February 2021

Alternative to Emergency Department Presentations

SafeHaven Program Framework

Contents

1   Acronyms

ED	Emergency Department
Guest	Person attending SafeHaven
MHS	Mental Health Service
MOH	Ministry of Health – Government of New South Wales
NSW	New South Wales
R&WC	Recovery & Wellbeing College
SESLHD	South Eastern Sydney Local Health District
SGH	St George Hospital
SGMHS	St George Mental Health Service
SPW	Suicide Prevention Worker
TSMHS	The Sutherland Mental Health Service

2   SafeHaven Overview

The Alternative to Emergency Department (ED) Presentations, SafeHaven is located nearby to the St George Hospital (SGH) ED and aims to provide people experiencing suicidal crisis with rapid access to compassionate care from Suicide Prevention Workers (both Clinical and Peer), enabling them to receive help and support from appropriate services.

SafeHaven is an after-hours drop in program, open 5pm – 10pm, 7 days a week, 365 days a year. The service operates within a "no wrong door" approach for Guests who are 16 years of age and over experiencing a suicidal crisis or distress. An integral component to SafeHaven is embedding co-production into the planning, implementation and evaluation.

2.1   Introduction

The Premier of New South Wales (NSW) has identified reducing suicide as a key priority area. The NSW Government's *Towards Zero Suicide* initiative will establish new approaches to suicide prevention strategies in NSW. Under the Towards Zero Suicides initiative, Alternatives to Emergency Department Presentations, the South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS) is funded to establish a SafeHaven.

EDs are often utilised by vulnerable community members, who are experiencing emotional and suicidal distress, as a means to seek assistance and support. While ED may be the most suitable place if a person is experiencing severe acute mental health distress, there are other suitable evidence based models of care, such as the SafeHaven Café, to better support those who are in moderate to high levels of mental distress or situational suicidal crisis.

The SafeHaven Café model has been successfully delivered in both the UK and Melbourne. Evidence from these services demonstrated improved patient experiences, improved connections within the local community, a reduction in ED presentations, reduced acute psychiatric admissions and annual financial savings to health services (St Vincent's Hospital Melbourne, November 2018; Better Care Victoria, SafeHaven Final Project Report, March 2020; The SafeHaven Aldershot Evaluation Report, 2015).

The SESLHD MHS SafeHaven initiative will be trialled and evaluated within the St George Mental Health Service (SGMHS), co-located at the Recovery & Wellbeing College (R&WC) site, drawing upon established infrastructure, community partnerships and peer worker supports.

The SafeHaven is open from 5pm until 10pm, 7 days each week, 365 days of the year as a drop-in program. The service is co-designed and delivered by peer workers with lived experience of suicidal crisis, as well as mental health clinicians. SafeHaven guests are supported to access clinical supports if needed and offered information regarding pathways to community services and other community based programs. SafeHaven is staffed by a Coordinator, Suicide Prevention Workers (Peer) who have personal lived experience of suicidal crisis and Suicide Prevention Workers (Clinical).

The vision, philosophies and principles of SafeHaven encapsulate recovery orientated and trauma informed care within a situational distress framework of suicide prevention, to support people to maintain and improve their wellbeing.

The Program Framework has been developed in alignment with the NSW Ministry of Health (MOH) Guidelines and the SESLHD SafeHaven co-design process.

2.2 Who are SafeHaven Guests?

SafeHaven is for people 16 years of age and over experiencing suicidal crisis, or those experiencing distress and/or trauma which may lead to a suicidal crisis. It is for people who may benefit from talking to other people who have an understanding of a suicidal crisis and use their experience to promote hope and provide support. People attending SafeHaven are considered visitors or guests rather than mental health consumers, clients or patients.

SafeHaven is for people who would benefit from attending a drop-in space and obtaining information about community based services to address psychosocial needs. Guests are required to agree to the SafeHaven Guest Rights and Responsibilities to ensure the space is respectful and welcoming to all who to attend.

SafeHaven is an alternative to ED program. However, people are still welcome to attend the ED if that is their preference. SafeHaven is not an alternative for acute inpatient care when individuals require clinical intervention and monitoring, or medical treatment.

2.3 Aims and Objectives

The MOH Alternatives to Emergency Department Presentations, project objectives are to:

- Reduce deaths by suicide, suicide attempts and self-harm
- Provide immediate, person centred and compassionate care to people at risk of suicide
- Connect people to support services to address the underlying factors contributing to their distress
- Reduce pressure on EDs and provide a genuine alternative to traditional clinical services

While at SafeHaven, guests will have the opportunity to:

- Engage with Peer Workers who have a lived experience of suicidal crisis, who can share and exchange their wisdom from experience
- Rest and restore their energy supply
- Reflect on and talk about their experiences

- Connect with people who have or are experiencing similar distress and life challenging situations
- Be heard and hear others
- Develop, with support from staff, a wellbeing plan, enabling them to explore personal strengths and secure future support
- Support to access other programs and services to increase meaningful connections and reduce distress, including clinical services and the R&WC

2.4 Principles of the program

The SafeHaven is a co-designed, recovery orientated and trauma-informed drop in program which emphasises and enhances the guest's autonomy and hope. The approach recognises the situational distress of the guest while building on their personal strengths, promoting hope and responding holistically to their needs. Guests who attend do not have to undertake any assessments and there is no requirement to attend the ED prior to accessing SafeHaven. Clinical services are not provided, however, there is a focus on responding to psychosocial reasons underlying the guest's need for support, including loneliness and isolation. Family and friends are involved, whenever possible and in alignment with the wishes of the person using the program.

SafeHaven's model of support is encapsulated through:

- Co-design
- Guiding principles
- Enabling strategies
- Expected service outcomes and
- Theory of change

2.5 Values

The following values were identified by the NSW MOH co-design and the top 6 decided by the SESLHD local co-design process.

- ***Person-centred***
- ***Risk tolerant***
- ***Non-judgmental***
- ***Welcoming***
- ***Respectful***
- ***Human connection***
- Responsive
- Compassionate
- Strengths focused
- Hopeful

- Holistic
- Self determination
- Empowerment
- Collaboration
- Integration
- Evidence-based
- Dignity
- Inclusion
- Choice

2.6 Co-Production

SESLHD SafeHaven aspires to co-produce of all aspects of planning, delivery and evaluation while recognising the challenges and potential limitations due to predetermined requirements.

A co-production approach sees consumers involved in, or leading, defining the problem, designing and delivering the solution, and evaluating the outcome, either with professionals or independently. Co-production requires longer term engagement from professionals or clinicians, but leads to "profound and sustainable change" (Roper, C et al, 2018, p.2)[1].

MOH Alternatives to Emergency Department Presentations Guidelines provide direction in co-designing the Alternative to ED initiative with people who have a lived experience of suicidal crisis:

- *The service is co-designed with people with lived experience of suicidal crisis and/or experience of caring for someone in crisis.*
- *There are ongoing opportunities for people with lived experience of suicidal crisis to have input into the operation of the service*

During the establishment phase of SafeHaven, SESLHD undertook a comprehensive co-design process with people who have a lived experience of suicide, mental health staff, other heath staff, community organisations, LGBTQI+ groups, youth, Aboriginal Women's Group and local culturally and linguistically diverse communities. The findings of the process, together with the MOH Statewide requirements form the basis of this framework.

Going forward the SESLHD SafeHaven will aspire to embed a co-production approach through all the phases in figure 1 (*adapted from Roper, C et al, 2018, p.2*)[1].
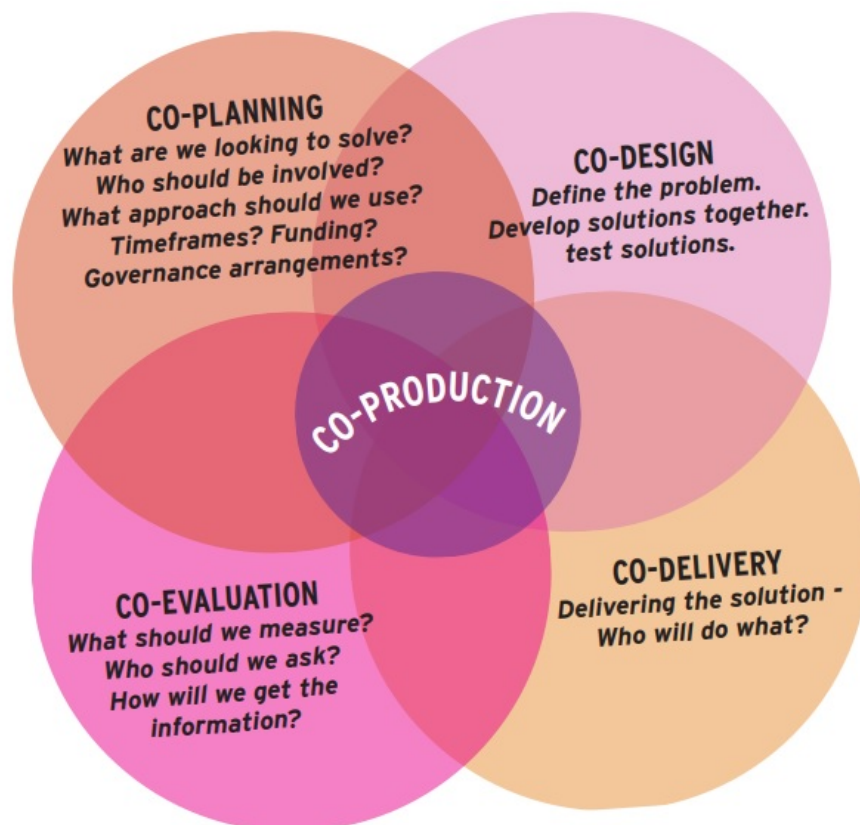
2.7   Guiding Principles

A welcoming, compassionate safe space and support are offered through practice that:

- Welcome the guest upon arrival and make guests feel comfortable and validated
- Offer a warm, compassionate, café like feel
- Encompass the ethos of "no wrong door" approach for people experience suicidal crisis
- Provide non-clinical support is by SPW's with a lived experience of suicidal crisis
- Aspire to offer a safe, calm, welcoming environment which includes cultural, spiritual and environmental safety, and the provision of trauma informed care
- Support guests to access community and clinical supports to reduce situational distress

2.8   Enabling Strategies

There are four key enabling strategies and practices.

1. Peer Support by People with a Lived Experience of Suicide – Peer Support encompasses the unique perspective, insights and empathy that can be offered by Peer Workers with a lived experience of suicide, who can share their experiences of personal recovery and offer hope to guests experiencing a suicidal crisis. SafeHaven's Peer workforce will provide guests the opportunity to talk about their experiences in a non-judgemental, empathic environment with a person who knows what it's like to live with suicidal distress, and to hear stories of personal recovery and strategies for enhancing wellbeing.

2. Opportunities for connection and support – SafeHaven guests are offered a hot or cold drink and snacks upon arrival and throughout their visit. Guests can choose between sitting in the communal area and engaging in conversation or a board game; going to the recreational space to play ping pong, watch TV or playstation; or spending quiet time in the restorative space, using the massage chair and virtual skylight. All spaces are set up with the aim of being visually welcoming for people from the cultural and population groups.

3. Opportunities for Restoration – SafeHaven's quiet space provides an opportunity for restoration. The space provides for guests to spend time alone in a room with a massage chair, virtual skylight and music.

4. Wellbeing & Safety planning – Guests are invited and supported to make a wellbeing and safety plan before leaving each night. The plan may be done online (https://www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning), by conversation, app or a written plan and may include:
    - Personal strengths and skills
    - Strategies for responding to stress, challenges and adversity that might arise
    - Services to assist their wellbeing
    - Other supports to assist wellbeing

Wellbeing & Safety Plans may also encompass partnerships with clinical and community support. For guests who wish to explore more formal or clinical mental health treatments, staff can provide information and support to contact healthcare and community support providers.

2.9   Service outcomes and impacts

The outcomes sought for guests are:

- Increase sense of hope and wellbeing
- Increased resilience

- Reduced suicidality and suicidal crises
- Greater social connections
- Knowledge and information about programs and services to reduce distress

The longer term social impacts of SESLHD MHS SafeHaven are to:

- Reduce avoidable mental health presentations to SGH ED and hospital admissions
- Increase appropriate access and responsiveness to community members' mental health needs, with seamless integration of health and social services
- Reduce people being detained under the NSW Mental Health Act (2007).
- Increase mental health consumer and carer experience
- Decrease social isolation, loneliness and prevention of suicide and self-harm
- Enhance opportunities for people with a lived experience of mental distress towards accessing training, employment and volunteer work

2.10 Theory of change

The theory of change is as follows:

- SafeHaven provides a drop in, non-clinical peer support based program in a welcoming café like environment (what)
- To people experiencing suicidal distress and their families, loved ones and friends (who)
- Through a range of practices including compassion and connecting with one another and peer workers; a safe space for rest and restoration; recreational activities eg ping pong Wellbeing & Safety Planning and information about services and community supports (how)
- With a view to reducing attendance at the ED and avoid lengthy hospital stays (why)
- So that improved physical and emotional wellbeing are experienced and suicidal crises are reduced (results and outcomes).

2.11 Ethics and Diversity

All SafeHaven staff share a commitment to ethical and value-based practice. Staff also uphold the ethical standard of practice of relevant professional charters and/or of a professional association to which they belong. SafeHaven recognises that diversity of experience and culture is a significant part of a person's life recovery. SafeHaven welcomes all diversity, which includes (but not limited to): people who are Aboriginal and/or Torres Strait Islander; culturally and linguistically diversity; LGBTQI+; young people; older people and people with diverse physical abilities (SafeHaven is wheelchair accessible).

2.12 Service standards

SafeHaven implements practices and policies and procedures consistent with relevant national service standards including the National Safety and Quality Health Service Standards (NSQHS) Second Edition

2.13 Practice and delivery guidelines

Practice guides and guidelines that will inform practice and service delivery include the following.

- Strategic Framework for Suicide Prevention in NSW 2018-2023
- The Fifth National Mental Health and Suicide Prevention Plan
- NSW Strategic Framework and Workforce Plan for Mental Health 2018 – 2022; A Framework and Workforce Plan for NSW Health Services
- A National Framework for Recovery Oriented Mental Health Services
- Living Well: A Strategic Plan for Mental Health in NSW 2014-2024
- The Gayaa Dhuwi (Proud Spirit) Declaration and Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice
- The Australian National LGBTI Health Alliance, Working therapeutically with LGBTI clients: a practice wisdom resource and the Rainbow Tick LGBTI Inclusive Practice: Service Accreditation
- Trauma-informed Care and Practice Organisational Toolkit (TICPOT)
- Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery (MHiMA)
- SESLHD MHS Business Plan/Priority Initiatives 2020/21

3   Operations

3.1   Service specifications

MOH Requirements and Local Co-design

Non-negotiables:

- Aged 16 years of age and over
- All genders welcome
- No assessment to attend
- No requirement for a mental health diagnosis
- Voluntary engagement in program
- Friends and family are involved if in alignment with the wishes of the person attending
- Where it is determined that there are safety concerns for self or others and if this is not manageable at SafeHaven and is a violation of the SafeHaven Rights and Responsibilities the guest will be asked to leave and where possible supported to engage in more suitable services
- Time the SafeHaven is open

3.2   Support pathways

Guests may be supported to access the following programs/services (but not limited to):

- Employment Services
- Relationship Services
- Family Support Services
- Financial Services
- Housing and Homelessness Services

- General Practitioners
- Private Psychologists and Allied Health Professionals
- Community Mental Health teams
- Acute Care Team
- headspace
- Aboriginal Services, including Kurranulla
- LGTIQ+ service such as ACON, Qlife
- Advance Diversity Services
- Education providers including R&WC, TAFE

Process

- Information about programs and services is provided based on the needs identified by the guest
- Information on how to self-refer will be provided
- If a service does not accept a self-referral, guest consent form will be completed & referral form completed with guest
- Form sent to service provider

Pathways

There is no requirement for guests to present to the ED prior to accessing SafeHaven. The program operates within a 'no wrong door' approach, with the aim of welcoming guests who:

- agree to the SafeHaven Guest Rights and Responsibilities; and
- are experiencing emotional distress.

There is no requirement for SafeHaven guests to reside in the St George area to be able to visit SafeHaven.

SafeHaven Guest Rights and Responsibilities informs guests about what they can expect from the staff working at SafeHaven as well as their own responsibilities in order to create a safe environment and culture.

SESLHDBR/095 Clinical Escalation Processes of SafeHaven Guests provides SafeHaven staff with the protocol to support each guest, and to individually determine how each guest can best stay supported and access additional services of their choice. The document also provides staff with information to assist decision making regarding additional clinical services (including responding to drug and alcohol concerns) that may be wanted or needed and how to access them.

3.3 SafeHaven Workflow

When	Who	What	How	Documentation
Set up	Coordinator and SPW's	• Check Facebook and respond to any comments • Check SafeHaven email inbox and respond to emails • Check SafeHaven phone message bank and respond • Set up SafeHaven; Signage, SafeHaven Guest Rights and Responsibilities displayed and copies available, coffee cart, drinks and snacks stocked, other service providers folder stocked, games available	Online	
On arrival	Coordinator and SPW's	Orientation includes: • Guests welcomed by host • Offered tea/coffee/drink/snack • Orientation to space and activities, including where to store valuables • Orientation to SafeHaven Guest Rights and Responsibilities • Ways to provide feedback	Orientation to SafeHaven	SafeHaven Guest Rights and Responsibilities
During visit	Coordinator and SPW's	• Guest provided with a menu of choices of activities they can participate in • SPW engages in conversation and support with guest • Identify any support needs, including support accessing services or wellbeing planning		
1 hour before end of shift	Coordinator and SPW's	• Ask if there is any support required • If required wellbeing plan developed • If required, support accessing other services	Wellbeing plan options: Discussion and/or self-recording on paper or phone Online – Black Dog App Paper Template	SESLHDBR/095 Clinical Escalation Processes of SafeHaven Guests
Close	Coordinator and SPW's	• Close SafeHaven • Ensure email and SafeHaven phone have out of office message including Lifeline 13 11 14, SMHTAL 1800 011 511 and 000 for emergencies • Team debrief	Review discussion and brief shift report	Shift Report

3.4 Activities and Supports

SafeHaven operates a range of activities guest can engage in if they chose

- Refreshments
- Casual chats
- Peer Support
- Board and card games
- Activity Room – Ping Pong, TV, Playstation
- Reading
- Listening to music on tablets
- Relaxation Room – massage chair
- Wellbeing planning

3.5 Service Documentation

Guest data collection

Guests are required to provide the following data for COVID-19 safety and compliance.

Name, phone, data and time of visit. This will be held separately and not be used as an alternative means of data collection.

All other data collection is voluntary. SafeHaven requests guests provide the following information to assist with evaluation of the SafeHaven program

- Name (optional/anonymous)
- Postcode
- Phone
- Age Range
- Gender
- Sexuality
- Aboriginal or Torres Strait Islander
- Ethnicity
- Disability
- Time and length of visit
- Date of visit
- Transport, how did you get here

As a non-clinical drop in program, SafeHaven does not do assessment or clinical notes. Any clinical document is completed by treating Clinician as per the [SESLHDBR/095 Clinical Escalation Processes of SafeHaven Guests](#).

On Call

SGMHS After Hours Inpatient Service Manager 0417 457 088

Incident Management

- Incidents occurring at SafeHaven are recorded in ims+ as per NSW Health [PD2020_047 Incident Management](#)
- R&WC Manager is responsible for investigating the contributing factors to incidents and feedback results to staff.
- R&WC Manager is responsible providing a report on incidents to the Working Group, which provides in turn summary information to Clinical Governance Committees.

Feedback and Complaints

Guests are provided with information during their visit on how to provide feedback, including concerns or compliments.

- Feedback verbally to the SafeHaven staff
- Feedback verbally to the R&WC Manager during business hours 9113 2981
- Written feedback in feedback box, located at the entry to SafeHaven
- Contact the SESLHD Executive Unit:

  District Executive Unit
  Locked Mail Bag 21, Taren Point NSW 2229
  (02) 9540 7756
  Or via the *Contact Information* form on the SESLHD website:
  www.seslhd.health.nsw.gov.au/contact-information

- Contact the Health Care Complaints Commission (HCCC)

  Phone 1800 043 159
  For more information visit www.hccc.nsw.gov.au

3.6 Information Systems

People and Culture

SESLHD will recruit, induct, onboard, manage performance and deliver training according to existing processes.

Mandatory Training

As employees of NSW Health, SafeHaven team members are required to complete all mandatory training accessed via My Health Learning. The number of training modules staff are required to complete depends on their role.

Additional role specific training and support is outlined in NSW MOH documents:

- [NSW Health Statewide Requirements Towards Zero Suicides - Alternatives to Emergency Department Presentations (A2ED)](#)
- [NSW Health Statewide Requirements – Establishing Suicide Prevention Outreach Teams (SPOT)](#)
- [NSW Health Guidance Material – A2ED and SPOT Recruitment and Support of Suicide Prevention Peer Workers](#)

3.7 Staffing Model

SafeHaven is staffed by a Coordinator, Suicide Prevention Workers (Peer) who have a lived experience of suicidal crisis and Suicide Prevention Worker (Clinical).

Roles and responsibilities

FTE	Onsite/ Offsite	Role	Responsibilities
0.84	Onsite	Coordinator	• Partnerships with clinical services and community organisations • Support with transfer of care • Support with Wellbeing and Safety Planning • Team support • Oversee roster • Support data collection & evaluation • Incident Management
2.22	Onsite	Suicide Prevention Workers (Peer) HEO non-graduate or graduate	• Peer Support • Activity planning and coordination • Support with Wellbeing and Safety Planning • Support accessing clinical and community services
0.41	Onsite	Suicide Prevention Worker (Clinical) Allied Health, Senior Psychologist or CNC 1	• Recovery and trauma informed psychosocial support • Activity planning and coordinating • Support with Wellbeing and Safety Planning • Support with transfer of care

Proposed Roster – Full time operation

SafeHaven 7 day roster	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Opening Hours	*5 pm- 10pm*	*5 pm- 10pm*	*5 pm- 10pm*	*5 pm- 10pm*	*5 pm- 10pm*	*5 pm- 10pm*	*5 pm- 10pm*
SafeHaven Co-ordinator HM2 32 hours	4.00pm - 10.30pm 6 hours	2.00pm - 10.30pm 8 hours	4.00pm - 10.30pm 6 hours	4.00pm - 10.30pm 6 hours	4.00pm - 10.30pm 6 hours		
Clinical Suicide Prevention Worker, Allied Health Level 3/Nurse 15.5 hours		12.00pm - 5.00pm 4.5 hours				4.30pm - 10.30pm 5.5 hours	4.30pm - 10.30pm 5.5 hours
Peer Suicide Prevention Worker HEO non grad 29 hours	4.30pm - 10.30pm 5.5 hours	3.00pm - 10.30pm 7 hours	4.30pm - 10.30pm 5.5 hours	4.30pm - 10.30pm 5.5 hours	4.30pm - 10.30pm 5.5 hours		
Peer Suicide Prevention Worker HEO non grad 29 hours	4.30pm - 10.30pm 5.5 hours	3.00pm - 10.30pm 7 hours	4.30pm - 10.30pm 5.5 hours			4.30pm - 10.30pm 5.5 hours	4.30pm - 10.30pm 5.5 hours
Peer Suicide Prevention Worker HEO non grad 26.5 hours		12.00pm - 5.00pm 4.5 hours		4.30pm - 10.30pm 5.5 hours	4.30pm - 10.30pm 5.5 hours	4.30pm - 10.30pm 5.5 hours	4.30pm - 10.30pm 5.5 hours

NB Tuesday allows for supervision, team planning, partnerships and education work

3.8 Governance

The Governance of SafeHaven will be maintained through the SafeHaven Working Group. The executive sponsor of this Steering Committee is the General Manager SESLHD MHS.

The SESLHD SafeHaven Working Group reports through the SESLHD MHS Towards Zero Suicide Governance Committee to the SESLHD MHS Clinical Council and the SESLHD Supra Committee.

The SESLHD SafeHaven Working Group will provide expert advice in the implementation and evaluation of the SafeHaven with particular reference to the following subject areas:

- Model of care;
- Design of the SafeHaven site;
- Referral pathways to align with step-up and step-down principles'
- Communication and stakeholder engagement plan;
- Co-design workshops;
- Evaluation;
- Recruitment and training of staff;
- Partnerships; and
- Monitoring implementation and service operations.

The Working Group Membership is as follows:

- Service Director, SGMHS (Chair)
- Medical Representative, SGMHS
- Afterhours Inpatient Service Manager, SGMHS
- Community Services Manager, SGMHS
- Consumer Partnerships Coordinator, SESLHD MHS
- Aboriginal Coordinator, SESLHD MHS
- Rehabilitation Coordinator, SGMHS and TSMHS
- Toward Zero Suicides Project Manager, SESLHD MHS
- Zero Suicides in Care Project Manager, SELSHD MHS
- Executive Assistant, SESLHD MHS (Secretariat)
- SafeHaven Project Lead, SESLHD MHS
- SafeHaven Peer Lead, SESLHD MHS
- Senior Nurse Manager, Drug and Alcohol SESLHD
- Two representatives with Lived Experienced of Suicide (personal and/or carer)
- Peer Worker Manager, SGMHS and TSMHS

The Working Group meetings monthly. In addition to the working group, smaller co-design working parties will be established to address specific tasks and duties.

3.9 Guest and Program Outcomes

The SafeHaven Evaluation Working Group will develop a comprehensive evaluation strategy for the SafeHaven program. Evaluation measures will be co-produced and both qualitative and quantitative tools will be utilised to learn from the perspectives of guests, MHS staff and ED staff. The information gathered from the evaluation process will be used to continually improve the program using service improvement science.

3.10 Evidence Base

Situational distress, social connections and health

SafeHaven offers a space where guests can feel heard and validated, have access to resources and services to address the cause(s) of their distress and develop social connections with others experiencing distress. A situational suicide prevention approach acknowledges the association of a situational crisis to suicide, as opposed to suicidal crisis being a mental illness, also acknowledging the two can be linked. This approach considers the range of human experiences as well as structural, systemic issues, social determinants and protective factors. A Western Sydney University discussion paper on a situational distress model of suicide noted evidence both internationally and within Australia identifying unemployment is a risk factor for suicidal crisis, including suicide associated with unemployment elevated by around 20-30% during the study period.[2] The Black Dog Institute White Paper acknowledged the connections between social, economic and physical environments, and is reflected in research that indicates suicides have increased in areas of low socio economic status.[3]

Social connections at the levels of individual, family and community are essential in enabling good physical and emotional wellbeing. [4-6] Limited social connections can lead to isolation and loneliness which in turn can increase a person's risk of poor physical and mental health and suicide.[7]

Peer support from people with a lived experience of suicidal distress or crisis

SafeHaven Suicide Prevention Workers (Peer) will provide peer support regarding suicidal crisis and recovery to support SafeHaven guests. There is increasing evidence of the many positive aspects and outcomes of peer support including the social connections that result from the mutual relationship.[8] There is significant evidence that peer work achieves similar outcomes other approaches in providing service and peer workers can be better than other staff at enabling recovery, hopefulness, self-advocacy and quality of life, hope, empowerment, self-esteem and self-efficacy, social inclusion, and engagement.[9, 10]

Pathways into SafeHaven

SafeHaven guests can access the program via a number of pathways. It is not a requirement to present to the ED prior to attending. The ED is recommended as the most immediate access point for people in acute distress to receive support, however it is not an ideal place for people when distressed by suicidal crisis. Further, many people do not access mainstream health services when distressed. An alternative to ED service, SafeHaven can provide timely, responsive and an immediate access point to meet the needs of some people when distressed by suicidal crisis.[3] Recent Australian research has demonstrated that many patients admitted to the ED for suicidal ideation or self-harm are not followed up or referred to other available services after discharge.[11]

3.11 References

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