

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

## **Chapter 5 of 7**

### **Work Environment**

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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.

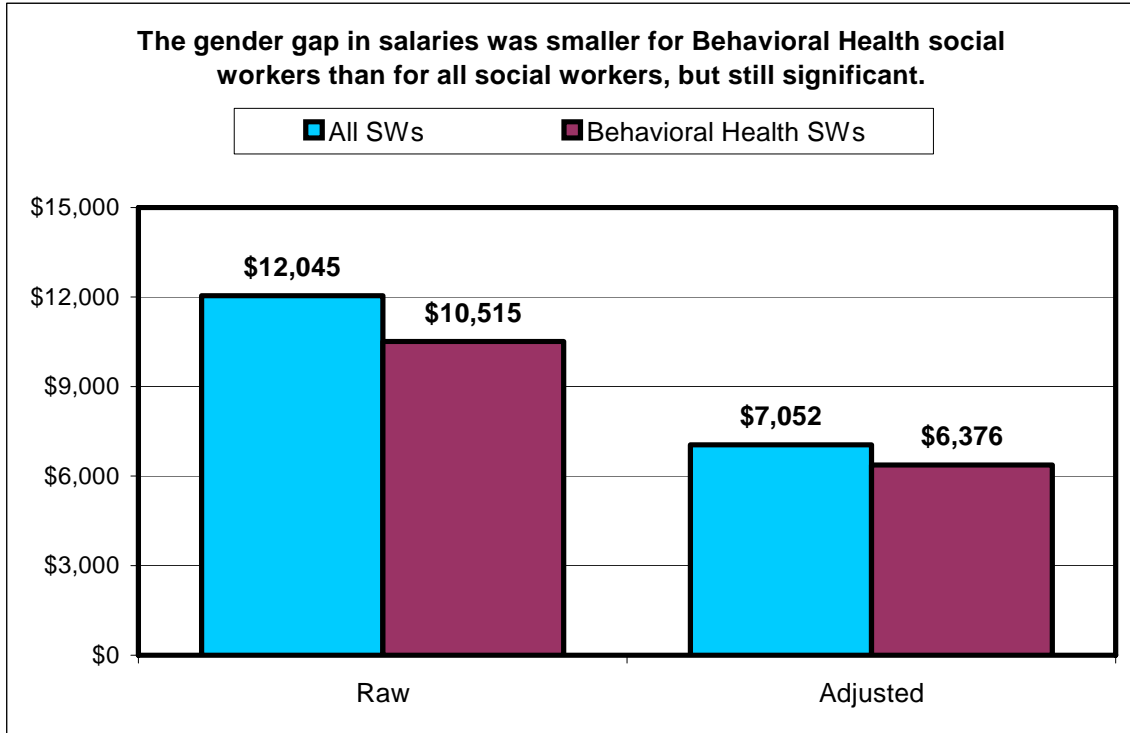
**Table 1. Median Annual Salaries of Licensed Social Workers in Selected Categories, 2004**

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

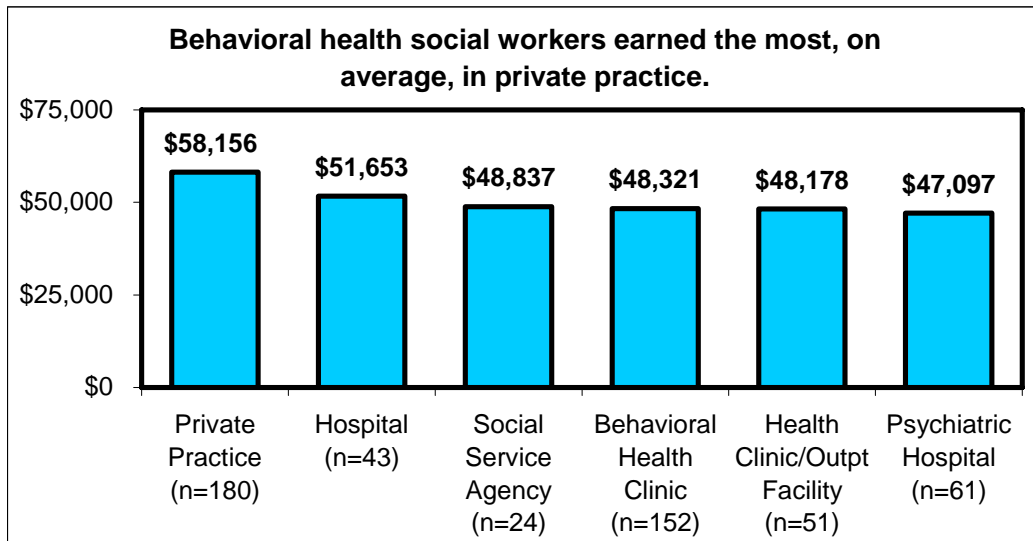
The estimated average salary for social workers working full time for one employer in Behavioral Health was \$56,279, \$5,080 greater than the average for all social workers. The raw difference in salary for men and women working in Behavioral Health was \$10,515, with the average for 168 men at \$64,367 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**



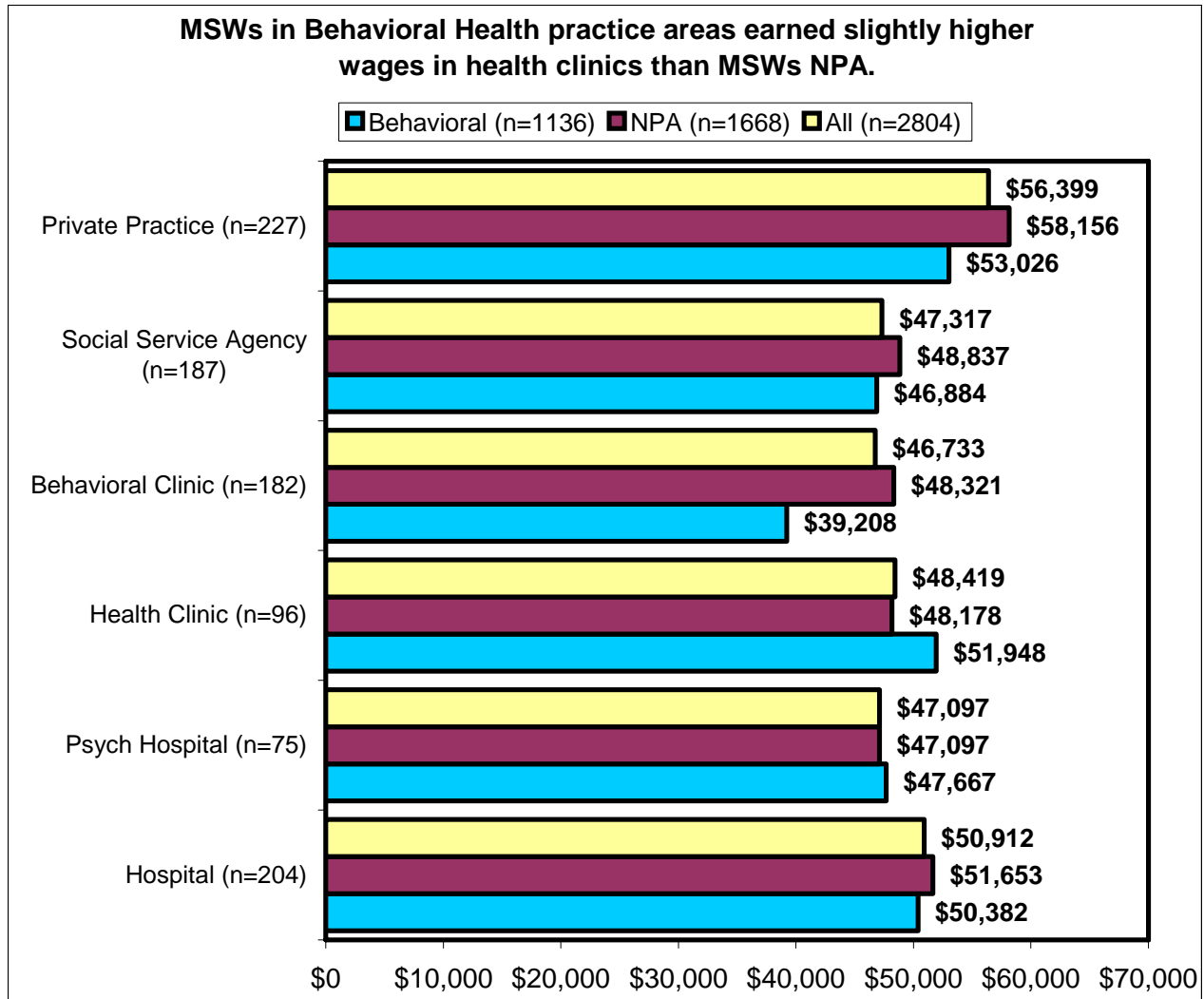
Behavioral Health MSWs employed in private practice earned the highest wages, followed by those in hospitals. Those employed in psychiatric hospitals had the lowest median salaries.

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



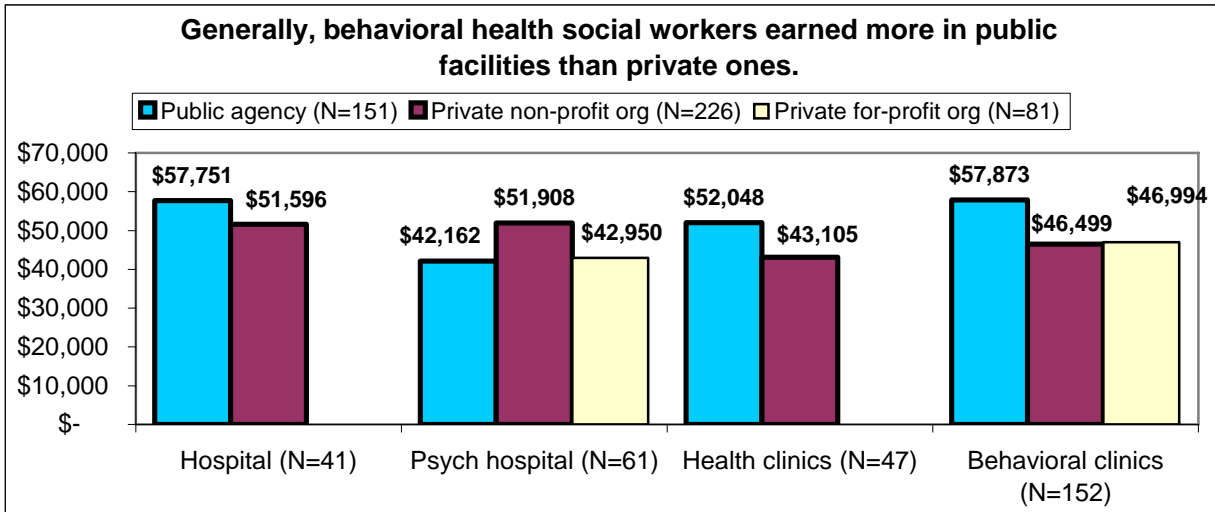
While the differences were small, MSWs in Behavioral Health generally earned lower median salaries than MSWs NPA who worked in similar settings. The exception to this was that Behavioral Health MSWs in health clinics earned more than MSWs NPA.

**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.

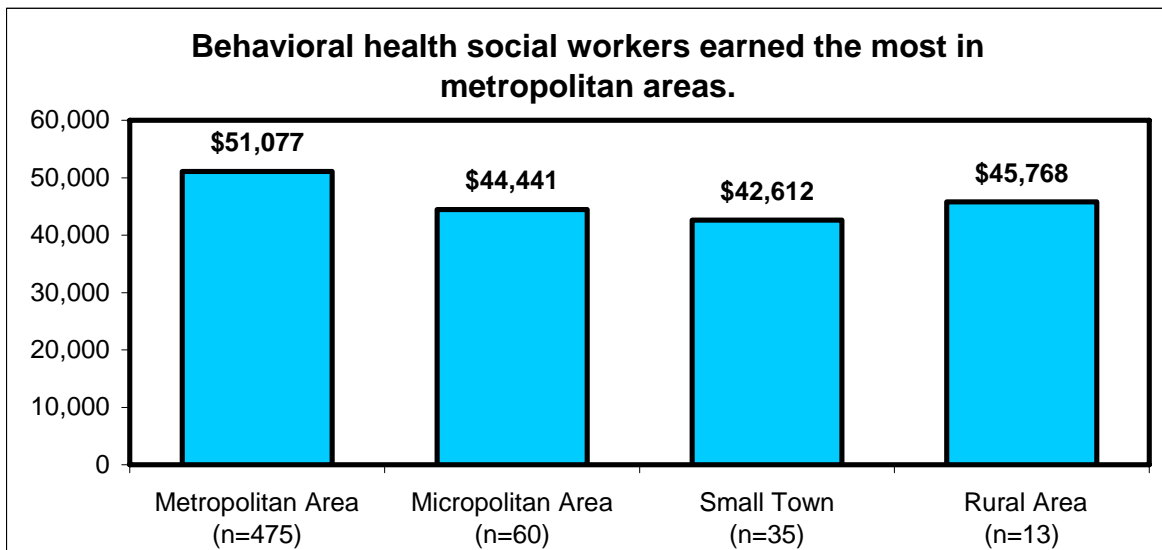
**Figure 4. Median Salaries of Full-Time Behavioral Health Social Workers by Employment Setting and Sector**



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.

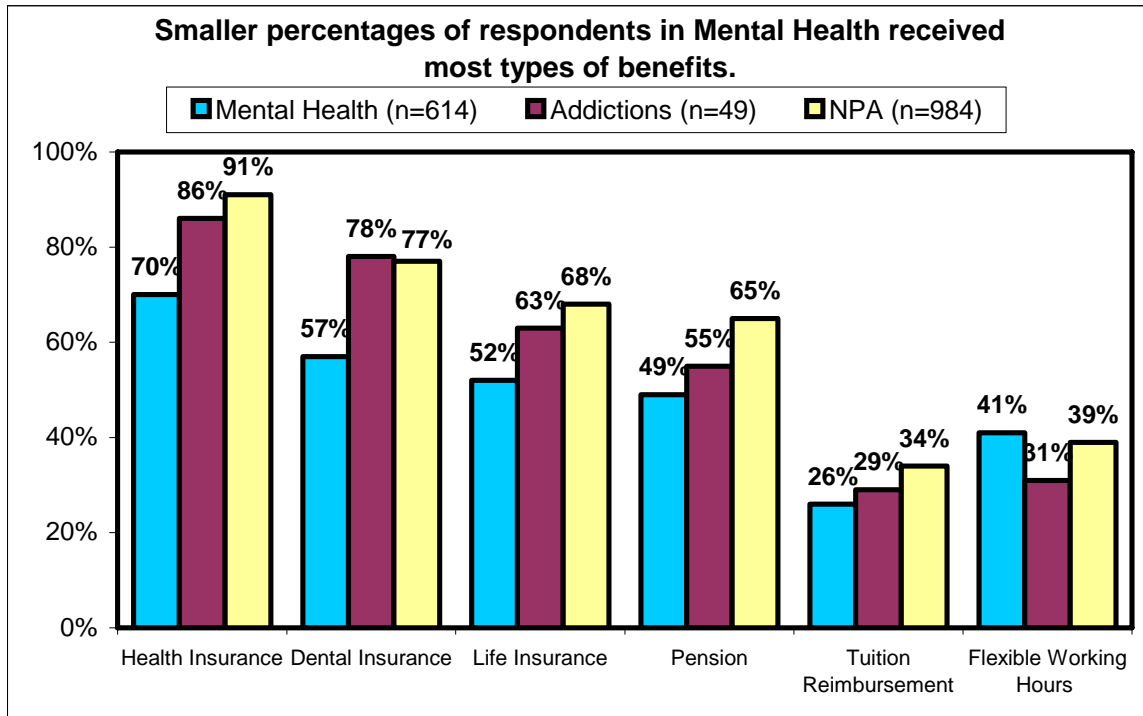
Social work salaries varied substantially by rural/urban location of practice, as shown in Figure 5.

**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**

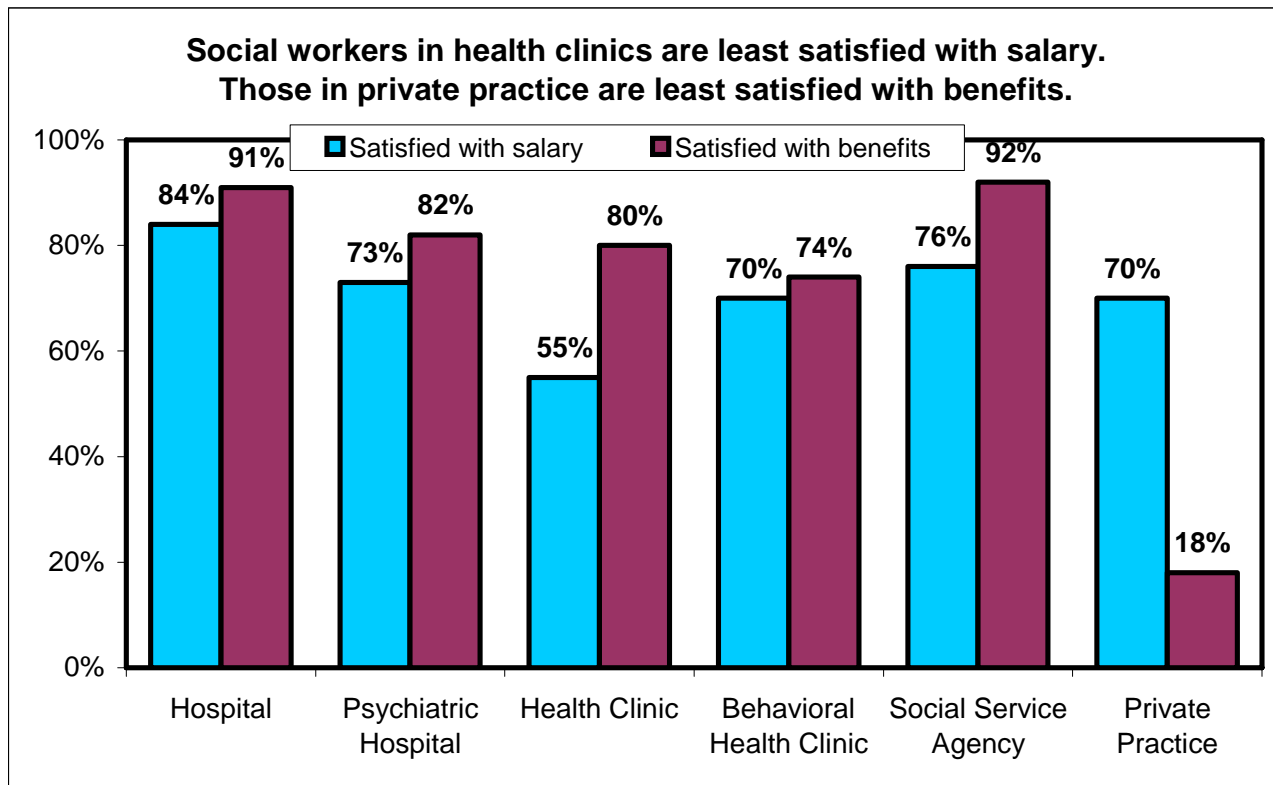
Primary Employment Setting	Health Insurance	Dental Insurance	Life Insurance	Pension	Tuition Reimbursement	Flexible Working Hours
Hospital (n=43)	100%	93%	81%	70%	42%	30%
Psychiatric Hospital (n=62)	97%	82%	81%	68%	45%	29%
Health Clinic/Outpt Facility (n=51)	98%	82%	57%	69%	35%	45%
Behavioral Health Clinic (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<sup>1</sup>

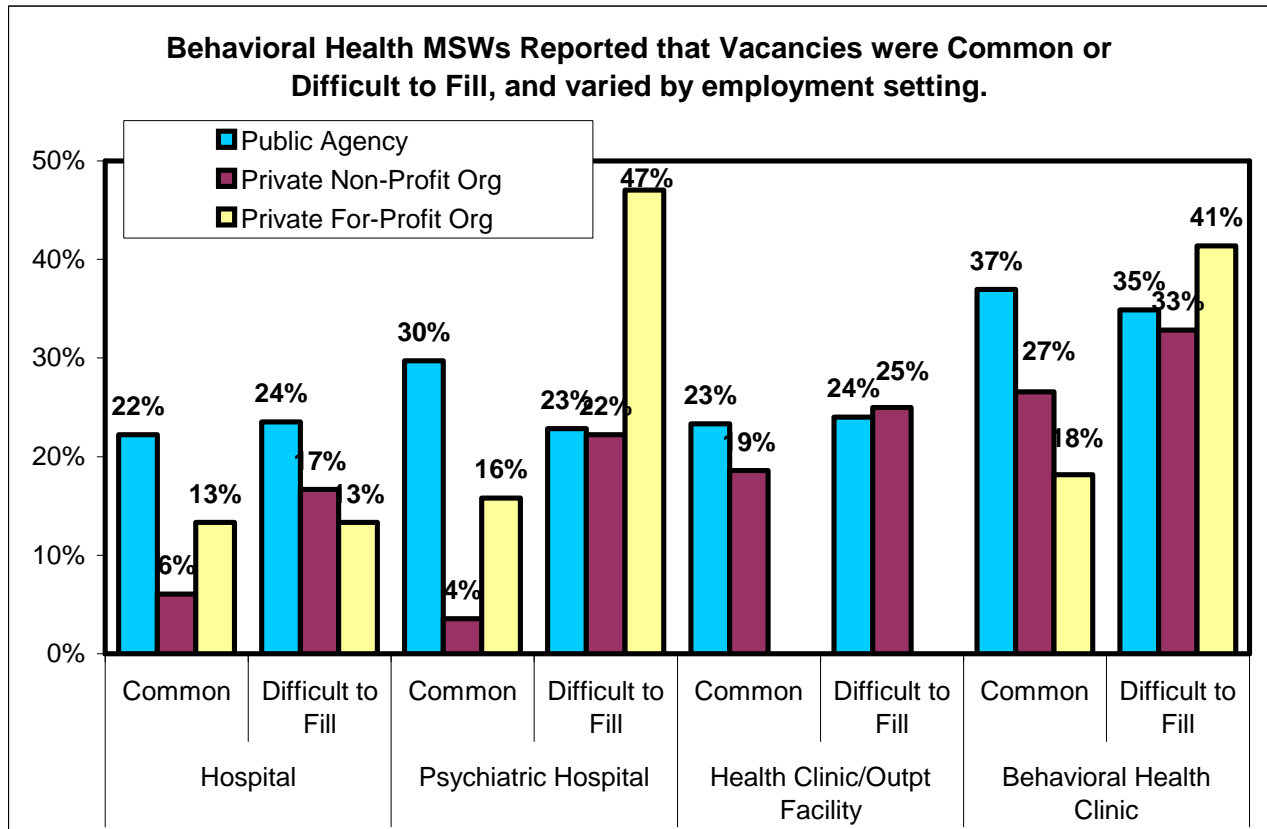
### *Vacancies*

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.

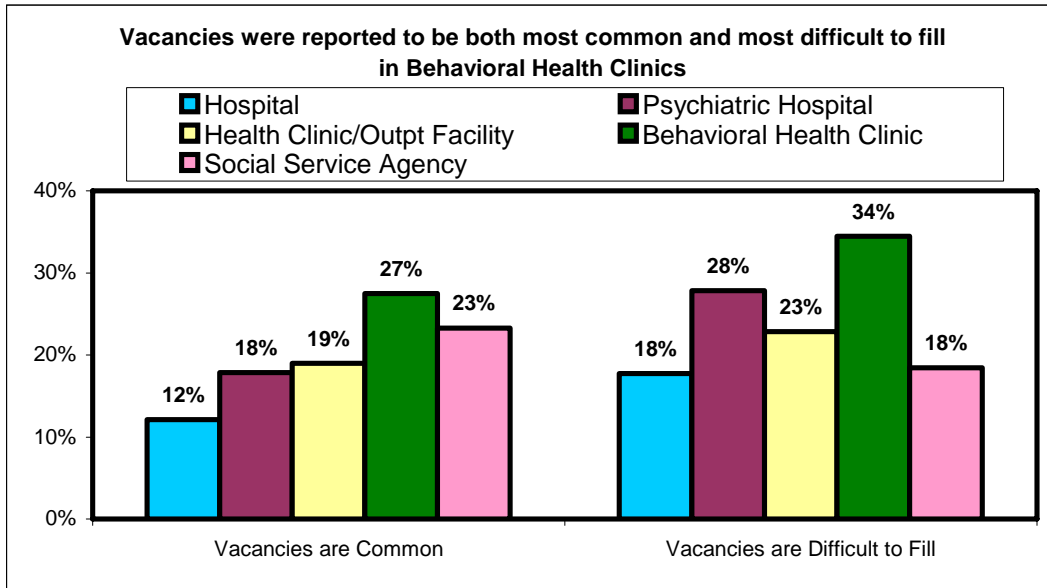
<sup>1</sup> Data from this section exclude those in private practice.

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



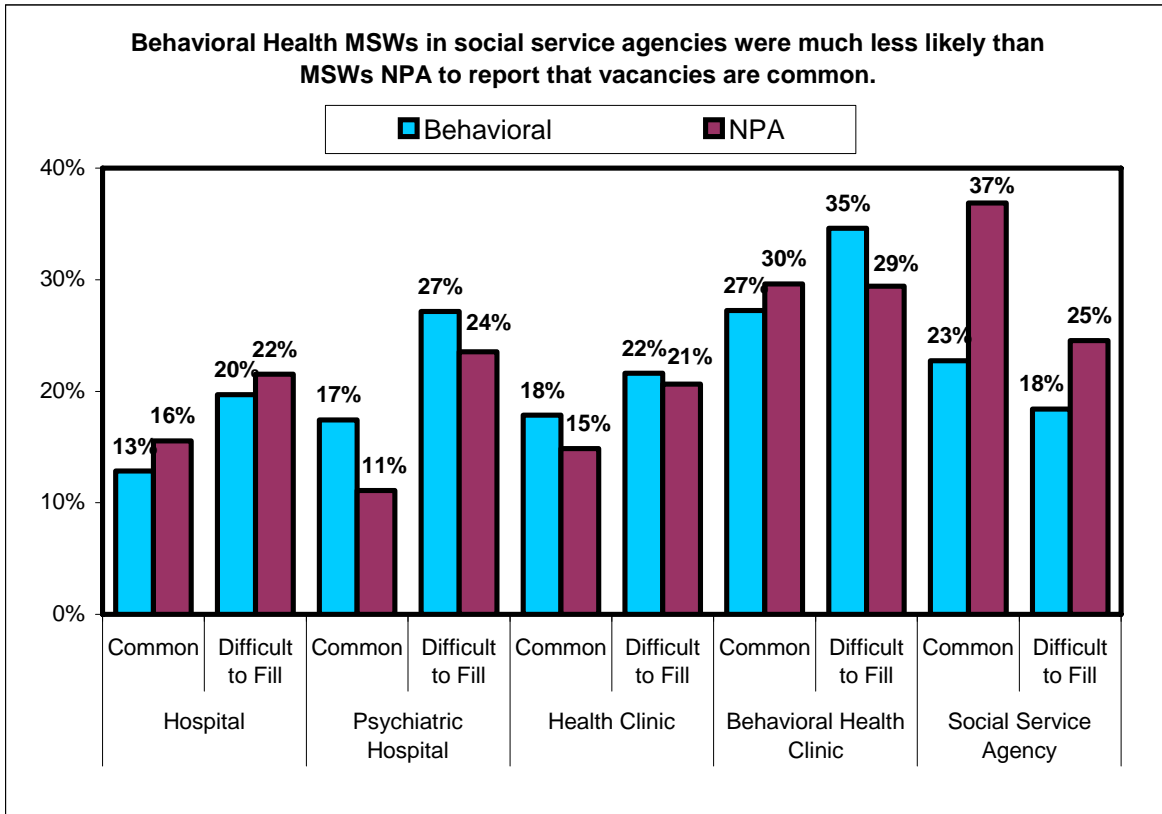
Vacancies were reported to be both most common and most difficult to fill in behavioral health clinics (27% and 34%) and least common and difficult to fill in hospitals (12% and 18%).

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



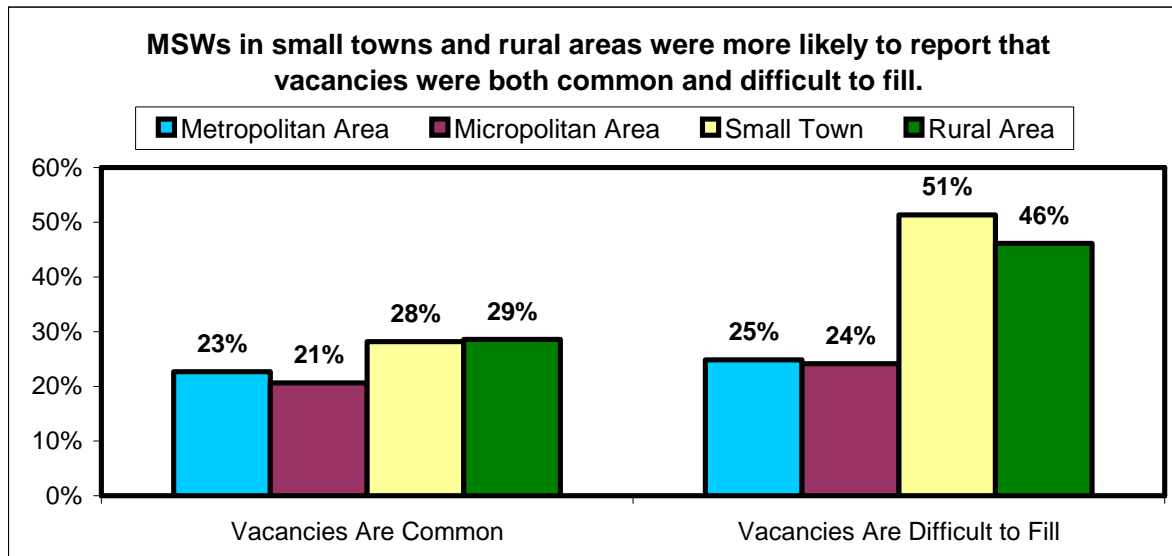
Behavioral Health MSWs' experiences of vacancies within settings differed from those in other practice areas. For example, Behavioral Health MSWs in social service agencies were much less likely than MSWs NPA to report that vacancies were common (23% versus 37%), while those in psychiatric hospitals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

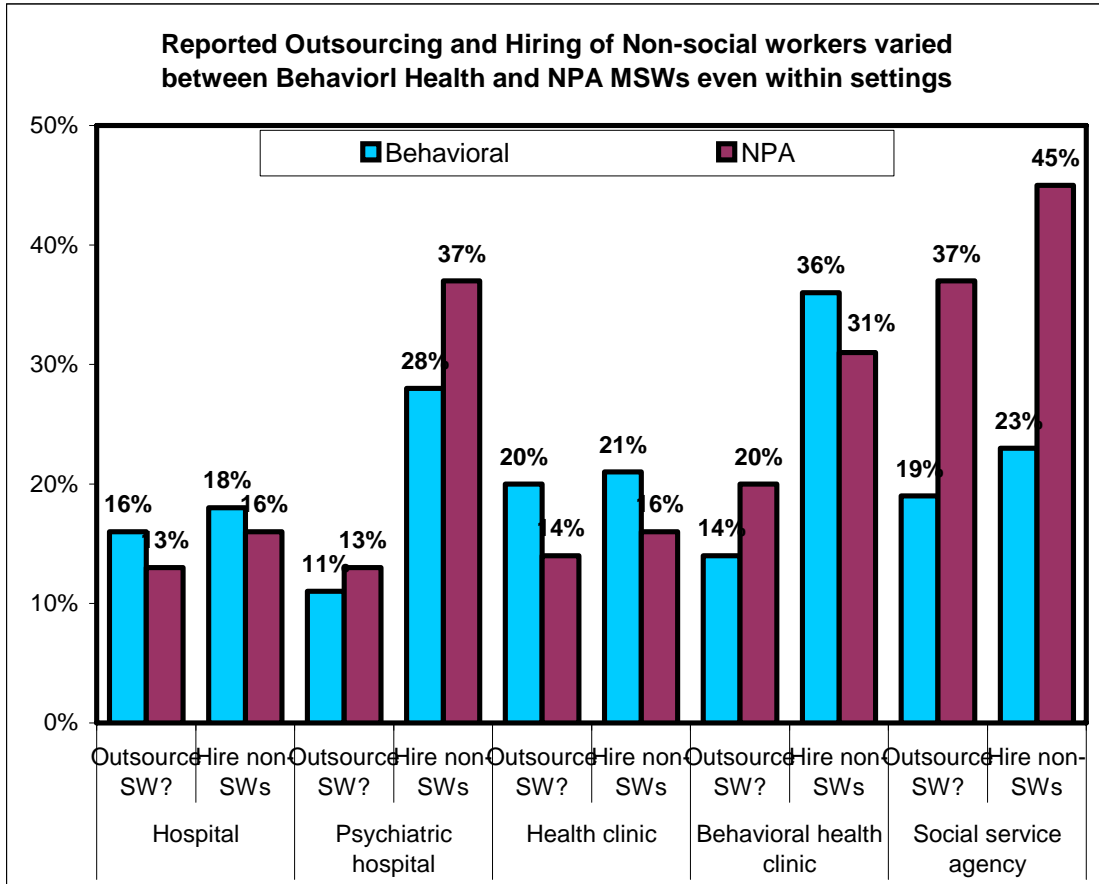
**Figure 11. Percentages of Behavioral Health MSWs Reporting that Vacancies were Common or Difficult to Fill, by Geographic Location of Practice**



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

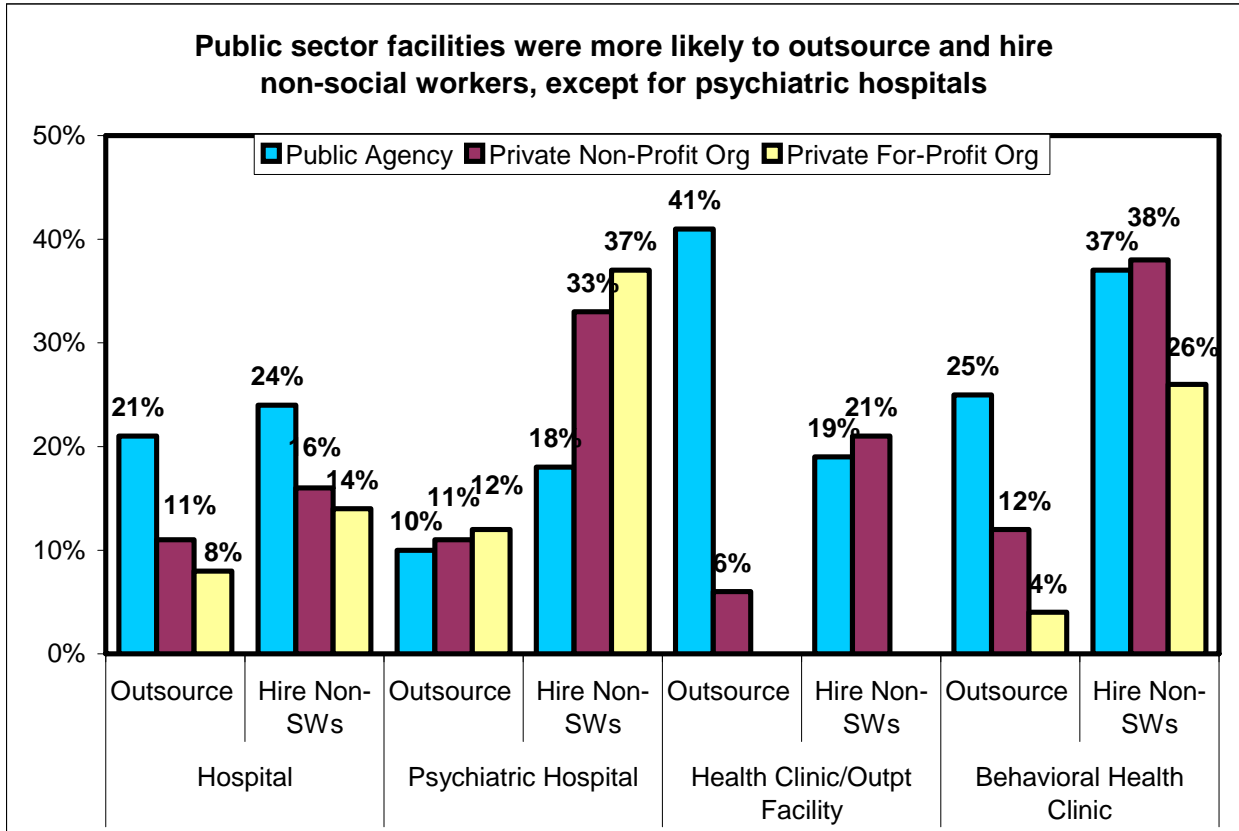
MSWs in Behavioral Health were slightly less likely than either MSWs NPA or social workers overall to report that their agencies outsourced social work roles (15% versus 19% and 20%, respectively). MSWs did not differ across practice areas in reporting that their agencies hired non-social workers to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



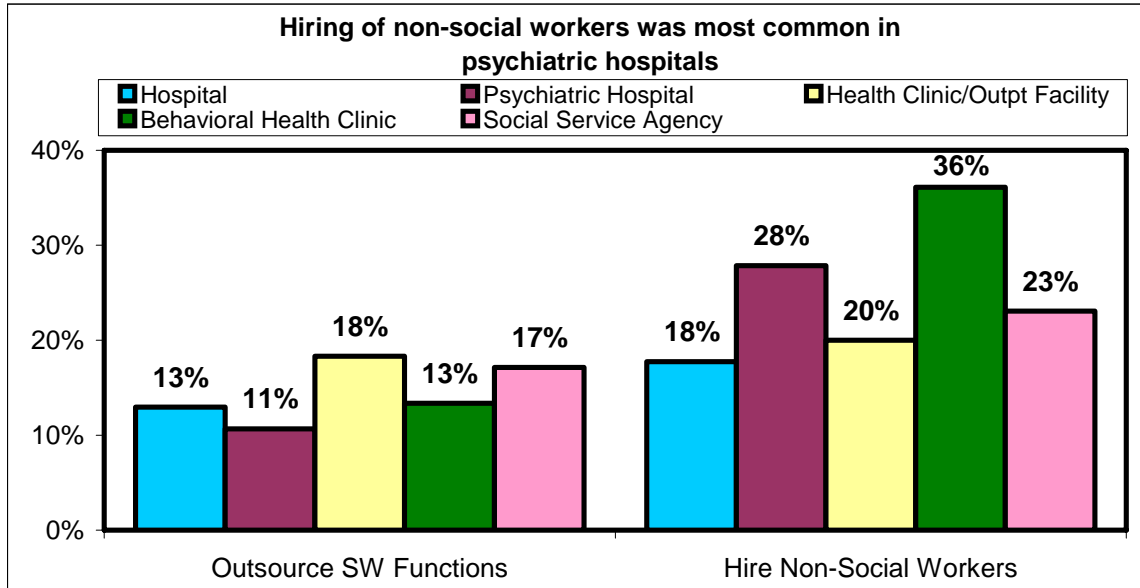
There were variations in reports of outsourcing social work functions and hiring non-social workers for social work positions by sector within settings, as seen in Figure 13.

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



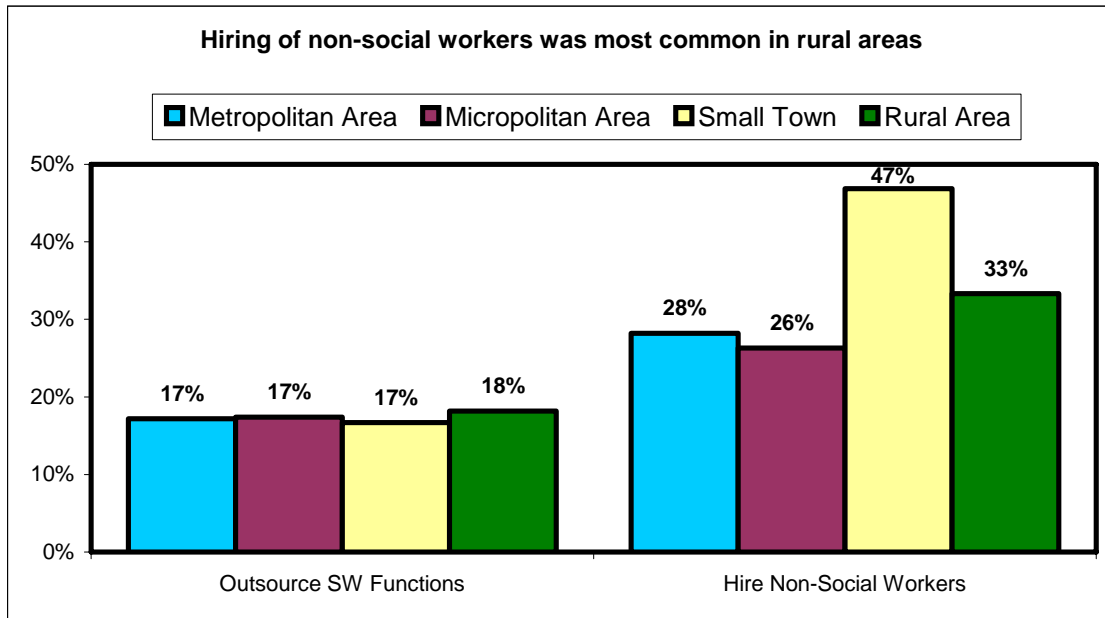
Reports of outsourcing social work functions were most common in health clinics (18%) and least common in psychiatric hospitals (11%). Reports of hiring of non-social workers to fill social work roles were most common in behavioral health clinics (36%) and least common in hospitals (18%).

**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**



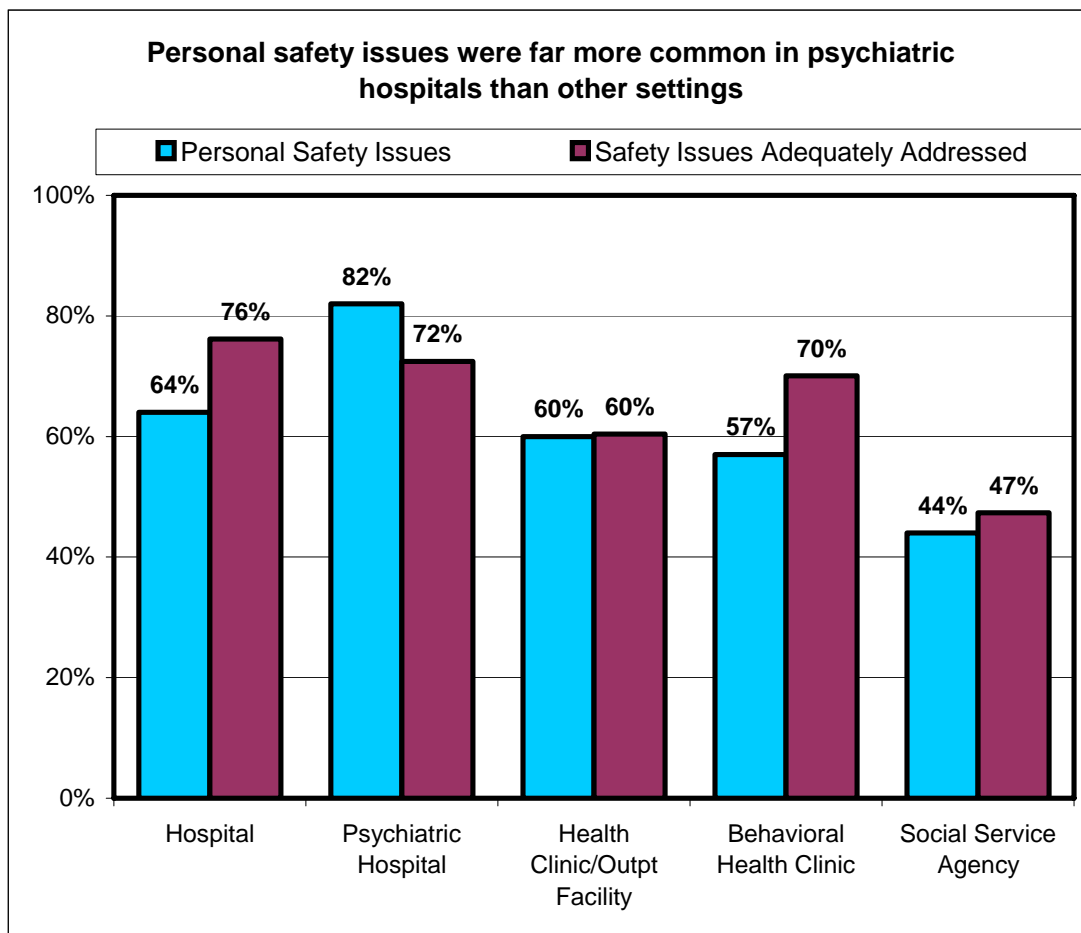
## Job Safety<sup>2</sup>

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**

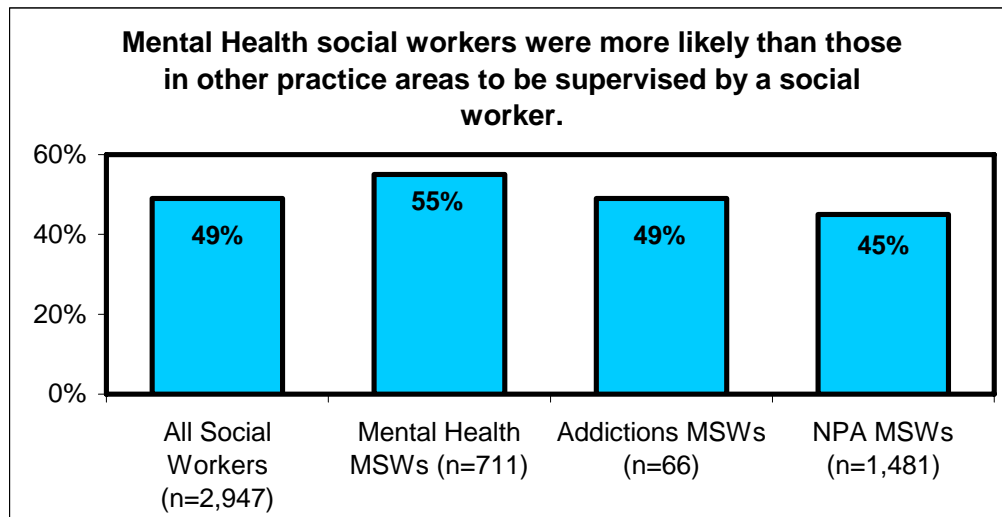


<sup>2</sup> Data from this section exclude those in private practice.

### Supervision by Social Workers<sup>3</sup>

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.

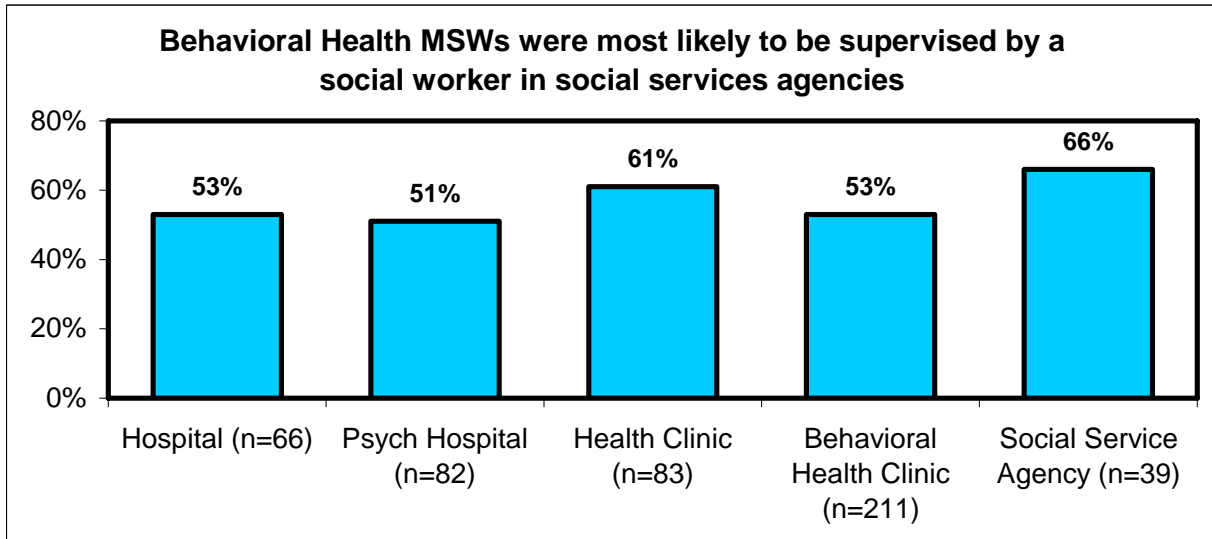
**Figure 17. Percentages Reporting Supervision by a Social Worker, by Practice Area**



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.

<sup>3</sup> 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**

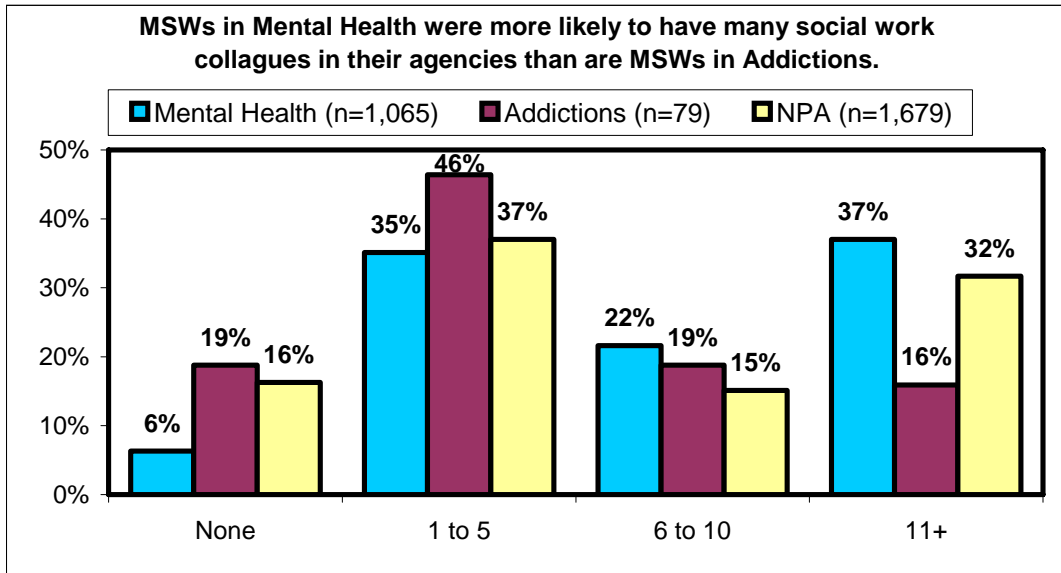


#### **Work with Other Social Workers in Organizational Settings<sup>4</sup>**

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.

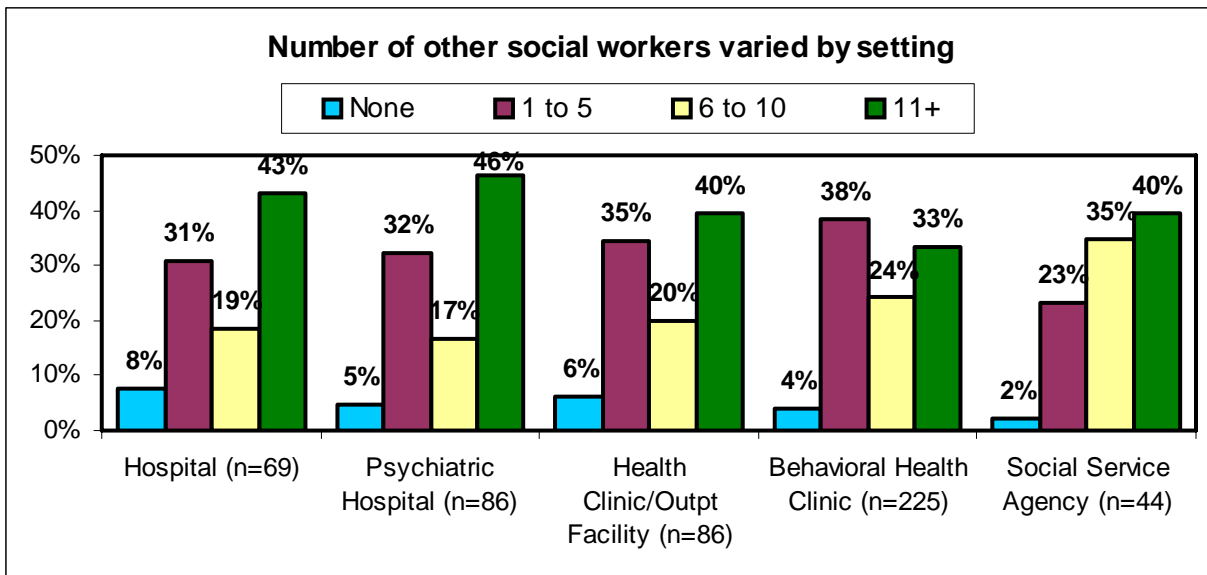
<sup>4</sup> Data from this section exclude those in private practice.

**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<sup>5</sup>

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<sup>6</sup>

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.

<sup>5</sup> Data from this section exclude those in private practice.

<sup>6</sup> 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%