

AOD CRISIS INTERVENTION

Pilbara Community Workshop (29th 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 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 a facilitated discussion:

- What should "safe" look like for people experiencing AOD Crisis in the Pilbara?
- What are the current challenges and gaps in AOD Crisis Intervention services in the Pilbara?
- What additional services or changes to existing services are required to optimise the AOD Crisis Intervention system in the Pilbara?

SUMMARY OF DISCUSSION

The discussion points are summarised below each focus question.

What should "safe" look like for people experiencing AOD Crisis in the Pilbara?

- At the moment it's quite ambiguous - relates to a person's location and access to sparsely available services (mainly major centres - Karratha, PH, Roebourne).
- Very little available for those in crisis, Police often involved and the next port of call is ED, things continue from there. Often ED depends on whether fit to detain. Detox and psychosis needs in hospitals also present challenges. Sometimes ED will admit for MH assessment if psychosis.
- Some Sobering Up Centres in Port Hedland, Roebourne. Access to support services in crisis (e.g. CADS Mission Australia) but mainly major centres with outreach (3-4 hrs away so difficult for crisis).
- Detox beds extremely limited - some low med detox beds at Sobering Up Shelter in Roebourne under Yaandina umbrella (but only able to keep people on their prescriptions, administer benzos). Our hospitals are not funded for medical detox, makes it extremely difficult in a crisis situation.
- Bloodwood Tree in South Hedland - excellent services with community patrol, offering meals, sobering up shelter, proactive AOD / Patrol /MH team targeting problem streets in South Hedland.

- Very little in crisis to meet people in their short window of need. Safe does not look safe for people in the Pilbara

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

- Major lack of resources, accessibility, culturally appropriate servicing, lack of peer based services. A codesign, place based solution in each of the towns to get the right services for referral, particularly prior to the justice system. Crisis and constant response is too late, such a gap and a hole in the preventative space - it's critical we fill that.
- Culturally secure caseworker alongside Police to join on first contact, immediate support presented to someone, rather than a paternalistic, institutional response. An understanding and supportive person at first contact.
- No specialised methamphetamine service model, short window of opportunity is a specific need for meth for a significant issue in the Pilbara. Integrated medical and counselling model in the region, with flexibility of appointments - self referred, potentially walk in to get support through a Nurse Practitioner and a GP with peer support workers. See Wheatbelt Holyoake specialist model example - well integrated with the medical model.
- People without after hours support, referral gaps and eligibility barriers, clients being sent from service to service. Only after hours AOD service we have is WAPHA funded in Roebourne for children under the age of 14 yrs. CADS is funded for services 14 yrs. and over (big funding gap for youth). Crisis services need to be across the age spectrum to support children and not just adults, we need to consider children in supervised detox beds (particularly for VSU use in the Pilbara)
- Lack of detox beds, missing those after hours and weekends windows of opportunity. Limited time and resources for services to provide preventative work in the community.
- Staff turnover is high, can't build relationships and consistent touchpoint with people who aren't in crisis now but might be in the future. Continue attracted skilled staff but focus on building the capability of the people in the community who are here - build their networks and skills for when it's needed

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

- Prevention, role modelling in smaller towns - Elders and lived experience people involved - provide safe space. Peer support workers with lived experience of recovery plus also peer family workers who have been through the issues other families are going through.
- We need to have acceptance from funding bodies that peer workers with lived experience are acceptable FTEs. There's not enough paid acceptance of these workers
- Need for services to support people with higher dependency/complexity in their community/region. Being sent to Perth and people lose their family/community networks.
- Youth rehabilitation for crisis and detox for those over 14 yrs. (not sent to Perth). Youth from the Pilbara get homesick, we need a young person's rehab for under 16yrs - get the Elders involved
- Safe Place / Healing Place is a longer term goal of the Town of Port Hedland's Community Safety Plan. More a community centre, hub space where people feel connected, can have conversations, share experiences on where they've gone for support, build their network. Spaces for people to connect - more hub sites - try new things, learn from each other.

- Pilbara is so far behind that it would take huge community engagement and codesign process. Communities need the information and support/forums to voice their concerns to create safe spaces at individual, family and community levels.
- Would need to integrate with the Recovery College satellite.