

## GP LINK Lunches | Christine Faddoul

**Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.**



Christine Faddoul



Dr Ken McCroary

**Ken McCroary - A while back I was contacted by St Vincent de Paul Society on behalf of their non residential alcohol and other drug program at Rendu House Campbelltown. A program that was aiming to provide treatment for individuals with alcohol and drug dependency.**

**Link was contacted during Rendu House's process of establishing an at-house detox program for residents. To achieve this they were seeking the expertise of general practitioners who would collaborate with nurses and support workers. The organisation was in need of GPs who could provide medical services and stand beside patients throughout their detoxification journey and so I thought it may be interesting to spend some time delving a bit deeper into this developing community service.**

**To explain some more about Rendu House I'm joined by Christine Faddoul who is the manager of Rendu House at the St Vincent de Paul Society. Christine has 9 years experience in the community service sector and specialises in alcohol and other drugs.**

**Through Christine's frontline experience as a counsellor, psychotherapist and case worker, she's passionate about providing assistance to those struggling with alcohol, drugs and various other issues including those facing stigma and discrimination. Christine takes pride in her work and strives to support consumers, improving support structures available as well as accessibility to them and provides leadership to those directly on the front lines.**

**Christine holds a Masters of Counselling and Psychotherapy, a Graduate Diploma in Counselling and a Bachelors Degree in Psychology.**

**Christine can you tell me about St Vincent de Paul Society?**

**Christine Faddoul - St Vincent de Paul Society is a large international organisation. It's based on the foundation of being a charitable society and organisation. It was founded in 1854. It's very much an organisation that looks at spiritual and personal growth through serving those with specific needs. That could be communities of people who are marginalised or disadvantaged or at least experiencing any sort of disadvantage. A lot of our mission statement is aspiring to live the gospel message by serving Christ in Paul we love, respect, justice, hope and joy and to bring about a more just and compassion society. Our vision is all about providing a hand up to clients and communities and we do that quite often through supporting them with their basic necessities which might include housing and homelessness issues, crisis support needs, financial support, basic health needs, it could just be by providing clothing, food, shelter but also what we do in our service here is provide health care services as well such as drug and alcohol services. So that's pretty much St Vincent de Paul Society in a general context.**

**Ken McCroary - And more specifically you are talking today about Rendu House, what can you tell me about Rendu House?**

**Christine Faddoul** - Rendu House, St Vincent de Paul Society is quite large, and one of the directions that it has is community services, so under that is the health division. Now being a drug and alcohol service this is where we are located, so Rendu House is a drug and alcohol non-residential treatment service. So we work with clients, essentially our eligibility criteria is 18 years and over, they have to have one or more drug and alcohol dependency issues and sort of located in South West Sydney but we are flexible.

Rendu House has three programs. Our first program, which we're quite largely known for, is our day program. So it's a 12-week program that provides individual case management in a group structure. What it looks like in that 12 weeks is at the start you've got the entry preparation which is that three weeks sort of getting clients integrated and settled, getting them used to our coming into the site where we are located in Campbelltown and then you've got the core program. This is when we'll begin to deliver our modules which go for six weeks. So they come here on site for six weeks, five days a week. We've heard quite often from our client groups that it provides a lot of structure, stability, provides them with a platform to come and communicate with other participants who are in similar walks of life as well, which I think is fantastic. And then once they finish the core program and the modules, the psy education groups that we run they then look at transitioning out which is about a three-week process, sometimes it can be longer. The modules we focus on in that core program we're looking at cognitive behavioural therapy, motivational enhancer therapies, mood management modules, relapse prevention modules, and focus groups that we integrate which include art therapy, we have financial management groups, we've even got gambling groups that happen and just well-rounded modules to support clients. So that's our day program.

We also have a complex support needs program and what this is, it's more of a flexible program and it supports individuals who are requiring mental health and/or social needs such as those in contact with the justice criminal system, those experiencing family breakdowns or trauma. So all of the clients are complex, it's just the way it is in the AOD sector but they are just a little bit more in that they can't come into our day program space which is unfortunate. Now what I do like about the complex support needs program is that we identified a gap of not being able to run a group structure to support our clients, for example, if we had someone with an acquired brain injury and were unable to be in a group setting and process the education that we were providing them. So we took that back to our funders, so the South Western Sydney Primary Health Network, and we connected with an AOD consultancy agency through Sixty Edge and working alongside researchers from UNSW and we developed, based on needs analysis, 10 modules to suit clients' needs and based off of that we have now been in effect since the beginning of this year where we are running one on one modules. Clients get to choose which modules they would like based on their own needs and they get to be run on a one-on-one capacity with greater flexibility like phone, face-to-face, online and very tailored to suit their level of taking on that information, their level of processing information as well. So that's our complex, support needs program. Just to add on there we finalised a name for that program – it's called Fight n Fab: Finding a Balance – that's just recent so I just remembered that one.

Our last program is our Outreach Program which acts as a before and after care sort of service. So it provides individual case management, so clients can be met out in the community somewhere close to their home across South Western Sydney. So before care access supporting clients to access treatment services, addressing barriers to potential treatments and providing referrals to those goals that they've asked, that they've identified. So if example if they are having mental health issues its about connecting them with the GP, getting a mental health care plan maybe even connecting them with our own registered nurse as well and having them coordinate different sorts of supports there.

And then we've got an after care service which is offered in the outreach space and that's looking at post treatment support, relapse prevention, recovery maintenance and just continued case clienting for up to six months. With the outreach program we also have a Registered Nurse. So they provide onsite and offsite support. They offer a whole range of different sort of services including nursing assessments, dry blood spot testing, nicotine replacement therapy, referral connections, keeping clients well by assisting them going to GP appointments, looking at helping them obtain sterile injecting equipment, providing education and looking at take naloxone sort of items too. But one of the things that we've also been focusing on is the at home ambulatory detox for our service. So that's pretty much our services summarised and summed up for you there.

**Ken McCroary - You've done really well and it is a complex and wide ranging support that you guys offer and it's been really interesting listening to you speak about them. We originally started talking when you were looking at the in-house detox program. Can you tell me a little bit about that please?**

**Christine Faddoul** - One of the things that came about a couple of years ago was we are generally a non-residential drug and alcohol treatment. We're not residential, which is something that our clients love cause they're not really in a bubble, they're not restricted, they get to go home in the afternoons, they get to try a balance of putting their education in place in real life practices. Now a lot of things we consistently heard in the feedback that we got was 'do you guys support us with doing detox at home?' and it was hard because we never had a Registered Nurse, we could never get the ball rolling, we used to have to say to them unfortunately you are going to have to go into a clinical space, into a detox unit, you are going to have to do it that way and sometimes we would encounter a lot of resistance because again clients didn't feel comfortable going into a clinical space, they didn't feel comfortable essentially uprooting their life to stay in a place they don't feel safe in, so one of the needs that we looked at was how do we create an ambulatory detox service and how do we do that here at Rendu House.

So of course we got funding for a Registered Nurse. So we finally had a Registered Nurse on board at the beginning of this year and one of the things we were looking at is how do we get a home detox set-up? Now we did our own research, we tried to connect with a lot of detox units out there, we tried to see if there was anyone running home detox and that was a huge gap. No one was really running home detox which was very interesting for us. So what we did was we connected with our own sort of clinical governance team and we looked at hey we actually have a client right now, they are very in need of a home detox, what can we do to set it up? We worked very closely with the client, it took about a month and a bit for us to set up an at home detox. We looked at making sure the client had adequate support, they had a support person with them during their home detox.

We had to work really, really hard to try and get a GP on board who would support us all the way through and even after they finished as part of their sort of transition cause we can't just do a detox and then leave them alone, we need to follow up with their aftercare support. We found one, it was very difficult for us to find a GP that would support us, but we found one individual who was actually out of our catchment area, but he was honestly phenomenal. He called up all services he needed to call up, he even did his own research and supported us through that process; I think he called the DASSA line as well for more information. Now I think that was, it was very telling for us, our first one. One of the things that we encountered, well the things that we encountered were that we needed to have a good and stabilised GP, our Registered Nurse needed to be able to visit every day while this person was detoxing at home, we also needed to have a second person visit alongside them, could be a case worker, just for sort of that safety support, we also needed to make sure we had our legalities crossed just in case any issues popped up and we needed to ensure that we had safety and risk assessments in place as well.

Now the reason I'm telling you a little bit about this is because it was a very successful detox. Our client was successful all throughout and even afterwards, from memory, they did stay clean which was huge for us. So from there that bought us more passion at wanting to run at home detox and now we're currently in the process of developing our own protocol, developed a guide on how to support us through that and our own specific criteria for that as well. I don't know if I'm missed anything there.

**Ken McCroary - No. Very thorough and very explanatory. Now we were talking too about the roles of GPs in this program and how to, I guess, attract GPs to participate. Do you want to expand on that for my colleagues?**

**Christine Faddoul** - Just adding on a little bit with the barriers that we encountered. So the barriers we encountered with an at-home detox was clients being unable to afford any sort of treatment, so detox residential services and those sort of items, and also the Royal Prince Alfred unfortunately they were only allowed to provide ambulatory detox within their local health district. But if we're looking at GPs so unfortunately the things that we kept encountering in South Western Sydney is that GPs are very overrun, they're limited, there's not as many GPs as you would want and therefore they have a magnitude of clients on their caseloads on their day-to-day that they see so it's very difficult for us to connect with them, to even connect with the ones that may specialise in alcohol and other drugs so it's very difficult there. That was a barrier we were encountering and then the other thing was the willingness, sometimes I don't know how to say this politely, sometimes when we went up to a GP and asked them to support us with an ambulatory detox we got a little bit of resistance, and I completely understand, with the risk factors and the huge unknown when it comes to drug and alcohol issues and how things are going to play out in the safety of a home setting. My apologies I don't know if I answered that question for you.

**Ken McCroary - Yeah, you did, particularly in terms of what the barriers are but what exactly are you after from the GPs when taking the role?**

**Christine Faddoul** - All we require is just someone to support our Registered Nurse. We've got a Registered Nurse on site so long as we've got a GP who's there who can support the client, prescribe what they need to prescribe, for example, if it's valium or something along those lines, to assist us with the pathology side of things as well to get those blood tests done, all that support system. We've also got a Registered Nurse that will work closely alongside them to support them as well. But also we just need someone who is keen, willing to be onboard and willing to learn about our clients, cause I think that's important. As long as our clients feel safe with their GP during the process I think that's really great. Now the other thing is we've recently connected with another service, it's Cleansford, so they provide detox services that is ambulatory detox however they do charge a fee but we have been working closely with them. They can't support us by providing a GP of course or cutting down their costs, which is fair enough, but what they can do is they can support GPs in providing them with free training on how to support consumers, clients and participants to do an ambulatory detox as well. So that's something we could potentially offer any GP that would like to come on board and give it a go.

**Ken McCroary - Yeah cause it's quite a rewarding endeavour to be assisting people at significant need throughout their life in terms of coming off their addicted substance and transitioning, like you said previously, back to a more engaged life and so it's not complex, challenging in terms of medical issues, it's fairly straightforward work and I'd encourage people if you have an interest in drug and alcohol or even supporting people in need to explore and talk to you about it hey?**

**Christine Faddoul** - Yes definitely. It's just, I don't know what it is, I think maybe because the safety aspect of detoxing in a home might be a risk but you know we're a free service and we've got registered services, registered nursing services, we've got our own clinical governance as well that will help to support the GP alongside our own services as well so there's various options and ways we can both support each other in the process.

**Ken McCroary** - Yeah and aim for a better outcome for the individual involved in this as well which is what it's all about isn't it?

**Christine Faddoul** - Correct and that's what we want to do is ultimately just provide the client with a safe space they feel comfortable in. I mean going through a detox is tremendous alone and there's so many different aspects and withdrawal symptoms that they have to go through and sometimes their mental health issues flare up and it's isolating. We don't want to put them in a space like a clinic setting and they feel even more uncomfortable, put them in their own home, let them do it at their own pace and guide them through it, have that support system there.

**Ken McCroary** - Exactly. Now I'll get a bit broader now in terms of, we represent GPs in South Western Sydney and you're being supported by the Primary Health Network in South Western Sydney as well, I'm just wondering what you think about the challenges with drugs and alcohol in our region?

**Christine Faddoul** - Challenges, there's quite a few challenges with drugs and alcohol. You've got the, if I'm thinking about the client group, it's the accessibility to drug and alcohol services in our area. Our AOD sector and organisations are very under-resourced. We don't have enough staff, we don't have enough services for all of South Western Sydney. The drug and alcohol, I'm calling it an epidemic, the drug and alcohol presence within South Western Sydney is quite large, it's huge, and one of the barriers that we consistently get from our clients is there is huge waiting lists. Some organisations keep clients on for a specific amount of time and when they try to extend that time period they can't considering the resources they have. A lot of services aren't free which also impacts on our clients experiencing drug and alcohol issues and I think one of the things that we do, I'm just thinking about drug and alcohol issues for our clients is going back to accessibility, a lot of clients can't travel to services either they've got no financial capabilities, sometimes the services are in a place where there's no public transport so they can't access it either. Those of the ones I can think of from the top of my head now, the main ones.

**Ken McCroary** - We've also got quite a diverse, vibrant population mix in our region do you think there are special needs with our special population as well or not?

**Christine Faddoul** - Yes. It's definitely one. I think the only drug and alcohol multicultural service that we have here, we've only got one in South Western Sydney and the multicultural community that we have, the First Nations community we don't have specific services to address them. We do have the Tharawal Aboriginal Corporation which is fantastic in itself but again it comes to I think they could use more support there as well because sometimes they have a waiting list. But no, I think we can more in our area to actually cater more to the diversities that we have here. I mean even our service alone what we're trying to do is we're trying to make our service even the interface of our service more friendlier now, we're trying to connect more with the communities, get to know more about the different communities, like the LGBTQI, the First Nations, the culturally and linguistically diverse communities, speak to them, understand a little bit more about what they require from our services.

It could just be as simple as not meeting indoors but meeting outside or having someone that speaks the same language but that is difficult to obtain in itself but definitely, we need to be catering to those more. It's definitely lacking in this area.

**Ken McCroary - Yeah a population of over a million people with four out of 10 of them not speaking English at home and having one multicultural service and zero specialised First Nations service it is pretty disappointing isn't it?**

**Christine Faddoul** - It's horrific. We're currently in the process of trying to get rainbow tick accredited but even then we were part of the computer project and we have a sign up on the door and just doing those little things clients feel more comfortable and safe but it's not enough. We need to be doing more, we need to be more specialised, more focused, have more training for our staff in specific courses which, all the courses that we have are ACON, ACON does, runs out of the LGBTQI community, they do specific courses there but sometimes they can be expensive and we don't have the budget to cover that so then its, where do we go? How do we get that money? How do we get the training to actually train up our clinicians, our case workers, our Registered Nurses into those? So it can be very difficult.

**Ken McCroary – Actually you sort of already touched on one thing. I was going to explore how, previously you mentioned the clients, the patients have issues with affordability and accessibility, you know they're struggling to shelter, feed and clothe themselves let alone pay for services so there is obviously a major issue with funding. What are the funding issues for drug and alcohol or alcohol and other drugs in our area?**

**Christine Faddoul** - It's hard because I think each funding is different and each funding is very specific. For our service we don't even have brokerage so we can really support clients with those. It's a very difficult one, as NPOs and we're externally funded, we're governed by those sorts of things and honestly, I can't say more, it's just difficult. And I would have to look at everyone's individual funding requirements to see that and provide more of an in-depth answer but it's very hard, it's very limited and a lot of the times, I mean we're a free service which is fantastic but if I want to simply, let's say if I want them to attend another detox service we can't financially support them there, they would have to give up a significant amount of their payments just to enter into that setting which is also upsetting in some ways.

**Ken McCroary - Yeah I get that. As a GP I'm just thinking about colleagues as well, if someone was interested in D and A or starting to or thinking about helping people in this space how do you think a local GP could get involved?**

**Christine Faddoul** - Rendu House or drug and alcohol in general?

**Ken McCroary - If you're able to go down both pathways, let's explore both.**

**Christine Faddoul** - You know for both, they can simply just call our service. We're so friendly, we support all people who call us. If a GP was to call us we would actually look at potentially coming down to the practice, sitting down with them if they have capacity, if they have time, just to talk them through what to expect when it comes to drug and alcohol, what the clients look like in that sort of environment, what could they expect in those sort of environments and I'm sure if our service would do that everyone else would.

You've also got a whole bunch of resources online. But honestly if they wanted to reach out and connect, there's no better thing than to actually connect with an AOD service because they are probably going to be able to provide them with the information that they need more closely and one-on-one.

**Ken McCroary - And if someone was interested in calling you is there a number?**

**Christine Faddoul** - Yes, there is so we've got a number its 4621 5500. We've even got an email account which is Rendu.House@vinnies.org.au

We are always on the intake line so we take calls and even if we aren't we always listen to the voice messages and return phone calls asap. The emails I also monitor so I'm able to respond as they come in. We are always open to have a chat. We even reach out to a lot of our homelessness and housing services and provide some basic AOD education for staff there to better assist their clients that may come in with them with housing issues, homelessness issues but also AOD issues as well. So we're willing to take that step forward with GPs to make it as easy as possible for them because we don't want to add onto them we just want to help them as well.

**Ken McCroary - Okay. Now moving forward we're an advocacy organisation as well and our GP colleagues are obviously quite supportive, now what do we need to be advocating for to assist people in this gravely unfunded and underserved area**

**Christine Faddoul** – Well, more funding. More resources. Again it just comes down to funding, more resources, more services. Maybe even, it's just down to funding, funding needs to maybe have maybe a contract with our services because a lot of the times we have a set amount of funding and we cannot offer anyone who's looking at consulting with our services additional funds without of course prior approval. Knowing a little bit more about the AOD sector and I think the other thing is when seeing clients who disclose they have a drug and alcohol issue just being very supportive of them and not making them feel judged or feel like they shouldn't have come to that GP in the first place only because a lot of the time our clients in the drug and alcohol sector experience quite a lot of discrimination, stigma and judgement when it comes to drug and alcohol issues.

And I guess the other thing that advocating in your sort of GP world is looking at maybe how do we support drug and alcohol patients as clinicians to actually work alongside health care so maybe more physical health training, just knowledge, basic knowledge, how are we supposed to understand and keep in touch with GPs as well I think that would be a great thing. I can't think of anything else from the top of my head

**Ken McCroary - Okay. And another interest of ours is breaking down the silos, having the health professionals not work so independently and work more as group as a team with combined patient-centred outcomes. Do you find with drug and alcohol and other drug services that there is that camaraderie or do we need to break down silos to work better together?**

**Christine Faddoul** – I feel like I'm going to say something controversial. Yes, I do think drug and alcohol services are very siloed. I think we need to be working more with each other and a lot of times we try to bridge the gap but I guess when you're a niche sort of organisation, when you're niche in the field of AOD I guess sometimes there's that protective barrier of I'm going to keep this service as my own.

But no there's definitely silos and I think we can do better to actually connect more with services, to make it more easy going, to look at resources. As I said we're very under resourced in South Western Sydney so looking at potentially what one service does compared to another and streamlining referrals, processes I think that's a really good start.

**Ken McCroary - Yeah working together for better outcomes, I think we're all really interested and all should be working closer to achieve that. Now talking to you, your passion for this space is coming across and I'd really like to commend you on that. Where do you think that passion/interest comes from?**

**Christine Faddoul** – So my passion and interest, back when I was studying if you told me I would end up in the drug and alcohol field I would have laughed. I was not interested, I did not want to do it, I was so resistant towards it but I actually stepped into it when I was doing placement as part of my study and the drug and alcohol field was actually the third thing I'd placed. I didn't want to do it, it wasn't on my first list, but I ended up getting the third thing.

I remember the first time I sat down with a client I just thought great they're going to tell me all about their drug and alcohol use but it wasn't. There was so many different mental health aspects, trauma, relationship issues and I could see how much all of that was impacting or had previously impacted on why they were using drugs and alcohol or currently using drugs and alcohol and honestly it changed my whole thought process around it and it made me understand clients on their level of drugs and alcohol aren't a choice.

Sometimes it's a subconscious way of dealing with everything that they've dealt with in the past and that's where my passion comes from. I want to support clients, I want to give them a hand up, I want to advocate for them, I don't want them to feel alone, isolated, secluded from the world when they shouldn't feel secluded. So that's a lot where my passion comes from.

**Ken McCroary - Yeah that whole mental health space in terms of chronic disease increases risk for other disease and we are becoming a nation full of multimorbid chronically unwell humans and that drifting towards drugs and alcohol as a coping mechanism for managing other mental health issues is quite complex and it is a challenge but it is a rewarding sort of area to be attracted to isn't it?**

**Christine Faddoul** – It's a hard one, its rewarding and it's a hard one because unfortunately you experience quite a lot of clients who aren't ready yet which is fair enough, they're not ready in their life at the moment to deal with getting better or even just attempting to make that start. A lot of clients find it very difficult and very hard to even make the first call, or even step foot right outside our office doors and it's huge and it's commendable when they do that because that is phenomenal. But it's very hard working in this field though because we see the struggles that they have, it's not as simple as telling them to just stop it, which a lot of the world think that that's what we can do, there are so many more intricacies behind it all, why they're using, why they've been using since childhood, what's going on, its so many levels of mental health as you mentioned. Definitely.

**Ken McCroary – Yeah exactly who and what has hurt them and how do we assist them to deal with that to make progress with their addiction and other issues in their life. Now we also support wellbeing for our colleagues and like GPs who suffer quite significant stresses and burnout and the like people working in drug and alcohol also are exposed to the same risks. What's your advice to my colleagues and being like yourself working in drug and alcohol about wellbeing and avoiding burnout and taking care of yourself, do you have any advice?**



**Christine Faddoul** – Yes. Knock off when it's time to finish. One of the main things I tell my team is when you finish for the day you finish for the day. But also one of the other things that I would encourage and I consistently and wholeheartedly stand by is debriefs. I think debriefs are very important, just having a de-identified group chat or even just speaking with your leader, manager or something along those lines just speaking to them about what's going on, what your feeling in those moments is very, very important. And also taking necessary breaks. I'm a big, big strong advocate of my team taking breaks when they need to especially after having a very tough appointment, I tell them to go outside take a five minute breather, come back in, go get themselves a bubble tea or something and then come back in. That's very, very important in this line of work. That's the advice I can offer there.

**Ken McCroary - Keeping a clear head and not becoming overwhelmed and being able to separate, that's really good. Well done.**

**Christine Faddoul** – But you know what actually, I'm just thinking cause we had a situation today, but I'm just thinking the other thing is just to not take things personally and what I mean by that is if a client doesn't show up and they don't routinely show up, if a client isn't ready to embrace that change yet, not to take it personally, that it's not you that hasn't been able to support them but just be respectful and mindful that maybe the client isn't ready, maybe the consumer is just not at that point in their life or their recovery journey to take those steps. I think that's very important actually so we don't get caught up in the 'oh my gosh it's me' when it really isn't.

**Ken McCroary – Yeah exactly, being there to support and assist someone who isn't quite ready isn't a fail it's still being there and it's what they probably need at that time and it would be deeply appreciated by them.**

**Christine Faddoul** – Correct because if you leave a lasting impression on them, if you show them you are not judgmental, that you were very empathetic, that you were trying to support them as best you can when they are ready three months, six months, 12 months down the track then they will be back. That is a given.

**Ken McCroary - Yeah. Health is a long game isn't it?**

**Christine Faddoul** – Yes

**Ken McCroary - Outcomes all don't happen to us all straight away.**

**Christine Faddoul** - Correct, yes

**Ken McCroary - Excellent. This has been really a great discussion actually, so thank you Christine. I just want to double check now if anyone is interested in the number is 4621 5500 or we could email you directly at [Rendu.House@vinnies.org.au](mailto:Rendu.House@vinnies.org.au)**

**Christine Faddoul** - Yes.

**Ken McCroary - Wonderful. That's so much for that. Good luck with the next progress at Rendu House and what you're doing. So well done and thank you for supporting our community.**

**Christine Faddoul** - And thank you so much. Appreciate it.

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