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#200 - Implementing a cognition screening tool in an Australian youth drug and alcohol service

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Objectives/aims

This project aimed to develop and pilot a tailored behaviour change approach to workforce development, based on the Behaviour Change Wheel methodology. The goal was to develop a blended strategy to support staff at an Australian youth drug and alcohol service to use a structured tool – the Youth Risk of Cognitive Impairment Toolkit (Youth ROCIT) – to routinely screen for risk of cognitive impairment in young people attending their service.

Globally, mental illness and substance use disorders are the leading cause of disability and disease burden for young people. Orygen is an Australian youth mental health organisation with a mission to reduce the impact of mental ill-health on young people, families and society, and one of only a few known research and clinical centres with a dedicated ‘knowledge translation’ division focused on translating and implementing evidence for real world impact in youth mental health care. The division achieves this through the design and delivery of workforce capacity-building and implementation projects. This paper provides a case study of a pilot workforce development project developed by Orygen’s knowledge translation division in partnership with a youth drug and alcohol clinical service team in New South Wales, Australia.



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Methods

This project developed a tailored workforce development program using the Behaviour Change Wheel methodology. This methodology draws on an integrated behaviour change theory and proposes that behaviour is driven by a) capability, which includes cognitive/psychological and physical skills; b) motivation, which includes the psychological and cognitive processes that energize and direct behaviour such as goals and conscious decision-making; and c) opportunity, which relates to the barriers and facilitators created by the environment, including social and physical contexts. The present project used a structured, collaborative approach to understand and address these behavioural drivers amongst a multidisciplinary youth drug and alcohol team, to help embed use of the Youth ROCIT at the service. The Orygen team facilitating implementation comprised clinical educators, academic researchers and project management staff with expertise in implementation science, knowledge translation, adult education, clinical service design and delivery, as well as project coordination. Data about the context of implementation and anticipated barriers and facilitators to implementation and sustainment was collected using online surveys, interviews, and interactive workshops with service staff, including leadership staff. All activities were conducted online to overcome travel restrictions imposed by the COVID-19 pandemic.

The project was delivered over the period August 2021 – April 2022 in three key phases:

1. Understanding 'the problem' in context
 - Workshop 1: Identifying the problem
2. Building capability and confidence
 - Workshop 2: Introducing the Youth ROCIT
 - Workshop 3: Youth ROCIT unpacked
3. Planning for sustainability
 - Workshop 4: Implementation action planning
 - Workshop 5: Follow up and reflection

Main findings

Using a modified Behaviour Change Wheel methodology, this project applied a range of strategies to facilitate the implementation of a new tool into practice in a real-world clinical context. The service team made adaptations to the tool to meet their local service needs and reflected that the workshops and planning with Orygen had been helpful to make changes and improve the specificity and applicability of the

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tool within the youth drug and alcohol service. Since workshops were delivered, the tool has been embedded at the service and reported to be used with all new clients. The Orygen knowledge translation division has since adopted key elements of the methodology as part of standard workforce development programs. Based on reflections from the implementation facilitation and service teams, this presentation will discuss possible 'best bets' for implementation strategies in youth mental health-related settings, including dynamic training, local needs assessment and consensus discussions, developing an implementation blueprint, promoting adaptability, and facilitation.