

HOPE – Phase 2 Service Expansion Co Design Participant Information Pack 2021



Implementing the
recommendations of
the Royal Commission
into Victoria's Mental
Health System

“From personal experience I have utilised multiple services from the Police to the Ambulance service, ED, the psych ward through to follow up services. For me I found that there were positive experiences however at times I felt somewhat overwhelmed depending on my state of mind at the time. That said I feel that all the services I came into contact with tried their best to alleviate any distress I felt and also do their best at addressing an issue that is extremely complex, I do however believe more is possible. ”

One particular program that I was fortunate to have been involved with was the, Hospital Outreach Post Suicidal Engagement, program, or known by its acronym as, HOPE. HOPE provided a compass. The HOPE program assisted in providing psychiatric and psychological assessments. I cannot speak highly enough of my case worker who kept me moving forward, her warmth, empathy, encouragement, honesty and integrity is and should always be the template for HOPE.”

Harlin M - HOPE consumer

“Co design is about sharing experiences, empowering and working with, not for people. Whether you are a consumer, part of the personal support network of a consumer, employed in a community service, a practitioner, GP or the community at large you all have something to contribute. The Co design framework enables a shared understanding, meaning and purpose for change, all motivated by people’s desire for improved health services and more importantly appropriate care for consumers”

St Vincent’s HOPE Enhancement project steering committee

Welcome

Suicide affects everyone and we all have a role to play in suicide prevention.

Australians from across all sectors and communities have been working hard for many years to address the devastating impact of suicide. It is now recognised that substantial change is required to improve current services for people in crisis and develop alternative supports to better meet people's needs.

The Victorian Department of health recognises that the needs of people who experience suicidality and are in receipt of support from community-based specialist mental health services may extend beyond the capacity of these services.

Victorian Health services have been tasked with revising their HOPE model of care to incorporate this new referral pathway, ensuring that it is underpinned by the HOPE common core principles and elements.

Importantly, people who are in receipt of support from community-based specialist mental health services must:

- Have access to the full range of support types available within the HOPE service, in accordance with their needs
- Experience seamless service provision with continuity of support.

In their design, health services will need to determine how this is best achieved and may consider a range of approaches, including shared-care. The design process will consider:

- How to ensure that the largest number of people as possible are able to benefit from the service as safely as possible
- Referrals by general practitioners, self-referrals, family violence, ambulance, crisis helplines, alcohol and drug lines,

The Victorian Department of Health recognises that it is vital to involve people with a lived experience of suicide at every level of this service re-design and co-design, and a local co-design process will determine the shape of these initiatives at St Vincent's hospital Melbourne. For more information on who is meant to be people with lived experience please see '*Who is involved in co-design*' section below. This co-design will be a genuine collaboration between those who provide supports and those who use them.

This toolkit has been developed to help support the local co-design initiatives in at St Vincent's hospital HOPE program

The toolkit includes information on:

- 1) Background to the project
- 2) What is co-design?
- 3) St Vincent's HOPE co-design process

We warmly welcome the contributions of all who seek to help reduce suicide deaths and attempts. We genuinely appreciate all who share in the journey towards making this a reality. We believe that suicide prevention activities are made more effective and efficient when developed through a broad range of perspectives. Both people who have their own experiences of suicidality and those who provide support want things to improve. Both have experienced how the current support systems have caused additional distress and trauma. We want to hear all these perspectives.

Background to project

Suicide is a significant cause of harm in Victoria and has widespread impact on individuals, families and the broader community. All suspected suicide deaths are reported to the [Coroners Court of Victoria](#). The court shares their data with the State and Commonwealth governments to inform their work in suicide prevention. We have had little change in suicide rates over the last 5 years.

The Royal Commission recommended the expansion of referral and entry pathways thus enabling all area mental health services to provide assertive outreach and follow-up care for people after a suicide attempt, self-harm or suicidal ideation if they attend a community-based specialist mental health service.

The Victorian Government Department of Health has now allocated funds to St Vincent's Mental Health to work through these initiatives

Stage 1

Expand HOPE to 21 area mental health services: consistent with the state-wide model of care

Stage 2 Implementation 2021

1. Extended referral Pathways for case managed clients
2. Extended service hours 9am-10pm weekdays, 9am-5pm weekends

Stage 3 Implementation 2022

1. Broader out of hospital referrals (considering GP's, police, ambulance, crisis helplines, alcohol and other drug services, family violence services, private psychologist and psychiatrists).

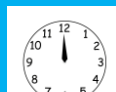
The current experience & need for an alternative

The HOPE program is tailored to meet a specific service gap in Victoria. The program targets individuals who are aged 18 and over who are at significant risk of suicide following discharge from hospital. The program delivers assertive tailored outreach support for a period of up to three months post discharge. The aim of the program is to support individuals and their personal support network to identify and build protective factors against suicide. There is evidence to suggest that consumers experienced an improved mental state and stabilised suicidality following the program.

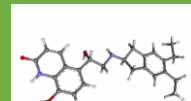
An ongoing Program Evaluation has been conducted to consider strengths as well as limitations of the service which have been incorporated into the Enhanced HOPE initiatives for this project.

Extended hours

From 9-5pm weekdays to
9-10pm weekdays and 9-5pm weekends



Experience Continuity of care between service providers



Full Range of supports



Consideration of referrals through GP's, community providers and self-referrals

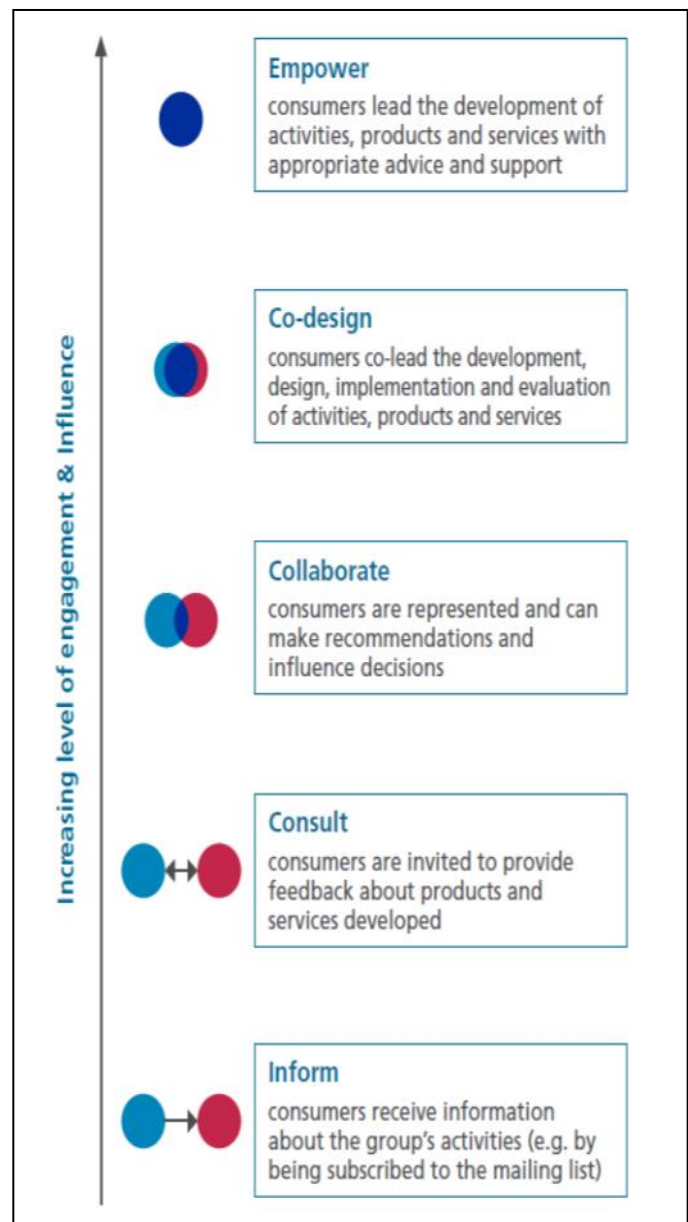


What is Co Design?

'Co-design' is a fancy word for describing a method of improving or designing services. The thing that is fundamentally unique to this method is how it involves a diverse range of people with lived experience and people who provide services. Co-design means inviting them all to work alongside each other to decide how services could be delivered to better meet the needs of the community.

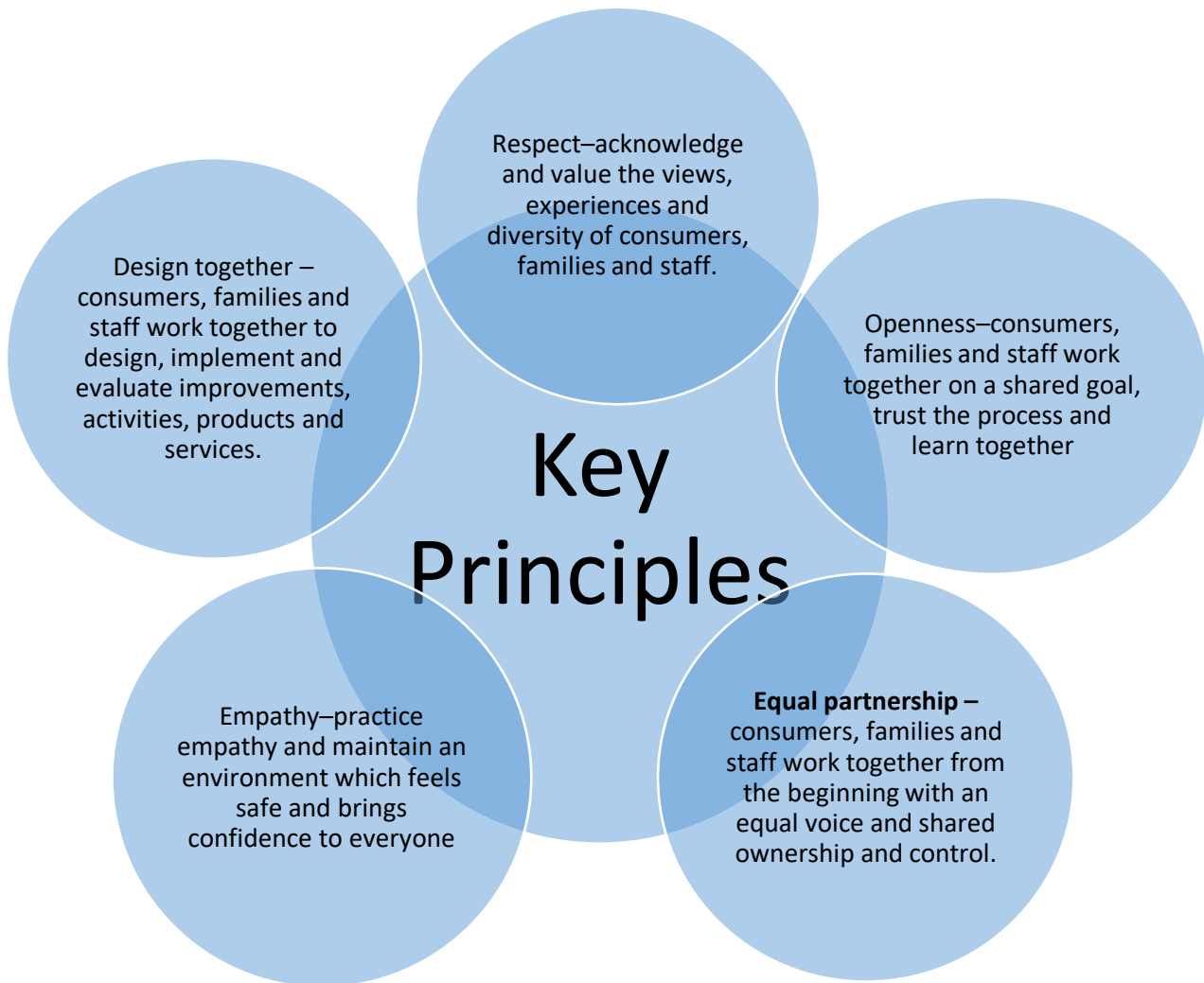
Key points about co-design:

- It involves exploring, developing and testing solutions to address a co-defined problem or challenge – e.g. designing new support services or improving existing ones.
- It must involve people from a diverse range of perspectives, including people who use, or support others to use, support services (they are experts by experience and must play a key role in shaping the services they use), and people who provide support services. All contributions are valued equally.
- It is ongoing – co-design does not stop once a solution/s are agreed on. Services are evaluated and monitored. Outcomes are fed back to co-design participants who continue to shape and improve the service in an ongoing way.
- it requires transparency about hard boundaries or requirements for the project/service being co-designed - these must be clearly communicated to all participants from the beginning or as soon as possible.
- It requires a commitment by decision-makers to:
 - allocate sufficient time and resources to support the process (including paid participation for people with lived experience, and resourcing to enable staff to participate within work time);
 - implement the designed service / improvements agreed on by co-design participants; and
 - build in ways for people to provide feedback and continually shapes the service.



Participation levels figure

Source: Agency for Clinical Innovation *A Guide to Build Co-design Capability*



Why do co-design?

It encourages a sense of collective ownership and community 'buy-in' for the service models that emerge from the process.

It's more likely that potential challenges will be raised and addressed before services are implemented.

There's a commitment to monitoring and evaluating the solutions generated by the process in an ongoing way and so the service will be continuously improved.

The process doesn't just identify the issue, it works to find an agreed solution to it.

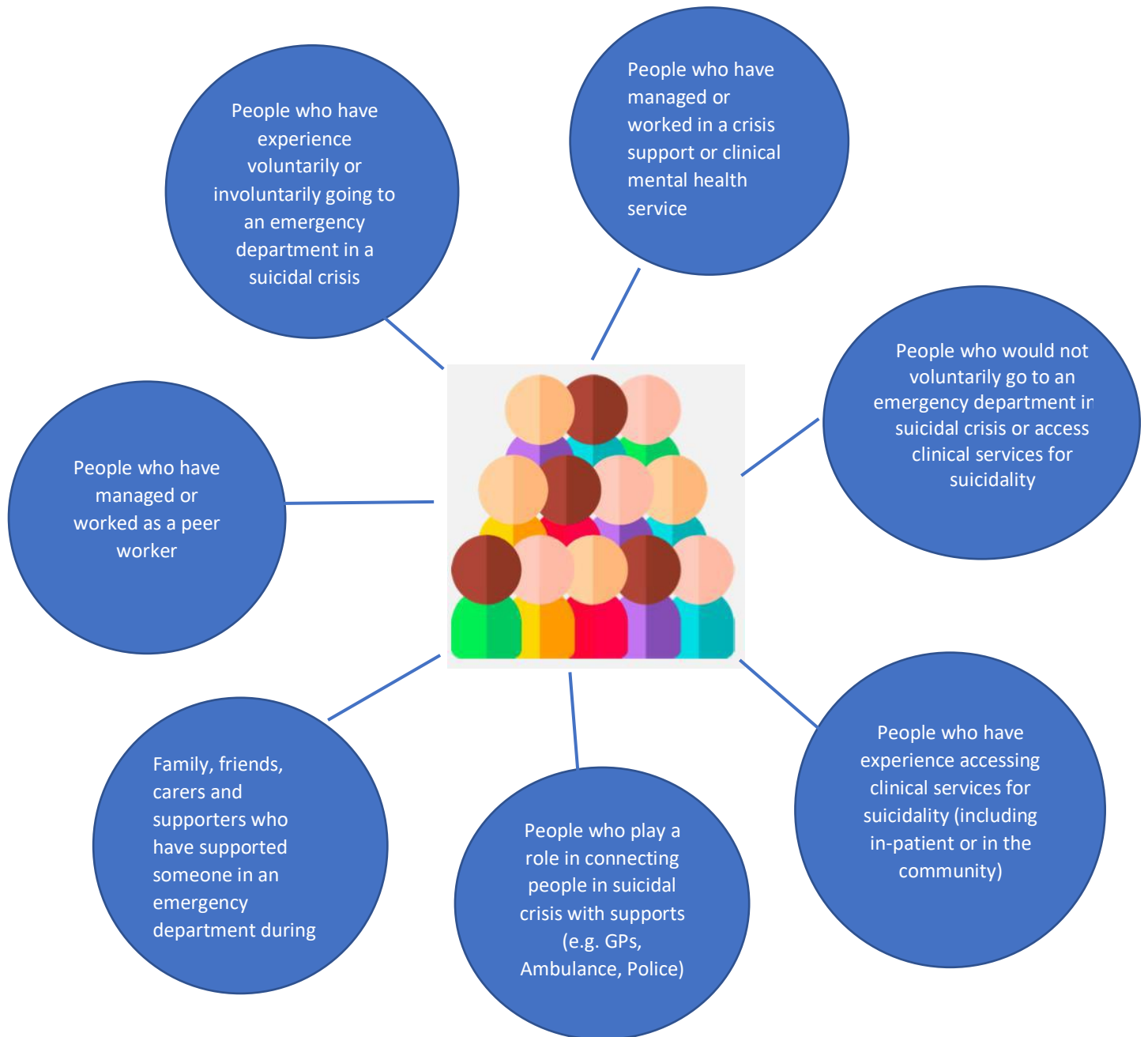
So the perspectives of people who provide services, as well as people who might use these services, are heard and respected.

It fosters cooperation and trust between local service providers and service users that has value for the individuals and communities involved beyond the co-design process.

When done well, the evidence shows that it's more likely to produce services that are efficient, effective and sustainable.

Who's involved in co-design?

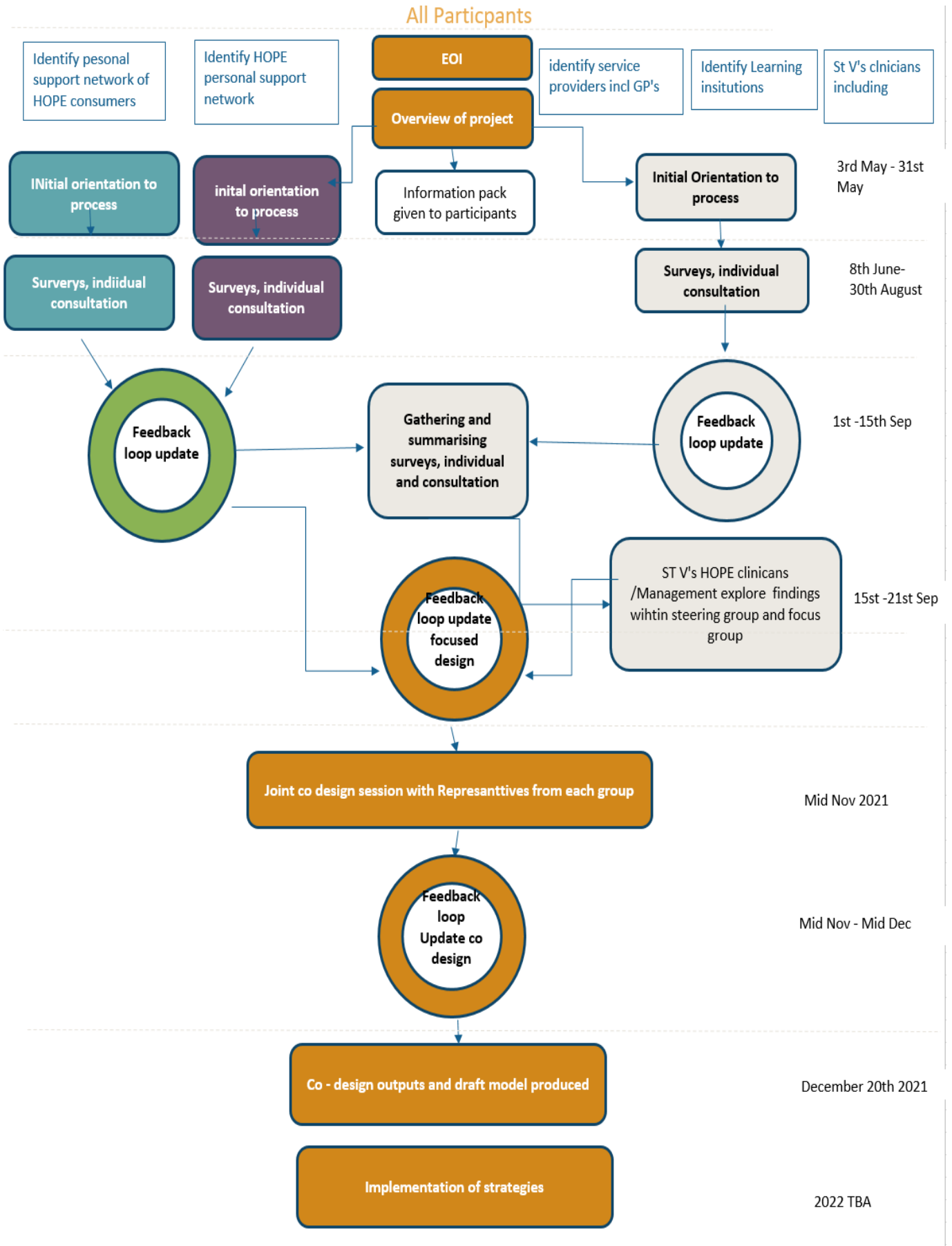
To produce the best possible service model, the co-design should include a wide range of perspectives, incorporating what's important to those who will use the service, those who will work in the service, and those who will help connect people with the service



Commitment to ongoing co-design

One requirement of the service model is to build in ways for people to provide feedback that continually shape how support is provided. The process above will determine the shape of the initial service model, however the co-design process will continue as the service is implemented.

St Vincent's Melbourne Co design process



Participating in co-design - FAQs

What should I consider before deciding to participate?

Even with the best intentions, co-design processes don't always live up to people's expectations. This can happen for a range of reasons, including time pressure and a lack of resources. More importantly, when there isn't a commitment by everyone involved to genuine co-design values and principles, not only are services not being improved, it can lead to increased cynicism about the possibility of change.

A person with lived experience who was involved in a recent local co-design project who had felt "shut down and ignored" by the health system in the past, felt further let down by having their expectations raised, then finding out the service model didn't reflect the ideas generated through the designing phase. The same experience can be felt by health professionals who share their own experiences and ideas.

While there is a genuine commitment to co-design by the various decision-makers and managers in the local region, it is important for people to be aware of the potential challenges before deciding to participate. However, it is important to remember that there will be lots of opportunities for participants to provide feedback throughout the process, feedback loops are built in to check that our understanding of people's input is right, and we commit to sharing what we know about the 'hard boundaries' of these initiatives as soon as we know them.

We will also be undertaking an evaluation of the co-design process itself, and strongly encourage participants to send feedback on how the process is going for you at any time to the St Vincent's HOPE Enhancement email address: HOPEEN@svha.org.au

How can I participate?

There are a number of options for how you can contribute including:

- focus groups
- surveys
- sharing output from the co-design with your networks; and
- staying informed via email.

Spaces focus groups are limited. Participants will be chosen in a way that makes sure we are drawing together a diverse group of people to represent the St Vincent's catchment area from a lived experience and health professional perspective. We are offering a relaxed atmosphere \$40 and hour to attend and offering a yummy snacks to make it as comfortable as we can for you.

All contributions will be regarded equally – whether you contribute via a focus group, surveys, or other contributions



What will be expected of me?

Be fully informed and prepared to contribute. Ongoing information for this project can be accessed on: <https://www.svhm.org.au/our-services/departments-and-services/m/mental-health>.

- Reviewing updates on co-design process and the draft service model being produced.
- Make time to participate.
- Commitment to the values and principles of co-design, including a commitment to:
 - Work towards solutions and actively contribute ideas about how to improve supports (instead of just criticising how things are now).
 - Openness and curiosity and to respect others as equal partners.
- Be honest and open about your experiences and perspectives – but only as much as you feel comfortable doing.
- Tell others about the project and its outcomes so that the whole community can be involved in supporting the new service and providing feedback in order to keep improving it.
- Be able to let someone know if you need support
- Participate in the evaluation process, including completing online surveys for focus group participants.
- Send feedback about the co-design process to the Collaborative as soon as possible so that it can be improved.
- Have fun!

What supports are available?

We encourage all participants to reflect on what supports are available for you prior to getting involved so you can lean on them if you need to at any time during the co-design process. These supports could be natural supports, like friends and family, or support services.

If you are in need of additional support, you can find a list of available support services on the St Vincent's website: <https://www.svhm.org.au/our-services/departments-and-services/m/mental-health/consumer-and-carer-resources>

St Vincent Health Mental Health Triage – 1300 558 862 (inner eastern suburbs).

Northern West Health Mental Health Triage – 1300 874 243 (northern and north western suburbs).

Suicide Call Back Service is a 24-hour, nationwide service that provide telephone and online counselling to people aged 15 and old affected by suicide – 1300 659 467.

SuicideLine offers 24-hour and free telephone support across Victoria – 1300 651 251.

Lifeline is a 24-hour counselling, suicide prevention and mental health support service – 13 11 14.

Beyondblue offers 24-hour telephone support, online chat service, and links to local services 1300 224 636.

Sane Helpline provides information, guidance, and referral to help manage mental health concerns. Available weekdays, 9am-5pm AEST – 1800 187 263.

MensLine Australia provides 24-hour support for Australian men – 1300 789 978.

E-headspace provides online counselling for young people aged 12-25 years.

National StandBy Response Service is a 24-hour coordinated community response service to families, friends, and communities who have been bereaved through suicide.

Support after Suicide offers information, resources, and group support for those bereaved by suicide.

Commonwealth Department of Health's listing of Victoria's Mental Health Services

How can I provide feedback on the co-design process?

If you are having trouble with the process itself, please contact the St Vincent's on email: HOPEEN@svha.org.au and someone will ring you back weekdays within 24 hours.

Evaluation of the co-design process will include participant surveys, focus group and co-design sessions, as well as the options for all participants to provide feedback through email. HOPEEN@svha.org.au

We also strongly encourage all participants to send feedback on how the process is going for you to the St Vincent's HOPE website at any time. Additional FAQs that come up during the co-design process will be published on the St Vincent's HOPE. . Website: <https://www.svhm.org.au/our-services/departments-and-services/m/mental-health>.