

BUILDING STRENGTH:

TRANSFORMATIONAL RESEARCH IN ADOLESCENT MENTAL HEALTH

A PUBLIC-PHILANTHROPIC PARTNERSHIP



CIHR IRSC

Canadian Institutes of Health Research Instituts de recherche en santé du Canada



Fondation
Graham Boeckh
Foundation



Canadian Institutes of Health Research Instituts de recherche en santé du Canada

Canada

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INTRODUCTION



Young people are more likely to experience mental health disorders than any other age group—and yet they have the least access to mental health care in Canada. While we know that early intervention is key, youth are the least likely of all people to have any contact with the health care system and get the care they need. There are services designed for younger children and for older adults, but with the majority of mental health problems beginning before the age of 25, the gap in service shows that the system is weakest where it should be strongest. As a result, mental illness takes an enormous toll on youth, their families and society, with high levels of preventable morbidity, mortality, and life-long illness.

At the same time, however, Canada boasts excellent research facilities, outstanding scientists, and highly trained health care personnel. There is enormous potential in bringing everyone together so that the best research evidence can get into the hands of the people who will use it—which, ultimately, can help bring the best treatments and interventions to the young people who need them. As with other areas of research, in the past, many promising interventions in youth mental health that were found to be effective during a research study never actually made it out of the academic setting. Not only did this mean that the study results didn't get put into practice beyond the study site(s), but the interventions also were not tested in new settings to determine if they could be as effective for patients in other communities or under different circumstances. Such cases clearly point to the necessity of building a bridge between research and practice, but without letting the pace of research slow down.

In early 2012, the Graham Boeckh Foundation (GBF) and the Canadian Institutes of Health Research (CIHR) decided to respond to these issues because they recognized the need for transformational change in focusing on adolescent and youth mental health and wellbeing. Together, they wanted to address the issues that were preventing Canadian youth from getting the care they needed. The time had come for a re-think of youth mental health care in Canada.

GBF and CIHR knew that such a challenge could only be met through the coordinated involvement of many types of stakeholders—patients and their families, policy makers, researchers, service providers, and community organizations—to ensure that new approaches to youth mental health care could be implemented across a wide range of contexts and lead to success on a national scale. A special network was needed to bring all of the right elements together. Through an innovative public-philanthropic collaboration, the Transformational Research in Adolescent Mental Health (TRAM) partnership was born.

This report provides a high-level overview of GBF and CIHR's partnership to co-develop, co-fund and launch TRAM. Their experiences may help other organizations to build future partnerships to advance and support patient-oriented health research.

THE PARTNERS(HIP)

Despite their common objectives in health research, the creation of TRAM was the first enterprise that GBF and CIHR undertook as partners.

GBF is a private foundation created by J. Anthony Boeckh and his family to honour his son, Graham, who died at age 22 of schizophrenia-related complications. The Foundation's goal is to be a catalyst in bringing about transformational changes that significantly improve the lives of people with or at risk of mental illness, and this goal led GBF toward an interest in mental health research.

As the Government of Canada's health research funding agency, CIHR has a mandate which spans the health research spectrum from basic to applied research, including research on mental health and related disorders. CIHR runs more than 100 funding competitions each year and supports researchers in all career stages across Canada.

CIHR has a long history of partnering with a wide variety of organizations from the public, private, and non-profit (health charity) sectors, but its relationship with GBF, a philanthropic foundation, was unique. When representatives from the two organizations first met in 2012, it was clear that GBF's interest in research was part of its freshly refocused mission to support youth mental health and changes in mental health services delivery. In particular, GBF was interested in supporting projects that aim to foster collaboration and break down the silos within the mental health sector, all while placing patients and families at the centre of care. This resonated with CIHR, as the agency was in the midst of galvanizing new approaches to research that give a more prominent role to patients and their priorities and needs. This focus was established through Canada's Strategy for Patient-Oriented Research (SPOR), which had just been announced in 2011.

Canada's Strategy for Patient-Oriented Research (SPOR)

Strategy for Patient-Oriented Research

SPOR

Putting Patients First 

SPOR is about putting patients first—meaning that the patients themselves (and their families) are proactive partners at the centre of the discussion about health and have a say in shaping health research. The goal is that this research can generate the evidence that policy makers, health care providers and decision makers need to develop better health policies, improve the health care system, and improve patient outcomes.

Amongst the initial five core elements of SPOR were pan-Canadian research and knowledge translation networks focused on the most pressing issues facing our health care system. These networks would bring together our country's top researchers, health care experts, policy makers and patients—in other words, individuals from different disciplines and life experiences who could be united by their passion to reach a common goal.

The timing to start a partnership between GBF and CIHR in 2012 couldn't have been better, as GBF's goals and SPOR seemed like a natural fit. Together, GBF and CIHR, under the umbrella of SPOR, launched the first SPOR network, splitting the investment equally.



Transformational Research in Adolescent Mental Health (TRAM)

GBF and CIHR decided to name their partnership Transformational Research in Adolescent Mental Health (TRAM). This acronym served as a short-hand for their partnership and the resulting activities. GBF and CIHR wanted TRAM to lead to transformative change—but they recognized that change on such a grand scale could not be achieved by doing a little more a bit better. It would require approaches that were conceptually different, as they had no interest in incrementally improving the status quo. They wanted to mobilize a systems approach, as opposed to addressing individual elements or issues, in order to make changes at many levels of mental health care. All the while, they were intent on building strong relationships and trust with the many players who would be involved. This would be no small feat, and it would require the partners to think creatively. Through collective hard work and commitment to the overall goals of the partnership, GBF and CIHR were ready to chart new territory.

TRAM was meant to build and fund one unique pan-Canadian research-to-practice network. This network would unite patients, family members, policy makers, researchers, service providers, community organizations and other stakeholders to move innovative interventions, practices, therapies or policies out of the research environment and into common use in the real world. More specifically, the network was meant to catalyze fundamental change in youth mental health care in Canada. Within five years of launching the network, new approaches—meaning those that have been proven in at least one setting—



Transformational
Research in
Adolescent
Mental Health



Recherche
transformationnelle
sur la santé mentale
des adolescents

were expected to substantially increase the number of 11 to 25-year-olds identified as being in need of services to receive quality, timely, and appropriate care. The network would also be built to incorporate an implementation science component that would ensure the most effective care could be rolled out or amplified in care settings across the country.

With open communication and in-depth discussion, it became clear that GBF and CIHR had a solid vision for the network they wished to fund. The next step, launched in early 2013, was to initiate a grant application and review process that could turn their vision into a reality.

BUILDING A RESEARCH NETWORK

GBF and CIHR wanted to build a research network that could be national in scope and still include the voices of stakeholders and youth/patient representatives. Through TRAM, they wanted to unite the pockets of excellence that were scattered across the country—existing teams of varying sizes conducting promising research, centres and communities providing innovative care—to ensure that Canadian youth could gain access to proper mental health care no matter where they lived. Bringing all of these groups together was also meant to facilitate the development of relationships between researchers and mental health service providers.

GBF and CIHR constructed a multi-stage network development process to ensure that they could bring the right people together to form the strongest network possible. In addition, this process allowed applicants to receive iterative feedback as the network took shape.

1

DEVELOPING THE FUNDING OPPORTUNITY

For the vast majority of its funding competitions, CIHR releases a “funding opportunity” on its website to announce the availability of grant or award funding in investigator-initiated or priority-driven research areas, provide instructions on how to apply, and outline the competition process (e.g., phases or stages of a competition, special provisions for peer review, notification of decision date, etc.). For TRAM, the development of the funding opportunity was different and required a considerable amount of effort. A group of experts, the *Collaborating Selection Panel* (CSP) (see the Collaborating Selection Panel, below), was engaged to help design and provide feedback to applicants to ensure that the strategic direction was sound.

A funding opportunity is a precise outline of the specific objectives of the initiative, relevant research areas to consider and the eligibility requirements for applicants. The TRAM funding opportunity needed to outline all of the pertinent details regarding the specific objectives of the network and other relevant elements to reach the desired impact, in addition to the phases of the competition (see *The application process*, below).

For example, the TRAM funding opportunity needed to set parameters for the:

TARGET POPULATION

The network would focus on the population with the greatest need for better care: youth and young adults between the ages of 11-25. While youth broadly “at risk” were unquestionably in need of better support, the network would specifically address youth who were *already experiencing* mental health challenges of some kind, even in their earliest forms. Its target therefore was to identify and/or serve those who *were* - or who *should* have been - patients of the mental healthcare system regardless of whether they had been or could be diagnosed with a *specific* mental illness.

RESEARCH SCOPE

The intent of the network was to make better use of existing research in order to transform service delivery to youth; however, it could also conduct research to address new or enhanced interventions (if needed to achieve the goals set out and if doing so was feasible in the five-year timeframe for impact). The network was



also designed to focus on the target population and the spectrum of their mental health needs, rather than any specific disease. It was meant to pay great attention to identifying and working in the settings in which young people can be found, with the acknowledgment that these settings were not typically within the health care system. The TRAM partners and the CSP were looking for new approaches, proven in at least one setting and accompanied by research and findings from implementation science to inform transformations and scale-up in other settings.



2

COLLABORATING SELECTION PANEL (CSP)

TRAM used a competitive process to fund the network. Traditional peer review, where other researchers in the field assess the quality of proposals and expertise and merit of the applicants, was integral to the process and assured the scientific excellence of the applications. For TRAM, however, GBF and CIHR knew that they needed to go beyond traditional peer review in order to assess overall quality of the proposals considering the specific objectives of the funding opportunity and its evaluation criteria. The Collaborating Selection Panel (CSP) was therefore comprised of a diverse group of academic and non-academic experts from Canada, the United States and Australia and brought together a wealth of complementary perspectives, expertise, and experiences in research, mental health, health care, and mental health services. Importantly, the CSP also eventually included youth patient representatives (sometimes referred to as the Youth Advisory Group).

More specifically, the CSP's mandate was to help shape the content of the funding opportunity, to evaluate the proposals at each phase of the application process and to choose the successful network from the applicant pool. The CSP also participated in the Strengthening Workshop (see below) in order to provide a vital advisory function early in the application process. This role involved interacting with potential applicants at the workshop to provide guidance on the goals of TRAM. This approach supported the developmental nature of the evaluation process for TRAM, which was necessary to support applicants as they sought to build a youth-focused, patient-oriented research network.



3 THE APPLICATION PROCESS

The TRAM application process was designed to take place in three phases, thereby giving applicants the opportunity to collaborate with other research teams and stakeholders and to include the youth voice in the development of the proposal. Each phase of the application process helped bring each team together and gave them the opportunity to strengthen their networks and to grow and refine their ideas.

PHASE 1

EXPRESSIONS OF INTEREST

April 2013 the Partnership Lead began to introduce the concept of TRAM, including the network development process, and engaged with potential candidates. **54** Expressions of Interest (EOI) were reviewed by the CSP, **17** of which were invited to participate in the **Strengthening Workshop** that took place in late **June 2013**.

PHASE 2

LETTERS OF INTENT

Four teams submitted Letters of Intent (LOI) that were reviewed by the CSP. Teams had their proposals assessed according to the criteria and conditions laid out in the funding opportunity and received feedback before investing the time required to build full networks.

Three of the four teams were invited to submit a full proposal for Phase 3. Those three teams each received a **\$25K** development grant.

PHASE 3

FULL PROPOSALS

In developing their partnerships, their network and their integrated research component, the three teams had to ensure they encompassed

five core elements:

1. research;
2. service delivery;
3. lived experience;
4. community organizations;
5. policy makers.

Stakeholders from each of these five elements were expected to be actively involved in the design and decision-making of all aspects of the care delivery and the research components.

FINAL RESULTS



The CSP reviewed the full proposals, and **one network** was selected to receive the **\$25M grant**. GBF and CIHR announced the launch of the successful network, **ACCESS Open Minds**, at a press conference in **June 2014**.

4 STRENGTHENING WORKSHOP

The Strengthening Workshop was introduced in this funding opportunity as a new element of the application process to meet the specific objectives of this first SPOR network. Its purpose was to bring together potential applicants with a variety of stakeholders, including the research funders, in order to strengthen applications and build connections across teams. The Strengthening Workshop idea for TRAM was introduced as a means of enabling applicants to understand underlying concepts, such as “transformation of services” and “a collaborative research network.” The Strengthening Workshop was also intended to unify the youth mental health research community and find synergies across teams.

The workshop was designed to facilitate knowledge exchange through:

- a conversation between the American CSP members and talk given by the Australian CSP member, all of whom had developed youth mental health care service models and had lessons learned to share;
- a presentation from the Canadian Jack Project, which organized the first national mental health summit led by youth, about their perspective on (and experience with) the health care system and mental health services;
- discussions led by topic-specific panels (stroke, HIV/AIDS) with experience in designing community-based research networks and bringing changes to health care delivery;
- structured sessions that involved presentations from each of the groups that had expressed interest in taking part in TRAM to give all participants the opportunity to learn and ask questions about each submission; and
- poster sessions and informal discussions to give interested groups the chance to interact.

The workshop approach was very effective and brought together more than **200 participants**. Even though it included potential applicants that were essentially in competition with one another, the interactive environment proved to be more collaborative than competitive. Given the relatively small pool of youth mental health researchers and service program developers in Canada, most participants understood that the collaborative approach was critical. It enabled people to work together in developing proposals that were comprehensive and that had enough depth and breadth to reach the goals set by TRAM.

SURPRISES, CHALLENGES, AND KEYS TO SUCCESS

No partnership is immune to challenges. In the case of TRAM, part of the challenge lay in the fact that GBF and CIHR were building a type of youth and adolescent mental health research network that hadn't existed before in Canada. With the enormous scope of the application process and the number of stakeholders involved, a few surprises were inevitable. However, aided by mutual respect and trust - as well as dedication to the cause - the partners navigated each issue together to ensure that TRAM was a success.

SURPRISES

YOUTH REPRESENTATION

Since TRAM specifically focused on transforming mental health care in Canada to better serve youth living with mental health issues, a Youth Advisory Group composed of three representatives was created and invited to attend the Strengthening Workshop.

During the Strengthening Workshop a CIHR representative recognized a glaring gap on the CSP: although the youth representatives had been invited to attend the workshop, share their perspectives and provide advice to the CSP, they had not been invited to participate in the evaluation of applications.

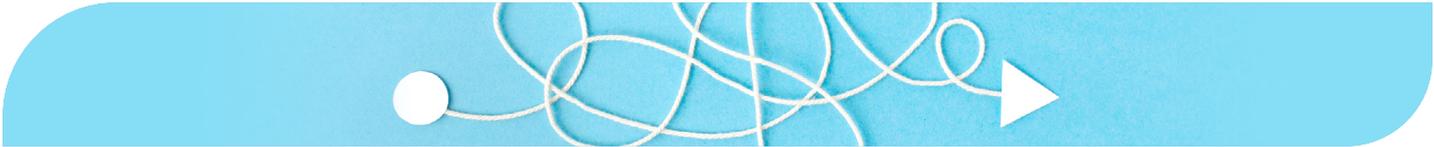
A discussion at the Strengthening Workshop convinced the CSP that the Youth Advisory Group should be added to the panel. This meant that, officially, the CSP did not represent the demographic being targeted in the beginning—but this omission was quickly corrected and became a lesson learned that could be applied in the future to ensure appropriate representation on review panels.

CSP ORIENTATION – YOUTH, PATIENTS, NON-ACADEMIC AND INTERNATIONAL

As part of the CSP orientation, information sessions were held for the CSP members on the scope of TRAM and the review process. In discussions following Phase 3 of the TRAM application process, some CSP members noted that in addition to these orientation sessions, information on the basics of systems and policy change and on the current framework of the health care system would have been useful for the youth representatives.

Similar to the need for additional orientation for the youth and patient representatives of the CSP, the non-Canadian reviewers wanted more information about the Canadian health care system and the non-academic reviewers wanted a better introduction to the process of peer review. To this end, a Canadian Health Care 101 document was developed.

The partners acknowledge that the provided orientation could have been more comprehensive and could have been done earlier in the process to support the CSP members. CIHR also acknowledges that it did not anticipate the resource needs required to properly support the patient representatives, but this has been a lesson learned and has informed planning for other SPOR programming.



CHALLENGES

CSP DIVERSITY

The CSP would have benefitted from truly diverse patient/youth representation (demographics, socio-economic, educational). Having lived experience with mental health issues and youth mental health initiatives, the Youth Advisory Group members were eloquent in discussing the needs of youth. That said, they felt that the strong similarities of their backgrounds did not reflect the different contexts of youth living with mental health issues and, therefore, could not fully represent their needs.



PATIENT AND FAMILY REPRESENTATION

Some TRAM participants noted that youth and families bring different perspectives on the needs and gaps in the health care system. For this reason, the partners decided that the research network needed to have both groups of stakeholders on its team and not a combined youth-family representation as had originally been planned.

The question of effective patient representation was also raised. Should there be a patient who already had experience participating in research review panels or advisory boards, or should there be representatives from patient and community organizations with less experience within the research process? In either case, the patient's capacity to fully engage in the research process was perceived as critical.

BIG DREAMS, SHORT TIMEFRAME

GBF and CIHR recognized the inherent challenge in building a pan-Canadian network which integrates patients and family representatives, policy makers, researchers, service providers, community organizations and other stakeholders as partners; addresses complex systems change; and demonstrably improves health outcomes in just five years.

In fact, it was recognized by all participants that five years was not a lot of time for a research network in youth mental health to implement sustainable changes system-wide across provinces and territories. Nor was it seen as the ultimate time-limit. Representatives from GBF, CIHR, and other stakeholders agreed that changes would be incremental, but that TRAM was exactly the kind of initiative whose results could influence short, medium and long-term decisions in mental health care.



KEYS TO SUCCESS

CO-OWNERSHIP IN THE PARTNERSHIP

GBF and CIHR felt that they each had an equal mandate in the partnership. This likely stemmed, in part, from the 1:1 funding contribution for TRAM (i.e., \$12.5M from both organizations to support the partnership), but the greater emphasis was on recognizing a sense of purpose for each partner and respecting what each would bring to the partnership.

Furthermore, the partners shared the conceptual development of the funding opportunity, as well as authority and decision-making in the implementation of the funding opportunity process. This shared sense of ownership over the process deepened the commitment from both partners.

TRAM PARTNERSHIP LEAD

Recognizing that the scope of TRAM could lead to the involvement of a wide variety of stakeholders, GBF and CIHR established a TRAM Partnership Lead to help interested organizations and applicants navigate the TRAM development process. The TRAM Partnership Lead's role was essentially to disseminate information about TRAM, targeting potential applicants in the research community as well as any organization interested in youth mental health services.

CIHR contacted many organizations across the country, from research foundations and major academic research centres to local organizations and associations that provide frontline services. These organizations were invited to contact CIHR for more information or to arrange a meeting with the TRAM

Partnership Lead. The Lead subsequently crisscrossed the country to meet with numerous interested groups, make presentations and hold webinars. The outreach also mobilized the wider community, with the result that people and groups in each province came together to discuss problems in mental health care services, changes that were needed, and strategies to address the gaps.



OPEN COMMUNICATION WITH POTENTIAL APPLICANTS AND THE BROADER COMMUNITY

In addition to the creation of the TRAM Partnership Lead role, the partners created a bilingual website dedicated entirely to TRAM. This website provided up-to-date information for potential applicants and stakeholders in the broader mental health community, and it also provided an opportunity for GBF and CIHR to draft (and agree on) plain language descriptions of TRAM's key elements.

ACHIEVEMENTS AND RESULTS

In June 2014, the CSP selected ACCESS Open Minds (ACCESS OM) as the successful network. Using the acronym for Adolescent/young adult, Connections to Community-driven, Early, Strengths-based and Stigma-free services, ACCESS OM has been defined by five pillars around which services for youth aged 11-25 are organized and through which research, training and knowledge translation are being carried out.

THE FIVE PILLARS ARE:

- 1 EARLY IDENTIFICATION**, whereby ACCESS OM sites carry out activities to improve mental health literacy. Their activities make it possible for both the community and organizations where youth are present (e.g., schools, the justice system, primary healthcare, family organizations) to be more aware of the signs and behaviours manifested by youth that could indicate some mental health concern;
- 2 RAPID ACCESS** to a professional either on site in a youth-friendly, community-based center or electronically for anyone who has been identified as potentially having a mental health concern. The professional can answer questions, provide information, do a rapid assessment of the youth's needs and determine the kind of intervention that would be appropriate. Each ACCESS OM site dedicates at least one specially trained clinician (a psychologist, social worker, occupational therapist or nurse) to conduct an initial mental health evaluation within 72 hours;
- 3 APPROPRIATE CARE**, whereby the level of intervention is determined and the youth is connected to the appropriate professional in the ACCESS OM center, to services in the community or to a health care establishment;
- 4 CONTINUITY OF CARE BEYOND THE AGE OF 18**, by reconfiguring services in all ACCESS OM sites—ensuring, therefore, that services are provided as needed up to age 25. Service transitions will be based on needs, not on age. ACCESS OM sites work with partners in the community to ensure continuity of care;
- 5 YOUTH AND FAMILY PARTICIPATION**, by engaging youth and families in identifying needs and defining the services to be provided in each ACCESS OM site. Youth and families are represented in the governance structure through the Youth Council and the Family and Carers Council and through their seats on the Executive Committee and Advisory Council.

As of 2020, ACCESS OM has been transforming youth mental health services at 17 service sites, including in six Indigenous communities, in six provinces and one territory, as well as implementing a common research and evaluation program. ACCESS OM is generating new knowledge about youth mental health services in diverse contexts across Canada to ensure that Canadian youth receive the right care, at the right time, in the right place.



OVERSIGHT AND REPORTING

ACCESS OM is required to submit an annual report to CIHR and GBF outlining progress made towards meeting objectives, goals, milestones and expected results, as well as outcomes and impacts. TRAM also required that specific indicators be developed by the network, including impact measures on youth and families, socio-economics and health care system management. The report is based on the activities, deliverables and outcomes described in ACCESS OM's research plan and performance measurement plan. An Oversight Committee is tasked with reviewing these reports and overseeing the progress and development of ACCESS OM, as well as providing advice and support. All five relevant stakeholder groups (patient, family, research, service provider, policy maker) must also participate in the decisionmaking and in the evaluation of activities and results through the different councils and committees that have been put in place.

One of the achievements from the 2017-2018 Annual Report was the launch of an online data collection platform in May 2017. Using this tool, ACCESS OM's 17 sites are able to input the information they gather to create patient profiles, map care pathways and assess patients' functioning, symptoms and satisfaction with the services they receive. Clinical assessment measures were chosen with youth and service providers so that the research would capture what matters most to patients. This data will allow ACCESS OM researchers to evaluate their hypotheses and evaluate service provision at each of the sites. The platform is also the basis of a project to create a minimum set of common indicators across all integrated youth services in Canada – proof that TRAM is reshaping the landscape of youth mental health care well beyond the boundaries of a single project's physical sites.

With funding from TRAM, ACCESS OM has organized communities in 17 different contexts to develop a youth-centered way of delivering mental health care. They have also developed the tools to evaluate how much of a difference it makes to build on local strengths and involve all of the relevant stakeholders – especially patients – in the transformation of care.



RECOMMENDATIONS FOR SIMILAR PARTNERSHIPS

- Start with the target population and do your homework before planning a partnership. The TRAM process could have benefitted from a worldwide scan on models for youth mental health care prior to the design and launch of the call for proposals.
- Figure out how the funding partners' visions align and how they can complement each other on a practical level. Part of this means communicating guidelines on how each of the partners can spend resources and understanding their context and culture.
- The letter of intent process can create a lot of value. It is worthwhile to commit significant resources to this stage of the funding opportunity, and also ensure an acknowledgement and understanding of the resources needed to launch a funding opportunity.
- Budget time and resources for relationship building. This is important both for building the partnership and for applicants bringing together new teams. Face to face meetings matter. It is essential to have open communication, share concerns and know what would cause each partner to pull out.
- Plan for the post-award period. The funders could have benefitted from having a clearer idea of how they would work together and how they would work with the funded network. Networks take time to build and setting out approximately one year of planning and preparation, with a corresponding reduction in funding for the first year, might have been helpful. This would allow a network to ensure that it has the skills, tools and resources to carry out the project effectively. In addition, during this period, the funded network would have the opportunity to better organize the project governance and could take more time to learn lessons from similar networks that have been funded in the past. Consideration should be given to allow big projects to ramp up with a corresponding ramping up of budgets.
- Flexibility is key. Be ready to question whether aspects of how an organization usually works are well-suited to the innovation that is being sought through a partnership.

RESOURCES AND FURTHER READING

- ACCESS Open Minds:
<http://accessopenminds.ca/>
- Canadian Institutes of Health Research (CIHR) – About Us:
<https://cihr-irsc.gc.ca/e/37792.html>
- Funding opportunity - TRAM Network in Youth and Adolescent Mental Health:
<https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?prog=1779&terms=TRAM&typ=&view=search&language=E>
- Graham Boeckh Foundation (GBF):
<http://grahamboeckhfoundation.org/en/>
- Strategy for Patient-Oriented Research (SPOR):
<http://www.cihr-irsc.gc.ca/e/41204.html>
- SPOR Patient Engagement Framework:
<http://www.cihr-irsc.gc.ca/e/48413.html>
- Transformational Research in Adolescent Mental Health (TRAM) – Original website:
<http://tramcan.ca/>

GLOSSARY



ACCESS Open Minds (ACCESS OM) is the national research and evaluation network that was funded through Transformational Research in Adolescent Mental Health (TRAM). It marks a major Canadian innovation in youth mental health service design, delivery, evaluation, and research. Through transforming youth mental health services at 14 services sites in six provinces and one territory, and the implementation of a common research and evaluation program, ACCESS OM is generating new knowledge about youth mental health services in diverse contexts across Canada to ensure that Canadian youth receive the right care, at the right time, in the right place.



Canadian Institutes of Health Research (CIHR) is the Government of Canada's health research investment agency. CIHR was created in 2000 under the authority of the *Canadian Institutes of Health Research Act*. It is an independent agency and is accountable to Parliament through the Minister of Health. Composed of 13 Institutes, CIHR provides leadership and support to health researchers and trainees across Canada.

The Collaborating Selection Panel (CSP) was created for the Transformational Research in Adolescent Mental Health (TRAM) and brought together representatives with diverse and complementary perspectives and experiences in the mental health arena. Composed of patient and youth representatives, mental health policy experts, mental health care practitioners and scientists, the CSP was a critical element of TRAM. The CSP members engaged in the design and implementation of the funding

opportunity, participated in the Strengthening Workshop and subsequently reviewed all proposals during each phase of the application process. (See also: Funding opportunity, Peer review.)

The Funding opportunity (FO) is the publicly available document that contains all the official information (e.g., goals, budget, deadline, eligibility, reporting) about a research grant competition. An FO is how CIHR and its partners announce the availability of a grant, provide instructions on how to apply for that grant, and outline the competition process (e.g., phases or stages of a competition, special provisions for peer review, notification of decision date). (See also: Peer review.)



The Graham Boeckh Foundation (GBF) is a private foundation created by J. Anthony Boeckh and his family to fund initiatives in the area of mental health and other related disciplines. GBF aims to improve mental health care in Canada by strategically leading and funding projects in research, research translation and community outreach.

Patient-oriented research (POR) is research that engages patients, their caregivers, and families as partners; focuses on patient-identified priorities; and improves patient outcomes. POR is about transforming the role of patient from a passive receptor of services to a *proactive partner* who helps shape health research and, as a result, health care.



Peer review refers to the process used by CIHR to review applications submitted for funding. Applications are assigned to reviewers who possess the required experience and/or expertise (individual or collective) to properly assess the quality of the applications based on the objectives of the funding opportunity and its evaluation criteria. CIHR's peer review process is supported by academic reviewers, as well as non-academic reviewers, including industry, government and community-based representatives. (See also: Funding opportunity.)

Strategy for Patient-Oriented Research

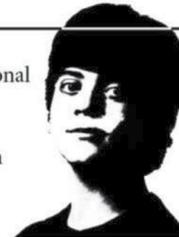


Strategy for Patient-Oriented Research (SPOR) helps to make patient-oriented research a reality in Canada, by funding partnerships formed between CIHR, provinces and territories, philanthropic organizations, academic institutions, and health charities. SPOR is about providing the evidence needed to inform the development of health policies and improve the health care system. It is about moving scientific discoveries to the bedside, and producing the information decision-makers and health care providers need to improve care. SPOR focuses on moving what health researchers know into what health care providers do.

A Strengthening Workshop is an event that is held as part of a funding opportunity (FO). Its purpose is to bring together potential applicants with each other, community representatives and patients, policy makers, clinicians, additional (possibly international) experts, and the research funders in order to delve more deeply into the issues that the proposed research should address.



Transformational
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Adolescent
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Recherche
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Transformational Research in Adolescent Mental Health (TRAM) is a collaboration between GBF and CIHR. It is a new kind of partnership that connects private and government funding to achieve a clear and important goal: to build and fund one unique pan-Canadian research-to-practice network in youth mental health.

TRAM Partnership Lead acts on behalf of the partnership to encourage widespread awareness of the partnership and the network opportunity and to manage relationships with stakeholders across the country.