWs, the dominance of Behavioral Health was pronounced. Forty-one percent of licensed MSWs identified Mental Health as their practice area in their primary job, while another 3% identify Addictions. Fewer than 10% of all bachelors' prepared social workers specialized in Behavioral Health. BSWs constituted approximately 3% of social workers in Mental Health or Addictions.

Figure 1. Highest Social Work Degree Distribution by Largest Practice Areas



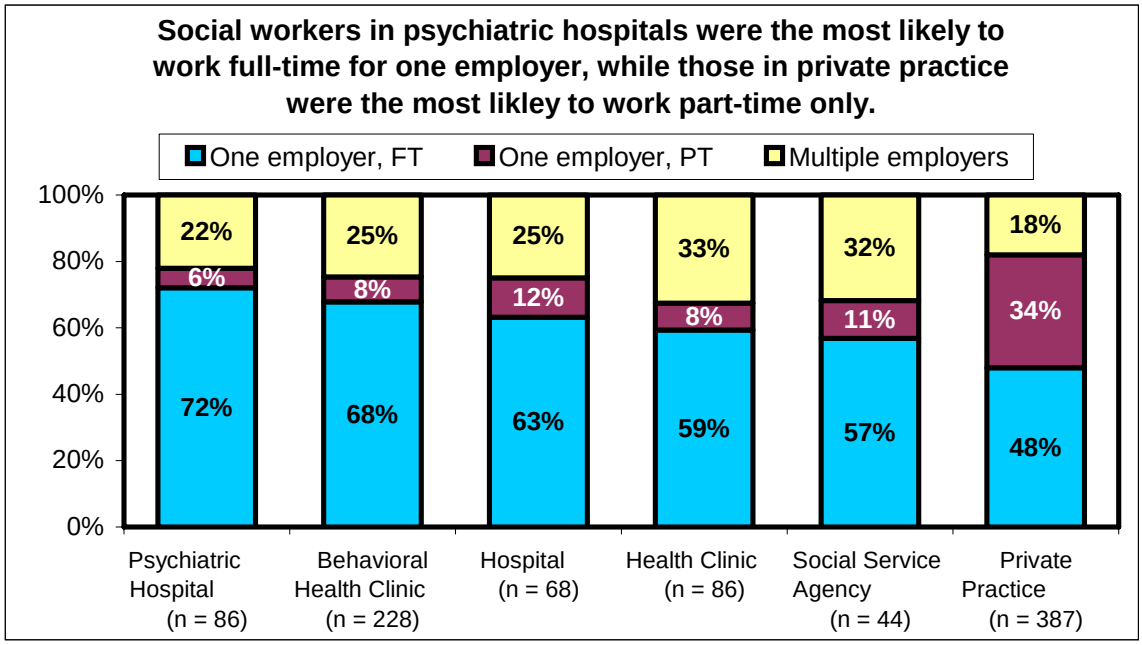
Employment Status

MSWs in both Mental Health and Addictions worked a median of 40 hours per week in their primary jobs, as did MSWs NPA and social workers overall. Fifty-eight percent of those in Bavioral Health were employed full time by a single employer, while 18% worked part time for one employer, and 24% worked for multiple employers. This was similar to employment patterns for MSWs NPA.

Employment patterns differed, however, among MSWs in Mental Health and Addictions. MSWs in Addictions were more likely than those in Mental Health to work full time for a single employer (65% versus 58%) or to work for multiple employers (30% versus 24%). They also were much less likely to work part time for a single employer (5% versus 19%).

Patterns of employment for Behavioral Health MSWs varied by primary setting, as can be seen in Figure 2.

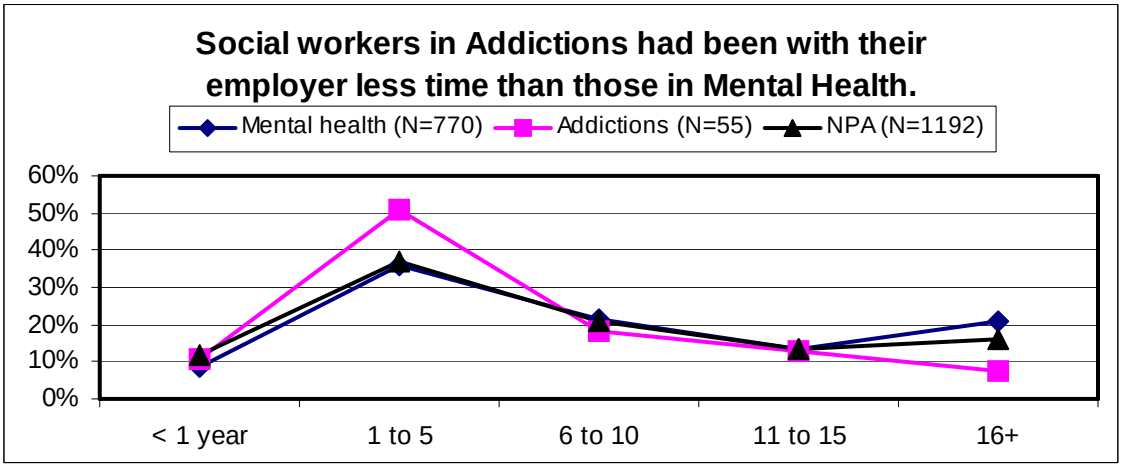
Figure 2. Work Status of Behavioral Health MSWs, by Employment Setting



Years with Current Employer

Ninety-one percent of Behavioral Health social workers have been with their current employer for at least one year, comparable to MSWs NPA (88%). Forty-six percent have been with their current employer five years or less (compared to 50% NPA), but one in five have been with their current employer for more than fifteen years (20% compared to 16% NPA). Social workers in Addictions were much more likely than those in Mental Health to have been with their employer for five years or less (62% versus 45%), and much less likely to have been with their employer for more than fifteen years (7% versus 21%).

Figure 3. Time with Current Employer of Addictions and Mental Health Social Workers

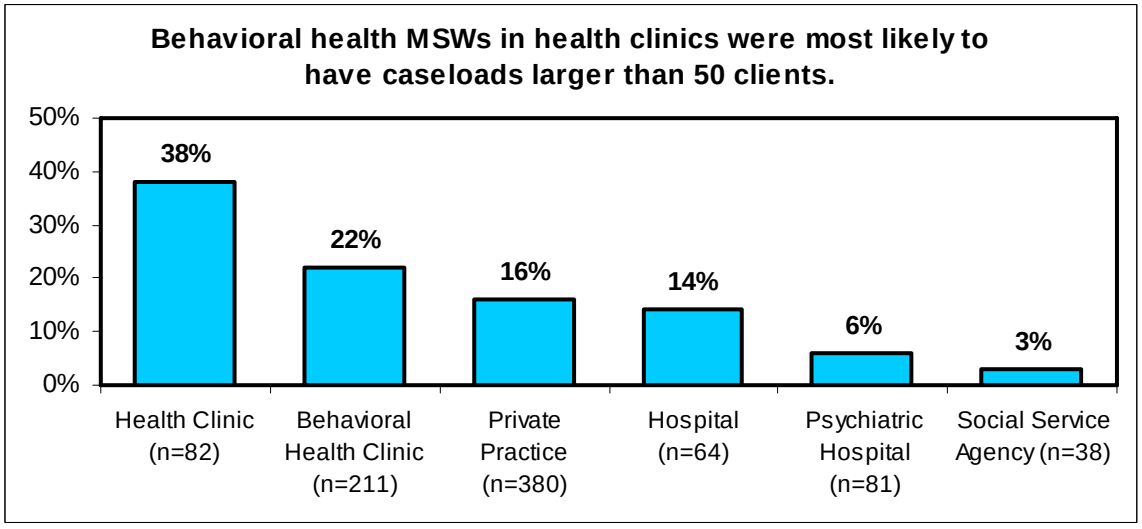


Caseload Size

MSWs in Behavioral Health were more likely to carry smaller caseloads in their primary jobs than other social workers. Fewer than one in five (18%) served more than 50 clients within their caseloads, compared to 27% of MSWs NPA and 24% of social workers overall. MSWs in Addictions were less likely to carry caseloads of more than 50 clients than MSWs in Mental Health (13% versus18%).

Behavioral Health MSWs employed in health clinics were the most likely to serve caseloads of more than 50 clients (38%), followed by those in behavioral health clinics (22%). Those employed in social service agencies and psychiatric hospitals were least likely to carry such large caseloads (3% and 6%).

Figure 4. Percentages of Behavioral Health MSWs with Caseloads Larger than 50 Clients, by Setting



Roles

Most Behavioral Health social workers spent 20 hours or more per week performing one primary role. This was true of 80% of all Behavioral Health MSWs, and of 93% of those who worked full time.

Providing direct services to clients was the most common role performed by these social workers (98%), and the role they were most likely to perform 20 hours a week or more. Fifty-nine percent of all Behavioral Health MSWs provided direct services to clients 20 hours per week or more.

Table 1 below shows the range of roles Behavioral Health MSWs may perform. The majority of these social workers spent fewer than 10 hours per week on any single role other than their major role across settings, consistent with social workers overall.

Table 1. Percentages of Licensed Behavioral Health Social Workers Who Spent Any Time or 20 or More Hours per Week Performing Selected Roles

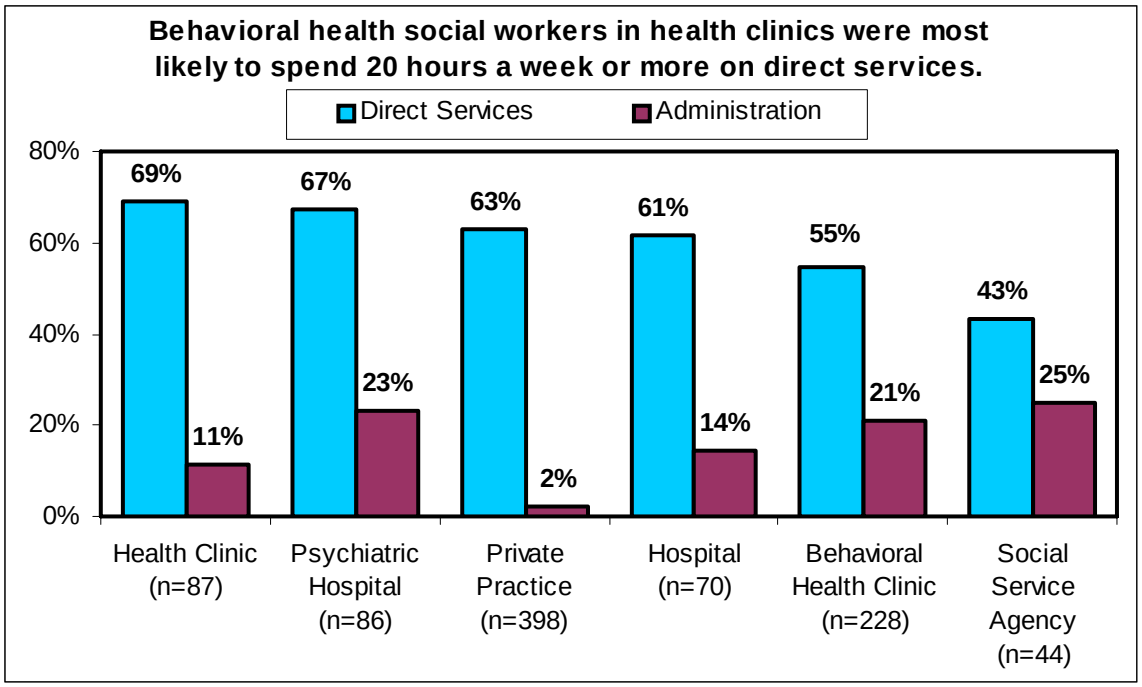
Roles	Any time spent...			20 hours or more per week		
	Mental Health	Addictions	NPA	Mental Health	Addictions	NPA
Direct services	98%	95%	96%	59%	54%	52%
Administration	72%	76%	69%	13%	19%	16%
Consultation	74%	60%	75%	2%	1%	5%
Supervision	61%	71%	59%	2%	5%	4%
Planning	57%	81%	70%	1%	10%	3%
Training/Education	56%	59%	60%	1%	3%	1%
Teaching	32%	34%	41%	0%	2%	2%
Policy development	24%	42%	32%	0%	1%	1%
Community organizing	21%	32%	36%	0%	1%	1%
Research	16%	19%	19%	0%	1%	0%

MSWs in Mental Health spent significantly less time on average doing community organizing[1], consultation[2], planning[3], supervision[4], teaching[5], or training/education[6] than MSWs not in a Behavioral Health practice area. Those in Addictions spent less time on consultation[7] but more time on planning[8] than MSWs NPA.

[1] $p<0.001$
[2] $p<0.001$
[3] $p<0.001$
[4] $p=0.009$
[5] $p<0.001$
[6] $p=0.014$
[7] $p=0.004$
[8] $p=0.001$

Figure 5 below shows how work settings influence the extent to which Behavioral Health MSWs perform direct service or administration roles. These MSWs were most likely to spend 20 or more hours on direct services in health clinics (69%) and least likely to do so in social service agencies (43%). They were more likely to be involved in administration in social service agencies (25%) and least likely to do so in private practice (2%).

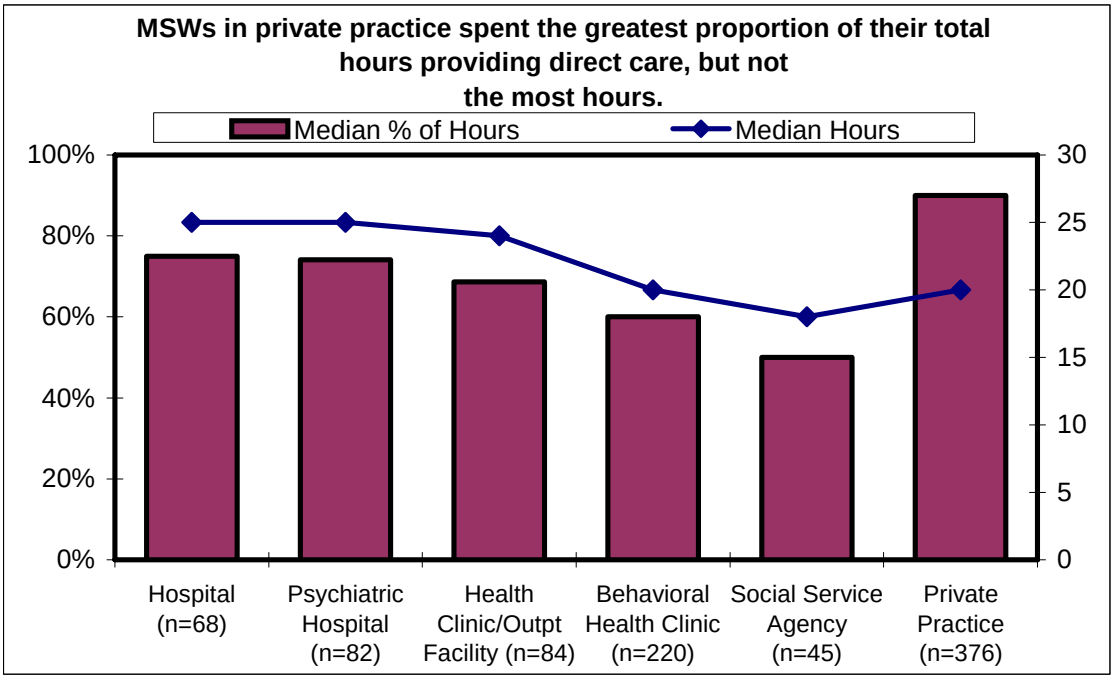
Figure 5. Percentages of Behavioral Health Social Workers Who Spent Time on Direct Services and Administration, by Primary Employment Setting



Direct Services

MSWs in Behavioral Health spent a median of 20 hours per week on direct services in their primary job, the same as social workers overall. However, the median percentage of total hours spent was 75%, compared to 70% for social workers overall. MSWs in Addictions spent slightly more time on direct care on average than those in Mental Health (a median of 20.5 versus 20 hours), but Mental Health social workers spent a greater percentage of their total hours on direct care than those in Addictions (a median of 75% compared to 60%). Time spent in direct service hours varies by practice setting.

Figure 6. Median Hours and Percent of Total Hours Spent on Direct Services by Behavioral Health MSWs, by Employment Settings



Tasks

Individual counseling (78%), screening/assessment (77%), treatment planning (63%), and psychotherapy (74%) were the tasks Behavioral Health MSWs were most likely to perform.

Few tasks consumed more than half of a social workers' time within Behavioral Health practice areas, however. In fact, significant percentages of Behavioral Health MSWs were only likely to spend more than half their time on psychotherapy (48%) and individual counseling (43%). MSWs NPA are far less likely to perform these two tasks (psychotherapy, 23%; individual counseling, 12%).

Table 2. Percentages of Behavioral Health Social Workers Who Spent Any Time or More Than 50% of Time Performing Selected Tasks

Social Work Tasks	Spend Any Time	More Than 50% of Time
Information/Referral	89%	2%
Screening/Assessment	92%	7%
Crisis Intervention	87%	4%
Case Management	66%	7%
Client Education	78%	7%
Individual Counseling	92%	43%
Treatment Planning	92%	4%
Discharge Planning	49%	4%
Family Counseling	71%	3%
Medication Adherence	52%	2%
Advocacy	33%	0%
Home Visits	24%	3%
Psychoeducation	80%	8%
Program Development	40%	2%
Program Management	35%	5%
Supervision	39%	3%
Psychotherapy	88%	48%
Couples Counseling	63%	3%
Group Counseling	48%	3%

Table 3. Tasks that Mental Health and Addictions Social Workers Were Most Likely to Perform and Spend the Most Time On

	Mental Health	Addictions
Most likely to do...	Individual counseling (78%)	Screening/assessment (85%)
	Screening/assessment (77%)	Individual counseling (80%)
	Treatment planning (76%)	Treatment planning (76%)
	Psychotherapy (74%)	Information/referral (72%)
	Information/referral (72%)	Crisis intervention (72%)
Spend most time on... (average on a 6-point scale)	Psychotherapy	Individual counseling
	Individual counseling	Psychotherapy
	Screening/assessment	Group counseling
	Psychoeducation	Screening/assessment
	Treatment planning	Client education

The tasks upon which Behavioral Health MSWs spent the most time varied across settings, as shown in Table 4. Individual counseling was the only task to be reported in each of the six major behavioral health settings compared below. Psychotherapy ranked as a task that social workers spent significant time on in five settings.

Table 4. Tasks on Which Behavioral Health Social Workers Spent the Most Time, by Setting

Hospital	Psychiatric hospital	Health clinic
Individual counseling	Screening/assessment	Individual counseling
Screening/assessment	Discharge planning	Psychotherapy
Psychotherapy	Individual counseling	Screening/assessment
Crisis intervention	Information/referral	Psychoeducation
Client education	Treatment planning	Treatment planning
Behavioral Health clinic	**Social service agency**	**Private practice**
Individual counseling	Individual counseling	Psychotherapy
Psychotherapy	Psychotherapy	Individual counseling
Screening/assessment	Crisis intervention	Couples counseling
Psychoeducation	Case management	Psychoeducation
Treatment planning	Supervision of staff	Treatment planning

Tasks performed also were seen to vary with the number of clients diagnosed with mental illness, affective conditions, substance abuse conditions, and psychosocial stressors. In the Table 5, shaded gray indicates a positive correlation between condition and tasks (for example, social workers who see more clients with affective conditions do significantly more psychotherapy), while shaded black indicates a negative correlation (social workers who see more clients with substance abuse conditions do significantly less couples counseling).

Table 5 reveals that having more clients with mental illness and having more clients with substance abuse issues were associated with similar tasks. In contrast, MSWs in Behavioral Health who treated larger numbers of clients with affective conditions and psychosocial issues tended to perform different tasks.

Table 5. Correlations Between Prevalence of Selected Conditions in the Client Caseload and Percent of Time Spent on Social Work Tasks

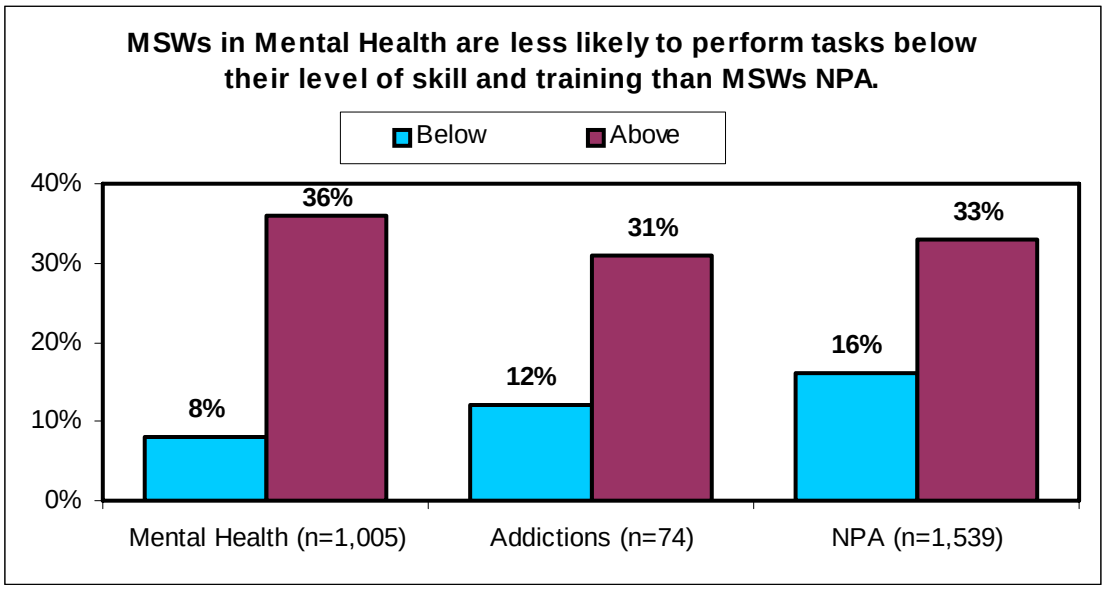
Social Work Tasks	Mental Illness	Affective Conditions	Substance Abuse	Psychosocial Issues
Psychotherapy	p < 0.000	p < 0.000	p < 0.000	
Individual Counseling	p < 0.000	p = 0.014	p < 0.000	
Couples Counseling	p < 0.000		p < 0.000	
Psychoeducation				p = 0.011
Treatment Planning	p = 0.019		p = 0.030	p = 0.026
Client Education			p = 0.012	p = 0.043
Screening/Assessment	p < 0.000		p < 0.000	
Family Counseling			p = 0.004	
Information/Referral	p < 0.000		p < 0.000	
Crisis Intervention	p < 0.000		p < 0.000	
Case Management			p < 0.000	
Medication Adherence	p < 0.000	p = 0.030	p < 0.000	
Group Counseling	p = 0.001		p < 0.000	p = 0.008
Discharge Planning	p < 0.000		p < 0.000	
Program Mgmt.	p < 0.000		p < 0.000	
Program Development	p = 0.003		p < 0.000	
Supervision of Staff	p < 0.000		p = 0.001	
Advocacy/Commun. Org.	p = 0.008	p = 0.025	p = 0.001	
Home Visits	p < 0.000			

Tasks Appropriate to Skills/Training

Approximately one-third of the MSWs in Behavioral Health practice areas reported the tasks they perform tended to be above their level of skill and training (36%), which was comparable to MSWs NPA (33%). However, fewer reported that tasks tended to be below their level of training compared with MSWs NPA (9% versus16%). Performance of tasks below one's training and skill level was a factor that is associated with consideration of job change.

MSWs in Mental Health were more likely than those in Addictions to report their tasks were above their level of training (36% versus 31%) and less likely to report that their tasks were below their level of training (8% versus 12%) (Figure 8).

Figure 8. Percentages of MSWs Reporting Their Average Tasks Below or Above Their Level of Skills/Training, by Practice Area



LICENSED SOCIAL WORKERS IN BEHAVIORAL HEALTH, 2004

Chapter 4 of 7

Where Social Workers Work

Prepared by

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For

The National Association of Social Workers
Center for Workforce Studies
Washington, DC

March 2006

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Chapter 4. Where Social Workers Work

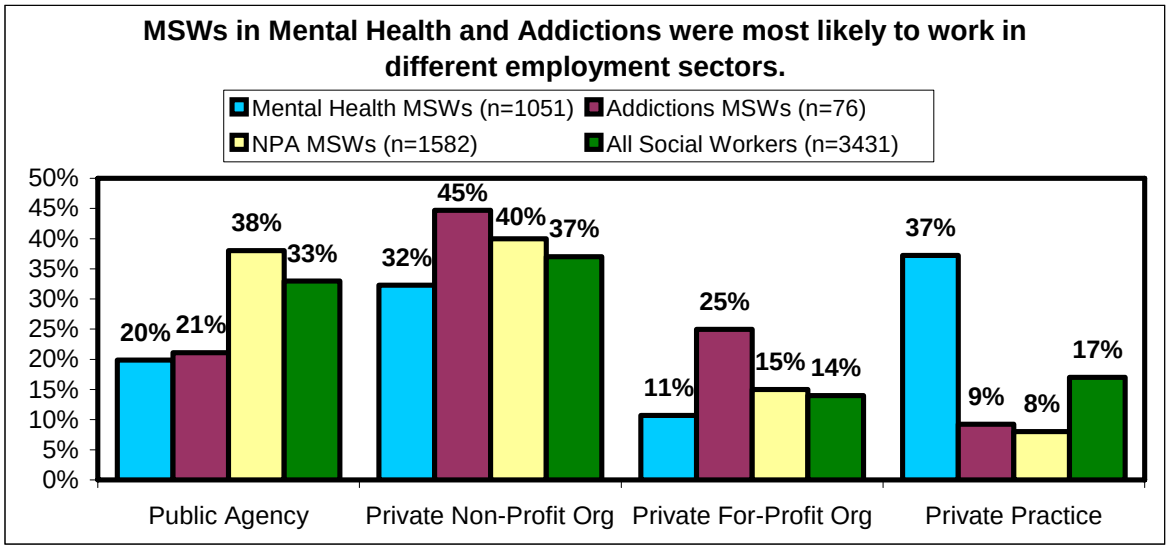
Summary of the Findings

- Private practice is the employment sector most frequently reported by MSWs in Behavioral Health (35%), followed by the non-profit sector (33%), public sector (20%) and for-profit sector (12%).
- MSWs in Mental Health were four times as likely to report private practice as their employment sector as MSWs NPA.
- Almost three-fifths of Behavioral Health social workers were employed in two settings: private practice (37%) and behavioral health clinics (21%).
- While MSWs in Mental Health were more likely than those in Addictions to be in private practice, they were equally likely to work in behavioral health clinics.
- MSWs in urban areas were more likely to be in private practice than those located in small towns and rural areas.

Employment Sector

Private practice was the most common employment sector reported by MSWs in Behavioral Health (35%), followed by the non-profit sector (33%), public sector (20%), and for-profit sector (12%). Employment distribution by sector varied with practice area, as shown below in Figure 1.

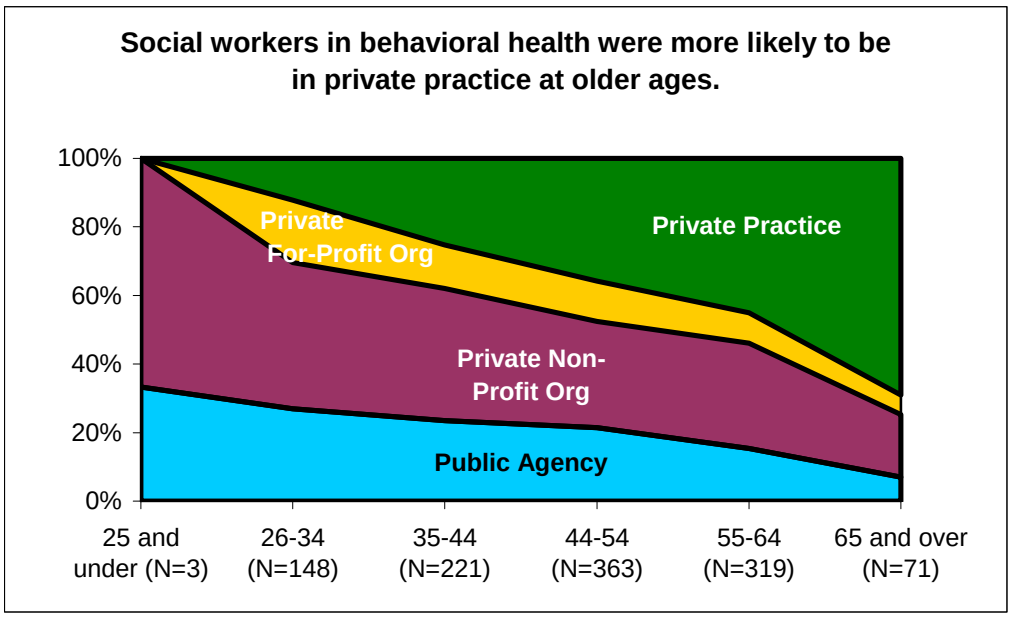
Figure 1. Employment Sector of MSWs by Practice Area and Social Workers Overall



It is notable that MSWs in Mental Health were almost four times as likely to report private practice as their employment sector as MSWs NPA (37% versus 8%). These Behavioral Health

MSWs were more likely to be older social workers, similar to the pattern seen among social workers overall.

Figure 2. Employment Sector of Behavioral Health MSWs, by Age



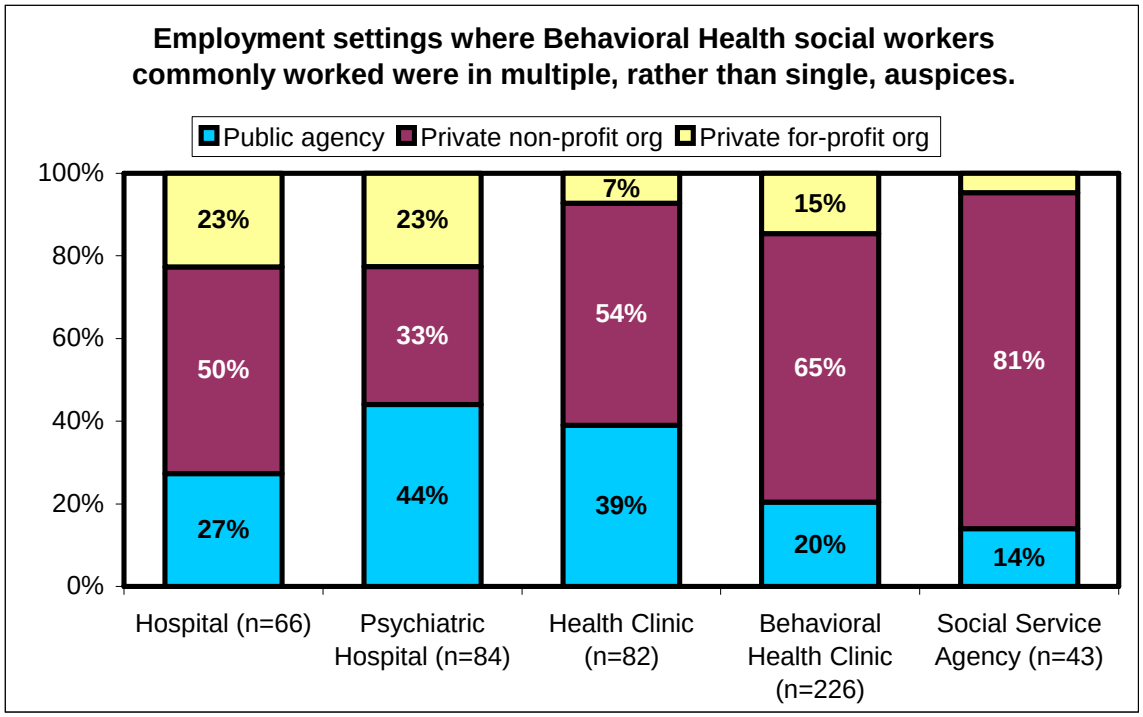
Settings

Sector by Setting

Settings can cross sectors, complicating the understanding of the distribution of licensed social work employment. For example, Figure 3 shows that half (50%) of Behavioral Health 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.

That the settings in which social workers work fall into multiple sectors demonstrates the flexibility of the profession. However, this diversity also contributes to challenges in formulating uniform policies or practices that will address the divergent missions, organizational resources, and funding sources available by setting in different sectors.

Figure 3. Sector of Employment Settings of Behavioral Health MSWs



Almost three-fifths of MSWs in Behavioral Health were employed in one of two work settings: private practice (37%) and behavioral health clinics (21%). Other common settings include health clinics (8%), psychiatric hospitals (8%), and hospitals (7%) (Table 1).

Table 1. Primary Employment Settings of Social Workers in Behavioral Health

Employment Setting	% of Respondents
Private practice	37%
Behavioral Health clinic/outpatient facility	21%
Health clinic/outpatient facility	8%
Psychiatric hospital	8%
Hospital/medical center	7%
Other	7%
Social service agency	4%
Other government agency	2%
Insurance company/HMO	2%
School	1%
Public health agency	1%
Criminal justice agency/court	1%
Employee assistance program	1%
Higher education	1%
Case mgmt. agency - other	1%

Setting by Practice Area

MSWs in Mental Health were most likely to be in private practice (37%), followed by behavioral health clinics (21%). MSWs in Addictions were most likely to be employed in behavioral health clinics (23%) followed by private practice and hospitals (both 10%).

While most social workers in Mental Health worked in one of the six most common behavioral health care settings identified in the NASW/CHWS study, it was notable that more than two-fifths (44%) of MSWs in Addictions did not. Further investigation of the career paths of social workers in this practice area will help clarify this variation.

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 were more likely to be in private practice (39% and 31%) than those in small towns and rural areas (20% and 22%). The opposite proved true for employment in behavioral health clinics.

Table 3. Percentages 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%

Among Behavioral Health MSWs working multiple jobs (25%), 40% reported private practice as their secondary employment. This translated to 8% of Behavioral Health MSWs having a second job in private practice. Interestingly, MSWs in Addictions were slightly more likely than those in Mental Health to be in private practice as a second job (13% versus 7%), although they were less likely to be in private practice in their primary employment. Reports of private practice as a second job did not vary with age or gender.

MSWs employed in health clinics were most likely to report private practice as their second job (17%), while those in hospitals were least likely to (7%).

LICENSED SOCIAL WORKERS IN BEHAVIORAL HEALTH, 2004

Chapter 5 of 7

Work Environment

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Washington, DC

March 2006

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Chapter 5. Work Environment

Summary of the Findings

- MSWs in Behavioral Health earned a slightly higher median salary than MSWs NPA.
- MSWs in Mental Health earned a higher median salary than those in Addictions ($50,681 versus $48,020).
- The gender gap in salaries was smaller for social workers in Behavioral Health than other social workers, but still significant ($6,376 versus $7,052).
- These social workers earned a higher median salary in one major behavioral health setting -- health clinics
- Social workers in Private Practice earned the highest wages among Behavioral Health MSWs, followed by those employed in hospitals. Notably, social workers employed by organizations earned significantly higher benefits than social workers who were self employed. Those in organizations appear to earn the higher total compensation.
- Social workers in metropolitan areas earned the highest salaries (median of $51,077) and those in small towns earned the lowest ($42,612).
- MSWs in Behavioral Health were as likely to be satisfied with their salaries as MSWs NPA, but they were less satisfied with benefits.
- These social workers were substantially less likely to receive most benefits than MSWs NPA.
- Behavioral Health social workers reported greater difficulty filling vacancies than social workers in other practice areas (27% versus 19%). This was a greater challenge for those in Addictions (42%) compared with social workers in Mental Health (26%).
- Behavioral health clinics and psychiatric hospitals were the settings most likely to experience vacancies that were difficult to fill.
- Almost three-fifths of MSWs in Behavioral Health (57%) faced personal safety issues on the job, slightly more than MSWs NPA (50%). Sixty-eight percent of these social workers indicated that employers adequately addressed their concerns.
- Job safety concerns were most frequently raised by social workers in psychiatric hospitals (82%), hospitals (64%) and health clinics (60%).
- Behavioral Health MSWs were more likely to be supervised by other social workers than MSWs NPA or social workers overall (55% versus 45% and 49%, respectively).
- Those in Mental Health were more likely to be supervised by another social worker than MSWs in Addictions (55% versus 49%).
- Social workers in public sector agencies were more likely to receive supervision from other social workers than those working in other employment sectors.

Wages and Benefits

MSW in Behavioral Health practice areas who worked full time for a single employer earned slightly more than MSWs NPA (a median of $50,358 versus $48,595). Those in Mental Health earned a higher median salary than MSWs in Addictions ($50,681 versus $48,020). Average salaries did not vary within the practice areas of Mental Health or Addictions with licensure in chemical dependency. As seen in Table 1, social work licensure results in increased wages for social workers overall.

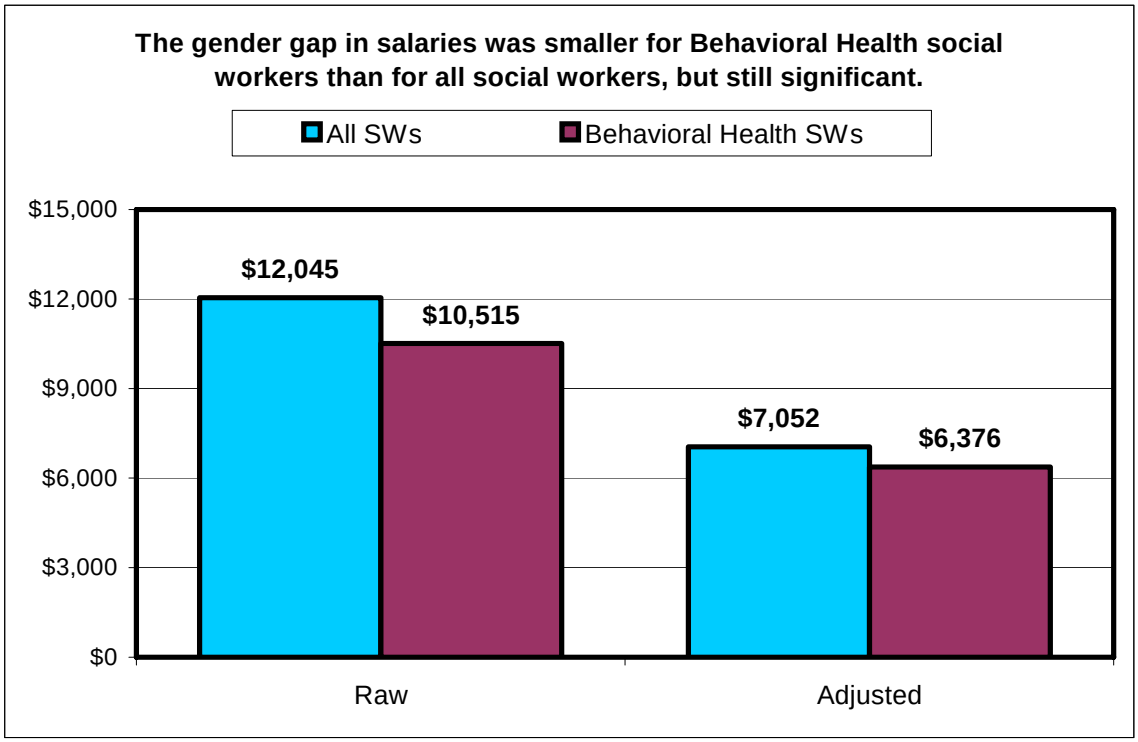
Table 1. Median Annual Salaries of Licensed Social Workers in Selected Categories, 2004

Category of Social Worker	2003 U.S. Employment	Mean Salary	Median Salary
Licensed Social Worker, BSW	37,400	$34,274	$32,356
Licensed Social Worker, MSW	249,136	$48,782	$46,825
Licensed Social Worker, DSW	6,676	$64,798	$94,314
Practice area is Mental Health (MSW only)	102,146	$56,484	$50,358
Practice area is Addictions (MSW only)	7,474	$55,225	$48,020
Not in Practice Area (MSW only)	139,516	$52,548	$48,595
Social Worker, mental health and substance abuse*	102,110	$35,860	$33,650
Social Worker, medical and public health*	103,040	$40,540	$39,160
Social Worker, child, family and school*	252,870	$37,190	$34,300

*Source for non-licensed SW salaries is Bureau of Labor Statistics

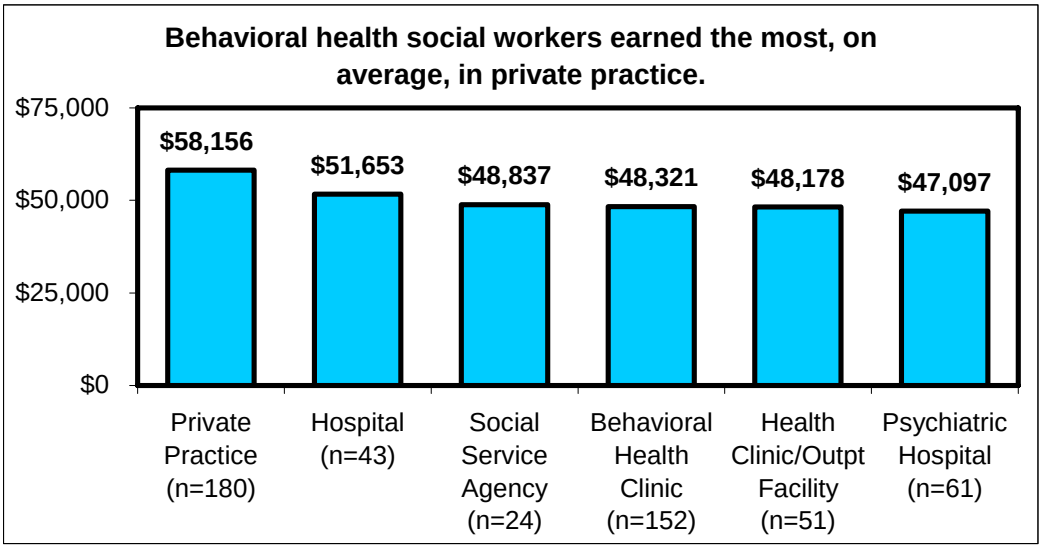
The estimated average salary for social workers working full time for one employer in Behavioral Health was $56,279, $5,080 greater than the average for all social workers. The raw difference in salary for men and women working in Behavioral Health was $10,515, with the average for 168 men at $64,367 and the average for 560 women at $53,852. The gender salary gap was reduced to $6,376 after controlling for a number of other factors including age, years of experience, highest social work degree, sector of primary employment, rural/urban location, and census division of primary employment. Figure 1 shows that both these gender gap estimates are smaller than the comparable estimates for all social workers.

Figure 1. Gender Gap in Salaries for Behavioral Health Social Workers and All Social Workers, Raw Differences and Differences Adjusted for Other Factors



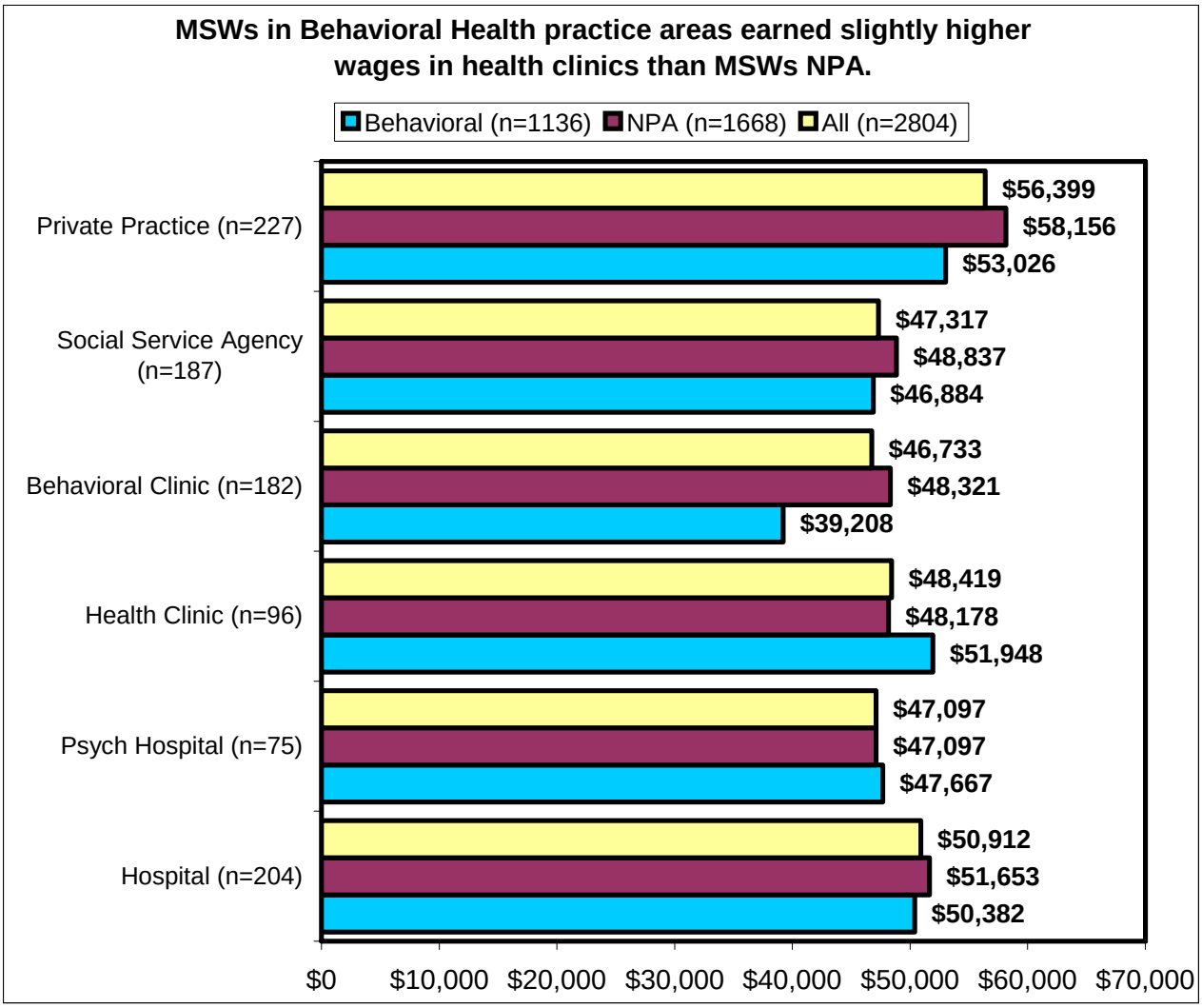
Behavioral Health MSWs employed in private practice earned the highest wages, followed by those in hospitals. Those employed in psychiatric hospitals had the lowest median salaries.

Figure 2. Median Salaries of Full-Time Behavioral Health MSWs by Employment Setting



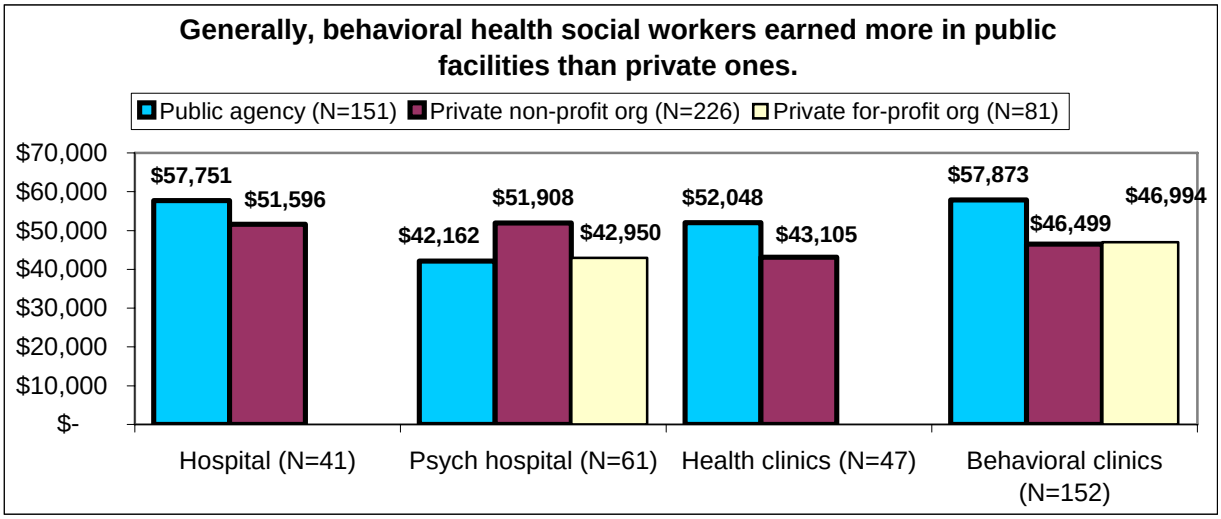
While the differences were small, MSWs in Behavioral Health generally earned lower median salaries than MSWs NPA who worked in similar settings. The exception to this was that Behavioral Health MSWs in health clinics earned more than MSWs NPA.

Figure 3. Median Salaries of Full-Time Behavioral Health MSWs, NPA MSWs, and All MSWs



As shown in Figure 4, median salaries also were seen to vary by sector. MSWs in Behavioral Health earned highest wages in public sector agencies.

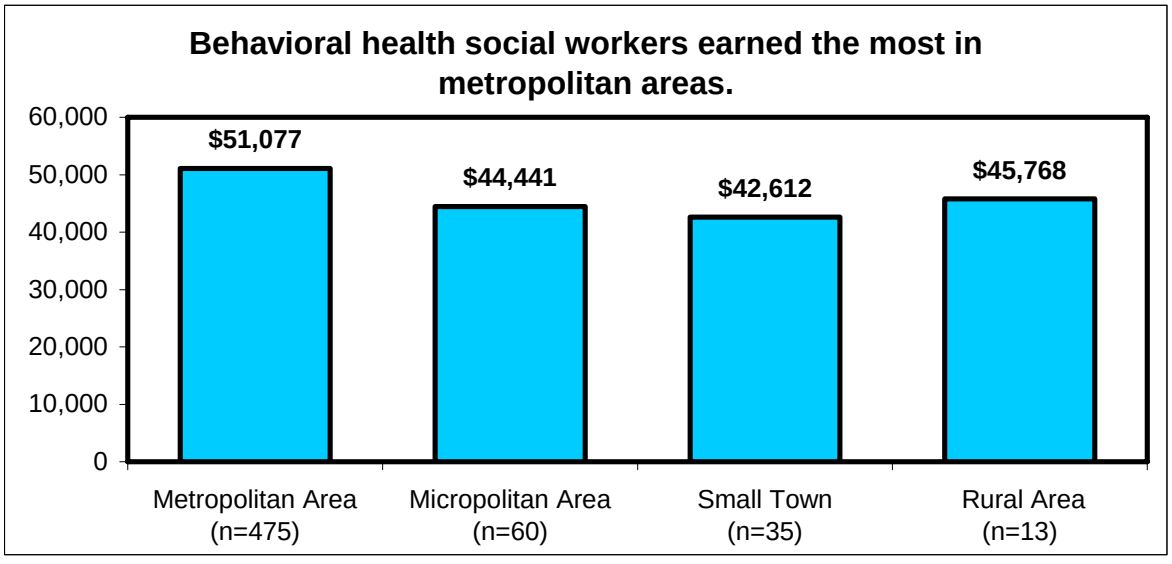
Figure 4. Median Salaries of Full-Time Behavioral Health Social Workers by Employment Setting and Sector



Note: Social service agencies are not shown because too few Behavioral Health social workers were employed in either for-profit or public agencies to allow reliable estimates of earnings.

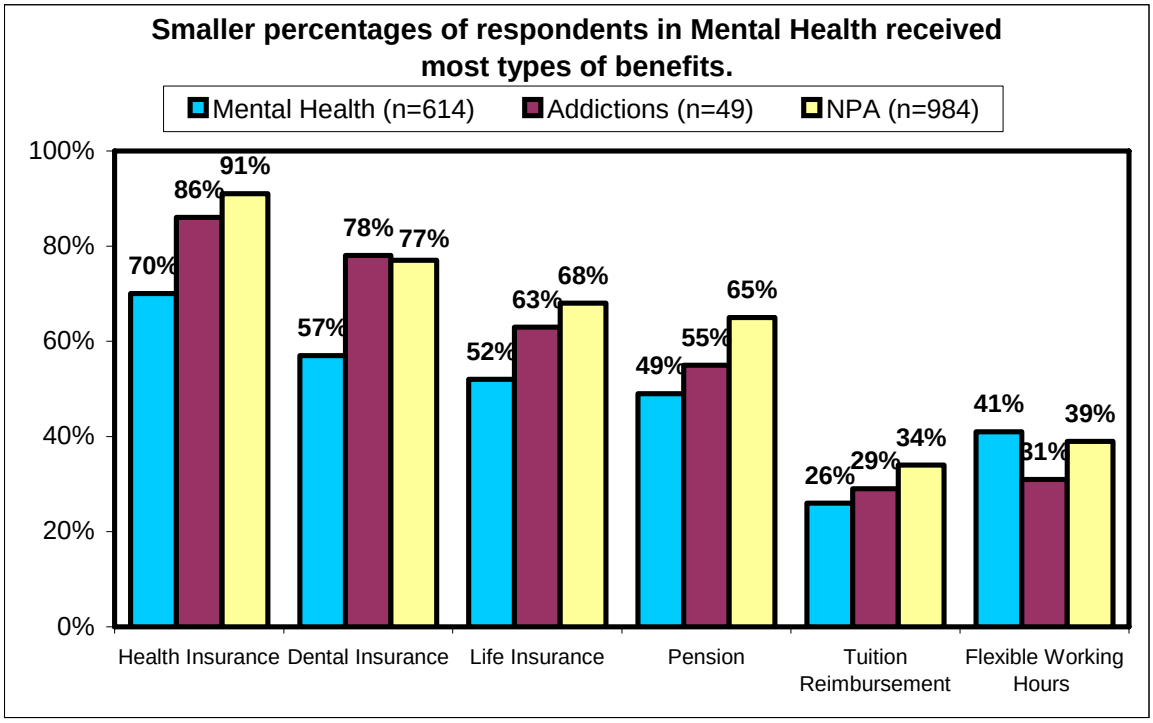
Social work salaries varied substantially by rural/urban location of practice, as shown in Figure 5.

Figure 5. Median Salaries of Full-Time Behavioral Health Social Workers by Geographic Location of Practice



MSWs in Behavioral Health were substantially less likely than MSWs NPA to receive most benefits: health insurance (71% versus 91%), dental insurance (59% versus 77%), life insurance (53% versus 68%), pension (49% versus 65%), and tuition reimbursement (26% versus 34%). Forty-one percent reported that flexible working hours were available, comparable to MSWs NPA (39%). The disparity was likely due to the fact that so many of these social workers were self-employed in private practice.

Figure 6. Benefits Received by Full-Time MSWs by Practice Area



Among social workers employed by an organization in their primary employment, hospital social workers were the most likely to receive almost all types of benefits, while social service agency social workers were the least likely to receive the full range of benefits. Few social workers in private practice reported benefits other than flexible working hours.

Table 2. Percentages of Full-Time Behavioral Health MSWs Receiving Types of Benefits, by Employment Setting

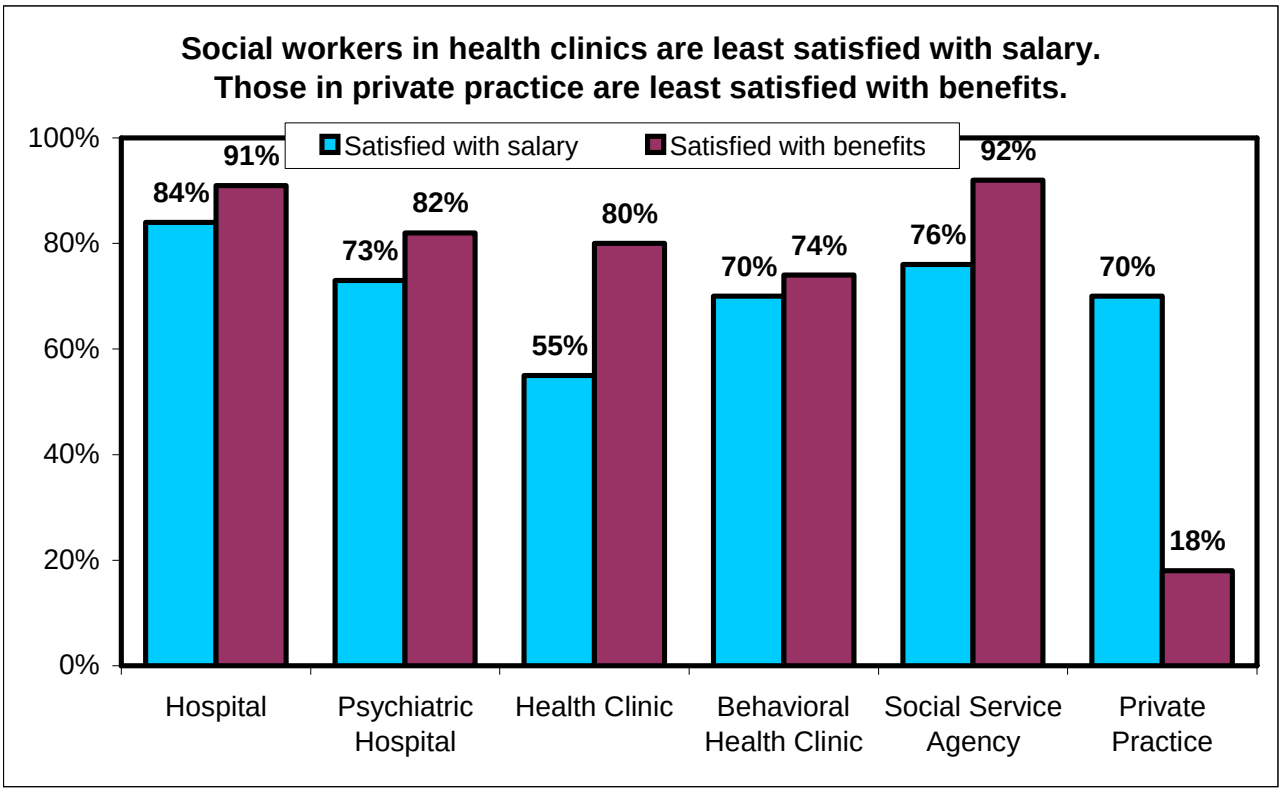
Primary Employment Setting	Health Insurance	Dental Insurance	Life Insurance	Pension	Tuition Reimburse-ment	Flexible Working Hours
Hospital (n=43)	100%	93%	81%	70%	42%	30%
Psychiatric Hospital (n=62)	97%	82%	81%	68%	45%	29%
Health Clinic/Outpt Facility (n=51)	98%	82%	57%	69%	35%	45%
Behavioral Health Clinic (n=154)	92%	77%	72%	62%	29%	48%
Social Service Agency (n=25)	92%	68%	72%	60%	24%	48%
Private Practice (n=186)	10%	3%	6%	5%	4%	41%

Satisfaction with Wages and Benefits

Seventy percent of MSWs in Behavioral Health working full time reported satisfaction with their salary, consistent with MSWs NPA (74%). Only 64 percent reported satisfaction with their benefits, however, compared to 72 percent NPA. Mental Health MSWs were more likely to be satisfied with their salaries than those in Addictions (71% versus 59%). No difference emerged by practice area in terms of satisfaction with benefits. Variations in satisfaction with salary and benefits by setting are shown below in Figure 7.

Notably, social workers in private practice earned the highest median wage among those in Behavioral Health, but the fewest benefits. Given that many organizations provide benefits valued at one fifth to one third of salary, the total compensation of those in private practice will be less than total earnings of social workers employed in many organizations.

Figure 7. Percentages of Full-Time Behavioral Health MSWs Reporting Satisfaction with Salary and Benefits, by Employment Setting



Vacancies and Outsourcing of Social Work Roles[1]

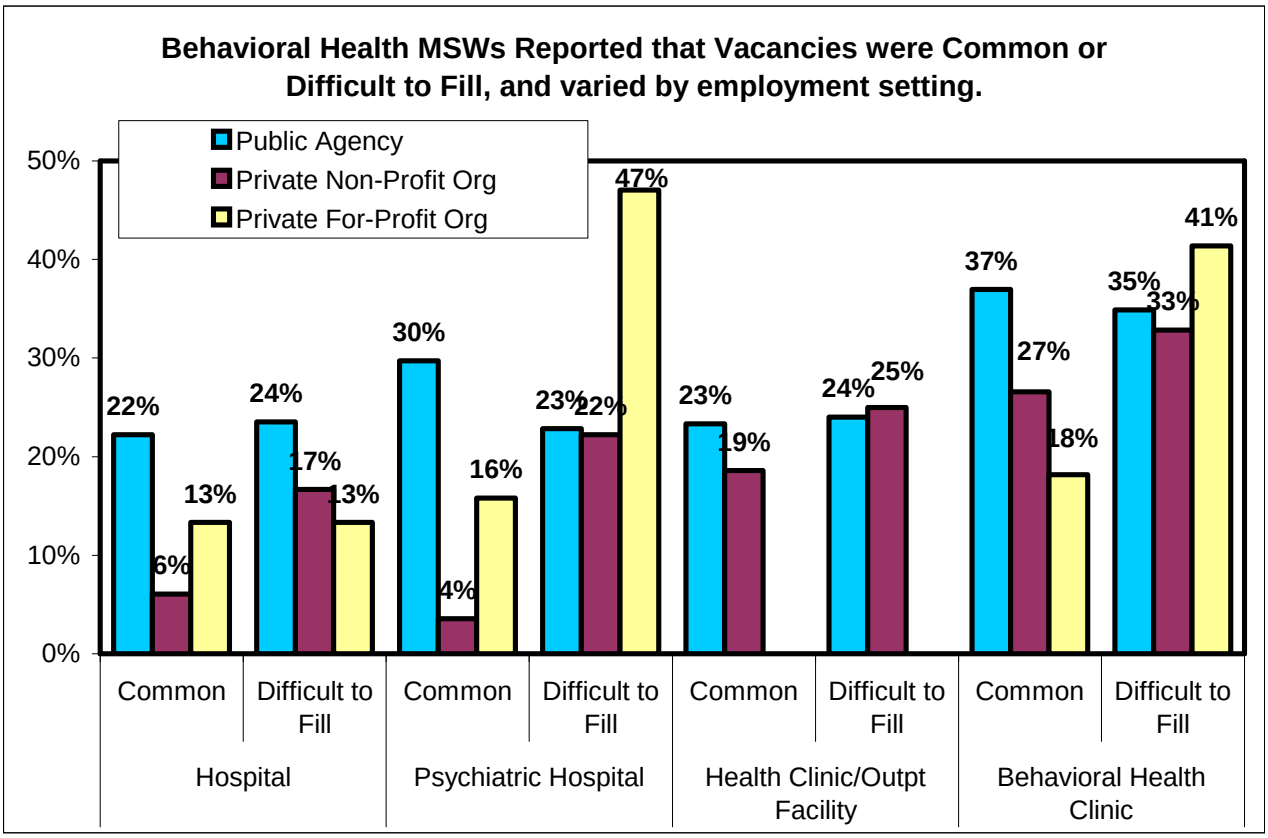
Vacancies

The percentage of MSWs in Behavioral Health reporting that vacancies were common in their agency was comparable to that of MSWs NPA (23% versus 17%). There was little difference in the reports of vacancies by those in Mental Health (23%) and Addictions (25%).

There were somewhat greater differences between Behavioral Health MSWs and MSWs NPA in terms of reporting vacancies being difficult to fill (27% versus 19%). This was a much greater problem for MSWs in Addictions (42%) than for those in Mental Health (26%). Differences in reports of vacancies and sector are presented in Figure 8.

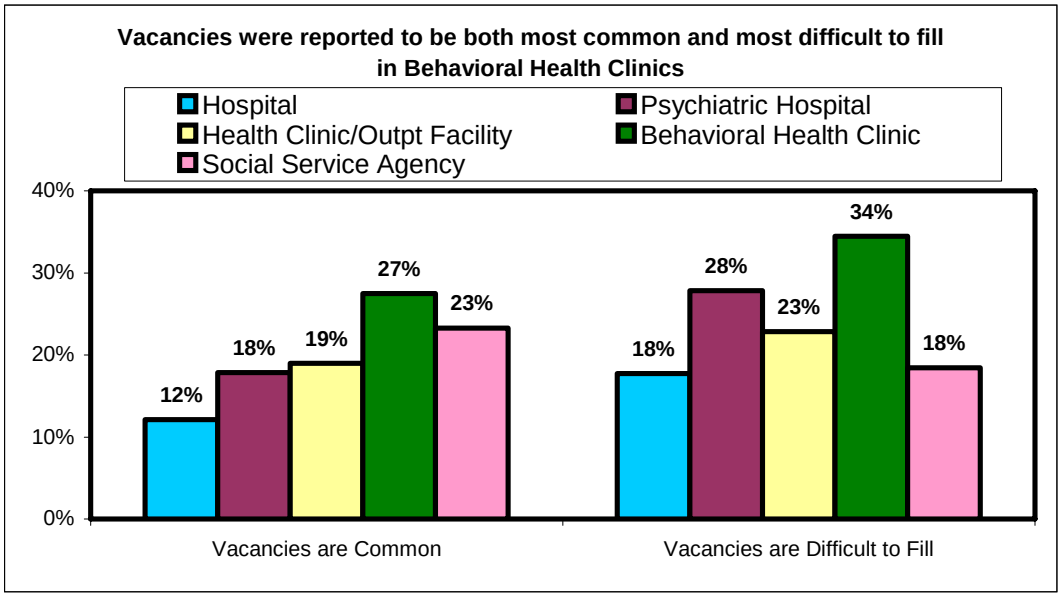
[1] Data from this section exclude those in private practice.

Figure 8. Percentages of Behavioral Health MSWs Reporting that Vacancies were Common or Difficult to Fill, by Employment Setting and Sector



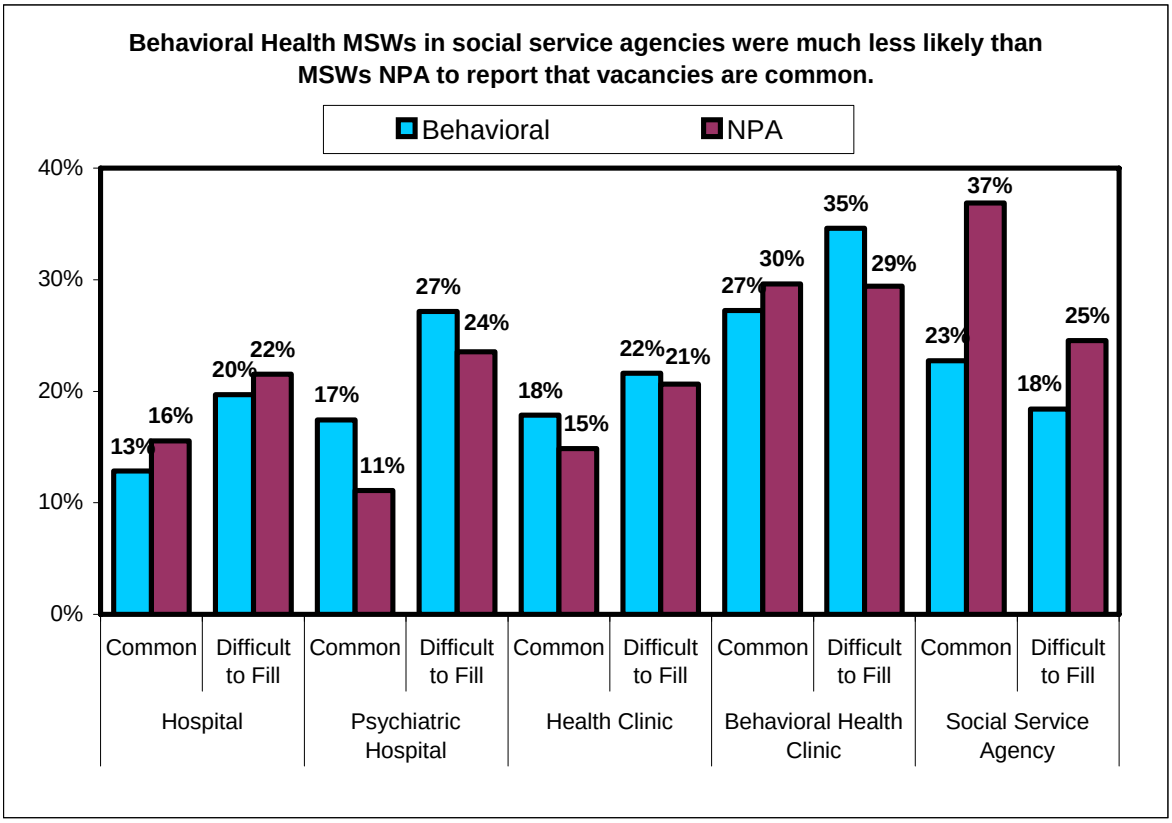
Vacancies were reported to be both most common and most difficult to fill in behavioral health clinics (27% and 34%) and least common and difficult to fill in hospitals (12% and 18%).

Figure 9. Percentages of Behavioral Health MSWs Reporting that Vacancies Were Common or Difficult to Fill, by Employment Setting



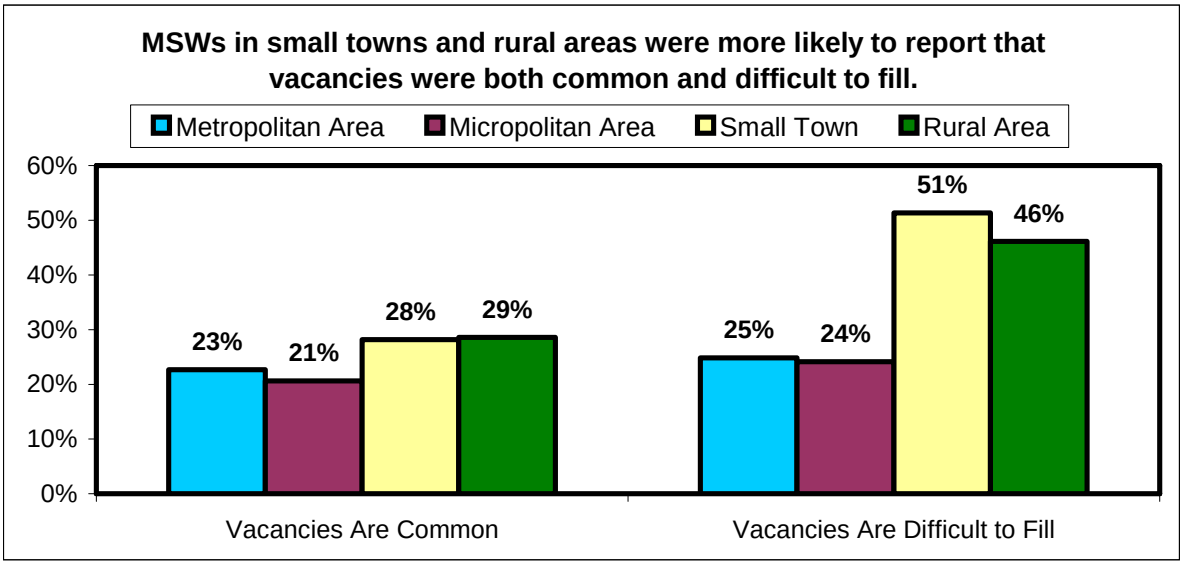
Behavioral Health MSWs' experiences of vacancies within settings differed from those in other practice areas. For example, Behavioral Health MSWs in social service agencies were much less likely than MSWs NPA to report that vacancies were common (23% versus 37%), while those in psychiatric hospitals were more likely to say so (17% versus 11%).

Figure 10. Percentages of Behavioral Health MSWs Versus MSWs NPA Reporting that Vacancies were Common or Difficult to Fill, by Employment Setting



There were also variations in experiences of vacancies by rural/urban location of practice as shown in Figure 11. MSWs in small towns and rural areas were more likely to report vacancies as both common and difficult to fill.

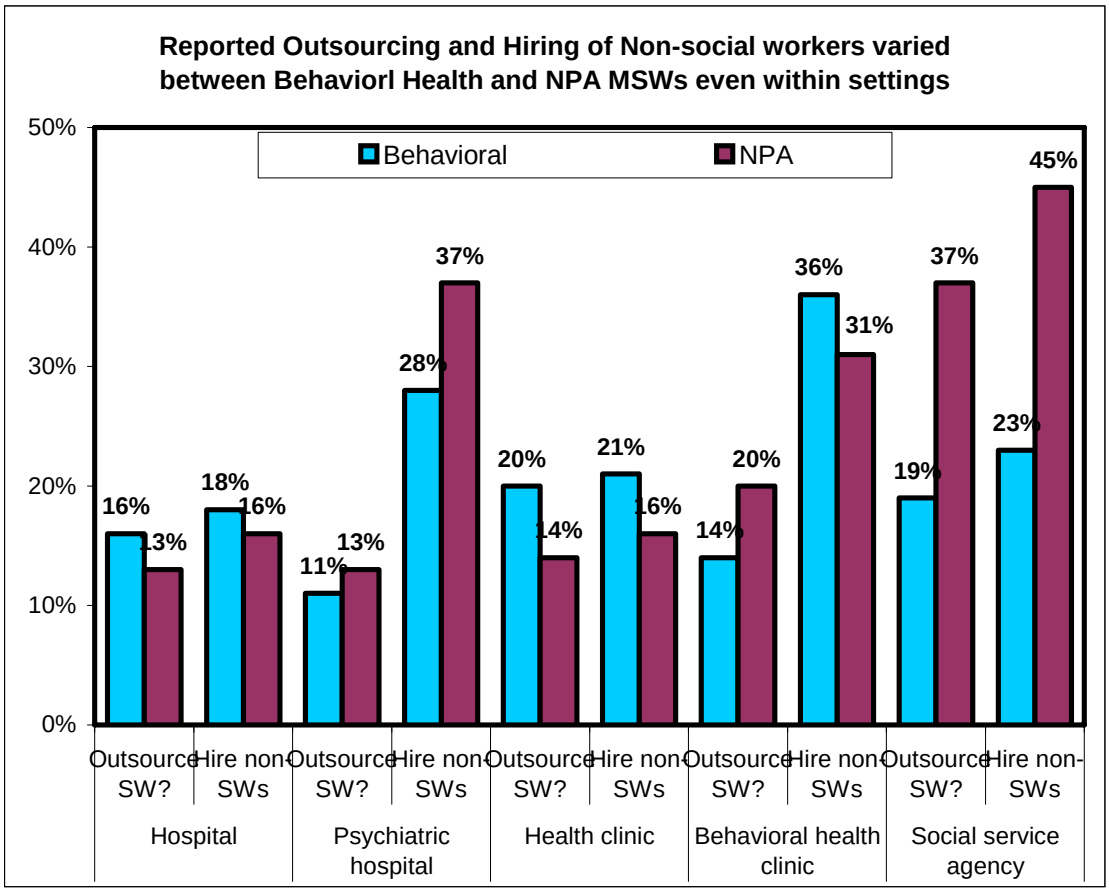
Figure 11. Percentages of Behavioral Health MSWs Reporting that Vacancies were Common or Difficult to Fill, by Geographic Location of Practice



Outsourcing and Hiring of Non-Social Workers to Fill Social Work Positions

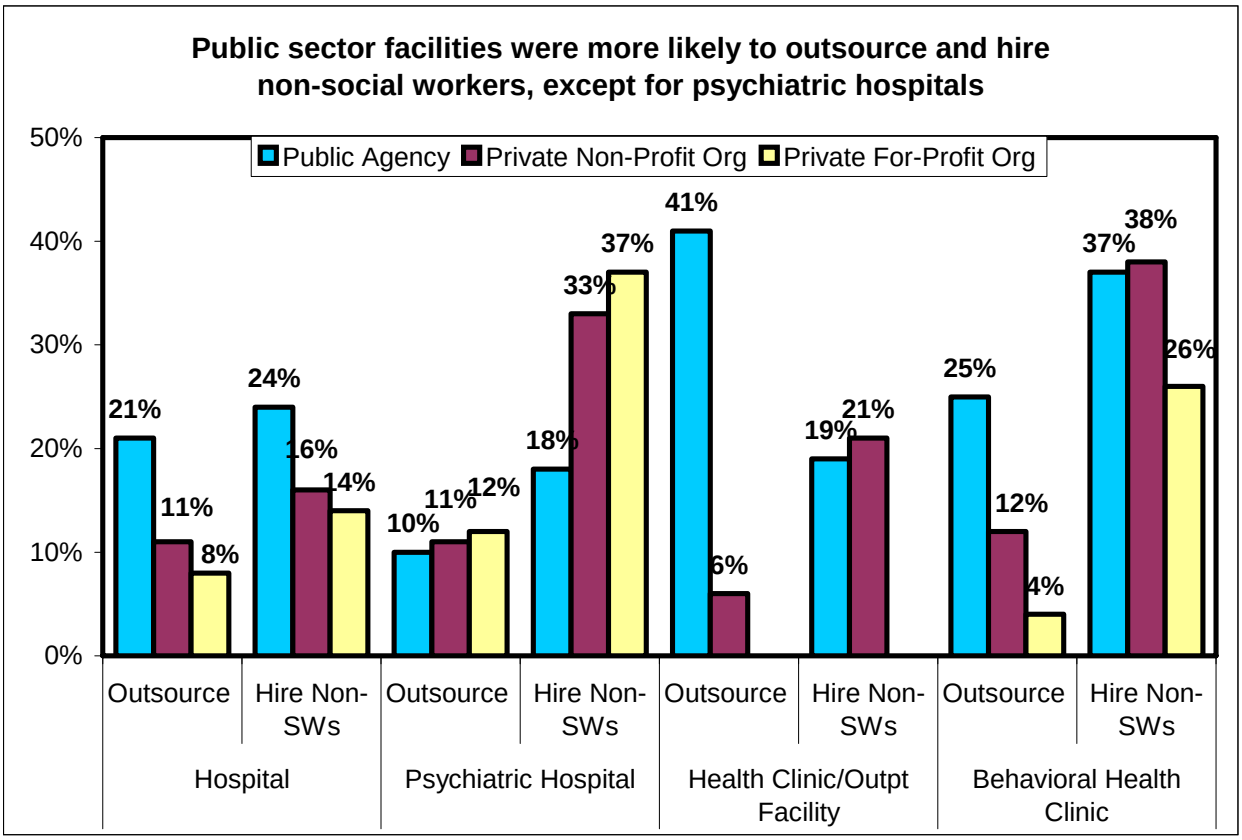
MSWs in Behavioral Health were slightly less likely than either MSWs NPA or social workers overall to report that their agencies outsourced social work roles (15% versus 19% and 20%, respectively). MSWs did not differ across practice areas in reporting that their agencies hired non-social workers to fill social work roles (both 24%), but they were slightly less likely to report this practice than licensed social workers overall (27%)

Figure 12. Percentages of Behavioral Health MSWs and MSWs NPA Reporting Hiring of Non-Social Workers or Outsourcing of Social Work Functions, by Employment Setting



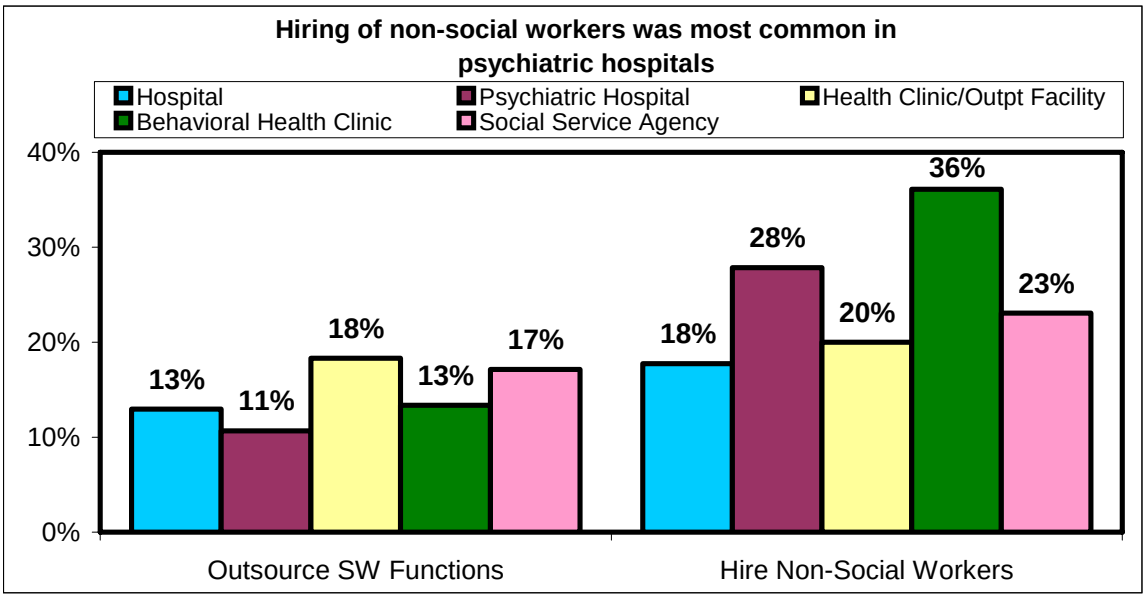
There were variations in reports of outsourcing social work functions and hiring non-social workers for social work positions by sector within settings, as seen in Figure 13.

Figure 13. Percentages of Behavioral Health MSWs Reporting Hiring of Non-Social Workers or Outsourcing of Social Work Functions, by Employment Setting and Sector



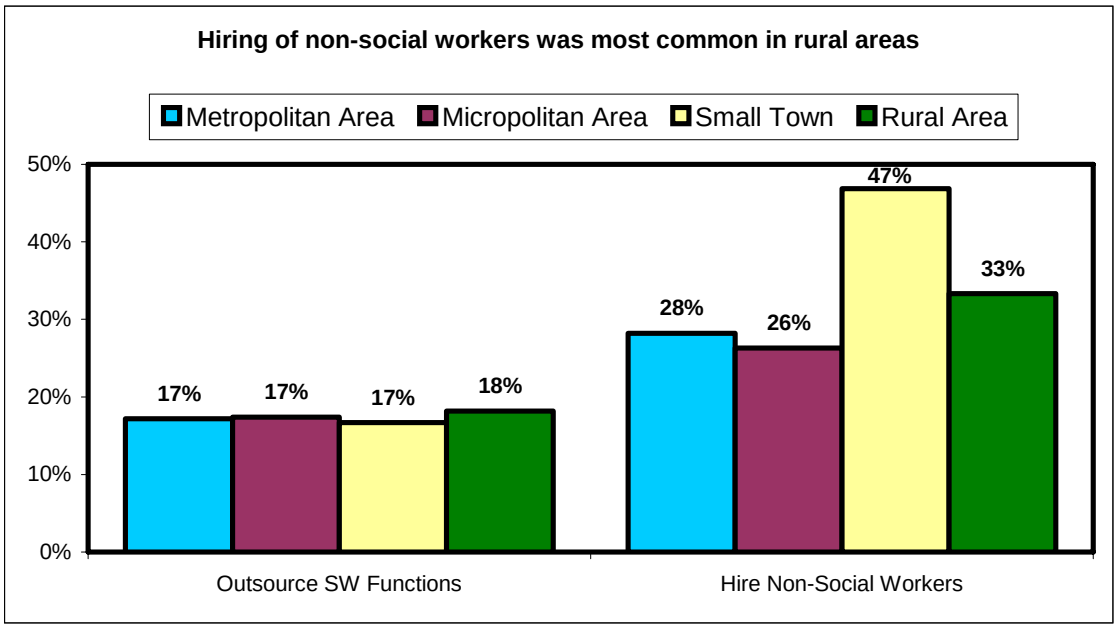
Reports of outsourcing social work functions were most common in health clinics (18%) and least common in psychiatric hospitals (11%). Reports of hiring of non-social workers to fill social work roles were most common in behavioral health clinics (36%) and least common in hospitals (18%).

Figure 14. Percentages of Behavioral Health MSWs Reporting Hiring of Non-Social Workers or Outsourcing of Social Work Functions, by Employment Setting



Reports of outsourcing did not vary with the location of practice. However, MSWs in Behavioral Health practicing in small towns and rural areas were much more likely to report that their agencies filled social work positions with non-social workers, as shown in Figure 15.

Figure 15. Percentages of Behavioral Health MSWs Reporting Hiring of Non-Social Workers or Outsourcing of Social Work Functions, by Geographic Location of Practice



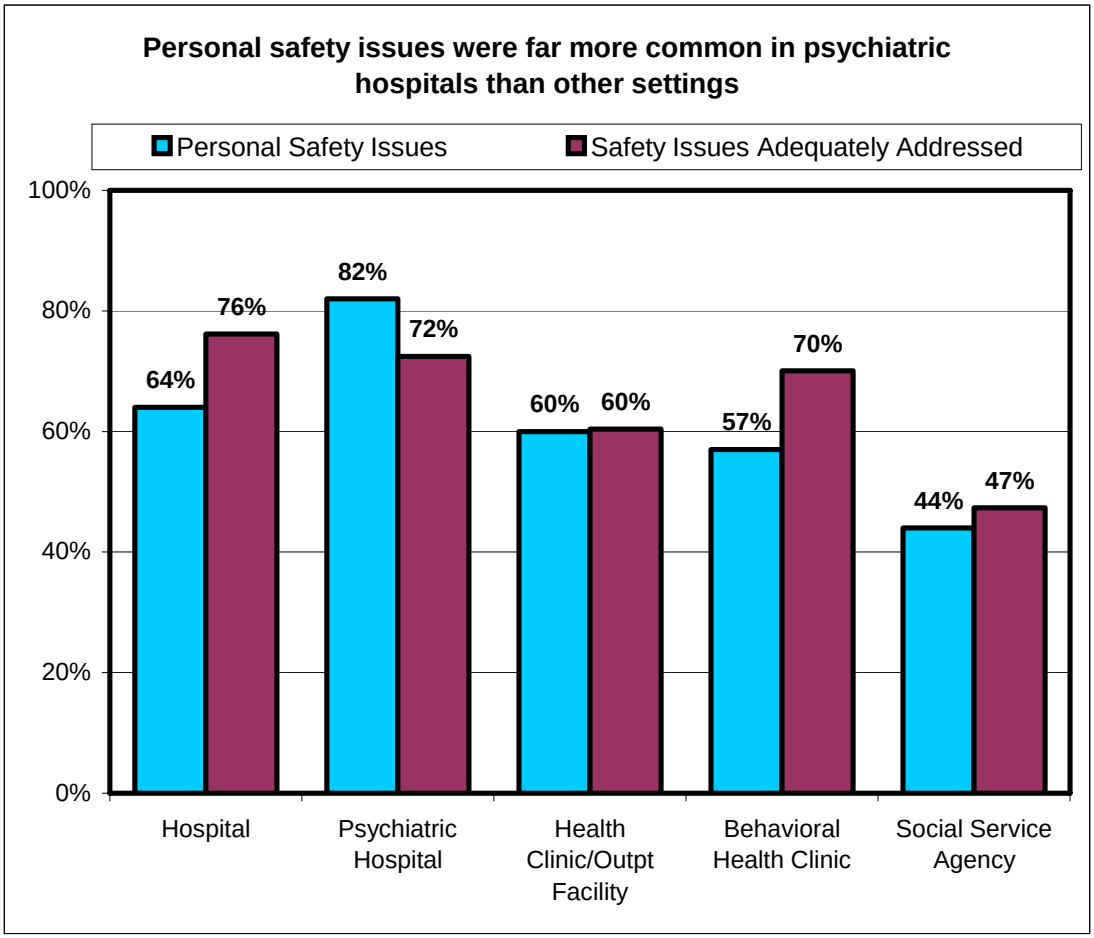
Job Safety[2]

MSWs in Behavioral Health were more likely than those NPA to report facing personal safety issues on the job (57% versus 50%). Sixty-eight percent of those who experienced such issues reported that these issues were adequately addressed by their employer, similar to social workers overall.

Mental Health social workers were slightly more likely than those in Addictions to report facing personal safety issues (58% versus 53%), but were also slightly more likely to report that these issues were adequately addressed (68% versus 64%).

Social workers in psychiatric hospitals were most likely to report personal safety issues (82%), while those in social service agencies were least likely to (44%). Hospital social workers were most likely to say that their safety issues were adequately addressed (76%), while those in social service agencies were least likely to (47%).

Figure 16. Percentages of Behavioral Health MSWs Faced with Personal Safety Issues on the Job and (If Yes) Percent Reporting that Issues were Adequately Addressed by the Employer, by Employment Setting

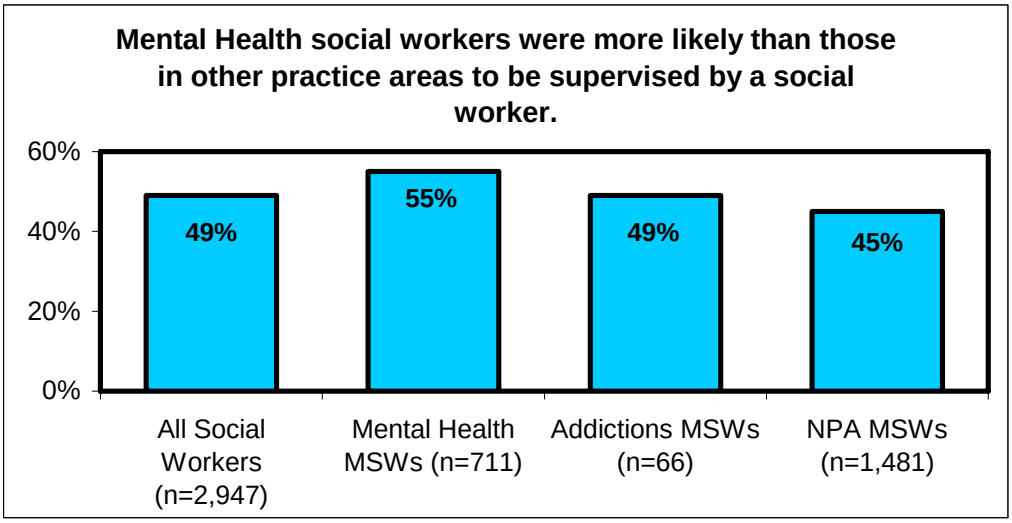


[2] Data from this section exclude those in private practice.

Supervision by Social Workers[3]

Fifty-five percent of Behavioral Health MSWs were supervised by a social worker, compared to 45% of MSWs NPA and 49% of social workers overall. Fifty five percent of MSWs in Mental Health and 49% of those in Addictions were supervised by a social worker.

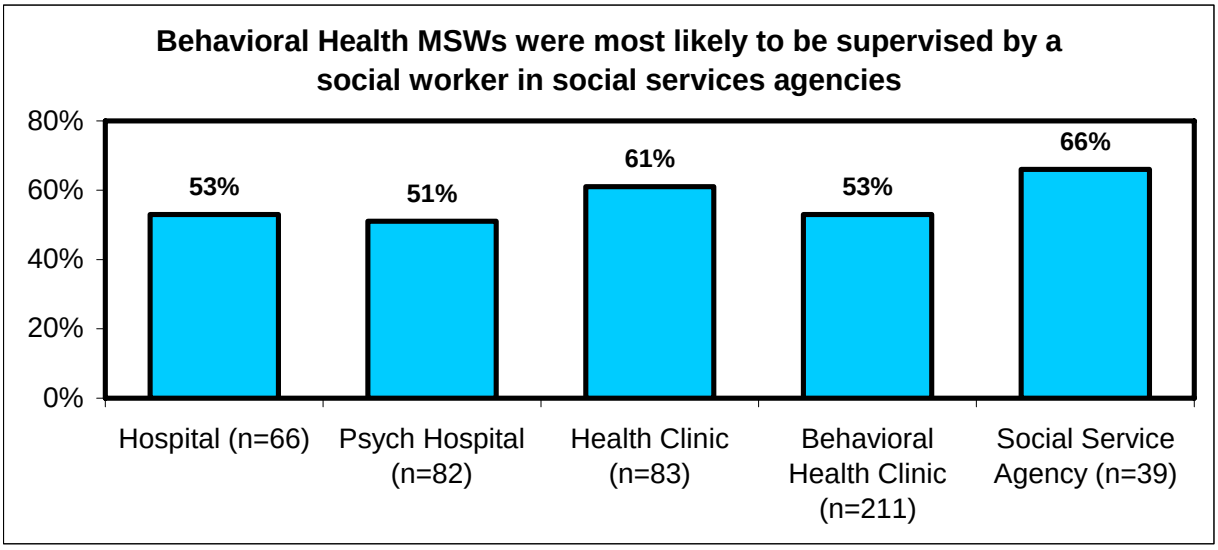
Figure 17. Percentages Reporting Supervision by a Social Worker, by Practice Area



Social workers employed in public agencies were slightly more likely to be supervised by a social worker (59%) than those working in non-profit or for-profit settings (52% and 54%, respectively). Figure 18 shows that MSWs in Behavioral Health who worked in social service agencies (66%) and health clinics (61%) were most likely to report being supervised by a social worker.

[3] Data from this section exclude those in private practice.

Figure 18. Percentages of Behavioral Health MSWs Reporting Supervision by a Social Worker, by Employment Setting

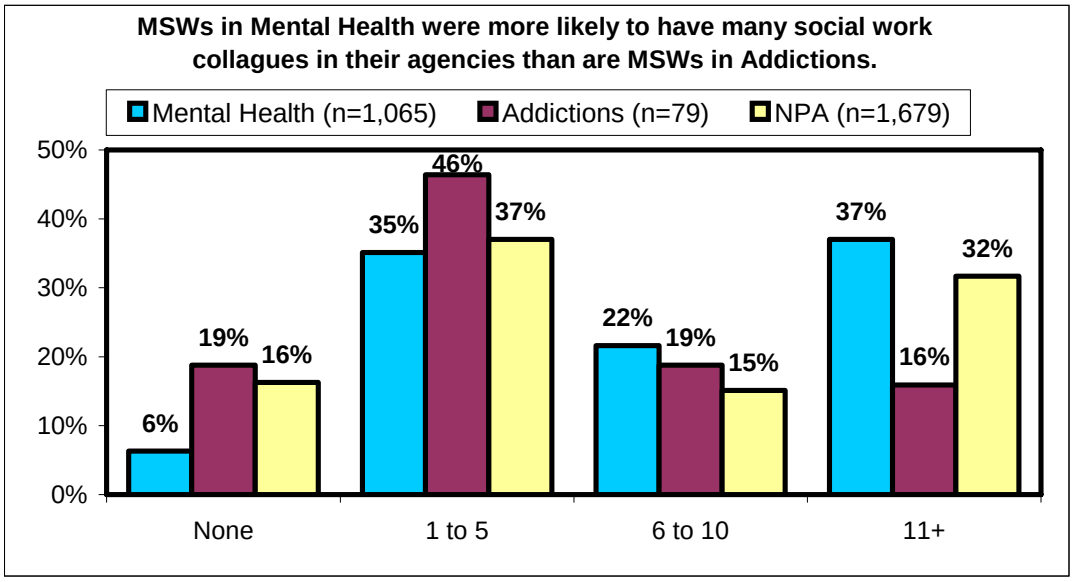


Work with Other Social Workers in Organizational Settings[4]

Social workers were asked about connections to other social workers in the 2004 NASW/CHWS survey to better understand their practice experiences. Thirty-six percent of Behavioral Health MSWs worked with one to five other social workers, 21% worked with six to ten other social workers, and 35% worked with 11 or more. Only 8% did not work with other social workers in their primary employment setting, half the percentage reported for MSWs NPA. Differences by practice area are shown in Figure 19.

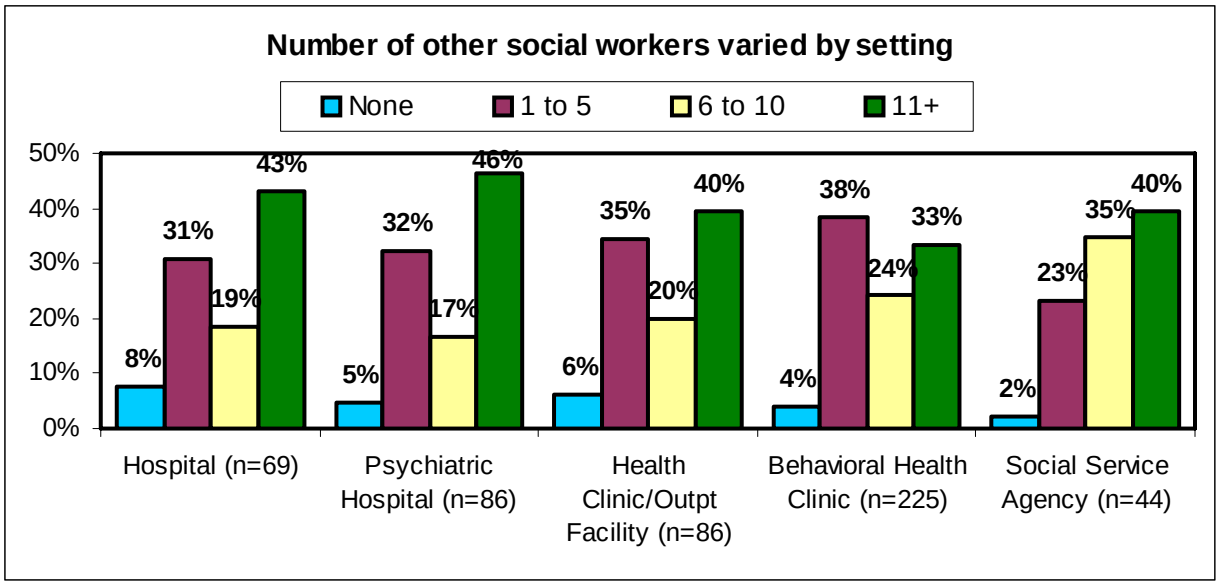
[4] Data from this section exclude those in private practice.

Figure 19. Number of Other Social Workers at Primary Job Site, by MSW Practice Area



The vast majority of social workers had some social work colleagues at work, regardless of setting. Those employed in psychiatric hospitals were most likely to report working with more than ten other social workers (46%), while those in behavioral health clinics were least likely to (33%).

Figure 20. Number of Other Social Workers at Primary Job Site of Behavioral Health MSWs, by Employment Setting



Agency Participation in Professional Activities[5]

Student internships (74%) and professional development programs (73%) were the most common professional activities in organizations in which MSWs in Behavioral Health work. Their reports about their agencies' practices did not differ from those of MSWs NPA. Participation in specific professional activities varied by setting, as seen in Table 3.

Table 3. Employer Participation in Professional Activities by Employment Setting

Primary Employment Setting	Demonstration Programs	Clinical Research	Student Internships	Best Practices Training	Program Evaluation Research	Professional Development
Hospital	8%	35%	76%	36%	30%	73%
Psychiatric Hospital	18%	37%	82%	37%	33%	75%
Health Clinic/Outpatient Facility	20%	23%	76%	30%	33%	63%
Behavioral Health Clinic	18%	17%	80%	42%	33%	72%
Social Service Agency	16%	21%	81%	37%	30%	86%

Agency Support and Guidance[6]

Seventy percent of MSWs in Behavioral Health reported respect and support for social work services from their agencies, as well as support and guidance from their supervisors. More than three-quarters (77%) reported that they received and/or provide assistance with issues of ethical practice. This was consistent with the findings for social workers overall (66%, 67%, and 75% respectively). Social workers in Mental Health were slightly more likely to feel that social work services were respected and supported in their agency than those in Addictions (70% versus 65%). Support from a supervisor and assistance with issues of ethical practice did not vary by practice area.

There was substantial variation in perspectives by setting, however. MSWs in behavioral health clinics were the most likely to agree that there was respect and support for social work services in their agencies, that they receive support and guidance from their supervisors, and that they received and/or provided assistance with issues of ethical practice. Those in psychiatric hospitals were least likely to agree with any of these statements.

[5] Data from this section exclude those in private practice.
[6] Data from this section exclude those in private practice.

Table 4. Percentages of Behavioral Health MSWs Reporting Support and Guidance, by Employment Setting

	Hospital	Psychiatric Hospital	Health Clinic	Behavioral Health Clinic	Social Service Agency
Respect/ support for social work services	61%	57%	72%	76%	70%
Support/ guidance from supervisor	65%	61%	64%	72%	65%
Receive/ provide assistance with ethical issues	74%	71%	73%	79%	78%

LICENSED SOCIAL WORKERS IN BEHAVIORAL HEALTH, 2004

Chapter 6 of 7

Who Do Social Workers Serve?

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Chapter 6. Who Do Social Workers Serve? A Demographic Overview of Clients

Summary of the Findings

- A majority of MSWs in Behavioral Health carried caseloads that were predominantly female (54%).
- MSWs in Mental Health had a higher percentage of predominantly female caseloads than MSWs in Addictions or MSWs NPA (54% versus 14% and 43%).
- Behavioral Health social workers were more likely to serve predominantly non-Hispanic White caseloads than social workers overall (65% versus 57%).
- MSWs in Mental Health were more likely to carry predominantly non-Hispanic White caseloads than MSWs in Addictions (66% versus 51%).
- Few carry caseloads that were predominantly from any single minority group.
- MSWs in Behavioral Health served clients from multiple age groups.
- Approximately three-fifths carry caseloads that were predominantly adults who are 22 to 55 years of age.
- Private insurance was the most common source of health coverage for clients.
- Clients of MSWs in Behavioral Health were significantly more likely to receive health coverage through private insurance (42%) than those served by MSWs NPA (17%) or social workers overall (24%).
- MSWs in Mental Health were twice as likely as those in Addictions to report private insurance as the most common source of clients' health coverage (44% versus 23%).
- Approximately one-third of Behavioral Health social workers' clients had health coverage through publicly funded programs: Medicaid, 32%, and Medicare, 6%.
- Approximately one-third of clients of MSWs in Addictions were uninsured.
- MSWs in Behavioral Health served clients with a broad range of diagnoses.
- More than half saw "many clients" with diagnoses of psychosocial stressors (87%), mental illness (60%), and affective conditions (56%).
- Ninety-five percent of MSWs in Addictions reported serving clients with substance abuse conditions, compared with 29% of those in Mental Health.
- Types of presenting problems, as well as the frequency of having many clients diagnosed with specific conditions, varied by setting.
- MSWs in psychiatric hospitals reported seeing a higher percentage of clients with diagnoses of mental illness (95%) and affective disorders (63%) than MSWs in other settings.

- MSWs in health clinics or behavioral health clinics reported serving a higher percentage of clients with psychosocial stressors (both 95%) than MSWs in other settings.
- While MSWs in hospitals were most likely to report that mental illness and affective disorders were the most common presenting problems in their caseloads (both 82%), they were the social workers most likely to serve clients with substance abuse conditions (65%).

Demographics

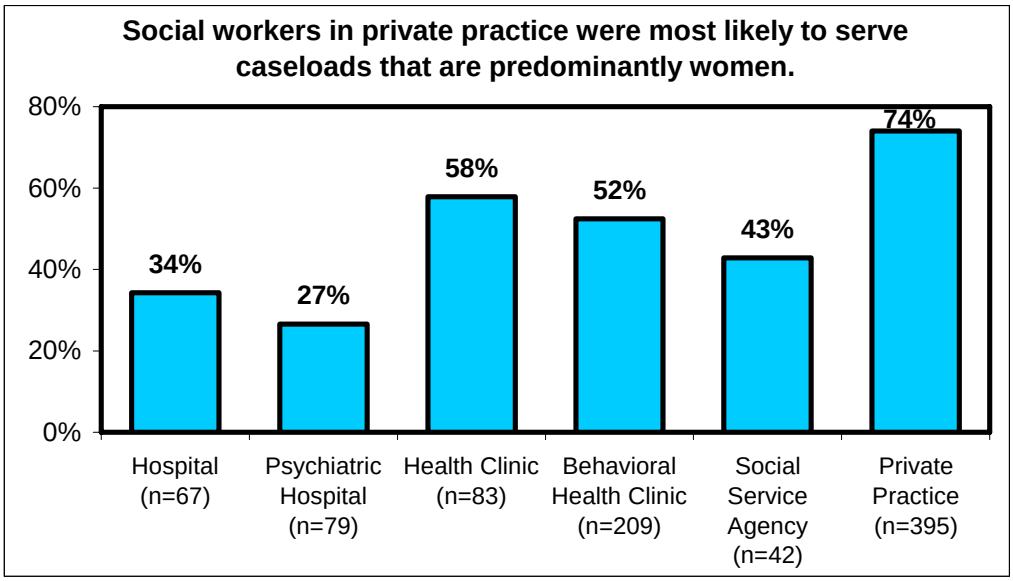
Gender

Fifty-four percent of licensed MSWs in Behavioral Health served caseloads that were predominantly female, compared to 47 percent of social workers overall. This varied quite dramatically by practice area: fifty-seven percent of social workers in Mental Health carried predominantly female caseloads, while only 14 percent of social workers in Addictions and 43 percent NPA did.

There was also dramatic variation in the gender of clients by setting, as shown in Figure 1.

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

Figure 1. Percentages of Behavioral Health MSWs Serving Predominantly Female Caseloads, by Employment Setting

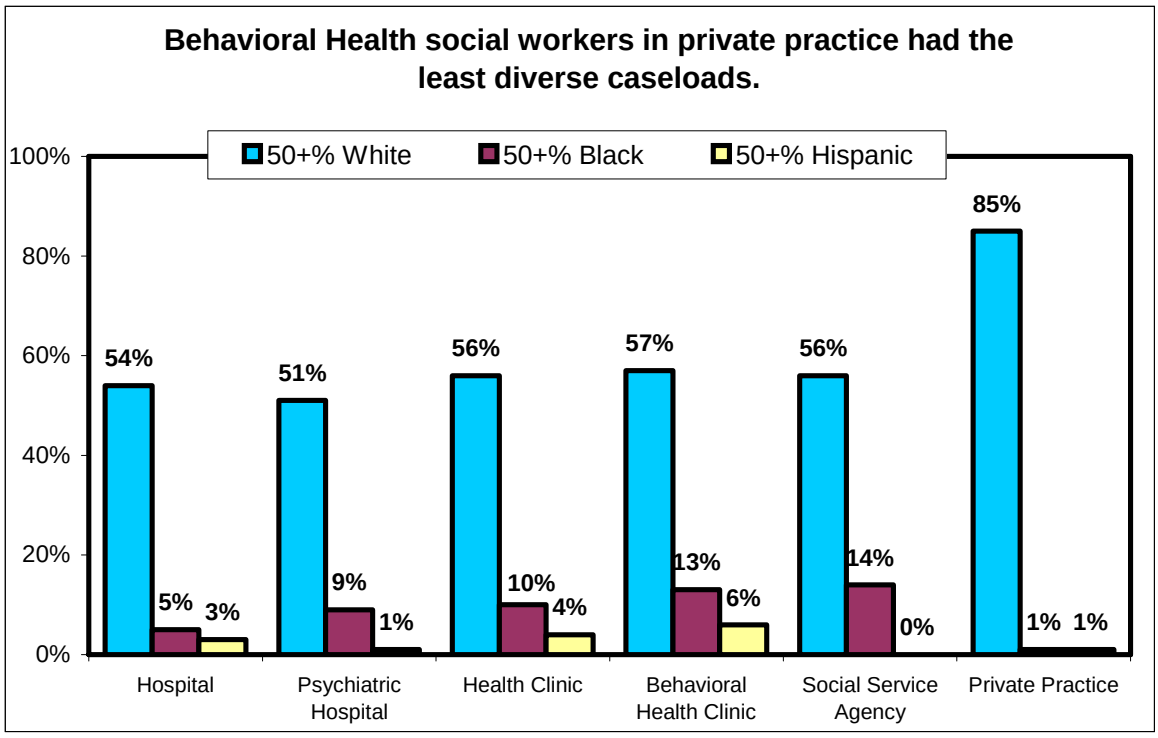


Race/Ethnicity

MSWs in Behavioral Health carried caseloads that were less diverse than those of social workers overall: sixty-five percent served caseloads that were predominantly non-Hispanic White, compared to 57 percent of social workers overall. Those in Mental Health were more likely to carry predominantly non-Hispanic White caseloads than MSWs in Addictions or MSWs NPA (66% versus 51% and 49%).

Few MSWs in Behavioral Health carried caseloads that were predominantly any *single* minority group: six percent had caseloads that were predominantly Black/African-American, and 3% had caseloads that were predominantly Hispanic/Latino. One percent (1%) carried 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%).

Figure 2. Percentages of Behavioral Health MSWs Serving Predominantly White, Black, or Hispanic Caseloads, by Employment Setting

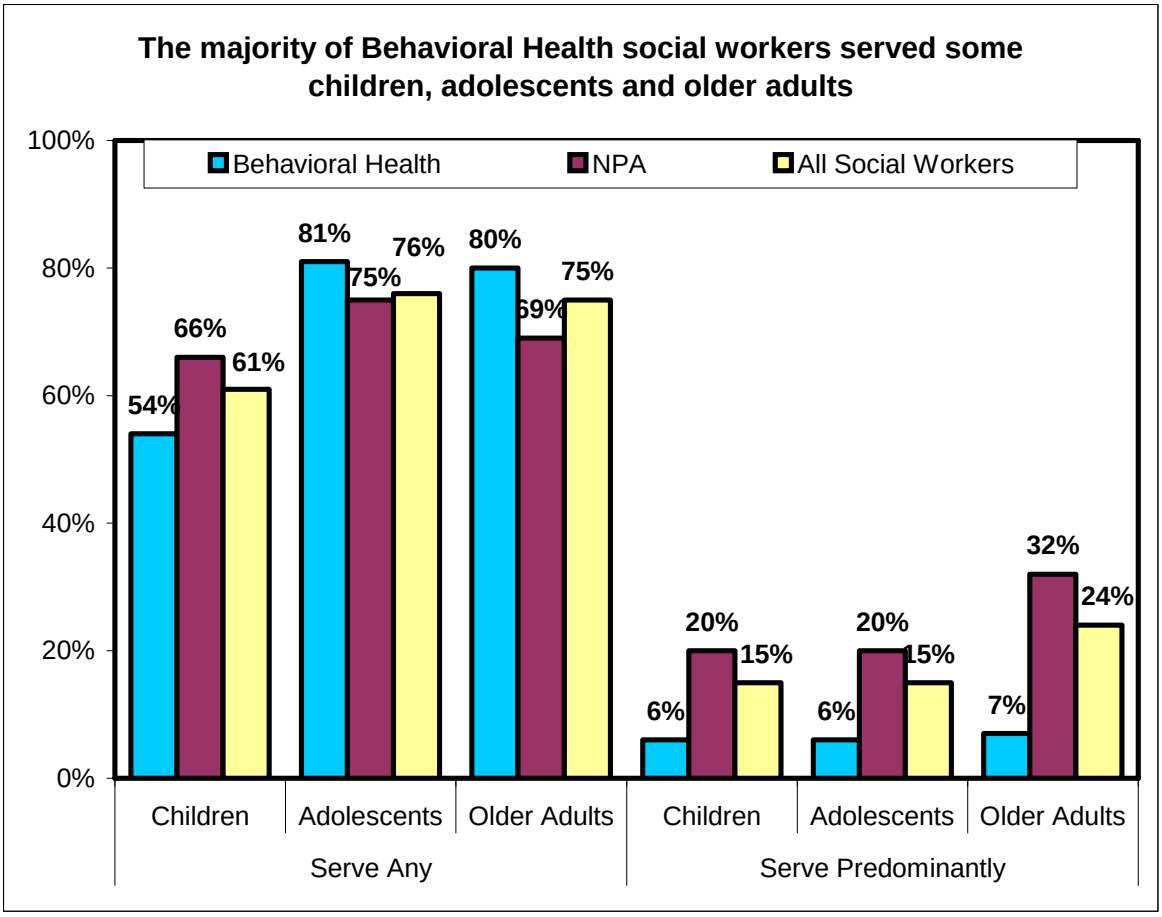


Age

A majority of MSWs in Behavioral Health served clients from multiple age groups. Fifty-four percent saw some children, 81 percent saw some adolescents, 94 percent saw some adults age 22-54, and 80 percent saw some adults age 55 and older. 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-eight percent of these MSWs carried caseloads that were predominantly clients age 22-54; 7 percent saw predominantly adults age 55 and older; 6 percent saw predominantly children and another 6 percent saw predominantly adolescents. Although Behavioral Health MSWs were more likely than social workers overall or MSWs NPA to be involved with some members of special populations such as children, adolescents, and older adults, they were less likely to serve caseloads that were predominantly composed of these populations.

Figure 3. Percentages of Social Workers Serving Any or Predominantly Special Age Populations, Behavioral Health MSWs Versus MSWs NPA, and All Social Workers

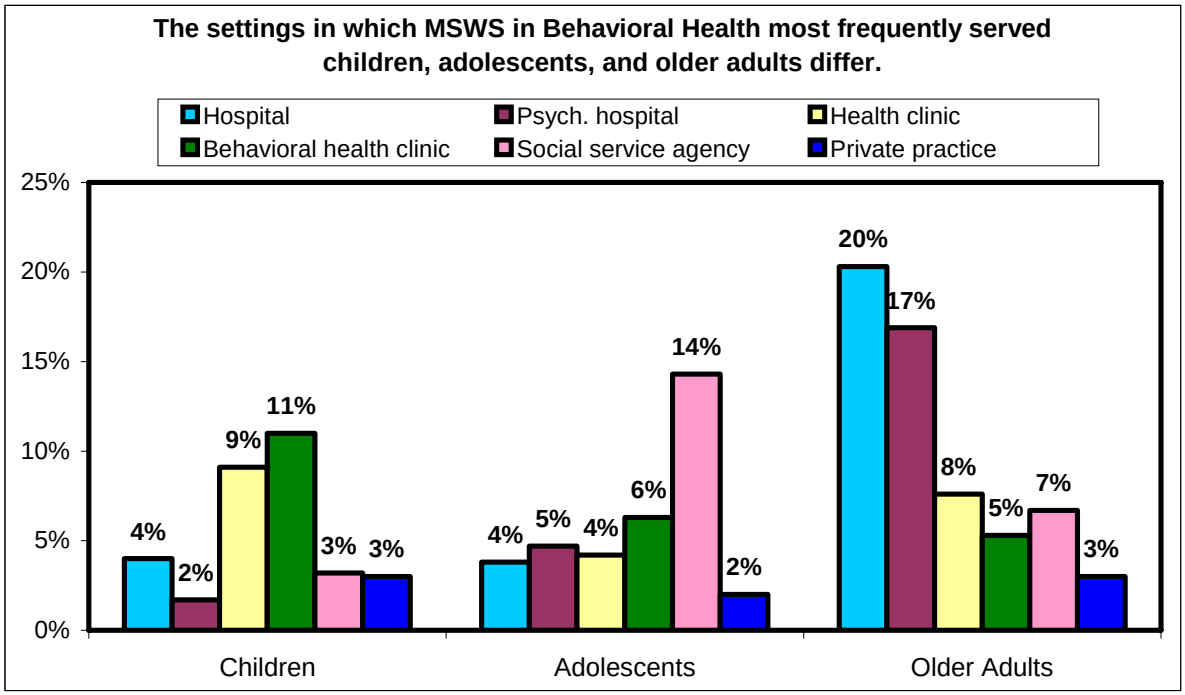


Mental Health social workers were more likely than those in Addictions to carry caseloads that were predominantly children (7% versus 0%), slightly less than those in Addictions to have caseloads that were predominantly adolescents (6% versus 9%) or adults (57% versus 71%); and equally likely to have seen predominantly older adults (7%).

Settings were associated with predominant client caseloads. Behavioral Health social workers were most likely to carry caseloads that were predominantly children in behavioral health clinics (11%), followed by health clinics (9%). MSWs in social service agencies were most likely to carry predominantly adolescent caseloads (14%), while those in hospitals and psychiatric

hospitals were most likely to carry caseloads that were predominantly older adults (20% and 17%).

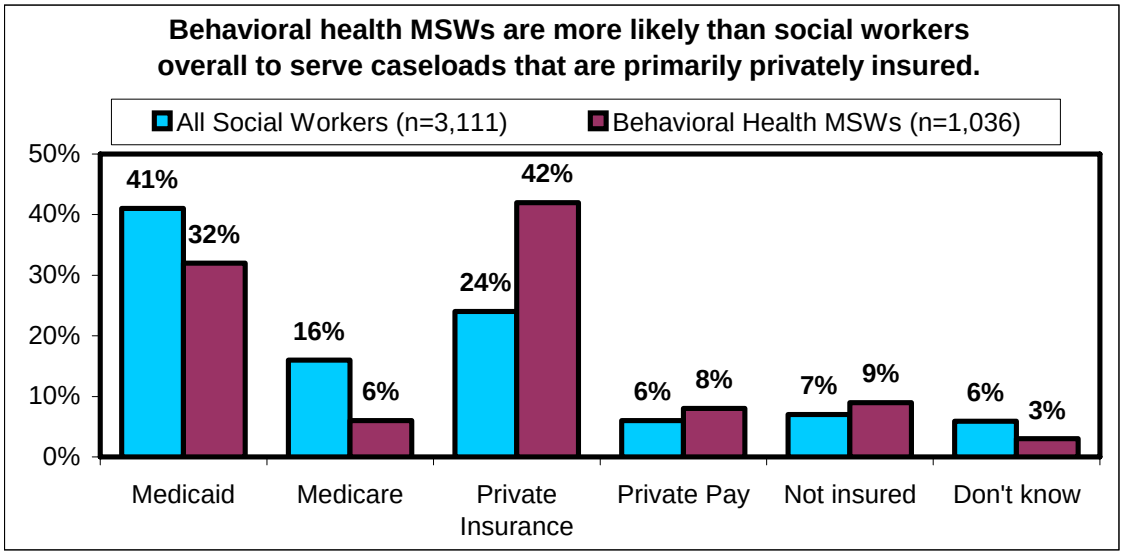
Figure 4. Percentages of Behavioral Health MSWs Serving Predominantly Special Age Populations, by Employment Setting



Health Care Coverage

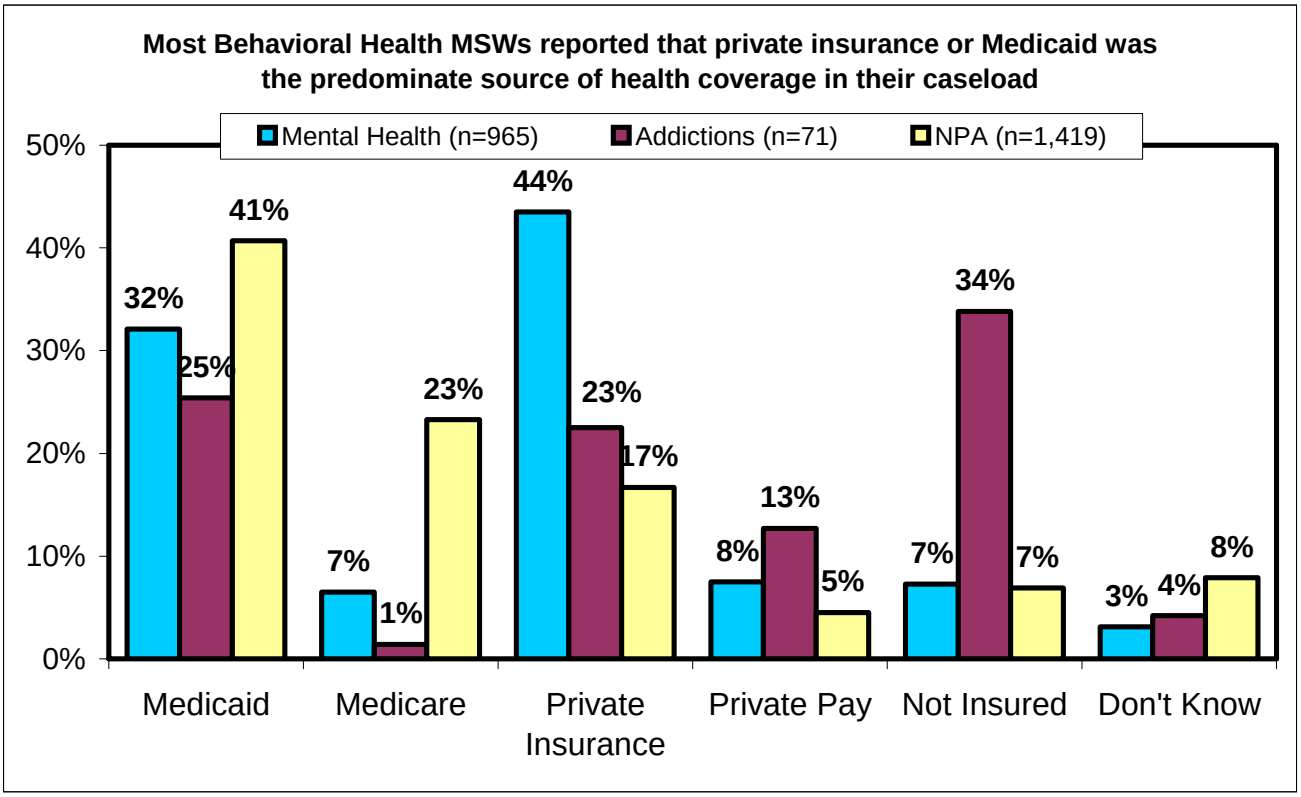
Private insurance was the most common source of health coverage reported for clients in caseloads of MSWs in Behavioral Health (42%). This percentage was substantially higher than the level of private insurance coverage reported by MSWs NPA (17 %), or social workers overall (24%). As seen in Figure 5, MSWs in Behavioral Health were less likely to serve clients covered through publicly funded programs than other social workers. Clients of approximately one-third of social workers in Behavioral Health received health coverage through Medicaid, while less than 10% received coverage through Medicare.

Figure 5. Percentages of Behavioral Health MSWs and All Licensed Social Workers Reporting Predominant Source of Health Coverage Among Client Caseload



Sources of health coverage varied substantially by practice area. MSWs in Mental Health were approximately twice as likely as those in Addictions or NPA to report private insurance as the most common source of health coverage (44% versus 23% and 17%). They were more likely to have clients covered predominantly by Medicaid or Medicare than MSWs in Addictions (32% versus 25% and 7% versus 1%) though they were less likely to report that clients received public health coverage than MSWs NPA (32% versus 41% and 7% versus 23%). Social workers in Addictions, in contrast, were more likely than those in Mental Health or those NPA to report that that most of their clients were uninsured (34% versus 7% and 7%) or private pay (13% versus 8% and 5%).

Figure 6. Percentages of MSWs Reporting Predominant Source of Health Coverage Among Client Caseload, by Practice Area



Private insurance was most commonly cited as the source of client health coverage among social workers in private practice (73%). Medicaid was most frequently cited by MSWs in Behavioral Health in social service agencies and behavioral health clinics (58% and 57%), and Medicare was most frequently cited by those working in hospitals (22%).

Table 1. Percentages of Behavioral Health MSWs Reporting Predominant Source of Health Coverage Among Client Caseload, by Employment Setting

Predominant Client Coverage	Hospital (n=63)	Psychiatric Hospital (n=75)	Health Clinic (n=77)	Behavioral Health Clinic (n=202)	Social Service Agency (n=40)	Private Practice (n=378)
Medicaid	27%	35%	51%	57%	58%	6%
Medicare	22%	17%	8%	4%	5%	2%
Private insurance	30%	24%	23%	23%	18%	73%
Private pay	0%	3%	3%	3%	8%	16%
Not insured	14%	21%	12%	11%	8%	2%
Don't know	6%	0%	4%	2%	5%	2%

Presenting Problems

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

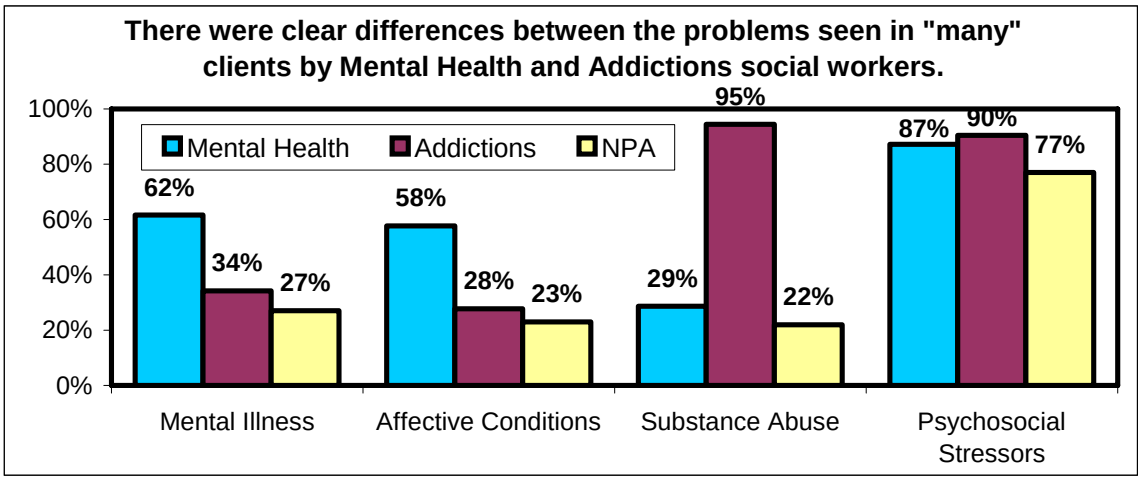
The predominance of mental and emotional issues among clients of Behavioral Health MSWs was demonstrated, however, by the percentages reporting that they treated "many" clients with selected conditions: mental illness (60%), affective conditions (56%), substance abuse conditions (33%), and psychosocial stressors (87%). In comparison, only 15% said they had many clients with chronic medical conditions, and 5% reported having many clients with acute medical conditions or physical disabilities.

Table 2. Percentages Serving Any or Many Clients with Behavioral Health and Other Conditions, Behavioral Health MSWs Versus All Social Workers

Client Conditions	Any Clients		Many Clients	
	All Social Workers	Behavioral Health	All Social Workers	Behavioral Health
Behavioral Health Conditions				
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%
Other Conditions				
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 varied. Social workers in Mental Health were more than twice as likely as other social workers to see clients with diagnoses of mental illness or affective conditions. Almost all MSWs in Addictions saw clients with substance abuse problems, in contrast to less than one-third of those in Mental Health or NPA.

Figure 7. Percentages of MSWs Reporting Many Clients with Types of Behavioral Health Problems, by Practice Area



Variations in presenting problems were also associated with setting. MSWs in Behavioral Health in psychiatric hospitals were most likely to see "many clients" with mental illness (95%) or affective conditions (63%). Those in hospitals were most likely to see "many clients" with substance abuse conditions (65%). Those in health and behavioral health clinics were most likely to see clients addressing psychosocial stressors (both 95%).

Table 3. Percentages of Behavioral Health MSWs Reporting Many Clients with Types of Behavioral Health Problems, by Employment Setting

Serve "many" clients with…	Hospital	Psych Hospital	Health Clinic	Behavioral Health Clinic	Social Service Agency	Private Practice
Mental illness	82%	95%	75%	74%	63%	33%
Affective conditions	50%	63%	56%	61%	33%	59%
Substance abuse conditions	65%	57%	33%	37%	41%	13%
Psychosocial stressors	82%	84%	95%	95%	80%	83%

LICENSED SOCIAL WORKERS IN BEHAVIORAL HEALTH, 2004

Chapter 7 of 7

Perspectives on Social Work Practice

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The National Association of Social Workers
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March 2006

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Chapter 7. Perspectives on Social Work Practice

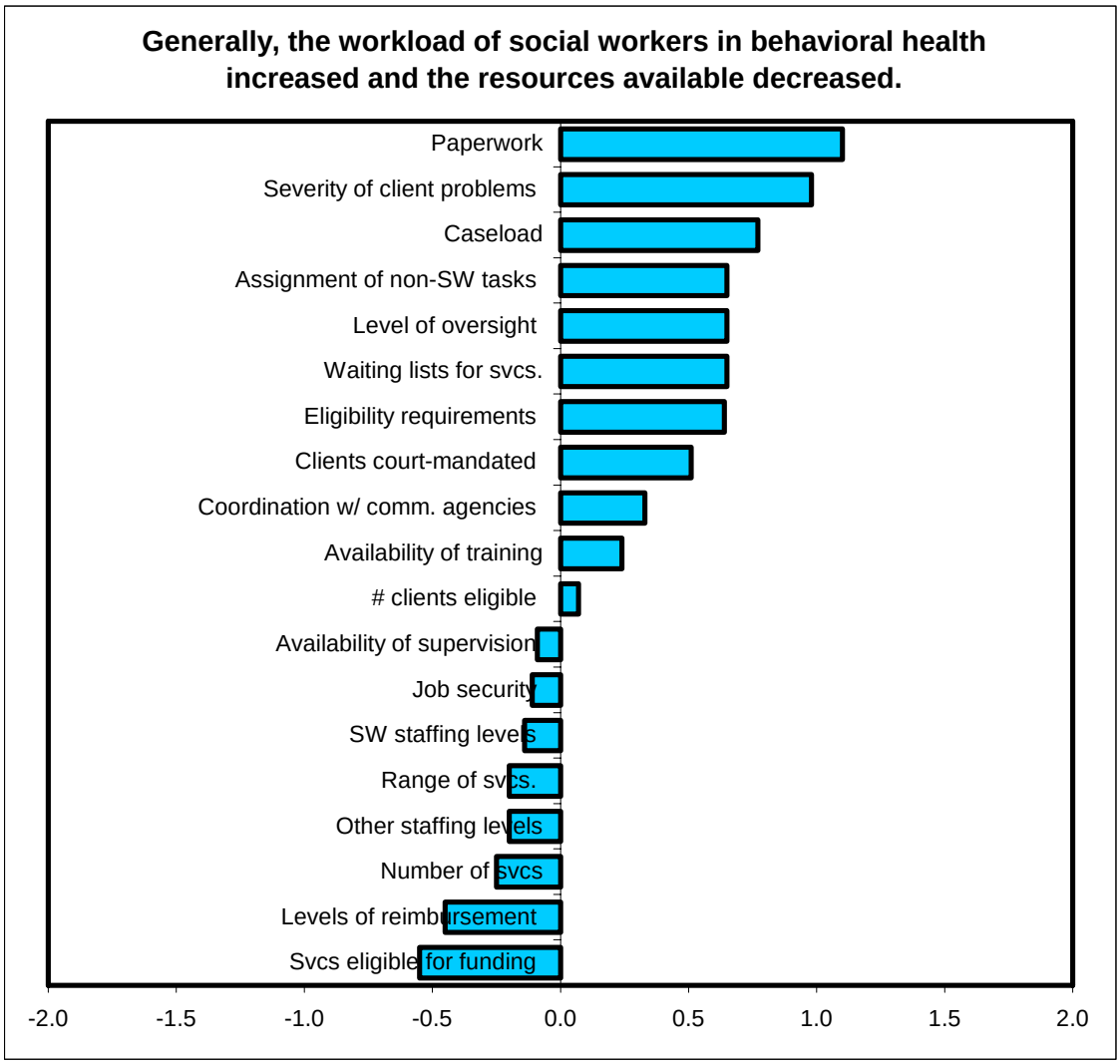
Summary of the Findings

- Increases in paperwork (73%), severity of client problems (68%), caseload size (65%), and waiting lists for services (57%) were the changes in practice most frequently reported by Behavioral Health social workers.
- The most significant changes reported in service delivery systems in the past two years were increases in client eligibility requirements for services (55%) and decreases in services eligible for funding (53%).
- MSWs in Behavioral Health were more satisfied with their access to appropriate medications and mental health care than MSWs NPA, though less satisfied with access to community resources.
- Social workers were most satisfied with their ability to help clients with a range of problems (93%), improve clients' quality of life (89%), and help clients address a few key problems (88%).
- Social workers in private practice were the most satisfied with their efficacy in social work practice.
- Seven in ten social workers in Behavioral Health planned to remain in their current position in the next two years.
- MSWs in Mental Health were twice as likely to plan to remain in their current position than MSWs in Addictions.
- MSWs in private practice were most likely to plan to remain in their current position, while those in social service agencies were most likely to consider a change.
- MSWs in small towns were least likely to expect to stay in their current positions.
- More than half of Behavioral Health social workers cited higher salary (71%) and lifestyle/family concerns (53%) as reasons that would influence consideration of a change in jobs.

Changes in Social Work Practices and in the Service Delivery System

Licensed social workers in Behavioral Health reported 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 reported increases in paperwork (73%), severity of client problems (68%), and caseload size (65%), comparable to social workers overall (75%, 73%, and 68%, respectively).

Figure 1. Ratings by Medical Health Social Workers of Changes in Social Work Practice and Changes in the Social Work Delivery System in the Past Two Years



Perspectives on changes in social work practice among Behavioral Health social workers generally mirror those of social workers overall. Differences reported among Behavioral Health social workers by practice area are seen in Tables 1 and 2.

Table 1. Percentages of Licensed Social Workers Reporting Selected Changes in the Practice of Social Work, by Practice Area

Change in Social Work Practice	All Social Workers	MSWs NPA	Behavioral Health		
			All	Mental Health	Addictions
Paperwork increased	75%	73%	73%	73%	75%
Severity of client problems increased	73%	75%	68%	68%	73%
Caseload increased	68%	69%	65%	65%	67%
Waiting lists for services increased	60%	61%	57%	57%	52%
Assignment of non-SW tasks increased	56%	56%	54%	54%	56%
Level of oversight increased	52%	51%	54%	55%	50%
Levels of reimbursement decreased	46%	45%	48%	48%	45%
Staffing levels decreased - other	34%	33%	37%	36%	46%
Staffing levels decreased - SW	33%	32%	35%	34%	46%
Job security decreased	30%	28%	31%	31%	29%
Availability of supervision decreased	29%	33%	26%	26%	27%
Availability of professional training decreased	17%	19%	16%	17%	15%
Coordination with comm. agencies decreased	11%	10%	14%	14%	14%

Table 2. Percentages of Licensed Social Workers Reporting Selected Changes in the Service Delivery System, by Practice Area

Change in Delivery System	All Social Workers	MSWs NPA	Behavioral Health		
			All	Mental Health	Addictions
Eligibility requirements increased	51%	50%	55%	56%	44%
Services eligible for funding decreased	50%	48%	53%	53%	52%
Clients court-mandated increased	44%	43%	43%	40%	75%
Number clients eligible increased	40%	42%	33%	32%	46%
Number of services available decreased	40%	40%	43%	44%	34%
Range of services available decreased	38%	37%	41%	42%	28%

Although there was some variation in the five largest changes in the practice reported across settings, there were also many commonalities. Increases in severity of caseload and in paperwork were seen in all six settings, while increases in waiting lists were seen in five of the six settings.

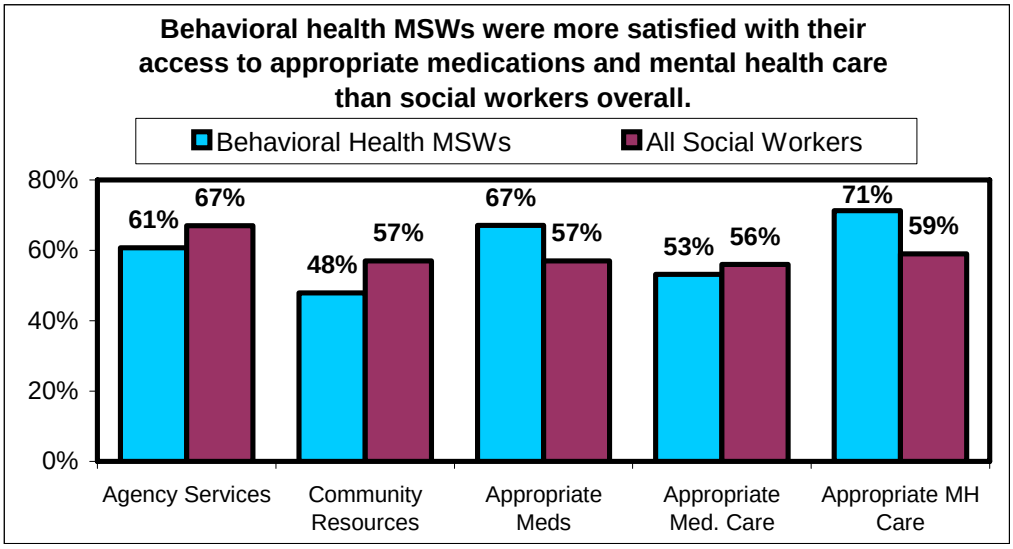
Table 3. Five Largest Changes in Practice of Social Work Reported by Behavioral Health MSWs, by Setting

Hospital	Psychiatric Hospital	Health Clinics
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
Behavioral Health Clinic	**Social Service Agency**	**Private Practice**
Paperwork increased	Paperwork increased	Paperwork increased
Severity increased	Severity increased	Severity increased
Caseload increased	Level of oversight	Non-SW tasks increased
Level of oversight increased	Caseload size	Availability of training increased
Waiting lists increased	Waiting lists	Level of oversight increased

Satisfaction with Resources and Skills

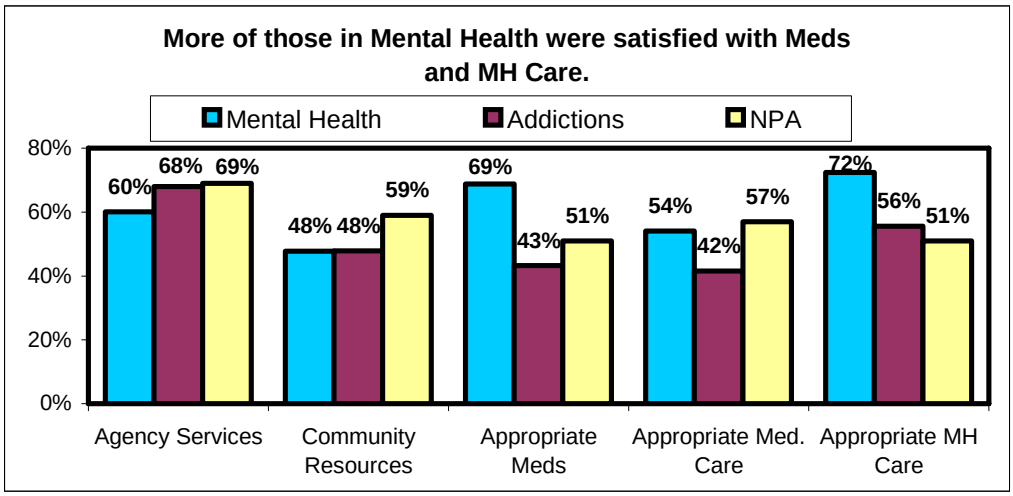
As seen in Figure 2, Behavioral Health social workers were more likely to be satisfied than MSWs NPA with their access to appropriate medications (67% versus 58%) and appropriate mental health care (71% versus 60%), but were substantially less likely to be satisfied with their access to community resources (48% versus 55%).

Figure 2. Percentages Reporting Satisfaction with Access to Types of Resources, Behavioral Health MSWs and All Social Workers



Mental Health social workers were more likely than those in Addictions to be satisfied with access to appropriate medications, medical care, and mental health care. Those in Addictions were more likely than those in Mental Health to be satisfied with access to agency services.

Figure 3. Percent of Licensed MSWs Reporting Satisfaction with Access to Types of Resources, by Practice Area



Satisfaction with access to resources varied by geographical location of practice, with social workers in micropolitan areas appearing most likely to be satisfied with their access to all five types of resources, as shown in Table 4.

Table 4. Percentages Satisfied with Access to Selected Types of Resources by Urban/Rural Location of Practice.

Urban/Rural Area	Agency Services	Community Resources	Appropriate Meds	Appropriate Med. Care	Appropriate MH Care
Metropolitan Area	59%	47%	67%	53%	71%
Micropolitan Area	70%	54%	73%	56%	75%
Small Town	70%	33%	59%	53%	72%
Rural Area	61%	56%	38%	35%	56%

Satisfaction with access to resources also varied by employment setting as shown in Table 5.

Table 5. Percentages Satisfied with Access to Selected Types of Resources by Setting of Primary Employment.

Resource Type	Hospital	Psych Hospital	Health Clinic	Behavioral Health Clinic	Social Service Agency	Private Practice
Agency services	46%	54%	67%	71%	85%	49%
Community resources	41%	37%	45%	45%	54%	48%
Appropriate meds	65%	67%	70%	67%	58%	68%
Appropriate med. care	68%	52%	51%	42%	47%	60%
Appropriate MH care	70%	68%	75%	72%	63%	73%

Another dimension of satisfaction was satisfaction with one's own efficacy as a social worker. Behavioral Health MSWs believed that they were highly effective 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%).

Generally, Behavioral Health social workers were comparable to social workers overall in their beliefs about their own practice efficacy. They were, however, more likely to be satisfied with the amount of time they spent with their clients (70% versus 58%). They were less likely to agree that they helped families respond to client needs (61% versus 70%), were satisfied with their ability to help clients navigate the service delivery system (50% versus 59%), or that they worked with community organizations to adapt the service delivery system (35% versus 46%).

Those in Mental Health were more likely than those in Addictions to report that they helped clients with a range of problems (93% versus 88%), but more likely to report that they were satisfied with the amount of time they spent with clients (71% versus 60%). They were also more likely to report that they helped families respond to client needs (61% versus 55%), and that they effectively responded to the number of requests for assistance (44% versus 49%).

Table 6. Percentages Agreeing with Statements About Satisfaction/Efficacy

Efficacy Statement	All Social Workers	MSWs NPA	Behavioral Health		
			All	Mental Health	Addictions
Help clients with range of problems	91%	91%	93%	93%	88%
Improve quality of life	87%	85%	89%	89%	88%
Help clients address few key problems	86%	86%	88%	88%	92%
Help clients resolve crisis situations	80%	80%	82%	83%	81%
Help clients meet objectives	79%	76%	84%	84%	86%
Satisfied with ability in cultural differences	74%	74%	76%	77%	75%
Help families respond to client needs	70%	75%	61%	61%	55%
Satisfied with ability to address complex problems	68%	67%	70%	70%	68%
Satisfied with ability to help clients navigate	59%	61%	50%	50%	53%
Satisfied with amount of time spend with clients	58%	54%	70%	71%	60%
Satisfied with ability to coordinate care	54%	52%	55%	55%	54%
Effectively respond to number of requests for help	52%	51%	54%	55%	49%
Satisfied with ability to influence service design	46%	44%	45%	45%	49%
Work with community orgs to adapt system	46%	47%	35%	35%	32%

Variation in satisfaction also emerged based on geographic location of practice. Generally, those practicing in small towns were most different from the others, as shown in Table 7.

Table 7. Percentages of Behavioral Health MSWs Agreeing with Statements About Satisfaction/Efficacy, by Geographic Location of Practice

	Metropolitan	Micropolitan	Small Town	Rural
Improve quality of life	89%	87%	87%	90%
Help clients meet objectives	83%	84%	85%	84%
Help clients with range of problems	93%	94%	93%	100%
Help clients address few key problems	88%	87%	93%	95%
Help clients resolve crisis situations	83%	82%	82%	83%
Help families respond to client needs	62%	52%	58%	79%
Satisfied with ability to help clients navigate	49%	49%	59%	56%
Satisfied with ability to coordinate care	55%	56%	45%	56%
Effectively respond to number of requests for help	55%	54%	33%	53%
Work with community orgs to adapt system	33%	41%	30%	53%
Satisfied with ability to address complex problems	70%	68%	62%	72%
Satisfied with amount of time spend with clients	69%	74%	60%	63%
Satisfied with ability in cultural differences	79%	54%	70%	87%
Satisfied with ability to influence service design	45%	45%	25%	56%

Generally, social workers in private practice were most likely to be satisfied with their efficacy, while those in hospitals and psychiatric hospitals were least likely to be satisfied. These patterns varied somewhat by specific statements, however, as shown in Table 8.

Table 8. Percentages of Behavioral Health MSWs Agreeing with Statements About Satisfaction/Efficacy, by Employment Setting

Efficacy Statement	Hospital	Psychiatric Hospital	Health Clinic	Behavioral Health Clinic	Social Service Agency	Private Practice
Improve quality of life	90%	80%	86%	86%	85%	95%
Help clients meet objectives	71%	68%	82%	83%	75%	92%
Help clients with range of problems	86%	92%	94%	91%	98%	95%
Help clients address few key problems	86%	86%	93%	88%	87%	89%
Help clients resolve crisis situations	83%	75%	85%	82%	90%	82%
Help families respond to client needs	59%	66%	60%	60%	66%	62%
Satisfied with ability to help clients navigate	48%	47%	57%	51%	57%	45%
Satisfied with ability to coordinate care	70%	53%	66%	47%	54%	54%
Effectively respond to number of requests for help	44%	48%	46%	45%	59%	66%
Work with community orgs to adapt system	29%	35%	36%	40%	61%	26%
Satisfied with ability to address complex problems	70%	67%	73%	67%	73%	70%
Satisfied with amount of time spend with clients	47%	49%	67%	62%	64%	86%
Satisfied with ability in cultural differences	71%	71%	82%	71%	80%	82%
Satisfied with ability to influence service design	37%	40%	33%	38%	43%	55%

Certain client conditions were associated with significantly lower agreement with statements about efficacy among Behavioral Health MSWs, as shown in Table 9. Dealing with greater numbers of clients with mental illness and substance abuse conditions tended to negatively affect agreement more than greater numbers of clients with affective conditions or psychosocial stressors. Greater numbers of clients with substance abuse conditions indicated significantly higher agreement with the statement that a respondent helps clients resolve crisis situations.

Table 9. Positive (Gray) And Negative (Black) Correlations Between Client Problems And Self-Reports Of Efficacy

Performance Statement	How many clients with...			
	Mental Illness	Affective Conditions	Substance Abuse Conditions	Psychosocial Stressors
Help clients with range of problems				
Improve quality of life			p = 0.020	
Help clients address few key problems				
Help clients meet objectives	p < 0.000			
Help clients resolve crisis situations			p = 0.001	
Satisfied with ability in cultural differences		p = 0.043	p = 0.022	
Satisfied with amount of time spend with clients	p < 0.000		p < 0.000	p = 0.001
Satisfied with ability to address complex problems				
Help families respond to client needs			p = 0.001	
Satisfied with ability to coordinate care				p = 0.045
Effectively respond to number of requests for help	p = 0.001			
Satisfied with ability to help clients navigate				
Satisfied with ability to influence service design	p < 0.000		p = 0.033	p = 0.048
Work with community orgs to adapt system				

Behavioral Health social workers tended 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 reported satisfaction with time to provide services to client families (55%) and to participate in training (51%). Fewer than half reported satisfaction with time to address service delivery issues (42%), access basic services (41%), perform administrative tasks (38%), and conduct investigations (28%).

Career Plans

To help understand the stability of the social work workforce, two questions were included in the survey about career plans. The first asked about career plans in the next two years. T he second asked about the most important factors that would influence a decision to change a current position.

Seven in ten social workers (71%) of Behavioral Health social workers planned to remain in their current position over the next two years. Some planned to leave the field with 5% planning

to retire; 4% planning to leave the field but remain employed; and 1% planning to stop working. Table 10 shows that plans of Behavioral Health social workers differed very little from social workers overall, although there were differences by practice area.

Those in Mental Health were much more likely to plan to remain in their current position than social workers in Addictions (72% versus 43%). Social workers in Addictions were 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%).

Table 10. Reported Plans Of Licensed Social Workers Over The Next Two Years, By Practice Area

Plan for Next Two Years	All Social Workers (n=3,638)	MSWs NPA (n=1,703)	Behavioral Health		
			All (n=1,156)	Mental Health (n=1,077)	Addictions (n=79)
Remain in current position	70%	69%	71%	72%	53%
Seek new opportunity/promotion as SW	26%	28%	25%	24%	43%
Pursue non-degree SW training	14%	14%	17%	17%	14%
Decrease SW hours	10%	11%	12%	11%	16%
Increase SW hours	8%	8%	10%	10%	10%
Pursue additional non-SW degree	7%	7%	5%	5%	11%
Pursue additional SW degree	6%	4%	3%	3%	4%
Retire	6%	6%	5%	5%	4%
Leave SW but continue to work	5%	4%	4%	4%	6%
Stop working	2%	2%	1%	1%	0%

Note: Respondents were instructed to "mark all that apply" so that categories were not mutually exclusive; for this reason percentages do not sum to 100%.

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

Table 11. Reported Plans of Behavioral Health MSWs Over Next Two Years, by Employment Setting

Plan for Next Two Years	Hospital (n=70)	Psychiatric Hospital (n=86)	Health Clinic (n=87)	Behavioral Health Clinic (n=228)	Social Service Agency (n=44)	Private Practice (n=398)
Remain in current position	66%	73%	61%	66%	59%	82%
Pursue additional SW degree	1%	1%	7%	3%	2%	2%
Pursue additional non-SW degree	9%	7%	5%	6%	11%	3%
Pursue non-degree SW training	17%	11%	20%	16%	14%	17%
Seek new opportunity/promotion as SW	30%	31%	35%	34%	32%	10%
Increase SW hours	7%	5%	5%	7%	5%	16%
Decrease SW hours	7%	12%	10%	14%	14%	13%
Leave SW but continue to work	7%	4%	3%	4%	2%	4%
Retire	7%	5%	3%	4%	2%	6%
Stop working	0%	2%	0%	1%	0%	2%

Career plans were generally similar by location of practice. However, those in small towns were less likely to expect to remain in their current position (66%), while those in micropolitan areas were most likely to do so (82%). Those in micropolitan and rural areas were less likely to plan to seek a new opportunity or promotion than those in metropolitan areas and small towns (18% and 16% versus 27% and 28%). Finally, those in metropolitan and micropolitan areas were more likely to plan to increase their social work hours (both 11%) than those in small towns and rural areas (4% and 5%).

Behavioral Health social workers identified factors that might cause them to consider changing jobs, including: higher salary (71%), lifestyle/family concerns (53%), interesting work (35%), personal reasons (33%), and job stress (33%). These factors varied by practice area, as shown in Table 12. Social workers in Addictions were much more likely than those in Mental Health to report that they would change positions due to higher salary (84% versus 70%), better benefits (37% versus 28%), increased mobility (21% versus 37%), and different supervision/management (18% versus 10%). In contrast, those in Mental Health were more likely to say that they would leave for lifestyle/family concerns (55% versus 43%) or for personal reasons (34% versus 25%).

Table 12. Percentages of Licensed Social Workers Reporting as Top Five Factors that Would Influence a Decision to Change Current Position

Position Change Factor	All Social Workers (n=3,638)	MSWs NPA (n=1,703)	Behavioral Health		
			All (n=1,150)	Mental Health (n=1,077)	Addictions (n=79)
Higher salary	73%	73%	71%	70%	84%
Lifestyle/family concerns	52%	52%	54%	55%	43%
Interesting work	37%	40%	35%	35%	39%
Stress of current job	35%	36%	33%	33%	30%
Personal reasons	34%	33%	33%	34%	25%
Location	32%	33%	32%	32%	33%
Better benefits	30%	28%	29%	28%	37%
Increased mobility	24%	27%	22%	21%	37%
Lighter workload	22%	21%	21%	21%	25%
Opportunities training/educ.	19%	19%	19%	19%	20%
Different supervisor/mgmt	15%	16%	11%	10%	18%
Increased responsibility	10%	12%	8%	8%	10%
Quality of supervision	10%	11%	8%	7%	11%
Peer support	9%	10%	9%	9%	9%
Other	9%	9%	9%	9%	6%
Agency mission	9%	10%	8%	8%	11%
Ethical challenges	6%	7%	7%	7%	1%

Note: Respondents were instructed to mark “the five most important factors” so that categories were not mutually exclusive; for this reason percentages do not sum to 100%.

There was considerable variation in factors influencing a change in jobs by geographic location of practice. Social workers in small towns were more likely than those in metropolitan or micropolitan areas to be influenced by higher salary, more interesting work, location, agency mission, increased responsibility, and ethical challenges. Rural patterns tended to be similar to those of small towns.

Table 13. Percentages of Behavioral Health MSWs Reporting as Top Five Factors that Would Influence a Decision to Change Current Position, by Setting

Position Change Factor	Metropolitan (n=2,150)	Micropolitan (n=213)	Small Town (n=105)	Rural (n=43)
Higher salary	72%	68%	90%	79%
Interesting work	36%	33%	44%	53%
Increased mobility	22%	23%	16%	21%
Different supervisor/mgmt	11%	11%	16%	5%
Opportunities training/educ.	21%	9%	14%	26%
Location	31%	30%	52%	47%
Lifestyle/family concerns	54%	60%	50%	37%
Agency mission	8%	7%	20%	11%
Peer support	9%	8%	4%	11%
Lighter workload	20%	26%	20%	26%
Increased responsibility	8%	6%	12%	16%
Quality of supervision	7%	10%	12%	0%
Personal reasons	32%	43%	28%	32%
Ethical challenges	6%	7%	20%	0%
Stress of current job	32%	45%	38%	26%
Better benefits	30%	25%	28%	26%
Other	9%	9%	6%	5%

Behavioral Health MSWs in private practice were less likely than others to report that almost any factor would influence a decision to change their current position, except for lifestyle/family concerns and personal reasons, which they were more likely than others to report. Most other settings did not differ substantially from one another in any discernible pattern, as shown in Table 14.

Table 14. Percentages of Behavioral Health MSWs Reporting as Top Five Factors that Would Influence a Decision to Change Current Position, by Geographic Location of Practice

Position Change Factor	Hospital (N=70)	Psychiatric Hospital (N=86)	Health Clinic/Outpt Facility (N=87)	Behavioral Health Clinic (N=228)	Social Service Agency (N=44)	Private Practice (N=398)
Higher salary	76%	84%	79%	79%	84%	56%
Interesting work	41%	37%	33%	38%	41%	31%
Increased mobility	29%	34%	30%	24%	23%	11%
Different supervisor/mgmt	19%	13%	23%	15%	20%	1%
Opportunities training/educ.	23%	19%	28%	18%	18%	16%
Location	33%	36%	36%	35%	39%	25%
Lifestyle/family concerns	53%	53%	49%	46%	59%	62%
Agency mission	10%	6%	5%	14%	16%	4%
Peer support	7%	12%	7%	8%	7%	11%
Lighter workload	30%	19%	28%	26%	20%	14%
Increased responsibility	11%	13%	13%	9%	9%	4%
Quality of supervision	3%	12%	11%	11%	7%	2%
Personal reasons	29%	26%	18%	30%	36%	42%
Ethical challenges	7%	12%	5%	9%	2%	5%
Stress of current job	41%	38%	39%	41%	30%	20%
Better benefits	23%	33%	29%	35%	34%	25%
Other	11%	3%	2%	7%	7%	10%