

Barriers and Facilitators to Implementing Digital Health Navigators for Mental Health in Primary Care

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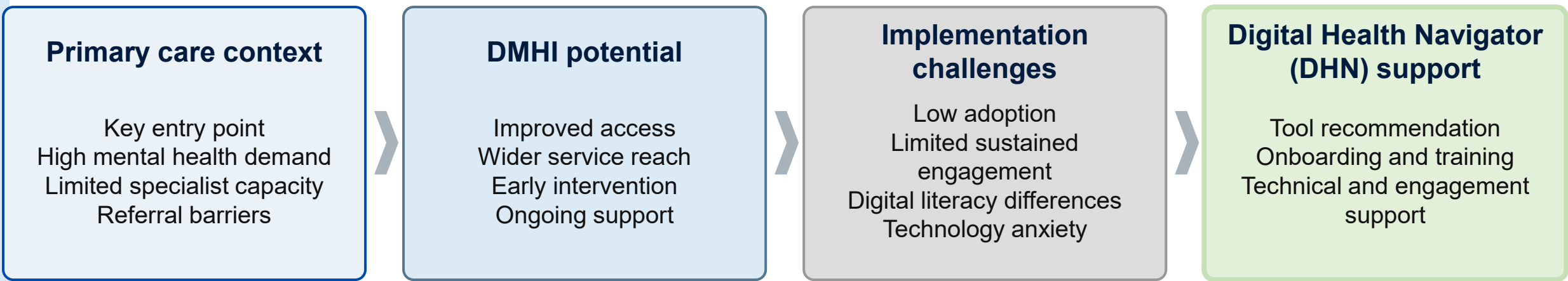
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BACKGROUND

Digital mental health interventions (DMHIs) may improve access to mental healthcare, but adoption and sustained engagement remain limited.

PRIMARY CARE DIGITAL MENTAL HEALTH IMPLEMENTATION PATHWAY



RESEARCH GAP | Evidence on DHN implementation in primary care is fragmented.

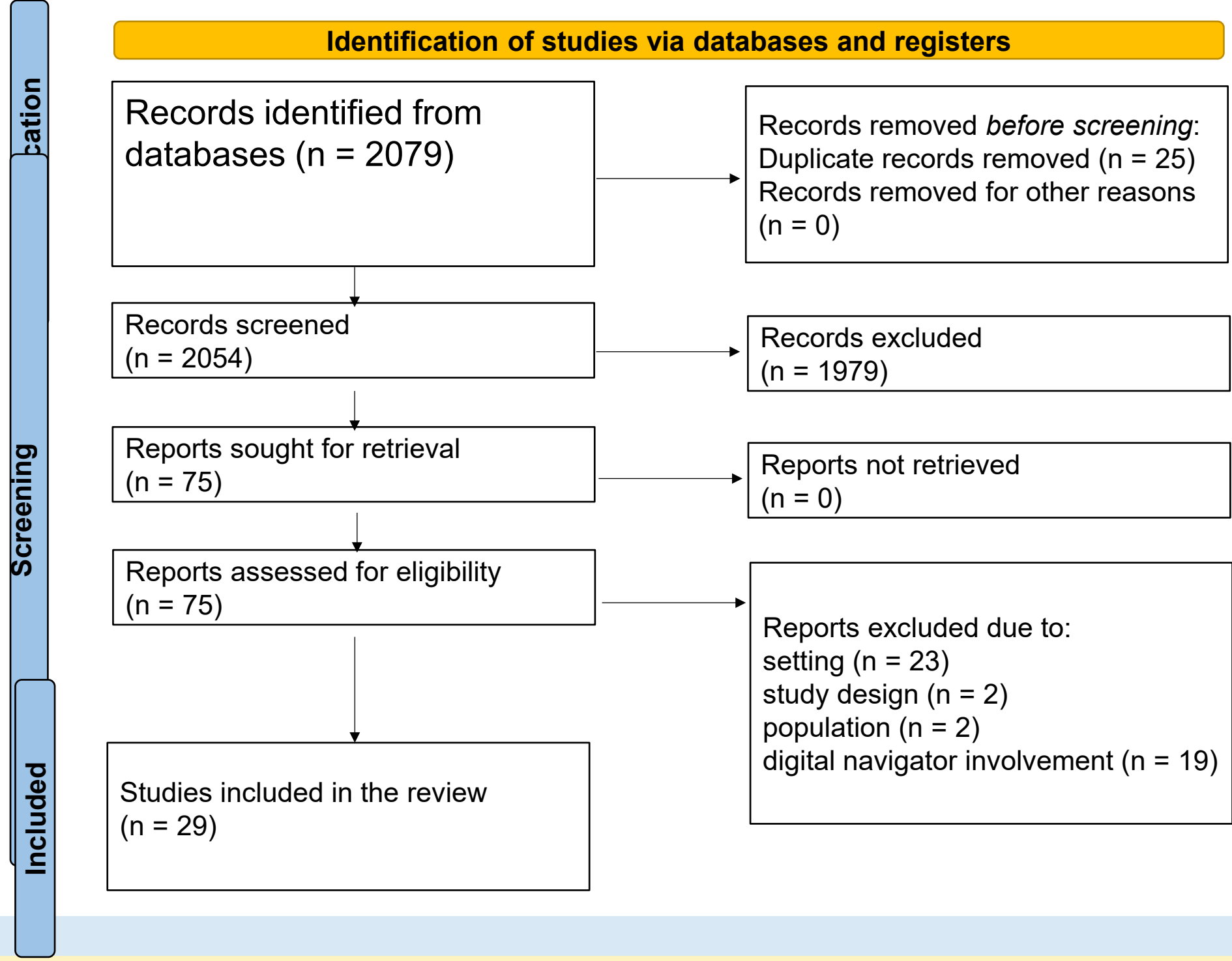
METHODS

Design
Scoping review using a modified Population, Concept, and Context framework. Reported according to PRISMA-ScR.

Search and eligibility
PubMed, Embase, and PsycINFO were searched from inception to March 2026. Quantitative, qualitative, mixed-methods, and case studies were eligible.

Review process
Two reviewers independently screened records and extracted data.

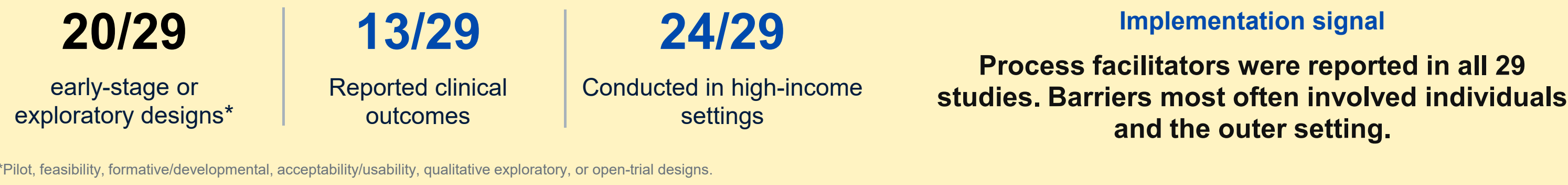
Synthesis
Findings were synthesised descriptively and mapped to the Consolidated Framework for Implementation Research (CFIR).



OBJECTIVE

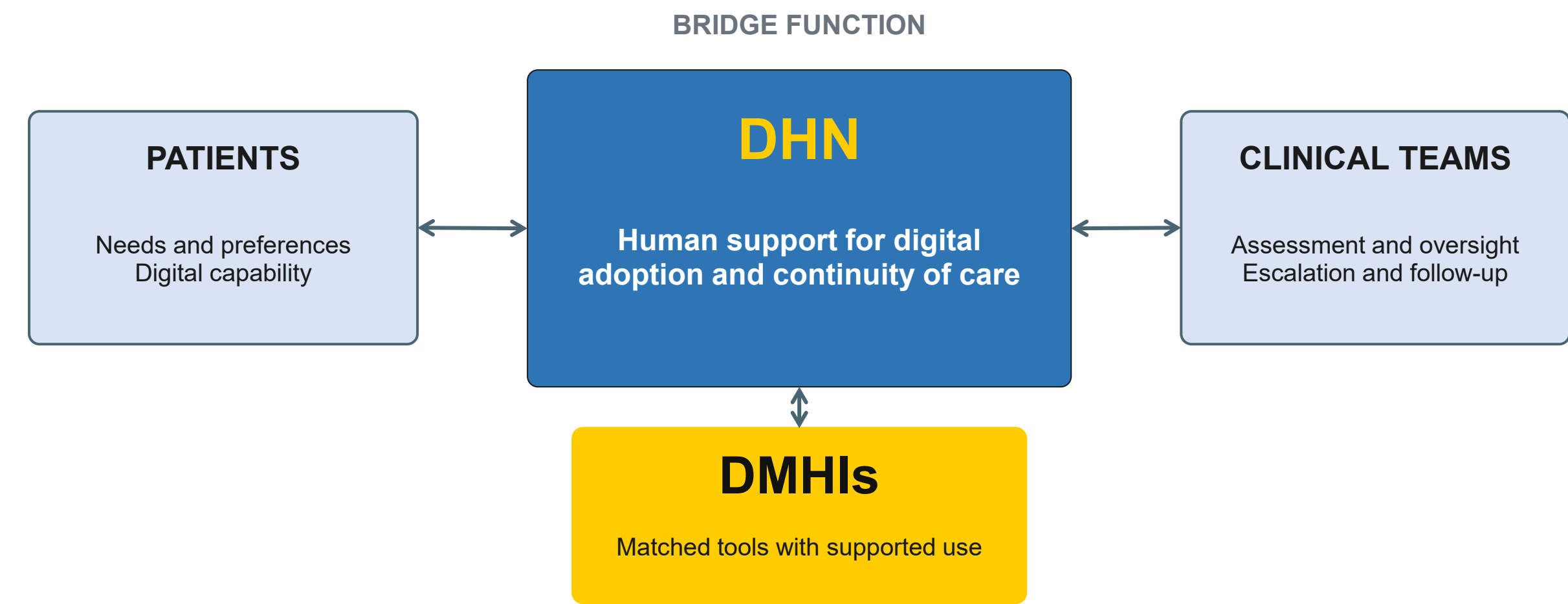
To characterise DHN roles, training, and integration models and synthesise barriers and facilitators to implementing DHN-supported DMHIs in primary care.

RESULTS AT A GLANCE



DHN ROLES & PRIMARY CARE INTEGRATION

DHNs supported care navigation, digital onboarding and troubleshooting, engagement, monitoring, education, and coordination with clinical teams.



CORE DHN FUNCTIONS

ACCESS AND INITIATION

- Care navigation
- Digital onboarding
- Technical troubleshooting
- Education and digital literacy

ENGAGEMENT AND INTEGRATION

- Engagement support
- Monitoring and follow-up
- Care coordination
- Implementation facilitation

INTEGRATION AND SUPERVISION MODELS

- Embedded:** integrated health systems, general practices, and mental health services.
- Community-linked:** community programmes, population-specific services, and NGO-supported models.
- Supervision:** ranged from structured clinical or peer supervision to informal team oversight; often poorly specified.

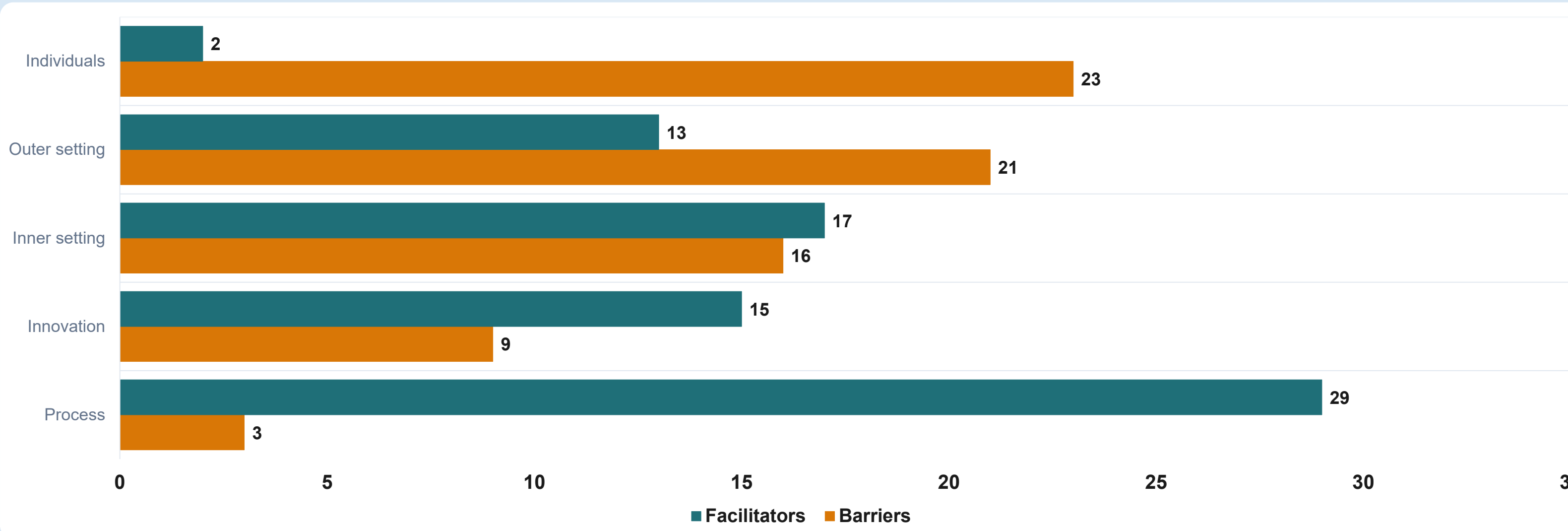
EVIDENCE MATURITY

19 studies reported moderate engagement and 10 high engagement. Access benefits were most common, while direct clinical and economic outcomes remained heterogeneous and limited.

IMPLEMENTATION INTERPRETATION

DHNs are best supported as an implementation workforce strategy for access, engagement, digital literacy, and workflow integration. Evidence for long-term effectiveness and cost-effectiveness remains insufficient.

CFIR IMPLEMENTATION MAPPING



BARRIERS

- Individuals (23)**
Limited digital literacy, competing priorities, technology anxiety, workload and burnout
- Outer setting (21)**
Fragmented funding, connectivity limitations, service shortages, device access and cultural barriers
- Inner setting (16)**
Workforce capacity, workflow integration, role clarity and fragmented care
- Innovation (9)**
Infrastructure limitations, privacy, technical failures, interoperability and evidence gaps

FACILITATORS

- Process (29)**
Co-design, training and supervision, technical support, stakeholder engagement and follow-up
- Inner setting (17)**
Embedded teams, existing staff and infrastructure, multidisciplinary collaboration and workflow integration
- Innovation (15)**
Adaptable platforms, decision support, telehealth, automated functions and digital tracking
- Outer setting (13)**
Community partnerships, policy incentives, reimbursement support and national alignment

PRACTICE-ORIENTED INTEGRATION FRAMEWORK

Governance, roles and financing

- Define DHN roles and boundaries within primary care teams.
- Establish standardised competencies.
- Plan sustainable financing and resourcing.

Workforce training and supervision

- Provide structured training and supervision.
- Support navigators from varied professional backgrounds.
- Coordinate DHNs with existing clinical teams.

Clinical workflow integration

- Embed DHNs within routine primary care pathways.
- Clarify team roles, escalation and follow-up.
- Provide technical support for implementation.

Evaluation and learning

- Evaluate adoption, integration and sustainability.
- Address long-term, equity and economic evidence gaps.
- Use feedback to refine DHN roles.

DISCUSSION, CONCLUSION AND WHAT NEXT

- Implementation role:** DHNs may facilitate DMHI adoption and integration through care navigation, onboarding, troubleshooting, engagement, monitoring, education, and coordination with clinical teams.
- Conditions for sustainability:** Defined roles, standardised competencies, structured supervision, workflow integration, and financing.
- Evidence priorities:** Long-term effectiveness, equity, fidelity, sustainability, and economic value in diverse primary care settings.
- Limitations:** English-language evidence, no formal critical appraisal, and evidence concentrated in high-income countries and early-stage studies.

The proposed framework provides practice-oriented guidance for embedding DHNs within primary care models.