#219 - Implementation strategies supporting a large-scale implementation of a digital mental health intervention

Presenting Author(s)*
1. Dr Jennifer Nicholas1,2*
2. Thomas Wren1,2
3. Dr Lee Valentine1,2
4. Dr Simon Baker2
5. Professor John Gleeson3
6. Professor Mario Alvarez-Jimenez1,2.

Affiliation
1. Centre for Youth Mental Health, University of Melbourne, Australia
2. Orygen, Australia
3. Healthy Brain and Mind Research Centre, Australian Catholic University, Australia

Country of residence
Australia

Objectives/aims
The research-to-practice gap has followed mental health into the digital space. Most digital interventions sit separate to mental health services despite holding promise to meet service challenges as well as service user needs. Blending digital mental health interventions with services retains the strengths of in-person care, while enabling synergistic integrated digital support, independent of time or place. The aim of this study was to develop and report the results of an iterative approach that continuously adapts and enhances the large-scale implementation of a digital mental health intervention in youth mental health services.

Methods
An ongoing real-world implementation project is focused on integrating a digital mental health intervention, MOST, into over 200 youth mental health services. Implementation outcomes adoption and reach, were defined as the number of clinician referrals to MOST and the number of young people using MOST, respectively. Implementation is led by a team of clinically-trained facilitators. To

Evidence and
Implementation
Summit 2023
9–11 October

Melbourne, Australia & Online

MONASH University   NUS Behavioural and Implementation Science Interventions Yong Loo Lin School of Medicine   Centre for Evidence and Implementation

www.eisummit.org   @EISSUMMIT2023   #EIS2023

iteratively adapt the implementation strategy, interviews with clinicians from services with high and low adoption and reach were performed. Interviews were analysed using the consolidated framework for implementation research (CFIR) valance method to identify constructs differentiating high and low performing services. The implementation strategy was then adapted in response to the identified determinants, guided by self-determination theory of motivation (SDT) and the expert recommendations for implementing change (ERIC), and evaluated by assessing change in adoption and reach.

Main findings
Implementation barriers identified included clinician self-efficacy, leadership engagement, and compatibility with service processes. Enablers were champions and networks and communications. Adapted implementation strategies included role-targeted training, increased leadership engagement, audit and feedback, simpler referral process, and intervention adaptations to increase compatibility. Early results indicate that these adaptations to the implementation strategy increased adoption 2-fold, but has less impact on reach. Further outcomes of implementation strategy adaptations based on these findings, along with another round of adaptation will be presented.