Getting in Early:

A Multi-Phase Approach to Community Engagement and Mental Health Training

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Presented by:
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The Getting in Early intervention and community engagement project was initiated by the:

- Department of Health, Victoria
- Ballarat Health Services (Aged Persons Mental Health Service) who took the lead role for content and training delivery
- HACC Program, Grampians Region
Welcome to the Grampians Region

Three key catchments:
- Central Highlands
- Grampians Pyrenees
- Wimmera

Size: 48,000km²

Population: 220,000
(26,000 HACC eligible)

- Approximately 1,500 HACC team members
- Seventeen designated HACC Assessment Services
Goals of the Project

Early recognition and intervention for clients with possible mental health issues by:

- Increasing the capacity of HACC staff to identify and respond effectively to clients
- Increasing the knowledge of HACC staff regarding referral pathways
- Educating HACC staff on services provided by public mental health services and the Dementia Behaviour Management Advisory Service (DBMAS)
Desired Outcomes

- To systematically improve the mental health competency of a key workforce in the community
- To increase the confidence of HACC staff to ask clients about their mental health
- Increased knowledge of mental health and mental illness
- Increased knowledge regarding local mental health services and DBMAS
Desired Outcomes

➢ To improve relationships between agencies
➢ To promote client shared care
➢ To reduce unrealistic expectations of the role of mental health services
➢ To demystify mental illness, reduce stigma and promote positive mental health messages
The Training provided in all 3 phases:

- What is mental health?
- Mental health as a continuum
- High prevalence disorders
- Low prevalence disorders
- Referral pathways
- Importance of early intervention
- Promotion of a partnership approach to service delivery
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Stages of the Project

- **Phase One:** Living at Home assessors
- **Phase Two:** Community Support Workers
- **Phase Three:** All HACC staff – online learning
The Project – Phase One

Chosen Strategy for Change in Phase One

➢ The Kessler Distress Scale (K-10) is a ten item screen for general psychological distress, developed by Prof Kessler (Harvard Uni) in 1992

➢ The K-10 was used to engage participants and improve their knowledge and understanding of mental health issues and appropriate referral pathways
Why was the K-10 scale a focus?

- General Practitioners are familiar with this tool
- It is an evidence based measure of psychological distress
- It is not a diagnostic tool but a screen that is useful to monitor nonspecific psychological stress over time
- It was part of the Victorian Service Coordination Tools Template (SCTT) although it was not frequently used
The form was not available in stand-alone format to provide to clients to complete - it was nested within the SCTT tool.

- Staff were unaware that the K-10 is a self-report scale.
## The Kessler Scale (K10) Worksheet

**Please tick the answer that is best for you:**

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past 4 weeks, about how often did you feel tired out for no good reason?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. In the past 4 weeks, about how often did you feel nervous?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?</td>
<td></td>
<td></td>
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<tr>
<td>4. In the past 4 weeks, about how often did you feel hopeless?</td>
<td></td>
<td></td>
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<tr>
<td>5. In the past 4 weeks, about how often did you feel restless or fidgety?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. In the past 4 weeks, about how often did you feel so restless you could not sit still?</td>
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<tr>
<td>7. In the past 4 weeks, about how often did you feel depressed?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. In the past 4 weeks, about how often did you feel everything was an effort?</td>
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<td></td>
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<tr>
<td>9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. In the past 4 weeks, about how often did you feel worthless?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Client Name:** .............................................  **Client DOB:** ....................  **Total K10 Score:** ............

**Assessor Name:** .............................................  **Date:** ....................

**Contact Number:** .....................................  **Organisation:** .............................................

**Comments:** ..........................................................................................................

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The opportunity to practice administering the K-10 using a case example
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### K10 Prompt Sheet
This prompt sheet is to support you when the client fills out the K10. It is not a definitive question and answer list for all clients and all situations.

| 1. TIRED OUT FOR NO GOOD REASON | • How long have you felt like this?  
|                                | • Are you sleeping well?  
|                                | • Are you in pain?  
|                                | • Have you seen your GP about this?  |
| 2. FEEL NERVOUS                | • Are you more nervous than usual?  
|                                | • How long has this been going on?  |
| 3. SO NERVOUS NOTHING COULD CALM YOU DOWN | • Do you feel out of control?  
|                                | • Can you distract yourself?  |
| 4. HOPELESS                    | • Do you have plans for the future?  
|                                | • Do you have things to look forward to?  
|                                | • Are you satisfied with your life?  
|                                | • Do you feel hopeful your situation will change?  |
| 5. RESTLESS OR FIDGETY         | • Do you find it difficult to relax or settle down?  
|                                | • Do you feel uncomfortable in your own skin?  |
Results – Phase One

➢ Over 80% of Assessors reported using the K-10 more frequently after completing the training

➢ Significant and sustained improvements in use of the K-10 by HACC Assessors
In the past month how often has the K-10 been part of your assessment of a client?

- Prior to workshop
- After follow-up session

- Rarely
- Sometimes
- Always
The post-training data was collected four weeks after initial training, demonstrating sustained change to practice:

- Significant improvement in self-reported knowledge about and confidence in using the K-10
- Over 90% reported feeling both knowledgeable and confident
- Anecdotally, we know that use of the K10 has continued amongst this group
How would you describe your knowledge and level of confidence regarding the K-10?

![Bar chart showing knowledge and confidence scores over time]

- Knowledge score 4-6
- Confidence score 4-6

- Prior to workshop
- Immediately after workshop
- After follow-up session
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How would you describe your knowledge regarding mental health and mental illness?

Participants clearly identified that their knowledge of mental health and mental illness had improved following the training.
Phase One: a summary…

The training was a success –

- The issue of under use of the K-10 and understanding of barriers to its use were addressed
- Indications of a sustained improvement in practice
- Participants rated training as interesting and pertinent
- Increased knowledge and confidence
- Improved relationships between services
Support was gained from all stakeholders to develop Phase Two of the project:

- Face to Face training would now extend to HACC community support workers
- Delivery at 7 locations around the region (approx. 100 participants in total)
- The aim was to target as many staff as possible
The Results – Phase Two

Comparison of pre- and post-course results

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-course</th>
<th>Post-course</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Which statement best describes Mental Health?</td>
<td>44%</td>
<td>91%</td>
</tr>
<tr>
<td>2. Which are the most common mental disorders?</td>
<td>67%</td>
<td>94%</td>
</tr>
<tr>
<td>3. What is a common symptom of depression?</td>
<td>84%</td>
<td>98%</td>
</tr>
<tr>
<td>4. When does normal anxiety become an anxiety disorder?</td>
<td>78%</td>
<td>95%</td>
</tr>
<tr>
<td>5. Which 3 may be common symptoms of anxiety?</td>
<td>53%</td>
<td>89%</td>
</tr>
<tr>
<td>6. What is the main emphasis of mental health legislation?</td>
<td>54%</td>
<td>94%</td>
</tr>
<tr>
<td>7. Who can refer for psychological or psychiatric assistance?</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>8. What should your first action be if you think your client may have a mental health problem?</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
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The Results – Phase Two

Course evaluation results

- Percentage of respondents
- 1 relevant to my job
- 2 approp amt of information
- 3 handouts valuable
- 4 presenters communicated well
- 5 knowledgeable presenters
- 6 approp learning activities
- 7 approp duration

Legend:
- Undecided
- Agree
- Strongly agree
The Results – Phase Two

- Comments included:
  - ‘Mental health is not always negative – there is a lot of help out there’
  - ‘Mental health does not always mean a mental illness – it’s about emotional wellbeing’

- Things staff intend to change:
  - ‘Taking more time with a client when things don’t seem right’
  - ‘Be more observant – report signs and symptoms’
Phase Two: a summary…

The training was a success –

- The myths surrounding mental health and mental illness were addressed
- Mental health literacy was improved
- Participants rated training as interesting and pertinent
- Increased knowledge and confidence in observing and documenting mental health of clients
The Project – Phase Three

- An online learning unit has been developed which will be available to about 1500 HACC staff in the region.
- This is based on the content from the classroom-based sessions.
- The online unit was trialled recently with a group of community support workers and it is due for its official launch in November.
Success against desired outcomes:

- improve relationships between agencies
- promote client shared care
- reduce unrealistic expectations of the role of mental health services
- increase confidence and use of the K-10 by HACC assessors
- demystify mental illness, reduce stigma and promote positive mental health messages
- increase the confidence of HACC staff to ask clients about their mental health
- increase knowledge of mental health and mental illness
- increase knowledge regarding local mental health services and DBMAS
For further information on the K-10


Thank you

If you would like any more information on the material presented today please contact:

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