

# **Banyan House Rehabilitation Centre**

## **Answers to Questions Taken on Notice**

### **Public Hearing – ‘Ice’ Select Committee**

(Friday 19 June 2015)

- 1. Can you provide the Committee with the names of treatments and diversionary programs that have been run in other jurisdictions that might be worthwhile considering for introduction in the NT that the Committee can investigate further?**

I have referred (and attached) a short 4 session CBT treatment / intervention to my submission. It was developed by Prof Nicole Lee for the Commonwealth Department of Health and Ageing.

Attempts to track the Victoria Government Reducing Risky Drinking Program down seemed impossible. The information about the evaluation and rights to the program was held by the then Ballarat and District Division of General Practice, which was closed down in favour of the Grampians Medicare Local which was subsequently defunded and closed down.

Efforts to track down the Ballarat City Council Workers who were instrumental to the programs developed for youth engagement and brief interventions also proved unsuccessful – allegedly due to significant staff turnover and a number of programs defunded as result of the Victoria AOD Sector Review and the National Mental Health Review.

I will continue with efforts to either track IP rights to those programs down, and/or resurrect outlines from documentation I might have saved whilst managing those programs, and advise your office of progress.

I have since obtained training and use rights from St Vincents Hospital in Melbourne to use their Optimum Health Program towards implementation in the NT. The Forster Foundation has funded this initiative which is to be rolled out over the next 12 months. We have obtained Train-the Trainer rights, so other organisations in the NT can be trained as well.

- 2. How many people, on average do you have on a waiting list at any given time?**

See attached Clinical Services Report.

- 3. What is the ratio of referrals from Corrections and Health for the six beds funded by the Government over the past 12 months and, if possible, what drug/s were the referrals for and have you been in the position of having to refuse beds to Corrections.**

See attached Clinical Services Report.

# Report to the Ice Select Committee

## *Waiting lists*

### *Residential Rehabilitation*

Waiting lists at Banyan can vary over time due to changing conditions for the individual or family. The waiting list for people wanting to access residential rehabilitation is usually between 2 and 6 people, and is dependent on when people leave program. This is sometimes identifiable through exit planning and sometimes unexpected.

### *Withdrawal*

Waiting lists for withdrawal beds do not usually occur from lack of space at Banyan House. They are often a result of Tobacco Alcohol and Drugs Services (TADS) not being able to assess people for their service. This may be because of lack of staff and resources to do so. It is also important to remember that they will only refer mild to moderate withdrawals as we are not a 24/7 medical service at this time.

### *Source of Referral*

The referrals to Banyan House programs consist of;

Self referrals 38.38%

Forensic referrals 21.21%

Tobacco Alcohol and Drugs Services (TADS) 18.52%

Police Diversion 11.45%

Mental Health Services 4.38%

Families 2% (possibly stats not accurate)

Hospitals /GPs 1.3%

Other 2%

We do not undertake withdrawals without TADS support as we have no medical staff on site. As mentioned previously this may contribute to why we are unable to fill the 6 withdrawal beds continually. If we were able to employ medical staff we would be able to add provide our own withdrawal and support the work TADS is already undertaking.

I have attached a graph of referral sources for all programs which may assist you further. Banyan does not receive requests from Corrections for withdrawal as they would be directed to TADS.

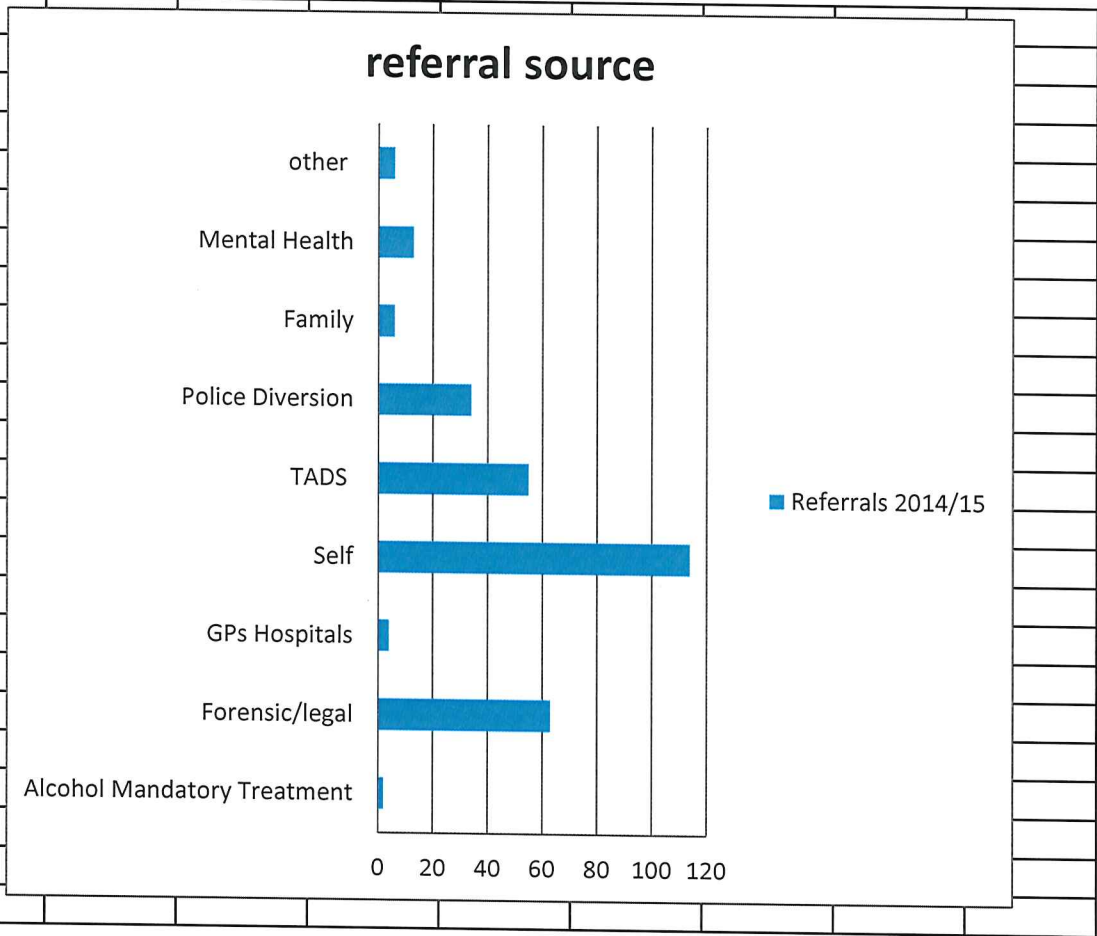
While we try to accommodate these referrals we are often not able to provide beds to Corrections as an option. As a residential facility it is of the utmost importance that the clients are motivated to make changes in their drug use behaviors, therefore it is not up to Banyan to be a coercive mechanism such as corrections or prison. Often Corrections clients are seeking a softer option than prison and not motivated to make changes in their drug use.

If you require further information please contact me .

Regards

Richard Michell  
Clinical Service Manager  
Banyan House

Alcohol Mandatory Treatment	2		
Forensic/legal	63		
GPs Hospitals	4		
Self	114		
TADS	55		
Police Diversion	34		
Family	6		
Mental Health	13		
other	6		



Drug	12 months	6 months												
Alcohol	105	43												
Cannabis	70	25												
Amphetamines	20	5												
Methamphetamines	92	58												

