Typically the focus of knowledge transfer that stems from clinical trials of professional activities has research and practice as an important goal. In this article, we describe a longitudinal research study of mental health and consumer/survivor initiatives. Bridging the gap between research and education in human services, a leader in participatory action research and program evaluation, which is based in Kitchener, Ontario.

1. Project Overview
Consumer/Survivor Initiatives (CSIs) are rooted in the psychiatric liberation movement and in self-help/mutual aid approaches. They are alternatives that are complementary to professional interventions. In our view, it was important to generate evidence about such alternative practices and to disseminate that information toward the goal of promoting a broad array of supports for people with mental illness.

The role of government in the development and funding of consumer/survivor and family self-help is relatively unique in Ontario and dates back to the early 1990s. At that time, the Ontario government set forth a model that included case management, consumer/survivor self-help, family self-help, and crisis services as key building blocks for mental health reform in the province. In 1997, the Community Mental Health Evaluation Initiative (CMHEI) was formulated to evaluate these types of services and supports for people with serious mental health concerns, including the study of CSIs (Dewa et al., 2002). The researchers for the seven different projects, a research coordination unit at the Centre for Addiction and Mental Health in Toronto (headed by Dr. Paula Goering), and representatives from the Ministry of Health and Long-term Care's Mental Health Policy Branch met throughout the course of the research to plan a common framework (including common measures and data collection periods), share research findings and experiences, and plan dissemination strategies. One of the unique aspects of the CMHEI was that it included two studies of self-help (one of family self-help and our study of CSIs), representing alternative approaches to well-researched and widely adopted professional interventions such as case management and Assertive Community Treatment.

The longitudinal study of CSIs was conducted in partnership with four CSIs located in southwestern Ontario and the Ontario Peer Development Initiative (OPDI), which is an umbrella organization for more than 60 CSIs across the province. We utilized a participatory action research approach, using both qualitative and qualitative data, to examine both individual and systems activities and impacts of the CSIs (see Nelson, Ochocka, Janzen, Trainor, & Lauzon, in press, for a more detailed overview of the research approach). The study was funded by the Ontario Ministry of Health and Long-term Care (through the Ontario Mental Health Foundation) and the Canadian Institutes of Health Research (CIHR), and the project was managed by the Centre for Research and Education in Human Services, a leader in participatory action research and program evaluation, which is based in Kitchener, Ontario.

2. Dissemination Goals
The outcome goals of the dissemination process were to: (a) raise awareness of the CSIs and their activities, (b) increase the profile of the CSIs within the mental health community by sharing the positive findings about individual and system changes that were found in the research, (c) enhance the funding and functioning of CSIs in Ontario, and (d) encourage other jurisdictions to implement similar consumer/survivor-controlled initiatives.

3. Target Audiences
The dissemination process was aimed at several different audiences, including mental health consumer/survivor, practitioners, planners, policy-makers, and researchers. While we wanted to reach several audiences, we particularly wanted to inform the planners and policy-makers, as they are the primary decision-makers in the mental health field. We also wanted to reach consumer/survivors to re-energize the consumer/survivor movement and CSIs in the province.

4. Key Messages
There were two main sets of messages. One message concerned the findings of the research, namely that self-help works. In the study, we found positive impacts on both individual members and social systems, and these benefits were achieved at a low cost. The other main message consisted of recommendations for strengthening CSIs, including enhancing and expanding CSIs, increasing the funding for CSIs, developing the capacities of CSIs through provincial and regional network building, and doing further research with CSIs.

5. Sources/Messengers
All of the dissemination materials were jointly developed by the OPDI, the Centre for Research and Education, and the Principal Investigator, who were guided by a project...
steering committee. The presentations to the participating CSIs, the mental health leads, and the regional workshops were all led by researchers from the Centre for Research and Education, consumer researchers hired for the project from the different sites, OPDI staff, and the investigators.

6. Dissemination Activities, Tools, Timing, and Responsibilities

We planned and conducted a number of different dissemination activities, using different media. All of these strategies were co-constructed and implemented by OPDI staff, the Centre for Research and Education, and the Principal Investigator. We used various dissemination strategies throughout the course of the study, with a peak of activities happening at the final stage of the project.

A. Written materials.

During the course of the project, we produced progress reports that described the process of conducting the research and the emerging findings. At the end of the project, we developed an eight-page summary bulletin and a one-page (front and back) fact sheet. These summary bulletins and fact sheets were widely distributed to study participants, all of the CSIs in Ontario, community mental health organizations, District Health Councils, senior mental health planners, policy-makers, and researchers. We also have several articles describing the main findings of the study in press or under review by different journals.

B. Website.

We developed a project website hosted by the Centre for Research and Education (see http://www.crehs.on.ca/study.html), which includes a description of the project and which contains the progress reports, summary bulletin, fact sheet, conference presentations, and summaries of regional workshops, all of them ready for downloading. It also links to the OPDI and CMHEI websites, and lists relevant articles and reports.

C. Feedback meetings with sites.

We held feedback meetings with each of the study sites, and invited all those who participated in the research to attend, at the conclusion of the project. We shared the findings of the research, asked for feedback from participants, identified sources of support within the community for participants, and discussed next steps in the research and action process.

D. Regional meetings.

OPDI and the Centre for Research and Education organized several one-day regional meetings to share the findings of the research and plan for future research with local CSIs and mental health service-providers. These meetings were held in Ottawa, London, Kenora, North Bay, Thunder Bay, Hamilton, and Toronto, which encompass all of the different regions in Ontario. Over 150 consumer/survivors and mental health service providers actively participated in these local workshops.

E. Seminar for policy-makers and planners.

We made a presentation to the “mental health leads,” a group of senior planners and policy-makers from all of the different regions in the province and from the corporate office of the Ontario Ministry of Health and Long-term Care. This was an important meeting to get the information about the study in the hands of decision-makers. This meeting also served a symbolic role by stimulating future discussions about the role of self-help in the mental health reform and by forging a closer relationship between researchers and policy-makers.

F. Conference presentations.

We presented the findings of the research at several annual meetings of the OPDI’s annual conference, including a keynote presentation at the end of the study. We also presented at the opening plenary session of the first annual Making Gains mental health conference, which attracted consumers, planners, policy-makers, researchers, and service-providers from around the province. Finally, we presented and have plans for further presentations at various provincial, national, and international conferences as well as to do guest presentations for community mental health organizations and grassroots groups.

G. DVD production.

In collaboration with Peter Kienitz Productions, OPDI and the Centre for Research and Education produced a 25-minute DVD entitled From Mad House to Our House, which chronicles the history and context for the emergence of the psychiatric survivor liberation movement and consumer/survivor-run organizations and describes the research and findings from the project. We are planning premiere showings of the DVD in Waterloo, Toronto, and Hamilton in March, 2005. For information on how to order copies of the DVD, go to the OPDI website http://www.opdi.org/.

7. Budget

We budgeted for close to $27,000 Canadian for dissemination activities in our grant submission to the CIHR, including $10,000 for the DVD production. OPDI contributed $10,000 for the DVD and provided additional funding for the regional workshops, including staff time, travel expenses, room rentals, and refreshments.

8. Evaluation

We have not systematically evaluated the extent to which the dissemination goals, identified above, were achieved. However, we did survey participants at all of the regional workshops. The results of this survey, which can be found in Figure 1, show that the participants were quite satisfied with the regional workshops.

Figure 1

Overall Workshop Satisfaction from 151 Participants

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<tr>
<th>Rating</th>
<th>Percentage</th>
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<tbody>
<tr>
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Conclusion
In this participatory action research project, the action consisted of a variety of different dissemination strategies that we employed to spread the word about CSIs, their effectiveness, and their important role in a reformed mental health system. We have been encouraged by the positive response to our materials and messages that we have received from different stakeholders from across the province including researchers, policy-makers, practitioners and consumer/survivors. We are especially excited about the production of the DVD for this project and hope that this DVD will help to spread the word far and wide about CSIs in Ontario. All over the world, there are increasing calls for consumer participation in a reformed, recovery-oriented mental health system. Our project and its dissemination is one part of this wider movement to help shift the paradigm in mental health towards approaches that are rooted not just in solid research evidence, but also in the values of consumer empowerment, inclusion, and social justice.

References

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