Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

This submission is made by members of the 'Peers in ED Project' project to highlight the potential for reforms to emergency departments. The Peers in ED project is funded by Interdisciplinary Seed Funding from the Melbourne Social Equity Institute at the University of Melbourne. It is a collaborative research project that brings together expertise in lived experience (LE), mental health service delivery, in both clinical and community support services, and expertise in architecture and design. A list of the project team is provided with our submission. The project is also supported by an expert panel who bring a broad range of experience and expertise. At least half of the members of the panel have lived experience including direct experience of EDs as consumers or carers, consumer academics and peer workers. Other members are academics and service providers with expertise in health, psychiatry, nursing, social work and architecture, planning and design.

Our project aims to co-produce a model for the optimal use of peer workers in emergency departments. The research stands on the established benefits of including peer workers within mental health service delivery and research into pioneering models for lived experience led alternatives to mental health crisis. The inclusion of an interdisciplinary research team acknowledges the importance of co-production, the need for whole of workplace approaches and the impact of the built environment. Additionally, the project includes focus groups to respond directly to the needs of key stakeholders and ensure the applicability of the model within a local context. Support is increasing for mental health reforms to draw on collaborative methods and include LE informed alternatives and adjuncts to existing service delivery, including emergency departments.

The Peers in ED project is underscored by the need for transformative lived experience led approaches to mental health crisis and responds to the widely held belief and evidence that the current ED system is not effective for people experiencing mental distress [1]. Importantly, the response to a crisis in mental health can be the first response for someone in distress and has shown to have an impact on future recovery. Yet, the current experience of mental health consumers is often described as negative, both in terms of treatment response and emotional impact. Currently, there is a lack of options for people in crisis. There is also the pressing need to address increasing costs of demand on hospital resources, use of emergency services and the cost of human tragedies.

Peer work has demonstrated effectiveness in facilitating improved clinical and recovery outcomes for people in distress. To date, peer workers have not been widely employed in emergency departments or crisis settings. Nevertheless, it has been shown that crisis services that integrate peer workers are possible and effective. Peer workers have potential to alleviate anxiety caused by lack of information, unfamiliarity of the triage process and long wait times. By incorporating peer workers within the emergency department, we acknowledge the need to respond to the immediacy of the current situation within emergency departments.

Yet, there is also a need for alternatives to ED. Lived experience led crisis respite models such as 'The Living Room' can lead to improved outcomes for consumers and have potential to alleviate demand on emergency settings. Further, lived experience led crisis models have been part of comprehensive approaches that include peer workers within an initial crisis setting, crisis respite services and crisis mobile and phone services (https://riinternational.com/). This comprehensive approach has the potential to provide quality rather than a piecemeal solution to crisis care.

Ultimately, there is established evidence for the effectiveness of peer work in responding to mental distress. There is also a strong rationale for including peer workers within crisis settings, such as ED

and untapped potential for incorporating peers within crisis-based alternatives to emergency departments. Existing evidence and models of best practice for alternatives to ED demonstrate lived experience led improvements to service delivery that can reduce fragmentation and improve outcomes for people experiencing mental health crisis. For more information about our project please contact Prof Lisa Brophy [redacted] or Catherine Minshall [redacted]

1. Australiasian College for Emergency Medicine, *The long wait: an analysis of mental health presentations in Australia.* . 2018.

Project Team

Chief Investigator

Lisa Brophy

Professor and Discipline Lead

Social Work and Social Policy

School of Allied Health, Human Services and Sport

La Trobe University

Co-Investigators

Bridget Hamilton

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Catherine Minshall

Consumer Researcher

The University of Melbourne

Helena Roennfeldt

PhD Candidate

The University of Melbourne

2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name
N/A

Name
Ms Helena Roennfeldt

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
N/A

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?
N/A

What is already working well and what can be done better to prevent suicide?
N/A

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.
N/A

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
N/A

What are the needs of family members and carers and what can be done better to support them?
N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
N/A

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?
N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
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emergency departments. The Peers in ED project is funded by Interdisciplinary Seed Funding from the Melbourne Social Equity Institute at the University of Melbourne. It is a collaborative research project that brings together expertise in lived experience (LE), mental health service delivery, in both clinical and community support services, and expertise in architecture and design. A list of the project team is provided with our submission. The project is also supported by an expert panel who bring a broad range of experience and expertise. At least half of the members of the panel have lived experience including direct experience of EDs as consumers or carers, consumer academics and peer workers. Other members are academics and service providers with expertise in health, psychiatry, nursing, social work and architecture, planning and design. Our project aims to co-produce a model for the optimal use of peer workers in emergency departments. The research stands on the established benefits of including peer workers within mental health service delivery and research into pioneering models for lived experience led alternatives to mental health crisis. The inclusion of an interdisciplinary research team acknowledges the importance of co-production, the need for whole of workplace approaches and the impact of the built environment. Additionally, the project includes focus groups to respond directly to the needs of key stakeholders and ensure the applicability of the model within a local context. Support is increasing for mental health reforms to draw on collaborative methods and include LE informed alternatives and adjuncts to existing service delivery, including emergency departments. The Peers in ED project is underscored by the need for transformative lived experience led approaches to mental health crisis and responds to the widely held belief and evidence that the current ED system is not effective for people experiencing mental distress [1]. Importantly, the response to a crisis in mental health can be the first response for someone in distress and has shown to have an impact on future recovery. Yet, the current experience of mental health consumers is often described as negative, both in terms of treatment response and emotional impact. Currently, there is a lack of options for people in crisis. There is also the pressing need to address increasing costs of demand on hospital resources, use of emergency services and the cost of human tragedies. Peer work has demonstrated effectiveness in facilitating improved clinical and recovery outcomes for people in distress. To date, peer workers have not been widely employed in emergency departments or crisis settings. Nevertheless, it has been shown that crisis services that integrate peer workers are possible and effective. Peer workers have potential to alleviate anxiety caused by lack of information, unfamiliarity of the triage process and long wait times. By incorporating peer workers within the emergency department, we acknowledge the need to respond to the immediacy of the current situation within emergency departments. Yet, there is also a need for alternatives to ED. Lived experience led crisis respite models such as The Living Room' can lead to improved outcomes for consumers and have potential to alleviate demand on emergency settings. Further, lived experience led crisis models have been part of comprehensive approaches that include peer workers within an initial crisis setting, crisis respite services and crisis mobile and phone services (https://riinternational.com/). This comprehensive approach has the potential to provide quality rather than a piecemeal solution to crisis care. Ultimately, there is established evidence for the effectiveness of peer work in responding to mental distress. There is also a strong rationale for including peer workers within crisis settings, such as ED and untapped potential for incorporating peers within crisis-based alternatives to emergency departments. Existing evidence and models of best practice for alternatives to ED demonstrate lived experience led improvements to service delivery that can reduce fragmentation and improve outcomes for people experiencing mental health crisis. For more information about our project please contact Prof Lisa Brophy [redacted] or Catherine Minshall [redacted]

1.Australiasian College for Emergency Medicine, The long wait: an analysis of mental health presentations in Australia. . 2018. Project

Team Chief Investigator Lisa Brophy Professor and Discipline Lead Social Work and Social Policy School of Allied Health, Human Services and Sport La Trobe University Co-Investigators Bridget Hamilton Associate Professor Director of the Centre for Psychiatric Nursing University of Melbourne Andrew Martel Lecturer Architecture, Building and Planning University of Melbourne Nicole Hill Lecturer Department of Social Work, School of Health Sciences University of Melbourne David Castle Chair of Psychiatry at St Vincent' Hospital Professor of Psychiatry Medicine, Dentistry and Health Sciences University of Melbourne External investigators Larry Davidson Professor of Psychiatry School of Medicine Yale University Anthony Stratford Senior Advisor Lived Experience Mind Australia Limited Sally Buchanan-Hagen Associate lecturer School of Nursing and Midwifery Deakin University Louise Byrne Fulbright fellow RMIT RMIT Research Team Catherine Minshall Consumer Researcher The University of Melbourne Helena Roennfeldt PhD Candidate The University of Melbourne "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
N/A

Is there anything else you would like to share with the Royal Commission?
N/A