National Collaborative on Suicide Prevention

Draft Framework for Collaboration

March, 2012

Our overall aim is to increase the capacity for effective suicide prevention by connecting people, ideas, and resources on a pan-Canadian level.

PURPOSE OF THE NATIONAL COLLABORATIVE ON SUICIDE PREVENTION

- Enhance capacity building for suicide prevention in Canada,
- Promote knowledge exchange and mobilization on suicide prevention across Canada, and
- Inform suicide prevention policy development at the local, provincial, territorial, and national level[1].

WHO?

Members include researchers, practitioners, decision makers, family caregivers and people with lived experience with a vested interest in and commitment to suicide prevention.

WHAT? PRINCIPLES FOR COLLABORATION *(Adapted from Cook & Horgan, 2011)*

- Independence and Interdependence: Create an environment of collaboration through a community of practice[2] that supports independence and fosters interdependence
- Diversity: Embrace many perspectives and expertise (research, practice, policy, caregiver and people with lived experiences)
- Community: Contribute to and learn from other networks
- Results: Evolve as a network using a progressive, action-oriented approach
- Leverage: Leverage known strengths (based on evaluation results where possible), successes and promising experiments
- Transparency and Value: Commit to participating in an ongoing collaboration process evaluation[3] to ensure value for all members

HOW? MECHANISMS FOR KNOWLEDGE EXCHANGE

A tailored approach to knowledge exchange will be applied with consideration to the following interdependent elements that support movement of knowledge into practice.

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[1] Suicide prevention refers to activities and issues related to prevention, intervention and post-vention.

[2] A **community of practice** can be described as a group of people who have made a commitment to be available to each other to: offer support to share learning, consciously develop new knowledge, and share discoveries with anyone engaged in similar work, in order to advance individual and organizational practice (Wheatley, 2007).

[3] For the purposes of this document, **process evaluation** is defined as an evaluation that analyzes the development and implementation of a program, assessing whether or not strategies were implemented and intended output was produced.

Processes & Strategies	Content & Evidence	Culture & Context	Facilitation & Technology
• Brokered exchanges leveraging in person and online KE platforms • Network evaluation training and resources for members • Facilitating formal and informal networks to support knowledge flow	• Identify and disseminate key resources in mental health that can facilitate faster uptake of evidence informed practices (e.g NREPP). • Distilling and synthesizing evidence from lived experience, practice, and literature to inform practice	• Engage local and context-specific stakeholders in knowledge exchange planning and activities • Engage international leaders to support local conversations • Foster plain language conversations to increase accessibility of international innovations	• Knowledge brokering[4] across all domains[5] • Presentations at relevant workshops and conferences • Utilizing SPARK Training Institute methodology for member-led KE training workshops • Online, interactive knowledge dissemination series

(Harris & Lusk, 2009)

MEASURING OUR SUCCESS:

The following framework will be used to measure the National Collaborative on Suicide Prevention outcomes and evaluate areas that require further focus. The 7P's framework (Lusk & Harris, 2011) includes evaluation of:

- **People (network of)**: Building linkages and developing relationships between groups of people to facilitate the timely flow of knowledge, resources and expertise. *Have we developed linkages and relationships with the right people?*
- **Perceptions**: Changing perceptions and attitudes through personal reflection, reflective practice, and enhancing the awareness and understanding of others practice to break down barriers. *Have we changed the perceptions and attitudes of our stakeholders and target audiences?*

- **Policy**: Developing or influencing evidence-informed policy (organizational policy or public policy at the local, regional, provincial levels). *Have we influenced any policy changes (including organization policy)*

- **Practice/Performance**: Focusing on closing gaps in practice or performance, based on needs assessment and gap analysis (may include education strategies). *Have we closed gaps and improved practice and performance in clinical settings, training, and education?*

- **Problems (identification of)**: Identifying and communicating gaps in system, organizational, policy or professional practice through gap analysis and needs assessment, and thinking creatively about

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[4] For the purposes of this document, **knowledge brokering** refers linking people with people, resource and ideas across the continuum of care. The key feature of knowledge brokering is opening up the lines of communication and connecting people, allowing them the opportunity to build good working relationships and feel comfortable exchanging ideas, knowledge and information. (Harris & Lusk, 2010)

[5] **Domains** of knowledge brokering include: research project-based, network-based, field/program-based, topic/issue-based, and organization-based. (Harris & Lusk, 2010)

potential solutions to close gaps. *Have we identified any gaps in system, organization policy or professional practice and brainstormed with partners potential solutions?*

- **Processes (KTE)**: Creating a process that could be replicated in another CoP or context that facilitates the flow of information or the application of knowledge to practice. *Have we created processes that can be replicated in other locations / organizations that facilitates the flow of information or application of knowledge to practice?*

- **Products**: Development of products and tools to support practice (for example, assessment forms, CDs and laminates containing relevant resources and tools, clinical care resources, evidence based briefs, executive summaries for policy makers and researchers, guidelines for decision making, job aides, newsletters). *Have we created any products or tools that support practice?*