OCTOBER 2020 - FEBRUARY 2022

Change Futures Psychological Services Stream 1 and Stream 3

Central Queensland, Wide Bay, Sunshine Coast PHN

This program is funded by Central Queensland, Wide Bay, Sunshine Coast Primary Health Network.

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Acknowledgements

This report was prepared by Executive Director Julie Aganoff, Clinical Governance Manager Frankie Tarver, and Research Officer Thomas Wegener of Change Futures.

The authors would like to acknowledge the individuals involved in the development of the Psychological Services Stream 1 and Stream 3 Report including clients and practitioners.

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

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Introduction and Summary

Change Futures is a registered charity that commenced operations in 2014 and is staffed primarily by psychologists. An internship program is an essential part of the organisational model as it recruits graduates (psychology and social work) and trains and supervises them for two to three years to achieve full registration either as a psychologist or mental health accredited social worker. This results in a large workforce (currently 65 interns and growing) that is being developed to work with specific populations e.g. older people, vulnerable and marginalised populations as well as with people impacted by trauma and disability. This contributes significantly to health workforce development in a number of regions. As well, many interns are choosing to remain with Change Futures once fully registered and some previously trained psychologists are now returning to work with us.

Change Futures offers workforce training and development with a focus on assessment and outcome measurement and clinical excellence. Our strengths lie in our reporting and reflective practice, our ability to innovate and develop new programs to meet community needs, our collaborative and partnership approach and our willingness to engage fully with the broader service sector.

This report gives an overview of the current workforce of Change Futures, the training and supervision of practitioners as well as providing a specific outline of the Stepped Care program that Change Futures has been delivering in a 'fee for service' model for the Central Queensland, Wide Bay and Sunshine Coast PHN since October 2020. This report is not required as part of the contract with the PHN but is provided as a 'value add' for the PHN. Change Futures measures outcomes for all of the programs and services it delivers.

Over the course of this arrangement with the Central Queensland, Wide Bay and Sunshine Coast PHN, 27 Change Futures' practitioners have delivered 2,698 sessions to 677 clients. Of these, 79.5% have experienced clinically significant improvements in their functioning; 76 % have had clinically significant reductions in psychological distress and 85% have reduced suicidality. An average score of 38.5 on the Session Rating Scale indicates that practitioners were able to develop strong therapeutic relationships with clients which is important in keeping clients engaged and is an indicator of positive outcomes.

Workforce

Change Futures' practitioner workforce includes psychologists, provisionally registered psychologists and other mental health practitioners including registered counsellors, mental health social workers, and mental health nurses. All practitioners have completed a bachelor degree or equivalent, and are registered with AHPRA or equivalent.

Provisionally registered practitioners are engaged in our internship program and receive individual and group supervision, as well as being guided and supported by program coordinators, and Intake and Training teams. Practitioners work across a range of programs and can be transitioned between programs to meet service demand. We have a continuing recruitment, onboarding and training program in place to support service expansion.

Change Futures' Current Workforce Structure (as at February 2022)	
Role	**Count**
Program Coordinators	7
Reporting and Data Management	3
Intake Team	5
Staff training team	3
Clinical governance and quality	4
Senior leadership team	6
Internal clinical supervisors	6
External clinical supervisors	5
Psychologists	12
Provisionally Registered Psychologists	61
Mental Health Practitioners	3

Practitioners	
Current Staffing Across Regions	**Count**
Stream 1 and 3 Program (current program for focussed psychological strategies Sunshine Coast)	27 (includes practitioners from other regions providing services in this program)
Sunshine Coast QLD	10
Brisbane North QLD	23
Brisbane South QLD	25
Gold Coast QLD	10
North Coast NSW	9
Telehealth	34

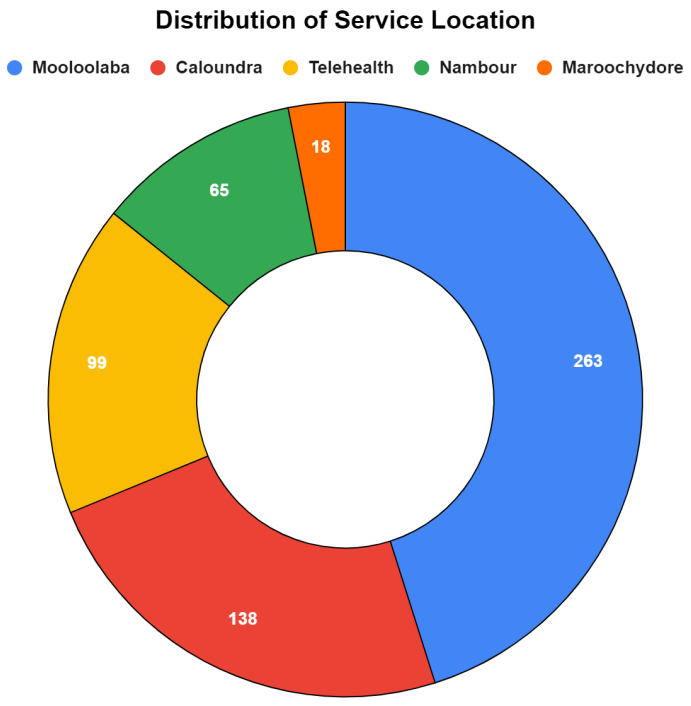
Languages Spoken by Practitioners	
Afrikaans	Japanese
Bengali	Kannada
English	Malayalam
French	Persian
German	Polish
Hindi	Serbian
Italian	Spanish

Compulsory CPD	Training Hours
ADHD & Autism	2
AOD training	2
Applied CBT	3
ATSI Cultural Competency training	7
Brief intervention training	6
Child Therapy training	18
Cognitive assessments training	6
Counselling skills training	4
Cultural competency training	2
Cyber security training	1
DV training	12
LGBTIQ+ training	2
Outreach work	2
Professional practice and ethics	2
First Aid course	5
Record keeping training	12
Sexology training	6
Suicide assessment and intervention	11
Telehealth counselling	4
Trauma	6
Total	**113**

Service Locations

Client LGA	Count
Sunshine Coast	642
Rockhampton	1
Wide Bay	16
Total	**677**

Service Location	Count	Proportion
Mooloolaba	263	45.11%
Caloundra	138	23.67%
Nambour	65	11.15%
Maroochydore	18	3.09%
Telehealth	99	16.98%
Total	**583**	**100%**



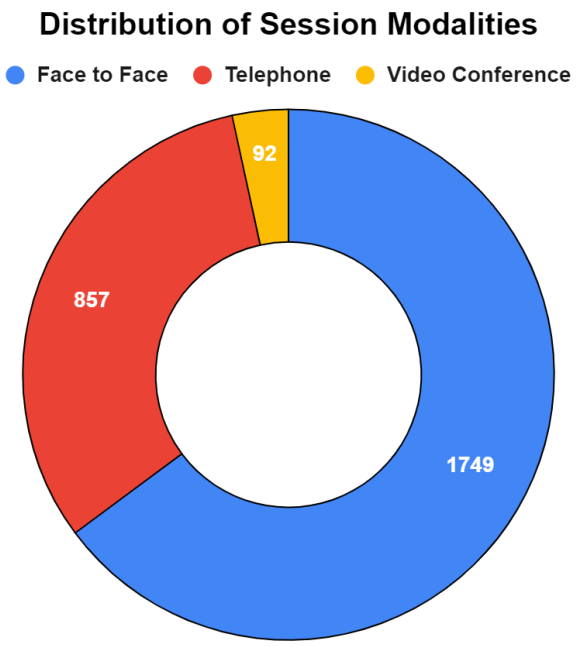
Client and Session Data

Clients accessing this service were offered sessions in person, or via telehealth. Sixty-four percent of sessions offered to date were face-to-face, with telephone and video consultations for the remainder of sessions. Telehealth options were important during acute periods of the COVID-19 pandemic.

Unique Client Count	**677**

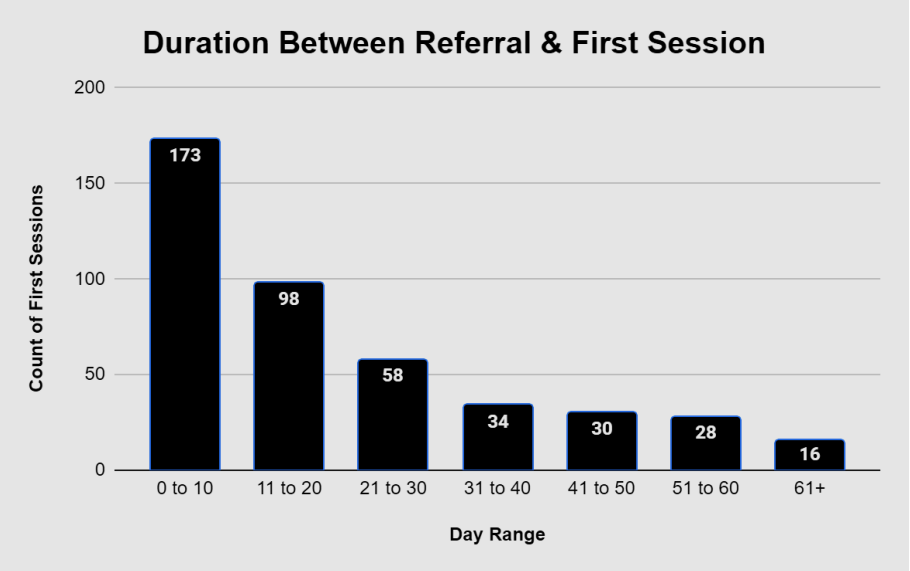
Session Type	**Count**
Individual	2678
Family/Client Support Network Session	17
Client Group	2
Other Health Professional or Service provider	1
Total Sessions	**2698**

Session Modalities	**Count**	**Proportion**
Face to Face	1749	64.83%
Telephone	857	31.76%
Video Conference	92	3.41%
Total	**2698**	**100%**



Referrals and First Service Contact

Throughout the service period Change Futures was able to maintain a same day or next day first contact attempt for all clients, with a first available session within three days for risk referrals, and two weeks for non-risk referrals. The wait times reflected in the graph below represent service commencement determined by successful contact and attendance.



Clinical Reports and Risk Advices

To support the connection of clients within the service system and the engagement of appropriate step up and step down pathways, psychological reports are generated at commencement, for review every six sessions or as needed, and upon conclusion, as well as when the client was not contactable. Additionally, risk advice reports were generated to communicate risk assessment and safety planning information to all parties.

Reports are regularly sent to GPs, other treating professionals, and any concurrent service providers. For example, reports have been sent to GPs, psychiatrists, the Acute Care Team, Child and Youth Mental Health Services, Continuing Care Team practitioners, case management service providers, family services support program practitioners, and Child Safety officers.

In the interests of client safety and wellbeing, Change Futures practitioners actively support clients to engage with other services, including NDIS service providers and community organisations that offer early intervention to prevent homelessness, homelessness service providers, carer services, legal advice services, financial counselling services, DV services, disability services, and employment services. Practitioners regularly write support letters to assist with service access and engagement.

Document	Sent
Clinical Reports	1275
Risk Advice Reports	226

Client Demographics

Aboriginal and Torres Strait Islander Clients	
Status	**Count**
Active	4
Closed	10
Did Not Engage	1
Total	**15**

Culturally and Linguistically Diverse Clients	
Status	**Count**
Active	4
Closed	9
Did Not Engage	0
Total	**13**

Stages of Life			
Life Stage	**Age**	**Count**	**Proportion**
Child	0-12	7	1.29%
Teenager	13-19	56	10.31%
Adult	20-39	251	46.22%
Middle Age	40-59	171	31.49%
Senior Adult	60+	58	10.68%
Total		**543**	**100%**

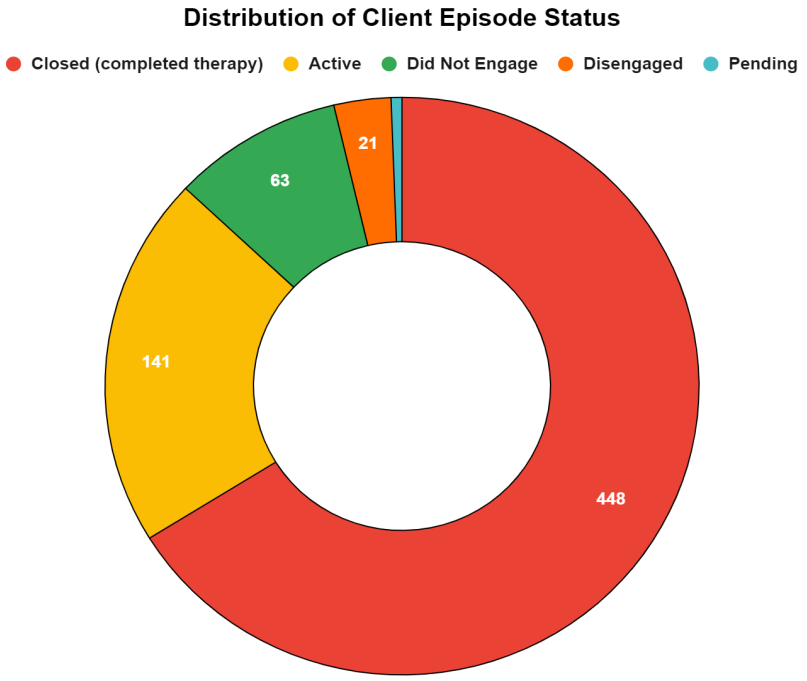
Gender		
Gender	**Count**	**Proportion**
Female	363	66.85%
Male	178	32.78%
Not Stated/Inadequately Described	2	0.37%
Total	**543**	**100%**

Transgender/Nonbinary Status	
Status	**Count**
Transgender MTF	3
Transgender FTM	2
Nonbinary	5
Total	**10**

Current Client Episode Status

Status	Count	Proportion
Closed (completed therapy)	448	66.17%
Active	141	20.83%
Did Not Engage	63	9.31%
Disengaged	21	3.10%
Pending	4	0.59%
Total	**677**	**100%**

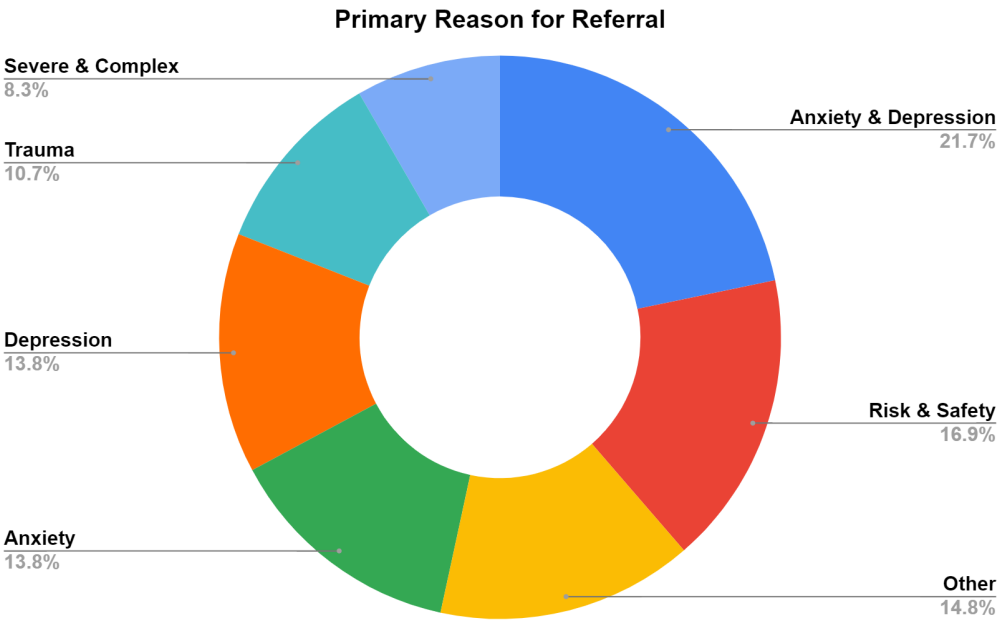
Note. Active: One or more service contacts in a reference reporting period. Closed: No further service contacts planned as the client no longer requires treatment. Did Not Engage: Referred to the service but did not engage/receive service from us. Disengaged: Client has received one or more service contacts and has disengaged. Pending: Awaiting commencement.



Reasons for Referral

The table below outlines the primary reasons reported by people referred to the service. Nearly a quarter of all clients presented with a mixture of anxiety and depression. In addition to this mixed presentation, singular presentations of anxiety and depression were observed at approximately 14% each. Risk and Safety presents as the second most prevalent reason for referral at nearly 17%. This category includes all presentations relating to self-harm, suicidal ideation, and risk of harm to others. Severe and complex presentations accounted for 8% of referrals.

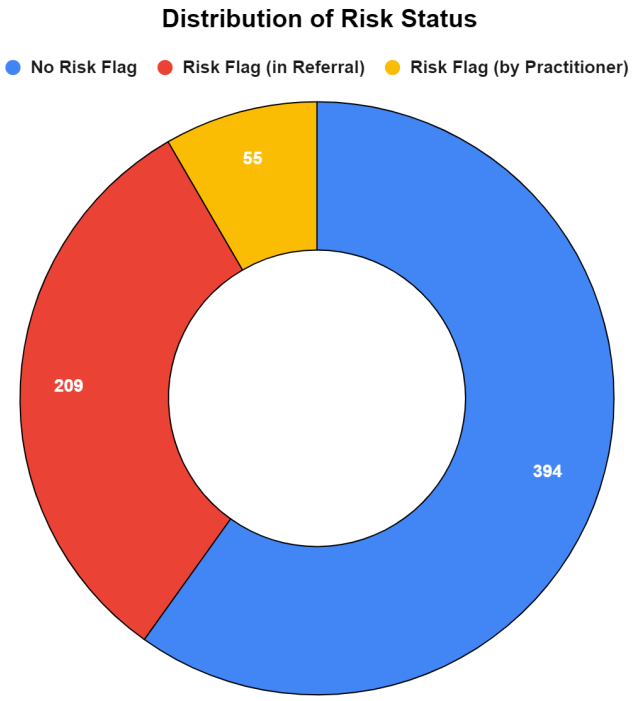
Presentation Domain	Count	Proportion
Anxiety & Depression	112	21.75%
Risk & Safety	87	16.89%
Anxiety	71	13.79%
Depression	71	13.79%
Trauma	55	10.68%
Severe & Complex	43	8.35%
Adjustment	16	3.11%
Interpersonal Issues	12	2.33%
Behavioural	11	2.14%
Health Issues	10	1.94%
Addiction	15	2.92%
Grief	8	1.55%
ASD/ADHD	4	0.78%
Total	**515**	**100%**



Risk Flags

Risk Status	Count	Proportion
No Risk Flag	394	59.88%
Risk Flag (in Referral)	209	31.76%
Risk Flag (by Practitioner)	55	8.36%
Total	**658**	**100.00%**

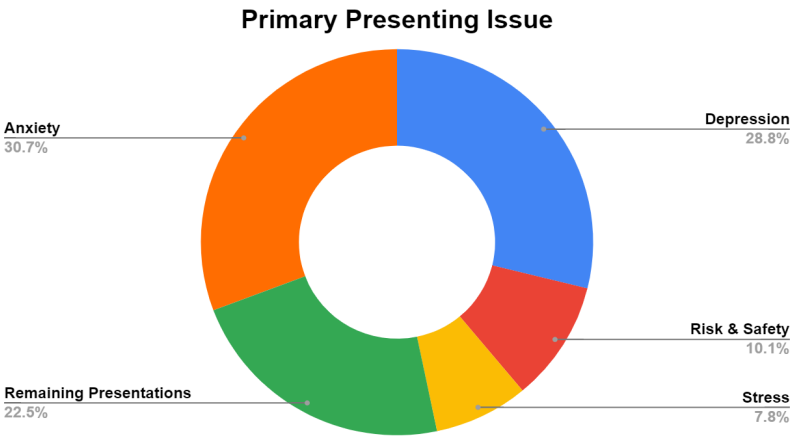
Young People	
Risk Flags	**Count**
Risk Clients	19
Non-Risk Clients	23
Total	**42**



Primary Presenting Issue

Primary presenting issues are detailed below. Anxiety accounted for 30% of primary presentations. Depression also accounted for a significant proportion of presentations at 28%. Risk and Safety issues constituted 10% of presentations, while stress-related issues accounted for roughly 8%. A range of complex and severe presentations were identified as presenting issues, including severe trauma, severe mood disorders, and eating disorders.

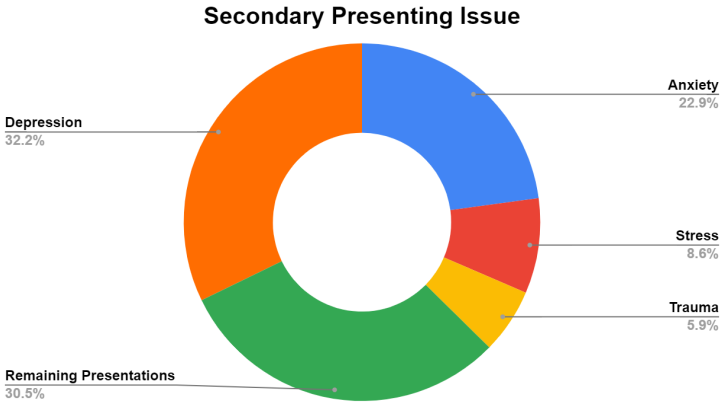
Presentation Domain	Count	Distribution
Anxiety	146	30.74%
Depression	137	28.87%
Risk & Safety	48	10.11%
Stress	37	7.79%
Trauma	26	5.47%
Anxiety & Depression	16	3.37%
Health Issues	11	2.32%
Severe mood disorders	10	2.11%
Anger	7	1.47%
Grief	7	1.47%
Eating disorders	6	1.26%
Interpersonal Issues	6	1.26%
Adjustment	5	1.05%
Addiction	4	0.84%
Emotional dysregulation	4	0.84%
ASD/ADHD	3	0.63%
Behavioural	1	0.21%
Psychotic symptoms	1	0.21%
Total	**475**	**100%**



Secondary Presenting Issue

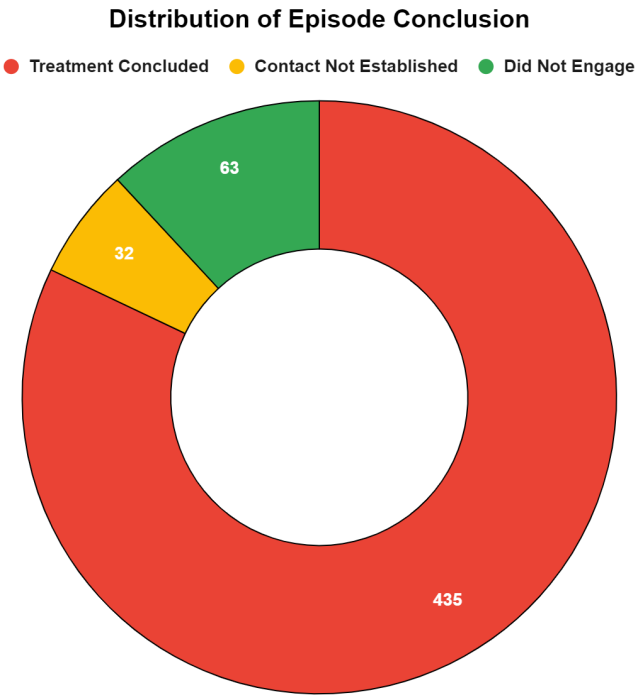
Multimorbid presentations accounted for more than half of the unique clients accessing the service. Secondary presenting issues identified are detailed below. Thirty-two percent of clients presented with depression, 22% presented with anxiety, and 9% identified stress-related issues as the secondary presenting issue.

Presentation Domain	Count	Distribution
Depression	131	32.19%
Anxiety	93	22.85%
Stress	35	8.60%
Trauma	24	5.90%
Interpersonal Issues	20	4.91%
Addiction	14	3.44%
Adjustment	12	2.95%
Risk & Safety	11	2.70%
Self-Esteem Issues	10	2.46%
Grief	10	2.46%
Emotional dysregulation	9	2.21%
Anger	9	2.21%
Severe mood disorder	6	1.47%
Health Issues	4	0.98%
Eating disorder	4	0.98%
Psychotic symptoms	4	0.98%
ASD/ADHD	3	0.74%
Sleep disorder	3	0.74%
Personality disorder	3	0.74%
Behavioural	1	0.25%
OCD	1	0.25%
Total	**407**	**100%**



Episode Conclusion

Discontinuation	Count	Proportion
Treatment Concluded	435	82.08%
Contact Not Established	32	6.04%
Did Not Engage	63	11.89%
Total	**530**	**100%**



Kessler Psychological Distress Scale-10 (K10+)

The K10+ (Kessler et al., 2002) seeks to quantify the psychological distress experienced by a resident within the previous four weeks, including the day of assessment.

Results show a statistically significant reduction in the reported psychological stress as measured by the K10+ of clients within the service from first to last test point.

K10+ Outcome	Count	Proportion
Improved	155	76%
Did Not Improve	48	24%
Total	**203**	**100%**

K10+ Outcome	AvgScoreShift
Improved	-9.48
Did Not Improve	+3.79

Note. Clients who had improved K10+ scores by their most recent session showed an average decrease of 9.48 points. Clients who did not have improved K10+ scores by their most recent session showed an average increase of 3.39 points. Effectively, clients who improved in K10+ scores had significantly more improvement than the magnitude of decline observed within the "Did Not Improve" group.

K10+ Paired Samples Statistics				
Test Point	**Mean**	**N**	**Standard Deviation**	
First	31.6	203	8.5	
Last	25.3	203	8.8	
Paired Samples t-Test	**Mean Difference**	**t-Statistic**	**df (N-1)**	**Two-Tailed P Value**
First-Last	6.34	10.9	202	<.001

Results of the paired samples t-test yielded a statistically meaningful difference between the First Test Point ($M = 31.6$, $SD = 8.5$) and Last Test Point ($M = 25.3$, $SD = 8.8$), $t(202) = 10.9$, $p < .001$. Overall, K10+ scores were observed to decrease from the First Test Point to Last Test Point, indicating an improvement of psychological well being.

Outcome Rating Scale (ORS)

The Outcome Rating Scale (ORS; Miller et al., 2003) is a four-item session-by-session measure designed to assess areas of life functioning known to change as a result of therapeutic intervention. These areas include: personal or symptom distress; interpersonal well being; social role; and overall well being.

Clients engaged in the service reported a statistically significant improvement in life functioning (as measured by the ORS) from first test point to last test point.

ORS Outcome	Count	Proportion
Improved	275	79.48%
Did Not Improve	71	20.52%
Total	**346**	**100%**

ORS Outcome	AvgScoreShift
Improved	+8.35
Did Not Improve	-4.47

Note. Clients who had improved ORS scores by their most recent session showed an average increase of 8.35 points. Clients who did not have improved ORS scores by their most recent session showed an average decrease of 4.47 points. Effectively, clients who improved in ORS scores had significantly more improvement than the magnitude of decline observed within the "Did Not Improve" group.

Paired Samples Statistics				
Test Point	**Mean**	**N**	**Standard Deviation**	
First	18.3	346	7.6	
Last	25	346	7.5	
Paired Samples t-Test	**Mean Difference**	**t-Statistic**	**df (N-1)**	**Two-Tailed P Value**
First-Last	-6.75	14.84	345	<.001

Results of the paired samples t-test yielded a statistically meaningful difference between the First Test Point (M = 18.3 ,SD = 7.6) and Last Test Point (M = 25 ,SD = 7.5), $t(345) = 14.8$, $p < .001$. Overall, ORS scores were observed to increase from the First Test Point to Last Test Point, indicating an improvement of client well being.

Session Rating Scale (SRS)

The Session Rating Scale (SRS; Miller, Duncan & Johnson, 2003) involves asking clients to rate four statements at the end of every session about their experience of the session and practitioner. Each of the four items is rated from 0 to 10 and indicates the quality of the therapeutic alliance which in itself is a good indicator of outcomes for clients.

The average score over 2,257 scales yielded 38.5 out of a maximum score of 40.

440 clients had matched pairs of scores eligible for analysis.

SRS Query	Count
Average SRS Score	38.5
Clients Tested	440
Total Tests	2,257
Average Tests Per Client	5.13

SRS Score Bracket	Count	Proportion
0-10	0	0.0%
11-20	1	0.2%
21-30	10	2.3%
31-40	429	97.5%
Total	**440**	**100%**

P4 Suicidality Screener (P4)

The P4 screener (Dube et al., 2010) assesses suicide risk by asking about the “4 P’s”: past suicide attempts, a plan, probability of completing suicide, and preventive factors.

Clients engaged in the service reported statistically significant improvements in suicidality risk measures (as measured by the P4) from first test point to last test point.

P4 Outcome	Count	Proportion
None-Minimal Severity	50	-
Improved	23	51%
No Change	19	42%
Declined	3	7%
Total	**95**	**100%**

Paired Samples Statistics				
Test Point	**Mean**	**N**	**Standard Deviation**	
First	1.1	95	1.2	
Last	0.8	95	1.1	
Paired Samples t-Test	**Mean Difference**	**t-Statistic**	**df (N-1)**	**Two-Tailed P Value**
First-Last	0.28	3.5	94	<.001

Results of the paired samples t-test yielded a statistically meaningful difference between the First Test Point (M = 1.1 ,SD = 1.2) and Last Test Point (M = 0.8 ,SD = 1.1), t(94) = 3.5, p < .001. P4 scores were observed to decrease from the First Test Point to Last Test Point, indicating an overall improvement of client well being.

Suicidal Ideation Attitributes Scale (SIDAS)

The SIDAS (Spijker et al., 2014) is designed to screen individuals in the community for presence of suicidal thoughts and assess the severity of these thoughts. It consists of five items, each targeting an attribute of suicidal thoughts: frequency, controllability, closeness to attempt, level of distress associated with the thoughts and impact on daily functioning.

Clients engaged in the service reported statistically significant improvements in suicidal thoughts (as measured by the SIDAS) from first test point to last test point.

SIDAS Outcome	Count	Proportion
None-Minimal Severity	36	-
Improved	41	85%
No Change	0	0%
Declined	7	15%
Total	**84**	**100%**

SIDAS Outcome	AvgScoreShift
Improved	-16.61
Did Not Improve	+1.60

Note. Clients who had improved SIDAS scores by their most recent session showed an average decrease of 16.61 points. Clients who did not have improved SIDAS scores by their most recent session showed an average increase of 1.60 points. Effectively, clients who improved in SIDAS scores had significantly more improvement than the magnitude of decline observed in the "Did Not Improve" group.

Paired Samples Statistics				
Test Point	**Mean**	**N**	**Standard Deviation**	
First	11.8	84	14.8	
Last	4.6	84	8.3	
Paired Samples t-Test	**Mean Difference**	**t-Statistic**	**df (N-1)**	**Two-Tailed P Value**
First-Last	7.29	5.3	83	<.001

Results of the paired samples t-test yielded a statistically meaningful difference between the First Test Point (M = 11.8 ,SD = 14.8) and Last Test Point (M = 4.6 ,SD = 8.3), t(83) = 5.3, p < .001. SIDAS scores were observed to decrease from the First Test Point to Last Test Point, indicating an overall improvement of client well being.

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