

Appendix 3.7 Focus group guide

All of these content will be translated to Spanish for the actual discussion. Participants will be given a handout and a consent form.

Introduction:

The objective of this focus group is to discuss and prioritise the determinants or factors that are affecting the implementation of the mental health programme. By these, I mean the factors that are affecting the adherence to the different elements or practices that are part of the mental health programme.

We will consider a definition of implementation determinants and a pre-established framework of determinants. Please see your handouts for these.

Specifically, you will try to select three domains that you think are the most relevant facilitators or barriers to the programme functioning. These domains will be further explored in individual interviews with different members of staff and service users. Note that the pre-established framework has seven domains, but for this discussion only six domains will be debated and patient factors are being included by default. We will try to reach a consensus of the most relevant determinants as a group.

Before we start, I would like to remind you that your participation in this focus group is voluntary and you may stop participating whenever you wish to do so. This discussion is private and confidential; therefore, I will not share or discuss any of what is talked about here with anyone outside my research team. That said also be reminded that all information shared will be anonymised. Also, please note that this discussion will be recorded to facilitate its analysis. If you agree with all of these conditions, please sign the consent form which has all of the information I have just explained. Please take some time to read it before signing it and let me know if you have any questions.

Discussion guide:

Please take a couple of minutes to read through the different definitions and let me know if you have any questions related to these definitions.

Answer any questions if any.

Let's start considering the different elements of the mental health programme implementation. For each one of them, we will establish a hierarchy of determinants. In the second table in your handout has a list of the different programme elements. Do you think all elements are there or is there anything you would like to add?

Discuss programme elements if needed.

For the first element, would you say all domains have a relationship with the implementation of this element? Which would you say is the most important domain? Why would you say this is the most relevant domain? What do you think is the impact of this domain?

Similar prompt questions will be done to carry on with the discussion until all programme elements are discussed. If any disagreements arise, these will be debated and if a consensus cannot be reached, up to two domains will be let into the same hierarchical position.

While participants fill a table in their handouts, the facilitator will also complete a table on a board so that everyone can see the agreements at the end of the focus group. Participants

will be asked if all are happy with the agreed hierarchy of determinants or if they think any other factors should be considered.

Final remarks:

I want to thank you all for coming and participating. I want to remind you that you will be able to access the results of these research once it has been finalised and also that if you have any other questions or comments regarding this project you can get in touch with me whenever you want.

Handout

Definition

Implementation determinants have been defined as the different factors that act as barriers or facilitators of the implementation. These influence the adoption and sustainability of a new practice and that have a role in ensuring this new practice has a positive impact in care provision (Damschroeder et al. 2009; Nilsen, 2015).

Framework of determinants

Domains	Factors
Guideline acceptability, appropriateness and feasibility	<p>Clarity (provides unambiguous and sufficient information to be applied)</p> <p>Accessibility (information is available and is easy to access)</p> <p>Cultural appropriateness (is suitable for the context)</p> <p>Feasibility (is applicable with available resources)</p> <p>Compatibility (application of guideline fits current practices)</p> <p>Effort (that is required to adhere)</p> <p>Trialability (ability to try guideline)</p> <p>Observability (degree to which benefits of guideline are visible)</p>
Individual health professional capacity and willingness to deliver mental health services	<p>Awareness and familiarity (with the guideline and in comparison with own practice)</p> <p>Knowledge about own practice (in comparison with recommendation)</p> <p>Skills needed to adhere (to prescribe medication, provide psychoeducation interventions, refer service users)</p> <p>Attitude towards guideline and mental health (general attitudes including agreement and motivation)</p>

	<p>Self-efficacy (self-perceived competence or confidence in own abilities to apply guidelines)</p> <p>Expected outcome (extent to which professional believes guideline will lead to desired outcome)</p> <p>Learning style (ways in which professionals prefer to learn)</p> <p>Nature of behaviour (frequency, degree of habit or automaticity)</p> <p>Capacity to change (capacity to plan necessary changes in order to adhere)</p> <p>Self-monitoring or feedback (capacity to do these in order to adhere)</p>
Quality of communication and referral pathways	<p>Communication and influence (extent to which adherence is influenced by professional opinions and communications)</p> <p>Team process (Extent to which professional teams or groups have skills to adhere and interact to successfully apply guidelines)</p> <p>Referral process (Capacity to communicate to transfer service users between different levels of care)</p>
Availability and sufficiency of resources	<p>Availability of necessary resources and incentives (extent to which needed resources are available)</p> <p>Information system (the extent to which information system facilitates or hinders adherence)</p> <p>Quality assurance and patient safety system (extent to which existing systems facilitates or hinders adherence)</p> <p>Continuing education system (extent to which existing systems facilitates or hinders adherence)</p> <p>Assistance for clinicians (the extent to which clinicians have the assistance they need to adhere)</p>
Capacity for organisational change	<p>Mandate, authority, accountability (existing authority for making necessary changes)</p> <p>Priority of necessary change (Relative priority given to making necessary changes)</p> <p>Capable leadership (extent to which there are existing leaders to make necessary changes)</p>

	<p>Regulations, rules, policies (Extent to which systems facilitate or hinder necessary changes)</p>
<p>Social, political and legal factors</p>	<p>Economic constraints of budget (limits on healthcare budget or its growth)</p> <p>Contracts (extent to which contracts may affect implementation of necessary changes)</p> <p>Extent to which the following may affect implementation of necessary changes:</p> <p>Legislation</p> <p>Payer or funder policies</p> <p>Malpractice liability</p> <p>Influential people</p> <p>Corruption</p> <p>Political stability</p>
<p>Service users' capacity and willingness to adhere to mental health services</p>	<p>Service users' needs (real or perceived needs or demands of service users)</p> <p>Service users' preferences (service users' values in relationship to professional or intervention)</p> <p>Service users' motivation (service users' motivation to adhere)</p> <p>Service users' beliefs and knowledge (extent to which intervention is compatible with service users' beliefs and cognitive abilities)</p> <p>Service users' resources (extent to which patient has the resources to adhere to treatment)</p>