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A web-based referral service to facilitate rapid and direct access to mental health care for youth

Submission date
11/03/2021

Recruitment status
No longer recruiting

Registration date
16/03/2021

Overall study status
Completed

Last Edited
24/03/2023

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
The objectives of this study are to develop, implement, and evaluate a web-based referral service that aims to facilitate rapid and direct access to youth mental health services. Specifically, the researchers will determine the extent to which the web-based referral service is used by stakeholder groups and examine how acceptable it is to service users. They will assess its potential benefits in relation to the identification of youth in need of mental health services (particularly youth from groups known to have challenges with accessing care), the delay in responding to referrals and help-seeking delay. They will also explore stakeholders' experiences and perspectives regarding the development, implementation, impact, and sustainability of the web-based referral service, and compare findings across sites.

Who can participate?
1. Users of the referral form, including youth aged 11 to 25 who refer themselves directly to a youth mental health team that is participating in this project as an implementation site and third-party referrers (e.g., family member, community worker, physician, school counsellor or nurse) who refer youth to a mental health team that is participating in this project as an implementation site
2. Users of the referral management system, including service providers, coordinators, site leads, clinical-administrative staff at the participating implementation site

What does the study involve?
The web-based referral form includes two types of content. First, it provides information to the user (for example, information on the youth mental health care teams at the participating sites; information on resources to contact in a situation of crisis or while waiting to hear back from the mental health care team, such as information on Kids Help Phone). Second, the fillable part of the form asks questions to the user to obtain information that will be helpful for the clinician to triage and process the referral. These questions are organized by sections, including eligibility for the youth mental health service (e.g., based on age), contact information (including preferred time and method for contact), mental health symptoms, and demographic information. At the end of the referral form, there is an option for the user to complete a

satisfaction survey to obtain input on the web-based referral service for quality improvement. Only de-identified responses to this survey will be analysed.

What are the possible benefits and risks of participating?
There may be a personal benefit from participating in this study, but this is not guaranteed. There may also be a personal benefit from participating, knowing that the results obtained will contribute to the advancement of scientific knowledge and ultimately help to improve services for others. Possible risks include the time burden of the individual interviews and group meetings, and completing the referral form. There is no risk of physical harm by participating in this study because there will be no medical procedures. However, some may experience emotional discomfort disclosing personal information (e.g., mental health information).

Where is the study run from?
University of Montreal Hospital Research Centre (Canada)

When is the study starting and how long is it expected to run for?
January 2016 to March 2024

Who is funding the study?
1. Canadian Institutes of Health Research, eHealth Innovations Partnership Program (Canada)
2. Graham Boeckh Foundation (Canada)

Who is the main contact?
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Study website
https://www.ymhtech.com/our-projects-2/prism-aom

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
CIHR FRN 143555

Study information

Scientific Title
A web-based referral service to facilitate rapid and direct access to mental health care: Protocol for a mixed-methods, multiple-case, feasibility study of PRISM-AOM (Pathway for Rapid, Internet-based Self-referral to Mental Health Services for Youth - ACCESS Open Minds)

Acronym
PRISM-AOM

Study objectives
Primary Objective:
To determine the extent to which the web-based referral service is used by stakeholder groups, including users of the referral form (youth and third-party referrers) and users of the referral management system (e.g., service providers), specifically:

Primary Hypothesis (Use of the Referral Form - Youth and Third-Parties):
The proportion of referrals from the web-based referral service (self, family/carers, and all other third-party referrals), in relation to referrals received from all other referral methods (e.g., email, telephone, in-person, fax, text), will increase significantly over the duration of the project, 12 to 15 months, at each site.

Secondary Objectives:
1. To determine if the web-based referral service is acceptable to users by assessing:
1.1. Youth and third-party users' satisfaction and opinions about the referral form
1.2. Service providers, coordinators, site leads, clinical-administrative staff satisfaction and opinions about the referral management system.
2. To determine if the web-based referral service has the potential for impact (Bowen's limited efficacy component); specifically, the researchers will:
2.1. Explore the extent to which there is a change in referrals of youth in need of mental health services from target groups traditionally known to experience difficulties in help-seeking (e.g., gender minorities, visible minorities, homeless youth).
2.2. Explore the extent to which there is a change in the delay in responding to referrals.
2.3. Explore the extent to which there is a change in help-seeking delay (the time between when an individual started experiencing mental health concerns and making the referral).
3. Using qualitative methods, including focus groups, individual interviews, and document reviews, the researchers will explore stakeholders' experiences and perspectives regarding the development, implementation, impact, and sustainability of the web-based referral service. They will also compare these findings across sites (e.g., to provide insights into the contextual factors

supporting or hindering development, implementation, and sustainability, and to better understand the outcomes) through focus groups, individual interviews, and document reviews. Specifically, the researchers will:
3.1. Describe the development of the web-based referral service and its implementation (including social marketing of the service) in each site.
3.2. Assess user perspectives of the web-based referral service and its impact on their referral experiences.
3.3. Assess how the web-based referral project impacts referrals and referral processes within each site over time.
3.4. Identify the facilitators and barriers to developing, implementing, using, and sustaining the web-based referral service.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 17/09/2020, CHUM Research Ethics Committee (Tour Viger, 900, Saint Denis Street, Montreal, Quebec, H2X 0A9, Canada; +1 (514) 890 8000 ext. 14485; ethique.recherche.chum@ssss.gouv.qc.ca), ref: MP-02-2021-9098

Study design
Mixed-methods convergent QUAN-QUAL multiple-case study methodology, including exploratory analyses based on a quasi-experimental interrupted time-series design

Primary study design
Interventional

Secondary study design
Non randomised study

Study setting(s)
Internet/virtual

Study type(s)
Other

Participant information sheet
No participant information sheet available

Health condition(s) or problem(s) studied
Web-based referral to mental health services for youth

Interventions
The web-based referral service consists of three integrated technical components: 1) a landing page/website, 2) a dynamic online referral form, and 3) a referral management system, through which referrals can be received, manually created, triaged, sent, and tracked.

The first component of the web-based referral service is the landing page and related social marketing tools, which are designed to raise awareness about the existence and purpose of the referral service, and to provide a central location to host the links to the referral form.

The second component of the referral service is a referral form, which is designed to: empower a young person to refer themselves directly to a youth mental health team in their community at a time that is convenient for them, using their phone, computer, or tablet. The referral form also includes an option that allows a third-party referrer (e.g., family member, community worker, physician, school counsellor or nurse) to refer a young person to mental health services. In this project, youth and third-party referrers are referred to as 'users of the referral form.'

The third component of the referral service is the referral management system, which is designed to support site teams (service providers, coordinators, site leads, clinical-administrative staff) in triaging and tracking referrals, which can be especially helpful within the context of higher demands for mental health services (e.g., COVID-19, physical distancing). Members of the site teams are referred to as 'users of the referral management system.'

Intervention Type
Other

Primary outcome measure
Demand, assessed by:
1. Total number of referrals, organized by referral method, referral source, referral time, and sociodemographic information, at both sites on a monthly basis before (i.e., 24 months) and after implementation of the web-based referral service (i.e., during the study period, 12 to 15 months). Data will be extracted from the referral management system, clinical-research reports, or site level administrative and medical records
2. The use of the referral management system by each of the site teams (e.g., number of logins per user) on a monthly basis during the study period (i.e., 12 to 15 months)

Secondary outcome measures
1. Acceptability, assessed on a monthly basis during the study period (i.e., 12 to 15 months) using:
1.1. Satisfaction Survey, a 13-item questionnaire (including 1 open-ended text field to add comments) asking self- and third-party referrers about perceived satisfaction, ease of use, logical flow, technical responsiveness, duration, visual design, safety, age, respectfulness of culture and diversity, and facilitation of help-seeking
1.2. Post-Study System Usability Questionnaire (PSSUQ), a 16-item standardized questionnaire, to measure user satisfaction and opinions about the referral management system
2. Potential for impact, assessed using:
2.1. Total number of referrals, organized by sociodemographic information of the referred youth and referral method, at both sites on a monthly basis to compare the proportion of referrals received from target groups traditionally known to experience difficulties in help-seeking (e.g., gender minorities, ethnic minorities, etc.) before (i.e., 24 months) and after implementation of the web-based referral service (i.e., during the study period, 12 to 15 months). Data will be extracted from the referral management system, clinical-research reports, or site level administrative and medical records
2.2. The date the referral was received and the date an initial assessment was offered, and total number of help-seeking youth offered an initial assessment within a certain time frame (e.g., 72 hours), organized by referral method, at both sites on a monthly basis during the study period (i. e., 12 to 15 months). Data will be extracted from the referral management system, clinical-research reports, or site level administrative and medical records
2.3. Total number of referrals reported by help-seeking delay times, organized by referral method, at both sites on a monthly basis during the study period (i.e., 12 to 15 months). Data will be extracted from the referral management system, clinical-research reports, or site level administrative and medical records

3. Experiences and perspectives, assessed using qualitative methods (i.e., focus groups, individual interviews, and document reviews) during three phases of the study (pre-implementation, 3 months after going live with the implementation of the web-based referral service, and at the end of the project (12 to 15 months after the implementation)

Overall study start date
31/01/2016

Completion date
31/03/2024

Eligibility

Key inclusion criteria
1. The referral form can be completed by any young person between the ages of 11 to 25 years; and, any individual that is 16 years of age and older can refer a young person in the role of third-party referrer (e.g., community worker, family member). The referral management system can be used by a service provider, service coordinator or clinical lead, or clinical-administrative staff at the implementation site.
2. The stakeholder participants of focus groups, individual interviews, and document reviews can be any individual that participates in the development or implementation of the web-based referral service and is 18 years of age and above.

Participant type(s)
Mixed

Age group
Mixed

Lower age limit
11 Years

Sex
Both

Target number of participants
The researchers expect the total number of participants to exceed 90 per site, which consists of at least 75 participants for quantitative measures which represents a 25% increase (out of 300, i. e., the number of referrals to the site/year) in the use of the web-based referral service over the duration of the project (i.e., 12 to 15 months), and 15 participants per site for qualitative measures (i.e., focus groups, individual interviews, and document reviews) which represents interviews with project collaborators and referral form users.

Key exclusion criteria
1. Youth aged under 11 years and adults aged over 25 years for the self-referral form users
2. Youth aged under 16 years for the third-party referral form users
3. Stakeholder participants involved in the development or implementation of the service will be excluded from focus groups and individual interviews if they are aged under 18 years or research staff or researchers

Date of first enrolment
16/03/2021

Date of final enrolment
16/03/2024

Locations

Countries of recruitment
Canada

Study participating centre
RIPAJ-AOM
Montreal
Canada
H2X 0A9

Study participating centre
Chatham-Kent-AOM
Chatham
Canada
N7M 1E3

Sponsor information

Organisation
Centre Hospitalier de l'Université de Montréal

Sponsor details
Centre de recherche du CHUM (CRCHUM)
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Sponsor type
Hospital/treatment centre

Website
https://www.chumontreal.qc.ca/en/crchum

ROR
https://ror.org/0410a8y51

Funder(s)

Funder type
Government

Funder Name
Canadian Institutes of Health Research

Alternative Name(s)
Instituts de Recherche en Santé du Canada, Canadian Institutes of Health Research (CIHR), CIHR_IRSC, Canadian Institutes of Health Research | Ottawa ON, CIHR, IRSC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Canada

Funder Name
Graham Boeckh Foundation

Results and Publications

Publication and dissemination plan
The manuscript of the study protocol is in preparation for peer review submission. Planned publications in open access peer-reviewed scientific journals and presentations at meetings and peer-reviewed scientific conferences pertinent to mental health and service delivery.

Intention to publish date
30/09/2024

Individual participant data (IPD) sharing plan
Current IPD sharing statement as of 24/03/2023:
The datasets generated during and/or analysed during the current study are not expected to be made available due to the protection of participants' identities and the confidentiality of the information gathered during this study.

Previous IPD sharing statement:
The data-sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Not expected to be made available