

POLICY OPTIONS

Join the conversation: Evaluating the effectiveness of experience-based co-design in improving the client experience of mental health transition across health sector interfaces

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Policy context

This research project was informed by the goals of the current Australian health policy environment and reflects the key aims to improve the quality of care for people with severe and persistent mental illnesses, strengthen service models for the delivery of primary mental health care, and improve quality, accountability and innovation in mental health services.

Mental health is one of the eight streams of National Health Reform in Australia. In the *Fourth National Mental Health Plan*, the Australian Government articulates the need to improve access, coordination and continuity of care between primary care and specialist mental health services, and for emergency and community services to develop protocols that support care transitions between services.

The overall aim of this project was to use Experience-based Co-design (EBCD) to improve consumers' experiences of mental health services as they transition through tertiary services to primary care and self-management support. To this end, we considered whether involving consumers in the redesign of mental health services would result in tangible and sustainable improvements in their experience as they transition through health care services.

Mental health consumer participation in mental health services enhances social inclusion, considered integral to the recovery process. Commitment to consumer participation is articulated in several policy statements, including the Victorian Government's *Doing it with us not for us* policy, the *Partnering with Consumers Standard* contained in the National Safety and Quality Health Service Standards, and the Australian Government's agenda for collaborative government action in mental health.

The western region of Melbourne is one of Victoria's fastest growing and most diverse regions. Health demands are increasing and will continue to grow rapidly, fuelled by a high burden of disease, socio economic disadvantage and population diversity. Mental health issues have been prioritised as a high need area by health services in the region. Also emphasised is the need to break the cycles of repeated crisis intervention and fragmented care experienced by people with complex mental, medical and social health care needs.

Consumers with mental health and complex health care needs, who were frequent presenters to the emergency departments and high users of health care, were targeted for inclusion in the project. They were recruited through the Mental Health Hospital Admission Reduction Program (MH HARP) at Western Health.

Policy options

The findings of this project highlight that consumers value highly the opportunity to participate in service improvement initiatives. This aligns with national and state policies that advocate greater consumer and health provider staff participation in the health care system. For health providers, consumer participation has the potential to provide new insights and a platform for building positive relationships with individuals and the broader community. As such, governments should continue to support policies that encourage and enable consumer participation.

To ensure the effectiveness and sustainability of research and service improvement projects, health services should consider how to best engage staff in service design and improvement in general, and in co-design methodologies more specifically.

EBCD has been implemented in several settings in different countries, but is relatively new in its application in Australia. Although effective in engaging consumers, it is time and resource intensive to implement. Issues around staffing, power relations, time and resources should be addressed appropriately before commencing a co-design project. Our experience suggests that EBCD is challenging to implement in newly established teams or during times of organisational restructure.

Key findings

THE CONSUMER PERSPECTIVE

- > Effectively involving consumers in planning, delivery, implementation and evaluation of services has the potential to deliver significant benefits to consumers and health providers.
- > Understanding the impact of duplication and fragmentation of care from the consumer perspective provides a powerful impetus for developing strategies that promote service integration and responsiveness.
- > Giving mental health consumers the opportunity to participate in service improvement and development activities enhances their sense of social inclusion, considered integral to the recovery process.
- > Follow-up surveys with consumers who participated in this research project elicited positive statements about the opportunity for them to share their experiences and participate in service improvements. This outcome adds to the body of knowledge that demonstrates the value in involving consumers in service improvement and design.

EXPERIENCE-BASED CO-DESIGN

- > EBCD aims to engage consumers and health provider staff in a collaborative approach, with new understandings and behaviours depending on stakeholders being prepared to actively participate in the process.
- > While it is a time and resource intensive process, EBCD has demonstrated success in engaging consumers effectively.
- > Three co-design initiatives were initiated through the EBCD process:
 - Development of consumer information on MH HARP
 - Design and implementation of a consistent post-discharge follow-up process
 - Work continues on improving communication and referral between MH HARP and regional mental health services, with a view to facilitating service integration across the mental health system.
- > A survey conducted as part of this project revealed that all consumer participants were pleased to have the opportunity to share their experiences, suggestions and feedback, and felt that EBCD was a good way for health providers to obtain consumer feedback.

- > We experienced several challenges in the project with health provider staff engagement and commitment. These challenges are not a reflection on the EBCD methodology as such, but, rather, were the result of organisational and system level issues, including a restructure of Western Health Community Services announced soon after the project commenced and the developmental nature of the MH HARP service that was at the centre of the project.

CREATING RESPONSIVE SERVICES

- > Involving consumers and health provider staff in evaluating and developing services has the potential to create a more responsive service that better meets the needs of mental health consumers.
- > While preliminary findings suggest that service improvement initiatives identified through this project may positively influence consumers' experiences, more time is needed to evaluate their effectiveness and sustainability.
- > The project has led to an increased focus on referrals to and linkages with other health providers, and follow-up to ensure that transitions occur as planned.
- > Consumer participants in the project reported that the improvements implemented through EBCD would have been of assistance to them when they accessed MH HARP.
- > A broader culture change approach is needed in services to embed consumer participation in service improvement and design activities.
- > As with any methodology, the effectiveness of EBCD depends on the nature of staff participation and application. Close attention should be given to the roles, responsibilities and commitment of the project team, frontline staff and the broader management hierarchy.
- > On a service level, real improvement is more likely when co-design activities apply to consumer transitions from admission to recovery.
- > The range of services, different funding sources and mechanisms, approaches to treatment and service cultures create duplication and gaps, resulting in a system that is fragmented and difficult for consumers to navigate. Our experience suggests that these challenges also apply to conducting research projects that seek to understand and improve the consumer experience.

FRAGMENTATION OF SERVICES

- > Our experience indicates that funding structures and governance arrangements currently limit the ability of consumers and staff to work together in a co-design approach across different services and the continuum of care.
- > A partnership approach between consumers, health providers and policy makers may be more effective in enabling sustainable change that improves care coordination and reduces fragmentation of services.
- > Health services, including mental health services, tend to be fragmented and slow to respond. Efforts should continue to focus on developing an organised and systemic approach that breaks the cycles of repeated crisis intervention and fragmented care experienced by people with complex mental, medical and social health care needs.



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