

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

Ass/Prof Shalini Arunogiri¹, Dr Katrin Oliver¹, Dr Ali Cheetham¹, Dr Troy McGee², Ass/Prof Leah Heiss², Amy Killen², Prof Dan Lubman¹

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Statewide Centre for Addiction and Mental Health Consultation



Turning Point
TREATMENT • RESEARCH • EDUCATION

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Disclosure of interest

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Wurundjeri Country

Ngunnawal Country



'Between dog and wolf'

'Entre chien et loup'





We know a little, but not a lot

Why is it important to know more about integrated care?

70–90%

Co-occurring conditions are the **expectation**, not the exception.

Co-occurring conditions are associated with **poorer outcomes** in **wellbeing, quality of life & recovery.**

Many people **fall through the gaps**

Integrated care is widely supported as a means of **improving**
treatment outcomes, but
achieving this in routine clinical practice **remains**
challenging.



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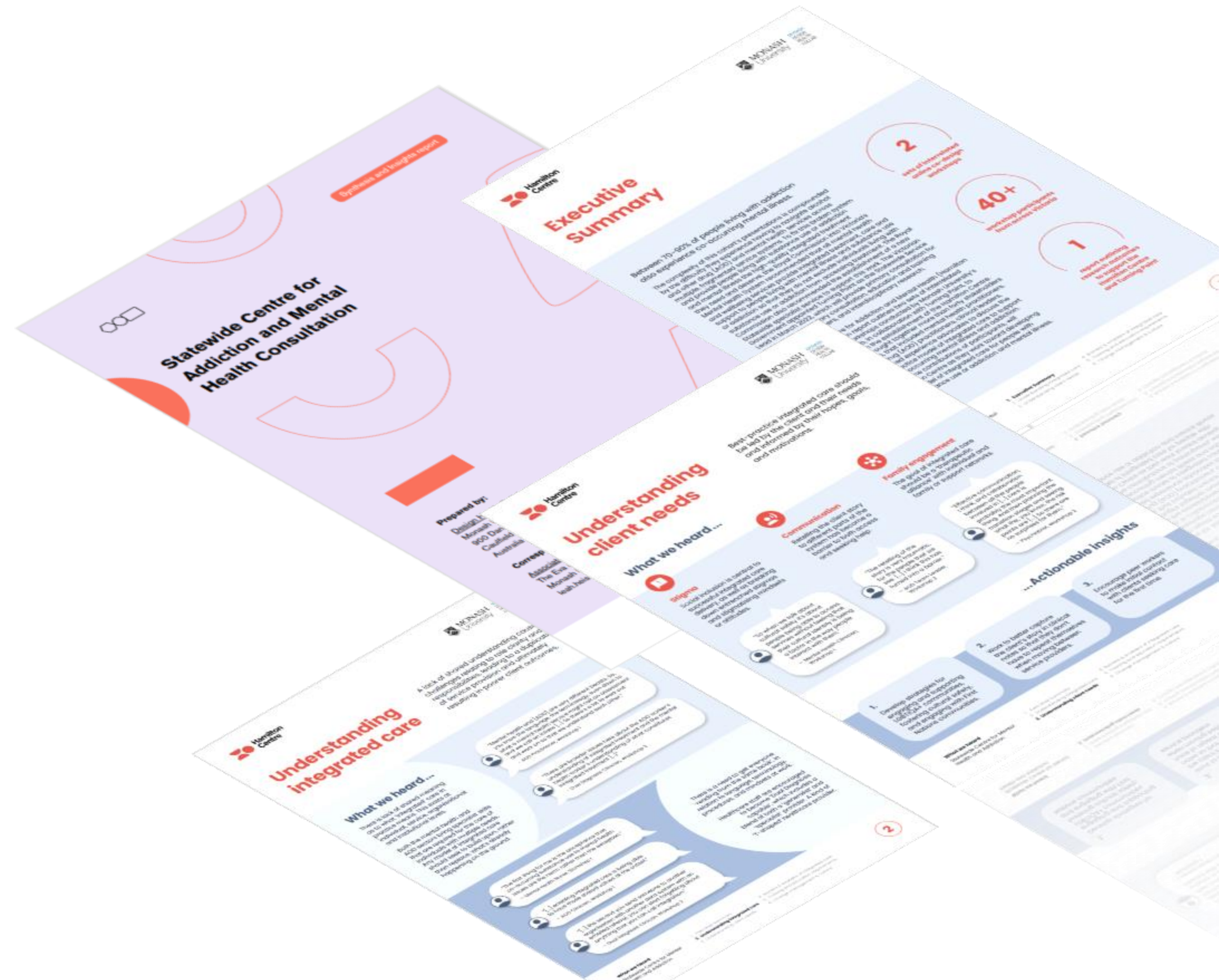


Improve statewide

integrated MH & addiction support, clinical, education, & research leadership



Co-designed best-practice integrated care model



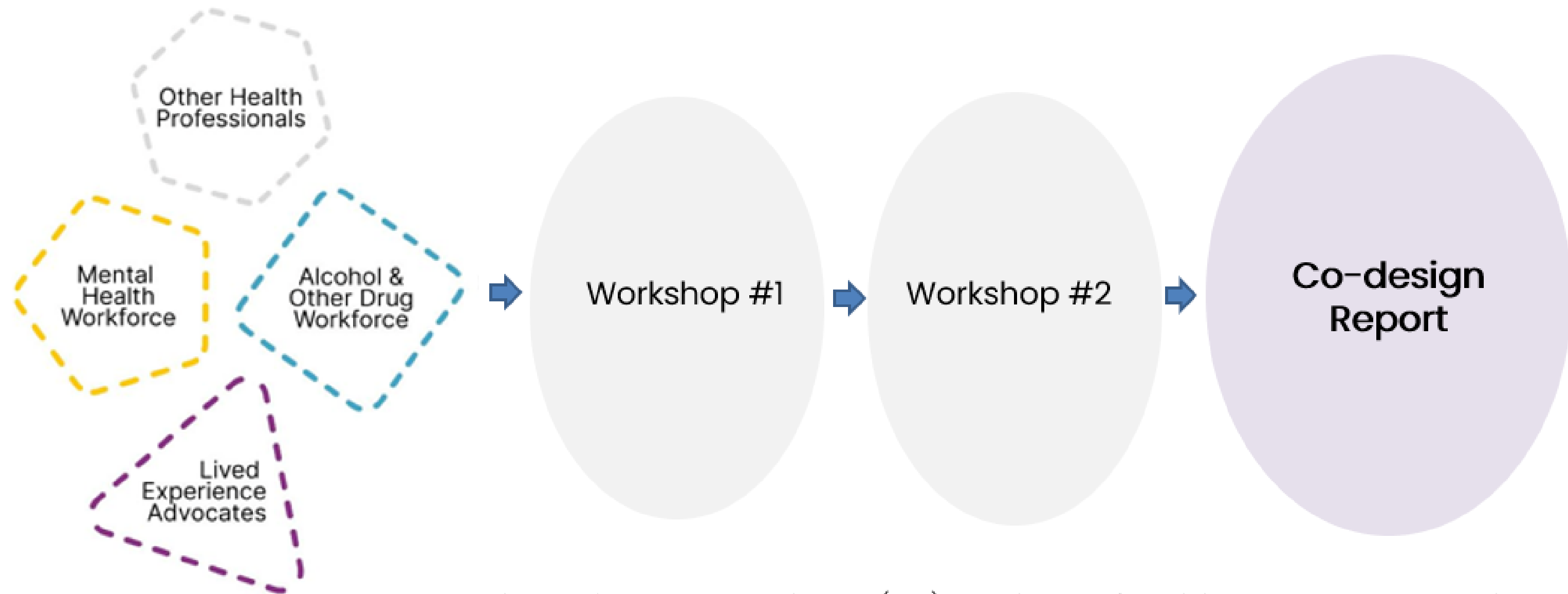


What did we do?

57 people

40 organisations

Project structure 2022



McGee, T., Killen, A., Heiss, L., Coombes, G., Thiessen, M. (2022). "Statewide Centre for Addiction and Mental Health Consultation: Synthesis and Insights report". (Melbourne: Monash University, Design Health Collab).

Tactile Tools™ digital workshop method



1

20 min.
April's Story

Task

- Discuss April's story in relation to your own experience of dealing with mental health and substance use presentations.
- Identify what features or experiences might be missing from this story.

Background

This research is conducted with 4 personas, co-created with experts from Turning Point. These personas aim to tell stories about Victorians who may access Mental Health and Wellbeing services for care. However, they can't cover all the diversity and nuance of the broader Victorian community.

Today we are keen to hear from your unique perspective what is missing from April's story that would be common to this case.

A

Does April remind you of someone you have met? What's missing?

- What's missing to make this a typical case?

B

What hopes and fears might April have for the future?

- What factors could influence April achieving her goals of connecting with her siblings and family?
- What support options would help her to manage her negative emotions without using alcohol?

C

What other needs might April have that aren't listed here?

- What other social, cultural, religious, spiritual, clinical or care needs might she have?

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2

20 min.
Integrated Care Inclusion

Inclusion

All mental health and wellbeing and AOD services welcome people with co-occurring needs, and their families and supporters.

A

How are people with co-occurring substance use and mental health problems welcomed into integrated care?

- How is integrated care provided with respect, dignity and equity?
- What would make April feel welcome?

B

How are families and supporters included in integrated care?

- How is integrated care delivered with hope, respect and non-judgement?
- How does Gary, April's brother, become part of April's journey to recovery and overall healing?

C

What does high quality 'integrated care' look like for April?

- How do we ensure that all healthcare providers are on the 'same page' in providing inclusive, accessible integrated care?
- What role might the HOPG program, and Zoe play in April's integrated care experience?

3

20 min.
Integrated Care Access

Access

People with co-occurring needs, and their families and supporters, have equitable access to treatment, care and support.

A

How might we ensure that April and family and/or supporters have access to integrated care, no matter which point of entry to the system they have taken?

- How do we enable continuity of care for April?
- How is integrated care made as seamless as possible for April, particularly at transition points?

B

What could be done to maximise the accessibility to integrated care for April?

- As someone who lives in regional Victoria, what could be done to ensure that integrated care is as accessible as possible for April?

C

What considerations need to be made for cultural safety, to ensure that all people of all backgrounds can access the care they need?

- Is there anything else that could be done to address access inequities or barriers that currently exist?
- How does integrated care meet April's cultural needs?
- How can care be adapted to ensure safety for people from an LGBTQI background?

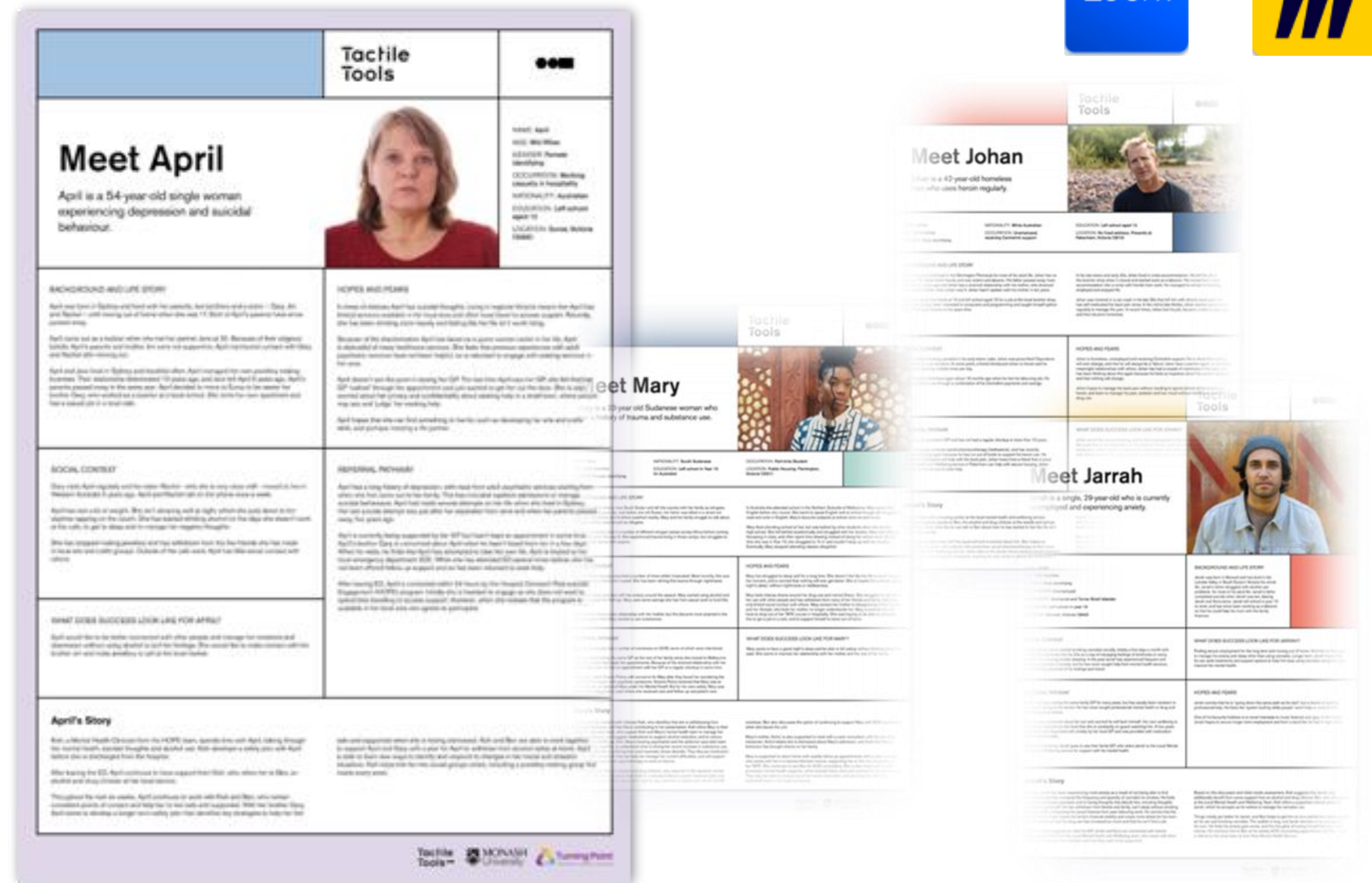
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Open minds. Open doors.

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





Workshop 2

What are the barriers and opportunities in delivering care?



5 min.
Kish and Ben






Meet Kish

—

Kish (They/Them) is a mental health clinician. They have worked across a range of mental health settings, including a forensic mental health inpatient unit and as a case manager in a metropolitan Area Mental Health service.

Kish is currently a mental health clinician in the Local Mental Health and Wellbeing service. Their role is to complete intake assessments with people seeking help from the service.



Meet Ben

—

Ben (He/Him) is an alcohol and other drug clinician. He has previously worked on an alcohol and drug helpline (Directline), and as an intake clinician in a counselling service.

Ben is currently an AOD clinician in the Local Mental Health and Wellbeing service. He works as a counsellor supporting people seeking AOD help.

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Age & Skills

The scenario

We will now consider the learning needs of the people who are caring for Jamal, across both mental health and AOD workers.

Discuss these prompts in relation to Kish and Ben, and Jamal's experience of care.



What learning does Kish need to provide integrated care?

What learning does Ben need to provide integrated care?


What learning do both Kish and Ben need?

Ben
AOD Clinician

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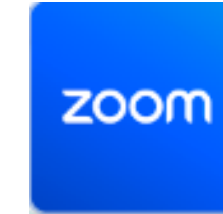
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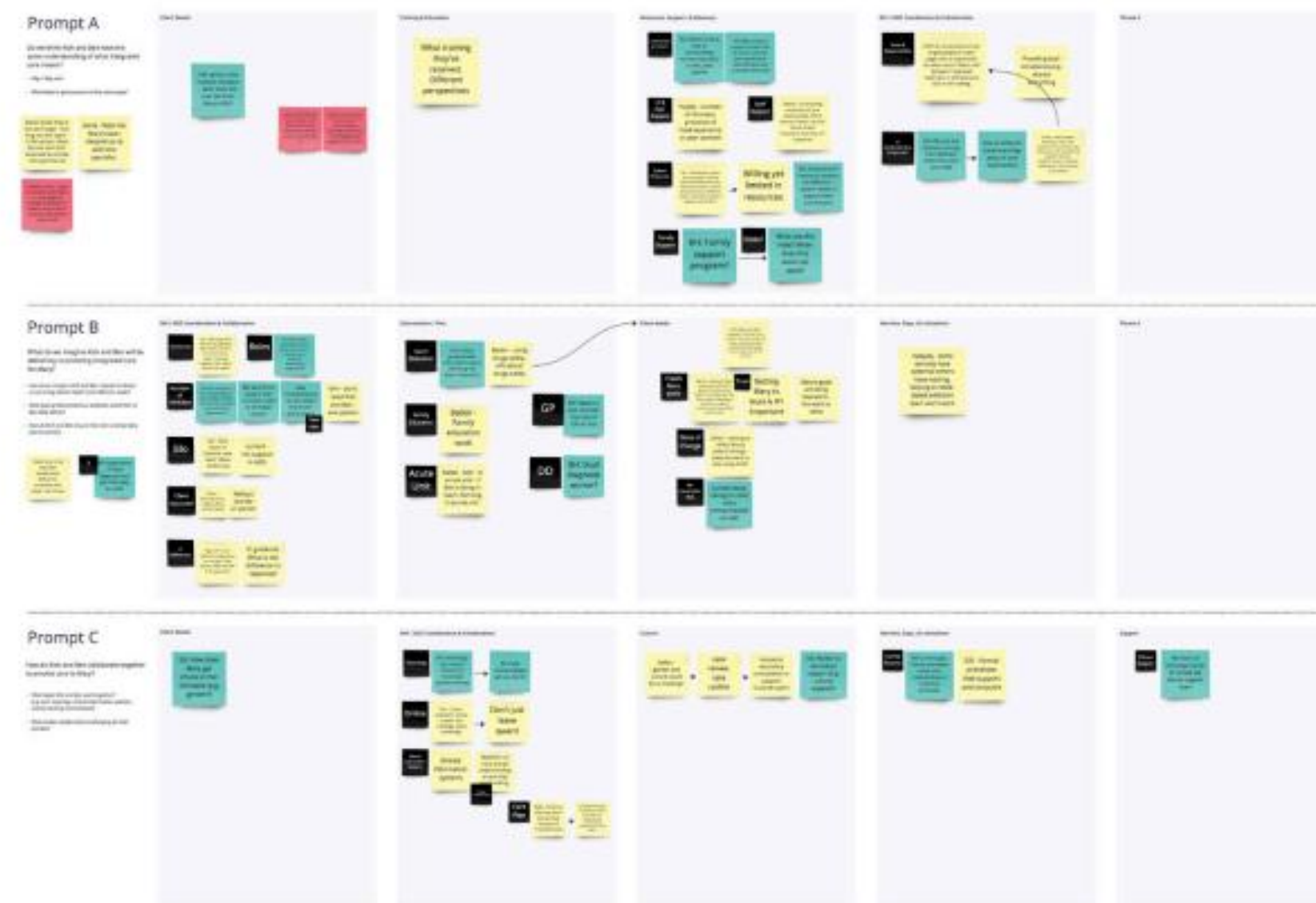
Example of Miro synthesis board



Mary

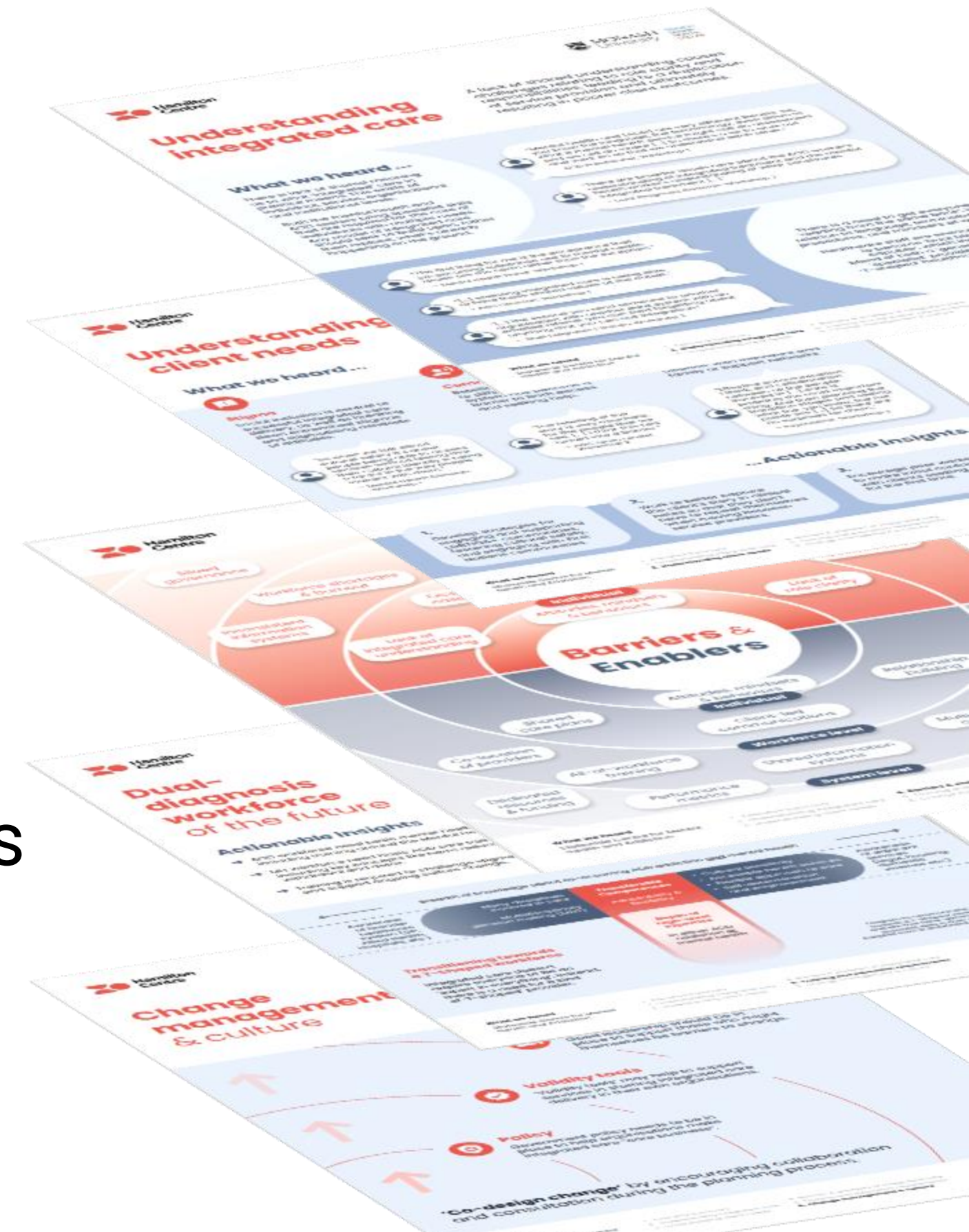


1) Integrated Care Principle 3 (Capability): Key Themes & Insights

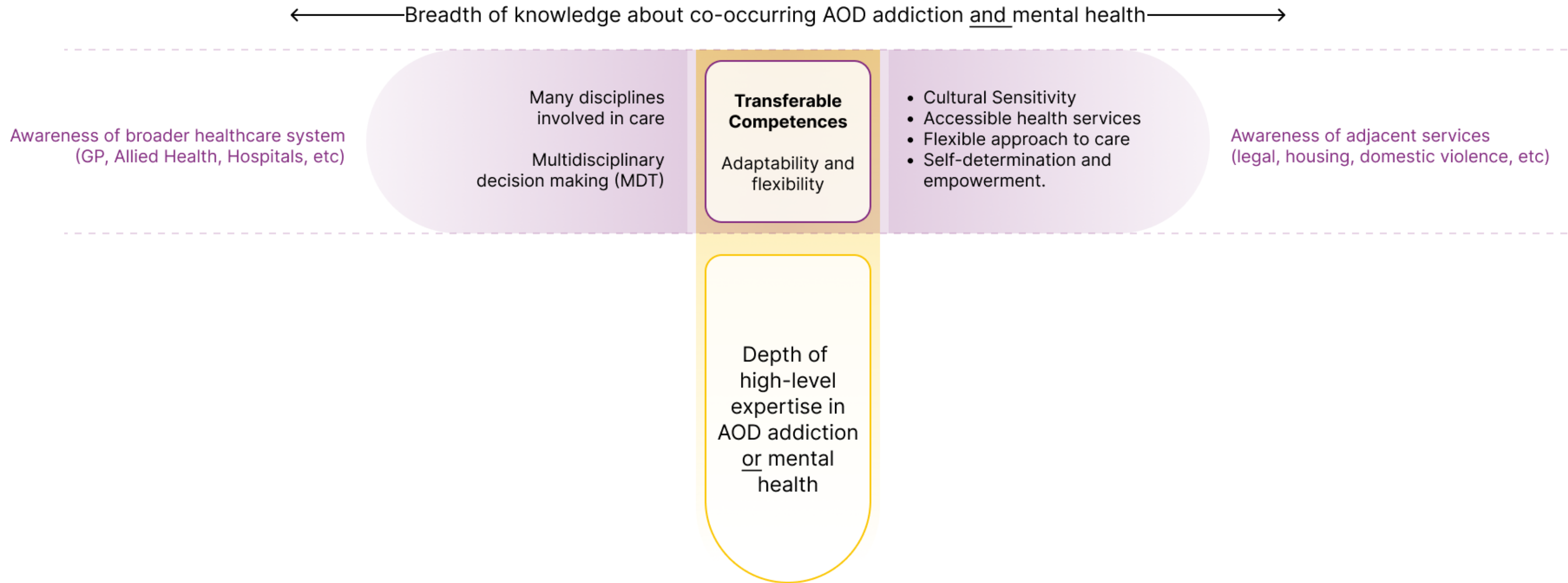


Themes

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



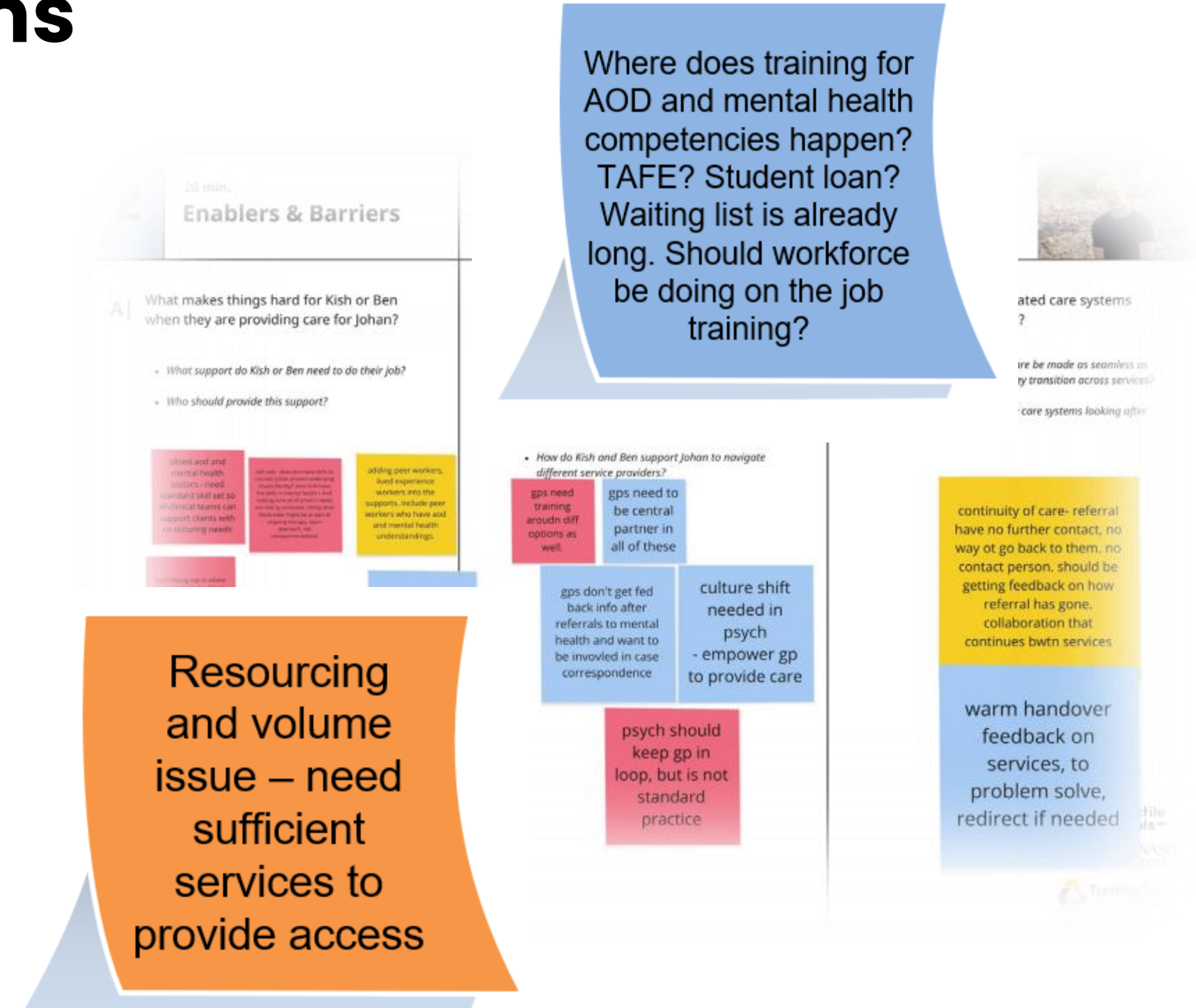
2. Understanding client needs

- 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



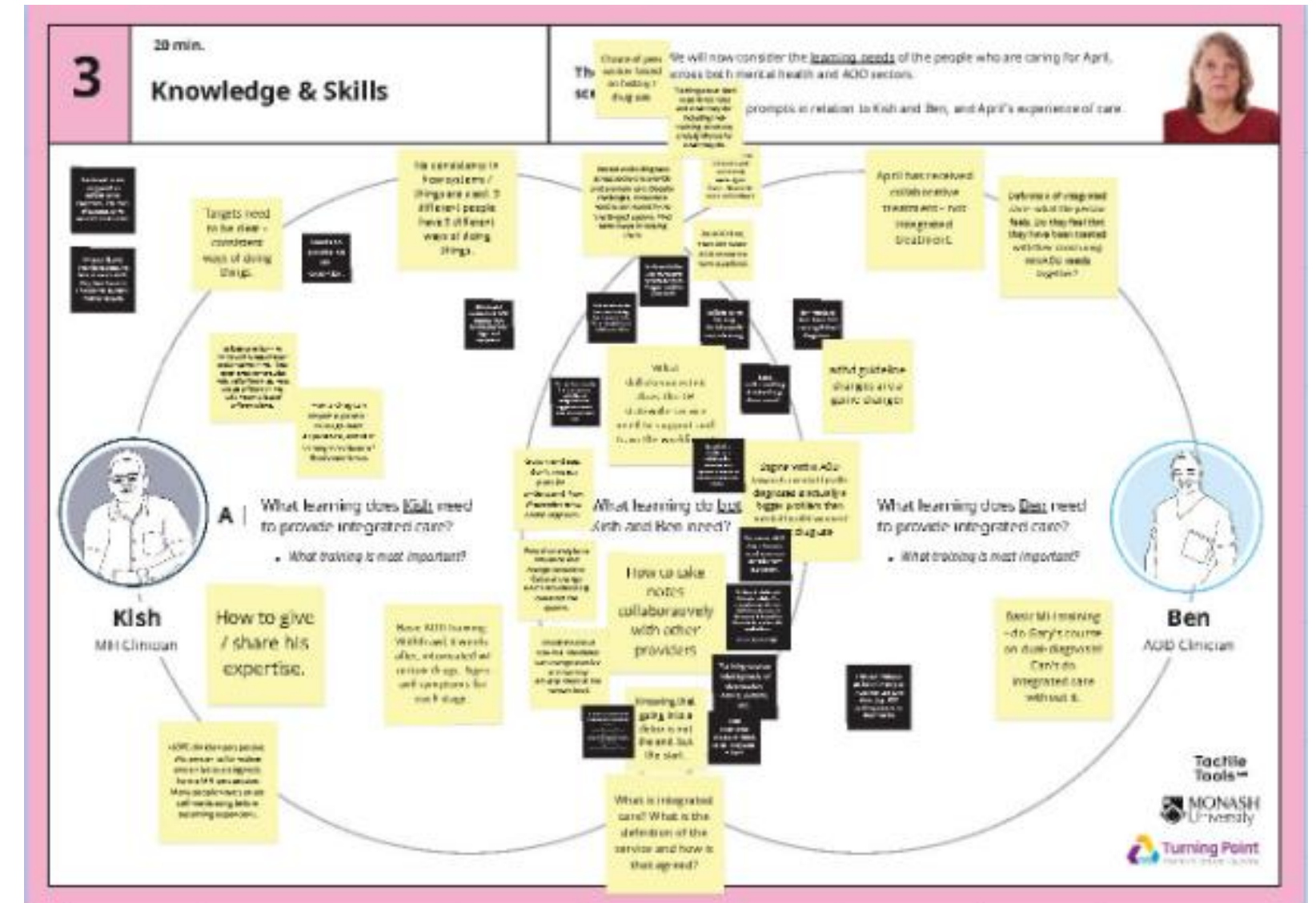
4. Enablers of integrated care

- 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

Systemic and cultural **change takes**

time

a **web of solutions** across frontline, local,

service & statewide levels

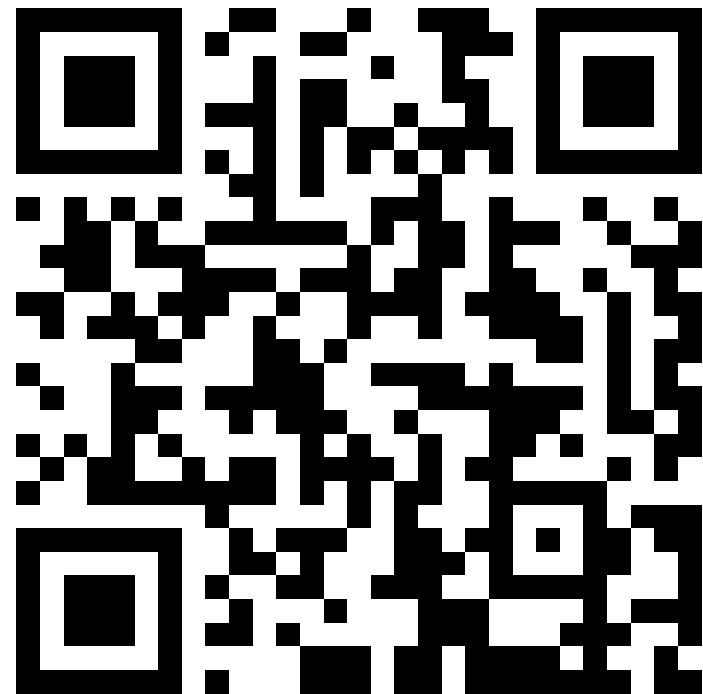
Key takeaways

- Communicate 'small wins' early
- Provide continual feedback
- Good leadership
- Spend time on the ground
- Consider capability tools

e.g., COMPASS-EZ™ DDCAT



In closing



Katrin.Oliver@monash.edu



Thank you

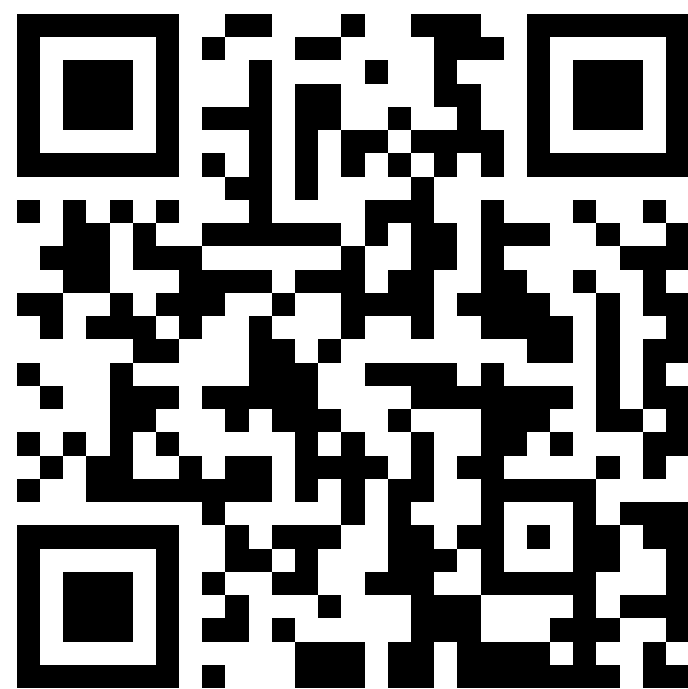
Study participants who freely gave their time

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**

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Katrin.oliver@monash.edu

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