



## Navigating Complexity:

Mental Health Promotion Innovation Fund  
(MHP-IF) Case Learning

April 2021

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The following cases were developed in April 2021 based on the experiences of two MHP-IF projects. For background and suggested use, see our [blog post on Navigating Complexity, Part II](#).

## Case: Mind Your Food (MYF)

Community Food Centres Canada (CFCC)

### *What is the situation/ conundrum?*

The *Mind Your Food* project aims to positively impact the well-being of youth through a 10-week program that explores nutrition, food traditions and food justice. The target audience includes youth 13-19 from Indigenous, newcomer and low-income communities. All CFCC programs address healthy food access, food skills as well as education and engagement. The MYF project is being led by CFCC in partnership with Community Food Centres in Winnipeg, Manitoba; Eel Ground, New Brunswick; and Toronto, Ontario. All three partners have an established relationship with CFCC, capabilities for delivering food-based programs, and experience engaging youth.

Prior to the pandemic, the MYF team was in the process of co-designing a curriculum, program manual and evaluation framework with its partners. The main vision for the program centers around youth coming together in-person to cook and discuss key issues about food and wellness. Phase 1 of the MHP-IF was intended to test and refine the in-person model, with plans to fully implement and scale up in subsequent phases. Delivery partners were getting ready to engage a first group of pilot participants in June 2020.

Then the pandemic hit in March 2020. No in-person programming was allowed, so the MYF team could not move ahead with their plans. In addition, there were growing concerns related to food access in delivery partner communities.

### *What is complex about it?*

The situation faced by the MYF team had at least three features of complexity.

- **Path dependency** – This meant needing to deviate from the original vision with the potential to change the future course of the project.

*“One of the things that we struggled with a little bit is... do we shift entirely in order to respond to what’s happening now or do we ... get through this pandemic with the idea of staying true to our initial vision which we still feel has more potential in the long run.”*

- **Unpredictability** – The pandemic created a lot of uncertainty for MYF. How long would restrictions on in-person programming stay in place? How might these restrictions change over time and in different communities? How might participants respond to changes in program format? How might their needs and circumstances change as the pandemic unfolded? These and other questions made it difficult to forecast future conditions or map a course of action with precision.

- **Nested systems** – MYF involves a tight collaboration between CFCC and delivery partners – all operating within different systems and affected differently by the pandemic. For example, the MYF delivery partners affiliated with health centres experienced a pandemic-related hiring freeze, staff re-deployment, as well as restrictions around the ability to utilize volunteers.

### **How is the project navigating this situation?**

Once they were able to discuss adapting to the pandemic with their partners, the MYF team began to consider **options for the program in an online format**. This took careful consideration as offering an online version not only required an investment of resources (e.g., funds to purchase new equipment, time to train facilitators), it also risked interfering with the pilot phase of the in-person model.

Having made significant investments into the in-person model, delivery partners in regions with fewer restrictions were initially reluctant to shift to online delivery and continued to offer in-person programming with smaller groups. This abruptly changed when restrictions in their regions increased and they were forced to re-think implementation plans once again, eventually switching to an online format.

In June 2020, PHAC informed the MHP-IF community of the decision to **extend the funding and timeline for phase 1 by one year** (ending in March 2022). This extension included adjustments to workplans and budgets to support adaptations.

Since that time, the MYF team developed a plan to implement online workshops for youth. **Adapting to an online format meant adjusting approaches for youth recruitment, engagement and accessibility**. This included arranging for the participants to have kitchen and food kits to prepare the meals; working with other organizations and forging new partnerships to reach the youth; broadening the audience by allowing siblings to attend; and engaging families.

The adapted programming was launched starting in August-September 2020 and will be used to prototype the curriculum for the 10-week in-person program.

### **What supports and perspectives are helping navigate this situation?**

MYF's strong commitment to working collaboratively with their delivery partners meant that adaptations needed to be **informed by partners' perspectives, context, capacity, and feedback**. They needed to take time to pause, assess the situation with partner input, and then make plans for moving forward.

*"I would say the first thing we had to do was almost let the dust settle a bit. We had to allow people to respond to what was happening and what was most pressing and urgent in their communities...We were able to think some about the overall design and development of the program, but again, because we're really committed to doing it collaboratively, we were hesitant to go too far ahead without collaboration from our community partners."*

Adaptations were facilitated by **the extension of phase 1 funding and flexibility** around projects re-working their budget and plans. The phase 1 extension provided the MYF team with valuable opportunities to further engage youth and use their input to improve the full 10-week in-person curriculum.

*"Once we heard from the funder that we would have an additional year and the opportunity to access additional funds, that I think opened a doorway so to speak. We were kind of like, okay...without completely losing sight of the larger vision of MYF, maybe we can do something now to support youth and to continue building up MYF in a way that makes sense in this current context."*

### ***So far, what is working well?***

The MYF team has been able to **leverage opportunities** (e.g., extended funding for phase 1) and make temporary adaptations while at the same time **enhancing the original program vision through developmental work** that is likely to strengthen the program in the long run.

*“We’ll be able to leverage what we’ve learned during these initial workshops to hopefully launch a stronger 10-week program when we can do that. So, we’re feeling like that will have a positive impact on the program just because the development’s like really happening, in a slower more intentional, really like ground up way.”*

The early assessment of the **pre-pilot suggests some promising results**, such as high retention rates; good youth and family engagement; stronger connections and relationships with youth; enhanced reach; and positive outcomes related to new knowledge and skills.

### ***What are some sticky points and obstacles that are being encountered?***

The COVID context remains unpredictable, adaptations require resources, and the pandemic adds pressure on systems that are already stretched thin. In addition, the durability of the early promising results with adaptations is something to watch as conditions continue to evolve.

#### ***Key Messages***

- Adaptations to the pandemic involved carefully considering opportunities and trade-offs that come with deviating from original plans and making decisions during uncertainty
- Features of complexity that this project has encountered include path dependency, unpredictability, and nested systems
- Decision-making has been informed by strong collaborative relationships with delivery partners, feedback from youth, an extension of phase 1 of the MHP-IF, and PHAC’s support for pandemic adaptations
- Although an in-person pilot phase was not possible during this time, the original project vision is being developed through an enriched developmental phase
- The MYF team continues to assess progress and use feedback from the on-line implementation to improve the intervention

## Case: Nurturing the Seed (NTS)

Infant and Early Mental Health Promotion (IEMHP), The Hospital for Sick Children

### *How is the project assessing their navigation of this situation?*

The MYF team continues to collect data and information as part of modified evaluation plans. Most useful for navigating their adaptations has been gathering nimble feedback through informal channels (e.g., listening and acting on delivery partner feedback).

*“...the three delivery partners are still in the midst of running those eight workshops for youth. We’re using the feedback we’re getting along the way, along with their reflections and their sort of early learnings, the facilitators that is, to continue on the collaborative development of the MYF program manual.”*

### *What is the situation/ conundrum?*

NTS aims to reduce inequities between Indigenous and non-Indigenous populations in Canada by training and supporting local frontline practitioners and policy makers on infant and early mental health. Project goals include improving developmental outcomes of Indigenous children aged birth to five, lowering parental stress, and strengthening knowledge and skills in the areas of early mental health promotion and Indigenous culture.

Initial project plans for phase 1 of the MHP-IF include a pilot program and research study based on Indigenous worldviews. Community service providers are trained to deliver the NTS program in their communities. Six communities with prior relationships with IEMHP and located in three provinces (ON, SK, NB) signed on to participate as delivery partners. The evaluation protocol was customized to respect cultural differences among communities and to reflect the needs of each partnering agency.

NTS is committed to ensuring that the project operates on a foundation of trusting relationships between the project team and participating communities. As part of this commitment, communities have control over what information is collected and how it is used, and any information collected as part of the study stays in the community. In-person community consultations are vital for project co-design.

Prior to the pandemic, the NTS team was doing site visits, implementing coaching with community service providers, identifying training needs, and rolling out research plans. When the pandemic hit in March 2020, in-person visits to project communities were no longer possible and working online was not a preferred choice for community partners. In addition, community service provider priorities shifted with pandemic-related needs of their communities.

### *What is complex about it?*

New situations facing NTS with the onset of the pandemic included two main features of complexity.

- **Tipping points** - The pandemic shifted conditions in ways that dramatically influenced the course of the NTS project. The pandemic strained some partner communities’ capacities to a point that they were no longer able to participate in the project. NTS also experienced a tipping point around the acceptability of online training.

- **Distributed control** - Given that NTS research is grounded in principles of community ownership, control, access, and possession (OCAP®), any information collected must stay in the community and is not controlled by the research team. The pandemic made it impossible for researchers to travel to community sites.

### **How is the project navigating this situation?**

Initially, the NTS team paused to focus on their own needs and **adjust to new ways of working**. By May 2020, the NTS team realized that resuming in-person activities would be unlikely for some time. The team considered **how to switch to online training**, despite concerns that online engagement may negatively impact trust-building with communities.

Once the decision was made to adapt to virtual training, the team **reworked plans** with a commitment to provide online training by October 2020. Plans included setting up an online system to track course completions and developing online materials.

*“And at that point we started to actually create structures, online webinars. We worked with our partners at About Kids Health and we created a training pathway document...we video-taped the training. We had to cull the training down because we... you know, it wasn’t fair to think, ‘Oh, people are going to sit and watch three days’ worth of webinars,’ so we had to really cull things down to what was most important, and then... we started to implement our coaching sessions.”*

Continuing to **honour partner communities’ data ownership** remained a priority for NTS. This involved shifting from the research team travelling to communities for data collection to finding ways for communities to collect their own data.

*“...because we are working with Indigenous communities, our agreement was that the data would never leave the community... Our researchers were going in... when we went in, they went in, and they would sit off to the side and they would enter all the data. Well, all of a sudden, they couldn’t go in. And so, what we have done is our research partner has actually found funding to... pay a community person in each of our communities to do the data entry... That was pretty exciting for us... especially because, in some communities there was a lot of data...and we had no idea what the story was.”*

Reworking plans also meant **shifting resources**. Some new costs were for a community member hired in each partner site to do data entry, a lead trainer and evaluation role, and a learning management system to facilitate information tracking.

**Changing some community partners** was another adaptation. Two of the initial partner communities withdrew from the project due to increased and competing demands on their capacities. NTS began exploring the possibility of partnering with new communities in Fall 2020. Two communities confirmed their participation as of December 2020.

*“And then the other site, which was in [site location name], their challenge was really that all of their staff were redeployed, and they were doing, five other jobs in addition to their real job, and we realized that their capacity... it was just not possible.”*

### **What information and perspectives are helping navigate this situation?**

Since the start of the pandemic, the NTS team **attended to relationships**. This included staying in touch with community partners and their evolving situations. The unique circumstances of project team members were also considered as part of findings new ways of working together.

*“...this was a huge adjustment and just making sure that they [project team members] felt like they could work okay, you know, remotely, what were the challenges they were having, how do we deal with the fact that, like, one of them had a toddler. You know, one of them had four kids who were at home now. So, people were maybe not going to do like a typical nine to five kind of day, their day was going to be broken up.”*

Data from a **recent national survey** with families with young children showed a significant decrease in access to information about how to support early child development. This **reinforced the value of this project** and reaffirmed the team’s commitment to the work.

*“So that information has really influenced our coaching conversations with our sites, right? Because we’re able to reinforce for them, like, “You are really important.” And you may be the only connection... even if it’s with a phone call... you might be the only connection for that mom; you know.”*

The pandemic strengthened an already strong commitment within the NTS team to ensure **the project is sustained in the long-term.**

*“...if we’re not actually making a difference that can be sustained, then that is a huge problem. So, if all of this work we’re doing in this project comes to an end because our funding ends, we have not done our jobs, as far as I’m concerned. And I think that that is partly why, our determination with the online stuff and the coaching we’ve set up, like, we have weekly meetings with each of our sites. We’ve put all these structures in place because we’re like, this has to stick even when we are gone. This has to stick. And I think that commitment, even among my team, is even stronger than before.”*

### **So far, what is working well?**

**Communities are finding ways to adapt their approach and gaining confidence** with these adaptations. It seems the pandemic brought them to a ‘tipping point’ for supporting new approaches.

*“...the fact that sites were able to pivot and, you know, do home visits virtually or, you know, the time of year helped, it was better weather. So they were, like, “Yeah, we’re doing porch visits” ... So, I think that was what surprised us the most, is how well the sites actually adjusted.”*

*“Actually, we can build relationships this way [virtually]... it’s not ideal and it’ll be really good to see people again in each of our sites, but we can do this for now. I wouldn’t recommend it forever, but for now we can do this.”*

**Adaptations may have positive impacts beyond the pandemic**, especially with use of technology.

*“...even though we’re going to go back to face-to-face training, it’ll be really nice if we can say to people, ‘You know, look, if... if there was something you missed, or you needed to hear it again, you’re going to have access to these training videos.’ And even just to be able to do more coaching online and not have to rely on always physically going to a community but knowing that people are now actually pretty comfortable getting online and doing this kind of thing. So, I think technology is, is here to stay. And... and I think that’s a good thing...I don’t think it has to be one or the other, I think, yeah, the hybrid model is... that’s something new and it’s a good thing.”*

**The project is filling a gap in service provision** that is even wider with the pandemic. Many health units redeployed staff from programs that support new mothers, infants and young children. This often means there are no postpartum home visits.

*So, the programs... that are involved in our project, they became even more important, right? Because at least they were something for some of those families to connect with. Because, absolutely, this population has been completely left behind, and Indigenous children, even more so."*

### **What are some sticky points and obstacles that are being encountered?**

**A lack of system investment, supports, and resources** for infant mental health and mental health promotion is amplified by the pandemic.

*"I think every parent with a young child has been left behind. Because we hear a ton in the news about elderly people, we heard lots about school age kids. Like, you tell me, when was the last time you heard anything related to the pandemic that had to do with an infant? Our systems have no clue how tough it is."*

**Adaptations require a significant investment**, of time, expertise, and creativity, especially to move from in-person to online formats.

*"...we're not the National Film Board. So, when you talk about creating video, you know, pre-recorded webinars, you have to worry about things like sound quality...it wasn't just as simple as, 'Oh, well, just get on...Zoom and...I'll just go through my slides and easy-peasy.'"*

### **How is the project assessing their navigation of this situation?**

NTS is collecting and using data (e.g., pre- and post-test scores from trainees) as part of their evaluation plan. Online training shows **positive preliminary outcomes**. Longer-term outcomes remain to be seen.

*"...people were actually learning more online than in face-to-face training. Because we do a pretest and a post-test, and their scores were higher. And we... kind of thought that, well, you know, ... they get to take a break... versus being sort of captive in a room for seven or eight hours and having to listen to somebody. So, I don't... we don't know yet how much of that has been retained."*

### **Key Messages**

- The NTS team works alongside Indigenous communities with mutual trust cultivated through in-person interactions and principles of community data ownership, control, access, and possession
- The pandemic shifted engagement with communities and delivery of service provider training from in-person to online
- Features of complexity reflected in this case include tipping points and distributed control
- The NTS team finds that building relationships remotely is not ideal but is possible; some adaptations may continue and contribute to improved outcomes over time
- Infant mental health has been historically overlooked and the pandemic has only amplified the lack of attention to it; the team is committed to making improvements

