Mapping of Engagement Project: A summary

Queensland Mental Health Commission

Engagement of service users and consumers, families and carers in the mental health and alcohol and other drug sectors.

Background

In 2015–2016, the Queensland Mental Health Commission engaged Urbis to undertake the Mapping of Engagement Project (the project). The project involved a comprehensive consultation process including a statewide survey to identify and understand the current state of service user, consumer, family and carer engagement in Queensland's private, public and non-government mental health and alcohol and other drug service systems. The project included mapping and measuring the level, type and range of service user, consumer, family and carer engagement activities implemented across Queensland as well as the supports provided to enable engagement.

Methodology

The project involved:

- Stakeholder consultation in July and August 2015 which focused on identifying the range and types of engagement. In total 38 stakeholders were consulted in face-to-face meetings and via telephone including representatives from: 19 non-government organisations; five funding organisations; four hospital services (public and private); seven advocacy bodies; and three people who identified as a service user, consumer, family member of carer.

- An online survey was then distributed to 174 non-government, public and private sector organisations in February 2016.

The online survey asked organisations a range of questions in three main areas:

- what drives service user, consumer, family and engagement outside of providing services?

- what are the benefits and challenges of engagement from their point of view?

- what supports current levels of engagement?

Sixty-three stakeholders responded to the survey representing a response rate of 36.4 per cent. They included:

- 55 from non-government organisations

- 7 from public hospital

- 1 from the private sector

- 41 identified as being from the mental health sector

- 12 from the alcohol and other drugs sector

- 10 identified as working in both sectors.

Key findings

The results obtained through the project, including the survey, do not provide a definitive map or audit of engagement practices. However they do provide an indication about good practice which is occurring in Queensland and the issues which are acting as barriers to meaningful service user, consumer, family and carer engagement.

What drives engagement

Stakeholders across Queensland indicated during consultations that they see engagement as a genuine opportunity to drive change, but that it needs to be specific, focused and part of an ongoing dialogue. At the strategic and operational levels, multiple opportunities, governance structures and feedback loops were also identified as important to meaningful and effective engagement. At the strategic level this included service planning, cross sector working groups, being involved in system level management, advisory council and board subcommittees.

At the operational level this included consumers, family members and carers being involved in panels, forums, reference and advisory group discussions, as well as implementation of policies and training for staff to support consumer, family member and carer engagement.

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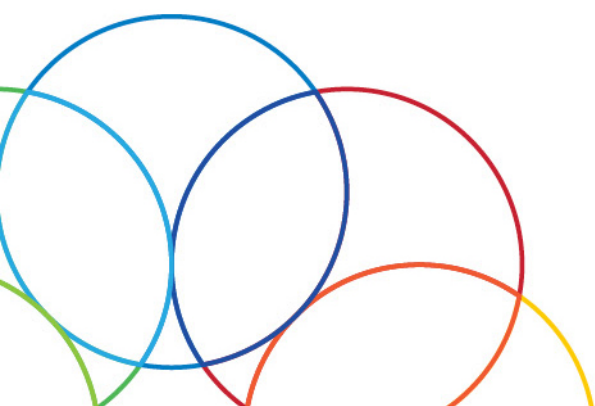
The statewide survey found that the most common reason stakeholders engage with service users, consumers, families and carers is to support individuals in their recovery journey, with 65 per cent of all stakeholders indicating it was the main reason for engagement. Stakeholders from the alcohol and other drugs sector (78 per cent) listed supporting individuals in their recovery journey as their main reason for engagement compared with mental health stakeholders (64 per cent). This supports the qualitative findings that suggest the mental health sector is more likely to use engagement to drive strategic direction, when compared with the alcohol and other drugs sector.

Two thirds of stakeholders (65 per cent) indicate the main aim of their engagement activities is to better support individuals on their recovery journey. Non-government organisations (NGOs) were also more likely than Hospital and Health Services (HHSs) to indicate that they undertake engagement by supporting individuals in their recovery journey (70 per cent of NGOs compared to 43 per cent of HHSs).

Hospital and Health Services were more likely (43 per cent) to list contributing to planning for reform at a systemic level as a key engagement activity. This was not identified by any non-government organisation as their main reason.

The benefits and challenges of engagement

A significant number (46 per cent) of all service providers found that a key benefit of engagement is gathering feedback to improve service delivery. Other benefits include:

- meeting the needs of service users (24 per cent)
- supporting participant/consumer/client outcomes (21 per cent)
- supporting carer/family outcomes (12 per cent)
- providing insight into lived experience (9 per cent).

Key challenges identified by service providers relating to resourcing included:

- funding constraints (19 per cent)
- insufficient resources (14 per cent)
- staffing or skill shortages (12 per cent)
- time constraints (14 per cent).

Some identified a perceived reluctance of service users, consumers, families and carers to participate (22 per cent) and maintaining engagement and communication (19 per cent).

How engagement is undertaken

Urbis reports a relatively passive approach to engagement across sectors. Almost all report seeking service user and consumer feedback at least once a year through an 'open door' policy (91 per cent) and/or through a survey, feedback box or similar mechanism (96 per cent).

A small proportion regularly (monthly or more often) involves service users and consumers in recruitment of staff (12 per cent) or staff training (15 per cent). Few involved service users and consumers (49 per cent), families and carers in advisory groups or management committees.

How engagement is supported

Engagement is most commonly supported through an engagement policy or framework in both mental health services (49 per cent) and alcohol and other drugs services (54 per cent). It was also the most common mechanism for NGOs, with 51 per cent having an engagement policy or framework.

Systems to record people who have an interest in future engagement activities were identified in 46 per cent of mental health services and 31 per cent of alcohol and other drugs services. A smaller proportion had an assigned budget to facilitate engagement activities (34 per cent of mental health services and 23 per cent of alcohol and other drugs services). A higher proportion of alcohol and other drugs services have a dedicated coordinator for engagement activities than mental health services (46 per cent compared to 32 per cent).

These findings suggest the alcohol and other drugs sector has greater focus on undertaking engagement as a part of everyday operations, although it is more likely focused on assisting individual recovery journeys than strategic development.

Service users and consumers are more likely to be engaged in any role, and particularly paid roles, compared to families/carers. For example, 48 per cent of mental health services have one or more service users and consumers paid in other roles, compared with 23 per cent of services having a paid family member and carer role.

Conclusions and our next steps

The findings of the survey indicate that across Queensland there are some strong practices and mechanisms in place to support engagement. However, the survey results indicate that engagement practices, particularly in the NGO sector, remain in the developmental stages and there is a need to ensure a greater focus is placed on engagement beyond providing support and services to individuals and to draw on the very clear benefits of involving service users, consumers, families and carers in decision-making processes.

The survey also gives us a sense of the issues which need to be addressed to further develop the level of engagement, including the need to dedicate resources both human and financial to implement effective engagement practices.