

Crisis Response Shifting Minds Suicide Prevention Flagship: achievements and lessons learnt

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Leading Reform 2022



Improvement



Transparency



Patient Safety

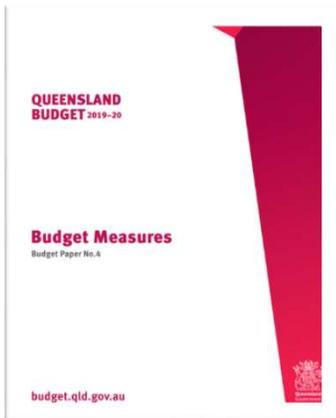
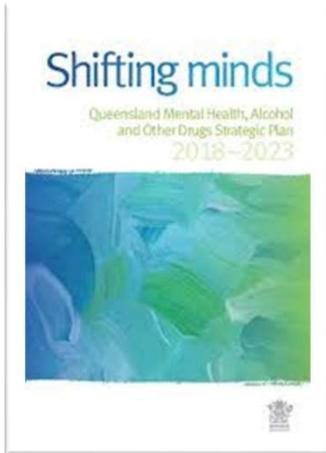


Clinician Leadership



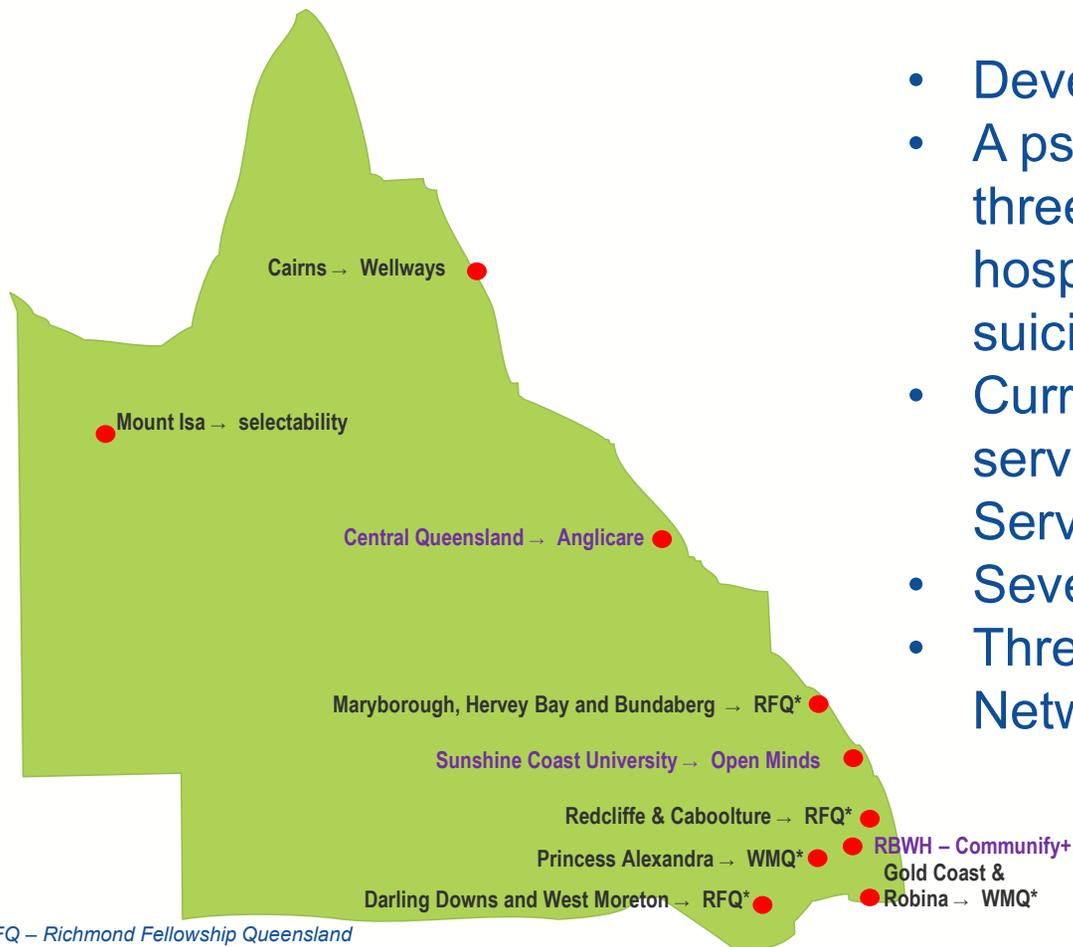
Innovation

Shifting Minds Suicide Prevention Flagship



- \$80.1M over four years invested in the 2019 State Budget including support for three new service models:
 - \$7.6M to implement The Way Back Support Service in seven regions
 - \$10.8M to establish and trial eight Crisis Support Spaces
 - \$11.3M to design and trial a crisis stabilisation facility on the Gold Coast.

The Way Back Support Service

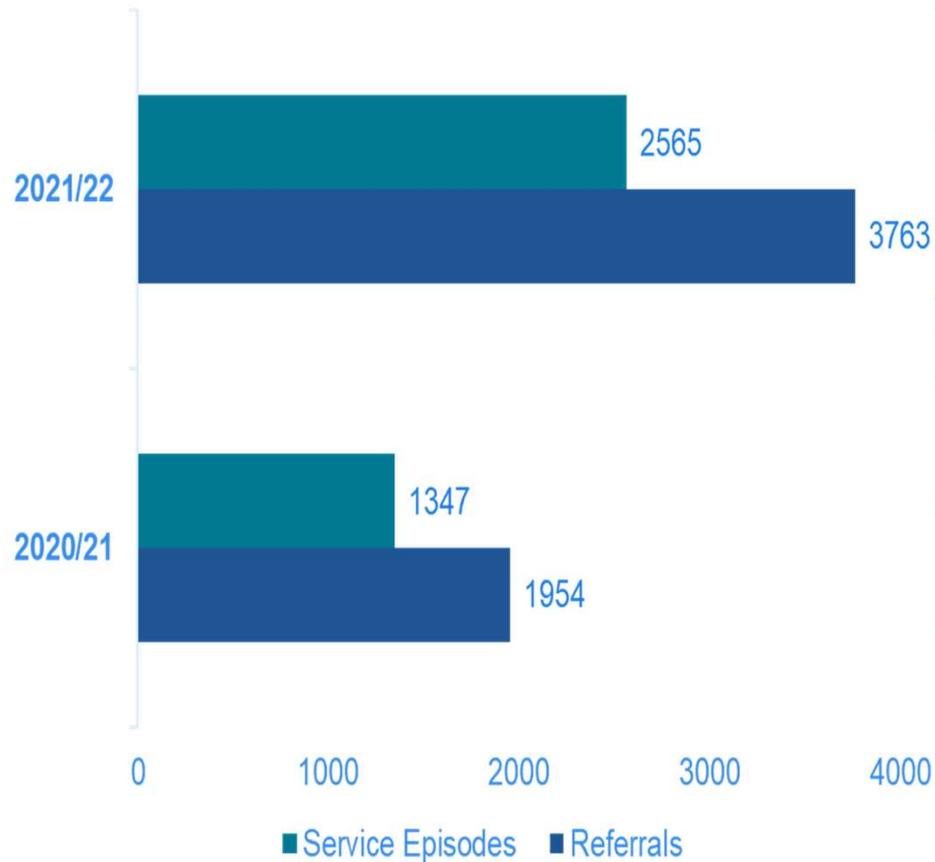


*RFQ – Richmond Fellowship Queensland
*WMQ – Wesley Mission Queensland
Communify+ – partnering with IUIH and Brisbane Youth Services
Purple sites are funded solely by the PHN

- Developed by Beyond Blue
- A psychosocial support service for up to three months for people who present to hospital following a suicide attempt or suicidal crisis
- Currently nine Hospital and Health services refer to 10 The Way Back Support Services
- Seven matched funded
- Three funded solely by a Primary Health Network



Achievements

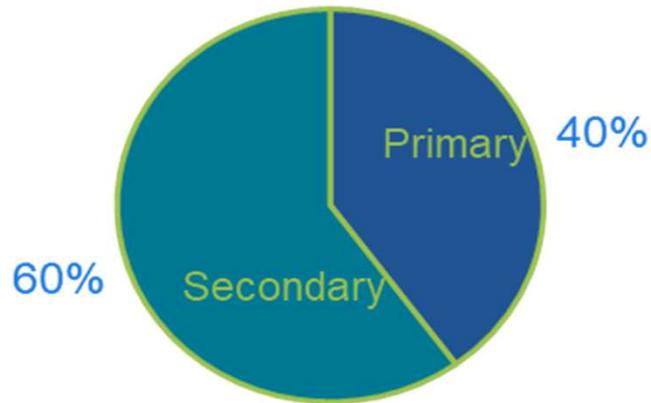


- All services became operational between 2020 and 2021
- Average referrals per month have increased from 163 to 313
- 68% converted to a service episode across both years, despite increase in referrals

Demographics:

- 89% of service episodes are aged between 15-54 years and 60% female
- 8% identify as Aboriginal and Torres Strait Islander (state-wide)
- Sites with specific Aboriginal and Torres Strait Islander referral pathways see a greater proportion compared to the general population (e.g. Cairns 10% in community vs. 23% supported in TWBSS)
- 6% identify as LGBTIQ+ (20% Brisbane North; 17% Cairns)

Referral criteria



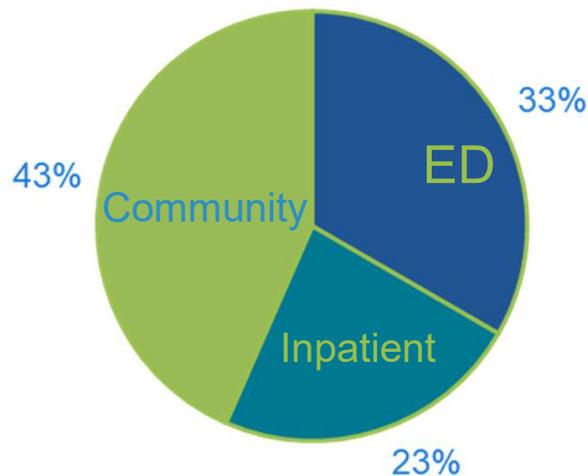
Primary criteria

- 66% converted to a service episode.
- 3 of the 10 services exclusively accept primary.

Secondary criteria

- 59% converted to a service episode, despite larger numbers of referrals made.

Referral source



Conversion to service episodes:

- ED – 28%
- In-patient – 93%
- Community – 74%

A good referral pathway includes an appropriate referral, clinician's understanding of the service, individual's readiness to engage, warm handovers and timely follow up by the service provider.

Referral pathways vary between sites, which influences this data

Lessons Learnt

Lesson learnt	Next steps
A good referral pathway includes an appropriate referral, individual's readiness to engage, warm handovers and timely follow up from TWBSS team	Clinical Coordination positions funded to support the referral pathway and the integration of clinical and psychosocial support services
Multiple data sources and systems, creating data burden and inconsistency	Development of a statewide data strategy, which will pull all systems and data requirements together
Sharing of information between care providers	Improved sharing of information between HHS and TWBSS (e.g. NGO CIMHA access)
Some services are over capacity	Providing universal aftercare, expanding services to better meet demand

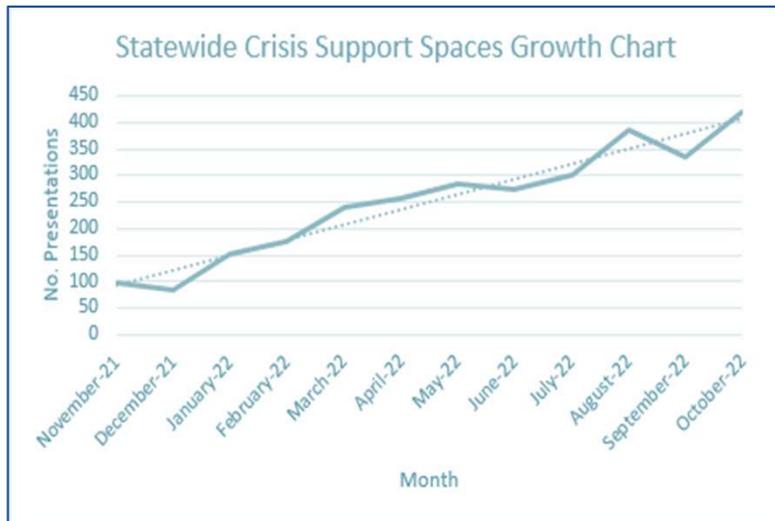
Evaluation of TWBSS completed by NOUS is due December 2022

Crisis Support Spaces

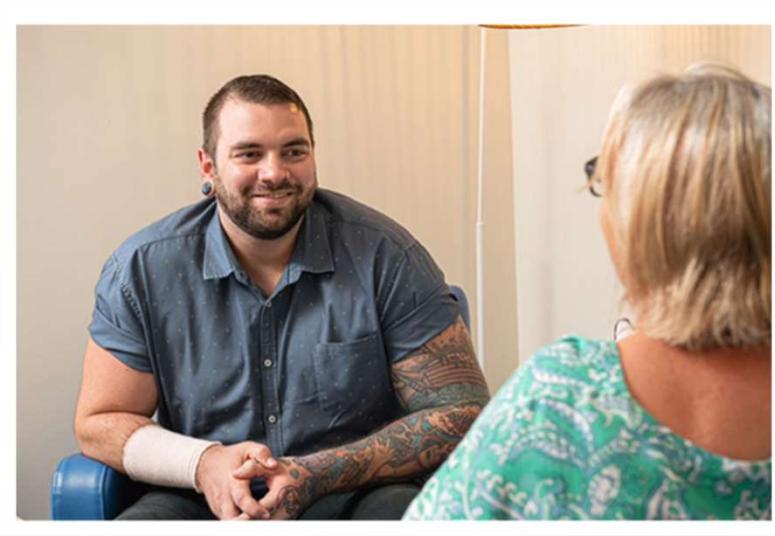
- Short-term peer and clinical support for people experiencing mental distress and/or suicidality
- Support in welcoming 'home like' environments near the emergency department
- Aims to prevent unnecessary emergency stays and improve people's experience
- Eight Spaces now operating an average 25 hours per week.



Achievements



- Eighth Space opened June 2022.
- Over 3300 visitors to date
- 50% of visitors accessing via ED and 30% via 1300 MHCALL
- 15% Indigenous and 75% female
- 18-24yr most common age of visitor
- Half of visitors are current MHAODS consumers



“I have no words with how much safe space helped me tonight. I walked into ED having suicidal thoughts and without Safe Space I was guaranteed to have another episode. Instead, I’m sitting having a cup of tea with my mum feeling positive and optimistic about my future.

Lessons learnt

- The focus on lived experience and warm environment is highly valued by visitors and staff
- Trust, communication and processes between Acute Care Teams, EDs, and Spaces' staff are critical
- Ongoing work needed to move people through ED faster, develop alternative entry points and link Spaces with other parts of the system
- A clear and consistent model is important, and so is local ownership
- There is a role for both hospital and community-based safe spaces as part of a crisis care continuum.



Independent evaluation



QCMHR appointed to lead independent evaluation to consider:

REACH	Who is accessing the Spaces? Are there groups they may not be reaching? What is the visitor journey through care and support?
EFFECTIVENESS	Are Spaces reducing unnecessary ED stays and/or improving people's access to and experience of crisis support?
ADOPTION	To what extent have HHSs adopted the Space model? What are the barriers and facilitators?
IMPLEMENTATION	Have Spaces been implemented as intended? What local adaptations and improvements have emerged?
MAINTENANCE	How well are Spaces being integrated with the broader mental health crisis care system?

Will seek to understand the people, places, systems, and processes that enable/are barriers to each of the RE-AIM domains.

Questions, methods, processes, analyses and communication of findings co-produced with service visitors and staff.

Yalburro' angabah Unit

- 24/7 support from peers and clinicians for people experiencing a mental health crisis (up to 23 hours care)
- Acute mental health assessment and treatment in a home-like therapeutic environment as an alternative to the emergency department
- Equipped for most mental health presentations and can accept direct referral from emergency services
- Linked to a short stay pathway and co-ordination hub



Achievements

“The feeling of peace as I walked in and how caring and calm everyone was. It felt like I was not judged and actually understood”.

- 3055 visitors in crisis since opening in August 2021
- Reduced lengths of stay at Gold Coast emergency departments – reduced time spent in ED by 25,509 hours or 64 hours per day
- 50% of visitors by-pass emergency (e.g. access via MHCALL or QAS/QPS)
- Over 80% of visitors discharged home without an inpatient stay.
- Minimal use of seclusion and restraint – alternative strategies maximised

“I have never felt so safe and listened to and taken care of”

Lessons learnt

- Has shown ability to divert people from ED and reduce need for inpatient care
- Has shown ability to improve consumer experience over standard ED care
- Clear guiding principles (e.g. peer first/last) and effective co-ordination are critical
- Ongoing work needed to refine processes with Ambulance and ED.



Building on our achievements



- Deliver universal aftercare with enhanced co-ordination
- Expand Crisis Support Spaces and move to 7 days per week operations
- New Crisis Support Short Stays informed by Yalburro' angabah concept
- Deliver community-based crisis support as part of Head to Health program
- Expand co-responder and peer support options
- Deliver framework to help guide future design and investment
- Strengthen continuous improvement and evaluation

