

Illawarra Shoalhaven Safe Space

Feedback Loop 3



Roses in the Ocean
stemming the tide of suicide

Acknowledgement of Country

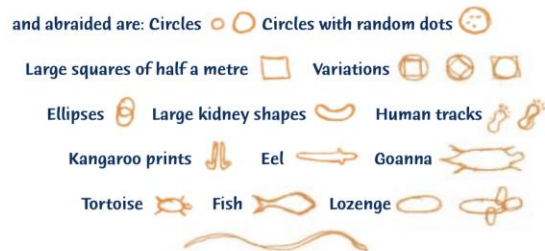
Patterns

Patterns can reflect a number of things:
The totem of the clan/ band, the family or the individual.



Symbols

The main symbols used in the Dharawal area that were painted or pecked



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



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



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.

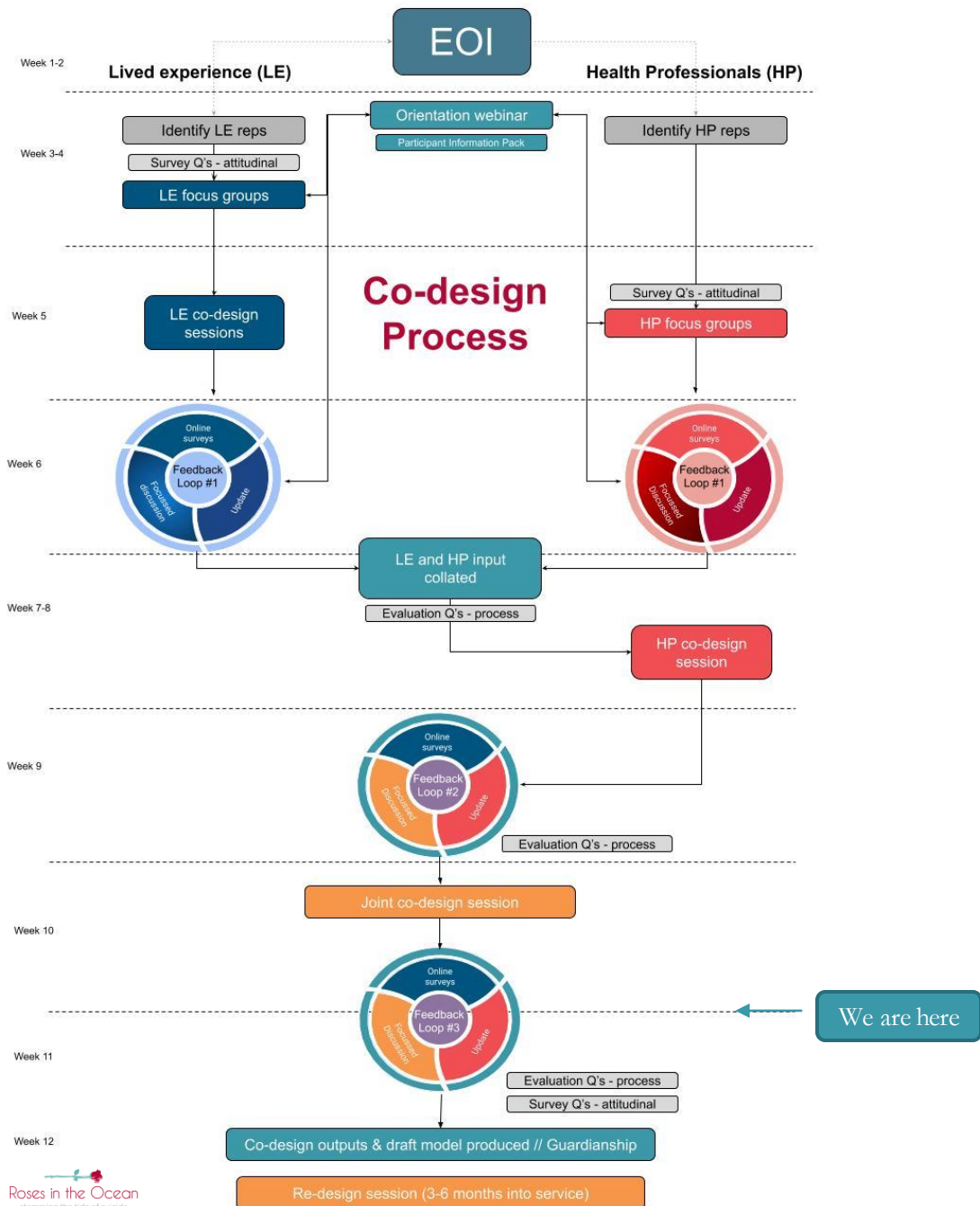
We acknowledge all the magnificent lives we have lost to suicide and those who are struggling with life today.

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
- Feedback Loop 1
- HP Co-design session
- Feedback Loop 2
- **Joint co-design session**

Purpose of Feedback Loop 3

- Gather broader insight regarding progress made during joint co-design session
- Gather information to inform final service model

Joint co-design session



Scenario 1:

Chantelle is a 17 year-old teenage girl who arrives at the safe space experiencing suicidal thoughts. It is the first time she has ever reached out for help and she is frightened by what she is experiencing. She doesn't know where else to go.

It is 8pm – just thirty minutes before closing time.



Responding to Scenario 1

- Provide a welcoming and non-judgmental environment
- Acknowledge and communicate how safe space can assist someone under the age of 18
- Enquire around parents and trusted person
- Use flexibility in hours (someone always rostered on past closing time) to link with an appropriate service or support
- Meet her practical needs e.g. facilitating links to transport
- Reinforce she is welcome back any time as this is her space and offer the opportunity for a follow up call
- Likelihood of this situation could be prevented with operating hours from 10am – 10pm
- Follow up with Chantelle the next day



Responding to Scenario 1

“Has she looked at headspace or other services relevant for young people? Have a look with her but also reinforce that this is her space, she is welcome to come back anytime, reassure her.”

“Operating hours of 10am – 10pm would ideal. Would be great to set up the expectation that these are the hours”

“Flexibility around closing times is needed. At each shift if someone can stay and support someone longer that would be ideal.”



Scenario 2:

A young man, David, arrives at the safe space. He is accompanied by a lady of similar age who he doesn't introduce.

David appears a little agitated with the woman but seems happy to have arrived at the safe space. He accepts a cup of tea from one of the staff, and while he's chatting quietly with them, he keeps glancing towards the woman. You discover she is David's sister and is really keen to stay with him in the safe space and is clearly very concerned about her brother.



Responding to Scenario 2

- Understand David's desire (and consent) to involve his sister – with the freedom to change his mind at any point
- Ensure Safe Space can also meet carer specific needs (including appropriate resources)
- Respond to the needs of individual and carer confidentially if needed in physical spaces that allow for private conversations.
- Diversity of peer workers needed to handle a number of situations (e.g. carer/individual focused, gender/sexuality, cultural background).
- Actively work with David to engage with natural supports as a protective factor



Responding to Scenario 2

“I feel it would be really important for Safe Space to be inclusive of the sister if David wants them there. If the person wants the carer there safe space needs to include carer.”

“Emphasise and encourage benefits of natural supports - important for safe space to support the natural support systems. There is balance between giving a person what they need and supporting those who may be in support roles for years to come.”



Scenario 3:

Leanne walks into the safe space and says hi to the peer worker who greets her. She knows the safe space well, having visited for a few weeks in a row. She says it is a place where she can relax for a while, knowing that she is safe from self harming while she is here, and it helps her get through her week. Tonight she asks if there is anything different she can do while she is at the safe space.



Responding to Scenario 3

- Ask Leanne what she'd like to do, opening an opportunity for Leanne to contribute to available activities at the Safe Space (e.g. art, journaling)
- Role of the peer worker is non-clinical and to facilitate inclusion and connection
- Guests are not only participants, but they directly contribute to the service ('our place is your place')
- Ensure that Leanne is welcomed and comfortable within the Safe Space
- Facilitate person-centred and self-directed support



Responding to Scenario 3

“Guests are not only participants, but directly contribute to the Safe Space. This speaks to the principles of mutuality and that *our place is your place.*”



Scenario 4:

David turns up at the Safe Space for the first time. He seems quite agitated and distracted. He had heard about the Safe Space from a community services worker who supports him in a program for people with “complex and enduring mental illness”. He tells the SP Peer Worker that his neighbor is trying to control his thoughts through a chip he has planted in his television. David says he can't handle the torment of this any more, and feels that killing himself is the only way to get relief from it.



Responding to Scenario 4

- Safe Space staff to meet 'David' – not David's diagnosis
- No clinical evaluation at the Safe Space – people are not assessed for their symptoms or risk in the traditional sense. Whatever support that is needed should be decided in collaboration with David
- Safe Space staff to follow processes and protocols, having options to seek further advice if needed.
- Safe Space is not an automatic route to ED.
- Safe Space staff to focus on being with David in distress and discomfort instead of delving into 'risk' and mental illness diagnosis.
- Identify partnerships with David for the type of care that he needs and wants (existing support groups, clinical support if needed/desired, other natural supports)
- David could walk in highly distressed and walk out calm – attend to suffering not the symptoms.



Responding to Scenario 4

“It is 'David' walking through the door, not his diagnosis. You talk to David, understand what he wants, needs.”

“Whatever happens, anything that happens must be done with the person. If they need extra help, it is built into the model that there is clear pathway to more help.”

“There is no assessment at the safe space. We must deal with the person - ask questions to gauge what the situation is. You can go up ladder if you need to, but the person walking through the door is the most important thing.”



Scenario 5:

Amanda is a 20 year old woman with a history of past suicide attempts who comes to the Safe Space extremely distressed. She says that her life is not worth living, that she has tried everything to stop feeling this way. She tells the SP Peer Worker that she has been on dozens of different medications, tried therapy for childhood trauma, done everything the psychologist told her – “nothing ever works” and she has “run out of options”. When the worker asks her if she has plans to kill herself, she tells them that she has bought medication off the internet and is just waiting for her mum and dad to leave her alone so she can take it. Her history of previous attempts is known to one of the Safe Space Peer Workers, who had previously supported her in ED.



Responding to Scenario 5

- Respect and acknowledge that Amanda has chose to come to the Safe Space for support (a protective factor). There is still time to “escalate” if needed.
- Peer workers are skilled in sharing their stories of their own suicidality and trauma in order to “normalize” why someone might be feeling suicidal.
- Peer workers could work collaboratively with Amanda’s family to dispose of medication at home – preventing a trip to the ED.
- Skilled peer workers are be able to build relationships of mutual trust and respect which can itself become a protective factor.
- Safe Space staff may have to work with Amanda to collaboratively identify the need to access ED. A predetermined process would work best, including agreement on pathway to ED and timely ED access for guests of the Safe Space.
- Process to also include capacity for active support from the Peer Worker to walk alongside Amanda to navigate the hospital system and accompany Amanda at all stages in the process, including staying with her in ED.
- Clarity gained around legal ramifications (if any) if someone were to take their life after accessing Safe Space.
- Debriefing offered to Peer Worker to ensure they are supported after a death.



Responding to Scenario 5

“The beauty of the safe space is that the peer workers can talk about their experiences and can be alternative to traumatic places. The safe space is HOPE for change and that in itself can provide hope.”

“Safe Space peer worker should accompany Amanda to the next level of support. There needs to be a clear pathway that is quick and easy for the individual and peer worker be seen by the ED if needed.”



Next Steps

The next service to be co-designed as part of the NSW Ministry of Health Towards Zero Suicides Initiatives is the Suicide Prevention Outreach Team. For anyone interested in finding out more about it or getting actively involved in the co-design process, go to the Illawarra Shoalhaven Suicide Prevention Collaborative's website: www.suicidepreventioncollaborative.org.au



Thank you

A heartfelt thanks to everyone who participated in the Safe Space co-design process in the Illawarra Shoalhaven region, with a special mention to:

- People with lived experience, who so generously shared their insights in order to improve supports for others.
- David Alcorn, Johnny Pullman, Julie Carter, and Adam Bryant from the LHD, for championing the Safe Space initiative.
- Alex Hains, who was instrumental in getting the Safe Space co-design up and running in the region.
- Emma Paterson, who worked tirelessly behind the scenes to make the co-design process genuinely inclusive of a broad and diverse range of community perspectives.

