

GP LINK Lunches | C2bMe program

Dr Kenneth McCroary (pictured), Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.



Ken McCroary – Today I am joined by Kelly Lee and Shona Dutton from Parramatta Mission. Our focus of discussion today is about the mission's new Continuing To Be Me (C2bMe) Program, funded by South Western Sydney PHN.

Kelly Lee is a Clinical Psychologist and currently Operations Manager of enhanced services within Parramatta Mission.

Kelly has worked at Parramatta Mission for eight years and has 13 years experience working in the mental health sector, providing direct client care across the life span and the extensive experience managing teams to high performance.

Shona Dutton is the General Manager of Clinical Services for Parramatta Mission and responsible for a range of mental health services that span from adolescents to older people across the mild to severe spectrum of acuity. Shona has held executive appointments in a range of government and non-government organisations including NSW Health, Commonwealth Department of Health and the Royal Australian and New Zealand College of Radiology. Shona's background is underpinned by an extensive history of work and research in primary care, having held senior positions with divisions of general practice, Medicare Locals and PHNs and completed a Masters of Public Health Research and PHC investigating preventative care so preventive care in Australian General Practice.

Ken McCroary - Good afternoon and welcome Shona and Kelly. I will just jump straight into it, you are here from Parramatta Mission and we are going to be talking about the Continuing To Be Me Program. Can you tell me a bit about you both, and the organisation you are representing today please?

Kelly Lee – My name is Kelly Lee, I am a Clinical Psychologist, and I am the Operations Manager for the enhanced services within Parramatta Mission and so within that portfolio that includes the Continuing To Be Me program in South Western Sydney. I have been with the organisation for coming up to nine years and Parramatta Mission is an NGO that delivers a range of programs including clinical programs, psychosocial services, NDIS programs as well as homelessness services all across Sydney and NSW.

Shona Dutton – I am Shona Dutton I am the General Manager of Clinical Services for Parramatta Mission the C2bMe program falls within my portfolio as well as some other programs that cover the lifecycle including headspace, LikeMind an adult service, PBS services and more care services that Kelly looks after, and we have a headspace early psychosis program as well. We predominately cover the Western Sydney area but we also have some programs in South Eastern NSW including the C2bMe service.



Ken McCroary – Thanks guys. Do you want to be a bit more specific about the Continuing To Be Me program now as well?

Kelly Lee - Yes sure, so the C2bMe program is focused on supporting residents in continuing to be themselves, so its all about recovery and supporting residents in aged care facilities to live with dignity and provide psychological intervention to those residents who are living in aged care facilities. We have a team of allied health as well as nursing staff, so we have a psychologist, a couple of social workers and a couple of nurses on the team and they work with specific facilities to deliver those services. They include group programs, support groups as well as therapeutic groups as well as one-on-one assessment and interventions. The other really important part of the program is to be able to provide mental health literacy training to the staff as well as to families and the idea is to essentially for us to work ourselves out of a job so that we are able to provide training to aged care facilities staff so that they increase their awareness around mental health so they can also be providing some of the support and early intervention to residents who may be having difficulties with emotional health and mental health. Have you got anything to add Shona?

Shona Dutton – No you have done a great job.

Ken McCroary – Great thanks guys. Just with the Mission itself and the organisation, could you just expand a bit on your mission and the way you operate particularly in South Western Sydney?

Shona Dutton – Parramatta Mission is actually part of the Uniting Church of Australia, a subsidiary of that, but we are actually transitioning to Uniting from 1 July, which also falls under the Uniting Church of Australia. But our mission is to serve the community. We are predominately focused on services in the Western Sydney region that over probably the last five to six years we have expanded to other parts of NSW. Kelly runs services for our "Yes" severe service for people in the missing middle. That supports four regions of NSW which is obviously Western Sydney, South Western Sydney - so the area this service runs in - but we also run it in the Northern Sydney area and Upper Nepean and Mountains. With the C2BMe program, we are also running it in the South Eastern NSW region - so from Wollongong down to the Victorian border - and we are also to expand to the North Coast region of NSW right up to the Queensland border from Port Macquarie and up. That's probably the geographical region we cover but we predominately focus on mental health services we do have another arm outside of this portfolio that looks and psychosocial services and supports - things like homelessness, domestic violence, gambling and so on.

Kelly Lee - Just to add to that, the mission of our services is a community transforming lives. Within my portfolio, the enhanced services, it is very much as Shona says - targeting those in the missing middle, those who are prior to the services coming along, it was a gap in the community - so whether it is services for young people, for adults and now for older people it is very much about looking at where the gaps are in the traditional system and then seeing where a model of care could fit in to try and meet some of the needs of those who fall in the missing middle or gaps of the traditional mental health system.

Ken McCroary – Thank you. Now us being a local organisation, I am just wondering if you are aware of any particular issues and challenges facing GPs working in the South West of Sydney.

Kelly Lee - That's an interesting question. I guess the South Western Sydney region is still relatively new to us, as Shona mentioned, we have primarily been in the Western Sydney region and have moved towards the South Western Sydney region in the last couple of years so I am still learning and getting to know the community but I think one of the biggest challenges from my perspective is that it is such a big region lots of different cultures and pockets of different cultures. You know you move from the Bankstown, Fairfield kind of region through to the Macarthur and down to the Wollondilly, Wingecarribee they are so different, the demographics are very different and the needs of the community are so different. That is something we as clinicians running a service are grappling with and understanding what the needs of each area are and I imagine that GPs would face the same challenges as well. I think working with CALD communities also has another layer of challenges with people's engagement, their willingness in thinking about mental health, the stigma around mental health and whether people are comfortable talking about that to their GP. I think those would be some of the challenges just of the top of my head. Anything to add there Shona?

Shona Dutton – No I was going to say cultural diversity would probably be one of the biggest challenges and I suppose Kelly touched on the size of the community so I would imagine demand for services would be fairly high. Potentially I think there is fairly high rates of chronic disease within the region as well, so certainly a community that is high volume and high demand places a lot of pressure on the GPs in the region so I think having referral pathways, and as Kelly touched on, I think having that diversity in the region so the real metropolitan areas where you are probably inundated with having lots of services, but they are probably more fragmented and pathways for referral are probably more difficult or difficult to navigate. Whereas in the Wingecarribee region, there is probably less services available and people would have to travel so providing outreach to those regions is probably more important as well - so just some assumptions.

Ken McCroary – No I think you guys are showing a really good understanding of the region actually and the diversity that there is here and moving on from that with the Mission but also particularly the C2bMe program what are some of the things that you guys could do to help support General Practices and General Practitioners in South Western Sydney. I guess particularly with an emphasis with referral pathways that you guys were mentioning with this program.

Shona Dutton – I think where possible we would love to, and something that we frequently talk about as a team at the Specialist Advisory Committee, is how do we work closely with GPs and at the same time with the understanding that GPs are inundated. How do we add value and work with them providing outreach services or within aged care facilities and as part of the multidisciplinary team.

As I can imagine it could be very confusing for GPs who maybe going into an aged care facility where there are existing allied health staff, there is the nursing staff and lifestyle coordinators, and thrown into the mix the C2bMe program there is a lot of people that are involved. So how we can work best and look and synergies to be able to work together to benefit ultimately the residents.

As I mentioned earlier, we are about to roll out a C2bMe at home program which is essentially delivering the C2bMe program psychological interventions to older people who are living in the community.

So hopefully that is a useful referral pathway to GPs in South Western Sydney, where they may have identified older people in the community who could really benefit from support. This program was specifically around COVID and isolation, so targeting people who are isolated, whether as a result of COVID or not having a lot of support, it's about social connection and mental health recovery for older people in the community.

Ken McCroary – With the referral pathways you have mentioned, just to be clear and precise for the GPs listening or reading today, how would we go about a patient referral for the program and the team?

Kelly Lee – Yes sure great question. For the traditional C2bMe that is within the aged care facility, we are only able to take on referrals for residents who are living in a facility we are currently partnered with. I can send a list of those if that is helpful for any of the GPs to be able to share. We try to spread ourselves across the region so as a part of our funding agreement at any one time we are working 20 facilities so I believe we are up to about 17 facilities at the moment. If there are GPs who have identified where there is a facility with a particular need and they are willing to become partners with us, we would definitely welcome that. We would be happy to speak with the aged care facility. If a GP is working with a aged care facility we are already partnered with, it is just about letting the nursing staff know. They are all very familiar with the referral process now so it is just a simple one page registration form where we get the contact details of the nurse who is referring, the name of the resident, and a few basic details, and we will go out and meet with the resident to get further information.

In terms of C2bMe at home program, that is yet to be determined so we are still waiting for the contract to come through. Once we have ironed out the referral process, and I imagine that will be a very similar process that we want to make as easy as possible for people to access the program and that residents and families can also refer directly, we are just ironing out that referral process as we speak.

Ken McCroary– Excellent anything to add Shona?

Shona Dutton – I think Kelly has touched on all the things particularly pertinent for the GPs, which is that we are aiming to make the process as simple and as easy as possible and seamless for them and their patients. I think that is a point that we really want to emphasise, if they do have an experience that is a little bit bumpy we would like to know about it and we can iron that out because the true purpose is to increase access to these sorts of services and to make it as seamless as possible. We see ourselves as working in partnership with the GPs or other service providers and certainly not to be an onerous task.

Ken McCroary – Excellent thank you so much thank you for joining me today I really appreciate it and thanks for that enlightening discussion and hopefully we can connect with our colleagues and make some difference to those residents living in aged care and hopefully down the track those still living at home.