

# CONSUMER SURVEY: DISCHARGE FROM HOPE

## What would be helpful when discharging from HOPE?

LE worker follow up 2/6 weeks  
MH case manager  
 LE followup as needed Dedicated website  
 Dedicated phone number  
 Information pack Text message Email  
Social media resource & engagement  
 case manager follow-up  
 Emergency dept access  
WebChat  
 Community service referral  
Reengage HOPE  
 GP followup 4/24/7 hotline  
 Dedicated safe space to connect  
 Online groups  
 Resource for carers

### TOP 5

1. Case manager follow-up
2. Dedicated website
3. Dedicated phone number
4. Community service referral
5. LE worker follow-up 2/6 weeks

## How did you feel throughout the support stage of the HOPE program?

Overwhelmed  
 Satisfied Determined  
 Disconnected  
 Validated Included involved  
 Frustrated Agitated  
 Exhausted  
 Confused Understood Empowered  
 Heavy Relieved Safe  
 Supported Judged Lighter  
 Respected  
 Anxious Vulnerable  
 Hopeful Guided

### Dominant themes

- Challenges leaving a secure and safe person
- Lack of suitable referral options

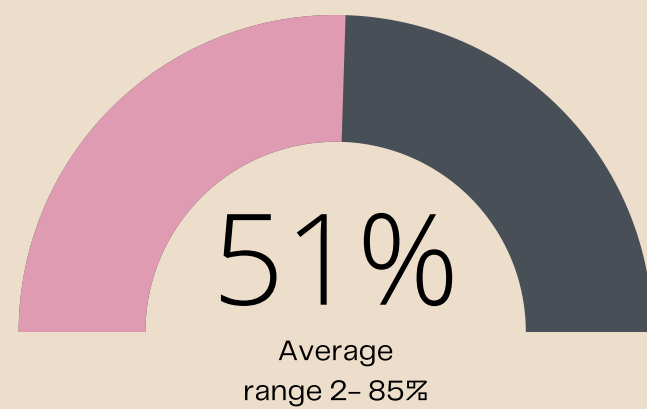
### Positives

- Positive emotions after being engaged and experience through HOPE
- Amazing, discussed strategies and referral options leading to discharge.
- Initially very helpful but lost impact over time

### Challenges

- Frustrated at not being able to have follow-up through the community mental health team
- Grief, sadness and feeling abandonment trauma: Safe attachment with case manager was ending
- Frustrated as not being able to find any no cost referral services.
- Scary as moving away from something to a new service
- No follow up or referrals in place
- Felt would like to continue for another 4 weeks.

## Was 3 months of the HOPE program adequate ?



“ I think it's important to recognise that suicidal ideation is a really serious thing that often translates into a loss of life. Ensuring individuals are equipped to cope post HOPE is critical to tie up the support the individual has received, as well as ensuring they have access to the services that will help with this after discharge. ”

## Was the 3-month program adequate?

### Dominant themes

- Challenges with a crisis close to finishing the HOPE program
- Inadequate discharge support

### Challenges

- No adequate supports/ activities are available
- The gap between services due to referral access delays
- Ebb and peaks of suicidality

### Positives

Had adequate follow-up support

### Ideas

- An approach that tapers off gradually for a period after the HOPE timeframe allows time to adjust
- Extension of program

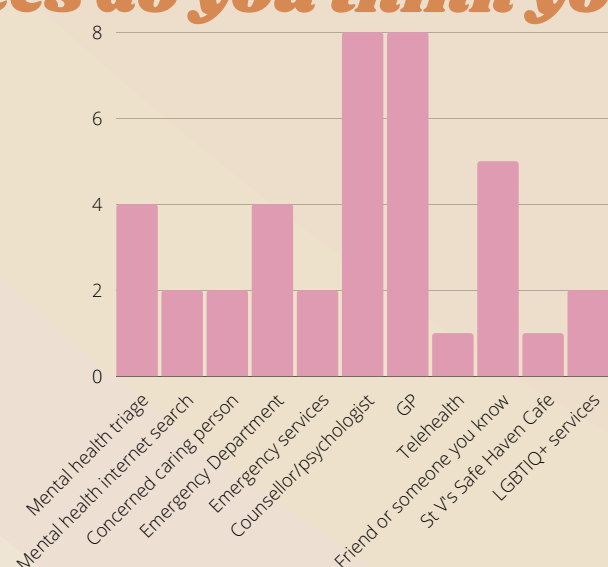
### Yea

- The time with HOPE was adequate and largely effective. I had two acute, life-threatening episodes in 10 weeks and HOPE's support was critical to my survival at that time. I hoped that I would have enhanced personal resources to manage my suicidality in an ongoing way but that was not the case.
- I think 3 months is a perfect time frame for dealing with the after-effects of suicide and finding new ways to cope and groups and strategies to try.

### Nay + Ideas

- I didn't feel ready to be let go by HOPE. There was too much change, I felt abandoned, and wished I could have continued with HOPE until I had established some kind of rapport with my new worker.
- An approach that tapers support off gradually for a period of time after the HOPE time frame would allow the consumer to adjust in a way that they can implement strategies to cope with less intensive support

## What services do you think you need if needing further support?



“ The absence of other survivors and ongoing linkage and support back into HOPE or a less intensive HOPE type service are issues that I hope can be addressed in the co-design process. ”