

NZ's mental health care is in crisis, but research shows how to shorten wait times and keep staff

April 11 2024, by Melanie Woodfield and Hiran Thabrew



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New Zealand's youth mental health care continues to experience a [rolling crisis](#) with long waiting times for services. There have been calls to [expand the mental health workforce](#) and to diversify the range of available services.

But improving the quality of mental health care is also an important priority. As our research shows, it can help to shorten bulging waiting lists and retain staff in the workforce.

Better implementation of proven therapies is a key component of delivering quality care—effective, safe, people-centered, culturally responsive and equity enhancing care that leads to [improved outcomes for patients](#).

This obviously has direct benefits, but there are indirect benefits, too. Quality care can result in people spending less time in treatment and services having greater capacity and shorter wait times. It can also increase clinician satisfaction, and mitigate burnout and workforce attrition.

Training is necessary, but not sufficient

Most clinicians working in mental health are trained in evidence-based therapies. These are often talking therapies that have been proven effective for most people through research studies such as clinical trials.

But internationally there is often a gap between what clinicians are trained to do and what they actually do at the bedside or in the therapy room.

Large studies of treatments in general health care across multiple

conditions and age ranges have shown only about 60% of health care is currently aligned with evidence-based guidelines. According to this [research](#), 30% is "waste, duplication or of low value" and 10% is actually harmful.

In Aotearoa, there are countless examples of this "know-do" gap. Many mental health services deliver therapies based on [dialectical behavior therapy](#) to help [young people](#) and adults improve their emotional regulation. But few deliver these in the [way they were designed](#).

[National autism guidelines](#) have been available for almost two decades, but adherence is patchy because of [clinicians' doubts about their usefulness](#). Finally, despite [Parent-Child Interaction Therapy](#) being an effective treatment for childhood conduct problems, the usability and acceptability of some parts, especially use of "time out," may be [offputting for clinicians](#).

As clinicians working within [mental health services](#), we have seen that good people are trying to do good things for those in need. Thanks to many decades of research, there's substantial knowledge about what works for improving mental health.

There will always be a need to develop and adapt therapies, but a central challenge is better implementation of those we already have.

Better implementation of proven therapies

Implementation science is a relatively new field. It studies methods to enhance the adoption, implementation and sustained delivery of evidence-based practices to [improve the quality of routine care](#).

Rather than asking tired clinicians to do more, implementation science can identify the influences on clinician behavior and target supports

accordingly. Implementation science teaches us that providing guidelines or training in evidence-based [therapy](#) is necessary, but often not enough to achieve quality care.

Complex factors such as a [clinician](#)'s belief in their own capability, attitudes, intentions and emotions can have a powerful influence on [how well they implement therapies](#). So can [team or service-related factors](#) such as leadership, wider organizational culture and climate, policy, priorities and resourcing.

To improve implementation of evidence-based therapies, it's essential to first understand and prioritize the enablers and barriers clinicians experience in their daily work. Next, it's important to carefully choose implementation supports or strategies to address these barriers.

In our [research](#), clinicians trained in Parent-Child Interaction Therapy often lacked necessary equipment.

International examples of implementation support come from a large [project](#) that provides [more than 70 strategies](#) to improve care. These include identifying local opinion leaders or quality champions, auditing care delivery, providing supervision and feedback to clinicians, and creating professional learning collaborations.

Quality in action

In Aotearoa New Zealand, we see encouraging examples of better implementation already underway. Health New Zealand-Te Whatu Ora is rolling out [national clinical networks](#), including one dedicated to mental health. Their aim is to promote national standards for care quality in partnership with whānau, consumers and local communities.

Beyond mental health, apparently simple solutions such as [surgical](#)

[checklists](#) have been shown to substantially improve quality, even in resource-limited settings.

Exciting initiatives in neighboring health fields can also inform implementation in mental health. A new equity-focused implementation framework based on Te Tiriti o Waitangi but designed to support mainstream services provides [guidance for implementation planning, monitoring and evaluation](#).

People deserve access to effective mental health care. Unless we urgently prioritize its quality, we are at risk of developing an ill-equipped workforce that turns over rapidly, or creating a situation where fully-staffed teams deliver low-value care.

Given we're living in resource-constrained times, we must ensure care is the best it can be. Service leaders, funders and policymakers must urgently consider how we can best equip existing and new staff to deliver [quality care](#), based on insights from implementation science.

It cannot be postponed until services are fully staffed and waitlists have disappeared.

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