Mental Health, Substance Use and HIV/HCV Advisory Committee
Meeting Notes
November 21, 2012
Location: Tom Cox Room at the BCCDC and conference call

1. Introductions

In Person:	Conference Call:
Deb Schmitz	Rosalind Baltzer-Turje
Melissa Medjuck	Kristen Kvakic
Stacy Lelanc	Karen Leman
Shelley Hourston	Bob Hughes
Janice Duddy	Sue Garries
Carlene Dingwall	

The identified priorities for the meeting:

- Develop action items to move immediately forward
- Clearly see that the focus remain on direct benefits for PAN member organizations
- Develop a concrete work plan for the next six months and beyond
- Understand the integration and the differences between HCV and HIV and the approach/training
- Develop curriculum

2. Overview and role of *Mental Health, Substance Use and HIV/HCV Advisory Committee*

We spent little time here:

- Committee has background information and *Terms of Reference* (ratified at last full meeting, June 2011)
- Purpose: knowledge exchange: bringing together mental health, public health and community together to move forward in an informed and strategic manner

3. Review goals and advise on current and future initiatives

a. **Draft Curriculum Proposal**: reviewed the draft document which outlines the training topics suggested by frontline workers. Survey was conducted to identify the most important topics to develop:

1. Trauma and grief (87.5%)

2. Addictions, substance use and trauma (87.5%)

3. Self-healing/ self-empowerment (75%)

4. HIV/HCV and cognition (75%)

The points of discussion around the table centred around two topics: (1) Trauma and (4) HIV/HCV and cognition

Trauma discussion points:

i. Street College: AIDS Vancouver Island developed a 6 week trauma-focused group called "Street College." They have piloted the project with people living with HIV and trauma, with promising results. The project included:
   - Providing participants with an understanding of trauma from a biological perspective
   - Taught and supported skill development that assisted participants with recognizing the signs and symptoms of trauma and how to use self-management tools to deal with trauma-related "triggers"
   - The advisory committee members were enthusiastic about sharing this project with communities as a webinar
   - The project will take some work to prepare it for sharing
   - The Canadian Information Treatment Exchange (CATIE) has a program called "Programming Connections". Perhaps "Street College" could also be showcased on their website

ii. Vicarious Trauma: Of concern to the advisory committee is vicarious trauma experienced by frontline workers and others within HIV/AIDS/HCV service provision- we need to explore self-care

iii. Trauma-Informed Practice: At an agency level, there are principles of practice that support working within a context of trauma. Nancy Poole is working on a trauma-informed practice initiative that provides tools to agencies

iv. Trauma and Grief: Trauma is often accompanied by grief and loss that is unrecognized

v. Promising Practices: There are additional potential resources to explore:
   - Ross Laird offered a well-received training on trauma at PAN's 2012 Mental Health Training. He may have some good ideas
   - How to include peer navigator strengths in this work?
   - Good to explore what is happening in Substance Use and Addictions: Kenneth Tupper
   - Connect with Stephen Smith: Mental Health Promotion & Mental Illness Prevention

vi. Case Conferencing: It has been discussed at the mental health trainings that opportunities to case conference would be an invaluable resource. This notion is supported by the need to keep the work grounded in real issues.
   - Explore potential for monthly meetings that could be attended by interested parties
   - Bubli Chakraborty is currently working in the field of "communities of

practice". She may have some good ideas about how to best develop and design this initiative

HIV/HCV and Cognition:

- Concerns here involve observations that people living with HIV are demonstrating some cognitive functioning issues which may be misinterpreted as deliberate behaviors such as aggression
- The issue of HIV is often not taken up as a lens to view situation
- Need to build this recognition into the whole curriculum, i.e. "what are the various factors that might be going on for this person?"
- The importance of the relationship with the client is central to being able to recognize possible subtle changes in cognition
- Cognitive changes may be difficult for a person to recognize in oneself
- Brain health is a part of holistic health
- Exploring the biomedical cause and effect
- Some of the psychiatric medications can involve contraindications
- What are the management issues and differences in populations (HIV and aging)?
- Need to explore HCV and co-infection and cognition
- Keeping it all within scope of practice: there are various assessments tools (e.g. IAD: Instrumental Activities of Daily Living); however, frontline workers do not diagnose or determine treatment- it's about observations and then linking to appropriate care
- Need to build these partnerships for care as there are few psychiatrists who have the knowledge to treat these complexities
- Other factors such as smoking can have cognitive implications
- We need to keep this quite broad
- Important to develop some self-management tools- but critical not to approach this in a frightening way- there is so much fear around cognition
- There are great tools and resources available about improving one's cognitive function (neuroplasticity)
- The Ontario AIDS Treatment Network held a recent conference with considerable cognitive function- related content

b. **Sustainability Proposal:** A longer term strategy may be to develop a proposal and budget to help us market our needs

c. **Research Proposal:** We need to keep in mind gaps in our knowledge. For instance, most of this work is based on the knowledge and experiences of frontline workers and agencies, along with the Advisory Committee. In this, what we don't know is what people living with HIV/HCV find to be healing.

- We might consider developing a research proposal to explore these gaps or to help support the research and work that is occurring through this initiative. Andrea Langlois is a good resource to assist us.

- Elayne Vlahaki (PAN) is working on evaluation and there is a possibility that we can include mental health related questions into the Community HIV/HCV Evaluation and Reporting Tool: CHERT

4. **Enhancing partnerships**
   - There are obvious gaps around the table. Need to think about enhancing and including key partners (e.g. HIV/HCV positive members; Aboriginal, Northern representation….)

5. **What else do we need to be thinking about? What's missing?**
   - Identify potential advisory committee members
   - Ensuring a robust evaluative process, in terms of work plan and activities

6. **Next steps/ Meeting**

Plan next Advisory Committee meeting for early February

Carlene's responsibilities

Move forward to develop:

- Work plan incorporating ideas from meeting
- Webinar related to trauma
- Work with Kristen and Heidi at AVI to share their pilot project: "Street College" as a webinar
- Conduct a "mini" literature review on cognition and HIV and HCV to help develop the training resources

Move forward to explore:

- How we might use webinar technology to engage in case conferencing/case studies
- Contact and explore key resources listed in the minutes

Advisory Committee's responsibilities

- Consider how to strengthen the knowledge exchange function of the advisory committee by identifying potential committee members and resources
- Consider gaps in knowledge that could be addressed through resources and/ or research