

Evaluation Report:

PAN Mental Health and HIV/AIDS /HCV Frontline Workers Training

March 17-19, 2010

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PAN Mental Health and HIV/AIDS /HCV Frontline Workers Training

Summary:

On March 17-19, 2010, the Pacific AIDS Network (PAN) organized training for staff and volunteers of its member organizations on the important issue of mental health and HIV/AIDS/HCV. The training was very well received by the participants, with seventy-nine (79) percent rating the training highly. Seventy-four (74) percent of participants stated that their knowledge of HIV/AIDS/HCV and mental health had been increased through the workshops. As well, front line workers, especially those working in rural areas, often feel isolated; fifty-four (54) percent of the participants stated that they had made meaningful connections with their peers at the workshops. Furthermore, fifty-seven (57) percent of the participants plan to try new approaches learned at this training in their work.

Several presenters made an impressive impact on the participants. Chief among those cited for their effectiveness were Dr. Stephen Fitzpatrick and Teo Sjolbergh. Many participants echoed what one interviewee stated: *“There have been some very good presentations. Dr. Fitzpatrick was very good. Teo (Sjolbergh) was amazing.”*

The need for more training was highlighted by an extensive list of requests/ideas for a continuation of training.¹

Four recommendations:

1. That PAN consider doing a follow-up training for frontline workers incorporating the participants’ extensive ideas. The thirst for more knowledge and training among frontline workers is high.
2. That any future training respond to the varied level of participant knowledge and experience. Disparity in knowledge and experience of the participants was apparent and the issue was raised in the face-to-face interviews. One suggestion is to either have a two-tiered program or to offer training in a sequential manner (a basic level, to be followed by a more advanced examination of knowledge and practice.)
3. That PAN examine the topics/issues of cultural safety and cultural competency and plan how to best educate/train its membership on these topics/issues.
4. That PAN review its evaluation process. The present method of using written evaluation forms and one-on-one interviews currently provides PAN with information for improvement; however, these methods might be improved upon and other methods such as focus groups, multiple follow-ups, etc. might be considered if more useful information could be collected.

¹ See Appendix A

Background

The Pacific AIDS Network is a provincial organization made up of 41 community-based organizations that are devoted to addressing the care, treatment, support and prevention-education needs of persons living with HIV/AIDS and persons co-infected with HCV. PAN supports its member organizations as they work to respond to HIV and HCV co-infection in British Columbia – in particular, by providing training to member organizations' staff and volunteers. The program, Frontline Workers Training on Mental Health and HIV/AIDS /HCV², was designed strengthen staff and volunteer knowledge and their ability to support clients dealing with mental health issues and HIV/AIDS/HCV.

Fifty eight frontline workers, students and volunteers registered for the two-and-half day training. PAN also organized an afternoon session on HCV presented by Jeff Reinhart, Coordinator from the CATIE Hepatitis C Program.

The training program was evaluated by soliciting information from the participants through two data-collection methods:

- ten face- to- face interviews were held in which participants were asked a series of standardized questions; and
- at the end of each day of training, participants were asked to fill in written evaluation forms.

Participant Responses

From the evaluation forms

Day One: Ninety-two (92) percent of the respondents rated the session highly as a professional development opportunity

Day Two: Seventy-one (71) percent of respondents rated the session highly as a professional development opportunity

From the face to face interviews

PAN organizers were hopeful that the training they were providing would be relevant to the participants. In face- to-face interviews, frontline workers were asked "In what ways, if any, has the training (so far) been relevant to your everyday work reality?" The following are the comments that were received in response:

"The counselling training I can use right away. Dr Fitzpatrick's information will allow for a change in my counselling process."

"The acerbating of PTSD that can be triggered by a diagnosis of HIV or HCV. And the situating of mental health on a continuum."

² See attached agenda.

“Counselling information. Dr Fitzpatrick amazing –the biology breakdown was good. The HepC biology and info from the Pender Clinic. I will take the information back to work and make presentations to groups of volunteers and to orientation sessions for new members in my organization.”

“I have a few more options when people come in to the agency.”

“I know more and feel more personally comfortable.”

“Every single thing is relevant. 80% of the client intake is African refugees who are HIV+-who are usually suffering from trauma. All programs have mental health issues. Appreciated the integration of the HIV/HCV and mental health.”

“Mental health assessments, enlightening broaden our horizons”

“Counselling with Bill Coleman was super relevant – it definitely reinforced my approach and reminded me of skills I need to work on. Biology of the virus really helpful to see the whole person and understand the effects of drugs.”

“A lot – the biology of HIV/HCV. Hearing others approach to certain situations got me thinking about my own approach.”

“Both Dr. Fitzpatrick and PTSD (sessions) were useful to understand and work with clients. The training is useful to help advocate for clients. More tools in the tool belt. PTSD made me more aware of the mechanisms that act as triggers.”

As in any training, there will be some individuals who shared comments about the training that give pause to the organizers. In this training, there were three situations that gave rise to such comments:

- A few (three) individuals did not appreciate the language of one presenter and found it offensive and judgemental.
- There were some individuals who were uncomfortable with the Aboriginal Elder’s prayers and blessings.
- Unfortunately, the presenter for a Cultural Safety workshop had an emergency and was unable to attend. Although, a replacement workshop was organized, participant comments reflected a desire to have future workshops that could be more comprehensive.

These comments are being considered by the PAN organizers.

The final comments were overwhelmingly grateful and positive. Participants said such things as:

“Excellent presentations, workshops and interactions”

“Thank-you so much - such a valuable workshop!”

"Thank you for organizing this and making it happen! Much appreciated!! I look forward to the next one!"

"Great job!"

Recommendations:

1. That PAN consider doing follow-up training for frontline workers incorporating the participants' extensive ideas. The thirst for more knowledge and training among frontline workers is high.
2. That any future training respond to the varied level of participant knowledge and experience. Disparity in knowledge and experience of the participants was apparent and the issue was raised in the face to face interviews. One suggestion is to either have a two tiered program or offer training in a sequential manner (a basic level, to be followed by a more advanced examination of knowledge and practice.)
3. That PAN examine the topics/issues of cultural safety and cultural competency and plan how to best educate/train its membership on these topics/issues. Given the reality of how much work there is to be done by PAN and its member agencies in responding to the HIV epidemic among Aboriginal persons and communities, PAN organizers offer further workshops in cultural safety and cultural competency while ensuring that they provide a safe environment for all participants and attendees.
4. That PAN review its evaluation process. The present method of using written evaluation forms and one-on-one interviews currently provides PAN with information for improvement; however, these methods might be improved upon and other methods such as focus groups, multiple follow-ups, etc. might be considered if more useful information could be collected.

Appendix A-Training Topics List

Participants were asked on the final day of the training, “As a continuation of your training, are there topics/subjects that you would like to see offered at another PAN training.” Below are their responses:

- Literacy issues for client
- Stigma-practical /how to self –empower
- Looking at side effects to medications and educating resources
- More workshops based around particular scenarios or specific mental health issues
- More workshops like Teo did –it was invaluable from his expertise, the content and sharing of PTSD
- Advanced mental health
- Advanced psychiatric versus psychological
- Art therapy, other therapeutic /counselling strategies for building trust
- Mental health first aid
- HIV/HCV co infection symptom & treatment management
- Have people living with AIDS tell their stories
- More aboriginal content
- How to work with limited resources
- How to increase communication with colleagues/agencies
- Responding to different ethnic or cultural backgrounds
- More on HIV and mental health
- HIV and addictions-skill building, HIV and Housing, HIV and capacity building
- More training with Art therapy –especially exercises that service providers can do with clients
- Dealing with tensions between client groups within agencies-e.g. gay men, drug users
- How HCV and its treatment affects mental health
- Calming the mind/spirit=supports for adherence
- Breath workshops
- Spiritual practice/gatherings
- Culture beyond Aboriginal
- A training manual of HIV/HCV from public health re : basic HIV/HCV info(transmission., risk prevention and medications) including the role of public health
- Disclosure law
- Counselling skills in a shorter session time period with clients “Focus Counselling” goal setting
- More on HIV/HCV education –effects of meds and illness
- More information on linking HepC with mental health and long term effects on cognition and dealing with the effects of HepC
- African multi-service learning-how that looks to them, what complications they encounter – bring those folks forward , to share their stories
- More info on self care-specifically, deconstructing common assumptions & practices of self care
- Building partnerships
- Nutrition and HCV & HIV
- Aboriginal speakers

- Collaboration tools-MOA's, specialists ,dentists, BC Centre for Excellence
- Communication Tools-patients as partners in creating wellness plans and Frontline worker as a support to the wellness plan
- Specifically for rural areas strengths, challenges ,sharing, coming together
- PAN training with Frontline workers-professionals and a willing client. Clients can offer so much.
- HIV and aging. Long term treatment effects.
- Cultural and personal diversity training
- More in depth sessions focused on one particular mental health issues (Like the PTSD session)
Foe example bipolar, schizophrenia and depression
- More training and less descriptions, more speakers that are talking from the client's perspective. Would like to see a couple of PHAs tell their stories. Would like aboriginal involvement- maybe have an aboriginal organization talk about the newest approaches and resources because up North they have little access to such info and resources
- How to build partnerships , Community resources and descriptions (perhaps on the website),
Facilitation skills for some of the presenters
- Wants to explore connectivity more-how can these connections be facilitated without travelling,
how could video and net works be used?
- Bipolar and HIV/HCV, Schizophrenia and HIV/HCV, HIV+ immigrants (one landed –one a refugee)
telling their personal story of the process to become a Canadian ,African cultures, How to help
immigrants navigate the Canadian systems, More pharmacology, Realities of using volunteers
for running a peer driven program especially evaluation and assessment
- Spirituality and Mental Health , Diet and HIV/HCV
- Art Therapy , counselling techniques, Refugee and HIV, Immigrants and HIV, How to support
Housing as Treatment, Training about the limits of workers capacities, Training for workers that
is comparable from on agency to another-i.e. |Nanaimo to Victoria