

PACT

Protocol Manual



Management of alcohol
misuse and wellbeing
concerns of injured
patients

December 2012



Produced by the Prevention of Alcohol related Crime and Trauma (PACT) Pathways to Care Project conducted within the Wellbeing and Preventable Chronic Diseases Division of Menzies School of Health in collaboration with the Maxillofacial Surgical Unit at Royal Darwin Hospital.

This manual has been developed by the Menzies Aboriginal and Islander Mental Health Initiative.



FOREWORD

This protocol manual is designed to help provide care for people with wellbeing concerns who have been admitted to hospital with injury.

PURPOSE

This resource will guide hospital staff in:

- identification of injured patients with substance use problems and/or wellbeing concerns
- provision of information and brief interventions that can assist patients and minimise the impact of substance use problems and/or wellbeing concerns on their physical and/or mental health
- recognition of patients in need of further treatment for substance use problems and/or wellbeing concerns
- appropriate referral of patients who wish to stop or reduce their substance use and/or seek external psychological support

CONTACT INFORMATION

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LayedOut



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INTRODUCTION

Prevention of Alcohol related Crime And Trauma Project

How this manual was developed

Project background:

This manual is one of the products of an 18 month project conducted by the Menzies School of Health Research in partnership with the Northern Territory Department of Health and funded by the Australian Government through the Attorney-General's Department under the Proceeds of Crime Act.

Objective:

To introduce screening and brief interventions for high risk drinkers admitted to hospital with facial trauma and evaluate the implementation of a best practice pathway to care.

Development of a best practice pathway:

A treatment pathway suited to the setting of the maxillofacial unit was developed through consultation with staff. It included clear guidelines for screening, assessment, intervention and referral and plain English pictorial information about alcohol-related risks. The brief intervention is based on resources developed through the Aboriginal and Islander Mental health initiative (AIMhi) in the NT (Nagel et al., 2009).

Implementation of best practice pathway:

A series of six one hour training workshops introduced the new resources to the hospital staff.

Evaluation of project activities:

Post workshop questionnaires assessed participant's knowledge and confidence. File audits over 6 months at baseline (2010, n=76) and 9 months (2012, n=77) assessed changes to service provider practice.

Key informant interviews explored experience of the practice best practice pathway.

Findings

- Strong links exist between risky drinking and assault related injuries
- The project increased awareness of and screening for alcohol and wellbeing concerns
- AOD screening rates were 9% at base line and 71.4% at follow up
- Wellbeing screening rates were 6.6% at base line and 15 % at follow up
- Staff reported positive responses to the training and newly developed resources
- 90% of workshop attendees indicated that the training would change their practice
- Brief interventions within the hospital were still a challenge – few delivered
- There were limited referrals to services inside and outside of the hospital
- Staff reported that sustainability is linked with ongoing availability of training and resources



BEST PRACTICE PATHWAY

There are four important actions which can uncover wellbeing concerns of people who have been admitted to hospital with injury.

1. Screening
2. Information
3. Intervention
4. Referral

Four important actions

Four ways to help uncover wellbeing concerns are: through checking for common problems like alcohol and other drug use, depression, or post traumatic stress disorder (**screening**), through giving more **information**, through talking about changes a person wants to make (a brief **intervention**) and through organising a **referral** to other services.

1. Admission
2. Ward
3. Discharge
4. Outpatient review

Four opportunities to act

Four opportunities during the hospital journey for uncovering wellbeing concerns are at admission, during ward care, at discharge or at outpatient review.

BEST PRACTICE PATHWAY ACTIVITIES

WHEN AND WHO?

Admission	<ul style="list-style-type: none"> • All patients screened for AOD and well being concerns • All at risk patients offered information pack 	At time of admission Nurse/Doctor/AOD Worker/Allied health
Hospital	<ul style="list-style-type: none"> • All at risk patients offered brief intervention • Intervention includes advice about relevant services 	Within 48 hours of admission Nurse/Doctor/AOD Worker/Allied health
Discharge	<ul style="list-style-type: none"> • All at risk patients offered information pack • Referrals to relevant services completed 	At time of discharge Nurse/Doctor/AOD Worker/Allied health
Review	<ul style="list-style-type: none"> • All at risk patients offered brief intervention • Intervention includes advice about relevant services 	At appointment Nurse/Doctor/AOD Worker/Allied health



STEP 1 SCREENING FOR ALCOHOL AND WELLBEING

The first step toward uncovering wellbeing concerns and offering help is to have a conversation. Gaining trust is an important way of learning more about people.

TIPS

for good engagement – especially with Indigenous people:

- Talk about yourself, what you do and where you are from
- Link yourself with the client through place, relationship, activities, hobbies, preferences
- Give choices about where you will talk, avoid face to face
- Use plain English, pictorial tools, local language, slow clear speech
- Talk about how family can link with our wellbeing
- Avoid direct questions
- Explore detail using ‘tell me about it’ or other open questions
- Explore strengths and worries using a metaphor to discuss wellbeing and what we can do to maintain wellbeing

It can be useful to use a formal screening tool to check for alcohol or other drug use

Examples of formal screening tools are:

- **MAD tool** The RDH admission assessment form
- **AUDIT-C** Alcohol use Disorder Identification Tool (Appendix 1)
- **SDS** Severity of Dependence Scale (Appendix 2)

Checking for mental health concerns

It can be useful to use a formal screening tool to check for alcohol or other drug use

Examples of formal screening tools are:

- **Kessler 6 or K10** Screen for emotional distress (Appendix 3)
- **PHQ 2+ or PHQ-9** Patient Health Questionnaire (Appendix 4)
- **TSQ** Trauma Screening Questionnaire (Appendix 5)

OR

Ask simple questions such as:

- It looks like drinking or other substance use might be causing you problems is that right?
- Do you worry about your use of alcohol (other substance)?
- Have you ever thought about cutting down or stopping?

OR

Ask simple questions such as:

- Sounds like worries or stress might be getting you down and causing your problems – is that right?
- Is that something you would like help with?



STEP 2 INFORMATION

It can be helpful to share information about risks linked with drinking such as:

Safe drinking:

Safe drinking is no more than 2 standard drinks per day or 4 standard drinks in one session (a full strength can of beer is 1.3 standard drinks)

General problems with drinking are:

- Trouble concentrating/feeling on edge
- Missing work because of hangovers
- Problems with your relationships
- Disturbing thoughts and paranoia
- Aggression and violence
- Increased risk of having an accident/causing injury

Other health concerns are:

- Brain damage
- Chest infection
- Liver troubles
- Poor control of diabetes
- Heart troubles
- Stomach troubles
- Pancreatitis

Mental illnesses linked with drinking are:

- Depression
- Anxiety
- Post traumatic stress disorder
- Self harm and suicide

Different types of treatment available are:

- Counselling
- Alcoholics Anonymous (12 step programs)
- Medicated withdrawal
- Community based rehabilitation
- Pharmacotherapies

TIP

Examples of opportunities for information or brief interventions

Any time you are alone with a patient might offer an opportunity for an intervention such as:

- Changing a dressing
- Changing IV fluids
- Filling out routine paperwork



STEP 3 INTERVENTION

If you think that a person is ready to consider making changes you can talk to them about what they might do.

Use a resource such as

- [Yarning about Alcohol](#)
- [Brief Yarning about Wellbeing pamphlet](#)
- [AIMhi stay strong plan](#)

(click on links above to open)

Promoting motivation

- Explore current worries: use a metaphor to explain how worries link with our wellbeing and confirm that although substance use can appear to help it becomes a part of the problem not the solution
- Build confidence in goal setting through review of the person's own changes from the past, (or use other resources to prompt ideas and confidence)
- Review family strengths and worries and reasons for change

Goal setting

- Aim to choose a goal for change they can work on right now.
- Sample questions:
 - Thinking about your strengths and worries and how your substance use impacts on these, is there something you want to do about your substance use?
 - What would be the most important thing to change first?
 - What is the very first thing that needs to be done to make that change?
 - How might you go about it? When? Who might help?
 - Now that you've got some plans for change who would you like to see to follow up with those plans and let's put in an appointment time before you go (GP/AOD service/myself)

TIP

Ask simple questions such as:

- It looks like *alcohol (other substance)* might be causing you problems. Thinking about your strengths and worries and how your substance use impacts on these, is there something you want to do about your substance abuse?
- What would be the most important thing to change first?

TIP

Goal setting

- Aim to set the simplest goal possible
- Allow the person to choose their own goals and steps to change
- Help the person to choose practical goals and steps that use resources and support that they already have.
- Have reasonable time frames that do not expect too much too soon



STEP 4 REFERRAL

There are a range of services in the hospital and outside of hospital that may meet the needs of these clients such as:

- AOD services in the hospital (TADS – 89228399, tads.ths@nt.gov.au)
- General Practitioner or local health centre
- Youth – Headspace 89315999
- Mental health Crisis Assessment 1800 682 288
- Domestic Violence Worker
- Aboriginal Liaison Officer

Treatment services available (see services pamphlet)

- Aboriginal and Torres Strait Islander Social and Emotional Well Being
- Community living support
- Psychological Support Services
- Crisis contacts/telephone help lines
- Drug and Alcohol, Family or Mental Illness
- Support Groups
- Withdrawal services
- Sobering up Shelters
- Residential rehabilitation
- Trauma treatment and counselling
- Young People's Social and Emotional Well Being

TIP

Referral

- Make the appointment with the client before they leave
- Allow the person to choose when and where they will have follow up
- Remember your priority may not be theirs

SEE SERVICES PAMPHLET



[Click here to download](#)



RESOURCES

APPENDIX ONE: AUDIT- C

How often do you have a drink containing alcohol?



How many drinks of alcohol do you have on a typical day when you are drinking?



How often do you have six (6) or more drinks on one occasion



AUDIT – C
Maximum score is 12

In **men** a score of 4 or more (and women a score of 3 or more) indicates hazardous drinking



APPENDIX TWO: SEVERITY OF DEPENDENCE SCALE (SDS)

A screen for identifying individuals with symptoms of substance use dependence

During the past year...

1. Did you think your use of (substance) was out of control?			
never/almost never (0)	sometimes (1)	often (2)	always/nearly always (3)
2. Did the prospect of missing a dose of (substance) make you anxious or worried?			
never/almost never (0)	sometimes (1)	often (2)	always/nearly always (3)
3. Did you worry about your use of (substance)?			
never/almost never (0)	sometimes (1)	often (2)	always/nearly always (3)
4. Did you wish you could stop the use of (substance)?			
never/almost never (0)	sometimes (1)	often (2)	always/nearly always (3)
5. How difficult did you find it to stop, or go without (substance)?			
not difficult (0)	quite difficult (1)	very difficult (2)	impossible (3)

The cut-off point varies between 2 and 4 across different studies

From: Gossop M, Darke S, Griffith P, Hando J, Powis B, Hall W, Strang J in *Addiction* 1995, 90(5), 607 – 614.



APPENDIX THREE: KESSLER 10 (SCREEN FOR EMOTIONAL DISTRESS)

Source: Kessler R. Professor of Health Care Policy, Harvard Medical School, Boston, USA.

This is a 10-item questionnaire intended to yield a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period.

Why use the K10

The use of a consumer self-report measure is a desirable method of assessment because it is a genuine attempt on the part of the clinician to collect information on the patient's current condition and to establish a productive dialogue. When completing the K10 the consumer should be provided with privacy.

(Information sourced from the NSW Mental Health Outcomes and Assessment Training (MH-OAT) Facilitator's Manual, NSW Health Department 2001)

K10 Test

The following questions concern how you have been feeling over the past 30 days. Tick a box below each question that best represents how you have been.

1. During the last 30 days, about how often did you feel tired out for no good reason?				
1. None of the time <input type="checkbox"/>	2. A little of the time <input type="checkbox"/>	3. Some of the time <input type="checkbox"/>	4. Most of the time <input type="checkbox"/>	5. All of the time <input type="checkbox"/>
2. During the last 30 days, about how often did you feel nervous?				
1. None of the time <input type="checkbox"/>	2. A little of the time <input type="checkbox"/>	3. Some of the time <input type="checkbox"/>	4. Most of the time <input type="checkbox"/>	5. All of the time <input type="checkbox"/>
3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?				
1. None of the time <input type="checkbox"/>	2. A little of the time <input type="checkbox"/>	3. Some of the time <input type="checkbox"/>	4. Most of the time <input type="checkbox"/>	5. All of the time <input type="checkbox"/>

How to administer the questionnaire

As a general rule, patients who rate most commonly "Some of the time" or "All of the time" categories are in need of a more detailed assessment. Referral information should be provided to these individuals. Patients who rate most commonly "A little of the time" or "None of the time" may also benefit from early intervention and promotional information to assist raising awareness of the conditions of depression and anxiety as well as strategies to prevent future mental health issues.

(Information sourced from the NSW Mental Health Outcomes and Assessment Training (MH-OAT) Facilitator's Manual, NSW Health Department 2001)



APPENDIX THREE

4. During the last 30 days, about how often did you feel hopeless?				
1. None of the time <input type="checkbox"/>	2. A little of the time <input type="checkbox"/>	3. Some of the time <input type="checkbox"/>	4. Most of the time <input type="checkbox"/>	5. All of the time <input type="checkbox"/>

5. During the last 30 days, about how often did you feel restless or fidgety?				
1. None of the time <input type="checkbox"/>	2. A little of the time <input type="checkbox"/>	3. Some of the time <input type="checkbox"/>	4. Most of the time <input type="checkbox"/>	5. All of the time <input type="checkbox"/>

6. During the last 30 days, about how often did you feel so restless you could not sit still?				
1. None of the time <input type="checkbox"/>	2. A little of the time <input type="checkbox"/>	3. Some of the time <input type="checkbox"/>	4. Most of the time <input type="checkbox"/>	5. All of the time <input type="checkbox"/>

7. During the last 30 days, about how often did you feel depressed?				
1. None of the time <input type="checkbox"/>	2. A little of the time <input type="checkbox"/>	3. Some of the time <input type="checkbox"/>	4. Most of the time <input type="checkbox"/>	5. All of the time <input type="checkbox"/>

8. During the last 30 days, about how often did you feel that everything was an effort?				
1. None of the time <input type="checkbox"/>	2. A little of the time <input type="checkbox"/>	3. Some of the time <input type="checkbox"/>	4. Most of the time <input type="checkbox"/>	5. All of the time <input type="checkbox"/>

9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?				
1. None of the time <input type="checkbox"/>	2. A little of the time <input type="checkbox"/>	3. Some of the time <input type="checkbox"/>	4. Most of the time <input type="checkbox"/>	5. All of the time <input type="checkbox"/>

10. During the last 30 days, about how often did you feel worthless?				
1. None of the time <input type="checkbox"/>	2. A little of the time <input type="checkbox"/>	3. Some of the time <input type="checkbox"/>	4. Most of the time <input type="checkbox"/>	5. All of the time <input type="checkbox"/>



APPENDIX THREE

SCORING

FOR DOCTOR'S EYES ONLY

This is a questionnaire for patients to complete. It is a measure of psychological distress. The numbers attached to the patients 10 responses are added up and the total score is the score on the Kessler Psychological Distress Scale (K10). Scores will range from 10 to 50. People seen in primary care who

- * score under 20 are likely to be well
- * score 20-24 are likely to have a mild mental disorder
- * score 25-29 are likely to have moderate mental disorder
- * score 30 and over are likely to have a severe mental disorder

13% of the adult population will score 20 and over and about 1 in 4 patients seen in primary care will score 20 and over. This is a screening instrument and practitioners should make a clinical judgement as to whether a person needs treatment. Scores usually decline with effective treatment. Patients whose scores remain above 24 after treatment should be reviewed and specialist referral considered.

REFERENCES:

Kessler, R.C., Andrews, G., Colpe, .et al (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. **Psychological Medicine**, 32, 959-956.

Andrews, G., Slade, T (2001). Interpreting scores on the Kessler Psychological Distress Scale (k10). **Australian and New Zealand Journal of Public Health**, 25, 494-497.



APPENDIX FOUR: PHQ - 9 PATIENT HEALTH QUESTIONNAIRE

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

PHQ - 9 SCORING

Depression Severity

0-4
none

5-9
mild
Depression

10-14
moderate
depression

15-19
moderately
severe
depression

20-27
severe
depression

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.



APPENDIX FIVE: TRAUMA SCREENING - QUESTIONNAIRE

TRAUMA SCREENING – QUESTIONNAIRE

NAME: _____ DATE: _____

TRAUMATIC EVENT: _____

DATE OF EVENT: _____

INSTRUCTIONS: Please consider the following reactions that sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to the traumatic event. Please indicate whether or not you have experienced any of the following AT LEAST TWICE IN THE PAST WEEK:

ITEM	Yes, at least twice in the past week	No
1. Upsetting thoughts or memories about the event that have come into your mind against your will.		
2. Upsetting dreams about the event.		
3. Acting or feeling as though the event were happening again.		
4. Feeling upset by reminders of the event.		
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event.		
6. Difficulty falling or staying asleep.		
7. Irritability or outbursts of anger.		
8. Difficulty concentrating.		
9. Heightened awareness of potential dangers to yourself and others.		
10. Being jumpy or being startled at something unexpected.		

Brewin et al. (2002) considered the screen "positive" when at least 6 items were endorsed. The authors recommended that screening be conducted 3-4 weeks post-trauma to allow for normal recovery processes to take place. Those screening positive should then be assessed with a structured interview for PTSD.

From Brewin, C. R. et.al. (2002). Brief screening instrument for post traumatic stress disorder. *British Journal of Psychiatry*, 181, 158 – 162.



APPENDIX 7: YARNING ABOUT SERVICES

Click on this [link](#) to download brochure from the AIMhi website

AOD Services Katherine, Arnhem Land & Tennant Creek

AOD Team
Alcohol and Other Drugs Team Katherine provides counselling, community development, education, and training.
Contact P: (08) 8973 8947 or (08) 8973 8403

Vendale
Vendale Rehabilitation and Withdrawal Centre located in Katherine residential alcohol and other drug rehabilitation centre with medical supervision for each individual client.
Contact P: (08) 8972 3588 or (08) 8973 8403

AOD Barkly
Alcohol and Other Drug Services Central Australia
Barkly provides brief interventions for people at risk of alcohol and other drug problems and counselling.
Contact P: (08) 8962 4001 or (08) 8972 7199

Bradlaag
Barkly Region Alcohol and Drug Abuse Advisory Group is an alcohol and other drug residential and day program for Aboriginal and non-Aboriginal clients.
Contact P: (08) 8962 1912

East Arnhem
Alcohol & Other Drug Service East Arnhem, Community Development Program provides support, community development and limited counselling services for people with alcohol and other drug problems.
Contact P: (08) 8987 0445

Special Care Centre
Nhulunbuy Special Care Centre offers residential rehabilitation including assessment, counselling, ambulatory and withdrawal management, referral and follow up services.
Contact P: (08) 8939 2900

ACAC
Anynginyi Congress Aboriginal Corporation offers counselling and support services for Aboriginal clients with alcohol related issues.
Contact P: (08) 8962 2028

Mental Health Services Katherine, Arnhem Land & Tennant Creek

ANGIcare
AngIcare offers counselling & therapy for the social and emotional wellbeing of young people.
Contact Darwin P: (08) 8985 0000
Contact Nhulunbuy P: (08) 8987 3022

Tennant Creek Hospital (twenty beds)
provides short term aid for people experiencing mental illness or AOD issues needing urgent medical attention.
Contact P: (08) 8962 4399

Domestic Violence Services Katherine, Arnhem Land & Tennant Creek

Katherine Aboriginal Family Support Unit provides aid for families with domestic violence issues.
Contact P: (08) 8972 3200

KAFSU
Tennant Creek Women's Refuge
Contact P: (08) 8962 1940 or Toll Free: P: 1800 114 904

Women's Refuge

Mental Health Services

Katherine	(08) 8973 8724
Tennant Creek	(08) 8962 4300
Alice Springs	(08) 8951 7710
Nhulunbuy	(08) 8967 0415

Domestic Violence Counsellors

Diwale	(08) 8945 6200
Alice Springs	(08) 8952 6048
Katherine (CatholicCare)	(08) 8971 0777
East Arnhem	(08) 8967 0403
Jabiru	(08) 8979 7999

Community Care Centres

Casuarina	(08) 8922 7301
Palmerston	(08) 8999 3344

Community Health Centres

Alice Springs	(08) 8951 6711
Jabiru	(08) 8979 2018
Katherine	(08) 8973 8570
Tennant Creek	(08) 8962 4218
Alyangula Health Centre	(08) 8987 6255
Angungu Health Centre	(08) 8987 6311
Alwech Health Centre	(08) 8939 1800
Wuili Wurlinjung Health Centre	(08) 8971 7756
Nhulunbuy Health Centre	(08) 8987 0365

Yarning about Services

A guide to services for people seeking help with alcohol and wellbeing concerns

This pamphlet has been developed by the Menzies School of Health Research, Aboriginal and Islander Mental Health Initiative Team. This project was funded by the Australian Government.

For more information please visit the AIMhi website at www.menzies.edu.au/AIMHI or contact info@menzies.edu.au

Mental Health Services Darwin

Headspace Top End a youth health service for young people aged 12-25. Counselling, support & information around mental health and drug & alcohol use.
Contact P: (08) 8931 5999 F: (08) 8931 5995
Toll Free: P: 1800 659 388 or Central Australia (08) 8958 4544

Somerville Services offers counselling and support, financial literacy counselling and family support groups.
Contact P: (08) 8920 4100

Top End Mental Health Services - Tamarind Centre for people experiencing mental health problems. Provides assessment, referral, inpatient services, 24-hour emergency assessment service.
Contact P: (08) 8999 4988

TEAMhealth provide services to people & families affected by mental illness. Programs include: Recovery Assistance Programs, Sub Acute Care, Family and Youth Services, Community Housing.
Contact P: (08) 8943 9600

Wisemind Psychology is a counselling service. Sessions can be subsidised by Medicare with a mental health care plan from a GP.
Contact P: (08) 8981 5392

Domestic Violence Services Darwin

DAIWS
DAIWS offers counselling and healing services, relationship education and problem solving for Aboriginal and Torres Strait Islander men.
Contact P: (08) 8947 0322 or (08) 8945 2284

Dawn House 24 hour crisis accommodation and support for women accompanied by children who are experiencing or escaping domestic or family violence.
Contact P: (08) 8945 1388

AOD Services Darwin

AL-ANON Family Groups provides help from the effects of living with the problem drinking of someone close. For families and friends of alcoholics.
ALATEEN is a recovery program for young people affected by the problem drinking of a close family member.
Contact P: 1300 252 666 (1300 ALANON)

Alcoholics Anonymous is a group of men and women who share their experiences in order to recover from alcoholism.
Contact P: (08) 8948 5202 or Alice Springs (08) 8953 0802

Amity offers counselling service for people with alcohol and other drug problems.
Contact P: (08) 8944 6565 or Toll Free: P: 1800 684 372

Banyan House offers withdrawal and rehabilitation services and self-help community treatment for people with alcohol problems (18 years+) Referral from AOD services or client.
Contact P: (08) 8942 7400 or (08) 8997 1000 F: (08) 8947 1093

CAAPs residential withdrawal & outpatient treatment for Aboriginal people & their families. Self referral, family referral with consent.
Contact P: (08) 8922 4800 F: (08) 8922 4837

Catholic Care NT offers help for people and family members affected by alcohol and other drug problems.
Contact P: (08) 8944 2000 or (08) 8932 9977 F: (08) 8932 9977

Dantla Dilba Counselling offers culturally appropriate help and counselling services for Indigenous people and community.
Contact P: (08) 8943 5100 F: (08) 8941 5464

FORWARD is a residential treatment centre for Indigenous people with alcohol and other drug issues. Self referral or other agency referral accepted.
Contact P: (08) 8923 6666 F: (08) 8981 7717

Mission Australia offers a Sobering Up Shelter, Community Day and Night Patrols, Palmerston Youth Beat and Outreach Services.
Contact P: (08) 8935 0900

Drug and Alcohol Services (Sunrise Centre) offers a withdrawal program, residential/nonresidential rehabilitation and aftercare services.
Contact P: (08) 8997 1000 F: (08) 8997 1099

Tabacco Alcohol and Other Drug Services offers assessment, counselling, treatment and referral, withdrawal services, consultancy services, pharmacotherapy clinic, brief intervention and clinical services.
Contact P: (08) 8922 8399

AOD Services Alice Springs

ADSCA
Alcohol and Other Drugs Services Central Australia provides non-residential counselling, home detoxification, community development and specialised assessment, treatment and referral for people affected by alcohol and other drugs.
Contact P: (08) 8951 7580

BUSHMOB is a residential rehabilitation program for people (12-25) with alcohol and drug problems, offering an outreach counselling service and case management service.
Contact P: (08) 8953 3798

Central Australian Aboriginal Alcohol Programs Unit provides residential, day and aftercare treatment programs for Aboriginal people with alcohol-related issues.
Contact P: (08) 8955 4600

Drug & Alcohol Services Association is a community based service offering both residential and non-residential counselling/treatment. Also provides a non-medical detoxification service and manages the sobering up shelter.
Contact P: (08) 8952 8412

Holyoake Alice Springs Inc. is a service for adults and children who are affected directly or indirectly by alcohol and other drug use.
Contact P: (08) 8959 4870

Mental Health Services Alice Springs

Central Australian Aboriginal Congress Safe & Sober Support Service is an outreach service providing cultural and social support, advocacy, medical care and therapy to Aboriginal people.
Contact P: (08) 8959 4870

Central Australian Mental Health Service Culturally appropriate clinical mental health services inc. mobile support assessment team, inpatient/hospital treatment.
Contact P: (08) 8951 7710

Mental Health Association of Central Australia offers psychosocial support and rehabilitation together with a Day to Day Living in the Community program and a drop-in centre.
Contact P: (08) 8950 4600

Domestic Violence Services Alice Springs

Alice Springs Women's Shelter provides a range of services for women and children experiencing domestic and family violence.
Contact P: (08) 8952 6075

Mental Health Support Northern Territory Crisis Assessment
Telephone Triage and Liaison Service
P: 1800 682 288 (1800 NT CATI)

Alcohol and Other Drugs Program Directorate
P: (08) 8922 8399 (Darwin)
P: (08) 8951 7580 (Central Australia)
P: 1800 131 350 (Territory wide)



APPENDIX 8: BRIEF YARNING ABOUT WELLBEING

Click on this [link](#) to download brochure from the AIMhi website

Brief Yarning about Wellbeing

- Sounds like worries and stress might be getting you down and causing you problems- is that right?
- Is that something you would like help with?
- What would be good reasons for getting help?
- If you were going to make any changes what would be the first thing you would do?
- So thinking about the first thing you would do How would you go about that? What would you do? Who could help? When would you do it?

What? _____

Who? _____

When? _____

Now that you have a plan for change who would you like to see to follow up with those plans and lets put in an appointment time before you go (GP/AOD service/other)

Who? _____

When? _____

Where? _____

4. Referral

Referral in the Hospital

AOD services
P: (08) 8922 8399 F: (08) 8922 8403
E: tads@nt.gov.au

Mental Health
P: (08) 8922 8888 (via switch)

Domestic violence
P: (08) 8924 8344

Aboriginal Liaison Officer
P: (08) 8922 8888 (via switch)

For more information see these pamphlets or visit www.mhfa.com.au/cms/ or www.menzies.edu.au/AIMHI

Brief Yarning about Staying Well

4 steps

you can take for help with alcohol and other drug worries

- 1. Talk about wellbeing**
Share your alcohol or other drug worries with doctors or nurses while you are in hospital.
- 2. Information**
Say yes to information about alcohol and other drug health risks so you can know the facts.
- 3. Motivation**
Spend a few moments with hospital staff planning for a change - to help you get started.
- 4. Referral**
Take the opportunity to be linked with hospital or outside services for help with staying well.

Getting help for alcohol and other drug worries while you are in hospital makes good sense

This pamphlet is for you to keep

Brief Yarning about 1. Wellbeing

- It looks like drinking (or other substance use) might be causing you problems - is that right?
- Are you worried about it?
- Have you ever thought about drinking/using less?
- What would be a good reason for drinking/using less?

Reason _____

Reasons other people have given are:

- less family worry
- better health
- fewer hangovers
- better concentration
- less anger and fighting
- more money for food
- kids better looked after
- and feel happier

2. Information

High Risk Drinking

is more than four standard drinks on one occasion and/or drinking most days each week

(Three full strength beers is more than four standard drinks)

Tips for change

that others have talked about are:

- delay/start later in the day
- avoid triggers such as people and places and 'gear'
- do other things/hang out with other people
- get help from friends and family
- do other things: sport, exercise, going out bush
- hang out with other people, go different places

Brief Yarning about 3. Motivation

- If you were going to make any changes/drink less what would be the first thing you would do?
- So thinking about the first thing you would do How would you go about that? What would you do? Who could help? When would you do it?

What? _____

Who? _____

When? _____

Now that you have a plan for change who would you like to see for a follow up appointment (GP/AOD service/ other)?

Who? _____

When/where? _____

Safe drinking

• No more than this each day

• No more than this of one session

a full strength beer has the alcohol content of one and a half standard drinks



APPENDIX 9: AIMHI STAY STRONG PLAN

Click on this [link](#) to download brochure from the AIMhi website

STAY STRONG PLAN

Name DATE...../...../.....
Client No.....

STEP 1 Family and friends

I trust _____ and _____ to give advice about my treatment.

STEP 2 What keeps us strong?

PHYSICAL
FAMILY AND SOCIAL AND WORK
MENTAL AND EMOTIONAL
SPIRITUAL AND CULTURAL

GROW STRONG TREE

Icons include: Spiritual Belief, Art and Craft, Dance, Go to Country, Exercise, Good Tucker, Health Centre, Medication, Other, Work, Music, Know About Illness, Support, Family, Think Positive, Hunting, Teach Kids.



APPENDIX 10: YARNING ABOUT SADNESS

Click on this [link](#) to download brochure from the AIMhi website

Yarning about Sadness

There are four things to do to treat depression and to get back in balance again:

- Talk to someone – family or friends
- Do more things that keep you strong
- Do less of the things that take your strength away... and if that's not working
- Try talking with a health professional

Growing strong again

There can be many treatments to help people to grow their spirit back to strength

- Education can help change how a person feels and help them make good choices that make their spirit stronger.
- Medications can help improve the symptoms of depression and sadness so people can focus on growing stronger
- Knowing early warning signs of stress can help us be prepared

Where to get help or information

Talk to someone you trust, friend, family member, senior elder, traditional healer or visit your local Aboriginal and/or Torres Strait Islander Health Service or local health centre

Lifeline 131114 or www.lifeline.org.au
Beyondblue 1300224436 or www.beyondblue.org.au
Tamarind Centre NT 89224988
Top End Mental Health Services 08 8999 4988
www.menzies.edu.au/AINHI

depression or sadness

Our people have strong culture. We are artists and storytellers, we are sporting legends and skilled hunters, we are musicians and dancers and uncles and aunts and grandmothers and grandfathers.

Most of all we are teachers, and we are teaching our children to find their way in a modern world. Our kids need a guide to find their way in the modern world... they need to take our culture with them... to bring both worlds into one.

What is mental health?

Mental health and wellbeing is like a tree with four branches which needs to be looked after. When the tree is well balanced a person's mental health is strong. What's around us, what we do, what we think and what we feel helps to keep us strong.

what causes depression or sadness?

We all have things that take our strength away. Worries from now and worries from the past. Too many worries and troubles can take balance away. When we are out of balance we can get depression or sadness.

Aboriginal and Torres Strait Islander people can feel out of balance as modern life takes them away from what makes them strong:

- Country
- Family
- Culture
- Language

These things can cause depression and sadness:

- Poor physical health
- Loss or bereavement
- Stress
- Too much alcohol or gunja or other drugs
- Family history of mental illness
- Stopping usual treatment for mental illness

getting out of balance

People with depression or sadness can think differently, feel differently and behave differently.

When we have too many worries we may get out of balance:

- Can't sleep
- Change of appetite (eat more or less than usual)
- Lose interest (nothing is fun)
- Cry for no reason
- Sit down alone
- Negative thoughts and feelings

Sad thoughts might be:

- I can't do anything right
- It's all my fault
- No-one cares
- Things will never be better.

Sad feelings might be:

- Feeling nervous and worrying all the time
- Feeling guilty and worthless
- Crying and feeling sad

If we don't talk to someone it can lead to other problems:

- Violence
- Self harm
- Trouble parenting
- Family worry
- Substance misuse

worries which can take away our strength

We often cover up how we are feeling and sometimes it's hard for others to know there is anything wrong



USEFUL LINKS

Standard Drinks Guide

w: <http://www.health.gov.au/internet/alcohol/publishing.nsf/Content/drinksguide-cnt>

Stay Strong Plan And Other Resources

w: www.menzies.edu.au/AIMHI

Information About Alcohol-Related Health Issues

w: <http://www.alcohol.gov.au/>

Drug And Alcohol Clinical Advisory Service (DACAS)

w: <http://www.dacas.org.au>

t: 1800 111 092

Alcohol And Drug Information Service (ADIS)

24/7 Counselling and Referral service

w: <http://www.yourroom.com.au>

t: 1800 131 350

Top End Mental Health Services

w: <http://www.teamhealth.asn.au>

t: (08) 8999 4988

For bulk billing options see:

Darwin Directory Of Psychological Services

w: http://www.gpnnt.org.au/client_images/341052.pdf

Remote Central Australian Health Services Directory (GPNNT)

w: http://www.gpnnt.org.au/client_images/330069.pdf