

DE-IMPLEMENTATION OF LOW VALUE CARE IN MENTAL HEALTH SERVICES

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BACKGROUND

Interventions that may harm the patient or have little benefit given the cost, available alternatives, and preferences of the patient are defined as low value care (Colla et al., 2017). Unnecessary medical spending is a worldwide issue making this an important focus of research (Shrank et al., 2019).



There has been progress in reducing low value care in primary and acute settings but there has been little focus on mental health services. Whilst recommendations, such as those produced by the Choose Wisely campaign, help raise awareness about low-value care (Rosenberg et al., 2015), interventions are needed to actually stop these practices, which can be entrenched (Hong et al., 2017). The most commonly identified barrier to de-implementation (particularly in the case of stopping medicines where most research has been conducted) is the patient themselves (Kool et al., 2020). This means that the patient perspective is paramount in research in this area.

METHOD

The aims of my research are to:

1. Identify low value mental health care practices from the service user's perspective.
2. Investigate the reasons why certain practices are considered to be low value.
3. Explore how low value practices should be de-implemented.



15 Peer Support Workers were recruited through mental health charities.



Semi-structured in-depth interviews were conducted virtually.



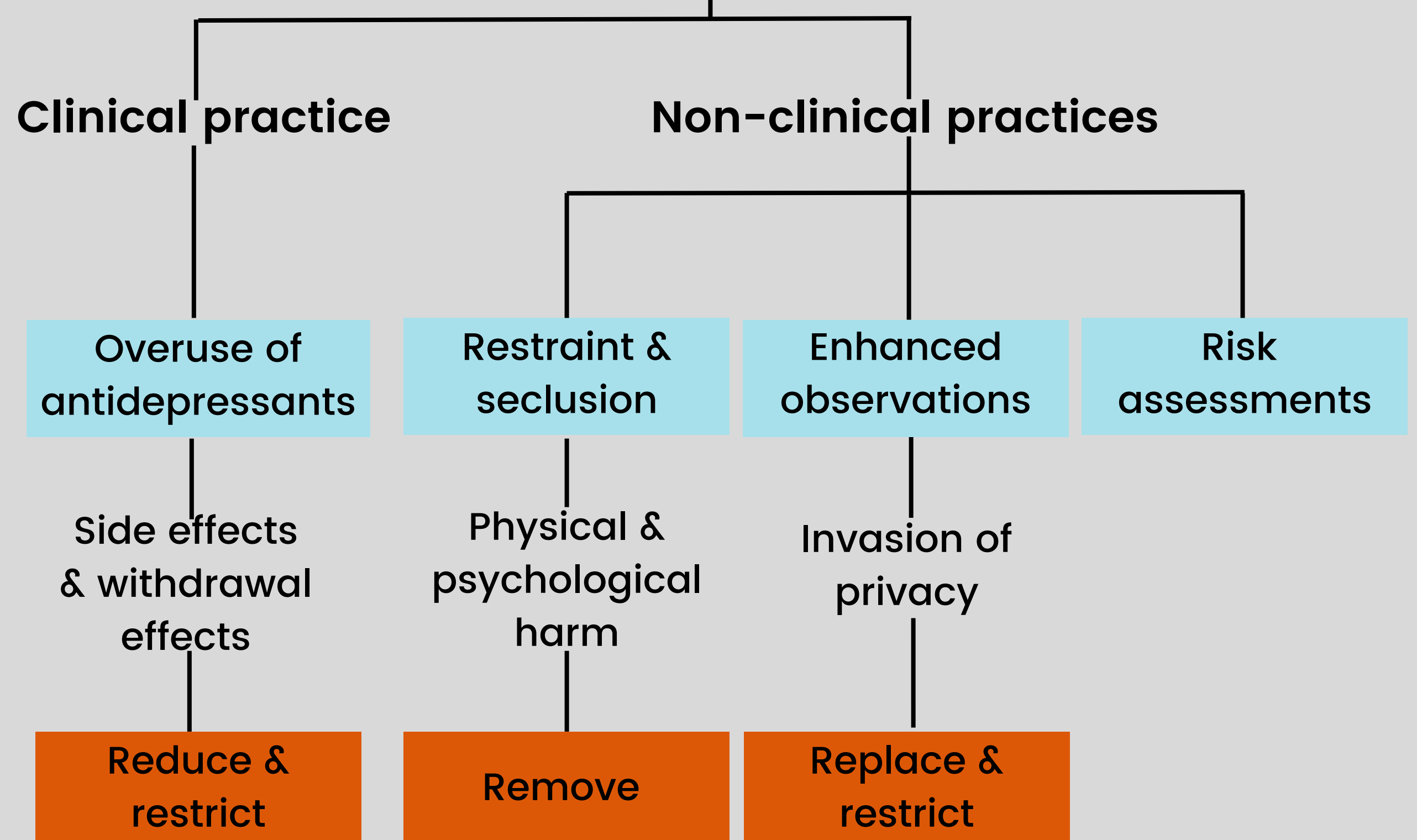
Interview transcripts were analysed using Abductive Thematic Network Analysis (Rambaree & Faxelid, 2013).

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PRELIMINARY RESULTS

Low value practices in mental health services



CONCLUSION

- De-implementing harmful or unnecessary care could help free up the vital resources needed to provide safe, high quality mental health care.
- This study identifies three potential targets for de-implementation in mental health services.
- Future studies will explore these practices in more detail and identify one practice for de-implementation.