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SOCIAL WORK PERSPECTIVES ON THE CONSTRAINTS OF MANAGED CARE AND MENTAL HEALTH TREATMENT

Lana Kaissi

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SOCIAL WORK PERSPECTIVES ON THE CONSTRAINTS OF MANAGED
CARE AND MENTAL HEALTH TREATMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Lana Kaissi
June 2019

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Approved by:

Dr. Thomas Davis, Faculty Supervisor, Social Work

Dr. Janet Chang, Research Coordinator

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ABSTRACT

Approximately 46.6 million adults in the United States live with a mental illness as of 2017. Therefore, managed care being the system that facilitates access to mental health treatment needs to be addressed. Managed care (such as healthcare plans) seeks to facilitate healthcare service delivery by providing direction and guidance to utilization and prevention of services. The purpose of this qualitative study is to explore social work perspectives on the constraints of managed care as it impacts access to mental health treatment. This study conducted qualitative interviews through a non-random sample of professional colleagues of social workers in the in the manage care field. This study found five emerging themes including long wait times, lack of providers (to provide timely, effective mental health treatment), over diagnosing to justify services, profit-driven service delivery, and managed care not aligning with social work values. The implications of this study urge the need for accountability and consistency through policy change and reform.

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DEDICATION

To Jesus Christ my Lord and savior,
may your unfailing love and empathy
be evident in my practice

Ephesians 2:10

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CHAPTER ONE

INTRODUCTION

Problem Statement

Managed care seeks to facilitate the health care system by providing direction and guidance for utilizing services and preventing unnecessary use of services. By definition, managed care is a medical delivery system, which intends to manage the quality and cost of medical services delivered to individuals (Health Insurance, 2019). Managed care comes with many regulations and goals, which guide operations of the healthcare system.

As of lately, managed care has been one of the most important aspects of healthcare service delivery. With the increase of access and utilization of healthcare there has been a demand to supply healthcare needs in an effective manner. Managed care benefits account for over 90% of all employee sponsored health programs (Anderson, 2000). With an emerging trend in health care management, it is undoubtedly going to impact the type of care given to the patients we serve as social workers. Case managers in the managed healthcare setting want patients to grow and thrive, but with managed care there is specific criteria that justify a “medical necessity” for treatment. If a client does not meet the standards based on managed care criteria he or she may not receive the treatment they need (Anderson, 2000). Clients are often impacted by the “denial of reimbursement” performed by case managers through managed care standards (Anderson, 2000). Many times, there is a long process that one has to

go through to receive treatment. For example, if a case manager recommends treatment, there is a high probability the patient will have to undergo an unnecessary waiting period. Many health plans require the primary care physician to approve the recommendation for treatment, and more than often the patient may or may not receive the care they need or there is a long wait period for an authorization. The long wait period is supported by Anderson (2000), which the research finds a case manager must supply the provider with specific evidence that supports the authorization or reimbursement of medical services. Managed care organizations fail to provide proper evidence and reimbursements for mental health costs, which has led to a crisis in access to mental health services (Paul, 2003). Reimbursements are the key component in authorizations, which lead to a sustainable healthcare system. Unfortunately, if there is a lack in fluidity in the healthcare system it will impact its ability to manage mental health appropriately.

The well-being of a client is crucial to social work practice. The managed care system is the defining factor to help patients gain access to treatment. Those impacted by their psychosocial situation are left with symptoms that are untreated and difficult to manage. It is a social worker's mission to engage and help a client shift his or her perspective by providing the appropriate care no matter what kind of health insurance/ health plan a patient has. Unfortunately, there are some constraints that come with managed care and how it aligns with the ethics and values of a social worker in regards to access to care.

Purpose of the Study

The purpose of the study is to assess a social worker's perspective on managed care as it influences access to mental health treatment. It is also important to evaluate how values impact a social worker's ability to do his or her job and feel "good" about it. Managed care's purpose is focused around business and it has a possibility of clashing with the ethical values of social workers. Managed care plays a huge role in a client's access to care, which is pertinent to one's wellbeing. There is sometimes a difficulty in accessing care due to the politics around managed care and its goals. This makes it difficult to define the role of the social worker as it aligns with the code of ethics. There is a conflict in the values of a social worker and their role in helping create a better business for managed care to reduce costs for insurance companies. This is a difficult dilemma, which requires a social worker to reflect on his or her personal values/ethics as it aligns with the type of work managed care requires.

The overall research method is a qualitative design. A qualitative design seeks to develop a further understanding of each individual's perspective on how managed care can conflict with patient access to treatment. Due to the complexity of managed care, it is difficult to quantify a social worker's perspective, which is why qualitative design will help capture a better understanding of the topic. There is also limited and outdated research on managed care and access to treatment, which is why it is important to utilize the informant's (social worker's) perspective in order to better grasp an

understanding on managed care contributions to access to mental health treatment.

Significance of the Problem for Social Work Practice

Managed care entities have an influence on a patient's access to care. This study seeks to identify a social worker's perspective on the impact of managed care on mental health services. It is important to understand how managed care contributes to access to mental health treatment. Additionally, understanding the impact of managed care on a social worker is important to help influence better access. Knowledge of how managed care impacts a social worker's values is also important to identify, because it can lead to better opportunities for change and improvement within the managed care system. There is a need for social workers to identify any ethical problems, which can possibly contribute to his or her performance and ability to appropriately care for a client. Furthermore, managed care constraints can limit a social worker's ability to fully utilize his or herself in an aspect that will be beneficial to the client.

The findings in this study help guide and understand managed care from a social worker's perspective. There are many ways the system can impact a social worker's values and purpose in service. The findings are significant to social workers, because it can possibly lead to a better understanding of managed care's impact on access to mental health treatment through the lens of a social worker. Thus, leaving us with a research question that would like to

identify: what is a social worker's perception of managed care constraints, and does managed care hinder access to mental health treatment?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter examines common trends in literature on how managed care constraints can impact a social workers' ability to serve patients in the mental health setting. This literature will explore the importance of mental health treatment and how mental health is impacted by managed care. Presently, managed care seeks to deliver a system that organizes the healthcare system by managing costs, utilization, and quality (Medicaid, 2017). Managed care was implemented due to the high utilization rates and the outrageous costs health insurance companies were faced with. In 2010, the Affordable Care Act (ACA) was enacted to make affordable insurance available to everyone, expand the Medicaid program, and support innovative medical care delivery to lower costs (HealthCare.Gov, 2017). Identifying managed care constraints is especially important to address unmet mental health needs, which can impact the quality of life of an individual.

Mental Health Treatment

An untreated mental health illness can lead to many unnecessary stressors such as increased risk of illness or even death (Manderschied, 2010). Manderschied (2010) claims that mental illness has an evolving definition, which impacts cognition, emotion, and behavior. In recent years there has been a shift in mental illness as it moves its focus from disease to health, which this shift aims

to reduce the stigma of mental illnesses (Manderschied, 2010). According to The National Institute of Mental Health (2017), understanding the patterns of health and illness within a population can help identify factors that can address statistical information in regard to how mental health impacts many throughout the United States. Statistics also show that in 2015, the United States has over 9.8 million adults above the age of 18 suffer from a serious mental illness (National Institute of Mental Health, 2017). Mental illness can impact anyone and does not discriminate on demographic status. There are individuals who do not have access or the appropriate means to obtain mental health treatment, and there are those who are limited by psycho/social factors that hinder he or she to receive proper treatment. This is a huge issue impacting the lives of many individuals.

Managed Care and Mental Health

There have many revolving perceptions around the mental health system. Appelbaum (2003) cautiously uses the term “crisis” to describe the mental health system. The term crisis comes from managed care systems trying to cover the costs of mental health care. There have been emerging trends in mental health practice, which managed care gives the mental health system no choice but to submit to the health practice and policy (Mechanic, 1998). In context, managed care seeks to provide a capitation for risk care management and utilization (Mechanic, 1998). It is interesting to see how the deinstitutionalization of patients has altered the growth of mental health treatment, which essentially alters mental

health practice (Mechanic, 1998). The crisis is well on the rise, which increases the risk of individuals having untreated or inappropriately treated mental health symptoms. The more managed care companies ignore the fact that individuals have unmet mental health needs the greater the crisis grows.

Mental health treatment is often discriminated upon based on the criteria for insurance coverage for mental health services. There have been common themes in mental health care such as deinstitutionalization, parity issues, and integration of services (Mechanic, 1998). Managed care impacts hospitalizations, which is the most expensive form of treatment. There has been a focus on finding other alternatives for severe and persistent mental illness treatments, which leads to premature discharge and unmet mental health needs (Mechanic, 1998). Untreated mental health systems greatly impact the overall well-being of a patient and the decline of acute treatment is less beneficial to the mental health care of many. The untreated symptoms also reflect in unequal coverage with general health care (Mechanic, 1998). Many have advocated for equal treatment of mental health services. There has often been a limit in number of inpatient or bed days and as well as outpatient mental health treatment (Mechanic, 1998). The limits in treatment reflects the inequality in mental health care, which continues to lead in the direction of untreated mental health needs due to managed care constraints and the discrimination of mental health treatment as if it was not as essential as general physical medical symptoms. Integration of services has been a commonly discussed topic, which promotes integration medical and mental health services (Mechanic, 1998). Unfortunately, until this

day mental health treatment is reflected as a carve-out in some plans as part of the managed care criteria. There is still an emerging trend of unequal treatment in managed care for mental disorders.

As we continue to explore equity in managed care for mental health treatment we find there has been a historical debate encompassing legislative proposals that try to change the way managed care treats mental health services. The Mental Health Parity Act, which was passed in 1996, which it still brings up many issues in present day mental health treatment and surrounds the topic of equity. It has been a goal to continuously have policy that supports equity in managed care for mental health services.

There are many ethical issues that surround managed care in mental health. According to Boyle & Callahan (1995), the increased management of mental health services is shaped by the discriminatory policies against the coverage of mental health services. Unfortunately, the discriminatory practices are alive and well today. Mental health still strives to reduce its stigma and become part one's overall medical care. Medical necessity and appropriateness are deemed subjective to each provider and health plan. The subjective nature of criteria poses ethical issues, because there is no set standard as there is for cancer. If symptoms are there a patient is lucky that his or her health plan agrees with it. Boyle and Callahan (1995), mention that mental health practices are generally shaped by their limits or denial of services. This once again proves the discrimination faced against mental health services due to the lack of education around mental health.

Theories Guiding Conceptualization

It is important to understand that when conceptualizing this research there is a primary focus in addressing policy and practice and how it provides constraints to access care that is needed. The theory that revolves around this study is the patient centered model. The patient centered model shapes the framework on managed care and mental health treatment.

The patient centered model is significant in managed care as it sets the tone as to how treatment can most effectively be delivered. According to Butler and Freedy (2016), remaining “patient-centered” in clinical practice is a value that is important to most providers. Being patient- centered is more important than being technologically centered (Butler & Freedy, 2016). The focus around this model is to consider the patient when providing patient treatment. Ideally, a patient’s rights and perspective is important to managed care entities. The way the medical setting treats a patient can impact the outcomes of services especially in the mental health setting. It is useful that a patient’s primary care physician (PCP) receive additional training in symptoms around mental health diagnosis in order to fully serve a patient and be able to link a patient to the appropriate services. According to Tucker, Marsiske, Rice, Nielson, and Herman (2011), adherence to treatment and recommendations stem from a provider’s patient centered and culturally responsive approach. There is an importance in understanding how managed care can work for each patient to provide access to services it can reduce the limitations that accompany managed care. Recommendation for mental health treatment can often time overlooked due to

the barriers managed care entities poses on access. McCoyd & Kerson (2016), emphasize the need for social workers to reexamine their practices and values to reexamine the purpose of their role with managed care entities.

Summary

This study explored the barriers that come with managed care in regard to the perspectives of a social worker and his or her ability to serve a patient in the mental health setting. Essentially managed care is created to keep the costs down, and the role of a social worker in a managed care setting is to address psychosocial needs of a patient to decrease his or her utilization of costly forms of mental health treatment. There are many barriers identified in previous literature and it would be important to relate managed care to social work as it is an emerging trend in the field of health care. It is important to identify the perceptions social workers in regards managed care and mental health treatment to better understand further needs.

CHAPTER THREE

METHODS

Introduction

This study sought to identify how managed care constraints impact social workers' ability to serve a patient in the mental health setting. Due to the outdated research on managed care's impact on mental health services, this study uses an exploratory approach. An exploratory approach will allow for a space for social workers to identify their experiences with managed care, which can help provide current information on the barriers that are not highlighted in existing research. The study utilizes qualitative information via interviews with open-ended questions. The best data source will be a social worker's experience overtime with the managed care system and other perceptions of access to mental health treatment.

Study Design

This study identified social worker perspectives in regard to the barriers managed care can have on obtaining mental health services. Due to the limited and outdated data this study gathers qualitative information from a social workers perspective with the goal of focusing on thematically elements that contribute to barriers and issues around access to mental health treatment and managed care. A social worker perspective helped identify the need for mental health services, and the need to change the system to help facilitate access to services.

It is important to identify the experience of managed care from a social worker's perspective in order to better understand the systematic elements that provide or hinder access to mental health treatment.

The strengths in utilizing an exploratory and qualitative approach will provide opportunity for a broad range of information and perspectives. Numbers cannot measure this type of information. Personal experience and the opportunity to express one's self will provide a dynamic and detailed perspective. Through qualitative research we identified common themes and trends, which will help gain a better understanding of the managed care system as it relates to mental health treatment. There is also a lack of recent research that captures the system of managed care from a social workers perspective. One on one or small group interviews provided a space for detailed information that may not be captured in a group setting or by quantitative studies.

A limitation of a one on one or small group interview is that the individual may not feel comfortable in disclosing all of his or her thoughts and feelings, because it lacks the ability to be anonymous in his or her answers. A small group may also contribute to someone changing his or her perspective based on the pressure of majority, which may lead to biased form of saturation. Additionally, qualitative research cannot always be quantified. Although the study will not be able to quantify results, the study gathered appropriate information.

Sampling

This study utilized a non-random sample of professional colleagues of social workers that work in the managed care, health care, and or hospital setting in the county of San Bernardino. Approval was retrieved from the appropriate individuals. This interview captured the perspective of 12 social workers, which produced saturation in the themes of the answers. The study captures the perspective of a diverse group of social workers in the private sector and as well as local, state, and federal government. These social workers were selected from a professional network of colleagues who work or have worked in managed care settings, health plan, hospital, and county settings. The combination of these entities helped identify the trends in the barriers of managed care from a variety of perspectives and service sectors of social work.

Data Collection and Instruments

Qualitative data was collected via audio-recorded instruments with either one on one interview or small focus groups to gather appropriate information. Each interviewee was briefed with an introduction and informed of the purpose of the study. Demographic information was collected to help distinguish the trends in saturation based on the number of years in the field (see table 1). This information identifies age, gender identification, level of education, employment status and number of years as a practicing social worker.

The interviews were conducted based on the formed procedures to capture information. All interviews were asked the same questions to ensure

consistency across each interview (see Appendix A). The guideline and procedures sheet are specifically formatted to capture information for this study.

Procedures

An email was created to explain the reason and purpose of the study, which will highlight the need of social work participation to identify the goals of the study (see Appendix C). The study took place on eight different dates, which helped capture the desired number of interviewees. The researcher promoted the need for research participation with a flier via email. The second contact provided a space for questions and more detailed information on the study. The second attempt also obtained availability and set up meeting times. All agreeing participants provided demographic information prior to the focus group or individual interview, which ensured enough time for the questions.

A neutral location was selected for each interview. The interviews ranged from nine to 36 minutes. One interview included two participants and the other 11 participants interviews were conducted on a one to one basis.

At the time of the interview, each participant agreed to participate and was identified by a participant number to ensure his or her confidentiality. After sign in, each participant was given an informed consent form to fill out (see Appendix B). Then, the audio device was used, and the interview began. Finally, the researcher thanked each participant for his or her time and contribution to the research study.

Protection of Human Subjects

The focus group members were briefed on confidentiality and how the study aims to protect the anonymity of each member. The focus groups are less prone to anonymity due to the nature of groups in general, but each participant will sign an informed consent form and were verbally reminded in the introduction of the interview. Each participant was asked to refrain from utilizing any identifying information, which then consent was signed and the audio recorded. All files, forms, recordings, and password encrypted USB drive were kept in a locked area and were deleted after the completion of the study.

Data Analysis

All data was gathered and transcribed in written form by the number of interviews conducted. Each group/participant was labeled numerically to identify the distinction in focus groups or individual interviews. Verbal and nonverbal actions were documented with the exception to crutch words or to those who state they “agree” with a previous statement made.

All statements were split up by category and elements of theme, which was gathered based on the question and frequency of answers. Patterns and saturation were identified throughout the transcription. Any implications or trends were recorded and identified even if the statements differ in language. There were some major themes and sub themes identified through content analysis.

Summary

This study examined common theme among social workers in the healthcare/hospital settings at the local, state, and federal level. These themes identified the common barriers that social workers perceive based on his or her experience with managed care entities and a client's access to mental health treatment. Each unique perspective was welcomed, and the subjective nature of this study will help capture information research has yet to.

CHAPTER FOUR

EVALUATION

Introduction

This chapter will cover respondent demographic information and as well as emerging themes. The researcher's present data was gathered through face-to-face qualitative interviews. Through interviewing many social workers on their view of managed care and mental health treatment, many interesting themes and findings were captured. Due to the subjective nature of the study, there are many perspectives that are individualistic and based on the type of setting and experience with managed care entities. The study includes the perspective of social workers from various entities, which include private, local, state, and federal government social workers. The demographic information of the interviewees is first presented, followed by the elements/themes of the managed care study.

Demographic Information of Participants

Table 1. presents the demographic information of the voluntary participants. Participants were 30 years and above and have worked directly or indirectly with managed care entities. Participants had a minimum of five years in the field of social work. Each participant held a minimum of a master's in social work. The table also indicated places of practice. As mentioned previously practices ranged from private, local, state, and federal government. The areas of

practice include private practice, health plan, behavioral health private, behavioral health county, behavioral health state, behavioral health federal, hospital private, hospital county, hospital state, hospital federal, medical, psychiatric, and school-based.

Tables 2- 11 present the data thematic results section, which has the elements of managed care organized by people, places, things, and ideas, which are further explained within sub-categories relating to the listed categories. These categories were identified through thematic analysis of the interview transcripts. The data will include direct quotes to best capture the perspectives of those interviewed and to prevent bias and/or misinterpretation.

Data Thematic Results/Analysis

The research question being addressed in the study is: “how do perceptions of managed care constraints impact social workers’ ability to serve his or her client in the mental health setting?” This was aimed to be an exploratory question due to the limited and outdated research on managed care and constraints it poses on mental health treatment. From the data gathered five themes emerged: managed care poses long wait times, there are not enough mental health practitioners to provide timely and effective treatment, practitioners have to over diagnosis for service, managed care is more focused on profit than service delivery, and managed care does not align with social work values.

Table 1. Demographics of Research Participants

Demographic	Participant Response
Age:	31,31, 38, 39, 52, 33, 36, 28, 45, 37, 46, 62(28,31,33, 36,37, 38,39, 45,46, 62)
Years of Experience	5+, 7, 10, 15, 17, 30
Type of Practice	Private Practice, Health Plan, Behavioral Health Private, Behavioral Health County, Behavioral Health State, Behavioral Health Federal, Hospital Private, Hospital County, Hospital State, Hospital Federal, Medical, Psychiatric, and School-based

Table 2. Research Category: People-General

Content/Theme
<ul style="list-style-type: none"> • Clients/Patients • Therapist(s) • Provider(s) • Primary Care Physician

Table 3. Research Category: People-Specific

Content/Theme
<ul style="list-style-type: none"> • Social Worker(s) • Veterans • Homeless • Recipient

Table 4 . Research Category: Places

Content/Theme
<ul style="list-style-type: none">• Inpatient Psychiatric Facility• Hospital• VA Hospital• Inland Empire Health Plan• Public Sector• Private Sector• Commercial Sector• Kaiser Permanente• Communities• San Bernardino County• Riverside County• Private Practice

Table 5. Research Category: Artifacts:
Abstract

Content/Theme
<ul style="list-style-type: none">• Untreated mental health symptoms• Hospitalizations• Resources• Cultural factors• Language Barriers• Ethics• Unethical Practice• Social Work Perspective• Strong Criteria• Medical Necessity• Heavy Documentation• Access/ Lack of Access (in regard to mental health treatment)• Quality of treatment• Over-diagnosis• Incentivize• Dignity and worth of the person• Mission• Values• “The system”• Social Work Values

Table 6. Research Category: Artifacts:
Concrete

Content/Theme
<ul style="list-style-type: none">• Funding• Insurance• Health plans• Profit-driven• Money• Payment• Reimbursement• Facilities• Medi-cal, Medicare• Commercial Insurance• Private Insurance• Social Work Values

Table 7. Research Category: Artifacts: Abstract: Long-Wait Times

Content/Theme
<ul style="list-style-type: none">• <i>Patients are waiting at least one month to be seen (Personal Communication, Participant 1, December 2018)</i>• <i>There are not a lot of providers that can provide that mental health support and patients have had to wait at least one to two months for an appointment after intake (Personal Communication, Participant 2, December 2018)</i>• <i>There needs to be more access and providers that can follow up in a timely manner (Personal Communication, Participant 2, December 2018)</i>• <i>Providers have to be able to do more, but they cannot, you want to be able to do your job, but you still work within your time constraints (Personal Communication, Participant 2, December 2018)</i>• <i>It is hard for clients to receive services in a timely fashion, and all our clinics are booked out months in advance (Personal Communication, Participant 4, January 2019)</i>• <i>The wait time is a huge problem in receiving mental health treatment (Personal Communication, Participant 8, February 2019)</i>• <i>I think patients left with untreated mental health symptoms more often than not, which is again due to the wait time and lack of providers (Personal Communication, Participant 8, February 2019)</i>• <i>You have to wait months to get assessed and even more months to get follow up treatment (Personal Communication, Participant 8, February 2019)</i>• <i>The wait times sometimes discourage someone from getting mental health services (Personal Communication, Participant 10, February 2019)</i>• <i>A lot of hoops with wait times and access discourage individuals from seeking treatment and a lot of people drop out before they try (Personal Communication, Participant 10, February 2019)</i>

Table 8. Research Category: People: Lack of Providers

Content/Theme
<ul style="list-style-type: none">• <i>There is a shortage of providers in both Riverside and San Bernardino county</i> (Personal Communication, Participant 1, December 2018)• <i>There are more patients getting the insurance and there are just not enough providers</i> (Personal Communication, Participant 2, December 2018)• <i>There are challenges, there are not enough providers</i> (Personal Communication, Participant 5, January 2019)• <i>There is an access issue, because of lack of providers is still there</i> (Personal Communication, Participant 5, January 2019)• <i>It is difficult to get mental health treatment, because there are long waiting lists</i> (Personal Communication, Participant 6, January 2019)• <i>Currently, we have a shortage in general outpatient mental health providers, we especially do not have enough therapists to provide individual psychotherapy</i> (Personal Communication, Participant 7, February 2019)• <i>Availability of providers and access to care often lead to people discontinuing mental health services</i> (Personal Communication, Participant 9, February 2019)• <i>Staffing levels are often low and do not meet the needs of patients seeking treatment</i> (Personal Communication, Participant 9, February 2019)• <i>Medi-cal providers have to see more patients, which hurts individuals through the system</i> (Personal Communication, Participant 9, February 2019)• <i>I think when I am limited to referrals within the managed care system, it poses ethical dilemmas</i> (Personal Communication, Participant 9, February 2019)• <i>We just do not have enough providers</i> (Personal Communication, Participant 10, February 2019)

-
- *We are in a shortage of providers, and I have seen this issue in all sectors private, commercial, and public* (Personal Communication, Participant 12, February 2019)
-

Table 9. Research Category: Ideas: Over Diagnosing for Services

Content/Theme
<ul style="list-style-type: none">• <i>If someone does not meet criteria for services, I have seen documentation magically appear (Personal Communication, Participant 1, December 2018)</i>• <i>Are facilities being truthful to the documents that they are submitting, because at the end of the day facilities want to get paid and clients need to get treated (Personal Communication, Participant 1, December 2018)</i>• <i>The patients have to have a very “strong criteria” so the insurance covers it, which poses issues with how to justify someone needs treatment (Personal Communication, Participant 3, January 2019)</i>• <i>There is a lot of back and forth their insurance to get treatment covered (Personal Communication, Participant 4, January 2019)</i>• <i>I feel like managed care is not realistic, because of “medical necessity” if you do not meet medical necessity, insurances have not paid for mild symptoms of depression (Personal Communication, Participant 5, January 2019)</i>• <i>Heavy duty documentation was needed to access mental health treatment (Personal Communication, Participant 7, February 2019)</i>• <i>When providing justification for treatment to managed care entities you often have to go beyond what you should have to disclose for services (Personal Communication, Participant 7, February 2019)</i>• <i>I think medical necessity can be very subjective, and it can be difficult when you are trying to justify why a patient needs specific treatment (Personal Communication, Participant 7, February 2019)</i>• <i>Medical necessity is subjective and managed care entities have “strict” guidelines of what is covered (Personal Communication, Participant 8, February 2019)</i>• <i>I also think medical necessity is different depending on based on who you ask and the funding source, if we want to get paid, we have to make sure the person is getting treatment (Personal Communication, Participant 8, February 2019)</i>

-
- *You have to meet criteria for certain services, and some people get denied services due to the “lack of severity” (Personal Communication, Participant 10, February 2019)*
 - *Managed care has criterion that wants to fit people in a box, but its not realistic and it does not apply to everyone (Personal Communication, Participant 11, February 2019)*
 - *Ethical challenges are having to constantly justify why someone needs mental health treatment (Personal Communication, Participant 11, February 2019)*
 - *There is a constant need to provide “overly dramatic” clinical documentation that proves that the patient actually needs the treatment (Personal Communication, Participant 12, February 2019)*
 - *Ethical dilemmas sometimes an over diagnosis is the only way to justify medical necessity and billable treatment (Personal Communication, Participant 12, February 2019)*
-

Table 10. Research Category: Artifacts: Concrete: Profit-Driven

Content/Theme
<ul style="list-style-type: none">• <i>Commercial insurances are higher paying, which I see longer hospitalization because of the amount insurance pays (Personal Communication, Participant 1, December 2018)</i>• <i>They will deny a patient a bed if they have Medi-cal, because beds are allotted to higher paying managed care entities (Personal Communication, Participant 1, December 2018)</i>• <i>Outcomes are incentivized we are not looking at the individual we are looking at the number attached to the individual (Personal Communication, Participant 1, December 2018)</i>• <i>Sometimes money does seem more important than the services provided, it is hard, it is a business at the end of the day (Personal Communication, Participant 2, December 2018)</i>• <i>On my end, some days we are taking Medi-cal and any day we are taking any commercial insurance patients (Personal Communication, Participant 3, January 2019)</i>• <i>Superiors do have told me there are no beds available if someone has Medi-cal, even though we clearly have the beds, they just want a higher paying commercial insurance (Personal Communication, Participant 3, January 2019)</i>• <i>This is kind of the inside scoop, but we cannot accept a “Kaiser” patient if there is actually no bed available, but Medi-cal can be accepted and put in the lounge or on a cot (Personal Communication, Participant 3, January 2019)</i>• <i>At the end of the day the day the business aspect is the driving force (Personal Communication, Participant 3, January 2019)</i>• <i>Certain managed care entities are not accepted in different facilities due to money or contractual agreements (Personal Communication, Participant 4, January 2019)</i>• <i>Often, they work on a numbers game versus the concern with the individual (Personal Communication, Participant 4, January 2019)</i>• <i>If you have ethical providers, quality of treatment should not be an issue, but there are many grievances because patients are only</i>

being seen once a month no matter the severity of their symptoms
(Personal Communication, Participant 5, January 2019)

- *Inpatient level care is worse, because the admission process, can they even get in based on what insurance they have and how much they will pay* (Personal Communication, Participant 5, January 2019)
- *If they even accept a Medi-cal patient, the Medi-cal patient tends to be sent after the minimum of three days they have to stay, because the hospital is losing money the longer a Medi-cal patient is holding a bed* (Personal Communication, Participant 5, January 2019)
- *Oh, my goodness, I feel like profit is so important that they do not emphasize the quality of care to the patients* (Personal Communication, Participant 6, January 2019)
- *We are a non-profit, but there are still incentives if there is less expenditure* (Personal Communication, Participant 6, January 2019)
- *There were instances we were ordered to escort patients out because their insurance was not paying very much* (Personal Communication, Participant 8, February 2019)
- *A lot of managed care entities often is profit driven and they do not hire enough mental health providers to meet the needs of the client* (Personal Communication, Participant 8, February 2019)
- *Often times providers have certain times allotted for certain insurances, which is centered around making more availability for those who pay the most* (Personal Communication, Participant 8, February 2019)
- *Profit is very important to managed care, which profit is more important than the number of providers and promotes a delay in service* (Personal Communication, Participant 8, February 2019)
- *Money buys quality and access, which speaks to the quality of services and access to services* (Personal Communication, Participant 9, February 2019)
- *Some facilities do not accept Medi-cal because Medi-cal pays so little for services* (Personal Communication, Participant 9, February 2019)

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- *You cannot escape the money issue in healthcare even in a public option, because if it is not profit, it's a budget, and how do you spend it? (Personal Communication, Participant 9, February 2019)*
 - *In my experience, profit is extremely important, there is a constant monitoring of the medical necessity, and their goal is always to get someone out of the hospital even if one more day will benefit the patient (Personal Communication, Participant 10, February 2019)*
 - *Managed care is the enemy, profit is probably the most important thing to managed care even before patient care (Personal Communication, Participant 11 February 2019)*
 - *Ideally you are wealthy enough to use insurance for treatment, unfortunately, most people cannot do that and people are stuck navigating managed care systems for treatment (Personal Communication, Participant 11, February 2019)*
 - *Ethical dilemmas are that facilities/agencies have "availability" contingent upon the type of commercial insurance and the amount they pay (Personal Communication, Participant 11, February 2019)*
 - *Someone who is paying out-of-pocket or with a PPO insurance will get an appointment sooner than someone with Medicaid/Medi-cal insurance (Personal Communication, Participant 11, February 2019)*
-

Table 11. Research Category: Ideas: Managed Care is Not Consistent with Social Work Values

Content/Theme
<ul style="list-style-type: none"> • <i>The way that managed care is being implemented does not align with social work values (Personal Communication, Participant 1, December 2018)</i> • <i>What I can actually do to provide resources/ services is a system issue, which is difficult as a social worker, but I do the best I can even when there are issues with managed care (Personal Communication, Participant 2, December 2018)</i> • <i>I feel like I cannot see how managed care principles and social work principals can even come together (Personal Communication, Participant 3, January 2019)</i> • <i>I think they are in opposition of one another (Personal Communication, Participant 4, January 2019)</i> • <i>I really do not think managed care is consistent with social values, because managed care is in the business for profit and social workers stand for social justice, right?" (Personal Communication, Participant 5, January 2019)</i> • <i>I think managed care, unfortunately, they do not always treat people with dignity and worth that they deserve (Personal Communication, Participant 6, January 2019)</i> • <i>I personally feel that managed care does not align with social work values (Personal Communication, Participant 6, January 2019)</i> • <i>When providing services to clients does not work or when we lose sight of our mission, is when managed care is not consistent with social work values (Personal Communication, Participant 7, February 2019)</i> • <i>Sometimes social work values do not align with what managed care believes is appropriate (Personal Communication, Participant 8, February 2019)</i> • <i>We need to find a balance between what they need and what our social work ethics are (Personal Communication, Participant 8, February 2019)</i>

-
- *If done right, it has the opportunity align with social work values, but again, we are lacking in certain areas (Personal Communication, Participant 9, February 2019)*
 - *I think we have people that try to make it align with social work values, but the system needs work (Personal Communication, Participant 10, February 2019)*
 - *In theory, they want us to think managed care aligns with social work values, they want to make people all the same within these cookie cutter molds, which we are not the same and social workers believe in self-determination and access (Personal Communication, Participant 11, February 2019)*
 - *I do not feel managed care is consistent with social work values, because more often than not the dollar amount is put before the dignity and worth of our patients, but as a social worker it is our duty to advocate and break these barriers (Personal Communication, Participant 12, February 2019)*
-

Summary

Managed care perspectives were broken down into elements of perspective, which included people, places, ideas, and artifacts. These elements were gathered through thematic analysis of interview transcripts and organized into tables separating the ideas that emerged through the interviews. These themes and perceptions were gathered from the initial question as to giving insight on the social perspectives of managed care constraints and access to mental health treatment. Further explanation and in-depth analysis will be discussed in the next section.

CHAPTER FIVE

DISCUSSION

Introduction

This section discusses the five of the elements of social work perspectives of managed care and access to mental health treatment in depth. This section then attempts to use the implied meaning of each element as a guide on how to perceive each element and reflect them to one's experience and practice. The elements include m This study found five emerging themes including long wait times, lack of providers (to provide timely, effective mental health treatment), over diagnosing to justify services, profit-driven service delivery, and managed care does not align with social work values. In addition, limitations, recommendations to policy and research, and final conclusions are discussed.

Long Wait Times

When asked to describe how managed care contributes to challenges in treating mental health symptoms, several participants brought up the concept of "time" as a factor impacting treatment. For the purpose of the study "long wait-times" refers to the length of time a patient waits to be seen by a mental health practitioner for medication management and or psychotherapy. Every participant expressed that long wait times contribute to the barriers accessing mental health services. Managed care entities are put in place to provide "timely, cost-effective, and efficient" healthcare; however, people are not being seen.

There are not a lot of providers that can provide that mental health support, and patients have had to wait at least one to two months for an appointment after intake (Personal Communication, Participant 2, December, 2018).

Another two participants explained,

I think patients left with untreated mental health symptoms more often than not, which is again due to the wait time and lack of providers (Personal Communication, Participant 8, February 2019)

There are a lot of hoops that relate to long wait times and access discourage individuals from seeking treatment and a lot of people drop out before they try (Personal Communication, Participant 10, February 2019)

A lot of participants expressed feelings of frustration due to the lack of timely mental health services. The managed care system poses long wait times at all levels local, state, and federal. These long wait times imply that people are left with untreated mental health symptoms. This can mean that managed care entities are not providing effective access to care especially when it comes to mental health treatment. There needs to be more access and providers that can follow up in a timely manner (Personal Communication, Participant 2, December 2018). Managed care entities at any level are responsible for providing access and timely mental health treatment. This implies that managed care indeed

poses a barrier to access to treatment, which contradicts its purpose of “timely and effective service delivery”. Without timely and effective treatment, people can become discouraged, symptoms can worsen, and it becomes overall costly. This also implies there are many people left with untreated mental health symptoms, which can cost managed care entities more than it usually would if treatment was provided proactively versus reactively. There is also a significant difference between access to outpatient treatment and access to inpatient treatment. If managed care entities are providing timely services on an outpatient basis, it can possibly prevent a crisis services, which often lead to high costing hospitalizations.

Lack of Providers

Several participants mentioned that managed care contributes to challenges in treating mental health symptoms due to the lack of providers. The lack of providers stem from the limited service areas determined by several managed care entities, which they are not contracting with enough providers for the number of patients they serve. This issue has been observed at the local, state, federal, and private level.

One participant reported,

We are in a shortage of providers, and I have seen this issue in all sectors private, commercial, and public (Personal Communication, Participant 12, February 2019).

The shortage of providers implies that people need mental health services, but there are not enough providers to provide treatment. Currently, we

have a shortage in general outpatient mental health providers; we especially do not have enough therapists to provide individual psychotherapy (Personal Communication, Participant 7, February 2019). If people are reaching out for help, but they are faced with a sense of rejection or long wait-times, it can be discouraging to folks attempting to access services. Availability of providers and access to care often lead to people discontinuing mental health services (Personal Communication, Participant 9, February 2019). The lack of providers poses a significant problem of not only access, but also the morale and encouragement to receive mental health treatment. If folks do not feel they are supported when they are asking for the help, why would they continue to seek help just to face rejection? Asking for services already puts people in a vulnerable situation and yet they are faced with the issue of lack of providers. I think when I am limited to referrals within the managed care system; it poses ethical dilemmas (Personal Communication, Participant 9, February 2019). The ethical dilemma implies a sense of shame and guilt, because we are social workers and yet our clients and patients cannot get timely treatment. Physical medical symptoms usually get treated in a timely manner; however, a mental health symptom often gets overlooked with unreasonably long wait-times. The lack of providers due to managed care entities limiting access is an issue that needs to be addressed and resolved for the wellbeing of our clients and or patients.

Another participant reported,

We just do not have enough providers (Personal Communication, Participant 10, February 2019)

There are just not enough providers for the small percentage of people who are even seeking services, which is a significant dilemma to the wellbeing of our community.

Over Diagnosis for Services

Participants have expressed clinicians are often over diagnosing to meet the criteria managed care entities impose for mental treatment both inpatient and outpatient. As a result, people are being labeled with severe diagnosis that can possibly impact his or her sense of self. Many participants have said they have had to over diagnose someone who had depression and anxiety just so that they can get minimal treatment. Some participants have justified over-diagnosing, because “it is the right thing to do for their patients”. In addition, some facilities want to get paid and often submit documentation to ensure they are receiving appropriate reimbursement.

Some participants report,

If someone does not meet criteria for services, I have seen documentation magically appear (Personal Communication, Participant 1, December 2018).

The patients must have a very “strong criteria” so the insurance covers it, which poses issues with how to justify someone needs treatment
(Personal Communication, Participant 3, January 2019).

I feel like managed care is not realistic, because of “medical necessity” if you do not meet medical necessity, insurances have not paid for mild symptoms of depression (Personal Communication, Participant 5, January 2019).

This is a wicked problem, which seems like it will never have a feasible resolution. Managed care entities are determining whether or not a patient should get mental health treatment, which implies that people are not having the right to “self-determination” when seeking mental health services. This implies that mental health services are not being taken as serious as they should. Someone cannot simply say, “I am stressed or sad” to receive mental health services or talk to a therapist. Clinicians and authorizing entities have to have solid clinical documentation to support that an individual indeed has “severe enough” mental health symptoms for treatment.

A few more participants reported,
I think medical necessity can be very subjective, and it can be difficult when you are trying to justify why a patient needs specific treatment
(Personal Communication, Participant 7, February 2019).

Managed care has criterion that wants to fit people in a box, but it is not realistic and it does not apply to everyone (Personal Communication, Participant 11, February 2019).

There is a constant need to provide “overly dramatic” clinical documentation that proves that the patient actually needs the treatment (Personal Communication, Participant 12, February 2019).

Often, I have to provide an over diagnosis, because it is the only way to justify medical necessity and billable treatment (Personal Communication, Participant 12, February 2019).

The over justification for services implies that not all people are worthy of mental health treatment. Managed care entities are putting red tape to limit the access of services whether it is inpatient or outpatient. There is a constant back and forth to justify services, which is not fair to the individual seeking treatment. Clinicians have to document “severe” symptoms to get paid and facilities are sometimes not paid because a person is admitted for symptoms that are not covered by managed care entities. This poses a problem because more and more clinicians or facilities are going to be selective with who they accept and treat, because they can only document so much to justify the services. Providers and facilities need to get paid, and if managed care entities are not paying them,

it will limit the amount of people who are granted access to mental health treatment. This leads us to the next theme of the “profit-driven” nature of managed care, which poses an issue to mental health treatment.

Profit-Driven

The participants expressed an ethical dilemma with the profit-driven nature of the managed care system. Many participants experienced firsthand that people were denied services based on their insurance. Medi-cal recipients often face long outpatient wait times and short inpatient stays. Higher paying insurances are accepted for treatment first and have longer inpatient hospitalizations even when there is no longer a “medical necessity.” As a result, participants have expressed a sense of discomfort and that the system is unjust and unethical to the populations served. The profit driven nature of the managed care system implies that there is an ethical dilemma, because often the number is put ahead of the well being of the patient. These things often go unspoken, but it implies that managed care systems make it difficult for the right people to get mental health services and for health care providers to get paid.

A few participants have reported some things that pose an ethical dilemma,

Commercial insurances are higher paying, which I see longer hospitalization because of amount insurance pays (Personal Communication, Participant 1, December 2018).

They will deny a patient a bed if they have Medi-cal, because beds are allotted to higher paying managed care entities (Personal Communication, Participant 1, December 2018).

Superiors do have told me there are no beds available if someone has Medi-cal, even though we clearly have the beds, they just want a higher paying commercial insurance (Personal Communication, Participant 3, January 2019).

Inpatient level care is worse, because the admission process, can they even get in based on what insurance they have and how much they will pay (Personal Communication, Participant 5, January 2019).

There were instances we were ordered to escort patients out, because their insurance was not paying very much (Personal Communication, Participant 8, February 2019).

These are just a few of the captured themes that imply managed care is very much profit driven. The profit driven nature of managed care is mirrored within hospitals, private practice, and agencies. People have been denied services due to the pay or have had to come in at inconvenient time such as regular business hours for services. Often, providers have certain time frames allotted for certain insurances, which is centered around making more availability

for those who pay the most (Personal Communication, Participant 8, February 2019).

Other participants reported a rise in the ethical dilemmas they face due to managed care's profit driven nature.

This is an ethical dilemma, because facilities/agencies have "availability" contingent upon the type of commercial insurance and the amount they pay (Personal Communication, Participant 11, February 2019).

If you have ethical providers, quality of treatment should not be an issue, but there are many grievances because patients are only being seen once a month no matter the severity of their symptoms (Personal Communication, Participant 5, January 2019).

Money buys quality and access, which speaks to the quality of services and access to services (Personal Communication, Participant 9, February 2019)

Does Not Align with Social Work Values

The participants synonymously state that managed care does not align with social work values, which poses as a barrier to accessing mental health treatment. There are a lot of unethical things, which happen that do not align with the National Association of Social Workers code of ethics. The following are

statements of participants when asked, “if they can talk about how managed care is consistent with social work values.” A lot of participants have reported leaving jobs, because it just did not feel right.

A few participants reported,

The way that managed care is being implemented does not align with social work values (Personal Communication, Participant 1, December 2018).

I feel like I cannot see how managed care principles and social work principals can even come together (Personal Communication, Participant 3, January 2019).

I think they are in opposition of one another (Personal Communication, Participant 4, January 2019)

The responses imply that the way managed care is implemented, it does not support, nor does it align social work values. It is unfortunate, because a lot of social work jobs are revolving around the red tape and barriers that managed care constructs. Social workers at all levels and sectors feel there is an injustice being served to our clients who are seeking mental health treatment. If access to care revolves around managed care and what they think is right, how do social workers help their patients? Managed care poses an issue and a disconnect between the empirical and normative way services are delivered.

Another participant also reported,

In theory, they want us to think managed care aligns with social work values, they want to make people all the same within these cookie cutter molds, which we are not the same and social workers believe in self-determination and access (Personal Communication, Participant 11, February 2019).

Finally, this participant summed up the overall theme of everyone's thoughts

I do not feel managed care is consistent with social work values, because more often than not the dollar amount is put before the dignity and worth of our patients, but as a social worker it is our duty to advocate and break these barriers (Personal Communication, Participant 12, February 2019)

Limitations

This study presents a few limitations. The limited sample size of 12 participants may not be representative enough for generalization. The study only captured perspectives of social workers in San Bernardino and Riverside County area. This sample size is only reflective of a small number of social workers in the local area, which can be limited to the social work experience in the selected area. Additionally, the population size of these larger counties can also impact the reason many people are left with untreated mental health symptoms. The second limitation is the restricted demographic data of this sample size, which included ten females and two male participants. A few more male participants can possibly enhance the diversity in perspective. The third limitation, is the

possibility of oversampling from a specific entity, which can lead to some bias in the saturation of the emerging themes. Lastly, the outdated research on this study posed as a limitation. There was not enough current research to validate the perspective, which limits the research to back these findings.

Although a lot of the blame is shifted towards managed care entities. It is also important to recognize that client self-determination can be a “limit” to accessing mental health treatment. Demographics, substance use, access to transportation, knowledge of resources, cultural and spiritual beliefs, and schedule conflicts can all be possible reasons people do not access mental health treatment. It is important to acknowledge the limitations of this study to have a well-informed perspective.

Recommendations for Social Work Research, Policy, and Practice

This research provides insight as to what social workers identify as the barriers managed care poses in regard to access to mental health services. The results of the study provide a unique perspective of a topic that is under researched. The results can also offer social workers ideas to address the limited access to services and reasons to advocate on behalf of our clients and or patients we serve. The following will discuss policy, research, and social work practice conclusions.

Research

The elements of this study are limited due to the outdated articles and lack of research in this arena of social work practice. Further research is

recommended to explore how the system impacts our clients' wellbeing and access to mental health services. Managed care is designed to help more people receive access to services in a cost-effective, efficient, and timely manner; however, research has shown the constraints and barriers that come with it. In theory, managed care is ideal, but when it becomes a hindrance rather than a facilitator it poses as an issue to individuals who truly need services. Research already shows that about one in five individuals will encounter a form of mental illness, and of those, about 60% do not receive services (NAMI, 2019). 90% of people who die by suicide have an underlying mental illness (NAMI, 2019). How is it that the small percentage of people who are seeking services cannot get it in a timely and or ethical manner?

It is urged that further research explore access to mental health services in depth. The question should be, where is the disconnection, and why is profit more important than a vulnerable human life? Research can identify the barriers that the system can fix and make mental health treatment and wellness checkups as important as a flu shot or vaccine. Although, the field has been shifting and merging with the medical model and health care partners, this is not enough. The hope is that research breaks these barriers and constraints to help provide support and ethical practices that will help others.

Policy

There is an urgency to be proactive in advocating for policy that will promote timely and ethical access to mental health treatment. Implementation of such policy can aid in reducing the long-wait times, mandating more providers,

and promoting ethical standards for healthcare services. Accountability is the biggest issue. There is limited policy that holds managed care entities accountable in regards to how access to treatment is measured. Suggestions for policy implementation can include standardized scales and time frames to best address the barriers of long-wait times, lack of providers, and uphold ethical standards. This type of policy will promote consistency within the various managed care entities. Also, policy should address the selective providers who do not see individuals based on their method of payment, which can include Medicaid, private payment, and or commercial insurance. Managed care entities should have across the board standards and timelines that can help best address the needs of those seeking treatment regardless of the amount being paid. This cannot be fixed or implemented overnight, but the more research and supporting evidence we have, it can help promote policy change to address the need.

Social Work Practice and Conclusions

Based on this study, the most important recommendation to social workers who work directly and or indirectly with managed care entities is the importance of utilizing ethical standards to guide one's practice. The National Association of Social Workers promotes ethical practice amongst social work service providers. The profession of social work has the highest percentage of providers providing mental health treatment. It is important to do our due diligence as social workers to uphold our ethical standards and code of ethics to guide us in serving our patients in a way that promotes the dignity and worth of

our clients. Ethical practices can include being transparent and well informed of various options that can best fit the needs of those we serve. Ethical practice also means advocating and promoting policy changes that impact the clients we serve. Ethical practice means going above and beyond to advocate and promote access to anyone who needs it. It is important to be proactive and do the best one can with what they have. Social work practice can aid in paving the way for better access to mental health treatment.

APPENDIX A
INTERVIEW GUIDE



College of Social and Behavioral Sciences
School of Social Work

Interview Guide

Question 1: Can you tell me a little bit about the challenges in receiving mental health treatment? (generally)

Question 2: How often do you feel a patient is left with unresolved mental health symptoms? Why?

Question 3: Can you tell me about how managed care contributes to challenges in treating mental health symptoms? Please explain?

Question 4: Can you talk about the correlation to the type of insurance (example medi-cal versus commercial) and the quality of treatment delivered?

Question 5: Do you feel there are any personal ethical challenges that arise with managed care and mental health?

Question 6: Can you talk to about the extent of other disciplines and their experiences with mental health?

Question 7: Can you talk to about how you interpret "medical necessity"?

Question 8: In your experience, to what extent is profit important to managed care?

Question 9: Could you talk about the extent to which managed care is consistent with social work values?

909.537.5501

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APPENDIX B
INFORMED CONSENT



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 5/16/2019 VOID AFTER 5/15/2019
IRB SW 1859 CHAIR [Signature]

College of Social and Behavioral Sciences
School of Social Work

The study in which you are asked to participate is designed to examine social work perspectives on managed care. The study is being conducted by Lana Kaisei, a graduate student, under the supervision of Dr. Thomas Davis, a Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine social work perspectives of managed care.

DESCRIPTION: Participants will be asked of a few questions on their current experience with managed care and the barriers managed care has on service delivery and social work ethics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 1-2 hours to complete interviews.

RISKS: Due to the subjective nature of the subject subjects may feel strongly about the subject matter, which can cause internal conflict.

BENEFITS: A better sense of awareness and knowledge on the impact of managed care on mental health treatment.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Davis at (909) 537-3839

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2019.

I agree to be tape recorded: YES NO

This is to certify that I read the above and I am 18 years or older.

909.537.3501

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APPENDIX C
RECRUITMENT EMAIL



College of Social and Behavioral Sciences
School of Social Work

Dear _____,

I hope this email finds you well and in good spirits.

As you may know, I am in my final year of my Masters of Social Work program. The purpose of this email is to formally solicit your participation in my qualitative study on managed care as it relates to a social worker's perspective. I will have 3 time slots available to conduct the interview, which will take about an hour to an hour and half of your time.

Your participation and perspective will be greatly appreciated as I conduct my research.

Below you will have the time and days the interviews will be conducting. I hope you are able to participate and add to my research. The research on managed care is outdated and a social worker's perspective is non-existent. Your participation will be of great contribution to a subject that is limited in nature.

Thank you so much for your time and help. Please feel free to reach out with any questions.

Best Regards,

Lana Kaissi

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