

ORGANISATIONAL READINESS FOR IMPLEMENTING INTERNET-BASED COGNITIVE BEHAVIOURAL INTERVENTIONS FOR DEPRESSION ACROSS COMMUNITY MENTAL HEALTH SERVICES IN ALBANIA AND KOSOVO

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Abstract

Background: The use of digital mental health (MH) programs such as internet-based cognitive behavioural therapy (iCBT) hold promise in increasing the quality and access of MH services. However very little research has been conducted in understanding the feasibility of implementing iCBT in Eastern Europe.

Methods: We used qualitative semi-structured focus group discussions (FGDs) that were guided by Bryan Weiner's model of organisational readiness for implementing change. The questions broadly explored shared determination to implement change, (change commitment), and shared belief in their collective capability to do so (change efficacy). Data were collected between November and December 2017. A range of healthcare professionals working in and in association with the CMHCs were recruited from three CMHCs in Albania, and four CMHCs in Kosovo, which are participating in a large multinational trial on the implementation of iCBT across nine countries (Horizon 2020 ImpleMentAll project). Data were analysed using a directed approach to qualitative content analysis, which used a combination of both inductive and deductive approaches.

Results: Six FGDs involving 69 MH care professionals were conducted. Participants from Kosovo (n=36, 52%) and Albania (n=33, 48%) were mostly female (n=48, 69.9%) and nurses (n=26, 37.7%), with an average age of 41.3 years. A qualitative directed content analysis revealed several barriers and facilitators potentially affecting the implementation of digital CBT interventions for depression in community MH settings. While commitment for change was high, change efficacy was limited due to a range of situational factors. Barriers impacting 'change efficacy' included lack of clinical fit for iCBT, high stigma affecting help-seeking behaviours, lack of human resources, poor technological infrastructure, and high caseload. Facilitators included having a high interest and capability in receiving training for iCBT. For 'change commitment', participants largely expressed welcoming innovation and that iCBT could increase access to treatments for geographically isolated people, and reduce the stigma associated with MH care.

Conclusions: In all, participants perceived iCBT positively in relation to promoting innovation in MH care, increasing access to services and reducing stigma. On the other hand, a range of barriers were also highlighted in relation to accessing the target treatment population, a culture of MH stigma, underdeveloped ICT infrastructure and limited appropriately trained healthcare workforce, that reduce organisational readiness for implementing iCBT for depression. Such barriers may be addressed through, (a) a public facing campaign that addresses MH stigma, (b) service-level adjustments that permit staff with the time, resources and clinical supervision to deliver iCBT, and (c) establishment of suitable clinical training curriculum for healthcare professionals.

Keywords: Digital mental health, internet-based cognitive behavioural therapy, implementation science, MENTUPP, organisational readiness for implementing change.
