

EQUALLY WELL SYMPOSIUM, 2022

Examining telephone coaching support for lifestyle behaviour change in people with a mental health condition

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Health
Hunter New England
Local Health District



get healthy
Information & Coaching Service
1300 806 258
Monday - Friday 8am - 8pm
www.gethealthynsw.com.au

Background

CHRONIC DISEASE AND
MENTAL HEALTH CONDITIONS

People with a mental health condition experience:



Shorter life expectancy

Estimated up to 32 years internationally and 16 years in Australia



Poor physical health

Higher morbidity and mortality from chronic diseases



Potential for prevention

Largely contributed to by modifiable lifestyle factors: tobacco smoking, alcohol consumption, poor diet and physical inactivity



Telephone coaching services

Telephone coaching services provide individualised goal-setting, behavioural counselling, and social support.

It has been shown to be a viable, cost effective option for behaviour change intervention.

The effectiveness of Quitline services is widely accepted.

People with a mental health condition are well-represented among Quitline participants.





TELEPHONE SUPPORT FOR OTHER LIFESTYLE BEHAVIOURS

Population level telephone coaching is an effective approach for behaviour change support in the general population. Yet research examining their potential in people with a mental health condition specifically is very limited.

The NSW Get Healthy Coaching and Information Service: a free telephone coaching and support service.

A recent study confirmed people with a mental health condition are using the Get Healthy Service.


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A KEY QUESTION:

Is referral to the Get Healthy Service effective for supporting people with a mental illness to make positive lifestyle changes?



Trial: Aims and Study Design

Aim

Assess the effectiveness of referral to the Get Healthy Service to increase physical activity, fruit and vegetable consumption, and attempts to change these lifestyle behaviours for people with a mental health condition.

Recruitment Method

Clients of community mental health services in two local health districts and expression of interest. Data collected at baseline and 6-months post-recruitment via telephone interview

Study Design

A parallel-group randomised controlled trial.

Random Allocation

4:1 allocation ratio respectively to:

- Intervention condition (health information and proactive referral to the Get Healthy Coaching and Information Service)
- Control condition (health information)



Trial Intervention

Allocated a university-qualified health coach based on their goals:

- Improve healthy eating
- Increase physical activity
- Healthy weight management
- Alcohol reduction

Coaching program of up to 13 coaching calls over six months.

Participants could stop the coaching program at any time by:

- Withdrawal - not reached their goal
- Early Graduation - achieved their health goal in less than 13 calls
- Completion - achieved health goal and completed program



EAT
HEALTHY



GET
ACTIVE



HEALTHY
WEIGHT



REDUCE
ALCOHOL

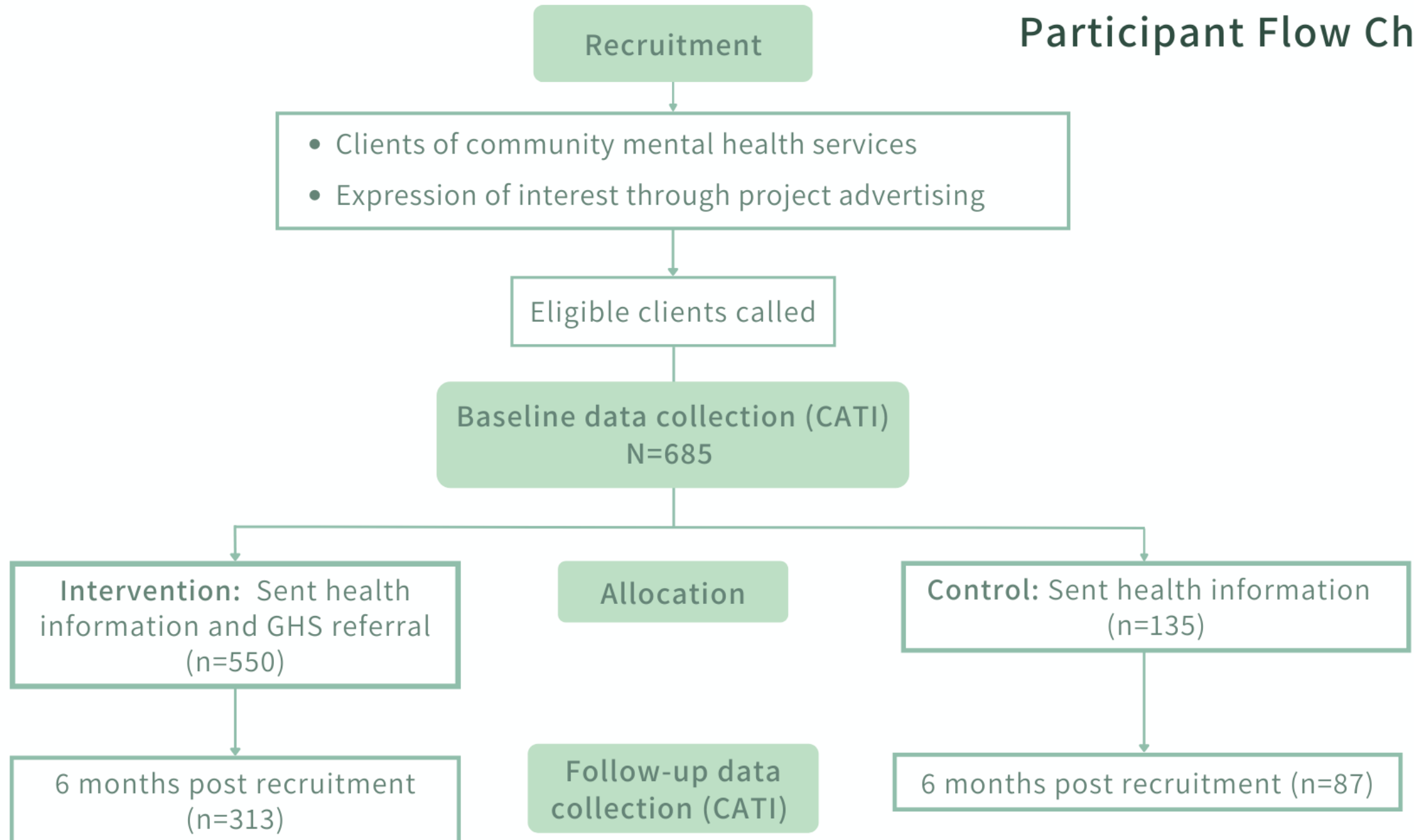


HEALTHY IN
PREGNANCY



TOOLS &
CALCULATORS

Participant Flow Chart



Trial Outcomes

Primary Outcomes:

Behaviour change outcomes:

- (1) Minutes of moderate to vigorous physical activity conducted per week
- (2) Average serves of fruit consumed per day over the past month
- (3) Average serves of vegetables consumed per day over the past month,

A composite dichotomous outcome of:

- (4) Whether participants attempted to change any of the target lifestyle behaviours or biomedical risk factors over the past six months: increase physical activity, fruit consumption, vegetable consumption, any other dietary changes, weight, or alcohol consumption.

Secondary Outcomes:

Biometric risk factor change:

- (1) Self-reported weight (kg)
- (2) Body Mass Index (BMI).

Individual behaviour change attempts:

- (3) Any attempts to change the individual behaviours or biomedical risk factors individual above.

Primary Measures

Physical activity: The Simple Physical Activity Questionnaire (SIMPAQ)

Fruit consumption and vegetable consumption: single-item questions to identify the number of serves of fruit and vegetables consumed daily: e.g. “over the past month... how many serves of fruit do you eat in a usual day?”

Attempts to change health behaviours: Six self-report questions including “In the last four months, have you attempted to...”: increase physical activity, fruit consumption, or vegetable consumption; make any other changes to diet or nutrition; lose weight; reduce alcohol consumption (for participants that reported consuming any alcohol) (yes/no/don't know).

Biometrics: Self-reported height and weight. A BMI score was calculated.

Additional Measures

Alcohol consumption: short form of the Alcohol Use Disorders Identification Test (AUDIT-C).

Interest and confidence in making changes to health behaviours: physical activity, fruit and/or vegetable consumption, nutrition, weight, smoking, alcohol consumption, sleep) measured on a Likert-type scale (1 to 10) with one as 'not at all' and 10 as 'extremely'.

Psychological wellbeing: six-item Kessler-6 (K6)(31).

Quality of life: 12-item Australian Quality of Life (AQoL-4D).

Intervention process data: obtained GHS including program selection, number of coaching calls, total call duration, and program completion status.

Service satisfaction: program, coaching, and service delivery(intervention group only).

Acceptability and appropriateness of service: intervention participants asked about GHS specifically and control group about telephone coaching services generally at follow-up.

Trial Progress



Recruitment completed between October 2019 and January 2021



COVID Impacts



Statistical analysis is underway



Trial Protocol published:
Trials - January 2022



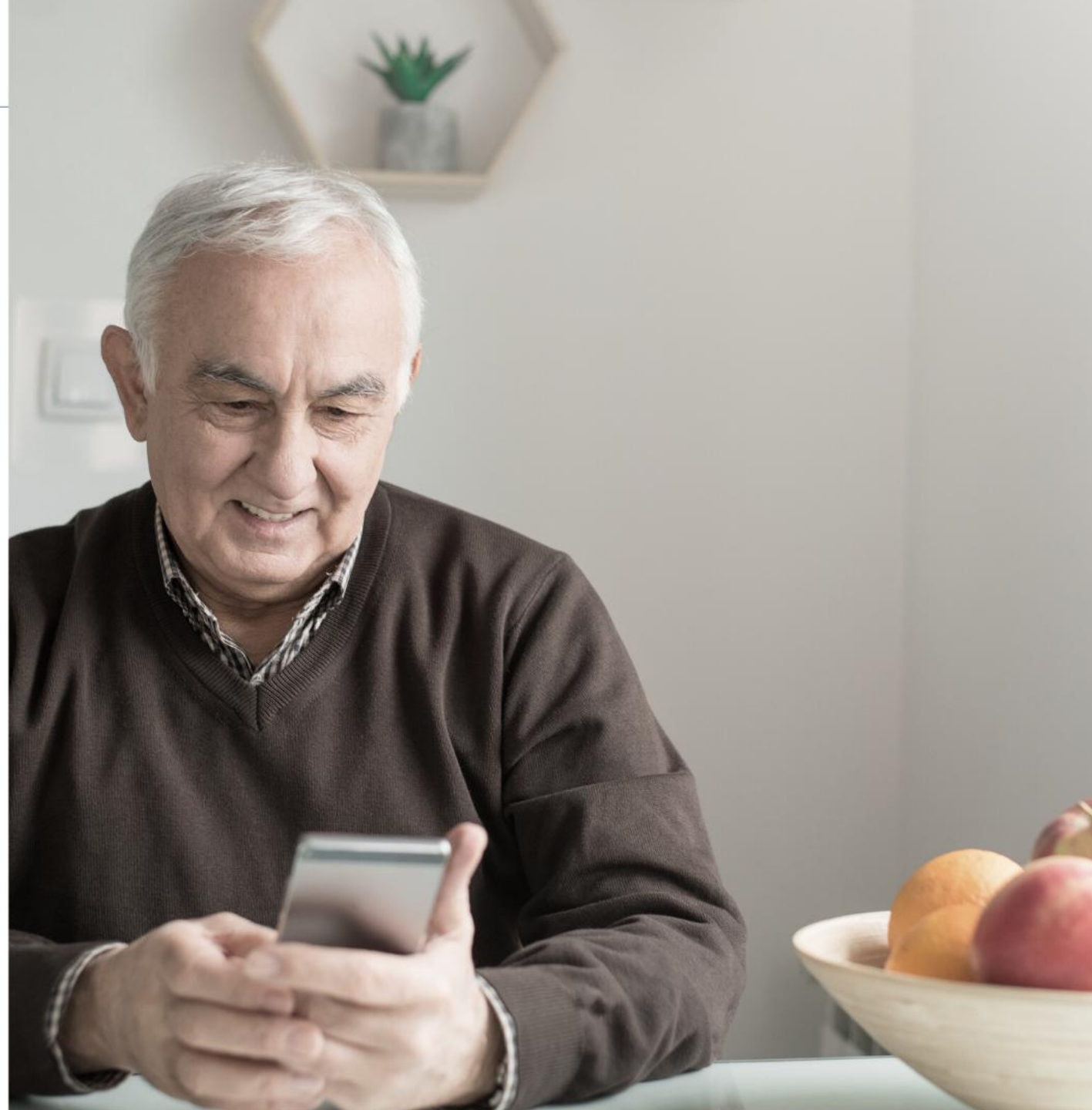
Trial outcomes to be published in 2022

IMPORTANCE OF THIS RESEARCH

Understanding the potential of referral to telephone coaching to support lifestyle changes

Possible strategies to add value

Levels of engagement with telephone coaching



Acknowledgements

Trial completion and statistical analysis

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Published Trial Protocol

Trials - 23, 49 (2022)



Questions?



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