

OMHAKEN

Evaluation of OMHAKEN's Purpose, Structure and Impact

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Submitted to: OMHAKEN Transitional Governance Committee

OMHAKEN

Dear OMHAKEN Stakeholder,

The Transitional Governance Committee for the Ontario Mental Health and Addictions Knowledge Exchange Network (OMHAKEN) is pleased to share the enclosed report, *Evaluation of OMHAKEN's Purpose, Structure, and Impact* (November, 2009). This evaluation was commissioned by the Coordinating Centre for OMHAKEN (housed in the Health Systems Research and Consulting Unit, Centre for Addiction and Mental Health - CAMH) with support from the Ministry of Health and Long-Term Care.

The Transitional Governance Committee emerged from the Executive Advisory Committee for the System Enhancement Evaluation Initiative after it came to an end in March, 2009. Members of the Transitional Governance Committee include consumers (Ontario Peer Development Initiative), families, researchers (Hospital for Sick Children), service providers (CMHA, Ontario), and individuals from the Coordinating Centre at CAMH. The committee is led by two co-chairs.

The Transitional Governance committee has been meeting regularly to recommend future strategic directions; including considering different models to structure the network, membership, as well as options for the OMHAKEN website. This evaluation has provided the committee with a number of key findings that have, and will continue to be helpful to inform and guide future planning.

Should you have any questions and/or comments related to this report, please do not hesitate to contact Heather Bullock (Manager, Knowledge Exchange at the Health Systems and Research Consulting Unit, CAMH) at 416.535.8501 ext. 4457.

Best Regards,

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Evaluation of OMHAKEN's Purpose, Structure and Impact

“To foster knowledge exchange and dialogue between ongoing research and local communities across Ontario.”

Main Messages

OMHAKEN is doing an excellent job of getting research out to stakeholders and needs to continue doing what it does well. Its communication products are well received, the staff is highly regarded and the adoption of a topic-based approach to employment and education represents a significant contribution to a previously neglected area.

OMHAKEN provides a structure for linkage and exchange as seen by the involvement of stakeholders in research. Both scientists and mental health stakeholders valued the experience finding it highly rewarding. These collaborations are leading to greater awareness and use of research.

OMHAKEN means different things to different people and has not yet established a core identity that is recognizable to the field as a whole. A unifying theme encompassing OMHAKEN's broad range of activities was suggested as a means by which to consolidate its identity and to better communicate its role. One theme that was suggested was for OMHAKEN to see itself as 'supporting a culture of knowledge exchange for mental health and addictions.'

There is considerable support for OMHAKEN taking on an expanded role vis supporting programs in the translation and application of research and for providing assistance regarding program evaluation.

There was a strong perception that membership in OMHAKEN needs to expand geographically, particularly in rural/remote areas. The absence of an addictions component in the membership was viewed as a need for future network development along with greater front-line worker and broader scientist involvement.

The role of the Lead appears to be unclear and the relationship with the LHINs appears to lack definition regarding what the LHINs need from OMHAKEN and how best to establish a strong connection between the two.

OMHAKEN would benefit from having an improved website that is easy to access and allows for Web 2.0 technologies that could support electronic stakeholder interaction and communication.

I Introduction

The OMHAKEN purpose, structure and impact evaluation took place in spring/summer 2009, approximately three years since its inception. It comprises two elements, a stakeholder survey and a set of key informant interviews. It was seen as an appropriate time to assess network functioning and to reflect on OMHAKEN's achievements, strengths and shortcomings given that SEEI¹ project had ended. The Coordinating Centre anticipates that the evaluation will lead to quality improvement and will provide strategic direction for OMHAKEN.

II Approach

To evaluate **network functioning** for the fulfillment of OMHAKEN's purpose and the effectiveness of the structure, a stakeholder questionnaire using 'survey monkey' format was developed. The evaluation questions were informed by findings in the network evaluation literature that recommended attention to: the achievement of goals; the strength and quality of relationships; the costs and benefits of member participation; member satisfaction; impact; and, unintended consequences arising from the network (CHSRF 2008; CHSRF, 2006; Provan et al 2007; WK Kellogg Foundation (2004).

Four key stakeholder groups were identified for the evaluation: OMHAKEN leads; mental health stakeholders including the Local Health Integration Networks (LHINS), Ministry of Health and Long-term Care (MOHLC), Executive Advisory Committee (EAC) members; and System Enhancement Evaluation Initiative (SEEI) scientists. Selected participants in OMHAKEN knowledge exchange events were also included in the survey.

There were four main areas of investigation in the survey (see Section III A Survey Findings):

- Assessment of whether OMHAKEN is achieving its **goals** for relationship building; creating awareness of research; use of research; and increasing stakeholder involvement in research
- Examination of the Lead role
- Examination of the Coordinating Centre role
- OMHAKEN Communication methods

The survey was distributed to 180 individuals resulting in 57 respondents and representing a 31% response rate. To ensure maximum participation in the survey an explanatory note was attached to explain that many of OMHAKEN's activities may be more strongly associated with the SEEI project and/or Coordinating Centre activities but were to be considered as OMHAKEN activities. Also, an advanced e-mail notification was sent out and two reminder notices were sent out. Survey questions were organized on a Likert Scale and respondents were asked open-ended comments after most questions (reported as 'comments'). Although the response rate to the survey was low this is consistent with the literature on survey response (Dillman, D. reference).

1 SEEI is a research project funded by the Ontario Ministry of Health and Long-Term Care. The project evaluated the effects of the significant investments made by the Government of Ontario over four years, from 2004/2005 to 2008/2009, in the following areas of the community mental health system: crisis response; intensive case management; assertive community treatment; early intervention in psychosis; services for individuals with mental illness who are in contact with the criminal justice system.

A brief survey of the newsletter was attached to the overall survey and the results are reported herein.

To assess **impact** and gather more detailed information about OMHAKEN’s strengths and weaknesses **twelve key informant** interviews were conducted with representatives of the four key stakeholder groups. An outside consultant was hired to conduct the interviews by telephone. Using a semi-structured interview format, the questions were designed to gain information on: most important contribution; what needs improvement; OMHAKEN’s impact; most pressing regional knowledge exchange need; suggestions for improvement (see Section III B Thematic Overview of Key Informant Interviews).

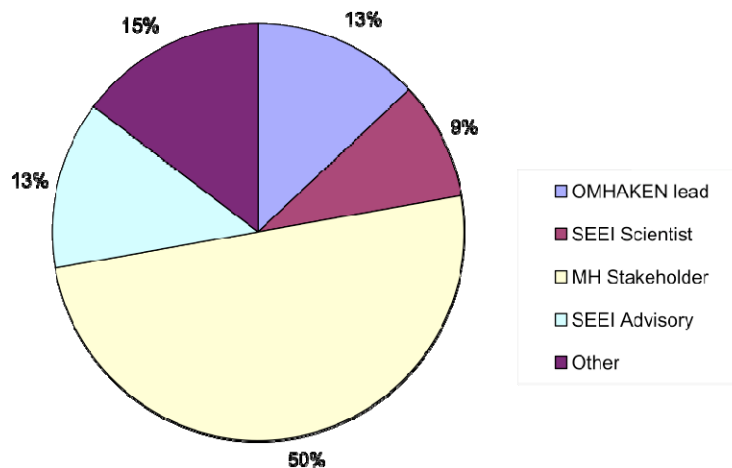
III Findings

A Survey Findings

Missing responses ranged from a low of 17% (working collaboratively) to a high of 42% (increased dialogue) with most falling in around 21%. The most likely explanation for this is that it reflects respondent familiarity or lack of familiarity with the subject area being asked about. This is not surprising because the respondents come with varying degrees of involvement with OMHAKEN from high, e.g., EAC members, participating research sites, to low, e.g., newsletter recipients. The questions directed at specific groups, namely scientists and Leads, had full participation by respondents. For reporting purposes the two positive ends of the Likert scale, ‘very large and large degree’ were combined and reported as ‘very large degree’ throughout.

i) Survey Respondents

Fifty percent of those responding were mental health stakeholders and the other 50% was dispersed among OMHAKEN leads (12.3%), SEEI scientists (8.8%), SEEI advisory committee members (14%), and others (14%).

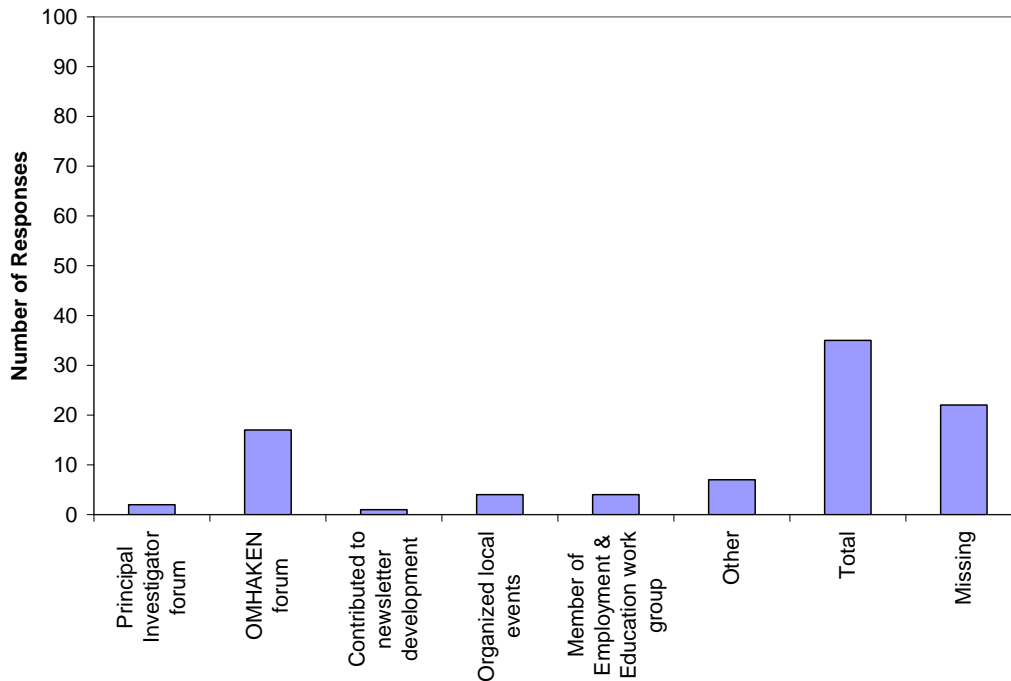


ii) **Achieving its Goals: Relationship Building, Increasing Awareness of Research and Increasing Stakeholder Involvement in Research**

“We are a SEEI participant and as a result we have had a continuous and ongoing relationship over the 3 years of the study (Matryoshka).”

This set of questions was designed to gain information on the extent to which OMHAKEN was successful in achieving its goals. The overall impression is that OMHAKEN is doing exceptionally well in increasing awareness of research (42.9 % very large degree and 40% somewhat); quite well in creating new relationships (32% very/large degree, 60% somewhat), working collaboratively (32% very large degree, 25% somewhat and 32% don’t know), applying research findings (each category received an equal percentage of responses); and, to a lesser degree in increasing dialogue (24.3% very large degree, 55% moderate amount). Please see Appendix for tables. One respondent questioned the need for OMHAKEN given the range of existing channels for research dissemination.

Stakeholder involvement in research was reasonable with 31% rating it as being to a very large degree although a similar percentage of respondents did not know.



Eighty-seven percent of scientists responded positively (very large) to the question of whether stakeholder feedback is being incorporated into research. The response to the question of whether the research needs of the regions are being brought forward yielded a very low response rate- 33%- and a poor response, 68% responded ‘somewhat.’

Comments from the survey

On whether relationships have increased:

- From the researcher perspective: *“there’s a structure to use if link needed with stakeholders.”*
- Firsthand knowledge of SEEI results (provider)
- No additional benefit other than the kickoff meeting

“We have a good dialogue about the specific research project. It has not necessarily resulted in a broader ongoing discussion about research....”

Increased dialogue resulted from hearing the U.S. speakers on employment, the reports on the website and the knowledge mobilization events held in the province. One respondent disagreed saying that, *“most stakeholders remain disinterested in research.....”*

Raising awareness was achieved through ‘reading the newsletter’ and learning about research *“we are not involved in.”* Three people commented that they were already *“plugged in”* and one noted that there were *“already enough channels.”*

“(Stakeholders) provide local context for interpreting results (in the form of) feedback to support or not support the validity of the findings.”

When asked whether they had been involved in research, stakeholders provided several examples ranging from policy forums, direct involvement in research projects (Matryoshka), to engagement in knowledge exchange activities. One scientist detailed the involvement of stakeholders in her research project as providing *“input into the formative evaluation and (on) all aspects of the design.”*

Overall, the comments on stakeholder impact were very positive and reflected a wide range of stakeholder contributions to the research.

iii) The Lead Role

It was important to explore the Lead role and its functioning within OMHAKEN. Leads were initially conceptualized as providing a necessary and efficient link between the Coordinating Centre and local/regional and specialized networks. It was assumed that this ‘link’ would enable OMHAKEN to leverage existing networks for knowledge exchange purposes. The process of defining the Lead role involved the Leads and the role description was incorporated into the terms of reference (TOR) for OMHAKEN. Regular communication took place with the Leads by telephone, email correspondence, an annual meeting, and distribution of OMHAKEN newsletters, reports, advisories and notices. A total of 6 leads responded to the survey out of 24.²

²There are 24 Leads and it is estimated about 10 are ‘active.’ Six specialized networks belong to OMHAKEN: Early Intervention; Provincial HSJCC; Rural Health Sciences; LHINs; Consumers Survivors Initiatives; Consumers Disorders Network. None of these are actively engaged.

The Leads were asked about their understanding of the TOR for OMHAKEN and of the Lead role. The response was 68% (large degree) for OMHAKEN's TOR and 50% (very large degree) for the Leads' role TOR. One hundred percent of the participants responded that OMHAKEN is "somewhat" functioning as a "network of networks." The level of Lead involvement in OMHAKEN ranged from 60% 'not involved in specific OMHAKEN activities' with 40% saying they were involved. Furthermore, there was an even 50% split on whether they as Leads have facilitated the engagement of others in any OMHAKEN activities. Importantly, 50% felt that it had been a good use of their time.

These results indicate that there is much room for greater clarity around the Lead role and their greater involvement. The potential of the Lead role as initially thought has not been fully realized.

Comments

"Information is going out but (there is) no feedback on how it's used."

One Lead commented that the role was "too broad." Some Leads wrote they were not as active as they would like to be. When asked if OMHAKEN had been a good use of their time, those who commented felt positively about their involvement; "I gained awareness of current research and was able to pass that knowledge on," and, "I have established a good linkage but am not sure of the spread of that linkage in my area."

iv) The Coordinating Centre Role

The Coordinating Centre plays a pivotal role in providing leadership and management for OMHAKEN. It was important to assess the quality of the support and direction provided by the Coordinating Centre and to see how the activities were valued and perceived by stakeholders.

In response to whether the support and coordination provided by the Coordinating Centre was adequate, 43% responded 'to a very large degree.' When asked about whether OMHAKEN activities increased their awareness of research, 52.5% responded 'to a very large/large degree' and a similar response was found to the question of whether OMHAKEN activities are relevant their work' (48% very large degree). The SEEI products are viewed as "easily understood and user friendly" by more than 60% of respondents.

Comments

"I think that the deliberate focus on making research understandable has been good in moving (research) beyond traditional "markets" of outreach."

The activities noted by respondents for being relevant were the employment and education work group (one comment related to having more of a consumer oriented focus), the newsletters and the dissemination of research findings. One respondent noted that the lead forums were "too infrequent to be relevant." Other comments supported the survey impression that products are easily understood and user friendly.

v) Communication Methods

This part of the evaluation asked about the effectiveness of communication of OMHAKEN and how it is working for OMHAKEN members. The numbers show that 83.3% of the participants felt that OMHAKEN has an appropriate balance of ‘face-to-face’ and electronic interaction/communication. This is somewhat at odds with some of the comments made in survey and by key informants.

It was also seen that 48.4% felt that the information is communicated in an ‘extremely timely or very timely’ way and 12.9% felt, ‘not very timely or not timely at all.’ The participants expressed preferences for receiving information and/or communication in all formats: via email, website, meetings, and webinars. Fifty-five percent indicated that they have assisted with communication by identifying appropriate organizations, networks and/or individuals; 53.8% responded no, to whether they had ‘identified appropriate forms of communication and 71.4% responded yes to whether they had acted as a ‘credible messenger.’

A group of questions was asked about the OMHAKEN newsletter. Eighty-three percent of the respondents thought the newsletter was relevant to their work and almost 100% found the format and style accessible. Respondents were divided over how frequently the newsletter should be distributed, the largest percentage, 35%, preferred a quarterly distribution. Moreover, 60.5% of the participants distribute the newsletter to others and it is estimated that **approximately 1,500** people are reached in this way.

Missing responses to individual questions were generally high in this section with most in the range from 30% to 45%.

Comments (newsletter)

Regarding the ‘appropriate balance’ of forms of communication one respondent commented, “*not enough face-to-face with leads.*” Another respondent suggested using videoconferencing rather than Toronto-based meetings. Another found the e-health portal unfriendly. One respondent was sharing OMHAKEN information by distributing it on an e-newsletter/ blog.

Regarding the newsletter and its usefulness, the positive responses fell into two areas: the newsletters as vehicle for assisting with policy and service planning; and, the newsletters as a means of keeping up to date, especially on research, “*good overview of provincial initiatives and research.*” Several respondents were more critical. They either did not find the newsletters relevant to their work or they were finding more in-depth information elsewhere. One respondent noted the “*...very restricted range of researchers represented.*”

To increase the relevance of the newsletter, suggestions were as follows: include community level research; share practical examples of knowledge exchange; obtain more feedback from users; and, link with the Mental Health Commission of Canada (MHCC).

“Show how various agencies have utilized their funding for the concurrent disorders positions, programs that have been put in place as a result, and the success of said programs.”

A wide range of suggested topics for upcoming newsletters were suggested with early intervention, addictions and systems integration being mentioned more than once.

vi) Other comments

“Good to see how OMHAKEN will grow and become a resource for the mental health and addictions field in Ontario by linking researchers and the community, providing policy relevant summaries of evidence.”

There was one last question in the survey where people were asked for any other comments. Comments ranged from the congratulatory (above), to the critical, *“there is a large number of researchers who are excluded from this group.”* Other comments advocated for more ‘cross-over between topics, more interactive network components, and an evaluation of whether people are: *“retaining new knowledge and translating it into practice.”*

B Thematic Overview of Key Informant Interviews

The key informant interviews provided further insight into OMHAKEN’s strengths and weaknesses. Key informants had clear suggestions for future network initiatives and improvements for network functioning. Strong support for OMHAKEN was found on many different levels. Many informants stated it should ‘keep going.’ They were generally very positive about the role of the Coordinating Centre and the personnel: *“perfect traits for KT, very fine people in the coordinating office,”* and spoke highly of the *“easy to access research.”* They drew attention to the need to support the translation of new knowledge into practice, making a distinction between transferring information (which OMHAKEN does well) and applying it (which they thought OMHAKEN should consider doing). Several saw the ‘next step’ as being the need to create a *“culture of knowledge translation”* at the program level, for the LHINS and more generally for the field.

i) Most valuable contributions

There was a high level of agreement among key informants on the following areas of OMHAKEN’s performance:

- OMHAKEN is making a strong effort and doing an excellent job of transferring knowledge of Canadian research to mental health providers and to the field. The recent session on the seriously mentally ill and employment was cited as an example.
- The knowledge exchange being carried out by OMHAKEN demystifies research and researchers, making it and them more accessible to consumers, families and providers.
- The SEEI research has provided a credible Ontario research base for program improvement, funding proposals, and funding allocations.
- OMHAKEN provides an easily accessible repository of research information for scientists and students.
- OMHAKEN provides a networking opportunity for a broad range of stakeholders who don’t normally cross paths.

ii) Aspects that are not working well

Some key informants (3) had nothing to say on this question and there was a wide range of responses from the others. However, two main areas of concern emerged. The first is around the need to **engage more people** from across the province in OMHAKEN. Geographically, OMHAKEN is presently viewed as being ‘Toronto-centric’ and as needing to be more inclusive of rural and remote areas. From a membership perspective, OMHAKEN was seen as only involving a small portion of the province’s scientists. Key informants suggested that it reach out to more people on the front-line. Further, OMHAKEN is viewed as needing to strengthen connections to other relevant networks such as consumer and family.

One person suggested that drawing a ‘network map’ would be a helpful way to see what pathways are in place and what are needed to reach other relevant networks. In this context, some informants suggested that the **governance structure be reviewed** for membership representation and broadened to address the problem that it is too strongly identified with CAMH and Toronto.

The second problematic area is the **role of the Lead**. Suggestions were made that the role needs clarification, that the scope is too big, that processes for the Leads are not clear. For the Lead to go beyond “*just information sharing*” to actively engaging people, more resources - “*a good website would help,*” and more authority is needed together with more effective strategies for dissemination. The network’s relationship with the LHINs needs to be more clearly articulated to discern what the LHINS need from the network and to clarify the LHIN Lead role.

iii) OMHAKEN’s Impact

The most frequently expressed opinion on impact was “**it’s hard to say.**” Informants recognized that impact is hard to measure unless, as one person suggested, it is closely aligned with the network’s stated objectives and expected outcomes. Two respondents thought that OMHAKEN’s impact varied according to proximity to SEEI, where for example the research sites were ‘closest’ and most strongly affected. They felt that people ‘further out’ were less affected.

Three respondents were very positive about the impact of recent MOHLTC session on the **seriously mentally ill and employment** and thought that it should be expanded to collect more data, further identify effective employment supports and address the stigma issue. Generally key informants liked the approach of adopting a topic-based focus on an area of high relevance to the field and thought that this should be done again for other strategic areas.

Scientist informants identified a number of impacts:

- Impact on students by featuring student research in the newsletter
- Impact on their (scientist) understanding of the policy development process
- Research has had good uptake
- Impact from the dissemination of research information.
- Expanded their networks through OMHAKEN
- Benefited from knowledge exchange forums and easy access to each other’s research (SEEI scientists)

One mental health stakeholder mentioned the **use of data for planning and research** purposes resulting from SEEI projects.

iv) The most pressing knowledge exchange need in your region

“We have the evidence but not much uptake yet.”

Several informants viewed OMHAKEN as a potential source of much needed **support** for the translation of **research into practice** and for **program evaluation**. For some, the provision of support was seen as a logical next step in OMHAKEN’s evolution. At the program level there is little capacity to apply research findings to current practice. Simply having improved access to research information is insufficient because programs need assistance in interpreting and adapting research findings. It would seem too, that there is a much greater interest in research at the program level as a result of the SEEI project but that providers lack knowledge of (and relationships with) potential scientists for them to connect with around the conduct of program evaluations.

Key informants also identified several different key service areas in response to the question of *‘most pressing knowledge exchange need’*; concurrent disorders, problem gambling, primary care, supported housing, children and youth, coordinated access, as well as the need for better population health data at the LHIN level and the need for a common language between mental health and addictions. These might provide possible next topics after the Employment and Education Work Group is finished.

v) The most important improvement that OMHAKEN could make

Key informant responses to this question fell into three general areas: structural improvements; process/methods improvements and activity improvements.

Structures

The governance structure needs to be *“clarified/reviewed and revised.”* Improvements are needed to broaden representation geographically - more rural and remote, sectorally - addictions, and organizationally - more front-line workers. One informant suggested the creation of a front-line advisory body. The relationship with the LHINS also needs to be clarified and, in particular, the role of the LHIN Lead needs to be reviewed.

Methods

The OMHAKEN website needs to be more accessible, user friendly, comprehensive and with more interactive capabilities. Face-to face dissemination is an effective knowledge exchange method and OMHAKEN should implement more strategies for the **interactive, face-to-face dissemination** of research results.

Activities

Perhaps the boldest activity proposal was for OMHAKEN to support the **development of a 'knowledge exchange culture'** in organizations and for the field. To start it was suggested that OMHAKEN initiate 2/3 pilot projects with evaluative components. CMHA Ottawa was identified as being a good model for OMHAKEN to take a look at.

Other suggested activities in keeping with OMHAKEN's interests were: to sponsor a national conference on people with serious mental illness and work/employment while supporting the need for more research; connect with MHCC and partner with them on the dissemination of the Commission's research findings; and, to build and support connections between researchers and providers to assist both to meet their needs.

iv) Context for Interpretation of Findings

To provide context for interpreting evaluation findings and developing implications, a brief discussion of the lifecycle framework for networks is presented (Robeson, 2009). This staged conceptual framework for understanding network development and evolution is useful in interpreting OMHAKEN's development to this point. Understandably networks experience predictable growing pains and distinct challenges at each stage of their development. There is no set path for network development as the process is an iterative, non-linear and dynamic one and migration through the stages typically differs from network to network (Birdsell & Matthias, 2003).

The first stage of development is characterized by **network planning** and has as its core activity the bringing together of the core members to confirm the need for a network. In this stage OMHAKEN's core members, the EAC, defined the network's purpose, identified expectations, determined the type of network, identified the sponsor and potential network members.

Stage 2 has as its main function - network **formation**. This involves relationship development among members to support network identity, knowledge sharing, and shared ownership. Typically members are asked about resources they are willing to share with the network, topics of interest, and existing networks to connect with. At this point the network creates opportunities for interaction both virtual and face-to-face. The activities associated with this stage encompass: refinement of the network's purpose, value and mission; creating links with existing networks; collaboratively planning activities; aligning the network with shared priority issues; developing a communications plan; and discussing the 'niche' occupied by the network regarding member needs and resources.

Lead by the Coordinating Centre, OMHAKEN worked through stage 2 by holding face-to-face meetings with OMHAKEN Leads, developing TOR for the network and the Leads, crafting a workplan and carrying it out, creating a web-site for members and others. Collaborative processes were used to plan activities, develop new products, and assess member needs. Core members supported OMHAKEN by contributing resources, e.g., CMHA and the OMHAKEN newsletter collaboration. The niche occupied by OMHAKEN was further clarified as being knowledge exchange, not advocacy. A communications plan was developed at this stage.

Arriving at the **maturation stage (3)** the thrust of a network is to “focus and expand.” Typically, at this stage, the network undertakes to: engage new members; further refine roles, responsibilities; identify knowledge gaps; continue to develop relationships and implement multiple opportunities for face-to-face and virtual interactions among members; routinize processes; and, develop tangible, relevant, services and resources. During this stage a mid-term evaluation is typically conducted after which network structure/process/technology and other resources are revised as indicated by evaluation results. This is followed by a **communications plan** that articulates and promotes the purpose and value of the network to its members.

OMHAKEN is entering stage 3 according to this framework, having accomplished its initial **planning and formation cycles**. It has been engaged in defined activities each with a specific purpose. It is also at a transition point as represented by the completion of SEEI project which provided the impetus for OMHAKEN. At this juncture OMHAKEN faces transitions in governance and funding and is addressing these through the recently formed Transitional Governance Committee.

Up to this point the SEEI project necessarily consumed the bulk of OMHAKEN’s resources but not all of them. The initial conception for OMHAKEN has always been broader with the intent to develop it into a freestanding provincial knowledge exchange network. In keeping with this, OMHAKEN undertook non-SEEI related activities in the last two years (newsletter and Employment and Education Work Group) to demonstrate a broader capacity and to ‘road test’ different ideas. The information from the evaluation will enable future planning of the Transitional Governance Committee and the Coordinating Centre about future plans for OMHAKEN.³

v) **Discussion**

OMHAKEN’s Purpose Statement

“The purpose of OMHAKEN is to create and enhance the capacity of researchers, consumers, families, providers, planners and policy makers to collaboratively engage in the process, communication and utilization of health services research and evaluation.” June 2009

Although the survey and key informants questions were slightly different there were many areas of overlap and the level of agreement between the two was high. Generally, the OMHAKEN communication products are well received most notably the newsletter, the staff of the Coordinating Centre is highly regarded, and OMHAKEN has been doing a good job getting research out to stakeholders. The **Employment and Education Work Group** was noted for its contribution to an important previously neglected area. The involvement of stakeholders in research is highly rewarding for scientists and meaningful for non-scientists and is leading to greater use of research for planning purposes. The experience to date demonstrates that there is considerable support for OMHAKEN as those who are knowledgeable see an **expanded role** for

³ In stage 4 effective activities are continued and sustainability is the goal. During this stage the membership will need to be ‘re-energized’ and new leaders and core members brought in. The evaluation of long-term network outcomes takes place and is communicated. Stage 5 results in either termination or transition to other goals.

it. In summary, OMHAKEN has accomplished a great deal in its first 3 years and most of which has been very well received.

There is also substantial agreement on what needs to improve and to change if OMHAKEN is to realize its potential. It should also be noted that a few respondents did not see any 'value added' coming from OMHAKEN and one did not see the need for it.

It is fair to say that of the people surveyed, OMHAKEN means different things to them reflective of their type of and level of involvement. For some, OMHAKEN merely communicates research findings, for others it is a way of doing research. At this stage in OMHAKEN's development it is time for these multiple identities to be integrated into a solid, core identity. The following discussion, 'supporting a culture of knowledge exchange,' may be one way to bring this about.

A. An Expanded Role: "Supporting a Culture of Knowledge Exchange for Mental Health and Addictions."

i) For many respondents, their prime connection with OMHAKEN has been on the 'receiving end' with the newsletters, the website and the SEEI research findings, in other words at the dissemination phase. Evaluation participants stated that community mental health (and addictions) programs lack the capacity to translate research findings into practice and say that a **support function for the translation and implementation of research findings** is needed. Some organizations have already developed their own capacity for this and could be models for the field, e.g., CMHA Ottawa. Respondents suggested that OMHAKEN take a lead role in exploring options for building capacity for the implementation side of knowledge exchange.

At the program level it was suggested that programs create **knowledge broker roles/research development roles** that would support knowledge exchange activities broadly and application of findings in particular. Respondents thought OMHAKEN could assist programs in defining the role and providing knowledge broker training.

More than one informant noted that knowledge exchange should be a part of the provincial strategy for mental health and addictions and that OMHAKEN should be making a strong case for its inclusion in the strategy. Many saw OMHAKEN as being the driver for an emergent '**culture of knowledge exchange**' in mental health and addictions.

ii) The other area that was identified as needing more support is **program evaluation**. Ontario has seen the completion of 2 major multi-site evaluation initiatives in the last 8 years, involving many community mental health programs across the province. These and most likely other experiences with research seem to be contributing an emergent interest among community mental health programs in evaluation research. Given that OMHAKEN already develops and supports knowledge exchange connections between researchers and mental health stakeholders, the provision of technical support for program evaluation would be an extension of this function.

OMHAKEN should explore various methods to expand the capacity of community mental health programs and services (and addictions) to conduct program evaluation research by e.g.,

developing some ‘in-house’ capacity to provide consultation; brokering relations between researchers and providers.

B. Evolving into a Broadly Supported Provincial Knowledge Exchange Network

“(OMHAKEN) Needs to be credible, pertinent and useful.”

i) There is a strong need for OMHAKEN to evolve into a truly provincial knowledge exchange resource and the mechanisms for doing this are through the **governance structure and the membership**. The perceptions of it being ‘Toronto-centric,’ CAMH bound, ‘mental health not addictions’ appear to represent barriers to participation for too many potential OMHAKEN members. The governance structure post the current Transitional Governance Committee will need to expand its membership to reflect the diversity of the province-urban/rural/remote and the stakeholders in both mental health and addictions-providers, consumers, families, scientists, planners and policy makers. The suggested idea of a ‘front-line’ advisory committee for OMHAKEN would be another way to increase the breadth and scope of stakeholder input for OMHAKEN. These important steps will require the support of a robust communications plan designed to mitigate the perceptions of too narrow a membership.

Respondents were adamant that OMHAKEN needs to actively extend its reach. A well orchestrated ‘full bore’ province-wide **membership** drive is necessary to broaden the base that includes the articulation and communication of member benefits.

ii) Many issues were brought forward about the position of the OMHAKEN **Leads**. Leads are currently attached to provincial mental health and addiction planning tables and to specialized networks. The Lead role as described in the terms of reference has not resulted in the desired levels of commitment and participation. One indicator of this is the low rate of Lead participation (6) in the survey. With strong attachments in place, it would be possible to communicate simply and broadly to a very large number of stakeholders however this seems only to be working as planned in a small number of cases. It might be important to learn more about what makes these particular Lead positions work better.

The ideas for ‘improvement’ around the Lead role were to scope it down, provide more resources and more effective dissemination strategies. The LHIN lead role is viewed as being especially critical, given the centrality of the LHINS. Participants suggested that the LHINS needed to be more involved in Knowledge Exchange. There was considerable agreement that more work needs to be done to establish a coordinated working relationship with the LHINS. The Ontario Neurotrauma Foundation has developed a strong working relationship with the LHINS through their knowledge mobilization program and may provide a model for how to go about this.

A detailed review of the **Lead role** should be undertaken and consideration given to redefining the role. It would be in keeping with supporting a “culture of knowledge exchange for mental health and addictions” to make it into a more specialized **knowledge broker** type of role with the backing of the Coordinating Centre for training and support.

iii) The theme of **more scientist involvement** was repeated throughout key informant interviews. Participants felt that OMHAKEN needs to deal with the impression that it works with an exclusive group of researchers. It was proposed that OMHAKEN **identify the larger pool of scientists** who are doing research on similar populations and link them to local networks. By so doing they would be connected to multisite, multidisciplinary teams for research purposes. Other ideas that participants offered to encourage scientist involvement were: the creation of an **'alert' system** to let scientists know of new research and to have OMHAKEN serve as a **gateway** for research sites. To help extend OMHAKEN's reach, scientists should be asked to circulate the newsletter to their networks. To help with the establishment of a broader base of scientists, one informant proposed that scientists be invited to a meeting where those involved could describe the benefits of belonging to OMHAKEN and encourage membership.

iv) **Appropriate supports** are needed for OMAKEN to assist in helping it achieve its objectives. The current website was mentioned frequently as a liability and in need of upgrading. It is perceived as being hard to find, and, once found, hard to use, and further lacking in social networking capabilities such as podcasts and webcasts.

It would now be an appropriate time for OMHAKEN to explore Web 2.0 technologies for use in the network and to facilitate electronic interaction among members.

“Knowledge mobilization is an important evolving area that is going to require a certain amount of trial and error to learn what works best.”

v) There was high agreement that **specific activities** should either continue or be expanded upon:

- OMHAKEN should implement more strategies for the **interactive, face-to-face dissemination** of research results.
- OMHAKEN should continue with the adoption of a **topic-based focus** on an area of high relevance to the field. Associated with the current topic, employment and education, one respondent suggested that OMHAKEN sponsor a national conference on people with serious mental illness and work/employment and support the need for more research.
- Continue to publish the **newsletter**

Suggestions for new activities were:

- Become a **gateway** for access by community mental health programs to relevant journals
- Connect with **Mental Health Commission of Canada** to partner with them on the dissemination of the commission's research findings

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Appendix

Tables for OMHAKEN Survey

Figure 1: Has OMHAKEN created new relationships between researchers and stakeholders?

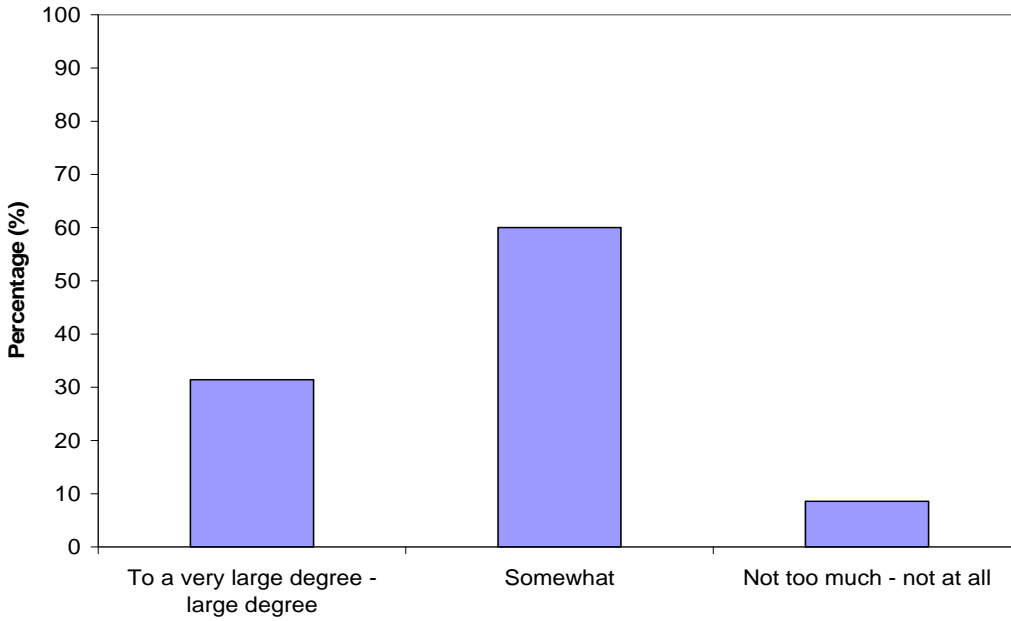


Figure 2: Did you find OMHAKEN worked collaboratively with researchers and stakeholders?

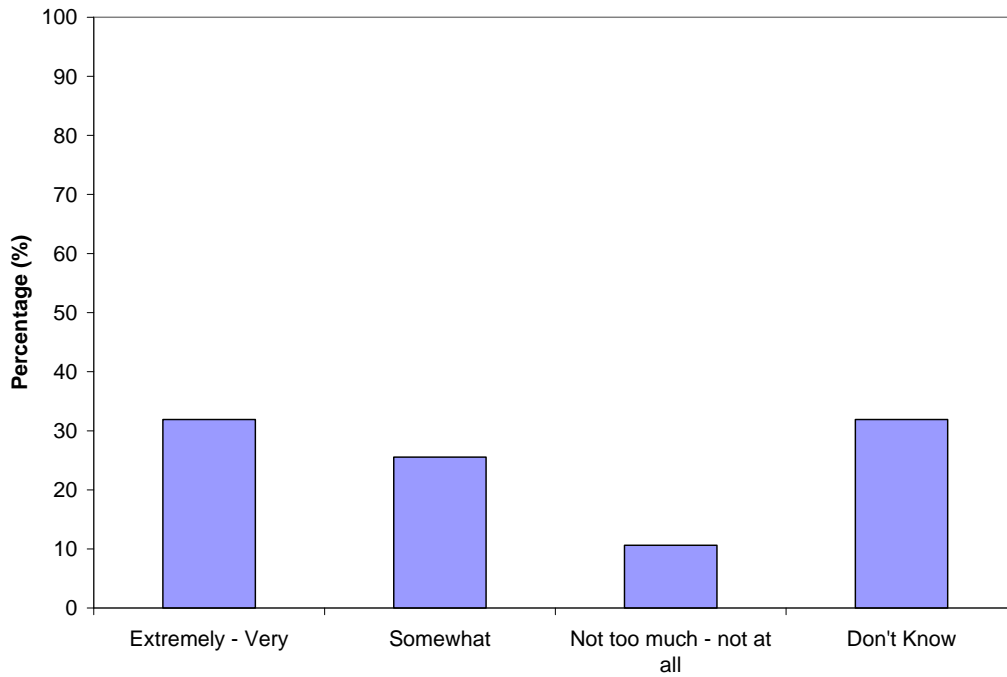


Figure 3: Has dialogue around research increased as a result of OMHAKEN?

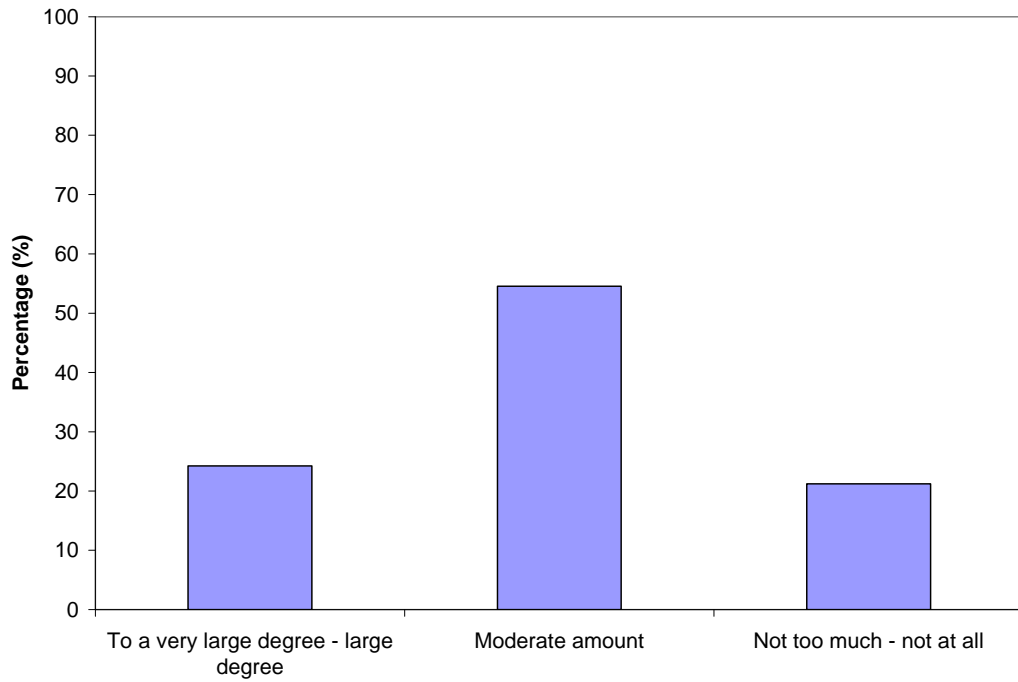


Figure 4: Has OMHAKEN helped you to become more aware of research that is being conducted in Ontario than you would otherwise be?

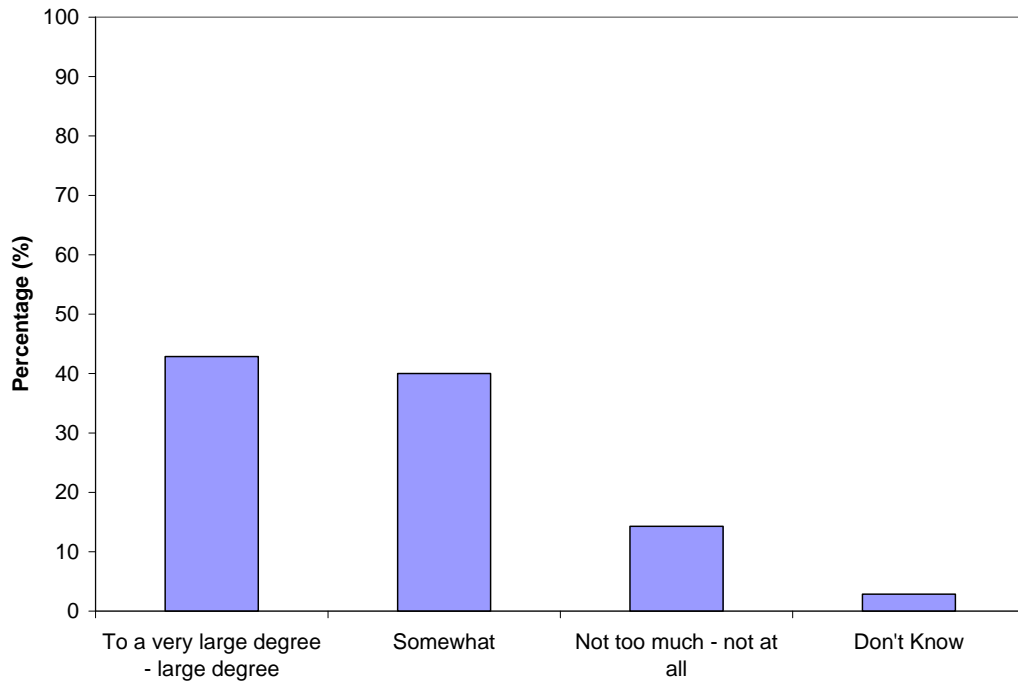


Figure 5: Is your organization more likely to apply research findings to its work as a result of OMHAKEN?

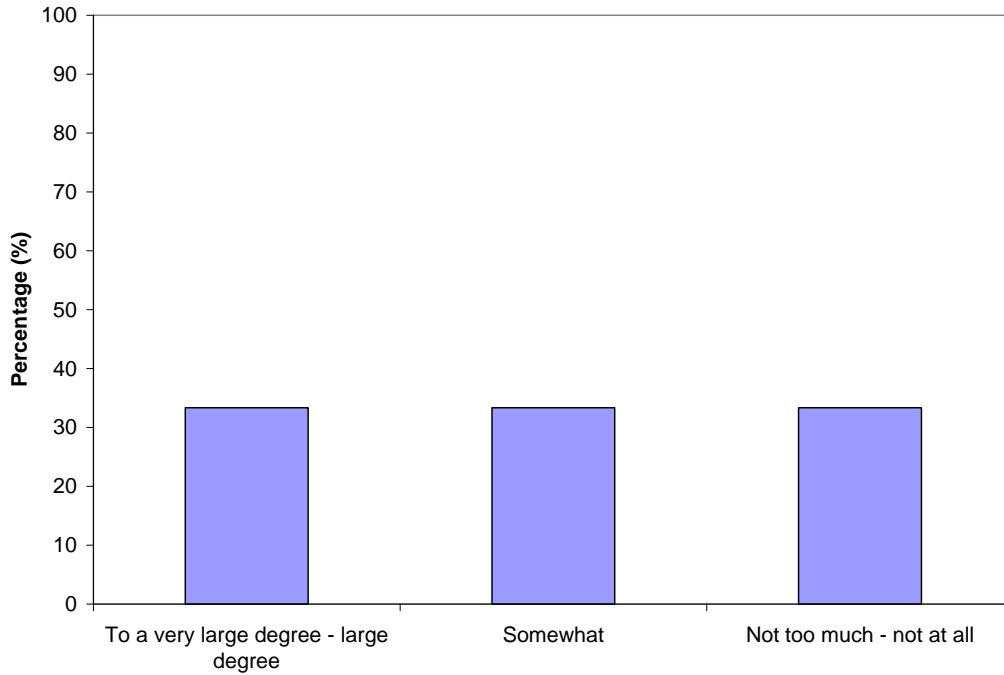


Figure 6: In your area/program, did involvement of stakeholders in SEEI research take place?

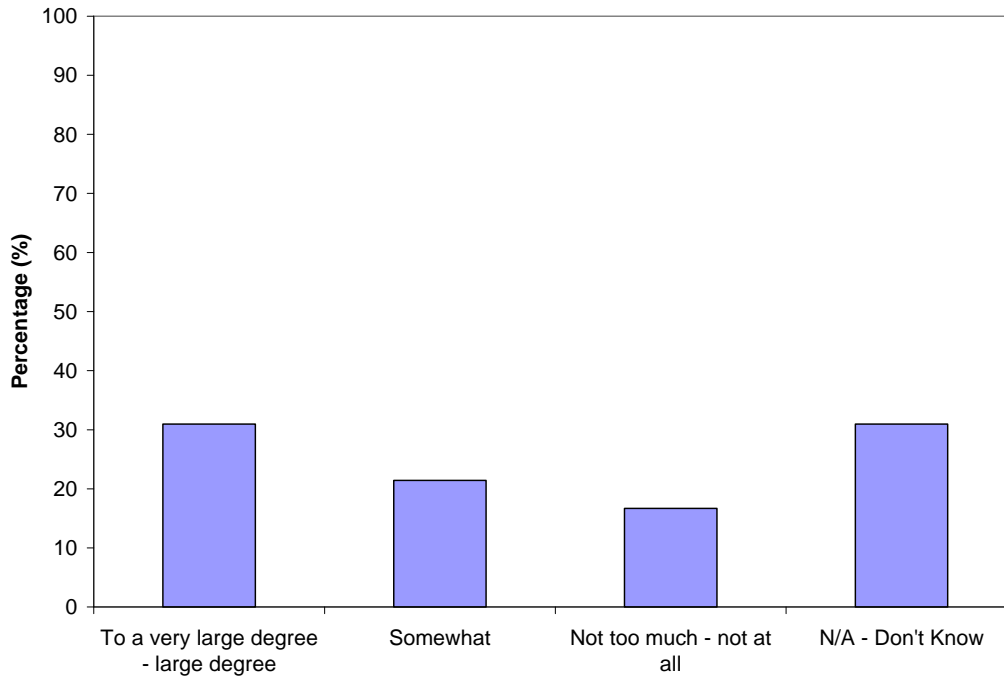


Figure 7: Are the research needs of regions being brought forward to OMHAKEN (Leads only)

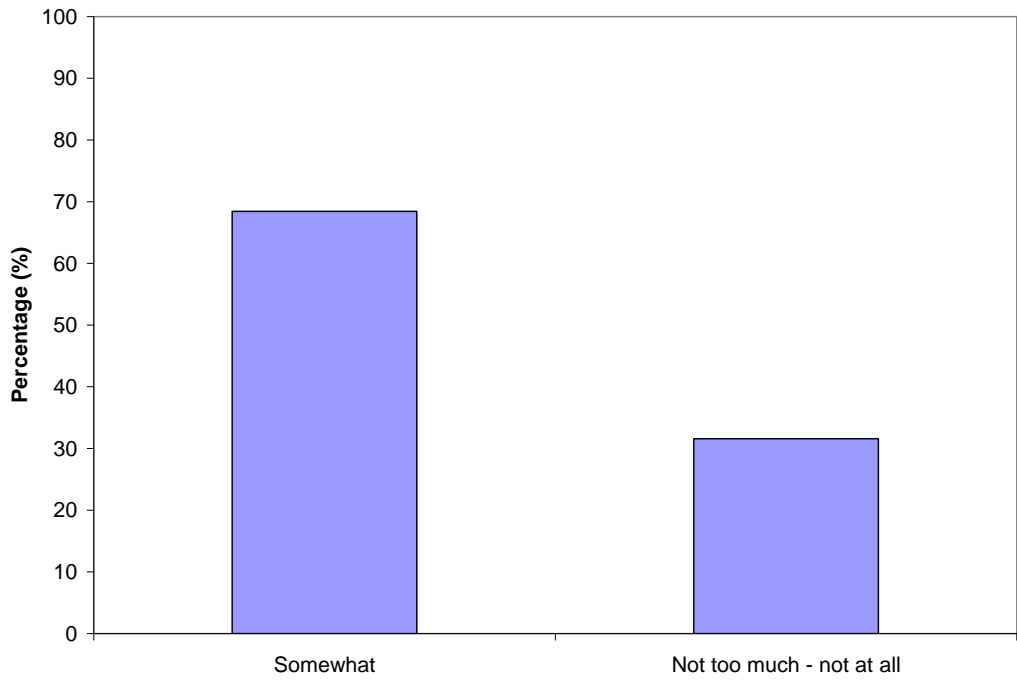


Figure 8: Was stakeholder feedback incorporated into SEEI research (SEEI scientists only)

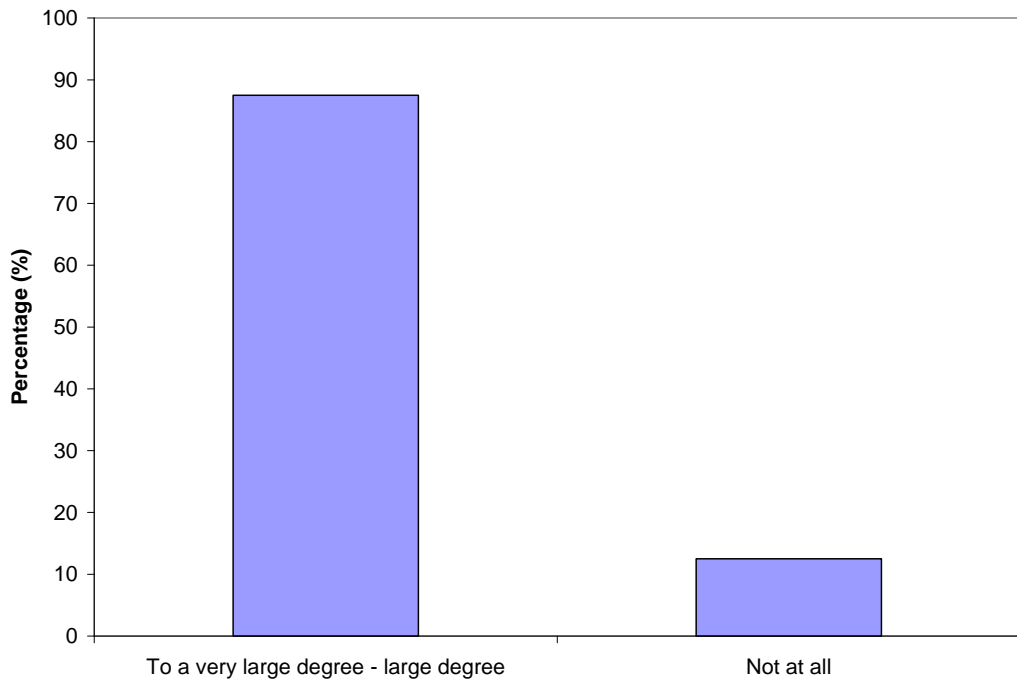


Figure 9: Are the Terms of Reference for OMHAKEN clearly understood (Leads only)

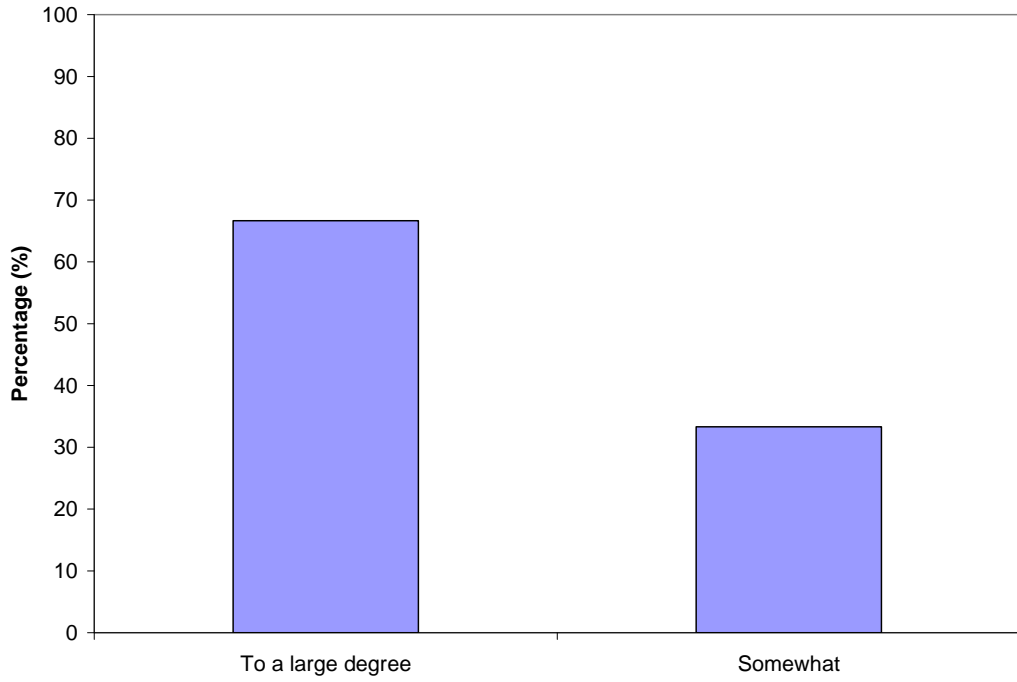


Figure 10: Are the Terms of Reference for the Lead role clearly understood?

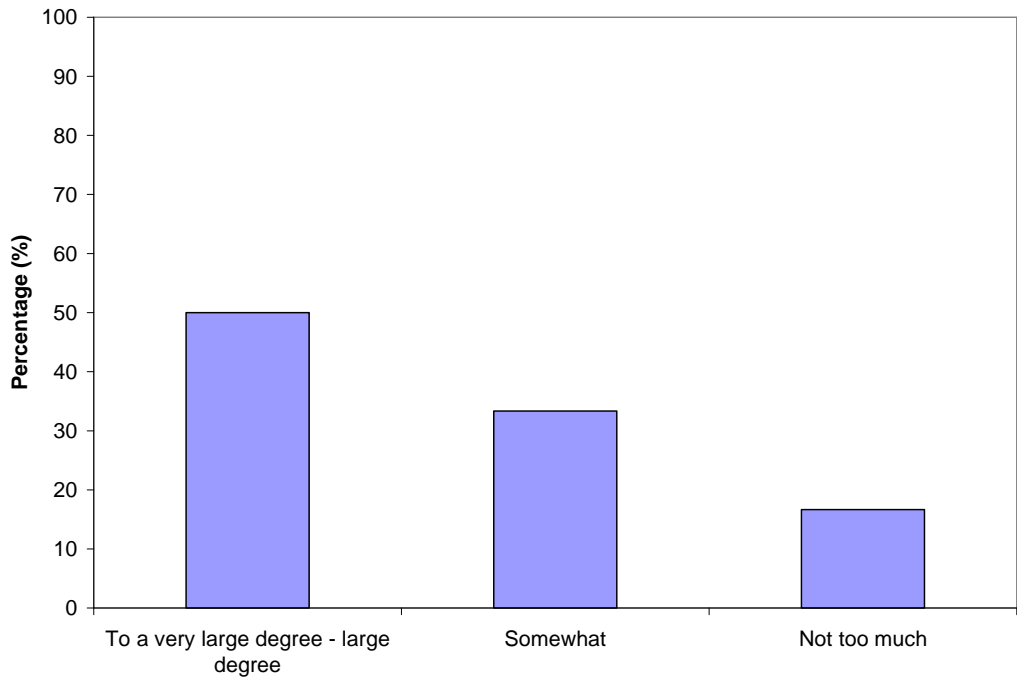


Figure 11: Has OMHAKEN been a worthwhile use of your time? (Leads only)

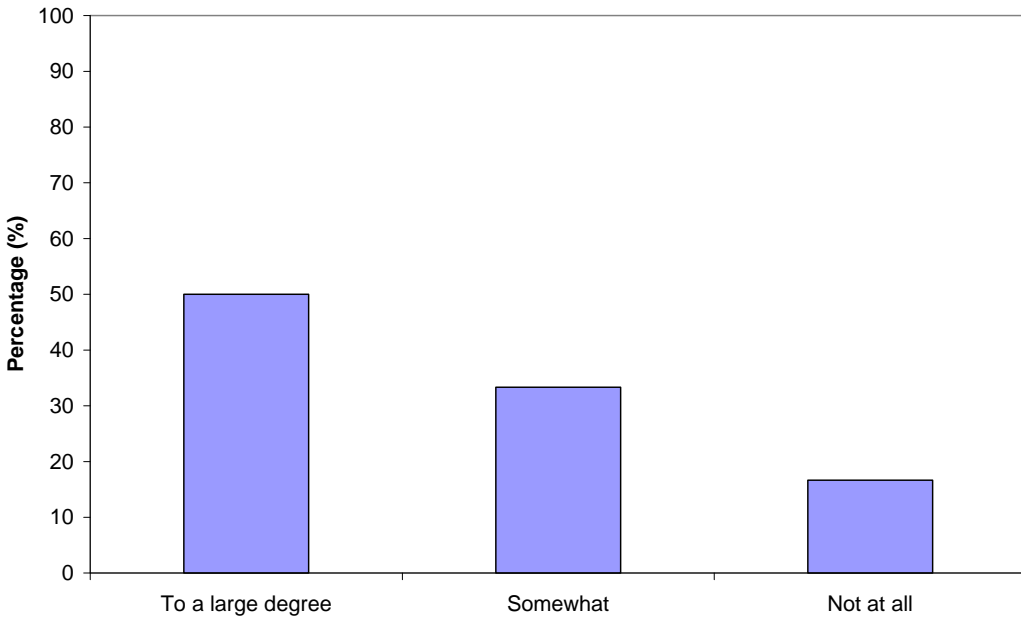


Figure 12: Did OMHAKEN activities (e.g. newsletter, SEEI knowledge exchange events, OMHAKEN communications through CMHA Mental Health notes, etc.) increase your awareness of the SEEI research?

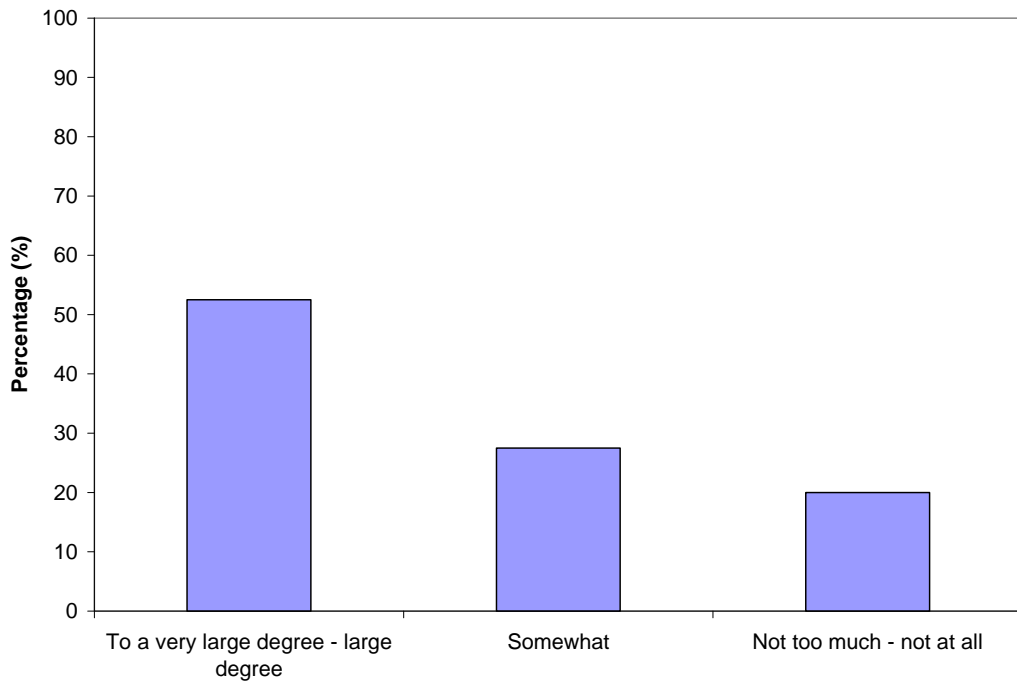


Figure 13: Are the SEEI research projects relevant to your work?

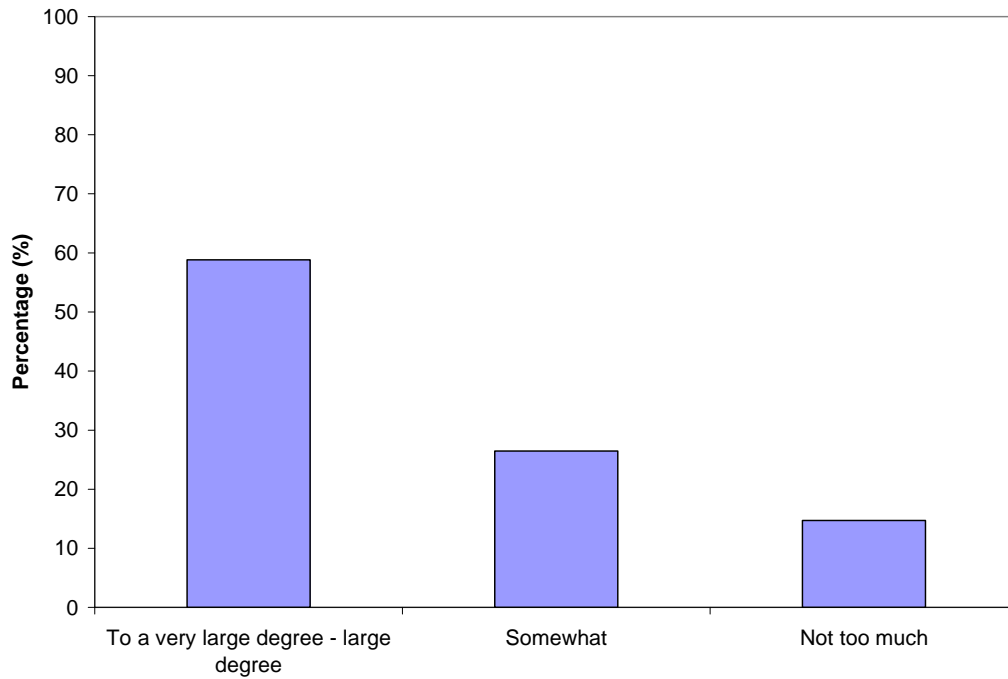


Figure 14: Are other OMHAKEN activities relevant to your work?

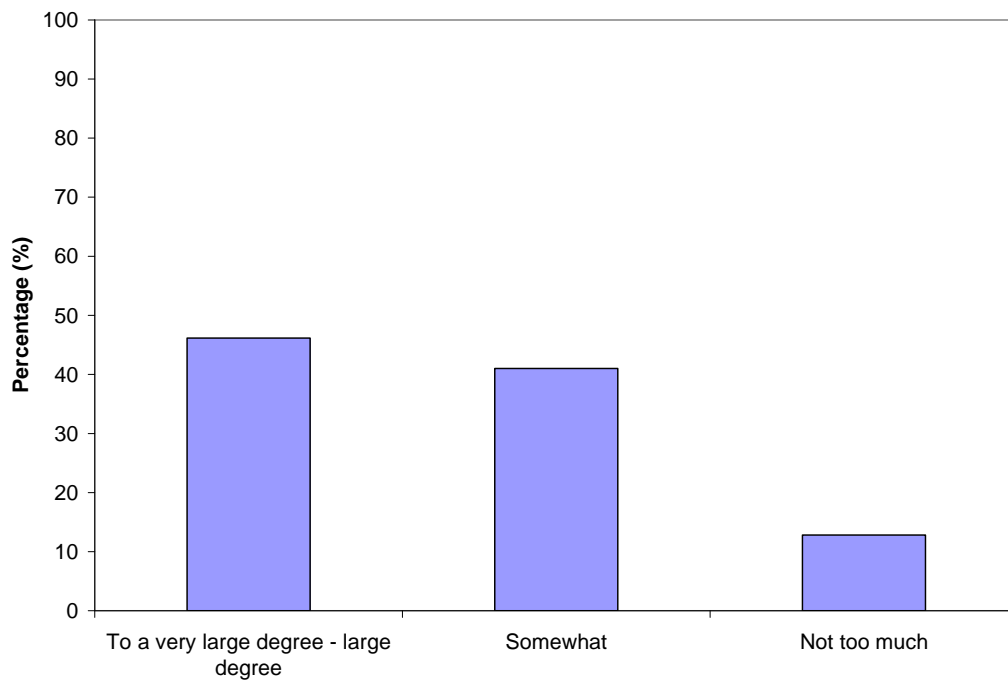


Figure 15: Are the SEEI research and other OMHAKEN products easily understood and user friendly?

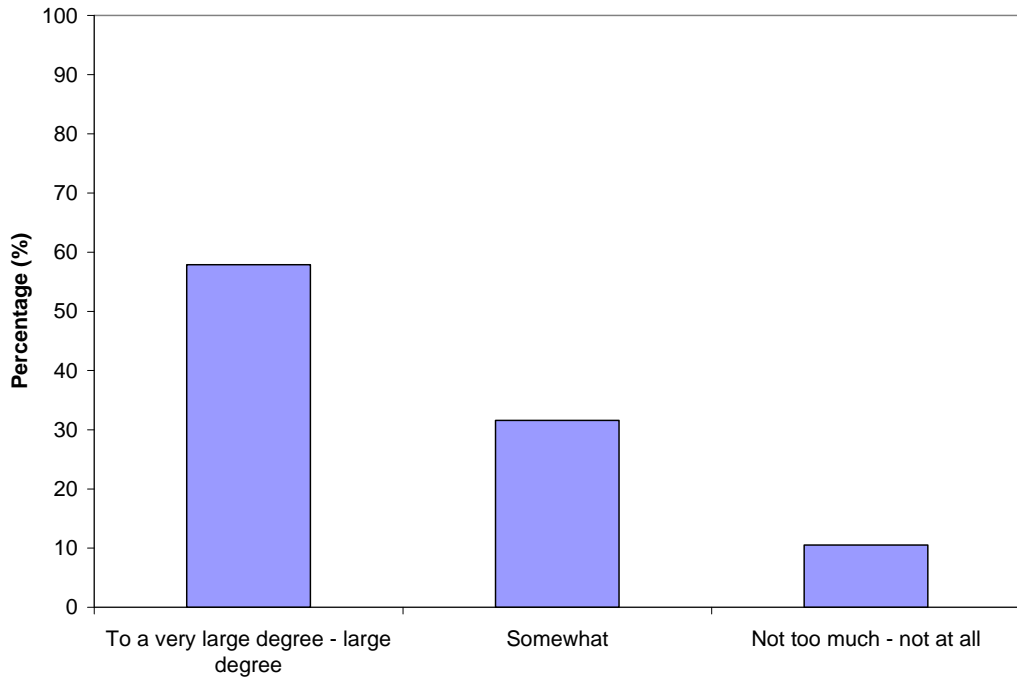


Figure 16: Does the Coordinating Centre provide adequate support and coordination to the stakeholders of OMHAKEN?

