



AOD eNews December 2021

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1. Central and Eastern Sydney PHN

Author: Esther Toomey, Drug Health Program Officer

Update from the PHN

It is almost the end of the year, and what a memorable one it has been. Through the COVID-19 pandemic, we have experienced our landscape change rapidly and frequently, and our daily lives impacted in a myriad of ways. Alcohol and Other Drug services have demonstrated incredible resilience through continuing to provide support to clients during and now, as we are seeing increased rates of vaccination alongside the easing of restrictions, our landscape shifts once again. However, acknowledging that adapting to change isn't without its challenges; like transitioning to face to face or a hybrid model of support, managing new or developed COVID-19 policies and procedures and helping to keep clients and staff safe. NADA have developed a new FAQ document designed to adjust face to face service delivery with COVID-safe practices in mind. [Take a look](#) and if there is anything else you feel would be helpful – reach out to NADA.

In response to the mental health impacts of the COVID-19 pandemic, CESPHN have recently commissioned a range of initiatives and boosted established services to support access and treatment to mental health support.

On the 6th of September, [Head to Health](#) pop up clinics opened in Canterbury and Hurstville. The Canterbury clinic is operated by One Door Mental Health and the Hurstville clinic by Neami National. Head to Health Pop Up clinics help people access mental health support as early and conveniently as possible within their community, onsite, as well as via telehealth. The Head to Health services provide access to multi-disciplinary teams of mental health workers including psychologists, mental health nurses, social workers, peer workers and alcohol and drug workers.

Additionally, [Psychological Support Services \(PSS\)](#) have been expanded to increase services to the Culturally and Linguistically Diverse (CALD) Communities via increased funding to one of our existing provider organisations, [Sydney MindHealth](#). CESPHN is providing community grants to four local organisations that work with CALD communities in our region. These aim to increase community engagement and access to mental health and wellbeing services for CALD communities.

In other news, we are pleased to announce the CESPHN Annual Report for 2020-2021 is out now and [available to download here](#)

I'd like to thank all the contributors for sharing their updates and stories this month and hope you enjoy our December edition of the AOD eNews.

Wishing you a happy and safe holiday and new year!

2. Odyssey House

*Author: Russell Bickford, Odyssey House
A New Initiative – Mental Health Recovery Support*

The COVID-19 pandemic and the associated lockdowns have seriously impacted people's mental health and well-being in the Central and Eastern Sydney Primary Health Network (CESPHN) region.

These impacts have arisen from life circumstances such as social and personal isolation, serious illness and morbidity, loss of a job with associated income, psychological distress and personal goal and identity issues.

In addition, the pandemic and lockdown appear to have had impacts on harmful and risky levels or types of Alcohol and Other Drug (AOD) use and other serious consequences such as increased suicidal ideation and increased issues with pre-existing mental health (MH) concerns.

Odyssey House NSW (OHNSW) provides a range of AOD and MH support programs across the Sydney Metropolitan area. These programs include group and individual treatment covering information, education, and support.

Due to a recent expansion of programs and services, OHNSW (Redfern and surroundings) offer a specialised Mental Health Recovery Program (MHRP) alongside our existing core AOD Recovery Programs. The MHRP is designed for those experiencing mental well-being and distress and supports diagnosed and higher impact mental health issues. Highly trained clinicians and their peers deliver the MHRP within a psychoeducational and trauma-informed framework

The MHRP is delivered online and in-person from Monday – Thursday at 1.00 pm at our Redfern office. We also provide one-on-one MH case management, crisis intervention, brief intervention, and treatment.

In addition, OHNSW delivers the Mingu Yabun program, designed to support Aboriginal and Torres Strait Islander people with AOD and MH concerns. Each module has Aboriginal Dreamtime stories that are associated with that week's topics.

Clients of this new MHRP program would have access to and warm, direct referrals into other OHNSW programs and services both within the PHN region and outside it (for example, a referral to withdrawal management or residential rehabilitation if required). We are excited that this initiative can support more people struggling with the mental health impacts of COVID-19.

If you would like to refer a client to our service, our Client Referral Form can be found here <https://www.odysseyhouse.com.au/about-us/information-resources/information-resources-services-referral/>

Email referral@odysseyhouse.com.au

After we receive the Client Referral Form, one of our AOD Treatment Workers will contact the client to complete an assessment via telephone, which will take about 20-30 minutes.

Alternatively, a person can call us to complete the assessment on **1800 397 739 - PRESS 2**

If you would like more information about our services, please go to: <https://www.odysseyhouse.com.au/what-we-do/community-services/>

3. Kirketon Road Centre (KRC)

Author: Gary Gahan, KRC

No one Left Behind

Throughout this year, KRC has been working with community partners – including The Hub at Lexington, St Vincent's Hospital, Northcott Community Centre, Wayside Chapel, City of Sydney, Transhub-ACON, Twenty10 and BlaQ (LGBTQ+ Aboriginal Corporation) – to make vaccination accessible and safe.

Through pop-up and mobile clinics in key community locations, KRC's teams have vaccinated thousands of people from marginalised and disadvantaged communities, including people experiencing or at risk of homelessness, people living in social housing, Aboriginal people, people who inject drugs, people who engage in sex work, and people from LGBTQI+ communities.

KRC has teamed up with filmmaker Conor Ashleigh to produce '[No One Left Behind](#)', a short film documenting KRC's efforts to vaccinate vulnerable communities against COVID-19.

[Watch the short film 'No one Left Behind'](#)

*Author: Julie Dubuc, Counselling Manager, KRC
KRC South's New Counselling Service Now Open*

[KRC South](#) is now offering free counselling at Sutherland, supporting people with substance misuse including addressing adverse childhood experiences in relation to all areas of health.

- Relationships and family
- Decreasing isolation
- addictions
- anxiety/depression
- looking at new ways of living
- addressing trauma

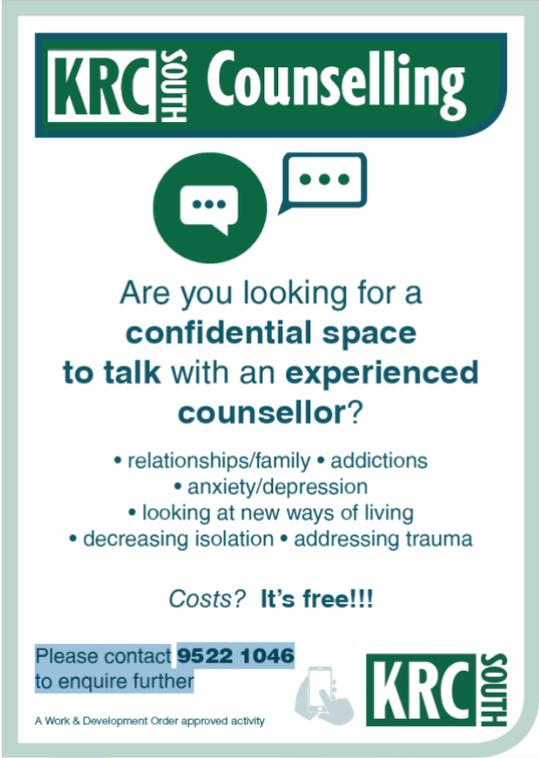
This is a work and development Order approved activity. Please contact **9522 1046** to enquire further.

Address

The Sutherland Hospital
[430 Kingsway \(pale green building next to pathology\)](#)
[Caringbah NSW 2229](#)

Opening hours

Monday: 8.30 am - 5.00 pm
Tuesday: 8.30 am - 5.00 pm
Wednesday 1.00 pm - 5.00 pm
Thursday 8.30 am - 5.00 pm (outreach service available from 3.00 pm - 5.00 pm)
Friday 8.30 am - 5.00 pm



KRC SOUTH Counselling



Are you looking for a **confidential space** to talk with an **experienced counsellor**?

- relationships/family • addictions
- anxiety/depression
- looking at new ways of living
- decreasing isolation • addressing trauma

Costs? **It's free!!!**

Please contact **9522 1046** to enquire further



A Work & Development Order approved activity

4. We Help Ourselves (WHOS)

Author: Carolyn Stubley, Nurse Manager, WHOS

Adhering to COVID-19 Safe Practices to Access Residential Treatment Programs for Individuals on Opioid Substitution Treatment

WHOS (We Help Ourselves) offers a range of evidence-based therapeutic alcohol and other drug (AOD) residential and day programs, based in NSW and QLD. More information on WHOS services can be accessed at - www.whos.com.au

COVID-19 has affected us all, particularly in how we conduct business and therefore we would like to inform you of what that means in terms of individuals on opioid substitution treatment (OST) wanting to access WHOS residential services.

Firstly, it is business as usual in terms of accepting people on OST into our programs, WHOS Opioid Substitution Treatment to Abstinence Residential (OSTAR) reduction program and WHOS Residential Treatment of Opioid Dependence (RTOD) stabilisation program.

If individuals on OST are looking to access residential treatment and reduce and cease their OST at the same time, then WHOS OSTAR offers that opportunity. WHOS RTOD is a stabilisation program for those individuals wanting to stabilise their lifestyle whilst remaining on OST. There are no restrictions on type or dosage of OST to be able to apply to WHOS OTP residential services.

What has changed due to COVID-19 across all WHOS residential services is the need for applicants to be either double vaccinated, have received one vaccination or they must be willing to be vaccinated once at WHOS.

We also ask that applicants present with a negative COVID-19 test result taken within 48 hours of admission. Anyone who has had COVID-19 will be asked to vaccinate within the 6 months post infection and of course medical exemption to vaccination will be accepted.

We are now taking admissions directly from the community, as well as via inpatient withdrawal services. Our withdrawal management nursing staff can undertake withdrawal management onsite for those with low to moderate withdrawal needs.

During the lockdown period we reduced the number of admissions processed weekly to adhere to NSW Government COVID-19 guidelines, however we are now ready to resume business as usual.

We encourage you to take a virtual tour of our services at - <https://whos.com.au/about-whos/virtual-tours/>

For any further information do not hesitate to contact the services on **02 8572 7444**

5. SESLHD Drug & Alcohol Services

Author: Dr Hester Wilson

Co-morbid Mental Health and Drug & Alcohol: Online and Telephone Resources and Online Training

The COVID-19 pandemic has been a time of great uncertainty and heightened stress for many. In primary care we've certainly experienced this. For us as practitioners this has included responding to the changes with telehealth, managing the vaccine rollout at the same time as we continue to deal with the usual everyday issues in our practices. We've seen patients experience increased mental health issues and many turning to (or turning back to) alcohol and/or other drug use to help them cope. Assisting those presenting with this has stretched all of us working in the primary care space, including psychological and other support services.

Fortunately, most people will report mild to moderate issues e.g., alcohol use and mild anxiety disorder. For this group, online Mental Health and Drug and Alcohol web-based programs, information and other resources can help them to understand and manage their conditions. A package of these resources is now available on the [CESPHN website](#).

The identified resources have all been reviewed by doctors, nurses, allied health and consumer workers from South Eastern Sydney Local Health District (SESLHD) Mental Health and Drug and Alcohol Services, and with primary care clinicians from CESPHN. This ensures the directory only includes evidence-based programs that we know are appropriate for our communities.

The package includes; online and telephone services, information, screening tools, care pathways, webinars etc. Other resources in the package can be provided to patients and carers for information, support, and self-management e.g. online and telephone counselling and crisis support, fact sheets, carer assistance, peer support, Apps etc.

The second resource is a compilation of mental health and drug and alcohol online training options for clinicians. These are listed under mental health, drug and alcohol and comorbidity training.

The training is intended to assist in developing knowledge and skills for different aspects of providing care to patients with mental health and substance use disorders.

Some patients experience severe, complex problems with multiple co-occurring conditions. This group will need specialist support so please work in collaboration with Mental Health and Drug and Alcohol Services in SESLHD. Ask for help when you need it and remember that a multidisciplinary team approach will help with stabilising and recovery.

Both packages are now available on the [CESPHN website](#)

The packages were developed as part of the Comorbidity Clinical Pathways Project for which SESLHD Drug and Alcohol Services received funding from the [Mindgardens Neuroscience Network](#).



Health
South Eastern Sydney
Local Health District



6. ACON

Author: Siobhan Hannan, Team Leader, Substance Support Service

Drink Limits

The DRINK LIMITS group is an eight-week therapeutic group looking at alcohol use and anxiety for all LGBTQ+ women, including Sistergirls, trans women and cis women.

It aims to equip participants with a deeper understanding of the drivers of their drinking habits along with evidence-based tools, strategies, and skills to improve their mental health and reduce harms associated with alcohol use. It includes psycho education around the stages of change, goal setting, recovery planning, minority stress and the impact of trans/homo/bi-phobia on substance use within gender and sexuality diverse population groups. It also draws on a range of therapeutic approaches including Motivational Interviewing, Art Therapy, Cognitive Behaviour Therapy, Mindfulness and Dialectical Behaviour Therapy.

Originally created as an in-person group, the program was tailored to an online video delivery format when COVID-19 lockdown restrictions prevented in person meetings. It was facilitated by two experienced women AOD counsellors.

Retention rate from an original 9 participants was 85 per cent with one drop out after the initial group session. Client Outcome Measures were offered at the first and last group session and each participant was invited to complete a detailed evaluation that included questions around preference for online or in-person delivery at the final group session.

75 per cent of participants stated a preference for online delivery for reasons varying from convenience, travel time, and it feeling safer due to online “anonymity” and not having to battle social anxiety to participate. 25 per cent indicated a preference for in-person delivery stating reasons like “Building friendships [I] think you would do in person.” and, “It would be nice to meet people in person if lockdown had of allowed. Finding private space at home sometimes was tricky.”



Some of the most valued things reported about attendance were:

1. Learning new tools
2. The people
3. Safe place to share stories and information
4. Having an organised book of tools, techniques and worksheets to use for ongoing learning and development

100 per cent of participants stated that “Overall, I really enjoy the group sessions”, while, to the question, “How much has the group benefited you?” 25 per cent reported “A Lot” while 75 per cent reported “Greatly”.

ACON would like to thank Thorne Harbour Health for developing and sharing the Drink Limits program with us. We would also like to thank CESP HN for funding this group program.

7. Community Restorative Centre (CRC)

Author: Bianca Amoranto, Senior Transition Worker, CRC

The New Normal

It has been a challenging time the last five months, going back into lockdown with much harsher penalties and restrictions placed on our daily movements than last year's lockdown. But here we are, coming out the other side. I would like to say that we are coming out of this unscathed, but the fact of the matter is, each and every person has had their own struggles, battles, concerns, dilemmas, challenges, opportunities and triumphs, and everything else in between.

During this time clients of the AOD Transition Program have continued to seek and receive support from us with little face-to-face contact, a huge success in itself. The resilience of our clients amazes us every day. Some struggled with the lockdowns and said that it reminded them of being incarcerated, and yet some were quite ok with not having to deal with lots of people all at once. For some clients the time to focus on themselves and their recovery from AOD use was something that their chaotic lives had never allowed them to do, while others felt further isolated. Whichever situation our clients have been in over this lockdown period, overall, it has been a time for them to learn something about themselves and put their coping strategies to good use. One thing that really stands out is that everyone's experience, thoughts and feelings around this pandemic have been different, and that is OK.

CRC now start the task ahead of creating 'The New Normal' with COVID-19 at front of mind. We have started to go back to outreach work slowly, with strong COVID-19 Safe practices in place to minimise risk to staff and clients, whilst responding to the needs of our clients.

'The New Normal' in our team has changed too, with Andreas Aegler and Tamara Killick both leaving the CRC family to pursue other opportunities. CRC wishes them both well on their journeys. I would also like to take the opportunity to let you know that I have been successful in my application as Senior Team Member and look forward to supporting David Chivers, (Manager) and the AOD Transition Team. With these staff movements we now have two full-time positions available with one of those positions being First Nations Identified role. We also welcome Ash Clancy to the AOD Transition Team.

Stay safe during this transition to 'The New Normal' everyone.

Author: David Chivers, Manager – AOD Transition Programs

Work with CRC



AOD Transition Worker - Identified and Non-Identified roles available

AOD Transition Workers

First Nations Identified and Non-Identified positions available

At the Community Restorative Centre (CRC), we have been delivering services to people affected by the criminal justice system since 1951. We believe a strong team that feels valued and supported is the best team to work effectively with clients, so we work hard to create an environment that is professional, respectful, and culturally safe.

- Location: Canterbury
- Full time 38 hours per week
- Contract to 30 June 2022
- \$79,807 gross per annum + super + generous salary packaging
- First Nations Identified and Non-Identified positions available

Are you a dedicated, passionate AOD Counsellor with experience in providing culturally safe and trauma informed counselling and support? Want to make a real difference in assisting people exiting prison to address problematic drug and alcohol use?

CRC is excited to be recruiting for AOD Transition Workers to join a team of dedicated professionals in our award winning AOD Transition Program. And we'd love to hear from you.

- Play a key part in a program with proven results, and contribute to long-lasting change for our clients and the community
- Join a diverse and passionate team in a flexible and supportive organisation

We want to hear from people from all backgrounds, including those with lived experience of the criminal justice system and substance use. The skills and experiences of First Nations people will be particularly valued.

The Opportunity

As an AOD Transition Worker, you'll be at the heart of a high-impact team. You'll use holistic, therapeutic social and emotional wellbeing counselling and support on an outreach basis for people with substance use issues who are leaving NSW Correctional Centres.

Using a throughcare model focusing on the complex transition from incarceration into living in the community, your role includes:

Project and client support: You'll actively build positive relationships with Government, community and other services to source relevant support. Receiving and assessing referrals, AOD counselling and support, and project administration will make up most of your day. You'll approach every task with empathy, keeping our clients' goals front and centre.

Helping clients address problematic drug and alcohol use: Using an outreach model pre- and post-release, you'll play a vital role helping clients to overcome barriers to accessing AOD services and provide a continuity of support for those who have participated in drug and alcohol programs while in custody. The goal? To improve the physical, psychological, social and emotional wellbeing of clients, and reducing recidivism.

Data, administrative and assessment duties: While most of this job involves client-facing duties, data collection will be an important part of your role. You'll conduct general administrative duties, Workplace Health and Safety monitoring, and updating and maintaining accurate case files.

Cultural safety: You'll work in culturally appropriate ways in recognition of the unique cultural needs and over-representation of First Nations people and people from CALD backgrounds in the criminal justice system.

Your usual work hours will be 5 days per week, Monday to Friday, with occasional out-of-hours work, as required.

Why work for us?

- Support programs that aim to break entrenched cycles of disadvantage, homelessness and imprisonment
- Be part of a community-based agency that has been delivering effective services in our field for 70 years
- Join a dedicated, energetic team with a culture of flexibility, trust, integrity and respect
- Access the support of Cultural Supervision for First Nations staff, in addition to Clinical Supervision for all frontline staff
- CRC works with some of the state's most stigmatised and marginalised people, and we are dedicated to providing them with the help they need. While our work can sometimes be challenging, the rewards are significant.

To join us, you'll need:

- Significant experience and/or relevant qualification(s) in drug and alcohol counselling and support
- Knowledge and experience of working with complex and compounding needs such as criminal justice system involvement, AOD, intellectual disability or cognitive impairment, and mental illness.
- A current NSW Driver Licence

- A current NSW Working with Children Check and Criminal Record Check (please note, a criminal record is not a barrier to being considered for a role with CRC. However, this position requires a criminal record check as part of seeking access to prisons as an Authorised Visitor)
- Demonstrated cultural competency and knowledge of issues relating to Aboriginal and Torres Strait Islander and CALD communities
- The right to work in Australia

How to apply:

CRC CONSIDERS BEING ABORIGINAL OR TORRES STRAIT ISLANDER IS A GENUINE OCCUPATIONAL QUALIFICATION AS SPECIFIED UNDER SECTION 14 OF THE ANTI-DISCRIMINATION ACT 1977 (NSW).

WE ARE COMMITTED TO ACHIEVING A DIVERSE AND CULTURALLY SAFE WORKFORCE, AND STRONGLY ENCOURAGE APPLICATIONS FROM ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE AND PEOPLE FROM CALD BACKGROUNDS FOR THE NON-IDENTIFIED POSITIONS.

Do you have the skills, positivity and work ethic to match our amazing team? **[APPLY NOW!](#)**
Please submit your response to the selection criteria and upload a copy of your resume.

Applications will remain open until positions are filled.

For more information and a copy of the Position Description please email recruitment@crcnsw.org.au

If you would like CESP HN to visit you to discuss this or any of our other AOD referral options with you, please contact Esther Toomey on e.toomey@cesphn.com.au

For more information about our programs visit

www.cesphn.org.au/allied-health/help-my-patients-with/drug-and-alcohol-support