



A REPORT ON CHILD AND ADOLESCENT MENTAL HEALTH RESEARCH

Priority Setting Roundtable 2007



Alberta Mental Health
Research Partnership Program

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Introduction

On June 1st, 2007 the Child and Adolescent Mental Health Research Working Group (CAMHRWG) acting in an advisory capacity to the provincial Research Partnership Committee (RPC), brought together stakeholders to identify important themes and sub-themes for Alberta in the area of child and adolescent mental health research. The participants included a number of individuals working in government, research, community, health and social service settings; all share a strong interest in improving children's mental health.

BACKGROUND

Alberta Mental Health Research Partnership Program

Research is critical to the advancement of mental health and the mental health system in Alberta. The 2004 Provincial Mental Health Plan identified the urgent need for research and evidence-based practice to advance the mental health of Albertans and the system of care. In response, the Alberta Mental Health Board (AMHB) was mandated to collaboratively develop a mental health research plan, and design a provincial Research Program.

The plan is based on work of the RPC, a broadly constituted, province-wide, senior level committee established in 2005 to provide strategic advice on development of the Alberta Mental Health Research Partnership Program (Research Program). RPC members are leaders from academic, service delivery, funding, consumer, industry, and government sectors.

Determining priority themes for the Research Program required consideration of Albertans' greatest needs, challenges to the system to meet these needs, and the existing capacity of the universities to address questions in the areas. In February 2006, the RPC organized a research roundtable consisting of funding agencies, consumers, researchers, policy makers and service providers to identify priority themes that would inform the development of a Mental Health Research Program for Alberta in terms of a business plan, securing funding partners, influencing mental health research Chair selection and other initiatives.

Child and Adolescent Mental Health emerged as one of four key concerns identified by this group. The others were:

- Mental Health in the Workplace
- Mental Illness and Addictions
- Effectiveness of Mental Health Services and System

Additionally, some issues were found to cut across the themes; specifically, those concerned with Aboriginal and multicultural populations, suicide prevention, knowledge transfer and the capacity of information systems to support research.

Moreover, the Research Program focuses on building resources in mental health services and population health research, with a goal of increasing the application of evidence to practice in order to improve mental health outcomes for Albertans.

Enhancing the Child and Adolescent Mental Health Research Theme

To further develop the Child and Adolescent Mental Health research priority theme area a working group (CAMHRWG; see Appendix 1 for membership) was established in the fall of 2006 to work in consultation with key provincial stakeholders and content experts to identify and recommend important areas of research.

Process for Developing Priority Themes



The working group has been engaged in a multi-step inclusive process, involving a number of stakeholder groups to determine a province-wide focus for research.

One of the first initiatives of the CAMHRWG was to request an environmental scan of research in Alberta to identify research activities and initiatives occurring in academic and practice settings in relation to child and adolescent mental health. The scan would, in part, serve as a needs assessment and a means to determine current research capacity and gaps, as well as a baseline and course for establishing a “preferred future”.

Following this exercise, the CAMHRWG initiated the priority-setting process by brainstorming ideas around policy and practice issues for different ages/ developmental stages, and different aspects of the mental health system.

A priority-setting roundtable involving the broader stakeholder community was then convened and priority themes emerged. Next steps are that these will be vetted with both the CAMHRWG and a broader group of stakeholders via an online consultation.

The emerging priority sub-themes are expected to inform the ongoing development of the Research Program, the Alberta Centennial Mental Health Research Chairs Program, as well as multiple initiatives and strategies of the individuals and organizations comprising the membership of the CAMHRWG.

The steps in the priority-setting process, including the Roundtable, are illustrated in the table below:

PRE-WORK	ROUNDTABLE	ONLINE-CONSULTATION	REVIEW & ANALYSIS	RECOMMENDATION	COMMUNICATION
Alberta research e-scan and brainstorming	consensus on 6-8 theme areas	with broad-based stakeholders	by the Working Group	of 3-4 priority sub-themes to RPC	of sub-themes to participants and stakeholders

THE PRIORITY-SETTING ROUNDTABLE

Purpose

To achieve consensus on 6-8 areas of focus for research in child and adolescent mental health that are important for Alberta over the next three to five years. It was determined that these areas of focus should:

- build on work completed to date
- represent the collective wisdom of the invited participants.

Participants

44 participants from a variety of sectors, including representatives of funding agencies, consumers, researchers, policy makers, and service providers, took part in the Roundtable in June 2007 (see Appendix 2 for a list of participants).

Discussion Parameters

Participants were given a number of questions to consider while deliberating:

- What are the key service and policy issues?
- Where are the knowledge gaps?
- Where could Alberta achieve excellence?
- Where has the government of Alberta recently committed investments?
- Where is there the strongest potential for positive impact?
- Where are the opportunities to link and connect

While it was recognized that all participants come from unique and valuable perspectives, some parameters were given to guide and frame the discussion. First, research must be within the area of child and adolescent mental health; second, the focus must be on health services or population health research.

Principles

Roundtable participants were also asked to work within the following set of principles established by the CAMHRWG:

Ensure that identified research themes focus on timely policy questions that will generate enthusiasm and buy-in from decision-makers

Have the ability to engage policy-makers and service-providers in research from the beginning to enhance receptivity of uptake-of-evidence

Build on existing research activity, alignment, and synergy

Provide access to knowledge with high applicability for Alberta

Focus on priority questions that concentrate on the biggest issues with the most impact, affecting the most people

Choose questions that focus on measurable outcomes and practical change

Recognize the importance of supporting all research paradigms, including non-traditional ways-of-knowing, translational and/or advocacy research approaches

Encourage cross-sectoral approaches and synergies, enhancing community supports, and factoring-in the necessary time for relationship-building

Promote better access for disadvantaged/vulnerable populations (e.g., Aboriginal community; issues in rural/remote areas; immigrant and refugee concerns)

Ensure mechanisms for effective knowledge translation; practical applicability of benchwork is key.

Roundtable Exercises

Three group activities were undertaken to achieve the roundtable goal of identifying 6-8 areas of focus for research in child and adolescent mental health that are important for Alberta over the next three to five years.

In the first activity participants were divided into small groups to discuss and identify: 1.) the policy and service areas in which intensified research is needed to improve mental health outcomes for children and adolescents in Alberta, and 2.) the areas of child and adolescent mental health research that represent high opportunity areas for Alberta. Groups were then asked to identify their top three choices for each of the two categories and provide a rationale for their selection. Groups were asked to report back on the results of their discussion.

For the second activity participants were asked to divide back into their small groups and generate three provincial research priorities for child and adolescent mental health research as well as describe each priority in terms of key words and phrases. Once completed groups were asked to report on their priorities.

The third activity involved a group discussion of the provincial research priorities generated from the small group activity to refine, collapse, and reach consensus on key emerging themes. The remainder of this document presents the findings from these activities.



ANALYSIS

Following the Roundtable exercise, all flipcharts and records of the discussions were transcribed verbatim (Appendix 3) and individually analyzed for content by four members of the AMHB research team, as well as by the facilitator. A ‘consensus meeting’ of these individuals was then held to compare analyses; remarkable consensus was achieved.

Subsequent to this step, emerging themes were vetted with a number of key stakeholders from the CAMHRWG, who confirmed the general direction of the comments, and provided further feedback and refinement. The following themes emerged from this session:

EMERGING THEMES

Three priority areas – each comprised of a number of subthemes emerged:

- Surveillance and Epidemiology
- Supporting Healthy Development
- Improving System Responsiveness

Additionally, three cross-cutting priority areas include:

- Age Dependency
- Cultural and Community Relevancy
- Collaboration and Integration Across the Continuum of Care

Detailed results are presented in the table, below.

PRIORITY THEME	SUB-THEMES (EMPHASIS AREAS)	RATIONALE	OPPORTUNITIES AND CHALLENGES	SUGGESTIONS AND INITIATIVES
Surveillance and Epidemiology	indicator development	the ability to make important changes requires strong measurement and evaluation	methods to aid in differentiation of common symptoms (e.g., hyperactivity) to provide an objective tool; agreeing-upon measures is difficult	neurobiological diagnostic markers, and a linkage between these and psychosocial markers that predict outcomes
	baselines	determine “where we are now” and the extent of problems	some of this work already exists	more basic epidemiology work required (targeted support)
	benchmarks	ask the question “where is it we want to be – what determines healthy functioning?”		
	tracking and monitoring	we cannot measure change without tracking within the system; required for quality improvement	must integrated into system of care (e.g., universal screening) - system buy-in; ethics issues	longitudinal trajectory models are needed to make sure interventions carry long-term value
Supporting Healthy Development	prevention and mental health promotion	supporting protective factors; intervention when you can prevent development of a primary or secondary disability	early strategies to promote optimal maturation and adolescent/adult health	research requires a strong evidence base defining a given cohort
	risk factors and vulnerable populations	finding which kids in Alberta are most vulnerable and require most intensive focus for optimal development; extended to families/communities	finding effective strategies for complex problems; these are often pervasive, and require inter-agency collaboration	target dual diagnosis (mental health/addictions; mental health/PDD), special populations, etc.
	building resiliency	Community capacity-building within individuals, families, and communities	early interventions that allow for changes to developmental trajectories	evaluate targeted parent education programs (e.g., around mental wellness)
	positive transitions	must better deal with transitions (from stage to stage; between systems; etc.)	systems must agree on needs, strategies	determine best practices through research; support their integration, implementation and evaluation

Improving System Responsiveness	knowledge transfer	closing the evidence-practice gap; speeding up translation of knowledge into practice to improve uptake	an ongoing challenge	new approaches and resources are required
	addressing emerging issues	issues such as gangs, bullying, drug fads, can overwhelm communities	represent hard-to-serve populations groups (e.g., girls)	may require targeted research on some socio-cultural groups
	program evaluation	are we meeting the needs of the people we serve and the population; cost/benefit analyses; improving access/wait times	current granting structures do not generally support these kinds of research	focus must be on outcomes, not outputs (i.e. not just number of patients processed)
	research capacity building	creating a climate supportive of mental health research in universities/regions	political will and money are required	mechanisms such as time-release and faculty incentive systems
	training and human resource planning	our workforce is aging – how do we get people trained, retained, and competencies maintained	entire health workforce is experiencing these challenges	evaluate innovative strategies (e.g., internet-based training for primary care providers)
CROSS-CUTTING THEME AREAS				
Age-Dependency	There are critical ages for the development of some capacities and resiliency and some problems or disorders may only become evident in specific age groups. In any agenda involving children and youth, age/stage appropriateness and readiness are critical foundation premises. As a result, there may be situations in which the mobilization of resources for targeted research (e.g., on particular disorders) is necessary and appropriate.			
Cultural and Community Relevancy	There is a need to build communities of practice where all parties value the research underway, and where the results are seen to help the community. Communities requiring particular attention include Aboriginal groups, immigrants/refugees, rural, and remote populations Understanding and respect for different research methodologies is required, and should include community-based participatory research, advocacy research, traditional ways-of-knowing, etc. Targeted grant support is required, as current granting structures do not generally fund these types of research.			
Collaboration and Integration Across the Continuum of Care	There is a great need for cross-ministerial and cross-sectoral collaboration, linkage, and service integration in order to bridge the continuum of care in providing services based on best evidence. This will require significant alignment across researchers, policy-makers, and service providers. Collaboration may provide the advantage of gaining a foothold in areas where funding already exists, but it is also likely to require buy-in and/or a champion at the Ministerial level, as well as grassroots support. In particular, attention must be paid to points of transition (e.g., when the child moves between schools, systems, etc.) It is noteworthy that such collaboration will also necessitate considerations around data flow and integration. Collaboration will entail a number of challenges, particularly in non-metro centres; in part, the Alberta Centennial Mental Health Research Chairs Program will be targeted towards building these bridges.			



Consultation and Validation of Themes

Following the development of the above theme and sub-theme areas, the CAMHRWG recognized that an important next step is to have this information vetted by the broader stakeholder community. In particular, we wanted to check whether the themes developed “hit the mark”, and whether researchers can see their own work reflected in the defined areas. An email consultation (notwithstanding a low response rate; n=11) generally supported the theme areas for the majority of respondents. Knowledge transfer emerged as the key priority for most participants.

While the areas described all emerged from group discussion as holding importance, the next step is to determine whether some take precedence over others, and whether any have been missed.

Another important consideration could be that this agenda does not specifically address disorders or conditions (e.g., FASD, autism, etc.) or particular ages/stages. This may entail strategies such as remaining open and flexible to the choice of research areas, in an effort to be reactive to emerging areas of concern; or certain conditions may receive focus each year based upon a pre-determined schedule.

NEXT STEPS

Theme areas were presented and vetted by the RPC in the Fall of 2007, and were then brought back to the working group for final approval. These areas will inform RPC decisions in program development such as targeting funding, decision-making regarding research infrastructure and human services, and facilitate Chair recruitment activities.

Theme areas will also be communicated broadly within Alberta for consideration by the many organizations and stakeholders involved in child and youth mental health issues.

Priorities will be refreshed regularly, to ensure the program evolves along with the province’s socio-cultural and economic landscape, and to ensure research remains responsive to policy and practice needs in mental health.

Appendix 1 – Child and Adolescent Mental Health Research Working Group Membership List (June 1, 2007)



Dr. Lola Baydala	Associate Professor, Pediatrics, University of Alberta
Dr. Margaret Clarke	Division Chief of Developmental Pediatrics, Calgary Health Region
Dr. David Cawthorpe	Research and Evaluation Coordinator, Calgary Health Region
Dr. Gary Hnatko	Glenrose Hospital, Edmonton
Dr. John D. McLennan	Department of Community Health Sciences, Faculty of Medicine, University of Calgary
Janice Popp	Director, Southern Alberta Child and Youth Health Network
Dr. Donald Spady	Department of Pediatrics and Public Health Sciences, University of Alberta
Dr. Liana Urichuk	Director of Research, Children and Adolescent Services Association
Dr. Chris Wilkes	Child and Adolescent Mental Health & Psychiatry, Calgary Health Region
Nancy Reynolds (Co-chair)	Executive Director & CEO, Alberta Centre for Child Family and Community Research
Dr. Ann Crabtree	Medical Advisor, Norlien Foundation
Lynn Damberger	Director, Advocacy and Liaison, Alberta Mental Health Board
Ken Dropko	Director, Collaborative Initiatives and Research, Alberta Children's Services
Wendy Heffern	Project Manager, Alberta Health and Wellness
Sandi Roberts	Director, Alberta Children and Youth Initiative, Alberta Education
Brenda Waye Perry (Co-chair)	Director, Research Program, Alberta Mental Health Board
Dr. Betty Bastien	Faculty of Social Work, University of Calgary
Janet Kostek	AMHB Children's Mental Health, Alberta Mental Health Board



Appendix 2 – Priority-Setting Roundtable Participant List

Jacque Aitken	Alberta Association of Sexual Assault Centres
Dr. Gail Andrew	Glenrose Hospital
Elsie Bastien	Alberta Mental Health Board, Aboriginal Mental Health
Dr. Lola Baydala	University of Alberta
Mary Berube	Edmonton First Steps Fetal Alcohol Spectrum Disorder Program
Dr. David Cawthorpe	Calgary Health Region
Steve Clelland	David Thompson Health Region
Dr. Ann Crabtree	Norlien Foundation
Dianne Drummond	Capital Health
Beth Evans	Alberta Mental Health Board, Mental Health Promotion
Dr. Laura Ghali	University of Calgary
Tara Hanson	Alberta Mental Health Board, Research; Regional Capacity-Building
Dr. Bob Haslam	University of Calgary, Child Development Centre
Wendy Heffern	Alberta Health and Wellness
Dr. Gary Hnatko	Capital Health/University of Alberta
David Johnson	University of Lethbridge, Department of Pediatrics
Janet Kostek	Alberta Mental Health Board, Advocacy, Innovation & Monitoring
Chris LaForge	Alberta Mental Health Board, Suicide Prevention
Dr. Bonnie Leadbeater	BC Child & Youth Health Research Network
Dr. Ian Manion	University of Ottawa
Dr. Don Massey	Neuropsychologist, Edmonton

Dr. Val Massey	Neuropsychologist, Edmonton
Dr. Diane McNeil	Capital Health
Denise Milne	Alberta Children's Services
Marilyn Mitchell	AADAC
Liz O'Neill	Big Brothers Big Sisters Society of Edmonton
Eileen Noel	Peace Country Health
Dr. Hannah Pazderka	Alberta Mental Health Board, Research; Concurrent Disorders
Dr. Marni Pearce	Alberta Education
Janice Popp	Southern Alberta Child & Youth Health Network
Nancy Reynolds	Alberta Centre for Child, Family and Community Research
Sandi Roberts	Alberta Education
Dr. Stuart Shanker	York University/Council for Early Child Development
Amber Shilling	Alberta Mental Health Board, Aboriginal Mental Health
Rob Skrypnek (Facilitator)	Sierra Systems
Dr. Donald Spady	University of Alberta
Dr. Liana Urichuk	Child and Adolescent Services Association
Gayle Vincent	Alberta Mental Health Board, Suicide Prevention
Brenda Waye Perry	Alberta Mental Health Board, Research
Arlene Weidner	Norlien Foundation
Gerry Wright	Alberta Solicitor General (Young Offenders Branch)
Dawn Wrightson	Central & Northern Network for Child Health
Dr. Lonnie Zwaigenbaum	University of Alberta

Nancy Reynolds and Brenda Waye Perry, on behalf of the CAMHRWG, welcomed participants and set the context for the day.

Instrumental to the day's success were members of the Alberta Mental Health Board research team:

Tara Hanson

Aleisha Harrington

Hannah Pazderka

Jody Sutherland

Trudi Thew

Bailey MacIntyre

Appendix 3 – Transcription of Roundtable Proceedings



The following points were verbally reported by the small groups for each activity.

ACTIVITY 1

Question 1: Policy and service areas in which intensified research is needed to improve mental health outcomes for children and adolescents...

- stronger evaluation of programming: approaches to optimize developmental MH (both targeted and across the population) to demonstrate effectiveness. Important to use a common language, so can compare across regions and populations. Rigor in program evaluation research.
- must be relevant to the population (e.g., community based participatory research) – listening to the community, and bringing that information back in a helpful way, so policy changes are important; including the voices of the parents (rigor). Policy, listening to community members and families, capacity building are all part of it.
- better training for service providers (across several domains)
- look at protective factors (resiliency); how do we sustain that?
- evaluation of prevention programs; which is the most effective?
- educational guidelines differ across jurisdictions; help or harm? (often not evidence based); training – cross-disciplinary and it's impact on the uptake of evidence-based practice (not just health, but education, child-welfare, etc.)
- evidence-based policy design
- outcomes of health services, school-based interventions
- linking to rural areas; gap exists
- rationalizing the investment into MH services; a business case
- MH needs of children reach communities and service providers (KT); how do we make it effective – how do we get information to teachers, etc.
- better baseline (prevalence epidemiology) data
- surveillance, locate problems and emerging issues
- problem of 'silos'; better collaboration – opportunities for cost-sharing (rather than arguing over "whose jurisdiction"?). Existing cross-ministry collaborations. Need to build on where places provide leadership (Canadian Outcomes Institute)
- beginnings of information-sharing exist; not just across agencies, but also to the population at large
- research looking at unique identifiers across datasets.
- examine link between research and policy
- outcomes of capacity building programs
- linking to what already exists: Research Chairs; suicide strategies (AB and Canada); Healthy Kids Alberta; 2 new maternal child research centres; community-university partnerships (CUPs); mental health frameworks (AMHB, AHW); FASD research centres, etc.

Question 2: Areas of child and adolescent research that represent high opportunity areas for Alberta (e.g., existing capacity, or potential to be world-class)...

What do we need to do?

- developmental screening across the pop; e.g. autism
- preconception programs
- better baseline data in 0-6 group – particularly to spot developmental delays
- most impact occurs in these early infant years; part first yr of life (infant-caregiver dyad... ties in w/ screening programs in AHW)
- resilience and protective factors as policy frameworks in place
- deal with downstream problems; need to identify problems early (e.g., early screening tools; infant and preschool programs; neurodevelopmental clinics)
- social determinants of child health and well-being

-
- importance of longitudinal follow-up: looking at the developmental trajectory – emotional, behavioral, health, etc. We know some things about high risk pops, but lack specific info. Important for transition planning and service development
 - research-ready environments
 - the more we understand about the brain, the more we can deal with these issues; the brain drives our behaviour

Specialized populations:

- First Nations youth (as a 'lens' across all themes) – linkages between on- and off-reserve
- immigrants
- refugees
- FASD
- lower functioning youth (e.g., cognitive behavioral therapy not effective – so what do you do?)
- bullying
- childhood trauma (e.g., in the foster care system – needs particular support and evaluation)
- prevention of family violence (existing)
- gangs
- suicide
- co-morbidity (e.g., with addictions, with dev disabilities, with health problems) – service gaps
- drug/alcohol prevention
- more research into transition to adulthood
- “risky activities” – early school leaving, etc.

Existing strengths:

- strong neuroscience/epidemiology foundations in AB
- lots in place for community research – ACCFCR; Families First; iCare; lots of potential to build on
- involve parents – in programming, research... needs to be a core component; need the family's buy-in to make a difference in the kids' life
- models already exist (e.g., for screening)
- political interest

ACTIVITY 2

Top provincial priorities for child and adolescent mental health research...

- Research to improve early childhood outcomes (readiness; resilience; protective factors) by developing promotion programs with a strong longitudinal/cohort evidence base
- Evaluation of intervention/program effectiveness that is outcome (i.e., not output) based... Will require money, political will, and training/competency
- Use developmental neuroscience (and other methods) to aide in the differentiation of common symptoms among children (i.e., provides an independent, objective tool against which to compare phenomenological data). i.e., early neurobiological diagnostic markers
- Service level program evaluation; focus on outcomes (youth suicide prevention; outcomes of specific treatments)
- Family resilience, capacity-building at the family level in the community context with cultural relevance (e.g., parent education programs around mental wellness; targeted education for all parents)
- Training efficacy: service providers in MH, allied, health (related-sectors) e.g., internet based training for primary care providers
- Research and research capacity building: research on research itself and the methodologies; how do you create a climate of research that respects different methodologies, even if it means making new ones (e.g., Aboriginal populations; rural and remote communities). Methods, partnerships, collaboration, cultural relevance. Training researchers, and academic capacity building (training researchers to appreciate other kinds of research...)
- *Recommendation:* All research themes must reflect direct policy in a cross-sectoral manner; how it will fit into policy but have relevance across-sectors...
- Still need a picture of where we are – basic epidemiology (prevalence, problems, associations), and some mechanism of surveillance in a continuous way so we're not missing things (relevant indicator development). Ask the question: "How are our kids doing; what constitutes healthy functioning?"
- Program evaluation and outcome. How are we doing at meeting the needs of the pop, and of the front-line service providers (our workforce is aging; how do we get people trained and retain them in the field? – human resource planning.)
- What are best practices in prevention and treatment for individuals/families with complex problems... Most of these kids have many problems. Most best practice guidelines refer to the single diagnosis, which doesn't apply in most cases. How do we address complex issues rather than single ones. Identifying, preventing when possible, and optimal therapies.
- *Recommendation:* should involve not-for-profits (looking at impact investments; most funding goes at community level; same issues, but not interlinked with what we're doing) – this sector should be engaged. Also, look for links cross-sectorally
- Development, translation of early intervention/prevention strategies to influence policy, funding, and service deliver. Early prevention (preconception, throughout childhood, or any point at which you can prevent development of a secondary disability). The importance of longitudinal trajectory models, to determine if the change is sustainable (or not, due to development/society) to make sure that what you're measuring at point A is meaningful down the road (you may not be able to measure a change in the short-term). Need to look at how we can speed up the translation of knowledge into practice to speed up the uptake and make it useful to communities.
- The importance of having community based participatory research envelope w/ basic principles of increased capacity, strong partnerships (service providers to researchers, then influencing policy and change) – being meaningful for community change.
- More evidence and best practices for transitions. Different ages/stages; parenting; from one system to another (how do we hand off a child from mental health to criminal justice, or from one health sector to another) – continue to be supported.
- *Recommendation:* Need to have an idea of our population. Who are we working with? If we're going to measure change, are we targeting the whole/an at-risk pop. What are the diagnostic criteria? Needs to be a

tracking system with common database development, to make the info meaningful to research and service delivery.

- Research on how to do knowledge translation, closing the evidence-practice gap, and strategies to evaluate policy effectiveness.
- Understanding needs and developing strategies to optimize MH and wellbeing among vulnerable and at-risk youth, in order to promote optimal transition to adulthood.
- Longitudinal studies of risk and resiliency in Alberta children (looking at what constitutes risk and resilience factors in determining outcomes in the population.)

ROUNDTABLE WRAP-UP: POSSIBLE THEMES

1. Service level program evaluation, focused on outcomes (children and families; service providers)
2. Family resiliency, capacity building in a community context, and cultural appropriateness (within specific populations – e.g., Aboriginal)
3. Training efficacy
4. Building capacity among researchers and academics
5. Basic epidemiology and surveillance, longitudinal research, and linkage integration of data systems
6. Best practices in prevention and treatment in individuals/families with complex problems (incl. early childhood; vulnerable populations)
7. Trajectories of early diagnostic markers – both for mental illness and well-being - grounded in developmental neuroscience; better measurement tools
8. Translation of knowledge into practice (link to evaluating policy)
9. Best practices re: transitions (ages; from system to system - may be focused on the child or the family)



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