

Primary Care Mental Health and Addictions Education Events – Evaluation Summary

v1

1st June 2015



Overview of Sessions

	Title	Date	Presenter(s)	# Participants	# Evaluations
1.	<u>Update on Antipsychotics and their Side Effects</u>	Thu. Oct. 16 th 2014	Dr. Alison Freeland	40 = Total 19 = FP 7 = NP 15 = Other	15
2.	<u>Managing Medically Unexplained Symptoms</u>	Thu. Nov. 20 th 2014	Dr. Simon Hatcher	41 = Total 21 = FP 9 = NP 11 = Other	7
3.	<u>Resources for Families with Loved Ones Experiencing Symptoms of Mental Illness and/or Addictions</u>	Thu. Dec. 11 th 2014	Catherine Corey, Natalie Markoff	33 = Total 15 = FP 6 = NP 12 = Other	8
4.	<u>Prescription Opioid Addiction: Assessment and Treatment Approaches</u>	Thu. Jan. 15 th 2015	Dr. Kim Corace, Dr. Melanie Willows	38 = Total 22 = FP 6 = NP 10 = Other	9
5.	<u>Treatment Resistant Depression</u>	Thu. Feb. 12 th 2015	Dr. Ameneh Mirzaei	41 = Total 16 = FP 8 = NP 17 = Other	8



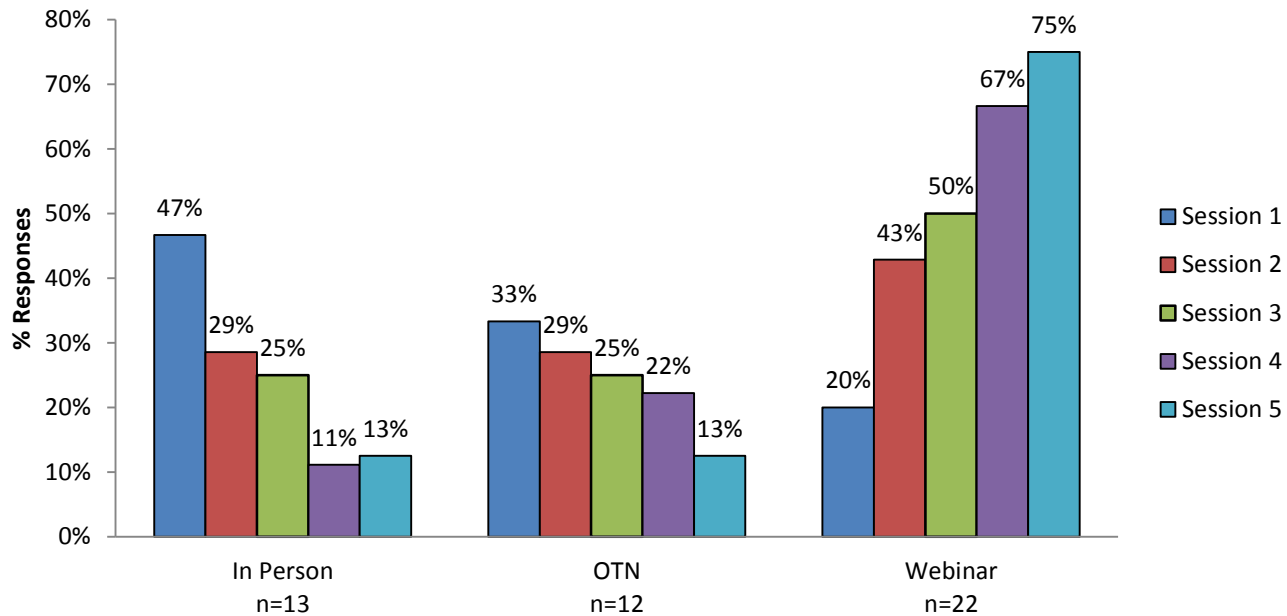
Highlights of Evaluations

- Overall 90% of respondents rated the session's Presenters as 'Good' or 'Very Good' (Q3)
- Overall 85% of respondents 'Agreed' or 'Strongly Agreed' that the Topic was relevant to their learning needs (Q5)
- Overall 80% of respondents 'Agreed' or 'Strongly Agreed' that the Session's learning objectives were met (Q6-8)



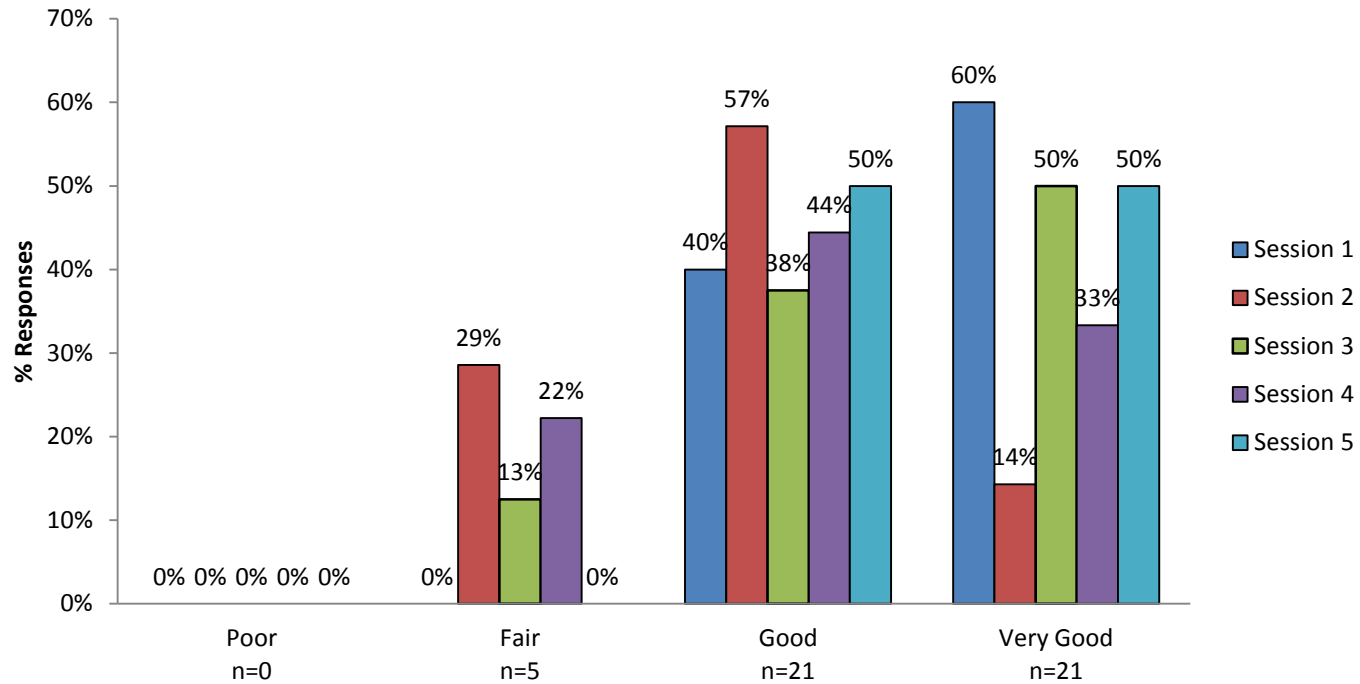
Question 1

Q1. How did you participate in the session?



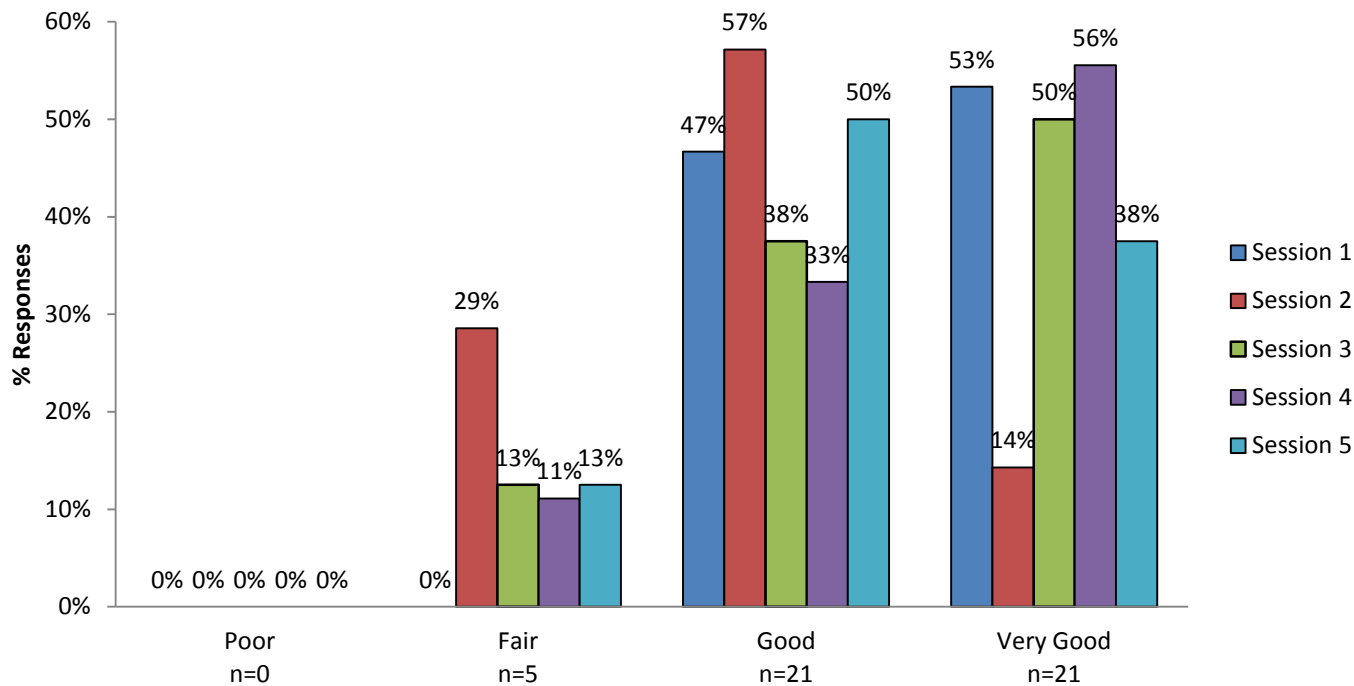
Question 2

Q2. Overall I would rate this session's..... Program content



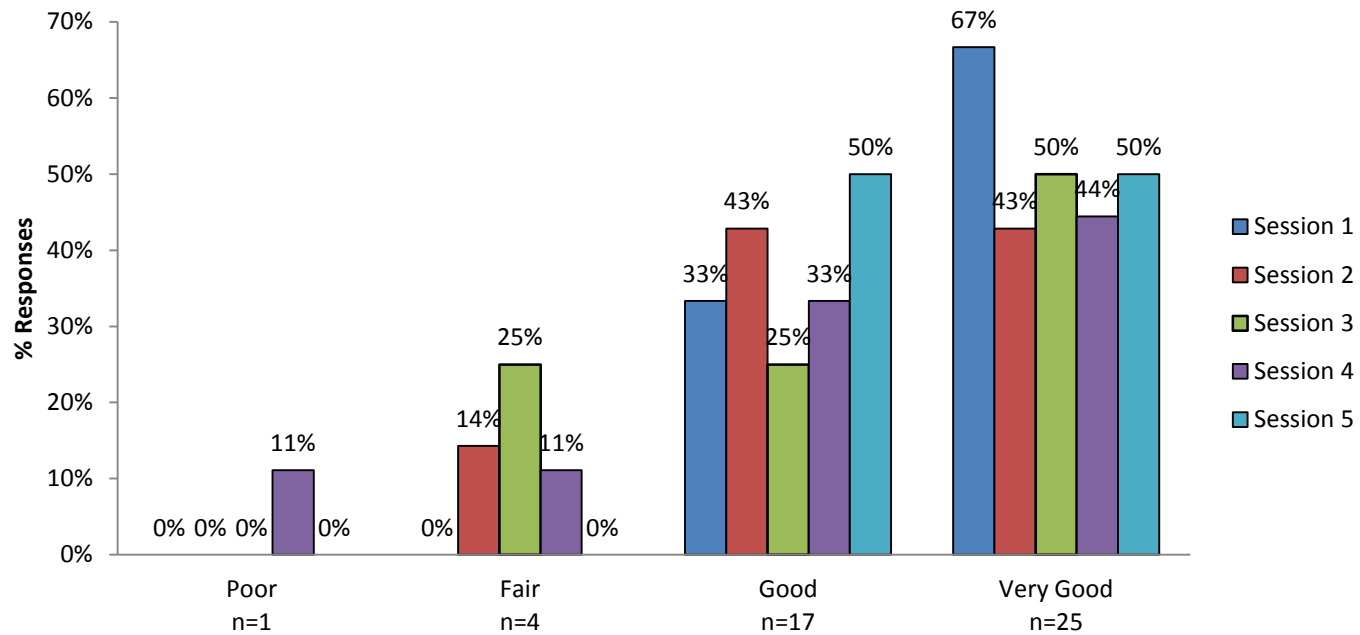
Question 3

Q3. Overall I would rate this session's..... Presenters



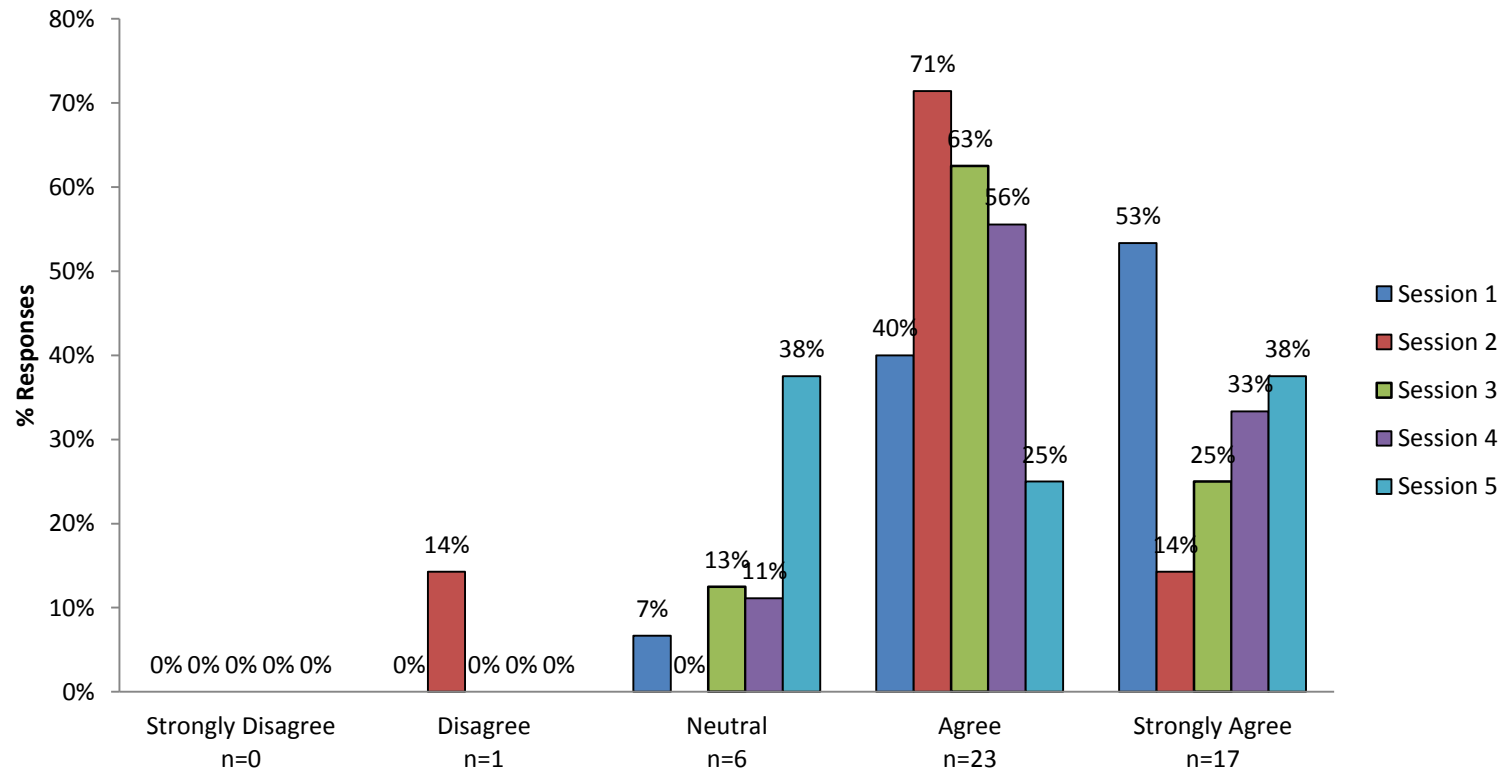
Question 4

Q4. Overall I would rate this session's..... Format of Communication (OTN, Webinar, etc)



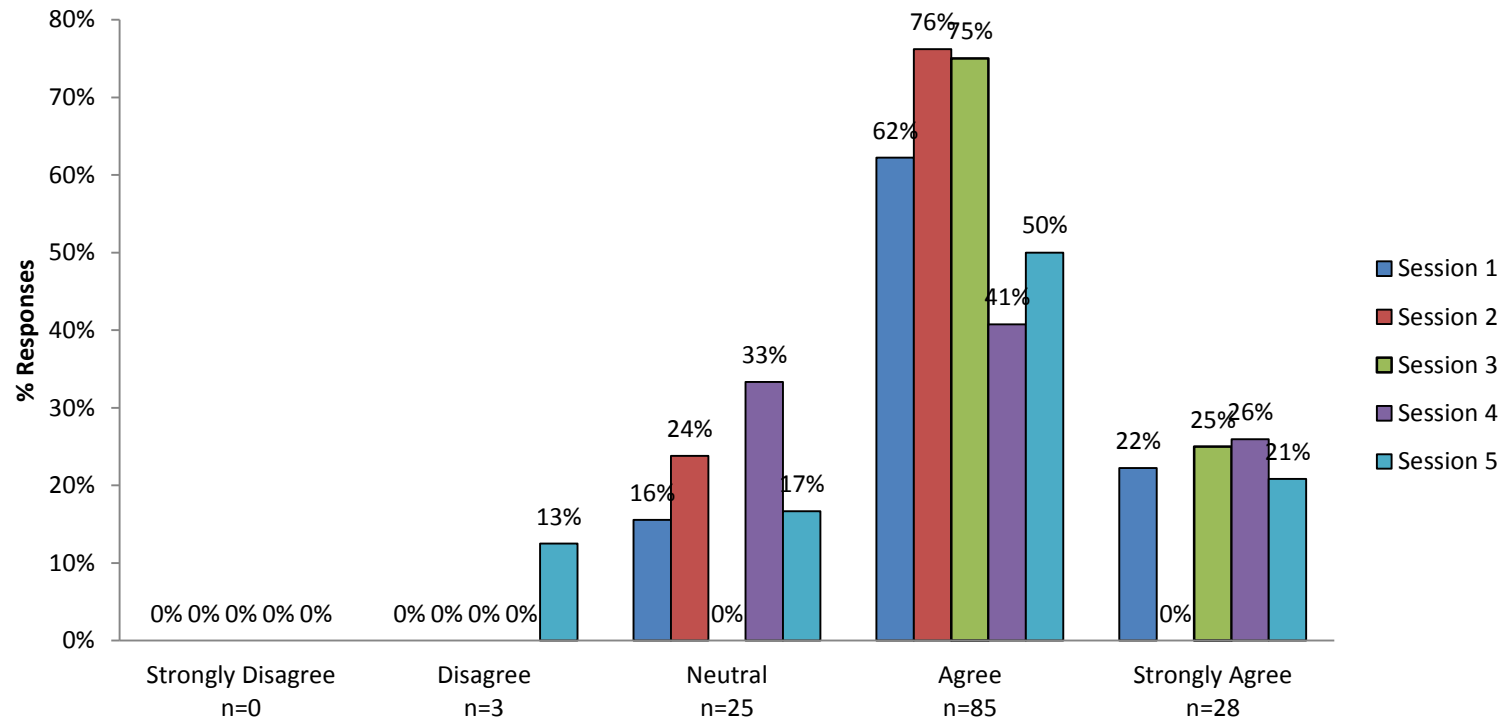
Question 5

Q5. Please rate if the Topic was relevant to your learning needs



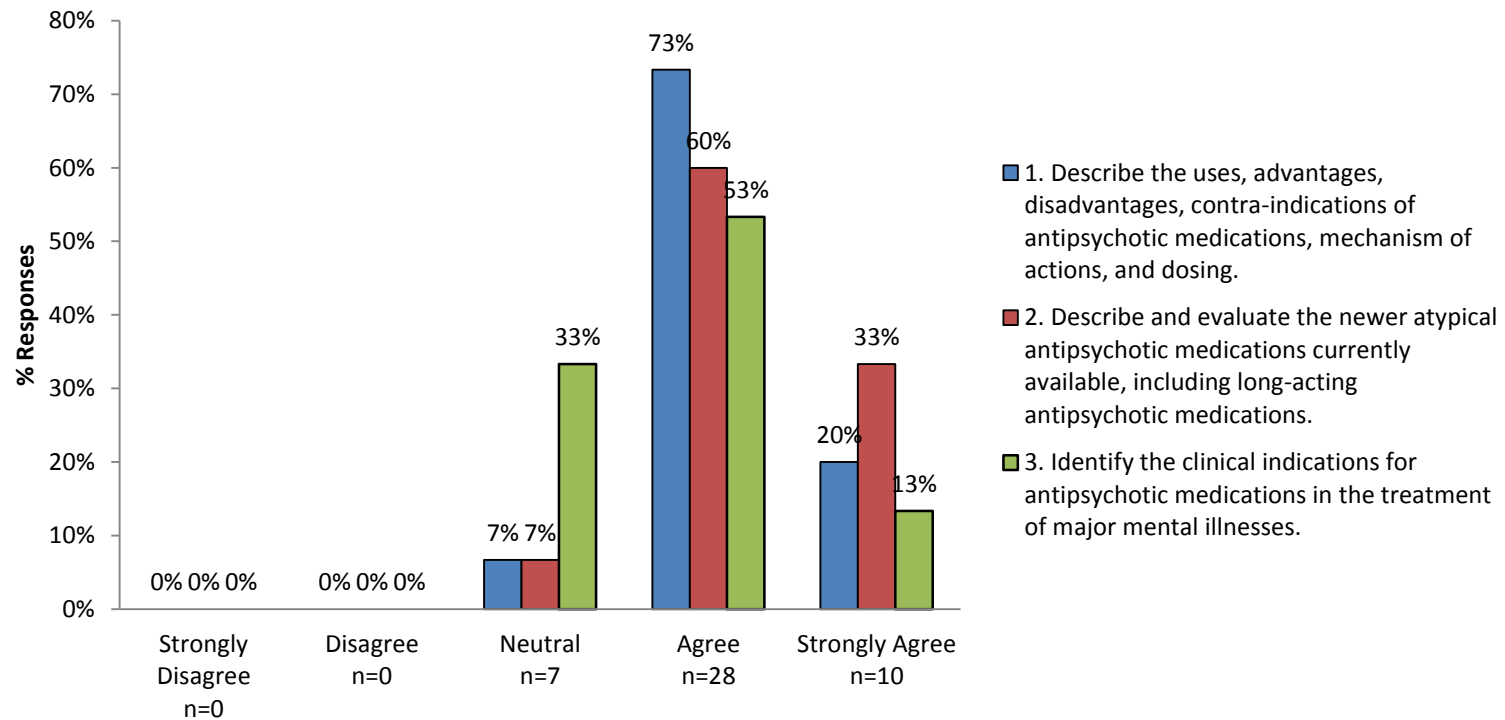
Questions 6-8 Learning Objectives - Overall

**Q6-8: As a result of attending this activity, I am better able to...
(learning objectives for session)**



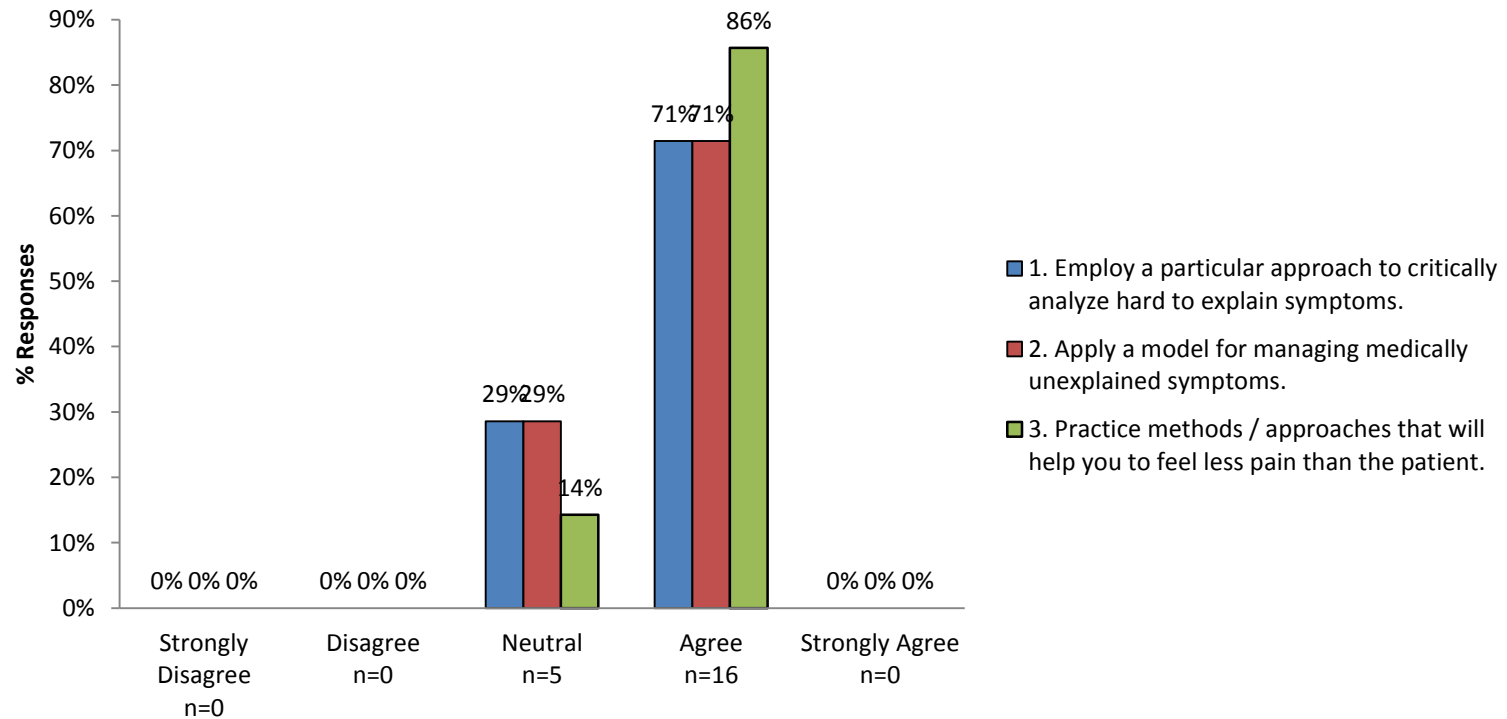
Questions 6-8 Learning Objectives – Session 1

Q6-8: Session 1 - As a result of attending this activity, I am better able to...



Questions 6-8 Learning Objectives – Session 2

Q6-8: Session 2 - As a result of attending this activity, I am better able to...

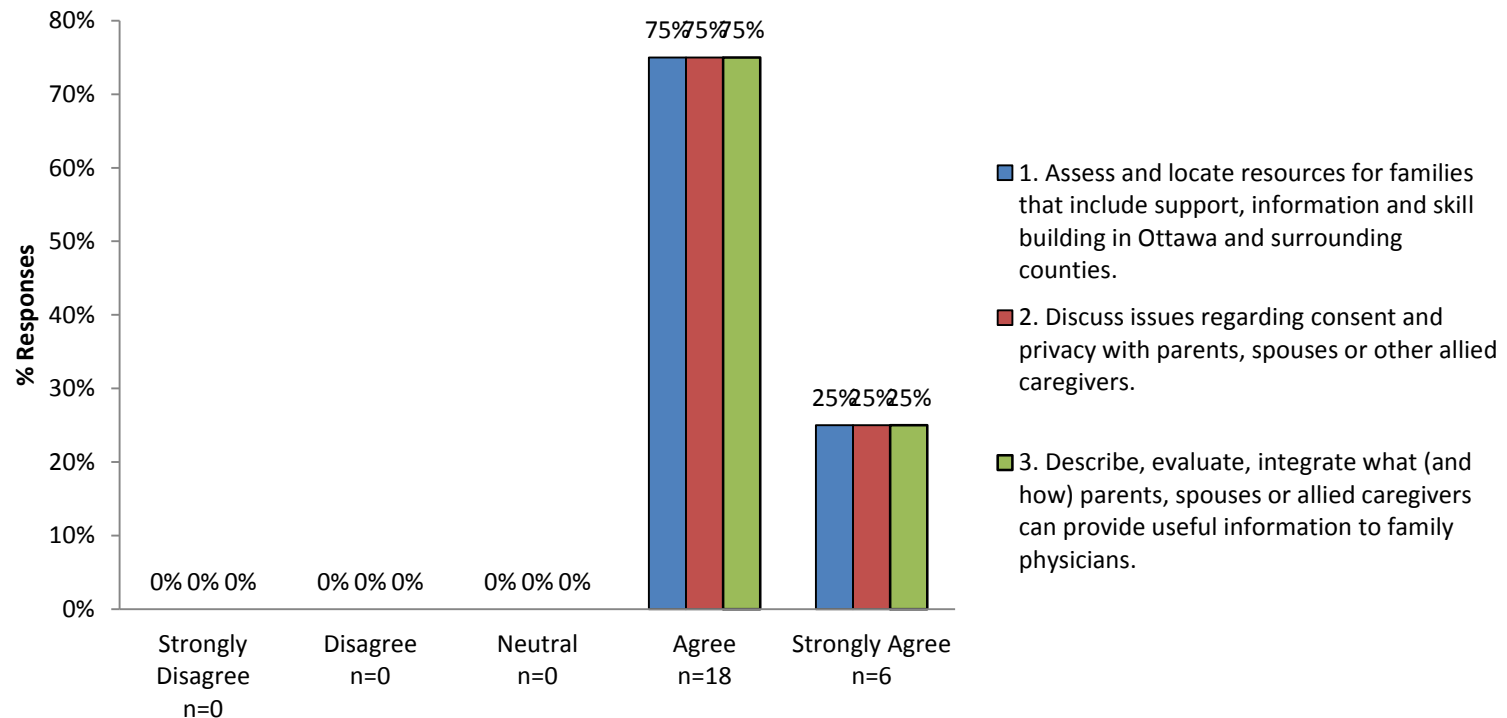


- 1. Employ a particular approach to critically analyze hard to explain symptoms.
- 2. Apply a model for managing medically unexplained symptoms.
- 3. Practice methods / approaches that will help you to feel less pain than the patient.



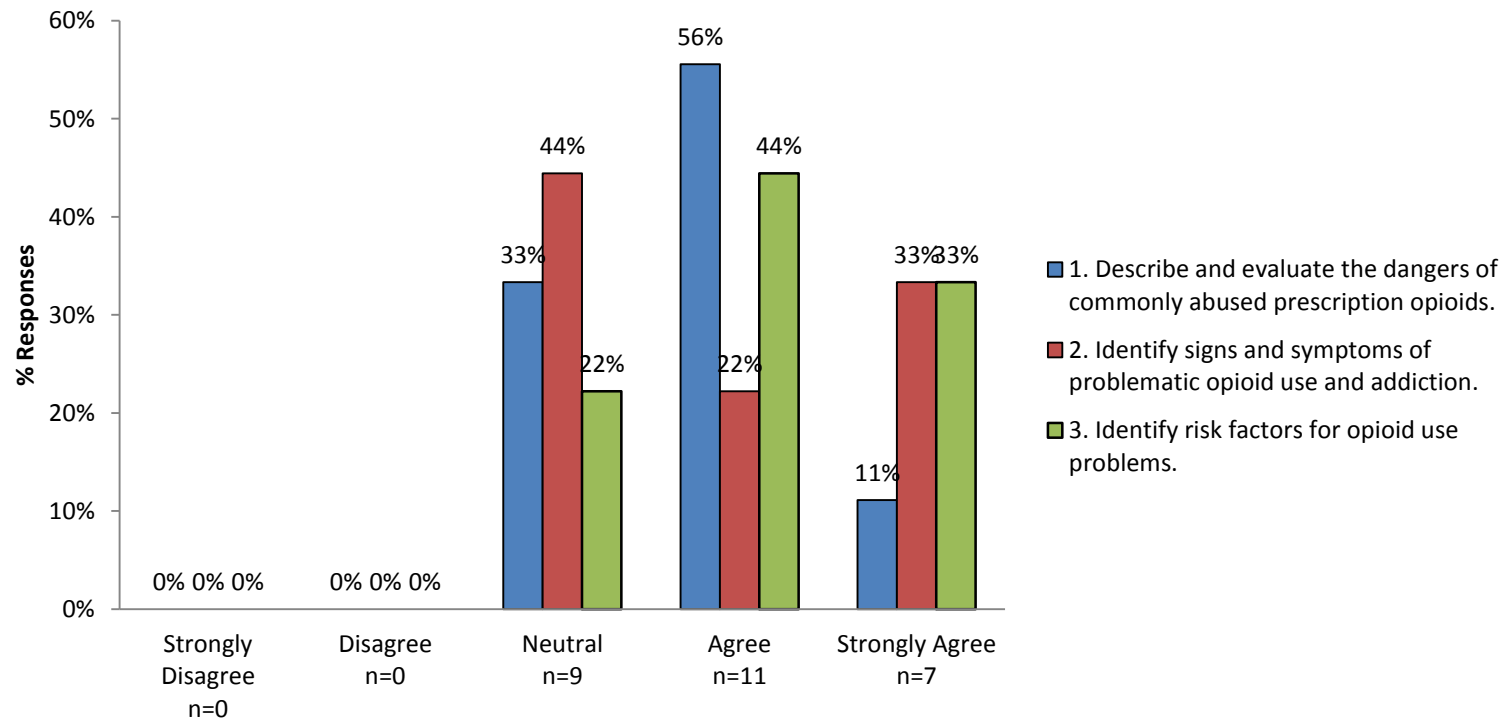
Questions 6-8 Learning Objectives – Session 3

Q6-8: Session 3 - As a result of attending this activity, I am better able to...



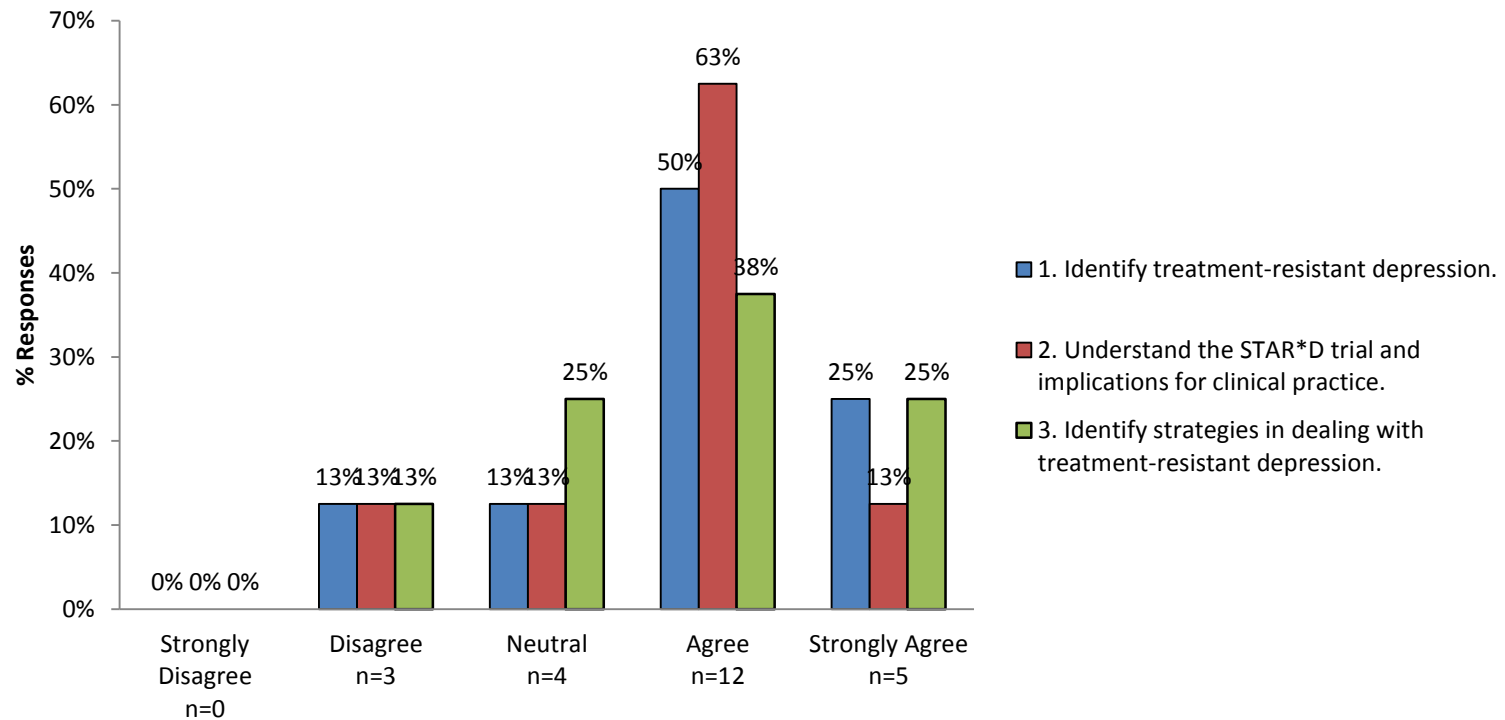
Questions 6-8 Learning Objectives – Session 4

Q6-8: Session 4 - As a result of attending this activity, I am better able to...



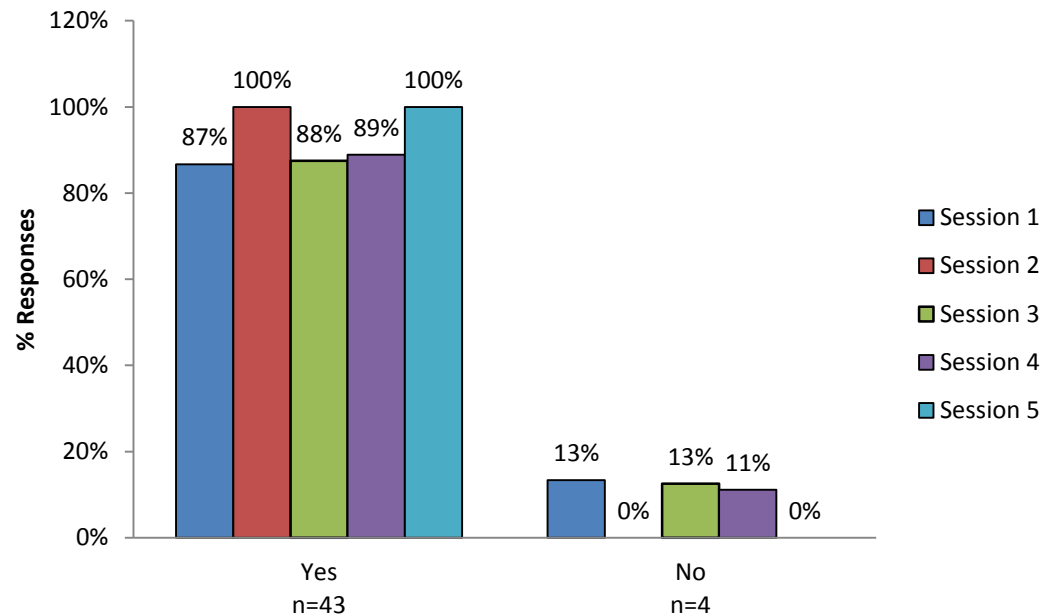
Questions 6-8 Learning Objectives – Session 5

Q6-8: Session 5 - As a result of attending this activity, I am better able to...



Question 9

Q9. The presentation was free of bias?



1a) I am not a physician but I found the information interesting just a bit too technical and medical for my training and my role as an addictions counsellor. But I still found it valuable information and I took from it what was relevant to me and the clients I serve, some of whom are on seroques and trazedon, off label. Thanks. I'll attend again in December.

1b) Other than what was disclosed.

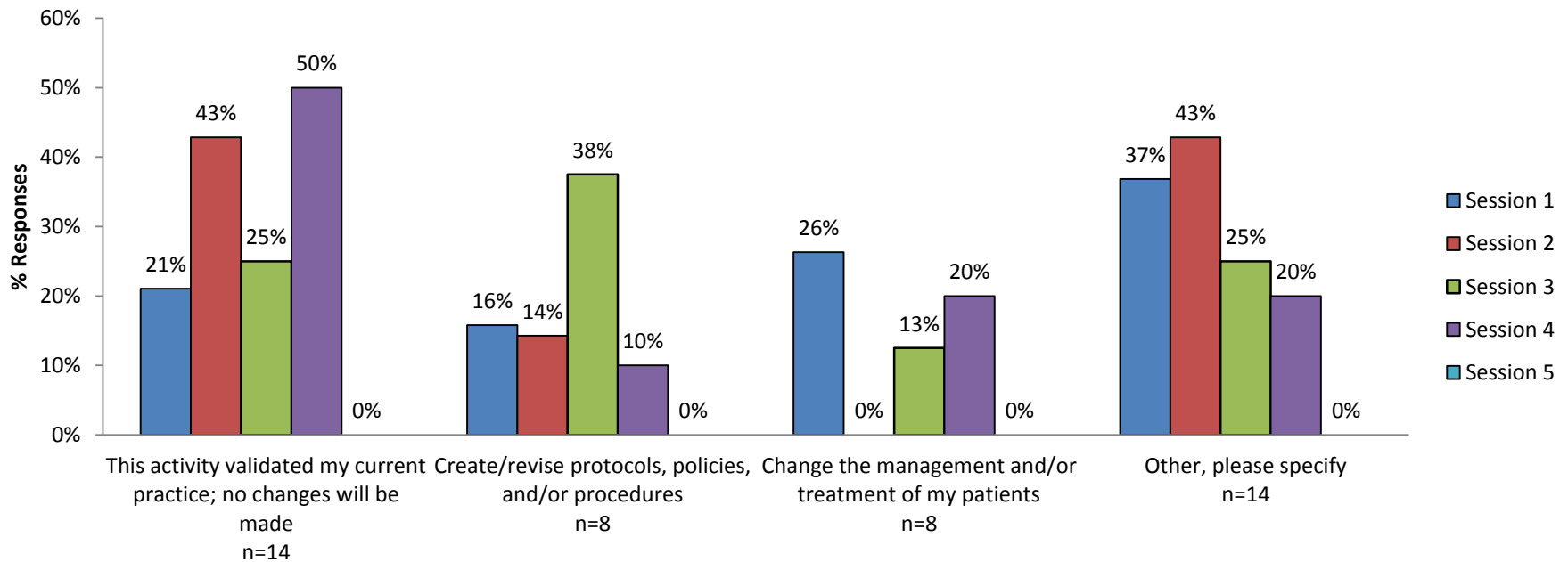
3a) Was an excellent topic, the speakers had 1st hand experience and clarified many relevant supports for Youth Mental Care.

3b) Presenters were parents of children with MH/addictions; their stories were relevant and necessary to enable them to create a peer support network

4) Cannot evaluate question

Question 10

Q10. Please identify any changes you might make to your practice as a result of attending this session (select all that apply)..



Note: More than one choice could be selected for question. 42 out of 47 responded to question



Question 10 cont'd

Q10. Please identify any changes you might make to your practice as a result of attending this session (select all that apply)...Other, please specify

- 1a) None identified (x2)
- 1b) Need to consult team with multi-use & diagnoses client
- 1c) Information Gathering
- 1d) The activity validated some of my practices broadened may use of patient specific available antipsychotics. Be more attentive to other medications and interactions to antipsychotics.
- 1e) Increase awareness of medications side effects
- 1f) It was interesting to learn about SL atypical but would not use in my practice
- 1g) (Question) not relevant to me as I am not a physician
- 2a) Speaker gave a broader view of including other clinical presentations under this umbrella and teasing them out like the idea of explaining symptoms and causations to patients
- 2b) Supported thinking
- 3a) Reinforced my practise of keeping family, school, partners and grandparents informed and in the loop.
- 3b) Dissiminate information to families in need
- 3c) We were not aware of these two resources. Having someone who could help navigate will be priceless
- 4a) Be more alert to teens who are prescribed opioids for pain after dental extraction of molars and remain addicted to opioids.
- 4b) PH 9 assessment and MDD assessment
- 4c) As a psychologist, I am now more aware of the protocols for opioid prescription, opioid withdrawal management, and tapering in primary care.
- 4d) Have not used Suboxone in past.



Question 11

Q11. Please indicate any barriers you perceive in implementing these change(s)

None (x8)

N/A (x2)

2a) Time in office setting (cannot always explore detailed psychological history)

4a) Challenges of engaging patients.

4b) Time (x2); lack resources; wait lists.

5a) Clients. Most don't want to "try" a few different meds. They want the "magic" one that helped a friend, or get discouraged if a dose needs increasing or need to change classes. Either that or I'm doing my psychoeducation wrong

5b) Frequent non- or partial compliance with meds; abandoning treatment before giving a fair trial

5c) There was no focus on therapeutic tactics to treatment resistance with depression it was all focused on medications.... As a social worker I do not deal with medication but often come across chronic depression



Question 12

Q12. Please describe any topics that you would like to see addressed in future educational activities

- 1a) Impacts of mutli-use of psycho-pharm in one client
- 1b) Addiction, trauma, DBT, EFFT
- 1c) Depression
- 1d) Diagnosing Bipolar earlier in life eg: Youth 12-19yrs, and prevent illness associated trail of disruptions.
- 1e) Resources for Axis 2, especially BPD in the community
- 1f) Management of mild depression- extremely common in primary care, management of acute grief reaction- eg updates on a few of these topics which we see quite commonly
- 1g) Case studies: reasoning for choosing a certain antipsychotic, speed and reasoning of titration, reasoning behind changing to another formulation/medication
- 2a) Addiction best practices
- 2b) Adolescents and depression; Self harm & suicidality
- 3a) 1) Bipolar Disorder in Children and Adolescents.; 2) Internet, cell phones, other electronic communication systems and abuse of youth by users, predations.
- 3b) N/A (x2)
- 3c) Self-injury
- 4a) What do you do with a new pt of yours that been on opioid for long ?
- 4b) Include issues related to teenagers in these presentations.
- 4c) Depression and anxiety treatment, reducing opioids, if patients then complain about pain because of reduction and looking for alternatives
- 4e) I would have like more focus on managment and treatment of these patients for primary care providers given such long waits for rehab programs etc in town.
- 5a) Future topics: severe GAD, severe OCD



Question 13

Q13. Other Suggestions/Comments:

1a) Highly recommended for anyone using antipsychotics, a very good overview

1b) Thank you for this opportunity!

1c) 1) Less Reading materials an each slide; 2) Try not to cover too much, make it short, sharp, to the point, with clear take to your practice - pointers.

1d) Case based presentation where we had to choose which atypical we would use given other comorbidities, illness type, side effects would have been helpful for illustrating the relative strengths and risks of the different atypicals

1e) Thank you Dr. Freeland!!!

2a) I was not able to see the slides during the Webinar

2b) Webinar tended to decentralize talk too much; better atmosphere with more in attendance

3a) Happy Holidays!

3b) Shared stories were great

3c) Very helpful - excellent presenters

3d) Volume on webinar was on maximum, computer was on maximum and still could barely hear. That makes it difficult to enjoy the presentation.

4a) Hukka users among young people, Teens who use substances and have chronic mental health issues headaches etc;

4b) OTN did not connect with our site. It was disappointing that the slides were not viewable during the session. The bad technical quality of the webinar, and the fact we couldn't connect through OTN, makes it less likely for me to make an effort to attend future sessions. You have to earn people's trust.

4c) As an addictions counsellor, it refreshed my knowledge

