Delivering Care Across Country: Innovative Outpatient AOD Counselling in Remote Far West Communities

Authors:
Mrs. Michelle Edmondson[1] and Ms. Sherie Stuart [1]
[1]Life Without Barriers, Alcohol and Other Drug Program, South Australia

Presenter's email: michelle.edmondson@lwb.org.au

Background: Delivering effective Alcohol and Other Drug (AOD) treatment in very remote Aboriginal communities requires service models that respond to distance, transience, cultural governance, and historical mistrust of mainstream systems. In the Far West of South Australia, limited access to specialist services, and highly mobile populations intersect with the impacts of intergenerational trauma and systemic inequity. Conventional outpatient counselling models, reliant on appointments, individualised care, and clinical settings, are often misaligned with local cultural, family, and community contexts.

Description of Model of Care/Intervention: Life Without Barriers' Far West Outpatient Counselling Program operates from Ceduna and Port Augusta. The program is voluntary, flexible, and grounded in culturally responsive practice, with permission for service delivery sought and maintained through ongoing relationships with community leadership and Elders. Counselling is delivered in informal, community-preferred settings—including yarning circles, outdoor spaces, and family environments, using narrative-informed approaches. Engagement prioritises consistency, visibility, and trust, with shorter, more frequent sessions that adapt to community rhythms, sorry business, language needs, and cultural obligations.

Effectiveness/Acceptability/Implementation: The program has demonstrated strong community acceptance and sustained engagement in contexts where traditional outpatient models have been ineffective. Flexibility in assessment processes, reduced reliance on paperwork, and responsiveness to family and community involvement have supported continuity of care despite high mobility. Innovations such as family yarning sessions and community-led education have strengthened informal supports and reduced isolation for both clients and families.

Conclusion and Next Steps: This model illustrates how AOD counselling can be reshaped to function across Country rather than within clinic walls. Embedding cultural governance, outreach, and relational accountability enables services to respond meaningfully to regional and remote challenges. Ongoing learning will focus on strengthening family-centred responses and supporting workforce capability in culturally responsive, remote practice.

Implications on communities, practice, policy and/or First Nations communities: The Far West program highlights the importance of funding and commissioning models that allow flexibility, outreach, and community-defined measures of success. These principles are critical for improving access, cultural safety, and equity in remote Aboriginal AOD service delivery.

Disclosure of Interest Statement: The authors declare no conflicts of interest.