

Recommendations

on the future dissemination of CBT and support methods based on CBT concepts

Health and Global Policy Institute (HGPI) published a report of the project entitled “Assess State of Cognitive Behavior Therapy (CBT) Use in Japan and Examine Systems for Contributing to the Future Dissemination of CBT and CBT-based Practices.” This project was conducted as part of the FY2020 Ministry of Health, Labour and Welfare Project for the Promotion of Comprehensive Welfare for Persons with Disabilities (Third Stage). In Chapter 6 of this report, we compiled recommendations on the future dissemination of CBT and support methods based on CBT concepts.

We utilized concepts from dissemination and implementation science to arrange topics for the future dissemination of CBT into six categories: (1) evidence; (2) policy guidelines; (3) human resources development; (4) provision systems; (5) perspectives of patients and other affected parties; and (6) evaluation and monitoring.

Based on these categories, we generated recommendations on the future dissemination of CBT and support methods based on CBT concepts.







	both CBT and support methods based on CBT concepts	CBT as a treatment of disease	support methods based on CBT concepts
1. Evidence 	<ul style="list-style-type: none"> Conduct needs assessment and evaluate health economic effects on society Verify the potential of implementation in each region 	<ul style="list-style-type: none"> Build evidence on the best number of CBT sessions Establish evidence that CBT can solve challenges facing clinical practice 	<ul style="list-style-type: none"> Verify the effectiveness of each program for improving mental health and well-being
2. Policy guidelines 	<ul style="list-style-type: none"> Create policy guidelines on integrated mental health support Implement diverse measures for the effective use of CBT in communities 	<ul style="list-style-type: none"> Assign points in the medical service fee reimbursement schedule on a slope according to disease severity and complexity Build systems that enable nurses to participate in CBT Synthesize discussion points on task shifting and task sharing 	<ul style="list-style-type: none"> Establish incentives to promote dissemination in each region
3. Developing human resources 	<ul style="list-style-type: none"> Establish a step-by-step training system for CBT Build a network to help professionals continuously improve their skills or to acquire information Include the fundamentals of CBT among basic skills required of specialists involved in providing mental health care, such as physicians and nurses 		
4. Provision systems 		<ul style="list-style-type: none"> Build a collaborative system involving family doctors and healthcare providers in other fields Build a provision system that makes good use of ICT and smartphone applications 	<ul style="list-style-type: none"> Develop systems promoting self-care Create a flowchart that outlines responses fitted to the needs of those receiving treatment according to risk and severity and identifies responding parties in each region to achieve the division of roles in healthcare
5. Perspectives of patients and other affected parties 	<ul style="list-style-type: none"> Transmit information from the perspectives of patients and other affected parties Build a system for providing continuous support to patients and those most affected 		
6. Evaluation and monitoring 	<ul style="list-style-type: none"> Monitor implementation status and quality Evaluate the effects of MHLW CBT training programs on a continuous basis 		

Fig. Overview of Recommendations

1. Evidence

Recommendations for both CBT and support methods based on CBT concepts

- Conduct needs assessment and evaluate health economic effects on society
- Verify the potential of implementation in each region

Recommendations for CBT as a treatment of disease

- Build evidence on the best number of CBT sessions
- Establish evidence that CBT can solve challenges facing clinical practice

Recommendations for support methods based on CBT concepts

- Verify the effectiveness of each program for improving mental health and well-being

2. Policy guidelines

Recommendations for both CBT and support methods based on CBT concepts

- Create policy guidelines on integrated mental health support
- Implement diverse measures for the effective use of CBT in communities
 - Measures to promote the use of CBT during hospitalization, community transition, in-home psychiatric care, and in other such settings
 - Measures to promote programs using lower intensity formats such as self-help, including group therapy and the use of digital technology
 - Measures to promote the provision of programs from a wide variety of support institutions

Recommendations for CBT as a treatment of disease

- Assign points in the medical service fee reimbursement schedule on a slope according to disease severity and complexity
 - Establishing a slope corresponding to disease severity and complexity
 - Establishing a slope based on need
 - Packaging treatments to increase the total number of points assigned
- Build systems that enable nurses to participate in CBT
- Synthesize discussion points on task shifting and task sharing from physicians to a broader range of healthcare professionals, including certified psychologists

Recommendations for support methods based on CBT concepts

- Establish incentives to promote dissemination in each region
 - In fields like community health and welfare, incentives for support methods based on CBT concepts provided by people who have undergone a certain degree of training should be considered
 - Add CBT to the Health and Productivity Management Organization certification system and the evaluation indices for insurer incentives
 - Consider including descriptions of forms of support based on CBT concepts in curriculum guidelines

3. Developing human resources

Recommendations for both CBT and support methods based on CBT concepts

- Establish a step-by-step training system for CBT
- Build a network to help professionals continuously improve their skills or to acquire information
- Include the fundamentals of CBT among basic skills required of specialists involved in providing mental health care, such as physicians and nurses

4. Provision systems

Recommendations for CBT as a treatment of disease

- Build a collaborative system involving family doctors and healthcare providers in other fields
- Build a provision system that makes good use of ICT and smartphone applications

Recommendations for support methods based on CBT concepts

- Develop systems promoting self-care that is not premised on supporter intervention
- Create a flowchart that outlines responses fitted to the needs of those receiving treatment according to risk and severity and identifies responding parties in each region to achieve the division of roles in healthcare
 - Introducing a framework for identifying high-risk individuals

5. Perspectives of patients and other affected parties

Recommendations for both CBT and support methods based on CBT concepts

- Transmit information from the perspectives of patients and other affected parties
- Build a system for providing continuous support to patients and those most affected
 - Establish incentives that reflect implementation continuity rates
 - Provide affordable support programs that can be used in communities
 - Provide economic support by through tax exemptions for self-care such as counselling

6. Evaluation and monitoring

Recommendations for both CBT and support methods based on CBT concepts

- Monitor implementation status and quality
- Evaluate the effects of MHLW CBT training programs on a continuous basis