

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

## Introduction

The purpose of the Young 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 centres in this region. As part of this community consultation process, we invited three population groups who have regular contact with mental health services from the Young region:

- (i) current or former mental service providers;
- (ii) people with lived experience with 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 Young. The attendance for each consultation was as follows:

- Online session: n=18
- Face-to-face session: n=15

## 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 Young:

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 centres.

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, MPHNS facilitators collated notes arising from the consultations.

## Analysis

After both 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 Young 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 Young consultations.

### **Theme 1: Mental health workforce capacity and capability in Young.**

There were several themes observed under the theme of workforce capacity and capability in Young. First, it was considered critical that the new Head to Health centre should be connected to other mental health services in the area. This will reduce the likelihood of service overlap/duplication of existing Young mental health services and facilitate the sharing of resources. Second, a current gap was identified where there is a lack of services that provide long-term mental health care for people, including people with complex mental health issues. Third, the issue of the current lack of availability of experienced mental health staff and likely recruitment issues that will occur in Young.

### **Theme 2: The itinerant workforce and culturally and linguistically diverse populations need to be considered.**

When reflecting on the specific demographic of the Young region that may use the new mental health service, session participants highlighted the fact that the region has a high and increasing proportion of itinerant workers (e.g. technicians, trades workers, backpackers). Efforts should be made when setting up the service in Young to ensure that this mobile workforce is made aware of this service and accessibility for them is considered. In addition, most participants perceived it was critical for a new service to cater to culturally and linguistically diverse (CALD) populations in Young. Some have observed an increase in people with CALD backgrounds, and they should be a central component of a new mental health service in Young.

### **Theme 3: Management of wait times and lists during establishment.**

A common theme from the co-design consultations was around how the newly formed Head to Health centres will address client wait times and waitlists during their establishment and beyond. Many noted that this is a common issue that impedes the effectiveness of mental health services. A new provider should provide MPHNS with an insight on how the issue of management of wait times will be addressed.



#### **Theme 4: A new mental health service in Young needs to have an outreach component\***

A key theme emerging from the Young consultations was that many participants considered the service in this region needed an outreach component. For example, many in smaller surrounding communities would benefit from this service.

\*While MPHN acknowledges this theme, it should be noted the current Head to Health model is an in-house, in-reach model with the only outreach service provision being local outreach, either physically or via digital services, to meet the needs of vulnerable groups and the needs of people who are unable to easily access services delivered through the sites.

#### **Other themes**

- The setting should be close to the central business district and have an outdoor space.
- Strong community engagement.
- Coordinated care – integrating everyone in the whole system.
- Streamlined referral systems.
- The need for service navigators.

#### **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.

