

Gold Coast Mental Health Symposium 2024



Thursday 30 May 2024
Southport Sharks Club, Southport

Goldbridge Rehabilitation Services

Presented by

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I would like to acknowledge this week is National Reconciliation Week as well as recognising the First Nations People as the Traditional Custodians of the land and waters throughout Australia.

Goldbridge Therapeutic Community is positioned within the Kombumerri land, which is part of the Yugambah language speaking nation.

We pay respects to Elders past, present and emerging.



Goldbridge Rehabilitation Services was first established in 1987 and is located in Southport on the Gold Coast.

<https://www.youtube.com/watch?v=YG7ejaiMEhs>

Goldbridge provides the following programs:

- Intake and Assessment – All genders 21yrs to 65+ years, dual diagnosis
- Residential Therapeutic Community (TC): 6-month program
 - Safety Net – 4 week – exit point
 - Mainstream – 12 week – exit point
 - Inter-Phase – 8 week – exit point
 - Transition-to-Community Program (Aftercare) – 6-months (nominal)
- Continuing Care – ongoing post residential-treatment

Goldbridge works from a Trauma Informed and person-centered framework.
Goldbridge is not faith based nor fellowship based.

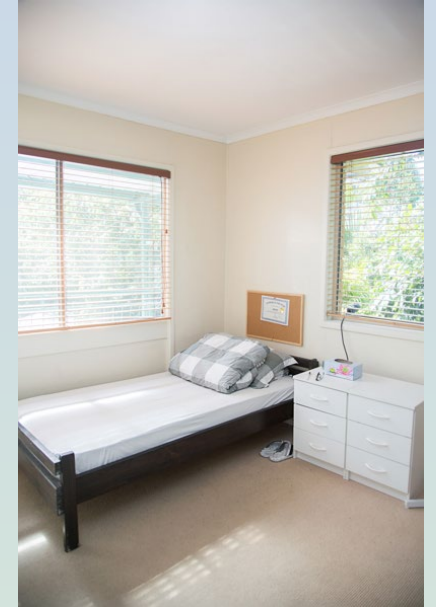
Goldbridge is accredited with:

- SAI Global for the International Organisation for Standards ISO (9001:2015 Certification) and;
- IHCA (Institute for Healthy Communities Australia) - Certification Standard for Therapeutic communities and Residential Rehabilitation Services (STCRRS)



The Therapeutic Community (TC)





Goldbridge Residential Therapeutic Community (TC) Program

So what is a TC?

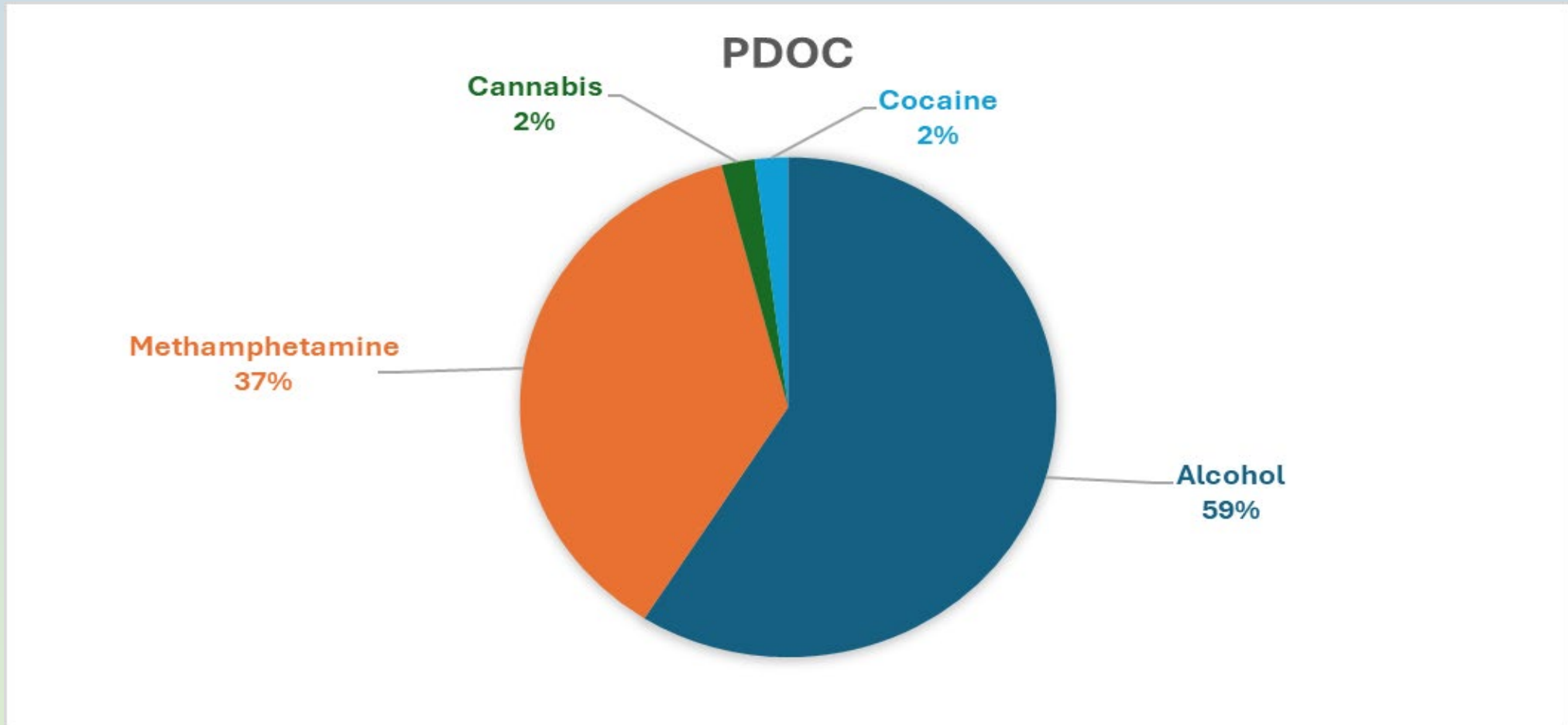
- The social environment of a TC is designed to resemble an energetic village (De Leon, 2000: 119). TC members are residents of this village ... they quickly take an active role in the day to day running of things.
- A TC is an intensive treatment program conducted in a residential setting typically offering a mixture of therapeutic group work, case management and one-to-one counselling.
- A Therapeutic Community is a treatment facility in which the community itself, through self-help and mutual support, is the principle means for promoting personal change. Residents become role models and serve as examples of the TC principles of recovery and a positive pro-social lifestyle.

Goldbridge Residential Therapeutic Community (TC) Program

A typical week consists of:

- Therapy Groups
- Functional groups (planning etc)
- Education sessions
- Conflict resolution
- Counselling
- Recovery Maintenance
- Independent living Skills
- Trauma Informed Yoga
- Sport/Walks
- Creative Activities
- Cultural Activities
- Exposure groups

Some stats from the last reporting period (1st July 2023 - 31st Dec 2023)



Homelessness

- 27% of clients were homeless prior to admission.

Gender

- 31% of clients identified as female.
- 65% of clients identified as male.
- 2% of clients identified as non-binary.
- 2% of clients identified as transgender male.

Age

- The average age was 41 years

Cultural Diversity

- 4% identified as Aboriginal
- 4% identified as CALD

DV

- 12% of clients who entered residential treatment had experienced DV prior to entry
- 12% of clients had a partner who was on a DVO
- 10% of clients were on a DVO
- 4% of clients were on a Corrections Order for Stalking and/or intimidation
- 10% of clients were on Bail

Mental Health

- 82% of clients had complex Mental Health (MH) needs
- Two thirds of clients had a combination of three diagnosed MH conditions such as PTSD, Borderline Personality Disorder, Bi-polar disorder, Suicidality, ADHD.

Successful strategies for collecting and incorporating client experiences

1. The Therapeutic Community (TC) model
2. Input into policy development
3. Surveys
4. Accreditation
5. Exit interviews

Successful strategies for collecting and incorporating client experiences

1. The Therapeutic Community (TC) model

- Reflective practice in action
- Community-as-Method
- Community Groups
- Daily Journal reflections from clients
- Impacts – client reflection for individual staff
- House Captain – responsibility of leadership – touch base with staff twice a day – handover notes – any concerns, feedback re program. (maybe do next slide with example)

Successful strategies for collecting and incorporating client experiences

Over the past x4-5 weeks our coffee allocation has been significantly reduced from 150gm per DAY (strictly weighed daily by Kitchen Manager) to 400-600gm per WEEK

During the past fortnight we have only been drinking x2 cups per day (normally x3 per day) on Mondays → Wed/Thu and have had to reduce to x1 cup per day on Fri/Sat, and then no coffee at all on Sundays/Monday mornings.

The K.M, Kitchen A.M, H.C and several other peers have taken time to precisely weigh a calculated average of coffee required for x3 cups per resident, per day.

Successful strategies for collecting and incorporating client experiences

2. Input into policy development

- COVID-19: Do we do a remote program – asked the clients – Given option to leave or stay
- Mission, Vision, Values workshop
- Brochure – Residential program – FAQs – written by clients

Successful strategies for collecting and incorporating client experiences

Mission Statements through the years:

- *Goldbridge transforms lives through a sense of belonging and acceptance of self and others, to provide freedom from the effects of addiction and mental health issues, with the aim of achieving sustainable recovery. (2021)*
- *Providing effective recovery services for people and families adversely affected by co-occurring alcohol, other drugs and mental health concerns. (2018)*
- *Providing Effective Recovery Services for individuals and families adversely affected by Alcohol and Other Drugs and Co-occurring Mental Health Problems. (2015)*
- *To provide effective recovery for individuals and families, affected by co-occurring alcohol, other drug, and mental health concerns (2009)*
- *To provide effective services for people adversely affected by Alcohol and Other Drugs. (2006)*

Frequently Asked Questions (FAQs):

The information below was written by residents. Residents feel that the information below was important for them to be aware of before they entered the program.

What makes up an average day in the Therapeutic Community (TC)?

The day starts at 6am. There is a morning walk, 3 group sessions, 3 independent living skills groups and an afternoon walk per day. There is some spare time between therapy and groups. The program finishes at 8.30pm with lights out at 10.00pm

How much individual counselling will I get?

In a TC the majority of therapy is received in group-settings and from your peers who provide you with honest, behaviour-based feedback. AOD Workers facilitate group processes and the Goldbridge Psychologist provides one-off counselling support.

What happens to my Centrelink money?

Your Centrelink payment goes into a supervised trust fund account and you receive a weekly allowance for personal expenses. Come prepared with enough personal resources and toiletries, etc to last 3 weeks as it sometimes takes this long for enough Centrelink money to build up in your account. There is no borrowing, buying or lending money. Settle all bills/loans/direct debits or put them on hold before you are admitted or allocate someone to take care of them. Self-funded clients must pay two weeks in advance for treatment at all times.

What about my prescribed medications?

Bring any medications and prescriptions required. A visiting medical officer will assess your medication needs and prescriptions will be filled as required. You must advise the staff of any injuries/illnesses prior to admission.

What if I have dietary requirements?

The TC has a set menu. If you have any special dietary needs these must be disclosed and discussed at assessment to ensure your needs are met.

What about my children?

All residents are on restrictions for the first two weeks but are still allowed contact with their children. This can be telephone, video conferencing or letter. You can also have a visit but only on the weekend. Your case worker and buddy will explain this in more details when you arrive.

What about 12-Step groups?

The TC liaises with the local 12 Step groups to support residents having information as this is an excellent post treatment support process for clients

Can I buy chocolates, have a haircut, have music, my phone, magazines etc?

Treats can be purchased/consumed only on weekends. There is a shop run to which you may submit a basic order. Haircuts can be planned for your 'on leave' hours as you progress through the program. No mobiles are allowed in the TC, other than when on leave towards the end of the program.

Will people find out where I am?

Not unless you let them know. We will not confirm or deny your presence in the TC to anyone unless you have given us written permission to do so, or if we are required to so under Qld or Federal Law.

I don't have a problem with alcohol, can I have a drink?

The TC prohibits access to alcohol for residents in its program.

Successful strategies for collecting and incorporating client experiences

3. Surveys

- Surveys are undertaken twice yearly – anonymous - Information collated within 2 weeks of return – goes to operation team to review and then action – meetings with relevant Coordinators – action implemented, and feedback given to clients e.g. phone unreliable – replaced – now phone line.
- Research – ex residents: 30 past Goldbridge clients who attended the program between 1998 and 2023 completed a Questionnaire.

Successful strategies for collecting and incorporating client experiences

ABOUT THIS DOCUMENT

The Queensland Alcohol and other Drug Treatment and Harm Reduction Outcomes Framework (THROF) describes the way Queensland alcohol and other drugs (AOD) treatment and harm reduction services can measure their impact. It suggests a series of outcome indicators that, when measured and considered in the context of each other and specific treatment types, help to inform service quality.

The THROF has been developed by a partnership of statewide AOD policy, sector and workforce development organisations based on direct input, feedback and research from AOD treatment providers from across Queensland as well as clients from AOD services.

The THROF reflects the Queensland AOD sector's consensus about what can be reasonably expected of AOD treatment and harm reduction services and should be considered in combination with the Queensland Alcohol and other Drug Treatment Service Delivery Framework.



EXAMPLE CLIENT SURVEY QUESTIONS

Services may like to adapt the questions below to fit the service context or develop their own. These questions are not intended to replace validated tools but rather serve as an example of how services might gain more qualitative information from clients for outcome indicators which validated tools do not measure. These may be delivered to clients verbally and then noted by the practitioner or via paper or web based surveys. Questions can also be adapted to be open, yes / no, or rating scale. Some questions may require an option for people to describe why they have answered in the way they did. The superscript numbers correspond to indicators in the framework. Refer to the outcome indicator quick reference guide on page 12 to see how the questions correspond.

EXAMPLE QUESTIONS / PROMPTS

- Did the staff treat you with respect and dignity?²
- I felt the staff treated me in a professional manner.¹
- On my visit to this service I was made to feel comfortable.⁷
- When you arrived at your appointment, did staff make you feel welcome?¹
- Were staff helpful with your questions?²
- Did your worker listen carefully to you?²
- I trust that the information I share will be kept confidential.¹
- Did staff understand your needs and issues?²
- My worker/s are trustworthy.¹
- The service is trustworthy.¹
- Do you think your views were taken into account when deciding on your treatment / intervention goals?²
- The worker I saw focussed on the things that are important to me.¹
- Do you feel safe when you work with us?²
- I felt I did not get anywhere with my problems.²
- Do you feel like you know more about the way alcohol and other drugs affect lifestyle and health?²
- Did you find that you learned things about safer alcohol / other drug issues while working with us?²
- How confident are you that you could use the harm reduction strategies (eg using a wheel filter) provided to you by your worker if you wanted to?²
- I have used the strategies I learned to keep me safer when using alcohol or other drugs (eg not sharing equipment).²
- Do you know more about how you can improve your health and wellbeing?²
- Was the service helpful in learning coping skills?²
- Was the service helpful in learning life skills (eg budgeting, paying bills)?²
- I would recommend this service to someone I know with similar problems.¹
- A treatment plan is a document that should be developed consultation with you and the alcohol and other drugs service. The plan should reflect your goals and needs. Do you agree with what is in your treatment plan?²
- My plan (eg treatment / care plan) was reviewed with me regularly.²
- How long did it take for our service to start working with you after you first made contact with us?²
- I got to see a worker in a reasonable amount of time.¹
- My worker asked for my permission before talking with other people / services about me.²
- When I was referred to another service, my worker helped to make sure that the transition was as smooth as possible.²
- I would return to this service if I needed help again.¹
- It was easy for me to get somewhere where I could meet a worker.²
- How long does it usually take you to travel to see your worker?²
- When I collected my sterile equipment, I was offered information on safe injecting.²
- Please describe how satisfied you are with the equipment provided.²

Successful strategies for collecting and incorporating client experiences

4. TC and Residential Rehabilitation Standards - Accreditation

- Undertaken by external Auditors
- Clients informed of audit and complete permission slips to be involved
- Invited to the opening and closing meetings
- Clients are interviewed by the Auditor
- Auditor observes groups
- QA - PDCA

Successful strategies for collecting and incorporating client experiences

Plan-Do-Check-Act (PDCA) Cycle

The Plan-Do-Check-Act (PDCA) Cycle

The Plan-Do-Check-Act (PDCA) Cycle (also known as PDSA Cycle or Deming Cycle), is a problem-solving method used for the continuous learning and improvement of a process or product.

There are 4 basic steps in PDCA Cycle:

- **Plan:** identify a problem and possible solutions
- **Do:** execute the plan and test the solution(s)
- **Check:** evaluate the results and lessons learned
- **Act:** improve the plan/process for better solutions

These four steps incorporate inductive-deductive interplay and have been a simple and scientific approach for problem-solving (process-improving). It follows the curve of how we acquire knowledge through constant reflection, standardisation, and modification.



The PDCA framework begins with a **planning** phase where a problem or a process to be improved is identified. This involves not only the goal setting and finding possible solutions, but also hypothesising methods that can be used to reach the ultimate goal.

Then, the solution(s) will be tested in the **Do** process. The 'Do' can be multiple 'To-Dos' by splitting the task and defining with a specific time, personnel, and timeframe.

Check includes analysing the results and comparing them to the hypothesis in the Plan stage: how well the solution worked, how much the goal has been achieved, and whether the methods were proven feasible. If there are any unexpected issues, what were the causes and what are some possible solutions.

The **Act** step closes the cycle, which involves adjustment on the initial goal or solutions and integration of all key learnings by the entire process, to standardise successful parts and avoid error recurrence. In a nutshell, the Act

Author: _____ Date submitted: _____

1. **Plan** (Experience and Evidence-research based)

- **What:**

- **Why:**

- **Who and By Whom:**

- **Where:**

- **So What? (So What difference will this make – measurable outcomes):**

- **What ATCEE is this proposal consistent with?**

2. **Do** (An approved, time-limited quick turn-around trial):

- **When and by when:** _____
- **For how long:** _____

3. **Check** (Review process – Learnings; pros & cons)

- **So What? (So What difference will this make – measurable outcomes):**

4. **Act** (after approval) : _____

Successful strategies for collecting and incorporating client experiences

5. Exit interviews

- Exit panel
- Discharge summary and review
- Innovative program was developed – Silver program designed as a direct result of exit feedback

Questions? Join at
menti.com - use
code 4622 2961

Questions?

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