APNL Psychologist Feedback:

Changes to Provision of

Provincial Mental Health Services

Final Report

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What is APNL?

The Association of Psychology in Newfoundland and Labrador (APNL) is an organization dedicated to furthering the discipline and profession of psychology in this province. APNL supports the discipline of psychology in its broadest form. Most APNL members are Registered Psychologists (R.Psych.), working in post-secondary, healthcare, education, or in private practice. Some members may be graduate students of psychology and other members may be teaching psychology at the college or university level and/or engaged in psychological research.

The APNL was established to support the profession of psychology and its role in promoting psychological health and human welfare, including upholding the Canadian Psychological Association's Code of Ethics and Practice Guidelines, to promote continuing education of Psychologists, informing the public about Psychologists and psychology, and advocating for the availability and provision of psychological services to the public. In addition, APNL fosters communication among the Psychologists of Newfoundland and Labrador and represents them on provincial- and national-level discussions of issues concerning psychology.

Context/Background

In 2015, an All-Party Committee on Mental Health and Addictions was established by the Government of Newfoundland and Labrador and began a consultation process toward addressing challenges.

In March 2017 this effort culminated in a report entitled ***Towards Recovery: A Vision for a Renewed Mental Health and Addictions System***, which contained 54 recommendations to transform the way mental health and addictions services are delivered in Newfoundland and Labrador. Improvements were identified as necessary in the areas of prevention, service access, quality of care, policy and programming, as well as stronger supports in the community. A stepped care approach was one of the recommendations noted, with the report stating:

> "A stepped-care approach increases access to services by matching mental health needs to the most appropriate level of care. This approach takes pressure off growing wait lists, so people who need higher levels of care can access services more quickly. To provide stepped care, more services are required to meet unique needs with a greater focus on prevention and early intervention."

In September 2017, the Government of Newfoundland and Labrador launched a "Stepped Care 2.0" e-mental health demonstration project through a partnership between the Mental Health Commission of Canada (MHCC), the Government of Newfoundland and Labrador, the Regional Health Authorities, CHANNAL (a mental health consumer self-help and advocacy network), and Memorial University of Newfoundland, with Dr. Peter Cornish as the project lead. This project culminated in Fall of 2019.

Following the roll out of this demonstration project, and particularly over the 2018-2019 year, the Association of Psychology Newfoundland and Labrador (APNL) received concerns from numerous

members about psychology's place in this new system. Psychologists with direct experience of the new model noted a lack of opportunity to have the voice of Psychologists heard and their concerns acknowledged, amid ongoing and sweeping changes within the mental health and addictions programs, university mental health services, and throughout public and private sectors.

When Psychology as a specialist field was not included in a series of feedback sessions in Spring 2019, APNL approached the province's Mental Health and Addictions (MH&A) representatives to request such an opportunity and ensure that the experiences of Psychologists were captured. APNL was invited to meet with MH&A representatives and presented a plan to gather and provide such feedback. The plan was accepted, and government representatives expressed an interest in learning about the experiences of Psychologists and an openness to having APNL lead this process.

Process

APNL held a Feedback Forum for Psychologists on the topic of recent changes to the Mental Health and Addictions system and programming on July 26, 2019, which was attended by 26 members. Topics discussed were guided by information provided by Mental Health and Addictions regarding its new Stepped Care Service Model, which was circulated to members ahead of the focus group.

Following the release of a final report on the Stepped Care 2.0 MHCC project noted above, *Newfoundland and Labrador Stepped Care 2.0 E-Mental Health Demonstration Project*: (https://www.mentalhealthcommission.ca/sites/default/files/2019-09/emental_health_report_eng_0.pdf), APNL opted to follow up with a survey of Registered Psychologist members. The online survey sent to all APNL members in October 2019 served to both augment the **very limited feedback from Psychologists as stakeholders** noted in the MHCC report and to triangulate findings of APNL's Psychologist Feedback Forum with a second data source.

The objective was fulfillment of our commitment to our members and MH&A representatives to provide comprehensive and detailed feedback from this province's registered Psychologists. Some 43 members completed this survey, in contrast to a much smaller number of Psychologists represented in the Stepped Care 2.0 MHCC demonstration project final report.

Survey questions were intentionally designed to closely reflect the questions to health professionals that had been used in the MHCC evaluation on stepped care/e-mental health. This design sought to maximize relevance to stakeholders on that team and provide a more representative point of comparison. Themes that emerged during the Psychologist Feedback Forum further informed survey design.

Preliminary findings were presented to MH&A staff for the Government of Newfoundland and Labrador by Dr. Lisa Moores, then APNL President, **on October 23rd, 2019**. Final analyses and data interpretation were completed in early 2020. Thereafter, a review of the emerging findings within the context of the literature on clinician experiences of stepped care in countries where this model was previously implemented was undertaken. A brief summary of relevant scholarship is also provided. This information allows for a deeper understanding and appreciation of the consistency of the difficulties associated with real world implementation of stepped care models, refuting the assumption that such struggles emerge from resistant providers or are profession-specific in nature.

This report was made available to APNL members, however, its public release and dissemination was postponed to prioritize response to the Covid-19 pandemic. Given the far-reaching and enduring mental health impact of Covid however, distribution for careful review and consideration of the information provided within has become even more critical.

Purpose

The primary goal for this project was to ensure that every APNL Psychologist member had adequate opportunity to share their feedback as stakeholders and practitioner specialists within the mental health system. We sought to provide the provincial government with information that accurately represented their professional experiences as Psychologists and mental health specialists and contribute to a thoroughly informed decision-making process.

Moreover, it is notable that since this projects' inception, psychologist vacancies within the local public health system have risen sharply, reaching a crisis level. In order to address this issue, the underlying systemic issues described here must be recognized and resolved.

FINDINGS

An exploration of the survey data identified five main overarching areas that emerged from the questions and qualitative responses:

1) Impact on Access to Services
2) Quality of Client/Patient Care
3) Weaknesses in Design and Implementation
4) Impact on Psychologists as Providers
5) Role of Psychology as a Specialized Service

In addition, respondents were given the opportunity to provide narrative/qualitative responses to questions about the overall impact of Stepped Care in their lived professional experience, what they thought would be most important for Health Authorities and the Government to know about a Stepped Care approach from Psychologists working on the ground, and what they thought would improve Stepped Care as it currently stands.

Given the considerable thematic overlap between the quantitative and qualitative survey responses and the data gathered in the feedback forum, Psychologist responses from these combined sources of information are reflected in the following summary.

1. Impact on Access to Services

Conflation of Mental Health Support and Mental Health Treatment

Increased accessibility to mental health services was identified as a critical recommendation and priority in the Government's Towards Recovery Report and has featured as a prominent target in recent systemic changes. Psychologists indicated, however, that the impact of systemic changes on service access could not be meaningfully discussed without identifying *which* mental health services were being referenced. Numerous members noted a trend toward referencing MH service access in broad and non-specific terms in communications to the public and through the media as well, with wait time reduction or "waitlist elimination" cited as an achievement of the new model. Clinicians working within the system daily are concerned that such generalization across an expansive system is misleading. Psychologists clearly delineated **substantial differences between the impact of changes on access and wait times for general low intensity mental health *support* versus access and wait times for mental health *treatment***.

Participants widely acknowledged the real benefits of augmenting low intensity mental health supports that are appropriate for a broad range of individuals who may not meet clinical criteria for other services. **Supplementary supports were endorsed as means of promoting mental wellness**, allowing individuals to access timely support at a time when motivation may be higher, and utilizing a strengths-based approach to facilitate client empowerment. Psychologists noted that, "stepped care helps get people access to some form of initial support through Doorways more quickly," particularly for "clients who have lower levels of need," and acknowledged the "shorter wait times to access services" as an advantage.

Same-day, drop-in, and single session supportive counselling services were recognized as necessary and valuable supplementary programming that held *theoretical promise* to complement and ease some strain from more intensive mental health treatment services. Forum and survey responses spoke to this at length with participants stating, "single-session services are very useful, but only when used as an adjunct service" and can provide "good beginning info and skills" as a "complement" or "extra service." In summary, this province's **Psychologists are not resistant or closed to the benefits of low intensity mental health support services** and their role in the development of a more comprehensive mental health system.

Conversely, **NL Psychologists did not see the same positive impact on access for the psychological services they provide within more specialized mental health *treatment* programs.** The survey found that an **overwhelming majority of 70% of Psychologists responding found that Stepped Care *did not improve* or only *minimally improved* access to the psychological services they provide**, while wait times for the same reportedly *did not decrease* or only *minimally decreased* for 58% of participants. Participants reported "lower access to psychologists for ongoing therapy" and highlighted the differentiation of access by noting that Stepped Care "provides timely access to initial mental health [support] services but does not speed up access to evidence-based [treatment] services" and commenting, "while some people are provided with more access at the lower-levels of intensity, stepped care has decreased availability of the 'middle levels'."

Notably, participants indicated these conclusions were not based on general perceptions but rather their own professional experiences within the system and what clients have directly communicated to them as care providers. Reponses included, "my clients have considerable trouble accessing longer individual services", and:

> "[Stepped care] is presented as a model that will improve services for clients by giving them access to the service they need when they need it. I have not found this to be the case in my clinical practice, as often the higher steps remain inaccessible due to wait times and demand."

Treatment Resources Reassigned

Moreover, many Psychologists reported that in addition to not improving access to middle steps and specialized services, **Psychologists working within these programs indicated their clinical time is being reallocated from their more intensive work with clients in their existing roles to run same-day and single session program**s. Participants were clear that this was not occurring on a voluntary basis for many clinicians.

With no increase in professional staffing and losing work service hours of existing employees, **access and service from such units would necessarily be decreased as a result of the Circle of Stepped Care model**. One respondent summed up the situation as follows: "Psychologists are being pulled away from their specialist work to do something better suited to a different skillset, so their patients are getting less care, not more."

Similarly, when asked about their experiences with e-mental programs/services, Psychologists acknowledged the "greater array of supports available" which expanded options for some clients, especially those dealing with anxiety and depression, but were found less applicable to specialized

services in many instances. Describing their own experiences as health care providers however, only 12% endorsed feeling *satisfied* with these services while 39% were *dissatisfied/very dissatisfied.*

Obstacles to Access for Vulnerable Individuals

It is also imperative that any meaningful discussion of Newfoundland and Labradorians' mental health pay particular attention to the most vulnerable members of an already vulnerable patient/client population. This includes children and youth, the elderly, populations at higher risk of mental illness, as well as individuals with comorbid mental disorders and complex health needs. Psychologists participating in this feedback process **clearly voiced a strong concern that the design and implementation of the Circle of Stepped Care** has not improved access for these members of the public, but has inadvertently **amplified barriers to accessing appropriate evidence-based treatments for vulnerable subgroups**:

> "This [framework] creates an extra step for clients who need longer term treatment, and they have to share their story with more treatment professionals. I also worry that many clients choose not to attend same day clinics as they do not believe their treatment needs will be met."

Furthermore, the very nature of a client's disorder or mental health diagnosis has an impact on their capacity to engage with intake services and stigma experienced, as noted by numerous respondents:

> "While I can see the benefit of allowing clients to 'pull on the service' and use as they need, I think most people realize that someone who feels a burden to others (as in depression), is not able to be assertive (as in individuals with history of abuse) or has anxiety (and therefore may not be able to make phone calls), are therefore left without any service."

> "Many patients who have exceptional needs will require continuous psychological care (e.g., paediatrics, brain injuries, neurodevelopmental disorders such as ASD, FASD, which requires them to be kept in active psychology caseloads to ethically ensure they are monitored and provided ongoing assessment and intervention as appropriate and needed. This cannot be achieved through single sessions, or without a consistent psychologist."

Psychologists who provided feedback are concerned that with greater onus to advocate for appropriate services falling on the client, "those who are unable to do this are falling between the cracks." Access to ongoing psychological treatment for chronic or severe mental health issues was a concern:

> **"Vulnerable client populations have to self-advocate numerous times in order to fight to be added to a psychologist's long-term case load."**

2. Quality of Client/Patient Care

Importantly, **APNL Psychologists also drew a sharp distinction between access to service and the quality of that care.** More expedient access at the cost of care quality was viewed as hampering both goals, with respondents explaining, "There is still **a revolving door** as clients who don't get what they need re-refer, placing strain on ACI."

Throughout the feedback forum and survey, the Psychologists of APNL repeatedly emphasized the importance of ethical and evidence-based practice for their clients. Psychologists (n=42) noted that for

drop-in/single-session service programs such as Doorways, 38% were *dissatisfied to very dissatisfied*, while 31% were *satisfied to very satisfied*. In contrast, almost two-thirds of Psychologists who responded (65%) noted that Stepped Care as it stands *did not* or *minimally* met the needs of their clients. Again, further data emerging from qualitative items and the forum focus group explain this finding as consistent with a differentiation of services for **mental health s*upport*** versus those appropriate for the **mental health *treatment*** programs that Psychologists typically work within.

Unclear Clinical Assessment Procedures

APNL Psychologists also voiced concern that the lack of delineation between support and treatment in the Stepped Care 2.0 or Circle of Stepped Care models guiding MH&A reforms was further reflected in unclear screening, triage, and intake assessment procedures. While these processes involve different goals and practices, participants viewed them as not well articulated in the service model. Psychologists are concerned that the **lack of clinical assessment may be causing clients to be placed in services that are not appropriate for their needs**:

> "A more expedient assessment is needed to see which step a client belongs and that severe clients are not given a band-aid approach or illiterate clients are not presented a tool they cannot use."

Ill-defined roles and scopes of practice between professionals working within this system not only limits the benefit of harnessing the unique and skilled areas of professionals (and in fact moving away from the gold-standard of interprofessional practice), it also *introduces real potential for harm that Psychologists clearly recounted calling attention to in the workplace and in early consultations*:

> "It leads [clients] to seek services that are untrained in treatment of anxiety disorders and may communicate inaccurate and not evidence-based messages that further harm the client."

> "The result is that people are either given inconsistent care at the lower levels or have to wait to receive the more highly-specialized higher-level intensities."

Emergence of a Two-Tier System

APNL Psychologists also drew attention to the resulting **emergence of a two-tier system of mental health care**, stating: "clients who are not getting what they need and are financially able are more often seeking private practice and paying from pocket" and "given that clients may feel like they are not getting what they need, they are going to private clinicians, thus creating a two tired system." Psychologists noted that private treatment is not an option for the majority of this province's citizens: "The model is ignoring services in the community such as referrals to Psychologists in private practice when clients have the financial resources or medical coverage to do so."

> "Psychology services, true psychology services, are becoming a privilege of those who can afford to pay $180 an hour. So, if you are a millionaire and have psychological issues then this system works fine. Unfortunately, the majority of Newfoundlanders and Labradorians are not millionaires. They do not have that choice."

3. Weaknesses in Design and Implementation

Stepped Care 2.0, the model underlying the current Circle of Stepped Care, presents a hierarchy of services and programs ascending in a stepwise fashion from least to most intensive. Services are intended to be selected to correspond to the needs of the individual client or patient so as not to exceed the intensity of resources required.

While supportive of appropriately matched care, Psychologists raised concerns that **the conceptual focus of the Circle of Stepped Care is not sufficiently developed** as a process model or complete system. In particular, the flow between steps and the process of service selection were viewed as underdeveloped and lacking both clarity and comprehensiveness. Participating Psychologists reported:

> **"Stepped care as it exists currently gives no guidance in terms of assessment, how to assign clients to steps empirically, nor what outcome warrants stepping up or down services."**

Particular areas of weakness, in the opinion of most participating Psychologists, were an **overemphasis on low intensity supports and inadequate staffing and resources, culminating in an unsustainable system**. Participants were unable to see any mechanisms for determining sustainability within the current model.

Overemphasis of Low Intensity Supports

The pronounced focus on low intensity interventions for mental health support exemplifies this perceived underdevelopment and was broadly recognized by participating Psychologists as problematic. Participants indicated that such a focus runs counter to the essence of a stepped care approach, which presents a wide-ranging array of services across the continuum. One respondent noted the model seemed "misnamed" as a result. Psychologists viewed this approach as short-sighted, commenting that:

> "All the attention has been on how to get more people in without considering what to do with them once they have entered the system."

Insufficient Staffing and Resources

Added to a perceived overemphasis of low intensity programming, APNL Psychologists provided clear feedback on what they viewed as **grossly inadequate staffing and resources to support the model's implementation**. This was considered to be the primary barrier to success.

Regarding the influence on more specialized services along the continuum participants stated:

> "**There are not enough specialized services, so clients are funneled into generalized services that cannot meet their needs**. As an example, all clients are sent to the same day clinic unless ACI specifically recommends Psychology. Therefore, someone who has panic disorder with agoraphobia is sent a letter telling them to phone in anytime in the next 6 months to book an appointment."

The result was viewed as an unsustainable system that appears to be without any clear guidance:

> "When in full force, stepped care allows an open gate with rapid access, but this is only achievable when the majority of clients are not taken on for individual therapy. Thus, many clients are not having their needs met."

> "There are pieces to this that have potential for meaningful improvements, but **the promises that it can eliminate waitlists, makes a need for caseload limits redundant, and needs no additional resources to run are completely FALSE**. The math does not work, and some effort needs to be made to actually calculate the staffing needed at every level for sustainability."

The current model was seen by most Psychologists who provided feedback as **overpromising and underdelivering**, with one participant stating, "There is no evidence to back up these claims and they fuel unrealistic expectations."

Problematic Implementation

In addition to concerns about potential fundamental flaws in the design of the new stepped care system, APNL Psychologists also underscored wide-ranging issues with implementation. Implementation varied considerably depending on location and site, a point that was apparent in the forum and qualitative responses. The survey found that **Psychologists were largely dissatisfied by the way changes in mental health were implemented** (with 71% of 41 survey respondents noting they were either *very dissatisfied* or *dissatisfied*).

> "Stepped care has not been implemented properly, especially trying to have psychologists at every step which has resulted in a disservice to all involved (clients, psychologists and even the stepped care model). Steps need to be properly staffed by specialized people and clients need to be allowed to receive a proper course of treatment as well as proper follow-up if they need it."

Indeed, Psychologists who had experienced stepped or collaborative care models in other locations reported experiencing a far less effective implementation in this province, noting a comparative lack of clinician input and miscommunication as key differences:

> "I have been part of these models in other provinces which have improved access to care, reduced wait times and positively impacted client outcomes; however, the EH implementation has not followed these same trajectories and has been done without clinician input."

> "Stepped care as a model has worked well elsewhere (e.g., UK), however the current version in NL has led to misinformation to the public, and dissatisfaction by clinicians who are unable to adequately and ethically provide treatment to their patients."

The size of the system targeted was seen as a likely contributing factor as one Psychologist commented, "It is extremely difficult to put this model into place in such a large health authority. The lack of services and clinicians has pulled people thin in their practice and has made services less effective." Another underscored the "need for clinician input in various sites due to varying structures and resources."

Focus on Elimination of Waitlists

Psychologists were also united in their disapproval of what was described as Government's selected mandate of wait list elimination as a primary marker of success, particularly given the lack of investment in additional mental healthcare providers. Participants provided insight into the consequence of this focus on the ground, disclosing:

> "**The Government mandate of no wait lists without increasing service providers has led to managers hiding waitlists by calling them different names**,"

and

> "Wait lists have been reduced or eliminated but most clients are forced to attend same day clinics, even when their presenting concerns are complex."

Lack of Consultation and Shaming

Of great concern to APNL as a professional association, **a staggering 80% of participating Psychologists indicated that *little* to *none* of their input as Psychologists was encouraged or welcomed in the re-designing of Mental Health programs and services within a Stepped Care model in this province**. Some 66% noted that they *did not* or *minimally* felt safe providing honest clinician feedback and experiences regarding Stepped Care. Finally, over half (56%) of 41 item respondents noted that they were *dissatisfied* or *very dissatisfied* with their experience with the Stepped Care Approach for Mental Health Care as providers.

Time and again **APNL Psychologists recounted experiences of being labelled and dismissed when expressing concerns regarding their ethical obligations and participants largely perceived their concerns as ignored:**

> "Clinical staff have been highly distressed. Despite sharing these concerns repeatedly, we are blamed as "resistant" to learning new ways or are 'fostering dependency' on treatment providers and are 'not empowering clients'."

> "**We are shamed and criticized as we work to protect the public, provide evidence-based, client-centered and compassionate care, and consider the lives and realities of some very ill and vulnerable persons**."

APNL clinicians were clear that current concerns have been consistent since early days and feedback had already been provided to those heading the project on numerous occasions:

> "Psychologists have voiced their concerns about this model for years and, to date, NONE of that feedback has been acted on or integrated into this. Consultation with psychologists has been virtually non-existent."

The reported result has been a sense of having valid concerns interpreted as troublemaking and dismissed as resistance, with one commenter flatly calling the initiative, "Yet another example of administrators failing to involve Psychologists and seeing their input as problematic."

Inadequate Evaluation and Evidence Base

As scientist-practitioners and scholar-practitioners, the education of Registered Psychologists includes intensive and rigorous training in both the conduct and evaluation of research. It is perhaps unsurprising then that Psychologists have expressed disapproval of the limited evidence base underlying Stepped Care 2.0.

In line with evidence-based practice and with regard to Stepped Care as a system overall, 59% of the 39 respondents completing this item noted that they felt the iteration of Stepped Care at hand either held *little* credibility or was *not at all* credible, with another 58% noting that they feel Stepped Care is *not at all* or *little* aligned with evidence.

While the Stepped Care 2.0 model has been cited as "evidence-based", participating Psychologists did not view this specific version of stepped care as meeting the standards of evaluation required to achieve this designation. The distinction between generic "stepped care" evaluation and evidence supporting the SC2.0 model specifically was also drawn. Additionally, the idea that the Government made a considerable investment in this approach ***without rigorous independent evaluation*** did not rest well with participating members as mental healthcare providers or tax-paying citizens, particularly given current economic challenges.

Moreover, respondents were critical of what they viewed as overly liberal assumptions in lieu of data and in some cases found discrepancies between feedback from clients and reports of program success, noting:

> "Programs…are touted as having high satisfaction levels, but this is not reflected by speaking with families, who felt it was not helpful for them."
>
> "It is extremely concerning to hear that clients who didn't come back 'got their needs met', without any research being done."

4. Impact on Psychologists as Providers

Adverse Effects

The negative impact of such issues on Psychologists as mental health specialists and providers was a pronounced feedback theme. Respondents highlighted increasing demands on Psychologists without a parallel increase in resources as fostering greater potential for burnout:

> "From my experience, I feel as though the impact has been very negative in that more demands have been placed on psychologists to work in models that they do not feel comfortable in."

Adverse effects on "mental health", "morale", and a pervasive feeling of being devalued and "disempowered" were consistently referenced across Psychologists in both the focus group and survey. Psychologists are well aware of potential consequences stating, "this leads to more sick time, more unproductive hours at work, and a sense of despair and desperation." Feedback was also clear that this effect resulted not only from substantial system change and poor change management, but a sense that Psychologists' capacity for ethical clinical practice was being compromised and concerns not being acknowledged.

Mass Exodus of Professionals

Responding Psychologists shared just how devastating the impact of this change has been, with one disclosing, "I have thought many times (and said aloud) over the last 3 years "I have got to get out of here," and if I could, I would just work in private practice", and another that, "**Being forced to work in ways that we find unethical, unhelpful, and dissatisfying means that the public system is losing good people to private practice**."

Indeed, **well over 1 in 4 Psychologists[1] have left their positions within the health system in the past couple of years.** Notably, many of these Psychologists were mid-career clinicians with years of expertise and experience in the areas of supervision, consultation, and practice within the public mental health system. Changes to the mental health system were endorsed as factors contributing to this unprecedented loss of psychological expertise within Eastern Health by participating Psychologists. Additionally, the lack of Government response to this loss furthers concern about the role and value Psychologists hold within this province's MH&A system.

When asked, *64% of respondents said that they knew of colleagues who had left their positions as Psychologists within the public sector due to changes in mental health service provision*, with 10% preferring not to say and 26% saying they did not know of colleagues who had left their positions due to these changes. APNL Psychologists reported:

> "**[Stepped Care in NL] has not been the success it's reported to be and has resulted in a mass exodus of psychologists leaving the healthcare system for private practice, partly because of this model."**

5. Role of Psychology as a Specialized Profession

Psychology Skills Undervalued

Psychology is a specialized and intensively trained profession. As such, Psychologists' skills and services are unique and should be valued appropriately within our health care system. Based on feedback from our members, it was important to provide Psychologists with a voice to highlight how their own skills and specialization are being used.

Of the 40 Psychologists who responded to the relevant item, **half (50%) of respondents felt that their skills as Psychologists were *not at all* being used effectively**, with 18% noting their skills were being used *a little* within stepped care. Furthermore, a total **of 55% of respondents indicated that their skills as Psychologists were *not at all* valued in the current stepped care system**, with an additional 17% noting their skills were valued only *a little*.

Most feedback clearly denoted a need for Psychologists not to be taken away from their intensive practice and to have their specialization acknowledged and respected to the benefit of the province's MH&A system. Comments included:

> "Psychologists are specialists and should not be 'at the front door.' Allow other mental health clinicians to run Doorways and allow Psychologists to practice as the specialists they are."

While a small number of respondents advocated for Psychologists across steps of care, this work was still envisioned within a specialist role:

> "Psychologists have specialized knowledge and skill sets that can be helpful in refining the steps, however, they should have the freedom to go where their skill set is most suited. This may vary from psychologist to psychologist."

[1] Vacancy rates have continued to increase following completion of this report.

Mental Health Professionals Viewed as Interchangeable

APNL Psychologists also expressed alarm regarding what they viewed as a **pronounced de-professionalization of Psychology as a unique discipline within mental health**:

> "Disregard or eliminate psychological expertise – all are 'mental health providers' – thereby providing subpar service to vulnerable populations. Psychologists' training is intensive and comprehensive and does NOT compare to [other disciplines]…."

> "Stepped care devalues psychologists and is not interprofessional, instead it operates as though every mental health professional should do every role."

Respondents also highlighted that the services they provide have been extensively shown to be both effective and provide strong return on investment:

> "They should not waste our PhD level training on single session/doorways interventions. We are trained to treat mental health issues with a course of treatment and have consistently demonstrated that **a proper course of psychological treatment saves money** in the long run, even if it takes longer initially."

Finally, participants drew attention to what they saw as a clear bias with regard to mental health care in comparison to physical health in this province. They highlighted underutilization of their significant diagnostic skills and a minimization of chronic and/or severe mental illness:

> "Psychological treatment (from psychologists) is necessary and ongoing with those who have complex mental health needs. Psychological services are just as important as medication management for complex patients. Psychiatry… ABSOLUTELY depends upon the expertise of clinical psychologists to provide this important and necessary treatment."

> "Comparing psychotherapeutic work provided by a psychologist and another discipline is like saying that nurses and physicians have the same medical expertise - which they clearly do not. They have different length and depth of training…"

> "Psychologists are the physicians of psychotherapy and assessment. Our expertise is unparalleled."

Moreover, a large proportion of responding Psychologists believed that comparisons to physical health highlighted the inadequacies of current supports:

> "**By disrespecting psychologists and watering down services, you are essentially taking away a vital service to marginalized populations. Would we take chemotherapy away from a cancer patient because it is too expensive? Would we limit it to 5 chemotherapy sessions and then they should be good**?"

Finally, participants described what they saw as a devaluing of their discipline and its unique attributes as a loss to the current process of systemic change as well. Psychologists are rigorously trained in many of the skills that underlie successful development and implementation of innovation and change management. Their extensive research and evaluation backgrounds could contribute considerably to the task of revisioning mental health care in this province. Yet, overwhelmingly, NL Psychologists experienced their input and contributions as unwelcome, stating:

“Psychologists are trained in evidence-based practice and uphold strong ethics; if they are saying the implementation and framework is not working, listen to them and see how to move forward.”

“SC2.0 is not working as it currently stands. Seek knowledge and collaboratively work with your highly trained professionals. Seek to have a wide and diverse array of professionals at your tables, not just a select few.”

“A rigorous evaluation completed by independent researchers who don’t have a vested interest in SC is sorely needed as well as a thorough review of the literature…”

“You have hired us for our expertise, make use of that expertise to develop a model that is more than a flashy graphic and the latest buzzwords, one that actually works for the people of this province.”

ALIGNMENT OF FINDINGS AND THE LITERATURE

Perhaps the most compelling element of the findings emerging from this consultation process is the degree to which the experiences of NL Psychologists align with colleagues who experienced stepped care models within prominent initiatives in Australia and the UK. While this alignment provides a degree of validation that **the challenges experienced are indeed model-specific**, it conversely highlights the opportunities lost when highly skilled professionals within a system are not part of its redesign.

For instance, Carey and Damarell (2018) note that a number of **implementation problems appear across stepped care programs and can prove "insurmountable" without willingness to acknowledge and address them**. They identify three decisions as central to effective implementation: "how many clinicians should be involved?; when should people be stepped up?; and who should conduct the initial assessment?," Clear and explicit determination of these points is crucial to successful implementation, yet there is a pronounced lack of guidance on them. Each of these areas featured prominently in the experiences of NL Psychologists.

Indeed, ensuring adequate workload capacity within mental health is clearly recognized as a critical consideration in the Mental Health Commission of Canada's discussion paper on adaption of Australian and British approaches to the Canadian mental health context (Bartram & Chodos, 2018). **The commission reminds us that "true increases in access" emerge only from investing in an increased supply of mental health professionals, noting that "Anything less than an increase in supply could look like increased access, but actually be a shift from one type of practice to another."** This echoes the importance of calculating resources needed to attain sustainable programs and services strongly voiced by APNL Psychologists.

Secondly, **difficulties with stepping decisions have routinely featured within stepped care systems due to a lack of clear guidance** on how decisions to step up or down care will be made. In a review of stepped care programming, Firth and colleagues (2015) reported that decisions on the core "stepping" aspect of the model were in fact often not based on any evidence. Wide variation and uncertainty with regard to when and how to step up or down is apparent. Most concerningly, some research has indicated that over one quarter of patients may be lost through attrition at each stepping point (see Carey and Damarell, 2018), further supporting noted concerns.

The question of who should conduct the initial assessment, the last of Carey and Damarell's essential decision points, has also appeared in feedback from this province's Psychologists and is integrally tied to adequate professional staffing and made all the more important by known challenges with regard to stepping processes. Initial assessment determines where clients and patients will begin on the stepped care staircase and largely determine the efficiency of the system, appropriateness of treatment referral, and the quality of the client experience. **Experts in the field underscore the need for a comprehensive clinical interview** in which a variety of influential factors, including potential comorbidities, are considered and **strongly recommend that highly qualified clinicians with extensive professional experience conduct initial appointments** (Haug, 2015; Mander, 2014). While the Psychologists who provided feedback were vocal about the costs of reallocating time used for provision of specialist treatment to low intensity supportive intervention, this should not be confused with a resistance to development of psychologist roles focused on this area.

Appropriate assignment of treatment "step" is particularly important for individuals with complex mental health needs and/or chronic disorders for whom short-term treatment interventions are not only insufficient but can in fact pose considerable risk for harm (Ballatt & Campling, 2011; National Institute for Health and Clinical Excellence, 2009). NL Psychologists also clearly communicated concern for the most vulnerable members of the population they work closely with each day – children and youth, the elderly, and individuals whose health condition result in functional impacts. Additionally, Mackinnon and Murphy (2016) purport that such individuals are unfairly disempowered and further stigmatized by service models that "pathologize" ongoing use of mental health services for ongoing needs as indicating "dependency", per common stepped care terminology. **It is important that the upper end of the Stepped Care staircase is as well developed as the lower to avoid oversimplifying complex processes and creating unrealistic views of mental health disorders and psychosocial difficulties** (Marzillier & Hall, 2009).

Stepped care also tends to want for clarity regarding the roles of various practitioners and appropriate boundaries to guide the vital contributions of all mental health professions (Mackinnon & Murphy, 2016), yet these components are essential to the development of healthy interprofessional teams within the mental health system. Such differentiation can facilitate smooth and efficient transitions between steps, head off costly duplication of services, and prevent frustration and attrition among service users by reducing the likelihood of finite resources and treatment time being wasted on inappropriate supports. Likewise, the full range of available interventions should be communicated to consumers (Marzillier & Hall, 2009). The impact of stepped care on NL Psychologists as individual clinicians within the system and as a mental health profession is likewise supported by the academic literature.

The nature of step-based systems has been widely cited as having the **potential to facilitate high rates of burnout among clinicians and costly staffing turnover** (Ballatt & Campling, 2011; Lyford, 2018; Westwood, Morison, Allt & Holmes, 2017). This consequence goes directly to the cost effectiveness of stepped care programming and must be given careful accounting in any reliable evaluation. Indeed, such **evaluation has demonstrated that increases in sick leaves and attrition within the UK's IAPT system not only compromised healthcare saving, but actually yielded operating costs in excess of existing mental health resources** (Callan & Fry, 2012; Griffiths, Steen & Pietroni, 2013). **Failure to draw on the expertise and qualifications of mental health specialists within the existing system was also noted as a common flaw in the U.K.'s IAPT** (Hemmings, 2012).

In contrast, research has established that comprehensive treatment services provided by Registered Psychologists provide excellent return on investment for finite healthcare funding. The Quebec-based National Institute of Excellence in Health and Social Services (NIEHSS, 2018) reports that even lengthy psychotherapy protocols would realize a 10% net reduction in health costs. According to a German study (Altmann et al., 2016) carried out with 22,294 participants, even treatment averaging 30 sessions of psychotherapy meetings (far greater than expected average) was found to be cost effective. Savings emerged from a 42% reduction in sick leave, 27% fewer in-patient treatment days, 22% decrease in hospital costs and 8% less cost for external services.

One reality as we move into a post-Covid world is a heightened sensitivity to inaccurate health information and a low tolerance for positive, but poorly supported, claims. While step-based systems hold potential for solutions (indeed most clinicians view their own professional practice as consistent with "Single Clinician Stepped Care") stepped care is often perceived to be "oversold", as evident in the

feedback provided in this document. **APNL advocates that care be taken to maintain the appropriately critical lens required to cut through the hyperbole surrounding mental health innovation and focus on close consultation with all stakeholders**. Determination of progress should be informed by rigorous independent evaluation and the experiences of both MH services clients and the health professionals who have dedicated their working lives to helping them achieve their goals.

The people of Newfoundland and Labrador were guided through a global pandemic by health leaders who chose to inform and educate the public with challenging but truthful information about a complex health crisis. In doing so, Health Minister John Haggie and Chief Medical Officer of Health Dr. Janice Fitzgerald demonstrated the critical importance of relying on data and evidence rather than opinions and unsupported claims and won the trust of a province that repaid this measured and earnest approach with an unwavering commitment to "hold fast."

APNL commends the dedication shown over this difficult time in service of every Newfoundlander and Labradorian. Moreover, we encourage the Department of Health and Community Services to allow this pandemic experience to guide systemic changes within Mental Health moving forward, particularly as these services will be vital to managing the psychological aftermath of Covid. **APNL views this measured, realistic, and data-driven focus as precisely the approach needed to realize true and lasting positive change in the Mental Health system. The people of this province do not need platitudes; they need reliable progress**. The Association of Psychology in Newfoundland and Labrador looks forward to contributing to that progress in this next phase of development. The following section provides an overview of recommendations to that end.

MOVING FORWARD

Analysis of APNL Psychologists' feedback demonstrated that while Psychologists considered the acknowledgement of areas where the new system is simply not working to be essential, they maintained a focus on guiding effective next steps. Members asserted that authentic and comprehensive feedback could effectively inform a stronger and more sustainable service model. Psychologists clearly expressed a need for a system that would not only genuinely address their concerns as practitioners but, most importantly, result in improved service for the people of this province across the entirety of the Mental Health and Addictions system. Members were generous and specific in their recommendations. Despite feeling devalued and overlooked, NL's Psychologists did not seek to return to the status quo but remained pragmatic and focused on authentic and carefully planned progress. To this end, the following list of recommendations provide a brief summary of participating APNL Psychologists' most prevalent feedback.

Recommendations

1. ***Address Fundamental Design Flaws/Improve Process***

Clear articulation of triage, intake, and assessment, evidence-based tools for selection of steps, and a **delineation of mental health *support* versus *treatment*** resources are lacking and needed. Vulnerable clients must be given particular attention and a stepped care model may not be appropriate for some areas of specialization.

2. ***Adequate Staffing and Resources***

There is a need for more specialized services, dedicated low intensity service providers, and a thorough **understanding of the level of resource and staffing needed for sustainability**. Change is doomed to failure without this. Psychologists, already in short supply, cannot be pulled from specialized treatment services to provide generalized supportive counselling.

3. ***Engage in Meaningful Consultation with Psychologists***

Psychologists are an essential part of MH&A services and need to be part of the planning, implementation, and structure of MH changes. Marginalizing them from this process results in a lost opportunity.

4. ***Recognize Psychologists as Specialists/ Value your MH Specialists***

More knowledge and understanding of Psychology as a unique mental health discipline is very much needed and sorely lacking.

5. ***Implementation***

"Change management" was viewed as a failed process by Psychologists providing feedback and a careful and thorough redesign of implementation is strongly suggested.

6. ***Take Care of Your Professionals***

For the first time since investment in the Doctor of Psychology training program and the Eastern Health residency program were created, Psychology in NL is facing a true crisis.

7. ***Evaluate for Accountability***

A rigorous evaluation completed by *independent researchers* is needed.

8. ***Transparency and Information***

Psychologists saw a concerning disconnect between what is publicized on the impact of this model and their experiences as professionals working within the system on a daily basis.

9. ***Quality Training***

There is a need for more training designed to respond to the feedback of mental health clinicians on the ground.

10. ***Invest in What is Proven to Work***

Psychological treatment has time and again been proven effective and is backed by a thorough evidence base. APNL urges the Government not to overlook the clear advantages of investing in a trustworthy and proven resource that provides effective mental health treatment for the people of this province.

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