

# PROMISING FUTURES

Building Promising Futures for Every Child

W i n t e r 2 0 1 2



The Offord Centre

is Canada's only

research centre

focused exclusively

on the interaction

between healthy

child development

and mental health.

## Closing the Gap

**Seventeen years.** That is the average lag between the discovery of most new health interventions and their widespread use in clinical practice. That fact, from a report published by the Institute of Medicine, is broadly recognized in medicine, public health and social policy. Yet it is perhaps, especially disturbing for children with mental health issues, where there is but a brief window to treat a developing child. Fifty-70% of all mental health problems are first manifest before age 18. Treatment that is early and appropriate can lead to a much better quality

of life throughout the lifespan. Narrowing the **knowledge to action gap** represents a unique opportunity to improve the lives of many, many children and youth.

## Knowledge Translation and Exchange (KTE)

In this issue we'll take a closer look at the work of two Offord centre researchers who are working to improve the health of children by closing the knowledge gap **and we'll tell you about the important role you can play to help move research into practice.**





## Building Promising Futures for Every Child

### Evidence to Action in Kids Mental Health

The Offord Centre's Dr. Kathryn Bennett is working to improve mental health outcomes for children and adolescents across Canada with the launch of a groundbreaking project: Evidence to Action in Kids Mental Health. The project represents the first national collaboration with front-line children's mental health service providers and decision-makers aimed directly at improving access to up-to-date, user-friendly information about effective interventions.

#### Why is this needed?

Children's mental health is the "orphan's orphan" – a sorely neglected area within what is the most neglected area of healthcare, mental health. In Canada, only a minority of children with serious mental health problems, as few as one in five under age 18, receive care from mental health specialists such as child psychiatrists and psychologists. Most children and youth who receive mental health services are seen by other types of professionals who work outside specialized centres in "usual care" settings that include education, social services/welfare, community pediatrics and family practice.

The concern is that the mental health benefits documented by research studies may not be transferred to routine, usual care settings. This is because the professionals who work there often have limited training in mental health care and lack easy access to new research knowledge about the best mental health prevention and treatment methods. Given that as many as 14% of Canadian children are estimated to have one or more clinically significant mental health disorders, we urgently need to ensure that these care-givers have easy access to the knowledge they need to provide the best available prevention and treatment methods to every child who can benefit.

"Recent research shows that many of those seen in clinical settings receive inappropriate care, and some

receive unnecessary or harmful services," says Dr. Bennett outlining the need to find more effective ways to move research knowledge into the hands of mental health care service providers.

#### What are the challenges?

Although there is a great deal of high quality (peer-reviewed) information available in scientific journals, these articles can be difficult to access, lengthy and highly technical. Expert knowledge and considerable time is needed to access this information. "These are major barriers for the care-givers in usual care settings who see the majority of children with mental health problems," explains Dr. Bennett. "They are often

overwhelmed with the sheer volume of clients they need to see in a day, let alone keep up with new research that will improve the care they provide."

There is also the problem that researchers refer to as "contextualization" -- interpreting and adapting the information for use in specific contexts or settings. Clearly the knowledge needs of someone providing mental health services within a social service setting are different from someone determining policy in an educational setting or providing pediatric care in a community hospital. Without their input we don't know the challenges they face in getting and applying current research-based knowledge. In fact, unless we involve the knowledge users, we know little about what works (or doesn't work) to change practice outside specialized research centres.

#### How will this project improve KTE?

To be effective, knowledge users from specific user groups need to be involved in identifying and solving KTE challenges. Dr. Bennett's project acknowledges from the start that different user groups have different needs and information uptake styles and for the first time, involves



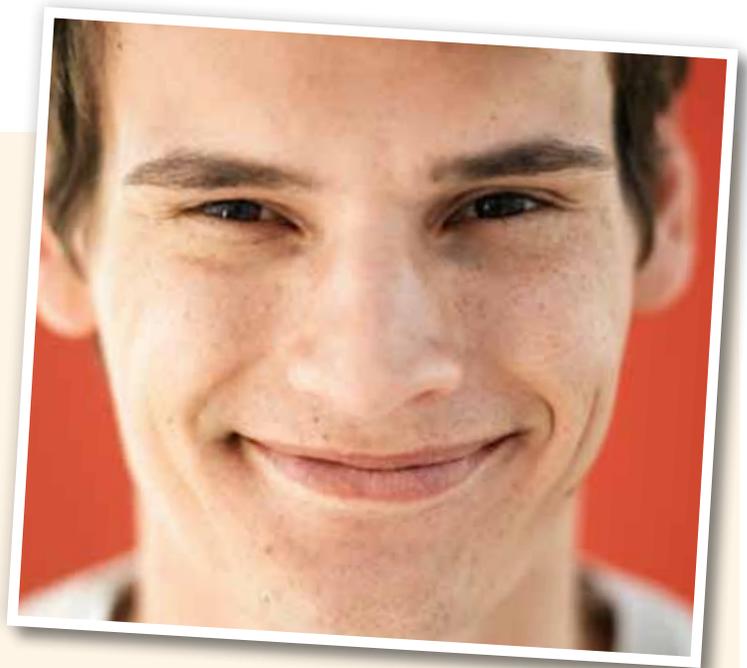
them as collaborators in a national children's mental health knowledge translation pilot project.

Evidence to Action in Kids Mental Health has already assembled working groups consisting of leading experts (researchers and knowledge users) working within:

- Anxiety Disorder (generalized anxiety disorder, separation anxiety, and social phobia);
- Major Depression;
- Behavioural Disorder (conduct disorder and oppositional defiant disorder);
- Substance Abuse Disorder (alcohol and drugs)

Additional groups looking at other problems such as eating disorders and developmental disorders will be formed in the future.

Each working group will be asking questions in context: what is the knowledge to action gap? What is needed? What barriers and facilitators exist in this practice environment? How do we put research into action



in this setting? What knowledge dissemination and implementation strategies address the identified barriers and facilitators and appeal to users? And finally, what impact should we see from improved knowledge translation and exchange in this context?

“Not only will these working groups conduct knowledge synthesis and translation activities tailored specifically to the needs of their various users, but they will facilitate the action component — broad national use or ‘uptake’ of the materials produced specifically for their user groups,” explains Dr. Bennett.

Clearly, children deserve the best evidence-based mental health care we can offer them. Evidence to Action represents the critical link between new research discoveries and increased access to evidence-based services and improved mental health outcomes for children. “By increasing the ability of knowledge user-groups to translate what we know about effective interventions into effective policies, programs and services, we can make enormous strides towards improving the ability of all mental health care providers to prevent, intervene early, and treat mental health problems,” insists Dr. Bennett. “And we will make Canada a better place for kids, their families and all those affected by mental health problems.”

## Today's Struggling Children Can't Wait

Children and adolescents with mental health issues need immediate intervention based on what is known to be the best pediatric mental health research from around the world available today. Struggling children everywhere can't wait. We need to close the lengthy gap between the discovery of new research knowledge and its use in routine care settings.

It's imperative that we learn how to move research into action – quickly and effectively, but we need your help. If you think you may be able to help fund this or other projects we urgently need to hear from you. Children can't wait while healthcare catches up.

Peter Szatmari  
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**Dr. Kathryn Bennett** is a Core Member of the Offord Centre, a Professor in the Department of Clinical Epidemiology & Biostatistics and an Associate Member, Department of Psychiatry and Behavioral Neurosciences at McMaster University.

## Children of Substance Abusers – Can Better Knowledge Exchange Improve Lives?



**Dr. Alison Niccols**

Maternal substance abuse is a growing problem in Canada and there is an urgent need to share knowledge of effective interventions with those who serve these women. Offord Centre researcher Dr. Alison Niccols, a child psychologist, is leading a project to learn what information currently is being provided to agencies serving women with substance abuse issues, what is needed, and whether knowledge exchange (KE) can be effective in improving outcomes for women who are substance abusers and their children. It is the first knowledge exchange project aimed at breaking the intergenerational cycle of addiction, parenting difficulties, and poor outcomes for mothers and children.

**Helen has terrible history, abused as a child and nearly killed by her pimp. He stole one of her babies. The others were taken into care by child protection services. Helen is a substance abuser, living on the street, malnourished, and pregnant with a child she wants desperately to raise herself.**

Helen is not unusual in that substance abuse in women is associated with severe and challenging life circumstances including histories of abuse or trauma, poverty and housing problems. These unique vulnerabilities are recognized in women-specific treatment programs. However, one factor may not be addressed in traditional treatment programs – parenting. Yet, 70% of women in substance abuse treatment programs are mothers.

Despite their best intentions, mothers with substance abuse issues are often unable to provide a nurturing environment for their children. These children are at risk for a host of problems from poor health and development to becoming substance abusers themselves. Yet we know from studies of other at-risk populations that improving parenting can improve outcomes for children.

Current addictions research evidence supports a “one-stop-shop” approach, where women’s social and mental health issues *and* their children’s needs are addressed through prenatal, parenting, and child development services in

integrated addiction programs. “Despite the potential of integrated treatment models, there are only a handful of these centres in all of Canada,” explains Dr. Niccols. “In fact, addiction treatment services for women are highly variable across Canada.”

To understand whether KE could be used to improve outcomes, we first need to know how knowledge from research is being used currently. Before this study, little was known about the needs, preferences, perceptions and capacities of staff to incorporate evidence into decision-making at these agencies. During Phase 1, the project team connected with staff at 287 different Canadian agencies serving women with substance abuse issues through interviews, on-line surveys, and regional meetings.

In Phase 2, a KE strategy was developed based on the information gathered as well as successful KE initiatives in other fields. The strategy included the hiring of a knowledge broker to work closely with these agencies. The knowledge broker is now working with the staff at 15 of these

agencies, teaching them how to access relevant information and how to translate it into their practices. “We aren’t giving them fish. We are teaching them how to fish,” explains Niccols.

“This is a feasibility study so we are looking at the challenges of KE in the addiction field, says Dr. Niccols. “It is costly, but we also have to ask what it costs not to do it.” For example, not only does Fetal Alcohol Spectrum Disorder have an enormous cost to society, but it takes a monumental toll on children and families and schools. “Going back to Helen’s child – think of the tremendous difference in the life of this child had his mother not got the help she needed and had the child been raised in foster care,” says Dr. Niccols. In fact, Helen received specialized treatment in an integrated program, she has a full-time job, she is raising her son, and they are both doing well. Their success cuts to the crux of the project. “If better knowledge exchange leads to better outcomes for these mothers and their children, then we simply must find effective strategies to make it happen.”

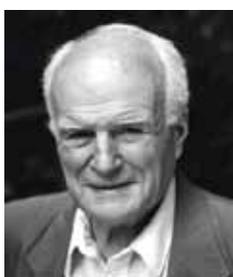


For more information on this project visit [www.connectionsCanada.ca](http://www.connectionsCanada.ca)

## Policy Makers Tap Offord Expertise

Faced with challenging problems affecting children and families, policy makers frequently turn to Offord Centre researchers for reliable, evidence-based information to guide their decision making. Here is a sampling of some of the Offord Centre expertise recently tapped by governments and other agencies.

AREA OF EXPERTISE	OFFORD CENTRE MEMBER	POLICY/DECISION MAKER ADVISED
<b>Autism</b>	Dr. Peter Szatmari	Federal and Provincial Governments
<b>Child Maltreatment, Intimate Partner Violence</b>	Dr. Harriet MacMillan	Federal and Provincial Governments
<b>Education and Student Achievement</b>	Dr. Scott Davies	Federal and Provincial Governments
<b>Nurse home visiting Evidence-informed decision-making Knowledge translation</b>	Dr. Susan Jack	Federal & Provincial Governments, Local Public Health Units
<b>Determinants of University Success</b>	Dr. Martin Dooley	Higher Education Quality Council of Ontario (Ministry funded)
<b>Developmental Health at school entry</b>	Dr. Magdalena Janus	Provincial Governments and International Agencies
<b>Community-based interventions (selected) Knowledge translation</b>	Dr. Ellen Lipman	Provincial Government, National Agencies
<b>Program evaluation and school/ community-based mental health care for anxiety and depression</b>	Dr. Kathryn Bennett	Federal and Provincial Governments, Mental Health Commission of Canada, School Boards



### Dr. Fraser Mustard – A Tribute

Dr. Fraser James Mustard was a giant. A giant in intellect, personality, and in the impact he had on those around him and the world. On November 16th 2011, Fraser Mustard passed away peacefully in Toronto.

By training, Fraser Mustard was a medical doctor – he completed his training at the University of Toronto in the early fifties, then continued with a PhD from Cambridge University and did ground-breaking research in haematology. By the time he was recruited to McMaster University in the mid-sixties, he was already a scientist known for his intellectual achievements and his ability to develop and nurture networks

of researchers. At McMaster Medical School he laid the foundations of problem-based learning – revolutionary for its time and now a core of students’ experience in the Faculty of Health Sciences.

Once Fraser decided to retire from an active scientific career, he turned his amazing brainpower and matching energy into changing the world – one convert at a time. How? Simple – all you had to do was to demonstrate your understanding of the importance of the early years in development – and not just in humans. In his authoritative way, he tended to categorize people as level four or five (passing grade), or below (not worth bothering). Apart from that, he was fully egalitarian in choosing his followers – scientific background or lack of it did not matter.

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## Dr. Fraser Mustard – A Tribute *(continued from pg 5)*

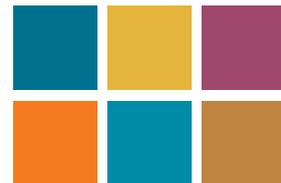
It is through those followers that Fraser Mustard's legacy will continue. Full day kindergarten in Ontario, Children's Centers for Early Childhood Development and Parenting in South Australia, early development programs at Aga Khan University, the outcomes of Experience-based Brain and Biological Development Program, monitoring early child development outcomes using the Early Development Instrument, and the Early Years Curriculum in the Family Medicine clerkship at McMaster, are but a few initiatives that he facilitated.

Fraser Mustard will be remembered as a pioneer, as a fearless advocate who could make hard-nosed politicians crumble, and as a scientist. But he was also a complex human being. When I first walked into his office, I was

intimidated by his abrupt manner, yet at the same time touched by his gentleness with his cats. Both were his trademarks; and both made an indelible imprint on my own memory of Fraser. While his influence in my professional life was characterised by his relentless and challenging demands, he was full of gentleness and understanding when it was my own young family that sometimes had to take precedence over the world's children.

Perhaps to put it simply, Fraser Mustard was the ultimate advocate for happy parenthood – and thus optimal child development. He will be greatly missed – but his legacy lives on.

*Magdalena Janus • 16 December 2011*



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### We're Leading The Search... BUT WE NEED YOUR HELP.

Your investment allows us to engage in promising new research and do things that aren't generally covered by existing research grants. We are looking for opportunities to fund student training opportunities and to establish an annual Fraser Mustard/Dan Offord Lecture on Healthy Child Development. Your gifts also enable us to update websites and transfer evidence-based knowledge for use where it will benefit children most. Please visit [www.offordcentre.com](http://www.offordcentre.com) to support our work.

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### Offord's Boyle Receives Award for Excellence in Graduate Supervision

We are delighted to announce that Dr. Michael Boyle, received the President's Award for Excellence in Graduate Supervision from McMaster University in October 2011. As a Core Member of the Offord Centre Dr.

Boyle is a great champion in fulfilling one of our prime goals: to foster the development of the next generation of child health researchers. This coveted award is richly deserved by Dr. Boyle. Congratulations.