



Health Services

1-Novel youth mental health services in Australia: What differences are being reported about the clinical needs of those who attend and the outcomes achieved?

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Abstract

Globally, youth mental health services are evolving, with Australia's headspace services presented as a leading exemplar. headspace services were designed as enhanced primary care-based entities and were expected to collaborate with local acute, and specialist clinical and psychosocial services. The lack of large-scale health services trials necessitates understanding their impact through systematic monitoring and evaluation. This paper compares data from differing sources that describe the demographic and clinical features, and functional outcomes, of young people presenting to various headspace services. headspace National reports that care is provided largely to youth with transient distress, minimal clinical disorders, suicidality or comorbidities and limited functional impairment. Almost 50% of clients are reported to have no significant psychological symptoms or risk factors, and less than 30% to have a clinical disorder. Consequently, 36% receive only a single session of care and the median number of clinical sessions provided is three. By contrast, empirically derived estimates, utilising data from an academic centre and its affiliated centres, other independent agencies and more refined analyses of headspace national data variously portray 50-60% of youth as presenting with at least moderate clinical complexity (including at least 20% with high complexity), and with another 27% requiring active clinical intervention. Together, these data suggest approximately 75% of attendees require substantive clinical care. Clinical outcomes data from all sources indicate limited impacts on functional outcomes, with less than a third achieving significant improvement. These data support the original intent of headspace services to focus on equitable access to multidimensional and clinical assessment, evidence-based early interventions for early stages of major anxiety, mood or psychotic disorders. As demand for youth services continues to rise, there is an urgent need to reconfigure our national youth service networks to address the unmet clinical and psychosocial needs of youth presenting in the early stages of major mental disorders.

Keywords

Author Keywords

[Youth mental health](#)[primary health services](#)[measurement-based care](#)[digital health](#)

Keywords Plus

[EARLY INTERVENTION](#)[YOUNG-PEOPLES](#)[DISORDERS](#)[PSYCHOSIS](#)[HEADSPACE](#)



Health Services

2-Exploring barriers to accessing health care services by young women in rural settings: a qualitative study in Australia, Canada, and Sweden

By Golestani, R (Golestani, Reyhaneh) [1] ; Farahani, FK (Farahani, Farideh Khalajabadi) [2] ; Peters, (Peters, Paul) [1] (provided by Clarivate) Source BMC PUBLIC HEALTH Volume 25 Issue 1 DOI 10.1186/s12889-025-21387-2 Article Number 213 Published JAN 18 2025 Indexed 2025-01-24 Document Type Article

Abstract

Background The aim of this study is to explore young rural women's perceived barriers in accessing healthcare services with a focus on the interrelation between three marginalization criteria: age (youth), gender (female), and place of residence (rural areas) in Australia, Canada, and Sweden. **Methods** Using a qualitative interpretive approach, we conducted semi-structured in-depth interviews with 31 young women aged 18 to 24 in selected rural communities. Data collection took place from May 2019 to January 2021, and the qualitative data were analyzed using NVivo software. **Results** Self-perceived barriers for access to healthcare services among young women living in rural and remote areas encompass various challenges across individual, institutional, and structural levels. Individual barriers include limited knowledge about available health services, negative attitudes toward healthcare, psychological discomfort when seeking assistance, and economic affordability issues. Institutional challenges involve limited healthcare resources, gender insensitivity among providers, judgmental attitudes from healthcare staff, inadequate time management of services, and a lack of privacy and confidentiality within facilities. Structural barriers further compound these issues through socio-cultural and gender norms, insufficient coverage of universal health insurance, low budget allocations for health facilities in rural and small urban areas, and the geographic distance to healthcare providers. Addressing these multifaceted barriers is crucial to improving healthcare access for rural population. **Conclusions** Appropriate strategies and policies must be introduced to promote access to healthcare services in rural and remote areas even in most high-income countries.

Keywords

Author Keywords

[Access](#)[Healthcare services](#)[Healthcare utilization](#)[Women's health](#)[Rural health](#)[Youth health](#)[Qualitative study](#)

Keywords Plus

[YOUTH](#)[EXPERIENCES](#)[ABORTION](#)[COMMUNICATION](#)[DISPARITIES](#)[ONTARIO](#)[EQUITY](#)



Health Services

3-Facilitators and barriers of accessing community health services for children in the early years: An Australian qualitative study

By Nelson, HJ (Nelson, Helen J.) [1] , [4] , [5] ; Munns, A (Munns, Ailsa) [1] , [2] ; Angus, B (Angus, Bethany) [1] , [4] ; Arbuckle, E (Arbuckle, Eleanor) [3] ; Burns, SK (Burns, Sharyn K.) [4] , [5] (provided by Clarivate) Source JOURNAL OF PEDIATRIC NURSING-NURSING CARE OF CHILDREN & FAMILIES Volume 81 Page 1-7 DOI 10.1016/j.pedn.2025.01.009 Published MAR-APR 2025 Early Access JAN 2025 Indexed 2025-01-29 Document Type Article

Abstract

Introduction: Foundations for health are set in the first years of life, however many children in Australia do not attain optimal development due to inequitable access to specialist care through impacting social determinants of health. There is a research gap in evidence for sustaining early years services that address these barriers. This study aimed to understand experiences and priorities of parents/carers and service providers around access to specialist early years health services in low socioeconomic areas of Armadale, Western Australia. Methods: Thematic analysis was used to interpret meanings across focus group discussion data and find priorities for access to care and service delivery using a multilevel socio-ecologic model. Facilitators and barriers to access were identified related to each theme. Results: Two major themes were identified. Within theme 'Finding Help', facilitators to access included extended family, community, and childcare. Barriers included social isolation, and overwhelm. In theme 'Structural Factors', facilitators included safe places and practices, political action and universal care. Barriers included social determinants of health, institutional bias, and fiscal policy. Conclusion/Discussion: Findings will inform policy, service delivery, and research priorities toward facilitating timely access to integrated care for vulnerable families with young children. Health equity will focus on co-design to remove structural barriers using a "one-stop-shop" model with soft entry, triage capacity, and a key worker to coordinate care for at risk families. To promote structural equity, a focus on access will include continuing engagement with families, facilitated by relational models of care to scaffold and support families toward autonomy . (c) 2025 Carey Community Resources Ltd. Published by Elsevier Inc. This is an open access article under the CC BY-NC license (<http://creativecommons.org/licenses/by-nc/4.0/>).

Keywords

Author Keywords

[Integrated health care systems](#)[Child health](#)[Access to health care](#)[Community](#)[Health services](#)

Keywords Plus

[EARLY-CHILDHOOD ADVERSITY](#)



Health Services

4-Single-Session Interventions for Mental Health Problems and Service Engagement: Umbrella Review of Systematic Reviews and Meta-Analyses

By Schleider, JL (Schleider, Jessica L.) [1] ; Zapata, JP (Zapata, Juan Pablo) [1] ; Rapoport, A (Rapoport, Andy) [1] ; Wescott, A (Wescott, Annie) [2] ; Ghosh, A (Ghosh, Arka) [1] ; Kaveladze, B (Kaveladze, Benji) [1] ; Szkody, E (Szkody, Erica) [1] ; Ahuvia, IL (Ahuvia, Isaac L.) [3] (provided by Clarivate) Source ANNUAL REVIEW OF CLINICAL PSYCHOLOGY Volume 21 Page 279-303 DOI 10.1146/annurev-clinpsy-081423-025033 Published 2025-06-12 Document Type Review

Abstract

Most people with mental health needs cannot access treatment; among those who do, many access services only once. Accordingly, single-session interventions (SSIs) may help bridge the treatment gap. We conducted the first umbrella review synthesizing research on SSIs for mental health problems and service engagement in youth and adults. Our search yielded 24 systematic reviews of SSIs, which included 415 unique trials. Twenty reviews (83.33%) reported significant, positive effects of SSIs for one or more outcomes (anxiety, depression, externalizing problems, eating problems, substance use, treatment engagement or uptake). Across 12 reviews that meta-analytically examined SSIs' effectiveness relative to controls, SSIs showed a positive effect across outcomes and age groups (standardized mean difference = -0.25, $I^2 = 43.17\%$). Per AMSTAR 2 (A Measurement Tool to Assess Systematic Reviews), some methodological concerns emerged across reviews, such as low rates of preregistration. Overall, findings support the clinical utility of SSIs for certain psychological problems and populations. Implementation research is needed to integrate effective SSIs into systems of care.

Keywords

Author Keywords

[single-session interventions](#)[single-session therapy](#)[brief intervention](#)[umbrella review](#)[systematic review](#)

Keywords Plus

[ALCOHOL INTERVENTION](#)[EMERGENCY-DEPARTMENT](#)[COLLEGE-STUDENTS](#)[CONTROLLED-TRIAL](#)[THERAPY](#)[PSYCHOTHERAPIES](#)[DISORDERS](#)[DRINKING](#)[RISK](#)[CONSUMPTION](#)



Health Services

5-Health services under pressure: a scoping review and development of a taxonomy of adaptive strategies

By Page, B (Page, Bethan) [1] , [2] ; Irving, D (Irving, Dulcie) [1] ; Amalberti, R (Amalberti, Rene) [3] ; Vincent, C (Vincent, Charles) [1] (provided by Clarivate) Source BMJ QUALITY & SAFETY Volume 33 Issue 11 Page 738-747 DOI 10.1136/bmjqqs-2023-016686 Published NOV 2024 Indexed 2024-11-20 Document Type Article

Abstract

Objective The objective of this review was to develop a taxonomy of pressures experienced by health services and an accompanying taxonomy of strategies for adapting in response to these pressures. The taxonomies were developed from a review of observational studies directly assessing care delivered in a variety of clinical environments. **Design** In the first phase, a scoping review of the relevant literature was conducted. In the second phase, pressures and strategies were systematically coded from the included papers, and categorised. **Data sources** Electronic databases (MEDLINE, Embase, CINAHL, PsycInfo and Scopus) and reference lists from recent reviews of the resilient healthcare literature. **Eligibility criteria** Studies were included from the resilient healthcare literature, which used descriptive methodologies to directly assess a clinical environment. The studies were required to contain strategies for managing under pressure. **Results** 5402 potential articles were identified with 17 papers meeting the inclusion criteria. The principal source of pressure described in the studies was the demand for care exceeding capacity (ie, the resources available), which in turn led to difficult working conditions and problems with system functioning. Strategies for responding to pressures were categorised into anticipatory and on-the-day adaptations. Anticipatory strategies included strategies for increasing resources, controlling demand and plans for managing the workload (efficiency strategies, forward planning, monitoring and co-ordination strategies and staff support initiatives). On-the-day adaptations were categorised into: flexing the use of existing resources, prioritising demand and adapting ways of working (leadership, teamwork and communication strategies). **Conclusions** The review has culminated in an empirically based taxonomy of pressures and an accompanying taxonomy of strategies for adapting in response to these pressures. The taxonomies could help clinicians and managers to optimise how they respond to pressures and may be used as the basis for training programmes and future research evaluating the impact of different strategies.

Keywords

Author Keywords

[Crisis management](#)[Health services research](#)[Patient safety](#)[Risk management](#)[Leadership](#)

Keywords Plus

[PATIENT SAFETY](#)[CARE](#)[RESILIENCE](#)[FRAMEWORK](#)[QUALITY](#)[WORK](#)



Health Services

6-How does the anthropomorphism of AI chatbots facilitate users' reuse intention in online health consultation services? The moderating role of disease severity

By Liu, WL (Liu, Wenlong) [1] ; Jiang, M (Jiang, Min) [2] ; Li, WJ (Li, Wangjie) [1] ; Mou, J (Mou, Jian) [3]

Source TECHNOLOGICAL FORECASTING AND SOCIAL CHANGE Volume 203 DOI 10.1016/j.techfore.2024.123407 Article Number 123407 Published JUN 2024 Early Access APR 2024 Indexed 2024-05-12 Document Type Article

Abstract

This study aims to ascertain the significance of the anthropomorphic features of AI chatbots in online health consultation (OHC) services. A conceptual model drawing on social presence theory was developed to interpret the paths through which the anthropomorphic features of AI chatbots influence users' intentions to reuse OHC services. A total of 502 valid responses were collected through an experimental survey and analyzed using structural equation modeling. The results suggest that all the proposed anthropomorphic features of AI chatbots can enhance users' perceived social presence and facilitate their communication quality with and trust in AI chatbots directly and/or indirectly, eventually leading to a high intention to reuse OHC services. In addition, the influence of perceived social presence on trust and communication quality was more significant for those experiencing relatively mild symptoms of the disease than for those experiencing intense symptoms. This study contributes by proposing a framework from the perspective of anthropomorphism and social presence to understand users' behavioral intentions in the OHC context. The findings of the empirical analysis have key implications for the improvement of OHC services.

Keywords

Author Keywords

[Online health consultation](#)[AI chatbots](#)[Anthropomorphism](#)[Social presence](#)[Disease severity](#)

Keywords Plus

[SOCIAL PRESENCE](#)[ARTIFICIAL-INTELLIGENCE](#)[COMMUNICATION QUALITY](#)[MEDIATED COMMUNICATION](#)[RECOMMENDATION AGENTS](#)[WEB SITE](#)[INFORMATION](#)[TRUST](#)[IMPACT](#)[VOICE](#)



Health Services

7-Why Women Veterans Do Not Use VA-Provided Health and Social Services: Implications for Health Care Design and Delivery

By Evans, EA (Evans, Elizabeth A.) [1] , [2] , [4] ; Tennenbaum, DL (Tennenbaum, Dawn L.) [2] ; Washington, DL (Washington, Donna L.) [2] , [3] ; Hamilton, AB (Hamilton, Alison B.) [2] , [3] (provided by Clarivate) Source JOURNAL OF HUMANISTIC PSYCHOLOGY Volume 64 Issue 2 Page 251-280 DOI 10.1177/0022167819847328 Published MAR 2024 Indexed 2024-02-08 Document Type Article

Abstract

Background: The Veterans Administration (VA) is transforming its historically male-dominated health care system to better serve women veterans, few of whom, nevertheless, use VA health care. We describe the factors affecting women veterans' use of VA-provided health care. **Methods:** We conducted in-person interviews with 22 women veterans in Los Angeles, California, from 2013 to 2015 who received some non-VA health care. Using grounded theory, we inductively identified the major themes and selected illustrative quotations. **Results:** Why women veterans do not use VA health care is shaped by factors related to the safety, quality, and value of health care, including poor linkage to VA services during and after military service, limited knowledge and inaccurate beliefs regarding eligibility for VA services, bureaucratic barriers impeding receipt of VA care, VA environments triggering memories of negative military experiences, negative interpersonal experiences with VA staff, and perceiving VA settings as unsafe, ill-equipped to address addiction, and insensitive to women-specific needs and preferences. Women are attracted to VA health care for its whole health care capacity, peer social support, and proactive clinicians. **Conclusion:** Findings can inform improvements to VA health care design and delivery, thereby bolstering those aspects of VA care that women veterans value while reducing health care utilization barriers.

Keywords

Author Keywords

[women veterans](#)[health services access and utilization](#)[Veterans Health Administration](#)[barriers and facilitators](#)[qualitative methods](#)[health care safety](#)[quality and value](#)

Keywords Plus

[TELEMENTAL HEALTH](#)[BEHAVIORAL-MODEL](#)[MENTAL-HEALTH](#)[GENDER](#)[SELECTION](#)[BARRIERS](#)[NEEDS](#)



Health Services

8-Changes in mental health services in response to the COVID-19 pandemic in high-income countries: a rapid review

By Stepanova, E (Stepanova, Evgenia) [1] ; Thompson, A (Thompson, Alex) [1] ; Yu, G (Yu, Ge) [2] ; Fu, Y (Fu, Yu) [3] (provided by Clarivate) Source BMC PSYCHIATRY Volume 24 Issue 1 DOI 10.1186/s12888-024-05497-6 Article Number 103 Published FEB 6 2024 Indexed 2024-02-14

Document Type Review

Abstract

Background Severe deterioration in mental health and disrupted care provision during the COVID-19 increased unmet needs for mental health. This review aimed to identify changes in mental health services for patients in response to the pandemic and understand the impact of the changes on patients and providers. **Methods** Following the Cochrane guidance for rapid reviews, Cochrane CENTRAL, MEDLINE, Embase and PsycInfo were searched for empirical studies that investigated models of care, services, initiatives or programmes developed/evolved for patients receiving mental health care during COVID-19, published in English and undertaken in high-income countries. Thematic analysis was conducted to describe the changes and an effect direction plot was used to show impact on outcomes. **Results** 33 of 6969 records identified were included reporting on patients' experiences (n = 24), care providers' experiences (n = 7) and mixed of both (n = 2). Changes reported included technology-based care delivery, accessibility, flexibility, remote diagnostics and evaluation, privacy, safety and operating hours of service provision. These changes had impacts on: (1) care access; (2) satisfaction with telehealth; (3) comparability of telehealth with face-to-face care; (4) treatment effectiveness; (5) continuity of care; (6) relationships between patients and care providers; (7) remote detection and diagnostics in patients; (8) privacy; (9) treatment length and (10) work-life balance. **Conclusions** A shift to telecommunication technologies had a significant impact on patients and care providers' experiences of mental health care. Improvements to care access, flexibility, remote forms of care delivery and lengths of operating service hours emerged as crucial changes, which supported accessibility to mental health services, increased attendance and reduced dropouts from care. The relationships between patients and care providers were influenced by service changes and were vastly depending on technological literacy and context of patients and availability and care access ranging from regular contact to a loss of in-person contact. The review also identified an increase in care inequality and a feeling of being disconnected among marginalised groups including homeless people, veterans and ethnic minority groups. Telehealth in mental care could be a viable alternative to face-to-face service delivery with effective treatment outcomes. Further research is needed to better understand the impact of the changes identified particularly on underserved populations.

Keywords

Author Keywords

[Mental Health](#)[COVID-19](#)[Telehealth](#)

Keywords Plus

[TELEMENTAL HEALTH](#)[TELEHEALTH](#)[CARE](#)[DISORDER](#)[LOCKDOWN](#)[WORKING](#)[ILLNESS](#)[ANXIETY](#)



Health Services

9-Preliminary Evidence of the Use of Generative AI in Health Care Clinical Services: Systematic Narrative Review

By Yim, D (Yim, Dobin) [1] ; Khuntia, J (Khuntia, Jiban) [2] ; Parameswaran, V (Parameswaran, Vijaya) [3] ; Meyers, A (Meyers, Arlen) [2] (provided by Clarivate) Source JMIR MEDICAL INFORMATICS Volume 12 DOI 10.2196/52073 Article Number e52073 Published 2024 Indexed 2024-05-05 Document Type Review

Abstract

Background: Generative artificial intelligence tools and applications (GenAI) are being increasingly used in health care. Physicians, specialists, and other providers have started primarily using GenAI as an aid or tool to gather knowledge, provide information, train, or generate suggestive dialogue between physicians and patients or between physicians and patients' families or friends. However, unless the use of GenAI is oriented to be helpful in clinical service encounters that can improve the accuracy of diagnosis, treatment, and patient outcomes, the expected potential will not be achieved. As adoption continues, it is essential to validate the effectiveness of the infusion of GenAI as an intelligent technology in service encounters to understand the gap in actual clinical service use of GenAI. **Objective:** This study synthesizes preliminary evidence on how GenAI assists, guides, and automates clinical service rendering and encounters in health care. The review scope was limited to articles published in peer-reviewed medical journals. **Methods:** We screened and selected 0.38% (161/42,459) of articles published between January 1, 2020, and May 31, 2023, identified from PubMed. We followed the protocols outlined in the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to select highly relevant studies with at least 1 element on clinical use, evaluation, and validation to provide evidence of GenAI use in clinical services. The articles were classified based on their relevance to clinical service functions or activities using the descriptive and analytical information presented in the articles. **Results:** Of 161 articles, 141 (87.6%) reported using GenAI to assist services through knowledge access, collation, and filtering. GenAI was used for disease detection (19/161, 11.8%), diagnosis (14/161, 8.7%), and screening processes (12/161, 7.5%) in the areas of radiology (17/161, 10.6%), cardiology (12/161, 7.5%), gastrointestinal medicine (4/161, 2.5%), and diabetes (6/161, 3.7%). The literature synthesis in this study suggests that GenAI is mainly used for diagnostic processes, improvement of diagnosis accuracy, and screening and diagnostic purposes using knowledge access. Although this solves the problem of knowledge access and may improve diagnostic accuracy, it is oriented toward higher value creation in health care. **Conclusions:** GenAI informs rather than assisting or automating clinical service functions in health care. There is potential in clinical service, but it has yet to be actualized for GenAI. More clinical service-level evidence that GenAI is used to streamline some functions or provides more automated help than only information retrieval is needed. To transform health care as purported, more studies related to GenAI applications must automate and guide human-performed services and keep up with the optimism that forward-thinking health care organizations will take advantage of GenAI.

Keywords

Author Keywords



Health Services

[generative artificial intelligence tools and applications](#)[GenAI](#)[service](#)[clinical health](#)
[care](#)[transformation](#)[digital](#)

Keywords Plus

[DEEP-LEARNING-MODEL](#)[COMPUTER-AIDED DETECTION](#)[ARTIFICIAL-INTTELLIGENCE](#)[CUSTOMER](#)
[SATISFACTION](#)[EJECTION FRACTION](#)[CANCER-DIAGNOSIS](#)[PROSTATE-CANCER](#)[NEURAL-NETWORK](#)[TECHNOLOGY](#)[VALIDATION](#)