Multiple and Complex Needs

Chair | Gillian Clark, VAADA

1. Expanding the toolbox for an ongoing challenge: the Comorbidity Project
2. (Re)imagining integrated care: exploring barriers and opportunities through co-design
3. Enhancing clarity in case management: the Windana case management manual

Hamilton Centre | MONASH University | MONASH DESIGN HEALTH COLLAB

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

Integrated care in action: Exploring barriers and opportunities through co-design

Statewide Centre for Addiction and Mental Health Consultation

A/Prof Shalini Arunogiri - Clinical Director, Hamilton Centre

Dr Ali Cheetham – Research Fellow, Hamilton Centre

VAADA Melbourne, 13 February 2025

Disclosure of interest

This work was supported by the Victorian Department of Health.

Co-design workshops were undertaken in partnership with Monash University Arts and Design (Design Health Collab)

Assoc/Prof Shalini Arunogiri is supported by a National Health and Medical Research Council (NHMRC) Investigator Grant (GNT2008193).

Hamilton Centre | MONASH University | MONASH DESIGN HEALTH COLLAB

Hamilton Centre

Recommendation

#36

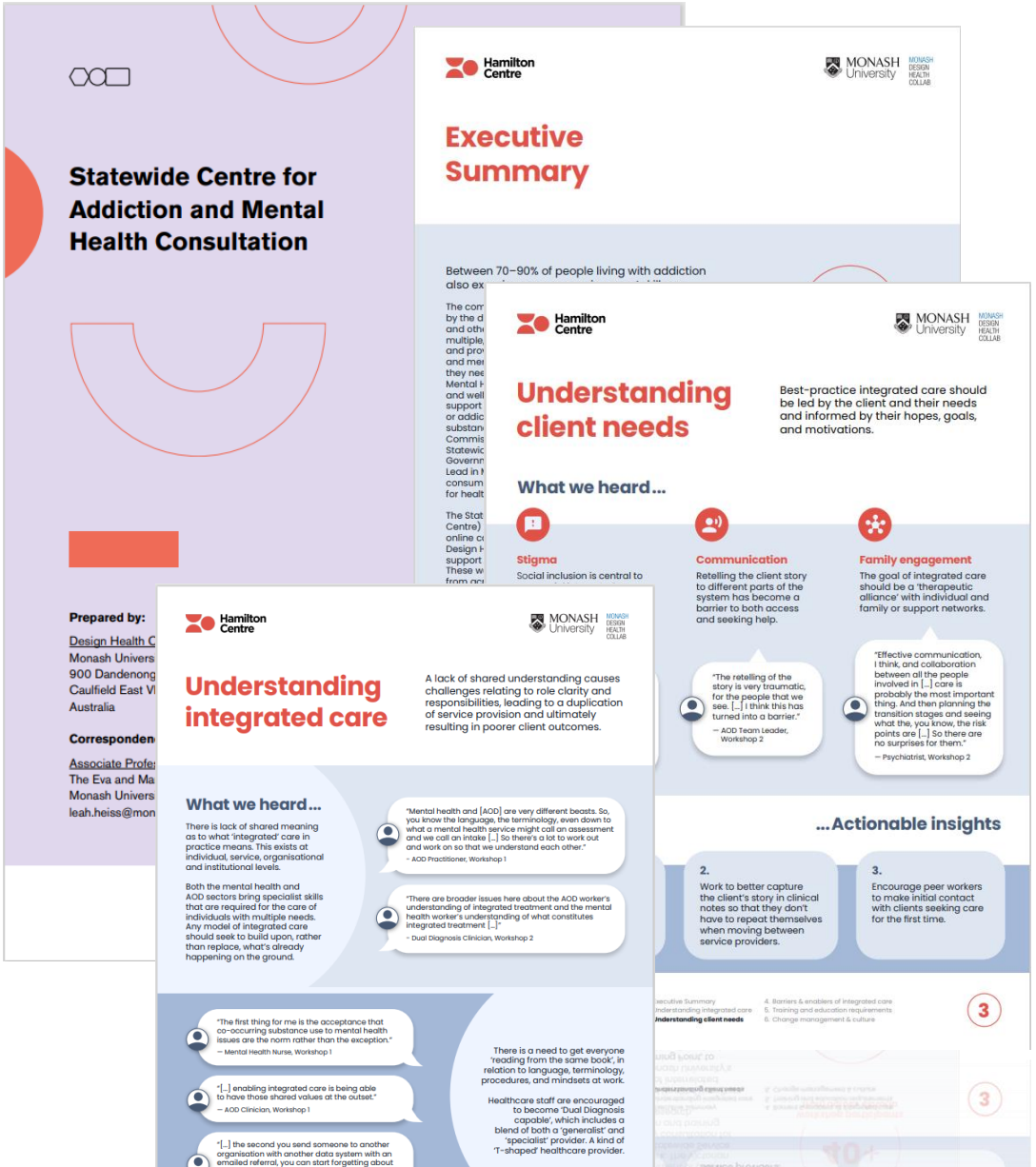
Hamilton Centre's role:

- Improve integrated MH & AOD support
- Statewide clinical, education, & research leadership

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

Co-designed best-practice integrated care model



DESIGN HEALTH COLLAB

MONASH UNIVERSITY

Hamilton Centre | MONASH University | MONASH DESIGN HEALTH COLLAB

VICTORIAN PREMIER'S DESIGN AWARDS

Best in Category
Service Design
2024

GOOD DESIGN AWARD® WINNER 2024

Wurundjeri Country

Hamilton Centre
Open minds. Open doors.

MONASH University

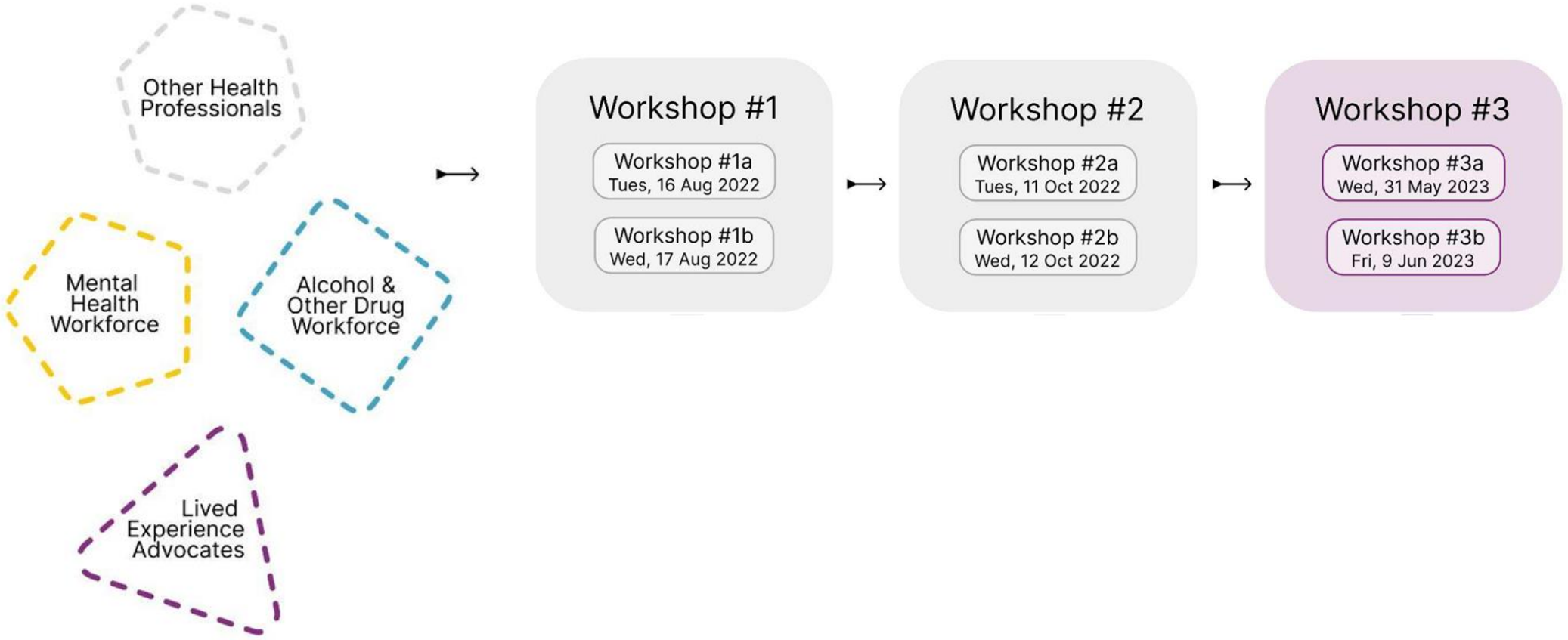
MONASH DESIGN HEALTH COLLAB

Methodology

Section 1 in report

- Co-design consultation structure
- Co-design method
- Approach to synthesis

Co-design consultation structure



Hamilton Centre | MONASH University | MONASH DESIGN HEALTH COLLAB

Workshops 1 & 2

57 participants across
40 organisations

Mental health and AOD practitioners, clinical leaders, peer workers, and lived experience advocates

Hamilton Centre | MONASH University | MONASH DESIGN HEALTH COLLAB

Workshops 3a & 3B

27 Participants

across the two workshops

Senior clinical leaders or managers of Victorian Area Mental Health and Wellbeing Services (AMHWBs)

Co-design method

Tactile Tools Digital Workshop

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

A digital, flexible and haptic approach for mapping networks of care and addressing complex health challenges.

We evolved the method to scaffold discussions about how integrated care should be experienced and delivered in the future.

Workshop #1 & #2 activities

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

1

How can we improve the person's experience of care?

Using client personas, the first activity asked participants to discuss the experiences of people seeking care and how these experiences could be improved.

2

What are the barriers and opportunities in delivering care?

The second activity asked participants to explore the principle of capability and interrelated barriers and opportunities of integrated care delivery.

Workshop #3 activities

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

1

25 min.

Understanding the current state of integrated care across your services

The first activity asked participants to describe the current state of implementing IC across their services, as well as the barriers and enablers to this implementation.

2

25 min.

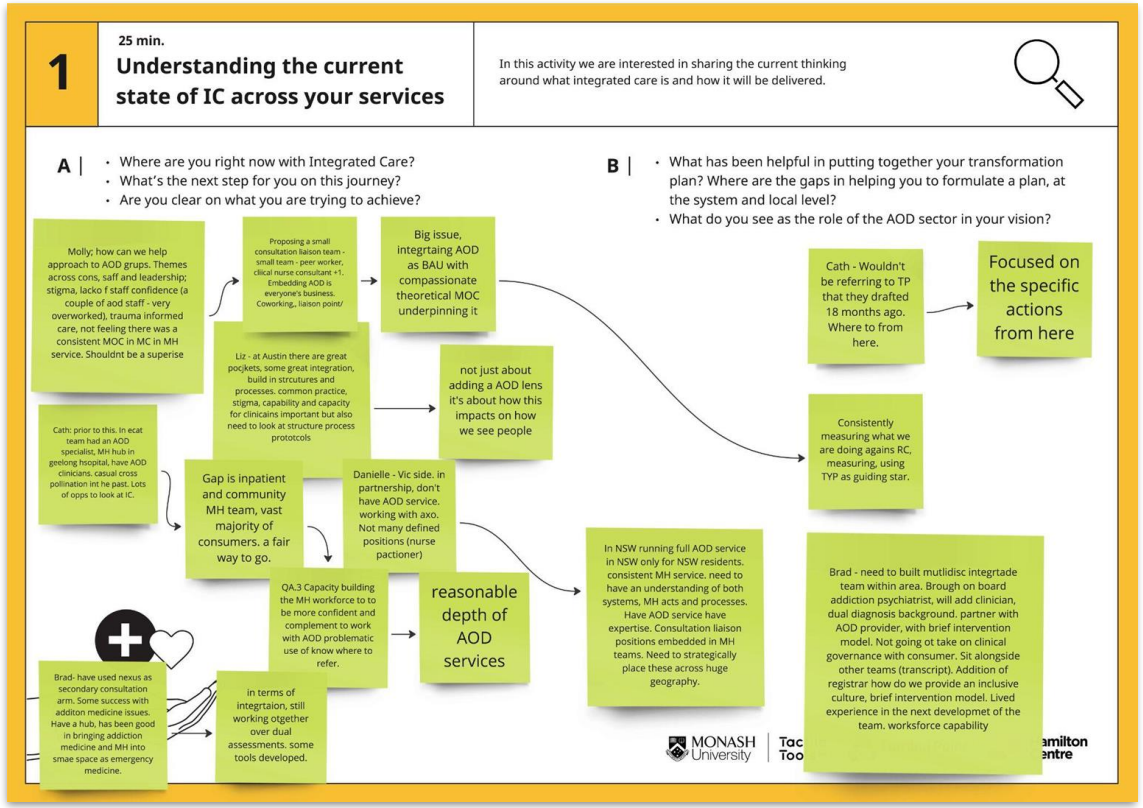
Workforce and training, organisational leadership

The second activity asked participants to identify work that needs to happen to support their service to deliver integrated care through workforce training and organisational leadership.

Workshop #3 activities

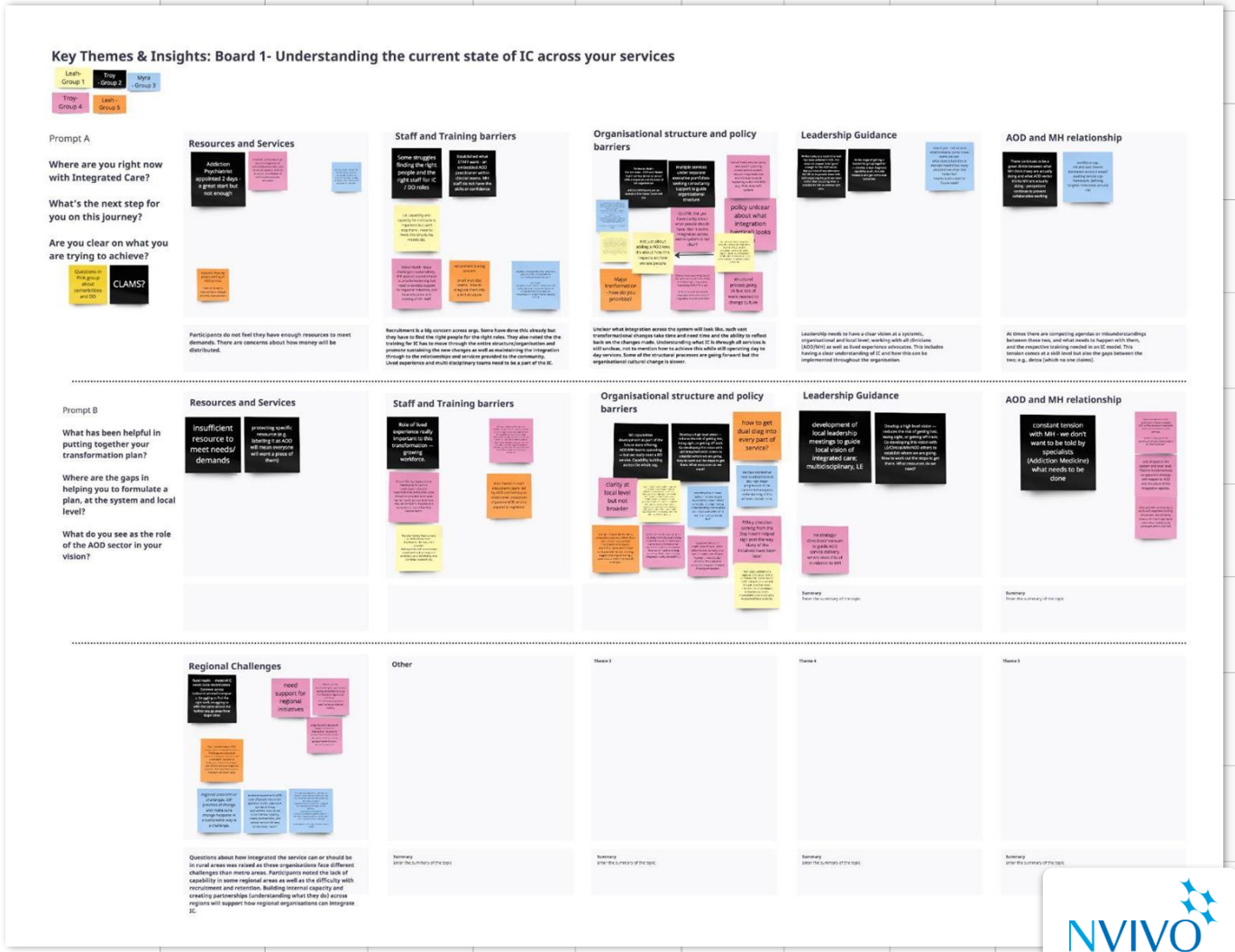
DESIGN HEALTH COLLAB

MONASH UNIVERSITY



Approach to synthesis

- We conducted a qualitative thematic analysis and coding of workshop data to discover overarching themes.
- Triangulation of data across multiple contributions, participants and workshop groups to validate the ‘findings’ in this report.
- Additional coding and evaluation of qualitative data in Nvivo.
- Documentation of the unedited and raw workshop contributions is available in the full report.



Example of Miro synthesis board from Workshop #3.

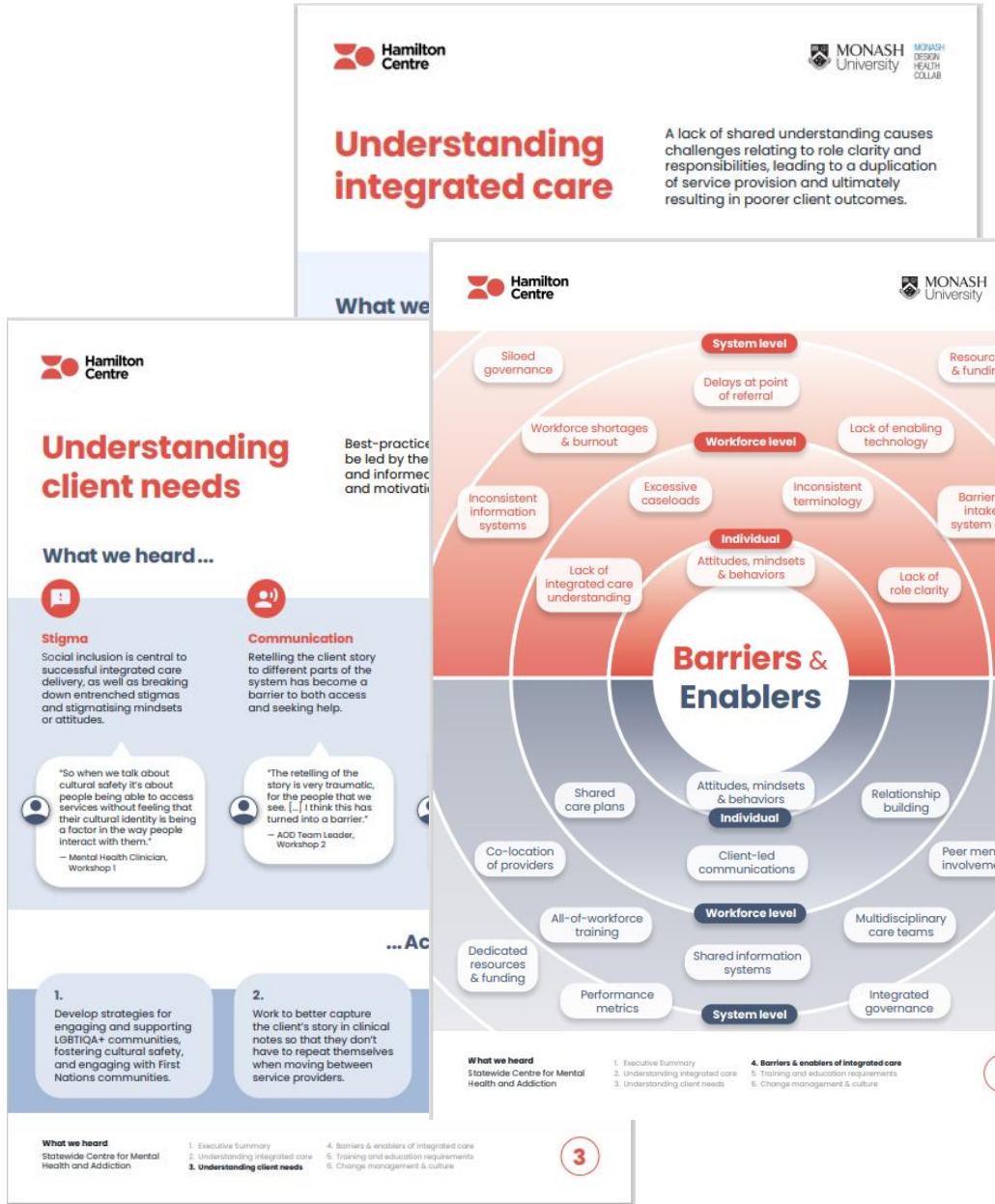
Themes and insights

Workshops #1 & #2

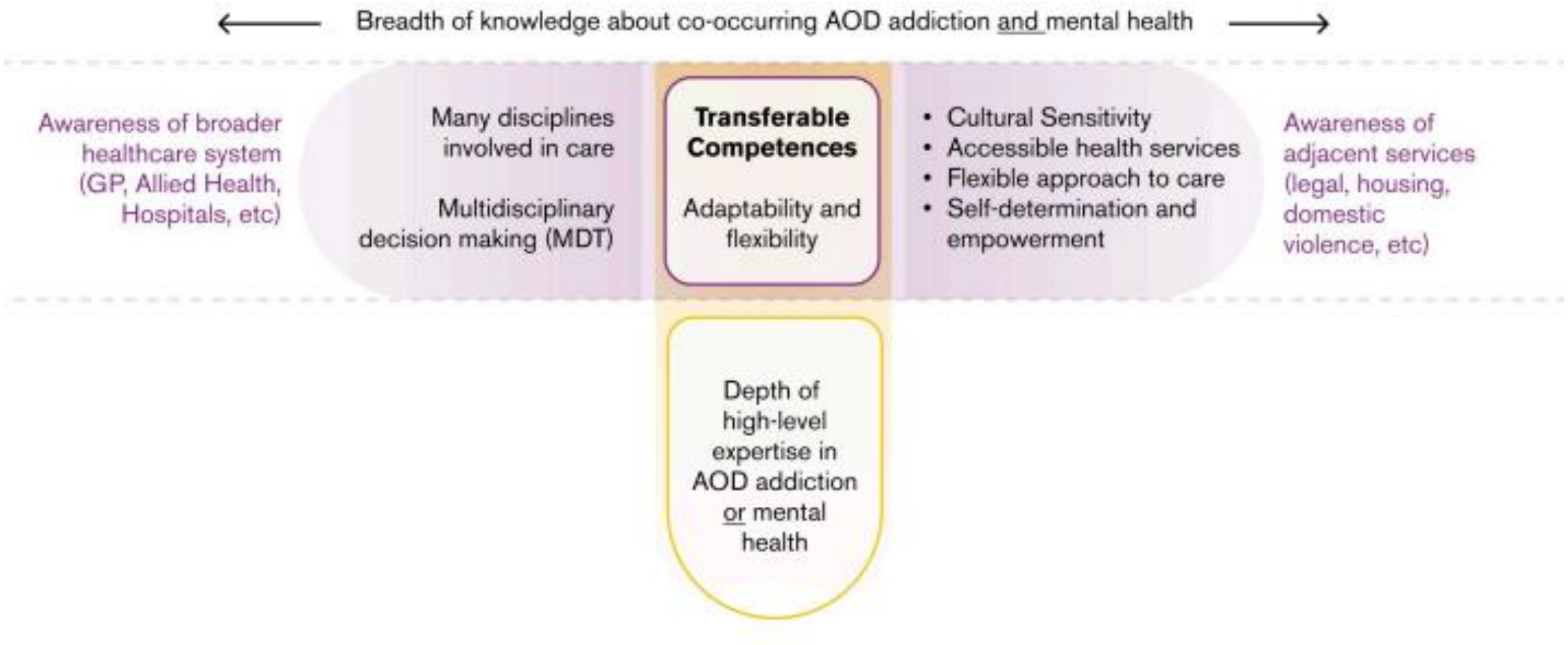
Workshops #3A & #3B

Themes: workshops 1 & 2

1. Understanding integrated care
2. Understanding client needs
3. Barriers, gaps, and limitations
4. Enablers of integrated care
5. Training and education requirements
6. Change management and culture

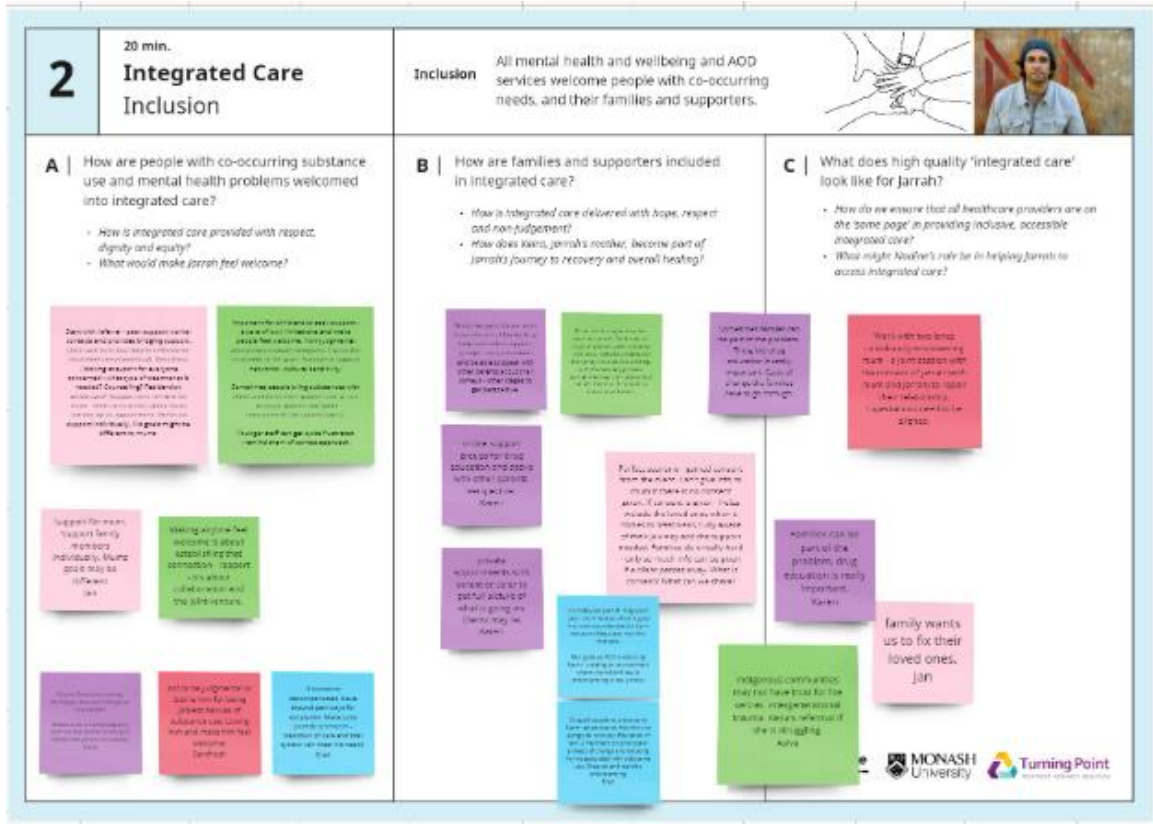


1. Shared understanding of integrated care



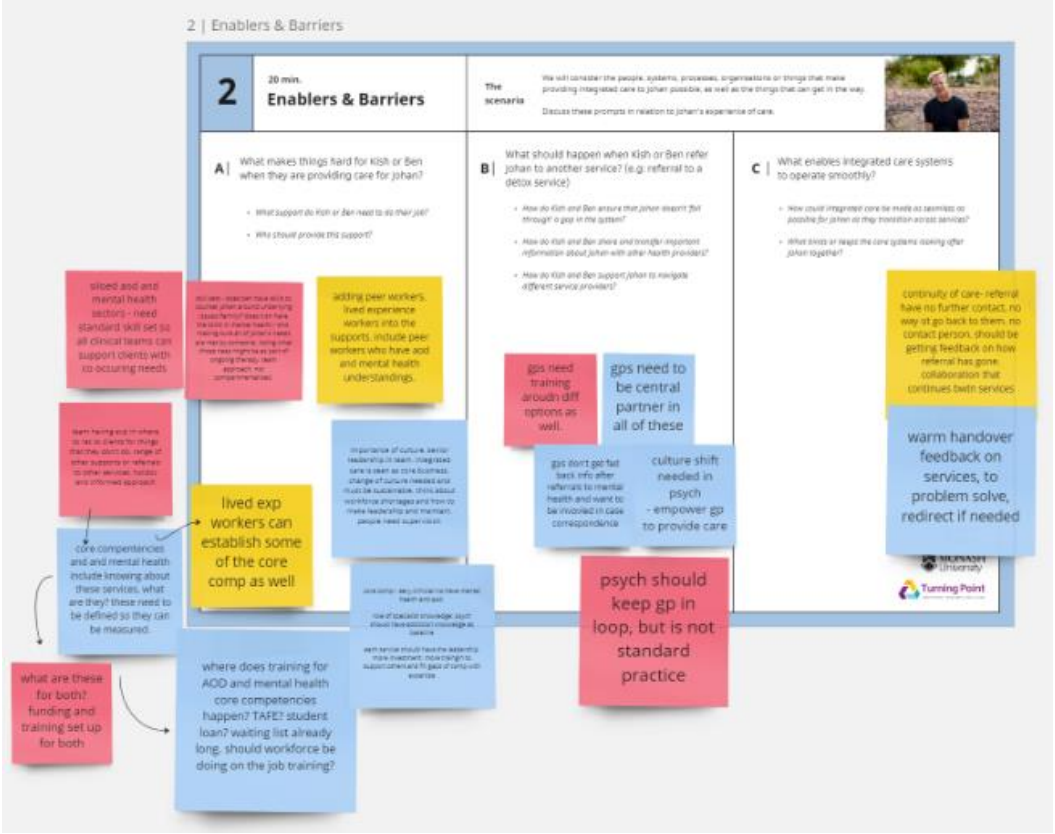
2. Understanding client needs

- Capture client story
- Peer workers
- Wrap-around care
- Address stigma



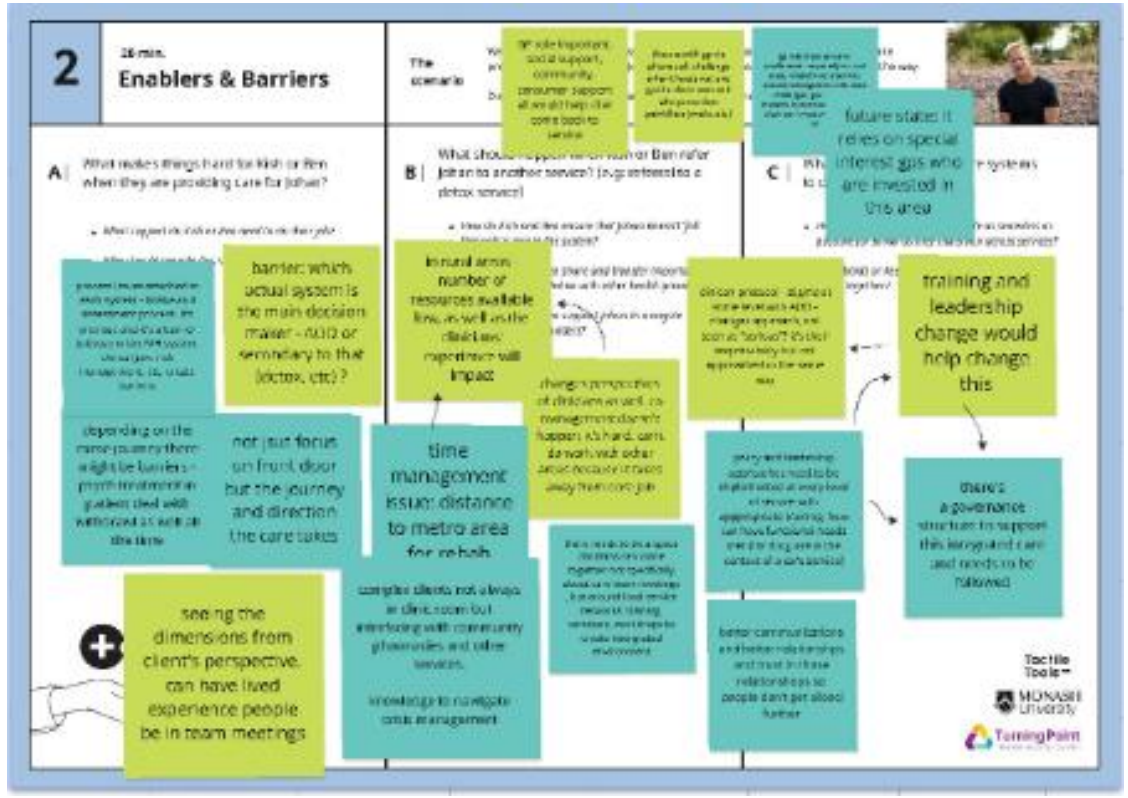
3. Barriers, gaps, and limitations

- Inadequate funding
- Limited workforce capabilities
- Challenges in regional contexts
- Problematic attitudes
- Entrenched stigmas & mindsets



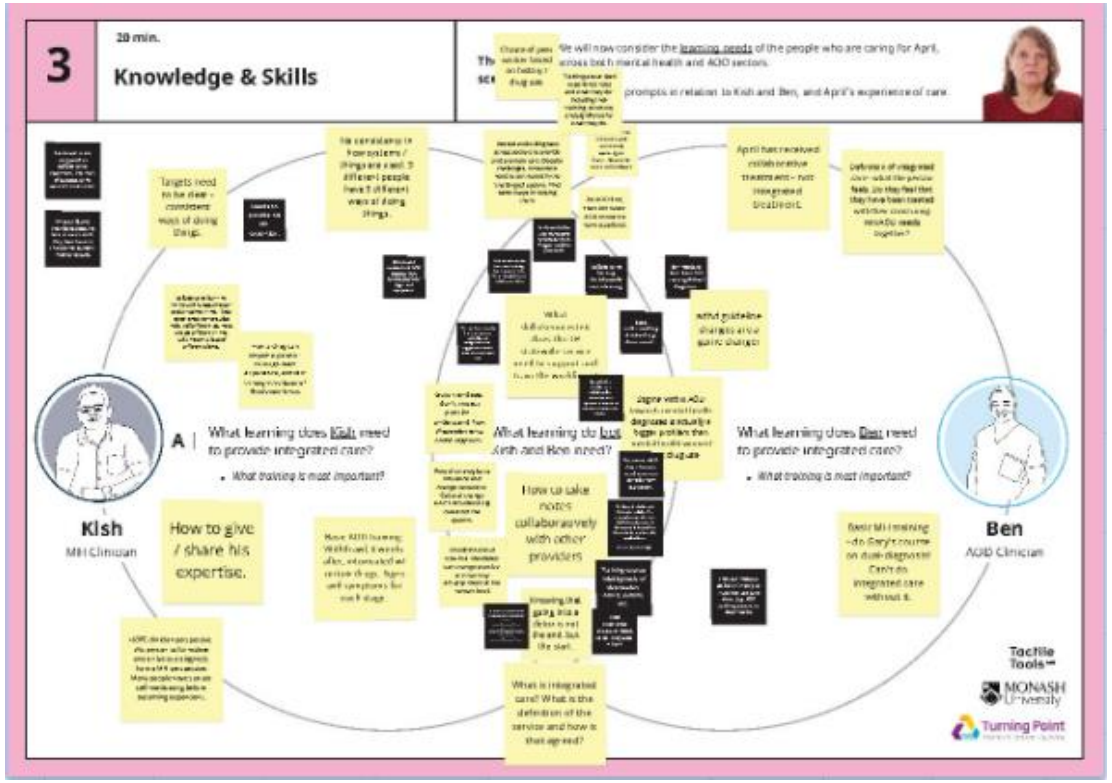
4. Enablers of integrated care

- Sustained funding models
- Good governance
- Targeted workforce recruitment
- Building good relationships
- Mentorship & supervision
- Good leadership



5. Training and education requirements

- Training doesn't have to be formal
- Bring people together
- Basic AOD & MH
- LLE: 'system' & clinical terminology
- Clinical: understand LLE
- Reflective practice for leaders
- Address stigma



6. Change management and culture

Change takes time

a web of solutions

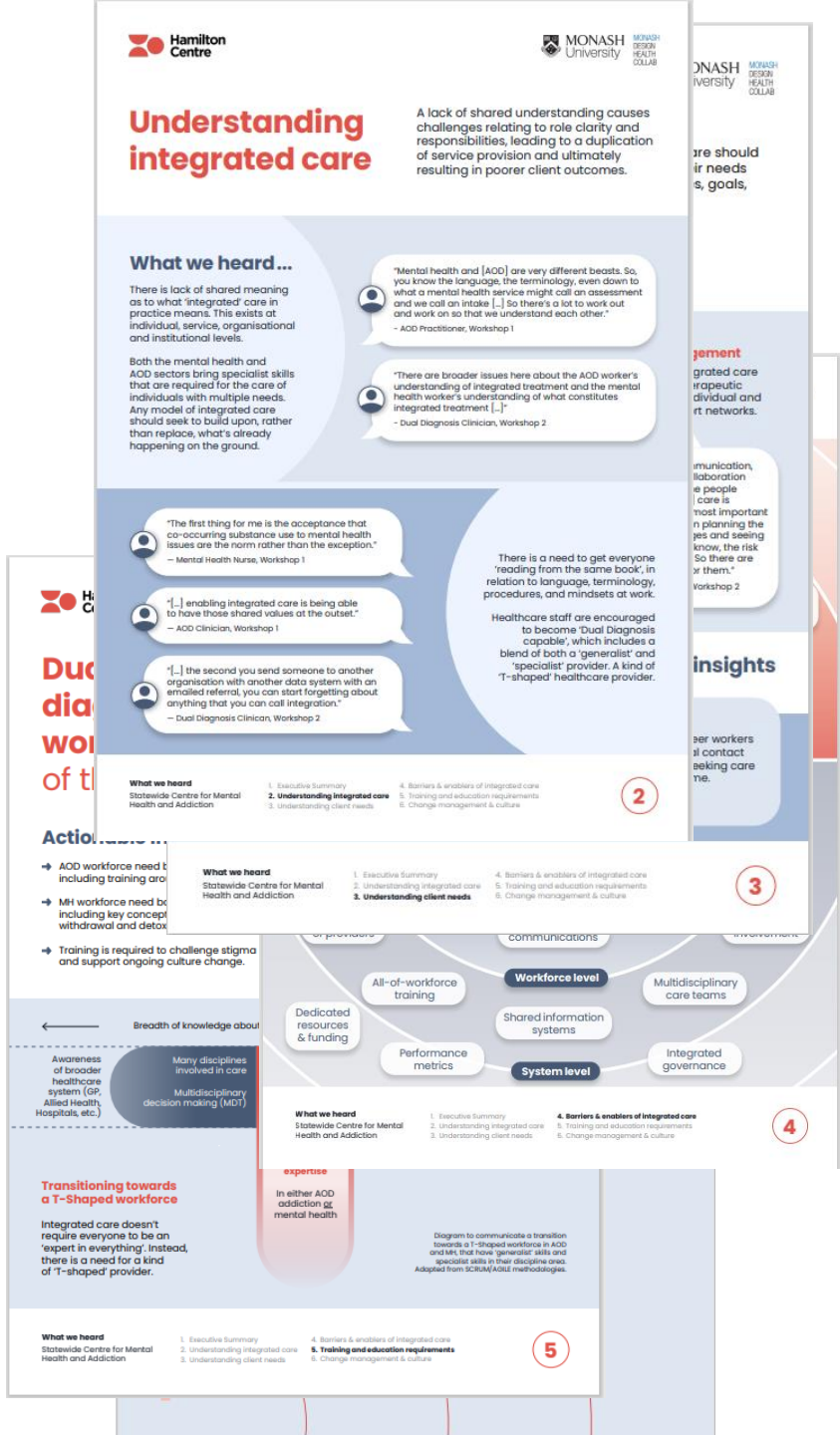
Themes: workshops 3a & 3b

Understanding the current state of integrated care

- Defining integrated care
- Having a united vision of integrated care
- AOD and MH in integrated care
- Resourcing
- Training and education

Building an integrated care plan for future state

- Capacity building
- Change management
- Culture



Understanding the current state of integrated care

Section 2 in report

- Defining integrated care
- Having a united vision of integrated care
- AOD and MH in integrated care
- Resourcing
- Training and education

Challenges

Hamilton Centre | MONASH University | MONASH DESIGN HEALTH COLLAB

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

Defining integrated care/Shared vision

"Once there is a vision for IC across the system, what does IC look like in each individual system?"

— Workshop #3b

Aligning AOD and MH

"We've got a couple of dedicated AOD staff and everybody was trying to refer everybody to those people because they didn't feel they had the skills to do anything themselves. Things around trauma informed care, not having a trauma informed approach to AOD, and not really feeling like there was a consistent model of care... within the mental health service."

— Workshop #3a

"If our medical workforce or other clinical workforce, leaders, or anyone on the ground, if there is stigma and discrimination towards people who use drugs and alcohol, or who have a co-occurring addiction, that has to be a key target to break that down because we can't create inclusive, welcoming, informed care if there's covert or overt stigma and discrimination."

— Workshop #3a

Challenges

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

Resourcing

"There is a need for consensus across all levels to plan effectively for equitable access in care, otherwise each individual is left doing what they think is best."

— Workshop #3b

"There is a lack of experience in actually providing treatment for people with dual diagnosis. So the focus tends to be on mental health issues and what is done for drug and alcohol issues then tends to be to try and motivate the patient in order to seek treatment elsewhere."

— Workshop #3b

Training and education

"They have a tool for everything and what that means is they're not experts in anything. We've got multiple disciplines performing a very similar role".

"It is important to clarify what a clinician's role in IC is because one of the challenges for clinicians at the moment is pressure to upskill in multiple domains (such as eating disorders, personality disorders, trauma, for example).

How do we support them to know and to develop those skills and to maintain those skills? When we bring in our multidisciplinary teams, how do we support them as well to not be a very small component of a larger service that they really struggled to get traction with?"

— Workshop #3b

Building an integrated care plan for future state

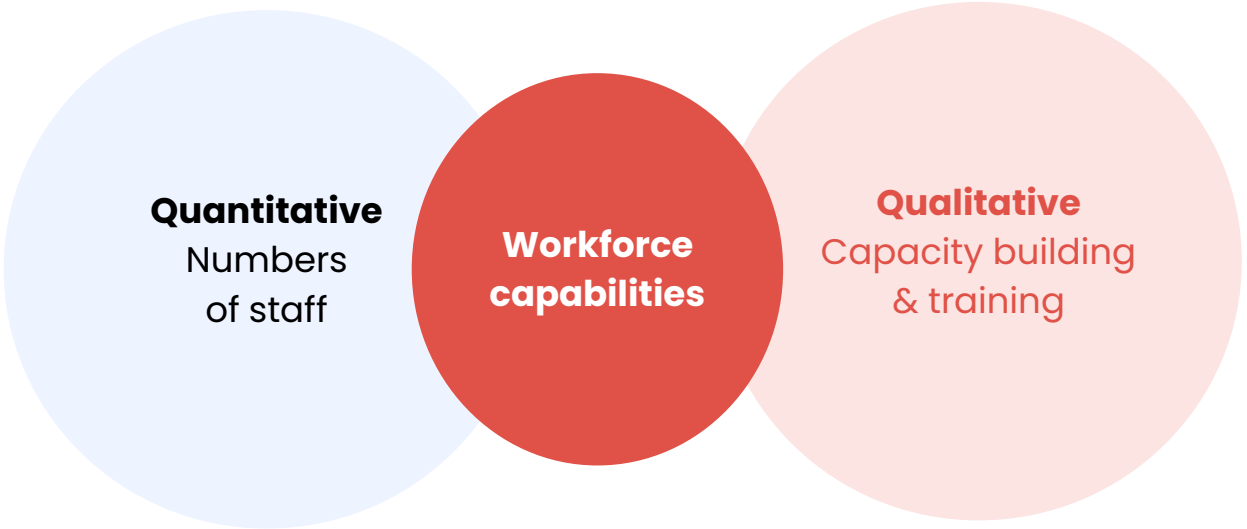
Section 3 in report

→ Capacity building
Change management
Culture

Capacity building - clinicians

Hamilton Centre | MONASH University | MONASH DESIGN HEALTH COLLAB

DESIGN HEALTH COLLAB



Challenges for clinicians

- ➔Mentorship and placements training
- ➔Multidisciplinary teams
- ➔Lived experience
- ➔Community consultations and partnerships

MONASH UNIVERSITY

Capcity building - leadership

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

Manager level

"We need to be really clear that managers are both empowered, given the resources and ability, but also need to drive the change and support the change for clinicians on the ground."

Senior leadership level

"At the moment we're carrying the biggest number of vacancies we've ever had, and there seems to be no end to that. And when you talk with the senior managers, their frustration is trying to work out what's the biggest priority. And unfortunately they don't see this as being top of their list. So no matter how gentle and how much you go back to support and help keep them focused, as soon as you're not in the vicinity, they resort to dealing with more pressing issues."

Change management

"[There are] competing priorities in the space so really keeping that focus on the future state vision and the clear rationale for why we're trying to do things differently is really important"

— Workshop #3a

"We need tangible milestones around capability and what it is that we are expected to have in contrast to the scope of a tier four or a tier three or a tier two."

— Workshop #3a

"[We need to] increase the supervisory frameworks to fund new positions, say in addiction medicine and addiction psychiatry and to develop some work around strategic directions around transformation plans, et cetera. And we need not only [to] develop our ability to drive change management, but we also need to develop our ability to train people to the competencies that we're trying to teach them."

— Workshop #3b

Cultural & organisational change

Change management

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

There is a need for:

- Defining capability requirements for IC
- Building policies to measure IC effectiveness
- Breaking down stigma related to AOD
- Preserving jobs and protecting current workforce
- Empowering senior leadership
- Collaboration across organisations
- Embracing a non-linear, adaptive planning approach

The plans need to go beyond 12 month cycles.

"Change is gradual and requires sustained, iterative, coherent deployment, monitoring and adaptation."

"It is an iterative process - so you have to keep going back and revisiting and rethinking not just charging forward."

"Plans are not linear - they don't just go A to B to C and there needs recognition for a more messy, less linear evolution."

Key takeaways

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

- Communicate ‘small wins’ early
- Provide continual feedback
- Good leadership
- Spend time on the ground
- Support clinicians in upskilling
- Consider capability tools

  e.g., COMPASS-EZ™ DDCAT

Thank you

Hamilton Centre | MONASH University | MONASH DESIGN HEALTH COLLAB

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

Study participants who freely gave their time

Research team:

Hamilton Centre & Monash University
A/Prof **Shalini Arunogiri**
Prof **Dan Lubman**
Dr **Ali Cheetham**
Dr **Katrin Oliver**

Monash Design Health Collab
A/Prof **Leah Heiss**
Dr **Troy McGee**
Dr **Amy Killen**

Acknowledgments: MDHC: Dr. Myra Thiessen, Dr. Gretchen Coombes, Hatoun Ibrahim; Monash: Dr Annette Peart, Dr Daniel Pham, Dr Vicky Phan

DESIGN HEALTH COLLAB

MONASH UNIVERSITY

shalini.arunogiri@monash.edu
ali.cheetham@monash.edu

OUR DOOR IS OPEN.

FOLLOW US ON:

@HCENTRE_AU

FACEBOOK.COM/
HAMILTONCENTREAU

LINKEDIN.COM/COMPANY/
HAMILTON-CENTRE-AU

Hamilton Centre
Open minds. Open doors.