



## SUBMISSION

### **Minister Stephen Wade, Minister for Health and Wellbeing Peer worker support in Emergency Departments Meeting held April 2020**

#### **Summary of Evidence for Mental Health Peer Support in Emergency Departments**

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#### **Background**

Emergency departments are often poorly equipped to respond appropriately to people who present with mental distress. Coupled with this, we know that people with mental illness are disproportionately represented in our hospitals because systems of care are often crisis driven and provide inadequate community support. There is good evidence that the presence of peer workers in both hospital and community settings improve people's experience of mental health services by using their personal experiences of distress and recovery to support others. In particular, peer worker support is a proven, effective and cost-effective hospital avoidance strategy for this population, though their use in Australia is limited. They have been employed in Australia's mental health sector for almost 20 years; however, in SA, their number is small, under-supported and under-resourced.<sup>1</sup>  
**There is no current dedicated peer service in SA focused on hospital avoidance.**

A recent AIHW report<sup>2</sup> comparing mental health care across Australia found that SA had the highest rate of ED presentations (4.8% vs national average of 3.6%), and the lowest number of patients seen in EDs on time (56% vs 68%). SA had the lowest proportion of admissions to public acute psychiatric inpatient unit(s) for which community mental health service contact was recorded in the 7 days immediately preceding that admission (30.9% vs 40.3%). SA also has the lowest proportion of separations from those unit(s) for which community mental health service contact was recorded in the 7 days following that separation (59.8% vs 68.2%). It also had a higher proportion of episodes of mental health care where no significant changes were identified between baseline and follow-up outcome measures (29.9% vs 22.8%). These statistics indicate that **many South Australians present to EDs in crisis, do not receive enough support prior to the crisis or once discharged and, for many, hospital care is traumatic and makes little difference to their mental health outcomes. Savings that result from even small changes in hospital bed use are likely sufficient to outweigh the costs of employing peer workers.**<sup>3,4</sup>

Peer workers are well-established within mental health services across the USA, Canada, UK, Australia and New Zealand.<sup>5</sup> The National Mental Health Recovery Framework, National Standards for Mental Health Services, and 5th National Mental Health and Suicide Prevention Plan each endorse the importance of building an integrated peer workforce into existing Australian mental health services. They are important role models for person-centred approaches, shifting service culture to be more recovery-oriented.<sup>3,6</sup> They provide education, information, advocacy, and social, emotional and practical support in many service types including outreach, inpatient units, day programs, and telephone support. They connect people with services and community activities, instil hope for recovery and help to address stigma and self-stigma, helping people translate and adapt services to their individual needs. Critically, their support has been shown to reduce hospital admission and readmission rates (and costs) and increase discharge rates,<sup>7</sup> increase hope, decrease hopelessness,

and improve quality of life for people with mental illness.<sup>8</sup> **Their role therefore enhances service quality, appropriateness, efficiency and effectiveness.**

A recent Lancet UK paper<sup>9</sup> highlights that peer support self-management interventions can reduce relapse and subsequent repeat acute admissions following mental health crises. A previous SA pilot study also showed that peer support is both an acceptable and feasible intervention, effective at reducing mental health (re)presentations and costs. In its first 3 months, the service provided 49 support packages, saved 300 bed days, and >\$93,000 (at 12 months: 230 packages (83 ED/147 early discharge), 1178 bed days, >\$393,000).<sup>7</sup> A Cochrane Review of 11 RCTs in mental health services<sup>10</sup> and a NICE review of 16 trials involving peer support to people with psychosis<sup>11</sup> concluded that involving peers in mental health teams results in psychosocial, mental health symptom and service use outcomes equivalent to professionals employed in similar roles. However, both reviews identified that quality of studies evaluating mental health peer work is low. Both reviews called for higher methodological quality and more rigorous economic analysis, and more high-quality, well-reported RCTs.

### **Problem**

- SA Salaried Medical Officers Association's letter to the Australian Human Rights Commission Citing treatment of mental health patients in SA is "discriminatory, cruel and unacceptable"
- SA Health too slow in implementing strategies to relieve EDs of people in mental distress and reducing wait times
- SA Eds are seeing a large number of people presenting with mental health issues/illness
- Long wait times for people with mental illness to be seen
- People with mental illness are held in EDs due to unavailability of psychiatric beds
- SA EDs highest rate of mental health presentations across Australia
- SA EDS lowest number of people in mental distress being seen on time
- EDs inappropriate setting for people with mental distress
- EDs are seen as the first port of call for people in mental distress and their families

### **Solution**

- Employ peer workers in ED waiting room at the Royal Adelaide Hospital as a trial site
- Peer workers are an essential, critical and unique part of the mental health workforce
- Could be implemented immediately

### **Cost**

- Cost neutral or
- Employment costs only for peer workers as a very low cost alternative to others being flagged by SA Health

### **Outcomes**

- Much literature showing ED presentations are reduced if not eliminated some mentioned above
- Better flow through of people being seen in the EDs

- People in mental distress in the waiting room could be assisted by the peer worker and leave
- Evidence based program
- People and families better served
- Relieve ED clinicians to focus on other patients with physical problems
- Wait times reduced or eliminated

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