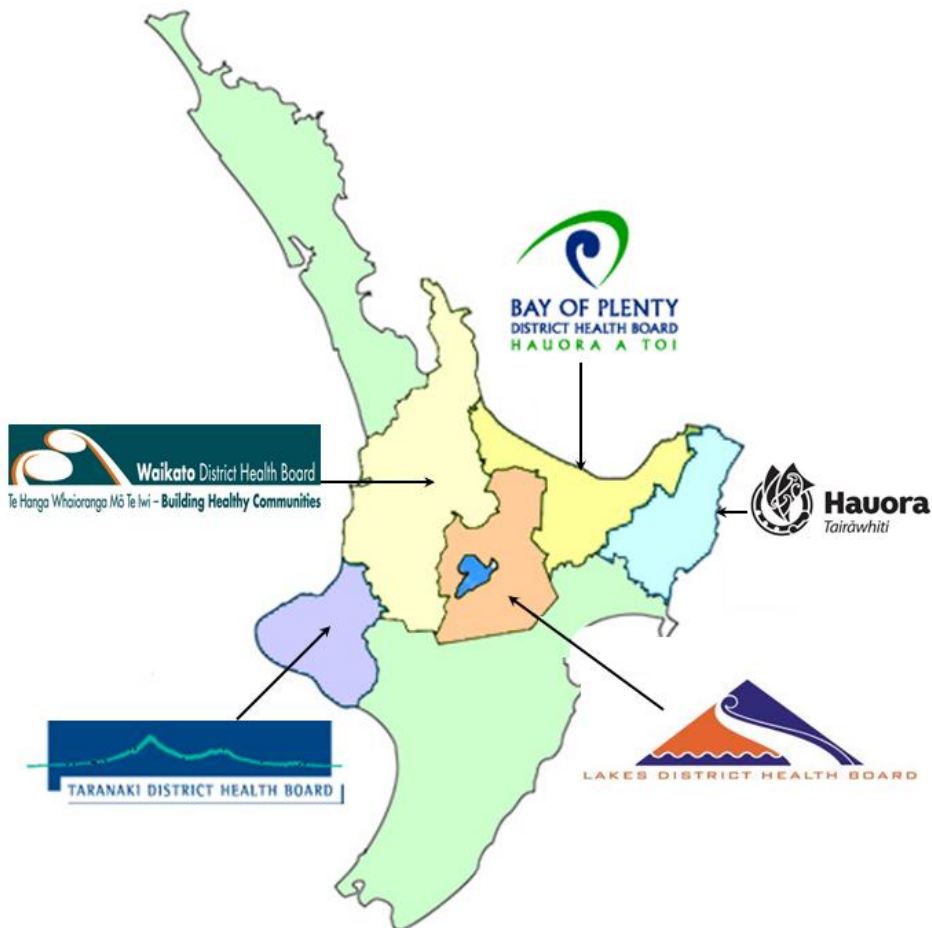


Midland Infant Perinatal Mental Health & Addictions Workshop Evaluation Report

Workshop 3



October 2015

Table of Contents

1. Executive Summary	3
2. Background	5
3. Participant Analysis	6
3.1 Participant Ethnicity	6
3.2 Participant Current Role	7
3.3 Participant Workplace	7
3.4 Outcomes	8
3.4.1 Feedback from Previous Regional Workshops	8
3.4.2 Evaluation Outcomes.....	9
3.4.3 What Did Participants Find Most Useful	11
3.4.4 What More and What Should Be Included	12
4. District Specific Information	13
4.1 Bay of Plenty	13
4.2 Lakes.....	14
4.3 Tairāwhiti	15
4.4 Taranaki	16
4.5 Waikato	17
5. Financial Return on Investment	18
6. Conclusions	19
6.1 Recommendations.....	20

Tables

TABLE 1: PARTICIPANT DHB AREA.....	6
TABLE 2: WHAT CONSTITUTES A GOOD WORKSHOP?	8
TABLE 3: WHAT MAKES A GOOD INSTRUCTOR / FACILITATOR?.....	8
TABLE 4: EVALUATION RESULTS	10
TABLE 5: WHAT DID THE PARTICIPANTS FIND MOST USEFUL?	11
TABLE 6: WHAT MORE AND WHAT SHOULD BE INCLUDED?	12
TABLE 7: REGIONAL RETURN ON INVESTMENT	18
TABLE 8: FINANCIAL RETURN ON INVESTMENT BY DHB.....	18

Charts

CHART 1: PARTICIPANT ETHNICITY	6
CHART 2: CURRENT SERVICE SETTING.....	ERROR! BOOKMARK NOT DEFINED.
CHART 3: MIDLAND PARTICIPANTS – CURRENT ROLE.....	7
CHART 4: BOP PARTICIPANTS – BY ETHNICITY.....	13
CHART 5: BOP PARTICIPANTS – BY SERVICE.....	13
CHART 6: BOP PARTICIPANTS – BY ROLE.....	13
CHART 7: TAIRĀWHITI PARTICIPANTS – BY ETHNICITY.....	15
CHART 8: TAIRĀWHITI PARTICIPANTS – BY SERVICE.....	15
CHART 9: TAIRĀWHITI PARTICIPANTS – BY ROLE	15
CHART 10: TARANAKI PARTICIPANTS – BY ETHNICITY	16
CHART 11: TARANAKI PARTICIPANTS – BY SERVICE.....	16
CHART 12: TARANAKI PARTICIPANTS – BY ROLE	16
CHART 13: WAIKATO PARTICIPANTS – BY ETHNICITY.....	17
CHART 14: WAIKATO PARTICIPANTS – BY SERVICE.....	17
CHART 15: WAIKATO PARTICIPANTS – BY ROLE	17

1.

1. Executive Summary

A strategic direction for services is to develop their capability and capacity in the workforce. Workforce development in the specialist area of Infant Perinatal Mental Health and Addiction is driven by the Ministry of Health - Rising to the Challenge. The Midland Regional Network – Mental Health & Addictions continues to invest and improve the regions workforce capacity and capability by offering the third round of workshops, Perinatal and Infant Mental Health Workshop Three to the region.

This workforce objective was placed in the mental health and addictions section of the 2014/15 Regional Services Plan and has been funded by the Ministry of Health through one off funding.

High Level Conclusions

- One day workshops in each of the five Midland DHB areas for the Perinatal and Infant Mental Health Workshop Three was approved and progressed with Dr Denise Guy for delivery over May and June 2015.
- Of the 57 participants responses over 81% identified as New Zealand/European. No participant identified as Māori. The “Other” ethnicities were made up of various participants from Indian to Scottish descent. The significant gaps in the Pacific people and Asian workforce were highlighted in registrations.
- There was a good spread of roles within the mental health and addiction, community, CAMHS and sectors with the largest groups being Clinical Psychologists and Registered Nurses within DHBs
- All the participants came from ICAMHS, Perinatal Mental Health and CAMHS services as the largest groups with one person from Pediatrics.
- A total of 37 (70%) completed Evaluation Forms were received, which further validates the findings of this report. Only 20 (35%) of the Evaluation Forms were not completed, this may be attributed to those attendees leaving the workshop early and the low return rate of Tairāwhiti evaluations via email.
- Using the scores rated 4 and above, 81% of the attendees were satisfied with the overall workshop, 72% felt the content met their learning needs, 67% agreed that it was applicable to their role and 78% found value in the course material.
- 86% rated the Instructor 4 and above, 97% agreed that the Instructor demonstrated knowledge of the content, 84% felt that the Instructor generated their interest and 89% felt that the Instructor was interested in their input.
- 92% of the participants found that the registration process was easy. 89% of the participants were satisfied with the location of the workshop and 91% were satisfied with the venue and catering.
- A summary of the consistent themes of what participants found useful is detailed in [Table 5](#). Participants found that discussion with other participants, the instructor’s knowledge on the subject matter, research and the pre-reading and the clinical discussions with colleagues most beneficial. The workshop video’s and clips were found very useful as well.
- Where overall satisfaction with the workshop was high, participants felt that more time spent on the same topics discussed in this workshop would be beneficial to their practice. The common themes have been summarised in [Table 6](#) and will be used to determine the content of the second workshop.

- The total cost for the regional Perinatal and Infant Mental Health Workshop Three was \$12,269.16 with a total of 57 people in attendance. A return on investment taken from total cost was \$215.25 per person.
- The return on investment by DHB shows higher costs compared to previous workshops one and two particularly for facilitator costs. This workshop was tailored individually to the needs of the 5 DHBs therefore preparation costs were factored along with facilitation and delivery. Workshops two and three were held concurrently in Bay of Plenty, Taranaki and Tairāwhiti which saved in travel costs and all venues were sourced within DHBs with catering costs being the only expense.

1.1 Recommendations

That Clinical Governance and the regional Portfolio Managers review and accept the findings of the report.

2. Background

The Midland Region is comprised of five District Health Boards (DHBs), these all experience geographical challenges at different severities. Within the Midland Region there is a clear need for the process of collaboration when focusing on workforce development to ensure that adequate coverage and access is available to all mental health and addiction services within the Midland region.

Canvassing was undertaken to ascertain what Infant Perinatal Mental Health and Addiction (MH&A) training was available in New Zealand and overseas. It soon became apparent that very little was available and that most of the expertise sat in Australia and the United States of America. Following several regional discussions it was agreed to approach Dr Denise Guy who was recognised as the New Zealand expert by the Midland MH&A Clinical Governance to submit a proposal for workshops within each of the Midland DHB areas.



Dr Denise Guy is a Child Psychiatrist who has worked in Infant Mental Health [IMH] in Australia and New Zealand for almost three decades. She is President of the New Zealand Infant Mental Health Association [IMHAANZ] and was a founding member of the Australian and New Zealand Affiliates of the World Association for Infant Mental Health [WAIMH].

Dr Denise Guy suggested that a series of three workshops be offered. Workshop one: The Introduction of Infant Perinatal Health – The First 5 Years was held in November and December 2014 followed by Workshop Two: Perinatal and Infant Mental Health – Attachment and Caregiving held over March – May 2015. These workshops were targeted towards all staff working across the infant perinatal continuum

Workshop Three was tailored to specific DHB needs and negotiated with clinical leads in each of the five Midland DHBs. The workshops specifically targeted the provider arm clinical services and were tailored for mental health and addiction clinicians working with mothers and babies. Workshop Three was held between May – June 2015.

This report utilises the Registration Form and Evaluation Form data which has been analysed to guide the next steps for integrating Infant Perinatal mental health and addiction best practice into every day clinical best practice.

3. Participant Analysis

Overall there was a high level of support and engagement from all five Midland districts. There was a slight decrease of participants on the day in all of the DHB areas from those who registered prior to the workshops rolling out.

Table 1: Participant DHB Area

District	Number Registered Prior to Event	Number Attended	Completed Evaluations
Waikato	13	15	13
Bay of Plenty	14	14	9
Taranaki	14	10	8
Lakes	11	10	7
Tairāwhiti	5	8	0
TOTALS	56	57	37

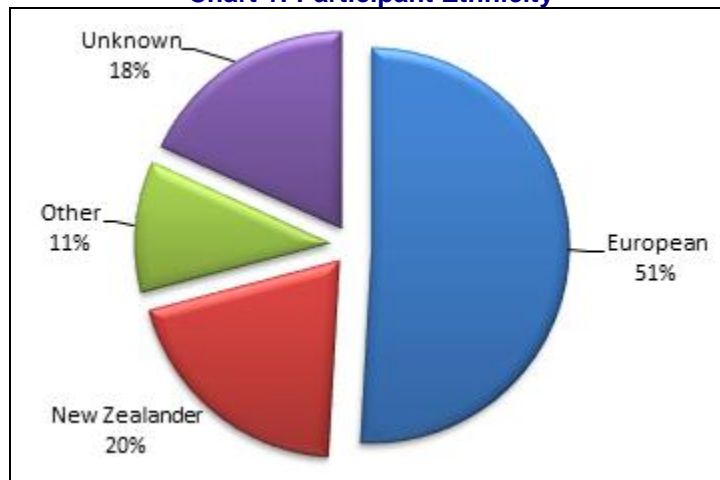
3.1 Participant Ethnicity

Demographics

The registration form did capture ethnicity. There were participants in attendance who did not register to attend, therefore are identified as unknown.

Of the 57 participants responses over 81% identified as New Zealand/European. No participant identified as Māori. The “Other” ethnicities were made up of various participants from Indian to Scottish descent. This graph also highlights significant gaps in our Maori, Pacific people and Asian workforce. See [Section 4](#) for DHB specific information.

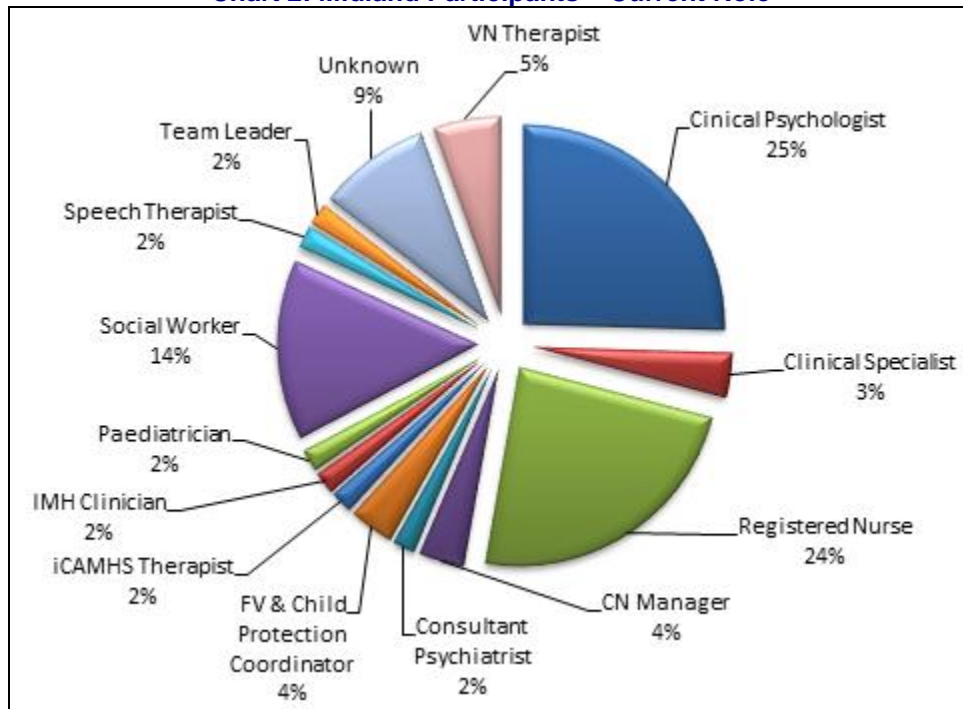
Chart 1: Participant Ethnicity



3.2 Participant Current Role

The chart shows a good spread of roles within the mental health and addiction, community, CAMHS and sectors with the largest groups being Clinical Psychologists and Registered Nurses within DHBs. See [Section 4](#) for DHB specific information.

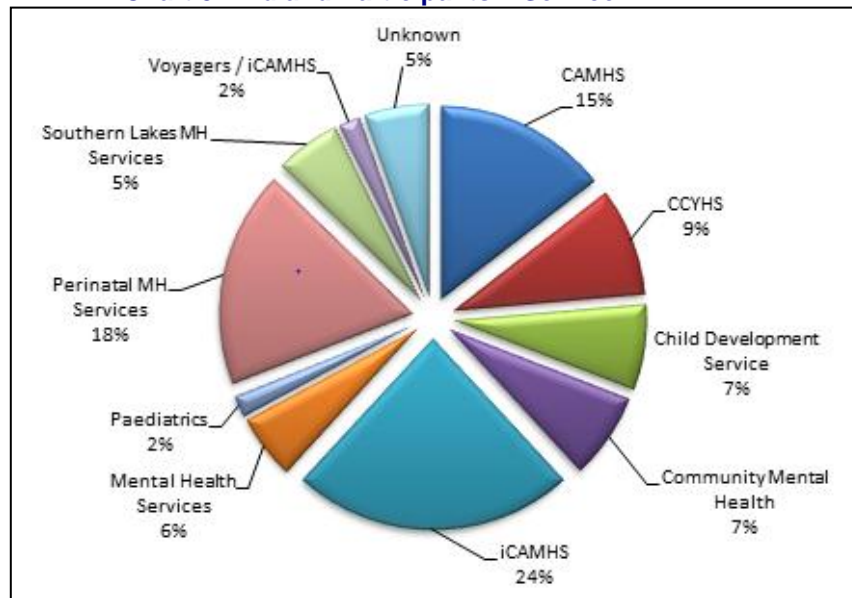
Chart 2: Midland Participants – Current Role



3.3 Participant Workplace

The chart shows a good spread of services from ICAMHS, Perinatal Mental Health and CAMHS services as the largest groups with one person from Paediatrics in attendance. See [Section 4](#) for DHB specific information.

Chart 3: Midland Participants – Service



3.4 Outcomes

3.4.1 Feedback from Previous Regional Workshops

Over the last four years, the Midland Regional Network – Mental Health and Addictions has over a series of regional workshops canvassed participants to identify feedback on the two areas below and the consistent themes have been placed into the following two tables.

Table 2: What Constitutes a Good Workshop?

Validation and integrity	Setting the scene	Environment – quiet, comfortable
Content appropriate to audience	Whakawhanaungatanga	Location Rural vs. Urban
Purpose and aims clearly identified	Planning	Having regular breaks
Speakers with credibility	Variety of teaching styles	Food/Kai
Humor and fun	Structure	House rules
Researched and evidence based	Ice Breakers	Numbers of participants
Resources and Handouts	Flexibility	Target audience
Active participation	Feedback and Evaluation	Learning styles acknowledged

Table 3: What Makes A Good Instructor / Facilitator?

Dynamic	Energetic	Prepared
Organised	Knows the audience	Creative
Aware of group dynamics	Aware of regional interface	Aware of roles
Use of self	Personal experience	Stories
Balance on the subject	Manages time	Boundaries and awareness
Responsive	Confident	Good mediator
Able to see the big picture	Pulls themes together	Empowering
Inclusive of the group	Promotes collaboration	Promotes participation
Has a beginning, middle and end	Is culturally aware	Safe
Tolerance for discussion	Respectful	Listener

All workshops offered regionally in Midland, bear in mind the above feedback to ensure that the participants adult learning experience is maximised.

3.4.2 Evaluation Outcomes

Evaluations were requested at the completion of each workshop, with the exception of Tairawhiti where the evaluation was emailed for completion. A total of 37 (70%) completed Evaluation Forms were received, which further validates the findings of this report. Only 20 (35%) of the Evaluation Forms were not completed, this may be attributed to those attendees leaving the workshop early and the low return rate of Tairawhiti evaluations via email.

Using the scores rated 4 and above, 81% of the attendees were satisfied with the overall workshop, 72% felt the content met their learning needs, 67% agreed that it was applicable to their role and 78% found value in the course material.

86% rated the Instructor 4 and above, 97% agreed that the Instructor demonstrated knowledge of the content, 84% felt that the Instructor generated their interest and 89% felt that the Instructor was interested in their input.

92% of the participants found that the registration process was easy. 89% of the participants were satisfied with the location of the workshop and 91% were satisfied with the venue and catering.

3.4.3 What Did Participants Find Most Useful

A summary of the consistent themes of what participants found most useful is detailed in Table 5. Participants found that discussion with other participants, the instructor's knowledge on the subject matter, research and the pre-reading and the clinical discussions with colleagues the most beneficial. The, films, DVDs and research was very well received.

Table 5: What Did the Participants Find Most Useful?

To realise how much one can miss in watching a dyad until you really focus	Using the RPCL and PIR - GAS was helpful review using the films to complete ratings	The interaction learning and sharing of knowledge and wisdom	Ways to include and talk with the baby within the mother infant relationship when attending to mothers needs
Films and reflecting on these	Resources e.g. decision tree	Relationship problem checklist	I enjoyed the interactions today
Learning about the tools	Learning to use the tools	Going through GAS	The discussions
Awesome and valuable	Very good learning	Video clips	RPCL
Very useful	Gives me heaps of direction	Dyad a hugely positive resource	Thinking about how to incorporate into practice
Healthy Beginnings	Interpretation of behaviours	Resources provided	Using assessment tools on case
DC:0-3R	Actual practice with tools	PIR-GAS	Assessment tools
Evaluation tools	Observation process	Team exchange of views	Rating at observation
Critiquing and discussion of dyad videos	Diagnostic /Assessment tools	Using ratings to make overall assessment	Presentation of observation
PIR - GAS	DC - 03	Review of dyads	DVD presentations
Viewing video examples	Using RPCL	Observations of film	Cromwell procedure

Assessment in general	Open observation	Assessment procedure	Discussion
How baby ignores mother when no connection has been made	As therapist not to pick up baby as not helpful to mother	Recommended reading, access to books/resources throughout session	Synopsis on the impatience of the parent assessment /interviews
Observations around feeding issues	Looking at depressed mum interaction	Talking about the dyad between mother and baby	Developmental history of both parents
Intervention base	Authors/books - resources	Enjoyed the video's	Emotional reciprocity

3.4.4 What More and What Should Be Included

Participants were asked during the evaluation process “what they would like more of” and “what else should be included”. Where overall satisfaction with the workshop was high, participants felt that more time spent on the same topics discussed in this workshop would be beneficial to their practice. The common themes have been summarised in Table 6 and can be used at a local level to develop further workforce development opportunities in the future.

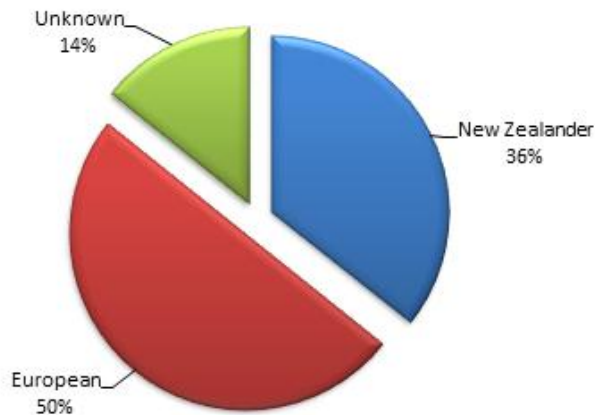
Table 6: What More and What Should Be Included?

Hard copy of relationship problems checklist. Greenspan's developmental ladder	Age related milestones and Models of practice used to address films presented	Hand-outs at beginning of presentation and how to improve dyad	Further workshops to develop skills and develop services here
More of the same for the future	Interventions/treatment planning	How to set up and take video	Interventions following from observations
Treatment	Interventions	Attachment	More on intervention
Therapy - What to do with info from observation	How to work on attachment without video	Extended family involvement in raising the child	

4. District Specific Information

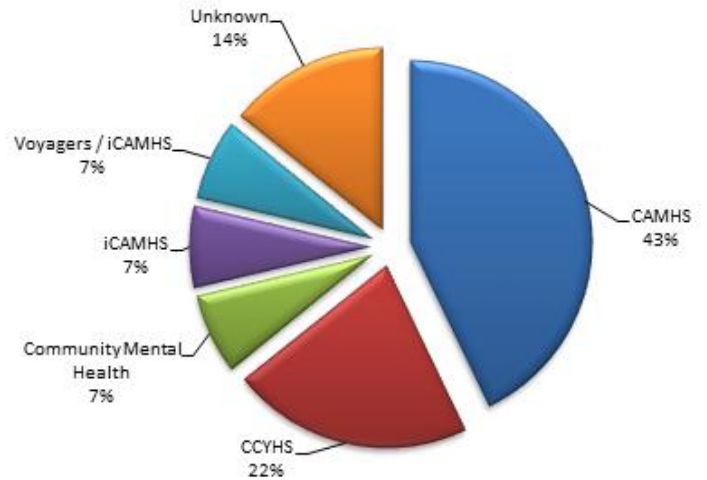
4.1 Bay of Plenty

Chart 4: BOP Participants – By Ethnicity



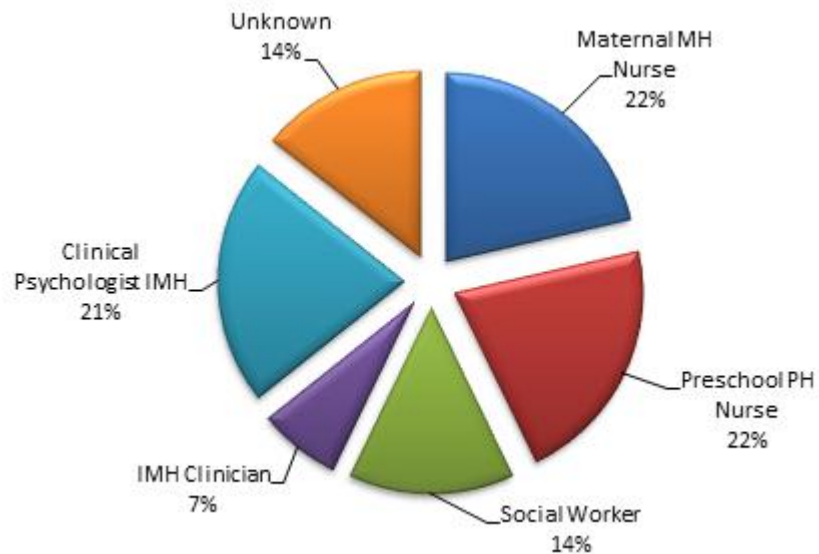
The majority identified as European at 50%, there were no participants identified as Maori and 14% no ethnicity was recorded

Chart 5: BOP Participants – By Service



43% of those in attendance were from CAMHS services with the Community Child Youth Health Services at 22%

Chart 6: BOP Participants – By Role



A good spread of disciplines in attendance, two participants are unknown as did not submit a registration

4.2 Lakes

Chart 7: Lakes Participants – By Ethnicity

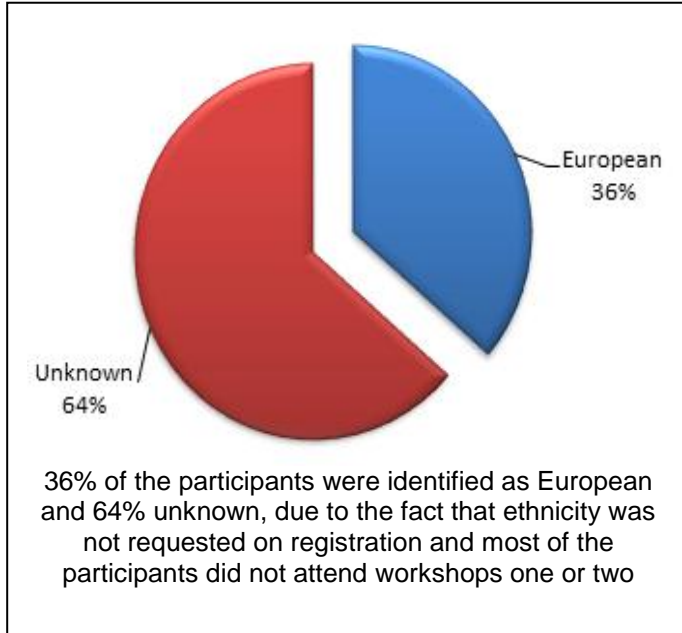


Chart 8: Lakes Participants – By Service

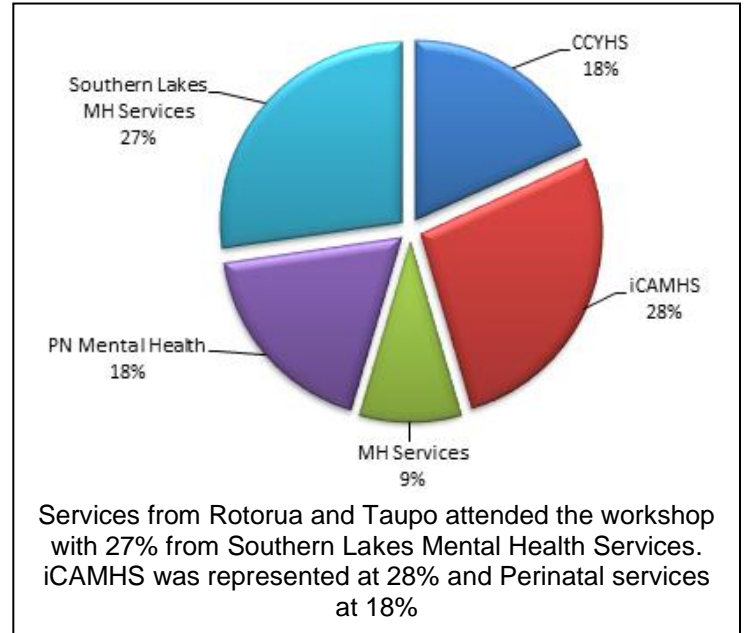
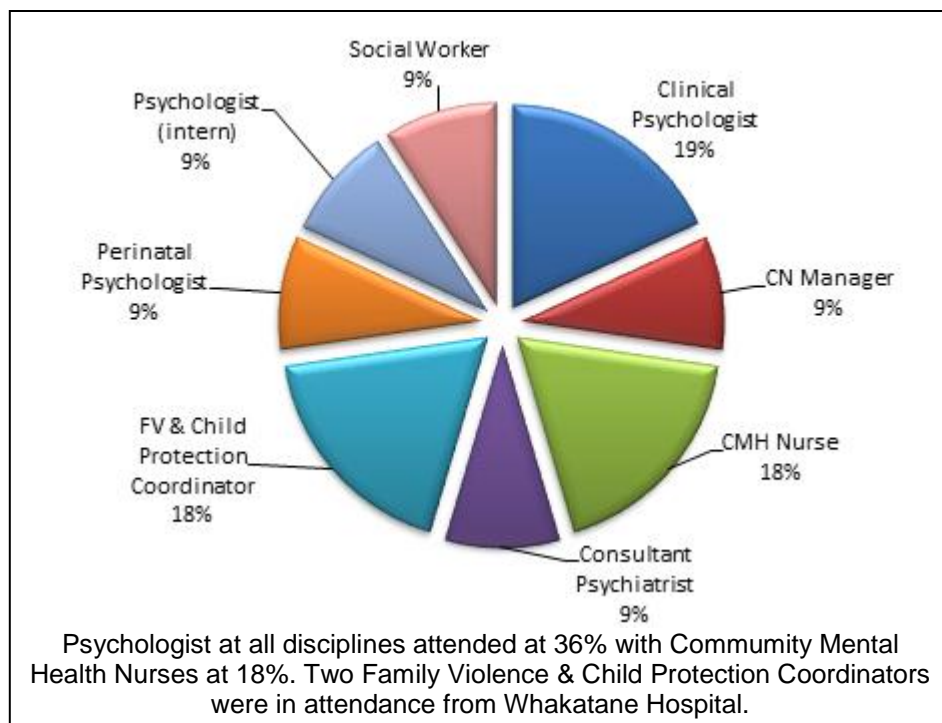


Chart 9: Lakes Participants – By Role



4.3 Tairawhiti

Chart 10: Tairawhiti Participants – By Ethnicity

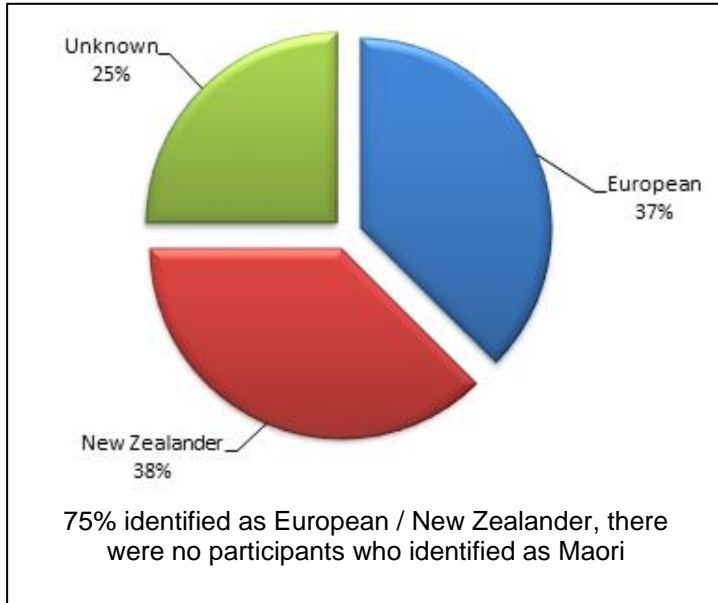


Chart 11: Tairawhiti Participants – By Service

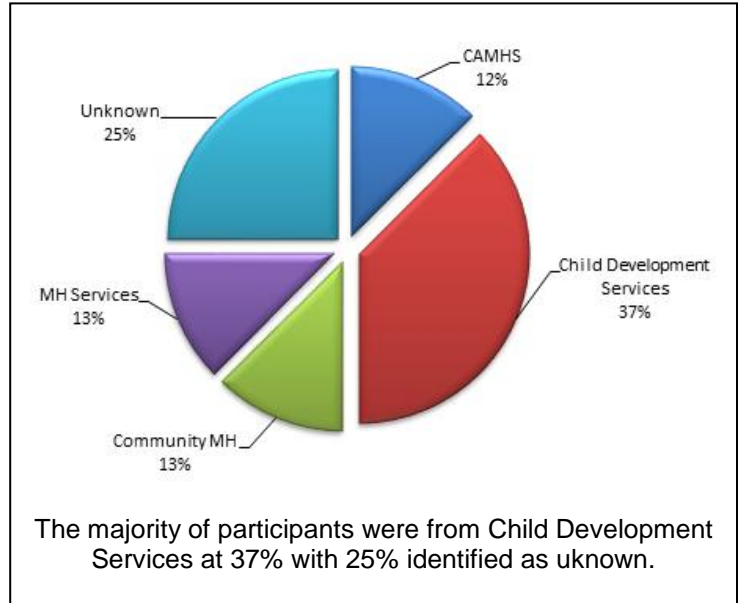
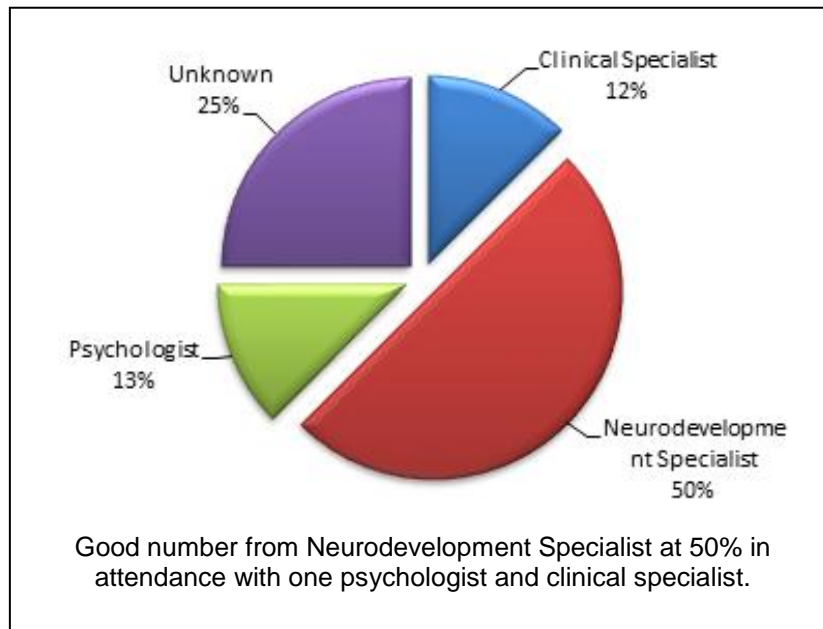


Chart 12: Tairawhiti Participants – By Role



4.4 Taranaki

Chart 13: Taranaki Participants – By Ethnicity

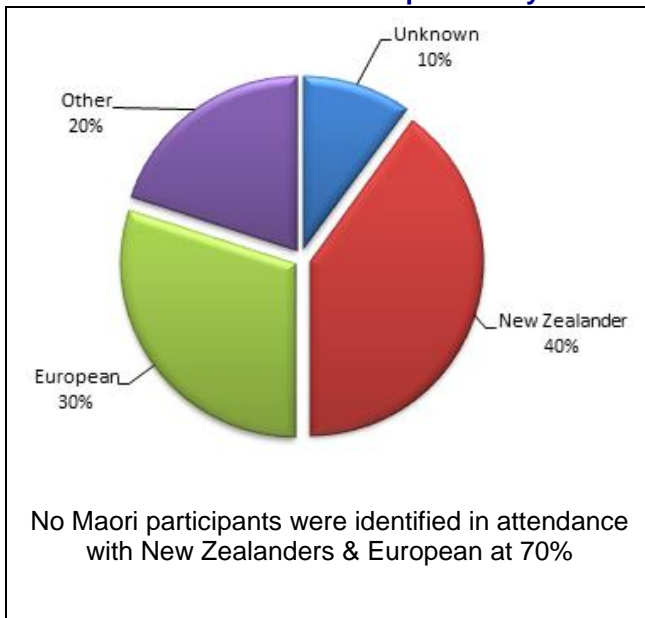


Chart 14: Taranaki Participants – By Service

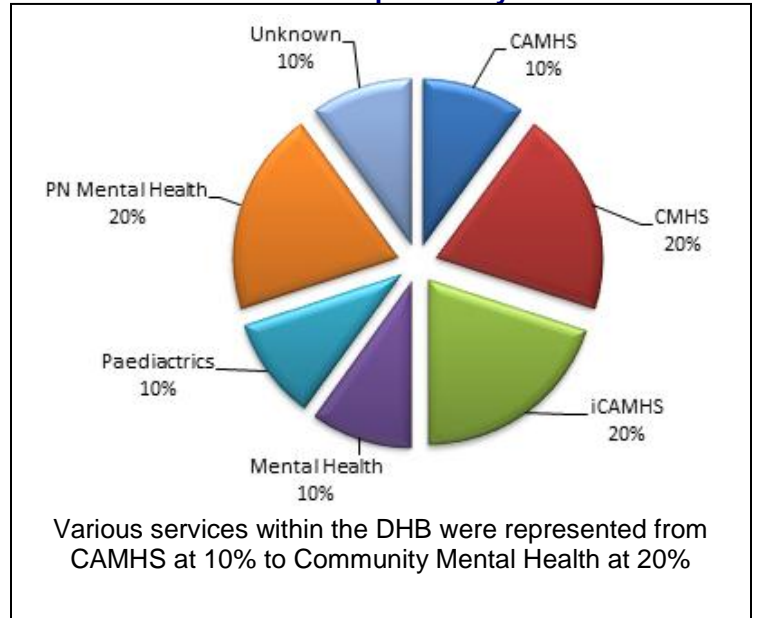
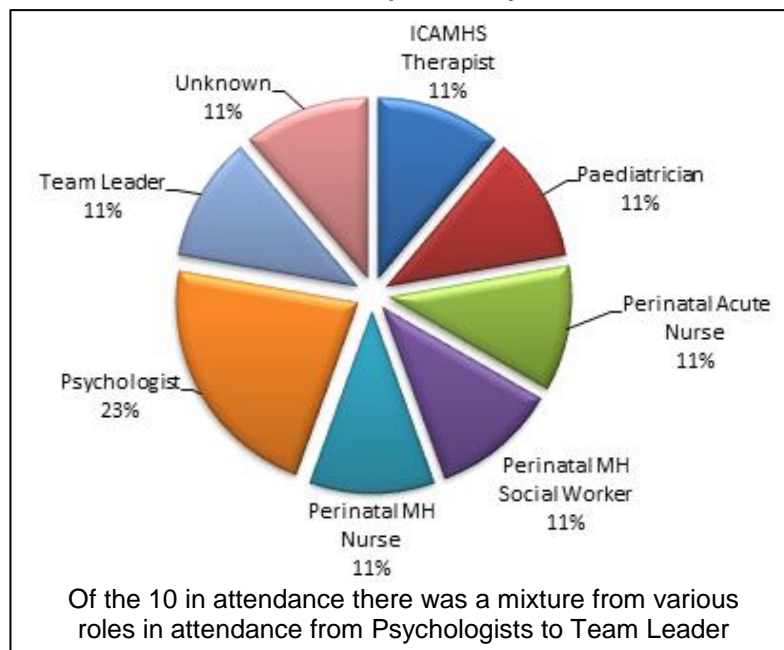


Chart 15: Taranaki Participants – By Role



4.5 Waikato

Chart 16: Waikato Participants – By Ethnicity

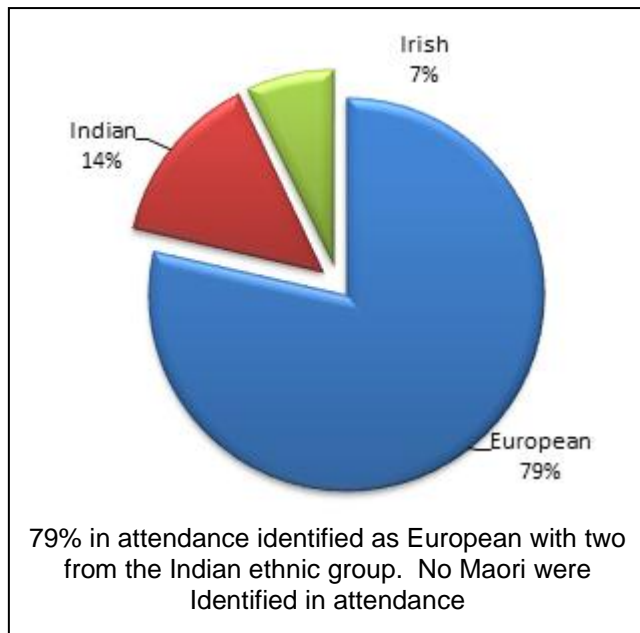


Chart 17: Waikato Participants – By Service

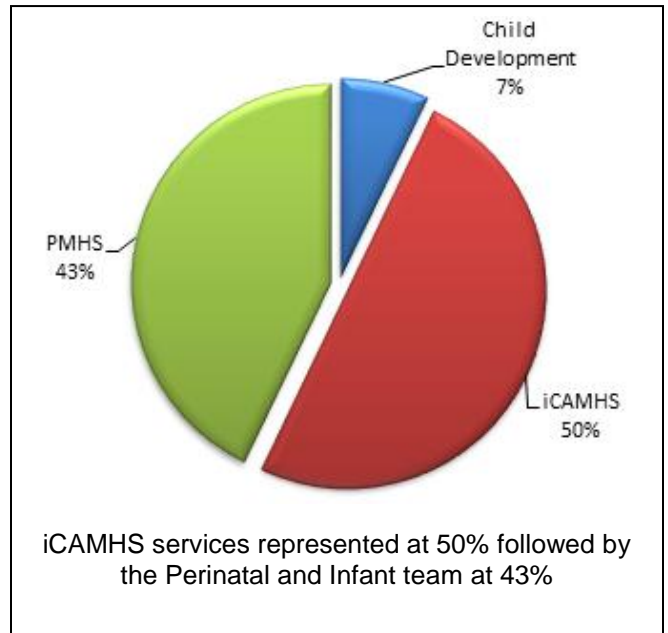
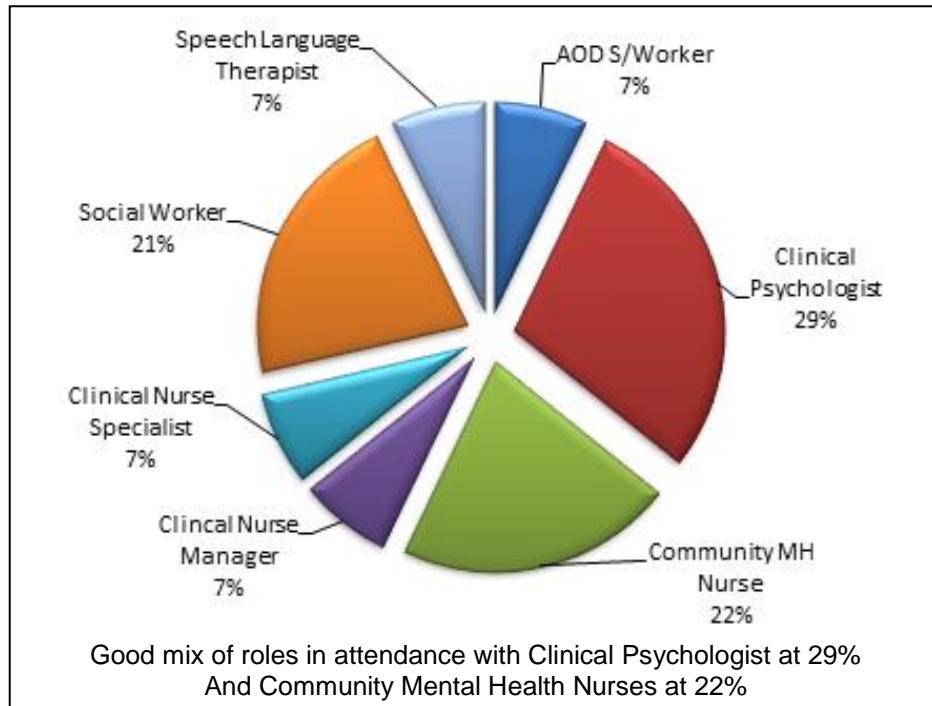


Chart 18: Waikato Participants – By Role



5. Financial Return on Investment

The total cost for the regional Perinatal and Infant Mental Health Workshop Three was \$12,269.16 with a total of 57 people in attendance. A return on investment taken from total cost was \$215.25 per person.

Table 7: Regional Return on Investment

Total Participants	Total Costs
57	
Venue & Catering	\$ 980.59
Facilitator	\$ 9,967.39
Facilitator Flights	\$ 986.72
Facilitator Accommodation	\$ 334.46
Total	\$ 12,269.16
Per DHB area per person	\$ 215.25

The return on investment by DHB shows higher costs compared to previous workshops one and two particularly for facilitator costs. This workshop was tailored individually to the needs of the 5 DHBs therefore preparation costs were factored along with facilitation and delivery. Workshops two and three were held concurrently in Bay of Plenty, Taranaki and Tairāwhiti which saved in travel costs and all venues were sourced within DHBs with catering costs being the only expense.

Table 8: Financial Return on Investment by DHB

	BOP	Lakes	Tairāwhiti	Taranaki	Waikato	Totals
Total Participants	14	10	8	10	15	57
Venue & Catering	\$ 300.00	\$ 128.99		\$ 234.60	\$ 317.00	\$ 980.59
Facilitator	\$1,909.78	\$2,061.96	\$ 1,795.65	\$ 2,100.00	\$ 2,100.00	\$ 9,967.39
Facilitator Flights	\$ 165.00	\$ 234.56	\$ 167.17	\$ 185.43	\$ 234.56	\$ 986.72
Facilitator Accommodation	\$ 140.66		\$ 193.80		No Accom	\$ 334.46
Total	\$2,515.44	\$2,425.51	\$ 2,156.62	\$ 2,520.03	\$2,651.56	\$ 12,269.16
Per DHB area per person	\$ 179.67	\$ 242.55	\$ 269.58	\$ 252.00	\$ 176.77	\$ 215.25

6. Conclusions

Through Ministry of Health one off funding, Clinical Governance and the regional Portfolio Managers supported the proposal for three workshops offered by Dr Denise Guy in Infant Perinatal Health. This evaluation report is for the third workshop Perinatal and Infant – tailored to DHBs. This workforce objective was placed in the mental health and addictions section of the 2014/15 Regional Services Plan.

High Level Conclusions

- One day workshops in each of the five Midland DHB areas for the Perinatal and Infant Mental Health Workshop Three was approved and progressed with Dr Denise Guy for delivery over May and June 2015.
- Of the 57 participants responses over 81% identified as New Zealand/European. No participants identified as Māori. The “Other” ethnicities were made up of various participants from Indian to Scottish descent. The significant gaps in the Pacific people and Asian workforce were highlighted in registrations.
- There was a good spread of roles within the mental health and addiction, community, CAMHS and sectors with the largest groups being Clinical Psychologists and Registered Nurses within DHBs.
- All the participants came from ICAMHS, Perinatal Mental Health and CAMHS services as the largest groups with one person from Pediatrics.
- A total of 37 (70%) completed Evaluation Forms were received, which further validates the findings of this report. Only 20 (35%) of the Evaluation Forms were not completed, this may be attributed to those attendees leaving the workshop early and the low return rate of Tairāwhiti evaluations via email.
- Using the scores rated 4 and above, 81% of the attendees were satisfied with the overall workshop, 72% felt the content met their learning needs, 67% agreed that it was applicable to their role and 78% found value in the course material.
- 86% rated the Instructor 4 and above, 97% agreed that the Instructor demonstrated knowledge of the content, 84% felt that the Instructor generated their interest and 89% felt that the Instructor was interested in their input.
- 92% of the participants found that the registration process was easy. 89% of the participants were satisfied with the location of the workshop and 91% were satisfied with the venue and catering.
- A summary of the consistent themes of what participants found useful is detailed in [Table 5](#). Participants found that discussion with other participants, the instructor’s knowledge on the subject matter, research and the pre-reading and the clinical discussions with colleagues most beneficial. The workshop video’s and clips were found very useful as well.
- Where overall satisfaction with the workshop was high, participants felt that more time spent on the same topics discussed in this workshop would be beneficial to their practice. The common themes have been summarised in [Table 6](#) and will be used to determine the content of the second workshop.
- The total cost for the regional Perinatal and Infant Mental Health Workshop Three was \$12,269.16 with a total of 57 people in attendance. A return on investment taken from total cost was \$215.25 per person.
- The return on investment by DHB shows higher costs compared to previous workshops one and two particularly for facilitator costs. This workshop was tailored individually to the needs of the 5 DHBs therefore preparation costs were factored along with facilitation and delivery. Workshops two and three were held concurrently

in Bay of Plenty, Taranaki and Tairāwhiti which saved in travel costs and all venues were sourced within DHBs with catering costs being the only expense.

6.1 Recommendations

That Clinical Governance and the regional Portfolio Managers review and accept the findings of the report.