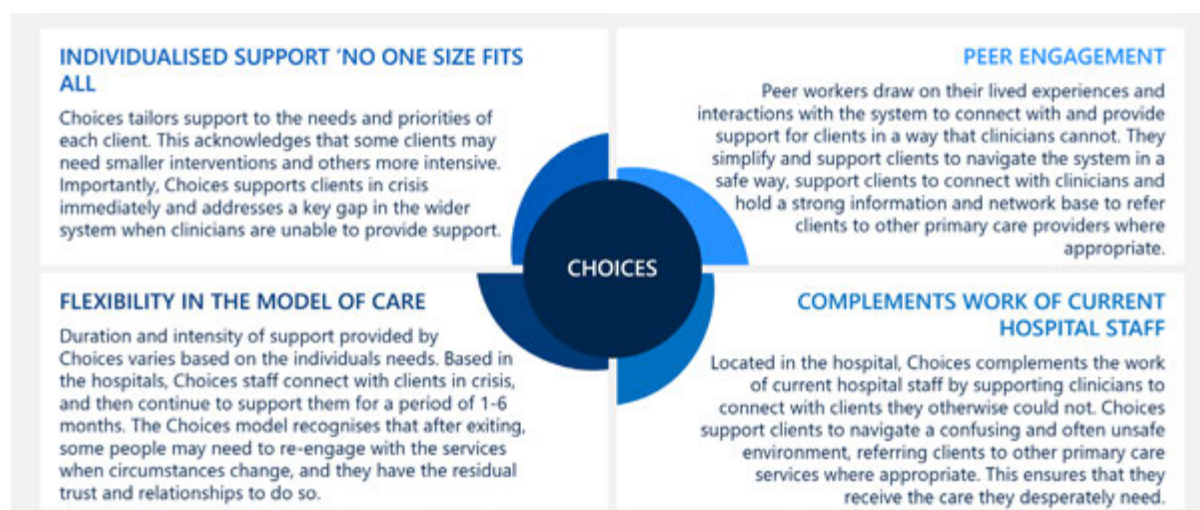# Summary of the Choices Program

Choices addresses critical gaps in care for those with complex psychosocial needs

Individuals who frequently present to Emergency Departments (ED) for mental health support often have intersecting underlying needs, and challenging life circumstances. Simply treating the immediate presenting health issue will not meet these client's needs, and will not break the re-presentation cycle.[1] Social isolation, addiction, family breakdown, homelessness, trauma and domestic violence are among the factors the contribute to frequent ED use. Prior to Choices being established, there was a clear gap in the provision of post-discharge mental health services – consumers were often left to navigate a system that is complex, unclear, and unsafe. Some of the challenging experiences that these people face are outlined below.

- **Crisis is crises.** Individuals who frequently present to ED due to mental health challenges are often dealing with multiple co- occurring social challenges, crises and systems at any one point. Services must cater to these co-occurring needs.

- **Confused and desperate.** Whilst services and information exist, for individuals, families and communities, the environment is often complex, disconnected and difficult to navigate.

- **Nowhere to go.** Other than the police or Emergency Department (ED), there is often 'nowhere to go' for individuals in an acute mental health crisis. Often these individuals have not been supported to access community-based services that could have prevented the acuity of their challenges.

- **Nowhere to go again.** The period following an ED mental health discharge is a critical time for stabilisation, withdrawal, and support. There is a need for safe places or services for people between initial crisis intervention and preparing themselves for ongoing support.

- **Fragmented and inflexible.** Services are currently geared for the needs of the service itself, rather than the needs of the person. Models of services are incentivising a focus on service activity rather than outcomes, competition rather than collaboration, exclusion rather than inclusion.

For a highly vulnerable cohort, Choices is unique because it meets many of these priority challenges for at-risk individuals and bridges that gap in care that cohorts with co-occurring needs face. The figure below outlines the key components of the Choices program that enable it to meet the needs of people presenting with complex needs that require a highly tailored response.

INDIVIDUALISED SUPPORT 'NO ONE SIZE FITS ALL

Choices tailors support to the needs and priorities of each client. This acknowledges that some clients may need smaller interventions and others more intensive. Importantly, Choices supports clients in crisis immediately and addresses a key gap in the wider system when clinicians are unable to provide support.

PEER ENGAGEMENT

Peer workers draw on their lived experiences and interactions with the system to connect with and provide support for clients in a way that clinicians cannot. They simplify and support clients to navigate the system in a safe way, support clients to connect with clinicians and hold a strong information and network base to refer clients to other primary care providers where appropriate.

CHOICES

FLEXIBILITY IN THE MODEL OF CARE

Duration and intensity of support provided by Choices varies based on the individuals needs. Based in the hospitals, Choices staff connect with clients in crisis, and then continue to support them for a period of 1-6 months. The Choices model recognises that after exiting, some people may need to re-engage with the services when circumstances change, and they have the residual trust and relationships to do so.

COMPLEMENTS WORK OF CURRENT HOSPITAL STAFF

Located in the hospital, Choices complements the work of current hospital staff by supporting clinicians to connect with clients they otherwise could not. Choices support clients to navigate a confusing and often unsafe environment, referring clients to other primary care services where appropriate. This ensures that they receive the care they desperately need.

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[1] Dean K, Parsons V, Yee N, Mackinnon T, Chaplow D, Lines K. The Justice System and Mental Health: A Review of the Literature. New South Wales: Australian Government Mental Health Commission; 2013.

In the context of rising acuity and complexity of need, the Choices Program has grown significantly to become an essential component of WA's mental health system

Since the program commenced in 2017, Choices has grown significantly in response to the rising incidence and complexity of mental health challenges among Western Australians. It now provides critical post-discharge mental health support across the entire metropolitan health system – operating out of Royal Perth Hospital, Rockingham General Hospital, Armadale Hospital, Joondalup Health Campus, St John of God Midland, and Peel Health Campus.

In this context, demand for the Choices program has increased dramatically. While 145 clients accessed Choices in its first year of operations, this figure has grown significantly to 3910 clients accessing the program from 2022 to 2023. Choices has also demonstrated continuing success in improving outcomes for at-risk individuals, as well as the broader health system. After one year of Choices operating in Royal Perth Hospital, there was a 35% reduction in the number of clients presenting to ED and a further 38% decrease in inpatient length of stay. This equated to over $1 million saved in hospital costs across 392 clients (or $3,462 per person) in this period.

Ruah has a highly sophisticated and passionate peer workforce, which has driven much of the Choices Program's ability to 'break the cycle' for at-risk individuals

Choices has the largest peer workforce in WA, with peers working 70% of the services hours delivered by the program. There is a strong evidence base for the benefits of peer workers in hospital settings for improving outpatient appointment attendance and decreased ED presentations[2][3]. Within Choices' context, the quality peer workforce is recognised as an integral component of the model in building rapport with clients and supporting them navigate a complex system to ensure their needs are met.

Ruah has sophisticated architecture that has been developed over time to govern peer work, with its Lived Experience Workforce Framework guiding best practice and capability development.

> The ability to build rapport with people who are difficult to build rapport with, [that lived experience] is pertinent to the relationship… Choices are really good at that sort of stuff. That's huge. That's the key to it.
>
> -Hospital staff

KAYA PEER WORKERS	PEER RECOVERY WORKERS	SUPPORT COORDINATORS
• **Lived Experience** of mental health and/or AOD challenges • Responsible for **initial engagement** • Role involves validation and normalisation of everyone's challenges, **emotional support, service navigation and advocacy** • Focus on **human relationship**, non-diagnostic and non-clinical support	• **Lived Experience** of mental health and/or AOD challenges • Providing **practical supports** and recovery-oriented practice • Supporting positive and meaningful change through **advocacy in access to services** • Encourages **engagement with resources** • Community connection and **social integration** • **Cert IV Mental Health Peer Work** or **Peer Skillset**	• **Case Coordination** • Manages **crisis points** • **Engages with clients with complex needs** and provides outreach support in the community • Have a **relevant degree** in a related discipline and 3-5 years relevant work experience

[2] Johnson S, Lamb D, Marston L, Osborn D, Mason O, Henderson C, et al. Peer-supported self-management for people discharged from a mental health crisis team: a randomised controlled trial. The Lancet. 2018;392(10145):409-418.
[3] Repper J, Carter T. A review of the literature on peer support in mental health services. Journal of mental health. 2011;20(4):392-411.