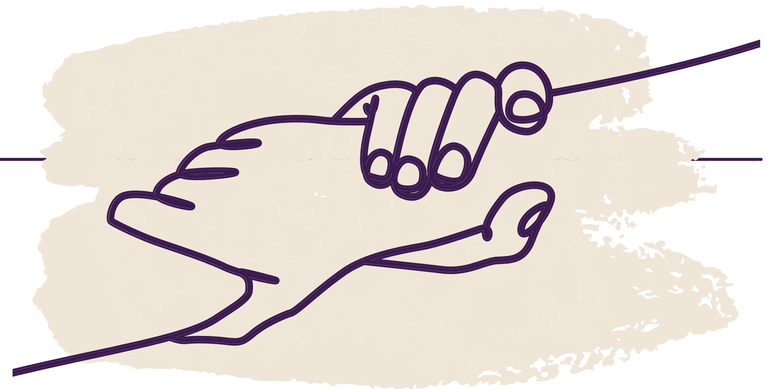
From Frontline Dialogue to Collective Action: A Staged Approach to Knowledge Mobilization



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Background

- Intimate partner violence (IPV) is behaviour within a current or previous intimate partner relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours.[1]
- IPV is a pervasive public health concern that is linked to severe mental and physical health consequences.[1]
- Mental health clinicians report one of the biggest barriers to providing safe and effective interventions for people affected by IPV is a lack of adequate training and education on IPV.[2,3]
- Without IPV training and education, clinicians may have inadequate skills, awareness of, and readiness to respond to IPV, leading to ineffective referrals and support for patients/clients affected by IPV.[2]

Objective

Waypoint Centre for Mental Health Care has developed **Mhaven, a mental health anti-violence hub** that aims to provide coordinated access to trauma- and violence-informed mental health services, training, and resources **for people affected by IPV**.

Mhaven is **building a training program** to strengthen mental health clinicians' knowledge, confidence, and trauma- and violence-informed skills **to safely recognize and respond to patients/clients affected by IPV**.

A staged KMb approach is supporting the development of this training program by engaging clinicians early, building relationships, strengthening internal alignment, and expanding into community knowledge sharing. The aim is for the **training to be grounded in mental healthcare practice and connected to longer-term practice and policy change.**

Methods

1 Engage mental health clinicians early

Structured community conversations explored experiences working with patients/clients affected by IPV, gaps and barriers in screening or responding to disclosures, and training topics or strategies needed to support practice and safe responses.

2 Build relationships with frontline teams

Mhaven clinician team members created access to clinical spaces and built trust with frontline staff, supporting open dialogue about IPV response in mental healthcare settings.

3 Strengthen internal alignment across departments

Collaborations across research, clinical leadership, professional practice, communications, and other hospital teams helped reduce silos and connect frontline insight to the structures needed for training delivery, policy development, and sustainability.

4 Expand into community knowledge-sharing

Mhaven hosted *Collective Beginnings* in Spring 2026, a community knowledge-sharing event with people with lived experience, clinicians, researchers, hospital champions, and community partners. The event helped translate diverse perspectives into shared directions for Mhaven's next phases.

5 Deepen understanding of training needs

Data collected from frontline mental health clinicians helped explore training needs, practice barriers, and implementation considerations in more depth. This allowed the team to move from broad priorities toward a clearer understanding of what training content, tools, and supports clinicians may need.

6 Translate knowledge into training and implementation planning

Findings are now being used to inform IPV training content, delivery, and implementation planning for mental health clinicians. The goal is to support longer-term practice and policy change in mental healthcare settings.

Lessons from the KMb Process

1 KMb can be used as a design strategy

KMb can be used before project completion to shape what gets developed, how it is delivered, and what supports are needed for implementation.

2 A bottom-up approach strengthens relevance

Starting with frontline experience helped shift training development from assumed needs to practice-informed priorities. This made the process more responsive to the realities, uncertainties, and decisions clinicians face in mental healthcare settings.

3 Relationships are part of the work

Trust, access, and credibility were essential to the process. Embedding clinicians on the team helped open pathways into clinical spaces and created stronger conditions for meaningful engagement, as well as future training uptake and implementation.

4 Shared direction supports collective responsibility

Different perspectives throughout engagement helped move the work beyond individual training needs. The process created a shared understanding of why IPV training matters and how different roles, departments, and partners contribute to safer responses.

5 Knowledge needs pathways and feedback loops to move into practice

Frontline insight does not automatically become practice change. In hospital settings, knowledge needs pathways through teams, decision-making structures, training systems, and policy processes, supported by feedback loops that reduce silos and strengthen implementation.

Next Steps

- Continue to develop IPV training through iterative collaboration
- Continue relationship and partnership building to ensure the sustainability of the training programs
- Inform institutional policies and practice supports related to IPV response
- Continue knowledge-sharing through reports, newsletters, presentations, and future Mhaven events
- Host the 2027 Mhaven knowledge-sharing event to share learning, strengthen cross-sector relationships, and build on training, implementation, and policy priorities

Scan here to view the Mhaven hub: **mhaven.ca**

Scan here to view the latest issue of the Mhaven newsletter

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