

headspace

Evaluating the national implementation of early psychosis services

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The Evidence-based trend

- Continuing call for evidence-based programs
- These programs can be complex and if seen to be effective there is demand to implement on a larger scale

Raises important questions for **implementation science**:

- What if the evidence-based model is implemented differently in another setting?
- What does this mean for expected outcomes?
- How much variation can occur before outcomes are affected?

And also evaluation:

 How do we design evaluations that can draw linkages between implementation and outcomes?

What is headspace?

- headspace is Australia's National Youth Mental Health Foundation
- Provides mental and general health support, information & services to young people (12 25) and their families across Australia.
- Services delivered through **headspace** centres currently 60. These centres are:
 - Youth friendly
 - Focus on early intervention and early help seeking
 - Provide a seamless service/no wrong door
 - Co-location and integration of support services
 - Governed by a lead agency with a consortium of local services

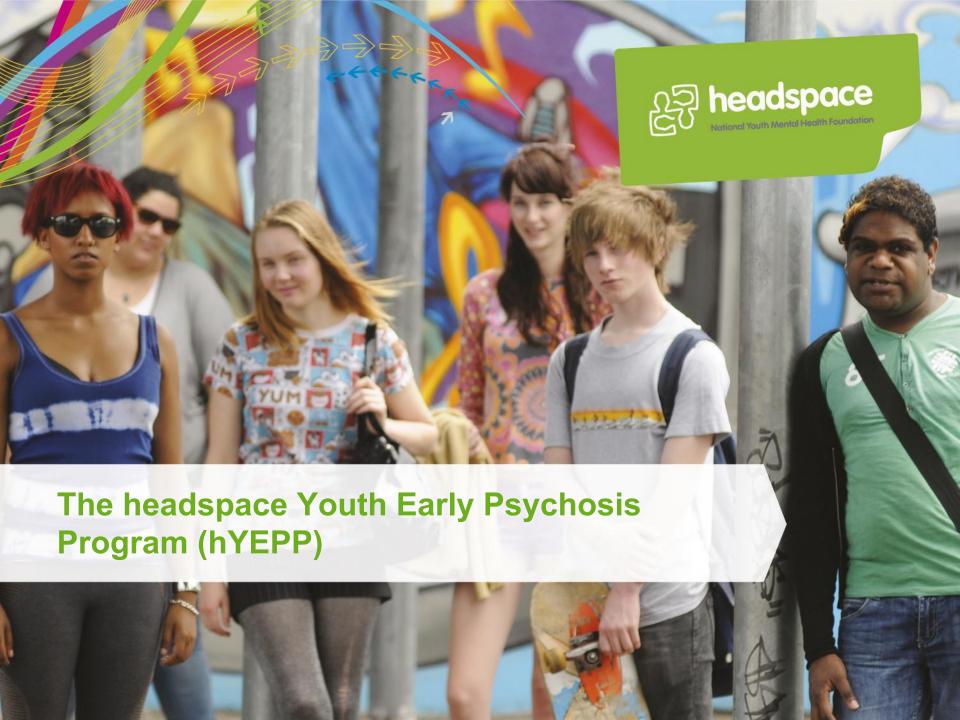
Each centre is different, designed to fit local community needs

A national opportunity

- In May 2013, **headspace** contracted by Federal Government to implement an evidence-based, internationally recognised model, the Early Psychosis Prevention Intervention Centre (EPPIC).
- Delivers early psychosis services to young people aged 12 to 25 experiencing early psychosis or those who are likely to develop a psychotic disorder without specialist interventions
- To be delivered as an expansion of headspace services with a seamless pathway of care. This integrated model is called the headspace Youth Early Psychosis Program (hYEPP)
- hYEPP will deliver 16 Core Components of the EPPIC model with the capacity to tailor to the local environment

Overview

- Complexities of the program and implementation
- How we plan to evaluate it
- What we hope to achieve

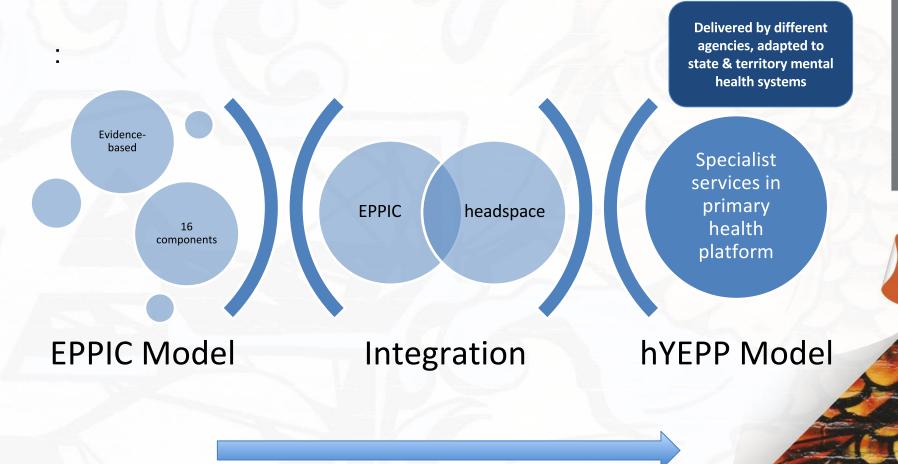


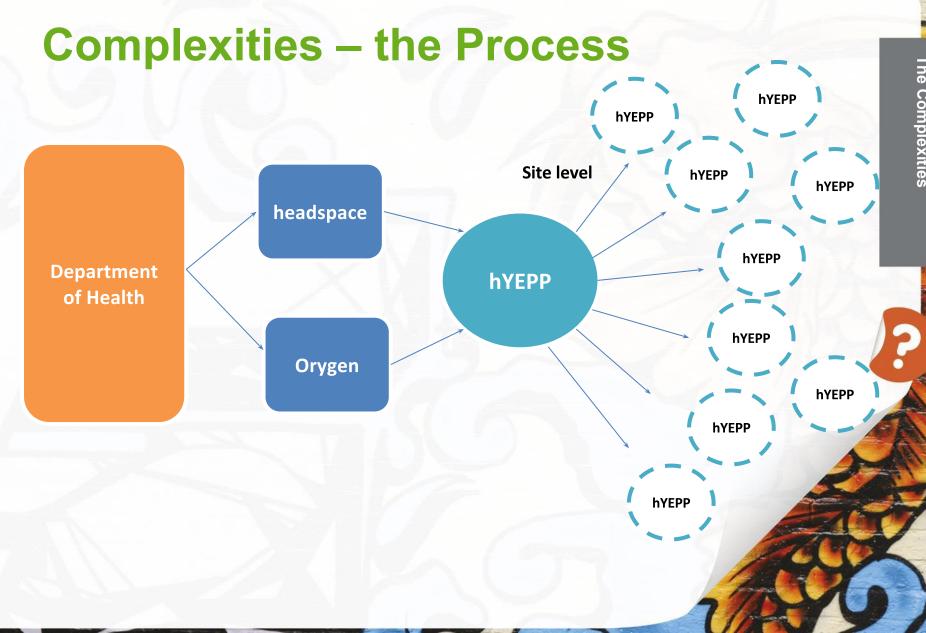
Implementation Challenges

Implementing hYEPP is complex on two levels:

- 1. The intervention complex, integrated and multi-level
- The implementation process multiple delivery agencies with varying experience in different state and territory jurisdictions.

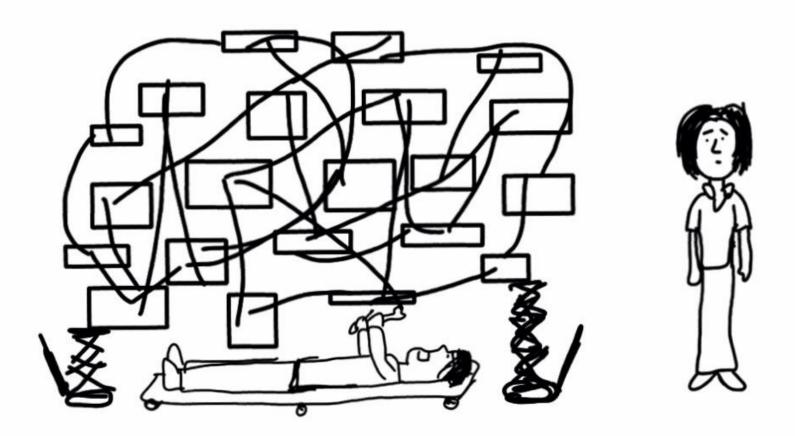
Complexities -the Intervention







At the logic model repair shop ...



So, I'm guessing this is for a comprehensive program-level intervention

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So what are the implications?

- Large scale roll-out in different environments will mean the sites will be different as they are adapted to the local setting.
- Evidence-based models rely on implementation fidelity to achieve outcomes.
- Need to know what happened and why in order to interpret outcomes.

The Evaluation Framework

Stage 4: External outcome evaluation managed by the Federal Department of Health



Stage 3: Evaluation against the headspace Best Practice Framework

We are

Stage 2: Assessment against the 16 core components outlined in the EPPIC model

Stage 1: Map the process of service development and establishment

Stage 1:

Map the process of service development and establishment



Preliminary evaluation focus to determine what factors affect successful service development and establishment, including analysis of:

- barriers or facilitators to establishment
- major decisions that are made
- adaptations or changes that occur through the implementation cycle
- variance across sites



Process Documentation

- Data on establishment and implementation collected through a process documentation approach
- Three key activities:
 - Document Analysis
 - Observation
 - Interviews
- But what to document? Traditionally use program theory, but given novel approach – unclear how theory of change will work.

Two Guiding Frameworks

Using two frameworks from implementation science to structure project and data collection processes:

- the Consolidated Framework for Implementation Research
 - To guide and categorise data collection and analysis
- Overlaid with Replicating Effective Programs Framework
 - To focus on balancing fidelity and adaptability

CFIR

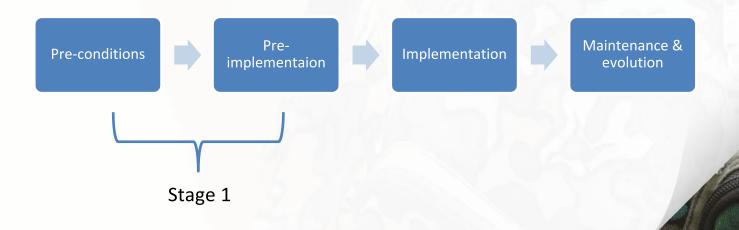
Consolidated Framework for Implementation Research (CFIR) helps to structure implementation project processes.

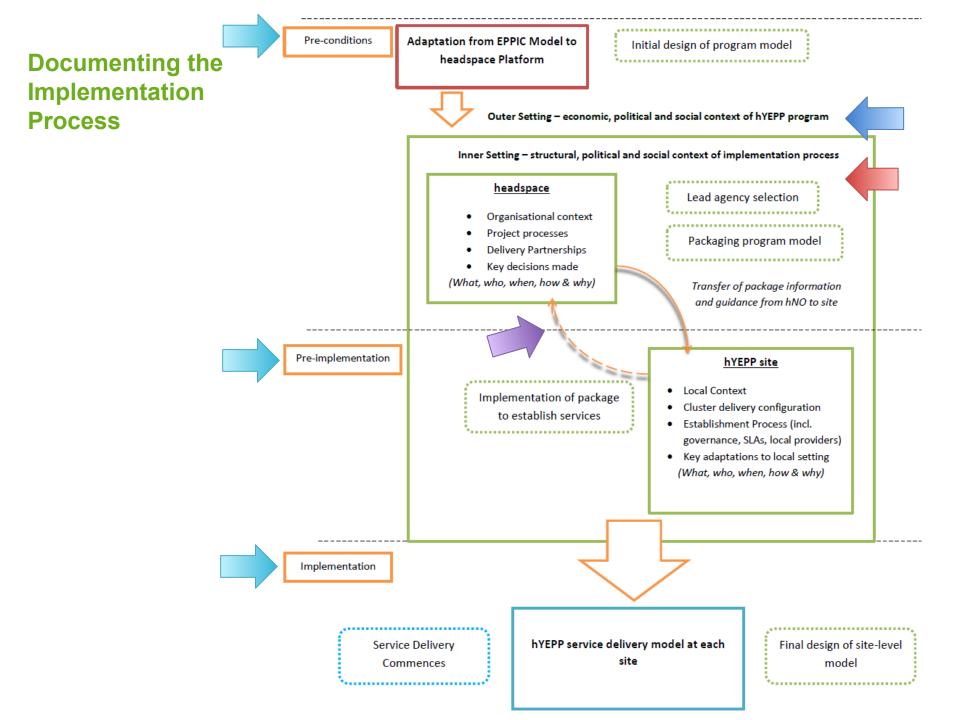
Five domains:

- Intervention characteristics being implemented
- Outer setting economic, political and social context
- Inner setting structural and social context of process
- Process activities of the implementation process
- Relationships organisations involved in process

Replicating Effective Programs

- Framework developed to disseminate effective behavioural and treatment interventions for implementation in communitybased service settings.
- Focuses on achieving a balance between adequate fidelity to the intervention and accommodating differences across sites.
- Four steps to disseminate and replicate effective programs:







Building the evidence base

- Opportunity to test the appropriateness of these frameworks to conduct evaluation of complex, evidence-based programs that are being implemented on a national scale
- Determine how detailed knowledge of the implementation process can be used to interpret outcomes.
- This may be able to inform future implementation practice and the roll-out of services of this nature
- And contribute to implementation science to understand how such complex service reforms are achieved in practice

References

CFIR

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Process Documentation

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