

Work Practices and Attitudes of Mental Health Professionals Three Years after the Launch of the Insurance Reform

Hadar Samuel Bat Sheva Haas

The study was funded with the assistance
of the Israel National Institute for Health Policy Research (NIHP)

Work Practices and Attitudes of Mental Health Professionals Three Years after the Launch of the Insurance Reform

Hadar Samuel Bat Sheva Haas

The study was funded with the assistance
of the Israel National Institute for Health Policy Research (NIHP)

Editor: Ronit Ben-Nun

English translation: Evelyn Abel

Graphic design: Anat Perko-Toledano

Myers-JDC-Brookdale Institute

P.O.B. 3886 Jerusalem 9103702, Israel

Tel: (02) 655-7400

brookdale.jdc.org.il | brook@jdc.org

Jerusalem | August 2020

Related Myers–JDC–Brookdale Institute Publications

Elroy, I., Samuel, H. (2019). *Between policy and implementation: Two years into the mental health reform*. RR-786-19 (Hebrew only)

Elroy, I., Samuel, H., Artom, T. (2018). *The shortage of Arab professionals in mental health services – causes and solutions*. RR-767-18 (Hebrew)

Nirel, N., Samuel, H. (2013). *Work practices, provision of care and attitudes towards the mental health insurance reform among psychologists, psychiatrists and social workers*. RR-639-13 (Hebrew)

Reports and English summaries can be downloaded free of charge from the Institute website: brookdale.jdc.org.il

Abstract

Background

Israel's mental health insurance reform went into effect in July 2015, transferring responsibility for the provision of mental health services from the government to the health plans. Shortly before the reform's implementation, the Myers-JDC-Brookdale Institute surveyed psychiatrists, psychologists and social workers about their work patterns and their attitudes towards the reform and its expected impact. In this study, three years into the reform, a repeat survey was conducted.

Goals

a) To examine the work patterns and delivery of care of mental health professionals; b) to examine the changes that took place in the wake of the reform by comparing the findings to those of the 2012 survey; c) to examine the professionals' perceptions of the impact of the reform.

Methodology

A survey by internet or telephone was conducted in January-September 2018 among representative samples of 996 psychiatrists and 866 psychologists, and among 421 mental health social workers employed in Ministry of Health frameworks.

Findings

In the comparison of the two studies, changes were found corresponding to several of the goals of the reform, such as tighter supervision of the work of therapists, an increase in the rate of professionals reporting that they were conversant with evidence-based knowledge and care, and that they took financial considerations into account regarding treatment. Other findings, such as a wider gap between primary care and mental health, a heavy workload in public clinics, and the sense of some professionals that they found it difficult to provide quality care show that there is still a long way to go to achieve the goals of the reform in full. For some of the aspects examined, a gap was found between the professionals' reports of their work patterns (which attest to merely minor changes) and their perceptions of the realities in which they reported major changes.

Executive Summary

Background

In July 2015, Israel's mental health insurance reform went into effect, transferring responsibility for the provision of services in the field from the government to the health plans. Following the reform, the health plans opened up new clinics and became the main source of income of mental health professionals in the public sector, whether through direct employment or the purchase of services. At the request of the Ministry of Health, the Myers-JDC-Brookdale Institute has played a major role in the evaluation of the reform. In 2012, on the eve of the decision to implement the reform, it conducted a study of the work patterns and delivery of care of psychiatrists, psychologists and social workers in mental health (Nirel & Samuel, 2014). The present study is a continuation of that earlier one and aims to examine the effects of the reform on the work of the professionals, and their perceptions of it, three years into its implementation.

Study Goals

1) To examine the work practices of psychiatrists, psychologists, and social workers in mental health three years into the insurance reform; 2) to examine how the work patterns of mental health professionals have changed in the wake of the reform, by comparing the 2018 findings to those of the 2012 survey; 3) to examine the professionals' perceptions of the impact of the reform on their work.

Methodology

A cross-sectional survey by internet or telephone was conducted in January-September 2018 of a sample of 2,075 mental health professionals from the three group: Psychiatrists (n=996), clinical psychologists (n=866), and social workers (n=421) working in frameworks run by the government. The findings were compared with those of the first survey of the same population conducted in 2012. The main study variables included: Professional background; work and care-delivery patterns; patient mix; knowledge of evidence-based care; financial considerations regarding treatment; relationships with family physicians and other professionals; workload; and perceptions of the extent of change following the insurance reform.

Findings

The response rate was 54%. The main findings of the study, focusing on the changes that occurred between the two studies, are presented below.

Employment characteristics

- Between the two studies (2012 and 2018), there was a decrease in the rate of psychologists reporting that they worked primarily in the public sector (from 42% in 2012 to 36% in 2018), and an increase in the rate reporting that their primary workplace was their own private clinic (from 51% to 61%).
- There was a decrease in the rate of professionals employed in government clinics as their primary workplace (from 31% to 20%), and an increase in the rate employed in clinics managed by the health plans (from 6% to 11%).
- Among the psychologists, there was an increase in the rate reporting that they worked half-time or less at their primary workplace (from 44% to 55%). The rates were higher among psychologists whose primary workplace was in the public sector (from 58% to 71%).

Care-delivery patterns

- Between 2012 and 2018, only minor changes were found, in: The amount of time devoted weekly to various tasks, the average number of patients seen per day, the length of sessions, and the mix between short- and long-term care.
- In all three professions, there was a considerable decrease in the use of diagnostic tools such as personality, projection, and neuropsychological tests. Particularly noticeable was the decrease in the rate of home visits as a diagnostic tool reported by social workers (from 24% to 4%).

Relationships with family physicians and other mental health professionals

- There was a considerable increase in the rate of psychologists and social workers reporting that they had no contact with their patients' family physicians (from 59% to 72% and from 49% to 79%, respectively). In all three professions, there was a decrease in the rate reporting interaction with family physicians regarding consultation or mutual referrals.
- Nearly all the professionals reported consultations, information exchange, and mutual referrals with other mental health professionals treating their patients.

Perceptions of workload and quality of care

- There was an increase (from 27% to 48%) in the rate of social workers reporting that they were required to take financial considerations into account in the delivery of care.
- There was an increase in the rate of psychologists reporting that they were conversant with evidence-based care (from 19% to 31%) and that the delivery of evidence-based care was a consideration in their choice of treatment plan at their primary workplace (from 13% to 20%). This trend was more pronounced among psychologists working mainly in the public sector.
- In all three professions, there was an increase in the percentage reporting too heavy a workload at their primary workplace.

Perceptions of the reform's impact

- **Work patterns:** In all three professions, a high rate of respondents estimated that since the reform, there has been an increase in red tape, in oversight of diagnoses and treatment plans, and in interference by non-therapists in the therapists' discretion.
- **Care-delivery characteristics:** Relatively high rates of psychologists and social workers estimated that since the reform, there has been greater use of short-term methods, the duration of treatment has been shorter, the degree of confidentiality has been compromised, and the extent of integration between mental health and primary medicine has either decreased or remained unchanged.
- **Quality of care:** About half of the psychologists and social workers reported that the quality of care has decreased since the reform. About a third of the psychiatrists, some 40% of the psychologists, and half of the social workers reported that the prevalence of cases of unsuitable treatment has increased.

Multivariate analyses revealed that the social workers (vs. the psychiatrists) and others whose primary workplace was in the public (vs. the private) sector were more likely to report that the quality of care and the time allotted to consultation and guidance have decreased, that the reform has been detrimental to their working conditions, and that the amount of control and supervision over their work has increased. In addition, those who reported that at their primary workplace, they were required to take financial considerations into account to a large extent, or that their ability to provide quality care at their main workplace was low – were also more likely to report that the quality of care and time devoted to consultations have decreased, and that the reform has been detrimental to their working conditions.

Those who reported that the workload at their primary workplace was too heavy, were more likely to report that the amount of control and supervision over their work has increased.

Discussion and Recommendations

- The study findings indicate that some changes in the work and care-delivery patterns of therapists have been in line with several of the reform goals (such as better use of budgets). These changes include greater oversight of their work, and a higher proportion of them practicing evidence-based care and taking financial considerations into account in treatment plans. However, the changes also coincide with a sense that the bureaucratic burden has become heavier.
- Other aspects, such as a greater disconnect between primary care and mental health, the heavy workload in public clinics, and the sense of public-sector professionals that they find it difficult to provide quality care indicate that there is still a long way to go to fully achieve the reform goals.
- There is a gap between the therapists' sense that the possibility of consultations, staff meetings and professional enrichment has decreased, and that the quality of care has been impaired – and the picture arising from their own work reports (which attest to merely minor changes). Furthermore, some of the concerns expressed by the professionals on the eve of the reform, such as a limited duration of treatment, have not materialized. There seems to be a gap between what is actually happening on the ground, especially in the public sector, and the professionals' perceptions of what is happening.

The study findings should help the health plans and the Ministry of Health in their efforts to optimize the implementation of the reform.