A Client Journey Example - Kupe

Kupe is a 49 year old Māori male Truck Driver who lives in Mangere. Kupe was diagnosed with Type 2 Diabetes two years ago, after failing his annual medical check up required by his workplace. Kupe is on medication and is supposed to be increasing exercise and following a healthy eating plan to keep his diabetes under control, but life is so busy its hard to comply with the doctors recommendations. Kupe's oldest daughter has just finished high school and wants to go to a performing arts school which is expensive, so Kupe has been working extra driving shifts to try and save some money

Phase	Awareness	Initial Engagement	Session	Wrap Around Support	Follow Up

Kupe has been feeling really tired and noticed he is a bit dizzy, so his wife makes an appointment with his GP Dr Api.

Kupe sees **Dr Api** the following week for a diabetes check up - (a lab form was sent to Kupe's house after his wife booked the appointment and the results are in).

During the consult **Dr Api** tells Kupe that his HbA1c has increased, that it is very high and that they need to work on a plan to bring it down so he doesn't get really sick

Dr Api discusses the benefits of a different medication and writes a prescription for Kupe. Dr Api weighs Kupe and sees he has gained weight since the last consultation.

Dr Api explains that the extra weight could worsen his diabetes and that there is a health coach in the clinic that can help Kupe to come up with ways to reduce his weight, reduce his HbA1c and improve his general health.

Dr Api rings the **Health Coach** (Rodney) to see if he can see Kupe to help him with some of his health challenges – in particularly healthy eating, medication adherence and reducing his HbA1c.

***Rodney** currently has no patients so tells Dr Api that he can see Kupe right away. Dr Api walks Kupe down the hall to Rodney's room and does a warm handover, explaining what challenges Kupe is hoping to get support with. In particular Dr Api explains that Kupe's HbA1c has increased from 79 to 87*

Kupe feels worried that his diabetes has got worse which could mean failing his next medical and losing his job.

Kupe really wants to keep healthy so he can keep working.

Rodney introduces himself to Kupe and explains his role. He then sets an agenda for the visit and explains to Kupe that he will help him to complete a questionnaire called the DUKE, then discuss diabetes and some solutions that might help to reduce his weight and that at the end of the consult he will leave here with a clear action plan. Rodney the Health Coach explains that the DUKE is a health questionnaire and can be helpful to see if there is anything else that he may be able to help Kupe with.

When the DUKE is completed the physical score is lower than the mental and social health – Rodney explains this and asks if its ok it they talk about diabetes, Kupe says yes.

Rodney and Kupe discuss weight management and how important it is to help his diabetes. Rodney also explains the 4 best ways to reduce blood sugar levels – modifying eating habits, engaging in light exercise, taking medication and managing stress. Kupe chooses one (modifying eating habits) that he agrees to work on over the next week.

Rodney and Kupe go over the diabetes healthy food booklet and discuss how much of each of the food groups and what portion sizes Kupe should be aiming to have most days. Kupe admits that he doesn't eat breakfast and often forgets to take his morning meds.

Rodney and Kupe work together to create a plan: have breakfast (2 x weetbix with lite blue milk) 3 x per week and take meds at the same time.

Rodney also explains that there is a walking group in the clinic if Kupe would like to join and that there is a healthy lifestyle group that runs in the clinic and gives him some information to read.

Rodney arranges an introduction for Kupe to **Seyed**, the Awhi Ora Community Support Worker. Seyed agrees to make a time to meet with Kupe in his home to go over the goals and plans he has set with Rodney. Rodney tells Kupe he is welcome to come in for another appointment if he feels like he needs further support.

Kupe leaves with the diabetes food booklet and a plan for the next week, feeling better about taking some action to help his diabetes. He plans to show his wife and daughter so they can help him with better food choices. Kupe is looking forward to meeting with Seyed later in the week to look at ways to help him achieve his eating and exercise goals.

I am no longer dizzy and feeling less tired now, I have also lost 2 kg.

A few weeks later...

Kupe has weekly sessions with **Seyed** at his home, and finds it really helpful to have the extra support and motivation. Seyed also helps Kupe to set a simple routine to remember to take his diabetes medication. Seyed is pleased with Kupe's progress and reminds him that if , he feels he need extra support, that hey can make an appointment with either himself or in the clinic with Rodney.

Routine screening	Brief Assessment & Risk Profile	Warm Handover	Pre-test DUKE Questionnaire	Focused Acceptance Commitment Therapy	Connections, Support & Referral	Feedback to GP	Post-test DUKE Questionnaire

A Client Journey Example - Robbie

Robbie is a 20 year old student studying engineering at University of Auckland. Robbie comes from Gisborne and moved up to Auckland 3 years ago to start his degree. Robbie is proud of his Māori and pākeha heritage but he has no whānau in Auckland and flats in Onehunga with 4 other students.

Phase	Awareness	Initial Engagement	Session		Wrap Around Support		Follow Up
	I really miss my family, and wish Mum could help me with my skin. She would know what to do.		I am so tired, and feel like I have no energy during the day – I have even been falling asleep during lectures.	If my acne clears up I will feel more comfortable attending social activities			I have reduced my smoking right down to 2 a day and am sleeping way better. I have saved enough money to fly home
	Robbie visits the Student clinic as he has developed a painful skin problem all over his face and back. He is seen by **Dr Tim Andrews** who prescribes him a 28 day course of antibiotics for his hormonal acne and educates him about the importance of taking the whole dose.	**Dr Andrews** informs Robbie about a clinic-based **Health Coach** who could support him with improving his sleep and diet, as well as help him to remember to take his antibiotics. Robbie agrees to meet with the Health Coach.	**Indira** explains her role. She asks Robbie to explain what he needs help with and how she could support him. He asks for support with improving his sleep, diet and remembering to take his course of antibiotics, as he really wants to get rid of his acne which impacts his confidence. Indira agrees that she can help him with all of this.	**Indira** then talks to Robbie about how he can improve his sleep, and works with him to set some goals and write a plan. She then goes onto a useful website that explains the importance of a healthy diet and prints off some local NZ-based meal plans for Robbie to try.	**Indira** helps Robbie with some skills for managing difficult emotions related to missing loved ones. She also asks him if there are any university social groups or sports he may be interested in joining. He says he is keen to join the rugby club but needs the skin on his back to heal first .		Robbie meets with Carlos to discuss rugby clubs and he agrees to go along to a couple with Carlos to see which one he likes. At the end of one visit Carlos notices Robbie smoking and asks if he is interested in quitting and offers some brief cessation advice and asks if he would like to be referred to the **Smoking Cessation** team. Robbie agrees.
	During his appointment, Robbie mentions that he is feeling pretty tired and a bit stressed out. He explains that moving to Auckland has been a big culture shock and he misses his family and his home terribly. The flat he is living in is expensive and he is struggling with sleep and maintaining a healthy diet. He has also started smoking as it helps his loneliness.	*Dr Andrews books the appointment and walks Robbie down the hall to the Health Coach room and introduces him to **Indira** the Health Coach.*	*Indira explains to Robbie that before they start, he has to complete a short questionnaire so she can understand a little more about him. Indira goes through the Duke's health questionnaire with Robbie who scores moderate to low on the mental health score.*	After that Indira helps Robbie with some techniques to remember his antibiotics, and helps him set up a daily reminder on his phone. She then asks Robbie some questions about the stress he mentioned to the Doctor. *Robbie explains that he feels stressed, tired and a bit down as he misses his family and village at Tokomaru Bay. He also misses being part of a rugby team/club.*	Indira suggests an introduction to **Carlos**, the Awhi Ora Community Support Worker and ex rugby professional who could meet with Robbie at his home or in the community and help him connect with some social rugby groups. Robbie has heard of Carlos and agrees to meet with him later in the week. Indira also tells Robbie that Carlos can help support him with his healthy eating plans and remembering to take his medication.		*The following week, Carlos checks in with Robbie to see how his week has been, and ask if he needs any further support around forming social connections, healthy eating, smoking or taking his medicine. Robbie says he has taken his course of antibiotics but his acne is still worrying him. Carlos suggests that he makes another appointment to see the doctor for either more medication or a different medication. Robbie also asks Carlos to book him into the Ready Steady Quit programme once again, as he was too shy to go the week before.* Robbie books into a Smoking Cessation group and makes an appointment for the same day with the Doctor to get his new script.
	Routine screening	Brief Assessment & Risk Profile; Warm Handover	Pre-test DUKE Questionnaire	Focused Acceptance Commitment Therapy	Connections, Support & Referral	Feedback to GP	Post-test DUKE Questionnaire

A Client Journey Example - John

John is a 52 year old tradesman, married with three children who are in their late teens. He has been seeing his GP, Mary, for the last 5 years. John trusts Mary with his health care. Over the last couple of years, John has had increasing health concerns including asthma and chronic pain.

Phase

Awareness

I'm so angry, I'm in pain – it never used to be this hard and it's getting in the way.

John is in for a routine visit related to his asthma and chronic pain medications. He checks in with the **receptionist**, who notices he seems unusually hostile, and mentions it to the **Practice Nurse.**

During the triage with the **Practice Nurse**, mentions that with his persistent health issues, he is feeling frustrated and angry. He's feeling like he might go back to smoking and drinking if this doesn't subside.

During his appointment, his **GP** mentions his feelings of frustration and anger. As they talk, John discloses that he's been feeling really low.

Routine screening

Initial Engagement

John's **GP,** Mary, talks to him about how he's been feeling, and how this impacts his health (and vice versa). She asks a few questions about how severe his 'low' is. They discuss the negative impact that going back to smoking and drinking could have.

John mentions that this is also affecting his work as he's had to take a lot of time off and he may have a hard time paying the rent. His wife is really worried about him.

John's **GP** suggests that he talks to Martin, a member of their team who offers support in these situations. John says he's give it a try.

*She sends a quick message through the computer, and Martin **(HIP)** comes to the room. Mary introduces them to each other.*

Brief Assessment & Risk Profile

Warm Handover

Session

With all this stress and anxiety, I've barely been sleeping. I'm exhausted and short tempered.

John and Martin **(HIP)** move into another room. They have a chat about what is troubling him. Martin asks John some questions about how he's been feeling, sleeping and eating. They talk about his concerns about his job and the rent, as they are at the top of his mind.

As they are talking, John also feels like he might be able to cope a bit better if he could relax and rest a bit more. With all of this stress, he's barely been sleeping.

Pre-test DUKE Questionnaire

Maybe it's not hopeless. I'll give it a go.

With Martin, John reflects on his internal feelings contributing to his distress, focuses on the present and the direction he would like to take based on what he values – his family.

John identifies his next steps and commits to take 3 actions.

Practice the mindfulness and sleep routines that Martin offers.

Change his diet, identifying anything that could be changed that will help his sleeping.

Investigate options for rental assistance while he completes his current treatments for his condition.

Focused Acceptance Commitment Therapy

Wrap Around Support

Martin suggests John meet with **Leroy**, the Awhi Ora Community Support Worker who can meet with John at his home and help him with a range of supports in the community. An appointment is arranged for that afternoon and Leroy helps John with some tips around Sleep management, and making some changes to his current diet. Tips that he can start that day.
Leroy also provides some assistance and support around accessing some financial support to help with rent until John feels like he is able to go back to work full time.

Connections, Support & Referral

Feedback to GP

Follow Up

I'm sleeping a bit better lately. My wife said she sees the 'old me' coming back. I'm going to try a couple more things.

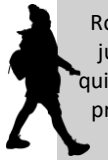
A few weeks later…

While John is at the practice for his next visit, the **GP** asks how he has been doing, and his wellbeing plan. He talks to the doctor about the things he has done, that he is feeling a bit better and has been able to work more regularly. The **GP** gives positive affirmation and talks to John about his current focus and next steps with his health and wellbeing.

*Martin (**HIP**) and John talk – John has already identified two more things he can do. Martin congratulates him. He's welcome to pop in anytime he needs. John connects with Leroy again to set up some sessions at his home to help him work on his new wellbeing goals.*

Post-test DUKE Questionnaire

A Client Journey Example - Rosa



Rosa is a 16 year old year 12 student at Melville High School in the southern suburbs of Hamilton. She lives with her Dad, Gary and younger brother, Connor who has just turned 13. Rosa's Mum Joanne died of cancer 2 years ago and they are managing ok as a family of 3 but Rosa feels sad a lot of the time, and the house is pretty quiet without her happy-go-lucky busy Mum around. Rosa's Dad has arranged a caregiver to come after school a few days a week to help with Connors homework and prepare meals. Rosa's Dad is a sales rep for an electrical supplies company and has to work extremely long hours which creates some pressure on Rosa as the oldest sibling.

Phase	Awareness	Initial Engagement	Session	Wrap Around Support	Follow Up

Rosa injures herself playing netball and is encouraged to go and get it checked out.

During netball training one afternoon, Rosa badly sprains her ankle and her coach suggests she go to the doctor to get it checked. Rosa's Dad makes an appointment for Rosa to see her **GP** and takes the morning off work so he can drive her.

Dr Mike is Rosa's family doctor and has looked after Rosa's whole family, including her Mum up until she passed away. Mike welcomes Rosa and her Dad into his room and Rosa shows him her strapped and bruised ankle. While checking her ankle, Doctor Mike asks Rosa how she is doing. Rosa knows Dr Mike well and feels comfortable enough to be honest.

Routine screening

Rosa tells **Dr Mike** she is still sad a lot and really misses her Mum. She had hoped that by this time she would be able to cope better and accept her Mum has gone, but she just can't seem to move forward. She tries to have fun, but just ends up getting sad when she comes home and realises Mum is not there to share things with.

Dr Mike nods and validates how difficult it must be for her and the rest of the family to carry on without Mum. Dr Mike also tells Rosa about Willa, a new team member they have at the clinic who is skilled at helping people to manage problems in their lives, including grief. Mike suggests that Rosa could meet Willa the ***HIP (Health Improvement Practitioner)*** *today while she is at the clinic.*

Dr Mike walks Rosa down the hall and knocks on **Willa's** door. Willa answers the door and says that she is free so can meet with Willa now. Dr Mike stays for a few minutes and explains to Willa that Rosa is feeling sad about not having her Mum around and is struggling to move forward through the next stage of her teenage years which are supposed to be fun and exciting.

Brief Assessment & Risk Profile

Warm Handover

I feel sad a lot of the time, I feel like I can't spend time with my friends because I don't want to bring them down.

I do really want to feel better again, I will give it a go.

Willa welcomes Rosa into her room and tells her a little more about her role as a **HIP**. Willa asks Rosa some questions about her life and they talk a bit about how Rosa's grief is impacting on her life. Rosa explains that she is spending a lot of time alone in her room. She is staying up late looking at social media on her phone, and this is making her tired during the day which makes socialising even harder. She's also having trouble concentrating at school and this is affecting her grades.

Willa gently acknowledges and validates Rosa's feelings of sadness and loss. She asks what Rosa thinks might be different if she wasn't feeling so low. Rosa replies that she would like to be spending more time with friends.

Willa teaches Rosa a brief mindfulness activity that she can practice where she learns to open up to difficult thoughts and feelings rather than trying to avoid them. They agree that it would be a good idea to start reconnecting with friends and come up with a plan that feels achievable to Rosa of making contact with her closest friend and suggesting they get together after school. Willa also talks with Rosa about screen time before bed and how this can affect sleep quality, and they agree she will try to turn off her phone an hour before her bed time of 11p.m.

Pre-test DUKE Questionnaire

Focused Acceptance Commitment Therapy

At the end of the session Rosa is feeling positive that she has a plan and is keen to text her friend to suggest they get together. She also feels that going to sleep earlier will be helpful, so rates her confidence in carrying out their plan at around 8/10.

She has found the session really helpful. Willa tells Rosa that many people get what they need from one session, but also tells Rosa that she is welcome to come back any time to work on any area of her life that she feels concerned about.

Connections, Support & Referral

Feedback to GP

I still really miss Mum but I am learning to manage this and my friends have been supportive in helping me too.

A few weeks later…

Rosa returns to her **GP**, Dr Mike for a routine check up on her ankle following their initial appointment. He asks her how she has been going following her session with Willa. Rosa is happy to say that she has been feeling a lot better. She had been using a few of the mindfulness activities that she discussed with Willa and they had helped significantly.

Rosa has been spending more time with her friends and is feeling a bit more like a regular teenager again. She has been sleeping better and is looking forward to the plans she has made in the upcoming school holidays with her friends.

Post-test DUKE Questionnaire

A Client Journey Example - Talia

Talia is a 32 year old female living in Flaxmere, Hastings. She has recently separated from her partner of two years and is currently sleeping on her Aunties Couch while she tries to find some permanent accommodation. She has a part time job at the BP which she is hoping will become fulltime before the end of the year. Talia is recovering from an abusive relationship and has noticed she is smoking more than she was three months ago. She is also aware that her Mum died of COPD and her Aunty is suffering from some awful symptoms of COPD - it makes her feel anxious, as she knows she needs to quit or risk developing it herself.

Phase	Awareness	Initial Engagement	Session	Wrap Around Support	Follow Up
	Talia hurts her leg playing social netball and can't afford to be off work so decides to go to the doctor to get it checked	**Dr Smith** explains that there is a **Health Coach** in the clinic that can help with lots of different lifestyle challenges, including how to quit smoking. With Talia's consent, he books an appointment with Renee the Health Coach for the next day, when Renee is running a smoke free drop in clinic at the practice.	Talia explains to her manager that she is wanting to quit smoking and needs to take the morning off work to attend a group session		I feel so much better, I am saving $50 a week not smoking and I am living in my own place
	Talia sees her **GP** Dr Smith the next day and explains that she can't really afford to have any time off, so asks for strong pain relief.	*Talia has been on anti-depressant medication in the past but has not taken any for the past 3 years. She asks Dr Smith for a new prescription stating that she has recently left her partner. While she feels it is the right move, she is struggling with feelings of sadness and anxiety about the future. Dr Smith tells her they have a new team member who is skilled at helping people to manage life challenges. He suggest Talia meet with Aaron the **HIP** before they make a decision around restarting medication.*	Finally I have got some people helping me		A few weeks later…
	After confirming Talia has a knee strain and recommending rest and cold packs, **Dr Smith** notices that Talia appears to be a heavy smoker and asks if she has considered quitting, to which Talia answers yes.	Talia agrees this it might be good to talk to Aaron and **Dr Smith** explains that she can probably see Aaron the **HIP** right away. They walk down the hall to Aarons room and he is free. Aaron explains he can spend about 25 minutes with Talia. Dr Smith steps out and Aaron and Talia focus on the positive changes Talia has made, such as quitting smoking. Aaron then works with Talia to teach her some skills in managing emotions after relationship breakup. Together they create a plan. Talia agrees to give it a try for a week or two before deciding if she wants to re-start her anti-depressants. Once Talia leaves, Aaron briefly catches up with Dr Smith to inform him of the plan.	Talia arrives at the surgery and is welcomed by Renee the **Health Coach**. She attends the quit smoking group session and then has an extra 15 minutes with Renee to help plan her quit date. Renee supplies Talia with free NRT and she agrees to come back next week during the smoke free drop in centre, to follow up on how the week has been. *After the smoking group session, Talia explains to Renee the **Health Coach** that she is sleeping on her Aunties couch who has COPD and is still smoking – Talia really needs to find alternative accommodation if she is to be successful in her quit attempt.*	Clara, the Community Support Worker picks Talia up from her Aunty's as agreed and drives her to the local WINZ office. Before they go in, Clara prepares Talia for some of the questions she might have to answer, and also offers extra smoking cessation support throughout the week which Talia gratefully accepts. *The meeting with WINZ is straight forward and Talia is offered a one bedroom, non-smoking unit in Flaxmere, not far from her work. She is delighted.*	The next week Talia comes to the smoke free drop in centre at the clinic with extra support from Clara. She has cut her smoking right down to 3 a day and is working on her triggers. Renee – Health Coach and Talia agree on a quit date of next week. Renee helps Talia set up motivational reminders on Talia's phone and offers to phone her on her quit date and then again at, 1, 3, 6, 9 and 12 months post quit date to see how she is going. She also sends an update to Clara, and reminds Talia that she can make an appointment to see Clara or come and attend the clinic. *Talia leaves the clinic feeling supported and confident that she can quit smoking with support from Clara and Renee, and start to save some money. She is also doing well with her plan from Aaron and decides to wait another couple of weeks to reassess.*
	Routine screening	Brief Assessment & Risk Profile; Warm Handover	Pre-test DUKE Questionnaire; Focused Acceptance Commitment Therapy	Connections, Support & Referral; Feedback to GP	Post-test DUKE Questionnaire