

Economic impact of the Safe Haven Café Melbourne

*St Vincent's Hospital
Melbourne*

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Purpose of this document

St. Vincent's Hospital Melbourne (SVHM) engaged PriceWaterhouseCoopers Consulting Australia (PwC) to conduct an economic analysis of the St. Vincent's Hospital Safe Haven Café. Through the Better Care Victorian (BCV) Innovation Fund, the Victorian Government supported the development and implementation of the café. This brief report summarises the results of an economic analysis of the café and will be included in the BCV final project report that SVHM will submit to the government.

In response to the requirements of the BCV final report template, SVHM engaged PwC to assess the extent to which:

1. the Safe Haven Café is a sustainable alternative to the emergency department for people experiencing mental health issues
2. the model is cost-effective (i.e. that its benefits and saved costs outweigh its cost).

Our economic analysis approach included analysis of data provided by St. Vincent's Hospital Melbourne, an Australian and international literature review of potential benefits of the Safe Haven Café, and stakeholder consultations with Safe Haven Café and St. Vincent's Hospital Melbourne staff.

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Economic impact of the Safe Haven Café Melbourne

The Safe Haven Café (the café) is a unique offering that caters specifically for people seeking mental health support. It is an after-hours drop in centre at St Vincent's Hospital Melbourne (SVHM) that provides a safe alternative to the emergency department for adults experiencing loneliness, personal difficulties, or simply seeking social connection. Since opening in May 2018, there have been more than 400 visits to the café.

SVHM engaged PwC to undertake an economic analysis of the café, and in particular, to assess if its benefits and saved costs outweigh its cost. After an investment of \$124,175 for initial set up, implementation and evaluation of the café, the estimated annual operating cost for the café is \$191,540.

We identified three main benefits of the café:

- a reduction in mental health related emergency department (ED) presentations at SVHM
- improved patient experiences
- improved social connections within the local community.

We estimate that the annual monetary benefit of the reduction in mental health-related ED presentations is \$225,400. This figure draws from the café's survey, which asks its visitors if they would have attended the ED if the café had not been open. Consultations with café staff suggest that this data source is the most reliable measure of avoided mental health-related ED presentations. In addition to the financial benefit of avoided ED presentations, there are likely to be other economic benefits including the potential to reduce treatment delays for other ED patients.¹ We were not able to quantify the second and third benefits; however, our analysis suggests that the café has significantly improved the outcomes for people living with mental health illness in the community.

With these estimates, there is an annual cost saving from the café of \$33,860, based on an annual operating cost of \$191,540 and monetary benefit of \$225,400. Based on this calculation, in combination with the additional economic benefits, we are confident that the total café benefits and costs savings exceed its cost on an ongoing basis. These savings will also help to cover the one-time set up costs of the café.

Café visitors and staff provided positive feedback on their experiences with the café and they suggest the café has great potential to expand within the SHVM site as well as through the introduction of new cafés at additional locations. Expansion of the café could include establishment of cafés in different locations (e.g. co-located with housing estates), alternative staffing arrangements (e.g. run mainly by peer support workers and volunteers), and longer opening hours. Ongoing investment will be critical to the growth and sustainability of the café as a way to support individuals living with mental health illness and relieve pressure on the hospital emergency services.

1 Overview of the Safe Haven Café

The Safe Haven Café (the café) is a unique offering that caters specifically to people seeking mental health (MH) support after hours, run by clinicians, peer support workers and volunteers with lived experience of MH illness. The purpose of the café is not to replace clinical MH interventions, but rather to support individuals to develop self-management skills and explore available support options. It is modelled on a successful service operating in the United Kingdom since 2014, which has shown to reduce social isolation for vulnerable people and help them maintain their MH.

¹ Hoot, NR., Aronsky, DA. (2008). Systemic Review of Emergency Department Crowding: Causes, Effects, and Solutions. *Annals of Emergency Medicine*. 52(2) pp. 126-136.

The café is co-located at St Vincent’s Hospital Melbourne (SVHM) and it opened in May 2018. Over the five-month period between May and September 2018, the café serviced 62 unique individuals, who collectively made more than 400 visits to the café.

SVHM engaged PwC to undertake an economic analysis of the café. This report summarises the findings of our analysis and shows that even though a relatively small number of people accessed the café, it has delivered significant benefits to the hospital, individuals and community and there is great potential for its future growth.

2 Cost benefit analysis

2.1 Methodology

We conducted an economic evaluation of the café through cost-benefit analysis, from a program perspective. Some of the benefits we identified have implications for society and SVHM more broadly.

2.1 Costs

Table 1 summarises the costs of the café incurred between April and September 2018. It distinguishes between capital and operating costs. The largest cost is salaries and wages of café staff. The large capital overhead, and goods and services costs are a one-time establishment cost.

Table 1 Summary of all costs incurred between April and September 2018

Cost category	Costs (\$)
Salaries and wages: this includes ordinary wages, leave payments, penalties, allowances, and superannuation	
Capital costs	-
Operating costs	\$78,080
Total	\$78,080
Overheads: this includes professional development, administrative, communications, rates, taxes, utilities, repairs and maintenance costs	
Capital costs	\$122,107
Operating costs	\$1,133
Total	\$123,240
Goods and services: this includes food, and non-medical and surgical supplies	
Capital costs	\$2,068
Operating costs	\$594
Total	\$2,662
Total costs	
Total capital costs	\$124,175
Total operating costs	\$79,807
GRAND TOTAL	\$203,982

The following discussion presents the costs of the café across the categories established by Better Care Victoria (BCV) funding requirements. The BCV funding is included in the set up and early implementation costs.²

² Better Care Victoria provided initial funding for the café.

Set up and early implementation costs and costs to complete the evaluation program: \$124,175

Set up and implementation costs (often referred to as capital costs) for the café were incurred prior to the café's opening. These costs include consultancy fees, furniture and fitting, non-medical and surgical supplies costs, and costs to evaluate the program (including a cost-benefit analysis) which totalled to a one-off cost of **\$124,175**.

The consultancy costs supported an efficient and successful implementation of the UK model within the Australian context. If more cafés were to be set up in the future, these set up and implementation costs would be relatively less because the knowledge and lessons learned from the Melbourne café could be adapted and reused. It is likely the set-up costs for subsequent cafés would be limited to physical set up costs (including furniture, fitting, equipment, etc.).

Process costs to run the program: \$15,961 per month, \$196 per visit

Costs to run the café on an ongoing basis (operating costs) include salaries and wages, overheads, and goods and services costs. On average, these items total \$15,961 per month or approximately \$196 per visit.³

Using these estimates, the annual cost to run the café would be approximately **\$191,540**.

2.2 Benefits

Figure 1 Benefits of the Safe Haven Café



Benefit 1: Reduction in mental health (MH)-related ED presentations

Monetary savings

Our analysis suggests that the café leads to a reduction in mental health (MH)-related ED presentations at SVHM. Based on the café's survey data, the café services will provide SVHM with an annual savings (due to avoided ED presentations) of **\$225,400**.⁴

This analysis is based on data from the Safe Haven Café survey, in which question 3 asks the café visitors 'If the Safe Haven Café had not been open today, where would you have looked for support?'. Of the 41 survey respondents who completed this question, 37 per cent would have gone to the ED if the café did not exist.⁵ Between May and September 2018, this equates to 151 MH-related ED presentations avoided, or approximately 30 avoided ED presentations per month.

Consultations with the café staff suggest that café survey data are the most reliable predictor of the number of MH-related ED presentations avoided at SVHM because they capture direct feedback from café visitors.

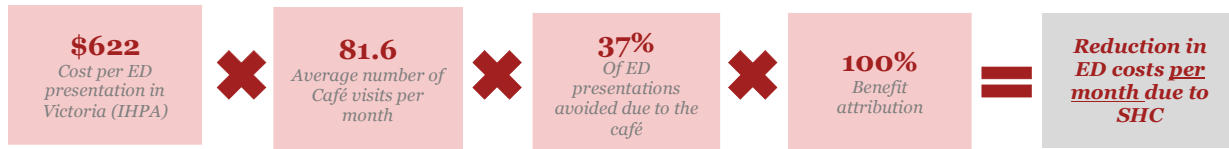
Figure 2 shows the logic we used to estimate the cost savings from the reduced MH-related ED presentations.

³ These costs are based on total operating costs divided by five months (May-September) and an average of 81.6 visits per month at the café.

⁴ This is based on 100% benefit attribution to the café services and 37% of café visits leading to avoided ED presentations.

⁵ The survey sample had 68 total respondents and 41 respondents completed question 3.

Figure 2 Benefit logic underpinning monthly value of avoided ED presentations calculation using survey data⁶



A key feature of the logic is the benefit attribution. The percentage of 100 per cent in this case reflects that café visitors directly reported the figure of 37 per cent of ED presentations avoided due to the café.

Validation of estimation

We validated the above savings by using two alternative data sources to estimate the percentage of ED presentations avoided due to the café.

First, we reviewed completed **café sign-in forms**, which ask visitors if the visit was ‘an alternative to emergency services’. Analysis of this data from May to end of September shows that four per cent of sign-in records answered ‘yes’ to this question. This equates to an average of three ED presentations avoided per month.

Consultations with café staff suggest that sign-in forms may underestimate the number of avoided MH-related ED presentations because some café visitors may consider the café as an additional service for their MH support and do not necessarily consider whether they would have opted to go to ED as an alternative. Café staff members are often only able to solicit individuals’ alternative actions through considered conversations with these individuals, and they rarely record this information on the sign-in sheets. Further, there are inconsistencies in the use of these forms, where during high traffic hours the staff sometimes complete the forms for the visitors and may not capture the visitors’ intentions accurately.

Thus, while the café sign-in sheets suggest a much lower number of avoided ED presentations than the survey data, we conclude that they support the conclusion that the café helped to avoid MH-related ED visits.

Second, we analysed trends in **ED data from SVHM** to estimate the number of MH-related ED presentations that the café prevented. Unlike the survey and sign-in data, which directly report café visitors’ intentions, we need to make assumptions about the impact the café had on observed trends in the ED data.

There are two separate datasets describing ED presentations at SVHM – the patient administrative system (PAS) and client management interface (CMI). The PAS is the platform used by triage nurses in the ED, whereas the CMI captures only MH-related ED presentations that SVHM identified through either its telephone triage system or ED triage approach.⁷ We did not analysis ED data for other nearby hospitals; however, the café could potentially have had a small impact on presentations to other hospitals in the area.

We analysed both PAS and CMI ED data to understand the trends in MH-related ED presentations before and after the opening of the café. Because it is difficult to determine the effect of the café on the timing of ED presentations (e.g. if an individual knew the café would be opening in the next few hours or days, then he or she may have waited rather than going to the ED immediately), the analysis considered all MH-related ED presentations rather than those on the specific days and/or times the café is open.

⁶ IHPA. (2018). *National Hospital Cost Data Collection Cost Report: Round 20 Financial Year 2015-16*. We inflated the average cost per ED presentation in Victoria (\$578) to 2018\$ using a 2.5 per cent inflation rate, resulting in an average cost of \$622.

⁷ We used exclusion criteria to identify the group of patients who would be potential café clients, notably those with non-crisis mental health issues. We filtered PAS ED data for MH Presentations only, triage categories 3-5 and excluded presentations that were discharged to the psychology ward at SVHM. We filtered CMI data for triage categories D-G. The triage category filters applied to exclude conditions that required immediate treatment, noting that the café is not appropriate for crisis mental health cases.

A key feature of our analysis is to estimate the number of MH-related ED presentations that would have occurred if SVHM had not established the Safe Haven Café. Because we cannot observe this scenario, we need to estimate what would have occurred and do this in two ways, using both the PAS and CMI datasets.

- We compared the average daily MH-related ED presentations data during May to September 2018 (café operating months) to those presentations occurring during the same time period in 2017 – this approach takes into account any seasonal trends in ED presentations that may occur (see Figure 3)
- We compared the average daily MH-related ED presentations data during May to September 2018 (café operating months) to those presentations occurring during the six months prior to the café opening – this perspective takes into account more recent changes in the environment that may influenced ED presentation (see Figure 4).

Figure 3 Average number of daily MH-related ED presentations – Café opening months vs. one year ago

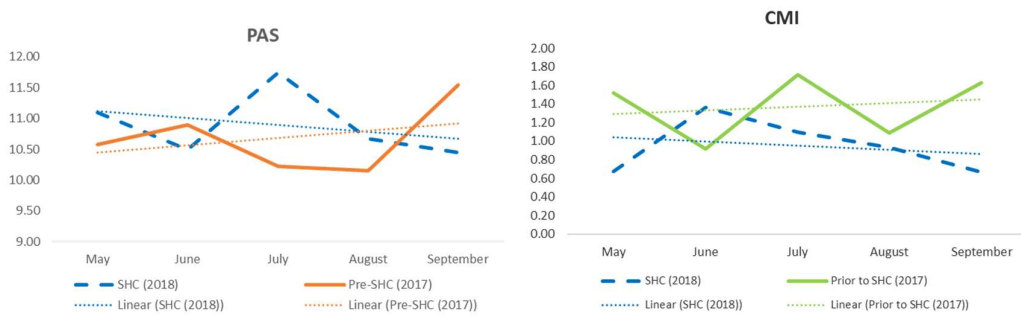
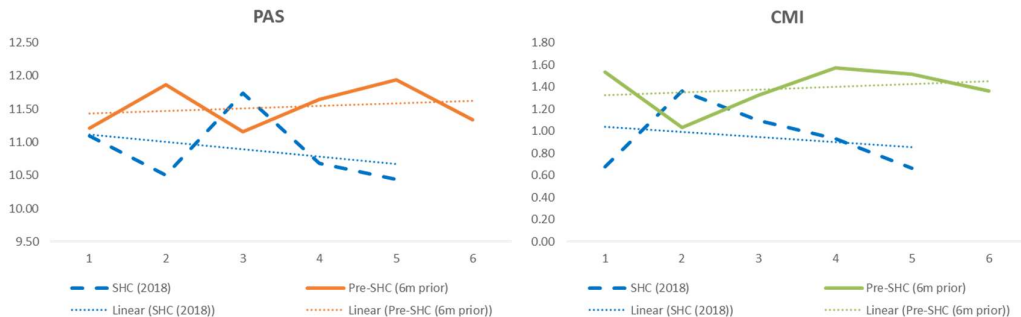


Figure 4 Average number of daily MH-related ED presentations – Café opening months vs. six months prior to opening



As evident in the linear trend lines, all sets of data reflect an increasing number of MH-related ED presentations in the absence of the café compared to a decreasing trend of MH-related ED presentations since the café’s opening.

We used these two approaches and two ED data sets to estimate the number of avoided MH-related ED presentations and compare to our findings using the survey data. Table 2 shows that, on average across all datasets, 12 per cent of café visits (or approximately 10 visits per month) would have resulted in an ED presentation had the café not been in existence. This is lower than the number of avoided ED presentations reported directly by café users.

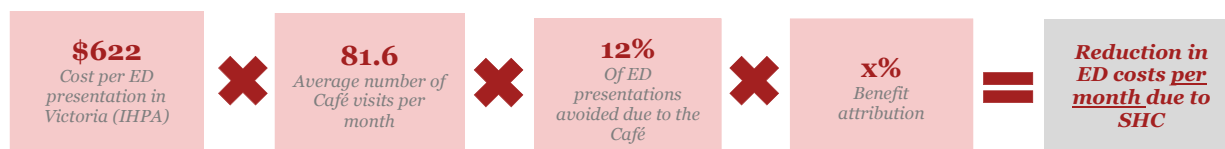
Table 2 Estimates of MH-related ED presentation avoidance based on SVHM ED data

Data source	MH-related ED presentations avoided (as a % of number of café visits) ⁸	Number of MH-related ED presentations avoided over May-September 2018	Average MH-related ED presentations avoided per month
Average ED data*	12%	48	10
Breakdown of ED data			
PAS ED data* (2017 comparison**)	-9%	-38	-8
PAS ED data* (6 months prior comparison)	25%	101	20
CMI ED data* (2017 comparison)	15%	62	12
CMI ED data* (6 months prior comparison)	16%	66	13

* This assumes all MH-related ED presentations that were avoided in this period were due to the café
 ** The PAS 2017 comparison showed an increase in ED presentations compared to post café opening

Figure 5 shows the logic we used to estimate the cost savings from the reduced MH-related ED presentations based on SVHM ED data. This is the same logic used for the calculation based on the survey data; however, in this case, we cannot be certain that the benefit attribution is 100 per cent.

Figure 5 Benefit logic underpinning monthly value of avoided ED presentations calculation using ED data⁹



A percentage of 100 per cent in this case would suggest that 100 per cent of the difference in the average number of MH-related ED visits with and without the café are due to the existence of the café. However, it is difficult to attribute all changes in ED patterns entirely to the café because there may have been external factors that also influenced patterns of ED presentations over the time in question.

Thus, we consider three alternative benefit attribution scenarios and estimate that the potential annual costs savings from a reduction in MH-related ED presentations due to the café, based on ED data, range from \$17,900 (25 per cent benefit attribution), to \$35,900 (50 per cent benefit attribution), to \$71,800 (100 per cent benefit attribution). While these figures are lower than the cost savings estimated by the café survey data, they support the conclusion that the café had a meaningful impact on hospital costs through reduced ED presentations.

Further, the benefit attribution estimates of 25 per cent, 50 per cent and 100 per cent do not account for external factors that may have put upward pressure on the volume of MH-related ED presentations in the café’s catchment during the time of its operation. For example, the introduction of the National Disability Insurance Scheme (NDIS) has changed the way people with disabilities, including those with MH illnesses, receive support. Some individuals with MH issues are no longer eligible for disability supports, and this

⁸ There were 408 unique café visits in total between May and September 2018.

⁹ IHPA. (2018). *National Hospital Cost Data Collection Cost Report: Round 20 Financial Year 2015-16*. We inflated the average cost per ED presentation in Victoria (\$578) to 2018\$ using a 2.5 per cent inflation rate, resulting in an average cost of \$622.

could potentially increase the volume of MH-related ED presentations. Thus, the estimate of the café's impact on MH-related ED presentations using ED data could represent an underestimate of its true impact.

Other economic benefits

In addition to the cost savings of up to \$225,400 through avoided MH-related ED presentations, there are likely to be other economic benefits of avoided ED presentations such as the potential to reduce treatment delays for other ED patients.¹⁰

Benefit 2: Improved patient experience

In addition to preventing MH-related ED presentations, the café also improves the patient experience for its visitors. Individuals using the café report a better experience of care provision compared to alternative pathways such as the ED, hospital admission or being alone without support.

The ED environment may not provide optimal conditions for a person experiencing MH issues. A recent report by the Australasian College for Emergency Medicine¹¹ found that MH patients have to wait longer than other comparable patients with a physical illness before being assessed and commencing treatment. Further, consultations with the ED peer worker employed by the café suggested that the ED waiting rooms can increase anxiety levels, and long waiting times can make patients feel neglected in an already vulnerable state.

The café on the other hand, provides a drastically different atmosphere for support. The café survey asks visitors 'What has the Safe Haven Café helped you with the most?' and the responses were overwhelmingly positive. Feeling "welcome", "safe", "warm", "comfortable", "open", and "relaxed" were some key recurrent themes that emerged in response to this question.

Through its ED peer support worker, who supports vulnerable patients within the ED waiting room while they wait for a clinician's assessment, the café also improves patient experiences. Communication between the ED peer support worker and the ED clinicians has had a positive influence on both the experience of ED patients and ED staff, who are able to better support their patients and triage acute cases more efficiently. For example, there were instances where unexpected MH issues emerged from ED patients and staff were able to treat these individuals more appropriately because of the café's ED peer support worker's help.

Mary's story¹²

Mary first visited the cafe as an ED patient through the referral of the cafe's ED peer support worker. At the time, it seemed as though every part of her life was unravelling out of control. In addition to her mental health issues, she was experiencing homelessness, alcohol and substance use, financial issues, and poor physical wellbeing.

The cafe provided for her what other support systems could not: someone to connect to and listen to her story at a deeper level. The in-depth discussions with the cafe's support workers led to encouraging conversations about seeking further support. Through the cafe's assistance, she was able to seek support autonomously for her finances and housing; she now has stable accommodation, access to healthy food and health services including a GP and allied health services. Since using the cafe, Mary has a renewed and positive outlook on life.

These themes and anecdotal evidence suggest the café has provided high quality support and enhanced the care experience for its visitors and people with mental health issues who present to the ED.

¹⁰ Hoot, NR., Aronsky, DA. (2008). Systemic Review of Emergency Department Crowding: Causes, Effects, and Solutions. *Annals of Emergency Medicine*. 52(2) pp. 126-136.

¹¹ Australasian College for Emergency Medicine. (2018). *The Long Wait: An Analysis of Mental Health Presentations to Australian Emergency Departments*.

¹² We have de-identified this story for confidentiality purposes.

Benefit 3: Improved social connections in the local community

Social isolation is a key trigger for MH illness. Developing and maintaining social relationships can have a positive impact on mental health.¹³ Café visitors, who are at a highly vulnerable time in their lives, often experience loneliness and social isolation. Social isolation not only affects the mental health outcomes of individuals, but is also associated with increased risk of developing coronary heart disease and stroke as found in a UK study.¹⁴ Therefore, it is important to tackle the issue of social isolation to improve overall health outcomes in the future.

The survey conducted by the café revealed that over half of the respondents expressed their loneliness and over 60 per cent of respondents said that one of the main reasons for attending the café was to ‘meet/socialise with other people like me’. These results highlight the café’s role in providing opportunities to socialise with other people to help with their social isolation. Anecdotal evidence from café staff also suggests that there were multiple instances where the relationships formed at the café have extended to friendships beyond the café opening hours.

David’s story¹⁵

David started visiting the cafe in August 2018. He had always wanted to get back into the workforce and give back to the community but with everything he was going through at the time, he felt as if this was almost impossible. As time went by, he visited the cafe at least once a week, seeking a safe place to receive non-judgmental support and someone to talk to. With the support from the cafe, he was able to work on slowly regaining his confidence until he was finally ready to apply for a volunteer position at a local store. The cafe helped him feel valued, independent, and cared for; now, he is able to volunteer on a regular basis. He started to dream again and talk to the cafe peer support workers about what he wants for his future. He truly believes that he is on the right path to achieving his goals in life.

As evident from the survey results and consultations with café staff, it is clear that the café has created social connections within the local community for those who need it most.

2.3 Discussion

Our analysis clearly shows that the café provides benefits for its visitors and SVHM. There is an estimated annual saving of **\$33,860** based on the estimated quantifiable cost savings of \$225,400 from the café and the annual operating cost of \$191,540. In addition to these costs savings, there are economic benefits provided by the café, including additional economic benefits of reduced ED presentations and improved experiences for individuals living with mental health illnesses. Based on our analysis, we are confident that the total café benefits and costs savings exceed its cost on an ongoing basis. The savings will also help to cover the one-time set up costs of the café.

We identified one unintended outcome of the café, with some visitors reporting that they used the café as an alternative to homeless shelters (e.g. as a safe place to have a nap). Survey results reflected that 22 per cent of respondents had never received a MH diagnosis and 12 per cent suggested that their main reason for attending the café was to “feel safe and seek respite.” Furthermore, 15 per cent of survey respondents mentioned “food” as a suggestion for improvement for the café. Although these results are not definitive (as MH issues often overlap with homelessness), they do suggest the possibility of the café being used for shelter and food.

Café staff do not view this consequence as necessarily negative, noting that the café is a non-judgemental service that provides MH support to everyone who needs it (except if they are intoxicated with alcohol

¹³ Economic and Social Research Council. (2013). Mental Health and Social Relationships. Retrieved from: <https://esrc.ukri.org/news-events-and-publications/evidence-briefings/mental-health-and-social-relationships/>; Department of Health. (2006). Social Relationships. Retrieved from: <http://health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-mono-toc~mental-pubs-p-mono-bas~mental-pubs-p-mono-bas-alt~mental-pubs-p-mono-bas-alt-soc>.

¹⁴ Valtorta, NK. *et al.* (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies.

¹⁵ We have de-identified this story for confidentiality purposes.

and/or other drugs). The café staff understand that living with a MH illness can be exhausting and they allow their visitors to have a small resting break. However, to ensure the café visitors are using the café for its true purpose, café staff have been mindful to set expectations about appropriate café use and this has decreased the number of visitors using the café as a safe place over time.

3 Sustainability and future considerations

In Australia, there is a high and increasing demand for MH services, with MH being the number one reason Australians are seeing their GP.¹⁶ In 2015-16 alone, spending on MH services reached \$9 billion, accounting for 7.7 per cent of recurrent health spending.¹⁷ With these trends of high demand and expenditure, it is important to explore new ways to support people living with MH illnesses outside traditional means. The federal government confirmed this need by announcing in early October 2018 a Productivity Commission inquiry into the impact of mental illness on the economy.

The Safe Haven Café model offers an innovative, community-based model of MH support with quantifiable and qualitative benefits for its visitors and the local hospital service. With the first Australian café already established, it will be easier to set up subsequent cafés by leveraging the knowledge and lessons learned by SVHM. The Safe Haven Café model has great potential for growth across Australia in its current format and through alternative models. We identified four considerations for the future of the café.

Alternative café locations/co-locations

The café does not necessarily need to be co-located at a hospital, and potential café operators can apply the core principles of the Safe Haven Café model to various different settings. For example, there are opportunities to co-locate cafés in housing estates. This would benefit Melbourne's large refugee community, which currently does not access the café at SVHM and could benefit greatly from the services on offer.

Building trusted relationships to increase café reach

A related benefit of co-locating a café at an alternative venue is the potential development of relationships between café staff members and other service providers supporting people with MH needs. Working alongside the staff of nearby community services (e.g. housing estates or other services supporting potential café visitors) would familiarise the café staff with new communities and needs. Co-location would help build new relationships and raise awareness of the café within communities that could benefit from its services. While building meaningful and trusted relationships would require extra resources, this investment would likely increase the number of visitors to the café through its greater reach in the communities that would have not accessed the services otherwise.

Alternative staffing arrangements

The café currently operates with one clinician and two peer support workers or volunteers. Café organisers could consider alternative staffing arrangements, which may reduce operating costs and support financial sustainability of the café.

For example, peer support workers and volunteers could run a café, with arm's length support and oversight from a clinician provided via phone or from a different café location. This would mean that a small number of clinicians could support multiple cafés rather than having a clinician in every café location. For this alternative to be successful, peer support workers and volunteers would need to attend regular training on various MH issues, including how to deal with distressing situations such as the presentation of people with suicide ideation. As well as building the capacity of the café staff, ongoing training and support from a clinician may also help to maintain workforce sustainability by making staff and volunteers feel better supported.

¹⁶ ABC News. (2018). 'Not a day goes by': Mental health is the number one reason people are going to the GP. Retrieved from: <https://www.abc.net.au/news/2018-09-19/number-one-reason-why-people-see-their-gps-mental-health/10281134?pfmredir%3Dsm&source=gmail&ust=1539757320216000&usg=AFQjCNEmGhJoSnENxQ3PiSJMkidaHqFZcA>

¹⁷ Australian Institute of Health and Welfare. (2018). Mental health services—in brief 2018. Cat. no. HSE 211. Canberra: AIHW.

Extended café hours

The SVHM café is currently open from 6pm to 8pm on Fridays and from 2pm to 8pm on Saturdays and Sundays. There is the potential to expand its hours to additional days of the week; however, café staff noted that its current hours are working well and additional funds would be necessary to support an increase in café hours.

