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Topic 1

In this topic you will learn how to:

- 1A Review existing client information and consult with relevant professionals based on client needs**
- 1B Discuss with the client reasons for seeking help and other information that may assist in establishing a basis for further work**
- 1C Explain organisation parameters of confidentiality and policy and procedures to client**
- 1D Inform the client of the assessment purpose and process and confirm understanding**

Prepare for assessment

Collecting any type of information requires high-level communication skills to establish trust and recognise the unspoken needs of a person receiving services. Collecting preliminary information can help you to direct a person's urgent needs through the most appropriate channels before beginning a comprehensive assessment. Information can establish the broad reasons why a person is seeking help, and obtain details about their major support networks, including family and friends. This topic outlines the procedures for intake assessment and the information to ask and give to a person before beginning a comprehensive assessment.

Work with migrants or refugees

Voluntary migrants are usually prepared and financially able to set up in their new country. Refugees however have been forced to migrate and often leave their original countries quickly, leaving belongings and family and friends behind.

It is common for refugees to experience physical and psychological trauma or torture, deprivation and prolonged poverty. They may also spend a prolonged period of time in immigration detention. There can be a strong sense of isolation and loss of culture. They may be scared and mistrustful, and their coping systems may be less effective. This can lead to depression and anxiety which can lead to dependence on alcohol or other drugs.

The government has interpreters, community leaders and specialist organisations for refugees who can be called upon for assistance. Several state and territory governments offer information and advice about the health and wellbeing of refugees.

You can read the Victorian government's information on the health and wellbeing of refugees and asylum seekers on the following website:

- www2.health.vic.gov.au/about/populations/refugee-asylum-seeker-health

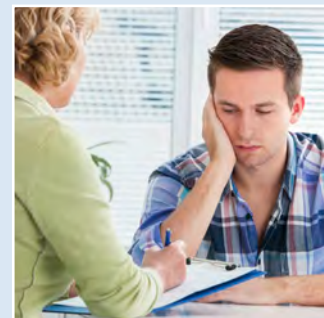


Example

Review existing information and consult relevant professionals

Robert has sought help for alcohol misuse because he feels he can no longer cope with day-to-day life. An examination of his doctor's report reveals he has been suffering from depression for several years and is on medication. Robert claims his antidepressants are no longer as effective as they used to be. Robert's partner has taken out an Apprehended Violence Order (AVO) against him because he loses control when he's drunk.

Robert's current situation indicates he has several issues: depression, alcoholism and violence. Robert is referred to anger management training to ensure he ceases the activities which brought about having the AVO placed on him. His doctor is consulted about his antidepressants no longer working so alternative medication can be arranged. By Robert's own admission, his drinking is leading to violence so he enrolls with an appropriate service to treat his alcohol issues.



Manage conflict

When conflicts arise between yourself and a person, it is important to maintain a calm and reasonable approach. The issues that you discuss with a person can raise a great deal of negative emotion and pent-up anger, particularly if the person is currently under the influence of alcohol or drugs. The questions you ask will be personal and can be confronting. Anger and disagreement is an inevitable part of the process when asking people to confront their problems.

Here are some common reasons conflict may arise.

Reasons for conflict

- ▶ The person resents being in an interview situation or dislikes the type of questions you're asking.
- ▶ The discussion raises issues that trigger anger or distress in the person, such as talking about misuse that has occurred in the past.
- ▶ You refuse to give into unreasonable or unprofessional requests, such as a person asking you for money.

Avoid conflict escalation

It should be your priority to avoid conflict escalation as soon as a discussion becomes heated. Stay calm and professional by ignoring attempts to make the conflict personal. Focus on the problem rather than the personality of the person and always treat the person with respect. Model the behaviour you expect from the person. Listening carefully can also help the person feel calmer and more in control of the situation.

You should not be afraid to call others, such as a more senior worker or supervisor if you feel you cannot come to a resolution. You should call the police if the conflict escalates and you feel physically at risk.

Here are some specific strategies to help avoid conflict escalation.

Avoid the issue

Conflict can sometimes be diverted by changing the subject. In some settings, you might take a short break and agree to return at a later time. While diversion can be effective for some situations, such as when the person is under the influence of drugs or alcohol, remember that the person might feel the need to resolve the issue before being able to trust you.

Negotiate a compromise

Negotiation is a skill that involves listening to the person's point of view, explaining your own side of the issue, and trying to find a solution that meets both your needs. For example, 'I understand that you wish to smoke during the interview, Kevin. Our rules don't allow it in here. What if we agreed to take frequent breaks so that you can go outside to smoke?'

Age discrimination

The *Age Discrimination Act 2004* (Cth) is a relatively new law which is especially important with regard to Australia's ageing population. It protects people who are discriminated against because of their age and states that, regardless of age, everyone has the same right to equality before the law.

The Act also allows appropriate benefits to be given to people of a certain age, particularly younger and older people, according to their circumstances. Objectives of the Act also include removing barriers to older people participating in society and changing negative stereotypes about older people.

Exemptions include stipulations regarding youth wages, health care and voluntary work.

Disability discrimination

The *Disability Discrimination Act 1992* (Cth) prohibits discrimination based on disability. It also prohibits discrimination against people associated with those with disabilities, such as family or co-workers. The Act makes it unlawful to discriminate in the areas of:

- ▶ employment
- ▶ education
- ▶ access to public premises
- ▶ purchase of house and land
- ▶ provision of goods, services and facilities
- ▶ administration of Commonwealth Government laws and programs.

Exemptions to the Act include when an employer would be placed under unjustifiable hardship in order to employ a person with a disability (although they are expected to make reasonable adjustments). An example might be the cost extensive renovations to allow wheelchair access would have on a small business.

Racial discrimination

The *Racial Discrimination Act 1975* (Cth) prohibits discrimination and offensive behaviour based on racial hatred. It covers discrimination against race, colour, descent, national or ethnic origin. It also protects those who may be discriminated against based on their association with people of a particular ethnicity.

The *Racial Hatred Act 1995* (Cth) was added to the Racial Discrimination Act and provides an avenue for people to complain about racist behaviour that offends, insults, humiliates or intimidates others in public. Exceptions to the law include when the behaviour is a matter of public interest (such as a newspaper report on racially-based violence), or is part of an academic discussion which is not malicious or spiteful. These exceptions often involve rights to free speech.

Sex discrimination

The *Sex Discrimination Act 1984* (Cth) prohibits discrimination against someone based on their sex, marital status, pregnancy or potential pregnancy. It sets out laws against sexual harassment as well as dismissal from work based on family duties.

According to the Act, it is unlawful to refuse to provide goods or services, education or employment based on a person's sex. The Act also covers discrimination within awards and enterprise bargaining, insurance and superannuation, Commonwealth laws and programs, and accommodation.

An exception to the Act includes when goods or services can only be applied to one sex, for example female or male-specific health care. Sexual discrimination in the training and ordination of religious ministers is also not covered under the Act.

Workers have the right to:

- ▶ work in a safe environment
- ▶ not to be bullied or suffer from sexual harassment
- ▶ not to be discriminated against.

Workers have a responsibility to:

- ▶ duty of care and not harm the health and safety of others
- ▶ apply all applicable legislation
- ▶ maintain confidentiality
- ▶ behave within the codes of conduct operating within their organisation
- ▶ act ethically
- ▶ treat people with respect and dignity.

Employers have the right to:

- ▶ appoint and dismiss workers in accordance with proper procedures
- ▶ enter into contracts with people and other businesses
- ▶ run a business in any manner they choose providing they don't violate any laws.

Employers have a responsibility to:

- ▶ provide a healthy and safe work environment
- ▶ ensure employees have necessary qualifications and credentials
- ▶ pay by the award
- ▶ comply with health and safety laws.

Individuals have the right to:

- ▶ equal treatment
- ▶ be treated with dignity
- ▶ complain
- ▶ not be discriminated against.

Individuals have a responsibility to:

- ▶ make sure they are truthful
- ▶ actively help themselves
- ▶ respect the privacy of others
- ▶ act respectful of staff and other people.

1D Inform the client of the assessment purpose and process and confirm understanding

People need to be informed about the purpose of their assessment and the process that will occur. Once this has been explained, the person needs to confirm that they understand the information so that they give their informed consent for the assessment process to begin.

Communicating in terms that the person understand is necessary for informed consent to be reliable. You should avoid using jargon and industry terminology and confirm the person's understanding along the way.



Assessment purpose and process

People need to be informed and made aware of the variety of things that will happen to the information gathered during an intake assessment. When people are informed they are more likely to be engaged in the process.

The person needs to be told that discussions arising from an assessment will be documented, that other professionals and organisations may also request access to the information and that there are consequences of refusal. An organisation may have a policy that if information cannot be shared then they are unable to assist the person to the best of their ability, and they may suggest the person seeks support elsewhere. It is your responsibility to inform people and ensure they understand that records can be subpoenaed if the person has been ordered by a court to seek support.

Here are things to consider regarding the assessment purpose and process.

Informed consent

Informed consent is an important legal process that helps to ensure people understand the reasons behind certain procedures. People need to know what to expect from procedures before they take place. Except in extenuating circumstances, fair and ethical assessment only continues when the person (or their parents or guardians if they are under 16 years of age) consents to the process. Consent assumes an understanding of the benefits and limitations of assessment.

Personal questions

The person needs to understand that you may have to ask them personal questions. You can prepare the person for these sorts of questions (for example, questions about their financial status or sexual activity) by explaining that they have the right to refuse to answer questions that they consider too personal. Not obtaining this type of information may affect their support options down the line, but issues can be revisited as they become more pertinent to the strategies and options under discussion.

Summary

1. People come from a wide range of backgrounds and different stages in life; as a result they will have a variety of issues.
2. Working with people from a culturally and linguistically diverse background is common in the community services sector.
3. Communication and team work is required to consult and refer with other professionals as required.
4. Comorbidity is commonly seen in the AOD sector.
5. Early discussions will assist you to identify a person's reasons for seeking help, and you can use this to establish a need for further work.
6. Intake assessments provide an excellent opportunity for you to develop a relationship of trust and communication with a person.
7. It is a legal requirement that you disclose to a person all rights and responsibilities that you both have in relation to their access to your organisation and the services they will receive.
8. Maintaining confidentiality is part of respecting a person's privacy and individual rights.
9. It is your responsibility to make sure people can access and understand the various organisational policies and procedures that determine individual practice.
10. In many cases there are a range of Commonwealth, state and territory legal regulations, standards and Acts that you must be familiar with.
11. People need to be informed about the purpose of the assessment and the process that will occur.
12. It is your responsibility to check that a person agrees to be assessed based on clear information about the consequences of the assessment.

Intensive, hazardous and harmful use

- ▶ Intensive use involves heavily taking a substance over a short period of time, such as drinking a lot of alcohol at home before going out.
- ▶ Hazardous use is when there is an increase in the risk of harmful consequences to the person, such as social, physical or mental health problems, e.g. drinking and driving.
- ▶ Harmful use is use that causes damage to health, e.g. not using safe injecting practices and contracting hepatitis.

Dependent use

Dependent use is defined by the World Health Organization as having at least three of the following:

- ▶ A strong compulsion to take the substance
- ▶ Difficulty in controlling substance-taking behaviour
- ▶ Experiencing withdrawal symptoms when ceasing to take the substance
- ▶ Evidence of tolerance; that is, requiring more of the drug to experience the same effect
- ▶ Increased amount of time necessary to take the drug or recover from its effects
- ▶ Persisting with drug use despite clear evidence of harmful consequences

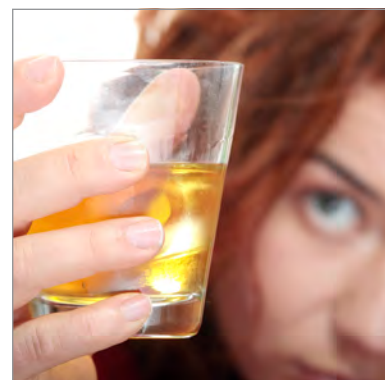
Substance misuse

Substance misuse is a pattern of use that leads to significant impairment or distress as manifested by one or more of the following:

- ▶ Failure to fulfil major role obligations such as going to work or school
- ▶ Use in situations that are physically hazardous e.g. driving or operating machinery
- ▶ Recurrent substance related legal problems, like a number of drink driving charges
- ▶ Continuing to use despite persistent or recurrent social or interpersonal problems, such as relationship or family breakdown, family violence, or termination of employment due to substance use

Indicators of other issues

Alcohol and other drug issues cannot be viewed in isolation. Issues must be explored within the context of someone's entire life, as certain elements may either be caused by drug use or exacerbate drug use. Many people have one or more other issues that come up or are indicated through questioning and observation during the assessment process. These co-existing issues influence the needs of the person and therefore affect the assessment process. Other health professionals or referrals may be required to assist the person.



No-suicide contracts

Some organisations complete a no-suicide contract with a person at risk of suicide. These are negotiated with the person as soon as the intention to suicide is clear. They require a health professional trained in mental health work. Often a worker may be asked to assist and sit in with discussions, particularly if they have developed a relationship with the person.

The most important section of a no-suicide contract is the agreement that the person signing the contract will, under no circumstances, attempt to end their life. Other details include the names and contact information of people that the person can call if they have suicidal thoughts. There is mixed reviews and research on the success and use of no-suicide contracts. Always refer to your organisation's policies and procedures before suggesting it with a person.

The aim of a no-suicide contract is to:

- ▶ establish a mind-set in which the person realises that it is never okay to take their life
- ▶ give the person a way to get help by detailing people to contact.

Types of mental health conditions

Depression and anxiety are the most common mental health conditions seen in Australia. You will likely come across a number of people with diagnosed or undiagnosed conditions such as these, or serious mental illnesses (SMI) such as schizophrenia and bipolar disorder, in your line of work.

Co-existing issues may sometimes refer to when a person is affected by both mental illness and substance misuse. In the AOD sector this is referred to as 'dual diagnosis'. This is very common in people with alcohol and drug dependencies. There is a high correlation between substance misuse and mental health issues.

It is important to identify and clarify any co-existing issues with the person because they should be fully informed about their own health. It may be necessary to have a health professional explain any disorders or diseases because the information is better coming from a person who understands how to communicate this information accurately.



Risk assessment procedures

Everyone has the right to feel safe at work. There are many ways an organisation can work to identify risks and prevent hazards from causing injury or harm to anyone in the workplace. Risk assessment is an important part of controlling unknown risks.

In an assessment the risk is likely to be minimal. However, if the person appears aggressive or threatening to themselves or others, then a formal risk assessment may need to be conducted.

When conducting an assessment there may be a risk of the person being under the influence of alcohol or other drugs, or there may be other co-existing health issues such as a mental health condition that may result in behaviours that put a worker at risk.

2B Identify and clarify co-existing issues in consultation with the client

It is now recognised that substance misuse and co-existing problems are very closely interrelated. The support of a person often needs to include any co-existing issues that may be present.

It is important to understand the complexities of comorbidity and dual diagnosis in order to assist with a person's success and long-term wellbeing. A key objective of an assessment is to gain an understanding of any co-existing issues and their connection to alcohol and other drug use. The issues affecting a person can range in complexity and can affect their physical, intellectual, emotional and mental health.



Co-existing issues add complexity to the assessment and support of substance misuse. Once co-existing issues have been identified, referral to another health professional occurs. This ensures a holistic approach to the person's needs.

Comorbidity

In the AOD sector, comorbidity refers to the presence of one or more co-existing issues (either physical, sensory or intellectual) in addition to substance misuse. Comorbidity can occur as a direct result of drug use, or cause or exacerbate drug use.

Co-existing issues are commonly seen in the AOD sector. Ignoring or skirting around these issues during assessment can have consequences on a person's success and long-term wellbeing. Information provided by the person, their family or support network will assist you to gain a broader picture of symptoms or behaviours that might indicate comorbidity.

Some people might not have sought professional help for their symptoms. This can happen for various reasons, including denial or lack of initiative. Even when an official diagnosis has been made, some people may be reluctant to talk about issues because they are embarrassed by the stigma they feel.



Common co-existing issues might include:

- ▶ diabetes
- ▶ asthma
- ▶ high blood pressure
- ▶ heart disease
- ▶ obesity
- ▶ cancer
- ▶ physical disabilities such as arthritis
- ▶ sensory disabilities such as hearing loss or vision impairment.

Maintenance

The person is committed to sustaining new behaviour.

Example statement:

- ▶ 'I haven't used for six months. It's been tough and I need some more help to get through the difficult times.'

Relapse

The person has relapsed and returned to old patterns of behaviour. The process starts again.

Example statement:

- ▶ 'I tried rehab, but I went straight back to using after I got out.'

Assess immediate needs

Accessing the immediate needs of the person is done at the time of screening or early assessment. There may be immediate needs and risks associated that require action to maintain the person's wellbeing. These include determining the person's readiness for change but also the person's physical, emotional, financial, legal and psychosocial status. Issues must always be explored holistically.

Assess the person's health status

Workers across the AOD sector are encouraged to share information and referrals in order to fully assess a person's health status. Health professionals and front-line workers from various disciplines are given greater freedom to help each other manage the co-dependent conditions of the people they support.

For example, person who suffers from bipolar disorder might use alcohol to help them manage the depressive phase of the disorder. Treating the person's alcohol dependence in isolation might be effective in the short term; however, the person might have increased difficulty dealing with their bipolar disorder without alcohol. One or both of the following might occur: the effects of the disorder could become more severe and debilitating, or the person will begin to use alcohol again very quickly. This is why a holistic approach and collaboration with health professionals and other services are so important.



Health assessments

Medical and nursing staff who work in the AOD sector are often required to enlist the support of frontline workers to collect information and data about a person's health. This may occur during both the assessment phase and support phase of the person's contact with an organisation.

Detailed health assessments are often relevant because the person may be at a higher risk of a range of health conditions related to their substance misuse. In

Assessment

A suicide/self-harm risk assessment involves asking direct questions about ideation such as:

- ▶ 'Do you have a sense of hopelessness/worthlessness?'
- ▶ 'Do you ever think about ending your life or harming yourself?'
- ▶ 'Do you want to end your life or harm yourself?'
- ▶ 'How would you do it?'
- ▶ 'Have you previously tried to end your life or harm yourself?'
- ▶ 'Have you lost a family member or significant person in your life to suicide?'

Any responses of 'yes' to these questions warrant deeper discussion into the issues and may require a referral to mental health services.

Discussion

Discussion could relate to identifying the person's level of risk by assessing the following factors:

- ▶ Previous history of suicidal intent or ideation – if a history exists, the level of risk increases
- ▶ A plan to suicide – if they have thought about how they may attempt suicide, the risk increases
- ▶ Means to carry out the plan – if they have the means to carry out the plan, the risk increases (for example, if they have possession of a gun)
- ▶ Extent of social supports – isolation and a lack of positive social networks such as family or friends increases the risk
- ▶ Triggers/stressors – financial issues, recent loss of employment or relationship breakdown, health issues or a series of disappointments all increases the risk

Assess the risk of harm to others

A person who shows certain patterns of behaviour might be at risk of deliberately or unintentionally harming others. Drug use can exacerbate or even cause this risk.

Risk factors that should be considered include:

- ▶ a history of violence, such as assault or family violence
- ▶ a history of sexual offences, such as rape or indecent exposure
- ▶ if the person is working in a job where their decision-making may put others at risk
- ▶ if the person drives a car or operates machinery under the influence of drugs or alcohol
- ▶ threats of violence towards you or others made during the assessment
- ▶ confessions of recent or ongoing violent behaviour towards family members or others.

2E Collaborate with other health professionals as indicated by assessment

Informing the person about what resources are available to them is an ongoing process involving collaborating with other health professionals on a range of issues. Understanding the referral process, what other professionals do and how to initiate contact with them is an essential component of providing successful support.



Multidisciplinary approach

Working cooperatively with other services and professionals can help you to manage problems using a multidisciplinary or shared approach.

Individual service providers are not equipped to deal with every condition that a person may present with. It is necessary to work in conjunction with other service providers to monitor progress and prevent a relapse.

You should never attempt to diagnose a person's condition yourself, even if you clearly recognise the signs of a common medical problem. Instead, record the information that you can see or that you are told and refer the person to a professional who is trained to assess and diagnose physical and mental health conditions.

Taking a multidisciplinary approach may include:

- ▶ taking note of information provided by other services, such as doctors' reports or referral letters
- ▶ referring people to appropriate services or professionals for expert assessment
- ▶ providing other professionals with the information that you have collected about the person with your referral
- ▶ obtaining the person's consent to discuss information with other services.

Health professionals

Your workplace should have a database of health professionals and service providers they regularly use. You need to have a good understanding of what their eligibility criteria is, the process of referrals and costs involved. A list of health professionals generally includes speech therapists, dietitians, physiotherapists, neurologists, psychologists, psychiatrists, mental health services, GP's and nurses.

Collect reports and results from external health professionals

Your assessment of a person's health needs in collaboration with health professionals might include you following up results from tests and referrals that have been made to external services, including doctors and medical specialists, mental health professionals and pathology laboratories.



Store records

Maintaining a person's confidentiality extends to protecting the information collected from them. Completed records should be filed according to your organisation's procedures, such as in a locked filing cabinet or a password-protected computer file. Records should be clearly labelled with the person's full name and stored in the file belonging to them.

Example

Record assessment results according to guidelines

Debbie recently obtained employment as a counsellor at a Department of Health funded AOD assessment centre in Victoria. Her centre provides ongoing case management and organises a range of support options like detox, counselling, outreach, supported accommodation and residential rehabilitation. Victorian department funded centres have to complete an Adult AOD Screening and Assessment Tool for the people they support. Debbie is new to this tool so she accesses the Frequently Asked Questions document in regard to filling out the paperwork.



She discovers that the tool is made up of three steps:

- ▶ Step 1: Self-assessment
- ▶ Step 2: Comprehensive assessment
- ▶ Step 3: Review and summary

Included in the tool are other optional modules that can be used depending on the circumstances of the person she supports. The FAQs also state 'All Department of Health funded agencies delivering AOD services or programs will be required to use the new tool under new service agreements following the recommissioning process'. This means it is imperative that all paperwork is filled out correctly or there would be ramifications in regard to funding for her centre.

Practice task 10

1. When storing a person's records, how do you fulfil your legal and ethical obligation of ensuring their privacy?

2. How can you ensure accuracy when filling out the assessment form?

Perception

The person's own perceptions of the problems:

'Can you tell me how you feel about these issues?'

Risk

Evidence of the presence of risks and problems:

'We've discussed that sharing needles is a high-risk activity. There are alternatives. Would you like me to discuss some options with you?'

Change

Any indications the person desires change:

'Even though you told me you enjoy being "high", you also said there are times you think about giving up so that you can start a family.'

Referrals

Actions or referrals you researched or looked into on the person's behalf:

'I've collected some written brochures about employment services that might suit your needs.'

Ambivalence

Confronting ambivalent people with too much urgency or forcefulness can lead to further resistance. Some people can see both the advantages and disadvantages of reducing or eliminating their substance use, but may not be highly motivated to change.

A feedback session is a crucial time for talking about change with the person, as outlined below.

Work towards motivation to change

Ambivalence is more likely to be slowly redirected towards motivation to change if you acknowledge the benefits of substance use in the person's life, even if those benefits are merely the person's perception. Once you acknowledge the positives of substance use, discussing the negative aspects allows the person to see how their positive perception may be flawed.

It can be useful to encourage the person to create a list of the good and not so good aspects and effects of their substance use. This can allow the person to compare and consider their reasons for wanting to continue with their alcohol or other drug use and wanting to change their behaviours.

Use assessment feedback

The aim is to help the person to develop a greater awareness concerning their substance use and to make decisions about it. Always seek responses using active listening techniques. Guide the person towards talking and thinking about the issues, rather than attempting to provide them with answers. Reflect and re-state the person's own responses to encourage them to delve deeper and clarify their standpoint.

Motivation for change usually grows when a person recognises a discrepancy between where they are and where they want to be. This recognition usually needs to be driven by the person's own thought processes, rather than you.

4A Identify client issues that are outside the scope of the service and/or worker

Once the person's needs have been assessed and an assessment has been conducted, there will be records taken and recommendations made in consultation with the person regarding support. Sometimes issues identified fall outside of the scope of practice of the AOD worker and beyond the skills and knowledge of the organisation. This is when referral agencies need to be identified and more appropriate services or other options need to be explored.



The person is always at the centre of any discussions regarding their options and consent is always required, as well as an explanation as to why the recommendations for referral have been made. Referrals must be made with the person's consent and referral options and responsibilities should be discussed with the person and their family as required.

Scope of service

Some organisations aim to provide services and assistance to as wide a range of people as possible. Other organisations choose to specialise and may focus on providing support and directing resources to a particular group of people.

Specific groups may include:

- ▶ people with dual diagnosis
- ▶ pharmacotherapies (therapies using pharmaceutical drugs)
- ▶ certain age groups, such as young people or older people
- ▶ different cultures, such as Aboriginal and Torres Strait Islander people.

Organisational limitations

Understanding the services that an organisation provides should form part of the initial employment induction process. Speaking to other professionals and program managers about their services can provide valuable information, as can the organisation's website and mission statement.

In larger organisations, some specific AOD services might be available from staff with particular qualifications or seniority. For example, your organisation might employ mental health professionals who are able to counsel people with serious mental illnesses. Smaller organisations may only provide one type of service and referral to other professionals (such as mental health professionals) is needed.

Support is often complex and incorporates a network of services to provide a holistic support framework. Issues such as accommodation, employment, legal and financial issues need to be attended to along with the person's substance misuse.

Mandatory reporting

In your role you may be bound by mandatory reporting laws to report known or suspected cases of child abuse or neglect. What must be reported and the groups of people classified as mandated reporters varies across states and territories. It is important for you to be familiar with the mandatory reporting requirements for your work location and job role.

In areas where reporting is not mandated (compulsory), there are ethical grounds for you to report child abuse to supervisors or to the relevant department in your state or territory. It is not necessary to inform the person that you will be making a report, and it can sometimes be made anonymously. However, most services will encourage the issue to be brought up and worked through with the person.

For information on how to report abuse, what needs to be reported and who is mandated to report, visit the Australian Institute of Family Studies at: www.aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect.

Identify people at risk of self-harm

People presenting with a risk of self-harm or suicide ideation or intention may present as stressed, anxious, scared or even calm. The effect on workers in these cases is often an increase in stress and anxiety, and fear of saying the wrong thing.

By identifying the risk and ensuring continued support, the person is likely to appreciate the on-going nature of your work. Even though you may need to refer or ask for consultation or support from other workers or services, by keeping the person informed of your actions and concerns and by following up on referrals you will maintain your rapport with the person.

Here are some points to consider.

Options for seeking help

Ask your supervisor for assistance.

Call a mental health professional who works within your organisation to urgently assess and counsel the person.

Refer the person to an external service or professional such as a psychologist or psychiatrist.

Arrange for a visit from the Crisis Assessment and Treatment Team (CATT).

Identify people with other issues

People might have issues such as financial and accommodation problems linked to chronic dependency. Emergency relief and assistance is available in several forms for when the person does not have enough money to cover living expenses.

People with drug dependency are more likely than the general population to be involved in the justice system, facing charges such as drug possession or other crimes related to their drug use. Legal assistance might be required for a range of issues.

The counselling types are similar, except out-patient counselling can't guarantee a safe environment uninfluenced by the negative behaviours of others.

The following outlines counselling methods and types of self-help programs.

Counselling methods

The methods of counselling that you may recommend to a person include:

- ▶ self-help
- ▶ motivational interviewing
- ▶ brief interventions
- ▶ intensive counselling (this often includes cognitive behaviour therapy)
- ▶ relapse prevention.

Self-help programs

Examples of self-help programs available in Australia include Alcoholics Anonymous, Narcotics Anonymous, Nar-Anon, and SMART (Self Management and Recovery Training). Meetings are free and held in metropolitan and rural areas. Self-help groups are managed and run by people with AOD issues. They encourage members to understand and support each other. Self-help approaches vary, but usually focus on the person taking responsibility for their own support options. Other self-help options include books, videos, and telephone and online support. Self-help is commonly included in other forms of AOD support.

Rehabilitation services

Rehabilitation is the process of medical or psychotherapeutic support for drug dependency. Drug dependency changes a person's behaviour which can, in turn, affect all aspects of that person's life, including work and relationships. Rehabilitation enables people to have the best opportunity to regain their normal life in a safe and healthy way. This type of intervention is suitable for several types of dependency, including stimulants and opioids.

Rehabilitation involves a number of elements and processes, which often include medication, counselling and group therapy. Depending on the person's needs, they can either attend in-patient or out-patient facilities. Some people may need to maintain normal work, school or home life, in which case out-patient rehabilitation is most suitable for them. If a person has long term AOD issues then in-patient rehabilitation is recommended as it removes them from negative or dangerous environments.



Services for consumables and drug substitution

There are a number of services that provide consumables to assist people to take drugs to reduce the damage their misuse is doing to themselves and society. These services offer a preventative approach but also information and education.

Needle exchange programs provide thiamine (vitamin B1 tablets), needles, syringes, swabs, vials of sterile water and 'sharps bins' for the safe disposal of used needles and syringes. However they also provide a range of services such as education on

Dental health

People who take certain types of drugs intravenously can suffer long-term dental problems, including decay and loss of teeth. Dental problems can also indicate nutritional deficiencies, and can lead to further dietary problems through the inability to chew.

Sexual health

The presence of sexual dysfunction and menstrual dysfunction, pain or discharge can indicate a range of health conditions, such as sexually transmitted infections (STIs). The existence of actual or possible pregnancy will affect the types of support that are offered to the person.

Urinary habits

Difficulties or changes in urination can be related to prostate cancer, infections, STIs, dehydration and a range of other medical conditions.

Cognitive abilities and speech patterns

Reduced ability to understand reason and organise information, along with confused speech, can indicate problems such as alcohol-related brain injury or dementia.

Family health history

Understanding the medical background of parents and siblings can help professionals to establish risk factors for a range of hereditary conditions, such as heart disease, some types of cancers, diabetes and alcoholism.

Blood borne diseases

People who inject drugs and share needles regularly are at high risk of HIV and Hepatitis C, which is contracted through blood of other people that remains on the needle and syringe. Hepatitis C can also be contracted through prolonged alcohol misuse and results in permanent damage to the liver.

Effects of drugs on development

The physical health issues surrounding drug use are well documented. The long-term effects on other aspects of health – such as social, cognitive and emotional development – are less known and understood.

The social consequences of drug use can include withdrawal from peers and family, and the higher likelihood of having problems with the law. This may also include difficulties interacting and maintaining education, employment and accommodation. The person might gradually neglect educational and career goals, nutritional needs, hygiene, and other needs and responsibilities. This is likely to affect their social networks and interaction within the community, resulting in social isolation.

