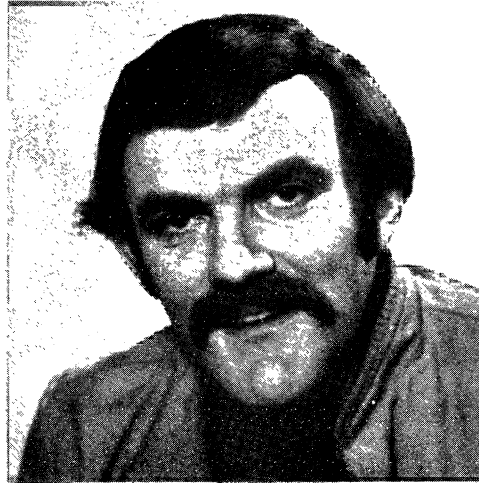


# Crisis Care Unit~24 Hour Assistance for People in Distress

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## ESTABLISHMENT

In 1975 a conversation began between the South Australian Department for Community Welfare and the South Australian Police Department to investigate the possibility of establishing a co-operative structure to deal with the problems encountered by the Police that had a specific welfare nature. Both departments agreed that it would be to their mutual advantage if skilled crisis intervention workers were made available on a 24-hour-day basis to work in liaison and in co-operation with the Police Department. It was further decided that the service would be extended to members of the general public who had particular needs in crisis situations.

In mid-1975 State Cabinet funded the proposal and later in the year the Department for Community Welfare appointed a Supervisor who began immediately working with the Police Department towards the establishment of mutual guidelines for the operation of the service. Final guidelines were drawn up and following their appointment, Crisis Care Workers undertook training, concentrating on crisis intervention specialist skills. The Unit began operation on 16th February, 1976, and has continued to operate since that date, seven days a week, 24 hours a day.

## THE UNIT

The Crisis Care Unit consists of 15 Crisis Care Workers and one Supervisor who are rostered to cover the full duty period outlined above. Crisis Care Workers are academically qualified in the areas of social work and psychology. Trained volunteers maintain the Unit's base operation during the evening and/or weekends when Crisis Care Workers are out working in the community. The Unit operates from a central office base and has direct telephone contact with the Police Department and four lines available for the general public. The Unit is also responsible for general after-hours Community Welfare contacts and receives

after-hours calls from Department clients and others who need emergency assistance. The Unit is highly mobile and employs a sophisticated communication system between its headquarters and mobile cars that are equipped with two-way radios.

## THEORY AND PRACTISE

Crisis Care Workers are trained to enter situations where there is great stress and tension and to work with the people involved towards resolving that stress and re-directing people's energy towards creative growth. The mobility of the Unit enables Workers to attend people in crisis in their own environment. In the majority of calls attended, the Worker travels to the person's own home or situation and works through the problems there, in some cases utilizing other community resources to make immediate referrals to other agencies or organisations that will be of benefit.

Most people involved in crisis care are persons under extreme stress.

Stress can be caused by personal relationships, financial worries and concerns over any other area of a person's life which is significant. This stress can result in acute anxiety and discomfort. It may be of sudden onset, as in the case of the death of a loved one, or it may build up over a period as in an unsatisfactory marital relationship.

There are also situations where the person's life situation does not alter markedly, but his ability to deal with the normal stresses is impaired for some reason. In any event, the stress may build up to a point of crisis during which the person is incapable of coping with life and the decisions which are necessary to continue living in his normal pattern. During this crisis he is more able to look, with professional help, at the root causes of the crisis and is highly motivated to make changes which may be necessary to bring about long-term improvement. Once the person in crisis realises through counselling the root causes of his present

dilemma, Crisis Care Workers are able to develop and encourage the person's own skills of problem solving. Intervention at this stage may mean the problems are dealt with and do not go further into a chronic state. Thus, future problems may not reach a crisis and even if they do, the person is better able to cope because of the newly-learned skills. The preventative aspect of this service is obviously of great importance.

Studies have shown that violence is often the last resort of a powerless impotent person. The skilled Crisis Care Worker is able to guide the person through this violent stage to a point where he is able to manage his problems and stresses and therefore has power over his own life and well being. A recent case that brings this into stark relief involved a family in which the wife feared for her life after some physical violence at the hands of her husband including death threats. The husband contacted S.A. Police Department, asking that they take action to prevent him from killing his wife. A patrol attended, and both husband and wife agreed to speak with a Community Welfare Worker. A 2½-hour counselling session revealed that both parties were acutely anxious about their past marital relationship but unable to express their true feelings to each other. A great deal of work was done with present frustrations and communication patterns and the wife was able to confront her husband in a new and frank way, without fear. He, in turn, was able to respond to her expressed needs and the feelings behind them and to take responsibility for his part in a revised basis for their relationship. By the end of the session, both parties were able to express delight at their rediscovered skills in expression and communication and enrolled for further marital counselling over a longer period with another agency. The crisis which precipitated the police visit led to a deep re-evaluation of the relationship and the potential for a more satisfying and less volatile relationship.

In general terms, the Crisis Care Unit is set up with sufficient flexibility to meet any immediate crisis situation or welfare need at any time of the day or night. Common problems that the Unit deals with are:

- domestic disputes with or without violence;
- alcoholics in need of treatment;
- accommodation;
- parent/child disputes;
- bereavement;
- vehicular accidents (helping the bereaved, placing

- children);
- attempted suicide;
- overdose and drug reaction;
- migrants in unfamiliar surroundings;
- runaway children;
- violent assaults on children by parents or guardians;
- emergency financial assistance;
- rape counselling.

Since its inception, the Unit has had close co-operation with the Police Department from whom approximately 40 per cent of the calls originate.

In September of 1977 the Crisis Care Unit was invited by the Queen Elizabeth Hospital, Victims of Sexual Assault Clinic, to provide counselling resources to aid such victims. Crisis Care Workers now interview each assault victim and have frequent contact with them for a varying period of time after the assault. The Crisis Care Unit's working relationship with the Police Rape Enquiry Unit has also been greatly enhanced by our involvement in this area.

### SUMMARY

The Crisis Care Unit supplements the broad basis of services of the Department for Community Welfare in South Australia. From public response it is obvious that the Unit fulfils a need that has been previously unmet within the community.

During January 1979, 3,500 client contacts were made, resulting in Crisis Care Workers attending 250 crisis situations.

The workload of the Unit has steadily increased and this will further grow with the Unit's integration into the community as an essential service. Other than from the Police, many referrals come from hospitals, voluntary agencies, Family Court, adult probation, schools and doctors.

The Crisis Care Unit has already become involved in the educational processes of the Police Force, Universities, Institute of Technology, Colleges of Advanced Education and Flinders Medical Centre and this is seen as important in terms of increasing the community awareness of services available. Crisis Care Workers see family and other crises, not as potential disasters, but as real opportunities for creative change. The availability and development of this service is also seen to have a valuable preventative function within the metropolitan area.



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