



AOD CRISIS INTERVENTION

Wheatbelt Regional Community Forum (28th May 2020)

Output Summary Report

CONTEXT

The aim of this Community Forum was to facilitate engagement with community members within the Wheatbelt region of WA to inform development of an AOD Crisis Intervention System Service Model. In particular, it sought to explore what the ideal future of crisis intervention looks like, as well as specific challenges and opportunities relating to current service delivery.

OVERVIEW OF ACTIVITIES

Participants considered the following questions during facilitated and self-managed group discussions:

- What should “safe” look like for people experiencing AOD Crisis in the Wheatbelt?
 - *This includes consumers experiencing crisis relating to their own problematic AOD use; family members and carers; service providers; anyone else impacted / affected by people experiencing crisis relating to problematic AOD use.*
 - What are the current challenges and gaps in AOD Crisis Intervention services in the Wheatbelt?
 - What additional services or changes to existing services are required to optimise the AOD Crisis Intervention system in the Wheatbelt?
 - What are your thoughts on the introduction of compulsory AOD detox and / or treatment in WA?
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SUMMARY OF KEY POINTS

The following themes and ideas emerged from responses to the questions specified above. A full account of the responses and any associated comments can be found at APPENDIX A.

What should “safe” look like for people experiencing AOD Crisis in the Wheatbelt?

- Supporting whole of health and welfare - not just the immediate AOD needs
- Access to basic needs: safe accommodation, food, shower facilities
- Incorporate education for all - consumers, families, sector workers
- Connection - sense of belonging without fear of judgement or stigma
- Accessible to everyone
- Protects human rights

- Incorporate family support and education
- No physical threats or anything leading to fear of punitive measures
- Clean environment - no alcohol or drugs available
- Timely access - support available when needed, immediately if required, no matter what day or time

What are the current challenges and gaps in AOD Crisis Intervention services in the Wheatbelt?

- Key service areas not available in the region: detox, rehab for women, men's shelter, co-response, sobering-up centre, FDV
- Not enough of the right resources: staff, funding for current services
- Co-occurring needs and requirement for flexibility
- Continuity of care and combatting the "vicious cycle"
- Limited Crisis services available for Youth
- Support for families, carers and significant others.
- Lack of collaboration and coordination
- Willingness of individual to engage
- Environmental factors that can continue to impact a person

What additional services or changes to existing services are required to optimise the AOD Crisis Intervention system in the Wheatbelt?

- New services:
 - A comprehensive community crisis centre, including crisis accommodation
 - Local detox facility
 - Expansion of the DAWN home-based withdrawal service model
 - Police Co-Response
 - Community Mental Health Step Up/Step Down services
 - Crisis centre for Youth
 - Domestic Violence treatment support/program in Wheatbelt
- Make use of technology for telehealth, but... doesn't replace human contact and access / training / willingness to use it required too
- Additional AOD support within hospitals: peer workers, safe room, beds for co-occurring issues
- Local staff development: professional development opportunities as well as support for staff
- Better integration and collaboration
- Transparency of referral and availability of services
- Culturally appropriate services with increased Aboriginal workforce
- More support for children
- Increase capacity for existing good services

What are your thoughts on the introduction of compulsory AOD detox and / or treatment in WA?

- Very controversial. Removing someone's 'right to choose' is not to be taken lightly (obviously!!) But i think it does have a place
- Where someone is a danger to themselves or others then they should be offered a safe place to be and appropriately cared for until such time as the situational crisis has reduced in severity. However, evidence suggests that successful treatment outcomes are greatly influenced by someone's readiness to change so long-term recovery is unlikely if it is a forced situation without their consent.
- Working in prison, so many people were grateful for that period of respite to break the cycle and have the opportunity to be taken out of the situation and given a chance
- Consider the difference between availability of services to support acute intoxication versus long term treatment
- If people are a danger to themselves or others it is a good idea. A place for people with their families to go to together, away from home, would be beneficial
- Some people, when in the deep, dark clutches of addiction, appear to not have the cognitive capacity to make good decisions.
- I think it explores Duty of Care. individuals who struggle with poor Mental Health may not be able to access the appropriate treatment as a result of AOD related issues.

APPENDIX A: RAW GROUPMAP OUTPUT

Theme	Title	# Likes	Comments
What does "safe" look like for people experiencing AOD Crisis in the Wheatbelt?			
Supporting whole of health and welfare - not just the immediate AOD needs	holistic approach	2	Looking at the whole of health - not just the immediate AOD needs. Accessing social supports etc.
	Consistency of service	0	Funding is as stable as can be to ensure consistency in provider/staff
	Financial Access - support for the individual/families	1	
Access to basic needs: safe accommodation, food, shower facilities	Access to basic needs: safe accommodation, food, shower facilities	1	People often use drugs to feel safe to deal with other issues - e.g. homelessness
	Safe housing	0	Housing that is affordable and comfortable and removed from possible triggers Having availability within the towns for Safe Homeless people - that is accessible
	Safe housing	0	Housing that is affordable and comfortable and removed from possible triggers Having availability within the towns for Safe Homeless people - that is accessible
Incorporate education for all - consumers, families, sector workers	free education for frontline workers, and/or people wanting to be a part of this amazing profession, but have financial restraints.	0	
	education	0	Families, consumers - and the community at large - what is available and where, and how to access it
	Education for family - family inclusive practice - supporting families as well as the person who is struggling - counselling for family members - family group session with therapist to work on strategies	0	
Connection - sense of belonging without fear of judgement or stigma	Non-judgemental or stigmatised response	0	
	Need for connection - people in crisis often get quickly marginalised and a sense of belonging is important	0	
Accessible to everyone	Accessible to everyone regardless of location, social status etc	3	
Protects human rights	Protects overall human rights of a person - shields them from harsh elements of life choices of AOD	0	
Incorporate family support and education	Family setting / empathy / family support	1	Supporting the supporters - supporting family to support a person in crisis
No physical threats or anything leading to fear of punitive measures	No physical threats - also no fear of punitive measures	0	
Clean environment - no alcohol or drugs available	Safe place is somewhere that alcohol and drugs aren't available and being used	0	
Timely access - support available when needed, immediately if required, no matter what day or time	timely	0	Able to utilise service without needing to wait for lengthy periods of time Families and carers need to know where to turn immediately, and have confidence that a person can be taken care of appropriately when needed support available when the person needs it no matter time of day or day of week
	Not everyone wants to change	0	

Theme	Title	# Likes	Comments
What are the current challenges and gaps in AOD Crisis Intervention services in the Wheatbelt?			
Key service areas not available in the region: detox, rehab for women, men's shelter, co-response, sobering-up centre, FDV	No detox available in the Wheatbelt - have to travel Perth	0	
	No rehab centre that can cater for women (Freshstart is for men only) - perhaps also one for couples, so they can go through the process together	0	
	No men's shelter available	0	
	police co response team that is equipped to supportively manage people with comorbidity and psychosis	0	
	No sobering up centre in wheatbelt	0	
	No support specific service available in Wheatbelt for family domestic violence treatment	0	There is no centre that caters specifically for women (similar to Freshstart's service for men), nor couples to allow people to go through the process together. No detox available in the Wheatbelt requiring travel to Perth.
	Lack of services to some of the smaller communities.	0	
Not enough of the right resources: staff, funding for current services	Limited organisations/staff to assist in covering the whole of the Wheatbelt Region. There are typically 4 hub sites to drive in drive out to deliver services which can be financially challenging on organisations.	1	
	Resources and workforce - how can we strengthen future workforce? Taking good initiatives and providing them on a broader scale - drive in drive out workforce in the Wheatbelt so need to take that into account	0	
	access to primary care workforce equipped and willing to respond to AOD including supporting withdrawal and pharmacotherapy	0	Possibly looking at upskilling education and training for Primary Care staff to assist
	lack of qualified workers availability within the wheatbelt	0	Which can be due to any number of reasons. if there is an opportunity to build on the knowledge of the current community to assist in seeking further training and education and work placement to then seek employment within the region There are possibly people that would like to work within this sector, however, there are constraints on training and education and work placement experience. Which could help with longer term staffing.
	Limited funding opportunities - how do you assist in strengthening current organisations to deliver further to their current services and support in securing employees that have experience and passion in supporting the community.	0	
Co-occurring needs and requirement for flexibility	intervention with poor mental health presentations / homelessness.	1	Housing availability for the homeless so that they can access regular services in AOD and Chronic conditions, etc.
	comorbidity presentations and treatment planning, case management.	1	Lack of support for co-occurring Mental Health/AOD challenges is a big gap!
	Climate change - primary concern changes in a person's treatment plan - being able to respond and change treatment within case management	0	
	Chicken and egg scenario of Mental Health and AOD - which comes first - but other holistic issues need to be factored in too - we see the same people going round the vicious cycle	0	
Continuity of care and combatting the "vicious cycle"	Continuity of care - too easy for people to fall back on problematic behaviours when exposed to triggers again	0	
	Addressing the vicious cycle of complex crisis and long-term impact of prolonged problematic AOD use	0	

	Ongoing support is a gap	0	
Limited Crisis services available for Youth	limited Crisis services available for Youth under the age of 15years and at times above this age group	2	Definitely a massive need and there is no organisation that is currently able to work in this space
	lack of funding availability for youth under the age of 15 years - so there appears the be a gap from 7 - 15 years	0	
Support for families, carers and significant others.	support groups for families, carers and significant others.	1	
	Limited support for children impacted by AOD crisis in Wheatbelt	0	
Lack of collaboration and coordination	Silo working - need collaboration	0	
	coordinating services when a crisis does occur. as most crisis occur after hours.. lack of service	0	Having opportunity to "team care" clients
Willingness of individual to engage	A challenge is often a person willingness to address addiction	0	
Environmental factors that can continue to impact a person	Environmental factors that can continue to impact a person	0	

Theme	Title	# Likes	Comments
What additional services/changes to existing services are required to optimise the future system in the Wheatbelt?			
New services	crisis centre - including emergency accommodation, physical check-up, psych's, nurses, counsellors, therapists, OT, social worker. to be available for ANY persons that are in crisis not discriminating on age, gender, race, family/name, availability.	1	Workforce can be utilised from existing services that can share the FTE to support such a service. Which helps to upskill current workforce, support and mentor work force, and assist in limiting or minimising risk of burnout for staff would need to consider safe admission criteria for people who are intoxicated or who may be current drug users and require harm reductions options
	crisis accommodation / holistic, human centered care facilities.	1	
	A centre that can be a glue for whole community - shame is such a big factor that we deal with so sometimes people won't go to current services	0	
	local detox facility	2	with adequate amount of bed to reduce wait times. hospital setting detox for high end needs Some support for home detox from GP but it's the high end that's needed
	Consider utilising/expanding the DAWN home-based withdrawal service model in the absence of a bricks and mortar facility	1	
	Police co-response in the Wheatbelt - we try and provide AOD training to first responders to de-scale amount of risk involved	0	All over WA!
	community mental health step up/step down services	1	Building on the local service framework to ensure genuine collaboration, and system that encourages collaboration to provide a seamless system for the client
	Crisis centre for Youth - either too young for crisis accommodation or they don't fit in. There is funding for 12+ but little/none for younger	0	Unique stigma for Youth
	Domestic Violence treatment support/program in Wheatbelt	0	for both the person that is the victim of, and the person that is the other person....

Make use of technology for telehealth, but... doesn't replace human contact and access / training / willingness to use it required too	Technology has a place as an outreach tool but there is no replacing human contact and face-to-face communication	0	More remote you go, generally the technology is harder to access
	If technology is going to be used, people need to be willing to engage - upskilling and training is needed too	0	
	Remote counselling support needs access to the technology to enable it, which not everybody has - perhaps provide that for people?	0	
	Leverage increased access to tele health and post COVID familiarity with video/online support options to increase access for people who may be geographically isolated	0	
Additional AOD support within hospitals: peer workers, safe room, beds for co-occurring issues	there needs to be mental health and AOD peer workers at wheatbelt hospitals too	2	The work that peer workers provide is amazing - from what I have learnt recently this is a valuable resource, and needs to be an essential service
	There needs to be a safe room at the Wheatbelt hospitals like hospital beds for people with mental health and AOD issues	1	
	there needs to be hospital beds available for those with mental health issues and AOD issues	1	
Local staff development: professional development opportunities as well as support for staff	professional development opportunities	1	
	local up skilling	1	Work Placement plans that are not administratively burdensome on the Organisation
	Build resilience towards toxic stress	0	
Better integration and collaboration	Integration should occur at the funding level - governments need to do more to co-commission before contracts go out so that NGOs don't have to try and stitch things together at the local level	0	
	Formalising of great collaboration and relationships and positive means of engagement	0	
	Local police are really good at communicating with us and involving AOD services where they can	0	
Transparency of referral and availability of services	Transparency of referral and availability of services.	1	That does not impact on the client - they are moved through the system without experiencing the feeling of going from one service to another - the system "cares" for the client and ensures that they are receiving the right care at the right time from the right place
Culturally appropriate services with increased Aboriginal workforce	ensure ALL services are culturally appropriate and that the Aboriginal workforce is increased	0	
More support for children	More support for children as significant others impacted by AOD use	3	Helping them to understand the situation - which will help them to not see this as "normal" and hopefully break any repeating cycles.
Local staff development: professional development opportunities Increase capacity for existing good services	Increase capacity of existing good services to help people (e.g. Holyoake) to be able help more people - utilise local people's skills and upskill - a Wheatbelt hub as a single point that brings everything together for clients - but also for the sector	0	
	Bridging the gaps	0	

Theme	Title	# Likes	Comments
What are your thoughts on the introduction of compulsory AOD detox and / or treatment in WA?			
	Very controversial. Removing someone's 'right to choose' is not to be taken lightly (obviously!!) But i think it does have a place	2	A lot to work through before it could implemented - a conversation that needs a long time to work through
	Where someone is a danger to themselves or others then they should be offered a safe place to be and appropriately cared for until such time as the situational crisis has reduced in severity. However evidence suggests that successful treatment outcomes are greatly influenced by someones readiness to change so long term recovery is unlikely if it is a forced situation without their consent.	1	
	Working in prison, so many people were grateful for that period of respite to break the cycle and have the opportunity to be taken out of the situation and given a chance	0	
	Consider the difference between availability of services to support acute intoxication versus long term treatment	0	
	If people are a danger to themselves or others it is a good idea. A place for people with their families to go to together, away from home, would be beneficial	0	
	Some people, when in the deep, dark clutches of addiction, appear to not have the cognitive capacity to make good decisions.	0	
	I think it explores Duty of Care. individuals who struggle with poor Mental Health may not be able to access the appropriate treatment as a result of AOD related issues.	0	