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## CONFERENCE ABSTRACT

# An implementation science protocol for technology-enabled person-centred mental health services reform

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**Introduction** (comprising background and problem statement): New health information technologies (HIT) are being rapidly developed to improve the delivery of mental health care; however, a range of facilitators, barriers and contextual conditions can impact on the adoption and sustainment of these solutions. Our implementation science protocol systematically guides the implementation of HIT-enabled solutions in traditional face-to-face and online mental health services, allowing for revisions over time based on retrospective review and constructive feedback from the services in which the solutions are implemented.

**Theory/Methods:** The protocol is comprised of four phases. The primary objective of the scoping and feasibility phase (Phase 1) is to determine the alignment between the service partner and the quality improvement goals supported by the HIT-enabled solution. Phase 2, the local co-design and pre-implementation phase, aims to utilise co-design methodologies, including service pathway modelling, participatory design and user (acceptance) testing, to determine how the HIT-enabled solutions could be used to enhance the service. During implementation (Phase 3), the accepted HIT-enabled solution is embedded in the mental health service to achieve better outcomes for consumers and their families as well as health professionals and service managers. Using iterative evaluative processes, the solution is continuously developed, redesigned, and refined, adapting to the changing needs of the stakeholders, including consumers with lived experience and their families, and the service. This optimised HIT-enabled solution can then be maintained in a service during the sustainment and scalability phase (Phase 4) for the purposes of mental health services reform.

**Results:** Currently, the implementation science protocol has been initiated in nine primary youth mental health services, a counselling service for veterans and their families, and a helpline for individuals affected by eating disorders and negative body image issues, all of which are operating in Phase 3.

**Discussions:** The international goal of substantially improving the quality of mental health services is central to many technology-based innovation implementation efforts in mental health service delivery. The greater the gap between the innovation and conventional practice, the greater the implementation challenge. With the aim of avoiding obsolescence of the solutions, our implementation science protocol stresses the parallel and iterative evaluation of the effectiveness of the HIT-enabled solution alongside the success, or lack thereof, of the implementation.

**Conclusions** (comprising key findings): Putting in place a theoretically sound implementation science protocol is essential to facilitate the uptake of novel HIT-enabled solutions and evidenced-based practices into routine clinical practice for the purposes of improved outcomes.

**Lessons learned:** It is imperative to identify factors that predict the likelihood of implementation success as well as the development of strategies to proactively mitigate potential barriers to achieve better implementation outcomes.

**Limitations:** A complete implementation comprised of all four phases has yet to be completed, limiting data-driven refinement of the protocol.

**Suggestions for future research:** It will be important to validate the implementation science protocol in diverse healthcare organisations as a means by which to address key challenges to facilitate HIT-enabled reform.