

What are the guest experiences of care in Neami National Medicare Mental Health Centres? An Implementation Co-Evaluation Snapshot #3

Citation: ALIVE National Centre. 2024. What are the guest experiences of care in Neami National Medicare Mental Health Centres? An Implementation Co-Evaluation Snapshot #3. The ALIVE National Centre for Mental Health Research Translation: Australia.

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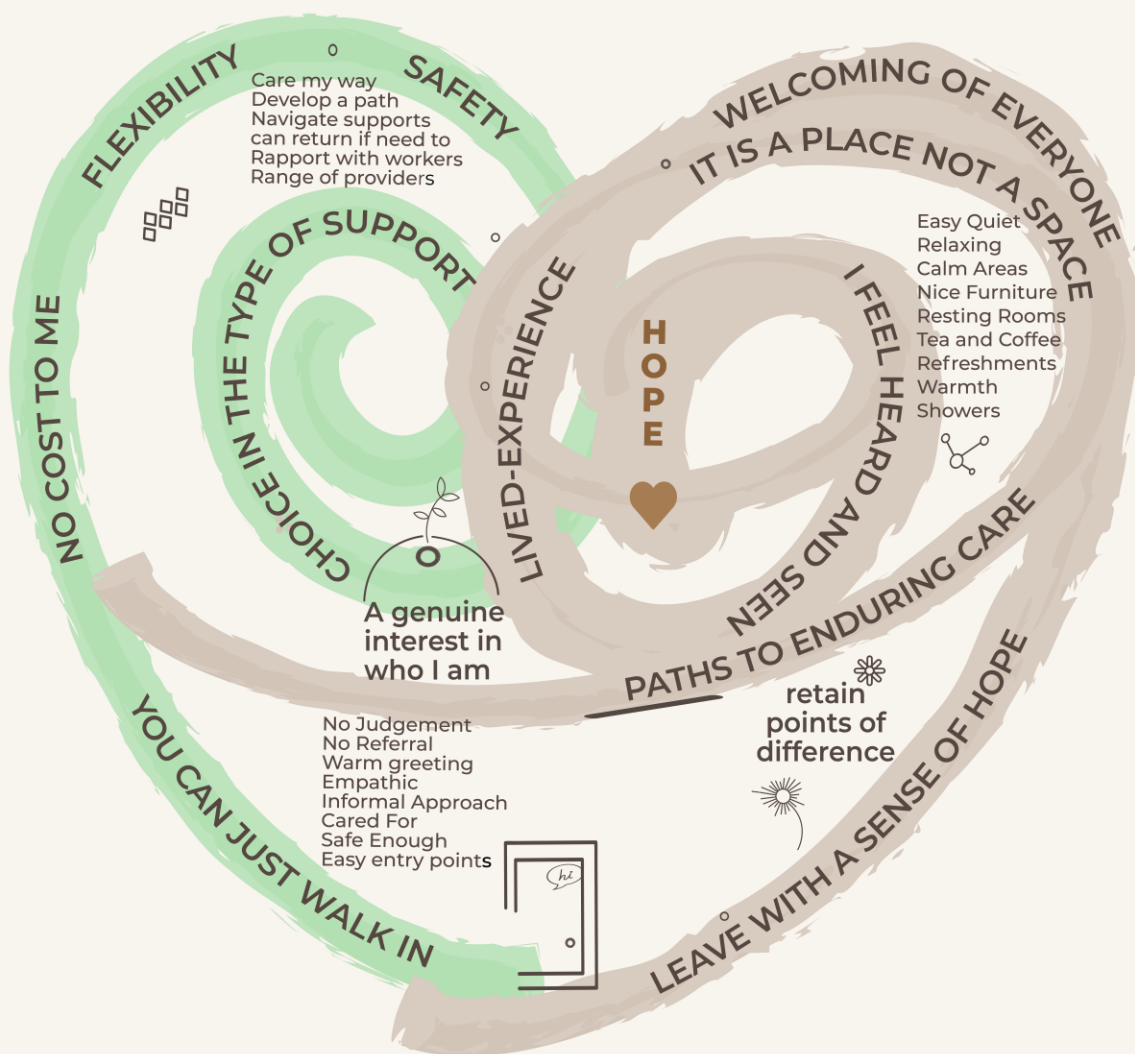


Image caption : The Heart of the Experience: An Experiential Model of the Neami Medicare Mental Health Centres and the Urgent Mental Health Care Centre (SA).

What guests valued in the emergent practice approach

- Services were ACCESSIBLE
- People felt HEARD, LISTENED TO, UNDERSTOOD and able to share their STORIES.
- Guests identified their care felt different and they valued having a MIXED TEAM from peer workers to clinical staff
- People felt that they were offered CHOICES for peer or psychological based supports with OPTIONS to phone and come in for immediate connection with someone.
- FOLLOW UP varied but phone calls from peer workers two and three days after a visit to Centres were highly VALUED.
- Care environments were CALM, CLEAN and WELCOMING
- People felt CARED FOR, SAFE AND HOPEFUL for the way forward.

"I've had a lot of support growing up, but I really liked Head to Health [now Medicare Mental Health Centres] in the way they do things. So I think it's honestly the best support I've had in my mental health over the years." (Guest Conversation)

Read more about the Implementation Co-Evaluation at the ALIVE National Centre Website: <https://alivenetwork.com.au/our-projects/head-to-health-implementation-co-evaluation/>

This co-partnership was conducted during 2023 when sites were named Head to Health and in May 2024 the Federal Government renamed them Medicare Mental Health Centres.

What we learned about guest experiences and attendance at the Centres

Guests most frequently found out about the Centres from other mental health services (28%), word of mouth (25%), a GP/Doctor (17%) or via online search (12%).

Most guests were satisfied with the care they received and being supported by clinicians and peer workers (94%) and the future help or connection with other supports and hopeful of a way forward (90%).

Almost all guests reported feeling safe using the services (97%). All Medicare Mental Health Centre guests were satisfied with the physical environment (93% at Urgent Mental Health Care Centre).

Most guests felt their situation, needs and wishes were understood (92%) and that their care focused on what mattered to them (93%).

About 25% of Medicare Mental Health Centre guests and 59% of Urgent Mental Health Care Centre guests each month had previously accessed care through the services.

At Urgent Mental Health Care Centre 42% of guests (routine data) and 12% of Head to Health guests (service data) would have otherwise attended an emergency department.

"... (the Medicare Mental Health Centre) doesn't make it feel like it's a place that you go to get a service ... and makes me feel like it's a place that you go to and to have a talk and to feel like an actual person.." (Guest Conversation)

Experiential outcomes to consider in future datasets

Capture how services models may be reducing stigma at individual and community levels.

"It's not even mentioned that you're there, because you've got a psychological problem.....You don't need to be constantly reminded" (Guest Interview).

Illustrate how different intake processes could be improved to reduce burdens on people

"If the paper work could be cut down when arriving that will be good as the client is normally not in a good frame of mind" (Guest Interview)

Identify mechanisms (ingredients) for service organisations and staff to grow so that there is greater accessibility for priority populations.

"It feels safe there...you're not going to get discriminated for what you are." (Guest Interview)

Document how peer workforces shape outcomes.

"Peer workers made the difference. Human interactions, human experiences." (Guest Interview)

Implementation Strategies to Improve Care in Medicare Mental Health Centres

IMPLEMENTATION GAP 1 – guests talk more about valuing the multiple perspectives that are provided across the team and the importance of feeling cared for and that they mattered to staff.

IMPLEMENTATION GAP 2 –being able to understand experiences and relational outcomes in nuanced and person-centred ways. Checking that the core elements of care experiences are happening In the services.

IMPLEMENTATION GAP 3 – systematising the understanding and support of relational aspects of care and development of data that reflects priorities of guests and service stakeholders.

INDIVIDUAL LEVERS: less complicated language about what's delivered and more focus on the combined collaboration required for the model of care service delivery.

ORGANISATIONAL LEVERS: develop and respond to the need for data about priority populations and promote experiential frameworks for data collection and evaluation.

COMMUNITY LEVERS: community level awareness raising of service model within mental health service ecosystem and wider community as a driver for connectedness.