

# Mental Health Services

Psychological Therapies in Residential Aged Care Psychological Therapies for Underserviced and Hard-to-Reach Populations Community Services and Private Practice including NDIS Services





#### Acknowledgements

This report was prepared by Executive Director Julie Aganoff, Clinical Quality and Technology Strategy Manager Frankie Tarver, and Reporting and Data Analytics Officer Thomas Wegener.

We acknowledge the practitioners, program coordinators and support teams, whose work in service delivery, reporting, and evaluation has contributed to the insights presented in this report. This document reflects the collective impact of Change Futures' programs across multiple regions, drawing on data, outcomes, and reflections from across our services.

In the spirit of reconciliation, Change Futures acknowledges the Traditional Custodians of Country throughout Australia and their enduring connections to land, sea, and community. We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

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# Introduction

Welcome to the Annual Outcomes Report for the 2023-2024 period. This year, we are proud to celebrate **Change Futures' ten-year anniversary**—a milestone that reflects a decade of commitment to delivering quality mental health services across our regions. This report captures the outcomes, challenges, and opportunities of the past year while celebrating the ongoing dedication of our staff and stakeholders in navigating an evolving mental health landscape.

Since 2015, Change Futures has been at the forefront of supporting the mental health needs of aged care residents, as well as individuals and families navigating complex mental health challenges. Over the past year, we have continued to deliver services across multiple programs, including **psychological services in residential aged care, individual psychology support, and community-focused initiatives.** 

In a time of significant challenges for the mental health industry, including the end of the psychology 4+2 internship pathway, we have renewed our focus on **training and retaining clinical staff**. The demand for highly skilled practitioners has never been greater, and we are proud to have cultivated an environment that supports our teams through comprehensive training programs and professional development opportunities. These efforts ensure our practitioners are uniquely equipped to deliver specialised interventions tailored to the needs of the people we serve.

This year, we introduced **new strategic goals to strive for a balanced service mix** across our regions, supporting both practitioner retention and long-term service sustainability. By focusing on quality over quantity, we have reinforced our commitment to creating an environment that allows our team to thrive professionally while delivering the best possible outcomes for our clients.

As part of our anniversary celebrations, we reflect on the importance of partnerships—with funders, aged care staff, residents and clients, and broader community stakeholders. Our work remains deeply informed by these relationships, ensuring we continue to respond to the needs of our communities in a meaningful and impactful way.

This report highlights the outcomes achieved through these efforts, including engagement with aged care residents, clients accessing individual support, and community members. It also celebrates the innovative approaches and practitioner training that underpin our service delivery.

To all our stakeholders—staff, funders, and community partners—we thank you for your continued support and collaboration. Together, we remain steadfast in our mission to provide quality, evidence-based mental health services that support people to feel understood, valued, and empowered.

# **Change Futures at Ten Years**

This year, Change Futures proudly celebrates a decade of delivering innovative, high-quality mental health services. Since 2014, we've grown from a small, dedicated team to a recognised leader in evidence-based care, collaboration, and innovation.

### **Our Mission and Values**

At our core is the mission to provide accessible mental health services that empower individuals and communities. We are guided by:

- **Innovation:** Staying at the forefront of mental health care.
- Collaboration: Working alongside funders, clients, and communities.
- **Excellence:** Maintaining the highest standards in everything we do.

#### **Our Journey and Achievements**

- Supported over **18,000** individuals, improving mental health outcomes across diverse communities.
- Helped launch nearly **200 psychologists and mental health clinicians**, contributing to the growth of the psychology workforce.
- Services now span **five regions**, tailored to local needs.
- Recognition for our work at the International PsychoGeriatric Foundation Annual Conference.
- Launch of the **Clinical Excellence Program**, developing and growing the skills of practitioners.
- Development of the **Mental Health Clinicians Training Program** to train social workers to become mental health accredited and ongoing training and development of four year psychology graduates.
- Ongoing investment in **psychoeducation programs**, empowering aged care staff to better support their residents alongside our core focus on individual services.

### The Road Ahead

As we celebrate this milestone, we remain focused on growth, innovation, and collaboration. We'll continue to expand our programs, invest in practitioner development, and respond to evolving community needs.

We thank our funders, partners, and dedicated team for their invaluable contributions. Together, we're contributing to a future where mental health care is accessible, empowering, and transformative.

#### Here's to the next decade of Change Futures!

# **Program Activity Overview**

#### **Organisation-Wide Snapshot**

This year's data provides a comprehensive overview of Change Futures' programs, showcasing the breadth and depth of our impact across diverse communities. In the 2023-2024 period, our programs supported **over 5,395 individuals**, reflecting the ongoing need for accessible, high-quality mental health services.

Across all programs, our practitioners delivered:

- **35,776** individual psychology sessions
- **179** group sessions, attended by **565** participants
- Services in **271** locations, tailored to meet regional needs
- 203 psychoeducation sessions, empowering 1,719 aged care staff and community members

#### **Regional Service Distribution**

Our regional reach continues to grow, ensuring that communities across our service areas receive timely and effective mental health support. Below is a snapshot of program activity by region:

Region	Programs	Service Contacts	Locations	Psychoed. Sessions	Psychoed. Participants
Sunshine Coast QLD	Mylestones Private Practice Psychology Support Program	2,131	7 Locations	-	-
Brisbane North QLD	ATSICHS Employee Assistance Program Mylestones Private Practice Psychology in Aged Care Psychology Support Program	6,256	79 RACHs 5 Locations	69	546
Brisbane South QLD	ATSICHS Private Practice Psychology in Aged Care Psychology Support Program	18,775	84 RACHs 2 Locations	77	640
Gold Coast QLD	ATSICHS Employee Assistance Program Mylestones Private Practice Psychology in Aged Care Psychology Support Program	4,657	51 RACHs 2 Locations	42	396
North Coast NSW	ATSICHS Employee Assistance Program Mylestones Private Practice Psychology in Aged Care Psychology Support Program	3,957	36 RACHs 5 Locations	15	137
Activity Totals	12	35,776	271	203	1,719

### Adapting to Challenges and Strengthening Impact

Our services have grown to meet the needs of clients through multiple programs across the regions. This also includes the significant partnerships we have developed with Kurbingui Youth Development (since 2015) and the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) since 2023. These partnerships have involved providing mental health services for clients of these services; professional supervision of staff; team building and mentoring of senior staff (Kurbingui).

We've expanded our regional footprint and adapted our delivery models to address gaps in mental health support. Our collaborations with aged care homes, GPs, and other stakeholders have grown stronger, enabling us to develop innovative approaches such as integrated psychoeducation programs and tailored support for diverse client groups.

These efforts reflect our commitment to not just responding to immediate challenges but building a foundation for sustained impact and growth. By aligning our services with both local needs and sector developments, we continue to deliver meaningful outcomes that enhance well-being and resilience in the communities we serve.

# Psychology in Aged Care Wellbeing Program

The PAC (Psychological Therapies in Residential Aged Care) Wellbeing Program is a cornerstone of Change Futures' commitment to improving the mental health and quality of life for aged care residents. Established in 2015, the program was developed to respond to the significant unmet need for mental health services in aged care, where Medicare-funded psychological services were unavailable.

In its early years, the program operated as a volunteer-led initiative, allowing Change Futures to develop a robust and evidence-based service model. This groundwork positioned us favourably when the Australian Government introduced the **Improved Access to Psychological Services in Residential Aged Care Facilities** initiative in 2018, enabling us to secure funding to expand and formalise the program.

#### **Comprehensive Care and Innovation**

The PAC Wellbeing Program integrates:

- Individual Therapy: Face-to-face support addressing residents' unique psychological needs.
- Group Programs: Facilitated sessions fostering connection and resilience.
- **Psychoeducation for Staff:** 11 topics empowering aged care staff to better support residents.
- **Psychoeducation for Residents:** Tailored group sessions for residents on 'Adjusting to Change'.
- **Resident Advisory Groups:** Ensuring the voices of residents inform program design and delivery.
- **Peer Network Meetings:** Facilitating collaboration and shared learning among service providers.

The program is further enriched by research initiatives, including:

- A drumming project exploring therapeutic benefits.
- Studies on clinical risk assessment in aged care.
- Evaluations of the psychoeducation program's impact.

#### Looking Ahead

As the PAC Wellbeing Program approaches its tenth year of operation, we continue to build on the **maturity of our service model**, which is grounded in evidence-based practice and a deep understanding of aged care needs. This foundation positions us strongly for future growth and innovation.

We remain committed to improving services, addressing emerging aged care challenges, and strengthening partnerships. Our focus on quality care, practitioner development, and research ensures that the program not only sustains its impact but continues to evolve, meeting the complex mental health needs of aged care residents across all regions.

# **Presenting Issues Overview**

The data on presenting issues offers a window into the mental health challenges faced by residents in aged care communities. This information highlights the complex needs of residents and helps inform the tailored, evidence-based support provided through the PAC Wellbeing Program.

Primary Issues	Proportion	Secondary Issues	Proportion
Adjustment	51.57%	Anxiety & Depression	20.54%
Depression	15.17%	Adjustment	19.26%
Anxiety & Depression	11.01%	Depression	15.83%
Grief	6.63%	Loneliness	14.55%
Anxiety	5.84%	Anxiety	7.13%
Loneliness	2.81%	Interpersonal	6.85%
Behavioural	2.13%	Grief	5.85%
Interpersonal	1.57%	Existential	5.28%
Trauma	1.57%	Trauma	2.71%
Existential	1.46%	Behavioural	1.57%
Addiction	0.22%	Addiction	0.43%

### Primary & Secondary Presenting Issues in the PAC Wellbeing Program

### **Key Insights**

**Adjustment challenges** remain the most common issue, comprising 51.57% of primary and 19.26% of secondary presentations. This reflects the significant psychological impact of transitioning into aged care, navigating changes in independence, and adapting to new social environments.

**Depression, loneliness, and anxiety** emerge as interconnected challenges, with many residents presenting with multiple overlapping mood disturbances. This underscores the importance of integrated approaches to addressing emotional well-being.

**Grief and interpersonal issues** highlight the profound impact of personal losses and changing relationships within aged care environments. Meanwhile, the presence of **trauma and behavioural concerns** demonstrates the need for flexible and comprehensive care strategies to address the broad spectrum of resident experiences.

# **Outcome Measures**

This section highlights the outcome measures central to understanding and improving clients' psychological well-being. These tools guide our interventions, support tailored care, and provide critical insights for evaluating the effectiveness of our programs.

#### Kessler Psychological Distress Scale (K-5)

The K-5 (Kessler et al., 2002) is a widely used measure of psychological distress, offering valuable insight into clients' emotional well-being. With scores ranging from 5 (minimal distress) to 25 (severe distress), this tool assesses the severity of distress and facilitates meaningful dialogue between clients and practitioners. Administered routinely throughout therapy, the K-5 not only tracks individual progress but also provides reliable data for program evaluation and statistical analysis.

#### Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 (Kroenke et al., 2001) is a robust tool for assessing and monitoring depressive symptoms. Its effectiveness has been demonstrated across diverse care settings, including primary care and aged care, making it particularly suited for older adults. By quantifying the severity of depression, the PHQ-9 provides actionable insights that inform clinical interventions and support individualised care.

#### Geriatric Anxiety Scale-10 (GAS-10)

The GAS-10 (Segal et al., 2010) is a specialised instrument for evaluating anxiety symptoms among older adults. Derived from the GAS-30, this abridged version retains strong psychometric properties while being quick and practical to administer. It is especially suited for clients with fatigue or other conditions that make longer assessments challenging. By focusing on anxiety in the geriatric population, the GAS-10 addresses a critical aspect of mental health in aged care.

#### Brief Adjustment Scale-6 (BASE-6)

The BASE-6 (Cruz et al., 2019) offers a concise yet effective measure of psychological adjustment, particularly valuable for assessing how clients cope with significant life changes. Introduced by Change Futures to address the unique challenges faced by aged care residents, the BASE-6 evaluates barriers to adjustment and helps practitioners tailor interventions to improve adaptive coping strategies.

By employing the K-5, PHQ-9, GAS-10, and BASE-6, Change Futures practitioners are equipped with a holistic framework for evaluating mental well-being. These measures collectively enhance diagnostic precision, track progress, and ensure that care is responsive to the unique needs of each client.

The following pages provide detailed results and insights from these measures, demonstrating their application and the impact of our programs on clients' psychological health.

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
К-5	M = 12.26	M = 9.86	+/2014) 25 20	p <.05
	(SD = 4.41)	(SD = 3.71)	t(2011) = 25.29	
PHQ-9	M = 7.31	M = 5.43	+(1700) - 14 20	p <.05
	(SD = 4.86)	(SD = 4.08)	t(1309) = 14.29	
GAS-10	M = 8.86	M = 6.88	+(1721) - 14.06	p <.05
GA3-10	(SD = 5.05)	(SD = 4.25)	t(1321) = 14.96	
BASE-6	M = 18.50	M = 14.14	t(336) = 11.04	p <.05
	(SD = 8.56)	(SD = 6.99)	(550) - 11.04	

# **Aggregated Results Summary**

This summary presents the aggregated outcomes from the PAC Wellbeing Program across all regions, highlighting significant improvements in key psychological measures over the course of therapy. These results demonstrate the program's effectiveness in addressing the mental health needs of aged care residents on a regional and overall scale, reaffirming its commitment to evidence-based care.

The table above provides a detailed breakdown of the outcome measures, showing changes between the first and last test point means. The statistical analysis (dependent t-tests) confirms that the observed improvements are significant, with p-values consistently below 0.05.

### **Key Insights**

- **Psychological Distress (K-5):** A significant reduction in psychological distress, with a mean decrease from 12.26 to 9.86, underscores the program's success in alleviating emotional distress among residents across all regions.
- **Depression (PHQ-9):** A notable decrease in depressive symptoms, reflected in the reduction from 7.31 to 5.43, highlights the program's impact on mood improvement for residents in diverse locations.
- Anxiety (GAS-10): Anxiety levels showed a marked improvement, with a mean reduction from 8.86 to 6.88, demonstrating the program's effectiveness in addressing anxiety for older adults across regions.
- Adjustment (BASE-6): Residents experienced significant improvements in adjustment, with a mean reduction from 18.50 to 14.14, emphasising the program's ability to support coping and adaptation consistently across all regions.

By aggregating results across all regions, this summary provides compelling evidence of the PAC Wellbeing Program's overall impact, showcasing the effectiveness of tailored interventions and the dedication of practitioners to improving the mental health and quality of life for aged care residents.

# **Brisbane North**

The PAC Wellbeing Program has been operating in Brisbane North since **2017**, providing tailored mental health support to aged care residents. Over the past year, the program supported **874 unique clients**, delivering **5,099 service contacts** across **79 residential aged care homes**. Additionally, **69 psychoeducation sessions** were conducted, with **546 staff participants** gaining practical skills to enhance resident mental health. These efforts reflect the program's established presence in Brisbane North and its commitment to supporting both residents and staff.



The PAC Wellbeing Program in Brisbane North continues to deliver measurable improvements across all key psychological outcomes. Reductions in distress, anxiety, and depression, alongside improved adjustment, highlight the program's positive impact on resident well-being and its role in strengthening mental health care within residential aged care homes.

### **Changes in Severity Levels**

Observing changes in pre- and post-treatment severity levels provides insight into the program's impact.



# **Brisbane South**

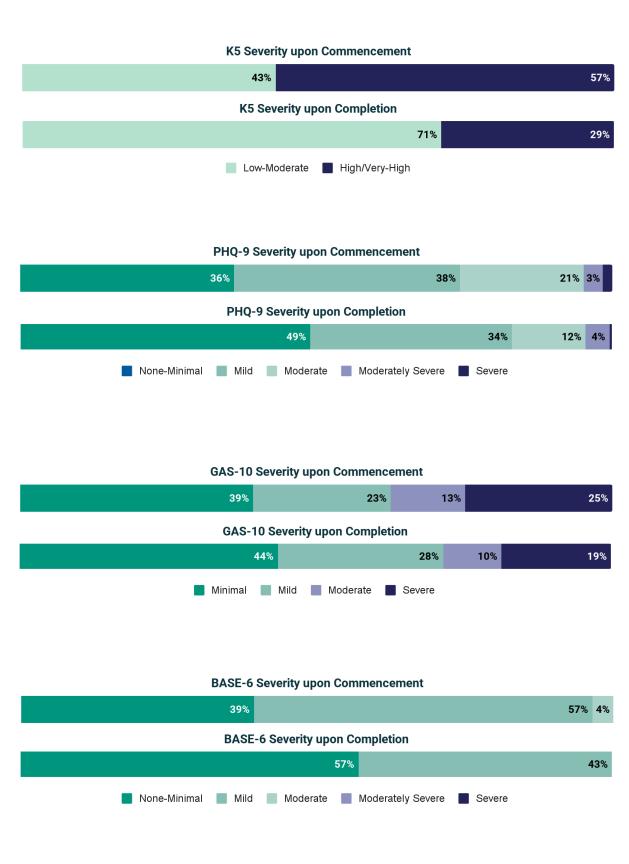
Now in its **fifth year**, the PAC Wellbeing Program has been addressing the mental health needs of aged care residents in Brisbane South since 2020. Over the past year, the program supported **955 unique clients**, delivering **5,854 service contacts** across **79 residential aged care homes**. It also conducted **77 psychoeducation sessions**, with **640 staff participants**, empowering staff to better support their residents' mental health. The program's ongoing work demonstrates its value in fostering improved mental health outcomes in the region.



The PAC Wellbeing Program in Brisbane South has made significant strides in improving the psychological well-being of aged care residents. Reductions in psychological distress, anxiety, and depression, as well as enhanced adjustment, underscore the program's ability to deliver high-quality, evidence-based mental health care tailored to the needs of the region.

# **Changes in Severity Levels**

Observing changes in pre- and post-treatment severity levels provides insight into the program's impact.



# **Gold Coast**

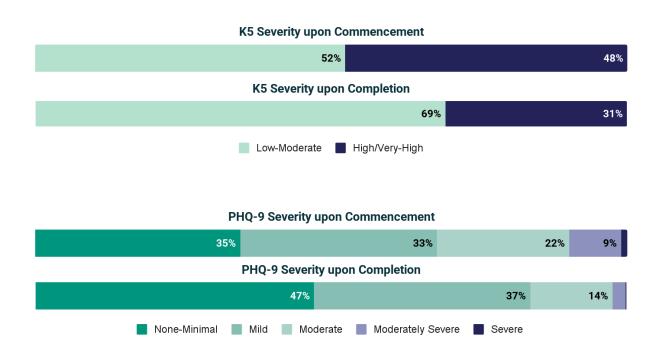
Since commencing in **2019**, the PAC Wellbeing Program on the Gold Coast has delivered tailored mental health services to aged care residents and staff. Over the past year, the program supported **713 unique clients**, completing **4,294 service contacts** across **51 residential aged care homes**. It also provided **42 psychoeducation sessions**, attended by **396 staff**, equipping them with the tools and knowledge needed to enhance mental health support within their homes. These activities highlight the program's growing impact on the region.



Now in its sixth year, the PAC Wellbeing Program on the Gold Coast has demonstrated positive outcomes across all key measures. Significant reductions in distress, anxiety, and depression, as well as improved adjustment, reflect the program's effectiveness in addressing the mental health needs of aged care residents and supporting staff capacity.

### **Changes in Severity Levels**

Observing changes in pre- and post-treatment severity levels provides insight into the program's impact.



GAS-10 Severity upon Commencement

43%		20%	11%		26%
GAS-10 Severity upon Completion					
	54%		20%	13%	13%
Minimal	Mild 📕 Mod	erate 🔳	Severe		

#### **BASE-6 Severity upon Commencement**

32%		46%	20%
BA	SE-6 Severity upon Completion		
389		45%	17%
<b>N</b>	one-Minimal 📕 Mild 📕 Moderate		

# **North Coast**

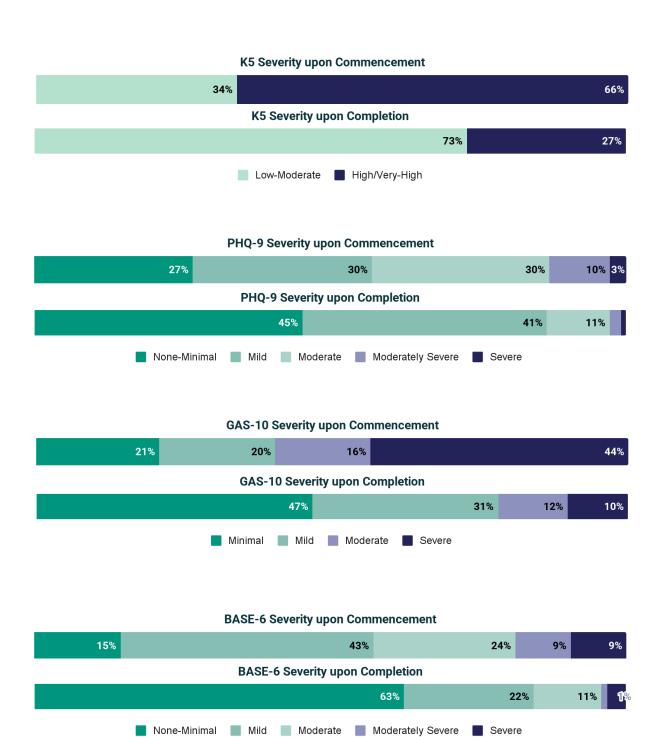
The PAC Wellbeing Program has been an integral part of mental health support for aged care residents on the North Coast since **2019**. Over the past year, the program supported **391 unique clients**, delivering **3,310 service contacts** across **36 residential aged care homes**. Through **15 psychoeducation sessions**, attended by **137 staff participants**, the program has strengthened mental health services in the region, enhancing both resident well-being and staff capacity.



Now in its sixth year, the PAC Wellbeing Program on the North Coast continues to deliver significant outcomes for residents and staff alike. The program's focus on reducing psychological distress, anxiety, and depression, as well as improving adjustment, reflects its well-established role in providing high-quality, evidence-based mental health care tailored to the needs of the region.

### **Changes in Severity Levels**

Observing changes in pre- and post-treatment severity levels provides insight into the program's impact.



# **Residential Aged Care Staff Psychoeducation**

Activity	Total	Activity	Total
Psychoeducation Sessions	203	Topics Delivered	11
Psychoeducation Participants	1,719	Facilities Attended	38

Psychoeducation is a key component of the PAC Wellbeing Program, designed to equip aged care staff with the knowledge and skills to better support residents' mental health. Change Futures offers evidence-based workshops and modules tailored for residential aged care homes, providing practical, engaging, and accessible training to staff across all roles.

The 2023–2024 period saw high demand for modules addressing self-care and resident support strategies, highlighting the ongoing need for training that addresses both personal and professional challenges faced by aged care staff.

The 18 modules cover 11 key topics relevant to aged care, including:

- Adjustment in Aged Care
- Anxiety (3 modules)
- Behaviour Management (2 modules)
- Chronic Pain (2 modules)
- Communication & Validation (2 modules)
- Depression (2 modules)
- End of Life Stage
- Grief in Aged Care
- Palliative Care (2 modules)
- Self-Care for Staff Working in Aged Care
- Suicide in Aged Care

Each module is carefully structured to ensure relevance, accessibility, and applicability for staff working in diverse roles. Sessions are interactive and collaborative, fostering a deeper understanding of mental health challenges and practical strategies to address them.

### **Participant Feedback and Outcomes**

Feedback collected from over 1500 participants consistently rated the psychoeducation training as "Very Good" or "Excellent" for its utility, organisation, and relevance. Notably:

- 99% of participants stated they would recommend the training to colleagues.
- Staff valued the engaging and well-prepared facilitators, as well as the usefulness of session activities to their roles.

While some feedback from a minority suggested extending session lengths or diving deeper into specialist topics, the overwhelmingly positive responses affirm the program's continued success in meeting the needs of aged care staff.

This year, psychoeducation has not only supported workforce development but also contributed to ongoing research initiatives. Insights gained from participant evaluations and program outcomes have further informed future training content and delivery.

### Adapting Staff Psychoeducation to Meet Needs

Staff psychoeducation continues to evolve in response to identified gaps and requests from frontline teams. Behaviour management has been one of the most frequently requested topics, leading to the introduction of more tailored sessions. These sessions now incorporate staff-submitted case studies and practical strategies, with additional discussion time allocated to ensure concerns can be raised and addressed. This approach enhances the relevance and applicability of training, equipping staff with greater confidence in managing challenging behaviours.

Further, recurring training requests highlight broader workforce needs. Grief, end-of-life, and palliative care consistently emerge as priority topics, reflecting the challenges staff face in supporting residents through these experiences. In response, a bereavement module was developed with funding from the Gold Coast PHN. This module commenced rollout to residential aged care homes across the Gold Coast region in March 2024 and is ongoing.

Early implementation findings indicate a strong need for additional debriefing time during sessions. **Staff have expressed the importance of having space to process the emotional impact of their work, reinforcing the value of structured support in these areas.** These insights will guide future refinements to ensure staff feel equipped both professionally and emotionally in their roles.

# **Client Experience and Co-Design**

#### **Resident Advisory Groups**

Resident Advisory Groups (RAGs) remain an essential part of Change Futures' approach to delivering person-centred and responsive mental health care. By engaging directly with aged care residents and staff, RAGs provide valuable feedback that shapes our services, ensuring they remain impactful, relevant, and tailored to the needs of those we support.

#### Key Themes and Achievements (July 2023 - June 2024)

**Elevating Resident Voices**: Residents consistently share how therapy sessions contribute to a sense of hope and validation. One resident expressed, "It's the first time in years I've felt like someone is truly listening to me." Another reflected, "Having someone to talk to who truly listens helps me make sense of my feelings."

**Practical Feedback for Improvement**: RAGs provide actionable suggestions to enhance the delivery of services, including:

- Developing clearer communication strategies to ensure new residents are aware of available psychological services upon admission.
- Scheduling adjustments to reduce wait times and address peak demand periods for therapy.
- Expanding group-based activities such as therapeutic drumming, grief workshops, and resident and family education sessions to complement individual therapy.
- Offering additional resources to help residents better navigate transitions into aged care.

**Fostering Staff Empowerment**: Staff have highlighted the dual impact of therapy sessions and PsychoEducation, with one participant noting, "The strategies we learn don't just help the residents—they help us too. It makes the work less overwhelming."

**Highlighting Successes**: Residents frequently cite improved coping, greater emotional stability, and reduced reliance on medication as direct benefits of therapy. Staff have observed significant changes in resident mood and engagement, often attributing these shifts to the consistency and care provided by practitioners.

#### **Anecdotes That Inspire**

An aged care home staff member shared the story of a resident who initially resisted therapy but eventually became a vocal advocate for the service, saying, "I didn't realise how much I needed this until I started. It's like having someone who helps me carry the weight."

A resident shared how working with a practitioner helped them reconnect with family members after years of estrangement, stating, "The practitioner didn't just help me understand myself—they gave me the courage to reach out and rebuild my relationships."

Another resident shared how therapy helped them find peace with their transition into aged care, stating, "I was so angry when I moved here, but now I see this as a new chapter—one where I can still grow."

### **Session Rating Scale**

Developed by Miller, Duncan, and Johnson in 2002, the Session Rating Scale (SRS) offers a succinct yet impactful way to gather client feedback on therapy sessions. The SRS assesses four key dimensions of the therapeutic relationship:

- **Feeling Heard and Understood**: Evaluates the client's sense of connection and whether the therapist is genuinely attentive to their concerns.
- **Relevance of the Session**: Measures how aligned the content and approach of the session are with the client's goals and immediate needs.
- **Therapeutic Approach**: Gauges the client's comfort with the therapist's style and methods.
- **Overall Fit**: Reflects the client's perception of the session as a whole.

With scores ranging from 0 to 40, a score of 36 or above indicates a strong therapeutic alliance—a critical predictor of client satisfaction, engagement, and positive therapeutic outcomes.

#### How the SRS Enhances Practice

The SRS is administered routinely to ensure therapy remains client-centred and adaptive. Its brief format allows for immediate feedback, which can be discussed collaboratively at the end of each session. This ongoing dialogue enables therapists to make real-time adjustments, fostering an environment of trust and mutual understanding. The impact of the SRS includes:

- **Improved Outcomes**: Research consistently shows that a strong therapeutic alliance, as measured by tools like the SRS, is one of the strongest predictors of successful therapy outcomes.
- **Client Empowerment**: By inviting clients to share their perceptions, the SRS empowers them to take an active role in shaping their therapeutic journey.
- **Program Evaluation**: Aggregated SRS data provides valuable insights into overall program effectiveness, highlighting areas of strength and opportunities for improvement.

One client remarked, "I appreciate that my therapist asks for my input—it makes me feel like my voice matters in this process." This emphasis on collaboration underscores the vital role the SRS plays in maintaining high standards of care.

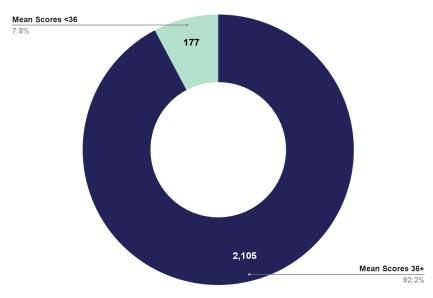


Fig 1. Aggregated SRS scores PAC Wellbeing Program 2023-2024.

#### **Client Journeys and Outcomes**

Through the PAC Wellbeing Program, we have the privilege of supporting aged care residents as they navigate life's challenges. These stories offer a glimpse into the meaningful progress made possible when individuals are met with care, understanding, and the right support. Each journey reflects the resilience of the human spirit and the importance of providing compassionate, person-centred care.

#### Mrs. A: Reclaiming Confidence and Independence

#### Age: 91 | Gender: Female

Mrs. A was referred after a fall left her unable to live independently, resulting in low mood and social withdrawal. Therapy sessions combining reminiscence, cognitive-behavioural therapy (CBT), and practical problem-solving empowered Mrs. A to overcome her fears, including a debilitating anxiety about using the elevator in her RAC home. Through guided desensitisation exercises and collaboration with the physiotherapist, she regained her confidence and began attending group activities independently.

*"I don't know why I thought I couldn't!"* Mrs. A reflected, marking a milestone in her journey. Her story illustrates the transformative power of addressing practical challenges alongside emotional support.

#### Mr. H: Finding Strength Amid Uncertainty

#### Age: 69 | Gender: Male

Referred for support after moving into an RAC home, Mr. H struggled with low mood and a sense of hopelessness due to chronic health conditions. Therapy focused on self-care routines, sleep hygiene, and existential psychotherapy, helping him regain emotional stability and engage meaningfully with his new environment.

Over time, Mr. H reported improved relationships with staff and residents, a return to activities he once enjoyed, and an increased sense of autonomy. His journey highlights the program's success in restoring agency and resilience in the face of life's challenges.

#### Mr. B: Navigating End-of-Life with Dignity

#### Age: 77 | Gender: Male

Mr. B's referral stemmed from anxiety and conflict with RAC staff. Therapy initially addressed his immediate emotional distress, but a life-limiting prognosis soon brought new challenges. Through palliative counselling, life review, and anxiety management, Mr. B found clarity and acceptance, enabling him to approach the end of his life with dignity and peace.

Family members noted: "*The time you took with B gave him the strength to understand what was happening and gave us solace in his final days.*" His story underscores the vital role of psychological support in navigating end-of-life transitions.

### Mrs. G: Embracing a New Chapter

#### Age: 76 | Gender: Female

Mrs. G was referred to the PAC Wellbeing Program to receive support for anxiety and adjustment challenges during her transition to residential aged care. Her move was further complicated by chronic health issues, including COPD, and the emotional toll of personal losses, including the recent passing of her mother.

Over the course of 20 therapy sessions, Mrs. G worked on a range of interconnected concerns. Therapy began with mindfulness-based stress reduction techniques, which helped her manage anxiety and stress, fostering a sense of calm amidst the challenges. Behavioural activation encouraged her to re-engage with physical activities and work with physiotherapy to improve mobility, building confidence in her independence.

Grief counselling provided a safe space for Mrs. G to process the loss of her mother and navigate the complex emotions surrounding her daughter-in-law's illness. She found solace in reflecting on cherished memories while building resilience to face future difficulties.

Family dynamics presented additional challenges, as Mrs. G also worried about her brother's declining health. With support, she accessed services to help meet his needs, which eased her own stress and provided a sense of relief.

One of the most transformative aspects of Mrs. G's journey was her newfound ability to advocate for herself. Supported by therapy, she developed the confidence to express her needs and concerns to her medical team, leading to more personalised care and a greater sense of empowerment.

By the conclusion of her engagement with the PAC Wellbeing Program, Mrs. G described herself as feeling more at ease and capable in her new environment. Her physical health improved alongside her mental well-being, and she began to enjoy participating in social activities at the aged care home.

Reflecting on her journey, Mrs. G shared: *"I feel like I've gained my confidence back. I'm finding joy in little things again, and I'm grateful for the support that's helped me get here."* 

# Meeting Diverse Needs in Residential Aged Care

The PAC Wellbeing Program is committed to delivering culturally safe and inclusive care to older adults in Residential Aged Care Homes. This commitment ensures that clients from diverse backgrounds feel understood, respected, and supported.

### **Culturally Informed Care**

Practitioners work with residents to honour their cultural identities while navigating personal and emotional challenges:

- An **Iranian male refugee** overcame barriers in communication and healthcare access through tailored therapy sessions. The practitioner used simple language, frequent comprehension checks, and advocated for his healthcare needs, fostering trust and improving his quality of life.
- A **Greek woman**, grieving in line with traditional cultural practices, benefited from the practitioner's awareness of her customs. By educating RAC staff, the practitioner ensured that her mourning process was respected, enhancing her emotional well-being.

A **Cantonese-speaking client** faced significant barriers communicating with RACF staff, which caused feelings of isolation and frustration. Her therapist, who spoke Cantonese, bridged the communication gap, providing her with a culturally and linguistically tailored counselling service. During sessions, the client shared her frustration about not being able to communicate her needs to staff and often feeling misunderstood.

The therapist supported her through individual therapy and also worked closely with the RAC staff to educate them about cultural considerations and the importance of clearer communication strategies. Over time, the client became more engaged in group activities and socialised with other residents, aided by her improved emotional well-being. She expressed immense gratitude for having someone she could talk to in her own language and who understood her cultural background, saying, **"It feels like someone finally sees me."** 

#### **Indigenous Engagement**

Culturally safe practices and tailored interventions foster trust and empowerment among Aboriginal and Torres Strait Islander residents:

- One Aboriginal resident emphasised the importance of truth-telling in therapy, reflecting on discrimination and disadvantage while focusing on their resilience and cultural pride.
- For another client, sharing her life story and achievements during therapy became a powerful means of connecting with her cultural identity while building resilience.

### LGBTQIA+ Support

Practitioners actively create inclusive environments to support LGBTQIA+ residents:

• One LGBTQIA+ client initially hesitated to disclose her identity due to fear of non-acceptance in her RACH. By fostering an environment of unconditional positive regard, the practitioner provided the validation and safety she needed to engage in therapy.

# **Practitioner and Staff Perspectives**

The Psychology in Aged Care (PAC) Wellbeing Program provides meaningful therapeutic support to older adults living in residential aged care homes (RACHs). Practitioners, aged care staff, and support teams work together to enhance residents' mental health and wellbeing through compassionate and evidence-based care.

#### The Power of Presence in Therapy

PAC practitioners often describe their work as both a privilege and a profound responsibility. One practitioner shared: "The most valuable intervention is simply being present with clients—listening, creating, and maintaining connection. This is highly valued by both of us."

Practitioners bring **psychological support, empathy, and continuity** into a setting where residents may face isolation, declining health, and grief. Their presence fosters a sense of **recognition and dignity** in residents' final stages of life.

#### **Collaboration with Aged Care Staff**

Aged care staff highlight the importance of **collaborative communication** between practitioners and nursing teams. A Registered Nurse noted: "The PAC practitioner asks about the resident's clinical situation, social background, and mental health. She also provides feedback to the team, helping improve the group environment. The residents feel heard, and everyone loves her."

This **integration between mental health and RACH care teams** ensures that psychological care is embedded within broader resident wellbeing strategies.

#### **Understanding the Emotional Toll**

Between **July and December 2023**, informal staff experience interviews were conducted to explore the emotional impact of working in aged care. These conversations provided practitioners with a safe space to **debrief, reflect, and validate their experiences** in a setting where death and grief are ever-present.

Practitioners shared their approaches to **processing bereavement**, acknowledging the emotional bonds formed with residents:

- Debriefing with staff who also knew the resident.
- Attending memorials at the facility to honour the relationship.
- Taking quiet moments to say goodbye and reflect on the resident's life.
- Finding peace in knowing the resident is now free of suffering.
- Engaging in reflective practice to ensure they provided the best possible care.

This collective reflection informed the development of the Bereavement RACH Staff Psychoeducation Module, ensuring that practitioners and staff working in this space receive targeted training and emotional support.

The PAC Wellbeing Program thrives on compassionate collaboration, with practitioners, aged care staff, and support teams working together to provide dignified and meaningful psychological care for residents in their final years.

# **Psychology Support Program**

The Psychology Support Program (PSP) is currently offered in Brisbane South (PSP-BS), Sunshine Coast (PSP-SC), and North Coast (PSP-NC), providing critical psychological care under the Psychological Therapies for Underserviced and Hard-to-reach Groups funding from Primary Health Networks. Operating from Change Futures' offices and via outreach in community locations, the PSP delivers tailored, evidence-based therapy to individuals who might otherwise face barriers to accessing mental health services.

The program prioritises groups with limited access to mental health services, including individuals from low-income backgrounds, culturally and linguistically diverse (CALD) communities, and those experiencing significant social or geographical isolation. While designed for mild to moderate mental health challenges, the PSP frequently supports clients with complex presentations, with approximately 30% experiencing significant risks. To manage these challenges, Change Futures has established a Risk Advisory Service, equipping practitioners with expert guidance and tools to deliver safe and effective care.

#### **Key Features of Service Delivery**

The PSP takes a holistic and integrative approach to mental health care, offering:

- **Individual Therapy**: Evidence-based therapies delivered through formulated treatment plans collaboratively developed with clients to address specific psychological and emotional needs.
- **Psychosocial and Mental Health Support**: Assistance in navigating and accessing necessary resources, including coordination with GPs, acute mental health services, and other providers.
- **Continuity of Care**: Support for long-term service planning, such as NDIS applications, ensuring sustained progress beyond the program.
- **Highly Skilled Practitioners**: Clinicians with advanced training and experience, capable of addressing complex mental health presentations and providing a higher level of care than typical counseling or private practice settings.

By integrating individual therapy with broader psychosocial and service continuity support, the PSP fills a critical gap in mental health care. This innovative approach ensures that clients not only experience immediate support but also have access to long-term, sustainable solutions for their mental well-being.

# **Presenting Issues Overview**

The presenting issues data for the Psychology Support Program (PSP) offers insights into the diverse and complex mental health challenges faced by individuals accessing care through this initiative. While the program is designed to support clients with mild to moderate mental health challenges, many present with additional complexities, including significant risks, co-occurring conditions, and psychosocial barriers.

Primary Issues	Proportion	Secondary Issues	Proportion
Anxiety & Depression	21.66%	Interpersonal	21.47%
Depression	20.28%	Trauma	20.42%
Trauma	14.29%	Anxiety & Depression	14.66%
Anxiety	11.98%	Anxiety	10.99%
Interpersonal	11.98%	Depression	8.90%
Adjustment	6.45%	Adjustment	5.76%
Grief	4.61%	Grief	4.71%
Behavioural	3.69%	Addiction	4.19%
Addiction	3.23%	Behavioural	4.19%
Existential	0.92%	Loneliness	3.14%
Loneliness	0.92%	Existential	1.57%

Primary & Secondary Presenting Issues in the Psychology Support Program

### Key Insights

- **Depression and Anxiety:** The most commonly reported issues, with many clients presenting with overlapping symptoms, reflecting the need for comprehensive assessment and care planning.
- **Trauma:** A significant proportion of clients report trauma histories, highlighting the importance of trauma-informed approaches within the program.
- **Psychosocial Stressors:** Issues such as housing instability, financial stress, and social isolation frequently intersect with mental health challenges, requiring holistic and integrative interventions.
- **Adjustment and Grief:** Life transitions and personal losses are common secondary challenges, particularly for clients navigating significant changes in their circumstances.

# **Outcome Measures**

This section highlights the outcome measures central to understanding and improving clients' psychological well-being. These tools guide our interventions, support tailored care, and provide critical insights for evaluating the effectiveness of our programs. While the following measures are standard across the program, other assessments are used as clinically relevant to address specific client needs.

#### **Outcome Rating Scale (ORS)**

The ORS (Miller & Duncan, 2000) is a client-reported measure of overall well-being across personal, relational, social, and functional domains. Administered at the start of each session, it tracks progress over time and facilitates a deeper understanding of a client's immediate concerns. The ORS provides valuable data for both clinical practice and program evaluation.

#### Kessler Psychological Distress Scale (K10+)

The K10+ (Kessler et al., 2002) assesses psychological distress associated with depression and anxiety, with a focus on severity and functional impact. Regular administration supports early identification of distress and tracks changes throughout the course of therapy.

#### Strengths and Difficulties Questionnaire (SDQ)

The SDQ (Goodman, 1997) is a standardized tool used for young clients, assessing emotional symptoms, conduct problems, hyperactivity, peer relationships, and prosocial behaviour. It provides actionable insights for tailoring therapeutic interventions to the unique needs of younger clients.

#### Depression, Anxiety, and Stress Scale (DASS-21)

The DASS-21 (Lovibond & Lovibond, 1995) is a concise yet comprehensive measure of depression, anxiety, and stress symptoms. This tool is essential for identifying specific areas of concern, monitoring symptom reduction, and evaluating the overall effectiveness of interventions.

#### Suicide Assessment Questionnaire (SAK)

The SAK (Pinninti et al., 2002) is a structured suicide risk assessment tool that evaluates thoughts, behaviours, and associated risks. Its use ensures timely identification and intervention for clients presenting with suicidal ideation, enhancing safety and care outcome

#### Session Rating Scale (SRS)

The SRS (Duncan et al., 2003) captures client feedback on the therapeutic relationship, session relevance, and practitioner alignment with client goals. Regular use ensures therapy remains client-centred and responsive, fostering strong therapeutic alliances that are critical for effective outcomes.

By employing the ORS, SRS, DASS-21, SAK, K10+, and SDQ, the Psychology Support Program ensures a holistic framework for assessing mental health and tracking client progress. These tools collectively enhance diagnostic precision, support individualised care, and provide reliable data for evaluating the program's overall impact.

The following pages provide detailed results and insights from these measures, demonstrating their application and the program's transformative effects on clients' psychological health.

# **Brisbane South**

The Psychology Support Program in Brisbane South has been operating since 2022, providing tailored mental health care to individuals through a combination of office-based and outreach services. Over the past year, the program:

- Supported 1,154 unique clients
- Delivered 5,332 therapy sessions
- **Coordinated with external services**, including GPs and acute mental health services, to ensure continuity of care.
- Supported safety planning for 496 clients (43%) at heightened risk
- Supported 153 young clients (13%) under 18 years of age
- **Supported service continuity** by assisting with NDIS applications and referrals

These efforts reflect the program's established role in the region, addressing complex mental health needs while fostering resilience and long-term well-being.

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
ORS	M = 17.36	M = 23.31	t(742) = 17.40	p <.05
	(SD = 9.01)	(SD = 9.53)		μ <.05
K10+	M = 32.22	M = 25.35	+(00() 27.75	p <.05
K10+	(SD = 8.63)	(SD = 9.29)	t(806) = 23.35	μ <.05
500	M = 19.43	M = 16.64	+(97) - 4 45	n < 05
SDQ	(SD = 6.87)	(SD = 6.46)	- t(87) = 4.45	p <.05
DASS-21	M = 22.40	M = 15.55	– t(373) = 11.66	p <.05
Depression Subscale	(SD = 11.51)	(SD = 11.42)		
DASS-21	M = 17.13	M = 12.58	+/777) - 0.04	OF
Anxiety Subscale	(SD = 9.56)	(SD = 9.76)	t(373) = 9.94	p <.05
DASS-21	M = 22.83	M = 17.75	+/777) - 0.05	n < 05
Stress Subscale	(SD = 9.09)	(SD = 10.34)	t(373) = 9.95	p <.05

#### **Outcome Measure Results**

#### **Key Insights**

- **Overall Well-Being (ORS):** Significant improvements in well-being, with a mean increase from 17.36 to 23.31, demonstrate the program's ability to enhance quality of life for clients.
- **Symptom Reduction (DASS-21):** Marked decreases in depression, anxiety, and stress symptoms highlight the effectiveness of evidence-based interventions.

- **Psychological Distress (K10+):** A substantial reduction in distress, with a mean decrease from 32.22 to 25.35, emphasises the program's success in addressing emotional challenges.
- **Emotional and Behavioural Difficulties (SDQ):** A measurable improvement in emotional and social functioning, with a mean decrease from 19.43 to 16.64, demonstrates the program's role in fostering positive behavioural patterns and well-being in young people.

### A Valued and Embedded Referral Network

The Brisbane South PSP has become an integral part of the region's mental health service system, forming strong referral pathways with GPs, community organisations, and specialist services. Its ability to integrate with existing services has made it a trusted partner in the broader mental health ecosystem.

Clinical Lead of the Head to Health Phone Service emphasised the program's role in ensuring equitable access to psychological services, particularly for individuals facing barriers to traditional mental health care.

"Change Futures has become a trusted, embedded part of the referral network. It provides a critical link between primary care and community services, and has also been able to manage overflow from specialist youth and multicultural services, ensuring clients receive the right care at the right time."

#### $\sim$ Former Head to Health senior representative

The program's strong referral relationships and flexibility in responding to sector needs have reinforced its value, making it an essential component of the Brisbane South mental health landscape.

#### **Program Impact**

Through its work in Brisbane South, the Psychology Support Program demonstrates its effectiveness in meeting the diverse needs of the community. By delivering high-quality, tailored care and tracking meaningful outcomes, the program ensures clients achieve long-term well-being and resilience.

# **Sunshine Coast**

The Psychology Support Program in Sunshine Coast has been an integral part of the region's mental health care landscape since 2022. By offering a combination of office-based therapy and outreach services, the program ensures accessibility for individuals with diverse needs. Over the past year, the program:

- Provided care to 282 unique clients
- Delivered 1,137 therapy sessions
- **Collaborated with external services**, including GPs, community mental health teams, and other support networks, to facilitate coordinated care
- Supported safety planning for 95 clients (34%) presenting with significant risks
- Supported 17 young clients (6%) under 18 years of age
- Facilitated continuity of care, including assistance with NDIS applications and referrals

These initiatives reflect the program's vital role in addressing complex mental health concerns in the Sunshine Coast, promoting resilience, and supporting sustainable mental health outcomes.

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
ORS	M = 16.02	M = 22.86	t(197) = 18.04	
	(SD = 8.18)	(SD = 7.13)		p <.05
K10+	M = 32.58	M = 27.45	– t(175) = 9.04	p <.05
K10+	(SD = 7.67)	(SD = 8.10)		p <.05
DASS-21	M = 24.24	M = 17.98	t(89) = 6.58	p <.05
Depression Subscale	(SD = 9.87)	(SD = 10.81)		
DASS-21	M = 18.49	M = 14.04	+(90) - F 70	p <.05
Anxiety Subscale	(SD = 9.62)	(SD = 9.28)	t(89) = 5.39	
DASS-21	M = 23.09	M = 18.22	+(20) - F 02	n < 05
Stress Subscale	(SD = 10.02)	(SD = 9.29)	t(89) = 5.98	p <.05

#### **Outcome Measure Results**

#### **Key Insights**

- **Overall Well-Being (ORS):** Clients experienced significant improvements in well-being, as reflected in a mean increase from 16.02 to 22.86.
- **Symptom Reduction (DASS-21):** Substantial reductions in depression, anxiety, and stress symptoms demonstrate the program's effectiveness in addressing critical mental health challenges.
- **Psychological Distress (K10+):** Marked decreases in distress highlight the program's success in supporting emotional stability and improved quality of life for clients.

#### Contribution to sector and regional workforce

The Sunshine Coast PSP has demonstrated agility in responding to high demand and rapid changes within the sector. When the program commenced, the team quickly mobilised to manage a significant surge in referrals, ensuring that clients received timely, high-quality care despite the volume of demand.

Beyond managing referrals, the program has navigated multiple changes to the service model, adapting to shifting priorities while maintaining continuity of care. This adaptability has reinforced PSP's value to the sector, proving its ability to fill urgent gaps while ensuring long-term sustainability in the regional workforce.

Our team has had to be responsive, navigating high volumes of risk referrals at different times, adapting to changes in case management requirements, and ensuring practitioners are well-equipped to manage complex cases. I think being responsive and our contribution to workforce development is what makes the program so valuable to the sector."

#### Amanda Kirwin, PSP Program Manager

A key strength of the program's impact has been its contribution to mental health workforce development. PSP plays a critical role in training staff to manage higher-needs clients. The program provides structured supervision, hands-on experience, and professional development, equipping psychologists and social workers with the specialist skills required for complex presentations. This focus on workforce capability, rather than just service delivery, ensures that professionals across the sector are better prepared to support clients with significant mental health needs.

#### **Program Impact**

The Sunshine Coast Psychology Support Program has consistently demonstrated its value by delivering individualised, evidence-based care tailored to the region's unique needs. By addressing complex client presentations and supporting continuity of care, the program continues to have a positive impact on the community, enabling individuals to achieve long-term resilience and well-being.

# North Coast

The Psychology Support Program in North Coast has been a valued mental health service in the region since 2022, providing accessible, evidence-based care through both office-based therapy and outreach services. Over the past year, the program:

- Delivered care to 158 unique clients
- Provided 752 therapy sessions across the region
- **Worked closely with external services**, including GPs, hospital and community mental health providers, and social service agencies, to ensure comprehensive support
- Facilitated safety planning for 66 clients (42%) identified as being at significant risk
- Supported 14 young clients (9%) under 18 years of age
- **Enhanced service continuity**, including assistance with NDIS applications and referrals to long-term mental health services

These activities highlight the program's established role in North Coast, addressing complex mental health challenges and providing tailored interventions that foster resilience and long-term well-being.

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
	M = 14.64	M = 14.58	+/75) - 19.04	
ORS	(SD = 8.55)	(SD = 8.75)	t(35) = 18.04	p <.05
K10+	M = 33.37	M = 28.85	+/(7) F OF	p <.05
K10+	(SD = 7.70)	(SD = 8.67)	t(67) = 5.95	μ<.05
DASS-21	M = 25.39	M = 18.41	+(59) - 161	p <.05
Depression Subscale	(SD = 10.23)	(SD = 11.59)	t(58) = 4.64	
DASS-21	M = 18.07	M = 13.29	+(59) - 7.09	p <.05
Anxiety Subscale	(SD = 10.03)	(SD = 9.19)	- t(58) = 3.98	
DASS-21	M = 23.59	M = 18.31	t(58) = 3.99	n < 05
Stress Subscale	(SD = 10.12)	(SD = 11.38)		p <.05

### **Outcome Measure Results**

### **Key Insights**

- **Overall Well-Being (ORS):** Clients in North Coast reported significant improvements in overall well-being, as evidenced by a mean increase from 14.64 to 14.58.
- **Symptom Reduction (DASS-21):** Marked decreases in depression, anxiety, and stress symptoms illustrate the effectiveness of the program's interventions.
- **Psychological Distress (K10+):** Substantial reductions in psychological distress highlight the program's success in addressing emotional challenges and promoting stability.

### **Critical Workforce Development**

The North Coast PSP has been recognised as a key provider in the development of the regional workforce, ensuring that practitioners receive the necessary supervision, training, and experience to deliver quality mental health care. The program has significantly contributed to enhancing clinical expertise in the region, supporting both emerging and experienced professionals.

"This program is not just about delivering services—it's shaping the future of mental health care in the North Coast. The structured development of our workforce ensures long-term impact, strengthening mental health services across the community."

#### ~ Former funder representative

Through ongoing professional mentoring and collaboration with sector stakeholders, the PSP continues to be a driving force in building and sustaining a highly skilled mental health workforce in the region.

### **Program Impact**

The North Coast Psychology Support Program continues to deliver high-quality, client-centred care that addresses the unique mental health needs of the community. Through its focus on tailored interventions and continuity of care, the program ensures clients achieve meaningful progress and long-term resilience.

# **Client Experience and Co-Design**

## **Session Rating Scale**

The Session Rating Scale (SRS) is a crucial tool in the Psychology Support Program, where clients often present with complex mental health challenges and high levels of distress. Given the higher proportion of clients with significant needs, satisfaction scores tend to be lower compared to lower-intensity programs. This makes the SRS an essential tool for ensuring client engagement and continuously refining therapeutic approaches.

The SRS assesses four key dimensions of the therapeutic relationship:

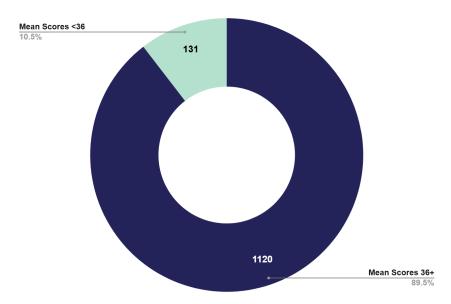
- Feeling Heard and Understood: Evaluates whether clients feel listened to and supported.
- **Relevance of the Session**: Measures how well the session aligns with the client's needs and goals.
- Therapeutic Approach: Gauges the client's comfort with the therapist's style and methods.
- **Overall Fit**: Reflects the client's perception of the session as a whole.

With scores ranging from 0 to 40, a score of 36 or above indicates a strong therapeutic alliance, which is linked to better engagement and outcomes.

## Why the SRS is Important

In a program like PSP, where client engagement can be challenging due to complex psychosocial barriers, the SRS provides real-time feedback, allowing practitioners to make immediate adjustments. By providing a framework for collaborative discussions, it helps maintain a client-centred approach, ensuring therapy remains meaningful even for those experiencing high levels of distress.

Aggregated SRS data also plays a critical role in program evaluation, offering insights into service effectiveness and helping refine interventions to better support clients with higher levels of need. This feedback loop strengthens client engagement, supports therapeutic effectiveness, and ultimately enhances the delivery of mental health care in PSP.



### **Client Journeys and Outcomes**

The Psychology Support Program provides accessible, tailored mental health care for individuals facing diverse challenges. Below are examples of how the program has supported clients in achieving meaningful progress and improved well-being.

### **Client J: Finding Balance Amid Compulsions**

### Age: 53 | Gender: Male

Referred for persistent compulsions exacerbated by flood-related stress, J struggled with checking behaviours that disrupted his daily life. Therapy sessions focused on developing coping strategies, creating healthy habits, and achieving personal goals. Over time, J reported a significant reduction in compulsions and improved emotional well-being, allowing him to regain confidence and conclude therapy successfully.

### **Client K: Breaking Barriers and Building Trust**

### Age: 43 | Gender: Female

Referred for childhood trauma and interpersonal challenges, K engaged in therapy to explore deep-seated trust issues and symptoms of dissociation. Through structured sessions, K gained insights into the root of her struggles, improved her relationship with her son, and began envisioning a hopeful future. She described her time with Change Futures as the most transformative therapeutic experience of her life.

### **Client S: Navigating Anxiety in Adolescence**

### Age: 12 | Gender: Female

Referred for anxiety stemming from familial stress, S worked with her therapist to shift the emotional burden she carried from her father. Using strengths-based counselling and psychoeducation, she focused on schoolwork, hobbies, and relationships that mattered to her. Both S and her mother reported marked improvements in S's mood and ability to set boundaries.

## **Client P: Rebuilding After the Brisbane South Floods**

### Age: 24 | Gender: Female

Referred after experiencing panic attacks and acute anxiety following the Brisbane South floods, P's life had been turned upside down. The floods destroyed her belongings, including a cherished family heirloom. Therapy centred on trauma-informed Cognitive Behavioural Therapy (CBT), validation, and strengths-based approaches. Over ten weeks, P reduced her panic attacks to none, resumed work as a carer, and moved into a new home.

P shared that therapy helped her embrace gratitude and courage to rebuild after such significant loss. Her experience underscores the resilience individuals can achieve with the right support.

# **Diversity in the Psychology Support Program**

The Psychology Support Program (PSP) addresses the diverse needs of individuals navigating life's challenges. Tailored, culturally informed care plays a pivotal role in fostering connection and achieving meaningful outcomes.

### **Culturally Tailored Support**

Practitioners adapt their approaches to meet clients' unique cultural and linguistic needs:

A **Spanish-speaking client** felt a stronger connection to their therapist, who shared their cultural background and communicated in Spanish. This reduced the client's cognitive strain and allowed them to focus entirely on their emotional well-being.

A **Filipino** client who frequently spoke about the challenges of migration worked with a therapist who shared a similar experience. This shared understanding provided a safe space for discussing their struggles and fostered a renewed sense of belonging and resilience.

### **Indigenous Perspectives**

Working with Indigenous clients in PSP often involves creating culturally safe spaces and recognising the importance of lived experiences:

An Aboriginal client with a complex trauma history, including childhood sexual abuse and domestic family violence, engaged with the PSP for support. She faced overlapping challenges, such as dissociative identity disorder, auditory hallucinations, and grief following the loss of her eldest son. Initially hesitant, she opened up over time due to the culturally informed and trauma-sensitive approach of her therapist.

The client expressed relief at having a safe space to reflect on her identity and the societal disadvantages she had faced, remarking, "I am a proud black fella... things are better, but it was bad, still bad, I suppose." Through grounding techniques, relaxation strategies, and culturally sensitive life review therapy, she gained tools to manage emotional dysregulation and self-harm impulses. Her sessions became a sanctuary for processing her grief, and she found empowerment in reclaiming her narrative. Her progress highlighted the program's importance in addressing deeply rooted trauma through culturally appropriate care.

### LGBTQIA+ Inclusivity

Inclusive practices are central to supporting LGBTQIA+ clients:

The PSP has seen an increase in LGBTQIA+ clients seeking care for a range of mental health challenges, including anxiety, depression, and navigating gender identity. Practitioners prioritise creating safe, affirming spaces by respecting clients' pronouns, identities, and lived experiences. For many clients, therapy represents the first opportunity to explore these deeply personal aspects of their lives without fear of judgment.

One client shared, **"For once, it feels like someone sees me as I am,"** reflecting the transformative power of gender-affirming care. Practitioners also work with clients to navigate barriers to accessing medical or social support, fostering empowerment and self-advocacy.

## **Practitioner and Staff Perspectives**

The Psychology Support Program is a collaborative effort involving practitioners, program managers, and essential support teams working together to deliver equitable mental health care. This shared commitment ensures clients receive the care and support they need, even in the face of complex challenges.

#### Supporting Hard-to-Reach Groups

"Our organisation offers free services, which often means supporting people facing financial hardship and complex mental health challenges," shares Cassie, a program manager with PSP Brisbane South. "This work demands not just clinical expertise but a deep understanding of the barriers clients face, like transport limitations, housing instability, and shifting stressors. One of the biggest challenges is supporting clients to value the service and engage in an effective way while staying empathetic to the real barriers they're up against."

Amanda, who manages PSP Sunshine Coast, highlights the unique challenges of working in regional areas: "Limited access to services, transportation issues, and economic instability are daily realities for many clients. Building trust is key, especially in tight-knit communities where stigma or past experiences might make people hesitant to seek help. Flexibility and creativity are so important in finding solutions that actually work for them."

The PSP team also faces the ebb and flow of referral volumes, which can surge unexpectedly due to economic conditions, crises, and changes in program referral pathways. These fluctuations require the entire workforce—including intake, reception, risk, and technology teams—to stay responsive and adaptable.

### **Collaborative Teams Supporting Care**

**The Intake and Reception Teams**: Often the first point of contact, these teams create a welcoming and supportive environment for clients navigating challenging circumstances. "Sometimes, we're the first people clients speak to after deciding to seek help," shares an intake team member. "It's our job to make sure they feel heard and supported from the start."

Reception staff add an essential layer of coordination and empathy, ensuring clients' first impressions are positive and reassuring. They also play a critical role in supporting continuity by managing client bookings, helping to maintain engagement and consistency in care.

**The Risk Advisory**: High-risk referrals make up a significant proportion of PSP's client group, requiring thorough assessments, ongoing monitoring, and close collaboration with practitioners and program managers. "Managing risk isn't just about safety—it's about trust and helping clients feel confident enough to engage," explains a member of the risk team.

The risk team also provides real-time support to practitioners, ensuring they can access guidance whenever they need it. "We're always just a call or a message away," shares another team member. "Sometimes it's about providing immediate advice, and other times it's just being there to reassure them they're on the right track."

One practitioner expressed their gratitude for this support: "The risk team has been a huge help. Just knowing they're there when I'm unsure gives me the confidence to focus fully on my clients. Their advice is always practical and makes a real difference."

**The Technology and Information Services Team**: Working behind the scenes, this team ensures practitioners and program managers have access to accurate reporting and effective case management tools. "We try to make the tech as reliable as possible," explains a team member. "Whether it's reports, worksheets, or troubleshooting systems, we know that getting it right helps the whole team focus on clients rather than admin headaches."

#### **Records Management Challenges**

Working in a funded program like PSP demands not only clinical expertise but also a high level of client records management. Practitioners must ensure compliance with detailed reporting requirements, which adds to the complexity of working with higher-needs clients.

"Compared to private practice, the amount of documentation and reporting we need to do here is huge," reflects one practitioner. "It can feel like a lot sometimes, but knowing that this work helps clients who might otherwise miss out makes it worth it."

"This work is truly a team effort," Amanda explains. "Every step—whether it's the first phone call, a risk review, or the tools that keep us connected—helps ensure clients get the care they need. That teamwork is what allows us to deliver quality care, even during busy or difficult times."

#### **Recognising the Heart of the Team**

Behind every positive outcome in the PSP is the dedication of practitioners, program managers, and support staff. Cassie reflects: "What makes this work meaningful is helping people of all ages and backgrounds create opportunities for positive change."

Amanda adds: "The chance to improve people's circumstances, especially for those facing tough barriers, gives me such a sense of purpose. It's not always easy, but it's so rewarding."

The PSP thrives because of the collective dedication of everyone involved, from frontline staff to those working behind the scenes.

#### Personal and Professional Growth

These roles have also led to personal and professional growth for many in the team. "This work has strengthened my skills in active listening, perspective-taking, and problem-solving," Cassie reflects. "It has deepened my understanding of authentic connection and my commitment to making mental health care accessible for everyone."

Amanda shares: "It's challenging, but working in this program has helped me be more creative and flexible in my approach. You see just how much of a difference this work can make, and that's what keeps you going."

Through their reflections, the PSP team captures the essence of the program's mission: to make a meaningful difference in the lives of vulnerable populations. To every practitioner, support staff member, and team involved in PSP-including those working behind the scenes to enable our success-your dedication changes lives, and your work truly matters.

## **Community and Private Practice Services**

Change Futures offers a wide range of mental health services designed to support diverse individuals and communities. Through innovative programs, strong partnerships, and evidence-based care, we empower clients to achieve resilience and improve their well-being.

### **Community Services**

- **Mylestones Disability Employment**: Providing psychological support for individuals overcoming mental health challenges while pursuing meaningful employment.
- **Kurbingui Youth and Family Development**: Delivering culturally safe mental health services for Aboriginal and Torres Strait Islander clients in collaboration with Kurbingui, fostering healing and resilience.
- **ATSICHS Brisbane (Aboriginal and Torres Strait Islander Community Health Service)**: Offering culturally informed psychological care to Aboriginal and Torres Strait Islander communities through a trusted partnership.
- **Employee Assistance Programs (EAP)**: Confidential counselling services for employees, promoting mental health and workplace resilience.

### **Private Practice Services**

Our private practice services deliver high-quality, client-centred care through a variety of funding pathways and tailored approaches:

- Medicare: Access to evidence-based psychological therapy under the Better Access initiative.
- **NDIS**: As a registered NDIS provider, we offer psychological therapies, skill-building support, and assistance with achieving personal goals and enhancing daily living for individuals with disabilities.
- Department of Veterans' Affairs (DVA): Trauma-informed care for veterans and their families.
- **WorkCover**: Providing psychological care for individuals recovering from workplace injuries, helping them regain resilience and functionality.
- **Assessment Services**: Comprehensive evaluations for ASD, ADHD, and cognitive functioning (WAIS and WISC) to support diagnosis and care planning.

### **Tailored Support for Complex Needs**

Practitioners in our private practice services are trained to address a wide range of mental health concerns, including anxiety, depression, trauma, and interpersonal challenges. Services include:

- Individual therapy: Evidence-based, person-centred care.
- Comprehensive treatment planning: Coordinated support with GPs and external providers.
- **Continuity of care**: Assistance with NDIS applications, referrals, and navigating long-term support pathways.

By combining community-focused initiatives with expert private practice care, Change Futures ensures that mental health services are accessible, inclusive, and effective in meeting the needs of individuals and families across our regions.

## **Presenting Issues Overview**

The presenting issues data for Community Services and Private Practice provides insight into the range of mental health concerns experienced by clients across these programs. While both services offer psychological support, the nature and complexity of client presentations vary based on the setting and client needs. **Community Services** frequently supports individuals facing social, financial, and systemic barriers, often requiring a holistic approach that integrates psychological support with practical interventions. In **Private Practice**, presentations reflect a broad spectrum of mental health concerns, from clients seeking early intervention to those requiring long-term therapeutic support.

Primary Issues	Proportion	Secondary Issues	Proportion
Adjustment	45.72%	Adjustment	21.85%
Depression	14.36%	Anxiety & Depression	15.20%
Anxiety & Depression	12.22%	Loneliness	14.26%
Anxiety	6.83%	Depression	14.14%
Grief	6.60%	Interpersonal	8.90%
Loneliness	4.26%	Anxiety	8.44%
Interpersonal	3.53%	Grief	5.70%
Behavioural	2.34%	Existential	5.36%
Trauma	2.34%	Trauma	3.47%
Existential	1.54%	Behavioural	2.10%
Addiction	0.28%	Addiction	0.58%

## Primary & Secondary Presenting Issues in Community Services

## **Primary & Secondary Presenting Issues in Private Practice**

Primary Issues	Proportion	Secondary Issues	Proportion
Anxiety & Depression	42.65%	Interpersonal	26.47%
Trauma	13.24%	Trauma	22.55%
Interpersonal	10.29%	Adjustment	10.78%
Anxiety	9.56%	Anxiety & Depression	10.78%
Depression	8.82%	Anxiety	5.88%
Grief	5.88%	Existential	5.88%
Adjustment	4.41%	Behavioural	4.90%
Behavioural	2.21%	Depression	4.90%
Existential	1.47%	Addiction	2.94%
Addiction	0.74%	Grief	2.94%
Loneliness	0.74%	Loneliness	1.96%

## **Aggregated Results Summary**

The aggregated results from Community Services and Private Practice demonstrate meaningful improvements in psychological well-being across both settings. Statistically significant changes were observed across key measures, including overall well-being (ORS), psychological distress (K10+), and symptom reduction (DASS-21).

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
ODC	M = 19.31	M = 22.27	– t(113) = 3.23	p <.05
ORS	(SD = 7.82)	(SD = 8.16)		
DASS-21	M = 65.88	M = 50.12	t(60) = 4.61	p <.05
0433-21	(SD = 27.87)	(SD = 28.24)		
K10+	M = 29.23	M = 25.46	t(47) = 3.36	p <.05
	(SD = 8.92)	(SD = 9.45)		

### **Community Services Outcome Measure Results**

## **Private Practice Outcome Measure Results**

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
ORS	M = 18.76	M = 22.16	t(237) = 6.04	p <.05
UK3	(SD = 8.63)		(237) - 0.04	
DASS-21	M = 65.06	M = 58.44	t(140) = 2.99	p <.05
DA33-21	(SD = 25.69)	(SD = 26.47)		
К10+	M = 31.56	M = 28.35	t(142) = 5.16	p <.05
	(SD = 7.32)	(SD = 8.16)		

## **Key Insights**

- **Community Services** clients showed notable reductions in distress and improvements in overall well-being, underscoring the effectiveness of integrated psychological support combined with practical interventions.
- **Private Practice** clients demonstrated measurable symptom reduction, particularly in anxiety and depression, highlighting the impact of structured, evidence-based therapies in a diverse range of clinical presentations.
- The data highlights the importance of tailoring interventions to the unique needs of each program within a service stream. While this analysis aggregates smaller programs into two streams, each program is evaluated individually, with ongoing review and co-design to ensure its effectiveness.

## **Referrals and Access to Support**

### Meeting the Complexity of Demand

With an increase in referrals across all programs, the nature of client presentations has also become more complex. Balancing urgency and need, our refined triage processes have ensured that high-risk clients are prioritised while maintaining equitable access for all. These efforts reflect the adaptability and resilience of our practitioners and systems in the face of growing pressures.

### **Expanding Risk Management Support**

The **Risk Advisory Service** has been instrumental in guiding practitioners through challenging cases, particularly those involving significant risk. This year, we expanded its scope to include tailored support for new practitioners, enhancing their confidence and capacity to manage complex situations. Safety planning, a critical component of our approach, has also been streamlined to ensure timely and effective intervention for high-priority clients.

### **Collaboration Driving Impact**

Our partnerships with GPs, PHNs, and community services have been key to ensuring seamless access to care. These collaborations are not just about referrals—they're about building shared responsibility for client outcomes. This year, we piloted new communication templates to streamline information exchange and enhance clarity around client needs, resulting in faster coordination and improved outcomes.

Time to be Seen	Proportion
Seen within 10 days	39%
Seen within 20 days	57%
Seen within 30 days	69%

Aggregated PAC Wellbeing Program

Time to be Seen	Proportion
Seen within 10 days	55%
Seen within 20 days	77%
Seen within 30 days	87%

Aggregated Psychology Support Program

### **Looking Forward**

To address ongoing challenges, Change Futures is investing in tools to track referral patterns and forecast demand. This data-driven approach will allow us to better anticipate resource needs and ensure timely responses for clients across all regions. Additionally, we are exploring opportunities to integrate innovative technologies, such as automated risk stratification, to further refine our triage and prioritisation processes.

## Workforce Training and Development

At Change Futures, building a skilled and confident workforce is central to delivering high-quality mental health care. Over the past year, we have enhanced our training and development initiatives to support practitioners and staff across all programs.

### **Practitioner Training and Support**

Change Futures provides comprehensive training to equip practitioners with the skills and knowledge required to manage diverse and complex client needs. Key initiatives include:

- **Clinical supervision and mentoring**, ensuring ongoing professional growth, reflective practice, and adherence to evidence-based care standards.
- **Specialised training**, covering topics relevant to each service stream, such as trauma-informed care, risk assessment, and managing complex client presentations.
- **Enhanced induction programs** for new practitioners, integrating them into our governance framework and preparing them for the demands of the role.

This year, the **Risk Advisory Service** expanded its scope to provide targeted support for practitioners managing challenging cases, fostering confidence and competence in addressing significant client risks.

### **Professional Development Opportunities**

Our commitment to workforce development extends beyond formal training, offering staff regular opportunities to engage in:

- **Research and quality improvement projects**, such as evaluating program outcomes and implementing practitioner feedback systems.
- Workshops and cross-program learning sessions, designed to share knowledge and best practices across teams.
- **Tailored development plans**, enabling practitioners to pursue areas of interest or address specific professional goals.

### Fostering a Culture of Excellence

We actively promote a culture of lifelong learning and professional growth, ensuring that practitioners are supported to meet the evolving demands of mental health care.

This year, we developed our **Mental Health Clinician Training Program** to address the changing landscape of psychology training, particularly in response to the conclusion of the 4+2 pathway. Recognising the gap left by this transition, we have designed a framework that mirrors the structured support once provided to provisional psychologists. This program equips practitioners with the advanced skills and confidence necessary for the complexities of their roles, combining experiential learning with tailored oversight, comprehensive training, and ongoing mentorship. By balancing hands-on experience with structured professional development, we ensure our workforce is well-prepared to meet the unique challenges of mental health care delivery. This program also assists staff who are social workers achieve mental health accreditation.

The **Clinical Excellence Program** has developed to enhance skills and professional development of staff who demonstrate a commitment to ongoing learning and who exemplify the values of Change Futures. It is expected that these staff will become the leaders and senior clinicians of Change Futures, embedding a culture of excellence in clinical practice.

## **Ongoing Internal Training**

We continue to provide our internal **Service Stream Training Program** to ensure staff develop the skills and competencies required for their roles. Training is tailored to key service areas, including Older Persons Services, Professional Services, Private Practice, Community Services, and NDIS Services.

Each training stream consists of: **Compulsory modules** – required before commencing client work. **Core modules** – completed within six to twelve months to deepen skills. **Advanced modules** – optional professional development for specialisation.

Completion of a full training stream leads to a **Change Futures Practice Certificate**, formally recognising expertise in that service area. Training streams range from 168 to 191 hours, ensuring staff receive comprehensive, role-specific professional development.

We also identify and respond to knowledge gaps, ensuring training remains relevant. A recent example is the development and rollout of an online training module on working with clients experiencing chronic pain, launched on January 30, 2024. This module was created in response to practitioner requests across all programs, reflecting the high prevalence of chronic pain in mental health presentations.

Training is delivered through a Learning Management System, where staff can access their personalised training dashboards, track progress, and receive completion certificates. Recognition of Prior Learning (RPL) allows staff to fast-track training where applicable.

By embedding structured, evolving training, Change Futures ensures practitioners remain equipped to deliver high-quality, evidence-based care across all programs.

## **Governance and Quality Improvement**

Change Futures remains committed to upholding high standards of governance, ensuring accountability, safety, and continuous improvement across all programs and services. This year, we have strengthened our governance framework to adapt to evolving industry standards and the increasing complexity of mental health service delivery.

## **Enhancing Clinical Governance**

Our clinical governance systems have been expanded to provide stronger oversight and support for practitioners managing complex client presentations. The **Risk Advisory Service** has played a central role in ensuring safety and quality by providing real-time guidance for cases involving elevated risks. This proactive approach reinforces our commitment to safeguarding both clients and practitioners.

### **Data-Driven Quality Improvement**

Leveraging new data capabilities, we have introduced enhanced reporting tools to monitor program outcomes and service quality. These tools provide actionable insights that inform both strategic decision-making and day-to-day operations. By using data to identify trends and address potential gaps, we continue to refine our services to meet the diverse needs of our clients.

### **Engagement and Collaboration**

In alignment with our client-centred philosophy, we have deepened our collaboration with key stakeholders, including Primary Health Networks, external service providers, and referring partners. Regular feedback loops and collaborative initiatives have strengthened shared accountability, ensuring that governance processes remain transparent and effective.

### Looking Ahead

As we mark ten years of Change Futures, our governance priorities are evolving to support the maturity of our programs. Future initiatives include ongoing development of our internal training activities and clinical excellence program, further integrating client feedback into governance processes, and preparing for accreditation under the NDIS Practice Standards and the National Standards for Mental Health Services. These efforts will ensure that Change Futures remains at the forefront of mental health service delivery while maintaining a steadfast commitment to quality and innovation.

## **Research and Innovation**

Change Futures is committed to advancing mental health care through innovative research and evidence-based practice. Our research efforts focus on addressing gaps in mental health services, refining program delivery, and evaluating the outcomes of interventions to ensure they meet the highest standards of care. This year, several key research projects highlight our dedication to continuous improvement:

### Therapeutic Drumming Pilot Program

This year, Change Futures launched a therapeutic drumming program to foster social connection and emotional well-being among older adults. Two practitioners completed Rhythm2Recovery training, and an 8-week pilot began in Northern NSW. The program's impact is being evaluated using the K10 and a loneliness scale, with results expected in 2025.

### Suicide Risk Assessment in Older Adults

Recognising the unique challenges older adults face, Change Futures reviewed existing suicide risk tools, identifying a need for age-appropriate assessments. Interim measures include validated tools like the SBQ-R and CSSR-S, while plans are underway to develop tailored tools for residential aged care settings.

### **Evaluating Psychoeducation in Aged Care**

Psychoeducation continues to enhance mental health literacy among aged care staff. Feedback from over 3200 participants across 328 sessions highlights the training's success, with 99% of attendees rating it as "Very good" or "Excellent." These sessions empower staff with practical skills to better support residents.

As we mark ten years of Change Futures, our research focus remains strong. Projects in development include expanding therapeutic drumming, creating tailored suicide risk tools, and advancing program evaluations. These efforts ensure our services continue to evolve and meet the needs of the communities we serve.

#### References

Carlucci, L., Balestrieri, M., Maso, E., Marini, A., Conte, N., & Balsamo, M. (2021). Psychometric properties and diagnostic accuracy of the short form of the geriatric anxiety scale (GAS-10). *BMC Geriatrics, 21*(1), 401. <u>https://doi.org/10.1186/s12877-021-02350-3</u>

Duncan, B. L., Miller, S. D., Sparks, J. A., Claud, D. A., Reynolds, L. R., Brown, J., & Johnson, L. D. (2003). The Session Rating Scale: Psychometric properties of a "working" alliance measure. *Journal of Brief Therapy*, *3*(3), 3-12.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry, 38*(5), 581-586. <u>https://doi.org/10.1111/j.1469-7610.1997.tb01545.x</u>

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S. L., Walters, E. E., & Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, *32*(6), 959-976. <u>https://doi.org/10.1017/S0033291702006074</u>

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, *16*(9), 606-613. <u>https://doi.org/10.1046/j.1525-1497.2001.016009606.x</u>

Lovibond, S. H., & Lovibond, P. F. (1995). Manual for the Depression Anxiety Stress Scales (2nd ed.). Sydney: Psychology Foundation.

Miller, S. D., & Duncan, B. L. (2000). The Outcome Rating Scale: A preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. *Journal of Brief Therapy*, *2*(2), 91-100.

Pinninti, N., Steer, R. A., Rissmiller, D. J., Nelson, S., & Beck, A. T. (2002). Use of the Beck Scale for Suicide Ideation with psychiatric inpatients diagnosed with schizophrenia, schizoaffective, and bipolar disorders. *Behaviour Research and Therapy*, *40*(9), 1071-1079. https://doi.org/10.1016/S0005-7967(01)00076-4

Segal, D. L., June, A., Payne, M., Coolidge, F. L., & Yochim, B. (2010). Development and initial validation of the Geriatric Anxiety Scale. *Journal of Anxiety Disorders*, *24*(7), 709-714. <u>https://doi.org/10.1016/j.janxdis.2010.05.002</u>

