



**UNSW**  
SYDNEY

*Do We Need More Therapy or Better Systems?*

*The Case for Stepped Care and Implementation*

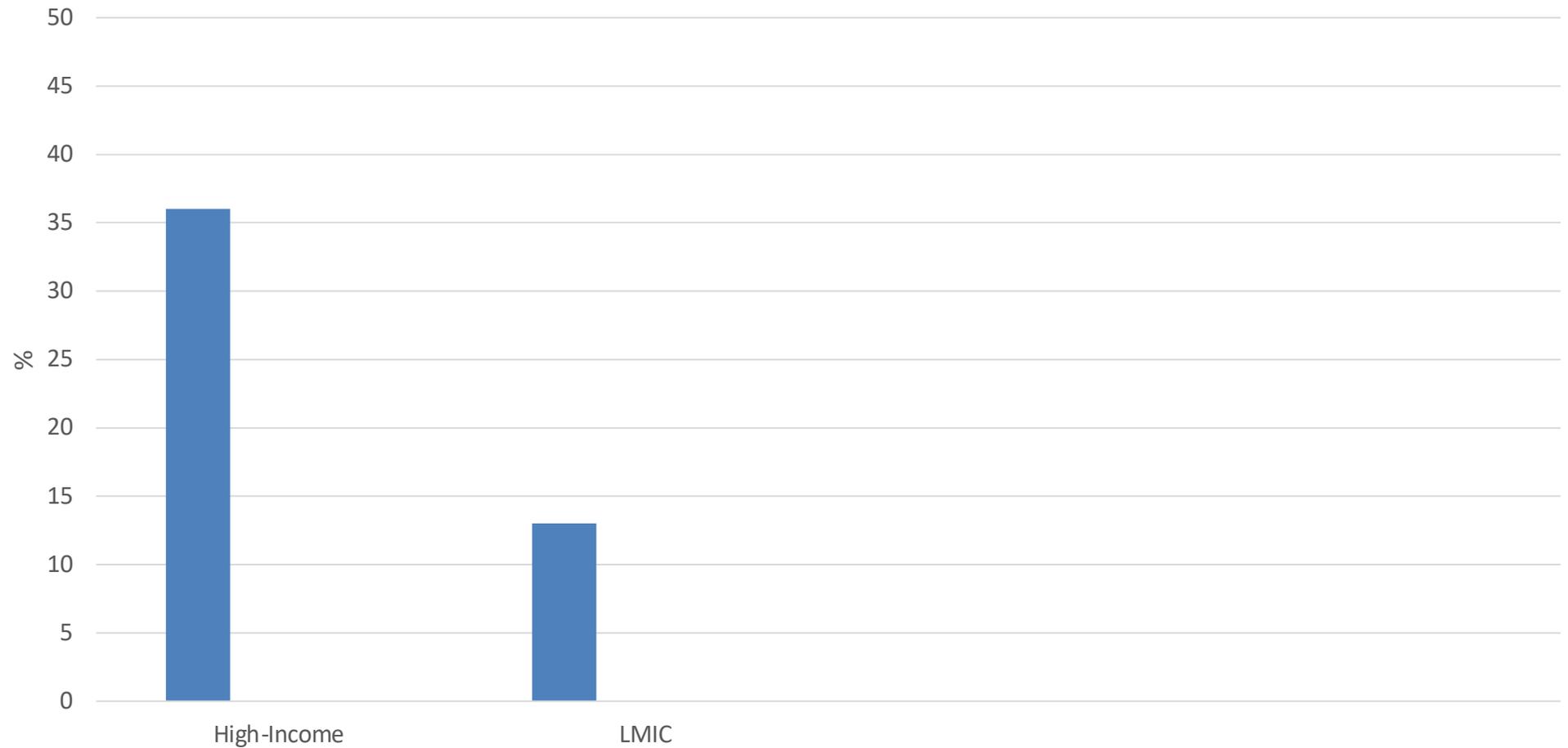
*Richard Bryant*

# Are Scalable Interventions Making a Difference?

- Strong evidence that scalable psychological interventions can reduce common mental disorders
- BUT are they actually making a difference in the real world?
- Most people in the world still do not receive appropriate mental health care

# Treatment for Anxiety

Diagrammtitel



# Implementation

- Big push today towards implementing treatments by translating from efficacy trials to real-world settings
- Big differences in real world implementation because:
  - Not expertly trained/supervised
  - Work within constrained budgets
  - Types of participants/patients are very different
  - Different standards apply for ensuring compliance in treatment delivery and compliance

# Attempts to Implement Often Fail

- MYRIAD trial
- Major trial in UK implementing mindfulness schools (> 8,000 children)
- Major success in implementation in that many schools engaged and rolled intervention out as routine practice
- BUT the intervention did not work... no difference with comparison schools
- Program quality often diluted when scaled up in the real world

# WHO Implementation Steps

- Service Delivery
- Workforce
- Information Systems
- Access to essential medicines
- Financing
- Leadership and Governance

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# What Do Implementation Initiatives Tell Us?

Singla, D. R.\* , Bryant, R. A.\* , Aggarwal, R. N., Clark, D. M., Keyan, D., Morina, N., Nokes, R., Rahman, A., Zaidan, M., & Patel, V. (under review). From evidence to systems: A roadmap for scaling evidence-based psychological treatments across global contexts. *Clinical Psychological Review*.

# Examples of Implementation

- StrongMinds (Uganda, Zambia, Kenya): 426,642
- Thinking Healthy Programme (Pakistan): 100,000
- Healthy Activity Plan (India): 18,000
- NHS Talking Therapies/IAPT (UK): 670,000 per year
- Problem Management Plus (SPIRIT, Switzerland)

# Ingredients of Effective Implementation: Trusted Workforce & Political Support

- Programs work when available workforces can be mobilised, trained, and supervised to give quality interventions
- Must have political support to allow these workforces to be delivering key interventions

# Ingredients of Effective Implementation:

## Reducing Barriers for Patients and Providers

- All implementation faces challenges
- Each successful case used appropriate steps to overcome challenges
  - Home-based treatment
  - Flexible session times
  - Digital tools to support program
  - Shortening programs
  - Multiple languages

# Ingredients of Effective Implementation:

## Alignment with High Priority Agendas

- Programs need to meet government agendas to optimise benefits
  - Focus on improving maternal health
  - Improving primary care services
  - Integrating refugees into local community
  - Improving economic productivity
  - Aims for cost-effectiveness and affordability

# Ingredients of Effective Implementation:

## Effective Monitoring

- All successful programs had effective surveillance
  - Real-times assessments of patient outcomes
  - Competency assessments of providers
  - Fidelity of treatment via digital supervision

# Ingredients of Effective Implementation:

## Partnership with Government, NGO, Universities

- Sustainability requires recurrent funding
- Real sustainability involves long-term government funding (e.g., Talking Therapies in UK)
- Some cases rely on recurrent NGO funding... but not reliable
- Investment from government typically *after* gains in hospitalization reduction, cost savings, increased employment, etc

# Ingredients of Effective Implementation:

## Flexibility to Adapt to Contextual Changes

- Sustainability depends on ability to be flexible when political or other factors change
- Need to be embedded across government sectors, need for cohort of local champions, and have links with decision makers to enable change to be managed

# Ingredients of Effective Implementation:

## Digital Capacity

- Digital solutions are being increasingly used to supplement traditional delivery and supervision
- Provides greater frequency, access, standardization

# Example of Chatbots

npj | digital medicine

Article

Published in partnership with Seoul National University Bundang Hospital

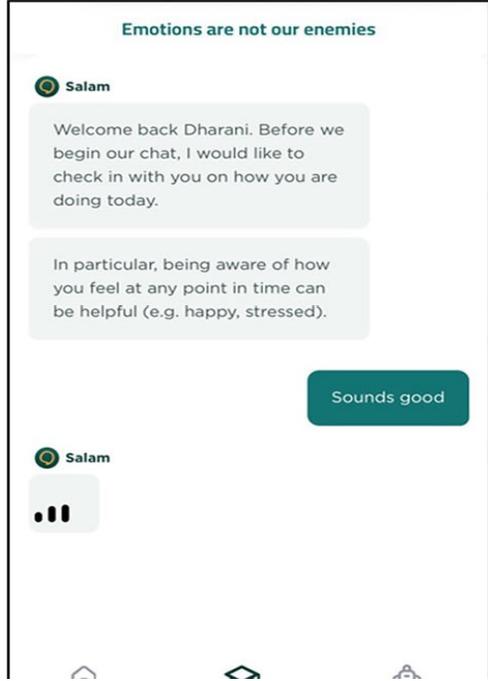
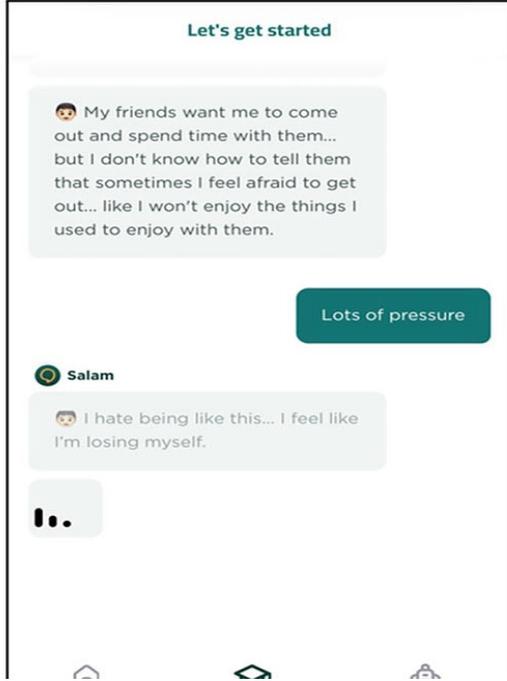
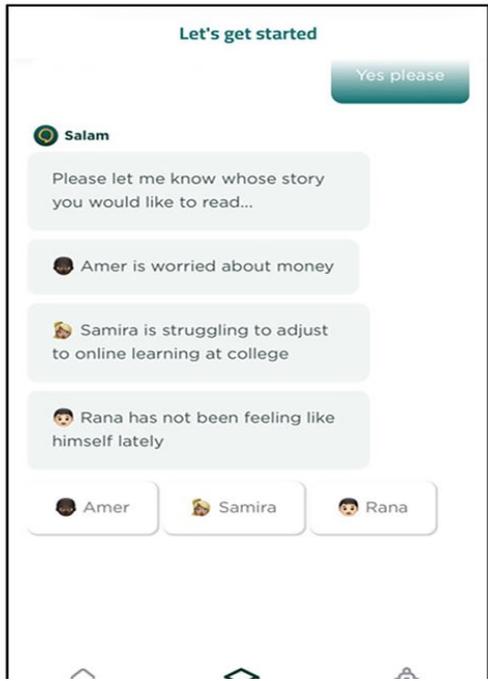
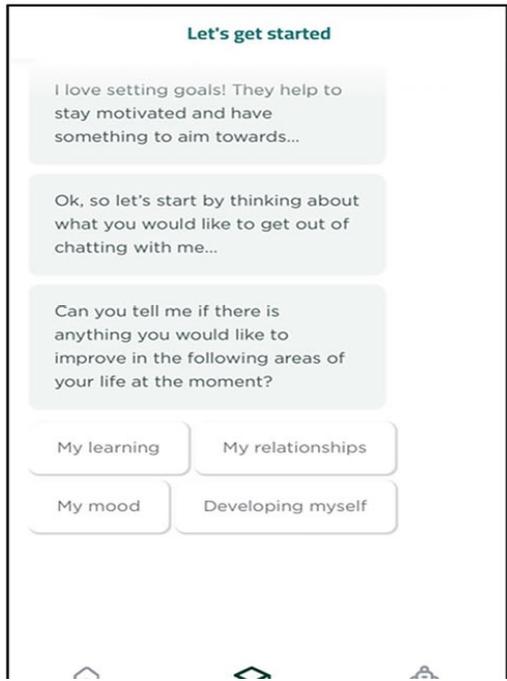
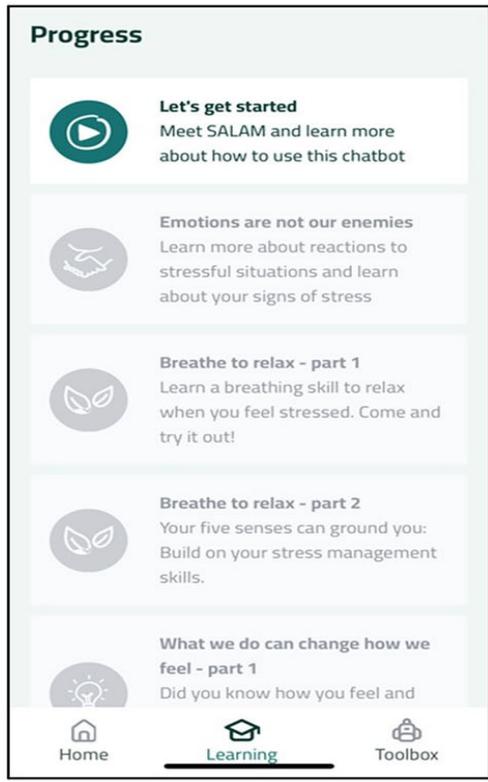
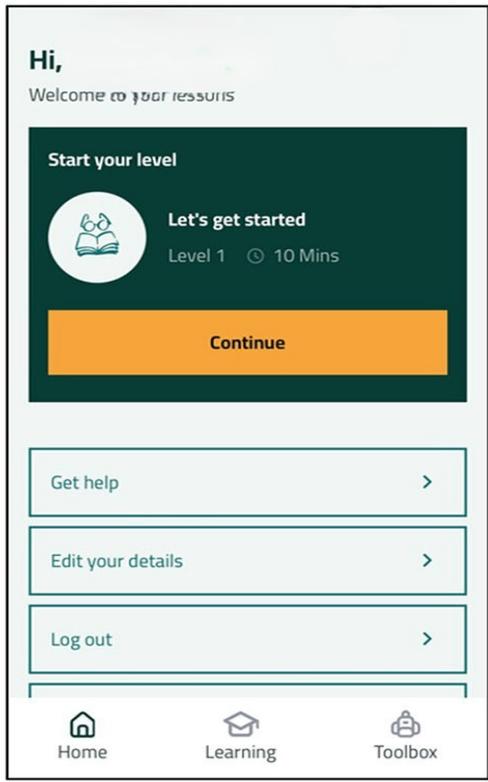


<https://doi.org/10.1038/s41746-025-02142-8>

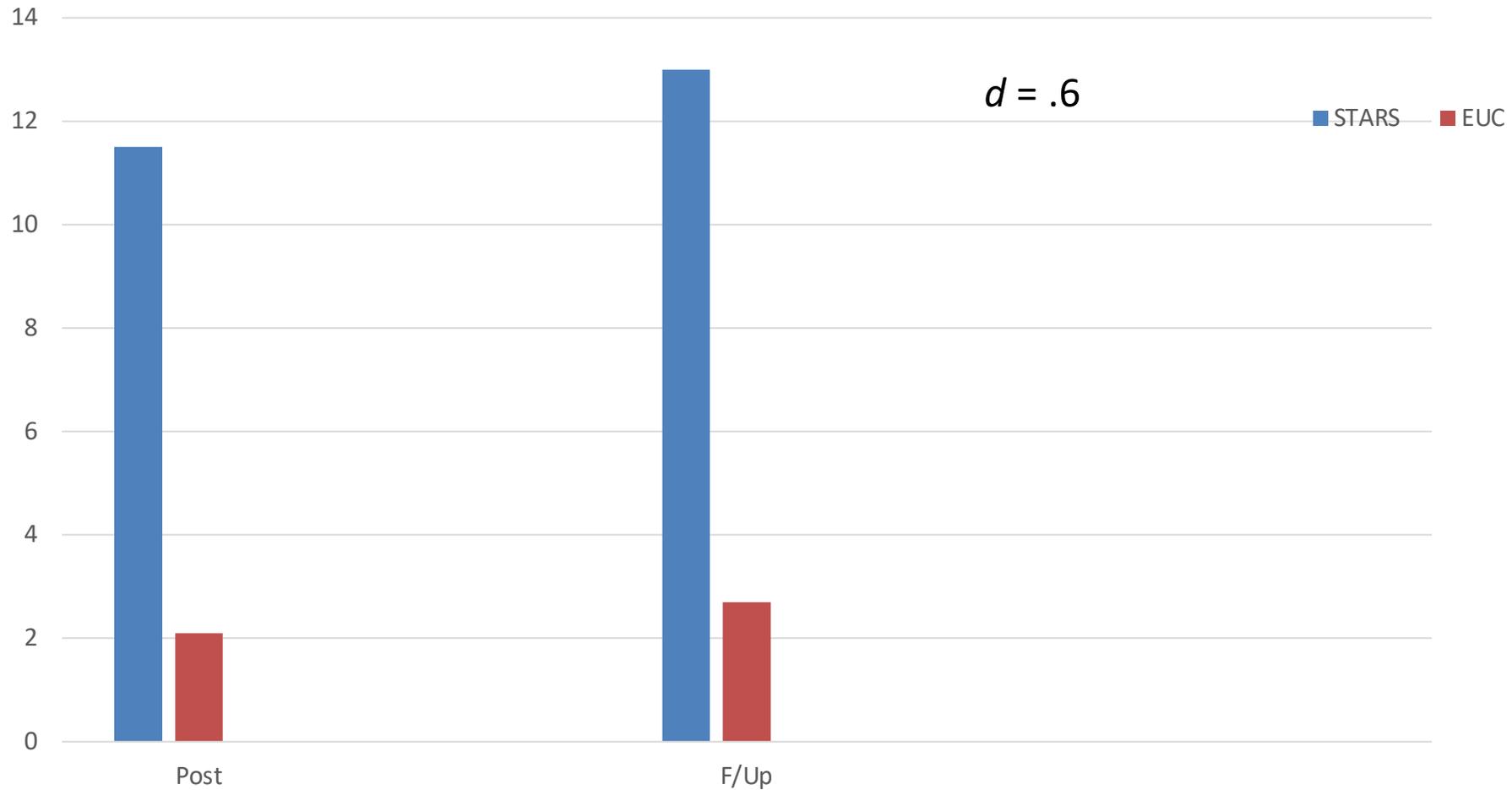
## **A guided chatbot-based psychological intervention for psychologically distressed older adolescents and young adults: a randomised clinical trial in Jordan**



Richard A. Bryant<sup>1,2,3</sup>✉, Anne M. de Graaff<sup>4</sup>, Rand Habashneh<sup>5</sup>, Sarah Fanatseh<sup>5</sup>, Dharani Keyan<sup>1</sup>, Aemal Akhtar<sup>4,6</sup>, Adnan Abualhaija<sup>5</sup>, Muhannad Faroun<sup>5</sup>, Ibrahim Said Aqel<sup>5</sup>, Latefa Dardas<sup>7</sup>, Hadeel Afar<sup>8</sup>, Chiara Servili<sup>4</sup>, Dusan Hadzi-Pavlovic<sup>9</sup>, Mark van Ommeren<sup>4</sup> & Kenneth Carswell<sup>4</sup>



# Change in HSCCL Scores (Anxiety/Depression)



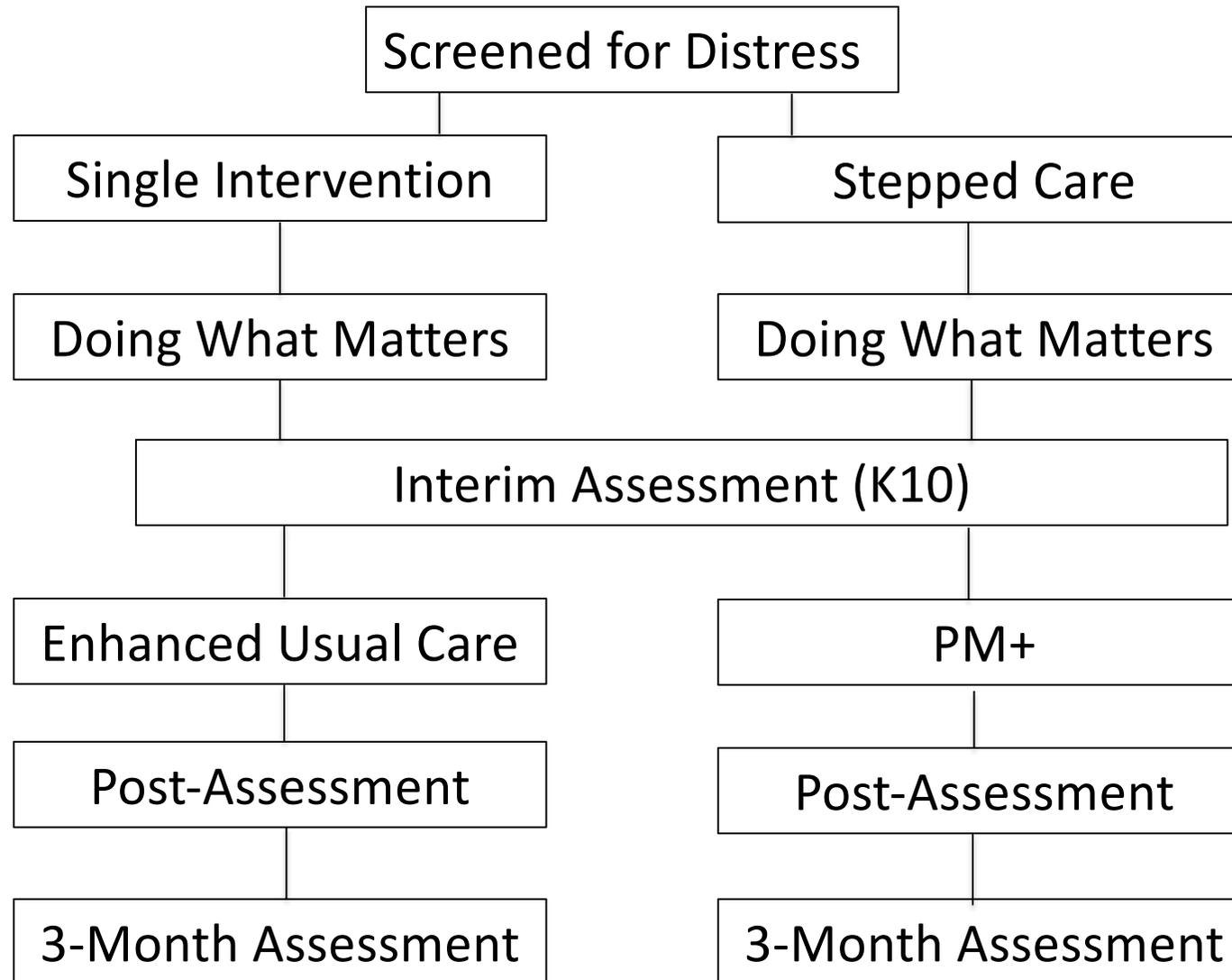
# Implementation Requires Stepped Care

- Most interventions based on single interventions
- This does not account for fact that many people do not respond to treatment
- Stepped care frameworks allow management of people with persistent needs yet accommodates limited resources

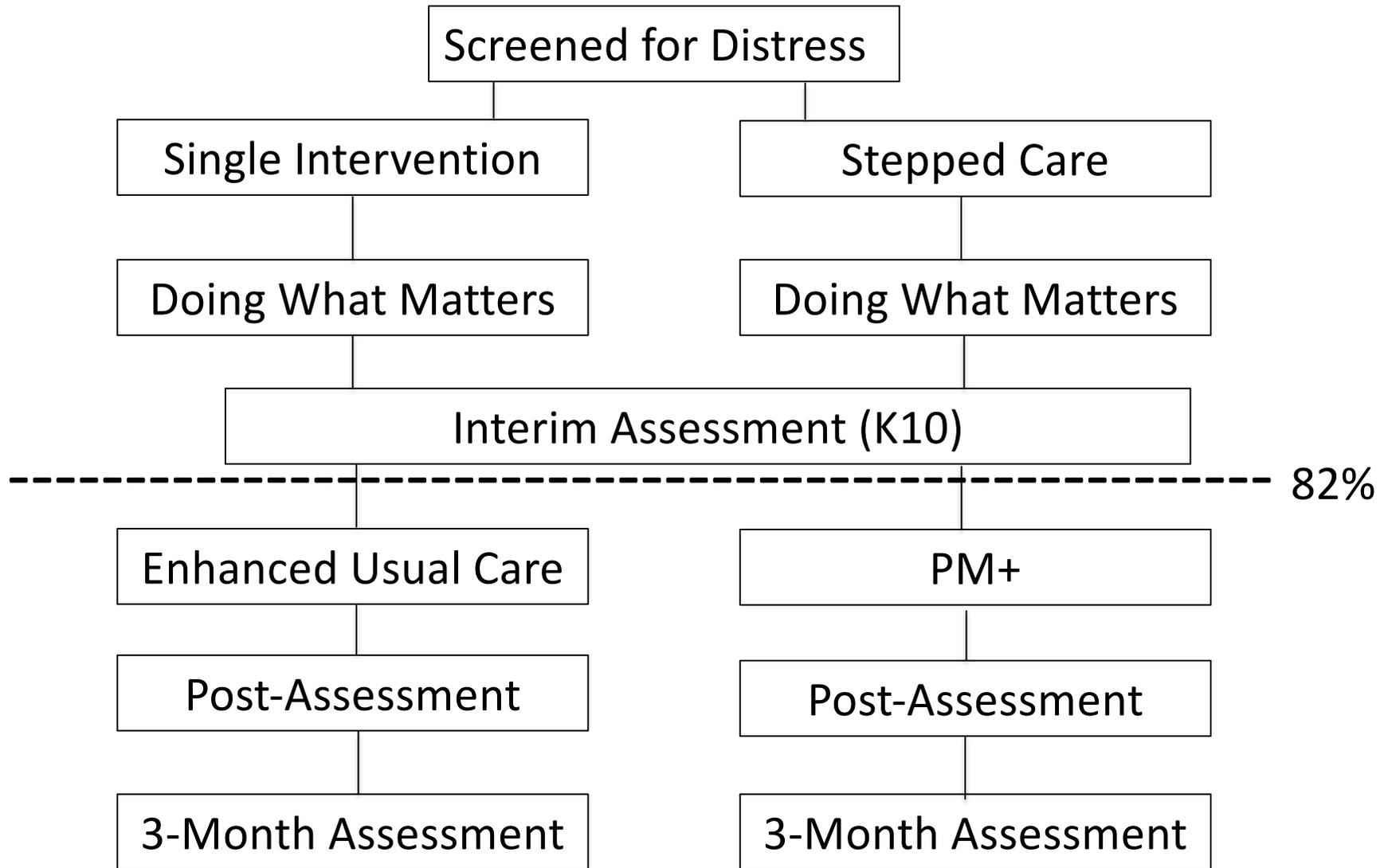
# Is Stepped Care More Effective?

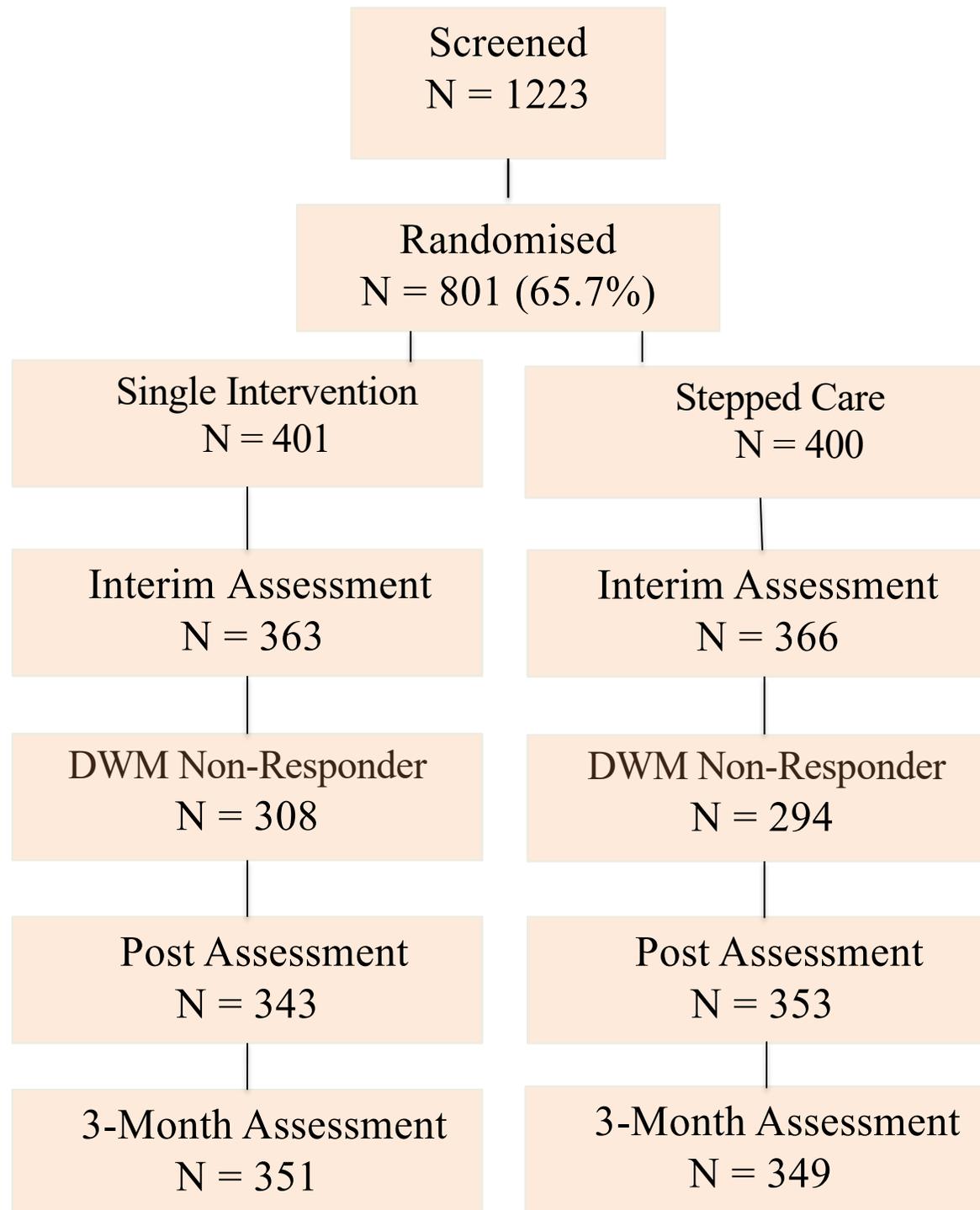
- Numerous examples of stepped care working well in high-income and LMIC settings
- But is it actually more effective than single interventions?
- We recently completed a trial in Jordan to answer this

# Design

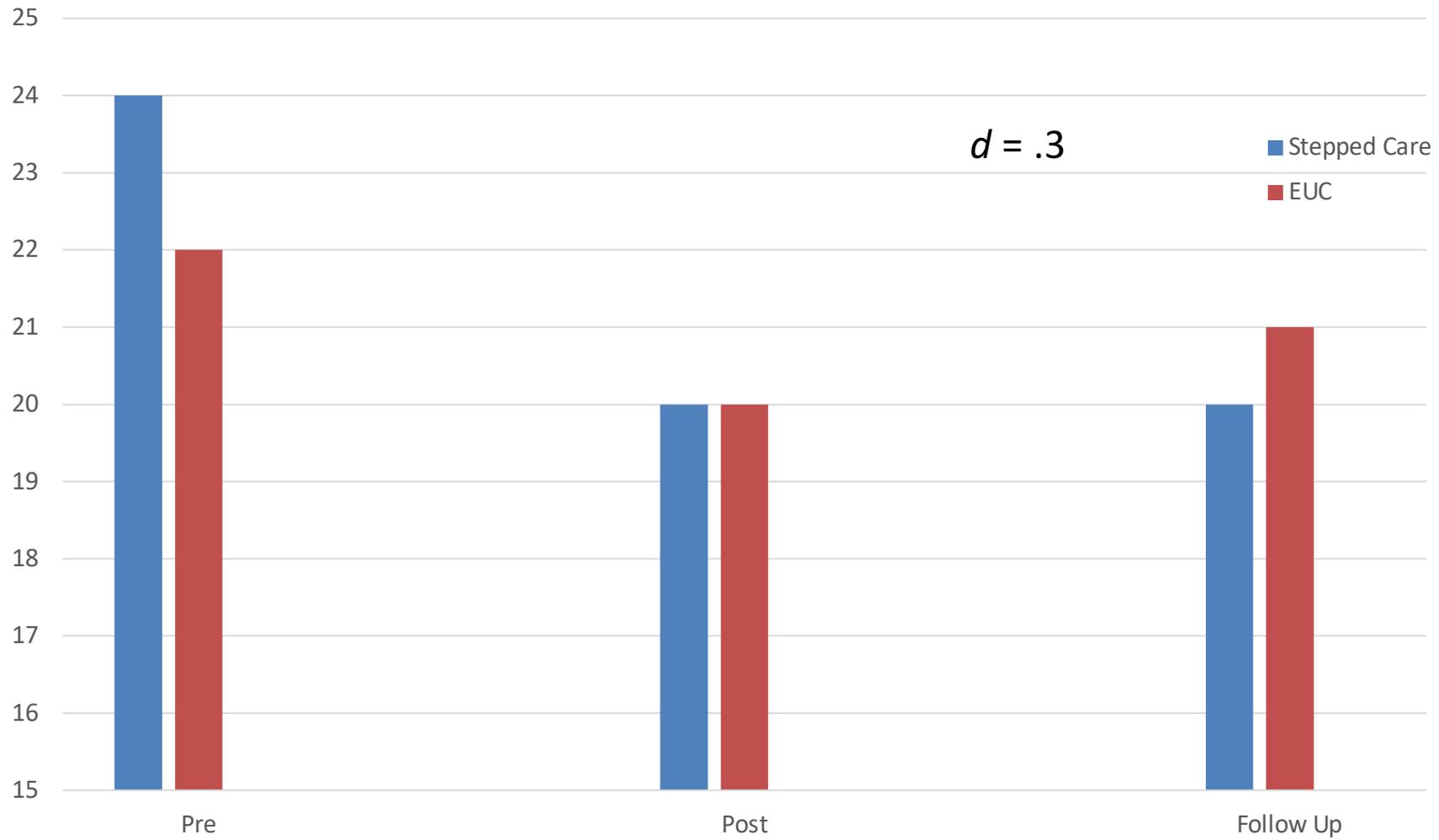


# Design

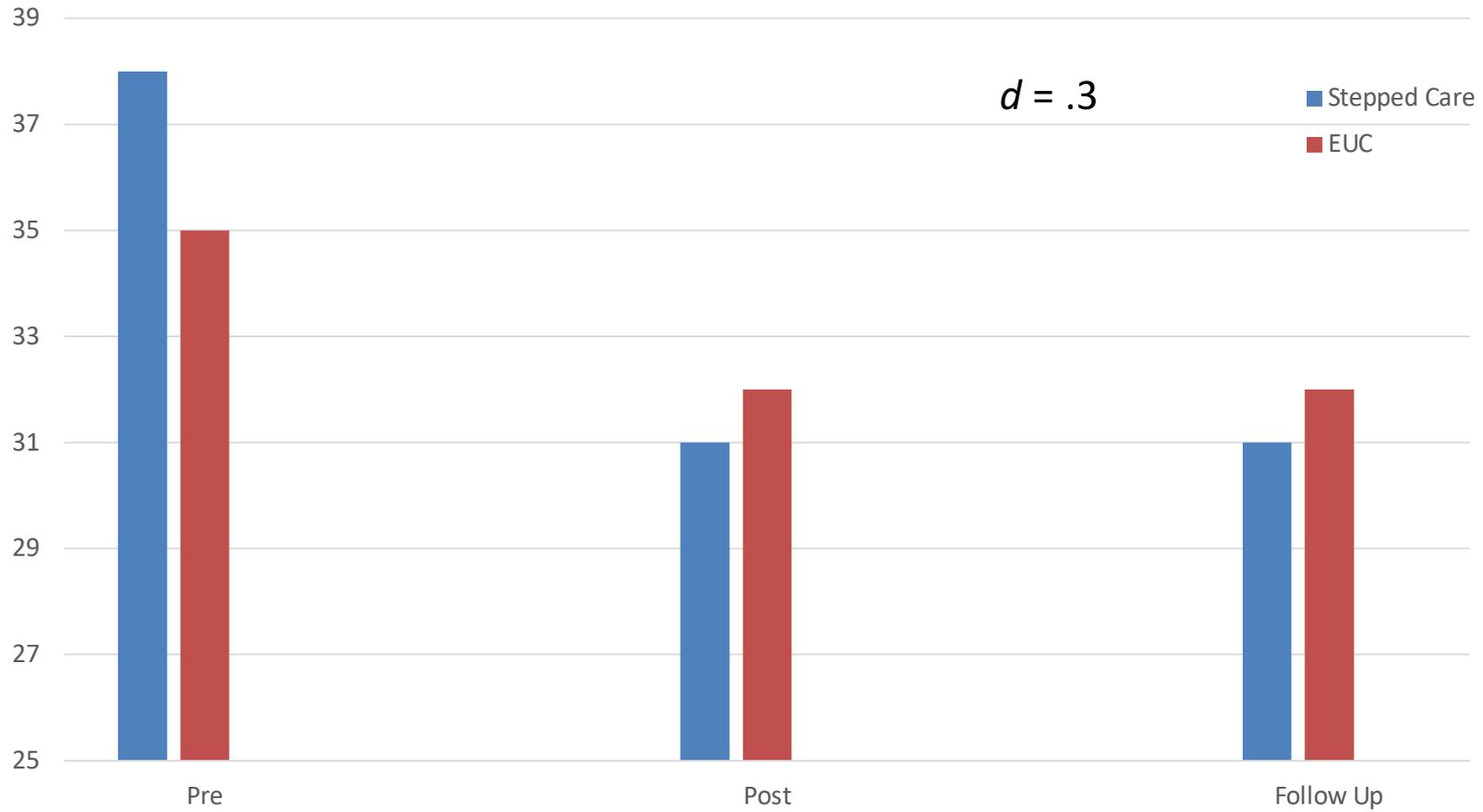




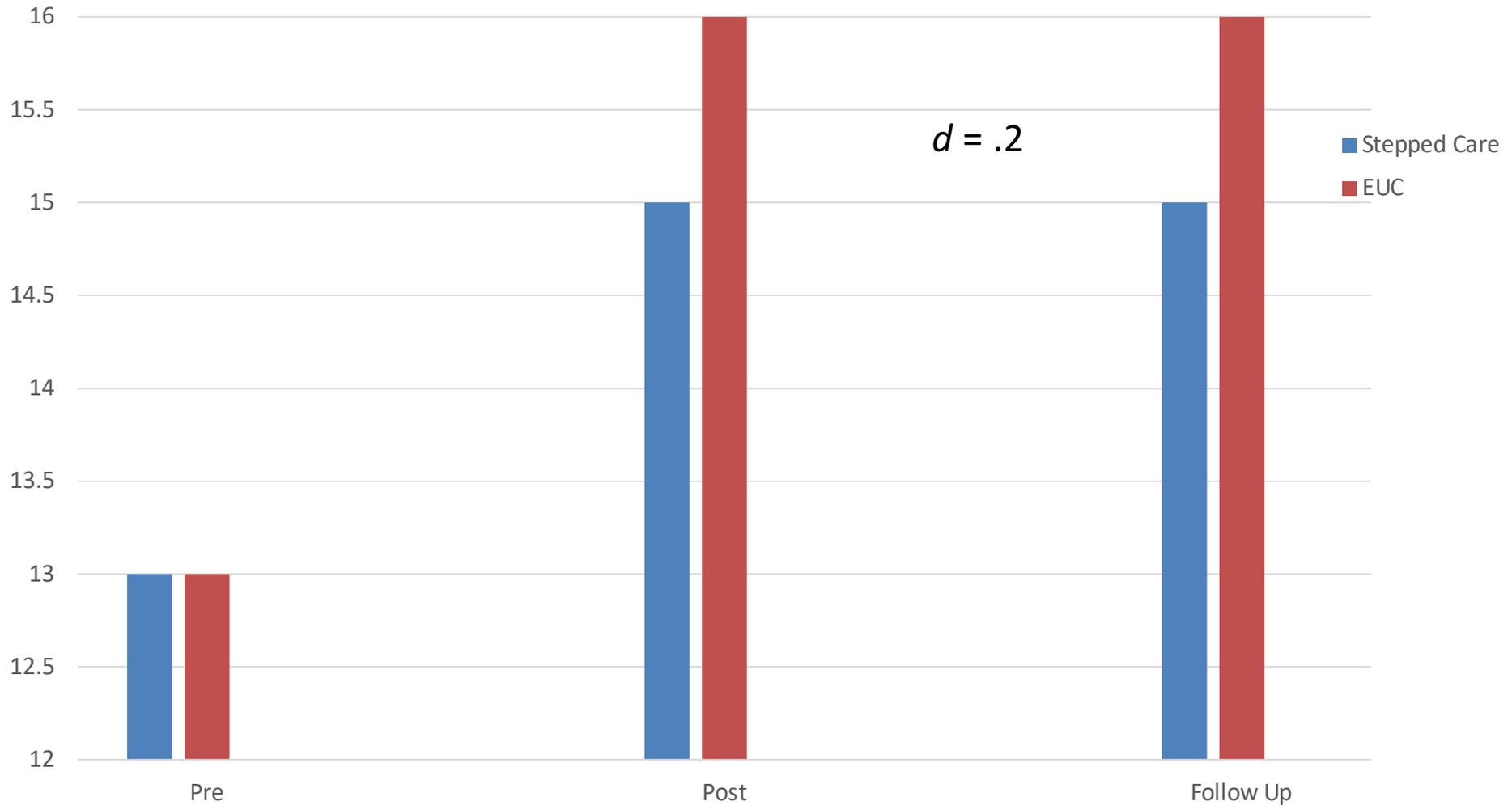
# HSCCL-Anxiety



# HSCCL-Depression



# PSYCLOPS



# Cost-Effectiveness

- Stepped Care cost more than single intervention
- Stepped Care achieved better quality-adjusted life years (QALYs)
- Based on WHO recommendations for acceptable costs per QALY gained ( $3 \times \text{PPP GDP}$ ) = Int\$32,000 in Jordan
- The incremental cost per QALY gained was \$Int23,641
- This suggests that although it is more costly, Stepped Care can be cost-effective

# Conclusions

- Challenge ahead is how to translate evidence into real-world health systems
- Especially in current geopolitical environment
- Critical to develop government or institutional support to be sustainable
- Always adhering to fidelity and quality to ensure effectiveness
- Need to make the economic case to governments and donors about the value of our interventions
- Essential to put emphasis on implementation science to determine HOW we overcome obstacles and optimize the likelihood of successful and effective scale-up