

CONFERENCE ABSTRACT

The importance of local context and governance structures for the implementation of mental health integrated care programs for suicide prevention

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Introduction

Spreading and scaling-up of integrated care programs poses challenges due to local context variability. Local factors such as geographical location (urban, regional, rural, remote), characteristics of the population, existing resources (services, workforce/skills, networks, etc.) and local governance structures influence implementation processes. We analyse the influence of local governance factors on adaptation and implementation of the LifeSpan Suicide Prevention Program (LifeSpan).

The Practice Change

Led by the Black Dog Institute, the LifeSpan program was implemented across four regions of New South Wales (NSW), Australia. LifeSpan aimed to link community and health service interventions to raise awareness, upskill the community and to provide needed, appropriate mental health services to prevent suicide and suicide re-attempt. The program included 9 evidence-based strategies and relied on designated LifeSpan coordinators and managers embedded in local health services.

Aim and theory of change

Adaptability of programs to local contexts is a necessary component of program implementation according to the Consolidated Framework for Implementation Research (CFIR). We aimed to analyse the impact of local contexts on the implementation process. Targeted population and stakeholders

A broad inter-sectoral approach was taken with the involvement of diverse community organisations, front-line responders, health services, local councils, workplaces and schools.

Timeline

LifeSpan was implemented in a stepped wedge trial design with sites beginning implementation at six monthly intervals. Two sites will complete in 2019, the other sites continue into 2020.

Highlights - innovation, impact and outcomes

A mixed methods approach was used to evaluate the implementation processes. We highlight the importance and impacts of local governance structures, based on data from 6 focus groups and 20 stakeholder interviews. The NSW health system is organised into Local Health Districts (LHDs) which provide hospital and community health services; Primary Health Networks (PHNs) providing primary care, and non-government organisations (NGOs). Two LifeSpan sites were formally affiliated with LHDs, one with a PHN, while another negotiated a formal agreement between the LHD and PHN. Local governance structures presented barriers including: long lead times to gain approvals to progress work, scepticism from local leaders, recruitment of program staff intertwined with local regulations, misaligned priorities between LifeSpan and existing programs. Implementation of LifeSpan resulted in the development of new, and strengthening of existing, networks and in the upskilling of communities and services in evidence-based practices when responding to people at risk of suicide. Inclusion of people with lived experience in decision-making was a significant strength highlighted by all sites.

Comments on sustainability and Transferability

The two sites that complete the trial in 2019 have committed to continue LifeSpan while further adapting the model to local needs and capacity. The learnings from this implementation evaluation will inform other implementation projects.

Conclusions, Discussion, and Lessons learned

Gaining a deep understanding of local contexts, governance structures, needs and networks, before implementing complex interventions into the system is emphasised and the importance of formative evaluation to identify local strengths, weaknesses, barriers, facilitators, needs and opportunities, cannot be underestimated.