



2024 SOCIAL WORKERS OF NEW MEXICO SURVEY

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

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Executive Summary

New Mexico currently faces unprecedented health and behavioral health provider shortages, with rural counties most significantly under-resourced.¹ As of June 30, 2024, only 18.99% of the mental health care need in the state was met, well below the national average of 26.74%.² As shortages persist, behavioral health outcomes for New Mexicans steadily decline, overwhelming the workforce's capacity to respond to emergent needs. Without significant interventions that drastically shift the healthcare landscape, these shortages are expected to not only remain but worsen over the next decade.³

With the intent of addressing gaps in information about the most salient factors influencing the social work workforce and data-driven solutions to addressing those factors, the 2024 Social Workers of New Mexico Survey was administered statewide. This survey explored social workers' professional wellbeing and longevity, barriers to their wellbeing and successful practice, and professional development needs. Survey findings were coupled with national and state research to provide data-driven recommendations that target key drivers for the decline in New Mexico's social work workforce.

Methods

Participants in the 2024 Social Workers of New Mexico Survey were social workers practicing in New Mexico identified through convenience and snowball sampling methods. Of the 6,729 social workers who received recruitment emails, 755 social workers participated in the survey, reflecting a 12% response rate. This study employed a mixed method design and nested analysis to allow for participants' lived experiences to be reflected alongside quantitative data, yielding rich descriptions of wellbeing factors, barriers to their wellbeing and effective practice, and professional development needs for social workers in the state.

Overview of Findings

Survey findings portray a highly committed and overwhelmed social work workforce in need of enhanced community resourcing and a deeper investment in their retention and wellbeing. Characterized by a sense of purpose and commitment to service, 9 in 10 participants gain personal satisfaction (91%, 558) and believe they make a difference through their work (91%, 559). Almost 9 in 10 participants feel a sense of pride in being social workers (88%, 538).

When asked to identify the most significant barriers they face in their practice, nearly half (47%, 225) emphasized the resource draught in New Mexico and a quarter listed burnout and other wellbeing detractors (25%, 120) as daunting hinderances in doing their work successfully. While participants practice self-care and strive for work-live balance, over a third feel overwhelmed by their caseload or

¹ New Mexico Human Services Department and Rural Healthcare Representative Organizations. (2023). New Mexico Legislative Finance Committee hearing brief: Rural healthcare in New Mexico. https://www.nmlegis.gov/Entity/LFC/Documents/Health_And_Human_Services/Hearing%20Brief%20Rural%20Healthcare%20in%20New%20Mexico,%20August%202023.pdf

² U.S. Department of Health and Human Services Health Resources and Services Administration. (2024). Third quarter of fiscal year 2024 designated Health Professional Shortage Areas Statistics quarterly summary. <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

³ 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>

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.

Introduction

With a staggering 81% of its residents' mental health need unmet,⁴ New Mexico faces substantial and persistent behavioral health resource and provider shortages. The fifth largest state in the nation geographically, these shortages are exacerbated by New Mexico's rural designation and consistently high rate of poverty at 17.6%.⁵ Persistent unmet need is a driver for increasingly acute behavioral health conditions, misuse of substances to cope, a suicide rate four times greater than the national average,⁶ and treatment strain on stressed systems. Without available community-based resources, New Mexicans are compelled to seek emergency medical treatment. Between January and March 2024, 1,625 young people ages 5-17 and 12,889 adults over 18 with acute mental health needs sought emergency medical care in New Mexico, and 128 young people and 324 adults following a suicide attempt.⁷ Further contextualizing the dire need for sustainable solutions to our state's behavioral health workforce and resource drought are New Mexico's high rates of death associated with opioid overdose and suicide which have eclipsed national rates for over a decade.⁸ New Mexico also ranks among the top three states nationally for more than three decades in alcohol-related deaths.⁹ As long as resource and provider shortages persist, the capacity and resilience of existing behavioral health providers and service systems diminish, leading to exorbitantly long wait times for services and provider attrition.¹⁰

In 2022, amid escalating behavioral health need, adverse socioeconomic conditions associated with COVID-19, and stark provider shortages across New Mexico, a call to action was issued to address social work workforce shortages.¹¹ In response, the New Mexico Highlands University (NMHU) Facundo Valdez School of Social Work's Center for Excellence in Social Work (Center) embarked on a strategic workforce analysis in 2023 to explore the root causes for this shortage and to identify key information that policy makers, funders, tribal and state agencies, social work programs, community organizations and social work practitioners need to take well-informed action.

The 2024 Social Workers of New Mexico Survey was developed with the aim of studying where and at what level of licensure social workers are practicing in New Mexico, what individual and systemic factors influence their wellbeing and longevity in the profession, personal and professional barriers

⁴ U.S. Department of Health and Human Services Health Resources and Services Administration. (2024). Third quarter of fiscal year 2024 designated Health Professional Shortage Areas Statistics quarterly summary. <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

⁵ U.S. Census Bureau. (2022). New Mexico profile. https://data.census.gov/profile/New_Mexico?g=040XX00US35

⁶ New Mexico Human Services Department, & Rural Healthcare Representative Organizations. (2023). New Mexico Legislative Finance Committee Hearing Brief: Rural Healthcare in New Mexico. https://www.nmlegis.gov/Entity/LFC/Documents/Health_And_Human_Services/Hearing%20Brief%20Rural%20Healthcare%20in%20New%20Mexico,%20August%202023.pdf

⁷ New Mexico Department of Health. (2024). Mental health quarterly surveillance report: Emergency department data- Q1-2024.

⁸ Ibid.

⁹ New Mexico Department of Health. (2024). New Mexico substance use epidemiology profile. (p. 3) <https://www.nmhealth.org/data/view/substance/2889/>

¹⁰ Jackson, K. (2019). The behavioral health workforce shortage: Sources and solutions. *Social Work Today*, 19(3). <https://www.socialworktoday.com/archive/MJ19p16.shtml>

¹¹ Social Work Workforce Task Force. (2022). Social work workforce crisis and evolution: A report to the New Mexico Legislative Health and Human Services Committee.

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

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>

that human development, theories of diversity, human behavior, and social, economic, political, and cultural contexts play in wellbeing and social change. Social workers practice across diverse specializations and interdisciplinary contexts, including clinical, community, government, tribal, behavioral, and public health, medical and educational settings. Social workers possess skills in prevention, crisis intervention, case management, clinical and community assessment, intervention and evaluation, advocacy, supervision, leadership and administration, research, and policy practice.

Practicing under the title of social worker in New Mexico requires a license,¹⁷ with school social work needing additional licensure.¹⁸ The New Mexico Administrative Code (2022) provides guidance on what services can be offered for each level of licensure, where:

- Licensed Baccalaureate Social Workers (LBSW)¹⁹ are valuable generalist workers qualified to gather information, develop biopsychosocial assessments, create service plans, offer crisis and case management, information and referral, counseling under supervision, advocacy, and implementation of policies and programs.
- Licensed Master Social Workers (LMSW)²⁰ have specialized knowledge and practice skills at all levels of social work practice, including assessment, intervention, and evaluation at the clinical, community, research, and policy practice levels. They may provide clinical services such as diagnosing and treatment under clinical social work supervision.
- Licensed Clinical Social Workers (LCSW) and Licensed Independent Social Workers²¹ (LISW) have the most advanced level of licensure. Social workers who are LCSWs/LISWs have completed a minimum of 3600 hours of work as an LMSW, or two years of post-graduate direct or clinical social work practice, with 90 hours of supervision. They possess advanced skills and expertise to practice independently with people, couples, families, groups, communities, organizations, and in policy and research practice. They can also supervise LBSWs, LMSWs, and other LCSW/LISWs.

This enhanced understanding of the varying contexts in which social workers are employed, the core competencies that are foundational to their work, and the ethical and professional standards that guide their practice help to showcase how social workers comprise a well-educated, highly skilled, and ethically driven sector of the behavioral health workforce.

¹⁷ NM Stat § 61-31-4 (2023). New Mexico Statutes: Chapter 61-Social Work Practice, Section 61-31-4- License required.

<https://law.justia.com/codes/new-mexico/chapter-61/article-31/section-61-31-4/>

¹⁸ NM Code R. §6.63.7.106.63.7.11. (2007). Primary and secondary education school personnel- Licensure requirements for ancillary and support personnel-Part 7: Licensure for school social workers, pre-K-12.

<https://www.srca.nm.gov/parts/title06/06.063.0007.html>

¹⁹ NM Code R. §16.63.9.1. (2022). Occupational and professional licensing-Social workers-Baccalaureate social worker.

<https://www.srca.nm.gov/parts/title16/16.063.0009.html>

²⁰ NM Code R. §16.63.10.1. (2022). Occupational and professional licensing-Social workers-Master social worker.

<https://www.srca.nm.gov/parts/title16/16.063.0010.html>

²¹ NM Code R. §16.63.11.1. (2022). Occupational and professional licensing-Social workers-Clinical social worker.

<https://www.srca.nm.gov/parts/title16/16.063.0011.html>

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,

²² New Mexico Health Care Workforce Committee. (2023). 2023 annual report, p. 26.

https://digitalrepository.unm.edu/nmhc_workforce/11/

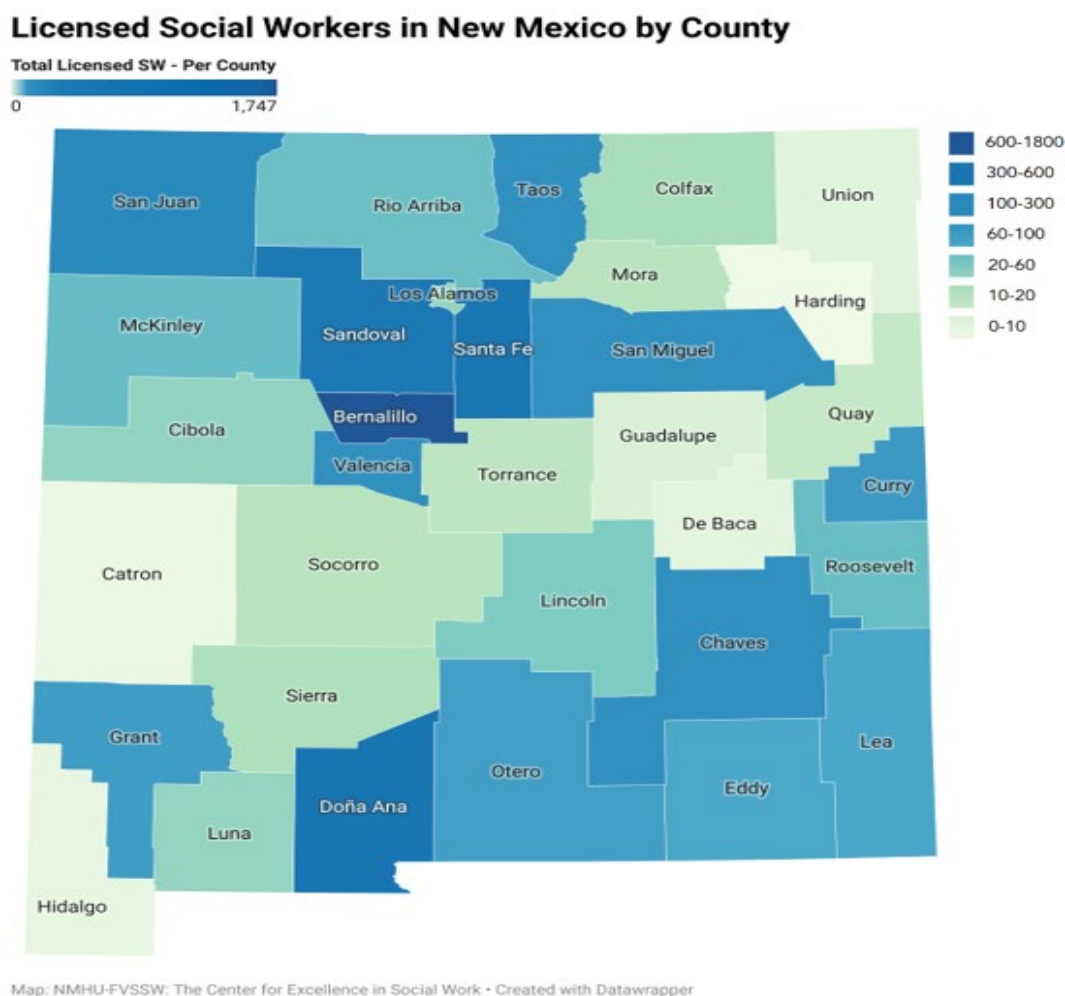
²³ U.S. Bureau of Labor Statistics (2024). May 2023 New Mexico Occupational Employment and Wage Estimates, Community and Social Service Occupations. https://www.bls.gov/oes/2023/may/oes_nm.htm#25-0000

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.

as of May 7, 2024, only 69 social workers currently hold provisional licenses, indicating very few social workers in the licensure pipeline.

Figure 1. Interactive Map of Licensed Social Workers in New Mexico by County of Residence, 2024²⁶



The following two tables provide greater detail regarding the distribution of social workers by county and licensure type, including social workers who participated in the 2024 Social Workers of New Mexico Survey. Table 2, *Actively Licensed Social Workers by County of Residence and Type of Licensure, 2024*, provides information about actively licensed social workers in New Mexico by county of residence and type of licensure. It also provides the county population and number of social work residents per 1,000 people. Table 3, *Survey Participant Workplace Counties*, details the counties in which survey respondents work. Among the social workers who responded to the 2024 Social Workers of New Mexico Survey, 16% work statewide, 31% work in a large city, 22% serve in a small city or town, 18% are practicing in rural communities and 2% serve frontier communities.

²⁶ Ibid.

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

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

Table 3. Survey Participant Workplace Counties

Table 3. Survey Participant Workplace Counties (n-648)			
	Total Licensed SW Residing	Participants Who Practice Social Work in These Counties	Percent
Bernalillo County	1,747	291	45%
Catron County	1	6	1%
Chaves County	102	21	3%
Cibola County	22	12	2%
Colfax County	17	10	2%
Curry County	84	13	2%
De Baca County	3	5	1%
Doña Ana County	541	87	13%
Eddy County	61	16	2%
Grant County	79	20	3%
Guadalupe County	6	5	1%
Harding County	0	6	1%
Hidalgo County	2	8	1%
Lea County	63	14	2%
Lincoln County	28	12	2%
Los Alamos County	20	11	2%
Luna County	21	12	2%
McKinley County	40	12	2%
Mora County	14	9	1%
Otero County	75	21	3%
Quay County	12	7	1%
Rio Arriba County	37	17	3%
Roosevelt County	39	12	2%
San Juan County	169	26	4%
San Miguel County	107	27	4%
Sandoval County	337	74	11%
Santa Fe County	466	95	15%
Sierra County	16	9	1%
Socorro County	14	13	2%
Taos County	109	24	4%
Torrance County	13	10	2%
Union County	4	6	1%
Valencia County	98	39	6%
Statewide	-	38	5%
Other-Telehealth	-	15	2%
Other-Out of State	1,057	17	3%
Other-Multiple States	-	2	<1%
Total	4,347	1022	

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.

link was sent to an estimated 6,729 unique emails, with 235 of the emails inactive due to a change in the New Mexico state employee email addresses.

A total of 755 social workers responded to the survey. With a confidence level of 95%, a margin of error of 5%, and a population size of 6729 social workers, a valid sample size could have been anything above 364.³⁰ The total percent of responses was 12%, well exceeding the minimum threshold. The completion rate of the survey was 79% (597).

Data Collection

Derived from in the Racial Battle Fatigue Model (RBFM),³¹ the Professional Quality of Life Scale,³² and the Experiences with Racism and Expressions of Cultural Capital in Social Work Education (ERCC in SWE) survey,³³ the 2024 Social Workers of New Mexico Survey was designed as the primary data collection tool for this research. These sources were selected for their focus on professional wellbeing. The RBFM and ERCC in SWE also explore racism and oppression as factors that influence professional wellbeing and workforce persistence. This survey included dichotomous, multiple choice, and open-ended questions. The multiple-choice questions used a five-point Likert scale. The full survey is available upon request.

Survey data were collected through SurveyMonkey, a professional survey software, over a two-week period in May 2024. Participant confidentiality was assured through password-protected access. To protect participants' anonymity, no identifiable information was collected, and data remained aggregated during analysis. Participants were informed about the study through an informed consent form. Active consent was required in order to complete the survey. Participation was voluntary, and participants could exit the survey at any point without penalty.

Analysis

Findings were developed through nested analysis, a process of integrating and analyzing qualitative and quantitative data,³⁴ yielding a richer interpretation of factors that influence social work participants' wellbeing, longevity in the profession, and barriers they face in their work. Descriptive statistics were applied to close-ended questions. Survey responses indicating not applicable, neutral, or were left blank were excluded from analysis. Responses for strongly agree and agree were combined into a single category, and strongly disagree and disagree were collapsed into a second single category. Frequency tables for qualitative data reflect the number of participants who made comments that were relevant to a theme, and their percent among the total participants who responded to each question. In these cases, percent does not indicate total percent of participants who agree with a statement or theme, only the frequency with which it was explicitly stated in participant responses.

³⁰ Qualtrics. (2024). Sample Size Calculator. <https://www.qualtrics.com/blog/calculating-sample-size/>

³¹ Franklin, J.D. (2019). Coping with racial battle fatigue: Differences and similarities for African American and Mexican American college students. *Race, Ethnicity and Education*. <https://doi.org/10.1080/13613324.2019.1579178>

³² Stamm, B.H. (1995). Professional quality of life scale. <https://doi.org/10.1037/t05192-000>. The full scale is provided by The Victims of Torture at <https://proqol.org/>.

³³ Nelson, A.N. (2022). *Introducing Critical Trauma Theory for Black, Indigenous and Latine/Afro-Latine students studying social work: A phenomenology of cultural capital in the U.S. Southwest*. ISBN: 9798819391051

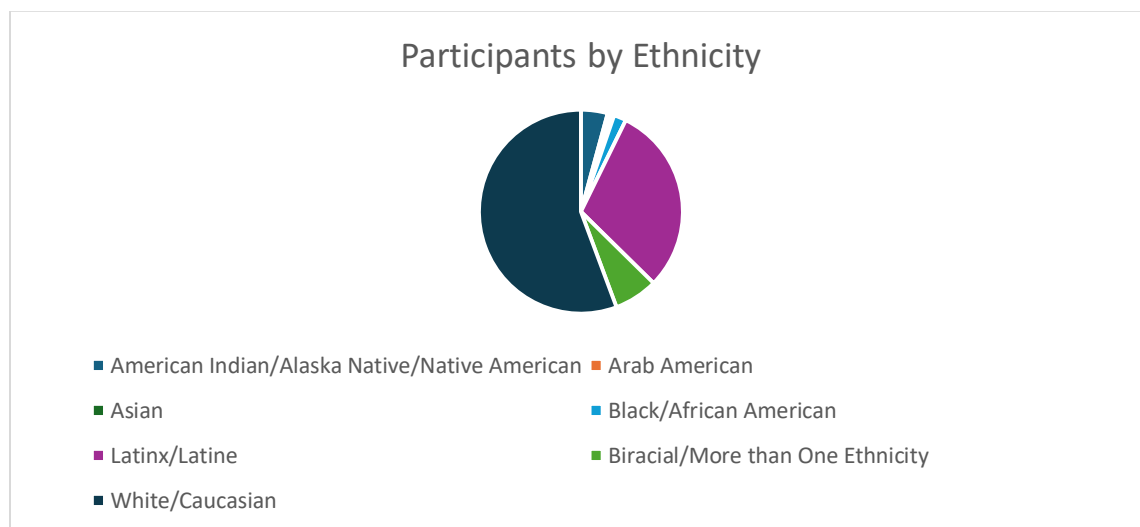
³⁴ Guetterman, T.C., Fetters, M.D., & Creswell, J.W. (2015). Integrating quantitative and qualitative results in health sciences mixed methods research through joint displays. *Annals of Family Medicine*, 13(6), 554-561. doi: 10.1370/afm.1865

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



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*.

Findings

As reported earlier, a total of 755 social workers from nearly every county in New Mexico participated in the 2024 Social Workers of New Mexico Survey. A nested analysis network that integrated data from close-ended and open-ended survey questions³⁶ provided the following insights into what factors significantly influenced participants' wellbeing, ability to do their work, and longevity in the profession. Participants' professional development interests and gaps in their preparation for social work practice were also explored.

Factors Influencing Wellbeing

Social workers are drawn to the profession by a desire to serve and make a difference in the lives of others. This is well reflected in the survey participants' responses, with a strong majority of participants (91%, 558) indicating they gain personal satisfaction from the work they do. Equally strong was participants' endorsement (91%, 559) of the statement, "I believe I can make a difference through my work." Most participants (88%, 538) also said they feel proud to be social workers.

Participants were asked an open-ended question, "What sustains you in your work?" to prompt deeper exploration of factors that influence their wellbeing and persistence in the profession. A total of 506 participants provided responses to this question. Table 4, *Top Five Factors that Sustain Survey Participants in Their Work*, highlights the top five themes that emerged from responses to this question in rank order, including: 1) Professional fulfillment; 2) Commitment to service; 3) Networks of support; 4) Wellbeing enhancers; and 5) Desire to make a difference.

Table 4. Top Five Factors that Sustain Survey Participants in Their Work

Table 4.				
Top Five Factors That Sustain Survey Participants in Their Work (n-506)				
Rank	Factor	Number	Percent	Quotes
1	Professional Fulfillment (165) (Sense of Mattering, Belonging and Purpose)	165	33%	"The work I do is rewarding." "I love what I do."
2	Commitment to Service (141)	141	28%	"I am passionate about helping other individuals." I am sustained by "assisting fellow veteran that are homeless secure housing." I am sustained by "working in Hospice is more of a mission and blessing than a career."
3	Networks of Support (126)	126	25%	"I have wonderful leaders that are supportive of the work I do. I feel valued." I am sustained by "support from my supervisor."

³⁶ Guetterman, T.C., Feters, M.D., & Creswell, J.W. (2015). Integrating quantitative and qualitative results in health sciences mixed methods research through joint displays. *Annals of Family Medicine*, 13(6), 554-561. doi: 10.1370/afm.1865

				<p>I am sustained by “colleagues who cheer me on and support my caseload.”</p> <p>I am sustained by “the support of my husband and children.”</p>
4	Wellbeing Enhancers (99)	99	20%	<p>“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.”</p>
5	Desire to Make a Difference (79) (Sense of Altruism)	79	16%	<p>“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.”</p>

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 fulfillment 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

organizations prioritize employee self-care. The majority (69%, 418) also agreed that they felt valued at their organizations.

These findings are reinforced by responses to the open-ended sustainability question, with one participant sharing that “working for an organization that welcomes innovative thinking and is open to investing in new ideas for practices” sustained them in their work. Networks of support were explored in greater detail by a quarter of respondents who described the importance of having a strong network of support, including friends, families, peers, colleagues, and supervisors to sustain their work, where one participant mentioned that “support from staff that understand the workload and purpose of a school social worker” and another mentioned “having a great team (they) can count on,” sustained them in the work. Finally, quality social work supervision and support from leaders and organizations were mentioned frequently as sustainability factors.

Wellbeing Enhancers

Twenty percent (99) of respondents to the open-ended sustainability question reflected on practices that enhance their wellbeing, including engaging in self-care, creative activities, feeling hopeful, having a good sense of humor, and practicing faith and spirituality. These reflections align with the overall survey participant agreement to the statement, “My beliefs sustain me during difficult times,” where a large majority (76%, 462) agreed. Over half of survey participants also agreed that their cultural practices were a significant source of strength during challenging periods. Finally, two-thirds (67%, 410) of participants did not find it difficult to separate their personal and professional lives, indicating strong professional boundaries.

Desire to Make a Difference

Almost all survey participants (91%, 559) believed they can make a difference through their work. A sense of altruism, or desire to make a difference, was mentioned as a source of sustaining the work for 16% (79) of respondents. Respondents expressed this sense of altruism in the following ways: 1) Satisfaction from the belief that “this work is honorable and (they are) truly helping others;” and 2) Gratification from “feeling that (they) can make a difference in at least one person’s life” and “making a significant difference in the lives of community members.” A final respondent shared, “I am sustained by knowing I’m making a difference in the lives of my clients by their transformations. I work in a community with a high suicide attempt and completion rate. I have prided myself on saving multiple lives which in turn has helped many families.”

Significant Barriers

While participants reflected myriad factors that sustain them in their work, they also grapple with significant barriers that impede their personal and professional and wellbeing. More than a third (39%, 234) of social workers who responded to the survey felt overwhelmed by their caseload or workload, where one participant stated, “I am overwhelmed by the size of my caseload,” and another shared, “I work long hours and have a huge caseload because my only option for work as an LMSW is a community mental health agency.” Consequently, more than half (57%, 349) worked outside their regularly scheduled worktime to complete their work.

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%	<p>“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.”</p> <p>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.”</p> <p>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</p>

				<p>regarding social problems, the immigration system is not working all that well.”</p> <p>Significant barriers are, “lack of available community resources for referrals, very few and poorly run IOP programs for substance use disorder and mental illness, no or minimal inpatient mental health hospitals & long term care facilities, limited access to clinical consultation unless I pay out of pocket, inappropriate demands by administrators for very high caseloads leading to constant burnout and turnover in clinic staff for the duration of my career, loss of funding, fentanyl & influx of synthetic versions have increased a multitude of problems for clients, lack of security at work.”</p>
2	Wellbeing Detractors	120	25%	<p>“I have had a hard time finding acceptable places to work that don't lead to burnout. This comes from inadequate supervision and training, caseloads that are too high. The temptation is to decrease hours or work outside of the field for my own wellbeing. I often find myself choosing jobs that are going to traumatize me the least, instead of going where the most need is.”</p> <p>“I am paid by health insurance companies which have decreased my reimbursement rate each year for the past 5 years costing me an enormous amount of money. I am the breadwinner for my family of five, so I have to work 6-7 days a week to pay my bills which include extremely high private health insurance (\$45K/year) because I work for myself. It has been extremely discouraging to my wellbeing to be at the mercy of BCBSNM decreasing provider rates while increasing premiums for NM members. It has been very difficult to save for retirement as well.”</p>
3	Systemic Barriers	82	17%	<p>“People are suffering greatly. They cannot afford to live and the stress that people experience vicariously falls on social workers.”</p>
4	Lack of Support	54	11%	<p>“Leadership doesn’t understand my role.”</p> <p>A significant barrier is a “devaluing agency culture.”</p> <p>A significant barrier is the “lack of respect and collaboration for the mental health field.”</p> <p>A significant barrier is “lack of support from teachers who do not understand the role (of social workers) and do not support social work.”</p>
5	Acuity and Chronicity of Client Need	38	8%	<p>A significant barrier is “the overwhelming need of clients.”</p>

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

SPECIAL NOTE: Burnout and Vicarious Trauma

Of significant concern are the 51% (311) of participants who experience burnout or vicarious trauma, with 33% (201) of participants endorsing they have been negatively affected by the traumatic experiences of the people they serve. More than a third (37%, 226) of participants reported depression, anxiety, or trauma symptoms because of their work and a further 24% (144) indicated they have health problems because of their work.

SPECIAL NOTE: Pay Inequity and Racial and Ethnic Disparities in Pay

More than half of the respondents (57%) worked outside their regularly scheduled worktime to complete their work, with 39% feeling overwhelmed by their caseloads or workloads. Many (42%) felt they were not equitably compensated for their skills and expertise as professionals and 43% report that their student loans negatively impact their financial wellbeing. More than a third (36%) reported their pay is not sufficient for their financial needs, where 37% worked more than one job to make ends meet. Several of the social workers who answered the question, “What do you wish you learned in your social work program to better prepare you for social work practice in New Mexico?” mentioned the needed to learn more about pay disparities for social workers and how social workers can attain financial sustainability. Also, over 1 in 10 (11%, 53) mentioned pay inequity as a significant barrier they face in their social work practice. One participant expounded, “A social work degree and clinical license is not considered equal to a clinical license as a nurse. We do the same exact job, but the nurses are paid in a different scale due to clinical license and skills.” A second participant noted this disparity in state agencies, where “because we work for state government, the bureaucratic system doesn't recognize social work as a *professional* profession. There is serious inequity across state agencies regarding educational and licensure requirements and pay. We are just as valuable as nurses and teachers.”

In this study, additional statistical tests were used to further explore findings associated with pay inequity by ethnicity. Analysis of Variance or ANOVA was applied to better understand if and how social workers from each racial and ethnic group differed from others in their responses to several wellbeing statements. In this exploratory research, significant between-group differences were found among the categories of social workers’ race/ethnicity in their responses to items or dependent variables. These included: 1) I experience discrimination at my organization; 2) Student loans negatively impact my financial wellbeing; 3) My pay is fair and equitable; 4) My pay is sufficient for my financial needs; and 5) “I am equitably compensated for my skills and expertise.” Table 6, *ANOVA for Dependent Variables*, below shows the significant values which establish the differences.

Table 6. ANOVA for Dependent Variables

Table 6. ANOVA for Dependent Variables				
Item/Dependent Variables	df	MS	F	p*
I experience discrimination at my organization	7	2.9	2.3	0.02
Student loans negatively impact my financial wellbeing	7	8.8	3.3	0.00
My pay is fair and equitable	7	3.6	2.4	0.02

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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

association?" Options for association membership included the Association of Baccalaureate Social Work Program Directors, Association for Community Organizational and Social Action, Council on Social Work Education, Indigenous Tribal Social Work Educators' Association, International Federation of Social Workers, Latino Social Workers Association, National Association of Black Social Workers, National Association of Social Workers, and the School Social Workers Association of America as options. Of the 194 participants who responded "Yes," a strong majority (88%, 171) are NASW members. Most of the 427 participants who replied "No," focused their responses on barriers to NASW membership, where 60% (247) found the membership fees were too expensive, 32% (131) stated the membership benefits were not sufficient, 13% (55) stated NASW does not advocate for the needs of social workers and the profession, 8% (32) found NASW was not culturally or identity responsive, and a final 6% felt the personnel, information or resources were inaccessible. These are concerning findings that emphasize the need for NASW to reinvest in serving social workers in New Mexico and nationally. The next most frequent set of responses were regarding the Council on Social Work Education, with 24% (88) of participants emphasizing that membership fees are too expensive, 12% (42) stating membership benefits are not sufficient, and 15% (55) stating the association does not apply to their practice.

Acuity and Chronicity of Client Need

Important in driving policy and funding decisions is that several (8%, 38) respondents underscored the severity of need their clients face as a significant barrier in their work, requiring more intensive intervention or multisystemic approaches to fully meet their needs. Participants named extreme poverty and cumulative trauma as critical factors impacting clients' behavioral health.

Social Work Workforce Preparation and Professional Development Needs

Nearly all the social workers who participated in the survey have MSW degrees and over half have BSW degrees, as depicted in Table 7, *Survey Participant Social Work Degree(s)*, below.

Table 7. Survey Participant Social Work Degree(s)

Table 7. Survey Participant Social Work Degree(s), with Overlap (n-682)		
	Number	%
Bachelor of Social Work Degree (BSW)	268	62%
Master of Social Work Degree (MSW)	628	98%
Doctor of Social Work (DSW)	8	3%
Doctor of Philosophy in Social Work (PhD)	7	3%

Workforce Preparation

A strong majority of survey participants (73%, 447) agree that their social work education provided them with the knowledge and skills to practice competently. A further 68% (413) believe they were well prepared by their social work education to serve people and communities in New Mexico with cultural competence. A total of 443 participants reflected on what additional preparation they wished they received in their social work education by answering the open-ended question, "What do you wish you learned in your social work program to better prepare you for social work practice in New Mexico?" Among those who responded, 6% (28) felt both satisfied with their education and well-prepared to practice in New Mexico. Conversely, 14% (60) indicated a need for comprehensive curricular

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%	<p>"I would love to learn more about clinical social work."</p> <p>"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."</p> <p>"I wish more hands-on therapy modalities, such as EMDR or IFS, were taught and practiced during the MSW program."</p>
Generalist Social Work Skills	116	26%	<p>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."</p> <p>"I wish I was exposed to different practice environments."</p> <p>"I wish I was more informed on services offered in New Mexico."</p>

			<p>"The classes I chose were certainly of interest to me and they taught me much about myself, but I did not have much knowledge about the available resources, referral processes, and legal boundaries that encompass social work in our state."</p>
Cultural and Linguistic Skills	54	12%	<p>"Discussion about real-world current events, issues of social justice, racism, oppression and local issues in New Mexico."</p> <p>"Regarding tribes, more about their cultures, beliefs, manners and things not to do to avoid misunderstandings or appearing uncaring or intrusive."</p> <p>I wish I learned "how the history of colonization has impacted people to this day and generational trauma."</p> <p>"Beyond theories, what does it mean to practice social work? The equal balance of the art and science of practice. Real examples of cultural respect and humility and challenging white fragility. For example, be intentional about saying people's names right, the need for cultural bias training for all staff, not just the social workers, as clients often face barriers and bias before even seeing the social worker."</p>
Personal Wellbeing Practices	50	11%	<p>I wish I learned "how to manage dealing with the high amount of trauma my clients are dealing with and how draining it is for the social worker."</p> <p>"The overwhelming need for social work services places compassionate social workers at a strain to help beyond what is healthy for them to do so."</p> <p>I wish I learned "better boundaries for self-care. Originally, going through the program I felt self-care programs were easy but when you work in a Hospice or CYFD type of field that's one area that a social worker needs to stand firm in, and I find because of my work ethics I am my own worst enemy."</p>
Mezzo/Macro Social Work Skills	42	10%	<p>I wish I learned "how to navigate positive change in the political arena."</p> <p>I wish I learned "how to become more involved in local, state, and federal policy and government work."</p> <p>I wish I learned "more macro social work skills: program evaluation, asset mapping, strategic planning, policy development."</p>
Leadership and Administration	39	9%	<p>"I would like to have my own practice and I would have liked to have learned more about building a sustainable practice, billing, and business."</p>

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		

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/>

Table 10. Survey Participant-Identified Professional Development Interests, All

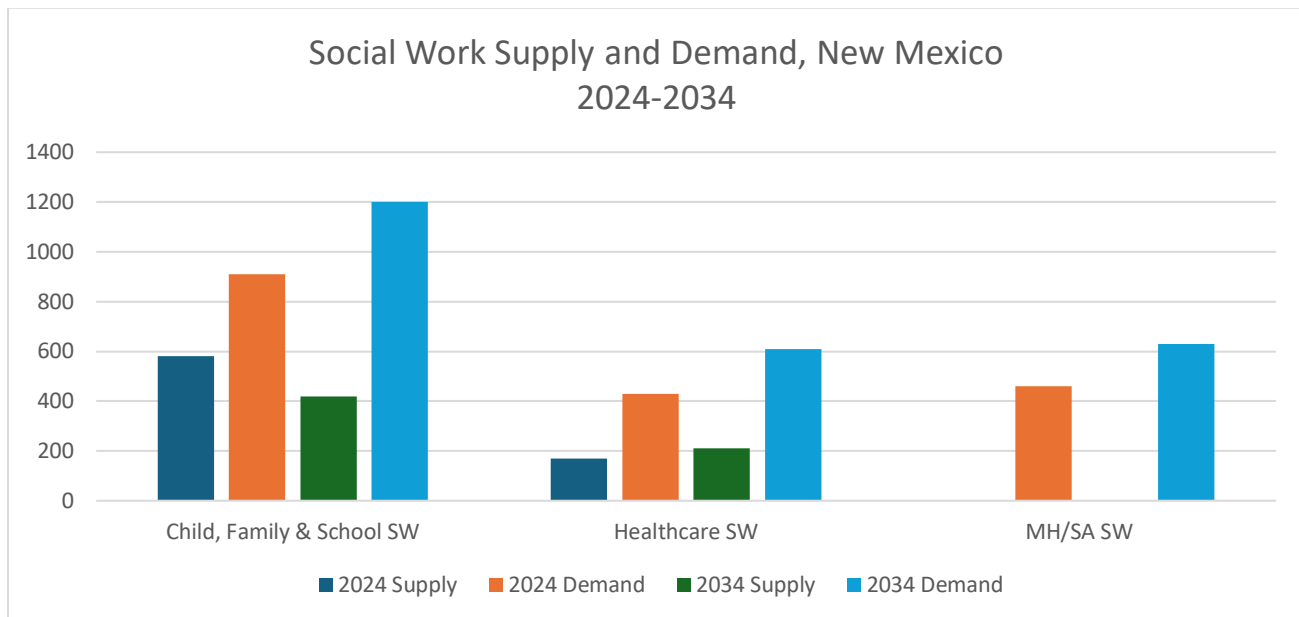
Table 10. Survey Participant-Identified Professional Development Interests, All (n-624)		
	Number	Percent
*Clinical Social Work	489	80%
*Antiracism, Diversity, Equity, and Inclusion	395	66%
*Substance Misuse, Prevention and Treatment	360	60%
*Community Practice	348	58%
*Medical Social Work	331	55%
*Competent Practice with LGBTQI2S+	324	54%
*Community Safety	314	53%
*Borderland and Ethnic Studies	312	52%
*Aging	297	51%
*Bilingual/Bicultural Social Work	306	51%
*Tribal Social Work	305	51%
Public Health Social Work	283	47%
Environmental Social Work	254	43%
Policy Practice	246	42%
School Social Work	243	41%
Community Based Participatory Research	225	38%
Fundraising and Grant Writing	220	37%
Programmatic Evaluation	211	36%
Competent Practice with Military	214	35%
Nonprofit Management	202	34%
Peer Support	199	34%
International Social Work	160	27%
Other: Ethics, Law, Research Developmental Disabilities, Trauma, Intimate Partner Violence, Sexual Assault	42	24%
Note: The * indicates professional development interests selected by 50% or more of participants.		

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



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://bhwh.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>

For 2024, using HRSA's Health Workforce Simulation Tool (2024),⁴² a projected 580 social workers in New Mexico are forecast to be actively employed or seeking employment in the child, family, and school social work category, compared with a total demand of 910 social workers and 64% adequacy. An additional projected 170 social workers are forecast to be employed or seeking jobs in the healthcare social work category, compared with a total demand of 430 and a 40% adequacy. Demand projections only were provided for the category of mental health and substance abuse social work at 460 social workers. However, for 2034, because the number of social workers in New Mexico employed in child, family, and school social work (420) are projected to significantly reduce, rather than increase to meet a rapidly growing demand, the percent adequacy is projected to be only 35%. Though healthcare social workers (210) are projected to only slightly increase, this still would not meet the projected demand and percent adequacy is forecasted to drastically decline to 34%.

These projections mean that unmet behavioral health need and workforce shortages in New Mexico are likely to not only persist but worsen through 2034 unless changes that significantly impact the healthcare landscape occur. HRSA lists drivers of change in healthcare workforce, or "What if?" scenarios, as stasis in supply or demand, worker retirement rates, number of college graduates entering healthcare professions, increased insurance coverage, racial equity, improved access to services, and geographic parity, where adequacy is equitable in rural areas.⁴³

Driving factors contributing to this workforce decline were explored in the Social Workers of New Mexico Survey findings and are also reflected in national and New Mexico-specific research. Closely mirroring survey findings associated with participant wellbeing detractors, the National Council for Mental Wellbeing recently released results from their nationwide behavioral health workforce survey of 750 behavioral health workers and more than 2000 adults.⁴⁴ The results further elucidate these factors, where:

- 83% of the behavioral health providers surveyed believe that without public policy transformation, providers across the nation will not have the capacity to meet demand for mental health and substance use treatment.
- 65% experienced increased client caseloads and 72% reported an escalation in severity of client need since COVID-19.
- 93% have experienced burnout during their careers, with 62% reporting moderate to severe burnout.
- 48% report that the impact of workforce shortages made them consider other employment opportunities.
- 68% say that the amount of time required to complete administrative tasks takes away from time needed to serve clients.⁴⁵

⁴² Ibid.

⁴³ Ibid.

⁴⁴ National Council for Mental Wellbeing. (2023). Help wanted: A national survey of the behavioral health workforce shortage. <https://www.thenationalcouncil.org/news/help-wanted/>

⁴⁵ Ibid.

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-evidenced⁴⁹ 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.

agencies and organizations employing social workers are two strategies for addressing this wage gap, but more comprehensive approaches are also imperative. These approaches may include an interrogation of racial disparities in student loan debt and an analysis of the impact of racial and gender bias in Association of Social Work Boards (ASWB) licensure examination pass rates⁵¹ for social workers in New Mexico, where workers who are unable to pass the examination have limited practice and career opportunities and are typically under-earning in their current roles. One move toward reducing these disparities is the expansion of student loan forgiveness funds, not solely for clinical social workers, but for all social workers who serve communities or who are employed in government agencies or higher education institutions.

Economic inequities are a reality for social work students even before they enter the profession. An additional step toward pay equity for social workers is to fully resource payments for social work practicum placements. A recent student survey conducted by the National Association of Colleges and Employers showed that students who were placed in paid internships were more likely to receive job offers and higher starting salaries post-graduation, earning a median salary of \$62,500, higher than their unpaid peers, with a median salary of \$42,000.⁵² Of particular concern however is that Black, Latine/Afro-Latine and first generation college attendees were significantly underrepresented in paid placements.⁵³ While funding to support paid internships in New Mexico was allocated in the 2023 and 2024 New Mexico House Bill 2, a deeper analysis is needed to understand how those funds are being disseminated statewide to social work students and whether they are reaching the most economically vulnerable students. In addition, more funding would assure increased paid practicum opportunities statewide with particular focus on providing paid placement opportunities for Black, Indigenous and Social Work Students of Color.

Recommendation 2: Invest in the Retention of New Mexico's Social Workers

Lin and co-authors name turnover in social work positions as a significant driver of the social work workforce shortage.⁵⁴ They identified level of burnout, opportunities for professional development, support from supervisors and colleagues, and ability to achieve a work-life balance as factors that either mitigate or contribute to high turnover.⁵⁵ The National Council for Mental Wellbeing suggests increasing funding for “retention bonuses, hazard pay, and overtime” as strategies for preventing turnover.⁵⁶ Other strategies may include tuition remission or professional development scholarships for all social workers, not solely for those serving in state agencies or higher education institutions, to further their education or gain certification in a different type of social work practice, allowing them to

⁵¹ Association of Social Work Boards. (2022). 2022 ASWB exam pass rate analysis: Final report.

<https://www.aswb.org/exam/contributing-to-the-conversation/>

⁵² National Association of Colleges and Employers. (2022). Unpaid internships and the need for federal action.

<https://www.naceweb.org/about-us/advocacy/position-statements/position-statement-us-internships/>

⁵³ National Association of Colleges and Employers. (2021). NACE brief: Inequity in internships.

<https://www.naceweb.org/research/reports/2021-nace-student-survey-briefs-4-year>

⁵⁴ Lin, W.L., Lin, J., & Zhang, X. (2015). U.S. social worker workforce report card: Forecasting nationwide shortages. doi: 10.1093/sw/swv047

⁵⁵ Ibid.

⁵⁶ National Council for Mental Wellbeing. (2023). Help wanted: A national survey of the behavioral health workforce shortage. <https://www.thenationalcouncil.org/news/help-wanted/>

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

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>.

treatment plan. These measures aim to address the state's shortage of behavioral health providers (4 per 1,000 statewide) by increasing opportunities for hiring and billing for certified peer support specialists. (\$3 million, recurring.)⁶¹

Recommendation 4: Identify and Fund Innovations in Reducing Burnout and Vicarious Trauma

Social workers are both skilled in and ethically compelled to practice professional self-care, but long waitlists, unsustainable workloads, increasing acuity of client needs, administrative demands, and organizational and community under-resourcing impede self-care and create conditions for vulnerability to burnout and vicarious trauma. Strategies for preventing and addressing burnout and vicarious trauma are vitally necessary to retain our existing workforce. An innovation may include providing funding for social workers to take practice sabbaticals to focus on their health and wellbeing. Standards for caseload sizes could also be codified to support a more sustainable workload. Providing funding to organizations and state agencies to allow for time away from work for worker wellbeing activities, such as a limited set of hours per week for exercise, massage therapy or acupuncture, is a strategy to institutionalize self-care and wellbeing practices. Finally, it is important to increase funding for LCSW and LISWs to provide high-quality supervision to early career social workers that attends to the risk for vicarious trauma, racial and oppression-based battle fatigue, and other factors influencing social workers' wellbeing.⁶²

Recommendation 5: Fully Fund General Operations for Community-Based Organizations

The National Council for Mental Wellbeing states a third of the workforce invests most of their time in completing administrative tasks.⁶³ Social Workers of New Mexico Survey participants affirmed that administrative tasks, particularly documentation and billing for insurances, represents a significant barrier they face in their work. Fully funding positions to assist with intake coordination, case management, daily operations and billing tasks would not only increase time for social workers to serve their clients but reduce their overall stress. Also, adequately resourcing clinicians so they can provide and seek supervision, complete their documentation and other administrative tasks without sacrificing time for client care is critical to creating balanced workloads.

Recommendation 6: Fund Policy and Feasibility Research Addressing the Social Work Interstate Licensing Compact and Alternative Pathways for Social Work Licensure

Arguably two of the most pressing topics impacting the social work workforce today are the Social Work Interstate Licensing Compact, a movement nationally for states to form compacts that would allow social workers to serve clients in all member states without seeking licensure from each state,⁶⁴

⁶¹ New Mexico Health Care Workforce Committee. (2023). 2023 Annual report. (p. v).

https://digitalrepository.unm.edu/nmhc_workforce/11/

⁶² Michalopoulos, L.M., & Aparicio, E. (2012). Vicarious trauma in social workers: The role of trauma history, social support, and years of experience. *Journal of Aggression, Maltreatment, & Trauma*, 21(6), 646-664.

<https://www.tandfonline.com/doi/abs/10.1080/10926771.2012.689422>

⁶³ National Council for Mental Wellbeing. (2023). Help wanted: A national survey of the behavioral health workforce shortage. <https://www.thenationalcouncil.org/news/help-wanted/>

⁶⁴ National Center for Interstate Compacts. (n.d.). Social work licensure compact fact sheet.

<https://compacts.csg.org/compact-updates/social-work/>

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

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>

identify and analyze policies nationally on best practices for administering payment for student practicum placements.

Acknowledgements

The research team would like to extend our gratitude to the 755 social workers who completed the 2024 Social Workers of New Mexico Survey for taking time away from their work and families for participating in this survey. Your lived experiences, perspectives and voices are critical to the understanding of the assets of and barriers facing social workers in New Mexico. Also, we would like to thank the New Mexico Regulation and Licensing Department for sharing the most recent data on licensed social workers. This information is vital to understanding workforce geographic concentration and behavioral health deserts in our state. Finally, we would like to express our thanks to the New Mexico State Legislature and New Mexico Highlands University for their generous support and funding for the Center for Excellence in Social Work.

Institutional Review Board Approval of Human Subjects Research

Human subjects consent procedures, data collection and protection protocol were reviewed and approved by the New Mexico Highlands University Institutional Review Board.

Funding for this Research

The Center for Excellence in Social Work (Center) funded this research through its fiscal year 2024 New Mexico State General Fund award as a Research and Public Service Project.

About the Center for Excellence in Social Work

Situated within New Mexico Highlands University's Facundo Valdez School of Social Work (FVSSW), the Center was established in 2022 by Governor Michelle Lujan Grisham, whose vision was to create six Centers for Excellence in higher education institutions to grow research and development in key industries. The Center's aim is to enhance our state's capacity to train and prepare social workers for competent practice with multicultural populations and communities. Our commitment lies in growing our workforce while driving innovation in social work education, practice, policy, and research, emphasizing antiracism, anti-oppression, and cultural responsiveness. We achieve our mission through 1) Fostering collaborative relationships and networks; 2) Engaging social work educators and students; 3) Providing professional development opportunities for our existing workforce; 4) Enhancing pathways for social work careers; 5) Conducting high-quality research; and 6) Developing workforce, practice and policy briefs to advise data-driven action.

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Appendix A:

Table 11. Social Workers of New Mexico Survey Participant Demographics

Descriptive Categories	N	Valid %	%	Missing N %	
Race/Ethnicity	697		92	58	8
African or Specific Nationality	0	0	0		
African American or Black	13	2	2		
Anglo, White, Caucasian, or European-American, non-Hispanic	370	53	49		
Arab American or Middle Eastern or Specific Nationality	3	0.4	1		
Asian, Asian American or Specific Nationality	4	1	1		
Biracial, Mixed, Multiethnic, or More than One Ethnicity	41	6	5		
Indigenous*					
Hawai'ian or Pacific Islander	28	4	4		
Latinx/Latine, Afro-Latinx/Latine^	0	0	0		
Prefer not to answer	205	29	27		
	33	5	4		
Dichotomous Race	664		88	91	12
Workers of Color	294	44	39		
White/Caucasian Workers	370	56	49		
Gender	699		93	56	7
Woman, Female, Feminine	581	83	77		
Man, Male, Masculine	103	15	14		
Gender Queer, Nonbinary, or Third Gender	9	1	1		
Prefer not to answer	6	1	1		
Age	703		93	52	7
18-24	5	1	1		
25-34	86	12	11		
35-44	183	26	24		
45-54	173	25	23		
55-64	136	19	15		
65+	116	17	1		
Prefer not to say	4	1			

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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	6	749	99
Manager	43	100	1	712	94
Mezzo/Macro Direct Service Provider	33	100	6	722	96
Policy Analyst/Policy Practitioner	13	100	4	742	98
Researcher/Research Scientist	11	100	2	744	98
Supervisor Other	45	100	2	710	94
Other	159	100	6	596	79
			21		
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