

ONTARIO WORKING GROUP ON EARLY INTERVENTION IN PSYCHOSIS SURVEY RESULTS

BACKGROUND

The Ontario Working Group on Early Intervention in Psychosis Survey was completed in May 2005. At that time, 12 programs responded to the survey. The purpose of this survey was four-fold:

- To gain an understanding of how programs think that EI should be implemented across the province
- To identify training needs and interest areas of existing EI Programs
- To assess how this can be met through the existing network
- To identify the ongoing/evolving role of a central coordinating body-The Ontario Working Group on Early Intervention in Psychosis

TRAINING

1. How would you describe your program in terms of training capacity?

Full capacity to meet training needs in-house	3	(25%) ¹
Moderate capacity to meet training needs in-house	7	(58%)
Limited capacity to meet training needs in-house	3	(25%)
No capacity to meet training needs in-house	0	(0%)

Additionally, one participant mentioned the difficulty of having in-house training when staff are not located at the same site.²

2. Presently, how are your group's training needs being met?

In-House	12	(100%)
On-Site training by experts from other programs	5	(42%)
Sending staff to workshops/conferences	10	(83%)
Training manuals or other written training materials	8	(67%)
Information found on the Internet	9	(75%)
Other: Videoconferencing to connect to expertise	1	(8%)

¹ Throughout this document, numbers in bold refer to counts and the bracketed numbers refer to the percentage of respondents. Counts may be higher than 12 because respondents could mark more than one response for some questions.

² If qualitative responses were given, they were summarized and included at the end of each question.

3. How else would you like your group's training needs to be met?

In-House	2	(17%)
On-Site training by experts from other programs	5	(42%)
Sending staff to workshops/conferences	2	(17%)
Training manuals or other written training materials	4	(33%)
Information found on the Internet	1	(8%)
A standardized guide for EI practitioners in Ontario	12	(100%)
A central, Ontario EI website (with an interactive discussion forum)	10	(83%)
Other: Please Specify	0	(0%)

There was consensus amongst all participants about having a standardized EI guide. Respondents mentioned the need for standardised evaluation tools, training and the increasing use of videoconferencing.

4. Does your program currently have the capacity to provide training?

Yes.	11	(92%)
No	1	(8%)

Programs mentioned the following areas in which they have a capacity to do training:

- Assessment, treatment, rehabilitation
- Diagnosis and management of first episode psychosis
- Building a successful treatment program
- CBT and psychosis
- Case coordination
- Psycho-education groups
- Best practices for early intervention
- Clinical case management
- Program development

Additionally, a couple of respondents mentioned the current and potential future training that they do for other organizations

5. Uniform guidelines (i.e. specific training areas to be covered) for training new personnel should be created.

Strongly disagree	0	(0%)
Disagree	1	(8%)
Agree	2	(17%)
Strongly agree	9	(75%)
Don't know	0	(0%)

There were comments about the importance of standardization to maintain consistency across the province and ensuring that the model of early intervention is not being compromised. However, one participant mentioned the need to keep flexible and individual approaches to different programs.

6. A written training manual for all early intervention programs should be created.

Strongly disagree	1	(8%)
Disagree	0	(0%)
Agree	2	(17%)
Strongly agree	9	(75%)
Don't know	0	(0%)

7. An e-training strategy for staff training and continuing education through the Internet should be developed

Strongly Disagree	0	(0%)
Disagree	0	(0%)
Agree	4	(33%)
Strongly agree	7	(58%)
Don't know	1	(8%)

8. The specific training or interest areas in relation to EI for your program are

Substance Abuse	12	(100%)
Outreach	10	(83%)
Clinical Care	9	(75%)
Psycho-social Support	9	(75%)
Working with Families	11	(92%)
Consumer Perspectives and Issues	6	(50%)
EI and Primary Care	8	(67%)
Population Specific EI Programs	6	(50%)
CBT and psychosis	1	(8%)
Group work in EI	1	(8%)
Adolescent development issues	1	(8%)
Issues specific to aboriginal populations/diverse cultural groups	1	(8%)
Orientation to recovery principles	1	(8%)
Medication management	1	(8%)

NETWORKING

9. My group networks with other early intervention programs

Often	4	(33%)
Sometimes	8	(67%)
Never	0	(0%)

Overall, all comments about networking were positive. Specifically, some respondents mentioned that the networking was useful in developing programs and sharing ideas about policies, tools, guidelines and training. Several participants indicated collegial support as an outcome of the networking. Networking happened both informally and formally (i.e., conferences).

10. A central Ontario Working Group website, where information can be posted and exchanged, is a good idea

Strongly disagree	1	(8%)
Disagree	0	(0%)
Agree	4	(33%)
Strongly agree	7	(58%)
Don't know	0	(0%)

Two comments about the need for the website to not be an increased burden on programs and a consideration to have both public and private areas of the website.

11. An annual provincial EI conference is important to the EI capacity building in Ontario

Strongly disagree	1	(8%)
Disagree	0	(0%)
Agree	2	(17%)
Strongly agree	9	(75%)
Don't know	0	(0%)

12. Address and information lists to facilitate networking between groups should be created and distributed.

Yes	12	(100%)
No	0	(0%)

13. On-site consultations between older, established programs and new, more recently established programs should be funded throughout the year.

Strongly disagree 1 (8%)
 Disagree 0 (0%)
 Agree 1 (8%)
 Strongly agree 9 (75%)
 Don't know 1 (8%)

Several respondents cited hands-on training as valuable. Also there is the caveat that providing consultation/site visits to newly developing EIP services requires time and organizing; so, funds should be sought to support such activities.

14. Multi-site evaluations are helpful in setting standards and establishing best practices

Strongly disagree 0 (0%)
 Disagree 0 (0%)
 Agree 5 (42%)
 Strongly agree 7 (58%)
 Don't know 0 (0%)

One respondent mentioned that best practices could also be informed from details from model programs and current literature. One remaining question would be 'who would conduct these evaluations?'

ROLE OF THE ONTARIO WORKING GROUP ON EARLY INTERVENTION IN PSYCHOSIS

15. Please rank the following in order of priority of role for the Ontario Working Group (with 1 being the highest priority ranking and 8 being the lowest priority ranking)

	Most frequent response (Mode)
Establishing Best Practice Guidelines	1
Provincial Networking	2
Consultation and Collaboration with the Ministry of Health and Long-Term Care	3
Training/Education	4
Research Co-ordination	5
Advocacy	7
Supporting Service Innovation (e.g. Taking leadership with emerging primary care and best practices)	7

16. Please tell us the top 3 challenges currently facing your EI program

All respondents mentioned **staffing** and **funding** as challenges for their EIP program. Aspects of staffing included hiring and staff development. Other individual responses for one of the top 3 challenges included:

- Defining catchment areas
- Demand for service
- Establishing teleconferencing equipment and procedures within the emergency departments of five general hospitals within the district
- Family intervention
- Finding the time to develop guidelines and training
- Flow through
- How to build capacity in large geographical area
- Opening and operating satellite offices at four sites within the district
- Psychosocial rehab including education, vocational training and job support
- The need for standardized training manuals
- Working with two hospital administrations

17. How could the Ontario Working Group on EI in Psychosis help your program with the challenges you named? Please describe.

The responses to this question recapitulated responses to previous questions. In particular, respondents mentioned:

- Advocacy to MOHLTC for increased funding for all programs
- Advocacy with the ministry; uniform guidelines and training manuals
- Developing guidelines, sharing training materials
- Ongoing advocacy with MOHLTC re: prioritization of EI in the province. Uniform guidelines
- Ongoing consultations with the Ministry outlining a program budget for early intervention
- Ensuring that Ministry funding is going to the appropriate agencies
- Promote sharing of information about problems and barriers, and not just about successes