

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

## **Chapter 7 of 7**

### **Perspectives on Social Work Practice**

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## Chapter 7. Perspectives on Social Work Practice

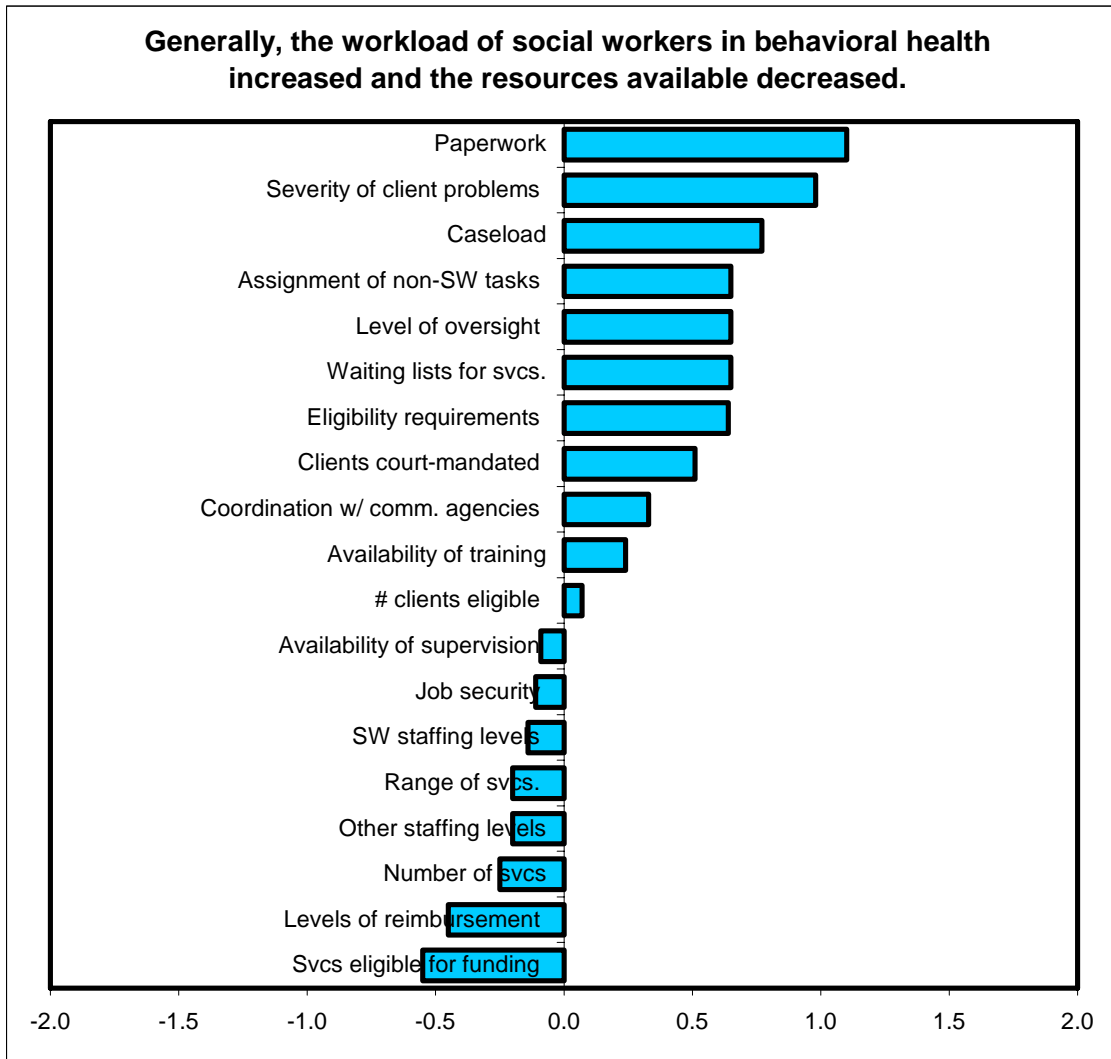
### Summary of the Findings

- 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.

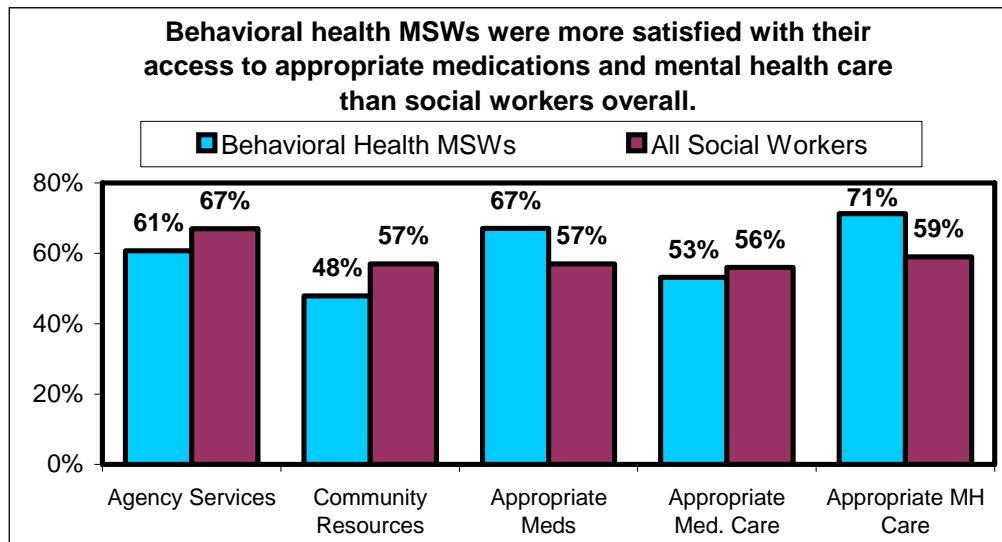
**Table 3. Five Largest Changes in Practice of Social Work Reported by Behavioral Health MSWs, by Setting**

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**

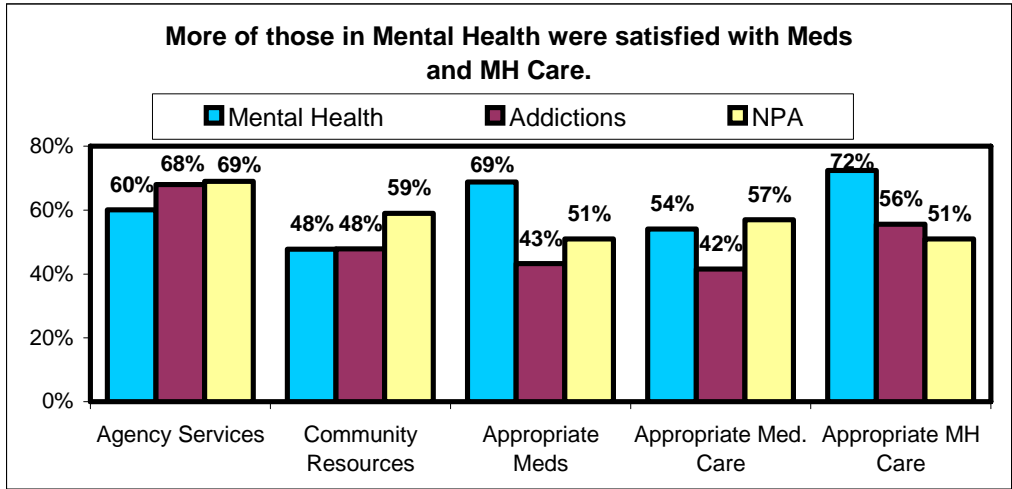
As seen in Figure 2, Behavioral Health social workers were more likely to be satisfied than MSWs NPA with their access to appropriate medications (67% versus 58%) and appropriate mental health care (71% versus 60%), but were substantially less likely to be satisfied with their access to community resources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