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Work Practices, Provision of Care and Attitudes towards the Mental Health Insurance Reform among Psychologists, Psychiatrists and Social Workers

Nurit Nirel ♦ Hadar Samuel

This study was funded with the assistance of a grant
from the National Institute for Health Policy Research



RESEARCH REPORT

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Executive Summary

The mental health care system in Israel is undergoing a historic reform, which will create a legal entitlement to mental health care and transfer responsibility for the provision of mental health services from the government to the four national, nonprofit health plans. This entails considerable changes for the entire population, for the mental health professionals and for the health plans that will assume this new responsibility. For the health plans, intensive and extensive work with the mental health professionals – particularly psychologists and social workers – will be a relatively new experience. For the professionals, working in a managed care framework – which includes curbing costs while ensuring quality of care through regulation and monitoring of the treatment process and outcomes – will entail significant adjustment as well.

The main goals of the reform include:

- ◆ Improving quality through better integration of mental and physical healthcare
- ◆ Significantly expanding the availability and accessibility of services (particularly to previously underserved populations)
- ◆ Increasing efficiency, in part through the use of managed care techniques.

Alongside the goals, the reform has generated a range of concerns, including:

- ◆ The adequacy of funding levels
- ◆ The medicalization of mental health care
- ◆ The linkages among service systems.

At the request of the Israeli government, MJB is playing a central role in designing and carrying out the evaluation of this reform. A key stage in the process was the convening of a national symposium involving a broad spectrum of mental health policymakers, service providers and researchers to identify the main issues to be addressed in the evaluation.¹ MJB's multi-pronged evaluation effort addresses many of those issues, including:

- ◆ An organization study of how the health plans are mobilizing to implement their part in the reform, including what services they are putting into place, how they are staffing them, etc.
- ◆ Provider surveys to monitor professional practices and attitudes
- ◆ Consumer/patient surveys to assess access to care and the care experience
- ◆ An analysis of changes in patterns of service utilization
- ◆ Efforts to draw on the international experience with major mental health care reforms and their evaluation.

¹ Nirel, N. 2009. Workshop for Discussion of Topics for Studies to Evaluate the Mental Health Insurance Reform – Summary Document. Jerusalem: Myers-JDC-Brookdale Institute (Hebrew).

Thus, the evaluation will provide information on the implementation process as well as indicators of intermediate and final outcomes, thereby contributing to real-time efforts to refine the reform effort.

This report – presenting the findings of the first comprehensive study of mental health professionals in Israel – is part of this broad effort to evaluate the transfer of responsibility. The report examines mental health work practices and care provision among psychologists, psychiatrists and social workers working in mental health care, as well as the attitudes of these professionals to the reform in the lead-up to its implementation.

Study Goals

This study was intended to ascertain the characteristics and practices of the work and treatment provided by psychologists, psychiatrists and social workers prior to implementation of the reform and to examine the respondents' expectations of the likely impact of the insurance reform on them and on the process of training and counseling for the profession. Among the main questions examined:

- ◆ To what extent do the professionals view the reform in a positive or negative light?
- ◆ To what extent do the current work practices and treatment match the principles of managed care that will characterize the work with the health plans following the reform?
- ◆ Are there differences among the psychiatrists, psychologists and social workers in regard to these questions?

The study was developed:

- ◆ To serve as an input into the operational planning of the reform during the transition period in which preparations are being made to transfer responsibility for mental health from the state to the health plans
- ◆ To serve as a baseline for a follow-up study in a few years that will examine the impact of the reform on these areas.

Study Method

1. Open interviews were conducted in the second half of 2010, with 43 professionals involved either in service provision and administration or in policy development with regard to the financing and organization of mental health services. The interviews, together with information gathered in the literature review, served as the basis for drawing up the questionnaire for the survey of the full study population.
2. A cross-sectional survey of mental health practitioners was conducted comprising a national postal survey that used a closed self-report questionnaire among a sample that included 40% of the certified specialists in clinical and/or medical psychology (1,140 sampled), all psychiatrists of working age (1,100) and a sample of social workers employed in Ministry of Health mental health frameworks (283 sampled).

The survey was conducted from December 2011 through May 2012 (i.e., prior to the decision to transfer responsibility for mental health care from the state to the health plans by government directive). The response rate among the psychologists and psychiatrists who were identified and who received the questionnaire was 58%. The response rate among the social workers was 45%.

Findings

Although the three groups of professionals treat a population with a similar range of problems and although there are many interfaces in their work, there are substantial differences in their personal and professional backgrounds, in the nature of their work, in their status at work, in their types of workplace, and even in the scope of their employment (full- or part-time) and work hours.

- ◆ A major difference in the background characteristics was found in the distribution of employment in the public vs. private sector among the groups: 58% of psychologists were found to provide therapy mainly in the private sector, while approximately 80% of psychiatrists work mainly in the public sector. All the social workers in the study were working in the public sector.
- ◆ There is a difference in the treatment characteristics: The psychologists are characterized by a high percentage of women, a slightly lower average age than among the psychiatrists, and a very much higher percentage of them were born and trained in Israel. Among the social workers in the study there were also higher percentages of women and those trained in Israel. Note that the social workers included in the study were all employed in mental health frameworks of the Ministry of Health. Consequently, the possibility of generalizing the study findings regarding mental health social workers employed in frameworks other than those of the Ministry is limited. This also applies to further discussion of the study findings.
- ◆ The difference between the groups was also evident in the nature of service provision – patterns of treatment, extent of commitment to regulation and monitoring procedures, therapeutic approaches and treatment tools. Particularly salient was the fact that a higher percentage of psychologists (68%) provide long-term therapy than do psychiatrists (43%), and that the psychiatrists and social workers reported more commitment to regulation and monitoring procedures (63% and 58%, respectively) than did the psychologists (23%). It was also found that while high percentages of the psychiatrists testified to having up-to-date knowledge of evidence-based treatment and noted that this was a consideration in selecting a treatment (65% and 57%, respectively), the percentage of psychologists reporting the same was lower (20% and 13%, respectively). In addition, we found that only about a third of the professionals take financial considerations into account to a great extent. The study also found that 85% of the psychiatrists reported contact with their patients' primary care physicians in their main work, compared with approximately 40% of the psychologists and 50% of the social workers. A low percentage of the professionals in all groups make use of structured assessment tools to measure the effectiveness of the treatment. When the mental

health insurance reform comes into effect, all of these elements of service provision will become important components of the professionals' work.

When the mental health professionals were asked what changes they expected the reforms would cause in professional standards, half of the psychologists and psychiatrists and about two-thirds of the social workers responded that there would be greater emphasis on defining and achieving treatment goals. Only a third of the respondents thought that there would be an increase both in transparency and in violation of confidentiality of care. At the same time, about a third of the professionals thought that the reform would improve accessibility and availability of treatment.

The multivariable analysis (among the psychologists and psychiatrists) revealed the following:

- ◆ Being a women, working mainly in the public sector, and having studied in Israel all independently increased the likelihood that the respondent expected that the reform would lead to changes in: work practices, the care provision process, the quality of care, and the labor market.
- ◆ Being a psychologist (rather than a psychiatrist) contributed independently to the expectation that the reform will lead to changes in: ***the care provision process*** (more emphasis on short-term therapy, shorter sessions, less psycho-diagnostic testing and less outreach); ***the quality of care*** (insufficient or inappropriate care, less care for the more severe cases, use of inappropriate service providers and more referrals to group therapy); ***professional training*** (less staff training, less consultation hours and staff meetings, less time provided for on-the job training, fewer and less diverse areas of training) and ***the future labor market*** (preference for "cheaper therapists, competition between different care providers, infringement of workers' rights and therapists' income).
- ◆ Those already providing short-term or medium-term care expect to a lesser extent that there will be changes in patterns of work with the patients.
- ◆ Those working in the public sector and those who studied in Israel expect, to a lesser degree than the others, that there will be changes in the quantity and type of people referred for treatment.
- ◆ Similarly, although only marginally significant, those who report that they are already providing evidence-based treatment and those who take financial considerations into account, expect to a lesser extent than others that there will be changes in the quality of care.

Conclusions

The professionals who have already experienced some aspects of managed care and those whose main work is already in the public sector (a high percentage of psychiatrists and most of the social workers in the study) are less likely to expect changes in care provision and in the quality of care following the reform. It therefore seems that they will not be in need of an extensive adjustment process to adapt to working with the health plans.

- ◆ However, the main work of more than half of the psychologists is in the private sector and a high percentage of them have no knowledge of evidence-based care; do not take

developments in evidence-based care into consideration when devising a care plan; have no contact with their clients' primary care physicians; and do not expect an improvement in the quality of care or in the accessibility and availability of the services following the reform. It therefore seems that they will require a greater process of adjustment in their work with the health plans.

- ◆ Evidently, efforts to inculcate work practices and attitudes to care that are appropriate in an era of managed care should focus on the psychologists.

Policy Implications and Recommendations

1. The health plans have to be prepared to engage professionals who are not used to working in managed care frameworks. Therefore, they need to create pathways that will attract experienced and skilled professionals into their managed care frameworks. In this context, it will be possible for the health plans to propose various work models and offer training to prepare the mental health professionals for work in the new environment (e.g., training in the required regulation and monitoring mechanisms and the methods of treatment preferred by the plans). It is also important for the health plans to prepare themselves and learn the professionals' language and thought processes, as, to a great extent, this will be a meeting of two different organizational cultures.
2. The processes of adjustment to working with the health plans should begin during the periods of training and specialization. These could include topics linked to clinical management, methods of measuring effectiveness of treatment, and even interdisciplinary cooperation among mental health professionals including family physicians.

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