



LIFE LINKS AT BOX HILL HOSPITAL EASTERN HEALTH

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INTRODUCTION

- Life Links provides a program of psychosocial skills and exercise to address issues of social connectedness, anxiety, depression and physical inactivity in cardiac patients who have completed the phase 2 cardiac rehabilitation program at Box Hill Hospital, Melbourne.
- Our aim is to train others to use this program within Eastern Health and other organisations.



LITERATURE RESEARCH

- A growing body of literature suggests that people with the support from friends, family, and community remain in better health and recover better from physical and emotional distress than those who are less socially integrated (Rhodes, 1998)
- Research has also shown that temporary social support, such as a support group, might compensate for a lack of consistent social support (Moos, 1990)



- The Expert Working Group of the National Heart Foundation of Australia concluded that there is strong and consistent evidence of an independent causal association between depression, social isolation and lack of quality social support and the causes and prognosis of CHD
- The increased risk contributed by these psychosocial factors is of similar order to the more conventional CHD risk factors such as smoking, dyslipidaemia and hypertension (Bunker et al, 2003)



BACKGROUND

- The Life Links Program was first initiated by Health Promotion Unit at Eastern Health and then developed and supported by Health Promotion, Social Work and Cardiac Rehabilitation in 2002
- Although the program model can be applied to a range of chronic illnesses, cardiac patients were selected as the initial pilot group due to the association between CVD and depression



- The first program started in 2004
- We have now completed six programs
- Some changes were made in the programs development including additional content, new resources, and lengthening of the program.
- It is felt that the program model is now complete and a facilitator training package is in development to be rolled out later this year.



- The first two years the program was run on site at Box Hill Hospital
- We have now moved the program off site to Box Hill Aquatic & Leisure Centre (Aqualink).
- Being off site was considered an important aspect in transitioning into usual life activities after their hospital stay



- With the move to Aqualink, all participants are offered ongoing membership at reduced membership fees
- The last program session includes community support providers and these have included representatives from:
 - Community Health Services
 - Neighbourhood houses
 - Exercise facilitators who run classes locally

AIMS OF THE LIFE LINKS PROGRAMME

- To build participants mental and emotional health, whilst providing opportunity for social engagement and the building of strong local community networks.
- To improve patient recovery from illness or surgery, and to prevent the onset of depression & anxiety.
- To increase participant skill and coping strategies to promote mental health and well-being.
- To demonstrate the effectiveness of this program, enabling its inclusion in future Health Promotion action across Eastern Health



RECRUITMENT

- High risk patients were identified following the completion of a risk screening questionnaire (HADS Scale)
- These patients were then referred into the program by the Cardiac Rehabilitation Coordinator and the Social Worker after completion of the phase 2 cardiac rehabilitation program at BHH

COMMUNITY VENUE

- It has been demonstrated that running the program in a community setting has provided participants with direct links to outside activity and interests
- This setting provides opportunities for participants to engage in informal group discussions as well as exposure to exercise opportunities



FACILITATORS

- Facilitators of the social support aspect of Life Links are required to have qualifications in Social Work or Psychology
- There have always been 2 facilitators running Life Links, one of the facilitators must have the above qualification
- The exercise component requires qualifications in human movement

GROUP SESSIONS

- Total Sessions: 6 sessions
- Time: 2 ½ Hours
- Length: once a week
- Cost: \$45 per participant

First 1 ½ hours is the psychosocial education of the program and the second hour is the exercise component which consists of:

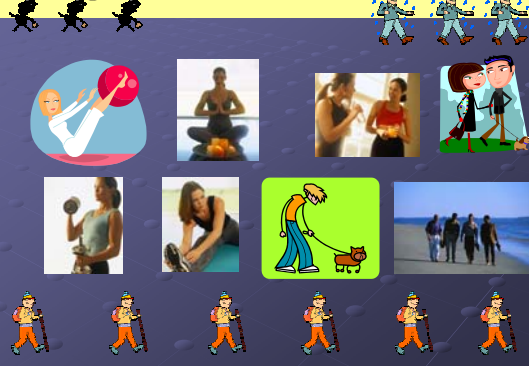
- Walking
- Gentle Exercise
- Use of gym equipment

SESSION TOPICS

- Communication / Listening
- Feelings
- Cognitive Behavioural Therapy Interventions
- Stress Management / Relaxation Techniques
- Positive Affirmations and Self-Talk
- Anticipating and Coping with Difficult Events
- Expressions Of Empathy and Compassion



EXERCISE



EVALUATION METHODOLOGY

- 5 tools pre- and post-completion
 - Taylor Physical Leisure Activities
 - Goldberg General Health questionnaire
 - Beck Depression Inventory
 - Cohen Perceived Stress Scale
 - Shaver Depression and Loneliness Scale
- General evaluation
- Telephone follow-up at 3 months
- Response rate – consistently 75% or higher

FINDINGS: PHYSICAL LEISURE ACTIVITIES

Programs 1-6 = 65% increase in level of activity post-Life Links



FINDINGS: GENERAL HEALTH

Measured level of happiness, mood, usefulness, enjoyment in daily activities.

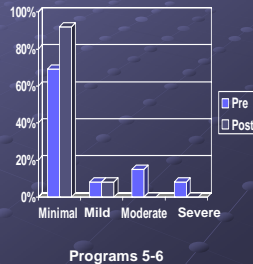
Programs 1-6 = 48% improvement in general health post-Life Links



FINDINGS: DEPRESSION

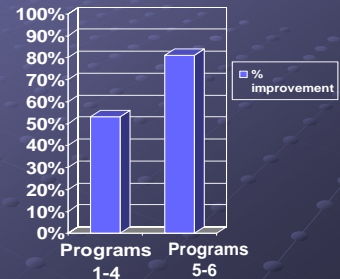
Measured energy levels, pessimism, sadness, self-criticism.

Programs 1-4: 93% of participants reported their mood stayed the same or improved.



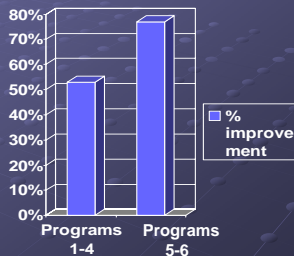
FINDINGS: PERCEIVED STRESS

Measured perception of control over stressors.



FINDINGS: FEELINGS

Measured personality and social psychological attitudes to daily life.



PARTICIPANT FEEDBACK

- 'Lifelinks was a great support at a time when a common bond required reinforcement.'
- 'The sharing and discussions were reassuring in that we got to know that we were not alone.'
- 'The manner in which these sessions was presented was an eye opener to me and exciting to be a part of.'

FINDINGS: 3 MONTH TELEPHONE FOLLOW UP

- 62% of participants have become involved or joined new groups in the community
- 62% stated they had increased levels of physical activity if health permitted.
- 47% reported their physical health had improved or stayed the same.
- 60% stated Life Links program made them realise they were not alone.

(Groups 1, 3 and 5)

DISCUSSION

- Program consistently achieving objectives
- Improvements between programs 1-4 and programs 5-6:
 - Change in venue
 - Changes to program length
 - Stability with facilitators



SUMMARY

- Our program is about empowering people to address and change their lifestyle
- We have found that if a patient's mental health is addressed they are more receptive to change



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