

Digital Measurement-Based Care within a Stratified Model for Emerging Adult Mental Healthcare: Identifying Gaps and Advancing Practice



Speakers:

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Gina Dimitropoulos is a Professor at the Faculty of Social Work, University of Calgary, and holds the UCalgary Research Excellence Chair in System-Level Interventions for Equitable & Accessible Youth Mental Health Services. Her area of research is in youth mental health, measurement-based care, and health service research.

Karen Moskovic is a Registered Nurse working as a researcher at the University of Calgary's Cumming School of Medicine and the Mathison Centre for Mental Health Research & Education. Her areas of work include 19 years of nursing across the care continuum, including in-patient psychiatry, emergency psychiatric services, consultation liaison, emergency room outreach for youth and young adults, and implementation science.

Lia Norman is a researcher at the University of Calgary's Faculty of Social Work and the Mathison Centre for Mental Health Research & Education. Her areas of work include implementation science, child and youth mental health, and trauma.

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Emerging adults (EAs; ages 18–29) experience a heightened burden of mental health challenges, yet existing service systems often struggle to provide care that is developmentally responsive and tailored to individual needs. In response, stratified care models have been introduced to organize services by matching individuals to different levels of intervention intensity based on clinical need, with the capacity to adjust care as needs evolve over time. The effectiveness of this approach relies on access to information that is both timely and meaningful across the care pathway. Digital measurement-based care (dMBC), which involves the routine use of standardized assessments delivered through digital platforms, has been proposed as a way to support clinical decision-making and enable more responsive, individualized care. Despite this potential, the implementation of dMBC within EA mental health settings remains limited.

This presentation draws on an ongoing concurrent multi-method study conducted across two mental health clinics in Southern Alberta that implement dMBC within a stratified care framework, as well as additional service settings across the province that independently adopt dMBC. Quantitative data are integrated with qualitative insights from program leads, providers, and emerging adults to examine how dMBC shapes engagement and informs clinical conversations when meaningfully embedded in care.

Challenges were consistently identified across settings. These included assessment burden, misalignment with clinical workflows, and limitations in system integration. Uncertainty in responding to sensitive or high-risk data also shaped how dMBC was used in practice. These findings point to the complexity of embedding dMBC within real-world service contexts and highlight the need for approaches that are adaptable and grounded in everyday clinical realities.

Building on these insights, ongoing co-design work with EAs, clinical leaders, and providers focuses on refining dMBC practices to improve usability and integration across the care pathway. This work contributes to a growing understanding of how digital tools can support more responsive and person-centered mental health care for EAs.

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