



Developing a peer support model for the Emergency Department

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I'm taking really good care of myself today

- Easily, gently and at a pace that suits me
- I only take with me things that are right for me at this time
- I have support in place



Introduction

Emergency departments (EDs) are an important part of the Australian health system

- Open 24 hours of the day, 365 days of the year at no cost to the service user*
- 8 million presentations in 2017-18
- Australian public health system had 286 EDs

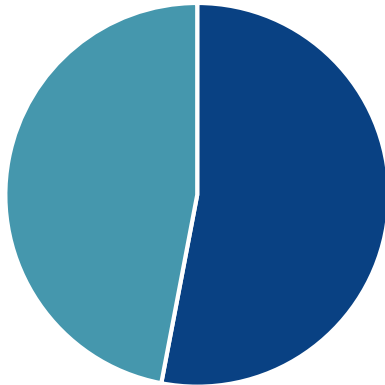


*For Australian citizens; Medicare card required

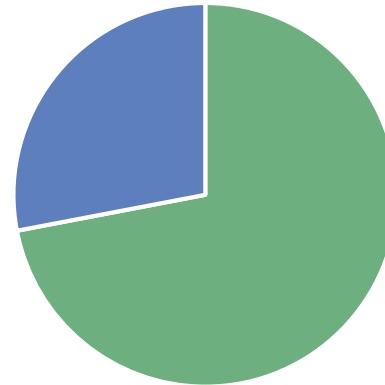
EDs and mental distress

EDs are often poorly equipped to support individuals who are experiencing mental distress

53% of individuals with mental distress wait more than **8 hours**³



72% of **ALL** ED presentations are seen within 4 hours¹



The physical environment (24/7 lighting, noisy, chaotic, lack of privacy) may intensify mental distress and contribute to the poor experience of consumers and carers.

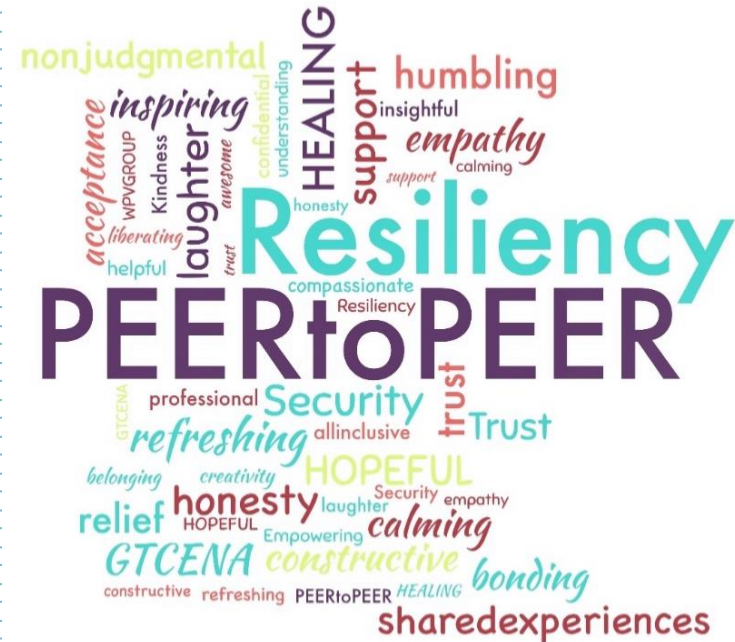
Victorian Auditor-General's Office, *Access to mental health services - independent assurance report to Parliament*. 2019, Melbourne: Victorian Auditor-General's Office.

Australian Institute of Health and Welfare, *Emergency department care 2017-2018 - Australian hospital statistics*. Vol. Cat. no. HSE 216 2018, Canberra: AIHW.



Aim

To co-produce a recovery-orientated peer support model for EDs to support people experiencing mental distress and their carers within an ED setting





Method

1. Scoping review
2. Initial model
3. ED site visits
4. Focus groups (consumers; support persons; staff)
5. Training for peer workers

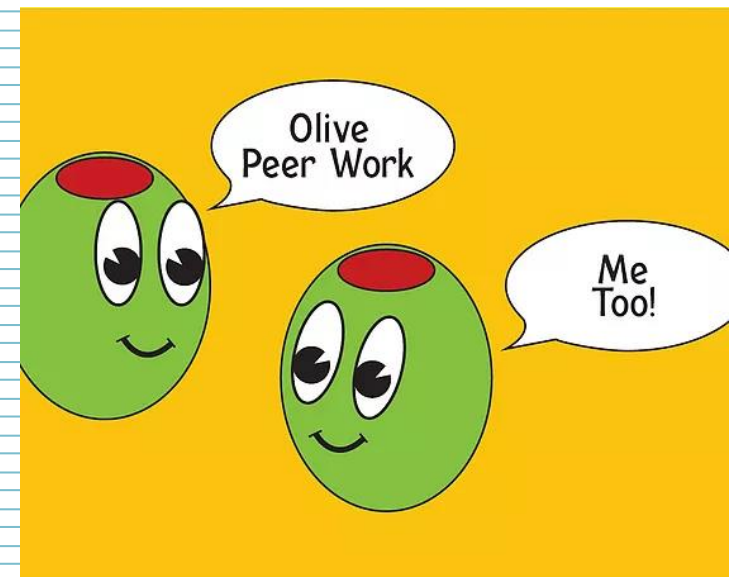




Lived Experience roles

Lived Experience involvement includes:

- Consumer researcher
- Lived Experience PHD student
- Research team
- Expert panel- 50% have Lived Experience





Lived Experience in practice

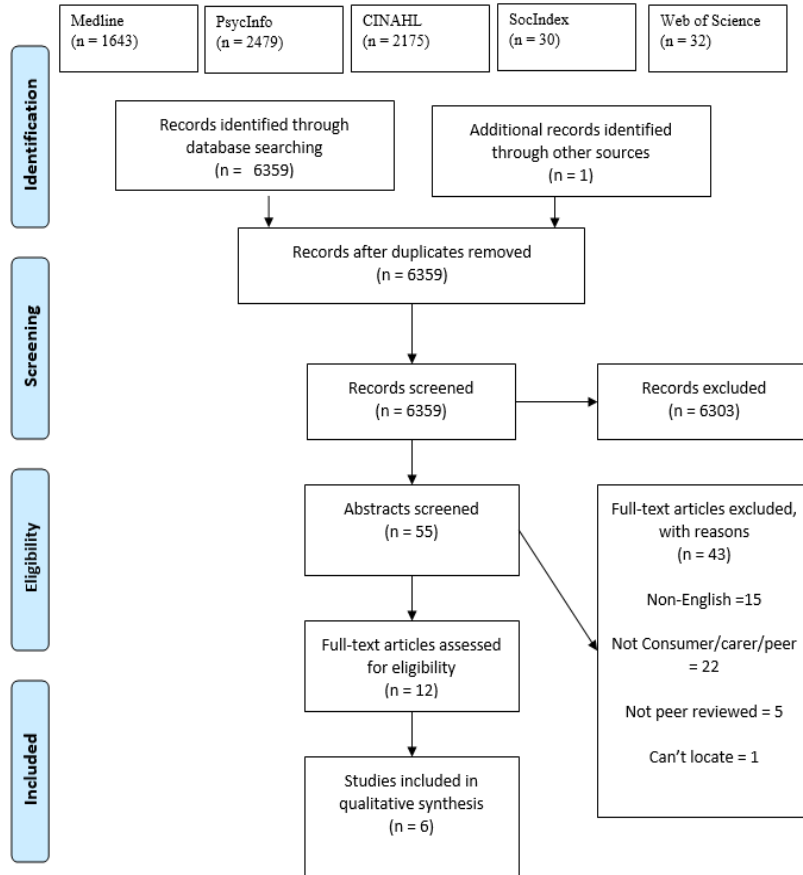
Lived Experience concepts that inform the project:

- Co-design principals
- Collaborative processes with consumers who have expertise in research and expertise in experience (including direct experience in accessing or supporting someone access ED for mental distress)
- Focus Groups and consultation process with consumers and carers in shaping the model

Scoping review



PRISMA 2009 Flow Diagram



Method:

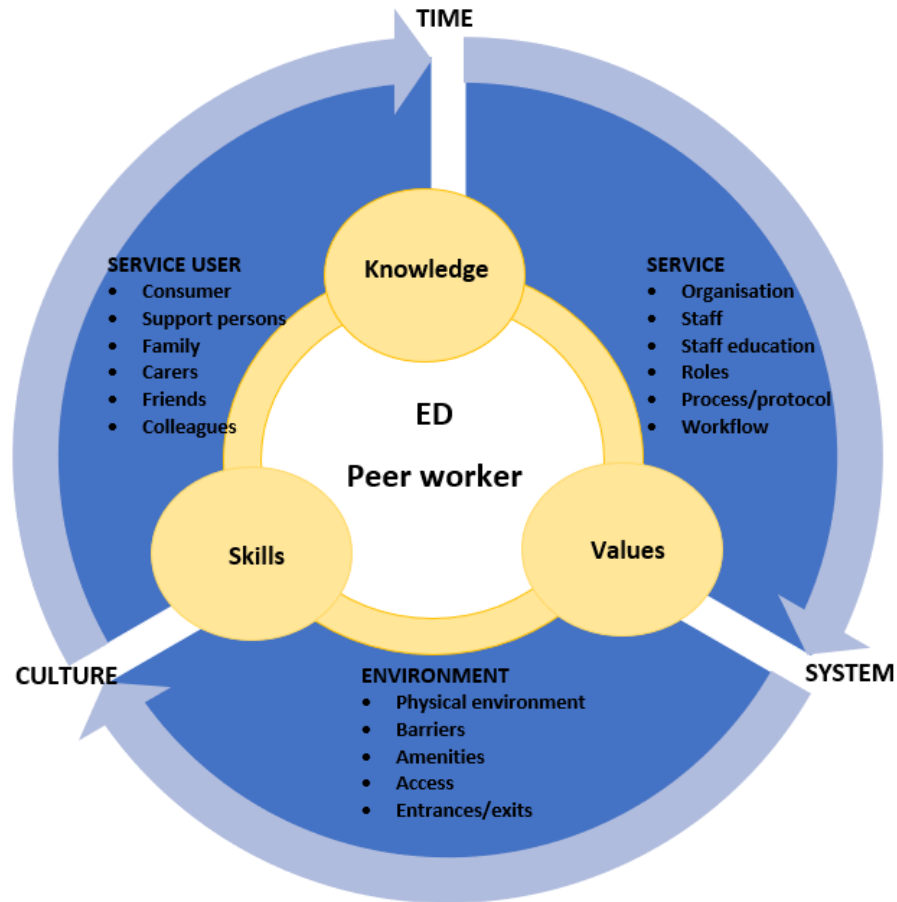
- MEDLINE, CINAHL, PsycINFO, SocINDEX, Cochrane Library and Web of Science, grey literature
- No year restriction was applied
- Relevant unpublished data were requested from authors
- Key findings:
- 6 publications included
- 1 set in ED; remaining ED-alternatives
- Non-clinical settings preferred
- Role of non-clinical care
- Considerations for peer-workforce

Limitations:

- Quality of included texts needs to be assessed
- Effectiveness not known



Stage 1 – Practice model of peer support in the ED





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Thank you

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