Findings

1) Impact on Access to Services
    - 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 did not decrease or only minimally decreased for 58% of participants
    - Excessive focus on "elimination of waitlists" without identifying which waitlists or differentiating between wait times for MH supports vs MH treatment
    - Same-day, drop-in, and single session supportive counselling services recognized as necessary and valuable supplementary programming but cannot replace treatment services and not appropriate for most vulnerable
    - Access to ongoing or longer-term treatment and specialized services not improved These services actually decreased when Psychologists reallocated from their more intensive work with clients in their existing roles to run same-day and single session

2) Quality of Client/Patient Care
    - 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 hampers both goals
    - Ill-defined roles and scopes of practice between professionals working within this system
    - Resulting emergence of a two-tier system of mental health care

3) Weaknesses in Design and Implementation
    - The model underlying our current MH&A system, Stepped Care 2.0, has not been rigorously or independently evaluated in the 8 years since it's development
    - Seen as overpromising and underdelivering
    - Overemphasis of "Low Intensity Supports"
    - Inadequate Staffing and Resources
    - Result is an unsustainable system that appears to be without any clear guidance
    - Lack of Consultation and Shaming
    - 80% of participating Psychologists indicated that *little* to *none* of their input as Psychologists was encouraged or welcomed in the re-design
    - The reported result has been a sense of having valid concerns interpreted as troublemaking and dismissed as resistance

4) Impact on Psychologists as Providers
    - Adverse effects on "mental health", "morale", and a pervasive feeling of being devalued and "disempowered" were consistently referenced across Psychologists
    - Mass exodus

5) Role of Psychology as a Specialized Service
    - pronounced de-professionalization of Psychology as a unique discipline within MH
    - 50% said skills were not at all being used effectively
    - Clear bias in comparison to physical health in this province underutilization of their significant diagnostic skills and a minimization of chronic/severe mental illness

Moving Forward

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. The following list of recommendations provides a summary of participants' most prevalent feedback.

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 needed. Vulnerable clients must be considered, and a stepped care model may not be appropriate for areas of specialization.

2. Adequate Staffing and Resources

There is a need for more specialized services, dedicated and professionally qualified 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 Psychologists from this process results in a loss of opportunity and unmet potential.

4. Recognize Psychologists as Specialists/ Value your MH Specialists

More knowledge of Psychology as a unique mental health discipline is 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 with staggering vacancy rates in a system that was fully staffed prior to the adoption of stepped care.

7. Evaluate for Accountability

A rigorous evaluation completed by independent researchers is needed and should not be narrow in focus, professionals represented, or conducted by those overseeing the model.

8. Transparency and Information

Psychologists saw a disconnect between what is publicized on the impact of this model and their experiences as professionals working within the system. For example, as EH psychologist vacancies soared above 40%, the new system was lauded as "the envy of the world".

9. Quality Training

There is a need for more training designed specifically to respond to the feedback of mental health professionals 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.

Models do not solve problems; informed people solve problems.