Lived and Living Experience, Co-designing Models of Care and Resources, and the meaningful impacts for D&A patients in custody

Chair: Craig Cooper
Chair's email: Craig.Cooper3@health.nsw.gov.au

Authors:
Craig Cooper[1], Samara Kitchener[2], Alexandra Higgens[1], Jenni Wilson[1], Tanya Bosh[3], Corey Anderson[1]

[1]Justice Health NSW, [2]House of Kitch, [3]NSW Health Centre for Alcohol and other Drugs

Aim: The aim of the symposia is to provide a 'how to' case study on engaging and involving custodial D&A patients in the design and development of a model of care, and electronic and print resources, that meaningfully has relevance for patients with methamphetamine or polydrug use disorders engaged in D&A treatment and care.

Panellist 1: Samara Kitchener
Panellist 1 email: samara@houseofkitch.com.au

Panellist 2: Jenni Wilson
Panellist 2 email: Jennifer.Wilson10@health.nsw.gov.au

Panellist 3: Tanya Bosch
Panellist 3 email: Tanya.Bosch@health.nsw.gov.au

Panellist 4: Alexandra Higgens
Panellist 4 email: Alexandra.Higgins1@health.nsw.gov.au

Panellist 5: Corey Anderson
Panellist 5 email: Corey.Anderson@health.nsw.gov.au

Detailed Description of Topics to be Discussed:

Discussion Section:
Samara and Alex as the two co-presenters will provide a detailed outline on the co-design methodology employed throughout patient engagement moments, for successful co-design to be achieved. We actively sought advice from patients, and they pro-actively influenced and sculpted the Justice Health NSW D&A Model of Care, along with print and digital resources to extend the reach of programs and to increase patient engagement, knowledge, and skills. The confluence of the events and context within which created an authorizing environment and made the co-design possible were: the Special Commission or Inquiry into the Drug Ice recommendations and resourcing; NSW Health ETHE Strategy and its 'All of Us' resource as a consumer engagement farmwork, along with the NSW Remuneration Policy; and dedicated staff with the skills and capabilities to achieve results. We will hear from panelists describing their role in the process and what it is like for them when co-designing with patients. This is an example of a respectful partnership in practice during critically significant co-design processes.

Disclosure of Interest Statement: N/A