Increasing access to best practice mental health interventions on a national scale: Lessons learned from an implementation program based on a theory-informed model

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This paper will present a systematic, theory-informed approach to the design and evaluation of a two-year national implementation program. The program aimed to increase the use of an evidence-based intervention to treat Posttraumatic Stress Disorder (PTSD) across a nationwide community mental health service.

Implementation research has highlighted the need to consider theories of change when selecting strategies to promote adoption of new practices (e.g. Eccles et al., 2009) and to develop evaluation frameworks that capture the full complexity of successful adoption, rather than solely focusing on changes in practitioner behaviour or client outcomes (e.g. Proctor et al., 2010). This paper will outline a systematic process by which theories of individual and organisational change were selected to best fit a particular service system and organisational context. It will also present an evaluation framework that incorporates factors recognised as contributing to long-term adoption of new practices at service system, leadership, team, practitioner and client levels. A brief overview of the program's outcomes will be presented to illustrate how a theory-informed approach can lead to effective implementation.

The implementation program included a barrier and needs analysis and tailored interventions aimed at increasing organisational capacity and promoting individual change. These interventions included the establishment of pathways to care through changes to the intake process, training, team-based strategies, leadership support and improvements to the service's data collection system. Findings from the evaluation at 12 months indicated successful adoption with changes evident at all levels, from service system through to client. Changes in organisational approach included leadership and peer support mechanisms embedded in most offices and an established PTSD screening system that led to increased screening nationally. Clients screened for PTSD were more likely to receive best practice ($\chi^2(1146)=14.21$, $p<0.001$). Practitioners delivered best practice intervention with high levels of fidelity and achieved clinically and statistically significant client outcomes (ES=1.02, $p<.001$).