

# The Barriers and Facilitators to Provision of Evidence-Based Therapies in Public Adult Community Mental Health in Australia

A Scoping Review of Systemic, Organizational, and Client-Centered Challenges and Opportunities

Gomersall, Harrison

## INTRO

**Context:**  
Community Mental Health Teams (CMHTs) in Australia often provide insufficient evidence-based psychotherapy to clients with severe mental health issues, contrary to national guidelines. This gap affects consumers' long-term outcomes, increasing the likelihood of chronic illness trajectories.

**Gap:**  
There is a significant discrepancy between policy and practice within CMHTs, impacting the availability and quality of recovery-oriented interventions. Understanding the barriers and facilitators in therapy provision is essential for aligning service delivery with evidence-based guidelines.

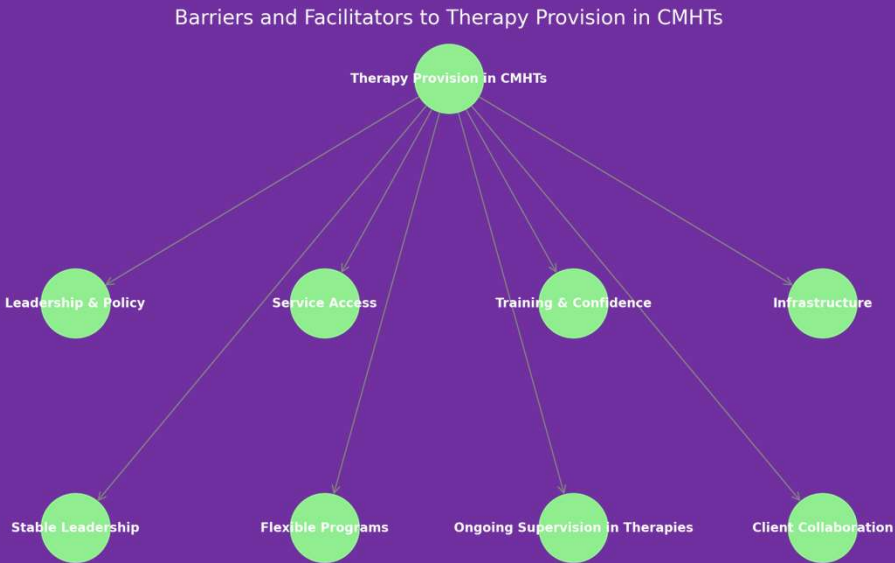
## METHODS

**Design and Scope:**  
Conducted as a scoping review using JBI and PRISMA guidelines to map literature on barriers and facilitators to evidence-based psychotherapy in Australian Community Mental Health Teams (CMHTs).

**Search and Selection:**  
Articles were sourced from Medline and PsycINFO (2010-present), focusing on adult CMHTs in Australia. After screening, 21 articles were included.

**Data Extraction and Analysis:**  
Key data on study design, sample, and findings were thematically synthesized, revealing themes like organizational support, clinician engagement, and infrastructure, and highlighting gaps in the literature.

Systemic and organizational barriers, limited clinician training, and client engagement challenges impact the consistent provision of evidence-based psychotherapy in Australian Community Mental Health Teams, highlighting the need for policy reform, enhanced support, adaptable service models, and further systematized research to improve client therapy provision.



## RESULTS

Barriers and facilitators to evidence-based therapies  
Table 1: Summary of Key Factors – Barriers and Facilitators to Evidence Based Psychotherapies

| Shared Themes                           | Authors  | Barriers  | Facilitators   |
|---|--|---|--|
| Leadership and Organisational Barriers  | Alchin et al., Gates et al., Harvey et al.           | Management changes, policy changes, competing service demands, negative staff attitudes towards therapies | Stable leadership, stakeholder engagement, cohesion with other quality improvement                                   |
| Service Access and Practical Issues     | Ashton et al., Bartlem et al., O'Donnell et al.      | Limited attendance, scheduling issues, referral challenges, limited therapy access                        | Flexible programs, integration with other services, case management referrals  |
| Staff Training and Confidence           | Bosanac et al., Pasieczny & Connor, Maybery et al.   | Declining confidence after training and no imbedded supervision, lack of expertise among clinicians       | Supervision, comprehensive training, reflective practice among clinicians, clinician occupation, family-focused work |
| Fidelity vs. Adaptability               | Dissanayake et al., Gates et al., Lergesner et al.   | Non-adherence to fidelity models, need for program adjustments  | Adapting programs to client needs, comprehensive stakeholder involvement   |
| Infrastructure and Resource Limitations | Dark & Newman, Bartlem et al., Gilbert & Chamberlain | Time limitations, funding, infrastructure, and poor coordination  | Flexible delivery, brief formats, academic and clinical support  |
| Client Engagement and Recovery Factors  | Hodge et al., Hicks et al., Naik et al., Saha et al. | Clinician views on chronic prognosis, limited client engagement, service/clinician burnout                | Building therapeutic alliances, rapport,   |

## DISCUSSION

**Novelty:** This review captures the complex interplay of factors contextualizing client experience of therapy provision in CMHTs, emphasizing the need for comprehensive organizational support, continued clinician training, and adaptable service models to close the policy-practice gap.

**Implication:** Insights of the study underscore the necessity for policy reform aimed at ensuring consistent, evidence-based therapeutic interventions in CMHTs. Standardized outcome measures and more longitudinal studies would help build a clearer picture of therapy effectiveness and inform future service improvements.

