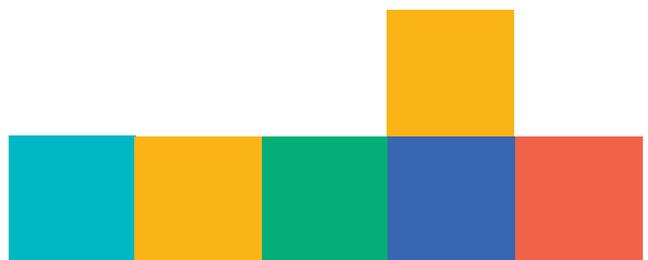


Co-Designing Service Quality at the JMHSS

Key Findings & Recommendations

Summary report - April 2018



Acknowledgements



This report gathers together and presents information obtained from consumers, staff and management during the process of engaging in quality improvement working group activities at the JMHS.

Thank you to each of the members for your openness, enthusiasm and commitment to consider these topics and sharing your ideas under the banner of ensuring the JMHS service is 'improving mental health and wellbeing outcomes for consumers'.

And a special thanks to Catherine Atoms and Margaret Kitto for their role in organising and co-facilitating the working group activities.

We acknowledge Aboriginal and/or Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on and pay our respects to Elders past, present and emerging. We recognise that their sovereignty was never ceded and the impact of structural inequality that resulted from invasion continues to this day.

Neami is committed to cultivating inclusive environments for staff, consumers and carers. We celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities. We believe our commitment to diversity and inclusion makes our teams, services and organisation stronger and more effective.

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Co-designing service quality

'Co-design is about engaging consumers and users of products and services in the design process, with the idea that this will ultimately lead to improvements and innovation'

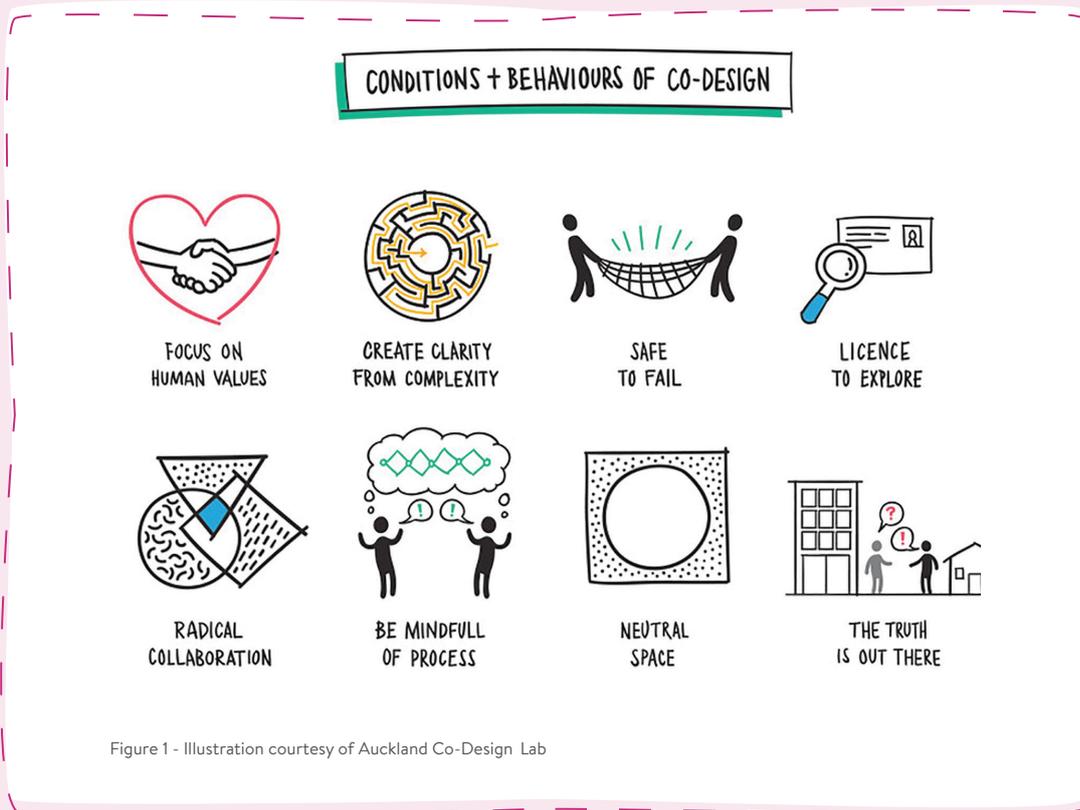


Figure 1 - Illustration courtesy of Auckland Co-Design Lab

In 2017 Neami National initiated a study to evaluate the impact of the Joondalup Mental Health Step-Up Step-Down (JMHS) service model in terms of its value to local health service systems and service user recovery and wellbeing outcomes. Neami Carelink+ data and hospital usage data obtained from the WA Data Linkage Branch were analysed by independent researchers from the University of Western Australia.

An important component of the evaluation involved the establishment of two quality improvement working groups.

Led by principles of co-design members across the two groups undertook a collaborative inquiry process to review findings from the study and provide insights from experience and observation about areas of service and practice that were important to maintain, strengthen or develop. This summary covers three main areas:

1. Measurement practices
2. Service gaps and continuity, and
3. Quality standards.

1. Measuring recovery and wellbeing

The objective for this component was framed by statistician Robert McNamara's advice; "the challenge is to make the important measurable, not the measurable important".

Indicators of recovery and wellbeing

Group members generated 29 indicators of recovery and wellbeing that a person may experience internally (without anyone else knowing what is going on) and 13 indicators of recovery and wellbeing that a person may notice that they themselves are doing or attending to (and may also be observable to others).

Considering 'indicators' in this way was found to be a constructive way of focussing attention on where you would like to be, (in terms of things going well), and by extension what you need to be doing or put in place to get there.

K10, GSES, WSAS fit with indicators

In a broad sense the three primary measurement tools in use at the JMHS were seen to reflect three areas that are important to assess i.e. 1) how a person is feeling, 2) confidence/capacity to manage 3) impact on everyday functioning. However significant concerns were raised about the language used in the measures, implicit assumptions about the nature of illness, the lack of ability for consumers to provide context for responses, and lack of explanation regarding purpose, process and limitations.

A significant learning from this component:

"The language we see, use and hear frames our perceptions, feelings and thoughts. If you are reading questions about feeling hopeless, unworthy and sad, that is where your attention is drawn to and ultimately what you will notice you experience..."

Recommendations

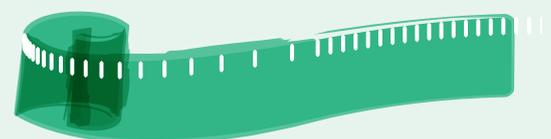
Short term goals

When using measures with consumers:

- Provide an introduction and explanation of purpose (e.g. why using, how info will be used), process (e.g. how long it will take, options, confidentiality) and limitations (e.g. in usefulness, breadth).
- Provide opportunity for a consumer to provide context and ask them if there is anything they haven't been asked about that they would like us to know.
- Provide opportunities for consumers to talk about (and formulate) their own 'indicators'

Longer term goals

- Look for alternatives to replace/improve existing measures.
- Seek out opportunities to develop the 'indicators of recovery and wellbeing' to use as a reflective process or measure.



2. How does the JMHSS fill a systems gap?

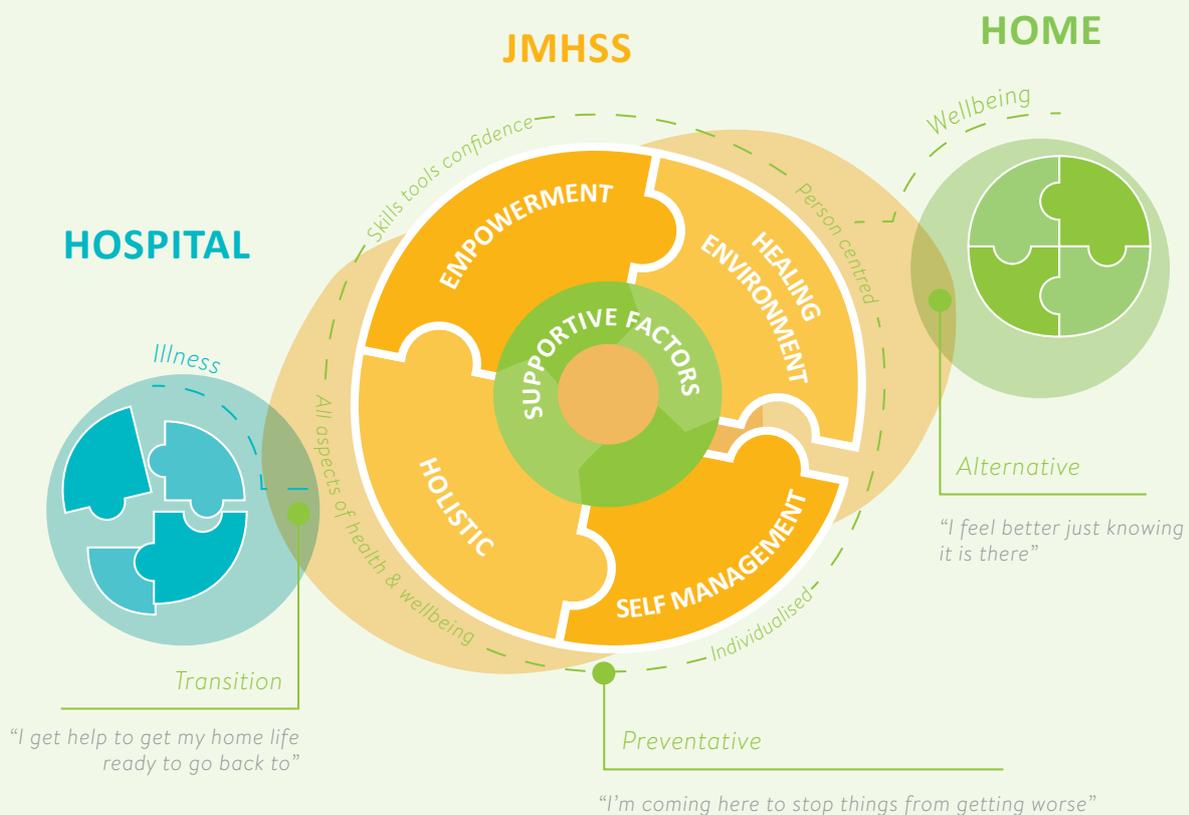
We compared changes in hospital admission rates for people who spent time at the JMHSS and explored 1) how the JMHSS is experienced as filling a systems gap and 2) where there are areas for improvement.

The JMHSS was perceived as a space between hospital and home where one could go to prevent getting worse or needing to go to hospital or alternatively, as a place to go to after spending time in hospital where skills and confidence to manage at home can be strengthened.

The Neami practice approach and programs were also seen to offer a valuable point of difference within the existing mental health service system. In particular, service users “are encouraged to address all aspects of health and wellbeing” in an “environment more amenable to healing” where a person can “step out of their current situation whilst being enabled to step back in”.

“Here you are given the tools to actually be able to deal with the outside world and that’s what you need”

The illustration below was created to illustrate how the JMHSS fills a systems gap.



Gaps in WA Mental Health System

- Bed availability & wait list times
- Trauma informed care & setting
- Meeting physical disability and wider health needs in mental health settings
- Continuity of care in outpatient services
- Medication continuity & knowledge
- Mental health knowledge in emergency departments and regional hospital settings

Gaps in Neami JMHSS System

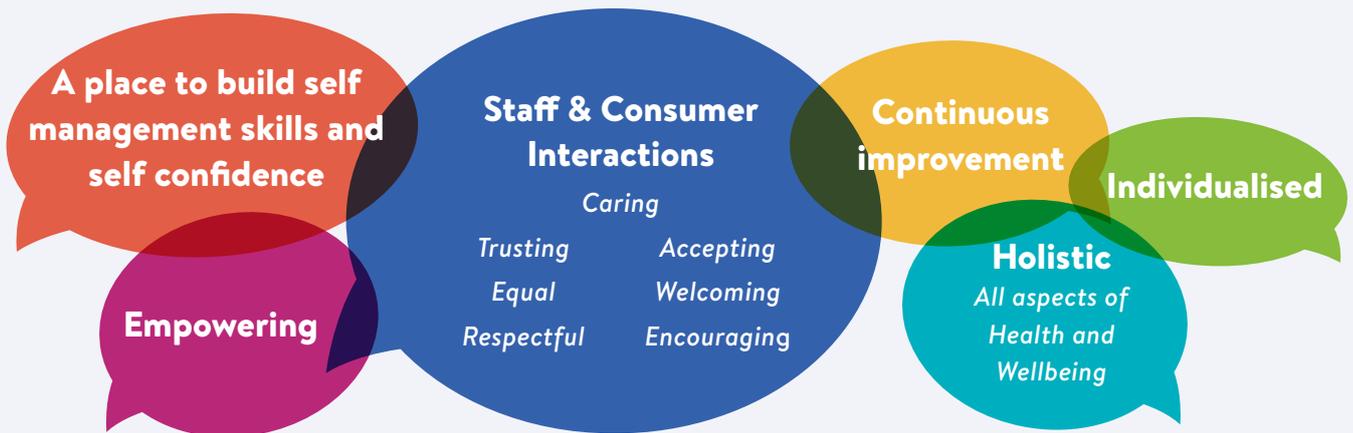
- Wait list times
- Community knowledge and inter-service knowledge about JMHSS
- Medication knowledge

3. Quality standards for the JMHSS

The objective for this component was to identify the 'quality standards' that most likely lead to positive consumer experiences and outcomes in the JMHSS. Feedback indicated that there were a number of quality standards that stood out as being clearly implemented well in the JMHSS that have a valuable impact on consumer recovery and wellbeing outcomes. These were seen as being evident:

1. In the service approach
2. As influencing the nature of staff and consumer interactions.

JMHSS stand out quality standards:



“What works well at the JMHSS site is that it is person centred care. That’s what you do here. It’s definitely centred on the consumer. It’s not centred on the staff... it’s very much centred on you.

“The care is centred around you, you have your own folder your own plan, the plan is about you, your plan is not the same as somebody else’s plan, it’s all about your goals, your aspirations, what you want to achieve”.

Areas for strengthening and development:



Wait list time



Attention to arrival, introduction, welcome process, people orientation, fitting in.



Carer participation



Facility accessibility – comorbidity & disability friendly



Program and conceptual flexibility



Transition to home process

Conclusion

The findings summarised in this paper provide both encouragement for the visibility and value of practices implemented at the JMHSS service and some direction for how service quality can be strengthened in this setting. The results also highlight the potential to achieve valuable levels of insight and innovation when service users and service providers come together to co-design service quality improvements.

Apendix A

A. Internal Indicators i.e. things a person might notice about themselves but won't necessarily be noticed by someone else.

I am feeling:

- Safe
- Hopeful and optimistic
- Interest (in participating in life and social activities)
- Motivated (I want to do things)
- Confident (I can do things)
- Physically energetic (I have the energy to do things)
- Connected (to life and others)

I am able to:

- Experience positive emotions
- Feel pleasure, joy and gratitude
- Be present (not dissociating or less often caught up in unhelpful thoughts)
- Refrain from judgement of self and others
- Be compassionate and empathic to self and others
- Give and receive love and intimacy
- Interact positively in social situations
- Respond resiliently to (or cope with) setbacks (look for solutions, alternative strategies)
- Balance work, pleasure, play and rest.
- Maintain my wellbeing supports

I have a sense of:

- Self-acceptance, self-esteem and self-love
- Centeredness and authenticity (sense of self and how act in the world feels authentic and true to own values)
- Composure i.e. regulating emotions, peaceful demeanour, contentment
- Belonging, connection and value to others
- Being open to new experiences and learning
- Mastery and achievement
- Making gains and building strength
- Thriving rather than surviving

My thoughts are:

- Hopeful and optimistic
- Forgiving and gracious
- Affirming and validating
- Expansive in their approach to resolving difficulties and coming up with solutions to meet challenges.

B. External Indicators i.e. things a person might notice they are doing or attending to and may be also be noticeable to others.

- I am keeping on top of my day to day administrative responsibilities e.g. mail, phone calls, budgeting, banking, bill payment, scheduling appointments
- I am undertaking activities that support my physical health and wellbeing e.g. eating healthy meals, exercising regularly
- I engage in activities that specifically support my mental health, wellbeing, and resilience e.g. take medication, do yoga
- I am maintaining daily self-care e.g. showering, dressing for the day
- I undertake daily routines that keep my home and living space organised, functional and pleasant
- I have a network of resources and supports to draw on
- I am getting on with other people
- I am using positive social skills in my interactions with other e.g. listening, showing empathy, regulating emotions, being appropriately assertive
- I am getting out and engaging in activities or hobbies for interest and pleasure
- I am undertaking responsibilities that contribute to my family/community/society
- I am engaged in paid or unpaid work activities
- My posture and body language reflect energy, strength and confidence
- I am achieving goals that are meaningful and/or support my wellbeing



Neami National is a community mental health service providing rehabilitation and recovery support services in diverse communities across Australia.

We work in a positive framework, supporting people to improve their health, live independently and pursue a life based on their strengths, values and goals.

Our Vision

Full citizenship for all people living with a mental illness in Australian society

Our Mission

Improving mental health and wellbeing in local communities

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