Appendix 1 A programme logic model for the CORE study a stepped wedge cluster randomised controlled trial in the community mental health setting

### Inputs
- Participating Mental Health Community Support Services providers
- Staff at participating Mental Health Community Support Services providers
- People affected by mental illnesses in Victoria (users of the services)
- Carers of people affected by mental illnesses in Victoria

### Activities
- Engagement and mapping
  - Surveys of all participants (baseline, 9mo, 18mo and 27mo)
    - Service user surveys
    - Carer surveys
    - Staff surveys
  - Longitudinal data about:
    1. User service experiences, recovery and quality of life
    2. Carer mental health and wellbeing, quality of life
    3. Staff attitudes to recovery and carer/consumer participation
  - Touch Points information gathering at each site:
    1. Telephone interviews with all consumers/carers
    2. Face to face interviews with users (n=3) and carers
    3. Separate focus groups with users, carers and staff (n=6-10 participants in each)
  - Co-design Process at each site:
    1. Training for co-design
    2. Collaboration group meeting (2 meetings x 1 group)
    3. Co-design meeting (3 meetings x up to 3 groups)
  - Users, carers and staff have a shared ownership and commitment change

### Outputs
- Longitudinal data about high (positive) and low (negative) service experiences linked with
  - In-depth data about high (positive) and low (negative) service experiences linked with recovery. Clear identification of possible areas for change in services from the perspective of users and carers
- Co-design meeting (2 meetings x 1 group)
- Co-design meeting (3 meetings x up to 3 groups)
  - Each group meeting comprises 8-10 people with a specified mix of users, carers and staff

### Short-term outcomes: Learning, awareness, skills
- Researchers understand service and policy context
- Sites are trial ready
- Service users, carers and staff know about the study

### Medium-term outcomes: Changes in behaviour, beliefs and attitudes
- Enhanced participation of peak service user and carer agencies in research and development of an evidence base around service experience and recovery
- Increased accountability of organisations, governments and service providers to engage users and carers in service planning and design and to use outcomes data in planning.

### Long-term outcomes: Ultimate organisation/ system changes
- StRENGTHENED evidence-base for the researchers, service providers, government, and peak consumer and carer bodies
- Change in beliefs about the importance of consumer and carer experience in service planning and design
- Changes in organisational culture and an embedded process of involving with users and carers to improve services based on experiences
- Increased in user recovery outcomes and carer mental health and well-being, including greater participation in social or work-related activities outside of services

### Data collection will identify recovery experiences within services.

### Staff turnover and changes to services.

### Carers changing services, becoming unwell or no longer eligible for services.

### External factors
- National and State Government mental health reforms and new policies on recovery, new model of service delivery based on Individual Client Support Packages, existing recovery philosophies and models underpinning mental health services.
- Staff turnover and changes to services.
- Consumers changing services, becoming unwell or no longer eligible for services.
- Carer relationships change, affecting ability to participate.

### Engagement and mapping

### Surveys of all participants (baseline, 9mo, 18mo and 27mo)
- Service user surveys
- Carer surveys
- Staff surveys

### Longitudinal data about:
1. User service experiences, recovery and quality of life
2. Carer mental health and wellbeing, quality of life
3. Staff attitudes to recovery and carer/consumer participation

### Touch Points information gathering at each site:
1. Telephone interviews with all consumers/carers
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### Co-design Process at each site:
1. Training for co-design
2. Collaboration group meeting (2 meetings x 1 group)
3. Co-design meeting (3 meetings x up to 3 groups)

### Users, carers and staff have a shared ownership and commitment change

### Material resources
- Funding from the Mental Illness Research Fund and the Psychiatric Illness and Disability Donations Trust Fund
- Consumer and carer research and evaluation staff from Victorian Mental Illness Awareness Council (VMIAC) and TANDEM (Victorian Mental Health Carers Network)
- Study investigators, research team and advisory and data monitoring committees
- Trained consumer and carer peer support workers
- Awareness raising posters and postcards distributed within the community

### Human resources
- Consumer and carer research and evaluation staff from Victorian Mental Illness Awareness Council (VMIAC) and TANDEM (Victorian Mental Health Carers Network)
- Study investigators, research team and advisory and data monitoring committees
- Trained consumer and carer peer support workers
- Awareness raising posters and postcards distributed within the community

### Assumptions
- Data collection will identify recovery experiences within services.
- The co-design intervention will improve recovery outcomes for individuals involved and those not involved who still receive services.
- Engagement, participation, and positive experiences of care lead to improvements in mental health outcomes and attitudes.
- Staff, consumers and carers will participate in the repeated 9-monthly surveys and the intervention.
- Staff, consumers and carers will have sustained commitment to the repeated 9-monthly surveys and the whole intervention process.
- Service sites will remain funded and engaged for the life of the project.