A crisis and recovery support for people with high acuity mental health issues and multiple unmet needs

What have people with high acuity mental health issues or multiple unmet needs asked for?	A peer-led service that offers various ways to access help and connect with others – including a safe space for drop in, appointments for more structured support, Warm Line, 24/7 crisis response and outreach are available if needed

ACCESS CONSIDERATIONS

I may not want to tell my story multiple times and to multiple people. I need one contact person, and the ability to choose this person ***I need a safe service/person who can stay with me while I resolve various life issues in my own time – without risk of fragmenting my own needs to meet bureaucratic requirements*** ***I might have had negative service experiences – I need to build trust and how I feel about the first contact is very important***	• Centre-based service supporting drop-in, with long hours and active outreach • One warm, safe and welcoming contact person (concierge concept) who is a peer, and the consumer can choose who this person is • Mental health and alcohol and other drug issues can be addressed together – everyone is in and these needs do not need to be fragmented • The service actively welcomes people who have been excluded from or find it difficult to access other services

RECOVERY SUPPORTS

I need a non-institutionalised environment without stigma, deficit language or bureaucratic rigidities that prevent me from resolving issues ***I need a lot of choice and flexibility to address the multiple issues and barriers I may face, including practical supports*** ***I need something different to clinical approaches*** ***I need highly skilled, trauma informed peer workers***	• Peer-led and peer workers provide support (no clinical or non-peer staff on site), although access to clinicians is available when requested. The service has strong integration with off-site clinical supports • Trauma-informed staff, physical environment, processes and programs from first contact and ongoing • Brokerage funds to allow a focus of support on basic needs – food security, phone/data access, housing and cleaning • Support options also include individualised, one-on-one peer support focused on recovery • Staff can support me with my mental health and alcohol and other drug challenges • All referrals are warm and some should be hot (with urgency, to respond to acuity); advocacy may also be needed at the referral point

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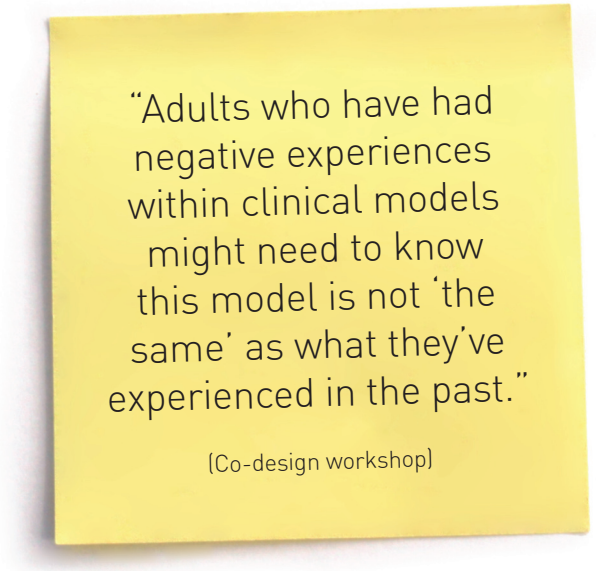
MODEL DEVELOPMENT – BRINGING IN THE LIVED EXPERIENCE

Policies and plans across Australia identify a need for more services for people with multiple unmet needs, including co-occurring mental health and alcohol and other drug use. This project also found a clear gap for people who experience high acuity and find other services inaccessible, unwelcoming, or unhelpful. Western Australian data identifies a group of people who frequently need to use emergency and inpatient services, suggesting something different may be needed.

This model was developed in 2 co-design workshops with consumer and family member participants, grounded in survey participant and lived experience advisor knowledge, and complemented with service provider interviews.

Participants expressed that their needs are not well met in clinical and community-based settings, or that they or their loved ones had negative experiences of services – often leaving a sense of distrust and alienation.



This model was conceptualised as a counter to the status quo. It is a peer-based, peer-led service with no clinicians on site, but access to clinical services as needed. It could be used as an alternative, or complement, to other services.

There is no need for diagnosis, and having co-occurring or multiple unmet needs is not a barrier, so staff values, training and development will be critical.

"Everyone is in." Lived Experience Advisor

There was strong support for a long-hours or 24/7 centre, to support outreach with proactive and genuine engagement. A 'concierge' concept helps people feel safe, truly welcome, and engenders the possibility of connection and belonging.

"Access to the person of choice – service users need to find the person that they are comfortable to be with." Co-design workshop

Co-design participants spoke about being attentive to the 'felt experience' – having welcoming staff, ensuring the consumer feels really listened to, seen, and understood. Support is adapted to the person, as and when their needs change, which may be daily.

"Flexibility and creativity in their approach with working with me. I have complex needs and I don't fit into a box. I need responsive care that centres me. What is the point in working in a way that suits the service but does not create sustainable, meaningful change for me?"
Survey response

The model would be trauma informed in every way, from first contact with soft entry such as reduced assessments at first, also reflected in the centre space and its furnishings, and later through trauma programs on offer.

"Trauma informed assessment and practice is a must... For assessment – if needed – allow space for voluntary disclosure. This is different to formal assessment – no clipboards. Wait until another day for some questions." Co-design workshop

Practical, crisis support would be a clear feature, with brokerage funds to support food security, and other immediate needs.

Referrals in and out are all warm or 'hot' (to respond to acuity), a gradual end to support with regular check ups so no one falls through the cracks was recommended, and ways to create new possibilities are built in.