Redesigning Adult Community Mental Health Services – the structure, the experience and the content of care
Belinda McCullough

NorthWestern Mental Health – Melbourne Health
Five key areas of difficulty

1. Poor consumer and carer feedback
2. Silos and fragmentation
3. Increasing demand, static capacity
4. Workforce issues
5. Difficulties in implementation of evidence based care

Information collected in baseline data collection and consultations with stakeholders in 2011 – *Rationale for Change* document
Aim of the redesign

NWMH aims to improve the clinical outcomes and the experiences of our consumers and family/carers, by redesigning the specialist care, treatment and support provided in community settings.
Data Collection methods

Surveys and focus groups (use standardised tools)
- **Staff** survey (survey monkey, utilising team meetings)
- **Consumer & Carer** survey (phone interview utilising survey monkey and mail out) and focus groups externally facilitated
- **GP/primary care partner** surveys / focus group

Quantitative methods
- Existing KPIs/data sources
  - Documentation audit (quantitative)
  - SHIP Survey data
- Outcome data: Basis 32, K10, personal wellbeing Scale, Hawthorne friendship scale
Data Collection 2013

- 223 consumers, 232 carers (approx 10% overall grp), 40% were NESB at home
- 215 staff (53%) and 61 exec (93%)

**Consumer Comment**

- Not feeling heard: 22%
- Lack of treatment choices: 22%
- Lack of continuity of care: 7%
- The environment: 5%
- Lack of information: 3%
- Great service: 24%
- The people: 17%
Part One – Structural transition within new framework for care

- New Framework for care drafted which articulates
  - Three pathways of care – brief intervention, ongoing intervention, primary care
- Practice Guide drafted – articulates how we see a recovery approach being translated into our service
- Transition of clinicians from 18 teams – crisis, intensive mobile, outpatient and primary care – into 11 Community Teams which provide full range services
- Operational business rules established to support Practice Guide
Progress so far... Part Two

- All teams have transitioned into new structure – care of thousands of consumers, approx 400 staff
- Operational problem solving/bedding down phase
- Part Two focusing on culture change – 2014/15
  - Peer Support Workforce
  - Governance structures supporting new framework
  - Delivery evidence informed care within recovery approach – workforce development plan (learning, supervision, performance review)
Lessons learnt

- Consumer and Carer Consultants as members of project team, very helpful
- Communication and consultation imperative with all stakeholders
- Balance between what is the same and what is locally lead/devised
- Large and long development – evaluation spread over years, expect changes over years…waiting this long challenging