

mental  
health

association of  
central  
australia

annual report

2004-2005





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# mhaca staff ...

## Sept 2005

Manager, Claudia Manu-Preston

Administrator, Rita Riedel

Rehabilitation Coordinator, Megan Rackley

Rehabilitation Officer, Melissa Glasscock

Rehabilitation Officer, Clare Hine

Rehabilitation Officer, Joanne Ruby

Life Promotion Coordinator, Laurencia Grant

Life Promotion Officer, Christine Sevallos

Outreach Coordinator, Gavin Foley

Outreach Officer, Jenine Lee

Prevention & Recovery Coordinator, Rangì Ponga

Prevention & Recovery Officer, Christine Boocock

Prevention & Recovery Officer, Gina McAuley



Back L to R:  
Megan, Clare,  
Gavin, Gina,  
Christine S,  
Claudia, Jenine,  
Joanne  
Front L to R:  
Melissa, Rangì,  
Christine B,  
Rita, Laurencia

# who we are...

*The Mental Health Association of Central Australia (MHACA) is a non-profit charity organisation which formed in October 1992. The Association was formally incorporated in August 1993 with its main objective to improve the services and quality of life for people with a mental illness and those who care for them.*

## from little things big things grow

The organisation grew from a small group of consumers and carers advocating for mental health services and is now considered a specialist non-clinical community-based service provider for the Central Australia region.

MHACA's main programs are: Rehabilitation, Outreach, Prevention & Recovery, Life Promotion and the Supported Accommodation Program. The Association operates within the Recovery Framework, with a focus on consumer-driven recovery, and the LIFE framework, with a focus on suicide prevention, early intervention and post-vention.

## four streams

MHACA's work falls into four streams: 1) We provide support to consumers through our program areas in the form of one-on-one work. 2) We run a number

of group activities open to consumers of all community and government services. 3) We work toward developing community partnerships and supporting service development work - through advocacy, training, suicide prevention and post-vention work, and the promotion of mental health issues. 4) We tend to the core administration work integral to all our services, comprising of things such as report writing, financial management and evaluation.

## client profile

Eighty per cent of our clients have a major mental illness and 20% have a severe disability related to a mental illness. Gender analysis shows 70% of our clients are male with 8% identifying as indigenous and 5% identifying as people from non-English speaking background. Of these clients 90% are co-case-managed with the clinical Central Australian Mental Health Service.

## funding

MHACA receives funding from the Department of Health and Community Services to manage and run the range of services we provide under individual service agreements. Although each program area has a different role within the continuum of care all services are interdependent.



An Outreach BBQ outing at the Desert Park

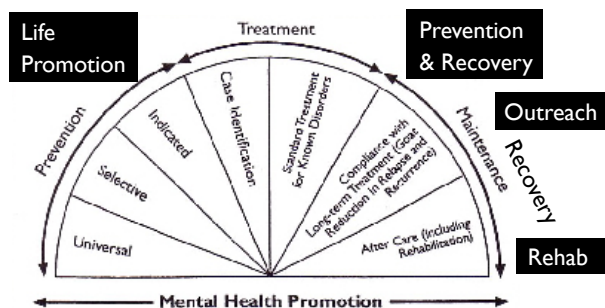
Celebrating Christmas 2004



# the year at a glance...

## significant growth

Over the past 12 months MHACA has experienced significant growth within the service with the acquisition of the Outreach Program and the development of the Prevention and Recovery Support Program. These programs have helped MHACA to extend our range of services within the continuum of care as identified by Mrazek and Haggerty (1994).



It has long been a goal of MHACA to expand our services outside of Alice Springs, and this has been achieved this year by the Life Promotion Program establishing a part-time position in the Tennant Creek/Barkly region. Consolidating our programs has been our priority in the first half of 2005, a major job and one that cannot be considered completed. The scope of this work has involved recruiting seven new workers and we have also been busy developing policies, procedures and MOU's for these service areas. This has placed some pressure on the staff who have worked hard to maintain their many other commitments and service areas.



Staff and committee members enjoy a social get-together in February 2005

## planning and promotion

MHACA ran two service-development workshops which provided orientation and planning time for all new and existing staff. The objective of the workshops was for existing and new staff to gain a better understanding about MHACA's history, objectives and frameworks to increase their knowledge to assist in providing better services for clients.

The year also saw the development of a targeted MHACA promotional plan as the level of mental health awareness underpins a community's ability to promote mental health, prevent mental illness and recognise and respond to mental health problems. The promotional plan included a community forum, special events such as Mental Health Week, community training, the ongoing development of our quarterly newsletter, *inBalance* and planning for a MHACA poster and website.

The delivery of Mental Health First Aid Training by the Rehabilitation Program has built on previous years' work to help improve the awareness of mental health issues. This has been achieved by providing information and basic intervention skills training to enable those working with people with a lived experience of a mental illness to work more effectively with consumers. Please refer page 20 for more information on promotional activities.

## advocacy

System advocacy has continued to feature as a central role for MHACA. Our involvement and contribution

to the Senate Inquiry, local advocacy networks and NT and national issues helps MHACA to speak up about mental health issues. Examples of this include our participation in the Relapse Prevention discussion paper and consultations, Medication Payment reforms and Disability Support Pension reforms.

On the local scene, at meetings with consumers and carer's they have repeatedly asked for

improved community-based options. They - and we - are challenged by their stories regarding difficulties accessing services and support. In response MHACA has focused on advocating for an extension in options to therapeutic care and has been working to clarify access to services.

## strategic achievements

In line with our Strategic Plan our achievements for 2004-05 include:

### 1 consumer-driven quality

- consumer support funding
- supporting CACAG
- funding for training
- ongoing funding for GP support program
- improved advocacy systems
- other's initiatives as identified by MHACA consumer group

### 2 mental health awareness

- development of a promotional plan with funding
- *inBalance*, MHACA poster and website
- community information forums – Marijuana, Mental Illness and Young People
- participation in Mental Health Week, Schizophrenia Week, World Suicide Prevention Day
- Mental Health First Aid Training

### 3 prevention and intervention

- acquisition of the Outreach Support Program
- development of the Prevention & Recovery Program
- provision of Mental Health First Aid Training
- agreement with a remote community to work together on a pilot program in Santa Teresa around suicide prevention
- extension of Life Promotion Program to provide services in Tennant Creek
- development in partnership with the Division of Primary Health Care of a local mental health interagency meeting
- development of the Bereavement Support Group
- Christmas Calendar of events
- purchase of one-bedroom flat

Dynamic trio - Tony Fitzpatrick, Sarah Chunys and Laurencia Grant - all smiles representing MHACA in the 2005 Alice Springs Corporate Challenge

### 4 service development / sustainability

- service development and planning workshops
- promotional planning workshops
- employment of seven new staff
- ASIST Train the Trainer
- Suicide Assessment Training for Working with Indigenous Young People
- performance and challenge meetings
- financial management and budgeting training
- development of proposals for new accommodation requirements

### 5 research and innovation

- evaluation of the Prevention & Recovery Support Program by an independent consultant
- adoption of the CANS assessment tools
- development of a MHACA referral and system approach for client support

### 6 effective governance & management

- consumer committee members mentoring system
- governance training for all committee members
- review of constitution
- support implementation of strategic plan

## key challenges ahead

- securing office premises,
- building capacity within our workforce,
- increasing access in remote areas,
- continuing to increase the range of service options available within the community

Our achievements contribute to better outcomes and influence our broader vision and strategic aim of helping to create greater social and emotional well-being for people living in Central Australia.



# the committee ... 2004-05

Many thanks to members of MHACA's Management Committee who have given so generously of their time, knowledge and expertise.

Chairperson, Steve Fisher

Deputy Chairperson, Robin Cruickshank

Secretary, Margaret Wait (past), Jill Deer (current)

Treasurer, Lesley McBride (past), Mark Keyworth (current)

Public Officer, Maya Cifali

Organisational Rep, Christine Pilbrow

Organisational Rep, Helen Steer

Consumer Rep, Leo Welin

Consumer Rep, Rebecca Nathan



Leo  
Welin



Rebecca  
Nathan



L to R: Christine Pilbrow, Lesley McBride, Robin Cruickshank, Steve Fisher, Maya Cifali (Absent: Jill Deer, Helen Steer)



Mark  
Keyworth

# chair's report ...

*If developing our new Strategic Plan was the main work for the Association in 2003-04, in the last financial year we have concentrated on delivering the commitments within that plan.*

## new programs

The overall aim of the Mental Health Association of Central Australia is to develop and maintain successful programs that help to improve social and emotional wellbeing in our region. In pursuit of this objective, the growth in activity of the organisation has been striking in recent months as the Management Committee and staff have considered several opportunities to start new programs.

It is important that a small association does not become carried away by the possibilities for new work, lose focus or become overstretched and ineffective. For this reason, we have evaluated each potential program with care, choosing the services that we felt would best serve the interests of the community and that we felt confident that MHACA is well-placed to provide.

## new structures and systems

Along with growth, we have needed to reconsider the current premises and their limitations, starting to look for alternatives some time ago and with hope of success soon. We have also introduced an improved structure for the organisation, better financial reporting systems and have sought to ensure that we maintain a professional culture and standards throughout MHACA that meets the needs of our consumers and funders.



Steve Fisher, MHACA Chairperson

The Association can feel proud of the staff that work on its behalf and I wish to recognise the skills and leadership brought to her role by Claudia Manu-Preston.

## raising awareness

While prudent and effective governance of MHACA has been the main priority of the Committee, I have been happy to see us supporting the Association in raising awareness of mental health issues locally. Coordinating public events like the forum on "Marijuana and mental illness in young people" has played an important role, as has our quarterly newsletter *inBalance*. We continue to work closely with the NT Government and its agencies for whose support I wish to express our thanks.

## thank you

I would like to acknowledge the dedicated work of the members of MHACA's Management Committee. They are a pleasure to work with and epitomise the quiet, devoted work of volunteer boards all over the country. Special thanks to Lesley McBride and Rebecca Nathan who left during the year, and to Robin Cruickshank, Deputy Chair, who will be stepping down after a lengthy period of service to the governance of MHACA. Jill Deer and Mark Keyworth have joined us as Secretary and Treasurer respectively. At this time, it is fitting to remember a past Committee member, Peter Price, who passed away this year. If ever MHACA needs a reminder of the importance of its work, Peter's involvement provides it.

We have seen what the right mix of people and supporters can achieve in a small community-based organisation. The year ahead offers great challenges, and no doubt some pain and setbacks, but also reason for hope as we strive to offer unique and essential services for mental health in our part of the world.

*Steve Fisher*

# manager's report...

*MHACA has steadily built upon past achievements by being clear about our objectives, how we are going to 'get there', and reviewing how and if we have made it. This clarity has helped us to remain focused in providing services that meet the needs of our community within a recovery framework. The strength and resilience of many people with a lived experience of a mental illness and those who have lost loved ones to suicide inspires and strengthens our commitment to working with and on their behalf.*

The last 12 months has been a busy period and on reflection it feels extremely satisfying to have developed and grown to where we have arrived today. The strategic achievements outlined on page 5 highlight and reflect our work as a unique and essential service in the mental health sector in Central Australia.

Some of our long-term goals were brought to fruition through the expansion of our services – to include the acquired Outreach Program and new Prevention & Recovery Program - and the delivery of programs to another regional area (see Life Promotion Program report). The focus of much of our work throughout the past year has been acquiring and consolidating our programs.

## “you can do it, we can help”

As part of relapse prevention consultations held last year a phrase was mentioned which helped crystallise for me MHACA's role in the area of supporting an



Claudia-Manu Preston, MHACA Manager

individual's recovery. The phrase, “You can do it, we can help”, I believe captures the essence of direct client work, engendering hope and expectation for both the consumer and service provider; for recovery to happen and be successful it must be consumer-driven and operate within a strengths-based approach. This statement has greatly inspired me and helped provide clarity in my leadership role.

## quality support

Through the consolidation of our recovery-focused programs our systems for referral and client-access to programs have been reviewed and improved. The streamlining of these systems has in turn helped us ensure an integrated approach to services is being offered within MHACA.

MHACA prides itself on having transparent services, and as part of this process critical evaluation of our service delivery has been a high priority. It has been important to maximize our resources to meet the needs of our clients, and one of the ways to achieve this has been to ensure effective staff/client ratios.

Our program reports show that we have approximately one staff member per 12 clients, figures which fall within the recognised best-practice model. However, successful performance and resource allocation is more than just sound statistics, and quality one-on-one client support has remained a central critical part of our services. As each individual client's needs differ according to their level of wellbeing MHACA has remained committed to providing responsive quality services.

## advocacy

MHACA has a well-developed structured advocacy role and as manager I have focused on strengthening our systems-based advocacy service. I represent MHACA on several local, state and national organisations and have regularly relayed information both to and from these networks.

At a local level MHACA has focused on extending the range of options for client access to treatment, care and support, and in collaboration with CAMHS has supported the development of the Central Australian Community Advisory Group (CACAG) as an independent group for consumers and carer's.

On a state level MHACA has continued to be involved in the NT Mental Health Coalition and NTCAG. On a more direct level we have continued to assist consumers to 'speak out' through supporting individuals' attendance at meetings, training, events and paid participation on panels and forums.

## service development

In response to the growth in our programs several service development workshops were held for new and existing staff throughout the year. The aim of the workshops was for everyone to gain a better understanding about MHACA to ensure we are all "turning from the same page" and in turn help provide better services. The workshops also included productive brainstorming sessions as well as provided useful team-building opportunities.

## accommodation

Due to the expansion of services in the past six months we have also had to expand our offices and have been busy reviewing alternative accommodation options. Our plans to find suitable premises are still progressing and if all goes well we hope to be settled into a new home by mid 2006.

## thank you team

In closing I would like to commend all staff on their ongoing dedication and commitment to their work. Everyone at MHACA offers extensive skills, passion and expertise and I believe this has contributed significantly to MHACA's success throughout the past year. As one staff member recently commented, "It proves again that when we do what we love we are constantly rewarded."

Thank you everyone, it has been a pleasure to work amongst you. As our chairperson has also recognised, we have been very fortunate to have a dynamic committee and staff team who work well together to harness the passion we have into a synergised whole.

As the manager at MHACA I am proud and privileged to have the responsibility of continuing to lead and strengthen our organisation. It has been an exciting and productive year and I am very much looking forward to the year ahead.

*Claudia Manu-Preston*



Meeting with the FACS Minister Delia Lawrie



Mental Health Sunday at the Lutheran Church



NTCAG meets MHACA staff evening



"Oh no, not another photo!" All in a days work



# rehab program report...

*Sixteen of the programs active clients currently have employment. Eight have positions in open paid employment, four are in sheltered employment and four people are working as paid mental health advocates/consultants for community agencies.*

The Pathways Rehabilitation Program provides recovery-focused rehabilitation programs to individuals with a mental health issue. Individuals are assisted to develop individualised recovery programs utilising the existing community resource base to effect community reintegration. An integral component is networking with mainstream services and providing support to ensure a positive experience for the consumer and agency. The program increases the consumer's capacity to reintegrate into the community through employment and educational opportunities.

## who we work with

The Pathways Program currently provides a service for 25 people. Twenty-one of these are active and four are inactive. There are nine women and 16 men, seven identifying as Indigenous people while three are from a non-English speaking background. There were five new referrals with three self-referred and two from CAMHS.

The program works collaboratively with Central Australian Community Mental Health Services with over 90% of clients being co-case-managed. The referral process outlined in our joint protocol is utilised and a close working relationship has been established.



Megan Rackley, Rehab Coordinator 2004-05

The program also works closely and collaboratively with other community agencies to ensure a range of services and opportunities are accessed. The last 12 months saw a focus on employment, as many of the program's clients have progressed through educational placements into an employment focus. Data collected reflects the programs shift to a vocational focus.

The majority of consumers have engaged in mainstream services as part of their goals. The person's individual goals dictate which services are appropriate. Some individuals begin with attending the women's or men's program before progressing to other activities.

## educational and employment opportunities

The program has an excellent working relationship with the local educational and employment agencies. One individual has completed two years of nursing while four are approaching two years in their positions at Coles Supermarket. All of these individuals experience major mental illness. Sixteen individuals have vocational positions or placements in either voluntary, paid sheltered or paid open employment. The last 12 months has also seen the further development and establishment of paid consumer advocates/consultants, with five consumers being paid as consultants over the past six months.

## getting out and about

Recreational and social activities are provided in conjunction with the Outreach Program in the form of monthly social outings and individually on a limited basis. Peer support has continued as a daily program.

Our premises are open daily from 8.30am to 4.30pm for consumers to utilise and the weekly Women's Group has continued to operate. Held weekly the group receives a high level of input with the majority of clients participating. Providing valuable peer support it focuses on social skills training and has received positive feedback from those who attend and from referring community agencies.

A Walking Group has been offered three days per week and a new calendar has been produced each month to inform consumers and community agencies of upcoming events.

Consumers and some agencies have identified the need for an accessible and ongoing daily program of recreational and social activities. This is being provided partially through the Outreach Program but could be potentially expanded into a week of 1-day program activities should funding become available. However, it should be noted again, that integrated educational and employment opportunities are more likely to produce an improvement in quality of life and an increase in social networks outside of the mental health system.

## individual support plans

The majority of consumers attending the program participate in the development of an individual plan. The only exception to this is those individuals who only attend the Men's or Women's Group and those who are not yet ready for the formal process. Each plan is strengths-oriented and goal-focused and encourages people to think about both short- and long-term goals. Clients are also encouraged to complete a wellness plan to look at ways they can address stress and identify triggers, and to also identify a crisis plan.

The plans are reviewed at least every three months though clients are encouraged to review goals at each meeting. The process is one of ongoing evaluation and review.

## training

The last six months has seen our program take on a community training role with the intention of helping to destigmatise mental illness and in turn improve service availability and accessibility for our consumers. One of our Rehabilitation Officers has trained as a Mental Health First Aid Trainer and training has been delivered to Lifeline, Red shield Hostel and the Salvation Army, with ongoing future courses planned.

*Megan Rackley*

*Clare Hine*

*Melissa Glasscock*

*Joanne Ruby*



Lai-khum Law, Rehab Officer 2004



Clare Hine, Rehab Officer 2004-05



Melissa Glasscock, Rehab Officer 2005



Joanne Ruby, Rehab Officer 2005

# life promotion program report...

*The Life Promotion Program is a broad non-clinical community development approach to suicide prevention. It seeks to find solutions to help reduce suicide and self-harming behaviour through collaborative partnerships across the community.*

The Life Promotion Program began in 1999 in response to a significant numbers of youth suicides in Central Australia. While these figures remain significant, the highest incidence of death by suicide is occurring among indigenous men between the ages of 25 and 40 years from remote communities.

## raising awareness

The Program relies on effective collaboration with key relevant organisations, government departments and members of the community to ensure that a “whole of community” approach to suicide prevention occurs. It is about skilling up workers and community members in suicide intervention and about raising awareness about the problem of suicidal behaviour.

The Program informs people about suicide and works with communities to help answer the following questions:

- Who is most at risk and why do some people choose to die this way?
- How do we know if someone is at risk of suicide?



Laurencia Grant, LPP Coordinator 2004-05

- How can we best support these people and those who are recovering from an attempted suicide?
- How can we best support families and friends who are bereaved by suicide?
- How do we encourage and support resilience in communities?

## staffing and management

Over the last twelve months the Program has appointed a new full-time coordinator and support workers and also re-established the Steering Committee. Thank you to Geoff Miller and Brian McDonald who worked with the Program throughout this time.

The Committee has provided significant direction and input into the development of a 12-month strategic plan and has provided an understanding of the significant issues related to suicide prevention in Central Australia. This information has in turn been relayed to the relevant NT and Commonwealth government departments. The Steering Committee has continued to ensure that the program remains transparent and accountable and that organisations are kept up-to-date on Life Promotion Program developments.

Communication with agencies in Tennant Creek led to approval for a part-time Life Promotion Program Officer to work with agencies and communities in the Barkly Region, a region with a significantly high incidence of suicide and attempted suicides.

## suicide response group

The Interagency Suicide Response Group continues to operate under the management of the Life Promotion Program. The Response Group ensures that those affected by a suicide are given the opportunity for bereavement support at the time of the incident or some time later. The frequency of deaths (nine over this reporting period) has highlighted the strengths and weaknesses of the current model of response.

The Program has investigated other response models in Australia in order to get ideas to improve on the structure and process of response suited to the needs of town-based and remote communities.



## promotion

A high priority over the last 12 months has been promoting LPP to key organisations. A poster was developed and has been distributed to over 100 agencies in the NT. Staff promoted the program to numerous organisations and the public via talks, conferences, radio interviews and publications. Some of these included talking to:

- young indigenous women on mental health at a women's health workshop in Laramba
- participants at the Suicide is Everyone's Business forum in Darwin on good practice and challenges
- remote night patrol workers about the suicide intervention training for workers at Hamilton Downs
- Anzac Hill High School staff at a forum on Depression and Young People
- the Social Work Team at the Alice springs Hospital
- remote youth workers at a conference organised by Waltja at Hamilton Downs

The Program has continued to maintain its link with youth organisations via the Central Australian Young People's Information Network.

## training and support

The Life Promotion Program and collaborating agencies delivered Applied Suicide Intervention Skills Training (ASIST) to over 60 workers from a range of organisations in and around Alice Springs. Staff also coordinated the delivery of Indigenous Psychological Services (IPS) training for indigenous and non-government workers on the issues of depression and suicide among Aboriginal people, two-and three-day workshops delivered by Dr Tracy Westermann.

In response to the rising incidence of suicide the Alice Springs Bereaved by Suicide Support Group was established for those affected by suicide. The group is run fortnightly in collaboration with Relationships Australia NT and staff continue to facilitate this group with support from CAMHS.

Overall it's been a full and challenging year.

*Laurencia Grant*

*Christine Sevallos*



Geoff Miller and Brian McDonald, Life Promotion Officers late 2004 and early 2005



Young women's health workshop at Laramba



Remote youth workers conference at Hamilton Downs



Christine Sevallos, LPP Officer August 05 - Current

# outreach program report...

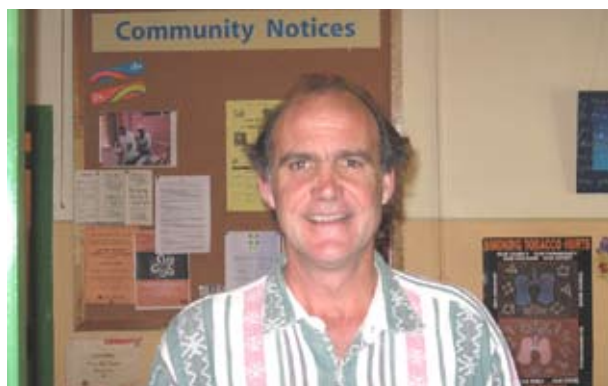
*Through lifestyle support and living-skills training the Outreach Program supports mental health consumers to maximise their potential and develop the necessary skills to live independently in the community .*

The Outreach Program, previously run by Anglicare, commenced at MHACA in mid January with six clients. Initially staff worked hard to gauge if previous Outreach practices worked within a recovery framework. One of the elements of evaluation was to gauge whether the support offered was promoting integration into the community.

Although some activities have remained the same, some have changed to reflect MHACA's recovery-focused client-driven style and approach. An example of this is the organisation of taxi vouchers for clients to use instead of workers picking them up for some appointments. In this way clients are encouraged as much as possible to do things for themselves in a normalised context, such as making their own calls and organising themselves.

## program development

The development of the Outreach Program within MHACA was driven by community consultations with consumers, carers and services. These consultations helped to identify consumers' needs and existing gaps, and provided information in relation to "what the program should be doing". One of the key themes emerging from these consultations related to support, in particular to providing opportunities for consumers



Gavin Foley, Outreach Coordinator July 05 - Current

to socialise as many are isolated through the stigma of having a mental illness.

The priority in the first three months was to consolidate the Program within MHACA which primarily involved recruiting two sets of workers and developing the program's MOU. The Program - and in turn the clients - has coped well with several changes and has continued to develop and grow.

As mentioned in the introduction "who we are", two of the primary ways we provide support to clients is through one-on-one and group work, and Outreach staff have provided dedicated support to consumers with encouraging outcomes. Considerable time and effort has also been spent linking consumers to other services with the aim of helping to improve their living skills, self-esteem and skills base. Also integral to the Outreach Program is the ongoing promotion of mental health and the program's role in the community.

The Program currently supports 22 clients comprising of 16 men and six women, and some of the regular supports are:

## cooking/drop-in session

The Cooking Group has always been a core part of the Outreach Program, and since the program started at MHACA the weekly sessions have expanded to include a drop-in session and general activities.

The sessions have been an informal way for clients to come together to discuss common issues as well as consume the tasty delights of their culinary efforts. Recently, a table tennis set has been donated by Alice ARAFMI which has provided some healthy competition and physical activity.

## men's group

This is a social men's gathering which meets every Tuesday from 1:00-2:30pm. The men have enjoyed each others company and so far have played 10-pin bowls and 8-ball (pool), and are discussing future options of go-carting and photography.

## monthly get-together

Once a month the Outreach and Rehabilitation teams combine resources to organise a social get-together according to consumers' choices. The first outing was a BBQ luncheon at the Desert Park and everyone who attended had a great time.

*"It was great that so many people turned up and there was plenty of food."* Glen

*"It was good to catch up with everyone."* Gavin

*"I drove Eva to the BBQ. We had a nice time, but next time we need to bring more soft drink."* Clayton

*"Good BBQ and turn out. I'm looking forward to the next outing."* Rebecca

*"It was a nice day but very hot. Next time I hope we can go to the Alice Springs Pool."* Ronnie

## SANE focus group

In April a focus group was organised by Outreach staff in partnership with SANE Australia. The aim of the focus group was to facilitate consumer feedback on how people with a mental illness are portrayed on television. Seven people were involved and each was paid \$20 for their attendance. Some of the main feedback included:

- shows tend to only focus on people with schizophrenia, when there is a wide range of mental illnesses
- that people with mental illness are seen to be evil when this is clearly not the case
- shows tend to focus on people being unwell, not acknowledging their joy, intelligence or times of wellness
- after watching negative stereotyping some people's eating and sleeping patterns are disturbed for days.

SANE used the feedback from these consultations to approach TV producers about replacing stereotyped portrayals with more accurate respectful storylines.

It has been an eventful six months reflected in the growth of the Program's client numbers as well as activities base. Thank you to Ken Guest, Melissa Glasscock and Jan Campbell who assisted in the development of the Program in its early stages, and a particular thank you to Rob Clague who worked as Coordinator of the Program from March to June 2005.

*Gavin Foley*

*Jenine Lee*



Rob Clague, Coordinator  
March-June 2005

Ken Guest,  
Coordinator, Jan-Mar 05



Jenine Lee, Outreach Officer 2005



Cooking up a storm at the weekly Cooking Group



Monthly outing at the Telegraph Station

# prevention & recovery program report...

*The Prevention and Recovery Program provides non-clinical support to people affected by an exacerbation of their mental health problems to enable them to remain in their own accommodation.*

The subacute Prevention and Recovery program is a collaborative pilot program between MHACA and the Central Australian Mental Health Service (CAMHS) which commenced in mid-May 2005. The aim of the program is to provide non-clinical community supports to clients who are in a subacute phase of recovery, who receive clinical treatment from CAMHS, to reduce the likelihood of admission to hospital.

## a safe way forward

To be launched in early October 2005 the initial program will assist with step-down supports for clients being discharged off the Mental Health Unit. This will extend to include identified clients whose needs can best be met within their own home or community environment to reduce their rate of admission to the unit.

The logo which has been adopted for the program is "A Safe Way Forward" which encapsulates all aspects of the recognition towards self-awareness in mental health recovery. Regardless of whether people are able to move forward or not "support will be there."



Program Coordinators Jean Gregory (CAMHS) and Ranghi Ponga (MHACA)

## steering committee

All aspects of the program are directed by a Steering Committee which is made up of ten members from allied mental health services, and includes both male and female consumer representatives. Three meetings have been held to date and all draft documentation at the time of writing this report is being critiqued by the committee.

## policies and procedures

In the early months of the program staff were busy drafting policies and procedures for review by the Steering Committee. It is intended that MHACA and CAMHS sign-off on final documentation by the end of September 2005. One area which requires priority monitoring is the practice and procedures relating to re-admission to the Mental Health Unit to ensure this is achieved in the least restrictive way possible, with the aim of minimizing stress to client. Other tasks staff have been involved with include:

- developing an MOU between MHACA and CAMHS with inclusion of allied mental health service supports from community and government services
- developing Terms of Reference for the Steering Committee
- developing Policy and Practice Procedures
- identifying systems for Critical Incident Reporting

All documentation will be subject to review within the first three months of starting program delivery.

## staffing and training

Three staff have been appointed to the pool of casual staff, two of whom are able to begin casework following the launch of the program. A total of four casual workers has been provided for within the program. Prior to the launch of the program staff will have completed training in the following areas:

- Mental Health First Aid • Triage and Risk Assessment
- Conflict and Behaviour Management • The Recovery and Boston Models of Practice • Cultural Awareness.

There is a need to continue canvassing for the recruitment of indigenous male staff to assist in the delivery of the program to Indigenous communities.

## evaluation

Consultant Debra Rickwood has been appointed to assist with the program's evaluation using MHACA and CAMHS' statistical information. Debra will provide evaluation questionnaires to be used by clients, staff and community organisations in evaluation procedures.

## promotional launch

The Prevention and Recovery Program will be officially launched at MHACA on Monday, 3 October at 12.30pm by the Minister for Family and Community Services, the Honorable Delia Lawrie. Invitations have been sent to respective allied mental health services and everyone is welcome.

## ongoing support

As service delivery increases, emphasis will be placed on prevention to help reduce admissions and to work alongside families and community services to help keep people strong. Transition from the Prevention and Recovery program to the MHACA Outreach and/or Rehabilitation Programs will help to ensure continuing support is always present for clients, their families and the community.

*Rangi Ponga, MHACA*

*Jean Gregory, CAMHS*



Latest casual staff recruits Gina McAuley (left) and Christine Boocock (right) with Jean and Rangi

# administrator's report...

*There is rarely a dull moment at MHACA because the office is constantly alive with activity. Working at reception I get to observe many of the comings and goings and the red centre dust rarely has time to settle inside our main entrance.*

In the past year MHACA has continued to grow as a friendly, welcoming and vibrant place. Just to give you some idea... clients regularly drop in for a cuppa, consultation or chat; colleagues ring up or meet with staff to discuss new projects and developments; concerned people stop by for information and support; consumers come in to attend weekly group sessions; staff head out to pick up clients, meet with colleagues, organise consumer activities, attend meetings and seminars, facilitate training workshops, convene support groups or advocate on behalf of consumers.

Since commencing fulltime with the Association in December 2004 the Administration arm of MHACA has undergone several changes and supported a significant growth in the organisations' staffing and day-to-day operations.

## finances and changes

Two of the primary changes have involved taking over the daily financial and fortnightly payroll responsibilities from MHACA's part-time external bookkeeper Lorene Schindler and revising and streamlining existing administrative systems. Thank you to Lorene who was instru-



Rita Riedel, Administrator Dec 2004 - Current

mental in maintaining MHACA's core financial and administrative systems over the last two years. Thank you also to Kathryn Buzzacott who worked part-time as a trainee administrator throughout most of 2004 to keep the admin wheels turning.

While the administration arm tends to the daily matters the final figures are balanced by our senior bookkeeper Karen Wilton who has continued to provide MHACA with a friendly high-level professional service in all matters monetary and MYOB – thank you Karen.

## promotions

As well as tending to the day-to-day administration I have also been responsible for producing MHACA's quarterly newsletter, *inBalance*, which aims to provide an overview of the latest developments within both the Association and the mental health sector. Parallel to MHACA's growth the newsletter has also grown in size and nature and has continued to be a core promotional resource for the organisation.

On a practical level we have jazzed up our entrance-way and community drop-in area with some snazzy new notice boards - one displaying names and photos of all our staff, one highlighting MHACA's vision, objectives and program areas, and a third acting as a general community notice board.

At the top of the promotional to-do list for the months ahead is the development of a MHACA poster and website and planning has begun for both these resources. We also plan to feature a large notice board displaying photos of consumer activities, though we really are running out of room!

## human resources

As the manager's report identified, a significant part of our work in the past six months has involved establishing our new programs as well as developing existing ones. This has required providing an ongoing level of human resource management support and has included regular advertising and administering for new employees.

Staffing has doubled in the last six months and in response we have budgeted for an additional receptionist position in the coming financial year to help support the organisation's solid growth. When additional support becomes available I will look forward to providing more direct support to the program areas as well as further developing promotional resources.

## functional upgrades

As all good tradespeople know you need the right tools to do a good job. New equipment purchases have included upgrading our photocopier (we truly wonder how we managed without it), purchasing the latest graphic design software (making compiling inBalance an even more creative adventure), three new laptops for new program areas (including one for Tennant Creek), a digital camera (for staff who prefer to be on the clicking side of the camera!) and a portable promotional display board for functions and stalls.

Earlier in the year we gave our premises a much-welcomed facelift with a new counter for the reception area, and outdoor furniture and plants for our outside patio area.

While a lot of admin work is routine, working at MHACA ensures there is enough variety and activity to add spice to even the most ordinary of days. One of the added bonuses of working at MHACA is that everyone chips in and looks out for each other, so even when life gets a little hectic it doesn't stay that way for too long. It is a great place to work and it feels good to be part of a caring dedicated team.

*Rita Riedel*



Karen Wilton  
Bookkeeper



Lorene Schindler  
Part-time Bookkeeper



At the Marijuana and Mental Illness Forum



At the MHACA-NTCAG evening with Rob and Melissa

# promotional activities...

*Raising awareness about mental health issues has continued to be a priority for MHACA throughout the past 12 months and some of our promotional activities are identified here.*

## christmas calendar

The Christmas/New Year period can be a difficult time for many people and MHACA organised a range of activities to help support people at a time when they can feel lonely or isolated. Events included a games morning, yoga session, movie outing and a BBQ at Telegraph Station. A festive lunch was also held on Christmas Day and 30 consumers, carers, family and friends attended. Even Santa made an appearance! Thank you to everyone who made this a meaningful and memorable day.



Singing Christmas carols around the piano



Santa makes a visit to MHACA's Christmas luncheon

Enjoying a round of scrabble at the Games Morning

## mental health week

In 2004 National Mental Health Week was held from 10-15 October whose theme was "Healthy Body, Healthy Mind." The NMHW theme reflected the theme of World Mental Health Day on 10 October, "Team Up to Strengthen Your Mental Muscle."

MHACA supported a number of activities in Central Australia, including an annual Fun Run and Walk at the Telegraph Station, two workshops on post-natal depression by beyondblue, and motivational talks by former rugby Wally prop, Ben Darwin.

## schizophrenia week

National Schizophrenia Awareness Week was held on 15-21 May 2005 and in collaboration with the NT Mental Health Coalition MHACA organised media coverage as well as a promotional stall at the local Yeperanya Shopping Centre. Colourful helium balloons and free face-painting were a particular hit with the youngsters and the MHACA stall received a steady stream of visitors throughout the day.

## radio interviews

Staff were approached on several occasions to speak about mental health and related issues on radio, and this continues to be a way for MHACA to have a voice and help raise awareness about mental illness. Throughout the past year staff spoke about the Alice Springs Bereaved by Suicide Support Group, rehabilitation services, Schizophrenia Week and the Senate Inquiry into the provision of mental health services in Australia.



## inBalance newsletter

MHACA's quarterly newsletter continues to be a primary way for MHACA to raise awareness about mental health issues and activities in the community as well as promote who we are and what we do. The newsletter provides updates on MHACA's achievements and activities in each of the main program areas, and features news on the latest mental health research, developments in the sector both locally and nationally, challenges faced by MHACA, stories by consumers, information on local services and workshops, notice of upcoming training and conferences, and information on related resources.



## community forum on marijuana and mental illness

Each year MHACA organises a community forum to raise the profile of mental illness. In June 2005 a free information evening was held on the link between chronic marijuana use and the development of mental illness in young people. The aim was to raise awareness about potential side effects of marijuana use, and to provide an opportunity for open discussion with a panel of professionals.

The feature of the evening was the screening of the ABC Four Corners documentary *Messing With Heads*, which highlighted the dangers of dope smoking for people under 20 years. The eye-opening film stimulated some interesting questions and answers:

- It was recognised that in cases of dual diagnosis - if someone has a drug addiction as well as a mental illness - it can be difficult to distinguish where one stops and the others starts, which can also make it difficult to medicate.
- While it may be easier to work with a problem when it is identified, diagnosing someone with a mental illness can also have equally negative repercussions, such as attracting societal prejudice and stigma. As the video revealed, it is every parent's worst fear to discover their child may have a lifelong mental illness.

- A dilemma faced by both professionals and young people is that the symptoms of a mental illness can drive someone to numb their pain with drugs or alcohol, but this only exacerbates the original problem.
- The issue of dope smoking in indigenous communities was recognised as a significant problem. While accessing resources can be difficult, crucial steps need to be taken to deter early starters and/or prolonged use in communities.
- Some of the reasons why young people turn to marijuana were discussed, and a lack of purpose and belonging in the community was identified as a central cause of distress.
- The importance of strong support was also highlighted. The two main young people in the video both had caring families as well as access to specialised treatment centres. The question warrants asking, would they have recovered had they not had these supports?

As forum participants recognised, treating the symptoms also requires looking at the causes - from what are young people seeking to escape? Where have "we as a society" lost our way when young people seek to get high on drugs instead of getting high on life?



As one of the panel members highlighted, the responsibility and care of young people's mental, emotional and social wellbeing doesn't just rest with parents - it rests with the whole community in which they live.

A panel of local experts facilitated by MHACA's chair Steve Fisher

# treasurer's report...

I tender this report for the meeting to consider and accept. I also move that Rohan Richards be appointed to audit the MHACA financial statements for the year ended 30 June 2006.

The financial statements for the year ended 30 June 2005 were audited by Rohan Richards.

## Balance Sheet

The audited Balance Sheet reports accumulated funds of \$573,194 at 30 June 2005 an increase of over \$250,000 on the previous year. The major assets are cash at bank of \$176,804 (\$85,791 at 30 June 2004) and Plant and Equipment with a written down value of \$429,176 (\$254,879 at 30 June 2004). Creditors and a provision for annual leave are the only liabilities and they total \$34,773.

The audited Balance Sheet reports the organisation to be in a healthy financial position at 30 June 2005.

## Statement of financial performance

The major income was grant income. The Department of Health and Community Services provided \$471,009 and the Territory Health Service provided \$57,774. Other income from various sources totalled \$28,217.

All 5 programs and Administration reported a surplus and the total surplus was \$105,628 compared with a deficit of \$25,503 in the previous year. The figures on the table on the following page were extracted from the audited financial statements and provide some detail of each program's income and expenditure.

*Mark Keyworth*

	Adminis- tration	Rehabili- tation	Life Promotion	Accomm. & Support	Outreach Support	Prevention & Recovery	Less admin charges	Total
<b>Income</b>								
Grant	\$57,774	\$139,800	\$198,709	\$nil	\$70,000	\$62,500		\$528,783
Other	\$117,657	\$nil	\$nil	\$14,144	\$nil	\$nil	-\$103,584	\$28,217
Total income	\$175,431	\$139,800	\$198,709	\$14,144	\$70,000	\$62,500	-\$103,584	\$557,000
<b>Expenditure</b>								
Wages	\$96,224	\$68,059	\$63,428	\$nil	\$33,761	\$7,168		\$268,640
Other	\$74,273	\$57,993	\$99,088	\$11,865	\$26,712	\$16,386	-\$103,584	\$182,733
Total expenditure	\$170,497	\$126,052	\$162,516	\$11,865	\$60,473	\$23,554	-\$103,584	\$451,373
<b>Surplus</b>	\$4,934	\$13,748	\$36,193	\$2,279	\$9,527	\$38,946		\$105,627

# auditor's report...

## INDEPENDENT AUDIT REPORT TO THE MEMBERS OF THE MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

### SCOPE

I have audited the attached financial statements, being a special purpose financial report, of the MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED for the year ended 30 June 2005 as set out on pages 2 to 5 and 8 to 13. The management committee is responsible for the preparation and presentation of the financial statements and the information contained therein, and have determined that the accounting policies used as described in Note 1 to the financial statements are appropriate to meet their needs. I have conducted an independent audit of these accounts in order to express an opinion on them to the members of the Association. No opinion is expressed as to whether the accounting policies used and described in Note 1 are appropriate to the needs of the members.

The financial statements have been prepared for distribution to the members for the purpose of fulfilling the financial reporting requirements of the relevant funding bodies and of the Associations Incorporation Act. I disclaim any assumption of responsibility for any reliance on this report or on the financial statements to which it relates to any person other than the members, for any purpose other than for which it was prepared.

The audit has been conducted in accordance with the Australian Auditing Standards to provide reasonable assurance as to whether the accounts are free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the accounts are presented fairly in accordance with the accounting policies described in Note 1 to the financial statements. The policies do not require the application of accounting standards.

The audit opinion expressed in this report has been formed on the above basis.

### QUALIFICATIONS

1. In common with similar organizations it is not practicable to institute accounting controls over cash from all sources prior to it being recorded in the books of account. Accordingly it was not practicable to extend my audit procedures beyond the amounts recorded. I am therefore unable to express an opinion on the completeness of the income.

### QUALIFIED AUDIT OPINION

In my opinion subject to the effects, if any, of the matters referred to above, the financial statements present fairly the financial position of the MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED as at 30 June 2005, and the results of its operations for the financial year then ended in accordance with the basis of accounting described in Note 1 to the financial statements and the Associations Incorporation Act.

### EMPHASIS OF MATTER

Without further qualification to the opinion expressed above, attention is drawn to the following matter:

The continued operation of the Service as a going concern is largely dependent on the continued financial support provided by the funding bodies. These financial statements have been prepared on the going concern basis which assumes that adequate finance will be obtained and that assets will be realised and liabilities extinguished in the normal course of business and at the amounts stated in the financial report.

ROHAN R RICHARDS  
CHARTERED ACCOUNTANT



Signed at Alice Springs this 23rd day of September 2005.

# MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

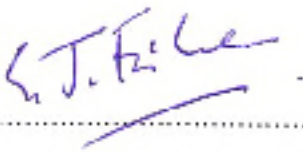
## COMMITTEE OF MANAGEMENT STATEMENT

The Committee has determined that the association is not a reporting entity as defined in Statements of accounting Concepts 1 : Definition of the Reporting Entity, and therefore there is no requirement to apply Accounting Standards in the presentation of these financial statements. The Committee has determined that this special purpose financial report should be prepared in accordance with accounting policies outlined in Note 1 to the accounts.

In the opinion of the Committee:

- a) The financial statements set out on pages 2-13 are drawn up so as to give a true and fair View of the Association' s state of affairs at 30 June 2005 and of its result ended on that date; and
- b) At the date of this statement there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee.



Chairperson



Treasurer

Dated this 26<sup>th</sup> day of September 2005

# MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

## Auditor's Report Page 2

### STATEMENT OF FINANCIAL PERFORMANCE : YEAR ENDED 30 JUNE 2005

	2005	2004
Operating surplus / deficit for year		
Operating account	4,934	(17,132)
Rehabilitation Account	13,748	(17,351)
Life promotion account	35,193	9,893
Accommodation account	2,279	(913)
Outreach support	3,527	-
Sub Acute Prevention and Recovery	33,947	-
	<u>105,628</u>	<u>(25,503)</u>
Capital grants	146,876	226,500
Accumulated funds at beginning of year	320,690	119,693
Accumulated funds at end of year	<u>\$573,194</u>	<u>\$320,690</u>

These accounts should be read in conjunction with the attached report.

# MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

## Auditor's Report Page 3

### STATEMENT OF FINANCIAL POSITION AS AT 30TH JUNE 2005

	Notes	2005 \$	2004 \$
<b>CURRENT ASSETS</b>			
Cash	2	176,804	85,791
Prepayments	3	1,142	1,062
Receivables	4	845	-
<b>TOTAL CURRENT ASSETS</b>		<u>178,791</u>	<u>86,853</u>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	5	<u>429,176</u>	<u>254,879</u>
<b>TOTAL NON CURRENT ASSETS</b>		<u>429,176</u>	<u>254,879</u>
<b>TOTAL ASSETS</b>		<u>607,967</u>	<u>341,732</u>
<b>CURRENT LIABILITIES</b>			
Creditors and borrowings	6	18,587	11,968
Provisions	7	16,136	9,074
<b>TOTAL CURRENT LIABILITIES</b>		<u>34,723</u>	<u>21,042</u>
<b>TOTAL LIABILITIES</b>		<u>34,723</u>	<u>21,042</u>
<b>NET ASSETS</b>		<u>673,194</u>	<u>320,690</u>
<b>ACCUMULATED FUNDS</b>		<u>573,194</u>	<u>320,690</u>
<b>STATEMENT OF ACCOUNTING POLICIES</b>	1		

The accompanying notes form part of and are to be read in conjunction with this financial statement.

These accounts should be read in conjunction with the attached report.

# MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

## Auditor's Report Page 4

### NOTES TO AND FORMING PART OF THE ACCOUNTS

FOR THE YEAR ENDED 30 JUNE 2005

#### 1. STATEMENT OF ACCOUNTING POLICIES

These financial statements are a special purpose financial report prepared in order to provide accounts which satisfy the requirements of the Associations' Incorporations Act. The committee has determined that the association is not a reporting entity as defined in the Statement of Accounting Concepts 1 'Definition of the Reporting Entity' and therefore, there is no requirement to apply accounting concepts or standards in the preparation and presentation of these statements.

The Association has applied all accounting standards with the exception of AAS:22 related party disclosures and AAS:28 Statement of Cash Flows.

The financial statements have been prepared under the historical cost convention and do not take into account changing money values.

The following specific policies, which are consistent with the previous period unless otherwise stated, have been applied in the preparation of these accounts.

##### a. Government Grants

Government grants are brought to account on receipt but to the extent that they are unexpended at balance date, they are carried forward to the next accounting period.

##### b. Depreciation of Non-current Assets

Depreciation of non-current assets using the diminishing value method has been charged so as to write off the cost of each asset over its estimated useful life.

	2004 \$	2004 \$
<b>2. CASH</b>		
Cash at bank - premium business account	157,641	5,244
Cash at bank - premium business account	19,164	80,547
	<u>176,805</u>	<u>85,791</u>
<b>3. PREPAYMENT</b>		
Prepayment	1,142	1,062
	<u>1,142</u>	<u>1,062</u>
<b>4. RECEIVABLES</b>		
Receivable - GST	-	-
Other	845	-
	<u>845</u>	<u>-</u>

# MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

## Auditor's Report Page 5

### NOTES TO AND FORMING PART OF THE ACCOUNTS

#### 5. PROPERTY, PLANT AND EQUIPMENT

Buildings - Residential Units	368,795	222,743
Less: Accumulated Depreciation	5,012	2,784
	<u>363,783</u>	<u>219,962</u>
Plant and equipment	49,459	38,407
Less: Accumulated Depreciation	32,344	27,561
	<u>17,115</u>	<u>10,843</u>
Motor Vehicle	84,193	52,874
Less: Accumulated Depreciation	35,915	28,803
	<u>48,278</u>	<u>24,071</u>
<b>TOTAL</b>	<u><u>429,176</u></u>	<u><u>254,879</u></u>

#### 6. CREDITORS AND BORROWINGS

Creditors	5,176	4,934
GST Payable	13,411	6,594
Payroll liabilities	-	440
	<u>18,587</u>	<u>11,963</u>

#### 7. PROVISIONS

Provision for annual leave	16,186	9,074
	<u>16,186</u>	<u>9,074</u>