TUNA BLUE

Government of **Western Australia**
Mental Health Commission

MH-11085

AOD CRISIS INTERVENTION

Community Workshop (11th May 2020)

Output Summary Report

CONTEXT

The aim of this Community Workshop was to facilitate engagement with community members to inform development of an AOD Crisis Intervention System Service Model. In particular, it sought to exploring potential future services, both new and changes to existing ones, that have emerged as themes from engagement to date - what they might look like and how they could be implemented.

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OVERVIEW OF ACTIVITIES

Participants considered the following themes regarding future services:

1. **Immediate access safe places** – consumers (non-acute)

   Supporting basic care needs in the community (shelter, beds, food, phone/internet) and potentially low med withdrawal. *Perhaps combining the concepts of a "Quick Nap Centre" with Sobering Up Centres? Access to dedicated case worker(s) that can begin the longer-term recovery process for those who are ready and willing.*

2. **Immediate access safe places** – consumers (acute)

   Medical facility with short-term clinical support for high med detox and sedation during psychosis. *Access to dedicated case worker(s) that can begin the longer-term recovery process for those who are ready and willing.*

3. **Immediate access safe places** – family members

   Providing short-term (24 hour) emergency respite for family members / carers of AOD-affected people – including children of AOD-affected parents who have no other family to go to. *Not connected to DCP or Police. Can self-present or be referred by other service providers. Access to dedicated case worker(s) that can begin the longer-term support process.*

4. **Outreach**

   Reaching people (consumers and family members / carers) where they are; taking the services to those in crisis rather than them having to find them; helping people to navigate the system from the outset; providing information and referrals and practical support.

5. **AOD-Trained Dedicated Case Worker(s)**

   Providing continuity throughout the journey from Crisis Intervention, through treatment and hopefully into recovery. Building trust and rapport. AOD-trained but also able to support the person across the spectrum of social and welfare needs.

By answering the following questions self-managed breakout group discussions:

- What specifically will this service do – how should it be set up and run?
- How would this service link up with other services in the community – which ones are critical for it to be linked with?

Individually, they also captured other ideas to improve short-term AOD crisis intervention.

STRUCTURED KEY POINTS

The following themes and specific ideas emerged from responses to the questions specified above.

1. Immediate Access Safe Places – Consumers (non-acute)

What specifically will this service do – how should it be set up and run?

Goals

- Empowerment of person
- Sewing the seed that there is hope!

Eligibility / Entry Criteria

- No wrong door approach - Protocol for referrals for medical or more intensive medical support
- Everyone can access the service, but need to accept the program
- Need sobering up centres that are readily accessible and have a comprehensive follow-up service

Processes

- 24-hour service
- Buzzer to get in
- Safe reception area
- Privacy person coming to the centre
- Scanning tool for safety
- First thing calm conversation on holistic basis, find out where they are at
- Risk assessment before they enter - perhaps a holding room to check mental health (the safety risk assessment for knives/weapons already done)
- Risk assessment must include first aid mental health by staff and peer workers in holistic case management assessment process
- Triage
- Comprehensive assessments for what people need - empowering people to make decisions
- Philosophy of all workers is walking alongside the person who enters
- For people who want to they have the option to be referred to on-site immediate support with a case manager mandatory to identify whether they need a warm referral to different service or to remain onsite for support
- Don't send people anywhere - take them - relational continuity

Facilities

- Referrals to on-site rooms set up in refuge type accommodation for male, female, intersex or however someone feels comfortable
- Separate rooms mandatory with ensuites

Key Skills, Experience and Characteristics of Staff

- Must have understanding of Family Violence issues in communities and families - all should come under the holistic walk alongside paradigm

- Must have compassion
- Diversity in staff training - need mental health workers as well as AOD workers
- Really important to have compassionate and supportive attitude
- Remuneration scale the same for peer workers and staff
- Mix of peer workers and staff
- To initially build rapport and a relationship re- first contact person - need very well-developed people skills

How would this service link up with other services in the community – which ones are critical for it to be linked with?

- Comprehensive assessments for what people need - empowering people to make decisions
- Family violence support
- Psycho-social support and day-to-day, e.g. Centrelink, housing, Child Protection
- Therapeutic community for holistic treatment and ongoing therapy
- Transfer of information is vital
- Psychiatric support
- Medical treatment
- Need awareness of the spectrum of services

2. Immediate Access Safe Places – Consumers (acute)

What specifically will this service do – how should it be set up and run?

Eligibility / Entry Criteria

- Feels like there is not enough (too long to get into next step, too many processes .....)

Processes

- Need comprehensive assessment - physical and mental
- Ensuring treatment is person-centred and trauma informed to treat the whole person and root causes of the addiction
- Access to the dedicated caseworkers for those that are ready and willing
- More integration
- Have a key worker that follows them through the whole journey
- Linking consumers into ongoing out care

In-Reach

- Understanding that the window in which people are seeking help while they are in an acute setting is small and that the right supports are provided to encourage staying on the journey from the first contact
- Recognising the time people are in acute care is a critical time to access people
- Groups of community services going into the hospitals more to follow the journey through- a very valuable time to build relationships for clients for when they transition into a non-clinical space

Key Skills, Experience and Characteristics of Staff

- Incorporate people with lived experience into the care of people in acute care

How would this service link up with other services in the community – which ones are critical for it to be linked with?

- Ensure services are linked up at the acute stage
- Homeless services, psychological services

3. Immediate Access Safe Places – Family Members

What specifically will this service do – how should it be set up and run?

Goals

- Need urgent informed advice, possibly through an on-line service but preferably through a dedicated counselling service
- Need a refuge place for men as well as for women

Processes

- Police have a vital role, on line counselling services are important
- Some services could include, a sobering up centre, walk in men's service, women's refuge

How would this service link up with other services in the community – which ones are critical for it to be linked with?

- Helping minds could be important particularly in co-morbidity
- Housing is critically important

4. Outreach

What specifically will this service do – how should it be set up and run?

Goals

- Get closer and go deeper with individual and networks - get amongst people - find out what is underneath this behaviour and contact communities within communities to consult and set up relevant programs
- Sociological picture of communities within communities
- Connect with people and research where are they

Processes

- A Therapeutic community visiting team - 24 hour into the regions with telephone support also 24 hours
- Dedicated group of people (at least 3) not to be intimidating though - who could go onsite and assess - may go with the police. Must have a direct line to the police if needed re - mental health and crisis

Key Skills, Experience and Characteristics of Staff

- Co-response mental health and police team - helps to diffuse issues -using plain clothes and non-police identified cars

How would this service link up with other services in the community – which ones are critical for it to be linked with?

[No comments made]

5. AOD-Trained Dedicated Case Worker(s)

What specifically will this service do – how should it be set up and run?

Goals

- Keep it simple
- Need to educate and provide information to the person, their families, government services and others about what is available to address AOD issues
- Caseworkers need more training about AOD services, the risks and the way to support people in acute situations

Processes

- Caseworkers understanding the value of support networks available to their clients 24 hours a day
- Strong need for professional supervision and for case workers to look after themselves mentally and spiritually
- Flexibility in model of service/care
- Follow up and check ins while respecting boundaries can be the difference between people staying in treatment and care
- Ongoing support is needed
- Needs to be a team that provides support not an individual
- Smaller wait-times for assignment of caseworkers
- AOD casework needs to be more integrated
- Better inter-agency communication
- People do not want to have to tell their story repeatedly
- Self-referrals (cut out the middle-man (or woman))

Key Skills, Experience and Characteristics of Staff

- The caring support for people in crisis and in the aftermath of the crisis incident
- Person centred caseworkers to support people holistically to meet people where they are at
- Need to have real empathy about how people in crisis are feeling and the ways in which they are thinking and reacting
- Need to be trained in trauma informed practice
- Experience of (AOD specific) services and what's available
- Caseworkers with lived experience is invaluable (a lot of value in one addict helping another)
- Self-referrals need encouragement from someone they trust
- Trust building

How would this service link up with other services in the community – which ones are critical for it to be linked with?

- Services could include domestic violence, police, Centrelink, Mental health agencies, counselling services, GPs, Dept of Communities, child and parent centres

- Critical services for youth are juvenile justice, DCP, Headspace

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OTHER IDEAS TO IMPROVE SHORT-TERM AOD CRISIS INTERVENTION

Goals

- Ensuring that the consumer knows that they have stable accommodation throughout the recovery process
- Provide up to date strategies and options for workers

Specific Services

- Mobile assessment teams connected to the safe places that can go out to where the issue is and either bring person in or suggest that they go in. Then services linked from there
- Re-establish a Sobering up shelter with more hours to have ongoing education and helpful services to encourage progress to overcome problems and Lifestyle issues
- Ensuring that there is enough long-term transitional accommodation

Processes

- Must be 24/7 365
- Give people in crisis one number to call
- Support from services to ongoing support groups like Alcoholics Anonymous and Al-anon
- Need to triage for mental health and family violence issues at same time
- Having occasional workshops like this on line for service providers
- Ask what is happening in your world not what's wrong with you

Key Skills, Experience and Characteristics

- It is imperative that staff working in this field have independent access to counselling without the fear of losing their job.
- Trauma-informed practice
- It is important that not only service providers and their admin staff are trained in Mental Health First Aid (which includes AOD information too). This needs to be readily available for the whole community and for businesses to understand how important it is for all their staff even if it is the floor cleaners.
- Provide continuing training for workers
- I think that the person or persons that the person goes to when in crisis needs to have had lived experience of substance misuse and has had some formal training in responding to people in crisis
- Teams and individuals are mental health and AOD trained. or individuals with training in one or two areas.