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

Presented by:

Nicholas Watters, Director, Knowledge Exchange Centre, MHCC

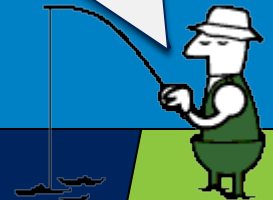
Fredrik Lindencrona, PhD, Senior Advisor
National Coordination Strategy for Mental Health
Swedish Association of Local Authorities and Regions

August 20, 2013



Yes, how ~~at you~~
did you ~~s~~
know? ~~correct~~
~~but~~ completely
useless.

Because you don't
know where you are,
you don't know where
you're going, and now
you're blaming me.



The background consists of several overlapping, semi-transparent geometric shapes in various shades of green and blue. The shapes are layered, creating a sense of depth and movement. The colors range from a bright, vibrant blue to a deep, forest green, with lighter, lime-green accents. The overall composition is dynamic and modern.

IKEN-MH



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Agenda

- Background and Overview: 20 minutes
- Questions 15 Minutes
- Break Out # 1 : 20 Minutes (IKEN-MH Focus Areas)
- Report back #1 20 Minutes
- Break out # 2 20 Minutes (Barriers to Implementation)
- Report back #2 20 Minutes
- Wrap-up and next steps 5 minutes



Formation

- The formation of the IKEN-MH was jointly envisioned by the MHCC and the International Initiative for Mental Health Leadership (IIMHL) to increase the capacity for effective knowledge exchange in mental health by connecting people, ideas, and resources on a global level.
- Recruitment of International Steering Committee.
- Three in-person meetings helped determine scope and activities the network would undertake:
 - [St. John's, Canada \(July 2012\)](#)
 - [Auckland, New Zealand \(March 2013\)](#)
 - [Stockholm, Sweden \(June 2014\)](#)



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Structure

Steering Committee

- 9 Countries represented on the Steering Committee



Implementation Working Group

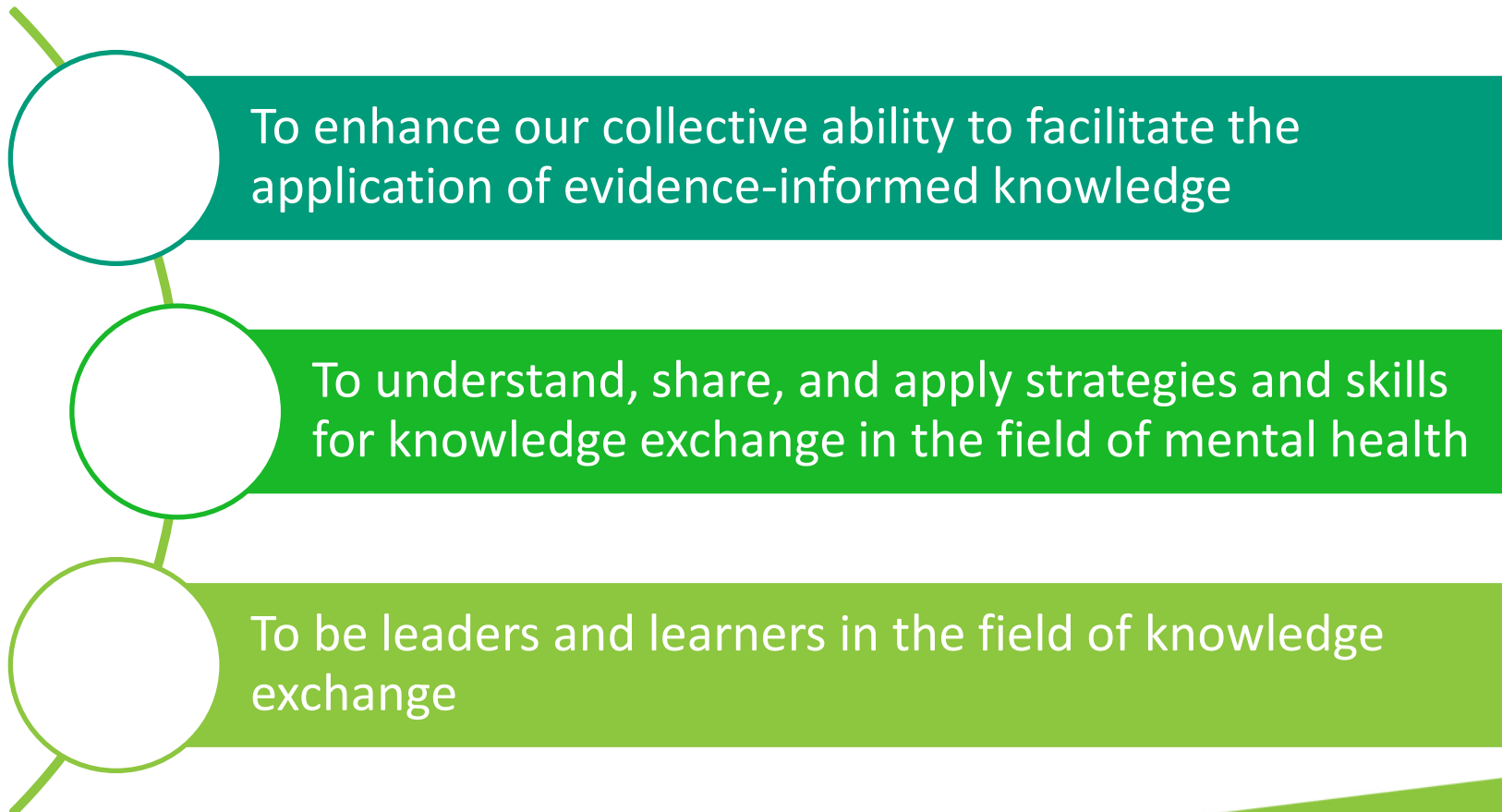
- Best and Promising Practices
- Failures – What went wrong?
- Innovative Tools and Tactics

Network Members

- Approximately 70 members from 9 different countries consisting of Researchers, Practitioners (Including KE) , Policy Makers and those with Lived Experience.



Purpose







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Value proposition

Given the current interest globally to improve the conceptualization of knowledge exchange, and to create strategies to bridge the gap between knowledge development, policy formulation and service delivery in practice, it is necessary to create mechanisms that accelerate the sharing of change efforts and innovations across country boundaries



Innovation to Implementation

A Practical Guide to Knowledge Translation in Health Care

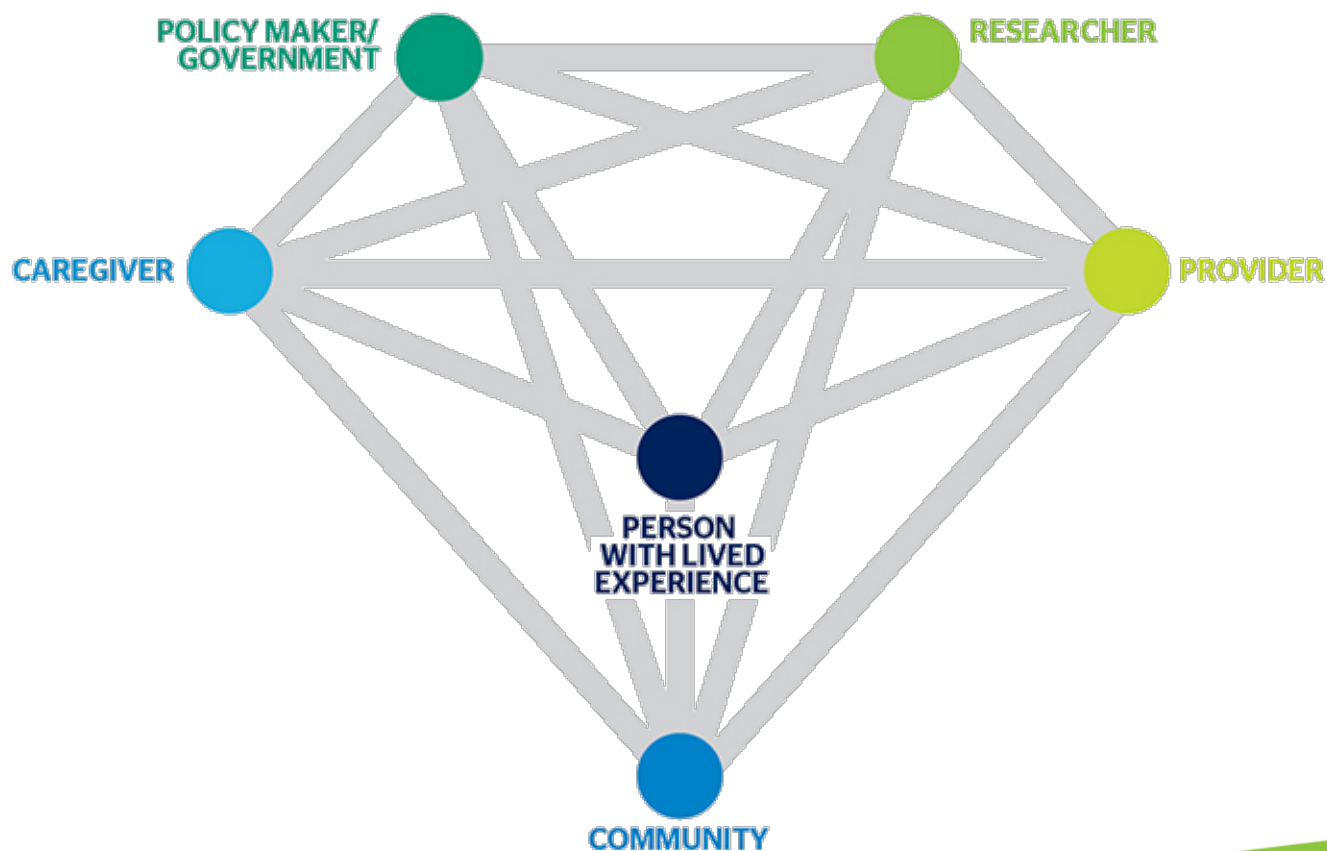


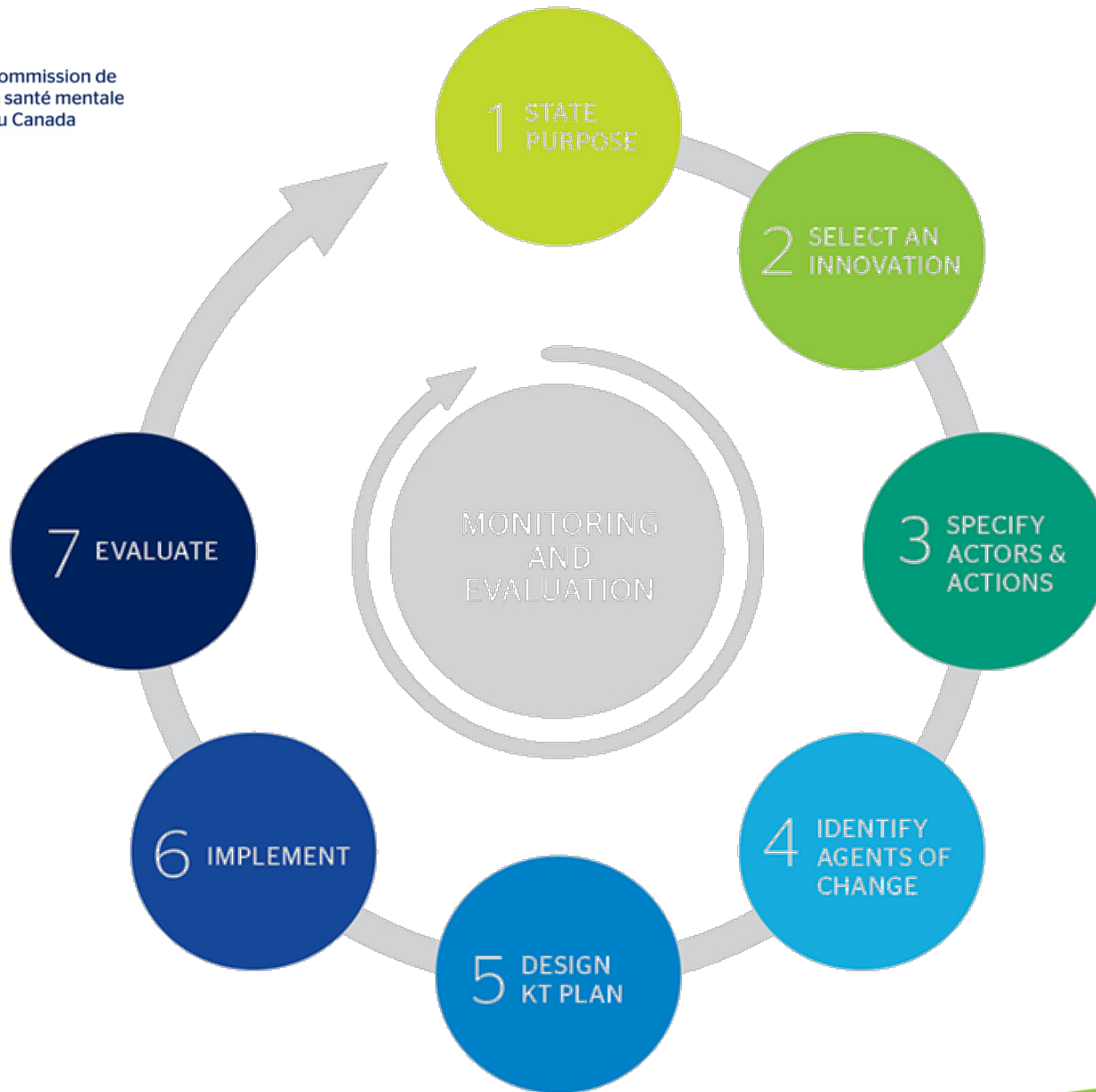
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Activated Knowledge Exchange Framework







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Types of Knowledge

Scientific

Experiential

Pragmatic

Cultural

Key methods for Engagement

Methods for Engagement:

- Bi-monthly Steering Committee meetings (Teleconference)
- Monthly Working Group meetings (Adobe Connect)
- Yearly in-person meeting
- Meeting matches in partnership with IIMHL
- Surveys
- Collaborative Space
- Emails



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Core Areas of Focus

The IKEN-MH has four strands to its work:

1. Build Capacity
2. Share Knowledge and Resources
3. Increase the Uptake for Evidence-Informed Practices
4. Knowledge Exchange Research and Tool Development



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Key Activities to Date

1. Replication of SPARK Training Program in New Zealand and Sweden
2. Improving Global Knowledge Exchange for Mental Health Systems Improvement.” Global Journal of Community Psychology Practice. *In Press*.
3. In-person Knowledge Exchange Forums
4. International Sharing of Best and Promising Practices
5. Dissemination of International Reports



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Replicating SPARK in NZ

- IKEN-MH and MHCC SPARK Canada links
- Opportunity: IIMHL Auckland March 2013
- Workshop: 19 fellows trained
- 12 months on: 13 had used the KT tools
- Evaluation: SPARK-NZ fellows valued workshop, the I2I and mentoring
- Outcomes: Effective adaptation of Canadian SPARK



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SPARK: opportunity for NZ

- IKEN-MH and MHCC SPARK Canada links
- NZ context
 - Te Pou intermediary role supporting policy/research into service practice
 - Focus - building service leaders skills to lead effective implementation of innovation and EBP in their services
- Opportunity – IIMHL Auckland March 2013



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Developing SPARK - NZ

Key supports – national and international

- Canadian MHC assistance
- National leaders advisory group

Adapted SPARK for NZ context

Key target group – service organisations

- Minor changes to model
- Funding model differed

Twelve month evaluation of programme





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SPARK- NZ workshop - 1-2 Mar 2013

About the trainees

- 19 trainees, diverse roles/backgrounds
- Area of interest: most service practice, policy (n=3) and research (n=3)
- Project areas diverse

Twelve months on

- 12 participants successfully implemented their KT plans, either in full or part.
- Two continued to develop their KT plans, but experienced delays implementing them.
- The remaining 6 participants withdrew





SPARK fellow identified benefits

- Workshop, ongoing mentoring and peer group sustained KT project implementation
- Promoted an efficient implementation process
- Step-by-step guideline provided useful structure
- I2I reminded you of what you might overlook
- Training increased knowledge of KT theory
- Increased understanding why change in practice can take so long.



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Learnings

- Takes time to test a practice – One year on and we are still learning
- Need to consider how to embed within organisation systems, not just individual practitioners
- What are the opportunities for other countries
 - Target group – consideration of who is trained
 - Building Knowledge translation friendly organisations
 - Focusing on strengthening national and regional leadership understanding of KT /KE

IKEN-MH Community of Interest on Change

Who

- Small group of IIMHL/IKEN-MH members who share a common interest in supporting systems level change in their respective jurisdictions met at IIMHL meeting in New Zealand (n = 7)

What

- Sharing case examples of change initiatives; discussing concepts from the literature & their potential application; acting as “peer support”; identifying areas for collaboration (e.g. Global Implementation Conference)

How

- Monthly meetings (Adobe Connect/teleconference) & email



Example of Collaborative Endeavor:

“Improving Global Knowledge Exchange for Mental Health Systems Improvement”

- To share our experience so far & advance thinking/interest in the area, we developed a manuscript on IKEN-MH
- Global Journal of Community Psychology Practice article, in press.
- Authors: 6 IKEN-MH members

Global Journal of
Community Psychology Practice
PROMOTING COMMUNITY PRACTICE FOR SOCIAL BENEFIT

An Exchange of Ideas, Information and Resources for Community Practitioners Volume 4 Issue 4 December 16, 2013

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FEATURED ARTICLES FROM AROUND THE GLOBE

Community Psychology Practice Competencies: A Global Perspective
Susan M. Wolfe, Victoria Chien Scott, & Tiffeny R. Jimenez
Guest Editors

Community Psychology is a unique field of community science incorporating research and action that seeks to promote social change by challenging the status quo and promoting social justice. Accordingly, within this special issue, we challenge our current educational practices in the belief that we could have greater impact if we were more intentional and consistent in the development of professionals of the field who work in more applied positions. It is within these action-focused positions that we expect to most affect change within communities. Our educational opportunities in community-based research methods have been consistent across training programs; however, those competencies alone are not enough to create the change we wish to see.

[Read more...](#)

Are Our Competencies Revealing Our Weaknesses? A Critique of Community Psychology Practice Competencies
Peta Dzidic, Lauren J. Breen, & Brian J. Bishop

TOOLS OF THE TRADE

Community Coalition Simulation: Experiential Learning of Community Psychology Practice Competencies
Tom Wolff & Gregor Sarkisian

Community psychology (CP) practice competencies have recently emerged as a contemporary issue in community psychology (Society for Community Research and Action, 2012). One of the more challenging CP practice competencies to learn, in the experience of the authors of this paper, is collaboration and coalition development, listed under Community and Social Change as CP practice competency number twelve – “The ability to help groups with common interests and goals to do together what they cannot do apart” (SCRA, 2012, p. 12). This paper describes a community coalition simulation exercise as a teaching tool for CP practice competencies in both community and academic

FEATURED VIDEO

Workings Together

This video is from the SCRA Video Contest. It features an initiative that incorporates the



Article Overview

- Policymakers globally are paying increasing attention to challenges of providing more accessible and integrated mental health care.
- Few frameworks specifically consider the transfer of evidence-based programs across jurisdictions at regional and national levels; most are focused on local service implementation.
- Paper examines the efforts of the IKEN-MH, and the associated community of interest on change and improvement, to support mental health systems change at these levels.
- Using a theoretical model, we explore systems change efforts according to the constructs of evidence, context and facilitation. By matching some exemplars in the use of KE for mental health best practice against this model, the potential strategies of the IKEN-MH to assist transformational change emerge.

Bullock, HL, Lindencrona, F, Belkin, GS, Vanderpyl, J, Watters, N, Hennessey, K. 2014. "Improving Global Knowledge Exchange for Mental Health Systems Improvement." *Global Journal of Community Psychology Practice*. *In Press*.



Future Planned Activities

1. International Webinars
2. Expansion/Promotion of SAMHSA's National Registry of Evidence Based Programs and Practices
3. Economics of Mental Health & of Management & Change
4. Dissemination of International Learning Collaboratives
5. International Knowledge Exchange Collaborative Space
6. Further International Replication of SPARK Training Institute
7. KE Literature Opportunities



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Breakout # 1: 25 Minutes

In your small group please discuss the following question:

What would you like to see the IKEN-MH focus on over the next two years. This can be topic specific, tool development, tactical, audience specific etc.



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Breakout # 2: 25 Minutes

In your small group please discuss the following question:

In your context, what are the biggest barriers to implementation? This can be at a regional/territorial, provincial/state, national level, or international level.



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Thank you

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