

Norwegian Institute of Public Health, Division of Mental and Physical Health Case 3

Institution: Norwegian Institute of Public Health
Administrative unit: Division of Mental and Physical Health
Title of case study: Evaluation of Prompt Mental Health Care (PMHC)
Period when the underpinning research was undertaken: 2014-
Period when staff involved in the underpinning research were employed by the submitting institution: 2014-
Period when the impact occurred: 2016-

1. Summary of the impact

The results of the evaluations have contributed to continuation and further dissemination of the Prompt Mental Health Care (PMHC) program in Norway. As such our research has contributed to making evidence-based psychological treatments more available at the primary care level. Moreover, our initial studies have promoted new initiatives to further improve the fidelity and quality of the service, more specifically the implementation of internet-based guided self-help, the inclusion of job-specialists in the service (under development) and development of a national outcome registry for PMHC (under development). Finally, the evaluations have contributed facilitating further dissemination of IAPT in England and inspired similar initiatives in Lithuania.

2. Underpinning research

Prompt Mental Health Care (PMHC) is the Norwegian adaptation of the English “Improving Access to Psychological Therapies (IAPT)”. It is a program that aims to reduce the treatment gap for people struggling with anxiety and depression by establishing teams of health care workers (psychologists, nurses, physiotherapists etc.) who can provide cognitive behavioral therapy (CBT) after completing a 1-year training program. More therapists and frequent use of low-intensity treatment forms (guided self-help, group-based psychoeducation) are considered key ingredients to be able to offer evidence-based treatment to more people in need. Important outcomes of the program are decreased symptom pressure, increased quality of life and improved work ability.

PMHC was initially piloted and evaluated in the period 2013-2016 in 12 municipalities. Results of the evaluation indicated that PMHC was associated with clinically significant decreases in symptoms of anxiety and depression and the recovery rates were on par with the initial evaluations of IAPT (50-60%). Quality of life and work participation did also improve. The evaluation also pointed to areas of improvement, most notably the need for increased use of guided self-help in order to optimize the use of available therapist resources, and the need for increased focus on return to work during therapy in order to further improve work outcomes (Smith et al., 2016; Knapstad et al., 2018).

Both IAPT evaluations and the initial PMHC evaluation have been evaluated using single-group pre-post designs and benchmark methodology, which are considered suboptimal research designs. To counter the uncertainty from existing evaluations, we conducted a randomized controlled trial (RCT) of PMHC in two of the pilot sites (Kristiansand and Sandnes) in which PMHC treatment was compared to treatment as usual at the municipality level (TAU). Results indicated moderate to large treatment effects in favour of PMHC on symptoms, (reliable) recovery rate, functioning, and health-related quality of life at 6 months follow-up (Knapstad et al., 2020). These intervention

effects were maintained at 12-month follow-up (Myrtveit Sæther et al., 2020) and among participants in the PMHC group at 24- and 36-months follow-up (Smith et al., 2022).

A process evaluation, conducted in relation to the RCT showed that several aspects of PMHC were implemented in line with the guidelines provided by Norwegian Directorate of Health (Lervik et al., 2020). Importantly, both services reached out to the intended target group, and could further be characterized as low-threshold with relatively short waiting times, no waiting lists, and frequent use of self-referral. From the client perspective, results indicated a high degree of treatment satisfaction, and this was true across demographic characteristics and symptom severity at baseline. Most notable challenges that came forward were again the low provision of guided self-help, the lack of focus on work participation, and the collaboration with other services.

Using registry data from the period 2018-2020, the PMHC group was more likely than TAU to be in regular work without receiving welfare benefits in 2019 and 2020, while no differences were found in 2018 (Smith et al, submitted). Some evidence was found that the PMHC group spent less on health care. The benefit-cost ratio was estimated to 3.73 when comparing overall economic gain in terms of occupational income levels against the overall costs of the intervention. Differences in public sector spendings were negligible. These results supported the societal economic benefit of investing in PMHC-like services.

The following key researchers were involved:

Robert Smith (Research Professor, 2014-)
 Marit Knapstad (Research Professor, 2015-)
 Leif Edvard Aarø (Research Professor, 2014-)
 Linn Vathne Lervik (Phd student 2017-2021)
 Solbjørg Makalani Myrtveit Sæther (Post doctor 2017-)

3. References to the research

Smith ORF, Alves DE, Knapstad M. Rask psykisk helsehjelp: Evaluering av de første 12 pilotene i Norge [Prompt Mental Health Care: Evaluation of the first 12 pilot municipalities in Norway]. Folkehelseinstituttet 2016. Rapport. Link: <https://www.fhi.no/publ/2016/rask-psykisk-helsehjelp-evaluering-av-de-forste-12-pilotene-i-norge/>

Knapstad M, Nordgreen T, Smith ORF: Prompt mental health care, the Norwegian version of IAPT: clinical outcomes and predictors of change in a multicenter cohort study. BMC Psychiatry 2018, 18(1):260. Link: <https://doi.org/10.1186/s12888-018-1838-0>

Knapstad M, Lervik LV, Sæther, SMM, Aarø LE Smith ORF. Effectiveness of Prompt Mental Health Care, the Norwegian version of Improving Access to Psychological Therapies: A randomized controlled trial. Psychotherapy and Psychosomatics 2020, 89, 90-105. Link: <https://karger.com/pps/article/89/2/90/283211/Effectiveness-of-Prompt-Mental-Health-Care-the>

Sæther, SMM; Knapstad, M; Grey, N; Rognerud, MA; Smith, ORF. Long-term outcomes of Prompt Mental Health Care: A randomized controlled trial. Behaviour Research and Therapy 2020; Volume 135:103758. s. 1-11. Link: <https://doi.org/10.1016/j.brat.2020.103758>.

Smith ORF, Sæther SMM, Haug E, Knapstad M. Long-term outcomes at 24- and 36-month follow-up in the intervention arm of the randomized controlled trial of Prompt Mental Health Care. BMC Psychiatry. 2022 Sep 9;22(1):598. Link: <https://doi.org/10.1186/s12888-022-04227-0>.

Lervik, LV, Knapstad, M, & Smith, ORF (2020). Process evaluation of Prompt Mental Health Care (PMHC): the Norwegian version of Improving Access to Psychological Therapies BMC Health Services Research, 20, 1-17. Link: <https://doi.org/10.1186/s12913-020-05311-5>.

Smith ORF, Clark DM, Hensing G, Layard R, Knapstad M (submitted). Cost-benefit of IAPT Norway and effects on work-related outcomes and health care utilization: Results from a randomized controlled trial using registry-based data (*available on request*).

4. Details of the impact

The results of our evaluations of PMHC have been important for the continuation and further dissemination of the Prompt Mental Health Care (PMHC) program in Norway. During the pilot period, municipalities received central funding from the Norwegian Directorate of Health for 3-4 years in order to establish the service. After this period, the teams were dependent on funding from the municipality. From 2021, the establishment of new teams became also almost fully dependent on local funding. For people working in the field to be able to show that the PMHC model is evidence-based, alleviates mental health problems, improves quality of life, and increases work participation has been and likely still is an important factor in convincing the leadership at the municipality level to continue with and/or to establish PMHC. The knowledge generated by our work has also contributed to convince the central government to continue the investment in PMHC at a national level by providing funding for training of new therapists, and by providing extensive implementation support. It's also interesting to note that there is broad support for PMHC across political parties. The assertions about the impact of our studies are supported by the fact that our research is widely referred to in documents at the national and local level, as well as by the media.

Our studies have also promoted new initiatives to further improve the fidelity and quality of the service, more specifically:

- The implementation of internet-based guided self-help: we argued in our evaluations that guide-self help should be used much more frequently to improve the efficiency of the service. At the same time, the central government was interested in piloting digital tools to aid psychological treatment at the municipality level. A new project was therefore launched in which a internet-based treatment program was piloted in 6 different PMHC teams across the country (Fosen, Karmøy, Modum, Notodden, Sandnes, Vestvågøy). Our team was asked to evaluate this project in 2020. First results are expected in 2024.
- The inclusion of employment advisers in PMHC (under development): we recommended in our evaluations to initiate measures to improve collaboration between services and to increase focus on work during therapy, amongst others by the inclusion of employment advisers. Late 2023, the government asked the Norwegian Directorate of Health and the Norwegian the Directorate of Labour and Welfare to initiate a pilot project to promote increased collaboration between PMHC teams and the Norwegian Labour and Welfare Administration. It is expected that employment advisers from the Norwegian Labour and Welfare Administration will be placed at PMHC teams on a part-time basis. A scientific evaluation of the pilot will also be conducted.
- The development of a national outcome registry for PMHC (under development): Already in our first report, we have argued for the development of a system that allows for continuous evaluation of the service, similar to the system that IAPT uses. This is both important to ensure model fidelity and for the further development of the service. Late 2022, the Norwegian Directorate of Health was given the assignment to develop such a system for PMHC in Norway.

Finally, the evaluations have contributed to the further expansion of IAPT in England (the results from our cost-effectiveness paper) and inspired similar initiatives in Lithuania (results of our work were presented to 3 different delegations from Lithuania).

5. Sources to corroborate the impact.

Examples of various sources that include descriptions and references to results of our evaluations of PMHC, such as governmental documents, political party programs, webpages and media pages:

Governmental White Paper: Investment plan for mental health 2023-2033 (Meld St. 23):

<https://www.regjeringen.no/contentassets/0fb8e2f8f1ff4d40a522e3775a8b22bc/no/pdfs/stm202220230023000dddpdfs.pdf>

Homepage National competence center for community-based mental health work (commissioned to facilitate implementation of PMHC):

<https://napha.no/content/13931/rask-psykisk-helsehjelp>

PMHC Handbook, incl. chapter summarizing results from our evaluations:

<https://napha.no/multimedia/10878/rph-handboka.pdf>

Homepage Norwegian Association for Cognitive Therapy:

<https://www.kognitiv.no/utdanning/vare-videreutdanninger/opplaeringsprogram-i-kognitiv-terapi-for-rask-psykisk-helsehjelp/>

National report of municipality-based mental health work 2019: FTEs, competence and content of the services (SINTEF, commissioned by the Norwegian Directorate of Health):

https://www.sintef.no/globalassets/sintef-digital/helse/endelig_rapport_2019_01307.pdf

Report on collaboration between the Norwegian Labour and Welfare Administration (NAV) and PMHC (Oslo Economics 07.11.2020):

<https://osloeconomics.no/wp-content/uploads/2021/04/Samarbeid-NAV-og-RPH-17.11.2020.pdf>

Kristiansund municipality – 10-year celebration of their PMHC service (took part in the evaluation of the first pilot sites):

<https://www.kristiansund.kommune.no/aktuelt/rask-psykisk-helse-i-kristiansund-feirer-10-arsjubileum-med-stor-suksess.44854.aspx>

Opinion article in Aftenposten 28.02.2020 (national newspaper) on the need for support to secure continuation and further implementation the PMCH in Norway:

<https://www.aftenposten.no/meninger/debatt/i/wPL5M1/norge-trenger-rask-psykisk-helsehjelp-dyregrov-hovgaard-bjoernsund-berge-og-sandvik>

National daily news program, case on the results of the first PMHC evaluation, 07.11.2016:

<https://tv.nrk.no/serie/dagsrevyen/201611/NNFA19110716>

Newspaper coverage (Stavanger Aftenblad) 28.06.2018, on the results of the RCT study:

<https://www.aftenbladet.no/lokalt/i/9mdEX5/dette-lavterskeltilbudet-hjelper-folk-ut-av-depresjon>

Political party “Høyre” mental health plan, published 2023:

<https://hoyre.no/content/uploads/2023/05/Hoyres-plan-for-bedre-psykisk-helsehjelp.pdf>

Opinion article in Dagens Medisin (03.05.2023) on the need to invest more in community-based mental health services, such as PMHC:

<https://www.dagensmedisin.no/det-er-behov-for-a-styrke-psykiske-helsetjenester-i-kommunene/562713>