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# KBIM - Food Secure: An overview of problem identification & co-design of a solution

Never Stand Still

Medicine

Discipline of Psychiatry & Mental Health

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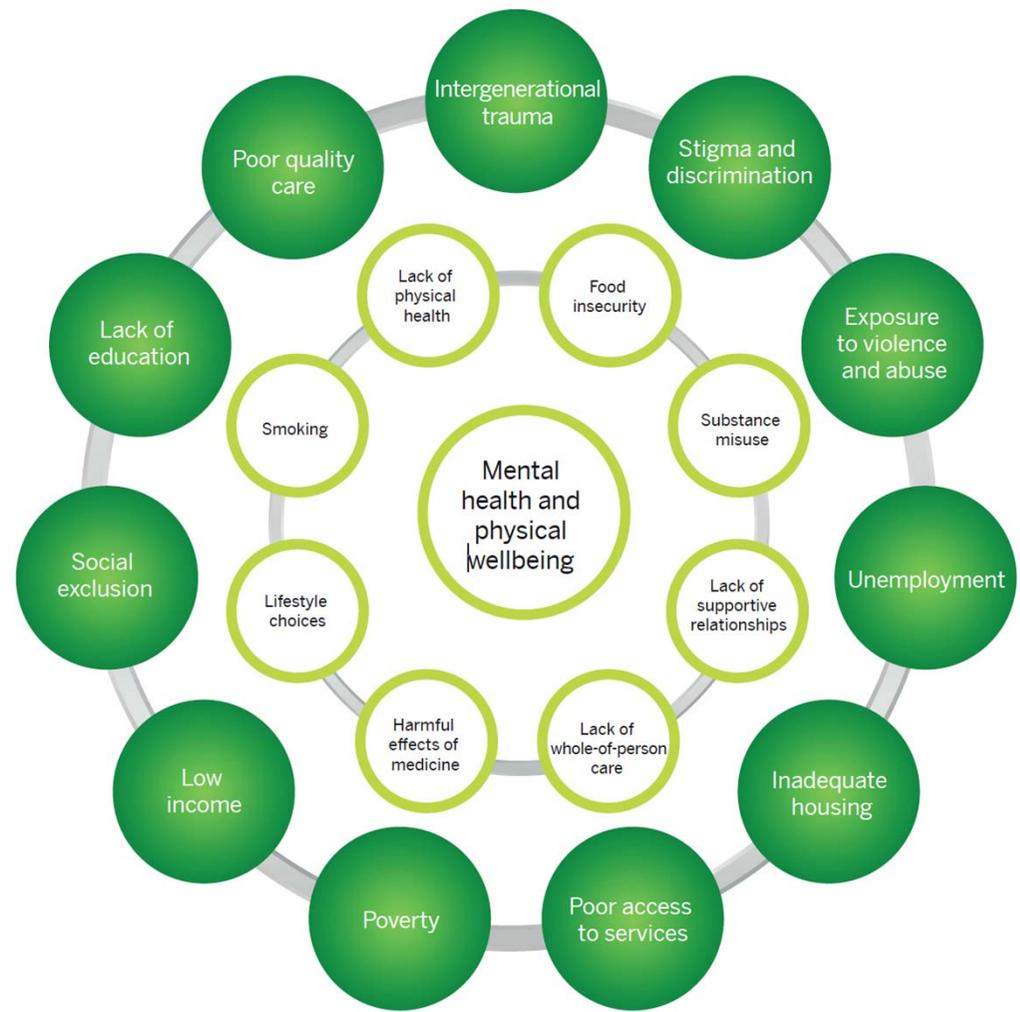
 [@scottbteasdale](https://twitter.com/scottbteasdale)





**EQUALLYWELL**  
Quality of Life - Equality in Life

Improving the physical health and wellbeing of people living with mental illness in Australia

# South Eastern Sydney Local Health District



# Food Insecurity: Two Datasets from Sydney

## *Long-Acting Injectable Antipsychotic Clinic*

- 233 people participated
- 45% reported to be food insecure
- Higher levels of smoking in FI people (OR=1.89)
- FI people less likely to:
  - Consume fruit daily (OR=0.42)
  - Consume vegetables daily (OR=0.39)
  - Engage in moderate-vigorous PA (OR=0.99)

## *Clozapine Clinic*

- 188 people participated
- 31% reported to be Food Insecure
- Higher levels of smoking in FI people (OR=3.1)



# Food Insecurity in people with mental illness: Review



- 31 publication (29 unique datasets)
- Prevalence estimate was **40%** (95% CI 29 to 52%)
- **2.71x** more likely to report FI compared to people without mental illness (95% CI 1.72 to 3.25)
- Odds were higher in high/high-middle income countries

01

### FI PREVALENCE

- ~40% food insecure
- Linked to poorer health



02

### CO-DESIGN SOLUTION

- Barriers & facilitators
- Potential solutions



03

### PILOT PROGRAM

- Feasibility, acceptability, preliminary effectiveness
- Create linkages



04

### LARGE EVALUATION

- Large trial
- Test effectiveness, cost-effectiveness
- Scalability
- Sustainability



# Co-design



**Catherine O'Donnell**

Director Of Lived Experience Engagement & Mindlabs Co-Lead

## Team members:

- Experienced Facilitator of co-design with people living with mental health issues
- Research assistant to support by taking field notes

## Participants:

### Workshop 1

8 Consumers

6 Clinicians

1 Peer Worker

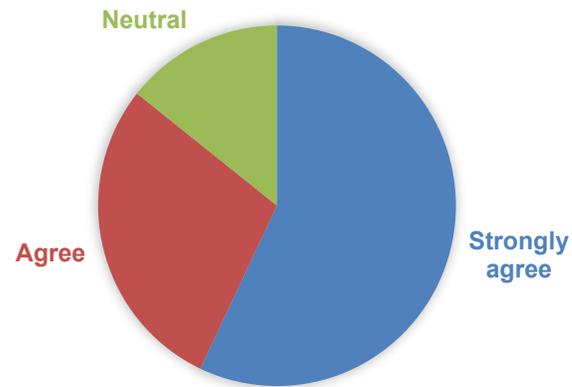
### Workshop 2

7 Consumers

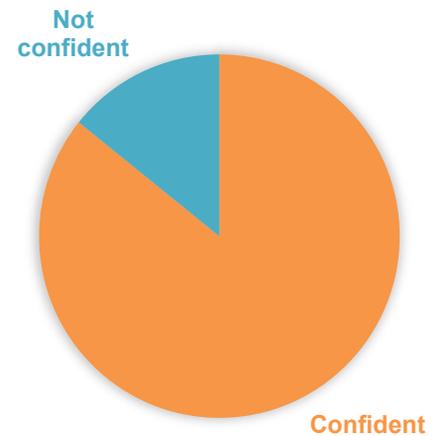
4 Clinicians

2 Peer Workers

NKJQY&MFY& ^&JWXUJHYN[J%  
 \ FX%[FQZJI&B&MMK&HT2IJXNLS%  
 UWTHJXX&X **MUCH AS OTHERS'**



**HOW CONFIDENT ARE YOU THAT THE OUTCOMES OF THIS PROCESS WILL RESULT IN AN IMPROVED SERVICE?**



**What did you like most about the workshop?**

'People with acceptance for me to participate in a positive and constructive activity'

'How everyone got involved and were listened to'

'Interaction of different ideas'

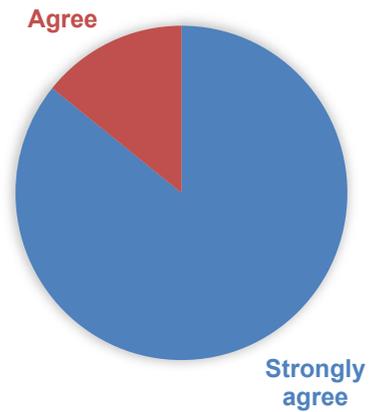
**What did you like least about the workshop?**

'6 hours is a bit long when on medication'

'Social interaction'

'Overload of information quickly'

**'I FELT THAT MY PERSPECTIVE  
WAS VALUED IN THIS CO-  
DESIGN PROCESS AS MUCH AS  
OTHERS'**



**HOW CONFIDENT ARE YOU THAT  
THE OUTCOMES OF THIS PROCESS  
WILL RESULT IN AN IMPROVED  
SERVICE?**



**What did you like most about the workshop?**

'Interesting topic'

'Collaborative workshop with clinicians/service users'

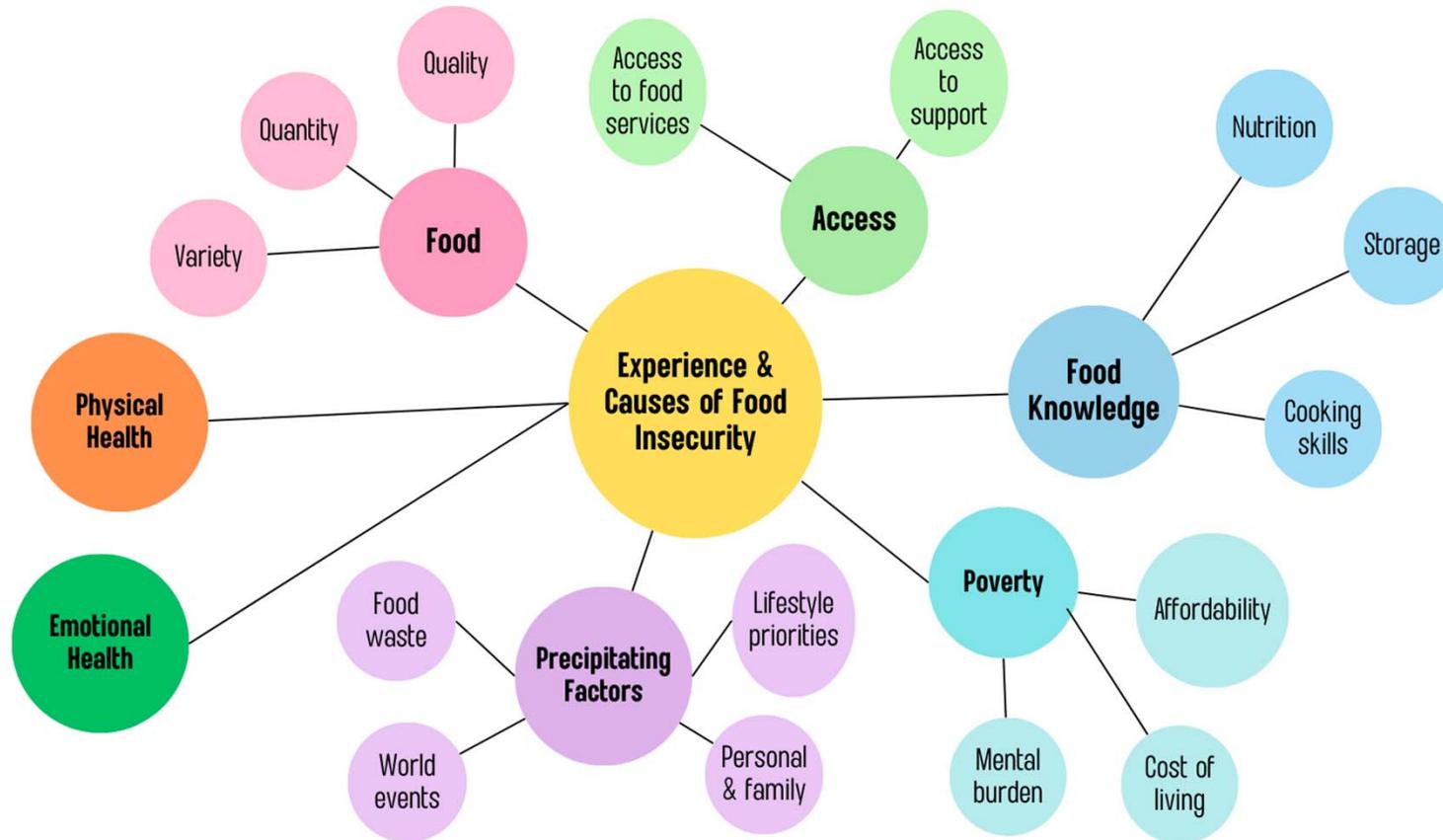
'Participation of peers and clinicians'

**What did you like least about the workshop?**

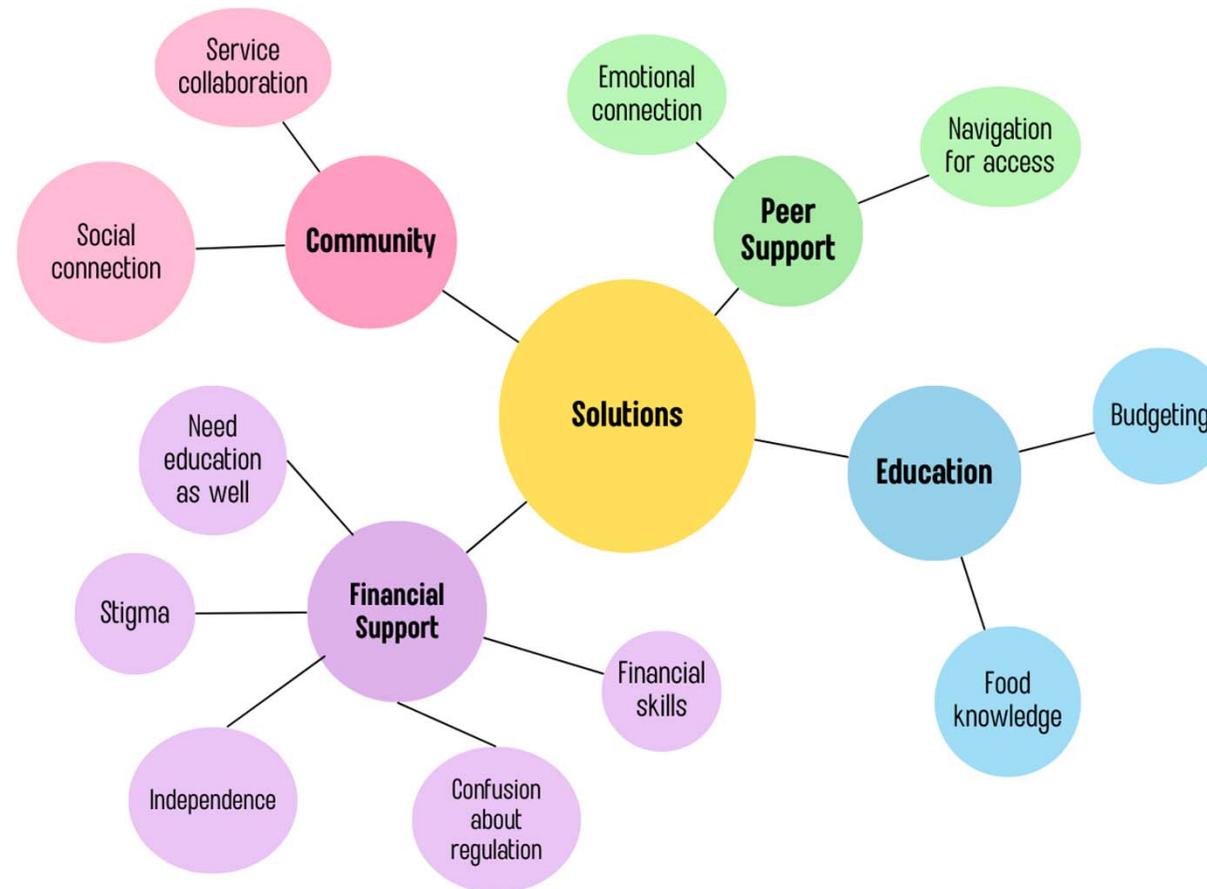
'Solutions difficult to implement'

'Perhaps more time on solutions'

# Causes & Experience of Food Insecurity



# Potential Solutions



# Ideas from workshop 1

24-hour food van

App like *Ask Izzy*

Access to frozen meals free

Increase skills & qualifications

Social enterprises/social program

Everyone has the same basics

Free breakfast, lunch provided at Maroubra/Euroa; buffet at back

Redistribution of wealth

NDIS support for cooking & shopping, meal delivery

Travel training

Café/restaurants deliver a meal & get reimbursed

Maroubra centre provide fruit & veggie seeds

Shopping tours outside of centre hours

Community kitchen teaching people to cook

Peer worker at supermarkets

Utilise Australian land and harvest for sustainability

Alternative to *Hello Fresh*, catered to people who have food insecurity

Clients get food hamper on discharge from hospital

Open soup kitchen 7 days/week, sponsors to fund, incorporate volunteers

Education and training included with the NDIS

Protected income for co-ops

More money on card each week

# Priority Setting & Solution Deep Dive

Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM)

Intervention #: \_\_\_\_\_

## Acceptability of Intervention Measure (AIM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. The intervention meets my approval.	①	②	③	④	⑤
2. The intervention is appealing to me.	①	②	③	④	⑤
3. I like the intervention.	①	②	③	④	⑤
4. I welcome the intervention.	①	②	③	④	⑤

## Intervention Appropriateness Measure (IAM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. The intervention seems fitting.	①	②	③	④	⑤
2. The intervention seems suitable.	①	②	③	④	⑤
3. The intervention seems applicable.	①	②	③	④	⑤
4. The intervention seems like a good match.	①	②	③	④	⑤

## Feasibility of Intervention Measure (FIM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. The intervention seems implementable.	①	②	③	④	⑤
2. The intervention seems possible.	①	②	③	④	⑤
3. The intervention seems doable.	①	②	③	④	⑤
4. The intervention seems easy to use.	①	②	③	④	⑤

- 5 potential solutions were brought forward into workshop 2.
- Participants started by ranking the 5 solutions in order of priority (feasible and acceptable solution)
- Top 3 ranked solutions were explored in a deep dive by considering the Who, What, Where, When, How, Anything Else.
- Generated the best 'package of care' (i.e., see if any of the solutions could be packaged together to generate the best program.

# Discussion

- A large portion of people in our mental health service reported food insecurity
- Broad range of contributing factors linked to both food access and food use.
- Systemic impacts
- Not enough people in our health service are being asked about food insecurity
- Majority of people found the co-design process beneficial
- Next step: Pilot intervention to test feasibility, acceptability and preliminary effectiveness

# Limitations

- Tools used to assess food insecurity not assessed for accuracy and reliability in people with mental health issues
- There may be an effective solution that was overlooked.
- What people said in the workshops may not be representative of all people who are consumers of the mental health service or clinicians/peer workers of the mental health service.

# Acknowledgements

- *Conflict of Interest:* None to declare
- *Funding:*
  - No Specific Funding: Clozapine Clinic, Long-Acting Injectable Antipsychotic Medication Clinic, Systematic review
  - UNSW Seed Grant: Co-design workshops
- *Participants:* people with lived experience, peer workers and clinicians of the SESLHD.
- *Co-Investigators*