The proliferation of digital mental health has the potential to redesign clinical and research practices. Digital mental health will continue to grow rapidly and could have a large impact on population health. However, despite millions of dollars to develop digital mental health interventions and evidence for their efficacy and effectiveness, intervention uptake in real-world settings is limited. On average, it takes 17 years for research findings to be implemented into practice. Not surprisingly, estimates suggest that between 90-75% of all individuals are not receiving care supported by a scientific evidence base. The lack of uptake can be explained by the difficulties associated with translating research into practice in combination with the absence of consideration to scalability during early intervention research development phases. Traditionally, early intervention research development phases have remained separate from scalability considerations embedded within the implementation research phases, and even require different expertise; however, there is a burgeoning consensus that scalability consideration should be included during early research development phases. This presentation will discuss the advancing role of peer support specialists (i.e., people with a lived experience of a mental health condition) in co-designing in digital mental health interventions with a focus on implementation and potential mechanisms that act as barriers and facilitators to scaling up digital mental health intervention—including (1) ethical considerations in technology development and service users' acceptability of digital products and (2) the advancement of user-centered design to include community-engaged research with vulnerable populations.

This event is hosted by the Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) and made possible by funds from the National Institute of Mental Health (MH058107).