

# Alternatives to Emergency Departments for Mental Health

Comparison of Models

October 2024



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# The need for dedicated mental health crisis supports that provide genuine alternatives to ED in WA

Emergency Departments are ill-equipped to respond appropriately to individuals experiencing mental health distress, however, they are also often the only place those individuals can go in the hopes of receiving support when they are experiencing mental health crisis. WA has the second highest rates of mental health ED presentations in the country,<sup>1</sup> in large part because of the limited options available to those experiencing mental health crisis to seek support anywhere else. In order to assess suitable models for ED alternative mental health crisis support pathways, this document provides a range of tables comparing existing possible pathways in WA with some interstate models offering mental health crisis supports.

Developing alternatives to emergency departments aligns with key principles and actions in various plans, strategies and agreements the State Government has endorsed to improve mental health support provided in Western Australia, including the *WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024*,<sup>2</sup> the *2019 Sustainable Health Review* relating to providing consumers with the most appropriate setting to receive support,<sup>3</sup> the *National Mental Health and Suicide Prevention Agreement*, to which WA is a signatory,<sup>4</sup> and the National Mental Health Commission's *Vision 2030 Report*.<sup>5</sup> It is anticipated that an alternative to ED for mental health crisis will align with still in-development *Roadmap for Community Mental Health Treatment Services, including Emergency Response Services project (CTER Roadmap)*.<sup>6</sup>

## 1. Service models being compared

The services chosen for comparison are all free services where consumers can self-refer or walk in to receive mental health support. They include the following:

Supports available in WA

- Medicare Urgent Care Clinics
- Medicare Mental Health Centres
- Safe Havens
- Headspace

Interstate models

- NSW Safe Havens
- QLD Mental Health Crisis Support Centres
- SA Urgent Mental Health Care Centre

Despite the similarities in cost and ability for walk-in support, only some of these services are designed to function as ED alternatives, and only some offer support for those experiencing mental health crisis. Furthermore, significant differences in approaches to availability, design, and types of support offered mean that they may not all be suitable places for consumers experiencing mental health crisis to seek support.

## 2. Comparison methodology

Comparison of services is based on publicly available service data, including service, PHN, hospital, Government and HSP websites, model of service documents, news articles, reports, brochures, and annual reports. A desktop review of information was undertaken by researchers to locate service information, and where information could not be found, this is clearly identified in the tables.

Criteria were chosen based on available evidence about ED alternatives for mental health crisis that have been demonstrated to offer effective, accessible, and appropriate supports that meet the range of needs of consumers experiencing mental health crisis. To enable more in-depth comparison on key features of the different services, four measures were developed to expand upon and group criteria. The measures were developed based on research reviewing the available evidence about effective ED alternatives for mental health crisis. The measures are:

- Measure 1. Does the service function as an ED alternative?
- Measure 2. Is the service accessible where and when people need it?
- Measure 3. Is the service design and delivery informed by, and accountable to, people with lived experience of mental health crisis?
- Measure 4. Does the service provide high quality, culturally appropriate, AoD-inclusive supports that are tailored to meet the needs of those experiencing mental health crisis?

The measures are described, along with their criteria and evidence bases, in more detail below. To facilitate at-a-glance comparison, a summary table of key measures of suitability has been included, but more information can be found in the tables expanding upon comparison across specific service measures identified.

## Key criteria at a glance

| Criteria   | Medicare Urgent Care Clinics | Medicare Mental Health Centres | WA Safe Havens | Headspace          | NSW Safe Havens | QLD Mental Health Crisis Support Centres | SA UMHCC |
|--|------------------------------|--------------------------------|----------------|--------------------|-----------------|--|----------|
| Crisis and urgent mental health support options    | ✗                            | ✗                              | ✓              | ✗                  | ✓               | ✓  | ✓        |
| ED, ambulance and police referral connections      | ✓                            | ✗                              | ✗              | ✗                  | ✗               | ✓  | ✓        |
| Self-referral and/or walk-in                       | ✓                            | ✓                              | ✓              | ✓                  | ✓               | ✗  | ✓        |
| 24/7 availability                                  | ✗                            | ✗                              | ✗              | ✗                  | ✗               | ✗  | ✓        |
| Free or low cost                                   | ✓                            | ✓                              | ✓              | ✓                  | ✓               | ✓  | ✓        |
| Welcoming, safe, non-clinical space                | ✗                            | ✓                              | ✓              | ✓                  | ✓               | ✓  | ✓        |
| Located within community away from hospital/clinic | ✗                            | ✓                              | ✗              | ✓                  | ✗               | ✗  | ✓        |
| Trained mental health crisis support staff         | ✗                            | ✓                              | ✓              | ✓                  | ✓               | ✓  | ✓        |
| Mental Health Peer support                         | ✗                            | ✓                              | ✓              | Varies by location | ✓               | ✓  | ✓        |
| Co-designed with people with lived experience      | ✗                            | ✓                              | ✓              | ✓                  | ✓               | ✓  | ✓        |
| AoD support options                                | ✓                            | ✓                              | ✓              | ✓                  | ✓               | ✓  | ✓        |
| Advertises culturally appropriate support          | ✓                            | ✓                              | ✓              | ✓                  | ✓               | ✓  | ✓        |

# Summary comparison of measures of suitability for provision of Mental Health Crisis Support

The below table is a comparison of the overall degree to which services meet the criteria of each measure assessing the suitability of services to function as an ED alternative for people experiencing mental health crisis.

| Criteria  | Medicare Urgent Care Clinics | Medicare Mental Health Centres                     | WA Safe Havens                                  | Headspace  | NSW Safe Havens  | QLD Mental Health Crisis Support Centres                        | SA UMHCC |
|---|------------------------------|--|---|--|--|---|----------|
| <b>Functions as ED alternative for people experiencing Mental Health crisis</b>   | No                           | No   | Limited by opening hours                        | No   | Limited by opening hours; lack of ambulance/police referral pathways | Limited by opening hours; types of crisis that can be supported | Yes      |
| <b>Accessible when and where people need it</b>   | Yes                          | Limited: not for those in crisis                   | No  | Limited: 12-25 only; not for those in crisis                                 | Yes  | Yes   | Yes      |
| <b>Design and delivery informed by, and accountable to, people with lived experience of mental health crisis</b>  | No                           | Limited: clinical governance arrangements in place | Yes, though no governance information available | Limited: some lived experience advisory group input, including in leadership | Yes  | Yes, though no governance information available                 | Yes      |
| <b>Provides high quality, culturally appropriate, AoD-inclusive supports that are tailored to meet the needs of those experiencing mental health crisis</b> | No                           | Limited: not for those in crisis                   | Yes   | Limited: not for those in crisis   | Yes  | Yes   | Yes      |

# Measures of Suitability for provision of Mental Health Crisis Support

## Measure 1. Does the service function as an ED alternative?

This measure explores whether the service is an ED alternative by exploring the extent to which the service offers an alternative for people experiencing mental health crisis who might otherwise present at ED. This measure explores whether the service:

- **offers crisis and urgent mental health support options.** This includes assessment of degree to which the service scope and eligibility criteria includes providing support for people experiencing mental health crisis who might otherwise present at an ED
- includes **ED, ambulance and police connection for referral** as these are common pathways for ED referral. Mental health consumers are more likely to arrive in ED via ambulance services or police than other patients<sup>7</sup>
- can be **accessed via self-referral and/or walk-in**, which is a common pathway for ED presentations when people require immediate support and have nowhere else to go
- has **long or 24/7 opening hours comparable to ED availability** in order to function as a real option for people when they are experiencing crisis
- has **evaluation data that supports that the service functions as an alternative to ED**, such as number of consumers attending who would otherwise have presented at ED.

## Does the service function as an ED alternative?

| Criteria  | Medicare Urgent Care Clinics   | Medicare Mental Health Centres                               | WA Safe Havens                             | Headspace   | NSW Safe Havens | QLD Mental Health Crisis Support Centres  | SA UMHCC |
|---|--|--|--|---|-----------------|---|----------|
| <b>Service offers crisis and urgent mental health support options</b> | No<br>Urgent mental health support provided primarily involves referral to other mental health supports. | No<br>Supports with mild to moderate mental health concerns. | Yes  | No<br>Supports are for mild to moderate issues for brief intervention.              | Yes             | Yes; limited.<br>Those at risk of immediate harm to self or others, experiencing an acute psychotic episode, acute symptoms of mental illness, or with complex social support needs are directed to ED. | Yes      |
| <b>ED, ambulance and police connection for referral</b>               | Yes  | No   | ED yes, no ambulance or police connection. | No  | No              | ED yes, co-responders yes, ambulance no.  | Yes      |
| <b>Service can be accessed via self-referral and/or walk-in</b>       | Yes  | Yes  | Yes  | Yes<br>Allows self-referral. Some centres have capacity for individuals to walk-in. | Yes             | Limited: First referral must be through a community mental health team, or ED. Walk-in okay after first visit.  | Yes      |



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|--|---|---|--|--|---|--|---|
| <b>Long or 24/7 opening hours comparable to ED availability</b>                    | Yes, but not 24/7<br>Service is open on weekends and late on weeknights | Varies<br>Some centres open longer than others, none are 24/7 | No<br>Service is only open across weekend evenings until 7.45, which covers some peak ED times | No<br>Services mostly operate during business hours.                     | No  | No   | Yes   |
| <b>Evaluation data supports that the service functions as an alternative to ED</b> | Evaluation information not available                                    | Evaluation information not available                          | Limited<br>12.8% attended as an alternative to ED.   | No data on this measure, Headspace is not intended as an ED alternative. | Evaluation is planned for 2023 but no public report is available as yet. <sup>8</sup> | Yes<br>Contributing to reduced length of ED stay, inpatient admissions and a small reduction in ED presentations. <sup>9</sup> | Yes<br>42% would have gone to an ED if not for UMHCC. |
| <b>Overall</b>   | No  | No  | Limited  | No   | Limited   | Limited  | Yes   |

## Measure 2. Is the service accessible where and when people need it?

Having nowhere else to go is a common reason consumers attend EDs when they are experiencing mental health crisis,<sup>10</sup> and so the accessibility and availability of the service is a key measure of whether the service will function as a suitable alternative to ED for those experiencing mental health crisis.

This measure explores whether the service:

- has **eligibility criteria that enables anyone experiencing mental health crisis to get support**
- has **opening hours/days that enable people to access support whenever they require it**, ideally with similar availability to EDs, or covering peak times of need for consumers accessing EDs. If services are not open when people need them, this is a barrier to access<sup>11</sup>
- Is **located in an accessible community location, outside of hospital and clinical precincts**. While central and accessible locations are important, consumer consultations on alternatives to ED revealed that less than 50% wanted an ED alternative near a hospital, and what was most important was that the service was easy to find, safe at night, and near to public transport and parking<sup>12</sup>
- is **free or low cost** to enable anyone to access quality mental health crisis support.

## Is the service accessible where and when people need it?

| Criteria  | Medicare Urgent Care Clinics  | Medicare Mental Health Centres   | WA Safe Havens  | Headspace  | NSW Safe Havens   | QLD Mental Health Crisis Support Centres   | SA UMHCC   |
|---|---|--|---|--|---|--|--|
| <b>Service eligibility criteria enables anyone experiencing mental health crisis to get support</b> | No<br>All ages with a Medicare card. Does not offer crisis support. Operational guidance notes that the centres don't manage patients whose behaviours could compromise the safety of staff and other patients. | No<br>18+, experiencing mild to moderate emotional and psychological distress. | Yes<br>Anyone experiencing distress, loneliness or isolation. People who are "willing and able to act in a safe and responsible manner on site." Those requiring review by a mental health clinician are encouraged to present to ED. | No<br>12-25 with mild to moderate mental health issues.    | Yes<br>16+, experiencing suicidal crisis or distress. Under 16 require a guardian to help access. | Yes<br>16+ or 18+, catchment area restrictions and limitations around support for those experiencing crisis relating to thoughts of suicide with an active plan or intent and those experiencing psychosis and acute symptoms of mental illness. | Yes<br>16+, experiencing a mental health crisis willing to attend the UMHCC*, no catchment restrictions. |
| <b>Opening hours/days enable people to access</b>   | Yes<br>Monday-Friday: 8am - 7pm   | Varies by location, but most are 5-5 Monday-                                   | No<br>3pm – 7:45pm Friday,  | No<br>Varies by location, mostly 9am-5pm, Monday to Friday | Varies by location, but none of them are 24/7   | Yes<br>Monday to Friday 12 noon to 4:30 pm; 5 pm to 9 pm   | Yes<br>24/7  |

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| <b>support whenever they require it</b>   | Sat-Sun, Public Holidays: 8am - 6pm                              | Friday, Midland is 10.00am to 8.00pm, every day.                         | Saturday & Sunday  |   |                         | Saturday, Sunday and public holidays: 11:00 am to 4:30 pm; 5 pm to 9 pm |  |
| <b>Service is located in an accessible community location, outside of hospital and clinical precincts</b> | 5 clinics in/around Perth metro area, 1 in Bunbury, 1 in Broome. | Suburban locations: Midland, Gosnells, Mirrabooka, Armadale and Northam. | Attached to Royal Perth Hospital; Kununurra location is attached to ED in Kununurra. | Locations throughout Australia; in WA there are 21 locations, 8 of which are in Perth metro and 13 of which are in regional locations | 20 locations around NSW | 7 centres, all of which are located in hospitals and near EDs.          | Yes<br>Away from hospital precincts, central city location |
| <b>Services are free or low cost</b>  | Yes<br>Medicare-eligible patients.                               | Yes<br>Free  | Yes<br>Free  | Yes<br>Some locations low-cost  | Yes<br>Free             | Yes<br>Free   | Yes<br>Free  |
| <b>Overall</b>  | No<br>not crisis support.  | No<br>Not crisis support.  | Limited by short opening hours.  | No<br>not crisis support.   | Yes                     | Limited: eligibility restrictions.                                      | Yes  |

### **Measure 3. Is the service design and delivery informed by, and accountable to, people with lived experience of mental health crisis?**

The meaningful involvement of people with lived experience of mental health distress and crisis in service delivery, co-design and governance means that the needs, rights and perspectives of consumers direct the way the service operates. This measure explores whether the service:

- has **governance and leadership that includes and is accountable to people with lived experience**, as lived experience involvement in leadership and decision-making protects the human rights of consumers and reduces restrictive and coercive practices<sup>13</sup>
- **is co-designed with people with lived experience**. Services that are co-designed with people with lived experience are better able to respond to consumer needs, and provide better quality of care and more positive experiences of care<sup>14</sup>
- **employs Peer Workers to deliver support services**. 84% of consumers consulted about alternatives to EDs in 2019 stated a preference for peer support services.<sup>15</sup> Peer Workers support mental health recovery, reduce stigma<sup>16</sup> and service disengagement,<sup>17</sup> and provide person-centred support allowing for experiences of crisis care that are less likely to be traumatising and distressing.<sup>18</sup>

## Is the service design and delivery informed by, and accountable to, people with lived experience of mental health crisis?

| Criteria  | Medicare Urgent Care Clinics  | Medicare Mental Health Centres   | WA Safe Havens  | Headspace  | NSW Safe Havens  | QLD Mental Health Crisis Support Centres   | SA UMHCC  |
|---|---|--|---|--|--|--|---|
| <b>Governance and leadership includes, and is accountable to people with lived experience</b> | No<br>Clinical model.   | No<br>Service model points to clinical governance. <sup>19</sup>   | Unable to find information on this. Royal Perth Bentley Group has a CAC and a Lived Experience advisory group.                                      | Yes<br>Centres usually have both youth reference groups and family, parent and carer reference groups. Board includes youth advisors and First Nations representation. | Unknown<br>Unable to find information on this, but may vary depending on provider.   | Unknown<br>Difficult to find information, may vary by provider.  | Yes<br>Governance committee includes 50% lived experience and 50% partner agency representatives.   |
| <b>Service is co-designed with people with lived experience</b>                               | No<br>A Design Principles document has also been developed by the UCC Operational Guidance Working Group. | Yes<br>Shaped by local co-design, including input from people with lived experience such as consumers, family and carers, local health professionals | Yes<br>Co-design with people with lived experience, carers, sector, service providers, and consumer representatives through workshops informing the | Yes<br>Core principles of partnering with young people drive their current strategy and practice. <sup>20</sup>  | Yes<br>Co-designed by people with lived experience of suicidality, caring and/or bereavement, mental health organisations, clinical staff and lived experience (peer) workers. | Yes<br>A state-wide co-design process was undertaken to identify the value statements and key practice principles to underpin service provision. Service values and principles are | Yes<br>Co-designed with people who have lived experience of mental health crisis, and consumer co-designed model of care guides recovery-oriented and trauma-informed |

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|   |    | and service providers, local government and the wider community.       | service offerings, scope, access, opening hours, principles underpinning the service and overall approach. |  | The process of co-design included working groups on designing physical space and on referral and escalation pathways. | firmly grounded in a person-centred model of care that is centred around self-determination, autonomy, connectedness, mutual respect, empathy, and compassion | service.   |
| <b>Service employs Peer staff to deliver support services</b> | No | Yes<br>Peer workers are one of the support staff working within a team | Yes  | Yes<br>Some Peer staff, varies by location | Yes<br>Staff are mostly Peer Workers, with some services having non-clinical Mental Health support workers also.      | Yes<br>Some Peer staff  | Yes<br>50% Peer staff<br>Peer support options and the service emphasises a peer-first, peer-last approach where guests are supported throughout their engagement by Peers. |
| <b>Overall</b>  | No | Limited by clinical governance.  | Yes, though no information on governance.  | Yes, though may vary by location.          | Yes, though no governance information.  | Yes, though no governance information.  | Yes  |

## Measure 4. Does the service provide high quality, culturally appropriate, AoD-inclusive supports that are tailored to meet the needs of those experiencing mental health crisis?

There are increasing numbers of consumers seeking support for mental health crises presenting to EDs in WA, and their experiences are frequently poor,<sup>21</sup> characterised by a lack of mental health-specific support and staff knowledge,<sup>22</sup> long waits in stressful environments, and lack of culturally appropriate supports for Aboriginal and Torres Strait Islander consumers, who are overrepresented in mental health-related ED presentations.<sup>23</sup> It is therefore important for an ED alternative to provide mental health-specific and culturally appropriate supports that meet the range of consumers' needs. This measure includes whether the service:

- has an **environment that is designed to provide a safe, calm and welcoming space tailored for the needs of those experiencing mental health crisis**. Busy, clinical ED environments are not suitable spaces for those experiencing mental health crisis,<sup>24</sup> with consumers preferring and benefitting from more welcoming, low-stimulus, community environments<sup>25</sup>
- **employs staff with specific training and expertise supporting people experiencing mental health distress, challenges and crisis**, because consumers have more positive experiences when they receive care from staff with specific mental health training and expertise<sup>26</sup>
- **provides a range of support options to respond to mental health distress, challenges and crisis**
- provides **referral and connection to other services and community supports that facilitates continuity of care and engagement with support networks**. Solid referral options to mental health services and linkage to community services is essential for consumers to be best supported when they leave a crisis support facility<sup>27</sup>
- **has the capacity to meet the needs of people seeking AoD support**. Consumers with lived experience of mental health distress and AOD use prefer integrated support options<sup>28</sup> and integrated support contributes to positive AOD treatment outcomes<sup>29</sup>
- **advertises commitment to providing culturally appropriate support for Aboriginal and Torres Strait Islander consumers**. Culturally appropriate and safe services are essential for Aboriginal and Torres Strait Islander consumers' access to and improved experiences of and outcomes from services.<sup>30</sup>
- makes available **evaluation data that supports the effectiveness of support offered**.



## Does the service provide high quality, culturally appropriate, AoD-inclusive supports that are tailored to meet the needs of those experiencing mental health crisis?

| Criteria   | Medicare Urgent Care Clinics         | Medicare Mental Health Centres   | WA Safe Havens                                   | Headspace   | NSW Safe Havens  | QLD Mental Health Crisis Support Centres   | SA UMHCC   |
|--|--------------------------------------|--|--|---|--|--|--|
| <b>Environment is designed to provide a safe, calm and welcoming space tailored for the needs of those experiencing mental health crisis</b> | No<br>Clinical, medical environment. | Yes<br>Calm, safe and welcoming community environment.   | Yes<br>Described as a calm, gentle, quiet space. | Yes<br>Centres are created with young people to make them welcoming.                                  | Yes<br>Welcoming, living-room like space.  | Yes<br>Offers a welcoming space, which is a relaxed, low stimulus environment, has sensory tools, a massage chair, has an outdoor space. | Yes<br>Facilities chosen and designed to create a welcoming, sensory friendly, low-stimulus, lounge-room like space, where there are spaces for private conversations. |
| <b>Service employs staff with specific training and expertise in supporting people experiencing mental health distress,</b>                  | No<br>Clinical, GP-led.              | Yes<br>Mental health nurses, social workers, occupational therapists and Peer support workers. | Yes<br>Peer and clinical staff                   | Yes<br>Some Peer staff, variety of clinical, allied health and social workers but varies by location. | Yes<br>Peer workers trained in providing empathetic support, de-escalation of suicidal crisis. | Yes<br>Some Peer staff   | Yes<br>50% Peer and 50% clinical staff. Clinical staff including mental health nurses, social workers, nurse practitioners, psychiatrists, RMOs and                    |

|   |  |  |  |   |  |  |   |
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| <b>challenges and crisis</b>  |  |  |  |   |  |  | occupational therapists.  |
| <b>Service provides a range of support options to respond to mental health distress, challenges and crisis</b>  | Limited, not mental health-specific. Offers clinical treatment, no crisis support options but can assess, treat and refer urgent needs.  | Yes, but no crisis support. Mental health support navigation, assessment and short- to medium-term treatment for mild to moderate support needs. | Yes<br>Peer support and clinical support, one to one or education/group sessions.            | Yes, but no crisis support. Varies by location, includes support for mental health, physical and sexual health, AOD use, work and study. Only for mild-to-moderate support needs. | Yes<br>One to one and group support options. Service navigation and referral. Health education and wellbeing planning. Recovery focused and trauma-informed practices  | Yes<br>Peer support, mental health service navigation. Brief clinical/therapeutic support. | Yes<br>Evidence-based, high-quality clinical support and engaging and empathetic Peer support.                              |
| <b>Service provides referral and connection to other services and community supports that facilitates continuity of care and engagement with support networks</b> | Limited<br>Clinical referral pathways including acute care and pathways and direct referral for follow up care to hospital and community based systems including Mental health services. | Yes<br>If a client's care requires the input of a GP, psychologist or psychiatrist, they can facilitate this via referral.                       | Yes<br>Connection to service providers in the community to address areas of individual need. | Yes<br>Service navigation and referral, including medical referral.   | Yes<br>Co-design emphasised the need for connection and referral to ensure continuity of care. Some of the safe havens conduct follow-up calls to facilitate further engagement with supports. <sup>31</sup> | Yes<br>Mental health service navigation and referral offered.                              | Yes<br>Diverse 'referral out' partnerships with GPs, community health, homelessness, and specialist mental health services. |
| <b>Service has the capacity to meet the needs of people</b>   | Yes<br>Offers episodic, urgent care for individuals attending, with  | Yes<br>Includes support for care of people who present with  | Yes<br>Mental health and/or AOD clinical guidance  | Yes, but type and extent of support varies according to location.   | Yes<br>Services are designed to help with mental health concerns,  | Yes<br>People experiencing a level of  | Yes<br>Person experiencing an overdose or other medical   |

|   |  |   |   |  |  |  |   |
|---|--|---|---|--|--|--|---|
| <p><b>seeking AoD support</b></p>   | <p>capacity to provide clinical assessment, treatment and referral, but does not offer extended care or AoD support beyond this. Has facilities for resuscitation and administration of Naloxone.</p>  | <p>concerns about their AOD use. Provides initial information, comfort and management of symptoms, including those related to alcohol and drug use, and referral to specialised services.</p>   | <p>and direction if needed.</p>   |  | <p>alcohol and other drug misuse, and any other stresses affecting mental health and wellbeing.</p>  | <p>intoxication that would not enable them to safely participate are excluded.</p> | <p>issue is referred to ED assessment and care, and offered referral to UMHCC after medical care for mental health crisis support.</p>  |
| <p><b>Service advertises commitment to providing culturally appropriate support for Aboriginal and Torres Strait Islander consumers</b></p> | <p>Yes<br/>National operational guidance notes centres must work in line with RACGP Standards for general practices including respectful and culturally appropriate care, and providing services within a culturally safe environment for the First Nations community.</p> | <p>Yes<br/>Centres are designed to feel welcoming and safe for everyone, including Aboriginal and Torres Strait Islander people, and the service model emphasises cultural safety and responsivity in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration.</p> | <p>Yes<br/>Co-design emphasised need for culturally responsive and appropriate support. Cultural, diversity, personal and sexual safety is equally important at Safe Haven.</p> | <p>Yes<br/>Headspace has a <i>First Nations Strategy 2023-24</i>, mechanisms for governance and advisory influence of Aboriginal and Torres Strait Islander people, and a staff network.</p> | <p>Yes<br/>Safe Haven hubs are described as culturally safe spaces, offering support to all community members. Staff are trained in cultural awareness and the can tailor their services to meet people’s individual needs and situations.</p> | <p>Yes<br/>Designed to be culturally appropriate.</p>                              | <p>Yes<br/>Care and support for Aboriginal and Torres Strait Islander consumers is underpinned by understandings of the meaning and importance of Social and Emotional Wellbeing described in the service’s Philosophy of Care.</p> |

|   |   |   |   |   |  |  |  |
|---|---|---|---|---|--|--|--|
| <p><b>Evaluation data supports the effectiveness of support offered</b></p> | <p>Evaluation information not available</p> | <p>Evaluation information not available</p> | <p>Yes<br/>           Clients reported that it provided a safe space that was accessible and inclusive (54%) and enabled de-escalation of distress (22%). High satisfaction was reported for experience of the service.<sup>32</sup> An evaluation is being conducted.<sup>33</sup></p> | <p>Yes<br/>           71% of young people significantly improved and 52% clinically significantly improved.</p> | <p>Evaluation planned for 2023 but not publicly available. Provider Stride reports that in 2020-21, 80% of [Stride's] Safe Space guests reported that their subjective distress levels were reduced by more than 10%.<sup>34</sup></p> | <p>Yes<br/>           Reduces distress, enhances consumers' experience of crisis support care, with the majority highly satisfied with their experience of the service, and reporting it provides a more appropriate option for crisis support than ED.<sup>35</sup></p> | <p>Yes<br/>           Evaluation is being undertaken by ALIVE National Centre for Mental Health Research Translation. Existing data suggests that the service reduces distress and enables consumers to manage their wellbeing.<sup>36</sup></p> |
| <p><b>Overall</b></p>   | <p>No</p>                                   | <p>Limited; no crisis supports.</p>         | <p>Yes</p>  | <p>Limited; no crisis supports.</p>   | <p>Yes</p>   | <p>Yes</p>   | <p>Yes</p>   |



**Consumers of  
Mental Health WA**

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