Submission No 13

# INQUIRY INTO THE PROVISION OF DRUG REHABILITATION SERVICES IN REGIONAL, RURAL AND REMOTE NEW SOUTH WALES

Organisation: Byron Private Pty Ltd

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# INQUIRY INTO THE PROVISION OF DRUG REHABILITATION SERVICES IN REGIONAL, RURAL AND REMOTE NEW SOUTH WALES.

Submission Lodged by:

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**BYRON PRIVATE PTY LIMITED** 

#### **Executive Summary**

Byron Private is a privately funded 12 bed residential treatment facility that provides a 6 week treatment program for drug addiction, alcoholism, eating disorders, PTSD, anxiety and depression. The centre does not qualify as a Private Health Facility under the current Private Health Facilities Act 2007, largely due to the medically orientated operational standards and building requirements of the Act and relevant Regulations. This prevents clients from accessing private health funds for their treatment, thus precluding many people from accessing care as and when needed.

Byron Private focuses on the long term psychological therapy of clients by identifying the underlying causes of presenting issues and providing techniques for building resilience. This therapeutic model is unlike most private health facilities that focus on the short term medical stability of clients without taking the time necessary to correct underlying psychological causes of their behaviour, often leading to multiple presentations to those facilities.

For three years now, Byron Private has achieved positive outcomes for clients and it is Byron Private's submission to this enquiry that the government should support private operators of rehabilitation facilities to receive a modified form of Private Health Facility accreditation, having regard to the non-medically orientated nature of the services, and further supporting such services to qualify for private medical health fund support for their clients.

### 1. The range and types of services including the number of treatment beds currently available.

Industry Information

In 2005 the NSW Department of Health identified 31 residential services in NSW providing approximately 700 beds, (The NSW Alcohol and Drug Residential Rehabilitation Costing Study, prepared by Health Policy Analysis Pty Ltd 2005) with the majority being provided by the non-government sector.

"On average (NSW) services received 71.3 per cent of revenue from Government funding sources and 17.5 per cent from client contributions." Residential services in NSW are predominantly provided by NGOs. (The NSW Alcohol and Drug Residential Rehabilitation Costing Study, prepared by Health Policy Analysis Pty Ltd 2005).

The current demand for residential rehabilitation exceeds the availability of residential treatment beds with waiting times often running into months.

#### Byron Private Information

Byron Private is an integrative holistic residential treatment centre providing specialised support services for individuals suffering from depression, anxiety, drug and alcohol addiction, trauma, eating disorders and relationship issues. This provides a 12 bed, six week, intensive residential program for those people who are in a position to pay for private treatment, thus enabling them to avoid the queue waiting for a bed.

Byron Private provides all of its clients with:

- GP supervision
- psychiatrist consultation

- psychologist consultation
- individual psychotherapist consultation
- group psychotherapist therapy
- psycho-education
- equine therapy
- PTSD and trauma focused therapy
- family therapy
- complimentary services including massage, acupuncture, yoga, fitness, music and art
- complete meal nutrition
- aftercare planning

## 2. Specific details regarding rehabilitation services for those with amphetamine and methamphetamine ("ice") addictions;

Byron Private provides rehabilitation for clients suffering from amphetamine and methamphetamine addictions. These clients receive the same holistic range of treatment services that all Byron Private clients as detailed above.

### 3. The qualification to receive funding as well as the funding arrangements for services be they public, not-for-profit, for profit or on any other basis;

As a private operator, clients of Byron Private generally have to fund their own treatment, which costs \$950 per day for a 6 week stay totalling approximately \$40,000.

Clients are unable to access private health fund insurance to pay for Byron Private as the centre does not qualify as a Private Health Facility due to the medically orientated requirements of the Private Health Facilities Regulations 2017, particularly with regard to staffing, procedures and building standards.

Most private health funds will only fund a limited time in residential treatment (two to three weeks) and this length of stay is widely accepted as inadequate when addressing complex

treatment needs, with about one in four persons having one or more coexisting mental health and substance use disorder. This is a hurdle encountered by many potential residents who have private health insurance but need a longer treatment episode than 2-3 weeks.

The only situation in which clients receive funding to attend Byron Private are war veterans that have secured special approval by the Department of Veteran Affairs. Those DVA supported clients have usually had multiple unsuccessful Private Health Facility admissions of 2-3 weeks, and support from a psychiatrist acknowledging the need for a more therapeutic long term rehabilitation. **See attachments 1 and 2 for relevant case studies.** 

### 4. Registration and accreditation process required for rehabilitation services to be established.

Industry Information

In NSW, private hospitals and day procedure centres are licensed under the Private Health Facilities Act 2007 and Private Health Facilities Regulation 2017. Private health facilities are defined in that Act as being premises at which patients are admitted, provided with medical, surgical or other prescribed treatment, or services and then discharged.

Eighteen of the nineteen classes of 'private health facilities' identified in the Act are concerned with medically orientated procedures with the only exception being 'mental health'. These services do not represent the services provided by therapeutic residential rehabilitation services.

For the person with significant, long-term substance dependency, residential rehabilitation is one of the main and most effective treatment options available. In NSW, residential rehabilitation for drug/alcohol dependence takes place predominantly in the non-government sector, generally not for profit (The NSW Alcohol and Drug Residential Rehabilitation Costing Study, prepared by Health Policy Analysis Pty Ltd 2005). The residential facility may take the form of a group home, therapeutic community or multi-bed unit. The standard of

accommodation provided during the course of rehabilitation varies, however a successful outcome is not dependent on the type of construction or quality of the residential facility. Instead it is dependent on the nature and quality of the treatment program provided within the residential facility and the quality and professionalism of the staff that implement the program. The fact that this residential treatment does not take place in a licensed medical facility does not mean that these services should not, in our opinion, be accredited or considered for licensing under the Private Health Facilities Regulation 2017.

In the public sector, "NSW NGO AOD treatment services are required to meet standards of care through accreditation. Accreditation has two aspects: organisation accreditation and worker accreditation. In addition, there is professional registration for NGO workers." (NGO Treatment Service Specification NSW Health 2017). There is no such requirement for residential services to be accredited in the private sector.

Byron Private Information.

Byron Private Treatment Centre has taken the initiative and obtained third party certification against ISO 9001:2015. Byron Private elected to participate in third party certification, it was not required by State or Commonwealth legislation to do so, and because it does not receive financial assistance from the government it was not required to undertake certification as a condition of funding.

Currently there is no registration requirement for the private sector and certification is voluntary. The certification process was undertaken to further demonstrate Byron Private's commitment to providing quality programs in the private sector while bringing peace of mind to it's clients and their families. The process of regular auditing to maintain certification ensures that the service is accountable for the programs and subsequent outcomes provided and that it is a safe, consistent and quality service that complies with the law.

#### Proposal

Byron Private proposes that all private facilities providing residential rehabilitation treatment should be registered and accredited under a modified form of the Private Health Facilities Act and Regulations by adding the following treatments to the list of prescribed licenses:

- Substance Use disorder (drug and alcohol)
- Eating disorders
- PTSD
- Mood Disorders

This would require modifying the requirements of licensing from strict adherence to the Australasian Health Facilities Guidelines allowing for more generalised residential facilities focusing on therapeutic rather than medical treatment.

### 5. The cost to patients/clients, including fee structures provided to families, for accessing rehabilitation services.

Byron Private charges \$950 per day for its services.

#### 6. The waiting lists and waiting times for gaining entry into services;

Byron Private is generally able to admit clients within 7 days of application for admission. This is in stark contrast to NGOs where most residential treatment services have a waiting list often running into months.

#### 7. Any pre-entry conditions for gaining access to rehabilitation services;

The only pre-entry conditions for admission to Byron Private are that the client must not be currently suicidal, not have a history of violence or violent crimes, be medically stable and not be actively psychotic.

8. Investigate the evidence regarding the efficacy and impacts of mandatory detoxification programs for those who self-harm or are subject to an Apprehended Violence Order (AVO).

Not relevant to this submission.

### 9. The gaps and shortages in the provision of services including geographical resources and funding.

Timely access to a residential bed and sustainable funding are the two primary issues affecting the provision of residential services in NSW.

The historic, long waiting lists for admission to a non-government residential treatment services are part of the reason why the numbers of private, for profit, treatment centres have proliferated in NSW. Other reasons for the advent of private facilities include the provision of more luxurious facilities, the prospect of individualised treatment, and the promise of greater anonymity for clients.

### 10. Issues relating to the provision of appropriately qualified health professionals to fill positions in rehabilitation services.

The all-inclusive fee charged by Byron Private includes access to professionals who are tertiary qualified and registered with AHPRA and relevant professional bodies. A private facility such as Byron Private can afford to contract qualified professionals to provide a service on a timely sessional basis. This is in contrast to the non-government sector, which

often encounters long waiting times for access to a service and has to rely on professionals who are prepared to bulk bill under Medicare.

In addition to appropriately qualified health professionals Byron Private engage care staff. The role of care staff is to support, monitor and escort residents on outings including 12 Step meetings. One key criterion for care staff is 'lived experience'. The concept of lived experience is that the person has personal experience with alcohol and other drug misuse and are able to empathize with residents and share real life experience as well as exemplifying personal recovery. Lived experience inspires both hope and confidence; key ingredients for recovery.

11. Evidence of rehabilitation services that have had both successful and unsuccessful outcomes, including what characteristics constitute a successful outcome and how reliable is the data collection and reporting mechanisms currently in place;

Byron Private treats a range of co-morbid conditions often found in the clients that enter their service for treatment. A random sample of 10 de-identified client files was reviewed for this submission. The results demonstrate the successful outcomes achieved in the Centre over a relatively short period of time. **See attachment 3.** 

The two case studies (attachments 1 and 2) also accompanying this submission demonstrate the centre's success working with clients who have a clinical history of post traumatic stress disorder and substance abuse and other co-existing mental health disorders.

Byron Private attributes its success to:

- A focus on relatively long term intensive treatment of the psychological causes of presenting issues and the therapeutic education of clients to build resilience for long term recovery
- 2. A well-qualified team of medical and therapeutic practitioners
- 3. A balance of individual and group therapy

- 4. A therapeutic and supportive setting
- 5. A holistic approach to treatment offering clinical intervention, recreation, healthy individually prepared food, exercise and support from lived experience people who provide by their own example of proof that recovery from substance dependence and co-morbid conditions is possible.

#### 12. Current and potential threats to existing rehabilitation services.

Potential threats to existing rehabilitation services include onerous regulation, registration or accreditation imposed by government other than what has been suggested in this submission.

### 13. Potential and innovative rehabilitation services and initiatives including naltrexone; and

Not relevant to this submission.

#### 14. Any other related matters.

None.

#### **Attachments:**

- 1. Case Study Scott
- 2. Case Study Allen
- 3. Byron Private Treatment Centre Literature.