

KNOWLEDGE EXCHANGE CENTRE

INTERIM REPORT May 2014



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

This report was prepared by the Knowledge Exchange Team and Mental Health Commission of Canada (MHCC) researchers and staff. The purpose of the report is to highlight the Knowledge Exchange Centre's involvement in the MHCC's projects and priority areas to promote mental health in Canada.

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KEC INTERIM REPORT

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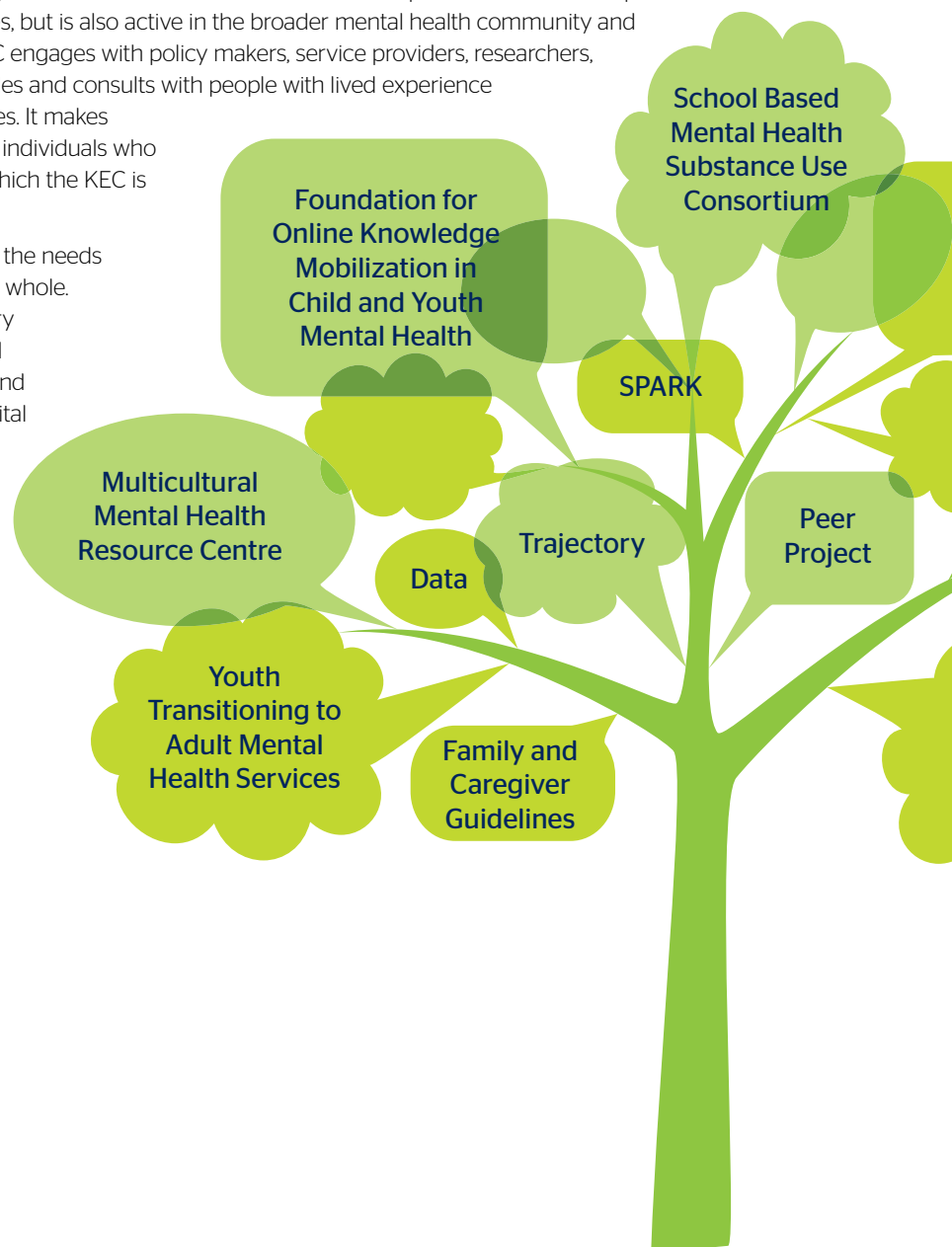
EXECUTIVE SUMMARY

Even before the inception of the Mental Health Commission of Canada (MHCC), knowledge exchange was recognized as being critically important. At the same time that the Government of Canada's Senate Committee on Social Affairs, Science, and Technology called for the MHCC's creation, it recommended the creation of a Knowledge Exchange Centre (KEC) to be embedded within it. The Senators understood that creating real change in the mental health system meant not only conducting research, but also disseminating the resulting knowledge and ensuring its uptake. Since 2009, the KEC has been filling this key role for the MHCC.

The KEC's breadth of work encompasses research and providing research support, as well as engaging with stakeholders and the public. It develops and shapes initiatives and projects within the MHCC, and moves this important work into the public sphere. It works within the MHCC's strategic initiatives, but is also active in the broader mental health community and in other Canadian and international sectors. The KEC engages with policy makers, service providers, researchers, employers, and others. As much as possible, it includes and consults with people with lived experience of mental health problems or illness and their families. It makes connections and introductions between groups and individuals who can work together to use the information through which the KEC is linking them.

During the past five years, the KEC has evolved to fit the needs of the MHCC and the mental health community as a whole. It has created and maintained a web-based repository of knowledge; supported webinars, conferences, and roundtables; sparked conversations at committees and councils; and, continued these discussions in the digital sphere. It has also empowered other knowledge exchange practitioners through its Supporting the Promotion of Activated Research and Knowledge (SPARK) training program in an attempt to grow the field throughout Canada.

This report outlines the KEC's history and successes, as well as its current involvement in MHCC projects and its own initiatives. And it highlights activities and research that have allowed the KEC to create meaningful alliances and conversations supporting best practices for mental health care in the country.



ABOUT THE KNOWLEDGE EXCHANGE CENTRE

As an initiative of the Mental Health Commission of Canada (MHCC), the Knowledge Exchange Centre (KEC) collaborates with all of the Commission's departments to ensure the public dissemination of its research, programs, guidelines, and tools. The KEC undertakes this work alongside the six priority programs of the Commission, including Mental Health First Aid, Opening Minds, the Mental Health Strategy, Housing and Homelessness, Workplace Mental Health, and Suicide Prevention. It also collaborates with and complements the work of the Public Affairs and the Communications Teams. Additionally, the KEC facilitates and leads its own core projects, including the Data Project and the Supporting the Promotion of Activated Research and Knowledge (SPARK) training program; as well it provides research support, and leads a number of external mental health networks.

Three key directions guide the KEC:

- 1 Synthesizing Knowledge**
Research, synthesize, and evaluate evidence in order to leverage evidence-based knowledge, and best and promising practices in mental health.
- 2 Facilitating Knowledge Exchange**
Develop and implement mechanisms and tools to share resources, evidence-based knowledge, best and promising practices, and innovations in mental health.
- 3 Building Capacity**
Provide expertise and training that improves the capacity of stakeholders to adopt knowledge exchange practices.

The KEC fosters pan-Canadian and international partnerships with key stakeholders. It advances the MHCC's work by getting it into the hands of these stakeholders and facilitating the sharing of their own knowledge and best practices with each other. Not only does the KEC promote the development of evidence-informed knowledge within the mental health community, but it also aims to increase the ability of mental health professionals to actively use this technology.

What is Knowledge Exchange



Simply put, knowledge exchange (or knowledge translation) is a symmetrical conversation. This is a key principle of the KEC.

The MHCC has adopted the Canadian Institutes of Health Research (CIHR) definition of knowledge exchange/translation and added a mental health focus. The CIHR defines the practice of knowledge exchange as:

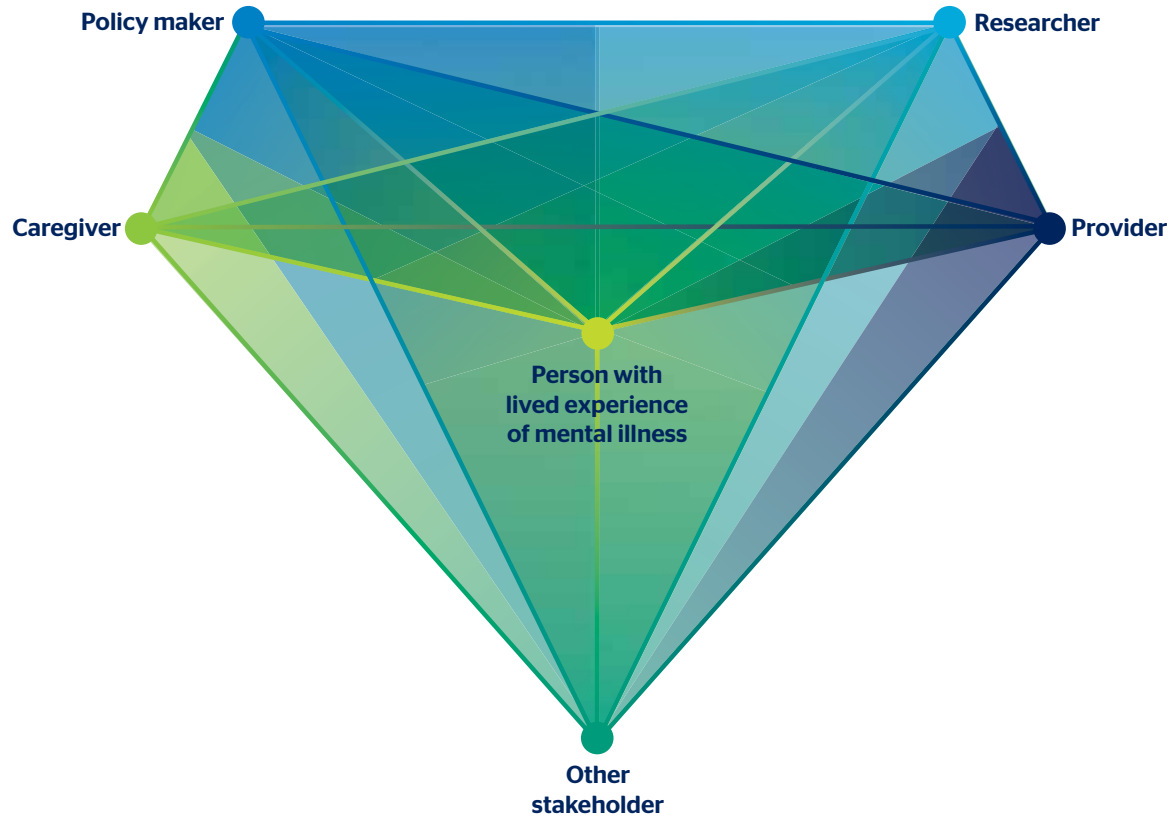
"a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system."¹

"This process," according to the CIHR, "takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user."¹

The KEC makes consulting and collaborating with people with lived experience of a mental illness a priority in this process. A participatory approach to creating knowledge is important for improving health outcomes and health care systems. The KEC's approach to knowledge exchange, therefore, involves the active engagement of all stakeholders and knowledge users, including researchers, decision makers, families, caregivers, and the general public. This collaboration is emphasized in all of the KEC's work, as it directly involves each of these stakeholder groups in developing, and implementing its findings.

¹ www.cihr-irsc.gc.ca/e/29418.html

This diamond graphic shows stakeholders who are often involved in health care knowledge translation. It is critical to include and consider the full range of stakeholders. Also consider that stakeholders are involved in conversations through which knowledge is exchanged. These conversations may involve only two stakeholders and thus imply a bi-directional flow of knowledge between them; or a group of stakeholders with multidirectional flows of knowledge among the group members.



Background

The KEC was first recommended by the 2006 Standing Senate Committee report *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*.

After a lengthy study and hundreds of interviews with Canadians, the report's authors recommended ways to improve the mental health system in Canada. One suggestion was the creation of the Mental Health Commission of Canada (MHCC), and a knowledge exchange centre to be housed within it. The KEC was envisioned to build capacity "by facilitating electronic access to information and technical assistance for people affected by mental illness, and their families." (Recommendation 46, *Out of the Shadows at Last*)

When the MHCC was established in 2007 with funding through Health Canada, it was tasked with spearheading three initiatives: the facilitation of a national mental health strategy, stigma reduction, and the creation of the KEC. This was followed by the inclusion of the At Home/Chez Soi project on mental illness and homelessness in 2008.

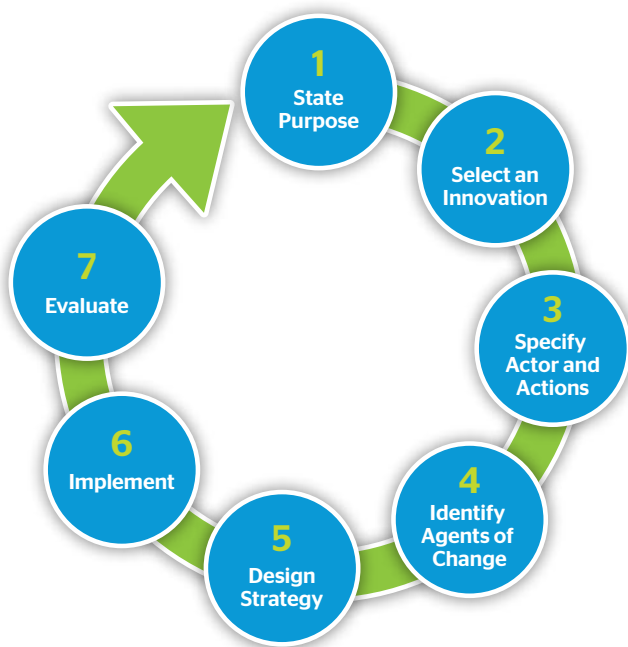
That same year, the MHCC began planning for and creating the KEC, which it intended to be a gathering place for information on mental health, to be accessed by a variety of stakeholders and the public. The aim was to connect mental health partners and information sources from across the country, and to weave research and evaluation into all of its activities. The KEC undertook two key pieces of research: a scoping review of peer-reviewed articles and grey literature on knowledge translation, and an environmental scan of knowledge translation activities in mental health and addictions across Canada. This research resulted in the development of the Activated Knowledge Exchange Framework Model (AKEF).

The Model was the foundation of the KEC's formal launch in 2009. It illustrates different ways in which information can be

exchanged among multiple groups of people with different perspectives to create meaningful benefits. In recognition of the unique contributions of a variety of stakeholders and constituents in the field of mental health, the AKEF Model shifts from traditional exchanges between pairs (e.g., researchers and policy makers, care providers, and persons with lived experience), to one that recognizes the value of knowledge created through collaboration.²

The AKEF Model was used as the basis for the *Innovation to Implementation: A Practical Guide to Knowledge Translation in Health Care*, an adapted approach to knowledge exchange. This step-by-step guide for creating an effective knowledge exchange plan highlights the importance of using a wide-range of perspectives so that knowledge can be jointly identified, created, and applied.

² www.longwoods.com/content/22620



Prior to 2011, the KEC undertook research to build the foundation to ensure efficacy of its actions. In 2011, the KEC set about sparking new initiatives while making sure that each was in alignment with its three pillars of sharing, collaborating, and supporting.

- 1 Sharing**
 Acknowledging the unique contributions of all stakeholders, and improving ways for individuals and groups across Canada to share and access valuable knowledge about mental health.
- 2 Collaborating**
 Creating opportunities for individuals and groups across Canada to come together and work in a concerted and meaningful way to exchange knowledge and bring about action that improves important facets of mental health.
- 3 Supporting**
 Providing expertise, training, and support to enhance knowledge exchange capacity in the mental health community; developing tools and resources to leverage existing initiatives; and serving as a catalyst to help bring about changes to the mental health system.

The MHCC realized that in order to build on these three pillars of work, it needed to encourage the dissemination of research and policy materials from the earliest stages of planning. So in 2011, the KEC merged with the MHCC's Policy and Research Team, which was the champion, and project advisors of the Advisory Committee and MHCC projects. With this merging complete, the KEC was able to provide a comprehensive approach to knowledge exchange that now included the creation of research along with its dissemination.

The KEC undertook four new initiatives in 2011-2012:

- **Collaborative Healthcare: Exchange, Evaluation, Research (CHEER)** - a pan-Canadian initiative contributing to measureable improvements in the field of primary mental health care and substance use services in Canada by identifying and leveraging best practices.
- **Supporting the Promotion of Activated Research and Knowledge (SPARK)** - a training program bringing together dozens of participants for two days of on-site knowledge exchange training with internationally-respected professionals, followed by the implementation of the participants' knowledge translation projects with the support of mentors, online training sessions, and a community of practice.
- **MHCC 5th Year Awards Ceremony** - an event to acknowledge some of the many initiatives across the country to improve mental health.
- **Systems Performance Initiative** - an initiative to find better ways to collect and share mental health data throughout the country in order to better inform decision makers.

In 2012, the KEC led the transition of eight Advisory Committees into one Advisory Council, championed the Committees existing projects to completion and to the final phases of knowledge exchange. The Committees were Child and Youth; Family Caregivers; Service Systems; First Nations, Inuit, and Métis; Seniors; Mental Health and the Law; Science; and Workforce. This transition allowed the KEC more time and resources for greater focused knowledge exchange, stakeholder engagement, and networking.

In the spring of 2013, the web team strategically merged into the KEC in order to collaborate on and provide support for various ways of disseminating knowledge digitally, as well as engaging stakeholders online - becoming the digital team.

KEC Approach

The Knowledge Exchange Centre most often uses a "silent" approach when engaging with the mental health community and with other stakeholders. It brands its work, including projects, initiatives, networks, and web and social media, beneath the umbrella of the MHCC. For example, the KEC worked with the former Family and Caregivers Advisory Committee to create the recently released *National Guidelines for a Comprehensive Service System to Support Family and Caregivers of Adults with Mental Health Problems and Illnesses* (the Family and Caregivers Guidelines), which was the world's first report of its kind in the field of mental health. The work to develop the Family and Caregivers Guidelines was intensive, and included the KEC leading roundtables across the country to receive advice and feedback from stakeholders. The KEC then project-managed the research and branding of the document, led the development of a dissemination and uptake plan alongside Government Relations and Communications, and planned a launch event. The Family and Caregivers Guidelines were released under the official MHCC branding, although the KEC ensured that it was developed in a collaborative manner, involving all stakeholders, to ensure its acceptance, uptake, and usage within the mental health community.

ROLE OF THE KEC IN CANADA



Reaching out to and engaging with Canada's vast mental health stakeholder community is critical to helping the Mental Health Commission of Canada (MHCC) achieve its vision of an improved mental health system for all. A key aspect of the Knowledge Exchange Centre (KEC) responsibilities is engaging with this diverse community across the country.

The KEC believes that successful stakeholder engagement requires a commitment to actively consulting and collaborating

with key groups and individuals, building relationships with them, and interacting in a mutually beneficial way.

Using a number of means of communication, both virtual and in-person, the KEC is able to draw on the expertise of mental health professionals and persons with lived experience. It gains new perspectives from the committed people who sit on the MHCC's Councils, join its networks, participate in its research projects, and lend their voices to online discussions.

KEC-LED INITIATIVES

The Knowledge Exchange Centre (KEC) leads its own projects and initiatives within the Commission. Each is closely aligned with its mission to foster engagement and interaction, and also supports the Mental Health Commission of Canada (MHCC) mandate.

SPARK Training Program

Knowledge exchange in the mental health care community is still in its early stages in Canada, and needs to be fostered and supported in order to see it thrive.

This is why the KEC initiated a training program in 2011 called Supporting the Promotion of Activated Research and Knowledge (SPARK). SPARK is a training approach that seeks to decrease the amount of time it takes for groups to put knowledge and research into action. SPARK is designed to address the problem of inadequate knowledge exchange in mental health care, but also in health care more broadly. The KEC's own Innovation to Implementation Guide was used as the basis of the SPARK training program.

The SPARK training program has been running for two years and has empowered two groups of participants. The inaugural two-day event took place in St. John's in July 2012, with 40 participants working in a variety of fields across the country. The second workshop was held in July 2013 in Victoria.

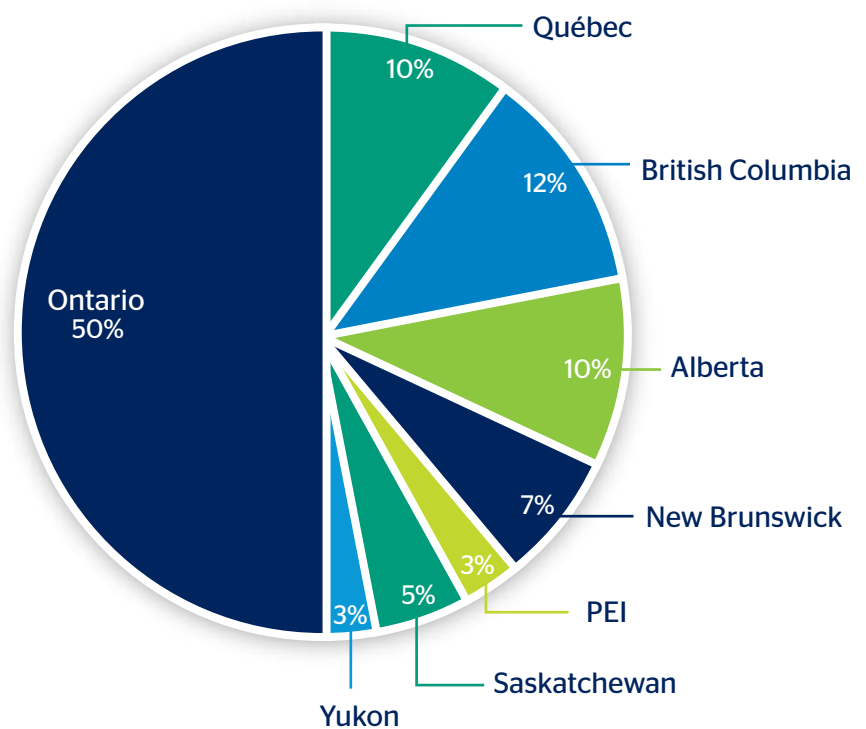
Participants come to the program with a mental health, substance use or addictions health care initiative, product or idea that could use a knowledge exchange plan. They are mentored on how to create

such a plan, and continue their work on it when they return to their community or organization. The role of the mentors is key to the success of the program as they support their participants far beyond the life of the initial training. The mentors provide practical advice on implementation of the participants' knowledge exchange projects,

and connect the participants to new research and contacts.

The KEC evaluated its first year of the SPARK training program and found that participants were very satisfied with the workshop overall, owing to the detailed planning process undertaken by KEC staff. In its second year, the commitment of

Geographic Distribution 2011



"The Knowledge Translation framework will be implemented in all my future and present program planning and any work or activities I am involved with in the mental health and addiction field."

– SPARK Participant

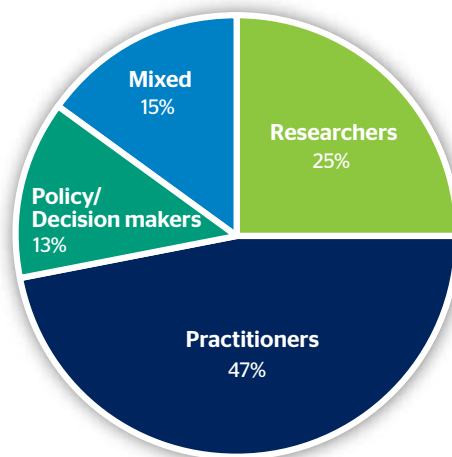
SPARK mentors and continued communication by the KEC to the participants ensured a high level of follow-through by participants on the creation and implementation of their knowledge exchange work plans.

The KEC learned that employing mentors to follow-up with participants is necessary. In the first year, mentors were not asked to check-in with participants on submitting knowledge exchange plans or providing further support. However, in the second year, the mentors gave feedback on draft knowledge exchange plans and held group teleconferences to share challenges and successes. They remain connected with their participants.

The KEC provided strategic advice and leadership to Te Pou, a charitable mental health and addictions group in New Zealand, to replicate the MHCC SPARK training program model in Auckland in March 2013. SPARK provided mental health and substance use and addictions workers in New Zealand with the knowledge and skills necessary to create successful knowledge exchange plans for their organizations, while providing the opportunity to share best and promising practices. The KEC welcomed those participating in the SPARK training program into the International Knowledge Exchange Network for Mental Health (IKEN-MH) to ensure their expertise and knowledge could be shared globally.

The KEC is gearing up for Canada's SPARK 2014, to be held in Winnipeg in June, and a second international replication with the date still to be confirmed in Sweden.

Professional Category 2011



Data Project

The KEC launched the Systems Performance Initiative (SPI) in 2011 to bring together key stakeholders to provide strategic advice on how to promote the collection and use of mental health data in Canada. Through these consultations, it was determined that the MHCC should focus on specific data collection activities in order to address gaps in indicators and use.

Now renamed the Data Project, this endeavor will advance the work of the MHCC's *Mental Health Strategy for Canada* (the Strategy) and enhance our participation in parallel international efforts through the production of population health and system performance indicators. These indicators will allow the Commission and others to measure whether its recommendations are being adopted, and if there have been any changes in health, services or supports all over the country.

The Data Project seeks to create national mental health and mental illness indicators, serving as a foundation for evidence-informed mental health policy and practice in Canada.

The Data project is linked to the Strategy's Strategic Direction 6.2, which recommends developing and agreeing on a set of indicators against which each jurisdiction in Canada can measure its progress in transforming the mental health system.

The KEC is undertaking the following key activities:

- 1 Exploring the methods needed to measure the 15 potential indicators and respective data sets noted in the Strategy (pg 128-129);
- 2 Reviewing provincial mental health and mental illness indicators;
- 3 Examining other potential indicators for the Strategy; and
- 4 Reviewing other indicators being used internationally to determine if they can be measured in Canada.

These indicators will:

- Include a mix of population health and systems performance measures;
- Help to sustain a focus on key strategic issues identified by the Strategy;
- Allow stakeholders to gauge and monitor progress; and
- Create the potential to identify gaps in surveillance.

The indicators will form the subject of two reports and will be accompanied by a knowledge exchange strategy. The Data Project will be completed by December 2014.

International Knowledge Exchange Network for Mental Health (IKEN-MH)

While trying to improve and promote knowledge exchange practices within Canada, the MHCC has realized the value of increasing the ability to connect people, ideas, and resources on a global level. As such, it jointly envisioned the formation of the IKEN-MH with the International Initiative for Mental Health Leadership (IIMHL).

The Network was formally launched in July 2012 in St. John's. The meeting was attended by participants from Canada, the United States, New Zealand, Sweden, Australia, Ireland, and the United Kingdom. The KEC was instrumental in bringing together these groups and in the development of the Network. The Network met a second time in March 2013 as part of an IIMHL meeting held in New Zealand, and will meet a third time in Sweden in June 2014.

The IKEN-MH presented on the successful collaboration between New Zealand and Canada on the creation of the SPARK training program at the Global Implementation Science Conference in Washington in August 2013. The IKEN-MH will be commencing a webinar series in 2014 in which the MHCC will take a lead role.

The Network is currently supported by a Steering Committee comprised of knowledge exchange leaders from seven countries, including the MHCC's KEC, and more than 70 members globally. The MHCC is the co-chair of the Network, and supports all of its endeavors.

Digital

The KEC recognizes that information is being increasingly accessed digitally, rather than through traditional formats. Because of the importance of disseminating data to a vast audience, there is a team within the KEC dedicated to using these digital tools to distribute information. Content is posted regularly to the MHCC's website and shared with social media communities, both promoting the MHCC's work and recognizing equally important contributions happening nation-wide and internationally in mental health. The KEC also creates and maintains online Collaborative Spaces to encourage discussion regarding mental health issues.

1

MHCC Website

The MHCC's website (www.mentalhealthcommission.ca) is the central repository for all of its official information. It houses content about the MHCC, its work, and its position on various mental health topics. The website is a central tactic for the MHCC to share a detailed and wide variety of information, and is generally a one-way means of communication. For this reason, the KEC has an active presence on social media.

2

Social Media

The MHCC uses Facebook, Twitter, LinkedIn, and YouTube as the main platforms for its social media voice. This means of communication is both popular and powerful because it allows for symmetrical conversations to happen directly between the MHCC, Canadians, and the world. Information and knowledge is not only shared, but also commented on, responded to, and passed along to others. This dramatically extends the Commission's reach and knowledge sharing abilities. For example, during the release of the Strategy in May 2012, Twitter hashtags were created and associated with MHCC posts surrounding the launch. This hashtag trended as the second most popular topic across all of Canada during that time.

3

Collaborative Spaces

While the website and social media have the function of sharing Commission-related content, there is still a need to bring attention to the important efforts happening through other mental health organizations that may not be directly tied to the Commission's work. This is the main reason why the KEC recently launched Collaborative Spaces as a section on the MHCC website.

The Collaborative Spaces is a nationally-focused discussion forum on mental health, divided into sections corresponding to the Commission's topic areas. The Collaborative Spaces is aimed at all mental health stakeholders in Canada, and serves as a moderated platform for sharing and discussing research, news, current events, experiences, and other topics of interest to the stakeholders.

As a key deliverable of the KEC, Collaborative Spaces is targeted to stakeholders and is intended to be a conversation place about mental health in Canada. When registered as a participant, people can talk with the online community and share links to articles, documents, pictures, and videos. They can also bring attention to events and activities happening around the world and search by various mental health topics. The public can view any of the information shared on the collaborative spaces, but is encouraged to register as a user and to contribute to the discussion. Knowledge brokers will be active participants in these spaces by following a predetermined publishing calendar to ensure regular engagement and updated content. All MHCC staff have also been introduced to the Spaces and can help increase the value of conversations by providing further perspectives in mental health.

KEC Web History

In August 2010, a unique KEC website development was initiated and a steering committee of MHCC staff was created. The KEC supported multiple Advisory Committee projects, as well as the development of a number of KEC web-based initiatives.

In 2010, the KEC digital team developed and launched “Health in Mind,” a web-based university level teaching tool and seminar resource for mental health courses. The students used the site to access mental health articles written for the KEC website and in the media, find resources online, and collaborate with each other. The tool was used by more than 500 university students in British Columbia, Nova Scotia, and Ontario.

Later in 2010, the KEC digital team produced an animated video showing the Activated Knowledge Exchange Model in an easy to understand format. The team also created a local intranet space and Board of Directors site to complement the external face of the KEC. The official Knowledge Exchange site was launched in early

2011 to much acclaim, and the KEC continued to improve the site throughout the year, building communities of practice, as well as growing the architecture.

Early in 2011, the KEC collaborated with the Multicultural Mental Health Resource Centre to manage and redesign its website. The team also supported the Mental Health Commission's Peer Support event in Ottawa with Senator Roméo Dallaire by creating a video of the event that is currently posted to the MHCC's YouTube channel. The KEC also assisted in the creation of an online community of interest for its *Turning the Key* report.

The KEC further initiated a collaborative of knowledge brokers interested in online knowledge exchange – those individuals who support web-based knowledge exchange processes in Canada and worldwide for the benefit of mental health-focused organizations. The Digital Knowledge Exchange Community has 35 members, and is currently in the process of being reconstituted as the Digital Knowledge Mobilization Group (@DigitalKMb).

Current Activity and Analytics

Since the launch of the new MHCC website in April 2013, the KEC has continued to support regular online content updates that include tasks such as uploading photos, videos, and documents, posting media releases, adding and laying-out new content, updating the Careers section and archiving outdated information. The KEC also works closely with other departments to execute larger promotional campaigns such as the Strategy anniversary, MHCC Annual Report, World Suicide Prevention Day, and the *Family and Caregivers Guidelines*, *Aspiring Workforce*, and *Opening Minds Interim Report* launches.

The team has made significant improvements to the overall user experience and visual look of the site, including overhauling content for workplace mental health and the Strategy – two pages that are regularly at the top of the most visited sections. Other areas of the site are expected to continue to evolve and grow.

Over the past year, the website saw the bulk of its weekly traffic during business days, averaging approximately 700 visitors per day Monday to Friday, versus only 200 per day on the weekend. In the nine months following the new website's launch (April 2013 to December 2013), there was a steady increase in traffic compared to the nine months prior (July 2012 to March 2013). This increase is demonstrated in green in Figure 1.

The larger campaigns mentioned earlier often resulted in an increase of visitors to the website around launch dates. This is typically because of coordinated efforts with other MHCC departments that involve social media and HTML emails which reach out to the MHCC's audience and drive traffic to its site. As indicated in the two figures below, the promotion behind the campaigns can effectively increase of more than 200% of average daily traffic:

The KEC uses social media to promote MHCC events and speaking engagements, to connect with supporters of its work, to announce new research or product offerings, to highlight partnerships, to congratulate other organizations for contributing positively to mental health in Canada and around the world. What is communicated via these channels always has a direct link to the MHCC's work, because the community is comprised of people who have specifically chosen to “like” or “follow” the MHCC on Facebook and/or Twitter.

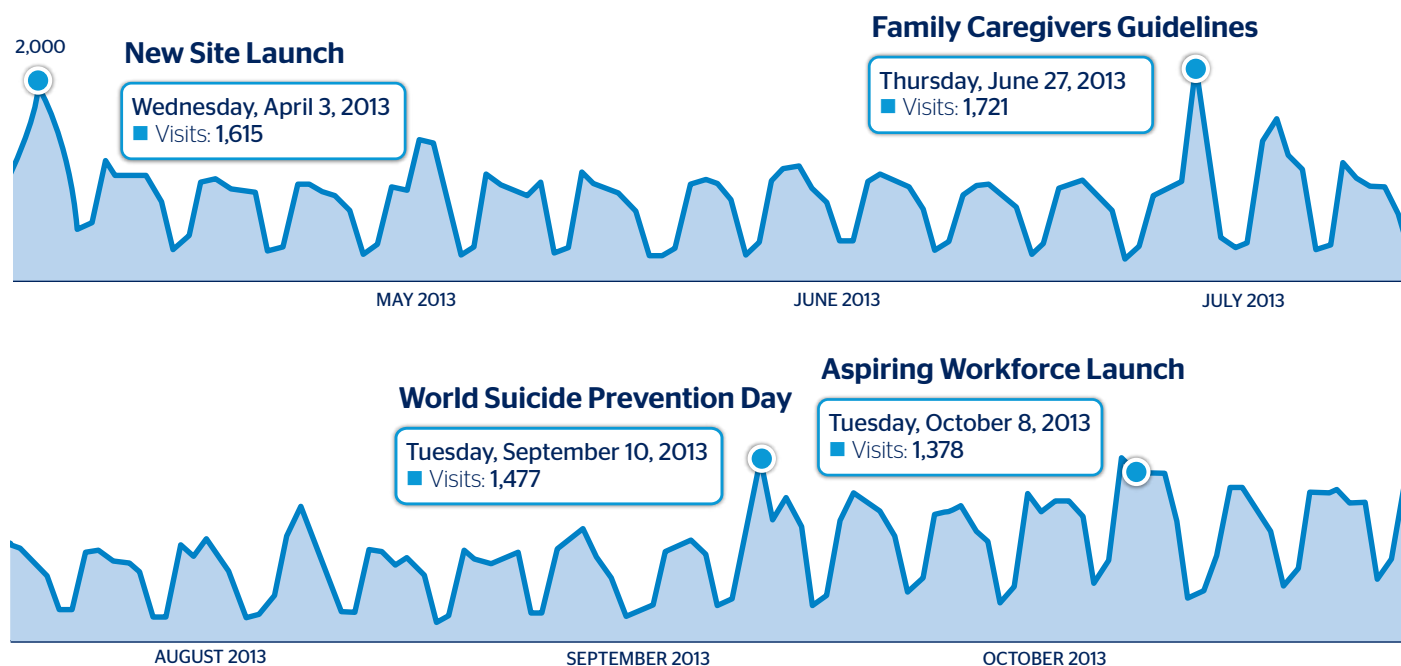
In most cases, messages are disseminated through both Facebook and Twitter, since these platforms have separate audiences and followers. Facebook also allows the KEC to provide greater detail and information because of additional space allowed in messaging, as well as photo albums, tagging, and other functionalities. One advantage of Twitter is the use of hashtags to connect the Commission's messages with similar or trending content for wider engagement and discussion. The KEC uses both YouTube and the MHCC website to display videos.

Keeping the MHCC's social community engaged means ensuring that lines of communication are constantly kept open looking for opportunities to engage existing stakeholders and build new relationships.

Figure 1. Website statistics

Visits	Unique Visitors	Pageviews	Pages / Visit	Avg. Visit Duration	Bounce Rate
20.38%	20.89%	29.69%	7.73%	10.40%	-9.01%
197,277 vs 163,875	113,864 vs 94,186	574,426 vs 440,626	2.90 vs 2.69	00:03:44 vs 00:03:22	48.57% vs 53.38%

Figure 2. Website analytics April to December 2013

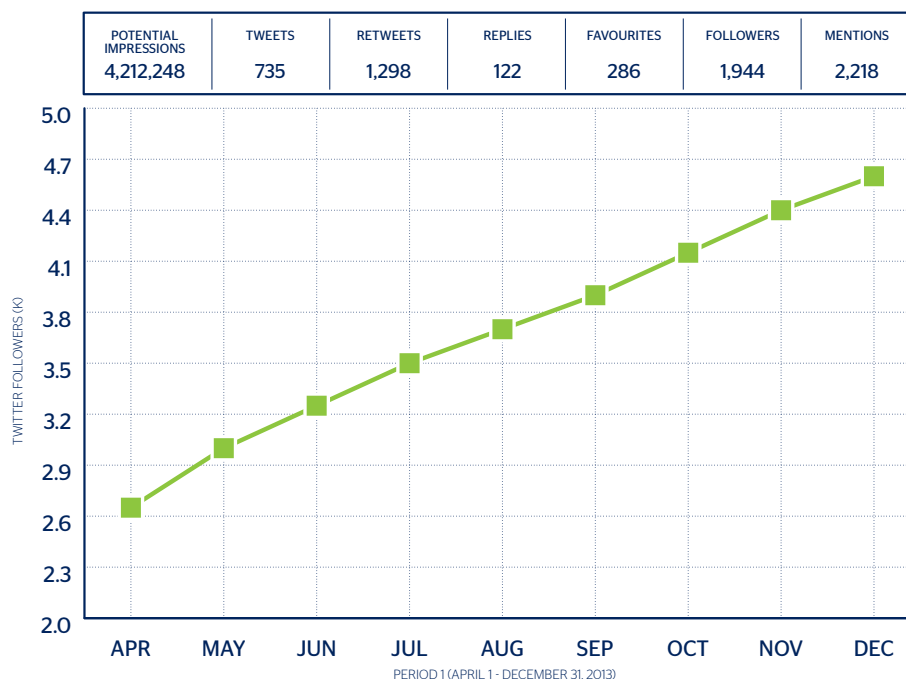


Twitter

While the MHCC's Twitter followers steadily increased in 2013, its Facebook page

had a significant spike in page "likes" in August 2013. This increase corresponds to the use of Facebook ads as part of promotional tactics for Mental Health First Aid, SPARK, the Caregivers Guidelines, and Collaborative Spaces. The Facebook ads appear to have successfully expanded public awareness of these projects and of the MHCC more generally.

Figure 3. Twitter followers statistics April to December 2013



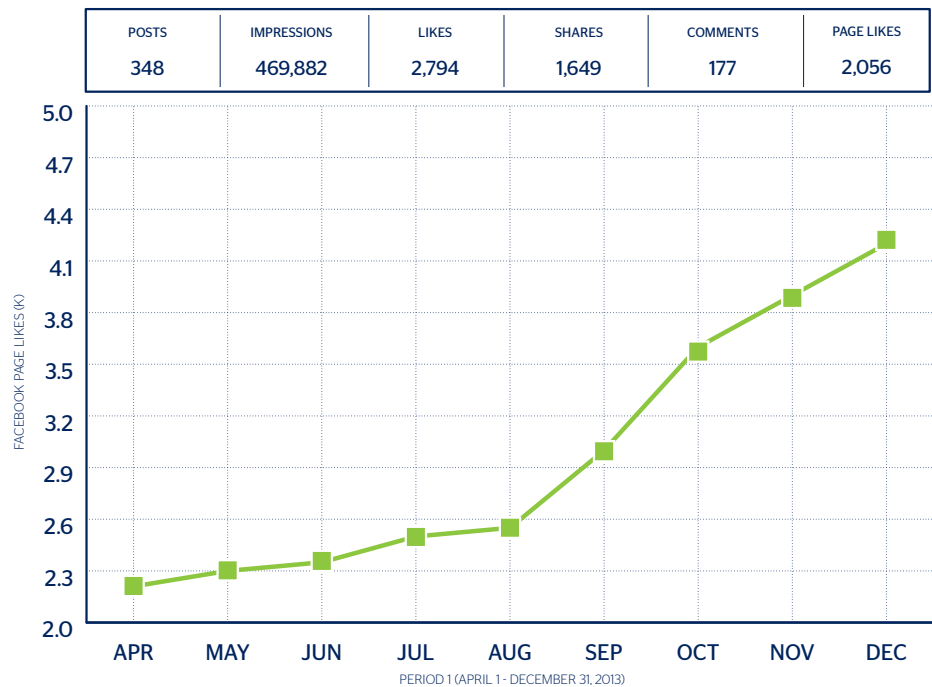


Facebook

When looking at the social media activity across a broader time period, it is

important to note a significant increase in both activity and community size during the latter half of the MHCC's social media existence. The Commission's first Facebook posts initiated in January 2011, but a majority of growth occurred throughout 2013. This can likely be attributed to having allocated resources specifically to the development and maintenance of a social media presence, as well as on-going efforts to share relevant and valuable content with the MHCC's audience. Social media is becoming an essential aspect of the KEC's communication strategies as Facebook and Twitter continue to be seen as prominent forums for public conversations.

Figure 4. Facebook likes statistics April to December 2013



First 15-month period between January 2011 and April 2012

The Commission published 522 tweets, resulting in the following activity:

- 1,339 followers
- 1,132,650 potential impressions
- 566 retweets
- One mention
- 30 replies

Last 15-month period between October 2012 and December 2013

The Commission published 1,249 (+727) tweets, resulting in the following activity:

- 5,571 followers (+2,863)
- 5,970,222 potential impressions (+4,837,572)
- 1,969 retweets (+1,403)
- 3,184 mentions (+3,183)
- 392 favourited tweets (+392)
- 207 replies (+177)

Looking Forward

The KEC's digital team will continue to support and promote the MHCC's digital activities. There will be ongoing enhancements made to the design and functionality of the website's page templates, so that the content is more digestible and visually appealing. A reorganization of the main navigation and site map are planned. There will also be new user experience on the website, as well as search ability and server updates. These initiatives will support the goal of increasing online effectiveness and ease of accessibility, and extend the reach of MHCC and its work.

SUPPORTING OTHER PROJECTS AND INITIATIVES

The Knowledge Exchange Centre (KEC) is project managing and administering a number of ongoing projects that were initiated by the Commission's eight former Advisory Committees, while also championing other mental health initiatives. The following pages contain examples of these projects, as well as established objectives and the deliverables the KEC has or will accomplish.

KEC-Championed Projects

Youth Transitioning to Adult Mental Health Services

Objective

To enhance national understanding of best and promising practices, and existing initiatives related to youth transitioning to adult mental health services. To create recommendations to prevent emerging adults with mental health issues from prematurely leaving the mental health system, or being unable to access services.

Deliverables

This project's deliverables will include a literature review, environmental scan, and gap analysis that will identify promising practices, and review existing programs and services related to transitioning from youth to adult mental health services.

First Nations, Inuit, and Métis Child, Youth and Family Mental Wellness

Objective

To identify promising practices for using new and emerging technologies, such as social media, photo voice, digital storytelling, mobile applications, and the internet. To enhance the mental wellness of First Nations, Inuit, and Métis children, youth and families in urban, rural, and remote communities through the promotion of culture, identity, and connectedness.

This project focuses on initiatives and programs that work to support the prevention of mental illness, the promotion of mental wellness and positive mental health, and awareness of mental wellness among First Nations, Inuit, and Métis peoples and communities.

Deliverables

These will include a literature review, environmental scan, and final report.

Seniors Anti-stigma

Objective

To develop key recommendations that will address the stigma experienced by older adults living with a mental health problem or illness when they seek services. In order to develop the recommendations, the Canadian Coalition for Seniors' Mental Health conducted a literature scan and held anti-stigma workshops (in person and online) for health care professionals and home-based caregivers, which included a video component that showcased older adults telling their experience of stigma as a result of living with a mental health problem or illness. The project focuses on the development and evaluation of strategies to support health professionals and students in addressing stigma experienced by older adults living with a mental health problem or illness.

Deliverable

A report with key recommendations called *Eliminating Stigma: A Focus on Seniors' Mental Health*.

Multicultural Mental Health Resource Centre

Objective

To evaluate the impact of the resources used in the current mental health care system for ethnically and culturally-diverse populations, and develop and evaluate specific resources to address issues of cultural diversity in mental health care in Canada. The KEC is supporting the Multicultural Mental Health Resource Centre's knowledge exchange efforts by micro-hosting its website.

Deliverables

The creation of the Multicultural Mental Health Resource Centre website (www.mmhrc.ca) and a best practices final report.

School-based Mental Health and Substance Use Consortium

Objective

To provide practitioners and policy makers in education, health, child welfare, and related organizations and agencies with a variety of policy and practice options for the delivery of school-based mental health and addictions services from promotion through treatment.

The KEC hosted a roundtable in September 2013 with the objective to engage leaders and experts (including school mental health professionals, educators, researchers, parents, and students) to develop a strategy to move forward and determine next steps to effectively improve mental health in Canadian schools.

Deliverables

The final deliverables will help with the creation of a sustainability plan for the Consortium, while exploring options that will enable the Consortium's work to be continued by another lead organization. These deliverables include:

- A synthesis of the national and international literature related to frameworks and best practices in school mental health and substance use;
- An environmental scan of existing programs and services in Canada;
- A national survey of school districts related to their needs and practices, knowledge translation and exchange activities, including an interactive national symposium for key stakeholders; and
- A final report on school-based mental health in Canada.

A Foundation for Online Knowledge Mobilization in Child and Youth Mental Health

Objective

To provide the foundation and direction for improving mental health literacy and approaches for child and youth mental health in a non-stigmatizing manner. This initiative combines the work of three previous projects. The final synthesis report for this project is now online.

The KEC also hosted a roundtable on March 11, 2014, with key mental health partners who offer mental health information/content geared for children and youth through their websites, online and mobile applications, and social media. MHCC staff members, a member of MHCC's former Child and Youth Advisory Committee, and a member of MHCC's Youth Council were brought together with stakeholders and researchers including: Teen Mental Health, National Institute of Families for Child and Youth Mental Health, mindyourmind, The Royal Ottawa Health Care Group, mindcheck.ca, Children and Youth in Challenging Contexts Network and Institute (cyccnetwork.org), Douglas Mental Health University, Ontario Centre of Excellence for Child and Youth Mental Health, Kids Help Phone, and Blue Wave Program, Canadian Mental Health Association, BC Division.

The KEC brought together strategic stakeholders to share the key findings and recommendations of the *A Foundation for Online Knowledge Mobilization in Child and Youth Mental Health* synthesis report; provide a better understanding of how this work fits into the broader landscape of how mental health information is created, disseminated, and delivered to youth; learn from each other about what is working well in this area, as well as areas for improvement;

The Aspiring Workforce: Employment and Income for People with Serious Mental Illness (October 2013)

The Aspiring Workforce is comprised of people who, due to a mental illness, have been unable to enter the workforce, are in and out of the workforce due to episodic illness, or want to return to work after a lengthy period of illness. Many Canadians in this aspiring workforce are able to work and desire a return to work.

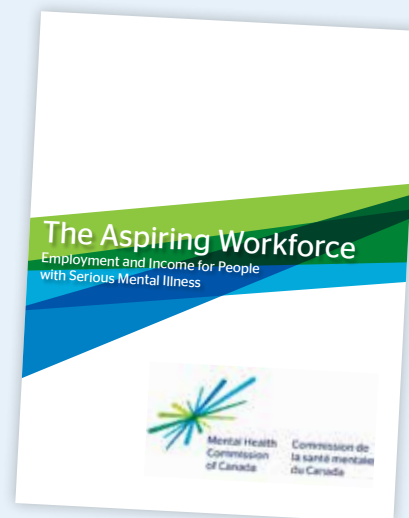
This report provides practical recommendations on how to assist the Aspiring Workforce to take its rightful place in employment. It was produced by the MHCC in collaboration with the Centre for Addiction and Mental Health, the University of Toronto, and Queen's University.

KEC Role

The KEC, with assistance from Government Relations and Communications, organized an event to launch and publicize the report. Held in Ottawa in October 2013, the event engaged government, business, and human rights stakeholders who are in a position to implement the report recommendations.

The KEC also delivered a knowledge exchange plan to help disseminate the research results, including assisting with finalizing the report, and creating one-pagers on the main themes.

The Commission website features a section on the Aspiring Workforce that includes the report, one-page summaries, and videos highlighting its main findings.



"This report represents hope, it really does, for many people who are voiceless."

- Patrick Dion, Vice-chair, MHCC Board of Directors, in an interview with Canadian Press, October 2013

"The KEC has been instrumental for the development of the Family and Caregivers Guidelines that were released last June. I don't believe that without the KEC's support and intimate involvement in the entire development process, we would have ended up with the comprehensive and excellent Family and Caregivers Guidelines we now have. It was truly a pleasure to work with staff who were not only highly professional but also enthusiastic and committed to the task."

- Ella Amir, Executive Director, AMI-Québec Alliance Pour les Maladies Mentales

and to collaborate on ways that would help to sustain the report's momentum going forward.

Deliverables

- Three internal documents were summarized into a final synthesis report of *A Foundation for Online Knowledge Mobilization in Child and Youth Mental Health*;
- Digital Playgrounds – Popular social media sites and their relevance for a knowledge mobilization strategy in child and youth mental health;
- Child and youth mental health knowledge exchange background materials; and
- Final report for the Child and Youth Mental Health Knowledge Mobilization Project.

Peer Project

Objective

To enhance the utilization of peer support through the creation and application of national guidelines and encourage a change in societal attitudes towards mental illnesses by demonstrating the use of peer support as a complementary modality in the workplace.

Deliverable

Guidelines for the Practice and Training of Peer Support

Family Unit Self-stigma

Objective

To focus on child and youth self-stigma, as well as self-stigma for the family unit, including siblings, parents, other family members, and caregivers, and identify needs and effective strategies for understanding and tackling the impact of self-stigma.

Deliverable

A research report that includes strategies for tackling the impact of self-imposed stigma.

Trajectory Project

Objective

To determine the ability of the Criminal Code provisions for declaring individuals not criminally responsible on account of a mental disorder (NCRMD) and balance the rights of individuals living with a mental illness (providing appropriate and targeted care) with public safety.

This project examines the trajectories or pathways of persons declared NCRMD through the mental health and criminal justice systems in Québec, Ontario, and British Columbia.

Deliverables

Summary report of research findings and provincial backgrounders.

Family and Caregivers Guidelines

Objectives

To raise awareness among service providers and policy makers of the role and significance of family caregivers; to describe the needs of family caregivers of adults living with mental illness in Canada; to make evidence-informed recommendations for comprehensive support services and policies which can better support caregivers and reduce associated challenges; and to guide system planners, policy makers, and service providers in planning, implementing, and evaluating mental health care services that recognize and address the unique needs of family caregivers.

Deliverables

Recruiting focus group members, developing research questions with them, and editing the final report. The KEC has also helped to disseminate the resulting Family and Caregivers Guidelines. Additionally, the KEC is leading webinars to promote understanding of the Family and Caregivers Guidelines and creating a champion's toolkit that stakeholders can use to share it with other organizations.

The KEC has represented the MHCC as a partner on a National Action Table to address caregivers' financial challenges. The KEC continues to participate in follow-up activities to this Action Table in partnership with the Canadian Cancer Action Network and the Canadian Caregivers Coalition amongst others.

National Guidelines for a Comprehensive Service System to Support Family and Caregivers of Adults with Mental Health Problems and Illnesses (the Family and Caregivers Guidelines)

(June 2013)

Created by the Commission's former Family and Caregivers Advisory Committee, the Family Caregivers Guidelines is a global first. It seeks to recognize and support family caregivers' needs and provides evidence-based best practices and advice to policy makers and service providers.

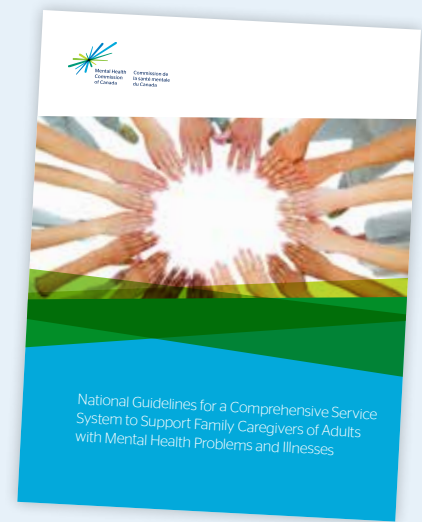
The Family Caregivers Guidelines also include recommendations for improving a caregiver's capacity to provide the best possible care to adults living with a mental illness, while maintaining their own wellbeing.

KEC Role

Developing the Family and Caregivers Guidelines was an extensive task, with the KEC leading pan-Canadian roundtables to receive advice and feedback from stakeholders.

With the help of the Communications department, the KEC project-managed the formal creation of the document itself, such as content and branding, led the development of a dissemination and uptake plan, and planned a launch event.

Future activities include a webinar to promote understanding of the Family Caregivers Guidelines and a champion's toolkit that stakeholders can use to share the Family Caregivers Guidelines with other organizations.



“The recommendations for change in these Family and Caregivers Guidelines are exactly what is needed. Family caregivers need their helping role acknowledged and they need our support. These Family and Caregivers Guidelines are a step towards better health outcomes for Canadians. When we support family caregivers and embed them into the system of care, the whole mental health care system will improve.”

– Heather Lackner, Knowledge Exchange Lead,
Centre for Addiction and Mental Health, and lifelong family caregiver

Integrated MHCC Projects

The KEC provides advice and expertise to all of the MHCC's strategic initiatives, identifies gaps and opportunities, and provides support in knowledge exchange and capacity building activities. The KEC also fills a research support gap for the MHCC by conducting high quality research (environmental scans, literature reviews, analysis, and synthesis) for the Commission's strategic initiatives.

Listed in this section are just some of the MHCC initiatives which the KEC is assisting, along with specific examples of how the KEC helps and complements the MHCC's work.

Housing and Homelessness

At Home/Chez Soi was created in 2008 thanks to a \$110 million investment from the Government of Canada. Demonstration sites included Vancouver, Winnipeg, Toronto, Montréal, and Moncton, and involved more than 2,000 Canadians with mental illness experiencing homelessness. The project, which was the largest study of its kind, was designed to deliver and evaluate the Housing First (HF) approach, where people are provided with a place to live and then offered recovery-oriented services and supports that best meet their individual needs.

The KEC supported the organization of different events, including conferences, workshops, a training institute, and webinars, to share interim findings of the At Home/Chez Soi project at both national and international levels.

The KEC is involved in the planning and the organization of the launch of the At Home/Chez Soi final report, planned for April 2014. The KEC is also part of the group working on the knowledge exchange plan for that report, and for a web-based toolkit to support stakeholders in the implementation of the HF approach in different communities. The knowledge exchange plan includes dissemination and capacity building activities.

The KEC provides advice on the organization of their knowledge exchange activities, planned for the winter of 2014.

KEC Key Activities and Deliverables

- 1 Developing a dissemination plan for the lessons learned from the At Home/Chez Soi initiative, the *Turning the Key* report, as well as the *Blended Financing for Impact* report on the opportunity for social finance in supporting housing.
- 2 Producing a plain language summary of At Home/Chez Soi's quantitative methodology, which has been posted to the MHCC's website for policy makers and other stakeholders.
- 3 Participating in many events, workshops, and symposia that relate to housing and homelessness, both inside Canada and abroad. The KEC ensures that all of these events are tracked and incorporated into knowledge exchange and sustainability planning.
- 4 Assisting with the organization of the Housing Symposium of Psycho-Social Rehabilitation Canada in September 2013.
- 5 Supporting the organization of capacity building activities for the implementation of the HF model throughout Canada.

Opening Minds

Opening Minds is an MHCC initiative that was launched in 2009 to address the stigma regarding mental illnesses and mental health problems or illness. Opening Minds focuses on four initial target groups: youth, health care providers, the news media, and the workforce.

Opening Minds has done extensive research into stigma in these four groups by evaluating the many anti-stigma programs that already exist at the grassroots level in Canada. The objectives of Opening Minds are to replicate the most successful of these programs, and create toolkits and resources that can be shared with other organizations across Canada.

KEC Key Activities and Deliverables

The KEC is working in collaboration with Opening Minds to develop and implement an integrated knowledge exchange plan that includes the following key activities:

- The KEC is a working member of the Youth Anti-Stigma Working Group and provided knowledge exchange and marketing expertise to the anti-stigma campaign;
- Providing expertise for an online toolkit for journalism professors and students to bring them the results of a media analysis that the MHCC commissioned on the subject of the influence of the news media in stigmatizing mental illness;
- Assisting with the design of The Working Mind workshop, which is targeted at managers and focuses on decreasing stigma in the workplace; and
- Leading and coordinating webinars for the Opening Minds team, and sharing the most recent updates and results from the research.

Additional Activities Have Included

- Providing assistance in planning the national and regional Youth Anti-Stigma Summits that will take place in 2014 and 2015;
- Performing an environmental scan on other anti-stigma youth initiatives across Canada;
- Researching education-related associations (for teachers, principals, guidance counsellors, and other education professionals), and their annual conferences;
- Developing a one-page information sheet on stigma and youth to be distributed at conferences;
- Developing a presentation on stigma and youth to be used in workshops for teachers, principals, guidance counsellors, and other education professionals; and
- Providing social media related to the launch of the *Opening Minds Interim Report* in November 2013.

Mental Health First Aid (MHFA)

This is a program that teaches Canadians how to provide initial help to someone with a developing mental health problem or illness, or experiencing a mental health crisis. The KEC provides research support, including conducting environmental scans and evaluations for MHFA, and assists with the development of targeted RFPs on various projects. Additionally, the KEC is leading webinars for MHFA in order to provide training and updates for its instructors.

Suicide Prevention

Death by suicide in Canada has been referred to as a "hidden epidemic" due to the magnitude of the problem, the social stigma associated with it, and the lack of coordinated action across the country towards prevention, postvention, and intervention.

The MHCC is committed to the prevention, postvention, and intervention of suicide in Canada due to the strong link between mental illness and suicide. Suicide prevention has been named one of the MHCC's five priority areas for 2013-2015.

The MHCC's overarching knowledge exchange goal for suicide prevention is to position itself as a leader in promoting mental health and preventing mental illnesses, reinforcing the link between mental illnesses and suicide, and collaborating with partners in reducing suicide-related deaths in Canada.

KEC Key Activities and Deliverables

The KEC is helping to implement an integrated knowledge exchange plan and support specific elements within the suicide prevention initiative. It is focused on a number of specific activities to increase the MHCC's profile in both the short and long term, including:

- 1 Improving the information base for suicide prevention, intervention, and postvention by supporting the creation of and acceptance of the following data sets:
 - a. Provincial and territorial suicide statistic reference and literature search results;
 - b. Evidence-based suicide prevention and crisis intervention training programs that currently exist in Canada;
 - c. Suicide statistics – including college and university students, and youth suicides; and
 - d. Background research on who to contact for help before suicide attempt.
- 2 Incorporating and enhancing knowledge exchange activities within the existing work plan for a suicide prevention strategy through:
 - a. Updating content about suicide prevention in plain language, describing the context, issue, and next steps;
 - b. Engaging with members of the National Collaborative on Suicide Prevention to promote reciprocal education among members, in the context of suicide prevention; and
 - c. Mapping existing distress centres across Canada to support the establishment of a national toll-free number for crisis intervention and suicide prevention.
- 3 Promoting the dissemination, uptake, and exchange of information regarding suicide prevention by:
 - a. Maintaining a private portal for the suicide prevention collaborative to have conversations, share documents, and collaborate on specific projects in an interactive way;
 - b. Identifying and promoting a website regarding suicide prevention that will be considered a one-stop-shop for suicide prevention resources, and services;
 - c. Providing representation/presentations at appropriate conferences; and
 - d. Promoting World Suicide Prevention Day (September 10, 2013) and National Survivors of Suicide Day (November 23, 2013).
- 4 Developing mechanisms to support promising practices in the field of suicide prevention, including:
 - a. Email blasts with recent research, opportunities, synthesized knowledge/reports;
 - b. Monthly webinars with focus on key areas within suicide prevention, postvention, and intervention; and
 - c. Sharing case studies on effective suicide prevention strategies/tactics.

Additionally, the KEC team has highlighted the importance of suicide prevention through the MHCC's 5th Anniversary Awards, showcasing innovation in mental health and suicide prevention programs, and through the MHCC's Youth Advisory Council, which has highlighted the importance of youth engagement across all MHCC initiatives, including suicide prevention.

Project Outcomes

Canadian Crisis and Distress Lines

In 2012, the MHCC surveyed Canadian crisis and distress lines and found that 71 respondents (more than 80%) “highly supported” the creation of a national crisis line toll-free number and network. The goal is to establish a national suicide prevention network that operates 24 hours a day, seven days a week, and is accessible through one toll-free number from anywhere in the country.

Collaborative for Suicide Prevention

The KEC assembled a group of 18 key informants/experts to form a collaborative for suicide prevention. The aim of this group is to increase the capacity for effective suicide prevention, intervention, and postvention by connecting people, ideas, and resources on a pan-Canadian level. The group met twice in 2013 to develop key priority areas and activities for the group to undertake. It also met again in early 2014 to agree on action items.

World Suicide Prevention Day – September 10, 2013

The KEC worked to increase the profile of World Suicide Prevention Day, and the MHCC's role in suicide prevention, by partnering with the Canadian Association for Suicide Prevention, the Assembly of First Nations, and Inuit Tapiriit Kanatami to co-host an event on Parliament Hill. The KEC assisted in bringing together policy makers, practitioners, researchers, governments, and community members to talk to each other, and share resources around the prevention of suicide. The event was attended by more than 150 people, featured in prominent news outlets, and had a high level of activity on social media.

Canadian Association for Suicide Prevention's (CASP) Annual Conference

In October 2013, the MHCC received the CASP President's Award for its involvement and dedication to suicide prevention.

e-Mental Health

Mental health care has traditionally been thought of as a “low-tech” specialty. In Canada, there is no clear regulatory framework, innovation is challenging, the evidence base for e-Mental Health is still establishing itself, and funding for technological interventions is difficult to access.

Currently, the MHCC is committed to addressing the area of e-Mental Health from 2013-2014. In 2012, the newly released *Mental Health Strategy for Canada* (the Strategy) highlighted the importance and usefulness of e-Mental Health in both access to services (Priority area 3.1), and the ability to provide services to those in northern and remote communities (Priority 5.4).

The Strategy also underlines the importance of using technology to foster collaboration, and engage people in managing their mental health problems and illnesses. Moreover, it points to the importance of building better infrastructure, providing on-going training and support, and allowing greater flexibility in how services are funded.

Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illness

(November 2011)

The Commission's former Service Systems Advisory Committee produced this report after examining the housing needs of Canadians living with mental health problems and illnesses. This project gathered information to support the development of a housing strategy for Canada. The report was intended to improve the availability of, and access to, suitable housing and related supports for persons living with mental health problems and illnesses.

The report found that as many as 520,700 people living with mental illness are inadequately housed, including up to 119,800 who are homeless. Only 25,000 supportive housing units are currently available across Canada. The *Turning the Key* report recommends the development of 100,000 housing units over the next decade.

KEC Role

The KEC's *Turning the Key* report was released to acclaim in November 2011. It was instrumental in providing a direction for the the Strategy Priority 3.5, which recommends the provision of housing for 100,000 people living with mental health problems or illness.

Project leads, key stakeholders, and the KEC met in March 2012 to create a knowledge exchange plan for the project. This included the creation of online collaborative spaces for housing, support for the creation of a toolkit for social housing finance, and KEC backing of a symposium co-hosted by the MHCC and Psychosocial Rehabilitation Canada. At this Vancouver symposium in September 2012, the KEC delivered a presentation on communities of practice and discussed creating a community of practice/collaborative space for the conference attendees.

The KEC also collaborated with a number of partners to commission the MaRS Centre for Impact Investing to form a social finance working group and create a toolkit for social finance housing investments. This project began in May 2012 and its final report was released one year later, entitled *Blended Financing for Impact: The Opportunity for Social Finance in Supportive Housing*. The toolkit—Blended Financing for Impact: Toolkit for Social Finance and Supportive Housing—was released at the same time.

Final report: http://Paper_BlendedFinancingforImpact_Final.pdf .

Toolkit: http://BlendedFinancingforImpact_FullToolkit.pdf.



“The Knowledge Exchange Centre provided a designated Knowledge Broker for each of our funded MHCC studies. These individuals helped us to make sure we were considering attention to dissemination and knowledge transfer throughout the life of the studies, not simply after the final reports were published. Because the Knowledge Brokers were an integral part of the ongoing project advisory committees, they really understood the work we were undertaking. This gave them a real capacity to meaningfully assist us in determining our target audiences, developing dissemination plans, and identifying appropriate venues in which to share our research.”

– Susan Eckerle Curwood, principal investigator for the *Turning the Key* and the *Assisting the Aspiring Workforce* reports

KEC Key Activities and Deliverables

The KEC is collaborating on a briefing paper about the current state of e-Mental Health in Canada, as well as implementing an integrated knowledge exchange plan for the initiative. It is anticipated that additional efforts will result from the recommendations identified in the briefing paper.

As part of the knowledge exchange plan, the KEC is working with an external steering council to set up an online collaborative space; develop a series of videos to describe e-Mental Health; host a roundtable discussion to elicit feedback on the *e-Mental Health in Canada: Transforming the Mental Health System Using Technology* paper; and identify opportunities for future exploration in the field.

Project Outcomes

As of October 2013, the e-Mental Health Collaborative Space on the MHCC website has experienced the highest number of posts from external stakeholders. The *e-Mental Health in Canada: Transforming the Mental Health System Using Technology* paper will be disseminated broadly in 2014, with next steps to be determined in summer 2014.

Mental Health Strategy for Canada

The Mental Health Strategy for Canada (the Strategy) team is responsible for developing and implementing activities to support the Strategy Priority, identified as one of the key priorities of the Commission over the next two years. Starting in 2011, the KEC and Strategy teams have met on a regular basis to determine how best to support uptake and implementation of the Strategy, and share the results of these efforts.

KEC Key Activities and Deliverables

- The development of a tracking and monitoring plan, which outlines both internal and external tracking activities, and proposes qualitative and quantitative approaches to assessing the Strategy's impact. A quarterly, director-led reporting program is in the process of being implemented;
- The development of a stakeholder engagement plan, including opportunities for outreach with the Provincial-Territorial Reference Group, mental health-focused stakeholders, and other potential partners; and
- Making links with the Data Project team to consider how the two projects can support each other's efforts.

Canadian Journal of Community Mental Health (CJCMH)

In July 2013, the KEC and the Strategy team met with the editorial directors of the CJCMH to discuss the development of two journal issues dedicated to analyses, discussions, and insights into the uptake and impact of the Strategy.

The first special issue, expected to be published in 2015, will consist of invited contributions from notable scholars, practitioners, and policy makers in Canada, along with a few international experts, who will discuss paths that can be taken to make the Strategy a reality. This special issue will be built around the six Strategic Directions outlined in the Strategy.

The KEC and the CJCMH are currently in the process of selecting guest editors for the issues, after which a call for submissions will be issued to invited authors. They will be a mix of scholars, policy makers or practitioners who have knowledge of community mental health in Canada, are visible and well-established in their fields, and have some experience in the peer review process. The guest editors may also include people who have lived experience of a mental health problem or illness.

Recovery Project

In February 2013, the KEC led the planning and execution of a research project on recovery-oriented practices in support of the National Strategy's Recovery Project. KEC staff interviewed 25 stakeholders (persons with lived experience, health practitioners, and researchers) in both French and English to get an overview of recovery guidelines, practices, and programs that exist on a pan-Canadian level.

The results of this research, which were summarized in a commissioned report, were presented at an April 2013 meeting of recovery champions in Toronto. The meeting became a springboard for initiating greater collaboration and dialogue, moving recovery forward on a national level, and bringing together a diverse group of stakeholders in considering the development of a pan-Canadian, recovery-focused collaborative. A second

teleconference meeting took place in September to discuss progress on the formation of such an initiative, with another in-person meeting planned for February 2014.

KEC Key Activities and Deliverables

The KEC has supported and helped to shape this pan-Canadian recovery initiative by conducting an initial environmental scan and compiling an inventory of recovery-oriented resources from across Canada. The inventory will eventually be shared in an online database sorted by themes, resources, materials, websites, and literature linked to recovery practices across the country. The KEC continues to develop ways for stakeholders to submit materials to the database, and/or nominate champions of recovery who will be showcased by the Recovery Project. An ongoing gap analysis will help inform the direction of the recovery initiative.

Additional KEC activities in this ongoing project have included:

- Engaging stakeholder networks to collect more recovery-oriented resources;
- Co-hosting regional meetings to build inventory and gain support;
- Developing a knowledge exchange plan for sharing inventory;
- Developing toolkits, guidelines, and standards based on gap analysis and recommendations from stakeholder engagement;
- Hosting recovery discussions on online collaborative spaces; and
- Developing products and tools to support practices, such as guidelines, evidence-based briefs, executive summaries for policy makers and researchers, guidelines for decision making, and newsletters.

National Standard of Canada for Psychological Health and Safety in the Workplace

In 2011, the MHCC began working with the Canadian Standards Association and the Bureau de normalisation du Québec to champion the development of *The National Standard of Canada for Psychological Health and Safety in the Workplace* (the Standard), which is a voluntary set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors. The Standard was launched January 16, 2013.

The KEC continues to support the uptake and adoption of the Standard by hosting a monthly webinar series on topics such as "Where do I begin", "Communicating the message", "Evaluating the workplace", and "Building civility and respect into your organization's DNA". The workplace webinars continue to draw interest from Canadian organizations across all sectors and sizes. The KEC has also been leading a video testimonial project to showcase how champion organizations are promoting workplace wellness and improving psychological health and safety in their workplace. These videos are available online and were showcased at the Standard's media conference, which celebrated a year since its launch. The KEC continues to support dissemination efforts on the workplace file.

SUPPORTING AND LEADING NETWORKS

In addition to leading its own mental health and knowledge exchange networks, the Knowledge Exchange Centre (KEC) provides its expertise to a number of networks across Canada. This assistance helps to increase their inter-organizational/interdisciplinary collaboration and mobilize best and promising practices, while aiming to reduce silos and redundancy within the system.

KEC-Led Networks

Ambassador Network

Ambassadors are people with interest and expertise in mental health, from researchers to people with lived experience who are called upon to aid the actions of the Commission. The Ambassador Network is an ad hoc network, and to date there are more than 236 Ambassadors signed up and all of their profiles, including areas of expertise, have been uploaded to the MHCC's Customer Relationship Management system. This system allows for anyone working at the MHCC to conduct a detailed search based on the criteria they input, to ensure that they are reaching out to the specific Ambassador who is best-suited to assist with a particular assignment.

The Ambassador Network's Main Responsibilities

- Disseminating the work of the MHCC through each member's various organizations, networks, and connections;
- Attending the MHCC's monthly Lunch and Learn series; Ambassadors could be asked to speak at these events or present their own work.
- Serving as a community administrator; Ambassadors can play an active digital role on sponsored MHCC Collaborative Spaces.
- Being available to the Speakers' Bureau; and Ambassadors may be contacted to speak on behalf of the MHCC as opportunities arise.
- Participating in working groups; Ambassadors may be called upon to join ad hoc groups that are convened by the MHCC to advance certain programs.

Advisory Council

The MHCC's Advisory Council is currently comprised of the previous eight Advisory Council chairs and the current chair of the Youth Council. In order to fill the additional seven seats (two Family and Caregivers, three persons with lived experience, one community stakeholder, and one First Nations, Inuit or Métis), a public call for new members was launched in March 2013. The call utilized the MHCC's social media platforms and targeted key stakeholder groups through an email recruitment campaign. The call was active for one month and solicited 178 quality applications from across Canada and from every province and territory, except Nunavut.

Advisory Council Key Responsibilities

- Providing strategic advice and direction as requested by the MHCC's leadership;
- Engaging in the MHCC's strategic initiatives to provide expertise and guidance on key elements in the mental health landscape;
- Communicating on behalf of the MHCC by accepting appropriate opportunities to discuss its work (through media, speeches, workshops, conferences, etc.);
- Helping to prepare information/summaries, and review/edit reports as requested by MHCC departments; and
- Pursuing, as directed by the MHCC's leadership, opportunities to promote and disseminate the MHCC's work while investigating opportunities for collaboration within Canada and abroad.

The KEC convenes the Advisory Council bi-monthly, via webinar meetings, and three times per year for face-to-face meetings.

Youth Council

The Youth Council is made up of Canadians between the ages of 18 and 28 who have lived experience with mental health problems or illnesses, either personally or through a family member or friend.

Youth Council's Main Goals

- Advocate on behalf of young people with mental health problems or illness;
- Engage other local, provincial, and national youth mental health networks;
- Participate in projects arising from Commission initiatives;
- Represent the youth voice at Commission events; and
- Participate in public events to promote recovery and inspire other youth.

The Youth Council aims to get more young people involved in decisions related to mental health service delivery and policy making, and to increase their role in helping to change and improve the mental health system.

In 2012, the Youth Council created a video about the mental health stigma young people encounter. The video's messaging, location scouting, and shooting were driven by Youth Council members.

The Youth Council is now developing a youth-focused summary of *The Mental Health Strategy for Canada* (the Strategy). While every effort was made during the writing of the Strategy to reach as many audiences as possible, the Council is seeking to translate this important policy document so it can better resonate with young people across Canada. The main goal of this summary is to develop a supplemental document and multimedia tool that highlights the experiences and vision of young people working towards system change, and ultimately makes the Strategy an accessible document for all.

Supporting External Networks

Evidence Exchange Network

The KEC is a member of the Evidence Exchange Network's steering committee. The intent of this Ontario-based network is to foster interaction between stakeholders and researchers in research activities, and in the promotion, understanding, and application of evidence for program and system improvement in Canada. It is also a mechanism through which researchers can gain a better understanding of the research needs and challenges from the perspective of those who might use research findings in their decision making.

Collaborative Research Team Studying Bipolar Disorders (CREST BD)

The KEC is a member of the National Advisory Committee for the CREST BD, based in British Columbia. The KEC facilitated the transition of CREST BD from a provincial mandate to a nation-wide initiative.

Coalition for Child and Youth Mental Health Ontario (CCYMH)

The KEC is a network member of the CCYMH, which was established to promote children's rights. It does this by engaging with the entire community of caring adults to provide a full continuum of services that includes mental health literacy, promotion of positive social emotional development, prevention of mental health problems, intervention services, and clear pathways to care.

Previous Network Involvements

Canadian Primary Health Care Research Innovation Network

The KEC participated on the Network's National Stakeholder Advisory Committee for two years. The Advisory Committee helped to identify and promote collaboration between key primary health care stakeholders in Canada. The KEC's mandated role was to help the Network identify funding streams, and assist with long-term sustainability planning.

Canadian Centre on Substance Abuse System Action

The KEC participated in this network, which was established to provide a platform for action that facilitates knowledge exchange across diverse networks working towards comprehensive services and supports related to substance use in Canada.

Mental Health and Addictions Information Collaborative

The KEC is a founding member of Mental Health and Addictions Information Collaborative. The Collaborative will identify opportunities and facilitate efforts aimed at furthering this purpose through integration and quality improvement of existing data resources and the development of new resources that fill mental health and addictions information gaps.

"As a part of the Youth and Advisory Councils of the Knowledge Exchange Centre, I feel privileged to have the opportunity to contribute, albeit in a small way, towards improving the mental health of Canadians. Both councils are incredibly diverse in their membership, which is a critical quality necessary for any advisory council to authentically represent and address the needs of an increasingly diverse Canadian population. Based on my experiences thus far, I can say with absolute certainty that these councils are evidence of the MHCC's commitment to engaging and empowering individuals and families dealing with mental health problems and illnesses."

- Amanee Elchimi, Vice-Chair,
MHCC Youth Council

PAST PROJECTS



The Knowledge Exchange Centre (KEC) has led or supported dozens of previous projects that have since been completed. On following pages you'll find examples of a small selection of these.

Advisory Committees and Advisory Committee Projects

From 2007-2012, the dedicated members of the MHCC's Advisory Committees (Seniors; Mental Health and the Law, Workplace, Science, First Nations, Inuit, and Métis; Family Caregivers; Service Systems; and Child and Youth) had been conducting project work that was developed with, project-managed, and disseminated by the KEC to address the gaps in mental health care outlined in the 2006 Standing Senate Committee report *Out of the Shadows At Last*. The primary function of the Advisory Committees at this time was centered on projects that supported the creation of a national mental health strategy.

Once *The Mental Health Strategy for Canada* (the Strategy) was launched in May 2012, the MHCC started to shift from the first phase of its mandate (Knowledge Creation/2007-2012) to the second phase (Creating Change/2013-2017), focusing on key priority areas that will be supported by the wealth of knowledge that has been created by the Advisory Committees and the MHCC's strategic initiatives.

As a result, in January 2013, the KEC led the transition of the eight Advisory Committees into a singular Advisory Council comprised of 16 experts and an Ambassador Network that includes previous Advisory Committee members, along with experts in the field who were not previously members of the Advisory Committees.

Evergreen Framework: Future Vision for Child and Youth Mental Health in Canada

This project created a framework to inform and guide the development and applications of child and youth policies and plans created by provincial and territorial governments and service organizations. The framework was developed through a consultation process with professionals, youth, parents, and members of the public from across Canada.

Evergreen: A Child and Youth Mental Health Framework for Canada was released in 2010. This framework was highlighted in a webinar and was disseminated at a wide variety of conferences. It continues to underpin the current work of the KEC and the MHCC with regard to child and youth activities and programming.

Collaborative Healthcare: Exchange, Evaluation, Research (CHEER)

As part of this pan-Canadian initiative to help improve primary mental health care, the KEC undertook a systematic review on the links between chronic disease and mental health. It presented these findings at the Chronic Disease Prevention Alliance of Canada Conference in 2012 in Ottawa.

The KEC created a partnership to co-host the reception at the Collaborative Mental Health Care Conference held in Vancouver in June 2012. At the conference, the KEC supported three presentations, including a workshop on supported self-management, an overview of the literature review, and a journal article was also produced for *Synopsis* about the CHEER Initiative.

Evaluation Project

This project provided an analysis of the current state of Canadian legislation as it impacts the human rights of all persons living with mental health problems or illnesses. The KEC developed and piloted a human rights analysis instrument that can be applied to Canadian legislation relevant to mental health and mental illness.

The instrument developed by the project was released in 2012 (www.mentalhealthcommission.ca/English/document/5201/equality-dignity-and-inclusion-legislation-enhances-human-rights-people-living-mental-?terminal=24).

Police Project

A number of people living with mental health problems and illnesses will interact with police at some point. This project focused on what happens during those interactions and on the perceptions of both groups towards each other.

Deliverables

- *Police Interactions with Persons with a Mental Illness: Police Learning in the Environment of Contemporary Policing* (2008);
- *A Study of Police Academy Training and Education for New Police Officers Related to Working with People with Mental Illness* (2008);
- *A Study of How People with Mental Illness Perceive and Interact with the Police* (2011); and
- *Police and Mental Health Learning Curricula Roundtable Report* (2012).

Consumer/Peer Research Network Development

The purpose of this project was to foster the development of a network that will build opportunities for people living with mental health problems or illness to engage in research activities, and to facilitate connections with other communities and/or academic researchers interested in being involved in consumer/peer mental health substance use research.

Deliverables

- Consumer/Peer Research Network 2010-2011; and
- *Consumer/Peer Research Network Development Project Final Report* to the Science Advisory Committee.

Seniors Guidelines

This project focused on older adults living with mental health problems or illness, as well as service planners. The 1988 *Guidelines for Comprehensive Services to Elderly Persons with Psychiatric Disorders* has been a major reference document for clinicians in Canada. The project updated this document to 2010 standards through a literature review of Canadian and international benchmarks, a survey of Canadian mental health services for older adults using identified benchmarks, and a consultation process on the draft guidelines.

Deliverables

- *Guidelines for Comprehensive Mental Health Services for Older Adults in Canada* (2012).

Canadian Think Tank for Seniors' Mental Health Knowledge Exchange

The KEC collaborated with six other organizations to bring together the leaders of existing knowledge exchange and critical partners in seniors' mental health and dementia for a think tank in March 2009. From this session an options paper was prepared that provided recommendations for the MHCC in developing knowledge exchange work benefiting seniors.

Deliverables

- Think tank;
- *Issues and Options for a Knowledge Exchange Centre for Mental Health: A Focus on Seniors' Mental Health* (2012); and
- *Networking Seniors' Mental Health & Dementia: A Framework for Collaboration* (2012).

Diversity Project

This project targeted ethno-culturally diverse groups, immigrants, refugees, and marginalized populations. The objective was to promote promising practices for inclusion in the Strategy, as well as develop consensus on strategies that provinces and regional mental health systems may consider in meeting the needs of an increasingly diverse population.

Deliverable

- *Improving Mental Health Services for Immigrant, Refugee, Ethno-Cultural and Radicalized Groups: Issues and Options for Service and Improvement* (2011) [Summary available in English, French, Cantonese, and Punjabi (2012)].

Executive Leadership and Policy

This project focused on CEOs and other senior organizational leaders in Canada to encourage a decisive commitment to mental health in the workplace.

Deliverable

- The KEC coordinated with the Centre for Mental Health in the Workplace to create and launch the Leadership Framework for Advancing Workplace Mental Health Website in 2011 (www.mhccleadership.ca).

Improved Mental Health Care

The purpose of this research was to examine ways to enhance the three levels of mental illness prevention, and to develop a shared or collaborative care model using employer resources for the services of consulting physicians and psychologists.

Deliverable

- *Psychological Health & Safety – An Action Guide for Employers* (2011)

5th Anniversary Awards

The MHCC created the 5th Anniversary National Mental Health Awards to recognize initiatives across Canada contributing to improving mental health. The KEC assisted each award winner to showcase the best and promising practices from within their initiative across the country. The Awards ceremony was held in October 2012, publicly acknowledging six winners and four honourable mentions in five categories. Complete case studies on each winner and honourable mention are posted on the MHCC website.

FUTURE DIRECTIONS

The Knowledge Exchange Centre (KEC) approach to knowledge exchange is receiving national and international attention and recognition. More importantly, it is increasing the uptake for the work of the MHCC and its partners. As always, however, there is much more work to do in Canada and abroad to ensure that the knowledge-to-action gap in mental health is reduced. The KEC needs to create and strengthen mechanisms that can facilitate the uptake of impactful research, programs policies, guidelines, and tools.

Its work is constrained by time, as the MHCC's current mandate ends in 2017. The KEC is working hard to ensure that the right foundation and partnerships are being built, so that the strides that the KEC is making can be built upon by others in this field.

To reduce the knowledge-to-action gap, the KEC knows that its knowledge exchange efforts must be contextualized for each audience. The KEC also needs to continue strengthening relationships with national, provincial, and territorial partners, as well as people with lived experience, and their caregivers and families, while simultaneously building strong and sustainable virtual and traditional networks.

There is also an important need for to work with national and international partners through the International Knowledge Exchange Network for Mental Health. The KEC will contribute to the small yet growing evidence base for knowledge exchange effectiveness, while also developing standard evaluation tools and frameworks for knowledge exchange interventions.

The KEC has demonstrated the essential need for a national knowledge exchange centre in mental health. Regional, provincial, and territorial efforts are often constrained by geography and a lack of national connectivity and reach. The KEC acts a broker for bringing stakeholders and leaders together so that the mental health community can be strengthened. Through its annual Supporting the Promotion of Activated Research and Knowledge (SPARK) training program, and by creating the *Innovation to Implementation a Practical Guide to Knowledge Translation in Health Care*, the KEC has also built capacity for the mental health community to conduct effective knowledge exchange practices.

In the years to come, the KEC will focus its efforts on further developing integrated pan-Canadian networks expanding an online community for collaboration and knowledge sharing through its digital platforms; building additional capacity in Canada and abroad for conducting effective knowledge exchange via its SPARK training program and *Innovation to Implementation Workbook*; enhancing the utilization of, and reporting on, mental health data via the Data Project; strengthening key partnerships with other knowledge exchange communities, centres, and leaders; and implementing the most effective and innovative knowledge exchange tools and tactics available to ensure that the MHCC's work is being used throughout Canada and abroad to create meaningful change.

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