

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

## **Chapter 4 of 7**

### **Where Social Workers Work**

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**March 2006**

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## Chapter 4. Where Social Workers Work

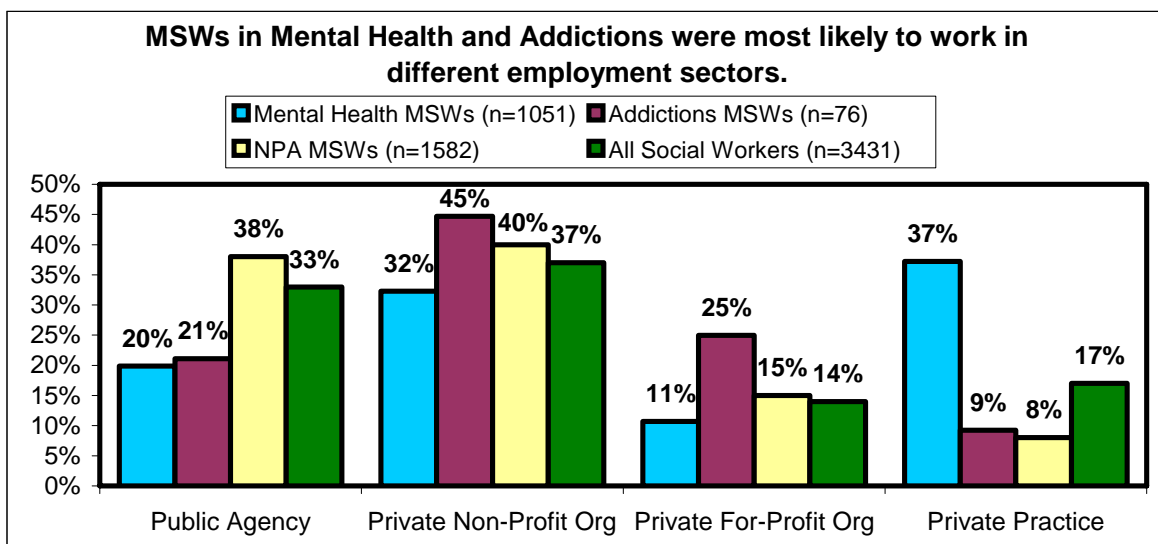
### Summary of the Findings

- 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.

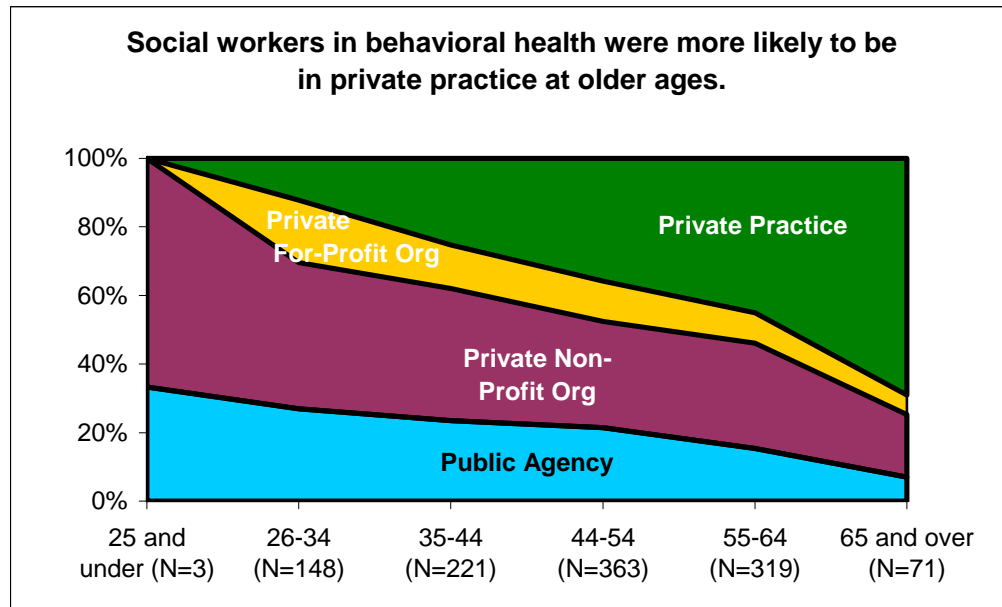
**Figure 1. Employment Sector of MSWs by Practice Area and Social Workers Overall**



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**



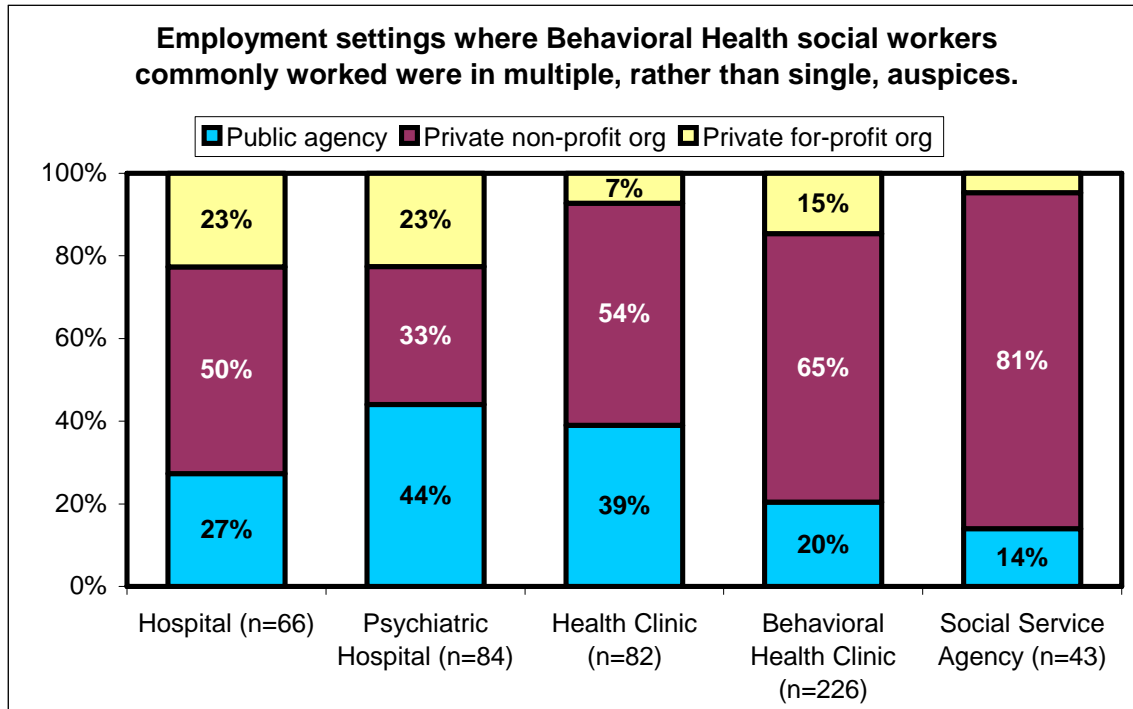
## Settings

### *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%).