The CORE Study: a stepped wedge cluster randomised controlled trial to test a co-design technique to optimise psychosocial recovery outcomes for people affected by mental illness in the community mental health setting.

Research question

The aim of CORE is to test if a structured co-design method optimises psychosocial recovery outcomes for people affected by mental illnesses. The co-design method is a purposefully designed process to engage consumers, carers and service providers of adult mental health services in re-designing aspects of services.

CORE has three aims:

i. To develop an evidence-base of methods to engage carers, consumers and health services in collaboration and partnerships for service planning and design;
ii. To establish whether implementing a structured co-design approach in MHCSS sites can facilitate service re-design that leads to improved psychosocial outcomes for consumers and improved mental health and well-being for carers;
iii. To refine the co-design methodology ready for translation to other health experiences and systems for recovery.

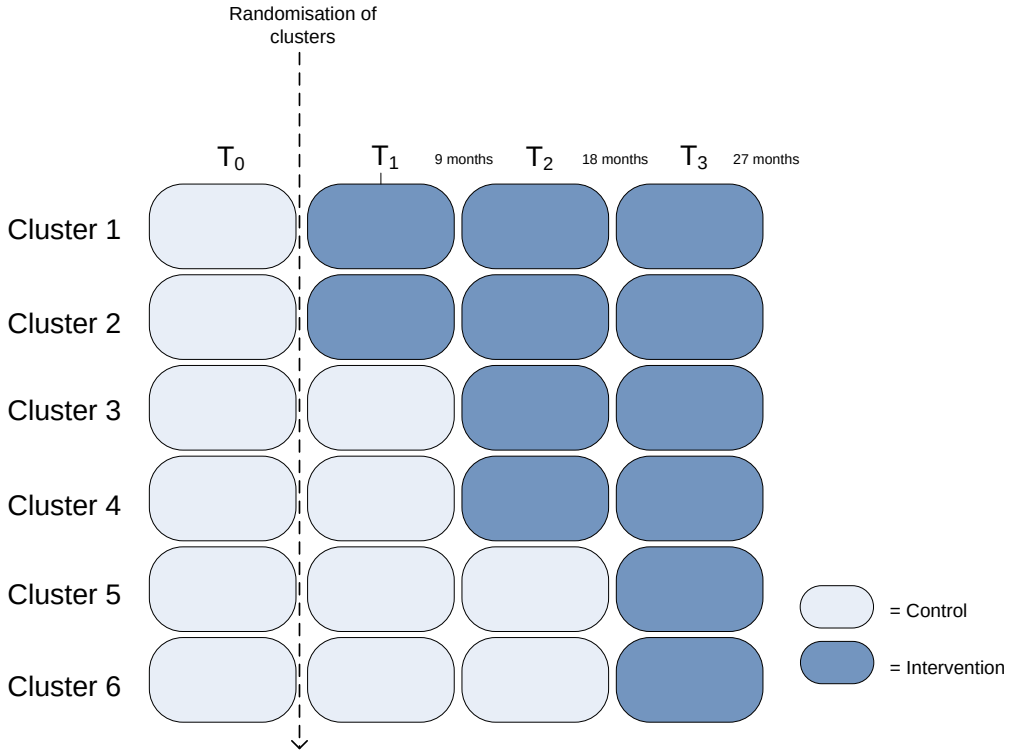
We hypothesise that engaging consumers, carers and service providers to work together to co-design changes for improvements in mental health services will optimise psychosocial recovery for people affected by mental illness.

Funding and ethics approval

CORE is funded by the Victorian State Government's Department of Health's Mental Illness Research Fund (MIRF) with co-funding from the Psychiatric Illness and Intellectual Disability Donations Trust Fund (PIIDDTF). The project has been approved by the University of Melbourne Human Research Ethics Committee and Mind's Research and Evaluation Committee. CORE is registered with the Australian New Zealand Clinical Trials Registry (ACTRN12614000457640); for more information go to https://www.anzctr.org.au/.

Design

The trial design is a stepped wedge cluster randomised controlled trial (SWCRCT). This means that the co-design method will be rolled out sequentially to participating MHCSS sites (two MHCSS sites at a time over three waves) but by the end of the trial all MHCSS sites will have received the intervention. MHCSS sites waiting to start the intervention act as controls.



Participants

At each of two Mind sites, we aim to recruit:

- 10 staff members
- up to 60 consumers in receipt of Individualised Client Support Packages
- up to 60 carers of consumers in receipt of Individualised Client Support Packages

Outcome measures

Outcomes are assessed using repeated 9-monthly surveys with all participating consumers, carers and staff.

Staff members complete a 15-minute online survey including the 36-item Recovery Service Assessment and the 19-item Staff Attitudes to Recovery Scale.

Consumers complete a 20-30 minute survey including the 24-item Recovery Assessment Scale and the 8-item EUROHIS Quality of Life Index either by telephone or face-to-face at a study information day.

Carers complete a 20-30 minute survey including the 8-item EUROHIS Quality of Life Index by telephone.

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Intervention

The entire co-design intervention takes nine months. The intervention consists of an information gathering stage and a co-design process. The purpose of the information gathering stage is to identify and understand the "touch points"; that is, the positive and negative areas of care and service experiences that consumers and carers come in contact with. Touch points are identified through the completion of a purposefully designed Computer Assisted Telephone Interview (CATI) with all consumers and carers who have agreed to be involved in the study. The top three negative and positive touch points are then used as the main topics for exploration in individual face to face interviews with a sub-sample of consumers (n=3) and carers (n=3), and separate focus groups (n=8-10 participants in each) held with consumers, carers and services providers.

This is followed by a co-design process delivered by VMIAC and Tandem investigators on the project. Participants interested in being involved in the co-design meetings undergo two training sessions to acquire the specific skill set for participation and to facilitate the equal participation of consumers and carers when working with service staff in group settings. A collaboration group comprising (n=8-10) a mix of staff, consumers and carers then meets to develop and allocate specific co-design objectives for each selected touch point to each of the possible three co-design groups (each site may have up to three co-design groups that individually work on one touch point each). The co-design groups, similarly comprising a mix of staff, consumers and carers (n=6-8) and these groups meet to identify areas for improvement, brainstorm possible solutions, and propose action plans. The collaboration group meets again to review the action plans, plan timelines, and refer the action plans to senior management for implementation.

For evaluation and monitoring purposes, 6-9 participants (a mix of staff, consumers and carers) involved in the co-design process are also invited to be interviewed about their participation experience. The collaboration group meets a final time three months after referring the action plans to senior management to review the implementation and impact of the action plans to date. The trial includes a nested process evaluation to capture data about the contextual factors impacting on intervention implementation and outcomes.

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