

EVALUATION OF A MENTAL HEALTH AND SUBSTANCE USE (MHSU) EDUCATION PORTAL

Addressing the need for MHSU education in the Vancouver Coastal community of care

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Given that one of the primary aims of the Mental Health and Substance Use (MHSU) Education Portal, and this evaluation, is to improve MHSU patient outcomes across VCH, the author invites readers to consider and recognize how colonization, inter-generational trauma, and ever-present health inequities continue to contribute to the disproportionate experience of MHSU concerns and presentations among Indigenous peoples in Canada. Specifically, readers are invited to consider the ways in which historical, structural, and social determinants of health fuel the inequity with which these harms are experienced by Indigenous peoples in Canada, and in the Vancouver Coastal community of care, and consider ways in which the provision of MHSU Education can contribute towards the path of reconciliation.

The author would also like to thank the Lions Gate Hospital Foundation for funding this evaluation.

Executive Summary

The Mental Health and Substance Use Education (MHSU) Portal

The MHSU Education Portal is an online education portal for point-of-care staff and leaders in the Vancouver Coastal community of care that consolidates current MHSU education and service information, evidence-informed resources, and Vancouver Coastal Health (VCH) policies and practice guidelines in an accessible format.

The portal can be accessed via: <https://mhsu.vchlearn.ca/>

Purpose of the Evaluation

The purpose of this evaluation was to determine whether the MHSU Education Portal was effective at supporting MHSU education and service navigation for point of care staff and leaders at urban, rural, and remote sites within the Vancouver Coastal community of care. This includes evaluating the reach, relevance, and usability of the MHSU Education Portal, as well as identifying areas of improvement and highlighting gaps in content. In line with the principles of Utilization-Focused Evaluation,¹ five evaluation questions were outlined by the author in collaboration with the MHSU Education Portal Steering Committee.²

Evaluation Methods

Three data collection methods were utilized to respond to the evaluation questions: 1) Google Analytics, 2) Pre-/post-test surveys administered to VCH staff, 3) Focus groups with VCH point-of-care leaders across each Vancouver Coastal community of care.

Evaluation Findings

Findings from the evaluation are summarized below according to the evaluation questions:

1. *To what extent is the MHSU Education Portal reaching VCH staff in the Vancouver Coastal community of care?*

Findings from the MHSU Education Portal's Google Analytics indicate that the portal has reached a total of 1,013 new users over the course of the evaluation, with an average of 17

¹ Patton, M. Q. (2008). Utilization-focused evaluation. Sage publications

² Group of seven Vancouver Coastal MHSU clinical nurse educators and clinical planners involved in the conceptualization, development, and improvement of the MHSU Education Portal.

users per day. Though, unfortunately, it was not possible to determine whether these portal users consisted solely of VCH staff in the Vancouver Coastal community of care, seeing as the portal was only being advertised to this group during the evaluation period, these users likely consisted primarily of VCH staff in the Vancouver Coastal community of care.

Given that 3,147 VCH staff are estimated to work in the Vancouver Coastal community of care,³ these findings suggest that approximately 1/3 of staff had accessed the portal over the course of the evaluation.⁴

2. Is the MHSU Education Portal increasing access to MHSU education across the Vancouver Coastal community of care, particularly in rural and remote communities?

Findings from a pre-/pos-test survey completed by 180 VCH staff in the Vancouver Coastal community of care indicate that the MHSU Education Portal increased VCH staff's perceived access to both mental health and substance use care, across the Vancouver Coastal community of care (i.e., in urban, and rural and remote, communities).

3. To what extent is the MHSU Education Portal increasing confidence and competence in providing care for patients with mental health and substance use concerns or presentations, particularly in rural and remote communities?

Findings from a pre-/pos-test survey completed by 180 VCH staff in the Vancouver Coastal community of care indicate that the MHSU Education Portal increased VCH staff's perceived confidence and competence in providing care for patients with mental health concerns or presentations across the Vancouver Coastal community of care (i.e., in urban, and rural and remote, communities). However, findings indicate that the MHSU Education Portal was only effective at increasing perceived confidence and competence in providing care for patients with substance use concerns or presentations in the urban community (i.e., the portal did not increase perceived confidence or competence in providing care to patients with substance use concerns or presentations in rural and remote communities).

4. What are VCH point-of-care leaders in the Vancouver Coastal community of care's perceptions and experiences of the MHSU Education Portal?

Findings from a series of focus groups conducted with VCH point-of-care leaders from each Vancouver Coastal community illustrate a consensus among point-of-care leaders that the

³ VCH Employee Counts as of 3/9/2018. Retrieved from: <http://www.vch.ca/Documents/VCH-Employee-Demographics-VCH-Website-September-2018.pdf>

⁴ These findings must be interpreted with caution since we cannot guarantee that all portal users were VCH staff in the Vancouver Coastal community of care.

portal was an important and useful resource for onboarding, service mapping, and continued education. That said, point-of-care leaders expressed concerns around the sustainability of the MHSU Education Portal and emphasized the need for a strong communication plan to ensure the uptake of the portal by staff.

5. To what extent is the content on the MHSU Education Portal relevant and comprehensive?

Findings from the focus groups indicate that, VCH point-of-care leaders in the Vancouver Coastal community of care perceived the MHSU Education Portal to be relevant, user-friendly, and easy to navigate. However, despite agreeing that the portal was meeting an important need for MHSU education, point-of-care leaders across focus groups expressed a desire for more content related to diversity, inclusion, and cultural safety. This was identified as a critical gap in content and area for future development on the portal.

Recommendations

Considering the evaluation findings, the following recommendations were developed by the author in collaboration with the MHSU Education Portal Steering Committee:

1. Continued development and implementation of a communication plan to increase the uptake and use of the MHSU Education Portal by VCH staff.
2. Inclusion of the MHSU Education Portal in the VCH regional orientation.
3. Continued evaluation and monitoring to ensure that the MHSU Education Portal remains up-to-date and relevant (particularly as this concerns service mapping).
4. Inclusion of more content on diversity, inclusion, and cultural safety.
5. Targeted efforts to improve confidence and competence in rural and remote communities to provide care to patients with substance use concerns or presentations.

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Introduction

The Mental Health and Substance Use Education (MHSU) Portal

Mental Health and Substance Use (MHSU) education and resource navigation was identified as a need across Vancouver Coastal Health (VCH), particularly in rural and remote areas where resources are especially limited. To begin to address this need, a group of Vancouver Coastal MHSU clinical nurse educators and clinical planners partnered with VCH Learning Technologies to create an online MHSU Education Portal. The purpose of this portal was to support mid-line leadership, increase capacity in point-of-care staff, and improve the health of individuals living with mental health and substance use challenges who are receiving services across the Vancouver Coastal community of care by providing content and service information. Specifically, this project involved two main areas of focus: (1) Collating MHSU resources, and (2) Mapping MHSU services in the Vancouver Coastal community of care. Three key objectives for the MHSU Education Portal were identified:

1. Support MHSU education at rural and remote sites.
2. Disseminate evidence-informed resources and tools to point-of-care staff and leaders (particularly at rural and remote sites).
3. Develop competence and confidence in point-of-care leaders to support and mentor clinicians.

This portal is now public-facing and can be accessed via: <https://mhsu.vchlearn.ca/>

Organization using the CAPE Tools

The MHSU Education Portal is organized using Nursing Practice Domains as the framework. Specifically, the content in each section (e.g., Core Content, Community, Older Adult, etc.) is matched to a corresponding Competency Assessment Planning and Evaluation (CAPE) Tool. Portal users are encouraged to download the corresponding CAPE tool for their practice area and find content on the portal as it relates to each indicator in the domains as a means of identifying knowledge gaps or learning goals.

Instructional Video

On the MHSU Education Portal homepage there is a link to a 10-minute video which provides background on the origins of the portal, its intended use, and insights around navigation and the portal's organization.

The Evaluation of the MHSU Education Portal

The purpose of this evaluation was to determine whether the MHSU Education Portal was effective at supporting MHSU education and service navigation for point-of-care staff and leaders at urban, and rural and remote, sites within the Vancouver Coastal community of care. This includes evaluating the reach, relevance, and usability of the MHSU Education Portal, as well as identifying areas of improvement and highlighting gaps in content.

Methodology

CIHR Knowledge to Action Framework

Rooted in CIHR's Knowledge to Action Framework,⁵ in which evaluation is understood to be an integral part of the knowledge to action process, the evaluation of the MHSU Education Portal aimed to assess the effectiveness of the MHSU Education Portal at translating MHSU knowledge into action through increasing confidence and competence in point-of-care staff across the Vancouver Coastal community of care and identifying gaps for continual improvement and sustainability.

Utilization-Focused Evaluation

Within the CIHR Knowledge to Action Framework, the evaluation of the MHSU Education Portal was designed and conducted in accordance with the principles of Michael Quinn Patton's Utilization-Focused Evaluation (UFE).⁶ From this perspective, the worth of the evaluation lies entirely in its utility and actual use as it concerns those who can, and will, apply the evaluation findings. As such, this evaluation was designed and conducted in close collaboration with the MHSU Education Portal Steering Committee⁷ to ensure that findings would be relevant and useful to those who have the responsibility to apply them and implement recommendations. This included collaboration in the identification of key stakeholders, evaluation questions, data sources, participants, study design, data analysis techniques, and recommendations.

⁵ CIHR (2015). Knowledge Translation in Health Care: Moving from Evidence to Practice. Retrieved from: <https://cihr-irsc.gc.ca/e/40618.html>

⁶ Patton, M. Q. (2008). *Utilization-focused evaluation*. Sage publications

⁷ Group of seven Vancouver Coastal MHSU clinical nurse educators and clinical planners involved in the conceptualization, development, and improvement of the MHSU Education Portal.

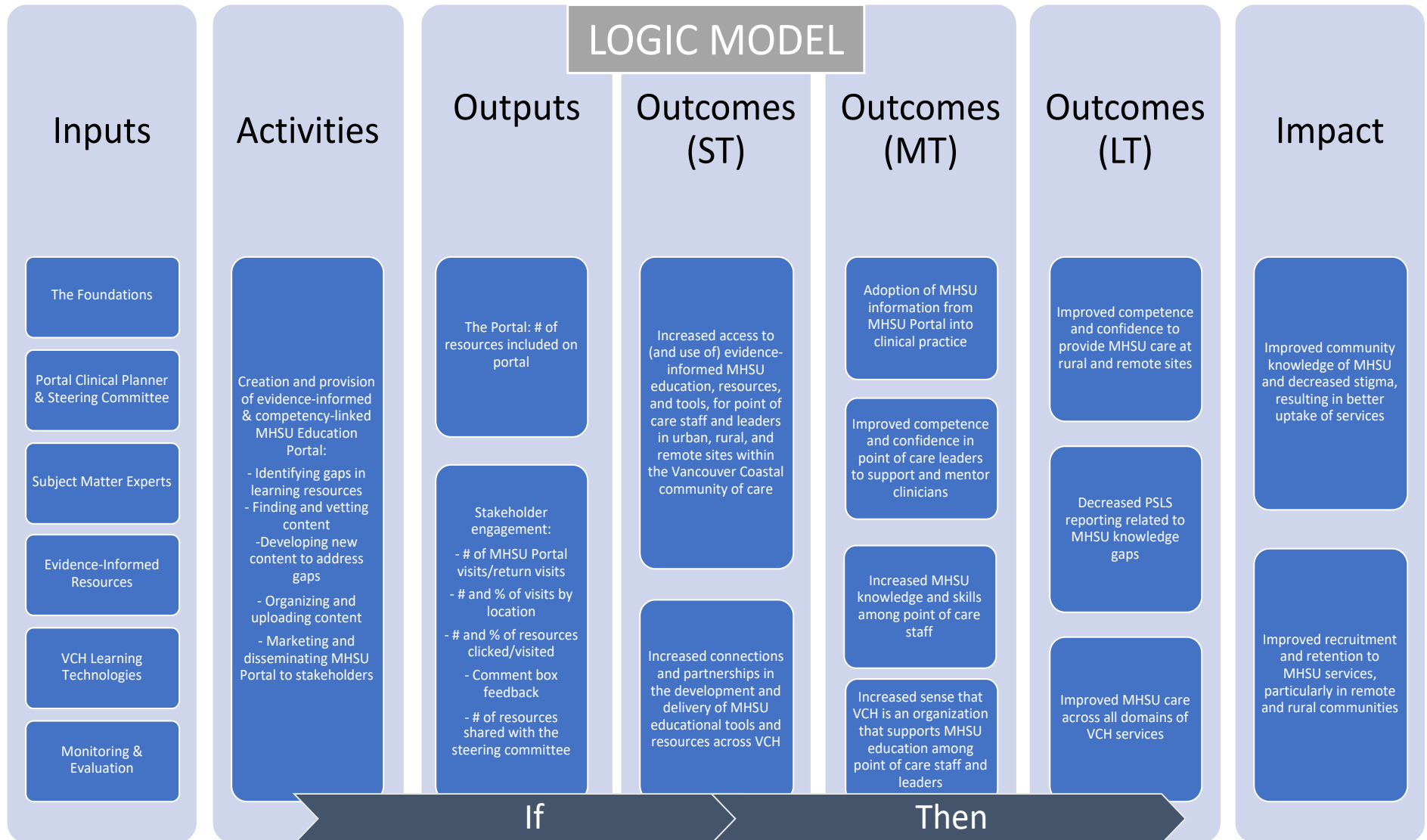
Key Stakeholders

The first step of the evaluation involved the identification of key stakeholders in collaboration with the MHSU Education Portal Steering Committee. These key stakeholders were divided into two groups: 1) those interested and affected by the MHSU Education Portal, and 2) the intended audience of the MHSU Education Portal evaluation. The first group consisted of all point-of-care staff and leaders in the Vancouver Coastal community of care. The second group included the MHSU Education Portal Steering Committee, the Five Coastal Foundations (i.e., the MHSU Education Portal funders), and the Regional Mental Health and Regional Addiction Prevention executives.

Program Logic Model

A program Logic Model was developed in close consultation with the MHSU Education Portal Steering Committee to clearly outline the MHSU Education Portal program theory and begin to identify outcomes to be assessed in the evaluation (see Figure 1). This Logic Model served as a starting point for understanding the MHSU Education Portal's required inputs, activities, and associated outputs, as well as the program's desired short term, medium term, and long-term outcomes. The development of the Logic Model also provided insight into some of the key evaluation questions and possible data sources.

Figure 1 - Logic Model of the MHSU Education Portal



Evaluation Questions

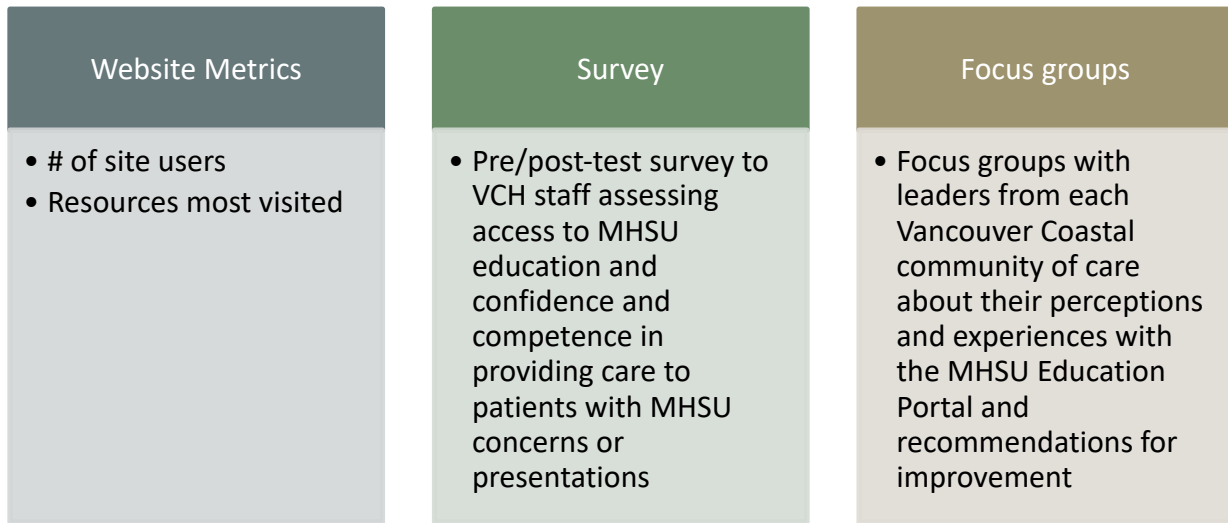
Five evaluation questions were identified in collaboration with the MHSU Education Portal Steering Committee. These evaluation questions were developed from the program objectives to evaluate the extent to which the MHSU Education Portal was meeting its program goals:

1. To what extent is the MHSU Education Portal reaching VCH staff in the Vancouver Coastal community of care?
2. Is the MHSU Education Portal increasing access to MHSU education across the Vancouver Coastal community of care, particularly in rural and remote communities?
3. To what extent is the MHSU Education Portal increasing confidence and competence in providing care for patients with mental health and substance use concerns or presentations, particularly in rural and remote communities?
4. What are VCH point-of-care leaders in the Vancouver Coastal community of care's perceptions and experiences of the MHSU Education Portal?
5. To what extent is the content on the MHSU Education Portal relevant and comprehensive?

Procedure

This evaluation took place between June 1st, 2021, and September 1st, 2021. Three data collection methods were utilized to respond to the evaluation questions (see Figure 2). First, website metrics, such as number of MHSU Education Portal users and the MHSU Education Portal resources most visited were collected via Google Analytics. Second, a pre/post-test survey was implemented to assess whether the perceived level of access to mental health and substance use education, and the perceived level of confidence and competence in providing care for patients with mental health and substance use concerns of VCH staff in the Vancouver Coastal community of care increased as a result of engaging with the MHSU Education Portal. Third, a series of focus groups were conducted with point-of-care leaders from each Vancouver Coastal community of care about their perceptions and experiences with the MHSU Education Portal as well as their recommendations for improvement.

Figure 2. Data collection methods



The following sections summarize the methods and findings for each data collection method used in this evaluation.

Website Analytics

Measures

Google Analytics⁸ was used to determine the number of users accessing the MHSU Education Portal and the resources most visited on the portal.

Findings

Evaluation Question #1- To what extent is the MHSU Education Portal reaching VCH staff in the Vancouver Coastal community of care?

Portal users

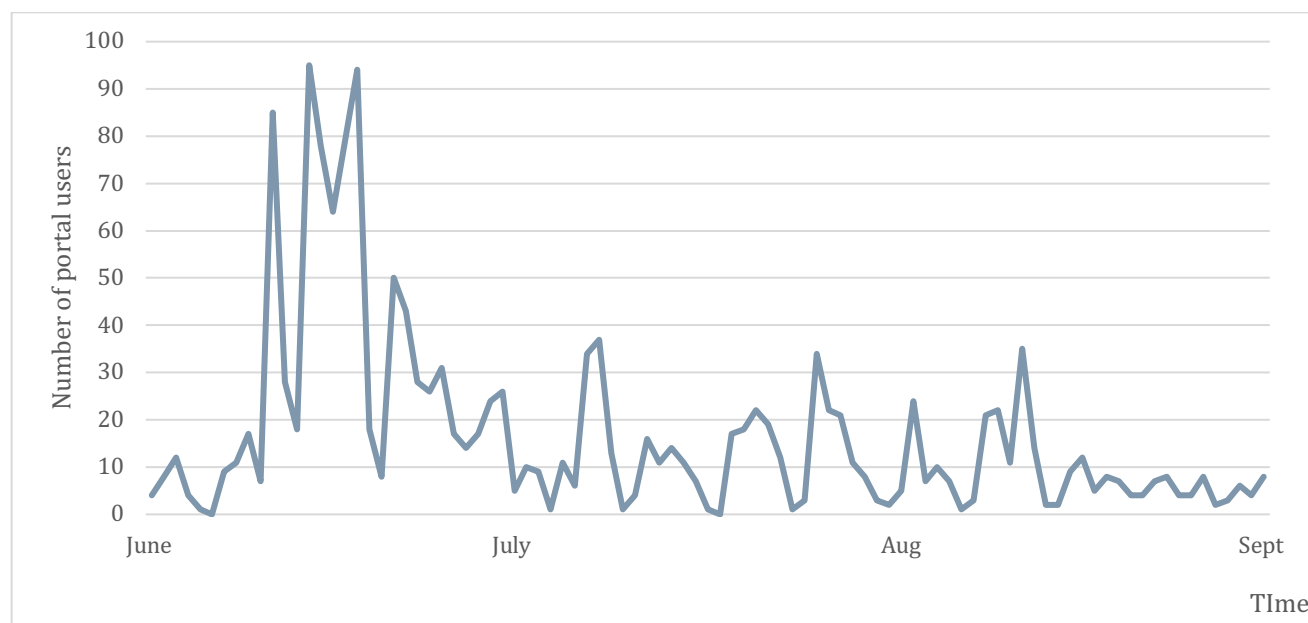
Findings from the MHSU Education Portal’s Google Analytics indicate that the portal had an average of 17 users per day, for a total of 1,013 new users over the course of the evaluation period. Figure 3 illustrates the daily number of MHSU Education Portal users over the course of the evaluation period (June 1st-September 1st, 2021). Spikes in the number of users (e.g., June

⁸ Google Analytics [Computer software]. Retrieved from: <https://analytics.google.com/>

11th, July 7th) coincided with communication efforts (e.g., email blasts, news stories) implemented by the MHSU Education Portal Steering Committee.

Unfortunately, it was not possible to determine whether or not the portal users were VCH staff in the Vancouver Coastal community of care. However, it is likely that the majority of these users were VCH staff in the Vancouver Coastal community of care since the portal was only being advertised to this group during the evaluation period. As such, given that 3,147 VCH staff are estimated to work in the Vancouver Coastal community of care,⁹ these findings suggest that approximately 1/3 of staff had accessed the portal over the course of the evaluation – though these findings must be interpreted with caution since we cannot guarantee that all of these users were in fact VCH staff in the Vancouver Coastal community of care.

Figure 3 Daily number of MHSU Education Portal users over time

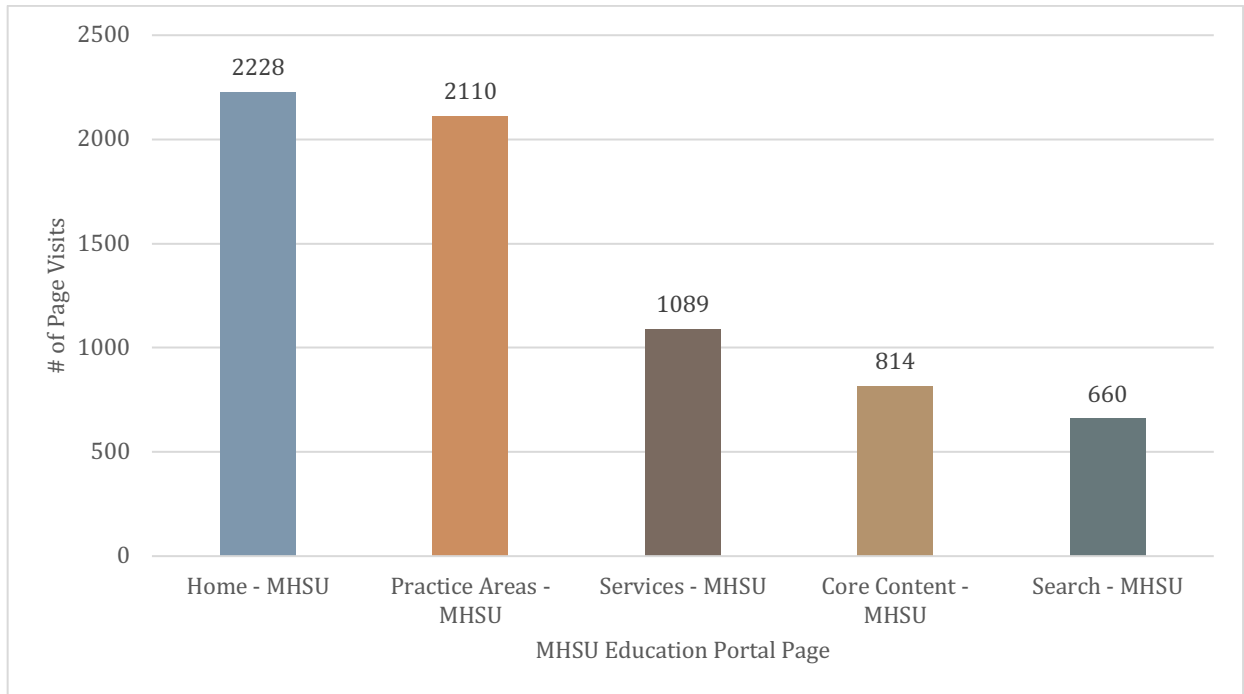


Resources most visited

Findings from the MHSU Education Portal’s Google Analytics indicate that, after the portal’s home page, “Practice Areas” was the page most visited on the site (see Figure 4 for data about the five most visited pages).

⁹VCH Employee Counts as of 3/9/2018. Retrieved from: <http://www.vch.ca/Documents/VCH-Employee-Demographics-VCH-Website-September-2018.pdf>

Figure 4 Number of page visits by page of the MHSU Education Portal



Pre- and Post-Test Surveys

Procedure

Pre- and post-test surveys were distributed to VCH Staff in the Coastal community of care using a series of Listservs acquired in collaboration with the MHSU Education Portal Steering Committee. In exchange for their participation, participants who completed both the pre- and post-test surveys were entered into a draw to win a \$250 Visa Gift Card. Upon providing consent to participate in the evaluation, participants were redirected to the online survey. Participant names and emails were gathered in the online consent forms and stored separately from their survey responses. This information was solely used to contact participants about completing the post-test survey and to select a winner for the draw. Data was collected using Qualtrics¹⁰ and analyzed using SPSS Software.¹¹

¹⁰ Qualtrics [Computer software]. Retrieved from: <https://www.qualtrics.com>

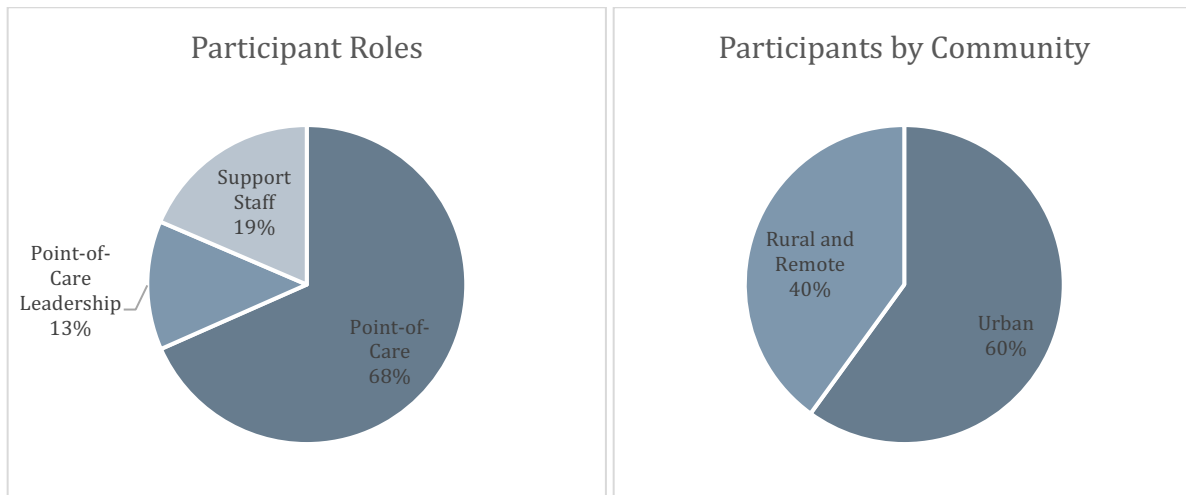
¹¹ IBM Corp. Released 2015. IBM SPSS Statistics for Macintosh, Version 23.0. Armonk, NY: IBM Corp.

Pre-Test Survey

Participants

A pre-test survey was completed online by 660 respondents from over 100 different roles across the Vancouver Coastal community of care. Of these participants, 563 responded to the key measures on the questionnaire (i.e., perceived access to mental health and substance use education, and perceived confidence and competence in providing care to patients with substance use concerns and presentations) and were included in the final sample for further analyses (see Figure 5 for demographics of final pre-test sample).

Figure 5 Distribution of participants by type of role and community



Note. Point-of-Care Staff = registered nurses, physicians, care aids, etc.; Point-of-Care Leaders = educators, managers, etc.; Support Staff = administrative roles, lab technicians, etc.; Rural and Remote = Bella Bella, Bella Coola, Powell River, Sea-to-Sky, and the Sunshine Coast; Urban = North Shore.

Measures

The pre-test questionnaire consisted of a series of socio-demographic questions (e.g., current role, community of care, time worked in healthcare, etc.), and measures of perceived access to MHSU education and perceived confidence and competence in providing MHSU care.

Access to MHSU education

Perceived access to mental health education and perceived access to substance use education were each measured on an eight-item scale developed by the author in collaboration with the MHSU Education Portal Steering Committee (i.e., Access to MH Education, Access to SU

Education; see Table 1). Participants were asked to rate how much they agreed with each item on a 7-point Likert scale, ranging from 1 = Strong Disagree to 7 = Strongly Agree.

Confidence and competence in providing MHSU care

Perceived confidence and competence in providing care for patients with mental health concerns or presentations and perceived confidence and competence in providing care for patients with substance use concerns or presentations were each measured on an eight-item scale developed by the author in collaboration with the MHSU Education Portal Steering Committee (i.e., Providing SU Care, Providing MH Care; see Table 1). Participants were asked to rate how much they agreed with each item on a 7-point Likert scale, ranging from 1 = Strong Disagree to 7 = Strongly Agree.

Table 1 Descriptive Statistics of Measures from pre-test

VARIABLE	N	M	SD	# OF ITEMS	RANGE	ALPHA
Access to MH Education	563	3.87	1.42	8	1-7	.94
Access to SU Education	563	3.82	1.42	8	1-7	.95
Providing MH Care	563	3.88	1.38	8	1-7	.93
Providing SU Care	563	3.76	1.43	8	1-7	.93

Findings

To identify differences in the perceptions and experiences of those at rural and remote sites, analyses were conducted by community of care. That is, the communities of Bella Bella, Bella Coola, Powell River, Sea-to-Sky, and Sunshine Coast were grouped as “rural and remote communities” and the community of the North Shore was group as “urban community.”

Perceived access to MHSU Education

While the degree to which respondents felt that they had access to MHSU education varied, on average, those who worked at rural and remote sites felt that they had significantly less access to MHSU education when compared to those at the urban site (see Figure 6). Specifically, results from independent t-tests illustrate that those in rural and remote communities’ level of perceived access to mental health ($t(562) = 2.751, p = .006$) and substance use ($t(562) = 2.65, p = .008$) education were significantly lower than those in the urban community. These findings

highlight the particular need for increased access to mental health and substance use education at rural and remote sites.

Figure 6 Perceived access to mental health and substance use education by community

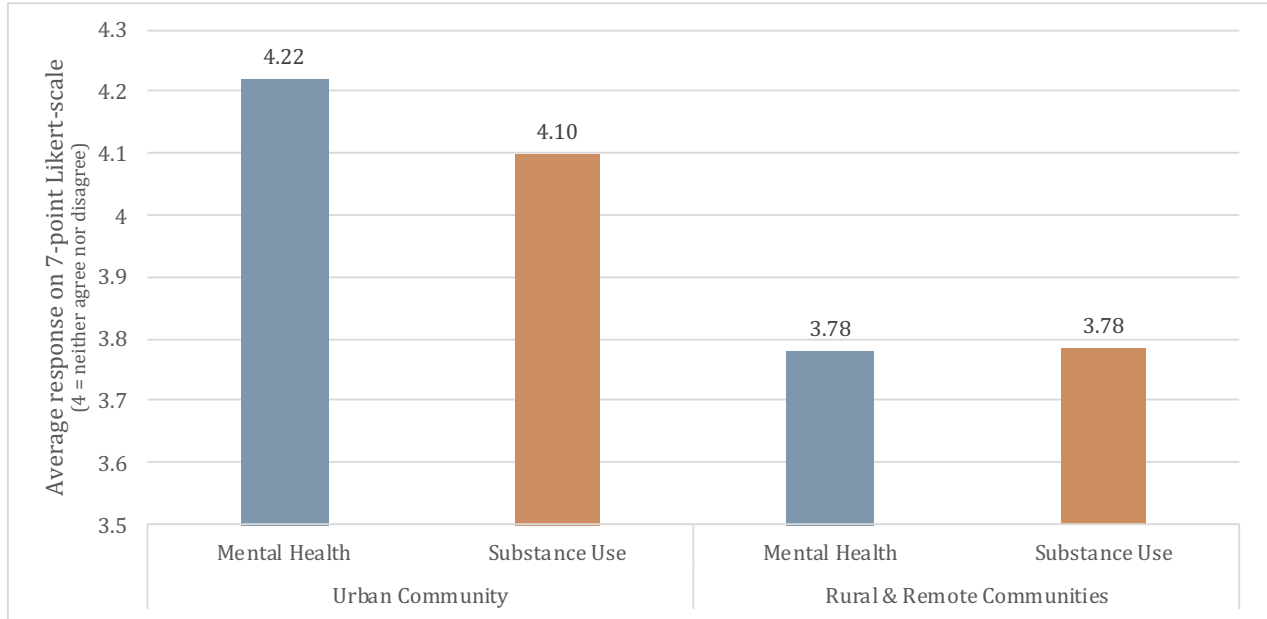
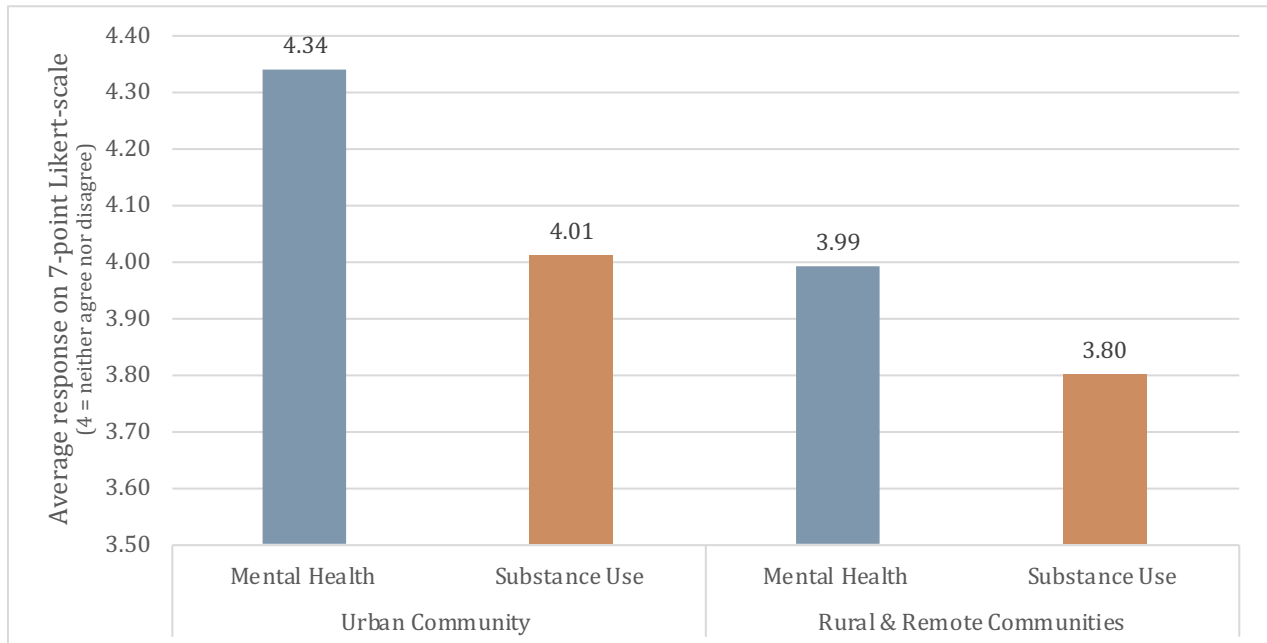


Figure 7 Average level of perceived confidence and competence in providing care to patients with mental health or substance use concerns or presentations



Perceived confidence and competence in providing MHSU care

A similar pattern of findings was observed in terms of participants' average level of perceived confidence and competence in providing care to patients with mental health or substance use concerns or presentations (see Figure 7). Specifically, results from independent t-tests illustrate that those in rural and remote communities' level of perceived confidence and competence in providing care for patients with mental health ($t(562) = 3.68, p < .001$) and substance use ($t(562) = 2.22, p = .027$) concerns and presentations were significantly lower than those in the urban community. These findings highlight the particular need for efforts targeted at increasing confidence and competence in providing care for patients with mental health and/or substance use concerns in rural and remote communities.

Moreover, to gain a more nuanced understanding of the factors associated with perceived confidence and competence in providing care to patients with mental health and substance use concerns, a series of hierarchical linear regressions were conducted (see Tables 2 and 3). Findings indicate that, over and above the influence of being point-of-care staff, years working in healthcare, and being from a rural and remote community, perceived access to mental health education was significantly related to perceived confidence and competence in providing care for patients with mental health concerns or presentations.

Table 2 Hierarchical Linear Regression of factors related to perceived confidence and competence providing MH care

VARIABLE	COEFFICIENT	STANDARD ERROR	R-SQUARE
<i>Block 1</i>			.042
Point-of-care staff	.311**	.120	
Years working in health care	-.107*	.050	
Rural and remote communities	-.396***	.118	
<i>Block 2</i>			.432***
Access to MH Education	.617***	.032	

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

A similar pattern of findings was observed in terms of substance use whereby, over and above the influence of being point-of-care staff, years working in health care, and being from a rural and remote community, perceived access to substance use education was significantly associated with perceived confidence and competence in providing care for patients with substance use concerns or presentations.

Table 3 Hierarchical Linear Regression of factors related to perceived confidence and competence providing SU care

VARIABLE	COEFFICIENT	STANDARD ERROR	R-SQUARE
<i>Block 1</i>			.035
Point-of-care staff	.280*	.125	
Years working in health care	-.170***	.052	
Rural and remote communities	-.228	.123	
<i>Block 2</i>			.461***
Access to SU Education	.670***	.032	

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Taken together, these findings suggest that access to MHSU education is a strong predictor of confidence and competence in providing care to patients with MHSU concerns or presentations – thus reinforcing the importance of increasing access to MHSU education, and supporting the need for the MHSU Education Portal.

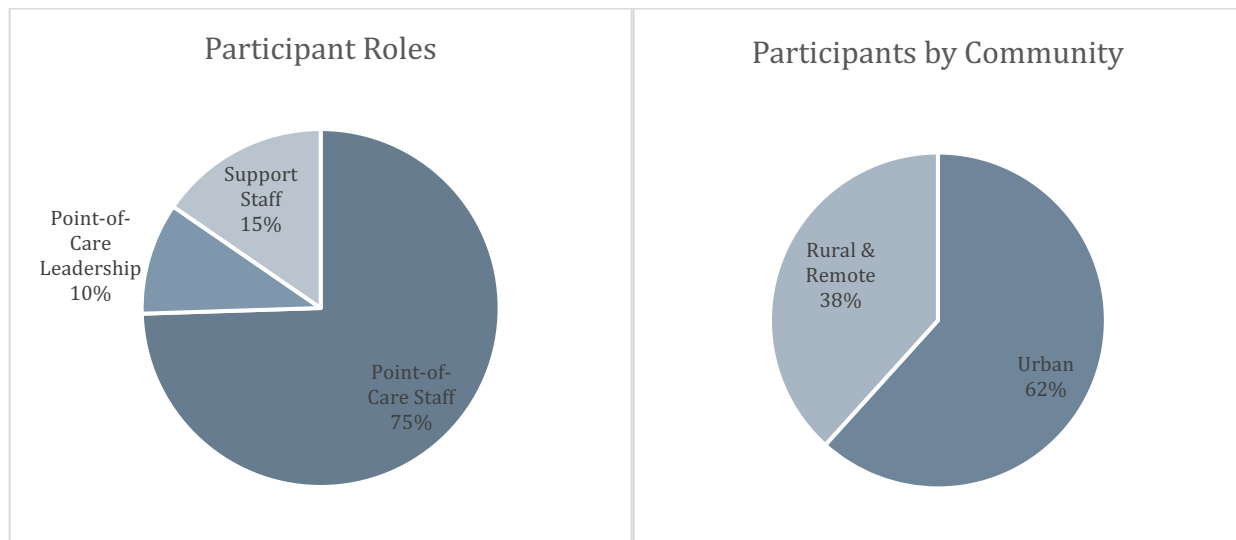
Post-Test Survey

Participants

Participants from the pre-test survey were invited via email to participate in the post-test survey six weeks after the pre-test survey was launched. All participants who completed the pre-test were reminded and encouraged via biweekly email prompts to explore the portal and watch the instructional video. Of those who completed the pre-test survey, 32% ($n=180$) completed the post-test survey (see Figure 8 for demographic information about the final sample). These participants were included in the pre/post-test analyses to determine whether accessing the MHSU Education Portal increased their perceived level of access to mental health and substance use education and/or their perceived confidence and competence in providing care for patients with mental health and substance use concerns. These analyses included a series of paired sample t-tests, for which the sample size was deemed appropriate using the statistical software

G*Power.¹² Results from a One-way ANOVA indicated that those who were excluded from these analyses (i.e., those who did not respond to the post-test) did not significantly differ from those who were included on the variables of interest (i.e., those who completed both the pre- and post-test surveys did not differ from those who did not complete the post-test survey in terms of their baseline levels of perceived access to MHSU education, and perceived confidence and competence in providing MHSU care).

Figure 8 Distribution of participants by type of role and community



Note. Point-of-Care Staff = registered nurses, physicians, care aids, etc.; Point-of-Care Leaders = educators, managers, etc.; Support Staff = administrative roles, lab technicians, etc.; Rural and Remote = Bella Bella, Bella Coola, Powell River, Sea-to-Sky, and the Sunshine Coast; Urban = North Shore.

Measures

The post-test survey included a series of repeated measures from the pre-test about perceived access to MHSU education and perceived confidence and competence in providing MHSU care (i.e., Access to MH-SV, Access to SU-SV, Providing MH Care-SV, and Providing SU Care-SV).

Access to MHSU education

Perceived access to mental health education and perceived access to substance use education were each measured on a Short Version (SV) of the original scale used in the pre-test survey.

¹² UCLA: Statistical Consulting Group. G*Power [Computer Software]. Retrieved from: <https://stats.idre.ucla.edu/other/gpower/>

These scales (i.e., Access to MH-SV and Access to SU-SV) each consisted of a four-item subset of the measures included in the pre-test survey. Participants were asked to rate how much they agreed with each item on a 7-point Likert scale, ranging from 1 = Strong Disagree to 7 = Strongly Agree. The short versions of each of these scales were used in the pre-/post-test analyses (see Table 4 for descriptive statistics of measures).

Confidence and competence in providing MHSU care

Perceived confidence and competence in providing care for patients with mental health concerns or presentations and perceived confidence and competence in providing care for patients with substance use concerns or were each measured on a Short Version (SV) of the original scale used in the pre-test survey. These scales (i.e., Providing MH Care-SV, Providing SU Care-SV) each consisted of a four-item subset of the measures included in the pre-test survey. Participants were asked to rate how much they agreed with each item on a 7-point Likert scale, ranging from 1 = Strong Disagree to 7 = Strongly Agree. The short versions of each of these scales were used in the pre-/post-test analyses (see Table 4 for descriptive statistics of measures).

Table 4 Descriptive statistics of measures used in the pre/post-test analyses

VARIABLE	N	M	SD	# OF ITEMS	RANGE	ALPHA
Access to MH Education-SV (pre-test)	180	3.88	1.28	4	1-7	.92
Access to MH Education-SV (post-test)	180	4.35	1.50	4	1-7	.93
Access to SU Education-SV (pre-test)	180	3.84	1.39	4	1-7	.94
Access to SU Education-SV (post-test)	180	4.27	1.56	4	1-7	.92
Providing MH Care-SV (pre-test)	180	3.98	1.32	4	1-7	.84
Providing MH Care-SV (post-test)	180	4.26	1.39	4	1-7	.88
Providing SU Care-SV (pre-test)	180	3.80	1.39	4	1-7	.88
Providing SU Care-SV (post-test)	180	4.10	1.25	4	1-7	.86

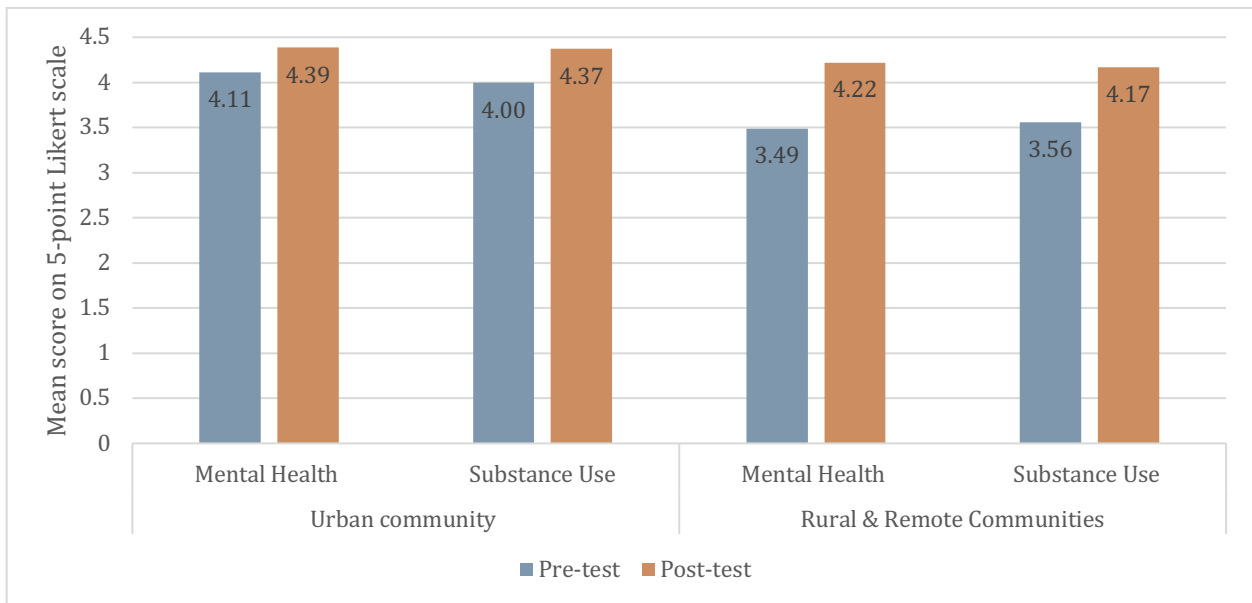
Findings

Evaluation Question #2- Is the MHSU Education Portal increasing access to MHSU education across the Vancouver Coastal community of care, particularly in rural and remote communities?

Perceived access to mental health and substance use education

Findings from a series of paired samples t-tests indicate that, after accessing the MHSU Education Portal, participants' average level of perceived access to both mental health and substance use education significantly increased in both urban (MH: $t(112) = -2.29$, $p = .024$; SU: $t(112) = -2.49$, $p = .014$), and rural and remote (MH: $t(66) = -4.707$, $p < .001$; SU: $t(66) = -3.63$, $p < .001$), communities (see Figure 10). This suggests that accessing the MHSU Education Portal was successful in increasing participants' feelings of access to mental health and substance use education.

Figure 9 Average level of perceived access to mental health and substance use education

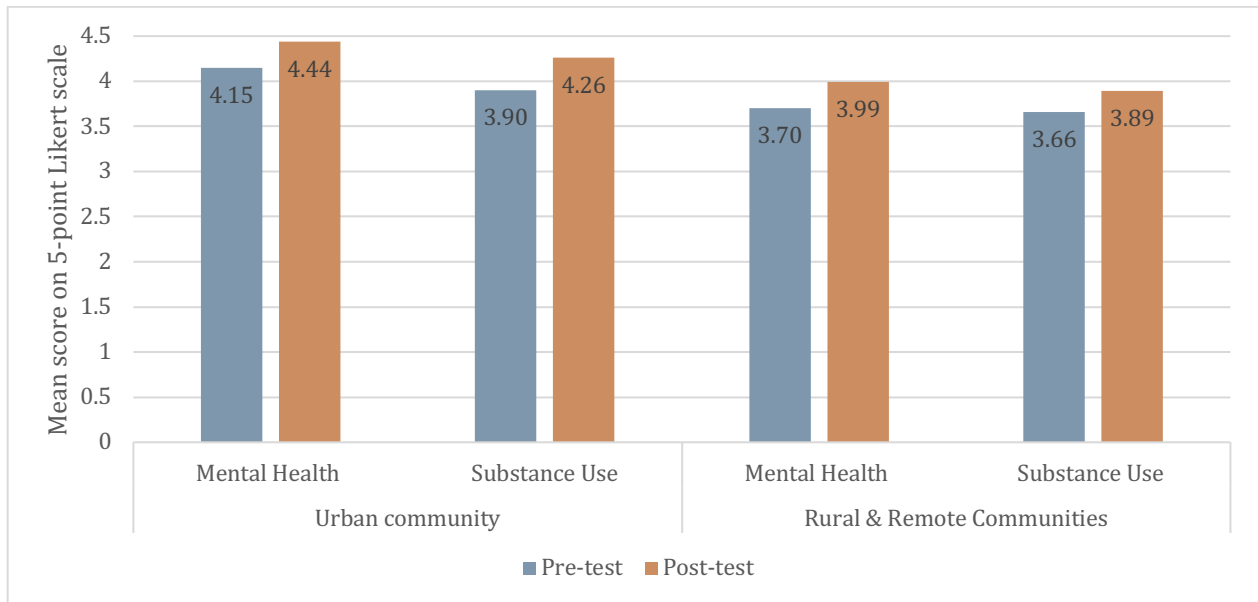


Evaluation Question #3- To what extent is the MHSU Education Portal increasing confidence and competence in providing care for patients with mental health and substance use concerns or presentations, particularly in rural and remote communities?

Perceived confidence and competence in providing MHSU care

A similar pattern of findings was found in terms of participants confidence and competence in providing care to patients with mental health and substance use concerns or presentations (see Figure 11). Specifically, findings indicate that in the urban community, participants’ average level of perceived confidence and competence in providing care to patients with both mental health and/or substance use concerns or presentations significantly increased after accessing the MHSU Education Portal (MH: $t(112) = -2.21, p = .029$; SU: $t(112) = -3.49, p < .001$). However, in rural and remote communities, only perceived confidence and competence in providing care to patients with mental health concerns or presentations significantly increased as a result of accessing the MHSU Education Portal (MH: $t(66) = -2.05, p = .044$). That is, there was not a statistically significant increase in participants perceived level of confidence and competence in providing care for patients with substance use concerns in rural and remote communities (MH: $t(66) = -1.94, p = .056$). Thus, it appears that, while accessing the MHSU Education Portal effectively increased confidence and competence in providing care to patients with mental health concerns across the Vancouver Coastal communities of care, more targeted efforts are needed to help support staff in providing substance use care at rural and remote sites.

Figure 10 Average level of perceived confidence and competence in providing care to patients with mental health and substance use presentations



Focus Groups

Methods & Procedure

The MHSU Education Portal Steering Committee identified 2-6 point-of-care leaders for each community in the Vancouver Coastal community of care (i.e., Bella Bella, Bella Coola, North Shore, Powell River, Sea-to-Sky, and Sunshine Coast). Each point-of-care leader was contacted by the author and invited to participate in a virtual focus group using Zoom software.¹³ Participants were divided into four focus groups according to their community of care (i.e., Bella Bella and Bella Coola, North Shore, Powell-River and Sunshine Coast, and Sea-to-Sky). A total of 11 point-of-care leaders participated in 45–60-minute focus groups conducted over Zoom. Participants were remunerated with a \$20 Gift Card in exchange for their participation. A focus group guide was developed by the author, in collaboration with the MHSU Education Portal Steering Committee, to gain a better understanding of point-of-care leaders' perceptions and experiences with the MHSU Education Portal.

Data Analysis

Focus groups were audio-recorded, transcribed verbatim (removing any potentially identifying information) and checked for accuracy. NVivo 12 software¹⁴ was used to manage and analyze the data. First, interviews were coded and analyzed using a preconfigured codebook and thematic content analysis.¹⁵ This codebook was designed by the author based on the themes identified in the focus group guide and during the focus groups, this included codes such as “Usability” and “Recommendations.” These initial codes, and their definitions, were continually revised throughout the coding process to reflect the themes that were identified in the focus groups. This process included coding the raw data line-by-line and iteratively developing interpretations about recurring, converging and contradictory codes or categories within and across the focus group data.

¹³ Zoom Video Communications [Computer Software].2021 (Version 5.75). Retrieved from: <https://explore.zoom.us/en/opensource/>

¹⁴ QSR International Pty Ltd. (2018) NVivo (Version 12). Retrieved from: <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>

¹⁵ Mayring, P. (2014). Qualitative content analysis: theoretical foundation, basic procedures and software solution.

Findings

Evaluation Question #4- What are VCH point-of-care leaders in the Vancouver Coastal community of care's perceptions and experiences of the MHSU Education Portal?

Evaluation Question #5- To what extent is the content on the MHSU Education Portal relevant and comprehensive?

Six interrelated themes about the perceptions and experiences of VCH point-of-care leaders in the Vancouver Coastal community of care with the MHSU Education Portal were identified using thematic content analysis of the focus group data: (1) The usability and organization of the MHSU Education Portal, (2) The use of the MHSU Education Portal for onboarding and orientation, (3) The role of the MHSU Education Portal in continued education, (4) The use of the MHSU Education Portal for service mapping and navigation, (5) Concerns around the sustainability of the MHSU Education Portal, and (6) The need for more content on diversity, inclusion, and cultural safety. Findings are presented below along with illustrative quotes followed by an alphabetic code identifying the four focus groups (i.e., FG A, FG B, FG C, FG D).

(1) The usability and organization of the MHSU Education Portal

Overall, participants found the MHSU Education Portal user-friendly and easy to navigate. For example, one participant described how they found the layout and organization of the portal intuitive:

Just in terms of being able to find different courses and stuff, I found that was really neat because it can be hard trying to navigate, because different courses potentially come out of different sources, and just to be able to kind of go in and follow the links just makes it very easy. So, for myself, in terms of like continuing education and stuff, I would use this as a resource to look to see what's listed there off the top. And I think I'd save myself a lot of time. – FG C

Another participant expressed a similar opinion regarding the organization of the portal:

I think the piece that I valued most about the portal was all the MHSU specific learning hubs and education opportunities being on one page as well as the CAPE tool being there. So not only did it have links, that not only supported operations, but also supported the front-line staff. And yeah, it was pretty straightforward. Like it wasn't convoluted. It was easy to navigate... it was really beginner friendly. – FG D

Another participant explained:

Because the problem is that when you have everything on the same resource it starts getting busy. And as soon as it starts getting too many resources and too many courses and stuff, people don't have the patience to go through it – Where if it can be nicely streamlined – That's why I really liked the various categories [...] it started breaking things down. And I liked the fact that it might say eight resources on the topic, but there actually is only three resources and then five things that are sort of linked or could be beneficial. So that was really good, how the site was laid out. – FG A

Overall, across the focus groups, there was a sentiment that the MHSU Education Portal was easy to navigate, user-friendly, and that the content was well-organized.

(2) The use of the MHSU Education Portal for onboarding and orientation

Participants across focus groups also expressed a desire to use the MHSU Education Portal as a part of onboarding new hires. Specifically, several participants described how the portal could be integrated into their current onboarding practices, as well as how the portal could be introduced or utilized as part of the regional orientation. These participants also emphasized how the usability of the portal and the fact that it was easy to navigate were important factors which contributed to it being a good resource for new hires. For example, one participant explained:

Onboarding for sure, I think that's a really evident place where this could be a benefit. And the way I would do that, I have a little kind of site-specific orientation document that I go through with people, so if I can include the URL to the different courses that seem especially relevant to people's work here, that would be a nice thing to be able to include. And then if there are specific learning needs that are identified in the course of clinical supervision – that could suggest a person specific courses as well. [...] I think it's easy to navigate. That was my experience with it. People can probably locate the information that they would need here. And the only other thing I would recommend is if we're talking about onboarding staff, there could be a proportion that was talked about in the regional orientation when they first come to Vancouver Coastal Health. Even like introduce the site as the resource - maybe have like a full hour just on the basics of mental health and substance use within the hospital and then using this as platform to work off of and the site as a reference for future. – FG A

Similarly, one participant said:

I think that I would recommend that the new hires actually go on to the site, play around with it a little bit. I think that that's probably the best way to familiarize with it. [...] I find that it's quite easy to navigate and when staff come on here, you know, we kind of have some predesignated courses for different roles that we like people to take and stuff. So, from my position, I would find all of those courses within the site, even ahead of time, so that I could direct them and then they could just kind of follow the links and access those quite easily. – FG B

Several participants also suggested that the portal include a specific section designated to new hires or onboarding. For example, one participant explained:

The only other thing that I would like to see there as an operations manager is something about new hires, because I get a lot of questions from new staff that are getting onboarded. And this is what I was going to say in terms of "core content" or "practice areas" is a specific spot for new hires, because this will be like great education for a smattering of different employees that we have. But new hires are always like, "Well, what do I need? Like, what do I need to know?" [...] So that way I can always just direct new hires. Like "Yup, go check out the new hire section of the MHSU education portal." And so, it's all organized together. – FG B

Similarly, several participants expressed a need to standardize the expectations for new hires and suggested that having a designated portion of the portal specifically destined for new hires could contribute to this standardization. For example, one participant explained:

I think there's an opportunity to standardize what the expectation is for those new hires, because they are required to do a certain amount of standardized pieces. I know in [name of place], we don't really have... It'll be under way, but there's no orientation manual. So, it would be nice if that was on the portal and then same kind of thing with just all like really easy check marks or just to track through there. Like, if you could have the required, as well as optional for further education opportunities if you're interested, because I also have folks that do their onboarding and they're begging for more education. And I don't have the time to pull it all together for them. I wish I did. And I know there's a ton of resources out there, but it'd be awesome if there was a place here where we could just direct them. Yeah, further education, boom. It's right there. Because a lot of times it's hard to find things in Learning Hub, unless you know what the course is called. And like, I don't

know, I'm not sure necessarily. I mean, I think it's in here, but like I'm not sure that people would know that they should do like "From the Heart" or whatever, so. – FG B

Overall, participants expressed a strong desire to integrate the portal into their orientation and onboarding procedures. Some participants further suggested that there be a standardized portion of the orientation for new hires embedded into the MHSU Education Portal. These participants explained that having a designated area of the portal for new hires, which provided recommendations around priority education modules, would assist them in directing new staff to learning opportunities, both within and beyond what is required in their orientation. Participants also expressed a desire to have the MHSU Education Portal featured in the regional orientation.

(3) The role of the MHSU Education Portal in continued education

In addition to using the MHSU Education Portal for onboarding and orientation, many participants discussed the potential for the MHSU Education Portal to be used for continued education. In these discussions, the applicability and/or usefulness of the CAPE Tools often featured as an important theme. For example, one participant explained:

For me, I think it brings forward this idea of evidence-based practice that brings forth the idea of reflective practice, using those CAPE Tools, and I feel like the portal is a nice fit within the VCH values. Like, "We're always learning," that it's not just because you don't know something – like that's not a punitive thing, and particularly for nursing practice and so forth. In allied health, people really are supposed to reflect on their own practice and where their gaps are. And so, I think that that's the real damage of the portal is just reinforcing that from an organizational perspective. [...] When I was the manager, there was a real range. We had a lot of new staff. We had a lot of staff who'd been around for a very long time. And so, what I observed was that the practice wasn't particularly standardized, and the interventions weren't standardized. And so, I think CAPE Tools are a nice way to start doing that. And I think as a manager, it's a nice way to identify gaps in groups of people or on teams so that you can figure out how to start addressing those gaps. And again, just to go back to this idea, I just really like the idea of self-reflective practice. And everyone really is just always learning – that's a really strong value for me. And so, I think that's why I really like the CAPE Tools. – FG C

Similarly, another participant described how using the CAPE Tool to support continued education encouraged the idea of reflective practice:

It's just really helpful as a foundation piece because sometimes people can be reflective, but they're kind of only thinking about certain pieces of the work. And so, this is just a nice systematic way of going through all of the different components. And it also gives a talking point when there are areas for improvement or even the strengths, like some people don't like to talk about their strengths, right? So, it actually gives us a talking point rather than it being personal about the person, "This is the CAPE tool that we use on everybody." And so, we can actually address some of those in a way that's a little less scary. I think it's a good interaction opportunity. - FG C

Contrarily, a subset of participants acknowledged that they would probably not use the CAPE Tools to identify learning needs with their staff, but instead would recommend specific learning resources to staff based on their needs. For example, one participant explained:

I can see how [using the CAPE Tools] would be a useful way of kind of planning and organizing the site. And, from an educator perspective, how it might be helpful to be thinking in those terms and give people access to those tools. In terms of making it actually accessible or kind of useful to frontline clinicians, I am not sure - like outside of a structured learning plan with people, I can't really see using it that much. And I don't think in general I would be doing that with staff as a matter of course. Again, I can see the value in it. But just as the kind of thing where somebody identifies a particular learning need they have, or I identify that with them in the course of the conversation I have with them. It's much easier to just say, "OK, let's have it be more kind of a plug and play," like, "Oh, you need some more background on opioid use disorder. OK, here are these resources and I'll email them to you and then please look at them and discuss them next week." Instead of going through the CAPE Tool and kind of rating your competencies before and after. Again, I see the utility, but just practically, I don't know. I don't think I'll use it. – FG A

Across focus groups, participants agreed that the MHSU Education Portal was a great resource and tool for continued education. Moreover, the applicability and usefulness of the CAPE Tools featured as an important theme in these discussions. Specifically, the majority of participants felt that the use of the CAPE Tool would be helpful in identifying and addressing their staffs' mental health and substance use education needs.

(4) The use of the MHSU Education Portal for service mapping and navigation

As the focus groups progressed, the use of the MHSU Education Portal as a tool for service mapping emerged as an important theme. Specifically, participants in each focus group mentioned the usefulness of the service mapping component of the portal and emphasized the

importance and the need for this resource for all VCH staff. For example, one participant explained:

I think that it's a nice way to show the different services. It has some blurbs of what the programs are. So, it's a good way of getting to know what those services are, because sometimes you're so far removed from another area that you're not even sure. So, if you do have somebody that you need to refer to another locale that you're not as familiar with, it's quite handy just to be able to look this up and to be able to get a sense of what the services are in that area. – FG B

Similarly, another participant explained:

And then I think, too, sometimes our patients – I'm thinking clients when they move communities. If I'm a clinician and I know this is here then I can go look at [name of community] and I know exactly who to phone about transferring my client information over, because sometimes that is hard to track down too, so the service mapping would help with any of those because we have people that bounce around all our rural communities. They stay with us for six months and then they go to [name of other community] and then they go somewhere else. – FG C

Moreover, many participants echoed the importance of the service navigation portion of the MHSU Education Portal for community members beyond VCH staff. For example, one participant explained:

It'll give us, particularly the community providers like doctors and our non-profit partners, a way of trying to figure out how to navigate the system, because that's consistently the feedback we get is that our system is really hard to navigate. And people are right about that. And because it's so rapidly changing, I'm often reluctant to send out information because in a year it's going to be out of date or it's quickly out of date. So, this is a really good site for people to go on to. And for the community to know what the referral pathways are. That's always the question we get. – FG B

A subset of participants also suggested that the portal include a specific section dedicated to community members who are trying to navigate mental health and substance use care. For example, one participant explained:

Something that's separate or at least like a sub kind of area on the site that's separate and quite streamlined and really is oriented towards the needs of people who are trying to

navigate the system or access services is helpful. I mean, that's just it's not so much specific to this initiative, but that's a piece of feedback I hear again and again. It's just how opaque the system feels from the outside for people trying to access mental health and substance use services. How confusing it is. And if you just Google mental health counseling, [name of community], whatever, you're not going to get, you know, the community outpatient team [name of organization] that actually addresses that need and a step-by-step process of how people access and that sort of thing. That's the kind of thing people are looking for right now, I know the portal is about education as much as it is about service access, but there is a service component to the portal. So that would be helping to meet that need. – FG A

Across the focus groups, there was a consensus that the MHSU Education Portal would serve as an important service mapping tool for VCH staff and beyond. Specifically, participants explained that this tool could help service users, their families, and physicians better navigate mental health and substance use services.

(5) Concerns around the sustainability of the MHSU Education Portal

While, overall, participants were impressed with the organization, scope, and usability of the MHSU Education Portal, many expressed concerns around the sustainability of the portal. Specifically, participants expressed the need for someone to take ownership over ensuring the sustainability of the portal and keeping it up to date. This included the continual addition of educational resources as well as ensuring information about services was accurate. Participants expressed concerns that if the MHSU Education Portal was not kept updated and relevant it would no longer be useful. For example, one participant said:

I guess my biggest concern is that people put all this time and energy and money into this thing, and then is it mostly going to sit there unused. Or over time, is it going to fall into disrepair and become less relevant? Because certainly in health care, you see lots of great change initiatives and educational opportunities where that occurs where the sustainment is an issue. It's always an issue with any kind of educational initiative in health care, and I can certainly see that as true in this case too. [...] You'd have to probably set different markers like whether it is a six month mark, one year mark... We have to evaluate if it's being used. So, you know, you've done your initial pre and your post tests, but I think you have to reach out at six months, a year, five years. [...] Yeah, I really like the idea of it continuing to be evaluated, updated and curated, like someone needs to own that

responsibility, right? [...] I think that needs to be kind of a role specific task or set of tasks, otherwise, it could very easily just kind of fall by the wayside. – FG A

Similarly, another participant said:

I saw some not accurate information about some of the programs. And then it led me to thinking, "OK, well, we're in the middle of a remodel. So, when we update all of the things to a future state, how does that automatically get translated?" And so just something to think about for the future is "If changes are happening in these different coastal communities, how do we loop in this thing so it's accurate?" So, our staff are still getting the same message when they're going to go here. – FG C

Moreover, many participants mentioned the importance of having a strong communication plan to support the sustainability of the MHSU Education Portal and ensure that it is continuously being accessed and appropriately utilized by VCH staff. For example, one participant said:

I guess my other initial impression was, "Wow, there's a lot of great information here." And honestly, I'm not sure how much of it is going to actually make it to the front line. I hope that it will. And I love that it's there. And you know if there's a specific learning need that's identified, I might be able to point to somebody to something, but, I guess my concern, I mean, I think this comes up with staff education in general, when staff have to pull information rather than having it pushed, it's I think it can be quite challenging to carve out the time to complete that education in the course of one's frontline work. So that's my biggest concern about the usefulness and the implementation of the portal in the long run. How are we going to make sure that all this great work actually gets to the people who benefit from it in terms of the staff education component? – FG A

Similarly, another participant explained:

You know, what happens is that we have these amazing tools and they just sort of languish there and nobody uses them - out of sight, out of mind. [...] So I think we just need to keep it front and center and just regular reminders to stop to check it or, you know, because [staff] are always asking for information. And we can say, "Well, on the mental health portal you will find the answer you are looking for. Look under this, look under that, come back." - FG B

Overall, participants expressed concerns around the sustainability of the MHSU Education Portal, particularly in terms of keeping the content relevant and up to date. Moreover, participants

explained that in order for the portal to be regularly used by staff, the MHSU Education Portal would need a strong communication plan.

(6) The need for more content on diversity, inclusion, and cultural safety

Across the focus groups, the need for more content on diversity, inclusion, and cultural safety also emerged as an important theme. Specifically, participants expressed a strong desire for more “peer-related” content or content from people with lived experience, as well as modules on diversity, and more education and policy information related to Indigenous Cultural Safety. For example, one participant explained:

Just in terms of that kind of generalist onboarding or regional orientation. I don't remember seeing a ton of information that was generated by service users or families, or that kind of centered the experience of service users and families, and I think, just in terms of stigma reduction and empathy for people with mental health and substance use concerns, I think that's a really useful dimension of education, like hearing from people who have been through the system themselves, tried to navigate it themselves, or their loved ones tried to navigate it. Their experiences of stigma or the positive experiences that they've had. I think that's such helpful information to have just in terms of general orientation to the field. – FG A

Similarly, another participant said:

One of the other things that is coming to mind is just maybe a designated area for information about peer support. Because when I'm thinking of the cultural component of things, I'm also like, “Oh, what about peer support?” Because I know we say that a lot. We throw it around a lot, but I don't think people actually know what it is, or where to get more information about it, or why it's important in mental health and substance use services. So, it would be nice to acknowledge that too, and make that part of our foundation. – FG B

A subgroup of participants also mentioned the importance of having specific training around diversity to better prepare staff to care for patients coming from different backgrounds with different lived experiences. For example, one participant said:

Educating the staff across the board on the communities that these people [patients with mental health and substance use concerns or presentations] are coming from, just so that people can understand better. Because I think a lot of times, it can be frustrating for them if they don't understand them, or where the users are coming from. Because they have

their own communities like in downtown Vancouver and even in smaller areas now they have their own communities and how they build around their communities. Like, they want to take everything they own with them when they go somewhere, because that's all they own, and just education around that so that people could be a little bit more tolerant of where they're coming from. Because it can be really difficult to understand how they are. – FG D

Moreover, many participants expressed a desire for more education and policy information around Indigenous Cultural Safety specifically. For example, one participant said:

I also noticed there isn't a ton related to indigenous stuff. And I think especially in these coastal, rural, smaller, remote communities, it's really, really important. [...] I do think there should be sections or a section just around cultural safety and diversity, equity, and inclusion. I think that there should be a whole section there. I did notice there's a little 30-minute video on ICS, like indigenous cultural safety is there, but the ICS policy isn't there... There are not any resources for staff. So, again, there's the new workbook, the new ICS workbook is in there. But there's a lot of other resources like that. I sent out to [name]'s team around how to give a land acknowledgement like that should be in the portal. So, a lot of the stuff that the Aboriginal health team has done. [...] I would also love to see the University of Alberta Indigenous Studies course listed there. There's an awesome podcast out of interior health. I'd love to see all that on there... – FG C

Across focus groups, there was a consensus that the MHSU Education Portal should include more content around diversity, inclusion, and cultural safety since these content areas were considered integral to mental health and substance use care. While many acknowledged that the portal was beginning to address this need, overall, participants felt that this should be a greater focus of the portal.

Summary

Findings from the pre-test survey of the evaluation of the MHSU Education Portal highlight the need for increased access to MHSU education, particularly in the Vancouver Coastal rural and remote communities. Moreover, these findings support the rationale behind the development of the MHSU Education Portal by illustrating that access to MHSU education increases confidence and competence in providing care to patients with MHSU concerns or presentations. Moreover, findings from the pre-/post-test analyses indicate that engaging with the MHSU Education Portal effectively increased VCH staff's perceived access to MHSU education across the Vancouver

Coastal community of care (i.e., in urban, and rural and remote, communities). The MHSU Education Portal was also effective at increasing VCH staff's perceived confidence and competence in providing care to patients with mental health concerns or presentations across the Vancouver Coastal community of care. However, in terms of providing care for patients with substance use concerns or presentations, engaging with the MHSU Education Portal only increased VCH staff's perceived levels of confidence and competence to provide care in the urban community of the North Shore (i.e., not in rural and remote communities). This suggests that more targeted efforts are needed to support staff in rural and remote communities to provide care for patients with substance use concerns or presentations.

Findings from the focus groups conducted with VCH point-of-care leaders in the Vancouver Coastal community of care indicate that the MHSU Education Portal was user-friendly and easy to navigate. Moreover, there was consensus among point-of-care leaders that the portal was an important and useful resource for onboarding, service mapping and continued education. However, despite the sense that, overall, the portal was meeting an important need for MHSU education, across focus groups there was a desire for more content related to diversity, inclusion, and cultural safety. This was identified as a critical gap in content and area for future development on the portal. Lastly, point-of-care leaders expressed concerns around the sustainability of the MHSU Education Portal and emphasized the need for a strong communication plan to ensure that the portal is being adopted and used by staff.

Limitations

A major limitation of this work was around participation. Specifically, low response rates for the post-test survey could have led to bias whereby it is possible that participants who did not complete the post-test survey differed from those who did in some important way (e.g., they did not see the benefit of the MHSU Education Portal). While there was no way to test for these differences in the current evaluation, participants who completed, and did not complete, the post-test surveys were compared on the key measures used in the evaluation and no significant differences between were found. Moreover, participants responses were normally distributed across key variables. The author attributes the post-test survey's low response rate to challenges associated with conducting research over the summer (i.e., a time when many VCH staff go away on vacation). To encourage a high response rate, participants were entered into a draw for a \$250 Visa Gift Card upon the completion of both surveys.

Recommendations

Considering the evaluation findings, the following recommendations were developed by the author in collaboration with the MHSU Education Portal Steering Committee:

1. Continued development and implementation of a communication plan to increase the uptake and use of the MHSU Education Portal. This includes:
 - a. The development of a communication plan to teach point-of-care leaders, team leads, patient care coordinators, and educators about how to use the portal and about how it can be embedded into their orientations, as well as a plan to provide regular updates about services and education opportunities.¹⁶
 - b. A communication plan for the upscale of the reach of the MHSU Education Portal to include all VCH staff, beyond the Vancouver Coastal community of care. This would involve reaching out to all educators across VCH for communication.
 - c. A communication plan to disseminate the MHSU Education Portal to the broader VCH community, such as service users, service users' families, community partners, etc.
2. Inclusion of the MHSU Education Portal in the VCH regional orientation.
3. Continued evaluation and monitoring to ensure the MHSU Education Portal remains up-to-date and relevant (particularly as this concerns service mapping). This includes:
 - a. The continued monitoring of portal's Google Analytics to track new users and pages most visited, a follow-up survey at the one-year mark, and follow-up focus groups with different target groups to continue to monitor and assess the scope, relevance, and usability of the portal.
 - b. The continued monitoring and addressing of the feedback received through the portal's "feedback" tab.

¹⁶ While many participants expressed a desire for a separate portion of the MHSU Education Portal dedicated to onboarding new hires. Given that onboarding materials are ever evolving, it is advised that point-of-care leaders be instead trained in how to integrate the portal into their onboarding processes.

4. Inclusion of more content on diversity, inclusion, and cultural safety. This includes:
 - a. Focused communication to specialty areas to request relevant content around diversity, inclusion, and cultural safety.
 - b. Greater inclusion of Indigenous perspectives in the organization and content of the MHSU Education Portal.
 - c. The addition of more peer-related content (i.e., from people with lived experience with substance use) to the MHSU Education Portal.
5. Targeted efforts to improve confidence and competence in rural and remote communities to provide care to patients with substance use concerns or presentations. This includes:
 - a. Strategic communication to point-of-care staff in rural and remote communities about substance use education opportunities and resources.
 - b. Strategic communication to rural and remote point-of-care leaders about ways in which they can support staff's substance use education needs (e.g., suggesting specific education modules, encouraging the formation of local advisory or working groups, etc.).