Meeting of International and National Mental Health Commissions
11 and 12 March 2013, Sydney, Australia

Knowledge Exchange/Translation

**Workshop proposition:** A partnership between the Mental Health Commission of Canada and IIMHL has established the International Knowledge Exchange Network for Mental Health (IKEN-MH) to facilitate knowledge exchange. This session will provide an overview of the Network, work to date and opportunities for the future.

**Introduction to Topic**

Sometimes described as ‘closing the gap between what we know and what we do’ knowledge translation (KT) is difficult to define. A plethora of related terms exists and the distinctions amongst terms such as knowledge transfer, knowledge exchange, knowledge mobilization, research utilization, dissemination and implementation are often used in varying ways by different groups. The following definition of KT advanced by the Canadian Institutes of Health Research has been widely adopted in the field of healthcare:

“[A] dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve [health], provide more effective health services and products and strengthen the health care system”.

Amongst researchers, there has been a rapid growth of interest in methods of KT. This growth has been sparked by the realization that practitioners, persons with lived experience and decision-makers do not pick up many potentially beneficial research findings, i.e., the new *knowledge* does not get *translated* into action. Moreover, new knowledge that does get translated into action does so only after a lengthy lag time. In certain areas of health research, policy and practice, the need for intensified KT activity is particularly prominent. For example, when there is a strong rationale to bring about a widespread change of practice by providers, such as when a new intervention has been found have benefits over existing practices (e.g., better outcomes, lower costs or improved safety). Similarly, when it is important to influence policy or decision makers or achieve changes in behaviour of persons with lived experience, KT methods are of crucial importance.

The KT process often brings knowledge that has been developed through *scientific research* into contact with knowledge developed through other means. Other forms of knowledge can be gained through the experience people have accumulated by living with a certain health problem, through experience gained being a close family member or friend of someone with a health problem, through providing support as a provider to various people with the problem or by being involved with cultural, policy, educational or political processes that address healthcare issues.
Some of the main challenges and opportunities

- Because the field of KT is young, there is little accumulated knowledge to guide choice of KT methods. An opportunity presents to conduct outcome trials of KT methods applied to a range of knowledge types.
- Similarly, we are only beginning to understand which research designs are relevant to developing knowledge about KT in health care. An opportunity presents to identify and evaluate research designs and appropriate measurement tools.
- The roots of KT science have sprung from many different sources, including such fields as: communications; education; network theory; psychological studies of individual and organizational behaviour change; studies of policy decision-making, economics, etc. Consequently, publications and information about KT are often found in different "pockets" or thematic areas within the scientific literature and can be difficult to find.
- A notable challenge is the extraordinary diversity of contexts within which health care KT occurs. This diversity derives from the wide range of knowledge and practices to be translated into action and the wide range of participants in KT ‘conversations’ (researchers, policymakers, practitioners, persons with lived experience, carers, etc.). Thus, a KT recommendation might take the form: *KT Method X* is most effective with *Knowledge Q* when knowledge is being shared between *Practitioners and Persons with Lived Experience and their families and carers*.
- Just as research programs are needed to evaluate KT methodology in disseminating health care knowledge, it is critical to identify effective strategies for disseminating and activating knowledge about KT itself. As effective implementation and evaluation strategies are identified, we must be able to share emerging knowledge about KT with a wide range of individuals in position to support effective KT.
- Since application of ‘tacit knowledge’ plays such an important role in recovery, we need a greater understanding of how tacit knowledge can be effectively translated and utilized.
- The various contextual factors that have an impact on the effectiveness of KT efforts are thought to include various organizational, intrapersonal and interpersonal factors. A greater understanding of these factors and how they can be best addressed will help improve KT outcomes.

Progress to date

During the summer of 2011, recognizing the need for enhanced capacity to understand and implement effective KT initiatives, the Mental Health Commission of Canada’s (MHCC) Knowledge Exchange Centre (KEC) created the Supporting the Promotion of Activated Research and Knowledge (SPARK) Training Institute with the overall goal of improving the capacity for implementing effective KT practices in the field of mental health, substance use and addictions. To help achieve this goal the Institute has core individual, organizational and systems level objectives:

**Individual**

- To enable fellows to develop, implement and evaluate a KT plan.
- To create a supportive environment for professional development through ongoing training and mentorship.
Organizational
- To raise awareness for the benefits of effective KT activities and practices, while supporting their implementation.

System
- To increase cross-sectoral collaboration among researchers, policy experts, family caregivers, and people with lived experience.

The SPARK curriculum is based on the MHCC’s, *Innovation to Implementation: A Practical Guide to Knowledge Translation in Health Care*; a step by step guide for creating an effective knowledge translation plan. It highlights the importance of using a wide range of perspectives so that knowledge can be jointly identified, created and applied.

The inaugural SPARK Training Institute was held on July 11–12, 2012 in St. John’s, Newfoundland, Canada. The Institute accepted 40 applications from eight different provinces and one territory. The successful applicants represented a cross-section of sectors in mental health: 19 practitioners, 10 researchers, 5 policy/decision makers, and 6 who are a mix of those areas.

After hosting the inaugural SPARK Institute, Tepou in New Zealand, approached the MHCC’s, KEC, asking to replicate the SPARK model. As a result, the MHCC’s, KEC and Tepou built a partnership that enabled the KEC to provided strategic advice and leadership to Tepou in New Zealand, in order to replicate the SPARK Training Institute Model in Auckland, on March 1-2, 2013.

In early 2012, the MHCC realized that building capacity to conduct KT was only one piece of the puzzle, and that a mechanism needed to be created in order to share best practices, knowledge and resources in the field of KT. As a result, the MHCC, in collaboration with the International Initiative for Mental Health Leadership (IIMHL), created the International Knowledge Exchange Network for Mental Health (IKEN-MH), to increase the capacity for effective knowledge translation in mental health by connecting people, ideas, and resources on a global level.

In July of 2012, the IKEN-MH held an inaugural in-person meeting in Newfoundland, Canada. The meeting provided a unique opportunity for internationally respected knowledge translation experts to work collaboratively to build the capacity for effective knowledge translation in mental health. The meeting was attended by participants from Canada, United States, New Zealand, Sweden, Australia, Ireland, and the United Kingdom that came together to:

- To build research, practice, and policy partnerships in the area of knowledge translation;
- To explore best and promising knowledge translation practices within the mental health and substance use context;
- To promote awareness of, and interest in, existing peer-reviewed journals and professional development opportunities committed to knowledge translation;
• To increase interest in, research on, and evaluation of the innovative knowledge translation approaches to mental health and substance use;
• To better integrate people with lived experience and family caregivers into the KT process

In March of this year, the IKEN-MH will meet as part of the IIMHL exchange and network meeting held in Auckland, New Zealand. The focus of the Auckland meeting will be to strengthen the network and finalize a workplan that will ensure IKEN-MH is an active network with opportunities for ongoing participation and sharing internationally.

The Australian National Mental Health Commission has made a public commitment to support the establishment of international knowledge exchange.

What would success look like in 5 years time?
• Replication of the SPARK Training Institute in at least five additional countries. By providing KT tools (Innovation to Implementation: A Practical Guide to Knowledge Translation in Health Care) and training, we will have substantially increased the capability of knowledge brokers and the capacity of healthcare systems to ensure that high quality knowledge is accessed and applied, benefiting persons with lived experience as well as their careers and supporters.
• For the International Knowledge Exchange Network for Mental Health to be recognized as a global leader for sharing best and promising practices, to enhance mental health KT capacity; and for the network to have addressed many of the research and effectiveness gaps that currently exist in the KT.
• A set of research designs for investigating KT in healthcare will have been evaluated, specifying appropriate designs for various types of knowledge and KT participants. By expanding the knowledge base concerning effective KT, we would increase the uptake by practitioners of high-quality clinical practices, enhance support for high-quality system-level practices by policymakers, more effectively share knowledge with persons with lived experience and increase the likelihood that they would adopt recovery-promoting activities, increase capacity to provide useful knowledge to carers and supporters, and generally enhance the capacity of healthcare systems to utilize knowledge effectively and improve quality of care.
• More effective strategies for evaluating the impact of KT. This will facilitate the ability of healthcare systems to identify areas where KT is inadequate so that high quality knowledge is not being accessed or applied to clinical care. This will improve the overall quality of health care systems and better engage persons with lived experience, their carers and their supporters.

Evidence, Metrics and Research?
The available research evidence supports the following conclusions:
• Passive forms of knowledge translation appear to be relatively ineffective in comparison to more active approaches
• KT strategies effective in influencing healthcare providers include educational outreach, audit and feedback, use of opinion leaders, reminders and prompts and interactive educational meetings
• KT strategies effective in influencing the general public and persons with lived experience include mass media campaigns, social marketing approaches, community mobilization, laws and regulations, financial incentives and disincentives and self-management

• A KT strategy that is effective in influencing policy decision makers is targeted, tailored messaging

• Factors that influence the effectiveness of KT strategies include the simplicity of KT messages and various organizational characteristics related to absorptive capacity

Researchers studying KT have utilized systematic review methods frequently, including various reviews published through the Cochrane collaboration. As a new and emerging field of research, some novel research approaches have been developed and applied to study KT. For example, Valente has applied Social Network Analysis, Brousselle and colleagues have used Logic Analysis and Ebener and colleagues have applied Knowledge Mapping as a technique to study KT.

Various measures have been utilized to examine KT outcomes ranging from citation indices and other bibliometric measures, self-reported measures of knowledge, behaviour or practice, ratings made through semi-structured audits of clinical records or program outputs, and specific instruments developed for the purpose of measuring KT impact. Van Eerd and colleagues undertook a systematic review of the quality and types of instruments used to assess KT implementation and impact. They found few well-developed instruments in which reliability or validity were adequately assessed and found that most studies did not clearly report instrument measurement properties and utilized context-specific instruments. Van Eerd and colleagues have listed the studies that contained instruments that they considered to be promising for the evaluation of KT implementation and impact and Figure 8 shows the studies of the instrument development they considered to be of good quality.

Main Suggested Areas for Discussion and Debate

• How is mental health care KT being carried out in our respective systems? How are persons with lived experience, families and support people involved?

• What are the gaps and priorities for improved KT in our respective systems?

• What are the particular challenges and opportunities for KT to address mental health services and policies?

• Replication of the MHCC SPARK Training Institute to address global capacity for conducting KT.

• Building partnerships to ensure the ideas, knowledge and products of the International Knowledge Exchange Network for Mental Health is being disseminated and utilized.

• Utilization of the MHCC Innovation to Implementation Guide globally to ensure proper KT planning, implementation, and evaluation measures are being followed.
Suggested Reading Material


