

BUSHMOB INCORPORATED
SUBMISSION TO SENATE STANDING COMMITTEE ON COMMUNITY AFFAIRS

Summary;

Bushmob began in 1999 using Bush Adventure Therapy/outreach trips and swags as accommodation, to work with VSA and AOD affected young people from Alice Springs town camps and Some remote Communities when invited and if able to resource to go on weekly overnight or up to week trips while trying to convince funders of a need for an urban treatment facility linked to clinical Services. Initially, One second hand troopie 10 swags and two volunteer workers

In 2008 Bushmob was finally funded by NTG DHF AODP to provide the only **Therapeutic and Urban Alice Springs** model for addressing Youth VSA and other drug use in Central Australia. Bushmob provides since Jan 2008, a Residential Treatment Facility for 12 -25 year olds and is funded by NT DHFS for 5 beds for young men and women across the whole region. There are 5 unfunded beds in the facility. **Average occupancy in 2008, beds per night 8 young people.** Whilst querying the degree to which a young person is deemed to be a "petrol sniffer" in terms of supposedly the main drug of choice being petrol, Bushmob house had **47 "Petrol Sniffers" stay** for various periods of time throughout 2008 and **three** this year 2009. They were treated for poly drug use, as alcohol and Marijuana are often preferred substitutes for petrol and other inhalants. We worked with 13 Young people Mandated for treatment under the VSA Legislation in 2008. But none of these young people had been mandated to BushMob for treatment, bar one.

If the Federal intervention was a response to Child sexual abuse fuelled by substance misuse issues and not knocking the good works, why are our children denied real support to access therapeutic and clinical treatment for Volatile substance abuse and other drug use in Alice Springs which is the Natural service centre for Central Desert and Cross Border Regions?

Adult VSA and Alcohol and other drug facilities in our region comprise 60 beds and possibly 70 beds if CAAAPU women's House is funded.

Youth VSA and Alcohol and other Drug Treatment 5 beds funded, 5 beds unfunded for carer support

We would argue that young people seeking treatment in town, where all the appropriate medical services are, need support to adjust to being in town and not use it for a place to access and misuse VSA and AOD substances, they seem to be left out of the picture in terms of early intervention and economies of disadvantage scales including natural urban drift and over Intervention issues, cash management, cheaper shopping etc.

We support the range of existing hard won complimentary measures, NT government VSA Legislation and various Management Plans, Rehabilitation programs such as Mt Theo, Ilpurla, Caylus efforts to lobby for Remote Community Youth Service provision, but would stress that they are in conjunction with the Bushmob model of an Urban stabilisation and therapeutic treatment setting linked to primary health care and clinical VSA AOD service providers and Mental health services and education and training. We are also using **StrongMob** a Peer and Mentor program funded through Fahcsia to encourage young indigenous people and family to give us some

direction in addressing issues around VSA and AOD misuse, whilst providing ad hoc employment to them through our own resources whilst continuing to try to find pathways for these people to work within the program or sector. They have started the Media Unit

BushMob is base Funded;

Treatment House \$290,000.00 (01/07/2008 – 30/06/2010)

Bush Outreach \$104,000.00 (01/07/2008 – 30/06/2010)

\$300,000.00 (One off AG Treatment Programs? strange things happening with this haven't received any yet, 11th march. (1/07/2007-30/06/2009)

BUSHMOB Programs

This information is to provide young people, and referring agencies with a brief overview of the Bushmob services.

Although programs are listed separately, in reality all Bushmob programs inter-relate to provide multiple points of entry.

Where activities are in *italic* this highlights a sub-program or aspect of Bushmob that is unique in its model.

CONTACT US

For further information about Bushmob visit the Bushmob website at www.bushmob.com.au, or contact us on 89533798 to arrange a visit to Bushmob or for us to come and give you more information.

Bushmob is funded through modest Government grants, fee for service and donations. **If you would like to donate to Bushmob please contact us, all donations are tax deductible.**

Young people are not directly charged to use Bushmob services.

SERVICES

Residential Stabilisation and Treatment

Bush Adventure Therapy

Place of Safety

OTHER PROJECTS

Strongmob Peer Mentors and Leaders

Bushmob media

BUSHMOB STAFF

Bushmob employs a team of workers who bring qualifications and skills that support the full range of its activities.

Bushmob staff hold qualifications in:

- Cognitive Behaviour Therapy
- Motivation Technique
- Narrative Therapy
- Child and Youth Psychotherapy
- Brief Intervention
- Alcohol and Other Drugs
- Mental Health and Alcohol and other Drug Co-morbidity
- Youth Work
- Media
- Chef
- Hospitality
- CA Indigenous Languages
- Abseiling

All Bushmob staff are trained in:

- **Bushmob (cross-cultural) Bush Adventure Therapy**
- Risk assessment and management
- Case management
- De-escalation techniques
- Remote 4x4 driving
- Remote Logistics
- Group Work
- The local context, family groups and languages

BUSHMOB represents the NT on the National Association of Bush Adventure Therapists and is affiliated with relevant alcohol and other drugs, mental health and youth bodies.

Bushmob **Residential Stabilisation and Treatment**

A 10 bed house at 10 Schwartz Crescent. It accepts self, agency, and other referrals of young people aged 12 – 25 experiencing the full range of alcohol and other drug/s and related harms. It is open 24 hours and is staffed by a team of experienced and qualified staff.

Admissions to the house are supported by a comprehensive assessment and care plan. Young people may stay for a number of days, or up to three months depending on their circumstances.

The house operates under rules of conduct and engagement. Young people may be asked to leave in accordance with the individual client contract.

During a stay at Bushmob house care plans are regularly reviewed according to young people's changing circumstances.

Bushmob works closely with a range of other services in town, out bush, across the NT and interstate in support of the very best care plan for young people

The house program includes:

- Assessment
- Case management
- Individualised care plans, including referral, discharge planning and aftercare
- One to one counselling
 - › Narrative Therapy
 - › Cognitive Behavioural Therapy
 - › Motivation Technique
- Group therapy
 - › **Bush Adventure Therapy**
 - › **Stongmob Peer Mentors**
- Primary health care
 - › medical assessment
 - › dental care
 - › immunisation
 - › STI screening
 - › other
- Psycho-social support
 - › family and community involvement
 - › specialist psychologist referral
 - › specialist psychiatrist referral
 - › social workers
 - › centrelink

- › disability assessment
 - › legal including Welfare, Courts, Guardianship
 - › housing
 - › other
- Recreational activities
 - › reblink
 - › team sports
 - 4 -› walking
 - › movies
 - › art gallery and exhibitions
 - › desert park and reptile park
 - › other
- Skills development
 - › link to education
 - › cooking
 - › washing
 - › cleaning
 - › life management planning
 - › **Bushmob Media**

Bushmob Outreach and **Bush Adventure Therapy**

A flexible outreach service that operates from troopies in the street, at home and in the community. It engages young people aged 12 – 30 and their families and accepts self and other referrals. It runs **Bush Adventure Therapy** groups (called journeys) ranging from overnight, day and up to 10 day journeys. While the journeys vary in location, group size and duration they adhere to the Bushmob **Bush Adventure Therapy** model.

This service includes:

- Outreach, intervention and follow-up› brief assessment and intervention
 - › follow-up
 - › referral options including:
 - › Bushmob **Residential Stabilisation and Treatment**
 - › Bushmob **Bush Adventure Therapy**
 - › Specialist, treatment and other social support services
 - › Other referral
- **Bush Adventure Therapy**
 - › day journeys catering for small groups, often used as the first step toward engagement in positive choice
 - › challenge
 - › boundaries
 - › group and individual counselling
 - › **Strongmob Peer Mentors**
 - › referral options as above
 - › overnight journeys of up to two nights catering for small groups, often used as a consolidating step toward positive choice
 - › challenge
 - › boundaries
 - › **Strongmob Peer Mentors**
 - › group and individual counselling
 - › referral options as above

- > longer journeys of up to ten days catering for large groups of up to 50 people, used as a consolidating step in positive change
- > challenge
- > Boundaries
- > **Strongmob Peer Mentors**
- > group and individual counseling
- > **Bushmob media**
- > Referral options as above

Bushmob **Place of Safety**

Young people aged 12 – 25 years of age can come to Bushmob or be referred by police and others as a place of safety whilst intoxicated from volatile and other substances. Admission is based on the assessment of the young person and safety of other young people in the programs.

Bushmob supports young people to stay safe by:

- being open 24 hours a day
- assessing and monitoring young people who may be intoxicated or in withdrawal and where required involve other medical and specialist services
- providing the atmosphere, space and time to rest, be comfortable and eat well
- brief intervention
- referral options including:
 - > Bushmob **Residential Stabilisation and Treatment**
 - > Bushmob **Bush Adventure Therapy**
 - > Bushmob outreach follow-up
 - > Other specialist, treatment and social support services
 - > Other referral

X4 of the 47 92008) young people who are seen and labelled as “Petrol Sniffers” who use Bushmob Treatment House and Outreach;

(Names changed and no attempt as case studies, just the way it is)

Young Woman.

2006 First met Mary 1 lying down sniffing petrol in the green shed at Namatjira camp with 8 other young people using petrol. We spoke to the young people and urged them to come out on a bush day the following day. Two people came and helped us do some shopping for the trip we were able to give them some bread and cooked chook as a way of breaking the stupor. We were shown the fuel 10 litre jerrycan. We called the Police to come and remove it as at that point we weren't Authorised persons under the NT VSA Act and had no power to do so.

The following day eight YP came out to Anna's reservoir, food, swimming, basic first Aid for burns Stab wounds, advice on Scabies and Boils etc and offers to follow up about this

Mary 1 is a young woman who has been diagnosed with a learning disorder and Fetal alcohol syndrome, she is described as being very damaged psychologically, doesn't trust people, is volatile and non compliant, substance abuse significantly increases her damage

She has been offered day support at Bushmob, Bush Adventure Therapy trips with Outreach and when not using VSA and Alcohol and Marijuana is supported into staying overnight in the Residential facility. Unfortunately she is unable to maintain this process and becomes violent with staff, knives, rocks, significant property damage, she is trespassed from all services, including the Alice Springs hospital. She has a significant criminal damages property and personal history and is

occasionally picked up as a result of her behaviour or a report of violence . Police understandably are wary of keeping her in the watchhouse and invariably after court she is back on the street the next day.

When not staying with us or contacting us on a daily basis she is transient between various town camps and regularly physically assaulted or raped, probably at least weekly. We have almost managed to get her to agree to an STI check after months of work but this has still not happened. Referral pathways; Mental health NTG and Congress, AOD 'request for treatment at an Approved facility", Medical, Sexual health, Education, etc. The only success we have had has been with The Adult guardianship office.

Mary 1 when not under the influence of Petrol, Alcohol and marijuana is a damaged but interested and charming young woman she has a strong interest in learning more about reading and is very good with maths and time. She is one of the growing number of Young people in the "Too hard basket". We are amazed each time she makes contact again, survived another period of lack of care. She uses us as a multiple entry and exit place of safety.

Young Man

Met in 2006, Charles creek Town camp and Trucking yards, if in town , if not then out bush at Haasts Bluff, long term petrol sniffing some Cognitive dysfunction. Initially Sam 1 came on bush trips (8) with his partner as a means of dealing with his VSA use, we had no Treatment facility so it was just ad hoc with swags on overnight bush trips, he was requesting our support to "stop sniffing" and was living in overcrowded conditions where there was a lot of drinking and fighting. When the Treatment House opened in 2008, He had a clinical and psycho social assessment around VSA and counselling

Has since stopped VSA although drinking continues and has even done interviews on VSA with ABC lateline while staying at Bushmob house.

Young Woman

Mary 2 first came to the Bushmob House in March 2008, when it opened prior to this she had been going on Bush trips with Bushmob Outreach since 2003. Extensive and ongoing use of VSA and other drug use is highly vulnerable and suffers extreme domestic violence from partner, who uses Volatile substance. Recently lost a baby from excessive Substance abuse and violence. Her father is a chronic adult Volatile substance user and her mother has chronic substance abuse issues. We try to work with the whole family. Mary 2 stays at the house when she can. She has currently been mandated to an adult service

Young Man

Sam 2 has been involved with Bushmob since 2002, he uses primarily petrol and alcohol when available. He enjoys the bush work we do as he is a true bush person when straight. He has modified his use over the years but is still trying. He has stayed in the House for 3 -4 days throughout 2008 and has maintained Bushtrips with us when in town. Usually between Papunya and Ikuntji. He has also participated in some Hip hop workshops we have run and is a fine musician. He dreams of stopping substance misuse but finds the peer and family pressure too great. He has a long history with the Police and courts and has been involved while intoxicated in some horrific substance fuelled payback fights.

What do we want

Upgrade or purpose build our Urban facilities commensurate with Adult service provision eg DASA or CAAAPU or BRAADAG or ROCKHOLE REHAB etc we currently use a run down (but kept spotless) old house, with no access to real lawn or outside space opposite the only Alice Springs Adult Sober up Shelter

Eg Amata Facility purpose built currently not being fully utilised but is still there for the next round. One "using' Petrol sniffer can start up a whole community

Urban setting, 10 beds for VSA and other drug use 12 –25 years old. Our model of Indigenous participation would be a good one to fit/run a secure facility for the growing number of more damaged children and young adults who we try to cater for but can't safely manage due to lack of resources and staff. Co morbidity, Foetal Alcohol Syndrome, compounded by neglect and family violence etc.

Two costings

New Capitol Infrastructure+ 1.5 million per annum

Upgrade Capitol Infrastructure / + 2 million per annum

Thank you.