

Commission de la santé mentale du Canada

# SPARK

#### Presented by:

Nicholas Watters, Director, Knowledge Exchange Centre, MHCC & Jane Vanderpyl, Research and Evaluation Manager, Tepou

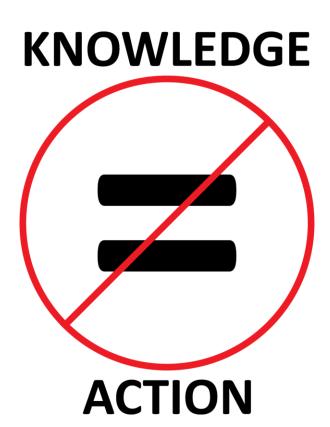


Yes, how at you did you know? orrect useless.

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

# Purpose and Value







#### **Knowledge Translation**

### What is Knowledge Translation?

a symmetrical conversation

#### The Canadian Institutes of Health Research defines KT 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." <a href="https://www.cihr-irsc.gc.ca/e/29418.html">www.cihr-irsc.gc.ca/e/29418.html</a>



# Knowledge translation is about

Ensuring that stakeholders are aware of and use research evidence to inform their decision-making

 Research is informed by current available evidence and the experiences and information needs of stakeholders





## The Problem

There is still a gap between the production of research knowledge and the uptake and use by policy makers, decision makers, clinicians, people with lived experience and their families and Caregivers

There are different kinds of gaps and reasons for them. For example:

- Awareness people don't know certain evidence exists
- Comprehension the research is not presented in a way that is 'usable'
- Relevance the research that does exist does not answer the problems faced by decision-makers
- Implementation there is awareness, but there are barriers to change
- Behaviour change all pieces are in place, but individual behaviour change is difficult to achieve



## Understanding the Value of KT

- The world is changing... (political climate, economics, societal views).
- Funding agencies, foundations are making it a requirement (Canadian: CIHR, CHSRF, Michael Smith Foundation, SSHRC; International: NIH, ZonMW –the Netherlands, NHS& MRC – UK, NIH & SAMHSA -USA).
- Achieving relevance beyond the academic community is becoming more important to researchers.
- Shift towards more evidence-informed policy and practice
- Assumption: there is a relationship between applying strong/'good' evidence and improved health services

# SPARK Training Workshop



## **SPARK Overview**

#### Goals

 The MHCC SPARK Training Workshop's goal is to improve the capacity for implementing effective knowledge translation practices in the field of mental health, substance use and addictions.

#### **Workshop Objectives**

- To provide participants with the foundational knowledge required to develop a knowledge translation plan
- To provide a simple, easy to use framework for conducting knowledge translation
- To increase cross-sectoral collaboration among researchers, policy experts, family caregivers, practitioners, and people with lived experience
- To identify and create linkages for ongoing partnerships between sectors

## **SPARK Overview**

#### Three Weeks Post Workshop

 Each participant will have developed an implementable knowledge translation plan

#### Three Months Post Workshop

 Each participant will have implemented a learning event, based on the onsite training, in their home organization/institution or setting

### Six Months Post Workshop

Each participant will be asked to fill out an evaluation survey

## Nine Months Post Workshop

 Each participant will have the opportunity to participate in an optional digital learning event to help overcome any barriers that they have experienced while attempting to implement their knowledge translation plan



## **Quotes from Participants**

"My plan worked smoothly due to the help I had with implementation (a great team & a project embedded within a larger one). Also, participants in my research reported really appreciating the fact that they were being consulted about research, rather than being told what research we wanted them to take part in. Creating true collaborations with research participants has changed the focus of my research and my view of research in general - for the better."

"I was energized by the group and the collaborative nature of the workshop." (focus group)

"There was great value in bonding with others and learning from the diversity across the table." (focus group)



# **Quotes from Participants**

"My (KE) program was offered to 6 different groups for a total of 70 clinicians. The first meetings led to changes in organizational and clinical practices. Clinical assessments are better targeted to patients with depression and anxiety and there was an improvement in communication between doctors and primary care teams."

"I have been very pleased with the amount of enthusiasm and acceptance of my project from community members, staff and management."



## **Quotes from Participants**

"Because of SPARK a partnership developed between CREST.BD (Collaborative REsearch Team to study psychosocial issues in Bipolar Disorder), the Canadian Network for Mood and Anxiety Treatments (CANMAT), and Canadian Institutes for Health Research (CIHR) to host the "OPTIMIZING OUTCOMES IN BIPOLAR DISORDER: MEASURING AND MAXIMIZING QUALITY OF LIFE" webinar on February 21, 2013) The webinar enabled CREST to disseminate their Quality of Life Assessment Tool to a broader market"



Commission de la santé mentale du Canada

## **Evaluation**

Pre and Post Workshop Knowledge Acquisition Tests

Post Workshop Event Evaluation

Mid-point Evaluation Survey

Focus Groups

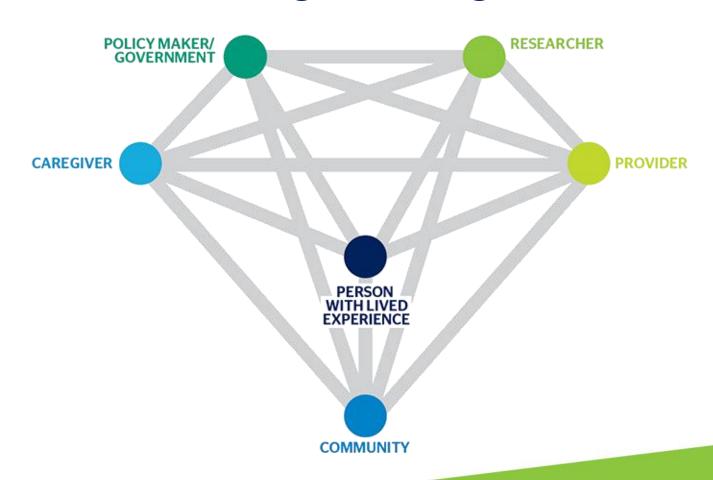


# Innovation to Implementation

A Practical Guide to Knowledge Translation in Health Care



# Activated Knowledge Exchange Framework







Commission de la santé mentale du Canada

# Types of Knowledge

Scientific

Experiential

Pragmatic

Cultural

# SPARK New Zealand



# 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



# 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



# 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





# 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.



# 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



Commission de la santé mentale du Canada

# Questions

