Safe Space Evaluation – Summary

In July 2021, Brisbane North PHN received grant funding from the Commonwealth Government's Community Hospital and Health Program (CCHP) to design and pilot the Safe Space program as an after-hours, peer-led alternative to Emergency Departments (EDs) for people in distress. Following a co-design process, four Safe Spaces opened in April–August 2022 across Brisbane and Moreton Bay, supported by Compassionate Villages – networks of other places within the community facilitating better community responses to distress and referral pathways. See the final page for a visual summary of the model of care.

1.1 About the evaluation

Brisbane North PHN engaged Nous Group to evaluate Safe Spaces' design, effectiveness, and sustainability from 2022 to 2024. The evaluation used a mixed-methods approach (program data, surveys, interviews) to assess the design, implementation, effectiveness, and sustainability of the Safe Spaces model. This aimed to build the evidence base for Safe Spaces, identify what works and to identify key insights for future policy, funding, and program development, especially considering the upcoming Medicare Mental Health Centres (MMHCs).

Brisbane North PHN is currently in the process of commissioning MMHCs, which are designed to expand access to clinical mental health services by offering structured, diagnosis-driven support in a clinical setting. One of the functions of MMHCs is to provide walk-in crisis supports to those requiring urgent mental health assistance as an alternative to ED. However, the MMHC service model indicates that PHNs have the flexibility to adjust any service offering to ensure MMHC are complementing and not duplicating existing services in the region.

1.2 Key findings

Suitable after-hours alternatives to strained EDs are needed to support people in distress

EDs are often not suitable environments to support people in distress. While they remain an essential option for individuals requiring urgent medical attention – particularly when someone is harmed or there are serious concerns about their physical wellbeing – EDs are generally not equipped to support de-escalation or address the underlying causes of mental distress. Designed for acute medical emergencies, EDs are overstimulating environments lacking the calm, privacy, and time required to appropriately support people in emotional crises. People in distress frequently face longer wait times, inadequate or inappropriate treatment (including restrictive practices) and stigmatising interactions which can worsen their condition. This experience often retraumatises individuals, worsens their distress and leaves the root causes of their distress unresolved, leading to cycles of crisis and re-presentation and creating barriers to future health seeking. Mental health ED presentations exacerbate the strain on already overloaded EDs, which have experienced longer waiting times and increasing ambulance ramping issues.

In many parts of Australia, EDs are the only place people experiencing distress can receive in-person support after hours. Most mental health supports require an appointment, have out of pocket costs and/or are often not available after hours including private psychologists, general practitioners, psychosocial supports and other community-based services such as Headspace While mental health support and crisis helplines are available after hours as an initial point of contact, phone-based supports are limited in their ability to support people to de-escalate by not being able to provide a calming environment and sensory regulation activities and they typically refer people to ED if they disclose thoughts of self-harm. In some parts of the country crisis stabilisation units have been introduced which provide a calming environment for people experiencing acute mental health crisis; these require a referral and are led by clinicians. This

leaves a gap in after hour supports for people who need more support than a phone line can provide but do not meet the threshold for admission to a crisis stabilisation unit.

Safe Spaces are accessible, reaching cohorts underserved by existing services

The Safe Spaces have demonstrated significant reach, having supported nearly 2,500 individuals across a wide range of demographics and backgrounds between April 2022 and September 2024. Safe Spaces were particularly effective at reaching cohorts who are underserved by existing services including First Nations and LGBTQIA+ communities, people who have had negative or traumatic experiences with clinical services, people experiencing homelessness and financial insecurity, people who do not have a diagnosed mental health condition and people who feel stigma around mental health. The key factors which made the Safe Spaces accessible were:

- the ability to walk-in without an appointment
- their non-clinical nature and marketing, including their physical separation from clinical services
- their after-hours availability
- the convenient locations in communities near public transport and the transport services offered by some spaces and
- the inclusive, welcoming and non-judgemental approach from staff.

Safe Spaces are appropriate and effective at supporting guests to create safety, reduce distress, address the root causes of their distress across the stepped care continuum

Safe Spaces have proven effective in both reducing immediate distress with 86 per cent of guests reporting reductions in their distress levels after visiting Safe Space and 12 per cent of guests reporting no change in their distress levels and only 2 per cent showing increases in distress. The small number of guests who experienced heightened distress had a significantly lower median distress levels upon arrival, which could explain their subsequent increase in anxiety. Staff noted that these rises in distress were often tied to the need to leave Safe Spaces, which had become an important source of support for them.

Safe Spaces have supported guests to address the root causes of their distress by: i) equipping guests with the skills, confidence and self-efficacy to address challenges in their life and to unlearn harmful, internalised stigmas; ii) by providing holistic supports considering broader social, emotional and tangible needs to deliver practical solutions to the issues that were most important to guests like housing and employment; and iii) by providing a sense of connection, belonging and hope through relationship building with both peer workers and other guests – group sessions allow guests to support each other and learn how to reframe their own experience to help others.

Safe Spaces have played a key role in suicide prevention for many guests, who attribute the Safe Spaces with saving their lives and keeping them safe. Safe Spaces have supported the development of practical and effective safety plans for guests and attending Safe Spaces is a critical feature of many guests' safety plans. Disruptions to the delivery of Safe Spaces would create considerable safety risks for many guests.

Safe Spaces provide complementary supports to clinical services, filling a gap in supports

Safe Spaces have provided complementary care to existing clinical options. Some guests utilise Safe Spaces exclusively, finding them to be more effective than traditional clinical services or unable to access those services due to financial hardship, restrictive eligibility criteria, or challenges in attending during business hours. Other guests use Safe Spaces in conjunction with clinical services, appreciating the immediate, accessible support provided between appointments. This gap-filling role allows them to maintain stability and avoid crises when clinical support is unavailable.

For all guests, Safe Spaces were complimentary to traditional clinical supports due the unique non-clinical nature of the supports offered at Safe Spaces – characterised by social connection, hope, resilience, and

empowerment and the holistic and flexible approach to supports. This helped guests make broader improvements in their life, not just their mental health symptoms.

The non-clinical approach is critical to the success of the model

The success of the Safe Spaces model is rooted in its non-clinical approach, where peer workers engage guests through empathetic, empowering, and non-hierarchical relationships. First, the mutual understanding based on shared lived experience fosters a unique connection; over 80 per cent of guests felt that staff genuinely “got” their situation. This made guests more receptive to support and reduced feeling of isolation and loneliness, which are key drivers of distress. Second, the strengths-based approach focuses on each guest’s abilities rather than challenges, creating an environment that values personal growth and resilience. This improved guests’ self-efficacy and confidence to enact often difficult changes required to improve their lives. Third, Safe Spaces offer guests flexibility, allowing them to choose from a range of holistic support options that best address their needs, from informal conversations to practical assistance with housing or employment. This choice empowers guests to take control of their own recovery, practicing decision-making skills to address the root causes of their distress – an essential step for creating sustainable, positive changes in their lives. Fourth, the unhurried, welcoming atmosphere lets guests take their time in processing emotions, which contributes to a comforting, effective setting for reducing distress and encouraging long-term solutions.

Safe Spaces are cost-effective

Safe Spaces contribute positively to the broader mental health system, proving to be a high-quality, cost-effective alternative to EDs and traditional clinical services. By diverting individuals from EDs and reducing repeat presentations, Safe Spaces have helped alleviate pressures on emergency services, generating between $16.2M and $16.3 million in estimated cost savings from avoided ED presentations and subsequent acute admissions across the life of the pilot between late April 2022 and September 2024.

Annual projections indicate that Safe Spaces would prevent around 895 ED presentations (95 per cent CI, 785 and 1004) translating into $9.1 million in avoided cost per year. This figure ranges from a conservative lower bound estimate of $8.0 million to an upper bound estimate of $10.3 million, reflecting the variability in the number of avoided ED presentations from Safe Space visits and the proportion of people who are admitted to hospital following an ED for a mental health reason. Operating costs for the four Safe Space sites are $3.7 million per year, leading to a net annual saving of approximately $5.4 million.

Given operating costs for all four Safe Space sites are $3.7M per year, Safe Spaces produce a net saving of $5.4 million annually (lower = $4,264,074, upper = $6,588,588). This is an underestimate of the total economic benefits of Safe Spaces as this evaluation does not have the data to calculate the economic benefits associated with improvements in productivity and quality-adjusted life years.

Safe Spaces have improved integration of supports for guests across emergency services and hospitals, other health services as well as broader community services

Safe Spaces have effectively integrated with emergency services and hospitals, creating effective and efficient referral pathways to and from the Safe Spaces. This has ensured guests have received the care they need when they were not able to be safely supported at the Safe Spaces.

Safe Spaces have actively integrated with guests’ other health and mental health care provides to ensure comprehensive assistance for ongoing health issues and to promote a more integrated pathway to recovery. By actively engaging with guests to understand their existing connections with other services, peer workers tailor supports to fill gaps in their existing services and facilitate effective referrals.

The Compassionate Village has strengthened referral pathways by connecting guests with other community places such as gyms, cafes, libraries and social services by creating a network of support beyond Safe Spaces. This has supported better community-based responses to distress by upskilling staff

in local communities and supporting grassroots collaboration to harness community resources to support people in distress. For example, libraries and op shops have established relationships to offer essentials like clothing and toiletries and some gyms and pools are being better resourced to respond to growing distress in the community and making it more accessible for homeless people who can then access shower facilities, have opportunity for exercise and increased sense of belonging in the community.

Sustainable implementation of Safe Spaces requires separation from clinical services, fit-for-purpose and accessible infrastructure, a diverse and skilled peer-led workforce supported by parallel peer and clinical governance, strong community networks and ongoing improvement

The evaluation identified eight lessons for the sustainable and successful operation of Safe Spaces.

1. **Separation from clinical services:** Safe Spaces should operate separately to clinical services. Incorporating Safe Spaces into clinical services like MMHC would be costly and compromise their effectiveness.
    a. Safe Spaces should operate independently of clinical services to preserve their non-clinical identity including distinct branding and physical separation. Incorporating clinical association with 'mental health' would likely reduce accessibility, deterring individuals with past medical trauma, mental health stigma, or non-medical life challenges from seeking support.
    b. Incorporating Safe Spaces into clinical services like MMHC would likely compromise the features that have made them successful. Integrating Safe Spaces into a clinical setting could undermine its successful peer-led, empathetic, flexible, and relational approach which has proven critical to their success in reducing distress and empowering guests to address the root causes of distress in their life. Successfully running a Safe Space model requires not just a peer-led approach but also a supportive organisational culture that values and upholds peer leadership and governance structures where lived experience and clinical governance systems run in parallel. Cultivating this culture and governance structure takes time, dedicated effort, and ongoing commitment. This could disrupt service quality and availability, creating safety risks for guests
    c. Effectively incorporating Safe Spaces would demand costly and duplicative infrastructure and staffing changes to clinical services, resulting in minimal efficiency gains. Additionally, this would diminish the return on substantial investments already made by current providers, including capital for dedicated spaces, development of supportive organisational culture, governance structures and workforce, community recognition, and established networks with other services.
    d. Safe Spaces should operate alongside MMHCs to provide complementary peer-led support. MMHC guidelines recognise the unique value of non-clinical peer-led crisis services. By establishing clear referral pathways and protocols, Safe Spaces can effectively complement MMHCs, without duplicating efforts or compromising their distinct service models. A similar integration has already been achieved between Safe Spaces and other Mental Health Service Hubs within Brisbane North PHN – this could be expanded or duplicated to include MMHCs.
2. **Fit-for-purpose infrastructure in an accessible location:** Safe Spaces are most effective when they provide a homely, non-clinical atmosphere and are in accessible areas. Facilities need to have group and private individual spaces as well as options for sensory activities and kitchenette facilities for food and refreshments. Having homely, calming spaces with private rooms, sensory activities, and kitchenette facilities is essential to meet immediate needs of guests (such as hunger), reduce distress and create a safe, non-threatening environment. Accessible locations are vital to ensure that individuals, especially those without access to private transport, can reach Safe Spaces easily.
3. **Staffing levels and support requirements:** Organisations need to be ready to commit to ongoing investment in peer-led workforces. Staffing levels and supports are critical to ensure the safety of

guests and workers, to minimise the risk of burnout and to support retention of staff. Safe Spaces need adequate staffing levels with a pool of at least 10 peer workers per site to cover weekly shifts with paid time before and after the shift to prepare and debrief. This number of staff allows Safe Spaces to maintain safe and reliable staffing levels (at least three or four workers per shift) and avoid burnout. All staff need access to training, and supports such as supervision, mentoring, debriefing, reflective practice and access to confidential mental health supports. Adequate staffing ensures that guests consistently receive quality care, while structured support, such as debriefing and mentorship, helps sustain peer workers' well-being, vital to delivering effective, empathetic care.

4. **Diverse and skilled peer workers:** Effective recruitment for Safe Spaces should prioritise hiring peer workers with diverse backgrounds and lived experiences who can apply their lived experiences to support guests. A diverse peer workforce brings a range of perspectives and skills, enhancing guest outcomes by enabling stronger, more relatable connections. A range of lived experiences in the workforce allows Safe Spaces to address the unique challenges of guests with varying backgrounds, helping them feel understood and fostering trust, which is essential for effective support. Effective hiring processes include lived experience input and are based on a clear understanding of the practical realities of the peer worker role – reflected in position descriptions and interview processes.
5. **Parallel lived experience and clinical governance**: For the peer-led model to function effectively, Safe Spaces requires parallel lived experience and clinical governance structures. Clinical Governance is used to ensure the safety and quality of services. This is done in partnership with, and alongside continued investment and development of lived experience governance. This ensures the peer-led nature of Safe Spaces while allowing for clinical safeguards when needed.
6. **Continuous improvement through monitoring, evaluation and collaboration:** Embedding continuous improvement practices into program governance is essential for adapting the Safe Spaces model over time. This includes ongoing PHN performance management, opportunities for cross-provider collaboration and sharing of resources and a monitoring and evaluation approach characterised by minimal regular data collection supplemented with periodic in-depth mixed methods evaluations. This approach will support Safe Spaces to remain responsive to evolving community needs and enhance service quality without excessive data collection burden on guests and staff which can compromise the non-clinical nature of the service.
7. **Building strong community networks**: Compassionate Villages support collaborations with local organisations integrate supports and resources for guests. The partnerships improve referral pathways and provide practical resources ultimately strengthening community responses to distress.
8. **Certainty about ongoing funding arrangements:** Clarity around funding ensures that Safe Spaces are appropriately staffed and can plan effectively. It also enables the Network Coordinator to effectively plan and manage relationships with community places, an essential aspect of effectively establishing Compassionate Villages.

1.3 Recommendations

The evaluation provides 5 recommendations, reflecting Safe Spaces high quality and cost effectiveness:

- Recommendation 1: Continue funding Safe Spaces as a stand-alone, peer-led service
- Recommendation 2: Provide funding certainty to the Safe Spaces and the Compassionate Villages
- Recommendation 3: Ensure adequate staffing levels and workforce supports
- Recommendation 4: Continue to strengthen community networks and referral pathways
- Recommendation 5: Develop comprehensive service guidelines and embed continuous improvement

Safe Space model of care

ACCESSING SAFE SPACES:

- Open after-hours: 5pm – 9pm weekdays and at varied times on the weekend.
- Walk-in service open to anyone – there is no age restriction or access criteria.
- Advertised as a distress support, not a mental health service.
- Spaces have a homely look and feel located in the community.

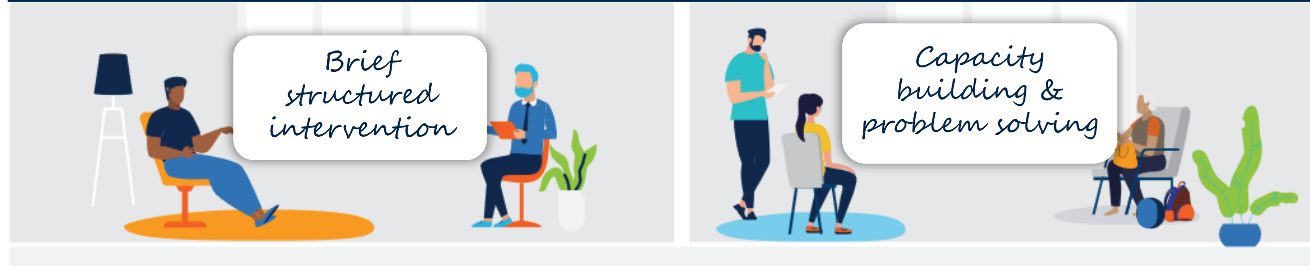
AFTER YOUR VISIT:

Follow up within 72 hours

Welcome to **return at any time**

Referrals to other supports

SAFE SPACES PROVIDE ONE-ON-ONE AND GROUP PEER SUPPORTS



Safe Spaces outcomes:

1. Reduced immediate distress
2. Addressed needs and root causes of distress
3. Equipped with skills to create safety & manage future distress
4. Improved sense of hope, connection and resilience

SERVICE PRINCIPLES:	Self-determination	Relational	Trauma-informed	Recovery-focussed	Strengths-based	Culturally responsive
SERVICE VALUES:	Choice	Mutuality	Hope	Belonging	Interconnected	Justice

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