



# **Mental Health Association of Central Australia**

# **Service Report**

**January – June 2007**

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# Management and Administration of MHACA Services

Claudia Manu-Preston: General Manager  
Tanya Vaughan: Administrator

*To coordinate and support the program activities managed by  
the Mental Health Association of Central Australia*

This past year the MHACA's priorities were to secure suitable office premises and undertake key projects while maintaining the effective operation of our services. We were ambitious with the projects we wanted to undertake and staff and committee have worked very hard toward achieving these.

Producing the Annual Report assists the team to reflect on what we set out to do, what we have done and to assess if we have achieved this, and, if not, why. It is satisfying to report that the majority of the projects for this year have been achieved and the quality of the work has been high.

## Strategic Achievements - Overview

### 1. Consumer Driven Quality

- Independent consumer information and education workshops: Helen Glover and Arana Pearson: international mental health consultants with a lived experience of a mental illness
- Funding approved for the Day to Day Living Program
- Funding approved for Consumer Peer Support Model and GROW service
- Monthly Consumer lunch forums
- Involvement of people bereaved by suicide and consumers in World Suicide Prevention Day
- Wellness and Recovery Planning (WRAP) - booklet developed
- Crisis Assessment Team - review consultations

### 2. Mental Health Awareness

- Development and launch of MHACA website
- Coordination of activities for Mental Health Week and World Suicide Prevention Day
- Scheduled monthly Mental Health First Aid training
- Ongoing development and delivery of ASIST Training
- Quarterly production of newsletter, *inBalance*
- Information stalls at Alice Springs Show
- Presentations at conferences, workshops, meetings and community agency visits

### **3. Prevention & Intervention**

- Counselling Program introduced
- ASIST training in Alice Springs, Tennant Creek and Ali Curung
- Coordinated Interagency Response after a death by Suicide
- Consumer engagement / life skills and socialization including: yoga, arts and crafts, cooking groups, drumming group, recreational 8-ball, 10-pin bowling, annual 3-day Matt Deer Camp, nature hikes, Christmas & New Year daily activities, including Christmas dinner
- Joint community programs / activities: Salvation Army, Reclink, Bindi, CASA
- Consumer Wellness and Recovery Planning (WRAP) booklet introduced
- Combined training with clinical services: Boston Rehabilitation Model and Strengths-Based Recovery

### **4. Service Development & Sustainability**

- Merger of Rehabilitation & Outreach programs for better efficiency and service integration
- Planning for Day to Day Living Community Program and GROW Consumer Peer Support Service
- ASIST & Mental Health First Aid refresher training
- Communicating for Success – Choice Therapy
- Service development and planning workshops
- Service database
- Ongoing advocacy work

### **5. Research & Innovation**

- Development of “We Know Our Strengths” project with Waltja working in three remote communities
- Development and trialling of a new Suicide Awareness training package for Indigenous workers
- Ongoing evaluation of Prevention & Recovery Program
- Review of client assessment processes
- Research into trial counselling and peer support groups

### **6. Effective Governance & Management**

- Ongoing consumer committee member mentoring
- Governance training for committee members
- Special clause to new constitution
- Weekly In-service Staff Team Supervision and monthly In-service Team Training for consumer rep participation
- Effective Relationship Building Training with clinical service teams (by Accrete Training)

# Service Activity 1- Financial Accountability

***To provide an overall financial analysis of MHACA operations with the aim of operating with the percentage of programs having a surplus as a trend over time***

The audited Balance Sheet reports accumulated funds of \$793,126 at 30 June 2007 an increase of \$213,213 on the previous year. Four programs had total surpluses of \$198,555 however the Department of Health and Community Services have determined that they are required to be spent by that program in the 2007/2008 year and they have been transferred to unexpended grants and do not form part of the surplus. Many of the programs are reporting a surplus due to the difficulty in filling vacant positions throughout the year particularly in the Pathways, Sub Acute and Training and Promotions Program. The fourth program to report a surplus is Administration and Management. This surplus is due to the difficulty in finding office accommodation for relocation in the financial year.

The Balance Sheet reports MHACA to have current assets, mainly cash at bank, of \$661,189, receivables of \$65,092 and pre-payments of \$817. Non current assets of \$579,114 which comprises of residential units \$518,937, plant and equipment \$20,715 and motor vehicles \$39,462 (all amounts are written down values). Non current liabilities are \$513,086 which includes the unexpended grants of \$198,555 and grants in advance of \$178,090. Creditors and Provisions \$136,441.

The audited Balance Sheet reports MHACA to be in a healthy financial position at 30 June 2007.

## ***Statement of financial performance***

Grant income increased from \$919,261 last year to \$945,689 this year. Other income from external sources was:

• Bank interest	\$29,187
• Fundraising activities	\$1,171
• Rent and recovered costs	\$15,887
• Consultancy	\$4,302
• Membership fees	\$1,001
• Training Income	\$3,310
• Other income	\$4,929

Refer also to Appendix 3.

# Service Activity 2 - Governance

***The number of committee meetings as a trend over time and the percentage of members who attend***

The Committee is the governing body of MHACA. The MHACA administration provides support to the management committee by providing quality information to enable members to make informed decisions. This support includes the distribution of papers in a timely manner for members to consider and participate.

There have been 10 committee meetings with an average of 80% of members attending within this period. This does not include the Annual General Meeting:

- August 6 committee members
- September 5 committee members
- **September AGM 27 members**
- October 8 committee members
- November 8 committee members
- December 7 committee members
- February 9 committee members
- March 8 committee members
- April 8 committee members
- May 8 committee members
- June 6 committee members

### ***Annual General Meeting***

The AGM was held on Wednesday 27<sup>th</sup> September at the Salvation Army. There was a good turnout with 27 people attending. This year's elections required an open selection process because there were more interested applicants than positions available. This demonstrated the general commitment from the community members and in support of MHACA's work.

A Special General Meeting was held in February 2007 to affect a change to the constitution to increase the number of board members from 9 to 11. This was due to lack of general committee positions and demand in interested members wishing to be on the board.

### ***Consumer Mentoring***

An independent mentoring support person is available to consumer representatives. This is to support and develop their skills and enabling the members to participate. A separate meeting is held prior to the committee meeting with the mentor and consumer representative to discuss paperwork and any points needing to be raised.

## **2.1 Activities Summary**

<b>July 2006</b>	<ul style="list-style-type: none"> <li>• MHACA Uluru Camp for Clients</li> <li>• See How She Runs Movie screening</li> </ul>
<b>August</b>	<ul style="list-style-type: none"> <li>• Mental Health First Aid Training</li> <li>• Recovery Training with Helen Glover</li> <li>• Helen Glover – Creating Conversations around our Recovery</li> <li>• Consumer Peer Support program for Central Australia a priority</li> </ul>
<b>September</b>	<p><b>Annual General Meeting / Annual Report</b></p> <ul style="list-style-type: none"> <li>• Committee + Consumer attend THEMHS conference on behalf of MHACA</li> <li>• Life Promotion Tennant Creek position filled</li> <li>• LPP presentation at Cairns conference</li> <li>• AGM preparation, audit finalised and produced MHACA Annual Report.</li> <li>• NTCOSS Conference Subacute presentation</li> <li>• Launched the MHACA website</li> <li>• Lack of Subacute referrals and complaint letter sent</li> <li>• Ongoing refining of 2006-2007 budgets</li> <li>• 3<sup>rd</sup> prize for best stall at the Alice Springs Show</li> </ul>

<b>October 2006</b>	<b>Mental Health Week</b> <ul style="list-style-type: none"> <li>• Anne Deveson Resilience Community Forum</li> <li>• World Suicide Prevention Day ceremony</li> <li>• Supported activities within the week and organised the Annual Fun-Run which attracted 100 people to the event. Refer <i>inBalance</i> 12<sup>th</sup> Edition, pg 13.</li> <li>• Initial COAG discussion regarding the reform agenda</li> </ul>
<b>November</b>	<b>Partnership proposals</b> <ul style="list-style-type: none"> <li>• Waltja partnership with Life Promotion</li> <li>• Initial discussions regarding Basic Needs proposal to provide non-clinical support in remote communities</li> <li>• ASIST Train the Trainer – LPP staff</li> <li>• Suicide Prevention Australia Conference, Adelaide</li> <li>• Governance Teambuilding workshop held</li> </ul>
<b>December</b>	<b>Christmas Calendar of Events</b> <ul style="list-style-type: none"> <li>• Organised and developed a range of activities for the Christmas period, refer <i>inBalance</i> 12<sup>th</sup> Edition, pull out.</li> </ul> <b>Office Accommodation negotiations</b> <ul style="list-style-type: none"> <li>• Ongoing research and negotiations for new premises for MHACA.</li> </ul>
<b>January 2007</b>	<ul style="list-style-type: none"> <li>• <b>Christmas activities continued</b></li> </ul>
<b>February</b>	<b>Special General Meeting (SGM) -</b> Endorsed change to the constitution of a increase in the number of committee positions due an increased interest and limited general member positions available.  <b>Interagency Response to Suicide –</b> LPP, CAMHS and MH Police met to clarify group response.  <b>Insurance-</b> Insurance policies discussed and check for adequacy of coverage  <b>Breach of Confidential Information -</b> breach of confidentiality with people ‘at risk’ of suicide in Tennant Creek  <b>Consumer Issues -</b> Committee consumer representative raised the need for MHACA to look at the range of services, particularly for people with Depression. For the use of the word consumer as the term used for people with a lived experience, to be substantiated.  <b>Meeting procedures -</b> Set committee agenda developed and endorsed to support the efficient operation of the management committee meetings.  <b>2007 Priorities proposed and accepted -</b> 2007 Projects identified and endorsed  <b>Recruitment -</b> vacancies of the Administrator and Training & Promotion positions  <b>Consumer participation fees increased -</b> Committee endorsed proposal of \$15.00 to \$20.00 for the consumer participation fees as per both CAMHS –MHACA managers recommendation.

<p><b>March 2007</b></p>	<p><b>Mindmatters Training Package -</b> The customising of this training package for the use of NGO service providers.</p> <p><b>COAG Submissions develop -</b> Submission for the FACSIA Peer Support and Mentoring project with Basic Needs undertaken. Submission for the Day to Day Living in the Community project using a collaborative model.</p> <p><b>Letter sent to Minister -</b> Letter sent to the Health &amp; Community Service Minister (MLA Delia Lawrie regarding Batchelor College and interest in acquiring long term for the use of MHACA offices.</p> <p><b>Database -</b> Negotiations with Department and Teamhealth to purchase software.</p>
<p><b>April</b></p>	<p><b>Review of the Mental Health Act -</b> Input into the review of the Mental Health Act. A request to the Department of Health &amp; Community Services that there be education sessions about the changes to the Act and any new procedures.</p> <p><b>Life Promotion MOU with Waltja “We Know Our Strengths Project” -</b> MOU signed.</p>
<p><b>May</b></p>	<p><b>MHACA-CAMHS Teambuilding workshop -</b> held with Mark Leahy</p> <p><b>National Mental Health Standards Review -</b> An update is being conducted.</p> <p><b>Client’s being Transported Paper -</b> A paper was circulated on ‘clients being transported’ from the community to the ward for advice.</p> <p><b>Schizophrenia Week -</b> Activity for the above in promotion for the above week.</p>
<p><b>June</b></p>	<p><b>Crisis Assessment Treatment Team (CATT) Evaluation -</b> Provided advice about the CATT team service response. Feedback was that the response is dependent on individual clinician’s expertise. The interpretation of the policy of only seeing clients at Accident and Emergency and only known clients was, at times very problematic for consumers, carers and other service providers. It was agreed that a better understanding of the risks associated with responding should be better articulated to the community. Feedback that complaints about case management had declined in the past year.</p> <p><b>National Youth Homelessness Commission –</b> Staff and committee attended the National Youth Homelessness Commission to highlight the Mental Health issues related to youth and homelessness for this region.</p> <p><b>Mental Health Council of Australia Members Policy Forum –</b> Advice provided from the NT Mental Health Coalition to advocate for NT priority issues to be considered within the national policy process.</p> <p><b>MHACA’s position on National Govt Action on Sexual Abuse of Aboriginal Children in remote communities -</b> An open letter to Minister Mal Brough was sent on the direction of the GM regarding the actions taken in response to the “Little Children are Sacred” Report on behalf of MHACA.</p>

## 2.2 MHACA Committee and Staff

### Committee

<i>Chairperson:</i>	Mardijah Simpson
<i>Deputy Chair:</i>	Trish Van Dijk
<i>Secretary:</i>	Jill Deer
<i>Treasurer:</i>	Lindsay Morley
<i>Public Officer:</i>	Maya Cifali
<i>Organisational Rep:</i>	Trish Fernley, ARAFMI
<i>Organisational Rep:</i>	Jenny Black, Salvation Army
<i>Consumer Rep:</i>	Leo Welin
<i>Consumer Rep:</i>	Ken Turner/Steve Kent

### Staff

<i>General Manager:</i>	Claudia Manu-Preston
<i>Administrator:</i>	Scott Penn/Tanya Vaughan
<i>Administration Assistant:</i>	Helena Lardy/Christine Kam
<i>Services Manager:</i>	Rangi Ponga
<i>Occupational Therapist:</i>	Stephen Hollis/ <b>role no longer exists</b>
<i>Acting P&amp;R Coordinator:</i>	Jerry Fitzsimmons/ <b>role no longer exists</b>
<i>P&amp;R Officer:</i>	Danielle Noble
<i>P&amp;R Officer:</i>	Raymond Campbell/Clare Hine
<i>P&amp;R Casual:</i>	Leanne Jones/ <b>vacant</b>
<i>Outreach Coordinator:</i>	Melissa Glasscock/ <b>role no longer exists</b>
<i>Pathways Officer:</i>	Tim MacDonald
<i>Pathways Officer:</i>	Gina McAuley
<i>Pathways Officer:</i>	Christine Boocock/Jo Ruby
<i>LPP Coordinator:</i>	Laurencia Grant
<i>LPP Officer:</i>	Kristy Schubert
<i>LPP Officer (Tennant Ck):</i>	Coral Aston/ <b>vacant</b>
<i>Training &amp; Promotions Officer:</i>	Rita Riedel
<i>Bookkeeper:</i>	Karen Wilton

### Recruitment & Retention Analysis:

Within 2006-2007 there was a 20% staff turnover compared to 50 % for the 2005-2006. The resources required to recruit and retain staff continues to be a challenge. As part of our 3-year Service Agreement review and negotiations this year we have included workforce development strategies as a performance objective for future planning. The development of a workplace agreement will further enhance our organisation's ability to retain staff.

We successfully recruited for the position of Administrator, Administration Assistant and Training & Promotions Officer, and permanently appointed the Service Manager within this reporting period.

We currently have 3 positions vacant:

- Life Promotion Officer – Tennant Creek position
- Prevention & Recovery Program – permanent part-time position
- Day to Day Living in the Community Coordinator – permanent full-time (newly developed position)

# Service Activity 3 - Quality Improvement Activities

## *The number of quality improvement activities undertaken*

### 3.1 Extending Range of Support

- **Counselling Program**

Following discussions with MHACA staff and an independent evaluation with consumers, a need was identified for a counselling service. As a result, a trial counselling service commenced in February 2007 which is being provided to both consumers and the general community. The service offers a male counsellor (existing Pathways Officer) and female counsellor (external contract consultant). The service provides: one-on-one counselling and clients can self-refer or are referred from other agencies. Costs are minimal and the service is available to all adults in the community. Feedback for the service has been encouraging. Client feedback has been positive regarding the usefulness of this service.

- **Day to Day Living in the Community Program (D2DL)**

MHACA was successful in securing Commonwealth Government funding for the Alice Springs urban region Day to Day Living in the Community Program. The aims of the D2DL program include: to increase the ability of people with severe and persistent mental illness to participate in social, recreational and educational activities; to assist people with severe and persistent mental illness to improve their quality of life and live successfully at an optimal level of independence in the community and to expand the capacity of the NGO sector to offer structured day programs for people experiencing social isolation through severe and persistent mental illness.

A consultant has been working with a Reference Group to develop guidelines and agreements with service providers and is finalising an MOU with MHACA. It is hoped that MHACA can launch the program in November.

- **Consumer Peer Support Model**

MHACA commenced research into the development of a Consumer Peer Support program. Peer supporters experience their own mental health issues and are in a unique position to offer support to others to help improve the quality of their lives. Peer support includes all necessary activities and actions that help improve and enhance another consumer's recovery of quality of life and ability to cope with daily life and set and achieve goals.

To-date, the consultant has completed a literature review and consultation workshops for both consumers and service providers are in the pipeline. It is expected that a local hybrid model will be developed for the Alice Springs region and to be implemented within the new Day to Day Living in the community project. It is anticipated that a final report will be finalised in November 2007.

- **Housing and Support Program**

MHACA's Housing and Support program provides housing for people with mental illness which is appropriate, safe, affordable, has security of tenure and is linked with support to enable the tenants to live as independently as possible. In addition to the 3 existing 1 bedroom flats in this Program, MHACA acquired a 2-bedroom flat to extend the range of accommodation available, ie. to support a couple or a single parent with child. Before the flat is available for leasing renovations need to be undertaken which includes: refurbishment of the kitchen, laundry and bathroom; perspex walls on mezzanine floor to Australian Standards; sheeting of the walls; and repainting.

- **Additional Rental Unit**

MHACA has entered into a tenancy lease agreement with NT Housing to support the Subacute Program referrals. We have rented a 2-bedroom unit in a quiet complex. MHACA has fully furnished the unit and will use this as a training facility for break-out meetings when not being occupied by short-term tenants.

## **3.2 Improving Services**

- **Merger of Rehabilitation & Outreach Program**

MHACA has amalgamated the client-focused Pathways Rehabilitation Program and Outreach Program as both programs shared similar aims and objectives, with staff providing support around client-driven recovery. Both programs assist clients to live as independently in the community as possible, with consumers deciding what areas they would like support with, such as basic life skills and/or gaining access to education, training or employment. The merging of these programs has streamlined MHACA's internal systems which in turn enables staff to offer a more integrated approach to service delivery.

- **New Office Premises**

The ongoing search for a suitable office premise for the MHACA team remained high on the agenda of priorities. With limited available properties in Alice Springs, it has been difficult to ascertain a location that suits the needs of the Association. Towards the end of the financial year, a suitable property was located – the old Panorama Guth site - which is centrally located, suitable for a drop in centre, accommodates all MHACA staff, offers the potential for an outdoor garden area and is downstairs and wheelchair accessible. First round negotiations have commenced and it is anticipated MHACA will be moving in October 2007.

- **Update of MHACA Policies & Procedures Manual**

Since the development of the first Policy & Procedures Manual in 2001, MHACA has significantly expanded—incorporating the Prevention & Recovery Program, Outreach Support Program, Housing Support Program and Training & Promotions Program—resulting in a need to update our manual. A consultant, Donna Cross, was employed to oversee this project which included establishing a Policy Subcommittee and holding consultations with a range of relevant stakeholders. The result is a comprehensive up-to-date document and will continue to be regularly reviewed.

- **MHACA & Team Health – Joint Record Database**

The need to computerise client information has been a goal for the service. Presently, client information is stored through paper files. This requires the systematic process of manual recording, which is cumbersome and time-consuming and doesn't allow the easy retrieval of information for analysis and reporting. The new customised database software will enable both services to collect client information including assessment outcomes. The package also offers a personnel and financial package for the administration section.

In June, senior staff visited Team Health in Darwin to look at the scope of the package and meet Adelaide Software Company provider FRONTIER Software. Both organisations worked together on customising the data fields for the information needs of each service. The new system will allow the generation of reports tailored to specific requirements and, through greater efficiency, will increase the productivity of the organisation. It is hoped the new system will be installed in early 2008.

- **New Administration Systems**

The Administration Team have introduced some new processing systems to improve administrative efficiency and to keep up with ongoing changes in technology. Financial systems have had an upgrade with the transition from manual payroll and cheques to electronic banking and funds transfer payments, and the implementation of electronic timesheets. The filing system also commenced a makeover and will continue to be refined when MHACA relocates to new premises.

- **3-year Core and Service Agreement Negotiations**

Senior staff have renegotiated MHACA's 3-year Service Agreements with the Dept of Health & Community Services for 2007-2010 and all existing programs will be refunded. Some additional issues: 1) the future operation of the Subacute Program will further be influenced by recommendations arising from the latest evaluation of the program in June 2007; 2) the Life Promotion Program has secured ongoing funding for the Tennant Creek position; 3) the pilot Counselling Program will continue to be funded and will be reviewed in line with usage rates; 4) the Training and Promotion position has received a 1-year funding agreement using surplus funds.

- **Evaluation & Update of the Strategic Plan**

The current Strategic Plan will expire in 2007. MHACA committee has decided to post-pone this project (scheduled for September) due to the organisation's relocation to new office premises and the need to ensure that this project is undertaken thoroughly.

- **Orientation project - deferred to 2008**

The joint Orientation Project between MHACA and CAMHS aims to develop resources that assist new staff and other services to learn about the roles of each service, including the corporate history of each organisation, and information about the mental health context, including national framework, legislative requirements, key philosophies and principles documents. It is expected that the resources will include: a powerpoint presentation supported by reference material, and will be used for promotion, recruitment and a scheduled orientation for both teams.

### **3.3 Staff development**

In response to the growth in our programs, several service development workshops were held for new and existing staff throughout this period. The aim of the workshops was to provide information and training on a range of topics to assist staff in providing better services. The workshops also provided team-building opportunities and opportunities to discuss service development.

MHACA has continued to provide professional development opportunities for staff to develop skills required to work effectively within this sector. MHACA provides core training for all staff including:

#### **Management Committee Training**

- Governance Training Workshop for the MHACA Management Committee

#### **Core Staff Training**

- Independently facilitated consumer consultation workshop
- Recovery Model – Helen Glover
- Cross Cultural Training
- Boston Training
- Accrete Team Building

## Individual Staff Training

- ASIST 2 day course
- Choice Theory Training, Cycle of Blame, Circle of Strength
- Dealing with Difficult people
- Time-management workshop
- Advocacy Workshop
- Mental Health First Aid
- First Aid
- Communicating for Success
- Domestic Violence
- Loss & Grief Workshop
- Working with People with a Borderline Personality
- ASIST 'tune up' – half-day workshop
- Mind Matters
- MYOB

## Internal Training

The Administration Team has conducted some training of their own, by providing some basic computer hints and tips to the staff to assist with managing their time more effectively and to navigate their way around the computer. The training was received well and there is plenty more to learn and plenty more to share. Further in-house training will be conducted in the future.

## Conferences Attended:

Senior staff presented on the Prevention & Recovery program and an overview of MHACA's services at the NTCOSS national conference. The feedback from the presentation were the sessions were informative and interesting.

# Service Activity 4 - Partnership & Advocacy

## 4.1 Partnership Activities

Partnership activities were undertaken within each program area. The following are the activities that administration have been responsible for.

- CAMHS: Executive Meetings/MOU/joint training
- Waltja Suicide Prevention Program – Western Desert
- Division of Primary Health Care: Mental Health Interagency Group  
Santa Teresa Project
- NT Mental Health Coalition: ongoing attendance and contribution to discussion relating to service and sector development.
- Running and Walking Club: Fun Run/Walk
- Aust + NZ Mental Health Conf Anne Deveson forum
- Consortium member In the Headspace Project

## Headspace Project

**headspace** is the new National Youth Mental Health Foundation, funded by the Australian government. **headspace** is changing the way that mental health services are delivered to young people across Australia with an emphasis on youth-friendly environments and improved accessibility. Its aim is to build the capacity of local communities to identify and provide early and effective responses to young people (ages 12-25) with mental health and/or drug and alcohol issues.

**headspace** Submission Writer, Britt Puschak, has been working on a funding submission for headspace Central Australia. The aim is the promotion, prevention and early intervention for young people with mental health and/or substance misuse issues - a 'hub' into which existing services could link up with to assist and support young people. MHACA is a consortium member for **headspace** and has been involved in the consultations and development of the Headspace submission which is due to be completed in September.

## 4.2 Advocacy

MHACA has a structured advocacy role and focus on systems-based advocacy. MHACA is represented on several local, state and national organisations and has regularly relayed information both to and from these networks. MHACA has focused at a local level on extending the range of options for client access to treatment, care and support.

A key advocacy area MHACA has been contributing to has been the COAG reform agenda. This has included numerous meetings to identify the areas of need, issues and gaps in existing service options. MHACA has continued to advocate for a range of therapeutic options and expansion of community-based programs – remote community non-clinical supports, a youth mental health system and improved capacity in developing the mental health workforce.

### COAG Update

Agreement by the Council of Australian Governments (COAG) on 14 July 2006 to a five-year National Action Plan on Mental Health (NAP) sets the basis for the next steps in cross-jurisdictional and cross-portfolio collaboration to improve mental health outcomes. The NT has convened the NT COAG Mental Health Group to meet directly prior to all NT COAG Mental Health Group meetings to give advice and recommendations to the Group. There have been two NT groups established to consult with key stakeholders and progress the aims of the project around the COAG mental health reforms:

#### 1) NT COAG Mental Health Reference Group

The objectives of the COAG Mental Health Reference Group (NT) are to: to give feedback on the implementation of NAP, and Inform the NT COAG Mental Health Group on gaps and responsiveness of the mental health system for people with a mental illness, their families and carers.

#### ***Suicide prevention:***

An NT cross-government Coordinating Committee for Suicide Prevention has been established and includes representation from key Departments. The Committee met for the first time in March 2007 and is developing suicide prevention action plan for the Northern Territory in consultation with non-Government and community representatives. Increased funding of \$100,000 (\$50,000 recurrent) has recently been provided to Lifeline Central Australia to ensure that its telephone counselling service and suicide prevention training continues. Anglicare NT have also been funded \$150,000 per annum (for two years) to ensure that the successful suicide prevention-training program Applied Suicide Intervention Skills Training (ASIST) can continue in the Top End.

**Subacute beds:** A more flexible model is planned for Alice Springs. In the interim, two 24-hour supported beds are being provided in Red Shield Hostel in Alice Springs – in-reach support provided by MHACA. The consensus is that facility-based service is not the preference for Central Australia.

**Prison in-reach services:** Additional staff have been appointed in both Alice Springs and Darwin including Disability Forensic In reach Officers, Aboriginal Mental Health Workers, Mental Health Nurses and a Consultant Forensic Psychiatrist. A joint DHCS & Dept of Justice Mental Health and Disability In-Reach Steering Committee has also been established.

## **2) NT Mental Health Care Coordination Working Group (MHCCWG)**

The MHCCWG held its first meeting in January 2007 and has since met several times. The NT MHCCWG comprises representatives with experience in mental health policy and service delivery. The purpose of improving Care Coordination in the Northern Territory is to maximise the effectiveness of service delivery to people with a severe mental illness and complex needs. In turn, it is envisaged that this will promote recovery and enhance quality of life.

Discussion amongst members has centred on identification of opportunities to enhance and implement new models of care coordination incorporating existing services funded by NT and Commonwealth governments. As required by the NAP it is anticipated that the new system will build on existing coordination arrangements.

### **Primary Health Access and the new Mental Health Medicare claim items -**

A new system of GP's being responsible for authorizing Mental Health Care plans and access to other allied health professionals as part of the supplement of therapeutic options has been launched. The GP would refer clients to 12 allied health professional sessions per year. The professionals identified are: mental health nurses, clinical psychologist, social workers and possibly in the future Aboriginal Health workers. This means that service may be provided through a single practitioner model through agreed care planning arrangements. This will change the way service is provided to mental health clients who require additional therapeutic. MHACA is discussing with Congress/CAMHS and the Division the one-care-plan option. It is unclear yet what gap fee clients may have to pay and given there are no bulk billing practice the issues of access to this service.

The challenges include access for the client to a GP, having the pool of allied health professionals to refer to, the confidentiality issues, MHACA referring and emailing the plan to local GP's. It should be noted that MHACA continues to lobby for a NT wide accountable system for the whole sector. It is felt that decisions relating to mental health issues, needs, priority areas and funding allocation should have a process by which key stakeholders contribute within a transparent process.

## **General advocacy**

- MHACA is a member organisation in the NT Peak Mental Health body, the NT Mental Health Coalition. MHACA provides in-kind support of 10 days to represent the peak body at the Mental Health Council of Australia.
- MHACA has continued to assist consumers to 'speak out' through supporting individuals' attendance at meetings, training, events and paid participation on interview panels and forums.
- MHACA has referred and supported people with personal complaints to the Disability Advocacy Service or the Community Visitor Program.
- MHACA assisted the National Mental Health Consumer's Network to consult with local consumers about their role and recruiting a NT representative. The event was not well attended.

### **Advocacy forums MHACA participated in include:**

- CAMHS Executive Meetings
- Division of Primary Health Care Mental Health Interagency Group
- NT Mental Health Coalition
- Mental Health Council of Central Australia
- COAG meetings

### **Monthly Consumer Forums**

Structures such as our monthly Consumer Lunch Forum have proved to be valuable in providing information/ issues on which to form the basis of MHACA's advocacy work.

### **Boards and Committees**

During the reporting period the MHACA was represented on the following boards and committees:

- NT Mental Health Coalition
- NT Council of Social Services (NTCOSS)
- NT Primary Mental Health Interagency Reference Group

### **Organisational Membership**

During the year the MHACA was a member of the following organisations:

- NT Mental Health Coalition
- NT Health Consumers Voice
- NT Chamber of Commerce
- NT ACROD
- NT Council of Social Services
- NT Mental Health Carers

A fulltime Training and Promotions Officer was appointed in March 2007. Previously, this role was undertaken part-time by the Administration Officer and we are pleased to have secured funding for this fulltime position. The following promotional activities have provided mental health literacy in different settings.

## **Service Activity 5 – Training and Promotions**

*Provision of Mental Health First Aid, Provision of Community Forums, General Promotion Development of local mental health resources*

### **5.1 Mental Health First Aid Training**

One of the core responsibilities of this role is to coordinate and assist in the delivery of 2-day Mental Health First Aid courses to the community. This has occurred on a monthly basis in collaboration with staff from CAMHS. During July to December 2006 courses were run by the then Outreach Coordinator approximately every six weeks in response to expressed interest from the community. This staff member resigned in February 2007 and their role was incorporated into the new (current) Training & Promotions Officer position who commenced in late March 2007.

The current T&P Officer organised a monthly schedule of courses in collaboration with trainers from the government Central Australian Mental Health Service (CAMHS). Courses were held on 23-24 April, 10-11 May and 19-20 June 2006 - with remaining courses scheduled for 17-18 July, 21-22 August, 18-19 September, 30-31 October, 20-21 November.

The promotion of a monthly schedule has attracted a consistent expression of interest from a wide range of government and community services including:

- L J Hooker Real Estate
- Central Australia Supported Accommodation
- Div of Primary Health Care
- Alice Springs Women's Shelter
- Aboriginal Hostels
- Salvation Army
- Holyoake – drug & alcohol counseling
- Alice Springs Youth Accommodation Service
- CAMHS Social work student
- St Philips High School
- Dept of Corrections
- Hetty Perkins Aged Care
- Alice Springs High School Health Nurse
- Centralian Senior College
- Alice Outcomes (remedial school support)
- Yirara College

Courses have been fully booked (up to 12 participants) and feedback has been consistently positive in regard to both the content and delivery. The course is very valuable for helping to raise awareness, educate people and reduce stigma. There has also been growing interest for inhouse training from some agencies (Dept Family and Children's Services, Mission Australia, DEET Student Services) and in the coming year staff will explore the possibility of providing additional training courses.

## 5.2 Community Forums

### **Living with Mental Illness – 10 October 2006**

*Free forum with Arana Pearson and Wayne Schwass on living with mental illness.*

Wayne was a professional football player and spoke of how depression affected his professional career and the associated challenges of having a mental illness. He wanted to reach out in particular to young people. He highlighted that even people who look like they 'have everything' (eg. successful sports person) experience challenges and need to be supported, and that there are people who can help eg. sports medicine people who helped him get through.

As a person who has had a long history of a lived experience of mental illness, Arana gave a different perspective. He spoke of the importance of treating people with mental illness as people, not labels or an illness. And that 'hearing voices' is such a major challenge. He gave people a real understanding of how difficult it was, and of the importance of compassion and understanding. In good humour – something that has helped get him through - he sung his signature song 'Mad and Proud'.

There was a good turnout of approximately 35 people, though there could have been more but there was a mix-up with advertising venue. It was a general cross section of the community also including teachers, parents, health service providers, consumers and carers.

### **Schizophrenia: Searching for Solutions – 25 May 2007**

A free community forum was organized during Schizophrenia Week with Professor Stan Catts the guest speaker. Professor Catts is the Chair of Hospital and Community Psychiatry at the University of Queensland and is also the co-founder of the Australian Psychosis Research Network which has been established to develop comprehensive research programs for schizophrenia. His talk outlined

the nature of schizophrenia and its causes and focused on why he believes research is central to finding solutions to schizophrenia. In addition to raising awareness about this illness, Stan spoke about his latest research and called for people who may be interested in being part of their new 10,000 sample research group.

The forum received a high expression of interest with over 30 people attending. These included members of the general community, consumers, carers, mental health service providers and other allied health service providers. Feedback from the forum was positive, in particular from some psychiatrists and also carers who received more insight into how the illness develops and can possibly be prevented.

## **5.3 General Promotion**

### **Central Australian Mental Health Week 8-14 October 2006**

MHACA provided support in coordinating activities as part 2006 Mental Health Week. Events included:

- Fun Walk-Jog-Run (MHACA)
- Media Strategy – Advocate feature and radio promotion of theme and events
- Free forum with Arana Pearson and Wayne Schwass on living with mental illness
- World Suicide Day ceremony
- Arana Pearson Workshop on Hearing Voices
- Mental Health and CVP info stall in the mall with sausage sizzle
- Community Visitor Program workshop on human rights and mental health

### **Schizophrenia Week 21-25 May**

In collaboration with a CAMHS psychiatrist two visits were made to the Centralian College Senior Secondary Students for 30-minute information sessions to show a 10-minute film on "Living with Schizophrenia". The aim of the sessions was to help raise awareness and understanding around schizophrenia for young people. Some of the benefits for young people in seeing the film include:

- ◆ showing that these are ordinary people - not crazy, nor people to be frightened of
- ◆ appreciating the struggle these people go through (and in turn being more understanding)
- ◆ that smoking dope can trigger schizophrenia (and other mental illnesses)
- ◆ being able to recognise the symptoms in others
- ◆ the importance of supportive friends / family / community
- ◆ that 'odd' behaviour is often a side-effect of medication, not 'craziness'

See also 5.1 Community Forums – Schizophrenia: the Search for Solutions

### **Community Agency Visits**

Following the development of the MHACA powerpoint and updating of the MHACA display boards scheduled visits have commenced to local government and community services to provide overview information on who MHACA is and what we do. This has received very positive feedback and continues to be a good source of promoting MHACA's client services, as well as networking in the local community.

## **5.4 Development of local mental health resources**

### **MHACA Website**

Developing our own website has been high on our to-do list and after several months of research and planning our website was officially launched at our AGM in September 2006. It is a very user-friendly resource and provides a broad range of information on both MHACA services and activities and mental illness in general.

### **MHACA powerpoint**

A 40-slide MHACA powerpoint presentation has been prepared and finalized for showing to community agencies on promotional visits. This is a clear, colourful and succinct summary of MHACA and our services which is visually vibrant and easy to access and display.

### ***inBalance* newsletter**

An ongoing major promotional strategy has been the MHACA quarterly newsletter, *inBalance*. This resource is used to promote mental health literacy and reduce the stigma of mental illness. The regular features include committee and staff updates; other service provider news; consumer and carer stories, self-help information, resources and conference articles. MHACA continues to receive positive feedback about the newsletter. Refer to the two editions relevant to this reporting period.

### **General activities**

Day to day activities include editing and formatting inhouse reports, preparing flyers for local workshops and events, updating the MHACA website, preparing ads for recruitment and special features eg. Drug Week, preparing for upcoming events eg. Alice Springs Show, Mental Health Week and buying merchandising ie. caps and stress balls for distribution at promotional events. Activities have included:

- Presentations to DASA staff
- See How She Runs Movie Night
- Presentation to NTCAG NT Community Advisory Group
- Alice Springs Show Day - MHACA Information Stall
- Drug Awareness Week – newspaper feature

### **Training Attended**

In June 2007, the Training & Promotions officer attended the “Happiness and Its Causes” Conference.

### **Ongoing Support Work with Clients**

MHACA mental health promotion is embedded in the everyday interactions between staff and clients, and the collaborative work with other service providers. This also includes organising courses such as Helen Glover Recovery-based Training and Cultural Awareness Training.



# Life Promotion Program

Laurencia Grant: LPP Manager

*Finding solutions to reduce suicide and self-harming behavior through collaborative partnerships across the community*

**Service Activity 1-** Create and strengthen 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 self-harm

## ◆ The Life Promotion Program Steering Committee (Alice Springs)

### Meetings held

The Steering Committee meets on a three monthly basis to offer strategic direction for the program and to support program development. This committee met on 08 August (9 external agencies attending), 28 November 2006 (8 external agencies attending). Also on 13 February (9 external agencies attending) and 08 May 2007 (10 external agencies represented)

### Current Organisations represented

Organisations currently represented include Tangentyere Council, Waltja, ASYASS, Social and Emotional Well-Being Program of CAAC, Student Support Services of DEET, Suicide Prevention of DHCS, Central Australian Mental Health Services, ESWB Program of NPY Women's Council, Central Australian Division of General Practice, Lifeline, the Reconnect Program of Gap Youth Centre and the Alice Springs Police. ADSCA, FACS and DASA have come on board more recently. The Steering committee has been chaired by Liz Archer from Waltja since February 2006.

## ◆ The Barkly Life Promotion Committee (Tennant Creek)

Coral Aston was employed in September 2006 based in Tennant Creek and relationships between LPP and other local organisations gained strength during this time. The Barkly committee met in Tennant Creek on 6 February, 28 March, 10 May and 19 June 2007. Organisations represented included Barkly Mental Health, Julalikari, Centacare, ADSCA, Frontier Services, BRADAAG, Anyinginyi Stronger Families, the Women's Shelter and Tennant Creek Police. Meetings were chaired by Laurencia on two occasions and Coral and Michael Wright on two separate occasions.

Laurencia and Sarah O Regan presented an overview of suicide prevention in the NT to Tennant Creek Hospital staff and community sector workers on 6 February 2007. It was considered important to bring this community up to speed on the history of the Life Promotion Program, the data on completed suicide in the NT and the direction of the NT suicide prevention strategy.

## ◆ Other ways Life Promotion strengthens connections with community:

### **Central Australian Youth Programs Information Network (CAYPIN)**

The Life Promotion Program has had a continued link with youth organisations via the Central Australian Youth Programs Information Network. This network meets on a bi-monthly basis and is co-ordinated by Tangentyere Council's CAYLUS (Central Australian Youth Link-Up Service).

### **Waltja and Life Promotion**

Waltja is the lead agency for the "We Know Our Strengths" Project. The submission to the Department of Health and Ageing (Australian Government) was a joint effort of Life Promotion and Waltja. Liz Archer is the chairperson for the Life Promotion Steering Committee and both Liz and Sarah Holder are ASIST trainers.

### **National Suicide Prevention Strategy Funding**

Life Promotion circulated information about the Australian government funding rounds. We encouraged organisations to consider partnership proposals. Life Promotion wrote supporting letters for Lifeline and NPY Women's Council to accompany their submissions. The August meeting discussed the proposed applications for the Central Australian region. Applications were submitted in August and "the We Know Our Strengths Project" and the NPY "Speaking Up about Mental Health" were notified in November 2006 that these applications were the only projects to be funded in the NT initially.

### **DHCS Remote Health**

LPP presented information on the Life Promotion Project, the Strengths project and the work of Waltja's Reconnect team to the District Medical Officers and Director of Remote Nurses on 2 February 2007. The LPP team, as a follow up, were invited to present a suicide awareness session to Remote Area Nurses in Alice Springs for two days of training on 21 March 2007.

### **Town Camps**

Life Promotion met with the Coordinator of the Hidden Valley Community Centre to discuss the possibility of offering training to the community re suicide awareness and mental health

### **DHCS Mental Health Service**

Laurencia spent a half day in January 2007 with a member of the Crisis Team and sat in on a couple of assessments. This was a useful exercise. Ongoing collaboration with the service occurs through the Life Promotion Steering Committee and the Barkly Region Reference Group. Life Promotion arranged for Brent Mansell, Psychiatric nurse with the Forensic team and Ehsan Jahood, Psychiatric Registrar to visit MHACA to provide some understanding of the process of assessment and support for people at risk of suicide, in particular in the prison system. MHACA staff found the information helpful and gained a better understanding of the difficulties experienced by clinicians in some circumstances related to suicide risk.

Laurencia attended the Community Mental Health team meeting in July 2006. Laurencia was involved in presenting at the Mental Health Nurses conference in October 2006.

DHCS arranged a meeting to clarify the roles of each service in regard to completed and attempted suicides. A meeting was held in February and May 2007.

## **NT Suicide Prevention Coordinator**

Sarah O'Regan regularly attends the Life Promotion Steering Committee Meetings in her capacity as Suicide Prevention Coordinator. This relationship has assisted in the sharing of information across the NT, provided the opportunity to co-present in Tennant Creek and Alice Springs and provided opportunities for collaboration on suicide prevention strategies. Sarah has been a helpful support for the Life Promotion officers in Alice Springs.

## **Researchers**

On receiving the funds for the "Strengths" Project, Life Promotion informed Ernest Hunter, Colin Tatz, Tracy Westerman and David Denborough of the Dulwich Centre to promote the position of Project Officer through their networks and letting them know about the work we are doing. These people have influenced our thinking about suicide prevention through their work and we wanted to acknowledge this. We also have been keeping in touch with Trish Nagel and the AIMHI project of Menzies School of Health Research as her work is of interest.

## **Service Activity 2 - Coordinate the Alice Springs and Tennant Creek Interagency Model of Response following a suicide or attempted suicide**

### **◆ Response Meetings in Alice Springs**

LPP facilitated a meeting of the response group on 11 August, 23 August, 14 September, 5 December and 19 December 2006. There were 10 reported suicides between 30 June 2006 and 1 July 2007. Three deaths occurred in Tennant Creek; three deaths occurred in remote communities of Central Australia, two occurred in Alice Springs town camps, and two deaths occurred in other residential areas of Alice Springs.

### **◆ An update on the Interagency Suicide Response Protocol 2007**

- Ongoing discussions have occurred regarding the current response protocol and whether it is an effective model of response since 2005. The information regarding these ongoing discussions has been made available to DHCS via the minutes of steering committee meetings, their attendance at steering committee meetings, presentations that have been put together by the Life Promotion Program and our ongoing 6 monthly and annual reporting.
- At the February 2007 meeting, Life Promotion presented information on other suicide response models and presented details of the response provided to the 12 deaths by suicide that occurred in Central Australia over 2006. The steering committee concluded that it was important to coordinate a response and that many organisations were involved in providing support in many ways. The committee agreed to hold off on the trialling of the Stand-by model of response until United Synergies have trialled the model in North Queensland.
- An incident in the Barkly triggered an urgent meeting between the Manager of Mental Health Services in Alice Springs and the Manager of MHACA in February 2007. A Life Promotion form had found its way into the hands of a medical officer at the Tennant Creek Hospital who misunderstood the role of the Life Promotion Officer in Tennant Creek.
- DHCS arranged a meeting to be facilitated by Penny Fielding of DHCS to clarify the roles of each service in regard to completed and attempted suicides. Meetings were held in February and May 2007.
- Life Promotion acknowledges the importance of these meetings in clarifying the role of each service and concluding with an altered model of response to both completed and attempted suicides.

- We hope that DHCS can work with Life Promotion to better understand ways of improving systems of support for people in a crisis of suicide, people who are discharged after a suicide attempt, people who are at risk due to bereavement by suicide and people who are at risk but not eligible or responsive to clinical support.
- The Life promotion program was initially established to coordinate a response to completed suicides and attempted suicides of young people. The meetings held in 2007 with DHCS have acknowledged that there is a need to involve Life Promotion in coordinating a response to suicide attempts only in special circumstances.
- DHCS have agreed to collect data on people who present to the Alice Springs Hospital having attempted suicide to be presented at quarterly steering committee meetings on suicide attempts.

#### ◆ **Barkly Interagency Response**

- In Tennant Creek, Coral Aston was employed as the Life Promotion Officer in September and began work in the Barkly in October 2006. Two deaths by suicide occurred in the town in the first two weeks of her commencement. This led to early discussions with the police, Barkly MH and other relevant organisations to continue the discussions regarding a local interagency suicide response protocol.
- An agreement with the police was established to receive information and forward information to the appropriate organisations. Another death by suicide occurred in January 2007 and information received by the LPO from the Police indicated that there had been three attempted suicides following this death that were cause for concern. The Council of Elders and Respected Persons invited Coral to a meeting at this time and were interested in being able to provide support to those who were in a crisis of suicide in order to help prevent suicides occurring. The police also wanted support for the people who were at risk of suicide.
- These discussions and a lack of clarity on this issue from the Life Promotion program led to a breach of confidentiality and the consequent meetings with DHCS to clarify the issue.

### **Service Activity 3 - Provide information, resources, education and training in suicide awareness, intervention skills and post-vention**

#### ◆ **World Suicide Prevention Day – October 2006**

This year's event was coordinated by LPP Officer, Kristy Schubert and was held during Mental Health Week in Alice Springs. Writing and poems were collected from community members focused on personal experiences of suicide and exploring the theme of resilience. This collection will be published for distribution at World Suicide Prevention Day 2007. Alice Springs Town council provided their support on the day with Alderman David Koch acknowledging the widespread problem of suicide in this region. Women from Ltyentye Apurte (Santa Teresa) painted banners for the day and Lhere Artepe Council provided a welcome to country. This was a positive step toward the acknowledgement by the indigenous community that suicide is an issue for their people and that they want to be involved in ways to address the problem. Local speakers read stories about their own experiences of loss through suicide including Arana Pearson of 'Keepwell' in New Zealand who was in town for Mental Health Week and agreed to participate in the day.

#### ◆ **inBalance News – Sep & Dec 2006 and March & June 2007**

Regular updates on the Life Promotion Program are provided in the MHACA newsletter on a bi-monthly basis. The Life Promotion Team also regularly provides feature articles on special events.

#### ◆ Cairns Conference – September 2006

Laurencia presented information on the links between community development and suicide prevention at a Conference held in Cairns. The conference was titled “Influencing social determinants of mental health and well-being in rural, indigenous and island peoples”. It was a Conference of the Royal Australian and New Zealand College of Psychiatrists and it was held in Cairns and Yarrabah, Queensland in September 2006

#### ◆ MH Nurses Conference – October 2006

Laurencia provided information on the Life Promotion program following the presentations of all areas of the NT Government mental health service operating in Central Australia and a presentation by Kathy Abbott of Tangentyere Council and Gerard Waterford of the Social and Emotional Wellbeing Program of Congress.

#### ◆ Mindmatters Project

Life Promotion appointed a project officer in December 2006 to develop some useful resources utilising the Mindmatters material. Life Promotion Officers have been invited on occasion to talk to groups of youth workers, school students or other young people about mental health. Finding out what activities would be appropriate and reading through all the workbooks takes time. The Project worker put the material in an easier format for use by MHACA staff.

#### ◆ Living Works ASIST Training and the ASIST Training Network

- This network met on a bi-monthly basis with meetings facilitated by Lifeline for most of this reporting period
- Some of the ASIST trainers voiced their disappointment when Anglicare postponed a meeting in Alice Springs at a time when we needed to know the future of the funding for the network due to their involvement in writing a submission to secure funding through the NSPS funds
- Alice Springs trainers felt that they could have contributed to a discussion about the network's future and toward Anglicare submission for future funding that would affect our roles. The funding for the network was no longer available after the end of September 2006. A telephone link was established with Anna Davis to discuss this. Simone Dayer travelled to Alice Springs in September to provide training in the Living Works programs “Suicide Aware” and “Suicide Talk” as well as a refresher for trainees of the 2-day ASIST. She and Ann Buxton also provided an update on the submission for funding that was put to the Australian Government that will impact on the provision of Living Works training and support in the Northern Territory. They also presented a wrap up of their six year involvement in supporting ASIST trainers in Alice Springs and throughout the NT
- Attendance of trainers at meetings has been limited to approximately 6 regulars. Despite having at least 20 people trained and working in Alice Springs, many trainers are no longer involved in its delivery and we are particularly lacking involvement from Aboriginal men. Laurencia secured Richard Garling from the Top End to co-present in Tennant Creek on two occasions
- Kristy and Coral qualified as ASIST trainers after attending the course in Brisbane in November 2007
- Life Promotion was involved in the delivery of the 2 day ASIST workshop in Alice Springs in February 2007, Tennant Creek on 6-7 March and 18-19 April and Ali Curung on 26-27 May 2007
- Laurencia and Karen Revel of Lifeline delivered the ASIST Tune up in Alice Springs on 4 April 2007

#### ◆ **Inaugural Australian Postvention Conference - 24-26 May 2007 - Uni Of NSW**

Coral attended this three day event organized through the Department of Health and Ageing, Salvation Army, and Suicide Prevention Australia. The focus of the Conference was on those who have been bereaved by suicide and the sharing of knowledge and experiences that can inform postvention (support after suicide). The understanding that suicide can lead to complicated bereavement for those affected and that the impact can occur throughout life and across generations, is significant. Recognition of the needs of different groups of people who are bereaved and that a 'one size' fits all approach, is not suitable, can mean development of better support services. Support Groups have been identified as very helpful, however further exploration of indigenous bereavement and local culturally appropriate support needs to occur. LPP arranged for Christine Palmer to attend this conference also in her capacity as a Family Well Being Counsellor and local Aboriginal woman. She was funded to attend by Suicide Prevention Australia.

### **Service Activity 4 - Develop appropriate strategies within remote communities to reduce the impact of suicide and suicidal behaviour**

#### ◆ **"We Know Our Strengths" Project**

Waltja (leading agency) and the Life Promotion Program (LPP, supporting agency) have been funded from Jan 07 – June 09 to work in three remote communities to develop the We Know Our Strengths project. The communities are Ltyentye Apurte (Santa Teresa), Titjikala and Amundurrngu (Mt Liebig). This project aims to:

- Develop culturally safe and appropriate resources that will contribute to the sharing of theirs and our understanding of suicide prevention
- Support the development or continuation of activities that celebrate and strengthen the capacity of families within these communities and help protect people from suicide

Preliminary meetings were held between Waltja and Life Promotion to finalise the budget, the MOU and the evaluation tools between January and June 2007. There was no recruitment of a project officer during this reporting period.

#### ◆ **Life Promotion Suicide Awareness Workshop**

Kristy and Laurencia have been trialling a newly developed program on suicide awareness in Tennant Creek, Hamilton Downs and Alice Springs and have received feedback from local and interstate Aboriginal and non-indigenous workers. This program has adapted the concepts from other suicide awareness workshops into a program that acknowledges the problem of suicide in the local context of Central Australia. For it to be most effective it needs to be owned and delivered by local Aboriginal people. The program acknowledges that:

- ◆ Every Aboriginal family in Central Australia has felt the affects of suicide
- ◆ English is not a first language for many Aboriginal people in Central Australia
- ◆ Safety, trust, small group learning and less time constraints allow for better learning outcomes
- ◆ More visuals, meaningful images and symbols and less text are useful learning tools
- ◆ Story telling and listening are important teaching and learning tools
- ◆ Aboriginal families and workers have been supporting one another after a suicide occurs and when people are in a crisis of suicidal behaviour as long as the problem has existed for them
- ◆ That Aboriginal people want to help reduce the worries and stress on their people and stay strong

This program has been delivered to Tangentyere's Day and Night Patrol on 30 January 2007. The program was presented to ASIST trainers on 14 February 2007. It was also presented to 24 Tennant Creek staff from Anyinginyi, Julalikari and Council of Elders on 2 March 2007 and to Raymond Campbell and Lee Ryall (NPY Women's Council) in April 2007. A group of 18 people attending the Indigenous Suicide Prevention Workshop in Alice Springs in June 2007 participated in this presentation and provided valuable feedback.

#### ◆ **Papunya Community Visit – Sep 2006**

Life Promotion Officer, Kristy Schubert travelled to Papunya with Blaire McFarlane of CAYLUS (a program of Tangentyere Council) to attend the Council meeting and to meet with significant local people re how to intervene when people are at risk of suicide and how to gauge what people understand suicide to be about. LPP hope to continue to support this community in their efforts to learn how to respond and how to prevent suicide.

#### ◆ **Ltyentye Arpurte (Santa Teresa) Life Promotion Project**

- Life Promotion made four visits to Ltyentye Apurte from July to September 2007. These visits resulted in further discussions regarding the narrative project that was developed in East Arnhem communities with the Dulwich Centre and Relationships Australia. A meeting was held to discuss the psychological support being provided to the Ltyentye Apurte community and how we can consider a shared model of care focused on mental health issues
- We met with elders and artists to involve them in World Suicide Prevention Day. Women from this community created two painted banners depicting a message of support for people in the community who struggle with suicidal thoughts. This banner was presented to the Life Promotion Program initially for World Suicide Prevention Day 2006, but has been used for the development of resources for the program.
- Sr Val O'Donnell attended the 2006 World Suicide Prevention Day in October and provided a translation of the painted banners from Ltyentye Apurte
- Life Promotion has continued to keep in touch with members of the community, however have not visited the community since August 2006.
- We have utilised the gifted art work of the women in this community for use in the suicide awareness program, information cards and in the program for the Indigenous Suicide Prevention Workshop in Alice Springs in June 2006 coordinated by Suicide Prevention Australia.

#### ◆ **Hamilton Downs Youth Worker Training – 22, 23 May 2007**

Waltja's Youth Worker Training Workshop was held for community youth and outside school hours care workers and is funded by FACSIA. Life Promotion workers were invited to present a workshop and decided to collaborate with the NT Government MH team. Naz initially indicated an interest but was unable to attend on the day and Frank Ansell met with Kristy and Laurencia to discuss how he could be involved. Life Promotion wanted to gain feedback on the suicide awareness program and Frank was planning to discuss the challenges of working in the mental health sector. Unfortunately, his involvement was unhelpful.

#### ◆ **Ali Curung ASIST Training – 26, 27 May 2007**

Ali Curung is the first remote indigenous community in Central Australia apart from Ernabella in SA to deliver ASIST training. The majority of participants were local Aboriginal people who are showing initiative by gaining further skills to support their families and communities and help

to prevent further deaths by suicide. Life Promotion provided the funds to print 80 T-Shirts with a message and art work designed by the local community to show their support in helping to reduce the suicide rates and provide support for those at risk of suicide in their community.

#### ◆ **Remote Health Zone Meeting – Old Policeman’s Waterhole – May 2007**

Coral was involved in the Remote Health Zone Meeting at Old Policeman’s Waterhole where women from Murray Downs, Canteen Creek, Eppenarra and Ali Curung, together with the regional and remote health team camped for three days. She ran a session focusing on suicide awareness with some of the women. The meeting was coordinated by Julia Hardaker, Grow Well Project Coordinator from the Regional and Remote Health team.

#### ◆ **Indigenous Suicide Prevention Workshop – Alice Springs 12-14 June 2007**

Life Promotion was involved in the planning and support for this workshop and presented information on their program and the suicide awareness workshop at forum. The forum was a response by the Federal government’s to the high need and low funding in this area. Gerard Waterford arranged a couple of social and cultural events at Irrekellantje Learning Centre and Williams Well as well as a five night camel tour with a family through their country. The objectives for the forum included: networking & sharing information; information about applying for grants, outcomes of previous round of funding.

### **Service Activity 5 - *Collect data on completed suicides in Central Australia and work with other organisations and CAMHS to gather information on suicidal behaviour in order to develop evidence based strategies***

- Life Promotion collects information on completed suicides provided by the police at the time of the incident. This information is developed into annual excel spread sheets and is provided to NT Government and other relevant organisations on request.
- The development of a protocol to receive data on suicidal behaviour from the Crisis Assessment Team of CAMHS was endorsed by the Steering Committee in August 2006. However it was not until the “crisis” in the Tennant Creek that Central Australian Mental Health Services have been directed to collect data on suicide attempts to be presented to the quarterly steering committees. This data is considered as a means of gaining a picture of those high risk groups who present with suicidal behaviour to the Crisis Assessment Team. This information is only a small part of the picture of those who experience a suicidal crisis, however it may assist in focusing some attention to high risk communities, families or other groups.
- Attempts to share information and support for people at risk of suicide between CAMHS and LPP have been questioned as a breach of confidentiality and have been seen as a criticism of the operations of the clinical service
- Life Promotion continue to consider strategies that will help to alleviate the stress and grief that families experience with as a result of suicide attempts, threats and impulsive acts.

# Pathways to Recovery Program

**Rangiwhiua Ponga - Services Manager**

*The Pathways to Recovery Program seeks to promote independent living in the community through recovery-focused rehabilitation and outreach assistance with lifestyle and life skills support; personal goal setting; vocational education, training and employment; and participating in a variety of social and recreational activities.*

*Sixty-seven percent of Pathways to Recovery clients have a major mental illness and 11% have a severe disability related to a mental illness. Gender analysis shows 52% of our clients are male and 48% female, with 15% identifying as indigenous and 15% identifying as people from non-English speaking back ground. Of these clients 58% are co-case-managed with the clinical Central Australian Mental Health Service.*

## **Introduction**

In July 2006, the existing Pathways Rehabilitation Program and Outreach Program merged to form the Pathways to Recovery Program and throughout the past 12 months this merger has been successfully integrated and consolidated. (The Service Activity areas that follow reflect the merger of these two programs.)

In June 2007, following a meeting with the NT Dept of Health & Community Services to determine the next 3-year Service Agreement, it was agreed to expand the Program's title from 'Pathways' to 'Pathways to Recovery' - as there is already an international framework recognized as Pathways.

Staffing changes in early January provided an opportunity to improve direct line management by removing the previous Outreach Coordinator role. This has enabled Pathways Support Officers to take a more pro-active approach alongside clients and senior management. An example of this is a pilot counselling program being initiated in January by a Pathways Support Officer. This was based on requests from clients and is accessible to MHACA clients as well as the general community. The recent introduction of direct GP referrals for counseling, together with the loss of several regional psychologists, has placed more emphasis on community services to meet counselling needs.

# **Service Activity 1 - Provision of recovery focused rehabilitation programs**

MHACA continues to use the Boston University Readiness for Rehabilitation training program as the model for its service delivery. The Central Australian Mental Health Services (CAMHS) continues to share an average of 58% in joint case management. Collaborative training and consultation continues to extent the strength of both services. This offers a continuum of care that ensures clients are confident in accessing clinical and non-clinical supports.

## **1.1 Client numbers**

Client numbers remain stable with a continuing flow of referrals and an equal number of discharges for various reasons. Self discharge should be seen as a positive step in self-determination in personal recovery and, where decisions are being directed by the client, it is equally as important to know clients can re-access MHACA and Central Australian Mental Health Services (CAMHS) if their health begins to decline.

Individual support plans are developed for all clients and reviewed every three months. An acuity rating is used to determine the level of access clients require from their support officer.

If clients are non-active for over a 2-month period, they are automatically discharged from the program, but can re-engage as required; this occurs more frequently with remote clients.

For full details of the last six months statistical information see appendix 1.

### ***Referral numbers: 24 new contacts***

- 24 clients have been orientated to MHACA over the past six months.
- 27 general enquiries subsequently lead to 6 self referrals
- 36 clients have received consistent rehabilitative and / or activity supports each month.
- 23 + clients consistently received monthly shared-case management between MHACA and CAMHS clinical-non-clinical supports.

Support includes visiting the mental health ward and general assistance for clients during admissions. Visits by Pathways Support Officers include distributing updated pamphlets and the monthly MHACA Activity Calendar and liaising on the ward with Community Teams.

### ***Referrals declined: 1 determined as unsuited***

After a case conference consultation with CAMHS, Disability Services and Bush Mob Services, MHACA determined that one client had needs that could not be effectively supported by MHACA due to high risk management planning. The client has remained with CAMHS and is subject to Community Treatment Order

### ***Discharges: 15 exits from program***

There has been no full record of client reasons for exiting from MHACA's services. General exits have been:

- i) return to work
- ii) moved out of state or region (which accounted for 5 in Dec-Jan,
- iii) 1- familial reason,
- iv) self- disengagement, with subsequent discharge after 2 months
- v) 1 client transferred out of region for rehabilitation program and will be returning
- vi) 4 clients remain transient between remote and town regions on a month to month basis, with periods of inactive on case loads.

MHACA acknowledges the loss of a long-term client who passed away of natural causes this year, and continues to support family members through their grief at this time.

## 1.2 Psychosocial rehabilitation activities

The psychosocial activities that the program offers continue to be reviewed and expanded in response to ongoing client feedback and need. There are five regular events which feature on the Monthly Activity Calendar which is distributed to all allied services:

- 1) **Women' Network Morning** – this provides for a weekly coffee get-together, social chat, community outings and therapeutic projects. Numbers vary each week from between 3 to 8 women and those who attend find it engaging and supportive.
- 2) **Men's Group** - fortnightly activities are organized such as recreational sports, seeing a movie or going on bush walks. On average 4 to 6 men attend, with a variety of men attending depending on the activity. The social aspect of these outings are greatly appreciated and offer the men opportunities to build friendships.
- 3) **Combined monthly get-together** - for recreational and socialisation activities eg barbeques, picnic at Telegraph Station, 10-pin bowling. On average 10 to 15 men and women attend. The purpose of these is to disseminate information and get feedback on past and future activities as well as for socialization and recreation. At other times this is combined with Reclink activities where there are up to 50 people attending from different community organizations.
- 4) **Joint weekly MHACA/Salvation Army Women's multicultural craft / activity group** - this has been regularly well attended from between 6 to 12 women as it is a mixed group (clients and non-MHACA clients). The women have particularly enjoyed the creative arts projects eg. making a mosaic tile table, learning to make beanies – which has also supported them to be involved in general community activities.
- 5) **Reclink activities:** Continues to develop locally and is generally supported with up to 30 plus combined clients for the main monthly event. Smaller regular events occur throughout the month, such as weekly A/S Youth Centre - 8 Ball sessions and Gym work at Youth Gap Centre.

As a committee member MHACA facilitates an activity for Reclink on a quarterly basis. This is generally 10-Pin Bowling or a Movie. Reclink activities are supported by Bindi – Sheltered workshop, CASA Disability services, Gap Youth Centre, MHACA – Pathways and Prevention Recovery programs.

### ***Annual Matt Deer Memorial Camp***

The annual Matt Deer Memorial Camp was held on 3-5 May and was well supported and attended by seven clients, one carer and three staff. The group travelled to Kings Canyon where everyone managed to gain the lived experience of connecting to this tourist icon of the Central Region. There were other stops along the way to enjoy such as Mt Ebenezer and Kathleen Springs.

The trip achieved the intended purpose of encouraging leadership, independence, self-confidence and team building. The group enjoyed being able to walk the tracks which suited their individual needs and participated with group activities.

From this camp it was agreed to provide another smaller overnight camp to offer the same opportunity to other clients not able to participate in the annual event, and to be more localized to Alice Springs region. This camp will occur in September before the hot weather begins.

### ***Consumer advocacy and training***

MHACA seeks and encourages consumers to assist in service development as representatives on subcommittees, reference groups and interview panels for both MHACA and CAMHS. In order to act as advocates on behalf of their peer groups training is offered to assist in these areas.

### 1.3 Outcome measurement

MHACA continues to utilise the following assessment tools:

- **The Camberwell Assessment tool:** which provides 22 psychosocial questions to identify levels of need in service delivery example: ability to budget, appropriate accommodation.
- **The Role Functioning Scales and Boston tools:** to determine readiness for employment or vocational training

All new clients are assessed on the Camberwell Assessment Tool, even if only interested in attending group activities, as it provides a gauge on how confident clients will be with other peers.

## Service Activity 2 - *Provision of individual support plans for all members*

### 2.1 Development of individual support plans for people attending program

The majority of consumers attending the program participated in the development of an individual plan which is strengths-oriented and goal-focused. The plan encourages people to think about both short-term and long-term goals. As part of the individual support plan clients are encouraged to complete a wellness plan. The wellness plan looks at ways the client can address stress and identify triggers, and also incorporates a crisis plan.

#### ***Wellness & Recovery Planning Booklet***

In February 2007, a consumer forum met to review and consider the introduction of a Wellness and Recovery Planning Booklet, (Mary Ellen-Copeland's 'Wellness Recovery Action Planning') This booklet offers clients the ability to have a documented record of self recognition on what helps and hinders their wellness, what skills and activities they are interested in, and what actions they recognize and need to reduce a relapse in health, with a crisis plan to help when things are not right. Introducing this booklet has advanced the practice of recovery-based practice.

Clients are encouraged to complete the booklet gradually, as they are able to understand its purpose and start to recognize their personal health and psychosocial needs, with guidance from their support officer. For those who decline to use the booklet support officers are still required to complete the basics of planned care and supports. Once completed, the booklets are reviewed every three months to provide direction in recovery.

### 2.2 Review of support plans every 3 months

The plans are reviewed at least every three months, and this is documented in the individual files though often more frequently, clients are encouraged to review goals at each meeting and are given the opportunity to add further goals. The process is one of ongoing evaluation and review.

#### ***Outcomes for Individual Clients:***

The objectives for Pathway's clients engaged in MHACA support programs (on average 37) has been diverse and varied, with outcomes and numbers as below:

- **Supports including immediate or extended family members:** 14 clients have family members who are actively included in their wellness and rehabilitation planning. 1 has parents who live interstate but maintain contact with staff regarding financial and wellness updates. 2 clients receive intensive co-joint CAMHS supports.

- **Increased socialisation skills:** 8 consumers experienced enhanced confidence and reduced social isolation patterns following participation in MHACA camp outings.
- **Employment opportunities:** 10 consumers have maintained steady progress in achieving tasks and goals by identifying and obtaining employment opportunities via assistance from STEPS and independent means. Throughout the year, 6 have recognised periods of unwellness or over-exertion of working abilities and, in turn, reduced or discontinued their jobs or reduced their work hours in cooperation with STEPS and their employers. Of these clients, 2 require additional support with visits to their work environment to assist staff in monitoring their wellness and ability to manage work responsibilities due to several changes of employment.
- **Long-term permanent mental health and physical disabilities:** 16 consumers have remained with MHACA throughout the year and receive joint supports with CAMHS due to their disabilities
- **Continued or intermittent admissions:** 5 have received continued admissions for medication reviews and relapses of health. 2 have been receiving continuous admissions on the general side for progressive illness and physical / medical interventions. 1 has a terminal illness yet remains mentally stable with co-joint supports. 2 were admitted for minimal MH interventions and were discharged after a weeks admission.
- **Regular contacts:** 13 clients attend visits to MHACA on a regular / weekly basis for a chat and coffee. Approx. 7 consumers prefer to not engage in combined or group activities but remain able to call in for individual contacts.
- **Housing / Accommodation:** 2 consumers received MHACA accommodation on a permanent basis. 4 applications are yet to be considered for the new 2-bedroom unit. 4 clients are in transient hostels on a regular basis. 3 Indigenous clients are supported from remote regions when in town. 1 Indigenous client is supported in a long-term hostel. There are regular service providers / consumers with enquiries regarding accommodation needs.

### **Examples of Future Tasks / Goals:**

1. **Short term plan:** Finding suitable job that I am able to perform at my level, hopefully 12 hours per week.  
**Outcome:** Managed to do a cleaning job full-time for 3 months in a hotel. Has stopped for now with task of finding lesser hours.  
**Long term plan:** Eventually quit smoking & save enough money to go overseas to see family  
 These will be achieved when; I start thinking positive & have stable work.
2. **Short term plan:** Goal: Budget, eat better by doing more shopping, keep working, general check up with GP.  
**Outcome:** Gradual increase in allowing supports to assist in shopping for nutritional items, lapses in budget but maintains all accounts, has stopped working for the 3<sup>rd</sup> time in a year, Family member remains linked with MHACA to monitor any increase in symptoms. Continued encouragement to consider GP check up.
- 3 **Short term plan:** Make a few close friends, 2 or 3. Find a companion. Learn to write & read better, improve maths.  
**Outcome:** Participates in MHACA camps, works in local store, has met a companion, with intent of marriage. Continues to receive counseling for confidence building, assistance with budgeting,

## 2.3 Counselling Program

A trial Counselling Program was initiated by Pathways Support Officer Tim MacDonald after receiving requests by clients for counselling. It has been trialled since February and offers services to MHACA and adults in the general community. To-date nine clients have utilized the service on a regular basis.

The Counselling model is based on client centered strengths and Cognitive Behavior Therapy – but is flexible in working with a wide variety of presenting and underlying issues. It offers both a male counselor (Tim MacDonald) and female counselor - Jane Norton, who has been trained in and focuses on Grief & Loss Therapy. Counselling is available by appointment and self-referrals are accepted from MHACA clients and private consultations through GPs and / or at other agencies recommendations. The program has also strengthened links between MHACA and other agencies in Alice Springs through referrals in and out of the service as appropriate.

## Service Activity 3 – *Provision of liaison and linking with other services*

Developing and maintaining allied relationships on behalf of clients and the wider community has continued to be a priority for the service. Individuals are assisted to develop individualised recovery programs utilising the existing community resource base to effect community reintegration. An integral component is networking with mainstream services and providing support to ensure a positive experience for the consumer and agency. The program increases the consumer's capacity to reintegrate into the community through employment, educational, recreational and social opportunities.

CAMHS is one of the most closely allied services to MHACA which includes regular liaison with the hospital mental health ward and client case-managers. Short staffing at CAMHS earlier in the year has been resolved with new and old staff arriving, daily contacts and the reinstatement of monthly case conference management providing effective collaboration in client advocacy.

MHACA acknowledges those services that are used in the daily management of client supports: Identified allied agencies with which staff have ongoing liaison are:

- ADSCA – Alcohol & Drug Services
- Anglicare, accommodation
- Alice Springs Hospital – Social Work Division
- BINDI – Sheltered employment
- CARDHS
- CASA
- CAAFLU – Aboriginal Legal Services
- Congress- Social & Emotional Wellbeing, Medical Services
- Centacare
- CENTRELINK – Beneficiaries – Social Work
- DASA
- Disability Services
- FACS
- General Practitioners
- NT Housing – independent housing
- ReLink – Community based sport activities
- Salvation Army – Alice Springs Men' Hostel, Women's Group Activities, Food Bank
- STEPS – Previously Employment Access
- Tangentyere Social Services
- Tangentyere Job Shop

## **Service activity 4 - *Programs accessible and appropriate to different individuals from the population***

The service has actively sought equal gender representation. Brochures have been placed at Women's Information Centre and the Women's Group continues to be promoted among clients and is well utilised. At 30 June 2007 the service provided programs for 26 women and 29 men. The increase in numbers of women passing through the program, is due to its relevance and accessibility. It provides peer support and social skill training through a wide range of activities – see 1.2 above.

Following the development of a MHACA promotional powerpoint and display boards, scheduled visits have commenced to local government and community agencies to provide an overview on MHACA's programs and activities. This has received positive feedback and encourages other service providers to promote MHACA services to their clients.

Brochures have also been placed with indigenous organisations in town, as well with Multicultural Community Services. The service employs staff from a range of cultural backgrounds, which facilitates accessibility. At 30 June the service provided programs for 14 indigenous people and eight from a non-English speaking background.

## **Service activity 5 - *Staffing Recruitment, Retention and Training***

### **Staffing levels**

Three staff positions have remained stable for this program over the past six months, with the welcome return of Joanne Ruby from maternity leave, but at the loss of her relieving colleague Christine Boocock. The loss of Melissa Glasscock in January as previous Outreach Coordinator was expected due to her need to complete study in her chosen career.

The service has recently employed a casual staff member to assist in reducing gaps for clients by being available across both the Pathways and Prevention & Recover Programs. This person is available until December and is being used to backfill staff on leave and provide shared supports for clients who require extra hours of life skills development. She has previously worked in the Rehabilitation Program for twelve months in 2005 so is no stranger to the program and looks forward to the challenge of being in mental health service again.

### **In-service monthly meeting**

Monthly in-service training has included CAMHS Team Leader advising on clinical aspects of mental health; the first session was on the role and process of the Crisis Assessment Team (CAT). This is an important aspect of our working relationship with CAMHS as many clients first contact with mental health is through MHACA and need to be seen urgently by the Crisis Team. Other in-service training has included:

- i) Wellness & Recovery Booklet planning
- ii) Refreshers of the Boston Readiness for Rehab

This forum includes consumer representatives, to assist in identifying client perspectives in training and is to encourage more active participation of clients in MHACA staff development

## Training and development

Training for the past six months has varied and included:

- 23-24 Jan: **Boston Readiness for Rehabilitation** facilitated by Prahran Mission, Centre of Psychosocial Rehabilitation, over two days.
- 2-3 April: **Personality Disorder Workshop**
- 18th May: **Women & Groups**
- 16-17th July: **Joint Team Building day** for MHACA and CAMHS, facilitated by Accrete Training as an exercise to better know roles, responsibilities and increase, enhance continued communication across the continuum of client care. Five features that were highlighted include:  
1) Information exchange on shared client group ; 2) Interagency liaison;  
3) Respect of each others organization and individuality; 4) Knowing each other and working in a complimentary manner by working collectively when required
- The **Mental Health First Aid Course** which was originally facilitated by Melissa now sits with the newly appointed position of Training and Promotion Officer.
- Teams are presently upgrading their **First Aid Cert** with St John Ambulance, these Certificates are valid for three years.

# Prevention & Recovery Program

Rangiwhiua Ponga: Services Manager

*To provide short-term interventions of clinical and non-clinical supports for consumers experiencing an exacerbation in their mental health that enables the least intrusive provision of supports...*

*Fifty-seven percent of subacute care clients have a major mental illness and 17% have a severe disability related to a mental illness. Gender analysis shows 65% of our clients are male and 35% female, with 48% identifying as indigenous and 35% identifying as people from non-English speaking background. Of these clients all are co-case-managed with the clinical Central Australian Mental Health Service.*

## Introduction

The Prevention & Recovery Program has emerged out of a pilot program which originated in May 2005. It is modelled upon Individualised Care packages to provide short-term interventions to assist in reducing the potential of relapse and to provide assistance with pre-discharge out of hospital for mental health ward clients.

The program is a model of collaboration between MHACA's Pathways Officers who provide psychosocial support and Clinical Case managers of the Central Australian Mental Health (CAMHS). The integration of non-clinical (MHACA) and clinical (CAMHS) supports provides a model of care that provides support in the least intrusive environment, that is, in the home or in interim-respite facilities.

The Prevention & Recovery program is operational in Alice Springs and Darwin, with a comparative analysis being completed. Marked similarities and differences for both programs are being identified, as are strategies for addressing and reducing any problems.

The NT Department of Health and Community Services continues to fund the program in its present format with a vision to redefine roles as the program advances.

# **Service Activity 1 - Provision of Individual care packages to subacute mental health clients**

## **Individual Care Package**

Individualised Care Packages are based on information received between MHACA and CAMHS containing:

i) Health Of the Nations Outcome Statistical measures, ii) Recovery Action Planning of clinical treatment, iii) Risk or Crisis Management, and iv) MHACA Camberwell Psychosocial Assessments, all providing an integrated approach of monitoring treatment and community integration.

Clients are offered up to eight weeks of support (or shorter) as required with:

- Case management for clinical treatment and relapse monitoring
- Assistance, escort and advocacy with clinical appointments  
- twice a week for two weeks if on *leave off the ward*
- Daily supports to accomplish community appointments
- Daily contacts to support any required needs eg; shopping, social outings, assistance with meal preparation, house-hold task management, assistance with transition back to work
- Voluntary individual and group activities for socialisation
- Family / carer' support and education of mental health awareness
- Continued case management and transfer to other services on discharge

## **Interim respite**

Short-term respite is available to assist in a client's stabilisation outside of the hospital or home environment:

- i) there are two 1-bedroom units utilised at the Salvation Army Men's Hostel.
- ii) a 2-bedroom unit with NT Housing is used for single parents, females or clients who may require a carer.

The units are used to determine how well clients are functioning and for stabilisation to reduce the need of an admission. Alternative longer term accommodation must be established prior to accessing the units.

## **Statistical Data on Referral Numbers**

*(refer Appendix 2 for full details)*

### **11 Total Number of referrals for December 2006 – June 2007**

- 6 Referrals were actively engaged with CAMHS
- 1 Was declined due to severe behavioral risks for staff and community
- 3 Retracted consent to supports after initial consent
- 1 Incomplete referral was with-held, client remained on ward

Of these 11 referrals:

- 5 Participated in other MHACA activities which totaled 31 hours of combined group work and men's activities
- 4 Remained with MHACA post-discharge off the Prevention & Recovery Program into Pathways to Recovery activities and continued supports
- 1 Left the region after signing consent.
- 5 Remained with CAMHS for continued clinical interventions
- 1 Tried return home and respite in Old Timers Age Care, however continued to be re-admitted onto ward and was subsequently discharged back to ward and remains with CAMHS. This case highlighted the need for alternative long term residential care.

107.5 hours was direct client engagement, consultation and support.

There is no collation of clients who may have been readmitted post discharge.

## **Service Activity 2 - *Provision of Individual care packages to subacute mental health clients***

All clients referred to the program have consented to complete an Individual Care Plan with realistic goals and discharge supports in place. In turn, staff have ensured access is available to other service supports upon discharge and re-entry for subacute.

All Individual Care Plans are signed, actioned and reviewed by each client and / or a nominated carer. All care plans have continued ongoing case-management from CAMHS at the point of discharge unless a client moves out of the region or back into remote communities.

All clients are effectively provided supports and integration to alternative programs where required at discharge off the program and / or remain with CAMHS / MHACA or other identified service provider for continuum of MH care. Integrated ICP includes other MHACA programs eg: Pathways activities which can assess life skills and rehabilitation for employment training.

## **Service Activity 3 – *Staff and Steering Committee***

### **3.1 Staffing and recruitment**

A primary problem for the program has been the continuous shortage of a stable work force in the area of mental health in Alice Springs. Staffing retention issues have presented difficulties with consistency in providing referrals to the program. For example, at CAMHS there have been staffing shortages for a long period, as well as four different CAMHS Prevention & Recovery Coordinators over the twenty months of operation. Subsequently, MHACA has had a turnover of seven casual staff due to a lack of referrals.

The loss of three Indigenous team members has impacted upon MHACA and recruitment begins in earnest again.

MHACA trialled two permanent part-time support officers who have been able to assist the Pathways team when staff were on leave and with group activities.

### **3.2 Training / Orientation**

MHACA continues its training for support officers and includes assisting CAMHS staff in their orientation of the program. Boston Readiness for Rehabilitation Training was held on 23-24 January, presented by Prahran Mission (Centre of Psychosocial Rehabilitation, Victoria), facilitated by Nicky Bisogni, and included attendance by the CAMHS coordinator and a community nurse.

#### **Compulsory training for all support officers continues to be:**

- i) Mental Health First Aid Cert.
- ii) Boston Readiness for Rehabilitation
- iii) Wellness & Recovery Planning approaches (Consumer trainer' perspectives)
- iv) CAMHS: Risk and Crisis Assessment Management
- v) Cross Cultural Awareness

### **3.3 Steering Committee**

The loss of key representatives in the steering committee has left a gap in the operation of the committee. A redefining of the group's roles and responsibilities will be determined and a reference group appointed as opposed to a steering committee. There are only two of the previous members still in existence. A new campaign is required to implement restructuring the group.

## **Service Activity 4 – *Final Research Evaluation***

Debra Rickwood of Canberra University visited Alice Springs on 2-4 July to complete final compilations of the research project. The visit included meeting and interviewing clients, carers, case managers, support officers and allied mental health services who have contributed to the operation of the program to date.

A full report on the program's development is based on the comparative data collated to identify client referral numbers and what changes were recorded in their recovery during supports in the program.

For MHACA statistical data is flawed as we have not received all clients' primary information - such as the HONO's (Health of Nations Outcome Scales) which captures client health status pre- and post discharge to determine levels of improvement or decreased wellness. This issue has been clarified with CAMHS and addressed by their new coordinator.

A preliminary report from Debra has confirmed issues such as:

- i) staffing shortages in Central Region have reduced consistent referrals
- ii) differences in staff recruitment between skilled clinical professionals and community sector workers in the Darwin region offers extra confidence by the clinical team, although *'persistence, good interpersonal skills, professionalism and valued role support to the clinical team'* has sustained stability for the MHACA team
- iii) ongoing problems of inadequate information in referrals continues to require improvement for the Alice Springs team

iv) there has been previous resistance to provide information required to referrals from clinical staff - the challenge is to ensure adequate information is provided to reduce risks and allow support officers sufficient information to assist in supporting the clients. The arrival of a new CAMHS coordinator to guide CAMHS colleagues will improve this problem.

Continuous improvement in communication and weekly meetings between the clinicians and MHACA is required to ensure the program can be sustained.

## **Summary**

A lack of referrals to this program has impacted on its ability to operate at the level of proficiency it was intended to operate at..

The introduction of interim-respite beds for male clients has not shown less use of the ward facilities or a reduction in admissions rate under the auspices of subacute supports. Promotion of these facilities has been with more emphasis on crisis respite as opposed to psychosocial interventions and stabilisation. More promotion of this facility will be required to assist the clinicians and the ward to enhance client recovery.

Accessing community organisations in the local region and campaigning is required to have them take a vested interest in the Reference Group again to enable a more proactive approach to the program to encourage better use as a resource.

MHACA staff continue to provide public relations presentations to assist in promoting the program to the wider community.



## Appendix 1: 'Pathways to Recovery' Data January - June 2007

### 1. Client Activities

	Jan	Feb	March	April	May	June	Total
<b>CLIENTS</b>							
Based on individual numbers							
No: IN PROGRAM	35	37	35	38	32	35	
No: MALE	19	21	21	19	15	19	
No: FEMALE	14	12	12	14	13	14	
INACTIVE	2	4	2	5	4	2	
EXIST	5	4	3	3	-	-	15
CO-JOINT – CAMHS	25	24	26	23	23	23	
NEW CLIENTS	7	2	4	4	6	1	24
<b>INDIVIDUAL SESSIONS</b>							
Based on hours from .5							
PLANNING / REVIEWS	60	35	28	-	13	11	147
HOME VISITS	15.5	16.5	12	29.5	21	12	106.5
WARD VISIT			2	3			5
DIRECT CONTACTS Not recorded	-	-	-	-	-	-	
JOB SEARCH	10	8.5	11	7.5	8	5	50
COUNSELLING Education - per caseload	9	6	10.	9.5	4	5	43.5
GRP WORK- Men's / Women's / Combined	15.5	39	33.5	27.5	29	32.5	177.0
RECREATION	6	4	6	2.5	7.5	9.5	35.5
SKILLS DVLPMT	18	-	-	-	-	-	18
FAMILY	9	9	14	4.5	11.5	7.5	55.5
ENQUIRIES p/c's – 1-on-1	27	32.5	38.5	32.5	38	42.5	211
CAMP	-	-	15.5	8	90.0		113.5
TRANSPORT	20	31	32	27	25.5	22.5	158
<b>ADMINISTRATIVE</b>							
Based on hours from .5							
Documentation	47	43	45.5	37	38	43	253.5
Meetings	23	46	45.5	33.5	38	31	217.0
Reading / Research	14	19.5	19.5	19	14.5	23.5	110.0
Training	14	2	-	3.5	-	-	19.5
Other / Misc	28	19.5	20	29.5	9.5	20.5	127.0

## 2. Pilot Counselling Program

Actions per hour	Feb	March	April	May	June	Total
Face to face	4	6	10.5	9	11	40.5
Phone calls	1	2	-	1.5	-	4.5
Documentation	5	8.5	8.5	10	9	41
Research & reading	-	5	4.5	5	5	19.5
Promotional	10.5					10.5
Actions Per no's						
Phone calls	8	4	3	-	4	19
Enquiries	5	4	2	3	2	16
Face to face	-	-	1	11	-	12
Appointments	8	11	-	-	11	30
Referral –internal	2	-	3	1	2	8
Referral- external	2	1	2	1	2	8
Referral to other service	-	-	-	-	1	1
New clients	4	-	1	2	2	9
Exists	1	2	1	1	-	5

## Appendix 2: Prevention & Recovery Data: December 06 – June 07

DEMOGRAPHICS	Dec	Jan	Feb	March	April	May	June	Totals
Male	1		2	2			3	8
Female		1	1				1	3
NES								
A/TSI	1	1	1	1				4
Urban /Remote								
Other Culture			2	1			4	7
REFERRAL (no;s)								
New to P&R	1		1	2			1	5
Consents to support	1		2	3			0	6
Consents to research			2	2			0	4
Step-Up		1		3			4	8
Step-Down	1		2					3
Accept/Decline	Ac.1	Dec 1	Ac.3	Ac.1 Dec.1			Dec2 Ac 1 Inap 1	Ac 6 Dec 4 Inap 1
Joint Program		1	1	1			2	5
<b>INDIVIDUAL CARE PLAN</b>								
WARD-								
- Round(hr's)	1.5		6.0	6.3				13.8
-Leave (no's)			1.0					1.0
-Discharge(no's)	1		2					3
Consultations								
-Consumer (hr's)	.5	2.0	7.5	42.0	34.0	18.0	3.5	107.5
CAMHS-Co/Case Mgr /	1.3	1.0	1.0	4.6	6.0	.5	2.5	16.9
-Family / Carer		1.5	.5	.5			.2	2.7
-Gvt Agencies				4.3	.5			4.8
- Non Gvt Agencies				2.0				2.0
-Case conference	.8		.8				.5	2.1
<b>PARTNERSHIP ACTIVITIES</b>								
-MHACA	1	1	1	1	10.0	16.0	1	31.0
-Community			2.5	4.8	1.0	3.5	1	11.9
-Cultural/Indigenous				.6				.6
-Transport			1.2	9.5	6.5	1.3		18.5
-Phone calls								
DISC / REV (no's)				1	4	1	4	10
-Remain CAMHS	1	1	1	2	2		3	10
-Other MHACA prg	Tr. 1	Tr. 1			Tr. 1	Tr. 1		4
-Other service prov							1	1
-Out of region			Relo.1	Relo.1	Relo.1		Relo.1	4
<b>DOCUMENTATION</b>	.3	.3	3.5	8.1	5.1	1.7	1.0	20.0

### References:

- Ac. Accepted to prgm
- Relo. Relocated to other region
- Tr. Transferred to other MHACA prgm post discharge /
- Dec. Declined consent after initial consent signed
- Inap Determined as unsuited to prgm in consultation with referee

## Appendix 3: Financial statements 1 July 2006 to 30 June 2007

### INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2007

#### FOR THE YEAR ENDED 30 JUNE 2007

	2007	2006
	\$	\$
Operating surplus / deficit for year		
Operating account	62,884	6,719
Life promotion account	(5,941)	31,740
Pathways to recovery	59,193	17,739
Sub Acute Prevention & Recovery	97,245	112,967
Mental Health Training	28,387	-
	<u>241,768</u>	<u>169,165</u>
Capital grants	170,000	-
Transfer to Unexpended Grants	(198,555)	(162,446)
Accumulated funds at beginning of year	579,913	573,194
Accumulated funds at end of year	<u><u>793,126</u></u>	<u><u>579,913</u></u>

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

## GENERAL MANAGEMENT - OPERATING STATEMENT

	2007	2006
	\$	\$
<b>INCOME</b>		
Grant - Dept Health & Community Services	60,830	59,130
Surplus carried forward	58,706	-
Consultancy	4,302	983
Interest	29,187	16,658
Membership fees	1,001	388
Fundraising income	1,171	3,120
Administration fees	185,004	154,676
Hire of vehicle	31,000	31,000
Profit on Sale of Asset	-	1,543
Miscellaneous	-	463
Recovered costs	4,647	-
	375,848	267,961
<b>EXPENDITURE</b>		
Accounting and audit fees	1,105	1,885
Advertising expenses	7,160	4,717
Bank charges	672	780
Bookkeeping	8,500	4,678
Computer support	925	1,289
Cleaning	2,757	5,621
Consultancy	14,818	102
Depreciation	22,104	21,940
Electricity	1,615	2,572
Equipment purchase - minor	1,755	5,194
Insurance	5,282	2,160
Lease - photocopier	1,079	1,274
Library	425	245
Loss on disposal of asset	3,279	-
Motor vehicle expense	3,522	3,049
Newsletter	889	1,657
Postage expenses	1,560	825
Program costs	11,782	6,515
Professional development expenses	5,294	1,569
Promotions	2,770	7,699
Renovations	370	1,732
Rent expense	550	1,314
Repairs and maintenance - equipment	3,260	1,120
Security expenses	620	625
Stationery expenses	10,834	9,006
Subscriptions	2,107	2,959
Superannuation	13,962	10,754
Telephone expenses	6,176	12,541
Training expenses	-	312
Travel expense	6,562	3,133
Workers compensation	2,538	5,053
Wages and salaries	168,692	138,922
	312,964	261,242
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>62,884</b>	<b>6,719</b>

## PATHWAYS PROGRAM - OPERATING STATEMENT

	<b>2007</b>	<b>2006</b>
	<b>\$</b>	<b>\$</b>
<b>INCOME</b>		
Grant - Dept H&CS	337,663	328,227
Other Income	4,876	1,768
	<u>342,539</u>	<u>329,995</u>
 <b>EXPENDITURE</b>		
Administration expenses	61,607	56,963
Advertising	4,189	4,692
Computer support	240	1,578
Consultancy expenses	4,340	102
Consumables	634	601
Consumer support	23	307
Depreciation	3,175	1,729
Hire vehicle	14,000	7,000
Equipment purchase - minor	2,088	3,640
Insurance	2,768	4,066
Library	1,088	1,618
Motor vehicle expenses	8,594	14,851
Newsletter	1,778	3,314
Postage & freight	187	-
Program costs	11,197	9,687
Professional development	4,152	1,181
Rent expense	1,463	288
Repairs and maintenance	206	59
Stationery	1,781	1,403
Subscriptions	227	357
Superannuation	11,310	15,060
Telephone expenses	3,936	6,312
Travel expenses	1,708	2,032
Training expenses	-	1,608
Wages and salaries	137,655	162,459
Workers compensation	5,000	11,349
	<u>283,346</u>	<u>312,256</u>
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<u>59,193</u>	<u>17,739</u>

## LIFE PROMOTION PROGRAM - OPERATING STATEMENT

	2007	2006
	\$	\$
<b>INCOME</b>		
Grant - Dept H&CS	241,834	235,076
Surplus brought forward	31,740	-
Other income	53	-
	<u>273,627</u>	<u>235,076</u>
<b>EXPENDITURE</b>		
Administration	49,253	42,313
Advertising	1,644	4,237
Computer support	1,214	709
Depreciation	2,287	1,143
Equipment purchase -minor	1,269	2,712
Hire of motor vehicle	10,000	10,000
Insurance	1,383	2,033
Library	1,245	1,802
Motor vehicle expenses	3,061	6,472
Newsletter	889	1,657
Postage and freight	70	150
Program costs	5,837	2,573
Professional development and training	13,753	6,222
Rent expense	5,692	1,314
Repairs and maintenance	210	59
Stationery	992	843
Subscriptions	606	216
Superannuation	11,762	7,719
Telephone	4,841	4,152
Travel expenses	21,505	10,179
Workers compensation	2,276	5,511
Wages and salaries	139,779	91,320
	<u>279,568</u>	<u>203,336</u>
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<u>(5,941)</u>	<u>31,740</u>

## SUBACUTE PROGRAM - OPERATING STATEMENT

	2007	2006
	\$	\$
<b>INCOME</b>		
Grant - Dept H&CS	305,362	296,828
Surplus brought forward	10,000	-
	315,362	296,828
<b>EXPENDITURE</b>		
Administration	56,765	53,429
Advertising expenses	-	1,831
Computer support	480	561
Consultants	4,822	4,784
Evaluation	-	6,440
Depreciation	1,726	41
Hire vehicle	7,000	7,000
Equipment purchase - minor	2,197	2,125
Insurance	1,383	2,033
Library and resources	86	501
Motor vehicle expense	4,204	1,998
Newsletter	889	1,657
Postage and freight	187	-
Professional development and training	136	3,750
Program costs	2,019	1,925
Rent expense	15,280	144
Stationery expenses	770	1,660
Subscriptions	27	258
Superannuation	10,020	6,180
Telephone expenses	2,125	4,254
Travel expense	2,801	3,762
Workers compensation	3,250	4,659
Wages and salaries	101,950	74,869
	218,117	183,861
<b>OPERATING SURPLUS/ (DEFICIT)</b>	97,245	112,967

## TRAINING AND PROMOTION PROGRAM - OPERATING STATEMENT

	2007	2006
	\$	\$
<b>INCOME</b>		
Surplus brought forward	62,000	-
Training income	3,310	-
	65,310	-
<b>EXPENDITURE</b>		
Administration	11,756	-
Advertising expenses	536	-
Consumables	82	-
Equipment purchase - minor	174	-
Library and resources	1,152	-
Professional development and training	65	-
Program costs	929	-
Promotions	271	-
Rent expense	385	-
Stationery expenses	17	-
Superannuation	1,082	-
Telephone expenses	28	-
Travel expense	3,578	-
Venue hire	545	-
Wages and salaries	15,573	-
Workers compensation	750	-
	36,923	-
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>28,387</b>	<b>-</b>

## HOUSING SUPPORT PROGRAM - OPERATING STATEMENT

	2007	2006
	\$	\$
<b>INCOME</b>		
Recovered costs	-	1,226
Rent received	11,240	10,950
	<u>11,240</u>	<u>12,176</u>
<b>EXPENDITURE</b>		
Administration	2,023	1,971
Bank charges	29	32
Body Corporate fees	1,856	2,348
Cleaning	170	816
Consumables	-	86
Depreciation	2,210	335
Equipment purchase	792	-
Insurance	473	468
Rates	3,065	2,235
Repairs & maintenance - buildings	542	3,685
Repairs & maintenance - equipment	80	200
	<u>11,240</u>	<u>12,176</u>
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<u>-</u>	<u>-</u>