

Knowledge Translation in Mental Health: A Scoping Review

Échange de connaissances en santé mentale : analyse de la situation



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Abstract

Intensified knowledge translation (KT) efforts are considered important in the field of mental health in order to accelerate the implementation of various developments in research, policy and practice. A scoping review of KT focused on the field of mental health was undertaken to help inform development of a Knowledge Exchange Centre being initiated by the Mental Health Commission of Canada. A systematic search of publications in English and French identified 187 publications that met inclusion criteria. Relevant literature was found across a number of disparate thematic research areas: implementation science, community-based and participatory action research, shared decision-making studies, mental health literacy research, network analysis and studies directly addressing KT. The available literature is concerned predominantly with KT efforts between a few specific stakeholder dyads. A paradigm shift has been emerging and has resulted in a progressively broader perspective, incorporating a wider range of participants and increased valuing of experiential knowledge.

Résumé

On considère que les efforts d'échange de connaissances (EC) dans le domaine de la santé mentale sont essentiels pour accélérer la mise en œuvre de diverses avancées dans la recherche, les politiques et la pratique. Une analyse de la situation des activités d'EC dans le domaine de la santé mentale a été effectuée pour éclairer la création d'un Centre d'échange des connaissances étant initié par la Commission de la santé mentale du Canada. Une recherche systématique des publications en anglais et en français a permis de répertorier 187 titres qui répondaient aux critères d'inclusion. La littérature pertinente était classée sous diverses thématiques de recherche : science de mise en œuvre, activités de recherches participatives axées sur la communauté, études sur la prise de décision partagée, recherche sur les compétences informationnelles en santé mentale, analyse des réseaux ou études qui traitent directement de l'EC. Cette littérature porte principalement sur les efforts d'EC qui mettent en jeu quelques paires d'intervenants particuliers. Un changement de paradigme présentement en cours a donné lieu à une vue d'ensemble de plus en plus vaste, en incorporant une plus grande gamme de participants et en valorisant de plus en plus les connaissances expérientielles.

THE "SCOPING REVIEW" IS A METHODOLOGY DESIGNED TO QUICKLY AND SYSTEMATICALLY identify the breadth of literature in an area being researched. It has four major functions: (a) to map the current state of literature in an area of interest, (b) to determine the usefulness or feasibility of conducting a systematic review, (c) to summarize and disseminate research findings to an audience (e.g., policy makers, healthcare providers) and (d) to identify gaps or areas where further research is required (Arksey and O'Malley 2005; Levac et al. 2010). It may be contrasted with the systematic review, which is more restricted in focus and seeks to answer particular research questions from the available literature.

This scoping review was undertaken to inform strategic planning for the development of a Knowledge Exchange Centre (KEC) – a component of the Mental Health Commission of Canada, a national organization created in 2007 through a federal endowment with a 10-year mandate to help improve mental health in Canada. The KEC, now being developed, will constitute one of the Commission's key initiatives and will seek to mobilize knowledge that will bring about action aimed to achieve meaningful and robust improvements to mental health in Canada. Development of the strategic plan for the KEC involved a review of the existing literature addressing knowledge translation (KT) focused on mental health issues.

The following definition of KT, advanced by the Canadian Institutes of Health Research (2010), has been widely adopted in the field of healthcare and was used in this study:

[A] dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system. This process takes place within a complex system of interactions between researchers and knowledge users.

Interest in KT is not confined to the field of healthcare and has permeated many disciplines, including education, marketing, engineering, economics, information technology, community development and various business enterprises. In regard to health services research and health policy, Canadian contributors have often been at the forefront of developments in KT research, theory and practice (e.g., Barwick et al. 2009; Dobbins et al. 2009; Driedger et al. 2010; Gagnon 2009; Goering et al. 2003; Grimshaw et al. 2001; Jacobson et al. 2003; Lavis et al. 2006; Légaré et al. 2010; Lomas 1993, 2000; McGrath et al. 2009; Mitton et al. 2007; Straus et al. 2009; Waddell et al. 2005). The potential value of KT in achieving improvements in healthcare delivery and health outcomes has generated substantial enthusiasm, and KT has become a prominent element within Canadian health research funding organizations (e.g., Lomas 2000; Graham and Tetroe 2009). Evidence for the effectiveness of KT is accumulating gradually, but remains limited (Mitton et al. 2007). In approaching this scoping review of mental health-related KT we sought to cast a wide net, examining a broad range of findings, ideas and developments, while also aiming to identify gaps, unanswered questions and challenges that might emerge in reviewing the published literature.

Methods

This scoping review followed five steps:

1. Development of research questions

Three questions guided selection of relevant sources: (a) What is the nature of research activity concerning KT focused on mental health? (b) What types of KT initiatives have been

studied in relation to mental health? and (c) What is the nature of research activity concerning processes of KT among stakeholders relevant to mental health?

2. Location of relevant publications

A total of 22 terms were used to search 11 electronic databases of published scientific literature. Search terms included *knowledge exchange, knowledge transfer, knowledge translation, knowledge linkage, knowledge mobilization, knowledge management, knowledge sharing, knowledge utilization, knowledge distribution, knowledge diffusion, knowledge realization, knowledge embodiment, knowledge sharing + transfer, implementation research, research + use, information sharing, knowledge economy, knowledge level, organizational behaviour, evidence-based practice, diffusion of innovation* and *action research*. An initial literature search was undertaken in English and, subsequently, a search of the French literature using translations of these terms was carried out. This latter search took into account linguistic differences, such as single English terms being captured by multiple French terms (e.g., knowledge being referred to as *connaissance* or *savoir*).

The 11 electronic databases searched included PsycINFO, CINAHL, Consumer Health Complete, EconLit, Global Health, Health Source – Consumer and Nursing/Academic editions, MEDLINE, SocINDEX, PubMed and Érudit. This search procedure gathered approximately 10,000 abstracts. These abstracts were then searched for keywords related to mental health, including *mental, psyc* (an abbreviation appropriate for both psychology- and psychiatry-related papers), *depression, schizophrenia* and *anxiety*. This secondary search reduced the list of abstracts to 326. These remaining abstracts were manually reviewed by members of the research team using the screening tool described in the next section. Papers were included if they addressed KT in the area of mental health and were published in peer-reviewed journals or dissertation abstracts in English or French. All papers were included regardless of publication date. We focused on the area of mental health broadly but excluded papers focused on low-income countries because of the likely differences in the structures and processes of exchange and communication of knowledge from those that exist in Canada.

Following these steps, 123 abstracts were identified initially as meeting our inclusion criteria. Preliminary analysis of the abstracts and discussion identified additional research areas as likely places to find relevant publications that did not appear in the initial round of searches. We also hand-searched reference lists of highly relevant papers and included those known to the authors, collecting an additional 64 abstracts. We chose to include dissertations with published literature rather than grey literature because of the substantial differences in audience for publicly available reports and unpublished dissertations, which can often be found only via university library memberships.

3. Screening and selection of publications

A screening tool was developed to determine relevance of papers to the exchange of knowledge related to mental health and code the type of data provided (e.g., empirical data, reviews,

theoretical discussions). At the end of this process, 187 papers were deemed relevant, with 82% inter-rater agreement. Raters met to discuss disagreements in coding, and decisions about including or excluding papers were made jointly.

4. Organizing publications by use of appropriate framework

The papers were organized and coded as per the scoping review process proposed by Arksey and O'Malley (2005). Each of the 187 publications was categorized by country based on the location of the first author. We categorized the research approach as either *quantitative*, *qualitative*, *discussion* or *other* and included additional descriptors of research design based on design characteristics that were stated within the papers when these were included.

The publications were also categorized utilizing the knowledge exchange framework adopted by the Mental Health Commission of Canada (see Figure 1) in regard to the stakeholder groups that the KT addressed. The six stakeholder groups are as follows: (a) people with lived experience (PWLE) of mental health problems, which is a group that is broader than “patients,” “clients” or “service-users,” because the group is not limited to those who receive services but includes anyone who has experienced mental health problems directly; (b) family caregivers, i.e., family and friends of people with lived experience who may provide care and support; (c) policy makers; (d) researchers; (e) providers of mental health care; and (f) other stakeholders who interact with people suffering from mental health problems, e.g., employers, police or the general public. Publications were classified in regard to type of exchange, identifying KT to have occurred either within one group of stakeholders, i.e., *within group*; between two groups, i.e., *dyad*; or across three or more stakeholder groups, i.e., *polyad*. The stakeholder groups that were involved were identified.

5. Elucidation of key themes

This scoping review enabled identification of key themes emerging from within the existing literature on mental health–related KT. By illuminating these themes, we were able to examine key issues, areas of focus and potential gaps.

Results

A full listing of the 187 publications obtained through our systematic search procedures in tabular form, organized by publication date (from earliest to most recent year of publication) and classified into the categories described in this section is available online at: <http://www.longwoods.com/content/22620>.

Year of publication

Figure 2 shows our findings regarding the publication dates of the papers that were selected in this review. Most papers were published relatively recently; the majority appeared in the literature over the four-year period immediately preceding this study, i.e., from 2007 to 2010.

FIGURE 1. The knowledge exchange framework adopted by the Mental Health Commission of Canada describes the exchange of knowledge across six stakeholder groups

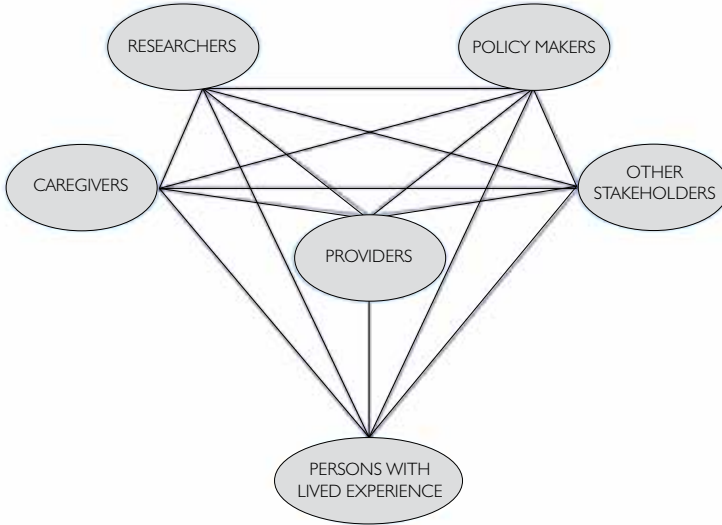
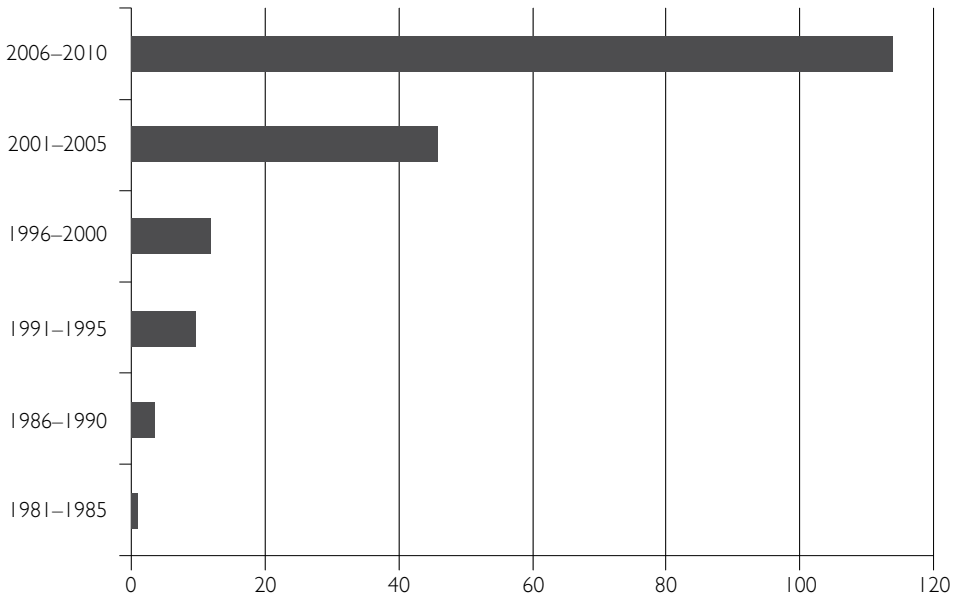


FIGURE 2. Year of publication of mental health–related KT publications obtained in the systematic search of the literature in five-year blocks, 1981–2010



Country

Publications emanated largely from research conducted in the United States (67; 36%), Canada (62; 33%), the United Kingdom (20; 11%) and Australia (19; 10%), with additional

contributions from researchers located in the Netherlands, Sweden, Germany, Iceland, France, Austria, Finland, New Zealand and China.

Research approach and research design

Of the 187 publications, 59 (32%) were categorized as discussion papers. Another 51 studies (27%) were classified as utilizing quantitative research methodologies. These included 22 studies (43% of the quantitative group) described as randomized controlled trials, two of which were designated to be cluster-randomized controlled trials. Other research designs found in the quantitative group included non-randomized controlled trials, pre–post trials, trials with waiting list controls and cross-sectional surveys.

There were 51 (27%) studies classified as qualitative in research approach. These included 26 studies (50% of the qualitative group) that were described as utilizing a participatory action research design. Additional descriptors for qualitative studies included case studies, whereas others described the use of focus group, interview-based or thematic analysis methods.

There were 36 publications (19%) that were classified as “other” in their research approach. These included 13 publications (36% of the “other” group) classified as reviews and 10 studies (28% of the “other” group) classified as using mixed-methods research designs (i.e., combining both quantitative and qualitative research approaches).

Type of exchange and groups

Of the total publications, 115 (62%) addressed KT between two stakeholder groups, or dyads. More than half of those studies (62; 54% of those classified as dyads) addressed KT between researchers and providers. Another 24 studies (21% of those classified as dyads) addressed KT between PWLE and providers.

A total of 61 publications (33%) were found to involve KT across three or more stakeholder groups, or polyads. These publications addressed KT across various combinations of stakeholder groups. The most frequent group combinations were PWLE–provider–researcher (9; 15% of polyads) and provider–policy maker–researcher (8; 13% of polyads).

There were 11 publications (6%) that appeared to focus on KT within one stakeholder group, described in Table 1 as “within group.” Of these, 8 (73% of those classified as “within group”) focused on KT within groups of providers.

Discussion and Conclusion

Over the past decade, we found an exponential increase in the number of publications focused on KT in mental health. This increase appears to be consistent with growing interest in and awareness of this topic among the research community (e.g., OMHAKEN 2011).

The large proportion of publications (42%) that were found to be of Canadian origin may be related to the endorsement of the importance of KT by Canadian research organizations such as the Canadian Health Services Research Foundation (Lomas 2000) and the Canadian Institutes of Health Research (Graham and Tetroe 2009).

The publications we identified covered a wide range of research approaches and designs. A large proportion (59%) were discussion papers, often advocating for the importance of KT in mental health services or advancing theoretical frameworks. However, there were also sizeable numbers of studies that applied qualitative, quantitative and mixed-method designs.

Papers that addressed the provider–researcher dyad tended to examine the effectiveness of efforts to change knowledge or behaviour among healthcare providers through KT interventions, often using an implementation science paradigm. Of these, only five studies report no improvement (Azocar et al. 2003; Goldberg et al. 1998; Lin et al. 2001; Ray et al. 1987; Thompson et al. 2000). The remaining studies indicate that carefully planned KT produces meaningful improvement in knowledge and practice regarding care for mental health problems (e.g., Avorn et al. 1992; Badger et al. 1991; Baker et al. 2001; B Brown et al. 2000; Gask et al. 1998; Gerrity et al. 1999; Hannaford et al. 1996; Mason and Freemantle 1999; Naismith et al. 2001; Ray et al. 1987; Rutz et al. 1992; van Eijk et al. 2001; Worrall et al. 1999). It is worth highlighting several Canadian studies:

- Barwick and colleagues (2009) randomly assigned mental health clinicians to a community of practice (CoP) or practice as usual (PaU) condition to support training in a newly implemented level of functioning outcome measurement tool. Practitioners in the CoP condition demonstrated greater use of the tool in practice, better content knowledge and greater satisfaction with implementation supports than PaU participants.
- Chagnon and colleagues (2008) helped develop a community of practice for researchers and providers working in the field of suicide prevention. Over a one-year period, a series of interventions designed to facilitate KT between members were carried out; several platforms (meetings, websites, listservs, online discussions and forums) allowed members to appraise their practices and integrate new knowledge on suicide prevention–related issues. The study by Chagnon and colleagues (2008) examined a CoP that was largely virtual in nature, whereas the study by Barwick and colleagues (2009) addressed an *in vivo* (face-to-face) CoP.
- In a study by Worrall and colleagues (1999), family physicians were randomly assigned to a three-hour, case-based educational session on clinical practice guidelines (CPGs) for depression and access to a psychiatrist for consultation or to a control group that received the CPG without the educational session or consultation. While there was no difference in rates of diagnosis or prescription, more patients in the intervention group were taking antidepressants at six-month follow-up, and referrals to psychiatry were slightly higher for this group.
- Bilsker and colleagues (2008) studied implementation of a one-hour educational session outlining interventions for depression and risky alcohol use and delivered to a sample of 85 family physicians. The interventions used a supported self-management approach and included free patient access to appropriate self-management resources. The study initially evaluated physicians' implementation of these interventions over a two-month period. Physician uptake of the depression intervention was significantly greater than uptake of the risky drinking intervention (32% versus 10%). A follow-up at six months

post-training (depression intervention only) demonstrated fairly good maintenance of intervention delivery.

In addition to these Canadian studies cited above, research studies conducted in the United States and other countries have also examined KT interventions that seek to enhance primary mental healthcare services and improve outcomes of common mental health problems, primarily depressive disorders (e.g., Brown et al. 2000; Gerrity et al. 1999; Hodges et al. 2001; Naismith et al. 2001). More “active” KT approaches, such as implementation and dissemination activities described by Lomas (1993), have been found to be more effective in producing behavioural change and improved outcomes when compared with “passive” approaches described by Lomas (1993) as diffusion, such as mailing out clinical guidelines to primary care physician offices or posting information on a physician association website. A study in the United Kingdom (Baker et al. 2001) randomized family physicians to an intervention group that received a tailored implementation designed to assist them in adopting new clinical guidelines for treatment of depression. They were found to have adopted the new practices, and their patients with depression had better outcomes than those treated by a control group of family physicians who were notified of the new guidelines but did not receive the targeted KT implementation efforts.

Of the 115 studies classified as dyadic knowledge exchange, 24 (21%) involved interactions between the PWLE–Provider dyad. KT between these two groups, in the form of shared decision-making, has become an increasingly common focus within the literature. As described by Drake and colleagues (2009):

The healthcare provider (often a team of professionals) brings expertise in understanding the medical problem, the possible interventions and the potential benefits and risks of alternatives. The patient (often assisted by family or support network members) brings expertise related to understanding the individual’s values, goals, supports, and preferences.

Shared decision-making between PWLE and providers has also been studied through a series of randomized controlled trials examining the impacts of shared decision-making upon treatment satisfaction, quality of life and symptomatic improvement for schizophrenia, depression and substance use disorder (Hamann et al. 2006; Joosten et al. 2009; Loh et al. 2007; Malm et al. 2003; Priebe et al. 2007; Van Korff et al. 2003; Van Os et al. 2004). Overall, these studies indicate that shared decision-making enhances individuals’ sense of involvement and likelihood of adhering to treatment. However, studies have not yet been able to demonstrate long-term benefits or improvements in function.

Participatory action research designs are well utilized in studies that involve PWLE. These approaches seek to incorporate the knowledge and skills of PWLE into various facets

of research process, such as design, planning, implementation, analysis, reporting and dissemination. For example, Ross and colleagues (2003) worked with a group of young women to design and conduct focus groups with 48 adolescent girls across Ontario eliciting a set of themes helpful in planning interventions for adolescent depression. Participatory action research may be challenging to accomplish. McDaid (2009) worked with a group of participants and identified the following barriers to their equal participation: unequal cultural, physical, mental and economic resources, time and power; discrimination; and lack of respect for their experiential knowledge and emotional expression. Considerable dedication and commitment is often required to accomplish effective participatory action research.

Most publications concerning KT between the researcher–policy maker dyad comprise theoretical discussions of key issues affecting KT between these stakeholder groups. The lack of evaluative research has been identified by Mitton and colleagues (2008) as a major problem:

It is not hard to find opinion pieces and anecdotal reports about how to do KTE [knowledge transfer and exchange], but a limited reporting of actual KTE implementation and even more limited formal evaluation leaves those seeking to develop their own KTE efforts at a loss for evidence based strategies.

Some empirical studies of mental health–related KT between researchers and policy makers have been conducted in Canada, using qualitative methods and gathering data from focus groups or through stakeholder interviews:

- Waddell and colleagues (2007) report results of comprehensive interviews with researchers and funding decision-makers in order to identify barriers to KT in children's mental health policy efforts. Identified barriers included researchers' lack of motivation to maximize KT and neglect of strategies to foster knowledge uptake.
- Goering and colleagues (2003) present a case study of a project to enhance KT between researchers and policy makers by partnership between a research unit and a public agency for mental health policy. This included regular meetings between researchers and policy makers, initiation of interactive research projects and collaborative dissemination of research findings. The formalization of a structured agreement with shared activities and commitments provides an example of organizational linkage and exchange as described by Lomas (2000). A framework is shared that may be used by others seeking to build stable and mutually beneficial organizational relationships.

A number of studies address KT between researchers and the general public. Mental health–related KT in this domain generally involves the translation of scientific evidence via social marketing campaigns, websites, various communications media (including social media) to the general population, often seeking to increase mental health literacy. A recent Canadian

report concluded that although Canadians are found to have a relatively high level of mental health literacy compared to citizens of other countries, “[s]igma and discrimination toward persons with mental illness continue to be problematic in Canadian society” (CAMIMH 2008).

There is an informative empirical literature concerning the effectiveness of interventions to enhance the mental health literacy of general populations (e.g., Jorm et al. 2003; Wright et al. 2006; Goldney and Fisher 2008). Perhaps the most ambitious attempt to increase mental health literacy at a population level was the beyondblue program in Australia, which focused on depression awareness and beliefs. This extensive national campaign, undertaken over several years, was associated with improvements in knowledge by the general public about depression and its remediation (Jorm et al. 2005).

A notable group of publications (61; 33%) was concerned with the exchange of knowledge among multiple stakeholders. Most of these publications report on qualitative investigation of KT among participant groups. We referred to these studies as polyadic, emphasizing their inclusion of multiple types of participants (i.e., polyads) in the KT process. The following are three Canadian examples:

- Westhues and colleagues (2008) sought to improve mental health service delivery to people of diverse cultural backgrounds. They engaged community members of various cultural and linguistic groups, service providers, governmental organizations and researchers. Working groups facilitated the concentration of multiple types of knowledge, subsequently exchanged among groups. This approach allowed a diverse group of stakeholders to create a framework for improving mental healthcare across cultural–linguistic communities.
- McGrath and colleagues (2009) applied an “integrated KT” strategy (i.e., engaging all stakeholders in KT at the beginning of the project and keeping them intimately involved throughout) to the implementation of a distance-based children’s mental health program. They involved a wide range of participants (e.g., physicians, policy makers, service users and others) in all project phases, enabling ongoing KT among diverse stakeholder groups. The authors concluded that the integrated KT strategy was effective “in supporting the transfer of this research project into clinical practice” (McGrath et al. 2009: 30).
- Perreault and colleagues (2005, 2009) initiated a cross-training program for providers from different networks or sectors (e.g., mental health, substance use, police) who interact with people with concomitant mental health and substance use problems. Providers led or engaged in various training activities, including joint workshops and meetings, researcher presentations and staff rotations. Aiming to improve coordination and integration of care, the program also promoted shared knowledge, understanding and feelings of interdependence among participants.

A small but intriguing cluster of publications focus upon KT at the organizational rather than individual level (Isett and Provan 2004; Morrissey et al. 1997, 2005; Provan et al. 2005; Provan and Milward 1995, 2001). This type of research has been referred to as network analysis:

Network analysis allows for the examination and comparison of relationships between two organizations (dyads), among clusters or cliques of organizations, and among all of the organizations comprised by the network. (Provan et al. 2005: 605)

For example, Provan and Milward (1995) conducted a network analysis of four community mental health systems engaged in integrated service delivery, each consisting of a network of mental health service providers, social service providers and funding agencies. Networks were evaluated for the strength of linkage and exchange among organizations and effectiveness of service delivery. The researchers found that network effectiveness could be explained by various structural and contextual factors, such as the degree of integration and stability that exists within the network.

Relevant publications tended to fall into a number of different “pockets” or thematic areas within the scientific literature. These include *implementation science*, *community-based and participatory-action research*, *shared decision-making studies*, *mental health literacy research*, *network analysis* and *studies directly addressing KT*. This full range of relevant literature is scattered across a variety of disparate research themes that are not usually assembled or considered together.

Overall, there appears to be a robust interest in addressing KT in relation to mental health issues, with strong representation from Canadian stakeholder groups. This appears to have been a burgeoning area of study in recent years, and valuable information is now becoming available to help guide activities and efforts aimed at improving various facets of the mental health “system.”

In the field of mental health, KT approaches appear to be undergoing a paradigm shift. Researchers continue to play a unique role in generating, disseminating and exchanging valuable scientific knowledge, but they have been joined by other key stakeholder groups such as policy makers, healthcare providers, family members and, importantly, people with lived experience of mental health problems. The value of experiential knowledge is better recognized (Caron-Flinterman et al. 2005), and KT is better understood to be a diverse and sometimes complex set of steps that involve the participation of diverse actors. This shift has been described explicitly in a framework document of the Canadian Mental Health Association (n.d.) and may prove to have far-reaching effects upon mental health research, policy and practice.

Limitations

Limitations of the current scoping review include the possibility that some relevant publications may not have been located despite use of systematic search methods and iterative steps to minimize omissions. Application of the inclusion criteria used in selecting studies for review may have been imperfect despite high ratings on tests of inter-rater reliability, and there was inevitable subjectivity in the decision-making process when considering whether studies were or were not relevant. The current findings cannot be assumed to be valid in relation to low-income countries, as we excluded studies that focused on KT in such regions. In addition, we recognize the possibility that the results of this process may not be truly comprehensive,

owing to the ambiguity surrounding conceptualizations of KT in combination with the relative isolation of some KT research areas.

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Knowledge Translation in Mental Health: A Scoping Review

Échange de connaissances en santé mentale : analyse de la situation

ELLIOT M. GOLDNER, VICTORIA JEFFRIES, DAN BILSKER, EMILY JENKINS, MATTHEW MENEAR
AND LISA PETERMANN

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Byrnes, E. & Johnson, J.H.	1981	Change technology and the implementation of automation in mental healthcare settings	Behavior Research Methods 13(4): 573–80	USA	Discussion	Discussion	Dyad	Provider– Policy maker
Backer, T.E., Liberman, R.P., Kuehnel, T.G.	1986	Dissemination and adoption of innovative psychosocial interventions	Journal of Consulting and Clinical Psychology 54(1): 111–18	USA	Discussion	Discussion	Polyad	Provider– Policy maker– Researcher
Ray, W.A., Blazer, D.G., Schaffner, W., Federspiel, C.F.	1987	Reducing antipsychotic drug prescribing for nursing home patients: a controlled trial of the effect of an educational visit	American Journal of Public Health 77: 1448–50	USA	Quantitative	Non-randomized controlled trial	Dyad	Provider– Researcher
Tremblay, M.-A. & Poirier, C.	1989	La Construction culturelle de la recherche psychosociale en santé mentale : les enjeux scientifiques et sociopolitiques	Santé Mentale au Québec 14(1): 11–34	Canada	Discussion	Discussion	Dyad	Provider– Researcher
Andersen, S.M. & Harthorn, B.H.	1990	Changing the psychiatric knowledge of primary care physicians: the effects of a brief intervention on clinical diagnosis and treatment	General Hospital Psychiatry 12: 177–90	USA	Quantitative	Quasi-experimental	Dyad	Provider– Researcher
Badger, T.A., Mishel, M.H., Biocca, L.J. et al.	1991	Depression assessment and management: evaluating a community-based mental health training program for nurses	Public Health Nursing 8: 170–75	USA	Quantitative	Pre–post	Dyad	Provider– Researcher
Steadman, H.J.	1992	Boundary spanners: a key component for the effective interactions of the justice and mental health systems	Law and Human Behavior 16(1): 75–87	USA	Discussion	Discussion	Dyad	Provider– Other
Avorn, J., Soumerai, S.B., Everitt, D.E. et al.	1992	A randomized trial of a program to reduce the use of psychoactive drugs in nursing homes	New England Journal of Medicine 327: 168–73	USA	Quantitative	Randomized controlled trial	Dyad	Provider– Researcher

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Rutz, W., von Knorring, L., Walinder, J.	1992	Long-term effects of an educational program for general practitioners given by the Swedish Committee for the Prevention and Treatment of Depression	Acta Psychiatrica Scandinavica 85: 83–88	Sweden	Quantitative	Pre–post	Dyad	Provider–Researcher
Ray, W.A., Taylor, J.A., Meador, K.G. et al.	1993	Reducing antipsychotic drug use in nursing homes: a controlled trial of provider education	Archives of Internal Medicine 153: 713–21	USA	Quantitative	Non-randomized controlled trial	Dyad	Provider–Researcher
Clément, M., Ouellet, F., Coulombe, L. et al.	1995	Le partenariat de recherche : éléments de définition et ancrage dans quelques études de cas	Service Social 44(2): 147–64	Canada	Discussion	Discussion	Dyad	Provider–Researcher
de Burgh, S., Mattick, R.P., Donnelly, N. et al.	1995	A controlled trial of educational visiting to improve benzodiazepine prescribing in general practice	Australian Journal of Public Health 19: 142–48	Australia	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Kendrick, T., Burns T., Freeling, P.	1995	Randomised controlled trial of teaching general practitioners to carry out structured assessments of their long-term mentally ill patients	British Medical Journal 311: 93–97	UK	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Constantino, V. & Nelson, G.	1995	Changing relationships between self-help groups and mental health professionals: shifting ideology and power	Canadian Journal of Community Mental Health 14(2): 55–70	Canada	Qualitative	Focus groups	Polyad	PWLE–Family–Provider
Hill, C.E. & Fraser, G.J.	1995	Local knowledge and rural mental health reform	Community Mental Health Journal 31(6): 553–68	USA	Discussion	Discussion, participatory action theory	Polyad	PWLE–Family–Provider–Policy maker–Researcher
Hannaford, R.C., Thompson, C., Simpson, M.	1996	Evaluation of an educational programme to improve the recognition of psychological illness by general practitioners	British Journal of General Practice 46: 333–37	UK	Quantitative	Pre–post	Dyad	Provider–Researcher
Campbell, J.	1996	Toward collaborative mental health outcome systems	New Directions for Mental Health Services 71: 69–78	USA	Discussion	Discussion	Dyad	PWLE–Provider

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Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Burns, T., Millar, E., Garland, C. et al.	1998	Randomised controlled trial of teaching practice nurses to carry out structured assessments of patients receiving depot antipsychotic injections	British Medical Journal 48(437): 1845–48	UK	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Gask, L., Usherwood, T., Thompson, H. et al.	1998	Evaluation of a training package in the assessment and management of depression in primary care	Medical Education 32: 190–98	UK	Other	Mixed methods	Dyad	Provider–Researcher
Goldberg, H.I., Wagner, E.H. et al.	1998	A randomized controlled trial of CQI teams and academic detailing: can they alter compliance with guidelines?	Joint Commission Journal on Quality Improvement 24: 130–42	USA	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Gerrity, M.S., Cole, S.A., Dietrich, A.J. et al.	1999	Improving the recognition and management of depression: is there a role for physician education?	Journal of Family Practice: 48(12): 949–57	USA	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Mason, J. & Freemantle, N.	1999	The effect of the distribution of Effective Healthcare Bulletins on prescribing selective serotonin reuptake inhibitors in primary care	Health Trends 30: 120–25	UK	Quantitative	Pre–post	Dyad	Provider–Researcher
Worrall, G., Angel, J., Chaulk, P. et al.	1999	Effectiveness of an educational strategy to improve family physicians' detection and management of depression: a randomized controlled trial	Canadian Medical Association Journal 161(1): 37–40	Canada	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Poirier, M., Larose, S., Ste-Marie, F. et al.	1999	Splendeurs et misères de la concertation locale en santé mentale : un regard du terrain	Canadian Journal of Community Mental Health 18(2): 113–29	Canada	Discussion	Discussion	Within group	Provider–Provider
Brown, J.B., Shye, D. et al.	2000	Controlled trials of CQI and academic detailing to implement a clinical practice guideline for depression	Joint Commission Journal on Quality Improvement 26(1): 39–54	USA	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Heslop, L., Elsom, S., Parker, N.	2000	Improving continuity of care across psychiatric and emergency services: combining patient data within a participatory action research framework	Journal of Advanced Nursing 31(1): 135–43	Australia	Qualitative	Participatory action research	Dyad	Provider–Researcher

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Thompson, C., Kinmonth, A.L., Stevens, L. et al.	2000	Effects of a clinical practice guideline and practice-based education on detection and outcome of depression in primary care: Hampshire Depression Project randomised controlled trial	The Lancet 355(9199): 185–91	UK	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Townsend, E., Birch, D.E., Langley, J. et al.	2000	Participatory research in a mental health clubhouse	Occupational Therapy Journal of Research 20(1): 18–44	USA	Qualitative	Participatory action research	Dyad	PWLE–Researcher
Corrigan, P.W., Steiner, L., McCracken, S.G. et al.	2001	Strategies for disseminating evidence-based practices to staff who treat people with serious mental illness	Psychiatric Services 52(12): 1598–606	USA	Other	Review	Dyad	Provider–Policy maker
Rosenheck, R.A.	2001	Organizational process: a missing link between research and practice	Psychiatric Services 52: 1607–12	USA	Discussion	Discussion	Dyad	Provider–Policy maker
Baker, R., Reddish, S., Robertson, N. et al.	2001	Randomised controlled trial of tailored strategies to implement guidelines for the management of patients with depression in general practice	British Journal of General Practice 51: 737–41	UK	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Hodges, B., Inch, C., Silver, I.	2001	Improving the psychiatric knowledge, skills and attitudes of primary care physicians	American Journal of Psychiatry 158: 1579–86	Canada	Other	Review	Dyad	Provider–Researcher
Lesage, A.D., Stip, E., Grunberg, F.	2001	"What's up, doc?" The context, limitations and issues for clinicians in evidence-based medicine	Canadian Journal of Psychiatry 46(5): 396–402	Canada	Discussion	Discussion	Dyad	Provider–Researcher
Lin, E.H., Simon, G.E., Katelnick, D.J. et al.	2001	Does physician education on depression management improve treatment in primary care?	Journal of General Internal Medicine 16: 614–19	USA	Quantitative	Pre–post	Dyad	Provider–Researcher
Naismith, S.L., Hickie, I.B., Scott, E.M. et al.	2001	Effects of mental health training and clinical audit on general practitioners' management of common mental disorders	Medical Journal of Australia 175 (Suppl.): S42–47	Australia	Quantitative	Pre–post	Dyad	Provider–Researcher

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Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
van Eijk, M.E.C., Avorn, J., Porsius, A.J. et al.	2001	Reducing prescribing of highly anticholinergic antidepressants for elderly people: randomised trial of group versus individual academic detailing	British Medical Journal 322: 654–57	Netherlands	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Broner, N., Franczak, M., Dye, C. et al.	2001	Knowledge transfer, policy making and community empowerment: a consensus model approach for providing public mental health and substance abuse services	Psychiatric Quarterly 72(1): 79–102	USA	Discussion	Discussion, consensus model policy making	Polyad	Provider–Policy maker–Researcher–Other
Torrey, W.C., Drake, R.E., Dixon, L. et al.	2001	Implementing evidence-based practices for persons with severe mental illnesses	Psychiatric Services 52: 45–50	USA	Discussion	Discussion	Polyad	PWLE–Family–Provider–Policy maker–Researcher
Bate, S.P. & Robert, G.	2002	Knowledge management and communities of practice in the private sector: lessons for modernizing the National Health Service in England and Wales	Public Administration 80(4): 643–66	UK	Discussion	Discussion	Dyad	Provider–Policy maker
Fleury, M.J., Mercier, C., Denis, J.-L.	2002	Regional planning implementation and its impact on integration of a mental healthcare network	International Journal of Health Planning and Management 17(4): 315–32	Canada	Qualitative	Case study	Dyad	Provider–Policy maker
Rempfer, M. & Knott, J.	2002	Participatory action research: a model for establishing partnerships between mental health researchers and persons with psychiatric disabilities	Occupational Therapy in Mental Health 17(3/4): 151–65	USA	Discussion	Discussion, participatory action theory	Dyad	PWLE–Researcher
Ochocka, J., Janzen, R., Nelson, G.	2002	Sharing power and knowledge: professional and mental health consumer/survivor researchers working together in a participatory action research project	Psychiatric Rehabilitation Journal 25(4): 379	Canada	Qualitative	Participatory action	Polyad	PWLE–Provider–Researcher
Kates, N.	2002	Nouvelles approches : collaboration entre dispensateurs de soins primaires et de santé mentale	Santé Mentale au Québec 27(2): 93–108	Canada	Discussion	Discussion	Within group	Provider–Provider

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Goering, P., Butterill, D., Jacobson, N. et al.	2003	Linkage and exchange at the organizational level: a model of collaboration between research and policy	Journal of Health Services Research & Policy 8: 14–19	Canada	Discussion	Discussion	Dyad	Policy maker–Researcher
Azocar, F., Cuffel, B., Goldman, W. et al.	2003	The impact of evidence-based guideline dissemination for the assessment and treatment of major depression in a managed behavioral health care organization	Journal of Behavioral Health Services Research 30(1): 109–18	USA	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Charest, R.-M.	2003	La Recherche pour servir les intérêts cliniques et sociaux	Psychologie Québec 5	Canada	Discussion	Discussion	Dyad	Provider–Researcher
Gilbody, S.M., Whitty, P.M., Grimshaw, J.M. et al.	2003	Improving the detection and management of depression in primary care	Quality and Safety in Health Care 12: 149–55	UK	Discussion	Discussion, article review	Dyad	Provider–Researcher
Lecomte, Y.	2003	Développer de meilleures pratiques	Santé Mentale au Québec 28(1): 9–36	Canada	Discussion	Discussion	Dyad	Provider–Researcher
Nadeau, L.	2003	Le Processus d'élaboration des lignes directrices pour de meilleures pratiques : l'exemple des troubles concomitants de santé mentale, d'alcoolisme et de toxicomanie	Santé Mentale au Québec 28(1): 37–53	Canada	Other	Guideline development	Dyad	Provider–Researcher
Fenton, W.S.	2003	Shared decision-making: a model for the physician–patient relationship in the 21st century?	Acta Psychiatrica Scandinavica 107(6): 401–02	USA	Discussion	Discussion, shared decision-making	Dyad	PWLE–Provider
Van Korff, M., Katon, W., Rutter, C. et al.	2003	Effect on disability outcomes of a depression relapse prevention program	Psychosomatic Medicine 65: 938–43	USA	Quantitative	Randomized controlled trial	Dyad	PWLE–Provider

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Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Ross, E., Ali, A., Toner, B.	2003	Investigating issues surrounding depression in adolescent girls across Ontario: a participatory action research project	Canadian Journal of Community Mental Health 22(1): 55–68	Canada	Qualitative	Participatory action	Dyad	PWLE–Researcher
Ganju, V.	2003	Implementation of evidence-based practices in state mental health systems	Schizophrenia Bulletin 29(1): 125–31	USA	Discussion	Discussion	Polyad	Provider–Policy maker–Researcher
Malm, U., Ivarsson, B., Allebeck, P. et al.	2003	Integrated care in schizophrenia: a two-year randomized controlled study of two community-based treatment programs	Acta Psychiatrica Scandinavica 107(6): 415–23	Sweden	Quantitative	Randomized controlled trial	Polyad	PWLE–Family–Provider
Kirmayer, L., Simpson, C., Cargo, M.	2003	Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples	Australasian Psychiatry 11(s1): S15–S23	Canada	Discussion	Discussion	Polyad	PWLE–Family–Provider–Policy maker–Researcher–Other
Vingilis, E., Hartford, K., Schrecker, T. et al.	2003	Integrating knowledge generation with knowledge diffusion and utilization: a case study analysis of the consortium for applied research and evaluation in mental health.	Canadian Journal of Public Health 94(6): 468–71	Canada	Qualitative	Participatory action, single case design	Polyad	PWLE–Family–Provider–Policy maker–Researcher–Other
Sullivan, M.P., Kessler, L., Le Clair, J.K. et al.	2004	Defining best practices for specialty geriatric mental health outreach services: lessons for implementing mental health reform	Canadian Journal of Psychiatry 49(7): 458–66	Canada	Other	Review	Dyad	Provider–Policy maker
Van Os, J., Altamura, A.C., Bobes, J. et al.	2004	Evaluation of the two-way communication checklist as a clinical intervention: results of a multinational, randomized controlled trial	British Journal of Psychiatry 184: 79–83	Netherlands	Quantitative	Questionnaire data	Dyad	PWLE–Provider
Neufeldt, A.H.	2004	What does it take to transform mental health knowledge into workplace practice? Towards a theory of action	HealthcarePapers 5(2): 118–32	Canada	Discussion	Discussion	Polyad	Provider–Policy maker–Researcher
Gotham, H.J.	2004	Diffusion of mental health and substance abuse treatments: development, dissemination and implementation	Clinical Psychology Science and Practice 11(2): 160–77	USA	Discussion	Discussion	Polyad	Provider–Policy maker–Researcher

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
de Crespigny, C., Emden, C., Kowanko, I., Murray, H.	2004	A partnership model for ethical Indigenous research	Collegian: Journal of the Royal College of Nursing Australia 11(4): 7-13	Australia	Qualitative	Participatory action research	Polyad	PWLE- Family- Provider- Researcher
Sadavoy, J., Meier, R., Ong, A.Y.	2004	Barriers to access to mental health services for ethnic seniors: the Toronto Study	Canadian Journal of Psychiatry 49(3): 192-99	Canada	Qualitative	Participatory action, grounded theory	Polyad	PWLE- Family- Provider- Researcher
Minore, B., Boone, M., Katt, M. et al.	2004	Addressing the realities of healthcare in northern Aboriginal communities through participatory action research	Journal of Interprofessional Care 18(4): 360-68	Canada	Other	Mixed methods, participatory action research	Polyad	PWLE- Provider- Policy maker
Sundar, P. & Ochocka, J.	2004	Bridging the gap between dreams and realities related to employment and mental health: implications for policy and practice	Canadian Journal of Community Mental Health 23(1): 75-89	Canada	Qualitative	Participatory action	Polyad	PWLE- Provider- Researcher
Waddell, C., Lavis, J.N., Abelson, J. et al.	2005	Research use in children's mental health policy in Canada: maintaining vigilance amid ambiguity	Social Science & Medicine 61(8): 1649-57	Canada	Qualitative	Interviews	Dyad	Policy maker- Researcher
Bourbonnais, R., Gauthier, N., Vézina, M. et al.	2005	Une intervention en centres d'hébergement et de soins de longue durée visant à réduire les problèmes de santé mentale liés au travail	Pistes 7(2)	Canada	Other	Mixed methods, participatory action research, qualitative evaluation, questionnaires	Dyad	Provider- Researcher
Eisses, A.M.H. et al.	2005	Care staff training in detection of depression in residential homes for the elderly	British Journal of Psychiatry 186: 404-09	Netherlands	Quantitative	Randomized controlled trial	Dyad	Provider- Researcher
Rousseau, C., Alain, N., DePlaen, S. et al.	2005	Repenser la formation continue dans le réseau de la santé et des services sociaux : l'expérience des séminaires interinstitutionnels en intervention transculturelle	Nouvelles Pratiques Sociales 17(2): 109-25	Canada	Qualitative	Case study	Dyad	Provider- Researcher

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Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Ruzek, J.I., Friedman, M.J., Murray, S.	2005	Toward a knowledge management system for posttraumatic stress disorder treatment in veterans' healthcare	Psychiatric Annals 35(11): 911–20	USA	Discussion	Discussion	Dyad	Provider–Researcher
Bowen, S. & Martens, P.	2005	Demystifying knowledge translation: learning from the community	Journal of Health Services Research & Policy 10: 203–11	Canada	Qualitative	Participatory action research	Dyad	Provider–Researcher
Glisson, C. & Schoenwald, S.K.	2005	The ARC organizational and community intervention strategy for implementing evidence-based children's mental health treatments	Mental Health Services Research 7(4): 243–59	USA	Other	Review	Polyad	Family–Provider–Policy maker–Other
Jorm, A.F., Christensen, H., Griffiths, K.M.	2005	The impact of beyondblue: the national depression initiative on the Australian public's recognition of depression and beliefs about treatments	Australian & New Zealand Journal of Psychiatry 39(4): 248–54	Australia	Quantitative	Non-randomized controlled trial	Polyad	Policy maker–Researcher–Other
Spaniol, S.	2005	"Learned hopefulness": an arts-based approach to participatory action research	Art Therapy 22(2): 86–91	USA	Qualitative	Participatory action, arts-based, conference format	Polyad	PWLE–Provider–Researcher
Perreault, M., Bonin, J.-P., Veilleux, R. et al.	2005	Expérience de formation croisée dans un contexte d'intégration des services en réseau dans le sud-ouest de Montréal	Canadian Journal of Community Mental Health 24(1): 35–49	Canada	Other	Mixed methods, questionnaires and focus groups	Within group	Provider–Provider
Garland, A.F., Plemmons, D., Koontz, L.	2006	Research–practice partnership in mental health: lessons from participants	Administration and Policy in Mental Health and Mental Health Services Research 33(5): 517–28	USA	Qualitative	Semi-structured interviewing	Dyad	Provider–Researcher
Hahn, S., Needham, I., Abderhalden, C.	2006	The effect of a training course on mental health nurses' attitudes on the reasons of patient aggression and its management	Journal of Psychiatric and Mental Health Nursing 12(2): 197–204	Switzerland	Quantitative	Quasi-experimental, pre–post test	Dyad	Provider–Researcher
Horvitz-Lennon, M., Kilbourne, A.M., Pincus, H.A.	2006	From silos to bridges: meeting the general healthcare needs of adults with severe mental illnesses	Health Affairs 25(3): 659–69	USA	Discussion	Discussion	Dyad	Provider–Researcher

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Ingadottir, E. & Thome, M.	2006	Evaluation of a web-based course for community nurses on postpartum emotional distress	Scandinavian Journal of Caring Sciences 20: 86–92	Iceland	Quantitative	Non-randomized controlled trial	Dyad	Provider–Researcher
Rinfret-Raynor, M., Dubé, M., Drouin, C.	2006	Le Dépistage de la violence conjugale dans les centre hospitaliers : implantation et évaluation d'un ensemble d'outils	Nouvelles Pratiques Sociales 19(1): 72–90	Canada	Qualitative	Case study	Dyad	Provider–Researcher
Wimpenny, K., Forsyth, K., Jones, C., Evans, E., Colley, J.	2006	Group reflective supervision: thinking with theory to develop practice	British Journal of Occupational Therapy 69(9): 423–28	UK	Qualitative	Participatory action research	Dyad	Provider–Researcher
Beresford, P. & Branfield, F.	2006	Developing inclusive partnerships: user-defined outcomes, networking and knowledge – a case study	Health and Social Care in the Community 14(5): 436–44	UK	Qualitative	Interviews	Dyad	PWLE–Provider
Deegan, P.E. & Drake, R.E.	2006	Shared decision-making and medication management in the recovery process	Psychiatric Services 57(11): 1636–39	USA	Discussion	Discussion	Dyad	PWLE–Provider
Hamann, J., Langer, B., Winkler, V. et al.	2006	Shared decision-making for inpatients with schizophrenia	Acta Psychiatrica Scandinavica 114: 265–73	Germany	Quantitative	Randomized controlled trial	Dyad	PWLE–Provider
Jared, R., Adams, J.R., Drake, R.E.	2006	Shared decision-making and evidence-based practice	Community Mental Health Journal 42(1): 87–105	USA	Discussion	Discussion	Dyad	PWLE–Provider
Mahone, I.H.	2006	Medication decision-making by persons with serious mental illness	Dissertation Abstracts International: Section B: The Sciences and Engineering. US: ProQuest Information & Learning	USA	Quantitative	Cross-sectional correlational study	Dyad	PWLE–Provider
Penn, D.L., Simpson, L.E., Leggett, S., Edie, G., Wood, L.	2006	The development of a website to promote the mental and physical health of sons and daughters of Vietnam veterans of Australia	Journal of Consumer Health on the Internet 10(4): 45–63	Australia	Qualitative	Participatory action	Dyad	PWLE–Researcher

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Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Ditrano, C.J., Silverstein, L.B., Bordeaux, L.	2006	Listening to parents' voices: participatory action research in the schools	Professional Psychology: Research and Practice 37: 359–66	USA	Qualitative	Participatory action research	Polyad	Family–Provider–Researcher
Knapp, M., Funk, M., Curran, C. et al.	2006	Economic barriers to better mental health practice and policy	Health Policy and Planning 21(3): 157–70	UK	Discussion	Discussion	Polyad	Provider–Policy maker–Other
Knightbridge, S.M., King, R., Rolfe, T.J.	2006	Using participatory action research in a community-based initiative addressing complex mental health needs	Australian & New Zealand Journal of Psychiatry 40(4): 325–32	Australia	Qualitative	Participatory action research	Polyad	PWLE–Family–Provider–Policy maker–Researcher
Bluthenthal, R.N., Jones, L., Fackler-Lowrie, N.	2006	Witness for wellness: preliminary findings from a community–academic participatory research initiative	Ethnicity and Disease 16(1): 18–34	USA	Other	Mixed methods, participatory action research	Polyad	PWLE–Family–Provider–Researcher–Other
Thomas, P., Seebohm, P., Henderson, P., Munn-Giddings, C., Yasmeen, S.	2006	Tackling race inequalities: community development, mental health and diversity	Journal of Public Mental Health 5(2): 13–19	Canada	Qualitative	Focus groups	Polyad	PWLE–Policy maker–Researcher
Craven, M.A. & Bland, R.	2006	Better practices in collaborative mental healthcare: an analysis of the evidence base	Canadian Journal of Psychiatry 51(S1): 75–74S	Canada	Other	Systematic review	Polyad	PWLE–Provider–Decision-makers
Wills, C.E. & Holmes-Rovne, M.	2006	Integrating decision-making and mental health interventions research: research directions	Clinical Psychology: Science and Practice 13(1): 9–25	USA	Discussion	Discussion	Polyad	PWLE–Provider–Policy maker
Waddell, C., Shepherd, C.A., Lavis, J.N. et al.	2007	Balancing rigour and relevance: researchers' contributions to children's mental health policy in Canada	Evidence & Policy: A Journal of Research, Debate and Practice 3(2): 181–95	Canada	Qualitative	Interviews	Dyad	Policy maker–Researcher
Lesage, A.D.	2007	Les Programmes de premier épisode de schizophrénie et une médecine fondée sur les données factuelles : un cas de syndrome des habits de l'empereur?	Canadian Journal of Psychiatry 32(1): 333–49	Canada	Discussion	Discussion	Dyad	Provider–Researcher

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Wong, S.Y.S., Cheung, A.K.Y., Lee, A. et al.	2007	Improving general practitioners' interviewing skills in managing patients with depression and anxiety: a randomized controlled clinical trial	Medical Teacher 29: e175–e183	China	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Brekke, J.S., Ell, K., Palinkas, L.	2007	Translational science at the National Institute of Mental Health: can social work take its rightful place?	Research on Social Work Practice 17(1): 123–33	USA	Discussion	Discussion	Dyad	Provider–Researcher
Adams, J.R., Drake, R.E., Wolford, G.L.	2007	Shared decision-making preferences of people with severe mental illness	Psychiatric Services 58: 1219–21	USA	Quantitative	Cross-sectional survey	Dyad	PWLE–Provider
Deegan, P.E.	2007	The lived experience of using psychiatric medication in the recovery process and a shared decision-making program to support in the recovery process	Psychiatric Rehabilitation Journal 31(1): 62–69	USA	Discussion	Discussion	Dyad	PWLE–Provider
Loh, A., Simon, D., Wills, C.E. et al.	2007	The effects of a shared decision-making intervention in primary care of depression: a cluster-randomized controlled trial	Patient Education and Counseling 67(3): 324–32	Germany	Quantitative	Cluster-randomized controlled trial	Dyad	PWLE–Provider
Priebe, S., McCabe, R., Bullenkamp, J. et al.	2007	Structured patient–clinician communication and one-year outcome in community mental healthcare	British Journal of Psychiatry 191: 420–26	UK	Quantitative	Cluster-randomized controlled trial	Dyad	PWLE–Provider
Schauer, C., Everett, A., del Vecchio, P. et al.	2007	Promoting the value and practice of shared decision-making in mental healthcare	Psychiatric Rehabilitation Journal 31(1): 54–61	USA	Discussion	Discussion	Dyad	PWLE–Provider
Swanson, K.A., Bastani, R., Rubenstein, L.V. et al.	2007	Effect of mental healthcare and shared decision-making on patient satisfaction in a community sample of patients with depression	Medical Care Research and Review 64(4): 416–30	USA	Quantitative	Cross-sectional survey	Dyad	PWLE–Provider
Buist, A., Speelman, C., Hayes, B., Reay, R., Milgrom, J.	2007	Impact of education on women with perinatal depression	Obstetrics & Gynecology 28(1): 49–54	Australia	Quantitative	Pre–post	Dyad	PWLE–Researcher

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Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Lucock, M., Barber, R., Jones, A., Lovell, J.	2007	Service users' views of self-help strategies and research in the UK	Journal of Mental Health 16(6): 795–805	UK	Qualitative	Participatory action	Dyad	PWLE–Researcher
Cole, N.	2007	Depression awareness: community-based approach	Australian Psychologist 42(2): 161–66	Australia	Quantitative	Pre–post survey	Dyad	Researcher–Other
Hallett, J., Brown, G., Maycock, B., Langdon, P.	2007	Changing communities, changing spaces: the challenges of health promotion outreach in cyberspace	Promotion & Education 14(3): 150–54	Australia	Qualitative	Case study, participatory action research	Dyad	Researcher–Other
Jacobson, N., Ochocka, J., Wise, J., Janzen, R.	2007	Inspiring knowledge mobilization through a communications policy: the case of a community–university research alliance	Progress in Community Health Partnerships: Research, Education and Action 1(1): 99–104	Canada	Qualitative	Participatory action research	Polyad	Family–Provider–Policy maker–Researcher
Sax, P.	2007	Finding common ground: parents speak out about family-centered practices	Journal of Systemic Therapies 26(3): 72–90	USA	Qualitative	Participatory action	Polyad	Family–Provider–Researcher
Garretsen, H.F.L., Bongers, I.M.B., Roo, A.A. de et al.	2007	Bridging the gap between science and practice: do applied academic centres contribute to a solution?	Journal of Comparative Social Welfare 23(1): 49–59	Netherlands	Discussion	Discussion, case examples	Polyad	Provider–Policy maker–Researcher
Levesque, P., Davidson, S., Kidder, K.	2007	Knowledge exchange for attention deficit hyperactivity disorder research: an integrated evidence and knowledge exchange framework leading to more effective research dissemination practices	Journal of the Canadian Academy of Child and Adolescent Psychiatry 16(2): 51–56	Canada	Discussion	Discussion	Polyad	Provider–Policy maker–Researcher–Other
Nagel, T. & Thompson, C.	2007	AIMHI NT "mental health storyteller mob": developing stories in mental health	Australian e-Journal for the Advancement of Mental Health 6(2): 1–6	Australia	Qualitative	Participatory action, survey	Polyad	PWLE–Family–Provider–Policy maker–Researcher
Hoolihan, B., Grosvenor, J., Kurtz, H. et al.	2007	Utilizing technology to raise mental health literacy in small rural towns	Learning in Health and Social Care 6(3): 145–55	Australia	Quantitative	Cross-sectional survey	Polyad	PWLE–Provider–Other

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Moore, D.E., Niebler, S.E., Schlundt, D.G. et al.	2007	A conceptual model for using action inquiry technologies to address disparities in depression	Journal of Continuing Education in the Health Professions 27: 55–64	USA	Discussion	Discussion, participatory action research, conceptual model	Polyad	PWLE– Provider– Policy maker
Cleary, M., Walter, G., Luscombe, G.	2007	Spreading the word: disseminating research results to patients and carers	Acta Neuropsychiatrica 19(4): 224–29	Australia	Discussion	Discussion	Polyad	PWLE– Provider– Policy maker– Researcher
Janzen, R., Nelson, G., Hausfather, N., Ochocka, J.	2007	Capturing system-level activities and impacts of mental health consumer-run organizations	American Journal of Community Psychology 39(3/4): 287–99	USA	Other	Mixed methods, participatory action research	Polyad	PWLE– Provider– Policy maker– Researcher– Other
Spring, B.	2007	Evidence-based practice in clinical psychology: what it is, why it matters – what you need to know	Journal of Clinical Psychology 63(7): 611–31	USA	Discussion	Discussion	Polyad	PWLE– Provider– Researcher
Lind, C.	2007	The power of adolescent voices: co-researchers in mental health promotion	Educational Action Research 15(3): 371–83	Canada	Qualitative	Participatory action	Polyad	PWLE– Provider– Researcher– Other
Bell, J.S., Aslani, P., McLachlan, A.J., Whitehead, P., Chen, T.	2007	Mental health case conferences in primary care: content and treatment decision-making	Research in Social & Administrative Pharmacy 3(1): 86–103	Canada	Qualitative	Case conferences	Within group	Provider– Provider
Cohen, J. & Mannarino, A.P.	2008	Disseminating and implementing trauma-focused CBT in community settings	Trauma Violence Abuse 9(4): 214–26	USA	Other	Review	Dyad	Provider– Policy maker
Barwick, M.A., Boydell, K.M., Stasiulis, E. et al.	2008	Research utilization among children's mental health providers	Implementation Science 3(19)	Canada	Quantitative	Cross-sectional survey	Dyad	Provider– Researcher
Bilsker, D., Anderson, J., Samra, J. et al.	2008	Behavioural interventions in primary care: an implementation trial	Canadian Journal of Community Mental Health 27: 179–89	Canada	Quantitative	Pre–post	Dyad	Provider– Researcher

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Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Boydell, KM., Stasiulis, E., Barwick, M. et al.	2008	Challenges of knowledge translation in rural communities: the case of rural children's mental health	Canadian Journal of Community Mental Health 27(1): 49–63	Canada	Qualitative	Focus groups	Dyad	Provider–Researcher
Chagnon, F., Houle, J., Daigle, M. et al.	2008	Application des connaissances scientifiques en prévention du suicide : vérification d'une stratégie fondée sur la communauté de pratique	Frontières 21(1): 90–97	Canada	Qualitative	Community of practice	Dyad	Provider–Researcher
Self, R., Rigby, A., Leggett, C., Paxton, R.	2008	Clinical Decision Support Tool: a rational needs-based approach to making clinical decisions	Journal of Mental Health 17(1): 33–48	UK	Other	Mixed methods, participatory action, cluster analysis, concurrent validity	Dyad	Provider–Researcher
Thompson, A., Sullivan, S.A., Barley, M. et al.	2008	The DEBIT trial: an intervention to reduce antipsychotic polypharmacy prescribing in adult psychiatry wards – a cluster-randomised controlled trial	Psychological Medicine 38: 705–15	UK	Quantitative	Pragmatic cluster-randomized controlled trial	Dyad	Provider–Researcher
Deegan, P., Rapp, C., Holter, M. et al.	2008	A program to support shared decision-making in an outpatient psychiatric medication clinic	Psychiatric Services 59(6): 603–05	USA	Qualitative	Focus groups	Dyad	PWLE–Provider
Hamann, J., Mendel, R.T., Fink, B. et al.	2008	Patients' and psychiatrists' perceptions of clinical decisions during schizophrenia treatment	Journal of Nervous and Mental Disease 196(4): 329–32	Germany	Other	Mixed methods, interviews and questionnaires	Dyad	PWLE–Provider
Stringer, B., Van Meijel, B., De Vree, W. et al.	2008	User involvement in mental healthcare: the role of nurses	Journal of Psychiatric and Mental Health Nursing 15: 678–83	Netherlands	Other	Literature review	Dyad	PWLE–Provider
Moll, S. & Clements, E.P.	2008	Workplace mental health: developing an employer resource through partnerships in knowledge translation	Occupational Therapy Now 10(5): 17–19	Canada	Discussion	Discussion	Dyad	Researcher–Other
Han, S.S. & Weiss, B.	2008	Sustainability of teacher implementation of school-based mental health programs	Journal of Abnormal Child Psychology 33(6): 665–79	USA	Other	Review	Polyad	Provider–Policy maker–Other

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Grol, R.	2008	Knowledge transfer in mental healthcare: how do we bring evidence into day-to-day practice?	Canadian Journal of Psychiatry 53(5): 275–76	Canada	Discussion	Discussion	Polyad	Provider– Policy maker– Researcher
Unutzer, J.	2008	Evidence-based treatments for anxiety and depression: lost in translation?	Depression and Anxiety 25(9): 726–29	USA	Discussion	Discussion	Polyad	Provider– Policy maker– Researcher
Smolders, M., Laurant, M., Roberge, P. et al.	2008	Knowledge transfer and improvement of primary and ambulatory care for patients with anxiety	Canadian Journal of Psychiatry 53(5): 277–93	Netherlands	Other	Review with meta-analysis	Polyad	Provider– Policy maker– Researcher
Westhues, A., Ochocka, J., Jacobson, N., Simich, L., Maiter, S., Janzen, R. et al.	2008	Developing theory from complexity: reflections on a collaborative mixed-method participatory action research study	Qualitative Health Research 18(5): 701–17	Canada	Qualitative	Participatory action, grounded theory, abduction, synthesis	Polyad	PWLE– Family– Provider– Researcher– Other
Lindamer, L.A., Lebowitz, B.D., Hough, R.L.	2008	Public–academic partnerships: improving care for older persons with schizophrenia through an academic–community partnership	Psychiatric Services 59(3): 236–39	USA	Discussion	Case example	Polyad	PWLE– Provider– Policy maker– Researcher
Chambers, D.A.	2008	Advancing the science of implementation: a workshop summary	Administration and Policy in Mental Health & Mental Health Services Research 35 (1/2): 3–10	USA	Discussion	Discussion	Polyad	PWLE– Provider– Researcher
Patel, S.R., Bakken, S., Ruland, C.	2008	Recent advances in shared decision-making for mental health	Current Opinion in Psychiatry 21(6): 606–12	USA	Other	Review	Polyad	PWLE– Provider– Researcher
Pickett-Schenk, S.A., Lippincott, R.C., Bennett, C. et al.	2008	Improving knowledge about mental illness through family-led education: the journey of hope	Psychiatric Services 59(1): 49–56	USA	Quantitative	Randomized trial with waiting list control group	Within group	Family–Family
Kimberly, J. & Cook, J.M.	2008	Organizational measurement and the implementation of innovation in mental health services	Administration and Policy in Mental Health & Mental Health Research 35: 11–20	USA	Other	Review	Within group	Provider– Provider

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Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Pignatiello, A., Boydell, K., Teshima, J., Volpe, T.	2008	Supporting primary care through paediatric telepsychiatry	Canadian Journal of Community Mental Health 27(2): 139–51	Canada	Qualitative	Participant evaluation	Within group	Provider–Provider
Franx, G., Kroon, H., Grimshaw, J. et al.	2008	Organizational change to transfer knowledge and improve quality and outcomes of care for patients with severe mental illness: a systematic overview of reviews	Canadian Journal of Psychiatry 53(5): 294–305	Netherlands	Other	Systematic review, overview of reviews	Within group	Researcher–Researcher
Pullmann, M.D.	2009	Participatory research in systems of care for children’s mental health	American Journal of Community Psychology 44(1/2): 43–53	USA	Discussion	Discussion, participatory action framework	Dyad	Family–Researcher
Dansec, E., Sundar, P., Kasprzak, S. et al.	2009	Are we there yet? Evaluation and the knowledge translation journey	Journal of the Canadian Academy of Child and Adolescent Psychiatry 18(1): 7–15	Canada	Discussion	Discussion, case example	Dyad	Policy maker–Researcher
Isaac, M., Elias, B., Katz, L.Y., Belik, S., Deane, F.P., Enns, M.W., Sareen, J.	2009	Gatekeeper training as a preventative intervention for suicide: a systematic review	Canadian Journal of Psychiatry 54 (4): 260–68	Canada	Other	Systematic review	Dyad	Provider–Other
Stolee, P., McAiney, C.A., Hillier, L.M. et al.	2009	Sustained transfer of knowledge to practice in long-term care: facilitators and barriers of a mental health learning initiative	Gerontology & Geriatrics Education 30(1): 1–20	Canada	Qualitative	Interviews	Dyad	Provider–Policy maker
Barwick, M.A., Peters, J., Boydell, K.J.	2009	Getting to uptake: do communities of practice support the implementation of evidence-based practice?	Canadian Academy of Child & Adolescent Psychiatry 18: 16–29	Canada	Quantitative	Randomized controlled trial	Dyad	Provider–Researcher
Brekke, J.S., Phillips, E., Pancake, L. et al.	2009	Implementation practice and implementation research: a report from the field	Research on Social Work Practice 19S: 592–601	USA	Discussion	Discussion	Dyad	Provider–Researcher
Happell, B., Moxham, L., Reid-Searl, K., Dwyer, T., Kahl, J., Morris, J. et al.	2009	Promoting mental healthcare in a rural paediatric unit through participatory action research	Australian Journal of Rural Health 17(3): 155–60	Australia	Qualitative	Focus groups	Dyad	Provider–Researcher

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Harpaz-Rotem, I. & Rosenheck, R.A.	2009	Tracing the flow of knowledge: geographic variability in the diffusion of prazosin use for the treatment of posttraumatic stress disorder nationally in the Department of Veterans Affairs	Archives of General Psychiatry 66(4): 417–21	USA	Quantitative	Geographic surveillance, administrative data analysis	Dyad	Provider–Researcher
Lamont, S., Walker, P., Brunero, S.	2009	“Teaching an old dog new tricks”: a practice development approach to organizational change in mental health	Practice Development in Health Care 8(2): 65–76	Australia	Qualitative	Participatory action	Dyad	Provider–Researcher
Nadeau, L.	2009	Évaluation préliminaire d'un projet de soins concertés en santé mentale jeunesse à Montréal : faire face à l'incertitude institutionnelle et culturelle	Santé Mentale au Québec 34(1): 127–42	Canada	Qualitative	Case study	Dyad	Provider–Researcher
Perreault, M., Perreault, N., Withaeuper, D. et al.	2009	Le Défi du traitement et de la prévention des troubles concomitants sur la base de données probantes	Criminologie 42(1): 91–114	Canada	Discussion	Discussion	Dyad	Provider–Researcher
Robitaille, D. & Boudreault, D.	2009	Expérience d'une équipe de santé mentale de première ligne dans l'optimisation des soins	Santé Mentale au Québec 34(1): 207–19	Canada	Qualitative	Case study	Dyad	Provider–Researcher
Ward, V.L., House, A.O., Hamer, S.	2009	Knowledge brokering: exploring the process of transferring knowledge into action	BMC Health Services Research 16: 9–12	UK	Other	Description of research plan	Dyad	Provider–Researcher
Applbaum, K.	2009	“Consumers are patients!” Shared decision-making and treatment: non-compliance as a business opportunity	Transcultural Psychiatry 46(1): 107–30	USA	Discussion	Discussion	Dyad	PWLE–Provider
Drake, R.E., Cimpean, D., Torrey, W.C.	2009	Shared decision-making in mental health: prospects for personalized medicine	Dialogues in Clinical Neuroscience 11(4): 455–63	USA	Discussion	Discussion	Dyad	PWLE–Provider

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Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Houle, J., Lespérance, F., Beaulieu, M.D.	2009	Partager la décision dans le traitement de la dépression	Le Médecin du Québec 44(10): 27–31	Canada	Discussion	Discussion	Dyad	PWLE–Provider
Joosten, E.A.G. et al.	2009	Shared decision-making reduces drug use and psychiatric severity in substance-dependent patients	Psychotherapy and Psychosomatics 78(4): 245–53	Netherlands	Quantitative	Randomized controlled trial	Dyad	PWLE–Provider
Vatne, S., Bjornerem, H., Hoem, E.	2009	One approach to improving the care for depression and anxiety disorders has been to “package” evidence-based efficacious treatment components into effective programs of care	Scandinavian Journal of Caring Sciences 23: 84–92	Norway	Qualitative	Interviews	Dyad	PWLE–Provider
McDaid, S.	2009	An equality of condition framework for user involvement in mental health policy and planning: evidence from participatory action research	Disability & Society 24(4): 461–74	Ireland	Qualitative	Participatory action	Dyad	PWLE–Researcher
Oh, E., Jorm, A.F., Wright, A.	2009	Perceived helpfulness of websites for mental health information	Social Psychiatry & Psychiatric Epidemiology 44(4): 293–99	Australia	Quantitative	Cross-sectional survey	Dyad	Researcher–Other
Bapat, S., Jorm, A., Lawrence, K.	2009	Evaluation of a mental health literacy training program for junior sporting clubs	Australasian Psychiatry 17: 475–79	Australia	Quantitative	Pre–post	Dyad	Researcher–Other
Blignault, I., Woodland, L., Ponzio, V. et al.	2009	Using a multifaceted community intervention to reduce stigma about mental illness in an Australian Macedonian community	Health Promotion Journal of Australia 20(3): 227–33	Australia	Quantitative	Pre–post	Dyad	Researcher–Other
López, Steven R., Lara, M., Kopelowicz, A., Solano, S., Foncerrada, H.	2009	La CLAVE to increase psychosis literacy of Spanish-speaking community residents and family caregivers	Journal of Consulting and Clinical Psychology 77(4): 763–74	USA	Quantitative	Pre–post	Polyad	Family–Researcher–Other

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Chorpita, B.F. & Regan, J.	2009	Dissemination of effective mental health treatment procedures: maximizing the return on a significant investment	Behaviour Research and Therapy 47(11): 990–93	USA	Discussion	Discussion	Polyad	Provider– Policy maker– Researcher
Luck, J., Hagigi, F., Parker, L.E., Yano, E.M., Rubenstein, L.V., Kirchner, J.E.	2009	A social marketing approach to implementing evidence-based practice in VHA QUERI: the TIDES depression collaborative care model	Implementation Science 4: 64	USA	Qualitative	Case study	Polyad	Provider– Policy maker– Researcher
Perreault, M., Wiethaueper, D., Perreault, N., Bonin, J.-P., Brown, T.G., Brunaud, H.	2009	Meilleures pratiques et formation dans le contexte du continuum des services en santé mentale et en toxicomanie : le programme de formation croisée du sud-ouest de Montréal	Santé Mentale au Québec 34(1): 143–60	Canada	Qualitative	Case study	Polyad	Provider– Researcher– Other
Curran, J. & Newton, M.	2009	Theme issue on knowledge translation	Journal of the Canadian Academy of Child and Adolescent Psychiatry 18(1): 2–3	Canada	Discussion	Discussion, editorial	Polyad	PWLE– Family– Provider– Policy maker– Researcher
Harrison, A., & Brandling, J.	2009	Improving mental healthcare for older people within a general hospital in the UK	Nursing & Health Sciences 11(3): 293–300	UK	Qualitative	Participatory action research	Polyad	PWLE– Family– Provider– Researcher
Manion, I., Buchanan, D.H., Cheng, M. et al.	2009	Embedding evidence-based practice in child and youth mental health in Ontario	Evidence & Policy: A Journal of Research, Debate & Practice 5(2): 141–53	Canada	Discussion	Discussion, case examples	Polyad	PWLE– Family– Provider– Researcher– Other
de Wolff, A., Cabezas, P., Chamberlain, L. et al.	2009	The creation of “We Are Neighbours”: participatory research and recovery	Canadian Journal of Community Mental Health 28(2): 61–72	Canada	Qualitative	Participatory action research	Polyad	PWLE–Policy maker– Researcher
Mitton, C., Adair, C.E., McKenzie, E., Patten, S., Wayne-Perry, B., Smith, N.	2009	Designing a knowledge transfer and exchange strategy for the Alberta Depression Initiative: contributions of qualitative research with key stakeholders	International Journal of Mental Health Systems 3(1): 11	Canada	Qualitative	Focus groups	Polyad	PWLE– Provider– Policy maker

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Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
McGrath, P.J., Lingley-Pottie, E., Thurston, C., McLean, C.	2009	Integrated knowledge translation in mental health: family help as an example	Journal of the Canadian Academy of Child and Adolescent Psychiatry 18: 30–37	Canada	Qualitative	Case study	Polyad	PWLE– Provider– Policy maker– Researcher
Drake, R.E., Wilkniss, S.M., Frounfelker, R.L., et al.	2009	The Thresholds–Dartmouth partnership and research on shared decision-making	Psychiatric Services 60(2): 142–44	USA	Discussion	Discussion	Polyad	PWLE– Provider– Researcher
Lyons, J.S.	2009	Knowledge creation through total clinical outcomes management: a practice-based evidence solution to address some of the challenges of knowledge translation	Journal of the Canadian Academy of Child and Adolescent Psychiatry 18(1): 38–45	Canada	Discussion	Discussion, case sample of KE framework	Polyad	PWLE– Provider– Researcher
Maar, M.A., Erskine, B., McGregor, L., Larose, T.L., Sutherland, M.E., Graham, D. et al.	2009	Innovations on a shoestring: a study of a collaborative community-based Aboriginal mental health service model in rural Canada	International Journal of Mental Health Systems 3: 27	Canada	Qualitative	Participatory action, ethnographic	Polyad	PWLE– Provider– Researcher
Gozlan, G. Acef, S., Petitqueux-Glaser, C.	2009	Vers des soins intégrés en santé mentale: l'expérience du réseau Prépsy	Santé Mentale au Québec 34(1): 221–38	France	Discussion	Case example	Within group	Provider– Provider
Hamilton, A.B., Cohen, A.N., Young, A.S.	2009	Organizational readiness in specialty mental healthcare	Journal of General Internal Medicine 25 (Suppl. 1): 27–31	USA	Other	Mixed methods, questionnaire and semi-structured interviews	Within group	Provider– Provider
Proctor, E.K., Landsverk, J., Aarons, G. et al.	2009	Implementation research in mental health services: an emerging science with conceptual, methodological, and training challenges	Administration and Policy in Mental Health & Mental Health Services Research 36(1): 24–34	USA	Discussion	Discussion	Within group	Researcher– Researcher
Lévesque, L., Ducharme, F., Caron, C. et al.	2010	A partnership approach to service needs assessment with family caregivers of an aging relative living at home: a qualitative analysis of the experiences of caregivers and practitioners	International Journal of Nursing Studies 47(7): 876–87	Canada	Qualitative	Thematic analysis	Dyad	Family– Provider

Authors	Year	Title	Publication	Country	Research approach	Research design	Type of exchange	Groups
Byrne, M.K., Willis, A., Deane, F.P. et al.	2010	Training inpatient mental health staff how to enhance patient engagement with medications: Medication Alliance training and dissemination outcomes in a large US mental health hospital	Journal of Evaluation in Clinical Practice 16(1): 114-20	USA	Quantitative	Pre-post	Dyad	Provider-Researcher
Moxham, L., Dwyer, T., Happell, B., Reid-Searl, K., Kahl, J., Morris, J., et al.	2010	Recognising our role: improved confidence of general nurses providing care to young people with a mental illness in a rural paediatric unit	Journal of Clinical Nursing 19(9/10): 1434-42	Australia	Qualitative	Participatory action	Dyad	Provider-Researcher
Gray, R., White, J., Schulz, M. et al.	2010	Enhancing medication adherence in people with schizophrenia: an international programme of research	International Journal of Mental Health Nursing 19(1): 36-44	UK	Other	Mixed methods, concept mapping	Dyad	PWLE-Provider
Glisson, C., Schoenwald, S.K., Hemmelgarn, A. et al.	2010	Randomized trial of MST and ARC in a two-level evidence-based treatment implementation strategy	Journal of Consulting and Clinical Psychology 78(4): 537-50	USA	Quantitative	Randomized controlled trial	Polyad	Family-Provider-Policy maker-Other
Duncan, E., Best, C., Hagen, S.	2010	Shared decision-making interventions for people with mental health conditions	Cochrane Database of Systematic Reviews (January) 20(1)	UK	Other	Systematic review	Polyad	PWLE-Provider-Other
Lane et al.	2010	Des guides novateurs pour soutenir l'amélioration des pratiques en CSSS	Psychologie Québec 27(1): 31-33	Canada	Discussion	Discussion	Polyad	PWLE-Provider-Policy maker-Researcher