Data harmonisation of implementation measures in the mental health group

Research Network Webinars
16 & 17 April 2019

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University of Edinburgh & University of Sydney
Mental Health GACD projects

33 projects
5 continents
50 countries
78 outcome measures

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>1</td>
</tr>
<tr>
<td>Dementia</td>
<td>3</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>9</td>
</tr>
<tr>
<td>Depression</td>
<td>7</td>
</tr>
<tr>
<td>Suicide</td>
<td>2</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>4</td>
</tr>
<tr>
<td>Psychosis</td>
<td>2</td>
</tr>
<tr>
<td>ADHD</td>
<td>1</td>
</tr>
<tr>
<td>Not available</td>
<td>4</td>
</tr>
</tbody>
</table>
Work to date

1. Grand Challenges Canada Core Metrics
2. Sent questionnaire to teams
3. Mapped responses to REAIM and Proctor domains
4. Decision to re-survey teams
5. Development of a simplified survey tool
6. Testing
7. Deployment
# Core Metrics Reporting Categories

## Development

1. Availability of situation analysis and report (including knowledge or innovation gap, plus barriers to implementation)
2. Availability of innovation product / protocol / manual
3. MOU or project agreement document signed with partner/s
4. Enumeration of (non-GCC) financial, human and other resources allocated by key stakeholders to innovation development and implementation

## Evaluation

11. Symptom severity score / effect size (e.g. PHQ-9; SRQ)
12. Functioning score / effect size (e.g. WHOQOL, WHOQOL-L)
13. Mental health & well-being score / effect size (e.g. "WHO-S" index)
14. Change in public perceptions, knowledge and attitudes about MNS disorders (KAP score or discrimination / stigma measure; e.g. DISC-10)
15. Cost-effectiveness (cost per unit improvement in symptom severity / function)

## Delivery

5. Number of mental health care providers trained
6. Knowledge, attitudes and practices of providers (pre- and post-training score)
7. Continuous quality improvement mechanism in place (e.g. regular supervision)
8. Proportion of people in target population screened / identified
9. Expected time and cost for recipients to access innovation (travel time, transport cost and any fees paid out of pocket)
10. Expected proportion of target population with access to innovation medium (e.g. TV, radio, internet)
11. Number of people in target population receiving innovation (disaggregated by diagnosis, level of care, year of project etc.)
12. Satisfaction ratings of persons receiving innovation

## Scale up

15. Allocation of financial, human and other resources by key stakeholders for innovation scale-up
16. Mental health system profile, based on key global mental health indicators (including mental health policy and financial commitment, HR capacity, management and information systems, service infrastructure, etc.)
17. Number of health facilities or providers using the innovation
18. Proportion of people in target population who are seen and/or receiving innovation as intended (disaggregated by socioeconomic group)

## Context

19. Change in public perceptions, knowledge and attitudes about MNS disorders (KAP score or discrimination / stigma measure; e.g. DISC-10)
20. Frequency of contacts with key stakeholders (e.g. meetings, conference calls)
21. List of identified strategies for overcoming barriers to innovation implementation or scale-up
# Mapped responses of MH Projects

<table>
<thead>
<tr>
<th>REAIM domains</th>
<th>Proctor domains</th>
<th>CM Project category</th>
<th>Projects (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach</td>
<td>Penetration</td>
<td>Delivery</td>
<td>15</td>
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<tr>
<td></td>
<td></td>
<td>Scale-up</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Appropriateness</td>
<td>Context</td>
<td>13</td>
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<tr>
<td>Effectiveness/Efficacy</td>
<td></td>
<td>Evaluation</td>
<td>20</td>
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<tr>
<td>Adoption</td>
<td>Adoption</td>
<td>Delivery/Scale-up</td>
<td>15</td>
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<tr>
<td>Implementation</td>
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<td>Delivery/Implementation</td>
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<td></td>
<td>Acceptability</td>
<td>Delivery</td>
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<td></td>
<td>Feasibility</td>
<td>Scale-up</td>
<td>15</td>
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<tr>
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<td>Fidelity</td>
<td>Delivery</td>
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<tr>
<td>Maintenance</td>
<td>Implementation Cost</td>
<td>Evaluation</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Sustainability</td>
<td>Evaluation/Scale-up</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Sustainability</td>
<td>Evaluation at later time points</td>
<td>8</td>
</tr>
</tbody>
</table>
Project specific data collected so far

- Extracted details
- Mapped on to the REAIM domains
- Extracted specific tools mentioned
- Created a pdf for each project
- Metrics approach resulted in heterogenous descriptions. These were difficult to map well onto the implementation framework

<table>
<thead>
<tr>
<th>GACD Project Code</th>
<th>MH05</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Implementation research: community intervention to prevent repeated suicide attempts in Ningxia China and Nunavut Canada</td>
</tr>
<tr>
<td><strong>Reach details</strong></td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Reach Tools</strong></td>
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</tr>
<tr>
<td><strong>Efficacy details</strong></td>
<td>WHO Wellbeing Scale; Beck Suicidal Ideation Scale; Barratt Impulsiveness Scale; Buss &amp; Perry Aggression Questionnaire; Family Adaptability and Cohesion Scale</td>
</tr>
<tr>
<td><strong>Efficacy Tools</strong></td>
<td>WHO Wellbeing Scale; Beck SIS; BIS; Buss &amp; Perry AQ; FACS</td>
</tr>
<tr>
<td><strong>Adoption details</strong></td>
<td>Not reported</td>
</tr>
<tr>
<td><strong>Adoption Tools</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Implementation details</strong></td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Implementation Tools</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Maintenance details</strong></td>
<td>WHO Wellbeing Scale; Beck Suicidal Ideation Scale; Barratt Impulsiveness Scale; Buss &amp; Perry Aggression Questionnaire; Family Adaptability and Cohesion Scale</td>
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<td>WHO Wellbeing Scale; Beck SIS; Barratt Impulsiveness Scale; Buss &amp; Perry Aggression Questionnaire; Family Adaptability and Cohesion Scale</td>
</tr>
</tbody>
</table>
Survey redesign principles

• Simplify
  • Start with REAIM domains

• Avoid duplication
  • Incorporate previous responses

• Provide opportunities for links to learning or discussions
  • Identify links and resources

• Encourage collaboration and participation in future efforts
  • Mapping as a potential way for projects to collaborate on theme, scale, setting level etc.
Survey interface

Test survey for piloting

https://redcap.sydney.edu.au/surveys/?s=8J4EDTPDN9
Welcome and instructions

Dear GACD Mental Health project teams

We as the GACD Mental Health Data Working Group are aiming to describe the mental health projects' implementation components and have developed a simple data collection tool that we ask you to complete.

The purpose of this is to develop a map of all the projects where we may be employing similar methods, tools, population groups or thematic areas. In this way, we hope to learn from each other and find commonalities as well provide a resource for the broader implementation science community.

While many of the projects may have well developed implementation measures as part of their project, others may be new to implementation science and so we have tried to keep the format very simple at this stage. We have chosen to use the REAIM framework as the concepts are well defined and are outlined in the following pages.

We really appreciate your efforts to support this activity.

REAIM concepts:

Reach. The absolute number, proportion and representativeness of individuals who are willing to participate in a given initiative.

Effectiveness. The effect of an intervention on important outcomes, including potential negative effects, quality of life and economic outcomes.

Adoption. The absolute number, proportion and representativeness of settings and intervention agents who are willing to initiate a program.

Implementation. At the setting level, implementation refers to the people who implement the intervention and their fidelity to the various elements of an intervention's protocol.

Maintenance. The extent to which a program or policy becomes institutionalized or part of the routine.

There are also resources available at the REAIM website: [http://www.re-aim.org/](http://www.re-aim.org/)

If you would like to watch a small summary please see the attached link to a video by Dr Russ Glasgow.

Short Video.

Link to further content.
Survey - project information

GACD
GLOBAL ALLIANCE FOR CHRONIC DISEASES
AN ALLIANCE OF HEALTH RESEARCH FUNDERS

Implementation measures mapping

Condition
Which condition is your project addressing?
- ADHD
- Dementia
- Depression
- MH first aid
- Prevention
- Psychosis
- Resilience
- Schizophrenia
- Screening
- Substance Use
- Suicide
- Well-being

multiple answers possible

Survey participant

Project details

GACD Project number
Please enter your project number from the list
Survey – basic details

Project research focus
- Context
- Delivery
- Intervention
- Pilot
- Scale up
- Other

Participant focus
- Adults
- Children
- Community
- Population
- Setting
- Providers
- Other

Please select most appropriate
Please select all that are relevant
Survey - Domains

Brief explanation and link to further details

Broad categories created for each domain using REAIM checklists.

Categories for each REAIM domain area compulsory field
Survey - Domains

- Reach - please add any specific details relevant to your study
- Methods used
- Please list any tools you will use to measure
- Tools available for upload

Text box to add any further details related to each project
Methods used
Text box to add any further tools
Option to upload the tools
<table>
<thead>
<tr>
<th>REAIM domains - categories</th>
<th>Effectiveness</th>
<th>Adoption</th>
<th>Implementation</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>+ Improvements in health or well being</td>
<td>+ Setting adoption/participation</td>
<td>+ Adherence to intervention components</td>
<td>+ Short term follow-up (6 months) of outcomes</td>
</tr>
<tr>
<td></td>
<td>+ Service proxies for improvement e.g. reduced hospitalizations, length of stay.</td>
<td>+ Setting exclusions.</td>
<td>+ Consistency of intervention</td>
<td>+ Medium term follow-up (12+months) of outcomes</td>
</tr>
<tr>
<td></td>
<td>+ Quality of life</td>
<td>+ Setting characteristics</td>
<td>+ Characteristics of intervention delivery</td>
<td>+ Sustainability</td>
</tr>
<tr>
<td></td>
<td>+ Experiences of care</td>
<td>+ Staff Characteristics</td>
<td>+ Barriers and/or facilitators</td>
<td>+ Barriers and/or facilitators</td>
</tr>
<tr>
<td></td>
<td>+ System improvements</td>
<td>+ Staff adoption/participation</td>
<td>+ Adaptations of the intervention</td>
<td>+ Satisfaction - setting or individual</td>
</tr>
<tr>
<td></td>
<td>+ Economic or resource utilisation</td>
<td>+ Setting attrition</td>
<td>+ Time and/or costs</td>
<td>+ Negative outcomes</td>
</tr>
<tr>
<td></td>
<td>+ Community level changes e.g. social capital, stigma</td>
<td>+ Setting - Reasons for attrition</td>
<td>+ Contextual factors</td>
<td>+ Program adaptations</td>
</tr>
<tr>
<td></td>
<td>+ None or n/a</td>
<td>+ Individual attrition</td>
<td>+ None or n/a</td>
<td>+ Alignment of intervention to organisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+ Individual reasons for attrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>+ None or n/a</td>
<td></td>
<td>+ None or n/a</td>
</tr>
</tbody>
</table>
Survey – feedback

Once submitted - Option to download a pdf of their responses