

Table 2. Clinical psychology and psychotherapy appropriateness of interventions: a possible matrix.

	Appropriateness (meta-level)			
	Knowledge	Explanation/comprehension	Intervention	Evaluation
Treatability	Role of known variables	Psychopathological theory	Setting flexibility Best practices	Modifiability (of symptoms/disorders)
Effectiveness	Consensus conference Guidelines	Clinico-therapeutic methodology	Gold standard Best practices	Outcome
Efficiency	Cost-benefit Cost-effectiveness	Indicators of the treatment choices	Clinico-therapeutic expertise	Sustainability
Specificity	Target identification	Clinico-therapeutic processes	Setting stability Best practices	Process

psychotherapy interventions, which account for a massive slice of all psychological interventions in the NHS.

Dealing with improving the appropriateness of interventions also makes it necessary to take a stand on the strategic importance of paving the way for an ongoing exchange between research and clinical practice in context.

Clinical appropriateness, conceived as a meta-level variable, increases with treatment specificity and treatability: the greater the appropriateness, the better the effectiveness and efficiency will be. Effectiveness and efficiency are key parameters by which the sustainability of interventions can be determined in the public service. It is clear that the obvious areas of conceptual overlap between such complex variables require a *network* representation of the various interactions. Table 2 shows a schematic representation of the interactions between complex variables.

Conclusions

There are numerous external factors that impact health and co-determine it. In the Italian NHS, the response to incoming health needs can be addressed through the development of organizational and management processes. These processes must be consistent with the idea of building the care pathway through the input of values from various stakeholders, and they must also allow for the evaluation of the *health system* through models capable of grasping epistemological, methodological, and applicative details, with the aim of increasing the quality of services and better tailoring the care provided.

The challenge of guaranteeing quality and valuable healthcare (Scally & Donaldson, 1998) is even more lofty, if possible, in the field of clinical psychology and mental health, where a range of other intervening factors are at work, alongside more easily measurable parameters, to which significant indirect costs (offset costs) of a much more complex evaluation correspond (Wiktorowicz *et al.*, 2020).

Lack of economic resources, staff shortages, *etc.*, may contribute to delays in action and postponement of the resolution of the health problem. Each such *postponement* implies that the problem will, at a later date, inevitably return to the health institution and likely under conditions that will result in a much higher cost of care for everyone.

Appropriateness, accountability, and value in health can thus be framed as concepts to which concrete actions of ethical management of institutional resources correspond.

For health system operators, the path that guides their evolution passes both through the acquisition of expertise in the field and through different knowledge processes that are

continuously interrelated, such as residential and field training, clinical risk (*e.g.*, clinical audits and mortality and morbidity reviews), and applied clinical research. This pathway, as a whole, fosters a culture of accountability and not so much a culture of performance audit and control. This trend results in both a challenge and an opportunity for psychologists, as it lends itself well to stimulating the planning, organization, and management of interventions by encouraging their verification, in order to improve the overall quality of care.

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