

# **Licensed Social Workers In Behavioral Health**

## **Reference Document**

### **Chapter 2 of 7**

## **Demographic Profile**

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## **Chapter 2. Demographic Profile 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.

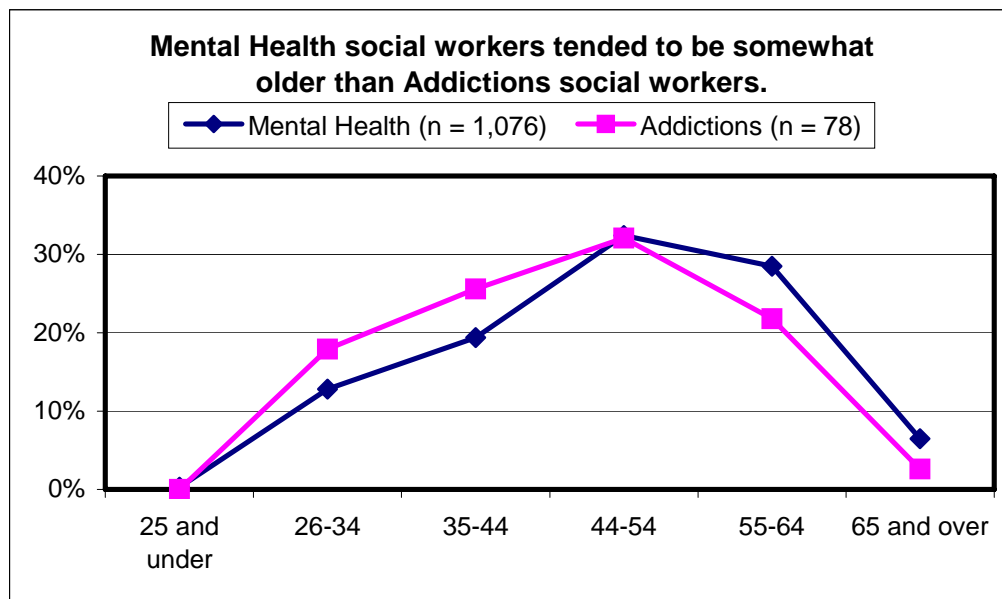
- Those practicing in urban settings were more than twice as likely to report having many options for continuing education as those working in small towns and rural areas.
- Behavioral Health social workers were most interested in receiving further training in clinical practice. Those in Mental Health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

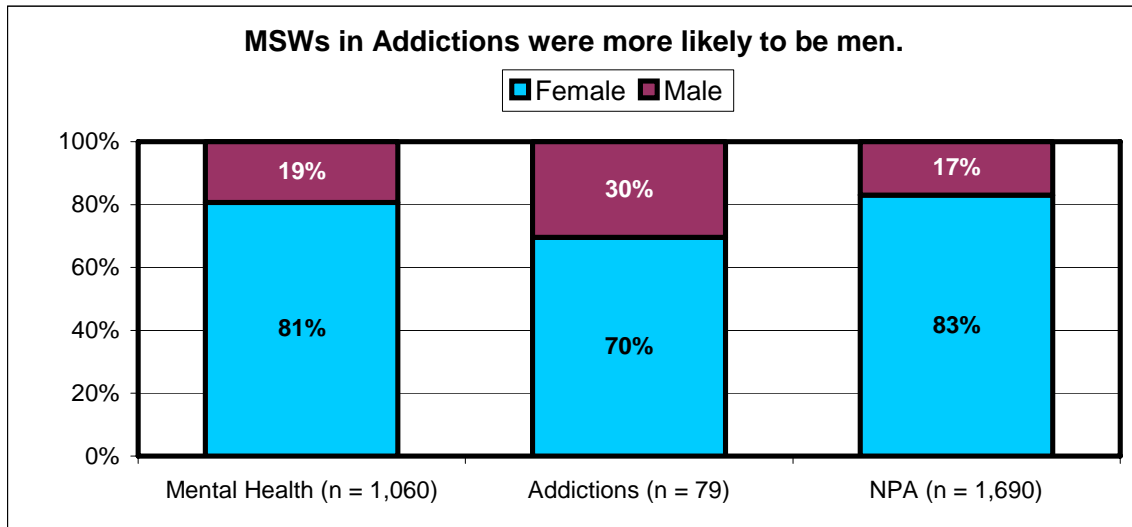
**Figure 1. Age Distribution of MSWs in Mental Health and Addictions**



### Gender

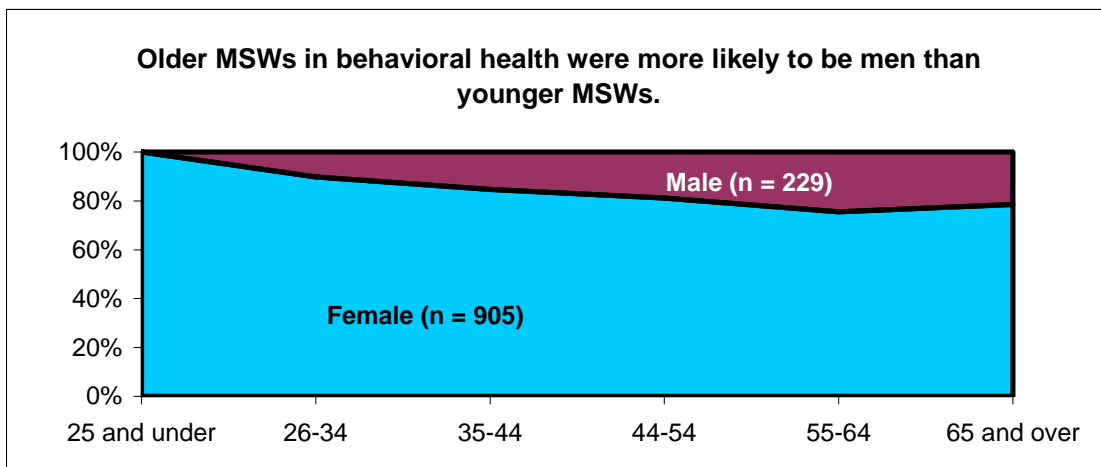
Nineteen percent of MSWs in Mental Health were men, comparable to the figure for both MSWs NPA (17%) and social workers overall (18%). Figure 2 shows that MSWs in Addictions were much more likely to be men (30%).

**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.

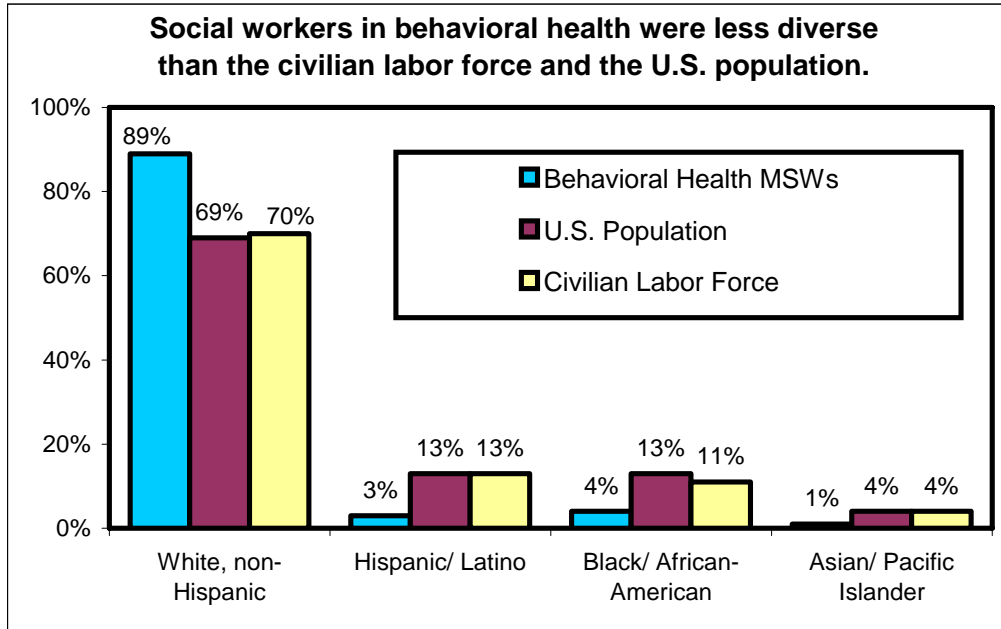
**Figure 3. Gender Distribution of Behavioral Health MSWs, by Age Group**



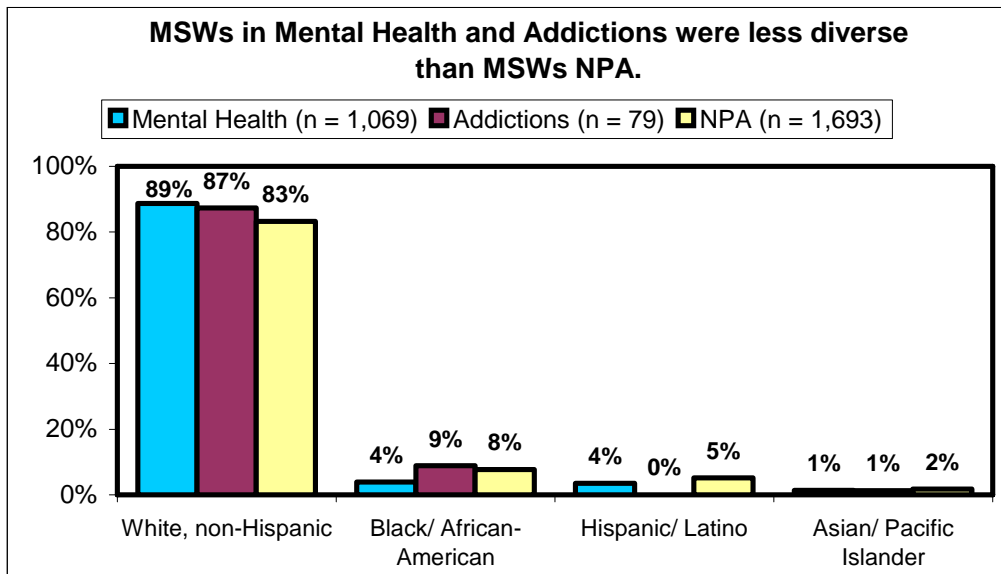
*Race/Ethnicity*

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**

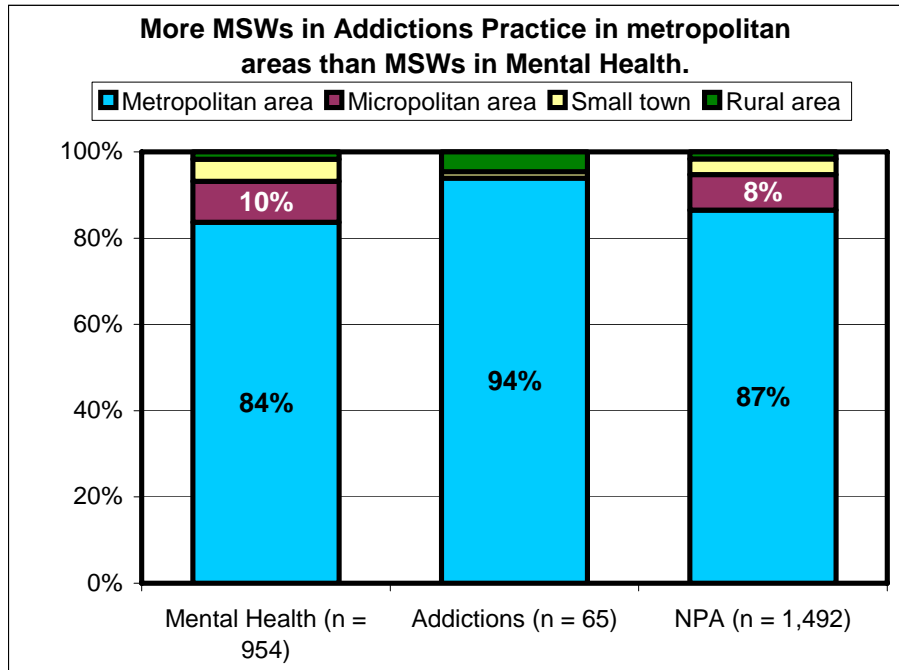


*Geographic Location of Practice*

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.

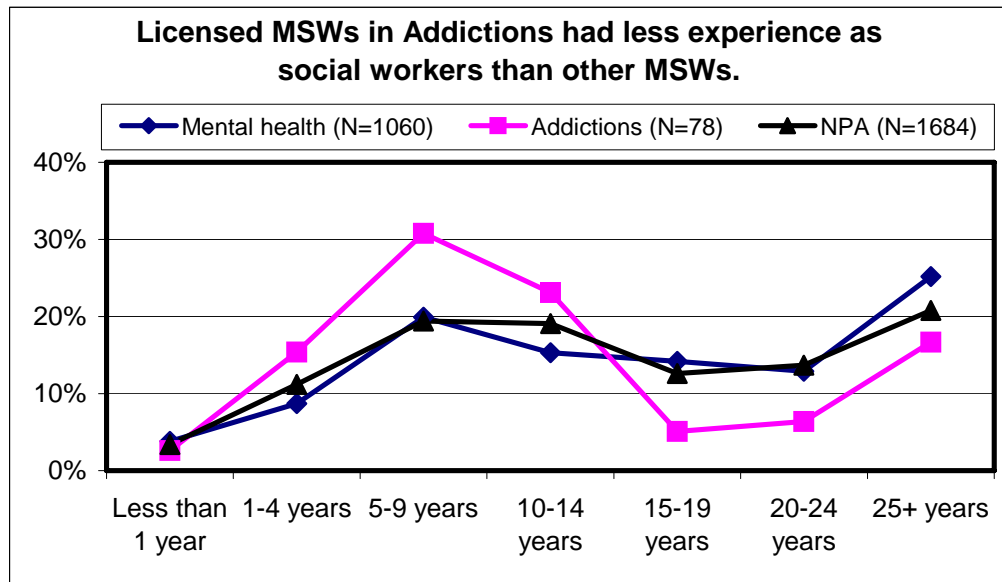
**Table 1. Practice Location of Behavioral Health MSWs by Setting**

	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**



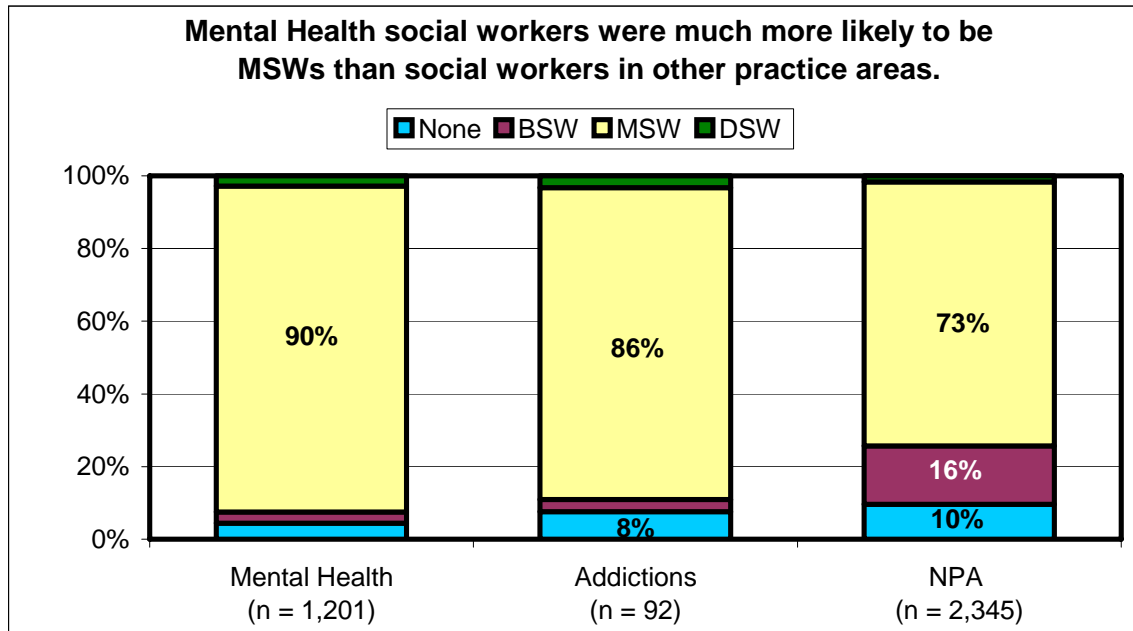
### **Education and Training**

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.

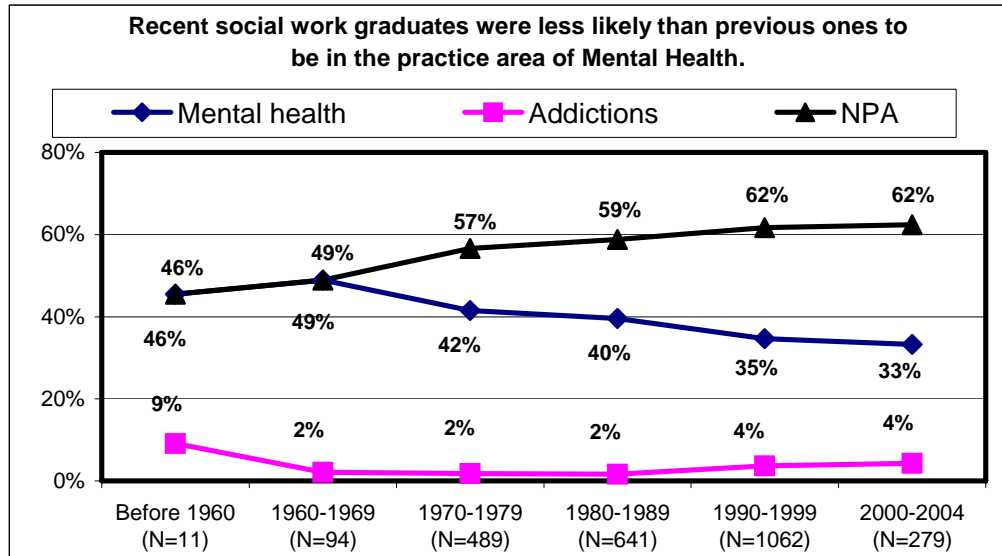
**Figure 8. Highest Social Work Degree of Active, Licensed Social Workers by Practice Area**



*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.

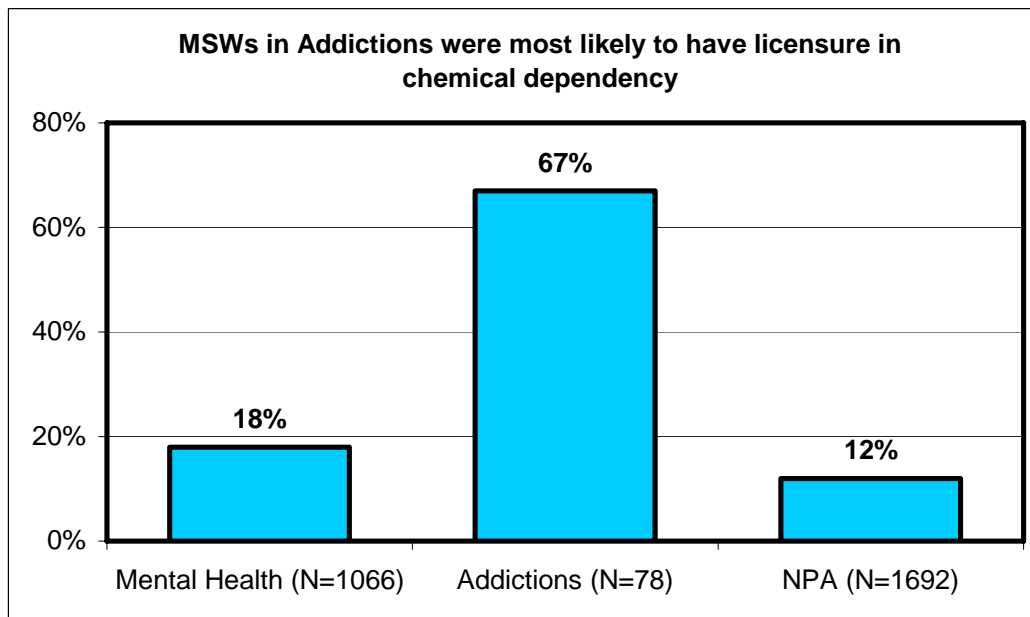
**Figure 9. Practice Area Distribution of Licensed MSWs by Year of First Social Work Degree**



*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**



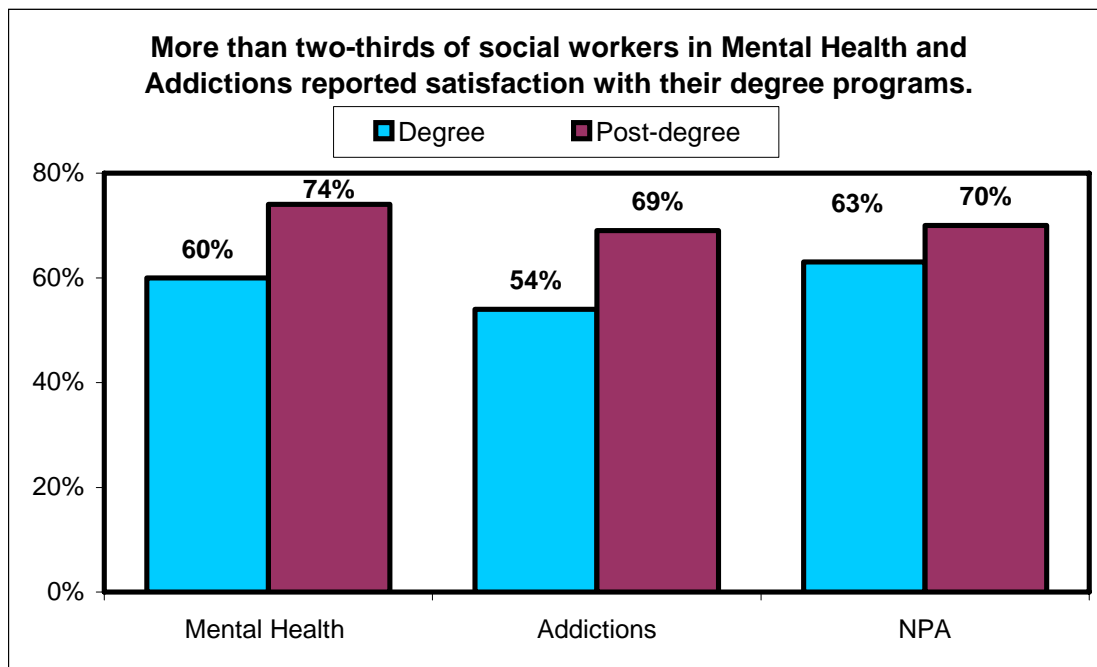
Those with chemical dependency licensure were most likely to work in private practice (40% in Mental Health; 11% in Addictions) and behavioral health clinics (19% in Mental Health; 26% in Addictions), while fewer worked in hospitals (7% in both practice areas), psychiatric hospitals (9% in Mental Health; 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.

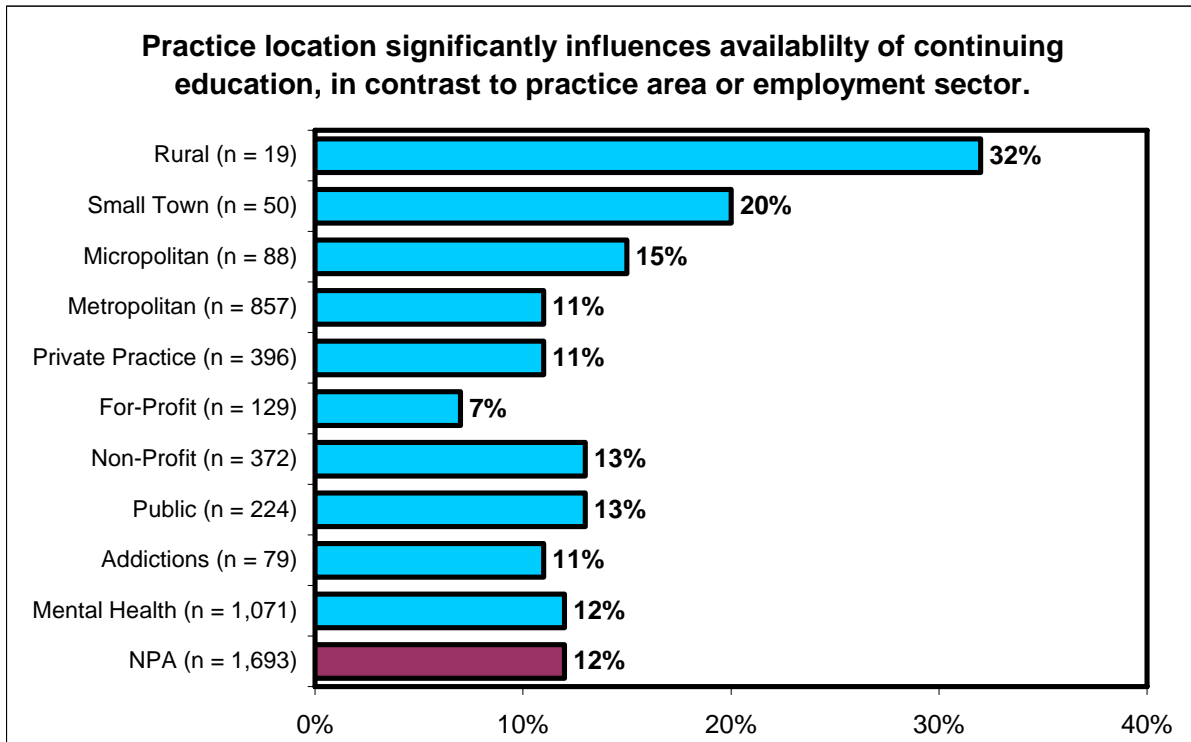
Sixty-three percent of Mental Health MSWs and 58 percent of Addictions MSWs reported many choices for continuing education, comparable to MSWs in other practice areas (61%).

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%