

EPC: A Unique way of working with complexity

HIV / Mental Health / Hep C / AOD /
Housing / Financial / Legal....

Presented By

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Case Study

Tom a 50 yr old gay male, Italian background

Presenting issues:

- living with HIV
- inappropriate housing (Dept. of Housing)
- Depression & anxiety
- history of poly drug use
- paranoia and psychosis
- history of abuse (physical and sexual)
- Same sex domestic violence



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50 yr old male, non-Anglo background, initial EPC involvement 2005

Presenting issues:

Living with HIV (more than 10 years)

Depression & anxiety

Depressive symptoms evidenced by low mood, tearfulness, poor sleep and concentration) related to his diagnosis of HIV

Anxiety (Panic attacks)

Inappropriate Doh housing – only gay couple in the area, subjected to homophobic vilification and constant abuse from neighbours.

Evidenced by

Strewn rubbish, car fire bombed, mail tampering, disclosure of HIV status to other neighbours

Poly drug use (cocaine, cannabis, heroin, amphetamines)

paranoia and psychosis

History of abuse (physical and sexual)

Same sex domestic violence

Appearance – dishevelled and unkempt

Often presented late

Who we are

- GP Enhanced Primary Care (EPC) a project of ACON
- Staffed by social workers
- EPC works alongside the GP and adopts a bio-
psychosocial framework
 - enhancing the client's physical, mental, emotional and
social wellbeing.



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Our service is the GP Enhanced Primary Care (EPC) and is a project of ACON (AIDS Council of NSW)

EPC is staffed by social workers

EPC works alongside the GP and adopts a bio-psychosocial framework enhancing the client's physical, mental, emotional and social wellbeing.



Our Surgeries

- 3 GP surgeries located in the Darlinghurst area
- All surgeries are S100 prescribers
- 1 is a methadone prescriber
- Thus EPC works with a very diverse client base and captures at risk groups



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3 GP surgeries located in the Darlinghurst area – clients live in Sydney and regional areas of NSW.

All surgeries are S100 prescribers (HIV medications)

1 is a methadone prescriber

Thus EPC works with a very diverse client base including MSMs, sex workers, executives

Our Clients

- We work with clients at risk of, affected by or living with HIV and / or Hepatitis C (irrespective of sexuality) and
- Gay, lesbian, bisexual and transgender clients, irrespective of HIV / Hep C status
- Most of our clients live with a chronic disease
- Clients access EPC via their GP's referral



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We work with clients at risk of, affected by or living with HIV and / or Hepatitis C and

Members of the Gay, lesbian, bisexual and transgender communities, irrespective of their health status

However, most of our clients do live with a chronic disease

EPC is accessed via their GP's referral

Multiple needs

- EPC works collaboratively with clients that have multiple and complex issues
- The more chronic nature of the health condition the greater GP time = less time for other health & psychosocial needs
- Compounding effects



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EPC works collaboratively with clients that have multiple and complex issues

1. In 2008 the majority of our clients presented with 3 or more issues
2. 62% presented with mental health as an area that needed to be addressed.

The more chronic nature of the health condition results in greater GP time required for monitoring / treating the condition and equates to less time for other health & psychosocial needs

Some of the needs addressed relate to

HIV / Hep C / STIs

Treatments

Dependency issues - drug and alcohol

Insecure and/or inappropriate housing

Post Traumatic Stress Disorder – victims of violence &/or living with HIV as long-term survivors and have experienced the loss of friends from HIV related illnesses, for some clients social supports no longer exist.

Grief & loss

Domestic violence – in same sex relationship or between household members

Additionally there can be compounding effects when clients experience multiple issues,.

e.g. a clients mental health can be adversely affected when living with HIV & may result in adopting unhelpful coping strategies, such as alcohol &/or substance abuse. This may lead to heightened states of anxiety and depression, and may affect other areas, such as selfworth, relationships, employment and housing.

EPC: A One Stop Shop

- Assists with the maze of services and service requirements
- Reducing the potential for service gaps for clients with multiple / complex needs

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EPC is a one stop shop

We have found that clients living with a multitude of issues often fall through the gaps in service provision,

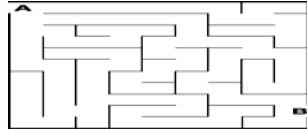
EPC as a one stop shop approach reduces the potential for service gaps for clients with multiple / complex needs

We assist clients with accessing the maze of available services
and

assist with increasing client understanding of those service requirements

We work with but are not restricted to a multitude of presenting issues,
such as living with HIV &/or Hep C/ mental health / AOD / housing & homelessness
/ and legal matters

Negotiating the maze of service provision



- The more complex the issues greater potential for service gaps
- EPC captures clients at primary point of care & assists with access to services / supports
- Clients have often been banned from other services
 - viewed with “anger management” issues
- Have a history of accessing services without having their needs met
 - resulting in frustration
 - leading to apathy



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EPC assists with access to service provision

The more complex the issues the greater the potential for service gaps

EPC captures clients at primary point of care & assists with access to services / supports



Clients have often been banned from other services and are viewed with “anger management” issues

Some clients have a history of accessing services without having their needs met and this can be due to an issue with the service or the client's inability to understand service provision

A lack of service supports can result in frustration which can lead to apathy

How we work

- Collaboratively – client, GP, other health &/or social services
- Systems based
- Narrative theory leads into a client centred and solution focus approach
 - elicits strengths
 - increases motivation
 - enhances resilience
 - reduces resistance
 - reduces stigma



Collaboratively – client, GP, other health / social services

System recognition – from micro through to macro systems

Our practice is underpinned with a range of theories. We find that narrative theory follows the clients story and captures their lives through their own understandings. Therefore our work lends itself to a client centred and solution focused approach

Adopting these methods

elicits strengths

increases motivation

Identifies and enhances client resilience whilst reducing resistance

reduces stigma

Increasing motivation reduces resistance to accessing services, treatments, and encourages the adoption of healthier behaviours.

Tom

What worked well

Secure environment (GP surgery) Tom and EPC worker felt safe – Tom has long term trust with GP, familiarity of environment

Length of EPC involvement – change can takes time, EPC was ongoing.

- Narrative
- Solution focus
- Strengths approach
- Motivational
- System recognition



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What worked well

Secure environment (GP surgery) client and worker felt safe – long term trust with GP, familiarity of environment

Length of commitment – often change can and does take time, EPC involvement was ongoing.

Narrative – gave the client an understanding of his anger (e.g. lack of understanding of services, the experience of childhood abuse resulted in a lack of understanding of appropriate and acceptable behaviours in social and service situations)

Solution approach – enabled prioritization and goal setting, e.g. eliminating drugs of choice one by one, starting with most harmful (crystal)

Strengths – assisted in the recognition of positive self traits (caring and supportive person, a survivor, resilient, reflective (he examined where he was at and was able to redirect his focus)

Motivational – assisted with cessation of 'crystal' use and ultimately finishing with abstinence of all drugs including cannabis.

Systems – enabled an understanding of the broader issues involved (e.g. societal structures that perpetrate homophobia and result in discrimination and marginalisation)

2008-09 client evaluation of EPC

- 93%: overall service rated 'excellent' & would definitely recommend EPC to others
- 100%: felt treated with dignity & respect and could talk freely and openly
- Over 93% felt confident in worker's ability to offer practical and emotional support
- EPC has made a difference to medical care – 93% agreed



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In 2008 an evaluation of EPC found that

93% of respondents: overall service rated 'excellent' & would definitely recommend EPC to others

100%: felt treated with dignity & respect and could talk freely and openly

Over 93% felt confident in worker's ability to offer practical and emotional support

93% agreed - EPC has made a difference to medical care –

Challenges for EPC

- Marginalisation from supports / services.
- Different or competing priorities / goals (GP, client & EPC)
- Current economic climate significantly affecting clients
 - financial
 - availability and affordability of housing
 - unemployment
 - increased demands can effect availability of services

Marginalisation from supports / services.

Different or competing priorities / goals (GP, client & EPC)

Current economic climate significantly affecting clients

financial

availability and affordability of housing

unemployment

increased demands can effect availability of services

Case Study Tom's outcome

- Secure housing, linked to SAS
- Improved functionality in day to day living
- Abstinence from any drug use
- Increased adherence to treatment (HIV ART)
- Increased service engagement
- Ability to self-manage anger issues

- Reduction in
 - psychosis
 - depression and anxiety
 - chaotic behaviour



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Outcome

Secure housing, linked to SAS

Improved functionality in day to day living

Increased adherence to treatment (HIV ART)

Increased service engagement

linked to other services via EPC

mental health supports, specific to HIV

therapeutic - psychologist

HIV Community team - dietician

HIV legal team (HALC)

Reduction in

Psychosis

Depression and anxiety

chaotic behaviour

Aggression

Thanks

- Questions



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