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## DEBATES and PROCEEDINGS

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### **Bill No. 78 – The Social Workers Amendment Act, 2012**

**Mr. Forbes:** Thank you very much, Mr. Speaker. It is a pleasure to rise this afternoon and enter into the debate on Bill No. 78, *An Act to amend the Social Workers Act*. And it's a relatively short one, and I understand that there's a few areas of importance that they just wanted to add in, and I'll reflect on the minister's remarks in a few minutes. And so it's important though and I just want to take a moment and acknowledge the good work that social workers do. It's important that we have professional social workers in our area, in our province, do work.

It's interesting though that I found out that many of them actually work in the Ministry of Health. And actually people are surprised when they find out that it's not in Social Services, but Health that most of our social workers . . . And because you have to be a part of the professional body, and you have to . . . and that's an important criteria, and that's not something that our Social Services department does as much as it should. And I've always called on them to really reflect on the fact we should have professional social workers working in Social Services much more. They provide important services, and I think this is something that we should strive for.

But having said that, the debate before us today is about allowing qualified clinical social workers to diagnose mental health disorders. And prior to 2002 they were allowed to do that. But because of the new Act in 2002, *The Psychologists Act*, that restricted diagnosis. Again, that fits the pattern though that most of our social workers, professional registered social workers, actually work in the area of health. And so that's the situation.

But I think it is important that we can do all that we can to help people get resources to meet their needs if they are having mental health disorders. And so this would be something we should look at. And I know that there will be questions. This is not a straightforward one that we might consider it to be. There are different opinions about that and I will get to that in a minute.

The minister reflects on our capacity to do assessments and diagnosis, and mentions that there are only 78 psychologists and 36 psychiatrists working in Saskatchewan mental health outpatient services, and then there might be actually 50 social workers who would qualify to perform the diagnosis. And that would be interesting to know if they are working in . . . I would assume they are working in mental health outpatient services. It would be interesting to know the kind of area that they are working in. Apparently Alberta and British Columbia allows this to happen and it works very well — Ontario. And this is according to the minister's comments themselves.

So the minister reflects on the fact “The Minister of Health has informed me that the wait times to see a psychiatrist in one of the regional health authorities can be as high as three to six months.” Now we're not sure if that's all the health regions or she's highlighting one. We have to work on that for more information. She says, “This initiative is another example of . . . [the government's] commitment to lowering the amount of time citizens have to wait for very important services.”

Now we do, as part of our commitment to do our work in opposition, we do consult with other organizations who may have some thoughts on this. And it is interesting that we did receive a letter from the Registered Psychiatric Nurses Association, and it's dated February 27th, 2013 — not that long ago actually, just over a month. And the RPNAS [Registered Psychiatric Nurses Association] has reviewed the proposed changes and has concerns. And what they say, the process used to decide upon the changes was not comprehensive and that the registered psychiatric nurses are the largest group of service providers in mental health in providing these services daily across the province.

And the minister hadn't referred to the RPNs [registered psychiatric nurse] in listing how many people there are to provide these services, and that they say they are aware of the issues regarding lack of access to services in a fragmented system. However they say, and I quote, “However, band-aiding with a profession which does not have the education is a dangerous precedent.”

And for example, they don't have the diagnostic, medical, or pharmacological background.

And they go on to say, “Social workers diagnosing clients will not change the problems with access and lack of services.”

And they would call . . . “And this is what we would call for, changes should be made as part of a comprehensive mental health strategy for the province involving all of those providing the services.”

So clearly this is the cornerstone. This is the thing that we should be looking for — a comprehensive mental health strategy, and not band-aid solutions. And this is, I think, another example of this government with its faulty consultation processes. And really we need to talk about a comprehensive mental health strategy for the province. So I would say that I would agree with the RPNAS [Registered Psychiatric Nurses Association of Saskatchewan] when they call for this.

They also go on and talk about:

Diagnosing is a step towards prescribing medications and treatment, which requires that fundamental educational competencies exist in the area of medical education programs. We understand they would look at developing this education.

For psychiatric nurses, the educational competencies in medical education do not come with brief education training, but a comprehensive model which covers a time span of over two years with on-site experience in all medications, diagnostic formulations, and all the interactions that could occur. As well many psychiatric diagnosis have combination causative factors which we understand is not currently a requirement for social worker education.

“The SASW have indicated that they want to pursue prescribing as a function as well.” And they note that “Proposed changes to the physician’s legislation reference education and competency.” And they go on to: “And to our knowledge up to this point, social workers are not officially considered health professionals in Saskatchewan.”

So I think that’s a powerful letter from one of the stakeholders that should’ve been consulted and were not. And we would have questions about why was the RPNAS not consulted about this. And clearly they have a point of view, and the minister failed to acknowledge that in her comments. And while the goals are very worthwhile, that in fact we do want to see people get access to mental health services as quickly as possible, and that we understand there are challenges in this province, whether you’re in a smaller, a smaller community, or rural and northern areas, that this provides challenges.

But we don’t know where these 50 social workers live. Do they live in Saskatoon and Regina? One may be right over there who can actually do this work. Can you actually do this work? . . . [inaudible interjection] . . . Ready to go. But he’s in Regina. Now we would be very happy to see him move to a rural or northern area. That would be a, that would not be a bad situation from our point of view.

But I don’t know if it tips the balances of what we’re really talking about here today, Mr. Speaker. We do have some concerns, and when the area of consultation comes up, that we do agree with the RAPNs, that really we do need a mental health, a comprehensive mental health strategy here in our province, and all stakeholders need to be consulted on that.

And we do think that, while there may be some historical trends prior to 2002 and the reaching back into the past for some solutions, we have concerns. And we do think that while there may be those who are able and eligible to qualify for this, clearly their concerns are pointed out that it’s not only being diagnosed, it’s also the follow-up.

And really we want to make sure that when we do the diagnosis that it is as strong as possible because we do know that people who have mental health disorders are reluctant. And it is totally understandable that whenever a physical health, a mental health disorder is diagnosed, you want to make sure it’s spot-on, that it’s right on because these things can be something that is here for life. And it can be most beneficial, but people have

anxiety about stereotypes that go along with those kind of diagnosis. And while we have come a long way in terms of recognizing the positive benefits of diagnosis, we want to make sure, we absolutely do want to make sure that there is not unintended consequences of diagnosis, there is not unintended consequences of this kind of legislation.

And I think that we would go a long way, a long way towards helping people out if we had a comprehensive mental health strategy. And I think it's a common sense solution. Let's do that before we start applying band-aids to a circumstance. And many of us, absolutely many of us have the experience where we can see the benefits of appropriate diagnosis and the challenges of wait times.

But this to me, from what I can see, is not a fully thought-out solution. And so we'll have questions, we'll have questions about this. And I'm looking forward to hearing our critic talk more at length at this because she is a registered social worker and she will have some insight into this. And I know she wants to make the case that benefits all people here in Saskatchewan, that we don't do sloppy legislation and we pay for it further down the road.

But, as I say, I do have some concerns. And I know that there will be many of us who do want to speak to it, and we'll be following this very, very closely, as it affects our constituents right across the province. And we want to see not only the ability to diagnose, and at this point we would question, what about prescribe? But we want to make sure there are resources there. It's one thing to be able to diagnose, but the resources are a big, big part of it.

So with that, Mr. Speaker, I do want to move adjournment of Bill No. 78, An Act to amend *The Social Workers Act*. Thank you very much.