

# Murrumbidgee PHN Head to Health Adult Mental Health Services Co-Design Consultation: A summary report from the Wagga Wagga consultations

## Introduction

The purpose of the Wagga Wagga Murrumbidgee Head to Health Co-Design consultations was to provide the opportunity for public input into developing the upcoming Head to Health adult mental health service in Wagga. As part of this community consultation process, we invited three population groups who have contact with mental health services from the Wagga Wagga region:

- (i) current or former mental service providers;
- (ii) people with lived experience of mental health conditions; and
- (iii) carers of people with mental health conditions.

In this report, we provide an overview of reoccurring themes from the Wagga Wagga consultations.

## Methodology

Participants were invited to be a part of the co-design consultations via the MPHNS website and through our social media networks (e.g., X, Facebook, LinkedIn). In addition, MPHNS staff were asked to circulate this invitation via their professional networks. Two Co-Design consultations were conducted in Wagga Wagga. The attendance for each session was as follows:

- Online session: n=7
- Face-to-face session: n=16

## Data collection

During each consultation, semi-structured interviews were conducted by MPHNS facilitators with the purpose of exploring the following key themes critical to the design of the Head to Health services within Wagga Wagga:

1. Previous experience with mental health services; *'What worked well and what didn't work well'*
2. Supports and workforce;
3. Pathways and connections; and
4. The look and feel of the service.

The consultations ranged from 45 minutes to 1 hour in duration. During the face-to-face consultation, MPHNS facilitators took notes, and participants provided responses on butcher's paper.

During the online consultation, notes were taken by facilitators and an online recording was conducted. At the end of each session, MPHNL facilitators collated notes arising from the session.

### Analysis

After all consultations were conducted, data was then synthesised into a single document for content analysis. A thematic analysis was used to identify and interpret key patterns from the data.

### Sample

Most participants from the Wagga Wagga consultations were current or former mental health service providers, with minimal representation from people with lived experience of mental health conditions and carers of people with mental health conditions.

## Results

According to a thematic analysis, the four following were identified as reoccurring topics from the Wagga Wagga consultations.

### **Theme 1: Management of wait times is key to the success of any mental health service.**

When asked to reflect on what participants considered an indicator of the success of a successful mental health service, most discussed the key role of minimal wait times to see people in need of services. One participant noted that *“failure to see people in a timely manner affects consumers and service reputation”*.

### **Theme 2: Strong community engagement *“is as important as a service itself”*.**

Across both workshops, many discussed that any new service needs to be linked strongly to the community. Not informing the community of a new service can result in issues of community perception and lack of understanding of a service. When asked to consider how this could be achieved, several noted a specialised role such as a – community engagement officer - could be used to integrate a new service into the community. One participant highlighted that community engagement is *“as important as a service itself”*.

### **Theme 3: Coordinated care – integrating everyone in the whole system, all the time.**

Consistently throughout the co-design consultations, the critical need for care coordination across mental health services was highlighted. For example, mental health services having links to somewhat disparate services, such as financial planning, crisis housing, and domestic violence services would be beneficial. This will ensure that a service has the capacity to address the complex and multifaceted challenges a person with mental health issues faces daily.

### **Theme 4: Streamlined referral systems: *“a client not needing to retell their story over and over again”***

Several participants highlighted the current fact that many existing mental health services have limited capacity to share referrals/referral information with each other. This results in wasting time having clients *“retell their story over and over again”*. Many suggested that having the ability to



collaborate between services and share pertinent referral information would save time and be beneficial for both the client and the provider.

### **Theme 5: Service navigators needed – “Many may not even know where to start”**

When reflecting on the mental health service system, many cited that this can be overwhelming to people seeking help. One participant highlighted the likelihood that “*many may not even know where to start*”. Many felt that mental health service navigators in the community could act as ‘connectors’ between people who need mental health services and the services themselves.

### **Theme 6: Outdoor spaces needed in Wagga Wagga**

When asked to reflect on what an ideal look and feel of a new mental health service center in Wagga Wagga would be, there was a strong theme suggesting that a traditional clinical look to the new Head to Health would not be beneficial in attracting and supporting clients. Specifically for the Wagga Wagga setting, most felt that any new mental health center should incorporate outdoor space as a part of the physical setting.

### **Limitations:**

There are limitations of the findings of these co-design consultations that should be acknowledged. First, since service providers comprised most consultation participants, input from people with lived experience and carers was minimal. Second, we were only able to gain insights from a limited number of respondents. Given these limitations, we urge caution in any strong inferences of generalisability from these consultations.

