

Building a New Acute Mental Health Inpatient Unit **The Tiaho Mai Co-Design Story**

*For the HQSC QIP Learning from Adverse Events
and Consumer Family Whaanau Experience Project*

- 1 in 10 adults aged 18 + (>35,000) living in Counties Manukau receiving care for a mental health disorder. 2/3 of these seen only by primary care.
- People in socioeconomically deprived areas more likely to have had contact with specialist mental health services.
- Maaori more likely than other ethnicities to be receiving mental health care. People of Pacific and Asian ethnicities less likely to be receiving mental health care.
- Mental health disorders and long term physical health conditions commonly occur together, e.g. 4,000 people were identified as receiving care for diabetes and a mental health disorder; 2,000 for CVD and mental health.
- Potentially avoidable non-mental health hospital admissions were two to three time as likely for people who had received care for a mental health disorder.

Co-design as part of an improvement process

- Identify a challenge or need
- Engage with staff and consumers
- Capture experience and ideas for improvement
- Understand experiences through mapping techniques
- Identify priorities, co-design, measure the impact and learn

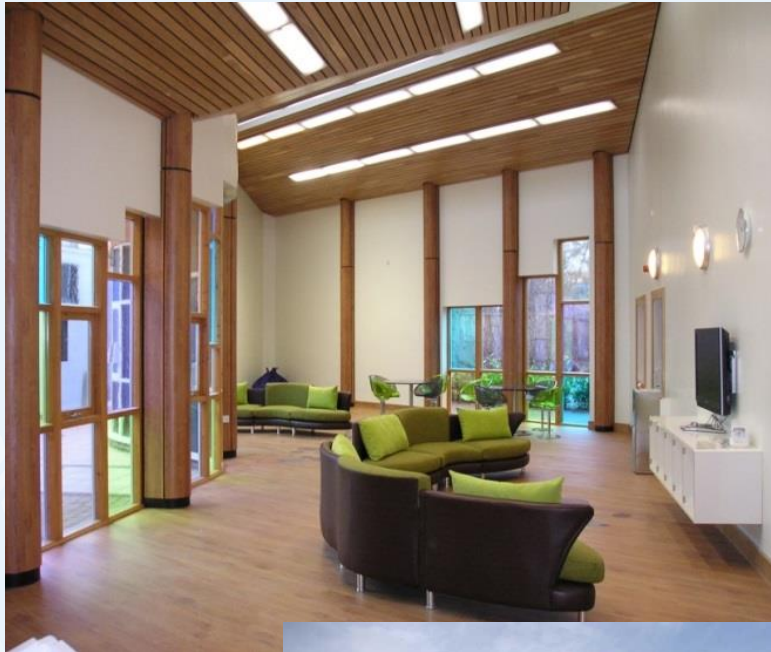
Capture people's experience

- Consultation was designed to gather peoples' opinion on both the tangible and intangible aspects of acute inpatient service delivery, informing the co-design component of the proposed Model of Care.
- Approximately 80 recent and current Tiaho Mai (Acute Mental Health Inpatient Unit) service users and their family whaanau were offered a range of options for involvement including:
 - Forums (Tiaho Mai Acute Inpatient Unit, Community, Youth and Respite venues)
 - Face-to-face semi-structured interviews
 - Telephone semi-structured interviews
 - Written feedback by email

Involvement

- A randomised sample of acute admissions to Tiaho Mai over the preceding six month period
- Focus groups and individual interviews were available during office hours, evenings and weekends, in a variety of locations
- Maori, Pacific and Asian cultural advisors assisted in the design of the initial consultation with these population groups
- Age range 16 years to 65 years

Photo prompts



Learn, Agree and Improve

The feedback from service users, family whaanau, clinical staff and other stakeholders informed the *Design Principles* that would drive the environmental design:

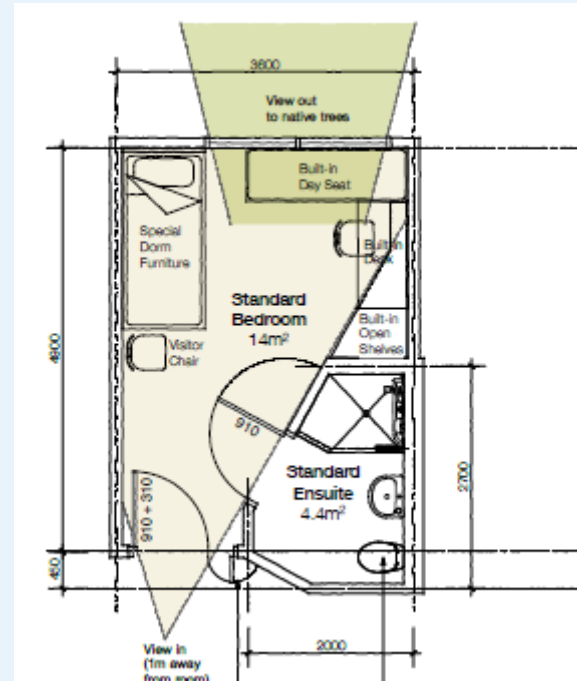
- **Welcoming; a sanctuary; a place of healing and recovery**
- Lots of **natural light** and a sense of **spaciousness**
- **Safe** spaces (other than bedrooms) where service users can be alone or express strong emotions privately
- **Flexible** spaces which can accommodate service user needs depending on acuity, gender, vulnerability, etc.
- Providing a great **admission** experience
- Spaces which promote **interaction** between staff and service users
- **Green and healthy** hospital design and construction



Concept Design



Preliminary Design





COUNTIES
MANUKAU
HEALTH



Consumers and their families said...

“... entering that facility [Tiaho Mai] was shocking, scary, overwhelming and confronting”

“We knew it was a safe place for him but it looked very run-down and pretty basic... there is no colour and little light”

“The outside area could be a lot better... it was damp, dark, cold and unwelcoming... needs something more”

“More room for people to mill about on [family]court days so it is not so "grand central station" like .

“At each workshop it was amazing to see the design developing and to hear the architects explain where they had used our ideas and feedback.... I nearly cried... It was wonderful.”

“My husband was so impressed with the process.”

“They really listened.”





Tess Ahern: General Manager Integrated Mental Health and Addictions, Counties Manukau Health

“We couldn't have contemplated a transformational change to the way we provide services without a co-design approach. At the system level... we kept going back to ‘this is what our communities are telling us they want and need.’”

“The process of co-designing the new inpatient unit with all stakeholders meant we had an irrefutable foundation of agreed design principles to consistently refer to and leverage off.”

The Co-Design Reference Groups:

- Clinical
- Consumer
- Family Whaanau
- Maaori Cultural
- Pacific Cultural (with ethnic specific interpreters)
- Asian Cultural
- ‘Other’ (pharmacy, police, non-clinical support)





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