How do we bridge the gap?

Challenges in converting promotional reach into research participants for online programs

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Minds Together

Who we are

Everymind is a leading institute dedicated to the prevention of mental ill-health and suicide. Our suite of *Minds Together* programs support family and friends who care for someone experiencing mental health concerns or suicidal distress. The programs are free, self-paced, and feature interactive activities, multimedia content, peer support and lived experience videos.

How we develop programs

- We conduct national consultations and literature reviews to inform program development
- We engage steering committees, expert advisory groups and lived experience reference groups
- We conduct research trials to test the acceptability, feasibility and safety of our programs. Yet small sample sizes have hindered the statistical power needed to study efficacy and effectiveness.

How we connect with community

- Build and maintain strong relationships with key stakeholders
- Organic and paid social media, search engine and podcast promotion
- Radio interviews, magazine articles, op-eds and press releases
- Presentations and attendance at conferences across Australia.

How we engage with research participants

- Automated and personalised email reminders to enrol in the program and complete research surveys
- Options to provide feedback via an online form or phone interviews.

From January to June 2023:

Reach
We reached over 600,000 community members with *Minds Together* promotional materials.

Engagement
We randomised 85 and 47 participants respectively into two research trials.

Converting promotional reach into research participation for online prevention programs is challenging.

Barriers to participant engagement

Eligibility criteria, research surveys and time restrictions may have been barriers to engagement. Seventy-six people participated in the 12-month research trial of our program for family and friends supporting someone who has attempted suicide, while 25 people enrolled in the program in just the first month after the program was made freely available. Of the 76 research participants in the research trial, two thirds of participants engaged with the online program during their eight-week trial period and one third completed all research surveys.

What's missing?

Promoting programs through mass media and stakeholder referrals cannot be the only, or even primary, strategy for engaging family and friends in supporting someone experiencing mental health concerns or suicidal distress. Interventions must be embedded into the spaces where we live, work and play to ensure people receive information and support at the time it is needed. To do this, a holistic understanding of the barriers and enablers experienced by the organisations and services implementing the intervention is crucial and highly context specific. Our future research aims to achieve this by utilising implementation practices and frameworks.

Implementation framework stages

Exploration
- Assess fit
- Ensure a usable innovation
- Create implementation teams
- Establish practice-policy loop.

Installation
- Examine implementation drivers
- Develop practitioner readiness
- Develop fidelity measure.

Initial implementation
- Initiate improvement cycles
- Build capacity for implementation drivers
- Enhance the practice-policy connection
- Assess fidelity.

Full implementation
- Achieve fidelity
- Improve outcomes
- Sustain the practice-policy connection.

2 to 4 years

Blanchard et al. (2017) *Active implementation frameworks: Implementation stages.*

Next steps

- Work closely with state and territory governments to identify key stakeholders when embedding programs into service delivery
- Consult with key stakeholders on the barriers and enablers to implementation
- Respond to context specific needs of the community and tailor implementation processes
- Continue to consult with key stakeholders and make amendments until the program is sustainably embedded into service provision.

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