2024 SOCIAL WORKERS OF NEW MEXICO SURVEY

A Report to the New Mexico Legislative Health and Human Services Committee

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Tables and Figures

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(https://bing.gifposter.com/cn/wallpaper-730-guadalupetexas.html)

workloads (39%, 234) and more than half worked outside their regularly schedule worktime to get their work done (57%, 349). More than 1 in 2 participants (51%, 311) experienced burnout or vicarious trauma, over 1 in 3 have depression, anxiety or trauma symptoms (37%, 226), and nearly a quarter have health problems because of their work (24%, 144).

Financial concerns were a prevalent barrier for participants. Many participants worry about the sustainability of their organizations (35%, 214) and feel discouraged by systems barriers (72%, 438). Over a third of participants are not paid enough to meet their financial needs (36%, 236), endure financial strain caused by student loan debt (43%, 262), and work more than one job to make ends meet (37%, 227).

Summary of Recommendations

From these findings, and reinforced by recent national and New Mexico-based research, six key recommendations emerged:

> Recommendation 1: Eliminate Racial/Ethnic Pay Disparities and Achieve Pay Equity for Social Workers
>
> Recommendation 2: Invest in the Retention of New Mexico's Social Workers
>
> Recommendation 3: Increase Funding for Peer Support and Community Health Workers
>
> Recommendation 4: Identify and Fund Innovations in Reducing Burnout and Vicarious Trauma
>
> Recommendation 5: Fully Fund General Operations for Community-Based Organizations
>
> Recommendation 6: Fund Policy and Feasibility Research Addressing the Social Work Interstate Licensing Compact and Alternative Pathways for Social Work Licensure

These recommendations are not intended to be comprehensive, but to enliven dialogue among policymakers, social work leaders, educators, practitioners, and students about ways in which we can collectively address the most pressing challenges our profession faces.

they confront in their work, and their professional development needs. This report summarizes national workforce literature, reports findings from the survey, and provides data-grounded, actionable recommendations for improving the resilience and longevity of our social workers in New Mexico's social work workforce.

Social Work Defined

The inception of social work as a profession in the United States dates back to 1898, when the first social work course was taught at Columbia University.[12] Predicated on social, environmental, racial and economic justice, social work plays a significant role in not only promoting behavioral health and wellbeing for people, families and communities, but also in championing public health, community building, civic engagement, and worker, civil and human rights.

The International Federations of Social Work (2014) defines social work as:

> A practice-based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and Indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.[13]

The social work profession is grounded in core values of service, social justice, dignity and worth of people and communities, the importance of human relationships, integrity and professional competence.[14] Social work practice is guided by a set of ethical and professional standards defined by the National Association of Social Workers, which emphasize cultural competence, professional self-care, and the importance of upholding the integrity of the profession.[15] These values and ethical principles are reinforced by the nine core competencies of social work practice.[16] In accordance with the Council on Social Work Education (CSWE), social workers must demonstrate ethical and professional behavior. They must also advance human rights, social, racial, economic and environmental justice for competent practice. Additional imperatives for competent practice are engaging in antiracism, diversity, equity, and inclusion in practice, applying practice-informed research to their practice, and participating in policy practice. Finally, social workers must be skilled in engaging, assessing, intervening with and evaluating their practices with individuals, families, groups, organizations and communities.

Because of their broad skills and preparation, social workers are valuable assets to a thriving behavioral health workforce. Social workers engage people and communities with an understanding of the roles

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[12] National Association of Social Workers. (n.d.). Social work history. https://www.socialworkers.org/News/Facts/Social-Work-History

[13] International Federation of Social Workers. (2014). Global definition of the social work profession. https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/

[14] National Association of Social Workers. (2021). Code of ethics. https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

[15] Ibid.

[16] Council on Social Work Education. (2022). 2022 educational policy and accreditation standards. https://www.cswe.org/getmedia/bb5d8afe-7680-42dc-a332-a6e6103f4998/2022-EPAS.pdf

The Landscape of Social Work Practice in New Mexico

Social work is a vital profession in our state, where the New Mexico Human Services Department (2023) lists licensed clinical social workers (LCSW), licensed independent social workers (LISW), and licensed master's social workers (LMSW), as among six core mental health professions.[22] Table 1, *Social Workers Employed in Community and Social Service Occupations in New Mexico, 2023,* below describes the occupational categories and annual mean wages for social workers in New Mexico, according to the Bureau of Labor Statistics.[23] Overall, from 2022 to 2023, the total number of social workers employed in community and social service occupations rose from 13, 770 to 14,040 workers, with a notable decline from 2,500 Child, Family and School Social Workers to 2,470, and a significant increase in Healthcare Social Workers from 640 to 730 during the same year.[24]

Table 1.
Social Workers Employed in Community and Social Service Occupations in New Mexico, 2023

Occupational Title	Total Employed	Annual Mean Wage
Child, Family and School Social Workers	2,470	$54,760
Healthcare Social Workers	730	$62,160
Mental Health and Substance Abuse Social Workers	480	$53,870
Social Workers, All Other	530	$68,890
Social Work Teachers, Post-Secondary	260	$60,870
Social Work Total:	4470	$60,110
Community and Social Service Occupations Total:	14,040	$57,400

Notes.
*Other careers included in this occupation title are: Educational, Guidance, and Career Counselors and Advisors; Marriage and Family Therapists; Rehabilitation Counselors; Substance Abuse, Behavioral Health and Mental Health Counselors; Health Education Specialists; Probation Officer sand Correctional Treatment Specialists; Social and Human Service Assistants; Community Health Workers; Community and Social Service Specialists (All Other); and Clergy.
**Workers with Bachelor of Social Work degrees may be employed in other Community and Social Service occupations and not included in the social work total.

Interactive Map of Licensed Social Workers in New Mexico by County, 2024

According to the New Mexico Regulation and Licensing Department Board of Social Work Examiners, of the 5,404 social workers licensed to practice in New Mexico, only 4,347 list their permanent addresses in the state.[25] The Interactive Map of Licensed Social Workers in New Mexico (Figure 1) below depicts the counties in which actively licensed social workers live and what level of licensure they hold. This map may be useful in identifying counties that are being underserved. It may also prove helpful in understanding what types of services can be provided for each level of licensure. Of significance is that,

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[22] New Mexico Health Care Workforce Committee. (2023). 2023 annual report, p. 26. https://digitalrepository.unm.edu/nmhc_workforce/11/

[23] U.S. Bureau of Labor Statistics (2024). May 2023 New Mexico Occupational Employment and Wage Estimates, Community and Social Service Occupations. https://www.bls.gov/oes/2023/may/oes_nm.htm#25-0000

[24] U.S. Bureau of Labor Statistics (2023). May 2022 New Mexico Occupational Employment and Wage Estimates, Community and Social Service Occupations.

[25] New Mexico Regulation and Licensing Department. (May 2024). Social workers with active New Mexico Licenses.

Table 2. Actively Licensed Social Workers by County of Residence and Type of Licensure, 2024

Table 2.
Actively Licensed Social Workers by County of Residence and Type of Licensure, 2024 (n-4,347)

New Mexico County	Provisional All Levels	LBSW	LMSW	LCSW	LISW	Total Licensed SW	County Pop.	SW Per 1,000 People
Bernalillo County	14	60	647	991	35	1,747	671,586	2.6
Catron County	0	0	0	1	0	1	3,825	.3
Chaves County	3	22	36	39	2	102	63,561	1.6
Cibola County	0	3	13	6	0	22	26,780	.8
Colfax County	0	1	6	10	0	17	12,255	1.4
Curry County	3	13	30	36	2	84	47,222	1.8
De Baca County	0	0	1	2	0	3	1,657	1.8
Doña Ana County	6	69	207	254	5	541	225,210	2.4
Eddy County	1	11	30	19	0	61	60,275	1
Grant County	5	18	20	36	0	79	27,472	2.9
Guadalupe County	0	0	4	2	0	6	4,292	1.4
Harding County	0	0	0	0	0	0	624	-
Hidalgo County	0	0	0	2	0	2	3,965	.5
Lea County	1	19	19	24	0	63	72,101	.9
Lincoln County	0	6	9	13	0	28	20,029	1.4
Los Alamos County	0	1	5	13	1	20	19,444	1
Luna County	2	7	8	4	0	21	25,316	.8
McKinley County	1	5	13	21	0	40	68,797	.6
Mora County	0	1	6	6	1	14	4,123	3.4
Otero County	1	10	31	32	1	75	68,835	1.1
Quay County	0	3	3	6	0	12	8,510	1.4
Rio Arriba County	0	1	11	25	0	37	39,876	.9
Roosevelt County	1	10	13	15	0	39	18,787	2.1
San Juan County	5	22	60	82	0	169	120,675	1.4
San Miguel County	3	19	52	29	4	107	26,668	4
Sandoval County	3	20	116	187	11	337	155,936	2.2
Santa Fe County	6	9	146	287	18	466	155,956	3
Sierra County	0	3	9	4	0	16	11,488	1.4
Socorro County	0	4	3	7	0	14	15,963	.9
Taos County	2	6	33	63	5	109	34,405	3.2
Torrance County	0	1	4	7	1	13	15,633	.8
Union County	0	0	2	2	0	4	3,964	1
Valencia County	0	6	47	44	1	98	79,141	1.2
Total by Licensure Type	57	350	1,584	2,269	87	4,347	2,114,371	2.1

Methods

This exploratory study was led by the Center for Excellence in Social Work (Center), a statewide Research and Public Service Project located in New Mexico Highlands University's (NMHU) Facundo Valdez School of Social Work and funded through a 2024 New Mexico State General Fund award. This research was reviewed and approved for exempt status (No. 023-2024) by the NMHU Institutional Review Board.

The aim of this research was to gain a comprehensive understanding of factors that influence wellbeing, significant practice barriers, and professional development needs experienced by social workers in New Mexico. The driving research question was, "What individual and organizational wellbeing factors, workforce barriers and resource needs exist for social workers practicing in New Mexico?"

Design

Because exclusively quantitative analysis would not be sufficient for multilevel interpretation, this study employed a mixed methodology design, where both quantitative and qualitative data were collected simultaneously.[27] [28] This methodology also offers the benefit of firsthand narratives from social workers themselves to better answer the pressing questions addressed in the study.[29] This survey gathered information on participants': 1) Demographic information; 2) Levels of education, licensure, and any licensure barriers they face; 3) Role(s), social issues they address, geographic location, and organizational type wherein they practice social work; 4) Professional association affiliation; 5) Interest in obtaining continuing education or professional certification in a series of social work practice topics; and 6) Future plans for practicing social work in New Mexico. Participants were also asked to rate their level of agreement with 26 statements about professional wellbeing. Finally, participants were asked four open-ended questions: 1) What sustains you in your work?; 2) What do you wish you learned in your social work program to better prepare you for social work practice in New Mexico?; 3) What are the most significant barriers you face in your work?; and 4) What resources do you need to effectively do your work?

Sample

The population for this study was social workers practicing in New Mexico. Participants were identified using convenience and snowball sampling. Actively licensed social workers identified by the New Mexico Licensing and Regulation Department as living in New Mexico, social work faculty from Schools of Social Work in New Mexico, and social workers who previously attended professional development activities through the Center directly received recruitment emails. Email recipients were encouraged to forward the recruitment email to fellow social workers. To maximize outreach, the researchers also posted recruitment material on social media, including Facebook, Instagram, and LinkedIn. The survey

[27] Hanson, W. E., Creswell, J. W., Clark, V. L. P., Petska, K. S., & Creswell, J. D. (2005). Mixed methods research designs in counseling psychology. Journal of Counseling Psychology, 52(2), 224–235. https://doi.org/10.1037/0022-0167.52.2.224

[28] Chakravarty, C. (2020). Institutional racism in child welfare organizations and supervisory support: A mixed methods study. ProQuest Publication No. 27963754
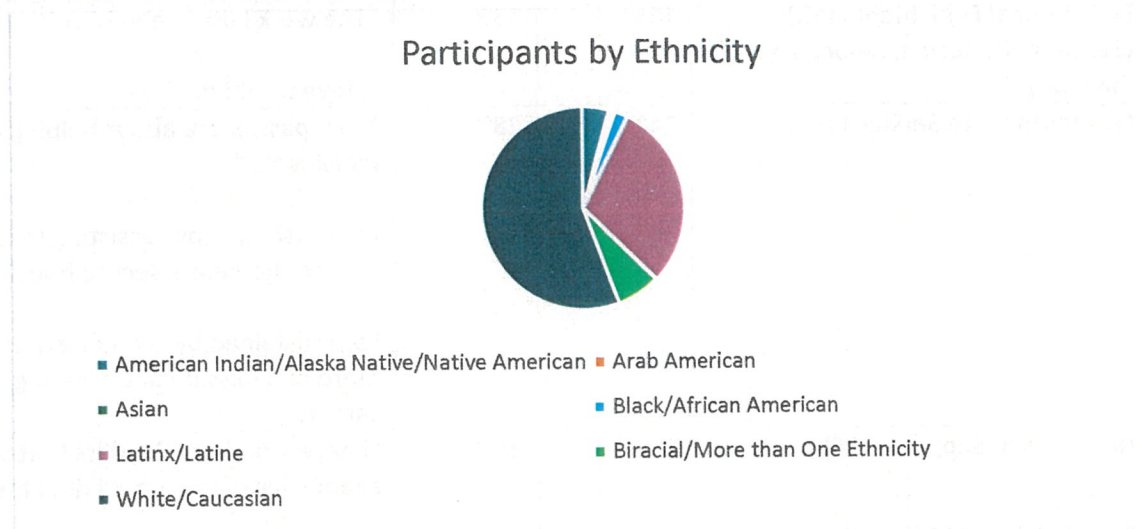
[29] Chakravarty, S., & Lawrence, C. K. (2022). 'Our Agency Doesn't Like to Use the Word Racism Let Alone Talk about It': Firsthand Stories of Workplace Racism in Child Welfare. Child Welfare, 100(1), 111–140.

Participant Demographics

According to the literature, from 2017 to 2019, masters-level social workers newly entering the profession nationwide were predominantly White (66.2%) and female (89.9%) with an average age of 31.[35] While a similar majority of Social Workers of New Mexico survey participants identified as White, participant demographics for the 2024 Social Workers of New Mexico Survey differed from the national demographic distribution by ethnicity and gender. Of the 695 participants who provided their ethnicities, 53% (368) identified as White, 30% (199) were Latine/Latinx/Hispanic, 7% (46) identified as biracial or more than one ethnicity, 4% were American Indian/Alaska Native/Native American, 2% (13) identified as Black, and 1% (4) were Asian. Figure 2, *Survey Participants by Ethnicity*, describes participants' ethnicities. Full participant demographics can also be found in Appendix A: 2024 Social Workers of New Mexico Survey Participant Demographics, where greater detail can be seen by hovering over the image.

Compared with the same national study, fewer participants identified as female (77%, 581), more identified as male (14%, 103), and 1% (9) as gender queer, non-binary or a third gender. Most survey participants were 35 or older, with participants' ages ranging from 25 to above 65 years of age, where 12% (86) were 25-34, 26% (183) were 35-44, 25% (173) were 45-54, 19% (136) were 55-64, and 17% (116) were above 65 years of age. Fifteen percent (108) of participants were Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, or Two Spirt (LGBTQQI2S+), 46% (322) were not, and an additional 37% (260) showed solidarity as allies with LGBTQQI2S+ people. Finally, 31% (216) of survey participants communicated in 2 languages and 2% (17) communicated in 3 or more languages, with 29% communicating in Spanish, 2% (13) in American Sign Language, 2% in French, and 1% (7) in Diné/Navajo. Five participants mentioned speaking German, three participants speak Keres, and three named Arabic as another language.

Figure 2. Survey Participants by Ethnicity

Participants by Ethnicity

- American Indian/Alaska Native/Native American
- Arab American
- Asian
- Black/African American
- Latinx/Latine
- Biracial/More than One Ethnicity
- White/Caucasian

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[35] Salsberg, E., Quigley, L., Richwine, C., Sliwa, S., Acquaviva, K., & Wyche, K. (2020). The social work profession: Findings from three years of surveys of new social workers. *Fitzhugh Mullan Institute for Health Workforce Equity, George Washington University.*

				I am sustained by "colleagues who cheer me on and support my caseload." I am sustained by "the support of my husband and children."
4	Wellbeing Enhancers (99)	99	20%	"I changed agencies. I strive to practice self-care. I take time to practice personal interests, for continuing education, and (surround myself by) supports who understand the struggles of the profession."
5	Desire to Make a Difference (79) (Sense of Altruism)	79	16%	"Through my commitment to antiracism, social justice, and equity, I believe I can make a difference. I hope to leave the profession and our communities in a more positive light after I retire."

Professional Fulfillment

In response to the question "What sustains you in your work?", a third of the social workers who responded (33%, 165) shared that autonomy, flexibility, and diversity of social work practice aided in their overall professional satisfaction. Additionally, respondents strongly endorsed a sense of mattering, believing they make an impact through their work by promoting healing, wellbeing and success among the people and communities they serve. Respondents also felt a strong sense of belonging, where their personal values mirrored social work values through expressing genuine care for the people and communities they served. Respondents expressed a strong sense that their work mattered in the lives of the students, clients and communities they served and a deep sense of fulfilment from their gratitude. A final significant factor was respondents' sense of purpose, where social work was seen as a calling and "more of a mission and blessing than a career." Respondents broadly stated that practicing social work was honorable, rewarding, and fulfilling.

Commitment to Service

For the same open-ended question, close to a third (28%, 141) of respondents indicated that they felt a deep commitment to serving others. One social worker shared, "Social work is in my bones, and it has always been what I have wanted to do. I truly have always wanted to serve my community." This sense of service extends to clients, communities, social work students and the profession, where one social worker noted the importance of "growing the next generation of social workers to be competent, compassionate, and fierce social justice advocates." Many respondents also reported a commitment to serving people with similar lived experiences, with one social worker stating, "I wish someone helped me the way I help others."

Networks of Support

Most survey participants (79%, 483) agreed that they have supportive people in their lives they can access during difficult times as a factor that sustains them in their work. Many participants (68%, 410) agreed that their supervisors support them in practicing self-care and 52% (316) agreed their

Experiences with overwork and overwhelm contribute to a desire to leave the profession. Over a third (38%, 231) of survey participants have considered leaving the profession of social work, with 14% (86) reporting having active plans to leave the profession. About this, one participant stated, "I only stay because there is really no one out there to replace me. We have had social work vacancies going on two years now." Another social worker revealed, "I am so burnt out and discouraged. I told myself I would take a year off, but I'm so much happier, I might not ever return." Of further concern is that 15% (88) of survey participants plan to relocate to another state in the next 1-5 years and 8% (46) in the next 6-10 years, indicating a potential 23% workforce attrition over the next 10 years. Our workforce is also aging, with 19% (115) of participants planning to retire in the next 1-5 years and another 15% (89) in the next 6-10 years, with a prospective workforce loss of 34% within 10 years.

When asked, "What are the most significant barriers you face in your work?", a total of 476 participants provided responses that were themed into eight categories: 1) Resource drought; 2) Wellbeing detractors; 3) Systemic barriers; 4) Lack of support; and 5) Acuity and chronicity of client need. Though not explored in depth in this report, additional themes that emerged included negative perceptions, lack of knowledge and social stigma associated with the social work profession, participants' perceptions of colleagues' professional competency, and bias and an unsupportive sociopolitical climate. Table 5, *Significant Barriers Survey Participants Face in Their Work,* below describes these thematic barriers in rank order by number of responses.

Table 5. Significant Barriers Survey Participants Face in Their Work

Table 5. Significant Barriers Survey Participants Face in Their Work (n-476)				
Rank	Barrier	Number	Percent	Quotes
1	Resource Draught	225	47%	"Hands down, the most significant barriers are 1) lack of community resources to refer to and 2) lack of social workers due to high burnout and low pay. I cannot overstate the lack of community resources placing an impossible burden on this profession." A significant barrier is "lack of resources. Many agencies I am aware of are seeming to be trying to implement interventions and supports in house regardless of their focus because relevant agencies to assist with unstable housing, mental health, in-home services, job coaching, and food insecurity are underfunded, overburdened, or non-existent." Significant barriers are "lack of resources for clients, lack of programs, lack of housing, lack of mental health (services) for adults, lack of medical (services) for immigrants, lack of dental (services) for immigrants, lack of medical insurance, lack of legal assistance-attorneys, lack of community support for (their) program, lack of community support for other programs, lack of understanding of the community

				"The patients are becoming more acute, and there are no resources in New Mexico." A significant barrier is the "high acuity of patients who are struggling with systemic oppression and as a result have complex behavioral health presentations."

Resource Drought

Nearly a quarter (24%, 149) of participants reported they did not have the resources they need to provide quality services to the people they serve. A strong majority (72%, 438) of social work participants felt discouraged by systems barriers they face in their work. Most participants (61%, 357) affirmed their communities do not have the necessary resources to meet the client or social needs addressed by their organizations. Many participants also spoke about concern for the sustainability of their organizations (46%, 279), that their program or another program in their organization will be eliminated (54%, 326), and 35% (214) believe their organizations are not adequately funded to meet the client or social needs being addressed by their organizations. One participant reflected about community-based approaches that previously existed:

> The destruction of resources we used to have (is a significant barrier.) I came to the field during the heyday of Community Mental Health Centers. Those currently seem like a dream, given the meanness and destructiveness with which mental health, diversity and poverty are treated during these last 3 decades. We used to ride with the police to help on calls and had a Curandera on staff at our mental health center. We trained bartenders and hairdressers in crisis intervention. These practices no longer exist.

Respondents to the open-ended question exploring barriers also specifically named several resource needs, including behavioral health, substance abuse, and domestic violence providers, where 11 social workers mentioned lack of access and increased waitlists. Respondents also emphasized the needs for rural behavioral health, medical, and dental services and providers who can prescribe medication. Bilingual, culturally- and linguistically competent services and services for immigrants and unaccompanied minors were highlighted as significant needs. Services to meet clients' basic needs were frequently listed, including transportation, financial and food assistance, and affordable housing.

A profound strain on the social workers who responded to the barriers question was the impact of workforce shortages and challenges in workforce retention, where some participants disclosed that they felt obligated to continue working beyond age of retirement because of inability to hire social workers to replace them. Lack of adequate administrative support and technology resources further detracted from time social workers need to serve their clients.

Wellbeing Detractors

In sum, the most frequently mentioned barriers that impacted respondents' wellbeing are pay inequity, student loans, burnout and vicarious trauma, extremely high caseloads and workloads, and lack of time to complete work exacerbated by documentation demands, fiscal and administrative duties. Two significant barriers emerged and are explored in greater detail: 1) Burnout and vicarious trauma; and 2) Pay inequity and racial and ethnic disparities in pay.

My pay is sufficient for my financial needs	7	4	2.7	0.01
I am equitably compensated for my skills and expertise	7	3.8	2.5	0.02

*df= degrees of freedom, MS=Mean Square, F= F statistics, statistical significance= $p < 0.05$

All the values in the p column in the table above are less than 0.05. The p-value of 0.05 is a threshold limit below which all p values are considered significant. This established that there is a difference between the racial/ethnic groups of social workers on their average agreement on the factor/dependent variables.

A Bonferroni post hoc test for multiple comparisons was conducted alongside the ANOVA test. This test determines which racial/ethnic groups in the study have a significant difference on the items/dependent variables. The following were the findings from the Bonferroni test:

a. I experience discrimination at my organization.

   A significance level of p=0.01, and the percentage count within each group, evidenced that the average agreement of the Indigenous, First Peoples, First Nations, Alaska Native, American Indian, Native American, or specific Nation/Tribe/Pueblo respondents (agreement %= 39%) was higher on the above item than the Anglo, White, Caucasian, or European American, Non-Hispanic respondents (agreement %= 10%).

b. Student loans negatively impact my financial wellbeing.

   A significance level of p=0.00, and the percentage count within each group, evidenced that the average agreement of the Biracial, Mixed, Multiethnic, or More than One Ethnicity respondents (agreement %= 73%) was higher on the above item than the Anglo, White, Caucasian, or European American, Non-Hispanic respondents (agreement %= 40%).

c. My pay is sufficient for my financial needs.

   A significance level of p=0.04, and the percentage count within each group, evidenced that the average agreement of the Anglo, White, Caucasian, or European American, Non-Hispanic respondents (agreement %= 46%) was higher on the above item than the Latinx/Latine, Afro-Latinx/Latine, Caribbean, Chicanx, Hispanic, Mexican, Mexican American or Another Nationality group (agreement %= 29%).

The number of respondents in certain racial/ethnic group categories were small on some of the items/dependent variables in the table, leading to less robust findings.

Lack of Support

Over one in 10 (11%, 54) of social workers who participated in the survey named lack of support as a significant barrier. Participants serving in rural communities mentioned feeling isolated professionally. Lack of support from leadership, administration and supervisors was a barrier for 4% (19) of participants.

Among social workers who responded to the barriers open-ended question, lack of advocacy for the social work profession emerged as a subtheme, where one participant discussed lack of support from the National Social Workers Association (NASW) in national legislative advocacy on behalf of the profession. The survey posed a question, "Do you currently belong to a professional social work

improvements to adequately prepare social workers for practice in New Mexico, with particular emphasis on higher quality practicum experiences and more opportunities for practice-based learning, where social work students and practitioners learn essential skills through doing the work.

Participants also shared their perceptions of gaps in their education experiences to adequately prepare them for practice. Over a third (36%, 159) named the need for more clinical social work skills, including therapeutic intervention skills, trauma-informed skills, school social work skills, serving clients across a spectrum of diversity, including neurodiversity, and skills in psychopharmacology. Over a quarter (26%, 116) also mentioned the need for a more robust generalist social work practice foundation, particularly in the areas of ethics, professional identity development, documentation requirements, the importance of supervision and continuing education, licensure examination preparation, and methods for navigating complex, under-resourced systems. More cultural and linguistic skills were emphasized by 12% (54) of those who responded. An additional 11% (50) focused on the need to gain knowledge on effective personal wellbeing practices, including self-care, fostering a work-life-balance, and identifying and addressing vicarious trauma. About 10% expressed the need for greater preparation to practice at the mezzo (community) and macro (policy and research) levels of social work. Finally, 9% (39) mentioned the need for enhanced training in leadership and administration, including how to develop businesses and the processes for billing insurance companies. Of significance is that several social workers mentioned the need to learn more about pay disparities for social workers and how to attain financial sustainability within their careers. Table 8, *Survey Participant-Identified Gaps in Workforce Preparation*, describes the major themes emerging from participants' responses, the frequency, and percent these were mentioned, and relevant participant quotations.

Table 8. Survey Participant-Identified Gaps in Workforce Preparation

Table 8. Survey Participant-Identified Gaps in Workforce Preparation (n-443)			
	Number	**Percent**	**Participant Quotations**
Clinical Social Work Skills	159	36%	"I would love to learn more about clinical social work." "More practical clinical experience would have been beneficial, as my first job out of grad school I felt a little thrown in the deep end in terms of providing clinical interventions for people." "I wish more hands-on therapy modalities, such as EMDR or IFS, were taught and practiced during the MSW program."
Generalist Social Work Skills	116	26%	I wish I learned "more about the different options for employment with my degree. An overview of working in schools, health offices and hospitals, for state agencies, non-profits and with policy makers." "I wish I was exposed to different practice environments." "I wish I was more informed on services offered in New Mexico."

			I wish I learned "The different types of certifications, how to grow your skill set, how to write a solid resume."
			I wish I learned "grant writing, and leadership."
			I wish I learned "skills to deal with institutions and management negotiations."

Professional Development

Licensed social workers in New Mexico must complete a total of 30 hours of continuing education every two years, including six hours specifically addressing cultural awareness, to maintain their licensure.[37] Overall, social workers who responded to the survey (69%, 419) agreed that their organizations supported their continuing education needs. However, some participants noted the high cost of continuing education as a significant barrier they face in their social work practice. Several participants (20, 4%) recommended offering high-quality, relevant, accessible online free or low-cost continuing education opportunities.

A total of 83% (624) of the participants elected to answer, "How interested are you in obtaining continuing education or professional certification in (various social work practice topics)?" Table 9, *Survey Participant-Identified Professional Development Interests*, lists the topics by rank order. Table 10, *Survey Participant-Identified Professional Development Interests, All*, describes the frequency and percent of those responses.

Table 9. Survey Participant-Identified Professional Development Interests, Rank Order

| Table 9. Survey Participant-Identified Professional Development Interests, Rank Order (n-624)			
Rank	**Topic**	**Rank**	**Topic**
1	Clinical Social Work	7	Community Safety
2	Antiracism, Diversity, Equity, and Inclusion	8	Borderland and Ethnic Studies
3	Substance Misuse, Prevention and Treatment	9	Aging
4	Community Practice	10	Bilingual/Bicultural Social Work
5	Medical Social Work	11	Tribal Social Work
6	Competent Practice with LGBTQQI2S+ People		

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[37] New Mexico Regulation and Licensing Department. (n.d.). Social work examiners: Instructors, training requirements and continuing education. https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/social-work-examiners/instructors-training-requirements-and-continuing-education/

What do These Findings Mean for New Mexico?

New Mexico's behavioral health workforce shortage reflects a dire national trend that was foreshadowed well before the COVID-19 pandemic. In 2016, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) foreshadowed significant shortages for nearly all behavioral health professions by 2025.[38] New Mexico, among many other states, is now seeing this manifest, with the number of states experiencing behavioral health provider shortages projected to reach 30 by 2030.[39] HRSA projects workforce shortages by comparing the projected number of social workers employed or seeking employment with the total demand for social work services based on patient help-seeking behavior.

To best understand the clear and present risk for social work workforce decline, it is important to know what is projected for the next decade. According to HRSA, an estimated 63,800 social work position vacancies will occur each year over the next 10 years nationwide.[40] Figure 3, *Social Work Supply and Demand, New Mexico, 2024-2034*, shows the projected total supply (number of employed or job-seeking workers in the workforce for a given category) and demand (the number of workers that are necessary to provide the level of care projected by patient help-seeking) in three social work workforce categories for the years 2024 and 2034.[41]

Figure 3. Social Work Supply and Demand, New Mexico, 2024-2034

Social Work Supply and Demand, New Mexico 2024-2034

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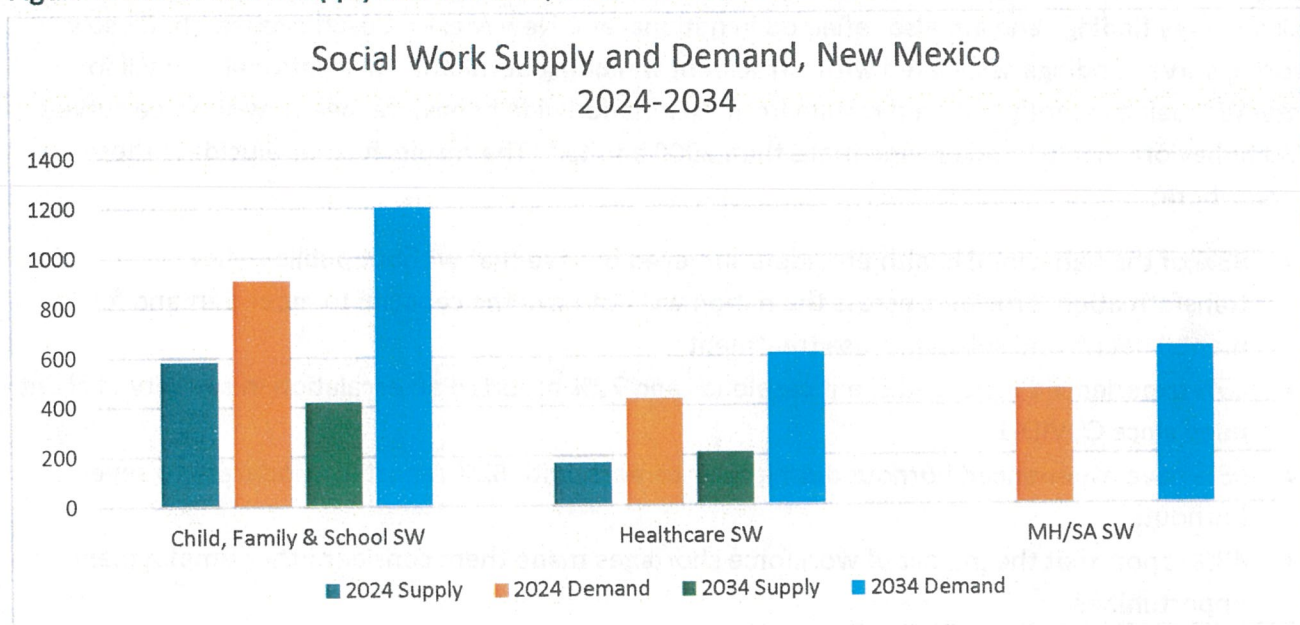
[38] U.S. Department of Health and Human Services Health Resources and Services Administration. (2016). National projected supply and demand for selected behavioral health practitioners: 2013-2025. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf
[39] Lin, V.W., Lin, J., & Zhang, X. (2015). U.S. social worker workforce report card: Forecasting nationwide shortages. *National Association of Social Workers.* doi: 10.1093/sw/swv047
[40] U.S. Bureau of Labor Statistics. (n.d.). Social workers. https://www.bls.gov/ooh/community-and-social-service/social-workers.htm
[41] U.S. Department of Health and Human Services Health Resources and Services Administration. (2024). Workforce projections. https://data.hrsa.gov/topics/health-workforce/workforce-projections

Also reinforcing Social Workers of New Mexico Survey findings for barriers social workers face in their work are results from the 2022 Culturally Appropriate Social Services for New Mexico Students Study.[46] This study mapped existing social service resources across New Mexico and identified gaps in services to support students and their families. Key findings congruent with the Social Workers of New Mexico Survey include:

- Difficulties in workforce recruitment and retention because of high housing costs, rural locations, and low wages.
- Complexity in service provision because of lack of community resources, long waitlists, and limited culturally and linguistically care.
- Increased workloads because of rising housing costs, impact of wildfires, lack of accessible, reliable public transportation, food insecurity, and lack of social services.
- Increased risk for burnout and vicarious trauma related to the acuity of student mental health needs, including escalating rates of depression, anxiety, and suicidal ideation, where burnout among behavioral health providers and school personnel was of concern pre-pandemic and became even more pressing since 2020.[47]

Combined, and in concert with findings in our own state, these findings punctuate the urgency for action now to prevent further erosion of an already struggling workforce.

Recommendations

Grounded in findings from the Social Workers of New Mexico Survey, recent studies and reports addressing New Mexico's behavioral health workforce, and national research exploring the behavioral health workforce crisis, the following recommendations, while not comprehensive, are intended to incite dialogue on policy and funding strategies that may lead to improvements for social workers statewide.

Recommendation 1: Eliminate Racial/Ethnic Pay Disparities and Achieve Pay Equity for Social Workers

Social workers are among the lowest paid professionals in the nation.[48] Pay disparities for Black, Indigenous and Social Workers of Color are well-evidenced[49] and are a pressing finding from the Social Workers of New Mexico Survey. Additionally, emerging research has documented pay disparities overall for social workers when compared to other health professionals with similar education.[50] Policies that promote equitable insurance reimbursement rates and mandate equity analyses for publicly funded

[46] Pacific Institute for Research and Evaluation. (2022). Culturally appropriate social services for New Mexico Students. https://southwest.pire.org/wp-content/uploads/sites/10/2023/01/Culturally-Responsive-Social-Services-NM-Students-Report-final-11.15.22.pdf

[47] Pacific Institute for Research and Evaluation. (2022). Culturally appropriate social services for New Mexico Students. https://southwest.pire.org/wp-content/uploads/sites/10/2023/01/Culturally-Responsive-Social-Services-NM-Students-Report-final-11.15.22.pdf

[48] Wilfong, J. (2024). Low pay for social workers is a human rights violation, and social work professors must help to change it. *Journal of Human Rights and Social Work, 9*, 10-14. https://doi.org/10.1007/s41134-023-00285-w

[49] Lewis, G.B. (2018). Diversity, pay equity, and pay in social work and other professions. *Feminist Inquiry in Social Work, 33*(3). https://doi.org/10.1177/0886109917747615

[50] Ibid.

remain in the profession. Finally, one yet explored opportunity for social worker professional development is training to serve in political positions at the local, county, state and federal levels.

Recommendation 3: Educate the Behavioral Health Workforce on the Roles of and Increase Funding for Peer Support and Community Health Workers

Five percent (32) of social workers who replied to the survey were also certified peer support workers and an additional 6% (40) identified as community health workers. Peer support and community health workers are vital contributors to the behavioral health workforce and key facilitators in increasing access and trustworthiness of behavioral healthcare for people who may not otherwise seek help.[57] Peer support workers are non-licensed support workers with lived expertise who can offer non-judgmental support to people pursuing recovery, navigating the criminal or juvenile justice systems, who may be involved with child protective services, or who are unhoused.[58] Peers are also skilled in community outreach and engagement.[59] Community health workers are skilled in public health approaches to addressing social drivers to wellbeing through: 1) Providing culturally and linguistically responsive health education to community members; 2) Supporting and educating families regarding disease prevention and treatment; 3) Increasing the health system navigational capital of communities; 4) Enhancing the healthcare workforce in communities that are under-resourced; 5) Informing care teams of community-level factors that may influence individuals' and families' wellbeing and treatment; and 6) Acting as advocates and sharing those advocacy skills with individuals, communities and families most impacted by health disparities.[60]

To ensure equitable engagement of peers and community health workers as valued partners in behavioral health service provision, it is imperative for social workers to become educated on their skills, roles, professional codes of ethics, and specific supervision needs. Equally important is to ensure that peers and community health workers have balanced, sustainable workloads, where peers are frequently employed in high acuity "frontline" work and compensated at lower rates than other behavioral health professionals. Increasing funding to support equitable compensation, including hazard pay, for peer support and community health workers is a critical step toward expanding these sectors of the workforce. This recommendation directly aligns with the New Mexico Health Care Workforce Committee's 2023 Recommendation 9:

> Expand certified peer support specialist roles in the state's behavioral health workforce. Approaches include: 1) Advocate for including peer support services in behavioral health coverage for all New Mexico health plans; 2) Incorporate certified behavioral health providers in workforce reports; 3) Expand Medicaid reimbursement for peer support in diverse settings; 4) Enable peer support workers to provide Medicaid services in emergency departments without a

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[57] Manderscheid, R.W., & Ward, A.A. (2024). Stepping into the future of behavioral health: Opportunities, challenges, and possibilities. *American Journal of Orthopsychiatry.* https://doi.org/10.1037/ort0000743

[58] New Mexico Human Services Department Behavioral Health Services Division. (2021). Employers' guide to hiring certified and credentialed behavioral health professionals. https://nmrecovery.org/wp-content/uploads/2021/03/HANDBOOK-Employer-BHSD-3-17-21-FINAL.pdf

[59] Ibid.

[60] New Mexico Department of Health. (n.d.). Office of Community Health Workers. https://www.nmhealth.org/about/phd/pchb/ochw/#:~:text=CHW%20s%20are%20frontline%20public,professionals%20like%20doctors%20and%20nurses.

and the state-level development of alternative pathways to obtaining social work licensure in light of the findings of ASWB testing bias.[65] Each of these movements is nuanced, has workforce implications, and requires deeper analysis to determine the feasibility of their implementation in New Mexico. In particular, the Social Work Interstate Licensing Compact should be assessed for its impact on culturally and linguistically competent social work service provision and service accessibility for people who are Medicaid recipients in our state. It is recommended that a robust policy and feasibility study be conducted over a period of a year to provide policy makers with information on the fiscal impact and practice implications if each of these were adopted in New Mexico.

It is the hope of the research team that these six recommendations reflect a starting point from which innovative approaches to sustaining and growing the social work workforce may emerge.

Limitations

Limitations of this research were two-fold. First, recruitment of participants proved challenging because of limited access to active email addresses for social workers. Although the research team made their best efforts to reach participants via email and social media, barriers to email recruitment may have included: 1) People not checking their emails or social media; 2) Emails being diverted to junk mail or another folder; 3) Inactive or changed email addresses, where during the period of recruitment, a state agency who employs social workers changed their email ids agency-wide; 4) People who were disinterested in participating in the survey disengaging from email and social media recruitment efforts. Also, because the Center is in its first year of work, their social media presence is minimal, limiting the efficacy of social media recruitment. Also, the National Association of Social Workers New Mexico Chapter, historically a source for support in disseminating information to social workers statewide, experienced changes in administration and was not accessible to support recruitment. Second, while the sample size (n=755) was large enough to conduct statistical analysis, it was not large enough to make the findings generalizable to all social workers in New Mexico. Improved recruitment strategies for future research include utilization of a refined social work listserv, the development of an online form for social workers to actively opt into research recruitment emails from the Center, and bolstering the Center's social media presence.

Future Actions

The Center is a source for rigorous research to benefit policymakers, state agency and community organization leadership, social work educators, students, and practitioners statewide. The Center intends to conduct the Social Workers of New Mexico Survey every two years, focusing on pressing issues impacting social workers in the state. Further, this report and topic-specific fact sheets will be widely disseminated and made publicly available.

During 2025, the Center will focus its research efforts on developing and disseminating a Social Work Students of New Mexico survey to ascertain personal, professional, and economic wellbeing and academic factors impacting our future workforce. Relatedly, the Center is conducting research to

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[65] Hirsch, J., DeCarlo, M., Lewis, A., & Walker, C. (2023). Alternative pathways to social work licensure: A critical review and social equity policy analysis. *Journal of Evidence-Based Social Work, 21*(2), 177-198. https://doi.org/10.1080/26408066.2023.2284919

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Highest Level of Education	696		92	59	8
High-School Diploma	0	0	0		
Associate's degree	0	0	0		
Bachelor's Degree	35	5	5		
Master's Degree	628	90	83		
Professional Doctorate	12	2	2		
Doctor of Philosophy (Ph.D.)	21	3	3		
Certification	0	0	0		
Social Work Degree Yes (with overlap)					
Associate Degree in Human Services	71	22	9	434	56
BSW	268	62	36	324	43
MSW	628	98	83	111	15
DSW	8	3	1	517	69
PhD in Social Work	7	3	1	520	69
Current Role Total (without overlap)	679		92	76	8
Current Role (with multirole overlap)					
Administrative Support	41	100	5	714	95
Care Coordinator	61	100	8	694	92
Case Manager	111	100	15	644	85
Clinical Direct Service Provider	300	100	40	455	60
Clinical Supervisor	124	100	16	631	84
Director	71	100	9	684	91
Evaluator	20	100	3	735	97
Educator Pk-12	44	100	6	711	94
Faculty College/University	42	100	6	713	94
Human Resources	6	100	1	749	99
Manager	43	100	6	712	94
Mezzo/Macro Direct Service Provider	33	100	4	722	96
Policy Analyst/Policy Practitioner	13	100	2	742	98
Researcher/Research Scientist	11	100	2	744	98
Supervisor Other	45	100	6	710	94
Other	159	100	21	596	79
Years Practiced as Social Worker	677		90	78	10
Less than 1 year	24	4	3		
1- 5 years	118	17	16		
6-10 years	130	19	17		
10-15 years	115	17	15		
16-20 years	82	12	11		
More than 20 years	208	31	28		

* Indigenous, First Peoples, First Nations, Alaska Native, American Indian, Native American, or specific Nation/Tribe/Pueblo; ^Latinx/Latine, Afro-Latinx/Latine, Caribbean, Chicanx, Hispanic, Mexican, Mexican American or Another Nationality