



MENTAL HEALTH RESEARCH PARTNERSHIP PROGRAM FOR ALBERTA
THREE YEAR BUSINESS PLAN: 2007-2010



A M H B

ALBERTA MENTAL HEALTH BOARD

... Advancing Mental Health

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OUR VISION

Alberta is a leader in generating and applying world-class research to improve the mental health of its population.

MISSION

To improve mental health outcomes for Albertans along identified research priority themes, by generating evidence and expediting its transfer into mental health promotion, prevention of mental illness, and innovative service delivery.

A MESSAGE FROM THE ALBERTA MENTAL HEALTH BOARD

SUPPORTED BY THE RESEARCH PARTNERSHIP COMMITTEE

This three-year plan ensures that the mental health research in Alberta meets the needs of Albertans in the 21st century.

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 evidenced-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 by the mental health Research Partnership Committee (RPC), a broadly constituted, province-wide, senior level

committee established in 2005 to provide strategic advice on development of the *Mental Health Research Partnership Program for Alberta*. RPC members are leaders from academic, service delivery, funding, consumer, industry, and government sectors.

The RPC and the AMHB speak as one strong voice for the importance of the *Mental Health Research Partnership Program for Alberta*. We are confident that together we will deliver a provincial research program that will help individual Albertans and their families, communities and workplaces to improve mental health and reduce the impact of related social problems.

Ray Block,
President and CEO, Alberta Mental Health Board

EXECUTIVE SUMMARY

Good mental health underpins our individual and societal capacity for adaptation to change, productivity, innovation and sustaining a competitive advantage. At the individual level, it is also essential for overall health and quality of life. Improved mental health through research has the best prospect in supporting Alberta as the “best place to live, work and visit”, as cited in the Alberta 20-year Business Plan.¹

The World Health Organization (WHO) reports that mental disorders and neurological conditions account for almost one-third of all years lived with disability.² Despite all of Alberta’s advantages, mental illness and poor mental health continue to affect our province. In 2002/03, 600,000 Albertans visited a physician for mental health services at a cost of over half a billion dollars. However, costs of mental illness and poor mental health in Alberta are not limited to treatment dollars. Costs include the impact on individuals, families and society, reduced economic productivity, and diminished quality of life and opportunities, now and in the future. This takes an enormous toll on the health system and society as a whole.

Research Will Make a Difference for Albertans

Alberta has a unique opportunity to create a “natural laboratory” for studying the determinants of mental health. Our unique attributes include: a regionalized health system that puts service delivery and public health under one umbrella; both rural and urban health regions; manageable population size with ethnic diversity; broadband high-speed internet connectivity; and a linked electronic health records database. These factors will allow researchers to study population-level questions, such as how individual and environmental factors affect our mental health, effectiveness of new models of care, and whether they reach all segments of the population.

Grounded in Alberta service settings, new knowledge gained through research will lead to improved public mental health in meaningful and measurable ways. We need to study our mental health system, our own people, in our own environment to find innovative solutions that make a difference for Albertans. Founded on partnerships, the *Mental Health Research Partnership Program for Alberta* (Research Program) is the necessary first step to bring about change and ensure the best mental health care for future generations.

¹ Government of Alberta Strategic Business Plan, 2006

² WHO Global Burden of Disease, 2000

EXECUTIVE SUMMARY

Priority Research Themes Provide Strategic Direction

The Research Program focuses on four mental health priority themes. Determining these themes required consideration of Albertans' greatest needs, challenges to the system to meet these needs, and capacity of the universities to address questions in the theme areas. Mental health services and population health research will identify solutions to be transferred into practice to address the following priorities for Alberta:

- Effectiveness of mental health services and system ...making sure the system works to improve the mental health of all Albertans and getting care to those who need it
- Child and adolescent mental health ...ensuring the mental health of the next generation
- Mental health in the workplace ...promoting a prosperous economy by addressing mental health issues in the workplace
- Mental illness and addictions ...attacking the growing problem of 'dual diagnosis' in our society and ensuring effective prevention of new and emerging threats

The research agenda further acknowledges that some issues 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. The priority themes overlay the Research Program goals and strategies and set the course for the research agenda and Chair recruitment over the next three years.

Advancing the Mental Health Research Agenda

Goals, strategies, and a focus on measuring and communicating impact will ensure that the Research Program adds value for Albertans. The Research Program has established goals that support all of the priority theme areas.

Implementation of the program requires simultaneous advances toward these goals, which include: generating world class research in priority theme areas; increasing application of evidence to practice to improve mental health outcomes for Albertans; informing and promoting integration within the broader mental health system through research; and creating a virtual centre of research excellence.

Through 2005 and 2006, implementation has proceeded primarily through resources provided by the AMHB. There has been progress in several key initiatives including the Alberta Centennial Mental Health Research Chairs Program announced by the AMHB and the Minister of Health and Wellness in October 2005.

Dedicated Partnerships

The success of the Research Program is assured with the collective efforts of the mental health Research Partnership Committee (RPC) and other stakeholders who have demonstrated a willingness to work together for the shared goal of advancing mental health. As a result, communities in Alberta – mental health and research – have come together in the last two years to develop the ambitious, pan-Alberta, integrated Research Program. This Program mobilizes a number of remarkable provincial strengths through a strong commitment to collaboration among all of the key partners and stakeholders to advance the mental health research agenda.

Committed Resources

Significant resources for the Research Program have been committed by the AMHB; implementation in 2005/06 and 2006/07 has proceeded through the investment of these funds. Other partners have committed and/or re-aligned resources for the 2006/07 timeframe. These include Regional Health Authorities, which are partnering with the AMHB in the pilot AMHB Summer Employment Research Program (ASERP); universities, which are establishing mental health research 'nodes' through internal re-organization; and the Alberta Heritage Foundation for Medical Research (AHFMR), which is profiling and enhancing mental health research traineeships.

Looking forward:

- For 2007/08, the AMHB has committed approximately 20 per cent of the projected Research Program total cost. As the program grows through 2009/10, AMHB's contribution, relative to total program costs, levels out at the 10-12 per cent range – a significant ongoing commitment.
- The Universities of Alberta, Calgary and Lethbridge have committed significant resources to support newly recruited Mental Health Research Chairs on their campuses, pledging professorship positions (GFTs) and space/support requirements for these individuals.

Required Resources

Additional funding partners are required to implement the mental health Research Partnership Program and realize the full benefits for Alberta. As implementation proceeds, the funding requirements grow from Year 1 of this business plan, when approximately 80 per cent of the total program cost needs to be raised, to Year 3 where the figure is 88-90 per cent.

| Required Resources | 2007/08 | 2008/09 | 2009/10 |
|---------------------------|----------------|----------------|----------------|
| | 7,090,000 | 10,980,000 | 14,040,000 |

EXECUTIVE SUMMARY

Research Program funding will need to come from multiple partners, including the Government of Alberta and other public and private sources.

Accountability and Organization

Shared and transparent accountability for the Research Program is ensured given the establishment of:

- A senior level Strategic Alignment Consortium consisting of the committed funding partners
- A multi-sectoral, province-wide Research Partnership Advisory Committee, continuing the role of the current RPC
- Ad hoc scientific advisory committee(s); for example, a Blue Ribbon Panel to assist in the selection of Chairs

Advised by the Research Partnership Advisory Committee and scientific advisory committees, the Consortium makes decisions on the use of Research Program resources, aligned with priority themes, goals, strategic directions and guiding principles. The AMHB has committed ongoing resources to the Research Program, and as it has the mandate for advancing mental health research provincially, the AMHB will co-chair the consortium, provide secretariat, and serve an executive function.

Alberta's Promise: A Brighter Future

Through the implementation and evolution of the *Mental Health Research Partnership Program for Alberta*, we envision a future where in twenty years:

- More Albertans with mental illness lead productive lives, actively managing their health condition on an out-patient basis, like those living with diabetes, heart disease, and other chronic conditions.
- Healthy public policies – in schools, workplaces and other social systems – support resilience, reduce both the occurrence of poor mental health and the exacerbation of mental illness.
- Mental health care systems have evolved to provide access to effective services for all Albertans, regardless of geography or social circumstances.
- The damaging effects of issues such as family violence, drug use, emotional and learning disabilities are curbed in youth, protecting our future generations.
- The mental health workforce fully integrates research-based knowledge into individual practice and health services management.
- Mental illness and potential for recovery are better understood by the public, significantly reducing discrimination and the effects of stigma.

The *Mental Health Research Partnership Program for Alberta* provides the means for taking the first steps on the road to building a brighter future for Albertans.

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INTRODUCTION

The business plan first gives a brief overview of the key features of the Research Program and the reasons why Alberta is uniquely able to quickly implement the Research Program. The remainder of the business plan sets out Research Program goals, key objectives, enabling strategies and costs.

The imperative for more and different research to advance the mental health of Albertans and the system of care has been made consistently during the last three years of intense, collaborative, province-wide planning (for further background, see Appendix I).

The 2004 *Provincial Mental Health Plan* (PMHP 2004) revealed gaps in Alberta's mental health system, as well as issues and challenges that require innovative solutions. Research and its application are essential.

The 2005 *Plan for a Mental Health Research Program for Alberta* (MHRPA 2005) set out the key features, principles and strategic directions for a new pan-Alberta mental health research enterprise to support the information and innovation needs of our system of care.

In total, over 1,200 Albertans – reflecting the diverse perspectives, knowledge and interests of the broad mental health system and research community – provided input and feedback to these two landmark provincial plans. These plans have been supported by the Minister of Health and Wellness, the nine Regional Health Authorities, leading advocacy and consumer organizations, and the Alberta Mental Health Board (AMHB).

Given the extent of community involvement and endorsement involved in its evolution, this business plan starts from the premise that the established rationale for the research program in the Provincial Mental Health Plan and the Research Program Plan, have been thoroughly described and accepted. This three-year business plan, therefore, concentrates on how the program will be implemented.

Through the implementation of the Mental Health Research Partnership Program we can envision a future for Alberta where:

- More Albertans with mental illness lead productive lives, actively managing their health condition on an out-patient basis, like those living with diabetes, heart disease, or other chronic conditions.
- Healthy public policies – in schools, workplaces and other social systems – support resilience, reduce both the occurrence of poor mental health and the exacerbation of mental illness.
- Mental health care systems have evolved to provide access to effective services for all Albertans, regardless of geography or social circumstances.
- The damaging effects of issues such as family violence, drug use, emotional and learning disabilities are curbed in youth, protecting our future generations.
- The mental health workforce fully integrates research-based knowledge into individual practice and health services management.
- Mental illness and potential for recovery are better understood by the public, significantly reducing discrimination and the effects of stigma.

WHAT IS THE NEED?

Despite all of Alberta's advantages, mental illness and poor mental health continue to impact our society.

The complexity of mental illness is challenging for service delivery, priority setting, research, and the transfer of evidence into policy and practice. Throughout Alberta, mental health service delivery improvements have lacked public priority compared to conditions such as heart disease and cancer. This is also true in research, where the lack of mental health research funding has limited the number of expert researchers in the province.

The 2006 Kirby Final Report on Mental Health, Mental Illness and Addiction noted that a number of systemic issues continue to compromise service delivery.³ Significant gaps exist between what research has shown to be the most effective treatments and the care many people receive. A fragmented mental health service delivery system, financial barriers, and stigma have resulted in less than optimal population mental health.

Societal costs related to poor mental health are enormous and not limited to treatment dollars, but result in reduced economic productivity, as well as diminished quality of life and opportunities. Furthermore, these costs are growing: the World Health Organization (WHO) projects that disability caused by mental and neurological illness will grow to 15.0 per cent by 2020, up from 10.5 per cent in 1990.⁴

In Alberta, the prevalence of mental illness is significant; in some cases the rates are among the highest in Canada.⁵ Eventually, every family in Alberta will be affected.

THE REALITY OF MENTAL ILLNESS IN ALBERTA

- In 2002, the costs of directly funded mental health services in Alberta were \$573 million, about 8.4 per cent of provincial health services.⁶
- Each year, over 600,000 Albertans visit a physician for mental health concerns, and these numbers are growing.⁶
- It is estimated that less than half of those affected by mental illness access help.⁷
- As many as 15 per cent of youth are affected by depression, anxiety, ADHD, and addiction, yet the Kirby Commission reports that services can be fragmented and difficult to access.³
- Alberta's share of disability claims related to mental health problems in the workplace accounts for \$3.3 billion dollars annually.⁸
- Based on Canadian statistics, some 120,000 Albertans experience alcohol and drug problems, rates higher than the national average.⁹
- Alberta has the second highest suicide rate in Canada. For the past 14 years suicide has been the leading cause of injury deaths among Albertans.¹⁰
- Costs associated with absenteeism due to mental illness are estimated at \$22 million per year.¹¹

These statistics are related to the relentless stress and pace of modern life, leading to high levels of anxiety and depression and higher rates of alcohol use and other addictions to cope or escape. Dysfunctional families and decreased performance at work are two significant and common consequences.

However, for many there is a tendency to view mental health problems as something that happens to others and not to themselves; the reality is that all Albertans are at risk.

³ Final Report of the Standing Senate Committee, 2006

⁴ WHO Global Burden of Disease, 2000

⁵ Can J Psychiatry, 2005

⁶ Healthc Manage Forum, 2005

⁷ Psychiatr Serv, 1999

⁸ CIHR presentation to the Standing Committee, 2005

⁹ Can Addict Surv, 2005

¹⁰ Pembina Inst, 2001

¹¹ Phil Jacobs, IHE, personal communication

HOW CAN RESEARCH ADVANCE MENTAL HEALTH?

Historical advances in medical science and clinical practice have effectively shaped the current health system, now rich with hospitals, specialized clinicians, and sophisticated diagnostics and treatments. While this system capability has helped many people survive acute – formerly fatal – illnesses, it has also resulted in legions of people living with multiple chronic conditions.

Although our health system is straining under the collective needs of society, increased funding for service delivery is a shortsighted answer, and one that may be reaching a point of diminishing returns: more money devoted to health care, with fewer results.

Clear gaps still remain in the treatment of common mental illnesses, such as depression. Whereas 60 years ago those with depression were treated

through years of confinement or electroconvulsive therapy, today's treatments, which utilize SSRIs and cognitive behavioral therapy, continue to increase our ability to manage this common illness in community settings and without the need for hospitalization. Yet, for all these advances, we have not beaten this debilitating disease. In fact, in developed countries, *depression alone accounts for the largest portion of years lost to disability of any medical disorder.*¹²

Clinical treatment efficacy is only part of a larger answer. What is apparent is that we need to broaden the spectrum of research, implement and evaluate changes in the health system, and focus on health outcomes and priority needs. This choice of research emphasis supports evidence-based changes that will shape and improve the mental health system of tomorrow.

¹² WHO Global Burden of Disease, 2000

ALBERTA'S MENTAL HEALTH RESEARCH AGENDA: A FOCUS ON PRIORITY THEMES

To optimally focus research resources, a mental health research agenda is essential. In February 2006, a research roundtable brought together participants including funders, consumers, researchers, policy makers, and service providers to establish a research agenda to determine specific areas of focus for Albertans. The Research Program now has an established agenda with a focus on four mental health priority themes.

In determining priority themes, the greatest needs of Albertans and challenges of the system to meet those needs were considered, as was the capacity of the universities to examine these areas. The resulting research priority themes represent areas where Alberta has the potential to excel. They further acknowledge areas that cut across the themes, such as concerns specific to Aboriginal and multicultural populations, suicide prevention, knowledge translation, and the capacity of information systems to support research.

The agenda has been vetted and confirmed within the broader mental health system and focuses on building resources in mental health services and population health research. Future enhancements will broaden this focus to include biomedical and clinical mental health research.

The research priority themes overlay the goals, objectives, and strategies that serve as the foundation of the Research Program. The aim is to increase our understanding of these priority areas and use this knowledge to optimize service delivery through a dedicated virtual centre of research excellence.

MENTAL HEALTH PRIORITY THEMES

1. Effectiveness of mental health services and system.
2. Child and adolescent mental health.
3. Mental health in the workplace.
4. Mental illness and addictions.

ALBERTA'S MENTAL HEALTH RESEARCH AGENDA: A FOCUS ON PRIORITY THEMES

PRIORITY THEMES

DESCRIPTION AND POTENTIAL AREAS OF STUDY

EFFECTIVENESS OF MENTAL HEALTH SERVICES AND SYSTEM

Albertans should expect a seamless, accessible system that provides optimal care. Gaps still exist between what research has shown to be optimally effective treatments and what many people receive in actual practice. These problems may be exacerbated in children, who are unable to describe their symptoms, and in those individuals who have greater difficulty accessing the mental health system, either due to jurisdictional issues (e.g., the Aboriginal population) or logistical barriers (e.g., the homeless).

- Optimal service organization and delivery models including innovation in rural settings (e.g., telehealth, web-counseling) and suicide prevention
- Service quality and outcomes improvements through integrated services, primary/shared care, evaluation, best practice and outcomes research
- Use of information systems to improve service integration

CHILD AND ADOLESCENT MENTAL HEALTH

Every child growing up in Alberta deserves to feel happy and secure. Over 80,000 young Albertans suffer from some kind of mental illness that they may struggle with for the rest of their lives. In particular, Aboriginal youth are in crisis: suicide rates for First Nations youth are five to six times higher than for non-Aboriginal youth. Despite these facts, more than 90 per cent of Canadian health care spending goes toward treatment rather than prevention or health promotion.

- The role of factors such as prevention, promotion, risk reduction, resiliency and supportive parenting
- Better surveillance and needs assessments
- A focus on improved access, early intervention, and help for suicide and other self-harming behaviors

PRIORITY THEMES

DESCRIPTION AND POTENTIAL AREAS OF STUDY

MENTAL HEALTH IN THE WORKPLACE

The majority of our adult lives are spent at work, and much of this time is often stressful. Lost productivity costs the Alberta economy about \$450 million annually, with an additional \$3 billion spent on disability insurance claims related to mental illness. Rural and Aboriginal populations may experience unique and specific difficulties; drug and alcohol use in the workplace is becoming a growing problem in many communities.

- Models of mentally healthy workplaces
- Coping with workplace stress and adaptation to rapid change
- Targeting unique issues associated with rural occupations

MENTAL ILLNESS AND ADDICTIONS

Alberta has higher per capita rates of alcohol consumption, high-risk drinking, and reported harms associated with drinking than the national average, AADAC reports. Those seeking help are often using more than one substance,¹³ and half of these drug use disorders may be linked to mental illness.¹⁴ Some populations, such as Aboriginal peoples and victims of violence, are particularly likely to experience these problems and need targeted intervention. AADAC has produced a collaborative framework supporting Albertans whose lives are affected by concurrent disorders. However, research is needed to find the best ways to prevent and tackle emergent threats to our society (e.g., crystal meth) and to focus on finding optimally effective interventions for clients.

- Prevention and management of new and emerging threats (e.g., crystal meth) and better ties with forensic psychiatry services
- A focus on special populations such as youth, Aboriginal peoples, and rural populations
- Improving service access and integration

¹³ AADAC Report, May 2005

¹⁴ Arch Gen Psychiatry, 1988

MOBILIZING ALBERTA'S ADVANTAGES

Alberta is well positioned to be a leader in the identified priority areas. We have unique strengths and attributes - including a strong economy - that create a fertile ground for mental health research.

In addition, stakeholders have demonstrated a willingness to work together for the shared goal of advancing mental health. Communities in Alberta – mental health and research – have come together in the last two years to develop an ambitious, pan-Alberta, integrated Research Program. The Research Program mobilizes a number of remarkable provincial strengths, including the strong commitment of collaboration amongst all of the key partners and stakeholders to advance the mental health research agenda.

A vibrant science community... Alberta is rapidly becoming an international hub of research activity, attracting experts from around the world. In large part this is due to significant and strategic investments the Government of Alberta has made over many years.

Alberta has established the Alberta Science and Research Authority (ASRA) to provide advice to the highest level of government, building on 80 years of work by the Alberta Research Council. In the last 26 years, the Alberta Heritage Foundation for Medical Research has invested \$850 million to develop the health research community and has supported over 2,600 scientists and students. Relative newcomers, including the Alberta Ingenuity Fund, Informatics Circle of Research Excellence (iCORE), Integrated Centre for Care Advancement through Research Edmonton (iCARE), and the Hotchkiss Brain Institute, constantly enrich and refresh our research enterprise.

In addition, industry and private donors are becoming increasingly aware of the value of science, and increasingly concerned about mental health.

A strong academic sector, connecting to communities... Alberta has dynamic universities in Edmonton, Calgary, Lethbridge and Athabasca, as well as technical schools and colleges in most of its population centres. Within the research-intensive universities, there is huge intellectual capital, including a relatively small but capable contingent of mental health researchers with the capacity to work with service providers to encourage the transfer of research into practice.



A regionalized system of care... Alberta has a well-established regionalized health system, into which mental health is integrated. Each health region responds to local needs and priorities, from community health and acute care to continuing and end-of-life care. Additionally, health regions are committed to evidence-based decision-making by increasing research and evaluation activities, and are currently implementing quality improvement frameworks.

A commitment to research transfer and knowledge exchange... Alberta has considerable expertise – researchers and networks – dedicated to understanding how best to bring evidence to practice. These include SEARCH Canada, an Alberta innovation that trains and supports regional staff to acquire, interpret, and apply health information; AHFMR's Research Transfer Network of Alberta; and several dedicated university teams.

A provincial focus on mental health and addictions... Alberta has the AMHB, a province-wide health authority that reinforces the provincial priority placed on mental health. It also has AADAC, a longstanding provincial agency that addresses the needs of people with addictions. The AMHB works with its partners to ensure that regional services are enabled and supported. Alberta has also written a Provincial Mental Health Plan, which sets the course for improving our mental health system. Regional Health Authorities have each developed mental health plans, further reinforcing cooperation and collaboration.

Linking and capitalizing on the strengths of these parties will allow us to successfully achieve the goals and strategies of the Research Program.

GOALS, OBJECTIVES, AND STRATEGIES

Research priority themes overlay the goals, objectives, and strategies that serve as the foundation of the Research Program. These goals proceed simultaneously and support all of the priority theme areas: effectiveness of mental health services and system, child and adolescent mental health,

mental health in the workplace, and mental illness and addictions. Intentions in all areas are to build on and strengthen existing mechanisms and generate new mechanisms.

GOAL 1 GENERATE WORLD CLASS MENTAL HEALTH RESEARCH IN PRIORITY THEME AREAS

What it Means: The Research Program will bring multidisciplinary mental health research together in universities and mental health institutes with increased attention and common focus on connecting mental health research activities. Recruitment of Chairs will build capacity in academia and bring profile and new focus, people, and resources to the study area. An increase in the number of researchers and research generated will help attract further national mental health funding. This enhancement in capacity and collaboration will ensure a focus on answers to questions of importance to Albertans, but with applicability both nationally and internationally.

| OBJECTIVE | STRATEGY | PERFORMANCE MEASURES | 2009/10 TARGETS |
|---|---|---|--|
| Alberta's Mental Health Research Partnership Program attracts, supports development, and retains high quality mental health researchers and students in Alberta | Bring high quality researchers to Alberta through the Alberta Mental Health Research Chairs Program | <p>Attraction and retention of high quality people (Chairs and associates)</p> <p>Intellectual capital (academic outputs): e.g., peer-reviewed publications</p> <p>Research transfer activities (non-academic outputs): e.g., contributions to CPGs, care plans, meetings with policy-makers, committee participation</p> <p>Economic impact (dollars leveraged)</p> <p>Social impact measures; adapted from B. Godin, Canadian Science and Innovation Indicators Consortium¹⁵</p> | <p>Nine Chairs, and associated people and activities</p> <p>↑ Total activity</p> <p>Matched leverage</p> |

¹⁵ <http://www.csiic.ca/>, n.d.



| OBJECTIVE | STRATEGY | PERFORMANCE MEASURES | 2009/10 TARGETS |
|--|--|---|---|
| <p>Alberta's Mental Health Research Partnership Program attracts, supports development, and retains high quality mental health researchers and students in Alberta</p> | <p>Develop a pan-Alberta, multidisciplinary training program</p> | <p>Number of mental health students obtaining AHFMR studentships in priority research theme areas</p> <p>Broader mental health training program</p> | <p>Substantial increase (i.e., >50%)</p> <p>In place</p> |
| | <p>Support Alberta's post secondary institutions in establishing multidisciplinary institutes or nodes of mental health research</p> | <p>Number of university nodes in place connected to the virtual centre of research excellence</p> | <p>Three nodes</p> |
| | <p>The research investment increases in both service settings and academia</p> | <p>Develop and support mechanisms linking health service professionals, mental health researchers, and academic nodes to ensure growth of practice-based research</p> | <p>New research initiatives/funds for: (i) programs of research in priority themes; (ii) projects (e.g., feasibility studies, entrepreneurial fund)</p> |
| <p>Number of service settings with professionals collaborating in research projects with university nodes</p> | | | <p>Minimum five</p> |
| <p>Proportion of funded research projects originating in regional settings</p> | | | <p>20%</p> |
| | <p>Create incentives and partnerships for leveraging Alberta's research resources, including a matching fund</p> | <p>Alberta attracts more than its proportion (based on population) of mental health research funding</p> | <p>Additional 5% of national funding from current levels</p> |

GOALS, OBJECTIVES, AND STRATEGIES

GOAL 2 INCREASE APPLICATION OF EVIDENCE TO PRACTICE, IMPROVING MENTAL HEALTH OUTCOMES FOR ALBERTANS

What it Means: Many mental health service practitioners and managers recognize the need for integrating research into practice, but they do not have the capacity/resources to create a strong culture where this is possible. The Research Program will increase the accessibility of relevant and innovative research to promote both its use in generating policy and its application in service delivery. Improved dissemination and information exchange between the different settings means more current and effective treatments for Albertans. Possibilities also exist for the transfer of existing technologies to commercial organizations with a stake in the mental health of their employees (e.g., Mental Health First Aid).

| OBJECTIVE | STRATEGY | PERFORMANCE MEASURES | 2009/10 TARGETS |
|--|---|--|-----------------------------------|
| A strong culture of evidence-based practice, innovation, and continuous quality improvement permeates the mental health system | Create liaison roles/positions in service settings, universities, and diverse communities that link service information needs with research sources, supported by tailored training | Number of mental health research liaison positions | 12 |
| | | Stakeholder ratings of perceived value and support (/100%) for liaison positions | 80% |
| | | Review of reported gaps/weaknesses | Decreasing |
| | | Number of Aboriginal people who take part in research development | 50% increase |
| | Establish knowledge exchange networks for mental health communities of interest | Number of sponsored and spontaneous network research meetings and events | Two sponsored ↑ Total activity |

| OBJECTIVE | STRATEGY | PERFORMANCE MEASURES | 2009/10 TARGETS |
|--|--|--|--|
| The mental health workforce, managers and policy makers, have timely answers to important research questions | Disseminate highly relevant information and research evidence, ensuring ready accessibility in service and policy settings using traditional and electronic means | Stakeholder satisfaction ratings (/100%) assessing access to relevant evidence-based practice information | 75% |
| | | Proportion of mental health projects that clearly outline dissemination strategies | 75% |
| | Establish a mental health technology assessment program, including economic assessment, responding to questions from all aspects of the mental health system | Agreement developed Impact assessment of HTA and economic studies | In place Ongoing |
| The system relevancy of mental health research conducted in Alberta increases | Establish an expert dedicated, rapid research response service for mental health services and policy questions (consultation, short HTA, environmental scans, brief surveys) | Formative evaluation of rapid response program | In place |
| | Increase the numbers of researchers and service providers with knowledge and/or experience in practice-based research and quality improvement in priority areas | Funded proposals have high relevancy ratings, including assessment of fit with priority themes and composition of research teams | Relevancy rating system in place; ↑ Ratings over time |

GOALS, OBJECTIVES, AND STRATEGIES

GOAL 3 INFORM AND PROMOTE INTEGRATION THROUGHOUT THE BROADER MENTAL HEALTH SYSTEM THROUGH RESEARCH

What it Means: Health services need to better integrate with other social sectors to support the population’s mental health needs. The Research Program will create a foundational resource for mental health research through the integration of health and human services data. It will ensure service settings are able to innovate and that diverse cultural groups are encouraged to participate in mental health research. It will establish greater collaboration across sectors and jurisdictions, addressing the complexity of mental health through research.

| OBJECTIVE | STRATEGY | PERFORMANCE MEASURES | 2009/10 TARGETS |
|---|---|---|---|
| Alberta is a leader in the development of progressive policies based on an understanding of the social determinants of mental health and mental illness | Collect, integrate, and fully utilize Alberta-based population-level mental health and human services data (i.e., set the foundation for “laboratory Alberta”) | Pilot population-level data integration | In one priority area |
| | Establish expertise to measure mental health needs and outcomes at regional and provincial levels | Needs/outcomes measurements occur regularly | In place |
| | Engage in/lead inter-provincial and national research initiatives, including mental health economics | Number of initiatives in place | Five |
| Greater collaboration occurs across the system, including the various sectors and jurisdictions | Create new forums and events to facilitate multi-sectoral knowledge exchange (e.g., among policymakers, researchers, service providers, and other key stakeholders) | Number of stakeholder groups (incl. regions) participating in scheduled (bi-annual) and spontaneous cross-sectoral network research meetings and events | Multiple group involvement; ↑ Total activity |

| OBJECTIVE | STRATEGY | PERFORMANCE MEASURES | 2009/10 TARGETS |
|--|--|---|-------------------------------|
| Greater collaboration occurs across the system, including the various sectors and jurisdictions | Establish appropriate partnerships to support research priority themes, (e.g., workplaces, schools, children's services) | Number of cross-sectoral initiatives that support mental health research priority themes | Two plus |
| | Create linkage mechanisms with diverse populations and unique needs | Perceived level of engagement and willingness to stay engaged (/100%) in the research process by Aboriginal individuals and those from other diverse populations | 80% |
| Health regions are supported to participate in the broader mental health system, innovate, and take part in cross-sectoral and cross-regional project work | Create research funds that establish, enhance and maintain existing capacity: (i.e., seed funding, innovation/new ideas) | Establishment of funding mechanisms Proportion of funded proposals that involve multisectoral partnerships | Two funds in place 50% |
| | Attract new personnel and support mid-career professionals through novel training opportunities | New educational placement programs (e.g., summer research employment, co-op, internship placements) and learning opportunities (e.g., SEARCH Custom and Classic programs) | Three programs |
| Mental health research in Alberta achieves higher profile, serving to increase public and professional awareness and acceptance | Annually "showcase" mental health research | Number of attendees at annual Mental Health Research Showcase Conference | 350 plus |
| | Communicate regularly on the accomplishments and advances of mental health research, including Innovation Fund results | Stakeholder satisfaction with information presented on Research Centre website and with e-newsletter/ research bulletin | 80% |
| | Collect and track mental health literacy data to gauge the public's understanding of mental health and mental illness | Awareness measure of mental health literacy adapted from Mental Health First Aid evaluation | Surveillance initiated |

GOALS, OBJECTIVES, AND STRATEGIES

GOAL 4 CREATE A VIRTUAL CENTRE OF RESEARCH EXCELLENCE

What it Means: The AMHB and research partners have committed to establishing a virtual Research Centre as the primary program integration vehicle. This centre will build provincial research capacity, provide support for research and activities related to priority research themes and program goals, expedite the transfer of findings to service settings, connect stakeholders in mental health, and measure/report on the accomplishments and impact of the research program. The Centre's ongoing focus on priority theme areas and collaboration with stakeholders and researchers will maximize the efforts of the Research Program.

| OBJECTIVE | STRATEGY | PERFORMANCE MEASURES | 2009/10 TARGETS |
|--|---|---|----------------------------------|
| The Research Program is integrated and visible, and makes a difference for Albertans | Establish senior scientific leadership for the virtual research centre | Scientific Director in place | By 2007/08 |
| | Establish joint appointments for Chairs and other individuals | Number of researchers/service providers with joint affiliation to the Centre | 25 plus |
| | Evaluate the performance and achievements (i.e., impact and value) of the Research Program in line with an established evaluation framework | Evaluation framework established by December 2006; ongoing evaluation; international review at the five year mark | Complete with evaluation ongoing |

| OBJECTIVE | STRATEGY | PERFORMANCE MEASURES | 2009/10 TARGETS |
|---|--|--|--|
| Strong stakeholder collaboration is created to achieve sustained growth of the Research Program | Connect and manage elements of the distributed program through various mechanisms and structures to achieve linkage, collaboration and partnership | <p>Successful implementation and ongoing improvement of Strategic Alignment Consortium, Research Partnership Advisory Committee, ad hoc scientific advisory committees, peer review, and accountability and services agreements</p> <p>Matching dollar contributions from sources external to the Research Partnership Committee, including research grants, contracts, donations (external:RPC)</p> | <p>Formal agreements and structures in place</p> <p>By 2009/10</p> |
| The Research Program focuses on the most significant mental health needs of Albertans to optimize the impact of our efforts and resources | Establish research priority themes as a focus of resources | Percentage of Program-affiliated researchers/ grants/publications in priority theme areas | 90% |
| | Establish processes to ensure continued relevancy of priority themes to service settings | <p>Multidisciplinary priority-setting roundtable to be held every three years</p> <p>Annual regional consultations</p> | <p>In place</p> <p>By 2007/08</p> |
| Mental health research, innovation, and their impacts on mental health are better understood | Develop an infrastructure to share the impacts of mental health research, innovation, and the Research Program, and ensure access to results | Communication infrastructure developed for the website, e-newsletter, research impact reports, Annual Report; degree of stakeholder satisfaction | In place; 80% satisfaction |

IMPLEMENTATION OF THE RESEARCH PROGRAM AND ACTIONS TO DATE

Implementation has progressed in 2005 and the 2006/07 fiscal year, with resources committed by the AMHB and contributions – financial and in-kind – of partners such as the Alberta Heritage Foundation for Medical Research (AHFMR) and the Institute of Health Economics (IHE). Full implementation of the Research Program is contingent on securing new funding commitments.

Key initiatives have been planned and initiated to support the Research Program's priority theme areas and goals. These initiatives are being phased in over time using a pilot/evaluative approach that will ensure that each element adds value and works with evolving regional and academic capacity.

The following section describes the key initiatives of the Program, and initial developments that are in place or in progress.

KEY RESEARCH PROGRAM INITIATIVES

A virtual centre of research excellence with the right focus...

Facilitate and support communication and linkage between the Mental Health Research Chairs, the health regions, the institutes being developed at the three universities and other key stakeholders.

ACTIONS TO DATE:

- Establishment of a province-wide mental health Research Partnership Committee and advisory subgroups; organizational commitment and interest remain high.

Identify and seek answers to important mental health research questions, offering links to individuals and organizations that can provide answers, advocating for better research data, improved population mental health surveillance, and monitoring of the performance/value of the program.

ACTIONS TO DATE:

- A provincial mental health research agenda was determined in April 2006 through a province-wide roundtable, confirmed by consultation with the broad stakeholder community. The four resulting priority research theme areas guide ongoing development of the Research Program.

Move knowledge into action through mechanisms such as health technology assessments to serve system research needs, including translation research; the annual Mental Health Research Showcase; and a rapid response program in mental health.

ACTIONS TO DATE:

- A pilot project with the IHE is being developed for training in the production of mental health technology and economic assessments on questions of importance to the mental health system.



Increase the profile of mental health research by highlighting the accomplishments of mental health researchers from Alberta and beyond.

ACTIONS TO DATE:

- In November 2005 the AMHB's first highly successful Mental Health Research Showcase was held to bridge the gaps between research, practice, and policy, and encourage research utilization that improves services and outcomes. Showcase 2006 is scheduled for October 30 – November 1, 2006.
- A mental health research website has been developed by the AMHB to showcase research news and announcements, best practice information, developing programs, and progress updates on implementation. Development concentrates on providing a forum for discussion for researchers and service providers.

The right people...

The Alberta Centennial Mental Health Research Chairs Program – the flagship of the Research Program – will allow internationally recognized researchers to focus on finding solutions to Alberta's unique issues by:

1. Uniting a critical mass of researchers and developing a constellation of activities to advance a given priority area of study leading to increased capacity for mental health research.
2. Linking high-quality, evidence-based research that addresses priority issues using population and service delivery research.
3. Establishing mutually beneficial relationships between researchers and the Regional Health Authorities.

4. Connecting academia with the mental health system using a pan-Alberta approach. Chairs will hold joint appointments with their university, the virtual Research Centre, and one or more regions towards a future where regions are supported to engage fully in research.

The Chair award will be a five-year term and (total) \$1,000,000 to \$1,250,000, with the possibility of an additional term, based on peer review. The AMHB has pledged \$3,000,000 over 5 years for the Chairs Program. Universities will contribute professor (GFT) positions for Chairs, as well as space and some support requirements. AHFMR and other personnel and infrastructure competitions will be open to Chairs. A major role for Chairs will be to establish mutually beneficial relationships between researchers and service settings, therefore the potential contribution of health regions is to be determined.

ACTIONS TO DATE:

- Beginning in early 2006/07, the search and selection process for three Alberta Centennial Mental Health Research Chairs to work in areas of research priority was initiated.

Mental Health Regional Liaison/Knowledge Exchange Roles will constitute a major step in programming to build mental health research core capacity in the health regions. The establishment of dedicated, qualified personnel who receive targeted training in evaluation, database management and analysis, and survey design will enhance regional capacity by:

1. Connecting between the regions, the virtual centre and other elements of the Research Program.
2. Facilitating the information needs of regions with the resources to address questions.

IMPLEMENTATION OF THE RESEARCH PROGRAM AND ACTIONS TO DATE

ACTIONS TO DATE:

- Researchers and associated staff in the Regional Health Authorities have begun to form an interregional network to support their activities and needs. This network will help guide the development of the Regional Liaison Roles.

Studentships and Traineeships represent the core of a large scale, pan-Alberta, multidisciplinary Mental Health Research Training Program, and support improved mental health and system effectiveness by:

1. Supporting the next generation of investigators with an interest in mental health by offering incentives for training in the Research Program's priority research themes.
2. Instituting a summer student employment program for regions to engage in mental health research-related activities that will give students both practical research and evaluation experience as well as connections with staff in the Regional Health Authorities.

ACTIONS TO DATE:

- The AMHB and AHFMR have partnered to increase capacity for trainee support in mental health research, enabling more qualified students to pursue research in priority areas.
- The AMHB Summer Employment Research Program pilot for the health regions involving mental health research-related projects was established in 2006.

The right resources...

Build infrastructure for population research including the construction of new and integrated registries and databases as well the connection of existing information across the province in new ways.

Grant funding for various new research projects and programs will develop over time. Plans include:

- New ideas/entrepreneurial fund
- Matching funds for Alberta to leverage national research resources
- Applied research funds
- Project fund for new and mid-career researchers
- Program fund for larger, multi-year programs of research aligned with priority themes

ACTIONS TO DATE:

- A partnership in Aboriginal child and family mental health research, recommended by the AMHB Wisdom Committee, is in development between the AMHB, the University of Alberta, and the Caritas Health Group.

Manage administrative tasks related to mandate and accountability of the Research Program.

ACTIONS TO DATE:

- A team is already in place, and has supported the administrative requirements of the mental health Research Partnership Committee (RPC), worked on development of the key initiatives, and has assisted with the production of this business plan. They will continue to fulfill these and other functions surrounding program implementation. They will also assist with proposals and requests to secure further funding for the Research Program.

PROGRAM BUDGET

MENTAL HEALTH RESEARCH PARTNERSHIP PROGRAM COST OVERVIEW (IN DOLLARS)

| Goals / Initiatives | Forecast 2007/08 | | | Forecast 2008/09 | | | Forecast 2009/10 | | |
|---|------------------|--------------|------------------|-------------------|--------------|-------------------|-------------------|--------------|-------------------|
| | Total | AMHB Commit. | Required | Total | AMHB Commit. | Required | Total | AMHB Commit. | Required |
| Goal 1 - Generate world class mental health research in priority theme areas <ul style="list-style-type: none"> Recruit up to nine Chairs over three years; new studentships and trainee program support; programs of research (priority theme areas) & project funds (applied research, new ideas fund); provincial matching fund | 4,165,000 | | | 7,215,000 | | | 9,335,000 | | |
| Goal 2 - Increase application of evidence to practice, improving mental health outcomes for Albertans <ul style="list-style-type: none"> Create mental health research liaison roles in regions, universities, and diverse communities (15 positions in three years); HTA and rapid research response services; focused dissemination, best practices, and knowledge exchange; website | 2,480,000 | | | 3,230,000 | | | 3,530,000 | | |
| Goal 3 - Inform and promote integration in the broader mental health system through research <ul style="list-style-type: none"> Data integration; Showcase; cross-sectoral and regional innovation; inter-provincial and national initiatives | 1,050,000 | | | 1,570,000 | | | 1,610,000 | | |
| Goal 4 - Create a virtual centre of research excellence <ul style="list-style-type: none"> Scientific director; coordination and program linkage (incl. sponsored events); needs/priorities/agenda; research program impact evaluation; contract management; secretariat support/operations | 1,355,000 | | | 1,575,000 | | | 1,575,000 | | |
| Total | 9,050,000 | 21% | 7,090,000 | 13,590,000 | 14% | 10,980,000 | 16,050,000 | 11% | 14,040,000 |

MENTAL HEALTH RESEARCH PROGRAM FUNDING

Dedicated mental health research funding is essential for improving the outcomes for people with mental illness and the mental health of all Albertans.

Investments in mental health research will support and protect Alberta's social capital, our children, families, employees, and communities, and dedicated funding will foster and support collaborative, multi-disciplinary, cross-boundary research, attract donations from a wide variety of sources and leverage existing research funding.

COMMITTED RESOURCES

Significant resources for the Research Program have been committed by the AMHB; implementation in 2005/06 and 2006/07 has proceeded through the investment of these funds.

Other partners have committed and/or re-aligned resources for the 2006/07 timeframe. For example, Regional Health Authorities are partnering with the AMHB in the ASERP pilot; universities are establishing mental health research 'nodes' through internal re-organization; and AHFMR is profiling and enhancing mental health research traineeships.

Looking forward:

- For 2007/08, AMHB has committed approximately 20 per cent of the projected research program total cost. As the program grows through 2009/10, AMHB's contribution, relative to total program costs, levels out at the 10-12 per cent range – a significant ongoing commitment.

- Universities of Alberta, Calgary and Lethbridge have committed significant resources to Chairs on their campuses, pledging professorship positions (GFTs) and space/support requirements for Chairs.
- A major role for Chairs will be to establish mutually beneficial relationships between researchers and service settings, therefore the potential contribution of health regions is to be determined.

REQUIRED RESOURCES

Additional funding partners are required to implement the Mental Health Research Partnership Program and realize the full benefits for Alberta. As implementation proceeds, the funding requirement grows from Year 1 of this business plan, when approximately 80 per cent of the total program cost needs to be raised, to Year 3 where the figure is 88-90 per cent.

The required amount for 2007/08 is \$7,090,000; for 2008/09 \$10,980,000 and for 2009/10 \$14,040,000.

Research Program funding will need to come from multiple partners, including the Government of Alberta and other public and private sources.

Discussions are ongoing with various sectors for support directed at certain priority themes.

GOVERNANCE AND ORGANIZATION

Mechanisms and processes for governance, accountability and organization have been developed to support sustained implementation of the Research Program. The key concepts that have been incorporated into the organizational model of the Research Program include:

- Shared and transparent accountability for Research Program resources
- Continued alignment with priority themes, goals and strategic directions
- Shared responsibility for the sustainability of the Research Program
- Continued broad stakeholder input into the ongoing development of the Research Program including the renewal of priority themes
- Organizational and administrative ease, (i.e., building on existing resources and aligning with existing mandates)
- Commitment to research excellence

ACCOUNTABILITY

Shared and transparent accountability for the Research Program is ensured by and will entail the establishment of:

- A senior level Strategic Alignment Consortium consisting of the committed funding partners
- A multi-sectoral, province-wide Research Partnership Advisory Committee, continuing the role of the current RPC
- Ad hoc scientific advisory committee(s); for example a Blue Ribbon Panel to assist in the selection of Chairs

The AMHB has committed ongoing resources to the Research Program. It has the mandate for advancing mental health research in the province, a role ultimately linked to best client and population mental health outcomes. The AMHB is leading implementation of the Research Program.

RESEARCH PROGRAM FUNCTIONAL MODEL

As the mental health Research Partnership Program continues to grow, organizational and governance structures and processes will evolve accordingly. At this time, the four major functions to actualize the Research Program are:

1. Research Program Direction Setting

Comprised of senior level representatives of those organizations that have committed funding for the Research Program, a new Strategic Alignment Consortium will be established.

The Consortium will have a shareholder function for stewardship of program resources and focus on the sustainability and continued development of the Research Program in relation to its priority theme areas, goals, and strategies. The Consortium also has responsibility for the quality and impact (performance) of the Research Program.

Advised by the Research Partnership Advisory Committee and scientific advisory committees, the Consortium makes decisions on the use of Research Program resources, aligned with priority themes, goals, strategic directions and guiding principles.

Members of the Consortium commit to each other through establishment of clear accountability agreements, inclusive of shared financial and other accountability provisions. Each member will also maintain accountability to their existing governance and accountability structures. As it has the provincial mandate for advancing mental health research, the AMHB will chair the Consortium and members will select a co-chair.

GOVERNANCE AND ORGANIZATION

2. Conducting Research

Many research organizations will be involved in generating the mental health research supported through the Research Program. Organizations including academic institutions, health regions, AADAC, the IHE, CHAPS, iCARE, SEARCH Canada, Hotchkiss Brain Institute, the Alberta Centre for Child, Family and Community Research among others will have roles to play in producing and supporting research.

The Research Centre will engage in scientific activities to transfer and exchange knowledge, and in services utilization, epidemiology, and population mental health surveillance.

Grants for Chairs, programs of research, and projects will stem from calls for proposals. Such calls will be targeted to academic institutions and services settings, in keeping with Research Program priorities and goals. Research program funding will flow through the AMHB based on accountability and service agreements, and will be distributed to researchers/institutions for projects and initiatives recommended by the Strategic Alignment Consortium, acting with the advice of the RPC and other advisory bodies as appropriate.

The quality and success of the Research Program are dependent on the quality of researchers, the importance of the research questions, and the level of mental health system involvement. Selection of Chairs, research programs, and projects will involve (i) peer review for quality and for system relevance, and (ii) final review/decision by the Strategic Alignment Consortium.

3. Using Research

Numerous stakeholders in the mental health system including health authorities, government departments, non-governmental organizations, and consumers have expressed the need for information from research. The Research Program will continue to consult and collaborate with the broad mental health community in setting and refreshing research priorities and in making research findings accessible and usable.

4. Program Secretariat

The Research Program requires an executive function to serve as secretariat for the Consortium and its advisory committees, and to establish and manage the accountability agreements for the flow of funding. As a member of the Consortium with the legal capability to flow funds, and given its mandate for advancing mental health research provincially, the AMHB will serve this executive function.

RESEARCH PROGRAM EVALUATION

By focusing on our priority research themes, Alberta has a unique opportunity to fully integrate mental health research with mental health policy and service delivery through population mental health and practice-based services research. This “made in Alberta” program will represent a new research-practice model that can be evaluated in terms of achieving its ultimate outcome of improved mental health for Albertans.

Having established our research themes up front, we have the opportunity to build an evaluation framework that encompasses the research themes and our goals and objectives from the outset. It is anticipated that our focus on the research priority themes will enhance services in meaningful, measurable ways:

Effectiveness of mental health services and system: Mental health service quality will be continually improved through evaluation, best practices and outcomes research; and health informatics systems will be integrated to allow population level research that informs mental health policy and system reform.

Child and adolescent mental health: More effective risk reduction, mental health promotion, prevention of mental illness, and early intervention efforts will improve the mental health of future generations.

Mental health in the workplace: Alberta workplaces will contribute to an improved economy through active support of the mental health of employees.

Mental illness and addictions: Effective programs will better help clients with mental illness coexisting with other health problems; new and emerging threats in Alberta, such as crystal methamphetamine, will be prevented and better managed.

Specific outcomes will be determined based on regional needs, urgent research questions that arise, the specific focus of the Chairs and the other researchers recruited to Alberta.

Key stakeholders in mental health research will be consulted on setting specific objectives for each of the program’s components, selecting performance measures, and designing reporting mechanisms. This means the evaluation framework will not be designed in isolation, but will look to service providers and the broader mental health system to help define criteria for success. As such, development of these measures to ensure that our focus on the research priority themes has actually improved service delivery is integral to the success of the Research Program.

The Research Program also has a broad goal of increasing the capacity of Alberta service settings for mental health research. In addition to evaluating the research priority themes, the evaluation framework will seek to establish whether Research Program elements have been optimally effective. The Research Program will include approaches to assessing applied research capacity at the individual, organizational, and system levels.

Judging quality and impact of the Research Program from the outset is crucial. Approximately six months will be required to fully design and establish the evaluation framework, with first steps already underway.

A panel of experts will be consulted throughout the process to ensure proper direction and for a formative evaluation once the data has been gathered. An international “blue ribbon” board of review will take place at the end of the fifth year. This stringent peer review process ensures accountability and high standards.

APPENDIX I: BACKGROUND

Genesis of the business plan

The three-year business plan for the Research Program builds on extensive provincial planning and collaboration in mental health. Through the 2004 *Provincial Mental Health Plan*, the Alberta Mental Health Board (AMHB) was mandated by the Minister of Health and Wellness to initiate and coordinate the development of a Mental Health Research Plan. A working group of key stakeholders in mental health with diverse knowledge, perspectives and interests held a series of consultations with members of the mental health community, resulting in the development of the *Plan for a Mental Health Research Program for Alberta* (2005).

Progress

Implementation of the Research Plan began with its endorsement by the Minister of Health and Wellness in May 2005. The AMHB then took the lead in coordinating the phased implementation of the Research Program with the advice of the Research Partnership Committee.

Program elements have been established throughout the past year in conjunction with the development of the three-year plan, through the leadership of the AMHB and the contributions of its many partners. It has been important in this first year to engage partners in the implementation effort, quickly putting into place research-related initiatives that add value for mental health stakeholders, demonstrate an action orientation, and build interest and momentum.

Alignment with provincial priorities

The Research Program and this three-year plan align with and support major government strategic directions. This includes the Government of Alberta's 20-year plan, with its focus on innovation to maintain the Alberta Advantage. The Program sets out to ensure that Alberta's international competitiveness is enhanced by bringing the best minds in the world together to focus on Alberta's unique population, economy, and health system as they relate to our issues in mental health.

Additionally, the focus on improved outcomes will support the Alberta Health and Wellness goal of improving the mental health system and protecting Albertans' health. The Research Program's goals of fostering excellence and promoting collaboration also align this plan with ASRA's Life Sciences Strategy and the Alberta Heritage Foundation for Medical Research's business plan.

Alignment with national priorities

The Business Plan for the *Mental Health Research Partnership Program for Alberta* is strongly aligned with the recommendations made in the final Kirby report, "Out of the Shadows at Last" (2006). With the establishment of priority research themes for Alberta and a focus on partnership and collaboration across sectors and service settings, Alberta stands well placed to contribute to the development of a National Research Agenda. There is a shared focus on recruiting and training of researchers, as well as expanding and integrating datasets. The virtual Centre of Research Excellence will serve as an integral link in aligning efforts to further knowledge exchange through the proposed creation of a National Knowledge Exchange Centre. The focus on encouraging trans-disciplinary training and support of the next generation of Canadian scientists is also in line with the Canadian Institutes of Health Research.

APPENDIX II: GUIDING PRINCIPLES - MENTAL HEALTH RESEARCH PARTNERSHIP PROGRAM

Focusing on Research Priorities

Advancing the ultimate outcome of improved mental health of Albertans by focusing on the greatest needs of the population

- Research will be relevant to producers and users and address population needs; strategic choices will focus on identified clinical, service delivery and practice issues reflecting client needs and improving mental health services for Albertans.
- Processes and services will support an evolution toward an evidence-based culture in determining best practices and policy-making.
- Research will be appropriately balanced, both across the scientific spectrum (biomedical, clinical, health services, and population health) and across the treatment continuum.

Striving for Excellence

Upholding the highest standards for research and support services, implementing leading practices, innovating and continuously improving quality

- Innovative advances including developmental or exploratory projects with potential for ultimate benefit will be supported.
- Widespread, accessible data sets will be universally reported wherever possible to ensure they add to an existing common body of knowledge.
- Rapid response will be emphasized to guide decision-makers regarding time-sensitive issues.
- Maintain high requisites for scientific rigor and systematic methods.
- Research activities will meet the highest ethical standards as per the Canadian Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS).

Respectful of Diversity

Sensitive to the dignity of the individual, irrespective of cultural identity, social status, gender, age, ethnicity, or diagnosis

- The perspective of research participants and consumers will have high value.
- Inclusive and participatory approaches will be encouraged with a wide variety of cultural groups and communities.
- Research related to Aboriginal mental health will be developed in partnership with their communities to ensure that it reflects and honours the Aboriginal linguistic and historical legacy, cultural protocols, ethics, beliefs, and ways of knowing.

Fostering Strategic Partnerships

Bridging academia, service organizations, consumers, care providers and policy makers

- Unprecedented levels of interaction and collaboration that span research disciplines and sectors, geographic and administrative boundaries, and consider multiple perspectives (including those of community agencies and programs) will have top priority.
- Partnerships of mutual benefit with existing programs will be promoted.
- Partnerships will be created to bridge the traditional gaps between research and practice.

Sustainability of Funding

Stable, sustainable, protected, accountable funding and resources, aligned with strategic priorities

- Regions will maintain autonomy in setting research priorities within identified priority areas and allocating research funding within their respective regions.
- Research planning, development, and priority setting will optimize the use of resources, with existing structures used to fulfill roles and responsibilities and avoid duplication of services.
- Evaluation processes will be regularly reported to ensure accountability.

APPENDIX III: GLOSSARY OF TERMS

* Terms represent working definitions used in the development of this document. In some cases they were developed from a compendium of multiple sources, in an effort to generate the most complete and valid description of the term.

Co-morbidity

The co-occurrence of any two illnesses; often used to refer to the co-existence of a mental illness and an addictive disorder within an individual.

Entrepreneurial Research

Provides the researcher with considerable autonomy; requires minimal oversight of research process once approvals/finances are provided; encourages collaboration between teams and research groups (i.e. inter-organizational); rewards research team success; takes a big picture view of the research process; encourages researchers to become active drivers of research directions/process; and provides tangible incentives for innovation.

Evidence-Based Practice

A decision-making process based on the most available and current literature, studies, and expert opinion that is known to have beneficial and effective outcomes, and applied by a clinician considering the patient's unique values and needs. Evaluation of effectiveness and continual improvement are also integral.

Health Systems and Services Research

One of the Canadian Institute for Health Research's (CIHR) "Four Pillars" of research: A multidisciplinary field that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being. Research with the goal of improving the efficiency and effectiveness of health professionals and the system through changes to practice and policy.

Health Technology Assessment

The systematic evaluation of the properties, effects and/or impacts of health care technology. It involves analyzing the available scientific evidence to provide objective information on the safety, effectiveness, economic and social implications of technologies, to support health care decisions and policy making at the local, regional, national and international levels. Health technologies include drugs, medical devices, medical and surgical procedures, and also the administrative and support systems within which health care is delivered.

Knowledge Exchange

The exchange, synthesis, and application of researcher findings among researchers and knowledge users. A process by which relevant research information is made available and accessible for practice, planning, and policy-making through interactive engagement with audiences. Where relevant, reinforces key messages from research. Generally implies an acceleration of the transformation of knowledge into use.

Mental Health

The capacity of the individual, the group, and the environment to interact with one another in ways that promote subjective well-being, optimal development and use of mental abilities (cognitive, affective, and relational). Note, not defined simply by the absence of mental illness.

Mental Illness

A term that refers collectively to all mental disorders; i.e., health-related conditions characterized by alterations in thinking, mood, or behaviour (or some combination thereof), associated with distress and/or impaired functioning.

Multi-disciplinary Collaboration

Different disciplines work in parallel on common problems and research projects but with little interaction. There is no attempt at synthesis and results are shared within disciplinary boundaries with separate reports and papers.

Trans-disciplinary Collaboration

Disciplines become mutually embedded within each other and work together throughout design and implementation to achieve a new level of synthesis. One report or paper is written with knowledge synthesis throughout and shared language emerges. Research results in a higher level of understanding that redraws existing boundaries and creates a new epistemology.

Public and Population Health Research

One of CIHR's Four Pillars of Research: Research with the goal of improving the health of the Canadian population, or defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational, and economic factors affect health status.

Research

Application of systematic procedures, including numerous innovative qualitative and quantitative methods, for understanding the world. Indigenous ways of knowing also constitute a class of research.

APPENDIX IV: MEMBERSHIP OF THE RESEARCH PARTNERSHIP COMMITTEE

Alberta Aboriginal Affairs and Northern Development (AAND)

AAND partners with Aboriginal organizations and government agencies to develop and implement strategies to achieve the goal of enhanced Aboriginal well-being. A commitment that is outlined in the Government of Alberta's Aboriginal Policy Framework.

Alberta Advanced Education

Alberta Advanced Education supports students, as well as the universities, colleges and technical institutes that produce future service providers, policy makers, and researchers in the field of mental health.

Alberta Agriculture, Food and Rural Development

The ministry works with other organizations to ensure that rural communities remain vibrant and that their populations remain mentally healthy.

Alberta Alcohol and Drug Abuse Commission (AADAC)

AADAC works collaboratively with health regions and other key stakeholders to develop a provincial strategy for addressing the needs of people with addictions, including those with co-occurring mental health issues.

Alberta Alliance on Mental Illness and Mental Health (AAMIMH)

Since its inception in 1999, AAMIMH has been working with the Alberta Government and key service providers to improve the mental health of Albertans. The AAMIMH is a coalition of 13 organizations consisting of consumer, family, professional and advocacy volunteers whose role is to raise issues, seek opportunities for consultations and collaboration with government and other key mental health service providers to further the agenda of enhancing mental health services to Albertans.

Alberta Children's Services (ACS)

ACS works closely with communities and other partnering organizations/ministries to promote the healthy development and well-being of children, youth and their families to ensure that they are safe and protected.

Alberta Health and Wellness (AHW)

The ministry provides strategic direction and leadership to the provincial health system, including the mental health system. It is involved in developing an overall vision for the health system, defining provincial goals, objectives, standards, policies, encouraging innovation, setting priorities and allocating resources within the framework of provincial health legislation.

Alberta Heritage Foundation for Medical Research (AHFMR)

Supports researchers who generate knowledge whose application improves the health and quality of life of Albertans and people throughout the world. AHFMR funds research based on international standards of excellence and carried out by new and established investigators and researchers in training.

Alberta Human Resources and Employment

The ministry of Human Resources and Employment provides a continuum of services and information that enables individuals to succeed in the changing workforce; fosters safe and healthy workplaces; and assists people in need.

Alberta Mental Health Board (AMHB)

A provincial health authority that receives its mandate from and reports to the Minister of Alberta Health and Wellness. In its role of advancing mental health for Alberta, the AMHB is involved in numerous initiatives, including advocacy, policy advice, working with the Regional Health Authorities and stakeholders in the implementation of the Provincial Mental Health Plan, and collaborating with inter-provincial, national and international partners.

Alberta Innovation and Science

The ministry of Innovation and Science supports selected science and research initiatives that enhance Alberta’s capacity for innovation; builds on the capability and capacity of the research system; fosters research excellence in priority areas, such as the life sciences, and promotes initiatives of strategic benefit to the province.

Alberta Justice and Attorney General

Alberta Justice is responsible for prosecutions, the courts, providing legal advice to government of Alberta’s laws, the provision of legal services to government, and ensuring the justice system meets the needs of Albertans. The ministry strives to make Alberta’s communities amongst the safest in North America by forming partnerships with stakeholders.

Alberta Science and Research Authority (ASRA)

The senior science and research advisory body created by the Government of Alberta, ASRA works collaboratively with government departments, agencies and other stakeholders, and reports to the Minister of Innovation & Science.

APPENDIX IV: MEMBERSHIP OF THE RESEARCH PARTNERSHIP COMMITTEE

Alberta Solicitor General and Public Security

The Ministry serves Albertans by ensuring safe and secure communities through stakeholder partnerships, effective policing, security and correctional services, and when crime is committed by assisting victims of crime.

Calgary Health Region

Provides health services to residents of Calgary and the surrounding area. Has endorsed the provincial mental health plan and is working to improve the lives of individuals with mental health concerns.

Capital Health

Capital Health provides health services to people living in Edmonton and the surrounding area. It endorsed the provincial mental health plan and is increasing awareness of the impact of mental illness on Albertans, and ensuring that services and supports are available to clients and their families.

Canadian Mental Health Association (CMHA), Alberta Division

A nationwide charitable organization, the CMHA has dedicated itself to a vision of mentally healthy people in a healthy society. With that vision of the ideal future, the association has endorsed a mission to promote the mental health of all and to support people experiencing a mental illness.

David Thompson Health Region

Provides services to people living in Red Deer and other communities within the larger Central Alberta area. It endorsed the Provincial Mental Health Plan and its mental health services division participates in various initiatives that support mental wellness.

Informatics Circle of Research Excellence (iCORE)

iCORE fosters research excellence and has developed a Chair Program that attracts world-class researchers to the province.

Institute of Health Economics (IHE)

IHE is an independent, not-for-profit organization whose mission is to deliver outstanding health economics, health outcomes and health policy research and related services.

Palliser Health Region

One of nine health regions in the province, Palliser has within its geographic boundaries five communities with health facilities, which include Bassano, Bow Island, Brooks, Medicine Hat, and Oyen. Mental Health Services in Palliser work in partnership with many other community services to provide needed services to the region.

**Swift Efficient Application of Research in Community Health
(SEARCH) Canada**

SEARCH Canada helps health organizations to build capacity for evidence based decision making and applied health research, acting as a catalyst to develop people, relationships and information, and providing a mechanism to bring together and benefit the diverse communities of medical and health research, health service delivery, and higher education.

University of Alberta (U of A)

A comprehensive research university that offers undergraduate and graduate degree programs, committed to serving Alberta and broader communities by the discovery, dissemination and application of new knowledge. The university community is home to School of Public Health, the Faculty of Nursing's PAHO/WHO Collaborating Centre for Nursing and Mental Health, the Addiction and Mental Health Research Laboratory, and a variety of other programs dedicated to improving the mental health of the population.

University of Calgary (U of C)

Offers undergraduate and graduate degree programs and is dedicated to fostering a quality learning environment that supports and respects excellence and innovation, and returns the benefits of learning and research to the surrounding community. The Hotchkiss Brain Institute, a research institute for neurological and mental health, is one of university-affiliated programs involved in mental health research.

University of Lethbridge (U of L)

A student-centered institution committed to excellence in research for students and faculty that offers several undergraduate programs as well as selected graduate programs. Houses the Canadian Centre for Behavioural Neuroscience, which conducts basic and applied research on the brain and behaviour, in addition to other programs that conduct research into the field of mental health.



A M H B

ALBERTA MENTAL HEALTH BOARD

... Advancing Mental Health