Health
South Eastern Sydney
Local Health District

MISSION AUSTRALIA

Stronger together

Enhancing mental health interventions through a collaborative approach between community health services and community-managed organisations.

TheMHS Conference
9 February 2021

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Lise Kjaer, Conor Ragg, Seen Leung

Aims and structure

Aims:

- Examine the successful partnership between LHD and CMO
- Inform/promote LHD and CMO partnerships
- Workshop ideas for implementing partnerships

Structure:

1. Introduce services
2. Background of collaboration
3. Examples of collaboration
   - KBIMX
   - EPP+HASI/CLS clients
   - Case study of joint client
4. Implications for MH service provision
5. Q+A

Presenters

South Eastern Local Health District

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Clinical Psychologist and Clinical Coordinator

Early Psychosis Programme (EPP)

Oscar Lederman (PhD)

Clinical Lead KBIM, Exercise Physiologist

Early Psychosis Programme (EPP) & Keeping Body in Mind (KBIM)

Mission Australia

Lise Kjaer

Program Manager

Community Living Support (CLS) & Housing and Accommodation Support Initiative (HASI)

Conor Ragg

Recovery Case Worker

Housing and Accommodation Support Initiative (HASI)

Seen Leung

Recovery Case Worker

Housing and Accommodation Support Initiative (HASI) & Keeping Body in Mind Xtend (KBIM-X)

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Bondi Early Psychosis Program

EPP

KEEPING THE BODY in MIND program

Adult CMH

Adult Community Mental Health

Consumer

HASI

Housing & Accommodation Support Initiative

CLS

Community Living Supports

Community OUTREACH

ESMHS – EPP, ACMH+KBIM

- Northern area of SESLHD
- Provides Mental Health Treatment to mental health consumers living in Sydney Eastern and South Eastern Suburbs
- Prince of Wales Hospital, Bondi Junction Community Health Centre, Maroubra Community Health Centre

Early Psychosis Programme (EPP)

- Multi-disciplinary Community Mental Health Team
- Specialist Assessment + Early Intervention for Psychosis (FEP + UHR)
- Based on Australian Clinical Guidelines for Early Psychosis
- Group + Individual Treatments

Early Psychosis Programme (EPP)

- Young people 14-25 years living with ESMHS Catchment Area
- Have experienced First Episode Psychosis within past 2 years OR meet CAARMS criteria for Ultra High Risk for Psychosis (UHR)
- Care Coordination, Psychiatry, Clinical Psychology, Occupational Therapy, Social Work, Family Work, Mental Health Nursing, Vocational and Educational Rehabilitation
- 24 month package of care
- Approx 65-70 young consumers
- Group and Individual Treatment
- Referred through centralised triage – from inpatient wards, ED, Acute Care Team, private sector, School/Uni Counsellors, Family or Self-referral
- Includes Clinical and Psychosocial treatment, centre based appointments and community outreach

Adult Community Mental Health

- Multi-disciplinary Community Mental Health Teams (x5) providing treatment to adult consumers within the ESMHS Catchment Area
- Care Coordination, Mental Health Rehabilitation, Psychiatric Care
- Recovery and Strengths Based Model of Care
- Centre-based and community outreach
- Referred through centralised triage – from inpatient wards, ED, Acute Care Team, private sector

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Specialist clinicians embedded within the mental health teams (Bondi EPP and Adult Community Mental Health)

- Exercise Physiologist
- Dietitian
- CNC
- PSW

Group program and individual components

- Sports/ running groups
- Cooking groups
- Health coaching

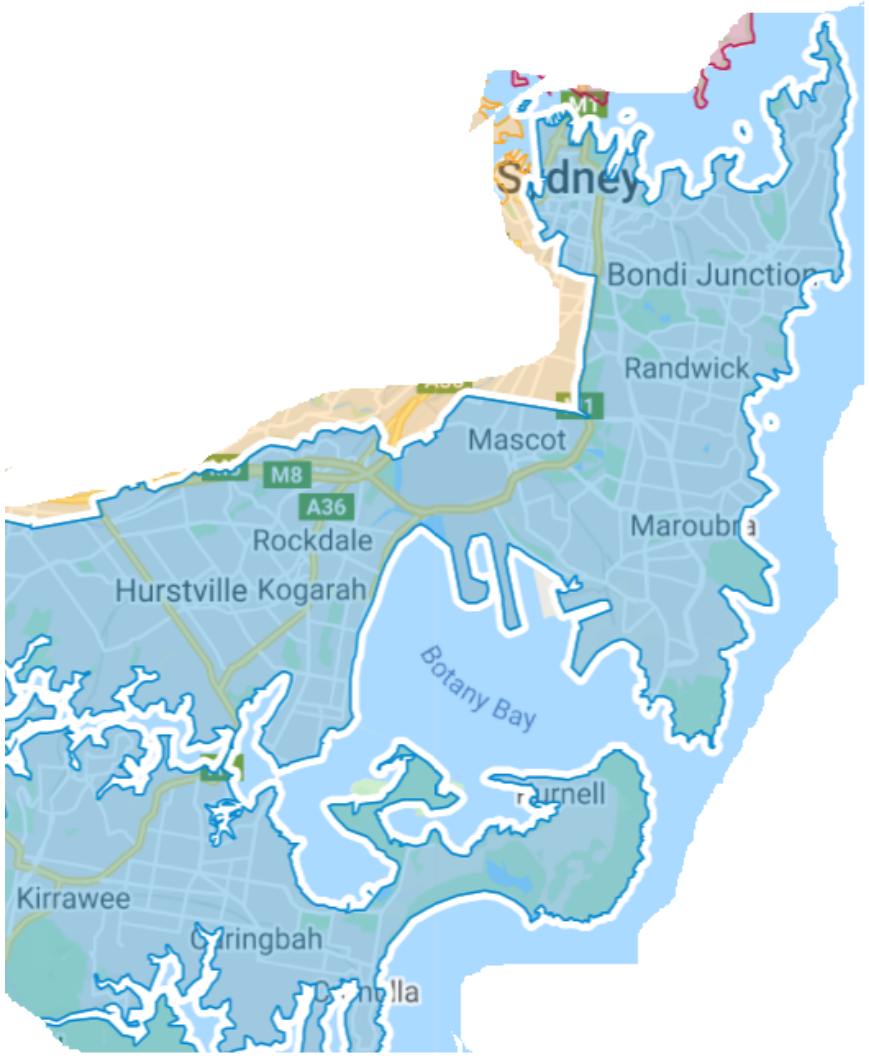
→Evaluate pre/post 12 weeks
→4 teams (+ .6 EP inpatient) Rolled out across the SESLHD

Mission Australia - HASI/CLS

HASI: Prince of Wales & St Vincent's Hospital catchment area

CLS: St George, Sutherland, Prince of Wales & St Vincent's Hospital catchment area

- Recovery framework
- CLS: 59 clients, HASI: 133 clients



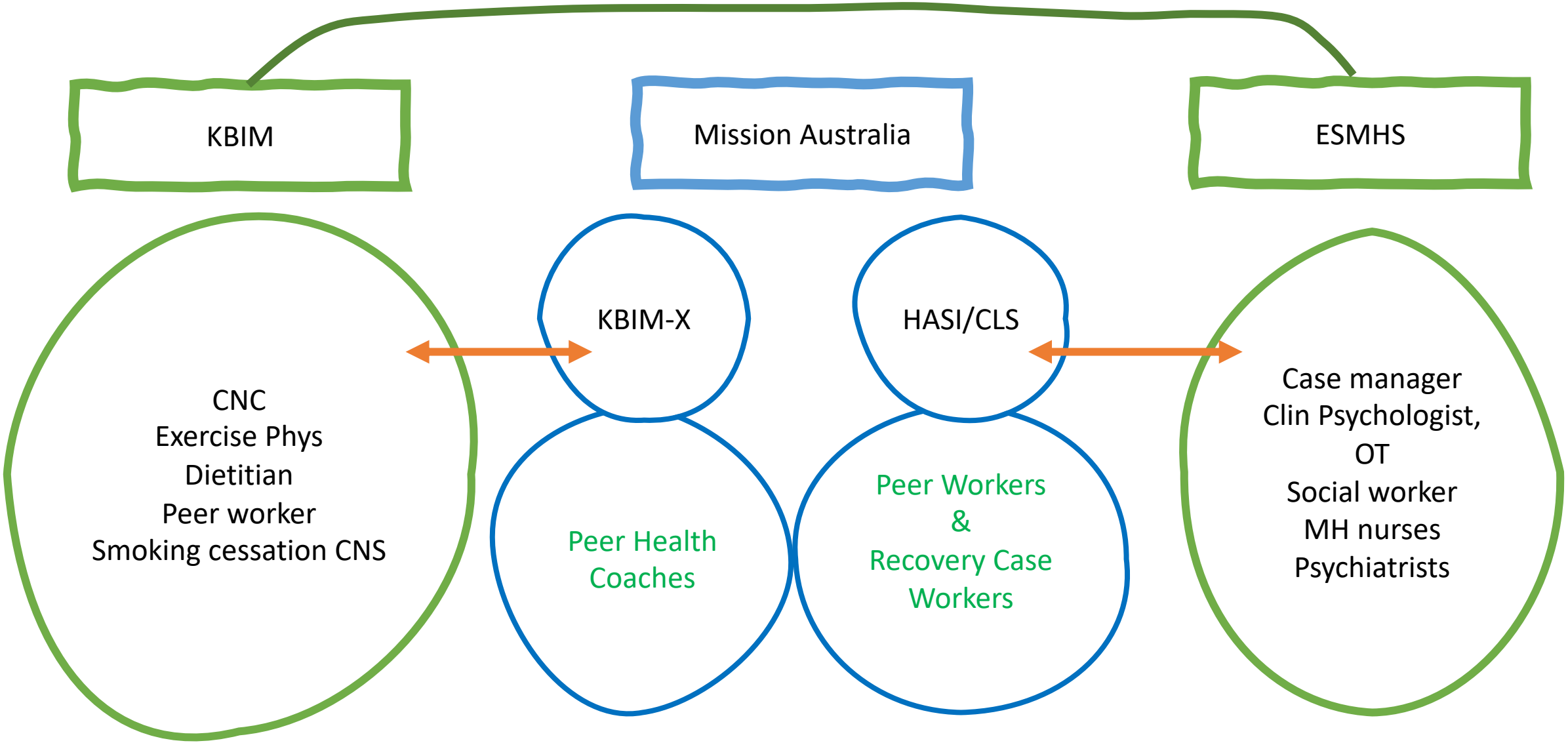
Why collaborate?

Community MH service	+	Mission Australia (HASI/CLS)	Benefit
Clinical and specialist services		Assertive community outreach	Improve service engagement e.g. support with clinical appts
Clinician led groups		Community group programs	Jointly delivered groups and increased # of groups offered
Limited staffing capacity		Roles in consumer engagement	More frequent contact with services Improved capacity to prevent relapse
Medical treatment and specialist assessment		Psychosocial support and peer work	Comprehensive & holistic support

Audience discussion

- Clarification of the different services
- Are there similar partnerships already?
- What was your experience of being part of partnership? What made it successful/not helpful?

How it all works?



How was Partnership Established & Maintained?

- Need for help + extra resources clearly identified by EPP/KBIM + MA
- Early discussions around what is needed, potential benefits, barriers to previous partnerships/previous challenges
- Regular meetings, open and honest communications around challenges/what is and isn't working
- Including MA workers in Clinical Review to provide broader perspective
- Team and relationship building (e.g. social events, morning tea)
- Mutual support (e.g. clinical consult, recruitment panels)

Additional benefits

1. Increased staff capacity
2. Improved case conferences involving SESLHD and MA
3. Shared professional development opportunities
4. Broaden professional network
5. New occupational friendships ☺
6. Improved communication between services

Keeping the Body In Mind-Xtend (KBIM-X)

KEEPING THE BODY in MIND program

Consumer

- Peer Health Coach Led
- Outreach and community based
- Evidence-based lifestyle interventions
- Taking the learnings from KBIM translating into tailored health coaching
- Access to KBIM specialist clinicians - Exercise Physiologist, Dietitian & CNC

What support does KBIM-X provide?

What is KBIM-X?

We all know that improved diet and exercise can have a great impact on our overall health and wellbeing.

KBIM-X is a health program where you get:

- 1:1 support from health coaches
- Guidance for exercise and dietary plans
- Hands on support in the community
- Links to fitness centres and facilities in the local community

Nutrition

Our staff work with participants to achieve optimal health by providing information and support to improve diet and food habits.

Exercise

Health coaches work with participants to reach their physical health and fitness goals.

Healthy bodies for healthy minds

Participants work with qualified health coaches to increase motivation and improve physical health.

1:1 Health coaching

One on one health coaching sessions are available for all participants to discuss their health goals and to guide through their personal health journeys.

Group coaching

Regular group sessions are available for all participants with the support of health coaches, personal trainers and access to exercise physiologists.

KBIMX – Evaluation

- September 2019 – June 2020
- 25 out of 30 (83%) completed the program
- 86% of participants improved their physical health measurements and/or made a positive lifestyle change
- Quality of life improved in all life domains (physical health, psychological health, social relationships and environment)

What did we measure?

- Changes in quality of life
- Changes in physical measurements
- Changes in lifestyle
- Data collected at the start and end of the 12 week sessions

KBIMX – Participant outcomes

- 74% reduced their waist circumference (2.5% reduction)
- 1.1% average increase in weight; *why?** 🤔
- 74% increased their duration of light-moderate physical activity
- 50% increased their intake of fruit and vegetables.
- 86% reduced their daily cigarette use by an average of 3 cigarettes
- 80% reduced daily alcohol use by an average of 1.3 standard drinks
- QOL- physical health domain improved 11.6%

Participant testimonies

“You really helped to motivate me to get out of bed in the mornings and get into the gym. I am quite self-motivated now, and am sticking to a healthy routine. My sleep pattern has improved and is back under control.”

“My future goals are to eat healthier and cook 1 decent meal per week. I will try and continue my exercises I have been doing with the PT and I have been going out for more walks.”

“I have learnt the importance of exercise and I wish I tried harder with my diet through my time at KBIMX, as I know I could lose weight if I try hard. I would like to continue with peer health coaching to help with my motivation and to achieve my goals”

SESLHD and HASI/CLS Co-managed clients

- How many young clients were co-managed?

2017  (3)

2018  (16)

2019  (19)

2020  (35)

- Joint groups
- Identify service gaps and how partnership addressed gaps
  - EPP providing clinical support
  - HASI/CLS providing psychosocial community support

Case study of joint client

- 16 year old when referred to EPP and HASI
- Referred in context of first episode psychosis, requiring intensive support
- 18 month hospital admission
- Subsequent diagnosis of Schizophrenia

What made it a successful collaboration + next steps

- Clarify expectations
- Joint service planning days
- Clear identification of roles between services
- Jointly facilitated groups
- Rapport building between team members
- Client advisory council

Thanks for joining us!

- Acknowledgments; Andrew Watkins, Craig Locke, clients of services
- Client interview video
- Q & A