



# What structural needs and elements of the setting should be considered for the implementation of digital MHPSS?

Digital MHPSS interventions can be used in many different settings and with different methods of delivery, for example as part of a stepped care approach in existing systems<sup>1</sup>, integrated into current programming<sup>2</sup> or as a crisis intervention when systems collapse<sup>3</sup>. It is well known that the effects of an intervention in real life are dependent on how it is implemented<sup>4</sup> and used. Many innovative and effective interventions have not succeeded in real-world situations, as it is a complex process including many different stakeholders and contextual factors. People, resources and organizational structures are central to implementation. Financial limitations can play a big part and were considered the biggest challenge to implementing MHPSS in the Red Cross and Red Crescent Movement. 25% of the key stakeholders participating in a survey carried out by the London School of Economics reported lacking budget for this and/or struggling with limited staff resources<sup>5</sup>. Other challenges with implementation mentioned concerned partnerships and cross-sectional and technical collaboration.

Implementing digital mental health interventions into routine services and national healthcare systems can be difficult, especially in unstable settings where governance and regulation of mental healthcare policies and systems are low and/or do not support the use and integration of digital MHPSS<sup>6</sup>. The integration of digital solutions requires a culture change, for example when it comes to formats of service delivery or task-shifting (non-specialist e-helpers providing the support). It also involves structural strategies concerning regulations, business models and quality control systems. Finally, it requires a change of practice to initiate and stimulate continuous use of digital mental health intervention among the users – the people with mental health problems<sup>7</sup>. Lessons learned so far from the feasibility and uptake of digital interventions in lower- and middle-income countries can help guide future implementation<sup>8</sup>.

A common mistake is to develop a digital solution without the involvement of the potential users and settings where it is intended to be delivered. A cultural and linguistic adaptation of the digital intervention to the respective target group is crucial and could be neglected without their constant participation and involvement, no matter if it is an existing intervention that is being adapted or a new digital solution being created<sup>9</sup>. Equally important to the involvement of the target group and future users are the utilization of synergies with local structures and the engagement of stakeholders at all levels, e.g. providers and decision-makers, early on in the project phase<sup>8</sup>. To be successful with digital mental health interventions, a perceived sense of need among important stakeholders, providers and users is essential<sup>10</sup>. On a practical level, successful dissemination of digital alternatives is impossible when insufficient training and resources for those delivering the interventions are provided and low-threshold access to a safe digital solution for the users is not given.

The most important aspect from an implementation perspective is an early focus on how and where a digital intervention should be implemented, and using a specific framework or model to guide that process. Implementation outcomes differ from what is measured in studies on digital mental health intervention. They usually focus on important implementation areas such as acceptability, adoption, appropriateness, costs, feasibility, fidelity, reach (penetration), effectiveness and sustainability<sup>11</sup>. One of the most used frameworks for planning and evaluating implementation efforts that includes these aspects is the Reach Effectiveness – Adoption Implementation Maintenance (RE-AIM) model<sup>12</sup>, which is described in greater depth in the implementation chapter of the «Get started» section. We also recommend reading the *WHO Psychological Interventions Implementation Manual*<sup>13</sup> found in the «Dive deeper» section.



## Sources/references

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