

“THE DRIVING FORCE HERE IS THAT IT’S BETTER FOR OUR CLIENTS.”

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Objectives

The aim of this study was to bring together researchers, clinicians, managers and consumers from separate mental health (MH) and drug and alcohol (DA) services to determine if, and how, coordinated care for consumers with co-occurring mental health and substance use conditions could be co-designed.

Methodology

A mixed methods design (qualitative, quantitative and observational techniques) was implemented over a period of four years, using Participatory Action Research (PAR) (Smith, Rosenzweig, & Schmidt, 2010).

A PAR methodology was chosen because it facilitates co-design: a ‘process of collaborative creativity’ in which ideas and thoughts are shared to develop a new product and collectively ‘create new value’ (Thallmaier & Habicht, 2013).

Forty-four MH and DA staff, eight external researchers, and ninety-one residents of a MH rehabilitation unit participated in meetings, surveys or focus groups.

Implications

A collaborative model and a framework to guide implementation of that model were successfully co-designed. Of the ninety-one residents of the MH unit who participated in newly designed practices, 63% had never received treatment for substance use before, despite describing long-standing and debilitating co-occurring conditions.

- Combining the expertise of service-providers and consumers with the best available research evidence offers one solution to the challenge of implementing coordinated care.
- It shows how historical and systemic differences can be traversed to enable the delivery of treatment to a vulnerable group of people to be improved and embraced.
- The model and framework developed through this study provide a pragmatic guide for services: to collaboratively design evidence-based practices that are acceptable to consumers and feasible for clinicians to implement.

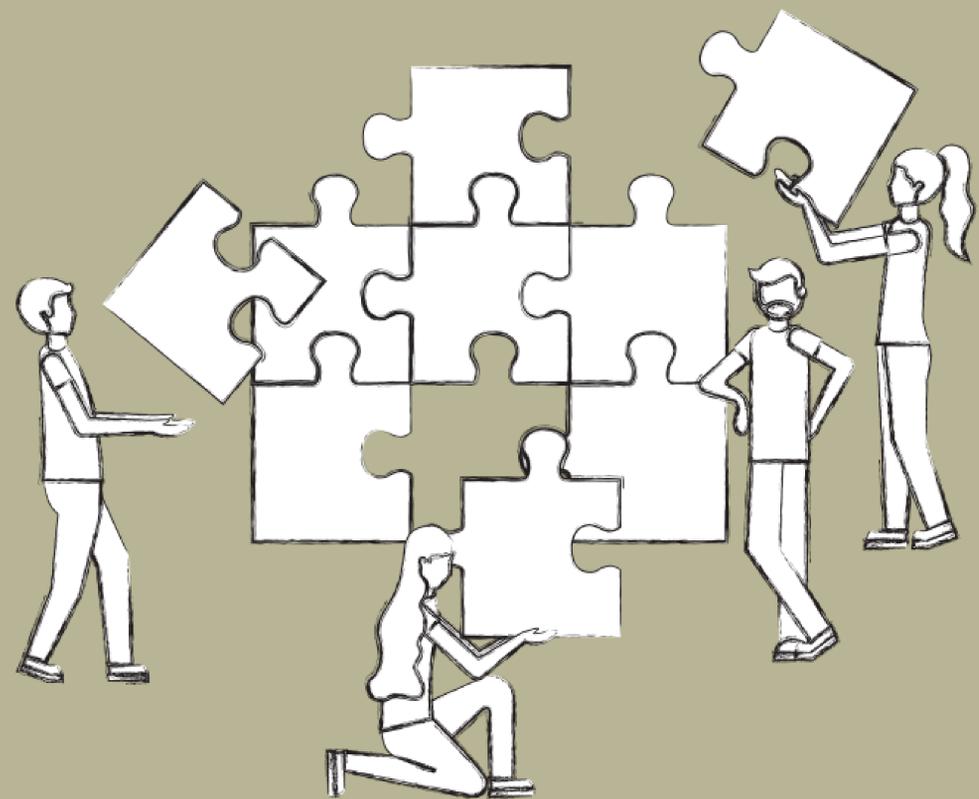
Lessons learned

Rather than enforcing practice change, staff were motivated to embrace change freely because we:

- Involved clinicians and consumers as drivers from the planning phase onward,
- Drew upon their creative interests and talents,
- Held regular working party meetings where staff and consumers congregated daily, and
- Prioritised time to build genuine professional relationships between teams.

The sustained uptake of integrated care is most likely to require:

- **frontline staff and consumers to design and drive the initiative.**
- **a practical systems-change guide that can be tailored to services’ needs and preferences.**



Best-evidence practice

Combining the best-available external evidence with the expertise of service providers and consumers.

Sackett, Rosenberg, Muir-Gray, Haynes, & Richardson, 1996.