

# Who's in the room?

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# How long does it take for new research/ evidence to get embedded into practice?

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# Bridging the Gap

Implementation of evidence and research in  
children and young people's mental health

Holly Bear, Tim Clarke, Sarah Shenow

 @DrHollyBear @SarahShenow

# Workshop outline

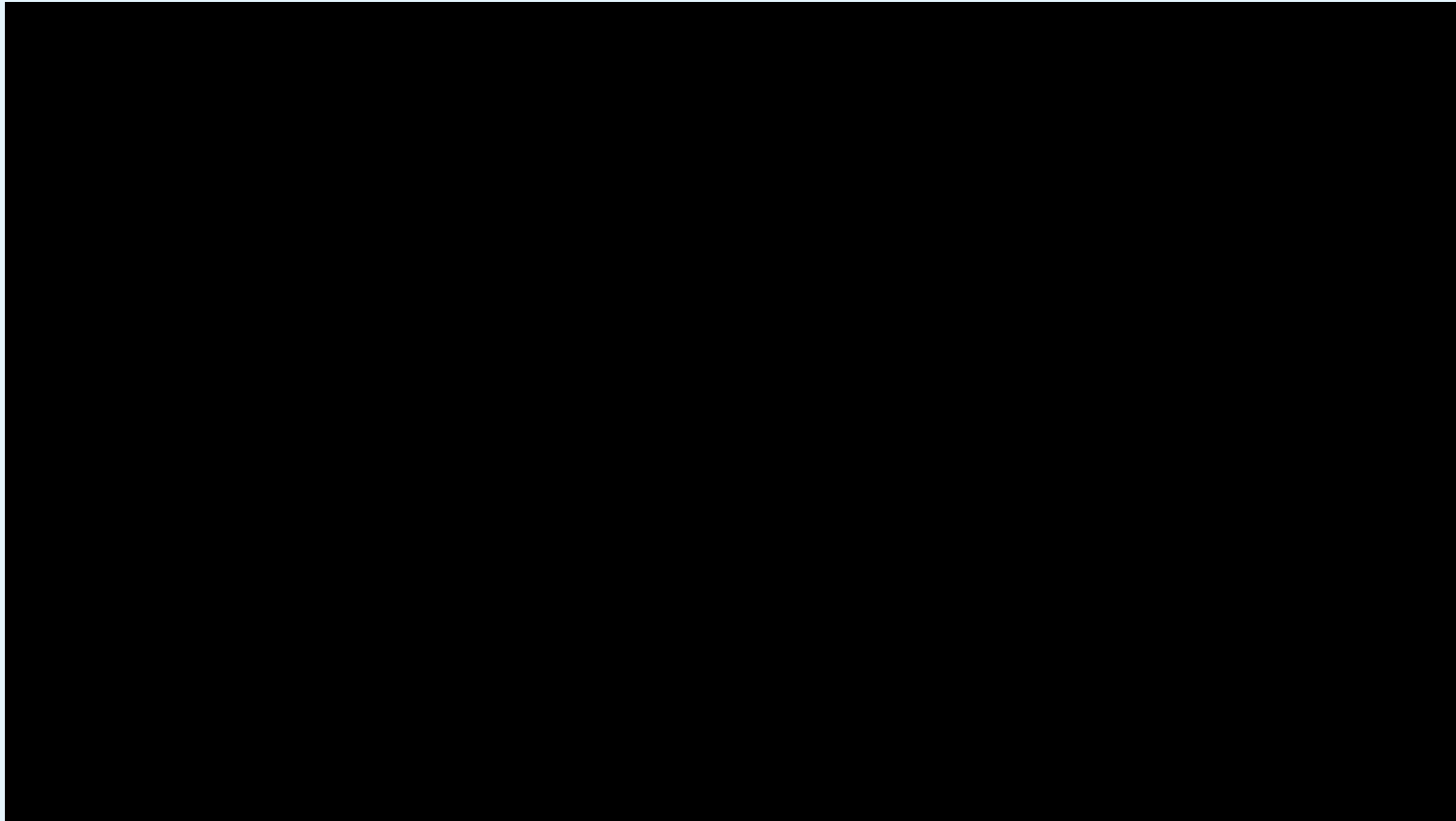
- Implementation models – how to choose?
- Bridging the Gap – what do we know?
- Practical tips
- Can we work better together to improve implementation?

# What do we mean by implementation?

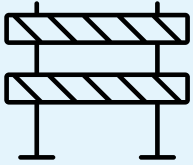


*By **implementation** we mean the systematic uptake, integration and embedding of research and evidence-based practices into routine practice to improve the quality and effectiveness of mental health services and care for children and young people.*

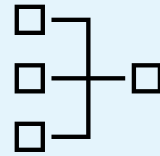
# What is implementation science in the context of children and young people's mental health?



<https://youtu.be/XGAvSsjVA8U>



Research often fails to translate into sustained implementation in practice. However, implementation outcomes are often not measured or reported.



Assessing implementation outcomes using an integrated framework helps us to better understand why implementation succeeds or fails.

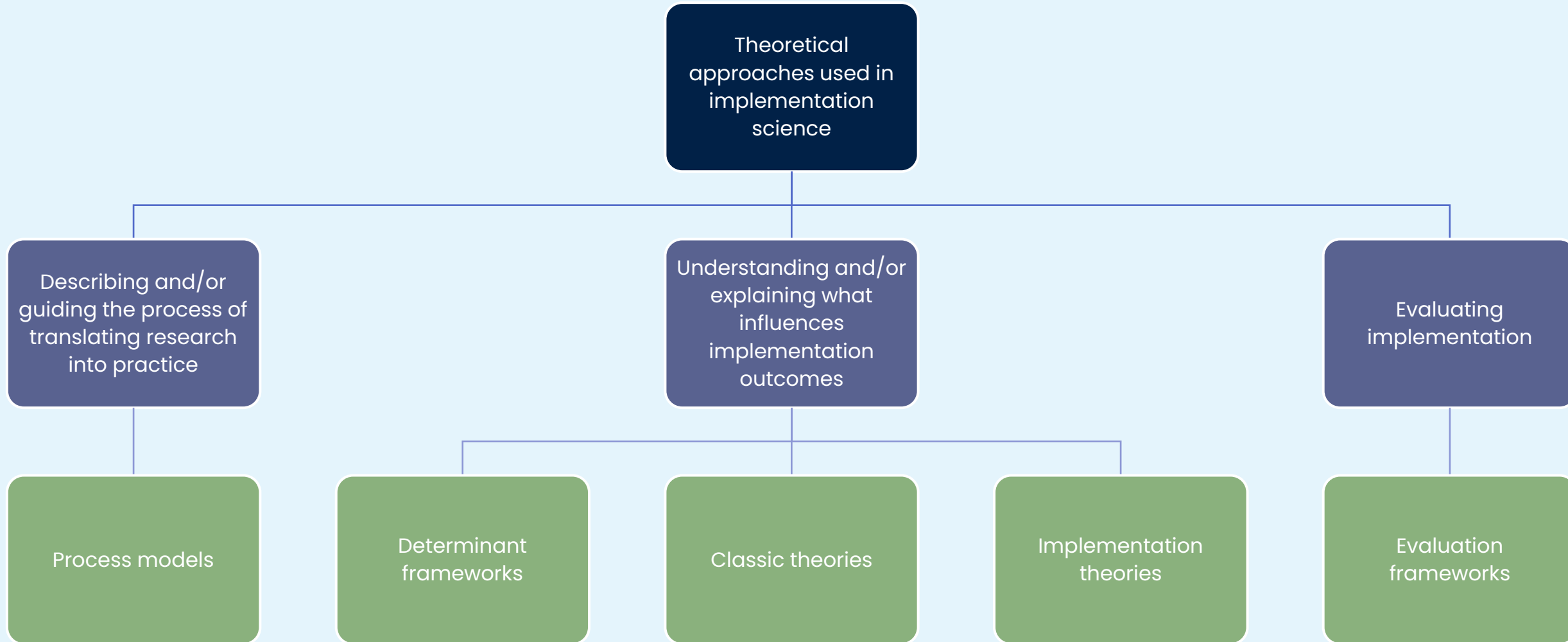
## Background

# Where does implementation science fit?



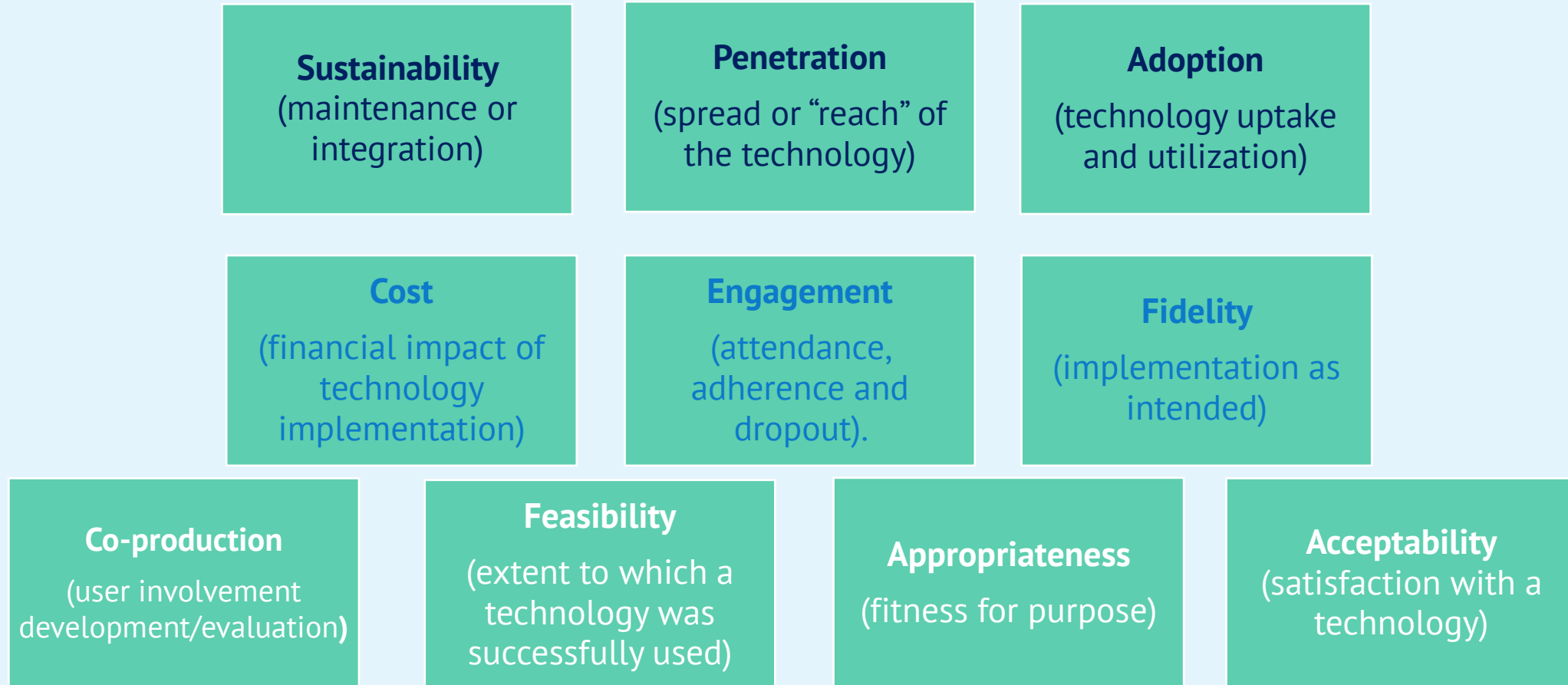


# Implementation frameworks



**Figure 1** Three aims of the use of theoretical approaches in implementation science and the five categories of theories, models, and frameworks.

# Taxonomy of implementation outcomes

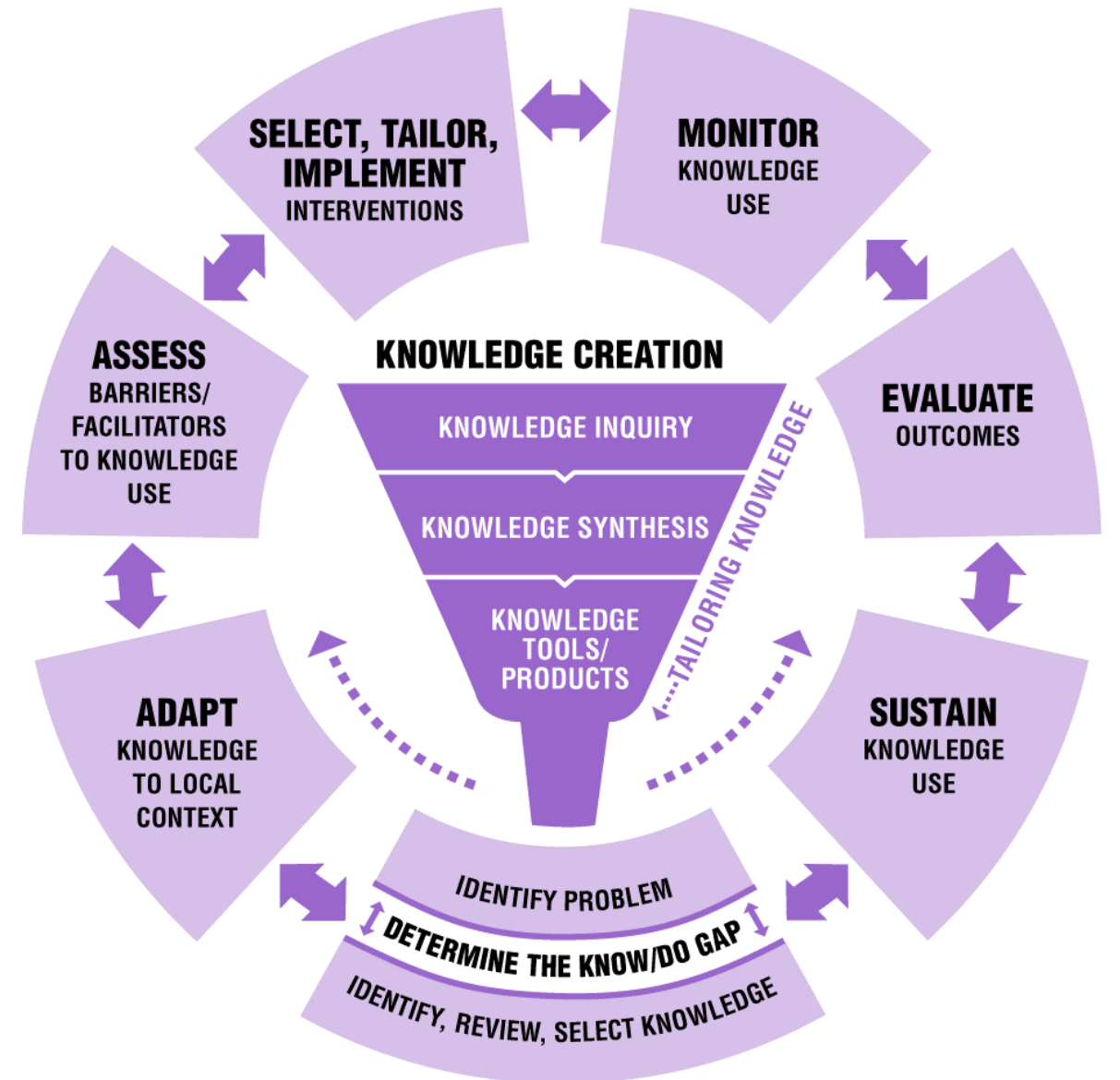


# Implementation frameworks: Process models

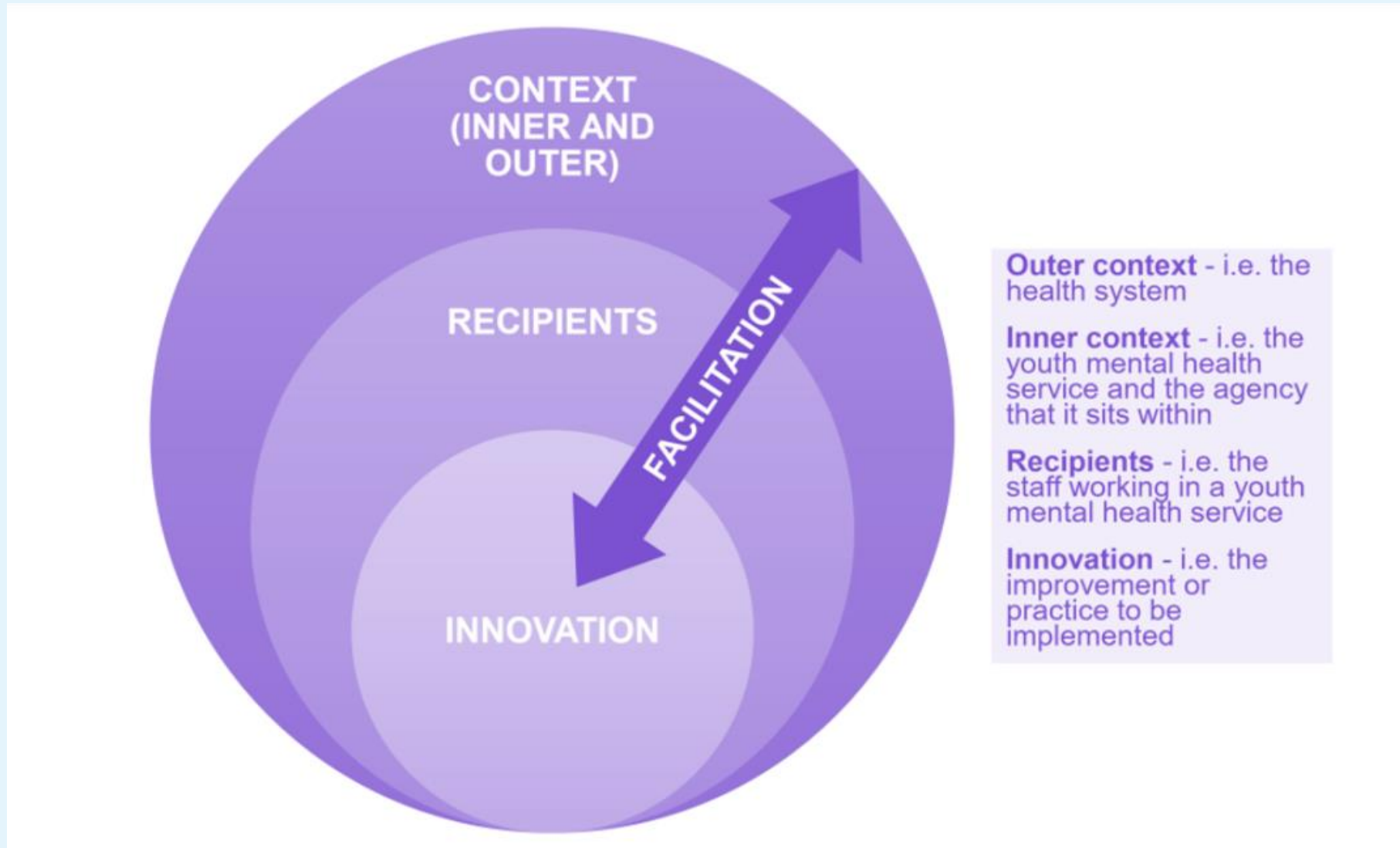
- Process models are used to describe and/or guide the process of translating research into practice.
- Outline phases or stages of the research-to-practice process, from discovery and production of research-based knowledge to implementation and use of research in various settings.

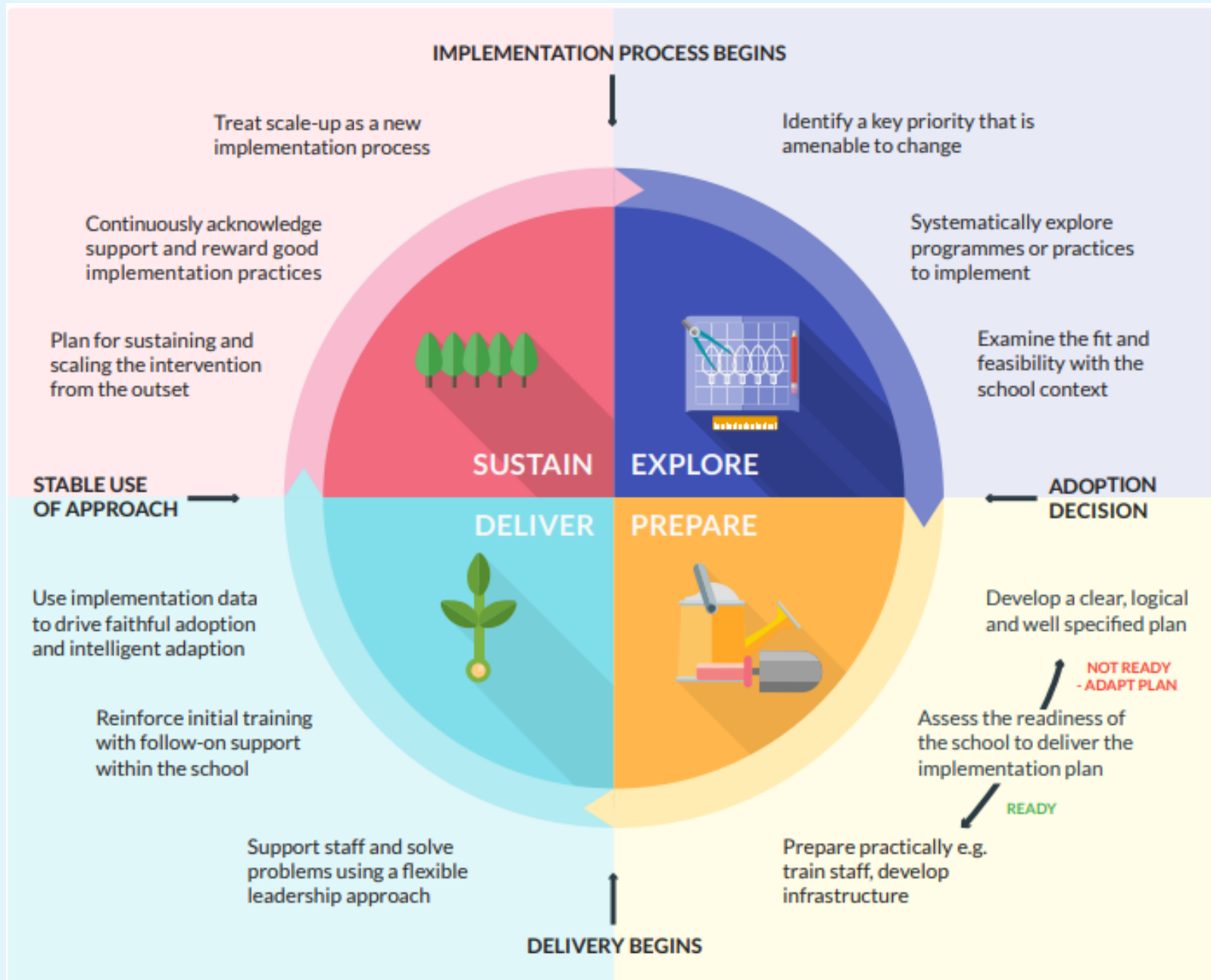
# Knowledge-to-Action Framework

- The Knowledge-to-Action framework provides a structured approach for making change, including a seven phase action cycle that moves knowledge into practice ([Knowledge-to-Action Framework | RNAO.ca](https://www.rnao.ca/knowledge-to-action))



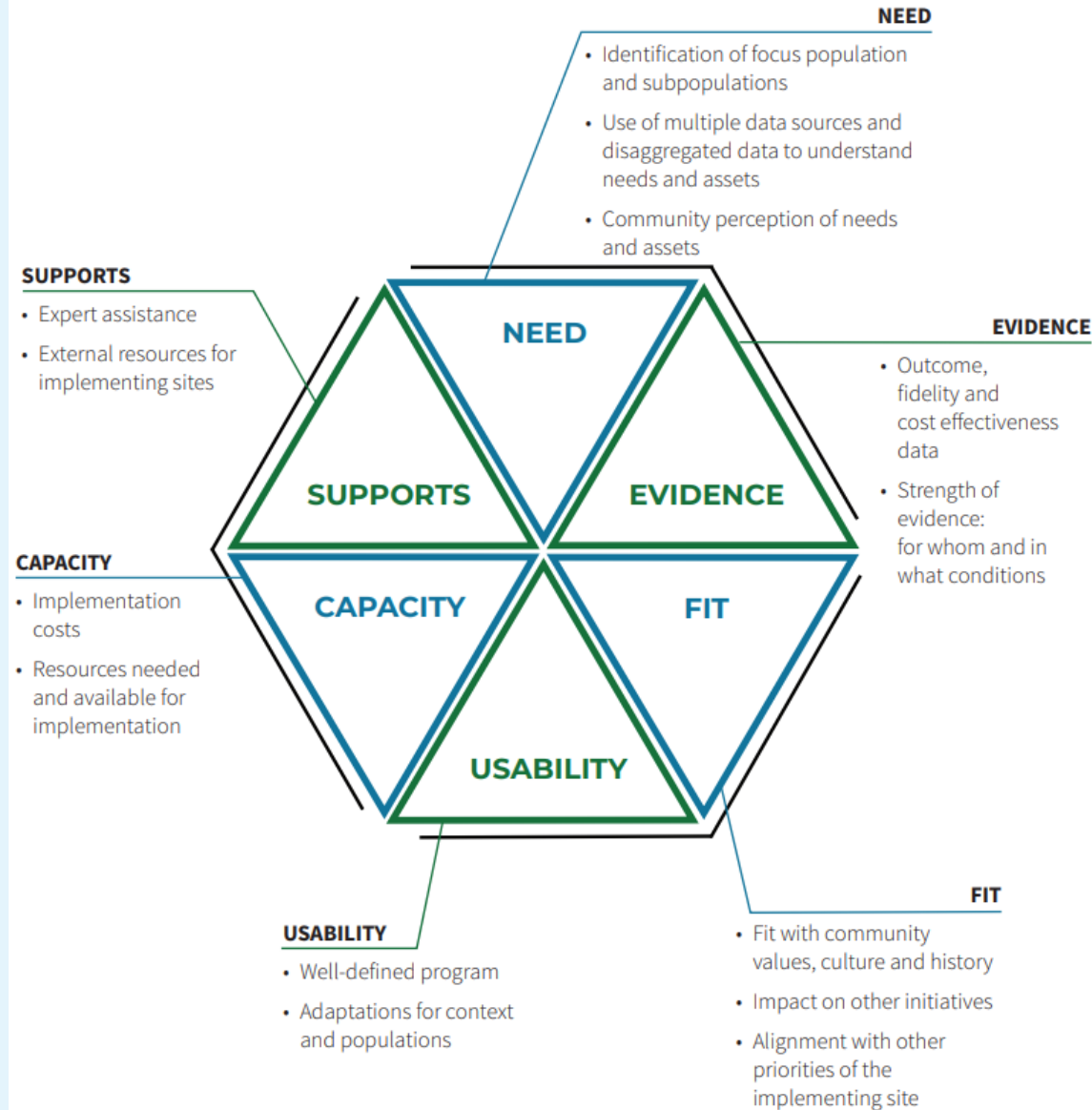
# PARiHS Framework





## The Hexagon: An Exploration Tool

The Hexagon can be used as a planning tool to guide selection and assess the fit and feasibility of potential programs and practices for use. It includes three **program indicators** and three **implementing site** indicators.



# Key resources

<https://implementationoutcomerepository.org/>

<https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/implementation>

<https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool>

<https://implementationscience.biomedcentral.com/articles/10.1186/s13012-015-0242-0>



# Improving the implementation of evidence in children and young people's mental health



## **Systematic Reviews**

To determine key  
barriers to  
implementation



## **Building Research Implementation BRIDGE SIRC**

Consultation and  
priority mapping



## **Bridging the Gap Project**

Move learning forward  
to leverage impact

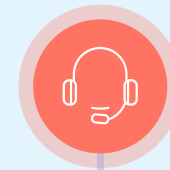


## **Implications & Recommendations**

Across commissioning,  
clinical and academic  
settings

# Youth and parent involvement

## In the bridging the gap project



### **Co-researchers**

Young co-researchers from the McPin Foundation spearhead youth and parent involvement activities and gain crucial research experience.



### **Steering committee**

Young people and parents with lived experience offer valuable insights and help guide dissemination activities.



### **Dissemination**

Co-researchers leading dissemination activities through an online blog, webinars, etc

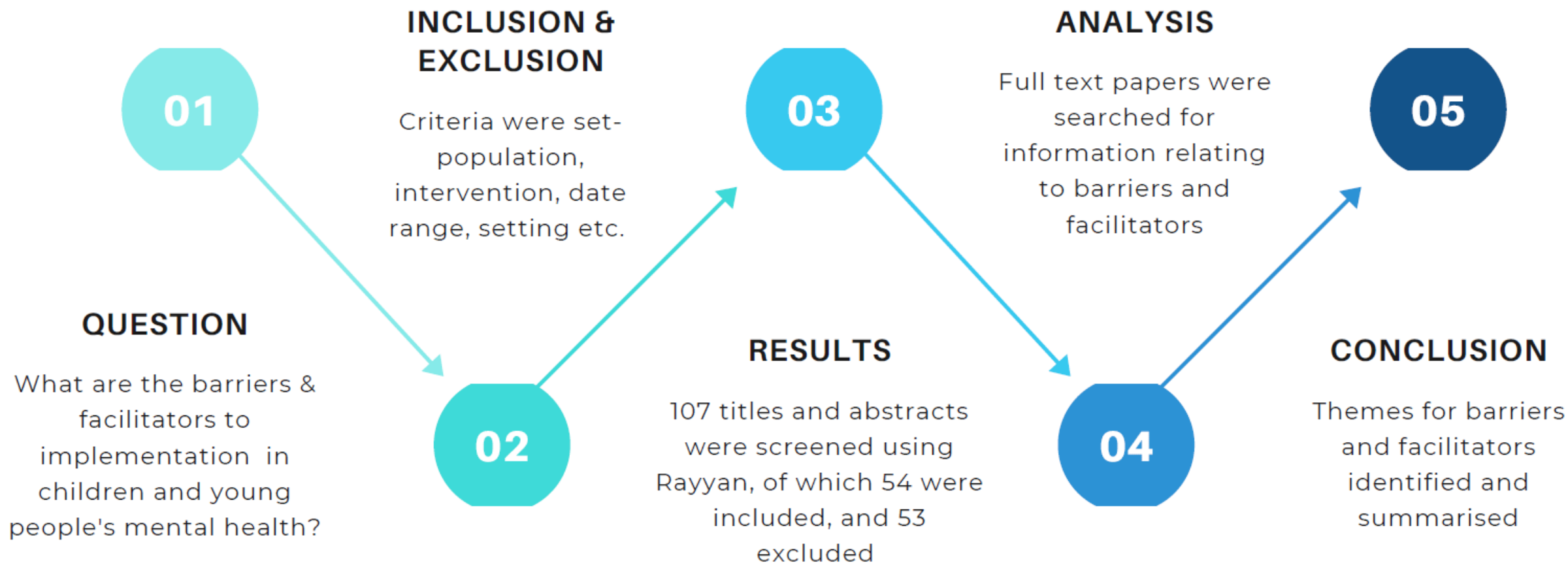


## Barriers and facilitators of implementation of evidence-based interventions in children and young people's mental health care: a systematic review

Peters-Corbett, A., Clarke, T., Bear, H., Parke, S.

# Barriers & Facilitators

Literature search



# Clinician

## Barriers to Implementation

In Children & Young People's Mental Health

CLINICIAN RESISTENCE	COMPETING PRIORITIES	INADEQUATE KNOWLEDGE	LACK OF STRUCTURE	STAFF TURNOVER
Clinician perception that manuals are rigid/have poor usability/interpretability, resistance to change/innovation (potentially due to lack of positive evidence)	Struggle to fit innovation into current caseloads and work flow-disparity between trials and service settings	Limited EBP knowledge, lack of knowledge surrounding the innovation/reason for change, accessibility of information	Lack of accountability and responsibility, lack of infrastructure and support for clinicians and staff delivering innovation, restricted info, continuous intervention training	High staff turnover and need for ongoing training and fidelity monitoring. When trained staff leave replacements are not trained etc. skills are lost

# Organisational Barriers to Implementation

In Children & Young People's Mental Health

TIME & RESOURCES	FUNDING	CULTURE & CLIMATE	STRUCTURE	LACK OF...
<p><u>Major barrier</u></p> <p>Time taken and materials needed to implement EBP</p> <p>High service demand and lack of capacity</p>	<p><u>Major barrier</u></p> <p>Cost has been found to be one of the most important and least changeable barriers</p>	<p>Readiness for change or innovation, lack of engagement from senior management. level of knowledge around EBPs and benefits of them</p>	<p>Lack of infrastructure, lack of strategy and readiness within organisation structure</p>	<p>Support from leadership, knowledge, clarity, guidance, adaptability, strategy, measurable objectives, evidence of positive benefits</p>

# Clinician

## Facilitators to Implementation

In Children & Young People's Mental Health

CLINICIAN ATTITUDES/ BELIEFS	SUPPORT	INDIVIDUAL CHARACTERISTICS	EDUCATION/ TRAINING	CONCLUSION
Openness to innovation/change from current practice, having a 'yes' mentality when facing issues. Skills and competence, motivation and goals, staff investment	Leadership support, supervision, taking time to create buy-in from all relevant stake holders in the organisation creates sense of ownership and understanding	Positive relationship between clinicians knowledge and EBP use, previous experience self efficacy effects willingness to adopt EBP	Administrators play a key role in facilitating EBP delivery, ongoing training/induction for new staff, opportunities for achievement reward, training based on level of experience	Adaptions/flexibility for clinicians, simplification of process to fit clinician needs/service user and family needs, observation of other agencies adoption innovation

# Organisational Facilitators to Implementation

In Children & Young People's Mental Health

TIME & RESOURCES	FUNDING	LEADERSHIP	CULTURE & CLIMATE	PRESENCE OF...
Connectedness of organisational resources, easily accessible resources, relative priority-shared sense of the innovation being high priority relative to competing demands	<u>Major facilitator</u> Accessibility and availability of funding is a major facilitator to implementation research	Inspire, lead, support, motivate, strong commitment to the innovation/change, designated project/innovation, facilitate strategies and activities, provide supervision leaders	Clinician's shared perceptions of the extent to which the innovation is expected, supported and rewarded , interaction between organisation and individual providing EBPs	Adaptability/flexibility effective communication, internal innovation leaders/champions, perceived fit of EPB with organisations mission, regulatory mandate

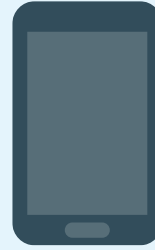


# Practical tips

- Ringfence funding for implementation in services.
- Prioritise the implementation process beyond the end of research trials so that EBPs are not 'lost' or forgotten about.
- Training and upskilling of all staff to recognise the importance of integrating evidence-based practices into the ethos of the service. This should be at both organisational level and staff and individual level.
- Academics and research funders should also be encouraged to increase their adoption of implementation research designs so that implementation outcomes are prioritised alongside effectiveness outcomes.



**34 studies**



**29 apps**



**21 newly  
developed apps**

# Determining markers of successful implementation: a systematic review of mental health apps for young people

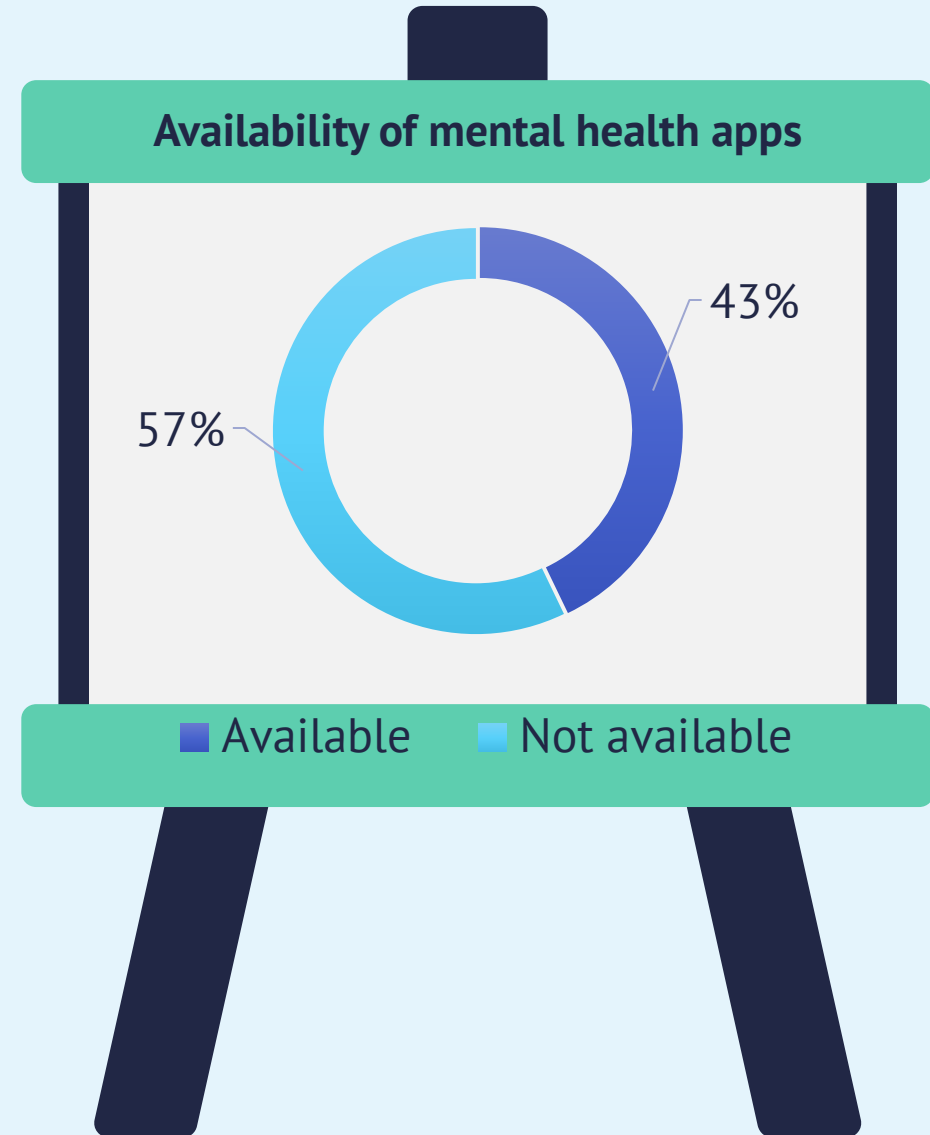
Bear, H.A, Ayala-Nunes, L., DeJesus, J., Liverpool, S., Moltrecht, B., Neelakantan, L., Harriss, E., Watkins, E., Fazel, M.

# Key Findings

Most implemented apps confirmed a degree acceptability, appropriateness, feasibility and engagement.

High cost, funding constraints and lengthy research processes were identified as impeding implementation.

Absence of underserved or marginalized groups.



# Bridging the Gap Project

- Aimed to investigate factors which optimise the implementation of research and evidence into practice in children and young people's mental health in order to make recommendations across clinical, commissioning, and academic settings.
- Using a survey, interviews and focus groups we have gathered detailed case study examples from those who work in children and young people's mental health settings as commissioners, funders, policy makers, clinicians, and researchers and, importantly, those doing the implementing.
- We have produced a tool to evaluate implementation and assess barriers in practice. Have tested the feasibility and are hoping to test validity and reliability in a future pilot study.

# Key insights

Analysis is ongoing, however, initial insights are:

1. Huge amount of interest in this area.
2. Funding gap for implementation in research and practice.
3. Implementing new interventions is easier than changing or 'deimplementing' existing service configurations/ service delivery that is not working well.

We are currently developing:

1. Top 10 tips for decision makers to increase accessibility and uptake of evidence.
2. 'What is commissioning' for young people?
3. Key recommendations

# Top Tips in Real World Practice Settings?



<https://www.youtube.com/watch?v=gciSmD0s5nw>

# Practical example: embedding routine outcome monitoring



Improved Digital / EPR solutions with visual results during sessions

Ongoing Training & Guidance related to clinical utility

Dedicated roles to support e.g., Admin

## FACILITATORS

Strong Leadership with shared staff vision & organisational culture

Use of more brief and session by session ROMs

Research the implementation of ROMs early. DO With and NOT Do To

Tailored measures - NOT one size fits all



Can be considered as time consuming

Lack of digital / EPR functionality

Negative perceived value and misuse of ROMs data



Lack of admin and managerial support

## BARRIERS

Not prioritised or integral part of Clinical Models / Pathways

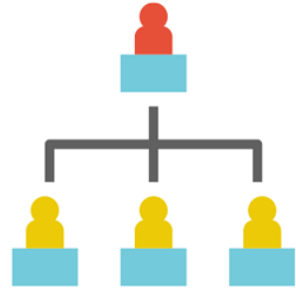
Poor Completion & not used for feedback

Culture of ROMs can be Negative which breeds negativity



# Practical example: embedding routine outcome monitoring

## APPLICATION OF ROMS



### Systems Intervention

E.g., Management Support & Resource Allocation

Facilitative Admin

E.g., Admin Support and ROMs Roles

Decision Support / Data System

E.g., EPR and/or Digital Solutions with Prompts & Visual Monitoring

**ORGANISATIONAL**



### Adaptive Leadership

E.g., Aimed at Improving Motivation, Use of ROMs, Modelling & Clinical Utility

### Technical Leadership

E.g., Job Planning, Integration in to SOPs, Time, Funding, Resource, Monitoring, Feedback

**LEADERSHIP**



### Coaching

E.g., Supervision, Consultation, Post-Training Support, Champions

### Training

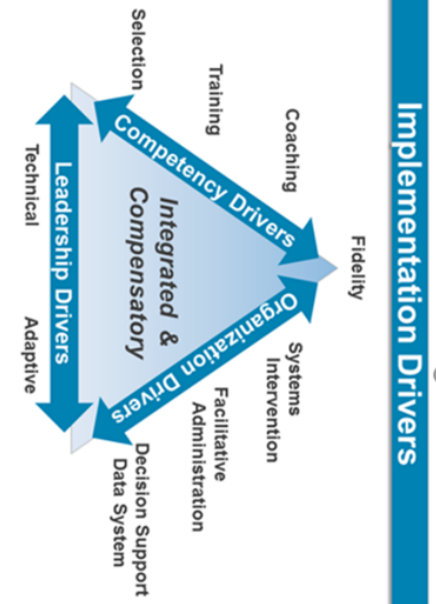
E.g., Variety of Training Methods and Guidance that is Clinically Related

### Selection

E.g., Staff Attitudes, Influencer, Receptivity

**COMPETENCY**

Fixsen & Blase, 2008





# What would help bridge the gap?

- What's working well to help bridge the gap?
- What are your hopes for how we take this work forward?
- What questions do you still need answers to?

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# Survey



<b>Who?</b>	Researchers, clinicians, commissioners', policy makers and funders involved in developing, evaluating, implementing, funding, commissioning evidence-based practice.
<b>Where?</b>	Online
<b>Time commitment?</b>	15 minutes
<b>Content?</b>	Description of 1 EBP, evidence appraisal, evaluation process, cost, implementation process, youth involvement, contextual and facilitation barriers.
<b>When?</b>	Deadline 16 <sup>th</sup> September (hard deadline end of Sept)

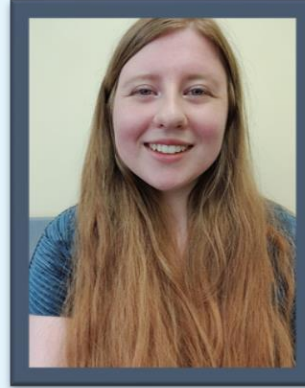
**Link:** <https://oxford.onlinesurveys.ac.uk/bridging-the-gap>



# Our Team



**Thai-Sha Richards**, Co-researcher



**Kate Reeve**, Research Assistant



**Georgia Naughton**, Co-researcher



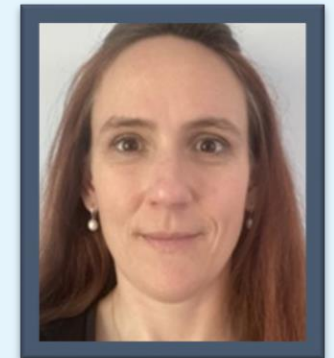
**Tim Clarke**, Principal  
Clinical Psychologist



**Holly Bear**, Postdoc



**Tanya Mackay**, Research Manager



**Sarah Shenow**,  
Implementation Consultant

# Thank you

Many thanks to Emerging Minds, Kate Reeve, Georgia Naughton, Thai-Sha Richards, Tanya Mackay and the project steering committee.