



COMMUNITY HEALTH PLAN

2003-2004

KINGSTON BAYSIDE PRIMARY CARE
PARTNERSHIP

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MESSAGE FROM THE CHAIRMAN

This third Community Health Plan (CHP) again follows the themes and objectives that featured in the previous Plans and continues to build for the future.

This Plan reports on the achievements and articulates areas where future Project activities will continue and develop further. It also recognises the considerable commitment and effort of its members through the participation of management and staff.

The Project Team members are to be commended for their application and energy to this complex and challenging initiative.

On behalf of the Management Committee, I extend our gratitude to all members for their continued support and willingness to be a part of the Kingston Bayside Primary Care Partnership.

John Turner
Chairman

MOVING FORWARD

The Community Health Plan identifies the priority health and well being needs of the Kingston Bayside community and describes how the partners are working together to achieve the aims of the Primary Care Reform.

The Parties to our Memorandum of Understanding have a commitment to the co-operative development of an integrated, consumer responsive primary care system that maintains and promotes the health and well being of individuals and the broader community.

The Parties to the Memorandum are committed to the following key principles for the life of the Project:

- Collaboration and co-operation;
- Sharing of information;
- Implementing identified and agreed strategies;
- Joint planning;
- Recognising the diversity of the service system and the skills and knowledge of participants; and
- An inclusive and culturally sensitive process, which involves communication and consultation with agencies, consumers and the community.

The Primary Care Partnership project is now entering its fourth year and it is worth reminding ourselves of what has been achieved:

- A recognised framework for bringing members together to consider local issues and respond with a united voice on Primary Care Reform matters
- An ongoing commitment to progressing Primary Care Reform
- Improved communication between members
- Improved understanding of member agencies' roles, capabilities and concerns

The activities described in 2002/03 CHP that will continue to be built upon this year are:

PARTNERSHIP

Kingston Bayside Primary Care Partnership (KBPCP) will continue to support Primary Care Reforms and, while acknowledging that a Regional approach is favourable, will advocate retaining its community connections and progress local initiatives. By supporting the maintenance of the Partnership, KBPCP will continue to build on its achievements to date.

MENTAL HEALTH

This project addresses issues highlighted in a number of KBPCP agency strategic plans regarding the relationship between community based services and area mental health services.

SERVICE COORDINATION

KBPCP has developed and adopted the Service Coordination Protocol Manual. All 25 members of the PCP have received information sessions on the use of the Service Coordination Tool Templates (SCTT) and

protocol manual. The leadership group comprising Central Bayside Community Health Services and Bentleigh Bayside Community Health Service, Bayside Community Options, Kingston City Council and four departments of Southern Health are now using the tools, as well as Leighmoor ADASS (Group 2), Do Care and South Central Migrant Resource Centre (Group 3)

The remaining members of Group 2 and 3 are progressing working towards implementation. Agencies not yet mandated to use the tools are the disability and psychiatric disability and support services.

There is now a growing number of inter-agency SCIT referrals being transacted including hospitals, GPs and regional services.

SERVICE PLANNING

In last year's Community Health Plan, KBPCP commissioned Discussion Papers on Youth, Alcohol and other Drugs, Older People, Culturally and Linguistically Diverse People and Low Cost/Insecure Housing.

The Papers have identified issues that have, to some degree, been addressed through the Service Coordination, Planning and Health Promotion work of the past twelve months. There is still more work to be done in these areas and the challenge will be how to progress these recommendations in an environment where agencies are already overcommitted to their own business objectives and service targets.

GENERAL PRACTITIONER REFERENCE GROUP

In partnership with Central Bayside, Monash and South City Divisions of General Practice and Inner South East Partnership in Community Health, KBPCP provides funding support for the Regional General Practice PCP Reference Group.

This Reference Group was established to address an identified need to engage local general practitioners to provide advice and support to all levels of PCP activity (Partnerships and Planning, Service Coordination, Health Promotion) regarding general practitioners engagement issues. The current focus of the Reference Group is the implementation of the service coordination tools and services directory. The Reference Group has recently been awarded funding to support general practitioners engagement in service coordination. This project is detailed further within this document.

HEALTH PROMOTION

The next stages of the two KBPCP Health Promotion projects – Depression in Older Persons and Transition to Parenthood include developments in training and resources for service providers and carers, aimed at improvements in the mental health and wellbeing of the community.

OPERATIONAL PLAN

PRIMARY CARE REFORM

KBPCP through its Management Committee will continue to develop its capacity to direct and coordinate Primary Care Reform initiatives throughout the Kingston Bayside catchment.

It will continue to refine and strengthen its role to monitor health and well being and service planning issues for the catchment, to act on opportunities and promote strategies that addresses these issues.

This role includes advocating on behalf of all member agencies to relevant authorities. While maintaining this local focus, the KBPCP, in conjunction with neighbouring PCP's, will also look to appropriate responses to Primary Care Reform issues for the Southern Metropolitan Region.

The KBPCP Management Committee will endeavour to undertake during 2003/04 :

- Strengthening the means by which member agencies can present information and issues to the Committee,
- As representatives of service sectors within the KBPCP, Committee members will continue to consult with their respective agencies to ensure membership involvement and contribution,
- Provide a regular information forum and improved news releases through the new KBPCP website, and,
- Build on existing mechanism to address regional issues,

MENTAL HEALTH

Mental Health remains a priority health issue for KBPCP. It was identified as the priority focus for our Integrated Health Promotion project in the first **Kingston Bayside Community Health Plan** as detailed in these rationales:

- Mental health problems are a significant personal and social problem
- The costs of mental health problems are significant
- Interventions to promote mental health need to be at the community level and not just with the individual
- Mental health promotion should be a key concern for Primary Care Agencies

The Middle South Area Community Mental Health Plan 02/03 includes specific issues that have been identified through examination of three Community Health Plans for 2001 – 2002 (Kingston-Bayside, ISEPIC and Central East), local government Municipal Public Health Plans, a stakeholder workshop and extensive consultation.

These issues are:

- The catchment area has an expectation of slow to average population growth, with middle to older age people predominating. There is, however, great diversity across the catchment in terms of age ranges and cultural features, as well as evidence of both, relative wealth and relative poverty. Adequate resources and sensitive targeting of those resources to respond to the range of differing mental health needs within the catchment will be required both now and in the future for significant impact to be applied to the burden of disease associated with mental disorders.
- The apparently low number of private psychiatrists practicing in the catchment area represents a considerable concern; as there have been private psychiatric facilities located in Brighton and numbers seem to have dwindled significantly since these facilities were closed. Absence of private psychiatrists adds pressure to an over-stretched public mental health service and to other primary health care service providers in the catchment.
- Variability in the rate of service contacts per clients by public mental health services may represent an issue of interest in the community mental health planning context. Collaborative exploration and strategic planning regarding this issue is required.
- Improvement in the mental health of the community will not be addressed by service intervention alone. Activities focussing on capacity building of existing community services are to be encouraged.

There are a number of emerging issues of concern that are outside the scope of the Partnership to address directly and which need to be brought to the attention of the Department of Human Services. These include the following:

- a) The Middle South Primary Mental Health Steering Committee and KBPCP are unanimous in their concern regarding the numerous geographical boundary issues being confronted in the catchment area. These are as follows:
 - Adult Mental Health Services boundaries do not match those of Child and Adolescent Mental Health Services (CAMHS) or of Aged Persons Mental Health Services (AMHS) eg Chelsea receives Adult MHS from Peninsula, but CAMHS coverage is from Southern Health.
 - The AMHS catchment includes three part-municipalities.
 - Community Health Services also do not match those of Adult Mental Health Services.

- Divisions of General Practice boundaries do not match those of other services.

- b) There is a general lack of available supported housing options for people with a mental illness or at risk of developing one. This shortage includes all age groups.

- c) Available resources to provide general counselling services on a fee subsidised basis to those in need of access is inadequate to meet the demand.

- d) Mental health data availability for planning purposes is deficient in a number of areas. These include:
 - There is poor quality control able to be exercised over the collection of contact data by mental health service staff eg discerning meaningful contact information is not currently possible.
 - The mental health data that is collected does not measure 'capacity building' activity or impact undertaken in the community, nor does such activity appear to be valued.
 - The data that is available is already quite old, having been collected under the old PRISM system. Its usefulness is therefore questionable.

Other Plans

The Kingston Municipal Public Health Plan identifies mental disorders as a major health issue for 2002-2005 with particular references to depression, postnatal depression, young people and older persons.

The Bayside Municipal Health Plan identifies emotional and mental health concerns as a top priority in the community.

Central Bayside Community Health Services has nominated mental health as a priority health issue for its 2003-2004 Integrated Health Promotion Plan. The Plan focuses on families and older persons, with direct links to KBPCP activities.

Bentleigh Bayside Community Health Service Integrated Health Plan prioritises mental health issues around postnatal depression, young people and older persons.

The Central Bayside Division of General Practice Business Plan includes a focus on integration and mental health activity with strong participation in the Primary Care Reform activities.

Monash Division of General Practice Business Plan focuses on supporting GPs with Mental Health training to access mental health services and includes promoting liaison with the Primary Mental Health Teams.

Southern Health Hospital Admission Risk Project aims to reduce emergency department admissions with a particular focus on chronically ill patients with a co-morbidity of mental health.

Successful outcomes in all of these plans are reliant on identifying improvements that may be developed through better service coordination between primary care services and specialist mental health services.

PROBLEM DEFINITION

Goal: Improving consumer and service provider experience of and treatment by area mental health services.

Objective: Improve access, intake and discharge processes involving consumer and service providers and Area Mental Health services.

Target Group: Child, adolescent, adult, older persons, including CALD people and primary care agencies

SOLUTION GENERATION

- Identify relevant existing access, eligibility, intake and discharge systems currently in operation
- Identify levels of consumer, service provider satisfaction and experiences of systems
- Establish agreed plan for improvement involving stakeholders
- Identify any potential constraints and practical issues that may pose barriers
- Identify appropriate remedial actions – if necessary protocol development, education and training for primary care agencies
- Incorporate appropriate actions in relation to commissioning of the local service information directory and electronic referral system.

This work will be undertaken during August 2003 to January 2004

Southern Health Area Mental Health Services are currently reviewing the intake service and examining the development of a centralized triage service.

The new 24 hour service, incorporating a “1300 “ call service, would handle all enquiries and allocate referrals and appointments after initial assessments.

The Southern Health development will influence and complement aspects of this particular project including the timelines for completion of the Solution Generation components

SUPPORT AND RESOURCES

MSPMH Steering Committee and KBPCP Management Committee will monitor this priority and redirect available resources as appropriate. PCP member agencies have committed to participate in this activity, as have area mental health services.

A project worker will be appointed to support the MSPMH Steering Committee and project delivery.

This priority will be included in the work of the KBPCP Service Coordination and Health Promotion committees.

Stakeholders

- Local government authorities
- Community health services
- General Practitioners
- Primary Mental Health Services
- Youth services
- Aged care
- Acute services
- Community based primary health services

- beyond blue
- Various working groups (eg: Middle South Mental Health Service Providers, Coastal Planning Group).

PLAN FOR REVIEW AND EVALUATION

The review and evaluation components of this initiative will be undertaken throughout the project period from August 03 to January 04.

Process:

August – November 2003

- Completion of audit of access, intake and discharge systems and linkages between community based agencies and area mental health services
- Establish levels of satisfaction with existing systems by consumers and service providers

October 2003 – March 2004

- Development of appropriate remedial actions - protocols, information, education and training responses
- Integration of systems and linkage with service information directory and electronic client information referral system

Impact:

- Survey of consumers and service providers in terms of improved health outcomes
- Survey of service providers in terms of integration of revised work practices and processes

Outcome:

- Improved rates of satisfaction by consumers and service providers in relation to access, intake and discharge processes.
- Improved service providers' knowledge of protocols, procedures, practices and systems in relation to area mental health services.

SERVICE COORDINATION

The KBPCP continues to strive towards successfully achieving its objectives:

- Service providers will enable clients of the nominated agencies/programs to enter the service system successfully on their first attempt
- Service providers will ensure that clients of the nominated agencies/programs should not have to repeat information that they provide to other participating programs
- Service providers will ensure that relevant information about clients will move with them, with their consent, as they receive services from nominated programs.

In this next year, Service Coordination initiatives will be:

- Completion of the **Service Coordination Tool Template Implementation (SCTT)** within member agencies
- **Protocol development** supporting KBPCP Health Promotion and Mental Health projects
- Introduction of the **Electronic Client Information Referral System**
- Introduction of **Health and Community Services Gateway** (Local service information directory)
- Implementation of the Service Coordination with **General Practice Project**

With the release of the Department of Human Services Primary Care Reform – Strategic Directions paper in October 2003, there may be further service coordination activities undertaken.

SERVICE COORDINATION TOOL TEMPLATE IMPLEMENTATION

Of the 25 members of KBPCP, 6 agencies are not intending to implement the SCTT. These agencies have made this decision based on the fact that the SCTT have not been mandated i.e. mental health, disability service, carer respite services and a private nursing agency. Currently, 11 agencies are fully implementing the SCTT and the remaining eight eligible agencies have nominated to have fully implemented the tools by January 2004.

Most agencies have indicated that they require less direct PCP support (e.g. Project Team, consultants), however six agencies have indicated a need for some assistance in the form of ongoing access to an advisory service or contact point. Further information sessions will be provided as required.

The Service Coordination Committee is undertaking a review of its role and operation with the aim of better representing and assisting member agencies.

PROTOCOL DEVELOPMENTS

All member agencies, through the Service Coordination Committee, have identified appropriate protocols, processes and practices and are included in the Kingston Bayside Service Coordination Protocol Manual.

Further protocols will emanate from the Health Promotion Projects – Depression in Older Persons and Transition to Parenthood, and from the introduction of the Electronic Client Information Referral System and the Service Directory Projects.

Additionally, KBPCP will work with Southern, Bayside and Peninsula Health Area Mental Health Services to identify, develop and implement protocols around access, intake and discharge systems that improve the service provision for consumers.

ELECTRONIC CLIENT INFORMATION REFERRAL SYSTEM

Prior to the establishment and consistent throughout the current development of the Primary Care Partnership has been the shared vision by Kingston Bayside agencies to implement a client information referral system between members.

This strategy was initiated to take advantage of desktop e-mail applications as an alternative means of effecting client referrals. This project allows participating agencies to develop information management practices to support electronic e-mail referrals whilst ensuring that client privacy and confidentiality were safeguarded.

The project will run concurrently with a full adoption of the SCIT and will give agencies the opportunity to participate at various levels depending on their IT readiness. This is an important step in paving the way to adoption of full PKI technology once the benefits of using electronic means of referral become evident and agencies could then incrementally take the next step. Agencies, too, see the potential for integrating electronic referral information with their back-end client management system.

This project, therefore, is strategically important in facilitating the adoption of an electronic referral system by agencies. This project has the potential to enhance capability of future integration of electronic referral into client management systems and can occur once the standards for such integration are developed and become available. This project will also target general practitioners in conjunction with the KBPCP GP Project.

PROBLEM DEFINITION

Goal: To improve sharing client information using e-mail referrals as an alternative to fax and hardcopy referrals

Objectives:

- Model an electronic referral system to improve service coordination
- Evaluate electronic versions of the SCIT forms
- Develop IM practices to support electronic e-mail referrals
- Identify best practices for inclusion in the PCP's Protocol Manual
- Test the viability of using e-mail for transmission and receipt of client referrals
- Assess electronic referral system as an alternative to fax referrals

Target Group:

Kingston City Council
 Bayside City Council
 Central Bayside Community Health Services
 Bentleigh Community Health Services
 Bayside Community Options
 Southern Health
 GP Division (Central Bayside)
 RDNS (Moorabbin)

SOLUTION GENERATION

- Identify and document referral pathways for participating agencies as a basis for protocol agreement
- Identify processes, practices and protocols that will be changed or need to be created to accommodate electronic referrals
- Develop a change management approach for this project to take into account parallel manual and electronic processing of referrals
- Conduct hands-on training in the use of Public Key Infrastructure (PKI) technology, and the electronic versions of the SCIT forms.
- Negotiate with agency IT departments to install software
- Develop and implement specific measures to monitor and evaluate progress of pilot
- Facilitate generation of best practice approaches

SUPPORT AND RESOURCES

The Project Manager - IM/IT will provide technical advice and support on the installation of PKI and the electronic versions of the SCTT tools as well as on issues arising during the course of the project. Further technical support will be provided by the Health Insurance Commission Technical Support Team as well as through liaison with similar PCP initiatives, in particular with the Western Metropolitan PCPs (WMPCP).

Intake workers from participating WMPCP agencies were directly involved in developing new or changed work practices to support the operation of the electronic referral system. In many of these agencies key workers were identified as subject matter experts who could train other staff or resolve issues without calling in outside assistance.

This approach had the benefit of building capacity within agencies of supporting this initiative and necessarily adopting approaches and solutions to issues that were specific to that agency. As a result the success of this project was largely due to the willingness of agencies to build in-house expertise in the use of new technology and processes and to make this resource available for staff development.

KBPCP will identify the key success factors within other external PCP projects and build on this existing knowledge and expertise to conduct this project.

While it is envisaged that this project will run from August 2003 to December 2003, it is acknowledged that it may extend beyond that point in time.

Stakeholders:

Kingston City Council
 Bayside City Council
 Central Bayside Community Health Services
 Bentleigh Community Health Services
 Bayside Community Options
 Southern Health
 GP Division (Central Bayside)
 RDNS (Moorabbin)
 DHS - for pilot of electronic versions of SCTT forms.

PLAN FOR REVIEW AND EVALUATION

A formal project plan will be developed to include the following components - project initiation and governance, training and installation of PKI software and SCTT templates, information management arrangements and work practices, conduct and monitoring of the project and post-project evaluation and inclusion of best practice approaches in KBPCP's Protocol Manual.

In summary, the plan for review and evaluation will include:

Process:

- Regular review and evaluation meetings of the Service Coordination Committee and IM/IT Working Group
- Formal post-pilot evaluation questionnaire of processes and outcomes
- Range of agencies willing to participate in pilot
- Review at end of each project phase

Impact:

- Feedback from participating staff and their managers
- Level of support required on IT and IM issues of this pilot - log of issues and problems

- Meetings of Service Coordination Committee and IM/IT Working Group
- Post-pilot evaluation questionnaire

Outcome:

- Audit of number of electronic referrals transmitted
- Feedback on ease of use of electronic referral system and SCIT forms
- Submit evaluation feedback re modification/enhancements on SCIT forms to DHS
- Formal (questionnaire) feedback on merits of e-referrals as an alternative option for fax referrals
- Agreement on best practice approaches to PKI referrals for inclusion in KBPCP's Protocol Manual
- Measure of service coordination workers using PKI enabled e-referrals
- Measure uptake of GPs using PKI enabled e-referrals

HEALTH AND COMMUNITY SERVICES GATEWAY

This project builds on the Service Directory project initiated in previous Community Health Plans and implements a web portal that will enable clients and service providers to access statewide and local services information.

In particular, an innovative approach of this web portal is to provide service information to clients and service providers through a search engine that retrieves the information specifically tailored to defined processes within the service coordination cycle.

This refers to the **Information Package Concept** in which service information appropriate and relevant to the episode of care is retrieved via the search engine as an Information Package. For all the elements in the service coordination cycle there will be one or more discrete information packages for the health worker (guidelines, policies etc) as well as for the client (brochures, directions, eligibility criteria etc).

Kingston Bayside PCP is working closely with Frankston Mornington PCP to implement this project with the support of Better Health Channel and external web developers.

PROBLEM DEFINITION

Goal: Improved Internet and Intranet access to and use of service information for clients and service providers

Objectives:

- Improve service coordination delivery through better integration of service coordination processes with information needed to perform those services
- Capture local service information not included within Statewide services information database
- Integrate service information with service process in order to improve service delivery
- Current information available when it is needed at point of care

Target Group: Primary Care agencies, including GPs, and their clients

SOLUTION GENERATION

- Develop and implement web portal customised to requirements of clients and service providers
- Identify and match information resource packages to appropriate service coordination activities

- Develop local services information database and index this information with DHS endorsed metadata approach
- Negotiate access to Better Health Channel's database pending access to DHS' statewide services information database
- Develop work plan for implementation
- Develop appropriate change management and staff development activities
- Develop content management procedures for participating agencies
- Develop business model for future sustainability of web portal project

SUPPORT AND RESOURCES

The KBPCP Management Committee endorses involvement of all member agencies in this initiative.

Initially, Central Bayside Community Health Services is taking the lead role in supporting the project through involvement of its program areas in the design of its web page interface as well as identification and tagging of information resources. The PCP will provide some additional support for these activities. The completion date of this initial phase will be by the end of July 03.

After user acceptance has been completed, staff development activities will be conducted in content management procedures. Each agency will be involved in a similar way in design and implementing its web page and this is expected to take approximately one month to complete after the lead agency's web page has been completed.

Resourcing this project into the future has been identified as a key success factor and it is proposed that the PCP as a whole develop a business model to address the issue of sustaining this initial work. KBPCP and the web developers, iBase Global, are already looking at a number of options for submission to the KBPCP Management Committee to ensure the continued viability of this project.

Stakeholders

All members of the Kingston Bayside PCP

PLAN FOR REVIEW AND EVALUATION

Agency members will undertake the design and development of the web portal using a rapid application development approach that ensures ample opportunity for input and review.

Process:

- As each agency completes the development phase of its web page, the work to date will be evaluated through a formal process of user acceptance.
- A dedicated reference group, the Website Interest Group, will be formed to oversee development of the web portal and to provide input on all aspects of this project, including content management policy formulation, change management etc.
- Audits of the web portal will be made to determine degree of usage of information resources as well as the efficiency of the search engine to retrieve information specific to relevant service coordination processes.

Impact:

- Survey of service providers to ascertain degree of improved access to and provision of local service information.

- Survey of service providers to determine degree of integration of service information retrieved with the service coordination process - relevancy and precision of searches.
- Client survey of usefulness of service information via Internet access and coverage of services within the PCP

Outcome:

- Improved access and availability of service information to support service coordination operations
- Integrated services information provision within agencies and across PCP members
- 24/7 client access to information about services available within the PCP

GENERAL PRACTICE PROJECT

KBPCP in conjunction with Central Bayside and Monash Division of General Practice will undertake a six-month project to support General Practice engagement.

The proposed project aims to build on these strategies to increase the capacity of the general practitioners to uptake and realise the value of the service coordination tools, electronic client information referral system and services directory.

Using the GP Reference Group as a steering committee to guide development, a staged approach will be employed to undertake activity to meet the specified objectives.

The project will initially utilise the experience and knowledge base of the individual general practitioners in the Reference Group to pilot the tools and the directory with local agencies known to be utilising the tools. Through the involvement of the Service Coordination Committee, the PCP and Division staff will collaborate to develop a training package specific to the general practitioner role in service coordination, to implement as part of this project.

Additional activities as part of this proposal include:

- Implementation of this training package on a one on one or group approach; targeting not just general practitioners but practice nurses and other practice staff as appropriate.
- Follow up and monitoring (including a general troubleshooting component) of referral and feedback process.
- A final report will contain the key learnings of this small-scale proposal, including the training package, which will detail lessons for other PCPs and divisions.

IMPACTS/OUTCOMES:

- Each Division will have at least one staff member trained in the use of the service coordination tool templates who can act as an ongoing resource for general practice.
- Five practices per division, i.e., total of 10 practices receive training in the use of the tool templates on Medical Director Software System.
- Increase in GP awareness and use of service coordination tool templates on Medical Director
- Increase in GP awareness and use of the Statewide Services Directory and local directory (when available)
- Improvement in referral and feedback processes between General Practice and other Primary care providers
- Increase in knowledge re barriers/enablers for GP uptake of service coordination tools

EVALUATION

An evaluation process will be undertaken and subsequent report provided to DHS at the end of the project.

HEALTH PROMOTION

DEPRESSION AND EMOTIONAL WELL BEING IN OLDER PEOPLE

The strategy from the previous plan focused on:

- Raising awareness of service providers and the community of depression in older people through training and education
- To improve access to services for older people (complementing service coordination)
- Improving the mental health and well being of older people.

To achieve these objectives the Royal District Nursing Service conducted a needs analysis of both service providers and the older population in Kingston and Bayside. The study gathered information on how to effectively action the above strategies. The project team developed a list of recommendations based on the findings from the report.

These recommendations have been crucial in guiding the health promotion committee to develop objectives that are evidenced based and will have an impact on reducing the burden of depression in the older population in the Cities of Kingston and Bayside.

PROBLEM DEFINITION

Goal: To reduce the burden of depression in the community in the Kingston and Bayside Municipalities.

Target group: The target population is older people (65+)

Objective: The objectives are based on the recommendations from the Research report 'Depression and Emotional Well Being in Older Persons in the Kingston Bayside Area'. The Objectives are as follows:

- To raise awareness of service providers to appropriately and accurately identify and manage depression in the elderly through education and training
- To raise community awareness of the importance of the social and emotional well being of elderly people
- For organisations involved in the identification of depression in the elderly use a standardised and validated assessment
- To reduce social isolation in the elderly through the provision of age appropriate social activity
- To improve the coordination and delivery of mental health services to the aged population in Kingston /Bayside who have depression
- To improve the coordination of referral processes to organisations that provide mental health care
- To improve access of service providers that are not mental health trained to qualified mental health professionals to consult in relation to needs of the client

The last three objectives listed are addressed in this community health plan in the Mental Health Service planning component that identifies and addresses issues around referral, intake and access of mental health services. The remaining objectives are summarised in the solution generation component of this report.

SOLUTION GENERATION

For the 2003-2004-community health plan, the priorities are as follows:

- To raise awareness of service providers of depression in the elderly through education and training. A statewide initiative that is collaboration between *beyond blue* and the Bell Street Academic Centre for Community Mental Health has been sought to meet this objective.

Part of the statewide initiative is to conduct a needs analysis of service providers and then to provide training based on a curriculum developed through the needs analysis. As this needs analysis has already been conducted through the KBPCP initiated RDNS project team, Bell Street Academic Centre has been identified to develop the curriculum for the service providers in the Bayside Kingston municipalities. There will be two workshops conducted as a pilot for the statewide initiative. The recruitment of service providers for the workshops will be:

- Kingston Council and the SRS Social Support and Activities Project Officer providing HACC workers,
 - Bentleigh Bayside Community Health Service, Central Bayside Community Health Services and Southern Health Home Based Allied Health Service as providing nursing and allied health workers.
 - The workshops will be conducted from September 2003 with follow up sessions approximately six months later.
 - The Bell Street Academic Centre will also develop a training manual for use by the mental health services to provide ongoing training to service providers in the municipalities. Within the report 'Depression and Emotional Well being in Older Persons in the Kingston Bayside Area', it was recognised that mental health training needs to be coordinated. The key stakeholders who provide mental health training will utilise this manual for training purposes to ensure sustainability of this project.
- To raise community awareness of the importance of social and emotional well-being of the older population: In conjunction with Kingston City Council's Community Safety Strategy, develop a media campaign that promotes 'good neighbourhoods'. In 2003 – 2004 a working group will be developed that further incorporates the objectives of this project to improve social connectedness, by addressing the issues of safety that inhibit elderly people from leaving their home as defined by the KCC strategies for community safety.
 - To reduce social isolation in the elderly through provision of age appropriate social activities – this strategy will engage and negotiate with senior citizens clubs, local traders and other appropriate organisations for the provision of social engagement by the local aged population. Strategies to be developed with further consultation and in conjunction with Municipal Public Health Plan. This project will build on strategies for falls prevention that are currently being undertaken through small grants from the Central Bayside Division of General Practice's Kingston Bayside Falls Collaboration Project. These grants include activities through Bentleigh Bayside Community Health Service and Bayside Council. Bentleigh Bayside Community Health Services (BBCHS) is undertaking a Strength Training/Gentle Exercise program and this project will coordinate with additional activities being undertaken by local agencies to reduce social isolation in the target group, for example a walking program within Southland shopping centre and skill development for single older men.
 - Links will also be developed with the "New Horizons" Graduate Carers Program to ensure sustainability.

SUPPORT AND RESOURCES

The Key stakeholders are:

- **Bell Street Academic Centre for Community Mental Health-** The Academy will be responsible for writing the curriculum based on the finding from the report "Emotional Well Being and Depression in the Older Persons in the Cities of Kingston and Bayside". The proposed time line for completion of the curriculum is June 2003. The proposed time line for the pilot training workshops are July – September 2003. Follow up sessions are planned for the six months following the initial workshop.
- **Kingston City Council** – Recruitment of staff to attend the HACC workshop. Working in collaboration to develop community safety strategies that identify and address issues related to isolation in the elderly population. Collaboration will also occur with Community Planning, Economic Development and Community Services departments within Kingston City Council.
- **Bentleigh Bayside Community Health Service** – are responsible for representing PCP in the development of a walking program at Southland Shopping Center. Funding from PCP will address the

ongoing sustainability of the “New Horizons” Graduate Carers Program. Bentleigh Bayside Community Health Service will assist in the recruitment of nursing and allied health staff for the training workshops

- **Central Bayside Community Health Services** _ Recruitment of staff for nursing and allied health training workshops as well as involvement in other areas of the project
- **Southern Health Home Based Allied Health Service** – Recruitment of staff for the nursing and allied health training workshop as well as input in to other areas of the project
- **Southern Mental Health Association** – To provide ongoing training to service providers using the manual developed by the Bell Street Academic Center for Community Mental Health.
- **Middle South Community Mental Health Team** – To provide ongoing training to service providers using the manual developed by the Bell Street Academic Center for Community Mental Health. Time frames and monitoring of the training requires further discussion and clarification.
- **Central Bayside Division of General Practice** – Will contribute to raising awareness of current community programs in regard to the target population and activities being undertaken, this will primarily be through the Division newsletters and website. Where relevant ensure appropriate links via the service coordination tool templates for referral and GP involvement.

PLAN FOR REVIEW AND EVALUATION

Process:

- Establish pre intervention and post intervention levels of knowledge amongst service providers attending the training workshops conducted by Bell Street Academic Centre
- Establish levels of satisfaction amongst service providers of the training workshops conducted by Bell Street Academic Centre
- Survey co trainers of the service providers (Mental Health Services) regarding level of satisfaction with the training manual developed by the Bell Street Academic Centre
- Review of protocols for the use of depression screening tools and their adequacy
- Review and evaluate all new programs from the stakeholders perspective
- Establish levels of satisfaction of consumers attending the pilot project for enhancement of daily living skills

Impact:

- Focus Group discussion to measure service providers change in knowledge of depression and their patterns in client assessment of depression and practical application of skills and knowledge acquired through training workshops
- Survey a sample of clients that have been screened as having likely depression and their experiences of the follow up practices and processes
- Develop an appropriate tool for assessing the impact of planned social activities on consumers well being
- Survey older single men attending the pilot program who report an enhancement of their daily living skills

Outcome:

- Conduct focus groups of consumer representatives from a range of programs with in the project to assess and evaluate impact of the programs on their quality of life

TRANSITION TO PARENTHOOD

The strategies of the 2002 –2003 Community Health Plan targeted the prevention of postnatal depression in the general population and were still under development. In February 2003, the Department of Human Services Homelessness Strategy was released. At the same time local service providers were acknowledging that there was an increase in presentation of young homeless women with children to the housing services and that their needs were complex.

The rationale for choosing at risk homeless young women who are pregnant or parenting was in response to the local identification of the increasing number of young homeless women who are pregnant or parenting. The mental health promotion is not only targeted to the young women but aims to have an impact on the positive mental and emotional well being of their children. While the statistics on the number of women who fall into this category appear small, their health issues are complex and with an ongoing impact on their children is costly both in monetary and in human terms.

PROBLEM DEFINITION

Goal: To enhance the mental and emotional well being of at risk homeless young women under the age of 25 who are pregnant or parenting.

Target Group: Young women under the age of 25 who are pregnant or parenting and at risk of homelessness.

Program Objective:

- To improve access of at risk of homelessness pregnant or parenting young women to health, social and welfare services
- To improve the social connectedness of young at risk homeless women who are pregnant or parenting
- To raise awareness amongst young people of the issues surrounding adolescent pregnancy and parenting.

SOLUTION GENERATION

For the 2003-2004 Community Health Plan, the priorities are as follows

- To raise awareness of depression in the general population
- To develop an information kit around emotional and physical health for new parents based on the 'PRISM' resource kit that is research based and user friendly for this target group.
- Develop a resource guide for service providers to enable referrals to be made to appropriate services
- Through workforce development increase the knowledge base of service providers around issues pertinent to the target group and issues that affect access to services
- Develop protocols within housing services (both transitional and public housing) to enable individuals access to Maternal and Child Health Services (in particular the Enhanced Home Visiting Service)
- Investigate innovative models of health service delivery that can be incorporated into existing services so to increase access and connectedness of the target group to appropriate services
- To increase social connectedness through a mentoring volunteer program.
- To research a peer education program for secondary school students with the aim to increase awareness of sexual health and pregnancy issues in adolescents.

SUPPORT AND RESOURCES

The key stakeholders are working collaboratively to implement the solutions developed.

- **Kingston City Council** and the **Central Bayside Division of General Practice** are the lead agencies in developing a poster type display that will aim to increase awareness of depression in the community. This will be developed and implemented by June 2004

In addition these two agencies will also take the lead to compile a service directory of appropriate services for this target group, where relevant this will be linked with service coordination. This will be developed and accessible by December 2003.

It will be the responsibility of these two agencies in conjunction with the working group to nominate other agencies to assist in this process as necessary.

- **Bentleigh Bayside Community Health Services** is the lead agency in researching the feasibility of developing a 'continuity of care' model that will incorporate antenatal classes into their Youth Health Clinic. This will be completed by October 2003.
- **Central Bayside Community Health Service** is undertaking a research project to develop a peer education program in secondary schools. The aim of the program will be to raise awareness amongst this school population of sexual health and pregnancy issues. The associated research activity will be completed by December 2003 with the implementation of the research findings to be instigated by June 2004.
- **Bayside Council – Maternal and Child Health Services** will be the lead agency in conjunction with **Hanover Housing and Support Service** and the **Office of Public Housing** to develop protocols for housing services to refer pregnant or parenting women to maternal and child health services. These protocols will be developed for implementation by December 2003.
- **Southern Health – Mental Health Promotion Officer** in conjunction with the working group will lead the development and implementation of the seminars for service providers focusing on workforce development to improve access to services by the target group. The seminars will be developed and implemented by June 2004.
- **Primary Care Partnership – Project Worker** will seek funding from Philanthropic organisations and other appropriate funding bodies to undertake a mentoring Volunteer Program that will increase social connectedness. A mentoring Volunteer model has been developed by Parenting Australia. Funding outside of PCP is needed to develop this model in the Kingston Bayside area for 2003-2004.
- **Kingston Bayside PCP Working Group** – key stakeholders in the working group will undertake the role of appointing a Project worker. The position of project worker will consult with the target group and develop an information resource kit for new parents. December 2003 is the timeline for which the project worker will be employed and the task of developing the resource will be completed by June 2004.

PLAN FOR REVIEW AND EVALUATION

Process:

- Identify locations where poster displays are to be distributed (eg General Practice, Maternal and Child Health, Preschool Centres)
- Review format of resource guide
- Establish pre and post intervention levels of knowledge of service providers to issues pertinent to the target group and their access to services
- Establish levels of satisfaction of those attending the workforce development seminars.
- Review the process of protocol development
- Review research processes in the development of the peer education program

- Review research process in assessing the feasibility of implementing a 'Continuity of Care' model at the Highett Youth Clinic
- Review the process of accessing and employing an appropriate project worker to develop the resource kit.
- Survey consumers who were involved in the development of the information kit and their level of satisfaction with the process.
- Review the process of applying for funding from philanthropic and other funding bodies and determine the success of the process

Impact:

- Survey a sample of service providers where the poster is displayed to ascertain the perceived impact the poster has on risk factor identification for depression.
- Obtain information on how many 'hits' from the website were received from General Practitioners accessing the resource guide
- Survey service providers who attended the seminars to changes in practices when relating to a young person
- Establish levels of satisfaction of service providers using the protocols for referring to maternal and child health services
- Survey Maternal and Child Health Services as to number of referrals received from Transitional Housing Services and the Office of Public Housing.
- Survey number of service providers that have given the information kit to clients and their level of satisfaction with it.

Outcome:

- Conduct a focus group of consumer representatives from the target group to assess and evaluate the impact of the project on their ability to access services and the level of social connectedness experienced.

APPENDICES

APPENDIX 1: INTEGRATED HEALTH PROMOTION PROGRAM SUMMARY GRID

Program Goal: To reduce the burden of depression in the community in the Kingston and Bayside Municipalities

Target Group: Older population (65 +)

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency	Estimated Costs)
Objective 1: To raise community awareness of the importance of the social and emotional well being of elderly people.	Social Marketing: To participate in a media campaign that promotes 'Good Neighbourhoods'	50% of recipients of the media campaign report a heightened awareness of the importance of 'Good neighbourhoods' and the prevalence of depression in the older population	100,000 people in the city of Kingston	Kingston City Council by June 2004	In Kind support from KCC
	Social Marketing: Publicize the Service provider training workshops so as to raise awareness of the general population of the prevalence of depression in the older population				PCP Project Officer \$17, 500
Total Budget per Objective					\$17,500

APPENDIX 2: INTEGRATED HEALTH PROMOTION PROGRAM SUMMARY GRID

Program Goal: To reduce the burden of depression in the community in the Kingston and Bayside Municipalities

Target Group: Older population (65 +)

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency	Estimated Costs)
Objective 2: To raise the awareness of Service providers of depression in older people through education and training.	Workforce Development: To provide Depression training workshops to the service providers in the City of Kingston/Bayside by Bell Street Academic Centre for Community Mental Health	70% of service providers attending the training workshop report an increase in knowledge of all aspects of depression and incorporate this knowledge into their practice As above	40 Service providers from 5 organisations	Bell Street Academic Centre for Community Mental Health by September 2003	\$12,000
	Workforce Development: Mental Health Trained Service providers to implement the training manual developed by Bell Street Academic Centre for Community Mental Health to provide ongoing training for Service Providers in the Kingston/Bayside area				
TOTAL BUDGET PER OBJECTIVE					\$12,000

APPENDIX 3: INTEGRATED HEALTH PROMOTION PROGRAM SUMMARY GRID

Program Goal: To reduce the burden of depression in the community in the Kingston and Bayside Municipalities

Target Group: Older population (65 +)

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency	Estimated Costs
Objective 3: For organisations involved in identification of depression in the elderly use a standardised and validated assessment tool	Workforce Development: To provide training to service providers in the use of standardised and validated assessment tool	90% of service providers use in their practice a standardised and validated assessment tool	80 service providers	Southern Health	In-kind support for training
TOTAL BUDGET PER OBJECTIVE					

APPENDIX 4: INTEGRATED HEALTH PROMOTION PROGRAM SUMMARY GRID

Program Goal: To reduce the burden of depression in the community in the Kingston and Bayside Municipalities

Target Group: Older population (65 +)

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency	Estimated Costs)
Objective4: To reduce social isolation in the elderly through the provision of age appropriate social activities	Community Action: To engage and negotiate with local service clubs and local traders for the provision of alternative activities for the local elderly population	80% of local service clubs and traders report and demonstrate an ongoing commitment to providing social activities and programs for the local elderly population three months after the formal community action activities are completed	5 Local traders and 5 Service clubs	Kingston City Council; Bentleigh Bayside Community Health Service by June 2004	\$ 1000
	Resources: Research the viability of implementing a 'Walking Program" at Southland	70% of agencies will contribute resources to the development of the Walking Program	6 agencies across the PCP	Bentleigh Bayside Community Health Service by June 2004	\$1000
	Resources: To developing a pilot project to enhance the living skills of recently single older men	80% of those attending pilot project report an increase in living skills	8 agencies	PCP Project Team by December 2003	\$4,000
	Resources: To explore options to ensure sustainability and develop links for the 'New Horizons' Graduate carers program	80% of Graduate carers are linked into appropriate support networks.	20 carer's	PCP Project worker by December 2003	\$1,500
TOTAL BUDGET PER OBJECTIVE					\$7,500

APPENDIX 5: INTEGRATED HEALTH PROMOTION PROGRAM SUMMARY GRID

Program Goal: To enhance the mental and emotional well being of at risk of homeless young women under the age of 25 who are pregnant or parenting
Population Target Group/s: Young women under the age of 25 who are pregnant or parenting and at risk of homelessness

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & By which agency	Estimated Costs)
<p>Objective 1: To improve access of at risk of homeless pregnant or parenting young women to health, welfare and social services</p>	<p>Health Information: To assist in the identification of depression in the general population by developing or resourcing an appropriate poster for display in prominent places</p> <p>Health Information: To develop an information kit focusing on physical and emotional health of new parents based on the 'PRISM' resource kit that is research based and user friendly for this group</p>	<p>The poster is developed and displayed in appropriate services</p> <p>Service providers indicate an increase (perceived) in self-identification of some of the risk factors highlighted in the poster.</p> <p>80% of the target group who access the information kit report an increase in knowledge of physical and emotional health following childbirth.</p>	<p>Poster distributed to 25 organisations that the target group are likely to access</p> <p>Information kit distributed to 10 organisations with an estimated reach of 40 women</p>	<p>Kingston City Council and Central Bayside Division of General Practice by June 2004</p> <p>PCP working group to undertake the employment of the project worker by December 2003. Information Kit adapted by June 2004</p>	<p>Project worker 1 days a week for 6 months \$8,000 Materials for Kit \$5,000 Payment of consumers for their involvement \$1,500</p>

	<p>Workforce Development: Through seminars, increase the knowledge base of service providers around issues pertinent to the target group and the issues that affect access to services</p>	<p>90 % of workers attending the workforce development seminars report an increase in knowledge of issues pertinent to target group and how this might affect access to service. 70% of service providers attending seminar implement the knowledge into their practice.</p>	<p>100 service providers</p>	<p>Southern Health Mental Health Promotion Officer in conjunction with the PCP working group by June 2004</p>	<p>Development of seminars \$ 1,000 Cost of seminars \$ 2,000</p>
	<p>Organisational Development: Develop protocols for housing services to refer pregnant or parenting young women to maternal and child health services.</p>	<p>100% of participating organisations implement the protocols developed.</p>	<p>3 identified agencies</p>	<p>Bayside City Council, Hanover Housing and Support services and Office of Public Housing</p>	<p>In kind Support</p>
	<p>Organisational Development: Develop a service directory of appropriate services for this target group. This will be developed in conjunction with service coordination, opportunities will be explored to reduce any duplication and ensure cross collaboration with the Statewide Directory.</p>	<p>30% of General Practice members access the service directory via the website.</p>	<p>In the first instance the directory is aimed at General Practitioners (200 individual members).</p>	<p>Kingston City Council Central Bayside Division of General Practice</p>	
<p>Total Budget per Objective</p>					<p>\$17,500</p>

APPENDIX 6: INTEGRATED HEALTH PROMOTION PROGRAM SUMMARY GRID

Program Goal: To enhance the mental and emotional well being of at risk of homeless young women under the age of 25 who are pregnant or parenting.
Population Target Group/s: Young women under the age of 25 who are pregnant or parenting and at risk of homelessness

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & By which agency	Estimated Costs)
Objective 2: To improve the social connectedness of young at risk homeless women who are pregnant or parenting	Resources - PCP project worker will seek funding from Philanthropic organisations or other appropriate funding bodies	One philanthropic or one other appropriate funding body will provide 70% of the funds required to implement this program	Will submit applications to four appropriate funding bodies	PCP Project Worker has responsibility of submitting applications by December 2004	\$17,500 for PCP Project Officer
Total Budget per Objective					\$17,500

APPENDIX 7: INTEGRATED HEALTH PROMOTION PROGRAM SUMMARY GRID

Program Goal: To enhance the mental and emotional well being of at risk of homeless young women who are pregnant or parenting.

Population Target Group: Young women under the age of 25 who are pregnant or parenting and at risk of homelessness.

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & By which agency	Estimated Costs)
<p>Objective 3: To raise awareness amongst young people of the issues surrounding pregnancy and parenting</p>	<p>Health Education and skill development Research a peer education program for secondary school students to raise awareness of issues around adolescent sexual health, pregnancy and parenting</p>	<p>Increased awareness of service providers as to the needs of secondary schools (teachers and students) in relation to sexual health and pregnancy and parenting issues</p>	<p>At least 2 schools involved in this evidenced based research</p>	<p>Central Bayside Community Health Service will complete the research component by December 2003. Implementation of the research findings to be completed by June 2004</p>	<p>In kind support from CBCHS. \$1,000 administrative cost</p>
<p>TOTAL BUDGET PER OBJECTIVE</p>					<p>\$1,000</p>