

Facilitators and barriers in bringing health services research to clinical practice for a novel supported employment intervention for young people

Ms. Cassia Warren (Canada), Ms. Anna-Joy Ong (Canada), Ms. Amanda Kwan (Canada), Mr. Matthew Wenger (Canada), Ms. Diana AlQutub (Canada), Dr. Steve Mathias (Canada), Dr. Skye Barbic (Canada)

Introduction

It takes on average 17 years to go from research to clinical practice (Morris 2011). While this average may not consider the complexities of integrating research into youth mental health practice, it highlights the lengthy process to bring research into daily practice. In youth mental health, barriers are often amplified in service delivery for a youth population, since “youth” are limited by a defined period from both a service provider and policy perspective. Novel approaches to efficiently move youth mental health research into practice are needed.

Objectives

This presentation will summarize key learnings from a 5-year supported employment research project at Foundry, an integrated youth service in British Columbia, Canada. The project objective was to co-design, launch, and scale a novel supported employment and education program for young people over a 5-year period. This aim of this IAYMH presentation is to share lessons about implementation of real-time evidence into youth mental health practice and policy.

Approach/Methods

This study was a mixed methods study comprised of the following phases: (1) co-design, (2) cohort pilot, (3) longitudinal pilot at one centre, and (4) evaluation of provincial scale. At all phases, we conducted centralized interviews with key stakeholders to understand the facilitators and barriers to implementing emerging evidence into practice and scaling results across the Foundry network. This IAYMH presentation focus is primarily of stakeholder perceptions from phase 4, sharing global lessons about implementation of evidence into youth mental health practice.

Results

Phase 1 (year 1), youth community partners and service providers participated in the co-design of the pilot program. In phase 2 (years 2-3), 168 youth clustered in 18 cohorts participated in the research pilot to help test proof of concept of the intervention at one Foundry centre (mean age 21, SD=2.2). In phase 3 (years 3-4), 155 youth participated in the intervention (mean age 21, SD=2.2). Employment/education progressed in 71% of participants and recovery and mental health outcomes improved in 90% of participants, measured through longitudinal surveys. Results informed a pan-provincial strategy, and phase 4 (year 5-current) implemented the intervention across 12 communities and one province-wide virtual service in British Columbia, Canada. This expanded program has the capacity to support 600 young people per year. Facilitators and barriers to moving

research into clinical practice across the network included: community buy-in into the program need, integrated measurement and data collection plans, centralized operations and training, and integration into existing service planning and delivery structures.

Conclusion

This five-year research project quickly mobilized evidence into practice and policy. Consistent youth and service provider engagement and a forward-thinking knowledge mobilization plan ensured that data were available to support scaling and community-level planning for running the program. Learning from this project supports how to integrate research into a youth mental health system, and the potential for research to guide a learning health system that includes ongoing quality improvement efforts, collaboration, and sharing of innovative practices.

Morris, Z. S., Wooding, S., & Grant, J. (2011). The answer is 17 years, what is the question: Understanding time lags in translational research. *J R Soc Med*, 104(12):510–520. <https://doi.org/10.1258/jrsm.2011.110180>

