

mental
health
association of
central
australia

MHACA

**Policies & Procedures
Manual**

Your mental health matters ...



ACKNOWLEDGMENTS

This Manual was preceded by an initial '*Orientation Manual - Policy and Procedures*', developed in 2001 by Maya Cifali, with support from the MHACA Committee and staff of the time.

Much of the input into previous Manual development and on-going work on key policy, procedure and forms has been completed by staff and Management committee members who have contributed their time and expertise. To all those past and present contributors, MHACA would like to extend our gratitude and acknowledgement.

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Lastly, CDC Consulting for working with these resources and the members of the Sub Committee, Senior Staff and the General Manager to develop a template and document tailored specifically to the needs of our organization.

I. DISCLAIMER

This Manual has been developed using a combination of material from the previous MHACA Manual, the National HACC Manual template (purchased by MHACA), and new policy, which pertains to MHACA operations and its expanding function as key Non Government Organisation.

The contents of this Manual are specific to the direct operations of MHACA with some additional policy and procedure influenced by the working relationships in place with key organizations such as the Central Australian Mental Health Service (CAMHS).

The policies and procedures contained in this Manual are for the use and direction of MHACA staff and other identified persons under specific/identified circumstances, i.e. Committee Members, Clients, students or professionals working with the Service.

II. HOW TO USE THIS MANUAL

- An *automated* Contents provides for quick access to information by both Section and also by alphabetic listing (in the Index).
- Each Section is clearly identifiable by Colour Coding of the Headings in each section. Each section is also clearly separated by a Colour Coded Section Title Page.
- An appendix is contained in the rear of the Manual – with a '**Forms' File List** located in [Appendix I](#).
- The Index is located after the last Appendix at the very end of the Manual.

III. LIST OF ABBREVIATIONS

ADSCA	Alcohol and Other Drugs, Central Australia (NT DHCS)
AOD	Alcohol and Other Drugs
ASH	Alice Springs Hospital
ASIST	Applied Suicide Intervention Skills Training
CAAC	Central Australian Aboriginal Congress
CADPHC	Central Australian Division of Primary Health Care
CALD	Cultural and Language Diversity
CAMHS	Central Australian Mental Health Service
CAT	Crisis Assessment Team
DASA	Drug and Alcohol Services Association
DEET	Department of Education and Employment (N.T. Govt)
DHCS	Department of Health and Community Services (NT Govt.)
DoHA	Department of Health and Ageing (Commonwealth Health)
D2DL	Day to Day Living Project
FACS	Family and Community Services (N.T. Govt.)
LPP	Life Promotion Program
MHACA	Mental Health Association of Central Australia
NPYWC	NPY Women's Council
NSMHS	National Standards for Mental Health Services
NSPS	National Suicide Prevention Strategy
OH&S	Occupational Health and Safety
P & R	Prevention and Recovery

TABLE OF CONTENTS

ACKNOWLEDGMENTS	I
I. DISCLAIMER	I
II. HOW TO USE THIS MANUAL	I
III. LIST OF ABBREVIATIONS	II
SECTION 1 – ORGANISATION ORIENTATION	1
1.1 History of Service	1
MHACA's Origins	1
1.2 Service Profile (as at JUNE 2007)	3
Our Vision	3
Our Mission	3
Our Objectives.....	3
Philosophy and Core Values.....	3
1.3 Definitions	5
1.4 Organisation Structure (as at June 2007)	7
Committees and Reference Groups	8
1.5 Services Provided - Overview	9
Pathways Program: Rehabilitation-Outreach.....	9
Prevention & Recovery Program: Sub-acute Care.....	9
Life Promotion Program: suicide prevention and post-vention	9
1.6 Organisational Priorities	10
1.7 Policy Development	12
SECTION 2 – MANAGEMENT	13
2.1 Incorporation Requirements	13
2.2 The Management Committee	14
Role and Responsibilities of Office Bearers and Committee Members.....	14
Working with the General Manager	17
Vacation of Office and filling of Casual Vacancies.....	17
Orientation for Management Committee Members.....	18
Nominating for Membership on the Committee	18
Committee Attendance Policy	18
Code of Conduct for (All) Committee Members	19
Conflict of Interest	19
Management Committee Meetings	20
2.3 Staff Meetings	22
2.4 Staff Representation on Committees	23
Minister Liaison	24
2.5 Reporting	25

Summary of Reports Required	25
2.6 Financial Roles and Responsibilities of Management.....	26
SECTION 3 – PROGRAM AND SERVICE DELIVERY	27
3.1 Programs.....	27
Pathways Program.....	28
Wellness and Recovery Plan (Care Plan)	28
Sub-Acute Prevention and Recovery (P&R).....	29
Non Clinical Care in Mental Health Unit (ASH)	30
Interim-respite accommodation	31
Life Promotion Program.....	32
Protocol for the Interagency Response to Completed Suicides	32
LPP Reference Group and Response Team.....	34
Protocol regarding Non-Fatal Suicidal Behaviour	37
Data and Client Information On Suicidal Behaviour.....	37
Suicide Intervention Skills, Awareness and Mind Matters Training	38
3.2 MHACA Service Standards	39
Consumer Involvement.....	39
Awareness and Promotion of Mental Health	39
Confidentiality and Privacy of Client Information.....	39
Equal Opportunity and Access	40
Collaboration and Partnerships	40
Quality Service Provision.....	40
Documentation	41
Code of Conduct.....	41
Entry to the Service	41
Medication.....	42
Client Files	42
Client Progress Notes.....	43
After Hours Support and Emergencies	43
3.3 Critical Incident Procedures	44
Critical Incident Definition	44
Staff safety	44
Critical Incident Flow Chart	45
Challenging and or abusive Behaviour	46
3.4 Continuity of Care.....	48
Integration of MHACA Services and Programs.....	48
Other Services.....	48
Intake Meetings	48
Measuring Consumer Support Needs	48
3.5 Access	49
New Referrals	49
3.6 Assessment and Intake	50
MHACA Referral and Intake Flow Chart	50
Assessment.....	51
Ineligibility for service	52
Special Needs Clients	52
Indigenous Clients	52
Accessing Traditional Healers	52

Clients from Culturally and Linguistically Diverse Backgrounds (CALD).....	53
Clients with low literacy levels.....	53
Young People / Youth	53
Older People	53
Other Special Needs Groups	53
3.7 Discharge	54
3.8 Working with aboriginal people in their communities.....	55
Visiting Remote Communities	55
Town Camps.....	55
Key Protocols.....	56
SECTION 4 – CLIENT RIGHTS AND RESPONSIBILITIES	57
4.1 MHACA Consumer Rights and Responsibilities.....	57
MHACA Client/Consumer Responsibilities	58
Privacy and Confidentiality	59
Clients Right to Access Information	59
Complaints	59
4.2 Client Advocates	61
Definition	61
Procedure for Appointing an Advocate	61
Advocacy Services.....	62
4.3 Rights and Responsibilities of MHACA staff	63
SECTION 5 – RECORDS MANAGEMENT	65
5.1 Key Documents.....	65
Policy and Procedure Manual	65
Review of Minutes of Management Committee Meetings	66
5.2 Client Information	67
Storage of Client Information	67
Archiving of Client Records.....	67
Client Access to Information.....	67
5.3 General Information	68
Staff Records.....	68
Computer Records.....	68
Accounts Information	68
Other Administrative Information.....	68
5.4 Archives	69
Archiving Information	69
SECTION 6 –QUALITY ASSURANCE, PLANNING AND EVALUATION.....	70
6.1 Continuous Improvement.....	70
Evaluation and Feedback.....	70
6.2 Service Delivery Data	71
6.3 Service agreement Plans	72

Planning Day Agenda.....	72
Implementing the Action Plans	72
6.4 Strategic Plan	73
6.5 Regulatory Compliance.....	74
SECTION 7 - OCCUPATIONAL HEALTH AND SAFETY.....	75
7.1 Health, Safety and Welfare Policy.....	75
7.2 Health and Safety	76
Furniture and Equipment	76
Back Care.....	76
Visual Display Units and Eye Strain	76
Stress	76
Abusive Behaviour and Harassment in the Workplace	76
Smoking	77
Hazards	77
Accidents/ Incidents.....	77
Communicable Diseases.....	77
Injury Management	77
Work Cover Reports	77
Motor Vehicle Accident Procedures	78
Alcohol & other Drugs.....	79
Building Security.....	79
Emergency Procedures	79
SECTION 8 – PROMOTION AND PUBLICATIONS.....	81
8.1 Promotional activities.....	81
8.2 MHACA Publications	82
Newsletter.....	82
Annual Report.....	82
MHACA Brochures	82
MHACA Flyers and Posters.....	82
Website	82
8.3 Promotional Tools	83
8.4 Media Liaison.....	84
Verbal Comments/Interviews	84
Written Articles/Reports.....	84
8.5 Photographs – permission, use and storage.....	85
Permission to use Photos	85
SECTION 9 - HUMAN RESOURCE MANAGEMENT	86
9.1 Staffing Policy – key principles.....	86
Equal Employment Opportunity	87
9.2 Conditions of Employment.....	88
Employee Files.....	88
Employee Contract	88

Delegation of Higher Duties.....	89
Working hours	90
Wages	90
Standard Benefits	90
Salary Packaging.....	90
Relocation Expenses.....	91
Private use of vehicle	91
Personal use of mobile phone	91
9.3 Job Classifications & Rates of pay	92
Rates of pay	92
Annual Increments.....	92
9.4 Leave Applications.....	93
Annual Leave.....	93
Personal Leave (Sick Leave)	93
Time In Lieu	94
Bereavement Leave.....	95
Study Leave	95
Payment of Courses.....	95
Maternity Leave	96
Parental/Adoption Leave	96
Special Leave - Indigenous Custom and Traditional Law	97
Jury Service	97
Long Service Leave	97
Leave without pay.....	98
9.5 Travel Allowance	99
9.6 Conference Attendance	100
9.7 Timesheets & Payroll forms.....	101
9.8 Procedure for Filling a Vacant Position.....	102
9.9 Procedure for new staff.....	105
Contract and Payroll	105
Staff Orientation/Induction	105
Staff Probation and Review	106
Twelve months Anniversary Review and thereafter Annually	106
9.10 Professional Review and Performance Appraisal	107
Performance Appraisal Procedure	108
9.11 Termination of Employment.....	111
Dismissal and Unfair Dismissal	111
Redundancy	112
9.12 Supervision	113
Internal Supervision	113
External / Professional Supervision	114
Supervision and Reporting Flowchart.....	115
9.13 Staff Development, Education and Training	116
Orientation Training Requirements.....	116
Core Training.....	116
Staff Training and Continued Staff Education	117

Training Plan	117
Professional Qualifications/Memberships	118
Adherence to Acts of Law	118
9.14 Staff Support and Self Care	119
Stress and Trauma Management.....	119
Staff and Management Responsibilities	119
Legal Responsibilities.....	120
Steps to be taken by Employees	120
9.15 Dispute and Grievance Procedures.....	122
Staff Performance /Underperformance.....	122
Staff Grievance Procedure	123
Appeal Procedures.....	123
Misconduct	124
Industrial Relations advice	125
9.16 Volunteer policy	126
Procedure for Recruiting Volunteers	126
Volunteer Induction.....	129
Supervision of Volunteers	130
Code of Conduct for Volunteers.....	130
Volunteer Occupational Health and Safety	130
Volunteer Accident Insurance	131
9.17 Student Placements	131
9.18 Tenders and Contract Staff	132
Terms of Reference for tenders.....	132
Advertising Tenders.....	133
Assessment of Tenders	133
Engagement of Successful Tender.....	134
SECTION 10 - ADMINISTRATION AND OFFICE PROCEDURES.....	135
10.1 Key Office details and procedure.....	135
Hours of Operation	135
Key Administration Contacts.....	135
Telephones – Policy and procedure.....	136
General Office Procedures	137
10.2 Security.....	138
Keys	138
Locking Up & Activation of Alarm	138
Alarm and response to Alarm	139
Computer Security	139
10.3 Computer Systems	140
Network Data Storage	140
Core Computing Procedures	140
Use of Laptops Computers.....	142
10.4 Equipment.....	143
Approved Suppliers & External Contractors	143
Purchase of Equipment	143
Assets Register	143

Use of Equipment.....	144
10.5 Motor Vehicles Policy & Use of	145
Work Use of Vehicle	145
Fuel.....	146
Emergency breakdown service.....	146
Non-Work Use Of Vehicle	147
Driver Responsibilities	147
Roster for Vehicle Use	148
10.6 Insurance.....	149
Insurance Policies	149
Students	149
Staff and Volunteer Vehicles.....	149
Insurance Register	149
SECTION 11 FINANCIAL MANAGEMENT	150
11.1 Annual and monthly financial accountability.....	150
Budget.....	150
MHACA Administration Fee Policy	150
Income	150
Projected Expenditure.....	151
Reports	151
Audit	152
11.2 Day to day financial accountability.....	153
Purchase Orders.....	153
Payments	153
Signatories on Bank accounts.....	153
Bank Deposits.....	154
Accounts	154
Petty Cash.....	154
Reimbursed Expense Claim	154
Hobby/Miscellaneous Worker Declaration	154
MHACA Debit Card	154
Processing Payroll / Wages.....	155
Cash Reimbursements and Travel Allowance	155
Delegations of Financial Authority	156
11.3 Fees	158
Payment of Fees	158
APPENDIX – TABLE OF CONTENTS	159
APPENDIX A.....	160
NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES
APPENDIX B.....	166
NT DISABILITY SERVICE STANDARDS
APPENDIX C.....	167
LIFE PROMOTION - NATIONAL SUICIDE PREVENTION STRATEGY.....
National Suicide Prevention Strategy.....	167

The Northern Territory Strategic Framework for Suicide Prevention167

APPENDIX D	168
M.H.A.C.A. - CONSTITUTION	
APPENDIX E	188
CODE OF CONDUCT	
Code of Conduct - Guiding Principles	188
Code of Conduct.....	188
Code of Dress	190
Alcohol and Other Substances	190
Lending or Borrowing Items from/to Consumers	190
Visitors to MHACA	191
APPENDIX F	192
COMMITTEE'S - TERMS OF REFERENCE	
Management Committee – Terms of Reference.....	192
Sub Committees, Steering Groups and Reference Groups	193
APPENDIX G	194
MEMORANDUM OF UNDERSTANDING'	
1. Central Australian mental health service	194
2. SUB ACUTE PREVENTION & RECOVERY PROGRAM – ADDENDUM.....	202
APPENDIX H	214
DISABILITY DISCRIMINATION ACT	
APPENDIX I	216
FORMS FILE – LISTING	
SECTION 1: ORGANISATION ORIENTATION	216
SECTION 2: MANAGEMENT.....	216
SECTION 3: PROGRAM AND SERVICE DELIVERY	216
SECTION 4: CLIENT RIGHTS AND RESPONSIBILITIES	217
SECTION 5: RECORDS MANAGEMENT	217
SECTION 6: QUALITY ASSURANCE, PLANNING & EVALUATION.....	217
SECTION 7: OCCUPATIONAL HEALTH AND SAFETY	217
SECTION 8: PROMOTIONS AND PUBLICATIONS	217
SECTION 9: HUMAN RESOURCE MANAGEMENT.....	218
SECTION 10: ADMINISTRATION AND OFFICE PROCEDURES	218
SECTION 11: FINANCIAL MANAGEMENT	218
INDEX	219

SECTION 1 – ORGANISATION ORIENTATION

NSMHS 4:	Promoting Community Acceptance
NSMHS 6:	Prevention and Mental Health Promotion
NSMHS 9:	Service Development
NSMHS 10:	Documentation

1.1 HISTORY OF SERVICE

MHACA's Origins

- In the early **1990s** a growing concern in Australia around mental health issues attracted new policies, national guidelines and standards.
- In **1992** ***The National DisAbility Service Standards*** were endorsed by Parliament.
- In **1992**, the need was identified in Central Australia to offer people in remote and low-density areas experiencing a mental illness, access to psychosocial rehabilitation as a complement to hospitalisation, institutionalisation and medication. A public meeting was called in 1992 in Mental Health Week for the foundation of the Mental Health Association of Central Australia.
- In **1993** a Constitution was developed and adopted and the Association was officially incorporated. After a heavy amendment in 2001, it was again re-drafted to comply with the terms of the new N.T. Associations Act 2003 and the new needs of the ASSOCIATION.
[*\(A copy of the Constitution is shown in Appendix D\).*](#)
- In **1996** the ***National Mental Health Strategy*** was adopted followed by the ***National Mental Health Services Standards***; and, later, in 1999, the ***NT DisAbility Service Standards*** were developed and adopted.
- In **October 1996** a Coordinator was appointed with a one-off grant from the NT Government, with the main aim of improving services, and the quality of life, for people with a mental illness and their carers.
- To answer the need for a psychosocial rehabilitation program, the MHACA "Heritage Clubhouse" was first established in **August 1997** to provide a focal point to those who wished to take a participatory approach to their own recovery. It was based on the ****Clubhouse model*** of rehabilitation and the SFV objectives and initiatives.
**(cf. Bromham Place Clubhouse, successfully established in Melbourne since 1991)*
- As a result of the Thomas review of **November 2000**, the Heritage Clubhouse was closed down in December 2000 and funding was stopped awaiting renegotiation of a service agreement under new and mutually acceptable terms.

- In **July 2001** the Recovery-Oriented Rehabilitation Program was established in its place following the appointment of a Rehabilitation Coordinator – to better help people integrate back into the community.
- The Life Promotion Program (LPP) was established in response to the increasing number of suicides in Central Australia and was first funded and based with the Central Australian Mental Health Service (CAMHS) in 1999. In **2002/03** – the LPP was relocated to MHACA and has a Steering Group, which includes representation from the CAMHS and other key organisations.
- In **2004** the Housing Support Program was established with the purchase of two, one-bedroom units.
- In **2005** MHACA took over Anglicare’s Outreach Program and implemented the sub-acute-care Prevention & Recovery Program.
- In mid-**2006** the Rehabilitation and Outreach Programs amalgamated to offer a more streamlined service to consumers.

The Mental Health Association of Central Australia is a non-profit community-based organisation that:

- Provides non-clinical support to people with a mental health issue.
- Offers psychosocial rehabilitation and continuity of care that is recovery-oriented.
- Provides support and training in relation to mental health awareness and suicide awareness.
- Assists community understanding of mental health issues.
- Helps to reduce the stigma attached to mental illness & suicide.
- Works with key organisations and communities to address the issue of suicide.
- Assists people to attain a sense of social, emotional and spiritual wellbeing by promoting mental health and wellness.

MHACA is funded through the Department of Health and Community Services Mental Health Program.

Funding received by MHACA in the current financial year (2006/07) is approximately \$1,000,000.00 per annum.

1.2 SERVICE PROFILE (as at JUNE 2007)

Our Vision

- To enhance social and emotional wellbeing for all people living in Central Australia.

Our Mission

The MHACA is a community-based organization that endeavours:

- To provide non-clinical support to people who have a mental DisAbility
- To offer psychosocial rehabilitation and continuity of care that is recovery oriented
- To assist community understanding of mental health issues
- To reduce the stigma attached to mental illness
- To restore human dignity and social, emotional and spiritual well-being in all people

Our Objectives

Through a whole of community approach we will offer non-clinical support by:

- Working with consumers and agencies to provide advocacy and support to people with mental health problems
- Providing services and programs focused on prevention and recovery
- Developing community partnerships that strengthen community capacity to respond to the needs of consumers and the broader community.

Philosophy and Core Values

- "YOU CAN DO IT, WE CAN ASSIST"
Consumers drive their recovery and we assist.
- "MENTAL HEALTH MATTERS"
To focus on people's mental health and wellbeing rather than their mental illness - this is central to healing and recovery.

In line with The International Association of Psychosocial Rehabilitation Services, MHACA believes that:

- All people have the capability to learn and grow;
- A pluralistic approach to the development and provision of psychosocial models and services will best meet the needs of people who choose to use these services;
- All people should be treated with respect and dignity. No one should be labelled or discriminated against based on their DisAbility, dysfunction, illness or disease;
- The involvement of consumers of service is essential to effective operation, evaluation and governance of the mental health services;
- Diversity, racial, ethnic, gender identity and sexual orientation, should be promoted at all levels of the organisation and its members (boards, administration, staff, clients and families);
- People have the right to direct their own affairs, including services they may receive, related to a mental health DisAbility;
- Programs and practitioners should constantly strive to improve the services, which they provide.

To achieve its aims and optimise each individual's own potential for integration into the community, MHACA addresses four basic human needs and human rights.

The need for and right to:

- **Work**
(vocational training and employment)
- **Housing**
(transitional accommodation, independent accommodation)
- **Social acceptance**
(ability to function confidently in the community and make friends without or despite the social stigma attached to mental disAbility)
- **Active participation in decisions** affecting one's life
(empowerment of the individual to make choices and take responsibilities).

1.3 DEFINITIONS

MHACA completes its work through the development and delivery of programs and therapeutic strategies and tools. MHACA's client services operate within a recovery model that utilises the Boston University Psychiatric Rehabilitation framework. MHACA also works within a community development framework to address the issue of suicide prevention.

Mental Health

Mental Health is a state of emotional and social wellbeing in which an individual realises his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. Mental health is an important issue for the whole community. Good mental health is fundamental to the wellbeing of individuals, their families and to the community as a whole.

Mental Illness refers to a range of identifiable and clinically diagnosable disorders that can affect an individual's capacity to function cognitively, emotionally and socially.

Psychiatric disability is a restriction or lack of ability to perform an activity within the expected range for a human being resulting from a mental illness. (National Mental Health Plan, 2003-8)

Mental health promotion works from the principle that everyone has mental health needs, not just people who have been diagnosed with a mental health condition. Mental health promotion is essentially concerned with making changes to society that will promote people's mental well-being. Mental health promotion is a term that covers a variety of strategies. These strategies can be seen to occur at three levels:

- **Individual** - encouragement of individual resources by promotion of interventions for self-esteem, coping, assertiveness in areas such as parenting, the workplace or personal relationships.
- **Communities** - increasing social inclusion and cohesion, developing support structures that promote mental health in workplaces, schools and neighbourhoods.
- **Government** reduce socioeconomic barriers to mental health at governmental level by promoting equal access for all and support for vulnerable citizens.

Consumers/Clients

Consumer is a term that is used to refer to a person who is contributing to and gaining access from any of the services that MHACA offer. The word is sometimes used interchangeably with the word client. Consumers can include individuals with a mental health issue, carers and/or family members affected by a lived experience of mental illness, mental health issue or bereavement through suicide.

Suicide Prevention refers to activities that aim to reduce the rates of suicide and suicidal behaviour. They generally fall into three categories that can be classified as Universal (whole population), Selective (high risk groups) and Indicated (individuals at risk).

Suicidal behaviour is behaviour or a situation that a person chooses to engage in and that they are aware has the potential of being fatal to them. They choose it in the hope that something might change or that an unbearable situation might end. The outcome of this behaviour may be fatal, non-fatal with injuries or non-fatal without injuries. (De Leo *et al*, 2004)

Bereaved by suicide refers to those who have had family, or significant others (partners, family, friends, colleagues, classmates and workmates) die through suicide

Postvention describes interventions that take place after suicide. It is largely involved with support for the bereaved

Community Development aims at improving levels of social well being through collective action at the local level. As an approach to addressing suicidal behaviour, a community development framework has the advantage of operating from a local perspective. This encourages outcomes that are reflective of the community's location, cultural make up, local issues, creative ideas and sources of support.

Recovery is the journey toward a new and valued sense of identity, role and purpose outside the parameters of mental illness; and living well despite any limitations resulting from the illness, its treatment, and personal and environmental conditions.

(Queensland Government Position Paper 2005)

The Boston Model is a framework to help guide a client's recovery. It emphasizes the normalization of roles and relationships, social learning and behavioural change through activities. This framework emphasizes equality and commonalities between the consumer and the professional in an attempt to minimise differences in role, authority and status. It also promotes the practical and realistic needs that will assist a person to adjust to their lived experience of mental ill-health.

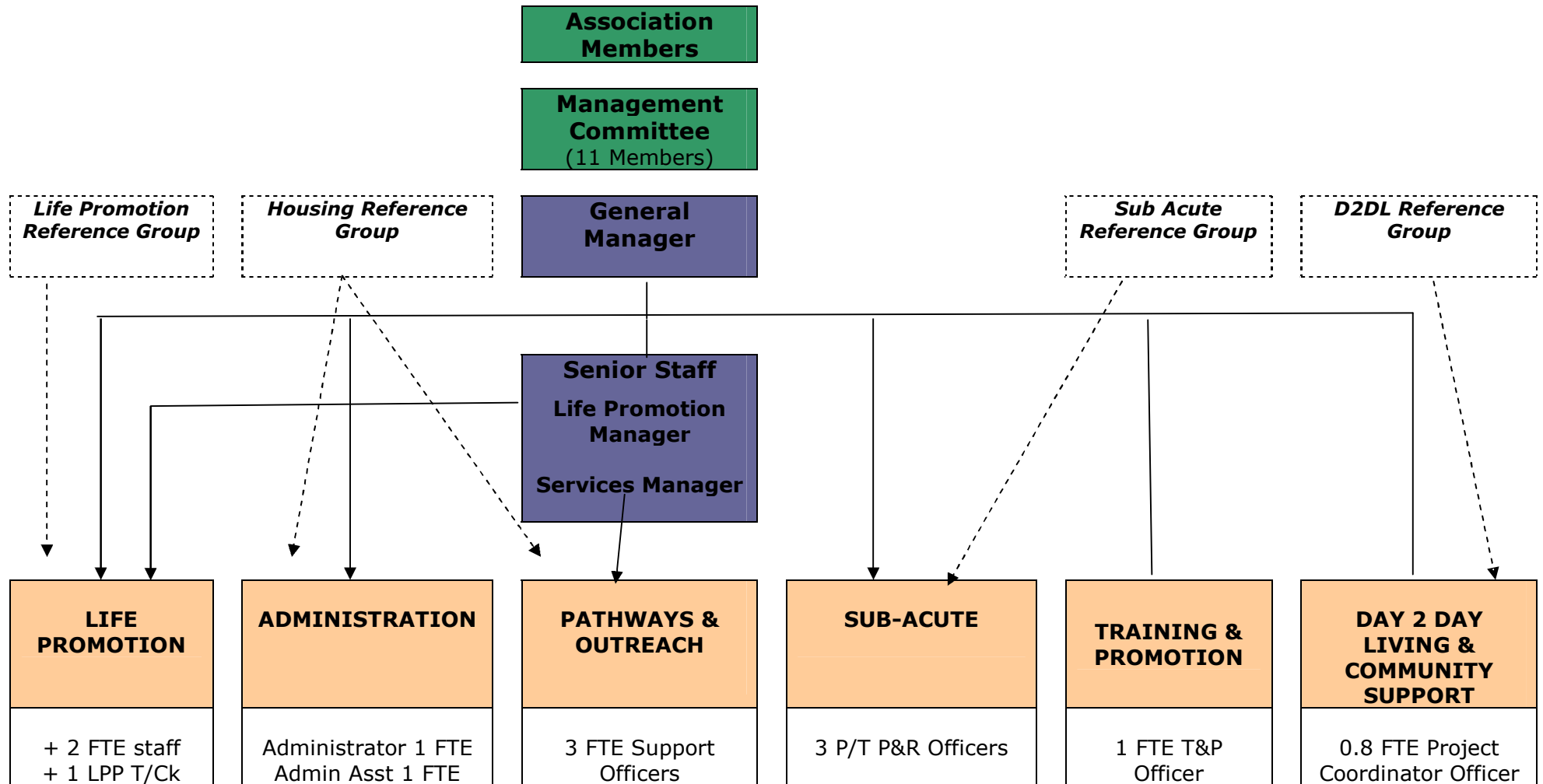
What is psychosocial rehabilitation? (PSR)

"Psychosocial rehabilitation is a process that facilitates opportunities for individuals to reach their optimal level of independent functioning in the community. It implies both improving individual's competencies and introducing environmental changes to in order to create a life of the best quality possible." (World Health Organisation, 1996)

Psychosocial rehabilitation services are those with a "...primary focus on interventions to reduce functional impairments that limit the independence of people whose independence and physical/psychological functioning has been negatively impacted upon as a result of a mental illness. Psychosocial rehabilitation focuses on disability and the promotion of personal recovery giving people an opportunity to work, live and enjoy a social life in the community. It is also characterized by an expectation of substantial improvement over the short to medium term."

(National Mental Health Plan, 2003-2008)

1.4 ORGANISATION STRUCTURE (AS AT JUNE 2007)



Team Profile

MHACA employs the following staff:

- 1 FTE General Manager
- 1 FTE Administrator
- 1 Administration Assistant (part-time)
- 1 FTE Services Manager
- 3 FTE Pathways Support Officers
- 2 Prevention & Recovery Officers (part-time)
- Prevention & Recovery Officer/s (casual)
- 1 FTE Life Promotion Coordinator
- 0.8 FTE Project Coordinator Officer – D2DL Project
- 2 FTE Life Promotion Officers (located in Alice Springs and Tennant Creek)

Committees and Reference Groups

MHACA also utilises Sub Committees, Reference Groups and Steering Groups.

Further information describing the roles and responsibilities of the Management Committee, Sub Committees, Steering and Reference Groups are contained in [Section 2 \(Management\)](#).

1.5 SERVICES PROVIDED - OVERVIEW

Pathways Program: Rehabilitation-Outreach

The aim of the Pathways Program is to promote independent living in the community through recovery-focused assistance and personal goal setting.

Clients are encouraged and assisted to participate in the following recovery focused activities and programs:

- Assistance with basic living skills such as cooking, budgeting, shopping and personal care
- Vocational education, training, employment and volunteer work
- Sport, recreation and social opportunities that promote skill development, support interests and allow for the development of relationships and the building of trust.
- Accessing resources and other support services
- Counselling

Prevention & Recovery Program: Sub-acute Care

The Prevention and Recovery Program is a partnership program between MHACA (non-government) and Central Australia Mental Health Services (NT Government). The program provides short-term intensive supports to reduce an admission to hospital and/or assist the transition back home after an admission to hospital.

Life Promotion Program: suicide prevention and post-vention

The Life Promotion Program works together with key organisations and Government departments to develop strategies to reduce suicide and suicidal behaviour in Central Australia. The program is guided by the National and Northern Territory Suicide Prevention Strategies.

Program activities include:

- Delivery of (ASIST) Applied Suicide Intervention Skills Training and suicide awareness training throughout Central Australia
- Provision of a supportive and helpful response for those impacted by a suicide death
- Working with remote communities to increase awareness and establish improved support for families
- Sourcing and assisting others to source funding for suicide prevention activities
- Advocating for improved systems of support for people experiencing suicidal behaviour
- Data collection on completed suicides and hospital-admitted suicide attempts

1.6 ORGANISATIONAL PRIORITIES

MHACA has identified *six key priority areas* to ensure our vision is achieved. These priority areas are reviewed and updated as required through the MHACA Strategic Plan.

The current plan (2004-2007) is due to be evaluated, reviewed and redeveloped at the end of the 2006/07 Financial Year.

- **Consumer Driven Quality**

Consumers are recognized as having unique expertise and understanding due to their direct experience of mental illness. Consumers and carers are directly impacted by the quality and effectiveness of mental health care and therefore may be considered the key stakeholders in mental health.

Consumer and carer participation in determining mental health priorities ensures a sound basis for successful processes, programs and services to maintain and improve the mental health of the community as a whole.

- **Mental Health Awareness**

The level of mental health awareness within a community underpins its ability to develop the structures to promote mental health, prevent mental ill health, and recognize and respond to mental health problems.

The issue of stigma also discourages people from seeking early and appropriate help. Community acceptance, valuing, inclusion and support of all members, regardless of DisAbility, or perceived differences, and a commitment to improving mental health for all, provides a basis for the wellbeing of all the community.

- **Prevention & Intervention**

MHACA provides recovery-oriented Rehabilitation-Outreach Programs, including:

- Sub Acute Care Prevention and Recovery Program
- Suicide Prevention and Intervention Life Promotion program.

These programs are underpinned by national framework and standards, which ensures quality and contributes to better outcomes for clients.

- **Service Development / Sustainability**

The services of the MHACA will be continually developed and improved as our knowledge and understanding increases. This means that we will place emphasis on staff performance management and professional development as well as regular evaluation of our effectiveness. At the same time the ongoing work of maintaining our resourcing and infrastructure will not be overlooked.

- **Research & Innovation**

MHACA operates in the unique socio-economic environment of Central Australia. As such, we have an opportunity to develop new approaches and insights that contribute

to policy and practice in mental health services in Australia. Maintaining effort in research and innovation is a key part of the way that we will work through our Strategic Plan. Evidence-based innovation will help to guide this Strategic Plan.

- **Effective Governance & Management**

MHACA is committed to achieving high standards in the way that the business of the Association is conducted at the governance and management level.

Good Governance is the process by which decisions are made and implemented. This involves participation, consensus orientation, accountability, transparency, effectiveness, mutual respect and law abiding.

1.7 POLICY DEVELOPMENT

The purpose of this policy is to establish a uniform process to policy development for the MHACA. All policies are developed by a "policy development" sub-committee. The sub-committee will involve a representative of a consumer and/or carer, staff and the committee.

When accepted by the Committee, new policies will be placed in the Policies and Procedures Manual.

Guidelines

The following guidelines address how the Mental Health Association can operate under the principles standards for Mental Health Services by upholding the rights of both consumers and carers.

MHACA shall:

- i. Involve consumers and carers in the development of its policies.
- ii. Ensure that information is readily available on consumer and carer rights on entry and throughout the consumer or carer's contact with the service.
- iii. Support information exchanges between the service, the consumer and / or the carer are age appropriate and use a variety of methods and media to assist consumers and carers to understand their rights.
- iv. Provide information about consumers and carer's rights available throughout the service.
- v. Support that consumers and carers are informed of, and supported in accessing fair complaints and redress procedures.
- vi. Ensure that consumers and carers in their representative role conduct activities in compliance to the "Code of Conduct for Consumer/ Carer Representative"

Mental Health Association of Central Australia	Date amended:
	Date approved by Committee:

SECTION 2 – MANAGEMENT

NSMHS 9:	Service Development
NSMHS 10:	Documentation

2.1 INCORPORATION REQUIREMENTS

The key requirements of the *Northern Territory Associations Act 2003* are:

- Maintain proper records of accounts showing the financial position of the group and present these at the AGM
- Maintain an up-to-date Register of Members and Register of Management Committee members and make it available to members
- Maintain the constitution up-to-date and make it available to members
- Hold an AGM within five months after the end of the organisation's financial year
- Advise the NT Department of Business Economic and Regional Development of any changes to the constitution or rules of the association, as set out in the NT Associations Act.

Register of Members and of Committee Members

The Secretary of MHACA is responsible for ensuring that a Register of Members and a Register of Management Committee Members is in place and includes:

- The name and address of the member
- The date of joining
- Subscription information
- Position on Management Committee (for Committee members)
- Date of resignation.

2.2 THE MANAGEMENT COMMITTEE

MHACA is managed by a Management Committee of 11 people comprising of a:

- Chairperson
- Deputy Chairperson
- Treasurer
- Secretary
- Public Officer
- 2 x Organisational Representatives
- 2 x Consumer Representatives
- 2 x Ordinary members

Membership of MHACA - Criteria

- Individual members: any other than a life member who is approved for membership.
- Corporate members: non-government organisations, government agencies, associations, schools, clubs etc.

Concessions are available for; DisAbility, unemployed, pensions and student.

Any person or organisation wishing to become a member of MHACA must complete an Application for Membership form. These are available from the MHACA office.

Role and Responsibilities of Office Bearers and Committee Members

The role of the Management Committee is to provide strategic direction to and monitor the operations of MHACA to ensure that it:

- i. Meets its objectives as specified in the constitution
- ii. Meets legal requirements including those related to incorporation, funding, contractual arrangements, the employment of staff and the provision of services.
- iii. The Management Committee is responsible for ensuring MHACA operates within its approved budget and in accordance with the policies and procedures set down by the Management Committee.
- iv. The Management Committee proposes and sets the annual membership fees, which are renewable at the commencement of each financial year.

Soon after their election, Committee members will receive training and orientation in the roles and responsibilities they have accepted.

Job of the Chairperson

- ⇒ Be the spokesperson for the committee and for the association;
- ⇒ Issue media releases or delegate as appropriate;
- ⇒ Ensure that membership and community support are maintained;
- ⇒ Follow up on tasks which committee members and/or sub-committees have been assigned to do;
- ⇒ Be a member of sub-committees or other task groups, as required
- ⇒ (e.g. interview panel);
- ⇒ Liaise with the General Manager for matters requiring urgent attention or advice;
- ⇒ Ensure that regular committee meetings are held;
- ⇒ Lead the meeting through the agenda, keeping discussion relevant and decision making clear and encouraging broad participation;
- ⇒ The chairperson has a normal vote as member of the committee and no casting vote (Clause 31(9)). At a General Meeting of the Association, the Chairperson has a deliberative vote only. In the event of an equality of votes the question shall be resolved in the negative. (Clause 28(2))

The Chairperson is responsible for making sure that decisions of the Committee are actioned; however, the committee as a whole decides what tasks are undertaken by committee members, and what tasks are delegated to staff through their respective job description.

For example,

- ⇒ *The Treasurer is responsible for making sure that proper accounts are kept. However the committee as a whole may decide to employ a bookkeeper to actually do the books; the Treasurer is then responsible for making sure that the books are properly kept; that accurate reports are produced as required; that the register of assets is updated at year end; that expenditure remains in line with the annual budget.*
- ⇒ *The Secretary is responsible for keeping and maintaining the Register of Members and Committee Members; however, the Committee may direct the Administrator to actually receive new membership forms, present them to the Committee and file them when a new member is accepted as a member of the association.*

Job of the Deputy Chairperson

- ⇒ In the absence of the Chairperson, take up the roles of the Chairperson;
- ⇒ Provide support and assistance to the Chairperson when the tasks to be performed are too broad and demanding for one person.

Job of the Secretary

- ⇒ Make sure that minutes are taken of all meetings, properly written up, distributed soon after the meeting, received by the committee, signed and filed;
- ⇒ Make sure that a Register of Members and Committee Members is kept;
- ⇒ Ensure that the committee develops proper written policies and procedures, and that these are updated as required;
- ⇒ Be a spokesperson for the association when needed, as directed by the Chairperson;
- ⇒ Be a member of sub-committees or other task groups when required.

Job of the Treasurer

- ⇒ Ensure that effective financial management procedures are in place and are followed to monitor that funds are not being mismanaged;
- ⇒ Assist with the development of the annual budget;
- ⇒ Ensure that detailed accounts are maintained, including income and expenditure statements for each program;
- ⇒ Present quarterly financial reports to the committee, and ensure that the management committee deals with financial issues as required;
- ⇒ Ensure that the financial requirements of the funding bodies are met;
- ⇒ Ensure that assets are properly managed and a schedule of depreciation prepared at the end of each year.
- ⇒ Ensure that an audit of the books is prepared at the end of each financial year and present the accounts of the association showing the financial position at the end of the preceding financial year, to members at the Annual General Meeting;

Job of the Public Officer

- ⇒ Be the contact person for incorporation matters and the person responsible for making sure the requirements of the NT Associations Act are met.
- ⇒ Make sure that the rules in the constitution are followed;
- ⇒ Remain responsible for the proper use of the Common Seal;
- ⇒ MHACA Constitution includes its Public Officer as a voting member of the Management Committee.

Job of the other Committee Members

- ⇒ Be a member of sub-committees or other task groups as needed;
- ⇒ Promote new ideas for the operations of the association;
- ⇒ Be involved in the decision making process at committee meetings;

- ⇒ Represent the members of the association;
- ⇒ Advocate for the needs of consumers and carers
- ⇒ Bring to the attention of the committee any issues or problems in the association or in the community which need to be dealt with by the committee;

Working with the General Manager

- *The General Manager* implements the directions and decisions of the Management Committee through ensuring day-to-day operations of the service are managed in accordance with the policy and procedures.
- Issues that are not covered by established policy and procedures are referred to the Management Committee for consideration and direction.
- The Management Committee is *not* involved in the day-to-day management of MHACA and Committee members cannot direct the staff or volunteers of the service unless authorised by a meeting of the Management Committee to do so. The Committee may nominate a member to liaise with the General Manager on an ongoing basis.

[A complete Terms of Reference for the Management Committee is contained in Appendix F. Information on Sub Committees, Steering and Reference Groups is also contained in Appendix F \(Click here\)](#)

Vacation of Office and filling of Casual Vacancies

The Management Committee comprises 5 office bearers:

- Chair, Deputy Chair, Secretary, Treasurer and Public Officer.

The Committee is elected at each Annual General Meeting to hold office till the next Annual General Meeting.

The office of a member of the Management Committee becomes vacant if the member

- Passes away,
- Becomes bankrupt or incapacitated,
- Resigns from the membership of the Association,
- Resigns from the Management whether or not he/she resigns from the Association,
- Ceases to be a resident of Central Australia.

Should the Chair vacate the office of Chair before the next Annual Election for any reason, the Deputy Chair shall become Chair.

Should any other officer vacate his/her office before the next Annual Election for any reason, a substitute shall be appointed by the other members of the Committee at the earliest committee meeting after the office is declared vacant.

Should no eligible person be found to fill the vacancy, the vacancy shall be advertised to the Association Members.

Orientation for Management Committee Members

If new members are elected at the AGM the first meeting following the AGM is to include a short orientation session for Management Committee members, including:

- The objectives of MHACA
- Management Committee roles and responsibilities
- Information on funding
- Information on staff
- Information about Management Committee meetings
- The Code of Conduct for Management Committee Members.

In addition new Management Committee members will be given a copy of the constitution.

The General Manager is responsible for preparing this information for new Management Committee members.

Nominating for Membership on the Committee

Pursuant to Constitution Clause 6(2)(a) and (b) (*of the MHACA Constitution*), a person cannot hold simultaneously a position on the Committee of Management (as employer) and a paid position within the organization (as an employee).

Committee Attendance Policy

- Committee proceedings are treated as confidential.
- Observer status is permitted by the committee to any member of the Association upon prior approval by the committee. A request is to be addressed to the Chair or the Manager stating the reason for their attendance, which may be accepted or rejected. Such observers have no speaking rights, nor voting rights.
- Visitors may attend a management meeting by invitation.
- Such observers and visitors are expected to maintain strict confidentiality with regards to the affairs conducted at the meeting.
- Members of the Association, who have attended a conference on behalf of the Association, are requested to attend a committee meeting for the purpose of presentation of their report. This presentation will be held as the first agenda item of the meeting, and they will be required to leave the meeting after their presentation.
- Sometimes a meeting may be '**closed**' to discuss a matter of a confidential nature. The need for confidentiality may arise when personal matters are involved.

Code of Conduct for (All) Committee Members

Management Committees operate most effectively if all members are aware of the expectations of them. To clarify expectations, the following code of conduct for Management Committee members has been developed.

Committee members agree to:

- Abide by the philosophy of MHACA.
- Follow any policies and procedures set down in the MHACA Policy and Procedures Manual.
- Attend monthly Committee meetings whenever possible, and, if unable to attend, to send apologies.
Failure to attend three (3) consecutive Committee meetings without providing a reasonable excuse can result in expulsion, by a majority vote of the Committee.
- Not act on MHACA matters without the consent of the Committee, including not interfering in the day-to-day operations of MHACA.
- Represent MHACA in a positive way.
- Not discuss confidential issues with people outside of MHACA or with staff or members of MHACA without the consent of the Committee.
- Follow any grievance procedures set down by the Management Committee to try to resolve any conflicts with staff or members of MHACA.
- Not abuse, physically or verbally, staff or members of MHACA.

*** Refer to [Appendix E, Code of Conduct](#), for further detail*

Soon after their election, Committee members will receive training and orientation in the roles and responsibilities they have accepted. Members sign a "Pledge" that is binding for the duration of their office.

Conflict of Interest

Members and staff of MHACA are required to act in the best interests of the organisation. If business or personal interests or affiliations of members conflict with (or may be perceived to conflict with) the interests of the service the following procedures apply:

- If a member of the Committee has any direct or indirect pecuniary interest in any contract being considered by the Management Committee they must, as soon as they become aware of their interest, disclose it to the Committee. This excludes an interest resulting entirely from a Committee member also being an employee of MHACA or a member of MHACA.
- An interest disclosed by a Committee member must be recorded in the minutes of the Committee meeting at which it was disclosed.

- A Committee member with any direct or indirect pecuniary interest in any contract being considered by the Committee shall not take part in any deliberations or decision of the committee with respect to that contract.

Please note that failure to abide by the Code of Conduct may result in the expulsion of a Committee Member from the Committee.

Management Committee Meetings

Management Committee meetings are held monthly on the 1st Wednesday of every month, (5.30-7.30pm). Other meetings may be arranged by the Committee, as required.

Attendance

Committee meetings should be attended by all Committee members and the General Manager. Guests may be invited to attend meetings (by the Chairperson) for a specific purpose.

In line with MHACA's constitution any Committee member who does not attend three (3) consecutive Committee meetings without providing a reasonable excuse can be expelled by a majority vote of the Committee.

Agenda

Meetings will be conducted in accordance with the constitution. The agenda for the meetings will be drawn up by the General Manager in consultation with the Chairperson and circulated to all Committee members at least three days before the Committee meeting.

Committee papers are provided via email to members on the Friday prior to the meeting to enable members to consider the information.

Consumer Representative

Consumer representatives receive support from an independent mentor, if required.

Quorum

The quorum for Management Committee meetings is five Committee members, one of whom must be the Chairperson, Secretary or the Treasurer.

General Manager

The General Manager attends Committee meetings to provide verbal advice and a bi-monthly written report to the Committee to assist it in its deliberations of the service as specified below. The General Manager reports directly to the Management Committee. The General Manager has no voting rights.

The General Manager presents a bi monthly service report, which is presented to the Management Committee Meeting. Monthly Financial Reports are also provided to the Management Committee. Further details regarding financial reporting are included in [Section 11 - Financial Management](#).

Minutes

Minutes are taken of all meetings and must be recorded. The person taking the minutes should make sure that whenever action is agreed to by the Committee a person and time to complete it is identified.

Minutes should be typed within seven days after the meeting and sent to each member of the Management Committee within two weeks of the meeting.

Copies of the minutes are filed in the Minutes File.

The Secretary is responsible for making sure that the Management Committee follows procedures for minutes. The Administrator is responsible for ensuring the minutes are typed and distributed. The Administration Assistant types and distributes the minutes.

2.3 STAFF MEETINGS

The Purpose of the Staff meetings

- Ensure that all staff members are kept informed of all MHACA activities and are given the opportunity to provide input into the organisations activities
- Allow an opportunity for any staff to raise issues of relevance to the organisation in a forum where others can offer solutions
- Develop and monitor the activities, processes and performance of MHACA.
- Identify opportunities for improving on the current operations and ensure that suggestions are actioned and implemented.
- Ensure that programs are operating according to their service plans. (See below)

Each program provides a short written report to the Administrator for the purpose of minute taking and for presentation at the Committee of Management meetings.
(Refer *General Manager's Centre Report*)

It is compulsory for all staff to attend unless an urgent matter arises.

Agenda of Staff Meeting

The Staff Meeting is conducted monthly or as often as it needs to deal with service issues.

The agenda is drawn up by the Administrator and circulated to all staff members at least three days before the Staff/Quality Meeting.

Minutes of Staff Meeting

Minutes are taken of all Staff Meetings and must be recorded. The Administrator is responsible for taking the minutes. Whenever an action is agreed to, a person to complete it is identified.

Minutes should be typed within seven days after the meeting and sent to all staff within two weeks of the meeting.

The Administration Assistant types and distributes the minutes. Copies of the minutes are filed in the Minutes Folder on the network.

2.4 STAFF REPRESENTATION ON COMMITTEES

It happens from time to time that a member of staff be asked to sit on a sub-committee, board of studies, working group, or the like, to provide expert advice and contribution to meetings of another organisation.

A staff member may of course sit on any committee, *in a personal capacity*.

But when it entails **MHACA's name and reputation**, protocol implies that a member of the Management Committee or General Manager and senior staff are the most appropriate persons to represent MHACA. However, they may decide to delegate this role to another member of staff in their stead, for reasons of time availability or field of expertise.

In such cases, the following procedures must apply:

1. If invited to sit on a committee of another organisation in the name of MHACA, ask the Chief Executive of that organisation to send to MHACA Chairperson a formal letter inviting a nominated person to sit on their committee in a representative capacity.
2. The Committee will assess the merits of the invitation and decide who is the most suitable person within MHACA to sit on that committee *as a MHACA representative*.

The General Manager and senior staff are often are the most qualified to sit on another committee (and this is particularly relevant in the case of Life Promotion steering committee), but junior staff and consumers should be encouraged and given an opportunity to develop new skills and show their talents when holding positions of representation

3. Once MHACA representative is formally appointed, he/she must advise the General Manager every time that absence from work is required for the purpose of attending a committee meeting, and time away from work will not be deducted from working hours.

If time away from work is taken for the purpose of attending a meeting in personal capacity, that period of time cannot be counted as working hours.

4. MHACA representative on the committee of another organisation has the duty to receive advice from and report to the Management Committee.

Present Committee and Groups:

(In alphabetical order)

Committee/ Group	Representative
Central Australian Collaborative Mental Health Group	General Manager
Central Australian Mental Health Service Executive	General Manager
Central Australian Young Person's Information Network	Life Promotion Manager
Headspace Consortium	General Manager, Life Promotion Manager, Consumer Representative
N.T. COAG Reference & Care Coordination Group	General Manager
N.T. Mental Health Coalition – Mental Health Council of Australia	General Manager
N.T. Suicide Prevention Committee	Life Promotion Manager

Minister Liaison

The Management Committee must endorse any correspondence that represents the organisation (MHACA) to any Minister.

In the event of an urgent liaison, the Executive Committee may provide approval to the General Manager.

The correspondence must be tabled at the next Committee Meeting.

2.5 REPORTING

As part of the performance management system staff are required to fulfil the following reporting requirements.

The purpose of this process is to document, monitor, review, assess, plan and improve activities and strategies in line with achieving MHACA's goals. Through a clear reporting process the Association remains transparent and accountable with its practices.

Reporting enables MHACA to critically and objectively assess its programs and progress against the organisation's overall aims, goals and objectives.

Summary of Reports Required

REPORTS	General Manager	Program Managers	General Staff
Monthly	<ul style="list-style-type: none"> To Committee (written and verbal) and Staff Meetings 	<ul style="list-style-type: none"> To Staff Meetings (written and verbal) 	<ul style="list-style-type: none"> To Program Manager (verbal)
Quarterly Work plans & Evaluations	<ul style="list-style-type: none"> To Chairperson (written) 	<ul style="list-style-type: none"> To General Manager (written) 	<ul style="list-style-type: none"> To Program Manager (verbal input to Work plans)
6-monthly Service Reports	<ul style="list-style-type: none"> Coordinate preparation of report to DHCS and write Management report 	<ul style="list-style-type: none"> To General Manger (written): overview of program's activities 	<ul style="list-style-type: none"> To Program Manager (verbal or written input)
Annual Report	<ul style="list-style-type: none"> Coordinate preparation of report to DHCS and write General Manger's report 	<ul style="list-style-type: none"> To General Manger (written) overview of program's activities 	<ul style="list-style-type: none"> To Program Manager (verbal or written input)

2.6 FINANCIAL ROLES AND RESPONSIBILITIES OF MANAGEMENT

The financial management of MHACA is the responsibility of the Management Committee.

Role of General Manager

The General Manager and Administrator are responsible for the employment, and supervision of the Bookkeeper who carries out some of the day-to-day financial tasks as directed.

Role of Treasurer

The Treasurer is responsible for ensuring that the financial policy and procedures set down by the Committee are followed and for monitoring the financial operations of MHACA.

Role of the Administrator

The Administrator manages the fortnightly payroll and processes payment of staff wages. Processing of all receipts and payment and preparation of cheques for signing by General Manager and committee member are also key financial tasks. The Administrator also ensures all insurances are current.

Role of the Bookkeeper

The Bookkeeper is responsible for maintaining the books of account on MYOB, assisting the General Manager in the preparation of the annual budget and for preparing monthly, quarterly and annual financial reports.

The Bookkeeper is responsible for preparing key financial monthly and quarterly reports, and accounts for audit.

Mental Health Association of Central Australia	Date amended:
	Date approved by Committee:

SECTION 3 – PROGRAM AND SERVICE DELIVERY

NSMHS 3: Consumer and Carer Participation

NSMHS 6: Prevention and Mental Health Promotion

NSMHS 7: Cultural Awareness

NSMHS 8.3: Integration with Other Sectors

3.1 PROGRAMS

MHACA's Strategy Plan and operations are developed in line with the National Mental Health Strategy, the National Standards for Mental Health and the National Suicide Prevention Strategy. (Refer [Appendices A & B](#)).

The following services and **programs** are offered and delivered by MHACA:

- **PATHWAYS**
Rehabilitation, Outreach and counselling supports
- **SUBACUTE PREVENTION AND RECOVERY**
Short-term intensive recovery supports.
- **LIFE PROMOTION PROGRAM**
Suicide Prevention.
- **HOUSING SUPPORT PROGRAM**

Additional **Services** provided include:

- **MENTAL HEALTH TRAINING AND PROMOTION**
- **SYSTEMS ADVOCACY**
Advising other services/organizations and government departments.

Pathways Program

The psycho-social rehabilitation program was established at MHACA in 2001. Its main aim was to assist people with mental health issues to reintegrate into the community through employment and educational opportunities.

Further funding helped to secure an Outreach program to assist clients with basic living skills such as budgeting, cooking, shopping, self-care and socialisation. These programs in addition to individual counselling have combined under the umbrella of **Pathways** to meet the needs of consumers and assist them in their recovery.

Wellness and Recovery Plan (Care Plan)

The Wellness and Recovery Plan is a tool that involves the consumer in the direction and maintenance of a plan for their care, support, wellness and recovery. The plan identifies skills, interests, support needs and strategies for dealing with periods of crisis or ill-health. It identifies and establishes tasks and goals that will assist recovery with regular reviews to monitor achievements.

- All plans should be completed when consumers are in a state of wellness to ensure that optimum opportunities are considered, and also to reduce resistance to participation.
- Clients are to be fully informed of available resource options, and are included in determining what and how resources to be received in collaboration with family/carers if appropriate.
- The client agrees to take responsibility for their wellness and recovery by signing their care plan in conjunction with a support officer and case manager (if applicable). A copy is given to the client and a copy is kept with the support officer.
- Plans are reviewed every 6 months or when a client experiences a relapse or requires a change to the care plan.
- Information on client needs can be identified by advocates, carers, consumers, case managers providing services, clinicians and the support officer.

Relapse/ Crisis Intervention

The Wellness and Recovery plan contains a section to assist in recognition of relapse indicators and interventions to assist when relapse is becoming evident.

- Clients should be guided to identify and describe the triggers to “what off-sets their un-wellness” and what strategies they use to reduce increased risk.
- Responsibilities of each person should be recorded and clearly outline action planned to avoid further relapse or a crisis situation.
- Details such as contacting family members, the CAMHS case manager (if appointed), Crisis Assessment Team or General Practitioner, should be included in consultation with the CAMHS or GP.

Role of the Support Officer

Support officers assist a consumer to put into place the strategies and activities identified in their individual care plans.

In collaboration with consumers, support officers can help with the following:

- **Transport assistance** and escorting consumers to appointments is provided in circumstances where clients are not able to access MHACA, or appointments with other services, without assistance such as in extreme weather conditions or due to poor physical or mental health.
- **Advocacy** work regarding a consumers treatment plan and reviews in collaboration with clinicians, case managers from Central Australian Mental Health Services, local General Practitioners and carers.
- **Liaison** with relevant community services, to implement care plans.
- **Research ideas and activities** that will help to develop skills, support interests and provide opportunities for socialisation and connections with community.
- **Education and information** about mental health and the impact on mental health of particular lifestyle choices.
- **Consideration of alternative therapies** and opportunities to alleviate mental health conditions and enhance wellness.
- **The Boston Readiness for Rehabilitation assessment tool** is used by support officers, in collaboration with consumers to determine the level of readiness for training and employment opportunities.
- **Vocational training and employment needs** are identified and monitored in association with local training and employment agencies.
- **Keeping records, case planning and reviewing** client progress.

Sub-Acute Prevention and Recovery (P&R)

Collaborative **short-term** intensive interventions between MHACA Support Officers and Central Australian Mental Health (CAMHS) case managers to reduce gaps upon discharge off ward and / or reduce an admission.

Criteria:

- Allocated CAMHS case manager for clinical treatment
- Allocated MHACA support officer at point of consent / referral
- Axis II diagnosis – to be discussed with CAMHS at point of referral for any risk factors and behaviour management planning.
- No active intent of planned / attempted suicide or ideation

- Acceptance of first time presentation will be discretionary
- Identified accommodation pre-discharge from Mental Health Ward
- Consumer consents to participation
- Referral completed with attached reports (refer CAMHS referral)

Referral Procedures

Prevention and Recovery referrals are completed by supporting Case managers and/or Clinicians of the Central Australian Mental Health Services at the written consent of consumers (or their guardian / advocate). Should the referral meet the criteria of the Prevention and Recovery Program, the client referred is then allocated to a support officer from within this program. (Refer to referral flow chart procedures and referral forms) [Flowchart](#)

P&R referrals are accepted in consultation with case managers from Mental Health Ward, Community, Remote and Crisis Assessment Teams. Referral forms are accessed through CAMHS services.

Referrals off ward should be completed at first instance of identifying consumer suitability and consent sought. Intention is for support officer and consumer to develop relationship prior to discharge.

Non Clinical Care in Mental Health Unit (ASH)

All Support Officer's who have MHACA clients based at the mental health unit of the hospital may continue to support by way of:

- Attend ward reviews and receive client updates;
- Accompany the client off the ward for visits to home, family, activities and appointments;
- Report any identified concerns to clinician and ward staff in the first instance and then the case manager
- Visit and consult with consumer and carer if they are having leave off ward;
- Contact may be required to monitor recovery and must be recorded prior to visits;
- Support Officer to liaise with the crisis assessment team and/or the ward staff if a relapse is evident while off the ward (*refer to any CAMHS crisis management plan*);
- Provide input and assistance into the pre-discharge planning procedures in collaboration with consumer, family, clinician and case manager.

Interim-respite accommodation

[*Refer Interim-Respite Addendum to Sub Acute Prevention and Recovery MOU.](#)

If consumer requires interim- respite accommodation, the support officer must discuss this with the Service Manager.

Interim-respite should be for no longer than four – five weeks to assist in stabilisation, if possible.

Duration of supports

Extensions of intensive support outside eight weeks are to be negotiated with Service Manager.

- Requests for extension must complete a further updated referral by the case manager and entered into research data and P&R register.
- Extension is based upon visible improvements within a fixed period.
- Assessment for transfer to Pathways should be considered before any request of extension and discussed at Intake meeting.

Life Promotion Program

The Life Promotion Program operates in Alice Springs and Tennant Creek and focuses on the following:

1. **Creates and strengthens links** between key Government departments, non-government agencies, health services, and community groups to support a whole of community approach to the prevention of suicide and suicidal behaviour.
2. **Coordinates the Life Promotion Reference Group** (includes Life Promotion Manager & MHACA General Manager) and the Interagency Response Group in the event of a suicide.
3. **Provides information, education and training** in suicide awareness and ASIST (Applied Suicide Intervention Skills Training).
4. **Supports remote communities** to develop sustainable and culturally appropriate suicide prevention strategies.
5. **Develops suicide prevention activities** based on the direction of the National Framework for Suicide Prevention and input from local communities.
6. **Collects and analyses local data** on completed suicides and suicide attempts that present to the Central Australian Mental health Team in order to develop evidence based strategies.
7. **Advocates for improved systems of support** for those people whose lives are affected by suicide.

Protocol for the Interagency Response to Completed Suicides

Purpose:

The purpose of the Interagency Suicide Response is to ensure that those people who have been affected by a death by suicide are offered the option of appropriate support. This could be in the form of counselling, crisis intervention, debriefing, suicide bereavement information, clinical support, telephone counselling, referral information or practical support (financial assistance, transport, food, bedding, clothes etc). It is also intended to prevent inaccurate information about the incident from circulating among the community.

Scope:

This protocol guides both clinical and community based activities for those incidents occurring in the Central Australian region. This comprises both the Tennant Creek and Alice Springs districts.

This assumes a twenty four hour, seven days per week coverage by the Crisis Assessment Team (CAT), CAMHS and a regular hours service by Life Promotion.

If the Life Promotion service is not available (i.e. leave etc) they will provide prior notice to CAT. CAT will advise the relevant Community Team leader within CAMHS (i.e. Tennant Creek or Alice Springs).

Process:

Step 1 – Immediate Response

NT Police or other agency advised of the death they should notify:

- a. CAT via **8951 7777** AND
- b. The Life Promotion Team via **0427 793 268** or **8950 4608**

Life Promotion or CAMHS are to ensure that each other is aware of the notification as a matter of urgency. The primary purpose of this notification is to determine, and if required, implement an immediate clinical response by the CAT and to commence the community response mechanism.

Step 2 – Notifying the Interagency response team

Life Promotion will email to response team (Steering Committee) general details of the suicide. This email will NOT include the first name of the deceased. However the email will include the community in which the incident took place, the age and gender of the deceased, whether the deceased is indigenous or non-indigenous and the family names that are connected to the deceased. The members of the response team will be guided by the information that is outlined in the above email as to whether their attendance is appropriate and/or useful.

This email will be sent within 24 hours of the death, except when the death occurs on the weekend, when the email will be sent on the next working day.

The response team is made up of all the members of the Life Promotion Steering Committee, with key membership as per Terms of Reference and as listed. In the event of a suicide, all steering committee members have a response team function.

The purpose of this notification is to implement a community response, where appropriate, to minimise the impact of the completed suicide with particular attention to others that may be at risk as a result of this death. Where Life Promotion has advised they are not available, the relevant CAMHS Team Leader will undertake activities outlined above in Step 2.

Step 3 – The interagency response Meeting

Life Promotion will chair this meeting. The meeting will commence with the Chair noting that the information being discussed is confidential, and that information is being shared on the basis of a duty of care to the client and other at risk individuals.

The full name of the client will be given at this point.

A discussion will follow which will result in:

- a. A decision as to whether an interagency response is required and

- b. If a response is required, agreed actions, who will be undertaking them and timeframes for carrying out the agreed actions

If, as noted at Step 2, Life Promotion is not available, the relevant CAMHS Team Leader will take on the role of the Chair of the meeting.

Step 4 – Follow Up

Response team members who agreed to carry out actions are expected to get back to Life Promotion within the agreed timeframe to report on the outcome. Within one month of the meeting, Life Promotion will assess whether the action plan was implemented as agreed and follow up with relevant team members if they have not reported back on the outcomes.

If, as noted at Step 2, Life Promotion was not available, the relevant CAMHS Team Leader will take on the follow up role.

Step 5 – Review and Evaluation of Response

This will occur as part of the quarterly Steering Committee meeting, and will focus on case review and reflection. Life Promotion will report back at the quarterly steering committee meetings on the review, evaluation and reflection of the response.

LPP Reference Group and Response Team

Reference Group membership is based on the relevant connection of representing agencies and Government departments to the issue of suicide. Members are invited to attend as a commitment to a whole of community approach to suicide prevention. Members are expected to contribute to the development of strategies to address the rates of suicide and suicidal behaviour in Central Australia. Terms of Reference, Background information, Suicide data use agreement and Confidentiality Agreements are provided to new members of the Reference Group.

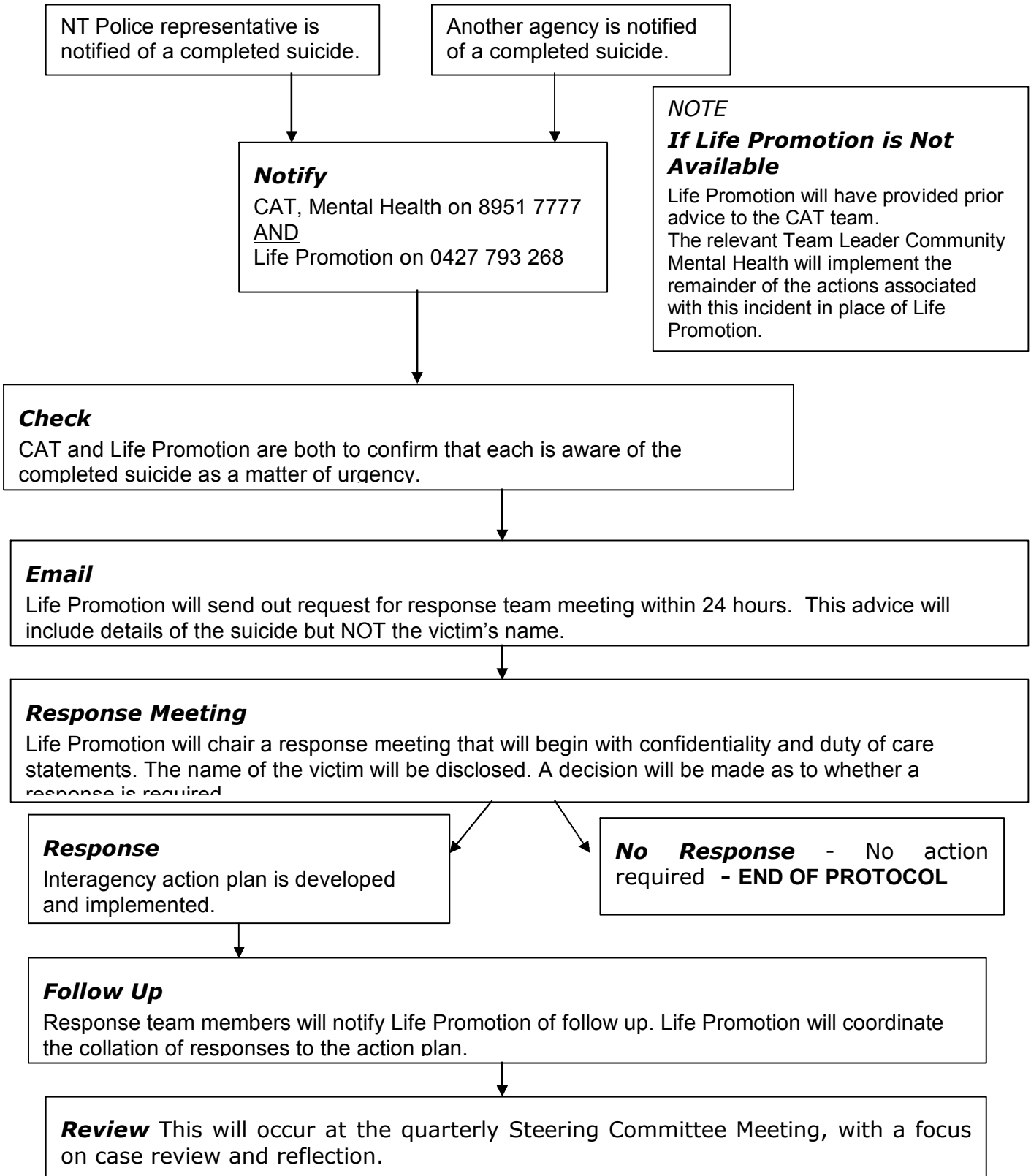
Life Promotion is responsible for ensuring that the Reference Group membership is maintained and updated on a regular basis. The Chairperson is nominated informally and can choose to step down from this role at any time. In keeping with the community development focus of the Life Promotion Program, non-Government organisations are encouraged to nominate for representation as the Chairperson. There are no other formal positions on the Reference Group.

Meetings occur four times a year and minutes of meetings are taken by Life Promotion and distributed to members in draft form, as is an agenda before each meeting. Members can add items to the agenda prior to the meeting. Members must let Life Promotion know if they are an apology.

Membership is encouraged from the following Government departments and non-Government organisations. In Tennant Creek the mix is varied according to the make-up of local organisations.

- Life Promotion Coordinator
- NT Suicide Prevention Coordinator (DHCS)
- NT Police – OIC Police Station
- Manager, Mental Health (DHCS)
- Team Leader Community, Mental Health (DHCS)
- Team Leader Remote, Mental Health (DHCS)
- Tangentyere Council
- Student Services, DEET
- Team Leader Mental Health, CADPHC
- Team Leader Youth, Waltja
- Manager Social Emotional Well Being/Stronger Families Team (AHAC or CAAC)
- Team Leader Social Emotional Well Being Team, NPYWC
- Team Leader Youth, FACS
- Lifeline
- Reconnect / Gap Youth Centre
- Manager Programs, DASA
- Manager ADSCA (DHCS)
- Manager Remote (DHCS)

Protocol for the Interagency Response to Completed Suicide



Protocol regarding Non-Fatal Suicidal Behaviour

Not all attempted suicides will be brought to the attention of Life Promotion or CAMHS. However, Life Promotion will ensure that local information regarding both clinical support and non-clinical support for people who are suicidal is made available throughout the community.

Should information be presented to MHACA either by phone, in person or any other manner of communication, regarding a person at risk of suicide, the call should be referred to the Life Promotion Program. If the person is a known client, the MHACA support worker and the CAMHS caseworker must be notified and advice sought.

If the Life Promotion workers are unavailable, the caller needs to ring through to the Crisis Assessment Team of CAMHS.

The Life Promotion Officer will clarify who the referring person is, their location and the details of the incident (time of incident, location, person at risk, relationship to the caller). They need to complete an Advice of Suicidal Behaviour Form and refer the incident to the Crisis Assessment Team. Follow up information should be relayed back to LPP.

CAMHS will notify Life Promotion of the need for a response meeting if they have identified a high number of suicidal people presenting to their service from a common location or with common contributing factors.

The purpose of the Response meeting will be to share information and consider the possible reasons for the high numbers and community strategies to address this concern.

Data and Client Information On Suicidal Behaviour

Completed Suicides

Life Promotion collates information regarding people who have been confirmed by the Coroner as having died as a result of a suicide. This information is to be used for the purpose of identifying high-risk groups and high-risk locations that can give some input into the strategic direction of suicide prevention in Central Australia.

Updated information is provided to Steering Committee members every 6 months in a format suitable for public use and a separate format that provides more detail for the purpose of the Steering committee only.

Non-Fatal Suicide Behaviour

The Team Leader of Community Mental Health will present quarterly reports to the Life Promotion Steering committee on the number of presentations of non-fatal suicidal behaviour reported to the Crisis Assessment Team. This information will not disclose names, however will disclose age, gender, cultural background, previous history of mental ill-health and previous attempts, known or unknown client, and place of residence.

The information will inform the Steering committee for the purpose of identifying numbers and patterns of presentations that can inform the strategic direction of the Life Promotion Program.

Suicide Intervention Skills, Awareness and Mind Matters Training

Adults

The Life Promotion Program will ensure that all their workers are trained in the delivery of ASIST or equivalent suicide intervention skills training. They will provide this training to Alice Springs, Tennant Creek and remote communities on request at least twice a year and under the direction of the network of trainers. Suicide Awareness may also be delivered to adults and must ensure that for indigenous groups the training is culturally appropriate.

Young People

On request from schools or youth organisations to deliver talks, it is not appropriate to deliver suicide awareness talks due to the lack of safety for at risk students in this setting. Life Promotion can provide support to a teacher/school nurse/youth worker or counsellor in the delivery of Mind Matters material for secondary school aged young people. The material is available at MHACA.

3.2 MHACA SERVICE STANDARDS

Consumer Involvement

Consumers are encouraged and supported to provide input into the activities of MHACA. In some circumstances, they will be paid a fee for their service.

Activities can include:

- Participation on interview panels for MHACA and CAMHS staff recruitment.
- Participation in the Management Committee, Steering Committees, Reference Groups, In-service Staff monthly training and Consumer Group forums.
- Attendance at relevant mental health conferences and forums.
- Mentoring other consumers.
- Participation in the annual planning of the Service Branch programs and activities and the strategic planning of MHACA as a whole.

Safety

MHACA Management will ensure that all services and programs are provided in a safe environment in line with National Mental Health Standards and Occupational Health and Safety Standards as a duty of care to consumers, visitors, staff and volunteers. (*Refer Section 8 - Occupational Health and Safety*)

Awareness and Promotion of Mental Health

MHACA aims to increase awareness of mental health and suicide related issues, encourage greater acceptance of people with mental ill-health and help to reduce the stigma of mental ill-health and suicide. ([Refer Training and Promotion](#))

Confidentiality and Privacy of Client Information

Confidentiality is an essential component of the Code of Conduct of Staff and Committee members. It is similarly essential for consumers to know that their right to privacy is respected and that their client information will be considered as confidential prior to any involvement with MHACA.

To ensure that consumer's privacy and confidentiality is respected:

- Staff members must ensure that information is only shared with relevant referral agencies if clients understand and agree to sign an "Authority To Share Information" form.
- All new employees must agree to and sign a confidentiality clause in their employment contract.

- Members of the Committee of Management must sign an agreement that ensures client confidentiality and privacy of information. Breach of this agreement could lead to dismissal of staff or committee members.
- Suicide Response Meetings will begin with a reminder to all those present of the confidentiality of information and respect for indigenous cultural protocol when mentioning a deceased person.

Equal Opportunity and Access

- MHACA is committed to an inclusive service that will ensure that discriminatory conduct is not tolerated. All staff members will be encouraged to attend relevant training for the purpose of gaining an understanding and awareness of anti discrimination legislation and equal opportunity principles.
- Staff members will also be encouraged to gain awareness of the cultural history and practices of indigenous Australians and people from other culturally diverse backgrounds. Every effort will be made to ensure that MHACA is accessible to people with physical and/or mental disabilities and people from culturally and linguistically diverse backgrounds.

Collaboration and Partnerships

- MHACA will ensure that their services and practice involve the collaboration of all relevant non-government organisations, Australian and Territory Government departments, business and community groups. Partnerships will be encouraged in order to enhance the delivery of service and share areas of expertise.
- The Committee of Management, the Life Promotion Steering committee and other relevant reference groups will include representation from these areas. Partnerships will be encouraged and memorandums of understanding developed when appropriate to do so.
- A positive and effective working relationship between MHACA and NT Government Mental Health Service is essential and all attempts to enhance this partnership will be encouraged and supported.
- Staff members will be encouraged to attend interagency and network meetings of relevance to the business of MHACA.

Quality Service Provision

- Adequate measures must be taken to ensure the effective and efficient management of MHACA. This will be achieved through the appointment of an effective and innovative Management Committee.
- Annual Service Planning workshops and independent annual client evaluations.
- Ongoing and relevant training opportunities will be provided to members of the Management Committee, staff and consumer representatives.

Documentation

- MHACA activities and outcomes are documented for the purpose of record keeping, accountability, promotion and review. Quality Control and monitoring require that client records be maintained on a database and regularly updated.
- Client Services and the Life Promotion Program will collect relevant and appropriate statistics that will be collated for the purpose of informing relevant stakeholders and providing information that can direct service planning. Any cause of concern must be reported to and addressed by the General Manager or appropriate member of staff.

Code of Conduct

- The Code of Conduct is a set of rules outlining standards of acceptable and non-acceptable behavior at work. A copy of the Code of Conduct is provided to all staff on recruitment and all committee members upon their commencement.
- Consumers are also provided with a copy of the Code of Conduct in addition to information outlining Consumer Rights and Responsibilities as part of their orientation to the Service. Failure to abide by the Staff Code of Conduct may lead to dismissal from MHACA. A full copy of the Code of Conduct for staff, committee members and references for clients and visitors to MHACA is contained in [Appendix E](#).

Entry to the Service

• Access to the Service

MHACA accepts referrals from anyone who identifies as having a mental health support need. Clients can self-refer or can be referred by a carer or another service. The client must consent to the referral. Referrals can be received in person, by phone, fax, post or email.

• Intake Procedure

On referral to MHACA, a client takes part in an intake process involving a nominated Support Officer, an orientation package and the development of what is known as a Wellness and Recovery Plan (W&RP).

• Assessment and review

Assessments are required to determine functional abilities and readiness of a consumer to participate in programs including employment opportunities. Reviews take place every three to six months to allow the opportunity to check on possible progress or challenges and to go over the goals that were initially set.

• Therapies and medications

MHACA staff members, in consultation with the Central Australian Mental Health Service (CAMHS), will ensure that appropriate medications, psychotherapies and information are provided in a manner that promotes choice and safety. Any concerns that are raised by consumers or staff related to medications will be followed up with the clinical mental health service.

- **Discontinuing with support from MHACA**

Clients will be provided with the opportunity to plan for discontinuity of support from MHACA. Every effort will be made to assist in a smooth transition away from the service. Clients can return to the service for appropriate support should this be required.

- **Referral to Other Services**

Clients must give their consent to be referred to a service or organisation other than MHACA.

- The referral form from the outside agency will be completed by MHACA's staff member if there is an appropriate form available.
- If not, the MHACA referral form will be used and the agency will be called and asked how they wish to accept the referral information. A copy of the referral form is filed in the client's file. ([See Original Forms File](#))

Medication

MHACA staff members to NOT manage the Consumers/Clients medication. However staff can provide information about medication, its benefits and adverse effects for clients **in consultation with clinicians**. [Refer above "[Therapies and Medication](#)" in 'Entry to the Service']

All staff members are encouraged to gain an understanding of medication treatment and its effect and impact on consumers.

Client Files

MHACA maintains client information on a database and in paper files for the purpose of ensuring accurate records, to assist with client care and planning and for statistical purposes and reports. Progress notes are recorded whenever a client is provided with care and on every new contact, or when client condition has changed /or when any incident occurs that relates to the client.

Clients are able to access and read their files, with the exception of cross- reference to co-consumers. All recovery plans and consents to participate must be signed and dated by clients, or their representative / carer.

All correspondence is dated on receipt and placed in the client file. All client records are securely stored in respective office facilities, which are locked when unattended. No files are to be removed from the office vicinity without clearance of the General Manager or Senior Manager/s.

Client/Consumer files must include essential details as prescribed in relevant forms.

([A listing of all forms can be found in Appendix I – Forms File](#))

Client Progress Notes

Client notes should be recorded in the following way:

- Write neatly, preferably in black pen.
- Date and time each entry.
- Sign each entry.
- Write simply – state the facts – be brief.
- Re-read your entry and be conscious of the key principles of clients/consumers rights.
- Record exceptions to the care plan.
- Record changes in the client’s behaviour or physical condition.
- Record risks to you (OH&S issues).
- Record accidents and incidents.

After Hours Support and Emergencies

The Sub-acute Prevention and Recovery Program can determine an after hours procedure in consultation with the Service Manager, CAMHS Case managers and the Crisis Assessment Team (CAT).

Mental Health Emergencies must be referred to the Crisis Assessment Team of CAMHS.

Should an after hour’s emergency require contacting MHACA Management, the appropriate member of staff can be phoned. All senior managers are required to make themselves available for urgent matters on a roster system

In the event of a suicide that occurs in Central Australia outside of normal working hours, the Life Promotion Program Coordinator will receive the information via text message from the Alice Springs Police and follow suicide response procedures on the following working day. The police will also contact the Crisis Assessment Team of CAHMS to alert them to this incident.

Supported Accommodation tenants can contact MHACA’s after-hour’s number (diverted after hours) in the event of an emergency related to a housing issue. The Crisis Assessment Team must be notified in the event of a mental health crisis.

EMERGENCY CONTACT NUMBERS	
ALICE SPRINGS HOSPITAL (CATT)	(08) 8951 7777
DIRECT POLICE ASSISTANCE LINE	131 444
EMERGENCY SERVICES	000
LIFELINE	131 114

The MHACA message bank after hours includes directions and details for the above listed Emergency contacts.

3.3 CRITICAL INCIDENT PROCEDURES

Critical Incident Definition

A critical incident is any serious or potentially serious event, which impacts upon the safety of a consumer, a staff member, family, carers and/or members of the general community.

Critical incidents involving clients or consumers of MHACA must be assessed in the context of the individual client, their history and patterns of behaviour.

All critical incidents must be documented on the critical incident form (see Forms) reported appropriately (see Critical Incident Flow Chart) and responded to immediately.

A Critical Incident in the context of MHACA may involve the following:

- A client presenting with marked changes in their mental health requiring immediate assessment, admission and/or possible police assistance.
- The client is a risk to him/herself or is a risk to others and/or without intervention is likely to deteriorate.
- A client has physically harmed him/ herself or is threatening or attempting to do so.
- A client or any other person is threatening or attempting suicide and it comes to the attention of a MHACA staff member.
- A client or any other person has died as a result of suicide.
- A client is exhibiting disruptive and challenging behaviour that may be threatening and harmful to the client and others.

Staff safety

MHACA staff members must ensure that their own safety is not compromised before providing interventions for clients and/or members of the public. If a staff member has sustained injury they are to solicit assistance for themselves and any others in the first instance. All staff must ensure they are carrying allocated MHACA mobile phones when visiting community and individual homes.

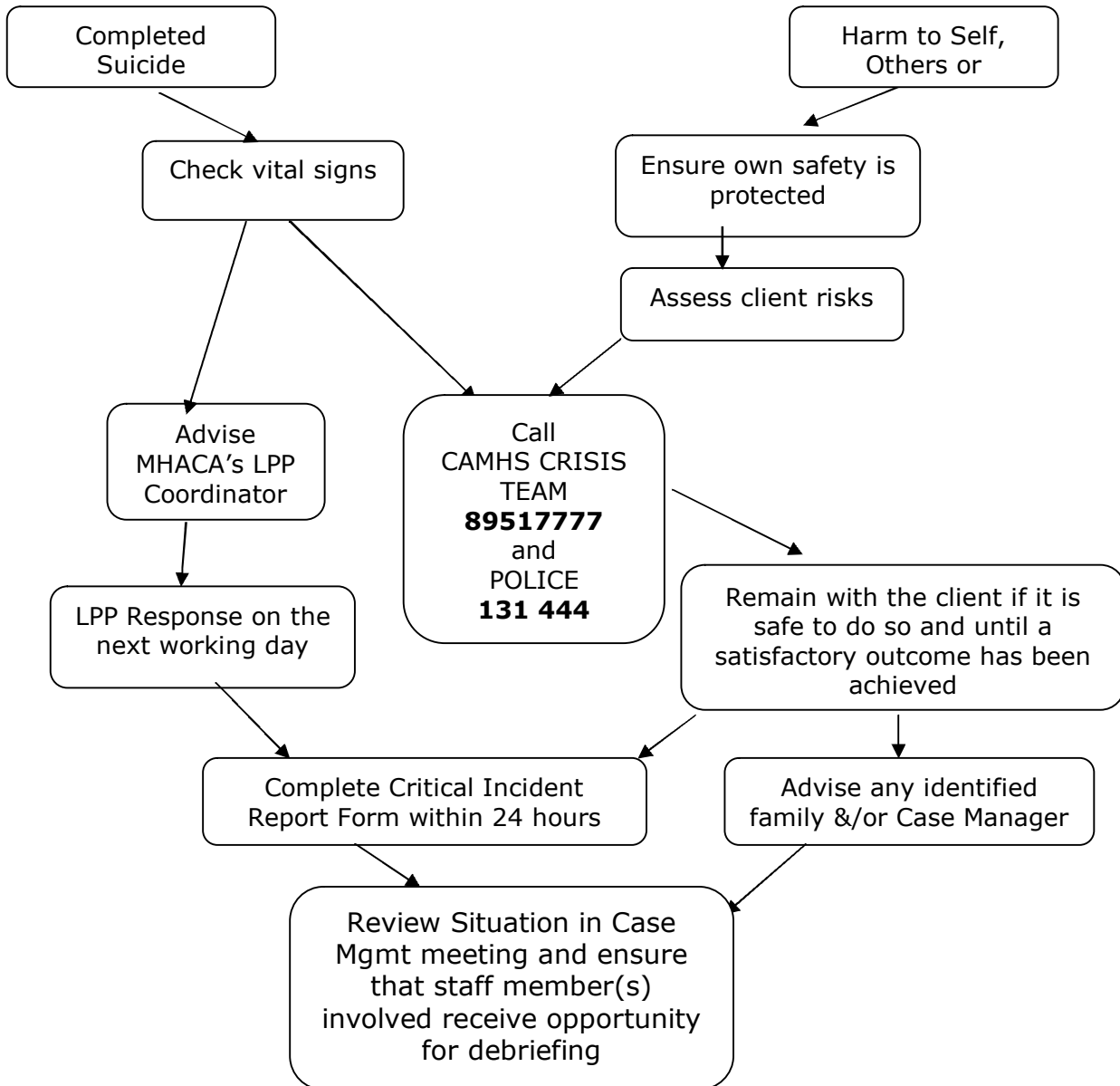
Consultation prior to community visits should determine whether two staff members should attend to provide added safety, however if staff are uncertain of their safety they can discuss the situation with the Service Manager.

Staff members must contact CAMHS Crisis Assessment Team if an incident occurs outside standard working hours, as per policy and procedure guidelines.

Critical Incident Flow Chart

In the event of a critical incident that involves the presence of a staff member

CRITICAL INCIDENT



[See Stress and Trauma Management Policy](#)

[See Suicide Response Protocol](#)

Challenging and or abusive Behaviour

In the course of the day-to-day operations of programs and service delivery, critical situations may occur which may be due to a number of factors including but not exclusive to the deterioration in mental health of the consumer, or as a result of drug use.

There may be a valid reason for the behaviour and it is important as a worker not to make assumptions prior to gaining more understanding of the situation, there is always a functional message communicated by behaviours. Should a client's behaviour be challenging, abusive and/or aggressive it is important that staff members follow some basic steps.

- **Stay calm** and try not to increase the tension by appearing angry or agitated.
- **Consider the environment.**
If there are likely antecedents in the immediate environment try to suggest or begin moving towards a more neutral environment with the person.

Identify potential risks and/or weapons as well as your escape strategies.
- **Try to keep your voice even and low** and explain that you would like to work this situation out and that you can see that they are angry or whatever emotion is being expressed.
- **Try to find out why they are feeling angry.**
Act professionally, stay in control and try not to personalise the situation. Reflectively listen to the person without interpreting their issues.
- **Seek help and support** if necessary and ensure that you are safe.
- **If you are not able to communicate effectively**, then explain that you will talk with them when this is possible once things have calmed.
Identify the time to talk about this immediately and make it as soon as practically possible.
- **Don't demean them** for this behaviour by telling them it's childish or that you don't talk to people who yell at you.
Try to identify what their behaviour is trying to tell you.
- **Don't attempt to stop the expression of anger unless it gets beyond control.**
Some anger expressed can help to reduce anxiety and may be valid in the context of their recovery.
- **Allow for a cooling off period** and suggest to make another time to resolve the issue.
- **If the incident is related to MHACA's service**, then refer the client to the complaints policy.

- **Record the incident in written notes** to be filed in the consumer's file for further reference and try to identify the cause of the outburst.
Also - provide your supervisor & the General Manager with a written report of the incident.
- **If the incident becomes unsafe** for you and/or the client then seek assistance from other staff or [refer to the critical incident procedure.](#)
- It is the responsibility of the General Manager and/or Service Manager to ensure that staff members involved in critical incidence **receive appropriate debriefing and follow up counselling** if required.

3.4 CONTINUITY OF CARE

Integration of MHACA Services and Programs

Clients who receive support as part of the Prevention and Recovery Program can also be linked into the Pathways program, but may require additional staff support to do so.

At point of discharge from the *Prevention and Recovery program*, clients may continue to receive support from the Pathways program.

The *Life Promotion Program* is available to all staff members to seek specialised advice and information regarding concerns of client suicidal behaviour.

Other Services

All MHACA programs work in collaboration with other services in order to maximise the opportunities and supports available for clients to reach their goals. It is expected that all staff members will receive orientation to all the relevant services available in Alice Springs to ensure a comprehensive care plan for clients. Clients must consent to any referrals to other services and organisations.

Intake Meetings

Service Manager and Support Officers meet weekly to determine identified issues in Intake Meeting. Meetings are recorded and provide staff with an opportunity to discuss new referrals, care delivery, clients changing needs and risks. This meeting ensures that all staff members are aware of each other's caseloads and if leave is required, that it does not interfere with the continuum of care for clients.

Monthly case meetings are held with CAMHS to provide a forum to identify consumer concerns in joint case-management. It is encouraged to maintain collaborative relationships.

Measuring Consumer Support Needs

Consumers are classified into level of need that is measured by the number of contact hours required of support officers. This system of classification is helpful in monitoring client needs and recovery, ensuring that clients receive adequate support and ensuring that support officers hours are distributed evenly and appropriately. Consumers who are on the mental health ward are also classified according to level of need.

- **High Support needs:** Generally receive daily or frequent weekly contacts
- **Medium support needs:** A minimum of one or two weekly contacts
- **Low Support Needs:** Fortnightly or irregular contact
- **Inactive:** No contact for several weeks and possible discharge over the next month

3.5 ACCESS

MHACA is funded to provide services and programs for people who identify as having a mental health issue and who choose to actively participate in their planned recovery and support. Consumers may or may not have a clinically diagnosed mental illness.

Client services are currently provided to people living or visiting Alice Springs. The Life Promotion Program operates in Alice Springs, Tennant Creek and remote communities.

Visitors and consumers are encouraged to make appointments to meet with support staff if required, however MHACA is also available for informal access during office hours. Consumers are welcome to drop in and make use of the kitchen facilities for tea or coffee.

General access to MHACA offices is between the hours of **08:30 to 16:30**. These are the designated hours for consumers to meet with staff, attend group activities, meet with peer supports and receive information.

Visitors might include potential clients, carers, family, friends of consumers and any other people interested in the work of the association. Visitors are welcome at MHACA and in so doing must also abide by the conditions and safety policies of the service.

Prioritising Need

If the situation should arise where demand exceeds the capacity of MHACA services, staff and programs to allow immediate access, then a process to prioritise access will be implemented. Any client declined service must be approved by the General Manager.

New Referrals

Any person wishing to access the services and support provided by MHACA must participate in the initial referral process. Participation is voluntary, and can be withdrawn at any time on request.

Self Referral

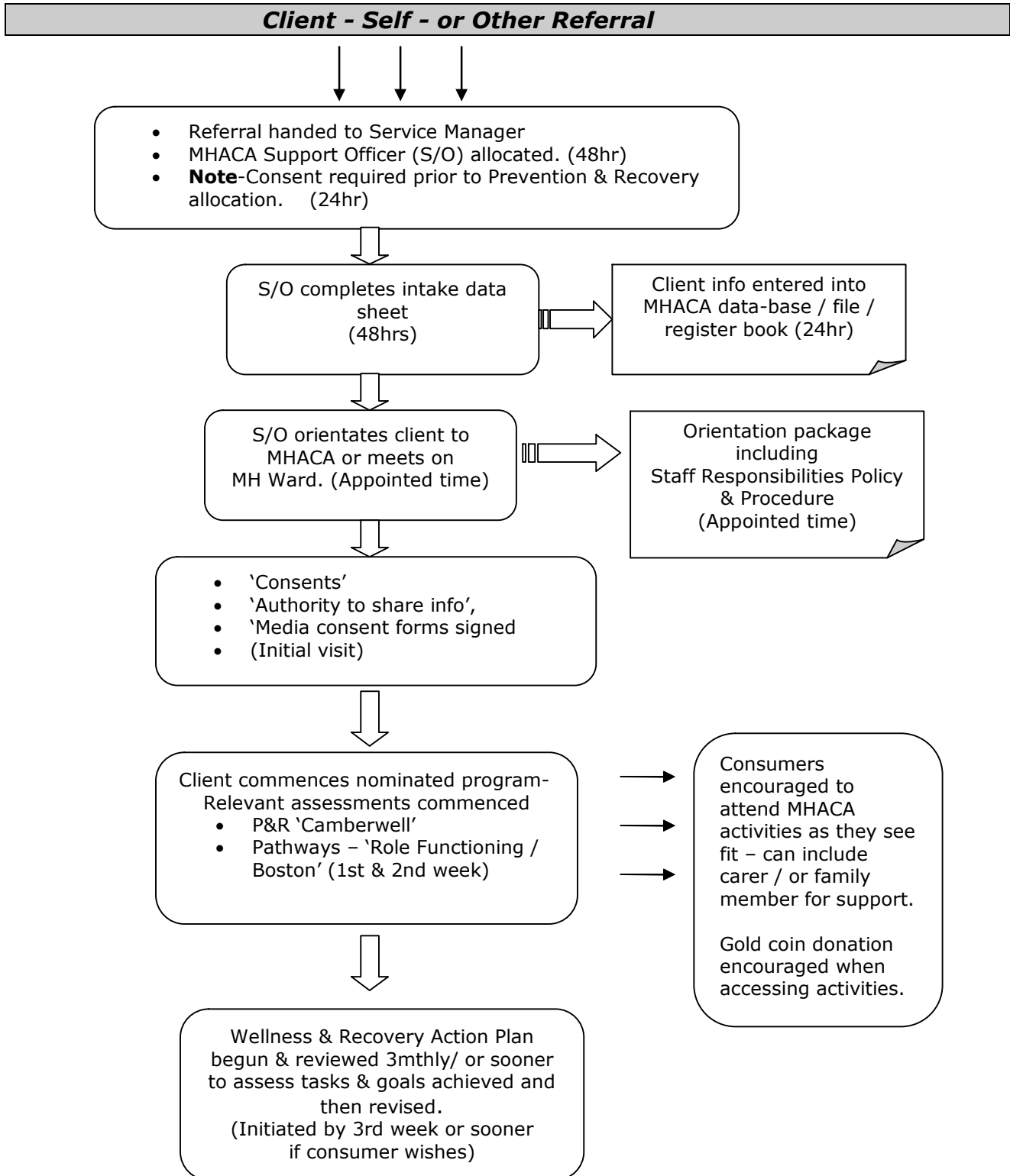
A person can self-refer and on completing a referral form will be eligible to receive support through the Pathways program. Forms are available from MHACA and CAMHS.

Standard Referral

A client can be referred to MHACA by a recognised service provider. The client must consent to the referral and understand the relevant information contained in the referral.

3.6 ASSESSMENT AND INTAKE

MHACA Referral and Intake Flow Chart



Assessment

Once a client consents to participate in the programs offered at MHACA, they must participate in an assessment process that will determine the appropriate level of support and type of support required. The assessment tools include the Role Functioning Scale, the Readiness for Rehabilitation Assessment and the Camberwell Assessment.

Key points of the assessment process are:

- Ensure the assessment process occurs within two weeks of referral and consent
- Assessment must factor in the consumers living situation. Who do they live with, who cares for them and how do they live?
- Assessment must identify the person's physical and mental health and any medications they are taking, including if they self-medicate. Are there any known side effects that impact upon their abilities to function within the confines of their recovery?
- Assessment must consider the person's functional abilities. What are they capable of doing for themselves and what do they find challenging?
- Assessment must consider the person's financial situation. Can they manage their own finances and are they aware of any Centrelink entitlements? Do they have any debts that may be impacting on their ability to function well?

At the end of the assessment the Support Officer must check the Assessment Checklist to make sure that all points that should be covered have been completed.

Orientation and Intake Procedures

On referral and after an assessment has taken place, consumers will receive a formal orientation to the organisation and the range of services it provides. Clients will be welcomed by a support officer who will provide a physical tour of the organisation, introduce the consumer to staff and explain the services available at MHACA.

The details of the most appropriate program (determined at assessment) will be explained to consumer, as will the consumer's rights and responsibilities.

Once the consumer has agreed to participate in the program a number of forms need to be completed and details gathered. The support officer will transfer consumer details from the relevant referral forms to the database and create a consumer file with a file reference number.

The consumer is made aware of the complaints procedure and right to an advocate, the confidentiality of information and any fees for services. The client is asked to sign a Client Consent, Authority to Share Information and Media Consent Forms.

Ineligibility for service

- A client may prove to be ineligible for support from MHACA. If this is the case they must be provided with an explanation of why they are ineligible and provided with alternative service provider if appropriate.
- The complaints process should be explained to the client as they may not agree with the decision that has been made.
- Approval to 'decline service' must be authorised by the General Manager.
- Information regarding ineligibility of service should be recorded on the MHACA database.

Special Needs Clients

All MHACA clients have special needs in that they are seeking support for mental health issues. However, some clients may require additional support because they have language and cultural needs, low levels of literacy or other factors requiring special attention.

MHACA endeavours to ensure that the service is inclusive of special needs and support officers can access specialist advice and assistance if required when working with additional client needs.

Indigenous Clients

MHACA will endeavor to provide Aboriginal and Torres Strait Islander clients with culturally appropriate services in collaboration with local Indigenous service providers. Staff will receive compulsory Aboriginal Cultural Awareness Training (ACAP) or other relevant training to assist them in their role.

Support Officers will ensure that information regarding the assessment, review, care plan and services is clearly explained and understood by the client, carers and their family. Where possible, resources will be sought or developed that cater to the needs of Aboriginal and Torres Strait Islander clients and their families.

Accessing Traditional Healers

Indigenous clients may determine the need to receive traditional healing, if a client is unable to identify their own healer – extended family can be consulted to assist.

- Liaise with Congress – Social & Emotional Wellbeing, CAMHS Remote Team and/or NPY Women's Council can also assist to identify appropriate persons.

Fees for Service:

- Approval for meeting costs of service fees for accessing and using traditional healers are decided by CAMHS – if the client has a CAMHS Case manager.
- Negotiation is through the Mental Health Remote Team Leader prior to arranging consultation, with relevant request form completed.
- Independent MHACA clients should discuss costs with family or pay personally;

- Under *certain circumstances*, costs may be met by - in consultation with Senior Managers.

Clients from Culturally and Linguistically Diverse Backgrounds (CALD)

Clients from culturally and linguistically diverse backgrounds (including Aboriginal and Torres Strait Islander clients) may prefer to have access to an interpreter when receiving or providing information relevant to MHACA services. Staff members will endeavour to provide an interpreter service in person or via telephone. Workers will also ensure that cultural practices and beliefs are respected and understood in the context of mental health.

Clients with low literacy levels

Staff members will endeavour to ensure that information provided to clients with limited literacy is understood. Tools that can assist with this process will be accessed for this purpose. Simplified language, visual aids and larger print will be used if required.

Young People / Youth

Young people affected by mental health issues are encouraged to seek support in collaboration with local youth service providers who have experience and expertise in working with young people. MHACA can provide support and training in suicide intervention skills and mental health first aid for youth workers. MHACA staff members will receive training in the specialised area of mental health provision for young people in an effort to better support the needs of young people who may wish to access the service.

Older People

MHACA will provide support where identified, to assist older people with a Mental Illness. Liaison with specific aged care agencies such as the Alzheimer's Association, Dementia support workers and Aged Care providers would be a key part of any assessment and subsequent service plan for the client.

Other Special Needs Groups

The key primary diagnosis for all clients/ consumers must be a mental health issue, however MHACA will support clients who have secondary issues in collaboration with relevant agencies. Training may be sourced locally if required to assist staff members in supporting clients with other special needs such as physical or intellectual disabilities.

3.7 DISCHARGE

- Consumers may choose to cease receiving MHACA services or may be required to seek other care options if their care needs exceed those MHACA can provide.
- Support Officers can discuss discharge with consumers if the outcomes that a consumer has set for him or herself have been achieved and the goals met.
- The support officer must ensure that an exit plan is undertaken to ensure a smooth transition away from the support previously provided. Particular attention should be given to identifying ongoing training and/or employment, participation in sport and recreational activities and social integration with family and friends.
- Consumers who have been discharged can re-access services if required in the future.

3.8 WORKING WITH ABORIGINAL PEOPLE IN THEIR COMMUNITIES

MHACA staff members will sometimes be required to work with Aboriginal people in their place of residence in and around Alice Springs, Tennant Creek or in remote communities.

This might include:

- The provision of support and care requiring entry into a town camp
- The delivery of suicide awareness, ASIST or mental health first aid training in a town camp or remote community
- The work of the Life Promotion Program that involves meeting with community leaders, and other community members to develop suicide prevention strategies

Certain protocols apply for any staff members visiting Aboriginal people in their communities.

Visiting Remote Communities

Staff members will ensure that they are respectful of Aboriginal cultural practices and community business. New members of staff must be given the opportunity to shadow a more experienced staff member or a worker from a relevant local service when they first enter an Aboriginal community.

Staff members may receive a request to visit a community. If so, they should reply on behalf of MHACA and ensure that the Community Council is aware of the request and that it is approved by the Council.

Once approved, ensure that MHACA has an up to date permit for staff members to enter this community. The Central Land Council is responsible for the issuing of permits to enter Aboriginal land.

Confirm the date and time of your visit and prior to leaving Alice Springs, check with the community contact if there is any cultural business that needs to be observed or that may restrict access.

Upon arrival in the community, check in with the community council.

If a staff member wishes to visit a community but has not been invited to do so, they need to contact the Community Council to request access and gain approval for their visit.

Town Camps

Tangentyere Council is responsible for the management of the town camps and must be notified of any request to visit for work purposes.

Key Protocols

Code of Dress

Staff members must ensure that they are appropriately dressed when working in Aboriginal communities and town camps. Clothing should be comfortable and non-offensive. Shorts, long pants or long skirts and non-revealing shirts, tops or T-Shirts would be appropriate.

Cultural Consultants and Interpreters

If possible, staff members who are working in Aboriginal communities should engage the support and assistance of an interpreter or a cultural consultant required. This will assist in gaining the trust of the client or community members and will provide valuable assistance to the worker role.

The Aboriginal Interpreter Service (Alice Springs) is a Northern Territory Government Service. For information on Services and Fees:

Phone (08) 8999 8353 or [click here for the NT Government website link:](#)

<http://www.nt.gov.au/dlghs/ais>

Clear Speech

It is important to speak clearly and in plain language avoiding acronyms and bureaucratic jargon. Workers should be aware that hearing impairment as a result of ear infections are health problems in many Aboriginal communities, so workers should enquire if it is necessary to speak loudly.

Photos

Depending on the purpose of the visit to community, it may be inappropriate to take a photo of a meeting or activity for the MHACA newsletter.

Refer to [Section 8.5 \(Photographs\)](#) for information on steps that need to be taken.

Research

Any research proposals must be discussed with the Management Committee and must be processed through the Ethics Committee based at the Centre for Remote Health.

Aboriginal Art Work

MHACA may require the services of Aboriginal artists to provide work for promotional or training purposes. Copyright legislation should be considered and appropriate payment negotiated for use of work and any reproductions produced.

Mental Health Association of Central Australia	Date amended:
	Date approved by Committee:

SECTION 4 – CLIENT RIGHTS AND RESPONSIBILITIES

NSMHS 3: Consumer and Carer Participation
 NSMHS 7: Cultural Awareness

4.1 MHACA CONSUMER RIGHTS AND RESPONSIBILITIES

Consumers are informed of their rights and responsibilities by a nominated support officer as soon as practical, in a manner that is understood both written and verbally, where possible with a nominated family, carer and or advocate at a time when the consumer is in a state of wellness.

In all references to consumers this includes their identified family member /s, carer, legal guardian or nominated advocate unless otherwise stated by the consumer. Encouragement is sought for participation of *significant others* in the support of a consumers care.

*'The right of a consumer **not to have** others involved in their care is recognised and upheld to the extent that it does not impose imminent serious risk to the consumer or other person/s'*

Clients of MHACA have the following rights and responsibilities.

RIGHT TO	RESPONSIBILITY FOR
<ul style="list-style-type: none"> • <i>Be treated with respect and dignity</i> • <i>Ask for what they want</i> • <i>Privacy and confidentiality</i> • <i>Ask for honesty</i> • <i>Express own feelings</i> • <i>Be listened to and taken seriously</i> • <i>Be safe from physical, emotional, mental, sexual and financial harassment</i> • <i>Set own priorities</i> • <i>Make mistakes</i> • <i>Make decisions</i> • <i>Participate in decision making of</i> 	<ul style="list-style-type: none"> • <i>Treating others with respect and dignity</i> • <i>Not abusing others</i> • <i>Accepting the answer received</i> • <i>Telling the truth</i> • <i>Being honest</i> • <i>Respecting other's feelings</i> • <i>Not ridiculing others</i> • <i>Not endangering others</i> • <i>Adhering to own choices</i> • <i>Accepting other's mistakes</i> • <i>Accepting consequences of own decisions</i>

<p><i>MHACA</i></p> <ul style="list-style-type: none"> • <i>Available information, advice, support in relation to mental health disorders and treatment</i> • <i>Ask for an apology</i> • <i>Self-respect and self-esteem</i> • <i>Be given information about MHACA and other supports services</i> • <i>Establishing own recovery plan</i> 	<ul style="list-style-type: none"> • <i>Work in cooperation with others as part of a team</i> • <i>Accepting support being provided</i> • <i>Apologising to others when due</i> • <i>Valuing others skills and efforts</i> • <i>Abiding by MHACA policies and procedures</i> • <i>Self-assessing of progress</i>
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- Legal guardians, advocates or carers are to be acknowledged in respect of the powers invested to them on behalf of their ward, to the extent stipulated in the guardianship or advocacy arrangements.
- The consumer, family and / or carer (if approved by the consumer) should be fully involved with all decisions in assessment and care planning. They should be aware of all the options available, and any fees to be charged.
- Consumers should be made aware of the standard of service, which they can expect.
- Services should be provided in a safe manner, which respects the dignity and independence, is responsive to the social, cultural, religious and physical needs of the consumer, family and / or carer wherever possible.
- Consumer’s access to services should be decided on the basis of need and the capacity of the service to meet that need. Clients have the right to refuse a service and refusal should not prejudice their future access to services.
- Consumers’ views should be taken into account in the planning and evaluation of the service. Encouragement to become consumer representatives in the delivery of MHACA services through committees, interview panels and forums should be offered to support leadership and confidence skills.

MHACA Client/Consumer Responsibilities

- Consumers accept responsibility for their personal recovery planning process and adhere to the MHACA rules when participating in services.
- Consumers should let the office or support officer know when there are changes to agreed appointments and planned activities.
- Consumers should act in a way, which respects the rights of other consumers, MHACA staff and visitor’s to the office free from any form of harassment.
- Consumers are encouraged to recognise and understand personal responsibility for the actions and outcomes of decisions they make and any impact upon others.

Privacy and Confidentiality

Consumer and staff relations remain in all circumstances privileged and confidential. Details are exchanged in confidence.

No disclosure to outsiders, other members of staff or other consumers, unless pertinent to an individual program and case management, but always subject to the expressed authority given by the consumer.

For the protection of information consumers are requested to sign an *Authority to Share Information* form for purposes of informed consents to share information between allied service providers, family and carer's.

Interviews and consultations should be conducted in privacy unless there are identified safety issues.

Consumers must be free to attend MHACA services without pressure from peers, staff and visitors into divulging private information about themselves for others personal gain.

Clients Right to Access Information

The consumer (or with their permission, their carer) has access to all information relevant to himself or herself held by MHACA.

Complaints

Consumers/service providers/community members have a right to complain about the service they are receiving without duress or retribution and should be encouraged to provide their complaint as they help improve service delivery.

Complaints should be dealt with fairly and promptly. The complainant may / is offered an advocate of their choice to represent his/her interests if required and encouraged to continue in accessing the service.

Complaints Procedure

Should be in writing and support offered if the complainant has sight and literacy problems by an independent person / advocate.

Step1.

Complaint received by Senior Management member who is not subject to the complaint.

Step2.

Nominated Senior Manager investigates complaint as soon as practical, without delay.

- Advice must be provided to the General Manager if not involved.
- With the staff member concerned in the first instance; an apology may be enough to restore peace and good will.

- If not resolved, the consumer may use an advocate and in a conciliatory meeting between senior manager, staff member and consumer will try and resolve the complaint.
- If still unresolved the consumer should be encouraged to raise the issue with the management committee in a letter to the Chairperson.
- If further unresolved, the management committee may link the consumer to an external advocacy service who will approach the management committee to discuss further and finalize the matter.

Step3.

Advise the consumer of the outcome of their complaint.

Note:

If Senior Management are subject of the complaint an appointed member of the Management Committee will take up the process of responsibilities for the complaint.

Confidentiality of Complaints

- Details of the complaint are confidential amongst those parties directly concerned and management committee members.
- Any external consultation should have consent of complainant.
- Breach of information is subject to Code of Conduct guidelines.

4.2 CLIENT ADVOCATES

Definition

The formal recognition of an identified person appointed to represent interests and involvement of consumer who may be incapacitated to the degree of decision making and managing personal affairs.

This may mean an independent Guardian appointed under provisions of the Mental Health Act to administer all legal and financial affairs.

Procedure for Appointing an Advocate

Identifying Advocates

- Advocates should not be staff members of MHACA.
- In first instance a person of choice nominated by the consumer and preferably a family member in the first instance.
- Local DisAbility and Legal services may be identified if the consumer has no immediate family / carer or personal associates. Being mindful of any financial costs that may be incurred for accessing legal aid services.

Documentation

i) *Guidelines For Advocates*

ii) *Authority To Act As An Advocate*

Information should be discussed with the consumer and their nominated advocate. If agreed by both persons then [Authority To Act As An Advocate](#) should be signed for MHACA purposes of consultation.

Responsibilities

- The consumer has given written authority for advocate to act in their interests
- MHACA is made aware of advocate's identity and role
- Advocate acts in the best interest of consumer at all times without seeking personal gain
- The advocate is fully advised and participates in consultations with other allied service providers, where practical the consumer should attend
- Involved in development of Wellness and Recovery Plan
- Able to attend MHACA programmed activities in support of consumer
- Advises MHACA of any changes required in supports and appointments

Section 4: Client Rights and Responsibilities

- Advises MHACA of any potential risks to consumers welfare and changes of circumstances
- Supports in providing complaints or satisfaction survey responses to service with / or on behalf of consumer
- If conflict of interests occur between advocate and consumer and third party mediation can not resolve conflict, advocate should withdraw from position in best interest of consumer

Advocacy Services

• Aboriginal Interpreter Services	(08) 8951 5576
• Aboriginal Legal Aid	(08) 8950 9300
• Aged Care Advocacy –Centacare	(08) 8953 8012
• Aged & DisAbility Advocacy	1800 70 0600
• Anti-Discrimination Commission	(08) 8951 5818
• Community Visitor Program (via)	(08) 8999 1451
• DisAbility Advocacy Service Inc.	(08) 8953 1422
• DisAbility Services and Liaison	(08) 8951 5177
• DisAbility Discrimination Commissioner (Federal Govt)	(02) 9284 9600
• Human Rights & Equal Opportunity Commission (Federal)	1300 65 6419
• Legal Aid Commission	(08) 8951 5377
• Multicultural Community Services of Central Australia	(08) 8952 8776

4.3 RIGHTS AND RESPONSIBILITIES OF MHACA STAFF

The 'service provider' refers to any member of the MHACA staff, inclusive of committee representatives.

All staff members MHACA are bound by the ethical values of **Responsibility for Duty of Care** for people accessing services that impact on their social, physical, mental and emotional wellbeing.

RIGHT TO	RESPONSIBILITY FOR
<ul style="list-style-type: none"> • Acknowledgment of professional qualifications and capabilities. • Recognition of contribution to the care of consumers. • Advocacy in as far as possible in treatment processes. • Work in optimal conditions of service delivery and employment including the right to ongoing training and a safe and supportive work environment. • An active involvement in the planning and management of services. • Contribute to the development and regular review of standards for the evaluation of services including both the process of service provision and the outcome of treatment. • Representation in the development of mental health policy and service delivery guidelines. • Access to mechanisms of complaint and redress. • Expect that mental health services will be administratively integrated with general health care services while retaining their specialised focus, identity and funding. 	<ul style="list-style-type: none"> • Adhere and Model appropriate behaviour as outlined in the to MHACA Code of Conduct. • Protect consumers from duress and harassment from others attempting to achieve personal gain. • Staff, whilst in the execution of their duties, are NOT to borrow items from clients (Refer Code of Conduct.) • Provide the highest quality service to the consumers, carers and advocates in line with their training and recognised professional practice. • Inform and involve the consumer and their carers' about options for service and support available to them at recovery stage of assessment, treatment and rehabilitation. • Be responsive to the diverse social, cultural, spiritual, emotional, religious and physical experiences and needs of consumers, carers' and advocates. • Inform consumers of their rights and responsibilities including mechanisms of complaint and redress.

Section 4: Client Rights and Responsibilities

<ul style="list-style-type: none"> • Rights to retain <i>privacy of personal information</i> in the execution of their duties from consumers, peers and visitors. To not divulge personal information to consumers that may impact upon that consumer's general and emotional wellbeing for personal gain. 	<ul style="list-style-type: none"> • Recognise the role of the carer and to be responsive to his or her need for education, training and support. • Respect the privacy and confidentiality of consumers, carers and advocates. • Deal with a consumer or his or her carers' complaints fairly and promptly and without duress and retribution. • Promote the best interests of children and adolescents whose parents or caregiver is suffering from a mental health disorder. • Ensure the involvement of consumers, carers' and advocates when planning, managing and evaluating mental health service provision. • Keep adequate databases and monitor outcomes for consumers; and • Ensure their knowledge base is in line with current trends in care and treatment.
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<p>Mental Health Association of Central Australia</p>	<p>Date amended:</p>
	<p>Date approved by Committee:</p>

SECTION 5 – RECORDS MANAGEMENT

NSMHS 5: Privacy and Confidentiality

NSMHS 9: Service Development

NSMHS 10: Documentation

5.1 KEY DOCUMENTS

Policy and Procedure Manual

The General Manager is responsible for implementing and ensuring the accuracy of the Manual. The Administrator is responsible for the maintenance of the Policy and Procedures Manual and ensuring the Original Forms File is up-to-date.

The General Manager reviews all policy and procedures and ensures the Management Committee has endorsed all policy and procedures prior to implementation. A copy of each form used by the service is kept in the Original Forms File.

Updating the Policy and Procedures Manual:

1. When the need for changes is identified, the senior managers will develop draft changes. Other staff are involved in this process to promote ownership of procedures and to utilise the expertise available in the service.
2. Draft changes are presented to the next meeting of the Management Committee for review and endorsement. The decision of the Management Committee must be recorded in the minutes of the meetings. Policy and procedures are not valid until endorsed by the Management Committee.
3. Once the Management Committee approves changes the General Manager advises the administrator to make the changes to the Policy and Procedures Manual.
4. The Administrator keeps the electronic copy of the procedures as the master copy and is the only person authorised to print the amended procedures.
5. Update the Table of Contents on the Section page and the main Table of Contents if necessary.
6. If adding a new form, include the form in the Table of Contents of the Original Forms File and make sure the form is referenced in the Policy and Procedures Manual. *(Every form in the Original Forms File must be referenced in the Policy and Procedures Manual.)*
7. Advise staff of changes to the Manual and to forms either through a staff meeting, a memo or a training session.
8. Archive the old information (see below).
 - The Administrator will control the original Policy and Procedures Manual and the Original Forms File. Copies can only be made with the authority of the General Manager and must be kept to a minimum.

- One (Master) paper copy of the Manual is kept at the office at all times for staff to access.
- All Senior staff have access to an Electronic copy and hard copies are supplied on request and as approved by the General Manager.
- The Administrator is responsible for tracking the location of any copies and for ensuring that they are updated when the originals are updated.

Archiving Policy and Procedures

Refer to [Archiving Policy \(5.4\)](#)

Review of Minutes of Management Committee Meetings

The General Manager is to review the minutes of each Management Committee meeting for decisions that need to be recorded in the Policy and Procedures Manual.

The procedure for updating the Manual is followed ([See Updating the Policy and Procedures Manual](#)).

5.2 CLIENT INFORMATION

Storage of Client Information

Client records are kept in a securely locked filing cabinet located within MHACA's premises. Staff working within the client services programs can access files. Life Promotion staff can access files related to the Life Promotion program.

Client files are to be locked away if the building is unattended. Approval to access client files by a person other than approved staff members must be obtained from Senior Management.

The procedure for opening client files and file movement is:

- An individual file is created for each client following a written or verbal referral to MHACA and initial assessments are completed. (*Copy of dummy file with relevant forms to be accessible to staff*).
- No Files are to be removed from the office unless approved by Senior Management.
- Files must be stored in the filing cabinet when not in use and not left visible to visitors when open, i.e. on staff desks.
- Senior Managers hold keys to the filing cabinet and staff must be responsible for the safe return of files by close of business each day.

Archiving of Client Records

When a client leaves the service their record is held in an alphabetical filed 'in-active folder' for a year. After this time the file is archived on site.

If a client returns to the service their file is retrieved from the archives.

Client Access to Information

See Client's Rights to Access Information in [Section 4: Client's Rights and Responsibilities](#)

5.3 GENERAL INFORMATION

Staff Records

Staff files are kept in a filing cabinet in the Administrator's office and are available only to the Administrator or Senior Management on request. The filing cabinet is locked when the office is unattended.

Staff Access to Staff Files

Refer to [Section 9.2 Employee Files](#)

Computer Records

Refer to [Section 10.3 – Computer Systems](#)

Accounts Information

Accounts information is maintained in MYOB and paper-based information filed in lever arch files in the office of the Administrator.

Other Administrative Information

- All other administrative information including funding and financial information and general filing is maintained in the filing cabinets in the Administrator's office. The cabinets are locked out of hours and when the office is unattended for a lengthy period.
- The Administrator is responsible for maintaining the filing system including the filing of information.
- Each file in the filing cabinet should have its own suspension file with the file name showing on the tab e.g. Advertising, Finances, and Insurance. Separate files are also kept in folders on the shelf.
- Each file should be clearly labelled with the name of the category or subject, and the file reference code. Keeping the labels in line is important for neatness and ease of use.

5.4 ARCHIVES

Archiving Information

Archived files are stored in the archive cupboard. Archives are sorted by year and grouped as follows:

- 1) *Client records*
- 2) *Staff records*
- 3) *Administrative records and*
- 4) *Financial records.*

All archived information is entered on the archives index. The Administrator is responsible for organising archived information and for keeping the archive storeroom locked at all times.

Archiving Policy and Procedures Information

Whenever changes are made to the procedures manual or to an original form the old version is stored electronically in a folder called Policy and Procedures/Archives, which is maintained on the shared drive of the network.

Destruction of Information

Archived information is securely destroyed after the following time periods:

Client records	<i>Seven years after the client ceases receiving services except for Aboriginal and Torres Strait Islander clients, whose records are kept indefinitely.</i>
Employment applications	<i>Unsuccessful (twelve months)</i>
Financial records	<i>Seven years</i>
General administrative records	<i>Seven years</i>
Policy and procedures	<i>One year before being deleted from the shared drive.</i>
Records of deceased clients from Suicide	<i>Current practice is to keep this information as a record for data collection and analysis. Files would be destroyed after seven years (as above for client records).</i>
Staff records	<i>Seven years after the staff person ceases employment.</i>

Mental Health Association of Central Australia	Date amended:
	Date approved by Committee:

SECTION 6 –QUALITY ASSURANCE, PLANNING AND EVALUATION

NSMHS 3: Consumer and Carer Participation
NSMHS 8: Integration
NSMHS 9: Service Development
NSMHS 10: Documentation

6.1 CONTINUOUS IMPROVEMENT

Evaluation and Feedback

The continuous improvement process for MHACA occurs using the following evaluation tools and feedback processes.

- Feedback received in meetings or one on one
- Consumer and carer surveys
- Client assessment and review
- Activity evaluation forms
- Complaint processes
- Collecting information on those who refuse service after being referred and why this has occurred
- Collecting information on requests for service that MHACA is unable to meet,
- Monthly Consumer Business Lunches
- A suggestion box provided in the MHACA kitchen
- Annual independent facilitated workshop for clients to provide advice about MHACA services
- Annual Service Reports

Clients and staff are encouraged to document any issues related to service delivery, safety and risks to themselves or the organisation. ([Refer feedback and incident reporting forms in the Original Forms File List](#)).

If information is sensitive, then it is acknowledged that a complaint has been received although the content of the complaint is not shared with staff.

6.2 SERVICE DELIVERY DATA

MHACA stores information to record and assess client support and assist with MHACA service development. Staff are required to record all services delivered and the amount of service/s delivered.

The Service Manager is responsible for maintaining up-to-date accurate client service delivery data on the Client Management System and for preparing data for reporting to the DHCS.

At the end of each week, service delivery information for each client is taken from the Staff Activity Sheets and recorded on the Client Management System. This statistical data is used as support information in Annual Reports.

Monitoring MHACA outputs

Client demographic and service provision data is also used to monitor the operations of the service on an ongoing basis and is mapped and compared against annual actions plans, service agreements, strategic plan.

Annual Report

The General Manager is responsible for preparing an annual report in July/August of each year. This report is provided to the Management Committee and is also presented to the MHACA AGM in.

The report also includes:

- The services delivered for the year
- The number of individual clients who received services
- The number of clients who stopped receiving services in the year
- The number of people on the wait list (if applicable)
- Requests for assistance not met and reasons for refusal of service
- The contracted outputs for the year
- The variation between the services delivered and the contracted outputs
- Information on refusals of services
- The age, sex and ethnicity of the MHACA clients

6.3 SERVICE AGREEMENT PLANS

MHACA holds a planning day each year where staff evaluate the programs and develop action plans that are tied to the service agreements and strategic plan. The purpose of the planning day is to bring staff together to review the operations of the services, consider the client data and issues facing the service and to develop priority directions and strategies for the coming year.

Planning Day Agenda

1. **Review service and demographic data:** Service and demographic data for the previous 12 months will be analysed to check the delivery of services against the contracted outputs and to check that all groups in the community are represented.
2. **Review future needs:** Demographic data is reviewed to see if target groups are likely to increase or decrease over the next few years.
3. **Review other relevant data:** including input from staff, clients, volunteers and any other key people. In particular, present information from feedback forms, surveys and other mechanisms for collecting client feedback.
4. **Run through plans not yet implemented** from the previous year, and identify which of these will remain a priority.
5. **Identify strategies and priorities** for the year ahead.
6. **Identify any barriers** that may affect priorities.
7. **Review the list of priorities:** what can be combined; what can be dropped off. Check that all remaining priorities fit in with the vision of MHACA.
8. **Put a start and finish date** against each priority and order each priority on the basis of their start date.

Implementing the Action Plans

The General Manager is responsible for developing detailed action plans for the service plan. The action plan will include for each priority:

- The tasks to be completed
- Who will complete them, and by when.

Progress of tasks should be monitored by the General Manager and reported to the Management Committee periodically. The General Manager is responsible for ensuring plans are implemented.

6.4 STRATEGIC PLAN

- The MHACA Strategic Plan is for a period of three (financial years) and is to be reviewed at least 2 months prior to the end date, i.e. 30th June in that year.
- A new Plan is to be then developed based on the evaluation report of the existing plan, along with staff, Management Committee and key stakeholder consultation and feedback from these groups as well as the client group.
- The General Manager is responsible for the implementation of both the evaluation process and organisation of process to develop the new Strategic Plan. The Management Committee is to be consulted and provide endorsement for any proposed process, i.e. engagement of external provider/consultant to facilitate evaluation and development.

A copy of the current MHACA Strategic Plan can be accessed by following this link:
<http://www.mhaca.org.au/reports.html>

6.5 REGULATORY COMPLIANCE

The Policy and Procedures Manual has been developed to comply with local, state and commonwealth acts, regulations and codes. The key steps in maintaining regulatory compliance are described below.

Identify Relevant Legislation

MHACA accesses relevant legislation as required, including:

- NT Associations Act 2003

Refer below link to access a copy of the Act.

<http://notes.nt.gov.au/dcm/legislat/legislat.nsf/d989974724db65b1482561cf0017cbd2/baba9e3b47cf9500692572e100835daf?OpenDocument>

- Legislation governing the employment of staff and volunteers.

Ensure Compliance

It is the responsibility of the Management Committee to ensure that all relevant legislation is complied with. This is achieved by ensuring policy and procedures reflect legislative requirements and that policy and procedures are adhered to.

Monitor Changes to Legislation

- The General Manager is responsible for keeping abreast of any changes in legislative requirements.
- When information advising of legislative changes is received, it is checked by the General Manager to identify if there are any implications for MHACA. If any immediate action is required the General Manager ensures it is carried out.
- Any related changes to the Policy and Procedures Manual are presented to the next Management Committee meeting for consideration. If approved by the Committee the Manual is updated and changes are implemented.

Mental Health Association of Central Australia	<i>Date amended:</i>
	<i>Date approved by Committee:</i>

SECTION 7 - OCCUPATIONAL HEALTH AND SAFETY

NSMHS 1:	Rights
NSMHS 2:	Safety
NSMHS 9:	Service Development

7.1 HEALTH, SAFETY AND WELFARE POLICY

MHACA is committed to providing a safe and positive working environment for its staff acknowledging that staff well-being is a major factor in enabling them to perform their duties to the best of their ability.

Under the requirements of Occupational Health and Safety legislation, MHACA, as an employer has a general duty of ensuring that employees are not exposed to hazards while they are working.

Duties of employees under the legislation include that they must:

- Take reasonable care to protect their own health and safety and the health and safety of others
- Co-operate with their employer in ensuring that the workplace is safe and healthy and report to the employer any situation at the workplace that could constitute a hazard
- Follow the instruction and training provided by their employers, use the personal protective equipment provided and not interfere with anything set up in the interests of health and safety.

The legislation also recognises that employees have certain rights with regard to health and safety in their workplaces. These include the right to:

- Be informed, i.e. To know about potential hazards
- To participate in the setting up of safe standards in the workplace
- To be represented on matters relating to occupational health and safety
- Refuse to work if they have reason to believe that they are or would be, exposed to risk of imminent and serious injury or illness, without losing pay or benefits.

Further information on NT Legislation can be accessed via the NT Worksafe website: www.worksafe.nt.gov.au

7.2 HEALTH AND SAFETY

Furniture and Equipment

Staff will be provided with relevant training prior to the use of any equipment.

MHACA will purchase furniture and equipment, which minimises the risk of injury or strain - particularly for staff working on keyboards. It is the responsibility of staff to ensure that they use equipment appropriately and follow the procedures recommended to protect keyboard users from muscle fatigue and repetitive strain injury.

Photocopiers will be placed in a separate room where possible and/or in a position with good ventilation. Staff should ensure that they protect their eyes from the light emitted by the photocopier, and should take care when filling the machine with toner.

Back Care

It is important that staff be aware of how to safely carry out their work tasks to protect their backs and to practise good posture while standing, sitting, driving, cleaning, carrying and moving objects in the home.

Staff will receive training immediately after recruitment on proper back care and manual handling techniques.

Visual Display Units and Eye Strain

Staff whose duties require them to use a visual display unit for at least 60% of the time will need to have an eye test (at their own expense) prior to their appointment.

Stress

The service recognises that stress is an occupational hazard and aims to minimise stress for staff by:

- Making good staff working conditions a priority
- Clearly defining job responsibilities and accountability structures
- Establishing support systems for all staff
- Ensuring work plans and timelines are realistic.

Refer to [Section 9.14 Staff Support and Self Care](#)

Abusive Behaviour and Harassment in the Workplace

Staff are not expected to put up with abusive or violent behaviour from clients, staff or visitors to the Service. If a person becomes extremely difficult, they should be referred to the Senior or General Manager. *Refer to [Section 3.3 \(Critical Incident Procedures\)](#) - ['Abusive and or challenging behaviour'](#).*

Smoking

The service has made the office a smoke free environment. Smoking is not permitted inside any service buildings or motor vehicles.

Staff are not permitted to smoke in a client's home.

Clients are requested to refrain from smoking while MHACA staff are present.

Hazards

Staff will be trained to identify any health or safety hazards in the client's home, and should report, in writing, any hazards to the General Manager as soon as possible. Please report any 'near-miss' accidents as they may identify potential hazards.

Accidents/ Incidents

A Staff Accident/Incident Report should be completed by any staff involved in an accident (however minor) at work and given to their supervisor as soon as possible.

Near misses - when an accident or incident nearly occurs - should also be reported on this form.

Communicable Diseases

Staff are to observe basic hygiene and infection control measures in their work. Staff should also be mindful of 'duty of care' i.e. risk of transfer of a communicable disease to others in the workplace and will follow NT Worksafe guidelines.

Injury Management

Staff who sustain an injury at work are required to seek first aid, notify the General Manager immediately and complete an Accident/Incident/Hazard form. The General Manager will liaise with the staff person to ensure that they are supported in a return to work programme that is appropriate to their injury and abilities and meets the needs of the organisation. The General Manager will be guided by the Medical Practitioner who is overseeing the staff person's recovery.

Work Cover Reports

Any incident involving a member of staff injured as a result of an accident at the workplace or in the process of performing duties as part of that person's duty statement must also be reported to Work Cover utilising the appropriate Work Safe NT forms.

The General Manager has the overall responsibility for ensuring that the employee/s involved complete the relevant paperwork and it is then forwarded to the appropriate authority for assessment.

Motor Vehicle Accident Procedures

Staff who have a car accident while driving an MHACA vehicle should follow the procedures outlined below:

- Stop at once
- As much as possible, ensure that the vehicle is not posing a further traffic hazard
- Offer assistance to anyone who might be injured
- Get the names and addresses of all witnesses to the accident
- Report the accident to the police.

If another vehicle is involved make sure you obtain and keep a record of the following information:

- The owner's name, address and telephone number
- The driver's name, address and driving licence number or other identification
- The name of the owner's insurance company
- The make, type and registration number of the car.

Identify yourself to the other driver, together with your name, address and registration number.

If the police attend, make sure you:

- Provide the police with all relevant information about yourself and the other driver
- Obtain and keep a record of the attending police officer's name, rank, number and station.

As much as possible try to recall and commit to memory (or write down) the details of the accident while they are still fresh in your mind.

*Do not discuss the accident with anyone other than the police or the MHACA insurance company representative.*

If personal injury or serious property damage is involved:

- Phone the General Manager and the insurance company at once.

Complete a Staff Accident/Incident Report and give it to the General Manager as soon as possible after the accident.

(A copy of the Staff Accident/Incident Report is included in [the Original Forms File.](#))

Alcohol & other Drugs

- Alcohol or illegal drugs are not to be consumed in or brought into Service premises by Staff, Clients, Consumers or Visitors.
- Alcohol and illegal drugs are not to be consumed in or carried in service vehicles.
- Staff are not to be under the influence of alcohol, or illegal drugs whilst at work or on call.

Breaches of any of these points will lead to disciplinary procedures that may include instant dismissal.

Building Security

Refer to Section 10 – Administration; [Security](#)

Emergency Procedures

At MHACA we provide and maintain a working environment that is safe and without risk to the health and safety of the employees within the workplace. We also ensure that the health and safety of any other person visiting the Association is not adversely affected.

MHACA complies with the NT WorkSafe Legislation by ensuring the development, implementation and maintenance of safe systems of work, by controlling and managing a condition that is safe and without risk to health and by providing information, instruction, training and supervision to employees and visitors on the safety requirements.

Employees

Employees must take appropriate care for their own health and safety and for the health and safety of all persons who may be affected by their acts in the workplace. An employee must also follow all reasonable directions given to them by their employer or their employer's representative in relation to their own and any other person's health and safety.

Visitors to the Service

It is important that both Employees and Visitors identify and report any hazards within the workplace (*i.e. any situation which has the potential to adversely affect the safety and health of people or to cause damage to property*).

OH&S Officer

MHACA has an appointed Occupational Health and Safety Officer (OH&S) to monitor and manage any hazards and ensure the likelihood of potential hazards are minimised. All identified hazards should be reported to the OH&S Officer immediately.

Emergency Procedure

- ⇒ In the event of an emergency, fire drill or bomb threat all employees and visitors are to make their way out of the building.

- ⇒ Designated emergency marshalling areas are located at the following points:
 - Pedestrian footpath, adjacent to front fence
 - The alley way at the rear of the premises
- ⇒ The OH&S Officer will roll call and head count upon an evacuation of the premises. In the absence of the OHS Officer, the Administrator will take on this duty.
- ⇒ The Administrator is responsible for ensuring the reporting of any emergency to Police and Emergency Services after consultation with the General Manager.
- ⇒ Follow up with the appointed Fire and Safety Consultant (Service) is then to be instigated by the OH&S officer.
- ⇒ It is important that the OH&S Officer ensures that any visitors present are informed of the evacuation procedures of the venue.

Injury reporting

It is the responsibility of all employees and visitors to report all injuries. Management have the responsibility to investigate these incidents.

Any injury is to be reported without delay to the OH&S Officer so that the injury can be treated and recorded. The injury, treatment and details of the injured person are to be recorded on the Incident Reporting file. In serious cases where the injured person requires medical treatment or is transported by ambulance, the General Manager is to be immediately notified.

An incident/accident report form is to be completed and any follow-up is to be carried out as soon as possible.

Mental Health Association of Central Australia	Date amended:
	Date approved by Committee:

SECTION 8 – PROMOTION AND PUBLICATIONS

NSMHS 4:	Promoting Community Acceptance
NSMHS 6:	Prevention and Mental Health Promotion
NSMHS 9:	Service Development
NSMHS 10:	Documentation

8.1 PROMOTIONAL ACTIVITIES

All staff contribute to the promotional activities of MHACA. The Training and Promotion's Officer and Administration staff play a major role in promoting the service in the community including:

- Mental Health Week activities (October)
- Holding community events to raise awareness about mental health (film nights, community forums and seminars)
- Holding stalls at local shows (e.g. Alice Springs Show)
- Promoting mental health related activities on local radio and television, i.e. World Suicide Prevention Day.
- Placing advertisements via print media for local events
- Circulating MHACA brochures and flyers in the community
- Networking with other providers
- Producing the quarterly newsletter, *inBalance*
- Maintaining the MHACA website, including news of latest events

Specific details on all MHACA promotional activities are contained in the Operational Procedures for Publications and Promotions.

8.2 MHACA PUBLICATIONS

Newsletter

MHACA's quarterly newsletter, *inBalance*, is a primary way MHACA raises awareness about mental health issues and activities in the community as well as promotes who we are and what we do.

inBalance 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.

Annual Report

The General Manager is responsible for coordinating MHACA's annual report each year, which is then prepared by the Promotions Officer. The report needs to be available for presenting at MHACA's AGM, held in the last week of September each year.

MHACA Brochures

MHACA produces a main brochure for the Association and individual brochures for each of the individual programs.

The Promotions Officer in conjunction with Program staff who advises content changes updates brochures.

Brochures are reviewed annually. To keep costs down these are printed in-house on coloured paper.

MHACA Flyers and Posters

MHACA produces flyers for events and activities as required.

At times program staff design their own flyers. The Promotions Officer is available to assist in this area.

Website

MHACA's website is a primary way MHACA raises awareness about mental health issues and activities in the community as well as promotes who we are and what we do. MHACA seeks to have an informal user-friendly site and our web address is:

www.mhaca.org.au

The Promotions Officer checks the website on a monthly basis to update content and regular events and activities.

8.3 PROMOTIONAL TOOLS

The following promotional tools are to be utilised at promotional events:

MHACA Banner

MHACA has a large vinyl banner with the Association's logo and name printed on it. This is to be displayed at all major promotional events, such as the Mental Health Week Fun Run; Alice Springs Show stall and general conference stalls.

MHACA Merchandising

MHACA has purchased a range of merchandising with the MHACA logo and caption for distribution.

MHACA Postcards

Several MHACA postcards have been designed for distribution.

MHACA PowerPoint presentation

A main MHACA PowerPoint presentation has been designed providing an overview of MHACA's programs, activities, staff and contact details. This is to be utilised for orientation purposes as well as for promoting MHACA at networking meetings.

Other

It is the responsibility of the Promotions Officer to assist with the design and preparation of other promotional tools as required.

8.4 MEDIA LIAISON

This policy applies to public speaking engagements, comments to the media and views expressed in letters to the press, media releases, in books, journals, or notices, where it might be expected that the circulation of comments will spread to the community at large.

The people authorised to speak on behalf of MHACA are:

- The Chairperson
- The General Manager
- Senior Staff as approved by the General Manager

Verbal Comments/Interviews

- If general staff are approached by media for comment/interview, all requests are to be directed to the General Manager in the first instance. The General Manager will decide who is most appropriate to speak on a particular issue.
- Delegation from the General Manager, would defer to the respective Program Managers for the Life Promotion Program and the Prevention & Recovery Program (Sub-acute Care).
- Any subject involving/pertaining to Suicide MUST be handled according to the National Mental Health Standards and 'Mindframe' guidelines.
- Where public comments are offered by approved staff, it is expected that the comments will relate directly to their individual expertise and the specialised area of their appointment.
- It is not acceptable for staff to engage with the media in any activity or comment, which is designed to bring the Association into disrepute.

Written Articles/Reports

- From time to time, MHACA may seek to include a written article in the local newspaper, e.g. for a feature on Mental Health Week.
- Occasionally, MHACA staff may choose to prepare a written speech/report/conference paper to present at a local or national conference.
- Senior Staff must approve all conference papers within the appropriate MHACA program.
- Written articles may be prepared by either Senior Staff or the Promotions Officer in the first instance, but must be checked by the General Manager before being printed.

8.5 PHOTOGRAPHS – PERMISSION, USE AND STORAGE

MHACA owns a digital camera, which is used to take photos for several purposes:

- Photos of staff and committee - for staff notice board and newsletter profiles.
- Photos of client group activities and outings – for 1) to give copy to client for personal use; and 2) to use in newsletter or promotional boards.
- Photos of promotional events – e.g. Mental Health Week fun run, film nights etc for use in the newsletter.

Permission to use Photos

As part of signing new clients onto one of MHACA’s programs, clients are asked to sign a Media Consent Form. A copy of the Media Consent Form is included in [the Original Forms File](#).

It is every person’s right to nominate if they would like or if it is appropriate for them to have their photo taken. People must feel comfortable and MHACA staff must ensure that informed consent is given.

However, from time to time, people attend groups or activities that have not previously signed this form, and staff must check that people give their consent.

Mental Health Association of Central Australia	Date amended:
	Date approved by Committee:

SECTION 9 - HUMAN RESOURCE MANAGEMENT

NSMHS 1:	Rights
NSMHS 2:	Safety
NSMHS 5:	Privacy and Confidentiality
NSMHS 9:	Service Development
NSMHS 10:	Documentation

9.1 STAFFING POLICY – KEY PRINCIPLES

- All staff are recruited according to MHACA Equal Employment Opportunity Policy.
- All permanent vacancies are advertised externally.
- The General Manager/Administrator is responsible for the recruitment of general MHACA staff. The Management Committee is responsible for the recruitment of the General Manager.
- Performance management is a means of exchanging and recording information on performance, as well as assisting employees in their own future performance development.
- Staff are employed to contribute to achieving MHACA’s goals and objectives by utilising their skills, knowledge and expertise. MHACA is committed to supporting staff to improve their efficiency and effectiveness, as well as to further develop their skills and knowledge base.
- Staff are expected to perform their duties to the best of their ability and to show a high level of personal commitment to providing a quality professional service at all times.

MHACA’s performance management system is comprised of:

- **General Supervision (internal)**
Monthly, quarterly and annual meetings which allow for regular exchange of information and feedback between staff and their supervisors.
- **Reporting**
Monthly, quarterly, 6-monthly and annual reports (including workplans and evaluations) identifying performance objectives and measurable outcomes
- **Staff Development, Education and Training**
Including an annual Training Plan developed by staff linked to individual job descriptions.

- **Professional Supervision (external)**
Monthly meetings for professional staff who require peer support, mentoring and debriefing.
- **Performance Appraisals**
Annual meetings to review individual performance as linked to achieving the organisation's goals.
- **Staff Support and Self Care**
For all staff, a range of external supports available to help reduce stress, e.g. counselling, massage, and gym membership.
- **Stress and Trauma Management** - human resource management practices that minimise the opportunity for stress to occur
- **Performance Dispute and Grievance Procedures** – guidelines for resolving discord, disputes and grievances in the most appropriate and effective manner
- **Industrial Relations Advice** – who MHACA management and staff can contact for advice.

Equal Employment Opportunity

Discrimination is a practice that makes distinctions between individuals or groups so as to disadvantage some and advantage others.

Equal Employment Opportunity means ensuring all people have equal access or equal opportunities for employment; people will not be discriminated against.

Equal Employment Opportunity and Anti-Discrimination legislation in the Northern Territory

The rights of people are covered by the following Federal Acts:

- Racial Discrimination Act, 1975
- Sex Discrimination Act, 1984
- Human Rights and Equal Opportunity Commission Act, 1987
- Affirmative Action (EO for Women) Act, 1986
- Privacy Act, 1988
- DisAbility Discrimination Act, 1992

For information on these acts contact the Anti-Discrimination Commission of the NT (**Free call 1800 813 846**) or visit

<http://notes.nt.gov.au/dcm/legislat/legislat.nsf/d989974724db65b1482561cf0017cbd2/b3716eeceb1d8ece0692572ca000fd0b0?OpenDocument>

9.2 CONDITIONS OF EMPLOYMENT

All staff (paid and unpaid) have a position description, which specifies their roles and responsibilities.

Position descriptions are reviewed as part of the annual appraisals and updated as required. Current copies of position descriptions are on Employees Personnel File and the data server.

Each staff person should be given a copy of their position description in their New Starter Pack and whenever their position description is changed.

Employee Files

A personnel file is kept for each employee. It includes their application for the position, police clearance, professional registrations, signed Offer of Employment Contract, position description, completed Employee Personal Details Record, copies of new employee payroll forms, records of leave, notes on the employee's performance and any other relevant information.

Employees are entitled to see their file at any suitable time to be arranged with the Administrator.

A copy of the Staff Personal Details Record and other forms to be completed for each staff person are included in [the Original Forms File](#).

Employee Contract

The conditions of employment for MHACA staff are specified in MHACA's Contract of Employment and refer to the conditions of employment in the [Social and Community Services Industry - Community Services Workers - Northern Territory Award 2002](#) (SACS NT Award), the details of which can be viewed online at:

www.workplace.gov.au/ims/FED/Awards/AP/81/72/16/support/AP817216_TOC_EX.htm

The following points apply to the Contract:

- All staff should have a Contract of Employment, which is to be signed by the employee and the General Manager prior to their commencing work.
- MHACA's policy on staff conditions of employment, are specified in the Contract of Employment.
- **Probationary Period**
The initial term of employment for a new employee is three months. If the General Manager is not happy with the person's performance their employment can be terminated during this period or on the day the agreement expires by giving at least 14 days notice in writing.

- Subsequent terms of employment can be for a year or more and should be negotiated between the General Manager and the employee.
- Senior staff may be required to undertake a six-month probation, as per the NT SACS award.
- **Review of Position Descriptions**
Position Descriptions are reviewed and maintained as required when there has been change in responsibilities or change in organisational structure. Position Descriptions are also reviewed at the annual appraisal. If the position description needs to be changed the Agreement of Employment should be terminated by giving not less than 14 days notice in writing to the employee that their employment will cease on the expiry of the current term of their employment.
- A new Contract of Employment should then be signed in relation to the revised position description.
- The employee must agree to changes to the position description within a current term of employment.

A copy of the Contract of Employment form is included in [the Original Forms File](#).

Delegation of Higher Duties

(For a period of 3 days or more)

An employee who undertakes the responsibilities of another staff member at a higher level is entitled to recognition and remuneration.

In the absence of the General Manager, a Senior Manager is appointed, by whom any urgent decision may be taken with the approval of the Chairperson or another member of the Committee. However, some degree of initiative and common sense must be left to the Senior Manager in charge.

While overseeing the general management, the Senior Manager has limited delegated authority for the day-to-day running of the Association i.e. approval of not more than \$500 expenditure, approval of leave application for up to five consecutive days, no signature of documents involving MHACA's liability.

In the absence of a Senior Staff member, a replacement is appointed to undertake the responsibilities of that role while that person is on leave.

During the performance of higher duties, an employee will receive wages at 80% of the level of the person who is being replaced. This is in recognition that the person would not undertake all the duties of the person that they are relieving.

Working hours

The normal hours of work will be 38 hours per week worked between Monday and Friday (inclusive) and between the hours of 8am and 6pm for a full-time position. Part-time employees shall work the hours mutually agreed with the Employer.

Overtime will not be paid but may be accrued as "time in lieu of overtime" for up to 16 hours at a time and it is encouraged to be taken within two pay periods of accrual. Time in lieu is calculated on a "one for one" basis.

For employees at Grade 6 and above of the SACS Award the salary rates are inclusive of an allowance which compensates reasonable requirements to perform overtime. (Refer *Time in Lieu Policy* - below)

Wages

MHACA's wages are governed by the Social and Community Services Industry - Community Services Workers - Northern Territory Award 2002 (SACS NT Award), the details of which can be viewed online at:

www.workplace.gov.au/ims/FED/Awards/AP/81/72/16/support/AP817216_TOC_EX.htm

Standard Benefits

As part of its staff management plan MHACA allocates funding to staff for:

- Training: attending workshops, courses and conferences.
- Professional supervision: for professional staff, monthly mentoring and debriefing meetings.
- Staff support: Assessed on an annual basis (*up to \$650 per FTE - 07/08 Financial year*) - for mental/physical stress relief e.g. counseling, massage and gym membership.

Salary Packaging

As an incentive to recruit and retain quality staff MHACA management can, in particular for senior positions, offer employees a salary package, which comprises of additional bonuses to the standard SACS-NT wage. The salary package can consist of:

- Salary sacrificing: one-third of gross wage with maximum entitlement \$30,000
- Private use of a vehicle
- Personal use of mobile phone
- Relocation costs e.g. airfare and relocation expenses
- Standard benefits

Relocation Expenses

MHACA supports the recruitment of interstate staff by funding relocation expenses for new staff, including airfare and removalist costs. These are:

For senior staff up to \$2000

For general support staff up to \$800

The senior staff member on the interview panel will advise the newly recruited employee of this benefit. The employee is then asked to contact the Administrator and supply invoices or receipts for their proposed relocation costs.

Private use of vehicle

As part of their contract some senior staff are entitled to the home garaging and private use of a MHACA vehicle allocated to their program. Conditions of use are outlined in [section 10.5 - Motor Vehicle Policy](#).

Personal use of mobile phone

As part of their contract some senior staff are entitled to the personal use of their work mobile phone that is negotiated with the Management Committee or General manager at the commencement of their contract and to not exceed the monthly telephone contract rate.

9.3 JOB CLASSIFICATIONS & RATES OF PAY

Job classifications and rates of pay are determined generally when applying for new programs, and in the event that the position changes. The General Manager in consultation with the Management Committee must approve any alteration or development of new positions. This is required when developing new positions for new projects/submissions, when existing positions are modified and level of responsibilities have been altered.

When determining the role/level of a position, job classification and assessment of competencies, these must be identified in accordance with the "[Social and Community Services Industry - Community Services Workers - Northern Territory Award 2002](#)" (NT SACS Award) kept in by the Administrator.

The Management Committee must approve any re-classification of a position.

Rates of pay

All staff are remunerated for the role they provide and pay rates are tied to the SACS-NT Award.

The Supervisor determines the level within the advertised pay range at which a new employee is paid. After the employee's interview and following consultation with the Administrator regarding classifications in the SACS-NT Award, a recommendation is made to the General Manager for final approval. This recommendation considers the employee's relevant work experience and qualifications.

Exemption: In unique circumstances, pay rates can be made above the SACS-NT Award. In these instances the General Manager must endorse a written proposal, with final approval obtained from the Management Committee.

Annual Increments

Each year at the anniversary of their employment starting date staff meet with their supervisor to conduct an annual performance appraisal. If this appraisal is successful they are entitled to the annual increment identified in the SACS-NT Award.

Increments are offered on an annual basis thereafter (following ongoing successful appraisals), stopping at the top of their range. When an employee reaches the top level within their salary range, they do not automatically proceed to the next level.

Re-classification of pay rates can only occur if there has been a demonstrated change in the role and level of responsibility of a staff member.

9.4 LEAVE APPLICATIONS

Any employee taking leave must complete a Leave Application form. If the application form is not completed, payment will not be made for leave taken.

The application must be completed and approved before annual leave; time in lieu, long service leave, or unpaid leave is taken.

A copy of the Leave Application form is included in [the Original Forms File](#).

Annual Leave

- Annual leave may be taken at times mutually agreed between the Employee and the Employer to minimize disruption of the workplace. An Application for Leave must be completed at least 15 days prior to first intended leave date to ensure availability.
- The General Manager will require the approval of the Management Committee for their annual leave with a notice of least 4 weeks to allow for contingency plan during the leave of absence.

Annual leave shall be exclusive of public holidays and is:

- For a full time employee, 5 weeks or 25 days/per annum of recreational leave on full pay is applicable, with a 17.5% leave loading.
- For part-time or temporary workers the recreational leave entitlement is apportioned to the number of hours worked per week, or the number of weeks worked in the year.
- Casual workers (paid hourly with a 25% loading in replacement of other entitlements) are not entitled to annual leave or any other privileges.

Annual leave taken and owing to staff is tracked on MYOB Payroll.

Personal Leave (Sick Leave)

- Full time employees are entitled to ten (10) days personal leave for each twelve (12) months of service, accrued at the rate of 0.83 day (or 6.30 hours) per month worked. This is calculated on a pro-rata basis for part-time employees.
- Sick leave is cumulative until termination, but the balance owing on termination is neither payable nor transferable.
- Sick leave must be notified to the Administrator on the first day of sickness, preferably before 10.00 am.

After two consecutive days of sickness, a medical certificate must be presented upon return, to validate sick leave application.

- If sick leave is expected to last more than 15 consecutive days, the supervisor must make some contingency plan for the temporary replacement of the absentee.
- When 5 days of single sick days have been taken within a period of three months, the supervisor concerned will:
 - 1) *Call the employee for counselling; and*
 - 2) *Give a warning that no further absence may be approved unless justified by a medical certificate.*
- Sick leave is meant as a security provided to employees to ensure no loss of wages in case of real sickness;
- Annual leave is meant as a “recreation time” to recover from work activities which may be physically and mentally exhausting.
- An Application for Leave must be completed immediately after an employee returns to work after sick leave.

Time In Lieu

- Overtime (outside the standard 38 hours/week) will not be paid but may be accrued as “time in lieu” for up to 16 hours at a time and should be taken within two pay periods of accrual. If more than 16 hours have been accrued without taking time off, the surplus is to be negotiated with management.
- Time in lieu is accrued on an hour for hour basis – unless staff are requested to work on Public Holidays, which will be accrued at double time.
- A Leave Application form must be completed for time in lieu to be taken. No more than two (2) days at a time can be taken away from work as time in lieu. For Senior Staff at Grade 6 and above of the SACS Award the salary rates are inclusive of an allowance for overtime and it is expected staff perform routine overtime if and as required i.e. no time in lieu is to be accrued. The exception is for one-off events, such as committee meetings, seminars etc. and the General Manager must approve this.
- Under special circumstances, the Committee may allow “special leave” (with or without pay) when it considers that a senior staff member ought to be compensated for additional work performed outside the normal hours.
- Hours worked are recorded on fortnightly timesheets and time in lieu calculated by the Payroll Officer and approved by the General Manager.

Bereavement Leave

- In the circumstances of a death in the close family of an employee, the association allows 5 days of bereavement leave on full pay. Additionally, the Committee has the discretion to allow "*special leave*" either on full pay, or half pay, or as leave without pay according to the situation, to cover travel time and other funeral obligations.
- Close family, for the purpose of this clause, is understood as being "two generations above" and "two generations below" (grandparents, parents, siblings, children and grandchildren) and includes people who have the above relationship that may not be paternal relationships.
- Annual leave may be taken in conjunction with bereavement leave and the two weeks notice are then waived.
- Application for bereavement leave (with additional special leave or annual leave) is made directly to the General Manager who will consult with the Committee.
- One day of full pay is allowed to attend a funeral and wake.

Study Leave

For a Graduate or Post Graduate Course

- This is assessed on merits upon a written application detailing the format and location of the course, the course duration, the expected outcomes and benefits to the organisation. Leave may be granted for up to 12 months in the first instance. On the recommendations of the supervisor, the Committee may approve or reject the application.
- Study leave for graduate or post-graduate studies is granted as leave without pay.

External Study Leave

- This may be granted at the rate of 2 working days per months, with block release of two weeks every semester.
- External study leave must be applied for in writing showing details of the course and specifying the expected outcomes and benefits to the organisation. The application requires the approval of the Committee on the recommendations of supervisor concerned.
- External study leave entitles the applicant to leave with full pay till the successful completion of the course. It is to be reviewed after completion of each semester.

Payment of Courses

- In some instances management may support an employee's study by making a part or full payment of the course. This will depend on the type and cost of amount

requested, course relevance to work duties and funding available. A written application must be made to the supervisor or General Manager.

Maternity Leave

After 12 months of service staff are entitled to apply for Maternity Leave in accordance with the Maternity Leave Act, to be approved by the Committee. Entitlements are:

- 12 weeks on full pay (before and/or after confinement): This period can be accrued by sick leave with a medical certificate showing the need for special care during pregnancy and after confinement, and by annual leave accrued at the date of confinement.
- Up to two years of maternity leave without pay may be allowed to employees whose return is valuable to the service.

Notice

An employee must provide notice to the employer in advance of the expected date of commencement of parental leave. The notice requirements are:

- a) Of the expected date of confinement (included in a certificate from a registered medical practitioner stating that the employee is pregnant) - at least ten weeks;
 - b) Of the date on which the employee proposes to commence maternity leave and the period of leave to be taken - at least four weeks.
- When the employee gives notice the employee must also provide a statutory declaration stating particulars of any period of paternity leave sought or taken by her spouse and that for the period of maternity leave she will not engage in any conduct inconsistent with her contract of employment.
 - An employee will not be in breach of this if failure to give the stipulated notice is occasioned by confinement occurring earlier than the presumed date.
 - An employee may commence parental leave at any time within six weeks immediately prior to the expected date of birth.
 - Where an employee continues to work within the six week period immediately prior to the expected date of birth, or where the employee elects to return to work within six weeks after the birth of the child, an employer may require the employee to provide a medical certificate stating that she is fit to work on her normal duties.

Parental/Adoption Leave

After 12 months continuous service, parents are entitled to a combined total of 52 weeks unpaid Parental/Adoption leave on a shared basis in relation to the birth or adoption of their child.

- For females, maternity leave may be taken and for males, paternity leave may be taken. Adoption leave may be taken in the case of adoption.
- Parental leave is to be available to only one parent at a time, in a single unbroken period, except that both parents may simultaneously take:
 - (a) For maternity and paternity leave, an unbroken period of **up to one week** at the time of the birth of the child;
 - (b) For adoption leave, an unbroken period of **up to three weeks** at the time of placement of the child.

Special Leave - Indigenous Custom and Traditional Law

- An employee who is able to establish that she or he has an obligation under indigenous custom and/or traditional law to participate in ceremonial activities due to the major indigenous family significance of a bereavement, will be granted special leave up to 3 days for which they receive normal pay.
- Staff attending sorry business or a funeral should negotiate the length of time away from work and keep MHACA informed of any changes. Longer periods of leave must be negotiated with the General Manager and must be taken as either annual or unpaid leave.

Jury Service

- An employee, other than a casual employee, who is required to attend for jury service during his or her ordinary working hours will be reimbursed by the employer an amount equal to the difference between the amount paid in respect of jury service and the ordinary time they would have worked had they not been on jury service.
- An employee will notify his or her employer as soon as possible of the date upon which he or she is required to attend for jury service. The employee will provide proof to the employer of his or her attendance, the duration of the attendance and the amount received in respect of the jury service.

Long Service Leave

- Staff are entitled to Long Service Leave in accordance with the Long Service Leave Act NT, to be applied for and allowed by the Committee. Long Service Leave is paid at the rate of 13 weeks ordinary pay for every ten years of service. Pro-rata LSL can be paid on termination of employment after 7 years of service.
- Contingency plans must be made by the General Manager (or the Committee) to cover the period of absence of the employee.

- Provision for LSL must be made within each annual budget to meet the obligations of LSL and cover foreseeable LSL of long-term employees, after their fifth year of service. Annual Leave accrued at the time of entitlement for LSL can be applied for with LSL.

Leave without pay

- Leave without pay may be taken as a one-off when other priorities crop up into our lives. In some circumstances, an employee may need a lengthy period of time away from work to deal with other problems.
 1. **Under 1 month:** the assessment and approval of the General Manager is required (or the Chairperson if leave is for the General Manager): *2 weeks notice required*
 2. **1-3 months:** the assessment and approval of the General Manager confirmed by the Committee is required: *4 weeks notice required*
 3. **Over 3 months:** the assessment and approval of Committee is required: *6 weeks notice required*
- In each case the Senior Manager or General Manager will have the responsibility to make contingency plans to cover the leave of absence.
- Applications for leave without pay must be made in writing, giving enough notice to allow management to appoint a temporary worker.

9.5 TRAVEL ALLOWANCE

Staff are entitled to a travel allowance for any work-related travel outside the standard work environment area. This includes:

- Attending conferences
- Travelling to remote communities
- Travelling to other towns for work purposes (e.g. LPP staff travelling between Alice Springs and Tennant Creek for meetings).

Rates

- Travel allowance is supplied to cover the purchase of meals and incidentals. Rates. Specific advice on current rates can be obtained from the Administrator.
- Staff can claim for all full days away and parts of any half-days away.
- Claims can also be made for payment of taxi fares or purchase of fuel e.g. if driving to Tennant Creek, staff may need to pay out of pocket and then reclaim. Alternatively this can also be claimed on a Reimbursed Expense Claim form.
- All receipts (tax invoices) must be retained and submitted with form.

Accommodation Allowance

When staff travel interstate they usually stay at hotels where payment is made by MHACA's accounts dept. However, where a staff member elects to stay with family/friends – thereby not incurring any accommodation costs – MHACA provides an allowance to enable the employee to purchase a 'thank you' gift for the family/friends.

The rate is half that of normal accommodation rates, which averages \$100 per night. Thus the accommodation allowance is \$50/night, with a maximum allowance of 3 nights – that is, if staying away more than 3 nights with family/friends the cap remains at \$150.

Submission of Form

Staff are required to complete the Travel Allowance Requisition form, which is to be signed by their supervisor. A copy of the Leave Application form is included in [the Original Forms File](#).

The Travel Allowance Requisition form is to be submitted with the fortnightly timesheet. Staff can submit this form in the pay-week immediately preceding their intended travel so the money is available to them while they are away.

9.6 CONFERENCE ATTENDANCE

MHACA supports the attendance of interested people at conferences to improve the service capacity in supporting the community. Conferences will be identified and selected by strategic importance to MHACA.

Selection will be based on the criteria below.

1. To obtain and/or provide information relevant to the mental health sector;
2. To network with other people within the sector and in similar circumstances;
3. To learn new skills.

Personal support will be provided by MHACA staff, as appropriate when the consumer /carer needs support to undertake this process.

Interested members are to provide a written application to outline the following criteria.

1. Aims of the conference and benefits to the organisation and person;
 2. How information obtained may be distributed to the wider client group;
 3. Request for financial assistance.
- Generally, two months notice is required for the General Manager to consider the proposal and to access funds to cover fares and accommodation. Applications and consideration may be negotiated in short notice if the conference is of significant importance to the organization or regional interests.
 - The General Manager will also decide Consumer/carers attendance.
 - Upon approval by the General Manager, a letter will be provided to the interested person outlining MHACA's commitment to support the attendance to a specified conference, the level of financial contribution it provides, and the obligation to submit a written report to MHACA within one month of returning.

This letter will be countersigned, by the person/s attending the conference, to express his/her agreed responsibilities.
 - The same person will not be eligible to access conference funds from the Association for the two years following a previous financial assistance.
 - Conference promotion and advertising will be published in the *Inbalance Newsletter*. Any expression of interest or actual application for financial assistance must be received in writing.
 - A conference budget will be outlined in the annual budget of the association and cannot exceed the amount set aside for this purpose.
 - The Management Committee will receive advice via the monthly Centre report as to any conference attendance and related reports.

9.7 TIMESHEETS & PAYROLL FORMS

Under the conditions of the SACS Award, the normal hours of work will be 38 hours per week worked between Monday and Friday (inclusive) and between the hours of 8am and 6pm for a full-time position (7.6 hrs/day = 7 hours and 36 minutes work per day).

Part-time employees shall work the hours mutually agreed with the Employer.

Each staff person is required to maintain a fortnightly Timesheet. This must be signed by each respective supervisor and provided to the Administrator on the Tuesday afternoon at the end of each pay week.

Other Payroll Forms

Other forms that may be handed in and processed fortnightly with timesheets include:

- Leave Application form
- Travel Allowance Requisition form
- Reimbursed Expense Claim form

Copies of the above forms are listed in [Appendix I the Original Forms File](#).

9.8 PROCEDURE FOR FILLING A VACANT POSITION

1. Review the Position

Clarify the need for and the role of the position and develop or review the position description. Selection criteria should be documented and categorised as essential or desirable. Determine how each of the selection criteria will be assessed, e.g. written application or interview.

2. Advertise the position

Positions are advertised using newspaper advertisements, employment agencies or the Internet. Advertisements include:

- Information on MHACA
- Primary role of the vacant position
- Point of contact for further information
- How to apply
- Closing date.

A copy of the most recent advertisement for all positions is kept by the Administrator in the 'Advertisements' folder for use in developing future advertisements.

A copy of the position description and selection criteria will be sent to all prospective applicants on request.

As expressions of interest are received, record this on the Recruitment Register.

3. Set Up a Selection Panel

The selection panel is responsible for interviewing and selecting the successful applicant.

For the employment of the General Manager the selection panel comprises of:

- The Chairperson, and
- Member of the Management Committee
- Specialist external to MHACA with appropriate expertise.

For the employment of other staff, the selection panel (where possible) will comprise of:

- The General Manager or senior managers
- Administrator
- One Committee member
- Consumer/specialist member

4. Shortlist Applicants

If the short-listing process will take some time, a letter is to be sent out to all applicants advising them of the receipt of the application and they will be notified in due course (*see Pro forma Job Application Replies form included in the [Original Forms File](#)*)

The selection panel assesses all applications. Applicants are short listed based on their ability to meet the required selection criteria as documented in their application. If necessary, further short listing will be undertaken using desirable selection criteria.

Applicants who are short-listed will be offered the opportunity to attend an interview.

5. Interview Applicants

The selection panel draws up a list of interview questions prior to the interviews. All applicants are asked the same questions. The questions will aim to explore the applicant's relevant skills and experience to perform the duties and will be based on the selection criteria.

Immediately following each interview a summary of the interview is recorded on the Summary of Interview form. A copy is included in [the Original Forms File](#). The summary will assist in the selection of the successful applicant and in providing feedback to unsuccessful applicants.

When all interviews have been completed the interview panel will select the preferred applicant. The chair of the interview panel or the General Manager documents recruitment decisions and reasons for them.

6. Conduct Pre-Employment Checks

When a successful applicant has been identified an offer of employment is made conditional on the following pre-employment checks.

Reference Check

- The chair of the interview panel will contact the referees of the preferred applicant. Referees are asked to comment on the person's ability to carry out the duties of the position applied for. Referees comments are noted in writing.

Police Check

- A National Police Certificate is required for all employees and should be arranged by the applicant at their cost. The certificate can be obtained through applying in person at a local police station.
- If the applicant has committed an offence the nature of the offence, the penalty and when it occurred will be considered by the selection panel before proceeding with the offer of employment.

NOTE:

A previous conviction does not necessarily disqualify a person from employment with MHACA.

A copy of the National Police Certificate is to be kept in the staff file. (See also *Renewal of Police and Working with Children Check.*)

Working with Children Check

- A Working with Children Check is required for all employees who may come into contact with children during the course of their work and should be arranged by the applicant.
- If an applicant receives a Negative Notice they are **not** to be employed.
- If they receive an Interim Negative Notice they are **not** to be employed until they produce a current Working with Children Card.

Registration Check

- If the position requires specific qualifications and professional registration/s – then the applicant will be required to provide a copy of their qualifications and their current registration/s.
- A copy of the registration certificate/s is to be kept in the staff file.
- Note that a copy of current registration/s certificate/s is to be provided each year.

7. Offer of Employment

Advise the successful applicant by telephone and arrange a start date. Immediately send the successful applicant an Offer of Employment specifying the key terms and conditions of employment for signing prior to commencing employment.

8. Advise Unsuccessful Applicants

All unsuccessful applicants are informed in writing of the outcome of their application immediately following the appointment of the successful applicant.

Unsuccessful applicants will be advised that they may request feedback. The Chairperson of the interview panel will provide this.

9.9 PROCEDURE FOR NEW STAFF

Contract and Payroll

When a new staff member is appointed to MHACA the following administrative procedures apply:

- Ensure that an Offer of Employment specifying the terms and conditions of employment are signed by the staff person and the General Manager or Chairperson and a copy given to the staff person.
- Ensure that the person has a copy of their position description.
- An Employee Personal Details Record is completed, including the identification of the person's preferred superannuation fund.
- A Salary Sacrifice Form is completed.
- A 'Tax File Number Declaration' form is completed by the Administration Officer and forwarded to the Australian Tax Office.
- The person is entered into the wages system.

NOTE: Copies of the above mentioned forms are listed in Appendix I – [Forms File](#)

Staff Orientation/Induction

Induction is the process of providing information and support for a new member of staff. Induction at MHACA should include information on:

- Contracts, hours of work, arranging leave and salary payments
- Example procedures, equipment, schedules and handover
- The structure, objectives and aims of the organisation.

Items to be covered when a new employee commences are described in detail in the Staff Orientation Checklist. The Chairperson or another Committee member will complete the induction with a new General Manager. The Supervisor will complete the induction with other staff.

Staff Probation and Review

Three month Probation review

Initial employment will be for a 12-week probation period. During the probation period the employee will be continually monitored and assessed and continued employment will not be automatic but subject to written advice that employment will be continued.

Employment will be deemed to have ceased prior to midnight on the expiry date of the probation period if the employee has not received written confirmation of employment prior to that time.

If the Performance Appraisal Panel deems the performance satisfactory, the appointment is confirmed in writing to the staff member.

The terms of employment and conditions of service are passed on and confirmed to the payroll officer (by the General Manager).

If the performance is not satisfactory employment may be terminated.

Should it be considered that some areas of performance could improve, an extension of probation time may be determined, with closer support by the Supervisor, and by signed consent of both parties.

If performance is still unsatisfactory at the end of the additional probation period, the staff member is terminated with normal termination pay.

Twelve months Anniversary Review and thereafter Annually

Once the staff member is confirmed in a position, the initial salary rate mentioned in the conditions of employment may be increased after an anniversary review of the employee's performance.

The satisfactory completion of this review is the key to the yearly increment within the salary range allowed for the position. Once the employee reaches the highest level in their Grade, any changes/increase to their Job Classification are to be approved by the Management Committee.

The change of grade is only possible by way of successful application to a higher position, if such a vacancy arises. The process of performance appraisal continues within the range of the new position, without the initial 12-week probationary review.

If the anniversary review proves to be unsatisfactory, the staff member receives a warning and the supervisor may organise a support plan for a fixed term. A further appraisal review will then take place at the end of this fixed term.

Employees remain at their current level as long as they have not shown satisfactory skill development.

9.10 PROFESSIONAL REVIEW AND PERFORMANCE APPRAISAL

MHACA is committed to supporting staff to improve their efficiency and effectiveness.

Staff are expected to perform their duties to the best of their ability and to show a high level of personal commitment to providing a quality, professional service at all times.

Performance appraisal is an ongoing process, which provides an evaluation of the level of efficiency and cost-effectiveness of the organisation's human resources. They are based on position descriptions and agreed work plans.

Aims:

The aims of the staff performance appraisal are:

- To allow free and confidential discussions about work between the employee and supervisor in relation to work duties, relations with other staff and job satisfaction
- To discuss the employee's job performance, in comparison with set standards (job description, objectives of the organisation)
- To discuss any work problems and search for a solution
- To discuss opportunities for professional development and improving work performance including identification of training and development needs
- Provides the basis on which annual wage increment can be granted
- Allows the organisation to evaluate the effectiveness of its programs
- Identify priority tasks.

Frequency

Performance appraisals are conducted after the first 3-month probation period and, thereafter, annually.

A review panel will assess the performance of the member of staff and decide whether a salary increase is justified.

Review Panel

- **For General staff:**
The supervisor and Administrator will coordinate and conduct the appraisals for each of the staff in their program area.
- **For Program Managers:**
The General Manager, Administrator and committee member will coordinate and conduct the reviews for Program Managers.
- **For General Manager:**
The Committee Chairperson and two other committee members will conduct the performance review of the General Manager.
- Issues related to the performance of an employee are raised with the employee at **the time the issue arises.**

- Performance issues are not left to the performance review to be managed.
- Performance issues dealt with throughout the year may be raised in the performance review as part of the overall assessment of the employee's performance and will not be a surprise to the employee.

A copy of the Performance Review Form is included in [the Original Forms File](#).

Performance Appraisal Procedure

The person conducting the performance review should:

1. Review and be familiar with the job requirements outlined in the job description.
2. Review specific goals or key performance indicators specified in previous performance appraisals, position description and service agreement.
3. Arrange a time and venue for the appraisal suitable for panel members and staff.
4. Provide the employee with a copy of the Performance Appraisal Form to complete before the review session (at least one week before review date) and inform them when this is required to be completed.
5. Review the employee's history: skills, training, experience, and previous appraisals.
6. Using the Performance Appraisal Form, assess the employee's job performance against the expectations of the position using all sources of information available to you. Note areas where further information is required.
7. Meet with the employee and undertake appraisal (following Ethical Principles):
During the interview, each person is given the opportunity to:
 - ⇒ *Comment on the various aspect of the performance;*
 - ⇒ *Discuss aspects of the job description;*
 - ⇒ *Clarify conditions of employment;*
 - ⇒ *Express concerns or difficulties;*
 - ⇒ *Raise matters of Health and Safety, etc.*

Discuss strengths, weaknesses and opportunities for development. Provide specific examples and constructive feedback. Keep in mind that this is a positive meeting for the benefit of the employee and yourself. Set and agree new performance goals with the employee.

8. The supervisor adds his/her own comments on the questionnaire, and the review team jointly decide on a fair outcome of the appraisal. The staff member is notified of the outcome.
9. Write up the performance appraisal on the **Performance Appraisal Outcome Form**. Include all issues covered, action to be taken, time lines and employee comments, to be kept in confidential file.
10. Follow Up: Ensure any action to be taken is taken within the specified timelines.
11. If staff feel they have been treated unfairly they are to refer to [9.15 Appeal Procedures](#)

Performance Appraisal Ethical Principles

The person conducting the performance review should ensure the appraisal is:

Participatory	Participation of staff, peers, supervisor in the appraisal process
Fair	Fairness - no one takes sides; all parties remain impartial
Accurate	Accuracy - based on recorded information over a 3-12 months period
Objective	Objectivity - based on what actually happened and not on an emotional response
Committed to positive outcomes	Commitment to carry out regular on-going appraisal and provide a career path
Informative to make adequate decisions on follow-up	Information as a necessary step to address any deficit
Identify training needs	Provision of adequate resources and training
Conciliatory not confrontational	Conciliation and offer of assistance rather than confrontation of two opposed parties
Allow for appeal	Access to a Mechanism of appeal when no satisfactory outcome is reached.
Remain confidential	Confidentiality - no leaks or gossip on the issues discussed during an interview. Only the interested parties need be aware of the outcomes and why.

Performance Appraisal Summary

<p>When? Timing:</p>	<ul style="list-style-type: none"> ◆ At end of 3-month Probation period, resulting in confirmation of appointment, extension or termination ◆ At 12-month Anniversary or Annual Review, resulting in increment granted/postponed and development of training plan
<p>How?</p>	<p>Performance Appraisal Form and Interview: self-assessment and assessment by employer.</p>
<p>Who? Performance Appraisal Panel</p>	<ul style="list-style-type: none"> ◆ Senior Managers and General Manager ◆ Committee member ◆ Peer (peer chosen by the staff member - optional) ◆ Consumer/specialist
<p>What? Areas to be covered</p>	<p>See Performance Appraisal Form</p>
<p>Outcome</p>	<p>Appraisal Panel make decision and fill in Performance Appraisal Outcome form. If staff member wants to appeal refer to 9.15 Dispute and Grievance - Appeal Procedures.</p>

9.11 TERMINATION OF EMPLOYMENT

Any member of staff or the Management Committee may terminate employment in accordance with the conditions of employment signed on appointment, by giving **notice to each other in writing:**

- 4 weeks notice for positions above Grade 5
- 2 weeks notice for positions at Grade 5 and below
- Or money in lieu of notice.

A Letter of Resignation by an employee must be completed, signed and received by the Management Committee.

Dismissal and Unfair Dismissal

However, the association, as employer, cannot dismiss an employee without good reasons. In the NT dismissal is regulated by the Federal Industrial Relations legislation. (*Workplace Relations Act 1996*).

For a dismissal to be lawful, the employer must:

- Have a valid reason relating to the employee's conduct or competence (dishonesty or gross incompetence; breach of code of conduct and disregard to ethical work values)
- Give the employee the chance to respond to allegations about conduct or work performance;
- Give the required notice or compensation in lieu of notice.

In case of breach of Code of Conduct by a member of staff (dishonesty, criminal activity, breach of confidentiality, use of alcohol or other drugs, abusive behaviour or harassment to consumers or other staff) the General Manager has the right to suspend the employee till such a time the matter is dealt with by the Management Committee.

An employer is not allowed to dismiss an employee for:

- Temporary absence because of illness or injury;
- Membership or non-membership of a union;
- Acting as employees representative;
- Making a legal complaint against the employer;
- Absence from work while on maternity or parental leave;
- Discrimination of any kind, unless it is based on the inherent requirements of the job;
- Who is employed on a contract for a specified period of time (breach of contract will lead to payment for the full term of the contract);

- Who is serving a period of probation 3 months or less, without providing opportunities to rectify any work problems before the completion of their probation period.

Redundancy

Redundancy is a valid reason for terminating or retrenching an employee. It applies when there is no more work for a person to do as a result of the workplace closing, or changes to the workplace (e.g. a restructure) in which the job disappears or is substantially changed.

In case of redundancy, standard redundancy payment is two weeks ordinary pay per year of service; however, a redundancy package may be negotiated with staff and union representative.

9.12 SUPERVISION

There are three types of supervision provided to staff:

- **General supervision (internal)** – general line supervision between a staff member and their supervisor
- **Professional supervision (external)** – specialised external supervision with a nominated experienced peer practitioner that encompasses both mentoring and debriefing support.
- **Conflict Mediation** – provision of independent mediation is provided when staff are unable to resolve conflict with another staff member and is approved by the General Manager.

Internal Supervision

General supervision is a process, which allows staff the opportunity to regularly clarify and resolve issues and dilemmas experienced at work, as well as for supervisors to provide feedback and support.

Supervision is important to ensuring that staff are supported in their work and that their work is carried out effectively. Additionally, supervision sessions provide an opportunity to follow up on staff development issues noted in staff appraisal reviews.

At these meetings work performance is examined against an individual's job description as well as the broader role of the Program and Service Agreements, which the employee works under.

NOTE:

Workplans and evaluation of workplans are the tools used to monitor and support staff performance.

Supervision meetings

Supervision meetings are held on a monthly, quarterly and annual basis. These meetings provide an opportunity for discussing the following:

- Review of performance – is the employee coping / meeting work plan objectives?
- Work-related issues – what are the achievements / challenges
- Feedback on performance - including identification of strengths and weaknesses.
- Identification of strategies for development – future action steps required.

General staff receive supervision from their supervisor.

Senior staff (Program Coordinators) receive supervision from the General Manager.

The General Manager receives supervision from the Chairperson of the MHACA Management Committee (or other nominated Management Committee member). The Committee member responsible will have relevant skills and experience.

Monthly: 'Support and Challenge' meetings: Staff meet with their supervisors each month to review progress of quarterly workplans, to debrief, to receive support and feedback on performance, and to note any issues which have arisen or suggestions for improving service delivery or service management.

Quarterly: Program Coordinators meet with the General Manager every 3 months to discuss their quarterly Workplan Projections and provide their Quarterly Evaluations of their Work plan. This is an opportunity to review, reflect, and critically assess process, outcomes achieved and future priorities and strategies. At these meetings staff are also required to identify ongoing training needs and project annual leave requirements.

Annually: Staff also receive supervision feedback at their annual Performance Appraisal.

External / Professional Supervision

It is a key requirement for all Senior Staff to have Professional Supervision in their roles. The role of professional supervision is to provide peer support to professional and Senior staff through debriefing with a mentor.

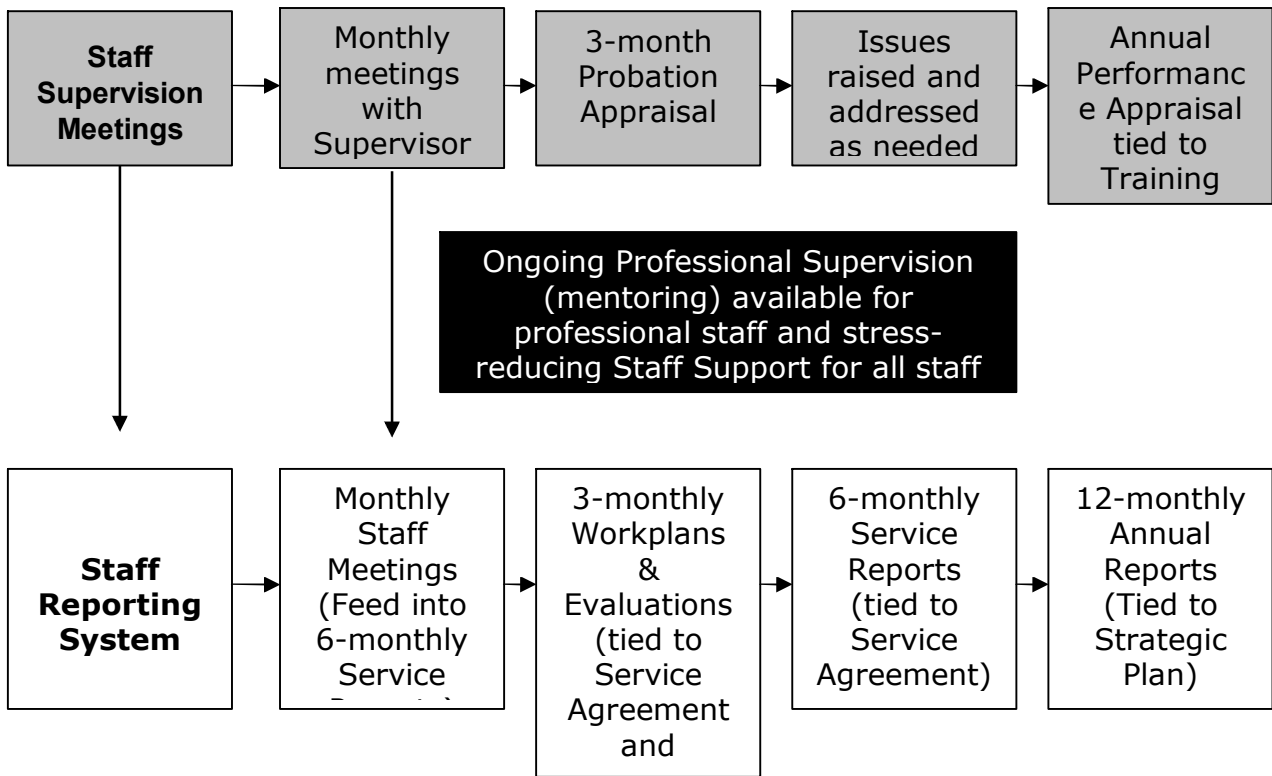
Professional supervision is a process, which allows professional and senior staff the opportunity to clarify and resolve, with an experienced fellow peer practitioner external to the Association, issues and dilemmas presented by their clients and workplaces.

The process has been found to reduce the risk of burnout, enhance work performance and increase job satisfaction. The purpose is to provide a safe, supportive opportunity to raise issues, explore problems, and contemplate new ways of handling both situations and oneself.

Criteria for selecting peer professional:

- ⇒ To be identified by staff member and approved by supervisor: staff are to nominate who they would like to meet with and make recommendation to their supervisor
- ⇒ Professional to have experience in same field and to provide documentation of suitability (e.g. Current resume) – to be provided to supervisor as part of selection process
- ⇒ Frequency of sessions will be determined:
 - a) *by the program budget (if funding is available) and*
 - b) *the hourly cost of chosen peer professional.*
- ⇒ It is recommended that sessions be held on a bi monthly basis up to \$150/hour
- ⇒ Staff to keep record of meetings and their outcomes and benefits.

Supervision and Reporting Flowchart



9.13 STAFF DEVELOPMENT, EDUCATION AND TRAINING

MHACA supports the professional development of its staff through a range of education and training opportunities, including: workshops, seminars, courses, project experience, networking, formal study and use of mentors in professional supervision.

Through providing opportunities for staff to expand their knowledge and skills, MHACA supports both the development of employees as well as the continued improvement of its services.

Staff development, education and training is tied to the annual performance review process and staff supervision process.

Orientation Training Requirements

The General Manager and senior managers responsible for ensuring that the basic orientation training needs of staff are met. This will be through:

- The provision of workplace information, including the policy and procedures manual.
- The provision of 'in-house' training or on-the-job training.
- Referral to an external training course.

Orientation training for staff is specified in the Staff Orientation Checklist and includes as a minimum:

- The content and use of this Policy and Procedures Manual relevant to the staff person's position
- Occupational health and safety issues, including the use of equipment
- The legal responsibilities associated with the person's work
- Training related to the services provided to the client group.

A copy of the Staff Orientation Checklist is included in [*the Original Forms File*](#).

Core Training

All staff should be trained in the following introductory training courses:

- ◆ Mental Health First Aid (contact MHACA Training & Promotion Officer)
- ◆ Aboriginal Cultural Awareness Training (contact Institute for Aboriginal Development or Alice Springs Hospital staff development branch)
- ◆ ASIST suicide prevention training (contact LPP staff)

In addition, client services staff are required to undertake:

- ◆ General first aid
- ◆ Boston Psychiatric Rehabilitation Model training (in-house via Prahan Mission)
- ◆ Recovery – client-driven training (in-house via skilled Consumer Advocate)
- ◆ Risk assessment / de-escalation skills training

General First Aid Training is arranged for at induction. Staff must maintain a valid first aid certificate through refresher courses and further training as required. All other training to be arranged as soon as suitable courses are available.

Staff Training and Continued Staff Education

The training needs of staff are to be discussed with the Supervisor, General Manager or Management Committee member (depending on level of employment) on recruitment, at supervision sessions and at the annual staff performance review.

MHACA will support its employees in staff development, education and training activities which are specifically relevant to the employee's position, and which will thus in turn benefit the organisation.

Funding permitting, it is recommended that each staff have an allocation of \$1000 per FTE (full-time equivalent) to be spent according to their skill development requirements identified in their Training Plan – (*refer 10.14.4*) Training Plan. Approval for additional funds may be negotiated as per individual case e.g. for accredited study.

If training is approved, all travel-related expenses (including travel, accommodation, travel allowance) will be paid by MHACA.

Support for training may include:

- Staff attendance at workshops, seminars and conferences in line with their Program's budget. Attending conferences is particularly encouraged if staff present a paper on their program's objectives or related topics/issues.
- Flexibility of working hours to participate in an accredited course of study at a recognised educational institution.
- Approved paid study leave.
- Purchasing resources such as videos and research literature.

Training Plan

As a requirement for completing quarterly Workplans staff are required to fill out an individual Training Plan, which identifies an employee's training requirements for the year ahead.

In completing a Training Plan, staff are to discuss their training needs with their supervisor, ensuring all training is tied to their job description and projected work plan activities, and meets both program and budget requirements.

The Training Plan will identify the following:

Training needs	Areas of skill in which staff seek development
Training requested	Courses and conferences related to staff's area of work – including dates, name of trainer & location
Relevance of training	How does the training relate to staff member's work, quarterly projections and job description?
Outcome	Brief benefit of training. Staff are to write summary to supervisor and brief write-up for <i>inBalance</i> newsletter

Once training has been completed, staff are to provide feedback to their supervisor on training activities they have attended and the value of the activity to their work.

A condition of attending training is that staff are also required to write a brief summary of the benefits of the training for distribution at the next staff meeting and inclusion in the MHACA newsletter.

Professional Qualifications/Memberships

Position Descriptions will identify any relevant qualifications required for each position.

All Staff who have professional qualifications must provide evidence of qualifications and any current registration/s upon commencement of employment and annually as required.

It is also expected that Senior Staff such as qualified Social Workers and Counsellors have and maintain membership with their relevant Professional Peak bodie/s, i.e. Australian Association of Social Workers. If such membership is a key to that Staff member's professional role, this will be negotiated as per the individual's contract.

Adherence to Acts of Law

All staff are to adhere to the relevant Federal and State (Territory) Acts of Law.

9.14 STAFF SUPPORT AND SELF CARE

Staff support for mental and physical wellbeing is available for all staff to help reduce stress and burnout.

Each permanent staff member is entitled to \$650 staff support (pro-rata if part-time). How this amount is allocated is to be decided by each staff member and can be used for the purposes of:

- Professional counselling / debriefing support
- Massage
- Gym membership

Each staff member is to keep track of his or her allocation of funds. The Administrator will also keep a record of payments made. This is an automatic payment, as sick leave etc. - when receipts are provided.

Stress and Trauma Management

MHACA has a duty of care to protect the health and safety of employees and consumers while at work. The Association is committed to reducing the incidence of occupational stress through:

- Promotion of high quality human resource management practices that minimise the opportunity for stress to occur
- Developing and providing training programs which enable identification and control of the factors which precipitate stress and facilitate the management of the effects of stress

Staff and Management Responsibilities

1. Employees will:

- Seek assistance of community professionals for stress occurring outside the workplace.
- Identify work-related matters likely to induce undue strain in the workplace and report "early warning" signs to their supervisor.
- Not, by their actions, provoke stress in themselves or others.

2. The General Manager and Senior Managers will:

- Minimise the incidences of stress through the application of good human resource management practices
- Identify/address stress in the workplace and, where appropriate, seek assistance of external professional sources in its resolution

- Ensure the provision of appropriate training and support mechanisms for themselves and those in their charge.

Legal Responsibilities

Incidents of aggressive behaviour will also raise the issue of the civil liability of both staff and consumers. Unlike criminal law, which is prosecuted by the DPP (NT), a civil action is one taken privately by an individual seeking damages for a wrong or injury.

Legal ramifications may arise as a result of serious aggressive incidents, the consequences of which may involve civil or criminal action, Worker's Compensation, industrial litigation, and professional ethics.

The Management Committee, through the General Manager, must ensure that staff are not only aware of their rights (e.g. their entitlements to Worker's compensation claim, or to initiate a civil action against the person committing an assault), but also of the legal requirements and responsibilities placed upon them by the law and professional ethics.

Steps to be taken by Employees

Employees may encounter a variety of stressful situations that, if left unattended, may reduce the ability of the worker to perform their job or even to function at the individual level.

Early identification signs of stress may be insomnia, irritability, lack of appetite, and loss of interest in one's work, being always late. The earlier these symptoms are dealt with the more chances there are to quickly resolve.

When a worker feels the pressure of a situation or has been the subject of abusive/aggressive behaviour, and recognises that they are losing control of their ability to act professionally and clearly, allowing emotions to take over, the following procedures will be followed:

- Go and confide in your supervisor and ask for support (get it off of your chest)
- Put in writing the matters that affect you and give a copy to your supervisor (writing may clarify the situation and make it less dramatic than it sounds)
- The supervisor will then assist you to access immediate counselling to release the pressure, and ensure that *peer debriefing* is available immediately/as soon as possible after an incident.
- The supervisor may decide to refer the case to the General Manager after assessing the seriousness of the problem.

- When stress and trauma have blurred the worker's confidence, the General Manager may decide to refer the case to an *external counsellor (CISD Facilitator)*. The General Manager may refer the case to the management committee.
- *Stress management training* must be offered to all staff as a preventative measure through workshops and in-services provided by professional external facilitators.
- Staff should commit themselves to debriefing and the use of support mechanisms after an incident, regardless of their perceived coping mechanisms for reasons of:
 - Their participation may serve to assist others to cope, and
 - They may suffer the effects of an incident some time after the event.

9.15 DISPUTE AND GRIEVANCE PROCEDURES

Staff Performance /Underperformance

The staff performance dispute procedure identifies the processes for dealing with issues of poor performance by a staff person. The procedure provides staff with an opportunity to improve their performance.

The following is the procedure for dealing with a staff performance dispute not involving misconduct. Misconduct would result in instant dismissal.

Staff or the Management Committee of MHACA may wish to seek advice from an industrial relations specialist. Contact details for advisory bodies are included in 10.20 - Industrial Relations Advice.

Any dispute or grievance must be documented.

Step 1: Verbal Warning

- The employee will be told as soon as possible of any complaint concerning the performance of their work and will be provided with an opportunity to discuss the complaint.
- The supervisor will, in consultation with the employee, outline how the employee must improve their performance. Any assistance needed by the employee to improve their performance will be identified and provided where possible.
- A date to review the employee's performance will be set. When setting a date consideration is given to providing adequate time for the person to resolve the performance issue and to the risk to the organisation of the performance issue.

Step 2: First Written Warning

- If the employee's performance is still unsatisfactory once a review has taken place, there will be further discussion with the employee. This will include the employee, a representative of their choice (optional) and the supervisor.
- The complaint against the employee and plans for improvement will be put in writing and a copy given to the employee clearly stating that a lack of improvement by a given date will result in a final written warning.

Step 3: Final Written Warning

- If at the date set in Step 2, the employee's performance has not improved, there will be further discussion with the employee. This will include the employee, a representative of their choice and the supervisor.
- The complaint against the employee and plans for improvement will be recorded in writing and a copy given to the employee clearly stating that a lack of improvement by a given date will result in termination of the employee's contract.

Step 4: Termination of Employment

- If the problem still persists after the date set in the final written warning, the employees contract may be terminated. The termination of the contract must be approved by a majority vote of the Management Committee.
- Detailed notes of performance dispute meetings will be recorded on the Staff Performance Interview Note Sheet and kept in the employee's file.

For further advice on these issues – [please refer to Industrial Relations information \(below\)](#).

Staff Grievance Procedure

The following is the procedure for dealing with a staff grievance about their employment conditions, their supervisor or the Management Committee of MHACA. The procedure does not apply to a performance dispute.

Grievances are managed through the normal organisation hierarchy. In this procedure the term employee refers to both staff and volunteers. Supervisor refers to the General Manager or Management Committee representative as appropriate

Staff or the Management Committee of MHACA may wish to seek advice from an independent body throughout this process. Contact details for some advisory bodies are included in [Industrial Relations Advice \(below\)](#).

Step 1

- The employee may approach the supervisor for discussion and advice on the issue. The discussion is confidential.

Step 2

- If the employee considers that the discussion has not addressed their concerns adequately they may put the issue in writing to the supervisor and request that the issue be raised with the General Manager.

Step 3

- If the employee considers the problem is not resolved in Step 2 they may request that the grievance be raised with the Management Committee.
- The Management Committee will make a decision on the issue and advise the employee of their decision within 7 days. The decision of the Management Committee is final.

Appeal Procedures

The General Manager and Management Committee will ensure that their decisions are in line with the relevant legislation that governs the employment of staff. In the event of a staff member disagreeing with the results of his/her performance appraisal, he/she has the right to appeal *within 7 days* of the notification in writing of the outcome.

- ⇒ The intention to appeal is addressed to the General Manager in writing, indicating the reasons for the appeal. If there is no remedy or a conflict of interest arises with the General Manager, then the matter will be referred to the Chairperson and may possibly go to independent mediation, if not resolved through the Chairperson.
- ⇒ The staff member has *another seven (7) days* to put together documentation and written evidence about the points being challenged.
- ⇒ Challenge to the Appraisal Panel's decision, is taken up by the Committee (*or its representatives, to be the arbitrator of the Committee*).
- ⇒ The member of staff is notified by the Chairperson of the date and time when the appeal session will take place.
- ⇒ During the appeal session, the evidence of the completed questionnaire, and any other documentation and written evidence provided by the staff member, is presented to the Committee representatives.
- ⇒ If the appeal session requires arbitration, it becomes a Performance Management Arbitration session.

Party One: The appealing staff member is given the opportunity to challenge the Appraisal Panel in the presence of the Committee representative about the points under scrutiny.

Party Two: The Supervisor on the review team responds.

Arbitration: The Committee representatives are called upon to: listen to both sides; answer each side; counsel as appropriate; offer conciliatory solutions; and provide final arbitration.

The decision of this appeal session is final.

If staff feel that they have been unfairly treated they may consult with the advisory bodies noted [Industrial Relations Advice \(below\)](#).

Staff should be made aware of their right to consult with external advisory bodies. The same procedures may be followed in case of challenging an unsuccessful job application. In the latter situation, the *interviewing panel* substitutes for the *Appraisal Panel*.

Misconduct

Misconduct includes very serious breaches of MHACA rules and warrants the instant dismissal of an employee.

Examples of misconduct include:

- Theft of property or funds from MHACA
- Wilful damage of MHACA property
- Intoxication through alcohol or other substances during working hours
- Verbal or physical harassment or discrimination of any other employee or client
- The disclosure of confidential information regarding the organisation to any other party without prior permission
- The disclosure of client information other than information that is necessary to assist clients and to ensure their safety
- Carrying on a private business from MHACA premises or using the service's resources for private business without the permission of the Management Committee
- Falsification of any MHACA records
- Failure to comply with the Code of Conduct for Employees.

Industrial Relations advice

MHACA has access to industrial relations advice through the NT Chamber of Commerce. They can be contacted in relation to any industrial issues on **Ph: (08) 8952 4377**.

Staff can seek advice in regard to industrial issues from:

- Their union, if appropriate
- Work Choices Infoline **1300 363 264**: info about wages and conditions
- Office of Workplace Services **1300 724 200**: protecting your workplace rights - to lodge or check the progress of a claim, or to report an alleged breach of a federal award or agreement) - www.ows.gov.au/asp/index.asp
- NT Anti-Discrimination Commission: **(08) 8999 1444**
Freecall: 1800 813 846 - www.nt.gov.au/justice/adc/index800.html
- [Office of the Commissioner for Public Employment](http://www.nt.gov.au/ocpe): www.nt.gov.au/ocpe

9.16 VOLUNTEER POLICY

MHACA recognises the valuable contribution to the service made by volunteers and actively encourages their participation. Through volunteers we:

1. Enhance the range of services available through MHACA, and
 2. Allow for wider community participation in the service.
- Volunteers will **not** be used to replace paid workers in the service.
 - All volunteers are recruited according to MHACA Equal Employment Opportunity Policy.
 - The General Manager and Senior Staff are responsible for the recruitment of volunteers.

Procedure for Recruiting Volunteers

1. Review the Position

Clarify the need for and the role of the volunteer position and develop or review the position description.

2. Advertise for volunteers

The Administrator will advertise for volunteers through the service newsletter, the local paper or through local volunteer agencies. Applicants must complete and return an Application for a Volunteer Position. A copy of the position description will be sent to prospective applicants on request.

A copy of the Application is included in [the Original Forms File](#).

3. Review Applications

The Administrator reviews all volunteer applications. Applicants who appear to have the necessary skills and experience from their application are invited to an interview.

4. Interview Applicants

The Administrator will arrange an interview with the volunteer, which will cover the following areas:

- Area/s of interest
- Health record (in case of emergency)
- Times available
- Commitment
- Reimbursement for expenses
- Names of two referees
- The need for a Police and/or a Working with Children Check as appropriate to the position.

5. Conduct Pre-Engagement Checks

Before successful applicants are offered a position the following pre-employment checks must be carried out *as identified* for the volunteer position:

Volunteer Police Checks

- A Criminal History Check can be obtained via the local Police Station. Information on costs etc. can also be located via this link:
<http://www.pfes.nt.gov.au/index.cfm?fuseaction=page&p=212&m=20&sm=38#anchor9>

Working with Children Checks for Volunteers

A Working with Children Check is required for the child contact only and should be arranged by the applicant. MHACA will meet this cost through volunteer reimbursement.

Assessing the working with Children Check

- If the person receives a Negative Notice they are **not** to be employed.
- If the person receives an Interim Negative Notice they are **not** to be employed until they produce a current Working with Children Card.

6. Proof of Identity Requirements

The Administrator is to confirm the identity of the volunteer.

Primary Identification

One or more of the following documents must be produced as proof of identity by the applicant:

- Previous or current Australian driver's licence with a photograph
- Australian Passport (not expired by more than two years)
- Current overseas passport
- Birth Certificate or Extract of Birth (support document must also be produced if birth name has changed by Marriage or deed poll)
- Visa or Immigration document
- Australian Document of Identity
- Australian Citizenship Papers.

Secondary Identification

Where only **one** type of Primary Identification is produced, a second form of identification must also be produced, which may include:

1. ATM access card issued by a financial institution
2. Credit card (i.e. Visa, American Express, Diners, Bankcard etc.)

3. Pension card issued by Veteran Affairs or Centre Link.

7. Assessing the Police Check Report

The General Manager will decide if the report of the Police check disqualifies the volunteer from working in MHACA taking into consideration the nature of the offence, the penalty and when it occurred.

A previous conviction does not necessarily disqualify a person from working with MHACA.

NOTE:

- ⇒ Management may decide to engage a volunteer who has **not** passed a formal Police Check - for a specific role which may/may not be part of their Recovery Plan.
- ⇒ Any such decision must be recorded and supervised by a Senior Staff member and a full Risk Assessment completed by the nominated Senior staff member, who is to supervise the volunteer.
- ⇒ A copy of the police certificate is to be kept in the volunteer's file. Note that the police check is to be renewed every two years. The cost of this will be met by MHACA.
- ⇒ However **under no circumstances** will a person be engaged as a volunteer who has not passed a Working with Children Check and who would be required as part of their volunteer placement to work with/ or near environs that include children.

8. Reference Check

- ⇒ The Administrator will contact the referees of preferred applicants.
- ⇒ Referees are asked to comment on the person's ability and commitment to carry out the duties of the position applied for.
- ⇒ Referees comments are noted in writing and filed in volunteer's file.

9. Motor Vehicle Drivers License Check

The Administrator will take a copy of the license for inclusion in the person's file.

10. Offer of a Position

Successful applicants will be advised by telephone as soon as possible, and a start date arranged.

Successful applicants are also sent a Volunteer Agreement specifying the key terms and conditions for working with MHACA. This should be signed before or on the first day of employment.

11. Advise Unsuccessful Applicants

Unsuccessful applicants are informed in writing of the outcome of their application as soon as possible.

Volunteer Induction

Items to be covered when a new volunteer commences are described in detail in the Staff/Volunteer Induction Checklist.

The Administrator will complete the volunteer's induction using the checklist. A copy of the Staff/Volunteer Orientation Checklist is included [in the Original Forms File](#).

1. Position Description for Volunteers

As with paid staff, all volunteers are provided with a position description for their job.

2. Volunteer Agreement

All volunteers must sign a Volunteer Agreement before commencing work. A copy of the Volunteer Agreement is included in the Original Forms File.

3. Reimbursement of Costs

MHACA will reimburse volunteers for the cost of items they are required to purchase on behalf of MHACA. Mileage is paid if volunteers undertake tasks that require them to use their vehicle. Volunteers are responsible for recording their mileage and ensuring that their vehicles are insured appropriately.

4. Volunteer Training and Orientation

The Administrator is responsible for ensuring that the basic training needs of volunteers are met. This may be through:

- i. The provision of workplace information, including access to the policy and procedures manual.
- ii. The provision of 'in-house' training sessions or on the job training.
- iii. Referral to an external training course (if identified as required)
- iv. Basic training for volunteers is specified in the Staff/Volunteer Induction Checklist and includes as a minimum:
 - a. The content and use of this Policy and Procedures Manual relevant to the volunteer's position.
 - b. Occupational health and safety issues, including the use of any equipment.
 - c. The legal responsibilities associated with the volunteer's work.
 - d. Training related to the services provided to the client group.

Supervision of Volunteers

- Supervision and support are important to ensure that volunteers are supported in their work and that their work is carried out effectively. Additionally, supervision sessions provide an opportunity to follow through on the further development of volunteers' skills and knowledge.
- All volunteers are provided with regular supervision at least once every 6 months from the Administrator.
- Volunteers should contact the Administrator if issues arise between supervision sessions, which need to be dealt with urgently.

Supervision sessions will cover the following points:

- Review of work undertaken since last session
- Workplace issues
- Feedback on performance including identification of strengths and weaknesses
- Identification of strategies for volunteer development.

Code of Conduct for Volunteers

Volunteers are expected to follow the same standards expected of paid staff and these standards are defined in [Appendix E Code of Conduct](#).

A copy of the Code of Conduct should be given to all volunteers on recruitment.

Volunteer Occupational Health and Safety

- MHACA is committed to providing a safe working environment for volunteers and achieves this through ensuring compliance with the occupational safety and health requirements for staff.
- Section 8 Occupational Safety and Health specifies the policy and procedures for staff. With the exception of Injury Management, the staff policy and procedures apply equally to volunteers.
- A Staff Accident/Incident Report should be completed by any volunteer involved in an accident or near miss/close call (however minor) at work and given to their supervisor as soon as possible.
- The volunteer should be advised that the incident will be investigated and that the outcomes of the investigation will be reported back to them.
- All accidents or near misses will be investigated as per the procedures specified for staff accidents in [Section 7 - Occupational Health and Safety](#).

Volunteer Accident Insurance

- Volunteers working for MHACA are covered by volunteer accident insurance. If a volunteer is involved in an accident for which they believe a claim could be made against the insurance they should complete a Staff Accident/Incident Report and advise the Administrator that they are considering a claim.
- The Administrator will advise the volunteer of the requirements of the volunteer accident insurance and will assist the volunteer to complete a claim form.

9.17 STUDENT PLACEMENTS

MHACA supports the placements of students undertaking tertiary qualifications relevant to the provision of mental health services, for example, diplomas or degrees in Social Sciences, Community Services and Aboriginal Studies.

After an initial request has been received on behalf of a student from a recognised educational facility – the following steps should be completed:

1. *Request received in writing from the educational facility.*
2. *Request to be approved by MHACAs Management.*
3. *Decide which program is most suitable for placement and if appropriate senior staff are available for supervision for the time period requested.*
4. *Suitability needs to take into consideration where the student will physically sit (i.e. is there adequate office space at the time) and who the student will primarily work with.*

If the student's placement needs and times fit in with MHACA staff work schedule the dedicated senior staff person to:

- ⇒ Coordinate an approximate schedule outline for student—to be done in consultation with other staff—so student is exposed to a variety of activities and procedures
- ⇒ Write a letter to the student/educational facility - advising acceptance and dates for placement and who they will be accountable to.
- ⇒ Advise fellow staff via email and next staff meeting of when the student placement will take place.

9.18 TENDERS AND CONTRACT STAFF

Employment of contract staff and consultants occurs on an as-needs basis. The decision to engage an external Consultant must be approved by the Management Committee and appropriate use of either an Open Tender – or Select Tender process identified.

It is the responsibility of senior staff to identify Terms of Reference for each project. These include:

- Project background
- Objectives
- Outcomes required
- Methodology to be used
- Reporting
- Employment conditions e.g. pay rates (if Contract staff) – or alternatively a budget for Tenders.
- Time frames.

Pay rates for Contract Staff are determined according to the role, level of expertise required, duties, activities and responsibilities and are determined in line with the SACS-NT Award.

As part of reporting procedures it is expected that progress reports against agreed outcome measures, are provided throughout the duration of each project.

Terms of Reference for tenders

The following is a basic template Terms of Reference to be used when advertising either an open or Select Tender.

ESSENTIAL

1. Provision of a statement of competency against the Project specifications.
2. Ability to commit time required for the Project and meet proposed timeframes and reporting schedules.
3. Provision of a quote within the capacity of the Project funds.
Note: This should include a 'Proposed Methodology' and costing based on the Project Specifications (2).
4. Appropriate levels of Public Liability and Professional Indemnity Insurance coverage.
5. Relevant qualifications and experience in related fields and provision of three referees' and provision of a Curriculum Vitae/ Consultant Profile.
6. Provision of an ABN Number and confirmation of Electronic Payment facility.

DESIRABLE

7. An understanding of Mental Health policy framework, including the National Mental Health Standards.
8. Experience in working in related fields/ on similar projects to that which MHACA is seeking services for.
9. Solid communication skills and ability to communicate with a wide range of people.

Advertising Tenders

Once the decision has been made to advertise a tender the following procedure should be followed:

Open Tender

The General Manager in consultation with the respective Senior Managers to which the body of work pertains, develops the specific requirements and adds them into the Terms of Reference template which forms the basis of the advertisement and the Tender Application. Final approval is to be sought from the Management Committee.

Select tender

MHACA can choose to implement a 'Select Tender' process, where a number of Consultants/ organisations have already been identified as appropriate to engage for a specific body of work. These Consultant/s and/or Organisations can then be contacted and asked to submit a tender application, based on the Terms of Reference template with specific requirements.

Assessment of Tenders

The General Manager and identified key Program staff are responsible for the assessment and recommendation, which is then presented to the Management Committee for endorsement.

Set Up a Selection Panel

The selection panel is responsible for short listing, and selecting the successful tender. The selection panel will comprise of:

- The General Manager, and
- Staff Member from the relevant Program Area, pertaining to the Tender
- One Committee member.

Shortlist tenders

The selection panel assesses all tenders, which are short-listed based on their ability to meet the required selection criteria as documented in their application. If necessary, further short listing will be undertaken using desirable selection criteria.

Engagement of Successful Tender

The Administrator is responsible for contacting the successful tender firstly by phone and then in writing so that a written record exists. A copy of this record is to be kept on the File pertaining to the Tender.

Notification of unsuccessful Tenders

All unsuccessful Tenders are informed in writing of the outcome of their application immediately following the appointment of the successful applicant.

Unsuccessful tenders will be advised that they may request feedback. This will be provided by the appropriate staff member.

A copy of this record is to be kept on the File pertaining to the Tender.

Mental Health Association of Central Australia	Date amended:
	Date approved by Committee:

SECTION 10 - ADMINISTRATION AND OFFICE PROCEDURES

NSMHS 9:	Service Development
NSMHS 10:	Documentation

PHONE:	08 8950 4600
FAX:	08 8953 5577
EMAIL:	info@mhaca.org.au
POSTAL ADDRESS:	P.O. Box 2326 ALICE SPRINGS, NT 0871

10.1 KEY OFFICE DETAILS AND PROCEDURE

MHACA employs a full-time Administrator (supervisor) and full time Administration Assistant who are responsible for fulfilling the core administrative roles.

Hours of Operation

- The office will be open for business and staffed from 8:30am to 4:30pm Monday to Friday.
- As per MHACA's conditions of employment ([Refer Section 9.2](#)) staff can work between the hours of 8.00am and 6.00pm.
- As part of daily duties staff are expected to coordinate and ensure that the office remains open within the core hours.
- MHACA provides a year-round service and is open 52 weeks of the year. The office will be closed on weekends, public holidays and designated training and development days.

Key Administration Contacts

The **main** MHACA Contact List is maintained by the Administration Assistant and is filed on the network in the Contacts folder. It is broken down into the following categories:

- Government contacts
- Non-Government (NGO) community organisations
- Key Service Providers/ Agencies

Telephones – Policy and procedure

- The Administration Assistant at reception is responsible for answering incoming calls to the main MHACA number: **8950 4600**.
- Each staff member has their own extension number and calls are redirected accordingly.

When No One at Reception

- When the Administration Assistant is away from reception the phone is diverted to the 'on a break' setting so that any staff member can take incoming calls, and redirect where necessary.

After Hours

- After hours the phone system is diverted to the 'after hours' message. The Administration Assistant will set to 'normal' when they arrive first thing Monday morning. If the Administration Assistant is on leave (and there is no replacement) the phone system is diverted to the 'on a break' setting.

Setting Up Voice Mail

- Each staff member is responsible for setting up their voicemail messages.
- Dial 500 and follow the voice prompts. The password is zero + ext. no. e.g. 0610.
- Each staff member is responsible for setting up their own voice mail.

Further assistance can be obtained from the Administrator.

Messages

- Messages are to be written on paper or sent via email.
- All callers must be given the opportunity to leave a message.
- It is the responsibility of each staff member to check their own voicemail messages.

Private Calls

- Private calls are to be kept to an absolute minimum on both work and mobile phones.
- If use of private calls is abused, the staff member in question will be given a verbal warning. If the behaviour continues the staff member will be given a copy of the bill highlighting personal/out-of-hour calls and asked to repay this/have amount deducted from next pay.

Private Use of Mobile Phones

- Some private use of mobile phones may be approved for some senior staff as per individual salary package and no more than their telephone contract package. Non-work use of mobile phones has to be written into individual contract. [## Refer to Section 9.2 – Conditions of Employment – Mobile Phone](#)

General Office Procedures

Filing

- The Administrator is responsible for maintaining the manual filing system up-to-date and for keeping track of all files.
- The client and staff records must be kept in a lockable filing cabinet at all times and the keys to be kept in a safe place.
- The Administrator is also responsible for maintaining the computerised network filing system. ([Refer also Section 5.3 Records Management](#))

Mail

- The Administration Assistant is responsible for collecting, opening and distributing mail. Mail marked personal or confidential will be delivered unopened.
- All incoming mail must be stamped or noted with the date received and forwarded as appropriate.
- Correspondence relevant to the Managing Committee is dated and given to the General Manager and recorded on the Correspondence In list for presentation at the next Management Committee meeting.

Outgoing Mail

- MHACA has an account at Australia Post. The Administration Assistant will use this to keep a supply of stamps as well as pay for bulk mail or express mail.
- Staff are to leave all outgoing mail in the Mail Out tray with the Administration Assistant who needs to ensure that all mail is stamped with MHACA's address and a postage stamp.
- Important documents are to be recorded in the Correspondence Out Register in the Correspondence Folder on the network. All important correspondence 'In' - should be recorded as received in an 'In' register.

Stationery

- The Administration Assistant is responsible for maintaining adequate stationery supplies.
- A Stationery Order file is kept in the Stationery folder on the network. Staff should use this to record any stationery they require. The Administration Assistant will check and order stationery once a week.

Cleaning

- The office will be cleaned, by a cleaner, once a week.
- Staff are required to empty their own bin if it gets full in between cleaning times and staff are also asked to ensure a basic level of tidiness and ensure that **no client files are left unsecured** on desks, when not in use.

10.2 SECURITY

The first person entering the office in the morning needs to disarm the security system within 30 seconds of opening the front door by entering the security code.

The last person to leave the office at the end of the day must arm the security system and exit through the front door within 30 seconds.

The security numbers to arm and disarm the doors are issued to staff on commencing at the service.

Two staff must be in the office at all times for the office to remain open.

If only one staff member is available the office must be locked and a notice put on the door advising when the office will be open again. Wherever possible this is to be avoided.

Keys

- MHACA uses a Key Register to keep track of who has what keys. The Administrator is responsible for ensuring the Key Register is maintained up to date.
- Whoever leaves last is responsible for locking up. Keys are not to be lent to any other people.
- Any member of staff who is issued a set of keys for access to the buildings or any part of the building after hours must complete a key requisition form, and get approval from the General Manager or Senior Manager.
- Duplication of keys is not allowed. Any key-cut must be authorised by the Administrator.

Filing Cabinet and Storage Cupboards Keys

The keys to the filing cabinet and storage areas are kept by the Administrator. The cabinet and storage areas must be kept locked at all times the office is unattended.

Locking Up & Activation of Alarm

- Before leaving the premise at 5.00pm, the last staff member out checks that all doors and windows are shut and gates are locked and the alarm system is switched on.
- Security responsibilities for evening activities pass to the most senior staff or Committee member present.
- The first staff member to arrive at 8.30am in the morning opens up the gates and premises and switches off the alarm system.

Whoever leaves last is responsible for locking up and needs to ensure the following tasks are completed:

- Check the phone is on night switch
- Check all doors and windows are locked
- Check that filing cabinets and storage areas are locked
- Turn the air conditioning off
- Turn off the photocopier and radio
- Turn off the office lights
- Activate the alarm code+ AWAY (to enable).

Alarm and response to Alarm

The alarm system is meant to notify the Security Company in case of burglary and Fire Fighting Enterprises in case of fire.

Computer and sensor cells link the remote control alarm system

- With the police station (for burglary)
- And the fire brigade (for fire)

They are called in when an incident is reported on their monitor.

The Administrator or General Manager must be available on call to respond to any incident.

Computer Security

- The Administrator is responsible for the safe keeping of all data on computers, including that of the Client Services Branch.
- This involves backing up on disk on a daily or weekly basis (as the need may be), and safekeeping of all end of month backups "off site".
- Additional technical precautions include UPS (uninterrupted power service).
- Each computer must have a Virus Scan and Virus Shield function, to minimise the chances of data corruption.
- It is the responsibility of the Administrator to keep the security of the computer network up to date.

10.3 COMPUTER SYSTEMS

Network Data Storage

The main MHACA data files are stored on the central 'data server' which all staff have access to.

Other confidential data specific to different programs is stored on different servers as follows:

- '**mhacaadmin**': data on Employees/Finances/Housing for Admin staff only
- '**rehab server**': data for the Pathways Rehabilitation Program
- '**outreach server**': data for the Outreach Program
- '**subacute server**': data for the Prevention & Recovery Program
- '**LPP server**': data for the Life Promotions Program

User-Data Folders

- Only the Administrator can add new data folders to the main 'data server'. If staff require a new data folder they should advise Administrator.
- Senior Manager's are responsible for adding folders to their specific server.

Core Computing Procedures

- **Backups**

All computer data is backed up every Friday night on a RW/CD. Staff who store data on their own C: drive are responsible for ensuring this gets backed up separately.

- **External Programs**

No programs, external data or utilities are to be loaded onto any workstation by any staff person without the permission of the Administrator. Loading programs or other external data or utilities can introduce viruses into the workplace and can cause serious problems with the computer system. In particular, no illegal copies of software are to be installed.

All additions/deletions/configurations to MHACA's computerised network are managed by MHACA's IT consultant.

- **Passwords**

To ensure security of the computer system staff passwords are kept by the Administrator.

- **Email**

Staff may send and receive *minimal* personal emails.

All emails are to be filed in appropriate folders set up by each staff on their computer. Emails documenting service feedback and information critical to the operation of MHACA should be forwarded to the General Manager.

*If pornographic, sex related or other junk email is received it is to be deleted without viewing it. Under **no** circumstances is it to be responded to.*

Email CONTACTS Lists

Each staff member is responsible for setting up their own Email contacts list.

For assistance staff can contact the Administrator.

- **Internet**

Internet access is restricted to work related purposes only. Under no circumstances are staff to access pornographic or sex related sites.

- **Computer Games**

Games, either through disks, CD's or the internet, are **not** to be played on workstations.

- **Use of Shared Resources**

All staff are asked to be considerate of others when using shared resources such as the Photocopier/fax/laminator.

If you need to use a resource for an extended period, schedule it for when other people are less likely to need access.

No information technology resources are to be used for private purposes or private gain.

Minimal personal use is permitted with the consent of the General Manager.

- **Access to the Server**

The server is password protected. MHACA's external IT consultant holds the password details outside of the MHACA office. The password is kept in the safe and should only be accessed by the General Manager or Administrator.

Only the MHACA's IT consultant and the Administrator are authorised to load new programs onto the server.

The IT consultant is responsible for adding and deleting users and for managing mail boxes as per the demobilisation and induction procedures.

- **Access to the Workstations**

Each staff person has their own password to their workstation. These are recorded and kept in the locked filing cabinet to which the Administrator has a key. A record of these passwords is only kept for reference should a staff person forget their password.

- **Removal of Data**

Other than backups, data can be removed from the office only if staff are working away from the office and a copy of the data remains in the office.

Files copied for external work purposes should be destroyed once the work is complete.

Under no circumstances should client information be removed from MHACA except for information contained on the backup data disk. This disk must be kept in a secure location off site.

- **Getting Help and Reporting Problems**

If a staff person experiences any problems with a program or computer or other piece of equipment the Administrator is to be advised. If necessary, the Administrator will arrange for the IT consultant to attend the service.

- **Breaches of Procedures**

To ensure the integrity of the MHACA Computer System it is important that these procedures are followed. Any breaches of these procedures will be considered a serious breach and may lead to disciplinary action.

Use of Laptops Computers

MHACA has laptops, which are for Senior staff to utilise when working away from the main office and/or on approved 'work from home' periods.

All Laptops must be signed out and back in on the Laptop Register, which is held by the Administration Officer. Approval must be sought from the General Manager.

10.4 EQUIPMENT

Approved Suppliers & External Contractors

A list of approved suppliers, including contractors, is maintained by the Administrator.

External suppliers and contractors are required to provide an ABN number and, if appropriate, evidence of public liability and current workers' compensation insurance. These details are to be noted on the list of approved suppliers.

Purchase of Equipment

All items that have been itemised and budgeted for in MHACA's annual budget can be purchased without needing special authorisation.

- **ITEMS UNDER \$1000:**
The General Manager authorises purchase – at least 2 quotes must be provided.
- **ITEMS OVER \$1000:**
The Committee needs to authorise any purchases over \$1000 that are not as per the approved budget. The *Request for Equipment over \$1000 Form* needs to be completed and presented to the Management Committee together with at least two quotes.

All items *not* included in the MHACA budget must be requested via each Program's Coordinator in consultation with the General Manager.

- The Program Coordinator will assess if there are enough surplus funds in the current budget and will then make a recommendation to the General Manager.
- All (equipment) items purchased (greater than \$300 in value) - must be recorded in the Assets Register.

Assets Register

An assets register is maintained by the Administration Assistant. This includes:

- Date of purchase
- A description of the goods, including brand, model and serial number (if appropriate)
- Location (program belonging to)
- Purchase cost (including GST)

All equipment purchased with a value in excess of \$300.00 must be recorded. If the purchase price is not known, for example if the asset is donated, then it should be recorded at the cost of a comparable item at current prices.

Purchase costs should include installation costs, cabling, transportation and other associated costs incurred to make the asset usable.

*The assets register must be updated at the end of each financial year as part of the annual audit process.*

Use of Equipment

The following policy applies to all staff (paid and unpaid) who are required to use equipment in carrying out their duties:

- The occupational health and safety policy must be followed. (Refer section 8: Occupational Health and Safety.)
- If the staff member is inexperienced in using a piece of equipment, appropriate training must be provided.
- Any hazards/faults must be reported to the Administrator or senior managers immediately.

Equipment belonging to the MHACA is generally not to be loaned to people or taken out of the office unless it is used for out of office work purposes. If a staff member or another person wish to borrow equipment approval from the General Manager is required beforehand.

The Administration Assistant is responsible for maintaining a maintenance register and for ensuring any equipment requiring periodic maintenance is serviced when required.

10.5 MOTOR VEHICLES POLICY & USE OF

- The Administrator is responsible for managing Motor Vehicle maintenance and repairs.
- The Administrator will keep a photocopy of all staff driver's licences within each staff members personnel files.
- Vehicles can only be driven by authorised staff.

Transport of non-authorised persons (other than consumers or staff) for non-MHACA business, is not covered by MHACA Insurance that is in case of an accident

- *The vehicle is not covered for damage;*
- *Damage to other vehicles or property is not covered;*
- *Injury to self, passengers or others is not compensated except under third party.*

Similar restrictions apply for accidents occurring "under the influence" (Section 8 – Occupational Health & Safety), while not wearing seat belt or driving without a current licence.

Note:

- * Staff will be *dismissed* at once if found driving under the influence of alcohol or other drugs or when they are disqualified.
- * Staff will receive a *warning* if found using the MHACA vehicle for non-MHACA business. Dismissal may occur after three warnings.

Each MHACA vehicle is designated to a staff member from each respective program to home garage and, if approved, to use privately for non-work purposes (as written in their Employment Contract). It is the responsibility of employees to ensure vehicles are available at MHACA during core business hours.

The use of MHACA vehicles is governed by this policy and the Motor Vehicle Agreement Form.

Work Use of Vehicle

Each driver must hold a current NT Driver's License of the appropriate class to legally drive the vehicle, and lodge a photocopy of their license with the Administrator.

Vehicles must be locked at all times that they are unattended.

During the period of employment the designated employee shall ensure the vehicle is maintained in a roadworthy condition. This includes to:

- Refuel when the fuel gauge get to ¼ or below

- Check tyre pressure, oil and water levels before departure
- Ensure vehicle is maintained in a clean and tidy condition
- Advise when service and registration are due
- Notify the Administrator of any mechanical/electrical fault noticed while driving
- Notify the Administrator in case of accident so this can be reported to the police and insurance claim can be lodged (if after hours driver to notify police)
- Ensure that in event of an accident with other vehicle that driver collect details of other driver or person(s), car details (registration number, colour, make, model, year of manufacture), insurance company, and time, date and location of accident ([See also Section 7.2 OH&S - Motor Vehicle Accident Procedures](#)).
- The employee shall ensure the vehicle at all times carries a jack, wheel brace, basic tool kit and roadworthy spare tyre.

Fuel

- Is to be obtained from the approved petrol station ([Caltex, North Stuart Hwy](#)) and will be accounted for against the vehicle not the driver.
- Each vehicle has an identification key tag, which must be presented at the fuel station before charging.
- The tag must remain in each car at all times.
- The most appropriate type of fuel is to be purchased, i.e. OPAL for unleaded vehicles and Diesel for Diesel vehicles.
- Purchase docket receipts must be handed in to the Administrator on date of purchase showing the name of the driver.

NOTE: Only fuel is to be purchased on fuel cards.

- The employee shall ensure that there is a logbook in the vehicle and shall complete the logbook for each use of the vehicle. Drivers are required to record for every trip: Date, Purpose of trip, Odometer reading at start and end of trip.

Emergency breakdown service

- Is through the automobile club (AANT) is available to the vehicle (*not the driver*).
- The vehicle is to be used for work purposes by the designated employee. It will be garaged at the employee's address when not being used for work purposes except during the employee's recreation, sick or other leave or such other address identified by the MHACA Manager.

All drivers are personally liable for any fines incurred while driving.
--

Non-Work Use Of Vehicle

By a Senior Employee:

Where a vehicle is garaged at home, the vehicle may be used for non-work purposes by a senior employee subject to the following conditions:

- Non-work use has to be written into a senior employee's employment contract and may form part of a salary package.
- The vehicle may not travel more than 150kms from Alice Springs - or in the case of an employee based outside Alice Springs not more than 150kms from the residence of the employee without approval of the General Manager.
- The employee shall pay all costs associated with the private use of the vehicle including fuel and oil.
- The employee shall ensure that no person drives the vehicle other than her/himself - except in exceptional circumstances such as emergencies.
- The vehicle is not to be used for any illegal purpose or in any activity that may reflect unfavourably on Mental Health Association of Central Australia Inc.
- The employee shall ensure that all normal road rules and laws are maintained. In particular the employee shall not drive the vehicle under the influence of alcohol or any other drug.
- Private use of the vehicle shall not interfere with the work purposes for which the vehicle was purchased, and the vehicle shall be available for use for work purposes at all times. Use for work purposes shall take priority over private use.

Failure to observe any of the above conditions may result in the employee's dismissal, or other disciplinary action consistent with the relevant legislation.

Driver Responsibilities

It is the responsibility of all drivers to ensure that:

The vehicle is maintained in a roadworthy condition. This includes to:

- Refuel when the fuel gauge get to ¼ or below
- Ensure vehicle is maintained in a clean and tidy condition
- Notify the Administrator of any mechanical/electrical fault noticed while driving
- Notify the Administrator in case of accident so this can be reported to the police and insurance claim can be lodged (if after hours driver to notify police)

- Ensure that in event of an accident with other vehicle that driver collect details of other driver or person(s), car details (registration number, colour, make, model, year of manufacture), insurance company, and time, date and location of accident. (*See also Section 7.2 OH&S - [Motor Vehicle Accident Procedures](#)*).
- The vehicle logbook is completed for each use of the vehicle. Drivers are required to record: date, purpose of trip, odometer reading at start and end of trip and total kms.

The vehicle is to be used for work purposes by the designated employee. It will be **garaged** at the employee's address when not being used for work purposes except during the employee's recreation, sick or other leave or such other address identified by the MHACA Manager.

The employee shall ensure that in the course of his/her employment the vehicle is not driven by any person who does not hold a current NT Driver's Licence, of the appropriate class to legally drive the vehicle.

All drivers are personally liable for any fines incurred while driving.

Roster for Vehicle Use

Staff members of each program have priority access to their own program's vehicles.

To assist with the availability of vehicles a **Vehicle Planner** is located in Administration (near the front door).

- Staff are requested, where possible, to record in advance when they need a particular vehicle.
- When staff require a vehicle at short notice they must first check the Vehicle Planner to see which vehicle is available.
- If a vehicle is available, the person seeking use of the vehicle must also double check with staff from that vehicle's program (if they are currently in the office) if that vehicle may be required in due course, as an appointment may have arisen, which someone has forgotten to write up on the planner.
- If the vehicle is free staff must record their name on the Vehicle Planner next to which vehicle they have taken and what time they expect to return to the office.

10.6 INSURANCE

MHACA will comply with all legal requirements with respect to insurance. The type of insurance cover and level of insurance cover will be decided by the Management Committee after consultation with the insurance broker: OAMPS 8953 1977.

Insurance Policies

Will include as a minimum:

- Public liability
- Workers' compensation
- Professional indemnity insurance
- Board members insurance
- Property - fire
- Contents - theft and burglary (replacement cost)
- Volunteer insurance - personal accident and public liability
- Vehicle insurance

Students

The Administrator should check that any students on placement are covered by their Educational Institution. If not, appropriate cover must be arranged.

Staff and Volunteer Vehicles

The Administrator should ensure that the vehicles of any staff and volunteers are covered through their own insurance policy if used for agency work.

Insurance Register

The Register of Insurance Policies is maintained by the Administrator and must show:

- The policy number,
- The insurance company,
- What it covers,
- The premium,
- The date paid and
- The expiry of the cover.

Mental Health Association of Central Australia	Date amended:
	Date approved by committee:

SECTION 11 FINANCIAL MANAGEMENT

NSMHS 9:	Service Development
NSMHS 10:	Documentation

MHACA's financial management system is based on accrual accounting principles.

11.1 ANNUAL AND MONTHLY FINANCIAL ACCOUNTABILITY

Budget

An annual budget is developed by the General Manager and Senior managers and forwarded to the Treasurer for review. The budget is presented to the Management Committee for endorsement prior to or in the first month of the financial year.

The MYOB accounting package enables production of management reports, *actual vs. budget*, for each individual grant received as well as a consolidated report for the Association.

MHACA Administration Fee Policy

An administration fee of 18 % is charged to the program areas to cover costs associated to auspice each program that includes:

- Wages
- Bookkeeping
- Audit fees
- General admin support, receiving calls, photocopying, shopping
- Location within the MHACA premises
- Power
- Mail
- Main stationery
- Main Computer Technical Support
- Overall Management of program role

Income

- Grant received (full amount of grant as per service agreement, incl. GST)
- Administration fees (this is an internal transaction, transferring administration costs from one grant to another)
- Other income

Projected Expenditure

- Salaries and Wages and on costs
- Operational expenditures, incl. GST
- GST owing

Surplus/(deficit) ___ In the budget this should read "0" (zero)

All spending is based upon the projected expenditure agreed and within the delegation of power policy.

Reports

The Bookkeeper will present financial reports (*actual vs. budget*) to the Management Committee, on a monthly basis with a year to date figure and explanatory notes.

The report will include a summary from the budget comparison reports showing all income, expenditure and surplus/(deficit) amounts for each project.

The Treasurer will undertake a detailed quarterly review of the accounts, e.g. (September, December etc.)

The review will consist of the final accounts for the quarter, the banks and GST to be reconciled and to be reasonably sure all transactions, creditors etc. have been dealt with.

A copy of the following will be provided quarterly;

- A Trial Balance;
- Consolidated Income and Expenditure account;
- Consolidated Balance Sheet;
- Income & Expenditure account for each project;
- Bank reconciliation with a copy of bank statement at period end;
- Debtors and Creditors summaries (at period end date);
- Copy of BAS for quarter;
- Wages summary;
- Copy of journals (for quarter only)
- Full general ledger.

The system has the capacity to clearly reflect the financial position of each program and of the organization as a whole. Any Shortfall should be foreseen, over-expenditure monitored and financial control made possible.

It is the responsibility of the Treasurer to make recommendations to the Committee following discussions with the General Manager.

The Committee can make “informed decisions” on matters that affect the budget.

Audit

An annual audit is undertaken each year by a qualified Auditor appointed by the Management Committee at Annual General Meeting.

The audit is conducted according to accounting standards and funding bodies requirements. It will give a “fair view” of the situation of the association at year end.

The annual financial statements and auditor’s report are presented to the AGM by the Treasurer to be discussed and received. The Treasurer presents the audited report for the previous financial year to the Annual General Meeting.

Copies of the annual financial statements are then sent to the funding bodies (with a report on activities and outcomes).

Four original copies are provided by the auditor, with original copies provided to:

- DHCS;
- Commonwealth;
- The Management Committee and;
- The General Manager.

11.2 DAY TO DAY FINANCIAL ACCOUNTABILITY

Purchase Orders.

- Two purchase order books are held at MHACA, one within the Administration Assistant and the other with the Administrator. Requests for purchase orders can be made with either of these two staff.
- Within the Purchase Order book, each form in triplicate: one for the supplier, one for the Administrator, the third to be retained in the Purchase Order Book.

Each order form must show:

- Who is the supplier
- What program it is for
- What is being bought (detailed description), and
- Who is requesting the expenditure
- Purchase orders must be signed by the General Manager, Senior Manager or the Administrator.
- **Exception:** Purchase Orders are *not required* for PowerWater, Telstra, advertisements or subscriptions.

Payments

- All payments are made by cheque, debit card or electronic fund transfer.
- Cheques and electronic fund transfers must be signed/approved by any two of the nominated signatories.
- Blank cheques **must never** be signed.
- When the invoice is received, the Administrator will check that the amount owing is correct and it has a purchase order correlating to it. Payment is then arranged for the signatories' approval.

Signatories on Bank accounts.

- Bank signatures are to be authorised as follows:
 - Jointly by General Manager (or) Administrator - and one of the delegated committee members preferably from the executive.
- This could be altered by a resolution of the Committee according to the needs of the organization or availability of signatories.

Bank Deposits

All moneys received in cash, must be recorded in a receipt book and promptly banked identifying each receipt Number on the deposit slip.

Moneys received via cheque or electronic funds transfers (e.g. for ¼ grant funding) are recorded in MYOB and cheques are promptly banked identifying the program credit number on the deposit slip.

Accounts

- Any purchase made from suppliers must be charged to the account.
- Accounts are paid in full on receipt of the statement.
- MHACA maintains accounts with key suppliers and a list of current accounts is maintained by the Administrator.

Petty Cash

- MHACA does **not** keep petty cash.

Reimbursed Expense Claim

- At times where staff are required to pay for goods or services where no account is available (e.g. getting tyre repaired at specialist repairer), staff must complete the Reimbursed Expense Claim Form.

Hobby/Miscellaneous Worker Declaration

- From time to time Consumers and Consultants are contracted to work for MHACA. For example, consumers sit on recruitment panels, or do gardening work.

Because they are not on the payroll these people are responsible for paying their own tax. For people who do not have their own business or ABN number, they must complete a Hobby Declaration Form, as well as a Timesheet-Miscellaneous form for hours worked ([included in the Original Forms File](#)).

MHACA Debit Card

- MHACA has a VISA Debit Card connected to the main Bendigo Bank account.
- The debit card works just like a credit card – it can be used to book things online e.g. airfare (no signature needed), and to make direct purchases using either the savings or credit option.
- Like a credit card, the savings option needs a PIN but no signature (cash can also be withdrawn from ATM) and the credit option needs a signature.

- At present the debit card is authorised to the General Manager (in their name) who is the only person authorised to sign off on this card.

Card Limit

- The debit card has a *\$1000 limit*, which is topped up by transferring funds from the main account. Similar to any electronic fund transfer, two signatories are required to authorise this transfer.
- The Administrator is responsible for monitoring how many purchases have been made and will advise the General Manager if there are sufficient funds and when the account needs to be topped up.
- This will depend on how often it is used but it is recommended to be checked monthly after the bank statement has arrived.

Requesting Use of Debit Card

If any staff member requires the use of the debit card facility they need to:

- Fill out a 'Request for Use of Debit Card' form and give this to the Administrator
- The Administrator will then check if there are sufficient funds available:
 - *If yes*, they will pass request form to General Manager for approval & purchase
 - *If no*, two signatories need to be contacted to transfer funds to top up the account
- If the General Manager approves the transaction they go ahead with the online purchase: where possible request a Tax Invoice in addition to a Receipt.
- Record the receipt details on the request form and staple both the Tax Invoice and Receipt to the back of the form, which is given to the Administrator for bookkeeping.

Reconciliation

Spending on the card will be checked monthly against bank statements and request forms. A MYOB journal entry needs to be done for each transaction (including the transfer from the main account to the debit card).

Processing Payroll / Wages

- The General Manager and Administrator process wages as per the salary program budgets and provide monthly reports to the Management Committee.

Cash Reimbursements and Travel Allowance

- All entries must have receipts.
NOTE: *If a negative reimbursement is required for someone -a Cash Reimbursement form must be completed - outlining details with attached receipts/evidence of expenses*

Delegations of Financial Authority

The following table outlines the delegations of financial authority within MHACA, as per the budget process.

Area	Management Committee Authority	General Manager Authority
Recurrent Operating Expenditure	<ul style="list-style-type: none"> Approval of annual operating budget and variations to budget with identified project costs. 	<ul style="list-style-type: none"> Expenditure within annual operating budget. No single item greater than \$1000 or a supply exceeding 12 months without minuted approval of the Management Committee.
Capital Expenditure	<ul style="list-style-type: none"> Approval of capital budget. 	<ul style="list-style-type: none"> All capital purchases above \$1000 to be approved by the Management Committee.
Employment of Consultants	<ul style="list-style-type: none"> If not in budget specific approval required. 	<ul style="list-style-type: none"> In line with budget or minuted approval of Management Committee.
Employment of External Contractors	<ul style="list-style-type: none"> If not in budget specific approval required. 	<ul style="list-style-type: none"> In line with budget or minuted approval of Management Committee.
Travel	<ul style="list-style-type: none"> If not in budget specific approval required. 	<ul style="list-style-type: none"> In line with budget or minuted approval of Management Committee.
Signing of cheques	<ul style="list-style-type: none"> Four Management Committee members are cheque signatories. One is required on each cheque. 	<ul style="list-style-type: none"> Cheque signatory with one Management Committee member.
Signing of Purchase Orders	<ul style="list-style-type: none"> Not applicable. 	<ul style="list-style-type: none"> Within approved budget and no Purchase Order to cover supply exceeding 12 months.
Investments	<ul style="list-style-type: none"> Approval by Management Committee. 	
External Auditors	<ul style="list-style-type: none"> To be approved at the AGM by the MHACA Members. 	
Lease Agreements	<ul style="list-style-type: none"> To be approved by the Management Committee. 	<ul style="list-style-type: none"> Approval for leases within budget and up to a 12 month period.
Fees	<ul style="list-style-type: none"> Set fee levels and policy for exemptions and reductions 	<ul style="list-style-type: none"> Collection of fees and approval for exemptions and reductions as per policy.

Area	Management Committee Authority	General Manager Authority
Funding Agreements	<ul style="list-style-type: none"> • All agreements to be approved by Management Committee. 	
Insurances	<ul style="list-style-type: none"> • Approval of policies and alterations to policies. 	<ul style="list-style-type: none"> • Renewal of policies.

11.3 FEES

Fees charged for services provided by MHACA are determined by the Management Committee and reviewed annually.

Fees Type and Cost (as at July 2007)

Type	Fee
Counseling Fees (per session)	
1. MHACA Consumers	\$5:00 / Gold coin donation
2. Independent consultations	Rated levels
MHACA Membership Fees	
1. Individual	\$15.00
2. Concession (student, unemployed, pension)	\$5.00
3. Corporate (NGOs, Government Agencies, Associations, Schools, Clubs etc.)	\$40.00
Training	
1. Mental Health 1 st Aid Training (MHFA)	\$60.00 MHACA Member \$70.00 Non member \$20.00 Concession
2. ASIST Program	\$200.00 Government and Business Organisations \$150.00 Non Govt. & Community Organisations & Volunteers
3. Suicide Awareness presentations are provided at <u>no cost</u> , upon request.	

Payment of Fees

- All clients will be informed of the fees for services at the time of assessment or introduction of the service and given a copy of the fee scale.
- Gold coin donations are encouraged to develop a culture of contributing to the service that is being provided.

Mental Health Association of Central Australia	Date amended:
	Date approved by Committee:

APPENDIX – TABLE OF CONTENTS

TABLE OF CONTENTS

A.	<i>National Standards for Mental Health Services</i>	160
B.	<i>N.T. DisAbility Service Standards</i>	166
C.	<i>Life Framework NSPS</i>	167
D.	<i>Constitution - (as amended on 2 May 2007)</i>	168
E.	<i>Code of Conduct</i>	188
F.	<i>Committees – Terms of Reference</i>	192
G.	<i>MOU's</i>	194
H.	<i>DisAbility Discrimination Act</i>	212
I.	<i>Forms File – Contents Guide</i>	214

APPENDIX A

NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES

MHACA is committed to upholding and promoting the NSMHS in its work practices.

Standard 1: RIGHTS

The rights of people affected by mental disorders and/or mental health problems are upheld by the MHS.

The rights of people affected by mental disorders are upheld by MHACA. The Program Coordinator provides consumers with information on their rights and responsibilities at the time of intake. Rights of consumers are respected throughout all service activities ensuring a focus on goals identified by individual consumers.

Standard 2: SAFETY

The activities and environment of the MHS are safe for consumers, carers, families, staff and the community.

The environment and activities of MHACA must be kept safe for staff, consumers, families and carers, and the community. To this effect, measures must be taken, comprising:

- Regular annual visits of an OHS officer and implementation of their recommendations regarding work environment in the particular field of mental health.
- Implementation of MHACA Alcohol and Drug policies
- Implementation of procedures dealing with disorderly behaviour and outburst of anger
- Fire and burglary alarms being installed on MHACA premises
- Keys-doors-windows security devices and locked after hours
- Appropriate training of staff in relation to Occupational Health and Safety

Standard 3: CONSUMER AND CARER PARTICIPATION

Consumers and carers are involved in the planning, implementation and evaluation of the MHS.

Consumers are involved, as much as possible, in the planning, implementation and evaluation of MHACA activities, through:

- Their participation in the MHACA Management Committee (two consumer representatives elected as members of the Committee, as per amended Constitution)

- Participation in the annual planning of the Service Branch programs and activities and the strategic planning of MHACA as a whole
- Inclusion of consumers as volunteers in all aspects of MHACA operations, as part of their Individual Program Plan and work training
- Self-assessment of their progress in the implementation of Individual Program Plan.
- Active participation in the evaluation process of MHACA performance at joint quarterly meetings including all members of the Management Committee, all staff and all consumers, with an external facilitator and reporter.

Standard 4: PROMOTING COMMUNITY ACCEPTANCE

The MHS promotes community acceptance and the reduction of stigma for people affected by mental disorders and/or mental health problems.

One of the essential roles of MHACA is to promote among the Alice Springs community awareness and acceptance of people affected by mental disorders and reduce the stigma attached to mental health problems, as outlined in the NT DisAbility Service Standards and by the Human Rights Commission (DisAbility Discrimination).

MHACA is committed to reducing stigma around mental illness through an ongoing range of promotional events: Mental Health Week activities; community forums, seminars and stalls; the MHACA website and quarterly newsletter; radio interviews; newspaper articles; and circulating brochures.

Standard 5: PRIVACY AND CONFIDENTIALITY

The MHS ensures the privacy and confidentiality of consumers and carers.

Confidentiality is an essential part of the Code of Conduct of Staff and Committee members. It is similarly essential for consumers to know that their right to privacy is respected before undertaking a rehabilitation program.

To ensure that consumer's privacy and confidentiality is respected:

- MHACA must include a "consumers consent form" in each individual file which can only be used when the consumers recovery plan requires referral to other agencies,
- All new employee must sign a confidentiality clause in their employment contract,
- Members of the Committee must sign a "Pledge" to uphold their Code of Ethics.

Breach of Confidentiality may lead to dismissal of staff or committee members, as it would greatly damage the reputation of the organization as a whole.

Standard 6: PREVENTION AND MENTAL HEALTH PROMOTION

The MHS works with the defined community in prevention, early detection, early intervention and mental health promotion.

In working with clients the Pathways Branch in its non-clinical recovery-based approach places major emphasis on prevention and early intervention. The Prevention & Recovery Program also focuses on early detection as well as prevention through its sub acute care services. The *Life Promotion Program* has a strong outreach and health promotion component, which focuses on suicide prevention.

As part of its community education and training role MHACA provides training in Mental Health First Aid (MHFA) as well as Applied Suicide Intervention Skills Training (ASIST). As funding permits, a Training and Promotions Officer will be recruited to provide additional education and training support for the community.

MHACA is committed to raising awareness about mental health in the community through a range of promotional events which include: Mental Health Week activities; community forums, seminars and stalls; the MHACA website and quarterly newsletter; radio interviews; newspaper articles; and circulating brochures.

Standard 7: CULTURAL AWARENESS

The MHS delivers non-discriminatory treatment and support, which are sensitive to the social and cultural values of the consumer and the consumer's family and community.

MHACA is committed to make its services accessible to all people regardless of their social or cultural backgrounds and values. With a view to delivering non-discriminatory treatment and support, which are sensitive to the cultural values of consumers and their families, MHACA staff are offered training in cross-cultural and multicultural awareness and anti-discrimination awareness.

Standard 8: INTEGRATION

8.1 - Service Integration: The MHS is integrated and coordinated to provide a balanced mix of services, which ensure continuity of care for the consumer.

8.2 - Integration within the Health System: The MHS develops and maintains links with other health service providers at local, state and national levels to ensure specialised coordinated care and promote community integration for people with mental disorders and/or mental health problems.

8.3 - Integration with Other Sectors: The MHS develops and maintains links with other sectors at local, state and national levels to ensure specialised coordinated care and promote community integration for people with mental disorders and/or mental health problems.

Integration with the health system and with other sectors must be achieved in order to provide and ensure continuity of care. To this effect:

- Two representatives of "organisational membership" are included in the Management Committee
- Protocols with other agencies continue to be developed to ensure close working relation with key stakeholders

- Client-program staff have regular joint case-management review meetings with government workers from the Central Australia Mental Health Service
- LPP staff have strong collaborative associations with other community and government agencies through the Interagency Suicide Response Group, CAYPIN meetings and the provision of ASIST suicide prevention training
- MHACA provides input at local, state and national levels through representation by the General Manager on several boards, including:
 - Mental Health Council of Australia (national peak body)
 - NT Mental Health Coalition (state peak body)
 - NT Community Advisory Group (to the minister)
 - Mental Health Collaborative Planning & Service Improvement Group (Alice Springs)

Standard 9: SERVICE DEVELOPMENT

The MHS is managed effectively and efficiently to facilitate the delivery of coordinated and integrated services.

Adequate measures must be taken to ensure the effective and efficient management of MHACA, with a strong and all-inclusive Management Committee, and appointment of qualified and professional staff to facilitate the delivery of coordinated and integrated services.

Training opportunities are provided to members of the Management Committee and to staff in areas affecting their performance, namely:

- Governance: roles and responsibilities
- Strategic Planning meetings
- Mental Health First Aid
- Aboriginal Cultural Awareness Training
- ASIST suicide prevention training
- Boston Psychiatric Rehabilitation Model training
- Recovery – client-driven training
- Risk assessment / de-escalation skills training

Standard 10: DOCUMENTATION

Clinical activities and service development activities are documented to assist in the delivery of care and in the management of services.

MHACA activities and outcomes are documented in order to assist and appraise the good management of the service. This consists of:

- Monthly staff meeting reports
- Monthly committee meeting reports
- Quarterly work plan projections and evaluations
- 6-monthly service reports
- Annual reports

Quality Control and monitoring require that all administrative records be maintained on a database; client data stored on file; statistical analysis undertaken on a monthly basis; and reports presented to the Committee and DHCS. Any cause of concern must be reported to and addressed without delay by the Management Committee.

Standard 11: DELIVERY OF CARE

- 11 Delivery of Care: Principles guiding the delivery of care: The care, treatment and support delivered by the mental health service is guided by:*
- 11.1 Access: The MHS is accessible to the defined community.*
- 11.2 Entry: The process of entry to the MHS meets the needs of the defined community and facilitates timely and ongoing assessment.*
- 11.3 Assessment and Review: Consumers and their carers receive a comprehensive, timely and accurate assessment and a regular review of progress.*
- 11.4 Treatment and Support: The defined community has access to a range of high quality mental health treatment and support services.*
- 11.4.A Community Living: The MHS provides consumers with access to a range of treatment and support programs, which maximise the consumer's quality of community living.*
- 11.4.B Supported Accommodation: Supported accommodation* is provided and/or supported in a manner, which promotes choice, safety and maximum possible quality of life for the consumer.*
- 11.4.C Medication and Other Medical Technologies: Medication and other medical technologies are provided in a manner, which promotes choice, safety and maximum possible quality of life for the consumer.*
- 11.4.D Therapies: The consumer and the consumer's family/carer have access to a range of safe and effective therapies.*
- 11.4.E Inpatient Care: The MHS ensures access to high quality, safe and comfortable inpatient care for consumers.*
- 11.5 Planning for Exit: Consumers are assisted to plan for their exit from the MHS to ensure that ongoing follow-up is available if required.*
- 11.6 Exit and Re-entry: The MHS assists consumers to exit the service and ensures re-entry according to the consumer's needs.*

- **Access:**
All-inclusive and anti-discriminatory, to any person in the Alice Springs region with a mental health support need.
- **Entry:**
Intake process undertaken by the Services Manager to include an orientation session and development of an Individual Program Plan (IPP)
- **Assessment and review:**
Review of progress must be regularly undertaken jointly by the client-program staff and consumers at least quarterly to allow for changes in the IPP, after self-assessment by the consumer and identification of new needs.
- **Community living and access to work:**
Provide consumers with opportunities to access independent living through vocational education, external placement, sport and recreation, and support programs that maximise the consumer's quality of life.
- **Supported accommodation/transitional Living:**
Assist in the provision of accommodation in a manner that promotes choice, safety and maximum quality of life.
- **Therapies and medications:**
In consultation with MHS, ensure that appropriate medications, psychotherapies and information are provided in a manner that promotes choice and safety.
- **Exit and re-entry:**
Assist in the planning for a successful exit. Provide appropriate follow-up and assurance that re-entry will be available according to consumer's needs.

APPENDIX B**NT DISABILITY SERVICE STANDARDS*****The principles underlying the NT DisAbility Service Standards are:***

1. That the human rights of people with disabilities be recognised, as proclaimed by the United Nations in the Universal Declaration of Human Rights (1948) and the Standard Rules on the Equalisation of Opportunities for persons with Disabilities.
2. That all people with disabilities have the right to an optimum quality of life: “a life, not just an existence”.
3. That all people with disabilities have meaningful choices about how their individual needs are met and how they are involved in the ongoing development, delivery and evaluation of services they receive.

MHACA upholds the right for all people to achieve an optimum quality of life. The Association supports and promotes:

- a. Access to appropriate services for all people with mental health support needs.
- b. Individual Program Planning and review to answer individual needs
- c. Participation and Integration
- d. Consumer empowerment and Diversity of Options
- e. Respect for the rights of people with mental disorders in the community
- f. Sensitivity to cultural diversity
- g. Support provided by family and friends
- h. Support and training for workers and volunteers
- i. Consumer focused Management

APPENDIX C

LIFE PROMOTION - NATIONAL SUICIDE PREVENTION STRATEGY

The Life Promotion Program is guided by the principles of the National Suicide Prevention Strategy 2001 and the NT Strategic Framework for Suicide Prevention 2003.

National Suicide Prevention Strategy

The National Suicide Prevention Strategy (NSPS)

Is implemented by the Mental Health and Suicide Prevention Branch of the Australian Government Department of Health and Ageing. The focus of the NSPS includes people of all age groups and those identified as being at high risk such as: young men, rural residents, the elderly, people with substance use problems, prisoners, rural communities, people with mental illnesses, and Aboriginal and Torres Strait Islander communities.

The National Advisory Council for Suicide Prevention (NACSP)

Oversights the implementation of the NSPS and also provides strategic advice to the Australian Government on suicide prevention. The structure of the NACSP includes a Board comprising 15 members (Ministerial appointments) with a diverse range of expertise; a Community and Expert Forum comprising 6 members across state/territory and national initiatives; and State/Territory Committees.

The implementation of the NSPS is supported by the framework document

Living is For Everyone (LIFE):

A framework for the prevention of suicide and self-harm in Australia.

The Northern Territory Strategic Framework for Suicide Prevention

This framework provides a platform to guide planning and development of initiatives with a focus on life promotion and the prevention of suicide and self-harm in the Northern Territory (NT). It is based on a whole-of government and community approach that supports action across all levels of government, covers the entire lifespan, includes a spectrum of interventions and builds on existing services and supports. It provides key directions and pathways for future activities undertaken by sectors and communities with an interest in suicide prevention.

APPENDIX D**M.H.A.C.A. - CONSTITUTION****MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA Inc.**

CONSTITUTION

(As amended on 2 May 2007)

1. NAME

The name of the Association shall be **Mental Health Association of Central Australia Incorporated** (hereinafter called "The Association").

2. OBJECTS AND PURPOSES

The basic objects of the Association are:

- (a) To promote community awareness and understanding of mental health and illness
- (b) To provide a voice to government and service providers for people who experience a mental illness, their families, friends and carers.
- (c) To develop and maintain support services and programs that complement those provided by government for people who experience mental illness aiming at their integration in the community.
- (d) To maintain a range of accommodation and associated support services that complement those provided by government and enhance independent living for people who experience mental illness.
- (e) To improve existing government and community services working with people who experience mental illness
- (f) To develop partnerships with government agencies and community organizations that provide services to people who experience mental illness.
- (g) To develop links with similar organisations in other regional centres.
- (h) To review mental health legislation and lobby for appropriate reforms that reflect the views/needs of consumers, their family, friends and carers
- (i) To otherwise promote mental health in the local community.

3. POWERS

In pursuit of the basic objects of the Association the powers of the Association shall be deemed to include:

- a. the opening and operating accounts with financial institutions;
- b. the appointment of agents to transact business on its behalf;
- c. the purchase, taking on lease or in exchange, and the hiring or otherwise acquiring of any real or personal property that may be deemed necessary or convenient for any of the objects or purposes of the Association;
- d. the construction, maintenance, and alteration of building or works necessary or convenient for any of the objects or purposes of the Association;
- e. the accepting of any gift, whether subject to a special trust or not, for any one or more of the objects or purposes of the Association;
- f. the taking of such steps from time to time as the committee or the members in general meeting may deem expedient for the purposes of procuring contributions to the funds of the Association, whether by way of donation, subscriptions, or otherwise;
- g. the printing and publishing of such newspapers, periodicals, books, leaflets, or other documents as the committee or the members in general meeting may think desirable for the promotion of the objects and purposes of the Association;
- h. the borrowing and raising of money in such manner and on such terms as the committee may think fit or as may be approved or directed by resolution passed at a general meeting; and securing the repayment of money so raised or borrowed or the payment of a debt or liability of the Association by giving mortgages, charges or securities upon or over all or any of the real or personal property of the Association;
- i. the investment of any moneys of the Association not immediately required for any of its objects or purposes in such manner as the committee may from time to time determine;
- j. the making of gifts, subscriptions, or donations to any of the funds, authorities, or institutions to which paragraph (a) of subsection (1) of section 78 of the Income Tax Assessment Act 1936, as amended, of the Commonwealth relates;
- k. the establishment and support, or aiding in the establishment and support, of associations, institutions, funds, trusts, schemes, and convenience calculated to benefit servants or past servants of the Association and their dependants, and the granting of pensions, allowances, or other benefits to servants or past servants of the Association and their dependants, and the making of payments towards insurance in relation to any of those purposes;

- l. the establishment and support or aiding in the establishment or support, of any other association formed for any of the basic objects of the Association;
- m. the doing of all such other lawful things as are incidental or conducive to the attainment of the basic objects of the Association or of any of the objects and purposes specified in the foregoing provisions of this sub-rule
- n. the powers of the Association shall be exercised subject to this constitution and the *Northern Territory Associations Act, 2003*, and such other legislation as may be relevant.

4. GEOGRAPHIC AREA AND SITUATION OF THE ASSOCIATION

The Association shall operate from facilities in Alice Springs and the geographic area within which the Association shall function, carry out its objects and exercise its powers, shall be that of Central Australia.

5. MINIMUM NUMBER OF MEMBERS

The Association shall have no less than fifteen (15) registered members at all times

6. DEFINITIONS

(1) In this Constitution, unless the contrary intention appears:

- "Act" means the Northern Territory Associations Act 2003 and regulations made under that Act;
- "Committee" means the Management Committee of the Association;
- "Financial Institution" means an authorized deposit-taking institution within the meaning of Section 5 of the Banking Act 1959 of the Commonwealth;
- "General meeting" means a general meeting of members convened in accordance with Clause 13 and Clause 14 of this Constitution
- "Ordinary committee member" means a member of the committee to whom Clause 24(1) (b) and Clause 24(1)(c) relate.
- "Member" means a member of the Association to whom Clause 6(1) and Clause 6(2) relate
- "Register of members" means the register of the Association's members established and maintained in accordance with section 34 of the Act;
- "Special resolution" means a resolution notice of which is given to members under Clause 13 and passed in accordance with section 37 of the Act;

(2) In this Constitution, expressions referring to writing shall unless the contrary intention appears, be construed as including references to printing, lithography,

photography, and any other modes of representing or reproducing words in a visible form.

(3) Words or expressions contained in these Constitution shall be interpreted in accordance with the provisions of the *Interpretation Act of the Northern Territory*.

7. INCONSISTENCY

In case of any inconsistency between this Constitution and the Act, the Act prevails.

8. MEMBERSHIP OF ASSOCIATION

1. Register of members.

- a. There shall be a Registered membership and the Secretary shall keep a Register of members in which the full name and address of each member and date of acceptance shall be recorded.
- b. If a member ceases to be a member, the date of ceasing to be a member must be recorded.
- c. The Register of members shall be available for inspection by members at all reasonable times.

2. The membership shall consist of:

(a) Individual members

(b) Corporate members

3. Individual members

(a) An individual person who

- i. resides in Central Australia
- ii. has attained the age of 18 years;
- iii. subscribes to the objects of the Association;
- iv. applies and is approved for membership as provided in these rules is eligible to be a member of the Association on payment of the annual subscription prescribed in, or fixed under these rules.

(b) An individual person who is an employee of the Association shall not be eligible to be a member of the Association

- (c) As soon as is practical after the receipt of an application, the Secretary shall refer the application to the committee.
 - (d) Upon an application being approved by the committee, the Secretary shall, with as little delay as possible, notify the applicant, in writing, that he/she has been approved for membership of the Association and, upon receipt of the sum payable by or on behalf of the applicant as his/her first year's subscription, shall enter the applicant's name and address and date of entry in a register of members to be kept by the secretary, whereupon the applicant becomes a member of the Association.
 - (e) Each member has one vote at general meetings of the Association
 - (f) A member of the Association may, at any time, cease to be a member of the association if he/she resigns from the Association by delivering or sending by post, facsimile or e-mail to the secretary a written notice of resignation;
 - (g) Under receipt of notice under sub-clause 8(3)(e) of this rule, the secretary shall remove the name of the member by whom the notice was given from the register of members, whereupon that member ceases to be a member of the Association.
 - (h) A right, privilege, or obligation of a person by virtue of his/her membership of the Association:
 - i. is not capable of being transferred or transmitted to another person;
 - ii. terminates upon the cessation of his/her membership, whether by death, resignation, ceasing to live in Central Australia, or otherwise.
 - (i) Individual members shall not be liable to contribute towards the liabilities of the Association in the event of winding up.
- (4) Corporate membership:
- (a) A corporate body who applies and is approved for membership as provided in these rules is eligible to be a Corporate member of the Association on payment of the annual subscription prescribed in, or fixed under, these rules.
 - (b) A corporate body shall not be admitted to Corporate membership unless
 - i. it subscribes to the objects of the Association and
 - ii. admission as a Corporate member is approved by the committee
 - (c) As soon as is practicable after the receipt of an application for Corporate membership, the secretary shall refer the application to the committee

- (d) Upon an application being approved by the committee, the secretary shall, with as little delay as possible, notify the applicant in writing that it has been approved for Corporate membership of the Association, and upon receipt of the sum payable by the applicant as its first year's subscription, shall enter the applicant's name in a register of members to be kept by the secretary, whereupon the applicant becomes a Corporate member of the Association
- (e) Each Corporate member has one vote at general meetings of the Association
- (f) A Corporate member of the Association, may at any time, resign from the Association by delivering or sending by post, facsimile or e-mail, to the secretary, a written notice of resignation
- (g) Upon receipt of a notice under sub-clause 8(4)(e) of this rule, the secretary shall remove the name of the Corporate member by whom the notice was given from the register of members, whereupon that Corporate member ceases to be a Corporate member of the Association.
- (h) A Corporate member shall be entitled to nominate each year a representative from within its ranks, who will have the same rights and obligations as an individual member for the purpose of these rules, and who will remain the representative of the Corporate member from one annual general meeting to the next unless the Corporate member notifies the secretary of a change in nominated representation
- (i) A right, privilege or obligation of a person who is a Corporate member representative by virtue of corporate membership of the Association sub-clause 8(4)(g) of this rule
 - is not capable of being transferred or transmitted to another person
 - terminates upon the cessation of the corporate membership, by resignation, winding up of the Corporate body, or otherwise.
- (j) Corporate members shall not be liable to contribute towards the liabilities of the Association in the event of winding up.

9. ANNUAL MEMBERSHIP FEES

- (1) The annual membership fee is determined from time to time by resolution at a general meeting and covers the 12 months of a financial year; it is due on 1st July of each year and payable within the first three months of the financial year.
- (2) If an application for membership is approved by the Committee, the applicant becomes a member on payment of the joining membership fee.
- (3) Thereafter, membership remains current on payment within the first three months of the new financial year of the full annual fee determined by the members for that year.

10. TERMINATION OF MEMBERSHIP

Membership of the Association may be terminated by

- (1) a notice of resignation addressed and posted to the Association or personally delivered to the Secretary;
- (2) non-payment of the annual membership fee within the time allowed under clause 9(4);
- (3) death or whereabouts unknown;
- (4) suspension or expulsion in accordance with clause 11 of these rules.

11. SUSPENSION OR EXPULSION OF MEMBERS

1. If the Committee considers that a member should be suspended or expelled because his/her conduct is detrimental to the interests of the Association, the Committee must give notice of the proposed suspension or expulsion to the member.
2. The notice must be in writing, include the time, date and place of the committee meeting at which the question will be decided, and the particulars of the conduct, and be given to the member not less than 30 days before the date of the committee meeting at which the question will be decided.
3. The decision to suspend or expel a member takes effect 14 days after the day on which notice of the decision is given to the member
4. The member has right of appeal against the suspension or expulsion by giving notice to the Secretary within 14 days after receipt of the Committee's decision.
5. The appeal may be considered at a general meeting of the Association and the member must be afforded a reasonable opportunity to be heard at the meeting.

6. The members present at the general meeting must, by resolution, either confirm or set aside the decision of the Committee to suspend or expel the member.
7. The member is not suspended or expelled until the decision of the Committee is confirmed by a resolution of the members.

12. MANAGEMENT COMMITTEE

- (1) The affairs of the Association shall be managed by a committee of management constituted as provided in Clause 14.
- (2) Role and Power of the Committee:
 - (a) shall control and manage the business and affairs of the Association;
 - (b) may, subject to these rules, exercise all such powers and functions as may be exercised by the Association other than those powers and functions that are required by these rules to be exercised by general meetings of members of the Association; and
 - (c) subject to the *Northern Territory Associations Act 2003* and these rules, has power to perform all such acts and things as appear to the committee to be essential for the proper management of the business and affairs of the Association.
- (3) Sub-committees and Emergency committee
 - (a) The committee may at any time appoint a sub-committee from the committee as it may think fit and shall prescribe the powers and functions thereof.
 - (b) The committee may co-opt as members of a sub-committee such persons as it thinks fit, whether or not those persons are members of the Association, but a person so co-opted who is not a member of the Association is not entitled to vote.
 - (c) A sub-committee shall appoint one of its members as a convener, who shall be responsible for calling meetings of the sub committee.
 - (d) The Chair, the Treasurer, the Secretary and one other member of the committee elected by the committee for that purpose shall constitute an emergency committee, which may issue instructions to the public officer and the servants of the Association in matters of urgency connected with the management of the affairs of the Association during the intervals between meetings of the committee, and where any such instructions are issued shall report thereon to the next meeting of the committee.

13. OFFICERS OF THE ASSOCIATION

- (1) The officers of the Association shall be:
 - (a) a Chair
 - (b) a Deputy Chair
 - (c) a Secretary
 - (d) a Treasurer
 - (e) the Public Officer
- (2) Each officer of the Association shall hold office until the annual general meeting next after the date of his/her election but is eligible for re-election;
- (3) In the event of a casual vacancy in any office mentioned in sub-clause 13(1) of this rule, the committee may appoint one of its members or a member of the Association to the vacant office, and the member so appointed may continue in office up to and including the conclusion of the annual general meeting next following the date of his/her appointment.

14. CONSTITUTION OF THE COMMITTEE

- (1) The committee shall consist of:
 - (a) the five officers of the Association,
 - (b) two ordinary committee members, selected among the corporate membership of the Association as representatives of other agencies,
 - (c) two ordinary committee members as representatives of consumers,
 - (d) two ordinary committee members selected among the general membership of the association for their interest in the advancement of mental health issues, all of whom shall be elected at the Annual General Meeting of the Association in each year.
- (2) Each ordinary committee member shall, subject to these rules, hold office until the annual general meeting next after the date of his/her election, but is eligible for re-election.
- (3) In the event of a casual vacancy occurring in the office of ordinary committee member, the committee may appoint a member of the Association to fill the vacancy, and the member so appointed shall hold office, subject to these rules until the conclusion of the annual general meeting next following the date of his/her appointment.

15. INCOME AND PROPERTY OF ASSOCIATION

- (1) The income and property of the Association, however derived, shall be paid solely towards the promotion of the objects and purposes of the Association and no portion thereof shall be paid or transferred, directly or indirectly, by dividend, bonus, or otherwise, to any member of the Association.
- (2) The Association shall not:
 - (a) appoint a person who is a member of the committee to any office in the gift of the Association to the holder of which there is payable any remuneration by way of salary, fees, or allowances; or
 - (b) pay to any such person any remuneration or other benefit in money or money's worth (other than the repayment of out-of-pocket expenses).
- (3) Nothing in the forgoing provisions of this rule prevents the payment in good faith to a servant or member of the Association of:
 - (a) remuneration in returned for services actually rendered to the Association by the servant or member or for goods supplied to the Association by the servant or member in the ordinary course of business;
 - (b) interest at current bank overdraft rate on money lent; or
 - (c) a responsible and proper sum by way of rent for premises let to the Association by the servant or member.

16. ACCOUNTS OF RECEIPTS, EXPENDITURE, ETC.

- (1) True accounts shall be kept:
 - (a) of all sums of money received and expended by the Association and the matter in respect of which the receipt or expenditure takes place; and
 - (b) of the property, credits, and liabilities of the Association.

and subject to any responsible restrictions as to time and manner of inspecting them that may be imposed by the Association for the time being, these accounts shall be open to the inspection of the members of the Association.

- (2) The Treasurer of the Association shall ensure that all general records, accounting books, and records of receipts and expenditure connected with the operations and business of the Association are faithfully kept in such form and manner as the committee may direct.

- (3) The Accounts, books, and records referred to in sub-rules (1) and (2) of this rule shall be kept at the Association's office or at such other place as the committee may decide.

17. BANKING AND FINANCE

- (1) The committee shall cause to be opened with such bank as the committee selects a banking account in the name of the Association into which all moneys received shall be paid as soon as possible after receipt thereof.
- (2) The Treasurer of the Association shall ensure that all moneys paid to the Association are banked and official receipts are issued forthwith.
- (3) Except with the authority of the committee, no payment of a sum exceeding two dollars shall be made from the funds of the Association otherwise than by cheques drawn on the Association's bank account, but the committee may provide the Treasurer with a sum to meet urgent expenditure, subject to the observance of such conditions in relation to the use and expenditure thereof as the committee may impose.
- (4) No cheques shall be drawn on the Association's bank account except for the payment of expenditure that has been authorised by the committee.
- (5) All cheques, drafts, bills of exchange, promissory notes, and other negotiable instruments shall be signed by any two members of the Association from among those whom the committee may nominate for that purpose.

18. AUDITOR AND PUBLIC OFFICER

- (1) Auditor
 - (a) At each annual general meeting of the Association, the members present shall appoint a suitably qualified person/firm who is not an individual member or a corporate member or the public officer of the Association, as the auditor of the Association.
 - (b) A person so appointed shall hold office until the annual general meeting next after that at which he/she is appointed, and is eligible for re-appointment.
 - (c) If the appointment of an auditor is not made at an annual general meeting, the Committee shall appoint an auditor for the then current financial year at the first Committee meeting held after the Annual General Meeting.
 - (d) If a vacancy occurs in the office of auditor during the course of the financial year, the Committee may appoint a suitable person/firm as the auditor for that financial year.

- (2) Public Officer
- (a) At each annual general meeting of the Association the members present shall appoint a person who is a person resident in Central Australia to be Public Officer for the purposes of the *Northern Territory Associations Act 2003*
 - (b) The Public Officer so appointed shall be a member of the Management Committee in accordance with Clause 13(1)(e) of these rules, and shall hold office until the next succeeding Annual General Meeting after that at which he/she is appointed and is eligible for re-appointment.
 - (c) If a casual vacancy occurs in the office of public officer during the course of a financial year of the Association, the Committee may appoint a person as the public officer and the person so appointed shall hold office until the next succeeding annual general meeting.

19. FINANCIAL YEAR

The financial year of the Association is the period beginning on July 1st in each year and ending June 30th next following.

20. AUDIT OF ACCOUNTS

- (1) Once at least in each financial year of the Association, the accounts of the Association shall be examined by the auditor.
- (2) The auditor shall certify as to the correctness of the accounts of the Association and shall report thereon to the members present at the annual general meeting.
- (3) In his/her report, and in certifying to the accounts, the auditor shall state:
 - (a) whether he/she has obtained the information required by him/her;
 - (b) whether, in his/her opinion, the accounts are properly drawn up so as to exhibit a true and correct view of the financial position of the Association according to the information at his/her disposal and the explanations given to him/her as shown by the books of the Association; and
 - (c) whether the rules relating to the admissions of the funds of the Association have been observed.
- (4) The treasurer of the Association shall cause to be delivered to the auditor a list of all the accounts, books and records of the Association.

- (5) The auditor:
 - (a) has a right of access to the accounts, books, records, vouchers, and documents of the Association;
 - (b) may require from the servants of the Association such information and explanations as may be necessary for the performance of his/her duties as auditor;
 - (c) may employ persons to assist him/her in investigating the accounts of the Association; and
 - (d) may, in relation to the accounts of the Association, examine any member of the committee or any servant of the Association.

21. ANNUAL GENERAL MEETING

- (1) The Association shall, in each year, hold an annual general meeting.
- (2) The annual general meeting shall be held on such day being not later than FIVE months after the close of the financial year of the Association, as the committee may determine.
- (3) The annual general meeting shall be in addition to any other general meetings that may be held in the same year.
- (4) The annual general meeting shall be specified as such in the notice convening it.
- (5) The ordinary business of the annual general meeting shall be:
 - (a) to confirm the minutes of the last preceding annual general meeting and of any general meeting held since that meeting;
 - (b) to receive from the committee, auditor, and servants of the Association reports upon the transactions of the Association during the last preceding financial year;
 - (c) to elect the officers of the Association and the ordinary committee members;
 - (d) to appoint the public officer;
 - (e) to appoint the auditor;
- (6) The general annual meeting may transact special business of which notice is given in accordance with these rules as special resolution.
- (7) All general meetings other than the annual general meeting shall be called special general meetings.

22. SPECIAL GENERAL MEETING

- (1) The committee may, whenever it thinks fit, convene a special general meeting of the Association.
- (2) The committee shall, on the request in writing of not less than ten members, convene a special general meeting of the Association.
- (3) A written request for a special general meeting shall be signed by all the members requesting a special general meeting and the state the objects of the meeting and be delivered or sent to the Secretary.
- (4) If the committee does not cause a special general meeting to be held within twenty-one days from the date on which they made the request, then any three of those who requested the meeting may convene the meeting; but any meeting so convened shall not be held after three months from the date of the original request.
- (5) A special general meeting convened under Sub-rule (4) of this rule shall be convened in the same manner as nearly as possible as that in which those meetings are convened by the committee, and all responsible expenses incurred in convening the meeting shall be refunded by the Association to the persons incurring them.

23. NOTICE OF GENERAL MEETINGS

- (1) The public officer of the Association shall, at least twenty one days before the date fixed for holding a general meeting of the Association cause to be inserted in the newspapers circulating in Central Australia an advertisement specifying:
 - (a) the place, day, and time for the holding of the meeting, and
 - (b) the nature of the business to be transacted thereat including any notice of intention to propose a special resolution with the notice of general business

24. BUSINESS AND QUORUM AT GENERAL MEETING

- (1) All business that is transacted at special general meetings and all business that is transacted at the annual general meeting, with the exception of that specially referred to in these rules as being the ordinary business of the annual general meeting, shall be deemed to be special resolutions.
- (2) No item of business shall be transacted at a general meeting unless a quorum of members entitled under these rules to vote is present during the time when the meeting is considering that item.

- (3) **Twelve** members personally present, or one third of the current members of the Association, whichever is lesser, constitute a quorum for the transaction of the business of a general meeting
- (4) If within one hour, after the appointed time for the commencement of a general meeting a quorum is not present, the meeting, if convened upon the request of members, shall be dissolved
- (5) In any other case it shall stand adjourned to the same day in the next week, at the same time, at the same place, (unless another time/place is specified by the chairperson at the time of the adjournment or by written notice to the members given before the day to which the meeting is adjourned)
- (6) and if at the adjourned meeting a quorum is not present within one hour after the time appointed for the commencement of the meeting, the meeting shall be dissolved.

25. CHAIR TO PRESIDE AT GENERAL MEETINGS

- (1) The Chair shall preside at all general meetings of the Association but if the Chair is not present or does not wish to take the chair, the Deputy Chair will chair the meeting;
- (2) If the deputy chair is not present or does not wish to take the chair, the members present at the meeting may choose a Chairperson for the meeting among its midst.

26. ADJOURNMENT OF GENERAL MEETINGS

- (1) The chairperson of a general meeting at which a quorum is present may, with the consent of the meeting, adjourn the meeting from the time to time and place to place, but no business shall be transacted at an adjournment meeting other than the business left unfinished at the meeting at which the adjournment took place.
- (2) Except as provided in the forgoing provisions of this rule, it is not necessary to give any further notice of an adjourned meeting.

27. DETERMINATION OF QUESTIONS ARISING AT GENERAL MEETINGS

- (1) A question arising at a general meeting of the Association shall be determined on a show of hands, unless before, or on the declaration of the result of the show hands, a poll is demanded.
- (2) A declaration by the chairperson that a resolution has, on show of hands, been carried, and an entry to that effect in the minute book at the Association is evidence of the fact, without proof of the number of proportion of the votes recorded in favour of or against that resolution.

- (3) If at a meeting a poll on any question is demanded it shall be taken at that meeting in such manner as the chairperson may direct, and the result of the poll shall be deemed to be the resolution of the meeting on that question.

28. VOTES

- (1) Upon any question arising at a general meeting of the Association each person has one vote only.
- (2) At a general meeting of the Association a chairperson may exercise deliberative vote only and in the event of an equality of votes the question shall be resolved in the negative.

29. ELECTION OF MEMBERS OF THE COMMITTEE

- (1) Nominations of candidates for election as officers of the Association or as ordinary committee member shall be received at the annual general meeting.
- (2) Candidates must be current members of the Association; they may self-nominate or be nominated by a member and seconded by another member of the Association.
- (3) Candidates must express their acceptance of being nominated.
- (4) If the number of nominations received is equal to the number of vacancies to be filled, the persons nominated shall be deemed to be elected.
- (5) If the number of nominations exceeds the number of vacancies to be filled, a ballot shall be held.
- (6) The ballot for the election of officers and ordinary committee members shall be conducted at the annual general meeting in such usual and proper manner as direct.
under clause 27(1) of these rules.

30. VACATION OF OFFICE AND FILLING OF CASUAL VACANCIES

- (1) For the purposes of these rules, the office of an officer of the Association or an ordinary committee member becomes vacant if the officer or committee member:
 - (a) fails, without leave granted by the committee, to attend three consecutive meetings of the committee; or
 - (b) ceases to be a member of the Association;

- (c) resigns from the Committee without resigning from the Association membership;
 - (d) he/she has received a notice in writing signed by the public officer stating that he/she has ceased to be a financial member of the Association.
- (2) A casual vacancy on the Committee may be filled by a member of the Association appointed to that effect by the Committee; the committee member so appointed shall hold office till the annual elections held at the next Annual General Meeting and will be eligible for election.

31. MEETINGS OF THE COMMITTEE AND SUB-COMMITTEES

- (1) The Committee shall meet at least once each month in such place and at such times as the committee may determine.
- (2) Special meetings of the committee may be convened by the Chair, or any three of its members.
- (3) Notice shall be given to members of the committee and any sub-committee of any special meeting at least 48 hours prior to the meeting.
- (4) Any **five (5)** members of the committee constitute a quorum for the transaction of the business of a meeting of the committee.
- (5) Any **three (3)** appointed members of a sub-committee constitute a quorum at a meeting of the sub-committee.
- (6) No business of a committee or any sub-committee shall be transacted unless a quorum is present and if within half an hour of the time appointed for the meeting a quorum is not present, the meeting shall stand adjourned to the same place at the same hour of the same day in the following week unless the meeting was a special meeting, in which case it lapses.
- (7) The Chair shall preside at all meetings of the committee. In the absence of the Chair, the Deputy Chair shall preside at the meeting. If neither the Chair nor the Deputy Chair are present, the members may choose a Chairperson for the meeting.
- (8) Questions arising at meetings of the committee or any sub-committee appointed by the committee shall be determined on a show of hands or, if demanded by a member, by a poll taken in such manner as the person presiding at the meeting may determine.
- (9) Each committee member present at a meeting of the committee is entitled to one vote and, in the event of an equality of votes the question shall be resolved in the negative.

- (10) Each sub-committee member present at a meeting of a sub-committee and entitled to vote is entitled to one vote, and, in the event of an equality votes the question shall be referred to the committee.
- (11) Notice of each committee and sub-committee meeting shall be served on each member of the committee or sub-committee by delivering written notice to him/her at a reasonable time before the meeting which includes the date, time and place of the meeting and the business to be transacted.

32. DISCLOSURE OF INTEREST

- (1) A member of the committee or any sub-committee who is interested in any contract or arrangement made or proposed to be made with the Association shall disclose his/her interest at the first meeting of the committee or sub-committee at which the contract or arrangement is first taken into consideration.
- (2) If a member of the committee or sub-committee becomes interested in a contract or arrangement after it is made or entered into he/she shall disclose his/her interest at the first meeting of the committee or sub-committee after he/she becomes so interested.
- (3) No member of the committee or sub-committee shall vote as a member of the committee or sub-committee in respect of any contract or arrangement in which he/she is so interested and if he/she does so vote his/her vote shall not be counted.

33. NOTICES

A notice may be served by or on behalf of the Association upon any member either personally or by sending through the post in a prepaid letter addressed to the member at his/her usual or last known place of abode, or by sending it by facsimile addressed to the number of his/her usual or last known place of business or supplied by him/her for the purpose of receiving notices.

34. GRIEVANCES AND DISPUTES PROCEDURES

- (1) This clause applies to disputes between –
 - (a) a member and another member; or
 - (b) a member and the Committee.
- (2) Within 14 days after the dispute comes to the attention of the parties to the dispute, they must meet and discuss the matter in dispute, and, if possible, resolve the dispute.
- (3) If the parties are unable to resolve the dispute at the meeting, or if a party fails to attend that meeting, then the parties must, within 10 days after the meeting, hold another meeting in the presence of a mediator.
- (4) The mediator must be –
 - (a) a person chosen by agreement between the parties; or

- (b) in the absence of agreement –
 - (i) for a dispute between a member and another member – a person appointed by the Committee; or
 - (ii) for a dispute between a member and the Committee – a person who is a mediator appointed or employed by the department administering the Act.
- (5) A member of the Association can be a mediator.
- (6) The mediator cannot be a party to the dispute.
- (7) The parties to the dispute must, in good faith, attempt to settle the dispute by mediation.
- (8) The mediator, in conducting the mediation, must –
 - (a) give the parties to the mediation process every opportunity to be heard;
 - (b) allow due consideration by all parties of any written statement submitted by any party; and
 - (c) ensure natural justice is accorded to the parties to the dispute throughout the mediation process.
- (9) The mediator must not determine the dispute.
- (10) If the mediation process does not result in the dispute being resolved, the parties may seek to resolve the dispute in accordance with the Act or otherwise at law.

35. ALTERATION OF THE CONSTITUTION

- (1) The rules may be amended by a special resolution passed by a two-thirds majority of financial members present and voting at a Special General Meeting.
- (2) Notice of the intention to propose amendment shall be included in the notice calling the Special General Meeting for a Special resolution.
- (3) An alteration of the objects, purposes or rules is of no effect until a copy of the alteration is lodged by the Public Officer with the Registrar of Companies in the N.T. and approved by the Registrar.

36. COMMON SEAL OF THE ASSOCIATION

- (1) The common seal of the Association shall be in the form of a rubber stamp, inscribed with the name of the Association encircling the word "Seal".

- (2) The seal of the Association shall not be affixed to any instrument except by the authority of the committee and the affixing thereof shall be witnessed by either any two of the officers of the Committee, or by one Committee officer and such other person as the committee may appoint for that purpose, and the attestation is sufficient for all purposes that the seal was affixed by the authority of the committee.
- (3) Every use of the common seal must be recorded by the Secretary
- (4) The seal shall remain in the custody of the public officer.

37. DISSOLUTION OF THE ASSOCIATION

If upon the winding up or dissolution of the Association there remains, after satisfaction of all its debts and liabilities, any property whatsoever the same shall not be distributed among the members of the Association, but shall be given or transferred to some other association incorporated under the Act, that

- (a) is determined by resolution of the members,
- (b) is not carried on for profit or gain to its individual members,
- (c) has objects similar to the objects of the Association.

APPENDIX E

CODE OF CONDUCT

Code of Conduct - Guiding Principles

- **Integrity:** Members work together to further MHACA's aims. They do not strive for personal gains or private outcomes. They try to reach consensus on issues that are being discussed. The Chairperson facilitates the decision making process and has a casting vote in case of even ballot.
- **Honesty:** Members must disclose interest in questions where they may have financial or personal gains, and withdraw from the meeting if there is potential conflict between their own interest and MHACA's interest.
- **Confidentiality:** Members do not talk about MHACA business with other members of the community and they do not disclose any information, which is private to the consumers.
- **Impartiality:** Members do not receive personal grievances from members of staff or of the public. If they are approached, they direct that person to follow the procedures and policies referred to under Clients complaints or Staff Grievance. Committee members otherwise intervene in staff issues (appointment, disciplining, dismissal) only if there is no conflict of interest.
- **Accountability:** Committee Members are answerable for all grants received and for all expenditure. They sign cheques and other contractual documents that entail MHACA's liability. They are ultimately responsible for MHACA's actions and policies.

Code of Conduct

- The staff Code of Conduct is a set of rules outlining standards of acceptable behaviour at work. It makes it clear to all people what is expected, and reduces confusion and possible conflict.
- A copy of the Code of Conduct is given to all staff on recruitment.
- Failure to abide by the Staff Code of Conduct may lead to dismissal from MHACA.

Mutual Respect as a Human Right

Members of staff and consumers are to behave towards each other with respect and dignity to promote self-esteem, mutual acceptance, and achieve Recovery.

The following practices, which go against the work practices in Rehabilitation, are not tolerated by and within MHACA:

- Foul language,
- Physical, sexual, racial or cultural harassment,
- Physical or mental vilification,

Members of staff and consumers will jeopardise their position within the Association and can be dismissed if they are found in breach of the Anti-Discrimination Act and other Human Rights and Equal Opportunity principles.

Honesty and Integrity

- An environment of trust and friendship is necessary to promote cooperation amongst staff, consumers and carers. The integrity and commitment of staff members to the recovery process is paramount.
- Conversely, any damage to property, arson, physical assault and such criminal acts will be referred to the Police to take action against the perpetrator according to the Law.
- Staff or consumers will be suspended as soon as suspected of dishonesty or malicious acts. After their case has been heard, they might be re-instated or dismissed ([Refer Staff Performance Dispute and Grievance Procedures – Section 9](#)).

Privacy and Confidentiality

- On their appointment, staff members will sign a confidentiality clause contained in their contract, to read *"I shall not disclose any details referring to the business of the Association, or the mental/physical condition of a consumer unless required to do so for the advancement of Association or the benefit of the consumer."*
- Consumers and staff relation remain in all circumstances privileged and confidential. Details are exchanged in confidence. Unless it falls within the underlying duty of care of all staff, disclosure will be made to third parties only when pertinent to an individual program plan and individual case management, and always subject to the expressed authority given by the consumer.
- A signed form of consent must be completed by consumers to allow the MHACA to disclose medical, psychiatric or personal details to other providers. Consumers have the right to keep personal information private and confidential.

Employees Agree To:

- Abide by the philosophy of MHACA
- Observe all the rules of MHACA including those specified in the constitution and any others determined by the Management Committee or the membership of the organisation
- Adhere to all the accounting procedures of MHACA
- Represent MHACA in a positive way
- Not discuss confidential issues of MHACA with people outside the organisation

- Not take illegal drugs or consume alcohol when on duty or on the premises
- Not accept gifts or purchase any items from service clients
- Not have sexual relationships with service clients or take them to their (staff) homes
- Follow any grievance procedures set down by the Management Committee to try to resolve any conflicts with other staff or members of MHACA
- Not harass in any form clients, other staff or members of MHACA
- Not abuse, physically or verbally, clients, other staff or members of MHACA
- Not give advice to clients
- Not alienate clients from their family
- Treat clients with courtesy, respect and consideration, act on complaints and provide services to the best of their ability.

Failure to abide by the above rules may lead to dismissal from MHACA.

Code of Dress

Employees should wear neat clothes appropriate to the type of work and not offensive to the clients or people they are working with (such as uncovered midriffs or low cut blouses).

This is particularly important when visiting Aboriginal Communities. Women are required to wear modest loose-fitting clothing, i.e. no tight or low cut tops, no short skirts or dresses.

Alcohol and Other Substances

MHACA is an alcohol and drug free place.

- 1** Dealings in or Consumption of addictive substances, whether licit or illicit - that is Alcohol or Other Drugs - will not be tolerated on the premises of the MHACA (except for prescribed medications). MHACA does not promote the use of Tobacco on the premises.
- 2** Any person (staff or consumers) found in breach of this policy will be disciplined by a member of the Committee, and as the case may apply, taken care of by the Law in force in the NT.
- 3** Any person who is under the influence of alcohol or other drugs and who behaves disorderly on the premises of MHACA due to the effect of alcohol or other drugs, will be asked to leave, and if not doing so, will be forcibly removed.

Lending or Borrowing Items from/to Consumers

Staff, whilst in the execution of their duties, are NOT to borrow items from clients.

Visitors to MHACA

All visitors to MHACA are expected to abide by the key principles contained in the Code of Conduct.

Visitors, whether consumers, carers, family or friends of consumers, and any other person or group of persons interested in the work of the association, are welcome to come to MHACA. However, MHACA is not a drop in centre, it is a workplace. Whenever possible, persons who intend to visit the service should visit between the hours of 08:30 and 12:30. These are the designated hours for consumers to meet for peer support.

APPENDIX F

COMMITTEE'S - TERMS OF REFERENCE

Management Committee – Terms of Reference

All Committee Members agree to accept responsibility through the Management Committee for:

- Meeting the requirements specified in the Constitution and the *NT Associations Act 2003*
- Meeting the requirements of funding agreements
- The delivery of quality and effective services
- The management, supervision and support of staff
- Making sure that membership support of MHACA is maintained
- Making sure that policies and procedures defined and agreed to by the Management Committee are followed.

Attendance at Meetings:

Committee members agree to attend all scheduled and extraordinary Management Committee meetings. If unable to attend a meeting, members agree to give the maximum notice possible. Notice should be given to the Administration Officer or the General Manager to ensure that a quorum for the meeting will be met.

Resignation of Member:

In the event that a Management Committee member must resign they agree to give at least one month's notice in writing and to make every effort to find a replacement person for their position.

Expulsion of Member:

A Management Committee member can be expelled from the Committee as per the procedures specified in the Constitution including not attending three meetings in a row without an acceptable reason.

What the Committee doesn't do

Effective Management Committees do not:

- i. Allow individual members to act without the consent of the rest of the committee. The committee, as a group, is responsible for managing an organization. Individual members should only ever act on behalf of the members as a group.

- ii. Interfere in the day-to-day management of services provided by the organization. Staff are employed to run the services. The role of the committee is to set up controls to ensure that effective services are being provided by the staff.
- iii. Make themselves inaccessible to senior staff.
- iv. Ideally the committee and senior staff should be working as a team in ensuring that the organization is well managed and provides effective services. This will require regular contact between the committee and senior staff persons.

Sub Committees, Steering Groups and Reference Groups

The use of Steering and Reference groups by the Life Promotion and Prevention and Recovery Programs assist in maintaining guidelines and policy development of each program. These groups are formed out of allied service provider and consumer representatives.

CONSUMERS

As consumers identify and develop their confidence they are encouraged and supported to become part of the operational supports of MHACA such as:

- i. Participating on interview panels for MHACA staff recruitment
 - ii. Consumer consultants to reference groups
 - iii. Attend annual national mental health conferences
 - iv. Mentor other consumers
 - v. Participate in evaluations on behalf of MHACA consumer groups
 - vi. Participate in forums for development of MHACA service delivery
- An out-of-pocket expense is paid of \$20.00 to consumer consultants in recognition of the tasks undertaken and the special skills required. The hobby form process is used.
 - Consumers are encouraged to actively participate in the ongoing development of MHACA.

APPENDIX G

MEMORANDUM OF UNDERSTANDING'S

1. CENTRAL AUSTRALIAN MENTAL HEALTH SERVICE



Memorandum of Understanding

Between

**Mental Health Association of Central
Australia Inc (MHACA)**

And

**Central Australian Mental Health
Service (CAMHS)**

January 2005

Contents

1. Purpose
2. Shared Objectives & Intent
3. Period of Agreement & Parties
4. Undertakings given by the parties
5. Client Eligibility Criteria
6. Implementation
7. Resolution of Differences
8. Exit Procedures
9. Review & Termination

1 Purpose

The purpose of this Memorandum of Understanding (MOU) is to develop a cooperative model and clear processes for the partnership, management and provision of services to clients. This memorandum addresses the rights and obligations of the Mental Health Association of Central Australia Inc and the Central Australian Mental Health Services.

The Mental Health Association of Central Australia (MHACA) is a non-profit organization that was formally incorporated in August 1993 with the main objective of improving services and quality of life for people with mental illness. MHACA's vision is "Greater social and emotional, wellbeing in Central Australia".

MHACA's objectives are;

Through a whole of community approach to offer non-clinical support by;

- Working with consumers, agencies to provide advocacy and support to people with mental health problems
- Providing services and programs focused on prevention and recovery
- Developing community partnerships that strengthen community capacity to respond to the needs of consumers and the broader community.

CAMHS key objectives are:

- To address mental health issues affecting individuals and communities by working in better ways with community partners
- Responding better to mental health issues in regional and remote areas by increasing access and local service capacity
- Reducing the impact of mental health problems by increasing the focus on mental health promotion, prevention and early intervention.

This MOU sets out protocols for the provision of case management services, sharing of information, communication between the parties and mechanisms for enhancing the collaborative efforts of the parties. The outcome expected is that there will be stronger working relations between the parties and improved outcomes for the client group.

2 Shared Objectives & Intent

The parties to this memorandum agree to work together to improve the co-ordination, referral, provision of services to clients.

Consumer Participation & Advocacy

Consumer input is critical to service development and service delivery. MHACA represent and support consumers in an advocacy role to provide advice on mental health issues.

Forums identified are;

- Senior Staff Meeting
- Accreditation Process
- Quality improvement processes
- A regular feature in the *Inbalance* Newsletter

Attached is the pathways for ongoing input as per the flow chart provided.

Rehabilitation Program

The aim of this protocol is to establish and clarify a process for assisting consumers to move between the rehabilitation service of the MHACA and the clinical care of Community Mental Health Team (CMHT) with the aim of improving quality of life and reducing relapse risk. The rehabilitation service provides a vocational, educational and recreational program which aims to be recovery based and goal orientated. CMHT provides clinical care through case management and after hours crisis team.

1. CMHT case managers may refer consumers, who are considered to be ready to benefit from recovery-focused rehabilitation, to the Rehabilitation Co-ordinator of MHACA using the current 'Referral' and 'Release of information' forms. Where the individual has been a previous recipient of the MHACA rehabilitation service, they will be granted automatic entry to the program without requiring referral.
2. MHACA Rehabilitation Coordinator will liaise with CMHT case managers regarding individual referrals and advise regarding referral outcome.
3. Upon starting rehabilitation work with a consumer, an initial case meeting will be held with the case manager, MHACA rehabilitation worker and the consumer in attendance.
4. Subject to consumer approval, a reciprocal exchange of individual case plans will occur to encourage a coordinated approach to service delivery. Plans are to be updated and exchanged every three months where possible or within 6 months.
5. Interim meetings between MHACA rehabilitation worker and CMHT case manager may be negotiated as necessary for the purpose of exchanging information or to address administrative issues which may arise. This may include the attendance of the MHACA Service Coordinator at relevant CMHT meetings.
6. In the event of a consumer becoming unwell, where they or the MHACA rehabilitation worker believe their participation in the program is disadvantageous to their health, the CMHT case manager is to be informed in writing using the appropriate Referral form. In this instance the CMHT will provide an immediate response and will inform the MHACA Service Coordinator when reentry to the rehabilitation program is considered appropriate and beneficial.
7. CMHT will inform the MHACA Service Coordinator of impending consumer discharge from case management or change of case manager to ensure continuity of care.

Outreach Support

This program aims to provide an outreach support program for people in urban Alice Springs with high mental health support needs that will endeavor to equip consumers to achieve an independent and productive life within the parameters of recovery.

MHACA's key objectives are;

1. To increase consumer capacity to independently live in the community through lifestyle support and living skills training
2. To increase the community resource base available for mental health consumers including formal and informal services and supports

The anticipated client outcomes include;

- Increased ability to live independently in the community
 - Increase access to and participation in community activities of choice
 - Increased satisfaction with service and outcomes by consumers, families and communities over time.
 - Reduced use of inpatient and crisis services

CAMHS will support by;

3 Period of Agreement & Parties

The agreement commences on the date at which the last party becomes signatory to the memorandum and terminates 12 months after that date.

In keeping with part 9 of this agreement, the parties will review the operation of the MOU prior to its expiry and may renew the agreement for a period determined by the parties.

The parties to this MOU have complementary roles in addressing the needs of the identified target group.

4 Undertakings given by the Parties

In agreeing to this MOU the parties agree to:

1. provide each other with appropriate officers details including name; contact details, position title, description of their role in service delivery, program planning and review;
2. attend meetings on a monthly basis between the parties to discuss individual care plans; and
3. ensure the parties are kept informed about services via in-service opportunities, training and general information exchange.

Central Australian Mental Health Service (CAMHS)

- acknowledges that MHACA is not an appropriate program for clients who need immediate professional assistance;
- agrees to refer to the Program areas only those clients who satisfy the eligibility criteria set out;
- agrees to provide access to CAMHS professional staff for clinical program support ;
- agrees to respond to calls from MHACA staff for assistance for clients in a timely manner between 8am to 4:30 pm, Monday to Friday;
- agrees that, on notification of an emergency after hours client referral, the case manager will visit the client and provide appropriate follow up;
- agrees in times of crisis to work closely with MHACA staff and other agencies to resolve crises;
- agrees to provide information that includes;
 - client history, diagnosis, medication, early warning signs/triggers;
- together with MHACA staff develop individual lifestyle plans that are linked to individual case management and/or relapse plans;
- Support MHACA staff within their role.

Mental Health Association of Central Australia (MHACA) agrees to;

- provide places for clients in each Program within the agreed government target and best practice staff/client ratio's;
- support CAMHS Case managers in their role;
- notify the relevant case manager as required by the way of regular case meetings;
- provide clients with program support that is recovery focused;
- work closely with CAMHS to address crises as and when they occur;

5 Client Eligibility Criteria

The parties to this Memorandum of Understanding agree that clients referred to each MHACA program area must satisfy the following criteria. Prospective clients include:

- exhibit symptoms consistent with a psychiatric disorder;
- have a identified need;
- meet the criteria for service provision from MHACA;

MHACA maintains the right to decline a referral and/or terminate a referral where;

- placement of the individual would cause serious risks to other clients and/or staff;
- the individual's needs extend beyond the skills of MHACA staff;
- client numbers exceed places
- program objective does not fit the clients need

MHACA undertakes to liaise with the referring agency in the event a referral is denied, and if the referring agency refers a client who has in the past caused difficulties.

All MHACA clients are expected to abide by MHACA's policies and procedures in relation to MHACA's Rights and Responsibilities Charter.

6 Implementation

To ensure that the above actions are completed MHACA and CAMHS will nominate a senior officer to be responsible for the implementation and monitoring of the agreement. These officers will identify other officers in their respective organizations to have specific responsibility under the MOU.

7 Resolution of Differences

Where there is a disagreement between two or more parties to this memorandum, those parties agree to have the matter resolved at officer level in the first instance.

In the event the matters in dispute are unable to be resolved at that level, the parties agree that the relevant managers of the services/agencies meet to discuss and resolve those differences.

8 Exit Procedures

MHACA maintains the right to expel a client from the program in the event;

- the individual's behaviour has caused serious risks to other clients and/or staff;

9 Review & Termination

An initial review of the MOU is to take place no less than 12 months after the signing of this agreement. It is then proposed that the agreement be reviewed regularly at a time determined by the parties.

The purpose of the initial and subsequent review is to ensure that the provisions of the memorandum are:

- relevant to the identified needs of clients;
- serving to enhance outcomes for clients; and
- consistent with role of each agency/organisation

The review process will involve staff from all parties to this memorandum. Prior to the conduct of reviews, the parties will agree a review methodology addressing issues such as:

- who can propose amendments;
- the time allowed for the parties to consider amendments;

A party to this memorandum may withdraw from the agreement after giving three months written notice to each of the other party.

CAMHS Signatory

Position held:

MHACA Chairperson's name

Date: / /2005

Date: / /2005

**2. SUB ACUTE PREVENTION & RECOVERY PROGRAM –
ADDENDUM**

**Subacute
Prevention & Recovery Program**

**Addendum to
Memorandum of Understanding**

between

**Mental Health Association of Central Australia
(MHACA)**

and

**Central Australian Mental Health Service
(CAMHS)**



Northern Territory Government
Department of Health and Community Services

OCTOBER 2005

Contents

- 1. Purpose of Addendum**
- 2. Shared Objectives, Intent and Responsibilities of Parties**
- 3. Period of Agreement**
- 4. Communication**
- 5. Implementation of Care Packages**
- 6. Client Rights and Responsibilities**
- 7. Review of Addendum**
- 8. Signatories**

1. Purpose of Addendum

- 1.1. To provide an integrated recovery focused subacute Prevention and Recovery Program between the Mental Health Association of Central Australia (MHACA) and Central Australian Mental Health Service (CAMHS). This will assist to reduce the likelihood or duration of hospital admissions by their consumer group and will therefore enhance recovery within the least restrictive setting possible.
- 1.2. Develop and increase partnerships with relevant Indigenous, Community, and Government agencies in the delivery of the Subacute Prevention and Recovery Program.
- 1.3. This addendum will be used in conjunction with the Memorandum of Understanding between MHACA and CAMHS (January 2005), National Mental Health Standards 1997, Mental Health Act, and other relevant policies of both services.
- 1.4. All Allied Services that contribute to the safety and recovery of mental health consumers shall be considered as parties to this addendum, in the delivery of the Prevention and Recovery program. A copy of this addendum will be provided to all services associated in the delivery of the program.

2. Shared Objectives and Intent

- 2.1. To reduce the impact and risk of preventable relapse or crisis that enhances recovery for the consumer and their families / carer's through the introduction of Individualized Care Packages in collaboration with identified allied services in clinical and non-clinical settings. That service's be delivered in the safest and least restrictive environment to improve stabilization and offer monitoring and management outside of the inpatient setting.
- 2.2. Provide a culturally safe service that will take into account the complex needs of the Indigenous people and remote clients by providing the service as close to the individuals community as possible
- 2.3. Provide a forum to oversee the continuous development, training, education and implementation of the Prevention and Recovery Program to allied community service providers, carers and family.
- 2.4. Provide a collaborative training package to MHACA staff that ensures practice standards are of the highest quality consistent with Recovery Based models of early intervention to minimize risks, reduce critical incidents and effectively monitor trained staff to work safely and sensitively.
- 2.5. Provide a timely and responsive service.

- 2.6. Provide educational support for support workers, consumers, families and carers to assist them to understand and manage mental illness with the emphasis on normalizing lives.
- 2.7. Improve consumer outcomes by reducing the impact of mental ill health through the promotion of knowledge, understanding and early intervention.
- 2.8 MHACA responsibility:**
To provide non-clinical, short term, intensive, recovery support service to consumers at pre-and post discharge by way of:
- 2.8a A staff pool will provide monitored supports and supervision of client's immediate needs by assessing their ability to cope in transition back to their community or to reduce admission. This support is based upon direct goal and task orientated one-on-one recovery care planning with client, family and or carers.
- 2.8b To liase, advocate and assist clients to be pro-active in their individual recovery and assist them to identify appropriate restorative actions.
- 2.8c Offer outreach and rehabilitative programs as part of transition to recovery when identified as suitable.
- 2.8d Actively advise and engage appropriate CAMHS case managers and / or responsible psychiatrists of any identified risks to client, family, carers and self as determined and any indicators of client relapse as soon as practical, ensuring client is not without responsible supports or action plan.
- 2.8e Statistical information of each client referral entering and leaving the Prevention and Recovery program is to be made available to the evaluator for the purposes of research and development. All clients are to be advised and signed consents to be sought accordingly.
- 2.8f Support Officers will collate written statistical data for purposes of MHACA recording of client records and place into computer data base.
- 2.9 CAMHS responsibility:**
to be responsible for the continuing clinical case management of joint clients referred to MHACA. Clinical case management meaning; the provision of a range of psychiatric treatments, rehabilitative counselling and educational assistance on mental health issues to clients / families and carers by as per the CAMHS policy.
- 2.9a Maintaining daily contact for clinical treatment, assessments and monitoring of individual clients in consultation with the respective MHACA staff member, general practitioner and appropriate allied sectors.
- 2.9b Provide appropriate after hour's crisis support via the Crisis Assessment Team, in the least restrictive environment for the client and their family / carer according to specified response time frames.

2.9c Response times: to MHACA requests for contacts are:

- Return calls to MHACA support worker within 15 minutes of initial attempt to contact.
- Physically sight and provide follow up to client within a 4-hour period of response from original call out by MHACA.

2.9d Period of Leave / Official Discharge off Unit / Readmissions:

- Client referrals from the inpatient unit will be provided with an initial trial period of visits off the unit and overnight home leave periods. Any problems will be monitored over this transition in consultation with family / carer, CAMHS case manager and MHACA support officer.
- Home leave will be extended up to a two week period, ensuring immediate access to a bed if requiring readmission, with return to the unit for review and official discharge off the unit into the program fully.
- Any further readmission period after the official discharge within the program will require a reassessment and medical examination completed at the Emergency Department of Alice Springs Hospital or Community MH Outpatient Clinic. In certain circumstances it may be possible to fast track admission straight to the unit at the discretion of the treating doctor.

2.9e Be available to MHACA as requested to assess clients in crisis.

2.9f Assist in clinical reviews as required throughout duration of clients involvement

2.9g Statistical information of each client entering and leaving the Prevention and Recovery program is to be made available, such as previous admissions and discharges from the HONAS data base, for the purpose of the effective research and development of the program. All information to be provided to the evaluator, clients advised and signed consents to be sought accordingly.

3 Period of Agreement

This Addendum is for the duration of the 18-month Sub-acute Prevention and Recovery Pilot Program funded to begin on 1 May 2005 with a completion date of the 30 July 2006. This period will be reviewed and amended accordingly at the completion of this date.

4 Communication

4.1 Consumers/ Families and Carer's

- 4.1a Consumers and their families / carer's shall have the right to decline service supports from the sub acute Prevention and Recovery program if they so request.
- 4.1b To be fully consulted and involved in the implementation of an individualized care package, and any changes as they occur in their case management.
- 4.1c All indigenous consumers are to be provided appropriate access to interpreters and relevant service areas in their Individual Care Package as identified.
- 4.1d To receive education and support.
- 4.1e Potential risk factors to consumers / or family members and others should be identified and discussed with sensitivity to the consumer and their family / carer's and reported to case managers in the implementation of planning to reduce risks.

4.2 MHACA / CAMHS Managers response:

- 4.2a To consult with the Senior Staff members at the CAMHS Executive meetings on the development, progress and identified concerns that may impact on the operation of the program.
- 4.2b To be consistently advised of procedures by Prevention and Recovery coordinators in the operation of their roles and responsibilities to the program.
- 4.2.c To be informed of operational developments through the Steering Committee out of monthly meetings.

Steering Committee

(Refer Steering Committee Terms of reference)

- 4.3a A committee representing sectors of the Mental Health Continuum for the Alice Springs and surrounding Remote Districts will be appointed with no less than 9 members. Meetings to be held monthly for the first six months, followed bimonthly to assist in the evaluation process of the program.
- 4.3b This committee is appointed to oversee the operational development and implementation of the Prevention and Recovery Program in conjunction with respective Managers, Coordinators and support workers, and act as the advisory body to MHACA and CAMHS.
- 4.3c The committee will assist to identify strategies that can develop the Prevention and Recovery Program and therefore increase the quality and range of mental health support options in the respective region.
- 4.3d To ensure equity and fair representation in consultation processes of Indigenous and Non-Indigenous consumer, carers and family members.

- 4.3e MHACA and CAMHS Subacute Prevention and Recovery Coordinators will act as ex-officio members to the steering committee in a consultancy role by attending all committee meetings. Coordinators have no voting capacity on the committee.

4.4 Prevention and Recovery Coordinators

(Refer Prevention & Recovery Practice Procedures)

- 4.4a Assist in the development of the program in consultation to the Steering Committee. Assist in development of policy and guidelines in the practice procedure for Individual Care Packages, ongoing monitoring of practice procedures, providing shared statistical information as required, identifying gaps in procedures and perceived shortfalls in the programming.
- 4.4b Meet at regular times to evaluate procedures and attend case management meetings between community service providers, MHACA and CAMHS.
- 4.4c Maintain day to day operation of referrals, assessments and the development of individual care packages with Managers, team staff members of MHACA and CAMHS, and allied service providers.
- 4.4d MHACA Coordinator will assess referrals in consultation CAMHS Coordinator and respective team members of MHACA, determine acceptability, allocate to respective support workers and monitor individual care packages, reviews and discharge planning in a timely manner.
- 4.4e CAMHS Coordinator will ensure case management provided by CAMHS teams incorporates clinical psychiatric, medical assessments and treatment leading to recovery focused care, relapse prevention and planning.
- 4.4f MHACA coordinator is to ensure evaluation surveys of the prevention and recovery program are completed post-discharge by consumers, and recorded for statistical purposes. CAMHS to also provide relevant evaluation surveys in conjunction with MHACA.
- 4.4g Actively promote and provide education, training to Government and Community services about the Prevention and Recovery Program to advocate effective service delivery.

4.5 Prevention and Recovery Support Workers

- 4.5. Support workers are to provide psycho-social services relevant to maintaining client's wellness in their community / home environment.
Supportive Services may be constituted as:
- Transport assistance to attend CAMHS appointments / Ward attendance.
 - Accommodation needs are being managed and maintained at a reasonable standard of hygiene (according per individual) and care eg: budgeting, shopping assistance.
 - Liaise with Centrelink for benefit entitlements as required.
 - Liaise with Allied Services and MHACA in monitoring activity options.

- Assess mental health at each visit and report to Clinician and / or Case Manager if noted changes in recovery.
 - Supports to family / carer as identified to reduce stresses, assess client relapse indicators and any other needs as determined in Individual Care Plan.
- 4.5a MHACA and CAMHS are to ensure that support officers employed by MHACA are offered full supports in servicing client needs.
- 4.5b Support workers will receive training relevant to their role and responsibilities of the program in conjunction with MHACA and CAMHS staff as identified.
- 4.5c When necessary attend case management meetings, reviews with MHACA and CAMHS staff and service providers in the delivery of service on behalf of their respective consumer caseload.
- 4.5d Work directly with the CAMHS case managers and responsible psychiatrists to effectively maintain client recovery and wellness.
- 4.5e Provide written documentation on respective consumer's CAMHS and MHACA file in the monitoring of individual care plans.
- 4.5f Record statistical information onto computer based data spreadsheets for individual client records and the evaluation procedures.

4 Implementation of Care Packages

(Flow chart attached)

Referrals for Individual Care Packages will be received from CAMHS at pre discharge of consumers from hospital. Supports will be provided to assist in the transition and integration of consumer back into community through intensive short-term integrated support.

All referrals will adhere to the CAMHS Prevention and Recovery Sub-acute referral format in policy procedure. Acceptance is dependent on criteria being completed appropriately on referral form. (Accessible via CAMHS computer system)

Refer to Referral Procedure Policy.

Refer to Sub-acute Policy & Practice procedures.

Standards Forms for Subacute Prevention and Recovery:

- CAMHS Referral Form including Client Consent signature
- MHACA Authority to Supply / Receive Information
- MHACA Letter of Receipt of Referral
- MHACA Letter of Acceptance / Decline
- MHACA Prevention & Recovery Individual Care Plan
- Consents to Evaluation Survey

6 Rights and Responsibilities

- 6.1 Consumers to freely consent to individual referral to Prevention & Recovery Program and Evaluation Research project.
- 6.2. For consumers to actively participate in their recovery process with carers/ family and allied professionals.
- 6.3 For consumers to be active and responsible in their recovery and wellness.

7 Review

This addendum is subject to review within six months of period at point of signing, and is to be amended accordingly at points of variation in procedures.

Authorised Signatories to this Addendum to Memorandum of Understanding:

Signed: _____ Date: _____

Steve FISHER

Chairperson: Mental Health Association of Central Australia Committee

Signed: _____ Date: _____

Fran Pagdin

Acting Manager : Central Australia Mental Health Service

Signed: _____ Date: _____

Chairperson

Prevention and Recovery Steering Committee

APPENDIX H

DISABILITY DISCRIMINATION ACT

With specific reference to the DisAbility Discrimination Act:

- **Physical Impairment Discrimination** is when a person is treated unfairly or harassed because they have either a physical DisAbility, or a physical illness or injury that has affected their body's structure or functioning.
- **Mental Impairment Discrimination** is when a person is treated unfairly or harassed because they have an intellectual DisAbility or a brain disorder or malfunction.
- Other discriminations include:
 - Sex discrimination
 - Race discrimination
 - Family status discrimination
 - Homosexual and Lesbian discrimination
 - Age discrimination

The above legislations require employers to:

- Treat all their employees and consumers, and anyone applying for a job with them, fairly and equally; employees or consumers cannot be treated unfairly or harassed because of:
 - Gender
 - Religious or political conviction
 - Race
 - Marital status
 - Impairment
 - Age
 - Pregnancy
- Make reasonable accommodation or adjustments to allow people with physical or mental DisAbility to work with them

Exemptions under the Equal Opportunity Act

- Equal Opportunity legislation allows discrimination against people on the grounds of sex or race in favour of persons of a particular sex or race, where the occupation for which the people are employed is for the welfare of people of the same sex or race.

For example, this makes it possible to employ:

- People of a particular ethnic group to provide services to people from the same group;
- A person of a particular sex to work with clients of the same sex;

- To employ a person of a particular age to work with clients of the same age group, where this would be more appropriate.

To operate in line with the EEO principles, it is important to follow anti-discriminatory procedures in

- Advertising for a vacant position
- Interviewing and selection (e.g. answers to questions asked to all applicants, and not based on personal circumstances, race, religion, age, sex, DisAbility)
- Terms and conditions of employment
- Workplace facilities (e.g. separate toilets for men and women, wheelchair access)
- Terminating employment (cf. unfair dismissal)

MHACA aims to choose the best person for the job regardless of:

- Race
- Physical, intellectual or psychological impairment
- Gender
- Age
- Sexual orientation
- Marital status
- Family status and responsibility, including pregnancy
- Relationship with existing staff member
- Religious or political beliefs, activities or practices
- Spent convictions
- MHACA will ensure that equal opportunity principles are followed in all areas of staff management.
- MHACA will ensure that individuals are appointed based on their ability to meet set criteria that are consistent with the role and position description.
- MHACA will provide information and training to all staff and Management Committee members involved in staff management processes.

Exemption to employing people related to existing staff

Where applicant is related to existing staff member and would be directly managed or managing the staff member, employment would be discouraged – for potential conflict of interest and power-relationship issues.

APPENDIX I**FORMS FILE – LISTING****MHACA Forms File List**

Listing (as at July 2007)

Note: All forms are contained in a separate Electronic & Hard Copy File 'MHACA Forms File'.

Please contact the Administrator for copies.

SECTION 1: ORGANISATION ORIENTATION

MHACA Flyer
Counselling Brochure
Pathways Program brochure
Prevention and Recovery Program brochure
Life Promotion Program brochure

SECTION 2: MANAGEMENT

Membership renewal notice
Committee Pledge to Code of Conduct
Format for Committee Meeting Minutes
Staff Intake Agenda
Monthly Data report

SECTION 3: PROGRAM AND SERVICE DELIVERY

Assessment Checklist
Client Orientation handout
MHACA Referral Form
Assessment Tools
Deciding Priorities for Assistance
Consent Forms
Referral Forms

SECTION 4: CLIENT RIGHTS AND RESPONSIBILITIES

Authority to Act As An Advocate/Guidelines
Complaints Record Form

SECTION 5: RECORDS MANAGEMENT

No forms (currently) for this section

SECTION 6: QUALITY ASSURANCE, PLANNING & EVALUATION

Audit Plan
Client Attendance Form
Questionnaire for Clients/Carers
Survey – Service Providers
Survey/Audit Report
Tell us what you think
Improvement Project Log
Maintenance Requests Summary Sheet

SECTION 7: OCCUPATIONAL HEALTH AND SAFETY

Occupational Safety & Health Assessment Form
Staff Accident/Incident Form
Client/Visitor Adverse Event Report
Client/Visitor Adverse Event Summary Sheet
Incident Report Form
Hazard Report
Housing Incident

SECTION 8: PROMOTIONS AND PUBLICATIONS

Media Consent Form
Community Calender
Publication Wrap
MHACA Questionnaire (general)
Sign

Progress Sheet

SECTION 9: HUMAN RESOURCE MANAGEMENT

Employee Personal Details Record
Employee Checklist
Contract of Employment
Exit Interview
Leave Application
Performance Appraisal
Recruitment Register
Job Application – pro-forma
Salary Sacrifice form
Volunteer Agreement
Volunteer Position (Application)
Volunteer (Position Description)

SECTION 10: ADMINISTRATION AND OFFICE PROCEDURES

Travel Allowance
Timesheet
Internet Transfer
MHACA Vehicle Agreement
Letter Head
Fax Cover Sheet
Stationery Stock
'Last to Leave'

SECTION 11: FINANCIAL MANAGEMENT

Cash Reimbursement to Wages
Cheque Requisition form
Deposit form
Hobby Worker Declaration
Request for Use of Debit Card
Bank Account Form
Superannuation Form
Request for Equipment Form
Repayment Record

INDEX**A**

Aboriginal, 52, 53, 55, 56, 62, 69, 116, 131, 163, 190
 Access, 40, 41, 59, 63, 67, 68, 109, 141, 142, 164, 165, 166
 Administration, 21, 22, 68, 79, 81, 105, 135, 136, 137, 142,
 143, 144, 148, 150, 153, 192
 Advocacy, 29, 62, 63
 After Hours, 43, 136
 AGM, 13, 18, 71, 82, 152
 Alarm, 138, 139
 Annual Leave, 93, 98
 Archiving, 66, 67, 69
 Assessment, II, 30, 31, 32, 37, 41, 43, 44, 51, 128, 133, 164,
 165, 214, 215
 Audit, 150, 152, 215

B

Budget, 150

C

CAMHS, I, II, 29, 30, 32, 33, 34, 37, 41, 43, 44, 48, 49, 201
 Cheques, 153
 Cleaning, 137
 Client Files, 42
 Code of Conduct, 12, 18, 19, 20, 39, 41, 60, 63, 111, 125,
 130, 159, 161, 188, 191, 214
 Collaboration, 40
 Computer, 68, 139, 141, 142, 150
 Computer Security, 139
 Conditions of Employment, 88, 136
 Conference, 100
 Confidentiality, 34, 39, 59, 60, 65, 86, 109, 161, 188, 189
 Conflict of Interest, 19
 Constitution, 1, 18, 159, 161, 168, 192
 Consumers, 3, 10, 39, 41, 42, 48, 49, 54, 57, 58, 59, 79,
 154, 158, 160, 164, 165, 189, 190
 Continuity of Care, 48
 Contract Staff, 132
 Contractors, 143, 156
 Critical Incident, 44, 45, 76
 Cultural, 27, 52, 56, 57, 116, 163

D

Data Storage, 140
 Delegations, 156
 DHCS, II, 25, 35, 71, 152, 164
 Disclaimer, I
 Discrimination, 62, 87, 111, 159, 161, 212
 Discrimination Act, 87, 159, 212
 Dispute and Grievance, 87, 122, 189
 Documentation, 1, 13, 41, 61, 65, 70, 81, 86, 135, 150
 DoHA, II
 Duty of Care, 63

E

Education, 29, 86, 116, 117
 Email, 141
 Emergencies, 43
 Emergency Procedures, 79
 Employee Contract, 88
 Equal Opportunity, 40, 62, 87, 189, 212
 Equipment, 76, 143, 144
 Expenditure, 151, 156

F

Feedback, 113, 130

Filing, 137, 138

Financial, 10, 20, 69, 150, 156

Forms File, 42, 65, 70, 78, 85, 88, 89, 93, 99, 101, 103,
 105, 108, 116, 126, 129, 159, 214

H

Health, Safety and Welfare Policy, 75

History of Service, 1

Hospital

Alice Springs Hospital

ASH, II, 116

I

Income, 150, 151

Incorporation, 13

Industrial Relations, 87, 111, 122, 123, 124, 125

Ineligibility, 52

Injury, 77, 130, 145

Insurance, 68, 131, 132, 145, 149

Internet, 102, 141

K

Keys, 138

L

Laptop, 142

Life Framework, 159, 167

Life Promotion Program, II, 9, 32, 34, 37, 38, 41, 43, 48, 49,
 55, 84, 162, 214

M

Mail, 136, 137, 150

Management Committee, 7, 8, 13, 14, 17, 18, 19, 20, 21, 23,
 26, 39, 40, 56, 60, 65, 66, 71, 72, 73, 74, 86, 91, 92, 93,
 102, 106, 111, 113, 117, 120, 122, 123, 125, 132, 133,
 137, 149, 150, 151, 152, 156, 158, 161, 163, 164, 189,
 190, 192, 213

Maternity, 96

Media Liaison, 84

Mental Health

Mental Health Unit, I, II, 1, 2, 5, 10, 12, 26, 27, 29, 30,
 35, 37, 39, 40, 41, 43, 56, 61, 64, 69, 74, 80, 81, 83,
 84, 85, 116, 132, 134, 147, 149, 158, 161, 162, 163

Minutes, 21, 22, 66

Misconduct, 122, 124

Mobile Phone, 136

Motor Vehicle, 78, 91, 128, 145, 146, 148

N

National Standards for Mental Health Services, 159, 160

Newsletter, 82, 100

NT DisAbility Service Standards, 1, 161, 166

O

Office Procedures, 137

OH&S, II, 43, 146, 148

Older People, 53

Organisation Structure, 7

Other Services, 42, 48

Outreach, 2, 27, 28, 140

P

Partnerships, 40

Pathways, 9, 28, 31, 48, 49, 140, 162, 214

Payments, 153

Payroll, 93, 94, 101, 105, 155

Personal Leave, 93

- Photographs, 85
- Planning Day, 72
- Police, 33, 35, 43, 103, 104, 127, 128, 189
- Policy, I, 12, 18, 19, 45, 65, 66, 69, 74, 86, 91, 116, 126, 130, 136, 145, 150
- Policy and Procedure Manual, 65
- Prevention and Recovery, II, 10, 29, 30, 43, 48, 214
- Privacy, 39, 57, 59, 65, 86, 87, 189
- Probation, 106, 110
- Programs, 2, 4, 27, 35, 48, 140
- Purchase Orders, 153, 156
- Q**
- Quality Service Provision, 40
- R**
- Records, 67, 68, 69, 137
- Referrals, 30, 41, 49
- Regulatory Compliance, 74
- Relocation, 90, 91
- Reporting, 25, 70, 86, 115, 132, 142
- Rights and Responsibilities, 41, 57, 63
- S**
- Security, 79, 138, 139
- Service Agreements, 113
- Service Profile, 3
- Service Standards, 1, 159
- Sick Leave, 93
- Special Needs, 52, 53
- Staff Development, 86, 116
- Staff Meetings, 22, 25
- Staff Orientation, 105, 116
- Staff Support, 87, 119
- Staffing Policy, 86
- Stationery, 137
- Strategic Plan, 10, 11, 73, 163
- Stress, 76, 87, 119, 121
- Student, 35, 131
- Study, 95
- Sub Acute**, 7
- Suicide
 - Suicide Prevention
 - Completed Suicide, 27, 32, 34, 35, 37, 38, 40, 69, 81, 84, 162, 163
- Supervision, 86, 87, 113, 114, 115, 130
- Support, 2, 7, 12, 29, 30, 41, 43, 48, 51, 52, 54, 114, 117, 150, 164, 166
- T**
- Tenders, 132, 133, 134
- Termination, 111, 123
- Time in Lieu, 90
- Training, 32, 38, 39, 52, 53, 81, 86, 90, 116, 117, 118, 129, 130, 158, 162, 163
- Trauma, 87, 119
- Travel Allowance, 99, 101, 155
- V**
- Volunteer, 126, 127, 129, 130, 131, 149, 216
- W**
- Wages, 90, 150, 151, 155, 216
- Website, 82
- Y**
- Young People, 38, 53