Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
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The barriers and enablers of change for community-based interventions

Lessons from the implementation of a co-produced psychoeducation programme for psychosis

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Introduction

Since the 1980s, Ireland has transitioned from an institutionally based mental health service to community-based care - largely driven by policy change

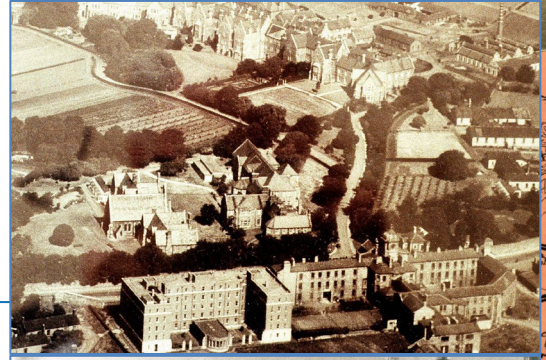
(*Planning for the Future*, Department of Health 1984; *A Vision for Change*, DoHC 2006; *Sharing the Vision*, Department of Health 2020)

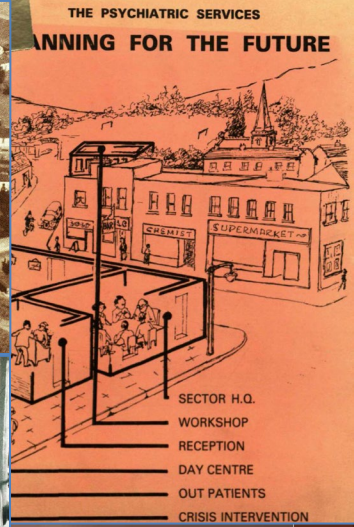
- Services now underpinned by a philosophy based on recovery with the principles of co-production at its core

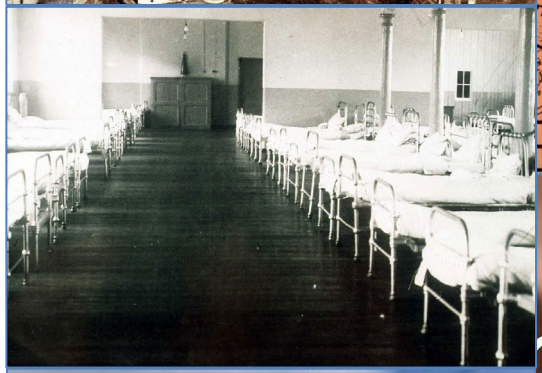
(*A Vision for Change*, DoHC 2006; *Sharing the Vision*, Department of Health 2020)

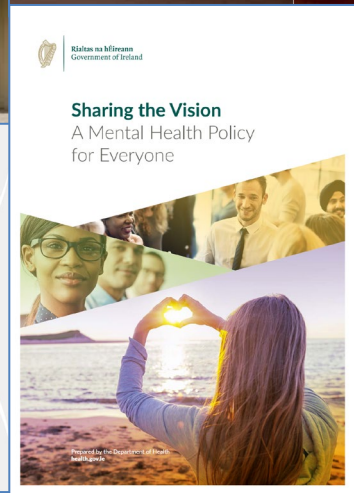
The transition has proved difficult at times, with resistance to change encountered at numerous levels – even after almost 40 years

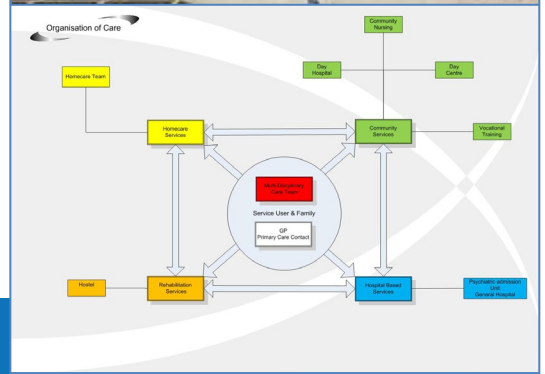
- This paper explores the lessons learned from research on the barriers and enablers in the implementation of a co-produced psychoeducation programme for service users and family members where psychosis is diagnosed

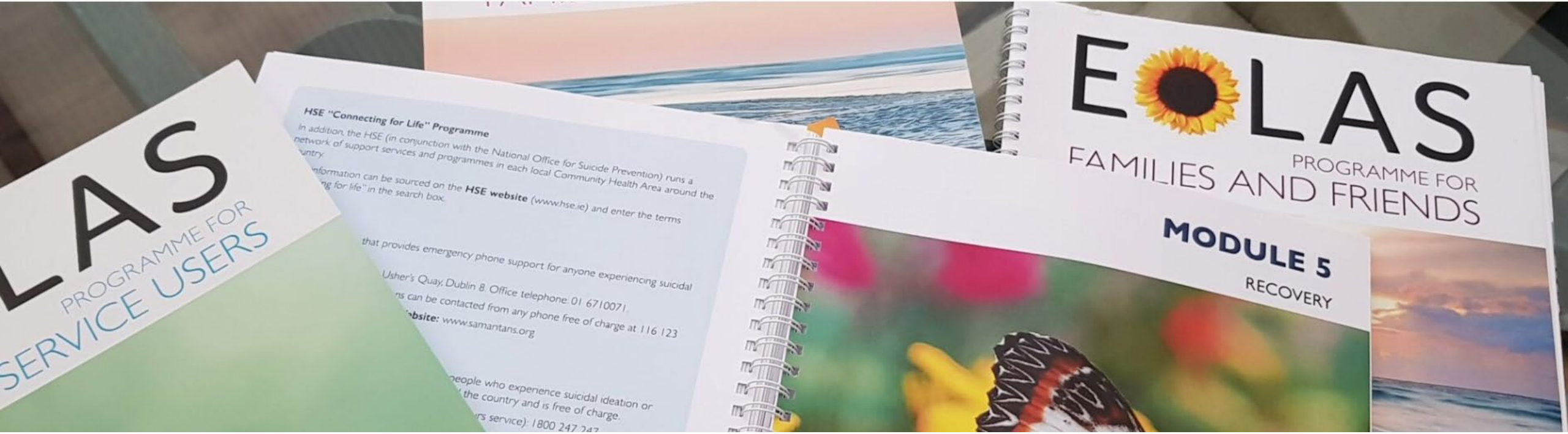












Origins of the intervention (2009-2022)

The shift to community based services increased burden on families as carers – especially for people experiencing psychosis/schizophrenia

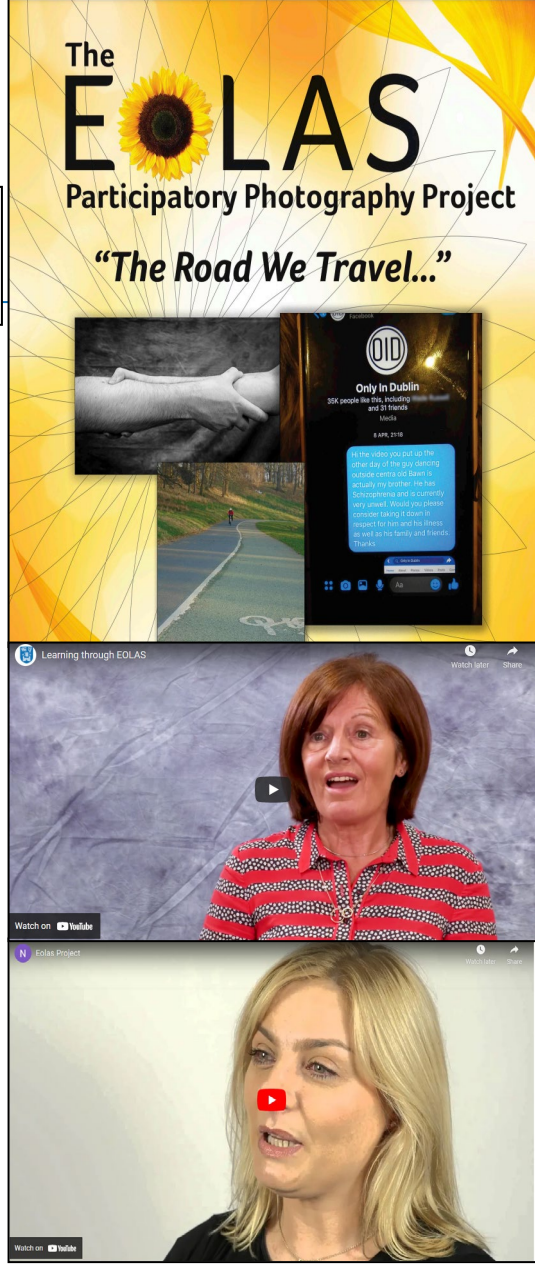
Research and experiences indicate service users and family members:

- Lacked information on diagnosis, treatment and services
- Lacked confidence and know-how in terms of engagement and navigating services
- Found their expertise excluded and marginalised
- Voice silenced or considered ‘suspect’

Introducing EOLAS

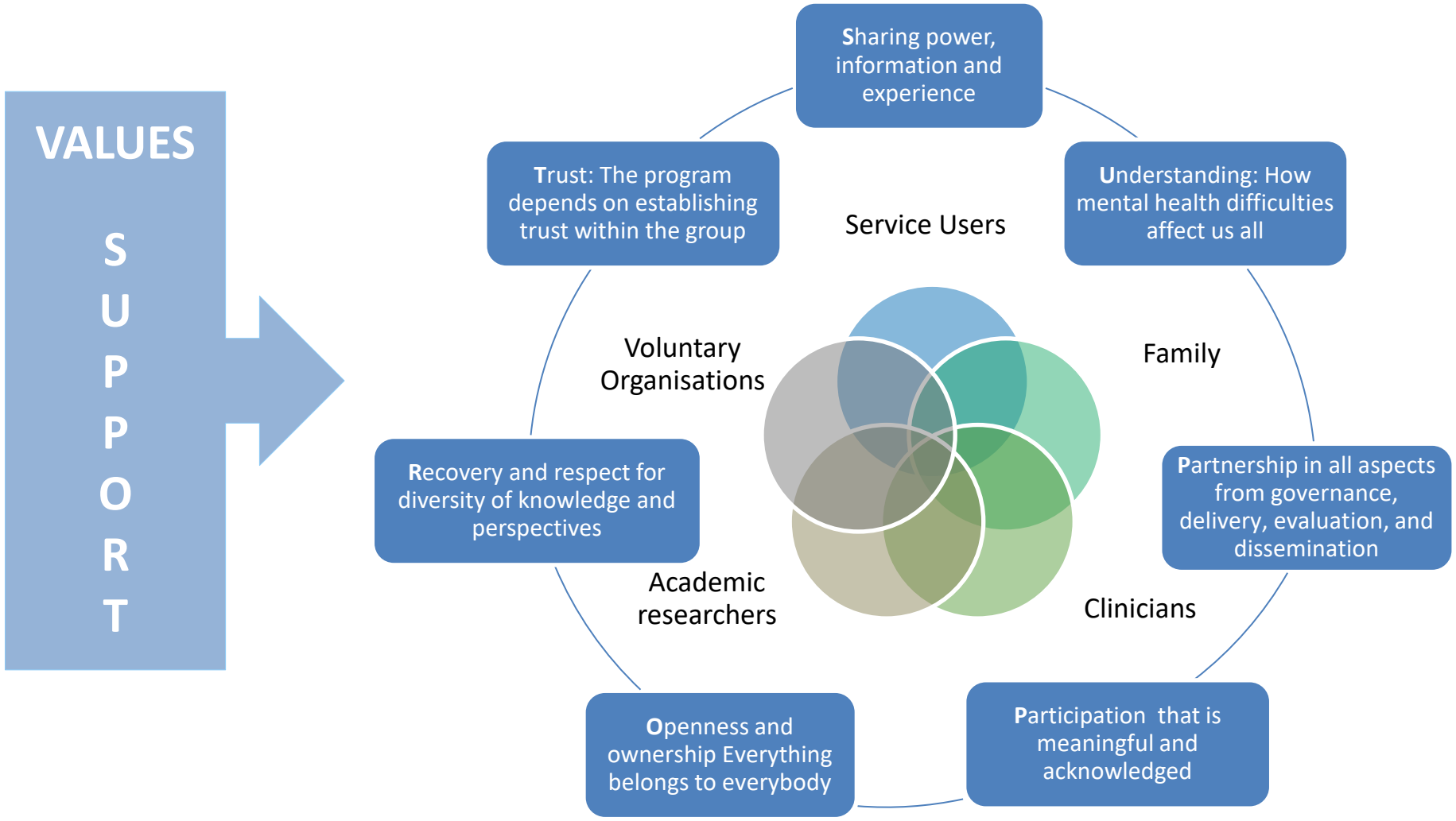
EOLAS are a suite of education programs designed for services users who experience psychosis and their family members.

- Co-produced and designed with service users and families,
- Co-facilitated delivery by peers and clinicians in a face-to-face group format, with the support of handbooks (manualized)
- The programs extensively evaluated using participatory methodologies and disseminated using:
  - Traditional approaches, such as peer reviewed papers with participants as coauthors
  - Less traditional approaches, such as videos and participatory photography



http://www.eolasproject.ie

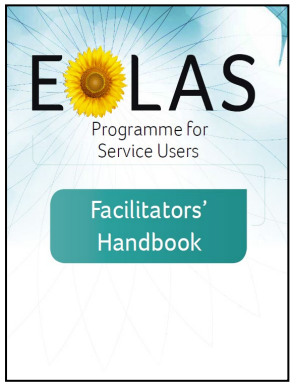
Where did we start? The principles of co-production in action

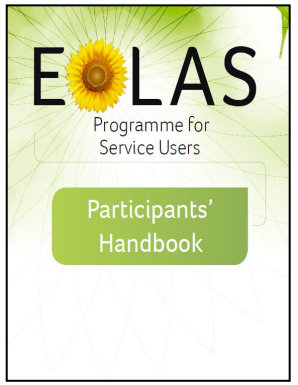


EOLAS Design

Two parallel programmes

- Service users
- Families and close friends
- Manualised 8-week programme
  - Co-designed
    - Evidence-based on what people said they needed
  - Co-delivered by peer and clinician
  - Sessions have flexibility
  - Delivered in a group context
    - Capitalising on the power of peer expertise and group support
  - Delivered in community venues
    - Increase accessibility and acceptability
- Facilitator training programme (Peer and professional side-by-side)
- Approach advocated in the HSE (National Health Service) EIP Model of Care (2019)
- Available in 22 services nationally
  - *"Why less than half?"*

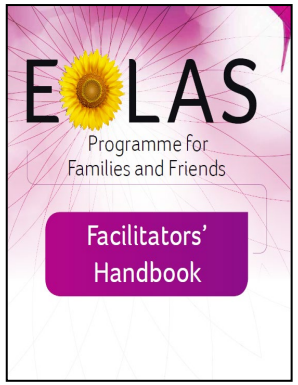


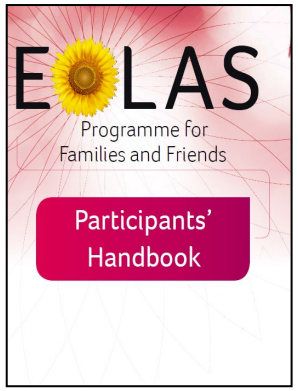


Facilitator Training Programme

Service User Programme

Family Member Programme





Methodology

Commenced with Systematic Review

- Higgins A, Murphy R, Barry j, Eustace-Cook J, Monahan M, Kroll T, Hevey D, Doyle L & Gibbons P. (2020) *Scoping review of factors influencing the implementation of group psychoeducational initiatives for people experiencing mental health difficulties and their families.* Journal of Mental Health 20:1023

Qualitative descriptive method

- Topic Guide built using Consolidation Framework for Implementation Research (CFIR)

Data collection comprised:

- Focus groups (n=8)
- Individual interviews (n=42)

The participants (n=75) were comprised of multiple stakeholders in the process

- Co-ordinators
- Peer and clinical facilitators
- Programme participants
- Senior health service managers
- Project workers (who had responsibility for coordinating the national roll out of the programme)

Thematic analysis was conducted using NVivo12

- CFIR Framework for advancing implementation (Damschroder *et al*. 2009)

Consolidation Framework for Implementation Research (CFIR)

(Damschroder *et al.* (2009)

Outer Setting

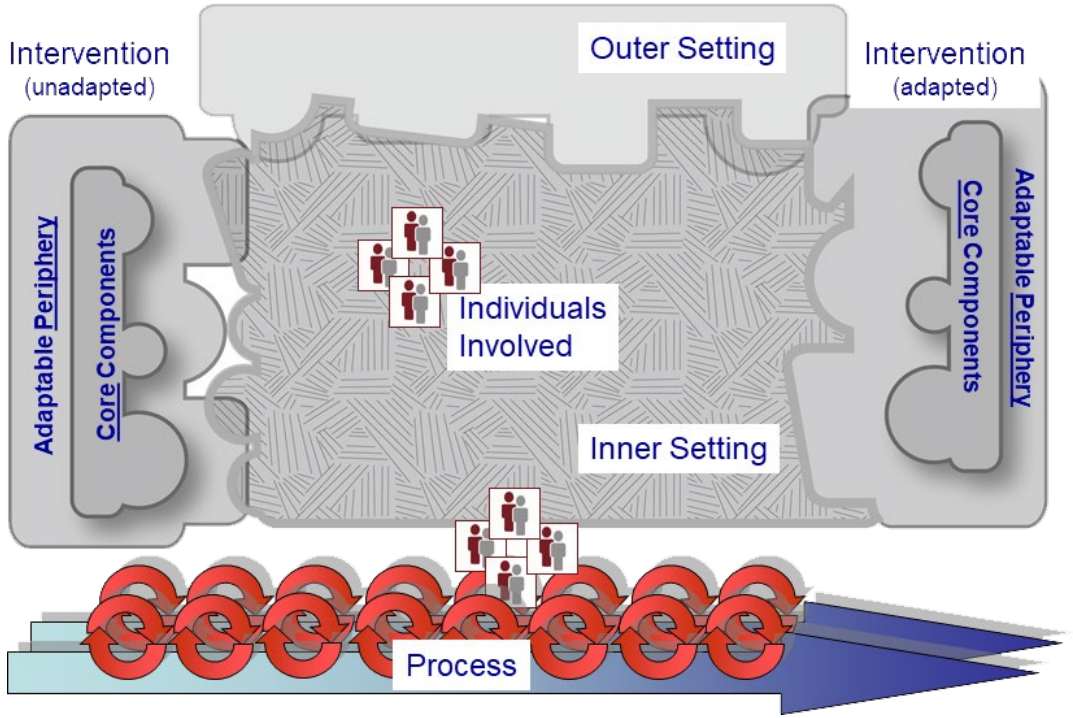
The wider social/political/economic context in which the organisation is embedded. Constructs involved:

- Cosmopolitanism
- External Policies and Incentives
- Patient Needs and Resources
- Peer Pressure

Inner Setting

The structural and cultural characteristics of the organisation/service where the intervention is implemented, constructs involved:

- Structural Characteristics
- Networks and Communications
- Culture
- Implementation Climate
- Readiness for Implementation



Implementation Process

The implementation domain addresses activities undertaken as part of the implementation process. Constructs involved:

- Engaging
- Executing
- Planning
- Reflecting and Evaluating

Intervention Characteristics

Key attributes of interventions influence the success of implementation, constructs involved:

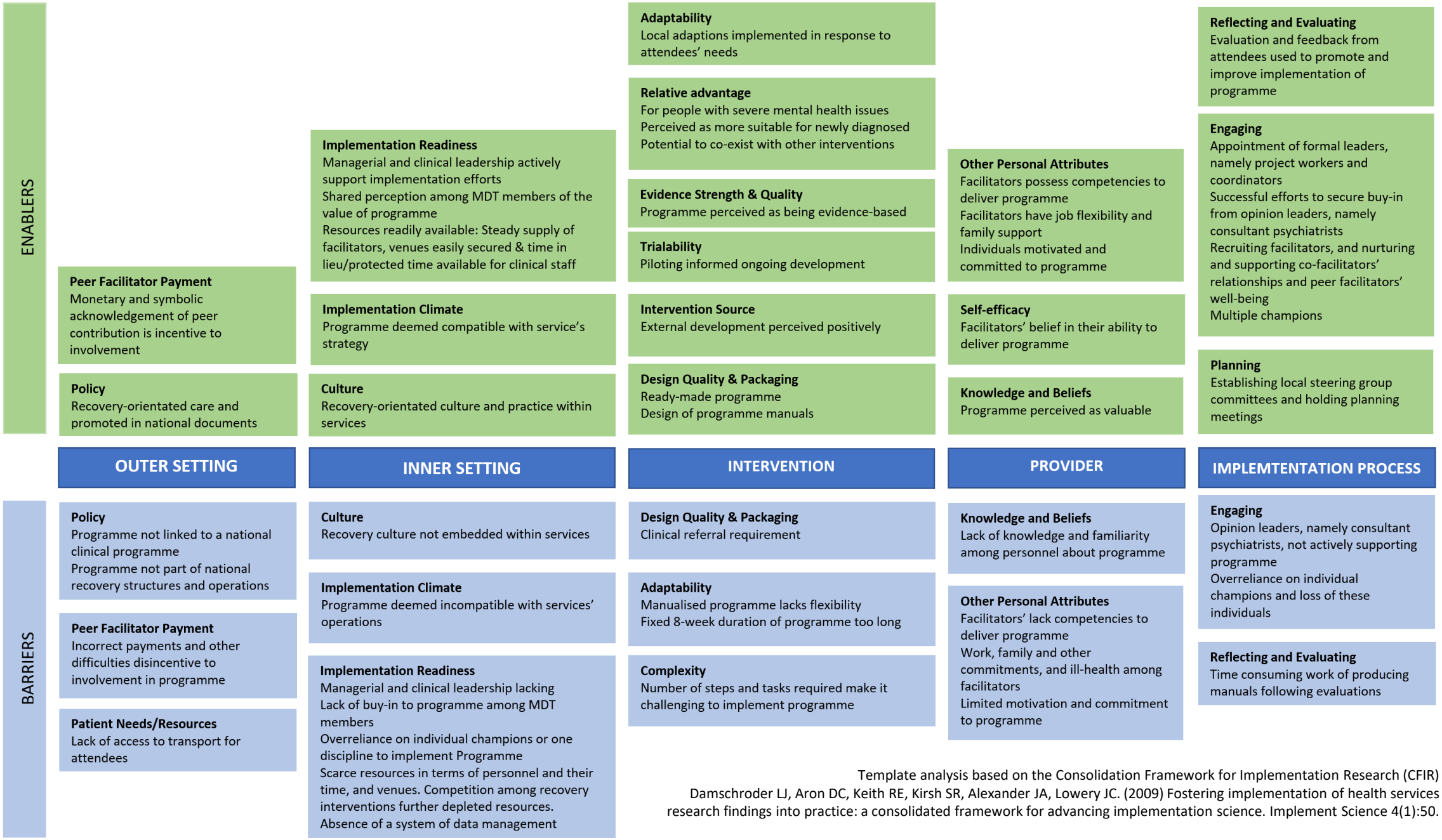
- Adaptability
- Complexity
- Cost
- Design Quality and Packaging
- Evidence Strength and Quality
- Intervention Source
- Relative Advantage
- Trialability

Characteristics of Individuals (Providers)

Organizations are made up of individuals. Setting and intervention constructs are rooted, ultimately, in the actions and behaviors of individuals. Constructs involved:

- Individual Identification with Organization
- Individual Stage of Change
- Knowledge and Beliefs about the Intervention
- Other Personal Attributes
- Self-efficacy

Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implement Sci. 2009 Aug 7;4:50. doi: 10.1186/1748-5908-4-50. PMID: 19664226; PMCID: PMC2736161.



Template analysis based on the Consolidation Framework for Implementation Research (CFIR)
Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. (2009) Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implement Science 4(1):50.

Discussion: Embarking on change in the community

While some were specific to the programme, many barriers reflected systemic and structural challenges within health services more generally

Key enablers and barriers were identified across all five domains of the framework with some factors being both an enabler and a barrier (depending on context)

- National policy
- Structural stability with national systems
- Leadership at all levels
  - Support from multidisciplinary team members
  - Local champions
- Local culture
- Beliefs and self-efficacy of facilitators
- Knowledge
  - Evidence strength and quality of the programme design
  - Availability of resources
- Peer payment system
- Referral pathways

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Thank you

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