Discover Psychology

Editorial

Psychological interventions across a stepped care framework: special issue editorial

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1 Introduction

There is growing recognition that stepped care models of interventions within mental health are not only effective, but necessary for reducing the rising trends of mental health disorders [13, 15]. Stepped care models provide an evidence-based framework for organising interventions. These range from preventative strategies, early interventions, low intensity interventions, all the way through to intensive interventions. This staged system comprises a hierarchy of interventions, which can be matched to suit an individual person's needs. Individuals can enter the model of care at the point which best suits their needs, and do not need to start from lowest intensity service and work their way up. Such stepped care models are also more viable approaches to many mental health concerns, as the model is scalable [19]. As such, stepped care modes aim to provide optimal patient-centred care, and as the needs of the individual change or evolve, the services should be continuously adapted and enhanced [15]. Stepped care frameworks allow for health care systems to shift away from reactive approaches to treatment, with a greater focus on prevention and early intervention. This special issue of *Discover Psychology*, brings together research across various mental health conditions, to understand how stepped care approaches can best be utilised for specific populations.

2 The rise of stepped care models

Stepped care models have gained significant traction globally in recent years. Many countries and government bodies around the world, have recognised the potential of these models to improve mental health service delivery and outcomes, and adapted stepped care frameworks. Stepped care models have been endorsed and implemented in countries such as Australia, the United Kingdom, France, Germany, Holland, United States of America, Canada and New Zealand [9, 11, 15].

In the United Kingdom (UK), stepped care models emerged as part of the Improving Access to Psychological Therapies (IAPT) initiative [6]. The National Institute for Health and Care Excellence (NICE) guidelines recommend evidence-based psychological interventions for mental health concerns, organised in a stepped-care model [19]. The model was launched with the aim to increase accessibility to evidence-based psychological treatments. It was also founded on the premise that many patients receiving evidenced-based psychological therapy would likely recover and return to work, reducing the welfare benefit cost burden [3]. In the stepped care model, the interventions progressively intensify according to patient needs. Patients can be offered brief (≤8 sessions), low-cost, and low-intensity guided self-help. This

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is psychoeducational in nature and can be delivered over the phone, via computerized CBT, in large groups or in a one-to-one format. GSH in IAPT services is delivered by psychological well-being practitioners (PWPs), who are trained and supervised to deliver highly standardized, evidence-based interventions guided by a national competency framework and associated assessment and treatment competency measures [21]. Patients who have not benefited from GSH are stepped up to high-intensity psychological therapies, which involve formal CBT and other therapies such as person-centred experiential counselling, interpersonal psychotherapy (IPT), dynamic interpersonal therapy (DIT), eye movement desensitization and reprocessing (EMDR) and couples counselling for depression. High-intensity interventions are delivered following evidence-based treatment protocols, are lengthier (i.e. typically around 16–20 sessions), and are mostly delivered one-to-one, in person.

In Australia, the government has recognised stepped care approaches as central to its mental health reform agenda, mandating Primary Health Networks to use this approach in planning and commissioning mental health services [5, 14]. In Australia, the Government's Department of Health [7], defines stepped care as "an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs". While there are multiple levels within a stepped care approach, they do not operate in silos or as one directional steps, but rather offer a spectrum of service interventions.

Canada has seen the implementation of Stepped Care 2.0 (SC2.0), which proposes a nine-step model [4, 16]. SC2.0 is said to extend typical stepped care models, through its unique client centric and recovery-oriented approach. It is an open and flexible model which offers people access to help at the point of both need and readiness. The model was co-designed with the community and includes both formal and informal services.

The nine steps in the model include:

Step 1: Informational (self-directed)
Step 2: Interactive (self-directed)
Step 3: Peer Support
Step 4: Workshops
Step 5: Guided Self-Help
Step 6: Intensive Group Programming
Step 7: Flexible Intensive Individual Programming
Step 8: Chronic Care and Specialist Consultation
Step 9: Acute Care, Systems Navigation, Case Management & Advocacy

3 The special issue

This special issue features seven papers which speak to the value of stepped care approaches across a range of mental health conditions, and across a variety of countries. The following section provides a summary of each paper and highlights how each paper furthers the aims of the special issue.

Young et al. [22] propose a new approach to planning and implementing mental health and substance use health stepped care models, using co-design principles. The authors describe the "Population the Model Series", a co-design based, system level planning intervention. Seven steps are identified within the "Populating the Model Series", including assessing intervention site readiness, understanding site context, planning and adjusting engagement of key groups for co-design, learning through workshop sessions and co-design, validation with key groups, understanding findings, and application of findings. Each step is intended to create space for the system to reflect and value how people with diverse perspectives access and provide care within it.

Northcott et al. [18] discuss the protocol for a feasibility study for providing psychological care to people with post-stroke aphasia, from a stepped care framework. Stepped care is recommended in the UK stroke guidelines, whereby an individual is triaged into one of three levels, depending on severity of symptoms. Depending on the level in which a person falls into, they are matched with an appropriate level of care and support. The authors propose that speech and language therapists can be trained to deliver a brief psychological therapy; Solution Focused Brief Therapy (SFBT). This approach to intervention is in alignment with stepped care approaches whereby an individual receives the care which meets the intensity of their needs at a given point in time, with the option to escalate to a higher step if required.

Nisarga et al. [17] discuss how stepped care treatment has been integrated into the design of a new child mental health service within India. The Early Intervention and Rehabilitation Centre for Children (EIRCC) located in Mumbai was

developed with the view to provide the required care at the point of contact, applying a stratified stepped care model rather than a progressive stepped care model. The integrated and multidisciplinary approach ensures that children receive well-coordinated comprehensive and customised interventions, addressing their specific needs in a holistic manner. This centre is one of few in the public sector in India utilising this approach. It is hoped that the EIRCC can guide the development of other centres and assist in the training of specialists, as well as the dissemination of the system of care.

Gellatly et al. [12] provide an evaluation of challenges arising in a school-based, stepped care intervention, delivered in urban Indian communities. The research focusses on the PRIDE project for adolescents, which implemented a school-based stepped care model from 2016 to 2022. The model consists of three steps: Step 0 (school wide), Step 1 (brief-problem solving intervention) and Step 2 (modular interventions for non-responders). This study explores the engagement challenges for urban Indian youth, identifying both barriers and facilitators to youth engagement. The study specifically examines the higher-intensity component (Step 2) of the stepped-care treatment, identifying both facilitators and barriers to youth engagement. The results of qualitative interviews indicate the importance of a positive therapeutic relationship, while highlighting concerns such as confidentiality. Overall, youth perspectives on a high-intensity component of a stepped care intervention for mental health in India, revealed both strengths and limitations.

Toews et al. [20] consider stepped care as it applies to engaging youth at risk of family violence, mental health concern and substance abuse. It is well documented that adverse childhood experiences and childhood abuse are linked to later difficulties with mental health [8]. The results of their review found a variety of interventions which were effective in engaging at-risk youth, including technology-based strategies involving personalised text messages and transfers to crisis lines, experiential therapies, and counselling-based strategies. The findings suggest that there is no single best engagement strategy, but rather a variety of approaches have been proven to be effective and need to be tailored to fit the individual needs of the youth at that time.

Burton et al. [2] presented stepped care as it applies to the treatment of individuals with eating disorders. This is of particular significance, as reported incidences of eating disorders are increasing worldwide [10]. The authors discuss the *Body Project* intervention, which has evidence supporting its use [19]. However, the program is yet to be formally implemented and evaluated in an Australian population, nor has its implementations within an existing early intervention service using a stepped care approach formally been assessed. The authors propose a treatment protocol, through which both quantitative and qualitative data on the acceptability and feasibility of the intervention as part of a stepped-care model will be collected.

This special issue consists of an additional treatment protocol, by Baker et al. [1], as it applies to the mental health screening and support for those with aphasia. Stroke clinicians from disciplines other than psychology, are often well placed to initiate "first line" screening for mental health concerns, provide low intensity interventions, and triage to mental health specialists as required. Thus, low intensity, interdisciplinary practice can be utilised in the stepped psychological care framework to assist with mental health treatment within aphasia rehabilitation. The protocol for two feasibility studies is presented, assessing the acceptability, feasibility and preliminary effectiveness of a program, with the goal being to enhance mental wellbeing in this population through tailored communication supports and interventions.

4 Common themes and conclusions

Stepped care models have emerged as a crucial approach in addressing mental health concerns across various populations and contexts. Stepped-care models offer a framework for delivering mental health interventions that match the intensity of treatment to the individual's needs, ensuring efficient use of resources while maximising effectiveness.

Common themes from the papers in this special issue highlight the versatility and adaptability of stepped care approaches across different mental health conditions, populations, and cultural contexts. Key themes include the importance of interdisciplinary collaboration, the integration of technology-based interventions, and the emphasis on tailoring treatments to individual needs. The papers demonstrate the applicability of stepped care models in diverse settings, from school-based interventions in India to post-stroke aphasia care in the UK. They also underscore the significance of early intervention, and the potential for stepped care to improve access to mental health services in resource-limited environments. In conclusion, the research presented in this special issue reinforces the value of stepped care models in addressing the growing global mental health burden, offering promising avenues for more accessible, efficient, and effective psychological interventions across various populations and mental health conditions.

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