Psychosis 101: evaluation of a training program for northern and remote youth mental health service providers

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4. University of Toronto
Outline

- What is EPI?
- Relevance of training in EPI (in NWO)
- Training Program & Evaluation
- Results
  - Participants
  - Knowledge Acquisition
  - Engagement
- Lessons Learned
What is EPI?

- EPI (early psychosis intervention) developed in early 1990’s in Australia, UK
- EPI is person and family centered
- EPI is specialized assessment, medical treatment, education, family support and psychosocial rehabilitation
  - based on research about what works best to help people recover from psychosis
- EPI is founded on the principles of hope and recovery
- One EPI program in NW is at First Place
Northwestern Ontario

- Size of France (525,193 km²)
- 45% of Ontario’s landmass
- 2% of Ontario’s population
- ~250,000 people
- 0.6/km²
Relevance of training in EPI

- Goals of EPI is to:
  - Help youth reclaim lives
  - To eliminate need for long-term mental health services/psychiatry
  - Increase capacity among non-EPI specialists
  - Keep youth in their communities
- in NWO, need to rely on more than primary care
- Different model for training other than morning or lunch time rounds
Evaluation Project

- **Goal:**
  - To evaluate the effectiveness of EPI training using video vs in-person comparison
  - To increase the capacity of MHW to identify early psychosis and access care
  - To increase awareness of and access to EPI services

- **Intervention:**
  - Training program specifically for MCYS funded youth mental health service providers

- **Funders:**
  - Canadian Psychiatric Association Foundation
  - Ontario Centre of Excellence for Child and Youth Mental Health
Training Program & Evaluation

Stage 1: Groundwork
- Participating Communities
- Planning, Funding, Ethics Approval
- Feedback to participating agencies; results shared at national and international EPI conferences; results to the development of training programs; FINAL REPORT DUE MARCH 2012

Stage 2: Workshop
- March 24/25, 2011
- This workshop took place

Stage 3: Evaluation
- 3 month follow up questionnaire
- June/July 2011
- 6 month follow up questionnaire & focus groups
- September 2011
- 9 month follow up questionnaires
- December 2011

Stage 4: Knowledge Exchange
- Monitoring knowledge acquisition and EPI capacity as compared to baseline (pretraining)
THEM ONLY TAUGHT ME HOW TO THINK OUTSIDE OF THE BOX, I'M NOT TRAINED FOR CIRCLES!!!
Participants

Group Size: 19

- Atikokan: 3
- Fort Frances: 4
- Thunder Bay: 6
- Sandy Lake: 1
- Sioux Lookout: 2
- Geraldton: 1
- Nakina: 1
- Schreiber: 1

Participating Community Agencies:
- Sioux Lookout First Nations Health Authority (SLFNHA)
- Kenora/Rainy River Child & Family Services (KRRCFCS)
- North of Superior Programs (NOSP)

On-site attendance
Remote attendance
Participant comfort level with psychosis
Knowledge Acquisition

TRENDS IN KNOWLEDGE ACQUISITION

Training Workshop

KASQ

BAQ
Knowledge Acquisition

ON & OFF-SITE KNOWLEDGE ACQUISITION

ON-SITE
OFF-SITE

3M POST
6M POST
9M POST
Referrals from Participating Agencies

# Referrals

- # referrals
- # accepted

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
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"If my mind wanders during class, think of me as part of a distance learning program."

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QUALITATIVE DATA
Emerging Themes

1. Growing concern for the Youth population in NWO

2. Workshop helped to strengthen professional relationships within agencies and between agencies

3. The evaluation piece was novel and enhanced learning experience
Growing Concerns for Youth Population

- “There are certain little cliques or groups in the schools, there might only be two or three. If you don’t fit into that, there’s nothing else to compare yourself to.”

- “Early focus on the use of drugs and alcohol as a social activity”
Strengthening Relationships

- “As a worker, it gives you more confidence in being able to assist somebody and knowing that you’re not alone in this.”

- “Now we can call First Place and be involved, so this has strengthened our connection with them.”

- “And it’s nice for team building too, to get away and do something different.”
Evaluation was Novel and Important

- “Are we actually qualified?” “Sure we are. I think it’s cool to offer our opinion and feedback.”

- “What I found was nice, was [that] we were invested in our learning. But with the evaluations and the follow-up…lets you know that you guys were invested with our learning as well.”
“For starters, I think we should find out who made the coffee that day!”

MOVING FORWARD...

WHO MADE THE COFFEE?
Lessons Learned

- Service providers are eager for any training
- Videoconference as effective as on-site
- Knowledge acquisition not significantly changed
- Accuracy of referrals improved
- Evaluation may be key for knowledge retention
- Training is vital to collaboration/partnerships across mental health service providers
- Improved relationships may lead to increased capacity
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