

Mind Australia Limited

Virtual Step Up Step Down

Evaluation of
Virtual SUSD in Queensland
in response to the COVID-19 pandemic

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Prepared by

Mind Australia

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Executive Summary

In this report, we present information about the implementation, viability, client experience, and impact of the Virtual Step Up Step Down (VSUSD) program run at five Step Up Step Down (SUSD) sites operated by Mind between July 2020 and June 2021 during the COVID-19 pandemic.

Program engagement

The program achieved high uptake, with 74% clients accepting the virtual support offered to them. Access to technology and data was not a prominent hurdle for clients to participate in VSUSD. In fact, in most cases, their reason for not joining the program was that alternative supports were preferred or available, or support was not needed.

Some factors that encouraged engagement included:

- having an existing trusted relationship with Mind services and developing early rapport with their virtual support worker was a significant factor in joining the program
- wanting to continue working on recovery goals and support transition home from SUSD
- access to technology and a safe environment to participate

Who joined the program?

Nearly half of the program participants were aged 20 and under and two-thirds were female, particularly younger clients and 5% identified as non-binary, genderqueer or preferred to self-describe. Nearly half of all clients were unemployed and unemployment was more common among older than younger clients. The proportion of Aboriginal and Torres Strait Islanders who accessed the service was comparable to the proportion in the community who would benefit from mental health support. Around a third of clients (35%) living more than 10 km from the nearest SUSD site

Program impacts

Across all services offering VSUSD, 120 clients (85% of total VSUSD clients) completed digital Outcome Measures surveys between September 2020 and June 2021 (45 in adult services; 75 in youth services). We found significant improvement in several key indicators, including Kessler 6 scores that measure levels of psychological distress, when comparing client's responses before and after they participated in VSUSD. On average, client's felt significantly more able to cope day to day and manage everyday tasks after accessing the virtual services than before.

Satisfaction

Client satisfaction with the virtual service was very high, with clients reporting they always felt listened to and respected by staff, and mostly had a say in how the service was run. The Net

Promotor Score (likelihood of recommending the service) was 90 (maximum of 100), which is extremely high.

Experience of virtual supports

Clients were overwhelmingly positive about both the ease of using the Virtual SUSD technology and the effectiveness of the service. A very high proportion of clients felt fully supported (90%) and had meaningful discussions with their key worker online (97%) and felt the technology was easy to use.

Through thematic analysis, we identified three common themes in Virtual service clients' open-ended responses. These themes were mainly positive:

A safety net - safeguarding against falling through the cracks

'Keep doing what you are doing' - maintaining continuity of support

Building capacity – a pathway to independence

Phone was sometimes a preferred mode, but the option to choose between video conferencing and telephone was valued. Clients were more likely to engage with the virtual program when preliminary face to face support allowed them to build rapport with workers before going virtual.

Conclusions

Overall, the pilot VSUSD was accessible and beneficial for clients from both younger and older populations and demonstrated virtual services to be a cost-contained program that valuably augmented residential and face to face services.

- The service worked optimally when flexibly integrated with residential SUSD, for instance, as a "waitlist" alternative, a post-discharge support or an alternative if SUSD was not possible.
- Diverse and supportive referrals from community and clinical supports ensured a high number of referrals.
- Establishing risk assessment, escalation pathways, clinical oversight, and clinical governance remain critical for managing clients virtually.
- Virtual SUSD clients need to be able to access a safe space to communicate with the service.
- VSUSD was cost-effective in achieving substantial client impact, especially compared to residential services.

Background

The Queensland Government provided funding to Mind Australia through its COVID-19 Grant Fund to deliver virtual services from July 2020 to June 2021. The purpose of the funding was to help build community health resilience and preparedness to face the impact of COVID-19. The services were aligned with existing Step Up Step Down services in five Health Service Districts.

Mind undertook significant work to plan and prepare to deliver Virtual SUSD (VSUSD) Mental Health services in each Hospital and Health Service (HHS) during the COVID-19 pandemic. Their service model was redeveloped to support the HHS capability to:

- respond to clinical demands
- prevent hospital admissions
- ensure virtual capability, and
- enable continuity of service throughout COVID-19 to their most vulnerable clients

Mind identified the client cohorts that would benefit most from this service as those who were:

- required to self-isolate and quarantine
- unable to access service environments due to location
- transitioning or returning home from hospital or a residential SUSD service and were at risk of social isolation, or
- eligible for SUSD and had identified needs but chose not to access residential SUSD

VSUSD was offered at five sites with existing Mind SUSD services: Cairns, Gladstone and Bundaberg offered adult services, and Caboolture and Logan offered youth VSUSD. The VSUSD service model was flexible and varied between the five participating sites with some providing online groups using video conferencing and others offering only individual support.

This report

In this report, we present information about the implementation, viability, client experience, and impact of the Virtual Step Up Step Down (VSUSD) program run at five Step Up Step Down (SUSD) sites operated by Mind between July 2020 and June 2021 during the COVID-19 pandemic.

Who accessed Virtual SUSD?

1. Uptake and viability

The program achieved high uptake, with 95 out of 128 clients (74%) accepting the virtual support offered to them at Cairns, Caboolture, or Logan¹:

- Caboolture VSUSD invited 46, clients and 34 accepted
- Cairns VSUSD invited 18, clients and 18 accepted
- Cairns Logan VSUSD invited 64, clients and 43 accepted

Bundaberg supported a further 33 clients (offers not recorded) and Gladstone enrolled 14 clients (offers not recorded) giving a total of 142 clients in the program

Staff invited clients to share their reasons for declining an offer of virtual support and 30 clients responded, with varied reasons:

- other time commitments and or could not access the program within operating hours between 9 am and 5 pm weekdays (n=7, 23.33%)
- preferred face to face support (n=6, 20%)
- no clear understanding of program (staff or client unsure how virtual services would operate) (n=5, 16.66%)
- no or limited access to technology, including phone, laptop, Wi-Fi or internet, data, or call credit (n=4, 13.33%)
- adequate community supports already in place (n= 4, 13.33%)
- readmission to acute inpatient unit with deterioration in mental health (n=3, 10%)
- no access to a safe or confidential place to participate (n= 1, 3.33%)

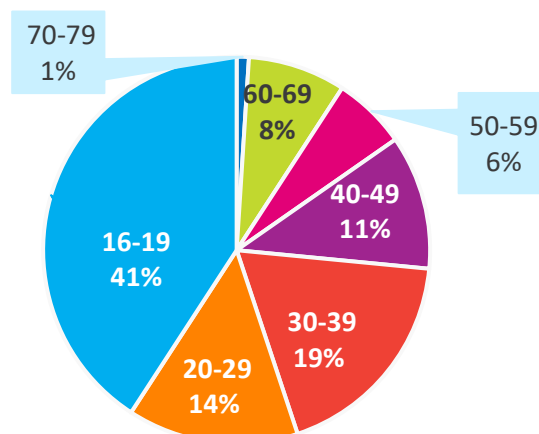
Access to technology and data was not a prominent hurdle for clients to participate in VSUSD. In fact, in most cases, their reason for not joining the program was that alternative supports were preferred or available, or support was not needed.

Clients identified a range of factors that encouraged their engagement with VSUSD:

- having an existing trusted relationship with Mind services and developing early rapport with their virtual support worker was a significant factor in joining the program
- wanting to continue working on recovery goals and support transition home from SUSD
- access to technology and a safe environment to participate
- clients found the virtual platform convenient and flexible around their schedule
- clients felt comfortable using technology
- personal recommendations of the service with positive word of mouth from families, friends, and schools
- Mind providing phone credit
- alternatives were limited, with no other access to community and mental health supports

¹ Uptake data were recorded only at Cairns, Caboolture, and Logan, not at Bundaberg or Gladstone.

2. Demographics



Half of all clients were unemployed (53%)
16% Students
8% Employed full-time
7% Employed part time
7% Casual employment
5% Retired (2% age; 3% disability)
2% Self-employed

8% Aboriginal
3% Aboriginal and Torres Strait Islander
85% neither Aboriginal nor Torres Strait Islander
4% not described

A total of 142 clients joined the Virtual SUSD program at Mind.

Age

- Clients were aged from 16 to 71 with nearly half aged 20 and under (45%, Median age = 22, Mode = 17), and the remaining half distributed across older age groups (Table 1).

Gender

- 2 in 3 clients were girls or women (63%, $n=87$), a higher proportion than men (31%, $n=43$), non-binary or genderqueer (1%, $n=2$), those who preferred to self-describe (4%, $n=5$), and those who preferred not to say (1%, $n=1$, Table 1).
- Overall, the average age of female clients was around 30 ($M=29.63$; $SD=15$), significantly younger than that of male clients ($M=35.37$; $SD=17.39$).
- This gender difference depended on age, with significantly higher proportions of clients aged 19 or under identifying as women (70%) than men (18%) or non-binary, gender-queer, self- or non-described (12%), but gender not differing significantly in older age groups (Table 1).

Employment

- Nearly half of all clients were unemployed and unemployment was more common among older than younger clients (63% of clients aged over 18 unemployed; 39% of clients aged 18 and under, Table 2).
- 33% of clients aged 16-18 were studying, and another 25% were in casual or part-time employment.
- Only 11% of clients aged 19 and over were in full-time employment, with some older clients undertaking casual (3%) or part-time (6%) employment.

Aboriginal and Torres Strait Islander status

- The proportion of clients who identified as Aboriginal and Torres Strait Islander was 11%, which compares with 3.3% in the broader Australian population² and 4% in Queensland (Table 3).³
- Around one in four Indigenous Australians experience mental illness at any given time,⁴ compared with one in five in the broader Australian population.⁵ Therefore, the proportion of Aboriginal and Torres Strait Islanders who accessed the service was comparable to the proportion in the community who would benefit from mental health support. It should be noted that numbers in the client population were low overall and limit the conclusions that we can draw about equitable access to the service.

Geographic dispersion

- Virtual services saved considerable travel distances for many clients, with around a third of clients (35%) living more than 10 km from the nearest SUSD site.⁶

Program completion and reasons for cessation

4 / 5 clients completed the program

5% left due to change in circumstances
 4% no longer needed support
 7% client disengaged
 1% discharged before program complete
 1% referred to another mental health service

² ABS (Australian Bureau of Statistics) 2019. *Estimates and projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031*. ABS cat. no. 3238.0. Canberra: ABS.

³ ABS 2019. *Aboriginal and Torres Strait Islander Population – Queensland, 2016 Census data*, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20Islander%20Population%20-%20Queensland~10003>

⁴ ABS 2019. *National Aboriginal and Torres Strait Islander Health Survey, 2018–19*. ABS cat. no. 4715.0. Canberra: ABS.

⁵ ABS 2018. *National Health Survey: first results, 2017–18*. ABS cat. no. 4364.0.55.001. Canberra: ABS.

⁶ Based on geographical location data for n=133 clients of the total n=142 VSUSD clients.

Table 1. Client gender by age group (10 year age groups)

Age group in years	Gender			Total (n)
	Women	Men	Non-binary and genderqueer, self- described, non- described	
	% (n)	% (n)	% (n)	
16-19	70%* (40)	18% (10)	12% (7)	(57)
20-29	40% (8)	50% (10)	10% (2)	(20)
30-39	64% (16)	36% (9)	-	(25)
40-49	86% (12)	14% (2)	-	(14)
50-59	(5)	(4)	-	(9)
60-69	(4)	(7)	-	(11)
70-79	(1)	(1)	-	(2)
All ages	62%* (86)	31% (43)	7% (9)	(138)

Total n=108, excluding 4 cases with missing data. Percentages are not shown when the number of cases in an age group was low. Mean age was significantly higher for female $M=29.63$; $SD=15$) than male clients ($M=35.37$; $SD=17.39$), $t=1.95$, $p=.05$.

* significant difference from other gender groups within the age group at .05 level, $\chi^2=23.55$, $df=12$, $p=.023$.

Table 2. Clients' Employment status by age group (18 and under; 19 and over)

Age group in years	Employment status						Total (n)
	Unemployed	Casual and part-time employment	Full-time employment	Self- employ ed (full or part time)	Student	Retired (age or disability)	
	% (n)	% (n)	% (n)		% (n)		
16-18	39% (20)	24% (12)	4% (2)	-	33% (17)	-	(51)
19 and over	63% (46)	8% (6)	11% (8)	3 (4%)	4% (3)	10% (7)	(73)
Total	53% (66)	14% (18)	8% (10)	3 (2%)	16% (20)	5% (7)	(124)

Table 3. Clients' Aboriginal and Torres Strait Islander status by age group (10 year age groups)

Age group in years	Aboriginal and Torres Strait Islander status				Total
	Aboriginal	Aboriginal and Torres Strait Islander	Neither Aboriginal nor Torres Strait Islander	Not described	
	% (n)	% (n)	% (n)	% (n)	100% (n)
16-19	5% (3)	2% (1)	90% (51)	4% (2)	(57)
20-29	-	5% (1)	95% (18)	-	(19)
30-39	14% (3)	5% (1)	73% (16)	9% (2)	(22)
40-49	23% (3)	8% (1)	70% (9)	-	(13)
50-59	(2)	-	(5)	(1)	(8)
60-69	-	-	(10)	-	(10)
70-79	-	-	(2)	-	(2)
All ages	8% (11)	3% (4)	85% (111)	4% (5)	(131)

Total n=131, excluding cases with missing data. Percentages are not shown when the number of cases in an age group was low.

Client outcomes

3. Outcome Measures to end June 2021

Across all services offering VSUSD, 120 clients (85% of total VSUSD clients) completed digital Outcome Measures surveys between September 2020 and June 2021 (45 in adult services; 75 in youth services, Table 4). Some clients accessed VSUSD on more than one occasion and 146 survey responses were completed when clients entered a virtual service, while 93 survey responses were completed when clients left a virtual service (n=82 matching Time 1 and Time 2 surveys completed).

What do we ask?

We asked clients about their health status, wellbeing, behaviour, and circumstances that were expected to change over time as a result of participating in a service.

When clients were leaving the service, we also asked them about their personal goals and access to support, and their satisfaction with the service.

How do we report outcome measures?

We compared clients' responses to survey questions *before and after*: before they entered the Virtual SUSD service and at the end of their participation.

Consumer outcomes

Psychological distress
 Managing daily living
 Knowledge and awareness of mental health
 Coping and resilience
 Social ease
 Family relationships
 Hope and recovery
 Personal goals
 Support networks
 Service satisfaction
 Mind diversity and inclusion

Table 4. Number of clients who completed digital Outcome Measures surveys (T1 and/or T2) by service site and type (youth, adult)

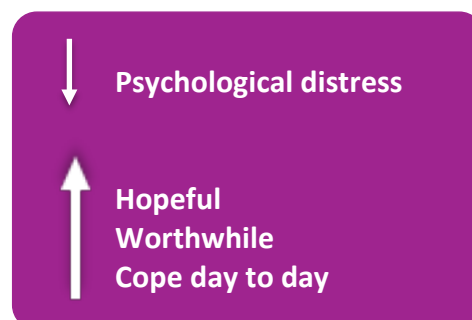
Service type	Service Site					Total n (%)
	Bundaberg SUSD – Virtual n	Cairns ASUSD – Virtual n	Gladstone SUSD – Virtual n	Logan YSUSD - Virtual n	Caboolture YSUSD – Virtual n	
Youth	0	0	0	43	32	75 (62.5%)
Adult	19	12	14	0	0	45 (37.5%)
Total	19	12	14	43	32	120 (100%)

Improved mental health

We found significant improvement in several key indicators, including Kessler 6 scores that measure levels of psychological distress, when comparing client's responses before and after they

participated in VSUSD (Table 5). Clients felt significantly less sad, nervous, restless, and like everything was an effort, and significantly more worthwhile, after accessing Virtual SUSD services than before. In general, improvement tended to be greater among youth clients than adults.

Clients at youth services tend to experience higher levels of psychological distress than clients using adult services, and this was evident among clients of VSUSD with youth still experiencing significantly greater psychological distress than adult clients when they had completed their program (Table 5).



Recovery

On average, client's felt significantly more able to cope day to day and manage everyday tasks after accessing the virtual services than before (Table 6). However, when compared with adult clients after VSUSD, youth clients felt significantly less able to cope, manage daily tasks, feel comfortable with others, and perceived significantly lower support from family. Despite this, there was no significant difference between youth and adults in knowledge about their mental health, working toward personal goals, and getting help to access services, after accessing VSUSD.

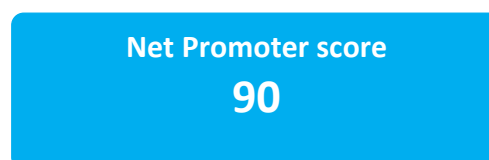
Satisfaction

Client satisfaction with the virtual service was very high, with clients reporting they always felt listened to and respected by staff, and mostly had a say in how the service was run (Table 7).

Clients also felt they were mostly informed about their service, their privacy and confidentiality were always respected, and they always felt safe (Table 7).

On average, clients agreed that Mind offered a welcoming service for everyone, including Aboriginal and Torres Strait Islander peoples, LGBTIQ+ people, those from diverse cultures, and those living with a disability (Table 7).

All surveyed clients would recommend Mind services to their family or friends, with a very high average likelihood of recommending the service of 9.42 out of 10 (SD=0.94). This translates to a Net Promoter Score of 90, with 91% (n=139) of clients being *promoters*, 8% (n=12) *passive*, and one *detractor* (Table 8).⁷



⁷ Net Promoter Score is calculated as the percentage of promoters minus the percentage of detractors.

Table 5. Mean (*M*) and standard deviation (*SD*) of Outcome Measures psychological distress scores (Kessler 6) by time surveys were completed (T1 – enter VSUSD; T2 – exit VSUSD), with extra columns showing average scores for youth and adult clients.

Survey item type	Survey item	Score on scale [#]		Difference between Time 1 (entry) and Time 2 (exit) in the full sample (n=78) [^]					Score on scales [#]			
		Time 1 n=146 M (SD)	Time 2 n=93 M (SD)	Cohen's d	N	t	df	p [*]	Adult (n=42) Time 1 M (SD)	Youth (n=102) Time 1 M (SD)	Adult (n=42) Time 2 M (SD)	Youth (n=102) Time 2 M (SD)
Kessler 6 items Psychological distress (5 point Likert Scale from 1 none of the time – 5 all of the time)	Sad. During the past 1 week how much of the time did you feel so sad nothing could cheer you up?	2.94 (1.06)	2.62 (1.06)	0.30	81	4.35	80	<.001 [*]	2.73 (1.16)	3.03 (1.01)	2.35 (1.07)	2.71 (1.05)
	Nervous. During the past 1 week how much of the time did you feel nervous?	3.19 (1.10)	2.93 (1.18)	0.23	81	4.35	80	<.001 [*]	2.95 (1.24)	3.28 (1.03)	2.39 (1.08)	3.12 (1.16)
	Restless. During the past 1 week how much of the time did you feel restless or fidgety?	3.28 (1.17)	3.06 (1.16)	0.19	81	4.30	80	<.001 [*]	3.05 (1.23)	3.38 (1.14)	2.57 (1.24)	3.23 (1.09)
	Hopeful. During the past 1 week how much of the time did you feel hopeful?	2.77 (1.06)	2.97 (0.92)	0.20	80	1.75	79	.084	2.80 (1.29)	2.75 (0.96)	3.45 (0.91)	2.80 (0.86)
	Effort. During the past 1 week how much of the time did you feel that everything was an effort?	3.42 (1.12)	3.12 (1.12)	0.26	82	2.88	80	.005 [*]	3.29 (1.29)	3.48 (1.05)	2.46 (1.14)	3.36 (1.02)
	Worthwhile. During the past 1 week how much of the time did you feel worthwhile?	2.65 (1.03)	2.98 (0.98)	0.33	80	3.49	79	.001 [*]	2.71 (1.25)	2.62 (0.94)	3.42 (0.97)	2.82 (0.93)
	Kessler 6 Score (sum of 6 items, 2 reverse scored: hopeful; worthwhile)	19.41 (5.31)	17.78 (4.91)		78	4.70	77	<.001 [*]	18.46 (6.25)	19.79 (4.86)	14.91 (4.64)	18.75 (4.64)

Table 6. Mean (*M*) and standard deviation (*SD*) of Outcome Measures recovery scale scores by time surveys were completed (T1 – enter VSUSD; T2 – exit VSUSD), with extra columns showing average scores for youth and adult clients.

Survey item type	Survey item	Score on scale [#]		Difference between Time 1 (entry) and Time 2 (exit) in the full sample (n=78) [^]					Score on scales [#]			
		Time 1 n=146 M (SD)	Time 2 n=93 M (SD)	Cohen's d	N	t	df	p [*]	Adult (n=42) Time 1 M (SD)	Youth (n=102) Time 1 M (SD)	Adult (n=42) Time 2 M (SD)	Youth (n=102) Time 2 M (SD)
Coping, resilience	Coping. How well do feel like you are coping day to day? (1 not well – 5 Very well)	2.81 (1.00)	3.16 (1.02)	0.35	82	3.47	81	.001 [*]	2.98 (1.30)	2.74 (0.84)	3.71 (1.00)	2.95 (0.95)
Know of Mental health	Know. How much do you feel like you know about your mental health? (1 not very much – 5 a great deal)	3.40 (0.87)	3.50 (0.81)	0.12	80	1.43	79	.156	3.43 (0.93)	3.40 (0.85)	3.54 (0.93)	3.48 (0.77)
Managing daily living	Tasks. How well can you manage your day-to-day tasks and activities? (1 not well at all – 5 very well)	3.10 (0.89)	3.49 (0.85)	0.45	82	3.57	81	.001 [*]	3.21 (1.05)	3.05 (0.81)	4.04 (0.81)	3.29 (0.78)
Social ease	Others. How comfortable do you feel around other people? (1 not at all – 5 extremely)	2.94 (1.12)	3.09 (1.08)	0.14	82	1.40	81	.165	2.95 (1.30)	2.93 (1.04)	3.52P (1.12)	2.94 (1.04)
Family relations	Family. How much does your family relationships positively support your mental health? (1 not very much – 5 a great deal)	3.20 (1.35)	3.25 (1.25)	0.04	80	0.68	79	.500	3.43 (1.40)	3.10 (1.32)	3.74 (1.29)	3.08 (1.20)
Hope and recovery	Hope. How much do have hopes and dreams for the future? (1 not at all – 5 very much)	3.36 (1.03)	3.44 (0.94)	0.08	79	1.50	78	.139	3.43 (1.13)	3.34 (0.98)	3.87 (0.87)	3.29 (0.92)
Personal goals	Goals. During my time at PARC, I have worked towards a personal goal. (1 strongly disagree – 5 strongly agree)	Not measured at Time 1	4.17 (0.74)									
Support networks	Services. During my time at PARC, I was provided with help to access support. (1 strongly disagree – 5 strongly agree)	Not measured at Time 1	4.09 (0.85)									

[#] All T1 and T2 surveys were included when calculating group means. [^] Unpaired scores were excluded from paired samples t-tests. ^{*} Significant at alpha level of .05

Table 7. Mean (*M*) and standard deviation (*SD*) of clients' service satisfaction scores (T2 – exit)

Survey item type	Survey item	Scores on scales [#]
		Time 2 n=15 M (SD)
Service evaluation and client satisfaction	Staff in the service have listened to me. <i>(1 never – 5 always)</i>	4.66 (0.65)
	Staff at Mind treated me with respect. <i>(1 never – 5 always)</i>	4.82 (0.41)
	Had a Say. I have had a say in how the service was run. <i>(1 never – 5 always)</i>	4.29 (0.92)
	I was given enough information and was able to make decisions about the way I am supported by Mind. <i>(1 never – 5 always)</i>	4.41 (0.77)
	My privacy and confidentiality was respected. <i>(1 never – 5 always)</i>	4.84 (0.39)
	I feel safe at the Mind service. <i>(1 never – 5 always)</i>	4.84 (0.39)
	I feel feedback on the service is welcomed. <i>(1 never – 5 always)</i>	4.65 (0.66)
	Average of service satisfaction items	4.64 (0.22)
	Mind Commitment. This [statement] is true, in my experience. <i>(1 strongly disagree – 5 strongly agree)</i>	4.76 (0.45)
Likely to recommend	Recommend. How likely are you to recommend Mind's services to a friend or family member? <i>[1=Not at all likely to 10=Extremely likely]</i>	9.42 (0.94)

[#] All T1 and T2 surveys were included when calculating group means

Table 8. Net promoters and the net promoter score for virtual services

Net promoter groups	Number of survey responses n (%)	Net Promoter Score (% promoters - % detractors)
Promoter	139 (91%)	90
Passive	12 (8%)	
Detractor	1 (1%)	
Total	152 (100%)	

4. Incident data – Qld

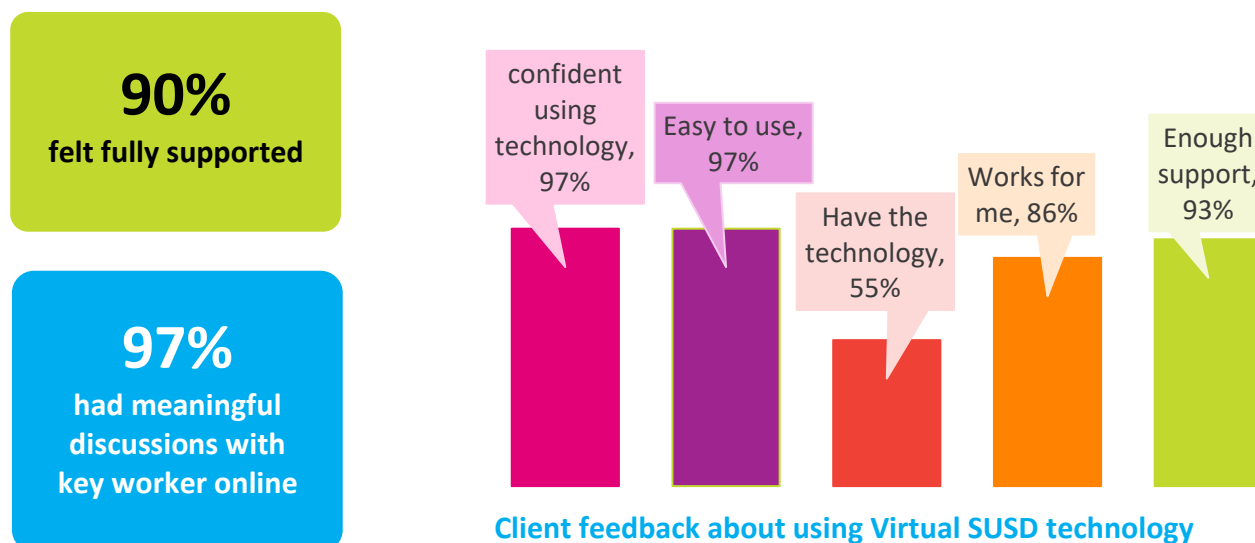
One incident was reported during the 12 months of the program. The incident was recorded at a Youth VSUSD program when a client reported suicidal ideation with a current suicide plan and intent during a video conferencing session. The worker spoke with the client and their parent about safety and directed them to hospital, where the client was admitted to acute inpatient care. This was a good outcome as the young person and their family knew who to turn to when the crisis emerged and were appropriately directed.

Given the nature of virtual services, monitoring incidents is more difficult than with residential services. However, having no other incidents reported in a program that was not restricted to low-risk clients, is a strong result.

Virtual programs need clear clinical governance around incident management, with clinical backup as needed. VSUSD was not envisaged as a crisis service and escalation pathways are important.

Implementation and client experience of virtual services

5. Client experience of virtual support



When clients' Virtual SUSD support ended, we asked about their satisfaction with the service and their experience using the technology. We gained responses from 29 clients between December 2020 and June 2021. Clients were overwhelmingly positive about both the ease of using the Virtual SUSD technology and the effectiveness of the service.

Perceived program effectiveness

- A very high proportion of clients felt fully supported (90%) and had meaningful discussions with their key worker online (97%, Table 9).
- Around 4 in 5 clients felt their key worker knew how they were going with their mental health even without in-person sessions and were keen to keep using Virtual SUSD services.
- Feedback from practitioners and clients suggest that, for some clients, this high level of satisfaction is partly due to Virtual SUSD providing tapered support before or after in-person SUSD or other residential services, at a time when they otherwise may not have received any outreach support.
- It will be important to determine why a minority of clients found Virtual SUSD relatively less effective, to improve future virtual support services.
- Overall, most participating clients agreed that Virtual SUSD met their needs (86%) and over 4 in 5 exiting clients were keen to keep using the service.

Using the technology

- Nearly all clients (97%) were confident using technology and felt the Virtual SUSD tool was easy to use (Table 9).
- Over 9 out of 10 clients agreed they had enough support and training to use the technology and it worked for most of these clients (86%).

Table 9. Virtual SUSD clients' experience of virtual SUSD technology and perceived service effectiveness[#].

Survey item	Client response (n=29)				
	Strongly disagree % (n)	Disagree % (n)	Neutral % (n)	Agree % (n)	Strongly agree % (n)
Using virtual technology					
Feel confident using technology	-	-	-	45% (13)	52% (15)
Easy to use	-	-	-	59% (17)	38% (11)
Works for me (e.g., internet connection OK, phone works OK)	-	-	7% (2)	48% (14)	38% (11)
Enough support and training	-	-	-	52% (15)	41% (12)
Using the service					
Feel fully supported	3 (1)	-	7% (2)	59% (17)	31% (9)
Meets my needs	-	-	10% (3)	59% (17)	28% (8)
My key worker knows how I am going with my mental health, even though we don't have in-person sessions	-	-	17% (5)	48% (14)	35% (10)
I have meaningful discussions with my key worker when we meet online	-	-	3% (1)	45% (13)	52% (15)
Keen to keep using	-	-	14% (4)	41% (12)	41% (12)

Note. [#]Clients responded on a 5 point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree). When clients did not respond to a specific question, we did not exclude them from the calculated percentages.

Client comments and testimonials – common themes

To further evaluate perceived program effectiveness, we analysed qualitative feedback from participating clients from multiple sources, including:

- Responses to open-ended service satisfaction items included in the client Outcome Measures Survey (n=29)
- Experience of virtual support captured in an online survey of client satisfaction (n=12)
- Testimonials from nine clients, including unsolicited emails (see Appendix 2).
- Verbal feedback collected from carers

When clients were leaving the service, we asked them open-ended questions, including: *Is there anything else you would like to tell us, such as what you like most about the service? Do you have any suggestions for improvements? Are there any other comments you would like to make about using Virtual SUSD and technology?*

In line with clients' answers to the survey response scales, their comments about both the design and delivery of virtual services were overwhelmingly favourable. The following quote was typical of clients who expressed satisfaction:

'Thank you for opening up so many doors and setting me up with so much support. I am very thankful for the time that we did spend together, and grateful for you giving me the space to potentially express how I feel.' - Virtual services client

Through thematic analysis, we identified three common themes in Virtual service clients' open-ended responses. These themes were mainly positive:

A safety net - safeguarding against falling through the cracks

'Keep doing what you are doing' - maintaining continuity of support

Building capacity – a pathway to independence

Theme 1: A safety net - Safeguarding against falling through the cracks

The emergent *safety net* theme highlighted the importance of offering structured interventions such as virtual support after client's leave residential services. Client feedback confirmed our quantitative findings that suggest providing tapered support before or after in-person SUSD or other residential services, was a crucial protective measure in the absence of other outreach support. Service users also reported the benefits of virtual services as a mechanism for preventing relapse.

'virtual supports provided me with credit to still be able to connect in. It was all I had some days to keep me going and keep my mental health manageable'.
- Virtual services client

One carer also described how they benefited from virtual support as a safety net:

'When I got [my daughter] into my care she was really struggling with a whole bunch of things. And to be honest so was I. For me, having [a Mind staff member] to talk to and to give me support, not only for her, but myself, helped a lot [and] made me see things differently and helped me understand her and her needs more'. - Carer

Theme 2: "Keep doing what you are doing"

Affirming continuity of support, this theme reflected the common view that virtual support:

- was valued
- improved confidence, which led to self-empowerment and greater opportunities for social connection
- offered flexible arrangements when appropriate

Clients' comments were consistent with their answers to response scales (see Table 9) that indicated many were "keen to keep using" the service. While many clients would have liked the program to be extended to further support their transition to longer-term independence, they also reported that the initial 28 days went a long way to support their recovery.

Several client comments highlight the main elements of this theme and reflect a common perspective:

'For next time - maybe [offer] longer than a month for the [virtual service]. Sometimes it takes a bit longer to work through settling back into home care, so having someone to touch base with and go over skills to cope through the transition for a bit longer would be great.' - Virtual services client

'I feel the virtual worker helped me connect to the service better. Even when I felt like giving up, they wanted to still help me. This then helped me have tools that I was able to use later on when I couldn't access virtual as I was no long[er] on the books'. But after a call back to my virtual worker she was able to add me on for another 28 days and the 2nd time round I felt more comfortable to connect and get more out of the sessions.' - Virtual services client

Our analysis revealed another meaning to this theme from clients - affirming the continuity of support. In the words of one client:

*'All the feedback I can give is, **keep doing what you are doing**. It's a pretty good program to have after discharge.'*

Others expressed similar views, conveying the message that service delivery was of high quality and that those standards should be preserved.

'I found the calls helpful because when I needed to talk about situations, I had going on at the time I had someone who was trustworthy to discuss and connect with'.

'Over my journey I have found it extremely hard to find people who listen to me rather than judge. You have been that one in a million that listened and didn't judge. I'm extremely grateful for your support . . . You have been incredibly impactful in my life'

'I know more about who I am and what my triggers are. Virtual support really helped'.

Theme 3: Capacity building - A pathway to independence

With the support of virtual services, several clients reported how they were given the tools to:

- develop their skills and abilities to improve their mental health
- *'know more about who [they are] and what [their] triggers are. Virtual support really helped'* (quote from Virtual services client)
- solve problems, set and achieve goals
- understand and deal with their development needs

Clients also felt this capacity building was delivered in a way that was sustainable in the long term:

'I was able to explore things in my own mental health that I hadn't said out loud before that helped me accept myself and be more understanding of who I am - This has helped me be more confident . . . and have tools to try keep working on it'. -Virtual Service User

Client perspectives on service delivery mix

A final theme we identified in qualitative analysis of clients' feedback comments related to their perspectives on the various modes of virtual support available and the service delivery mix.

Groups vs Individual support

While most feedback about support was positive, some felt groups didn't suit them:

'In all honesty I didn't quite benefit from the groups. I do however think the groups are beneficial and are an excellent idea especially for that transition back to home. . . . I feel disappointed within myself for not being able to make the effort' - Virtual service user

Service delivery mix - Virtual vs in-person

While virtual service delivery was embraced overall, many clients expressed a preference for using the phone rather than video-calling and staff confirmed that this had been important for many clients. Some clients preferred the phone due to online connection difficulties or enjoyed having a choice. But for other clients, a phone call allowed more flexible, private, and confidential communication than video conferencing, which could be difficult to manage in shared households, or with other commitments.

'I found this very, very helpful as I'm not good at talking to people in person'
- virtual service user

Although virtual services worked for most clients, they also acknowledged that virtual services could not replace face to face services. One service user described the benefit of flexible arrangements within the virtual program where a one-off, in-person meeting was made available. This approach was complemented by follow-up virtual meetings that supported the client in developing self-determination and building resilience.

Service Improvements and suggestions

Clients made several recommendations for service improvement in their free response feedback:

- Extend support beyond business hours
- Increase the profile of the Virtual Services Program by advertising more widely
- Provide 28 days of actual service contact rather than 28 days of consecutive support
- Provide advance notice of scheduled monthly group sessions and include more groups involving personal growth, family and/or informal supports and self-management.
- Increase opportunities for staff training

Feedback from other stakeholders

7. Staff feedback

Seven virtual SUSD practitioners out of 9 staff total, completed an online survey between Dec 2020 and March 2021 about the effectiveness of the service and their experience using the tools. Although only one staff member provided qualitative feedback, their comments concurred with client feedback, that; (a) the program was beneficial and (b) the telephone was the preferred mode of virtual communication.

Perceived program effectiveness

- All participating staff felt virtual SUSD tools enhanced their effectiveness as practitioners (Table 10).
- Practitioners were keen to continue delivering virtual SUSD and intended to promote the tools among fellow practitioners.

100% agreed Virtual SUSD enhanced practitioner effectiveness

85% strongly agreed. 15% agreed

Using Virtual SUSD tools

- All surveyed staff were confident using technology and felt they had appropriate technology and support to set up virtual SUSD tools.
- Virtual SUSD tools were seen to be well integrated with practitioners' other work.

100%

easy to set up and use

Table 10. Virtual SUSD practitioners' user experience of virtual SUSD tools and topline evaluation of service effectiveness[#]

Survey item	Staff response (n=7)			
	Strongly disagree / Disagree / Neutral (n)	Agree (n)	Strongly agree (n)	Total (n)
Using the technology				
Feel confident using technology	0	2	5	7
Have the appropriate technology for Virtual SUSD	0	1	6	7
Easy to use Virtual SUSD tools	0	2	5	7
Enough support to use Virtual SUSD tools	0	2	5	7
Virtual SUSD tools well integrated with existing work	0	1	6	7
Perceived service effectiveness				
Virtual SUSD tools enhanced practitioner effectiveness	0	1	6	7
Keen to continue to deliver Virtual SUSD	0	1	6	7
Intend to promote Virtual SUSD to other practitioners	0	1	6	7

Note. [#]Staff responded on a 5 point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree)

8. Testimonial from partners

Aligning with the views of clients, carers and staff, clinical partners' support for the program was robust (see Appendix 3 for stakeholder testimonials). Partners highlighted key benefits of virtual services, and these are summarised below.

The program effectively delivered a continuum of care

"It provided a good link from SUSD to community" - Case Manager

Our clinical and other partners acknowledged the benefits of post-discharge continuity of care and offering a continuum of support when SUSD residency was truncated, outside of the client's control. Virtual services offered a genuine alternative during periods when restrictions and limits to leave were imposed on clients in SUSD residences, such as:

- when COVID-19 restrictions meant overnight leave was no longer available and mask-wearing was mandatory
- when issues with substance use prompted early exit from the residential service

The virtual program offered stability of support to meet recovery goals and continued availability of groups online from clients' homes.

- Collaborative care between Mind Australia and the client's treating team offered continuity of support between a client's exit from a service and follow-up appointments in the community, or between the point of referral and entry to SUSD.

Referral process and flexible service delivery modes

- While most service referrals originated from the clinical partner, Logan YSUSD was the only virtual service to receive referrals from the community including; schools, acute care teams, and GPs. This referral pattern built relationships with local schools by promoting the VSUSD service to school guidance counsellors and chaplains. Positive client and carer feedback led to growing awareness of the virtual service in the community, and increased demand and referrals to virtual support programs.
- Clinical staff were supportive and provided referrals
- When virtual services had been taken up by clients on a waiting list for in-person SUSD, they often developed a good understanding of their goals by the time they entered the SUSD service and had completed a safety plan and general introduction about what to expect at YSUSD.

Feedback from clinical partners was consistent with other stakeholder views that virtual services were an effective supplement to in-person delivery.

Conclusions and recommendations

9. Challenges and innovations

In this section, we consider the challenges and practice innovations that emerged as the virtual support program was implemented. Services encountered challenges in ensuring digital access and building referral networks for a new type of service. Building therapeutic relationships in a virtual environment and managing risk when traditional face to face assessment was not possible were also challenging. However, staff seized the opportunity of VSUSD to integrate flexible service delivery with existing services.

Building therapeutic relationships in a virtual environment

Keep it personal Clients were more likely to engage with the virtual program when preliminary face to face support allowed them to build rapport with workers before going virtual. This was particularly true for younger clients.

Keep it local Clients responded well to being connected with support workers from their local regions, with some finding it more difficult to establish rapport when their assigned worker was in a different state. Local knowledge and experience still mattered, even when communication was virtual.

Flexible integration with residential SUSD

Lower the burden on SUSD programs Having dedicated VSUSD staff who carried out all outreach and follow-up with virtual clients reduced the burden for residential SUSD staff.

A diversionary alternative Virtual services became a diversionary alternative to SUSD. Services used the opportunity of flexible service delivery creatively to:

- offer a viable and effective virtual alternative to residential SUSD that appealed to clients who found on-site COVID-19 restrictions onerous. For example, when prohibitions on leave from residential services were imposed, some clients preferred to discharge and go home. For these clients, VSUSD allowed continued access to support from home.
- provide continued services to clients who left SUSD due to substance use.
- offer support to clients on waiting lists who could then ‘hit the ground running’ when space opened up in the residential SUSD, having been introduced to program practices and safety plans, and begun to develop a good understanding of their goals. In some cases, providing virtual support to clients on the SUSD waiting list was so effective that clients no longer required residential support and stayed in the virtual program.

Sources of referral

Keep it diverse Youth VSUSD at Logan drew on a range of referral sources, including headspace, local schools, and parents. These diverse sources greatly increased overall referral numbers in comparison to services that relied on referrals from clinical partners. There is a need to build a strong and diverse referral base for virtual services, reinforced by positive

word of mouth, as some clinical partners may prefer to refer clients to traditional in-person services where risk can be managed using established mechanisms.

Liaise with clinical partners Patterns of referrals across services indicated that some virtual programs were hampered by a lack of referrals from clinical partners. At one site, an HHS psychiatrist actively blocked admission to VSUSD, which had a considerable negative impact on uptake of the program.

Strong clinical governance, risk mitigation and case management is essential

Maintain clinical oversight Although programs benefitted from a broad referral base, establishing risk assessment, escalation pathways, clinical oversight, and clinical governance remain critical for managing clients virtually. Effective clinical backup is needed to manage high-risk situations. It may be optimal for VSUSD programs to accept only clients who have clinical case management. In the pilot program, risk was managed successfully with only one reported incident. However, risk management is a critical consideration for ongoing virtual programs.

Support clients to communicate safely Virtual SUSD clients need to be able to access a safe space to communicate with the service. Clients may be living in shared households, experiencing family conflict, or living in crisis accommodation, and may find it difficult to talk privately and confidentially. Both practitioners and clients reported finding regular phone calls more flexible and private than virtual conferencing. Communicating by phone, clients could simply text their VSUSD worker when they were in a safe space to speak.

Accessible and convenient

Keep it personalised Clients found it easy to join a VSUSD program and fit it in with other commitments. They appreciated the flexibility of contact schedules that made it simple to step up contact and get extra support after a few days of minimal contact. Clients appreciated the choice of video conferencing or phone calls, and flexibly combined these options.

Access challenges

Keep it open Clients expressed interest in extended service hours, with some finding conventional office hours a barrier to participation (most services were available 9 am-5 pm, with Caboolture offering weekend support and some weekend group sessions). More flexible operating hours would allow clients to continue to attend school and work during business hours. When available, clients found weekend support helpful and flexible.

Keeping clients connected While many clients' preferred phone calls over video conferencing, video conferencing was acknowledged to have its place in the program and clients highly valued the option of choosing between the two modes. Mind supported some clients with phone credits to stay connected. Brokerage money to support digital access is important to ensure equality of access to VSUSD. The popularity of using the phone for conversations with VSUSD staff suggests virtual supports need not be complex or "high-tech" to be effective.

10. Discussion and conclusion

VSUSD was offered at five sites with existing Mind SUSD services: Cairns, Gladstone, and Bundaberg offered adult services, and Caboolture and Logan offered youth VSUSD. VSUSD was popular, with uptake rates of 74%. Uptake varied between sites and was affected by: the availability of other outreach services (e.g., IRSP at Cairns); the scope of the referral base; and the approach to risk management. Establishing early rapport with clients through in-person induction or localised services may also have encouraged engagement.

More clients were women (63%) than men (31%) and 5% of clients identified as non-binary or preferred to self-describe gender, suggesting VSUSD connected with and supported diverse populations. Around one in ten clients identified as Aboriginal and/or Torres Strait Islanders (11%), comparable to the proportion of First Nations peoples in Queensland and national populations.

While older clients found virtual supports attractive and effective, uptake of VSUSD was highest among younger people. More than four in ten VSUSD clients were aged 16 to 19 and more than half were drawn from Mind Youth SUSD services. Client outcomes indicated that VSUSD provided important support to young people in urban Brisbane populations during the COVID-19 pandemic, and client feedback indicated that VSUSD may be popular beyond the pandemic. Alternative face-to-face supports can be difficult to access, especially confidentially, even outside the context of a pandemic, whereas flexible virtual supports reduced access barriers and allowed clients to avoid stigma. The high numbers of referrals from schools and services in the Logan and Caboolture region indicate that the additional support was a welcome and useful resource for services engaged with young people. Young people may be encouraged to access VSUSD if phone and digital credit are made available or they can borrow devices.

Overall, technology was not a barrier for most clients. Notably, many clients preferred to use the phone to access service rather than video conferencing, partly due to its greater privacy, confidentiality, and flexibility (group support was offered only via video conferencing). Virtual support based on phone communication is simple for clients to access and to integrate into existing systems, and need not rely on regular access to data-hungry secure video interfaces. However, integrated online enrolment and service administration remain essential to securely collect personal and health information and measure client outcomes. Overall, clients were highly satisfied with VSUSD online technologies and there was little negative feedback. However, both client and staff feedback indicated that virtual support should be integrated with face-to-face support for the best client experience. This is particularly important at the beginning of a client's VSUSD program to establish rapport with virtual support staff.

VSUSD was cost-effective in achieving substantial client impact. The total investment in VSUSD was \$455,000 (\$91,000 per site) which provided valuable support to 142 clients. This represented a \$3,200 investment per client and was a highly cost-effective alternative to an inpatient stay that comes at the average cost per patient day of \$1,254 in Australia⁸. In

⁸ <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/specialised-mental-health-services-expenditure> (2018-9 data).

addition, VSUSD allowed clients to maintain regular education, employment, and personal commitments, and return to independent daily living while accessing support. In the future, VSUSD potentially offers a flexible, cost-effective tool that would supplement residential SUSD and consolidate client gains from more intensive face to face support. Overall, VSUSD is an affordable option that may reduce demand for residential SUSD.

Risk management is vital for successfully implementing virtual programs, including thorough risk assessment, escalation pathways, clinical oversight, and clinical governance. Clinical support of the virtual program through referrals is essential for program viability and clinical partnership with agreed risk appetite and management is critical.

A key finding of our analysis of self-reported client outcomes was that the virtual service effectively reduced clients' psychological distress. By the time they left the service, clients felt they were coping and managing everyday tasks better day to day:

'I [felt] abandoned when things went downhill with my mental health. Virtual supports helped me to stay connected and on top of what tools I had, to help my stay out of hospital longer' - virtual services client

Clients were highly satisfied with VSUSD, found the technology easy to use, and felt fully supported to use this mode of access.

Overall, the pilot VSUSD was accessible and beneficial for clients from both younger and older populations and demonstrated virtual services to be a cost-contained program that valuably augmented residential and face to face services.

Appendices

Appendix 1: Qualitative responses from client service satisfaction items included in Outcome Measures Survey, Time 2 (exit).

Is there anything else you would like to tell us, such as what you like most about the service?	Suggestions. Do you have any suggestions for improvements?
The ability to be supported when I needed it.	Some staff need more training.
Not being judged and always being treated with respect and kindness.	more exercise
Love care hugs	Ongoing not just 28 days
Helped me though my graduation. Finding out news in my family when I needed support gave me tools to keep going	Longer then 28days
Staff listen to me and helped me when I needed support with problem solving other issues I was having. Nothing was ever to much	Later call times for supports - Night when I can't sleep.
Someone to talk to	Longer then 28days
Revisiting what I learnt in LYSUSD	More personal growth groups and self-management groups.
More one on one talk time with support staff to check in. This doesn't just have to be when a client is in crisis mode- it can be just for a catch up and they would in turn feel more cared for.	Longer than 28 days - Glad I was given another 28days.
Someone to listen to me I was able to have help knowing my self-worth, something for me through all of my physical pain to help my mind. Gave some someone who listened and gave me tools when I had no one	More information in the community about the virtual service as I had no idea before the acute care team referred me. Put info in GPs etc. Many of my friends didn't know about this either I am trying to get them to reach out and use the service.
I was sent mail to my house first time in my life. I was posted a journal to help me navigate my thoughts and to start planning so I could have better routine in my life. It made me feel like someone cared.	Ongoing help 24/7
someone to talk to, understand my mental health better	Longer service time. Glad Kim could give me another round of sessions when my 28days finishes because things in my life where full on and she was able to be there and direct me where to go when my parents can't because they have 11 children.
That I was a family member of someone accessing the help and I was able to have help to. Linked me in with more people to help me and services in my community to have help	

Is there anything else you would like to tell us, such as what you like most about the service?	Suggestions. Do you have any suggestions for improvements?
That they worked around me and my needs with my mental health	Longer than 28 days. Home visits for virtual or community visits and follow up outings.
Respected me and my needs, listened when I needed to talk and was a voice of reason, Helped me make choices	No. Its good as it is
I was able to explore things in my own mental health that I hadn't said out loud before that helped me accept myself and be more understanding and kind of who I am - This has helped me be more confident in who I am and have tools to try keep working on it.	Longer than 21 days, more practical groups for meeting of parents with teens with mental health.
I was abandoned when things went downhill with my mental health. Virtual supports helped me stay connected and on top of what tools I had to help my stay out of hospital longer.	Longer services and being able to use more than one mind service at a time virtual and peer follow ups
Every one listens	Receive modules earlier
Freedom to come and go as I please, safe environment, don't feel obligated to participate if not feeling well.	Ongoing supports virtually none its good
I know more about who I am and what my triggers are. Virtual support really helped.	no its great service
I liked being able to do groups with my wife on the virtual service to try better understand our teen daughter and her pro nouns and her mental health as well as ours.	Longer than 28 days Thankfully <client name>is giving me another 28 days but I felt like I was just feeling comfortable with the service and then its finished.
Enjoyed having someone who listened rather than talked at us all the time which we have felt from other supports	Ongoing and crisis calls accepted also
Ongoing support. Able to have a number and get the same person and some I already know and built trust with	
Still being able to have help when I moved states due to it being virtual could talk anywhere anytime.	
Having someone to talk to in what can be a lonely world of disability and poor mental health	
Virtual supports help me fill a gap when I was doing ok but needed something to help my family and other staff feel safe about my mental health.	
Happy that <client name>and team worked to my needs as I needed and listen to me.	
How relative everything was to my current situation	

Is there anything else you would like to tell us, such as what you like most about the service?

Suggestions. Do you have any suggestions for improvements?

I felt like a ray of sunshine had come in and brightened up my dark days

Having someone to contact that would help when I couldn't help myself with my mental health

Appendix 2: Client Testimonials and email feedback

Feedback from VSUSD participants

"In all honesty I didn't quite benefit from the groups. This is due to not attending the groups I was quite anxious about attending the groups and my anxiety caused lack of concentration. I do however think the groups are beneficial and are an excellent idea especially for that transition back to home. I appreciated the reminders and the support and benefited from the weekly check ins about my week. Thank you for providing me with the opportunity to attend the groups I feel disappointed within myself for not being able to make the effort"

"In general, I found the virtual support to be useful. Having follow-up treatment after being discharged is much more beneficial than being discharged and left to fend for yourself. Though I did think that it was probably more useful when I first did it the first time because I know we caught up a lot more because it wasn't in groups as such, but more individualised support, though I know that if I had been in a proper virtual group (i.e., more attendees) it could have been beneficial but never really got to experience that. While I found the sudden disconnection difficult, particularly as someone with attachment/abandonment issues, I found it helpful in terms of relapse prevention and help for the first month after being discharged. While I recognise and acknowledge that the program isn't a long-term commitment that can't be maintained indefinitely"

"All the feedback I can give is, keep doing what you are doing. It's a pretty good program to have after discharge"

"I just wanted to say thank you for all of your support while I was at YSUSD and throughout virtual. I appreciate it more than you'll ever know. Thank you for opening up so many doors for me and setting me up with so much support. I am very thankful for the time that we did spend together, and grateful for you giving me the space to potentially express how I feel (although it was a struggle and I didn't always do it). Thank you for giving me your time of day to actually listen to things that I haven't told anyone about. I will be eternally grateful for the support you have given me over the past month!

"Thank you again"

"I just wanted to say thank you for the past few weeks not only while I was at the service but outside as well. Over my journey I have found it extremely hard to find people who listen to me rather than judge. You have been that one in a million that listened and didn't judge. I'm extremely grateful for your support as well with my sexual assault and helping me find support. You have been incredibly impactful in my life and someone that I will never forget. I hope you have a beautiful Christmas break. Thank you from the bottom of my heart for everything. I want you to know that you are amazingly talented at your job and everyone who you support in the future is lucky to have your support."

"I know more about who I am and what my triggers are. Virtual support really helped."

"I found this very very helpful as I'm not good at talking to people in person. It was flexible to suit my needs and when I was available to talk and answered my calls when I reached out for help and guidance. I would definitely recommend this to anyone needing help or guidance

with what their dealing with and I have to say I am a bit sad that our time is coming to an end. I wish you all the best with the future to come and thank you so so much for all the help and time you have given me. I wouldn't have been able to get through anything without your help".

"I found the calls helpful because when I needed to talk about situations I had going on at the time I had someone who was trustworthy to discuss and connect with. I also found these calls helpful because <client name> and I regularly got to touch base and talk about positive coping mechanisms (I learnt some new ones along the way). Overall it was a good way to ease back into community care instead of being thrown straight into it.

For next time - Maybe longer than a month for the calls, sometimes it takes a bit longer to work through settling back into home care, so having someone to touch base with and go over skills to cope through the transition for a bit longer would be great."

Carer of VSUSD participant

"When I got <client name> into my care she was really struggling with a whole bunch of things and to be honest so was I, for me having you to talk to and to give me support not only for her but myself help a lot made me see things differently and helped me understand her and her needs more. The same with <client name> and then when my nephew needed help you were the first person I thought of because of how you and your service helped me and the other two kids"

Appendix 3: Clinical partner testimonials

Case managers

“it provided a good link from SUSD to community”

“I think the idea of virtual support is great if that’s what the client wants. I don’t think anything can replace face to face connection but believe phone/ online support is a great adjunct for this.”

“I think the concept as a whole though is very useful”

“Just based on my own opinion, I believe that the program makes a lot of sense, as it allows for a gradual handover to the treating team and gradual decrease in support rather than abrupt discharge”

“I know that consumers have usually found the Virtual Support offered over the past few months to be useful. Its purpose of support during Covid has been useful from a clinical perspective in times when we’ve had to put a hold on Step Up admissions and the waiting consumers have been able to have some support through the VS programme. It has been a handy introduction to YSUSD during those times. It has also been of use in bridging the gap between YSUSD discharge and the treating teams first appointments so that consumers have a sense of continuity of care.”

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