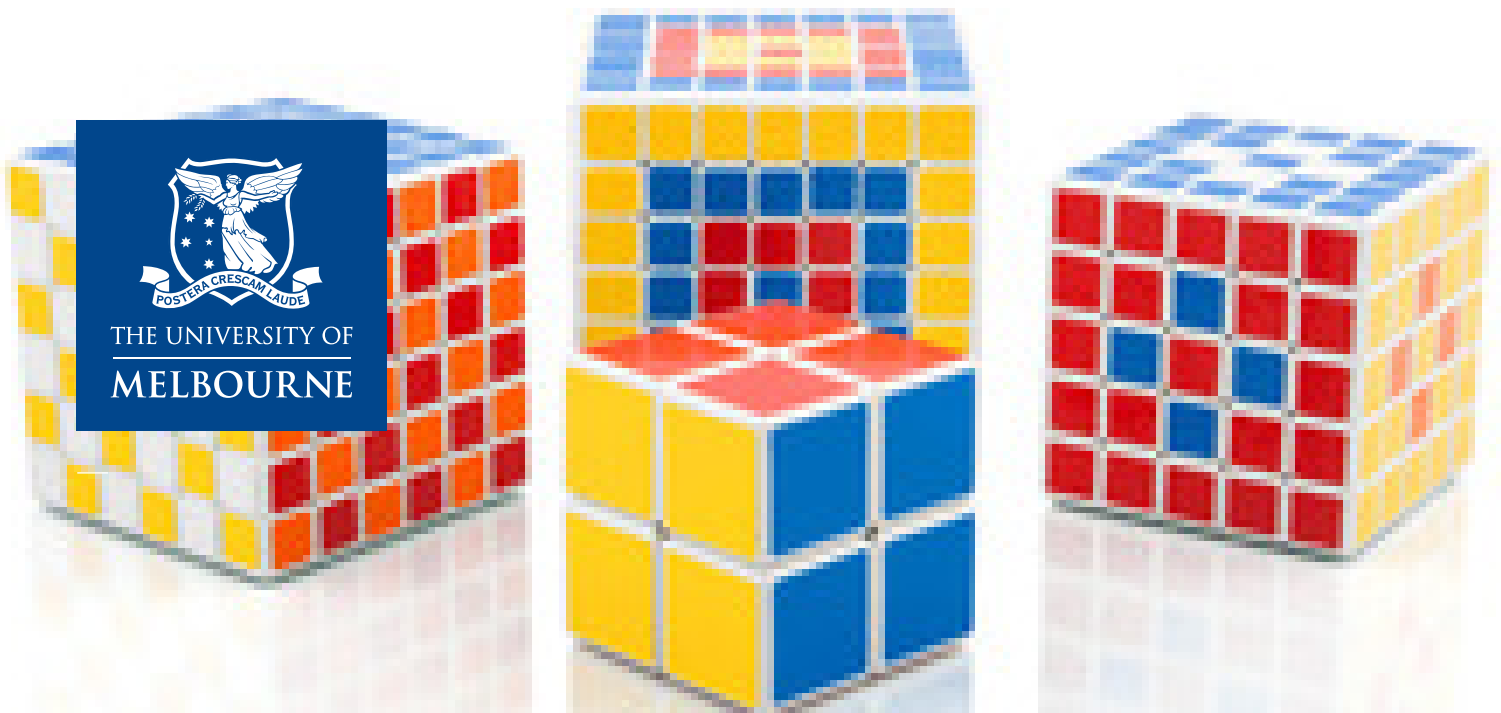




A Toolkit to Guide Mental Health System Re-Design in Primary Care

Component 1: Participation & Engagement

Participation and engagement is ideally embedded across the design, implementation and evaluation of stepped care models. The sixth component of the toolkit identifies suitable models of participation and engagement for mental health stepped care.

The guiding questions for this component are:

- 1. Who needs to participate in planning and design of models?**
- 2. What are the best fit models of participation and engagement?**
- 3. What considerations might be necessary to meet population needs?**

There are three steps you can follow to answer these questions.

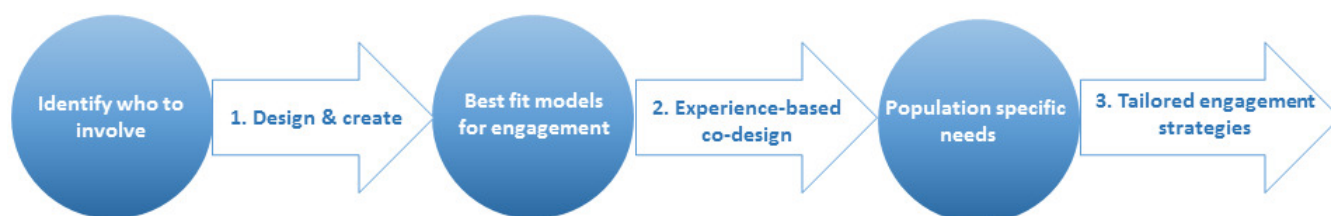


Figure 1: The three steps for building participation and engagement for stepped care mental health model development and implementation

Suggested citation: Palmer V, Fletcher S, Johnson C, Haun M, Jayaram M, Harvey C, Gunn J. 2017. A toolkit to guide stepped care for mental health in primary care model development and implementation. Melbourne: University of Melbourne.

For more information, visit <http://bit.ly/2swt9Kh>

CASE STUDY: Testing experience based co-design with people living with severe mental health in Victoria: considerations for meeting population needs for engagement.

In 2013 the Victorian Government established a \$10 million dollar fund called the mental illness research fund to improve treatment and psychosocial recovery outcomes for people living with severe mental illnesses and their carers. The CORE study was one of five studies funded under this scheme. The aim of CORE is to test a method of experience-based co-design for embedding consumers, carers and staff in the processes of systems re-design in the adult, community mental health setting. Specifically, CORE documents if co-design improves psychosocial recovery outcomes for people living with severe mental illnesses.

The setting – understanding community mental health in Victoria, Australia

Mental health community support services (MHCSS) are distinct from clinical mental health services. In 2014 the Victorian government undertook a major reform to implement MHCSS which support people with psychiatric disability to manage their self-care, improve social and relationship skills and achieve broader quality of life via physical health, social connectedness, housing, education and employment. Within this model some people receive an individualised client support package to provide rehabilitation and recovery support tailored to a person's needs and preferences. ICSPs can be for individuals or groups, depending on a person's preferences and type of support needed. Individuals will develop a recovery plan with their ICSP provider (ICSPs were previously called Psychiatric Disability Rehabilitation Support Services PDRSS and funded by the State government). MHCSSs are comprised of both State and Federal funded programs.

The CORE Study Participants – understanding the population

CORE set out to work specifically with people who were in receipt of an individualized client support package and their carers. First connections were made with organisations funded to deliver MHCSS packages (a mix of non-government organisations and community health centres). Then, we recruited staff from individual teams from within metropolitan, outer metropolitan and regional locations of those services. Seventeen teams were identified. Services assisted to recruit people by mailing out an invitation to consumers and any carers who had registered details on the University's behalf and staff handed out bespoke research postcards to potential participants. Clients and carers could mail details, phone a free call number or email their interest to the study team. Carers were hard to reach as databases.

Learnings about the population

In 2016,

- **272 consumers** and **59 carers** were enrolled
- 2 out of 3 consumers were over the age of 45
- Only half reported having a carer and 83% were born Australia
- **137 mental health community support services staff** completed an online survey about attitudes to recovery and recovery-oriented services since 2015
- 65% of consumers in the CORE Study were female
- 77% of carers were female
- 69% of staff who completed the online survey were female

Population learning continued...

- 7 in 10 consumers reported having been admitted to hospital at some point to get help for their mental health
- 21% of the consumers reported that they were currently working. For carers the rate of employment was 36%. 77% of consumers reported having a physical health condition when we talked with them in 2015. In one 12 month period, consumers accessed a general practitioner on average 12 times on per year compared to 9 times reported in general population.

Engagement Strategies tailored to population

Engagement strategies were tailored to meet people's needs following the same principles outlined in the Shippee framework developed from their systematic review of patient and service user engagement.

The following figure is from p.1157 Shippee, Nathan D., et al. "Patient and service user engagement in research: a systematic review and synthesized framework." *Health Expectations* 18.5 (2015): 1151-1166. Copyright (c) 2017. <http://onlinelibrary.wiley.com/doi/10.1111/hex.12090/full>

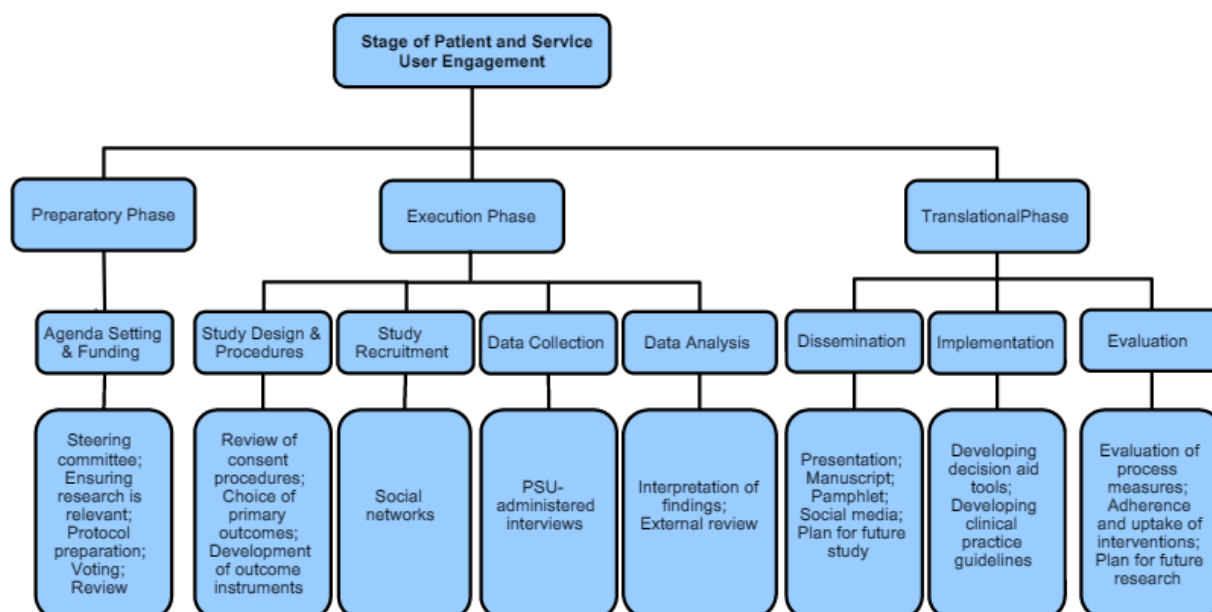


Figure 3 Phases and stages of patient and service user engagement in research.



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