TUNA BLUE

Government of **Western Australia**
**Mental Health Commission**

# AOD CRISIS INTERVENTION

**Goldfields Community Workshop (10th June 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 explore what the ideal future of crisis intervention looks like, as well as specific challenges and opportunities relating to service delivery.

.

### OVERVIEW OF ACTIVITIES

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

- What does 'safe' look like for AOD Crisis Intervention?
- What are the current challenges and gaps in AOD Crisis Intervention services in WA?
- What additional services / changes to existing services are required to optimise the future system?
- Should a compulsory AOD element be introduced?
- If a compulsory AOD element is introduced, do you think it should be just detox, just treatment, or both?

### SUMMARY OF KEY POINTS

The following themes 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 Goldfields?***

- An Indigenous owned space for non-judgement
- Agencies need to be on the same page, want to all do something but won't do it together; a one stop shop, in reach of agencies and a focus on underlying issues, not just AOD
- Often nowhere to go, on the street and transient, from communities and using meth; going home (if there is one) isn't an option; nowhere to go after ED, often presenting with drug psychosis; vulnerable women, particularly
- 24 hour support for person experiencing crisis as well as family members needing support; assistance on how to best support a family member; counselling and wrap around support

- Working with young people, 24 hour access is critical, a safe place to talk to someone, have a sleep and a meal; not sure there is a place for young people using AOD but also those with AOD at home, nowhere safe to go
- Local Indigenous counsellors
- Access to education and training – free and works at their pace
- Access to individual counselling – providing a safe place for people to discuss their alcohol and substance use issues
- 24 hour access
- Feeling of security where ever they are
- Culturally informed services
- Non judgemental
- A place to go post ED
- Counselling for families and clients
- Family support
- Support for families assisting family members with AOD issues
- for the young people somewhere to sleep  have a feed and  wash
- Locally accessible community base services

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

- Referral between services, collaboration between MH / AOD, etc in Esperance is pretty good but there's a limit and wait time to that, we need support now or otherwise we lose people; need for a one stop shop, within reach from all the other options and services
- AOD forums to bring in agencies, to share what works and working as one is really critical for the whole community
- MH and AOD overlap, people use for a history of trauma and abuse in the first place; sent back and forth between AOD and MH services, can't engage, can't detox, etc; continual, repeated cycle; really unclear who does what but the issues all overlap with a lack of expertise
- Lack the skillsets to deal with such high risk co-occurring needs (Disability, AOD, VSU, MH); people often are sent to Perth, difficult to provide the support that people need
- Workforce issues, attraction of staff and inconsistent recurrent funding to retain staff
- No central place for people to services with new staff to find the information
- Evaluating prevention and early intervention is really difficult, it's hard to see the results, so the focus is on the crisis services
- Staff changes are a massive issue, need to rebuild trust and relationships; need for support from industry in town, particularly Kalgoorlie; needs a whole of community approach

- Collaboration and discussion of the topic in the community still feels taboo with people, the need to have the discussion earlier in schools, services, etc consistently before something happens
- Need for collaboration / capacity building between services in the regions; consistent funding is a barrier to collaboration , constantly chasing funding and difficult to retain staff
- Need for support for families and parents trying to keep their young people in the community, employed and safe; Holistic challenge, a number of our staff and young people have AOD use and can be crisis point easily, how to support those people and help them to keep their job / income; get them the support and services when they need it; availability of satellite services (Kalgoorlie / Perth); how do we support the good parts of life (work, family, etc) but also address the underlying AOD issue
- VSU for young people who appear access in many areas around town
- Court charges
- VSU
- Engagement with services for people with Co Morbid AOD and Mental Health issues Review of working relationships between services – Mental Health ad AOD
- No emergency accommodation for intoxicated
- Support for families with children they may not choose Detox for that reason
- Juveniles at risk
- Engagement
- Suicide / AOD / mental health
- Clients acknowledging that there is an issue with AOD
- Recurrent funding for AOD services (State and Commonwealth)
- After hours drop in for young people
- Funding
- The ability to fill After Hour Positions in services with qualified staff
- Limited service providers or resources available to assist
- Continuity of the support staff for clients
- Workforce!
- Disability AOD
- Comorbidity ND

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

- As a parent, want the service support before it is a crisis, to start the ball rolling before your son realises he does need help, upskill and builds your safety plan / capacity before the crisis point
- Support open door policy for CADS, etc – to see that person that day in crisis:
  - Referral to the next service and the wait list is where the gap comes; needs to be a meaningful referral with real assessment and follow through
- Have a stronger referral pathways between main centres and remote community services
- 24 hour crisis for young people – beds shower facility food – support to navigate Centrelink, education training counselling medical hep
- Increase in coordination between services and understanding of different service mandate:
  - A requirement under the funding of services, that collaboration is required; must demonstrate it is being done; a lot of misunderstanding / misinformation
  - Despite workshops and interagency forums, it always falls back onto a busy workforce
  - Considering Collective Impact models, challenge is the 'backbone' organisation to continue the facilitation and engagement of agencies
- Extending funding commitment to 5 years in lieu of 1 – 3 years
- Increased consumer participation in defining the services that are needed in the community. Consumer driven services
- Improved communication between agencies and induction of new staff
- Permanent Aboriginal Health Service in Esperance:
  - For the Indigenous community in Esperance – mandate delivery through an permanent Aboriginal Health Service
  - To coordinate existing services, prevention and SEWB approach
- Support for Mental Health and Wellbeing along with AOD support – wrap around so not in isolation
- 24 hours crisis – place that is safe any time of the day, shower, food, ability to navigate Centrelink, make hospital appointments, sexual health, holistic service. Ideally somewhere that can take intoxicated people with right support. Local place that's non-judgemental, community owned and controlled:
  - Would need two separate areas, one for people who are agitated. One for people who need holistic care, once they've de-escalated; Close linkage to ED and Police if required
  - Drop in Centre and then the special area that is quite different for those presenting intoxicated and potentially volatile
  - Self-presentation would be great

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

- With VSU and juveniles we are often asked to keep these young people "locked Up' real conundrum about further trauma, VSU not being seen as a real drug, etc
- We do this for MH under the MH Act, is it naive to think the same? People who use AOD are different, they will use to cope
- Removes from immediate danger but can create a barrier to acceptance of services down the track; it's a conundrum; it's not AOD in isolation, other comorbidities with social, legal, family issues, what long term purpose will this serve?
- Would the exposure to a temporary environment create a willingness to change or encourage it?
- Why can't the process be similar to that of Mental Health Act risk to self and others???
- Certainly, there is a medical safety element to detox but if people don't have the capacity to change, they'll go back to what was happening before. Mandatory treatment would need to really look at the root cause
- What is the purpose? Social control? Detox – safety for someone? Safety for their families and community? Once people get out, they use again; most people will attend to mitigate sentencing (drug court). You can't make someone engage with mandated long term. Change should be their own agenda
- Would need a very integrated system approach across all service providers
- Support is not just about coming off the drugs, you must go through the underlying issue; otherwise people go straight back to what they were doing in the community originally:
  - Totally agree address the Mental Health and wellbeing issue
- Concerned about what happens afterwards, back into the same community environment and life hassles (Centrelink, housing), etc, then you might fall on the face; might give someone a clearer head and a break but the after support if the major thing; compulsory housing may also give people a clearer head to look forward
- Might work for young people but not for adults
- Not where you want it to go but when someone is suicidal, they talk to you about it – at times you feel helpless to deal with it, not sure where to go for support but concerned around the support and trust to put around it
- Would have to have the model service designed across all service providers (State Commonwealth and NGO)
- Crisis for families is different for families than for the user different response needs
- Need ongoing appropriate support
- We don't think the Esperance Aboriginal community would trust government to get a compulsory intervention process right
- If you were to make it compulsory you'll need to fund it – costly and complex
- Agreement that immensely complicated process. Huge worry that it is another coercive thing done to Aboriginal persons
- Quick fix what happens next if not streamed or linked to follow up services or support
- If you make it compulsory – you'll need to fund the service and as mentioned today – this would be costly as it is such a complex issue

- This may be an option as a last resort and would have to be on a case by case basis. May not work as people generally have to be ready for change
- ¢
- I think it is something needed especially if families need support but I'm wondering how much will it be if the client doesn't want to be there – what will be the time that compulsory treatment happens
- Mixed feelings often doesn't work
- The concern would be what supports available when the detox is completed
- Detox yes. Compulsory treatment ??? Coercive engagement does not work !!!
- As a mother of a child with an AOD issue, would have liked compulsory interventions at some point along the journey with her son. Provided this interventions were culturally appropriate and community controlled organisation led:
  - The jolt has to come from family. They know what is happening with their family member. A wake up call is needed at time