

**Presentation title:**

Innovation in a time of fiscal restraint: Mental Health service structural reform to facilitate the Implementation and dissemination of cognitive behavioural therapy for psychosis (CBTp) and cognitive remediation (CRT).

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**Abstract text****Background**

Outcomes from mental health care remain suboptimal due in part to the limited implementation of evidenced based practice. The current climate of fiscal restraint may perpetuate suboptimal practice by discouraging innovation.

In January 2013 a large metropolitan Mental Health service in Brisbane (service A) committed to a fundamental structural change in the organization of care, moving from the traditional model of generic services being provided for a geographical area to a model of specialization and triage based on diagnostic or model of service lines. This change was initiated in part to facilitate the implementation of evidenced based practice into routine mental health care. The other mental health area in the city retained the traditional geographical organization (service B). Prior to the changes becoming operational, health services were required to make unprecedented budget cuts. This paper reports on interim one year data on the implementation of CBTp and CRT, comparing Service A and service B.

**Research questions.**

What is the impact of service restructure on the implementation and dissemination of CBTp and CRT within a mental health district?

**Method**

The interventions chosen for implementation had established level 1 evidence of effectiveness and had already been trialed in the services (Parker et al., 2013, Cairns 2013). This current study surveyed staff prior to the operationalisation of the organization change in service A and around the same time in service B. The Organizational Culture Profile (OCP) was distributed in both service A and B to examine the cultural aspect of organizational context. Staff was surveyed to ascertain their current level of training, supervision, and interest in CBTp and CRT using a survey tool designed for this study. Annual audits of CRT and CBTp programs running in both services were conducted at baseline and yearly thereafter.

**Results.**

The results report on baseline data and implementation outcomes achieved one year after service structural reform, in service A.

There was a response rate in service A of 72% and 35% in service B. Over 70% of staff in both services use CBT principles in their usual practice. 31% and 22% of staff respectively identify as CBT therapists with 19 % and 25.9% receiving CBT practice

supervision. Only 33% and 19% of staff respectively are specifically trained in CBT for psychosis. Over 60% of staff in both services are interested in learning more about CBT as an approach to managing psychosis.

The majority of staff (93% and 85% respectively) in both services are interested in learning more about the cognitive impact of psychosis. 26% in service A and 55% in service B are trained in CRT. Over 50% in both services would be interested in becoming CRT facilitators.

The organizational culture in both services did not appear to be a significant barrier to innovation with the four leading domains endorsed on the OCP in service A at baseline were the individual, environment, leadership and humanistic domain. Leadership, planning and development of the individual were the leading domains on the OCP in service B. Innovation was the lowest rating in service B and second lowest in service A. Data will also be presented on the implementation outcomes of CBTp and CRT programs running in service A one year after restructure compared with service B over a similar time period.

**Conclusion:** Despite the context of fiscal constraint and impending organizational transformation staff were interested in the implementation of CBTp and CRT into the routine care of people with psychosis. The low rate of survey returns from service B is a significant limitation in comparing sites.

A number of factors existed within the services studied that could facilitate the implementation and dissemination of CBTp and CRT including skilled and motivated staff. The one year impact of organizational structural reform in one service appears to be facilitating evidenced based practice in relation to the therapies studied. The valence of these facilitating factors is countered by the prevailing stringent economic climate. The course of implementation of these two therapies in Brisbane will be tracked over the next two years.

## References

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