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KNOWLEDGE EXCHANGE

A Framework for Action by the Canadian Mental Health Association

INTRODUCTION

Research and practice often operate fairly independently from one another. The recent interest in knowledge transfer and exchange in mental health can be understood as a response to the gap between research information and action on that information by policy makers, decision makers, and providers. It is an attempt to ensure that research outcomes can improve the system, and ultimately enhance the delivery of services and supports on the ground.

There is no doubt that a gap exists between research and practice, and that it has to be bridged. Nor is there any question that the service system could use improving. *But it is important to remember that knowledge exchange is not a one-way street, and that recipients of knowledge in one context may be the producers of knowledge in another.*

CONCEPTS: KNOWLEDGE AND KNOWLEDGE EXCHANGE

What is knowledge?

The term “*knowledge*” is often used interchangeably with “*information*”, but there is a subtle difference. “*Information*”, referring to facts and data, can be seen as a source of “*knowledge*”. “*Knowledge*” encompasses beliefs or judgments that come from analyzing information.

Where does knowledge reside? The Knowledge Resource Base

The Canadian Mental Health Association has developed the concept of a “*Knowledge Resource Base*”, which describes some of the different sources of available knowledge about mental health and mental illness. This innovative model breaks through the traditional paradigm dominated by professional expertise and services to identify new sources of knowledge, which in turn can lead to a new set of approaches for addressing mental health issues.

While knowledge that derives from medical/clinical sources is widely accepted, the other sources are often less apparent. However, there is important relevant

knowledge from the social sciences, in both published and “gray literature”, which helps explain the effects of psycho-social determinants such as income, housing, education, or social support on mental health and mental illness. There is also the knowledge that comes from experiencing mental illness as a consumer or family member, and the knowledge that resides within the many ethno-cultural and linguistic groups in Canada, or even the community at large.

None of these perspectives alone provides a complete picture, and each one has its own strengths and limitations. But taken together, they offer a new and more balanced understanding of mental health and mental illness.

The Knowledge Resource Base clearly illustrates the legitimacy of the less mainstream sources of knowledge that tend to stay under the radar, such as experiential knowledge, or the knowledge in grass roots community. This suggests the need to bring these sources into the knowledge exchange process as equal players, in order to optimize the quality of the information that will influence policy and practice.

Knowledge Exchange

Knowledge exchange has been defined as the process of engaging researchers, policy developers, and healthcare decision makers in the development and application of research knowledge to effect timely, relevant, evidence-based decisions. (Health Systems Research and Consulting Unit, Centre for Addiction and Mental Health, Toronto)

The word “process” is very significant here. Knowledge Exchange is much more than just a product such as a website. A true knowledge exchange process would involve opportunities for dynamic information sharing and exchange amongst all stakeholders, with those traditionally considered the users of information as active participants rather than just passive recipients of knowledge.

TAPPING THE EXISTING KNOWLEDGE BASE

The shift

Instead of thinking about bringing research knowledge to policy makers and service providers, the starting point in knowledge exchange should be a consideration of how to bring the knowledge from all the different stakeholders into the conversation.

The definitions: users and producers of knowledge

This shift requires defining producers of knowledge as not only the researchers, clinicians, and social scientists, but also the consumers, families, and community groups, among others.

From this starting point, the uptake of knowledge would also be more widely dispersed. Rather than considering just policy makers, decision makers, and service providers as the ones to apply knowledge, all the groups in the process could be expected to act on the information according to their own particular perspectives. The definitions of “users” and “producers” of knowledge will therefore be shifting and dynamic.

The players

More specifically, key stakeholders involved in a national mental health knowledge exchange process, as both users and producers, would include:

- Consumer and family organizations at all levels
- Professional associations at all levels
- Coalitions (e.g. CAMIMH)
- Federal Government, Provincial Governments and Regional Health Authorities
- Educational institutions at all levels/ Research organizations
- People at various life stages such as children, youth, adults, and seniors
- Native groups, ethno-cultural communities
- Community leaders, places of worship, business leaders/employers
- General public

The impacts

- **Enhancing legitimacy of new kinds of research**

Currently, community-based research by non-professional or non-academic groups is not generally considered as legitimate as other forms of research, and criteria for accessing research dollars, which tend toward formal academic credentials, create serious barriers to the participation of community groups in the research process. While this value system is widespread across all disciplines, it is exacerbated in the mental health field where the stigma of mental illness tends to dismiss the perspectives of consumers and family members. Changing the structures and processes that keep various sources of knowledge out of the exchange will not only help legitimize experiential knowledge, but, by valuing the contributions of non-professionals, can also help to combat stigma.

- **Enriching the information base**

Broadening the range of perspectives of legitimate knowledge will also enrich the pool of information. If we trust the inherent wisdom in communities and respect the insights that come from experience, new kinds of knowledge will emerge.

For example, where the research question of clinicians might be to understand the etiology of illness, a consumer group might start with the question of how to help a person with a mental illness connect to peers in the community, for support and even survival. Through an effective knowledge exchange process, these new perspectives will ideally reach policy makers and service providers, where they can ultimately enhance the lives of the people on the ground.

THE MECHANISM: A KNOWLEDGE EXCHANGE CENTRE

A Knowledge Exchange Centre, proposed as one of the first three priorities of the Mental Health Commission of Canada, should be a focal point for access and sharing of various forms of knowledge about mental health, mental illness, and mental health policy, services and supports. In the context of CMHA's values, principles, and experience regarding knowledge and knowledge exchange, the following are our initial recommendations in regard to a Knowledge Exchange Centre.

Proposed Goal of Knowledge Exchange Centre

- Improved mental health services and supports, based on diverse research findings, and leading ultimately to enhanced mental health for Canadians and quality of life for those with mental illness

Objectives

- A recognized forum that ensures the voices of all stakeholder groups are heard
- Opportunities for robust dialogue amongst a broad range of knowledge producers and users
- Increased capacity for knowledge producers to share information and for knowledge users to utilize information

Activities

- Tap expertise of CMHA and other national organizations to identify research from a range of knowledge sources, and make the information accessible to a variety of users in a variety of ways
- Support a national conversation and consensus building process on a national mental health strategy
- Support capacity of users to create information, and to access and utilize the information created by others
- Facilitate exchange of ideas and information amongst various knowledge sources
- Build in mechanisms for multidirectional communication among researchers and audiences, such as links to a variety of websites as well as face-to-face fora, accounting for the possibility that the respective research/audience roles are dynamic and subject to shifts

Subjects/Content

- Clinical

- For example, correlations between biological markers and mental illness
- Social Science
 - For example, best practices in housing for people with mental illness, or impacts of poverty and unemployment on mental health
- Community-based
 - For example, effective multi-sectoral initiatives for promoting inclusion in community or for evaluating mental health systems
 - For example, ways that community places of worship can offer support to individuals and families
- Consumer-driven
 - For example, people's experiences of recovery
- Family-driven
 - For example, impacts of family education initiatives on enhancing awareness of early psychosis intervention
- Particular communities
 - For example, Aboriginal holistic approaches to mental health and healing
- Promotion of mental health and prevention of mental illness
 - For example, effective practices for accommodating students with mental illness, and for raising awareness of mental health and mental illness issues in education settings
 - For example, strategies for creating a workplace environment that promotes the mental health of employees
- Practical mental health reform issues, for example:
 - Measurable performance monitoring tools
 - Examples of effective recovery-oriented practice and experiences; best practices
 - Data on allocation of resources, targets, human resource gaps, service utilization and outcomes; National summary reports on state of mental health system
 - Funding for mental health in relation to overall health funding

User engagement Decision-making or advisory

- Participate in governance, advisory, planning, development and evaluation of the Centre activities
- Designing tools accessible to consumer or family constituencies
 - Help design web-based approaches
 - Because many consumers do not have easy access to computers, explore alternative approaches to knowledge exchange; other constituencies who do not make substantial use of computers, such as seniors, would also benefit
 - Ensure information is provided in plain, easily understood language
- Collaborating in research process

- Project development, defining the problem and discussing its implications through to project implementation and evaluation
- Once the project is completed participate in identifying the target audience for the information, and in communicating the findings
- Supports for involvement
 - Cover costs of logistics of participating for those who require it
 - Support ways for organizational representatives to link with their constituency base for ongoing two-way communication with the Centre

CONCLUSION

Looking at Knowledge Exchange as a multi-directional process rather than a one-way information flow creates a more complex and challenging scenario, but it is the only way to move forward effectively. To make it work, it is important to define the players broadly, in accordance with the various perspectives described in CMHA's Knowledge Resource Base, and value the roles of consumers, families, and various community and cultural groups as producers as well as users of information. The resulting exchange has the potential to bring about a new and richer understanding of the issues in the field, which can ultimately lead to more effective policies and practice, and better outcomes for people.

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