

# Phase 3 Evaluation of the LikeMind pilot

## Final report

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## Glossary of terms

ACCT	Acute and Continuing Care Team
CHSD	Centre for Health Service Development
CMO	Community Managed Organisation
GP	General Practitioner
FTE	Full-time Equivalent
K10	Kessler Psychological Distress Scale
LHD	Local Health District
MDS	Minimum Data Set
MHDAO	The Mental Health and Drug and Alcohol Office
The Ministry	NSW Ministry of Health
NBMLHD	Nepean Blue Mountains Local Health District
OOS	Occasion of service
PWI	Personal Wellbeing Index
SLA	Service Level Agreement
UOW	University of Wollongong
WHO	World Health Organization
WNSWLHD	Western New South Wales Local Health District
WSLHD	Western Sydney Local Health District

## Executive summary

This is the final report of the evaluation of the LikeMind pilot undertaken by the Centre for Health Service Development (CHSD), University of Wollongong. Two previous evaluations of the LikeMind pilot were undertaken by CHSD between 2015 and 2021.

### Introduction

The NSW Ministry of Health established the LikeMind Pilot in 2013 as an integrated service with co-located mental health and other service providers in two metropolitan and two regional NSW locations.

This evaluation formally spans the 25-month period from January 2022 to January 2024. The LikeMind V2 Minimum Dataset (MDS) was the primary new data source for this evaluation. This report includes detailed analyses of MDS data collected between January 2022 and January 2024 as well as comparative analyses of MDS data from the commencement of LikeMind. Importantly, the findings included in this report also draw heavily on the wealth of valuable data collected during the two previous evaluations.

### Key findings

Approximately \$30m has been invested in LikeMind to provide readily accessible community-based services for people with moderate to severe mental illness. Since 2015, LikeMind has delivered approximately 75,700 occasions of service to more than 26,000 consumers. The number of clinical services delivered by each LikeMind service has continued to increase over time.

At one level, LikeMind has achieved its objective. Consortia have been established at each of the four locations. Clinical and psychosocial support services are provided to consumers across the four target streams of mental health, primary health, drug and alcohol, and vocational/social needs. Over the course of three evaluations, evidence from multiple sources has identified that LikeMind is meeting genuine and previously unmet need and is well recognised and regarded in each of the local communities in which it provides services.

At the same time, implementation has not occurred as initially intended or as reflected in the Service Plans and funding agreements between the lead CMOs and the Ministry. Elements of the proposed model of care have either not progressed or have not been sustained. Most significantly, it was intended that co-location of the lead CMO and local health district (LHD) in community accessible premises would underpin an integrated model and result in improved outcomes for consumers.

In practice, LHD mental health teams are no longer co-located at any of the four LikeMind sites and were never co-located in Wagga Wagga. Similarly, while CMO consortium members continue to be co-located on a fractional basis, their physical presence at LikeMind sites has also decreased largely as a result of the COVID-19 pandemic. Importantly however, each of these provider groups have continued their involvement in service delivery and governance processes, although not within a co-located environment.

It is clear that a range of internal and external factors have contributed to the relatively low level of 'implementation fidelity' - that is, the extent to which the LikeMind model has been implemented as intended. In this context, the question is whether the core objectives of LikeMind have been compromised as a result of the model not being implemented as intended? Similarly, is the model sustainable or replicable given that key elements of the original model (such as attracting other sources of funds such as NDIS and MBS) has not been achieved?

### **Key findings – Impact and outcomes for consumers**

LikeMind has continued its success in delivering services to consumers that experience moderate to severe mental illness. In the current period, the average proportion of consumers reporting severe psychological distress decreased from about 60% at initial assessment to 20% at exit assessment, indicating that clinical improvement was able to be observed. In the previous period (October 2018 to October 2021) improvements were less pronounced, with 60% of consumers reporting severe distress at initial assessment decreasing to 40% at follow-up. It should be noted that a substantial proportion of clinical assessments were not available for either period.

Consumers who participated in focus groups and surveys in the previous LikeMind evaluations consistently reported positive outcomes associated with their use of LikeMind. This positive feedback dates as far back as focus groups conducted in 2018 and as recently as a consumer survey completed in February 2022. Consumers reported very high levels of satisfaction in relation to: 'access to services', 'experiences with staff' and 'overall satisfaction with the service' in the recent survey.

It is difficult to assess the impact that LHD services no longer being co-located has had on consumer experiences of the service. The current evaluation did not collect data directly from consumers. However, the vast majority of current LikeMind consumers would not be in a position to comment on this issue as co-location has now not been in place at any LikeMind site for nearly three years.

It is important to note that the number of referrals from LHDs to LikeMind has remained very low since the commencement of the pilot - only approximately 1% of all referrals to LikeMind are from LHDs.

### **Key findings – Impact and outcomes for service providers**

During the two previous LikeMind evaluations, provider level outcomes were evaluated in terms of how efficiently resources were targeted and whether effective staffing structures and partnership arrangements have been maintained. Each of the previous evaluations reported that despite lack of progress in genuine service integration, important formal and informal links between LikeMind and LHD staff had developed.

At the same time, the previous evaluations also highlighted that recruitment to LikeMind clinical positions had been challenging from the commencement of the pilot. The two main issues related to high levels of staff turnover and lack of experience and/or qualifications. This was not surprising at Orange and Wagga Wagga given that recruitment of health staff to rural / regional areas is known to be difficult. This situation does not appear to have improved during 2022 and 2023.

In relation to private practice services, the previous evaluations identified ongoing difficulties in attracting and retaining GPs, psychiatrists and psychologists. This resulted in a high turnover of clinicians and gaps in service provision at each of the four LikeMind services. Again, this situation does not appear to have improved during 2022 and 2023. In particular, the level of private practice psychologist services has remained very low.

Prior to the COVID-19 pandemic, each of the LikeMind services had been operating with an increasing level of co-operation between LHDs and lead agencies relative to the earlier periods of the pilot. Professional relationships had developed and been maintained, and a degree of trust had developed between services. This was more evident in the metropolitan than the regional sites.

The current evaluation did not include any prospective qualitative data collection examining outcomes for service providers. However, information collected in the previous evaluation indicated

that the level of cooperation between LikeMind services, LHDs and consortium members had significantly diminished since the COVID-19 pandemic. In our view, if further data were collected, it would be highly likely to indicate that this situation has not changed.

### **Key findings – Impact and outcomes for the health system**

At the system level, a range of policy developments at both the state and national level have influenced the internal and external environment in which LikeMind operates. Many of these were a direct response to the COVID-19 pandemic. Examples include the introduction of new services (such as Head to Health), and a raft of changes in the way in which mental health services are delivered (such as telehealth).

LikeMind services are not being delivered as an integrated ‘one-stop-shop’ approach as envisaged when the model was developed. Services are being delivered largely independently with mechanisms to facilitate inter-service collaboration.

In the current evaluation, the LikeMind MDS data indicates that the profile of clients between 2022 and 2024 is very similar to earlier periods. Similarly, the staffing profile at each LikeMind service has also remained relatively unchanged during this period. On this basis, it is reasonable to conclude that LikeMind has continued to deliver accessible community-based services. At the same time, it has continued to experience the issues identified in earlier evaluations.

The scope of the three LikeMind evaluations did not allow the impact on the use of services such as emergency department and hospital inpatient units to be formally assessed. However, anecdotal evidence suggests that LikeMind has not had any material impact on the use of acute mental health services. This is consistent with another Australian study that found decreases in inpatient admissions, length of inpatient stays and emergency department attendances were not significantly reduced following the introduction of a similar model (Beere et al. 2019). Further research in this area would provide a stronger evidence base on this issue in relation to LikeMind services.

### **Future options and considerations**

The challenge for the evaluation has been to assess LikeMind outcomes while also assessing whether the core objectives of LikeMind have been compromised as a result of the model not being implemented as intended.

Going forward, the range of issues identified in the Phase 2 and current evaluation will need to be considered. The recommendations developed in the Phase 2 evaluation remain relevant and could be used to guide the future direction of LikeMind. A copy of these recommendations is provided at Appendix 6 in this context. The issue of potential duplication with Head to Health services which are being scaled up and rolled out across NSW could be further considered

In considering options regarding the future of the LikeMind, it will be important to recognise that it has had limited success in achieving its original aims including:

- helping build capacity in adult mental health services by providing step down services from local health district mental health services for people with moderate to severe mental health issues;
- reducing the burden on emergency departments;
- demonstrating proof of sustainability/attraction of private providers or NDIS funding to make the model replicable to be scaled up.

Based on the available data, there are approximately 2,000 active LikeMind consumers across the four geographic locations. The average period of time over which consumers receive LikeMind services ranges from 83 days at Orange to 235 days at Seven Hills, notwithstanding that a minority of consumers receive services over a much longer period.

## 1 Introduction

The LikeMind pilot was established by the then Mental Health, Drug and Alcohol (MHDAO) Branch of the NSW Ministry of Health (the Ministry) in 2013. LikeMind can be described as a service-hub approach to the integrated provision of care and support for adults aged between 25 and 65 who experience moderate to severe mental illness.

LikeMind was established to provide proof of concept for a community managed organisation (CMO) led model of integrated care for people with moderate to severe mental illness that is readily accessible in a community setting. It was hypothesised that co-locating mental health and other services in community accessible premises with shared protocols would lead to improved outcomes for consumers.

Four LikeMind sites currently operate in NSW. Uniting (as a lead agency) has operated at Penrith since January 2015 and at Seven Hills since July 2015. Stride (as a lead agency) has operated at Orange since October 2016 and Wagga Wagga since February 2018. The organisational, structural and administrative arrangements in place at each LikeMind site have been refined over time in response to a range of internal and external factors including changes necessitated by the COVID-19 pandemic.

Approximately \$30m has been invested in LikeMind by the Ministry since its establishment. The current funding agreements between the LikeMind lead agencies and the Ministry are in place until 30 June 2024.

The Centre for Health Service Development (CHSD) was engaged by the Ministry to undertake the current (Phase 3) LikeMind evaluation in mid-2023. It covers the 25-month period between January 2022 and January 2024. CHSD has previously conducted two evaluations of the LikeMind pilot. The first (Phase 1) was conducted between 2015 and 2019 (Gordon R et al. 2019). The second (Phase 2) was conducted between 2020 and 2022 (Gordon et al. 2022).

This evaluation focuses primarily on understanding the current profile of LikeMind sites, as well as fidelity to the original model. In particular, the evaluation aims to:

- Develop a clear understanding of the clinical and service utilisation profile of LikeMind consumers and the organisational profile of each LikeMind site;
- Explore issues highlighted in previous evaluations in more detail including sustainability and potential duplication and co-location issues.

## 2 Background and policy context of the LikeMind pilot

This section provides an overview of the LikeMind model of care and program logic, and the policy context that has underpinned its operation. The information in this section was included in the final report of the LikeMind Phase 2 evaluation (Gordon et al. 2022). It has been updated and included in this report as it provides important and relevant context to the current issues being considered in relation to the LikeMind pilot.

### 2.1 The LikeMind model of care

LikeMind aims to promote integrated service delivery across four specific areas or service streams: mental health, primary health, drug and alcohol and vocational/social needs including linkages to employment and housing.

The specific objectives of LikeMind, as outlined in the initial approach to market (NSW Health 2013), are shown in Figure 1.

**Figure 1** LikeMind objectives

- Provide mental health services to adults with moderate to severe mental illness in a co-located engaging community setting that provides a range of services across the four core streams;
- Create an environment that enables diverse service providers to participate in the delivery of person-centred, multi-disciplinary, evidence-based services, and to work towards service integration;
- Work towards a model of shared Clinical Governance and shared decision-making that provides improved service outcomes and experience for individuals using the service as well as their carers and families, and other key stakeholders;
- Make effective use of co-location to establish links to general and specialist services to enable appropriate and efficient referrals for consumers;
- Take an innovative approach to the provision of adult mental health services including through the use of communication technologies and in reaching out to those who may not ordinarily engage with the health system;
- Help build capacity in adult mental health services across the Local Health District region(s);
- Raise health and mental health literacy and awareness throughout the community via education, focusing on improved understandings of health and mental health issues, potential impacts on adult consumers, and availability of supports and services.

Within this framework, each lead agency was responsible for leasing suitable premises and undertaking any necessary capital works. The consortium members at each LikeMind pilot site (service providers) included representatives from mental health, primary health, drug and alcohol and vocational/social needs. Each service provider was expected to operate in a 'spirit of cooperation' with memoranda of understanding between consortia members. The LHD, also a member of the consortia, was required to sign a Service Level Agreement (SLA) with the lead agency as part of the agreement.

The LikeMind model was structured to allow the consortium to act as an advisory group to the lead agency and had an elected independent chair. As part of their co-contribution to LikeMind, the consortium members were to provide sessional services under guidelines that clearly articulated

roles and responsibilities as well as clinical accountabilities when working within a shared model of care. In delivering services, pilot sites would be required to have a proactive outward focus to reach individuals in need in their home and other community settings.

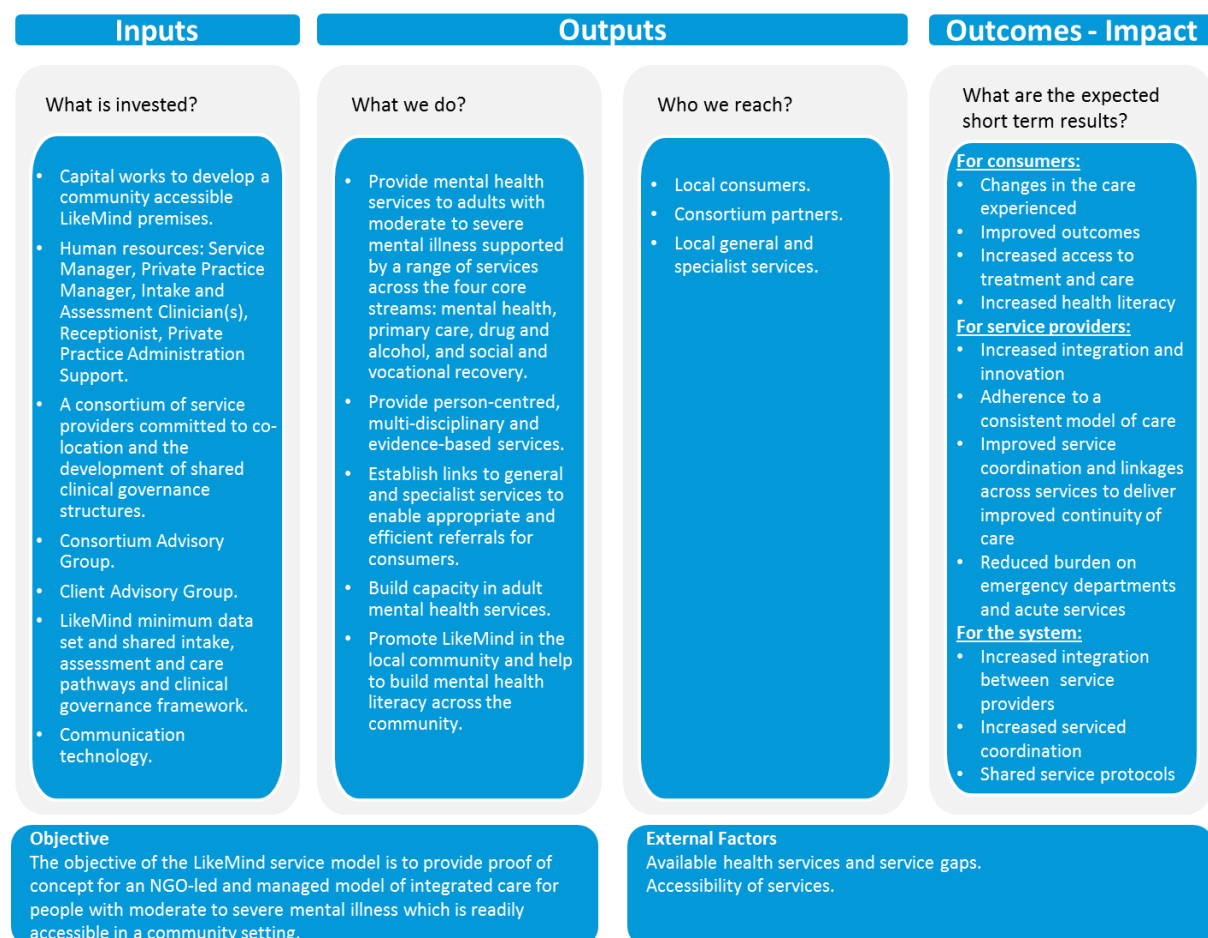
## 2.2 The LikeMind program logic

Program logics are often used to demonstrate how various inputs and activities will interact to achieve desired outcomes. They aim to provide a clear summary of the different elements of an initiative and how they fit together, demonstrating the ‘theory of change’. A program logic is also a useful resource in the planning and completion of evaluations. The relationships between the different elements are clearly articulated and the aspects that are most important in achieving the intended outcomes can be identified.

A program logic as shown in Figure 2 was developed at the outset of the LikeMind Phase 1 evaluation. It describes the proposed inputs, outputs and outcomes of LikeMind and aims to succinctly outline the key relationships described in the previous section.

The LikeMind program logic continues to provide a useful framework for considering the evaluation findings presented in this report. In particular, a major focus of this report is understanding the extent to which Likemind has generated the types of outcomes for consumers, providers and the broader system listed under ‘Outcomes - Impact’ in the program logic.

**Figure 2** LikeMind program logic



## 2.3 Policy context underpinning the LikeMind pilot

The mental health policy context has been important in considering key issues that have arisen during the evaluation. This section provides a brief overview of the broader policy context in which the LikeMind pilot has been implemented.

Mental health services in NSW are delivered through a mixture of state and Commonwealth government agencies and funding streams. These services are supported by a range of community managed organisations and private enterprise that perform a variety of health service related, community support, research and advocacy roles.

### 2.3.1 The NSW strategic plan for mental health

At a state level, the policy context for the evaluation of the LikeMind pilot is underpinned by a major ten-year reform agenda with a core focus of building an effective and integrated community support sector. The key policy document underpinning the expansion of the CMO-led and managed model of integrated care is the 'Living Well: A Strategic Plan for Mental Health in NSW 2014 - 2024 (NSW Mental Health Commission 2014a). A fundamental principle in the strategic plan is social equity.

Progress towards meeting the recommendations in the Living Well strategic plan are being monitored by the NSW Government. A report providing an overview of statewide and local achievements by NSW Health LHDs, speciality health networks (SHNs), Ministry of Health branches, pillars and other NSW Health organisations was published in 2018 (NSW Ministry of Health 2018) and a subsequent progress report was published in 2020 (NSW Ministry of Health 2020).

### 2.3.2 Commonwealth reform processes

The Commonwealth is currently implementing a series of national reforms across the health and disability sectors, many of which target improvements to the delivery of mental health services. These include the National Disability Insurance Scheme (NDIS), which began its national roll-out in 2016. In addition, the Commonwealth has identified a range of responses following the Review of Mental Health Programs and Services (National Mental Health Commission 2014).

Other federally funded initiatives aim to promote access to mental health services. headspace was one such initiative that was set up in 2006 to treat young people under 25 years of age. headspace has steadily expanded, and the concept has been applied to older ages with a trial of eight Adult Mental Health Centres (AMHCs) announced in 2019. This led to a further announcement in the 2021–2022 federal budget of \$487.2 million for the development of 24 additional AMHCs newly badged as Head to Health services (Looi et al. 2021).

Head to Health is an Australian Government initiative that aims to help all Australians access the mental health and wellbeing services that are right for them. Originally conceived as an online support service, the Head to Health National Digital Mental Health Gateway was launched in October 2017. Its purpose was to provide easy access to digital mental health services, information and support. In the 2021-22 Budget, funding was provided to begin work to transform the existing Gateway into a more comprehensive national mental health website. In June 2023, the Gateway was retired and replaced with the Head to Health national mental health website (<https://www.headtohealth.gov.au/>). The website provides easy access to digital mental health services, information and support. In addition to the website, Head to Health also offers mental health support by phone: through the Head to Health phone service, or face to face: through Head to Health centres and pop up clinics.

The Better Access Program is a Commonwealth initiative that commenced in 2006 to facilitate increased access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule. This Program gives Medicare rebates to help people access mental health professionals and care, regardless of where they live. From 2006, eligible people could receive up to 10 individual and up to ten group allied mental health services each calendar year. Between October 2020 and December 2022, ten additional individual psychological therapy sessions were made available in response to the enduring mental health impacts from the COVID-19 pandemic. In January 2023, the number of sessions available reverted back to ten.

A further response to the pandemic from the Commonwealth was temporary MBS telehealth items being made available to promote telehealth services to mental health providers. The aim of this initiative, in place between March 2020 and December 2021, was to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.

### 2.3.3 Integrated care

The emphasis on integrated care in mental health is a logical service response to the poor health outcomes and significantly reduced life expectancy for people who experience mental illness (NSW Mental Health Commission 2014b). To meet the physical health needs of people who experience mental illness requires a collaborative effort by primary care providers, such as GPs and secondary health care providers such as mental health and drug and alcohol services.

In addition to addressing the physical health needs of people who experience mental illness, is the key element of addressing the social and vocational aspects of these individuals. These are often highly influenced by the social determinants of health such as: housing, education and employment.

The World Health Organization's Social Determinants of Mental Health Report (2014) highlights the integral nature of mental health to human health and well-being. The report states that social, economic and physical environments across the human life span shape a person's mental health and risk factors for mental health conditions are strongly associated with social inequalities (World Health Organization & Calouste Gulbenkian Foundation 2014).

The World Health Organization defines integrated care as:

*The organisation and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.' (World Health Organization & World Organization of Family Doctors 2008)*

Integrated care is defined by the NSW Ministry of Health in the 'Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024' document as:

*Integrated care involves the provision of seamless, effective and efficient care that responds to all of a person's health needs, across physical and mental health, in partnership with the individual, their carers and family. It means developing a system of care and support that is based around the needs of the individual, provides the right care in the right place at the right time.*

Overall, from a policy perspective, there were compelling arguments supporting the LikeMind pilot. In an often fragmented health system, LikeMind has represented an opportunity to provide coordinated health and social care services focussed on the needs of the consumer in a one-stop-shop environment. However, it has not been implemented as intended and cannot be considered to be operating as a one-stop shop service.

### 3 Evaluation methodology

The current evaluation has aimed to assess the outcomes of services provided by LikeMind in the context of its role in addressing the needs of people who are experiencing moderate to severe mental health issues.

A LikeMind Phase 3 evaluation Plan (Fildes & Gordon 2023) was submitted to the Ministry in August 2023 that provided details of the scope, approach, methodology, and the key issues being addressed in the evaluation. A revised evaluation plan was submitted and endorsed by the Ministry in January 2024.

The LikeMind Phase 1 and Phase 2 evaluations analysed a significant volume of both quantitative and qualitative data. This included a longitudinal analysis of program data, interviews with more than 80 LikeMind stakeholders over six years, and data from LikeMind consumers collected through focus groups and consumer surveys.

On this basis, it was decided that the current evaluation would not include a wide-ranging stakeholder consultation process. Instead, it would focus on analysing the clinical and service utilisation profile of LikeMind clients using routinely available data sources.

The primary data source to support this approach was the LikeMind V2 minimum data set (MDS) collection. This has been supplemented by other information including details of the current staffing profile and consortium arrangements at each LikeMind service.

#### 3.1.1 The LikeMind V2 Minimum Data Set

The LikeMind V2 MDS (Bird et al. 2020) was developed in September 2020 and has been collected by LikeMind services since November 2020. This dataset aims to provide data that are both clinically and practically useful in terms of service planning and capturing client outcomes. Two clinical tools, the Kessler 10 (K10) and the Personal Wellbeing Index (PWI) were included in the LikeMind V2 MDS at the initial assessment and exit level.

LikeMind V2 MDS data for Uniting services (Seven Hills and Penrith) were available for the period between January 2022 and January 2024. Data for Stride services were available for the period between January 2022 and December 2023. These are referred to as the current period in this report.

The LikeMind V2 MDS comprises three component datasets:

- 26 variables collected at initial assessment (IA);
- 14 variables collected at each occasion of service (OOS);
- 18 variables collected at exit from LikeMind (exit).

The LikeMind V2 MDS variables and associated definitions are provided in Appendix 1 to Appendix 3. A copy of the K10 and the PWI clinical tools are provided at Appendix 4 and Appendix 5 respectively.

### 3.2 Evaluation questions

Two core evaluation questions were agreed based on the available data and context of the current study:

- To what degree have resources been targeted to the identified need and what, if any, change(s) could be made to enhance this?

- What level of “value-add” has been achieved through the use of the funds including by enhancing NGO service delivery and linkages with public health and other services?

In addition, the following sub-questions were identified and have been examined during the evaluation:

- What is the current profile of LikeMind clients in relation to source of referral, service utilisation, and discharge referrals?
- How does LikeMind complement or duplicate other mental health service providers?
- Is there fidelity to the original LikeMind model/program logic?
- Have any of the anticipated outcomes in the original program logic been achieved?
- Has the new model of care led to any improvements in outcomes?

### **3.3 Literature review**

An ongoing review of academic and practice literature was maintained throughout the Phase 1 and Phase 2 LikeMind evaluations to provide context and situate the evaluation within the broader evidence base. The literature review aimed to assess the evidence supporting the co-location of mental health providers with primary health, drug and alcohol and vocational and social service providers in relation to improved consumer outcomes and/or effectiveness of service delivery.

The most recent full literature review results were produced as a separate report as part of the Phase 2 LikeMind evaluation (Grootemaat et al. 2022). As part of the current evaluation, the academic and practice literature have been further reviewed and the results have been incorporated into the relevant parts of the Background and Discussion sections of this report.

### **3.4 Ethical approval**

Ethical approval to conduct the current evaluation was received from the Human Research Ethics Committee of the University of Wollongong and the Illawarra Shoalhaven Local Health District in June 2023 (Ref: 2023/290).

## 4 Current structure of LikeMind services

As part of their initial contract with the Ministry, the two LikeMind lead agencies were required to form a consortium of LHD mental health services, CMOs and relevant private sector organisations.

Since 2015, the organisational, structural and administrative arrangements in place at each LikeMind service have evolved with a range of changes occurring over this period. In some cases, this has occurred as opportunities to improve the model of care have been identified. In other cases, it reflects operational challenges such as issues associated with staff recruitment and retention. External factors, including changes necessitated by the COVID-19 pandemic have also had a significant impact on the evolving structure of LikeMind services. The implications of these changes are significant when considering fidelity to the original LikeMind model.

An important consideration in this context is the co-location arrangements with LHDs and consortium members. In the LikeMind Phase 2 final report, it was reported that WSLHD, NBMLHD and WNSWLHD mental health teams each ended their co-location arrangements between 2020 and 2022. This occurred initially in response to the COVID-19 pandemic, but the LHDs had not resumed co-location arrangements at the time that report was finalised in late 2021. These arrangements have continued between 2022 and 2024 with no intention for any future co-location to occur. As such, the summary of co-location arrangements in Table 1 continue to reflect current arrangements.

**Table 1** LikeMind/LHD co-location arrangements

LikeMind site	Date service commenced	Date co-location ceased	Period of co-location	Co-located LHD team
Penrith	Jan-15	Jul-21	78 months	Nepean Blue Mountains LHD, Mental Health Access team
Seven Hills	Jul-15	Feb-20	55 months	Western Sydney LHD, Community Mental Health Team
Orange	Oct-16	Jan-20	39 months	Western NSW LHD, Acute and Continuing Care Team (ACCT)
Wagga Wagga	Feb-18	Never co-located	Never co-located	Murrumbidgee LHD, Community Mental Health Services Team

### 4.1 Uniting

The current service structure and staffing arrangements for Uniting (Penrith and Seven Hills) LikeMind sites are shown in Table 2. In terms of salaried on-site LikeMind staff, several relatively minor changes were observed between December 2021 and December 2023.

At both sites, the FTE fraction increased for team leader (from 0.5 to 1.0) and group program coordinator (from 0.3 to 0.5), while decreasing for intake and assessment clinicians and senior occupational therapists, with the senior clinician role absorbed to increase the fraction of the team leader position. In addition, the senior intake and assessment clinician fraction at Penrith decreased.

In relation to private practice, both sites continue not having access to an on-site after-hours GP, while Penrith (like Seven Hills), now has access to a psychologist. Penrith continues to have access to a part-time occupational therapist although the FTE fraction has decreased.

Consortium membership arrangements have remained largely unchanged since 2022. Penrith has added Odyssey House as an on-site member (1.0 FTE), the Cancer Council (Tackling Tobacco Program) is now involved at both sites, and Housing NSW is no longer involved at either site.

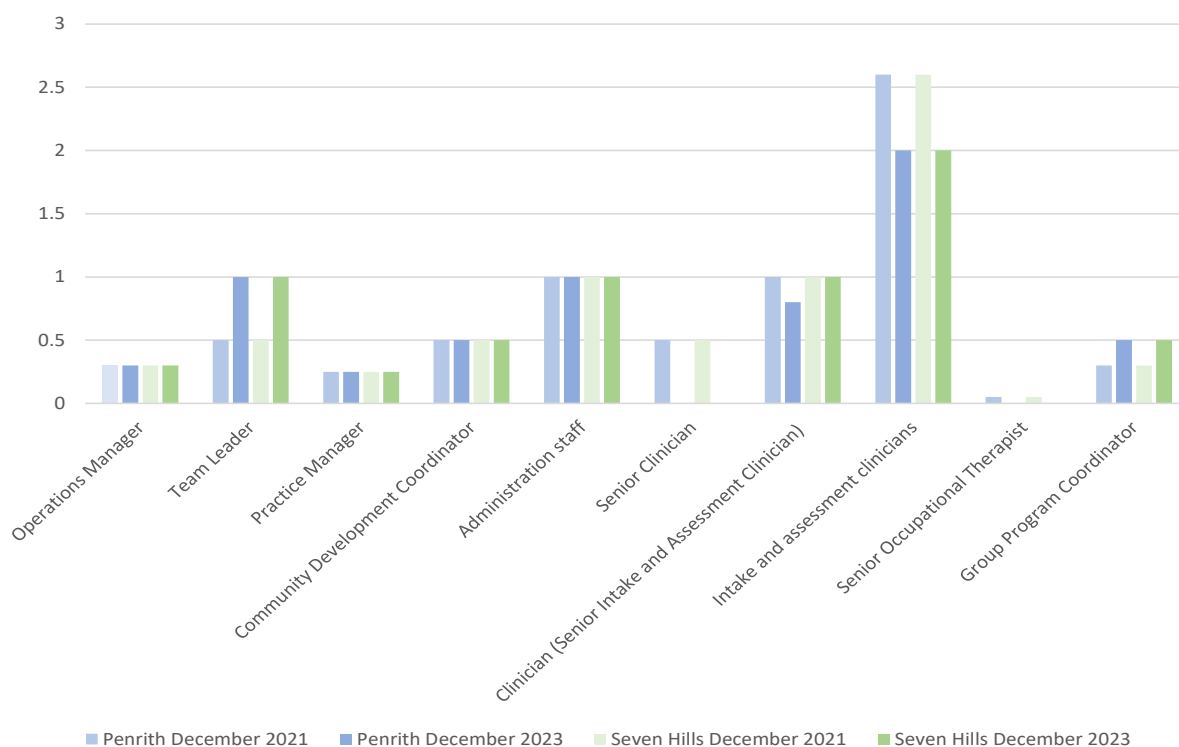
**Table 2**      **Uniting service structure and staffing arrangements (Dec 2021 – Dec 2023 comparison)**

Title	Penrith (Dec 2021)	Penrith (Dec 2023)	Seven Hills (Dec 2021)	Seven Hills (Dec 2023)	Role
<b>Salaried staff on-site</b>					
Operations Manager	0.3 FTE	0.3 FTE	0.3 FTE	0.3 FTE	Responsible for managing the LikeMind business operations across both sites, and managing team and consortium relationships
Team Leader	0.5FTE	1 FTE	0.5 FTE	1 FTE	Responsible for managing all clinical matters across both sites and providing clinical leadership to all clinical staff
Practice Manager	0.25 FTE	0.25 FTE	0.25 FTE	0.25 FTE	Responsible for supporting and growing the private practice model
Community Development Coordinator	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE	Responsible for promoting the LikeMind brand and model of care in the local community in addition to increasing community awareness of mental health and mental illness to reduce stigma and reduce barriers to accessing supports.
Administration staff	1 FTE	1 FTE	1 FTE	1 FTE	Provision of administrative support to assist in day-to-day operations of LikeMind
Senior Clinician	0.5 FTE	N/A	0.5 FTE	N/A	Provision of clinical leadership and support for LikeMind intake and assessment clinicians
Clinician (Senior Intake and Assessment Clinician)	1 FTE	0.8 FTE	1 FTE	1 FTE	Responsible for the intake, assessment and ongoing management of consumers with LikeMind (increased experience and therapy skills)
Intake and assessment clinicians	2.6 FTE	2 FTE	2.6 FTE	2 FTE	Responsible for the intake, assessment and ongoing management of consumers with LikeMind (entry level position)
Senior Occupational Therapist	0.05 FTE	N/A	0.05 FTE	N/A	Provision of OT (Mental Health) assessment and intervention to enhance outcomes for consumers
Group Program Coordinator	0.3 FTE	0.5 FTE	0.3 FTE	0.5 FTE	Responsible for the development and delivery of evidence-based group programs; expanded to group program and individual supports (counselling). In addition, provides evidence based individual interventions for people who focused psychological interventions via a PP may not yet be indicated
<b>Private practice</b>					
Psychologist	n/a	0.9 FTE	0.9 FTE	0.7 FTE	Provision of therapeutic supports under Better Access to Mental Health Care via MHTP
Occupational therapist	0.4 FTE	0.15 FTE			Provision of therapeutic supports under Better Access to Mental Health Care via MHTP
<b>Local Health District</b>					

Title	Penrith (Dec 2021)	Penrith (Dec 2023)	Seven Hills (Dec 2021)	Seven Hills (Dec 2023)	Role
Western Sydney Mental Health Service – Case Management Team			Not co-located		Referral partner and provision of clinical support and advice
Nepean Blue Mountains Mental Health Service – Assessment and Acute Care Team	Not co-located				Referral partner and provision of clinical support and advice
<b>On-site consortium members</b>					
Global skills	0.1 FTE	0.1 FTE	0.1 FTE	0.1 FTE	Provision of quality training and employment support services and ad-hoc career counselling to job seekers, as well as education and support to LikeMind team regarding employment support systems and access
Wentworth Health Care (NBMPHN)	Recruiting staff (typically 0.4 FTE)	Did not successfully recruit			Provision of mental health nurses to work with LikeMind clinical staff to support clients under the Mental Health Nursing Incentive Program
LinkWentworth	0.08 FTE	0.08 FTE			Provision of affordable rental housing and other assistance to eligible people who are on low to moderate incomes
NBMLHD Drug and Alcohol	0.1 FTE				Provision of direct linkage and support with AOD assessment and interventions
Evolve			0.02 FTE	0.02 FTE	Provision of consultation and advice to consumers with housing support needs
Odyssey House		1 FTE			Co-located onsite – provide advice, referral pathways and AOD input
<b>Other consortium members</b>					
TAFE NSW	✓	✓	✓	✓	Consultation and support for consumers seeking further education options
Housing NSW	✓		✓		Consultation and referral pathways for consumers seeking housing assistance
Diabetes NSW and ACT	✓	✓	✓	✓	Education and consultation. Participation in health promotion events. LikeMind also provides education sessions on mental health for Diabetes NSW & ACT
Western Sydney University	✓	✓	✓	✓	Support for research and student placements
Penrith City Council	✓ *Attend consortium meetings only	✓			Partnership to promote LikeMind activities and events and support inclusion of LikeMind at relevant interagency meetings
Cancer Council – Tackling Tobacco Program		✓		✓	Provision of smoking cessation support services

The profile of salaried on-site LikeMind staff at Seven Hills and Penrith is shown in Figure 3.

**Figure 3** Uniting salaried staff on-site (Dec 2021 – Dec 2023 comparison)



## 4.2 Stride

The current service structure and staffing arrangements for Orange and Wagga Wagga LikeMind sites is shown in Table 3. The profile of salaried staff on site at both Orange and Wagga has remained relatively stable between December 2021 and December 2023.

The only changes were a small decrease in FTE for the Regional Manager (Integrated Services NSW) across sites, an increase of 1.6 FTE for intake and assessment clinicians at Orange, an increase of 0.8 FTE for both peer worker and clinical educator at both sites, and the Intake officer/Community engagement coordinator now being shared across sites.

The level of private practice support at the sites in December 2023 has also remained unchanged since December 2021 (which had reduced since the LikeMind Phase 1 evaluation), with the exception of a Victims Services Counsellor commencing at Orange.

At Orange, on-site consortium membership increased with the addition of the Orange Aboriginal Medical Service. At Wagga Wagga, several on-site consortium members have withdrawn (Tend, Amaranth Foundation and Live Better), while some others appear to have increased their level of involvement (e.g. Open Arms and Uniting).

**Table 3** Stride service structure and staffing arrangements (Dec 2021 – Dec 2023 comparison)

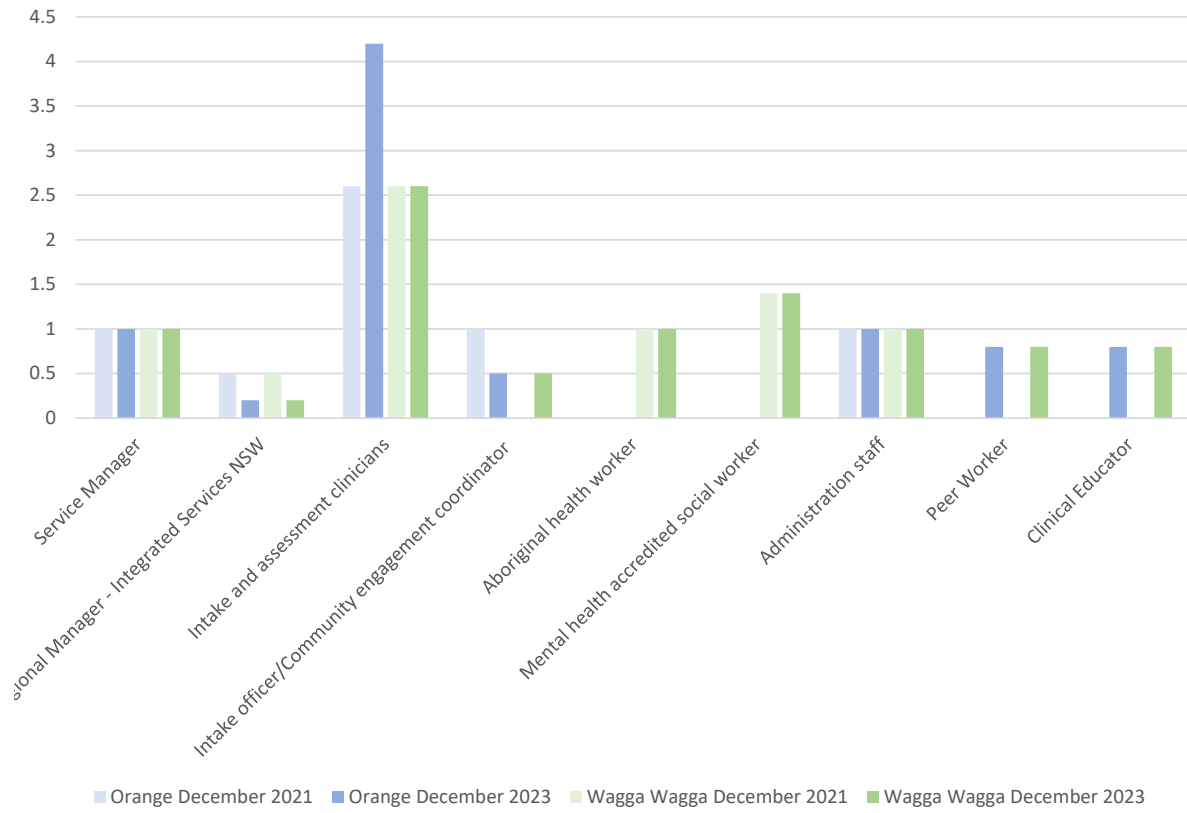
Title	Orange (Dec 2021)	Orange (Dec 2023)	Wagga Wagga (Dec 2021)	Wagga Wagga (Dec 2023)	Role
<b>Salaried staff on-site</b>					
Service Manager	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE	Responsible for managing LikeMind business operations
Regional Manager - Integrated Services NSW	0.5 FTE	0.2 FTE	0.5 FTE	0.2 FTE	Responsible for managing LikeMind business operations across both services
Intake and assessment clinician	2.6 FTE	4.2 FTE	2.6 FTE	2.6 FTE	Responsible for the intake, assessment and ongoing management of new clients into LikeMind
Intake officer/Community engagement coordinator	1.0 FTE	0.5 FTE	n/a	0.5 FTE	Responsible for the intake and assessment of new clients and develop and implement new community and stakeholder engagement initiatives
Aboriginal health worker	n/a	n/a	1.0 FTE	1.0 FTE	Provision of culturally safe mental health services to LikeMind clients from an Aboriginal and/or Torres Strait Islander background (includes intake and community work)
Mental health accredited social worker	n/a	n/a	1.4 FTE	1.4 FTE	Provision of assessment and therapy to LikeMind clients
Administration staff	1.0 FTE	1 FTE	1.0 FTE	1.0 FTE	Provision of administrative support for LikeMind to assist in the day-to-day operations of LikeMind
Peer Worker	n/a	0.8 FTE	n/a	0.8 FTE	Provision of psychosocial and group supports through the lens of lived experience
Clinical Educator	n/a	0.8 FTE	n/a	0.8 FTE	Supervisory responsibility for student workforce, provides consultation to staff for complex clients, including case review
<b>Private practice</b>					
Mental health accredited social worker	n/a	n/a	0.2 FTE	0.2 FTE	Provision of assessment and therapy to LikeMind clients
Psychologist	0.4 FTE	0.4 FTE	n/a	n/a	Provision of assessment and therapy to LikeMind clients
Victims Services Counsellor	n/a	0.4 FTE	n/a	n/a	Provision of assessment and therapy to LikeMind clients
<b>Local Health District</b>					
Western NSW Mental Health, Drug and Alcohol Services - Acute and	Not co-located	Not co-located	n/a	n/a	Referral partner and provision of clinical support and advice

Title	Orange (Dec 2021)	Orange (Dec 2023)	Wagga Wagga (Dec 2021)	Wagga Wagga (Dec 2023)	Role
Continuing Care Team (ACCT)					
Murrumbidgee Mental Health Services	n/a	n/a	Not co-located	Not co-located	Referral partner and provision of clinical support and advise
Intellectual Disability clinic	n/a	0.2 FTE	n/a	n/a	Support and advice for people with intellectual disability
<b>On-site consortium members</b>					
Mission Australia	As required	0.1 FTE	n/a	n/a	Provision of psychosocial support, peer support and suicide prevention
Lives Lived Well	As required	0.1 FTE	n/a	n/a	Provision of AOD counselling, SMART recovery group (addiction treatment program) and peer support
Housing Plus	As required	As required	n/a	n/a	Provision of consultation and advice to consumers with housing support needs, family and domestic violence services, and the Men's Behaviour Change Program
Marathon Health	0.02 FTE	0.2FTE	n/a	n/a	Provision of the Commonwealth Psychosocial Support Program
Wellways	0.02 FTE	n/a	n/a	n/a	Provision of the Housing and Accommodation Support Initiative
Neami	As required	n/a	n/a	n/a	Provision of suicide prevention and housing support
Interrelate	As required	0.2 FTE	n/a	n/a	Provision of support for parents and children, and strengthening family relationships
OCTEC	As required	As required	n/a	n/a	Provision of disability and vocational services and support
Orange Aboriginal Medical Service	n/a	As required	n/a	n/a	Provision of psychosocial support and suicide prevention
Tend	n/a	n/a	0.1 FTE	-	Provision of financial counselling, family support services and sexual assault counselling
Amaranth Foundation	n/a	n/a	0.2 FTE	-	Provision of social, emotional and psychological support for people living with advanced chronic and life limiting illness
Open Arms	n/a	n/a	0.1 FTE	1.08 FTE	Provision of mental health assessment and clinical counselling services for Australian veterans and their families
Calvary Riverina Drug and Alcohol Centre	n/a	n/a	0.4 FTE	0.4 FTE	Provision of drug and alcohol withdrawal and rehabilitation programs
Personnel Group	n/a	1.0 FTE	0.1 FTE	0.1 FTE	Provision of disability employment services
Live Better	n/a	n/a	As required	-	Provision of dietician services

Title	Orange (Dec 2021)	Orange (Dec 2023)	Wagga Wagga (Dec 2021)	Wagga Wagga (Dec 2023)	Role
Uniting	n/a	n/a	As required	0.8 FTE	Provision of gambling counselling
PSYCH2U	As required	As required	As required	As required	Provision of telehealth psychiatry
Pathways Murrumbidgee	n/a	n/a	As required	0.2 FTE	Provision of treatment and support for people impacted by drug use
<b>Other consortium members</b>					
CatholicCare	As required and attend consortium meetings	As required and attend consortium meetings	n/a	n/a	Family and carer support
Murrumbidgee Primary Healthcare Network	n/a	n/a	Attend consortium meetings	Attend consortium meetings	For the benefit of funding opportunities and strategic planning

The profile of salaried on-site LikeMind staff at Orange and Wagga Wagga is presented in Figure 4.

**Figure 4**      **Stride salaried staff on-site (Dec 2021 – Dec 2023 comparison)**



## 5 Analysis of the LikeMind V2 Minimum Data Set

This section presents the results of a series of analyses of routinely collected quantitative data from the LikeMind V2 MDS provided by each LikeMind site. Results focus on the most recent time period (January 2022 to January 2024 for Penrith and Seven Hills, and January 2022 to December 2023 for Orange and Wagga Wagga) – referred to as the ‘current period’.

Where appropriate, results build on those presented in previous LikeMind evaluation reports, to provide insights across the nine-year period of service delivery. It should be noted that data were not available for November and December 2021, the period between the conclusion of the Phase 2 LikeMind evaluation and the current evaluation.

### 5.1 LikeMind services and activity

Examining the total volume of LikeMind services is useful to understand overall reach. A cross-sectional overview of the total number of consumers, the total number of service contacts, the total number of service contacts per consumer, and the duration of service is presented below followed by longitudinal analysis of the number of monthly service contacts for each LikeMind site.

#### 5.1.1 Number of consumers and service contacts

The number of initial assessments, occasions of service, exit assessments, active consumers (at end of current and previous period), and total number of consumers is presented in Table 4. At the end of the current period, there were 2,005 active consumers with higher numbers at Penrith, Orange and Wagga Wagga relative to Seven Hills.

**Table 4** Number of LikeMind consumers and service contacts (current period)

	Penrith N	Seven Hills n	Orange n	Wagga Wagga n
Number of initial assessments <sup>1</sup>	775 (753)	474 (459)	1,128 (923)	1,092 (866)
Number of occasions of service <sup>1</sup>	4,069 (723)	3,445 (560)	5,643 (867)	7,513 (740)
Number of exit assessments <sup>1</sup>	578 (555)	503 (479)	980 (859)	722 (664)
Number of active consumers at end of previous period	274	168	488	631
Number of consumers <sup>2</sup>	1,063	748	1,131	1,268
Number of active consumers <sup>3</sup>	472	148	552	833

<sup>1</sup> Some consumers had multiple initial and exit assessments. The number in brackets reflects the total number of unique clients, while the number preceding the brackets reflects the total number of service contacts by contact type (i.e. initial assessment, occasion of service, and exit assessment).

<sup>2</sup> Number of consumers equals number of unique consumers across initial assessments, occasions of service and exit assessments (planned and unplanned).

<sup>3</sup> Number of active consumers was calculated as the number of active consumers at end of previous period (31 October 2021) plus number of consumers with an initial assessment in current period minus number of consumers with exit assessment in current period.

The pattern of service delivery for LikeMind varies depending on the needs and circumstances of each client. A complete episode of LikeMind services would typically comprise an initial clinical assessment followed by one or more occasions of service, with an exit assessment completed on discharge.

The number of service contacts per consumer at each site for the current period is presented in Table 5. Across each site, between one-third and almost one-half of consumers had only an initial assessment (one service contact) or an initial assessment and one occasion of service (OOS) / exit assessment (two service contacts). Approximately 30% of consumers across all sites had six or more service contacts. The mean number of service contacts per consumer, also presented in Table 5, ranged from five at Penrith to seven at both Orange and Wagga Wagga (rounded to the nearest whole number with calculations based off unique client IDs within the dataset). In contrast, the median number of service contacts per consumer was three at all sites except for Orange, which had a median of four.

**Table 5** Number of service contacts per consumer (current period)

	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
One	277	26.1	173	23.1	144	12.7	308	24.3
Two	195	18.3	119	15.9	232	20.5	303	23.9
Three	131	12.3	94	12.6	188	16.6	155	12.2
Four	86	8.1	52	7.0	143	12.6	107	8.4
Five	63	5.9	43	5.7	106	9.4	62	4.9
Six or more	311	29.3	267	35.7	318	28.1	333	26.3
<b>Total number of consumers</b>	<b>1,063</b>	<b>100.0</b>	<b>748</b>	<b>100.0</b>	<b>1,131</b>	<b>100.0</b>	<b>1,268</b>	<b>100.0</b>
<b>Mean (range)</b>	5 (1 – 46)		6 (1 – 46)		7 (1 – 211)		7 (1 – 488)	
<b>Median (IQR)</b>	3 (1 – 6)		3 (2 – 8)		4 (2 – 4)		3 (2 – 4)	

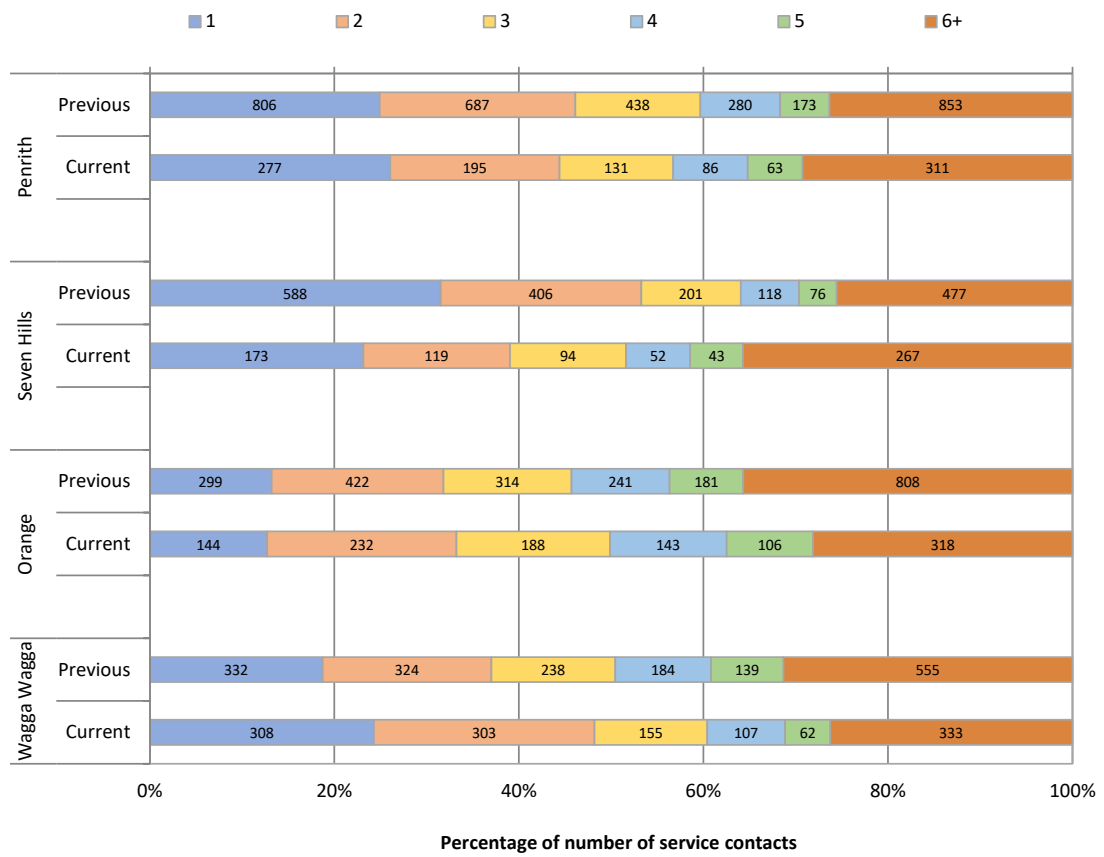
<sup>1</sup> Some consumers had multiple initial assessments with no subsequent occasions of service.

<sup>2</sup> Service contacts include initial assessments and subsequent occasions of service. Unplanned exits with no assessment data were excluded.

<sup>3</sup> A small number of consumers had initial assessment in another site within same CMO and were included in that site.

The distribution of service contacts per consumer in the current period is very similar to that observed for the period from commencement of operations to 31 October 2021, as presented in Figure 5.

**Figure 5** Number of service contacts per consumer (comparison of periods)



### 5.1.2 Duration of service contact

The duration of contact between initial and exit assessment for the current period is presented in Table 6. On average, consumers at Penrith and Seven Hills were in contact with LikeMind for approximately six and eight months respectively, whereas at Orange and Wagga Wagga consumers were in contact for approximately three and four months respectively.

**Table 6** Duration of contact between initial and exit assessment (current period)

	Penrith	Seven Hills	Orange	Wagga Wagga
Number of paired initial and exit assessments <sup>1</sup>	299	132	577	426
Average number of days	182	235	83	122

<sup>1</sup> Note: K10 and PWI scores were not available for a large proportion of consumers with initial and exit assessments.

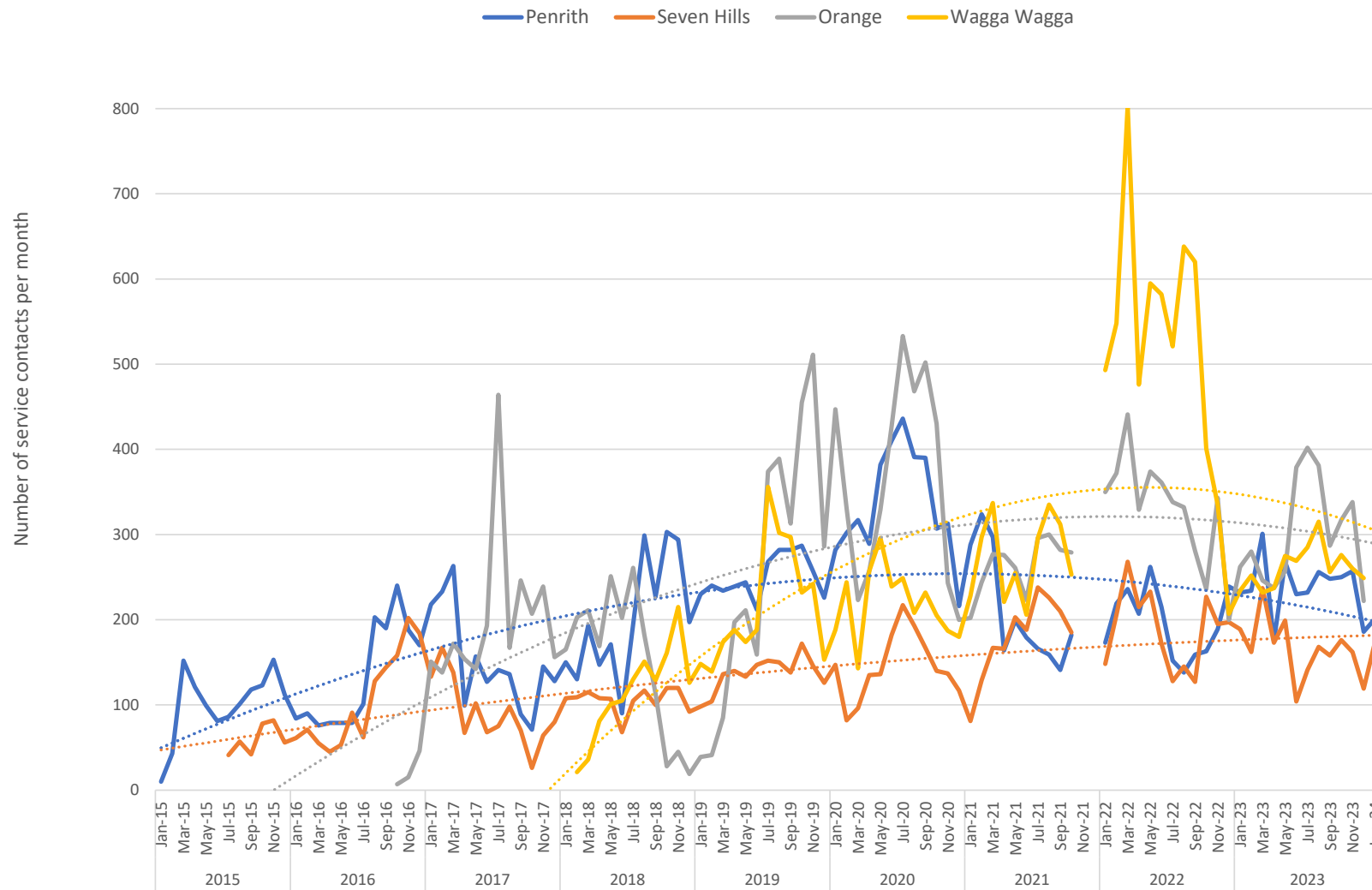
### 5.1.3 Service activity trends

This section provides an overview of trends in service activity from the commencement of operations at each site until the end of the current period. The number of service contacts is defined as the number of initial assessments, occasions of service and exit assessments (excluding service contacts associated with unplanned exits).

The monthly number of service contacts at each site is presented in Figure 6. While there have been regular and considerable variations at each site (some of which was partly due to factors including

data collection issues, and the impact of the COVID-19 pandemic lockdowns), the polynomial trendlines indicate a relatively steady increase in number of service contacts at each site, with a moderate decline observed during the current period at all sites except Seven Hills. The overall number of contacts was highest at Orange, followed by Wagga Wagga, Penrith and Seven Hills. In comparison to the average number of monthly contacts between 2019 and 2021, the average number of monthly contacts in the current period increased at all sites except Penrith.

**Figure 6** Number of service contacts per month



## 5.2 Characteristics of LikeMind consumers

This section presents the demographic and socioeconomic characteristics of LikeMind consumers (at initial assessment) at each site during the current period and provides a comparison with those from the commencement of services (between January 2015 and February 2018) and 31 October 2021.

### 5.2.1 Demographic characteristics

The demographic profile of consumers for the current period is presented in Table 7. Results are very consistent with those reported in the previous evaluation (covering the commencement of services to 31 October 2021). Female consumers continue to be moderately overrepresented across all sites, as do younger consumers; more than half were aged under 40 years at each site (and over two-thirds at Wagga), with over 30% aged under 30 years.

A substantially higher proportion of consumers at Orange and Wagga continue to identify as Indigenous, compared with Penrith and Seven Hills. In contrast, a higher proportion of consumers in the metropolitan sites were born outside of Australia compared with the regional sites. English was the main language spoken at home by most consumers across all sites, and very few required an interpreter.

**Table 7 Demographic characteristics of LikeMind consumers (current period)**

Demographic characteristic	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
<b>Sex</b>								
Male	352	46.7	192	41.8	411	44.5	368	42.5
Female	398	52.9	260	56.6	511	55.4	494	57.0
Other	3	0.4	7	1.5	1	0.1	4	0.5
<b>Age group at initial assessment</b>								
Younger than 25	127	16.9	74	16.1	133	14.4	167	19.3
25 – 29	103	13.7	91	19.8	185	20.0	190	21.9
30 – 34	86	11.4	41	8.9	142	15.4	138	15.9
35 – 39	79	10.5	53	11.5	121	13.1	87	10.0
40 – 44	64	8.5	48	10.5	85	9.2	74	8.5
45 – 49	67	8.9	46	10.0	78	8.5	52	6.0
50 – 54	74	9.8	38	8.3	75	8.1	59	6.8
55 – 59	60	8.0	22	4.8	54	5.9	46	5.3
60 – 64	47	6.2	25	5.4	40	4.3	39	4.5
65 and over	46	6.1	21	4.6	10	1.1	14	1.6
<b>Indigenous status</b>								
Aboriginal	55	7.3	22	4.8	163	17.7	109	12.6
Torres Strait Islander	1	0.1	3	0.7	5	0.5	2	0.2
Both Aboriginal and Torres Strait Islander	0	0.0	0	0.0	3	0.3	3	0.3
Neither Aboriginal nor Torres Strait Islander	697	92.6	434	94.6	733	79.4	667	77.0
Not recorded	0	0.0	0	0.0	19	2.1	85	9.8
<b>Country of birth</b>								

Demographic characteristic	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
Australia	624	82.9	338	73.6	861	93.3	690	79.7
Other	129	17.1	121	26.4	50	5.4	38	4.4
Not recorded	0	0.0	0	0.0	12	1.3	138	15.9
<b>Main language spoken at home</b>								
English	721	95.8	397	86.5	882	95.6	594	68.6
Other	32	4.2	62	13.5	18	2.0	36	4.2
Not recorded	0	0.0	0	0.0	23	2.5	236	27.3
<b>Need for interpreter</b>								
No	750	99.6	454	98.9	920	99.7	859	99.2
Yes	3	0.4	5	1.1	3	0.3	7	0.8
<b>Total</b>	<b>753</b>	<b>100.0</b>	<b>459</b>	<b>100.0</b>	<b>923</b>	<b>100.0</b>	<b>866</b>	<b>100.0</b>

### 5.2.2 Socioeconomic characteristics

Socioeconomic characteristics of LikeMind consumers for the current period is presented in Table 8. Results are relatively consistent with those reported in the previous evaluation (covering the commencement of services to 31 October 2021) although some notable differences were observed.

Despite the proportion of consumers reporting being employed or self-employed increasing at all sites from the previous reporting period by between 4 and 13 percentage points (at Wagga Wagga and Penrith respectively), a substantial proportion reported being unemployed (between 22% at Wagga Wagga and 48% at Seven Hills). Similarly, while the proportion of consumers in paid employment increased at all sites, the source of income for between 17% and 30% of consumers was unemployment benefits, and an increase in the proportion of consumers with no income increased across all sites.

Across all sites almost one-half of consumers reported being single (or never married), while around one-third were married or in a de-facto relationship. Approximately one-quarter of consumers at Penrith and Seven Hills and closer to one-half at Orange and Wagga Wagga had dependent children (proportions decreased across all sites from the previous reporting period). In terms of type of accommodation, consumers most commonly rented privately, followed by owning their home (except at Orange where the rate of home ownership was substantially lower). The proportion of consumers recorded as residing in an 'other' type of accommodation at Orange increased substantially, from 12% in the previous period to 46% in the current period.

**Table 8 Socioeconomic characteristics of LikeMind consumers (current period)**

Socioeconomic characteristic	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
<b>Employment status</b>								
Employed/self employed	352	46.7	206	44.9	435	47.1	404	46.7
Unemployed	299	39.7	220	47.9	406	44.0	190	21.9
Supported employment	1	0.1	0	0.0	1	0.1	1	0.1
Home duties	24	3.2	10	2.2	34	3.7	43	5.0
Student	3	0.4	2	0.4	14	1.5	20	2.3
Retired for age	30	4.0	8	1.7	4	0.4	3	0.3

Socioeconomic characteristic	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
Retired for disability	9	1.2	3	0.7	0	0.0	4	0.5
Other	35	4.6	10	2.2	16	1.7	41	4.7
Not recorded	0	0.0	0	0.0	13	1.4	160	18.5
<b>Source of income</b>								
Paid employment	353	46.9	206	44.9	428	46.4	448	51.7
Unemployment benefits	148	19.7	110	24.0	273	29.6	146	16.9
Study payments	2	0.3	5	1.1	6	0.7	12	1.4
Disability pension	58	7.7	39	8.5	62	6.7	60	6.9
Aged pension	22	2.9	8	1.7	5	0.5	6	0.7
Other pension	31	4.1	25	5.4	67	7.3	46	5.3
No income	50	6.6	53	11.5	21	2.3	25	2.9
Other	89	11.8	13	2.8	41	4.4	36	4.2
Not recorded	0	0.0	0	0.0	20	2.2	87	10.0
<b>Relationship status</b>								
Married/de-facto	240	31.9	149	32.5	302	32.7	307	35.5
Separated	96	12.7	63	13.7	75	8.1	41	4.7
Divorced	58	7.7	44	9.6	33	3.6	23	2.7
Widowed	23	3.1	10	2.2	14	1.5	5	0.6
Single	336	44.6	193	42.0	475	51.5	315	36.4
Other	0	0.0	0	0.0	1	0.1	26	3.0
Not recorded	0	0.0	0	0.0	23	2.5	149	17.2
<b>Dependent children</b>								
No	548	72.8	347	75.6	504	54.6	475	54.8
Yes	205	27.2	112	24.4	393	42.6	299	34.5
Not recorded	0	0.0	0	0.0	26	2.8	92	10.6
<b>Type of accommodation</b>								
Private residence – owned/purchasing	213	28.3	125	27.2	48	5.2	196	22.6
Private residence – private rental	337	44.8	218	47.5	265	28.7	294	33.9
Private residence – public rental	124	16.5	77	16.8	139	15.1	138	15.9
Independent living unit in a retirement village	2	0.3	0	0.0	2	0.2	1	0.1
Institutional setting (e.g. aged care, psychiatric)	4	0.5	0	0.0	2	0.2	0	0.0
Supported living facility	18	2.4	6	1.3	20	2.2	5	0.6
Emergency temporary accommodation	10	1.3	4	0.9	1	0.1	7	0.8
Specialist homelessness services	0	0.0	1	0.2	0	0.0	1	0.1
Homeless	2	0.3	3	0.7	6	0.7	2	0.2

Socioeconomic characteristic	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
Other	43	5.7	25	5.4	428	46.4	73	8.4
Not recorded	0	0.0	0	0.0	12	1.3	149	17.2
<b>Total</b>	<b>753</b>	<b>100.0</b>	<b>459</b>	<b>100.0</b>	<b>923</b>	<b>100.0</b>	<b>866</b>	<b>100.0</b>

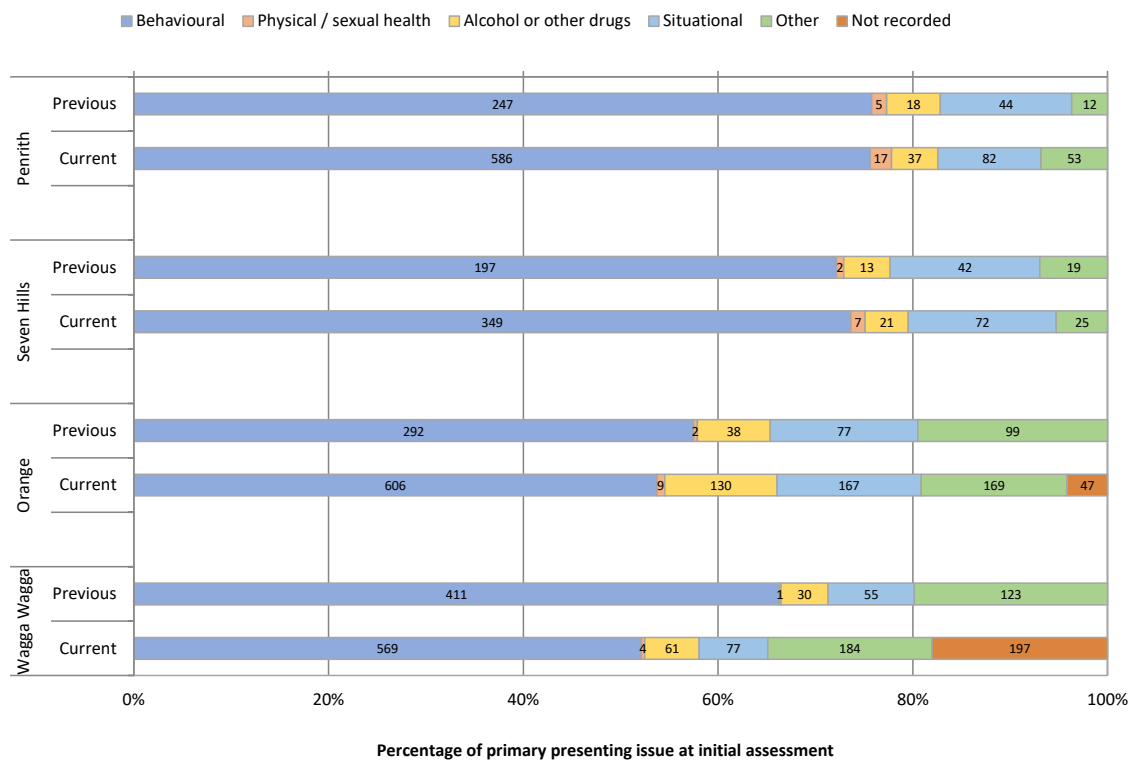
### 5.3 Clinical and service-related characteristics

This section presents an analysis of clinical and service-related data for the current period. The clinical profile of LikeMind consumers at intake is presented, along with characteristics relating to service delivery (namely referral source, main services provided, discipline of those providing services, and mode of discharge). Comparisons are made with the 12-month period from November 2020 to October 2021 (a period in which the COVID-19 pandemic had a significant impact on the delivery of LikeMind services across the four sites).

#### 5.3.1 Clinical profile of LikeMind consumers at intake

The key primary presenting issue (by sub-category) reported at initial assessment for each site is presented in Figure 7. Behavioural issues continued to be consistently and by far the most reported primary presenting issue across all sites (on average 64% across sites). Situational and alcohol or other drugs related issues accounted for the next most common primary presenting issues. For a substantial proportion of consumers in Orange and Wagga Wagga, the primary presenting issue continued to be recorded as 'other'.

**Figure 7 Primary presenting issue at initial assessment (comparison of periods)**



Note: Other includes developmental, learning, communication, pervasive developmental disorders, attention-deficit or disruptive-type behaviour, gender issues and vocational assistance.

Similar to the previous period, those consumers for whom their primary presenting issue related to behavioural issues, anxiety and depressive symptoms were the two most common issues (accounting for at least 83% of behavioural issues at each site). Stress-related issues were recorded for 4% of consumers on average across sites, and a smaller proportion of consumers across all sites reported other behavioural issues (e.g. suicidal thoughts, psychosis symptoms, borderline personality traits, etc.).

### 5.3.2 Referrals to LikeMind

The source of referral for LikeMind consumers for the current period is presented for each site in Table 9. At each site, self-referral and GP referral accounted for over two-thirds of total referrals. The proportion of referrals from these two sources differed by region, however, with a higher proportion of self-referral at the two metropolitan sites and a higher proportion of GP referral at the two regional sites. Far fewer referrals were made from other sources including LHDs.

In comparison to the period November 2020 to October 2021 (reported in the previous evaluation), similar patterns in referral sources were evident. One notable difference however was that the rate of self-referral at Western Sydney sites increased by 12% – 14%, while GP referrals decreased by 10% – 16%.

**Table 9 Referral source (current period)**

	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
Self-referral	548	70.7	305	64.3	228	20.2	254	23.3
Primary health care – GP	103	13.3	36	7.6	544	48.2	507	46.4
Psychiatrist - private	0	0.0	0	0.0	0	0.0	0	0.0
Inpatient mental health service	0	0.0	0	0.0	30	2.7	3	0.3
Community-based mental health service	1	0.1	2	0.4	81	7.2	125	11.4
Employment agency	18	2.3	12	2.5	41	3.6	17	1.6
Legal, justice, correction services	24	3.1	23	4.9	16	1.4	52	4.8
Acute mental health service	0	0.0	0	0.0	0	0.0	0	0.0
LHD acute team	2	0.3	1	0.2	0	0.0	0	0.0
LHD case management team	4	0.5	15	3.2	0	0.0	0	0.0
LHD other	1	0.1	2	0.4	0	0.0	0	0.0
Community development event	1	0.1	2	0.4	0	0.0	0	0.0
Drug and alcohol service	4	0.5	3	0.6	0	0.0	0	0.0
CMO (different organisation)	40	5.2	47	9.9	0	0.0	0	0.0
CMO (same organisation)	19	2.5	23	4.9	0	0.0	0	0.0
Community housing provider	6	0.8	1	0.2	0	0.0	0	0.0
NDIS funded provider or NDIA	0	0.0	1	0.2	0	0.0	0	0.0
Other	4	0.5	1	0.2	167	14.8	60	5.5
Not recorded	0	0.0	0	0.0	21	1.9	74	6.8
<b>Total</b>	<b>775</b>	<b>100.0</b>	<b>474</b>	<b>100.0</b>	<b>1,128</b>	<b>100.0</b>	<b>1,092</b>	<b>100.0</b>

Note: Includes consumers who had multiple referrals.

### 5.3.3 Main services provided at occasion of service

The main service provided at each occasion of service (OOS) following the initial assessment is presented by site for the current period in Table 10. Results are relatively similar to those reported for the previous period. General or supportive counselling was the most common service provided at Penrith, Seven Hills and Orange (just over one-third of all services), whereas cognitive behavioural therapy was most common at Wagga Wagga (half of all services provided). Client contact / case note was the next most frequent at Penrith and Orange, with relatively high numbers also reported at Seven Hills and Wagga Wagga. At Seven Hills, over one-quarter of services provided were mindfulness-based therapies. All other services combined accounted for less than one-third of the total at each site.

**Table 10 Main service provided at occasion of service (current period)**

	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
General or supportive counselling	1,451	35.7	1,215	35.3	2,205	39.1	1,742	23.2
Cognitive behavioural therapy	416	10.2	166	4.8	97	1.7	3,786	50.4
Client contact/Case note	1,064	26.1	358	10.4	1,297	23.0	1,189	15.8
Mindfulness-based therapies	148	3.6	923	26.8	461	8.2	18	0.2
Psychoeducation	29	0.7	5	0.1	429	7.6	109	1.5
Mental health assessment	169	4.2	119	3.5	18	0.3	228	3.0
Liaison w/ providers outside LikeMind	33	0.8	33	1.0	445	7.9	16	0.2
Coordinated care plan developed	226	5.6	164	4.8	14	0.2	52	0.7
Case review	15	0.4	106	3.1	303	5.4	16	0.2
Clinical review (3 month)	174	4.3	192	5.6	4	0.1	1	0.0
Relaxation strategies	95	2.3	27	0.8	7	0.1	17	0.2
Mental health group work	82	2.0	54	1.6	6	0.1	0	0.0
Motivational interviewing/enhancement	19	0.5	1	0.0	3	0.1	88	1.2
Liaison w/ providers within LikeMind	11	0.3	8	0.2	64	1.1	0	0.0
Cultural Support	0	0.0	2	0.1	0	0.0	62	0.8
Legal, justice, corrections services	17	0.4	2	0.1	2	0.0	16	0.2
Physical/clinical health assessment	3	0.1	30	0.9	0	0.0	0	0.0
Rehabilitation	1	0.0	1	0.0	1	0.0	28	0.4
Discharge plan	8	0.2	10	0.3	0	0.0	13	0.2
AOD group work	0	0.0	0	0.0	28	0.5	0	0.0
Outcome assessment	2	0.0	6	0.2	9	0.2	4	0.1
Triage and safety plan	2	0.0	2	0.1	0	0.0	15	0.2
Other <sup>1</sup>	104	2.6	21	0.6	184	3.3	42	0.6
Not recorded	0	0.0	0	0.0	66	1.2	71	0.9
<b>Total</b>	<b>4,069</b>	<b>100.0</b>	<b>3,445</b>	<b>100.0</b>	<b>5,643</b>	<b>100.0</b>	<b>7,513</b>	<b>100.0</b>

<sup>1</sup> Includes training, education and employment assistance, vocational counselling, couples counselling, family therapy, consultation with parent/carer, with client consent, etc.

### 5.3.4 Discipline of service provider conducting initial assessment

Clinician discipline at initial assessment is presented for each site in Table 11. Results are reasonably consistent with those reported in the previous evaluation for November 2020 to October 2021. Social workers continued to conduct a large proportion of initial assessments, particularly at Penrith, Seven Hills, and Orange (between 41%–60%); the proportion at Seven Hills increased by 18 percentage points from the previous evaluation period, while decreasing at a similar rate at Penrith and Wagga Wagga.

Provisional psychologists also continued to conduct a large proportion of initial assessments at Penrith and Seven Hills (the proportion increased at the former and decreased at the latter), and very few at the regional sites. As was the case in Phase 1 and 2 evaluations, both Orange and Wagga Wagga continued to report a large proportion of initial assessments as being conducted by ‘other’ disciplines. Finally, at Wagga Wagga, Aboriginal mental health workers undertook just over one-fifth of initial assessments (while this discipline did not undertake any at the other three sites).

**Table 11** Discipline of service provider conducting initial assessment (current period)

	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
Social worker	314	40.5	260	54.9	678	60.1	184	16.8
Provisional psychologist	391	50.5	206	43.5	0	0.0	79	7.2
Nurse	41	5.3	1	0.2	0	0.0	25	2.3
Registered psychologist	25	3.2	2	0.4	3	0.3	0	0.0
Drug and alcohol counsellor	0	0.0	0	0.0	0	0.0	28	2.6
General practitioner	0	0.0	0	0.0	0	0.0	1	0.1
Aboriginal mental health worker	0	0.0	0	0.0	0	0.0	234	21.4
Other	4	0.5	5	1.1	430	38.1	521	47.7
Not recorded	0	0.0	0	0.0	17	1.5	20	1.8
<b>Total</b>	<b>775</b>	<b>100.0</b>	<b>474</b>	<b>100.0</b>	<b>1,128</b>	<b>100.0</b>	<b>1,092</b>	<b>100.0</b>

Note: At Orange and Wagga Wagga, ‘Other’ includes services provided by LikeMind intake staff with undergraduate qualifications in psychology, social work and/or counselling.

### 5.3.5 Discipline of service provider at occasion of service

Clinician discipline at each occasion of service (OOS) is presented in Table 12. While variations in the proportion of activity undertaken by different disciplines is evident between the sites, social workers undertook a large proportion of occasion of service across all sites (ranging from 14% at Penrith to 47% at Wagga Wagga). The level of activity of registered psychologists was similarly high at Penrith and Seven Hills (approximately one-third of all OOS).

These results are comparable to the previous reporting period (from November 2020 to October 2021), with the exception of sharp decrease in services provided by registered psychologists at Orange and Wagga. Other notable differences between the current and previous reporting period include a substantial increase in services provided by provisional psychologists at Penrith and Wagga (up from approximately 1% to 21%).

As with the previous reporting period, a relatively high proportion (14%) of OOS at Wagga Wagga were provided by an Aboriginal mental health worker, with no activity by this discipline reported at

other sites. A substantial proportion of services continued to be reported as provided by 'other' disciplines across all sites (ranging from 12% at Wagga Wagga to 64% at Orange).

**Table 12** Discipline of service provider at occasion of service (current period)

	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
Social worker	571	14.0	1,031	29.9	1,877	33.3	3,541	47.1
Provisional psychologist	963	23.7	484	14.0	1	0.0	1,434	19.1
Nurse	170	4.2	4	0.1	0	0.0	0	0.0
Registered psychologist	1,262	31.0	1,147	33.3	111	2.0	1	0.0
Drug and alcohol counsellor	0	0.0	0	0.0	0	0.0	546	7.3
Employment consultant	2	0.0	1	0.0	0	0.0	0	0.0
General practitioner	0	0.0	0	0.0	0	0.0	2	0.0
Occupational therapist	0	0.0	3	0.1	0	0.0	1	0.0
Aboriginal mental health worker	0	0.0	0	0.0	0	0.0	1,060	14.1
Other	1,101	27.1	775	22.5	3,612	64.0	900	12.0
Not recorded	0	0.0	0	0.0	42	0.7	28	0.4
<b>Total</b>	<b>4,069</b>	<b>100.0</b>	<b>3,445</b>	<b>100.0</b>	<b>5,643</b>	<b>100.0</b>	<b>7,513</b>	<b>100.0</b>

Note: At Orange and Wagga Wagga, 'Other' includes services provided by LikeMind intake staff with undergraduate qualifications in psychology, social work and/or counselling.

### 5.3.6 Mode of discharge

The mode of discharge for planned exits during the current period is presented in Table 13. On average across sites, discharge to self-care remained the most common mode (ranging from 20% at Penrith to 50% at Orange). A relatively high frequency of discharge to external agencies continued, particularly in Orange and Wagga Wagga. Other modes of discharge were recorded less frequently, with the exception of the 'other' category at the two metropolitan sites (55% at Penrith and 41% at Seven Hills). This was an increase on the already substantial proportion recorded in the previous period (from November 2020 to October 2021), whereas this proportion at Orange and Wagga Wagga decreased considerably.

**Table 13** Mode of discharge – planned exits (current period)

	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
Discharge to self-care	64	19.7	137	42.4	64	49.6	135	33.9
Discharge to external agency	26	8.0	33	10.2	52	40.3	145	36.4
Discharge to referrer	23	7.1	11	3.4	0	0.0	99	24.9
Cease current treatment – client refused further treatment	35	10.8	9	2.8	1	0.8	3	0.8
Not recorded	0	0.0	0	0.0	4	3.1	5	1.3
Other	177	54.5	133	41.2	8	6.2	11	2.8
<b>Total</b>	<b>325</b>	<b>100.0</b>	<b>323</b>	<b>100.0</b>	<b>129</b>	<b>100.0</b>	<b>398</b>	<b>100.0</b>

It is worth noting that all four sites continue to report high proportion of unplanned exits, as presented in Table 14. During the current period, on average over one-half of exits were unplanned across all sites, with the highest proportion recorded at Orange.

**Table 14** Planned and unplanned exits (current period)

	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
Planned	325	56.2	323	64.2	129	13.2	398	55.1
Unplanned	253	43.8	180	35.8	841	85.8	305	42.2
Not recorded	0	0.0	0	0.0	10	1.0	19	2.6
<b>Total</b>	<b>578</b>	<b>100.0</b>	<b>503</b>	<b>100.0</b>	<b>980</b>	<b>100.0</b>	<b>722</b>	<b>100.0</b>

### 5.3.7 Modality of sessions

Modality of session for service contacts is presented by site for the current period in Table 15. Most initial assessments and subsequent occasions of service were conducted face-to-face at each site, except for Wagga Wagga where online was most frequent at initial assessment, and Seven Hills where phone was most frequent at OOS. Most exit assessments at Penrith and Seven Hills were conducted by phone (with a high number not recorded at these sites), whereas those at Orange and Wagga Wagga were online.

**Table 15** Modality of sessions (current period)

	Penrith		Seven Hills		Orange		Wagga Wagga	
	n	%	n	%	n	%	n	%
<b>Initial assessment</b>								
Face-to-face	527	68.0	249	52.5	1068	94.7	349	32.0
Telephone	234	30.2	210	44.3	1	0.1	5	0.5
Online (e.g. Zoom, Skype)	14	1.8	15	3.2	50	4.4	721	66.0
Not recorded	0	0.0	0	0.0	9	0.8	17	1.6
<b>Total</b>	<b>775</b>	<b>100.0</b>	<b>474</b>	<b>100.0</b>	<b>1,128</b>	<b>100.0</b>	<b>1,092</b>	<b>100.0</b>
<b>Occasion of service</b>								
Face-to-face	2003	49.2	989	28.7	3693	65.4	5681	75.6
Telephone	1667	41.0	2312	67.1	352	6.2	47	0.6
Online (e.g. Zoom, Skype)	399	9.8	144	4.2	1554	27.5	1773	23.6
Not recorded	0	0.0	0	0.0	44	0.8	12	0.2
<b>Total</b>	<b>4,069</b>	<b>100.0</b>	<b>3,445</b>	<b>100.0</b>	<b>5,643</b>	<b>100.0</b>	<b>7,513</b>	<b>100.0</b>
<b>Exit assessment</b>								
Face-to-face	135	23.4	64	12.7	361	36.8	234	32.4
Phone	188	32.5	259	51.5	13	1.3	136	18.8
Online (e.g. Zoom, Skype)	2	0.3	0	0.0	593	60.5	340	47.1
Not recorded	253	43.8	180	35.8	13	1.3	12	1.7
<b>Total</b>	<b>578</b>	<b>100.0</b>	<b>503</b>	<b>100.0</b>	<b>980</b>	<b>100.0</b>	<b>722</b>	<b>100.0</b>

## 5.4 Psychological distress outcomes of LikeMind consumers

Results in this section are based on analyses of available Kessler Psychological Distress Scale (K10) data completed at the initial and exit assessment during the current period. Comparisons are made with findings from the Phase 2 evaluation report (for the period October 2018 to October 2021).

Unfortunately, the number of records where PWI assessments were available at initial and exit assessment precluded an analysis using this clinical tool. However, in our view, the results presented based on an analysis of K10 assessments provides an accurate clinical profile of LikeMind consumers.

The K10 is a widely used reliable and validated screening scale of psychological distress, and includes ten questions about emotional states, each with a five-level response scale (from one 'none of the time' to five 'all of the time') (Kessler et al. 2002). Scores of the 10 items are summed, producing a minimum score of 10 and a maximum score of 50. A copy of the K10 scale is provided at Appendix 4.

The population norms of the K10 total score are as follows:

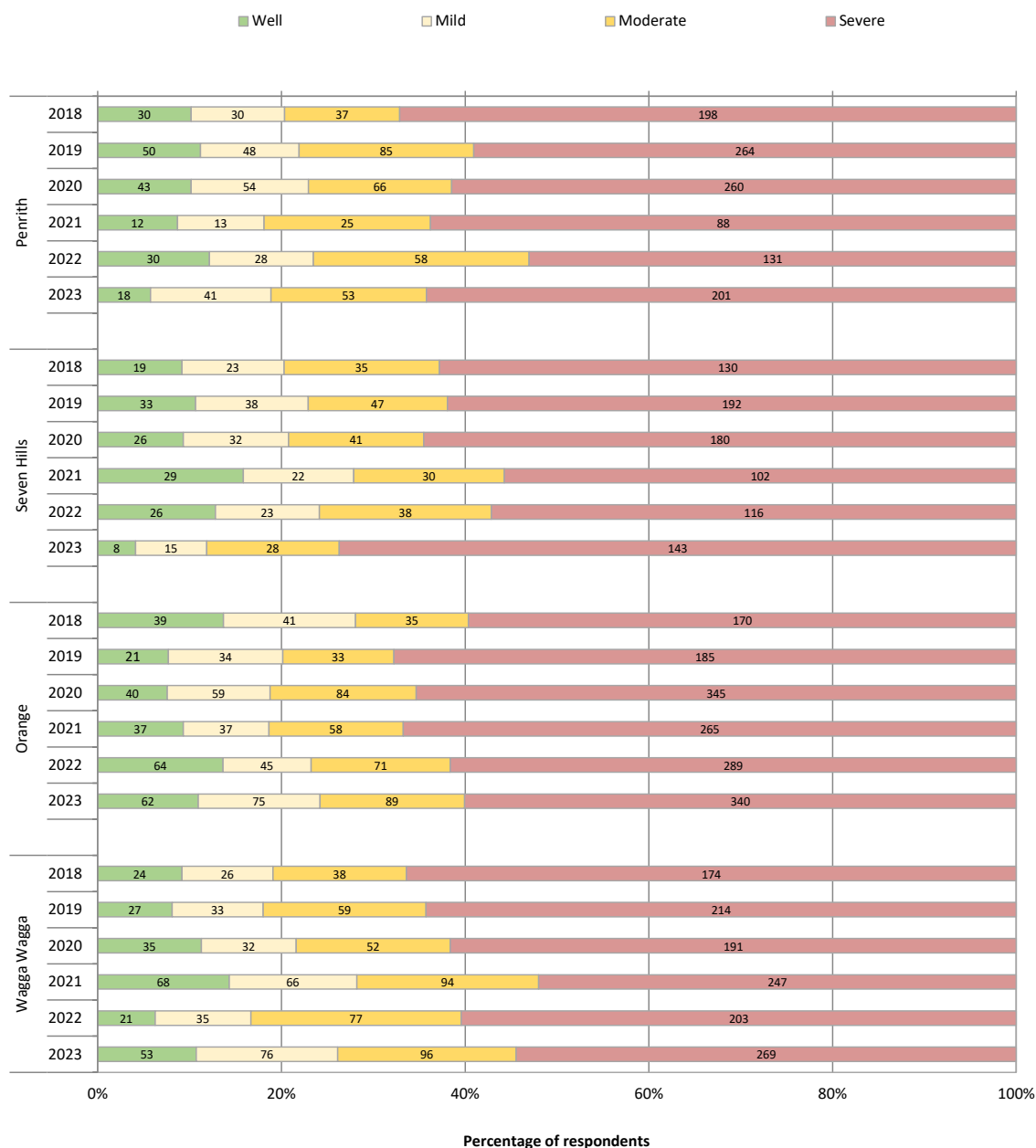
- 10-19: the consumer is likely to be well;
- 20-24: the consumer is likely to have a mild disorder;
- 25-29: the consumer is likely to have a moderate disorder;
- 30-50: the consumer is likely to have a severe disorder.

The K10 completion rate at initial assessment over the current period was higher at Seven Hills, Orange and Wagga Wagga (84%, 92% and 76% respectively) compared to the previous period (October 2018 to October 2021; 82%, 57% and 67% respectively), but was lower at Penrith (72% compared to 83%). However, the K10 completion rate at exit during was substantially lower in the current period than the previous period (ranging from 7% to 14% compared to 18% to 49%).

### 5.4.1 Psychological distress at initial assessment

The levels of psychological distress reported at initial assessment across sites from January 2018 to December 2022 is presented in Figure 8. The trend is very similar across all sites with the majority of LikeMind consumers reporting severe psychological distress. Only about one in 10 consumers were likely to be well at initial assessment, whereas six in 10 were likely to report severe psychological distress.

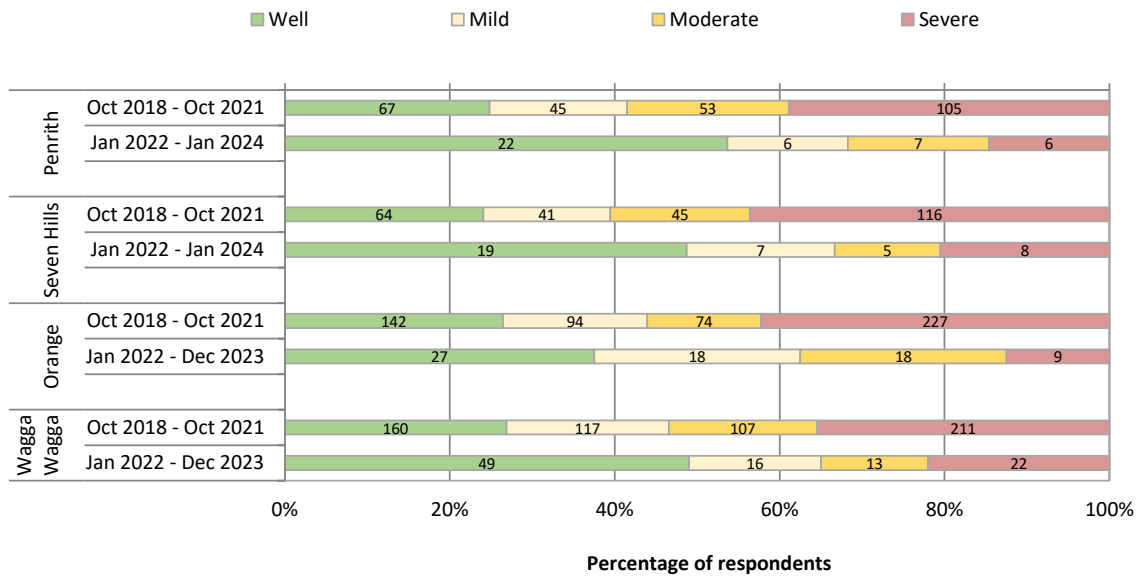
**Figure 8** Levels of psychological distress at initial assessment (Jan 2018 to Dec 2023)



### 5.4.2 Psychological distress at exit assessment

K10 assessment data at exit assessment across sites between October 2018 and the end of the current period is presented in Figure 9. For the current period, reported levels of psychological distress improved noticeably relative to the rating at initial assessment (as presented in Figure 8). The proportion of consumers on average across the sites reporting severe psychological distress decreased from about 60% at initial assessment to 20% at exit assessment. Similarly, on average just over 45% of consumers were likely to be well compared with about 10% at initial assessment. Compared to the period October 2018 to October 2021, levels of psychological distress at follow-up were lower in the current period, and improvements were greater. It is noted that a substantial proportion of K10 assessment data were not captured at exit.

**Figure 9** Levels of psychological distress at follow-up (Oct 2018 to Dec 2023 / Jan 2024)



## 6 Discussion

This section synthesises our evaluation findings and presents a set of options for further consideration by the Ministry.

### 6.1 Introduction

The Ministry established the LikeMind pilot in 2013 as an integrated service with co-located mental health and other service providers in two metropolitan and two regional NSW locations. Approximately \$30m has been invested in LikeMind to provide readily accessible community-based services for people with moderate to severe mental illness.

Since its establishment, LikeMind has delivered more than 75,700 occasions of service to more than 26,000 consumers. The number of clinical services delivered by each LikeMind service has continued to increase over that period. Clinical and psycho-social support services have been provided to consumers across the four targeted service streams: mental health, primary health, drug and alcohol and vocational/social needs including linkages to employment and housing. There has been relatively little change in the clinical profile of LikeMind consumers over the two years of the current evaluation.

Many of the issues, challenges and findings that have emerged in the current evaluation were identified in the two previous LikeMind evaluations. This is not surprising given that the current evaluation spans the two-year period from 2022 to 2023, and the earlier evaluations spanned the previous six-year period from 2015 to 2021.

The similarities between evaluation findings are evident at all levels but particularly when considering high-level questions, such as those related to the overall aims and objectives of the LikeMind pilot. A consistent set of evaluation findings have emerged in this area over the eight years during which LikeMind has operated.

For this reason, relevant information from the previous evaluations has been updated and included in this report. The aim is to ensure that this report provides a stand-alone set of findings and recommendations that reflect the current status of LikeMind. In doing so, this report considers the current evidence-base related to integration of community-based mental health services and utilises the rich sources of information collected during the previous LikeMind evaluations.

### 6.2 Service integration and co-location: the LikeMind experience

Co-location is an approach to facilitate service integration that usually involves shared space, equipment and staff; coordinated care between services; or a partnership between health providers and human services providers (Bayne et al. 2016). Leutz defines integration as the search to connect the health care system with other human service systems to improve outcomes (Leutz 1999).

There is a strong body of evidence to support the benefits of integrated and co-located community-based mental health services for consumers (Blackmore et al. 2018; Lee-Tauler et al. 2018), service providers (Dawson et al. 2020; Knight et al. 2018) and the broader health system (Jackson et al. 2007). The literature also identifies a range of challenges associated with such initiatives (Clarke & Burns 2017; Fernandez et al. 2017; Flatau et al. 2010). The decision to establish LikeMind in 2013 reflected the broad evidence base and was consistent with the ten year NSW Strategic Plan for Mental Health (NSW Mental Health Commission 2014a).

### 6.2.1 Enablers and barriers to service integration

The academic literature identifies a set of service attributes that have been shown to contribute to the successful implementation of integrated mental health services. Many studies have also identified barriers to successful implementation of such models. Some of the key enablers and barriers can be characterised as underlying principles, while others are more practical in nature - both are relevant to LikeMind and are useful to highlight when considering its outcomes. The enablers and barriers particularly relevant to LikeMind include:

#### Enablers

- Social and professional skills, face-to-face interaction, managing differing work cultures and culture change were important success factors (Haggarty et al. 2012).
- Trust and respect are key to the success of joint working and requires time for workers to develop. Joint training helps workers to understand each other's roles and responsibilities (Cameron & Lart 2003).
- Ongoing joint governance and management, clear on-site leadership, and a well-designed evaluation strategy are needed to ensure success over time as well as the patience of clients, staff and participating organisations (Nepe et al. 2011).
- Services should be established as a full-time endeavour with ongoing joint service management and onsite leadership (Waghorn et al. 2009).

#### Barriers

- A lack of focus on new governance structures, which meant that agencies kept their old lines of governance and culture (Lawn et al. 2014).
- A missed opportunity when practical 'moving in' issues were prioritised early on rather than governance and collaboration issues (Lawn et al. 2014).
- Where there was disagreement about working culture, with each profession wanting the other to change its organisational culture (Kharicha et al. 2005).

## 6.3 Key implementation issues

Challenges with service integration, workforce issues, and the COVID-19 pandemic have had a significant impact on the implementation of LikeMind. These issues were explored in detail in the previous evaluations and are reviewed here in the context of the current position of the pilot.

### 6.3.1 Service integration

Service integration is probably the most fundamental aspect of the LikeMind model of care. It represents the 'value add' that LikeMind seeks to achieve by enhancing CMO service delivery and linkages with public health and other services. In establishing the LikeMind pilot, it was intended that co-locating mental health providers in community accessible premises with shared service protocols would lead to improved outcomes for consumers. Assessing the extent to which LikeMind agencies function together as an integrated service is therefore a core aspect of the evaluation.

In the initial evaluation reports (2015 to 2018), we reported that the most significant obstacle facing effective service integration between LikeMind services was an ongoing tension between the lead agencies and participating LHDs. By 2019, at the time of the LikeMind Phase 1 final evaluation report, we identified important improvements in the dynamic between the LHD and LikeMind staff particularly at Seven Hills and Penrith. The improvement had resulted largely from the appointment of several senior LikeMind staff with extensive experience in the mental health sector. Similar

improvements were also evident but to a lesser extent at Orange. At Wagga Wagga, the LHD had not been co-located at the LikeMind site but attended on an as-required basis.

Between 2019 and 2021, a number of significant developments occurred in this area. The LHD mental health teams at Seven Hills, Penrith and Orange all ended their co-location arrangements with LikeMind. Similarly, while consortium members continued to be co-located on a fractional basis, their physical presence at LikeMind sites decreased primarily as a result of the COVID-19 pandemic.

The LikeMind Phase 2 evaluation final reported (at the end of 2021) that no longer being co-located had resulted in a significant reduction in the level of service integration between lead CMOs and LHDs. The opportunity for staff to interact informally had been largely removed and some of the formal mechanisms implemented to promote integration were no longer practical. At the same time, not being co-located had significantly improved the dynamic between lead CMOs and the LHDs including the development of effective collaborative relationships. As part of this, Seven Hills, Orange and Penrith all had SLAs in place and Wagga Wagga had a MOU with LikeMind.

Between 2022 and 2024, the relationships between LikeMind and their respective LHDs has remained largely unchanged. There continues to be collaborative arrangement in place between LikeMind services and their respective LHD. At the same time, there has not been any resumption of co-location arrangements.

The arrangements between LikeMind services and other consortium members have also remained largely unchanged between 2022 and 2024. Some additional consortium members are now operating from the Penrith and Seven Hills sites.

Overall, as at the beginning of 2024, LikeMind has evolved and operates as a well-established partnership between the lead CMO, LHDs and other consortium members. It has not, however, evolved into an integrated service delivery model as was initially envisaged.

### **6.3.2 Workforce and private practice issues**

A range of issues associated with the LikeMind model of care have continued to be critical in the way that LikeMind services have responded to internal and external influences. Two significant challenges that have emerged since the commencement of LikeMind are workforce and private practice issues. These have continued to represent significant challenges for LikeMind during the current evaluation period between 2022 and 2024.

The key workforce challenges continue to relate to high levels of staff turnover and the lack of experience and/or qualifications of LikeMind frontline intake and assessment staff. These staff are in many ways the cornerstone of the LikeMind model. The triage decisions they make in determining whether or not a prospective consumer requires further assessment by LikeMind or other services, and the type and urgency of the response is critical. However, attracting and retaining appropriately skilled intake staff has been a significant challenge at each LikeMind service.

The issue of recruitment in regional areas has been well documented in previous evaluation reports and has continued to present challenges. Less attractive award rates offered by CMOs and a perceived lack of available local candidates with relevant work experience are part of the recruitment problem. This is compounded by the fact that LikeMind often loses its more experienced staff to LHDs where staff can enjoy improved award rates and working conditions.

In relation to private practice services, the difficulties in attracting and retaining GPs, psychiatrists and psychologists has continued. There continues to be gaps in service provision at each of the four LikeMind services. Consequently, those clinicians that do work with LikeMind are extremely busy and typically have long waiting lists. The uncertainty in recruiting skilled and experienced LikeMind staff and the failings of the private practice model have in turn continued to negatively affect the relationship between the LHD mental health teams and LikeMind.

In the LikeMind Phase 2 evaluation final report, it was noted that initiatives introduced by the Commonwealth in response to the COVID-19 pandemic had unexpectedly assisted in addressing some workforce issues. For example, interim changes to the Better Access Program, and the COVID-19 pandemic-related temporary MBS Telehealth Services had facilitated the recruitment and commitment of psychologists due to the flexibility it offered in being able to support LikeMind consumers remotely. Notwithstanding these initiatives, as outlined in Section 4.1, the availability of private psychologist services has remained very low.

Some of these measures remain in place and have continued to provide LikeMind services with alternative service delivery options. Certainly, the COVID-19 pandemic significantly changed the mode of delivery of LikeMind services, particularly at the two metropolitan sites. While on average across sites almost half of all service contacts were face-to-face in the current period, one quarter were via telephone and over one-fifth were conducted online.

One of the important Commonwealth initiatives introduced in response to the COVID-19 pandemic was the Head to Health initiative. In the LikeMind Phase 2 evaluation we noted that Head to Health pop-up sites in Penrith and Seven Hills had created an additional option for consumers seeking mental health support by creating an extra layer of choice. The potential overlap in service delivery options between LikeMind and Head to Health continues to be an important factor during the current evaluation period.

## **6.4 LikeMind outcomes and achievement**

### **6.4.1 Outcomes for LikeMind consumers**

The clinical profile of consumers indicated that LikeMind has continued to deliver services to consumers with moderate to severe mental health conditions (notwithstanding some data limitations). In the current period, the average proportion of consumers reporting severe psychological distress decreased from about 60% at initial assessment to 20% at exit assessment<sup>1</sup>. In the previous period (October 2018 to October 2021) improvements were less pronounced, as the proportion of consumers (60%) likely to have a severe disorder at initial assessment decreased to 40% at follow-up.

Importantly, previous research has identified that benefits for consumers are more likely to relate to factors such as not needing to re-tell their story, improved communication between providers and less stigma. These factors may not be reflected in ratings on clinical tools (Calkins et al. 2013; Nepe et al. 2011).

For this reason, previous LikeMind evaluations have collected data from LikeMind consumers at key points throughout each evaluation. The scope of the current evaluation did not include these types of data collection. However, a survey completed by 107 LikeMind consumers as recently as January 2022 reported positive outcomes. This survey found very high levels of satisfaction across all

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<sup>1</sup> Follow-up K10 assessment data available for 252 consumers.

LikeMind sites in relation to: 'access to services', 'experiences with staff' and 'overall satisfaction with the service'.

Similarly, earlier evaluation data, dating as far back as focus groups conducted in 2018 also identified a consistent pattern of consumers reporting positive outcomes being associated with accessing LikeMind services. Here, consumers reported that having access to multiple co-located service-providers contributed to their having positive consumer experiences.

It is difficult to assess the impact that LHD services no longer being co-located has had on consumer experiences of the service. In the 2022 consumer survey, a minority of consumers reported value in being able to access multiple service providers in one location. However, because the majority of consumers had not accessed multiple services at LikeMind in the first place, the LHD no longer being co-located did not emerge as an issue.

Overall, the above findings provide some evidence that LikeMind has delivered meaningful outcomes for a significant number of consumers experiencing distress at each of the four sites.

#### **6.4.2 Outcomes for service providers**

During the two previous LikeMind evaluations, provider level outcomes have been evaluated in terms of how efficiently resources have been targeted and whether effective staffing structures and partnership arrangements have been maintained. Each of the previous evaluations reported that despite lack of progress in genuine service integration, important formal and informal links between LikeMind and LHD staff had developed.

At the same time, the previous evaluations also highlighted that recruitment to LikeMind clinical positions had been challenging from the commencement of the pilot. The two main issues related to high levels of staff turnover and lack of experience and/or qualifications. This was not surprising at Orange and Wagga Wagga given that recruitment of health staff to rural / regional areas is known to be difficult. This situation does not appear to have improved during 2022 and 2023.

In relation to private practice services, the previous evaluations identified ongoing difficulties in attracting and retaining GPs, psychiatrists and psychologists. This resulted in a high turnover of clinicians and gaps in service provision at each of the four LikeMind services. Again, this situation does not appear to have improved during 2022 and 2023.

Prior to the COVID-19 pandemic, each of the LikeMind services (including Wagga Wagga where the LHD was not co-located) had been operating with an increasing level of co-operation between LHDs and lead agencies. In many instances, professional relationships had developed and been maintained over a long period of time and a degree of trust had developed between services. For example, when LikeMind staff participate in clinical review meetings with LHD mental health teams to discuss shared care arrangements, a degree of capacity building takes place with both teams benefiting from each other's knowledge and experience.

The current evaluation did not include any prospective qualitative data collection examining outcomes for service providers. However, based on information collected through staff interviews and a consumer survey, the previous evaluation identified that the links between the LikeMind services, LHDs and consortium members had significantly diminished since the COVID-19 pandemic (refer to Gordon R et al. 2022). Again, in our view, if further data were collected, it would be highly likely to indicate that this situation has not changed.

### 6.4.3 Outcomes for the health system

At the system level, data collected from multiple sources in the previous evaluations found that LikeMind was delivering accessible community-based services to its target population.

Feedback from consumers throughout previous evaluations found that LikeMind was a welcome addition to the mental health service delivery system in each community. Feedback from providers indicated that LikeMind was meeting previously unmet need for services. This was particularly important given the increased demand for services that arose as a result of the COVID-19 pandemic.

In the current evaluation, the LikeMind MDS data indicates that the profile of clients between 2022 and 2024 is very similar to earlier periods. Similarly, the staffing profile at each LikeMind service has also remained relatively unchanged during this period. On this basis, it is reasonable to conclude that LikeMind has continued to deliver accessible community-based services to a proportion of its target population. However, consumers at the severe end of need do not appear to be as well served by LikeMind.

At the same time, it is still the case that LikeMind services are not delivering an integrated 'one-stop-shop' approach as envisaged when the model was developed. Rather, services continue to be delivered largely independently with mechanisms to facilitate inter-service collaboration. At its most functional, LikeMind can be described as an effective and well-regarded collaboration. While there are some co-location arrangements in place between the lead and some partner CMOs, it cannot reasonably be characterised as an integrated service model.

A range of policy developments at both the state and national level have influenced the internal and external environment in which LikeMind operates. Many of these have been a direct response to the COVID-19 pandemic. Examples include the introduction of new services (such as Head to Health), the extension of existing services (such as the Better Access Program), and a raft of changes in the way in which mental health services are delivered.

Overall, there is no evidence arising from the current evaluation that contradicts the findings of the previous evaluations in this area. That is, LikeMind has been very successful in developing brand recognition in each of the four local communities in which it operates. The appointment of community engagement officers has been identified in previous research as essential in promoting brand recognition (Yap et al. 2017). Each LikeMind service has continued to employ staff to raise community awareness of the service.

The scope of the current (or previous) evaluations did not allow the impact of LikeMind on the use of services such as emergency department and hospital inpatient units to be formally assessed. However, anecdotal evidence suggests that LikeMind has not had a material impact on the use of acute mental health services – which was one of the initial objectives of the pilot.

A recent Australian study also found that decreases in inpatient admissions, length of inpatient stays and emergency department attendances were not significantly reduced following the introduction of a similar model (Beere et al. 2019). Further research in this area would provide a stronger evidence base on this issue in relation to LikeMind services.

## 6.5 Future options and considerations

The current funding arrangements for LikeMind services end on 30 June 2024. It is not the role of this evaluation to make explicit recommendations regarding future funding arrangements for LikeMind. Rather, the evaluation has aimed to provide an evidence base to underpin future decision-making processes.

The three evaluations conducted by CHSD over the last nine years have shown that LikeMind has delivered effective mental health services to consumers with moderate to severe distress across its four target streams. Increasing demand for mental health services, particularly since the COVID-19 pandemic are such that LikeMind could continue to operate under the model of care that has evolved over the last nine years.

At the same time, there is no doubt that LikeMind is not delivering an integrated 'one-stop-shop' approach as envisaged when the model was developed. Rather, services are being delivered largely independently with well-established mechanisms to facilitate inter-service collaboration. LikeMind has not been implemented as intended, and does not increase the capacity of LHDs to provide services to people experiencing acute mental health issues or suicidality.

There is a wider question of whether the service is sustainable, given that one of the intentions of the pilot was to establish proof of sustainability so that the model could be scaled up and rolled out. This has not eventuated and the model has not attracted sufficient numbers of private practitioners or NDIS funding to scale up. National and state policy contexts have since resulted in alternative but similar models being scaled up and rolled out across NSW.

The range of issues identified in the Phase 2 and the current evaluation will need to be considered. The recommendations developed in the Phase 2 evaluation remain relevant and could be used to guide the future direction of LikeMind. A copy of these recommendations is provided at Appendix 6 in this context.

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## Appendix 1 LikeMind Version 2 Minimum Data Set - Initial Assessment

Item No.	Item description	Code set	Code set Description	Data type/format	Additional information
0.1	Outcome of triage assessment	1 2	Suitable (proceed to item 1.1 and continue to collect the MDS) Not suitable (proceed to item 0.2.1 and do NOT continue to collect the MDS)	Numeric	This item should be completed for all people for whom a triage assessment has been completed. If LikeMind is suitable for the person and the person agrees to receive services, the person becomes a LikeMind client and the MDS should be completed. If LikeMind is not suitable, record the main reason why in item 0.2 and do not proceed to collect the MDS.
0.2.1	Why was LikeMind not suitable?	1 2 3 4 5	Age not appropriate Acuity – person too acutely unwell Person currently being managed by another service Person refused LikeMind service Other (please specify in item 0.2.2)	Numeric	Only complete this item if the response to item 0.1 was 'Not suitable'. Choose the response that 'best' describes why LikeMind was not suitable.
0.2.2	Why was LikeMind not suitable? (other)	-	-	String	The specific reason why LikeMind was not suitable. Only complete this item if the response to item 0.2.1 was 'Other'
1.1	Site identifier	100 103 121 122	Seven Hills Penrith Orange Wagga Wagga	Numeric	Unique identifier of LikeMind service
1.2	Client identifier	-	-	String	Unique identifier for each LikeMind client
1.3	Episode identifier	-	-	String	Unique identifier for each LikeMind episode
1.4	Date of assessment/service	-	-	dd/mm/yyyy	The date of the initial assessment/service
1.5	Sex	1 2 3	Male Female Other	Numeric	The sex of the client
1.6	Date of birth	-	-	dd/mm/yyyy	The date of birth of the client
1.7.1	Country of birth	1 2	Australia Other (please specify in item 1.7.2)	Numeric	The country of birth of the client
1.7.2	Country of birth other	-	-	String	The specific country of birth of the client if not Australia
1.8.1	Main language spoken at home	1 2	English Other (please specify in item 1.8.2)	Numeric	The main language spoken at home by the client
1.8.2	Main language spoken other	-	-	String	The main language spoken at home by the client if not English
1.9	Postcode	-	-	Numeric	The postcode of the client's usual residence
1.10	Indigenous status	1 2 3 4	Aboriginal but not Torres Strait Islander origin Torres Strait Islander but not Aboriginal origin Both Aboriginal and Torres Strait Islander origin Neither Aboriginal nor Torres Strait Islander origin	Numeric	Whether the client identifies as being Aboriginal or Torres Strait Islander
1.11	Need for interpreter	1 2	No Yes	Numeric	Does the client need an interpreter service?
1.12	Employment status	1 2 3 4 5 6	Employed/self employed Unemployed Supported employment Home duties Student Retired for age	Numeric	Client's current participation in employment

Item No.	Item description	Code set	Code set Description	Data type/format	Additional information
		7	Retired for disability		
		8	Other		
1.13	Source of income	1	Paid employment	Numeric	Client's current main source of income
		2	Unemployment benefits		
		3	Study payments		
		4	Disability pension		
		5	Aged pension		
		6	Other pension		
		7	No income		
		7	Other		
1.14	Relationship status	1	Married/de-facto	Numeric	The client's current relationship status
		2	Separated		
		3	Divorced		
		4	Widowed		
		5	Single		
		6	Other		
1.15	Does the client have dependent children?	1	No	Numeric	Does the client have dependent children living with them?
		2	Yes		
1.16	Does the client have a carer?	1	No	Numeric	Does the client have a carer?
		2	Yes		
1.17	Type of accommodation	1	Private residence – owned/purchasing	Numeric	The type of accommodation that the client currently lives in
		2	Private residence – private rental		
		3	Private residence – public rental		
		4	Independent living unit in a retirement village		
		5	Institutional setting (e.g. aged care, psychiatric)		
		6	Supported accommodation/living facility		
		8	Emergency temporary accommodation		
		9	Specialist homelessness services including short term, crisis or transitional housing		
		10	Homeless		
		7	Other		
1.18	Referral source	1	Self-referral	Numeric	The source of client's referral to LikeMind
		2	Primary health care – GP		
		3	Psychiatrist - private		
		4	Inpatient mental health service		
		5	Community-based mental health service		
		6	Employment agency		
		7	Legal, justice, correction services		
		9	Acute mental health service		
		10	LHD acute team		
		11	LHD case management team		
		12	LHD other		
		13	Community development event		
		14	Drug and alcohol service		
		15	CMO (Different organisation)		
		16	CMO (Same organisation)		
		17	Community housing provider		
		18	National Disability Insurance Scheme (NDIS)		

Item No.	Item description	Code set	Code set Description	Data type/format	Additional information
		8	funded provider or National Disability Insurance Agency (NDIA) Other		
1.19	Date of referral	-	-	dd/mm/yyyy	The date that the client was referred to LikeMind
1.20.1 – 1.20.5	Primary presenting issue(s)	1 2 3 4 5 8 10 11 13 17 26 32 44 47 49 50 51 52 54 60 67 68 66	Anxiety symptoms Depressive symptoms Suicidal thoughts/behaviour Stress related Psychosis symptoms Deliberate self-harm Borderline personality straits Anger issues Other mental health issue Sexual assault/abuse Physical health Vocational assistance Alcohol or other drugs At risk of social isolation Homelessness or at risk of homelessness General violence Grief Trauma Legal issues (in general) Developmental issues (cognitive) Emotional dysregulation Difficulty with personal relationships Other	Numeric	The primary issue (up to 5) for which the client presents to LikeMind for assessment/triage.  Record the main issue as item 1.20.1 followed by any other issues in chronological order of severity as items 1.20.2 to 1.20.5
1.21	Discipline of intake/assessment clinician	1 2 3 4 5 6 7 8 9 11 10	Provisional psychologist Registered psychologist Psychiatrist Drug and alcohol counsellor Employment consultant General practitioner Social worker Occupational therapist Nurse Aboriginal mental health worker Other	Numeric	The discipline of the intake/assessment clinician performing the initial assessment
1.22.1 – 1.22.5	Main outcome(s) of session	1 2 3 7 8 9 10 6	Commence Care Plan Follow up external service provider Follow up another LikeMind service provider Refer to external service – referral accepted Refer to external service – referral not accepted Refer to another LikeMind service – referral accepted Refer to another LikeMind service – referral not accepted Other	Numeric	The main outcome(s) of the session for the client.  Please record the main outcome as item 1.22.1 followed by any other outcomes as items 1.22.2 to 1.22.5
1.23	Modality of session	1 2 3	Face-to-face Phone Online (e.g. Zoom, Skype)	Numeric	How the session was conducted
1.24	Length of session	1 2 3	< 20 minutes 20 – 39 minutes 40 – 59 minutes	Numeric	Time in minutes that the client spent with the service provider

Item No.	Item description	Code set	Code set Description	Data type/format	Additional information
		4 5 6	60 – 89 minutes 90 – 120 minutes > 2 hours		
1.25.1 – 1.25.10	Kessler Psychological Distress Scale (K10)	1 2 3 4 5	None of the time A little of the time Some of the time Most of the time All of the time	Numeric	There are 10 items (questions) in the K10. The response to each question will be stored in chronological order using items 1.25.1 to 1.25.10
1.26.1 – 1.26.9	Personal Wellbeing Index (PWI)	0 - 10	0 (No satisfaction at all) – 10 (Completely satisfied)	Numeric	There are 9 items (questions) in the PWI (Part 1 Q1, Part 2 Q1-Q8). The response to each question will be stored in chronological order using items 1.26.1 to 1.26.9

## Appendix 2 LikeMind Version 2 Minimum Data Set - Occasion of Service

Item No.	Item description	Code set	Code set Description	Data type	Additional information
2.1	Site identifier	100 103 121 122	Seven Hills Penrith Orange Wagga Wagga	Numeric	Unique identifier of LikeMind service
2.2	Client identifier	-	-	String	Unique identifier for each LikeMind client
2.3	Episode identifier	-	-	String	Unique identifier for each LikeMind episode
2.4	Date of assessment/service	-	-	dd/mm/yyyy	The date of this occasion of service
2.5	Service provider	1 2 3 69 4 5 6 70 71 72 17 18 19 73 20 22 74 75 76 77 32 33 78 34 79 80 81 82 83 48 49	<b>Penrith</b> LikeMind Penrith – Private practitioner LikeMind Penrith – General practitioner LikeMind Penrith – Intake and assessment clinician LikeMind Penrith – Peer worker Nepean Blue Mountains Local Health District Nepean Blue Mountains Primary Health Network Consultant Psychiatrist Community Managed Organisation – on site Community Managed Organisation – off site Other <b>Seven Hills</b> LikeMind Seven Hills – Private practitioner LikeMind Seven Hills – General practitioner LikeMind Seven Hills – Intake and assessment clinician LikeMind Seven Hills – Peer worker Western Sydney Local Health District Consultant Psychiatrist Western Sydney Primary Health Network Community Managed Organisation – on site Community Managed Organisation – off site Other <b>Orange</b> O - LikeMind Orange – Private practitioner O - LikeMind Orange – General practitioner O - LikeMind Orange – Peer worker O - LikeMind Orange – Other O - Western NSW Local Health District O - Western NSW Primary Health Network O - Community Managed Organisation – on site O - Community Managed Organisation – off site O - Other <b>Wagga Wagga</b> W - LikeMind Wagga Wagga – Private practitioner W - LikeMind Wagga Wagga – General practitioner	Numeric	The service provider for this occasion of service

Item No.	Item description	Code set	Code set Description	Data type	Additional information
		84	W – LikeMind Wagga Wagga – Peer worker		
		50	W - LikeMind Wagga Wagga – Other		
		51	W - Murrumbidgee Local Health District		
		85	W – Murrumbidgee Primary Health Network		
		86	W - Community Managed Organisation – on site		
		87	W - Community Managed Organisation – off site		
		88	W – Other		
2.6	Discipline of service provider	1	Provisional psychologist	Numeric	The discipline of the service provider for this occasion of service
		2	Registered psychologist		
		3	Psychiatrist		
		4	Drug and alcohol counsellor		
		5	Employment consultant		
		6	General practitioner		
		7	Social worker		
		8	Occupational therapist		
		9	Nurse		
		11	Aboriginal mental health worker		
		10	Other		
2.7	Funding source	1	LikeMind	Numeric	Funding source for this occasion of service and all work undertaken after this service
		2	Medicare Benefits Schedule (MBS)		
		6	In-kind funding from Consortium organisation		
		7	National Disability Insurance Scheme (NDIS)		
		8	Other		
2.8.1 – 2.8.5	Main service(s) provided	1	Triage and safety plan	Numeric	The main service(s) provided to the client for this occasion of service (up to 5 services can be recorded).  Please record the ‘main’ service provided as item 2.8.1 and any other services as items 2.8.2 to 2.8.5.
		2	Mental health assessment		
		3	Physical/clinical health assessment		
		4	Sexual health assessment		
		5	Outcome assessment		
		6	Coordinated care plan developed		
		7	Client contact/Case note		
		8	Clinical review (3mth)		
		30	Case review		
		9	Training assistance		
		10	Education assistance		
		11	Employment assistance		
		12	Vocational counselling		
		13	Motivational Interviewing/enhancement		
		14	Psycho-education (including harm minimisation)		
		15	Cognitive behavioural therapy		
		16	Rehabilitation		
		17	General or supportive counselling		
		18	Relaxation strategies		
		19	Mindfulness-based therapies		
		20	Couples counselling		
		21	Family therapy		
		22	Mental health group work		
		23	Alcohol and other drugs (AOD) group work		
		24	Vocational group work		
		26	Cultural Support		
		27	Consultation with parent/carer, with client consent		
		28	Liaison with other service providers within LikeMind		
		29	Liaison with other service providers outside LikeMind		
		31	Legal, justice, corrections services		
		32	Discharge plan		
		25	Other		

Item No.	Item description	Code set	Code set Description	Data type	Additional information
2.9	Main outcome of session	1 2 9 10 8	1 Commence Care Plan 2 Continue current Care Plan 9 Change of Care Plan – step up (referral to more acute service(s) required) 10 Change of care Plan – step down (can begin preparation for discharge) 8 Other	Numeric	The main outcome of the session for the client.
2.10	Modality of session	1 2 3	1 Face-to-face 2 Phone 3 Online (e.g. Zoom, Skype)	Numeric	How the session was conducted
2.11	Client present	1 2	1 Yes (client is present, via any modality) 2 No (client is not present, however the activity is specific to the client's care)	Numeric	Was the client present for this occasion of service?
2.12	Length of session	1 2 3 4 5 6	1 < 20 minutes 2 20 – 39 minutes 3 40 – 59 minutes 4 60 – 89 minutes 5 90 – 120 minutes 6 > 2 hours	Numeric	Time in minutes that the client spent with the service provider
2.13.1- 2.13.10	Kessler Psychological Distress Scale (K10)	1 2 3 4 5	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Numeric	There are 10 items (questions) in the K10. The response to each question will be stored in chronological order using items 2.13.1 to 2.13.10
2.14.1- 2.14.9	Personal Wellbeing Index (PWI)	0 - 10	0 (No satisfaction at all) – 10 (Completely satisfied)	Numeric	There are 9 items (questions) in the PWI (Part 1 Q1, Part 2 Q1-Q8). The response to each question will be stored in chronological order using items 2.14.1 to 2.14.9

### Appendix 3 LikeMind Version 2 Minimum Data Set - Exit Assessment

Item No.	Item description	Code set	Code set Description	Data type	Additional information
3.1	Site identifier	100 103 121 122	Seven Hills Penrith Orange Wagga Wagga	Numeric	Unique identifier of LikeMind service
3.2	Client identifier	-	-	String	Unique identifier for each LikeMind client
3.3	Episode identifier	-	-	String	Unique identifier for each LikeMind episode
3.4	Date of assessment/service	-	-	dd/mm/yyyy	The date of the final assessment/service (i.e. episode end)
3.5	Employment status	1 2 3 4 5 6 7 8	Employed/self employed Unemployed Supported employment Home duties Student Retired for age Retired for disability Other	Numeric	Client's current participation in employment
3.6	Source of income	1 2 3 4 5 6 8 7	Paid employment Unemployment benefits Study payments Disability pension Aged pension Other pension No income Other	Numeric	Client's current main source of income
3.7	Relationship status	1 2 3 4 5 6	Married/de-facto Separated Divorced Widowed Single Other	Numeric	The client's current relationship status
3.8	Does the client have a carer?	1 2	No Yes	Numeric	Does the client have a carer?
3.9	Type of accommodation	1 2 3 4 5 6 8 9 10 7	Private residence – owned/purchasing Private residence – private rental Private residence – public rental Independent living unit in a retirement village Institutional setting (e.g. aged care, psychiatric) Supported accommodation/living facility Emergency temporary accommodation Specialist homelessness services including short term, crisis or transitional housing Homeless Other	Numeric	The type of accommodation that the client currently lives in
3.10	Service provider	1 2 3 69 4 5 6 70	<b>Penrith</b> LikeMind Penrith – Private practitioner LikeMind Penrith – General practitioner LikeMind Penrith – Intake and assessment clinician LikeMind Penrith – Peer worker Nepean Blue Mountains Local Health District Nepean Blue Mountains Primary Health Network Consultant Psychiatrist Community Managed Organisation – on site	Numeric	The service provider for this occasion of service

Item No.	Item description	Code set	Code set Description	Data type	Additional information
		71	Community Managed Organisation – off site		
		72	Other		
			<b>Seven Hills</b>		
		17	LikeMind Seven Hills – Private practitioner		
		18	LikeMind Seven Hills – General practitioner		
		19	LikeMind Seven Hills – Intake and assessment clinician		
		73	LikeMind Seven Hills – Peer worker		
		20	Western Sydney Local Health District		
		22	Consultant Psychiatrist		
		74	Western Sydney Primary Health Network		
		75	Community Managed Organisation – on site		
		76	Community Managed Organisation – off site		
		77	Other		
			<b>Orange</b>		
		32	O - LikeMind Orange – Private practitioner		
		33	O - LikeMind Orange – General practitioner		
		78	O – LikeMind Orange – Peer worker		
		34	O - LikeMind Orange – Other		
		79	O - Western NSW Local Health District		
		80	O – Western NSW Primary Health Network		
		81	O - Community Managed Organisation – on site		
		82	O - Community Managed Organisation – off site		
		83	O - Other		
			<b>Wagga Wagga</b>		
		48	W - LikeMind Wagga Wagga – Private practitioner		
		49	W - LikeMind Wagga Wagga – General practitioner		
		84	W – LikeMind Wagga Wagga – Peer worker		
		50	W - LikeMind Wagga Wagga – Other		
		51	W - Murrumbidgee Local Health District		
		85	W – Murrumbidgee Primary Health Network		
		86	W - Community Managed Organisation – on site		
		87	W - Community Managed Organisation – off site		
		88	W – Other		
3.11	Discipline of service provider	1	Provisional psychologist	Numeric	The discipline of the service provider for this occasion of service
		2	Registered psychologist		
		3	Psychiatrist		
		4	Drug and alcohol counsellor		
		5	Employment consultant		
		6	General practitioner		
		7	Social worker		
		8	Occupational therapist		
		9	Nurse		
		11	Aboriginal mental health worker		
		10	Other		
3.12.1-3.12.5	Diagnosis OR clinical indication(s)	1	Not applicable/not able to be determined	Numeric	If the client has been given a formal diagnosis by a qualified practitioner, please record it here.
			<b>Mood disorders</b>		
		3	Major depressive disorder		
		4	Bipolar disorder		
		5	Dysthymic disorder		

Item No.	Item description	Code set	Code set Description	Data type	Additional information
		6	Cyclothymic disorder		<p>If the client does not have a formal diagnosis, please record the clinical indication determined throughout the episode. The clinical indication can be defined as <i>'the client presented with symptoms/behaviour consistent with...'</i></p> <p>Record the 'main' or 'primary' diagnosis/indication as item 3.12.1 and any others as items 3.12.2 – 3.12.5 in chronological order of severity.</p>
			<b>Anxiety disorders</b>		
		7	Panic disorders		
		8	Social phobia		
		9	Obsessive-Compulsive disorder		
		10	Generalised anxiety disorder		
		11	Post-traumatic stress disorder		
		12	Specific phobia		
		13	Agoraphobia		
		14	Acute stress disorder		
			<b>Eating disorders</b>		
		15	Anorexia		
		16	Bulimia		
		17	Binge eating disorder		
		18	Other eating disorder		
			<b>Substance disorders</b>		
		19	Substance abuse		
		20	Substance dependence		
			<b>Adjustment disorders</b>		
		21	Adjustment disorder with anxiety		
		22	Adjustment disorder with depression		
		23	Adjustment disorder with depression and anxiety		
		24	Adjustment disorder with disturbance of conduct		
		25	Other adjustment disorder		
			<b>Psychotic disorders</b>		
		26	Brief psychotic disorder		
		27	Delusional disorder		
		28	Schizoaffective disorder		
		29	Schizophrenia		
		30	Schizophreniform		
		31	Shared psychotic disorder		
		32	Substance-induced psychosis		
		33	Other psychotic disorder		
			<b>Personality disorders</b>		
		34	Borderline personality disorder		
		35	Avoidant personality disorder		
		36	Antisocial personality disorder		
		37	Narcissistic personality disorder		
		38	Other personality disorder		
			<b>Pervasive developmental disorders</b>		
		39	Autism spectrum disorder		
		40	Asperger syndrome		
		41	Pervasive developmental disorder		
		42	Learning disorder		
		43	Other pervasive developmental disorders		
			<b>Other</b>		
		44	Dissociative disorder		
		45	Impulse control disorders		
		46	Sexual disorders		
		47	Sleep disorders		
		48	Somatoform disorders		
		49	Other		
3.13	Unplanned exit	1 2	No Yes	Numeric	Was this an unplanned exit? If so, several other data items will be unable to be collected and hence should be left blank.
3.14	Modality of session	1 2 3	Face-to-face Phone Online (e.g. Zoom, Skype)	Numeric	How the session was conducted
3.15	Length of session	1 2 3 4 5	< 20 minutes 20 – 39 minutes 40 – 59 minutes 60 – 89 minutes 90 – 120 minutes	Numeric	Time in minutes that the client spent with the service provider

Item No.	Item description	Code set	Code set Description	Data type	Additional information
		6	> 2 hours		
3.16	Mode of discharge	1 2 3 4 7 8 6	Discharge to Consortium organisation Discharge to referrer Discharge to external agency Discharge to self-care Cease current treatment – client admitted to hospital Cease current treatment – client refused further treatment Other	Numeric	Mode of client discharge.
3.17.1- 3.17.10	Kessler Psychological Distress Scale (K10)	1 2 3 4 5	None of the time A little of the time Some of the time Most of the time All of the time	Numeric	There are 10 items (questions) in the K10. The response to each question will be stored in chronological order using items 3.17.1 to 3.17.10
3.18.1 – 3.18.9	Personal Wellbeing Index (PWI)	0 - 10	0 (No satisfaction at all) – 10 (Completely satisfied)	Numeric	There are 9 items (questions) in the PWI (Part 1 Q1, Part 2 Q1-Q8). The response to each question will be stored in chronological order using items 3.18.1 to 3.18.9

**Appendix 4 Kessler Psychological Distress Scale (K10)**

<b>The Kessler Scale (K10) Worksheet</b>	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
<b>Please tick the answer that is best for you:</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1. In the past 4 weeks, about how often did you feel tired out for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 4 weeks, about how often did you feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 4 weeks, about how often did you feel hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 4 weeks, about how often did you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past 4 weeks, about how often did you feel so restless you could not sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 4 weeks, about how often did you feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the past 4 weeks, about how often did you feel everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past 4 weeks, about how often did you feel worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix 5 Personal Wellbeing Index (PWI)

The following questions ask how satisfied you feel, on a scale from zero to 10. **Zero** means you feel no satisfaction at all and **10** means you feel completely satisfied.

### [Global Life Satisfaction]

Thinking about your own life and personal circumstances, how satisfied are you **with your life as a whole**?

No satisfaction at all												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### [Domain: Standard of Living]

How satisfied are you **with your standard of living**?

No satisfaction at all												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### [Domain: Health]

How satisfied are you **with your health**?

No satisfaction at all												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### [Domain: Achieving in Life]

How satisfied are you **with what you are achieving in life**?

No satisfaction at all												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[Domain: Relationships]**

How satisfied are you **with your personal relationships?**

No satisfaction at all											Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[Domain: Safety]**

How satisfied are you **with how safe you feel?**

No satisfaction at all											Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[Domain: Community Connectedness]**

How satisfied are you **with feeling part of your community?**

No satisfaction at all											Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[Domain: Future Security]**

How satisfied are you **with your future security?**

No satisfaction at all											Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix 6 LikeMind Phase 2 Evaluation: Recommendations

### Recommendations to enhance LikeMind outcomes at the consumer level

- LikeMind services should actively promote routine collection of the YES survey.
- The direct involvement of consumers across all aspects of LikeMind should be actively encouraged to ensure that co-design principles are a core component of service delivery. This could occur by:
  - Developing strategies/guidelines/requirements for LikeMind consumers to be included in program, consortium governance and quality improvement processes.
  - Recruiting and implementing appropriate minimum training requirements for peer workers with a lived experience of mental illness to support the recovery journey of LikeMind consumers;
  - Re-introducing group peer-to-peer sessions as soon as practicable given the COVID-19 restrictions.
- LikeMind services should continue to develop community engagement activities to raise public awareness of the support they can offer individuals experiencing mental illness.

### Recommendations to enhance LikeMind outcomes at the service provider level

- New funding agreements should be negotiated based on agreed structural and service delivery arrangements that include:
  - The co-location of LHD mental health services not being a requirement of the LikeMind model;
  - The co-location of CMO consortium members being a feature of the LikeMind model for some CMOs, but not a formal requirement for all CMOs;
  - Specific measures to promote a shared care culture that includes formal and informal service integration outside a co-located environment between all consortium members including LHDs. This should include LikeMind staff participating in clinical reviews with the LHD mental health community teams and senior LikeMind and LHD staff meeting regularly to discuss the partnership and opportunities for service integration.
- The new funding agreements should be set at a level that will allow:
  - Lead CMOs to attract and retain appropriate staffing levels including both senior clinicians and intake and assessment staff;
  - Recognition that ongoing challenges with the recruitment of GPs and mental health practitioners are likely to persist;
  - Lead CMOs to adjust their approach to service delivery as required to respond to changing circumstances associated with COVID-19.
- LikeMind Service Plans and associated documentation should be updated as required to reflect the new funding agreements.
- The LikeMind V2 MDS should continue to be collected routinely to support ongoing monitoring and evaluation activities. This should include:
  - A focus on improving the infrastructure to support the ongoing collection of the LikeMind V2 MDS;
  - Greater emphasis on ensuring collection of the two clinical tools (K10 and PWI) to allow clinical outcomes to be reliably and accurately assessed;

- Co-located CMOs making better use of LikeMind client information systems.
- Service level agreements should be developed with all consortium members specifying each organisation's responsibility to the LikeMind model of care including approaches to encouraging integrated service delivery. The SLAs should include:
  - Clearly defined governance arrangements consistent with the agreed model of care;
  - A commitment from all consortium partners to promoting a culture of shared care that includes the involvement of consumers across all aspects of LikeMind services;
  - The requirement for lead CMOs to hold regular consortium meetings attended by all stakeholders including the LHD;
  - All consortium members having a clear understanding and participating in the collection of the LikeMind V2 MDS as required.

### Recommendations to enhance LikeMind outcomes at the system level

- The LikeMind model of care should be re-defined with a clear and compelling vision that:
  - Reflects the aims and objectives (particularly related to co-location) that have evolved since its initial inception;
  - Recognises the challenges in integrating different organisational and professional cultures;
  - Reflects changes in the strategic direction and policy context of mental health service delivery at both a Commonwealth and state level.
- LikeMind services should actively explore opportunities for formal and informal links with existing and new community-based services including:
  - Head to Health services, particularly in Penrith and Seven Hills where pop-up clinics have been established;
  - GPs and other community services not currently involved in the consortium;
  - Other mental health and social services established in response to COVID-19.
- Efforts to recruit GPs and private mental health practitioners to LikeMind should persist. Notwithstanding the recognised funding challenges, these efforts should include:
  - Efforts to incorporate private practitioners into the LikeMind culture;
  - Incorporating non-financial incentives for private practitioners being associated with LikeMind;
  - Identifying opportunities for private practitioners to become more involved in LikeMind governance processes.
- The LikeMind Program Logic should be updated to reflect the re-defined LikeMind vision. The revised Program Logic should:
  - Provides a clear summary of the different elements of the program and how they fit together, demonstrating the 'theory of change';
  - Clearly document the nature of the consortium approach that underpins the LikeMind model.
- Continue monitoring and evaluation activities to demonstrate the outcomes achieved by LikeMind and to assess changing areas of need for this client group.