

CASE STUDY 3

SUICIDE PREVENTION CRISIS RESPONSE

Michael* is 36 years of age and lives with his wife and two children. Michael had held a steady job since leaving school, but has been unemployed for six months since his place of work closed down. Michael has been unable to find another job in the area and has become increasingly anxious about his ability to support his young family.

On Wednesday night, Michael went to the local pub and drank a large amount of alcohol. He got into a fight with his mates and left the pub, driving home in his ute in a distressed state. He and his wife had an argument about his behaviour. Michael told his wife that he was a useless father and that the family was better off without him, and that he had been thinking about suicide for a long time. His wife made an emergency appointment with the family GP on Thursday night. Michael's GP was very concerned about his harmful drinking and his suicidal thinking and decided he needed intensive support.

Under current system

- Michael's GP would have rung the Mental Health Services Helpline who would have advised Michael to go the Royal Hobart Hospital emergency department for an assessment.

**the story and any names in this case study are fictional and only being used to illustrate the differences between systems.*

In a new integrated mental health system:

- With a new integrated suicide response service, Michael's GP would ring the expanded hours crisis and assessment team, who would either visit Michael or arrange for him to be seen at the St John's Park Safe Haven.
- Michael would visit the St John's Park Safe Haven and be welcomed by a peer worker with a lived experience of suicidal distress.
- Michael would have a hot drink and share his story in a private, calm and quiet space with his peer worker. The peer worker would talk with Michael in a calm and compassionate way, building connections and validating Michael's story. They would have time to discuss their passions in life and reasons for living.
- Michael would work with the peer worker to develop a safety plan to refer to when he is feeling stressed. The peer worker would discuss the safety plan with Michael's wife.
- Michael could remain at St John's Park overnight and the next day meet with a peer worker and the St John's Park health care team again, before being discharged back to the care of the family GP.
- The St John's Park team would make a follow-up appointment with Michael's GP and Michael may share his safety plan with his GP.
- Michael would continue to receive support from his GP and from the post-crisis support service where, together, they would be working on establishing Michael's goals, including accessing training and other social support opportunities in his area.