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Extending Mental Health Diagnostic Privileges to Social Workers in Saskatchewan

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Abstract

Bill 78, *An Act to amend The Social Workers Act*, was passed in 2013 in Saskatchewan, allowing social workers to diagnose mental health disorders. Social workers previously had diagnostic privileges until the *Psychologists Act* was passed in 2002. The goal of the reform is to reduce wait times to access mental health services and diagnoses. The reform was introduced following extensive lobbying by the Saskatchewan Association of Social Workers (SASW) and during a time of increased recognition of mental health issues both provincially and nationally. The reform will be implemented using regulatory instruments through the SASW and its by-laws, however the by-laws—updated to include provisions for Authorized Practice Endorsement, or in other words diagnosis of mental health disorders—have not, to date, been implemented. Accordingly, an evaluation of the reform has also not yet been conducted. Overall this reform is expected to improve access to mental health services, however concerns remain about availability of government funding and programs for treatment and services following diagnosis.

Le Projet de Loi 78, Amendement à la Loi sur les Travailleurs Sociaux, voté en 2013 en Saskatchewan, permet aux travailleurs sociaux de diagnostiquer les troubles mentaux. Les travailleurs sociaux avaient déjà détenu ces privilèges de diagnostic, jusqu'au vote de la Loi sur les Psychologues en 2002. Le but de la réforme est de raccourcir les délais d'attente pour les services et diagnostics de santé mentale. La réforme a été proposée à la suite de pressions intensives de l'Association des Travailleurs Sociaux de Saskatchewan (SASW) et à une époque de reconnaissance accrue des problèmes de santé mentale, à la fois dans la province et nationalement. L'application de la réforme se fera à travers les outils de régulation de l'Association des Travailleurs Sociaux de Saskatchewan et de son règlement, même si, à l'heure actuelle, la mise à jour du règlement, pour intégrer les provisions d'approbation des pratiques autorisées (en d'autres termes, le diagnostic des troubles mentaux), n'a pas encore été validée. Il en résulte qu'aucune évaluation de la réforme n'a été menée à ce jour. Au total, cette réforme devrait améliorer l'accès aux soins de santé mentale, même si subsistent des doutes sur la capacité à fournir les traitements correspondant aux diagnostics.

Key Messages

- Bill 78, *An Act to amend The Social Workers Act*, will allow social workers to diagnose mental health disorders and is intended to reduce wait times to access mental health services.
- Concerns remain about availability of government funding and programs for treatment and services after diagnosis.

Messages-clé

- *Le projet de Loi 78, Amendement à la Loi sur les Travailleurs Sociaux, permettra aux travailleurs sociaux de diagnostiquer les troubles de santé mentale, afin de raccourcir les temps d'attente pour les soins mentaux*
- *Il subsiste des doutes sur la capacité du gouvernement à financer et programmer les traitements et soins nécessaires une fois les diagnostics rendus.*

1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORM

In 2013, the Saskatchewan government passed Bill 78, *An Act to amend The Social Workers Act*. This Bill amends Section 21 of *The Social Workers Act* (SS 1993, c S-52.1) by inserting paragraph 21.1 which allows the council of the Saskatchewan Association of Social Workers (SASW) to “grant an endorsement to a practicing member authorizing that member to engage in the practice of diagnosis” using the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Saskatchewan 2012a).

The Saskatchewan Minister of Social Services reported that in 2012 there were 114 psychologists and psychiatrists working in mental health outpatient services, a number considered by the Ministry of Social Services to be insufficient for the level of need (Saskatchewan 2012b, 2013a). The Ministry of Social Services also reported in 2012 that another 50 social workers may qualify to diagnose mental health disorders, if permitted to do so, which was expected to decrease wait times for mental health outpatient services (Saskatchewan 2012b).

Qualified social workers and registered psychiatric nurses in Saskatchewan had been permitted to diagnose mental health disorders up until the *Psychologists Act 1997* was passed in 2002. While An Act to amend *The Social Workers Act* reinstates social workers’ diagnostic privileges, registered psychiatric nurses have not had these privileges reinstated, although previously both professional groups had this as part of their scope of practice.

Under the new SASW by-laws published in 2016, practicing SASW members must complete relevant coursework, 3,000 hours of supervised clinical social work experience, and pass a clinical social work examination in order to receive Authorized Practice Endorsement. Upon being granted Authorized Practice Endorsement, clinical social workers may diagnose and treat mental health disorders, but they are not authorized to prescribe or dispense medication (SASW 2016a).

2 HISTORY AND CONTEXT

An Act to amend The Social Workers Act is a significant reform for Saskatchewan where wait times to see a psychiatrist or psychologist are reported to be three to six months (Saskatchewan 2012b) and where previously the province has spent the least per capita on mental health services and addictions among all ten Canadian provinces (Jacobs *et al.* 2008). In 2013, 71.6% of Saskatchewan residents perceived their mental health as very good or excellent and 7.4% as fair or poor (comparable to the national averages of 71.6% and 6.1%, respectively) (Statistics Canada 2015). Accessibility of mental health services has been identified as a barrier to mental health care, particularly in rural Saskatchewan (Morgan *et al.* 2002). Meanwhile, the Canadian Mental Health Association reports that Saskatchewan spends only 5% of the provincial health budget on mental health programs

and services, compared to the national average of 7% (Canadian Mental Health Association 2015).

Qualified social workers in Saskatchewan were previously permitted to diagnose mental health disorders until the *Psychologists Act 1997* was passed in 2002. The goal of the *Psychologists Act 1997* was to provide a framework for the self-regulation of the psychologist profession through the Saskatchewan College of Psychologists (Marchildon and O’Fee 2007). Consequently, the Psychologists Act 1997 restricted authorized practice, specifically diagnosis, to qualified medical practitioners and members of the College of Psychologists. The SASW lobbied since 2002 for re-establishment of diagnostic privilege among qualified social workers, and created a “Psychologists Act Task Team” to pursue the issue (SASW 2003). At the time, they sought an amendment to the *Psychologists Act 1997* Section 23(4) to exempt social workers from the application of the section and permit them to make less complex diagnoses of patients (SASW 2003).

An Act to amend The Social Workers Act is part of a shift in Saskatchewan and Canada more broadly to place greater emphasis on the importance of mental health and mental health care. Key events in the history of the reform are listed below. Notable are Saskatchewan and Canadian legislation and government documents on mental health, including the *Mental Health Act* (1978), *Mental Health Services Act* (1984), the adoption of a ten-year mental health and addictions action plan in Saskatchewan (2014), and publication of the first national report on mental health in Canada in 2006 (*Out of the Shadows at Last*) and Canada’s national mental health strategy (*Changing Directions, Changing Lives*) in 2012:

- 1960s to 1980s: Shift to de-institutionalization followed by community-based mental health care in Canada (Regehr and Glancy 2010)
- 1978: *Saskatchewan Medical Care Insurance Act*, RSS 1978, c S-29. Establishes authority for the province’s medical care insurance program and physician payment (Marchildon and O’Fee 2007)
- 1978: *Mental Health Act*, RSS 1978
- 1984: *Canada Health Act*, RSC 1985, c C-6
- 1984: *Mental Health Services Act*, SS 1984-85-86. Replaces *Mental Health Act 1978*. Regulates the provision of mental health services and the protection of people with mental disabilities (Marchildon and O’Fee 2007)
- 1993: *The Social Workers Act*, SS 1993, c S-52.1. Provides control of social worker title
- 2002: *Psychologists Act 1997*, SS 1997, c P-36.01. Restricts diagnostic privileges of mental health disorders to psychologists and psychiatrists
- 2006: First national report on mental health in Canada released: *Out of the Shadows at Last* (The Standing Senate Committee on Social Affairs, Science and Technology 2006)
- 2012: Canada’s national mental health strategy *Changing Directions, Changing Lives* released (Mental Health Commission of Canada 2012)

- 2013: Bill 78, *An Act to amend The Social Workers Act*, receives royal assent. Social workers receive extended privileges to diagnose mental health disorders.
- 2014: Saskatchewan Ministry of Health adopts a mental health and addictions action plan: *Working Together for Change: A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*.

3 GOALS OF THE REFORM

3.1 Stated

The stated goal of the reform is to extend privileges to diagnose mental health disorders to qualified social workers in Saskatchewan (Saskatchewan 2012a).

3.2 Implicit

Some of the implicit goals of the reform are to address growing perceived mental health challenges by reducing wait times and barriers to accessing mental health services and to improve mental health services in rural areas (Saskatchewan 2012b). Another implicit goal is to restore social workers' scope of practice in response to their lobbying (Saskatchewan 2013b).

4 FACTORS THAT INFLUENCED HOW AND WHY

4.1 The issue came onto the government's agenda

Recognition of mental health issues in Canada has increased in the last decade. Since the first national report on mental health, *Out of the Shadows at Last*, was published in 2006, mental health has slowly, but increasingly, made its way onto the policy agenda (Regehr and Glancy 2010; The Standing Senate Committee on Social Affairs, Science and Technology 2006). In Saskatchewan, there is a perceived increased need for mental health services, including both diagnosis and treatment as well as a general perceived lack of services (and lack of access). There has, thus, been an identified growing need for mental health professionals who can provide these services (Saskatchewan 2013c; Statistics Canada 2015).

The Standing Senate Committee on Social Affairs, Science and Technology's report *Out of the Shadows at Last* considers social workers as part of promoting collaborative mental health care, and recommends that social workers be included in school-based teams to address child and youth mental health illnesses (The Standing Senate Committee on Social Affairs, Science and Technology 2006). The national mental health strategy, *Changing Directions, Changing Lives*, however, includes little discussion of social workers (Mental Health Commission of Canada 2012).

British Columbia and Alberta are the only Canadian provinces where qualified social workers are permitted to diagnose mental health disorders using the DSM. Qualifications for clinical registration for social workers in British Columbia and Alberta include: holding a master's or doctoral degree in social work; 3,000 and 1,600 hours, respectively, of supervised clinical and social work experience; and a clinical examination (Alberta College of Social Workers 2015; British Columbia College of Social Workers 2013). Diagnosis of mental health disorders by social workers is more common in the United States, where clinical social work is the largest provider of mental health services (Harkness 2011). Clinical social work in the United States is state-regulated, thus the requirements vary by state. In the mid-2000s there were 170,790 clinical social workers certified to diagnose and treat mental health disorders in the United States, compared to only 38,000 psychiatrists and 79,000 psychologists (American Psychological Association 2016; Harkness 2011).

This reform was intended to address the gap in mental health services in Saskatchewan. Bill 78, *An Act to amend The Social Workers Act*, was introduced in a context of increased attention in Saskatchewan and nationally to the challenges faced by those suffering from mental illnesses and to the need to increase access to mental health services. The same month Bill 78 was introduced, May 2012, Canada's national mental health strategy *Changing Directions, Changing Lives* was released by the Mental Health Commission of Canada (Mental Health Commission of Canada 2012). Saskatchewan's mental health strategy was also announced in 2013, and adopted in 2014, indicating greater recognition of the need to address mental health in the province, beyond extending diagnostic privileges to social workers.

The issue of social workers' scope of practice and diagnostic privileges ultimately came onto the policy agenda following extensive lobbying by the SASW since these privileges were restricted by the *Psychologists Act 1997*. The SASW achieved an agreement with the College of Psychologists that professional legislation restricting social workers from diagnosing mental health disorders should be amended, and together jointly approached the provincial government (SASW 2011). Following lengthy discussion between the SASW, the College of Psychologists and the provincial government, the SASW proposal to amend the *Social Workers Act* was approved by the Social Services Minister (SASW 2012).

4.2 The issue came onto the government's decision agenda

Wait times to access mental health services and receive mental health disorder diagnoses are given as the primary evidence of the mental health challenge in Saskatchewan, with extending diagnostic privileges to social workers as a potential solution.

The main group, or interest, pushing for this reform was social workers, represented by the SASW. The SASW are a concentrated group of health professionals, who stood to benefit from increased scope of practice, responsibility and possibly remuneration. The College of Psychologists agreed that social workers should be able to diagnose mental health disorders and believed that these privileges should be better regulated than they were

previously (SASW 2011). The public was also expected to benefit from the reform by having reduced wait times to access mental health services and receive diagnoses for mental health disorders. The only group that expressed minor opposition to the reform were registered psychiatric nurses, represented by the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). Registered psychiatric nurses in Saskatchewan primarily provide services related to emotional and developmental health. Under the *Registered Psychiatric Nurses Act*, the registered psychiatric nursing profession is self-regulated through RPNAS. RPNAS did not feel adequately consulted in this reform. RPNAS also expressed concerns that social workers may not have the necessary medical, diagnostic or pharmacological background to diagnose mental health disorders, and that this reform does not address treatment or follow-up after diagnosis. Overall, despite these concerns, there was support for this reform and for addressing mental health challenges in the Saskatchewan legislature across party lines and all other stakeholders, despite minor opposition from RPNAS.

Until the *Psychologists Act 1997* was passed in 2002, qualified social workers and psychiatric nurses were entitled to diagnose mental health disorders in the province, demonstrating an institutional precedent for the reform. The revocation of this privilege was an externality of the *Psychologists Act's* goal of setting a framework for the self-regulation of the psychologist profession. This reform is thus not a radical move, in particular since social workers in British Columbia, Alberta, and most of the United States also have diagnostic privileges (British Columbia College of Social Workers 2013, Harkness 2011, Alberta College of Social Workers 2015). The *Social Workers Amendment Act* follows Saskatchewan's policy style culture of using legislation to establish, regulate or provide a framework for self-regulation of individual professions, frequently leading to overlapping scopes of practice, rather than developing umbrella legislation for health professions as in other provinces (e.g., British Columbia, *Health Professions Act*, RSBC 1996, c 183; Alberta, *Health Professions Act*, RSA 2000, c H-7; Manitoba, *The Regulated Health Professions Act*, CCSM c R117; Ontario, *Regulated Health Professions Act*, 1991, SO 1991, c 18) (Rasmussen 2010). The reform does, however, somewhat challenge registered psychiatric nurse stakeholders, who also had their diagnostic privileges revoked in 2002, but have not had these privileges equally reinstated. This disparity is in part because social workers and registered psychiatric nurses are governed by separate ministries (the Ministry of Social Services and Ministry of Health, respectively) and by separate legislation (*The Social Workers Act* and *Registered Psychiatric Nurses Act*, respectively).

5 HOW THE REFORM WAS ACHIEVED

The *Social Workers Amendment Act* makes the SASW fully responsible for the monitoring and enforcement of diagnosis and qualifications within the social work profession (Saskatchewan 2013d). The reform is to be implemented and regulated through the SASW by-laws (Saskatchewan 2013d). In May 2016, the SASW by-laws were updated to include

Section 12 “Authorized Practice Endorsement” which details how practicing SASW members can be granted Authorized Practice Endorsement, or in other words, mental health diagnostic privileges (SASW 2016b). To be granted Authorized Practice Endorsement, practicing members must have: 1) completed coursework in psychotherapeutic methods, psychopathology, psychopharmacology, and coursework related to working with specific populations; 2) completed 3,000 hours of supervised clinical social work experience (of which 100 hours must be direct clinical supervision with a focus on differential diagnosis process and practice); and 3) pass the Association of Social Work Board’s clinical social work examination (SASW 2016a). A practicing member of the SASW who has received Authorized Practice Endorsement may “undertake the independent use of standardized diagnostic systems for the purpose of assessing, diagnosing, treating and preventing mental, mood and behavioural disorders and conditions” (SASW 2016a, 5), but may not prescribe or dispense medication. The new SASW by-law on Authorized Practice Endorsement required approval from the Minister of Social Services, and was developed in consultation with the provincial government, other professional associations, and the SASW membership (SASW 2015). Although the SASW by-laws have been updated online, by April 2017 they had yet to be implemented.

6 EVALUATION

6.1 Process of evaluation, conducted/planned

The SASW has not yet implemented the Authorized Practice Endorsement, and is waiting to ensure all the procedures are in place first. There are no reported plans to evaluate the reform’s impact on wait times.

6.2 Impact evaluation

None conducted.

7 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Table 1: SWOT Analysis of Bill 78

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> ● Increases access to mental health services (Saskatchewan 2012b) ● General support for Bill across government and most stakeholders ● Builds upon a precedent of social workers holding diagnostic privileges in the province ● Enhanced responsibility of social workers in mental health 	<ul style="list-style-type: none"> ● Does not address lack of government programs or funding after diagnosis (Saskatchewan 2012b) ● Registered Psychiatric Nurses were not adequately consulted (Saskatchewan 2013e). ● By-laws and regulatory instruments were not to be developed until after the legislation had passed, delaying the implementation (Saskatchewan 2013c).
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ● Reduces barriers in access to mental health services ● Increases social workers' scope of practice, responsibilities and prestige ● May increase access to mental health services in rural areas ● Establishes licensing and regulation of clinical social workers to better protect the public (SASW 2011) ● Potential for beginning treatment in earlier stages by diagnosing mental health disorders earlier and thus preventing mental illnesses that in the future could become more severe (and the associated health care costs of severe mental illness and possible institutionalization) 	<ul style="list-style-type: none"> ● Concerns that social workers may not have adequate diagnostic, medical or pharmacological background (Saskatchewan 2013e) ● Potential tension between psychologists, registered psychiatric nurses and social workers which could inhibit professional relationships (Saskatchewan 2012b; Saskatchewan College of Psychologists 2014). ● Potential for conflict between the social work profession perspective that emphasizes the role of the individual's social environment on mental health and the medical diagnosis model used in DSM (Corcoran and Walsh 2006; Lanier, Bollinger and Krueger 2013)

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