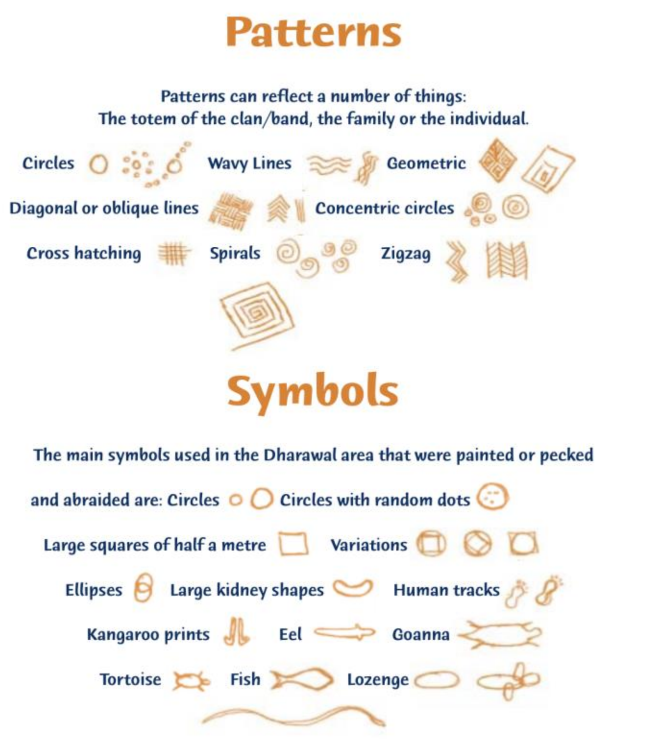
Health Professionals

Co-design of Illawarra Shoalhaven Safe Space

Feedback Loop 1

Roses in the Ocean
stemming the tide of suicide

Acknowledgement of Country



http://www.lesbursill.com/site/PDFs/_Dharawal_4Sep.pdf

We acknowledge the Dharawal people of the Illawarra Shoalhaven region, pay our respects to their elders past, present and emerging.

Acknowledgement of Lived Experience

We acknowledge those who have considered ending your life, and those who have attempted to do so.
We acknowledge your courage and tenacity to carry and move through the immense pain.

We acknowledge those who care for loved ones through suicidal crisis.
We acknowledge the fear and helplessness you experience, and your endless endeavors

to empower them to live.

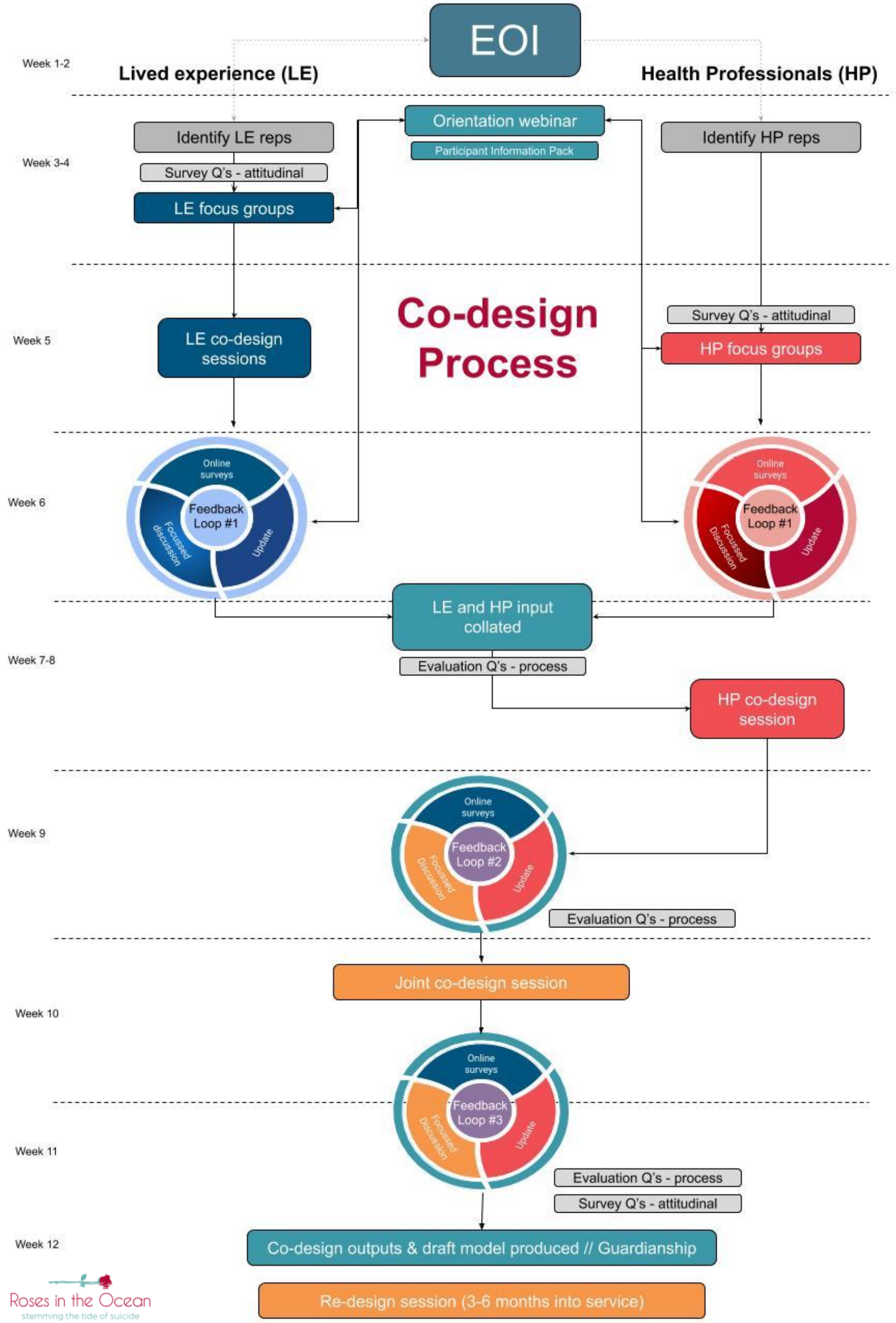
We acknowledge those bereaved through suicide.
May your immeasurable loss define a legacy and a mission to discover healing and a new purpose.

We acknowledge all the magnificent lives we have lost to suicide and those who are struggling with life today.

Everyone's lived experience is unique.

Everyone's lived experience is valuable.

Everyone's live experience can make a difference.



Process so far

- Orientation Webinar
- Information Pack
- NSW Ministry of Health Guidance Document
- LE Focus Conversations – groups of 3
- HP Focus Conversations – groups of 3
- LE Session 1A – 2 hours
- LE Session 1B – 2 hours

Purpose of Feedback Loop 1

- Provide context of the co-design process
- Make sure we have captured what has been shared during the co-design round 1
- Gather broader views and experiences
- Explore what is missing
- Help prepare for round 2 of the co-design process

Roses in the Ocean
stemming the tide of suicide

Feelings, Needs, Ideas

- We walked through the experience of being a Health Professional supporting someone through the process of finding and accessing support through the emergency department, and explored their feelings, the reasons why they felt that way and what needs they had at each stage:

  finding, arriving, checking in, waiting, treatment, leaving

- The following slides highlight the key points of discussion and feedback from the first phase of co-design
- Everything that was shared in the conversations has been captured with the most common themes shown here

Understanding your experience

Finding

Within public health system

- Frustration with lack of options
- Acknowledge that ED isn't ideal in many cases
- Sad, disappointing and distressing for patients
- Powerless, existing systems and processes dictate how/where patients are referred
- Have to meet duty of care and legal obligations

Outside public health system

- Anxious around what might happen when someone at-risk sent to ED
- Reluctance to send to ED
- Support through development mgmt plans
- Difficult to balance worrying to someone's life and getting them support
- ED is the only option that you've got in a time of crisis
- Angry, unheard, disappointed, frustrated

It's a mixture of feelings because I know I'm doing the right thing from a legal perspective but for the consumer I feel sad and disappointed, and I know that it doesn't really encompass best practice

It's very hard because the reason for referral is you're worried for their life. It's not that you think ED is going to be helpful, but there is nothing else that can be offered that is going to fill that gap.

You're doing this because you have no other options, and you're doing all that you can.

Frustrating to know you are not doing the best thing - but there are no other options available

Sometimes you have amazing people in these roles but they seem powerless as well. Its clear the system isn't working so how can we work together to make it work

Arrival

Within public health system

- Consumer usually has had previous bad experiences with ED
- Frustration, anxious, sad – you know it is going to be tough for them
- Trust or rapport for consumer gets eroded by long delays, physical environment
- Variable staff attitudes toward consumers, families and/or carers
- Triage system is challenging

Outside public health system

- 'Us vs. them' power struggle
- Snookered, you're behind the 8 ball
- Peer workers not viewed on same level as other clinical staff
- Many things add up to to a good or bad experience (e.g. environment, triage nurse, waiting room)
- High patient volume add to stress of hospital staff to remember they are treating 'people'
- Privacy and confidentiality an issue

Feel disappointed. I carry a lot of frustration about the way the service runs & the way the system is. It eats away at that hope that things are going to get better and are moving in the right direction. Just feel disappointed. I walk away and shake my head.

Consumer usually has had a bad experience in the past so the ED is the last place they want to go to so they already feel anxious about going. And then when they arrive they know they're going to be treated differently, disrespected in some regard.

Who is on triage can make a big difference.

When you do go up to the ED you're put in the red chair, and everyone is sitting there looking at you, people are distressed and angry

Sad - you see where you're taking them is not helping them in any way, shape or form, and they're going to be in there for hours before they get help.

Checking in

Within public health system

- Angry – discrimination against mental health patients, repeat presenters
- Frustration and variability in mental health triage process
- Lack of respect for Peer Workers
- Limited communication between ambulance and hospital
- Clients struggle with transition through the system

Outside public health system

- Feels a bit 'them and us', stigma due to mental health issues.
- Long waits, even after calling ahead
- "Am I in the right place? Am I bad enough? Am I going to get any help here?"
- Variability in service quality – depends on who is doing the assessment
- Frustration with escalation processes, loss of control.

We do feel like we're a part of a wider service, but when we have a client who doesn't transition through the system well you realise you're not all on the same page

Sometimes I get an awesome triage, the Nurse has engaged really well with the person & got a lot of info that I'm not going to have to get them to repeat. Other times I get "mental health presentation" which is an indicator of their attitude. When I see this I know how the person has been treated

Angry - it makes me feel a sense of discrimination for the patient, mental health in general & for my profession

People just want someone to listen to them, just to be heard & validated. it doesn't take a lot of training or expertise to be able to do that

Feels a bit "them & us" - there is stigma around "one of yours" (the mentals)

Waiting

Within public health system

- Frustration, pressure, worried.
- Knowing service does not ultimately support the person
- Long waiting times, particularly for frequent presenters
- Many people are triaged and leave before being assessed
- Hit and miss – sometimes 'who you know' helps

Outside public health system

- Long waiting times for things that could've been solved elsewhere
- "The hospital is not a place for mental health and wellbeing"
- Some people say what they need to say to go home
- Support you get is so inconsistent
- Feelings of hopelessness emerge
- There are good people but bad experiences are due to build up of a number of things

Ultimately there are lots of pressures that are beyond anyone's control, there could be 5 other mental health cases they need to see. So in the end it may not come down to the skills of the clinician, it is out of their control

I've supported people and we've waited for 5 hours. If they had been assessed earlier we could've found out it wasn't a big issue and it could've been resolved earlier.

I feel stretched thin and trying to keep together a service that does not ultimately support the person

Where you're positioned, the mental health room, you are on show. If things do escalate you are on show, there is no private place for us to take you

People don't know what to expect and as you go through it, it feels more hopeless

Treatment

Within public health system

- Burdened by decision to admit against someone's wishes
- Pressure, time, duty of care
- Making people wait feels wrong
- Community management usually possible with confidence in family and support service
- Comprehensive assessments helpful (family/carers, consumer and supports)

Outside public health system

- No confidence in acute services
- Hit and miss, variability
- By the time it gets to this point people will say anything to go home
- Difficult to run through high volume of information whilst in distress
- People need to feel like they've been heard.

By the time it gets to this point, they'll say anything just to go home because they just want to get out of there - people know what to say to just go home. The window of opportunity to help someone may have closed by the time they are seen

Soul destroying – I've had people say I need to go there because I feel unsafe, but when they get there & realise what it is, they think I've got to get out of here because it feels unsafe

Burdened by decision to admit someone against their wishes.

When you're scheduling someone, you are removing their human rights. You have to be very mindful to think about what it will feel like for that person. It's a HUGE decision to make and it shouldn't be made lightly

Heavy responsibility about having to make hard decisions

Leaving

Within public health system

- Frustrated – you know person will be discharged and you'll be called back to get them
- Discharged to a waiting list of private psychologist – no better.

Outside public health system

- Huge black spot – people are waiting for next step in time of crisis
- Difficult for person to retain information and use at later time
- Discharge planning needs to be improved
- Need more communication – don't know what's happening

We've had patients discharged with a plan to go to a private psych with a waiting time as well, when still in suicidal crisis. We feel this is a mismatch from what the person needs and when they need it.

Frustrating when you take someone to hospital, and you know they're going to be discharged and you know you're going to be called back to them - it's a never-ending cycle. That person is not getting the help they need, there is something missing in the process

Black spot - when people are waiting for next step are suicidal

Often, we'll get them PJs or something (for stay in Shellharbour), and then only to hear on Monday when we get to work that they were just released with nothing & no way to get home

Need more communication as often we don't know what's happening

What is needed?

What's missing from the services available in our region?

- Communication with ambulance service (increase investment)
- Other places to take people other than ED
- Flexibility to enable time to plan with person for best option
- Improved protocols (ambulance and services hands are tied)
- Empathic, in-person services
- Support for people with chronic trauma and borderline personality disorder
- Safe, secure space where peopled are welcomed (meeting the person where they're at)
- A place that understands people
- Increase hope by linking with a better service response
- Clarity on options and processes

What do you need to feel comfortable with supporting people to access a safe space?

- Building relationships with the service
- All health professionals working at the service to undergo peer worker training
- Strong endorsement from ISLHD
- Understanding what the service offers and clear purposes (e.g. age cohorts)
- How safe space would approach Borderline Personality Disorders and trauma
- Address risk, duty of care, accountability, legal obligations (taking someone to the Safe Space is appropriate and legally viable).
- Skilled workforce to enable escalation when required
- Anticipate people will need a clinician on staff to feel comfortable in referring
- Ensure state level policies and procedures reflect 'current state'

Over to you . . .

Webinar Q&A
Feedback Loop 1 Survey

https://www.surveymonkey.com/r/ISSS-feedback-loop-1

Opportunity to provide your ideas and answer questions through the survey
(open from today to May 26th)

Next steps

- Feedback Loop 1 – live webinar, survey questions and review documents
  https://www.surveymonkey.com/r/ISSS-feedback-loop-1
- Health Professional Session 2 (provided with LE outputs)
- Feedback Loop 2 - live webinar, survey questions and review documents
- Joint stakeholders Session 3
- Feedback Loop 3 - live webinar, survey questions and review documents