The Western Australia Model for Violence Prevention Pilot Evaluation

Trends and Process Evaluation Report 1- Executive Summary

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1. EXECUTIVE SUMMARY

1.1 Introduction

- The WA Mental Health Commission (hereafter 'the Commission') partnered with the East Metropolitan Health Service (EMHS)* to implement a four-year pilot, the Western Australian Model for Violence Prevention (WA MVP) Pilot. The WA MVP Pilot aims to address alcohol-related violence and injuries, reduce emergency department (ED) presentations at Royal Perth Hospital (RPH)**, and improve community safety.
- Verian is conducting a process, outcome, and economic evaluation of the WA MVP Pilot. The process evaluation aims to provide insights into the WA MVP Pilot's implementation, including what worked or didn't, and why. It also tracks trends in long-term outcomes. The trends and process evaluation is conducted every six months and provides early indicators of change and helps guide timely adjustments.
- This report is the first trends and process evaluation report (hereafter 'Report 1'). It comprises two parts: 1) a longitudinal process evaluation and 2) a trends analysis of long-term outcomes.

*Note: * EMHS comprises an extensive hospital and health service network which includes RPH, St John of God Midland Public Hospital, Byford Health Hub, Armadale Health Service, Bentley Health Service, and Kalamunda Hospital. Source: https://emhs.health.wa.gov.au/Hospitals-and-Services/Hospitals.*
*** RPH is located in Perth and has one of the busiest EDs in Australia and the second biggest trauma workload in the country. Source: https://royalperthhospital.health.wa.gov.au/About-Us.*

1.2 Longitudinal process evaluation

Key evaluation questions (KEQ)

The longitudinal process evaluation aims to address the following KEQs:

- **KEQ1.** Across key activities and outputs of the WA MVP Pilot implementation, what worked well and what didn't – and why?
- **KEQ2.** How do different stakeholders understand, experience, and support the WA MVP Pilot?

Data

The longitudinal process evaluation utilises data from an online survey of stakeholders conducted every six months, capturing their opinions on nine implementation elements of the WA MVP Pilot (see page 14). Stakeholders can vary across different survey waves.

Report 1 used data from the first wave of the stakeholder survey undertaken between 21 March 2024 and 5 April 2024. A total of 40 usable responses* were obtained from government frontline staff** (n=30), government back-office staff** (n=9), and non-government organisation representatives (n=1).

*Note: * The survey had a total of 71 respondents. However, 4 respondents started the survey without providing input, and 27 only answered the screener questions. These respondents were excluded from the analysis, leaving a final sample size of 40 observations for the analysis.*
*** Government frontline staff are defined in the evaluation as those with a role that primarily involve direct interaction with the public, such as public health nurses and police officers. Government back-office staff are defined as those with a role that mainly involve administrative tasks, policy development, finance, human resources, and other support functions.*

1.2 Longitudinal process evaluation (cont'd)

Key findings

KEQ1. Across key activities and outputs of the WA MVP Pilot implementation, what worked well and what didn't – and why?

Stakeholders who responded to the survey demonstrated strong familiarity with the WA MVP Pilot and positive experiences with leadership and collaboration. While most received information/education about the WA MVP Pilot, some felt the information could be clearer and more engaging. A majority of respondents did not identify any unintended consequences from the WA MVP Pilot apart from nurses. Some nurses reported that patients reacted negatively to data collection at RPH ED at triage, becoming uncomfortable, agitated, or aggressive. Around half of all respondents said they felt their actions to date on the WA MVP Pilot had been effective and the WA MVP Pilot was likely to achieve its purpose. Those who said that it was unlikely (n=6) believed that data collection, hotspot identification, strategy development, and strategy implementation were not feasible, not effective, or both.

KEQ2. How do different stakeholders understand, experience, and support the WA MVP Pilot?

Government back-office respondents (n=9) spent more time on the WA MVP Pilot and were more familiar with different aspects of the WA MVP Pilot compared to government frontline respondents (n=30), who were primarily nurses (n=29). The former also had more positive experiences with the WA MVP Pilot in terms of information/education received, leadership, collaboration, and perceived feasibility of achieving the WA MVP Pilot's purpose. They also did not observe or experience any unintended consequences. However, their self-efficacy was slightly lower (55%) than that of frontline staff (60%).

1.3 Trends analysis of long-term outcomes

Key findings

The WA MVP Pilot commenced in July 2022. To establish a baseline of intended long-term outcomes, we analysed administrative data* for the period 2018/19 to 2022/23. While the Pilot has multiple intended long-term outcomes, Report 1 includes data relating to two outcomes only, namely alcohol-related ED presentations and alcohol-related hospitalisations. The findings against these two outcomes with gender and age** subgroup analysis are presented below.

1. Trends of alcohol-related ED presentations

- Monthly alcohol-related ED presentations **decreased** between 2018/19 and 2022/23 (-4.9% in EMHS, -4.3% at RPH).
- Monthly alcohol-related ED presentations were **higher for males** compared to females (by 1.83 times in EMHS and 1.85 at RPH). This gender gap tended to increase over time.
- Alcohol-related ED presentations followed an increasing trend for ages 36-64 and a decreasing trend for ages 16-35.

2. Trends of alcohol-related hospitalisations

- Monthly alcohol-related hospitalisations **increased** between 2018/19 and 2022/23 (+4.6% in EMHS, +2.4% at RPH).
- Monthly alcohol-related hospitalisations were **higher for males** compared to females (by 1.29 times in EMHS and 1.54 at RPH). This gender gap remained relatively steady over time.
- Alcohol-related hospitalisations at RPH followed an increasing trend for ages above 65 while other age groups did not exhibit clear patterns.
- Alcohol-related hospitalisations in EMHS followed an increasing trend for ages above 36 and a decreasing trend for ages below 16 and 18-24.

*Note: * Administrative data refer to alcohol-related health and criminal data provided by the WA Mental Health Commission and the WA Police Force for the purpose of the WA MVP Pilot evaluation. These data are different from the patient data collected by nurses at RPH ED at triage, which is used to identify hotspots for alcohol-related harm and community violence or injury.*
*** Comparisons between age groupings are not included due to differences in age grouping size.*