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Menzies
AIMhi Stay Strong App

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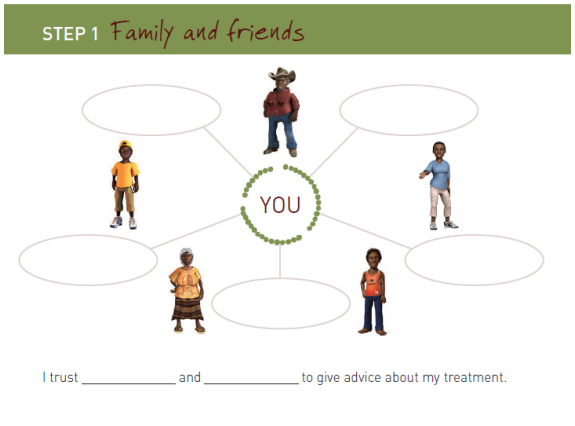
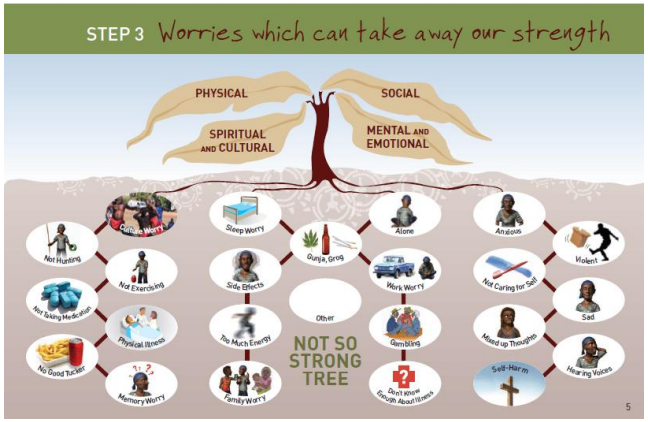
Background

- Australian Integrated Mental Health Initiative (AIMHI)
- Program of research beginning in 2003
- Explored Indigenous mental health with AMHWs to develop intervention strategies
- Assessment, psycho-education resources including brief therapy Motivational Care Planning





Research transfer

- 70 training workshops 2 hour-3 day, community - masters
- Resources: manual/flipcharts/info sheets/DVD/website
- Conference presentations (40): 20 invited, yearly seminars
- Awards (RANZCP, TheMHS)
- 35 publications general and peer reviewed
- Ongoing evaluation: RCT, training pre-post, file audits
- Guidelines: NQ SEWB protocols, CARPA, Indigenous alcohol, ACT Educational Psychology
- Training courses: Victorian Dual Diagnosis, NT Chronic Disease
- Routine care: NT in patient/remote AOD/Perth Primary Care

- Download of resources and adaptation of resources ongoing
- From menzies website and indigenoushealthinfonet.

New Direction 2013

- Translated AIMhi motivational care planning tools into computer assisted (iPad) format
- Guided by Expert Reference Group
- The AIMHI Stay Strong App

Four Steps - Relationships

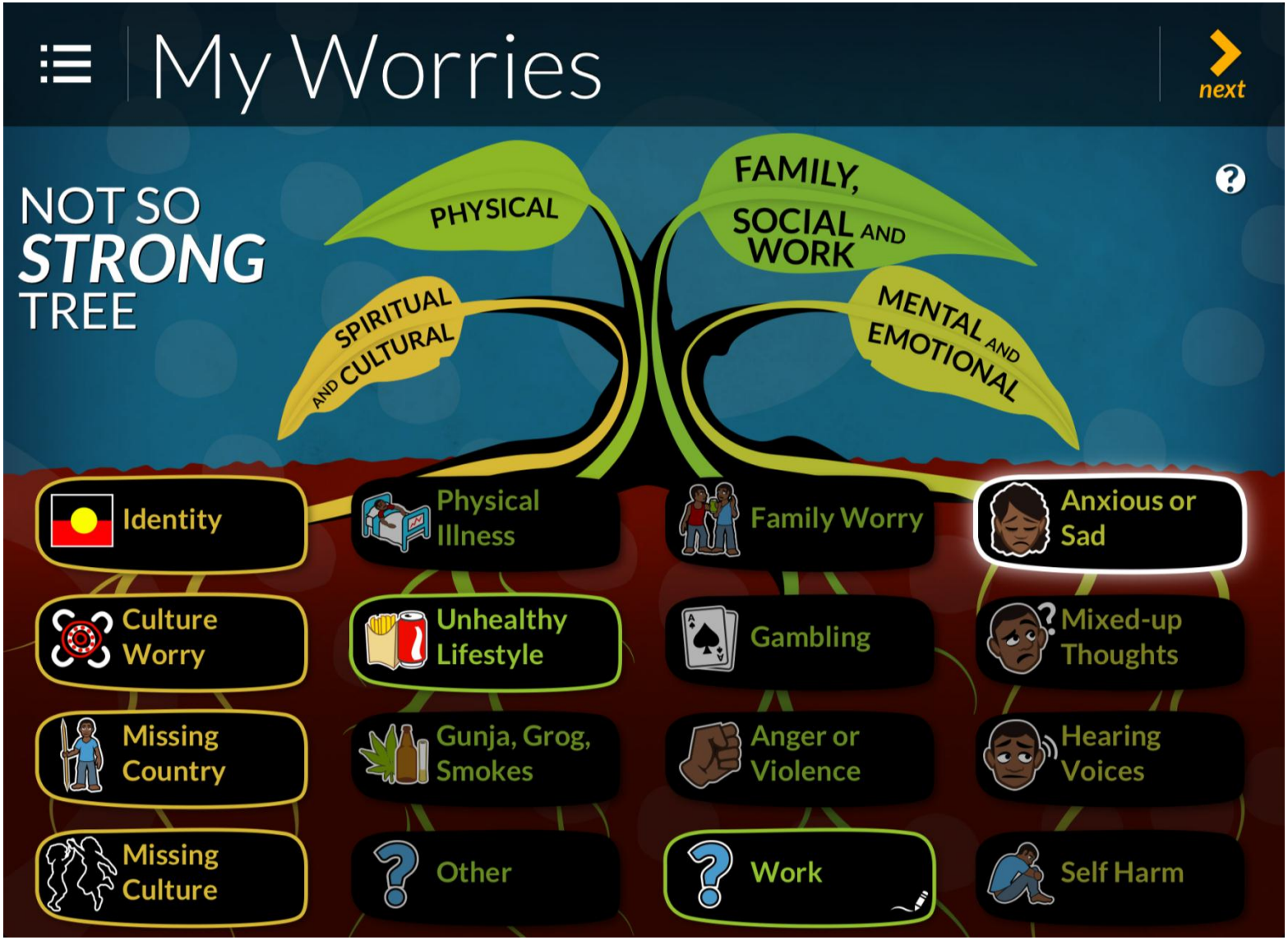
1.

Four Steps - Strengths

2.

Four Steps - Worries

3.



Four Steps - Goals

4.

Tips for Staying Strong

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Stay Strong Tips - Substance Use

next

Make a decision
to drink, smoke, or use less

Have a clear reason
to drink, smoke or use less.

Stay busy
you drink or smoke more if you are bored

Delay starting
start later in the day

Make new friends and do new things

Say NO
if friends offer it to you or if you've had enough

Avoid reminders and triggers
like friends who use, places or things that remind you of using

Tell someone who cares
your buddy _____

Avoid salty foods
they make you thirstier

Plan your limit
decide how much before you start

Don't let people top up your drink
finish each one first

Drink water first
so that you aren't thirsty

Drink low alcohol drinks

Drink slowly
sips only

Don't smoke inside
inside houses or cars or around children

Know your warning signs

My own tip
[Write your own tips here]

Summary

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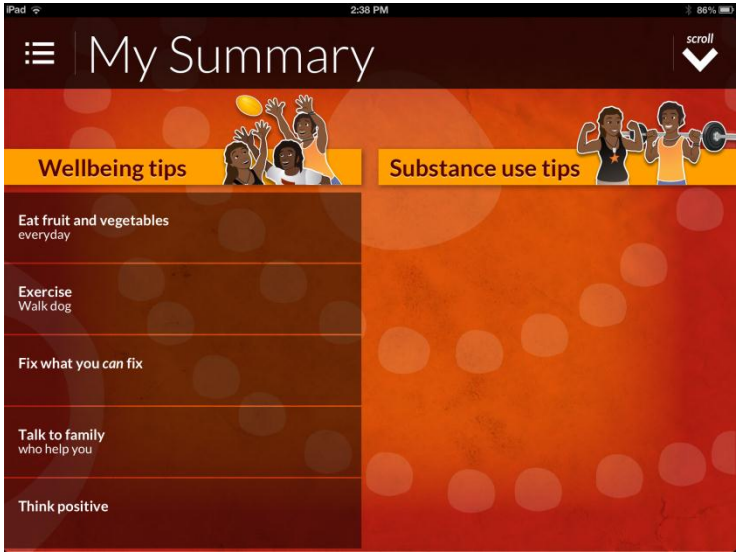
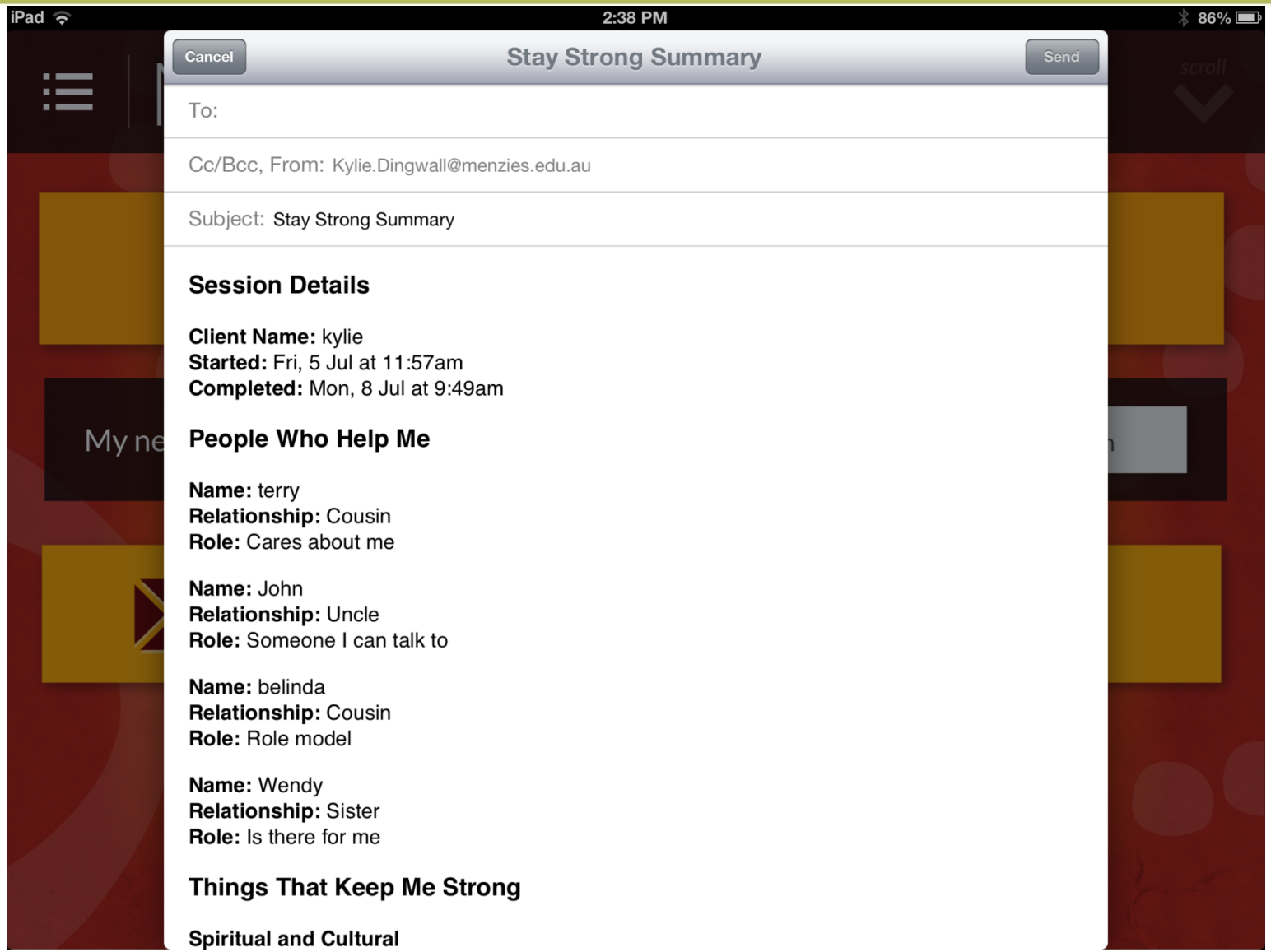


Email summary



Key Features

- Does not require internet for session
- Audio option for explanation
- Help text
- Animation
- Free text entry
- Saves copy of previous session
- De-identified data collected re: usage

User Testing

- Service providers
- Qualitative interviews
  - Barriers and enablers
  - Acceptability
  - Feasibility
  - Engagement
  - Appropriateness
  - Perceived impact
  - Support required

User Testing

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User testing

- 11 interviews – 15 people
- Mental Health
- Chronic Disease
- AOD
- 4 Indigenous workers

- PLUS 27 trainees plus 20 – 30 consultation sessions in WA and 30 SEWB workers in SA

Themes

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- Acceptability
  - Attractiveness/ fun/interactive
  - Ease of Use
  - Culturally relevant
  - Innovative/ way of the future
- Relationships
  - Power Relations/ Equaliser
  - Opens conversation
  - Patient centred care/ self management
  - Holistic
- Broad Applicability
  - People
  - Settings
  - Ways of using
- Constraints
  - IT accessibility
  - Time
  - Staffing/ workforce issues
  - Language/ literacy/ worldview
- Integration with Systems
- Training Recommendations
  - Content
  - Process

Acceptability

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Attractive

- Colourful
- Visual
- Pictorial
- Interactive
- Like drawing in the sand
- Fun
- Light hearted
- Interesting

Easy to follow

- Intuitive
- Easy to do
- Pretty simple
- Basic

Culturally Relevant

- Hands on
- Pen and Paper can be unfriendly
- Visual/pictorial
- Overcome language
- Overcome cultural issues
- Similar to Aboriginal knowledge transfer
- Strengths
- Family/relationships
- Collective as opposed to individualist

Innovative

- Modern technology
- New way of engaging
- Way of the future
- Lessens carbon footprint

Acceptability

"Aboriginal people like colours, pictures. They can relate to pictures. .... majority just lines of black and white writing. Visually boring, reminding too much of institutionalisation". (Aboriginal Man)

"Some Indigenous people will be attracted to the pictorial representation and the fact that there's audio there giving messages rather than, you know, anglo words..." (Female Aboriginal AOD worker)

Relationships

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Breaks down barriers

- Equalises
- Good client practitioner leveller
- Form good bond
- Therapeutic relationship
- Collaborative problem solver

Patient centred

- Take ownership
- Personal story
- Actively involved in process
- Self help

Opens up conversation

- More willing to share information
- Valuable information
- Got heaps of information
- Engage in conversation

Holistic

- Complete picture
- Collective nature
- More to a person

Relationships

"I think it makes everybody level and equal and you get heaps more info" (Chronic Disease Nurse)

"So you then become a collaborative problem solver" (Male psychologist)

"it's a better medium to open up discussion" (Aboriginal man)

Broad Applicability

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People

- 'Universal, broad spectrum'
  - Younger and older people
  - Across regions
  - Both genders
  - Mental Health clients
  - AOD Clients
  - Chronic disease clients
  - Those with CD not engaged
  - With or without IT skills
  - Any literacy level

Settings

- 'Pretty broad ranging'
  - All health Centres
  - Child protection
  - PHAMS
  - Families

Ways of using

- In groups
- Staff wellbeing
- House Visits
- Clients self-administer
- Early intervention (school age)
- Assessment

Broad Applicability

"Well I used it on a range of people.... so I think it suits everybody". (Chronic Disease Nurse 1)

"I think it would interest older people and with younger people, it would encourage engagement" (Aboriginal Man)

I would really like to with my supervisees do a round with each of them having a go... That's all supervision content essentially... (Female AOD supervisor)

I also see it as being a useful tool though in terms of the earlier intervention, like you know, the school age… (Chronic Disease Nurse 2)

Constraints

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IT accessibility

- Wireless access
- Power socket
- Buy an ipad
- Forgot to take it
- Get lost or broken

Staffing/ workforce issues

- Functioning team
- Numbers trained

Time

- Time versus information gathered
- Don’t have time

Language/ worldview

- Language is very important
- see the world through their language framework
- English not first language

Constraints

"The app and iPads are only as good as your power socket" (Aboriginal man)

"I forgot to take it on the day that I had available to do it" (Male Psychologist)

"The first one took me about an hour and a half which is considerably longer than I've previously done it with me writing and talking" (Chronic disease Nurse)

"it's just very English-based language and, you know, a lot of people won't have it as their first language".

Integration with Systems

- PCIS
- Communicare
- Client assesment forms
- Emailable
- E-health record
- Used in place of SNAPE

Integration with Systems

"I also tried to look at, because of our own work, how I might be able to bring this back and fill it into our client assessment because what we have to put on our computers for our records is a client assessment. Some of these things are on here". (Female Aboriginal AOD worker)

So if you could get it to a clinic or a computer that's fine you can email it, put it into PCIS (Female AOD supervisor)

Training Recommendations

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Content

- Interviewing Skills
- Cross cultural communication
- Motivational Interviewing
- Goal setting
- Self management
- Group training skills
- Mental health
- Trauma
- IT Skills

Process

- Role Play/practice
  - familiarisation
  - Train on the phone
  - Train clinicians to keep their hands off
  - Train clinicians to think more broadly about goals
  - Case studies showing outcomes from social changes
- ‘Follow Up’
  - Support
  - Supervision
  - Check in regularly
  - Tech support line

Training Recommendations

My only thoughts on it are that the person using it should be skilled in motivational interviewing or have some really good solid interviewing skills... to be able to use it to its full potential I think you need that training or that skill. (Chronic Disease Nurse)

I would really put some emphasis in the training about working in groups (Chronic Disease Manager)

I think training, it's a matter of making sure that they're really ***comfortable and confident*** *with it, practising with it and thinking about scenarios and role plays and using it in a non-therapeutic setting (Female AOD supervisor)*

Key Activities - eMHprac

- Expert Reference Group
- Stakeholder interviews – pre and post
- Awareness survey – baseline and follow up
- Showcase
- Rolling out training – Darwin/Alice/Remote
- Pre- and post-training evaluations
- Monthly supervision option for trainees
- Self assessment annual
- Health provider interviews annual
- App electronic usage data

Next Steps

- Upload to iTunes
- Continue training and evaluation activities
- Prepare for train the trainer roll out

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- www.menzies.edu.au/AIMHIapp

Thankyou for your time