

What are the most effective forms  
of knowledge translation to  
improve quality of care?

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- Mental Health Commission of Canada
- Research grants – CIHR

# Disclosure

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- Brief description of methodology
- Will summarize evidence for effective KT approaches
- Will summarize evidence focusing on individuals with severe mental disorders

## Outline

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## **LITERATURE SEARCH 1:**

- Systematic search Medline, PsychINFO and CINAHL
- Journals 2007 to 2012
- Search terms specific to mental health practice
- Only reviews and meta-analyses

## **LITERATURE SEARCH 2:**

- Systematic search Medline
- Journals 2000 to August 2014
- Search terms relevant to services or policy for individuals with severe mental disorders and for schizophrenia and other psychotic disorders

# Methods

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## **LITERATURE SEARCH 1:**

- 259 papers identified
- 60 retained for full review
- Findings published in CJP 2014: 59(3):160-9

## **LITERATURE SEARCH 2:**

- 218 papers identified
- 62 retained for full review
- Findings unpublished

# Methods cont.

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- Evidence regarding effective forms of KT differs for each of the three main groups targeted:
  - Health care providers
  - Patients/general population
  - Policy/decision makers

## Findings I

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- Educational Outreach
- Audit and Feedback
- Use of Opinion Leaders
- Reminders and Prompts
- Interactive Educational Meetings

Health care providers

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- Mass Media Campaigns
- Social Marketing Approaches
- Community Mobilization
- Laws and Regulations
- Financial Incentives and Disincentives
- Self-Management

Patients/General  
Population

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- Targeted and Tailored Dissemination of Research Knowledge to Decision Makers
- Linkage of Researchers and Decision Makers
- Capability Building of both Researchers and Decision Makers
- Fostering Culture of Evidence-Based Decision Making

# Policy/Decision Makers

- Implementation studies have been undertaken for various interventions for individuals with severe mental disorders (e.g.):
  - Patient psychoeducation
  - Family psychoeducation
  - Supported employment
  - Integration of psychiatric and medical care
  - Psychosocial interventions for psychosis
  - Skills training for individuals with schizophrenia
  - Clinical guideline adherence

## Findings II

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- Mixed results with some implementation failures and some successful implementation outcomes
- Evidence is consistent with findings outlined previously for each of the three groups (health care providers, patients/general population, policy/decision makers)
- Contextual factors, e.g. organizational support, stakeholder politics appear to be important factors influencing outcomes

## Findings II cont.

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# Implementation of a Family Intervention for Individuals with Schizophrenia

*Amy N. Cohen, PhD<sup>1,2</sup>, Shirley M. Glynn, PhD<sup>2,3</sup>, Alison B. Hamilton, PhD, MPH<sup>1,2</sup>, and Alexander S. Young, MD, MSHS<sup>1,2</sup>*

J Gen Intern Med 25(Suppl 1):32–7

**CONCLUSIONS:** Uptake of the family intervention failed due to barriers from all stakeholders. Families did not respond to the mailer, patients were concerned about privacy and burdening family, clinicians had misperceptions of family-patient contact, and organizations did not free up time or offer incentives to provide the service. If a full partnership with patients and families is to be achieved, these barriers will need to be addressed, and a family-friendly environment will need to be supported by clinicians and their organizations. Applicability to family involvement in other disorders is discussed.



- Top-down implementation with resistance from front-line staff
- Varying opinions about the utility of the intervention
- Passive approaches to implementation
- Inadequately planned implementation
- Staff stress or discontent
- Financial costs

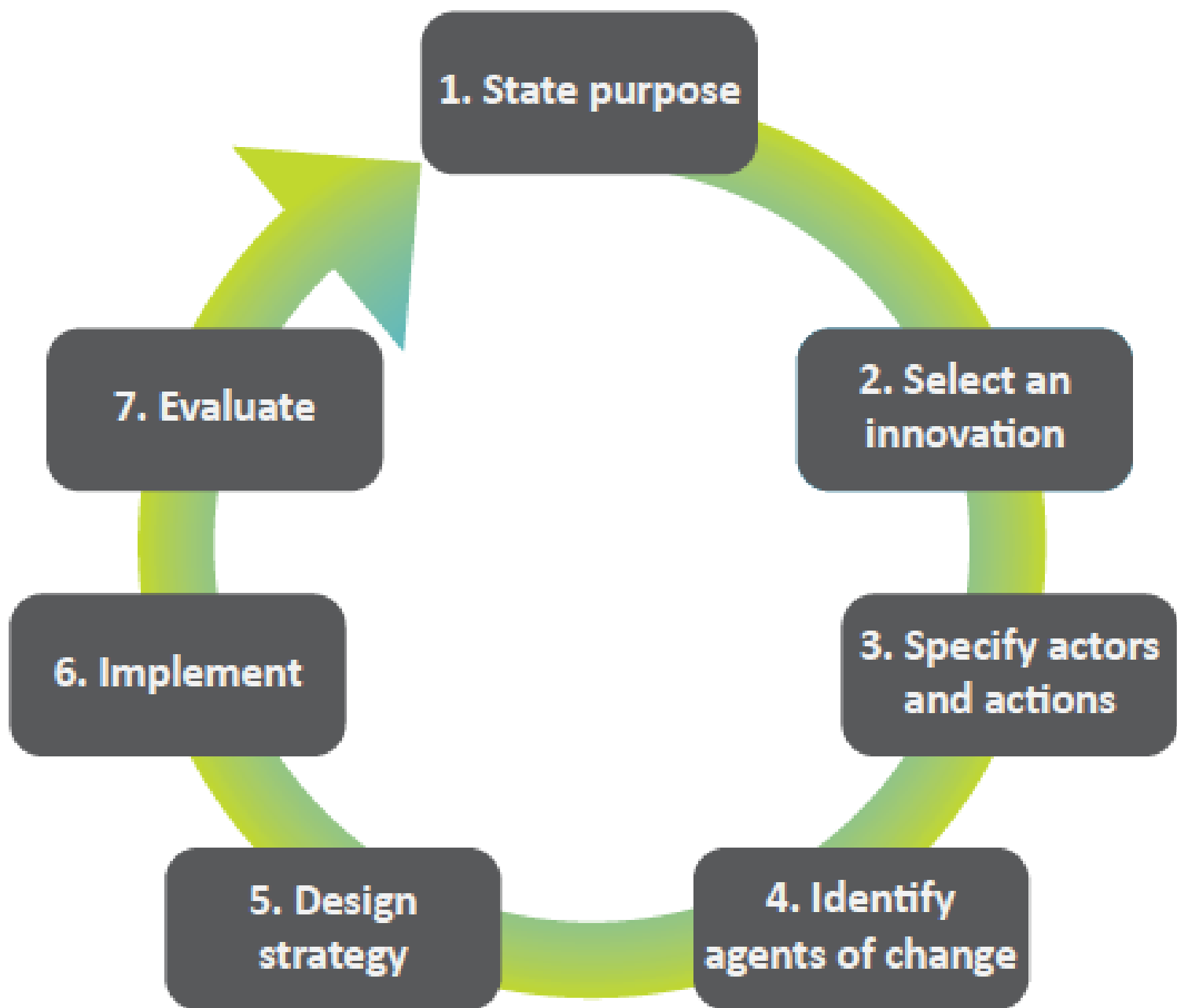
# Barriers to success

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# Practical “how-to” guide to undertaking KT







- Emerging evidence for potential benefit of governance models that support:
  - Integrated rehabilitation services with technical assistance centres
  - Meaningful patient and family involvement
  - Quality measurement and improvement

Lesage A. CJP 2014: 59(4): 175-177

# Emerging best practices