

Knowledge Translation and Exchange in Children's Mental Health in Rural Communities



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CANADA**

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Advisory Committee

Family and Children's Services of Rainy River, Huron-Perth Centre for Children and Youth, Open Doors for Lanark Children and Youth, Payukotayno James and Hudson Bay Family Services, Timiskaming Child and Family Services, The Hospital for Sick Children, Laurentian University

Knowledge Translation and Exchange in Children's Mental Health in Rural Communities

HEALTH RESEARCHERS

The Hospital for Sick Children
Centre for Rural and Northern
Health

Advisory
Committee

COMMUNITY PARTNERS

5 Sites

PHASE I

Focus Groups

PHASE II

Semi-structured
Interviews

Team Analysis

Knowledge Transfer and Exchange



Background

Knowledge Translation: Definition

Process that transfers research results from knowledge producers to knowledge users for the benefit of Canadians

Goal: to improve health processes, services, and products as well as the health-care system itself

It employs broad-based and often interactive mechanisms of uptake, dissemination, and debate and entails a complex set of interactions among producers, users and contexts



Background

Commonly Accepted Views of Communication

- **unidirectional, uncomplicated, linear flow from information creator to information user**
- **from scientific/technical setting to the social context of individual lives**
- **assumption that provision of information is sufficient to produce improved health outcomes in individuals and populations**
- **that individuals, regardless of social context, have the power and agency to implement change and act on the information as it is available**



Background

In order to be effective, KT strategies must:

- 1) Account for the preferred modes of dissemination of those with whom information will be exchanged**
- 2) Address readiness for change and the availability of resources in the local community**



The Rural Reality

Currently, there are as many as 10 million Canadians living in rural and remote regions

Strong evidence to suggest that the capacity for research utilization is different in rural settings

KT is a critical component of a rural health research strategy in Canada



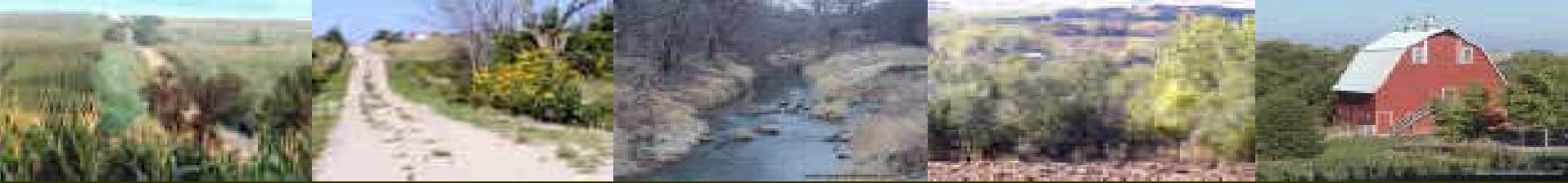
Research Objectives

To identify the research utilization practices of key stakeholders in children's mental health in rural communities

To assess the local community's readiness to adopt knowledge translation strategies

STUDY SITES

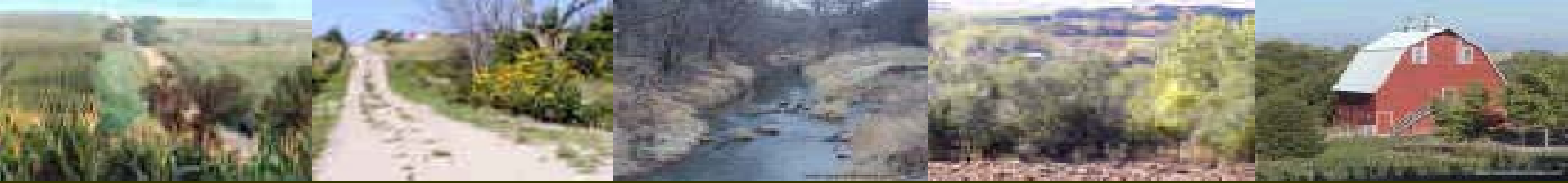




Phase I: Focus Groups

Purpose of the focus groups: to identify the research utilization practices of key stakeholders (access, assess, adapt, apply)

- analogous to community dialogues
- 2 focus groups per site (N=10)
 - Family/youth
 - Service Providers

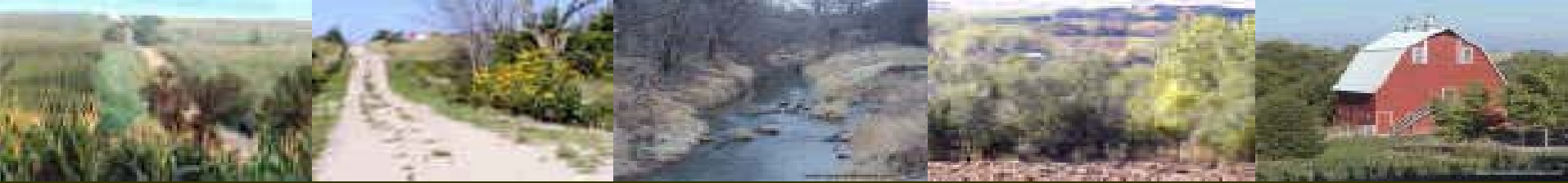


Phase II: Indepth Interviews

Purpose of the Interviews: to assess community readiness for use and adoption of knowledge translation strategies

Community Readiness Model (Edwards et al, 2000)

- Provide us with a sense of how to match the strategies identified in our focus groups to level of readiness to utilize KT
- 4-5 interviews in each of the 5 study sites (N=20-25)



Phase I Results

Rural Challenges

Lack of Services & Resources

Inability to deal with crisis – going out of community

Long waiting lists

Misperception of available services

Lack of Qualified Staff

Constant change

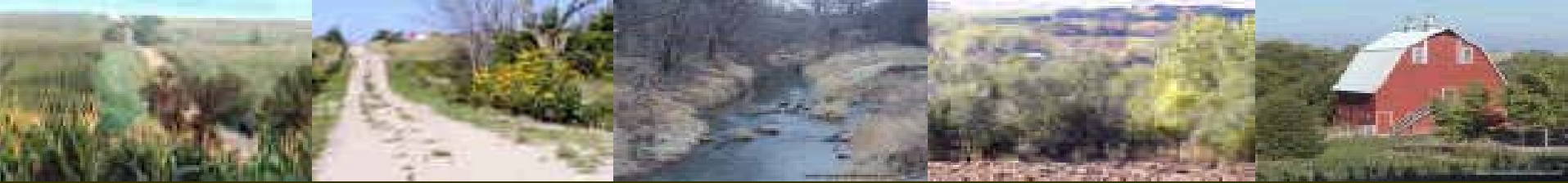
Doctor's unable to keep up to date & monitor medication

Under Resourced Schools

Unable to support & direct children & families

Lack of Confidentiality/Anonymity

Stigma – “bad parent”, “bad/dumb kid”



Phase I Results

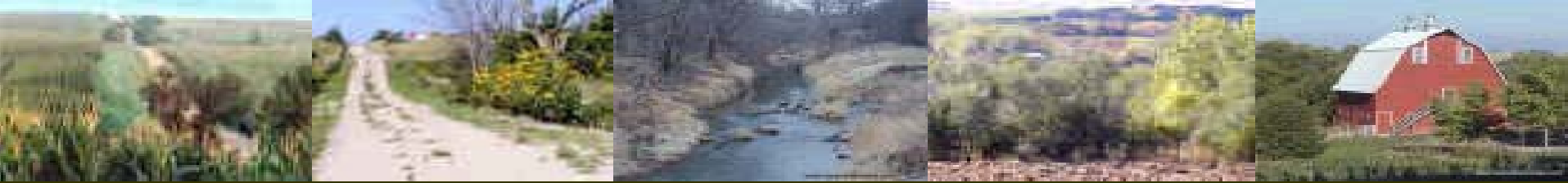
Knowledge Translation & Exchange

Increase awareness & understanding of children's mental health

Increase awareness & understanding of available services & resources

Decrease stigma

Facilitate community support & build capacity through networking & sharing



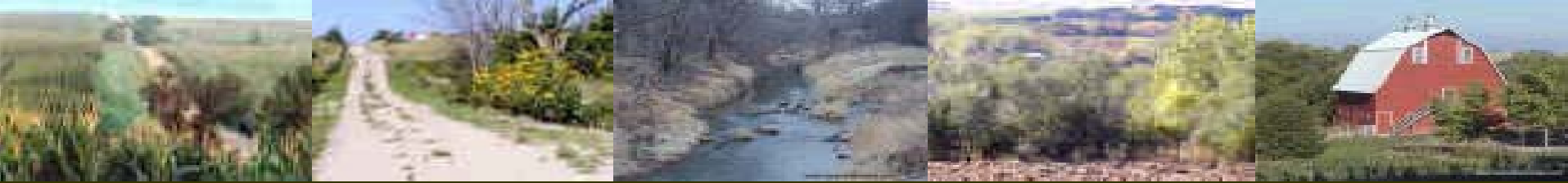
Phase I Results

Obtaining Information:

I mean the only way we can access help is through just knowledge in the community and do you know someone who can do this?

In the electronic age, maybe there's a way we could have something on the Internet that would be up to date and easily accessed...you could get on that instead of poring through hours trying to find something...

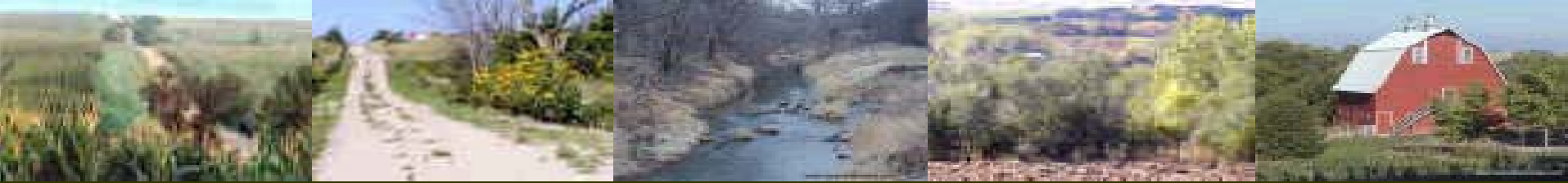
It's groups like this, when you get together, you really realize what you don't know or information you don't have.



Phase I Results

Stigma as a Barrier to KT & E:

In the schools, we would mount informational posters [on mental health issues] inside of the stall in the girls bathroom. Because it was the only safe spot...because otherwise they won't look at it on the bulletin board in the school. So, that's the other thing about communicating mental health information....there is still a huge stigma. It is not okay to go for service. It is not okay unless you have a problem. And there is not the anonymousness of it, like there is in the city. If you go in an office where the visiting psychologist is down the hall from where everyone else goes, and someone will see you go in...you cannot be anonymous in a small town. When you get home, your mother already knows.

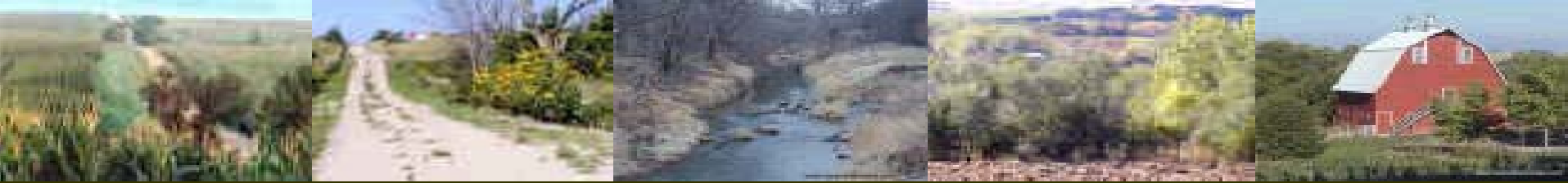


Phase I Results

Knowledge Translation & Exchange Strategies

Training & education for service providers, doctors, teachers, youth & families through:

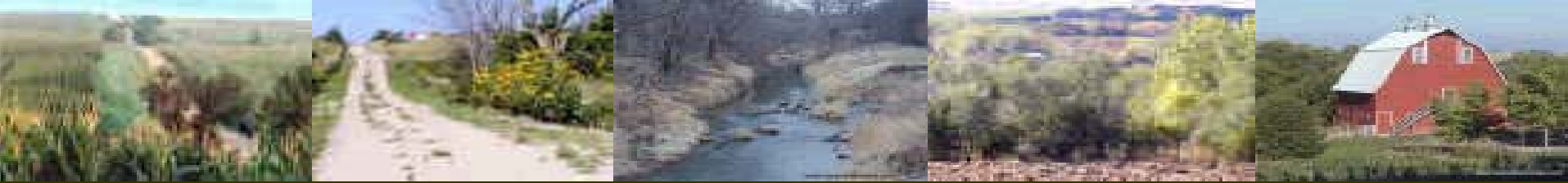
- credible web sites/chat rooms
- attention grabbing experiential stories
- support groups
- conferences (tele)
- committees
- anonymous dissemination
- assemblies – non-targeting



Phase II Results

Community Readiness Interviews

- Model consists of 9 stages of readiness ranging from “No Awareness” to “Professionalization” of an issue.
- Six dimensions of the issue are probed:
 - community efforts at change
 - community knowledge of efforts being made
 - leadership around the issue
 - community climate (receptivity) to the issue
 - community knowledge of the issue
 - existing resources to address the issue

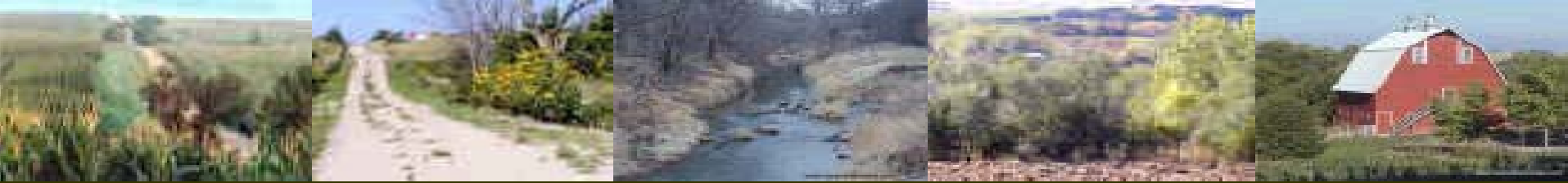


Phase II Results

Community Readiness Interviews

- 3 communities scored “4” in “Preplanning” stage
- Goal: Raise awareness with concrete ideas to combat condition (presentations, media engagement, involve community leaders, focus groups to strategize).

- 2 communities scored “5” in “Preparation” stage
- Goal: Gather existing information with which to plan strategies (conduct surveys and public forums, utilize key leaders to speak to groups and participate in media).



Knowledge Translation and Exchange

Knowledge transfer and uptake throughout the study

Communications infrastructure for effective knowledge transfer

A series of fact sheets – brochures prepared that describe the study, the study process, study results

Small discussion groups with key stakeholders in each rural community



Thank You

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