

“Make it so”

August 2013 Newsletter

The purpose of *Make it so* is to describe how learning collaboratives around agreed themes will be a major focus for IIMHL.

This August 2013 *Make it so* focuses on the International Knowledge Exchange Network for Mental Health (IKEN-MH).

We hope you find it helpful.

Janet Peters

IIMHL

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

In 2012, the Mental Health Commission of Canada (MHCC), in collaboration with IIMHL looked at a way to share best practice, knowledge and resources in the field of mental health. Internationally respected experts gathered together to develop a vehicle for effective knowledge translation in mental health.

This resulted in the creation of the International Knowledge Exchange Network for Mental Health (IKEN-MH). IKEN-MH aims to increase effective knowledge translation in mental health by connecting people, ideas, and resources on a global level. It is currently supported by a steering committee and membership of approximately 70 members.

In 2013, the IKEN-MH met as part of the IIMHL exchange and network meeting. The focus of this meeting was to strengthen the network and to finalise a workplan to ensure IKEN-MH is an active network with opportunities for ongoing sharing internationally.

Background

Rapidly transferring and adapting innovative ideas between countries is what IIMHL is all about. Through sharing innovation, leaders at all levels can improve practice and promote wellness. Examples include countries adapting to reduction and elimination of seclusion and restraint practices, the Milwaukee Wraparound system, trauma-informed care, e-therapies and talking therapies.

Similarly, the Knowledge Exchange Centre of the MHCC advances the MHCC's work by facilitating partnerships with stakeholders that enable the sharing of knowledge and best practices¹. The centre aims to increase the ability of mental health professionals to develop, share and use evidence to improve the mental health system.

To assist evidence to practice, the MHCC has published [Innovation to Implementation \(I2I\)](#), which is a practical, step-by-step guide to create and implement an effective plan to help services implement innovation and evidence into their services.

The advancement of promising medical discoveries into clinical practice is inefficient, with estimates suggesting an average 17-year time lag for 14 per cent of research to be translated into clinical practice². That is, there is a substantial gap from the time new knowledge is created to when it is used in practice³.

However there is limited understanding of effective ways of rapidly bringing new knowledge into mental health services. Decreasing this knowledge-to-action gap is of vital importance to the field of mental health. It has the potential to improve the efficiency and effectiveness of the mental health care system, and the lives of those with lived experience, their families and caregivers.

The field of knowledge translation/exchange has emerged in response to this gap. Knowledge exchange is about the mechanisms that support the effective uptake of evidence into practice in ways that result in better health outcomes. Knowledge exchange involves mutual learning through the process of planning, producing, disseminating, and applying existing or new knowledge to enhance services and the well-being of its users.

What is knowledge translation?

This is sometimes described as closing the gap between what we know and what we do. Knowledge translation involves bringing together people who create knowledge and people who use knowledge (for example family caregivers, peer support workers, mental health professionals, addictions counsellors and policy makers) to find new and effective ways to put into practice what has been learned to improve people's health.⁴

The 'Sydney Declaration'

Many other national agencies in IIMHL countries are interested in collaborating to enhance evidence informed practices across countries. For example the Australian National Mental Health Commission has released a declaration by international, national and state mental health commissioners, confirming their commitment to address five priority areas of mental health⁵. The declaration is an outcome of a meeting the National Mental Health Commission hosted in Sydney in March, which was attended by representatives from the Mental Health Commissions of Australia, Canada, Ireland, Scotland, New Zealand and the United States as well as each Australian state and territory.

The 'Sydney Declaration' outlines opportunities for collaboration to support and drive change, and shared commitments on:

- indigenous mental health
- seclusion and restraint
- work and mental health
- knowledge exchange
- international benchmarking.

The President and CEO of the Mental Health Commission of Canada, Ms. Louise Bradley said: "This agreement gives international importance to promoting mental health in the workplace and knowledge exchange – two focus areas the Mental Health Commission of Canada has worked hard to move forward. The Commission is committed to supporting the principles put forward in the Sydney Declaration and to continued collaboration to promote excellence and create change."

Opportunities for ongoing dialogue will continue in Perth in July for Australian based organisations, followed by a meeting in the United Kingdom in June 2014 during the next International Initiative for Mental Health Leadership's international exchange programme and network event.

Building on other work

Although still in its infancy, IKEN-MH has already begun to confer some benefits to its members. A sub-group of leaders from the founding countries has met regularly to share experiences and challenges with aspects of implementation.

Why is IIMHL particularly interested in IKEN-MH?

IIMHL sees the opportunity to combine the knowledge translation process with the current system of leadership exchanges.

In 2014 IIMHL is moving to theme-based five day leadership exchanges and is at present finalising the themes.

In the future IIMHL is looking to ask three theme-based groups to work up a collaborative plan of action in 2014 to take knowledge into action at the coalface across countries.

In 2015 there could be six collaborations in place and these could increase yearly.

Next steps

The first learning collaborative off the block will be trauma informed care. This overarching topic will also include seclusion and restraint, and client safety. It will be led by Dr Bob Glover from the US, and Geoff Huggins from Scotland will work on templates for the learning collaborative.

The overall aim is to put knowledge into practice quickly and effectively using the IIMHL Leadership Exchange system as the vehicle for change.

Footnotes

1. <http://www.mentalhealthcommission.ca/English/initiatives-and-projects/knowledge-exchange-centre?routetoken=249fa0d8acf060605e63b0e9343959a4&terminal=42>
 2. Balas E.A. (1998). From appropriate care to evidence-based medicine. *Pediatric Annals*, 27:581–584.
 3. Lang E.S., Wyer P.C., Haynes R.B. (2007). Knowledge Translation: Closing the Evidence-to-Practice Gap. *Ann Emerg Med*. 49:355-363.
 4. MHCC webpage <http://www.mentalhealthcommission.ca/English/initiatives-and-projects/knowledge-exchange-centre/supporting-promotion-activated-research-and-knowl?routetoken=ac121df811dd4fb27b367c8c2e499838&terminal=55>
 5. <http://www.mentalhealthcommission.gov.au/news-events/our-news/sydney-declaration-confirms-shared-commitments-and-opportunities-for-international-collaboration-on-mental-health.aspx>
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INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP
Pakuranga, Auckland, New Zealand
+64 9 527 3966