Season 4

02

Finding it hard to use digital mental health in practice? Implementation Science can help you understand why - and provide steps to make it easier

Tania McMahon
Welcome to Digital Mental Health Musings, a podcast series from the e-mental health in practice initiative providing health practitioners with the latest news and developments in digital mental health services and resources.

eMHPrac acknowledges the Turrbul and Yuggera people the traditional custodians of the land on which we bring you this conversation. We acknowledge elders past and present, and honour their continuing connection to land, culture, and community, and that it's these connections that are intertwined in indigenous mental health and social and emotional wellbeing. We acknowledge the strength and resilience of all First Nations people and communities since colonisation of their unceded lands.

Hello and welcome back to Digital Mental Health Musings. I'm your host Dr Tania McMahon, and today we're talking about some of the latest research examining health professionals attitudes and experiences about digital mental health and what that tells us about what motivates us and what gets in the way when it comes to whether we accept and use that technology in our practice.

So, joining me is Dr Marlena Klaic. Marlena is a senior research fellow in implementation science at the University of Melbourne and a health services researcher at the Royal Melbourne hospital. And if implementation science is new to you, well, that's because it is. It's a relatively new field. Put simply, implementation science bridges the gap between what we know and what we do by understanding what makes it hard to get research into practice and then developing strategies to make that process easier. It really asks the question, how do we make sure that the most up to date, evidence-based practices are available to everyone?

So, this conversation will give you lots of great insights into some of the barriers and motivators that you might experience yourself when it comes to using digital mental health. So, we hope you enjoy the episode. Marlena, welcome to the show. What a great pleasure to have you join us.

Marlena Klaic
Thanks so much for the invite and, and the opportunity to discuss implementation science. It's one of my favorite topics.

Tania McMahon
Well, Marlena, I'm really excited about unpacking and sort of decoding what's behind some of the common behaviours and attitudes that we as health professionals, share about

digital mental health. But first, I'd, I'd love to ask you about implementation science more broadly.

So, we know that changing routine practices in healthcare is hard. So the most commonly cited research suggests it can take up to 17 years for a proven evidence based intervention to make its way into routine practice. And while that in itself seems a quite dismal research also suggests that only half of evidence based practices actually make it into care at all. But in recent times the field of implementation science has emerged specifically dedicated to, to closing that research and practice gap.

So, Marlena, can, can you tell us a little more about this fascinating field? I know your team has done a lot of work developing a framework that could actually help improve the uptake of proven healthcare interventions. Can you tell us about that?

Marlena Klaic
Yep, Yep. Sure. You certainly hit the nail on the head, Tania, when you said that changing behaviour is hard. And that's not just in healthcare or clinical practice, but but in all fields, including education and business. And even if we think about ourselves for a moment. For myself, I find it difficult to change my own behaviour. I know I need to go to bed earlier and switching off my device is really important, but, but gosh, I struggle to do it and it's likely that there are a range of barriers that are influencing my behaviour. So, for example, do I have the skills or the knowledge to substitute using the mobile phone for another behaviour, like reading a book for half an hour? Or do I really understand the health consequences of poor sleep related to using a mobile phone before bed?

So, when we're thinking about health professional behaviours, for example using digital applications as a compliment to their practice, we can appreciate that there may be many factors influencing our likelihood to adopt this behaviour. And as you, as you describe before implementation, science can can very much help us to better understand why we do any why we don't engage in certain behaviours and what might help us to more consistently engage in the desired behaviour, the one that we really want to do.

And thank you for asking about the framework. Our team had been thinking for quite some time about the influence of stakeholder perceptions on uptake of an intervention outside of just is it effective or not? And we use the term implementability to describe the influence of those perceptions on uptake. Implementability meaning the likelihood that this evidence based intervention, or even if it's earlier stages and we're developing it, the likelihood that the intervention will be used in everyday practice, and across settings and over time.

I, I want to give you a quick example. It's a little bit controversial, but I think it really nicely summarises the importance of implementability, or stakeholder perceptions. If we're thinking about the recent COVID pandemic. So we had evidence that vaccine interventions are generally effective. I mean, we've been using vaccines for a really, really long time across the world. But during COVID uptake across each country, even districts. across the world, it it varied tremendously. And that's due to perceptions and the range of perceptions from many stakeholders including politicians, members of the public, even media

personalities, getting out there and and having a say about should we have the vaccine or not. So, independent of the objective information on on vaccines, such as the effectiveness, stakeholder perceptions can and do influence uptake. And that's really what we wanted to to include in that framework.

So, we identified that the same terms seem to be appearing in published literature, and they're kind of gaining traction. These terms were related to perceptions and they were acceptability, feasibility, fidelity, sustainability, and scalability. I'll just quickly touch on on those in just a moment, but we we did an overview of reviews, first of all to just to see like what's happening with these terms. How are they being used? How are people identifying them? What, what does it mean in the context of regular use of of interventions in practice? And we identified 252 studies and about 1/3 of those studies had found that the intervention the healthcare intervention that they were looking at was feasible. So, so they'd established that it was effective and and it could be done, but only 4% actually resulted in a sustainable change in practice.

Tania McMahon
Wow.

Marlena Klaic
I mean. It's just like, that's a really. I know it's a really big difference. So, to us it meant that something was happening. There was like a pivot point between proving that it can be done in that pilot of that research context and scaling it to everyday practice. So, there were some changes in there that were really affecting the uptake of these evidence based interventions. And from that we developed the framework of Implementability, which suggests that sustainability and scalability, the kind of outcome factors. That's ideally what we want to achieve is, you know, ongoing practice change and evidence that can be put into other contexts or other populations. That they're, they're dependent on acceptability, fidelity, and feasibility, and that those predictor factors are likely to change over time and in different contexts. So they're not static. You know ,it's it's not like you prove once that something's acceptable and, you know, 27 years later, it's gonna be acceptable. It is going to it, it's gonna change over time and would likely need some reevaluation. And we published that and and and it's been great seeing people that resonates with. Researchers going, okay, I I can use this to guide some of the research that I'm doing, or I can evaluate the project and I can look at it was it was that intervention acceptable? How has that influenced uptake? And, and it really can be used this framework at any stage of the research translational pipeline. Early on and we're developing the intervention. You know, do we need to look at is the idea acceptable to those key stakeholder groups as well as in later stages of research translation.

Tania McMahon
So, it's helpful not just kind of that end stage, but even all the way through the, the design process as well from the start of the idea all the way through.

Marlena Klaic
Yeah, absolutely. Because oftentimes we might be trying to even unpack why something's

working. I've, I've got a little bit of research in the brain injury space happening at the moment where I've got a lovely intervention that has sustained, and it's been well, well scaled across Victoria and nobody could really work out why. So I'm, I'm, I'm applying this framework. I'm doing a reverse translation to say why has this sustained and and why has this been successfully scaled? And so I've looked at acceptability, fidelity and feasibility, and it's it's been really handy. You know, we've looked at the fact that in that particular lot of research that fidelity of enactment. So, they these participants are actually finding that the reason they keep coming back is because the information that they get from the intervention, that peer group, is really important for what they do in their everyday life. And and we wouldn't really have been able to work that out, you know, if we weren't sort of systematically going through it in this way.

Tania McMahon
Hmm. And that's so interesting that those, that you see those concepts as, as dynamic. I found that fascinating what you said, that it's not as though we determined something to be acceptable or feasible at a given point in time with a given group or population and that that that's gonna stay like that forever. That it's this dynamic changing thing that we that we perhaps have to keep responding to.

Marlena Klaic
Yeah. And and it probably gives us, I mean I found it a bit depressing at first. It's like oh god do we have to keep looking at things? Isn't enough that we've proven it once? But, but it makes sense because we, we, we we work in these contexts that are constantly changing. I mean, if you think about a hospital for example or even, you know, private practice, you know things are changing all the time. Evidence changes, you know, at at such a such a high pace at the moment, so things aren't going to stay the same as the context changes the the evidence change, people change. You might have a key champion who's really critical to keeping that intervention going. Maybe that's changed six or 12 months down the track, so that might change the feasibility of continuing to deliver the intervention.

Tania McMahon
Yeah. And I know a lot of those terms are, you know, fairly self-explanatory, but for our listeners, would you care to briefly just unpack each of those, those five factors?

Marlena Klaic
Yeah, absolutely. So, acceptability has been a really popular topic in in published literature. And I'll refer to some amazing work that one of my colleagues Mandy Seacon is doing in the space of acceptability, and she's described it as a multifaceted construct. So, acceptability needs to consider multiple areas such as ethicality, perceived effectiveness, intervention coherence. So there's people can look, look it up themselves, but there's multiple parts to acceptability which influence our likelihood to perceive whether the intervention is acceptable or not.

So, for example, if I'm wanting to deliver an intervention, but it's really, really complex and I'm not feeling confident in it. So, I've got low self efficacy, that's really going to influence

my acceptability. I'm not really going to find it acceptable if I, if I don't know how to do it. If I'm not feeling confident how to do it. Or if I think there are some ethical issues there. Or if there's a high burden to delivering that. So you know, acceptability kind of sounds like it will be a dichotomous thing. Yes, it's acceptable. No, it's not. But it's a little more complex than that and and as we're learning more about it, we also know that acceptability can change over time. How we feel about it at the start may be different to how we feel about it during the intervention and after the intervention. So that's a a really great area of research that's going on.

And then fidelity. I have a really soft spot in my heart for fidelity and and I often sit in that space for health services research where I'm thinking about fidelity versus adaptation. So fidelity is, there's three generally 3 components to it. So fidelity refers to did we actually deliver the intervention as it was intended. So that's fidelity of delivery. Or if not, you know, how much did it vary? And and the reason fidelity is really important is if we vary greatly from the study, from the protocol are we even delivering what we're meant to? Like, we're how can we say it's effective? You know, so it it's really important to understand that what we're, what we're delivering is what we intended.

And the other two components of fidelity is fidelity of receipt, and that's where the consumer, you know in in the therapeutic encounter actually understands, you know what what we're, what we're delivering. So if it's a skill base, you know, if it's one of the counselling, are they able to explain to us that they that they've grasped what it is that we're trying to get across in that encounter?

And then finally, what I think is really most important is fidelity of enactment, and that's where once you leave that therapeutic encounter, can we actually use that information or that new skill outside of therapy? So, can we use it at home? You know, is it, is it that I'm using a breathing technique, for example, to help me manage some of my anxiety? Can I use it in that hot moment when I need to? And that's, I don't think that we we talk about that very much and I've been thinking a lot in that space about the importance of measuring the impact of an intervention outside, where it counts like in everyday life.

So that's fidelity, and feasibility is probably the one most of us are really familiar with because we've seen that in clinical trials and feasibility just tells us can it be done, you know? Depending on things such as barriers and enablers. And I know we'll touch on that later on. But even contextual resources. Do I have, you know, the the equipment to be able to do it? The funding to be able to do it? The policies and guidelines and all the rest of it?

And sustainability is, does it endure? Does it last? And we want it to last beyond, you know, just establishing that it's effective. So have we been able to change practice beyond the research context and the scalability refers to, is this intervention able to be translated to other contexts, whether that's for patient populations or countries or settings, or whatever it might be. And we, we do say in that framework when you're thinking about sustainability and scalability and you got a great intervention, you think, okay, I'm going to scale that to to a different country that you'd need to really look at acceptability, fidelity and feasibility in that context.

Tania McMahon
Yeah. Yeah. And so when it comes to digital mental health, we we know that evidence based digital mental health, especially when it's used in a a blended care model, when it's used alongside with the with the support of a health practitioner, is really quite effective at getting help and support to people when they need it. But there's also research that suggests that health professionals may be overlooking its use in our routine care. And I want to chat about a a relatively recent study to unpack that a bit.

A 2022 study carried out by Dr Vincent Mancini and colleagues from the Australian College of Applied Psychology, has captured some really great insights into the the different attitudes and behaviours of health professionals around this. So, they carried out in depth interviews with 10 psychologists about their experiences using digital mental health as part of routine practice. And I'm really keen to decode some of their responses through an implementation science lens and that framework that you've just described. So yeah, shall we dive into that?

Marlena Klaic
Yes, please.

Tania McMahon
So, the the study looked at the perceived benefits of digital mental health from the perspective of the practitioners. And all participants referred to the opportunity that it offers to, you know, breakdown both the physical and mental barriers to accessing care. Things like distance and cost and stigma. And also the opportunity to offer, just often more flexible ways to access and connect support to people who otherwise might not actually engage with traditional mental health services. They, they reported that was a a major theme.

And then I want to juxtapose that with some of the perceived disadvantages that the participants also reported. So, factors like increased risk, lack of security and confidentiality, poor client fit, and technological limitations. And in fact, one participant said, "I feel like now people just assume everyone has the technology and knows how to use it, but some people don't. Some people don't know how to use it, and that's a big gap."

And another theme that came up along those same lines that's, that's really, I think, important to address, and one, we've talked about a lot last season as well is the issue around trust and fear. I think this quote is really interesting. "There are some clinicians out there that don't trust anything and refuse to use any digital mental health because they see it as a personal affront. And it's like, no, you couldn't possibly get benefits from doing an app or something online. Therapy is about us in this room and it's about my skill."

So, I suppose what that that wide range of responses shows us is that there are different levels of adoption and that practitioners can experience. And a 2018 study sets this out really well. We'll link back to that in the show notes, but essentially those levels can range from zero use and high skepticism about digital mental health, all the way through to a high level of personal interest and then you know positivity about its place as part of the therapeutic toolkit.

And so, the question is, what can implementation science tell us about moving through those levels, and are those factors different depending on what level of digital mental health engagement you might find yourself in?

Marlena Klaic
Those are such fantastic questions, Tania and and gosh, they really resonate with me.

I've, I've worked a lot in the tech space in, in upper limb rehabilitation and I understand that that absolute variation in in perspectives. Some people who are early adopters, some people that are are later adopters, and how do we, you know, how do we make it work? And and very rarely does a one size fits all approach work.

From an implementation science perspective, we spent a lot of time thinking about the problem and there there's a quote, I think it was from Jeremy Grimshaw, where he says that "developing solutions before understanding the problem risks developing elegant solutions to non problems." And I really love that because it's, it's really just encouraging us to identify what the barriers and enablers are. Enhance their enablers, address the barriers.

So, it's a good cautionary tale for all of us to make sure that we really understand what's influencing the the behaviour of the key stakeholders because it's, sometimes when people say I just don't have time time is an issue, but it may be more to do with I don't have time because I don't have the confidence. I don't know quite what I'm doing. I don't know how to use the technology. So really understanding what those barriers are is is key.

In the example you gave Tania, it's it seemed that the participants were concerned about security and confidentiality, and I I see that coming up a lot. That people are worried, and and we as clinicians it's like, well we're we're talking about really personal things. This online space seems risky. You know, we we don't know where the information is going to go. Is it being recorded? What's happening? And so there there's an element about security and confidentiality along with the lack of understanding about is this going to be as effective as my usual way?

What I was thinking about when you were giving that example was, I wonder whether those participants, for a start have enough information about how these platforms store information? How does it actually work? The cloud seems to be this very vague kind of place. You know, is it going to this a vague place of cloud? Or is it not being stored at all?

So sometimes having the right information about how the intervention works, or, or in this context, how this digital platform might work, is really important to alleviate some of that, that mistrust of of new technology that that's coming out. I think that that's really critical. And, and certainly we know from social psychology literature that there's many evidence based behaviour change techniques that we can implement to address the barriers that we identify.

So for example, if we've got, you know, some of our listeners might be thinking, well, I'm,

I'm just not. I don't feel really confident about using the technology. I've gotta go into a web room. I've gotta do this. I've gotta do that. Haven't done it. We we generally call that something like low belief in capabilities. We, we just don't think we've got the skills and the knowledge to be able to negotiate that platform. And evidence-based behaviour techniques to address that include things like instruction on how to perform the behaviour. But I would actually say it's more important to do demonstration. This is how you do it. I've had more success with that. This is how you actually turn on the web room. Do this, you know, so that that sequential iterative step by step demonstration and then opportunity for somebody to practice it. Not waiting till, you know you're in the situation where you have to actually deliver it with the patient, but lots of opportunity to be able to, you know, build the confidence to to acquire those skills to, to deliver the intervention.

Tania McMahon
And isn't that interesting because, I imagine that some of those decision moments for clinicians about ohh, you know, this might be a good opportunity for to introduce something online or or you know or whatever might come at really inopportune times or really where they really you know got multiple multiple focuses, and they might just instantly. Like, I thought that was really interesting when said that the, the initial, the initial resistance might be something like, oh, no, I haven't got time for this or that, I think it's just not suitable. But it actually unpacking, unpacking the thought process behind that is actually, I don't really. I haven't been onto the website before. I don't really know what's inside it. I don't know if it's gonna, you know, that I that I'm not gonna make a fool of myself in front of this client if I if I, you know. And so the act, you're right, the actual problem sitting behind it is it's sort of never addressed. It's just like, ohh this is too hard. I don't have time in the moment. So it's a really fascinating way of thinking about it.

Marlena Klaic
Yeah, yeah, absolutely. And it's not to say that time isn't a barrier. It is. We're, we're all really busy and in clinical practice, we're really busy. And sometimes we, we are expecting perhaps there asking for people to do more and more. So, so can also sit in that space of going, I need to make a choice around what's the most effective use of my time. But, but my experience certainly in the research that we've done is behind that resistance often lies more of a a lack of belief that I can do it. I'm not confident doing it. I'm not quite sure how to do it. I'm not quite sure that it will make a difference. Is this even effective? So, so addressing those can often just overcome that that sense of it's too hard. You know, getting it out of the too hard basket and going, I kind of know what I'm doing. Alright, well, I've got that little manual there. I know I need to press a these three buttons. I think I've got this.

Tania McMahon
Yeah. And some of like, I, I found that that interesting that in those cases the intervention to help the practitioner out might not be that complicated. It might be a very simple process of showing them how to to to do something or guiding them through it rather than a, you know, comprehensive training package that they might require. You know, it might be something as simple as just, yeah, showing them they can do it.

Marlena Klaic
Ohh it's it's often the case Tania. I I could tell you some some real, I know we don't have time today but some some great stories where I've been asked to to look at a situation where a really complex intervention was introduced. Like multiple workshops to address something because, and that was developed without actually going back to the individuals and saying well, what's your what's the actual problem here? Why aren't you using it? And when I did go back to ask them, the problem was so simple it was often something to do with the options on the computer. Wow, there were too many options. I don't quite know how to fill it in so I'm not doing it. Which was free to fix and we didn't have to introduce this very elegant solution to something there wasn't a problem at all.

So yeah, you, you you summarised that really well. It doesn't have to be a really big intervention. Often it's these smaller changes that can make a significant difference.

Tania McMahon
Hmm. And so getting getting back to the study for for a moment, cause there were a couple of additional interesting insights around barriers and adoption. While there was, you know, definitely a willingness amongst participants to use more digital health in routine clinical practice, lack of awareness, lack of training opportunities, and knowledge about just what's available were were also major barriers. One participant said "getting the right resources for what you need is a big challenge and knowing where they are, how to find them, knowing who they're suitable for knowing and knowing what you have to pay."

So I think there will probably be a lot of listeners who can identify with that. When you really unpack a statement like that from an implementation science perspective, what issues come up there? Because I feel that speaks to, similar to what you were saying before, competency. Getting the right resources and knowing, just even knowing what to do. Is is that up to me? As it up to the organization within which I work? All those questions sort of come up for me.

Marlena Klaic
Yeah. Ohh they come up for me as well, and I I bet you they come for all the listeners of the podcast. I mean, awareness is so important. And and I often think, you know, are we making assumptions? And I think we often do that, you know, every clinician's going to, you know, be going through the literature on a regular basis to find out what's latest evidence. And I I think that there is, that's that. It's risky to assume that clinicians, number one that they have the time to do that. Number two, it's a skill set as well, to be able to interpret research evidence and then being able to apply it in practice. And we we know that that's a skill set that can degrade over time, and that if you haven't done it for a while, that's another barrier, right? You know we we get in there and we're looking at the information it's like, oh, I don't, I don't quite remember what z score is, and I should know that and I don't.

So yes, awareness is is the first, it's the first translation chasm that we experience. If you're not aware, you know, if we don't know about the resource, we can't use it. As to whose responsibility that is, I think you're doing some really good work with things such as accreditation. So we know that CPD is a core component for many health professional

accreditation requirements, whether that's through our or our own professional bodies, and that does encourage us to maintain currency, which should address some of that awareness.

I also think there's some responsibility for organisations as well to support that. I know from a public health perspective there's been in recent years an investment in roles to lead research translation. And that's, you know, very much to address some of these issues that we're talking about. To support the clinicians, not only to produce research but to consume it and then be able to really translate it to the bedside of the patient. So hopefully we'll see some more investment in those types of roles. And I know in Victoria that that was a huge initiative between the Department of Health and ten public health services and it's a recurrent, recurrent model where we've got ten of these research leads across, I think it's 12 health services. So you know that's hugely important.

Digging a little bit deeper into that comment, I think you touched on an important point that awareness or even knowledge is probably not sufficient on its own. It's important. It's a really good starting point, but perhaps not enough for us to change our practice. So other things such as the right resources, you know to to support practice, is also really important. So, making sure that we are not just putting it down to well, I'm gonna send out a flyer about it. Do we need something else there? Do we need prompts to remind us how to do it or that we should even be doing this behaviour? Do we need guidelines to support us? What other, what other strategies can we use that will help us to actually implement this behaviour in in routine practice?

Tania McMahon
Yeah. And, and I think there's quite a few things there that are really not on the individual clinicians. That could be, you know, more systemic changes. Policy changes. Changes within all the unique organisations in in which which they work. Because, I imagine there's, you know, also probably quite a few clinicians out there who may, yeah, like you said, maybe do have that awareness and the the confidence within themselves to make this change but then the the context in which they work doesn't quite support. That doesn't provide the resources that that they need. I mean, even some places going well, I need an iPad to to show this. I've got my computer, but it or we've got a shared computer and it's all the way over here and that's not really practical cause that's in a shared waiting space and they don't wanna sit with, you know. So I need something private, so maybe iPads, but then, you know that might not be available. Just even little little things like that, that that are they're dependent on their their workplace for.

Marlena Klaic
Yeah, that is such a great example and and, and it reminded me of why I got into this field in the first place. So I turned up at a at a new health service as a as a senior clinician, and I went to deliver an evidence based intervention. I needed a piece of equipment that's really low cost. This piece of equipment, it's $120. And I I said, where is, you know this device, and I was told we don't do that around here. And and it's in national guidelines. It's got there's the studies behind it and I was really astounded. I had the knowledge, I had the skills, I had the the motivation, the willingness, but there was something happening in that organizational context that they just didn't adopt it in practice.

So there was some cultural things going on there. And, and it took me two years to actually change practice there but I did get it changed and we did eventually introduce it, but it made me think exactly as you said, that there's more things going on here. There, there is a responsibility from the organisation, not just me. I can bring to it knowledge and skills, but it's a partnership approach. I need the context to support me as well. And how can the context support me?

Tania McMahon
Hmm. And another barrier that the that the study picked up on that I that I wanted to to touch on as well. Maybe a more philosophical kind of barrier is the perception just about the changing role of health professionals with this introduction of digital mental health. For instance, participants said that the lack of human connection was some, was one reason that they wouldn't recommend it as a stand-alone therapy. And I'd love to share a couple of quotes from participants that that speak to that.

"I feel like there is such a big part of seeing a psychologist or therapist that is the connection and the relationship and feeling comfortable. I wonder if that might not be as available if people are solely relying on digital mental health."

And then this one. "I think there needs to be some appropriate assessment of someone symptom level, but then also what does a person want? Because it's that human connection, it's that understanding and that validation of what someone's going through, that's actually therapeutic."

So, there's a sense in there to me that digital mental health might even challenge our professional identity, or even the therapy construct itself. And that apprehension is such a natural response to change, but what does implementation science say about overcoming that very human barrier to innovation and sort of change in this space?

Marlena Klaic
Yeah, those were some really powerful quotes, weren't they? And yeah, things that we will reflect on in practice. If I change my practice, will it be the same? What, what will I lose it's essentially what these people are saying. So it sounds like they're they're open. I wonder if this will be different? Will I still be able to reach that connection? And of course it's it's normal in any change to to wonder about the impact that it's going to have.

I I think about that, I have this terrible technique of trying to code information as I received it and think to myself, I wonder what sort of a barrier that is, and it's it sounds like this sort of beliefs about consequence, this sort of thing. What will happen if I do or don't do this new thing? So you know, if I, what will be the outcome? If I do deliver or I do use this digital health platform, will the consequence be that I'm not going to have as much of a connection? Will the consequence be that I'm not going to be able to read or gauge some of the symptomology that I can get from having them right in front of me? And there are some amazing behaviour change techniques again in that space of how can we support somebody to address that sort of space where they're not clear about what the consequences are. So is there evidence to show that rapport can still be established

effectively even on a digital platform? Is there strategies that show us how we can actually do that? Are their strategies around how we can still gauge symptoms, even if we're we don't have a patient directly in front of us?

So, taking an implementation science approach, I would look at that sort of information and try to dig through and say, well, is this about a lack of understanding around how a digital platform works in terms of therapeutic rapport, because it seems to be coming back to that. And then looking at those behaviour change techniques that have, you know, great evidence base behind them. You know, good, good evidence and effectiveness.

Tania McMahon
Yeah, it's a it's. I think it's a, it's a challenging space because it really especially since, since the pandemic a lot of people can identify with this really fundamental shift in the way that we've worked. You know, not just working remotely via telehealth, but then the introduction of all these apps and different tools. And this real questioning of it ,and reluctance and and and resistance to and and about what it means, because it it it is, you know, unquestionably changing what therapy looks like. And that I think for a lot of practitioners is quite scary.

You know, certainly from from our perspective, we know there's a lot of benefits to be had, but I think for a lot of practitioners, they're they're asking the question well, are those benefits worth the, like you said, the the predicted consequences? What are the consequences here? Are they worth this potential cost that that we don't, you know, we don't know what it might be. These unknowns. I think that's a, a scary place to be for a lot of health practitioners. What, what, what could happen? What could go wrong if we if we kind of leap into this new space?

Marlena Klaic
Yeah, absolutely. And it is scary. Change is really scary. You know, it's whether we're talking about a health context or, you know, our own personal context, it it does feel daunting. What is it gonna look like? Is it gonna be okay? What if I'm, my patients don't fare well? Lots of really reasonable questions. And questions maybe to our ethicality. And I said in two camps there. Is is it, you know, it's ethical to do this if I'm not, if I feel like I'm not establishing a rapport? But then, is it ethical not to do it if it addresses these accessibility challenges? And and I think we need to be brave and and have these discussions.

And I was also thinking to myself about other things that have changed over time. And I remember when everyone used to buy the newspaper, You know it was a a,. a standard thing. You'd have the paper delivered or you go and get the Sunday paper, and some of us still do the Saturday paper, but most of us now get it online. So there's, you know, you think about that shift in the last probably Five to 10 years, a lot of these traditional paper formats are defunct. They're they're no longer being offered. So we've made that transition, but it didn't feel great to start with. And I remember thinking to myself, but I have to touch the thing. I need to touch my paper. I can't just be doing it on my phone. That's not gonna be the same and it felt uncomfortable. So change is, you know, uncomfortable. It felt there was a period of of tension there between me adjusting and working out whether I could get

the same information. So that belief and consequences. Would, would I still be able to enjoy reading the paper? And sure enough, I do. It just took an adjustment period.

Tania McMahon
Here we are. I, I remember the same. I think there's a lot of parallels with, with a lot of those, those shifts. Even with Internet banking, you know? Like there was a time where we thought, ohh I'm never not gonna carry cash in my wallet. How I trust that this piece of plastic in my wallet is gonna is gonna work all the time? Like, I like my cold hard cash where I can see it. And now who, who imagines doing their banking any other way, you know?

Marlena Klaic
Yes. Absolutely.

Tania McMahon
Yeah. So it is that, that kind of limbo that you're in for a while when there when there is a shift to a space like this.

Marlena Klaic
And it is about trust, isn't it? I, I think you used that term properly. It's like, how can I trust this new thing? New card or you know this, this app or whatever it might be. And it just it feels really uncomfortable and a bit suspicious about it for a while. And and then there's often social media campaigns. There's all these implementation strategies are going along, you know, around us we. Maybe we're not even aware that, you know, that it's helping us modify our behaviours and you you adopt it. Maybe reluctantly, or maybe, you know, we're we're one of the early adopters and we go, yeah I'm, I'm, I'm, into it. And then it just becomes routine practice. So there's an intentionality about it. But then there's of course, some some diffusion stuff going on there as well.

Tania McMahon
Yeah, and it's not just the individual making the choice, it's it's that whole system around them too. And interesting mentioned, there's the early adopters, then there's also the the the, the stragglers. The people kind of at the end, who are last to, to take it up. Who are then feeling left behind. And I know a lot of health practitioners might even identify with that. this feeling that, you know, if you're in a place where those around them are taking this up and using it and they're not quite sure about how to or or or why to or whether to. They, they it can actually elicit a lot of shame, you know, you know that that. Well, I haven't. I haven't figured this out. What's wrong with me? I I'm only used to my old way of working and I'm too scared, you know, scared that I'm gonna feel really incompetent if I try and I try and venture out of that. But everyone around me is is doing it so I'm feeling really left behind.

Marlena Klaic
I think that's so important to again discuss that. And I and I can remember and I I'm sure I remember forever a quote from one of my participants around this topic where they said to me, and this is a very senior health professional said "I know that I'm not doing it and I feel

terrible about it, so I pretend that it's not going on and I just don't even think about it." And that is that shame. You know, there there is, you know that sense of awareness that we we could or should be doing the intervention or engaging in the behaviour and that we're not and we we don't feel good about it. That there's a a feeling of shame of stress and and then denial often as well. It's just all too hard so I'm just not even going to bother trying to fix it.

I, again, have a really, I think it's really important for us to to consider the people that are late, you know, to take up interventions or don't at all, because that's a space of inequity potentially too. Whether we're talking about consumers or health professionals, I think we should always be interested in how do we support those that are hard to reach. You know, those that whether it's a hard to reach patient population or or you know whatever your consumer is. Whether it's our health professionals, and how are their needs different and how do we address those? Otherwise we risk broadening that sort of inequities of those that you know are always gonna adopt and then those that are experiencing some significant other challenges or barriers. So I'm never, I I hate the term laggards and I don't, I don't use it in this space of who adopts early and who doesn't, but rather you know thinking about how we actually target those groups as well and how we can support them.

Tania McMahon
Yeah, we don't want to create a, like a a digital divide in in, you know, practitioners where there are those factors that that we need to be addressing to them. Yeah, I could talk about this all day, but

Marlena Klaic
Me too.

Tania McMahon
But as we kind of come to a close, I wanna finish up on, you know, at an individual, you know, whether it's an individual level or a larger practice level, if we're if we're looking to start incorporating these innovative and evidence based models, models of care, but we're struggling with any of the barriers that we've we've discussed. Where you know whether it's time, fear, acceptance, for instance. What are some things that we can start doing tomorrow that that start, that process of behaviour change?

Marlena Klaic
Such a great question and and I'm I'm all for low hanging fruit as well. You know it it doesn't, and we touched on this earlier on, it doesn't have to be huge intervention strategy to change.

From an individual perspective and sometimes you can feel a bit isolated and it feels hard to be the one that's trying to agitate for change, or or you might feel like you don't have support. So, one of the strategies that I often recommend for clinicians is if there's the option to join either a community of practice or special interest group or something along those lines where you have some collegial support. Doesn't have to be in your practice. They can be in your professional group and people that you can discuss things with. How

did you do that? What do you do? It's often a safe space to be able to do that. So that's a generally free, or it might be part of your accreditation costs. Usually it's something a a monthly or quarterly meeting, and it can be really in, in fact I think it's one of the strongest evidence base to to changing practice and implementation strategies is a community practice or a special interest group.

So that's as an individual clinician. I think that that can be really powerful. Another thing that we can do is this might be a little bit hard because it needs us to sort of really reflect on lots of insight into what's really stopping me doing this, identifying one area. So, if we're talking about digital interventions, for example, and we think to ourselves, the main thing if I was to talk about one thing that I I would like to get better at, or one thing that I feel is stopping me from doing it, it's that I don't know where to find the resources. So perhaps just finding the one area that's a bugbear and working on that as part of your learning goals or something that you look at in a structured way over the next four to six weeks. Just makes it a little bit more achievable than looking at the entire thing and thinking well, I need to master that entire system. I would break it down more into chunks.

And and from a practice level, you know not not dissimilar. I think it's super important as a if you're leading a practice, if you're the the manager of a practice thinking about how can we support the clinicians in these evidence based behaviours. Do they need resources? Understanding barriers in the first place and how can we support them and and introducing that.

Tania McMahon
That's great advice and I really like that idea of, of making, making it as simple as possible. What's the main bugbear here? And I really, really think, going back to what you were saying earlier, that that the initial resistance that comes up might not be the actual one that if you go, oh, I don't know, I just don't have the time or there's too many things and just going well, actually, you know, if I was to really think about it it's that I just don't even know where to find them. Okay, that's the thing I'm gonna work on. That's great. Or if I'm honest, I just, I don't know what the, the, it looks, the website looks like inside. I don't know how to guide someone through. Okay, cool. I'll just log on, have a play with it one afternoon. That's what I'm, all I'm going to do. I think that's fantastic, fantastic advice. As well as the the advice around joining with our peers and our colleagues to find out what they're doing and and if if listeners are looking for a place that they can start the Black Dog Institute Health Professional Resource and Education Hub is a great place to start. There's forums on there for health professionals to share ideas. They have a I think a monthly case study that they put in there. And also there's a particular thread on implementing digital mental health into practice. There's a lot of input.

Marlena Klaic
Ohh perfect.

Tania McMahon
So that's a good place, a really good place to start as well. Yeah.

Marlena Klaic
Absolutely.

Tania McMahon
Well, Marlena, thank you so much for for your time. That, it's been a really fascinating and and inspiring conversation. And it's been great to have you on and and hear all of your insights.

Marlena Klaic
Thank you. It's been wonderful and, and I wish that we could talk for hours, but I realise nobody would want to listen to this for hours. But it's it's been wonderful to talk about these topics and and in a really honest way and and hopefully whoever's listening feels comfortable to know they're not alone. If they're feeling that a a bit overwhelmed and there are things that they can do.

Tania McMahon
Absolutely. Thanks so much, Marlena.

Marlena Klaic
Thanks, Tania.

Tania McMahon
Thank you for joining us. If you enjoyed this conversation, please remember to search for Digital Mental Health Musings on your favourite podcast platform and subscribe to catch new episodes. And to find out more about digital mental health or to access resources and digital mental health education head to emhprac.org.au