

# **LICENSED SOCIAL WORKERS IN BEHAVIORAL HEALTH, 2004**

## **Chapter 3 of 7**

### **What Social Workers Do**

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## Table of Contents

Chapter 3. What Social Workers Do.....	1
Summary of the Findings.....	1
Practice Area.....	2
Employment Status .....	3
<i>Years with Current Employer</i> .....	4
Caseload Size .....	5
Roles .....	6
<i>Direct Services</i> .....	7
Tasks .....	8
<i>Tasks Appropriate to Skills/Training</i> .....	11

## List of Figures

Figure 1. Highest Social Work Degree Distribution by Largest Practice Areas .....	3
Figure 2. Work Status of Behavioral Health MSWs, by Employment Setting.....	4
Figure 3. Time with Current Employer of Addictions and Mental Health Social Workers .....	5
Figure 4. Percentages of Behavioral Health MSWs with Caseloads Larger than 50 Clients, by Setting .....	5
Figure 5. Percentages of Behavioral Health Social Workers Who Spent Time on Direct Services and Administration, by Primary Employment Setting.....	7
Figure 6. Median Hours and Percent of Total Hours Spent on Direct Services by Behavioral Health MSWs, by Employment Settings .....	8
Figure 8. Percentages of MSWs Reporting Their Average Tasks Below or Above Their Level of Skills/Training, by Practice Area.....	12

## List of Tables

Table 1. Percentages of Licensed Behavioral Health Social Workers Who Spent Any Time or 20 or More Hours per Week Performing Selected Roles .....	6
Table 2. Percentages of Behavioral Health Social Workers Who Spent Any Time or More Than 50% of Time Performing Selected Tasks .....	9
Table 3. Tasks that Mental Health and Addictions Social Workers Were Most Likely to Perform and Spend the Most Time On .....	9
Table 4. Tasks on Which Behavioral Health Social Workers Spent the Most Time, by Setting .	10
Table 5. Correlations Between Prevalence of Selected Conditions in the Client Caseload and Percent of Time Spent on Social Work Tasks .....	11

## 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%).

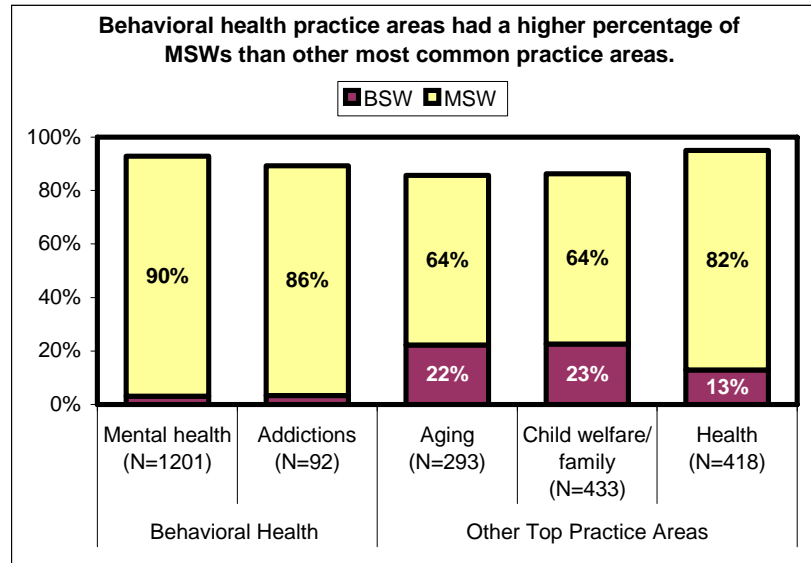
### **Practice Area**

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**



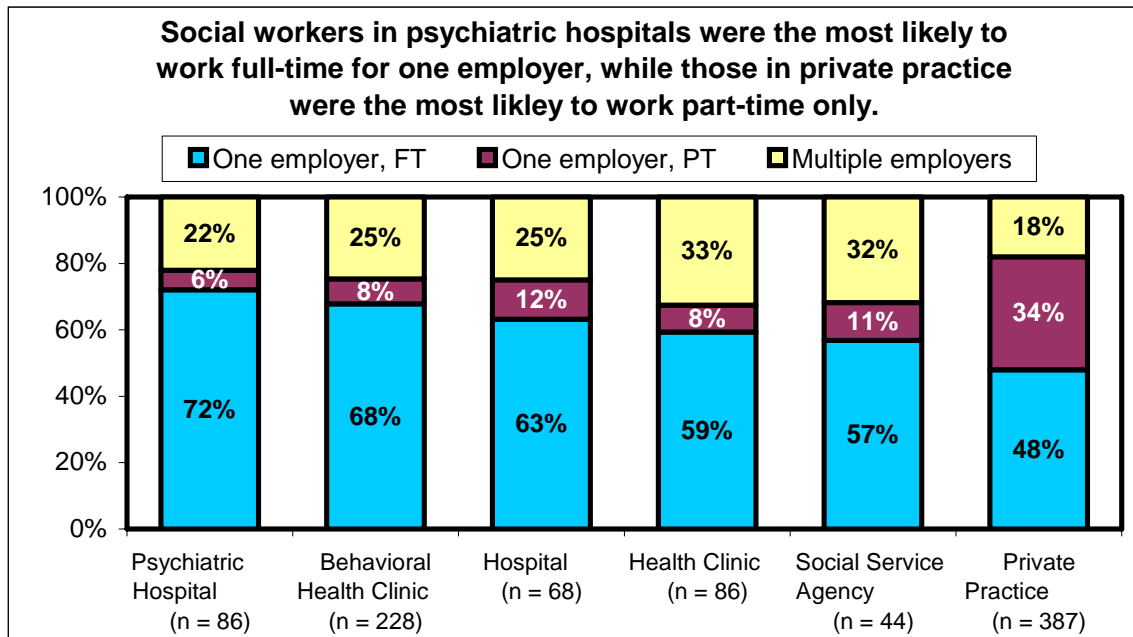
### Employment Status

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 Behavioral 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.

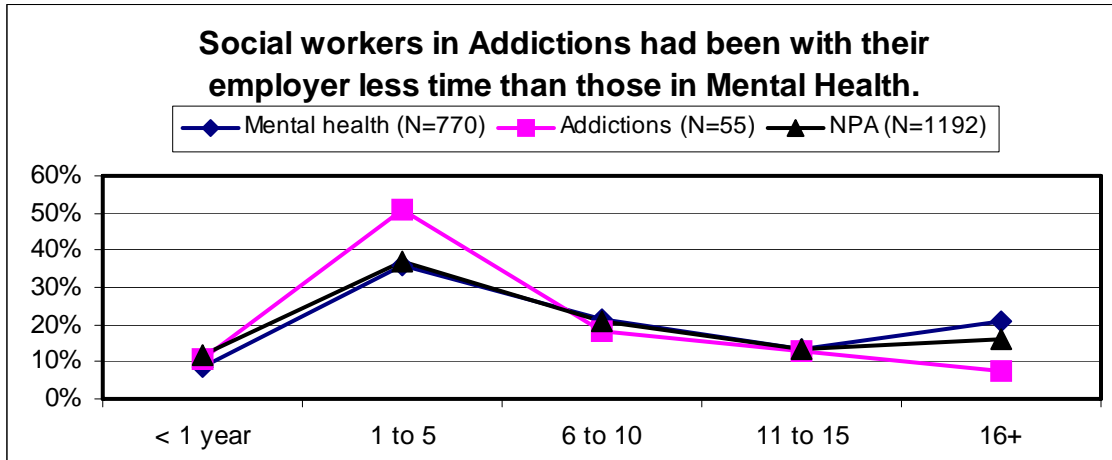
**Figure 2. Work Status of Behavioral Health MSWs, by Employment Setting**



*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**

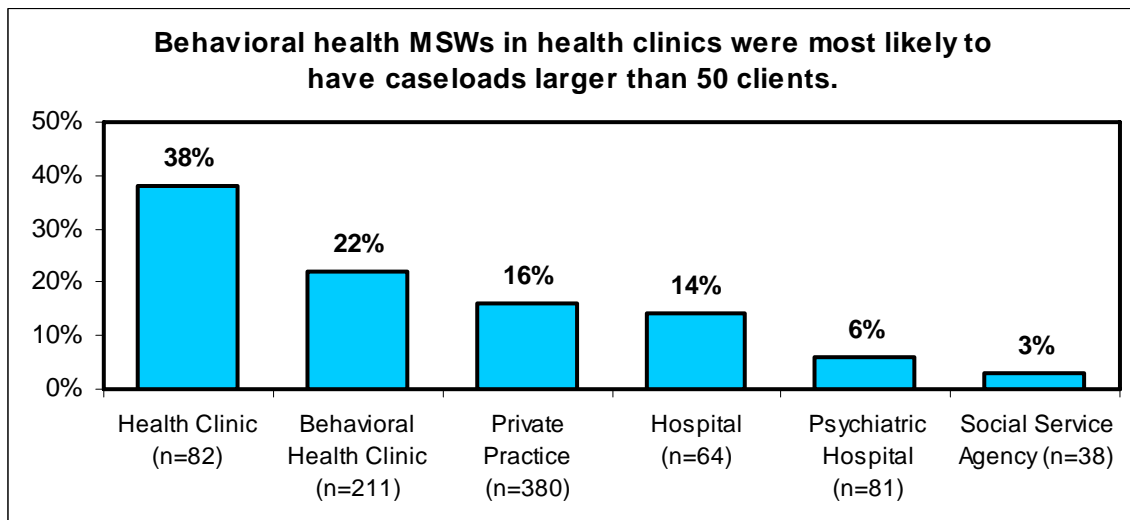


**Caseload Size**

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% versus 18%).

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<sup>1</sup>, consultation<sup>2</sup>, planning<sup>3</sup>, supervision<sup>4</sup>, teaching<sup>5</sup>, or training/education<sup>6</sup> than MSWs not in a Behavioral Health practice area. Those in Addictions spent less time on consultation<sup>7</sup> but more time on planning<sup>8</sup> than MSWs NPA.

<sup>1</sup> p<0.001

<sup>2</sup> p<0.001

<sup>3</sup> p<0.001

<sup>4</sup> p=0.009

<sup>5</sup> p<0.001

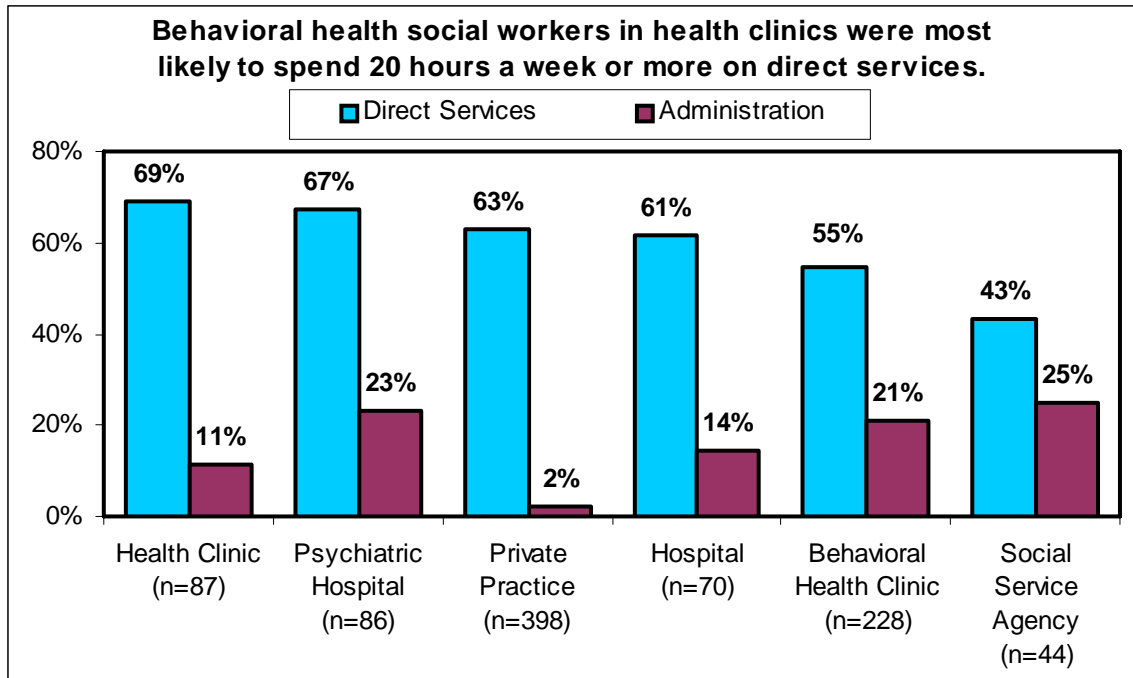
<sup>6</sup> p=0.014

<sup>7</sup> p=0.004

<sup>8</sup> 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%).

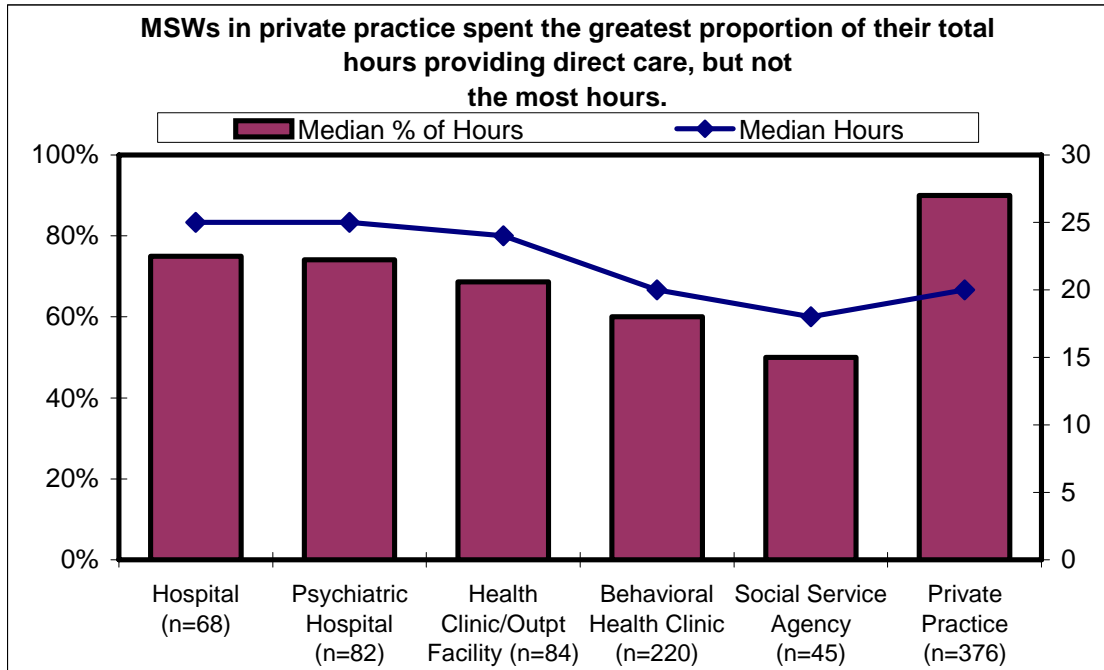
**Figure 5. Percentages of Behavioral Health Social Workers Who Spent Time on Direct Services and Administration, by Primary Employment Setting**



### *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% versus 16%). 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**

