Appendix 3 (as supplied by the authors): Barriers and enablers to adoption and implementation of the Primary Care Assessment and Research of a Telephone Intervention for Neuropsychiatric Conditions with Education and Resources study at different stages of implementation

Appendix to: Sunderji N, Ion A, Zhu A, et al. Challenges in conducting research on collaborative mental health care: a qualitative study. *CMAJ Open* 2019. DOI:10.9778/cmajo.20180172.

	Explore	Plan	Implement				Sustain
	Identifying sites and study liaisons	Confirming and Initiating sites	Referrals – Deciding to Refer	Referrals – Discussing with Patient	Referrals – Completing the Process	Receiving Clinical Inputs & Communication	Routinizing of integrated care
Factors influencing engagement	• Credibility of organization conducting the research • Perceived need in the site and relative advantage of intervention based on access to existing mental health supports in the community	• Decision-making process within organization contributing to variable team & provider buy-in • Roles of leaders & champions • Creation of site-specific infrastructure and process for implementation & troubleshooting • Relationship building and frequent contact with site and study liaisons	• Forgetting & remembering throughout study duration • Knowing whether the study is ongoing • Anticipated outcomes and previous experience of patients • Shifting attitudes toward / acceptability of randomization based on patient acuity • Perceptions of the study as time-saving (resource) vs. time burden (research) in practice • Eligibility criteria	• How study is presented to patients • Patients often declining the referral; we have limited understanding of the reasons why	• Identification of eligible patients and referral process is often physician-reliant and visit-triggered (reactive vs. proactive) • Integration into existing workflow • Ease of referral (single page referral form) and rapid response (study team quick to contact patient)	• Value clinical input as resource to patients and referring providers • Appreciate succinct reports and recommendations from MHT / consulting psychiatrist, preference for reports over only scale scores (i.e. preference for intervention > usual care) • Reports are clinically relevant reminder of the study • Recommendations may have already been tried in the past, reducing value of reports	• Inclusion of intervention information within wider circle of care of patient (not just FP/NP) • Commitment of the practice to engage with study , feeling of investment
Recommendations	• Meet in person with potential site liaisons and study champions • Create buzz about study, e.g. swag, branding, launch event • Identify settings that have may have high numbers of eligible patients or low access to alternative supports	• Develop relationships with sites at every opportunity • Recruitment of peer/Word of mouth • Identify a champion and ensure leadership support • Hold training on-site with all providers & liaisons that is hands-on and practical (e.g. what to expect from the study, proactive patient identification methods, workflow integration) • Co-create a local implementation plan/process • Personal touch: provide ongoing support and introduce site to study members	• Frequent and consistent reminders to sites using their preferred communication modalities (e.g. newsletters, swag such as notepad on their desk, continuing education events) • Develop specific workflow for patient identification	• Re-evaluate referrals, e.g. why are patients declining the study despite active recruitment efforts? • Repeat training for potential referrers in how to introduce the study	• Involve other team members to identify and communicate with eligible patients about the study, e.g. EHR search, phone call to patients in advance of appointment, screening tool at time of check-in	• Opportunity for two-way & real-time communication between MHT and PCPs	• Maintain relationship with site liaison (be aware of staff turnover or leaves) • Regular teleconference with site liaisons to provide ongoing mutual support and troubleshooting of obstacles • Provide regular updates – what information can sites receive in the short term, and at different stages of the research? (e.g. referral rates, patient retention rates/satisfaction) • Jointly plan methods to share study results when available
Exemplary Quotes	• "Mental health issues [are] absolutely huge in this area. And there's not much resources." • "We have not participated in research for some time. So there was a little bit of naiveness [...] Without [active outreach from the study team] I don't foresee the study ever having to have moved forward in the organization."	• "It is possible I could have been told that we were participating as a group maybe in this. [...] There might have been an email in the past. But you know how there's a whole bunch of emails that come from the office all the time. So you kind of go, okay, great, I'll look at this later, and then it goes off. It gets lost in the abscess of the inbox. So you know, I guess if it was done, it wasn't followed up, I guess. We didn't really… Or at least it didn't hit my radar for me to refer."	• "Like realistically the main things I think about are if I think it's going to have a positive patient outcome benefit, either in the study or after the study. And 2) is it going to be a lot of extra work for me? Just knowing that sort of my paperwork times tends to be limited." • But it is a challenge to keep it in mind and to keep the momentum up. That's one of the reasons I left the thing on my desk. I have this purple and white 3x5. And that way even if I forget, maybe a patient will take interest."	• "I didn't really have any other reservations. Some patients did. [...] Not everyone I recommended it to said yes, sign me up." • "I couldn't necessarily say to them this is exactly what's going to happen and who's going to be speaking to you because I don't know those technicians. I couldn't say that, you know, I know it's going to be Mary, and Mary and I have many patients together, and it's going to be like this in the beginning but then you're going to feel like that. "	• "Practically it's very easy to refer. Like we just put it as a form on our EMR. And it's not like a 10 page document that I have to fill out on every patient." • "If we had built it into sort of a more systematic approach where I think there was sort of like a diffusion of responsibility."	• "But because this [report] was sort of a reminder that was tied to my patient care, it did both things. That it made me feel more involved in the patient care, as well [...]reminding me about the project." • "One of the things that was sort of a bit frustrating is sometimes we'd discover when I'd get notes back that they were working without as much background as would have been useful, and sort of revisiting, you know, kind of [ploughing] an old field, so to speak. "	• "Yeah, just to have had more face-to-face check-ins from the people involved in the study, just to maybe like troubleshoot along the way. [...] Like just to meet with us maybe, and maybe find out what's been going well, what hasn't been." • "I would have thought maybe the effort would be better in terms of making the relationship between the technician and myself, and talking about patients and what they learned, was it different than what I know. I think that kind of interaction would have been more valuable than a graph that shows how many referrals this month."

Longitudinal Relationship Building with Sites

- Collaboration in research - Engaging Providers as Co-Investigators/Collaborators/Advisors (ongoing relationship, establishing network of providers invested in research, establishing mutual expectations)
- Community engagement and responsiveness – What else can sites be offered? Consultation for patients ineligible for the study? Accredited educational events?
- Support building QI capacity – Will enhance study implementation and have broader benefits to the site