Co-designing mental health services – providers, consumers and carers working together

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By providing a systematic and effective mechanism for gaining consumer and carer experiences of service delivery, the Consumer and Carer Experience pilot highlighted service ‘touch points’. Touch points are defined as those aspects of the service that consumers and carers identify as being the most or the least positive aspects of their experience with the service. The highlighted ‘touch points’ from the Consumer and Carer Experience surveys were then used to inform the Mental Health Experience Co-Design process.

Introduction
Involvement in mental health service planning, implementation and evaluation is a key feature of consumer and carer participation policy. This principle was highlighted by the Victorian Department of Human Services (2002), which published, as one of its core principles, the following statement:

The Government is strongly committed to consumer and carer participation in the development and review of mental health services, and the involvement of consumers and carers as active partners in individual treatment and care planning.

Mental Health Experience Co-Design (MH ECO) implements a research methodology that applies the theory and practice of Experience-Based Design (EBD) (Bate and Robert, 2007), in health service quality improvement. The primary goal of the EBD approach is to engage consumers, carers and service providers in actively working together to co-design features of service delivery. In MH ECO, these features are identified through an analysis of carer and consumer experience questionnaires administered within the participating mental health service, semi-structured interviews and focus groups.

Development
MH ECO is a method of service quality improvement that has developed from the Consumer and Carer Experience of Care and Support pilot project (C&C Experience). The pilot project was initiated in 2006 by the Victorian Department of Health - DOH (formerly the Department of Human Services - DHS) as a means of improving the low participation and response
rates of mental health consumers and carers to satisfaction-based surveys. The C&C Experience pilot project trialled a new, mixed research design, in a number of clinical and PDRS mental health services, aimed at gathering data on consumers’ and carers’ experiences of care and participation. The data for the C&C Experience pilot was captured through structured questionnaires using Computer Assisted Telephone Interviews (CATI), face-to-face, semi-structured interviews and focus groups.

**Identifying touch points**

By providing a systematic and effective mechanism for gaining consumer and carer experiences of service delivery, the C&C Experience pilot highlighted service ‘touch points’. Touch points are defined as those aspects of the service that consumers and carers identify as being the most or the least positive aspects of their experience with the service. The highlighted ‘touch points’ from the Consumer and Carer Experience surveys were then used to inform the MH ECO process.

In practice, the three most positively rated and the three least positively rated service aspects from the C&C Experience data analysis process were identified for examination. As Doutta Galla Community Health was one of the services participating in the C&C Experience, the MH ECO project, undertaken at Doutta Galla, utilised the C&C Experience data to determine the touch points used to inform service quality improvement processes.

**MH ECO project stakeholders**

MH ECO at Doutta Galla Community Health, involved the following stakeholders:

- Doutta Galla Community Health, Mental Health and Complex Needs Programs
- Doutta Galla Community Health
- Victorian Mental Illness Awareness Council (VMIAC)
- Victorian Mental Health Carers Network (VMHCN)
- the Mental Health and Drugs Division of the DHS
- clients of Common Ground Day Program and Rocket Youth Residential Program at Doutta Galla
- carers of clients of Common Ground Day Program and Rocket Youth Residential Program at Doutta Galla.

The engagement of relevant champions and support from senior executives that links back to the normal management processes within the organisation (Bate and Robert, 2007), were key factors to the overall success of the project.

**Project objectives**

The primary aim of the Doutta Galla MH ECO project was to develop capacity in Doutta Galla’s Mental Health services for incorporating experience based co-design processes into organisational quality improvement practice. Specific quality improvement objectives (1, 2 and 3 listed below) were derived from the touch points identified in the C&C Experience pilot project (Doutta Galla Service Report, 2008) with objectives 4 and 5 being added at the project planning stage by the project Liaison Group, which was established at the start of the MH ECO project.

**The MH ECO project objectives were as follows:**

1. **To re-design the way in which consumers and carers are informed about what they can expect from participating in the psychiatric disability rehabilitation and support services at the Common Ground Day Program at Doutta Galla.**

2. **To re-design the way in which consumers and carers are informed about the feedback and complaints management process in the Common Ground Day Program at Doutta Galla.**

3. **To re-design the way in which carers can be supported in their role, which may include a better understanding of the challenges faced by people with mental illness, better fulfilling of their carer role, and making decisions regarding the role they wish to take in supporting their loved one with mental illness at the Doutta Galla Rocket Youth Residential Program.**

4. **To evaluate the effectiveness of the MH ECO methodology in achieving improvements in program specific service delivery (as described above).**

5. **To increase the collaboration and service re-design skills of staff, consumers, and carers who are involved in the project.**

The primary criteria for the first three objectives were that the service features to be redesigned had scored a low positive response rate on the C&C Experience CATI questionnaire, and, had also figured prominently in interview and focus group thematic analyses. The fourth objective was built into the project brief in order to evaluate the MH ECO methodology in a program specific setting. The fifth objective was viewed by both the Project Teams and the Department of Health (DOH) as being important in building capacity within the participating service organisation, which is a fundamental feature of the MH ECO methodology.
Prior to the formation of the Mental Health Experience Co-Design Collaboration and Co-Design groups, training sessions for the consumers, carers and staff of the participating service were conducted by members of the research teams. The training education sessions (developed by the research teams) aimed at enabling consumers, carers and staff to feel comfortable, supported and included as participating members of the Collaboration and Co-design groups.

The Role of the Project Team
The Consumer and Carer Project Team consisted of project workers from both the VMIAC and VMHCN Research and Evaluation Units. The teams acted as an external resource to the service and provided on-the-ground support and methodological assistance throughout the MH ECO process. However, it is important to note that the responsibility for leadership and overall governance of the project rested with Doutta Galla management and not with the combined Consumer and Carer (MH ECO) Project Team. The Consumer and Carer Project Teams assisted and supported the Doutta Galla MH ECO project in the following manner:

- promoted MH ECO to the service executive to enlist their leadership
- promoted MH ECO to consumers, carers and staff members at the service
- facilitated a staff focus group in response to the items that were identified by C&C Experience (pilot project)
- involvement in the establishment of the MH ECO Collaboration Group
- provision of training and support in the MH ECO process to staff, consumer and carer representatives through two education workshops held at the service
- being support members of the Collaboration and Co-design groups
- supporting the implementation process of the new designs
- reporting of MH ECO project progress to the DOH.

Through these steps, the Project Team was able to establish relationships with key stakeholders and engage them in the project, while simultaneously enabling the stakeholders to maintain ownership of the co-design process.

Establishing collaborative practice
Prior to the formation of the MH ECO Collaboration and Co-Design groups, training sessions for the consumers, carers and staff of the participating service were conducted by members of the research teams. The training education sessions (developed by the research teams) aimed at enabling consumers, carers and staff to feel comfortable, supported and included as participating members of the Collaboration and Co-design groups.
In the initial training session, research staff from VMIAC and VMHCN worked with consumers and carers only in order to share their prior experiences of group processes. The training involved:

• a discussion of group process and function and an exploration of how participants felt with respect to participating with staff on an equal basis, (given that previous experiences may have involved a power differential, where the staff member was perceived as the expert)
• assisting the prospective participants in gaining some background understanding of the C&C Experience phase of MH ECO, i.e. how information about Doutta Galla was gathered and analysed
• building participants’ confidence for participation in the upcoming Collaboration and Co-design group meetings.

An intended outcome for the second combined session was the building of a collaborative ethos among the participants. The achievement of this outcome was evidenced by the fact that consumers, carers and staff did work together in a mutually respectful and productive manner in both the Collaboration and Co-Design group settings. In the second training session, the focus was to:

• provide an explanation of the constructs of Collaboration and Co-Design groups
• model working together in ‘hypothetical’ Collaboration and Co-Design groups
• organise the membership of the two groups
• select the most effective times for participants to meet in the two groups.

The sessions were held a week apart at a convenient time that was intended to facilitate the attendance of consumers, carers and staff. This meant that the sessions were held at the service in the evening, which did result in a sufficiently large number of potential participants attending. Feedback obtained through an evaluation form filled out by 14 participants at the end of the second session indicated that over 90 per cent of the participants felt that the education and resources provided were useful and relevant to their needs. At the end of the Co-Design group process, participation in the training sessions was highlighted by many participants as a key component contributing to the successful implementation of MH ECO.

MH ECO in action

The major milestones of the MH ECO project at Doutta Galla service were:

• formation of the Liaison group
• establishment of the Collaboration group
• formation of the Co-Design groups
• inclusion of action plan elements into the organisation’s quality improvement processes.

The project Liaison group oversaw the project and met monthly. The group consisted of the General Manager of Doutta Galla’s Mental Health Programs, the Project Co-ordination Officer at Doutta Galla, the Quality Manager, a Senior Project Officer from the DOH, and the Project Managers of the consumer and carer Project Teams. In practice, the Liaison group ensured fidelity to the MH ECO methodology, monitored progress of the project and assisted in the evaluation of the project.

Collaboration group

The initial function of the Collaboration group was to analyse and discuss the touch points that had arisen from the Doutta Galla C&C Experience data. Once this was completed, the second task was to formulate, prioritise and then allocate the objectives to three Co-Design groups (see next section). The philosophy used in the decision-making process was that the objectives were to be realistic, achievable and measurable. At the end of the Co-Design group process, (see next section), three action plans were relayed back up to the Collaboration group, which then performed its third function of co-ordinating the Co-Design group proposals, which were then formulated into comprehensive, actionable quality improvement plans.

The Collaboration group was comprised of representatives of senior Doutta Galla staff (including a staff member appointed as the Project Coordinator for the service), consumers, carers, research workers and consumer and carer consultants who met at the start and end of the Co-Design process as well as at two follow-up meetings three months apart. The first follow-up meeting assessed the initial outcomes of the recommended quality initiatives and the second follow-up meeting was organised to provide feedback to participants of the progress of the quality improvement activities. The feedback was very positive and encouraging illustrating the value of the project to the organisation and its consumers and carers.
The Co-Design groups

Three Co-Design groups were formed at Doutta Galla, each of which had the goal of producing an action plan for the re-design objective that it had been allocated. The groups met three times, with meetings a fortnight apart and consisted of representatives of staff, consumers, carers, research workers and, consumer and carer consultants. The meetings of each Co-Design group followed a progressive pattern of activity.

The first meeting discussed and mapped the current processes involved in the service area that they were assigned to redesign. The process mapping exercise often provided new and valuable insights for participants, who were able to better conceptualise the service area through being informed by the multiple perspectives presented by group members.

The second meeting of each Co-Design group investigated examples of good practice that were sourced by the research teams and the Doutta Galla MH ECO Project Coordinator. In the third meeting, the Co-Design groups developed their action plans based on the group’s previous analysis of current service activities and examples of good practice.

The MH ECO Project Coordinator collated each of the Co-Design groups’ action plans for presentation to the second Collaboration group meeting. It was then the Collaboration group’s task to analyse and recommend actions for inclusion into the organisation’s quality improvement framework. The research teams from the VMIAC and the VMHCN each supplied a project worker to the Collaboration and Co-Design groups to act as facilitators and mentors in the co-design process. The project workers played an integral part in the MH ECO co-design process through their support, facilitation and expertise in group dynamics.

Conclusion

MH ECO is an innovative quality improvement methodology based on utilising the experiences of consumers, carers and service staff. At Doutta Galla, the C&C Experience pilot project identified the consumer and carer experiences from which the touch points for the co-design process were identified and the subsequent development (through the process of collaboration and co-design) led to the development of detailed action plans that resulted in realistic and meaningful quality improvements. The project also introduced the co-design philosophy into the organisation and resulted in the up-skilling of Doutta Galla service staff in the methodology, thereby building capacity for application in future quality improvement activities.

Doutta Galla demonstrated a high level of commitment to both leadership and ownership throughout the project and in return, the MH ECO process fulfilled its potential of enhancing service and ultimately improving stakeholder experiences.

References

Bate, P. & Robert, G. (2007). Bringing User Experience to Healthcare improvement, the concepts, methods and practices of experience-based design, Radcliffe, Oxford
