



Health
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Local Health District

Toward Zero Suicides - Alternatives to Emergency Department Presentations

Co-designing South Eastern Sydney LHD's *SafeHaven*

Executive Summary

Co-designing South Eastern Sydney LHD's SafeHaven



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About the service

“The Alternatives to Emergency Department Presentations services will provide a warm welcoming space for people experiencing a suicidal crisis where compassionate care will be provided by peer workers with a lived experience of suicidality in a non-clinical environment.”

NSW Ministry of Health Guidance.



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About the co-design process

Ministry of Health Guidance

Each LHD will develop its own implementation plan to establish and run the service, informed by a local co-design process.

- It is expected that local implementation planning will reflect the needs and wants of the local community, and involve genuine collaboration across a range of disciplines, services and sectors.
- Scoping of potential sites for the services can progress independently of the local co-design process
- Recruitment of the services' Suicide Prevention Peer Worker roles is required to be undertaken in line with the Ministry of Health Suicide Prevention Peer Workforce Guidelines
- Co-design will include (but not be limited to) the physical environment, the hours of operation, the nature of services and supports provided, supporting safety and access to additional support, how data will be collected.



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Who has been consulted locally?

Many organisations and individuals contributed to the design of the SESLHD's SafeHaven between September and October 2020.

- St George Community Mental Health Bilingual Counsellors
- CESPAN Mental Health and Suicide Prevention Committee
- ACON Rainbow Mental Health Lived Experience
- St George & Sutherland Mental Health Interagency
- SESLHD MHS Peer Workers
- Kurranulla Aboriginal Women's group
- Youth Advisory Committee (PEYAC)
- SESLHD Mental Health Staff
- St George & Sutherland Consumer Advisory Group
- Working Group: Physical Space Co-design
- Working Group: Referral and Escalation Pathways, people with lived experience of suicide, Mental Health and Emergency Department staff
- Training: 2 x ½ day workshops Roses in the Ocean
- Co-design Forum = 23 people, lived experience of suicide, Mental Health staff, community organisations, drug and alcohol consumers



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SafeHaven Service Model Summary

Values: SafeHaven delivered in line with statewide values e.g. person centered, risk tolerant, non-judgemental, welcoming and many more.

Governance arrangements: parameters for escalation, transparent policies, clarity on duty of care, support for peer workers and more.

Staffing:

- Trained and supervised Suicide Prevention Peer Workers.
- All peer workers with a lived experience of suicidal crisis.
- Diverse workforce to meet needs of population

SafeHaven Facility:

- Located at SESLHD's Recovery and Wellbeing College
- The site is accessible, close to transport and safe.
- Located outside of the hospital but close enough for clinical support

Communication and engagement: promoted through wide range of mediums (sector and community touchpoints and social media). Messaging accessible for all and effectively promoting what type of support is available at SafeHaven and how you can access it

Referral pathways to:

- Self-referral
- Family and friends
- Community groups
- Health and community services
- Primary care
- ED

On access:

- Guests welcomed
- Innovative ways for guests to 'check-in'
- Inclusive for all

Physical environment:

- Warm, calming, safe
- Mix of private and shared space
- Coffee, tea snacks
- Range of activities available
- Plants and natural light

Support offered:

- Access to information
- Access to peer workers to de-escalate
- All decisions made in collaboration with individual
- Support available for family and friends

Referral pathways out:

- Access to a range of supports (clinical and nonclinical)
- Escalation pathways where required

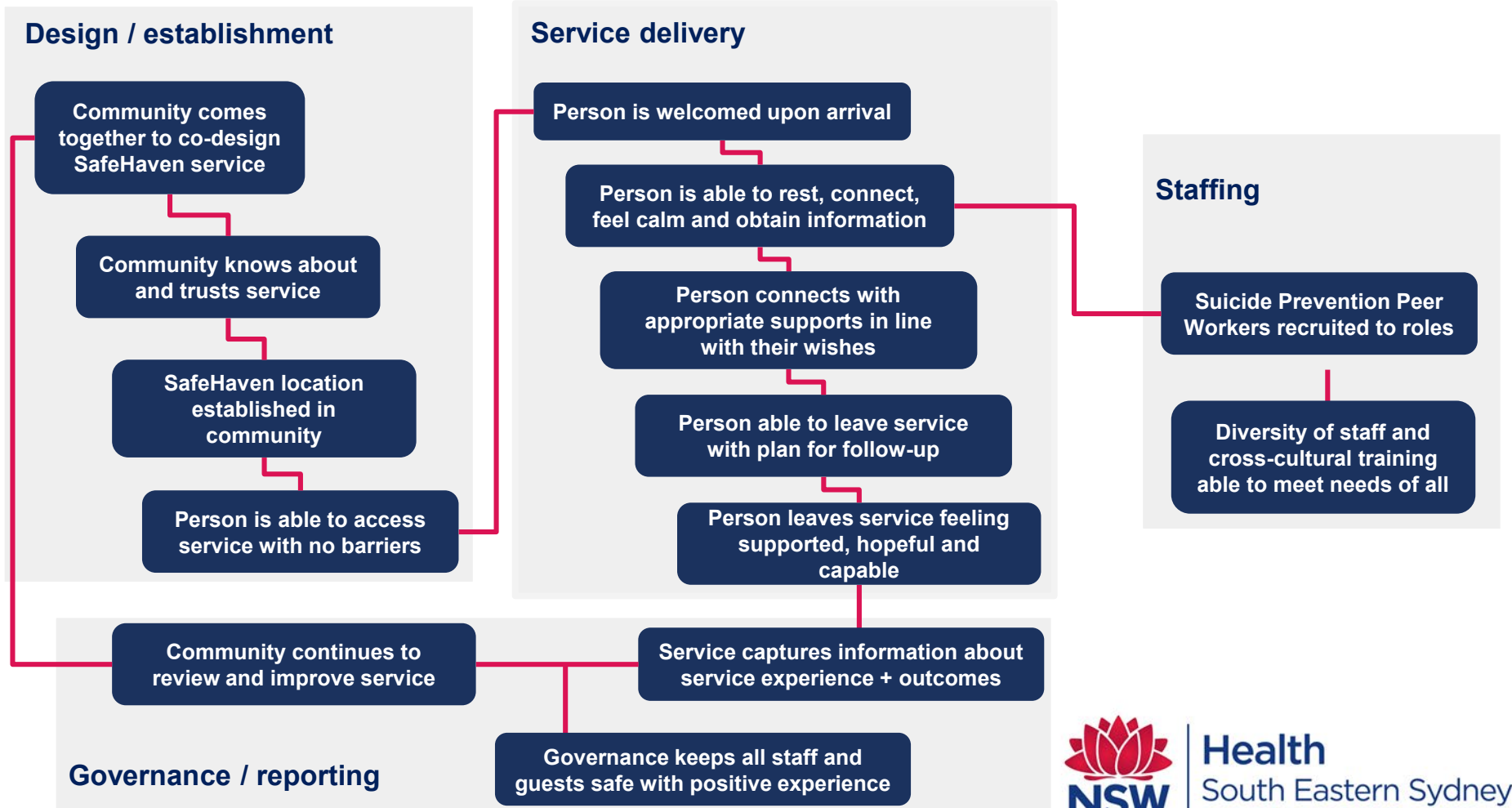
Priority groups: services delivered will be tailored for key demographics, including: LGBTIQ+, CALD, First Nations, People with a disability, young people, old people and men.

Reporting: primary focus on consumer experience through non-intrusive modalities of data collection and opportunities for people to provide feedback about the service.



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Outcomes map for SafeHaven



Summary of co- design findings

Co-designing South Eastern Sydney LHD's SafeHaven



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Overview

The following slides present the key findings of all co-design activities completed between September and October 2020.

Local co-design findings are presented against the 'Statewide Requirements' - Alternatives to ED Presentations' produced by the *NSW Ministry of Health*.



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Timeline

South Eastern Sydney Local Health District is expecting that the SafeHaven will become operational from November 2020

Following the conclusion of the co-design process, South Eastern Sydney Local Health District will work towards establishing the service model between October and November



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Statewide values

Values

- Person-centred
- Risk tolerant
- Non-judgmental
- Welcoming
- Responsive
- Compassionate
- Strengths focused
- Hopeful
- Holistic
- Self determination
- Empowerment
- Human connection
- Collaboration
- Integration
- Respectful
- Evidence based
- Dignity
- Inclusion
- Choice

Note: the responses of local co-design participants aligned with the statewide values, previously co-designed by a whole-of-NSW advisory mechanism.



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Location of the service & tenure

NSW Ministry of Health Requirements

- Can be located on or off hospital/health grounds
- Within proximity to the Emergency Department, not requiring people to travel a long distance.
- Represent a genuine alternative to accessing the hospital.
- Scoping of potential sites can progress independently of the local co-design process.



Location of the service & tenure

Local co-design findings

- SafeHaven to be located at SESLHD's Recovery and Wellbeing College
- The site is local, close to transport and comfortable.
- Signage for Recovery and Wellbeing College needing to be improved to enable wayfinding and access
- Will need to be cognisant of association with the hospital and psych facilities to be considered genuinely a 'SafeHaven'.
- Close proximity to hospital in case escalation required.
- Consideration required for people traveling a significant distance e.g. Sutherland Shire
- Consideration given to opening hours e.g. operating between 5pm and 10pm with a clear plan for what may be needed after 10pm.



Co-design

NSW Ministry of Health Requirements

- 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.
- Local people with lived experience of suicide will play an active role in ensuring the co-design outputs translate into service delivery and the ongoing iterative re-design of the service.
- Roses in the Ocean will support through training local people with lived experience of suicide to participate in advisory groups, other governance structures, co-design processes and other local activities supporting the services.



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Co-design

Local co-design findings

- Need to continually consult with the community to ensure most appropriate services
- Keep community included by sending plans, pictures and reports throughout the establishment and operation of the SafeHaven.
- Run a design workshop on establishment of the service
- Engage with community leaders and people with lived experience for their feedback about service delivery over time



Partnerships

NSW Ministry of Health Requirements

- The service is connected closely, or jointly delivered with community organisations, including other support services and local businesses
- Collaborative relationships are established and maintained with other services to connect to, including, for example, other suicide prevention services, homelessness services or domestic and family violence support services.



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Partnerships

Local co-design findings

- Make sure that the space is as much the 'SafeHaven' as it is the 'Recovery College' - key partnership.
- SafeHaven to have extensive partnerships with service providers to meet an individual's needs (holistic social determinants of health as well as clinical needs)
- SafeHaven to facilitate warm connection to these services and support each person to find the right service
- Partner with guests themselves to volunteer at the SafeHaven to build a community of support.



Staffing

NSW Ministry of Health Requirements

- The service is staffed by Suicide Prevention Peer Workers with a lived experience of suicidal crisis
- There is ongoing training, supervision, mentoring and group reflection opportunities to support the skill development and promote the personal recovery and professional growth of Suicide Prevention Peer Workers.
- Training and support as per the Ministry of Health Suicide Prevention Peer Workforce Guidelines



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Staffing

Local co-design findings

- Peer Workers have a lived experience of suicidal crisis, including admission to hospital
- Peer Workers highly capable of providing support and knowing their boundaries in doing so
- Peer Workers are able to work in a safe environment
- Peer Workers have access to supervision, support and debriefing
- Staff have an in-depth understanding of the local sector to enhance linkage to relevant services
- Staff are trained in cultural competency and inclusive language of priority populations
- Staff participate in effective debriefing processes, both individually and as a group
- Peer Workers are approachable, dressed casually and “on the level” of guests
- Peer Workers are representative of priority populations where possible.
- Aboriginal Health Worker is important for Aboriginal people
- Preferred that team leader should have peer worker experience and ideally a lived experience of suicide.



Governance

NSW Ministry of Health Requirements

- There are clear governance and reporting lines within the health service, to provide oversight and support.
- There is a governance structure which provides a clear process to actively support the Suicide Prevention Peer Workers to identify in partnership with the person using the service, when and how additional clinical supports may be needed and accessed to best meet the individual needs and wants of the person.
- The service is transparent about all policies and procedures about the confidentiality and privacy of people using the service, the nature of support provided.
- Guests that present with a clear and immediate risk to the safety of staff or other people in the service will be connected with other, more appropriate support to assist them
- Clear protocols will be in place to support staff to make decisions about safety and access. This includes having the capacity to respond to drug and alcohol issues and provide access to medical or other support, where this is needed.
- Safety planning over risk assessments
- Any savings are reinvested into the service.



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Governance

Local co-design findings

- Governance arrangements need be to designed with ‘risk tolerance’ in mind - ensuring people experiencing distress can receive support at the SafeHaven, rather than ED.
- Clear parameters established relating to escalation to ED or other LHD service when needed
- Escalation to Acute Care Team (ACT) as an alternative to ED - a process that would need to be established
- Transparency around escalation processes and confidentiality for staff and guests
- Need to ask safety-based questions around suicidal intent - taking a safety planning approach rather than assessment.
- At SafeHaven a guest must be able to discuss suicide openly and fully, without fear that this will mean being forced to go to hospital. Governance needs to accommodate this.
- Legal advice and protocols required to be established to address ‘duty of care’
- Governance arrangements needs to outline a clear risk mitigation plan for Peer Workers to work with individuals who are acutely suicidal



Operation

NSW Ministry of Health Requirements

- The service is evidence based, or evidence-informed where there is emerging evidence
- Support is person-centred, promoting hope, and responding holistically to the person's needs
- Clinical services are not provided. What is delivered in the service must be non-clinical
- No requirement for people to present to an ED prior to accessing the service
- Guests attending the service are not required to undertake any assessments or meet eligibility criteria.
- 'No wrong door' approach with the service welcoming everybody
- Accessible outside of business hours



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Operation

NSW Ministry of Health Requirements... (cont)

- People will be actively supported to determine for themselves how best to stay safe and supported to access additional services of their choice.
- There is a focus on responding to psychosocial reasons for the person's need for support, including loneliness and isolation.
- Family and friends are involved, wherever possible and in alignment with the wishes of the person using the service
- People can access information about a wide range of other community-based services such as housing, relationship counselling or financial assistance, to help address the causes of distress, and will be warmly connected to these.
- The environment is welcoming, safe and calm. This includes cultural, spiritual and emotional safety, and the provision of trauma informed care.



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Operation

Local co-design findings - Pathways to

Referral pathways into SafeHaven exist from a number of system touchpoints, including:

- Broad health and community services (e.g. headspace, housing, DV, mental health, alcohol and other drug services etc)
- Primary care and general practice
- Community groups
- Self-referral and family referral
- Referral pathway directly from ED



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Operation

Local co-design findings - On arrival

- Staff welcome person upon arrival and genuinely helpful
- Ensure the reception doesn't feel like a standard 'reception area' - it needs to be approachable and accessible for all.
- Innovative ways of 'checking in' rather than re-telling story
- Ensure space isn't overcrowded at any time
- People with all abilities can safely access and enter the building
- Childminding available for parents who cannot leave children at home
- Proximity to transport options and parking, and support to get home
- Range of engagement modalities available, including phone, web chat, in order to engage person and invite into space
- Open often and many hours of the day
- Planning for out-of-hours support
- Visible cues to ensure that priority populations are welcome e.g. First Nations art, LGBTIAP+ flags and service information in other languages



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Operation

Local co-design findings - Physical environment

- Warm, calming, homely, safe and non-clinical environment
- Sensory objects and modulation (e.g. aroma, visual, temperature)
- Mix of private and shared spaces
- Soft lighting and calming music
- Basic amenities (e.g. coffee, tea, snacks)
- Therapy pets
- Lounges and chairs to rest in
- Designated activity spaces
- Games, movies, books and magazines
- Technology (TV, computer, iPad)
- Sensory/quiet room with time limit
- Windows / skylights / outdoor areas with sunshine
- Aesthetics that are appropriate for all
- SafeHaven Values displayed on wall
- Plants
- Nice warm colours and furniture
- Decor, artwork and 'feel' encompassing cultural and age diversity
- Lots of welcoming imagery and signage
- Not overwhelmed with info / pamphlets
- Phone charging facilities



Operation

Local co-design findings - Support / experience

- Staff not too busy to help
- Accepting of who you are and how you feel
- Genuine care, connection and rapport built between staff and guest
- Able to have open conversations that don't risk hospitalisation if a person says certain things
- Online information and hard copy materials regarding local services to access at a later time
- Talking therapy and support to calm a person
- Access to a range of supports through in-house staff or external organisations (e.g. counselling)
- Safety planning and linkage to community support upon leaving the space
- All decisions made in collaboration with the person
- Support for family and friends (listening and providing information) if desired by the person
- Access to food, comfort, brokerage and connection to further support services
- Inspire hope and foster self-determination
- Opportunities for group activities / walks
- Journalling
- Sense of humour
- Discrete discussions about spirituality
- Quiet space to rest, recuperate and regroup
- Numbers to call and assistance to call them
- Pets as companions and icebreakers
- Practical options and activities
- Attitude and communication style that sees guests as equals and with control



Operation

Local co-design findings - Pathways from

- “I am seeking help - don’t want the outcome to always end up in going to the ED”
- Accessing the SafeHaven doesn’t mean you will be pushed to ED
- Although a non-clinical service, information available regarding how to access other mental health services is available too
- Referrals need to be decided on collaboratively and respectfully to share decision making with the person regarding using other services.
- Linking people into other services to broaden base of support
- Next steps from the safe space are very important *“I have an idea what I need, but need help getting there and accessing ongoing support”*
- *“Not being told what to do but shared decision on what support I need”*
- Information available regarding a range of other services
- Asking what each individual needs - everyone is different
- Info about social groups to link into - not just formal services.
- Options available - links to other services



Priority groups

NSW Ministry of Health Requirements

- The environment is welcoming, safe and calm. This includes cultural, spiritual and emotional safety, and the provision of trauma informed care.



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Priority groups

Local co-design findings

- Culturally appropriate service responses for First Nations people - nuance in support need determined by age and gender.
- Sensitive and equipped to support all LGBTIQ+ groups
- Recognise values, beliefs and needs of discrete CALD populations
- People with Autism, ADHD and anxiety will have different sensory needs and need flexibility in shared:private spaces
- Welcoming environment for First Nations, CALD and LGBTIQ+ signalled by flags, colours, artwork and signage
- Open to all ages but also age-inclusive activities/experience
- Information translated into different languages
- Manage perceptions of various people accessing the service at any one time to ensure positive experience and eliminate stigma
- Use of name and pronoun tags for staff



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Communication & engagement

NSW Ministry of Health Requirements

- Services are promoted in the local community so that people are aware of the services, what it can provide and when
- Language is person centred and appropriate to suicide prevention.
- A clear communication channel exists for people to provide feedback about the service and a process for prompt response and follow up.



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Communication & engagement

Local co-design findings

- Promote the service using wide range of mediums, including schools/universities, existing services and sector networks, social media, website, posters and printed materials, community meetings/groups,
- Ensure messaging emphasises service is safe and accessible for all
- Explain what people can expect when attending the SafeHaven
- Networking and education with hospital and community-based services
- Meet with and share information with key touchpoints in communities
- Promote good news stories and testimonials
- 1800 toll-free number for enquiries



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Reporting

NSW Ministry of Health Requirements

- There is accountability and transparency about how effective the service is and whether it is meeting community expectations, including through outcome reporting and participation in independent evaluation.
- Outcome reporting to the Ministry of Health includes relevant indicators (e.g. consumer experience, staffing, number of people using the service, issues, incidents, governance, partnerships, referrals, expenditure reporting)
- Outcome reporting is non-intrusive and does not present a barrier to people accessing the service.



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Reporting

Local co-design findings

- Make it voluntary or by consent only for a 'file' to be opened and case notes recorded
- Need to engage with community leaders and people with lived experience for their feedback about how the service is being delivered
- Focus on measuring a range of things, not just clinical outcomes
- Ensure data collection modalities have been co-designed with service users



Implementation guidance

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Implementation guidance

When taking the next steps in operationalizing SESLHD's SafeHaven - ensure that key documents are utilised:

1. NSW Ministry of Health Statewide Requirements - Alternatives to Emergency Department Presentations
2. Guidance Material for Recruitment and Support of Suicide Prevention Peer Workers - Alternatives to Emergency Departments and Suicide Prevention Outreach Teams
3. SESLHD SafeHaven Co-Design Summary Slide Deck (this summary slide deck)



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