



## Ideas Fund – Grant Details and Guidelines

### BACKGROUND

In 2008, the former Alberta Mental Health Board (now Alberta Health Services) was granted \$3M in funding from the Ministry of Seniors and Community Supports to advance applied research activity in mental health within areas of interest to their Ministry. The grant funds the Collaborative Research Grant Initiative (CRGI): Mental Wellness in Seniors and Persons with Disabilities, where the focus will be on collaboratively generating knowledge to improve the effectiveness and efficiency of the programs, services, and support to respond to the mental health needs of seniors and adults with disabilities.

A Project Steering Committee was formed to guide the planning and implementation of the initiative. The Committee identified six domains as areas requiring investigation:

- 1) Independent living: Supports and barriers
- 2) Employment
- 3) Early identification and prevention: Protective and risk factors
- 4) Poly-pharmacy: Risks associated with using several medications
- 5) Strength-based approaches
- 6) System capability to respond to those with complex needs

In order to develop specific research/evaluation questions, a two-day facilitated Consultation Group meeting (with broad representation across the ‘system’) was planned and implemented in January 2009. The purpose of the meeting was to generate research questions in the six domains. More information on the research question development process as well as deliverables from the meeting are available online in the [CRGI section](#) of the *Alberta Addiction & Mental Health Research Partnership Program* website ([www.mentalhealthresearch.ca](http://www.mentalhealthresearch.ca)).

Three levels of funding are aimed at supporting service providers and researchers. The three levels of funding are:

- **Ideas Fund** (*up to \$8,000*): Small, innovative, short-term one-time research/evaluation projects
- **Seed/Bridge Fund** (*up to \$25,000*): Startup grants for small research/evaluation projects (e.g., pilots, literature reviews) or bridging from one phase of the project to next (e.g., to cover funding gaps)
- **Operating Grants** (*up to \$210,000 over 3 years*): Mental health services/population health research with defined outcomes, in priority domain areas

This document outlines the details of the Ideas Fund.

### **Overall Objectives**

A portion of the grant is broadly intended to support practitioner- and academic-driven investigation to assist individuals living with a mental illness to maximize their independence in the community. Specific objectives of the initiative include:

1. Increasing the amount and quality of research of interest to Alberta Seniors and Community Supports
2. Supporting evidence-based changes in practice and policy that improve system effectiveness and efficiency
3. Improving measurable, mental health outcomes by Albertans being served/supported by Alberta Seniors and Community Supports

In order to meet the objectives outlined above, a primary activity of the grant was to develop research questions, methodologies, and processes for short-term applied research that reflects key areas of concern to the Ministry and is aimed at promoting the mental wellbeing of those served by the Ministry.

Projects will concentrate on applied research and will focus on relevant and practical research questions, while increasing research capacity and improving the connection of research with established supports, structures, and processes. It is anticipated that this approach will enhance the effectiveness and efficiency of the system to improve the mental health of Albertans.

## **GRANT DETAILS**

### ***Purpose***

The purpose of the Ideas Fund grant is to support small, innovative, one-time projects that can be completed within a one-year timeframe. These grants will increase the capacity of practitioners, service providers, and/or administrators in Alberta to conduct research and evaluation activities related to their services/programs.

### ***Team Composition***

The “Principal Applicant” for the Ideas Fund grant must be a service provider and/or administrator working with clients of the Ministry or in partnership with programs and services offered by the Ministry of Seniors and Community Supports, (see <http://www.seniors.gov.ab.ca/> for a list of their programs and services), and contracted services through community agencies. The organization sponsoring the applicant will assume financial and administrative responsibility for the grant. It is encouraged where appropriate that projects involve community partners (e.g., seniors or persons with disabilities, community organizations), who should be included in the application as “Project Partners”.

### ***Amount and Duration of Grant***

The maximum amount awarded for a single grant is \$8,000 and all Ideas Fund projects must be completed and reporting submitted within one year of the project start date.

### ***Scope of Grant***

It is anticipated that grants will be used to assess, investigate or evaluate services, programs or policy (e.g., for planning and reporting purposes). Projects must:

- be focused on research or evaluation of interest to the Ministry of SCS,
- be related to mental health or mental well-being,
- fall under one or more of the six domains of interest, and
- have either or both seniors and persons with disabilities as the target population.

A list of the domains and potential questions for exploration are presented in Appendix A. These examples may help guide applicants in developing their projects. Questions not included in the Appendix are also eligible for funding.

### ***Areas of Inclusion***

The scope of “mental health issues” is broadly defined as including individuals with mental illness, cognitive disabilities (e.g., dementia), and intellectual impairments, as well as behavioral issues associated with these conditions. Projects examining strengths of individuals, programs, or services within the realm of promoting mental wellness among seniors and persons with disabilities, and supporting those who have existing mental health issues are encouraged

### ***Areas of Exclusion***

Grants are not expected to support research in the following areas:

- basic/biomedical research (Pillars 1 and 2, CIHR),
- early life experience (i.e., child development)
- children or youth (although transition to adult services and supports may be studied)
- clinical treatment options for mental health
- operational funding for new or existing interventions/programs

## **APPLICATION PROCESS**

### ***Application Submission***

The application form for the Ideas Fund is available for download at

[http://www.mentalhealthresearch.ca/KeyInitiatives/ResearchGrants/Seniors\\_PwD/Grants/Pages/IdeasFund.aspx](http://www.mentalhealthresearch.ca/KeyInitiatives/ResearchGrants/Seniors_PwD/Grants/Pages/IdeasFund.aspx)

In addition to the application form, Ideas Fund applicants are required to submit a one-page abstract that briefly describes their idea for a research/evaluation project. This should include the following:

- Background: a few sentences describing the context and need for the project
- Objective(s): one or two objectives at the most
- Approach: briefly describe the approach that will be used to answer the question or meet the objective(s)
- Partnerships: list potential project partners (if appropriate)

This abstract should not exceed one page and should use:

- 12-point Times New Roman font,
- single-spacing, and
- one-inch margins.

In the application package, the applicant should provide a completed Ideas Fund Application Form and the one-page abstract. Applicants must submit their application package electronically (PDF or MS Word) as well as four hard copies by mail or courier. Late submissions (electronic and hard copies) or those that do not follow the application guidelines will not be eligible for funding.

**THE DEADLINE FOR APPLICATIONS (electronic and hard copies) IS  
4:00 PM ON SEPTEMBER 10, 2010.**

Please submit application packages by email to [Corrina](mailto:Corrina.Pasarica@albertahealthservices.ca) Pasarica, Administrative Assistant at [corrina.pasarica@albertahealthservices.ca](mailto:corrina.pasarica@albertahealthservices.ca). Please submit hard copies to:

Corrina Pasarica  
c/o Knowledge & Strategy – Addiction & Mental Health  
Alberta Health Services  
Edmonton General  
8th Floor, R Wing  
11111 Jasper Avenue  
Edmonton, AB T5K 0L4

### ***Review and Selection Process***

Applications under the Ideas Funds will be reviewed by the Project Steering Committee for alignment with the CRGI. Those selected for further consideration will be required to attend “Project Development Seminars” where applicants will be assisted to further develop their project plans. Project plans will then be reviewed and funding decisions will be made.

All applicants will receive a letter no later than October 17, 2010 notifying whether or not they have been selected for further consideration.

### ***Organizational Support***

All applicants are required to provide a letter of support from their organizational unit (e.g., Manager or Director), confirming that they have received support from their supervisor to conduct the project.

### ***Ethics and Administrative Approval***

It is the responsibility of all applicants to ensure that they comply with local and/or organizational policies regarding administrative or ethical approval to conduct research within the organization where the project occurs.<sup>1</sup>

Should the applicant be asked to attend the Project Development Seminars, he/she will complete the Alberta Research Ethics Community Consensus Initiative (ARECCI<sup>2</sup>) Ethics Decision-Support Tools for Projects<sup>3</sup> to determine whether the project qualifies as research, evaluation, or quality improvement, and to evaluate the potential level of risk identified.

### ***Information and Project Development Workshops***

Information and Project Development Workshops will be offered for those interested in applying to the Ideas and Seed/Bridge Funds. These interactive sessions will have in-person and videoconference components. **Please note that attendance at these seminars is voluntary.** The dates and locations are as follows:

- Edmonton: May 26, 2010 – 12:30pm to 4:15pm Location TBD
- Medicine Hat: May 26, 2010 – 12:30pm to 4:15pm Location TBD

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<sup>1</sup> Local policy may indicate that review by a Research Ethics Board is required.

<sup>2</sup> <http://www.ahfmr.ab.ca/arecci/>

<sup>3</sup> <http://www.ahfmr.ab.ca/arecci/areccitools.php>

- Lethbridge: May 27, 2010 – 12:30pm to 4:15pm Location TBD
- Lloydminster: May 27, 2010 – 12:30pm to 4:15pm Location TBD
- Edmonton: May 28, 2010 – 8:30am to 12:15pm Location TBD
- St. Paul: May 28, 2010 – 8:30am to 12:15pm Location TBD
- Calgary: June 1, 2010 – 8:30am to 12:15pm Location TBD
- Grande Prairie: June 1, 2010 – 8:30am to 12:15pm Location TBD
- Calgary: June 2, 2010 – 12:30pm to 4:15pm Location TBD
- Fort McMurray: June 2, 2010 – 12:30pm to 4:15pm Location TBD
- Red Deer: June 3, 2010 – 12:30pm to 4:15pm Location TBD

Please contact Corrina Pasarica (contact information below) if you are interested in attending one of these seminars.

### ***Project Development Seminars***

Project Development Seminars will be held for those applicants who are selected for further consideration after submitting their abstract. The purpose of these seminars is to provide support to applicants in further refining their abstract into a Project Plan. The focus will be on design, methods, and ethical considerations. If applicants require further assistance after the seminars, they may contact Knowledge and Strategy, AHS and they will be referred to the appropriate content and/or methodological experts.

### ***Questions and Assistance***

Questions and calls for support or assistance should be directed to Corrina Pasarica, administrative assistant for the *Alberta Addiction & Mental Health Research Partnership Program* of the AHS. Corrina may be reached by phone (780-342-8820 or 780-427-0116) or email ([corrina.pasarica@albertahealthservices.ca](mailto:corrina.pasarica@albertahealthservices.ca)).

## **GRANT DISBURSEMENT**

### ***Commencement of Funding***

AHS funds will not be released until the following conditions are met:

- AHS has received the “Research Grant Agreement” with the required signatures. The Research Grant Agreement addresses Confidentiality, Ownership of Intellectual Property, and Conflict of Interest clauses
- Any other conditions as specified in the “Offer of Grant” letter

### ***Funding Inclusions and Exclusions***

Grants provided are intended to be to support the research or evaluation activities. Examples of items that grants **may be used for** include:

- Computer hardware or software to support the project (e.g., SPSS, NVivo)
- Periodicals, texts, or bibliographic resources
- Participant recruitment aids and incentives
- Copying, printing, and postage
- Data collection costs including transcription

- Cover-off<sup>4</sup>
- Travel
- Meeting expenses
- Research assistance

Grants **may not be used for:**

- The operation of programs and/or services, including administrative and operational costs such as institutional overhead
- Hospitality and entertainment expenses
- Education-related expenses such as tuition, thesis defense, course fees
- Major equipment and office/infrastructure set-up
- Stipend or salary support for team members with academic GFT appointments (e.g., buy-out for teaching time)

### ***Unexpended Funds***

Unexpended funds must be returned to AHS upon expiry of the term of the grant.

### ***Termination of Funding***

AHS reserves the right to terminate any grant if the terms and conditions of the grant are not met, or if there is evidence of unsatisfactory progress. Grant recipients should notify the AHS if they encounter unanticipated obstacles which will impact their ability to complete the project within the term of the grant agreement.

## **REPORTING**

Those who receive an Ideas Fund grant are required to submit a final report (using a common template). The Principal Applicant may also be asked to provide additional progress updates at the request of the Project Steering Committee.

Portions of the report(s) may be made publicly available through the Research Partnership Program website, [www.mentalhealthresearch.ca](http://www.mentalhealthresearch.ca), as well as through other formats deemed appropriate by Alberta Health Services and/or the Ministry of Seniors and Community Supports. To improve access to relevant information by key stakeholders, and improve the evidence base for informing program development or delivery as well as evidence informed policy development and discussion, the report(s)<sup>5</sup> will include:

- A plain language executive summary (maximum one page)
- An overview of the research and its implications
- A summary of knowledge dissemination activities
- A description of expenditures (financial statement)

AHS reserves the right to withhold up to 25% of the grant until the final report is submitted.

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<sup>4</sup> In some circumstances the grant may be used for cover-off purposes to allow practitioners to dedicate some of their time to the project. Cover-off refers to using project funds to support the time (including partial amounts of time) of a Principal Applicant or team members in order to complete the project (i.e., time release). This must be explicitly acknowledged in a letter of support from your organization and/or supervisor.

<sup>5</sup> AHS will provide assistance with these reports as requested.

## COMMUNICATIONS

All grant recipients are required to acknowledge the AHS and the Ministry of Seniors and Community Supports in all reports, publications, presentations, materials, and other media arising from grants provided or administered through the Collaborative Research Grant Initiative. Specific statements and guidelines for use of logos for all public dissemination activities (e.g., presentations, non-refereed publications, news releases, signage, websites, advertising, promotional materials) will be supplied to all investigators.

In order to acknowledge and support open and transparent knowledge translation activities, grant recipients must inform the CRGI Project Steering Committee in advance if their research will be published in a major journal, or discussed at media events or in print media (including press releases). Investigators may, from time to time, be asked to participate in AHS and/or Ministry of Seniors and Community Supports generated media work, interviews, or public events.

## KNOWLEDGE EXCHANGE OPPORTUNITIES

Information-sharing opportunities will be available to Ideas Fund grant recipients. More details as well as information on the timing and application process of these knowledge exchange opportunities will be available at the following web address:

[http://www.mentalhealthresearch.ca/KeyInitiatives/ResearchGrants/Seniors\\_PwD/Pages/KnowledgeExchange.aspx](http://www.mentalhealthresearch.ca/KeyInitiatives/ResearchGrants/Seniors_PwD/Pages/KnowledgeExchange.aspx) . Opportunities for joint presentations (e.g., collaboratively delivered) will enable structured local dissemination as well as broader dissemination at conferences and workshops.

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4:00 PM ON SEPTEMBER 10, 2010.**

## APPENDIX A

### Domains and Examples of Questions for Exploration

Domain	Population	Examples of Questions for Exploration
<p><b><i>Independent living: supports and barriers</i></b></p> <p>Maintaining a sense of self-autonomy or independence is a basic human right.</p> <p>Determining which services/programs or other characteristics best support independent living (i.e., in the community) is key to improving the well-being of those with mental health challenges.</p>	<p><b>Seniors</b></p>	<ul style="list-style-type: none"> <li>• What does the individual/support/caregiver understand about independent/interdependent living?</li> <li>• Are there early identification traits or screening measures that can aid in determining levels of support?</li> <li>• What are the mental health outcomes for the individual/caregiver?</li> <li>• What are the needs of informal caregivers to be able to continue to successfully care for individuals?</li> <li>• What are the informal supports contributing to successful independent living?</li> <li>• What type of investment in this type of service would alleviate the burden of cost of continuing care?</li> <li>• What models of service delivery are available? Can these be adapted?</li> <li>• Do service provider's attitudes towards aging influence care provision?</li> <li>• How does an individual's attitude influence acceptance/refusal of service?</li> <li>• How does the community view this population?</li> <li>• What are the supports needed by caregivers to allow them to help seniors and persons with disabilities (with or without mental health issues) maintain independence?</li> <li>• How can you help the mentally ill, disabled persons, and seniors stay well and out of hospitals, and also get out of hospital when they are admitted?</li> <li>• What are the costs/benefits to the system of providing individualized home care services (and how can these changes be introduced to traditional limited scope of home care services)?</li> <li>• What kinds of supports in the community (e.g., Alcoholics Anonymous) help individuals maintain their independence? How can we increase the capacity of volunteer and other organizations to use best practices for individuals accessing their services?</li> </ul>
	<p><b>Persons with disabilities</b></p>	<ul style="list-style-type: none"> <li>• How can best practice resource models (such as the ACT Model) be implemented/ expanded across systems to improve home and community life for all disability groups?</li> <li>• How do you integrate funding models to expand best practice models across the system to address all aspects of supports, not just personal supports? ("integrated funding models")</li> <li>• How have other jurisdictions successfully implemented integrated funding models? What needs to be done in Alberta to adapt these models in Alberta?</li> <li>• How do we recruit and retain service providers?</li> <li>• What are the skills, capacities and culture of the "highly skilled" service providers? How do we build these skills/ resources? How do we replicate effective models?</li> <li>• How can best practice models be effectively adapted to meet current service provider availability? What is the core skill set?</li> <li>• What are the successful implementation components of best practice models focused on supporting/ enabling independent living?</li> <li>• What are the supports needed by caregivers to allow them to help seniors and persons with disabilities (with or without mental health issues) maintain independence?</li> <li>• How can you help the mentally ill, disabled persons, and seniors stay well and out of hospitals, and also get</li> </ul>

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		<p>out of hospital when they are admitted?</p> <ul style="list-style-type: none"> <li>• What are the costs/benefits to the system of providing individualized home care services (and how can these changes be introduced to traditional limited scope of home care services)?</li> <li>• What kinds of supports in the community (e.g., Alcoholics Anonymous) help individuals maintain their independence? How can we increase the capacity of volunteer and other organizations to use best practices for individuals accessing their services?</li> </ul>
<p><b>Employment</b></p> <p>Employment is an area of priority for the Ministry.</p> <p>Supporting people's independence and self-reliance through assistance with their gaining and maintaining meaningful employment is an important issue.</p>	<p><b>Seniors</b></p>	<ul style="list-style-type: none"> <li>• Which industries are showing growth and decreases in employing seniors? This has been done for youth, can it be done for seniors?</li> <li>• What kinds of accommodations need to be made to encourage seniors with mental health issues to volunteer or work?</li> <li>• What are the physical/mental health benefits of volunteering?</li> <li>• What is the impact of the downturn in the economy on the mental health of seniors?</li> <li>• What is the job satisfaction of seniors employed in Alberta? Which industries and sectors show high job satisfaction among seniors?</li> <li>• How can we reduce stigma in the workplace (specific to seniors and mental health)</li> <li>• How do we support seniors with mental health to stay employed?</li> <li>• How do you tailor stress management programs to seniors?</li> <li>• How do we support family caregivers who are also employed? (i.e., compassionate care program)</li> <li>• What is the optimal age of retirement from a mental/physical/economical standpoint?</li> <li>• How do we support seniors who are transitioning into a new/different industry/job?</li> <li>• What are the best practices for transitions into retirement – what should be done, what can be done?</li> <li>• How can stigma be addressed for seniors in the workplace?</li> <li>• Are there better ways to measure and promote employment than simply FTEs (e.g., part-time and volunteer opportunities)? This can be an issue, as funded agencies only recognize full-time employment. Should we measure these factors as indices of quality of life?</li> <li>• What are the critical success factors in companies that are disability-competent? Are there tangible benefits for those companies (i.e., a solid business case for recognizing strengths and assets)?</li> <li>• Are there supports in place (e.g., accommodations, etc.) that help individuals stay employed?</li> <li>• Are there measures of stigma in the workplace that potentially create barriers?</li> </ul>
	<p><b>Persons with disabilities</b></p>	<ul style="list-style-type: none"> <li>• How can we ensure that known universal values drive system change; how do the values and desires of the target client population align with the existing system and its policies?</li> <li>• Do current government and service organization policies support the achievement of desirable outcomes for this client population?</li> <li>• How do we turn the use of incentives/funding towards transformation of the 'system' such that it is rewarded when it achieves identified outcomes?</li> <li>• Are there better ways to measure and promote employment than simply FTEs (e.g., part-time and volunteer opportunities)? This can be an issue, as funded agencies only recognize full-time employment. Should we measure these factors as indices of quality of life?</li> </ul>

Domain	Population	Examples of Questions for Exploration
		<ul style="list-style-type: none"> <li>• What are the critical success factors in companies that are disability-competent? Are there tangible benefits for those companies (i.e., a solid business case for recognizing strengths and assets)?</li> <li>• Are there supports in place (e.g., accommodations, etc.) that help individuals stay employed?</li> <li>• Are there measures of stigma in the workplace that potentially create barriers?</li> </ul>
<p><b>Early identification and prevention: Protective and risk factors</b></p> <p>Some individuals show early signs/symptoms (e.g., behavioral, neurological) of mental illness; can efforts be made to decrease the impact or severity of mental illness by being receptive to early signs?</p> <p>Incidence rates of mental illness can be reduced by decreasing risk factors and increasing protective ones.</p> <p>Some risk factors (e.g., gender, age) are not modifiable.</p>	<p><b>Seniors</b></p>	<ul style="list-style-type: none"> <li>• What strategies of community consultation are effective in addressing respectful, person-centred – but valid – screening for mental health issues, and are sensitive to stigma people may encounter?</li> <li>• Are there effective algorithms that utilize “decision point criteria” in effectively predicting when individuals will undergo transitions or encounter difficulties, to most effectively navigate individuals through the system</li> <li>• Explore possibilities for capacity-building and training with non-traditional supports (e.g., church, community members, etc.) in early identification of mental health issues, and mental health literacy more generally. Non-profit organizations spend more time with clients than physicians or formal practitioners.</li> <li>• What is the cause or diagnosis relevant to aggressive behavior in the mentally handicapped (i.e., how often is it related to a psychiatric disorder vs. behavioral disinhibition associated with mental retardation)?</li> </ul>
	<p><b>Persons with disabilities</b></p>	<ul style="list-style-type: none"> <li>• Early identification, infants with developmental disabilities – Which factors build resiliency to reduce the impact of mental disabilities?</li> <li>• We have tools that identify illness – we know that there is a higher incidence for this population. Do the assessment tools address the sensitivities of the disabled population?</li> <li>• How could the mental health first aid program need to be adapted for various cultures?</li> <li>• What are the best practices for dual diagnosis (mental illness and disability)?</li> <li>• Who is working with these populations?</li> <li>• How do the assessment tools need to be adapted to consider an individual’s disability (by families, children)?</li> <li>• What is the prevalence and incidence of different combinations of mental illnesses and disabilities?</li> <li>• What proportion of individuals who have a functional assessment have a mental health assessment?</li> <li>• What are the major components of a mental health assessment that should be included in a functional assessment for individual with developmental disabilities?</li> <li>• How are inter-professional teams working together to assess mental health/ disability assessments? (Are there models?)</li> <li>• Are there best practices in terms of information sharing around assessments?</li> <li>• How does the mental health first aid program/ early identification need to be adapted for various cultures (eg. First Nations, Chinese, etc.)</li> <li>• What are the barriers multi-cultural individuals face in accessing early intervention services?</li> <li>• Explore possibilities for capacity-building and training with non-traditional supports (e.g., church, community members, etc.) in early identification of mental health issues, and mental health literacy more generally. Non-profit organizations spend more time with clients than physicians or formal practitioners.</li> <li>• What is the cause or diagnosis relevant to aggressive behavior in the mentally handicapped (i.e., how often is it related to a psychiatric disorder vs. behavioral disinhibition associated with mental retardation)?</li> </ul>

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<p><b><i>Poly-pharmacy</i></b></p> <p>A large proportion of the Ministry's budget is spent on medications for seniors and persons with disabilities.</p> <p>Many individuals with mental illness are prescribed multiple medications to treat different conditions/ diagnoses.</p> <p>Adherence to and reimbursement and over/under use of medications represent some of the challenges for this population. Non-adherence may lead to relapse or other medical conditions.</p>	<p><b>Seniors</b></p>	<ul style="list-style-type: none"> <li>• How do you transfer and sustain the use of knowledge generated by multi-disciplinary practice to a broader range of health professionals across Alberta in urban and rural settings? What are the impacts of this type of service delivery on adherence in seniors?</li> <li>• Long-term cohort study (historical) of transition to polypharmacy in seniors.</li> <li>• What are the factors that influence physician prescribing practices?</li> <li>• How does polypharmacy impact independence and employment via improved quality of life? Are there measures of quality of life (e.g., hours worked, social activities, etc.) that should be routinely measured in those with mental illness using various medications? Similarly, does improved quality of life improve medication adherence?</li> <li>• Can we use existing sources of data to better understand quality of life issues (e.g., comparison of different types of pharmacotherapies on quality of life measures)?</li> </ul>
	<p><b>Persons with disabilities</b></p>	<ul style="list-style-type: none"> <li>• Can elements of other models that we know work be put together into a program that would make a 'difference'?</li> <li>• What needs to go into the design of a customized program that will be successful for this target population?</li> <li>• What are the factors that influence physician prescribing practices?</li> <li>• Prevalence / effectiveness of strength-based approach – application to persons with disabilities and mental health issues</li> <li>• How does polypharmacy impact independence and employment via improved quality of life? Are there measures of quality of life (e.g., hours worked, social activities, etc.) that should be routinely measured in those with mental illness using various medications? Similarly, does improved quality of life improve medication adherence?</li> <li>• Can we use existing sources of data to better understand quality of life issues (e.g., comparison of different types of pharmacotherapies on quality of life measures)?</li> </ul>
<p><b><i>Strength-based approaches</i></b></p> <p>The system of care should move from a deficit or disability-based approach to a strength-based approach, where people are viewed as full citizens.</p> <p>Finding ways to build</p>	<p><b>Seniors</b></p>	<ul style="list-style-type: none"> <li>• Explore and evaluate how other strength-based models of innovation (e.g., Kate Lorig's research from Stanford University) can be applied to address mental health issues in Alberta.</li> <li>• Review existing literature for knowledge transfer strategies to identify best practices for improving social capital, in terms of maintaining and increasing existing strengths in one's social system. Also, has this changed over time, given the relative independence of the upcoming cohort of seniors?</li> <li>• What are best practices in setting up and maintaining registries of: volunteering; employment opportunities; and other community involvement options, to highlight seniors' existing skills and sharing expertise?</li> <li>• Knowledge transfer research in sources of information and funding (e.g., assistance developing grants) so seniors can launch their own ideas. What is the impact of doing this for small scale research and community building initiatives?</li> <li>• What is the impact of non-clinical interventions in terms of assisting with psychiatric symptomatology (i.e., social determinants of health and their impact on psychiatry)?</li> </ul>

Domain	Population	Examples of Questions for Exploration
<p>upon individuals' skills, and focus on their abilities is important for enhancing self-esteem and well being.</p> <p>Volunteerism is one way in which the strengths of individuals can be used to positively impact both the individual and the community at large.</p>	<p><b>Persons with disabilities</b></p>	<ul style="list-style-type: none"> <li>• A backgrounder examining the evidence for the effectiveness of strength-based approach (versus other approaches) would be useful.</li> <li>• What are the common elements and values of strength-based approaches across disciplines, sectors, and cultures?</li> <li>• How does the strength-based approach relate to other approaches (i.e., client-centered approach)?</li> <li>• How is it applied? (Through the development of a framework, toolkit, guidelines for practice, principles, policies?)</li> <li>• Issues of validity and fidelity (are practitioners really using the approach when they say they do?)</li> <li>• Are there costs (financial and otherwise) related to implementing strength-based approaches/practices? What are they? (e.g., cost of training employees)</li> <li>• Where are strength-based approaches being used, where are they being taught? (e-scan)</li> <li>• Is the use of strength-based approaches effective in reducing stigma/discrimination?</li> <li>• How does the provider-client relationship affect the outcomes of the client?</li> <li>• What's the prevalence of strength-based approaches across Alberta? What are the facilitators and barriers to using the approach?</li> <li>• What is the impact of non-clinical interventions in terms of assisting with psychiatric symptomatology (i.e., social determinants of health and their impact on psychiatry)?</li> </ul>
<p><b><i>System capability to respond to those with complex needs</i></b></p> <p>The range of mental health issues that individuals, supported by the Ministry, present with is large and complex; managing this complexity represents a significant challenge.</p>	<p><b>Seniors</b></p>	<ul style="list-style-type: none"> <li>• Can we adapt our existing models to employ best practices?</li> <li>• How can knowledge transfer be improved within these models?</li> <li>• Are there case management models that can be applied to this population?</li> <li>• How can caregivers be better supported?</li> <li>• Would expanding the role of practitioners (i.e. nurse practitioners) to support transitions, similar to an Ontario model, be effective?</li> <li>• How can time and resources be structured to effectively implement best practices?</li> <li>• How can we better inform individuals of changes to service provision?</li> <li>• Can there be flexibility and continuity of care as an individual's funding changes?</li> <li>• How would such flexibility affect cost of providing care?</li> <li>• How would increasing flexibility in funding uses affect access and mental health outcomes?</li> <li>• What do seniors with complex needs require to continue living at home?</li> <li>• Can existing programs be improved to meet these needs?</li> <li>• What amount of home care service can support this?</li> <li>• What are the hospice care needs of Albertans, and can this be met before the population demand exceeds availability? How?</li> <li>• How can we increase our knowledge of elder abuse?</li> <li>• Are seniors with complex needs more susceptible or vulnerable to abuse?</li> <li>• Is risk of abuse comparable between living settings Does improving care models lower incidence of abuse?</li> <li>• There is much work done on complex needs. Knowing what we know, why have systems not adopted best practices where they exist?</li> </ul>

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		<ul style="list-style-type: none"> <li>• How do acute care settings better support continuity of care; following acute episodes, what models of support help people regain independence in the community? Could be measured via rates of readmission post-intervention.</li> <li>▪ Do weekly follow-up visits (post acute event) lower costs by keeping people out of hospital?</li> </ul>
	<b>Persons with disabilities</b>	<ul style="list-style-type: none"> <li>• How do we build skills or identify those individuals who have their own capacity to build social support systems (so that they are appropriately guided to alternative forms of care in the system)</li> <li>• What are long-term outcomes of social support initiatives? How do we measure it?</li> <li>• What is effective practice for supporting those with complex needs and how do we effectively spread those skills?</li> <li>• How do we include clients' knowledge/expertise in defining/shaping alternative models for complex care needs?</li> <li>• What does effective collaboration look like? What are its outcomes and its measures?</li> <li>• How do people with disabilities facilitate making connections outside the regular care service (i.e. social support)? What factors support building this capacity? (process, skills and knowledge)</li> <li>• What are effective research-practice partnerships? What are the necessary knowledge transition mechanisms around partnership research for people with complex needs?</li> <li>• What do the alternative models of effective transition look like? Where are they practiced? Who are the people that would most benefit from this type of support? (i.e. not about more services, it's about different service models)</li> <li>• There is much work done on complex needs. Knowing what we know, why have systems not adopted best practices where they exist?</li> <li>• Complex needs / persons with disabilities – Sustain and maintain innovative alternative models across systems (capacity building models; interdisciplinary; funding pooling – flexibility).</li> <li>• How do acute care settings better support continuity of care; following acute episodes, what models of support help people regain independence in the community? Could be measured via rates of readmission post-intervention.</li> <li>• Do weekly follow-up visits (post acute event) lower costs by keeping people out of hospital?</li> <li>• What is the current status, nationally and internationally, for community housing for complex cases, e.g., behaviourally disturbed PDD clients who may have psychiatric comorbidity? What are the barriers to discharging individuals with complex needs (particularly those that display aggression) to the community?</li> </ul>