

Co-designing an alternative to the emergency department for youth at risk of suicide in the Peel region: The Youth Safe Haven Café Project

What did the project aim to do?

Young people less than 25 years old who experience suicidal crisis often seek help at hospital Emergency Departments (EDs). These are usually not the best sources of support for young people who are experiencing a suicidal crisis due to a range of factors in the ED, such as long wait times, noisy and distracting environments, and at times stigmatising attitudes towards people experiencing mental health difficulties.¹

Previous research by Telethon Kids Institute shows that young people and service providers desperately want an alternative to the ED but that none currently exist for young people in WA.² Safe Haven Cafés are a good potential alternative to EDs for people experiencing suicidal crisis. They provide a calm, culturally sensitive and non-clinical alternative to hospital EDs for people experiencing distress or suicidal thoughts.

Safe Haven Cafés for adults have been used in other states in Australia. By providing an alternative to going to the ED, they help the person experiencing suicidal crisis and also help EDs to save their resources.³

This project aimed to design a Safe Haven Café for young people using a 'co-design' method. This means that the researchers worked with young people and parents or carers with lived experience of suicide, and others who support young people who are feeling suicidal.

Where did the project take place?

The Peel region was chosen for this project. The region is 75km south of Perth in Western Australia. It was chosen because it has a higher rate of youth suicide than the national average.⁴

A Youth Safe Haven Café could provide a safe and supportive space for young people experiencing suicidal crisis.

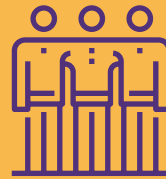


Who took part? What did they do?

The below table provides more information on the 33 young people with a lived experience of suicide who took part in either an interview or focus group.

The other participants were: 15 parents or carers of a young person with lived experience of suicide; and 17 people who work with or support young people who are feeling suicidal.

Young People	
Number	33
Aboriginal and Torres Strait Islander	6
<i>Living circumstances:</i>	
Parents	22
Partner	1
Other family	2
Supported accom	1
Homeless	3
<i>Experiences:</i>	
Neurodiverse	10
Disability	4
LGBTQI+	8
Justice system involvement	5
Been in out-of-home care	3



The average age of participating young people was about 17 years old.

What were the results?

The participants all agreed that a Youth Safe Haven Café would be a beneficial and needed service that would provide a safer alternative to the ED, and hopefully help young people to feel calm, listened to, and hopeful about their future.

Design

Participants felt that the Youth Safe Haven Café should have a non-clinical, comfortable and ‘homely’ feel, ideally open all day and night, with both private and shared areas. The shared areas should include a kitchen, so that visitors can make their own food and drinks, and activities so that they can unwind and reduce their distress.

Staff

Participants were asked about staff members at a Youth Safe Haven Café. They agreed that they wanted a mix of clinical staff, such as psychologists and social workers, and non-clinical staff, such as peer workers with a lived experience, and art therapists. Young people often suggested having non-clinical staff that are a similar age to them, approachable, understanding, non-judgemental and relatable through their own lived experience. These characteristics could be met by having peer worker staff members.

Participants also wanted to see diversity across all staff and volunteers, such as staff identifying as Aboriginal, identifying as LGBTQI+, and being from different backgrounds and cultures. Staff having appropriate training and support was also seen as very important.

Service

When young people arrive at the service, all participants agreed that they should be greeted by a staff member. Some felt that young people should be given the option to 'settle in' before doing any screening or assessments, while others thought that everyone should be screened when they arrived. During young people's time at the Youth Safe Haven Café, participants felt that talk therapy should be easily available in addition to other individual and group activities to help young people unwind.

Participants felt that the service needed to have a clear and transparent policy about young people who need to attend the ED. Policies to keep visitors safe during their time at the service were also raised by participants.

When young people leave the service, participants felt that they should have the option to be referred into specialist mental health services or to be linked back to existing supports. They also wanted care packages and action plans to be developed with young people before leaving the service, and for parents and carers to only be notified that the young person had visited the service with their consent.

Most participants also felt that a follow-up after a service visit would be beneficial, particularly from the same staff member that the young person spoke to during their visit.

What next?

The project team will investigate opportunities to apply these findings to help more young people experiencing suicidal crisis.

References

- 1 Freeman J, S.P., Hamilton S, Pugh C, Browne K, Caren S, Harris C, Millett L, Smith W, Lin A, *They Told me "This Isn't a Hotel": Young People's Experiences and Perceptions of Care When Presenting to the Emergency Department with Suicide-Related Behaviour*. International Journal of Environmental Research and Public Health, 2022. 19(3): p. 1377.
- 2 Freeman, J., et al., *Informing youth suicide prevention for Western Australia*. Telethon Kids Institute: Nedlands, Australia, 2019.
- 3 Price Waterhouse Coopers [Pwc], *Economic impact of the Safe Haven Café Melbourne*. 2018.
- 4 Peel Development Commission. *The People of the Peel: Human Capital Insights Report*. Peel Development Commission & Peel Capability Collaborative. 2021.

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