

## INQUIRY INTO DRUG AND ALCOHOL TREATMENT

**Organisation:** Psychologist in private practice

**Date received:** 1/03/2013

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Partially Confidential

Inquiry into drug and alcohol treatment

Terms of Reference

## **1. The need for appropriate research**

(a) As a Psychologist since 1999, my experience is that the CALD community have difficulty accessing mainstream services especially when there is an intake number for initial contact. I believe further research is needed into the barriers for these communities and strategies health department and service providers can overcome these barriers.

## **2. Level and adequacy of funding**

There is a need for more funding and outreach based services for health. Due to waiting lists for counselling clients are not able to receive appointments when they are ready for intervention. More funding needs to be available to provide group work programs such as Frameworks for Families due to the impact upon families. It would be beneficial to have a program similar to “Staying connected when Emotions run High” for families who support someone with a personality disorder. This program starts with a workshop and then 8 hours of small group work with clinicians to provide skills training to carers.

It would be beneficial to recruit staff from diverse backgrounds in order to help with access to services. Quotas need to be included as part of EEO policy to recruit bilingual staff.

It would be beneficial for privately run services in the Illawarra as my clients go to Sydney for treatment and follow up is difficult to maintain due to travel required.

## **4. Adequacy of integrated services**

When I worked at a NGO as a Counsellor I found that my clients who had mental health as well as drug and alcohol difficulties were referred out of services as they were too complex for the worker. These clients would be referred out of mental health to drug and alcohol without any agency taking responsibility for them. There needs to be better professional development about dual diagnosis intervention for these workers so that clients don't fall through the cracks in the system. I had a client who was suicidal and affected by alcohol admitted into Wollongong hospital ER and after he sobered up he was sent home without referral to services. Staff at ER need better training about mental health and drug and alcohol programs.

## **5. Effectiveness of drug and alcohol education programs**

There needs to be more funding put into programs teaching children in primary and high school about drugs and alcohol. It would be beneficial to help raise self-esteem in children so that they are more likely to be happy with who they are without following the crowd.