

Midland Infant Perinatal Mental Health & Addictions Workshop Evaluation Report



January 2015

Table of Contents

1. Executive Summary	3
2. Background	5
3. Participant Analysis	6
3.1 Participant Ethnicity	6
3.2 Participant Current Service Setting	6
3.3 Participant Current Role	7
3.4 Outcomes	8
3.4.1 Feedback from Previous Regional Workshops	8
3.4.2 Evaluation Outcomes.....	8
3.4.3 What Did Participants Find Useful	9
3.4.4 What More and What Should Be Included:	13
4. District Specific Information	16
4.1 Bay of Plenty	16
4.2 Lakes.....	17
4.3 Tairāwhiti	19
4.4 Taranaki	20
4.5 Waikato	22
5. Financial Return on Investment	24
6. Conclusions	25

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	9
TABLE 5: WHAT DID THE PARTICIPANTS FIND USEFUL?	10
TABLE 6: WHAT MORE AND WHAT SHOULD BE INCLUDED?	13
TABLE 7: REGIONAL RETURN ON INVESTMENT	24
TABLE 8: FINANCIAL RETURN ON INVESTMENT BY DHB	24

Charts

CHART 1: PARTICIPANT ETHNICITY	6
CHART 2: CURRENT SERVICE SETTING.....	7
CHART 3: BOP PARTICIPANT ROLES	16
CHART 4: BOP ETHNICITY	16
CHART 5: BOP PARTICIPANTS PREVIOUS TRAINING	17
CHART 6: LAKES PARTICIPANT ROLES	17
CHART 7: LAKES ETHNICITY	18
CHART 8: LAKES PARTICIPANT PREVIOUS IPMH TRAINING	18
CHART 9: TAIRAWHITI PARTICIPANT ROLES	19
CHART 10: TAIRAWHITI ETHNICITY	19
CHART 12: TARANAKI PARTICIPANT ROLES.....	20
CHART 13: TARANAKI ETHNICITY.....	21
CHART 14: TARANAKI PARTICIPANT PREVIOUS IP TRAINING.....	21
CHART 15: WAIKATO PARTICIPANT ROLES.....	22
CHART 16: WAIKATO ETHNICITY.....	22

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 an Introductory to Infant Perinatal Health – The First 5 Years.

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 was approved and progressed with Dr Denise Guy for delivery over November and December 2014.
- Of the 288 participants responses over 66% identified as New Zealand/European. 17% identified as Māori which is slightly less than the demographic population of the Midland Region. The significant gaps in the Pacific people and Asian workforce were highlighted in registrations.
- From the feedback received it is clear that the majority of the participants that attended the training are working within the DHB environment with 56% acknowledging this in the survey results. There was only 1 participant from the primary mental health and addiction sector.
- There was a good spread of roles within the mental health and addiction, community, pediatrics and maternity sectors with the largest groups being Registered Nurses.
- Evaluations were requested at the completion of each workshop. A total of 259 (90%) completed Evaluation Forms were received, which further validates the findings of this report. Only 29 (10%) of the Evaluation Forms were not completed, this may be attributed to those attendees leaving the workshop early.
- Of the 288 participants who attended the workshops 76% identified that they had not attended any relevant infant perinatal mental health training prior to this workshop.
- 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 workbook, pre-reading and research was well received.
- 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 Introduction to Infant Perinatal Health – The First Five Years workshops was \$27,140.86, with a total of 288 people in attendance. A return on investment taken from total cost is \$94.24 per person.
- The return on investment by DHB shows that the higher number of attendees the less cost per person as identified in the Bay of Plenty, and Waikato. Tairāwhiti and Taranaki higher costs are largely driven by higher venue and catering costs and facilitator travel.

1.1 Recommendations

- 1.1.1 That Clinical Governance and the regional Portfolio Managers review the findings of the report and confirm the next steps.**
- 1.1.2 That the information provided in this report assist Dr Denise Guy to plan the second workshop to be held early 2015.**

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. The Introduction of Infant Perinatal Health – The First 5 Years is targeted towards all staff working across the infant perinatal continuum to provide participants with a baseline understanding.

The day encompassed:

- An Introduction to infant mental health
- The Framework – prevention, promotion, intervention and treatment
- The Infant's First Year – relationships and social and emotional development
- Using the framework to look at the first year in more detail
- An approach to organising observations of the parent-infant relationship in the first year
- Clinical discussion and interactional film

The day is suitable for infant and child health workers, LMCs, Paediatric health professionals, WellChild workers, Primary Health practitioners, and ICAMHS health professionals working with infants and young children and their families who would like to

- Increase their knowledge about the social and emotional well-being of infants
- Develop and increase their skills in supporting optimal parent-infant relationships
- Develop and increase their skills in identifying and intervening when social and emotional development is compromised

Introductory workshops in each of the Midland DHB area was approved and progressed for delivery over November and December 2014. 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

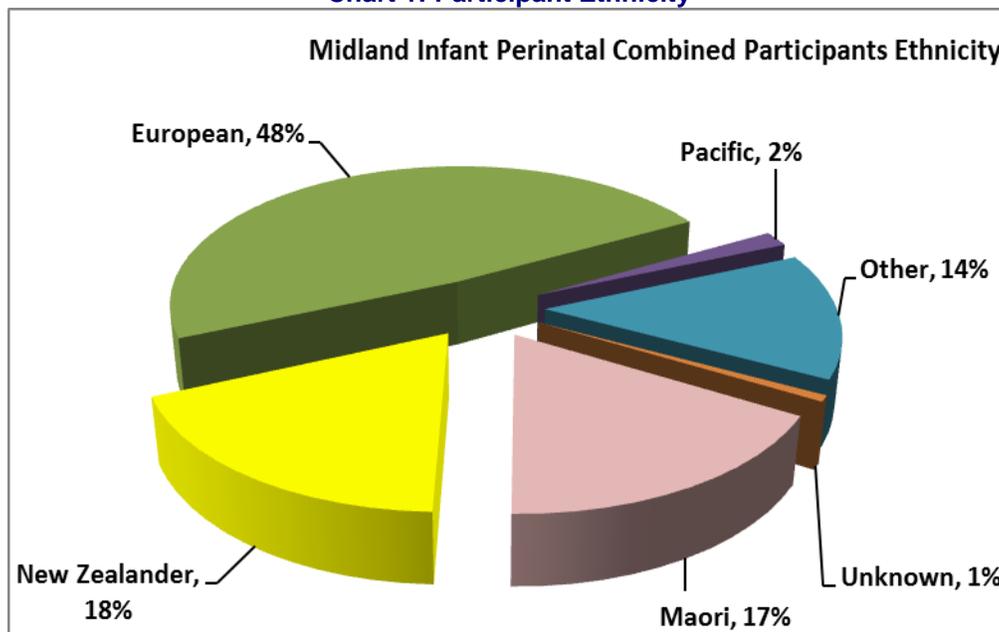
District	Number Registered Prior to Event	Number Attended
Waikato	75	73
Bay of Plenty)	66	63
Taranaki	75	60
Lakes	63	62
Tairāwhiti	33	30
TOTALS	312	288

3.1 Participant Ethnicity

Demographics

Of the 288 participants responses over 66% identified as New Zealand/European. 17% identified as Māori which is slightly less than the demographic population of the Midland Region. This graph also highlights significant gaps in our Pacific people and Asian workforce. See [Section 5](#) for DHB specific information.

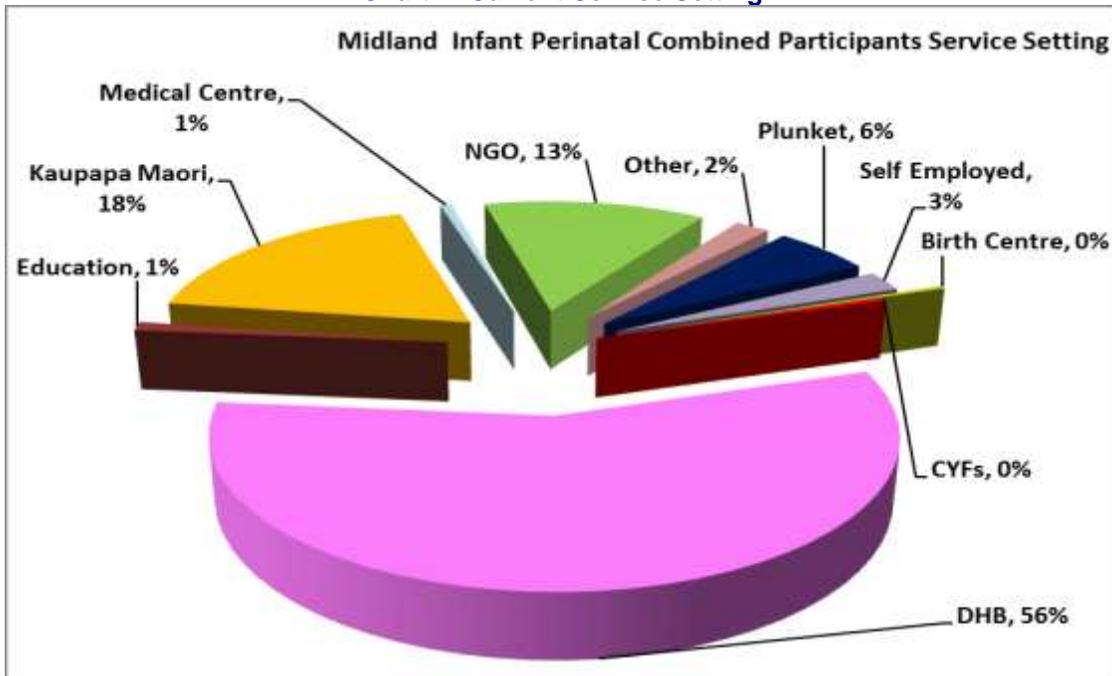
Chart 1: Participant Ethnicity



3.2 Participant Current Service Setting

From the feedback received it is clear that the majority of the participants that attended the training are working within the DHB environment with 56%. There was only 1 participant from the primary health sector. See [Section 5](#) for specific DHB information.

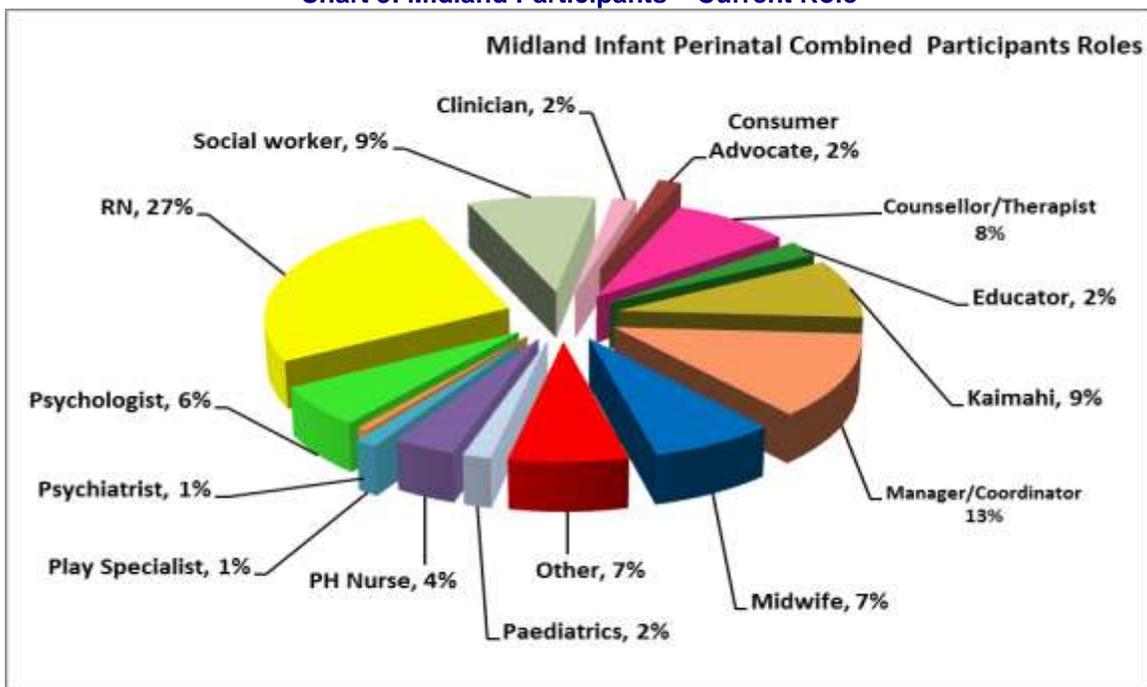
Chart 2: Current Service Setting



3.3 Participant Current Role

The chart shows a good spread of roles within the mental health and addiction, community, paediatrics and maternity sectors with the largest groups being Registered Nurses. See [Section 5](#) for DHB specific information.

Chart 3: Midland Participants – Current Role



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 undertaken a number of regional workshops in response to the objectives set in the Regional Services Plan. For example, Takarangi Competencies, Co-existing Problems, Maudsley Therapy, Real Skills plus Sei Tapu, to name a few. From these workshops, participants were canvassed 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. A total of 259 (90%) completed Evaluation Forms were received, which further validates the findings of this report. Only 29 (10%) of the Evaluation Forms were not completed, this may be attributed to those attendees leaving the workshop early.

Table 4: Evaluation Results

Total Participants / Evaluations

Scale 0.5
Max to show 5

	Not good, staff unhappy
	OK but keep an eye on this
	Good replies - keep it up



Content of Training Session	1	2	3	4	5	Avg	Aggregated Data
Overall rating	0	7	56	91	88	4.0	
Content was what I expected	4	15	56	81	88	4.0	
Is directly applicable to my job	3	12	64	73	91	4.0	
I found value in the resource materials	1	5	49	90	99	4.1	
Presenter	1	2	3	4	5		
Overall Rating	1	6	41	92	115	4.2	
Demonstrated knowledge of content	0	3	16	64	176	4.5	
Generated my interest in the content	3	7	41	79	129	4.2	
Instructors interest in participant & encouraged involvement	2	6	30	89	131	4.3	
Process / Environment	1	2	3	4	5		
Registration process was easy	0	6	23	69	160	4.4	
Location	0	2	18	76	160	4.5	
Facility	0	7	28	81	141	4.3	
You the participant	1	2	3	4	5		
I was fully present and actively participated	2	10	59	99	81	4.0	
Co-participants actively involved	2	4	54	10	81	4.0	
I feel confident to be able to feedback to others	2	4	54	10	81	4.0	

Using scores rated 4 and above, 71% of the attendees were satisfied with the overall workshop, 65% felt the content met their learning needs, 63% agreed that it was applicable to their role and 73% found value in the course material.

80% rated the Instructor 4 and above, 93% agreed that the Instructor demonstrated knowledge of the content, 80% felt that the Instructor generated their interest and 85% felt that the Instructor was interested in their input.

88% of the participants found that the registration process was easy. 91% of the participants were satisfied with the location of the workshop and 86% 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 workshop workbook, pre-reading, website links, films, DVDs and research was also very well received.

Table 5: What Did the Participants Find Most Useful?

Mentalisation	Infant - Parent psychotherapy	Assessing the parent - infant relationship
Components and concepts of IMH Service	Parents self reflection	IMH in relation to pregnancy & parents state of mind
How important the father's role is in IMH	Importance given to relationships - not the problem only	Antenatal depression
Videos group discussions	Infant massage and DVD	Infant massage and DVD
Resources for scoring	Really enjoyed all the content - was a little long	Links to journals
Identifying emotional regulation	Websites / resources i.e. 0-3yrs	I have recently completed my certificate in IMH And found this hugely beneficial
Importance of early intervention & eye contact	Research / evidence	Sharing of various resources
Evidence on relaxation / massage in pregnancy	Networking with others	A/N anxiety implications on infant wellbeing
Films that will be so useful with families	Referencing was great	Mimicking / masking
ACE	Thinking about team supervision for PMH services	Vulnerability factors
Still face - learning how quickly infants can become diverted / seeing how they communicate this - coping skills	Recovery model/approach	EDMR
Importance of systemic / holistic approach	Different stress levels and effects (research)	12 Common developmental principles
Video about mother transferring her own feelings onto daughter	Relationship of PTSD etc. in pregnancy to epigenetics	Parental, social and environmental factors that affects IMH
Intervention therapies	Risk factors: infant difficulties & parental difficulties/vulnerabilities	Cortisol affect on the fetus
Antenatal depression common in men	Important truths in mother's words	Good refresher overall
Long term harm of those children	Robust conversations from everyone	Antenatal factors influencing early childhood
Developing brain	Tool at the end	Relevance of neuroscience to previous psychosocial theories

Thinking about past experiences on current feelings/actions	The content, venue and timing	Ability of babies to immediately pick up changes in mums reaction to try to change it
Short videos to see interaction between mother and baby and how baby responds	All topics had interesting new facts as well as a good refresher of previously learnt facts - good confirmation	Complexity of maternal / baby relationship
The variety of organisations involved in this area (private and public)	What supports recovery for the infant	PTSD
The issues raised by the participants about the father's birth experience and the staff experience and the effect of texting etc. (on babies growth)	Social media vs. evidence	Discussion re giving feedback. Discussion about leaving baby to cry or not
Extra reading	Traumatic birth - contributors, intervention etc.	Have seen loads more up to date films on attachment at MARCE conferences in Australia (would be available)
Changes to mothers oxytocin levels at birth	Epigenetics - the video about the father (learning excellence)	Training is regional and wider than just local
Choosing powerful relationships	The observation exercise	Video demonstrations were great
Regulation- topic	Resources to obtain to support work with whanau	Video - Awhi atu, awhi mai
More Maori frameworks, bodies of knowledge. Etc.	Environmental importance and this vulnerable stages of development from early pregnancy / whole neonatal	Listening to varying interpretations of parent/infant interaction
Observable risks / strengths	The incidence with heart problems later in life if a child is brought up in a harsh environment	In my role (midwife_ the antenatal and neonatal periods were most interesting for me but the whole day has been very informative
Cultural barriers - info for dads "great fathers"	Babies ability to self-regulate and take time to self regulate and the need to allow this time out	Enjoyed all the info, Follow through with a case and their outcome
The movie is so realistic	Learning more about reading what parents are actually saying	The impact that depression has on the wellbeing of the baby increases
All of it	When we identify possible concerns	No controlled crying before 12months
The film of the women with the twins	Non-judgmental observation	Group work/discussion
Marked mirroring	Edward Tronnicks study	Studies confirmed and reminded me of my own cultural knowledge that

Discussion around setting up trauma informed care	The cultural history, knowledge and experience that was raised	insisted on care of our future i.e. mokopuna
The rhythm of life	Watch wait wonder info	NZ context
Non-cohesive health professionals and minimum inter-disciplinary communication	Stressors can affect babies. I didn't really think babies were able to project on to inutero or in early infancy. I thought it was more of over his years. Is this vicarious conditioning?	Medication for pre/post natal depression Trainers experience/stories
Defining behavioral or chemical imbalances	The impact on the unborn fetus - understanding babies sign languages	Difference programmes available that I had not heard of before
4 key adverse situations which cause concern	Regulation – co-regulation / dys-regulation	The statistical information shared, great to see there are a lot of research documentation out there that is accessible
Formulation of complexity	Vulnerability factors	Process not just content
Challenge in how to disinvest/reinvest in services where it absolutely makes sense to focus much easier in life span	Facilitator very clear in delivery as I have hearing impairment	Neurobiological effects of trauma
Networking with other organisations from other districts	Practical experiences -shared	Listening and acknowledging other ethnic colleagues in our group - sharing ideas
That trauma is becoming more recognised in peoples wellbeing and agencies are re-prioritising this in treatment	Some insight into the medical model and culture re mental health	Pathways to addiction
That nurture was more significant than genetics	How behind other countries e.g. England we are in relying on drugs rather than PTSD counselling	As practitioners gaining another shift in views humanising the diagnosis as well
Collaboration – Exchange of ideas - challenging beliefs	The implementation of wairua as a special option	Assessing and working with suicide

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 will be used to determine the content of the second workshop.

Table 6: What More and What Should Be Included?

MORE OF	TO INCLUDE
Info on further training in MH and infant parent psychotherapy	What to expect about infant stages of development
Nurturing attachments	Assessment & Therapy
Effect of a child's disability/medical diagnosis on assessment & intervention on interaction	Resource list of supports available to families re IMH
Just from a level point of view, more of the work of the 2nd half	More up to date research – NZ data
How to support development of secure attachment in hospital situations with no permanent carer present & multiple nursing staff / MDT visiting with baby	How to approach or begin to talk about MH issues identified with the parent/s
Interventions for attachment concerns	Maternal MH
We know what the problems are so what do we do about them. How do you work with a mother that is limited if any attachment of her own	The Ghost study
Fussy baby network, therapeutic interventions	Referral, who, what, when, where
Long term effects of 'Still Face'	Felt a lot of info was very historic - would have lived more on what we can actually do in the community
How to improve relationships and intervention strategies	Notes of presentation at the time to allow better note taking
Impact of crying	Interested in doing bonding / attachment workshop in 2015
Who is available to provide therapy and support? More about sexual abuse impact	The effect of illness, disfigurement. How to assist and what steps to take to assist the parents, the babies and young children we meet in clinics who are sullen, disengaged and not compliant with advice, or more seriously suspect a family crisis
More practical tools	How illness effects MH in children and how to help parents & child with this
More information or content of day prior to attending workshop	Attachment, society trend for babies/toddlers in care & benefits vs. risk
Actual case study - how diagnosed, interaction & outcome	Outline of the day and purpose
Handout on ACE indicators i.e. "Now projecting"	How to incorporate into Midwifery practice as initial point of contact for mum

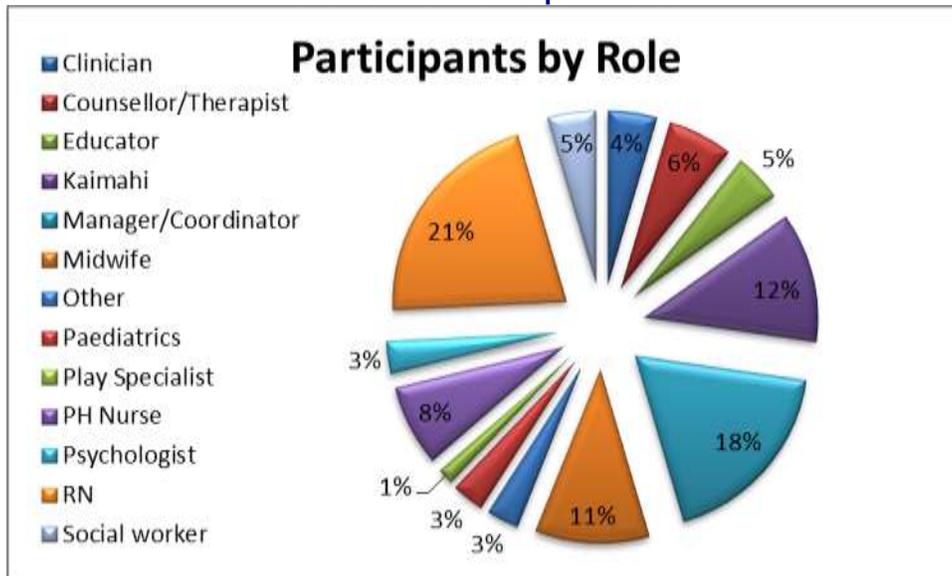
MORE OF	TO INCLUDE
EMDR eye movement desensitisation. (Oxytocin? Work on children on autistic spectrum	More on treatment modalities lost understand unable to provide in 1 day
Changing adult behaviors	Body language
ACE	Matauranga Maori bodies of knowledge and how this could be implemented into the delivery of program to enhance practice in a Hauora setting
Tools to help parents and their children to interact positively with each other	Yes I would recommend to any Kaimahi working closely with whanau in the home
Would like to have 2minute breaks every 45 minutes	Ante natal effects / issues, Epigenetics
Where to go for support for families	Angel's Circle
How drugs and alcohol by parents physically effect a child's development	Children development and parenting tips for children with ADHD/ADD
The references, websites, research mentioned but not documented and less use of acronyms	Interim measures - What do we do with our observations
Father's antenatal depression and how stressors effect their attitudes to parenting	Social development of babies, more on ACE (fascinating introduction)
Working with children/parents with reactive attachment disorder and attachment disorder in general	How do we initiate change and teach parents skills in interaction/parenting
Babies admitted to special care unit and their outcomes	Really interested in human behaviour
Strategies, programmes to assist lack of attachment. Emotional needs vs. learnt behaviors (If you support attachment when does learnt behaviour become part). Multiple carer's effects -solutions	If there was m ore time specific mental health issues on 4yr olds +
The stuff we don't talk about which has brought us all here - successful engagement stories/identifying risks, signs in the babies, a little more would be great	Interacting with whanau, impact on child's wellbeing if constantly moved from home to home e.g. Parents separated / grandparents sharing the child with parents
Parent and grand parent interaction with child	Recent neuro medical research about brain development - impact on this IMH
Appropriate interventions, issue specific to NZ culture	Mellow parenting - info provided for self learning
Having another workshop from Denise	Parent/caregiver relationships remodeling of how to support, good role modeling in the community and what good relationships look like for parents
Collaborative formulations, training opportunities (www, distance learning), tools and assessment measures, separated parents (material to share with parents in family dispute resolution	Early trauma
Trauma informed workshop please, impact of historical adversities on people. (Paul Friere work) Male participants are crucial to preventative	Interventions on trauma model (Derive from violence etc.) that can inform collaborative community promotion, prevention interviews
Social / emotional development - infant difficulties or vulnerabilities	More of the afternoon clinical work rather than the large picture thinking

MORE OF	TO INCLUDE
Practical approach: what should be done and more importantly: overcoming managerial issues, which teams are needed etc.	More observation film - interaction
Effects of stress on birth - Early days i.e. First 6 weeks	Assessment tools other than using films. Strategies to help up to date research, re effects of adverse factors during antenatal period
More what to do and therapy to solve the problem. More severe cases, how to treat these baby's/kids	Expected more what to do and treatments about difficult babies/toddlers

4. District Specific Information

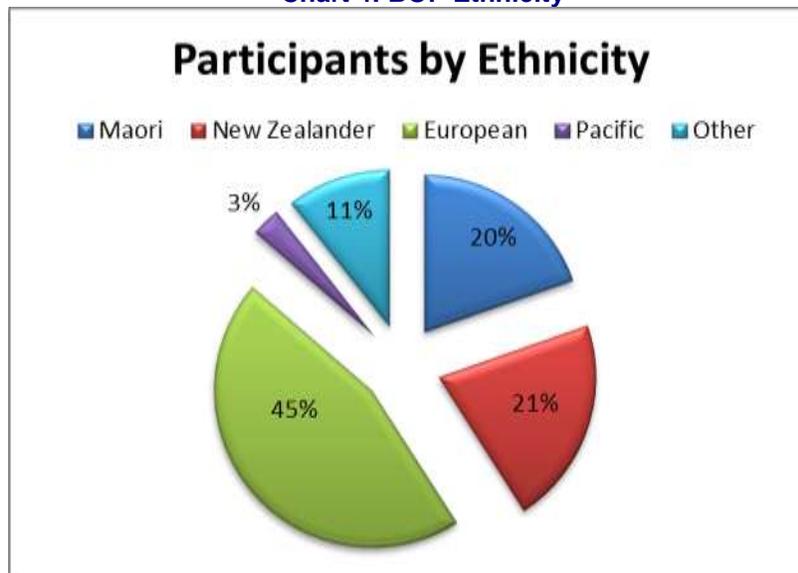
4.1 Bay of Plenty

Chart 3: BOP Participant Roles



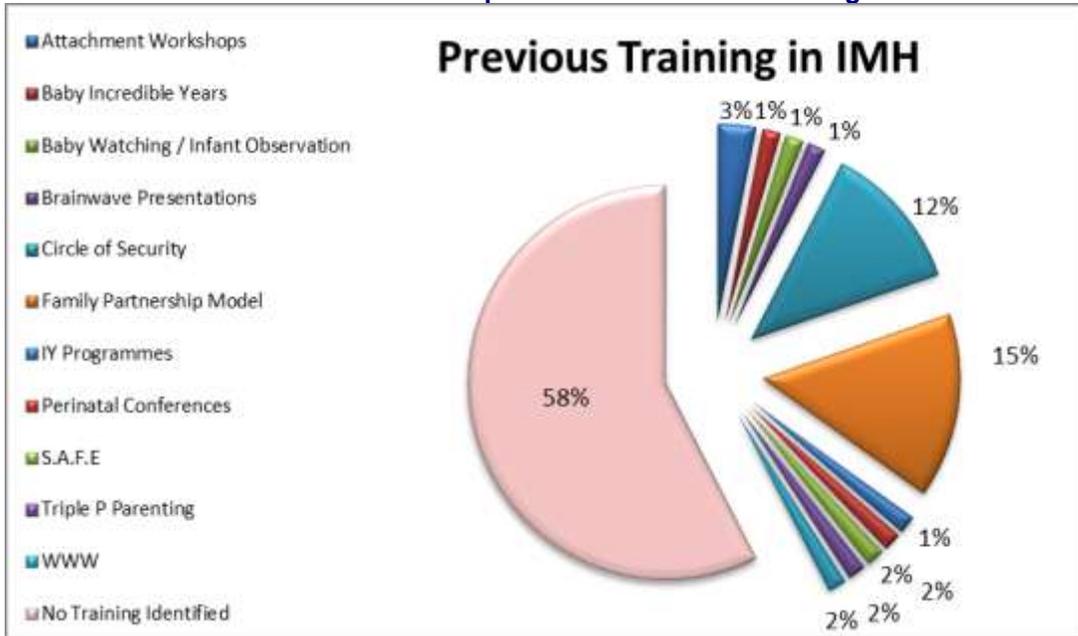
- There was a good spread of participants from across the infant perinatal continuum of care who attended the workshop with the highest being nursing at 41%

Chart 4: BOP Ethnicity



- 66% of the participants identified as being New Zealander or European
- 20% of the participants identified as being Māori
- 3% identified as being Pacific

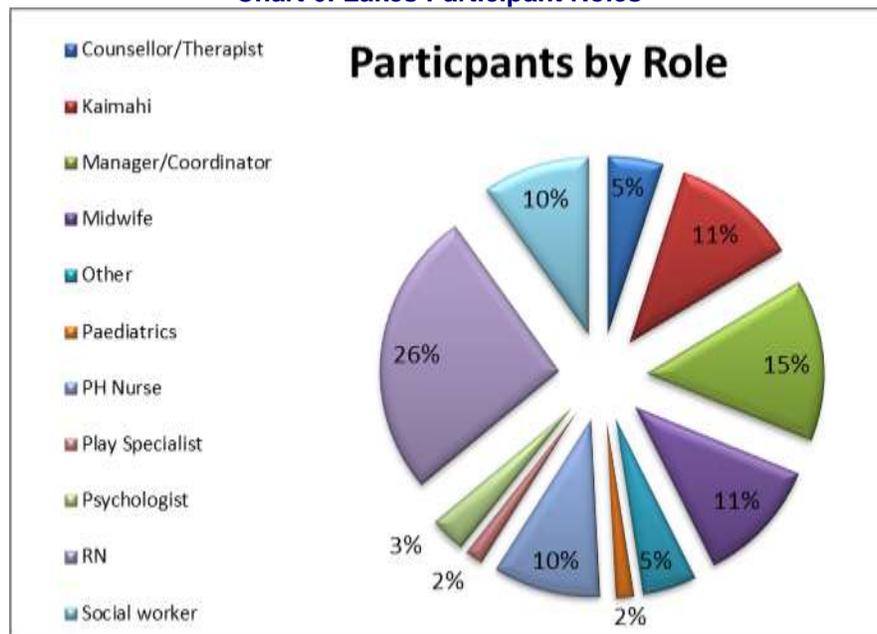
Chart 5: BOP Participants Previous IPMH Training



- 42% of participants had attended a range of relevant Infant Perinatal training prior to this workshop
- 58% of participants had not attended any previous training relevant to Infant Perinatal MH&A care

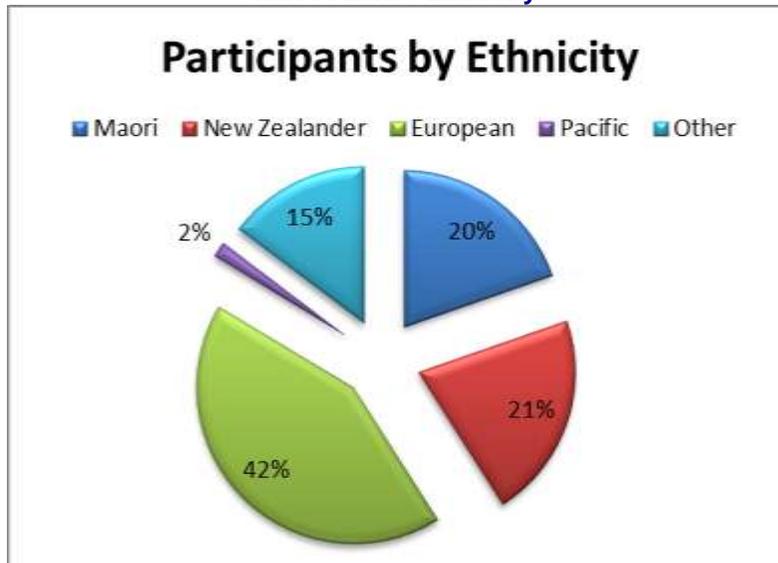
5.2 Lakes

Chart 6: Lakes Participant Roles



- There was a good spread of participants from across the infant perinatal continuum of care who attended the workshop with the highest being nursing at 46%

Chart 7: Lakes Ethnicity



- 63% of participants identified as being European
- 20% of participants identified as being Māori
- 2% of participants identified as being Pacific
- 15% of participants identified as being Other

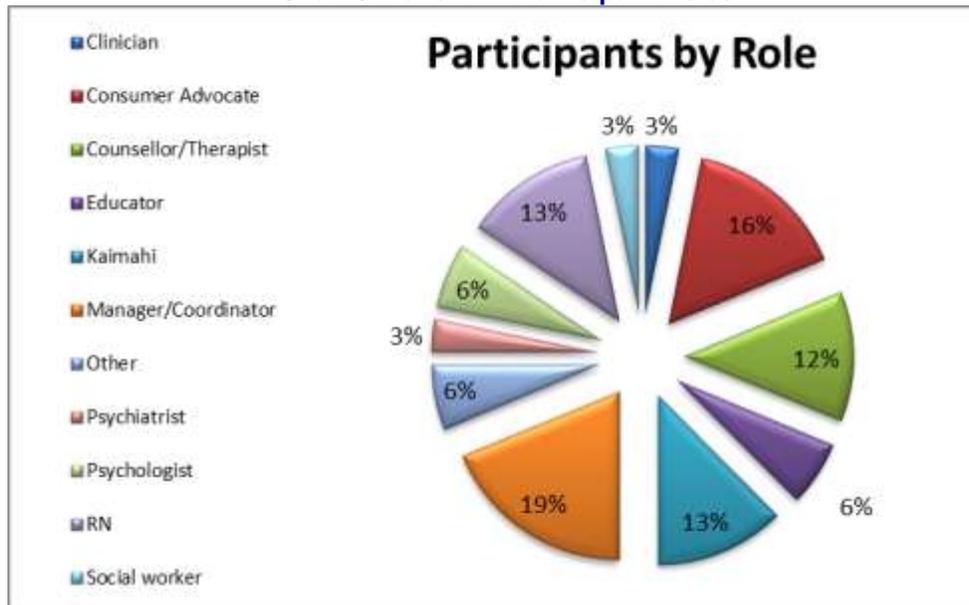
Chart 8: Lakes Participant Previous IPMH Training



- 17% of participants had attended a range of relevant Infant Perinatal training prior to this workshop
- 83% of participants had not attended any previous training relevant to Infant Perinatal MH&A care

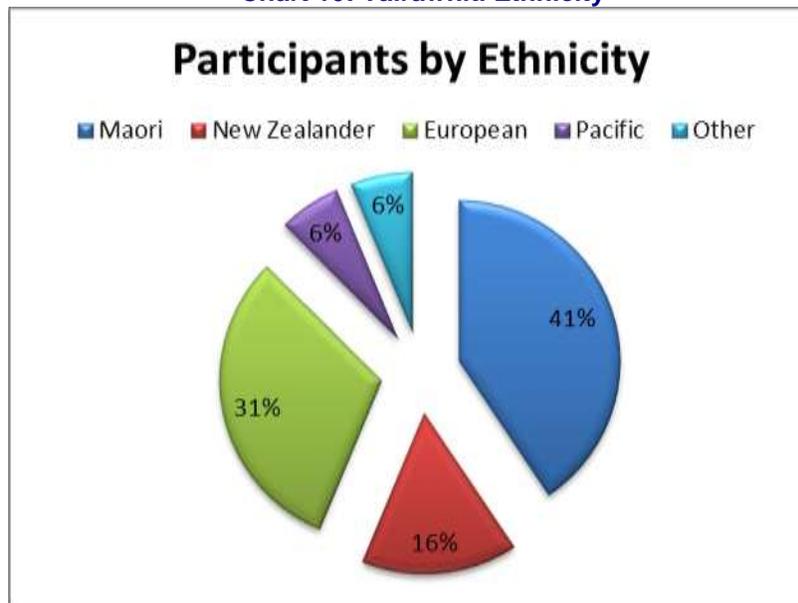
5.3 Tairawhiti

Chart 9: Tairawhiti Participant Roles



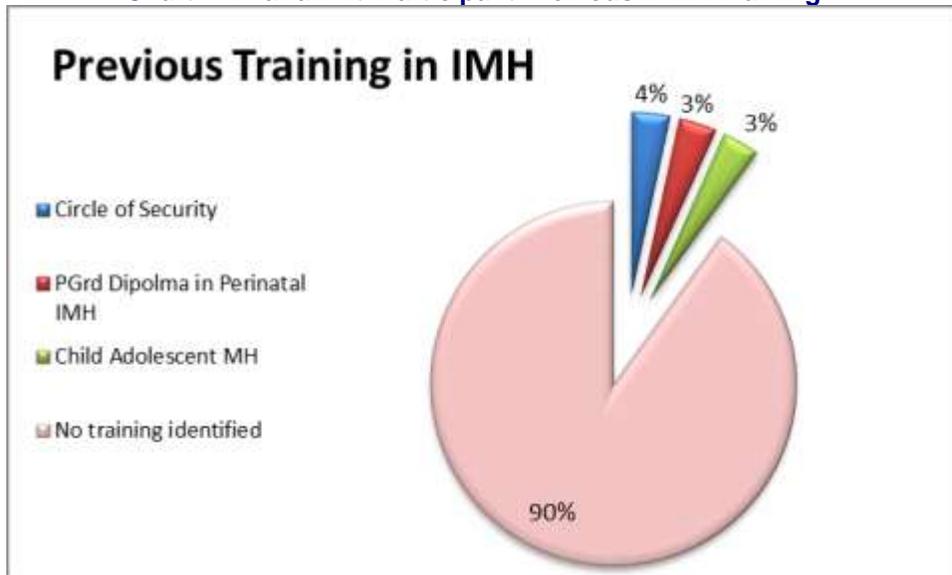
- There was a good spread of participants from across the infant perinatal continuum of care who attended the workshop with the highest being Managers/Coordinators at 19%

Chart 10: Tairawhiti Ethnicity



- 47% of participants identified as being European
- 41% of participants identified as being Māori
- 6% of participants identified as being Pacific
- 6% of participants identified as being Other

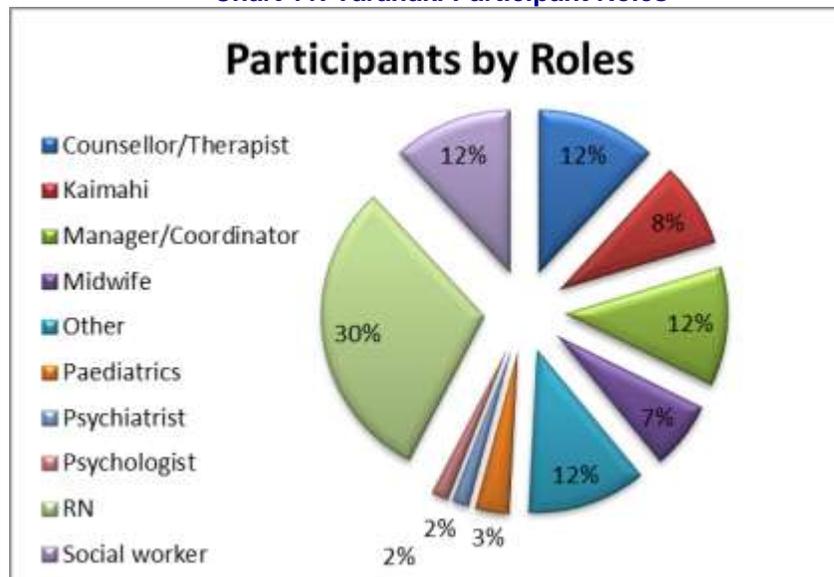
Chart 11: Tairawhiti Participant Previous IPMH Training



- 10% of participants had attended a range of relevant Infant Perinatal training prior to this workshop
- 90% of participants had not attended any previous training relevant to Infant Perinatal MH&A care

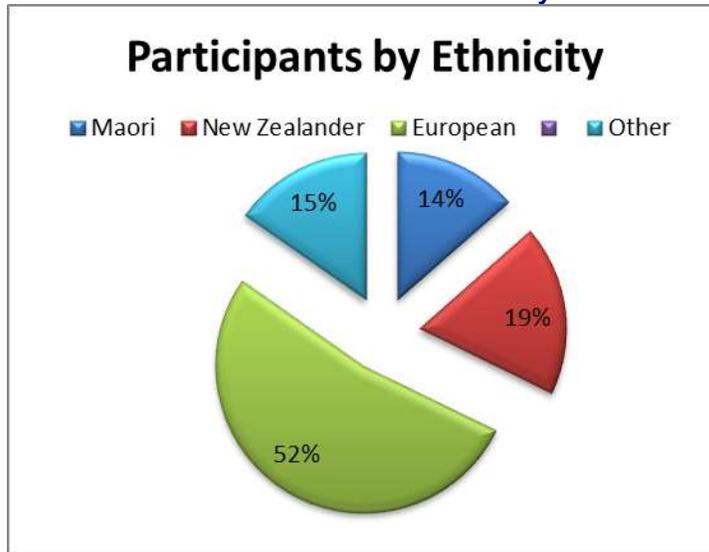
5.4 Taranaki

Chart 11: Taranaki Participant Roles



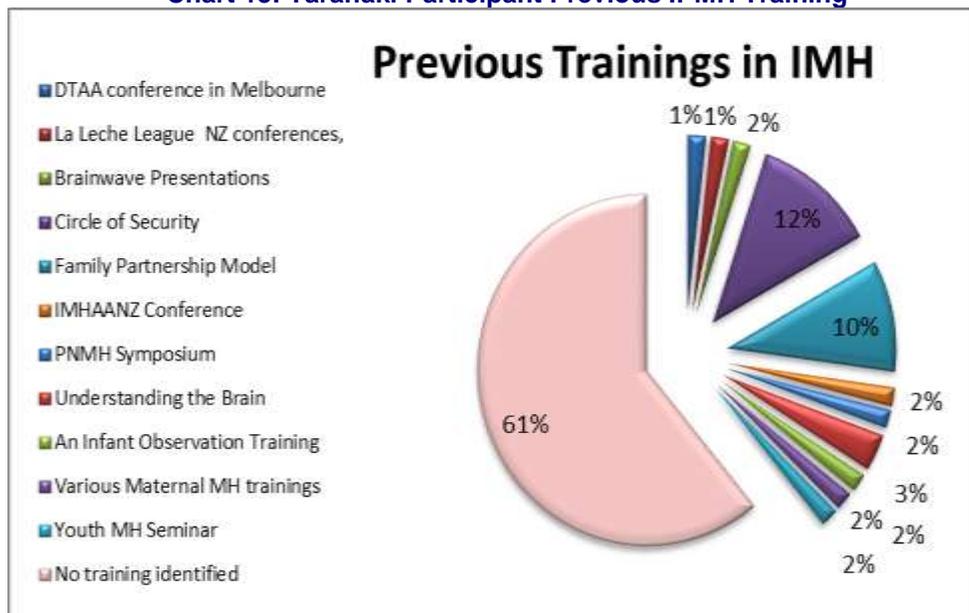
- There was a good spread of participants from across the infant perinatal continuum of care who attended the workshop with the highest being nurses at 37%.

Chart 12: Taranaki Ethnicity



- 71% of participants identified as being European
- 15% of participants identified as being Māori
- 14% of participants identified as being Other

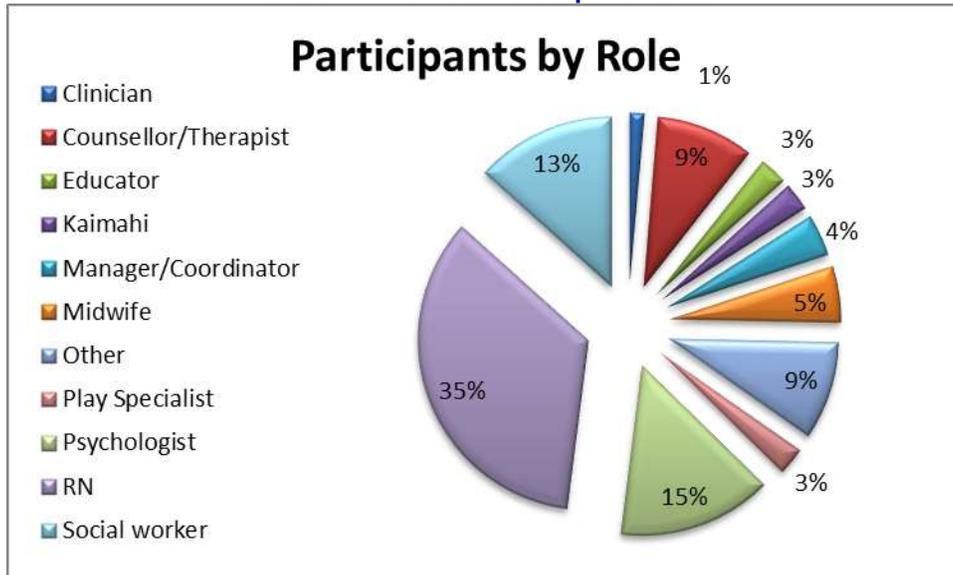
Chart 13: Taranaki Participant Previous IPMH Training



- 39% of participants had attended a range of relevant Infant Perinatal training prior to this workshop
- 61% of participants had not attended any previous training relevant to Infant Perinatal MH&A care

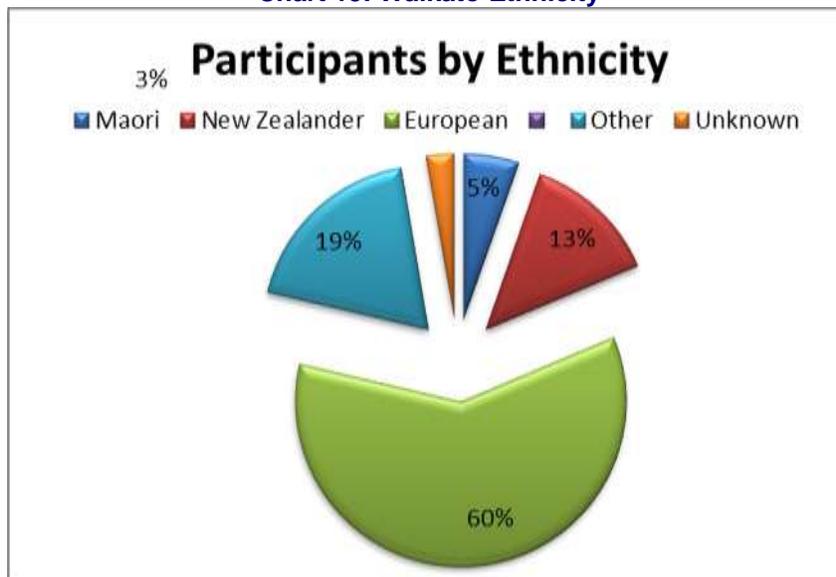
5.5 Waikato

Chart 14: Waikato Participant Roles



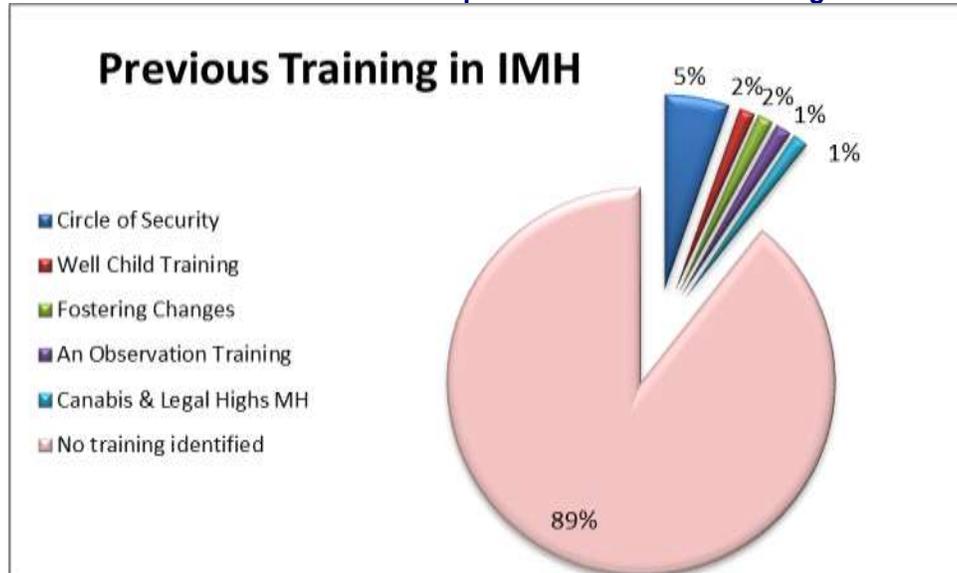
- There was a good spread of participants from across the infant perinatal continuum of care who attended the workshop with the highest being nurses at 40%.

Chart 15: Waikato Ethnicity



- 73% of participants identified as being European
- 19% of participants identified as being Māori
- 5% of participants identified as being Other

Chart 17: Waikato Participant Previous IPMH Training



- 11% of participants had attended a range of relevant Infant Perinatal training prior to this workshop
- 89% of participants had not attended any previous training relevant to Infant Perinatal MH&A care

5. Financial Return on Investment

The total cost for the regional Introduction to the Infant Perinatal Health – The First Five Years workshops was \$26,053.90 with a total of 288 people in attendance. A return on investment taken from total cost was \$90.46 per person.

Table 7: Regional Return on Investment

Total Participants	Total Costs
288	
Venue & Catering	\$ 12,691.30
Facilitator	\$ 9,625.00
Taxi Fares	\$ 181.15
Facilitator Flights	\$ 1,958.90
Facilitator Accommodation	\$ 702.60
Other	\$ 894.95
Total	\$ 26,053.90
Per DHB area per person	\$ 90.46

The return on investment by DHB shows that the higher number of attendees the less cost per person as identified in the Bay of Plenty, and Waikato. Tairawhiti and Taranaki higher costs are largely driven by higher venue and catering costs and facilitator travel.

Table 8: Financial Return on Investment by DHB

Total Participants	BOP	Lakes	Tairawhiti	Taranaki	Waikato
288	63	62	30	60	73
Venue & Catering	\$ 2,321.74	\$ 2,739.13	\$ 1,956.52	\$ 3,430.43	\$ 2,243.48
Facilitator	\$ 1,925.00	\$ 1,925.00	\$ 1,925.00	\$ 1,925.00	\$ 1,925.00
Taxi Fares	\$ 36.23	\$ 36.23	\$ 36.23	\$ 36.23	\$ 36.23
Facilitator Flights	\$ 336.83	\$ 404.76	\$ 697.65	\$ 268.66	\$ 251.00
Facilitator Accommodation	\$ 130.43	\$ 167.83	\$ 142.61	\$ 130.43	\$ 131.30
Other	\$ 129.40	\$ 129.40	\$ 129.40	\$ 129.40	\$ 377.35
Total	\$ 4,879.63	\$ 5,402.35	\$ 4,887.41	\$ 5,920.15	\$ 4,964.36
Per DHB area per person	\$ 77.45	\$ 87.13	\$ 162.91	\$ 98.67	\$ 68.00

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 first workshop The Introduction of Infant Perinatal Health – The First 5 Years. 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 was approved and progressed with Dr Denise Guy for delivery over November and December 2014.
- Of the 288 participants responses over 66% identified as New Zealand/European. 17% identified as Māori which is slightly less than the demographic population of the Midland Region. The significant gaps in our Pacific people and Asian workforce was highlighted
- From the feedback received it is clear that the majority of the participants that attended the training are working within the DHB environment with 56%. There was only 1 participant from the primary mental health and addiction sector.
- There was a good spread of roles within the mental health and addiction, community, pediatrics and maternity sectors with the largest groups being Registered Nurses.
- Evaluations were requested at the completion of each workshop. A total of 259 (90%) completed Evaluation Forms were received, which further validates the findings of this report. Only 29 (10%) of the Evaluation Forms were not completed, this may be attributed to those attendees leaving the workshop early.
- Of the 288 participants who attended the workshops 76% identified that they had not attended any relevant infant perinatal mental health training prior to this workshop
- 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 most beneficial. The workshop workbook, pre-reading and research was well received.
- 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 Introduction to the Infant Perinatal Health – The First Five Years workshops was \$27,140.86, with a total of 288 people in attendance. A return on investment taken from total cost is \$94.24 per person.
- The return on investment by DHB shows that the higher number of attendees the less cost per person as identified in the Bay of Plenty, and Waikato. Tairāwhiti and Taranaki higher costs are largely driven by higher venue and catering costs and facilitator travel.

6.1 Recommendations

1. **That Clinical Governance and the regional Portfolio Managers review the findings of the report and identify the next steps.**
2. **That the information provided in this report assist Dr Denise Guy to plan the second workshop to be held early 2015.**