

# Tailoring GMB for Acute Mental Healthcare Co-design: Insights & Innovations from Lived-Experience Engagement



## BACKGROUND

**The Problem:** A fragmented mental healthcare system (Victoria, Australia) that is “underprepared for current & future challenges”<sup>1</sup> → **The Task:** Systems-level innovations that prioritise, respond to & place the lived experience voice at the centre of planning & delivering mental health treatment, care & support services (i.e. ‘co-design’). → **The Challenge:** Complexity, power discrepancies, time & resources, authenticity & tokenism, cultural shifts... → **The Question:** What method is designed to address system complexity & power imbalances, creates a shared understanding of the problem & avoids tokenism? → **The Answer:** Group model building (of course!), but... does it meet co-design criteria? → **The Problem:** GMB is underexplored in acute mental healthcare settings, ethical concerns of emotional trauma & confidentiality, resource intensive, how to scale-up?

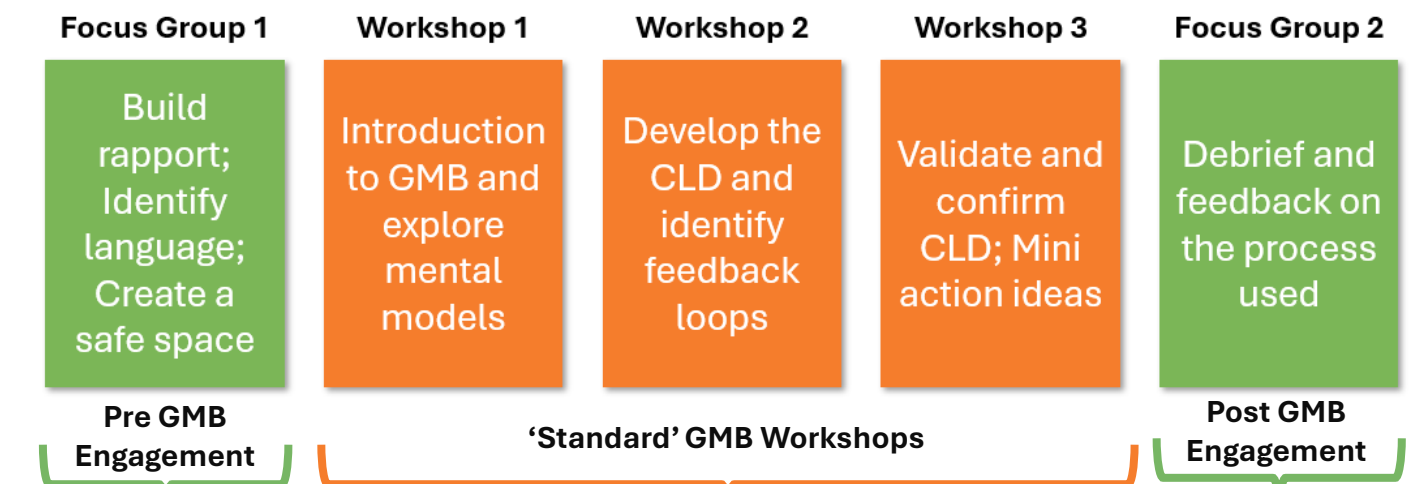
**Research question:** What affects the quality of care necessary to meet the multiple needs of individuals living with mental health &/or AOD challenges in the Barwon-Southwest region? **Research Objectives:** 1) Assess the value & acceptability of GMB in acute mental healthcare co-design. 2) Collaborate with MHDAS lived experience workforce & healthcare professionals to tailor the GMB process to meet the sectors unique challenges associated with “placing lived experience at the centre of planning & delivery of acute mental health treatment, care & support services”. 3) Document the process, resulting co-design / GMB scripts & how to replicate.

## Aspects of co-design we need to meet Vs Group Model Building

	Co-design	Group Model Building
<b>Focus &amp; purpose</b>	<ul style="list-style-type: none"> <li>Broader approach for various fields, including design, public health &amp; community initiatives</li> <li>Aims to collaboratively create solutions by integrating diverse stakeholder perspectives</li> </ul>	<ul style="list-style-type: none"> <li>Primarily used in system dynamics modelling</li> <li>Focuses on creating dynamic models to understand complex systems</li> </ul>
<b>Stakeholder engagement</b>	<ul style="list-style-type: none"> <li>Actively involves stakeholders at all stages</li> <li>Participants as experts, including community members &amp; lived-experience</li> </ul>	<ul style="list-style-type: none"> <li>Engages stakeholders in creating system models</li> <li>Often involves experts, researchers &amp; policymakers</li> </ul>
<b>Problem-solving process</b>	<ul style="list-style-type: none"> <li>Problem identification, solution design, implementation &amp; evaluation</li> <li>Emphasises creativity, empathy &amp; shared decision-making</li> </ul>	<ul style="list-style-type: none"> <li>Problem identification, solution generation &amp; model development</li> <li>Iterative refinement of models</li> </ul>
<b>Timing of engagement</b>	<ul style="list-style-type: none"> <li>Stakeholders participate throughout the entire process</li> <li>Problem framing to solution implementation</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders engage during model creation</li> <li>Often occurs before implementation</li> </ul>
<b>Resource utilisation</b>	<ul style="list-style-type: none"> <li>Balances creativity with practicality</li> <li>Considers existing resources &amp; assets</li> </ul>	<ul style="list-style-type: none"> <li>Focus on understanding system dynamics</li> <li>Less emphasis on efficiency of resource use</li> </ul>

## METHODOLOGY

**3-phase participatory design method; five x 2hr sessions; focus groups before & after GMB (testing existing scripts)**



**Participants (n=18)**  
Mental Health Drugs & Alcohol Service: Lived Experience Workforce team members (10), Koorie Mental Health Liaison Officer, Clinical specialists (3), Non-clinical healthcare workers (4)

### Focus Group 1:

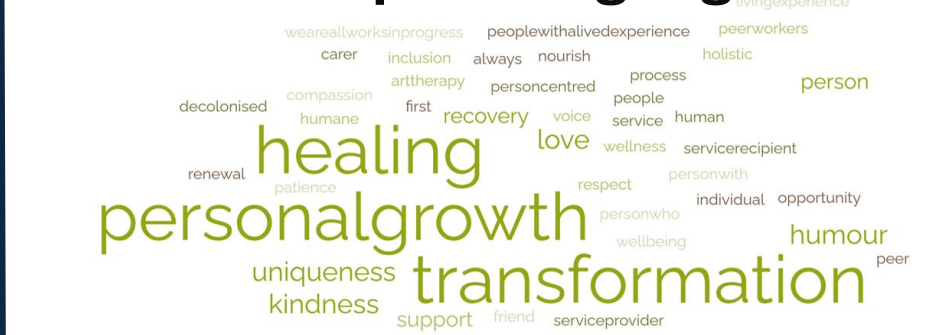
- Hopes & Fears – identify expectations
- ‘Rose Thorn Bud’ – participants identify words / terms as positive, negative, potential
- ‘Affinity Clustering’ – participants sort, identify similarities / differences, & arrive at a consensus.
- Output → Person-centred growth-oriented language used throughout GMB process.

### Focus Group 2:

- Revisited hopes & fears – realised / not realised / anything new?
- Research summary – reviewed GMB process, tools, purpose & outcomes.
- Feedback on GMB process / tools / logistics using Rose, Thorn, Bud + Affinity Clustering.

## RESULTS & ANALYSIS

### Focus Group 1: Language



114 terms: 39 positive, 48 negative, 27 potential<sup>3</sup>

### Focus Group 2: GMB Acceptability

POSITIVE	POTENTIAL	NEGATIVE
<ul style="list-style-type: none"> <li>Checking in / inclusion of language discussion</li> <li>Hopes &amp; fears</li> <li>Combination of individual work, small groups and larger group</li> <li>Summary of previous work</li> <li>Equal footing (power balance)</li> </ul>	<ul style="list-style-type: none"> <li>Resource Aboriginal communities for self-determination*</li> <li>Warm-up activity before hopes &amp; fears to reduce vulnerability</li> <li>Optional pre-reading package including (SD) language used</li> <li>Roadmap the process and identify next steps</li> <li>Example process with outcomes</li> </ul>	<ul style="list-style-type: none"> <li>System map overwhelming</li> <li>Clarity on SD</li> <li>Time for mapping, review and discussion</li> <li>Question too broad</li> <li>Too many people in first workshop</li> <li>Visible power dynamics</li> <li>Too many variables in connection circle</li> </ul>

\*Self-determination is an ongoing process of choice to ensure Indigenous communities have the power of self-governance in line with cultural values & beliefs.

	Thematic Coding	Key Points	Adapt / Enhance GMB
Positive	Facilitator Qualities	Continue to emphasise & enhance facilitator qualities such as hospitality, genuine support, & regular check-ins.	Consider incorporating more interactive facilitation techniques to maintain engagement.
	Engaging Activities	Build on the success of engaging activities.	Incorporate more activities that generate discussions about language, support understanding of feedback loops.
	Value of Systems Map	Continue using systems mapping.	Consider providing additional support for understanding the map. Offer examples, simplify terminology, & provide clear guidance on how to interpret & contribute to the systems map.
	Diversity & Contributions	Encourage & maintain diverse contributions.	Consider ways to ensure equal footing throughout, perhaps through smaller group discussions or structured participation opportunities.
	Interactive & Inclusive Sessions	Strengthen the interactive & inclusive nature of the sessions.	Consider incorporating more visual representations, connection circles, & interactive intros. Continue to make sessions inclusive by involving people from various service areas.
Negative	Time Constraints	Address time constraints.	Carefully plan the agenda. Consider extending the duration of the workshops or streamlining activities. Ensure that participants have sufficient time to review & discuss the systems map.
	Group Dynamics & Size	Address concerns about group dynamics & size.	Organise smaller groups for more intimate discussions & create opportunities for everyone to contribute comfortably.
	Communication Challenges	Improve communication.	Provide clearer instructions, avoid broad questions, & ensure that hopes & fears are clearly communicated. Enhance the note-taking process to accurately capture participants' thoughts.
	Issues with Process & Focus	Address issues related to the process & focus.	Refine the definitions & interpretations during activities. Clarify the purpose of discussions & prioritise relationships over definitions.
Potential	Learning & Process Enhancement	Build on the potential of learning & process enhancement by providing additional background context.	Develop materials to support participants' understanding such as pre-reading packages & clear information about the workshop's importance & next steps.
	Engagement & Warm-Up Activities	Leverage the potential of engagement activities.	Explore & incorporate different warm-up activities to ease participants into discussions.
	Demonstrations & Examples	Harness the potential of demonstrations & examples.	Show clear examples of the systems map & interventions. Explore additional visual aids, readouts, or enhance understanding.
	Cultural & Safe Space Considerations	Strengthen the cultural & safe space considerations.	Continue to include diverse perspectives & voices. Implement strategies to ensure a safe environment, such as breakout rooms & sessions led by peer workers. Address potential issues raised in relation to language & cultural nuances.
	Multiple Sessions & Inclusivity	Explore the potential of multiple sessions with different groups.	Tailor sessions for lived experience individuals & their family/carers. Ask participants about their perceptions of safety & comfort & incorporate their needs into the design of larger group sessions or spaces.
Facilitating Difficult Conversations	Acknowledge the importance of facilitating difficult conversations.	Provide guidance on how discomfort can lead to growth & ensure that the voices of those most affected by the issue are privileged. Encourage open communication & transparency about the journey ahead.	

## Six Mindsets for Co-design<sup>2</sup>

- Elevating lived experience
- Practising curiosity
- Offering generous hospitality
- Being in the grey
- Learning through doing
- Valuing many perspectives

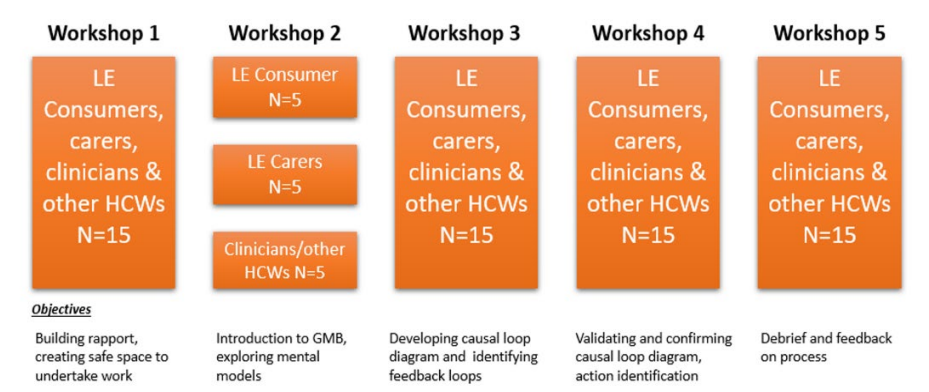
## Analysis + Mindsets of Co-design

- Safety & Inclusivity**
- Cultural & safe space considerations
  - Diversity & contributions
  - Multiple sessions & inclusivity
  - Group dynamics & size
- Design & Content Enhancement**
- Multiple sessions & inclusivity
  - Visual representation
  - Learning & process enhancement
  - Interactive & inclusive sessions
  - Time allocation
- Facilitation Techniques & Qualities**
- Effective communication
  - Facilitator qualities
  - Demonstrations & examples
  - Engagement & warm-up activities
  - Facilitating difficult conversations

## OUTPUTS & OUTCOMES

### GMB Adaptations Made:

- Process:** Engagement phases, content and design enhancements, ethical considerations.
- Safety and Inclusivity:** Techniques for safe environment creation; mindset of ‘Generous Hospitality’<sup>1</sup>. Emphasise the importance of creating a welcoming and safe environment that respects and values all participants.
- Facilitation Strategies:** Mindsets of ‘Elevating Lived Experience’ and ‘Valuing Many Perspectives’ address power imbalances and enhance engagement by ensuring that all voices, especially those with lived experience, are heard and valued.
- Participant Composition:** Mindset of ‘Elevating Lived Experience’ and guiding principle of ‘Building Capability’ emphasizes the importance of including people with lived experience in the composition of participants, and enhancing the skills and abilities of all participants, enabling them to contribute effectively.



### Outputs:

- Pilot 1:** What are they key factors affecting transitions within and beyond the acute mental health unit and do they influence patient care and outcomes?
- Pilot 2:** What are the barriers and enablers to using alternative approaches to restrictive practices in acute mental health services?
- In-person**
- Lived experience of admission and discharge to the unit within the last 3-12 months
  - People with experience as family, carer or supporter within the past 12 months
  - Clinical and non-clinical staff (including peer workers) with experience of delivering services in the unit within the past 12 months
- Online; GMB 1-3 (no focus groups)**
- Lived experience of restrictive practices
  - Clinical and non-clinical staff with experience using restrictive practices (physical/mechanical restraint or seclusion)

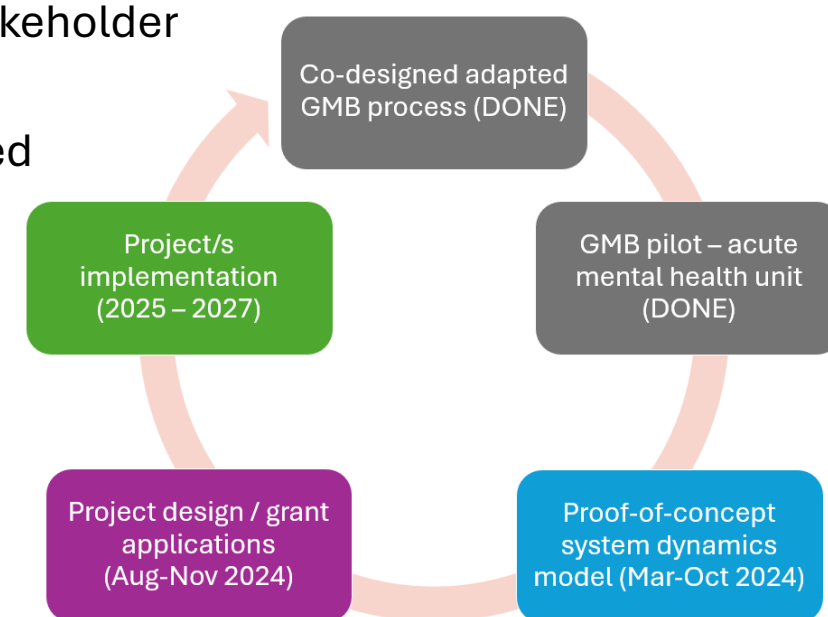
## CONTRIBUTION & NEXT STEPS

### Contribution:

- For GMB Practitioners**
- Lessons learned - Engaging lived-experience stakeholders
  - Toolkit for adaptation - Resources for replicating the tailored GMB approach
- Implications for Mental Healthcare**
- Innovative engagement - Strengthening co-design with lived experiences
  - Policy & practice - Informing future mental healthcare reforms

### Future Directions:

- Engagement Challenges** - Overcoming barriers in stakeholder participation
- Scaling and Replication** - Documenting and continued improvement as an evidence-based approach for co-designed mental health service improvement
- Work in Progress** - GMB is resource intensive, so how can we scale up while still maintaining authentic co-design?
- Next Steps** - ‘Proof-of-Concept’ SD model for elimination of restrictive practices in mental healthcare services; scalability?



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