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Project Synergy: Final Report

30 July 2021

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Ms Carmen Hinkley
Director, Digital Mental Health Section
Suicide Prevention and Digital Mental Health Branch
Mental Health Division | Primary and Community Care Group
Australian Government Department of Health

30 July 2021

Dear Ms Hinkley,

On behalf of InnoWell, it is my pleasure to present the Final Report for Project Synergy. Since InnoWell was formed in early 2017, we have had the privilege of working closely with the Commonwealth to deliver a series of research trials aimed at developing a mental health technology platform that would allow Australian's to work in a digitally integrated manner with their clinicians and health services.

This report encapsulates the successes and challenges that face Australia in embracing digital mental health solutions going forward. However, there is a resounding support for integrating technology solutions into mental health care for Australian's and we actively encourage the Australian Government to continue to support innovative models to mental healthcare for all Australian's.

As Executive Sponsor of Project Synergy since October 2017, Will Fellowes will be able to respond to any queries in relation to this report on behalf of InnoWell.

We would like to take this opportunity to thank Minister Hunt and the Department of Health for their support throughout this project and for allowing InnoWell to test the boundaries of how mental health is delivered in Australia.

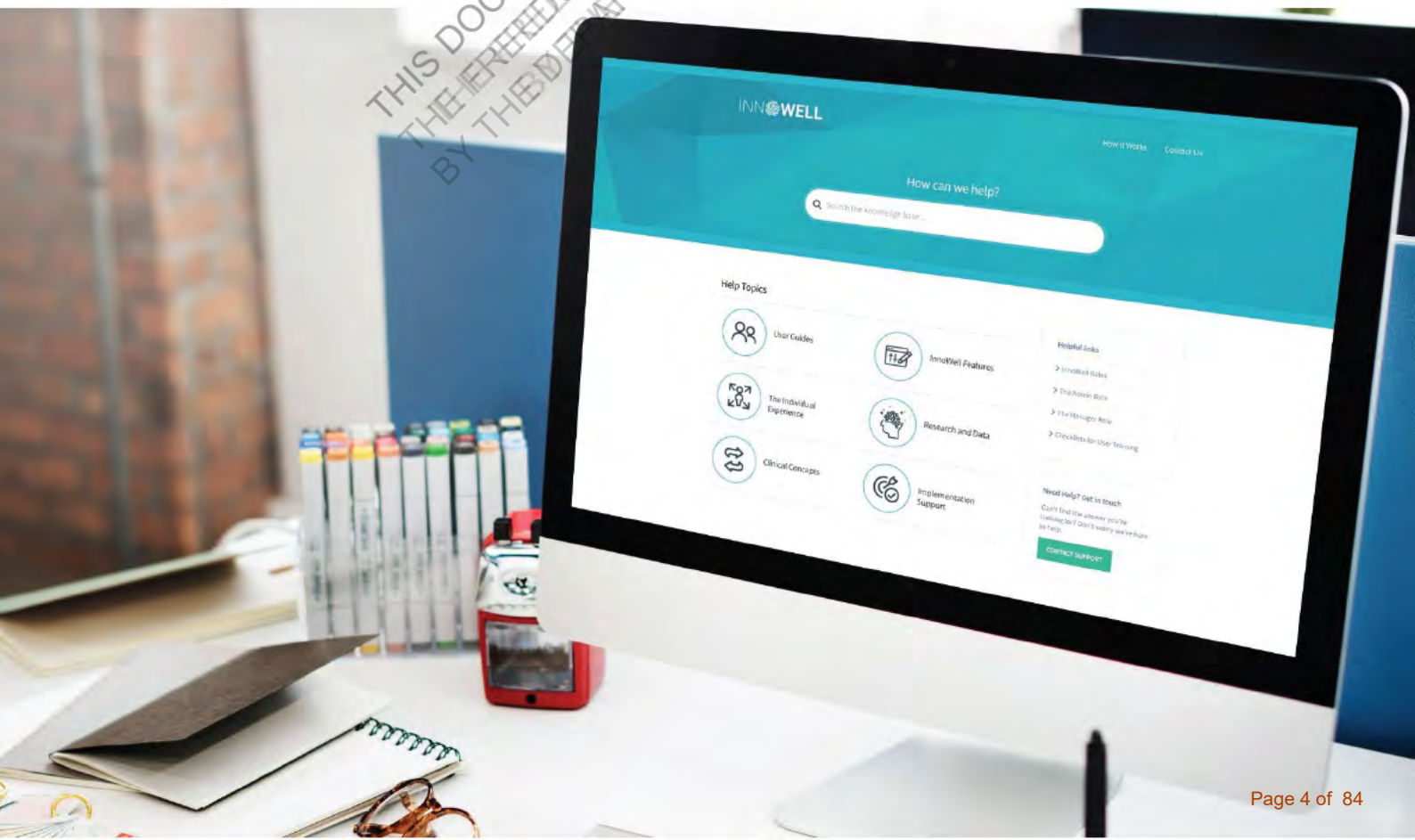
Yours sincerely

Hon. Michael Ronaldson

Chair of InnoWell

Section 1:

Background



1 Background

InnoWell is a joint venture between The University of Sydney and PricewaterhouseCoopers (PwC). We aim to transform Australian mental health services to better meet the holistic needs of people across the lifespan and ensure people receive the right care at the right time. We do this by using innovative co-design methodologies that engage all members of the community and integrate lived experience, health sector expertise, research evidence and product development knowledge into our digital solutions.

From the outset, InnoWell was not a health service provider. The focus has always been on how we collaborate with health service providers to co-design digital solutions that enable face-to-face and online service providers to improve their offerings for better outcomes.

On 30 June 2017, the Australian Government Department of Health and InnoWell entered into a funding agreement (under the Digital Mental Health Program) to the value of $33 million (inclusive of GST). This Funding Agreement provided for a series of collaborative research trials known as Project Synergy that are continuing the co-design, development, implementation and evaluation of the Synergy Online System.

From Project Synergy, InnoWell procured the research services of The University of Sydney's Brain and Mind Centre to provide an independent research and development group to conduct research trials. These trials will continue the co-design, development, implementation and evaluation of the Synergy Online System within different settings across the lifespan (i.e., young children, young people, adults, healthy older adults) as well as the broader veteran community.

Initially called The Synergy Online System and rebranded the InnoWell Platform, our technology solution enables our service partners to enhance their own service quality, link with other complementary service providers, track real-time health and social outcomes and bring integrated, high quality and personalised service offerings to the person seeking care.

Section 2:

Executive Summary

2 Executive Summary

Over the four most recent years of Project Synergy, rich learnings have been established that have allowed InnoWell to identify success benchmarks as well as challenges to using technology as a vehicle for transformational reform. This journey has assisted both InnoWell and the Commonwealth in understanding how similar projects should be approached into the future.

InnoWell set out to challenge how traditional mental health service models operated and how a digital solution could enable future models of care, inform public policy and drive both consumers and clinicians to have confidence in using technology as a pathway to better care at the right time.

The Independent Monitoring and Evaluation Framework report authored by The University of New South Wales cited that "many of the challenges faced by InnoWell to date are faced by the adoption of any new technologies in service systems. At this point, it is very difficult to disaggregate whether these are inevitable 'teething' issues faced by new technology uptake in any domain, or whether there will be significant challenges to the uptake of the InnoWell Platform in the medium and long term."

There have been numerous successes, rich learnings, identifiable barriers and certain roadblocks that have informed this report. No challenge or barrier is insurmountable with the right focus from government, policy makers and public/private partnerships. A digital solution into mental health service delivery for Australia can be truly embedded with concerted focus and effort and will invariably improve the system from the ground-up. This approach has been adopted by the Alberta Health Service in Canada whereby the InnoWell Platform will be used to change the youth mental health service model and we expect that further international expansion will occur in due course.

A summary of the key findings of Project Synergy has been laid out within Section 4 of this report, with reference to the corresponding publications by The University of Sydney.

Section 3:

Project Overview

3 Project Overview

3.1 History of Project Synergy ('the Project')

The InnoWell Platform (Platform) is a configurable digital tool which has been co-designed with health professionals, service staff, and those with lived experience of mental ill health, with the aim of enabling assessment, monitoring and management of mental health. The Platform does this by collecting, storing, and reporting personal and health information with the individual and their health professional to promote collaborative care. Through the research trials the Platform has been utilised within face to face and online health services and offered as part of standard clinical care.

The Project was based on the following arrangements and principles:

- a lived mental health experience community engagement strategy and sector engagement strategy that built on the community consultation conducted for 'Head to Health' (the Digital Mental Health Gateway);
- governance arrangements that included an independent Project Synergy Steering Committee and a Project Control Board that managed the day-to-day operations of Project Synergy supported by program management with monthly reports provided to the Australian Department of Health;
- practice and policy informed by research and development, and an overall research plan that mapped a progressive series of research trials that built on the original Project Synergy trials (2014-16) and the conduct of new research trials;
- an Independent Monitoring and Evaluation Framework;
- Cyber-security and privacy provisions that met the Digital Transformation Office's digital service standards; and
- an iterative process of co-design, rapid prototyping and user acceptance testing to develop and refine technology-enabled solutions for Australian mental health services reform.

3.2 Project overview and aims

The aims of the Project were:

- To further develop communication, consultation, and engagement strategies with those with lived mental health experience across the Australian community and the broader mental health and health sectors, to continue to develop and enhance the Synergy project. This aim ensures the InnoWell Platform is developed through partnerships between lived experience, health professionals and service providers.
- To implement the collaborative research trials that build on the original Project Synergy Trials conducted from 2014 to 2016. These new trials included co-design of the strategy for implementation of the InnoWell Platform for trial service partners, as well as of health science methodologies for evaluation of the trials.
- To conduct an iterative process of co-design, rapid prototyping and user acceptance testing to refine existing features and build new features of the InnoWell Platform. This was achieved through research and development in partnership with lived experience and trial partner service providers to predict new and emerging technology trends and measure change in the ability to respond to the evolving needs of Australian mental health service users.
- To develop commercialisation strategies and activities to support the ongoing sustainability of InnoWell and the InnoWell Platform.

3.3 Key activities

The Project was delivered in three phases:

- **Phase I – (1 July 2017 – 30 June 2018) key activities included:**
  - Establishing Project Synergy Management Team and governance structures
  - Establishing the Lived Experience Advisory Board/Forum (LEAB/LEAF)
  - Conducting community consultation
  - Conducting stakeholder engagement
  - Building the Project Synergy technology platform – then known as the Synergy Online System
  - Mobilising research trials
  - Key safety and quality considerations
- **Phase II – (1 July 2018 – 30 June 2019) – key activities included:**
  - Ongoing program management and governance functions
  - Co-design, development and operationalisation of a new Lived Experience Advisory Function (replacing previous Lived Experience Advisory Board) to ensure greater clarity and utility, as well as ensure operationalisation of the voice of Lived Experience in the National Community Consultation Framework (further detail below in Advisory Committee section).
  - Approval of the National Community Consultation Program and commencement of key NCC activities across both digital and face-to-face engagements and consultations.
  - Ongoing Stakeholder engagement and commencement of engagements with potential commercial partners.
  - Securing first commercial contract.
  - Ongoing development and refinement of the InnoWell Platform - including technology development and non-functional requirements, as well as the key R&D activities associated with appropriate configuration of the platform for key population groups and service settings.
  - Finalisation of Trial Work Plans for Phase II trial partners and ongoing conduct and completion of relevant co-design, user testing and key pre implementation activities in line with these.
  - Implementation of the InnoWell Platform with key trial sites and commencement of impact evaluation activities.
  - Commencement of mobilisation of a further three research trials.
  - Nomination, and approval by Australian Department of Health, of the independent evaluator and commencement of monitoring and evaluation activities.
- **Phase III – (1 July 2019 – 30 June 2021) – focussing on:**
  - the mobilisation and finalisation of trials, including final data collection reports and transition strategies with each partner/ site;
  - on-going refinement and development of the InnoWell Platform based on co-design, implementation, user testing activities;
  - ongoing Data, Security and Privacy Management; ongoing communication, consultation and engagement strategies including implementation of the final activities under the National Community Consultation program;
  - finalisation of Monitoring and Evaluation Activities; and
  - ongoing commercialisation activities to support the sustainability of InnoWell and the InnoWell Platform.

Section 4:

Results & Findings

4 Co-design

4.1 Lived Experience

At the forefront of InnoWell's platform development was the use co-design principles to meet the needs of users and managers of mental health services within Australia. Throughout the Platform design phase of Project Synergy, InnoWell had direct input from the late Jackie Crowe and Sue Muller who were supported by a Lived Experience Advisory Function (LEAF) with representative members from across Australia chosen based on a LEAF determined diversity matrix.

The guiding objectives for LEAF's involvement throughout Project Synergy was set at the inaugural meeting in October 2017 as "Lived experience, alongside clinical, professional, industry and academic experience is fundamental for co-producing service improvement."

The InnoWell Lived Experience Advisory Function (LEAF) model was developed as a collaboratively refined model of engagement to better support co-design. The LEAF represented a diverse group of lived experience champions who worked together to identify current and emerging issues while sharing advice, guidance, and recommendations to InnoWell and Project Synergy from a lived experience (LE) perspective.

LEAF Working Group members acted as champions and bridges to their communities to maximise reach of the project and to bring back the most current information of the views of their communities. This model of engagement and framework was co-developed during Phase I of Project Synergy to produce genuinely lived experience designed and led engagement activities, thus maximising potential to provide input into Project Synergy activities, while ensuring meaningful engagement with people within the mental health space.

In the first year of the LEAF function, the Lived Experience Advisory Board met quarterly and consisted of a group of more than 25 individuals who established the foundations of co-design for Project Synergy. After the first year, the model was refined with a smaller LEAF Working Group established and overseen by Sue Muller, who was a part of InnoWell's Management Team and 5 to 10 Working Group members directly supporting Sue and who brought InnoWell a valuable, broad diversity perspective. The matrix for selecting members to LEAF was determined by the LEAF. The Working Group was supported by a broader Panel consisting of 15 to 30 members which provided support to the Working Group and who were engaged to review new product features and support the other LEAF activities.

In 2018 to 2020, the LEAF Working Group met monthly and used the co-design model to prioritise

and co-develop engagement activities at each phase of the timeline. LEAF also oversaw the National Community Consultation Program (NCCP) with NCCP engagements and questions prioritised, designed and executed by the LEAF Working Group with the support of the broader LEAF Panel.

4.2 National Community Consultation

The final National Community Consultation Report was submitted in June 2020 which outlined an overview of the activity and the learnings that were considered by InnoWell to inform the development of the InnoWell Platform. The National Community Consultation Program (NCCP) was led by lived experience and utilised a co-design framework, and included both digital and face-to face strategies with individuals with a lived experience of mental ill health and their support network, to ensure a rich tapestry of experience and input.

The LEAF working group co-developed several communication tools to explore how might digital products and engagement change the way people experience their mental health care and wellbeing. Key themes explored included:

1. What motivates people to use a digital solution?
2. What barriers do they face in accessing one?
3. What keeps them engaged once they are there?

These themes underpinned all consultation activities - whether that was digital (survey, postcards, quick online polls) or face-to-face engagement (community event or focus group).

Utilising the NCCP co-design framework, LEAF designed, planned, and ran five digital engagements, eight face-to-face consultations and two community engagement events across Australia. These findings were used to inform the co-design of the InnoWell Platform, it's implementation in Project Synergy trial sites in real time, and to identify the following key principles.

- People do search online for mental health information and support
- Language is important
- Person centred solutions are essential
- Access to digital solutions is not a reality for all
- People have data privacy concerns
- People trust lived experience

4.3 Research and Development

InnoWell partnered with The University of Sydney, via a sub-contracting vehicle, to undertake independent research and conduct research trials for Project Synergy. An overview of the Research and Development (R&D) from Project Synergy 2017 – 2021 is outlined below. Further information on each trial is included in Section 8.

Through Project Synergy, the R&D team established critical partnerships with consumers, their supportive others, health professionals, service administrators and funding bodies, to co-design, implement and evaluate the InnoWell Platform. Their aim was to improve the quality, accessibility, safety, and coordination of mental health care provided by both traditional in-clinic and online mental health services. The R&D team extensively knowledge translated their findings so that they are accessible to all key stakeholders in formats including blog posts, webinars, quality assurance protocols for mental health apps and e-tools, clinically-relevant data security and privacy recommendations, and implementation guidelines relating to embedding digital technologies within mental health services. As shown in Figure 1, Project Synergy has resulted in critical expertise in relation to the multitude of factors that are necessary to successfully design, build, and implement a sustainable and scalable digital health solution.

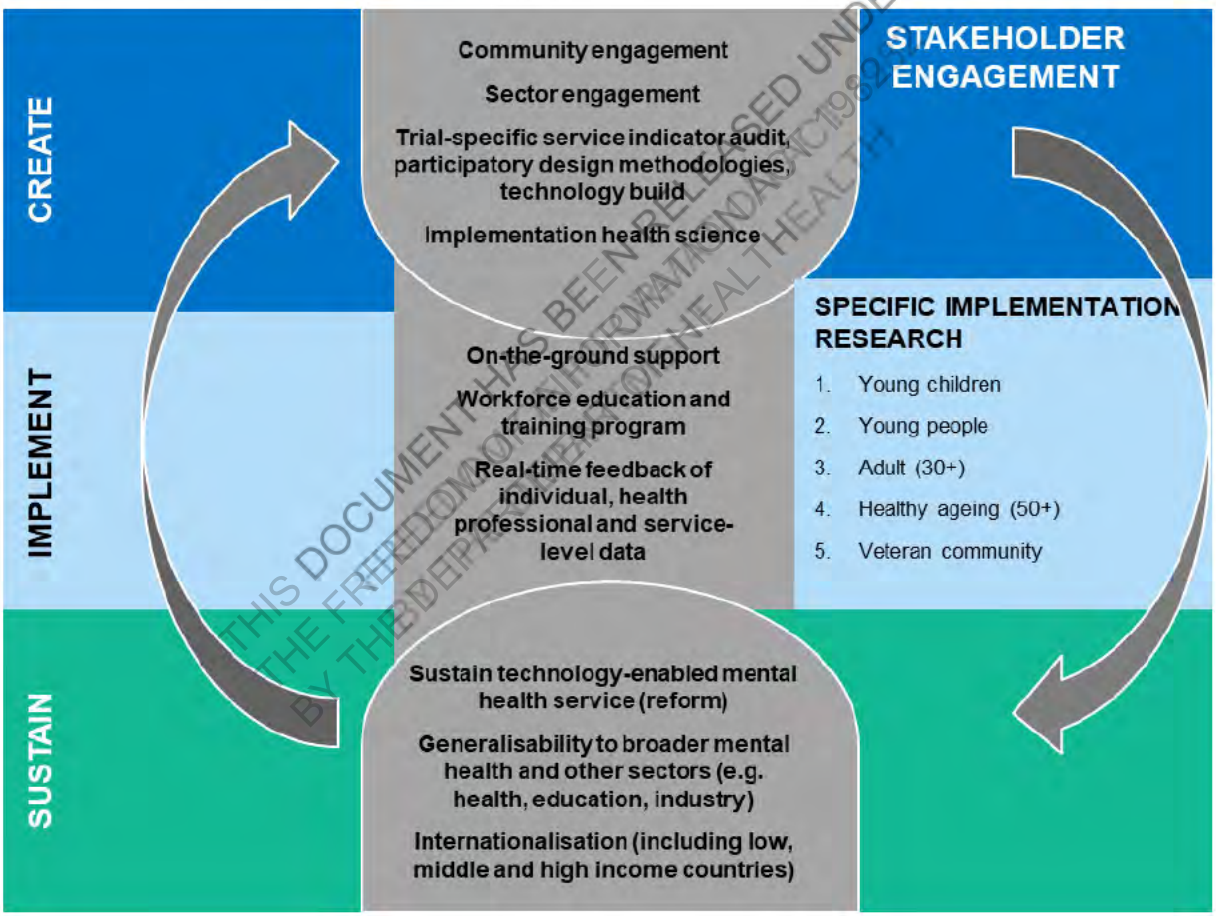


Figure 1. Developing a sustainable and generalisable framework for technology-enabled mental health services reform.

4.4 Co-design

Project Synergy has upheld the principle of mental health consumer participation as well as the participation of other key stakeholders including supportive others, health professionals, and service providers through co-design workshops, user (acceptance) testing of prototypes, and service mapping workshops. This was key in developing a technology-enabled solution for Australian mental health services reform that would be acceptable to all stakeholders. To accomplish this, researchers worked directly with consumers across the lifespan, including those from specialised consumer groups (i.e. current and ex-serving military personnel and their families, Aboriginal and Torres Strait

Islanders), as well as supportive others and staff from participating services. Table 1 summarises the research aims and co-design activities for each of our consumer groups and/or service partners.

Table 1. Summary of Project Synergy Co-design Activities

Population	Service partner	Research Aim	Co-design activities
Current and ex-serving Australian Defence Force personnel and their families	Open Arms – Veterans & Families Counselling Sydney and Lismore, NSW	Co-design, develop, implement and evaluate the InnoWell Platform to achieve improved outcomes	• 4 participatory design workshops* • 2 service mapping workshops • 18 user testing sessions
Young people aged 12-25 years residing in the NSW North Coast	NSW North Coast *headspace* centres (Port Macquarie, Coffs Harbour, Grafton, Lismore, Tweed Heads)	Enhance quality and timeliness of mental health services for NSW North Coast youth	• 11 participatory design workshops • 9 service mapping workshops • 30 user testing sessions
Australians with eating disorders and body image issues	The Butterfly Foundation's National Helpline	Evaluate, prototype and configure a digital system for a non-conventional (online, phone, email) service providing support for eating disorders and body image issues through the use of co-design processes	• 6 participatory design workshops • 2 service mapping workshops • 3 user testing sessions
NSW North Coast residents	Connect to Wellbeing North Coast NSW (administered by Neami National)	Configure and implement the InnoWell Platform to support community-based primary intake and referrals across the North Coast NSW Primary Health Network	• 1 user testing session^
Patients in a community general practice setting	Kildare Road Medical Centre, Blacktown, NSW	Configure and implement the InnoWell Platform to support Kildare Road Medical Centre's delivery of mental health care	• 2 service mapping workshops^
Older adults (50 years and older)	N/A	Co-design and configure the InnoWell Platform to evaluate the accessibility, engagement, and appropriateness of the technology for an older age group	• 4 participatory design workshops • 19 older adults consented to provide user feedback on the InnoWell Platform after using it for up to 90 days
Younger children and families	N/A	Co-design a configuration of the InnoWell Platform that is appropriate for younger children and their families	• 3 participatory design workshops
Aboriginal and Torres Strait Islanders	Kildare Road Medical Centre, *headspace* Grafton	Co-designing a configuration of the InnoWell Platform that is appropriate for and accepted by Aboriginal and Torres Strait Islanders.	• 7 participatory design workshops with Aboriginal health workers and Aboriginal elders in conjunction with service staff (health professionals and service administrators)

*Nine co-facilitated participatory design workshops, including two service mapping workshops, were conducted in 2017 with current and former military personnel and their families as well as Open Arms' health professionals, service managers, and administrators from Sydney, Canberra, Maitland, Singleton, and Port Stephens. Importantly, the outcomes from this collaboration served as the basis for the configuration of the InnoWell Platform with supplementary participatory workshops being conducted in 2018 specifically as part of Project Synergy.

Importantly, further information informing the service specific configurations and user acceptance of the InnoWell Platform was captured during routine project management meetings with each of the participating services.

4.5 Summary of findings

Key insights	Specific findings
Overwhelming support for integrating HITs into mental health care across populations and service settings (1-7)	The results of a lived-experience-led national community consultation program showed considerable consumer interest in and experience with digital health solutions. Based on data collected through five digital engagements, eight face-to-face consultations, and two community engagement events, 81% of respondents indicated they were comfortable sharing mental health experiences online and 94% had already done so (8).
Consumers and carers further emphasised the importance of being provided reputable (academic, government, or non-profit mental health organization) care options and information (5)	The results of four participatory design workshops conducted with 21 community dwelling older adults (aged ≥50 years), including carers, highlighted the need for information delivered via health information technologies to come from a credible source in order to be perceived as trustworthy and reliable (5).
Concerns with data privacy and security of personal and health information were prevalent across all consumer groups (2, 5, 9); however, health professionals questioned whether all users would be wary of security risks (unpublished data).	• Young people emphasised the need for privacy information to be readily available to allow a user to be completely comfortable when entering sensitive information into a health information technology (*"Always ask, could this site be more secure with my information."*) (9; the co-design work associated with this publication was funded by Future Generations Global) • Given the ubiquity of technology use by young people, some health professionals questioned whether they would be suitably concerned about sharing personal data (*"Young people may be so used to this as they have grown up with it that they would not see sharing personal data as a major barrier to accessing a health and wellbeing etool,"*) • Members of the military community emphasised the need to be fully transparent in relation to limitations to confidentiality and data sharing (*"Data security needs to be highlighted, particularly that the information is not shared with DVA."*) (2) • Older adults indicated that data privacy and security risks are a primary barrier to the use of health information technologies (*"Anything on the Internet I just don't really trust, I don't want to put my information of any kind out there."*) (5)
Co-designing technology-enabled service models may lead to improvements in service delivery pathways, independent of the technology (2, 6, 10)	The findings from a series of 7 participatory design workshops with 49 members of the Open Arms community, including current and ex-serving military personnel and their family members as well as health professionals, service managers and administrators, resulted in immediate redesign of the intake process to improve access to care. (2)
There is a gap in what is expressed during the co-design process and actual implementation; often clinicians are very active and willing supporters during the co-design process, however not in practice (11)	The 48 participants, including young people, supportive others, health professionals, service managers and administrators, from 10 participatory design workshops with headspace services in the North Coast PHN, recognized the potential for health information technologies to improve service quality and efficiency; however, a qualitative review of 70 fortnightly logs completed by on-the-ground implementation officers working across five headspace centres revealed persistent resistance to change. (11)

The key research findings from the R&D team's collaborative co-design work linked to relevant publications are outlined below:

As noted above, the R&D team found overwhelming support for integrating health information technologies (HITs) into mental health care across populations and service settings. Consistent themes included the need for:

1) easier access to services at any time or from any place (i.e. right care, first time, where you live);
2) improved communication and coordination of care within and between services and treatment teams;
3) personalisation of health care based on a consumer's unique needs, accounting for personal preferences; and
4) enhanced risk identification to enable a more immediate response to consumers in crisis and rapid triage to specialised and acute care as needed.

Consumers and service staff further emphasised the importance of offering current and relevant care options and psychoeducational materials from reputable sources (i.e. academic, government, or non-profit mental health organization). Furthermore, it was universally agreed that the language used within the InnoWell Platform needed to be appropriate for the user group, taking into account demographic factors, such as age, as well specialised relevance for consumer groups, such as military personnel. Finally, concerns with data privacy and security of personal and health information were prevalent across all age groups, with a call for greater transparency as to how data might be stored, used, and/or shared.

4.6 Implementation science strategies and protocols

Whilst co-design with diverse groups of consumers with lived experience/expertise is a critical factor regarding the usability and acceptability of the InnoWell Platform, the learnings from Project Synergy highlighted that a well-designed product in isolation is not enough to drive improved outcomes or mental health reform. As such, the R&D team developed several key methodologies and protocols to facilitate adoption of the InnoWell Platform. This includes a strategy for the implementation of digital tools into mental health services which explicitly addresses known health professional (i.e., readiness for change, digital literacy) and service-level (i.e., technology infrastructure) barriers to implementation so as to actively develop mitigation strategies to enable the successful translation of new innovations into clinical practice. This strategy has now been applied internationally to guide real-world implementations of digital mental health interventions.

The R&D team has also established themselves as leaders in the use of service mapping, a process mapping methodology, as an effective way to engage key stakeholders to understand existing service and system pathways and, in turn, to identify barriers to and facilitators of quality mental health care. By working collaboratively with participating services, service mapping highlighted key gaps in care that might be improved through the implementation of the InnoWell Platform while also identifying aspects of care that could be improved through changes to specific service-level processes (i.e., intake). In this way, the service mapping process prevented a 'one-size-fits-all' approach to service reform, ensuring that specific contextual factors impacting the quality of care at each individual service were considered, thus optimising the service delivery. Importantly, the research shows that the process of mapping technology-enabled service models generally leads to improvements in service delivery pathways, both in relation to but also independent of the technology.

The R&D team also designed a mixed methods, longitudinal impact evaluation protocol utilising web-based surveys, semi-structured interviews and workshops, to systematically monitor and evaluate the impact of implementing the InnoWell Platform into Australian mental health services, with the aim of facilitating the iterative refinement of the technology as well as the service models into which it was embedded to meet the needs of consumers and their supportive others as well as health professionals and service providers. Data from Project Synergy highlight consistent agreement regarding the potential for HITs to improve outcomes for consumers and services alike; however, participants, including health professionals, service managers and administrators, indicated that technologies are generally not well integrated into current service delivery models. Service readiness for change (e.g., existing technology infrastructure and the digital literacy of staff and consumers)

was noted to be a potential barrier to successful implementation, with less than half of respondents indicating that their service was ready to implement new technologies to enhance mental health care. Furthermore, there was considerable variability from the participants as to whether it was their responsibility to recommend technology as part of standard care. These are critical factors that require attention prior to implementing HITs in any service to facilitate successful implementation and adoption of HITs as part of standard practice.

Project Synergy also resulted in the adaptation of the original Mobile App Rating Scale, a simple, reliable and internationally recognized app rating system, to ensure it is now appropriate for health-related apps as well as e-tools (e.g., websites, web-based courses), now known as the A-MARS. The R&D team also developed and implemented a complimentary quality assurance protocol to guide health professionals in the evaluation of the quality and safety of health-related apps and e-tools to determine their appropriateness for use in clinical practice. This approach includes: 1) a broad exploration for available apps and e-tools; 2) shortlisting of those health-related apps and e-tools deemed to match the needs of the consumers, health professionals or service; 3) evaluation using the newly developed A-MARs; and 4) review of the ratings compared to service-specific criteria to determine appropriateness for recommendation.

Given the consistent concerns regarding data security and privacy highlighted in the co-design work, the R&D team also developed and piloted a Privacy Risk Assessment Tool to assess whether current apps and e-tools are meeting recommended privacy standards. The systematic review of privacy policies revealed consistently poor readability, resulting in marked limitations in the transparency of the information presented which, in turn, can undermine a consumer's trust in the security of their personal and health information. To assist health professionals and service providers in understanding potential privacy risks associated with the use of HITs, the R&D team developed easy-to-use guidelines for their consideration prior to promoting individual apps and e-tools as part of care. It is the R&D team's recommendation that these guidelines be adopted to ensure that HITs are used to their full potential to maximise patient health outcomes while minimising risk; and, users are informed of privacy and security considerations in order to be able to make educated decisions as to whether they would like to share their personal and health information.

Further information on the Implementation into Health Services is included in Section 7.

4.7 Innovative models of care

By capitalising on the implementation science strategies and innovative research methodologies outlined above, the R&D team, together with service partners, co-designed innovative, technology-enabled models of care, which can now serve as prototypes for local health districts (LHDs) and primary health networks (PHNs) looking to improve the accessibility and quality of care across Australia.

Kildare Road Medical Centre (KRMC) is a large Western Sydney general practice with 26 general practitioners (GPs) seeing an average of 25 to 30 patients per day. KRMC has focused on developing itself into a 'one-stop shop' that has highly qualified and experienced GPs, specialists, allied health professionals and nursing staff, along with pathology, imaging, and a co-located pharmacy service. As part of their engagement in Project Synergy, KRMC employed a credentialed mental health nurse to support their GPs with assessment and triage, treatment planning and intervention, and case review of patients presenting with symptoms of mental health disorders. The mental health nurse was critical for facilitating the co-designed technology-enabled service delivery model at KRMC. For example, the application of the InnoWell Platform's suicide escalation protocol, designed to facilitate risk identification and detection of suicidal thoughts and behaviours, successfully identified 12% of those patients using the InnoWell Platform at KRMC as being at risk, which in turn enabled the mental health nurse to rapidly triage these individuals to appropriate care. The mental health nurse also reviewed the initial assessment results in collaboration with each patient to guide a discussion about available care options, taking into account patient preferences. Importantly for KRMC and their time poor GPs, the technology-enable model of care, as lead by the mental health nurse, resulted in expanded treatment options, including the availability of brief psychological therapies (less than 10 sessions) conducted by the mental health nurse as well as the apps and e-tools embedded within the InnoWell Platform. Furthermore, the mental health nurse was also able to use the multidimensional assessment results to draft a mental health care plan for the GPs consideration when appropriate. In this regard, the mental health nurse reduced the assessment and preparation time required by the GP, allowing them to focus on delivering 'value added' care to

more patients daily. In light of the success of this pilot study, KRMC sought funding to support the ongoing implementation of this innovative technology enhanced mental health nurse-led service delivery model.

The R&D team also partnered with Neami National who manage and deliver the central community-based intake service of the NSW North Coast PHN through Connect to Wellbeing North Coast to co-design and implement a technology-enabled service model to efficiently and effectively assess and triage youth and adult consumers to appropriate levels of service offered across the PHN. Specifically, consumers seeking a referral to care through Connect to Wellbeing North Coast, were invited to complete the initial multidimensional assessment via the InnoWell Platform, the results of which are immediately available through the dashboard. This multidimensional profile of the consumer was designed to be used to facilitate triage to one of three recommended care pathways as guided by clinical stage. Consumers with risk factors and symptoms or impairment (Stage 1a) were immediately triaged to self-management including self-directed and clinician-supported apps and e-tools (e.g. This Way Up, MindSport Clinic); while those with attenuated disorders (Stage 1b+) were immediately triaged to ambulatory care services including general practice or another primary care service; and finally, for those where risk of self-harm is identified, an immediate clinical assessment was conducted, in order to determine the consumer's level of need including immediate triage to acute care and/or hospitalization as indicated. Importantly, this technology-enabled referral process was monitored by health professionals to ensure appropriateness of care.

While the pilot feasibility study of the digital health solution implemented within a community organisation was expected to translate to improvements in access to and appropriateness of care within the North Coast NSW PHN footprint, it did not begin to address the mental health service demand crisis in Australia. As such, it is our proposal that this model serve as a prototype for a direct-to-consumer pre-clinic triage system (see Figure 2) that was conceptualised for national scalability at the PHN-level. Furthermore, the proposed pre-clinic triage system, as facilitated by the InnoWell Platform directly addresses the Productivity Commission's call to develop a sustainable national digital platform to facilitate assessment and referral processes to ensure access to mental health care matched to a consumer's level of need.

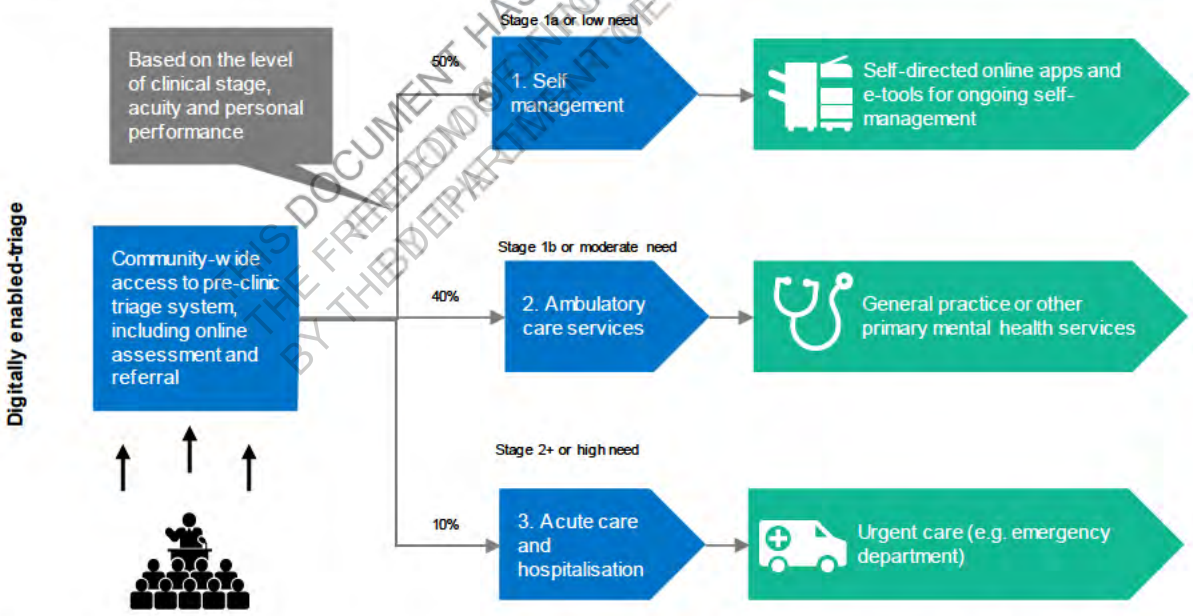


Figure 2. Pre-clinic triage system enabled by the InnoWell Platform (as originally published in Australian Health Review, 2021)

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4.8 Dissemination and recognition

Prior to Project Synergy, there was inadequate knowledge about the practicalities of designing, implementing, and evaluating digital mental health solutions to optimise the impact for consumers, health professionals and services. The Project Synergy publications collectively serve as a blueprint for designing, implementing, and evaluating digital health solutions to maximise impact. As evidenced by publication in prestigious academic journals and presentations at national and international conferences, all work was conducted to a high standard of research excellence. A full listing of the Project Synergy publications has been provided at the end of this report.

Importantly, in recognition of research excellence, the R&D team was awarded the Tom Trauer Evaluation and Research Award by the Mental Health Services Learning Network in 2020. Additionally, the research insights led to the identification of 10 key national priority areas for the Australian government to respond effectively to the rising demand for mental health services through the delivery of technology-enabled quality care, further establishing Australia as a global leader in digital health solutions. Finally, the program innovations have garnered international attention, resulting in research partnerships with Alberta Youth Mental Health Services, where they are implementing technology-enabled service models into their youth mental health system.

Section 5:

Technology and Features

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5 Technology and Features

Usability, scalability, and reliability have been the core values of our approach to technology. InnoWell has consistently lived those values by making difficult decisions, demonstrating agility, and correcting our course where required.

Building technology, and technology teams, who are used to "failing fast, learning fast", in an industry where failure can destroy your reputation as it can compromise safety and security of vulnerable people, has also been something that we have invested heavily on. There has been a strong focus on hiring the right people, although this has taken significant effort, it has ultimately been rewarding as lived experience of mental health has flown through the entire product, across all levels of the organisation.

The InnoWell approach to technology has also been consumer-centric from the start of our Journey.

A number of features and functionality brings to life our value proposition and drive value for all platforms users: Individuals, Health Professionals, as well as Services Providers.

For Individuals: There is improved transparency and access to their health information in a portable and easy to access way. In addition, the preliminary questionnaires, improve access to personalise care. The Platform is built with usability principles in mind, making it easy to access and understand no matter your education level or background.

For Health Professionals: There is the ability to conduct real time Risk Monitoring whilst still being in control of their clinical governance. The snapshot also allows them to direct users to the right clinician based on their needs instead of adopting stepped-care-principles. Finally, things like consumer care plans make it easier to provide individualised care to users.

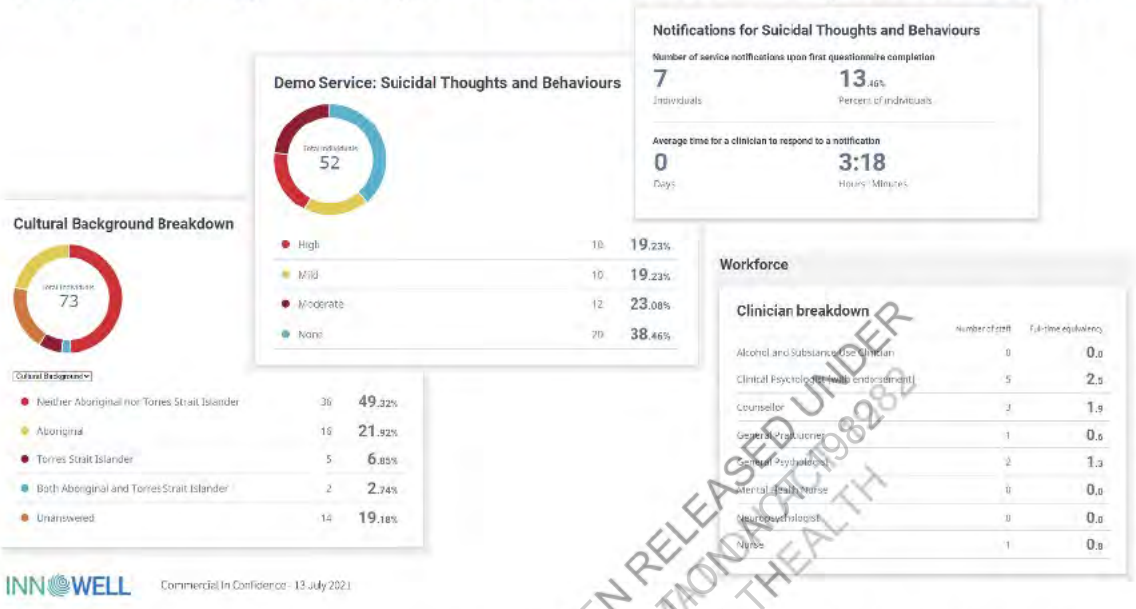
Service Providers: The platform can support improvements in demand management through intake and triaging. It can also de-risk the organisation by highlighting which cases are acute so they can be prioritised accordingly. Finally, the rich data can be accessed at any time, allows for better, evidence-based decisions, when it comes to managing resourcing, as well as measuring outcomes and impact.

5.1 Rich Data Generation and Features

The platform has an Insights function, that is accessible to clinicians and service providers dynamically, via the platform 24/7. This, gives them a helicopter view, using anonymised data, of their services and their patients. For example, suicidality levels/rating (based on risk) across the patient cohort, number of notifications and how quickly they were responded to, comparisons from month to month, or from clinic to clinic, cultural and social background per centages across patients, clinician breakdown and more.

Outcome tracking is also a well-celebrated feature that our customers appreciate which allows clinicians to track behaviours and conditions throughout the consultation-process and the services received.

Rich data generation which can be used for reporting and performance improvement



The Platform also supports interoperability, which allows for integration with other health (e.g., EMRs) and consumer wellness (e.g., Fitbit) platforms as well as other health service providers. This is important as it is the key to developing a comprehensive solution that follows users on their journey to improvement.

The above features make performance reporting accurate in real time – helping our customers improve and make data-informed decisions.

Section 6:

Regulatory Compliance

6 Regulatory Compliance

InnoWell started its regulatory compliance journey with its then Leadership Team bringing focus and discipline to the development process whilst also facilitating a start-up like culture that enables innovation. This was an important aspect of the CEO's role, and the executive more broadly, who brought their wide-ranging skills to drive a strong risk culture that protects and builds InnoWell's reputation. InnoWell's first Risk Management Systems were built internally.

A PwC team was later seconded to shape the foundations of best practice privacy compliance, information security and IT risk management. Although the outsourced model produced great outputs, it quickly became apparent that implementation, and true embedment of policies and frameworks are key to building a strong risk culture. To achieve meaningful results in this space, we invested heavily in risk and compliance expertise and insourced resources in the areas of Risk and Compliance, Privacy, IT Risk, and Information Security. Using the foundations build by PwC, our in-house team was able to minimise risk by running training and working "in the team", risk and compliance was a part of the code development journey, not an afterthought. Albeit a costly undertaking, this model produced the required results.

6.1 Privacy and Security

Privacy considerations have been an important part of our journey and an element of the Platform that all platform users have been interested in understanding. InnoWell has adopted a Privacy by Design approach, meaning that we have designed our product to minimise, manage and eliminate privacy risks. This includes conducting Privacy Impact Assessments (PIAs) both at the organisational and project level (e.g., when the technology team is rolling out new features or adopting new tools in their day-to-day work).

All InnoWell staff receive regular privacy training which explains and celebrates the Privacy by Design Principles – including a proactive approach to Privacy, whereby privacy is seen as a fundamental right, not a box-ticking exercise.

InnoWell only collects information in accordance with the Privacy Policy (which is reviewed bi-annually and is available for viewing anytime, via the InnoWell Platform).

We have taken a conservative approach, which meets the expectations of our clients, we do not commercialise data, sell it, nor share it unless as part of a research agreement. InnoWell only collects the information it needs to provide right care at the right time, no irrelevant information is collected.

Throughout the life of the Project, InnoWell has developed several tools which ensure continuous improvement and a best practice approach to Privacy and Security.

These include:

- A detailed PIA which clearly articulates how we comply with the 13 Australian Privacy Principles
- A Privacy Check In guide that enables a stronger culture of Privacy Compliance
- A Privacy Policy that aligns with accessibility principles and it is easy to understand – it includes a short form with click-ability which allows users to skip to the section they are most interested in. This was co-designed with users.
- A Data Breach Plan – to ensure preparedness in the event of a data breach
- A Cyber Incident Response Plan (CIRP) - to ensure preparedness in the event of a Cyber-attack.

The above tools form part of InnoWell Business Resilience Ecosystem and are regularly simulated.

In addition, de-identification of data where possible, restrictions on access to the production environment (where Personal Identifiable Information lives), regular pen testing, thorough testing as part of the development process, and adoption of best practice code-development techniques, go a long way to improving our information security in a proactive manner.

6.2 TGA Registration

The InnoWell Care Platform was registered as a Class I medical device on the Australian Register of Therapeutic Goods (ARTG, maintained by the TGA) in March 2019. Because the Platform consists primarily as software, it is referred to generically as 'Software as a Medical Device' (SaMD). Registering the platform was no simple task as it required InnoWell to strengthen its documentation-practices, data management and overall compliance with best practice security.

Emergo, an external firm with expertise in medical device registration, was engaged to assist with the extensive documentation and policies that were required as part of the submission to TGA. The process was long and costly and highlighted there are great barriers to entry for and the cost of doing business in an industry that is highly regulated makes it enormously challenging for new entrants.

This registration allowed InnoWell to market the Platform as a medical device, which notionally has some benefit from the point of view of both healthcare providers and consumers.

TGA registration requires InnoWell to be truthful in its public claims for the product which has helped when completing Vendor Risk Assessments and partnering with PHNs and other large organisations that have conduct detailed due diligence into the products they offer to their patients and staff.

TGA also requires the device to comply on an ongoing basis with TGA's "Essential Principles" for medical devices.

There is an additional regulatory burden relating not only to obtaining TGA registration and the maintenance of systems and processes to ensure compliance with the Essential Principles, but also staying abreast of regulatory change.

In October 2020 and again in February 2021, TGA published changes to regulations concerning medical devices generally, and SaMDs in particular. These changes are intended primarily to:

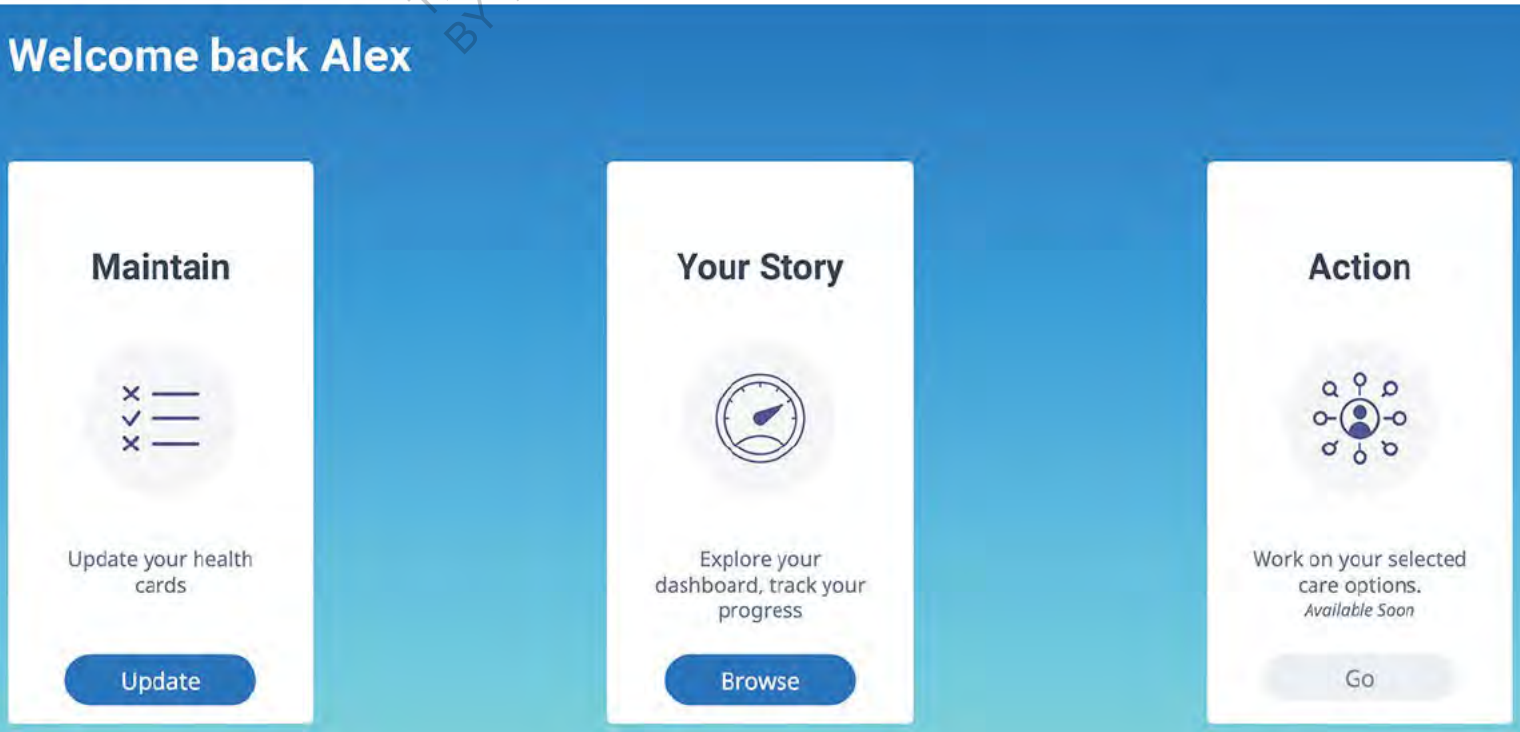
- harmonise registration and classification of such devices with EU regulations. Similar changes are also occurring in the US.
- reduce TGA's workload in assessing registrations of new medical devices, especially smartphone applications which provide medical and mental health advice (not diagnosis).

As a result of these changes, the Platform will be withdrawn from the Australian Register of Therapeutic Goods (ARTG) but is still subject to some oversight by the TGA and will need to continue to comply with the essential principles outlined above.

Overall, our approach to Privacy and Security, and regulatory compliance more broadly, has been a costly undertaking, and one that cannot easily be achieved by new entrants to market. However, it has also built confidence with our customers, who see us a safe pair of hands. We have managed to incorporate our strengths in this space into our Unique Selling Proposition and have seen the returns as a result.

Section 7:

Implementation and Commercialisation



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7 Implementation & Commercialisation

7.1 Implementation into health services

During the Project Synergy period, the InnoWell Platform was partially or fully implemented into the following services as outlined below:

1) Headspace Bondi
2) Headspace Ashfield
3) Headspace Camperdown
4) Headspace Hurstville
5) Headspace Miranda
6) Headspace Coffs Harbour
7) Headspace Tweed Heads
8) Headspace Port Macquarie
9) Headspace Lismore
10) Headspace Grafton
11) Kildare Road Medical Centre
12) Open Arms Sydney
13) Open Arms Lismore
14) Connect2Wellbeing North Coast
15) Headspace Edinburgh North
16) Butterfly Foundation

A summary of the findings with respect to implementation and evaluation of the InnoWell of Platform into health services is outlined below:

Key insights	Specific findings
Protocol for implementing health information technologies into mental health services that uses co-design and education and training to explicitly address implementation barriers (technology, health professional, and service factors) and the traditional poor translation of new innovations into practice (12)	The implementation science protocol has since been applied internationally to support implementation and evaluation of digital tools.
A clinical trial is in progress to validate the InnoWell Platform (specifically its staged care functionality and clinical performance) (13)	1644 consumers have consented to share their data for research purposes.
Implementation is dependent on the funding model of the service (14)	47 service staff from a range of mental health services, including three headspace centres, Open Arms-Veterans and Families Counselling Service, and the Butterfly Foundation's National Helpline, consistently referenced lack of funding and resources as critical barriers to the adoption of technologies as part of care. On reflecting on a lack of innovation, one health professional stated, *"So the reason why we didn't do many things – one of them was financial, and the other one is that it needs to get approved."*

Key insights	Specific findings
Notifications of suicidal thoughts or behaviours (STB) overtly identifies those patients that really need more urgent assessment. Although challenging, services recognize the need for this functionality, as it fast-tracks care.	23% of young people presenting to headspaces services in the regional North Coast NSW PHN footprint endorsed high levels of STB via the InnoWell Platform's multidimensional assessment resulting in an immediate notification to the service to enable a rapid response
Staff across multiple service settings consistently endorse the use of technology as part of their work; however, they also list digital literacy of both consumers and health professionals as well as service readiness for change as potential barriers to widespread adoption (14)	• 81% of health professionals and service administrators endorsed benefits of using technology as part of their work. • The majority of staff (57%) questioned whether their consumers' digital literacy was sufficient to use technology as part of their mental health care; however, of potential users, young people, who were considered 'digital natives', were expected to be most likely to access and adopt technologies as part of care. • Whilst approximately two-thirds (60%) of staff indicated that their service's policies support the belief that technologies can improve consumer outcomes by providing more efficent and effective care, only 44% of service staff indicated that their service was ready to implement new technologies to enhance mental health care. • Furthermore, only 53% of staff reported that their service actively encourages the integration of technologies as part of standard care.
There must be organisational leadership (PHN level decision-making) as well as a local champion at the service level (1)	Qualitative feedback was collected from 40 staff from across five headspace centres in the Central Eastern PHN who were involved in implementing a prototype of a web-based mental health clinic, known as the Mental Health eClinic. Their feedback highlighted the significant benefit of both: 1) high level endorsement and coordination at the PHN level, and 2) the presence and engagement of on-the-ground leadership to assist in solving day-to-day implementation challenges. (1)
Health professionals are often confident about the effectiveness of their current service models (i.e. business as usual) and express reluctance to change their usual practices. (14)	A primary implementation barrier identified by health professional relates to concerns that digital tools could replace clinical expertise; however, all participants denied this as a personal concern.
Additional observations	• There must be an incentive for services to implement digital solutions as part of standard practice. • Clinicians have a personal preference and are confident in business as usual. The use of digital technology is viewed as overtly overwhelming for clinicians. • The application of digital technologies in practice service to identify complexity in the consumer groups accessing care. Whilst clinicians want to provide quality care to their clients, they are resistant to change. • Clinicians need to have an understanding of the measures and scoring thresholds used as part of digital assessments in order to trust in the outcomes and applicability to their practice. • Reactionary funding leads to narrow interventions that are not connected to the complexity of an individual. • Digital technologies serve to empower people to exercise greater control of their own complexity.

7.2 Commercialisation

As a commercial entity, InnoWell is reliant on developing a commercially sustainable business model. Throughout Project Synergy, InnoWell's primary focus was on successfully completing the research trials and incorporating the learnings into the InnoWell Platform. The Platform was implemented through under commercial contracts into several organisations and was offered to all existing Project Synergy trial organisations for ongoing usage.

A summary of the key findings is outlined below:

- The fragmentation of health services and the associated funding within the Australian context has meant the principle of a single technology platform wrapping around a consumer of mental health services across multiple providers is difficult. Without considering a user pays model, the sustainability of a technology provider is reliant on licence fees that must transcend the existing funding model through PHN's to primary care providers.
- InnoWell has converted from a trial partner to a commercial arrangement with one youth mental health service providers that was a Project Synergy partner (headspace Port Macquarie) and there has been a request from the North Coast PHN to continue providing support to the other headspace sites on the North Coast.
- There was further interest from other trial partners however funding models make this challenging not just in the cost of technology, but funding health care transformation more generally. Kildare Road Medical Centre were engaged with the Platform in a general practice context however the service delivery model relied on a Mental Health Nurse to facilitate the model of care. While funded by Project Synergy, this model was embraced by the owners of the General Practice however this role is unfunded under existing MBS funding arrangements and is not a discrete funding package currently offered by that PHN.
- Where health service level reform is adopted, such as in Alberta, Canada, the ability to implement a HIT like the InnoWell is more rapid. InnoWell has been engaged to support Alberta Health Services run a provincial pilot across 10 communities where the Platform will be integrated into more than 100 service settings over a three-year period and be trialled by up to 12,000 consumers.

Section 8:

Trial Summaries

8 Trial Overview, Insights and Learnings

8.1 Open Arms (Sydney)

The InnoWell Platform was implemented at Open Arms (Sydney) from February 2019 until December 2020. A total of 64 clients (40 males; 63%) completed the onboarding process. The median age was 38 years (youngest = 15; oldest = 69 years). Five (8%) participants identified as being Aboriginal. Most clients were living with their family (n=44; 70%); however, 13 (21%) were living on their own, three (5%) lived in a share house, one (2%) reported being homeless, and one (2%) reported 'other' living circumstances. The majority of participants had at least completed some form of tertiary education; certificate or diploma (n=31; 48%), post-graduate degree (n=11; 17%), and undergraduate degree (n=4; 6%).

As shown in Figure 3, results from the multidimensional assessment indicate that the majority of consumers (n=41, 64%) were reporting high or very high levels of psychological distress. Approximately one-third (n=20, 33%) of consumers endorsed moderate to severe levels of alcohol use, potentially putting them at risk for health, social, financial, legal, and/or relationships problems. Additionally, one-third (n=20, 34%) reported experiencing high levels of anger during the previous four weeks. Nine clients (14%) reported both excessive alcohol use and elevated levels of anger; this is an important association to consider at intake or initial assessment as it is likely to inform treatment decisions. There were 35 clients (59%) who reported that they had experienced an unusually or especially frightening, horrible, or traumatic event, and more than half (n=16/25, 64%) of those that went on to complete the PTSD Checklist (Civilian Version) scored in the high to very high range, indicating significant post-traumatic symptoms. Finally, nearly all consumers (n=54, 92%) reported moderate to severe sleep disturbance.

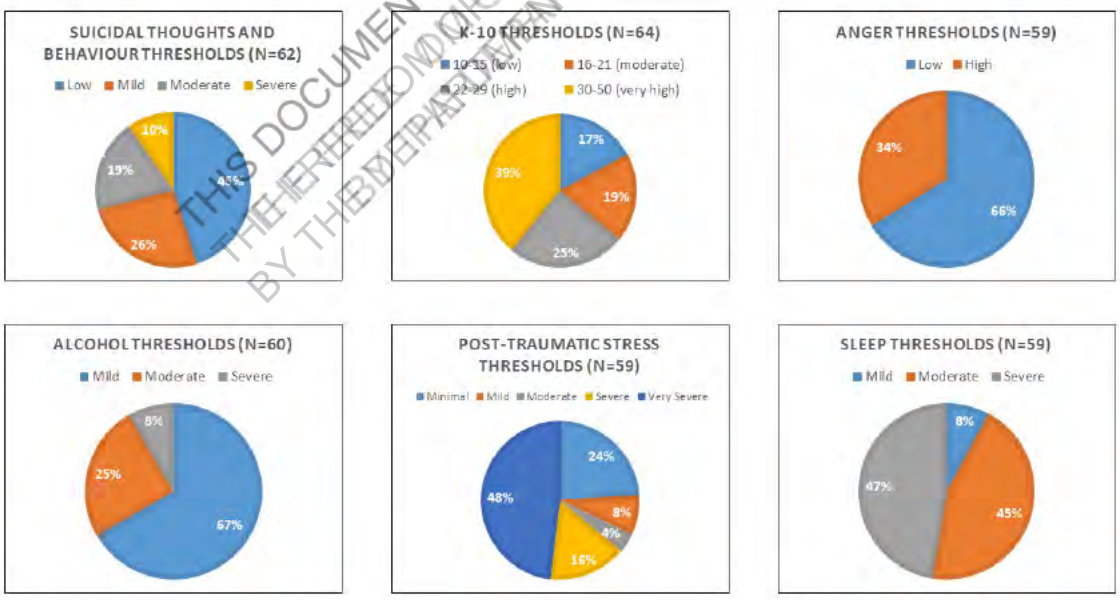

Figure 3. Overall results from the multidimensional assessment at the Open Arms (Sydney and Lismore) services.

One of the primary aims of the Project Synergy trial for Open Arms was to reduce suicide rates for the veteran community by using digital strategies to enhance their early identification and prevention capabilities. Nearly half of the respondents (n=25, 45%) reported that they had no recent suicidal thoughts and behaviours; however, of those consumers who did, one-quarter (n=16, 26%) reported mild suicidal thoughts and behaviours which would have resulted in an automatic pop-up providing contact details for 24-hour crisis services (see Table 2).

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Table 2. Escalation resources provided to the individual

Service/ logo	Service description	Service contact options
Open Arms - Veterans & Families Counselling	Open Arms is a free and confidential nation-wide counselling and support service for members of the serving and ex-serving community and their families. Phone hours: During business hours this number connects you to your nearest Open Arms centre and after hours with the telephone crisis counselling service.	Call: 1800 011 046 Website: https://www.openarms.gov.au/
Lifeline	If you are thinking about suicide or experiencing a crisis, help is available. Lifeline provides 24-hour phone counselling support and suicide prevention services to all Australians experiencing a personal crisis. **Phone hours**: 24 hours a day, 7 days per week.	Call: 13 11 14 Online chat (7pm-midight): http://www.lifeline.org.au/get-help/online-services/crisis-chat Website: http://www.lifeline.org.au/
1800RESPECT	1800RESPECT is The National Sexual Assault, Family & Domestic Violence Counselling Line for any Australian who has experienced, or is at risk of, family and domestic violence and/or sexual assault. **Phone hours:** 24 hours a day, 7 days per week.	**Call:** 1800RESPECT (1800 737 732) Website: https://www.1800respect.org.au/

Notably, 18 clients (29%) reported moderate to severe levels of suicidal thoughts and behaviours, which would again have resulted the above pop-up for the individual as well as a real-time notification to the service enabling an immediate response. Open Arms monitored the InnoWell Platform on a 24-hour basis and, as such, were able to contact all potentially at-risk consumers outside of normal business hours to ensure their safety or to arrange acute care. The ability to immediately respond to the identified risk was the primary strength of the implementation of the InnoWell Platform for Open Arms.

Importantly, at the conclusion of the Project Synergy trial, a senior representative from Open Arms stated that the research had "forged the way into digital delivery for Open Arms and contributed valuable learning that will inform where we go next."

8.2 Open Arms (Lismore)

The InnoWell Platform was also implemented in the Open Arms (Lismore) service in August 2020 as part of the standard intake process for all clients. The same version of the InnoWell Platform that was implemented in Sydney was employed in Lismore and, therefore, we are unable to provide separate data for the individual services. As such, the data reported above from the InnoWell Platform reflects self-report information provided by clients across both services.

Importantly, the Lismore service relies largely on Outreach Provider Counsellors (OPCs) to provide care. Six OPCs self-selected to use the InnoWell Platform as part of their work with Open Arms' clients. They were all provided with education and training as to how to use the InnoWell. Overall, there was a positive response. One OPC provided the following feedback,

> **InnoWell is a welcome addition to supporting Open Arms clients and Contract Clinicians to engage in a collaborative and transparent assessment prior to or during the counselling process. The capacity to effectively map out the health and wellbeing territory is consistent with both the Veteran mindset as well as ensuring a therapeutic process informed by evidence based management.**
>
> *Open Arms OPC*

8.3 NSW North Coast headspace centres (Port Macquarie, Coffs Harbour, Grafton, Lismore, Tweed Heads)

With the exception of Grafton, the InnoWell Platform was implemented across the headspace services between Mar and June 2019, ending in December 2020. A total of 151 young people (107 females; 71%) onboarded to the InnoWell Platform. The mean age was approximately 18 years (youngest = 12; oldest = 25 years). Twenty (12%) consumers identified as being of Aboriginal and/or Torres Strait Islander background. Most of the young people were living with their family (n=130; 86%), whereas six (4%) were living on their own, seven (5%) lived in a share house, and eight (5%) reported 'other' living circumstances. Less than a quarter of the consumers had completed at least some form of tertiary education; including a certificate or diploma (n=31; 21%), and/or an undergraduate degree (n=3; 2%). Approximately one-third (n=55; 35%) of young people were partially supported by government funding.

As shown in Figure 5, results from the multidimensional self-assessment indicate most consumers reported experiencing at least mild suicidal thoughts and behaviours (n=86, 71%) with approximately half of those in the high-moderate categories (n=61, 50%). Quite strikingly, only 11 young people reported good overall health, with approximately one-third of young people rating their overall health as poor (n=36, 31%). The majority of young people rated their mental health as either mild, moderate or markedly impaired (n=86, 73%) with fewer rating as either good or borderline impairment (n=23, 20%), or severe/extremely impaired (n=8, 7%). Approximately one-third of the young people had impairments to everyday functioning (n=43, 40%), with less than one-tenth in the moderate and poor categories (n=8, 7%). Just over half of consumers reported having moderate difficulties with social connectedness (n=63, 53%), with an additional one-quarter rating social connectedness as poor (n=33, 27%).

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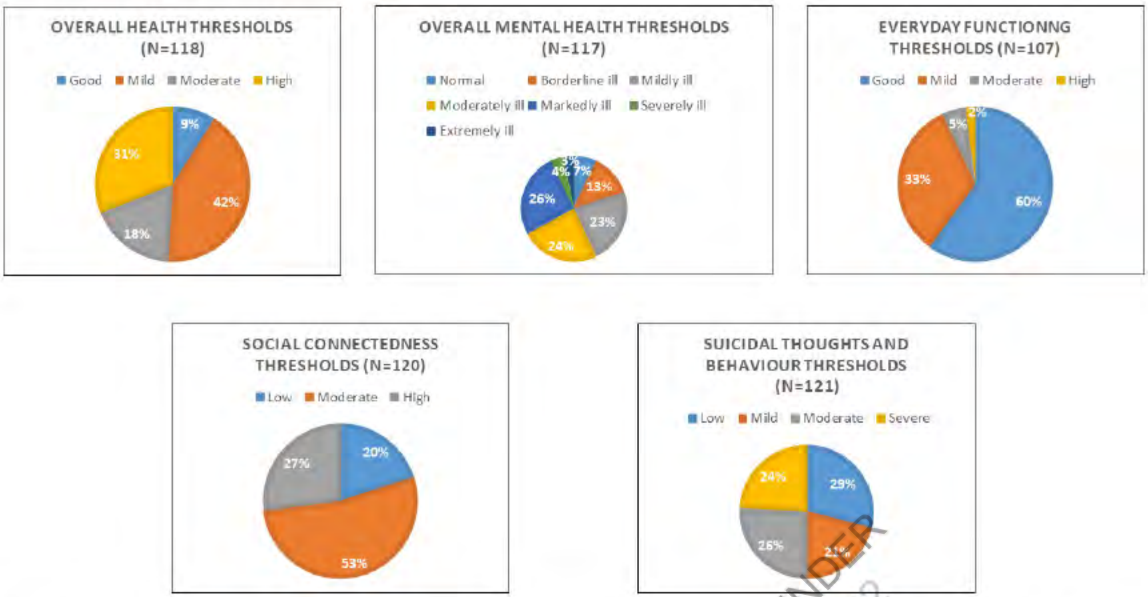

Figure 5. Overall results from the multidimensional assessment at North Coast NSW PHN headspace services (Coffs Harbour, Lismore, Port Macquarie, Tweed Heads)

The implementation in Grafton was significantly delayed; however, a configuration deemed appropriate for the service's large number of Aboriginal and Torres Strait Islander consumers was implemented in early December 2020, though no young people completed the initial questionnaire. The co-design process and resultant InnoWell Platform configuration are described in greater detail below.

8.4 The Butterfly Foundation's National Helpline

The InnoWell Platform was implemented as part of the Butterfly Foundation's National Helpline from July 2019 until April 2020. A total of 136 consumers (127 females; 92%) onboarded to the InnoWell Platform. The mean age was approximately 24 years old (youngest = 14; oldest = 66 years). Two (2%) consumers identified as being of Aboriginal and/or Torres Strait Islander background. Most consumers were living with their family (n=108; 79%), whereas 20 (15%) were living on their own, seven (5%) lived in a share house, and one (1%) reported 'other' living circumstances. Almost half of the respondents (n=67; 48%) had completed at least some form of tertiary education; including a certificate or diploma (n=23; 17%), undergraduate degree (n=29; 20%), and/or a post-graduate degree (n=15; 11%). Approximately one in five (n=29; 20%) consumers were partially supported by government funding.

As shown in Figure 6, results from the multidimensional assessment indicate that the majority of consumers (n=122, 96%) reported experiencing body image distress and some concerning eating behaviours, which aligns with the Butterfly Foundation's mission to support Australians impacted by eating disorders and body image issues. Physical health concerns were universal (n=128, 100%) as indicated by consumers reporting a combination of fluctuating weight (n=107, 84%), low body mass indices (BMI) as defined by a BMI less than 18.5 (n=48, 38%), amenorrhea (n=34, 27%), and/or cognitive (n=126, 97%) and physical health symptoms (n=101, 79%) frequently associated with eating disordered behaviours. More than three-quarters of the contacts (n=104, 80%) endorsed moderate to high levels of psychological distress, with approximately half (n=71, 56%) reporting moderate to high levels of suicidal thoughts and behaviours. The mental health concerns experienced by consumers were associated with negative effects on social and occupational functioning, with 37 (29%) and 77 (59%) of consumers indicating a moderate or severe degree of dysfunction in education, employment or training, respectively. As described above, the mental health concerns were markedly elevated among contacts; however, more than three-quarters (n=105, 82%) did not report problematic use of alcohol or other substances.

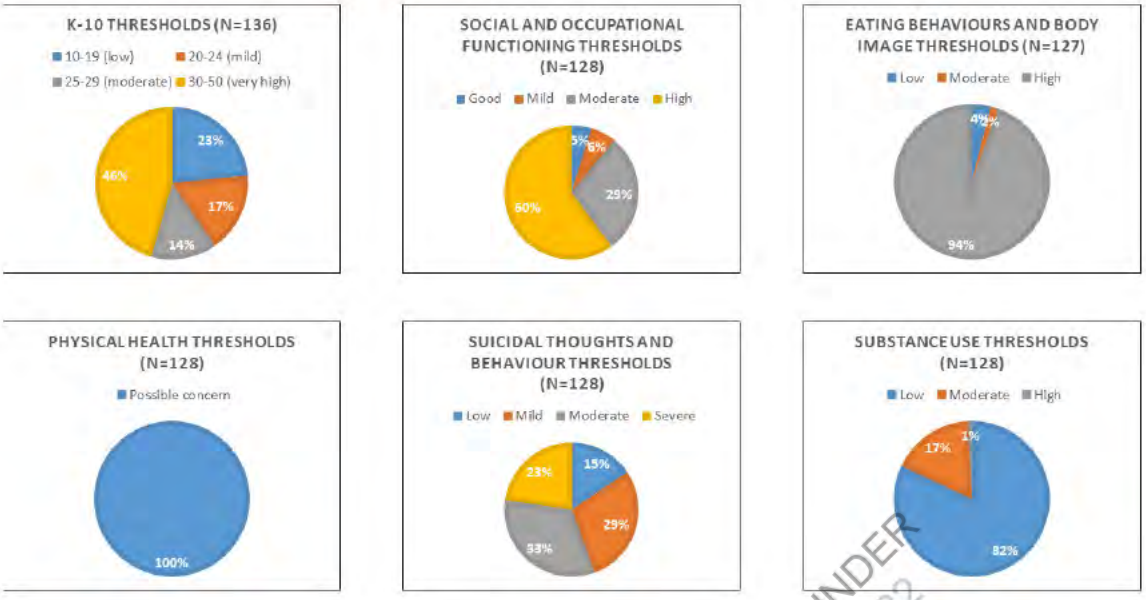

Figure 6. Overall results from the multidimensional assessment at the Butterfly Foundation's National Helpline.

At the time of implementation, the InnoWell Platform was only accessible to consumers via direct invitation from the Butterfly Helpline counsellors. As almost 50% of the helpline contacts are repeat callers, the consumers saw the InnoWell Platform as an opportunity for contacts to avoid having 'to keep telling their story over and over again" (PD Workshops, NT and QLD).

By storing data effectively in the InnoWell Platform, counsellors would be afforded the opportunity to better understand the consumer's needs, engage in collaborative activity planning, facilitate information provision, refer to appropriate resources and improve overall continuity of care. In this way, the Butterfly Helpline could move towards being a technology-enabled, data-driven mental health service.

8.5 Connect to Wellbeing North Coast NSW (Neami National)

The InnoWell Platform was implemented at Connect to Wellbeing from May until December 2020. The service was very motivated to implement a triage system enabled by the InnoWell Platform; however, they set strict eligibility criteria (i.e., self-referral, stage of change) which was ultimately prohibitive as only one potential consumer was determined to be eligible for an invitation. With that said, and as previously described above, the partnership with Connect to Wellbeing allowed the R&D team to collaboratively co-design a prototype (see Figure 7) for a technology-enabled pre-clinic triage system that has now been further conceptualised for national scalability at the PHN-level.

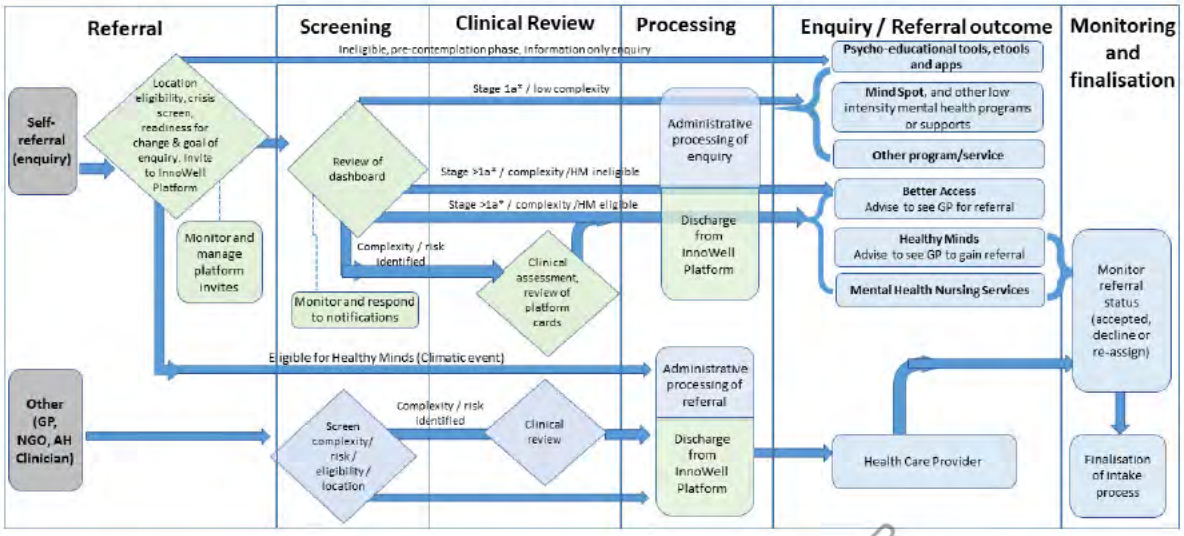

Figure 7. Connect to Wellbeing North Coast – Technology enhanced process pathway for implementation.

8.6 Kildare Road Medical Centre

As general practitioners (GPs) are often the first port of call for Australians seeking mental health care, we established a strategic partnership with KRMC. The InnoWell Platform was implemented at KRMC from December 2019 until December 2020. A total of 136 consumers (77 females; 57%) completed the onboarding process. The mean age was approximately 35 years (youngest = 14; oldest = 72 years). Fourteen (9%) consumers identified as being of Aboriginal and/or Torres Strait Islander background. Most consumers were living with their family (n=107; 79%), whereas 19 (14%) were living on their own, three (2%) lived in a share house, one (1%) reported being homeless, and six (4%) reported 'other' living circumstances. Less than half of the respondents had completed any form of tertiary education; certificate or diploma (n=32; 23%), post-graduate degree (n=11; 8%), and undergraduate degree (n=17; 12%). Approximately one-quarter (n=37; 27%) of consumers were partially supported by government funding, with an additional 20 (14%) being fully dependent on government funding.

As shown in Figure 8, results from the multidimensional assessment indicate that one-third (n=61, 35%) of consumers report being in good overall health; however, two-thirds of consumers (n=91, 67%) endorsed moderately severe general health concerns. Overall mental health was highly variable, ranging from 'normal' (n=28, 20%) to 'moderately ill' (n=31, 23%) to 'extremely ill' (n=3, 2%). Strikingly, nearly half (n=62, 46%) of consumers reported very high levels of psychological distress. Furthermore, 17 (23%) of consumers endorsed high levels of suicidal thoughts and behaviours, resulting in an immediate escalation to the service, and an additional 57 (77%) reported mild to moderate levels of suicidal thoughts and behaviours which would have triggered a pop-notification with the contact details for 24-hour crisis support services. Although half of the consumers noted that they consumed low levels of alcohol, 14 (15.6%) consumers endorsed problematic alcohol use, leaving them vulnerable to the social, health, financial and/or legal consequences of alcohol use.

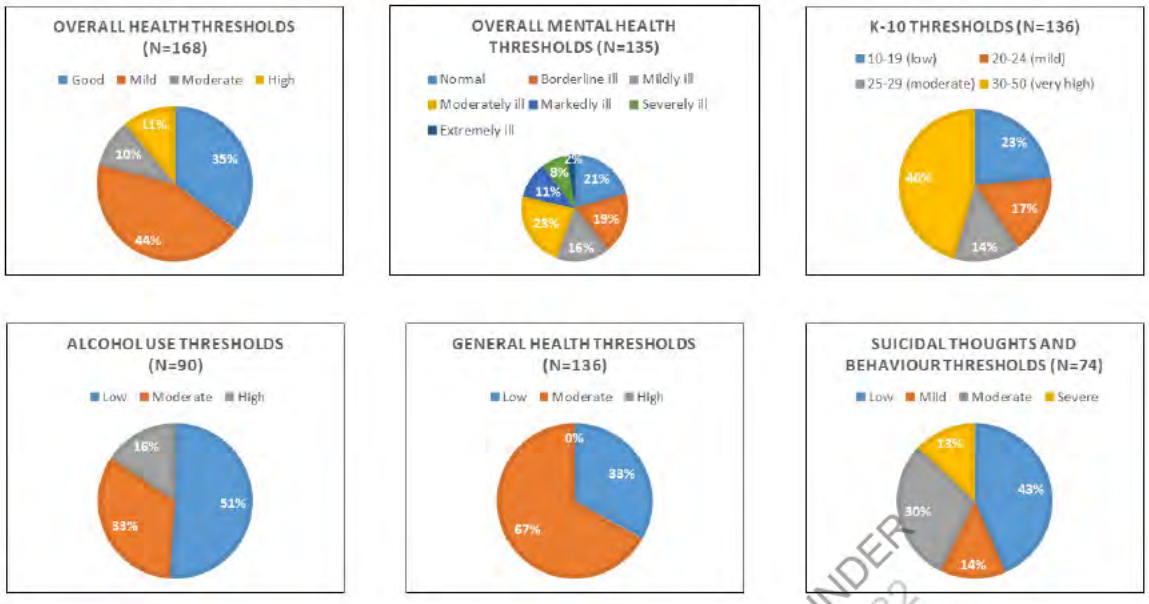

Figure 8. Overall results from the multidimensional assessment at Kildare Road Medical Centre.

Importantly, as shown in Figure 9, KRMC's configuration of the InnoWell Platform took advantage of the ability to tailor the question sets based on a consumer's age (ie. 14-49 years old and 50 years and older). For example, questions related to functioning for younger consumers focused on participation in education and employment. Aggregate data indicates that approximately two-thirds (n=68, 66%) of younger consumers are experiencing moderate to high levels of impairment in social and occupational functioning. Older adults were asked about their ability to complete instrumental activities of daily living, and again, approximately two-thirds (n=19, 69%) reported moderate to high levels of difficulty in this health domain.

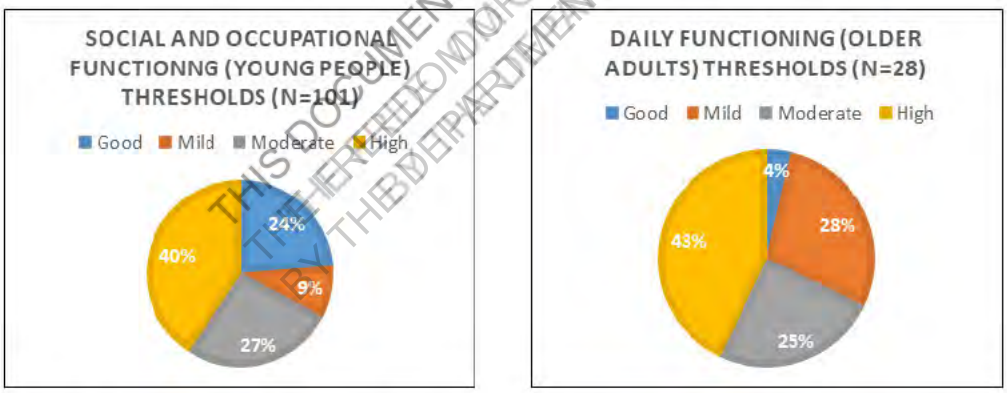

Figure 9. Aggregate functional profiles of KRMC consumers based on age.

8.7 Older Adults

Four participatory design workshops were conducted to explore how adults aged 50 years and older are using technology in general and to identify the potential barriers to and facilitators of the adoption of HITs by this cohort to support health and wellbeing. Our findings indicate that technology use is pervasive among older adults. Additionally, the participants consistently indicated that they were more likely to use HITs that includes personalised content, functionality that responds to the consumer's needs, and up to date information from credible sources. Finally, it was noted that HITs need to integrate well as part of standard care practices to facilitate the therapeutic relationship with health professionals.

The findings from the above study were subsequently used to configure a prototype of the InnoWell Platform for older adults, including modifications to health domains, informational material, and care

options. To evaluate the usability, acceptability and engagement of this prototype InnoWell Platform, community dwelling older adults, independent of a specific mental health care service, self-selected to engage with the InnoWell Platform naturalistically (i.e., at their own discretion) for a period of 90-days. After 90 days, participants were asked to complete the System Usability Scale to evaluate the usability and acceptability of the prototyped InnoWell Platform. Overall, participants found the InnoWell Platform easy to use and valued the comprehensive nature of the assessment tools; however, further evaluation with help seeking older adults is required.

8.8 Children and Families

Three participatory design workshops were conducted to explore the potential uses of health information technology with children and their families to support mental health and wellbeing. A total of 15 participants consented to participate in the workshops, including six parents/guardians, two support persons and seven children (ranging from 8 to 13 years of age). The workshops varied in duration, running up to 3 hours in length, and method of delivery (i.e., face-to-face vs Zoom).

The findings from the workshops highlighted that technology use is prevalent among this younger group, with a preference for iPads/tablets and then smartphones. Participants were accessing a range of apps and e-tools, including those for meditation, mental health (e.g., worry box), fitness tracking, yoga, nutrition and blood sugar monitoring, social media and messaging, as well as telephones for communication, learning tools (i.e., handwriting, reading eggs), and digital platforms to message professionals. The COVID-19 pandemic and associated lockdowns resulted in an increase in technology use, including for the purposes of digital health; however, it was noted that it was difficult to find privacy in home. Interestingly, children indicated that they preferred face-to-face appointments with counsellors, whereas digital health was preferred for more general medical appointments, such as with a GP.

In relation to privacy and data sharing, children were happy for parents to have shared control over their personal and health information until they were 15 or 16 years old. Furthermore, they noted welcomed parental input from 9 to 10 years old, but indicated that parents/guardians should have full control of the data and information for children aged 8 years and younger. Importantly, some schools provided training regarding safe online behaviour. Parents understood that they were not able to completely monitor everything their child does online and were aware that their children may hide their engagement with some content. To minimise these risks, some parents were using tools, such as the nanny app or authentication and security on google play store, to control and monitor what is downloaded and viewed. It was noted that proper education regarding privacy, technology and mental health is critical for both parents/guardians and children. It was recommended that services have clinical guidelines in place to help parents make decisions about what is appropriate for their child. Information sharing (e.g., data sharing with a teacher) was also deemed to be very important; however, participants noted that there should always be a choice as to what details are shared and what personal and health information remains private.

Textbox 1 highlights the features that the children wanted to be included in a digital tool they might use to support their health and wellbeing.

Features to include in health information technologies:

- Private calls with health professionals
- Emergency alerts/notifications
- The option to choose three trusted contacts
- Achievement scores (reward/motivation system)
- Music to help you calm down
- Mindfulness videos
- Activity tracker, tracking over time
- Health checks and advice on health.

When asked to provide feedback on the InnoWell Platform specifically, the children noted that they liked the colours, found it easy to understand, and thought it was laid out well (i.e., not too crowded). They agreed that tracking personal data over time is important to be able to see your mental health

journey. They indicated that they were likely to update health cards fortnightly or monthly depending on how mood changes. Finally, they were happy to invite support people, including parents and teachers, to provide an informant's perspective via the InnoWell Platform.

Parents also provided specific feedback on the InnoWell Platform, indicating that it should focus on a child's strengths as well as areas in which they can improve. They also noted that it needs to look fun, use age-appropriate language (i.e., not overly clinical), and include images and colours so it is easily understood.

8.9 Configuration for Aboriginal and Torres Strait Islander Peoples

To begin the process of co-designing a configuration of the InnoWell Platform that is appropriate for and accepted by Aboriginal and Torres Strait Islanders, the R&D team worked with participating health services - specifically, Kildare Road Medical Centre and *headspace* Grafton – both of whom had previously noted that they have large populations of Indigenous Australians accessing their services. Through these partnerships, two prototype configurations were finalised (see Figure 10), including health domains that have been identified as being of specific importance to Indigenous Australians.

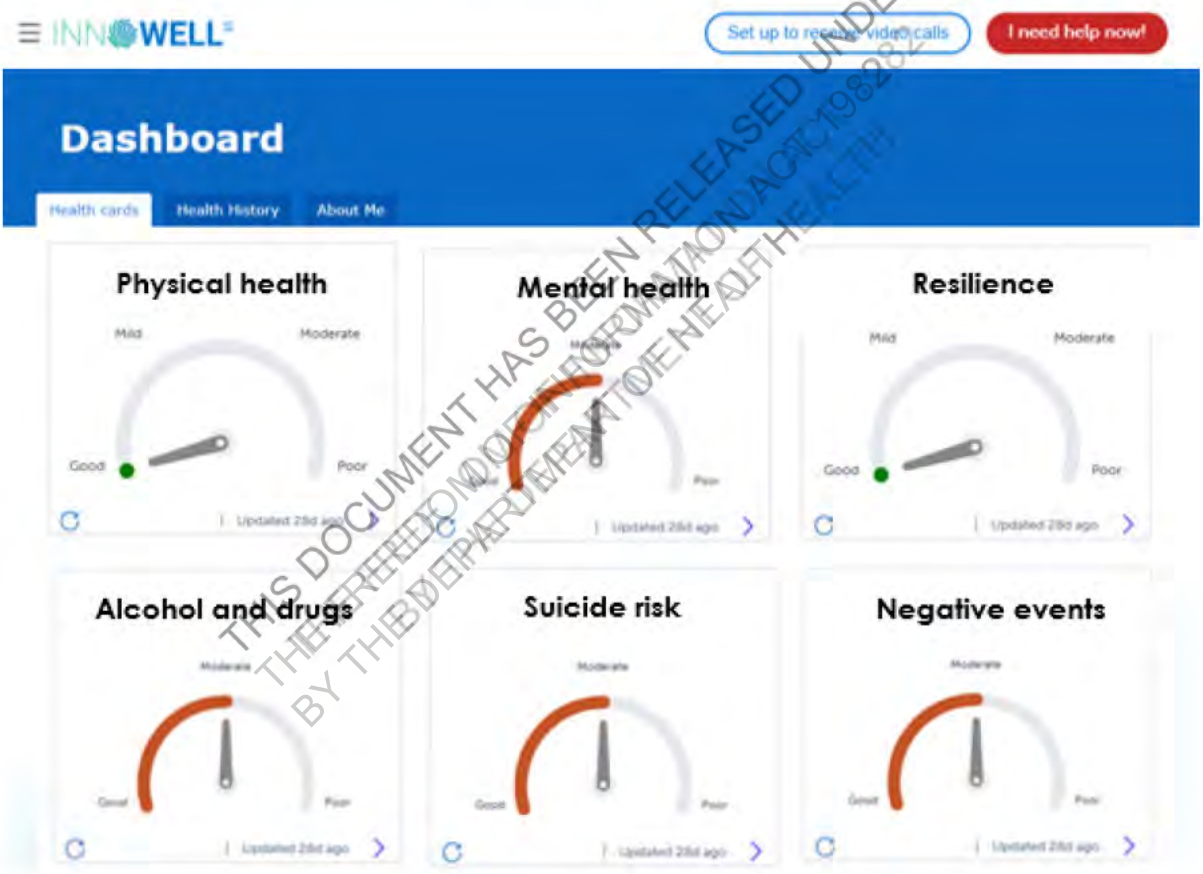

Figure 10. headspace Grafton configuration.

Importantly, the configurations include psychometric tools that have been designed for and validated with Indigenous Australians, such as the Negative Life Events Scale, and, as shown in Textbox 1, a newly designed question set examining connection to one's surroundings, including family, friends, community, and country.

Textbox 1. Health Domain: Connection

Do you feel connected to…

- Your culture?
- Your country?
- Your community?
- Your mind and emotions?
- Your immediate family (parents and siblings)?
- Your extended family (Aunties, Uncles, Grandparents, friends)?
- Your spirituality and ancestors?

The InnoWell Platform prototype configured in collaboration with staff members from headspace Grafton was implemented within the service to allow for active evaluation of the configuration, including its usability and acceptability to the young people accessing the service; however, no young people were invited to the InnoWell Platform prior to the end of the trial in 2020.

The research team will continue to pursue opportunities to further our understanding of how best to optimise the configuration of the InnoWell Platform for the Aboriginal and Torres Strait Islander community. To ensure opportunities for continued collaborations with Indigenous Australians beyond Project Synergy, we have focused on building long-term relationships with key stakeholders, including but not limited to Elders and Indigenous researchers.

8.10 Systems modelling of the North Coast Primary Health Network mental health services

The R&D team was engaged to work with the North Coast Primary Health Network to model the mental health services available across the region and test the likely impact of a range of interventions on mental health and suicide outcomes. This work was critical for Project Synergy since one of the primary interventions of interest was technology-enabled care coordination and comparing the impact of this intervention among a range of other possible interventions that could be funded for the region. This work resulted in two publications, a decision-support tool that is being used by the NCPHN for service planning, media interest and a range of public reports.

A system dynamics model was developed using a participatory modelling approach that involved approximately 50 local stakeholders, including representatives from health and social policy agencies, non-government organisations, primary care providers, emergency services, research institutions, community groups, and, importantly, people with lived experience of suicide. The process employed a broad systems perspective drawing on the deep tacit knowledge and diverse perspectives of these system actors. Input from stakeholders was provided through a series of workshops, meetings, priority setting surveys and system mapping activities conducted in 2019 (see video: http://nccforbetterlives.com.au/systemsmodelling).

In summary, workshop 1 (full day) included discussion and prioritisation of the key outcomes of interest, the mapping of pathways and drivers of those outcomes, and the prioritisation of interventions to be included in the model. Following the workshop, the map was converted to a conceptual model which was synthesised with best available research evidence and data to inform the development of the initial system dynamics model. In addition, a draft structure representing the service pathways of the local mental health system developed from workshop 1 was disseminated to broader community stakeholders for verification and input. Stakeholders returned their modifications to the draft structure, and feedback from this process was synthesised with missing pathways subsequently integrated into the system dynamics model. Several months after workshop 1, the 50 stakeholders reunited for workshop 2 (full day) where the draft structure, logic, and key assumptions of the model were presented for verification, discussion, feedback, and consensus. In addition, participants were supported to map the mechanisms of effect of prioritised interventions (priorities determined via survey) onto the structure of the system dynamics model. Reviews of the literature following workshop 2 further informed intervention mechanisms and parameters, and an interactive interface was developed. A final (half-day) workshop 3 was conducted several months after workshop 2 where the penultimate version of the model was presented to the stakeholders for

verification, discussion, feedback, and consensus. Stakeholders were provided with the opportunity to interact directly with the model interface to run scenarios, test alternative assumptions, discuss and question results, and provide feedback on interface design and functionality. The key insights derived from the model and their implications for service planning, commissioning of programs and services, and evaluation were presented and discussed to ensure face validity.

Overall, a combination of social connectedness programs, technology-enabled coordinated care, post-attempt assertive aftercare, reductions in childhood adversity, and increasing youth employment projected the greatest impacts on suicidal behaviours, particularly in a youth population, reducing self-harm hospitalisations (suicide attempts) by 28.5% (95% interval 26.3–30.8%) and suicide deaths by 29.3% (95% interval 27.1–31.5%). Introducing additional interventions beyond the best performing suite of interventions produced only marginal improvement in population level impacts, highlighting that 'more is not necessarily better.'

Further analysis demonstrated technology-enabled care coordination led to greater reductions in suicide deaths, the total number of self-harm hospitalizations or mental health–related ED hospitalizations, and the prevalence of high psychological distress in the population, when compared to business as usual, increasing the service capacity growth rate across a variety of settings by 20% and standard telehealth practices (21). This emphasizes that strengthening how the whole mental health system functions together will have a greater impact on outcomes than simply improving the capacity across individual components of the mental health system. Investments into more of the same types of programs and services alone will not be enough to improve the outcomes for the whole system; instead, new models of care and the infrastructure to support them and their integration need to accompany these investments. This work supports calls for increased use of digital technologies in mental health care; however, it also suggests that the way these technologies are employed matters. The modelling shows that when digital technologies are used for standard telehealth practices by extending existing services online (eg, via videoconferencing), without changing the underlying model of care, then the impact is lower. This type of scenario reflects what we might expect to see when telehealth is more widely implemented to deliver existing services, yet little effort is made to utilize these technologies in ways that promote multidimensional team-based care and maximize the benefits that technologies provide.

Appendixes

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Appendix 1 – List of Articles and Academic Papers

Publications associated with Project Synergy (Phase I: 2014-16)

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11. Carpenter JS, Iorfino F, Cross SP, Davenport TA, Hermens DF, Rohleder C, Crouse JJ, F Markus Leweke, Koethe D, Guastella AJ, Naismith SL, Scott J, Scott EM, Hickie IB. Combining clinical stage and pathophysiological mechanisms to understand illness trajectories in young people with emerging mood and psychotic syndromes. Medical Journal of Australia 2019; 211 Suppl 9: S12-S22.
12. Crouse JJ, Rohleder C, Carpenter JS, Iorfino F, Tickell AM, Cross SP, Davenport TA, Hermens DF, Guastella AJ, F Markus Leweke, Koethe D, Naismith SL, Scott EM, Hickie IB. A comprehensive assessment framework for youth mental health: guiding highly personalised and measurement-based care using multidimensional and objective measures. Medical Journal of Australia 2019; 211 Suppl 9: S23-S31.

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Appendix 2: National Community Consultation Final Report

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Project Synergy

National Community Consultation Program Final Report

Lived Experience leading the exploration of how digital products and engagement change the way people experience mental health care and well-being.

Prepared by
Sue Muller Head of Lived Experience Advisory Function
Lived Experience Advisory Function Working Group Members

June 2020

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Project Synergy

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"Lived experience, alongside clinical, professional, industry and academic experience is fundamental for co-producing service improvement."

Guiding principle agreed at the
inaugural Lived Experience Advisory Board, meeting October 2017

Background

The Australian Government Department of Health provided funding to InnoWell Pty Ltd for the conduct of Project Synergy, a research project, to ensure the further development and refinement of the InnoWell Platform. The InnoWell Platform aims to support the delivery of right mental health care, at the right time.

InnoWell is committed to redefining how people with a lived experience of mental ill health are involved in the development and design of digital mental health products, services and research. This commitment is shown in the Project Synergy National Community Consultation Program (NCCP) designed and led by lived experience to explore and gain insight into the overarching question:

How might digital products and engagement change the way people experience their mental health care and wellbeing?

The InnoWell National Community Consultation Program (NCCP) is lived experience led community consultation that uses both digital and face-to-face strategies to engage with individuals with a lived experience of mental ill health and their support networks, across the Australian community, in an effort to optimise diversity, reach and inclusion and thus ensure a rich tapestry of experience and input to inform the building and implementation of the Platform.

Community consultation is genuine partnership between community and service providers, and whilst research regarding the benefits and importance of community engagement varies, several key opportunities are identified in organisations that demonstrate meaningful community consultation and engagement. Among these are:

- **Increase in the likelihood that projects or solutions will be widely accepted.** People who participate in these community consultation and engagement processes show significant commitment to help make the projects happen.
- **Creating more effective solutions.** Drawing on local knowledge from a diverse group creates solutions that are practical and effective.
- **Empowering and integrating people from different backgrounds.** When people from different areas of the community work together, they often find that they have much in common.
- **Creating local networks of community members.** The more people who know what is going on and who are willing to work toward a goal, the more likely a community is to be successful in reaching its goals.
- **Increasing trust in organisations and governance.** Working together improves communication and understanding. Knowing what government, community citizens and leaders, and organizations can and cannot do may reduce future conflict.

(Adapted from Bassler, A. et al, "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008).

Underpinning the model is a co-design framework that is governed by the Lived Experience Advisory Function (LEAF) model, a collaboratively refined model of engagement to better support co-design. The LEAF is comprised of a diverse group of lived experience champions who work together to identify issues while sharing advice, guidance and recommendations to InnoWell and Project Synergy from a lived experience perspective. Co-design is about working together. It is based on the simple acknowledgement that consumers, carers, families, and community know what works best for them.

The National Community Consultation Model

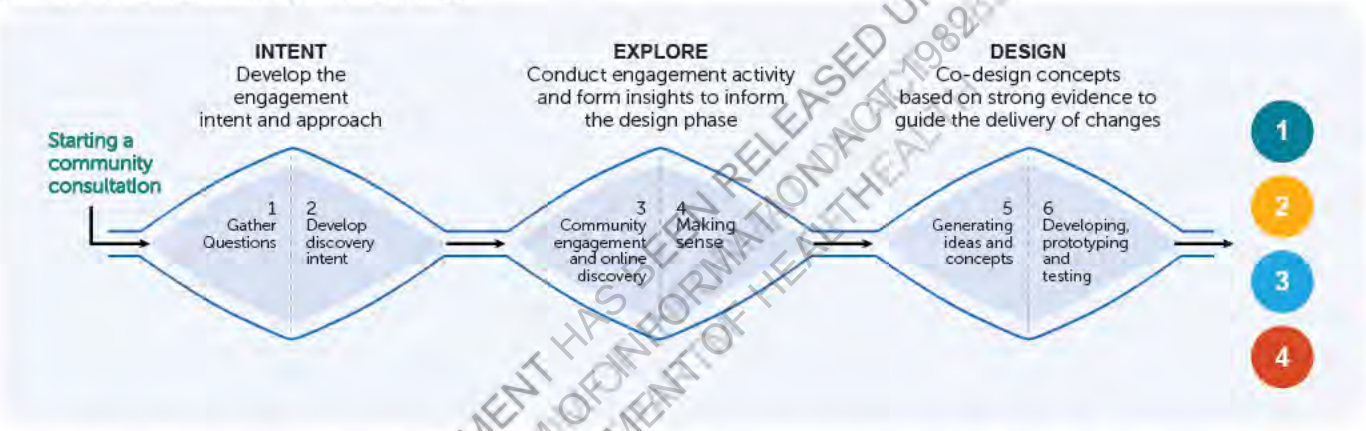
The National Community Consultation Program (NCCP) is led by lived experience and utilises a co-design framework, and includes both digital and face-to face strategies with individuals with a lived experience of mental ill health and their support network, to ensure a rich tapestry of experience and input. The Program is conducted by lived experience for lived experience and aims to advance knowledge, challenge assumptions and test hypotheses.

The NCCP has two objectives:

1. Deliver on the needs of Project Synergy by engaging and supporting a community network of people with a lived experience of mental ill health to inform the building and implementation of the Innowell Platform
2. In the longer term, the NCCP can inform mental health service reform, one that uses technology as a vehicle to providing better long-term outcomes for people, families and services – 'right care, at the right time'.

The activities of the National Community Consultation Program are designed and led by the InnoWell Lived Experience Advisory Function (LEAF) working group utilising the National Community Consultation Co-Design Framework.

FIGURE 1: The National Community Consultation Model



The voice of lived experience is embedded in each stage of the co-design framework that guides the NCCP and utilises a six-step process:

1. Gather questions
2. Develop discovery intent
3. Community engagement and online discovery
4. Making sense
5. Generating ideas and concepts
6. Making recommendations that inform one of four key outcome streams (see intended outcomes on the right)

All information gathered through consultation activities is fed back through the co-design framework and into one of four outcome streams:

1. Digital product development (improvements, enhancements and/or new features).
2. Implementation related service level improvements.
3. InnoWell governance, process and procedures improvements.
4. Presentations, reports or publications that contribute to the broader mental health policy reform agenda.

The voice of lived experience

The InnoWell Lived Experience Advisory Function (LEAF) model is a collaboratively refined model of engagement to better support co-design. The LEAF is made up of a diverse group of lived experience champions who work together to identify current and emerging issues while sharing advice, guidance and recommendations to InnoWell and Project Synergy from a lived experience (LE) perspective.

LEAF Working Group members act as champions and bridges to their communities to maximise reach of the project and in order to bring back the most current information of the views of their communities. This model of engagement and framework was co-developed during Phase I of Project Synergy in order to produce genuinely lived experience designed and led engagement activities, thus maximizing potential to provide input into Project Synergy activities, while ensuring meaningful engagement with people within the mental health space.

The LEAF Working Group meet monthly and use the co-design model to prioritise and co-develop engagement activities at each phase of the timeline. NCCP engagements and questions are prioritised, designed and executed by the LEAF Working Group with the support of the broader LEAF Panel.

These activities are ongoing throughout the NCPP to develop the engagement intent and approach and ensure the meaningful contribution from those with lived experience. All information gathered through consultation activities is fed back through the co-design framework and into one of four outcome streams. The iterative process meant that we could be agile and responsive to the identified needs of different communities.

The identified community and stakeholders for the NCCP activities includes all Australians, particularly individuals with a lived experience of mental ill health and their support networks. We focused on gaining the perspective of a broad cross-section of the community, including those who live in urban, rural and remote areas, Aboriginal and Torres Strait Islander people, those who identify as LGBTI, Veterans, refugees and those from culturally and linguistically diverse backgrounds.

Guiding principles

The principles of the LEAF at InnoWell and they extend to everything that we do as part of the NCCP.

Intended outcomes

The intended outcomes of the National Community Consultation Program are to:

- Use a model that enables those with lived experience to ask others with lived experience; **"How might digital products and engagement change the way people experience their mental health care and wellbeing?"** and to use their findings to inform the co-design of the InnoWell Platform and its implementation in Project Synergy trial sites.
- Use the voice of lived experience to improve and identify what is needed in order to deliver an effective digital mental health solution, one which is fit-for-purpose and will be utilized – **'right care, at the right time'.**

Where we went and what we asked

The LEAF working group co-developed several communication tools to explore how might digital products and engagement change the way people experience their mental health care and wellbeing.

Key themes explored included:

1. What motivates people to use a digital solution?
2. What barriers do they face in accessing one?
3. What keeps them engaging once they are there?

These themes underpinned all consultation activities - whether that was digital (survey, postcards, quick online polls) or face-to-face engagement (community event or focus group).

Lived Experience led : 100%

We had varied success with these engagement tools and consistently reviewed and adapted according to reach and impact.

Planning and recruitment of the digital and face-to face activities were designed and led by members of the LEAF working group.

The nine face-to-face engagements were facilitated by a LEAF working group member, with understanding of the community being represented. The group co-developed the appropriate recruitment strategy, information and consent forms, and Participant Evaluation form. All focus group participants were paid for their time and expertise.

The contact details for a clinical psychologist was offered to all participants to ensure their emotional safety on and after the day. We fed back a snapshot of the initial findings to each community and continued to inform them via email of the progress and outcome of the broader community consultation.

Engagement methods used

Recruitment strategies included a mix of:

- LEAF member networks and communities
- Social media
- Sector and stakeholder networks
- Other channels specific to local communities/ target audiences, ie. Aboriginal Elder's groups

Engagement Strategies

Between November 2018 and April 2020, the LEAF working group held 13 in person meetings and round table forums with the four voices of co-design. Utilising the NCCP co-design framework, LEAF designed, planned and ran five digital engagements, eight face-to-face consultations and two community engagement events across Australia.

These findings were used to inform the co-design of the InnoWell Platform, it's implementation in Project Synergy trial sites in real time, and to identify the following key principles. Ideally, these key principles are addressed by organisations and in broader mental health policies in order to deliver an effective digital mental health solution, one which is fit for purpose and will be utilized - 'right care, at the right time'.

What do people want from a digital mental health solution?

People do search online for mental health information and support

A high proportion of those we engaged with, those with a lived experience of mental ill-health and their support networks, had explored online mental health information and support. The survey showed the following:

- 81% of respondents are comfortable sharing mental health experiences online, with 94% of those having done so
- 90% had searched online to learn about mental health, and 89% of those were confident in finding what they needed
- 55% had been online to see or speak to someone about their mental health

"Aim at connection... inviting but not patronizing"
Peer workforce participant (Bendigo)

"[A digital solution should enable] good communication between everyone involved in care. Good communication with the service provider, and them understanding that they need to include the family."
Support person participant Melbourne

"Knowing how to navigate the system on your own is a nightmare"
Peer workforce participant (Bendigo)

Language is important

We found that language must be simple – not using 'top down' language, jargon and cliched language and not deficit-based. Digital solutions are best received when they work to provide practical support, support that is easy to navigate and is culturally sensitive and appropriate. The use of language was found to be a significant barrier to access and resulting engagement.

We conducted a poll, via social media, to explore the use of sector language and test assumptions using three 'common' phrases in mental health prevention and treatment – person-centred care, digital mental health service and lived experience.

"[A digital solution] should not be one size fits all. Know your demographic and understand the language that works for them."
Participant Tasmania

"Lived experience' is a western word"
Culturally diverse workshop participant. Adelaide

"Use language that makes people feel in control"
Focus group participant Sydney

"Words like anxiety don't translate."
Participant, Broome workshop

"Make it strengths based! I'm not a 'poor thing'... I am incredibly strong, smart and resilient"
Participant Tasmania

"Beware of toxic positivity"
Participant Tasmania

Person centred solutions are essential

We found people wanted to actively participate in their own care, in collaboration with health professionals. They described a digital solution that is co-designed with lived experience and mental health professionals and provides accessible and available resources – 'real stories from real people'.

The digital solution will be interactive, strengths-based and is customisable allowing for expression of the self (eg. design your own emoji, add mantra). A chat bot and/or live web chat option was desirable to enable the best support – one that is accessible 'anywhere, anytime'.

"Answering multiple choice questions are impersonal and confronting – seek to gain this information through conversation."
Participant Veteran community focus group Melbourne

"Speak to people in a way that's relatable – Simple language, short words, customise to local content and imagery"
Workshop participant, Broome

"I shouldn't have to go through four pages on a website to find out where to go"
Peer workforce participant, Bendigo

"People need a holistic rather than a clinical model"
Peer workforce participant, Bendigo

"Words are only one way of giving information."
Culturally diverse workshop participant, Adelaide

Access to digital solutions is not a reality for all

Not all Australians have access to the internet, primarily due to poverty, although NBN availability and mobile phone data usage were also barriers.

Low digital literacy, particularly understanding how to use search engines or the ability to evaluate online resources for accuracy of information, are also barriers to access. People spoke of the fear and absence of trust resulting from their low digital literacy. Survey participants responded overwhelmingly to having issues with trust (over 84% responded that they never or sometimes do not trust online advice).

"Guided support for mental health services is important for us... Everything has to be contextualised, because one word they may not know, will throw them and they won't understand."
Participant, Broome workshop

[Call centres and helplines are not useful] " I don't want to call, call centres and talk to someone down south"
Workshop participant, Broome

"[It is] not obvious to refugees where to go for help - they sometimes look for years."
Culturally diverse workshop participant, Adelaide

"People wouldn't access anything online (or by phone) anything in crisis especially as the first point of call."
Participant, Broome workshop

"You don't come from a culture where you say what you feel."
Culturally diverse workshop participant, Adelaide

People have data privacy concerns

People raised several issues related to privacy, particularly the potential access of their personal data by third parties, the perceived stigma, and anonymity concerns related to online webchat or forum.

People resoundingly state that they would be more comfortable providing personal information and engaging in online support if they trust its privacy and security. Plain English terms and conditions and other information statements are imperative.

"Understand that trust takes time"
Participant Tasmania

"Acknowledge the courage a person took to make contact and celebrate that small win"
Focus group participant Sydney

"Privacy and confidentiality in Tasmania is a big issue"
Participant Hobart

[Need a soft, relatable entry to engaging] "No good just coming in at pointy end."
Participant, Broome workshop

People trust lived experience

People trust products when their trusted networks and peers endorse and recommend them. People trust others who have had similar experience and are more likely to adopt the products when they see real people are involved and see themselves reflected and considered in the promotional material and the product itself.

People stated that peer support is of significant benefit to people with lived experience and should be used as a bridge to engage those who otherwise will not.

"Hearing someone else's story makes a difference, this is peer support."
"We need support workers who are culturally trained to support."
Refugee and culturally diverse workshop participant. (Adelaide)

[What makes it culturally sensitive?] it should be developed for community by community, using everyday language for community"
Adelaide culturally diverse workshop participant.

"The biggest challenge we have is people talking about their health. Mental health particularly, there is so much stigma around talking about it still. Even after all these years of advocacy, that's been out there and awareness building. So having someone with a LE getting up and actually facilitating a program and community consultation actually helps other people feel comfortable, and encourages a door opening so that if you share a little bit of yourself then others will share themselves too and their experiences. So it helps to humanise the whole issue of health and wellbeing, particularly mental health."

Ingrid Ozols AM (Lived Experience Working Group)

What we learned along the way

It is essential to listen to the voice of lived experience

Australians are significantly impacted by mental ill health, either as a person with a lived experience, or as a carer, family member, friend, or community member. Experiences differ from person to person and it is essential that the many voices of lived experience are heard and considered.

Co-design is based on the simple acknowledgement that consumers, carers, families, and community know what works best for them. Co-design seeks to combine lived experience and professional expertise to identify, develop and create a product or service.

Using co-design methodology is best practice and has potential to transform lived experience participation into an integral driver for change and transform the way in which mental health services are designed and delivered.

"Connect people to the community and community members" (peer to peer support models)
Participant, Broome workshop

"Work with community leaders and champions"

Community consultation is most effective when it is designed and led by lived experience

Effective community consultation requires a fundamental understanding of the causes and drivers of mental ill-health. Consultation that is designed and led by lived experience can facilitate active participation and frame and deliver sensitive complex subject matter in a mutually respectful way.

Despite this, it is not common practice for community consultation to led by lived experience. Continued investigation is required to demonstrate its impact on the quality and effectiveness of product or service outcomes.

Matthew | Gold Coast QLD.

"The value in having the community consultation being LE led is the opportunity to link in with different voices from different communities and have that diverse range of experiences shared in an open and honest way with shared understanding with all involved. It gets much more rich and engaging information to come out to inform the work that we are doing."

Lived Experience Advisory Function Working Group member | CEO of Australian Student Veterans Association, Medically retired ADF, 2019 Winston Churchill Fellow.

Samuel | New South Wales

"It's so important to have the voices of lived experience at the table and leading a National Community Consultation because it amplifies the voices of real people having real experiences in mental health. Tell us about trust, tell us how an online solution could help make a difference. Connecting with people."

Lived Experience Advisory Function Working Group member | Former National Mental Health Commissioner, National Ambassador for Youth Mental Health, Associate researcher in youth mental health at the University of Sydney

Shea | Brisbane

"When it come to the NCC that we are undertaking at InnoWell I think it's really important to remember that members obviously such as I and the rest of the WG are involved because we are the ones who are able to make sure that people engage with us, tell us what's going on and give us the right feedback so that we can actually take that feedback and implement it in an appropriate way. As a member of the WG what's really important to me as an Aboriginal man is actually engaging through our community consultation framework engaging with members of the Aboriginal and Torres Strait Islander community to find out what could potentially make a digital mental health platform culturally appropriate"

Lived Experience Advisory Function Working Group member | Aboriginal man Brisbane PHD student and UN Youth ambassador

Leilani | Brisbane

"I think the whole point of having a national community consultation program is to engage boardly including diverse communities, but even more so, actually engaging those who aren't involved who might not necessarily had the opportunity to give their perspective and their opinions and when you include a diverse group of people with lived experience perspectives from communities they represent it means you are going to reach more people.

What our digital mental health strategy looks like moving forward in this country and people who are bringing something new to the table that hasn't been explored.

In valuing diverse communities and populations and making sure that our own personal communities as part of the LEAF group are included means we are hitting the mark and actually getting people who have not previously engaged and hearing what they have to say, potentially getting some really positive and powerful suggestions on how things could be done differently, and how to improve that and how to actually meet the needs of people at that grass roots level who struggle to engage and who are looking for alternatives that aren't necessarily always a face to face conversation with someone."

Lived Experience Advisory Function Working Group member | Advocate for cultural inclusion and practices for Aboriginal and Torres Strait Islander people and communities, Head of the Aboriginal and Torres Strait islander Lived Experience Centre, Expert Advisory Group member to Christine Morgan, Prime Minister and Cabinet.

Faith | Darwin, SA

"Where I grew up we never had the chance to talk and share our experience, especially coming from a diverse community. To be able to actually stand and talk about mental health itself from a Lived experience is a stigma that you're not able to talk about. But to have the opportunity from a cultural background to have the voice and to stand here and to talk about it and share my experience with other other people, the Australians. People who work in diverse areas not only make a difference to myself but also to other people that are out there. Because they are able to look at what I am doing and be like. Oh yes. If she can do it, i'm also able to do it. So I believe that to have a person that's able to speak on their own experience, the voice of people of Lived experience, is the most powerful thing."

Lived Experience Advisory Function Working Group member | Mental Health Commission Youth Advisory Group (YAG), National Mental Health Leader Fellowship NMHC, Disability support worker

Ingrid | Melbourne

Why is embedding the voice of people with a lived experience so important in projects such as this?
Our stories provide an opportunity to connect to our common humanness. Though the 'content' of our stories differ, we all have one. They connect us to each other, they serve as messengers, door openers that encourage others to share their stories and develop relationships. Embedding, bringing these stories, life experiences and voices enriches projects and the end product."

Lived Experience Advisory Function Working Group member | Workplace and Community Mental Health, Suicide prevention lived experience advocate,Educator and consultant, Expert Advisory Group member to Christine Morgan, Prime Minister and Cabinet.

Ken | Melbourne

Why is embedding the voice of people with a lived experience so important in projects such as this?
fIt ensures that ultimately the best effort to achieve the best outcome is achieved without duplication or gaps in service.

Lived Experience Advisory Function Working Group member | Veteran, Veteran and veteran family champion

In summary

The InnoWell National Community Consultation Program (NCCP) is lived experience led community consultation that uses both digital and face-to-face strategies to engage with individuals with a lived experience of mental ill – health and the support networks of people with a lived experience of mental ill health, across the Australian community, in an effort to optimise diversity, reach and inclusion, and thus ensure a rich tapestry of experience and input to inform the building and implementation of the Platform.

What we learnt via these engagements is then fed back through co-design framework and used to inform one or more outcome streams:

1) Digital product development (improvements, enhancements and/or new features)
2) Implementation related service level improvements
3) InnoWell governance, process and procedures improvements
4) Presentations, reports or publications that contribute to the broader mental health policy reform agenda.

Community consultation activities ran concurrently with the co-design of the InnoWell Platform and its implementation into trial sites. What we heard was synthesised into key recommendations, separated into one of the above streams and used to inform these activities across the breadth of Project Synergy.

We asked the question **"how might digital products and engagement change the way people experience their mental health care and wellbeing?"** and this is what we heard

We heard that:

- People do search online for mental health information and support
- Language is important
- Person centred solutions are essential
- Access to digital solutions is not a reality for all
- People have data privacy concerns
- People trust lived experience

The community consultation enabled us to determine the above community-minded set of principles that contribute to broader mental health policy reform. Of upmost importance is the building of digital mental health products and services that are safe, seamless, trustworthy and fit-for-purpose.

The role that lived experience plays in community consultation cannot be underestimated. We were able to give real people the opportunity to speak to peers in a manner that was solution focused and environment that was safe and respectful. If we are to reform mental health experience and outcomes in Australia, we need to include as many voices in the conversation as possible.

"Things will change, but only if our voices are amplified! We will do it together. Many voices, one purpose – better outcomes for people, families and communities".

Jackie Crowe 2017

In loving memory of Jackie Crowe (1968 – 2017)

National Mental Health Commissioner
Inaugural Chair of the Lived Experience Advisory Board

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INNOWELL

Appendix 3: Final Monitoring and Evaluation Report (Summary)

UNSW SYDNEY | SPRC Social Policy Research Centre

Project Synergy (Phase 2) Implementation Evaluation:

Final Report Part A (Summary)

Implementing the Monitoring and Evaluation Framework for the development and trialling of the InnoWell Platform, as part of *Project Synergy* (Phase 2, 2017–2020)

Prepared for InnoWell

June 2020

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Evaluation team

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The Social Policy Research Centre is based in Arts & Social Sciences at UNSW Sydney. This report is an output of the evaluation of Project Synergy (Phase 2, 2017–2020), funded by InnoWell.

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Contents

Abbreviations

CALD	Culturally and linguistically diverse
CIS	Consulting and Implementation Services
CRC	Cooperative Research Centre
DoH	Department of Health
eMH	electronic (digital) Mental Health
LEAB	Lived Experience Advisory Board
LEAF	Lived Experience Advisory Function
LHD	Local Health District (NSW only, Local Health Networks elsewhere)
MEF	Monitoring and Evaluation Framework
NCCP	National Community Consultation Program

1 The evaluation of Project Synergy

InnoWell has contracted an evaluation team from the Social Policy Research Centre at UNSW Sydney to conduct the evaluation of Project Synergy (Phase 2, 2017–2020), which includes the development and trialling of the InnoWell Platform (previously known as 'Synergy Online System'), as well as the National Community Consultation program. The evaluation is based on the *Monitoring and Evaluation Framework for Project Synergy* (MEF; CIS, 2018) prepared by Consulting and Implementation Services through a process of co-design with InnoWell, service providers and the Lived Experience Advisory Board (now Lived Experience Advisory Function).

This report is a summary of the findings from the evaluation. The full report (Part B) presents the findings with supporting data.

The report is the output of a partnership between the evaluation team and InnoWell (including the R&D team subcontracted from the University of Sydney), the Lived Experience Advisory Function (LEAF; members with lived experience of mental ill-health), and health service providers. The evaluation itself was subject to co-design, and the findings have been validated with InnoWell and LEAF.

1.1 Evaluation questions

The evaluation was designed to answer the following question:

Using a co-design approach, to what extent has Project Synergy enhanced mental health service access and quality?

The *Monitoring and Evaluation Framework* (CIS, 2018: 12), prepared as part of Project Synergy, identifies five domains and specific questions related to each domain – relating to policy, process, outcomes, impact and value.

Policy	To what extent has Project Synergy maintained alignment and consistency with the broad mental health policy agenda and context?
Process	To what extent have the collaborative approach and methodologies used in Project Synergy been well-conducted?
Outcomes	To what extent did Project Synergy have an effect on access to and quality of mental health service delivery?*
Impact	To what extent did Project Synergy provide learnings that have informed and influenced policy and practice in mental health services; and To what extent has an impact on the everyday lives of people with lived experience of mental ill health using InnoWell Platform-enabled services been observed?
Value	To what extent did Project Synergy deliver value, in relation to the total investment by all stakeholders in the project?

*Clinical outcomes are outside of the scope of this evaluation.

1.2 Scope of the evaluation

Phase 2 of Project Synergy (2017-2020) involved the co-design and trial of the InnoWell Platform across different mental health services that provide supports for different conditions and different demographics.

Within the evaluation period, the InnoWell Platform was customised and configured to the population and settings for a number of health services (hereinafter referred to as trial sites). Each is subject to an impact evaluation study by the InnoWell R&D team (this is different to the one clinical trial which aims to validate the InnoWell Platform scientifically, clinically and analytically). InnoWell describes this as a technology-enabled solution, in that the process of service mapping, co-design and configuration of the Platform to the health service leads to more outcomes than the Platform achieves alone. The scope of the evaluation includes the co-design and development of the core InnoWell Platform, the trial of the InnoWell Platform in the health services (trial sites) where all steps of the trial were completed, as well as the National Community Consultation Program (NCCP) that was delivered to support Project Synergy during this period.

Trial	Focus of service	Go Live date*
Open Arms	Veterans and their families in Sydney (with other sites planned in the future)	February 2019
North Coast PHN (headspace cluster)	Young people in Tweed Heads, Lismore, Coffs Harbour, Port Macquarie, and Grafton (not included in the evaluation as co-design was not complete at the time of the evaluation)**	Port Macquarie – February 2019 Coffs Harbour – May 2019 Lismore – May 2019 Tweed Heads – July 2019
The Butterfly Foundation's National Helpline (EDHOPE)	To provide support for people experiencing eating disorders and body image issues	July 2019
Kildare Road Medical Centre	General population accessing mental health supports through GPs	January 2020.

* The 'go live' date is the date consumers were able to start using the Platform in the health services. Note that co-design activities commence earlier than this, including service mapping and user testing.

** Note that during the validation exercise, it was noted that the Grafton site now wants to engage in the trial process. (Project Synergy).

1.3 Approach and methodology

Our approach throughout this evaluation has been to minimise the burden on health services and consumers of health services. Therefore, the evaluation has:

- Prioritised the use of existing data
- Where appropriate, amended existing data collection to address data requirements

- Collected new data through interviews, workshops and surveys with InnoWell teams and stakeholders where required.

The evaluation was conducted in parallel to the ongoing development of the InnoWell Platform and the implementation of the trials.

The evaluation involved a number of different methods including:

- **A desktop review of the policy and literature**, focusing on (1) the use of technology to support mental health services, and (2) the role of co-design in developing mental health services and how to measure its' success.

- **Workshops** with the InnoWell team and LEAF Working Group to understand the InnoWell Platform and co-design.

- **A review of documentation** about the project governance, Project Synergy, the InnoWell Platform and trial sites**.**

- **Interviews and focus groups with stakeholders** about their experience with Project Synergy, the trials and the NCCP. A total of 42 individuals participated in interviews or focus groups, including six from service providers, 18 from Project Synergy (including nine working directly with trial sites), nine from LEAF (seven from the Working Group and two Panel members), and nine other stakeholders (including steering committee members and two with experience of other e-health projects).

- **A survey of co-design participants** (n=51) about their experience in collective engagement and collaboration across different aspects of the project (informed by the literature review).

- **A review of Platform data** for the trial sites in scope of this evaluation.

1.4 Context of the evaluation

There are a number of factors which need to be taken into account when reading this report.

- Much of the conceptualisation of the Platform and approach to Project Synergy were completed under Project Synergy Phase 1 (2014-2016), the precursor project funded through the Young and Well Cooperative Research Centre (CRC). Phase 1 is outside the scope of this evaluation – no comment can be made on the acceptance or co-design of the approach prior to the commencement of Phase 2.

- The evaluation was adjusted to the progress made in Phase 2 of Project Synergy. Some of the trial sites commenced later than expected, therefore data from the Platform development and use in each trial location varies. While the R&D team reported that co-design had occurred with all demographic groups, the Platform had not been implemented in all services. A decision was made by InnoWell that this evaluation would only include health services where the Platform had been co-designed and trialled in the health service.

Therefore, this evaluation does not include sites across the variety of demographics or life-course as originally intended.

- Each trial site implements the InnoWell Platform differently which influenced how the process of implementation impacted on services. For example, some sites use the Platform for triage purposes to determine who can be treated within their primary care model and who needs secondary care (which may be outsourced).

- At the time of the evaluation, no data was available about the demographics of service users in each trial site to establish a benchmark for uptake of the Platform by consumers in the health service. Therefore, the findings of the evaluation are based on stakeholder's perceptions rather than quantitative measures. At the time of reporting, the number of consumers using the Platform in each site was too low to allow for detailed statistical analysis about the factors that may be associated with Platform use. The data could not be analysed across all sites together due to the different way the Platform had been implemented in each health service.

- To reduce burden on consumers, we relied on Platform use data to understand how the Platform is being used by consumers of different services. However, due to the number of consumers using the Platform, detailed analysis of their characteristics and how they used the Platform (through Google analytics) could not be undertaken at this time.

- In the absence of a standard measure of co-design, the evaluation team developed a survey instrument, informed by prior literature, to capture whether co-design has been implemented as intended. However, we note that this instrument is novel and will need to be tested further.

- This evaluation focuses on the process of co-design rather than the outcomes of the trials themselves which will be reported on separately by the R&D team. The original design of this evaluation intended to incorporate outcomes reported elsewhere; however, the trials have been extended for 12 months and as such this information is not available to this evaluation.

- Many of the challenges faced by InnoWell to date are faced by the adoption of any new technologies in service systems. At this point, it is very difficult to disaggregate whether these are inevitable 'teething' issues faced by new technology uptake in any domain, or whether there will be significant challenges to the uptake of the InnoWell Platform in the medium and long term.

2 Key findings

2.1 Policy alignment

Evaluation question: To what extent has Project Synergy maintained alignment and consistency with the broad mental health policy agenda and context?

2.1.1 Alignment with mental health reform agenda

Overall, Project Synergy aligns with the government's mental health reform agenda, supporting key initiatives including early intervention and prevention (including suicide prevention), holistic, integrated and stepped care, improved service delivery, lived experience participation, person centred practice, and ongoing policy reform.

- Project Synergy aligns with the policy of **early intervention and prevention**. The Platform is particularly useful where the service configures the Platform to identify, escalate or triage consumers who require early intervention, and supports this with early response. Early intervention and prevention are limited to those consumers who engage with the Platform, which is contingent on health services using the Platform, consumers being invited to use the Platform, and the experience being positive. There was some evidence of **improvements in service delivery;** participation in Project Synergy provided an opportunity for health services to review and consider how they support consumers through a process of service mapping.

- **Lived experience participation** was strongly supported centrally in Project Synergy through the LEAF and through the design and implementation of the National Community Consultation process. It was reported by some participants in the evaluation that lived experience participation varied across trial sites; the co-design processes that included people with lived experience increased the awareness of the importance and effectiveness of lived experience participation.

- While Project Synergy is implementing many aspects of mental health reform, participants were unclear of its potential to contribute to **ongoing policy reform,** at least until the trials were completed and the clinical outcomes known. There have been many learnings in the process of building the InnoWell Platform in Project Synergy, and there is an expectation that these learnings will inform further policy and service reform. Nevertheless, Project Synergy was perceived by some evaluation participants to be a lower priority for policy makers now than it had been when first initiated by the Department of Health. The policy impetus for fundamental system reform was also viewed by evaluation participants to be low. However, as one participant noted, there is already a noticeable shift towards greater acceptance of technology enabled service reform in response to COVID-19.

2.1.2 Alignment with other policy drivers

In addition to mental health reform, Project Synergy shows alignment with other policy drivers, including co-design and digital health.

- **Co-design** has been the underlying philosophy of Project Synergy, bringing together researchers, technicians, clinicians and people with lived experience to develop and implement

a health information technology for mental health. There is strong evidence of collaboration, shown in project documentation, and participants expressed significant goodwill in the co-design process. One of the challenges highlighted by participants, has been the different perspectives and understandings of what co-design is and conflicting interests and views. This includes what co-design involves (and does not involve), what can be co-designed, and when co-design is appropriate compared with other forms of collaboration or consultation. Participants highlighted that many lessons were learned about the nature of co-design, the processes involved, and the resourcing requirements during Project Synergy, and these have the potential to inform policy and further research in this area.

- The InnoWell Platform was perceived by most participants in the evaluation as primarily a form of health information technology (or **digital health**), that puts consumers in control of and manage their health information, allows services to manage health information, and provides links to tools that can help a consumer improve their wellbeing. Participants felt strongly that there are many advantages to the use of digital health solutions in the provision of mental health services, including as an assessment tool for triage, as a non-confronting way for people with mental health challenges to give and receive information with health professionals, and as a way to increase the reach of health services to rural and remote areas. Some participants highlighted that the implementation of the Platform was intended to bring about system transformation in health services. There was some evidence of this, with some trials reporting changes in intake practices to use the InnoWell Platform for assessment and triage and this may have increased reach and access in some areas.

- The landscape of health information technologies in the mental health space is complex and many participants believed that it is unclear where the Platform sits in relation to other technologies, and whether similar technologies exist to compare it to. Health information technologies must align or work within health services and their program delivery requirements, such as the minimum data set and other clinical requirements, as well as meet strict requirements on the security of personal information. This was addressed through service mapping workshops in each of the trial sites.

- The perception from some participants was that this was another technology, rather than system or business transformation, that did not necessarily work well with existing processes and technologies. However, other participants asserted that health services were wedded to existing systems and processes rather than thinking about fundamental changes to meet the needs of consumers. Notably, service models are rapidly changing in response to COVID-19 which is likely to greatly increase the use of digital health approaches (Australian Government DoH 2020).

2.1.3 Sector alignment

Mental health services are provided by both Commonwealth and States and Territories, either directly or by contracting third parties to deliver services on their behalf (in the case of Commonwealth funding, this is managed through 31 Primary Health Networks). Health information technologies need to align to this sector and their needs, and also the funding context.

- **Funding of mental health programs**, especially those that are commissioned by government, are often relatively short-term – between 1–3 years in duration. Program funding is fragmented and often has limited resources available for operational overheads, such as the purchase of digital health solutions. This was perceived by some participants to be a key barrier to the uptake of the Platform in services.

- The **needs of the mental health sector** are based on the services they are funded to provide – programs can and do change, as do the way they are commissioned (in terms of the contractual reporting requirements). Participants highlighted that services have multiple systems that manage health information, track contractual reporting requirements, and manage case file information – some of which are provided by the funders themselves. Some participants in the evaluation highlighted that services are not open to having an additional system that clinicians are required to use. In addition, how services operate is also often related to the culture of professions within the service rather than the needs of consumers; this extends to the willingness to share health information (Keeley, Bullen, Bates, Katz, & Choi, 2015).

2.1.4 Overall policy alignment

- Project Synergy meets a number of mental health policy objectives, including providing links to e-mental health (eMH) solutions; incorporating lived experience into the co-design of the Platform and user testing, communication and promotion of the Platform; and placing the user at the centre and in control of their care, managing their mental health in partnership with their health professional, (while also enabling others to support them).

- There is continued support for and promotion of eMH solutions at a policy level; our analysis suggests that the InnoWell Platform is a tool that auspices and supports service provision, rather than provides an eMH intervention alone. For this reason, it may not necessarily fit one objective neatly; yet in principle, it meets many of the standards of good mental health care.

- There are some inherent tensions in eMH policy itself. In particular, there is a tension between providing a 'joined up' service experience for consumers, where information is passed on to different providers as the consumer progresses through the system, versus the market-based approach to service and Platform funding, which inevitably leads to fragmentation and difficulties for consumers who might access several providers being required to use and provide input for multiple systems. These issues are being addressed in different ways in the trial sites, but are broader contextual factors that may impact on the uptake and use of the InnoWell Platform and are outside of Project Synergy's control.

- The evaluation has found that Project Synergy, and the uptake of the InnoWell Platform, may be constrained in the absence of broader support and integration with other policies and programs; for example, short-term funding of health services, restrictions on expenditure on overheads, and fragmented service landscape. The trial of the Platform in a General Practice is different in that it provides mental health consumers an opportunity to use the Platform at their first point of contact with health services – who can then potentially use to the Platform to support access to other health services.

- Project Synergy aims to embed co-design throughout the development and trial of the InnoWell Platform. Project Synergy reports that user testing has been adapted from methods used in marketing and software development.[1] Although in this case, user testing also involves how the Platform is used within the service context (not just stand alone). It is unclear the extent to which co-design will be used beyond Stage 2 of Project Synergy and the trials included in this evaluation.

- The InnoWell Platform supports the stepped care model, promoted by the National Mental Health Commission, through the triage and management of service users according to their individual needs which may change over time. Currently, the trials (within the scope of this evaluation) are limited to single health services – the Platform may therefore be more useful to mental health consumers where stepped care is provided within a single service, as opposed to when stepped care requires consumers to change services (this is contingent, for Commonwealth funded services, on how each of the 31 PHNs commission mental health services under the stepped care model).

2.2 Process of collaboration

Evaluation question: To what extent has the collaborative approach and methodologies used in Project Synergy been well-conducted?

This section reports on the extent to which participants perceived the collaborative approach and methodologies used in Project Synergy had been well-conducted and differentiated the project. This relates to the strategic management of the project, the co-design of the InnoWell Platform, the co-design of the trials, the effectiveness of trial partner and site engagement, and the quality and usefulness of the national community consultation

2.2.1 Strategic management

- Project documentation demonstrates that **lived experience** was incorporated in all levels of governance for Project Synergy, from the Steering Committee that provides oversight, through to the executive team at InnoWell. However, as one participant highlighted, there was a lack of diversity in other areas, such as Aboriginal representation on the steering committee. LEAF uses a diversity matrix to ensure representation and diversity, and recruited members to address any gaps in lived experience.

- Within InnoWell itself, merging the cultures between R&D, lived experience and the commercial nature of the organisation was acknowledged by participants as being one of the greatest challenges, and something that improved over time.

2.2.2 Co-design of the InnoWell Platform

- Co-design has been evident across the duration of the project, although participants highlighted it has not been without challenges and reality has not always matched intent. The way lived experience was incorporated changed over time in both the way it was

[1] See MJA 211 (7 Suppl): Chapter 2. (doi: 10.5694/mja2.50349).

organised, in particular, through the change from LEAB to LEAF and the associated working group, and the way it functioned.

- Some evaluation participants noted that it was difficult to see where and how they could influence the project, particularly given this was Phase 2 of the project and the Platform was already well developed; this left some people feeling that they were being consulted rather than included in the design process. It was felt that this was addressed with changes to the organisation of lived experience within the project (from LEAB to LEAF); most LEAF Working Group participants felt they had a greater contribution to the development cycle of the Platform, although there still appeared to be some issues with engagement with LEAF Panel members. Overall, the lesson learned by InnoWell is that it is crucial to be transparent about what is in scope and what is not in scope in the co-design process, and to be clear about the decision-making processes.

- Many participants of the evaluation, across different groups, indicated there were different understandings of what co-design means and how it should be practised; this was more fully understood and collectively articulated over time. The changes demonstrated organisational learning and agility; the value of the expertise lived experience brought to co-design increased over time as the understanding and value of co-design grew across the Project. This was evidenced in the work of LEAF integrating lived experience and appropriate language across organisational processes and communications, including induction packages for new staff.

- How different disciplines within InnoWell collaborate has also improved overtime. Early in the process, roles and responsibilities were unclear across the different disciplines; this has progressed to more collaborative approaches over time. Participants of the co-design survey developed for this evaluation, attribute stronger, more effective working relationships to: the smaller LEAF Working Group, more regular meetings, clearer roles and expectations, and a more collective understanding of what co-design is. The co-design survey showed that most respondents who participated in co-design felt the process was effective and worthwhile.

2.2.3 Co-design in the trial sites

- While some collaboration at the trial sites was evident, the inclusion of people with lived experience in co-design was reported to have less impetus at some trial sites as it did at the core of the project. While this was largely attributed to the difficulty in reaching and recruiting people with lived experience locally and providing resources to support their engagement, at some trial sites people with lived experience were reported to have been excluded from initial design forums. For example, it was considered important by some participants in the evaluation to first co-design with service staff to map the service and tailor the Platform to meet their specific program needs; people with lived experience were then included in subsequent consultations. The exclusion of people with lived experience in the initial design meetings would appear to undermine co-design ethos. However, when people with lived experience were included in the design processes, service providers and Project Synergy staff valued their contributions, and some thought they could/should have been included sooner.

- At one trial site, evaluation participants perceived the co-design process, and in particular the need to continually engage senior management of the health service, made the implementation process longer – particularly when those stakeholders were busy and took time to respond. This was exacerbated when stakeholders that had been engaged left and new people needed to be brought up to speed. This illustrated some of the practical challenges in co-design processes that had implications on the timing (and consequently resourcing) of the trials.

- There were also concerns expressed by some participants about the limited changes that could be made to the Platform at individual trial sites, highlighting that perhaps expectations were not managed or articulated as well as they should have been at the beginning or through the co-design process. Feedback from trials was incorporated into a pipeline of improvements for the Platform overall and some adjustments were made to accommodate service needs.

- Overall, it was acknowledged that InnoWell staff learned a lot through the co-design process at the trial sites, in terms of both Platform configuration and the co-design process.

2.2.4 Effectiveness of trial partner and site engagement, and clinician education

- Fewer health sites engaged in the trials than were anticipated. Most were engaged through existing relationships in the sector. At the time of writing, some health services were not willing to engage longer-term, particularly when the timing of trial or purchase arrangements did not coincide with service funding arrangements and they could not afford to purchase the software independently. However, one stakeholder highlighted that discussions with the InnoWell team had led them to strategically review their information technology needs.

- The trials were subject to a number of delays which caused some frustration with service providers. Many of the delays were due to the lack of embedded systems and processes within InnoWell, associated with being a new organisation. Prior to Therapeutic Goods Administration (TGA) registration, an additional contract was required between the health service and the University of Sydney, this added to delays. This has now been resolved through tripartite agreements between the University of Sydney, InnoWell and the health service. One participant highlighted that health services did not always have legal counsel in house, adding to the timeframe for entering into agreements. Following the introduction of the tripartite agreement, they added that the duration of the contracting process had halved.

- While health services signing up to the trials appeared to be engaged at an executive level, this did not always filter down to clinical staff; evaluation participants suggested that clinicians were not using the Platform as much as anticipated, with many suggesting that the Platform was a significant cultural shift in the way front line staff worked. Some participants in the evaluation also had concerns about the tone of the Platform appearing to be more problem than strengths focused, and that negative feedback might be demoralising to some users (note the presentation of results is different depending on whether it is the clinical tool, where clinicians need to know what the priorities are, or the health and wellbeing version of

the tool). It is concerning, however, that these matters were not resolved through the co-design process.

- The number of clinicians and consumers using the Platform was reported anecdotally as low. While figures are available on its use for each trial site, they are difficult to interpret without understanding the capacity of the service to take on new consumers, how the service tried to engage consumers to use the Platform, the number of consumers and clinicians invited to use the Platform, and the expected uptake. Each organisation decided to use the Platform in different ways; only one health service, part of a previous trial and not within the scope of the evaluation, had mandated the use of the Platform. However, during the report validation process, it was reported to the evaluation team that this was changing rapidly, in part due to COVID-19, and in part due to experiences in using the Platform.

2.2.5 Quality and usefulness of the National Community Consultation Program

- The National Community Consultation Program (NCCP) was delayed after a false start and recommenced in late 2018 (LEAF NCCP: End of Phase 2 Summary Report). While too late to influence the design of the Platform, it was still considered worthwhile with the key question being: 'How might digital products and engagement change the way people experience their mental health care and wellbeing?' (Muller 2019).

- The NCCP was conducted face to face during various organised and special purpose events and through an online forum (*Bang the Table*). The process and each engagement were co-designed with the LEAF Working Group to identify optimal methods of engagement with different communities. This process built the capacity of LEAF and also recognised the contribution of people with lived experience by reimbursing them for their time. This helped to raise the expectation that lived experience is recognised and valued part of any mental health project.

- The NCCP was perceived by some stakeholders to help not only build the credibility of the Platform in the community, but also provide access to the community that may have otherwise been closed to researchers. Participants were keen to see how their contributions were used, or receive feedback.

- The *LEAF NCCP: End of Phase 2 Summary Report* states that Phase 2 NCCP 'learned about different user journeys, in particular how different communities and populations groups gain access to digital mental health. What barriers they face when they are seeking access and what makes them trust a service or consider an online solution'.

- This report indicates that all Platform related feedback and learnings were delivered to the Product Development team who include it in the product development re-engagement working group. NCCP data has also been used by an internal language and tone co-design working group, to inform the co-development of a language style guide, along with a check of all current content.

- Learnings about process were discussed at the LEAF Working Group to further NCCP planning. Some examples of process learnings include, consulting peer workers, recognising

the importance of language, changing the digital strategy such as translating into other languages to increase reach.

2.2.6 Overall process of collaboration

- The data collected indicates that LEAF participants overwhelmingly agree that the collaborative approach and methodologies used in Project Synergy have been well conducted. LEAF Working Group members reported that there had been some issues earlier on in the process they described this a learning opportunity and that they were pleased with how the Working Group now operated and in their level of participation and influence. Working Group members told us that they felt part of the wider Project Synergy Team and their views were sought and valued by Innowell staff.

- The uptake of collaborative methodologies has been contingent on the leadership and organisational support for the trial. Where there was strong leadership and support for the trial, the uptake of collaborative methodologies has been good and the feedback and involvement of participants was positive; the process was considered to be useful for tailoring the Platform to the individual service. In trial sites where there was less consistent support for the trial (for a range of factors, including change in leadership, lack of internal consultation, and lack of initial support from staff to implement the change) the collaborative methodologies were much slower, less attended and less consistently attended. This also had implications for subsequent Platform use.

- The data collected to date shows that implementation of the Platform, and collaborative design methodologies, require substantial leadership, change management processes, understanding, resourcing and ongoing training and education concerning the purpose and potential gains/benefits at all organisational levels.

- The data suggests that the technology solution needs to be implemented with three groups in mind: service/organisation (KPI, reporting systems, service delivery model, e.g. to manage intake and assessment); the clinicians and staff (in the way they deliver mental health care, monitor outcomes, assess risks); and the mental health consumers (in how they use technology, wish to remain engaged with a service/ an assigned clinician, concerns consumers have about sharing their data and privacy, if they experience or/see a personal gain/benefit to completing comprehensive assessments). The data also suggests that meeting the diverse needs and inherent tensions between the groups can prove challenging to the implementation of the InnoWell Platform in the future, or e-technology more widely.

- The implementation of the Platform will impact on the delivery, resourcing, and administration of mental health service in the respective trial services. In trial services where one or more of these factors were present – leadership, buy in from staff, service model alignment – staff/clinicians see the Platform as supportive to their work and to the wellbeing and care of the mental health consumer.

2.3 Experience using the InnoWell Platform

Evaluation questions: To what extent did Project Synergy have an effect on access to and quality of mental health service delivery?

This section looks at consumer and health service staff experience of using the Platform. Clinical outcomes are outside of the scope of the evaluation.

2.3.1 Consumers

- Uptake of the Platform is reported anecdotally by participants as low. This is likely to be for a number of reasons, including but not limited to:
    - Delays in implementing the trials
    - Differences in how the service implements the Platform
    - Service capacity to support new clients (one service is at capacity and is therefore not taking on new clients)
    - Consumers access to IT resources (computer/phone or access to Wi-Fi)
    - Performance issues with the Platform.
- Despite the lower than expected number of consumers using the Platform at the trial sites included in this evaluation, the Platform data shows attrition of users between the time of invitation, registration on the Platform (in some cases as links expired), and then completion of the different assessments required. We are unable to determine whether this is a natural level of attrition, or due to other factors. At the time of reporting, data was not available on the manner or length of subsequent engagement.
- It is difficult to ascertain user experience of the Platform as, at the time of reporting, there was no feedback mechanisms for users to share their experience. This was discussed early in the evaluation process as something that was likely to happen; however, there was no evidence of this to date. Health services consulted also highlighted that they would like more information about consumer experience with the Platform.
- The initial levels of uptake may have simply been a reflection of any new technology being implemented in service delivery. All new technologies have fast adopters and others who take up the technology later on. This is particularly the case when the technology is not mandated.

2.3.2 Health service staff

- Health service staff reported variations in the use of the Platform from one service to another and also within services.
- There were some examples where health professionals found that the Platform confirmed something they may have known or suspected about the service user. Some found the

Platform helped facilitate the conversation with the service user as it helps the service user to come to the realisation themselves.

- Some health service staff reported they found the tools on the Platform useful and have incorporated them into the client's care-plan. Some service users found using the Platform transformative, whereas others thought it was just an added extra to offer service users. The difference in these views appeared to depend on how their service used the Platform and how embedded it was in practice and across the service.

- Some barriers to health service staff using the Platform included: not fitting the service model; pushback about using another online system; concerns about risk to service users coming to a realisation of mental health issues while using the Platform without direct support at hand, despite potentially accessing services earlier than without the Platform; that the Platform requires time to learn and implement; and lack of support or mandate to use.

2.3.3 Results from user testing

Prior to the service 'going live', people with lived experience, clinicians, and other service staff including managers and administrators, were involved in user testing which was used to make improvements to and configure the Platform for the specific health service.

- Participants involved in the evaluation identified many benefits to the Platform, including: being able to store information in one place, being able to share information with their GP, seeing the dashboard (although not everyone liked this), being able to prioritise their needs and access non-clinical care options, having more control of their care, and not having to repeat their story.

- There were also aspects that were not liked, including: difficulties for some people navigating the Platform, being deficit focused, being confronting (the dashboard potentially making people feel worse, the instruments being unsuited to completing alone at home), and feeling worried about confidentiality.

- Recommendations included: making the language more recovery oriented and strengths focused, improving tracking, increasing flexibility, and listing good results before bad ones for the dashboard seen by the consumer.

2.3.4 Overall effect on access to and quality of mental health service delivery

There are benefits of a streamlined and early comprehensive assessment of consumers accessing a service for the first time. There were reports that the Platform had enabled the early identification of high-risk mental health consumers who were new to the service and were subsequently offered more immediate care. As the uptake of the Platform has been lower than expected and there was no mechanism to capture service user experiences, it is not possible to make any definitive conclusions about equity of access or consumer experience.

2.4 Impact on health services

Evaluation questions: To what extent did Project Synergy provide learnings that have informed and influenced policy and practice in mental health services. To what extent has an impact on the everyday lives of people with lived experience of mental ill health using InnoWell Platform-enabled services been observed?

One component of Project Synergy was to work with health services to map services. This was used to inform how the Platform would be configured for the service, but also provided an opportunity to stop and reflect on the way it organised and delivered services. This had a number of positive impacts on health services including:

- Incorporating lived experience into health service design
- Conducting a more holistic review of health information technology needs
- Changing intake processes, supporting triage and follow-up and reducing the time associated with each step
- Allowing information to be provided prior to the first consultation to enable service to start working with the service user sooner.

2.4.1 Overall impact on health services

- There is yet limited evidence on the impact of the InnoWell Platform on practice in most trial sites – either because the Platform has not been implemented (trial sites that chose not to engage), the implementation and assessment of its impact is not complete, or changes are being undertaken to the Platform and its implementation (e.g. how and to whom the Platform is being offered).
- Selected trial sites reported a direct impact of the collaborative methodologies on their service. For example, one service examined reflected on the intake and access pathways of new clients, and redesigned and streamlined their processes as a result of being involved in Project Synergy.
- Another stakeholder saw the value of products such as the InnoWell Platform, but was in the process of identifying their own system requirements that addressed their specific needs.

2.5 Overall perceived value of Project Synergy

Evaluation question: To what extent did Project Synergy deliver value, in relation to the total investment by all stakeholders in the project?

The value of Project Synergy is multifaceted:

- Over the duration of Project Synergy, much has been learnt about co-design and incorporating lived experience in the design of the Platform and how it is implemented in different services. This has been a learning curve for InnoWell as an organisation; it has

shown great agility in adapting in response to experience and to emerging findings. While the intent was always to embed co-design throughout the project, this has improved considerably by learning from experiences over the life of the project. In particular, the LEAF is currently working well and lived experience is being incorporated across many aspects of the project, although there is still opportunity to improve. The co-design process was seen not only as key to the design of the Platform, but also as a point of difference and a 'selling' point for the project and the Platform.

- In terms of the trial sites, implementing the Platform has been in many ways a useful process for the health services and has opened up opportunities for other areas of improvement. That said, there needs to be a cultural shift in the way health information technologies are used in the provision of mental health care, and consolidation of IT systems in organisations to remove the many frustrations clinicians have of needing to switch between multiple systems. In an ideal world, the health services would have a system that manages case notes, reporting requirements and enables consumers to control their own care; in reality, there are multiple systems, with some overlap and potentially some gaps. In the service environment health services operate in, with short-term funding cycles and low operational budgets, it is unlikely that they will invest significantly in health information technologies themselves. Some funders (including PHNs) also provide software to be used for certain services, adding to the systems being used. The perceived value of the InnoWell Platform is therefore undermined by the requirement to use other systems to collect and report data.

- In terms of consumers, the evaluation was not provided with sufficient data to draw any conclusions about the value to their treatment and their outcomes.

- It should be noted that the capacity of LEAF has grown and it may be that LEAF members are able to take these learnings to other services and initiatives more broadly.

- Overall, most stakeholders believed that InnoWell offers an improved service experience for consumers who engage with the Platform, and that the Platform offers the potential for a more consumer focused and evidence-based e-mental health service. However, the Platform has had a mixed response particularly by practitioners, many of whom have, at least initially, perceived it as adding another administrative burden to their work.

- The co-design process is key to the success of InnoWell. Many lessons were learned during the trial about co-design which are relevant for a range of e-mental health solutions and mental health programs more generally. However, there was consensus that co-design is a 'journey' and there are still lessons to be learned.

2.6 Opportunities for future co-design and e-mental health solutions

The knowledge developed through Project Synergy, about co-design and the development of e-mental health solutions, is valuable and when shared, will no doubt be able to contribute to reform and improvement in this space. The project has benefited from adequate resourcing, including the LEAF, and it must be highlighted that this success is in part due to resourcing and in part due to the

commitment to and leadership of the lived experience function as a core and integral component of the Project.

The key lessons for future co-design relate to:

- Being clear about what co-design means, what co-design is best suited to, and best way to conduct co-design for all parties involved
- Being clear about expectations and decision rights
- Adequately resourcing co-design as an integral part of the project – not just in terms of remuneration, but also in terms of additional time required

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Thank you

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