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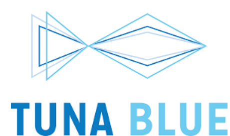

Government of **Western Australia**
Mental Health Commission

AOD CRISIS INTERVENTION

South West Regional Community Forum (26th May 2020)

Output Summary Report

CONTEXT

The aim of this Community Forum was to facilitate engagement with community members within the South West 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.

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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 South West?
    - *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 South West?
- What additional services or changes to existing services are required to optimise the AOD Crisis Intervention system in the South West?
- What are your thoughts on the introduction of compulsory AOD detox and / or treatment in WA?

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 South West?

- Immediate intervention
- A stable, consistent person for support (less cross over in services)
- A "safe" place free of AOD use
- Meeting basic needs: shelter and rest, food, shower, re-group and re-set
- Separate areas in a "safe" facility, e.g. a secure reception, different rooms for assessment and counselling

- A quiet, relaxed environment providing opportunity for positive communication (not hospital)
- Appropriately trained staff
- No fear of punitive measures

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

- Inconsistency in treatment
- Timeliness of services: no immediate intake; lengthy wait times; need for out of hours crisis support
- Stigma; heightened in regional areas
- Lack of funding: funding; AOD trained staff
- Ability to provide follow-on care
- Lack of data / measurement of services leading to estimates about unmet demand and funding
- Lack of services / limited choice in the region (e.g. no rehab, no detox outside of Bunbury, limited clinical hospital space)
- Lack of coordination

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

- Outreach - dedicated AOD specialists to go out with co-responders (de-escalation teams) as a trained triage group; a crisis team to facilitate referral to services
- Out of hours crisis support
- Detox and rehab facilities within the region
- Safe halfway houses - a therapeutic environment, with security and medical intervention if required, that can deal with co-occurring crisis issues
- More peer support, e.g. for family members, to support harm reduction
- Additional AOD training for first line responders
- Wrap around support for the entire family
- Long-term case management
- DAWN services extending to the south West
- Improving coordination, for example through knowledge capture and sharing

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

- If it to keep someone safe at moment of crisis due to risk of harm of self or others then it is a good thing
- Does not address the underlying issues of the social determinants of health and need for choice in engaging in recovery
- Need to determine what happens once compulsory detox/treatment is completed
- Support for family is required if they are the people who instigate it
- Long-term, follow-on support is critical if introduced
- One size doesn't fit all
- Lack of research evidence supporting success of compulsory approach

APPENDIX A: RAW GROUPMAP OUTPUT

Title	# Likes	Comments
What does "safe" look like for people experiencing AOD Crisis?		
Take people somewhere safe to be able to help them, as often where they are isn't safe. Not necessarily refuge but quiet, safe, somewhere we can talk - removal from crisis situation. De-escalation. Also taking someone away from a place where they are causing an unsafe situation - removing them for safety of others.	0	Security and medical expertise are needed in a safe place Provision for children
not a hospital	0	
safe reception area so that staff and participants coming in are safe during crisis behaviours	0	
areas separated so that people can talk and be assessed privately	0	
Listening to the families of those in crisis	0	
specialised ongoing supports once exited from rehab/treatment for person seeking services and family	0	
Crisis services that are adequately trained	0	
ability to access help without fear of law	0	
good communication	0	
A safe place with appropriate wrap around services	0	
place to rest, shower, get bearings	0	
Safe from outside influence - place where others cannot see or interfere with the	0	
help for the families and person in crisis that is not the authoritarian (police)	0	
food, shelter, relaxed environment for conversation	0	
appropriately trained people providing support	0	
Regular outreach support for crisis and safe intervention	0	
A specialist place(unit) to go to separate to the hospital with trained support and medical staff/equipment - to make it safe for both the person accessing services but also making it safe for people accessing alternative services i.e. hospital/GP services	0	
low stimulus	0	
understanding	0	
reduce stigma	0	
fast immediate intervention	0	
appropriate language	0	
Help for the families of the person in crisis when the user is heightened	0	
Choice	0	Being part of the decision- making process, feeling an element of control

		Being offered options - can only have choice if options are available
an environment that shows empathy	0	
respect	0	
non-judgement	0	
acceptance	0	
A safe place free of AOD use	0	
A stable safe person for support (less cross over in services)	0	
Being able to access services immediately when the person in crisis is willing to seek help	0	
connection	0	

What are the current challenges and gaps in AOD Crisis Intervention services in the South West?		
Timings of services - crisis doesn't necessarily happen in daytime working hours...	0	
Medical staff appear to have different responses to people presenting to hopsital - some treated straight away and other left building in anger or distress for a long time - so some procedures and training to support psychosis or suicidal AOD presentations	0	
not sure this relevant at this time but I would like to note that one thing that is unhelpful is that certain professions are not eligible for a Medicare provider number ie counsellors when they could be utilised to support high needs areas	0	
intake always a problem, no immediate access	0	
gaps include drug type, age group etc	0	
still too much stigma related to people accessing services	0	
Funding for support groups	0	
Emergency services attitude to people under the influence of AOD	1	
Lack of trained staff in ED	1	Ed is also hightening ie lights noise etc Yes this is a problem in the south west where staff are annoyed by people using substances and the result is that participants often leave when they could have accessed services Also need staff in ED trained in handling mental health and AOD intervention
South west requires a trained triage group that can be called from community or services to go to any situation to assess and refer or take to safe place - this groups needs security	0	
little ongoing supports once exiting rehab or hospital	0	
data and measurement of services being accessed	0	
Emergency services not being skilled in AOD or MH issues	0	

It's hospital or lock up, except for Bunbury... no detox except hospital which depends on Drs in attendance	0	
Lack of rehab services in the SW	0	These also do not accomodate for people with children or who have pets etc
lengthy wait times	1	
Limited choice,	0	Educating the public to services available
estimates used to fund AOD what about the unmet demand	0	Cultural appropriate services; service location; regionally difference in need;
Clinical hospital space for those in crisis that does not adequately provide theraputic engagement	0	
Services working in silo's, not a coordinated approach	0	
No Crisis services unless you go to Bunbury which is at least two hours away	0	
added stigma amongst medical staff in regional areas, not AOD friendly	0	
AOD prevention is ad-hoc no coordination	0	Inconsistencies across the state in service delivery - lots of different things happening and people don't know what is happening elsewhere; also inconsistencies in messaging; MHC have good resources but they are not location specific and don\t mean much to local communities
The allocation of funding for outreach services	0	Lack of funding for additional services
Police attendance to a crisis without trained MH workers	0	

What additional services/changes to existing services are required to optimise the future system?		
Safe halfway houses - a therapeutic safe environment, with security and medical intervention if required; but not a police cell. Somewhere that can absolutely deal with co-occurring crisis issues. Calming, de-escalating; trained personnel to help the case management treatment journey	0	
Dedicated AOD specialists to go out with co-responders (de-escalation teams) - peer support workers too be part of this team? May be some challenges with local people knowing people in smaller communities - take pressure of emergency services	0	Trialling in Bunbury but need it in other places Not just in the cities
we need to understand and acknowledge AOD use and the broader determinants of health	0	
Out of hours crisis support	0	So much time spent trying to find support out of hours - then the Police is all there is Outreach and crisis intervention out of hours is so crucial
Peer support for family members	0	
hospital and police need additional training to handle mental health issues or AOD issues when people present in crisis - at the moment people in crisis want to avoid these teams	0	
This crisis team needs to be able to work outside business hours - i.e. weekends when required	0	
wrap around support for the entire family	0	
crisis intervention team are required with specialized training to handle crisis and also who can work with police so that police call them and get them involved immediately.	1	

Case management for those who repeatedly find themselves in Crisis	0	Done at a community level
a team that can refer across services and know the services in the region - ie so that service can come in when they are needed. so either a crisis team to intervene or a team located with police or ED who can then refer	0	
DAWN services extending to the south West	1	
Remove competitive tendering process	3	
Safe houses for people in crisis which in non-clinical but still includes security and medical support	0	
Place based support	0	
Each service working to meet consistent KPI's	1	
peer networks to promote harm reduction	1	
mapping prevention and treatment, who is doing what, when , how	2	So needed
Greater family support as well as user support	0	Crisis is more than just the person - mostly family are impacted too. What do we do?! Follow-up with family afterwards. Something! There is nothing at the moment if a family member is taken away Immediate support around information and advice for families Dealing with fear around person perhaps returning - perhaps parents called police. Need help with preventing further crisis CADS offer family counselling Peer support for families - Doors Wide Open do offer this
A more coordinated model between services	0	
mapping unmet demand	0	
Crisis Model with Police and MH workers attending together as happens in the metro	0	Bunbury was chosen as a Trial City for this, we are waiting to hear when this will happen
family intervention teams	0	
Each region requires a detox / rehab space	0	

What are your thoughts on the introduction of compulsory AOD detox and / or treatment in WA?		
In the short term it might have some success' but who is it really helping	0	
Compulsory	0	
Many Many harms to the community come from Alcohol which is a legal drug. Stigma around AOD crisis actually leads to illicit substances	0	
all the research tells us that voluntary	1	
what is the motivation of compulsory detox/treatment? If it to keep someone safe at moment of crisis due to harm of self or others then good. However, it does not address the underlying issues of the social determinants of health. What happens once compulsory detox/treatment is completed.	0	
it would definitely have to be supported by a long term program - say as an alternative to	0	
we already have compulsory legislation around harm to self and others	0	
Again there would need to be support for the family if they instigated compulsory detox/treatment	0	
Decisions made based on risk of harm to self or other, would be covered under MH Act?	0	
where people are at risk of harm especially repeated harm then yes = but you would imagine that it would be court ordered	0	
if it was to be introduced having the follow up support pathways would be critical	0	
I don't think it is a one size fits all	0	
Case by case basis, ONLY if it was a supported process, long term appropriate client support	1	
choice is a major factor in recovery	0	
I think that it can be useful in certain circumstances	0	
there is no research that shows compulsory treatment has long term effects on use	0	
Compulsory AOD Detention not treatment	0	