RESEARCH SNAPSHOT

Brief Digital Interventions (BDIs): An implementation-sensitive approach to addressing school mental health needs of youth with mild and emerging mental health difficulties

Western Centre for School Mental Health

School Mental Health Ontario | Santé mentale en milieu scolaire Ontario

Highlights

- BDIs are an example of a new treatment model designed to work in a tiered mental health system. BDIs use theoretically specific therapeutic activities coupled with brief therapy and progress monitoring.
- 486 clinicians initially signed up to use BDIs when they were launched through virtual training sessions in the summer of 2020.
- BDI comprises three components:
  1. Time-limited and focused therapeutic encounters with a clinician.
  2. Self-directed learning modules and home practice.
  3. Progress monitoring as form of measurement-based care.

What is this article about?

In Ontario, youth and caregivers trying to access mental health care face long wait times and low levels of knowledge and support on how to access the adequate level of care they need. Although schools are often the first point of contact for mental health service provision to children and youth, school mental health professionals report unmanageable workloads which causes further resource constraints limiting access to in-person mental health care.

In this paper, researchers aim to provide a rationale for Brief Digital Interventions (BDIs) as an innovative solution to address the needs and challenges observed in school mental health settings in Ontario.

Context of BDI pilot in Ontario

BDIs are an innovative approach to addressing school mental health created by a team at the Harvard Lab for Youth Mental Health and implemented in partnership with School Mental Health Ontario (SMH-ON).

BDIs consist of three components: (1) time-limited and focused therapeutic encounters with a clinician, (2) self-directed learning modules to provide skills training in relaxation, cognitive restructuring, problem-solving, and trying behavioural experiments, and (3) progress monitoring as a form of measurement-based care that allows clients who are not responding to intervention to be referred to other treatment models.

Researchers at Offord Centre/McMaster University developed a progress monitoring tool to walk alongside the BDI implementation. All clinicians signed up to use BDIs were invited to join a Learning Collaborative. Two Learning Collaborative sessions were held to develop the effective use of BDIs and their progress monitoring tools. The Learning Collaborative allowed researchers to gain insight into how clinicians used BDIs and the challenges they encountered.

Throughout the BDI pilot, SMH-ON also established several implementation initiatives to support the uptake and effective use of the BDIs.

Main arguments

BDIs are uniquely positioned between three modes of intervention: Short-Term Interventions (STIs), internet-delivered Cognitive Behavior Therapy programs (iCBT), and Measurement-Based Care.

This article argues that BDIs might be an effective evidence-informed, digital interventions to support students with a wide range of mild and emerging mental health issues because they address the limitations of both STIs and iCBT. BDIs address the risk monitoring limitation of STIs by having multiple points of therapist contact and using a progress monitoring tool grounded in measurement-based care. BDIs are also unique in that each skill module is developed as a stand-alone resource, there is clinician support before and after each module, and the intervention is designed to be much briefer than iCBT.

Researchers also identified potential clinical and ethical considerations as we as a number of implementation barriers that should be considered when delivering BDI programs in schools such as: student lack of access to technology, low literacy skills and familiarity with technology and the potential lack of access to a private space. Also, BDIs may not meet the needs of youth with more severe or complex mental health difficulties, but excluding them may present an issue of equity for clinicians.

Researchers believe that the potential limitations and ethical concerns they identified are manageable and that the BDI can serve as an example of a promising model for adapting scalable mental health interventions.

Implications for evidence-based, implementation-sensitive approaches to school mental health

The BDI pilot was developed from an evidence-based implementation-sensitive lens by (1) considering intervention characteristics that would address the range of school mental health needs, (2) providing ongoing implementation supports, (3) training in a nested model so that different boards have support from their local leadership, and (4) using measurement-based care to facilitates implementation sensitivity at multiple levels.

Throughout the BDI pilot, feedback was also solicited from clinicians and students to co-discover helpful techniques, and identify barriers to evaluating innovative school mental health interventions. This article aims to encourage the field to develop and evaluate novel interventions that are sensitive to the implementation contexts and lived experiences of students in Ontario.

About this snapshot

Original research article

For a complete description of the research and findings, see the full research article:

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Research article authors

- Eli Cwinn, Centre for School Mental Health, Faculty of Education, Western University.
- Emily A. Barry, Centre for School Mental Health, Faculty of Education, Western University.
- John R. Weisz, Department of Psychology, Harvard University.
- Abby Bailin, Department of Educational Psychology, The University of Texas at Austin.
- Olivia M. Fitzpatrick, Department of Psychology, Harvard University.
- Katherine Venturo-Conerly, Department of Psychology, Harvard University.
- Claire V. Crooks, Centre for School Mental Health, Faculty of Education, Western University.

Research Snapshot author

This summary was written by Morena Hernandez, Innovation and Scale Up Lab Coordinator at the Centre for School Mental Health, Western University.

Correspondence concerning this article should be addressed to: Eli Cwinn, Centre for School Mental Health, Western University. Email: ecwinn2@uwo.ca

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