Evidence is necessary but not sufficient for the adoption of digital health interventions; Example of a mental health app for female forces veterans.

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BACKGROUND

Female forces veterans experience disproportionately high levels of depression and anxiety, shaped by gendered service experiences including military culture and military sexual trauma. While they engage with mainstream mental health services, uptake of veteran-specific provision remains low.

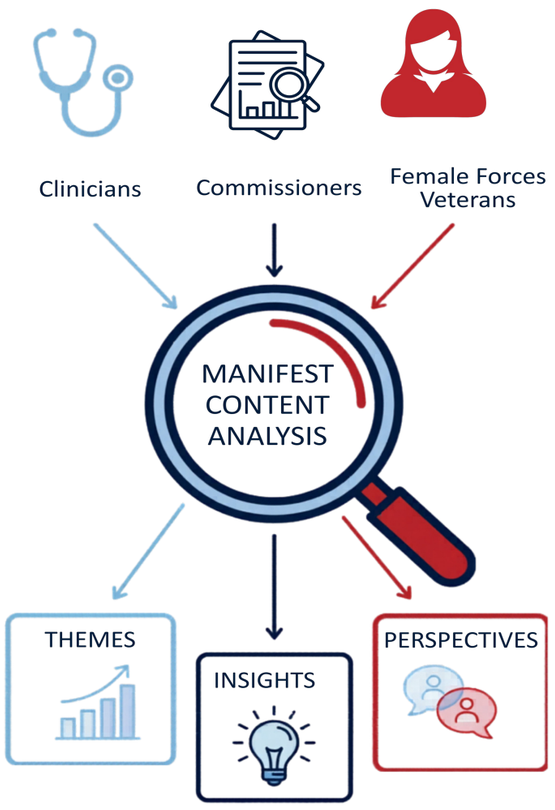
The Iona Mind: Female Forces Veterans (IonaFFV) app was developed as an AI-supported, low-intensity CBT tool. From the outset, the research team recognised that understanding implementation barriers and enablers was as important as evidence of efficacy.

OBJECTIVES

Identify barriers, enablers and practical routes to implementing a digital mental health app for managing low mood and worry in female forces veterans by comparing clinician, commissioner and user perspectives.

METHODOLOGY

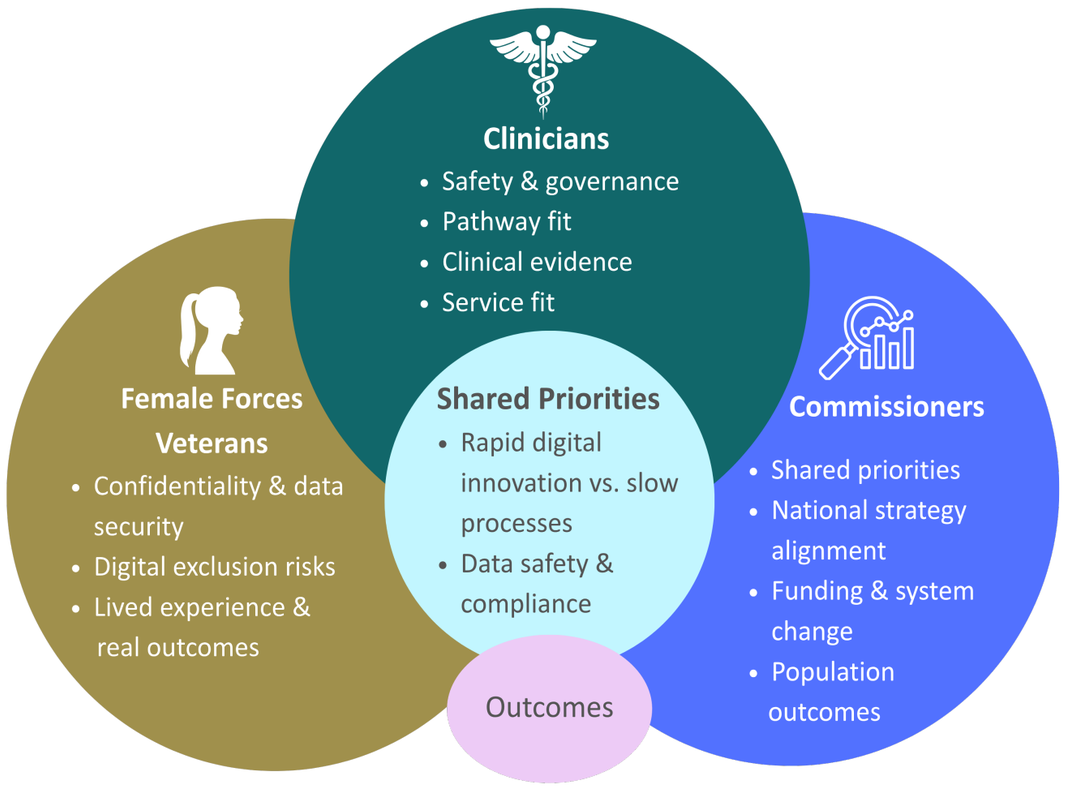
14 semi-structured interviews



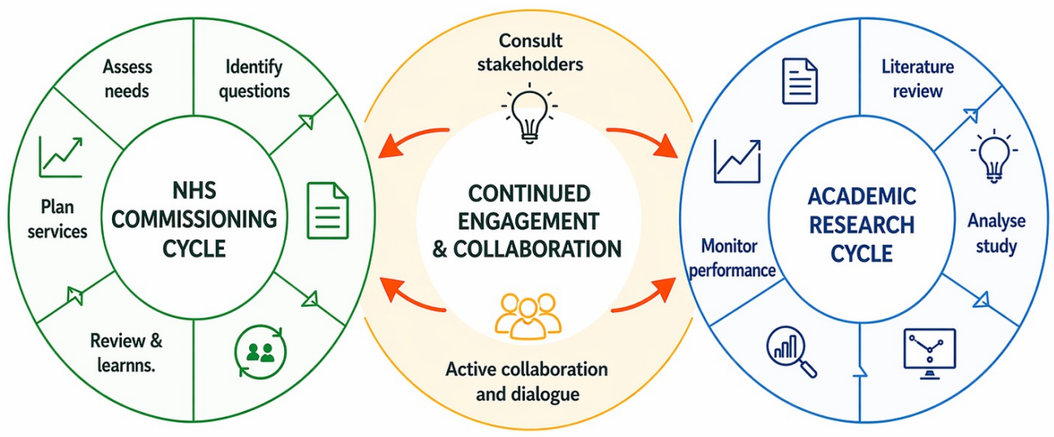
A qualitative design was used to compare stakeholder perspectives on barriers and enablers to implementation.

RESULTS

Considerations regarding implementation

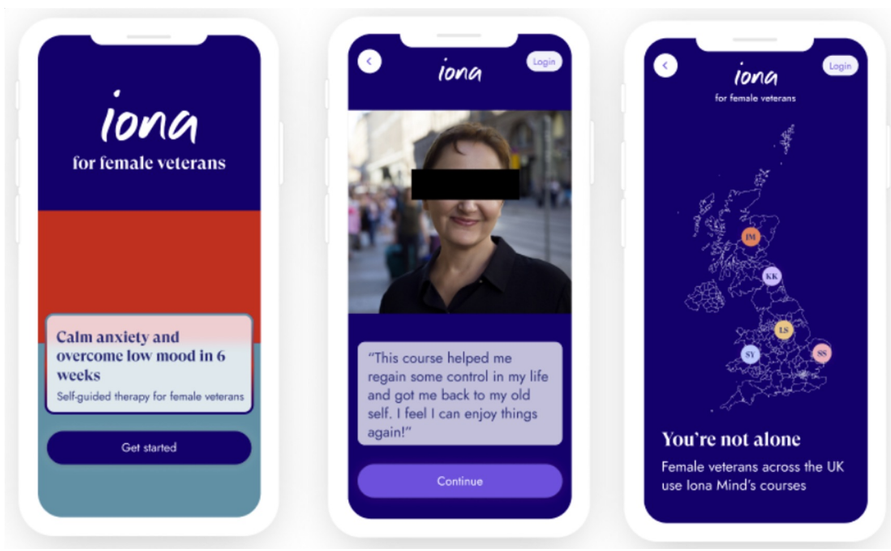


NHS commissioning and academic research cycle



Continued and broad active engagement and collaboration between NHS commissioning and academic research is key to success.

IonaFFV app



"This course helped me regain some control in my life and got me back to my old self. I feel I can enjoy things again."
IonaFFV user

DISCUSSION

Evidence of efficacy is necessary but not sufficient to support implementation of digital mental health technologies. Implementation is rather shaped by cultural, organisational and relational factors.

Successful adoption requires:

- Early and sustained engagement with all stakeholder groups
- Clear governance and safety frameworks
- Realistic understanding of commissioning cycles and organisational change
- Multidimensional outcome data (clinical, operational, experiential)
- Attention to digital inclusion
- Alignment with lived experience

IMPLICATIONS

SERVICE CHARITIES	Support digital inclusion and outreach. Advocate for veteran-specific needs in commissioning forums.
COMMISSIONERS	Clarify decision-making authority and adoption routes. Align digital mental health tools with NHS Integrated Care System priorities and population health outcomes. Reduce fragmentation by embedding digital pathways within system redesign.
RESEARCHERS	Build implementation pathways into research design. Co-produce digital technology with users, commissioners and clinicians. Generate outcome data that supports commissioning decisions.

CONCLUSION

Turning evidence into meaningful impact requires more than demonstrating efficacy. Adoption depends on governance, stakeholder alignment, system readiness and user trust. Evidence is inspiring change which requires a clear route to market and successful adoption within realistic timescales.

Closing the loop between research, development, commissioning and successful implementation helps ensure digital tools are embedded, used and improve health and wellbeing outcomes for female forces veterans.

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