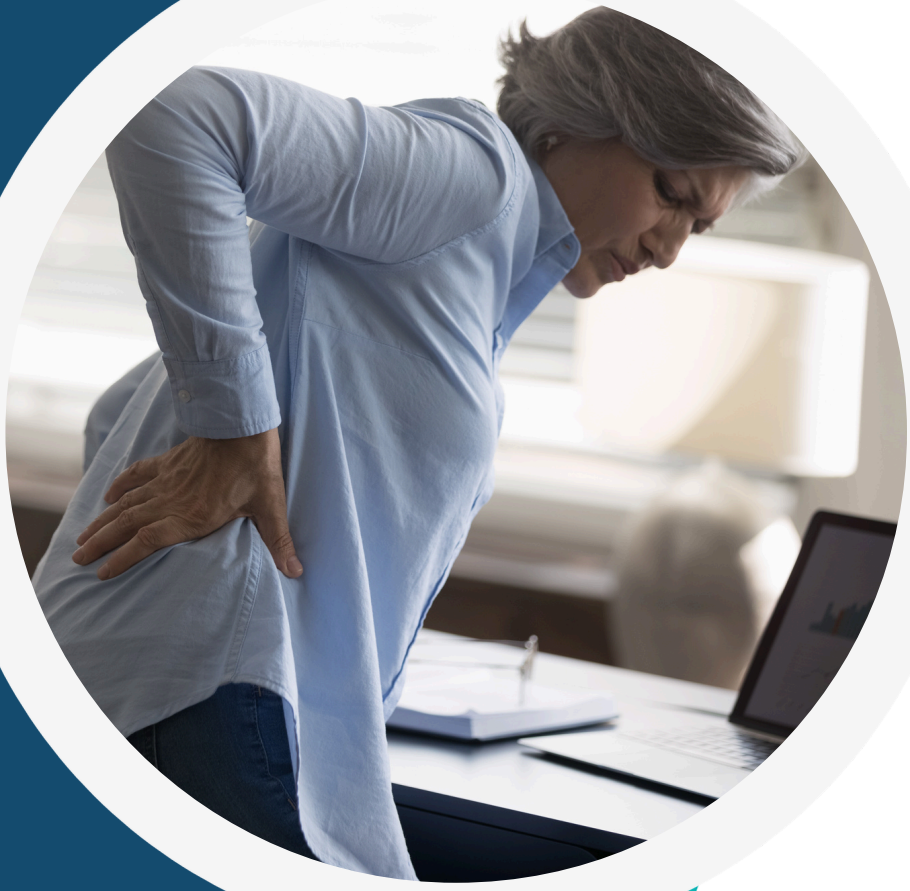
Consumer and Community Involvement Program

WAHTN
Western Australian Health Translation Network

AFTER THE ED: LOW BACK PAIN FOLLOWING EMERGENCY DEPARTMENT DISCHARGE

COMMUNITY CONVERSATION SUMMARY REPORT



Prepared By

Benjamin Bowtell
Hannah Doherty - CCIProgram

September 2026

THE UNIVERSITY OF NOTRE DAME AUSTRALIA

Government of Western Australia
East Metropolitan Health Service

CONTENTS

03.
Acknowledgements

04.
Background

07.
What is a Community Conversation?

08.
About the Community Conversation

09.
Promotion

10.
Agenda

11.
Structure and Process

12.
Key Insights of the Community Conversation

13.
Key Themes of the Community Conversation

14.
Community Conversation Questions and Responses

23.
Event Summary
Next Steps
What's next for the project

ACKNOWLEDGEMENTS



Acknowledgement of Country

The WAHTN CCIProgram acknowledges the Aboriginal and Torres Strait Islander peoples of the many traditional lands from which consumers joined us for this Community Conversation, including the traditional lands and language groups of Western Australia. We acknowledge the wisdom of Elders, both past and present, and pay respect to Aboriginal and Torres Strait Islander communities of today.

Acknowledgement of Lived Experience

We acknowledge the importance and expertise of the lived experience voice of health consumers and carers. We recognise their involvement in making a difference in supporting health research and impacting the health and wellbeing of our communities.

We extend our heartfelt gratitude to the consumers and community members who shared their lived experiences of low back pain and recovery after visiting the Emergency Department.

BACKGROUND

Low back pain is a common reason for people to seek urgent medical care, including presentation to hospital Emergency Departments (EDs). While the ED plays an important role in assessing and managing acute symptoms and identifying serious causes of back pain, recovery often continues after a person has been discharged home.

The period following discharge can involve ongoing pain, reduced mobility and disruption to work, family life and usual activities. People may also need to navigate follow-up care and make decisions about how to manage their recovery, including when and where to seek further support. Understanding what people experience during this period can help identify where current care is working well and where additional information, services or support may be needed.

Researcher Ben Bowtell, from the University of Notre Dame Australia and East Metropolitan Health Service, sought to better understand the experiences and perspectives of people who had attended an Emergency Department for low back pain and subsequently been discharged home.

The CCIProgram supported an online Community Conversation on 16 September 2026 to hear directly from people with lived experience, as well as carers and supporters. The conversation explored participants' experiences of recovery and follow-up care after leaving the ED, what helped or hindered their recovery, and gaps or opportunities for improving support.

Insights from the Community Conversation will help inform future research directions, including potential models of care and approaches to assessment, follow-up and recovery support for people experiencing low back pain after an Emergency Department visit.



THE CONSUMER AND COMMUNITY INVOLVEMENT PROGRAM

The Consumer and Community Involvement Program (CCIProgram) is dedicated to embedding the voices of consumers and community members in health research. Established as part of the Western Australian Health Translation Network (WAHTN), the program works to ensure that research is shaped by lived experience and addresses real-world health challenges.

At the heart of the CCIProgram is a team committed to building connections between researchers, consumers, and organisations. This team provides tailored support, guidance, and resources to ensure consumer involvement is an integral part of research design, implementation, and translation.

By championing consumer and community involvement at local, state, and national levels, the CCIProgram continues to evolve, ensuring that health research is informed, shaped and guided by those with lived experience.



WAHTN
Western Australian Health Translation Network

Consumer and Community Involvement Program

THE RESEARCHER



Benjamin Bowtell

Advanced Scope Physiotherapist, East Metropolitan Health Service
PhD Candidate at The University of Notre Dame

Ben Bowtell is an Advanced Scope Physiotherapist working in the Emergency Department at Armadale Hospital and a PhD candidate at The University of Notre Dame Australia. His research focuses on improving outcomes for people who attend the Emergency Department (ED) with low back pain, particularly identifying those who may be at greater risk of ongoing pain and difficulties with recovery after discharge.

At the Community Conversation, Ben introduced the background to his research and discussed the importance of the period following an ED visit. While many people recover well, others experience persistent pain, difficulty returning to work and usual activities, or challenges navigating what to do next.

Ben's research aims to better understand who may need additional support and how care following an ED visit could better support recovery. The Community Conversation provided an opportunity to complement the existing research with lived experience, exploring what helped or hindered participants' recovery, their experiences of follow-up care, and where they felt information or support could be improved.

Ben is passionate about making health information clear and accessible and helping people better understand their pain and take an active role in their recovery.

THE SCRIBES

Three scribes supported the Community Conversation by capturing the discussions and helping ensure all attendee insights were recorded accurately and respectfully.

Dr Dale Edgar - Associate Professor at The University of Notre Dame

Jaime Turnbull - Project Coordinator at The Kids Institute for Medical Research

Caroline Jones - Senior CCI Coordinator at the WAHTN CCIProgram

WHAT IS A COMMUNITY CONVERSATION?

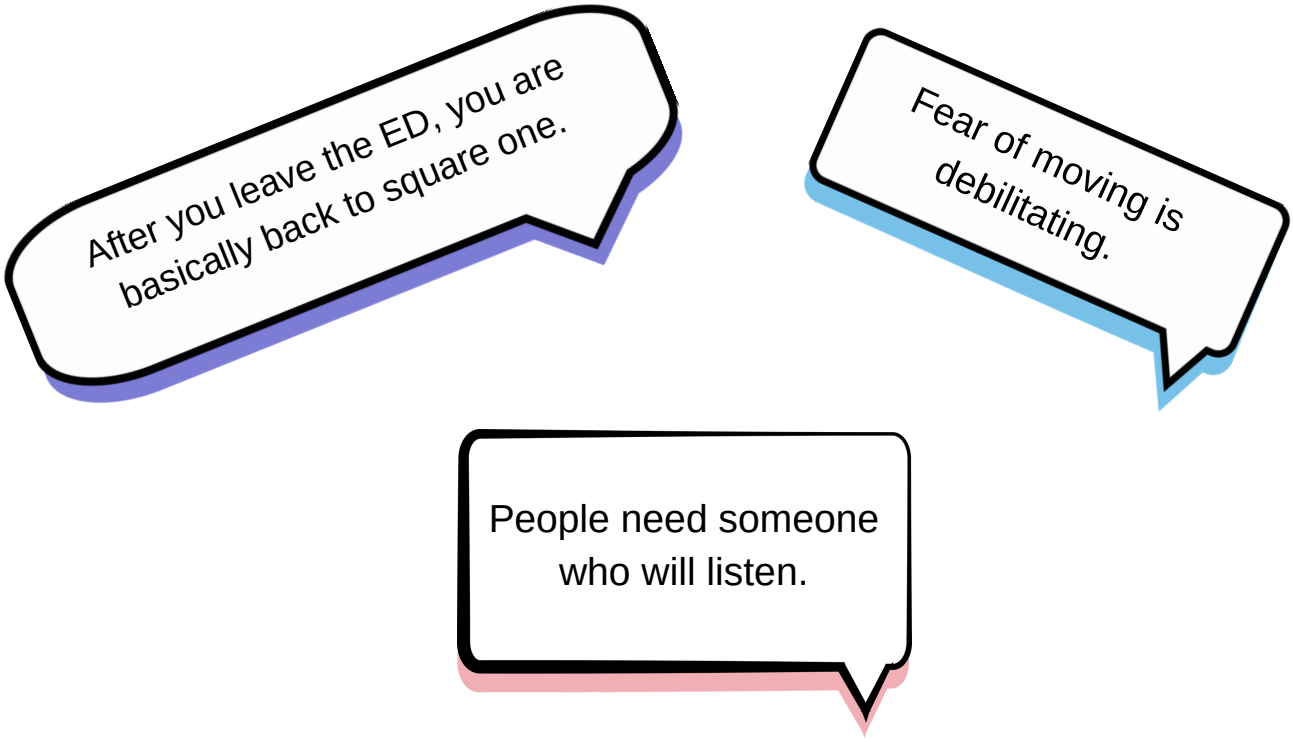
A Community Conversation is an event using an abridged version of the Word Café Method[1] and allows for the facilitation of informal, open conversations around a specific topic of importance. This method allows researchers to informally obtain a range of communal ideas from a group of people with lived experience around a particular topic specified prior to the event.[2],[3] Additionally, a Community Conversation provides an opportunity for attendees to reflect upon their own relevant experiences and contribute in meaningful discussions within a safe and comfortable space.



[1] Brown, J., & Isaacs, D. (2005). The World Cafe ́: Shaping our futures through conversations that matter. Barrett-Koehler
[2] Chieh-Ling Yang, Delphine Labbé, Brodie M. Sakakibara, Janneke Vissers & Marie-Louise Bird (2022) World Café- a community conversation: a Canadian perspective on stroke survivors needs for community integration, Topics in Stroke Rehabilitation, 29:5, 392- 400.
[3] Carter, E. W., Schutz, M. A., Gajjar, S. A., Maves, E. A., Bumble, J. L., & McMillan, E. D. (2021). Using Community Conversations to Inform Transition Education in Rural Communities. The Journal of Special Education, 55(3), 131–142.

ABOUT THE COMMUNITY CONVERSATION

The Community Conversation was held online via Zoom on the 16th of September 2026 and included 18 Consumers from across Australia. Senior CCI Coordinator Caroline Jones from the Consumer and Community Involvement Program opened the event by introducing the teams and giving an overview of the evening's process. Three CCI Coordinators from the CCIProgram acted as room facilitators, leading the smaller group discussions and giving prompts where needed to ensure conversation flowed. 3 members of the Research Team from the University of Notre Dame were present to give an overview of the project and provide scribe support for the breakout rooms.



PROMOTION

The Research Team worked closely with the CCIProgram to recruit members of the Australian community who had lived experience of presenting at an Emergency Department with low back pain. Patients, carers and family members were invited to share their experiences and progress with recovery. Promotional material was shared across multiple channels.

Promotion included the CCIProgram newsletter and social media channels, as well as targeted email communication to consumers within the CCIProgram network. The opportunity was also shared more broadly through interstate consumer networks, including Carers WA, Health Voices Victoria, and through the ANZBACK and ANZMUSC Consumer Advisory Groups.

Ben and the research team further promoted the opportunity through their professional and research networks. This included distribution within relevant health services and the use of printed promotional materials in hospital waiting areas to reach people who may have direct and recent experience of seeking care for low back pain.

Using multiple recruitment pathways helped extend the opportunity beyond the existing CCIProgram network and reach a broader group of people with relevant lived experience.



AGENDA

After the ED: Low Back Pain Following Emergency Department Discharge

Online Community Conversation

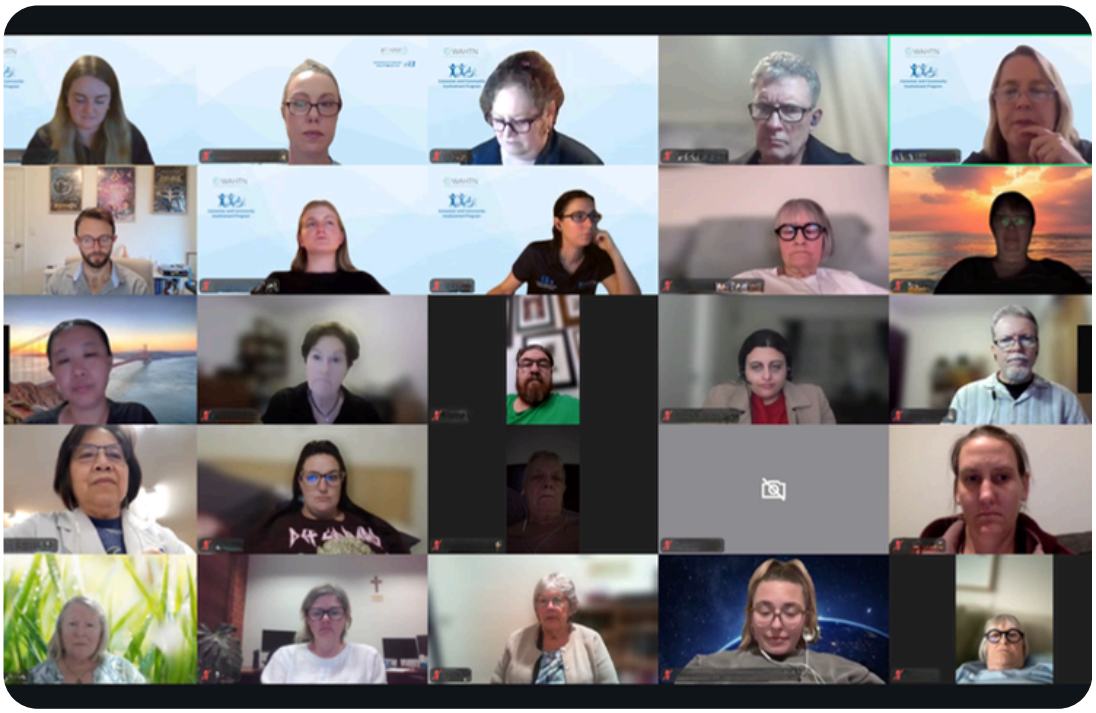
16th September 2026 – 6-8pm

Agenda

5.45pm	**Registrations**	**All**
6.00pm	**Welcome** • Acknowledgement of Country & Acknowledgement of Lived Experience • Welcome to the Community Conversation • Introductions	**Caroline Jones**
6.10pm	**Presentation**	**Benjamin Bowtell**
6.25pm	**Process of the evening**	**Caroline Jones**
6.30pm	**Question 1**: Thinking back to when you left the Emergency Department, what was your experience of recovering from low back pain?	**All**
	Reminder: Stretch Break if needed	
6.50pm	**Question 2**: What helped your recovery after leaving the Emergency Department, and what made it more difficult?	**All**
	Reminder: Stretch Break if needed	
7.10pm	**Question 3**: While you were in the Emergency Department, did anyone talk with you about things like stress, emotional wellbeing, work, family responsibilities or other life circumstances that might affect your back pain? If they did, how did that conversation influence your experience or recovery? If these topics weren't discussed, how would you have felt about them being part of your care?	**All**
	Reminder: Stretch Break if needed	
7.30pm	**Group Facilitator feedback**	**Table facilitators**
7.45pm	**Next Steps**	**All**
7.55pm	**Evaluation & Honorarium information**	**All**
8.00pm	**Close**	

STRUCTURE AND PROCESS

Attendees joined the Community Conversation online via Zoom. They were introduced to the researcher Ben Bowtell, the CCIProgram team and given background about the research project before being sent to one of 3 breakout rooms.



Each breakout room had a room facilitator from the CCIProgram to assist attendees and guide them through the questions and discussions. Each room also had a scribe from the University of Notre Dame research team or the CCIProgram team to record the feedback provided by the attendees.

Facilitators presented 3 questions to the Consumers in each room:

1. Thinking back to when you left the Emergency Department, what was your experience of recovering from low back pain?
2. What helped your recovery after leaving the Emergency Department, and what made it more difficult?
3. While you were in the Emergency Department, did anyone talk with you about things like stress, emotional wellbeing, work, family responsibilities or other life circumstances that might affect your back pain?
   If they did, how did that conversation influence your experience or recovery?
   If these topics weren't discussed, how would you have felt about them being part of your care?

Each question was allocated 25 minutes for discussion. The comments, feedback and suggestions were all captured by each scribe and are presented in the following pages of this report.

KEY INSIGHTS OF THE COMMUNITY CONVERSATION



Recovery did not end when consumers left the ED
Many consumers left the ED still experiencing pain, uncertainty or limitations in their everyday lives. Recovery varied considerably, from returning to usual activities within a few weeks to living with ongoing or recurring pain that continued to affect work, mobility, household activities and social connection.



Clear guidance and connected support makes a difference
Consumers valued practical information, reassurance and access to appropriate services such as physiotherapy, GPs and pain services. When clear pathways were not available, consumers often had to find services, coordinate their own care and learn how to manage their pain themselves.



Recovery needs to consider the person, not only the pain
Consumers described how family support, work, finances, caring responsibilities, emotional wellbeing and fear could influence their recovery. Views differed on whether these broader issues should be discussed in the ED, highlighting the importance of sensitive conversations, appropriate timing and meaningful responses when consumers choose to share their concerns.

KEY THEMES OF THE COMMUNITY CONVERSATION

Theme	Consumer Comments
Feeling heard and believed	• "People need someone who will listen." • "What helped was that the surgeon asked 'what matters to you?' I felt heard, felt a lot better." • "I had to advocate for myself"
Clear pathways after ED	• "After you leave the ED, you are basically back to square one." • "No support after I left hospital. I still had questions."
Information for self-management	• "I would appreciate a dot-point self-care plan." • "I needed some structure." • "Dont make it complicated."
Finding and navigating support	• "Seems like you have to prise it out of people." • "Don't know the questions to ask." • "Go find it yourself."
Impact on everyday life	• "It erodes a lot of things, besides the physical pain. Things like physical activity, socialising." • "Seems to be the new normal. I would like it not to be."
Family and peer support	• "Support network of people with chronic pain." • "Like-minded people."
Fear, uncertainty and movement	• "Fear of moving is debilitating." • "Not knowing is really hard."
Whole-person care	• "A quick word - make them feel cared about." • "Holistic approach"

COMMUNITY CONVERSATION QUESTIONS AND RESPONSES

ATTENDEE INSIGHTS

The following pages contain the responses and thoughts shared by attendees at the Community Conversation.

QUESTION 1

THINKING BACK TO WHEN YOU LEFT THE EMERGENCY DEPARTMENT, WHAT WAS YOUR EXPERIENCE OF RECOVERING FROM LOW BACK PAIN?

PROMPTS:

- What was the first day or two at home like?
- What stands out most when you think back?
- What were you expecting recovery to look like? What shaped those expectations?
- Did you still have questions after leaving hospital?
- How did your back pain affect your day-to-day life?
- Do you feel you've returned to your normal? If so, how long did that take? If not, what is different now?

Consumer experiences of recovery after leaving the Emergency Department (ED) varied considerably. Some consumers described receiving treatment, reassurance or practical advice that helped them begin recovering, while many others left the ED with ongoing pain, unanswered questions and little or no follow-up. For several attendees, recovery involved seeking further care themselves through GPs, physiotherapists, specialists or other services.

Recovery also looked very different from person to person. Some described returning to normal within weeks, while others continued to experience daily or chronic pain that affected work, mobility, household tasks, physical activity and socialising.

Leaving the ED without a clear pathway forward

A strong theme was the lack of follow-up or a clear pathway for what should happen after leaving the ED. Several consumers described being discharged with pain medication, general advice or instructions to see their GP, but without referrals or ongoing support. Some subsequently joined waiting lists or had to find appropriate services themselves.

For some, this made the transition home particularly difficult. Consumers described needing more support to move from hospital care back into everyday life, particularly when they were still experiencing significant pain or limitations in mobility.

COMMUNITY CONVERSATION QUESTION 1 RESPONSES (CONT.)

Unanswered questions and uncertainty about what was causing the pain
Consumers frequently described uncertainty continuing after discharge. Some had attended the ED hoping to understand what was causing their pain but felt they left without an explanation or with advice that did not address their concerns.

This uncertainty was particularly evident where symptoms continued or changed after leaving hospital. For some attendees, further investigation or later contact with other health professionals provided information that had not been available during the initial ED presentation.

Feeling that pain or concerns were not taken seriously
Across the discussions, several consumers and carers described feeling that their pain, or the pain of the person they cared for, had been dismissed or not believed. Experiences included feeling judged as drug-seeking, being told their level of pain did not match what clinicians observed, or feeling that assumptions were made about the cause of their symptoms. Some attendees also described feeling that gender, ethnicity or weight influenced how their concerns were received.

For these consumers, the experience of not feeling heard remained an important part of how they remembered their ED attendance and the beginning of their recovery.

Back pain disrupted everyday life
Ongoing back pain affected many areas of consumers' lives after leaving hospital. Attendees described difficulty walking, driving, working, doing housework and maintaining physical and social activities. Some needed family members or paid help to manage daily tasks, while others had to reduce or stop work.

For some consumers, these changes were temporary and they returned to normal within a relatively short period. Others described continuing pain and limitations over many years. Some attendees described ongoing pain as their "new normal", although they wished that this was not the case.

Recovery often required consumers to find their own way forward
A recurring experience was having to seek out further information, care and strategies after leaving the ED. Consumers described undertaking their own research, accessing physiotherapy, seeing specialists and learning over time how to manage recurring or chronic pain. Attendees described learning to become their own advocates after struggling to receive a diagnosis and/or ongoing care plan.

Some consumers felt their existing knowledge or connections helped them navigate this process. Attendees who work in healthcare or already had a physiotherapist reflected that managing the transition would have been much harder without strong health literacy or an established connection to care.

COMMUNITY CONVERSATION QUESTION 1 RESPONSES (CONT.)

Positive experiences centred on reassurance
Although difficult experiences were common, they were not universal. Some consumers described ED care that provided reassurance or helped set them on a path towards recovery. One attendee was reassured that their pain was not related to their organs, while another described receiving physiotherapy in the ED, practical advice about continuing to move and a referral to outpatient physiotherapy. They reported substantial improvement following this care.

Other consumers received more extensive investigation or hospital care and felt well cared for, although follow-up after returning home could still be limited. These experiences highlighted that some attendees left hospital feeling reassured or with useful information, even where their recovery continued beyond discharge.

Different expectations of what the ED could provide
Consumers had differing views about the role of the ED in managing low back pain. Some had attended because they were frightened by their symptoms or hoped the ED would investigate the cause and provide an ongoing plan. When this did not occur, they described disappointment and questioned whether the ED had been the right place to seek help.

Others recognised the ED as a service focused on immediate or acute problems rather than ongoing management of chronic back pain. Attendees reflected that they would now start with their regular doctor rather than the ED, while another explicitly said, “I regret going.”

Other thoughts
Overall, attendees described recovery after the ED as highly variable. Alongside the major themes above, individual experiences included surgery, hospital admission, home-based support, physiotherapy, hydrotherapy, medication, exercise and other approaches to managing pain. Some people recovered relatively quickly, while others continued to manage chronic or recurring symptoms. These reflected the diversity of recovery experiences represented in the discussion rather than consistent themes across all attendees.





QUESTION 2

WHAT HELPED YOUR RECOVERY AFTER LEAVING THE EMERGENCY DEPARTMENT, AND WHAT MADE IT MORE DIFFICULT?

PROMPTS:

- What information do you remember being given?
- How confident did you feel managing your back pain when you went home?
- Were there people or services that made a difference?
- Were there things happening in your life that made recovery easier or harder?
- Looking back, what had the biggest influence on your recovery?

Consumers described recovery as being influenced by access to appropriate care, useful information, confidence in managing their pain, and the practical and social support available to them. Physiotherapy, GPs, pain services, family members and people with similar lived experience were among the supports that made a difference.

Recovery was more difficult when consumers had to find and coordinate care themselves, did not know what services were available, were fearful about movement or managing their pain, or had work, financial and household responsibilities that could not easily be put aside.

Access to appropriate care and services supported recovery

Physiotherapy was consistently described as an important source of support. Consumers valued exercises, reassurance and practical guidance that helped them manage their pain and regain movement. GPs, practice nurses, pain services, mental health professionals and specialist care were also described as helpful at different stages of recovery.

However, access to these services was not always straightforward. Some consumers were unaware that services such as pain psychologists, specialist pain physiotherapists or pain clinics existed until they discovered them later. Others experienced waiting periods or had to seek assistance outside the ED before finding appropriate care.

Consumers also reflected on differences in the support available depending on their pathway through hospital. Some felt that people who were admitted received more structured discharge planning, referrals and access to services, while those discharged directly from the ED could be directed back to their GP without the same level of support.

Practical information and guidance supported self-management

Clear, practical information helped consumers feel more able to manage their recovery. Advice about movement was particularly important for some attendees who were fearful that activity might cause further harm. Reassurance that it was safe to move helped some consumers gradually become more active.

Consumers also described learning strategies such as pacing, exercises, heat, breathing and relaxation techniques, and other ways of managing their symptoms. For some, this knowledge developed gradually through experience or through contact with health professionals after leaving the ED rather than being provided at the beginning of their recovery.

COMMUNITY CONVERSATION QUESTION 2 RESPONSES (CONT.)

The discussion also highlighted the value of information being simple and practical. Consumers spoke about wanting clear self-care information, exercises and information about available services rather than having to work out for themselves what support existed.

Consumers often had to navigate recovery themselves
A strong theme was the responsibility placed on consumers to identify and coordinate their own care. Some described being told to see their GP or find further services without knowing what options were available or what questions they should be asking.

Consumers described arranging appointments, seeking referrals, joining waiting lists and advocating for further care themselves. One attendee described the information they received as cursory and verbal: “Go find it yourself.” Another reflected, “Don’t know the questions to ask.”

For some, learning to advocate for themselves became an important part of managing an ongoing condition. At the same time, consumers recognised that navigating services could be particularly difficult without strong health literacy, knowledge of the healthcare system or someone who could advocate alongside them.

Family, carers and peer networks provided important support
Practical support from family members and carers made recovery easier for some consumers. Attendees described receiving help with meals, household tasks, getting dressed, picking things up and having somewhere to stay while they recovered. Consumers also questioned how people without family or other personal support would manage these everyday needs.

Support from people with similar lived experience was also valued. One attendee described their network of people living with chronic pain as the “biggest influence” on their recovery and valued being able to connect with “like-minded people”. Consumers discussed the usefulness of knowing that peer and community support networks were available, particularly for people in the earlier stages of managing ongoing pain.

Work, finances and everyday responsibilities could hinder recovery
Consumers described having to manage recovery alongside responsibilities that could not always be put aside. For some, continuing to work was financially necessary even when the physical demands of their job made recovery more difficult. One consumer eventually stopped physically demanding work because they could no longer manage it.

Financial pressures, parenting and household responsibilities were also raised. Some consumers had people available to take over practical tasks, while others did not. One attendee who had been advised not to lift after surgery described having nobody available to manage household tasks and said they “just had to do it.”

These experiences highlighted differences in the circumstances consumers returned to after leaving hospital and the practical support available to them during recovery.

COMMUNITY CONVERSATION QUESTION 2 RESPONSES (CONT.)

Fear and confidence influenced how consumers managed their pain
Consumers described different levels of confidence in managing their back pain after leaving hospital. Some felt reasonably confident, while others were unsure what they should do, particularly when they were still experiencing significant pain or mobility limitations.
Fear of movement was an important issue for some consumers. Attendees described worrying that movement could cause further harm, while reassurance and guidance helped them gradually become more active. For others, not understanding why an intense episode of pain had occurred meant that even the first signs of pain returning could cause worry.

Confidence could therefore change as consumers gained experience, information and support. Learning how to pace activities, recognise symptoms and manage flare-ups helped some consumers become more comfortable managing their condition over time.

Other thoughts
Overall, consumers described recovery as easier when they had access to appropriate services, practical information and guidance, supportive healthcare professionals, and family, carer or peer support. Recovery was more difficult when they had to navigate services independently, were unsure how to safely manage their pain, or had work, financial and household responsibilities that limited their ability to recover.

Additional strategies that discussed included heat, hydrotherapy, Tai Chi, changes to work, breathing and relaxation techniques, equipment and practical resources.



QUESTION 3

WHILE YOU WERE IN THE EMERGENCY DEPARTMENT, DID ANYONE TALK WITH YOU ABOUT THINGS LIKE STRESS, EMOTIONAL WELLBEING, WORK, FAMILY RESPONSIBILITIES OR OTHER LIFE CIRCUMSTANCES THAT MIGHT AFFECT YOUR BACK PAIN?

IF THEY DID, HOW DID THAT CONVERSATION INFLUENCE YOUR EXPERIENCE OR RECOVERY?

IF THESE TOPICS WEREN'T DISCUSSED, HOW WOULD YOU HAVE FELT ABOUT THEM BEING PART OF YOUR CARE?

PROMPTS:

- What do you remember about those conversations, if any?
- How did the conversation make you feel at the time?
- Did it change the way you thought about your back pain or recovery?
- Did it influence anything you did after leaving the Emergency Department?
- If these topics weren't discussed, do you think it would have been helpful—or not? Why?
- What would have made these conversations feel appropriate and useful?
- Are there things you wish someone had talked to you about before you went home?
- What would you want Emergency Department staff to understand about discussing these topics with people experiencing low back pain?

Across the discussions, most consumers and carers did not recall conversations in the Emergency Department (ED) about stress, emotional wellbeing, family responsibilities, work or the circumstances they would return to at home. For some, these issues had a significant bearing on their experience, including concerns about finances, caring responsibilities, living alone and accessing practical help.

Views differed, however, on whether consumers would have wanted these conversations as part of their ED care. Many felt a broader conversation could have been valuable, while others preferred the ED to focus on their immediate physical needs or felt they would not have wanted to discuss personal circumstances at that time. How and when these conversations occurred was therefore important to consumers.

Social circumstances were rarely discussed

A consistent message across the discussion tables was that conversations about emotional and social circumstances generally did not occur in the ED. Consumers described care as primarily focused on their physical symptoms, with little discussion about stress, emotional wellbeing, work, family responsibilities or what they would face after returning home.

Some consumers felt important circumstances could therefore go unrecognised. Examples included being a single parent, needing to arrange care for a child, living alone, financial responsibilities and caring for a family member after discharge. Carers also described wanting more acknowledgement of what would be required of them when supporting someone at home.

COMMUNITY CONVERSATION QUESTION 3 RESPONSES (CONT.)

Consumers had different views about whether they wanted these conversations
Many consumers felt they would have welcomed an opportunity to discuss broader circumstances affecting their recovery. Some described these conversations as potentially helpful for identifying practical concerns or support needs and for making them feel that someone cared about what would happen after they left hospital.

This view was not universal. Some consumers said they would not particularly want such a conversation, especially if they already had support at home or did not consider broader factors relevant to their situation. Some attendees felt they may have been annoyed if these issues had been raised.

Consumers therefore did not describe a single preferred approach. The discussion suggested that some people wanted broader conversations while others preferred a greater focus on their immediate physical care.

How stress and psychological factors were raised mattered
Consumers expressed particular sensitivity around discussions of stress, mental health and the psychological aspects of pain. Some described previous experiences of feeling that physical pain had been dismissed or attributed to mental health, and were concerned that questions about stress could be interpreted as another way of suggesting that their pain was “all in my head”.

At the same time, some consumers felt it would be valuable to understand the relationship between stress, psychological wellbeing and pain. They distinguished between having pain dismissed as psychological and being given information about how stress could influence pain and how managing stress might help.

For these consumers, the way the conversation was framed was important. As one attendee explained, discussing stress as something that may help a person manage their pain could be positive, whereas using it to dismiss their experience was not.

Timing and approach were important
Consumers felt that the timing of broader conversations needed to take account of what a person was experiencing in the ED. Someone experiencing severe pain or distress might not be ready to discuss their wider circumstances at that point. Some attendees suggested that a conversation after discharge could be more appropriate than while someone was in significant pain.

Consumers discussed different possible approaches, including a brief conversation in the ED or follow-up contact after returning home. Some felt even a short interaction could help a person feel cared for, while others saw value in a later conversation when they were better able to engage.

COMMUNITY CONVERSATION QUESTION 3 RESPONSES (CONT.)

Conversations needed to lead to meaningful support
For some consumers, simply asking about personal circumstances was not enough. If healthcare professionals asked about difficulties at home, emotional wellbeing or other concerns, attendees felt there needed to be a purpose to the conversation and an appropriate response to what was shared. One consumer described discussing broader issues with a social worker but feeling that they were not subsequently listened to. Others spoke about the value of identifying practical services, home support or referrals where needed. Consumers wanted healthcare professionals who raised these topics to be prepared to respond rather than simply collect information.

Responsibility should be shared across the healthcare team
Consumers discussed different health professionals who could have these conversations, including nurses, physiotherapists and social workers. Rather than identifying one profession as solely responsible, some felt the whole healthcare team should recognise the emotional and social circumstances surrounding a person's care.

Communication between health professionals was also important. Consumers did not want to repeatedly explain the same personal circumstances to different staff. Where one health professional had a broader conversation with a consumer, attendees felt that relevant information should be documented and communicated to the wider team and, where appropriate, to the person's GP or other services.

Communication needed to be accessible and responsive to individual needs
Consumers also raised circumstances that could affect whether these conversations were possible or useful. Language barriers were discussed, including the practical difficulty of accessing interpreters in a busy ED and the experience of people who may not feel comfortable having these conversations in English.

Consumers described the need for an approach that recognised individual preferences and circumstances rather than assuming everyone would want or be able to engage in the same way. Some attendees also reflected that ED staff were working in a busy environment with limited time, which could make broader conversations difficult.

Other thoughts
Overall, consumers described limited discussion in the ED about the emotional, social and practical circumstances surrounding their back pain and recovery. While many felt broader conversations could help identify concerns and make care feel more holistic, others did not necessarily want these issues discussed as part of their ED care. Across the discussions, the way these conversations were introduced, their timing, and whether healthcare professionals responded meaningfully to what consumers shared were important considerations.

Additional ideas included follow-up from a social worker, links with GPs and community services, practical home support and staff training.



EVENT SUMMARY

The Community Conversation provided a rich and focused discussion, allowing the research team to explore participants' experiences of seeking Emergency Department care for low back pain and their recovery following discharge. Participants shared valuable insights into what helped and hindered their recovery, their experiences of follow-up care, and the information and support they received after leaving the ED.

The discussion provided a deeper understanding of the real-world challenges people can face following an ED presentation for low back pain, while also creating opportunities for consumers to remain involved in shaping the research as it progresses.

WHAT'S NEXT FOR THIS PROJECT?

The research team will use insights and connections from the Community Conversation to:

- Identify key priorities and gaps in care following ED discharge for low back pain.
- Inform and refine the research to ensure it reflects the experiences and priorities of people with lived experience.
- Explore opportunities to improve information, follow-up care and recovery support.
- Engage interested consumers in ongoing CCI activities throughout the project.
- Invite eligible and interested attendees to participate in the research study itself.
- Build an ongoing network of consumers who may contribute to future stages of the research.

Contact us



Phone :

+61 8 6151 1071

Address :

6 Verdun St
Nedlands WA 6009

Website :

www.cciprogram.org

Follow us on social media

@cciprogram

@cciprogram

@CCI_Program

Consumer and Community Involvement Program

WAHTN
Western Australian Health Translation Network

Consumer and Community Involvement Program