Online Resource 4: Detailed description of MBC implementation determinants and outcomes by three main services at the centre

Intensive Community Treatment Services

Implementation outcomes were highest in the Intensive Community Treatment Services (ICTS), a 6-week program with MBC PROM administration timepoints at intake, midpoint and discharge. In ICTS, completion rates were high with youth completing MBC PROMs between 73.3 to 97.2% of the time, and median use of MBC in clinical care was over 50% for mental health professionals. Factors that seemed to be unique to ICTS and thus thought to be facilitators of implementation success were: 1) the perception that MBC is the most useful in ICTS because of the length of the program allows for multiple follow-up measurement timepoints; 2) the presence of clinicians with a high degree of self-efficacy with using standardized assessments to inform treatment, who appeared to take on a coaching role to other clinicians in the ICTS program, enhancing the collective competence of ICTS clinicians in using MBC; and 3) leadership in ICTS took on responsibility for the success of MBC.

Day Hospital

In Day Hospital, a 2-week program with MBC PROM administration at intake and discharge only, implementation outcomes were mixed. Youth had high completion rates of 89.5% at intake and 62.7% at discharge, but a low degree of use of MBC in clinical care. The high completion rates were attributed to administering MBC PROMs becoming routinized in the administrative and nursing practices (i.e., part of the "checklist"), and to nursing clinical leads taking responsibility for MBC administration. The low use of MBC by clinicians could be partly explained by: 1) issues with adequate staffing resources; 2) absence of a clinical lead responsible for MBC use by clinicians; and 3) low degree of engagement from the implementation team with Day Hospital clinicians. The implementation team and leadership initially believed that MBC in the Day Hospital program may not add value to clinical care because it is a 2-week program without a midpoint MBC collection timepoint. This perception of low MBC value for the short program may have partially contributed to the issues identified above, through a reduced focus on training and engaging clinicians, and lower clinical lead involvement than in other services.

Walk-in services

For Walk-in services, single session services, 3-month completion rates were very low (6.3% for youth) and use of MBC to inform clinical care was also quite low. The low completion rates were thought to be the result of the convergence of many factors: 1) the belief by clinical staff that clients in Walk-in are in distress and that MBC adds an additional burden to their visit; 2) the significant time delay between clients completing the PROMs and the Summary Report being available for clinicians, resulting in a delay to starting sessions (during early implementation); 3) lack of communication from the implementation team about the re-launch of MBC after a 3-month shut down period; 4) clinicians not using MBC from June 2023 onwards. The MBC platform also required the MBC reports to be manually uploaded to the system, which created an increased workload for Walk-in admin. The combination of client distress, low clinician use of MBC, and the increased workloads created by MBC for admin appeared to result in the low administration of MBC to clients, thus low completion rates.