KPMG

National Safe Spaces Network Scoping Study

Executive Summary Report
Commonwealth Department of Health

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Disclaimer

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The findings in this Summary Report are based on a qualitative study and the reported results reflect a perception of stakeholders but only to the extent of the sample surveyed, being the Department of Health's approved representative sample of stakeholders. Any projection to the wider stakeholder group is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by stakeholders consulted as part of the process. KPMG have indicated within this Summary Report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the Summary Report.

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Executive summary

Over 3,000 Australians take their own lives each year, with every death by suicide representing a devastating loss to families and communities. The Australian Government has made reducing the number of Australians dying by suicide a national priority, with a new focus on community-based programs and initiatives which can better support people at risk. The need for different service types is underlined by the fact that up to 50 per cent of people who die by suicide do not contact currently available services before taking their own lives.

The Commonwealth Department of Health and Australia's National Suicide Prevention Adviser, Christine Morgan, are currently examining proposals which can enhance the supports available to people at risk of suicide. From March to September 2020, KPMG was engaged by the Department to undertake a scoping study on the proposal for a National Safe Spaces Network. The proposal has been developed by a consortium of national suicide prevention and lived experience organisations which includes Roses in the Ocean, Suicide Prevention Australia, Beyond Blue, Wesley Mission Queensland, the Australian Institute for Suicide Research and Prevention and Everymind. Representatives from several of these organisations were represented on the Expert Advisory Group which provided strategic input and expert advice for this scoping study.

The National Safe Spaces Network model seeks to address the fact that Australians experiencing suicidal distress and crisis currently have few places to turn other than hospital Emergency Departments. These facilities can be ill-suited to meeting the needs of people in distress, with long waiting times, constant bustling activity and variable treatment by clinical staff often acting to exacerbate an individual's sense of crisis. Lived experience advocates highlight the need for alternative spaces where people can seek help, be safe and access support from others who have survived their own experiences of suicidality in a calm, non-clinical environment.

The model proposes to establish a network of Safe Spaces providing support in different settings across five tiers that can meet people's changing needs over time:

- **Tier 5:** A residential safe house where people in crisis can stay for multiple days
- **Tier 4:** A safe alternative to emergency departments – such as Safe Haven Cafes
- **Tier 3:** A safe space to access psychosocial support and safety planning – such as Primary Health Network (PHN) commissioned services
- **Tier 2:** A safe space to talk to someone and access a referral – such as community centres or services that are already operational, with staff who have undertaken gatekeeper training in identifying and supporting people at risk of suicide
- **Tier 1:** A place to sit and feel safe in the company of other people – such as a library, coffee shop or hairdresser.

Importantly, all tiers of the model are intended to be led and delivered by people with lived experience and peer workers, giving people experiencing distress and crisis non-clinical service options.

In commissioning this scoping study, the Department sought to understand the feasibility of the proposed National Safe Spaces Network model for delivery in the current Australian service context. The project aimed to provide a holistic assessment of the concept of a National Safe Spaces Network, in a level of detail necessary to support informed decision-making by government.

Key findings

This scoping study indicates the National Safe Spaces Network proposal offers an innovative, evidence-based and person-centred approach to supporting people experiencing suicidal distress and crisis. If delivered as part of a broader spectrum of services capable of addressing both acute suicidal distress and its underlying drivers, the model has strong potential to strengthen supports for people at risk of suicide, working towards the goal of reducing its incidence over time.

Service need and demand

People with a lived experience of suicide and sector stakeholders strongly endorse the underlying premise of the National Safe Spaces Network proposal: that current service offerings are not well aligned with their needs and there is an urgent desire for alternatives.

Acute clinical care settings such as Emergency Departments are considered to increase distress rather than de-escalating it and are not perceived as accessible or engaging by many people at risk of suicide. There is strong demand for non-clinical alternatives which can:

- support person-centred care
- provide access to different levels of support depending on an individual's level of distress
- offer holistic supports addressing the underlying drivers of suicidal crisis
- help guests to navigate Australia's complex health service system.

These expressed needs are closely aligned with the intended philosophy and service offerings of the National Safe Spaces Network.

Analysis and mapping of the current service landscape indicates there are significant gaps in the availability of dedicated suicide prevention services, especially outside of the metropolitan areas located along Australia's east coast. Particular gaps exist in Western Australia, the Northern Territory and regional Queensland where rates of suicide and self-harm are significantly above the national average. Importantly, at the time of writing there are no existing suicide prevention services which currently provide equivalent offerings to the proposed Tier 5 residential Safe Spaces anywhere in Australia. Similarly, there are only a handful of existing or planned services which offer equivalent supports to Tier 4 emergency department alternatives for people in crisis.

State governments in New South Wales, Queensland and Western Australia are currently in the process of developing and rolling out a number of emergency department alternative services which have much in common with the proposed Tier 4 Safe Spaces. One Tier 5-equivalent service is also under development through the Suicide Prevention and Recovery Centre (SPARC) in Sydney, which has been established with seed funding from the Commonwealth. This focussed investment provides an opportunity to test the proposed model and collaborate with other levels of government and service providers in the delivery of a National Safe Spaces Network. These initiatives are also likely to generate a range of useful learnings on how practical delivery of this service model aligns with its core principles and intent.

However, in 2018-19 across Australia 79,455 people presented to Emergency Departments because of suicidal distress or attempting. The limited current scale of these state-based services and location only in selected communities is not expected to meet this level of demand. This means significant and wide-spread service gaps will remain. In the event the Commonwealth opted to pursue investment in the network, there would be benefit in this having a strong regional and remote service footprint, with Western Australia, the Northern Territory and regional Queensland being a priority for delivery of new services.

Proposed service model

Early and emerging evidence from comparable services operating internationally and within Australia points to the effectiveness of the proposed non-clinical, peer led approach in meeting the expressed needs of people experiencing suicidal crisis and supporting them to manage and reduce distress. There is also emerging evidence supporting underlying aspects of the Safe Spaces model in the context of suicide prevention, particularly brief contact interventions and peer-led supports. The scoping study did not identify any evidence indicating the proposed Safe Spaces model would increase risks to guests compared with other existing interventions or depart from currently established effective suicide prevention practices.

Some comparable services have explicitly targeted a reduction in Emergency Department presentations and demand for other clinical services by people at risk of suicide as a key intended outcome. Evidence on the impact of these services on broader system demand is currently inconclusive, with data and attribution challenges confounding clear findings. Some stakeholders, including members of the scoping study's Expert Advisory Group, also challenged the appropriateness of this metric in assessing the effectiveness of these services. Throughout this scoping study it was frequently emphasised that if the goal is reducing deaths by suicide, giving people at risk more service options and supporting them to access the right care pathways should be the focus. These are issues which would benefit from further consultation and co-design involving people with lived experience, to identify preferred target outcomes and appropriate metrics for monitoring effectiveness within a future National Safe Spaces Network.

There is broad support for Safe Spaces to be delivered as primarily non-clinical services, but stakeholders also identified possible roles for clinicians in assessing and providing referrals for guests who want clinical help, and potentially supporting lived experience peer workers through mentoring and professional development. The level of integration proposed tended to vary according to the stakeholder perspectives represented, with lived experience stakeholders generally favouring a model of clinical reach-back or support only when requested by frontline peer workers. Other stakeholders highlighted benefits in a mixed service delivery model involving both peer workers and mental health clinicians working collaboratively onsite to meet people's individual needs as they present. The relevance of clinical supports was also considered to vary by tier, with these being considered more necessary and important for the Tier 5 residential Safe Spaces and Tier 4 crisis services than the lower service tiers. The network's focus on tailored local service delivery means this is not necessarily a debate that needs to be resolved at a national, whole-of-network level. Rather, the network could be established with an overarching intent and philosophy of non-clinical support, with local communities then able to determine through co-design how much involvement – if any – they want from clinicians.

Stakeholders voiced concerns about the complexity of the proposed five-tiered approach and people's ability to effectively navigate to the right supports within this. The proposed settings for Tier 1 and 2 services are also considered to present a range of challenges in relation to their safety, accessibility and appropriateness for supporting people at risk of suicide. There would be value in undertaking further co-design with people with lived experience to explore whether and how consolidating the network into fewer tiers of physical locations augmented by online, phone and group-based peer supports may better achieve the intent of the model. For example:

- combining the services intended to be offered across Tiers 1 to 3 could deliver a single service with a particular focus on early intervention, service connection and support to avoid escalation into crisis.
- the currently proposed Tier 4 and 5 services would maintain their focus on supporting people experiencing acute crisis or following a suicide attempt, with an improved ability to maintain support as people's wellbeing improves through the lower tier service.

- peer support groups, support lines and online services could also then play a role in delivering the supports originally intended to be provided at Tiers 1 and 2. These services are not currently included in the model but could add significant value as part of a broader networked offering – particularly for people living in rural and regional areas.

The original five-tiered proposal was developed in close consultation with people with lived experience, so a proposed change of this kind would also need to be subject to further consultation and co-design.

Ensuring safe and high-quality support

Training and support for lived experience peer workers will be critical to the safe and successful delivery of the proposed peer-led model. While Australia's peer workforce is growing, there will be a need for further workforce development to support implementation of the proposed National Safe Spaces Network. Stakeholders frequently noted that having a lived experience of suicide provides valuable insights and perspectives, but supporting people in crisis also demands a broader skill set. Peer workers need to be specifically trained in empathetic listening and safe dialogue about suicide, trauma-informed practice, de-escalation techniques and other evidence-based suicide prevention practices. They also need ongoing professional support in the workplace to reduce the risk of vicarious trauma and re-escalation of their own distress or crisis.

The NSW Government's recent development of minimum training and support requirements for suicide prevention peer workers offers a well-considered initial model to follow. The NSW Ministry of Health has specified essential training requirements for both suicide prevention peer workers and managers supervising them, as well as essential components of professional support that must be provided. Discussions with key stakeholders indicate strong endorsement for this approach to suicide prevention peer workforce development and support. There is also an opportunity for the Commonwealth to lead broader workforce development through its ongoing work to develop the next National Mental Health Workforce Strategy and Peer Workforce Development Guidelines. Adopting the NSW approach across the proposed national network could support short-term workforce development while work on these broader strategic initiatives continues.

Existing national accreditation standards such as the National Standards for Mental Health and the Health and Community Standards are not likely to fully suit the requirements of the National Safe Spaces Network. In particular, achieving accreditation under these frameworks would likely be challenging for the proposed lower tier services because of the time and resources required to undertake this. However, Suicide Prevention Australia has recently released a set of Standards for Quality Improvement which provide a promising sector-specific accreditation approach. The development of these standards reflects the growing status of suicide prevention as a distinct service stream from other mental health and community services. The standards recognise that the features of quality care in a suicide prevention context may look different from those in clinical and other community-based environments – particularly in relation to aspects like the role of peer supports. They also provide for multiple levels of assurance depending on the nature of the organisation delivering services. This could support accreditation for lower tier services within the proposed network without imposing an unreasonable administrative burden. These new standards have been designed by Australia's suicide prevention peak body with the specific needs and service delivery requirements of suicide prevention in mind. In that context, they appear to provide a strong, practical option for accrediting services within a National Safe Spaces Network.

Roles for the Commonwealth and other partners

This scoping study has identified a number of potential roles the Commonwealth may opt to play in a future National Safe Spaces Network. These could include:

- leading the development and delivery of the network

- partnering with states and territories to do so
- setting national architecture and policy frameworks within which other partners and providers can deliver it
- funding discrete elements of the network through existing service channels such as Australia's Primary Health Networks without taking a role in broader network governance.

The optimum approach would need to be considered in the context of the Commonwealth's appetite and capacity for investment, the degree of interest from other required partners and the relative complexity of models integrating inputs by more or less actors. However, in relation to achieving a nationally consistent approach to the design and delivery of a network of Safe Spaces, stakeholders noted this may be a role that *only* the Commonwealth is able to effectively play. In a context where state governments and other partners are currently rolling out new services aligned with aspects of the Safe Spaces model at specific tiers, the window of opportunity to develop a nationally consistent approach is also likely to be relatively limited.

Governance and accreditation frameworks will provide the backbone for any future national network. In the absence of a national agency or organisation taking a coordinating role in this area, stakeholders consider delivery of a national network of services to a consistent standard to be unlikely. There is likely to be a need for both national, whole-of-network governance structures and service-level structures to support safe and high-quality service provision within the proposed network. Services such as headspace, Lifeline and the Royal Flying Doctor Service provide potential exemplar models to address these multi-level governance requirements, depending on decisions about the Commonwealth's preferred role. Regardless of the Commonwealth's level of involvement, stakeholders have a strong and unified view that people with lived experience should play a central role in the governance of the proposed national network at all levels – from whole-of-network oversight and coordination to leadership of local services.

While the National Safe Spaces Network model proposes multiple tiers of service, it is not intended that all tiers be delivered by a single agency or within a single community. Input from local communities is expected to drive prioritisation of specific tiers for delivery depending on local need. Implementation by a mix of funding and delivery partners may then be appropriate depending on the chosen tiers. Implementation of services at each agreed tier would need to be closely coordinated with state and territory governments and other service delivery stakeholders to ensure any future pilot or roll-out of the National Safe Spaces Network addresses priority service gaps and improves system navigation by users – rather than adding further complexity. If agreement to, and endorsement of, this model cannot be secured with jurisdictions, there is a risk that Safe Spaces would fail to meet the core expectations of stakeholders and intent of the model. This is because Safe Spaces would be unlikely to be able to establish close connections with other services and supports within the existing service landscape without cooperation from the states and territories.

Feasibility assessment

Based on the findings of this scoping study, KPMG assesses that the National Safe Spaces Network proposal outlines a service which is closely aligned with expressed and observed community need.

Its design reflects currently understood best practice in suicide prevention and there is early evidence to indicate the effectiveness of the proposed approach in improving the wellbeing of some people experiencing suicidal distress and crisis. Options and mitigations are available to address many of the challenges and risks highlighted by this scoping study, with co-design in partnership with people with lived experience providing an avenue to explore the next necessary layer of detailed service design.

Some aspects of the proposed model would require further detailed co-design with people with lived experience to develop these to a level of specificity that can facilitate full service costing and potential future implementation of a national network. These elements include:

- The intended target outcomes and priorities for measurement
- The appropriate number of service tiers and complementary roles for online, telephone and peer group supports
- The specific supports best provided at each tier of service to meet the needs of intended guests.

Because these elements relate to the design of services at individual tiers, this further co-design and model development could feasibly be undertaken in the context of a trial or pilot of Safe Spaces – with clear public communication about the approach.

Achieving a national network of the scale required to provide genuine alternative support pathways for people at risk of suicide would require gradual but focused effort and funding over an extended time horizon. This report provides a suggested implementation plan for further developing the proposed model to the point of a pilot service roll-out over 18 months. Ongoing development and delivery of the model would then need to be informed by decisions taken during this design period.