

Evaluation of the MH-CoPES Framework

Key findings

September 2013

Level 4, 352 Kent St, Sydney NSW 2000
PO Box 1167, Queen Victoria Building NSW 1230
Tel 02 9373 9900 Fax 02 9373 9998

**ARTD CONSULTANTS**
strategy & evaluation

The MH-CoPES Framework



- Four steps to ensure consumer perspectives inform mental health service quality improvement in NSW.
- Sits within broader quality improvement processes.



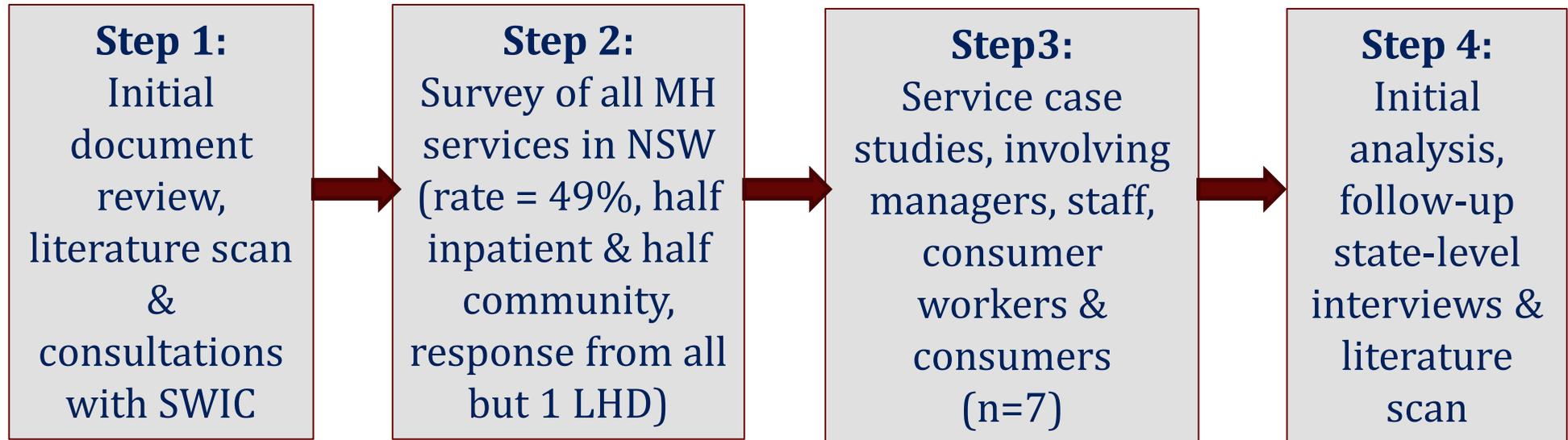
The evaluation

Focused on:

- how the Framework as a whole and each individual step have worked
- how implementation has worked in different contexts
- success factors and barriers
- opportunities for improvement
- how the Framework compares to other approaches.



Methods

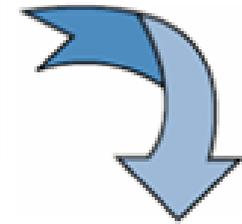
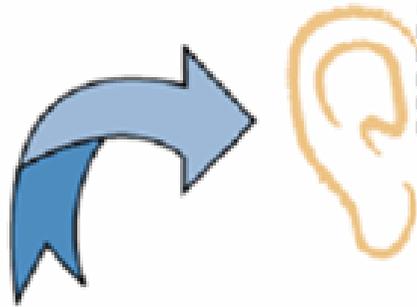


- Mixed-method approach, with purposively selected case studies.
- Some limitations, particularly difficulties reaching current consumers.
- But, overall, sufficient evidence.

Implementation of the Framework as a whole

STEPone

93% of service survey respondents reported undertaking Step 1.



STEPtwo

32% of service survey respondents reported receiving quantitative reports, 24% qualitative reports. Many services were unsure if they had received the reports.



STEPfour

23% of service survey respondents reported undertaking Step 4.

More inpatient units completing 4 steps.



STEPthree

38% of service survey respondents reported undertaking Step 3.

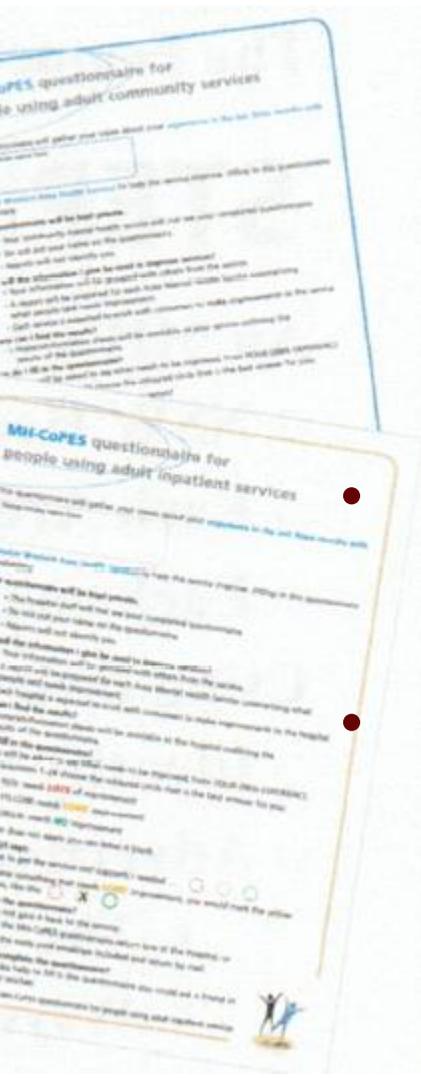




Step 1: Data collection



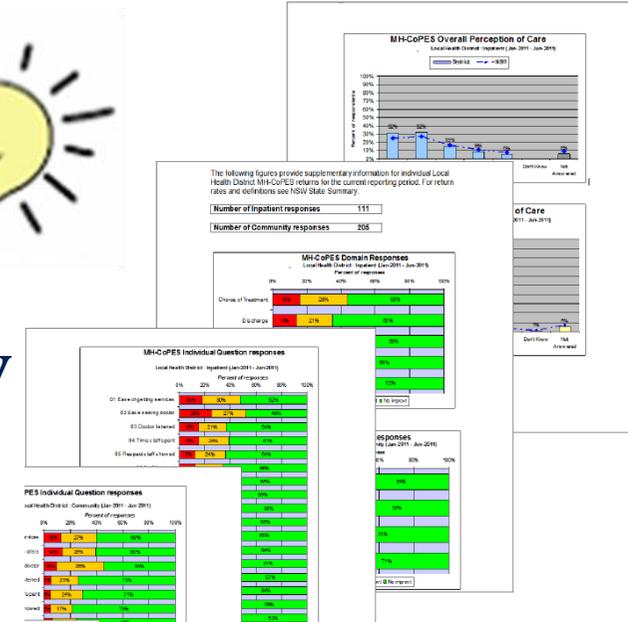
- **Positives:** Most are implementing Step 1.
- **Issues**
 - **...with the questionnaires:** Ease of completion and usefulness of information for service improvement.
 - **...with distribution:** Inconsistencies between services, resourcing, and concerns not all consumers receive an explanation of MH-CoPES or support to complete questionnaire if needed.
- **Response rates remain low** despite significant effort and resources invested.
- **Improvements:** Revise the questionnaires and distribution process. Consider using the new national survey and the proposed annual distribution.





Step 2: Data analysis

- **Positives:** Those receiving reports are generally positive about the formats and information.
- **Issues:** Not all services are receiving reports, and long delays between data collection and reporting mean staff lack confidence in the data and question its usefulness.
- **Continuation of centralised data management and analysis is crucial.** About two-thirds of services would not have the capacity to analyse MH-CoPES data themselves.
- **Improvements:** Strategies to improve the timeliness of reporting and a decision about ongoing qualitative reporting are needed.





Step 3: Reporting & feedback



- **Positives:** Services are using a range of methods to communicate with staff and consumers.
- **Issues :**
 - Not all are implementing Step 3. Main reasons are insufficient questionnaires returned and not receiving reports.
 - Services implementing Step 3 have had difficulties reaching consumers, particularly in community settings. Only about half are confident feedback reaches most current consumers.
- **Improvements:** There is a need to explore options to facilitate consumer engagement in Step 3.

Mental Health Consumer Perceptions & Experiences of Services

Thank you for your feedback about [name] service through MH-CoPES

Consumers' feedback for January – June 2010:

The 3 areas our service is performing most well:

- How well the doctor listens
- The opportunities for family/careers to be involved in treatment when wanted
- How safe people feel when they are in contact with this mental health service

The 3 areas our service is most in need of improvement:

- Opportunities for people to have a say in their own care
- The amount of information people get about their mental illness and treatment
- The choices people have about the treatment they receive

Get Involved

You can be involved in helping to guide our quality improvement:

- Consumers and staff are invited to discuss ways to improve the service, and an Action Plan will be developed
- Consumers are invited to a forum on: **8th September 11am, ACTIVITY ROOM**

Step 4: Action & change

- **Positives:**

- All services implementing Step 4 say they have been able to use it to define feasible improvement actions.

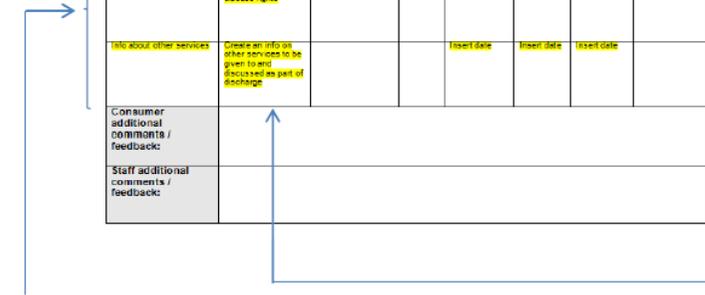
- **Issues:**

- Not all are progressing from Step 3 to Step 4. Main reasons are other work commitments and priorities.
- Some services implementing Step 4 have had difficulties engaging consumers.
- Some services are concerned certain changes will be beyond their capacity to address.

- **Improvements:** There is a need to explore options to facilitate consumer engagement.

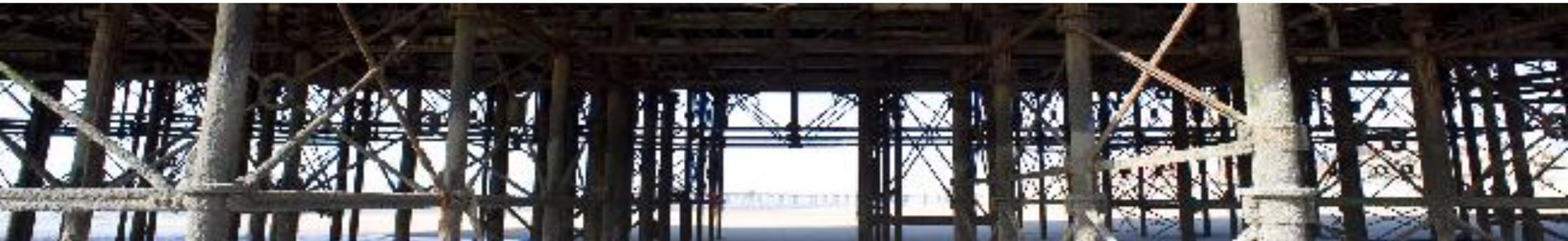


Area Needing Improvement	Action strategy	Outcome Measure	Who	Commence	Review	Complete	Comments / Progress
Info about treatment	Display a poster explaining what choices consumers have around treatment alongside		Jane Jones	01/05/11	01/06/11	01/06/11	
Info provided about rights	Monthly focus group with consumers to discuss rights						
Info about other services	Provide an info on other services to be given to and discussed as part of discharge			Insert date	Insert date	Insert date	
Consumer additional comments / feedback:							
Staff additional comments / feedback:							



Supports and structures for implementation

- Not all staff have accessed training or resources or have a good understanding of the Framework . Sustainable ongoing education and training processes are needed.
- The Framework design assumes consumer worker support, but consumer worker capacity is limited and not available in all services.
- There is senior management commitment, but lack of drivers at service level and lack of accountability.
- There is a need to better articulate how the Framework fits within broader quality improvement processes and to promote its use in EQuIP.

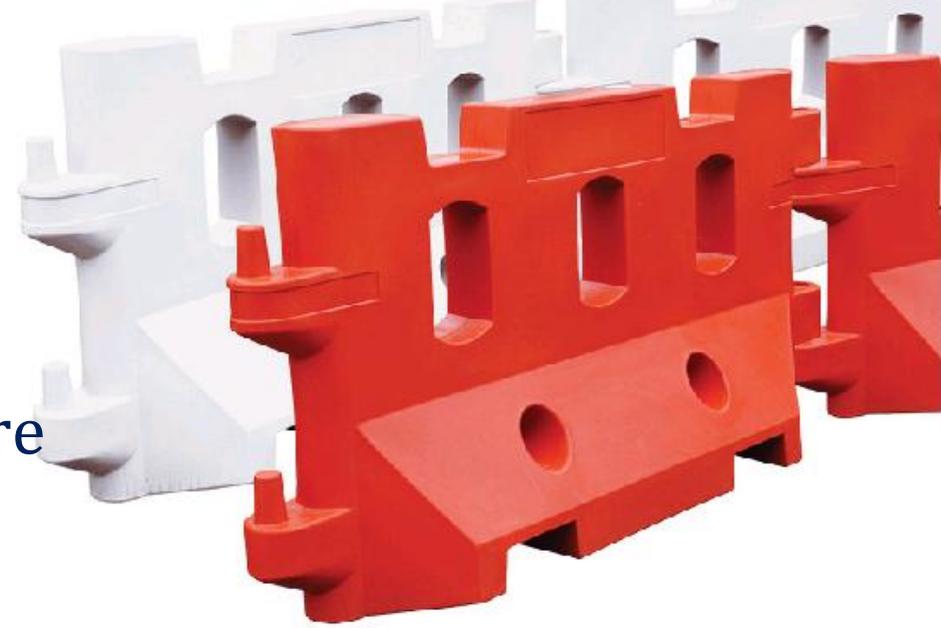


Success factors



- Staff valuing consumer input
- Embedding MH-CoPES in service policies and procedures, and broader quality improvement processes
- Using MH-CoPES to provide evidence of consumer input for EQuIP
- Senior management support at service and LHD level
- Data analysis and reporting being completed centrally
- Resources (manual, posters, templates)
- Prior experience with seeking and using consumer feedback
- Having a local 'champion' to drive implementation

Barriers

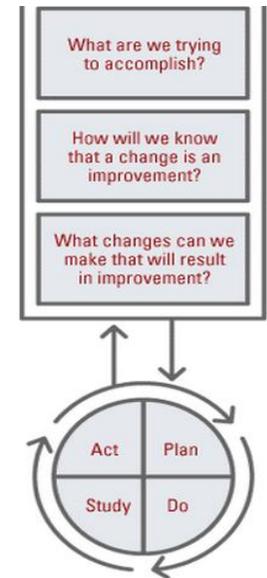


- Lack of clients taking up option to complete and return the questionnaire
- Lack of staff capacity and resources
- Lack of consumer workers/ consumer participation coordinator to support implementation
- Getting staff engaged in implementing MH-CoPES and maintaining their engagement
- Lack of a dedicated staff member/ position to implement MH-CoPES
- Delays in receiving reports on MH-CoPES data

MH-CoPES compared to other approaches

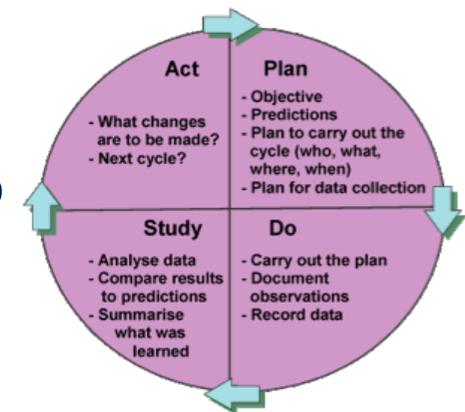
- **Learnings from other approaches:**

- Need to include testing and refinement of actions over time (as in the Institute for Healthcare Improvement's model for quality improvement, Action research). This may occur in broader improvement processes MH-CoPES feeds into.



- Need to articulate how different sources of information (consumers, staff, carers) inform improvement actions. (Victoria's MH ECO involves service staff, carers and consumers in co-design).

- Could benefit from providing opportunities for services to share strategies and improvements (as in Australian Primary Care Collaboratives (APCC) Program).



The bottom line

- Positive experiences among services that completed all steps suggest the Framework has the potential to support consumer participation and feed into quality improvement processes.
- But the Framework has been underutilised in quality improvement and questions remain about Framework design and sustainable resourcing .
- Only a minority of services think the benefits currently outweigh the costs. Most see a need for changes for this to occur.

