Implementing internet-delivered cognitive behavior therapy for common mental health disorders: A comparative case study of implementation challenges perceived by therapists and managers in five European internet services ☆

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ARTICLE INFO

ABSTRACT

Objective: Internet-delivered cognitive behavior therapy programs have been developed and evaluated in randomized controlled trials during the past two decades to alleviate the rising demand for effective treatment of common mental health disorders such as anxiety and depression. While most of the research on internet-based cognitive behavior therapy (iCBT) has focused on efficacy and effectiveness only little attention has been devoted to the implementation of iCBT. The aim of this study was to identify the main implementation challenges perceived by therapists and managers involved in the practical operation of iCBT services in routine care settings in five European countries.

Method: The study was designed as a multiple comparative case study to explore differences and similarities between five different iCBT services in Sweden, Norway, Denmark, The Netherlands and Scotland. Field visits were carried out to each of the five services including interviews with the management of the service (n = 9), focus group interviews with key staff (n = 15) and demonstration of online programs. The data material was processed through thematic, comparative analysis.

Results: The analysis generated four transversal themes: 1) integration in the mental health care system; 2) recruitment of patients; 3) working practice of therapists; and 4) long-term sustainability of service. The main results concerned the need to address the informal integration in the health care systems related to the perceived skepticism towards iCBT from GPs and face-to-face therapists, the role of referral models and communication strategies for the stable recruitment of patients, the need for knowledge, standards and material for the training of therapists in the provision of online feedback, the need to improve the possibilities to tailor programs to individual patients, and the need for considerate long-term sustainability planning of the transitions from local projects to permanent regional or national services.

Conclusion: The present study gives an overview of the main implementation challenges regarding the practical operation of iCBT services perceived by the therapists and managers of the iCBT services. Future studies into specific details of each challenge will be important to strengthen the evidence base of iCBT and to improve uptake and implementation of iCBT in routine care.

1. Introduction

Meeting the demands for treatment of common mental health disorders such as depression and anxiety is a major public mental health challenge. Nearly 40% of the population is estimated to be in need of treatment at some time during their life for anxiety and depression

(Wittchen et al., 2011) and mental disorders are considered the leading contributor to the burden of disease in both high-income and low-to-middle-income countries (Whiteford et al., 2015). Despite the existence of effective treatments such as psychotherapy (i.e. cognitive behavior therapy (CBT) or Interpersonal Psychotherapy (IPT)), and psycho-pharmacology, a substantial proportion of people suffering from mental disorders go untreated (Demyttenaere et al., 2004; Thornicroft et al., 2017; Alonso et al., 2007). Structural barriers such as waiting lists, out-of-pocket payments, and physical difficulties in accessing services as well as individual and social obstacles such as perceived stigma, negative attitude to psychological and drug treatment and inadequate health literacy play an important role in choosing to seek diagnosis and access treatment (Andrade et al., 2014).

Internet-based psychological treatment for common mental health disorders may be one way to minimise barriers to treatment delivery and increase access to evidence-based treatment (Andersson, 2016). Potential benefits of internet-based psychological treatment include their ease of access (accessible 24/7 from different locations), cost-efficiency (due to less clinician face-to-face time) and ability to reach a wide range of users. Most internet-based psychotherapy is Internet-delivered cognitive behavior therapy (iCBT). This treatment is typically delivered as an educational software package with interactive components such as symptom questionnaires, multimedia content, and exercises in which users practice skills that can help them cope with their illness. iCBT is delivered over a set period either as pure self-help program or alongside therapist support. In this way, the treatments become automated and geographically independent, which positively impact patient access and therapist capacity.

Several randomized controlled trials and meta-analyses have demonstrated that iCBT can be effective for various mental and somatic disorders with outcomes that are comparable to face-to-face interventions when delivered with some form of professional guidance (Andersson et al., 2014; Andersson and Hedman, 2013; Arnberg et al., 2014; El Alaoui et al., 2015; Hedman et al., 2013; Hedman et al., 2014; Karyotaki et al., 2017; Olthuis et al., 2016). However, the route from promising results based on efficacy studies to routine clinical practice is less travelled with treatment effect at times being miniscule or absent (e.g. Mathiasen et al., 2016). According to Andersson and Hedman (2013), it is possible to transfer iCBT into routine clinical practice with moderate to large effect sizes; however, which service model should be used for iCBT and how to disseminate iCBT is an open question, since few implementation studies of internet-delivered treatments have been performed in routine care settings (Hadjistavropoulos et al., 2014; Ebert and Baumeister, 2017; Hadjistavropoulos et al., 2017; Titov et al., 2017; Nordgreen et al., 2018).

Despite the promising results of iCBT, it has been, and still is, an enormous challenge to transcend the gap from research projects to implementation into routine care. In Europe, the Joint Action on Mental Health and Wellbeing recognises the need for concerted efforts to mainstream e-mental health interventions such as digital treatment programs into routine care (European and Commission, 2016). Known barriers to mainstreaming e-mental health into routine practice include legislative, regulatory, safety and political restrictions, incompatible reimbursement systems, negative attitudes towards internet-based treatment among providers and patients, lack of awareness of internet-based treatment options among patients and providers, high drop-out numbers from treatment, limited availability of adequately trained professionals and limited evidence for cost-effectiveness (Batterham et al., 2015). Research concerning iCBT has so far primarily focused on efficacy and effectiveness trials, with little attention to the process of implementation (Drozd et al., 2016; Vis et al., 2015). Although some authors have identified key components to consider for successful implementation (Andersson and Hedman, 2013; Andersson et al., 2008) very little research has been done on implementation challenges and facilitators relating to the practical operation of iCBT services (Hadjistavropoulos et al., 2017; Nordgreen et al., 2018).

For a diffusion of an innovation to occur, the determinants of implementation, i.e. factors impeding or facilitating the diffusion process, must be known and addressed (Rogers, 2003). As an example, Fleuren et al. (2015) described how determinants of implementation of clinical guidelines in health care should be described on three levels: i) the developers, ii) the professionals/coordinators in the organizations, and iii) the end users (Fleuren et al., 2015). Applying the same logic to determinants of implementation of iCBT in healthcare systems, the efficacy and effectiveness studies are conducted at the first level and studies of the patients on the third level. Not much is known about determinants belonging to the second level.

The aim of the present study was to identify the main implementation barriers perceived by the key actors involved in the practical operation of iCBT services in routine care settings in five European countries with established experience in the field placing it on the second level of the above. The study was designed to inform decisions on dissemination and implementation of internet-based therapy services in routine care settings. Due to the challenges facing mental health care services, it is of great importance that the implementation of iCBT services is informed and qualified by the experiences already accumulated in other European countries. However, no systematic overview exists of European experiences in offering internet-based therapy services as part of routine clinical settings, including target groups, practice in relation to daily operation and organization, as well as barriers and facilitators relating to the implementation and sustainability of internet-based therapy services. We use the term sustainability to denote the continued use of an innovation in practice. This knowledge is crucial to existing services as well as for the development of new internet-based services. The aim of the present study was to describe five European services as examples of iCBT service designs and to identify the main implementation challenges perceived by therapists and managers involved in the online services.

2. Methods

The study was designed as a multiple comparative case study to explore differences and similarities between cases (Yin, 2014; Crowe et al., 2011; Stake, 2006). To complement earlier implementation studies and to provide an operational focus for the explorative investigation of each of the five iCBT services the study was mainly focused on implementation challenges relating to the practical operation of iCBT. The data collection in each case study combined the following data sources: desk research on each iCBT service, a short online survey covering background information about the iCBT service, a semi-structured interview with the management of the service, and a focus group interview with key staff involved in organizing or performing the clinical activities, as well as relevant researchers attached to each of the five services (Table 2).

Field visits were carried out to each of the five services including interviews with the management of the service (n = 9), focus group interviews with key staff (n = 15) and demonstration of online programs.

2.1. Case study selection

The study comprised five European supported iCBT services which operate within a routine care context. Each participating iCBT service was conceptualized as a 'case', i.e. as a specific unit of analysis in relation to the practical operation of iCBT services. The five iCBT services were selected because of their experience with iCBT as part of the general range of services (either in special iCBT services or services offering blended treatment regimens or iCBT as one option among other kinds of treatment), as well as because of their variation in relation to patient population and uptake area. The selected cases were all embedded within European public sector operated healthcare systems comparable in terms of client need, service provision and funding