

## Stepped Care in Mental Health: 10 Questions That Need Answers

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With the myriad challenges facing Canada's mental healthcare system, the need for innovation is clear. However, innovation itself is merely a means to the betterment of our system through meaningful solutions. Thus, innovation is judged on implementation and subsequent evaluation.

The application of a stepped care (SC) framework to mental health (MH) systems is one example of a healthcare innovation that has gained considerable attention and endorsement<sup>1</sup>. Indeed, the concept of assessing the specific level of client/patient need and matching treatment accordingly has long guided best practice for psychologists<sup>2</sup>. Rather, its innovation has focused on populating levels of care with different MH providers<sup>2</sup>.

Multiple clinician SC has been implemented in Newfoundland and Labrador. It currently guides the service framework of provincial mental healthcare and was previously utilized at the province's only university. Consequently, our psychologists have considerable lived experience with SC implementation. As members of the executive of the Association of Psychology Newfoundland and Labrador (APNL) and post-secondary psychologists, we have fielded numerous requests for feedback and guidance from other regions where SC is being considered and psychologist-specific feedback found to be absent.

To provide our psychologists with a voice, APNL undertook a comprehensive examination of their experiences through a focus group and survey open to all members and consultation with affected clinicians (peer-reviewed publication is underway). From this work, we offer the following questions for which psychologists, and their professional bodies, can seek answers. These points of consideration may also translate well to other innovations.

1. Will psychology representatives have a place at the table with decision makers when the innovation is proposed, planned, and implemented?

Individual clinicians or singular voices cannot be presumed to represent the views of a professional field. The involvement of psychology's professional bodies is essential to ensure that psychologists' views and experiences are conveyed through a functioning bi-directional feedback loop.

2. How are the roles and scopes of practice of psychology and other MH professions defined, clarified, monitored, and valued for their unique contributions to high quality care?

Clarity of roles and practice are essential components in a well-functioning interprofessional team<sup>3</sup>, yet psychologists who advocate for them are often labeled as resistant or risk-adverse. Too often transdisciplinary practice, in which professional roles and skills are viewed as interchangeable, is mistaken for interprofessional practice in MH, in sharp contrast to physical health practitioners.

3. Does the model differentiate between MH supports and MH treatment?

While both support and treatment are essential components within the MH system, they likewise are not interchangeable, nor should their metrics be conflated.

4. Is there an overemphasis on access rather than sustainable services?

Timely access to MH services is important but loses meaning without measurement of access to each program/service. For example, increasing opportunities for initial access to support may be communicated as eliminating waitlists, however, such claims are unlikely to extend to wait times for individual treatment programs and services. As a result, such assertions are misleading and confusing to the public.

5. Are diverse and specialized psychological services recognized in the model?

Psychologists practice across an array of competencies on various “steps” in SC. Calls for greater psychologist participation in low intensity interventions overlook the critical need for psychologists as specialists in higher steps.

6. Has adequate professional and financial resourcing for the program been thoroughly examined and reliably calculated and, if so, how?

Increasing services and programs without increasing practitioners indicates a loss somewhere in the system. Psychologists diverted to cover other duties have less time for complex treatment or assessment work.

7. Do associated e-mental health resources meet diverse MH needs and utilize rigorously evaluated tools?

There is clearly a place for e-MH in our systems. Their benefit may be readily apparent for clients experiencing mild-moderate depression/anxiety and demonstrating readiness for change, though applicability to more severe or less prevalent concerns, along with exclusionary criteria, is often unclear.

8. How will this system address and protect the needs of vulnerable clients without the capacity to self-advocate or engage in multiple access attempts?

The needs of individuals experiencing severe or chronic MH issues requiring long-term or even life-long service and support must be specifically addressed.

9. Are screening, triage, and initial assessment procedures clear, objective, and conducive to consistent implementation?

A frequent criticism of SC is the lack of clear and objective processes to ensure appropriate “step” selection and evaluation. Plans should address how such consistency will be facilitated and evaluated.

10. Are proposed innovations based on evidence that meets the standards of psychologists? Is the program sustainable and on what data and analysis has this been determined?

The success of innovations that impact whole systems of care relies on preparation long before implementation. Funding for MH programming is far from plentiful and it is appropriate to expect innovators to make a strong case for why a given intervention is worthy of investment. Moreover, evidence should indicate a significant improvement over what we already know works, rather than merely comparable results. Implementation without justification is simply not good enough.

The work psychologists do has time and again been shown to be effective and a solid return on investment<sup>1</sup>. Psychologists possess the skills to lead meaningful innovation, implementation, and evaluation of services in mental healthcare without sacrificing our professional values and integrity or lowering the bar. To do this, psychology needs a place at the table and we encourage our colleagues to seek it.

### References

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