Position Statement

Safe spaces as alternatives to emergency department presentation for people experiencing distress or suicidal ideation

neami national
Improving Mental Health and Wellbeing

Our vision

For all people in Australia living with mental health and wellbeing challenges to live a life that is meaningful to them.

The issue

Australia has a critical need for peer-led, community-based alternatives to emergency departments for people experiencing distress or suicidal crisis.

Population rates of high or very high levels of distress have risen over the past fifteen years,[1] however a significant proportion of people delay or forego professional support due to barriers such as cost, wait times and stigma.[2] Australia's shortfall in early intervention and responsive service provision contributes to mental health deterioration and increases the likelihood that experiences of distress will result in crisis. Recent national data shows that the longstanding upward trend in emergency department (ED) presentations for acute distress is continuing.[3]

EDs are often the only in-person option for those experiencing a mental health or suicidal crisis, particularly after hours, however extensive evidence demonstrates that EDs are generally ineffective and counterproductive for people in distress. Long wait times in over-stimulating environments with limited privacy and time-pressured clinical assessment and risk management can heighten distress.[4] Experiences of feeling unheard and unsupported are widely reported.[5] EDs can lead to or compound trauma, particularly where coercive and restrictive practices are used, and deter future help-seeking.[6] People presenting with acute distress and mental health crises wait significantly longer to be seen than patients with physical health concerns,[7] some are too distressed to continue waiting and leave before being seen.[8]

EDs are also not accessed by many people experiencing distress and crisis. Fifty per cent of people who die by suicide do not present to an ED or hospital in their last year of life, this proportion is higher for men.[9] Cohorts with higher rates of suicide, such as Aboriginal and Torres Strait Islander peoples and LGBTQIA+ people, experience greater barriers to timely and approppropriate support.[10]

Peer-led safe spaces are a highly effective, vital component of the mental health and suicide prevention system's response to distress and crisis.

This position statement uses 'safe spaces' as an umbrella term for welcoming, peer-led alternatives to EDs such as the Safe Space and Safe Haven models, that provide immediate trauma-informed support on a drop-in basis to people experiencing distress. This approach recognises that many people in distress benefit from relational support in a calm, non-clinical environment rather than

medical intervention.[11] Many safe spaces benefit from a hybrid staffing arrangement, whereby designated Lived Experience roles are complemented by clinical roles.

Safe spaces offer supported and self-directed opportunities for emotional regulation, support to build coping skills, safety planning, exploration of the reasons for the distress, problem solving, and support to navigate and access additional services. Many also provide follow-up contact and link people with longer-term supports such as suicide aftercare services.[12] Importantly, guests have agency in relation to the types of support they access and how they engage with the space. Safe spaces that are embedded within a local network of community organisations can also be instrumental in supporting guests experiencing social isolation to develop connections.[13]

A range of evaluations of Australian peer-led safe spaces have found them to be a valuable and safe alternative to ED, which aligns with international evidence. Findings include:

- Eighty-six per cent of guests within the Safe Space network in Queensland experienced a significant reduction in distress. In response to a survey, seventy-eight per cent felt 'better able to create safety for themselves', and seventy-four per cent felt 'more confident to manage stress and difficult situations.' These Safe Spaces were found to 'have played a key role in suicide prevention', with many guests describing the support as lifesaving.[14]
- Visitors to the Safe Haven Café in Victoria reported: 'gaining a sense of hope, feeling valued, heard and seen', being supported to connect with other people, and improving in confidence. This enabled 'them to make other positive changes in their lives.'[15]
- Ninety-eight per cent of guests accessing NSW and ACT Safe Havens 'found their visit helpful' and eighty-one per cent would prefer to visit a safe space rather than an ED if experiencing distress in future.[16]
- Safe space staff can identify when more intensive support such as ED is needed, and support access.[17]
- Safe spaces can be culturally safer, and their non-clinical design and approach supports access by under-reached cohorts.[18]

Safe spaces fill a critical gap in the suicide prevention and mental health system, acting as an accessible front door to support while linking people with ongoing services such as community mental health care and suicide aftercare.

By providing an accessible, community-based response to distress, safe spaces can prevent crises from escalating while reducing demand on overstretched hospital systems. Economic evaluations demonstrate that this model is a sound public investment,[19] with Queensland's network of four Safe Spaces estimated to deliver an annual saving of $5.4 million through avoided ED presentations.[20]

Availability of safe spaces is greatly uneven across Australia, and their efficacy can be challenged by short-term funding, workforce shortages and the potential for fidelity to core service principles to be compromised.

Existing safe spaces within Australia are in high demand,[21] however most states and territories have extremely limited geographic coverage and opening hours. Some safe spaces can only be accessed via an ED referral, which limits access. Further, many safe spaces are funded through short-term contracts, which creates employment insecurity for staff and limits the ability of organisations to invest in training and development. Several Safe Havens within NSW have had unexpected closures due to insufficient staffing.[22]

Australia's National Mental Health Consumer Alliance has also expressed concern that fidelity to the peer-led approach within safe spaces can be compromised by certain approaches to clinical practices and governance.[23]

Neami's position

People experiencing distress and crisis often seek relational support, not medical intervention.

Neami believes that every person in distress deserves:

- timely support, and choice in relation to how and where they access support
- compassionate, non-judgmental, person-led care grounded in trauma-informed principles and culturally safe practice
- a safe, calm and welcoming environment that prioritises human connection and de-escalation over clinical assessment
- the option of skilled peer support, which is particularly effective at reducing shame, stigma and fear, and fostering hope
- experiences of care that engender agency and dignity. This may include collaborative decision-making and co-creation of safety plans
- options for clinical and/or community supports beyond the moment of crisis. This should include referrals to a suicide aftercare service wherever appropriate, to ensure access to this vital form of further support.

To ensure these principles are consistently realised, Australia must strengthen the role of peer-led safe spaces as a core component of the mental health and suicide prevention system.

Establish peer-led safe spaces as a standard component of the crisis support system

Neami supports Suicide Prevention Australia's call for universal access to safe spaces.24

Governments should commit to expanding peer-led alternatives to emergency departments such as Safe Spaces and Safe Havens.

To achieve this, governments should:

- map service gaps in geographical coverage and hours of operation, scale up provision accordingly and ensure safe spaces are tailored to the local service context
- ensure safe spaces operate as low-barrier, drop-in services, without referral requirements and with the option for anonymous access
- build public awareness of safe spaces, so individuals experiencing distress know that their local safe space is an option. Include a focus on cohorts at greater risk of suicide such as Aboriginal and Torres Strait Islander and LGBTQIA+ people.

Protect fidelity to peer-led models and centre lived experience

The effectiveness of safe spaces depends on maintaining their peer-led, relational and trauma-informed foundations.[25] Governments and commissioners must ensure that Lived Experience leadership and peer work remain central to the design, governance and delivery of safe spaces.

This includes:

- Locating all future safe spaces separately from hospitals and clinical services, which research has found to be integral to access and efficacy.[26] Understand safe spaces as distinct from Medicare Mental Health Centres, the latter involve clinical assessment and extensive data requirements and may not have designated roles that are specific to suicide/distress lived experience.
- Enabling safe spaces to proactively build and sustain workplace cultures in which relational practice flourishes.
- Embedding Lived Experience leadership roles in service governance and system oversight.
- Co-production of commissioning, governance and evaluation with people with lived experience.

Invest in workforce capability and sustainability

Short-term funding arrangements and workforce shortages undermine the effectiveness and sustainability of safe spaces.

Governments should commit to long-term investment and workforce development to ensure these services can deliver safe, high-quality care.

This includes:

- Providing five-year funding contracts for safe spaces, to promote the recruitment and retention of a skilled and experienced workforce as well as integration within the local service system.
- Ensuring that designated Lived Experience staff have nationally accredited peer work training, discipline-specific supervision and ongoing professional development.
- Requiring safe spaces to be staffed by professional workforces. Ensure staffing levels can meet the level of need across opening hours, with leadership available at all times.
- Ensuring adequate ongoing resourcing for the new national professional association for peer workers[27] and adopt the Productivity Commission's recommendation for a nationally consistent scope of practice for the peer workforce.[28]
- Supporting the development of national and regional communities of practice across networks of safe spaces.

Strengthen integration and continuity of care

- Ensure adequate provision of aftercare services, ideally co-located with safe spaces, to enable safe spaces to refer people at risk of suicide to longer-term support.
- Support partnerships between safe spaces and local services, including health, housing, legal and community organisations and promote in-reach as one measure to address fragmented service systems.
- Resource safe spaces to join or build local networks of community organisations, including those specific to cohorts with higher access barriers and risk of suicide. This will help facilitate guests being linked with services and opportunities for social connection.

About Neami National

We're big believers in everyone having the opportunity to live a full life. We support more than 34,000 people each year to achieve wellbeing and mental health outcomes that matter to them. We provide services across Australia for mental health and wellbeing, housing and homelessness, and suicide prevention.

Endnotes

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