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Promoting guideline-based interventions in mental health - investigating a model that incorporates organisational and individual theories of change

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While there is a growing focus on evidence-based practices (EBP) in the mental health field and an increased number of treatment guidelines available, there is evidence of significant variation in clinical practice. This is particularly true for Posttraumatic Stress Disorder (PTSD), for which there is a strong evidence base regarding effective treatment. Yet research in many countries indicates that most PTSD sufferers do not receive effective treatment. In Australia, only about 25 per cent of people with PTSD receive any component of evidence-based treatment.

The current knowledge translation literature identifies generic barriers and incentives to adopting evidence-based practices across the health system, but there is little information specific to mental health practitioners and limited research on how to promote EBP in the mental health field, where interventions are often complex. This study aimed to identify effective ways to promote change towards EBP in mental health services.

The study investigated how effectively recommendations from the *Australian treatment guidelines for adults with Acute Stress Disorder (ASD) and PTSD* have been implemented, using a model based on both organisational and individual theories of change in two key trauma population service areas: war veterans and survivors of sexual assault.

The study sought to identify factors influencing the uptake of EBP, to develop an implementation process based on these factors, and to trial this process across six trauma services. The effectiveness of the implementation model was investigated using self-report surveys and prospective recording of clinicians' practice.

While implementation strategies are often targeted towards individuals (e.g. information and education programs), the results from this study indicated that both organisational and individual factors influenced preparedness to use EBP. For example, organisational barriers such as resource pressures and the services' relationship to the guideline development process were as significant as individual barriers such as practitioner beliefs.

Practitioners participating in this implementation process, which was tailored to address specific organisational and individual barriers and incentives, and based on currently recognised theories of change, adopted EBP and maintained them at three month.