

## WHAT IS CHOICES?

**Choices is a pilot program that aims to reduce recurring presentations to the Emergency Department (ED) and/or the Perth Watch House (PWH), through provision of peer support and case management of vulnerable individuals.**

Choices was developed in response to the high rates of ED presentations of individuals with complex psychosocial and health needs,<sup>1</sup> and in recognition of the need to address underlying social determinants of health contributing to frequent ED use. Recurrent ED presentations are often related to underlying psychosocial issues, or occur because of escalating physical and mental health conditions that would have been more appropriately addressed by primary care providers.<sup>2</sup> Initially the two pilot sites for the Choices project were hospital based (Royal Perth Hospital and Rockingham General Hospital). The PWH was added as a pilot site based on evidence suggesting that some individuals with complex health and/or psychosocial needs enter a cycle of frequent ED admissions and Watch House detainment; interrupting continuity of care, contributing to worsening health and further ED presentations.<sup>3,4</sup>

*Choices is the first project of its kind - it is trying to help the large group of people in our community seen frequently in hospital Emergency Departments or by the Justice system—people with lives of constant chaos that leaves them one step away from homelessness or other social disasters - Dr Amanda Stafford, ED Consultant RPH*

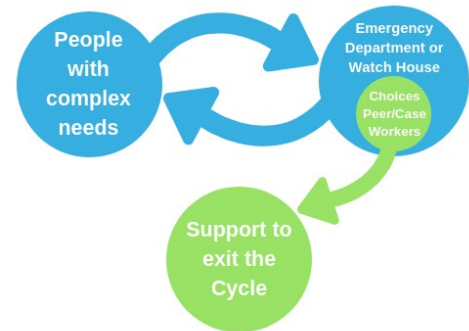


FIGURE 1: CHOICES INTERVENTION MODEL

This snapshot report presents preliminary findings of the external Choices Post Discharge Program evaluation being undertaken by The University of Western Australia. This snapshot focuses on the first two pilot sites;



**Royal Perth Hospital (RPH)** - commenced November 2017. Choices team is based in ED seven days/week. Hospital staff can refer patients to Choices team, and peer workers can also engage directly with clients.



**Perth Watch House (PWH)** - commenced December 2017. Choices team attend Saturday and Sunday mornings and engage with people after they exit the Magistrates Court located at PWH.

Choices team – two senior caseworkers; eight peer support workers

Brief advice and support can be provided at RPH or PWH, and those who consent to become clients are followed up and supported in the community.

Service delivery commenced at the third pilot site, Rockingham General Hospital, in April 2018 and will be included in the next evaluation snapshot.

This evaluation snapshot draws on multiple sources of data, including focus groups with Choices peer and caseworkers; research team observations of Choices in action at RPH and PWH; Choices client data, and case studies compiled with the assistance of Choices staff and the Ruah evaluation team. Where possible, hospital and PWH data has been incorporated into case studies.



## KEY ELEMENTS OF THE CHOICES MODEL OF CARE

### RECOGNISES CLIENT COMPLEXITY

People who present frequently to ED often have underlying needs and complex life circumstances. Simply treating the immediate health issue will not break the re-presentation cycle. Social isolation, addiction, family breakdown, homelessness, trauma and domestic violence are among factors that contribute to frequent ED use.<sup>1</sup> Similar underlying issues are also seen among people who cycle in and out of the Justice system. Choices is premised on acknowledging this complexity, working with clients to identify underlying and inter-related factors.

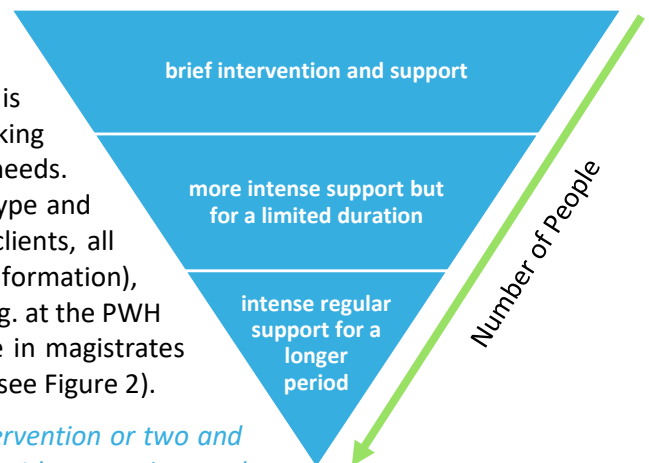
*They have so many complex issues going on that you address one and then another comes up - Choices Caseworker*

*...at the Watch House it's kind of sad because it is really people who have been marginalised by society and you really see that with the sample of people who are coming through - Choices Case Worker*

### INDIVIDUALISED SUPPORT

There is a growing emphasis within health and community services on providing tailored, client-centric care. This is particularly critical when working with vulnerable people with complex, overlapping needs. Choices recognises that 'no one size fits all' – with the type and duration of support needed varying widely. For some clients, all that is needed may be a brief intervention (e.g. some information), or this may be all that is possible in the circumstances (e.g. at the PWH where people are tired and distressed after appearance in magistrates court). Others require more intense or ongoing support (see Figure 2).

FIGURE 2: LEVELS OF SUPPORT PROVIDED



*...some of them will be just a quick one-time intervention or two and some of them like this guy that I told you about, I bet you six months from now he'll still need a lot of support. - Choices Caseworker*

### PEER SUPPORT

One of the unique aspects of Choices is the integral role of peer support. Studies have shown that peer workers in hospital settings can improve outpatient appointment attendance and decrease ED presentations.<sup>5</sup> However, implementation of a peer support model in a Watch House setting is unique to the Choices program.

Peer workers can offer understanding and support based on their own experiences and interactions with the system in which they work, and act as a caring and sympathetic advocate for the client.

*...being able to say, I was in hospital 10 years ago, or, I can relate to what you're going through from feeling this way. As soon as I say that to people, specifically that thing, that I was in hospital...the look on their face changes. It's like, oh, right, so this is actually real, this is to help...You understand. - Choices Peer Worker*

*I think people really respond to that, because you've got that in-built empathy because you've gone through it yourself. I think that's a huge thing for people, they don't feel like there's those barriers there that there might be with nurses or doctors. – Choices Peer Worker*



## ROYAL PERTH HOSPITAL

**285**  
INTERACTIONS  
**145**  
BECAME CLIENTS

Between November 2017 and July 2018, the Choices team interacted with 285 people at RPH. Of the 145 people who consented to become clients, 29% identified as Aboriginal or Torres Strait Islander, and 16% were from culturally and linguistically diverse backgrounds. The majority (78%) were aged between 26 and 64 years, and just over half were male (51%).

**63%**  
AOD ISSUES

**83%**  
MENTAL HEALTH ISSUES

There is a high prevalence of mental health and AOD issues among the Choices clients engaged through ED at RPH.

Many Choices clients engaged through RPH have been provided with support that addresses underlying social determinants of health (see Figure 3). The majority of clients were supported for mental health issues (22%), accessing accommodation (15%), AOD issues (11%) and sourcing basic needs (11%).

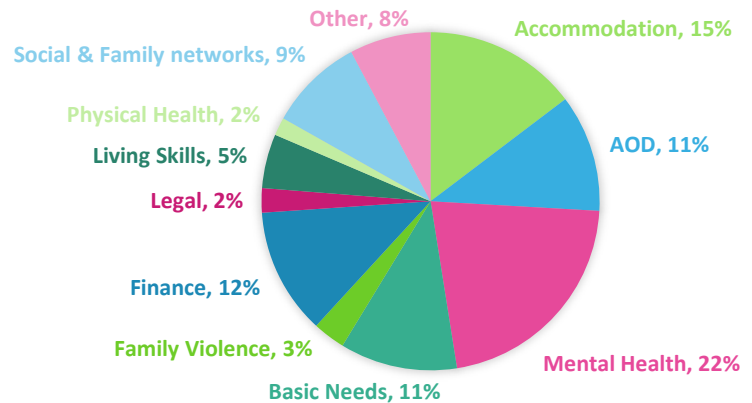


FIGURE 3: TYPE OF SUPPORT PROVIDED TO RPH CLIENTS

The physical presence and availability of the Choices team in ED has been noted as a positive attribute by RPH staff:

*With this client base the more immediate the input is available the greater the chance of the client acting on it. – RPH ED Nurse*

The capacity of peer workers to relate to clients and build rapport with them has also been noted by the Choices team and by hospital staff.

*We had this client who ... was in a lot of stress and she had all these really quite distressing and twisted thoughts in her head at the time. I just sat with her for about an hour and just kept re-confirming that I had been in that situation and that everything was going to be okay, this was kind of something that happened. Then... she told the hospital staff or she wrote to the hospital saying, I'd like to re-engage with Ruah Choices because they've helped - I found them helpful. - Peer Support Worker*

### BOX 1: ROYAL PERTH HOSPITAL CASE STUDY

#### Background

A male in his mid-twenties was referred to Choices after presenting to ED on four occasions within a space of three days. His presentations were largely for chronic back pain, which was so severe he could not move. During this time of frequent presentations, he was further diagnosed with psychosis, anxiety, depression, schizophrenia. He was also socially isolated and struggling to pay his bills. In January 2018 alone he had numerous inpatient stays and a psychiatric inpatient admission. His estimated total costs for this month equate to \$47,611<sup>1</sup>.

#### Choices Support Provided

The support Choices provided included: emotional support; linked with a psychiatrist and psychologist for regular counselling; connected him with his brother; assisted him in managing his finances; connected with physical activity and meditation classes in his community; finding volunteer employment.

#### Current situation

Since January he has had no further ED presentations.

<sup>1</sup> Based on Round 20 IHPA figures of \$765 per ED presentation and \$2,718 per inpatient day in WA<sup>6</sup>



## PERTH WATCH HOUSE

**174**  
INTERACTIONS

**82**  
BECAME CLIENTS

Between December 2017 and July 2018, Choices workers interacted with 174 people at the PWH. Of the 82 people who consented to the program, 44% identified as female and 56% as male. Nearly two-thirds (60%) of clients identified as Aboriginal or Torres Strait Islander, whilst 21% were from culturally and linguistically diverse backgrounds. The majority of clients were between the ages of 18 and 40 years old (73%).

As reflected by one of the caseworkers, many of the individuals who pass through the Watch House are there due to underlying social issues.

*...people come in there because they've breached move on notices and they're homeless, and they hang around Northbridge where there's food... they have nowhere to go, so that's a social problem where we come in and provide support for this person to get into housing so that they don't have to have antisocial behaviour on the streets - Choices Caseworker*

**78%**  
AOD ISSUES

**63%**  
MENTAL HEALTH ISSUES

The prevalence of mental health and AOD issues is high. As reflected in the range of support provided by Choices to clients engaged at the PWH (Figure 4), the breadth of support needs are

not dissimilar to those of clients engaged through ED.

Despite some challenges in implementing Choices in this setting, there have been many positive engagements and impacts in the first 6 months of the PWH pilot. The case study in Box 2 illustrates the type of client-focused support Choices can provide, and how this can help to break the cycle of contacts with the Justice system.

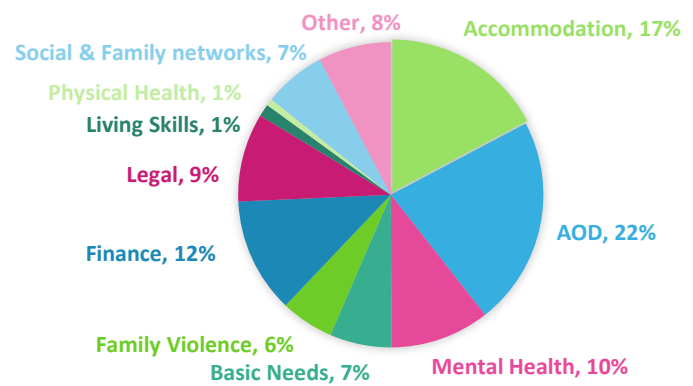


FIGURE 4: AREAS OF SUPPORT PROVIDED TO PWH CLIENTS

### BOX 2: WATCH HOUSE CASE STUDY

#### Background

A male in his mid-twenties came into contact with the Choices team at PWH in early Feb 2018. He was in foster care, and has cycled in and out of homelessness for several years. He also suffers from dyslexia and cognitive functioning issues, and admits to using marijuana daily and occasionally methamphetamine. He has a long history of contact with Police, dating back to 2007 and had spent time in prison. Since 2012 he has been charged for 33 offences, primarily related to illicit drug use and violation of restraining orders. On two occasions, Police offences coincided with ED presentations.

#### Choices Support Provided

Choices undertook a needs assessment and initial support included assistance with finding temporary accommodation and referral to counselling for drug use and anger management. He indicated to the Choices team that he wanted to go back to see his caseworker at Outcare for long term support, and was keen to get help with finding a job and a place of his own. On last contact with Choices he was living with his mother and reported feeling more settled and less angry. He has not been charged with any offences since his contact with Choices.

In the emerging evaluation data, it is evident that some individuals engaged at the PWH have also had frequent contact with the hospital system, or vice versa. Moreover, many of the underlying psychosocial issues, and types of support required are similar across the two sites, supporting the rationale for targeting a justice setting to engage with people vulnerable to a raft of social determinants of health.



## BENEFITS OF THE PEER SUPPORT MODEL

Choices peer workers have lived experience of life issues such as mental illness, trauma or addiction. This uniquely enables them to listen emphatically, share their experiences and build rapport to engage clients with the service. In some instances, people have been more willing to engage with Choices when the peer worker is the conduit. One such individual who presented at RPH never followed up with his caseworker, but when he ended back in the hospital he was re-engaged by a peer worker.

*He said, look... I'll call you when I'm getting discharged or something... So then he never called and he didn't have a phone at the time... two weeks later he represented to the hospital. So the peers met with him and he said, look, I've met with [case worker] and I was supposed to contact him but I didn't... he apologised for not getting in contact and said he hasn't just been too well. – Choices Caseworker*

As commented by an RPH staff member, it has been valuable having peer workers from a diverse range of backgrounds with varying experiences because of their ability to relate and provide support to clients. This has been particularly important for Aboriginal people seen at both sites.

*Having aboriginal peer workers is critical – a lot of the people seen at RPH with chaotic lives and multiple social determinants of health are Aboriginal, and so having Aboriginal peer workers is critical to helping change their trajectory. - Dr Amanda Stafford, ED Consultant RPH*

Contacts with the health and justice systems are intertwined for some of the clients seen by Choices to date, and this highlights the benefits of the single team working across the two sites.

*..... because you meet clients in a good space in the hospital, but in the Watch House they may be coming off drugs or whatever. So it's good to also see what clients are like when they've calmed down and when they're coming down and they've now detoxed. – Choices Peer Worker*

*I personally like to work between both of them because sometimes you pick up the same people at the watch-house and the hospital... it's quite good to support them and realise that there's so much stuff going on... It's also good for building rapport with them, because they've seen you at two different services. Sometimes a good way to capture them mainly in the hospital, you haven't been able to get in touch with them because they didn't have a phone and then you meet them at the watch-house again. – Choices Caseworker*

As identified by one of the RPH peer workers, another benefit to being in a hospital setting is their recognition of the social problems that exist in their clients' lives, rather than purely seeing issues as solely health or medical.

*...But I realise that as a clinical staff member, you see any kind of distressing behaviour as a clinical symptom or a behaviour symptom. Whereas as peer workers I see it as a call for help or it's a very human behaviour...So that's like - if someone is crying, if they're carrying on, it's kind of like you relate to it in a very different way to a nurse would relate to it...They're medicalising it, yeah. The fact that we're non-medicalised is hugely important I think. – Choices Peer Worker*

Over the course of the pilot, the role of peer workers has evolved and expanded, and this is seen as a 'win win' – it frees up case worker time for the more community based and complex support needs, and adds depth and more inbuilt job satisfaction for the peer workers.

One of the challenges identified is that peer workers, by virtue of their lived experience, can be exposed to stressors that can trigger painful memories. Choices thus has a rigorous support system in place for these workers on the frontlines, including a Peer Worker Coordinator and an after-hours help line.

*We can call [Choices program coordinator] and we also have the peer coordinator...we can call her anytime. Also the team is quite close so we can call each other. ..We've also got the afterhours on-call, I've called them up a few times to get advice... – Choices Peer Worker*





## REFERRAL TO OTHER SERVICES AND SUPPORTS

One of the aims of Choices is to connect people to relevant services and programs in the community. In the first seven months of the Choices program, there were 321 referrals of clients to other services. As shown in Figure 5, the range of referrals mirrors the breadth of health, psychosocial and practical issues experienced by clients.

Importantly, the peer workers are able to follow up with clients to encourage and support them to attend appointments with services they are referred to. This is significant, as lack of follow-through with referrals and appointments is a common challenge for people in vulnerable and/or chaotic life circumstances. The vignette from a peer worker below illustrates the way in which a client was supported to attend community-based services that are preventive of further ED presentations.

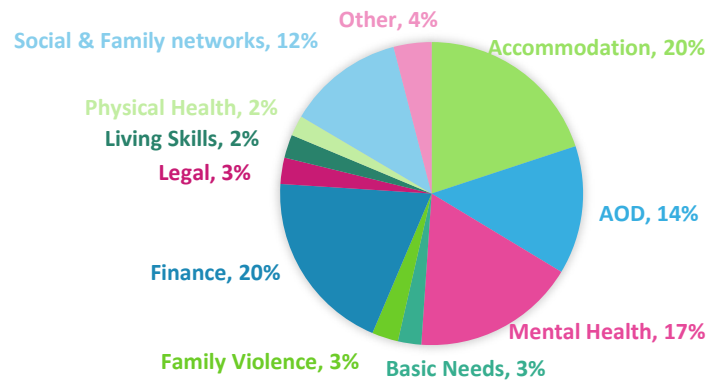


FIGURE 5: REFERRALS TO OTHER SERVICES FOR RPH AND PWH CLIENTS

### BOX 3: CONNECTING PEOPLE TO OTHER SERVICES

A man who had become unemployed and lost his wife was frequently presenting at ED for Depression. He had recently experienced homelessness and suffers from AOD issues. He was engaged by a Choices peer worker on one of these presentations.

“We met up and I took him to Next Step because, again, he was anxious about going to these services... [I] went with him to the GP who provided a mental health care plan. So then the doctor also referred him to a counsellor to help him with whatever was going in the trauma. So I supported him to the counsellor, supported him to Next Step, the first appointments.... This guy's not drinking and he's receiving counselling, he's getting medication. So his - and then he said to me, okay, look, I feel like I'm travelling okay but I still need you for a few weeks so you can just encourage me. So every Tuesday I'm able to call him. I'm not going to these appointments with him but I'm calling him... he tells me of all his appointments, whether it's a doctor, counsellor, and I'm there to remind him because what he's lost is that motivation. So there's like that, going with him to these appointments initially was very useful to him because he lacked the confidence.”

Some of the challenges that have emerged for the Choices program pilot however, relate to more systemic issues such as waitlists and scarcity of referral options when clients are wanting to engage with services. This has been particularly noted for clients seeking help with addiction or needing housing assistance.

*sometimes it's long waitlists, especially for alcohol and drug issues. So they want rehab, they're ready, but it takes so long for them to get into rehab... So during that time they're waiting. They're getting worse. They're back in hospital or they're back... Or lose their motivation... They give up. So that's the thing - one major stressor. So even with accommodation, I mean, there's not much accommodation out there and it takes a while for someone to get it – Choices Caseworker*

The challenges that can arise when there is a delay in clients being able to access support they need, also has implications for the capacity of Choices to exit clients (i.e. get them to a point when they no longer need the support of the Choices program). For a number of clients, the Choices team has ended up providing vital continuity of support while the client waits for other needs to be met (such as rehab or accommodation). This continuity of care in and of itself is emerging as an important feature of Choices, as too often people fall back through the cracks when the help they need to avert hospital presentations is not immediately available.

## REFERENCES

1. Kushel MB, Perry S, Clark R, Moss AR, Bangsberg D. Emergency Department Use Among the Homeless and Marginally Housed: Results From a Community-Based Study. *American Journal of Public Health*. 2002;92(5):778-784.
2. Moore G, Hepworth G, Weiland T, Manias E, Gerdtz MF, Kelaher M, et al. Prospective validation of a predictive model that identifies homeless people at risk of re-presentation to the emergency department. *Australasian Emergency Nursing Journal*. 2012 [cited 2016/03/03];15(1):2-13.
3. Sturgiss EA, Parekh V. The work of forensic physicians with police detainees in the Canberra City Watchhouse. *Journal of Forensic and Legal Medicine*. 2011;18(2):57-61.
4. Toepfer S, Patterson B, Nicholson J. City Watch House Community Nursing Service. *Parity*. 2008;21(3):46.
5. Enard KR, Ganelin DM. Reducing Preventable Emergency Department Utilization and Costs by Using Community Health Workers as Patient Navigators. *Journal of Healthcare Management*. 2013;58(6):412-427.
6. Independent Hospital Pricing Authority. *National Hospital Cost Data Collection Cost Report: Round 20 Financial Year 2015-16*. 2018.