

Knowledge Translation into Policy: A Case Study Analysis of the Policy Development and Revision Process for the Use of Telepsychiatry in Involuntary Hospitalization Evaluations

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Introduction

- Policy changes that may benefit the public can be delayed when inter-ministerial agreement is needed
- The use of telepsychiatry in involuntary hospitalization evaluations may improve access, quality, and equity of care
- Decisions involving deprivation of liberty require close regulatory collaboration between the Ministry of Health (MOH) and the Ministry of Justice (MOJ)
- Updating policy in this field requires regulatory consistency and cross-ministerial alignment

Aim

- To describe the policy revision process in MOH and MOJ regarding telepsychiatry use for involuntary hospitalization evaluations through the analysis based on the Knowledge Translation Framework

Methods

- Case study
- 10 meeting summaries conducted between 2021 and 2026 were analyzed
- Participants included representatives from the MOH, the MOJ, the Israeli Psychiatric Association, hospital directors, and researchers ("the actors")
- Themes were extracted from the meeting summaries according to the components of the Knowledge Translation Framework

Results presented by the Knowledge Translation Framework

1. **Context**- Shortage of psychiatrists, increasing mental health needs, and a policy window created during COVID-19 that increased the legitimacy of using technology in care
2. **Linkage and exchange efforts**- Ongoing and structured dialogue, including the establishment of a steering committee composed of the actors to address challenges, while grounding the process in rigorous research

Conclusions:

- Systematic collaboration between MOH and MOJ enabled a coordinated and evidence-based policy revision process
- Involving all actors supported successful implementation benefiting service recipients
- Policy change efforts should rely on research evidence, clinical experience, and policy windows
- Such systematic actions may strengthen inter-ministerial collaboration and facilitate knowledge translation to policy

Results

3. **Knowledge creation**- Conduct and publication of innovative multicenter studies, alongside clinical experience that supported the feasibility of telepsychiatry implementation in practice
4. **Push efforts**- Dissemination of meeting summaries, targeted meetings with ministry representatives to clarify complex information, and presentations at professional conferences
5. **Facilitating pull efforts**- Developing telepsychiatry protocol in collaboration with the actors, implementation of training programs in hospitals, and the creation of a policy window when the MOH implemented the telepsychiatry protocol as an emergency measure during the war
6. **Pull efforts**- MOH and MOJ adopted the policy supporting the use of telepsychiatry for involuntary hospitalization evaluations
7. **Evaluation of efforts to link research to action**- Validation and effectiveness studies of telepsychiatry were conducted, annual audits were carried out by the MOH, and barriers and facilitators to telepsychiatry implementation were identified

The Knowledge Translation Framework

