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## #154 - Barriers and enablers to large-scale implementation of a digital intervention in youth mental health services

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### Objectives/aims

With evidence for the effectiveness of digital mental health interventions being established over the last 15 years, attention has now turned to implementation within real-world settings. Digital intervention implementation can harness digital interventions to overcome challenges faced by the service sector, while retaining the strengths of traditional treatment, creating technology-enabled care. To date, implementation efforts of technology-enabled care have been limited and have often taken a trial-and-error approach, without theoretical frameworks to guide implementation and failing to consider the constraints and needs of mental health services. This study aims to identify and explore the barriers and enablers of a large-scale, real-world implementation of a digital mental health intervention within youth mental health services.

### Methods

Moderated Online Social Therapy (MOST) is a digital mental health intervention that provides young people with wrap-around mental health support, including access to self-directed therapeutic content and guidance and support from clinicians, peer workers and vocational workers. It has been designed to support technology-enabled care through blending human and digital support for young people at all phases of care, including when waiting for care, receiving face-to-face support and at discharge. Since the COVID-19 pandemic, MOST has been funded to be integrated



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within over 200 youth mental health services (both headspace and specialist services) across four Australian states and territories, supported by a team of implementation facilitators. To identify determinants of practice (barriers and enablers to implementation success), both across and within different service types, facilitation meeting notes were analysed using the updated Consolidated Framework for Implementation Research (CFIR). Prior to coding, three team members met to discuss the meaning of the CFIR domains in relation to the current implementation. Coding was completed by the team, with ongoing discussions throughout the coding process to ensure consistency. A content analysis was performed to identify and structure the main CFIR constructs, and a thematic analysis was performed on the most common determinants identified.

### **Main findings**

Early results have identified determinants that both hinder and support real-world implementation of digital mental health interventions across all service types. Barriers were predominantly within the 'Inner Setting' domain of the CFIR, including structural challenges related to work infrastructure, relative priority and compatibility. Enablers identified include communication, compatibility and motivation of innovation deliverers. Our CFIR-driven analysis also identified barriers that were more salient across different service types. For specialist services, this included communication, available resources (materials and equipment) and innovation design, whilst headspace services shared innovation deliverer opportunity and mid-level leader engagement to be obstacles for implementation. Amongst specialist services, innovation relative advantage was identified to be a strong enabler for implementation, whilst engaging innovation deliverers and supporting implementation lead capability was shown to support implementation within headspace services. Frequent identification of barriers and enablers, aided by the CFIR, support adaptation to the MOST implementation work.