

Invited Panel Discussion:

Application of Implementation Science Principles in Behavioral Health Practice: Implementation, Evaluation, and Community Practice

Tuesday, March 23, 2021 | 1:30 – 2:45 PM

Panelist: Anna Abella, PhD.

Title: *Strategies for adapting implementation frameworks to program evaluations in the behavioral health field.*

Abstract: This presentation will address some common challenges to program implementation, including lack of cohesive vision among stakeholders, “skipped steps” prior to implementation, poor data infrastructures, and problems with funding and sustainability. Additionally, Dr. Abella will share how she has incorporated her previous experiences being a program implementer at a non-profit organization into better understanding stakeholder needs during the implementation process.

Panelist: Roxann McNeish, PhD, MSW

Title: *Improving Implementation in the Community*

Abstract: This presentation will discuss a model developed to improve organizational/agency capacity to successfully implement community based programs. While the model is derived from implementation of mental health related community based initiatives, longitudinal data used to develop the model, variability of organizations involved, and the extant literature supports its applicability to implementation of other community based initiatives.

Panelist: Jerome Galea, PhD, MSW

Title: *Scaling up Interventions in Low Resource Communities*

Abstract: This presentation will show how implementation science is used to scale existing, evidence-based mental health interventions in a community-based mental health program in Lima, Peru to treat common mental disorders. Neuropsychiatric disorders account for more than 10% of the global disease burden. Yet most persons requiring mental health care—an estimated 50% of persons in high-income countries and 85% in low- and middle-income countries—go without services, constituting a “mental health service gap.” A major contributor to the mental health service gap is an extremely limited worldwide mental health workforce; in many low-income settings, there is less than 1 psychiatrist per 100,000 persons. My research centers on expanding access to mental health services (i.e., “closing the gap”) by training laypeople with no previous mental health training or experience to deliver evidence-based anxiety and depression interventions.