

UNDERSTANDING PROVIDER PERSPECTIVES ON THE IMPLEMENTATION OF INTERNET-BASED CBT IN SINGAPORE'S COMMUNITY MENTAL HEALTH SERVICES: A QUALITATIVE STUDY PROPOSAL

Sandra L.P. Yeo^{1,2}, Nicole S.Y. Chia¹, Alvin K.Y. Neo^{1,2}

¹MOH Office for Healthcare Transformation; ²National University of Singapore

Contact: sandra.yeo@moht.com.sg



BACKGROUND



Depression and anxiety remain among the most prevalent mental health conditions globally, yet demand for treatment continues to outpace available healthcare resources. In Singapore, barriers such as long waiting times, stigma, cost, and limited accessibility contribute to substantial unmet mental health needs.

To address these challenges, the MOH Office for Healthcare Transformation (MOHT) has developed an Internet-based Cognitive Behavioural Therapy (iCBT) programme for adults experiencing mild to moderate depression and/or anxiety. It supports community-based mental healthcare through digitally delivered psychotherapy integrated alongside existing services.

The proposed qualitative study is designed to identify implementation barriers, assess organisational readiness, and inform strategies for the sustainable integration and potential national scaling of iCBT within community mental healthcare services.



OBJECTIVE

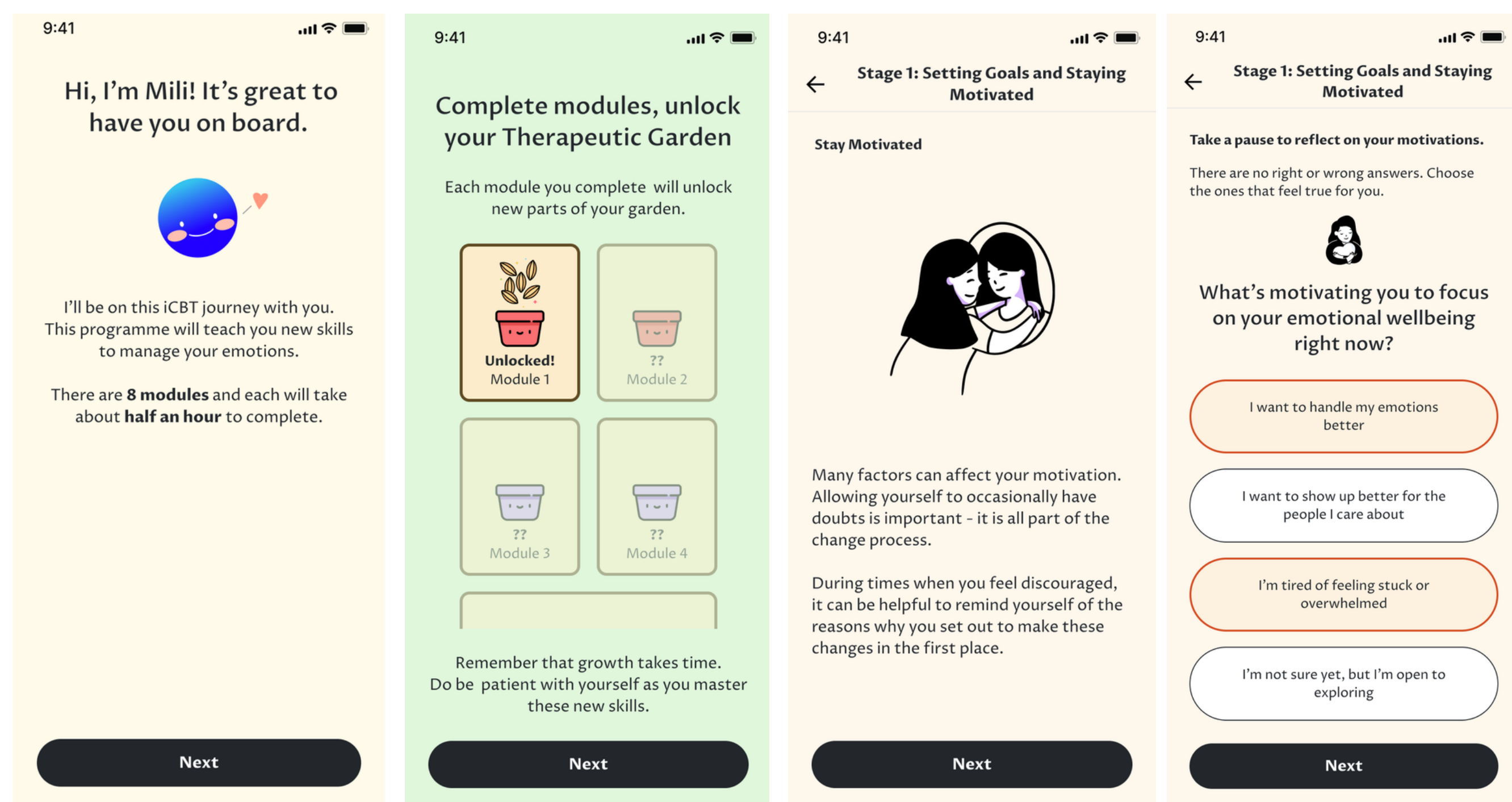
To explore service providers' experiences, perceptions, and implementation considerations related to integrating iCBT into routine community mental healthcare services in Singapore.



DESCRIPTION OF INTERVENTION

The iCBT programme is a transdiagnostic eight-module intervention delivered through text, illustrations, videos, guided exercises, practice tasks, and automated reminders to support learning and adherence.

Counsellors access a secure backend dashboard to monitor clients' progress throughout the programme. Additional interventions may be initiated when required based on predefined escalation protocols.



METHODS



Study Design

Qualitative study using semi-structured in-depth interviews guided by:

- Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM)
- Consolidated Framework for Implementation Research (CFIR)



Participants

Purposive sampling will recruit approximately 10–20 service providers across participating community mental health agencies, including:

- Counsellors/therapists
- Programme administrators
- Service coordinators



Data Collection

Interviews will be conducted via secure videoconferencing or in-person sessions and will:

- Last approximately 45–60 minutes
- Be audio-recorded
- Be transcribed verbatim
- Undergo thematic analysis using an inductive approach



DOMAINS TO BE EXPLORED & EXPECTED INSIGHTS

1. PROVIDER READINESS

Areas Explored

- Digital confidence
- Attitudes toward iCBT
- Perceived competence and role clarity

Expected Insights

Digital confidence, attitudes, perceived competence, and clarity of roles are expected to influence providers' willingness to adopt iCBT.

2. WORKFLOW INTEGRATION

Areas Explored

- Triage processes
- Monitoring responsibilities
- Documentation
- Escalation pathways

Expected Insights

Clear operational processes for triage, monitoring, documentation, and escalation are anticipated to affect implementation feasibility.

3. ORGANISATIONAL SUPPORT

Areas Explored

- Leadership engagement
- Staffing capacity
- Training adequacy
- Communication processes

Expected Insights

Organisational support, resourcing, and effective leadership and communication are needed to shape long-term sustainability.

4. DIGITAL MENTAL HEALTH ADOPTION

Areas Explored

- Clinical utility
- Accessibility and scalability
- Opportunities and challenges

Expected Insights

Providers may identify both opportunities and challenges related to integrating iCBT into routine community care practice.



IMPLEMENTATION IMPLICATIONS

Understanding service provider experiences is essential for the successful integration of iCBT within Singapore's community mental healthcare settings. This study is expected to identify key implementation barriers and enablers related to **provider readiness, workflow integration, organisational support, and digital mental health adoption.**

Findings will inform **programme refinement, provider training frameworks, and operational workflows to support sustainable implementation of iCBT** within routine community care. The study may also contribute local implementation evidence to support future national digital mental health strategies and scalable stepped care models in Singapore.

ACKNOWLEDGEMENTS

The authors acknowledge the support of MOHT's mindline.sg team, Singapore's Agency for Integrated Care, Community Intervention Team providers, and other implementation partners involved in the iCBT programme.

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