

HARNESSING THE POWER OF CO-DESIGN: INSIGHTS FROM BARWON HEALTH, VICTORIA, AUSTRALIA

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ABSTRACT

This report describes how Barwon Health, a regional public health service in Geelong, Victoria, has incorporated co-design methodologies and mindsets into creating and implementing new mental health programs and services. It outlines challenges, processes, learnings, and impacts and offers practical insights for other health services aiming to implement co-design. By involving diverse perspectives at every step, from problem definition to solution implementation, Barwon Health has become a leader in creating person-centred mental health services that begin to address known systemic challenges.

KEYWORDS

regional public health service, person-centred, mental health

PROBLEM/ISSUES

Recent reviews highlight the challenges faced by mental health service systems [1,2]. Increasing community expectations and the growing complexity of needs, evident in rising rates and the diverse nature of mental health challenges, are driven by factors such as social isolation, economic inequity, and the lingering effects of COVID-19 [3]. These pressures are straining traditional care delivery systems, which are sometimes perceived as unhelpful and even harmful [4]. New service design approaches are urgently needed to respond to these current and future challenges appropriately [5].

In summary, three key challenges are:

- Changing demand dynamics: rising rates and diversity of mental ill health and distress, alongside changing

community expectations, are not being adequately addressed by traditional care models.

- A disconnect between theory and practice: service design often fails to capture the complexities frontline providers and service users face.
- Potential for harm in traditional approaches: without inclusive and considered planning, some mental health interventions may unintentionally worsen patient outcomes.

INTERVENTION/APPROACHES

Following the release of the Royal Commission into Victoria's Mental Health System report [1], the Victorian Government invested significantly in mental health service expansion and reform. To ensure maximal value was extracted from this investment, Barwon Health formally

implemented co-design as a fundamental component of their service reform. Each new project was assessed against a formalised co-design suitability matrix, with all new, major projects that had infrastructure components or changes to models of care developed through a formal co-design methodology [6]. Smaller projects considered available resources and the feasibility of facilitating co-design, noting that good consultation could, at times, have better outcomes than poorly resourced co-design approaches [5,6,7].

Each co-design project team consisted of a paid group of consumers, caregivers, clinical staff, and, where possible, a neutral facilitator. The team collaborated with broader networks (e.g., consumer networks, clinicians, and community groups) to gather a range of insights, striving to ensure that the design of mental health services and programs reflected the diversity of experience, cultures, and demographics across the region [6].

Key steps in the approach were:

- 1) Formation of the core team: a small, stable team was established, comprising individuals who held key perspectives relevant to the new service.
- 2) Facilitating broader consultation: team members established connections with larger networks and gathered feedback, insights, stories and experiences from these connections.
- 3) Establishing a safe and equitable dialogue: the co-design group cultivated a space that encouraged open expression and mutual respect, essential for addressing emotionally charged topics in a psychologically safe way.
- 4) Maintaining focus on iterative, solution-focused innovation: through hearing the experiences of all present within the room and sharing stories, problems were able to be deeply understood, and innovative, practical outcomes were identified.

LEARNINGS

Through the co-design process, Barwon Health gained valuable insights, uncovering key practices to enhance collaboration within co-design:

1. **Respecting diverse values and experiences.**
Fostering empathy and collaboration required acknowledging each team member's unique background, knowledge, experience and privilege. Unpacking this early in team formation deepened

connections, supported authenticity, and clarified roles and responsibilities, ultimately leading to more effective teamwork.

2. **Prioritising safety and equity**

The co-design team cultivated a safe space for open dialogue, enabling participants to engage in sensitive conversations with confidence. Meeting diverse needs and ensuring full participation required deliberate effort from all members of the group, especially during challenging discussions on emotionally charged topics.

3. **Building skills for effective participation**

Training co-designers to articulate experiences rather than focusing solely on outcomes enriched discussions and encouraged innovation. Emphasising lived experiences and their impact created room to explore values and generate creative solutions.

4. **Forming small, focused co-design teams**

Small teams effectively represented key perspectives and facilitated continuity, collaboration, and psychological safety.

5. **Engaging inclusive consultation networks**

Reaching out to a broad range of stakeholders ensured diverse insights and subsequently enhanced design outcomes.

6. **Providing continuous training and reflective supervision**

Ongoing skill development and individual supervision empowered co-designers to communicate effectively and engage with empathy, strengthening overall collaboration and enriching the co-design process.

These learnings underscored the importance of flexibility, openness, and equity in co-design. The process enabled team members to navigate emotional topics thoughtfully, generating designs and ideas that better reflected the community's needs.

IMPACTS ON PRACTICE

The co-design methodology at Barwon Health showcases several impactful practices that other public health systems could adopt, especially when working within resource constraints. The approach has been used to design and implement new acute inpatient facilities, a mental health hospital in the home service, a youth sub-acute facility and a mental health and wellbeing service offering primary and

secondary mental health care (Mental Health and Wellbeing Locals [8]).

Although it is too early to fully assess the impact of the co-design process on outcomes drawn from these new services, anecdotal evidence suggests that the services have been very well-received by both frontline workers and service users. Further research is recommended to evaluate the effectiveness of co-designed services, particularly in terms of their ability to address the complexities faced by clinicians and service users and their potential to improve patient outcomes. Such research would provide a clearer understanding of the practical benefits and impacts of co-design in mental health services and programs.

CONCLUSION

Barwon Health's co-design project demonstrates the power of inclusive planning in public mental health service development. The insights from this initiative provide a valuable model for health systems seeking to integrate co-design in practice.

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