



The mission of the California Labor Lab is to extend the pursuit of health and safety for workers in traditional employment to those in a wide range of alternative arrangements in partnership with affected communities.

## Data Brief #9

### The Extent of Precarious Employment in California's Behavioral Health Workforce

By Alicia Lafrance, Trisha Iley, Nari Rhee, Ima Varghese Mac, and Edward Yelin

#### Introduction

Numerous studies have observed an inadequate supply and difficulty in attracting and retaining a behavioral health workforce (BHW) (1, 2). In this Data Brief, we provide estimates of the magnitude of this workforce in California and the extent to which it meets criteria for precarity in employment using the results of the 2023 California Work and Health Survey. There is a continuum of occupations within the BHW (3). To estimate the extent of precarious employment among workers in behavioral health occupations, we use the framework proposed by Allen and colleagues which distinguishes among "... precarity *of* work (i.e., uncertainty related to the continuity of one's work), precarity *at* work (i.e., unpredictability in work due to discrimination, harassment, and unsafe working conditions), and precarity *from* work (i.e., uncertainty from holding a job that does not meet one's basic needs (4).)"

In this Brief, we measure precarity of work by the nature of employment among the State's BHW as indicated by contingent work and being hired in alternative arrangements such as independent contracting, on-call work, being employed through a temp agency, or having one's work subcontracted out. Precarity at work is represented by working conditions shown to have an adverse impact on the individual such as irregular shifts, reported bullying on the job, the combination of high demands and low levels of decision latitude, and the experience of wage theft. Precarity from work is indicated by low earnings, household poverty despite the individual's employment, the experience of financial strain in several dimensions, lack of health insurance and pension coverage through work, and usage of means-tested income transfer programs.

#### Magnitude of Behavioral Health Workforce in California in 2023

- 574,296 persons (3.0% of all employed) are in the BHW in either a main or second job.
  - The 95% confidence interval for the estimate of the number in the BHW is from 461,734 to 681,828.
- 489,544 persons (2.6% of all employed) are in the BHW in a licensable occupation in either a main or second job.
  - The 95% confidence interval for the estimate of the number in the BHW in a licensable occupation is from 382,234 to 605,816.
- 486,971 persons (2.6% of all employed) are in the BHW for their main job.
  - The five largest occupations of BHW are therapists (66,224); social workers (56,616); education, guidance, and career counselors (54,814); other kinds of counselors (45,219); and community service workers (43,580).
  - Industries with large numbers of behavioral health workers include outpatient care centers (163,487), individual and family counseling services (109,383), and elementary and secondary schools (46,358).

## **Precarity among Behavioral Health Workers in Main or Second Jobs**

### ***Precarity of Work.***

- 36% are in some form of alternative employment
  - 23% are independent contractors but not in other forms of alternative employment
  - 11% are in other forms of alternative employment, but are not independent contractors
  - 2% are both independent contractors and in other forms of alternative employment
- 6% are in contingent jobs (jobs not expected to last through year)
- 39% are either in contingent jobs or alternative forms of employment
- 4% are in both contingent jobs and alternative forms of employment

### ***Precarity at Work.***

#### **“Objective” Characteristics Indicating Precarity at Work:**

- 50% work less than full-time for an entire year
- 52% do not have a regular daytime schedule
- 29% report some form of wage theft on the job

#### **“Subjective” Characteristics Indicating Precarity at Work:**

- 47% experience bullying by a supervisor, coworker, or client
- 17% report high demands/low levels of decision latitude on the job
- 23% have stress levels  $\geq$  90th percentile of scores among all working age Californians on the Perceived Stress Scale (5)

### ***Precarity from Work.***

#### **Income and reports of poverty levels**

- 33% reported annual individual earnings of \$40,000 or less
- 16% reported an annual household income of \$40,000 or less
- 14% have annual household income at or below 125% of Federal Poverty Level (FPL)

#### **Indicators of Financial Strain**

- 53% report at least some difficulty living on annual household income
- 24% cannot sustain an emergency expense of \$400
- 15% expect actual hardships in food, housing, or medical care in next two months

#### **Reports of Access to Fringe Benefits**

- 16% are in jobs which do not offer health insurance
- 37% are in jobs without retirement benefit coverage

#### **Benefit Reciprocity**

- 9% are SNAP (formerly Food Stamp) beneficiaries
- 7% use a Food Bank or free meal program

## **Economic Characteristics of Vulnerable Workers in Behavioral Health Workforce**

- Individual earnings of  $\leq$  \$40,000 a year are common for the following BHW occupations (main job):
  - Counselors – All other (63%)
  - Community and social services specialists (58%)
  - Social and Human Service Assistants (48%)

- Therapists (47%)
- Education, Guidance and Career Counselors (43%)
- Household income ≤ 125% of FPL is common in these BHW occupations despite respondent's employment:
  - Social and Human Service Assistants (42%)
  - Counselors – All other (32%)
  - Community and Social Services specialists (26%)
- Household income ≤ 125% of FPL is common these groups:
  - Women (17%) vs. men (8%)
  - Several racial and ethnic groups:
    - African Americans (20%)
    - Hispanics (18%)
    - Native Americans (37%)
    - Asian Americans/Pacific Islanders (16%)
    - *Vs. only 4% of non-Hispanic Whites*
  - Persons with less than BA (31%) vs. those with a BA degree or more (7%)

## Summary

More than half a million persons are in the behavioral health workforce (BHW) in California and for 85% of them, this is their only or main job.

Among the BHW, many experience *precarity of work* with 39% in alternative work arrangements or contingent jobs; *precarity at work* with about half not working full-time for the full-year and having irregular shifts and more than a quarter reporting some form of wage theft; and *precarity from work* with a third earning \$40,000/year or less, about a sixth having household incomes at or below 125% of the Federal Poverty Level, significant fractions meeting criteria for financial strain, and almost a tenth using SNAP benefits.

Women, members of racial and ethnic minorities, and those who are not college graduates are more likely to experience precarity of work in behavioral health fields.

The precarity of the employment among the BHW likely contributes to the difficulty in attracting individuals to this work as well as the difficulty in retaining them in the workforce. California's SB525 (6), which took effect on October 16, 2024, mandates higher wages in the healthcare industry in general; its effects on the fate of workers in the BHW remains to be seen, particularly since many may work in settings with lower mandated minimums such as safety net hospitals or those exempt from the minimums. Nevertheless, the results reported here show the extent to which the legislation is needed to bring as many in the BHW as possible up to higher levels of pay and to improve their working conditions.

## **Supplemental Content: Occupations included in the BHW estimates**

1. Psychologists
2. Industrial-Organizational Psychologists
3. Clinical and Counseling Psychologists
4. School Psychologists
5. Psychologists, All Other
6. Counselors
7. Educational, Guidance, and Career Counselors and Advisors
8. Marriage and Family Therapists
9. Mental Health Counselors
10. Rehabilitation Counselors
11. Substance Abuse, Behavioral Disorder, and Mental Health Counselors
12. Counselors, All Other
13. Social workers
14. Child, Family, and School Social Workers
15. Healthcare Social Workers
16. Mental Health and Substance Abuse Social Workers
17. Social Workers, All Other
18. Health Education Specialists
19. Probation Officers and Correctional Treatment Specialists
20. Social and Human Service Assistants
21. Community Health Workers
22. Community and Social Service Specialists, All Other
23. Therapists, All Other
24. Psychiatrists
25. Psychiatric Technicians
26. Psychiatric Aides

## **References**

1. Covino NA. Developing the Behavioral Health Workforce: Lessons from the States. Administration and policy in mental health and mental health services research. 2019;46(6):689-95.
2. Coffman J, Fix M. Building the Future Behavioral Health Workforce: Needs Assessment. County Behavioral Health Directors Association of California; 2023.
3. Counts N, "Understanding the U.S. Behavioral Health Workforce Shortage," Commonwealth Fund, 2023, May 18
4. Allan BA, Autin KL, Wilkins-Yel KG. Precarious work in the 21st century: A psychological perspective. Journal of Vocational Behavior. 2021;126:103491.
5. Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. Journal of Health and Social Behavior. 1983;24:385-96.
6. State of California Department of Industrial Relations. Health Care Minimum Wage Frequently Asked Questions 2024.

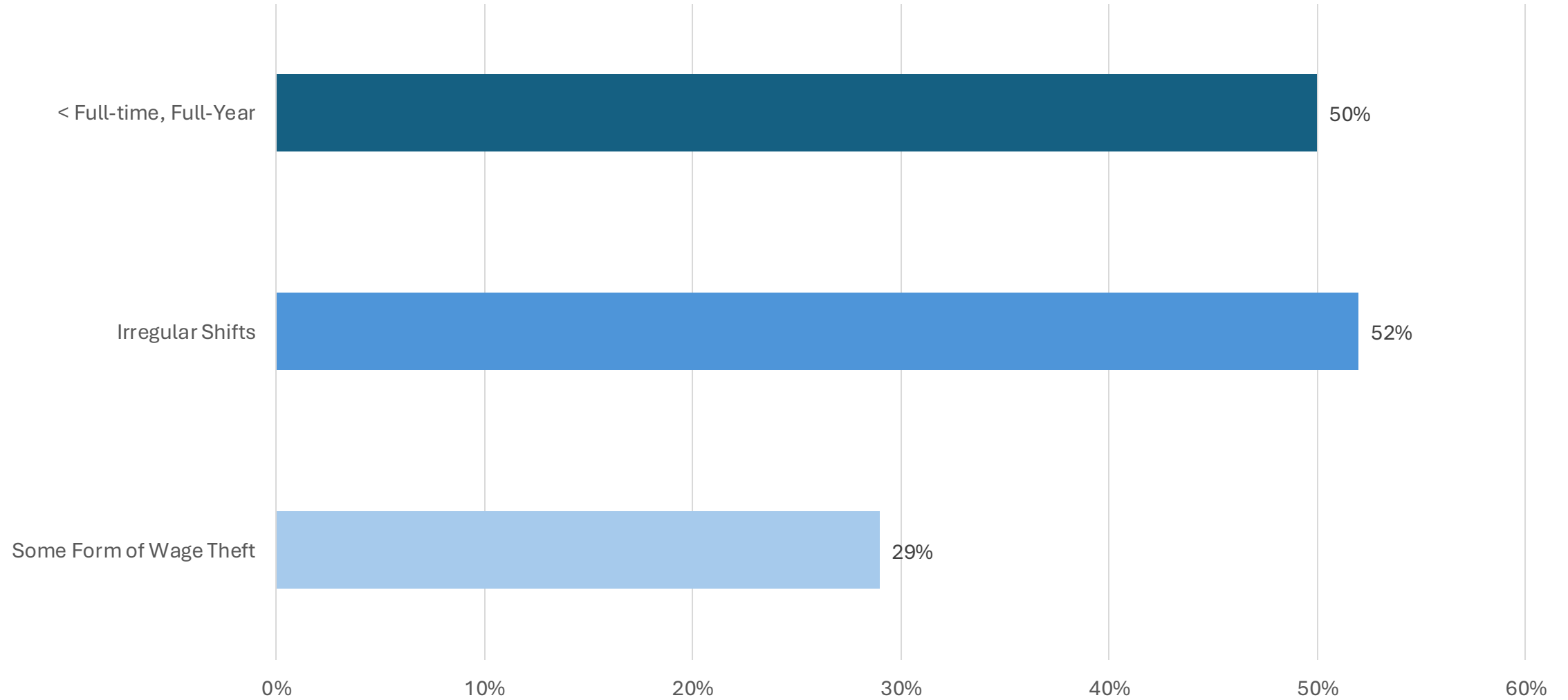
### **About the Survey**

The California Work and Health Survey (CWHS) used a random sample of cell phones to develop its study cohort of 4,014 working age Californians. The CWHS was administered between November 2022 and May 2023 by telephone interviewers or completed on-line at the respondents' choice. Both the telephone-administered and on-line surveys could be completed in English or Spanish. The survey covered current employment status, working conditions among the employed, health status, and economic well-being. Results were weighted to reflect known characteristics of the working age population of California. Respondents' job descriptions were translated into Standard Occupational Classification (SOC) codes using the NIOSH Industry and Occupation automated coding system. For the list of occupations included in this brief, please see the Supplemental Content below.

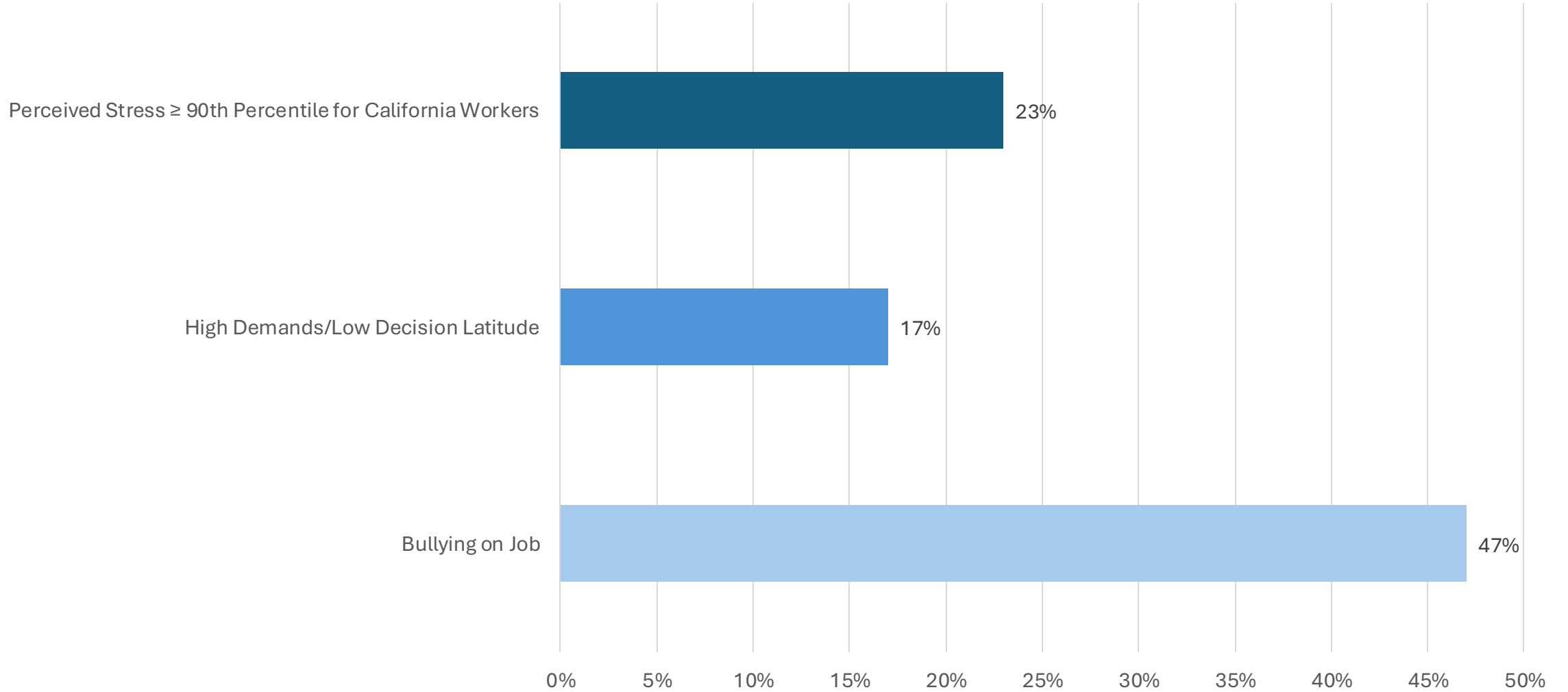
### **Learn more:**

[calaborlab.ucsf.edu](http://calaborlab.ucsf.edu) | [calaborlab@ucsf.edu](mailto:calaborlab@ucsf.edu)

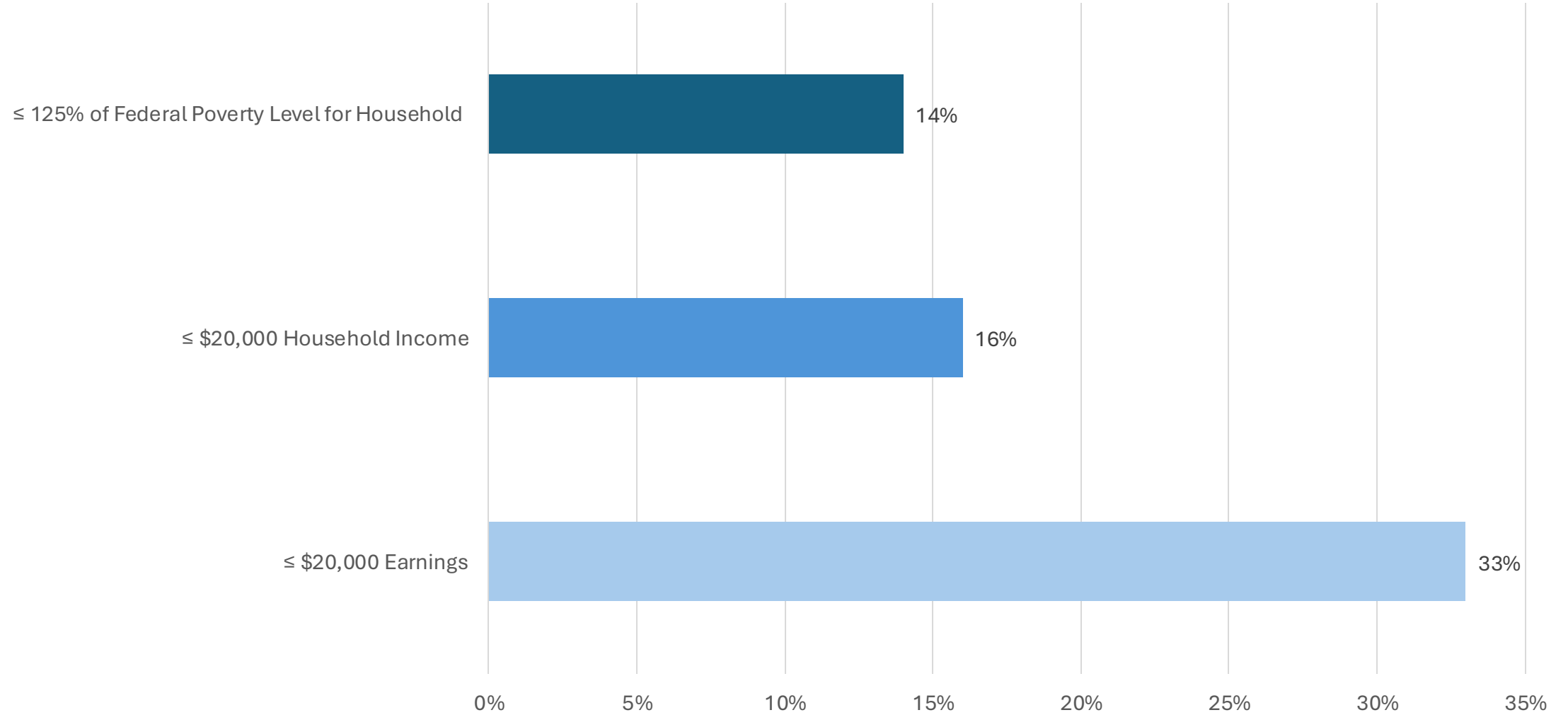
## Precarity at Work for BHW - Objective Measures



## Precarity at Work for BHW - Subjective Measures

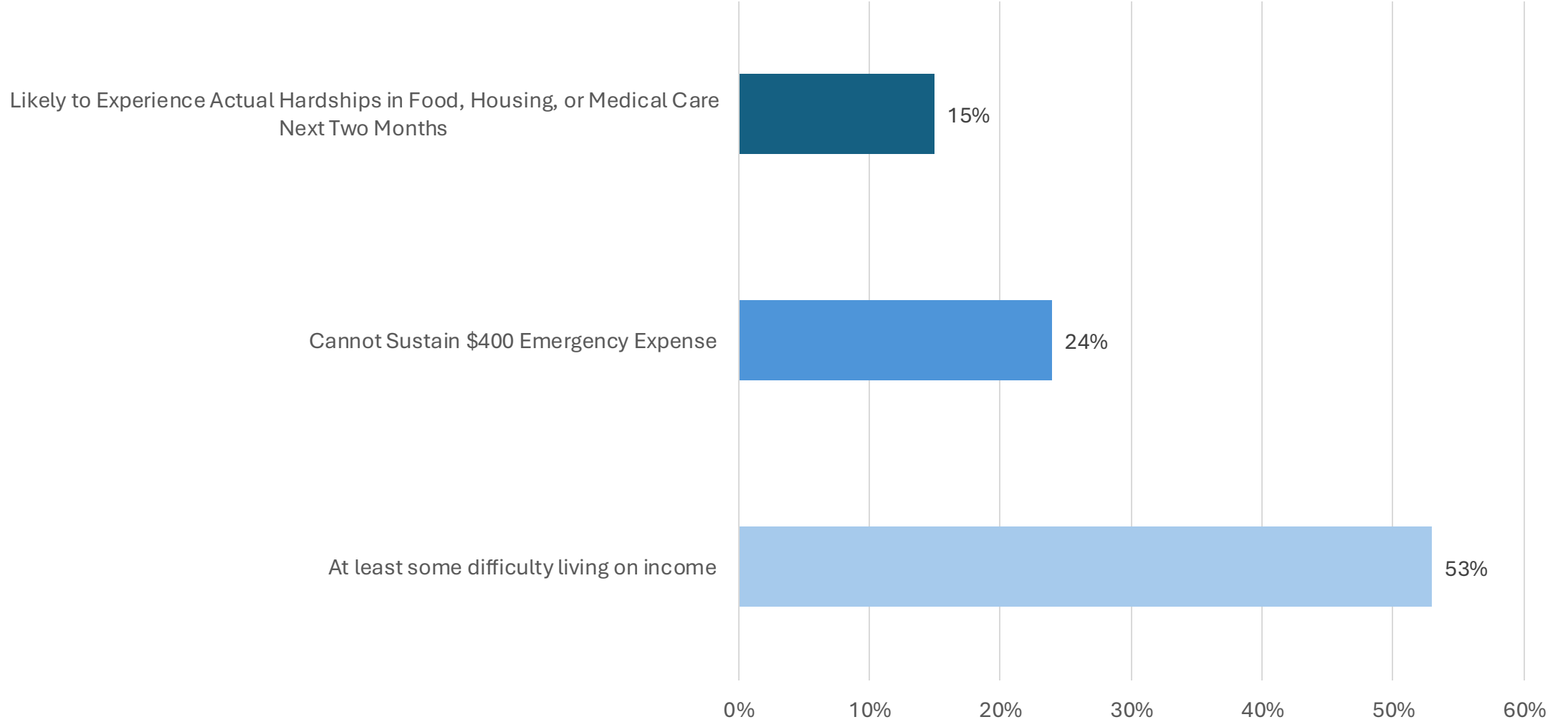


## Precarity from Work for BHW - Earnings and Income

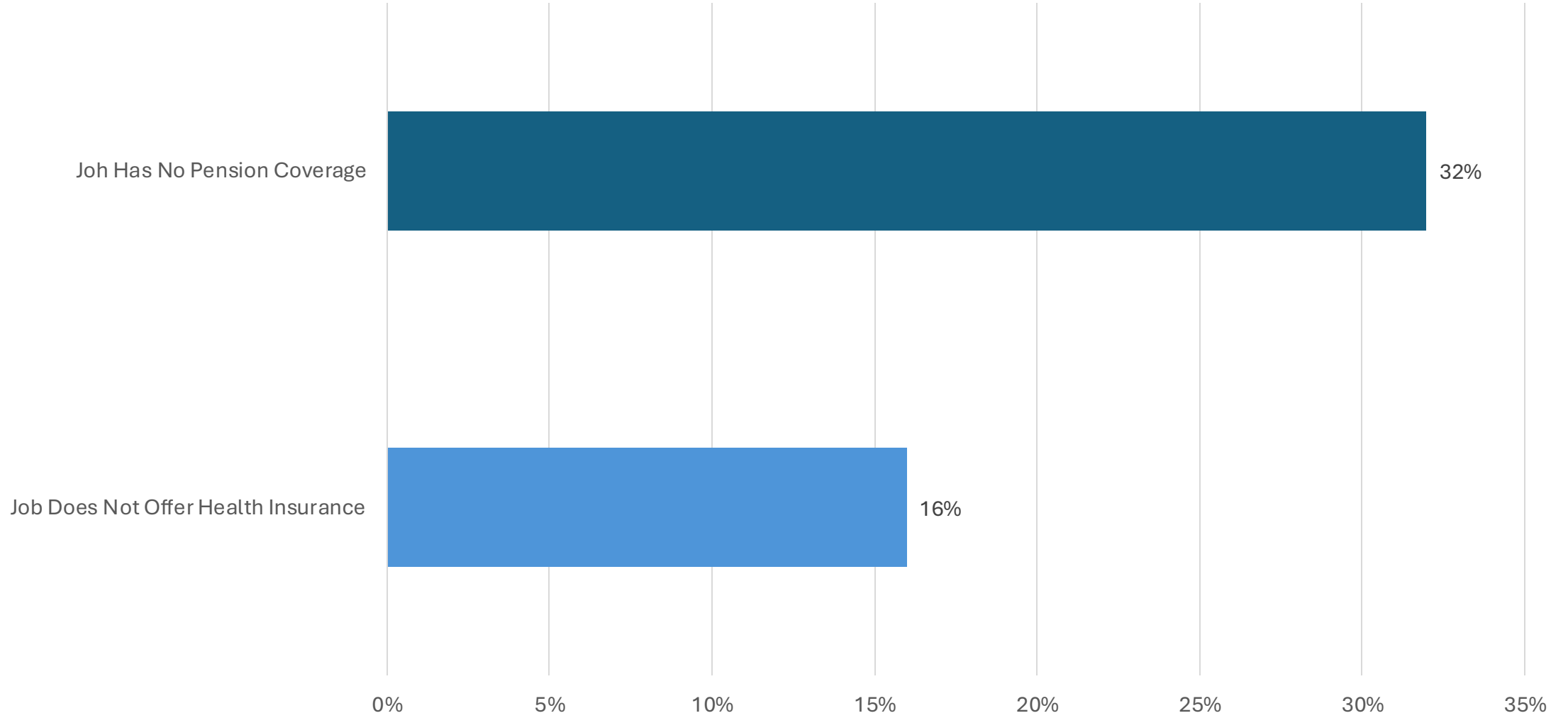




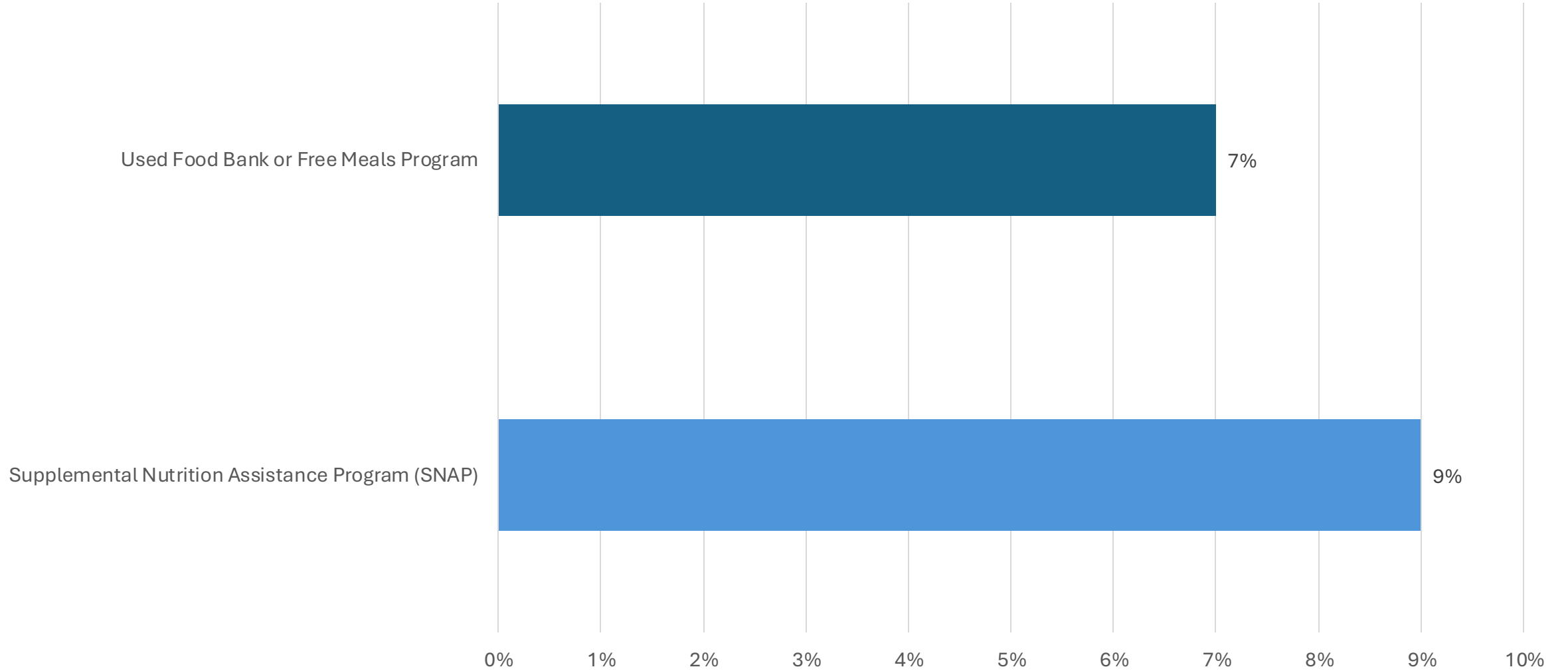
## Precarity from Work for BHW - Financial Strain



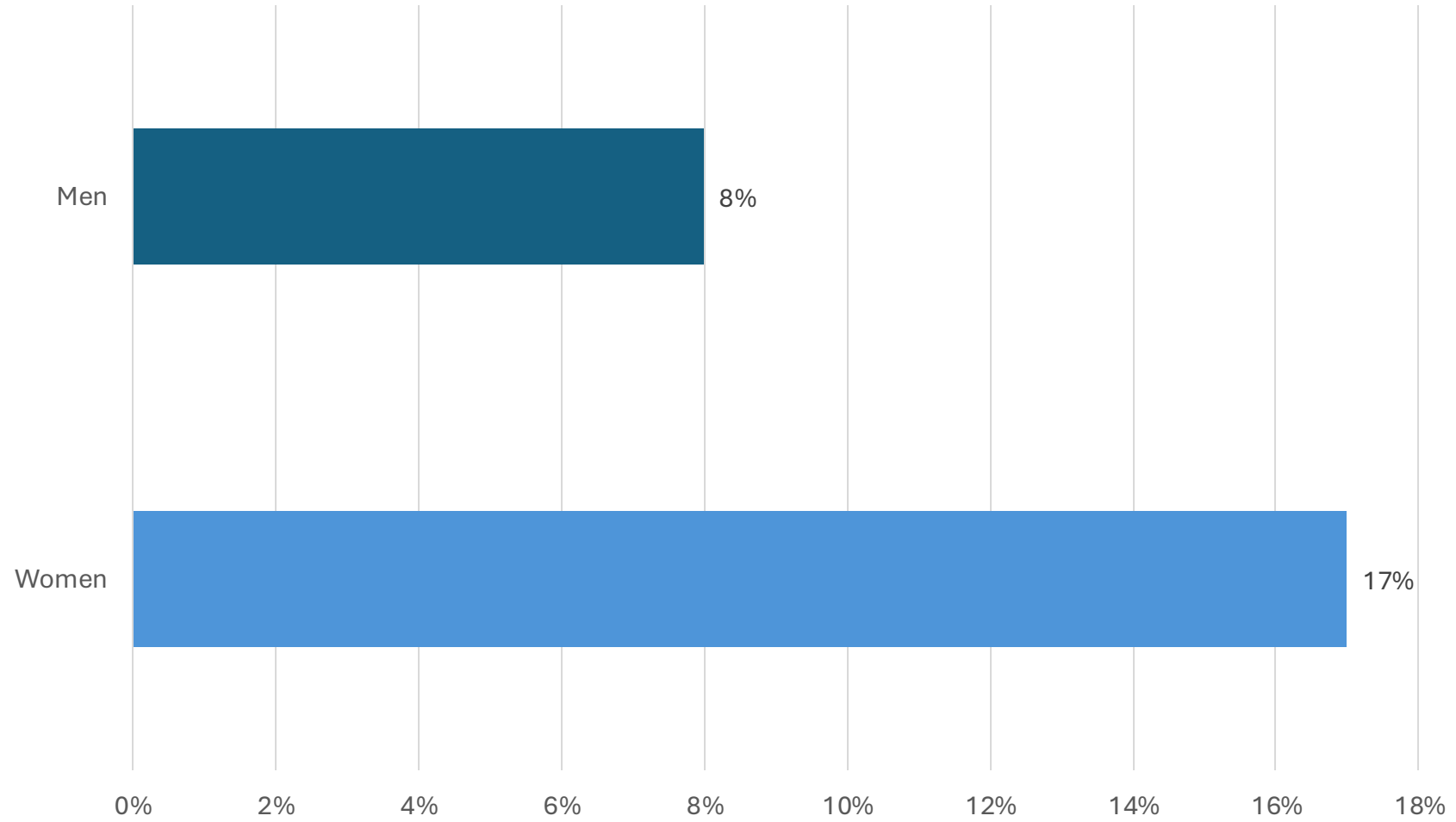
## Precarity from Work for BHW - Fringe Benefits



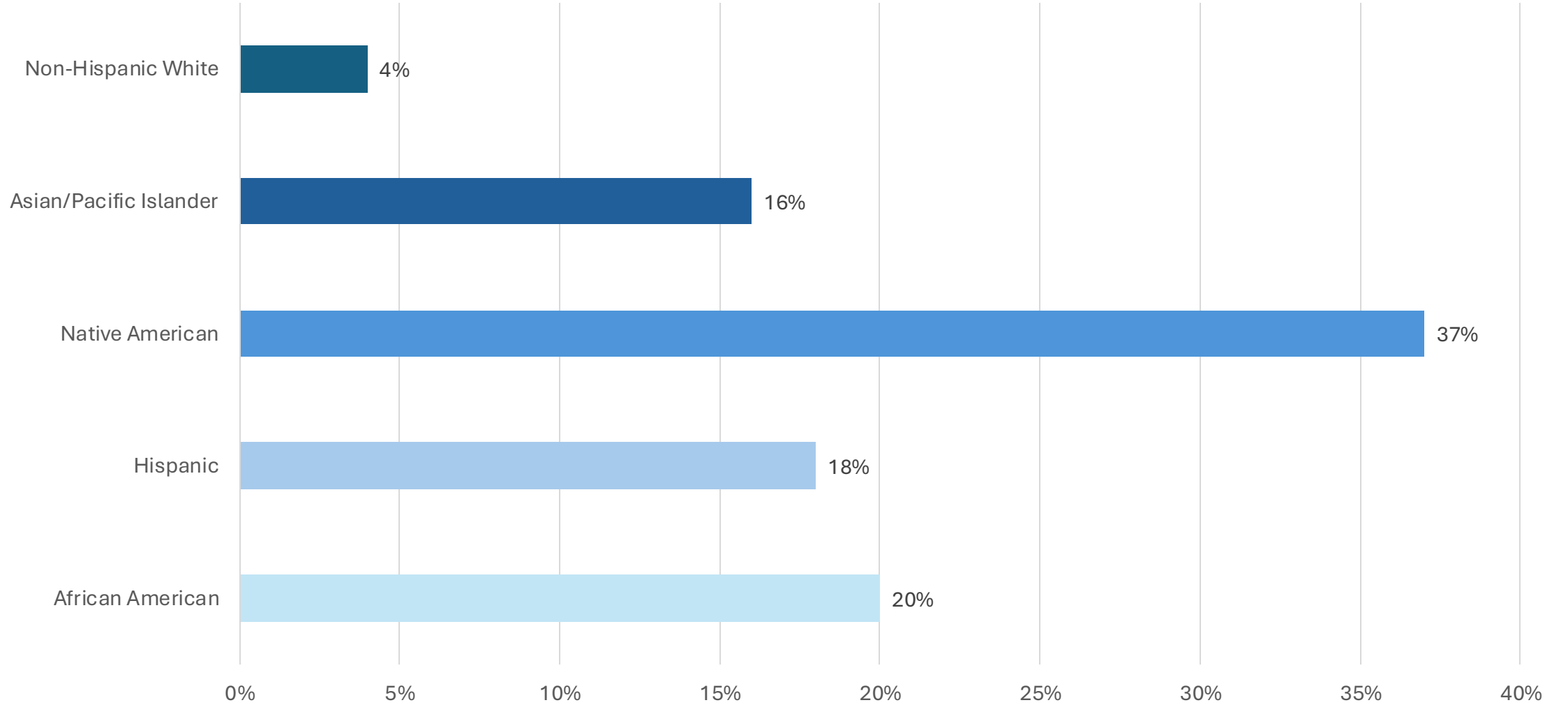
## Precarity from Work for BHW - Benefits Received



≤ 125% of Federal Poverty Level for Household for BHW, by Gender



### ≤ 125% of Federal Poverty Level for Household for BHW, by Race/Ethnicity



# ≤ 125% of Federal Poverty Level for Household for BHW, by Education

