

Promising Practices – Innovative Practices and Initiatives from Across Ontario

Reducing Emergency Department Visits and Increasing Access to Primary Care for Racialized People with Mental Health Issues

Using Peer Support in Emergency Departments

This Promising Practice arose from the work of the [Community of Interest for Racialized Populations and Mental Health and Addictions](#) (COI). The COI supports knowledge exchange activities to improve provincial policy, planning and service delivery for racialized populations and mental health and addictions. Currently, work is focused on mental health related emergency department (ED) use by racialized populations.

In September 2012, the COI conducted a sector scan and follow up interviews to identify promising practices in this issue area. Peer Support was identified as a possibility; this was one of several promising practices identified through this process. We identified instances where peer supporters were either being used or in the process of being implemented, and contacted key informants to obtain more information.

Additional promising practices are available on the COI website. For more information, please [click here](#) or contact [Sheela Subramanian](#) (Canadian Mental Health Association, Ontario).

The use of peer support in the emergency department is an emerging practice. In looking at two scenarios (the inner city hospital, with the dense and diverse populations it serves), and the future establishment of peer navigators in the Central LHIN at two sites (one in the city, and another serving a broader suburban area), they offer some lessons and implications for their use by racialized people with mental health issues.

Peer Support in the Inner City Hospital

St. Michael's Hospital in Toronto has pioneered the Community Support Worker Role in its Emergency Department.

The [St. Michael's Hospital's Emergency Department](#) is targeted to provide a multitude of care and has among them roles including offering a needle exchange program and a transitional centre for people who have been discharged but have nowhere to go in to the community. The position was created as a result of one of St. Michael's 4 CAPs (Community Advisory Panel). The [Homeless and Underhoused Community Advisory Panel](#) 's has been instrumental in the creation of this position as the hospital website notes:

“The CAP recognized that many homeless and under-housed clients were arriving at the St. Michael's Emergency Department (ED) with no one to advocate for them. Working with ED staff, they helped to create a new, permanent position to provide support for homeless and under-housed clients in Emergency and help them link to community services when they are discharged. The person in this new position also acts as a mentor to other staff in the ED to help them communicate and understand the unique needs of vulnerable clients.”

Another catalyst arguably for this championing of peer support is the hospital's commitment to health equity as expressed in its values-based practices. They include the following which would resonate with ethnoracial individuals having mental health issues: cultural sensitivity training for all staff and students; anti-discrimination policies; interpreter services; patient advocates; and diverse spiritual care.

The Approach

The Community Support Worker, Frank Fournier, is mostly present in the Emergency Department during working hours. Some of the tasks of the CSW may involve the following:

- Introduce himself to vulnerable individuals who present themselves at the ED
- Explain the functions of the ED, and if necessary, other hospital services
- Having established an understanding with vulnerable clients, is then able to advocate with other ER staff and work with everyone to meet patient-expressed needs
- Be able to use an individualized informal and caring approach to conduct further intake and enquire about the client's non-medical needs, such as food and clothing
- Navigate the individual's requests for community resources, education around harm reduction, or access to the Safe Exchange Needles Program as needed
- Facilitate next steps after discharge from ED, whether it is to help with transportation or even to guide to a next destination that is off-site
- If the client has made repeated visits, be acquainted with the client's background and history so that communication with the hospital and linking to the client's community partners are prioritized and can maintain continuity of care

The Central LHIN – Development of Peer Navigators

In its [April 2014 newsletter](#), the Central LHIN announced new funding for mental health and addictions peer support navigators at North York General Hospital and Southlake Regional Health Centre with funding going through the [Krasman Centre](#), a consumer/survivor initiative operating in York Region. The initiative, which will launch later this spring, will result in peer support being available in the EDs of these two hospitals.

In addition to peers helping clients in these stressful clinical environments, it is envisioned that system navigation after discharge will be facilitated by staff that have lived experience. An interview took place recently with the Krasman Centre's Theresa Claxton, who works out of the Branson site of NYGH as the [Participant Council](#) and will be coordinating this project. These points emerged from the discussion:

- The principles of empowerment and respect are paramount to this non-medical model of care"
- The LHIN has been a strong proponent of peer support in the past and the fiscal investment is a sign of that commitment
- The focus will be on being part of the team of care in the ER but to be distinctive by addressing clients' self-expressed needs around practical recovery information, directions to community resources, and to do so in an empathetic manner that is informed by lived experience

- There is an expectation of follow-up care through phone calls and if necessary, inpatient unit visits

It was apparent from the interview that the work described at St. Michael's Hospital would be replicated in some form also at these institutions in the future.

Moreover, Theresa expressed stronger hopes for how the Krasman Centre sees its vision expand into the community. Gradually through time, peer workers would ideally be educating the professional staff at these hospitals about the nature of recovery-driven peer support, consumer/survivor initiatives in the community, and lay the groundwork for closer integration of the LHIN's mental health and addiction agencies. As a result, all consumers would in time benefit from the collective knowledge provided by the improved continuity of care within that LHIN.

Improving Care and Reducing ED Department Use

The key to the benefit of a Community Support Worker/Peer Supporter role lies in the following:

- Medical needs are met by those trained to provide them; non-medical needs expressed by clients are best assisted by peers who know the system and "have been there" before
- Clinical health assessments are expedited by better communication and an advocate acting on the client's behalf
- Any follow-up is done holistically and geared to health outcomes, because the patient is truly connected and is at the centre of the healthcare system

Challenges of Peer Workers

Frank Fournier mentions that as a peer, he is inordinately more "streetwise" and therefore perceptive about individuals who are in the ED. For example, he has spotted and stopped people who are at risk to themselves while in the unit (such as trying to use street drugs in the ED washroom). It is also the nature of the job that working with people who are going through a hard time in Emergency is itself stressful. There can also be special circumstances where a client is also involved with the justice system.

The Benefits for Racialized Populations

The job posting for the Krasman Centre peer navigators mentioned that a second language was an advantage. With the [provincial network](#) of peer organizations throughout the province, and allied efforts such as CMHA Toronto's [Open Doors Project](#), there are already organizations that are capable of partnering to delivering this kind of innovative care. The potent mixing of lived experience, a common language, shared beliefs, and understanding of mental health is a crucible for a viable and recovery-driven vision of care that racial minorities can ideally use.