



# Developing a peer support model for the Emergency Department

Catherine Minshall, Anthony Stratford, Louise Byrne, Helena Roennfeldt, Bridget Hamilton, David Castle, Andrew Martel, Nicole Hill, Sally Buchanan-Hagen, Larry Davidson, Lisa Brophy





# 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

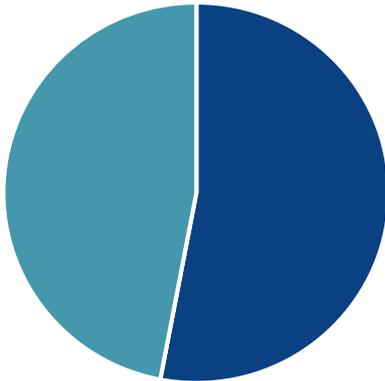


\*For Australian citizens; Medicare card required

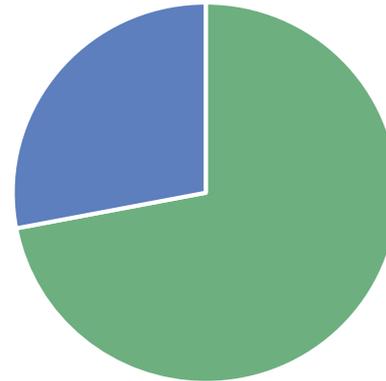
# EDs and mental distress

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

53% of individuals with mental distress wait more than **8 hours**<sup>3</sup>



72% of **ALL** ED presentations are seen within 4 hours<sup>1</sup>

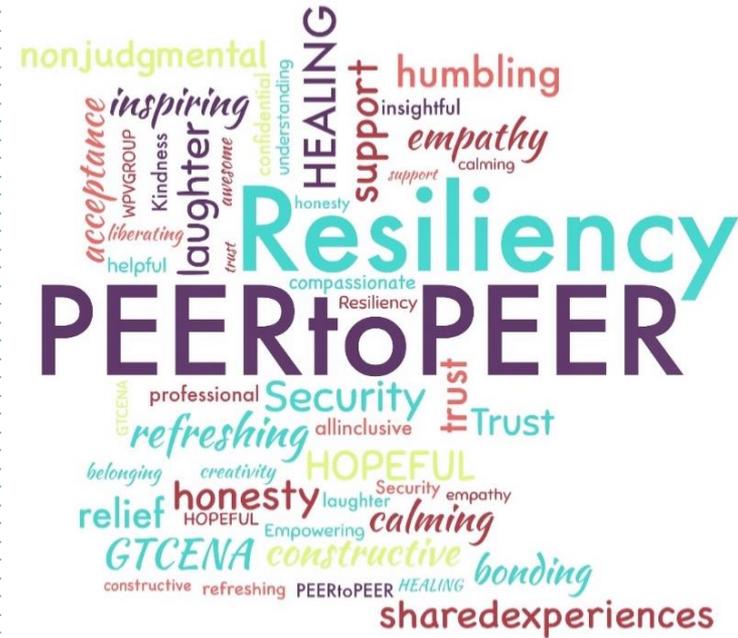


The physical environment (24/7 lighting, noisy, chaotic, lack of privacy) may intensify mental distress and contribute to the poor experience of consumers and carers.



# 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

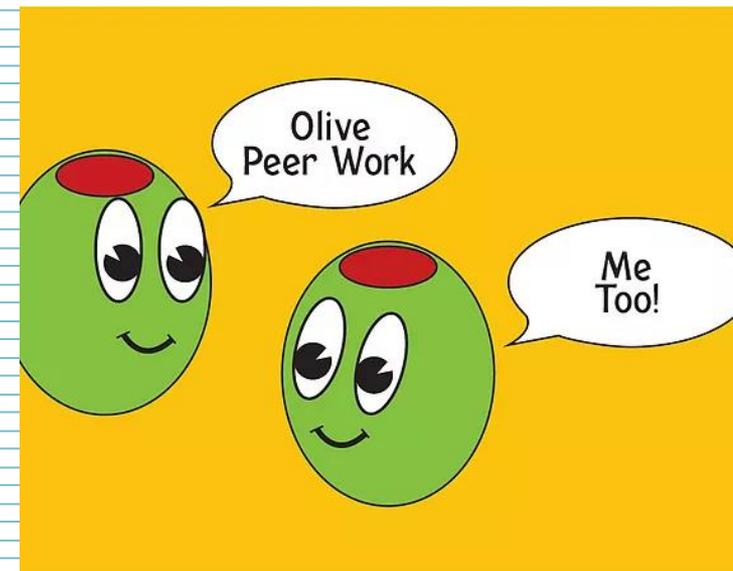




# Lived Experience roles

## Lived Experience involvement includes:

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





# Lived Experience in practice

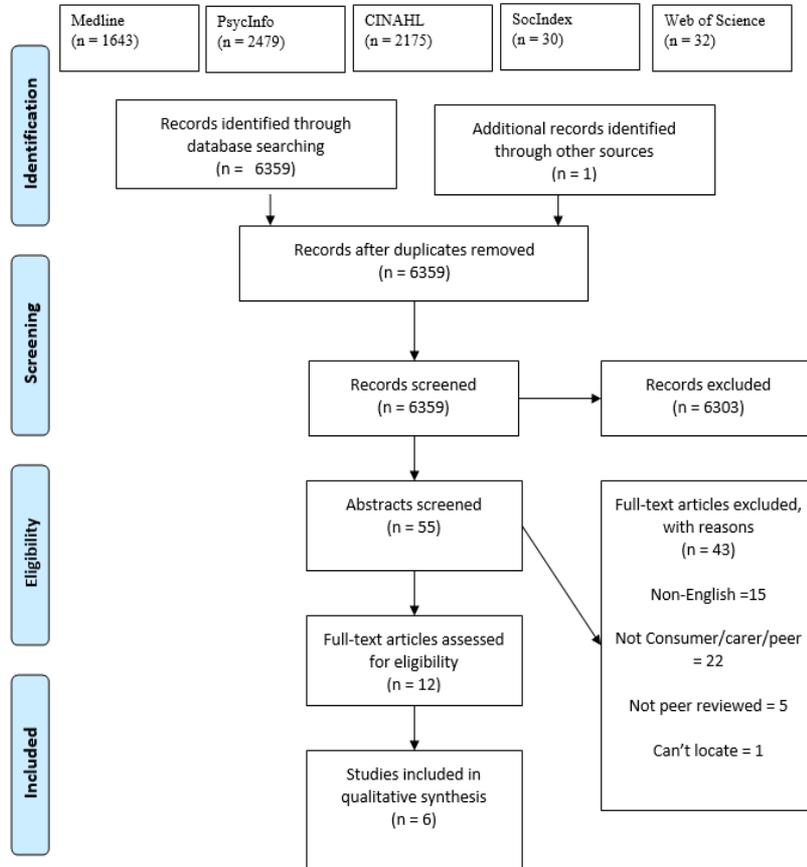
## Lived Experience concepts that inform the project:

- 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



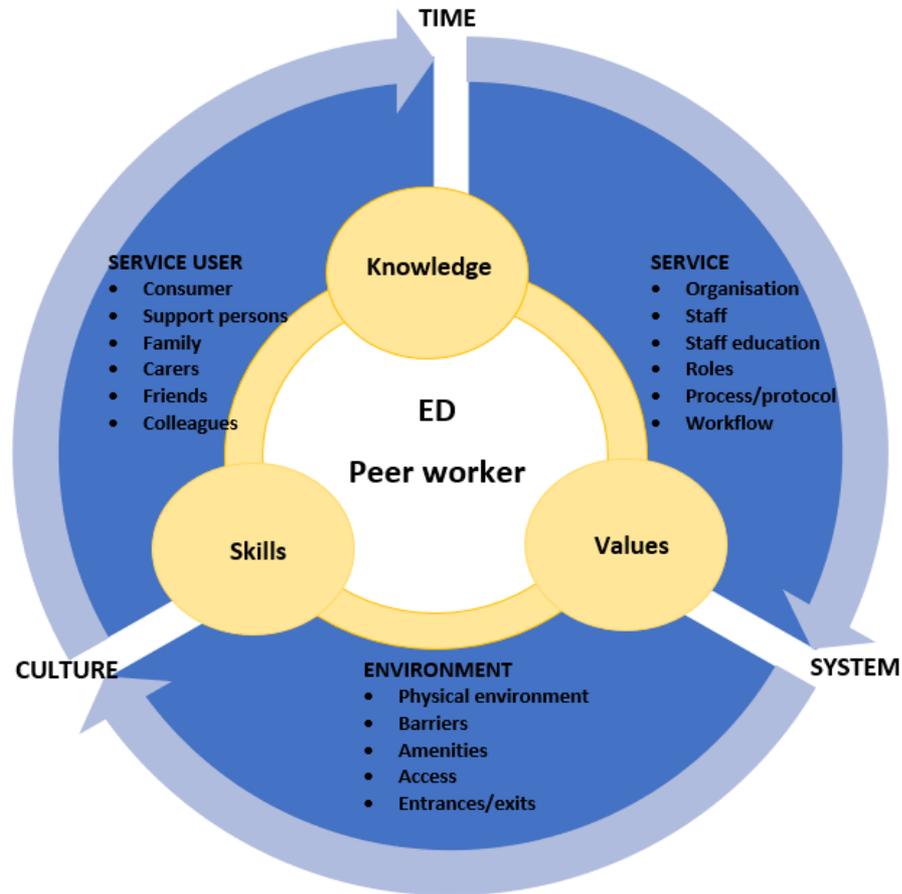
## Method:

- 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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Catherine Minshall

Catherine.Minshall@unimelb.edu.au

