Accounting for Complexity and Context in Implementation through Coaching, Convening, and Co-Design: A New Intermediary's Approach

MaryAnn Notarianni
Centre of Excellence on PTSD and Related Mental Health Conditions

Fardous Hosseiny
Centre of Excellence on PTSD and Related Mental Health Conditions

ABSTRACT

The Centre of Excellence on PTSD (the Centre) is a new Canadian intermediary established in part to support the uptake of evidence-based practices among service providers treating veterans. Given the unique and complex landscape for veteran mental health service delivery, the Centre is developing networks and prioritizing co-design to address anticipated implementation challenges.

Keywords: intermediary organizations, implementation, networks, co-design, veterans

RÉSUMÉ

Le Centre d'excellence sur le TSPT est un nouvel organisme canadien servant d'intermédiaire, créé notamment dans le but de soutenir l'adoption de pratiques fondées sur des données probantes par les fournisseurs de services offrant des traitements aux anciens combattants. La prestation de services en santé mentale destinée aux anciens combattants est une intervention complexe et unique. Pour cette raison, le Centre développe des réseaux et privilégie la conception conjointe afin de relever les défis quant à son implantation.

Mots clés : organismes intermédiaires, la mise en application, réseaux, coconception, anciens combattants

MaryAnn Notarianni, Centre of Excellence on Post-Traumatic Stress Disorder and Related Mental Health Conditions, Ottawa, Ontario; Fardous Hosseiny, Centre of Excellence on Post-Traumatic Stress Disorder and Related Mental Health Conditions, Ottawa, Ontario.

Correspondance concerning this article should be addressed to MaryAnn Notarianni, Centre of Excellence on Post-Traumatic Stress Disorder and Related Mental Health Conditions, 1145 Carling Avenue, Ottawa, Ontario K1Z 7K4.

Email: maryann.notarianni@theroyal.ca

doi:10.7870/cjcmh-2021-024
Published by Canadian Periodical for Community Studies Inc.

The Centre of Excellence – PTSD (the Centre) is a new intermediary focused on facilitating the uptake of evidence-informed/evidence-based practices to improve mental health services for veterans. Intermediaries have come to be relied upon to support implementation initiatives given their positioning to facilitate change across complex systems. The landscape for veterans' mental health presents a complicated maze of services, which is further obfuscated by the distinctive arrangement existing between provincial/territorial health systems and the federal government for service provision. To address anticipated implementation challenges, the Centre is focusing largely on developing network structures and prioritizing co-design mechanisms to support practice changes at front-line, organizational, and system levels. As we are getting started, we are employing a theory-based evaluation approach. This can address gaps in what is known regarding the efficacy of networks to improve care for a specific population across multiple interventions and sectors and strengthen knowledge about effective co-design with veterans, veteran families and service providers in Canada.

Addressing the Gap between Evidence and Practice for PTSD and Veterans' Mental Health: An Intermediary's Role

While most veterans of the Canadian Armed Forces (CAF) have good mental health, many have problems that affect their functioning, well-being, and service use (Thompson et al., 2016). Veterans released since 1998 have considerably greater prevalence of poor self-rated mental health, mood disorders, anxiety disorders, and PTSD compared to the general population (Thompson et al., 2016). The current Covid-19 pandemic poses a unique threat to veterans' well-being by impacting the environment in which mental health care is delivered and because of concerns that people with PTSD, including veterans, may be more vulnerable to severe infection (Mcfarlane et al., 2020).

When it comes to treating PTSD, established evidence-based psychotherapies (EBPs), which are often recommended in clinical practice guidelines, have largely failed to become part of routine practice in public and private mental health care settings (Karlin & Cross, 2014). Numerous barriers exist at the client, provider, organizational, and policy levels, which impede the dissemination and implementation of EBPs (Karlin & Cross, 2014). Changing practice to deliver EBPs to veterans involves change within a complex system, with multiple stakeholders, including health service providers, policymakers, funders, researchers, and community groups. The role for an intermediary is clear. Intermediaries often act as a bridge between these groups to facilitate and coordinate change. While intermediaries vary in structure, setting, and services, core functions involve stakeholder engagement, research and evaluation, policy development advice, workforce capacity building, and implementation support (Phoenix Australia & Centre of Excellence – PTSD, 2020).

The Landscape for Veterans' Mental Health: A Complex Context

Once released from service, veterans, like all Canadians, are entitled to receive mental health care from the publicly funded provincial/territorial healthcare systems. Veterans are also among the select groups for which the federal government is responsible for funding/delivering health services. For service-related health problems, Veterans Affairs Canada (VAC) facilitates access to civilian health and rehabilitation services, while providing case management for complex needs. Additionally, VAC contracts a national network of

Operational Stress Injury (OSI) clinics to provide specialized mental health care (Thompson et al., 2016). This network (11 clinics; some with satellite locations), is funded to provide evidence-informed mental health services to eligible veterans who experience OSIs, defined as "persistent psychological difficulties resulting from operational duties performed while serving in the armed forces" (Ross et al., 2016, p. 928).

Most veterans receive care outside of these specialized clinics. Like in many Western systems, veterans and their families in Canada face a complicated "system" of services and supports to address their needs that is often difficult to navigate (Phoenix Australia & Centre of Excellence – PTSD, 2020). There is consensus globally that existing care systems for veterans are inadequate, despite pockets of good services. There are many system challenges, such as ineffective treatment, which includes poor engagement of veterans and their families, inappropriate delivery mechanisms, poor fidelity, retention issues, and dealing with comorbidity, chronicity, and other complexities (Phoenix Australia & Centre of Excellence – PTSD, 2020).

Implementation science literature underscores the importance of addressing context to roll out EBPs effectively (Phoenix Australia & Centre of Excellence – PTSD, 2020). In Canada, the context for veterans' mental health service delivery is exceptionally diverse. As one example, among the network of OSI clinics, there are differences among host organization mandates, information systems, legislations, and business processes and variations in operational realities. Even though the clinics share core practices and priorities, some contextual differences understandably exist as a result of the majority being operated by provincial health authorities, while funded federally by VAC (Ross et al., 2016).

The environmental context for service delivery is further diversified with geography and demographics. For example, one can imagine a clinic in New Brunswick, with a population that is smaller, more rural, and with a significant French-speaking community, would face distinct operational realities from a clinic in British Columbia. To flexibly respond to the diverse implementation contexts of OSI clinics and the broader pool of mental health service providers treating veterans, the Centre has followed examples of other intermediaries and established an implementation support coaching service.

Coaching the "Coalition of the Willing" through Networks and Co-Design

While coaching is variously employed to support system change and EBP uptake at different levels (i.e., practice, organizational, and interorganizational/system), there is yet to be a clear definition of coaching (Waddell et al., 2020). However, some key functions have emerged that are common across the levels. Namely, coaches are involved in supporting stakeholders to understand their current state, identify problems, define goals, and implement solutions (Waddell et al., 2020).

As an intermediary, the Centre does not have, nor wants, authority over service delivery. Given the complex landscape and the Centre's role as a "friendly facilitator" for practice change among the myriad of service providers, the Centre is focusing its efforts on achieving change through a "coalition of the willing." The Centre is first focusing on clinics and providers who express a readiness and willingness to engage with its implementation supports.

To advance implementation efforts at an organizational and system level, the Centre will facilitate network structures such as communities of practice. These will consist of groups of providers implementing the same EBPs convened to engage in shared learning, with the aim of supporting sustainability. Such

groups are among the various strategies increasingly seen as critical to support successful implementation (Phoenix Australia & Centre of Excellence – PTSD, 2020). The Centre also seeks to convene networks of providers around sub-populations, such as 2SLGBTQ+ veterans or veterans who have experienced military sexual trauma. While most studies of workforce capacity have demonstrated evidence for models focusing on implementing single clinical interventions (e.g., prolonged exposure therapy for PTSD), less is known about the efficacy of networks focused on improving care for a specific population across multiple interventions and sectors (Phoenix Australia & Centre of Excellence – PTSD, 2020). This is an area for further exploration and evaluation.

The Centre's network approach is further characterized by a commitment to co-design which involves developing tools, resources, and models in collaboration with stakeholders (Phoenix Australia & Centre of Excellence – PTSD, 2020). Co-design is arguably a priority for implementation, since merely consulting service providers and users is insufficient to improve practices. Rather, they need to be engaged as partners in the design and execution of implementation processes (Phoenix Australia & Centre of Excellence – PTSD, 2020). Delivering custom coaching is conducive to co-design efforts as coaches can meet stakeholders at their current state to assess their needs and collaboratively design and implement solutions. Partnering with stakeholders throughout the process will work well to ensure a strong understanding of the unique contexts described earlier.

While co-design is not new in mental health, there has been less experience in veteran services. For example, projects aimed at engaging veterans to access evidence-based care have often been separate from interventions aimed at improving providers' uptake of EBPs (Phoenix Australia & Centre of Excellence – PTSD, 2020). Partnerships between veterans, researchers, and providers can ensure that military and veteran-specific cultural realities, such as the sense of being a distinct community with a strong identity, can be accounted for when developing interventions to disseminate evidence and implement new practices. This is critical as these cultural realities can affect how veterans engage with civilian mental health services (Phoenix Australia & Centre of Excellence – PTSD, 2020).

Implications and Future Directions

As a newer organization, the Centre is well positioned to build an evaluation plan to add to the evidence related to implementation supports using networks and co-design. While there are examples of successful networks for implementation and improvement, evidence demonstrating impact is limited. Along with exploring ways to measure the impact of networks at multiple levels, the Centre intends to explore ways to evaluate the efficacy of networks working to improve care for a specific population across multiple interventions and sectors to contribute to the noted evidence gap (Phoenix Australia & Centre of Excellence – PTSD, 2020).

Lastly, there is a need to deepen knowledge about effective co-design with veterans, veteran families and service providers in the Canadian context. Accordingly, the Centre is developing an engagement framework to guide and evaluate co-design efforts.

REFERENCES

Karlin, B. E., & Cross, G. (2014). From the laboratory to the therapy room: National dissemination and implementation of evidence-based psychotherapies in the U.S. Department of Veterans Affairs health care system. *American Psychologist, 69*(1), 19–33.

Mcfarlane, A., Jetly, R., Castro, C. A., Greenberg, N., & Vermetten, E. (2020). Impact of COVID-19 on mental health care for veterans: Improvise, adapt, and overcome. *Journal of Military, Veteran and Family Health, 6*(1), 17–20.

Phoenix Australia – Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence – PTSD. (2020). The conceptual framework to guide the implementation of best and next practice in services and supports for veterans and their families. Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence – PTSD. ISBN online 978-0-9923223-5-9

Ross, D. F., Ionita, G., & Stirman, S. W. (2016). System-wide implementation of routine outcome monitoring and measurement feedback system in a National Network of Operational Stress Injury Clinics. *Administration and Policy in Mental Health and Mental Health Services Research, 43*(6), 927–944.

Thompson, J. M., VanTil, L. D., Zamorski, M. A., Garber, B., Dursun, S., Fikretoglu, D., Ross, D., Richardson, J. D., Sareen, J., Sudom, K., Courchesne, C., & Pedlar, D. J. (2016). Mental health of Canadian armed force veterans: Review of population studies. *Journal of Military, Veteran and Family Health, 2*(1), 70–86.

Waddell, K., Evans, C., Sharma, K., Bullock, H., Grimshaw, J. M., & Lavis, J. N. (2020). *Rapid synthesis: Examining the role of coaching in health-system transformations*. McMaster Health Forum. https://www.mcmasterforum.org/docs/default-source/rise-docs/rise-rapid-syntheses/examining-the-role-of-coaching-in-health-system-transformations.pdf?sfvrsn=2