



North BEAT COLLABORATIVE

SUPPORTED BY ST. JOSEPH'S CARE GROUP
& ONTARIO TRILLIUM FOUNDATION



eLearning Meeting FACILITATION AGENDA

Facilitators: Carole Lem, Shevaun Nadin

Date + Time: Tuesday April 10, 2018
10am & 1pm (Eastern)

Location: Teleconference

Attendees

10am Meeting	1pm Meeting
Inspector Sharon Komar (TBPS) Traci Fisher-Zaiser (LHIN/MHAN) Erin Otto (FNIHB) Erin Modin (211 North) Charlene Strain (CMHA-FF) Abi Sprakes (TBay Counselling) Callie Berswick (PACE) Bob Greer (Ministry of Education) Mirella Fata (TBCDSB) Crystal Edwards (TBRHSC) Mae Katt (DFC)	Fred Schmidt (CCTB) Peter Voros (TBRHSC – AMH) Joy Kolic (CMHA-TB – First Place) Miranda / Jamie (MHAN) Nancy Hernandez-Basurto (TBDHU) Sarah Bromley (EPION) Sara Dias (CMHA-Kenora) Marika Bellerose (FNIHB) Lindsey Poulter (NAN)

Notes

1. Collaborative Updates

a. Staff.

- i. *Intern*: Application submitted to the Northern Ontario Heritage Fund for an Intern with



Education background to support the eLearning constellation and help design the modules. Expected to hear application results this summer.

ii. Summer Students: 2 summer students will be hired to assist with youth engagement. The posting is expected to appear today (April 10); the link will be sent to Collaborative members for circulation.

- b. Youth engagement.** Email was sent to Collaborative members asking for help in circulating a call for youth advisors. Youth advisory meeting will be held April 26th. Members are asked to continue circulating the call.

- c. eLearning experts.** Still looking for eLearning experts to come on board in a consulting capacity to help develop the eLearning modules. If you know of any eLearning experts, please send to the NorthBEAT coordinating team: northbeat@tbh.net or 346.3693.

2. Survey Feedback

A survey link was sent around after the last meeting. This survey included a section on target audience and curriculum content, and participants were able to vote on what to omit, keep, add, or save for later. So far, ~ 50% response rate.

Survey link was re-sent with agenda for this meeting. It's not too late to complete! We will continue to consult the survey responses throughout the eLearning development process.

Survey responses (combined with the meeting notes) were used to create a draft proposal for what the pilot training. Two key messages have been pulled:

- i. The pilot/prototype training needs to be targeted to a general, non-mental-health-specialist audience, and should cover the basics of symptom recognition and early warning signs at an introductory level.
- ii. The second key message is that there is a desire for more advanced training, which would come in the form of subsequent modules.

These have been summarized this in a flowchart sent with the agenda (NBC eLearning Planning Timeline v1).

Note: Some survey respondents identified youth/families as the target audience for the pilot. Carole clarified: this eLearning constellation will focus on service provider training needs, and we will be working with youth and families to co-create resources tailored to their needs.

3. eLearning Prototype Development: Next Steps

- a. The eLearning planning timeline document was reviewed. It is proposed that the pilot be developed in three modules:
 - i. Module 1: Introductory module targeted at a generalist/gatekeeper audience. Topics would be “the basics”; e.g.: signs and symptoms; what to say/how to ask questions; where to seek additional resources, etc. This would be completed by fall 2018 and used in the pilot.
 - ii. Module 2: Targeted to more advanced audiences (those who work with youth). Topics would be more specialized / advanced, and would cover information needed by service providers for the limbo in between referral and intake into specialty services (i.e., follow up, community resources).
 - le. Supporting youth while they are waiting for services and supporting youth in recovery.
 - iii. Module 3: Targeted to more advanced users (those who work with youth). Topics would cover what to do once the youth are engaged in specialty services, and how to support recovery (i.e., information on interdisciplinary process and work with clients, understanding of prognosis).
- These last two Modules would be developed as the first tier is being piloted, within the next year.

This three-tier pilot approach allows for each organization to choose which modules apply to them without the burden of too much information. For example, some will only need to know what to do as far as intake, while others will be involved throughout the process.

- b. After creating the above prototypes, would plan to work with each organization to address additional training needs once the basic level training is developed and piloted. This work

will, hopefully, begin in early 2019. For example, there may be a “3+” module which would cover more specialized / advanced content than the above.

Attendees indicated which phase / modules would apply to staff at their organization.

Responses were:

Organization	Response
TBPS	Phase 1 most relevant to most police officers Phase 2 relevant to some officers (eg., mobile response team)
FNIHB/SLZ	Phases 1 – 3 could apply to health care workers - Phase 1 could be shared at the community level to help support people until they access services - Would like to see something more in depth as to what to do when a crisis emerges (e.g., for the Northern nurses/Doctors – what to do in the community during a crisis) - Would also like to see some crisis prevention topics
NW LHIN MHAN	Phases 1 – 3 apply to MH nurses plus anything else that would be more specialized (e.g. “3+”, medication etc.)
TBCDSB	Phase 2 most reflective of school staff Possibly Phase 1 as well, if very general (i.e., no assessment) and adapted to the education sector and the pathways that have been mapped.
Ministry of Education	Phases 1 – 3 relevant to education sector (depending on the group, some will be more relevant than others)
211 North	Phases 1 - 3
TBay Counselling	All 3 are relevant, but Phase 2 maybe most related because many staff work with youth with a low threshold psychosis or work with youth before specialist referral and also work with them if not accepted into EPI
PACE	Phases 1 – 3 and 3+
DFC	Phase 1 (important for most staff); Phase 2 for some Would also like to see the following included: i) Something on medication: how to stabilize a youth while waiting for intake; ii)

	how to manage self-harm language: e.g., strategies/interventions to address suicidal language (to prevent ER visit)
CCTB	Phase 2 (for nurse, social work, psychology). Perhaps some 3+ (more advanced information for a few specialized staff)
TBRHSC	Phase 2 for general and ER nurses Phase 3 and Phase 3+ for more specialized staff
TBDHU	Phase 1 – basics for public health Maybe Phase 2 for more specialized nurses
EPION	Phase 1, 2, 3, 3+
NAN	Phase 1, 2, 3, 3+

4. General Questions and Suggestions

- Training / learning needs depend on the target of the education. Some audiences need only very basic information; others much more advanced. For example, generalists/gatekeepers only need to know enough to identify that there may be an issue and where to refer or turn for help. Other audiences may need to know more about assessment and treatments.
- Consult the Mental Health First Aid curriculum for psychosis to see if any content may be adapted. Connect with Thunder Bay Counselling (which a mental health first aid trainer) offline to connect about content.
- Consult EPION for content
- Re: Signs and Symptoms: Consider addressing developmental differences & how early psychosis presents differently across ages (e.g., 8 year old vs. 14 year old)



- Consider including content on how to support youth who do not make it to and EPI program – e.g., how can nonspecialist providers support youth in their communities without speciality services

5. Next meeting: Tuesday June 12, 2018 @ 10am and 1pm.