The Australian Prevention Partnership Centre
Systems and solutions for better health

CMO Connect: a role for CMOs in connecting physical and mental health

Tara Clinton McHarg, John Wiggers, Luke Wolfenden, Kate Bartlem, Andrew Searles, Andrew Wilson, Magdalena Wilczynska, Joanna Latter, Lauren Gibson, Jenny Bowman

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

PHiMI

Physical Health in Mental Illness Research Group

“Implementing strategies to improve the physical health of people living with mental illness.”

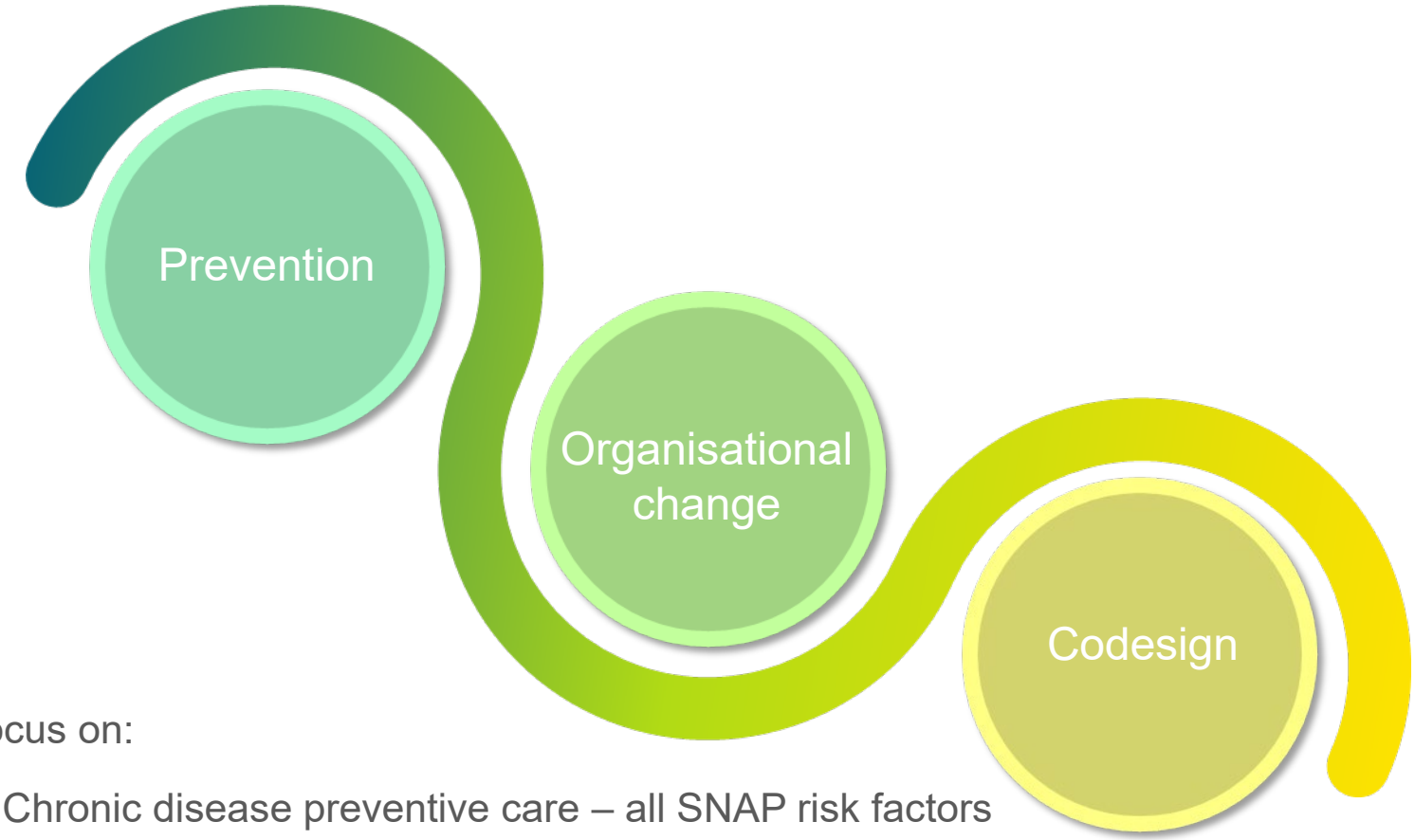
The CMO Connect Project

- What are CMOs?
  - Non-government organisations
  - Work alongside traditional health system
  - Employment, accommodation, daily life assistance, peer support
  - Organisations such as Flourish, Neami, Being etc

Aims of the CMO Connect Project

- Aim 1 – to explore the potential role that mental health CMOs might play in providing chronic disease preventive care to people with a mental health issue
- Aim 2 – identify ways to assist CMOs to adopt and implement evidence-based methods of delivering preventive care to better address the physical health needs of their consumers

Characteristics of the project



- Focus on:
  - Chronic disease preventive care – all SNAP risk factors
  - Organisational change – system not the individual
  - Codesign process – involvement of consumers, staff, organisations

Implementing preventive care – what we know

- Preventive care delivery can be simple and brief
  - e.g. 5As (Ask, Assess, Advise, Assist, Arrange) or AAR model

  (Glasgow 2014)
- Brief interventions effective - people with mental illness
  - e.g. Evidence from Systematic Reviews for behaviour change

  (Dixon 2009; Brown 2006)
- Preventive care and brief interventions are acceptable
  - e.g. consumers - 88-97% Assess, 86-94% Advise, 79-91% Refer

  (Bartlem et al. 2015)
- Delivering brief preventive care is feasible
  - e.g. Built into usual care, costs to take up referral can be nil

Key learnings from our work to date:

- People with a mental health condition:
  - are interested and motivated to improve health risk behaviours

    (Stockings et al 2013; Bartlem et al 2015, 2017)
  - want and expect support from mental health services

    (Bartlem et al 2015, 2017; Fehily et al, in prep)
  - will accept referrals to behaviour change supports

    (Fehily et al, in prep)
- Simple tools and resources can support staff to provide preventive care

  (Anderson et al 2017; Bartlem et al 2014; Wye et al 2017)

Brief interventions to deliver preventive care – previous trials in clinical settings

- **Hospital inpatient trials – 2 studies**
  - Support inpatient units to provide nicotine dependence treatment (Wye et al 2009)
  - Provide smoking cessation support to inpatients post-discharge (Metse et al 2015)
- **Community Mental Health Services – 2studies**
  - All clinicians provide preventive care in routine consultations (Bartlem et al 2015)
  - A designated 'healthy lifestyle clinician' provides preventive care (Fehily et al 2017)
- **NGOs / CMOs??**

Past research in the CMO setting

- One study by the MHCC and University of Sydney – smoking cessation
- However – no literature for CMOs covering preventive care for all SNAP risk factors

A systematic approach to achieve successful implementation of preventive care in CMOs in the future

Planning to implement an intervention

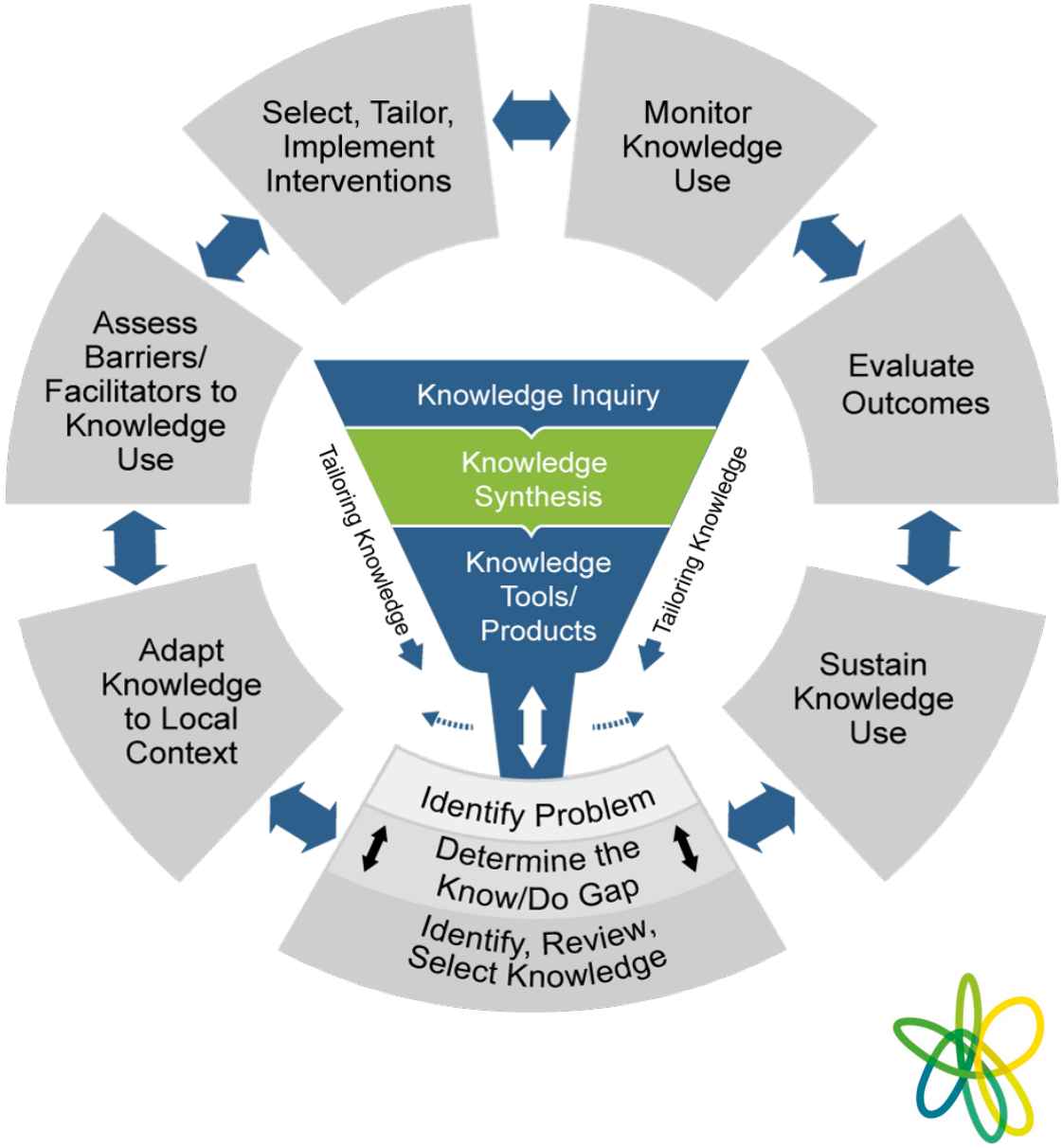
- Theory-led approach will increase the likelihood of future implementation
- Knowledge to Action Framework (KTA)
  - provides guidance for tailoring evidence-based practices to the local context (Graham et al, 2006)
  - is dynamic in that action phases may be carried out alone, sequentially or simultaneously, and knowledge phases can be carried out alone or interact with the action phases
  - originally developed with practitioners identified as the knowledge users. However, the model has also been applied to consumers as the end-users of evidence-based knowledge (Tugwell et al, 2007)

Phases of the KTA

- 3 Tailoring Knowledge
- 7 Action Phases

The CMO Connect project will focus on four Action phases.

1. Determine the know-do gap
2. Adapt knowledge to local context
3. Assess barriers and facilitators to knowledge use
4. Select, tailor, implement an intervention



Phase 1 – Determining the gap in preventive care delivery

- Scoping survey
  - Online survey
  - CEO, Director, every CMO NSW
- Context of organisations
- Consumer characteristics
- Organisational characteristics
- Current provision of preventive care for chronic disease

Phase 2 – Adapting preventive care delivery to the local context

- Key informant interviews
  - Understand organisational capacity
- Consumer CATI
  - Understand consumer needs

Phase 3 – Assessing barriers and facilitators to preventive care delivery

- CMO Staff survey
  - what preventive care staff already providing to consumers
  - reported barriers and facilitators to providing preventive care
  - associations between care provision and reported barriers
- Eligibility
  - All staff who provide care to consumers from selected sample of CMOs
- Online survey – developed using validated framework
  - TDF - Developed from Conceptual Mapping of 33 Psychological Theories that identify factors that influence behaviour

Theoretical Domains Framework

- Knowledge – Aware of guidelines and evidence for the behaviour
- Skills – Sufficient training in behaviour
- Social/professional role and identity – Behaviour 'typical' of their profession
- Beliefs about capabilities – Confident in capacity to do the behaviour
- Optimism – Optimistic that the behaviour will make a difference
- Beliefs about consequences – Benefits and negative aspects of the behaviour
- Reinforcement – Behaviour leads to a personal or external reward
- Intentions – Motivated to do the behaviour
- Goals – Priority of this behaviour compared to other competing demands
- Memory, attention and decision processes – Forget, need reminders
- Environmental context and resources – Sufficient resources to do the behaviour
- Social influences – Who influences the decision to perform the behaviour
- Emotion – Stress of performing the behaviour
- Behavioural regulation – Personal actions to ensure they perform the behaviour

Phase 4 – Select, tailor, implement an intervention/s

- Goal - Develop a context specific intervention or interventions
- Codesign
  - All stakeholders from participating CMOs
  - Mixed methods, include data from all previous phases - focus groups
- Pilot interventions – 6 month pre-post design

Economic evaluation

- Consumer perspective
- Organisational perspective
- Budget Impact Assessment
  - look ay one-off costs of implementation and long-term cost of the intervention

Project Outcomes

- Learnings from this study will assist other CMOs, and those who work with them, to understand how preventive care might be able to be integrated into practice in their organisation.
- The project also hopes to deliver one or more feasible, cost-effective models for the provision of preventive care that could be adopted and implemented by CMOs across Australia.

Project Plan

- **Progress to Date:**
- 2018 – NSW Mental Health CMO Scoping survey
- 2019 – Key informant interviews, consumer interviews,, staff online survey, focus groups with stakeholders
- 2020 – 6 month pilot test of models of preventive care

- **Future:**
- Evaluate effectiveness, conduct large RCT
- Identify strategies to support implementation
- Scale and maintain

Our partners

Funding partner

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Contact

tara.clinton-mcharg@newcastle.edu.au

Ph: (02) 4913 8065

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