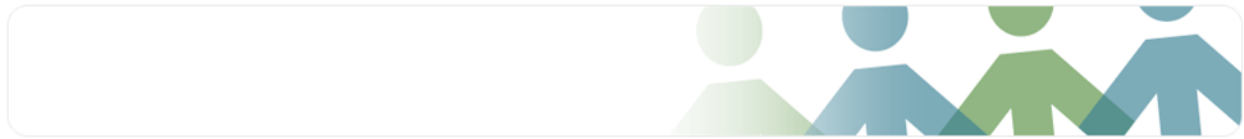


Inclusion of Registered Social Work Services in Third-Party Health Benefit Plans



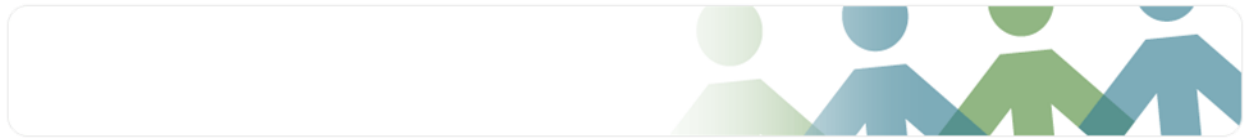
In partnership
with the
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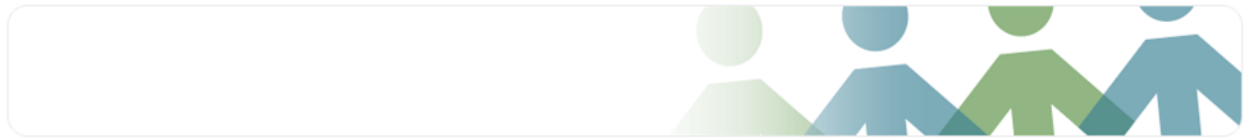


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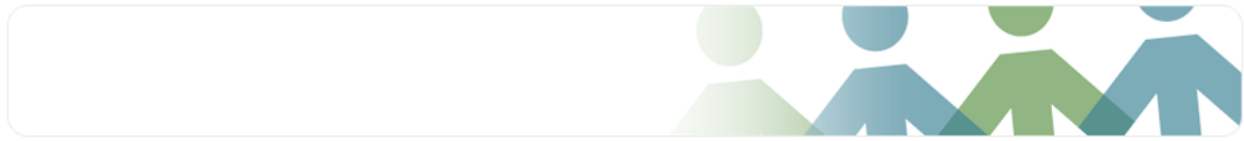


Executive Summary

Despite the fact that twenty percent of individuals in Canada will face a mental health issue at some point throughout their life (Canadian Mental Health Association, 2014), mental health services in Canada are largely underfunded (Mental Health Commission of Canada, 2012). Medicare will fund services delivered by a general practitioner, psychiatrist, psychologist, or social worker (in a hospital setting) during times of crisis. Conversely, services sought out when a consumer is not in crisis are typically not covered by Medicare and are difficult to access due to lengthy wait times (Picard, 2013). The Mental Health Commission of Canada (2012) suggests that one way of addressing the issue of lengthy wait times is to increase the accessibility of qualified service providers. Registered social workers are one possible solution to this issue through more widespread inclusion in third-party health benefit plans (TPHBPs).

In partnership with the Canadian Association of Social Workers (CASW), a Master of Social Work research team from Carleton University conducted this exploratory study to answer the following question: Registered social workers are qualified, accessible providers of counselling services. In light of this, why are registered social work (RSW) services inconsistently included in third-party health benefit plans? Semi-structured interviews were conducted with four national insurance companies, two labour unions, one business, and three key informants (two social work professors and one occupational therapist), with the aim of identifying possible barriers to inclusion.

It was found that all four insurance companies offer RSW services as a part of their extended health care benefit plans (synonymous to the researchers' use of TPHBP), either as a part of their standard provision or as an optional add-on. The services of a registered social worker are often bundled with the services of a psychologist, meaning that an employee has the choice of using the money they are allotted toward either service provider. The majority of participants stated that demand is the key to more widespread inclusion of RSW services. The public must request it of their employers, and the employers must request it of the insurance companies. In order for demand to occur, the roles and services provided by registered social workers must be clear to all parties. From this, it appears that the most significant barrier to including RSW services in TPHBPs is a lack of clarity in this regard due to the diverse range of



social work roles and services that exist within the profession. Without a clear understanding of the distinct roles and services of registered social workers within the mental health service delivery system, it is unlikely that the necessary demand will be created to support more consistent inclusion in TPHBPs.

In response to this, the researchers recommend establishing a clear definition and unified image of the social work profession. This includes carving out a unique role within the mental health service delivery system, as well as distinguishing the roles and services of a registered social worker in private practice since this is the segment of the profession most relevant to inclusion in TPHBPs. An advocacy campaign that promotes the services of registered social workers and how their services differ from those provided by a psychologist is recommended. This campaign should be targeted to the public, employers, and insurance companies in order to ultimately create demand for services.

As an exploratory study, the results of this research project include suggestions for future research. Significantly, the CASW needs to engage with businesses in order to further understand the barriers to inclusion of RSW services that exist at the employer level. Linking the study to preventative mental wellness in the workplace may be one avenue to engaging this community. Ideally, future research will also include consultation with psychologists to explore professional relationships and perceptions. The end goal is to understand how to effectively join together to address the unmet need for mental health services in Canada. Additionally, it would be worth exploring the current state of private practice across Canada, as it will be important in establishing a distinct description and image of private practice registered social workers to better prepare advocacy strategies aimed at reducing barriers to inclusion. Finally, arguably the most important future research direction is to consult with the public to better understand their knowledge and perceptions of the qualifications, roles, and services of registered social workers. This will help to inform and prepare effective strategies to promote RSW services, which is critical to creating the necessary demand for inclusion in TPHBPs.



Abstract

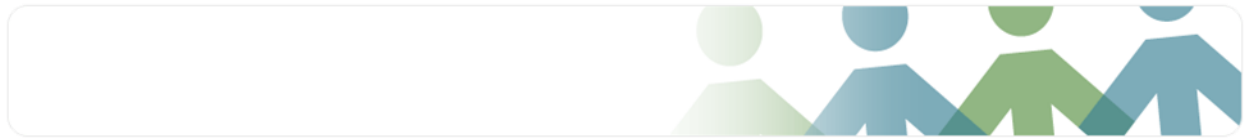
Increasing accessibility to qualified social work services is an important component of timely mental health service delivery in Canada, and contributes to society's overall health. Despite long waitlists for mental health services, registered social workers in private practice note that their services are inconsistently covered by third-party health benefit plans (TPHBPs). This paper identifies barriers to registered social work (RSW) services being more consistently included in TPHBPs. Conducted by current Master of Social Work students at Carleton University, in partnership with the Canadian Association of Social Workers (CASW), this study includes interviews with insurance companies, labour unions, and businesses to determine whether RSW services are considered for inclusion in their TPHBPs, reasons for exclusion or inclusion, and perceptions of the qualifications, roles, services, and capabilities of registered social workers. Additionally, it explores how an allied health professional has addressed similar barriers to its own inclusion. The findings indicate that the most significant barrier to including RSW services in TPHBPs is the limited understanding of the distinct roles and services of registered social workers, precluding the likelihood that the public would demand their inclusion in their insurance coverage. As an exploratory study, the work identified the need for the CASW to establish relations with employers and insurance companies to determine the emerging needs of Canadian employers, employees, and their families, and to determine how RSW services can best be positioned to address these needs. The researchers recommend the establishment of a clear definition and a unified image of the profession that includes carving out a unique role within the mental health service delivery system. This will support efforts to promote and advocate for more widespread inclusion of RSW services in TPHBPs, ultimately increasing access and providing choice to individuals seeking quality mental health services.



Introduction

Mental health services in Canada are largely underfunded (Mental Health Commission of Canada, 2012). Increased funding from all levels of government would be the ideal way to approach the need for timely, accessible mental health services in Canada. According to the Canadian Mental Health Association (2014), one in five Canadians will have a mental health issue over the course of their lifetime. At present, mental health service consumers in Canada have a number of different options available to them (see Appendix A), which are funded either publicly or privately. A consumer can seek services from their general practitioner, or from a psychiatrist, psychologist, or a social worker in a hospital setting during times of crisis and these services will be covered by Medicare. These services can also be sought out when a consumer is not in crisis but due to wait times they are difficult to access, and few are covered by Medicare (Picard, 2013). As of 2012, the average wait time nationally to see a psychiatrist (from the point of referral until treatment starts) was 17.8 weeks (Barua & Esmail, 2012). These authors further state that according to the physicians surveyed, these wait times far exceeded their recommendations for appropriate access to services. Alternatively, consumers can access mental health services (often more quickly) from psychologists, occupational therapists, and social workers practicing in community health centres or private practice. If they do access these services however, they will need to pay for them independently or through third-party health benefit plans (TPHBPs) (Canadian Psychological Association, 2014[a]; Canadian Association of Occupational Therapists, 2013; CASW [e], n.d.). Even still, wait times are high. In Ontario for example, there is a wait time of approximately three months to access a psychologist in private practice (Peachy, Hicks, & Adams, 2013). One way of addressing the issue of high wait times is to increase accessibility of qualified service providers (Mental Health Commission of Canada, 2012), such as social workers, through more widespread inclusion in TPHBPs.

Established in 1926, the Canadian Association of Social Workers (CASW) is Canada's national voice for social workers (Canadian Association of Social Workers [CASW] [a], n.d.). The CASW works to promote “the profession of social work in Canada and advance [issues of] social justice” (CASW[a], n.d., para.11). Included in their platform, the CASW aims to increase



the recognition of social workers as professionals capable of providing mental health services in Canada. In 2001, as a result of interest from professional social workers, there was a national initiative to have registered social workers included in TPHBPs. This initiative was led by the Executive Directors from the provincial social work associations in New Brunswick, Ontario, Saskatchewan, Alberta, and British Columbia (Davies, n.d.). From this, “Registered Social Workers: Good Therapy for Business” was drafted as a way to promote this issue from a financially advantageous or business-savvy perspective. In addition to this, there was also an application to seek an amendment to the Income Tax Act. Currently, under the Income Tax Act, medical doctors and psychologists are the only professionals recognized as qualified to provide deductible mental health services (Income Tax Act, 1985). When referring to mental health services, registered social workers are not acknowledged in this Act, and as a result, it is up to the discretion of insurance companies to determine whether or not registered social work (RSW) services will be covered (Income Tax Act, 1985). Unfortunately, this application was not accepted.

This issue has resurfaced recently for a number of reasons. In October 2013, former Senator Michael Kirby requested \$1000 per child from the federal government to ensure that every Canadian child has access to timely mental health services (Picard, 2013). In addition to this, there have recently been national campaigns calling for greater awareness of the prevalence of mental health problems. One example is Bell Canada’s ‘Let’s Talk’ campaign; a multi-year program dedicated to “the promotion and support of mental health across Canada” (Bell Canada, 2013, para. 1). As awareness and funding increase, it follows that the demand for services will also increase. If medical doctors and psychologists are the only professionals seen as capable of providing mental health services, the demand will continue to exceed resources, and those who most need treatment may be waiting for months if not over a year for services. Simultaneously, in 2013, the CASW established a Private Practice Interest Group (PPIG) to continue to address this issue. Consistent with the CASW’s strategic direction, the PPIG was established to work on strengthening the social work profession (CASW[b], n.d.). One of the objectives of the PPIG is to initiate projects of interest to private practice social workers.



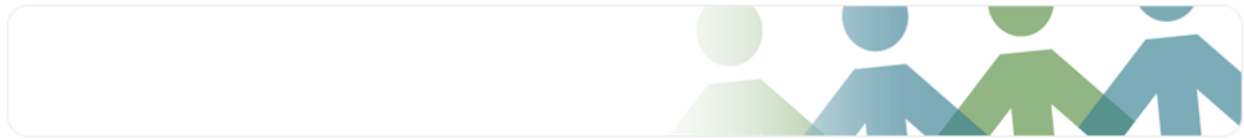
Purpose of this Study

Under the direction of the CASW and the PPIG, this study aims to explore what barriers are in place that limit the inclusion of RSW services in TPHBPs. More specifically, this research aims to answer the question: Registered social workers are qualified providers of counselling services, in light of this, why are RSW services inconsistently included in TPHBPs? This exploratory study is intended to be the first step in a longer-term project focused on increasing the coverage of RSW services by TPHBPs. This initiative began by exploring the role of insurance companies, unions, and businesses, in order to identify where possible barriers lie. In addition, this project considered the strategies and good practices of an allied health profession – that is, occupational therapy - in increasing their own inclusion in such plans. With the results of this study, the CASW will be in a better position to promote and target their future initiatives. The theoretical framework that acted as a guide for this research, important working definitions, as well as an extensive review of the literature related to this issue are outlined below.

Theoretical Framework

This research was approached within a structural theoretical framework. According to Moreau and Leonard (1989) the Structural Approach posits that the root of social problems is “differential access to power and conflict between systems” (p. 23). Within this framework, the purpose of this research was to work towards decreasing structural barriers to mental health services, by increasing access for individuals, and providing choice when seeking quality services.

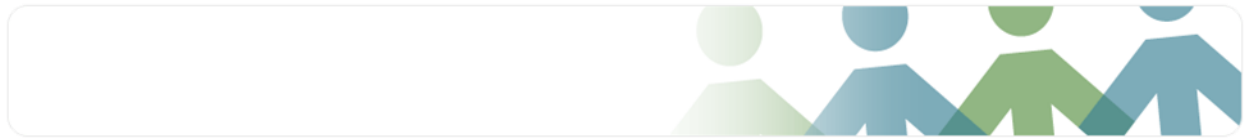
The Structural Approach also underlines the importance of providing quality services at the individual and familial level (Moreau & Leonard, 1989). As such, expanding the inclusion of RSW services in TPHBPs would allow individuals with coverage to obtain quality services, which they may otherwise not be able to access in the absence of insurance reimbursement. Currently, depending on the insurance company, RSW services are often combined with psychological services. However, registered social workers possess unique skills that would provide an important option to service users. Registered social workers are able to provide individual counselling services, while also taking into account the broader social context of the



individual and family, connecting and working against the various forms of oppression that impact a client's life (Moreau & Leonard, 1989; Carniol, 1992). Thus, registered social workers provide a distinct service that moves beyond pathologizing individual issues to consider how various systems and institutions intersect with one's life and contribute to the maintenance of one's problems. According to Carniol (1992), providing individuals with greater power to choose their service(s) is essential to individual empowerment. Including RSW services in TPHBPs could empower individuals to select a quality service that best meets their needs.

Additionally, these structural principles guided the research in terms of advocating on behalf of the profession of social work, and registered social workers themselves. The research question is relevant to registered social workers in private practice insofar as it relates to the quality of work conditions, such as compensation and stability. In a recent study that included social workers in various roles within the profession, compensation and job stability were shown to be important in retention and satisfaction of workers (Schweitzer, Chianello, & Kothari, 2013). These researchers suggested that there needs to be a "focus on improving factors that directly or indirectly influence compensation to preserve this vital workforce" (p. 147). Including RSW services in TPHBPs would indirectly affect compensation (i.e. the gains social workers receive by increased business), since it has significant potential to increase the number of clients seeking and receiving RSW services. Registered social workers in private practice rely on maintaining a reasonable caseload, given that they are not on salary. Therefore, when RSW services are not included in TPHBPs this directly impacts their compensation. Expanding inclusion of RSW services in TPHBPs could increase the stability of a social worker's job, by creating a more reliable source of income.

Advocating for improved compensation and stability is as relevant to social work, as it is to other professions. Schweitzer and colleagues (2013) note that there is a discomfort in advocating for better compensation within the field of social work, despite the fact that it is just as necessary and acceptable as in any other profession. They suggest that the altruistic nature of social work should not make it mutually exclusive with adequate compensation. Moreover, the profession *needs* to advocate for itself if it is going to continue to attract quality social workers that remain in the field (Schweitzer et al., 2013). This notion of compensation and job stability



reciprocally influences service users, since job satisfaction impacts the quality of services delivered. Thus, true to the Structural Approach, this research aimed to provide a foundation of knowledge to build upon for how to better advocate for decreasing barriers to accessing mental health services, through the inclusion of RSW services in TPHBPs. Notably, this has interdependent implications for both registered social workers and the clients they serve.

Working Definitions

Third-party health benefit plan. A TPHBP refers to an employee health insurance plan that is offered by a third-party administrator, which is an organization that pays for the employee's claims on behalf of their employer (Athavale & Avila, 2005). The third-party administrator is typically an insurance company. The company will offer different group benefit plan options for an employer to select from and purchase, which will then be provided to employees and often their dependents. These plans typically provide access to an employee assistance program, or a predetermined amount of money for counselling services (Davies, n.d.).

Counselling. Given that the services registered social workers would provide under TPHBPs would largely be counselling services, it follows that a definition of counselling should be provided. According to Adams, Dominelli, and Payne (2009), an extensive and thorough conception of counselling is provided below:

Counselling is “a principled relationship characterized by the application of one or more psychological theories and a recognized set of communication skills, modified by experience, intuition and other interpersonal factors, to clients' intimate concerns, problems or aspirations. Its predominant ethos is one of facilitation rather than advice-giving or coercion. It may be very brief or long duration, take place in an organizational or private practice setting and may or may not overlap with practical, medical and other matters of personal welfare” (Feltham & Dryden, 2004, p. 40, as cited in Adams, Dominelli, & Payne, 2009, p.107).

When referring to the inclusion of RSW services in TPHBPs throughout this report, this definition represents the broad conception of private practice RSW services that would be provided to service users.



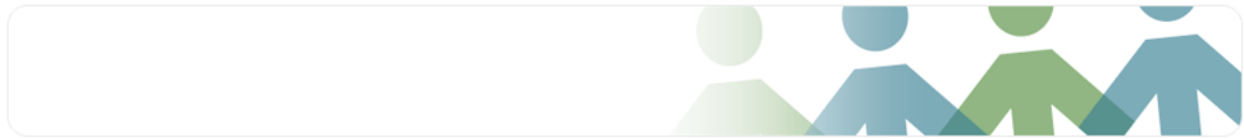
Review of the Literature

In order to provide context and better position the reader with regard to the current state of the issue of the inclusion of RSW services in TPHBPs, it was important to review various areas of literature surrounding this topic. The exploration of literature first addresses aspects of the mental health system in order to provide a broad context in which to situate the profession relative to allied health professionals. Within this, the inclusion of allied health professionals in TPHBPs is outlined to offer an understanding of where social work is situated in comparison. From that, the medical model and holistic approach are briefly outlined, in order to position social work among other professionals within this dichotomy of approaches. Next, potential competition between professionals is discussed as a potential influence on the inclusion of RSW services in TPHBPs.

Further literature is then presented in order to move from the broad context of social work within the mental health system, to focusing on an exploration of the profession of social work itself. As such, the roles and services that registered social workers provide is outlined in order to accurately portray the profession. With this, an important distinction is offered with regard to the use of counselling skills in practice, and actual counselling sessions. Subsequently, in order to illustrate that registered social workers are qualified mental health professionals who provide counselling services, the qualifications of social workers are outlined. Lastly, the perception of the profession of social work is discussed, including the feminization of the profession. This is presented to shed some light on the possible influence of the perception of social work on the inclusion of this profession in TPHBPs.

Part A: The Mental Health System in which the Profession of Social Work is Situated

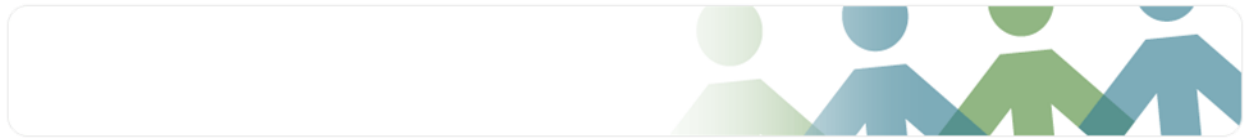
Inclusion of allied health professionals in TPHBPs. For the purpose of this study, the inclusion of the following five allied health professionals in relation to TPHBPs was briefly explored: psychologists, physiotherapists, speech-language pathologists/audiologists, podiatrists, and occupational therapists. The rationale behind this was to provide a foundation on which to compare the inclusion of registered social workers. When exploring TPHBPs, it is specifically privately funded RSW services that are relevant, as opposed to public agency services, such as



hospital social work. Therefore, it is private practice services that are explored below in relation to allied health professionals.

According to the Canadian Psychological Association (2014[a]), many clients who seek services of psychologists have TPHBPs that include this type of professional. The amount of coverage is typically limited to a set number of visits to a psychologist, however, the need for services, or the ideal number of sessions, is higher than what is covered (Peachy, Hicks, & Adams, 2013). For physiotherapists, TPHBPs reimburse clients for all or part of the fee (Canadian Physiotherapy Association, 2012). Regarding speech-language pathologists, numerous principal insurance companies include these professionals in TPHBPs in addition to physiotherapists; conversely, audiologists are not often included (Speech-Language and Audiology Canada, 2013). Furthermore, podiatrists are not incorporated into the Canada Health Act, thus, to see most podiatrists, there is a fee. However, their services are frequently included in TPHBPs (Canadian Podiatric Medical Association, n.d.). Finally, some TPHBPs include occupational therapists (Canadian Association of Occupational Therapists, 2013). Notably, the Canadian Association of Occupational Therapists (CAOT) has made advocacy efforts to have occupational therapists gain more inclusion in TPHBPs for service users (CAOT, 2013), which will be further discussed below.

Occupational therapy: Advocacy efforts for gaining inclusion. One can posit that the professions of occupational therapy (OT) and social work are similar with regard to their framework. For example, they both appear to be more aligned with the holistic approach, which will be elaborated further below. Since OTs have advocated for the inclusion of their profession in TPHBPs, it follows that their efforts should be explored as a potential model for the profession of social work to follow. The CAOT (2014) states that “dealing with the lack of insurance coverage of occupational therapy services has always been a priority” (Extended Health Insurance Lobby, para. 1). Correspondingly, this association devoted particular energies to this cause as of 2011 (CAOT, 2014). For example, they aimed their advocacy strategies at insurance companies through letters and meetings (consult the Extended Health Insurance Lobby section of the CAOT’s website for examples of such letters). Additionally, they advocated to the Government of Canada, a leading employer, to choose to add OTs to their TPHBPs. In doing so,

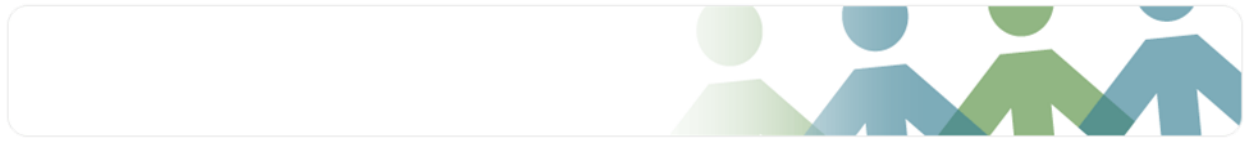


the CAOT aimed to “influenc[e] key decision makers such as unions to influence the make-up of health benefit plans”. Finally, they implemented a “call to action entitled ‘Ask for It’, to create a demand for access to occupational therapy by the general public and potential clients” (CAOT, 2014). Altogether, these provide possible starting points for the profession of social work to develop advocacy strategies.

The medical model vs. the holistic approach. The aforementioned health professionals’ inclusion in TPHBPs can be coloured by a discussion of whether they best fit within the medical model or the holistic approach. From that, a comparison of the approach of the social work profession to that of allied health professions can be made, with consideration of how this might relate to their degree of inclusion in TPHBPs. This will provide a beneficial foundation of knowledge to consider when exploring the findings of this report.

Compared to the profession of social work, one can argue that all of the aforementioned allied health professionals fit well within the medical model, with the exception of perhaps occupational therapists, who fit a more holistic approach. This is supported by McColl (1994) who states: “Holism is an idea that occupational therapists use frequently to describe and characterize their practice. It is generally believed to be one of the hallmarks of occupational therapy, one of the ideas that makes occupational therapy unique from other disciplines, and one of the characteristics that defines occupational therapy” (p. 73). Similarly, Asquith, Clark, & Waterhouse (2005) speak to the notion of social work’s holistic perspective stating that “what is distinctive about social work is the approach that locates the person in the context of his or her own life as a whole” (p. 2). Notably, as previously mentioned, both occupational therapy and social work have inconsistent inclusion in TPHBPs.

On the other hand, the profession of psychology, for example, is affiliated with the medical model in the United States (Elkins, 2009), and one can arguably translate this to psychology in Canada. McCready (1986) states that it is challenging to conceptualize the specificity of the medical model’s definition. Nonetheless, part of this definition, as it relates to psychology, includes: “...[an] unequivocal subscription to the disease model of emotional disturbance...[and] narrowly defined treatment parameters” (as cited in Elkins, 2009, p. 66). Notably, Elkins (2009) explains that the affiliation that the profession of psychology has with the



medical model may be due to its ties to the medical, scientific, and health insurance communities and also cautions practitioners to remember that therapy is not a medical procedure. It follows that not only does psychology fit within the medical model, but as previously mentioned, this profession is also more consistently included in TPHBPs than the more holistic professions of social work and occupational therapy.

Overall, it is evident that there is a variation in the degree to which allied health professionals are included in TPHBPs. While one cannot make too large a generalization, it appears that the professions that are more aligned with the holistic approach are not as frequently included in TPHBPs, whereas the professions who are aligned with the medical model are more frequently included. As such, it is important to consider that the medical model might be more respected by insurance companies, employers, and the public, which may negatively influence their perception of RSW services, and ultimately, their inclusion in TPHBPs.

Competition between professions. In order to provide more context with regard to the mental health system in which social workers are employed, it is beneficial to consider the potential competition that exists between mental health professions. Doing so assists in considering the forces that might be at play with regard to how other professions could be indirectly affecting the inclusion of RSW services in TPHBPs.

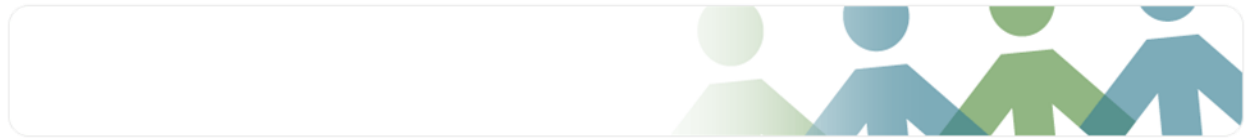
Psychology vs. psychiatry. The history of clinical psychologists' professional status among the fields of psychiatry and medicine in the United States will be briefly explored as a foundation for the comparison of social work to psychology. After attaining state licensing and certification in the 1950s and 60s, psychologists in the United States were endeavouring to obtain inclusion in TPHBPs during the late 1960s and part of the 1970s (Meltzer, 1975). At the time, they did not have standalone reimbursement for their clients, insofar as they had to rely on physician's referrals, and partnerships with psychiatrists for coverage (Meltzer, 1975). With that, Meltzer (1975) poses an important question: "How could psychology be construed as a really independent profession while it was controlled in this fashion by psychiatry?" (p.1150). This question could potentially be extended to social work's relationship with psychology in Canada today.



Social work vs. psychology. As was described above, it is possible that in this modern day, registered social workers are competing against psychologists to obtain independence in TPHBPs. Nevertheless, upon exploring PsychInfo, Scholars Portal, JSTOR, Web of Science, Social Sciences Full Text, and Social Work Abstracts, there does not appear to be any direct and clear documented evidence of this.

Despite the lack of documented evidence, there is literature that lends some support for the idea that competition between social work and psychology might exist. For example, Prud'homme (2011) explored social workers' and occupational therapists' evolving roles in hospitals in Quebec from 1940-1985. He noted that both social workers and occupational therapists experienced some friction from "male or mixed professional groups" such as psychologists, among others (Prud'homme, 2011, p. 89). One can posit that this friction might have stemmed from a feeling of competition among the psychologists, between their profession and social work.

Since registered social workers provide counselling and psychotherapy (CASW[c],n.d.) and psychologists provide psychotherapy (CPA, 2014[b]) their roles thus in part overlap. With that, role theory implies that having the same or intersecting roles without a clear distinction of these roles can influence competition within professionals (Davis, 1996, as cited in Agresta, 2004). Therefore, considering the above overlap, it is possible that there is competition between these two professions. Gibelman (1993) found that this competition increases when there are budgetary constraints present (as cited in Agresta, 2004). Additionally, according to scholars such as Blum and Redlich (1980), "Within the treatment system, powerful forces are operating that might be expected to affect interprofessional perception and encourage rivalry" (as cited in Koeske, Koeske, & Mallinger, 1993, p. 45), or in other words, competition. Moreover, Knesper et al. (1986) state that social workers, psychologists and psychiatrists, principally in private practice are partial to clients with less severe mental and emotional problems, and therefore they could sometimes feel as though they are rivaling for the same client base (as cited in Koeske et al., 1993). This rivalry could be affecting professionals' perceptions of each other, and thus the relationships between all three professions (Koeske et al., 1993).



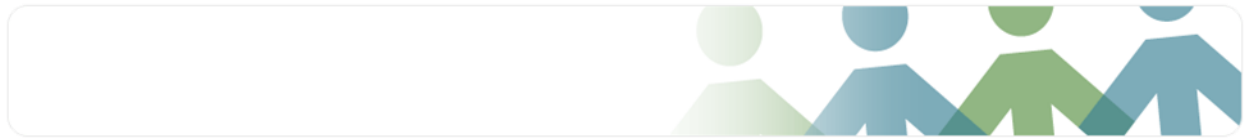
Nevertheless, in a study looking at professional perceptions among psychologists, counsellors, and social workers in the school system, the professionals indicated that they infrequently felt they were competing with each other (Agregta, 2004). Perhaps this is because the psychologists' main role was testing and assessment, whereas social workers and counsellors were responsible for providing counselling most of the time (Agregta, 2004). Therefore, there was limited opportunity for encroachment, or rather, competition. When using the lens of role theory, the lack of competition might be because their roles were clearly different.

Overall, while there is no conclusive evidence to suggest that there is definite competition between social work and psychology, the above literature offers some ideas that point to the notion that such rivalry might exist. If it does exist, it might be affecting the inclusion of registered social workers in TPHBPs. That is, since psychologists are more frequently included in these plans, and since the public is lacking in knowledge about registered social worker's education and function (NASWNews, 2004), insurance companies, employers, unions, and the public might perceive psychologists as being necessary and sufficient in such plans, and see no need to include registered social workers.

Part B: An Exploration of the Profession of Social Work

In order to properly understand the possible barriers to inclusion in TPHBPs that social work faces, one must examine a variety of elements of this profession. This exploration will assist in offering an understanding of how the inclusion of RSW services may benefit insurance companies, employers, and employees. Additionally, it will provide context to potential perceptions and misconceptions that arise in the findings of this study. Aspects of the profession that will be discussed include: roles and services, qualifications, the perception of the profession in the public and professional eye, as well as the feminization of social work.

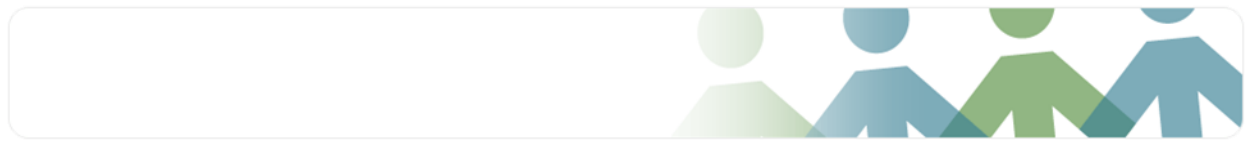
Social work roles and services. It is important to discuss the roles and services of social workers because the field is so broad. For example, some of the many roles and services of social workers consist of: “policy development, program planning, program management, research, consultation, case management, discharge planning, counselling, therapy, and advocacy” (Canadian Institute for Health Information [CIHI], 2006, p. 227). Given the latter wide range of



roles, it follows that registered social workers are employed in a myriad of settings such as: “family services agencies, children’s aid agencies, general and psychiatric hospitals, school boards, correctional institutions, welfare administration agencies, federal and provincial departments” (CASW[c], n.d. para. 5). Considering that the field of social work is so expansive, the public and professional world's understanding of the profession of social work might be impacted. That is, they might not be aware of all the roles and services that are provided, such as counselling. If individuals are not aware that registered social workers offer counselling, then they (registered social workers) might not be sought out as part of packages in TPHBPs.

Additionally, it is important to note that registered social workers can be private practitioners as their counselling and psychotherapy services are largely the type of RSW services what would be covered in TPHBPs. Despite the fact that there has been growth in the trend of registered social workers pursuing employment in private practice, the proportion of social workers in this domain as compared to other areas of social work, remains lower (CASW[c], n.d.). As such, it is possible that the private practice role of registered social workers is overlooked by both the public and professional world. If this is the case, such a lack of awareness regarding social workers as private practitioners might pose as a barrier to the inclusion of RSW services in TPHBPs insofar as people might not think to choose or include them in these plans.

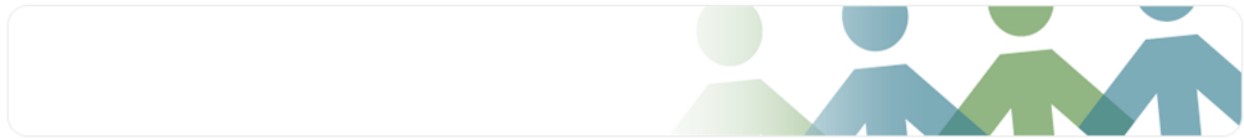
Counselling vs. skills of counselling. In the above roles and services, it is notable that registered social workers provide counselling and psychotherapy. With that, Adams et al. (2009) discuss the distinction between the use of counselling skills in practice and counselling sessions. In the context of social work in the UK, they state that “where counselling is employed by its practitioners, it will be alongside other interventions and within a legislative, procedural and organizational context, compromising it as a form of ‘pure’ counselling, it being instead one of several possible social work methods of interventions” (p.105-106). Thus, counselling *sessions* in the field of social work can be perceived to be employed simply in the private sector. Additionally, according to these authors, when social workers employ counselling skills in their work in the non-private sector “[t]his counselling work will rarely be ‘pure’ counselling, as by definition it will, as with social work practice more broadly, be located in the context of a wider



intervention context” (Adams et al., 2009, p.111). Considering the latter, it is possible that registered social workers are generally perceived by professionals and the public to not provide counselling sessions. Rather, they may be perceived as simply applying counselling skills with clients when assisting them with applications for financial aid, for example. One could assume that this possible inaccurate impression could affect the perception of their suitability for inclusion in TPHBPs.

Social work values and private practice. In Canada, registered social workers are trained to use a variety of methods and interventions that are grounded in theories of social work values (CIHI, 2006). Some of these values, as stated in the Canadian Association of Social Workers Code of Ethics, include: “Respect for Inherent Dignity and Worth of Persons”, “Pursuit of Social Justice”, “Service to Humanity”, “Integrity of Professional Practice”, “Confidentiality in Professional Practice”, and “Competence in Professional Practice” (CASW[d], 2005, p. 4). This Code of Ethics arguably contributes to the credibility of the profession, and it is important for accountability and the safety of the general public who will be utilizing RSW services.

The possible tensions surrounding private practice within the field of social work, as related to the values of the profession, are important to acknowledge since this is the type of social work service that is relevant to inclusion in TPHBPs. According to Karger (1994), as well as Specht and Courtney (1994), “those who bemoan the trend towards greater professional interest in private practice argue that private practice is inconsistent with social work’s original mission of helping the poor and dispossessed” (as cited in Graham & Schiele, 2010, p. 240). Additionally, under the value of “Pursuit of Social Justice”, the CASW’s Code of Ethics ([d], 2005), states that “Social workers promote social fairness and the equitable distribution of resources, and act to reduce barriers and expand choice for all persons, with special regard for those who are marginalized, disadvantaged, vulnerable, and/or have exceptional needs” (p. 5). Generally, greater access to RSW services in the private practice sphere would expand choice for a significant portion of the population. Nonetheless, one still needs to remain mindful of what service user population is being left out of such coverage, and how this might be incongruent, at least in part, with the values of the profession of social work. Overall, it is important to remember that this advocacy effort focuses only on this particular domain of the profession.

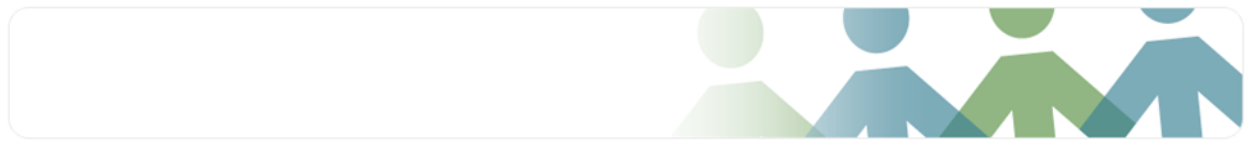


More succinctly, registered social workers in Canada assume many diverse roles, providing a wide range of services, within a variety of settings. While the breadth of social work practice is a unique and rich aspect of the profession, it simultaneously may contribute to confusion about what social work services specifically entail. Given that the specific service depends on the type of social work service one is seeking out, it is difficult to create a comprehensive, yet concrete definition of the profession for service users. This lack of clarity could be another factor contributing to the inconsistent inclusion of RSW services in TPHBPs.

Social work qualifications. In order to demonstrate that registered social workers are credible mental health providers, it is worth exploring their education and training. Additionally, competency exams and regulation will be discussed to demonstrate some strengths of the profession, as well as to express some need for improvement, as related to increasing inclusion in TPHBPs.

Education and training. The educational requirements necessary to become a registered social worker lend credibility to the profession. In Canada, two to four years of post-secondary education is the minimum requirement to practice social work (CIHI, 2006; Stephenson, Rondeau, Michaud, & Fiddler, 2000; CASW[c], n.d.). Currently, Alberta is the only province that accepts registration as a social worker after completion of a two-year diploma, and all other provinces require completion of a four-year Bachelor of Social Work program (CIHI, 2006). Furthermore, registered social workers have the choice to pursue their education at a Master's level (CIHI, 2006; Stephenson et al., 2000). Schools of social work in Canada have common standards of practice, curriculum requirements, and use various evidence-based methods of practice (CIHI, 2006). Notably, the Canadian Association for Social Work Education (CASWE) accredits the social work programs at each university and publishes a directory, ensuring the university's competency to produce qualified social workers (CASW[c], n.d.). Arguably, such standards of practice and accreditation further the professional credibility of registered social workers.

Significantly, social work programs that qualify one to be a registered social worker offer training in not only social policy, but direct practice as well. For example, Carleton University offers the MSW program through two streams: "Concentration in Direct Intervention" or



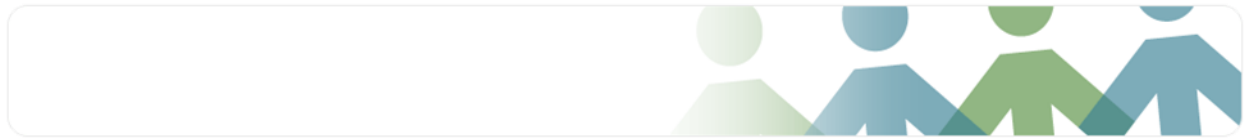
“Concentration in Social Administration and Policy” (School of Social Work, Carleton University, 2013-2014, p.12). In addition, Wilfrid Laurier University offers “Practice with Individuals, Families and Groups” as one of their areas of specialization in their MSW program (Wilfrid Laurier University, 2014). Furthermore, registered social workers are expected to be trained in the value of cultural and ethnic diversity, confronting discrimination, oppression, poverty, and other forms of social injustice (CIHI, 2006). Altogether, registered social workers in Canada are receiving focused training in the area of frontline practice (provided that stream is chosen) working with diverse populations, which would inform their work when offering services through TPHBPs.

Competency exams and regulation of the profession. According to CIHI (2006), at present, registered social workers do not have to take a national competency exam in order to be certified as a social worker in Canada. This lack of national consistency might affect the perception of the credibility of registered social workers. Correspondingly, as Jennissen and Lundy (2011) explain:

Currently there are no national guidelines or standards for social work regulation; each social work body negotiates its terms of references with the government of the province within which it resides. And since regulations vary among the provinces, there is a patchwork of regulatory conditions across the country. (p. 235)

Likewise, the Canadian Council on Social Work Regulators [CCSWR] (2012) states that “the definitions of key competencies, and the standards by which competence is judged differ from province to province” (p. 5). As such, the regulation and competency of registered social workers in Canada will depend on the province in which they are seeking certification. Notably, the Canadian Association of Social Workers (2009) states that one advantage of regulation is it “provides assurance to employers seeking to hire competent professionals” (as cited in CCSWR, p. 8). Taken together, these factors are important to remain aware of when considering the barriers to, and what is required to advocate for, the inclusion of RSW services in TPHBPs. That is, the public and professional world might not see registered social workers as properly or clearly regulated in a coordinated and universal fashion.

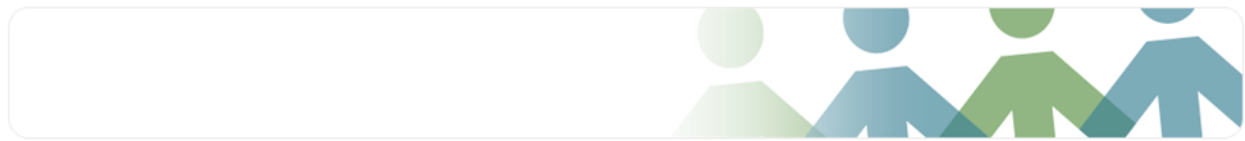
To summarize, social work students have the opportunity to pursue education in direct practice over social policy, which positions them to be able to provide competent frontline



services. Moreover, social work programs operate with standards of practice and curriculum requirements, and with accreditation of these schools at the national level. This arguably lends credibility to the training offered in schools of social work. Nonetheless, when exploring beyond education, there is no national cohesion regarding the regulation of graduates of social work in Canada. This lack of Canada-wide uniform regulation of registered social workers might hinder the perception of the profession in the eyes of the public and professionals insofar as the precise qualifications that are required to be registered are unclear.

The perception of social work. The perception of social work is crucial to examine as it arguably has a large impact on the inclusion of RSW services in TPHBPs. Essentially, people's knowledge and beliefs about social workers' qualifications, roles, and the services provided, will inform whether or not they choose to offer and/or select RSW services as part of TPHBPs, or whether or not they choose to seek services from this profession. As will be evidenced below, there appears to be many inconsistencies in the way registered social workers are perceived, especially whether or not they are qualified to provide mental health services. Perhaps this is related to their professional approach to practice. That is, "For social workers, their approach is likely, more than not, to fall within the eclectic category, one they are already overly familiar with and one that is often used against them, reinforcing the perception that social work has a flimsy, incoherent theoretical base in practice, whereas, in fact, eclecticism can be a potential strength" (Adams et al., 2009, p.111). Notably, Jennissen and Lundy (2011) state that Canadian social workers' level of autonomy has greatly decreased in many employment settings and that permanent job opportunities are being replaced with temporary contracts. With that, the multiple roles of social workers "diminish the visibility of social work overall" (Jennissen & Lundy, 2011, p. 293). Essentially, the structure and nature of registered social workers' employment may impede on their perception in the public and professional world.

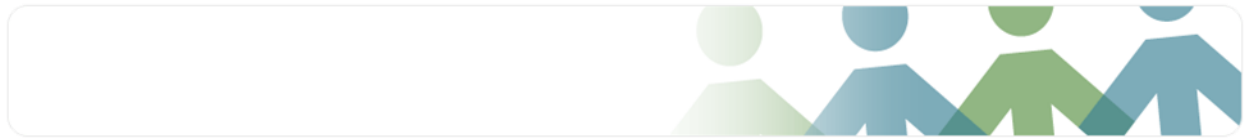
Perception of non-social work counsellors and links to social work. The perception of non-social work counsellors as it relates to their inclusion in TPHBPs is beneficial to explore because of the similarities that can be extended to social work. For example, Calley and Hawley (2008) conducted a survey of counsellor educators and state that, "The need for the counselling profession to achieve professional goals (e.g. gain the confidence of third-party payers and the



legislators responsible for management of the Medicare program) requires that the third-party payers and legislators recognize the counselling profession as a single unified field” (as cited in Reiner, Dobmeier, & Hernández, 2013, p. 174). Furthermore, Calley and Hawley (2008) believe that the lack of perception of counsellors as being part of an array of professionals that provide counselling has “contributed to professional challenges such as exclusion from third-party insurance panels...” and affected their capacity to attain equality with other professional fields (as cited in Reiner et al., 2013, p.174). Unfortunately, there does not appear to be much updated literature about the perception of social work. Nonetheless, one could infer that the latter literature about counsellors might translate well to the field of social work in terms of the lack of unified identity of the profession. Some literature will be explored below with regard to the public perception of social work.

Perception of social work in the public world. It is important to explore the perception of social work in the public world given that it is the public that uses RSW services. This is supported by LeCroy and Stinson (2004) who state that the public’s opinion on the value of social work is important because they are the principal users of social worker services. Notably, Sharpley (1986) found that approximately 90% of participants would pay a fee to see a psychiatrist or a psychologist, whereas about 92% of participants indicated they would *not* pay to see a social worker. When the public’s endorsement of the field of social work diminishes, both the public and professionals view social workers as less credible (LeCroy & Stinson, 2004). One needs to be mindful, however, of the fact that it is challenging to decipher between public and professional perceptions. That is, members of the public might also be professionals who work with social workers, and professionals might also be members of the public who access RSW services.

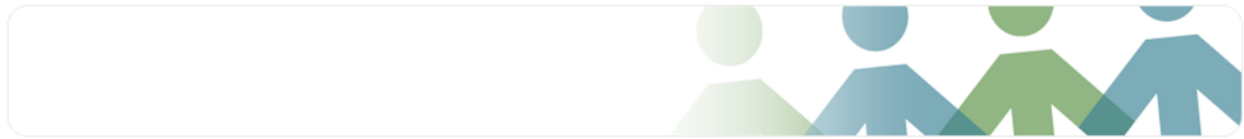
Condie, Hanson, Lang, Moss, and Kane (1978) completed a study to measure the public’s perception of social work (as cited in LeCroy & Stinson, 2004). The results in the study support the notion that the public still had a rather inaccurate view of what social workers do, with the most common role thought to be that of child protection. Perhaps this is influenced by the media’s inaccurate portrayal of the social work profession, including the misconstrued overrepresentation of social workers apprehending children (LeCroy & Stinson, 2004).



Additionally, 94% of the sample would be hesitant to pursue assistance from a social worker for their personal struggles (as cited in LeCroy & Stinson, 2004). Furthermore, Fall et al. (2000) examined the public's perception of the following professional's capacity to assist with clinical mental health problems: clinical psychologists, counsellors with Master degrees, counsellors with doctorate degrees, and social workers (as cited in LeCroy & Stinson, 2004). The public indicated that they were the least confident in seeking assistance from social workers (as cited in LeCroy & Stinson, 2004). Thus, this literature points to a negative perception of social work in the public realm.

Conversely, the National Association of Social Workers in the United States steered eight focus groups in 2004 that explored the public's perception of social work and found that the public views social workers as key helping professionals, despite lacking knowledge about social worker's education and function (NASWNews, 2004). Similarly, a study in Australia conducted by Sharpley (1986) found that social workers were viewed with the highest regard out of psychologists, psychiatrists, counsellors, and social workers. This study also found that participants gave social workers a higher rating for "very valuable to the community" than they did for psychiatrists, psychologists, or counsellors (p. 62). Significantly, results further indicated that the public viewed: "(1) psychologists and psychiatrists as private-practice and fee-demanding professionals who study human behaviour and thoughts, and (2) social workers and counsellors as public-utility non-fee-demanding professionals who are more practical and help the average person solve emotional problems" (Sharpley, 1986, p. 57). Conversely, LeCroy and Stinson's (2004) survey demonstrated that approximately half of the participants thought that "social workers could be private practitioners" (p.168). With that, just over half of the participants indicated that they agreed or strongly agreed that social workers' counselling skills are as good as those of psychologists and just under half said they would seek help from a social worker if they were less costly than a psychologist. Altogether, these findings point to a mediocre to positive public perception of social work.

Overall, the literature demonstrates that there is a lack of uniformity surrounding the public's perception of social workers. Further updated research, particularly with Canadian content, is needed in this area to understand the current status of the public's perception. Such



research would also assist in discovering what might be contributing to this perception.

Perception of social work in the professional world. In addition to the public perception, it is important to explore the perceptions of professionals with whom registered social workers work in order to shed some light on the professional context in which they are situated. This could speak to some barriers that registered social workers face with respect to inclusion in TPHBPs. For example, Hall (2000) states that some professionals in the realm of academia view social work as a “semi-profession” (p. 9), and that a lot of what social workers accomplish is not communicated to the public. Relatedly, a literature review conducted in Scotland about the role of the social worker concluded:

Social work is a contested concept and subject to competing definitions. Its language is confusing and contributes to the lack of clarity about what it is that social workers do. This means that there is no universally accepted idea of valid knowledge, skills or expertise for social workers (Asquith et al., 2005, p. 2).

This perception may contribute to registered social workers not being taken seriously by other professionals.

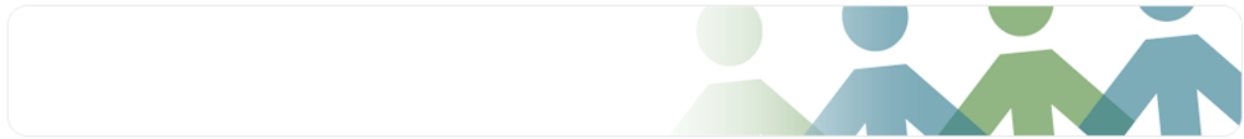
What is more, some scholars believe that social work is lacking in a basis of scientific expertise (Hall, 2000). Correspondingly, Koeske et al. (1983) found that “psychologists rated themselves as more expert than social workers and psychiatrists, and psychiatrists rated social workers as less expert than other professionals” (p. 50). Notably, while Koeske et al. (1983) found that compared to psychiatrists, psychologists, and nurses, clinical social workers were regarded as having the most warmth by all of the latter professionals, they also received the lowest number of potential referrals from these professionals. Therefore, one can infer that although the approach of social workers may be well-regarded, their expertise in mental health service delivery is less so. Overall, not as much seems to be known about the perception of social workers in the professional world as compared to the public world. With that, considering the lack of Canadian research, more Canadian studies are needed to better understand not only the perception of social work in the public realm, but the professional world as well. This is important considering that such perceptions may influence the inclusion of registered social workers in TPHBPs.



Feminization of social work. Considering the subordinate position of women to men in society, the feminization of social work may be contributing to undesirable public and professional perceptions of social work. In looking at the history of social work, women have played a large role. Moreover, according to Service Canada (2012), women constitute 80-90% of graduates from Bachelor and Master level social work and social service programs, and about 80% of employees in the field are female. During the year 2001, 79% of the members of the National Association of Social Workers were women (National Association of Social Workers, 2003, as cited in Abrams & Curran, 2004). Therefore, Abrams and Curran (2004) state that “it is safe to say that social work has rightfully earned its reputation as a premier women’s profession” (p. 430). Additionally, in discussing the professionalization of social work, Jennissen and Lundy (2011) assert that “social work is a ‘women’s profession’ and that gendered social relations were integral to the pursuit, formation and development of the profession” (p. xiv). Finally, Abraham Flexner made a well-known speech to the National Association of Charities and Corrections in 1915, which stated that social work was not a legitimate profession or rather a “true profession in its own right” (Flexner, 2001, as cited in Abrams & Curran, 2004, p. 431). With that, the profession of social work continues to hold a lower status than typically male-dominated professions (Abrams & Curran, 2004). Altogether, this lends support to the notion that social work is a feminized profession, and is less well-regarded because of it. From that, these views might be linked to the exclusion of registered social workers from TPHBPs.

Gaps in Knowledge

It is evident that there are gaps in our current knowledge about the factors that may be contributing to the inclusion of RSW services in TPHBPs. More research needs to be conducted to determine where the barriers to gaining more consistent inclusion lie. The perception of social work in the public and professional world appears to be a significant area of further exploration that could contribute to this knowledge base. Notably, there is a particular lack in professional perceptions of social work. Additionally, all of the studies presented in this literature with regard to perception of social work, with the exception of Prud’homme (2011) are American (i.e. authors are affiliated with American universities), thus more Canadian research is needed.



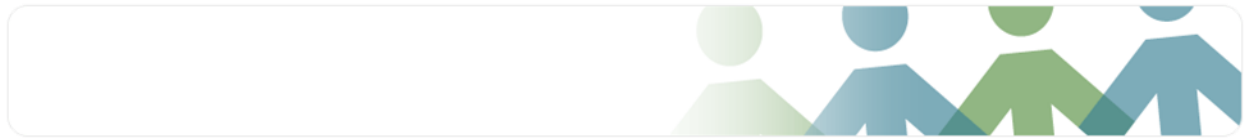
Without further research on these topics, there is the risk of excluding an important portion of the population from accessing timely mental health services. In order to begin to address some of these gaps, through interviews with insurance companies, unions, businesses and key informants, this study will explore the current state of the inclusion of RSW services in TPHBPs. It is believed that this will enable identification of future steps needed to advocate for more consistent inclusion.

Methodology

Sampling Procedure

The researchers used the non-probability sampling method of purposive sampling (Given, 2008), and thus chose which insurance companies, unions, businesses, and key informants to contact. The rationale behind pursuing the former three categories of participants was to obtain a cross-section of informed perspectives regarding the barriers to RSW services gaining inclusion in TPHBPs. Similarly, key informants were selected based on the notion that their expertise would be valuable in assisting with exploring why RSW services are inconsistently included. Notably, participants were associated with institutions in Canada at the national level, with the exception of two key informants who were associated with Canadian universities. Since this project is the first of its kind in Canada, the researchers posited that striving to reach headquarter levels within the institutions would offer broad and encompassing perspectives from which to build a foundation of knowledge for future studies.

Methods for seeking direct contact information. The research team sought direct contacts for each participant category. Direct contact information was acquired for insurance companies, unions, and businesses through Internet searches. Notably, personal and professional connections were used to recruit some insurance companies. For key informants, their information was obtained through their professional associations.



Recruitment Efforts

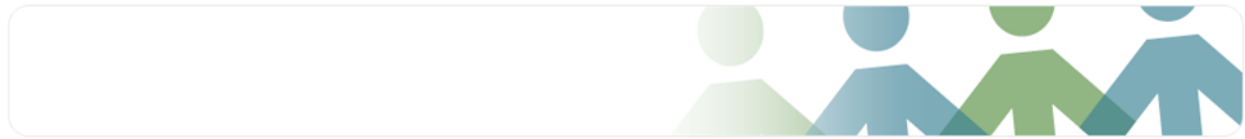
Number of participants contacted. The research team aimed to interview at least five individuals from the three following categories: insurance companies, unions, and businesses. To aspire to reach this number of interviews, five main insurance companies were pursued, based on a list that was provided by the CASW. Additionally, the researchers contacted eleven unions and twenty businesses. The CASW's PPIG provided the researchers with several suggestions for businesses to contact. Regarding key informants, the researchers pursued eight from the following allied professions: psychology, occupational therapy, nursing, as well as four university social work professors. By choosing a variety of professionals, it was hoped that a well-rounded perspective from these participants would be secured.

How participants were contacted. The research team passed on the direct contact information for each of the above participant categories to the Executive Director of the CASW, who then emailed out official invitations to participate in the study. This included a letter of invitation outlining the purpose of the study, a letter of informed consent, and the interview questions. The email also provided notice that the research team would be following-up with potential participants within one week to set up an interview time.

Research Instruments

The following research instruments are appended to this proposal:

- Appendix A: Options for Seeking Mental Health Counselling Services in Canada
- Appendix B: Letter of Invitation for Insurance Companies, Unions, and Businesses to Participate in Study
- Appendix B.1: Letter of Invitation for Key Informants to Participate in Study
- Appendix C: Consent Form for Insurance Companies, Unions, and Businesses
- Appendix C.1: Consent Form for Key Informants
- Appendix D: Interview Script (Telephone or In-person) for Insurance Companies, Unions, and Businesses
- Appendix D.1: Interview Script (Telephone or In-person) for Key Informants



Appendix E: Semi-Structured Interview Questions for Insurance Companies, Unions, & Businesses

Appendix E.1: Semi-Structured Interview Questions for Key Informants

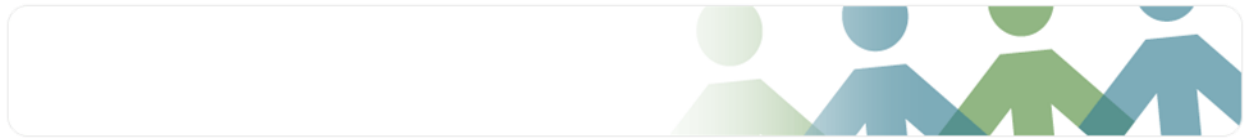
Data Collection Method

Approval from the Carleton University Research Ethics Board was received before commencing the data collection. The research team then conducted brief, semi-structured, qualitative interviews with the representatives from insurance companies, unions, and businesses. All interviews with the insurance companies and unions were conducted over the phone, for the duration of approximately 30 minutes. One business contributed their interview responses through an email. Regarding the semi-structured interview with the key informants, the interview with the representative for occupational therapy was conducted over the telephone. One of the interviews with the university professors was conducted over the telephone and the other through an in-person interview. The key informant interviews were approximately 30-45 minutes in duration.

Participants completed the interview within one sitting. All interviewers were members of the research team, and were thus graduate students in social work. Each interview was conducted by two members of the research team, with one person to conduct the interview and one to take notes and audio record the interview. Interviewers recorded their thoughts, feelings, and reactions to the interviews in a personal journal throughout the interview process. This exercise helped the research team to identify any personal biases and reflect on how these biases may have affected the interview (van de Sande & Schwartz, 2011).

Data Analysis

Upon completion of the interviews, they were transcribed word for word from the audio recordings, using Microsoft Word, and verified by participants for accuracy. As recommended by van de Sande and Schwartz (2011), the research team embarked on two stages of coding. The first stage involved identifying meaning units by extracting words and sentences that answer the research question. The research team grouped these meaning units into themes using NVivo



software and assigned a name to each of them. Examples of themes at the first level of coding included: “Nature of Inclusion”, “Barriers to Inclusion”, and “Perception of Social Work”.

The second level of coding, again as described by van de Sande and Schwartz (2011), involved organizing all meaning units that fit into each theme together, therefore separating them from their individual interviews. The themes were then reviewed and corresponding sub-themes were created. For example, some sub-themes for “Perception of Social Work” included: “Qualifications” and “Roles and Services”.

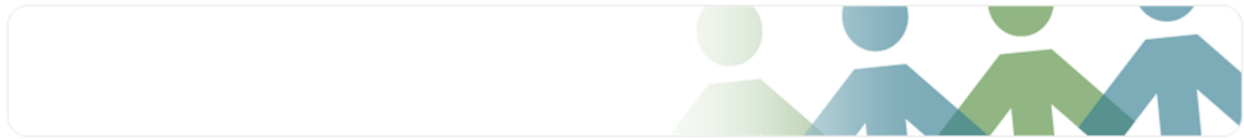
Researchers

All five of the researchers attached to this project were female, straight, white (current or future) social workers, whose placement in the lower to upper middle class afforded them the ability to access graduate level education. The majority of their shared social location, aside from being female, meant they were afforded privilege that might have impacted the information they sought and the nature of the responses that the participants shared with them. It is difficult to determine whether or not the participants’ responses were influenced by what they assumed were desirable answers based on their perception of the researchers’ identities. There was also conflict between the researchers’ ideals as students in a structural school of social work that explores the effects of structural inequalities such as poverty on individuals and groups, and the potential of advancing the profession to focus more of their work with the middle to upper classes through inclusion in TPHBPs.

Results

Response Rate

Given that this was an exploratory study by nature, the researchers attempted to engage in partnerships with insurance companies, unions, businesses, and key informants, in order to lay a foundation for future research endeavours. Five insurance companies were contacted, and five interviews were completed. Notably, two of the five were with individuals from the same company. Eleven unions were pursued, and two interviews took place. Regarding businesses, 20



were contacted and one participated. Last, eight key informants were sought, and three were interviewed. These included: an Occupational Therapist; Sharon McKay, Professor Emerita from the University of Regina and President of the Ontario Association of Professional Social Workers (1985-1987), now called the Ontario Association of Social Workers; and Hugh Shewell, Director of the School of Social Work at Carleton University. Overall, one must be mindful that participants in this study are not representational of all their sister organizations or colleagues. For example, when referring to the findings of the one business that participated, it is not possible extrapolate their responses as representing the opinion of all businesses in Canada.

There are several factors that may have contributed to this low response rate. First, finding the appropriate national-level contacts to invite to participate in this study proved to be challenging. Second, it was difficult to create incentive for participation, particularly for businesses. It was, however, less difficult when contacting insurance companies because the process was often facilitated by having pre-established contacts within the companies through personal and professional networks. Third, the short timeframe of our study, allowing approximately two months for the data collection, might not have afforded sufficient time to engage with possible participants, and potentially did not allow for enough flexibility in the timeline for setting-up interviews.

Findings

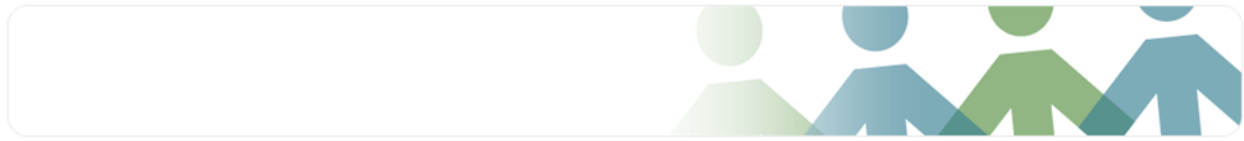
As mentioned, the researchers were exploring the following question: “Registered social workers are qualified providers of counselling services. In light of this, why are RSW services inconsistently included in TPHBPs?”. The findings from the interviews were organized into the following themes: Nature of Inclusion of Registered Social Work Services; Benefits of Inclusion of Registered Social Work Services; Perception of the Social Work Profession; Barriers to Inclusion of Registered Social Work Services; The Role of the Public in Gaining Inclusion; Inclusion of Allied Health Professionals; and The Impact of Privatization on the Profession. These themes are elaborated on below.



Theme 1: Nature of inclusion of registered social work services.

Insurance companies. Within the group benefit plans offered by insurance companies, registered social workers form part of the paramedical practitioner bundle, which is part of the extended health care benefit plan. Some of the other practitioners in this bundle include occupational therapists, physiotherapists, speech-language pathologists, and psychologists. Some insurance companies include registered social workers as part of their standard provision while others offer it as an optional add-on to their basic package. An employer is responsible for selecting a benefit plan to provide to their employees, from the options that the insurance company offers. If employees of an organization belong to a union, the union will negotiate on behalf of the union members for the parameters of what is included in their TPHBPs. Individual employees will then select a service included in their coverage and submit a claim to be reimbursed by the insurance company.

All four insurance companies interviewed include RSW services, to varying degrees, as part of the packages they offer to employers. Insurance company A includes RSW services, but not as part of their standard paramedical bundle. Rather, the employer must choose to add them in; psychologists however, are part of their standard bundle. Likewise, insurance company B includes RSW services as an optional add-on to a standard package. It is also important to note that typically when RSW services are included, they are bundled with psychological services. This means that an employee has the option of choosing to see a registered social worker or a psychologist. Insurance company C also bundles RSW services with psychological services, but offers this benefit as part of their standard package. They did note that it is possible for an employer to modify their package to be more restrictive and remove social work services, but that this is very rare as evidenced by the fact that 98.9% of their plans include the psychologist/social worker benefit. Insurance company D includes RSW services as part of their standard paramedical bundle, again as part of a bundle with psychological services. In addition to an employer not selecting RSW services to be part of their package, both insurance company's B and D indicated that another reason that RSW services may not be included is that employers have had longstanding contracts, which were purchased at a time when RSW services were not an option. While recently, RSW services have become an option, it is the employer's choice to

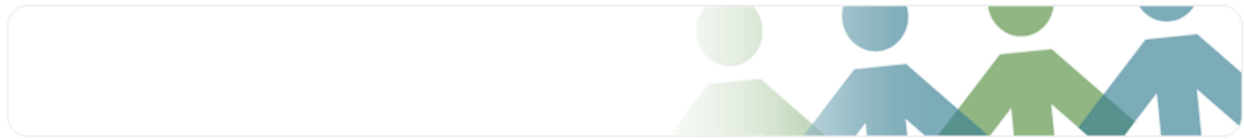


convert to a package that includes this benefit.

In terms of the proportion of use, insurance company A indicated that since registered social workers have only recently been included as part of the paramedical bundle, they do not have meaningful statistics yet. Psychologists, in contrast, have been offered as part of this bundle for a lot longer, and as such they have statistics on their services. When looking at the total extended health care expense, psychologists represent 1% or less. Insurance company B indicated that 21% of all of their health care claims are for paramedical practitioners. Within this set of claims, 0.1% of these claims are for social workers, compared to 0.7% for psychologists. Insurance company C explained that while they keep statistics, this information is not made available to anyone external to the company. Insurance company D keeps statistics on how many social work claims are submitted, however the participant did not have access to them at the time of the interview.

Throughout exploration of conditions applied to the inclusion of RSW services, a few notable findings emerged. One insurance company spoke to having a reasonable and customary charge applied to RSW services. This refers to the standard amount that a social worker (or any practitioner) should be charging for a service, and as such, also represents the maximum amount that the insurance company will pay for a provided service. This maximum is determined in consultation with the regulatory bodies and/or associations in each province. In addition to this, multiple insurance companies indicated that individual employers will outline a maximum amount that their employees can claim per service each year, stating that for social work/psychological services, this typically falls somewhere between \$300 to \$500, and sometimes up to \$1000. Finally, some companies spoke specifically to required designations. For example, for social work services to be covered, the service provider must hold a Bachelor of Social Work or Master of Social Work; and have the designation of Registered Social Worker or Clinical Social Worker. Conversely, a different insurance company indicated that the provider must hold a Master of Social Work in order to be covered.

Unions. Of the two unions interviewed, only the Union A representative was completely sure of whether or not RSW services are included in the TPHBPs offered to their membership. The Union A representative indicated that members of that union are allocated \$1000 a year for



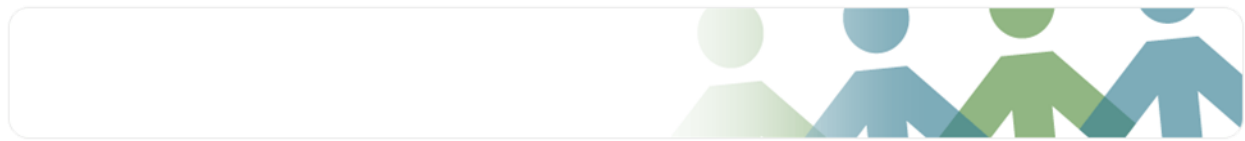
mental health services provided by either a social worker or psychologist. Notably, this union added RSW services to the collective agreement in 2003. In addition, the employees of this union themselves can also access RSW services through their TPHBP. The Union B representative stated that he was not aware of the membership of the union receiving coverage for RSWs services in their TPHBP package. Neither of the latter two unions keep statistics on how often union members request RSW services.

Business. Only one business was interviewed and they provided their answers through email at their request. The business stated that their employees could only access mental health services through a clinical psychologist and they could not elaborate on the reasons for this decision. Furthermore, they do not keep statistics on how often RSW services are requested.

Theme 2: Benefits of inclusion of registered social work services. The interview data indicate that there are benefits to including RSW services in TPHBPs for the employee, the employer, and the social worker. The insurance companies, unions, business, and key informants all agreed that the employee will benefit from inclusion because they will have increased access to mental health services. Correspondingly, they expressed that employees will likely have quicker access to a registered social worker rather than experience the large wait times for a psychologist or psychiatrist. Despite not having registered social workers as part of its package to employees, the business specifically indicated that having access to a registered social worker decreases the wait time to receiving help. Additionally, depending on their location of residence, it may be easier for the employee to access a registered social worker. This was indicated by one insurance company that spoke to the difficulty with accessing psychological services in some areas in Canada, stating:

For many years we didn't have social workers services included, but we did change our plans a number of years ago to include it because we were hearing from our customers that in certain, more rural areas, or further from larger cities, it was more challenging for members to access a psychologist's services. So one way to expand the ability for a member to receive care was to include social workers. It was mostly to help members access the benefit.

Significantly, one insurance company noted that having more practitioner options available to employees allows them to select a service that best meets their needs. With this, they indicated that even when an employer provides their employees with access to an employee assistance plan



(EAP), they may still include additional funds to access social work or psychological services in order to provide options when choosing a specific service provider.

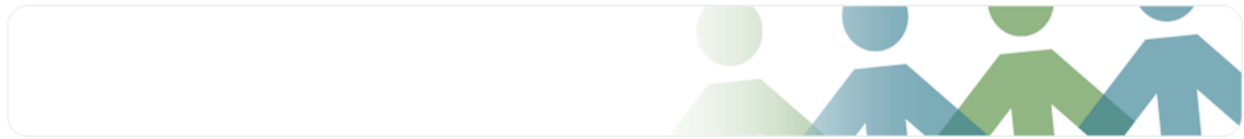
There was also a general consensus that employers would benefit from the inclusion of RSW services. Since mental health is a significant issue in the workplace, access to registered social workers could offset the cost of long-term disability to the employer, allowing an employee to return to work more quickly. For example, one insurance company stated:

One of the most costly things for an employer is often not their health plan but their long-term disability program, and a health care program can complement a disability program. Years ago the most common disability conditions that we used to see were mostly medical, so bad backs, I hurt my wrist, more physical injuries. But now mental health issues are becoming the number one cause of disability. So often employers will include additional counselling services or wellness initiatives to counteract the cost of their disability program and the absenteeism cost to the organization.

Registered social workers who provide counselling services are a piece of the employer's mental wellness strategy. Finally, the main benefit to social workers, as articulated by the social work professor key informants, was the ability to bill as a private practitioner and the chance of increased recognition for the profession.

Theme 3: Perception of the social work profession. The results of the interviews demonstrated that the insurance companies, unions, and key informants held various perceptions about the profession, and specifically about a registered social worker's role and services, qualifications, and approach to practice. The one business interviewed did not have any perceptions to share.

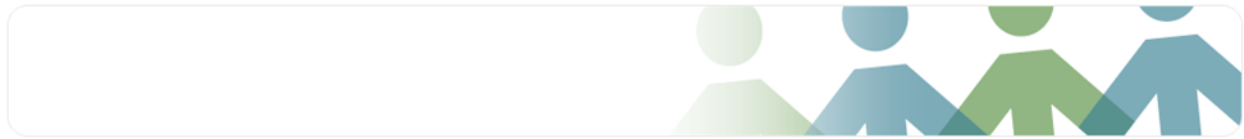
In discussing the perception of the profession broadly, one social work professor key informant explained that the traditional view of the profession of social work is that it borrows from other disciplines and does not really have a unique knowledge base to draw from. Because of this, some people have argued that it is not a legitimate profession, but instead a semi-profession. This key informant further articulated that registered social workers are not only qualified to provide counselling services, they were actually among the creators of the profession. How to appropriately talk and listen to people was something social workers have been involved in originating.



Key informants and insurance companies perceived social workers to assume a variety of roles including in organizations such as schools, health centres, and EAP programs, as well as counsellors in organizations and in private practice. Both union interviews emphasized the role of a social worker primarily as a counsellor. Only one key informant, Shewell, articulated social workers as having a role in policy.

The insurance companies unanimously agreed that they saw registered social workers as qualified to provide mental health and counselling services. This was generally attributed to the fact that a social worker is qualified if she or he completes the training necessary to be a Master of Social Work or a registered social worker. For example, one insurance company believes registered social workers to be qualified because they have developed the knowledge and expertise as a result of their education. Similarly, another insurance company considers registered social workers to be qualified because it is assumed that they have received the appropriate training, met the educational requirements, and are working within the scope of their license. This sentiment was also echoed by the occupational therapist key informant. The union representatives also stated that they believed registered social workers to be qualified to provide counselling and/or mental health services, with one representative noting that he believed this came in part from social workers adhering to a holistic approach. While the social work professor key informants also thought registered social workers are qualified, they believed that the specific services that social workers are qualified to provide are not widely recognized.

Within the insurance company, union, and key informant categories, there were several references made to the belief that registered social workers provide a holistic understanding of individuals. It was also mentioned that registered social workers play an important role in coordinating services and helping individuals to navigate the healthcare system. According to one union, in comparison to psychologists who work within a medical framework, registered social workers help facilitate access to services and resources that match the client's needs. Moreover, looking at the social issues or environment affecting an individual was mentioned as another perception about a social worker's approach by both the social work professor key informants and one of the unions. Hugh Shewell, Director of the School of Social Work at Carleton University, stated:

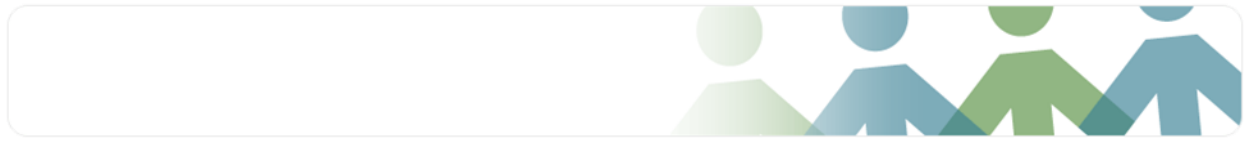


I just think social workers offer a different kind of perspective. Some kinds of services that a social worker would provide would be quite different from a psychologist or a psychiatrist or other kinds of caring professionals.

Sharon McKay, Professor Emerita from the University of Regina and President of the Ontario Association of Professional Social Workers (1985-1987), now called the Ontario Association of Social Workers, expressed a similar belief explaining that as social workers, “we deal with both private problems and social issues and I think that the whole social issues piece must be part of what the social worker is doing”. Taken together, both these key informants felt that social workers’ unique perspective is based on their ability to view the individual within their environment. This involves bringing the social and environmental issues that may be impacting the employee into the individual practice with the client.

Theme 4: Barriers to inclusion of registered social work services. The most significant barrier identified to including RSW services in TPHBPs is the limited understanding about the role and services of a registered social worker. Both social work professor key informants and all four insurance companies agreed that there is a lack of clarity about what exactly the role of a registered social worker is, as there is no clear definition of the profession of social work. One insurance company specifically stated, “I think people probably think of social workers as people who are helping people on social assistance”. Furthermore, one insurance company spoke to the confusion that exists in terms of understanding the distinct roles and qualifications of a social worker versus a psychologist. This company suggested that: “The only challenge would be confusion or lack of clarity on what services are provided between the psychologist and the social worker from a member’s point of view”. Overall, employees may be unaware of the difference when choosing their service provider. Similarly, the union representatives, as well as the business, stated that the expertise and credentials of social workers as providers of mental health services is unclear to them.

Another possible barrier for inclusion of RSW services identified by an insurance company was the additional cost to the employer of adding this practitioner to their benefit package. They pointed out that this may be particularly relevant because of the current financially stressed economic environment. Finally, another insurance company drew attention to



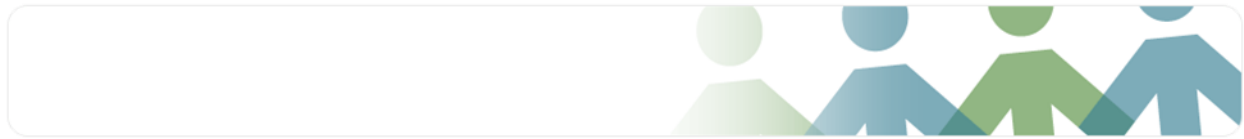
the need for employees to be aware of what their plan limitations are, highlighting the relevance of employees having knowledge of the services and amount of coverage available to them. Aside from the aforementioned barriers, the participants did not perceive there to be any other disadvantages to inclusion of registered social workers in TPHBPs.

Theme 5: The role of the public in gaining inclusion. The union representatives and one insurance company representative indicated that the most effective way to include RSW services in TPHBPs is to have the public demand the inclusion. One of the unions explained that it gained inclusion for RSW services because of the fact that members had been accessing social workers when wait times to see a psychologist were too long. When the union saw that the membership wanted RSW services, they modified their collective agreement to include them. The union that does not currently include RSW services in the plans offered to their membership indicated that they would need membership support for such a change to occur. This thought was echoed by one insurance company that stated that client demand is what drives the inclusion of new practitioners.

If we're looking at adding different types of practitioners, that would typically come from client demand. So if there is a type of a new practitioner out there that we're not currently covering, that's become more popular and more clients are asking for them, then we would bring that to review and see if it's something that we need to add to our levels coverage.

This idea of the need for public demand was further reinforced by the occupational therapist key informant insofar as occupational therapists in Canada embarked on an advocacy campaign to create demand for their own inclusion.

Theme 6: Inclusion of allied health professionals. The key informant who represented the Canadian Association of Occupational Therapists indicated that occupational therapists (OTs) are not consistently included in TPHBPs, and that they are sometimes included in "paramedical rehab services". Additionally, it was noted that across the Eastern Canadian provinces, OTs recently gained inclusion. The key informant also expressed that fostering a public demand for this profession's services, with respect to how OTs can positively impact people's health, was an effective strategy for gaining inclusion. The CAOT representative further stated that additional strategies that the CAOT has implemented included: campaigning, as well



as utilizing letters and templates that the CAOT members and clients can use to advocate for coverage of OT services by insurance companies. A challenge in advocating for the inclusion of their services was that their profession is not easily conceptualized because it is so broad. Lastly, the only limitation to coverage that was mentioned was that insurance companies have a preset amount of money that they allot for coverage, and the challenge is to determine how professionals can access that coverage for their clients.

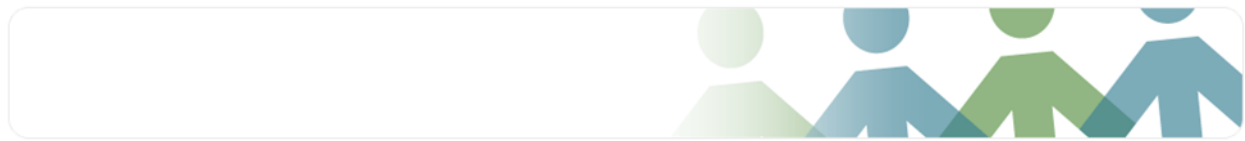
Theme 7: The impact of privatization on the profession. The impact of privatization on the social work profession was discussed by the two social work professor key informants with an undertone of caution. They articulated their concerns that private practice could lead the profession of social work away from its advocacy roots with a social issues lens. More specifically, Shewell stated:

Is that [private practice] a good route for Social Work? In some ways you could argue it betrays its roots to go into private practice to start making money off the misery of others... Then you get into the whole debate; is social work a social movement?

Another concern expressed by McKay, another key informant, was that new and less experienced registered social workers would go straight to private practice. McKay wondered how one would determine if a particular individual with a Master in Social Work was qualified to go into private practice. McKay also believed that inclusion in TPHBPs and the corresponding increase in private practitioners could lend more credibility to the profession in the eyes of the public and other professionals.

Discussion

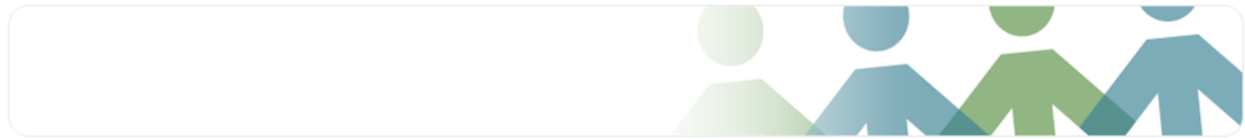
This research project aimed to explore the barriers to having RSW services consistently covered by TPHBPs. Throughout the interviews, one theme emerged as a central barrier to the coverage of registered social workers: the perception of the profession. It became apparent that there is no clear understanding of the role of a registered social worker and the services they provide. Registered social workers are often misperceived as working solely in the child protection and/or social assistance field. The child protection worker role has been clearly articulated in the literature and both were present in our findings (Condie et al. 1978, as cited in



LeCroy & Stinson, 2004). This is noteworthy because it impacts the awareness of registered social workers as capable of providing counselling services. Ultimately, the significance of this misperception is that if people do not know what a service is, they will not be able to choose that service, even if it best meets their needs. If individuals with TPHBPs are accessing other services when they may be better supported by the approach and services that a registered social worker can provide, they are missing opportunities to access the most appropriate service for their needs.

It was repeatedly articulated by the insurance companies that RSW services are approved for inclusion in their benefit packages because of the education and training that registered social workers receive. This education and training is currently the main grounding that registered social workers can use to claim that they are qualified professionals. Despite the CASWE accrediting social work programs on a regular basis (CASW[c], n.d.), there is little consistency among registered social workers from province to province. Competencies are determined at the provincial, rather than national level, and as such, this may be contributing to the lack of consistency (CCSWR, 2012). Insurance companies regularly consult provincial bodies to determine their criteria for approving the eligibility of social work practitioners for inclusion. Currently, there is no national competency exam (CIHI, 2006) and it is the provincial bodies that govern the regulatory requirements (CCSWR, 2012). This lack of consistency may contribute to the difficulty in creating a unified image of the profession.

The lack of a uniform understanding regarding what a social worker *is* and what a social worker *does*, was apparent in our findings. This was consistent with the literature, which found that there is no clear understanding of the function of social workers (NASWNews, 2004). A literature review that took place in Scotland found that the term ‘social work’ has a variety of definitions, which can further contribute to the lack of clarity regarding the role of social workers (Asquith et al., 2005). This may reflect the fact that registered social workers provide a broad range of services, which makes developing a unified image of the profession challenging. Jennissen and Lundy (2011) reiterate this by arguing that the multiple roles of social workers actually decrease the overall image of social work, by making it less visible. Even when specifically referring to private practice social work and counselling services, some of the participants agreed that registered social workers are qualified to provide these services, but

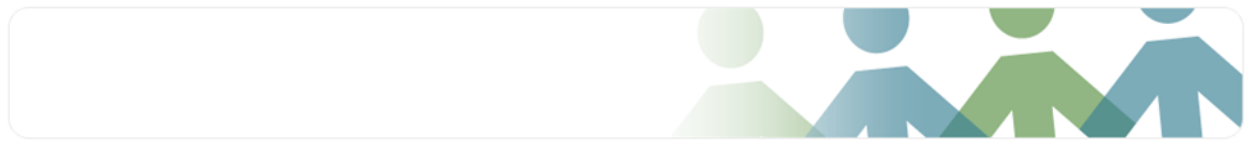


could not articulate why.

Perception is important. In order for insurance companies to consistently include registered social workers in their benefit packages, the demand for RSW services must be apparent. It is at the business level where the demand will be shown to insurance companies, when employers ask for it to be added into their packages. Businesses will only request that these services be included in TPHBPs if they determine that their employees are seeking or requesting them. Ultimately, because there is an unclear image of the profession, and social workers are sometimes perceived to work solely in child protection and/or social assistance, the public will not see that registered social workers are in fact qualified to provide counselling services and therefore may not demand the appropriate coverage from their employers to use these services. Since the public are the principal users of RSW services, and ultimately the first step in creating the demand for services – and therefore inclusion in TPHBPs – their opinion of social work services is important (LeCroy & Stinson, 2004).

Employees could be accessing mental health services for concerns that are more suitably addressed by registered social workers, or at a minimum, accessing services in a timelier manner. However, because they are not aware of this, they will continue to seek - and wait for - psychological services. Currently in Ontario, the wait time to see a private practice psychologist is three months (Peachy et al., 2013). Clearly, the demand for mental health services exists, but the confusion regarding social work may be contributing to obscuring the demand that could exist for RSW services.

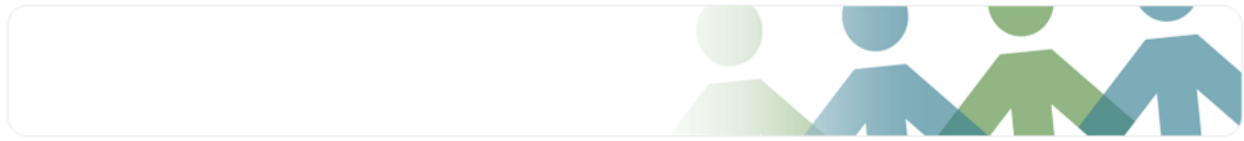
It became evident through the interviews with insurance companies that when RSW services are included as part of a TPHBP, they are usually bundled with psychological services. Essentially, a client has a predetermined amount of money that they can use for the services of a psychologist *or* a social worker. It is up to the client to determine which service provider best meets their need. As a result, social workers and psychologists will often be competing for the same clients and ultimately the same insurance funds. There is literature that speaks to this idea that psychologists and social workers in private practice are competing for the same client base (Koeske et al., 1993). Correspondingly, having social work and psychological services bundled together implies that both professions are capable of providing services to clients for similar



issues. Referring specifically to role theory, Davis (1996) explains that competition between professions will exist if they have the same or overlapping roles without a clear distinction of the responsibilities of each profession (as cited in Agresta, 2004). This competition between professionals only intensifies when there are budgetary constraints in place (Gibelman, 1993, as cited in Agresta, 2004).

Relatedly, this competition can have an impact on the way in which professions both perceive and interact with one another (Koeske et al., 1983). Koeske et al. (1983) highlight the idea that psychologists see themselves as possessing more expertise than social workers. Additionally, a supposed practice is that registered social workers in private practice sometimes have to rely on the signature or license number of a psychologist in order for their service users to receive insurance reimbursement for their services. Presumably, this reliance on psychology may result in social work appearing less credible, or less independent as a profession. It is therefore plausible that the inclusion of RSW services in TPHBPs is being limited by the profession of social work's perceived subordinate status to that of psychology. Moreover, if social workers have to rely on psychologists for signatures, one can assume that this would mask the demand for RSW services in private practice that might exist. With that, while some claims that are submitted signify that services were provided by a psychologist, in many instances the services might have been in actuality delivered by a social worker. The effort was made to contact a psychologist directly to speak to this idea of competition between the professions. Unfortunately, despite significant effort by the research team, this was not possible.

Altogether, it is evident that the distinction between the services provided by a social worker versus a psychologist needs further clarification, in order for there to be a clearer understanding of their unique capabilities not only to service users, but also amongst the professionals themselves. This could help to reduce competition and, rather, have these two qualified professionals jointly meeting the excessively high demand for mental health services. When looking at Canadians' self-identified need for mental health services in the 2012 Canadian Community Health Survey, Sunderland and Findlay (2013) found that, "The most commonly reported need was for counselling, which was also the least likely to be met" (p. 8). Considering the latter, it is clearly important for social workers and psychologists, among other mental health

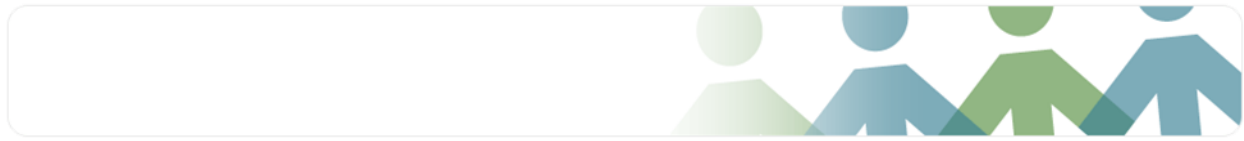


professionals, to partner together to deliver more streamlined mental health services, thereby providing clients with various unique options to choose from. Increasing the inclusion of RSW services in TPHBPs could therefore assist in reaching more service users in need.

Ultimately, the significance of bundling these professional's services, as related to increasing the inclusion of RSW services in TPHBPs, is that if the public or individual consumers are the ones choosing which service to access, it is important that social work, as a profession, can clearly articulate its own identity. Referring back to the concept of perception, if registered social workers are not able to delineate what unique services they provide, how will anyone know when to choose their services? It is important to point out that social workers are not second rate or cheaper versions of psychologists. Both have their own unique contribution to make within the mental health system. The social work profession needs to demonstrate their unique qualifications to ensure that potential service users can choose the most appropriate, rather than affordable, service.

One can posit that the above necessity of clarifying social workers' identity and qualifications holds true for private practice as well. It is thus important to consider the impact of privatization on the social work profession. In particular, two of the key informants interviewed spoke to their concerns about whether or not the move of registered social workers to private practice is actually moving the profession away from its roots in social justice. According to Karger (1994) and Specht and Courtney (1994) those registered social workers who do choose to make the professional decision to work in private practice are going against the original goal of the profession, to work with the most marginalized members of society (as cited in Graham & Schiele, 2010). Despite this, one must keep in mind that the services provided by private practice social workers are valuable services for a particular segment of the population that could also indirectly benefit from the social justice lens that the social worker will bring to their work with these members of society. Moreover, private practice is a service that might increase in the future when one considers the neoliberal state. Thus, the need for social workers to clearly identify their roles and services in this domain might be particularly relevant and important.

When further considering how to position social work, it is worthwhile to look at the advocacy efforts of allied professionals that have faced similar struggles in terms of their



perception and identity, such as occupational therapy. Similar to social work, this profession has faced challenges in carving out its own unique role within the mental health system. As articulated by an occupational therapist from the CAOT, occupational therapy is a profession that has struggled to create an identity that is easily understood by the public. Occupational therapists define their approach to treatment as holistic, which sets it apart from other disciplines (McColl, 1994), and makes it more similar to social work. Also in line with social work, occupational therapy is a profession that covers a wide range of services that do not strictly adhere to the medical model approach to mental health treatment. When comparing professions, occupational therapy appears to be further along in their advocacy efforts than social work. The overall results and recommendations from *this* study, for example, are outlining strategies that are similar to advocacy areas that occupational therapy has already been targeting since 2011 (CAOT, 2014). The occupational therapist from the CAOT, along with the information on the CAOT website, outlined specific advocacy strategies that have been used. Occupational therapists have focused on creating a demand for their services by increasing public awareness about the health benefits of their profession. Letters and templates were drafted for occupational therapists to provide their clients, which in turn helped them make a request to their insurance provider (CAOT, 2014).

It is also worth highlighting that many of the participants were able to speak to the benefits of having RSW services included in TPHBPs. The most consistent themes that came out of the data were increased access to mental health services and decreased wait times to see a registered social worker (as compared to a psychologist or psychiatrist). This would benefit employers in that increased access to mental health services would presumably offset the impact and cost of their long-term disability plan. These benefits are consistent with the recommendations of the Mental Health Commission of Canada's mental health strategy for Canada: addressing high wait times and increasing accessibility of qualified service providers (2012).



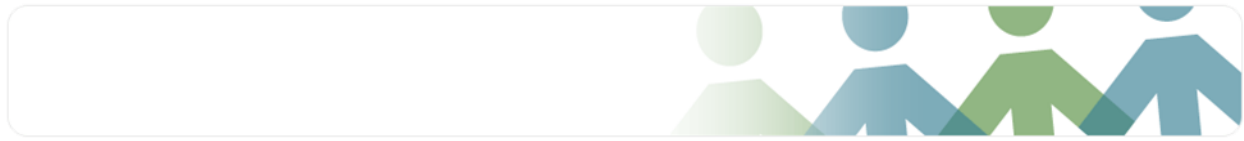
Recommendations

The implications of the findings of this study point to several recommendations, which delineate how to advance the issue of the inclusion of RSW services in TPHBPs.

The *first recommendation* is to subsume this issue under a broader focus on mental wellness in the workplace. According to the Mental Health Commission of Canada (2012), mental health issues account for almost one-third of claims made for short- and long-term disability. Given that long-term disability plans are also a significant expense to an employer, investing in a comprehensive extended health care benefit plan that provides employees with access to timely, quality mental health services will offset the cost of a long-term disability plan by reducing absenteeism and promoting a timely return to the workplace. The significant role of registered social workers in providing these services, through more consistent inclusion in TPHBPs, may be the incentive that is needed to engage businesses in this issue.

The *second recommendation* concerns the image of the profession of social work. As discussed, it is evident that a clear definition and unified image of the profession needs to be created. This includes carving out a unique role within the mental health service delivery system, which delineates the services provided by a registered social worker. More specifically, there is a need to distinguish the specific services offered by a registered social worker in private practice. Consideration should be given to how to market the role of a private practice social worker, which requires a clearer view of the service that is being sold the public. Only then can corresponding strategies for promoting this service be determined. Relatedly, a national strategy to advocate for more consistent inclusion of RSW services in TPHBPs needs to engage the provinces. This will provide consistency across the provincial regulatory bodies and associations in terms of the definition and image of private practice social workers. This is important in light of the finding that insurance companies consult with these provincial bodies to determine their criteria for approving social work practitioners for inclusion.

The *third recommendation* pertains to developing advocacy strategies in order to work towards increased inclusion for RSW services in TPHBPs. First and foremost, it would be useful to further explore, implement, and expand upon strategies utilized by allied health professionals to advocate for their own inclusion. As discussed, occupational therapists have also struggled to

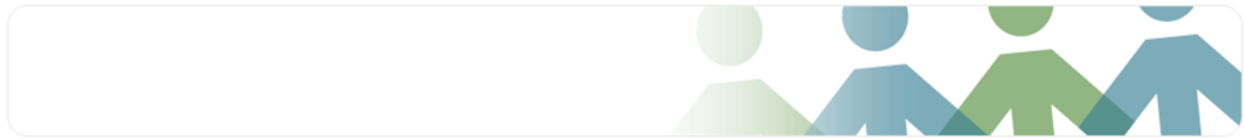


articulate the nature of their services and create a unified identity. As such, using this profession's good practices as a model could be helpful. The aforementioned strategies used by the CAOT could serve as a starting point, in addition to further consultation with the CAOT on other strategies that have been successful in increasing inclusion.

In general, it will be important that advocacy efforts center around promoting registered social workers as qualified, capable, and *unique* counselling service providers. Based on the findings, the research team has identified three main targets of advocacy efforts: insurance companies, employers, and the public (i.e. employees). It is first important for insurance companies to have knowledge of RSW services and qualifications - specifically those in private practice - in order to effectively sell this product to employers as part of an extended health care benefit package. It is apparent from the findings that insurance company representatives believed that registered social workers are capable providers of counselling services, but were often unable to articulate why beyond the fact that they have acquired the necessary qualifications or designation established by the company. Clearly, it is up to the profession of social work to market the services provided to insurance companies, so that this knowledge can be transferred to employers in the process of selecting or renewing their benefit plan.

Correspondingly, as demonstrated by the findings, a significant barrier to the inclusion of RSW services lies with the employer since they are ultimately selecting or customizing the benefit package offered to their employees, making employers a crucial focus of advocacy efforts. This connects to advertising the services a registered social worker provides so that employers understand how their inclusion will meet the needs of their employees - and ultimately their workplace - and as such, can make an informed choice.

Finally, an extremely important target population for advocacy efforts is the public - essentially the actual employees themselves. As discussed, most TPHBPs bundle social work and psychological services together, meaning it is up to the individual employee to select their service. Evidently, it is necessary that the employee understand what services a registered social worker provides that may address their particular issues *and* how the services differ from those provided by a psychologist, in order to select the service that best meets their needs. Related, is the finding that there must be a demand for RSW services from employees in order for:



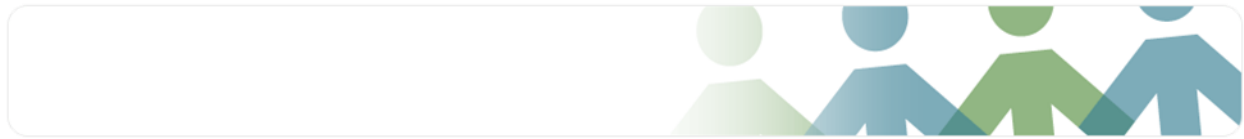
employers to request it in their benefit package, unions to negotiate for its inclusion on behalf of its membership and, ultimately, for insurance companies to include it more broadly as part of their standard provision. It is apparent that demand from the employees creates demand from the employers, which is necessary for insurance companies to offer RSW services. It follows that the public is perhaps the most influential group, because it is only through their creation of a demand that this request will filter up through the employers to the insurance companies. It is the insurance companies who then consider how to better meet the needs of their clients (the employers) and engage with them accordingly to create and sell benefit plans that will meet the needs of the plan members (the employees/public). Therefore, the public is likely the most important first target of advocacy efforts.

Limitations and Implications for Future Research

Limitations

The terminology used in this research project presented a limitation to our approach. The term *third-party* was confusing to some respondents. For example, some of the interview respondents expressed that they thought this term meant private insurance for social workers that work in private practice. This language was used throughout the interview questions and formed the basis of our overall research question. Lack of clarity on what was meant by this term could have impacted the responses we received, for example, if clarification was not sought from the participant in advance (as it was in some cases). Future research should consider adopting terminology such as *extended health care benefit plan*, which is commonly used in the insurance industry, and also seems to be familiar to unions and businesses.

A further limitation was the bias that we, as social workers, brought to this research. As current and future social workers who are interested in the possibility of working in private practice, we have a vested interest in the responses of the participants, given that there will be a direct benefit to our current and future careers if social workers are more broadly included in TPHBPs. It is important to acknowledge that this bias may have affected the interview process, by the selective use of leading and spontaneous questions in the semi-structured interviews. In addition to this, those who were being interviewed were informed that social work students would be performing the interviews. Knowing this, the responses of the participants might have



been affected, in that they may have been censoring themselves and/or providing desirable responses.

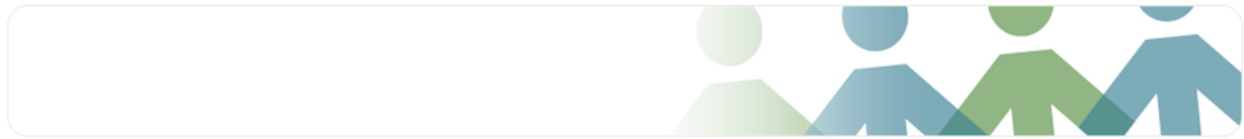
A final limitation of this research was identified in the nature of the responses from participants. Upon re-reading interview transcripts, it was difficult to distinguish the respondents' personal opinions and perceptions from their professional ones. This was specifically in reference to questions about the roles and qualifications of registered social workers. When responding to this question, some participants referred to their own personal experiences with social workers, and from this gave their opinions about how they perceived their roles and qualifications. Therefore, perceptions cannot be exclusively attributed to the professional world, and they are inherently inseparable from personal perceptions.

Recommendations for Future Research

It is important to reiterate that the present study was exploratory in nature. To the authors' awareness, it is the first of its kind to inquire into the barriers to inclusion of RSW services in TPHBPs through interviewing insurance companies, unions, a business, and key informants. Considering the findings and limitations of this study, there are a number of recommendations for future research.

Explore how to engage and consult with the business community. Since the researchers were only able to conduct an interview with one business, information on where the barriers may lie in the business industry (with regard to the inclusion of RSW services in TPHBPs) is lacking. First and foremost, future research needs to explore *how* to engage the business community in this issue. As mentioned, part of this may link to creating incentive by reframing the issue in terms of preventative mental wellness in the workplace. Additionally, pursuing businesses at the local level would likely be easier to navigate and acquire participants than would be working at the national level, as was done in the present study. With that, the use of established contacts and networks may enhance participation.

Engaging the business community is essential in order to gain a more comprehensive picture of the current state of this issue. For example, the present study found that insurance companies offer RSW services either in their standard provisions or as optional add-ons,

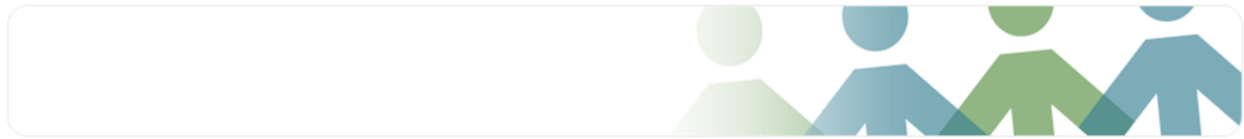


however the business that was interviewed only offers mental health services to its employees through clinical psychological services. Since this one employer is not representational of all businesses in the country, gaining further insight into what factors into employers' decision about whether or not to choose RSW services to be included in their TPHBPs would provide invaluable information with regard to the barriers to inclusion. A potential starting point is for future researchers to consult with the Canadian Federation of Independent Businesses and the Canadian Chamber of Commerce in order to explore their knowledge of which businesses under their bodies include RSW services in their TPHBPs.

Explore how to engage and consult with the psychology community. Second, the researchers were unable to secure an interview with a psychologist. Nonetheless, it is strongly recommended that future studies explore how to engage with this profession on this issue. An appropriate alternative method for engaging psychologists in order to gain information could be through an anonymous online survey. The rationale behind this suggestion is that, considering the possible tensions that may exist in the profession of psychology regarding the inclusion of RSW services in TPHBPs, as well as the fact that psychologists might be providing sensitive information, this medium could help protect their professional identity and integrity.

Consulting with psychologists is important for several reasons. First, given that registered social workers and psychologists are often bundled together in benefit plans, in addition to the idea that registered social workers and psychologists work together in private practice, exploring what this working relationship looks like would assist in identifying possible tensions and perceptions of competition, which may hinder unity in mental health service delivery. Part of this may include exploring psychologists' perceptions of registered social workers qualifications to provide counselling and, as was examined in the literature review, if psychologists feel that registered social workers are encroaching on their territory.

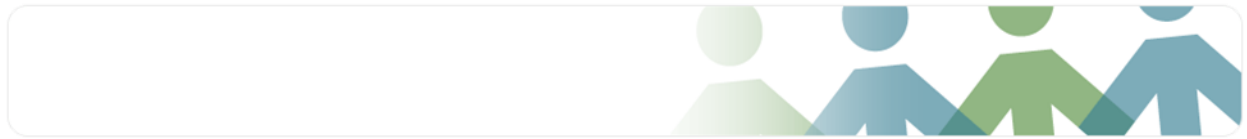
Additionally, our study has no evidence indicating that registered social workers must be supervised by a psychologist in private practice as a condition of TPHBP coverage, yet it is our experience that this is a common practice. Thus, exploring the validity of this, whether or not it is self-imposed by registered social workers or imposed by psychologists, how billing is undertaken, and so forth, could help colour what is happening in private practice for registered



social workers. Significantly, if registered social workers are billing under psychologists, there is a potential hidden demand for RSW services in private practice, which has considerable implications for the inclusion of RSW services in TPHBPs given that demand is needed. In fact, this practice could indirectly present a huge barrier to increasing inclusion in and of itself. As such, exploring this in future studies could lead to fruitful insight with regard to how much demand for private practice RSW services exists. Overall, consulting with the psychology community is necessary because without this piece the barriers to inclusion of RSW services in TPHBPs, which might stem in part from private practice dynamics, would not be adequately explored.

Explore the state of registered social workers in private practice. As related to the above recommendation, a third proposition for future research is to explore the current state of private practice across Canada, as it relates to registered social workers. Considering that this is a growing area of employment in the field, and that there is limited research available, it would be important to investigate how many registered social workers are in private practice and the specific nature of their roles and services. This could be accomplished by interviewing members of the CASW, and members of Canadian provincial and territorial social work associations, who work in private practice. The rationale behind this pursuit is that of all the services that registered social workers provide, private practice services are arguably what would typically be covered in TPHBPs. Information gained could provide additional context to understanding possible barriers to inclusion and how to overcome them. Significantly, such information could assist in creating an image of private practice social work that could inform media campaigns to promote this service.

Explore the public's knowledge and perception of registered social workers. The fourth and final recommendation for future research is to explore the public's knowledge and perception of registered social workers' qualifications, as well as the services they provide. This would add to the information regarding the perception of social work that was gathered from the literature review and from the participants of the present study. While it was difficult to separate professional perception from public perception in the present interviews, making a point to explicitly interview cross-sections of members of the public, that is, not on-the record



professional opinions, would increase the understanding of the public perception of registered social workers in Canada. This would help provide necessary insight into what is required to create a distinct, clear, and unified image of the profession, as well as create the public demand for RSW services. Given that this would be a large undertaking, and went beyond the scope of the present study, this endeavour could be the sole aim of one of many future studies.

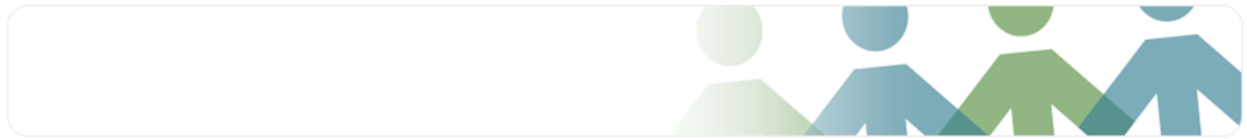


Conclusion

In conclusion, the findings of this study showed that participants viewed quicker access to mental health services, more options for services users, the collaborative nature of the social work role, and the possibility of lowering long-term disability rates as benefits to including RSW services in TPHBPs. Insurance companies and unions thought that registered social workers were qualified providers, yet often could not express why beyond the fact that they are educated. While insurance companies were able to articulate some different roles social workers embody, union representatives concentrated mostly on the counselling role. Social work professor key informants postulated that the public did not widely recognize what the role of a social worker is.

The lack of clarity about what a social worker does was shared by all sectors in a discussion about barriers to including RSW services in TPHBPs. While they are currently offered by insurance companies in some capacity, ultimately employers have to choose this option. It is apparent that the best way for RSW services to gain more consistent inclusion in TPHBPs is through creating a public demand, which will correspondingly influence key decision makers at the employer and insurance company levels. This requires the CASW to: establish connections with employers and insurance companies to determine how to better meet the mental health needs of employees in the workplace; and create a clear definition and unified image of the social work profession that distinguishes services provided within the mental health system, which will ultimately support advocacy efforts.

These findings may inform future research in a number of ways including: engaging and consulting with the business community to understand the factors contributing to their decision to include (or not include) RSW services in the TPHBPs provided to their employees; engaging and consulting with the psychology community in order to explore aspects of professional perceptions and working relationships in private practice, thereby gaining insight into how to further unite in mental health service delivery to address the currently high demand for services; investigating the current state of registered social workers in private practice across the country in order to focus efforts to create a distinct image of this sector of the profession; and exploring the public's knowledge and perception of RSW services in order to provide direction for advocacy strategies to promote RSW services and create the demand needed to support increased



inclusion in TPHBPs.

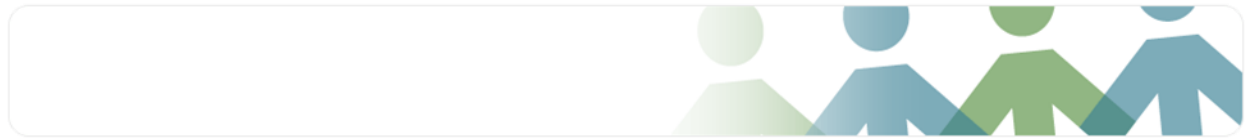
This research could also be helpful to other allied health professions. Professions who work closely with social work such as psychology, occupational therapy, podiatry, and nursing may be able to increase their understanding of a social worker's qualifications, roles, services, and struggle for inclusion in TPHBPs through reading or hearing about this research. Also, this research is of an exploratory and foundational nature, and other allied health professions that are also seeking inclusion in TPHBPs may find it useful to direct their own strategies for gaining inclusion more consistently.

Ultimately, mental health services are in high demand and are often not funded in a way that allows timely accessibility for service users. While RSW services can be accessed through Medicare during a time of crisis, consumers looking for non-acute services are often faced with long wait times or great financial expense. Through more widespread inclusion in TPHBPs, RSW services represent a unique and valuable option, and are therefore an important component of improving access and increasing choices for mental health service users in Canada.



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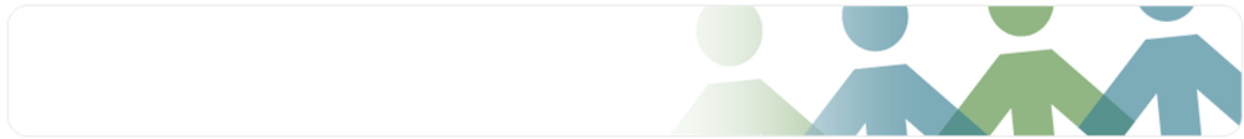
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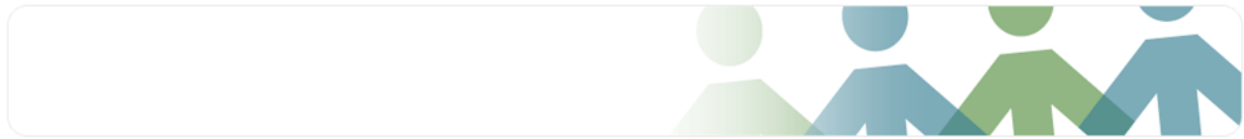
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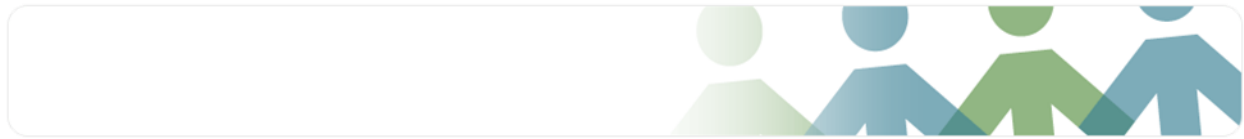
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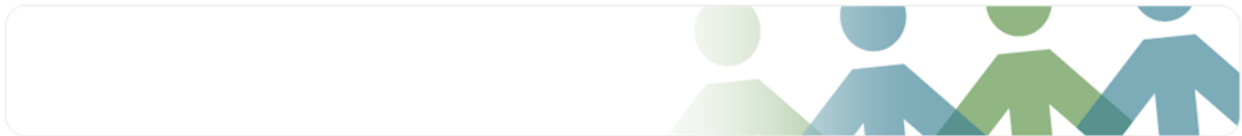
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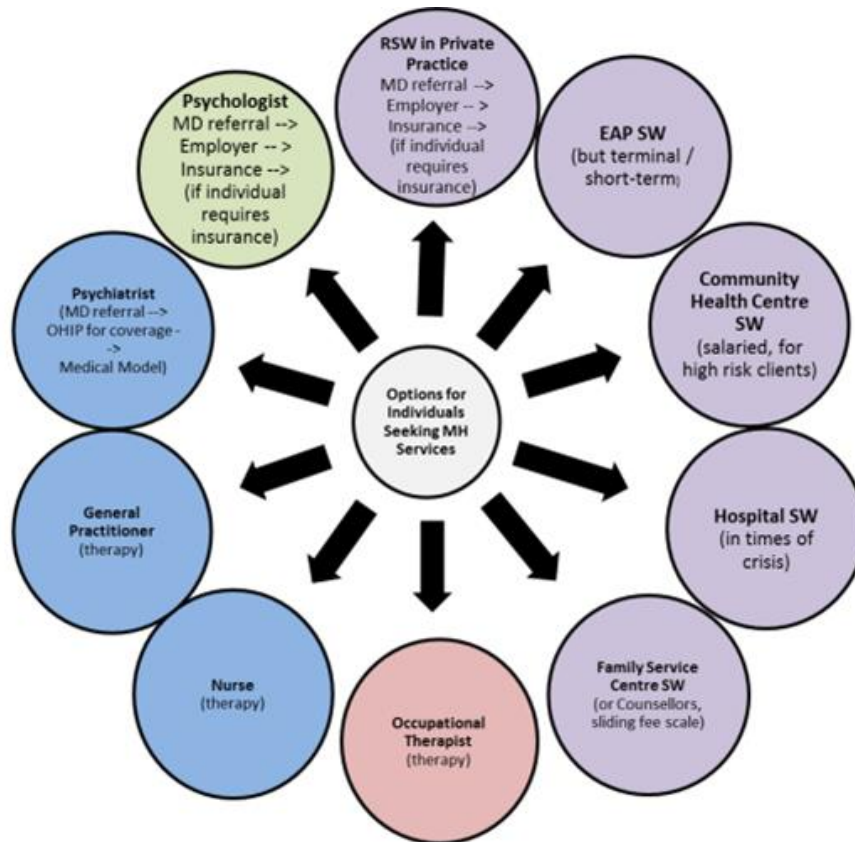
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Appendices

Appendix A: Options for Seeking Mental Health Counselling Services in Canada





Appendix B: Letter of Invitation for Insurance Companies, Unions, and Businesses to Participate in Study



Letter of Invitation

Title: Inclusion of Registered Social Work Services in Third-Party Health Benefit Plans

Date of Ethics Clearance: December 4, 2013

Ethics Clearance for the Collection of Data Expires: May 31, 2014

Dear Sir or Madam,

We are Masters students in the School of Social Work at Carleton University. We are conducting a research project under the supervision of Professor Joanne Roulston.

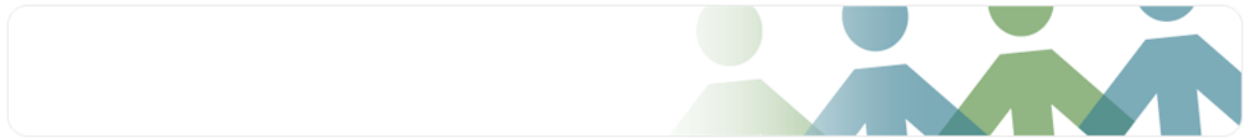
We are seeking your participation in a study on the inclusion of Registered Social Work Services in third-party health benefit plans.

Many Canadians seek counseling services at various points in their lives. Third-party insurance coverage is an important element of providing counseling options for them. This study aims to inform the Canadian Association of Social Workers (CASW) about the issue of having Registered Social Work Services included more consistently in third-party health benefit plans.

This study involves a telephone interview of approximately 30 minutes that will take place at a mutually convenient time. With your consent, interviews will be audio-recorded. Once the recording has been transcribed, the audiorecording will be destroyed.

This project involves minimal professional and emotional risks. Before any specific quotations are used, the research team will verify them with you and request your permission to include them. In addition to this, you will have the opportunity to request that certain responses not be included in the final project.

You may end your participation in the study at any time, for any reason, up until March 1st, 2014. If you choose to withdraw, all the information you have provided will be destroyed.



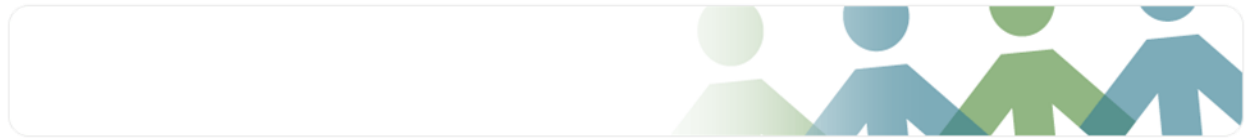
All research data, including audio-recordings and any notes will be password-protected. Research data will only be accessible by the research team, the research supervisor and the executive director of CASW.

This project was reviewed by the Carleton University Research Ethics Board, which provided clearance to carry out this project. Should you have questions or concerns related to your involvement in this research, please contact:

Professor Andy Adler, Chair
Professor Louise Heslop, Vice-Chair
Research Ethics Board
Carleton University
1325 Dunton Tower
1125 Colonel By Drive
Ottawa, ON K1S 5B6
Tel: 613-520-2517
ethics@carleton.ca

Sincerely,

The CASW Research Team
Shannon Sweeting-Woods
Laura Peters
Shannon Pistun
Jennifer Laewen
Amy Sullivan



Appendix B.1: Letter of Invitation for Key Informants to Participate in Study



Letter of Invitation

Title: Inclusion of Registered Social Work Services in Third-Party Health Benefit Plans

Date of Ethics Clearance: December 4, 2013

Ethics Clearance for the Collection of Data Expires: May 31, 2014

Dear Sir or Madam,

We are Masters students in the School of Social Work at Carleton University. We are conducting a research project under the supervision of Professor Joanne Roulston.

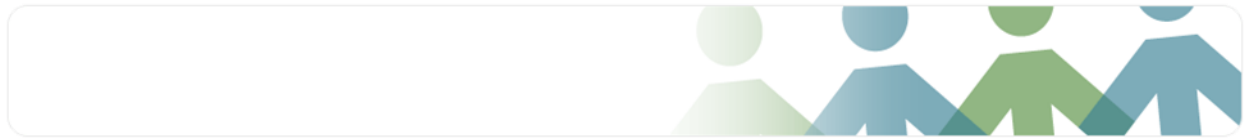
We are seeking your participation in a study on the inclusion of Registered Social Work Services in third-party health benefit plans.

Many Canadians seek counseling services at various points in their lives. Third-party insurance coverage is an important element of providing counseling options for them. This study aims to inform the Canadian Association of Social Workers (CASW) about the issue of having Registered Social Work Services included more consistently in third-party health benefit plans.

This study involves a telephone interview of approximately 45 minutes that will take place at a mutually convenient time. With your consent, interviews will be audio-recorded. Once the recording has been transcribed, the audiorecording will be destroyed.

This project involves minimal professional and emotional risks. Before any specific quotations are used, the research team will verify them with you and request your permission to include them. In addition to this, you will have the opportunity to request that certain responses not be included in the final project.

You may end your participation in the study at any time, for any reason, up until March 1st, 2014. If you choose to withdraw, all the information you have provided will be destroyed.



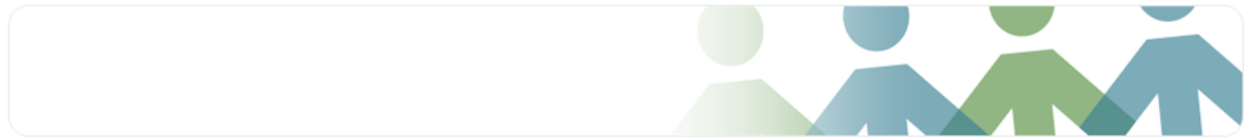
All research data, including audio-recordings and any notes will be password-protected. Research data will only be accessible by the research team, the research supervisor and the executive director of CASW.

This project was reviewed by the Carleton University Research Ethics Board, which provided clearance to carry out this project. Should you have questions or concerns related to your involvement in this research, please contact:

Professor Andy Adler, Chair
Professor Louise Heslop, Vice-Chair
Research Ethics Board
Carleton University
1325 Dunton Tower
1125 Colonel By Drive
Ottawa, ON K1S 5B6
Tel: 613-520-2517
ethics@carleton.ca

Sincerely,

The CASW Research Team
Shannon Sweeting-Woods
Laura Peters
Shannon Pistun
Jennifer Laewen
Amy Sullivan



Appendix C: Consent Form for Insurance Companies, Unions, and Businesses



Consent Form

Title: Inclusion of Registered Social Work Services in Third-Party Health Benefit Plans

Date of Ethics Clearance: December 4, 2013

Ethics Clearance for the Collection of Data Expires: May 31, 2014

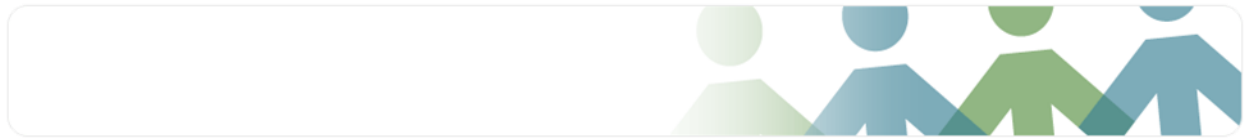
I _____, choose to participate in a study on the inclusion of Registered Social Work Services in third-party health benefit plans. This study aims to inform the Canadian Association of Social Workers (CASW) about the issue of having Registered Social Work Services included more consistently in third-party health benefit plans. The researchers for this study are Amy Sullivan, Laura Peters, Shannon Pistun, Shannon Sweeting-Woods and Jennifer Laewen at the School of Social Work at Carleton University.

These students are working under the supervision of Professor Joanne Roulston at the Department of Social Work at Carleton University.

This study involves a telephone interview of approximately 30 minutes. With your consent, interviews will be audio-recorded. Once the recording has been transcribed, the audio-recording will be destroyed. After the completion of the interview, the researcher will provide you with a summary of the interview to ensure the information is an accurate depiction of what you intended to express.

As this project will ask about your company policies regarding third-party health benefit plans and Registered Social Work Services, there are some potential risks to you. There is the possibility that you may worry about your reputation within your company/organization and/or have concerns about misrepresenting your company/organization based on the information you provide. This risk is expected to be minimal since before any specific quotations are used, the research team will verify them with you and request permission to include them. We would seek such permission from you when emailing you the summary notes from your interview or through an email up until March 1st, 2014. You can request that certain responses not be included in the final report.

You may end your participation in the study at any time, for any reason, up until March 1st, 2014. You can withdraw by emailing the researcher or the research supervisor. If you withdraw from the study, all information you have provided will be immediately destroyed.



All research data, including audio-recordings and any transcriptions will be password-protected. Research data will only be accessible to the researchers, the research supervisor and the executive director of CASW.

Once the project is completed, all research data will be given to the executive director of CASW. Any other copies will be securely destroyed.

If you would like to request an electronic copy of the finished research project, you are invited to contact the executive director of CASW.

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Tel: 613-520-2517
ethics@carleton.ca

Researcher contact information:

Name: Laura Peters
Department of Social Work
Carleton University

Email: laura.peters@carleton.ca

Do you agree to be audio-recorded:

Supervisor contact information:

Name: Joanne Roulston
Department of Social Work
Carleton University

Email: joanne.roulston@carleton.ca

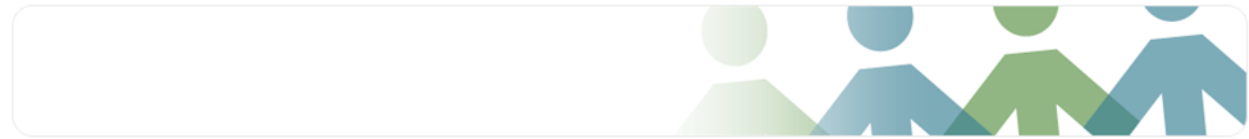
Yes No

Signature of participant

Date

Signature of researcher

Date



Appendix C.1: Consent Form for Key Informants



Consent Form

Title: Inclusion of Registered Social Work Services in Third-Party Health Benefit Plans

Date of Ethics Clearance: December 4, 2013

Ethics Clearance for the Collection of Data Expires: May 31, 2014

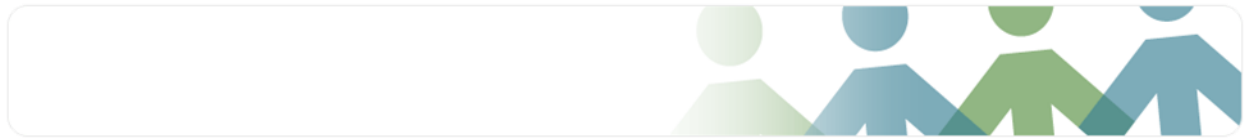
I _____, choose to participate in a study on the inclusion of Registered Social Work Services in third-party health benefit plans. This study aims to inform the Canadian Association of Social Workers (CASW) about the issue of having Registered Social Work Services included more consistently in third-party health benefit plans. The researchers for this study are Amy Sullivan, Laura Peters, Shannon Pistun, Shannon Sweeting-Woods and Jennifer Laewen at the School of Social Work at Carleton University.

These students are working under the supervision of Professor Joanne Roulston at the Department of Social Work at Carleton University.

This study involves a telephone interview of approximately 45 minutes. With your consent, interviews will be audio-recorded. Once the recording has been transcribed, the audio-recording will be destroyed. After the completion of the interview, the researcher will provide you with a summary of the interview to ensure the information is an accurate depiction of what you intended to express.

As this project will ask about your company policies regarding third-party health benefit plans and Registered Social Work Services, there are some potential risks to you. There is the possibility that you may worry about your reputation within your company/organization and/or have concerns about misrepresenting your company/organization based on the information you provide. This risk is expected to be minimal since before any specific quotations are used, the research team will verify them with you and request permission to include them. We would seek such permission from you when emailing you the summary notes from your interview or through an email up until March 1st, 2014. You can request that certain responses not be included in the final report.

You may end your participation in the study at any time, for any reason, up until March 1st, 2014. You can withdraw by emailing the researcher or the research supervisor. If you withdraw from the study, all information you have provided will be immediately destroyed.



All research data, including audio-recordings and any transcriptions will be password-protected. Research data will only be accessible to the researchers, the research supervisor and the executive director of CASW.

Once the project is completed, all research data will be given to the executive director of CASW. Any other copies will be securely destroyed.

If you would like to request an electronic copy of the finished research project, you are invited to contact the executive director of CASW.

This project was reviewed by the Carleton University Research Ethics Board, which provided clearance to carry out the research. Should you have questions or concerns related to your involvement in this research, please contact:

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Ottawa, ON K1S 5B6
Tel: 613-520-2517
ethics@carleton.ca

Researcher contact information:

Name: Laura Peters
Department of Social Work
Carleton University

Email: laura.peters@carleton.ca

Do you agree to be audio-recorded:

Supervisor contact information:

Name: Joanne Roulston
Department of Social Work
Carleton University

Email: joanne.roulston@carleton.ca

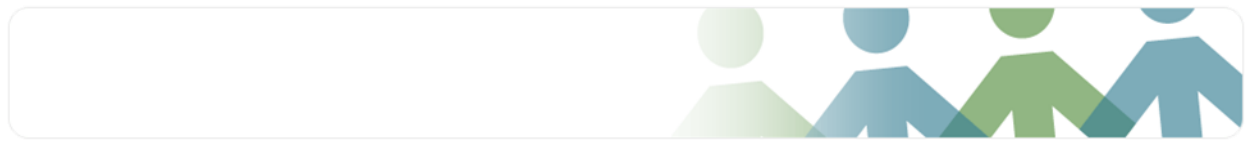
Yes No

Signature of participant

Date

Signature of researcher

Date



Appendix D: Interview Script (Telephone or In-person) for Insurance Companies, Unions, and Businesses

Hello, my name is (researcher name) and I am a Masters student in the School of Social Work at Carleton University. I am following up on the email that was sent to you last week from the Canadian Association of Social Workers. I am working on a research project under the supervision of Professor Joanne Roulston. This study aims to inform the Canadian Association of Social Workers about the issue of having Registered Social Work Services included more consistently in third-party health benefit plans.

Would you be willing to participate in our study on the inclusion of Registered Social Work Services in third-party health benefit plans? It will involve an interview that is approximately 30 minutes long.

If no:

Thank you for your time and consideration.

If yes, continue with script as follows:

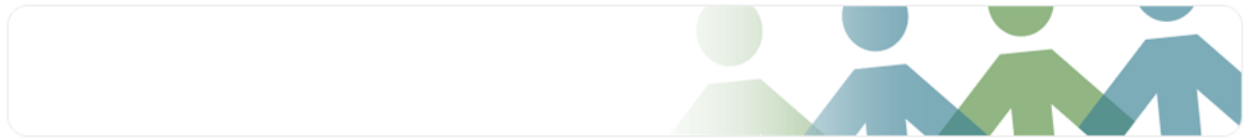
Is this time convenient for you, or would you prefer to set-up an alternate time?

Proceed accordingly.

As this project will ask you questions about your company policies regarding third-party coverage and Registered Social Work Services, there are some potential risks to you. There is the possibility that you may worry about your reputation within your company/organization and/or have concerns about misrepresenting your company /organization based on the information you provide. This risk is expected to be minimal since before any specific quotations are used, the research team will verify them with you and gain permission to include them. You may request that certain responses not be included in the final report. We would seek such permission from you when emailing you the summary notes from your interview or through an email up until March 1st, 2014.

With your consent, interviews will be audio-recorded. Once the recording has been transcribed, the audio-recording will be destroyed. After completion of the interview, we will provide you with a summary via email to ensure the information is an accurate depiction of what you intended to express. At this time you may be asked permission to attribute parts of the interview to your organization/company in the final report.

You may end your participation in the study at any time, for any reason, up until March 1st, 2014. You can withdraw by emailing the research team or the research supervisor. If you withdraw from the study, all information you have provided will be immediately destroyed.



All research data, including audio-recordings and transcriptions will be password-protected. Research data will only be accessible to the researchers, the research supervisor and the executive director of the Canadian Association of Social Workers.

Once the project is completed, all research data will be given to the executive director of the Canadian Association of Social Workers. Any other copies will be securely destroyed.

If you would like a copy of the finished research project, you are invited to contact the executive director of the Canadian Association of Social Workers to request an electronic copy, which will be provided to you.

This project was reviewed by the Carleton University Research Ethics Board, which provided clearance to carry out the project. Should you have questions or concerns related to your involvement in this research, please contact:

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Do you have any questions or need clarification?

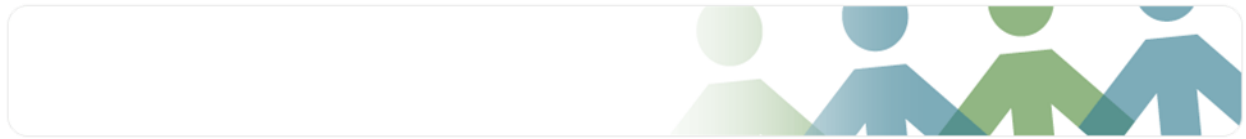
Do I have your permission to begin: Yes No (If no, thank them for their time.)

Do you agree to be audio-recorded: Yes No

Date: _____

Participant's name/Pseudonym/Initials: _____

Researcher's Signature: _____

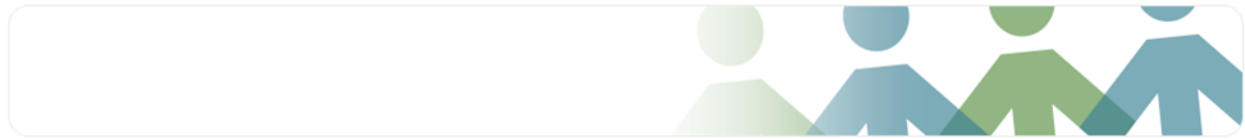


Closing Remarks (after interview questions are completed):

Thank you very much for taking the time to respond to these questions, and for your patience. You can expect to receive an email with a summary of your responses, at which time you may choose to withdraw any or all components.

Verify research participant's contact information.

Once again, on behalf of my research team we would like to thank you for participating in this study.



Appendix D.1: Interview Script (Telephone or In-person) for Key Informants

Hello, my name is (researcher name) and I am a Masters student in the School of Social Work at Carleton University. I am following up on the email that was sent to you last week from the Canadian Association of Social Workers. I am working on a research project under the supervision of Professor Joanne Roulston. This study aims to inform the Canadian Association of Social Workers about the issue of having Registered Social Work Services included more consistently in third-party health benefit plans.

Would you be willing to participate in our study on the inclusion of Registered Social Work Services in third-party health benefit plans? It will involve an interview that is approximately 45 minutes long.

If no:

Thank you for your time and consideration.

If yes, continue with script as follows:

Is this time convenient for you, or would you prefer to set-up an alternate time?

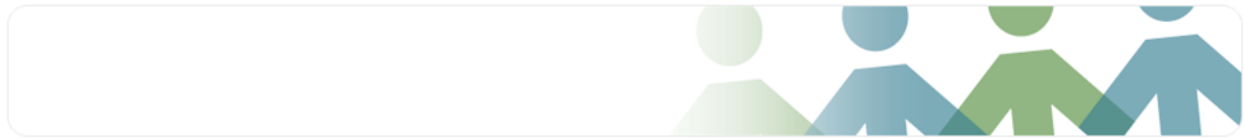
Proceed accordingly.

As this project will ask you questions about your company policies regarding third-party coverage and Registered Social Work Services, there are some potential risks to you. There is the possibility that you may worry about your reputation within your company/organization and/or have concerns about misrepresenting your company /organization based on the information you provide. This risk is expected to be minimal since before any specific quotations are used, the research team will verify them with you and gain permission to include them. You may request that certain responses not be included in the final report. We would seek such permission from you when emailing you the summary notes from your interview or through an email up until March 1st, 2014.

With your consent, interviews will be audio-recorded. Once the recording has been transcribed, the audio-recording will be destroyed. After completion of the interview, we will provide you with a summary via email to ensure the information is an accurate depiction of what you intended to express. At this time you may be asked permission to attribute parts of the interview to your organization/company in the final report.

You may end your participation in the study at any time, for any reason, up until March 1st, 2014. You can withdraw by emailing the research team or the research supervisor. If you withdraw from the study, all information you have provided will be immediately destroyed.

All research data, including audio-recordings and transcriptions will be password-protected. Research data will only be accessible to the researchers, the research supervisor and the executive director of the Canadian Association of Social Workers.



Once the project is completed, all research data will be given to the executive director of the Canadian Association of Social Workers. Any other copies will be securely destroyed.

If you would like a copy of the finished research project, you are invited to contact the executive director of the Canadian Association of Social Workers to request an electronic copy, which will be provided to you.

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Ottawa, ON K1S 5B6
Tel: 613-520-2517
ethics@carleton.ca

Do you have any questions or need clarification?

Do I have your permission to begin: Yes No (If no, thank them for their time.)

Do you agree to be audio-recorded: Yes No

Date: _____

Participant's name/Pseudonym/Initials: _____

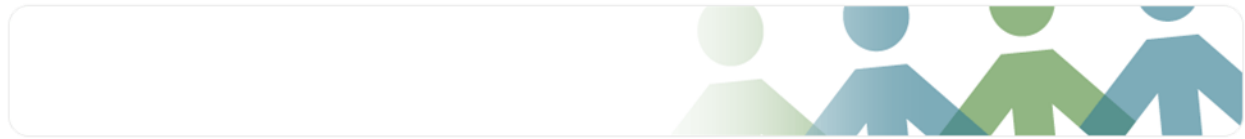
Researcher's Signature: _____

Closing Remarks (after interview questions are completed):

Thank you very much for taking the time to respond to these questions, and for your patience. You can expect to receive an email with a summary of your responses, at which time you may choose to withdraw any or all components.

Verify research participant's contact information.

Once again, on behalf of my research team we would like to thank you for participating in this study.



Appendix E: Semi-Structured Interview Questions for Insurance Companies, Unions, & Businesses

Insurance Companies

1. Does your company offer Registered Social Work Services as part of your third-party group benefit plan options?
 - a. If yes:
 - i. Does your company keep any statistics about how often counselling services are paid for or covered by your company? Do you keep any statistics about how often the counsellors are registered social workers?
 - ii. Are there any conditions attached to the coverage of Registered Social Work Services? For example, some Registered Social Workers are only included in third-party benefit plans for clients in isolated posts or only when supervised by a psychologist.
 - iii. What do you see as the benefits to having Registered Social Work Services included?
 - iv. What might be some disadvantages to having Registered Social Work Services included in your employee benefits?
 - v. Do you collect data on how often Registered Social Work Services are requested to be part of group benefit plans (either for Registered Social Workers operating independently of psychologists, or for Registered Social Workers supervised by psychologists)? If yes, what does the data indicate?
 - vi. What have been some of the challenges of having and maintaining social workers as part of your third-party benefit plan?
 - b. If no:
 - i. Does your company keep any statistics about how often Registered Social Work Services are requested? If yes, what does the data indicate?



- ii. What are some of the reasons why Registered Social Work Services are not offered as part of your group benefit plan options?
 - iii. What do you see as the benefits to having Registered Social Work Services included?
 2. To your organization's knowledge, what services do Registered Social Workers provide in organizations? In private practice?
 3. Do you think that Registered Social Workers are qualified to provide counselling services?
 - a. If yes, can you elaborate?
 - b. If no, can you elaborate?
 4. Mental health of employees can be an issue/ can be relevant in any workplace. How does your insurance company see Registered Social Workers as part of the solution to addressing mental health issues in the workplace?
 5. Do you have any additional comments or feedback?

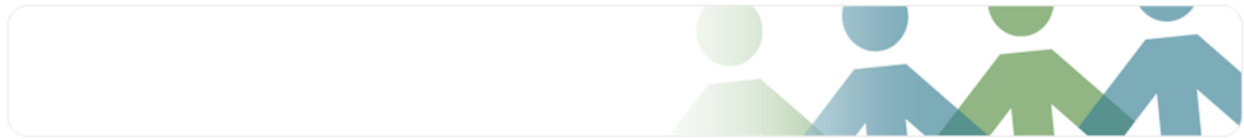
Unions

1. What has been the union's history with negotiating the inclusion of third-party coverage for Registered Social Work Services for your members?
 - a. If yes:
 - i. Do you collect data on how often your union members request Registered Social Work Services /negotiate for Registered Social Work Services to be included in third-party health benefit plans? Does this include Registered Social Workers operating independently of psychologists, or Registered Social Workers supervised by psychologists? If yes, what does the data indicate?
 - ii. Do your members receive Registered Social Work Services in



their benefits? If so, do you know how this came about?

2. To your organization's knowledge, what services do Registered Social Workers provide in organizations? In private practice?
3. Mental health of employees can be an issue/can be relevant in any workplace. How does your union see Registered Social Workers as part of the solution to address mental health issues in the workplace? What other solutions do you see as fitting to address mental health issues in the workplace?
4. What would it take for your union to consider Registered Social Work Services as an option worth bargaining for in benefit packages?
5. Do you offer coverage for Registered Social Work Services in the Extended Health-Care Benefit Plan offered to your employees (i.e. the union's own employees)?
 - a. If yes:
 - i. Are there any conditions attached to the coverage of Registered Social Work Services? For example some Registered Social Workers are only included in third-party benefit plans for clients in isolated posts or when the Registered Social Worker is supervised by a psychologist.
 - ii. Do you collect data on how often Registered Social Work Services are requested to be part of your group benefit plans either for Registered Social Workers operating independently of psychologists, or for Registered Social Workers supervised by psychologists? If yes, what does the data indicate?
 - b. If no:
 - i. What are some of the reasons why Registered Social Work Services are not offered as part of your health benefit plan options?
6. Do you think that Registered Social Workers are qualified to provide counselling services?
 - a. If yes, can you elaborate?
 - b. If no, can you elaborate?



7. Do you have any additional comments or feedback?

Businesses

1. Do you offer coverage for Registered Social Work Services in the Extended Health-Care Benefit Plan offered to your employees?

a. If yes:

- i. Are there any conditions attached to the coverage of Registered Social Work Services? For example some Registered Social Workers are only included in third-party benefit plans for clients in isolated posts or when the Registered Social Worker is supervised by a psychologist.
- ii. Do you collect data on how often Registered Social Work Services are requested to be part of group benefit plans, either for Registered Social Workers operating independently of psychologists, or for Registered Social Workers supervised by psychologists? If yes, what does the data indicate?
- iii. What do you see as the benefits to having Registered Social Work Services included?
- iv. What might be some disadvantages to having Registered Social Work Services included in your employee benefits?
- v. What have been some of the challenges of having and maintaining Registered Social Workers as part of your third-party benefit plan?

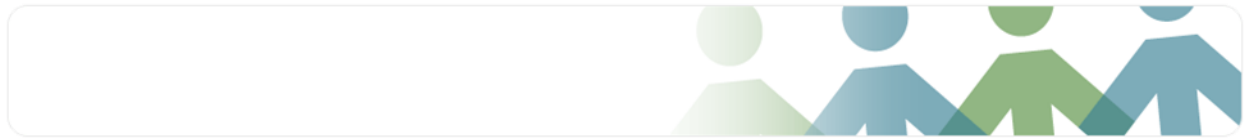
b. If no:

- i. Do you have the option of selecting Registered Social Work Services as part of your health benefit package?
- ii. What are some of the reasons why Registered Social Work Services are not offered as part of your health benefit plan for your employees?
- iii. What do you see as the benefits to having Registered Social



Work Services included?

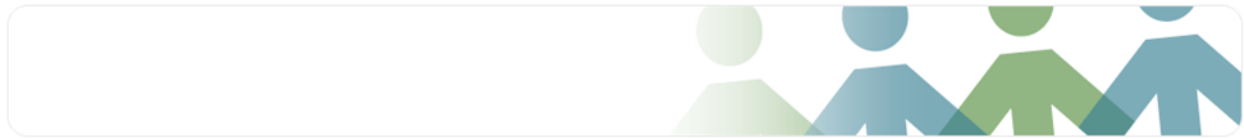
2. To your organization's knowledge, what services do Registered Social Workers provide in organizations? In private practice?
3. Do you think that Registered Social Workers are qualified to provide counselling services?
 - a. If yes, can you elaborate?
 - b. If no, can you elaborate?
4. Mental health of employees can be an issue/can be relevant in any workplace. How does your company/organization see social workers as part of the solution to address mental health issues in the workplace?
5. Do you have any additional comments or feedback?



Appendix E.1: Semi-Structured Interview Questions for Key Informants

Occupational Therapists (an official from a professional body of occupational therapists):

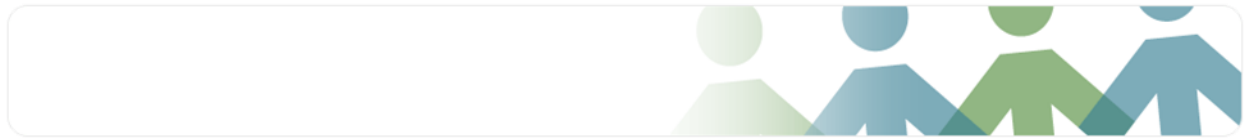
1. Are occupational therapists consistently covered by third-party health benefit plans?
2. To your knowledge, how long have occupational therapists been included in third-party health benefit plans?
 - a. What did coverage look like when occupational therapists first became covered?
 - b. To your knowledge how has coverage changed over the years?
3. To your knowledge, what strategies were effective in gaining inclusion for your profession?
4. To your knowledge, what were some of the challenges in advocating for the inclusion of your profession?
5. Are there any limitations placed on your coverage?
6. To your knowledge, what services do Registered Social Workers provide?
7. Tell me about what the potential benefits could be of having Registered Social Workers covered by third-party health benefit plans.
8. Tell me about any concerns that you might have about Registered Social Workers being covered by third-party health benefit plans.
9. What do you see as the barriers to Registered Social Workers gaining inclusion in third-party health benefit plans?
10. How do you see Registered Social Workers as part of a support network to address mental health issues in the workplace?
11. Do you think that Registered Social Workers are qualified to provide counselling services?
 - a. If yes, can you elaborate?
 - b. If no, can you elaborate?



12. Do you have any additional comments or feedback?

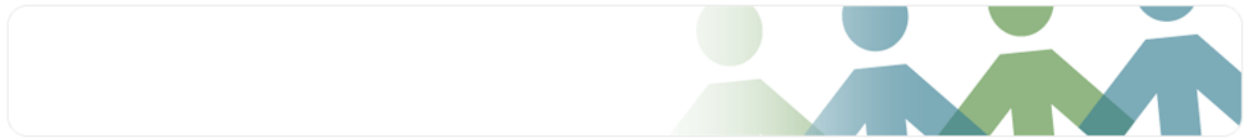
Psychologists (an official from a professional body of psychologists):

1. To your knowledge, what services do Registered Social Workers provide?
2. Tell me about any concerns that you might have about Registered Social Workers being covered by third-party health benefit plans.
3. Tell me about what the potential benefits could be of having Registered Social Workers covered by third-party health benefit plans.
4. What do you see as the barriers to Registered Social Workers gaining inclusion in third-party health benefit plans?
5. Are psychologists consistently covered by third-party health benefit plans?
6. To your knowledge, how long have psychologists been included in third-party health benefit plans?
7. To your knowledge, what strategies were effective in gaining inclusion for your profession?
8. To your knowledge, what were some of the challenges in advocating for the inclusion of your profession?
9. Are there any limitations placed on your coverage?
10. How do you see Registered Social Workers as part of a support network to address mental health issues in the workplace?
11. Do you think that Registered Social Workers are qualified to provide counselling and/or psychotherapy services?
 - a. If yes, can you elaborate?
 - b. If no, can you elaborate?
12. Do you have any additional comments or feedback?



Nurse/Nurse-Practitioner (an official from a professional body of nursing):

1. To your knowledge, what services do Registered Social Workers provide?
2. Tell me about any concerns that you might have about Registered Social Workers being covered by third-party health benefit plans.
3. Tell me about what the potential benefits could be of having Registered Social Workers covered by third-party health benefit plans.
4. What do you see as the barriers to Registered Social Workers gaining inclusion in third-party health benefit plans?
5. What services are you currently providing that would fall under third-party health benefit plans?
6. What is currently being done to advocate for your profession's inclusion in third-party health benefit plans?
7. To your knowledge, what are some of the challenges that your profession is facing in advocating for the inclusion of your profession?
8. To your knowledge, what are the barriers to gaining inclusion in third-party benefit plans for your profession?
9. What similarities do you perceive in the services you provide as compared to those offered by Registered Social Workers?
10. How do you see social workers as part of a support network to address mental health issues in the workplace?
11. Do you think that Registered Social Workers are qualified to provide counselling services?
 - a. If yes, can you elaborate?
 - b. If no, can you elaborate?
12. Do you have any additional comments or feedback?



University Social Work Professor:

1. To your knowledge, what services do Registered Social Workers provide?
2. Tell me about any concerns that you might have about Registered Social Workers being covered by third-party health benefit plans.
3. Tell me about what the potential benefits could be of having Registered Social Workers covered by third-party health benefit plans.
4. What do you see as the barriers to Registered Social Workers gaining inclusion in third-party health benefit plans?
5. What are your perceptions of the services provided by Registered Social Workers in private practice?
6. What would the potential impact of Registered Social Workers gaining inclusion in third-party health benefit plans be on the profession of Social Work?
7. How do you see Registered Social Workers as part of a support network to address mental health issues in the workplace?
8. Do you think that Registered Social Workers are qualified to provide counselling services?
 - a. If yes, can you elaborate?
 - b. If no, can you elaborate?
9. Do you have any additional comments or feedback?