

Implementing brief and low-intensity psychological interventions for children and young people: A rapid realist review

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Introduction

Despite research demonstrating that brief and low intensity psychological interventions are beneficial for children and young people with emotional, behavioural or mental health difficulties, there remains a significant implementation gap, leaving many children awaiting treatment. Innovative approaches are needed to develop, disseminate and implement appropriate psychological interventions [1].

Methods

We conducted a rapid realist review to understand the barriers and facilitators to implementing brief or low-intensity psychological interventions in children and young people (PROSPERO protocol: CRD42022307367). We searched PsycInfo, EMBASE and Medline from inception to March 2022. Papers included in the review identified methods, factors and/or processes for the adoption, implementation or sustainability of brief and/or low intensity psychological interventions for children and young people (5-25 years) with emotional, behavioural or mental health difficulties. A systematic approach to data extraction using Normalisation Process Theory (NPT) [2] highlighted key barriers and facilitators.

Results

9 papers, including 10 interventions with over 500 participants, met eligibility criteria. Papers explored the implementation of different brief and/or low intensity psychological interventions delivered across a variety of settings by a range of individuals. Common mechanisms were identified that promoted or impeded implementation, considering personal, social, structural and organisational factors which are presented in Figure 2. Figure 3 offers further detail on which papers identified which factors, and whether they were explored as a barrier or facilitator.

Discussion

Our rapid realist review identified mechanisms and factors that need to be considered to optimise the implementation of brief and low-intensity interventions for children and young people with emotional, behavioural or mental health needs. Our findings can inform future implementation studies. Future research could consider creating a toolkit to help monitor and evaluate uptake into routine practice.

Figure 2: Overview of factors identified

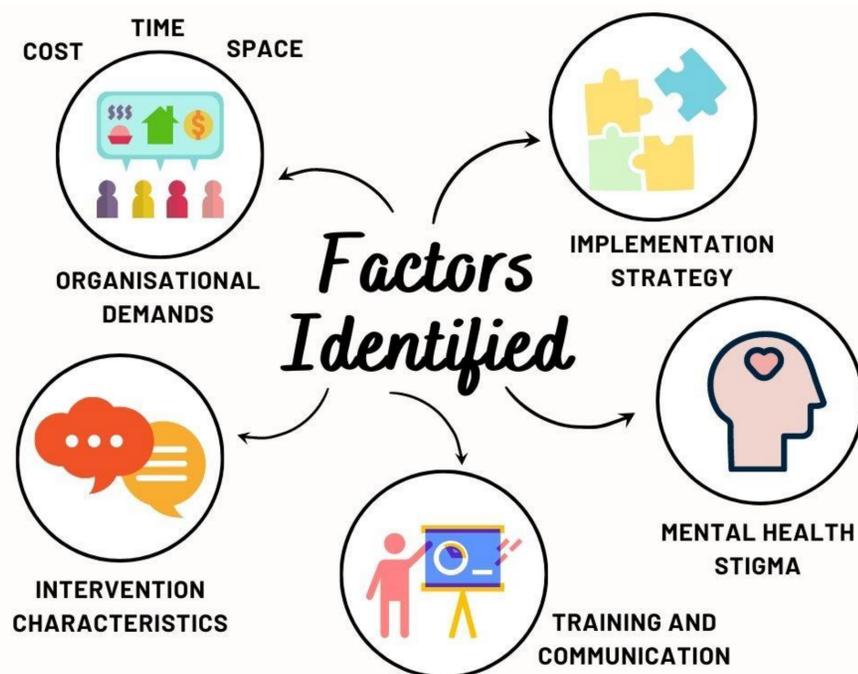


Figure 1: PRISMA diagram

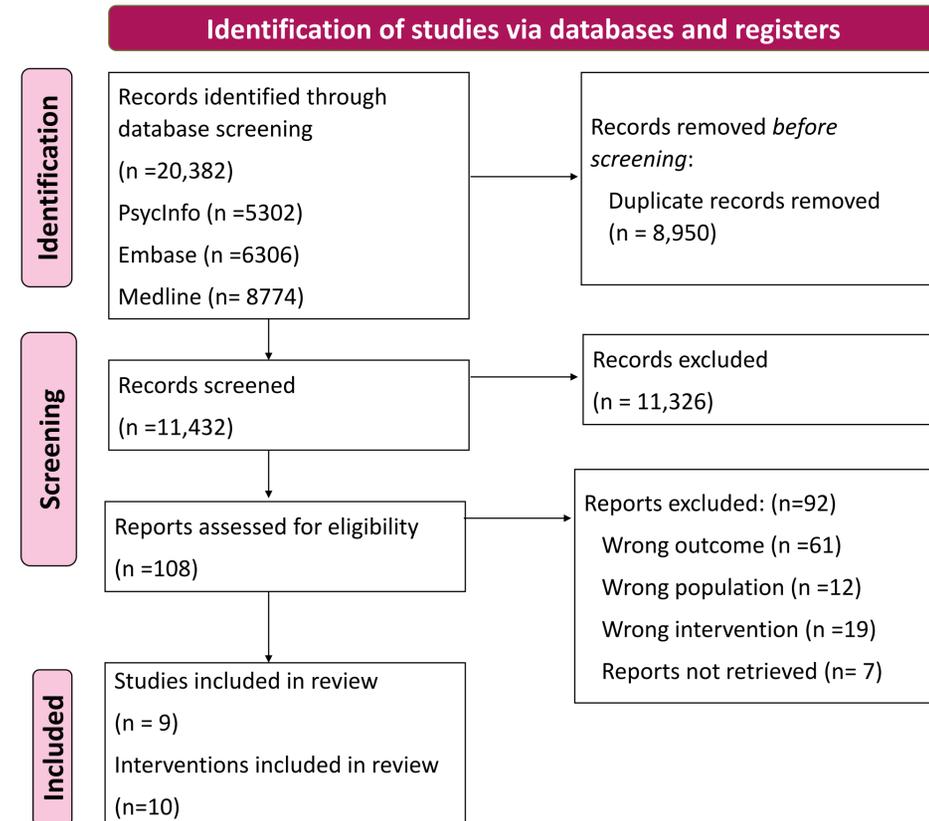


Figure 3: Barriers and facilitators to implementation; + paper explores as a facilitator; - paper explores as barrier; +/- paper explores as both

Factors	Sub-factors	Becker, C. B., et al. (2017).	Borschuk, A. P., et al. (2015)	Chu, B. C., et al. (2015)	Fox, J. K., et al. (2014)	Frank, H. E., et al. (2021).	Jaggiello, T., et al. (2022)	Koschman, E., et al. (2019).	LoCurto, J., et al. (2020)	McKeague, L., et al. (2018)
Organisational demands	Time			-			-		-	-
	Cost	-	-			-				
	Space		+/-	-	+/-	+/-				+/-
	Capacity	+/-	-			-	-		+/-	+
Intervention and how it is explained	+/-	+/-	+/-		-			-	+/-	+/-
Training and communication	+/-	-	+	-	+			+/-	+/-	+/-
Implementation strategy	+					+				
Stigma						-				