



QCMHR
Queensland Centre for
Mental Health Research



An Independent Evaluation of the Q-MOST Pilot Project Abridged Executive Summary

Introduction

Queensland Centre for Mental Health Research (QCMHR) was commissioned by the Children's Hospital Foundation to evaluate the implementation of the Q-MOST pilot. The evaluation adopted a mixed methods approach, incorporating the analysis of quantitative and qualitative data collected from service providers (Orygen Digital, Queensland Health Hospital and Health Services, and headspace centres), young people, and parents.





About Q-MOST

In October 2021, Orygen Digital was funded by The Children's Hospital Foundation and Queensland Health to implement the Q-MOST pilot in seven Queensland Hospital and Health Services (HHSs), and 12 selected headspace centres statewide.

During the pilot, young people could be referred to the MOST platform by clinicians at participating headspace centres or HHS mental health services. Young people who acted on their referral were then required to engage in a sign-up and onboarding process, before being granted full access to MOST.

Summary of Key Findings

Q-MOST pilot implementation

The launch of the Q-MOST pilot was delayed in some locations and took time to adapt to the Queensland context. These challenges frustrated some referring services, impacting their confidence and collaboration in the pilot project.

The Q-MOST pilot continued to evolve over time, but disseminating information about implementation adaptations and MOST platform updates to clinicians was problematic, especially within busy referring services who were managing many competing priorities.

Multi-agency implementation group meetings achieved limited success due to poor attendance and attendees being unwilling to participate in full and frank discussions about issues experienced during their participation in the Q-MOST pilot. The impact of MOST champions was mixed, and Orygen Digital did not find them successful in some settings.

Service level adoption

Service level adoption of the MOST referral pathway was crucial to the success of the Q-MOST pilot. However, adoption was impeded by factors such as: staff turnover, resistance to change within services, clinicians' attitudes to MOST, competing demands on clinicians' time, and young people's negative responses impacting clinicians' enthusiasm to continue offering referrals.

Furthermore, MOST is competing with many other digital mental health treatment and support options that are widely available to clinicians and young people, including headspace's own online offerings.

Some clinicians reported that Queensland Health and headspace National provided inadequate support for the pilot. Orygen Digital also reported difficulty engaging and collaborating with team leaders and senior managers in some HHSs.

Senior clinicians tended to be more sceptical of MOST's effectiveness for the young people referred to them for care. However, those clinicians who did refer young people to MOST were enthusiastic about the speed and efficiency of the referral process and thought Orygen Digital's risk management protocols were exemplary.

Referring services did not prioritise the Q-MOST pilot equally. Autonomy to accommodate the needs of local populations, and the availability of other mental health and youth services, impacted the adoption of MOST referrals into workflows. Young people were more likely to be referred to MOST by headspace centres with lengthy waiting lists, and/or in locations with limited alternative mental health and youth services.

Referring clinicians mainly saw MOST as a separate and compartmentalised service and did not take a blended care approach to incorporating the platform's resources into their therapy sessions or ongoing engagement with young people.



Some of those interviewed for the evaluation discussed how a MOST referral would be helpful for young people before they reached the threshold for clinical assessment from headspace or Queensland Health services. It was suggested that school guidance officers and general practitioners should be able to refer young people to MOST for earlier intervention.

Referrals to MOST

Reach is defined by the numbers of young people who accepted a referral to the MOST platform. While there are no data for the total numbers offered a referral, clinicians consistently reported that about half of all referral offers were declined by young people.

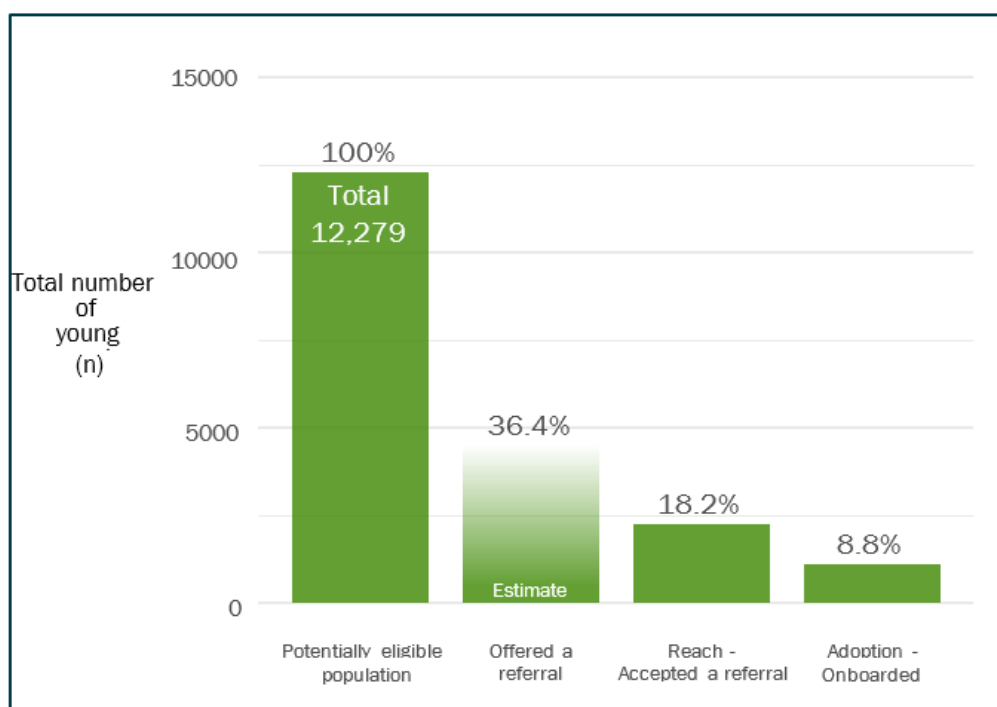
From commencement dates in each headspace centre, until 31 December 2023, 18.2% of young people accepted a MOST referral (Figure 1). In six Queensland Health HHSs from 1 January until 31 December 2023, 5.8% of young people accepted a MOST referral (Figure 2).

Young people turned down a referral to MOST for several reasons, including a preference for face-to-face engagement with mental health clinicians; difficulties with internet access, particularly for disadvantaged groups; poor levels of literacy; and, in some cases for those in the 12 to 14-year-old cohort, because their parents did not consent.

Young People's Adoption of MOST

Young people who accepted a referral to MOST did not necessarily go on to engage with the platform. Therefore, adoption was defined as the numbers of young people who completed MOST's onboarding process and gained full access to the platform's content. From the 18.2% of young people who accepted a referral to MOST from headspace (Figure 1), and 5.8% of young people who accepted a referral from HHSs (Figure 2), 8.8% and 2.9% completed onboarding respectively.

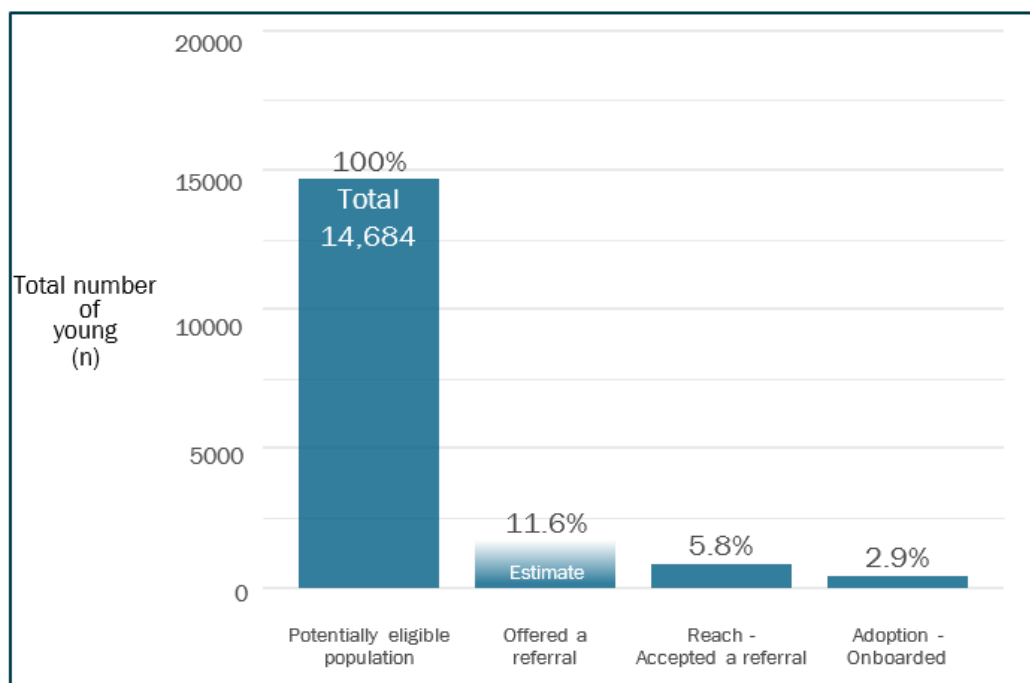
Figure 1: MOST referrals and onboarding from Q-MOST pilot commencement date in each headspace centre to 31 December 2023.



Includes data from all 12 headspace centres participating in the Q-MOST pilot.



Figure 2: MOST referrals and onboarding from 1 January 2023 to 31 December 2023, in six Queensland Health HHSs.



Includes data from West Moreton HHS, Metro South HHS, North West HHS, Central Queensland HHS, Wide Bay HHS, and Darling Downs HHS.

The launch of a MOST app in April 2023 was seen to be a key strategy for securing improved engagement from young people, as many found the website-based platform an unsatisfactory experience. Some thought that young people's willingness to engage with the Q-MOST pilot had been impacted by the absence of an app from the beginning. When the MOST app was launched, it was only available for the 15 to 25-year-old platform and wasn't made available for the 12 to 14-year-old group before the end of the Q-MOST pilot. Functionality that was expected by young people, such as push notifications, were not available on the app.

The data shows that after onboarding, many young people engaged very little with MOST, although a small proportion of individuals achieved comparatively higher levels of engagement than the majority. Analysis of individuals' session times revealed the median (midpoint) time for a young person's engagement with MOST was 26 minutes for the 12 to 14-year-old platform, and 18 minutes for the 15 to 25-year-old platform. An effective level of engagement with the MOST platform is unknown, in common with all digital mental health interventions and face-to-face engagements with clinicians. Outcomes and results will vary across different individuals with diverse needs and presenting problems.



Effectiveness

This evaluation could not determine MOST's effectiveness at improving young people's mental health outcomes. The Q-MOST pilot was not a randomised controlled trial, therefore any changes in individuals' mental health outcomes could not be attributed to engagement with MOST. While Orygen Digital has been collecting self-complete mental health questionnaires, these have been obtained from a sample of young people who are not representative of everyone who engaged with the platform. QCMHR's evaluation showed that a small proportion of young people are highly engaged with MOST, however interviews with referring clinicians indicate that this group is also highly engaged, or likely to become highly engaged, with their referring services. They are usually motivated to understand and self-manage their mental health. Clinicians also explained that young people with lower levels of motivation and self-efficacy will probably struggle with the energy and commitment required to sign-up, onboard, and engage with the self-directed nature of the MOST platform's content.

Concluding comments

This evaluation of the Q-MOST pilot examined the implementation of a digital mental health intervention in a wide range of health service settings in Queensland. QCMHR believes the findings in the report are relevant to the planning and implementation of digital mental health intervention initiatives more broadly. The learnings have the potential to be applied across different service settings, populations, and implementation projects. Given the current appetite to incorporate digital solutions in addressing the challenges in the mental health sector, the evaluation provides valuable insights for policy makers and service providers.

