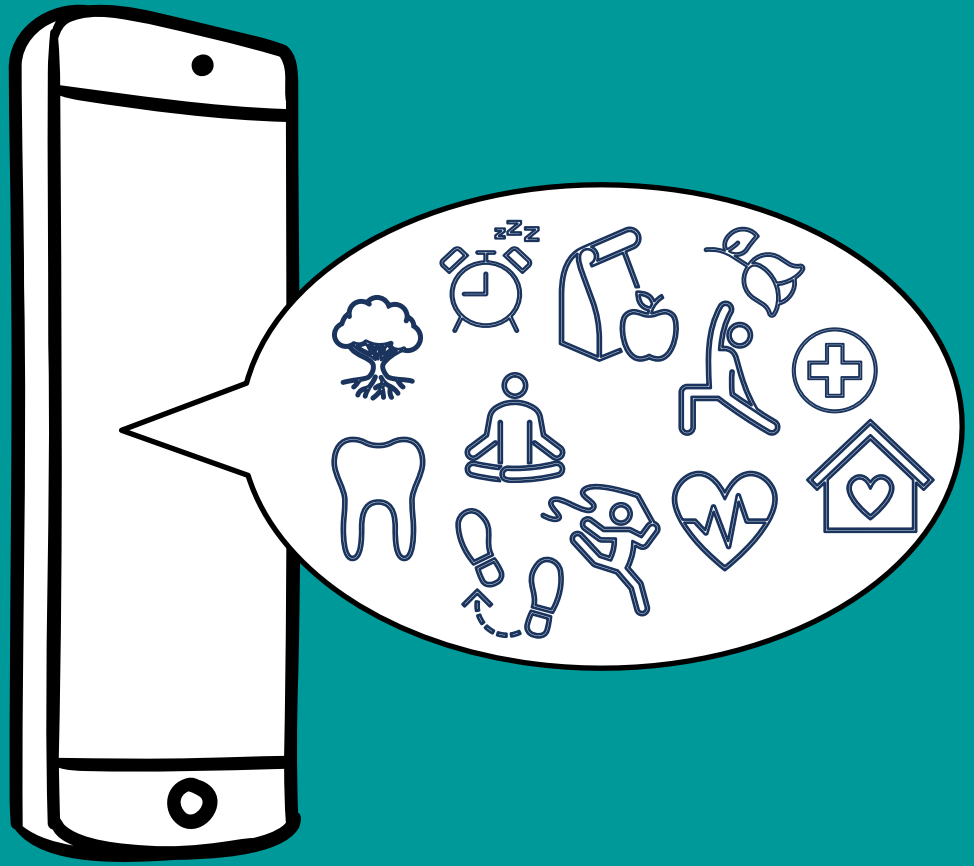
SiMPliCITy

Self-care of Multimorbidity in schizophrenia supported by Peer workers: a Co-designed health Information Technology

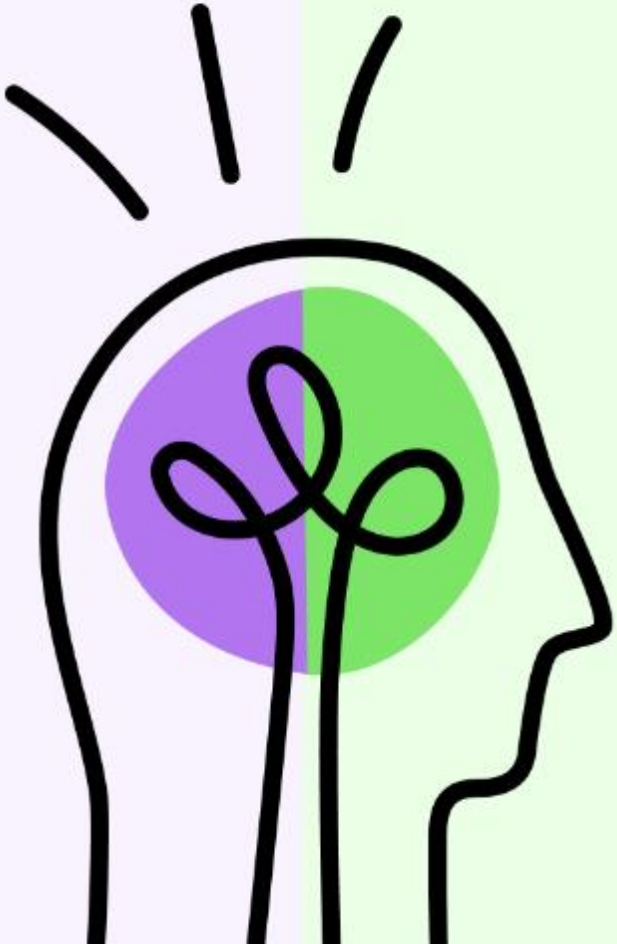
Grant: 2022 TCR Improving Physical Health of People with a Mental Illness



THE UNIVERSITY OF SYDNEY

Acknowledgement of Country

Robert Campbell Jnr, 1991, untitled, synthetic polymer paint on canvas, 49 × 87.5 cm



Recognising Lived Experience

We acknowledge the individual and collective expertise of those with a living or lived experience (including in this room), recognising the vital contribution and unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

Life Course Centre

REVOLUTION IN MIND

orygen

mindgardens Neuroscience Network

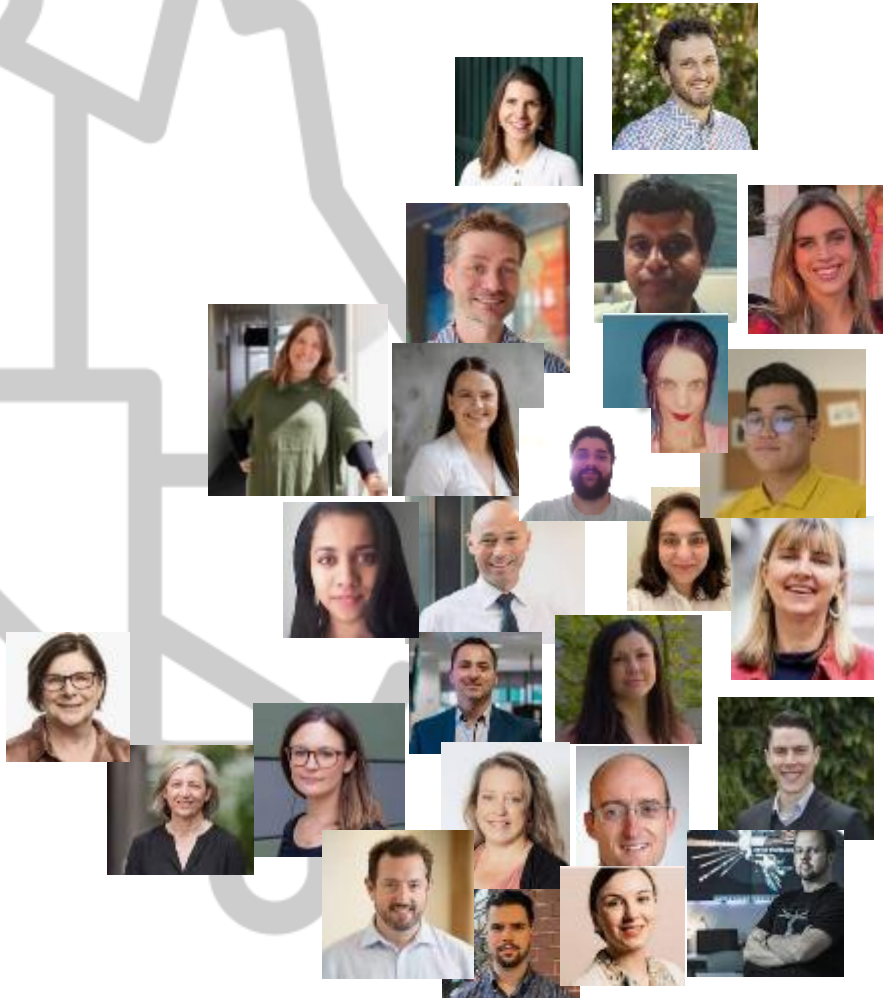
One DOOR Mental Health

rfq recovered futures | Richmond Fellowship Queensland

techlab University of Sydney

Uniting

flourish AUSTRALIA

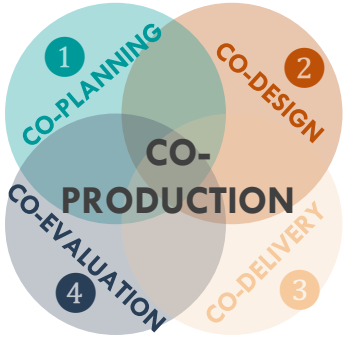


Today's focus

Understanding the enablers of physical health.

Co-producing a peer delivered, digitally enabled physical health self-care tool.

Background: Frameworks



FEASIBILITY 2 3 4

Assessing usability, acceptability and feasibility of ***Simplicity*** and its design via user-testing to make decisions about progression to evaluation stage.

2026

DEVELOP INTERVENTION

- - Concept mapping
- Co-developing ***Simplicity***

Past research evidence (e.g., Lancet Commission).

2024-25 1 2

Core elements

- Consider context (Primary, Secondary & Tertiary Care)
- Develop, refine & (re)test SIMPLICITY & identify uncertainties.
- Engage stakeholders (consumers, clinicians carers, services & networks)
- Ensure integration, scalability & sustainability including economic

EVALUATION

Assessing ***Simplicity*** in a mixed methods hybrid II implementation-effectiveness feasibility trial.

2027-28 3 4

IMPLEMENTATION 1 2 3 4

Implementation outcomes (Re-AIM and Proctor's implementation outcome taxonomy) enable targeted strategies for impact and uptake to enhance integration, scalability and sustainability in mental health services.

Roper et al 2018
Skivington et al 2021

Research Streams

1 Identify enablers/barriers/opportunities 2 Develop model 3 Hybrid Feasibility Trial to optimize sustainability & effectiveness

People experiencing schizophrenia related conditions

CO-PRODUCTION

Peer support workers, clinicians & supportive others

1

Concept mapping

2

Co-design

User testing

2024-2025

3 *Hybrid Feasibility trial*

Co-primary Outcomes

- *Implementation* (Re-AIM: Reach, Efficacy, Adoption, Implementation, Maintenance); plus economic evaluation
- *Effectiveness* in:

1) self-care
2) health indicators →

Examples:

- Nutrition
- Physical Activity
- Sleep
- Medication
- Sexual heath
- Substance use
- Pain
- Routine checks

2026-2028

Stream 1: Concept Mapping

(Trochim Method, Group Wisdom tool)

What enables physical health?

PART A

We ask a big question to all (lived experience, peer, carer, clinicians)

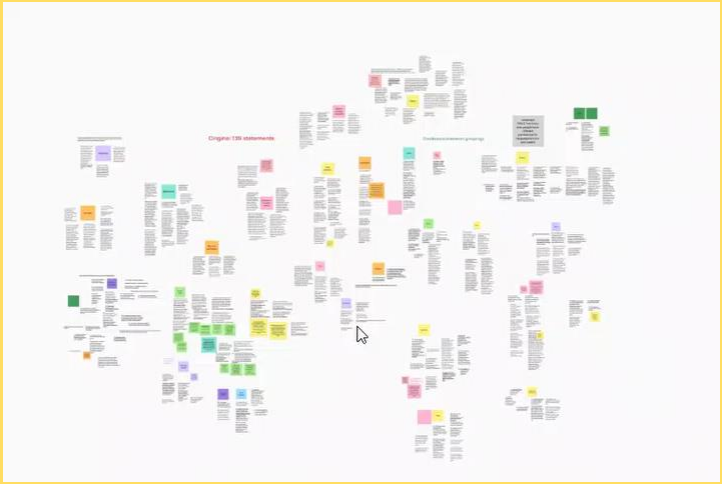
Everyone shares their ideas as short answers or statements

PART B

We group the ideas (with the help of digital tools)

We rank the ideas

We make a map – a visual picture of what people said

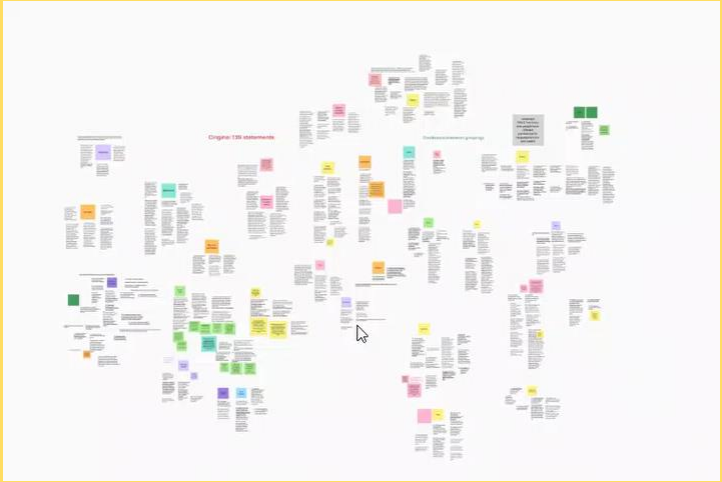


Nice to know: our Concept Mapping Research Team draws from a diverse range of backgrounds 50% draw on lived experience expertise, 50% have clinical backgrounds in mental and physical health; 25% have been peer workers; all are researchers or future researchers!

Stream 1: Concept Mapping

(Trochim Method)

Together, we've collected **139 ideas** about what supports the physical health of people living with psychosis **(which we refined to 81)** .



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Stream 1: Sneak Peak

Here is a snapshot of some of the collaborator's ideas

physically healthy?

Access to lived experience stories to get insight about experiences of physical health self-management

Connection to peers or social networks to support being physically active

The exercise class needs to have a friendly no-pressure non-competitive environment and atmosphere

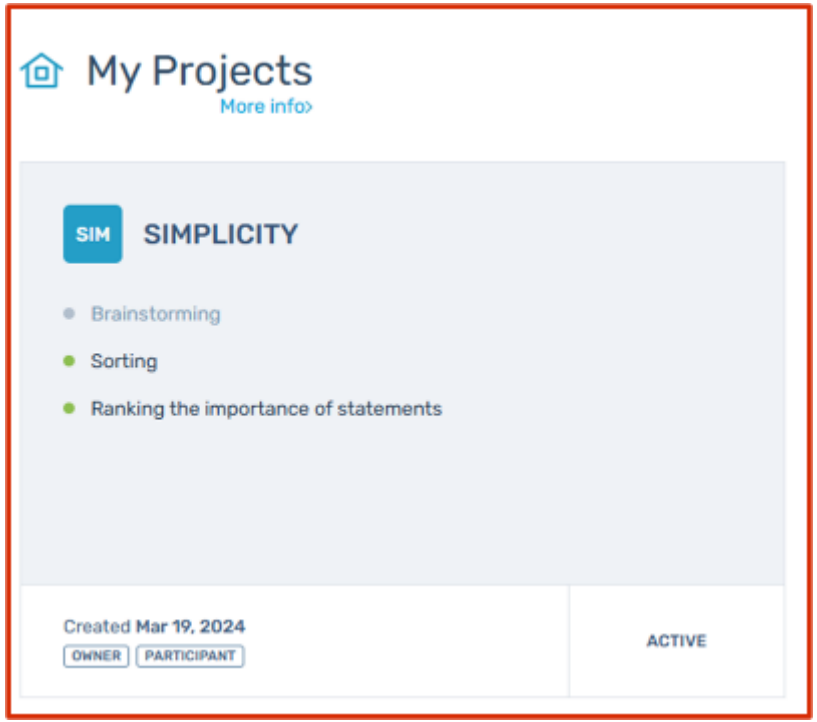
Addressing fundamental access issues: e.g. can someone afford to visit a gym, buy sneakers, travel, get fresh veg?

Smartphone apps / programs tailored to people with serious mental illness

Having co-located services (e.g. pathology, oral health, GP) all in the same building

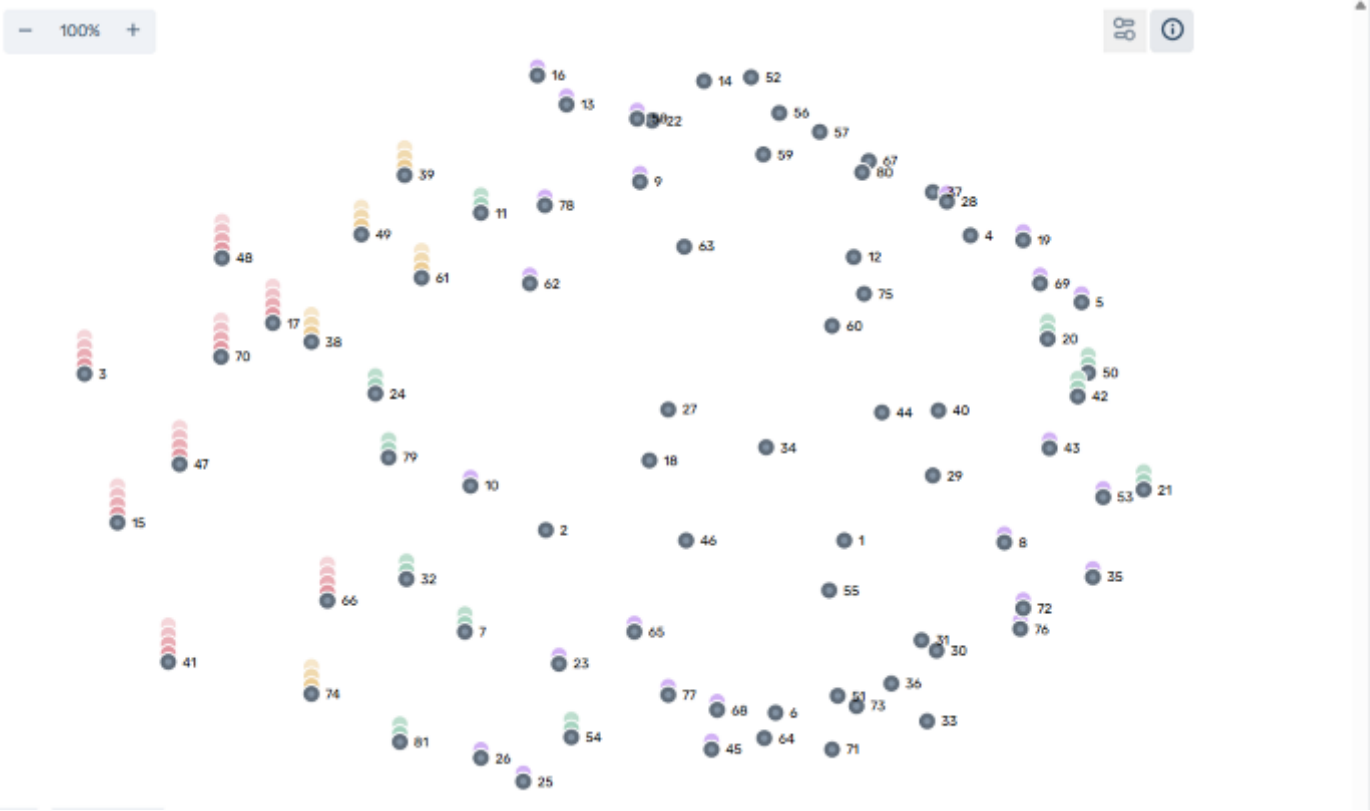
Stream 1: Concept Mapping (Trochim Method)

For Part B you can still take part!



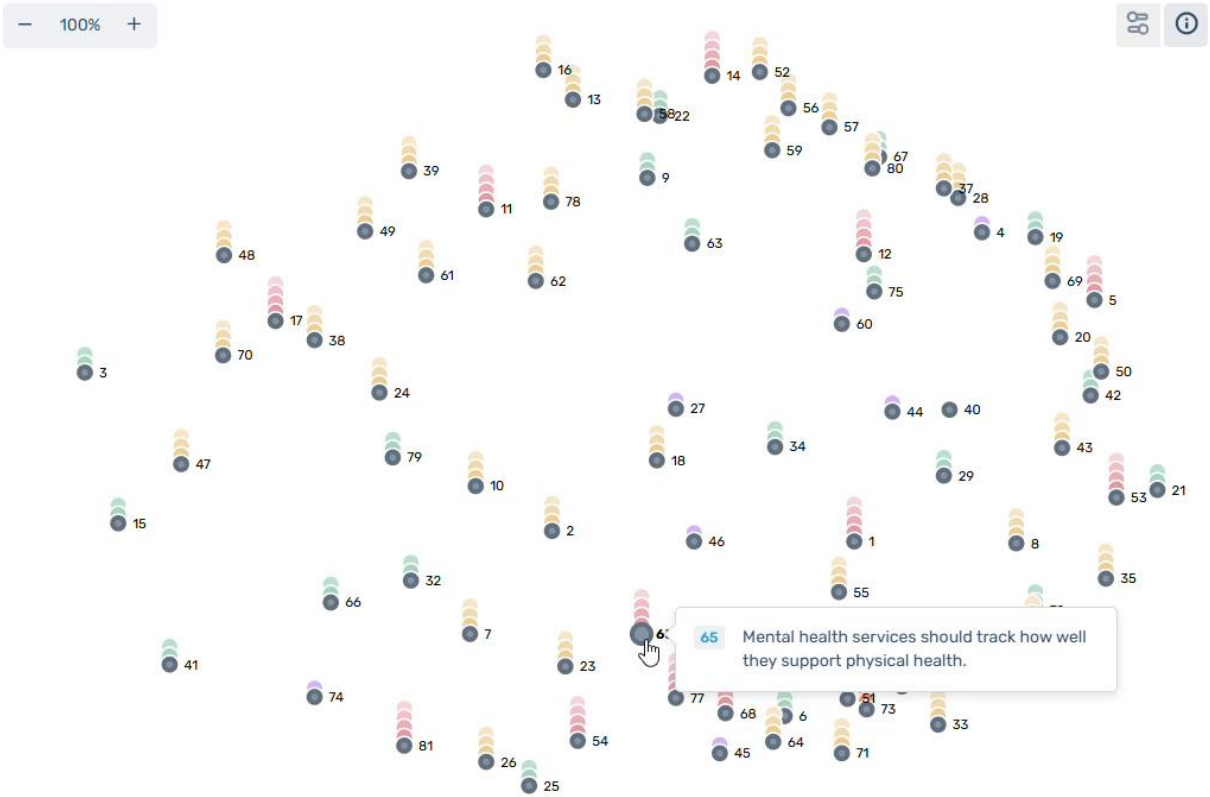
simplicity.study@sydney.edu.au

But for now, this is where we are currently at…



Analysis > SCENARIO: point rating map ... > point rating map SMHR

EDIT MAP



Map details

REFERENCE | STATEMENTS

RATING VALUES

REF	RATING VALUES
1	2.90 to 3.27
2	3.27 to 3.65
3	3.65 to 4.02
4	4.02 to 4.39
5	4.39 to 4.77

← Cluster Map
Creator
More info›

REVIEW | COMPARE 0

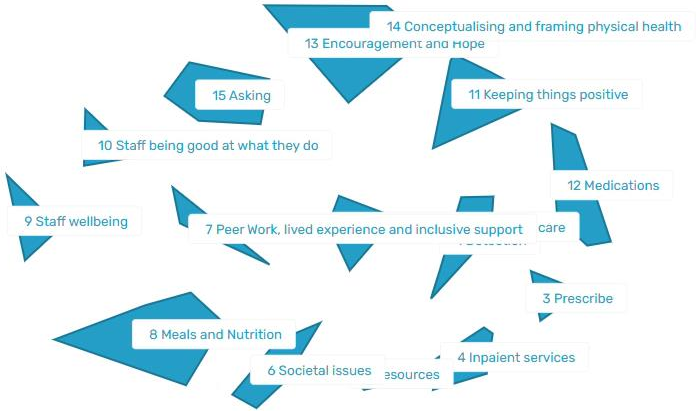
View intro›

Visualize and compare from 15 to 4 cluster solutions edit

2 3 **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** 16 17 18 19

14 clusters

Add to compare



Co-production

Co-design

Doing with
in an equal and reciprocal partnership

Lived Experience, Researchers, Clinicians, Peer Worker, Technology Experts, Health Economists

Engagement

Consultation

Informing

Doing for
engaging and involving people

Educating

Coercion

Doing to
trying to fix people who are passive recipients of service

Adapted from: https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/in-more-detail/what-makes-co-production-different/

Co-Production knowledge Translation team

Members:

- People with lived experience
- Peer workers (two hats)
- Service staff (including clinicians)
- Researchers (some with two hats)
- Digital Experts

Activities:

- Overseeing project
- Doing day-to-day operation
- Collaborating with co-designers, stakeholders and steering co.
- Data collection
- Analysis
- Dissemination etc

Co-designers

Members:

- People with lived experience
- Peer workers (two hats)
- Service staff (including clinicians)
- Family members
- Members of the co-production who facilitate and participate

Activities:

- Discover: experiences of physical health care, resources being used, and wished for
- Design: playing with look and feel, content ideas and adaptations
- Review and adapt: iterations of co-designed prototypes, language review
- User-test: Hi-fidelity digital prototype review

Stream 2: Co-design

Aim: co-produce a digitally-enabled tool that can be used by peer [illegible] people with lived experience to sup[illegible]

Thank you thus far to:

flourish AUSTRALIA

OneDOOR Mental Health

rfq recovered futures | Richmond Fellowship Queensland

3 x group sessions with PSW (Flourish, OneDoor, RFQ) (N=17)

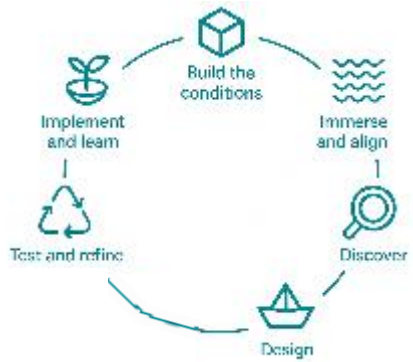
1:1 sessions with people with Lived Experience, PSW, Family (N=10)

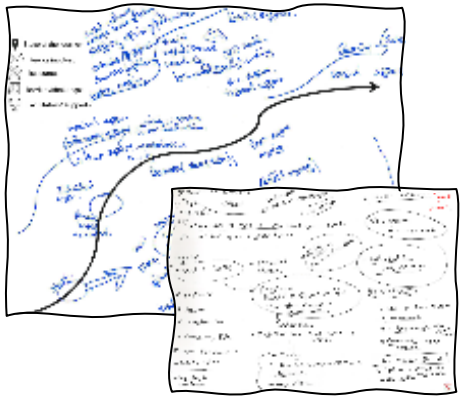
1 x group session Lived Experience (n=7)

1 x group session Family (n=3)

N=37

Stream 2: Co-design





Co-design: understanding how 'physical health' is conceptualised + 'user journey' in services (supporting design and implementation stages) **– emerging findings**

Challenges and Barriers

Out of sight, out of mind

Being busy/ other priorities

Not having support

Not confident to self-advocate

Rude GPs + band-aid solutions

Mental health challenges

Trauma around hospitals

Financial barriers

Not eligible for services

Lack of clear information

Diagnostic overshadowing

Comorbidities

What is Physical Health?

Feeling well within yourself

Different for different people

Being empowered to make choices that are right for you

Holistic: physical, mental, social, and structural dimensions

Everyday (e.g. brushing your teeth) and out of ordinary (e.g. scans)

Is my body well enough to do things that I want to do in life without barriers?

Preventative care

A lifelong journey

Enablers

Support from friends, family, Peer support

Strengths-based (not deficit-focused) approaches

Trusting relationship with a good GP

Identifying physical health goals that a personally meaningful

Culturally inclusive and accessible information for all

Practical

Follow up

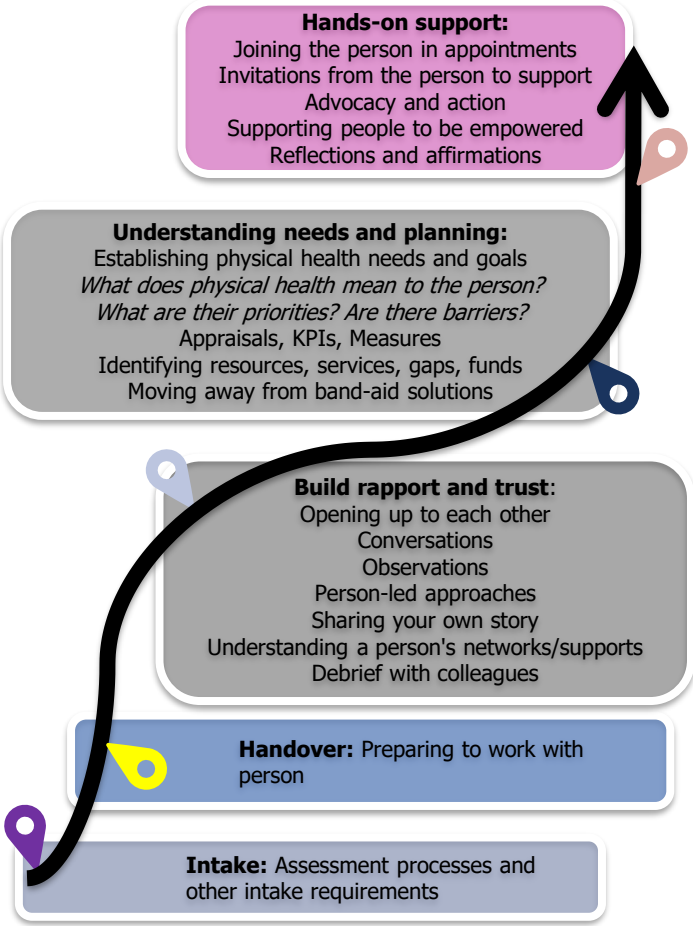
Follow through

Seeking care from clinicians and others

Strategies for getting the most out of your GP visits

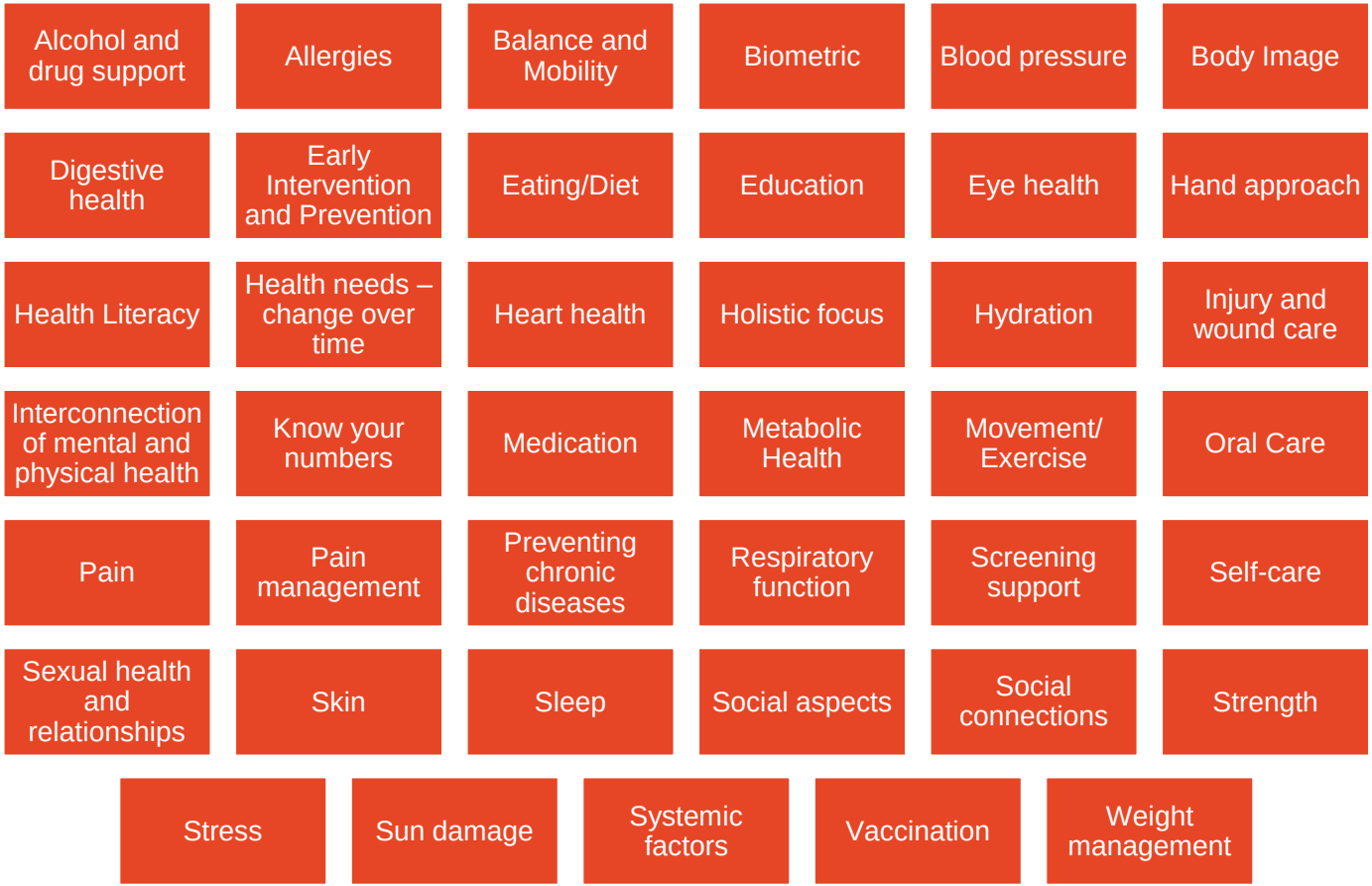
Understanding side-effects to make informed choices

Talking to trusted supports to plan for physical health care and respond to physical health needs

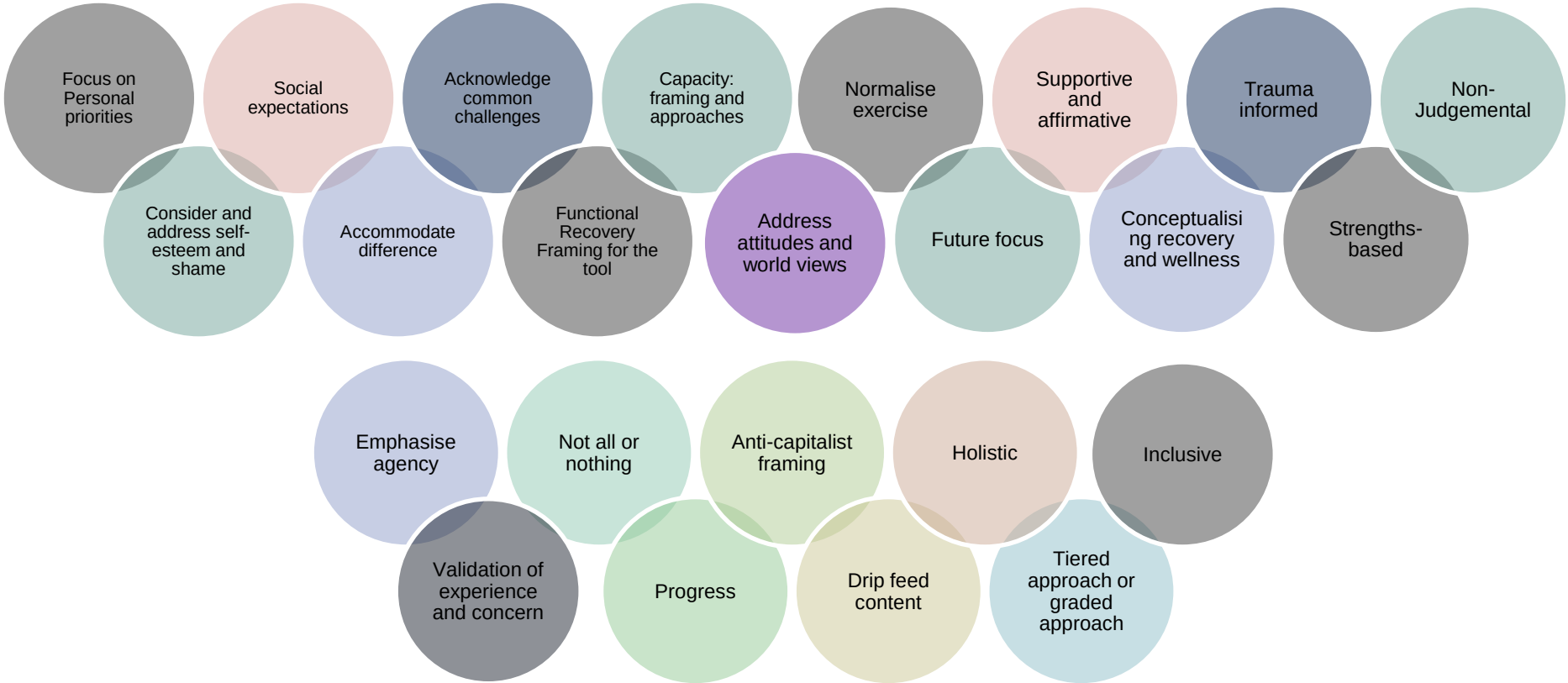


NOTE: These are emerging findings – we are continuing to iterate and discover more.

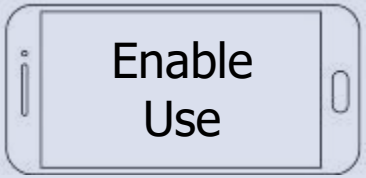
Physical Health domains to be included



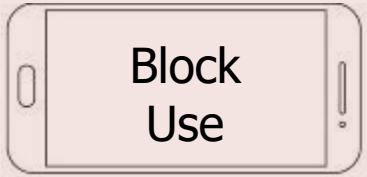
Principles and framing for the tool



Co-design: identifying potential blockers and enablers for a digital, self-management tool for physical health (supporting tool design)) – **emerging findings**



- Web-based app that doesn't require download (staff install restrictions)
- Ability to share tool with support network
- Ability to use the tool without disclosing personal information or location
- Multiple accounts on a single phone (for peer worker supporting multiple people)
- Good functionality on web and phone (touch friendly, no disappearing menus)
- Turn notifications off/on/change
- Dark/light mode options
- Accessible look and language to include different cultures and abilities (make it visual)
- AI functions (tailor content to user, make suggestions)
- Voice to text function
- Hover-over glossary



- Lack of confidence using digital tools
- Too much jargon/ complex language
- Financial barriers (no access to tech, paywall)
- Privacy and trust: No clear T&Cs, sinister use of data
- Potential dehumanisation of support (when peer support is all about relationships and connection)
- Not as simple and practical as a paper-based tool
- Too much content can dilute quality
- Hard login
- Advertising
- Sinister, or unsafe use of AI (false information, stigmatising language, dehumanising experience)

NOTE: These are emerging findings – we are continuing to iterate and discover more.

Trauma-informed language

Information and FAQs Hub (AI chat/ ring-fenced for safety)	Social Centre (or links to real-world activity)	Connect to a health care provider
Crisis and chat contacts list	Goal/ Priority setting tool	Habit/ Progress tracker
Resource and Tool Hub	Appointments Tracker	Lived Experience Stories

Strengths-based language

NOTE: These are emerging findings – we are continuing to iterate and discover more.

Thank you!

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EOI
Mapping Enablers

SIMPLICITY

EOI
Digital Tool Co-design

Read some of our recent papers:

Torous, J., Linardon, J., Goldberg, S.B., Sun, S., Bell, I., Nicholas, J., Hassan, L., Hua, Y., Milton, A. and Firth, J., 2025. The evolving field of digital mental health: current evidence and implementation issues for smartphone apps, generative artificial intelligence, and virtual reality. *World Psychiatry*, *24*(2), pp.156-174.

Hassan L, Milton A, Sawyer C, Casson AJ, Torous J, Davies A, Ruiz-Yu B, Firth J. Utility of Consumer-Grade Wearable Devices for Inferring Physical and Mental Health Outcomes in Severe Mental Illness: Systematic Review. JMIR Mental Health. 2025 Jan 7;12:e65143.

Arnautovska U, Trott M, Vitangcol KJ, Milton A, Brown E, Warren N, Leucht S, Firth J, Siskind D. Efficacy of User Self-Led and Human-Supported Digital Health Interventions for People With Schizophrenia: A Systematic Review and Meta-Analysis. Schizophrenia Bulletin. 2024 Sep 27:sbae143.

Arnautovska U, Milton A, Trott M, Soole R, Siskind D. The role of human involvement and support in digital mental health interventions for people with schizophrenia spectrum disorders: a critical review. Current Opinion in Psychiatry. 2024 Sep 1;37(5):356-62.

Arnautovska U, Milton A. The era of digital mental health interventions: we know they can be effective but are they also safe?. BJPsych Open. 2025 May;11(3):e89.