

# Enabling Research Translation for Better Health

## Participatory Design of a Youth Mental Health Intervention: Use of the Common Elements Approach

National Medical Research Council (NMRC) Awards Ceremony and Research Symposium 2025

28-29<sup>th</sup> May 2025



# CEI is a global, social purpose organisation that helps generate, find, translate, use, and implement evidence to improve lives



## **A global, not-for-profit evidence intermediary:**

- Specialist expertise in using evaluation, evidence, and implementation in practice and policy to improve outcomes
- A for-purpose business model
- A proudly Singaporean social enterprise tapping into global partnerships and expertise



## **Established in Australia in 2016, now has:**

- A multi-disciplinary team of 50+ staff, with presence in Australia, Canada, Singapore, London, Norway
- A global network of 40+ like-minded partner organisations



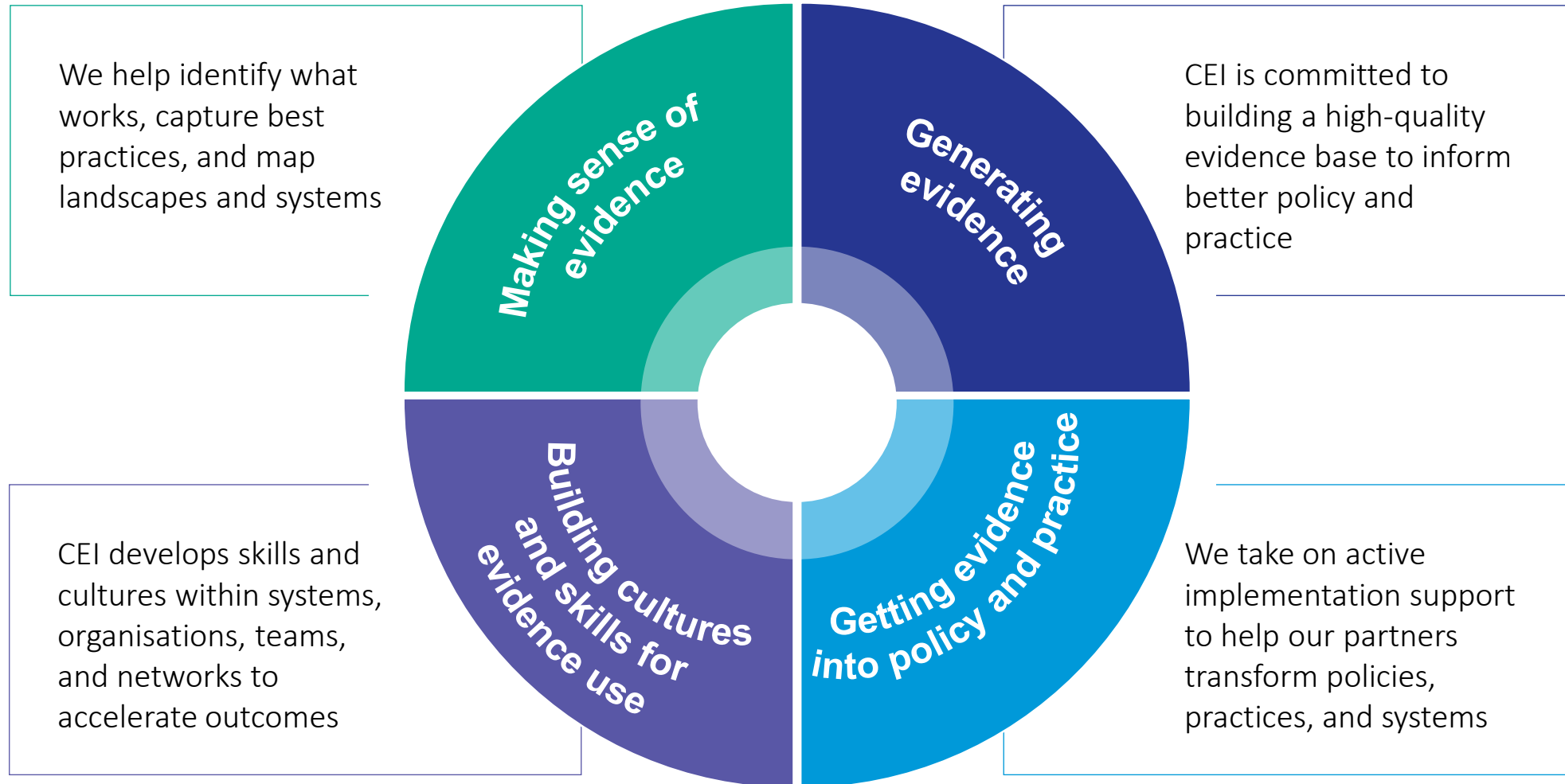
## **Successful track record in evidence and implementation projects:**

- Completed/currently working on 275+ projects with more than 100 clients and partners
- These include government agencies, service providers, philanthropic funders, and research institutes
- More than 50 projects in Singapore since 2017

# CEI works with a variety of organisations in Singapore and across Asia



## Our work to make an impact falls into four key themes





# Making sense of evidence



**Publication** 15 Jun 2023

**Report: Reviews on mental health services for care-experienced young people**



**Publication** 13 Mar 2024

**Exploring how place-based approaches might help reduce youth violence**



**Case study** 2 Jun 2022

**Synthesising research on mental health services for young people who have been in care for What Works for Children's Social Care**



**Publication** 16 Nov 2020

**Systematic review: Assessing the effectiveness of problem-solving interventions for youth mental health for Wellcome Trust**

# Generating evidence



Case study 13 Jun 2024

**Assessing a youth delinquency prevention initiative**



Case study 20 Feb 2023

**Enhancing a Singapore-based youth program through an evaluation framework**



Case study 26 Apr 2023

**A real-world approach to evaluating youth mentoring programs**



Case study 20 Mar 2024

**Improving co-design in community mental health initiatives**

# Implementing evidence



Insight 25 Feb 2022

**Article: 'Mental health is a major challenge worldwide. How can implementation science support system reform?'**



Case study 3 Nov 2021

**Supporting 'the Response' in Victoria with Common Elements**



19 Jun 2023

**Trialing a common elements approach to improve young children's social-emotional skills**

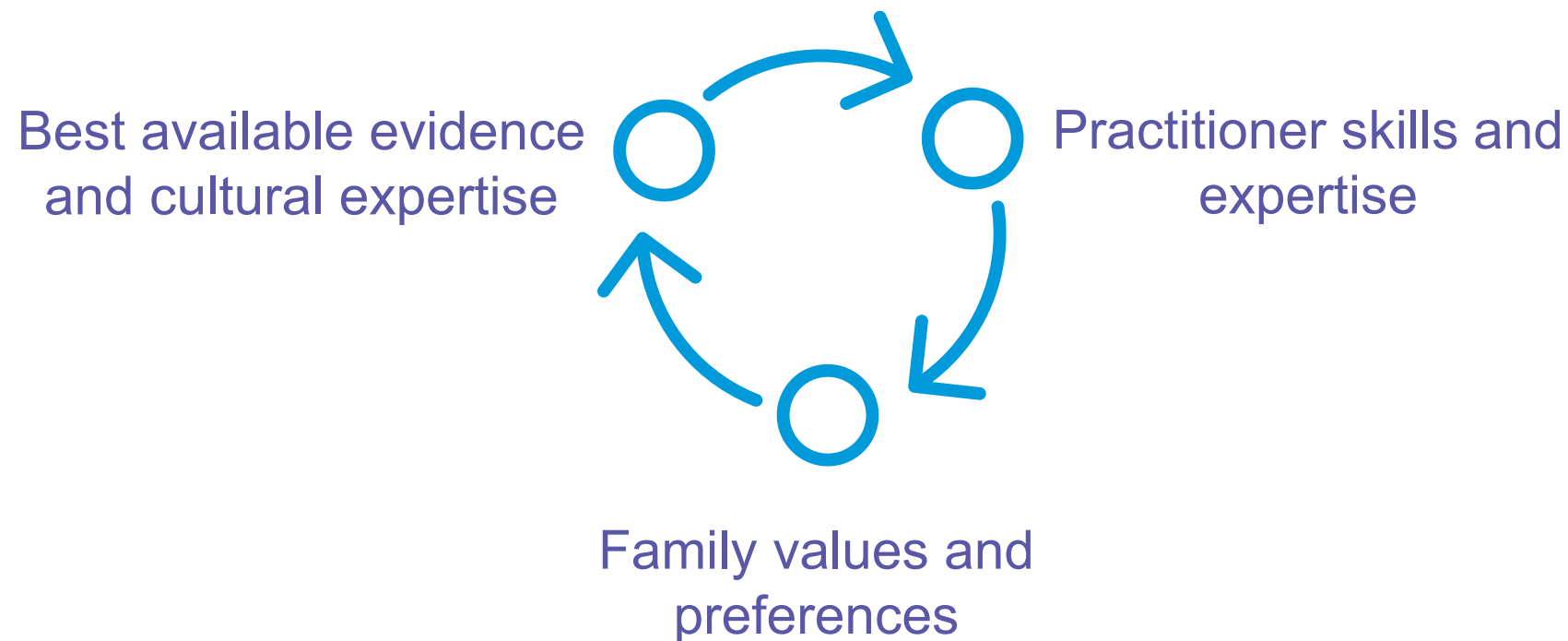


**Explaining the use of Practice Elements to improve services for young people**



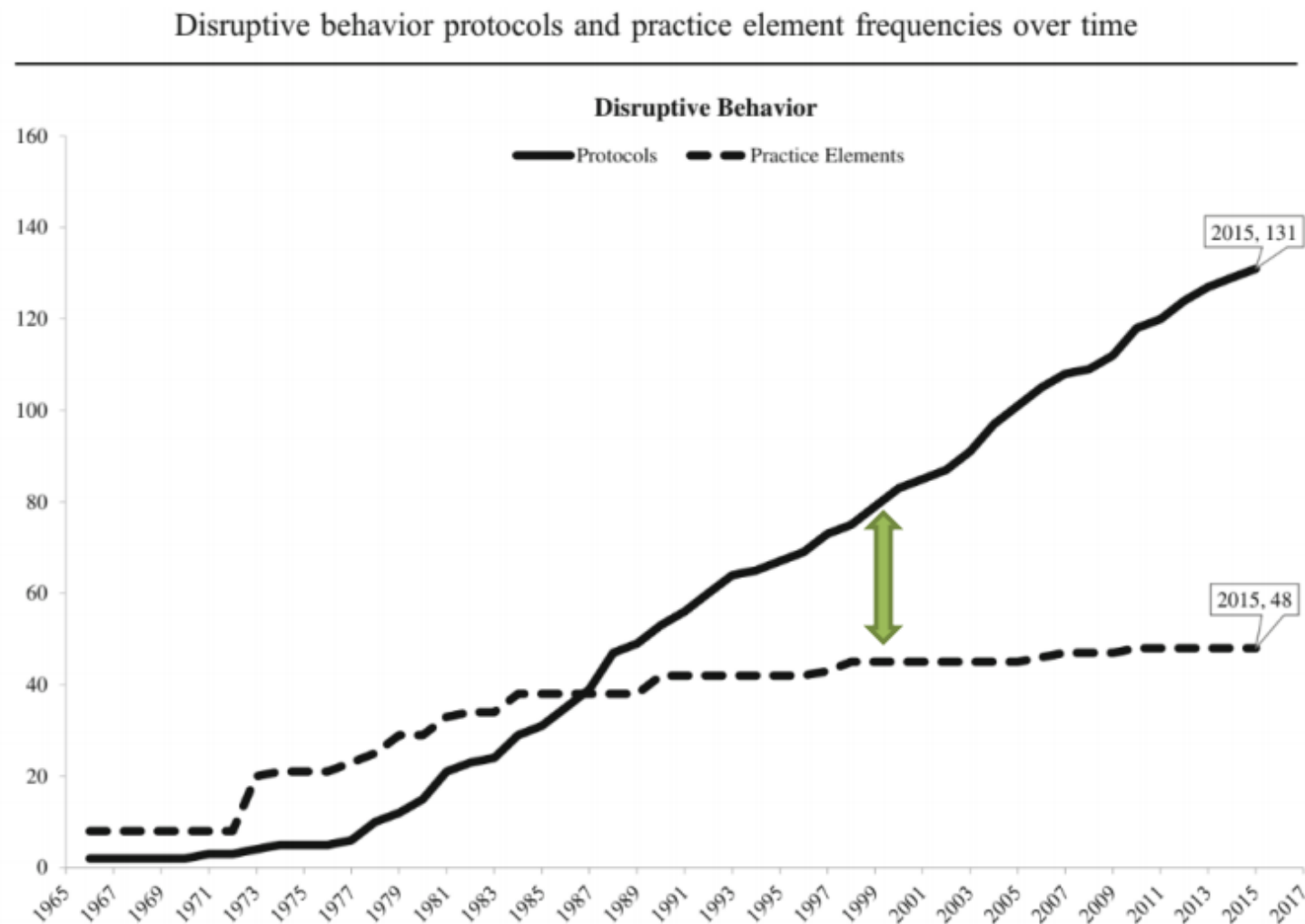
## It's not just about Research Evidence...

Evidence-informed practice integrates the best research evidence with practice expertise and client values.



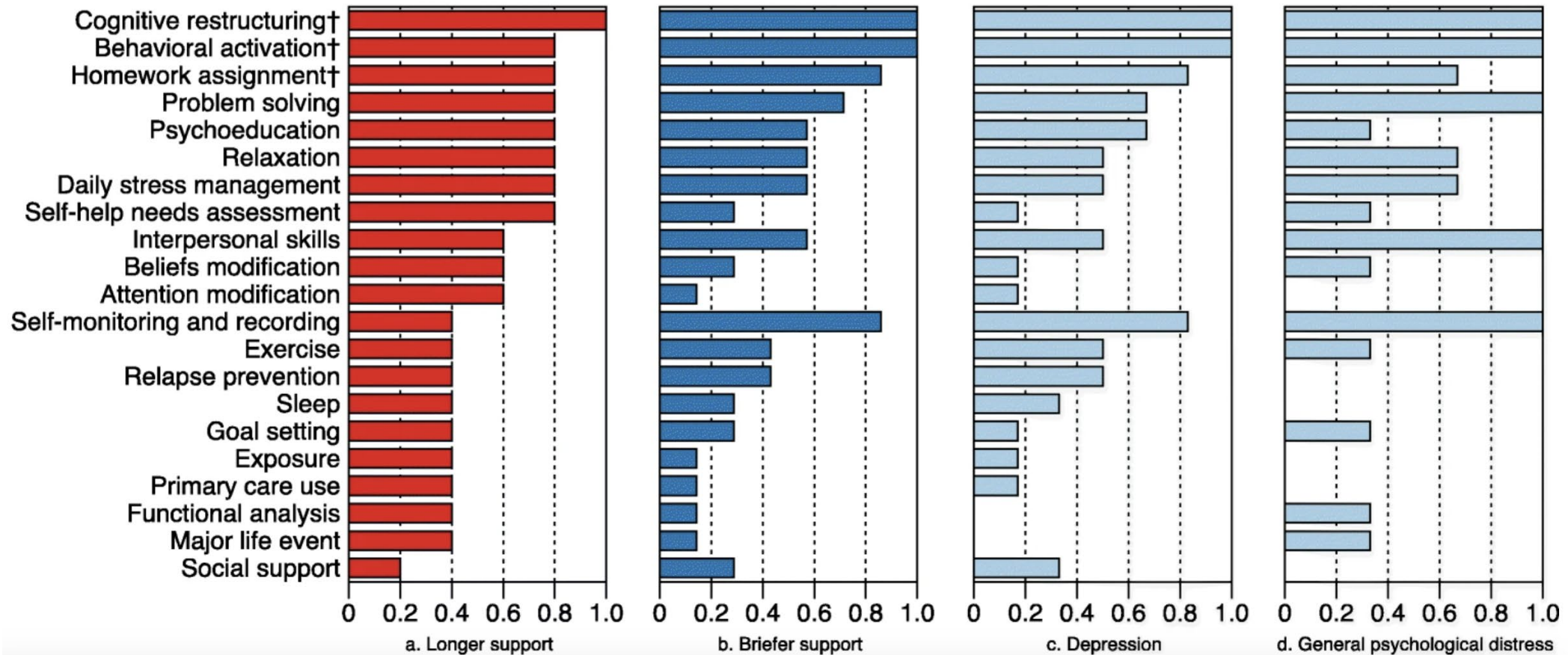


## Programs vs practice elements



Okamura, K. H., Orimoto, T. E., Nakamura, B. J., Chang, B., Chorpita, B. F., & Beidas, R. S. (2019). A History of child and adolescent treatment through a distillation lens: Looking back to move forward. *Journal of Behavioral Health Services and Research*. DOI: 10.1007/s11414-019-09659-3

# Practice elements profile



Discovering Common Elements of Empirically Supported Self-Help Interventions for Depression in Primary Care: a Systematic Review

Kuroda, N., Burkey, M.D. & Wissow, L.S. *Discovering Common Elements of Empirically Supported Self-Help Interventions for Depression in Primary Care: a Systematic Review.*

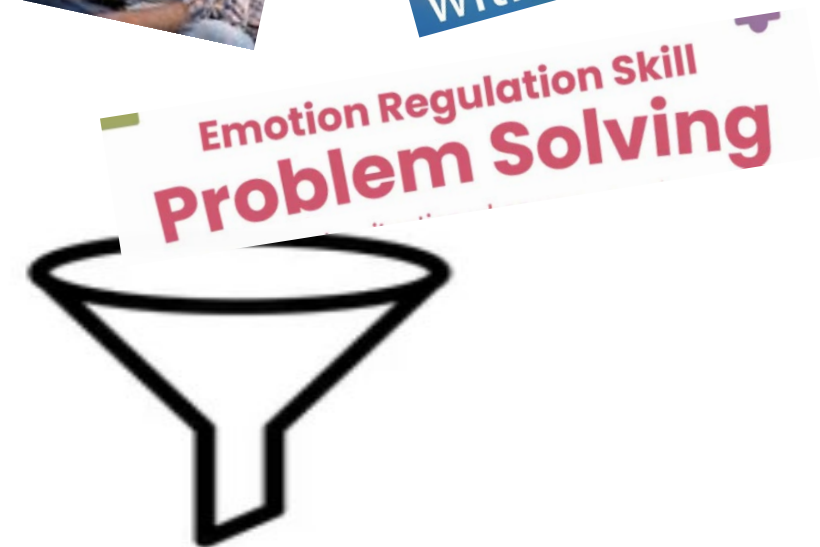


Common elements are individual skills or practices common across various interventions that are associated with a desired outcome.

- Chorpita & Daleiden (2009)



Creative  
CBT  
with Youth



Examples of  
Practice  
Element /  
Treatment  
strategies

Engagement

Goal Setting

Problem  
Solving

Modify  
Beliefs



## Advantages of the Common Elements Practice Approach

- Flexibility to adapt practice to client needs or practice setting/structure;
- Practice elements derived from interventions with known effectiveness;
- Training practitioners on practice elements may be less cumbersome and was found to improve clinician's attitudes towards EBPs (Borntrager et al., 2009);





## How were the ‘winning’ practice elements identified by Chorpita & team?

- Trained coders reviewed 322 RCTs for major mental health disorders for children and teens
- Over \$500 million invested in these research studies
- Studies conducted over a span of 40 years
- More than 30,000 youth cumulatively in the study samples (Chorpita & Daleiden, 2009)



## What is the evidence base for Common Elements?

- ✓ **Practicewise®** (based on Bruce Chorpita's work) to identify the most Common Elements distilled from manualised programs for youth
- ✓ **MATCH®** modular intervention for families of youth experiencing anxiety, depression, traumatic stress, or disruptive behaviour (Chorpita & Weisz, 2009)
- ✓ **Common Elements Therapeutic Approach (CETA)** modular intervention for treating depression, anxiety, substance use, trauma, and stress related disorders (Murray et al., 2014).

# Use of the Participatory & Common Elements Approach to Enhance Youth Mental Health Care (2025-2026)





# What is the Family Preservation and Reunification Response (FPRR)?

- ❖ Aimed at the most vulnerable cohort of families who are in contact with statutory services, or have already had a child removed from their care
- ❖ Prevent children entering care or reunify them safely
- ❖ Fast connections to services
- ❖ Intensive – 240 hours of service per family (flexible)
- ❖ Strong focus on implementation





# How the practice approach was developed

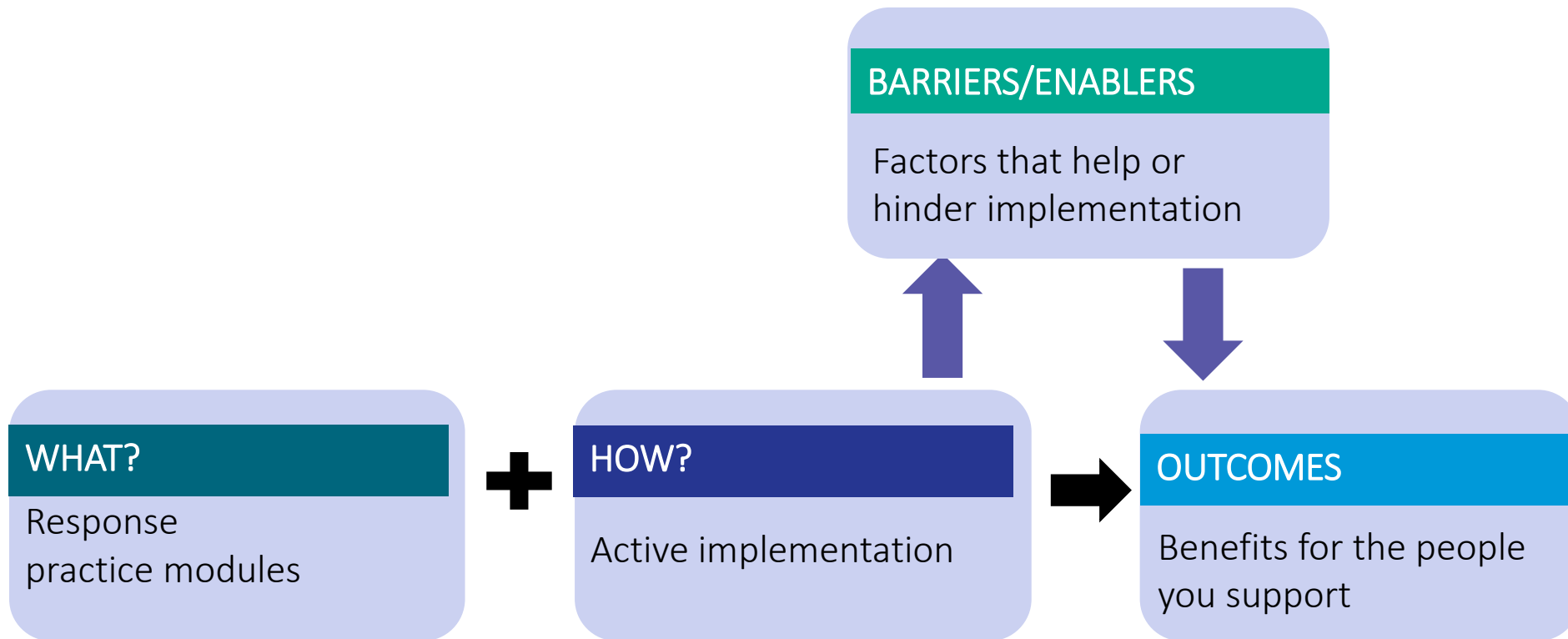
## Understanding the evidence

- Insights from linked data on priority cohorts and risk factors
- Rapid evidence checks targeted ‘review of reviews’
- Review of known repositories of practice elements and modular interventions (e.g., MATCH, PracticeWise, CETA)
- Review of common practice elements of programs and protocols shown to work with target cohorts

## Understanding context

- Stakeholder input and feedback during scoping of modules and on draft practice guides
- Independent review by SME and/or peak bodies (e.g., Australian Centre for Post Traumatic Mental Health)
- Feedback and refinement based on sector feedback

## Both the 'what' and the 'how' matter for improving family outcomes



# A range of implementation science strategies are in place to lift workforce capability and avoid program drift

## Implementation strategies

Detailed practice guides that step out practice elements

Coaching to embed skills

Dedicated implementation specialists

Self-guided eLearning via a dedicated Learning Management System

Local Implementation teams to drive implementation at agencies

Central implementation team

Facilitated online and face to face training

Data-led decision making and impact measurement – family and system level

**Evidence alone will not achieve impact**



## Sector Feedback

Staff rated **acceptability, appropriateness and feasibility** of practice modules is high

✓ **75 – 92%** agreed or strongly agreed

**Confidence and adherence** for Building and Maintaining Engagement, Family Functioning, and Cultural practice elements is high

✓ **73-91%**

Likelihood of **future use of practice modules**

✓ **90 – 97%**



**17.8%** fewer children in care than expected



**1,057** children in care instead of **1,286** children out of **4,592** total children

*"The practitioners were very approachable and positive, which made it easy for me to discuss any changes I wanted to make. They provided information and advice in a way that was easy to understand and follow."*

FPR participant

**4,906** families  
**25%** Aboriginal families

**53%** of families showed improvements in family functioning (better than the expected rate of 23%) and

**46%** of families showed improvements in parenting efficacy (better than the expected rate of 20%)



**14.2%** fewer Aboriginal children in care than expected

**315** Aboriginal children in care instead of **367** Aboriginal children out of **1,022** total Aboriginal children

The evidence approach supports our **workforce**:

**500** practitioners trained

**37** practice elements across **8** practice modules have been developed including Aboriginal cultural practices

**5,800** coaching sessions for practitioners

**Evaluation** shows:

- ✓ participation rates in training and coaching by practitioners is directly related to improvements in family functioning
- ✓ improvements in family functioning is directly related to reduced entries to care.

**Positive impacts for children and families**



## Contact Details

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## SAVE THE DATE!



Evidence and  
Implementation  
Summit 2025  
**27-29 October**  
**Melbourne, Australia**

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*We acknowledge the Traditional Owners of country throughout Australia, and pay respects to Elders past and present.*