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2023 Symposium

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Experiences of people with a mental health condition using a telephone coaching service for lifestyle factors

Tegan Stettaford + members of the PHiMI research and GHS teams

 
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Physical health inequity for people with a mental health condition

- ▶ Australian life expectancy has been reported as **12** (females) to **16** (males) **years lower** for people with a mental health condition.
- ▶ Linked to increased morbidity and mortality from chronic disease.
- ▶ Potential for prevention of by supporting positive lifestyle changes:
 - Tobacco Smoking
 - Poor Nutrition
 - Harmful Alcohol Consumption
 - Physical Inactivity
 - Above a healthy weight



The role of Telephone Coaching

- Telephone coaching services provide behaviour change support to address lifestyle factors and prevent chronic disease
 - Accessible
 - Free
 - Impactful
 - Cost-effective
 - Reduce burden on healthcare systems
- Have demonstrated success for the general population in improving various lifestyle behaviours



Australia's Telephone Coaching Services - Quitline

- ▶ The Quitline is one of the most well-known and researched telephone coaching service in Australia, focusing on smoking change.
 - Research has included participants both with and without mental health conditions.
- ▶ A qualitative study involving participants with mental health conditions had mixed results:
 - Coaches were friendly
 - Coaching was unhelpful, barriers to reaching out, impersonable service
 - Operational changes, more tailored counselling, & experienced staff

Australia's Telephone Coaching Services - GHS

- ▶ The New South Wales Get Healthy Information and Coaching Service (GHS)
 - Focus on healthy eating, alcohol, physical activity and achieving a healthy weight
 - Accessed by approximately 6,000 people annually
 - 6-month program
 - 10-13 calls
 - Coaches come from various allied health background



Australia's Telephone Coaching Services - GHS

- ▶ O'Hara & colleagues conducted pre-post design with general population
 - Weight
 - Physical activity
 - Nutrition
- ▶ Bradley compared users of the GHS with and without a mental health condition
 - 26% of users were being treated for a mental health condition
 - Less confident
 - Improvements in 6/8 measures
- ▶ A qualitative study with 6 GHS coaches identified need for further training and additional support around mental health, and considerations of variation to service delivery

Aims

1. To explore the experience of the GHS coaching program, from the perspective of participants with a mental health condition

Methods

Procedure

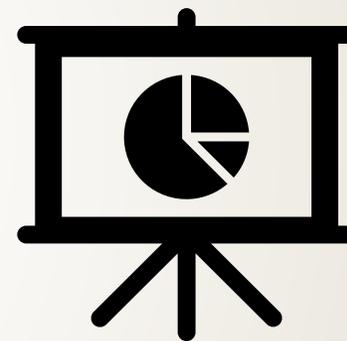
- 20 participants recruited following participation in a 2019 trial examining effectiveness of the GHS
 - Predominantly clients of Community Mental Health Services
 - Social Media EOI also used
- Qualitative analysis of semi-structured interviews
- Sample:
 - 16/20 - female
 - 16/20 – 5+ calls

Data collection and analysis

11

- ▶ Participants were asked:
 - General contact with GHS (how many calls, for how long, why contacted ceased etc)
 - What was particularly good about the service
 - Was there anything not so good about the service
 - What might have improved experience
 - Did their mental health condition change their experience

Results



Strong sense throughout interviews:
Service was generally perceived positively, as were the coaches

Theme 1: Living with a mental health condition



People's sense of self was holistic; their mental health condition needed to be considered in tandem with everything else in their life including their physical health.

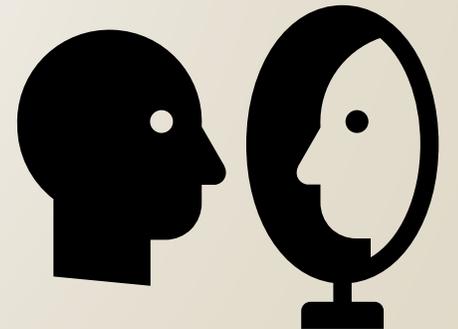


An understanding of the person needed to include an understanding of their mental health condition

Theme 1: Living with a mental health condition

14

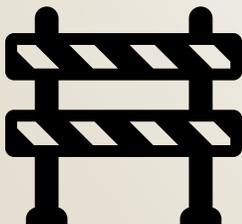
- ▶ Participants mental health conditions held profound weight in their lives and were noted as interconnected with other aspects of their health and life generally:
 - *“I’ve got depression, anxiety, social anxiety, borderline, bipolar & I’ve got dissociative identity disorder. I’ve got some pretty huge things, plus chronic fatigue & half a dozen other physical health. But the mental health stuff changes everything, it affects every element of my life.” (Pt. 13)*
 - *“...like I guess everything is connected. Like mental and physical health are connected.” (Pt. 16)*



Theme 1: Living with a mental health condition

15

- ▶ Living with a mental health condition was a general barrier to participant's physical health. Factors such as diagnosis type, medication, stigma impacted.
 - *"...sometimes your mental health plays silly games with you & it can really deter you from getting the help you need." (Pt. 8)*
 - *"...I've gone to a GP with some physical health issues, & they've said oh no it's just your mental health impacting you physically. Then I knew that they were wrong & then it proved later that they wrong & there was actually a physical health problem. So, I have been denied that adequate healthcare based on the fact that it was just presumed that it was a side effect of my mental health." (Pt. 9)*



Theme 2: The GHS outside of the coaching



The processes and procedures are an important component and first step in accessing the service

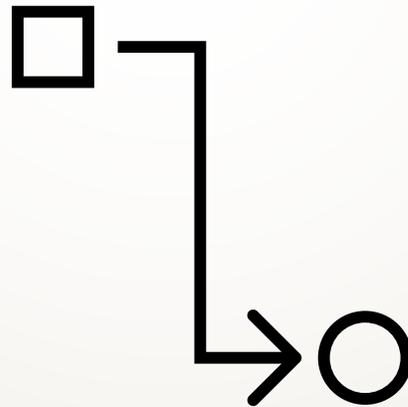


Experiences and perspectives of the present set-up of the service

Theme 2: Applicability of the GHS

17

- ▶ Participants generally praised the service for their communication procedures and flexibility around service delivery but there were some mixed views on the mode of delivery.
 - *“But that text message, it comes, it means so much.”* (Pt. 13)
 - *“At one stage they were calling me like every week because I wasn’t in a really good place.”* (Pt. 17)
 - *“It’s so easy to lie over the phone to people trying to help you.”* (Pt. 4)



Theme 2: Applicability of the GHS

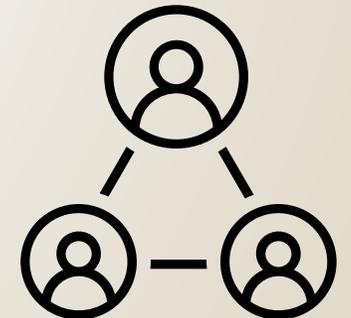
- ▶ The appointments themselves sometimes felt quite rigid, lacked adaption to Mental health and were often too easy to drop.
 - *“I was able to drop it when I needed which is not necessarily a positive. So because I am an emotional eater and I do get depression and because I was experiencing a life crisis, I was able to drop it without sort of anything happening. It was just too easy I guess to drop that.” (Pt. 2)*



Theme 2: Applicability of the GHS

19

- The other key component to the GHS alongside coaching calls, is the provision of resources and referrals to other services. Mixed reactions were shared from participants.
 - *“Like they have a wealth of resources that they were able to share with me. Like I found that really helpful as well. Like different recipes and like meal planning and stuff like that”* (Pt. 16)
 - *“She actually sent me out some cookbooks which I never looked at.”* (Pt. 17)



Theme 3: The GHS coaching



There was a resounding sentiment that a strong therapeutic relationship was established during coaching.



Many participants had positive sentiments to share around their coach with high praise, but some did hold concerns.

Theme 3: Perspective of the GHS Calls

21

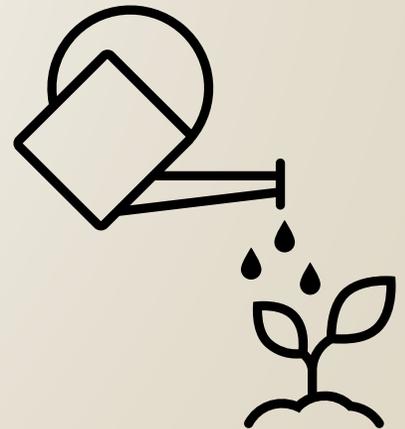
- Some participants felt that their coaches were really there for them and acknowledged them as the experts in their own life, and adapted things to suit their needs. Whereas, some felt this wasn't the case.
 - *"She's like, no, I want to know how you work and what you need and what works for you, rather than a coach having pre-determined KPIs of this is what we've got to achieve..."* (Pt. 13)
 - *"They had nutrition down pat and how much exercise one should be doing and all that sort of stuff, they just don't know how to fit it into somebody's life."* (Pt. 4)



Theme 3: Perspective of the GHS Calls

22

- ▶ Participants generally felt very supported and encouraged by the Coaches to work towards goals, but it was acknowledged that sometimes that support was minimal around things such as location-based options and mental health impact.
 - *“I think just like it wasn’t judgemental. I was able to be honest about how I was going with everything and it was like – it felt like a safe space to be able to be honest with my struggles and things like that. So, it was just very supportive.”* (Pt. 16)
 - *“I just found the person that I was assigned I think was very city based and so I felt they didn’t fully understand just rural living and the challenges that that had on diet & exercise & my mental health condition as well.”* (Pt. 5)



Theme 3: Perspective of the GHS Calls

23

- ▶ A clear benefit and enjoyable component of the GHS for participants was the personal connection they developed with their coach/es and often had a positive impact on their mental health. However, there were some instances where rapport was impacted.
 - *“...It’s actually that I know somebody’s going to be checking in and won’t judge me, who won’t tell me how to be or tell me I’m not good enough or anything, but I know this warm, loving person is going to be connecting with them, that’s what draws me into working on what my healthy thing is.” (Pt. 13)*
 - *“I went through a bit of a – and I don’t know if it was just me and it probably was because he was encouraging. But I feel like a bit of shame in saying I’m this fat or you know, I can’t do this and I can’t do that. I felt a bit of shame in that. Or embarrassment. Because obviously he’s a fit person.” (Pt. 18)*



Theme 4: Personal Development & Service Success



Successes and life changes from engaging with the GHS, with some of these more explicitly linked to the service than others.



Development covered a range of things including health behaviour change but also improvements to their mental health and other facets of life.

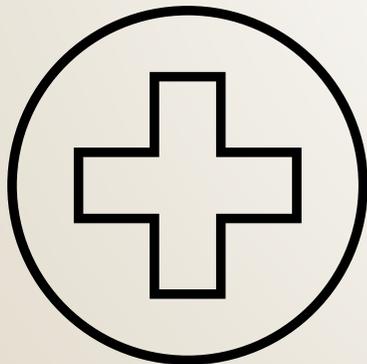
Theme 4: Personal Development & Service Success

- ▶ Some participants felt the predictability and continuity of the service was beneficial to them and established a routine that helped with both their physical health goals, and sometimes their mental health too.
 - *"...the regularity of it, because I knew she was going to call again, so you were trying to improve and take on what she'd said." (Pt. 15)*
 - *"...that was helpful being a routine, and actually with the help of the person, getting my own routine. Because routine's actually good for people with anxiety and that, so that was good." (Pt. 12)*

Theme 4: Personal Development & Service Success

26

- The coaching process allowed participants to feel capable enough to maintain their own physical health away from the service. Their previous experience with the GHS also provided them an option to reconnect with if they felt they needed further, guided support again.
 - *“Because I probably was motivated to do things on my own.”* (Pt. 10)
 - *“...or if I got unwell or thought I think I do need that extra support just to make me accountable again, yeah, maybe it would be [unclear] to reconnect again.”* (Pt. 15)



Theme 4: Personal Development & Service Success



- It was evident that the service aim to help people with their health goals was seeing some success for participants. However, it was evident that reaching these goals was maybe not as important as just making some lifestyle improvements.
 - *“Yeah, not so much goals achieved but just getting – my habits were getting better.” (Pt. 16)*
 - *“I certainly did get a positive result from it, I think.” (Pt. 6)*

How could things improve?

28

► Communication

- *“Being able to touch base with them in the interim...” (Pt. 2)*
- *“Also, just an understanding that 15 minutes or whatever I was allocated to do the session, is probably not enough.” (Pt. 20)*

► Mode of delivery

- *“...if you could actually see the person, maybe that would be better.”*
- *“If someone was there was there, they could push you a little bit further. But they would know when to stop.” (Pt. 18)*

► Option to change coaches

- *“I think if there was an option to change coaches, like you can with mainstream counselling services if that person isn’t working for you.” (Pt. 5)*
- *“I had a couple of changes, but each person was just as lovely as the last... Each one brought something different to the table, which I appreciated.” (Pt. 8)*

How could things improve?

29

➤ Resources and Referrals

- *“They weren’t allowed to tell me what their recommendations were. A food diary would be good. I’d had experience with a couple of online apps and I said well, what about those ones? They weren’t able to provide comment. Which I understand because it’s supposed to be neutral but having some actual tools they can recommend would be really helpful I think.” (Pt. 2)*
- *“Some helpful suggestions on how to link in with other programs or other community things in their region that might be helpful.” (Pt. 3)*

➤ Positivity and Recommendation

- *“I think it’s been quite helpful, and I would recommend it to other people. I would like to have another go in the future.” (Pt. 19)*
- *“No, I can’t see any negatives. Any sort of help is good and there were no negatives.” (Pt. 11)*

Next steps

Next steps

- Research in this space remains limited; first paper to explore people's experience of the GHS
 - Highlights unique experiences and perspectives of people with a mental health condition
 - Paper in progress to voice these experiences
 - Aligns with previous paper conducted with coaches of the GHS
- Client perspective could aid GHS capacity in this space
- Potential to strengthen policy/guidelines re Mental Health Services and GHS referral

- ❖ The participants
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Key Papers

1. O'Hara, B. J., Phongsavan, P., Venugopal, K., Eakin, E. G., Eggins, D., Caterson, H., ... & Bauman, A. E. (2012). Effectiveness of Australia's Get Healthy Information and Coaching Service®: translational research with population wide impact. *Preventive medicine, 55*(4), 292-298.
2. Bradley, T., Bartlem, K., Campbell, E., Wye, P., Rissel, C., Reid, K., ... & Bowman, J. (2020). Characteristics of participants utilising a telephone-based coaching service for chronic disease health risk behaviours: A retrospective examination comparing those with and without a mental health condition. *Preventive medicine reports, 19*, 101123.
3. Bradley, T., Hansen, V., Wye, P., Campbell, E., Bartlem, K., Reid, K., & Bowman, J. (2021). Telephone-delivered health behaviour change support for people with a mental health condition: the coaches' perspective. *BMC Health Services Research, 21*, 1-12.
4. Bradley, T., Bartlem, K., Colyvas, K., Wye, P., Campbell, E., Reid, K., & Bowman, J. (2021). Examining service participation and outcomes from a population-level telephone-coaching service supporting changes to healthy eating, physical activity and weight: A comparison of participants with and without a mental health condition. *Preventive Medicine Reports, 24*, 101609.