



Mental Health Association of Central Australia

Service Report

January - June 2008

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Management and Administration of MHACA Services

Claudia Manu-Preston: General Manager
Sue Coombs: Administrator

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

Overview of the Past Six Months

This past year MHACA staff and committee have worked hard to settle into our new office premises while maintaining the effective operation of our services. Following is a summary of the Strategic achievements within this period.

Strategic Achievements - 2008 Programs & Projects

1. Consumer Driven Quality

- Continued expansion of the Day to Day Living in the Community Program (D2DL)
- Development of Consumer Peer Support Model and GROW Service
- Monthly Consumer forums – changed from lunch-time meetings to evenings to enable greater attendance
- Consumer participation in review processes – such as development of the Peer Support Model
- Key member of Headspace consortium
- Supported CAMHS accreditation through organising/supporting consumer involvement
- Ongoing involvement of consumers and carers on Management Committee, Steering Groups and projects such as review of Policy & Procedures Manual, development of Peer Support Model and selection process for selecting tenants for MHACA units
- High consumer uptake in activities, excursions and camps

2. Mental Health Awareness

- Scheduled monthly Mental Health First Aid training courses
- Ongoing development and delivery of ASIST Training
- Quarterly production of newsletter, *inBalance*
- Information stalls at Central Australian Business Expo and Alice Springs Show
- Presentations at conferences, workshops, meetings and community agency visits
- Sponsoring of various presenters to Alice Springs such as Fay Jackson and Helen Glover

3. Prevention & Intervention

- Ongoing provision of support to 60 clients in the Pathway's Program and 15 clients in the Prevention & Recovery Program, and 17 clients receiving shared support with the D2DL-GROW Program with between 7 -9 visits on a daily basis to meet and discuss activities.
- Extended long-term accommodation under the Housing Support Program with the purchase of an additional 2-bedroom unit and extended interim respite accommodation under the subacute P&R Program with the leasing of a 2-bedroom residential property within a community setting – the latter also including the use of one bed for crisis respite.
- ASIST training in Alice Springs, Tennant Creek and Ali Curung
- Delivery of SafeTALK program at Docker River
- Coordinated Interagency Response after a death by Suicide
- Consumer engagement/life skills and socialisation including: yoga, arts and crafts, cooking groups, drumming group, recreational 8-ball, 10-pin bowling, bead making group, singing group, creative writing group and annual 3-day Matt Deer Camp
- Joint community programs/activities: Salvation Army, Reclink, Bindi, CASA
- Combined training with clinical services: Boston Rehabilitation & Strengths-Based Recovery
- Client's supported to gain or retain employment – 13 in total

4. Service Development & Sustainability

- Expansion of Day to Day Living in the Community Program
- Development of GROW Consumer Peer Support Service
- ASIST & Mental Health First Aid training
- Service development and planning workshops
- Ongoing advocacy work
- As part of the COAG, MHACA continues to provide advice and assist in the development of the care coordination model for Mental Health in the Territory
- Introduction of International Wellness and Recovery Planning Plan (WRAP) tool - adapted via consumer feedback to make it locally relevant
- Facilitation of the Personal Helpers and Mentors Program (PHaMS) – local consultation
- Meeting with the Mental Health Council of Australia to discuss new initiatives from the Commonwealth Government
- Participation in setting up of Housing Support Program project.

5. Research & Innovation

- Development of "We Know Our Strengths" project with Waltja in three remote communities
- Development and trialling of new Suicide Awareness training package for Indigenous workers
- 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
- Weekly In-Take Service, Supervision and monthly In-service Training with consumer rep participation
- Regular staff meetings and support structures
- Effective Relationship Building Training with CAMHS 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 Balance Sheet reports a current year surplus of \$162,524 as at 30 June 2008.

The Balance Sheet reports MHACA to have current assets of \$785,919, mainly cash at bank, of \$725,261, receivables of \$60,658 and a prepaid bond for our new premises of \$7,333. Non current assets of \$642,885 which comprises of residential units \$534,916, plant and equipment \$55,297, motor vehicles \$52,172 (all amounts are written down values) and shares in Bendigo Bank at cost of \$500. Current liabilities are \$470,411 which includes the unexpended grants of \$278,905 and grants in advance of \$80,000. Creditors and Provisions total \$111,506, and non-current liabilities total \$10,073 being provision for long service leave.

The audited Balance Sheet reports MHACA to be in a healthy financial position at 30 June 2008.

Statement of financial performance

Grant income increased from \$945,689 last year to \$1,108,482 this year. Other income from external sources was:

- | | |
|----------------------------|----------|
| • Bank interest | \$46,142 |
| • Fundraising activities | \$ 1,283 |
| • Rent and recovered costs | \$44,837 |
| • Membership fees | \$ 929 |
| • Training Income | \$ 6,955 |
| • Other income | \$ 3,645 |

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.

Consumer Mentoring

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

There have been 5 committee meetings with an average of 72% of members attending within this period. This does not include the Annual General Meeting:

- | | |
|------------|----------------------|
| • February | 7 committee members |
| • March | 11 committee members |
| • April | 7 committee members |
| • May | 8 committee members |
| • June | 9 committee members |

2.1 Activities Summary

Jan 2008	<ul style="list-style-type: none"> • New Year holiday activities program • Day to Day Living Program commenced • GROW service consolidated and promoted
Feb	<ul style="list-style-type: none"> • Strategic Planning workshops – staff and consumers • Participation in meeting with National Ethnic Disability Alliance • Appointment of new D2DL Coordinator • Stall at Centralian Business Expo
March	<ul style="list-style-type: none"> • Application for donation of vehicle through Community Benefit Vehicle Gift program – successful • Ongoing major renovations of new premises
April	<ul style="list-style-type: none"> • Submission and acceptance of abstract for THEMHS conference to be held in Auckland in September • Application for funding for the purchase of additional housing stock • Promote LPP 'Strengths Project' at Indigenous Family & Community Strengths conference, Newcastle • Youth week poetry competition
May	<ul style="list-style-type: none"> • Helen Glover workshops for staff and consumers • Annual Matt Deer camp at Glen Helen Resort • Schizophrenia Week feature and radio interviews • Advertised for Housing Support Model project worker • LPP training in Docker River
June	<ul style="list-style-type: none"> • Completion of renovations for Bloomfield Street unit • Prepared 1st draft of Collective Workplace Agreement circulated to senior staff • Fay Jackson community forum and training workshops • Congress Men's Health summit – supported participants • Coordination of Headspace core training – consortium support

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>	Tracey Hatchard, Carers NT
<i>Organisational Rep:</i>	Nigel Scrimshaw, Salvation Army
<i>Consumer Rep:</i>	Darren Farr (<i>Consumer Rep Mentor:</i> Christine Burke)
<i>Consumer Rep:</i>	Gwvynyth Cassiopeia-Roennfeldt
<i>General Member:</i>	Margaret McAlavey
<i>General Member:</i>	Lee Ryall

Staff

<i>General Manager:</i>	Claudia Manu-Preston
<i>Administrator:</i>	Tanya Vaughan/Sue Coombs
<i>Administration Assistant:</i>	Chris Kam / Emily Harrison
<i>Services Manager:</i>	Rangi Ponga
<i>P&R Officer:</i>	Danielle Noble
<i>P&R Officer:</i>	Bruce MacGregor
<i>Pathways Officer:</i>	Tim MacDonald/Felix Meyer
<i>Pathways Officer:</i>	Jo Ruby
<i>Pathways Officer:</i>	Donna Ormsby
<i>D2DL Coordinator:</i>	Robbie Lloyd/Fee Madigan
<i>GROW Officer:</i>	David Munro/Carmel Williams
<i>LPP Manager:</i>	Laurencia Grant
<i>LPP Officer:</i>	Kristy Schubert / Brian Kennedy
<i>LPP Officer (Tennant Ck):</i>	Vacant
<i>Training & Promotions Officer:</i>	Rita Riedel

Recruitment & Retention Analysis:

In the past six months there was a 42% staff turnover. At the end of June 2008 there was one position vacant: * Life Promotion Officer – Tennant Creek position

Service Activity 3 - Quality Improvement Activities

Report on quality improvement activities. The analysis of an evaluation system and outcomes on the effectiveness of interventions.

3.1 Extending Range of Support

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

MHACA was successful in securing funding for a 2-year pilot Day to Day Living in the Community Program based in Alice Springs - to expand the range and quality of structured activities for consumers.

Guidelines were developed early in the financial year and the second half of the year (January) saw the employment of a D2DL Coordinator, and a replacement GROW Field Officer in May 2008. The daily GROW drop-in centre, weekly GROW group and other mutual supports have been highly successful, with ever-increasing numbers attending through the drop-in centre and the various activities on offer – both during the day and evenings throughout the week and for regular activities on weekends.

- **Prevention and Recovery Program:**

Following on from the final Prevention and Recovery Trial Evaluation report, the program has undergone somewhat of a renaissance and increased referrals. The collaboration between CAMHS and MHACA has been strengthened. The usage of the sub-acute beds at the Salvation Army Hostel has continued to increase and a new Manager at the Hostel in February 2008 has also added to the expansion of the program.

There are still some ongoing issues between the service providers - mainly due to staffing retention - however both services are working together to ensure continuity and regularity of care for consumers.

3.2 Improving Services

- **New Office Premises**

The shift to the new premises at the old Panorama Guth building took place in October 2007 and it took the first few months of 2008 for renovations to be finalized and, in turn, for personnel to feel full settled and programs to be fully operational. There is still some landscaping work to be completed at the rear of the building, however the move certainly built staff morale and the consumers are delighted with the home-like feel of the building and the welcoming atmosphere.

Re Occupational Health & Safety –fire equipment was installed throughout the new building in April and fire evacuation plans drawn up and placed with the fire equipment. First aid kits were also purchased for all MHACA vehicles and a review undertaken of existing kits.

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

The project plan for the installation of the Consumer Database was again placed on hold because of a change in Administration staff, however after the annual audit has taken place MHACA will be refocusing on this project in the second half of 2008.

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

MHACA's 3-year Service Agreements with the DHCS for 2007-2010 are all in place after negotiations early in the financial year. The Training & Promotion Program was reviewed and agreement reached with the Department that this be funded for subsequent years (from 2008-09) through the Pathways to Recovery program.

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

This monumental undertaking took place between March and June 2008 – with many thanks to all staff, consumers and Committee members who participated in the project. The process of developing the plan has enabled MHACA to review its programs and consider improved services for people living with mental illness and also in the area of suicide prevention. The new Strategic Plan 2008 – 2011 is a pivotal tool which maps the direction of MHACA for the next three years: the Plan will inform each program area and individual staff work plans – which will also be based on respective Service Agreements – to ensure all MHACA programs are working from a unified foundation for the successful future operations of the Association.

3.3 Staff development

MHACA has continued to provide professional development opportunities for staff to develop skills required to work effectively within this sector. The aim of the workshops is to provide information and training on a range of topics to assist staff in developing their skills and therefore providing quality services. The workshops also provided team-building opportunities and opportunities to discuss service development. MHACA provides core training for all staff including:

Core Staff Training

- International Recovery-based Practice Model – Helen Glover
- Cross Cultural Training - ACAP Trainer, Alice Springs Hospital
- Boston Readiness for Rehabilitation Training - VicServ
- Mental Health First Aid – MHACA, Training & Promotions Program
- ASIST – MHACA, Life Promotions Program

Individual Staff Training

- ASIST 2 day course
- Mental Health First Aid
- Senior First Aid
- Mental Health Council workshop on how to develop and submit funding submissions
- GROW training
- Community Development and Public Health Short Course
- Attracting and Retaining Staff
- A Skilled Workforce: For Regional and Remote Australia
- Post Traumatic Stress Disorder workshop

Internal Training

As part of the orientation process for new staff, internal training has been provided on basic computer, data projector and photocopier use. Ongoing support for this is available inhouse.

Service Activity 4 - Partnership & Advocacy

4.1 Partnership Activities

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

- CAMHS: Executive Meetings/MOU/joint training
- NT General Practice Network: Mental Health Interagency Group
- NT Mental Health Coalition: Ongoing attendance + contribution to discussion relating to service and sector development; organisation of Mental Health Week
- Headspace Consortium member
- GROW, Reclink, Salvation Army Activities in conjunction with Pathways + D2DL Programs
- Basic Needs Remote Community project
- Waltja We Know Our Strengths Project

4.2 Advocacy

MHACA has a structured advocacy role and focus on systems-based advocacy. MHACA staff continue to refer and support clients and carers with personal complaints to the Disability Advocacy Service or the Community Visitor Program.

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

COAG Update

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 continued to be involved in the Care Coordination project that is focusing on working within the Primary Health Care model for Alice Springs. The establishment of a Recovery/Care Plan (a one-care-plan principle) is being progressed.
- MHACA provided information to the NT Mental Health Coalition to present to the Senate Committee on Mental Health.
- 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.

General Advocacy:

- MHACA is a member organisation of 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. The General Manager continues to represent/contribute on behalf of MHACA on this group.
- The Services Manager represents MHACA on the Alice Springs Accommodation Action Group facilitated by NTCOSS.
- 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, including feedback for the CAMHS Accreditation Review process.

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
- Alice Springs Accommodation Action Group

Monthly Consumer Forums

Structures such as our monthly Consumer Forum have proved to be valuable in providing information/ issues on which to form the basis of MHACA's advocacy work. Consumer Forums are held monthly and followed up by a monthly Consumer Action Group meeting, and any issues are fed through the Committee Consumer representatives and the D2DL Coordinator for action. The change in meeting time for the Consumer Forum from lunch-time to evening meetings has proved very effective in increasing attendance and staff who facilitate these out of normal working hours are to be thanked.

Boards and Committees

During the reporting period 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 MHACA was a member of the following organisations:

- NT Shelter
- Mental Health Carers NT
- NT Chamber of Commerce
- National Disability Services NDS
- NT Council of Social Services

Service Activity 5 – Landlord Function

To support clients to stay in the community through the Housing Support Program; No of clients who are provided with housing support; Analysis of housing issues for clients

MHACA's Housing Support Program provides long-term 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. Each of the tenants receives independent support from the Pathways to Recovery Program and (separately) the Admin team which acts as landlord: overseeing the tenancy agreements, the collection of rent and property management. MHACA's current housing stock consists of 3 x 1-bedroom units and 1 x 2-bedroom flat.

Renovations

- The renovation of the 2-bedroom flat was completed in late June, and the current tenant is very appreciative of the changes made. A vacancy has occurred in this unit due to the move of the other tenant into a 1-bedroom unit which became vacant - and we are currently seeking expressions of interest for shared tenancy.

Housing Issues

A lack of housing and support options for people with mental illness is becoming a critical issue. MHACA is undertaking a Housing and Support Model project that will assess housing options and support models for people with a psychiatric disability.

Service Activity 6 – Workforce Development Strategies

An analysis on the issues related to workforce development and proposed strategies within MHACA and the sector

This past year saw more than a 55% staff turnover. The resources required to recruit and retain staff continues to be a challenge. We are pleased to report that we filled several fulltime positions enabling MHACA to make solid progress in the service delivery, and staff have been working on various strategies to enable us to recruit and retain staff - including the review of policies relating to time in lieu, study leave and salary sacrifice.

In this period MHACA proposed to develop a Collective Workplace Agreement, expand the Consumer Peer Employment initiative, and look at an Indigenous Employment Strategy as key areas to support existing staff and recruitment strategies.

The Collective Workplace Agreement has been completed to first draft stage and has been lodged with the Chamber of Commerce for review. It is anticipated that this will be completed and implemented by the end of September 2008.

MHACA had discussions with the Department of Employment and Workplace Relations about the STEP program whose aim is to increase the recruitment and training of indigenous people who are not in the workforce. We continue to work closely with STEP in relation to this initiative.

The Consumer Peer Employment initiative has not been significantly progressed during the 2007-08 financial year, however with a full complement of staff it is expected that more resources will be able to be allocated to developing this during 2008-09.

We will continue to work together with the NT Mental Health Coalition and the NT Government to identify skills gaps and core training for the sector.

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 psychosocial assistance in life skills; personal goal setting; vocational education, training and employment; and social integration through strength-based-supports.

Pathways to Recovery clients continue to self-refer or be referred through allied service providers. In the past six months:

- ◆ 46.6% were supported jointly with the Central Australia Mental Health Services (CAMHS)
- ◆ 42.7% of this client group have a diagnosed and persistent disability
- ◆ 48.8% of our clients are male and 51.10% female
- ◆ 22% identify as indigenous
- ◆ 16.94% identify as people from CALD speaking background.

Service Activity 1 - Provision of shared clinical- non-clinical recovery focused rehabilitation programs:

The *Boston University Readiness for Rehabilitation* and *Mary Ellen-Copeland Wellness Recovery Action Plan (WRAP)* models are practiced by MHACA in service delivery. These strengths-based recovery models are provided in collaboration with allied services and CAMHS. Joint supports are provided to offer a continuum of care that ensures clients, families and carers are confident in accessing clinical and psychosocial supports that minimize and reduce gaps in services.

1.1 Number of referrals / enquiries

The move to a more centrally located premises has improved the number of allied providers making direct visits or phone calls, and client or family members requesting self-referrals to MHACA. Visitors are given the opportunity to view the venue and determine what level of supports they require and introduced to respective support staff.

Total of enquiries recorded for January-June 2008 period:

- 28 Self-referred enquiries: 16 referred onto Pathways and 12 to D2DL / Drop In Service
- 4 Family enquiries with 3 clients referred for supports
- 17 Allied Services enquiries: 6 referred onto Pathways, 8 to D2DLP / Drop In and 3 required information without further follow up supports.

An average of 17 clients were supported with CAMHS for clinical-non-clinical services on a monthly basis.

1.2 Number of clients seen by gender and ethnicity

36 Male	24 Female
7 Indigenous	7 Indigenous
29 Non-Indigenous	17 Non-Indigenous
7 CALD	3 CALD

1.3. Number of i) Wellness and Recovery Action Plans achieved / reviews / and discharges

Monthly averages varied in completion of WRAPs and reviews due to staff changes and leave. Another variable included many clients not engaging long enough to complete a plan.

16 male clients have remained with MHACA indefinitely:

- 13 share joint recovery plans with CAMHS for clinical management,
- 7 held MHACA Wellness & Recovery Plans
- 15 received minimal intervention supports
- 16 were subsequently discharged for varying reasons from: leaving the region, not engaging with the service after referral, imprisonment, short-term supports and one death through prolonged terminal illness

11 females have been indefinitely engaged with MHACA:

- 7 have shared plans with CAMHS for clinical management
- 11 received minimal interventions
- 8 discharges were completed due to: shifting back to remote region, leaving the region due to situational problems and / or family needs, limited contact, needs met
- 1 female consumer appointed to MHACA Committee
- 1 unexpected and sad death

Condolences:

MHACA acknowledges the death of two people in this period who were actively dedicated and engaged members of MHACA for many years. They were part of a strong group committed to the principles of MHACA and participated regularly in activities.

As a consumer representative Robin Cruickshank advocated on the MHACA committee for a few years as a founding member. She participated in forums, interview panels for MHACA and CAMHS, attended THEMHS Conference nationally with a fellow committee member on two occasions and strongly advocated a voice for the MHACA consumer group.

Both were seen as very self-determined independent people, contributing to their community in many different ways. Their absence will be noticed for some time to come by their peers and MHACA staff, and we gratefully acknowledge the learning we gained from them. MHACA offers condolences and support to those of their peers who had long-term friendships with them and respectfully acknowledges their extended family members.

ii) Evaluations undertaken with clients and carers in service provision

D2DL Program

The D2DL Program completes evaluation surveys following an individual's activities at MHACA with the aim to improve and modify activities. No evaluations or surveys were recorded by the Pathways team for this period.

Group Training

An 8-week Group Training block was conducted under the auspices of Tina Namow for MHACA / CAMHS staff on the ward to assist in therapeutic group work. Four evaluations were completed on several activities: Art Therapy, Drumming, Tai Chi and Yoga.

Outcomes: resulted in clients wanting more of the therapy-based activities to continue on the ward, art work to be more structured, that music assisted in their relaxation and meditation, and periods of silence were seen as relaxing.

A total of 12 clients participated dependant on their levels of treatment and medication effects at the time. It was acknowledged that those who were unable to actively participate still gained therapeutically by being present. It has not been identified if any further workshops will occur on the ward as this was a piloted project from CAMHS.

1.4 Number of clients referred and not provided with service, and reasons for non-provision

It is necessary to acknowledge that although clients are referred to the service, they can not be compelled to participate or engage. Difficulty can occur when family members seek support on behalf of family members as involvement in service delivery is voluntary - and clients do resist engagement if they have not come of their own volition.

- ◆ 3 clients who were referred by family failed to present for supports. Subsequent follow-up phone calls were unanswered and one referee's parent maintained contact for advice on strategies to engage their son, although he failed to want supports and had not had interventions clinically (CAMHS) for some months.
- ◆ 3 clients referred from allied services declined consent to engage and were referred back to the referee. Reasons vary and at times were not identified. One referee had wanted to complete Tai Chi Chuan which presently is not offered by the service. Two were referred without consent and declined on the basis of not identifying with a mental illness.

1.5 Activities that strengthen life skills, social integration

The introduction of the *Day to Day Living in the Community* (D2DL) program in January 2008, funded under the auspices of the Department of Health & Aging (DoHA), has meant a change of emphasis for the Pathways to Recovery Program. Pathways no longer plans or develops social group activities and instead refers and works in collaboration with the D2DL Program to support organised community social activities and the daily Drop-In Centre based at MHACA.

Pathways staff support clients to attend a range of D2DL activities which include:

- Daily Drop-In Centre providing peer support
- Weekly Singing/Choir, Creative Canvas, Beadwork, Writing / Story Telling groups
- Consumer Forums which are self-facilitated on a monthly basis to identify and discuss consumer issues and report back to MHACA Committee and staff when required via the two consumer representatives
- A monthly weekend event eg: video and pizza night, coffee mornings at local venues
- Participation at local concerts and movies as part of monthly outings
- Weekly GROW Groups: 12-Step Peer Support Program
- Reclink activities - weekly and monthly sport and recreational pursuits which include 10-pin bowling, swimming, social tennis, 8-ball, indoor rock-climbing and football events
- Salvation Army activities - pottery and crafts

Pathways' staff continue to support a monthly Men's Outing Group comprising of movies and / or picnics to local scenic reserves in collaboration with the Prevention and Recovery team.

Approximately 17 shared clients have regularly engaged in the D2DL activities and between 7 -9 visit on a daily basis to meet and discuss events.

Annual Matt Deer Memorial Camp

On 17–18 May the annual Matt Deer Memorial Camp was arranged in conjunction with the P&R, LPP and Admin staff and one CASA staff member. The group of 5 staff and 7 clients spent two nights at Glen Helen including an escorted CASA client with their carer. Features of this camp included trekking, scenic helicopter rides, excursion to the ochre pits, a Glen Helen restaurant dinner and several long nights of sharing around the campfire. Sight-seeing along the way included visiting the Mount Sonder lookout and Ormiston Gorge on the way home.

MHACA again thanks Waltja for the use of their trailer, Alice Helicopters Services for the scenic flights and the consumers for making it an exciting and meaningful excursion to experience friendship and belonging as well adventure through the outback and viewing local sights.

1.6 Clients successfully housed

Limited single accommodation housing continues to place stressors on some clients.

MHACA 2- bedroom flat: the purchase of a 2- bedroom flat has increased independent living for two extra clients (in addition to the existing 3 x 1-bedroom units). The Housing Committee met in January to develop a shared tenancy criteria and compatibility questionnaire and received six applications for the new property and duly tenanted a male and female tenant. Following the relocation of one tenant the flat presently has a vacancy.

Anglicare and Sturt Lodge: has provided transitory accommodation for eight people. Of these, two were referred onto longer term housing with Anglicare's Bill Braitling transitional housing, one has been able to retain this accommodation during an extended period of residential rehabilitation, and two received MHACA long-term housing following several months of living in the lodges.

NT Housing: transferred one client into a single unit after shared accommodation with a family member became unmanageable. One client received NT Housing after an extended time on the waiting list while at the Alice Springs Men's Hostel, and is subsequently co-sharing with another client.

Alice Springs Women's Shelter: referred a client who now stays at the Stuart Lodge facility. Pathways staff continue to support and provide mental health education advice to the Women's Shelter staff.

Alice Springs Men's Hostel: hosts seven people with three considered long-term boarders. Due to safety reasons one person relinquished their NT Housing and has shown marked improvement in lifestyle and communication since being placed in the men's hostel in an independent unit. The majority of these boarders have collaborative supports between MHACA, CAMHS and the hostel.

1.7 Clients with gained employment, training opportunities and outcomes

Employment / training:

MHACA has maintained an ongoing fruitful relationship with STEPS and Bindi staff for continued employment and training opportunities for shared clients and appreciates the commitment provided by these organisations during periods of illness for some clients. The main employment opportunities continue to be shelf-packing, commercial cleaning and Bindi sheltered work.

- 13 clients have retained work over this six month period
- 6 located employment independently of MHACA
- 1 has continued employment as a interpreter for the Multi-Cultural services
- 5 experienced periods of un-wellness and reduced working at different times
- 1 moved out of region after gaining further employment opportunities
- 1 was made redundant at the closure of a local company and continues to seek full or part time work

For MHACA: 3 consumer representatives have provided administrative and client consultancy roles at MHACA when required, including training and participation on interview panels and the Housing Committee panel.

It has been pleasing to see clients staffing the reception desk during times when Admin staff have been on sick leave. The experience has provided the advancement for one client to gain full time work as a receptionist for a local employment company.

Workshops:

- 28 May – Helen Glover offered a client workshop “Reclaiming our Lives Beyond Mental Illness”
- 10 June – Mana Forbes, Donna Clarke offered Maori perspectives in holistic health reforms for Indigenous people - attended by 3 Indigenous client and one Support Officer

1.7 Number of clients supported co-joint with Prevention & Recovery

Five males and three female clients were transferred from the Pathways Program to receive more intensive supports from the Prevention & Recovery program during periods of hospitalization, or to reduce admission:

- 7 were referred back to Pathways following stabilisation
- 1 was discharged to medical services for more long-term treatments
- 1 has been referred back to Pathways and remains in residential supports following plans for transfer inter-state.

Service Activity 2 – Program accessibility and appropriate to different individuals from the population

Maintaining allied relationships has remained a priority for the service to maximize referrals and enhance existing community resources. Networking with a range of government and community agencies assists in advocating and ensuring a positive experience for both consumers and agency workers who in turn assist in reducing the stigma surrounding mental illness. The Pathways Program increases consumers' capacity to reintegrate into the community through employment, educational, recreational and social opportunities.

2.1 Identified Associated Allied Service providers

MHACA acknowledges those services that have been accessed recently in the daily management of client supports:

Identified allied agencies with which staff have ongoing daily liaison are:

- ADSCA - Arunda House
- Action Accommodation Committee
- Anglicare, Bill Braitting Units
- Alice Springs Hospital – Social Work Division
- Alice Springs Women's Shelter
- BINDI – Sheltered employment
- CARDHS
- CAMHS
- CASA
- Congress- Social & Emotional Wellbeing, Medical Services
- Centa care
- CENTRELINK – Beneficiaries – Social Work
- DASA
- Disability Services
- Family and Child Services
- Family and Child Services
- Frontier Services
- General Practitioners
- Holyoake Counseling Services
- Life Without Barriers
- NT Carers Respite
- MH NT Carers
- NT Housing – independent housing
- RecLink – Community based sport activities
- Relationships Australia
- SACR
- Salvation Army – Alice Springs Men' Hostel, Women's Group Activities, Food Bank
- STEPS – Previously Employment Access
- Tangentyere Social Services
- Tangentyere Social Services

(*Refer appendix 3 for recorded contact details – record of two staff members)

2.2 Report strategies implemented to address the needs of people with problematic co-morbidity of substance misuse

Six MHACA clients were referred to the new residential Alcohol and Drug Rehabilitation Centre, Arunda House. It is funded in conjunction with the Alcohol and Drug Services of Central Australia (ADSCA) for the Central Australian region. Referrals are directed by the CAMHS services for shared clients following assessment by ADSCA and CAMHS.

Clients have been attending the program for periods up to 6-10 weeks. The service is voluntary with restrictions of curfews and supervised community participation depending on the level of therapy. Clients are able to attend MHACA activities under escort of MHACA staff.

MHACA will be developing a more collaborative practice policy with ADSCA for this shared client group, and continues to liaise with individual staff on behalf of clients

Service activity 3 - Accessibility and provision of counseling services to clients under Pathways program

MHACA regretfully lost the services of its male counselor Tim MacDonald in March 2008. The service has also been affected by the female counselor, Jane Oakley-Lohm, moving into new employment. Numbers for counseling have reduced due to this new situation.

Clients are able to continue accessing counseling through Jane and alternative service providers from the Sexual Abuse Referral Centre, Relationships Australia and Holyoake Alice Springs.

3.1 Number of MHACA clients receiving counseling in conjunction to plans, reviews and outcomes

Tim did not record the number of clients receiving counseling, only the hours captured for the period of January to March 2008.

Total hours documented:

◆ Face to face:	10.0
◆ Phone calls:	1.5
◆ Documentation:	6.5
◆ Research & Reading:	4.0
◆ <u>Promotional:</u>	<u>0.5</u>
◆ <u>Total</u>	<u>22.5</u>

3.2 Number of non-MHACA clients receiving counseling and outcomes

Reported by Jane Oakley-Lohm Red Centre Counseling – www.balancingoflife.com

The counseling provided has been varied depending on client needs with sessions tailored depending on individual requirements. Each session is focused a lot on what issues have arisen since the last session and working with clients to achieve their desired goal, and helping them to understand that they have choices and options. We work with a lot of positive reinforcement reminding them of where they have been and where they are now.

The sessions aren't focused on achieving goals but rather on exploring a dream of where they may like to be. Through this we discuss their options and I assist them to get where they would like to go. This varied from going back to the work force, relationship issues, learning about exploring their options and being supported whilst they may like to try something new, knowing at the same time that not everything tried is favoured and that it's okay to try something different.

There have been a number of clients that are back in the work force which is due to a number of reasons – including for many the welcoming home-away-from-home atmosphere at MHACA and other consumers of MHACA being there for them when they have no carer.

Something to be pointed out is that many of the clients that come for counseling have no carers; therefore their journey is remarkable and wouldn't be successful without the bond they get from fellow friends and the team at MHACA.

Total of hours provided by Jane were: 22 hours of independent counseling sessions from Jan – May. MHACA does not hold individual client details for this service provision.

Service activity 4 – *Liaison / training and promotion linked with other services*

4.1 Interagency case meetings with CAMHS and outcomes

Due to staff levels being reduced at CAMHS, monthly team reviews have been stopped. In turn, agreement has been reached with the CAMHS Team Leader, John Gregory, that one-on-one relationships between individual staff members be increased. This has improved allied services case conference and reviews meetings, reduced down-time spent in meetings and enhanced direct liaison between allied services and clients.

Communication has been streamlined via joint meetings, regular (almost daily) phone calls, emails and one-on-one office visits when able. Relationships are being built on trust of each others' respective responsibilities, cooperative planning and defined boundaries with clients and allied services.

Any gaps in communication are identified and addressed respectively between staff and / or at the team leader level with John Gregory at CAMHS and MHACA's General Manager and Services Manager to clarify procedural practices and any complaints.

All shared clients are due to receive a shared CAMHS Recovery Action Plan and Health of the Nations Outcome Statistic assessment to reduce duplication of records, improve consultation and ensure a one-plan system of planning and tracking client needs.

4.2 Frequency of all interagency liaison & promotion presentations

The majority of interagency promotions are now completed under the responsibility of the new MHACA Training and Promotions Officer Rita Riedel (refer to T&P report). The T&P officer provides a presentations to a range of community agencies utilising a powerpoint and display boards of MHACA staff and programs.

Public presentations completed by MHACA included:

- 29th Feb – Centralian Australian Expo stand – rostered staff
- 6th March – NT Housing Reforms conference, attended by Managers
- 21st May – Team attendance at Community Interagency meetings by the teams on a shared basis
- 16th June – GROW public evening presentation
- 4th July - Annual Alice Springs Show where a display stand was rostered by MHACA committee and staff for a full day.

4.3 Identified training / workshops in collaboration with other service providers

- 26th – 27th May: Annual - Helen Glover – ‘ Unpacking Practices that Support Individuals in a Recovery Focused Framework’ with CAMHS colleagues – this has contributed to the continued team building between the two services
- 10th June – Maori Cultural perspective in Mental Health- Mana Forbes, Donna Clarke
- 18th June – Fay Jackson – Mental Health perspectives

Service activity 5 – *Internal audits*

5.1 Bi-annual audit of files to ensure NSMH compliance

With the introduction of the Day to Day Living (D2DL) Program files have been upgraded to accommodate the referrals and action plans of shared clients which are still to be incorporated fully into the shared filing system. During this time of change records have been reviewed and purged to store old documentation, update new consents and review all client plans.

Random audits indicated some staff were not completing:

- progress notes proficiently and in a timely manner
- updating computer contacts lists and forms
- lack of consistency in completing Camberwell and Role Functioning Scales

Gaps in these areas are acknowledged and being reduced by the team members as they upgrade individual records and at point of new referrals. These gaps have also been affected by two new staff members not being fully proficient in their respective practices. Time management issues are highlighting the necessity to structure definite periods for recording and filing documentation.

A more streamlined intake process is being developed for first contact recording of referral details and ensuring confirmation of information at the weekly Intake meeting to improve record keeping and providing a more seamless process for clients receiving shared supports across the teams.

An independent audit has yet to be facilitated by the General Manager.

5.2 Aggregated results and analysis of assessments tools:

i) Camberwell ii) Readiness for Rehab Role Functioning Scale.
To be completed on i) initial referral ii) bi-annual iii) pre-discharge

As per 5.1 this unit has not been completed sufficiently with staff members.

5.3 Staffing and training

Retention and recruitment

The Pathways team experienced two losses during the latter half of 2007 and then again in March 2008. Delays in recruiting were addressed by accessing a colleague from the Prevention and Recovery team, Danielle Noble, to cover an extended period which included a team member on annual leave.

The team now includes: Joanne Ruby P/T, Donna Ormsby F/T and Felix Meyer P/T. The two recent recruitments have successfully completed their probationary period and are duly appointed to their positions.

In-service monthly meeting:

MHACA In-service monthly training hosted community reps to date:

- Bill Braitting Transitional Housing Officer – Izzy, introduction and orientation to teams
- 16th April - Alice Springs Men's Hostel Manager – Nigel Scrimshaw received orientation to MHACA teams
- Central Australian Aboriginal Families Legal Unit – Jackie and Nick updated on recent changes in delivery
- Centacare – Mollena Getawan introduced Remote Indigenous Family Carer program
- 19th March - MHNT Carers introduced the Carers Well Ways training package for carers to service
- Interface training between D2DLP and other service delivery

Discussions have included: the initial identifying of CDU Certificate IV Mental Health units as a compulsory course for staff, team building, key-worker roles and responsibilities, interagency relationships.

Training and development

Core training continues with new staff having completed:

- Mental Health First Aid Certificate
- First Aid
- 25th – 26th February teams attended Strategic Planning for MHACA
- 17th – 20th March – Aboriginal Cross-Cultural Advisory Program
- 4th – 8th May – Choice therapy / Reality Therapy / Lead Mgmt
- ASIST – suicide interventions
- Joint CAMHS / MHACA – hospital and community team orientations

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 and reduces an admission

100% of subacute care clients have a mental illness and 64.28 % have a severe and persistent disability related to a mental illness. Gender analysis shows 78.57% of clients were male and 21.43% female, with 60% identifying as indigenous, all were referred and case-managed with the clinical Central Australian Mental Health Service.

Service Activity 1 - Provision of Individual care packages to subacute mental health clients (refer to Prevention and Recovery appendix)

1.1 Referrals provided with Individualized Care Packages in conjunction to CAMHS and other service providers

For January to June 2008 fifteen clients were referred, with fourteen subsequently co-case managed under the subacute program:

- 13 clients received care plans incorporating joint clinical-non-clinical supports
- 1 referral remained uncompleted and was subsequently discharged due to non-engagement and continued substance use
- 1 referral was assessed and determined suitable to Pathways instead due to no acute risk factors

1.2 Worker hours required for Individualized Care Packages:

Case management varied from 3-12 week periods. Individual hours showed variations between minimum of half hour to four hours in daily contacts.

Psychosocial supports on an hourly basis included:

- | | |
|-------------------------------|-------|
| • Direct client contacts | 184.5 |
| • Clinical liaise | 44.7 |
| • Ward reviews | 21.0 |
| • Family contacts | 37.5 |
| • Case meetings / reviews | 27.0 |
| • Govt and community supports | 156.8 |

As clients' recovery improves their contact hours are reduced from daily to gradual transition towards discharge and transfer back to CAMHS and / or other provider.

1.3 Numbers of people participating in the service that have remained supported in their own accommodation without requiring hospitalization or re-admission

Five clients were referred as Step-Up to assist in reducing an admission, variables to this were:

- 1 admitted to the program following release from prison and placed in respite for assistance in transitional living needs, medication titration, education and compliance monitoring, medical problems, familial and alcohol risks
- 2 referrals remained as boarders at Alice Springs Men's Hostel, with one transferred to the respite unit for two weeks to monitor and reduce financial stressors
- 1 received continued supports of respite accommodation with family / carer without readmission
- 2 remained at home, although 1 was admitted to the general hospital for continued cardiac problems on two occasions.

1.4 Number of clients referred to CAMHS for requests of support for subacute from other service providers

Three clients of the Pathways to Recovery team were referred due to admissions to the mental health unit, as they required more intensive daily supports to monitor their recovery pending transition back into the community.

1.5 Number of i) reviews, ii) extensions of active referrals, iii) discharges, iv) transfers to Pathways program v) evaluations held with clients, CAMHS and other services

i) Reviews and extensions -

All referrals were reviewed on a weekly basis with the clinical teams:

- 3 referrals received extensions to care plans from the previous Nov – Dec period due to continued complexities in their recovery of alcohol and drug dependency, medical risks, familial stressors.
- 1 was provided care from the Nov – Feb period for twelve weeks in the MHACA respite unit with family carers to monitor a medication titration before discharge back to CAMHS, and eventual return to a remote community.
- Of the 15 active referrals 3 clients proved unresponsive to supports due to cannabis related dependency. One was discharged after three weeks without further MHACA interventions.

ii) Discharges and transfers -

- 5 discharges have re-engaged with the Pathways team
- 2 discharges have continuing access to evening and day time activities with the Day to Day Living and Drop In program, 1 of these has been referred directly to D2DL to determine responsiveness to engage socially
- 1 referral required minimal supports and after two weeks left the region for employment opportunities in Darwin. This person is transient and visits Alice Springs on a regular basis.
- 2 declined continued supports and remain with CAMHS, one having progressed with vocational training in the tourist industry.
- No evaluations were completed during this period.

1.6 Aggregated results of the outcome measurement using the HONAS or LSP supplied by CAMHS

The HONO's continues to remain ineffectively managed in its use to determine improvement of recovery for clients. Attempts to address this have continued with CAMHS. Staff have begun to provide updated assessments at point of referral but as yet have not been able to update at point of discharge off the program. A project manager will be assigned for the CAMHS Services to review the HONO's system and improve its use in September this year.

1.7 Aggregated results and analysis of psychosocial Camberwell assessments

Twelve clients were discharged off the program during this period and have been assessed against the '22 Camberwell Assessment of Need Short Appraisal domains'. The assessment is able to differentiate at point of referral and post-discharge for any variations, improvements or relapses in psychosocial and clinical areas during the period of supports.

Key domains affected were:

- Accommodation: 9 clients required interim-respite and 1 remains in indefinite rehabilitation
- Physical Health: 7 continued to experience physical / medical problems post - discharge
- Psychotic Symptoms: 6 continued to experience symptoms post discharge of 8 clients
- Safety to others: 4 were identified to have risks factors that reduced their ability to return to family without continued supports
- Alcohol: 7 continued to experience alcohol dependency after discharge, 1 was identified to have a problem during supports
- Drugs not prescribed: 3 continued to use illicit drugs which exacerbated their MH symptoms
- Money, eg. budgets: 7 continued to experience financial difficulties post discharge, generally due to cultural impacts and financial mismanagement
- Daytime activities: 9 referrals are now more confidently engaged in socialization with 3 not wanting to continue engagement

1.8.1. Provision of psychosocial information on mental health wellness, recovery and education to clients, carers and providers

(Refer to 4.2 & 4.3 of Pathways to Recovery report on joint education & promotion of mental health)

The joint relationship between MHACA and CAMHS teams continues to offer shared education and information services on mental illness to its clients, carers and allied service providers. This includes the joint care planning for clients and carers by case managers.

Service Activity 2 - Program accessibility and appropriate to different individuals from the population, ie people from different cultural backgrounds, gender mix, and people with problems across different life domains

2.1 Report strategies implemented to ensure gender / culture balance in service provision.

The program has managed to sustain Bruce Macgregor as a full-time male worker and Danielle Noble as the female staff member to ensure gender balance for clients over the past six months.

Cultural issues:

MHACA lost access to two male Indigenous staff members due to their personal circumstances; one was unable to successfully complete their probation period, and the other, Raymond Campbell, successfully received an apprenticeship to continue studies in health. Raymond maintains contact on a regular basis and remains a strong advocate of MHACA services.

MHACA continues to encourage Indigenous applications for positions within the service, especially the Prevention and Recovery program where more intensive supports are required to reduce hospitalizations.

As 60% of referrals are for Indigenous clients, it is critical to address the gap in cultural staffing. Relationships with Tangentyere Care Services, Congress Medical Services and translator services have been implemented in the past year to ensure Aboriginal needs are addressed appropriately.

Gaps are still present in resourcing more appropriate accommodation and respite facilities for Indigenous males. Although they are able to access the Alice Springs Men's Hostel they feel isolated from immediate and extended family while there. Continued access to family compounds risks factors for some clients and their families due to historical events of familial violence and they require respite or alternate accommodation to reduce risks.

Variables across domains:

There has been a decrease in older client range referrals and, in turn, less accessing of aged care services.

The majority of clients are single independent males or females with problems of alternative accommodation. MHACA continues to be restricted in the area of supported accommodation other than lodges and respite beds (short term) funded to the program.

Co-morbidity issues:

The integrated plan ensures MHACA assists clients to access relevant general medical resources with GP appointment and medical requirements, including attendance at the Alice Springs General Hospital.

2.2 Report strategies implemented to address the needs of people with problematic dual diagnosis: (refer Pathways 2.2)

Alcohol & Drug co-morbidity

A previous lack of resources to address alcohol and drug problems has been reduced with the establishment of a local adult rehabilitation unit - Arunda House - under the Alcohol and Drug Services of Central Australia. Referrals to A&OD services continue to be provided through the clinical services teams for any shared MHACA clients.

Admissions to rehab unit:

Four subacute clients received admission to the Arunda House rehabilitation centre during this six-month period:

- 2 were referred to the sub-acute program post-discharge from Arunda House
- 2 clients were admitted to Arunda House during continued supports from sub-acute - one of these was referred following attempts of respite failed and re-admission to the mental health ward. Both have since been discharged from the program and transferred back to Pathways.

MHACA offers general guidance and education to the client group identified with a dual diagnosis on the impacts on health and welfare.

Peer supports

An example of client-driven recovery was addressed when peers attended a case conference to voice their concerns of a friend's over-use of alcohol and its impact on their general health, each endorsing to no longer engage in drinking together because of the impacts on their mental and physical wellness. This client continues to minimize the risks associated to their physical health

Intellectual disability

One client with a diagnosed intellectual disability received acceptance to the Bindi Sheltered Workshop during sub-acute supports. This has introduced a structured routine, offers family / Carer time out, increases socialization and enhances physical and mental stimulation through painting and woodwork twice a week.

Following a transfer back to the Pathways Program the client has continued supports in clinical treatment and with MHACA for independent activities, socialization skills and allied carer / family supports.

All of these clients continue to receive MHACA shared case-management. This reduces duplication in services and ensures clients are receiving adequate options of supports and active participation in community initiatives.

Service Activity 3 – Community awareness / promotion / training in relation to program delivery and criteria to access referrals

3.1 Presentations to promote community awareness and service provider's knowledge of program

Most recent contacts have been with:

- new staff at the Salvation Army Men's Hostel
- Central Australian Aboriginal Legal Services
- Mental Health Northern Territory Carers' Services
- STEPS Employment Agency
- Bill Braitling Transitional Housing Scheme
- Disability Advocacy Services

with each being provided independent discussions of the programs intent. These discussions have been held with them as invited guests to the MHACA In-service-training, one-on-one liaison with direct client referrals for service supports and during case conferences for respective clients.

3.2 In-service training workshops between MHACA and CAMHS staff

Due to staff shortages at CAMHS there has been limited training on the operational guidelines for the program. Only one in-service training session has been held over this recent period - this incorporated the MHACA Service Manager and team, Clinical Community Team, Crisis Assessment Team and newly appointed Manager to Salvation Army, Alice Springs Men's Hostel.

The Salvation Army Manager was invited to meet the clinical teams and address gaps in referrals to accessing the two respite units offered under the program. Since this session the respite beds are being accessed more frequently under the Prevention & Recovery MOU.

3.3 Service providers with continued access to MHACA

The above mentioned providers (3.1) are those accessing the program presently and are included in integrated Recovery Action Plans. Staff have initiated and continued relationships with:

- Bindi Sheltered Workshop
- Congress Medical Services
- Congress Men's Counseling Services
- Riding for Disabled,
- Alice Springs Youth Accommodation Support Service (ASYASS)
- Deadly Treadly's program
- RecLink for social and recreational sports
- Alice Springs Youth Centre for recreational pursuits

Service Activity 4 – Provisions of respite accommodation for clients to reduce an admission or post discharge off ward

4.1 Clients accessing MHACA respite in lieu of hospital admission and/or post discharge

Alice Springs Men's Hostel - ASMH

Following in-service training with the CAMHS teams there was an improvement in accessing the two units at the hostel. Periods of access were between 5 days to 4 + weeks, with some clients only coming in with intermittent over night access as opposed to hospital.

Reasons for access included:

- 1 requires a 12 week titrate period for medications, following release from prison
- 1 required respite to reduce pressure for parents who are both aged and unwell
- 1 had familial stressors and only required 2 weeks intermittent rests
- 2 were already in the hostel and one remained in their own unit
- 1 has risks factors associated to family and requires restricted access to family members

Total = 26.6 weeks of respite were recorded in six months

Bed nights captured by Nigel Scrimshaw at the hostel were:

January	14
February	0
March	6
April	29
May	57
June	41

Musgrave 2 Bed-room Unit

This unit continues to be under-utilized. One identified rationale is that for clients discharged off the ward requiring interim or respite accommodation they still require carers who are difficult to obtain for single people.

Reasons for access included:

- 1 client and family / carers received a further 5.5 weeks dedicated to continued respite from previous year
- 1 was discharged off the ward to soon, and was refusing family / Carer supports in her previous accommodation, she proved to be too unwell after 1 weeks access and were re-admitted to ward
- 1 weeks family access from inter-state for family bereavement
- 1 now contracted with community organization for transitional housing with carers for two months

Total = 7.5 weeks respite access

4.2 Clients unable to access respite options due to lack of respite beds

The program has not experienced this as a problem due to under utilization of the respite resources. As mentioned previously the problem appears to be a lack of carers available to be involved in carer respite.

An independent survey is required to identify the level of need for supported accommodation for independent and transient mental health clients before further respite or residential facilities can be determined to reduce this gap.

Service Activity 5 – Reference group role

The reference group for the Prevention and Recovery was discontinued approximately 18 months ago.

Service Activity 6 – Internal audits

6.1 Bi-annual audit of files to ensure NSMH compliance

(Refer 5.1 Pathways to Recovery report)

All MHACA records are presently being revised to bring them up to reporting standards and be inclusive of the new D2DL records for shared clients. Records are assessed at independent staff supervision as required.

Prevention and Recovery records are maintained at a high standard of documentation. Gaps are being addressed to be inclusive of CAMHS HONO's information and shared care plans.

6.2 Staffing and training

Staffing and recruitment – refer 2.1

The program has been able to sustain the use of two full-time staff. With the loss of an Indigenous male in February, Bruce Macgregor was appointed on 21 April as a casual for seven weeks, then accepted fulltime appointment on 11 June 2008.

Training and development

Compulsory training for all support officers continues to be:

- i) Mental Health First Aid Cert.
- ii) Boston Readiness for Rehabilitation (not completed this year)
- iii) Wellness & Recovery Planning approaches – Helen Glover on 26th & 27th May 08
- iv) CAMHS: Triage, Risk and Crisis Assessment Management (not completed this year)
- v) Cross Cultural Awareness
- vi) ASIST

Development is based on peer supervision, Intake meetings for peers and collective discussions on new referrals and at risk clients, with routine supervision from the Service Manager and clinical instruction from CAMHS case managers.

Personal development is encouraged through a staff training allowance to assist in skills development relevant to the field of mental health and of benefit to the organization, as well as to the development of each individual's career path.

Life Promotion Program

Laurencia Grant: Program 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 suicide prevention*

1.1 Life Promotion Program Steering Committee – Alice Springs

Current Organisations represented

- Tangentyere Council
- Waltja
- ASYASS (on hold until staff recruitment issues are sorted)
- Social and Emotional Well-Being Program of CAAC
- Student Support Services of DEET
- ESWB Program of NPY Women's Council
- General Practise Network NT
- Lifeline
- Alice Springs Police
- NT Government Department of Health and Families
 - Central Australian Mental Health Services
 - Suicide Prevention Coordinator, Mental Health Policy
 - Alcohol and Drug Services of Central Australia
 - Remote Health
 - Family and Children's Services
- DASA – Drug and Alcohol Services Association
- Mt Theo Program – Yuendumu
- Liz Archer stepped down from chairing this committee in March 2008

Meetings held and numbers attending

The Steering Committee meets on a 3-monthly basis to offer strategic direction to the program and to support program development. This committee met on 14 August (10 external agencies attending), 13 November 2007 (8 external agencies attending) and 13 May 2008.

Analysis of the issues raised and acted on in steering committee meetings

The Steering Committee underpins the main objective of the program. That is that the responsibility for developing and implementing strategies to address the high rates of suicide in the NT is a shared responsibility. Suicide prevention requires more knowledge, approaches and resources than can ever be held by one organisation. It does not sit within the area of mental health alone and can only be effective through the efforts of community organisations, community members, business and Government. Liz Archer stepped down as chairperson in March 2008.

1) Share information about what's happening locally/nationally in area of suicide prevention:

We kept the committee updated about:

- National Suicide Prevention Strategy (NSPS) funded activities, including the Waltja – Life Promotion 'We Know Our Strengths' project and NPY's radio and mental health project;
- the NT Suicide Prevention Coordinating Committee;
- National LIFE Framework updated strategy
- Relevant National Conferences – Newcastle Family and Community Strengths and Queensland Suicide and Self Harm Prevention
- Applied Suicide Intervention Skills Training and Suicide Story development
- Central Australia Headspace
- Tennant Creek Life Promotion (Coral left the position in July 07)
- Outcomes of the Life Promotion and the NT Government services discussions regarding suicide attempt data and suicide attempt protocol of response
- Susie Low from Mt Theo program in Yuendumu attended the May 2008 meeting and discussed the mentoring program that is helping to support young people at risk. There has been a reduction in suicide attempts in the last three years.
- Laurencia presented on the ten suicide deaths that occurred across Central Australia in 2007 to inform the committee of the response model and its effectiveness.
- Christine Palmer attended the May 2008 meeting from CAAC to discuss the support group being provided to Aboriginal women who lost children to suicide

We always present this information in a way that invites feedback from the committee so that they can offer insights about how things might work better in the local context.

2) Create an information loop about funds and resources

We provided the committee with information about:

- the updated Bereaved by Suicide Support Pack,
- The updated National Suicide Prevention Framework
- the distribution of Federal Government funding to the mental health sector,
- the development of Suicide Story – LPP resource for Indigenous communities

3) Define and promote best practice for our region

We also spent time discussing the systems in place to respond when there is a death by suicide and when a person is at risk of suicide and how effective these systems are and how might they be improved.

In this vein, we agreed that:

- Each organisation should have its own procedure for dealing with a crisis related to suicide that is clear to all their staff. If for some reason there is a cause for complaint because the procedure is not followed or it doesn't seem to work as it should, then the proper channels of complaint should be carried out with the relevant organisation. Each organisation provided their complaints procedures to the LPP program
- An Interagency Suicide Response Protocol needed to be considered and reviewed. LPP developed the protocol and this remained in draft form.
- Discussions regarding the possibility of engaging a research to collect information and data on those who present to A& E at related to suicide risk with the aim of informing strategies and systems of support.

4) Discuss risk and protective factors that seem particular to our region

We worry a lot about how impulsive suicide is in this region and the way it's often used as a weapon or threat. All committee members were invited to attend a special 'discussion day' on the topic in October 2007 'When suicide is used as a threat', and we also reported on this day in the November meeting. A booklet was produced called The Little Red Threat Book reporting on the findings from this workshop.

5) Redefining the Steering Committee's Terms and Commitments

Life Promotion spent time writing up information about this committee, so we could get a clear look at the reasons we meet together and what we hope to achieve by doing so. All members were asked to sign a document to confirm or reconfirm their commitment to the program and to the cause of suicide prevention. We think this is a good process and allows people to continually question the purpose and the usefulness of the committee. All representing agencies (apart from one) had signed their agreement by 30 June 2008

1.2 Barkly Life Promotion Committee - Tennant Creek

The Tennant Creek position has been vacant since July 2007. The position was advertised in local papers in June, July, August, September and October 2007. Laurencia travelled to Tennant Creek in July and spoke to Anyinginyi Stronger Families Manager, Xavier Desmarchellier and prior employee Duane Fraser about the position. Unfortunately since Coral has left the position, the Barkly committee has not met and less training has been conducted. Laurencia continues to keep those involved in the committee informed of the Life Promotion activities. However, it is clear that Coral played a vital role in the Barkly region. The position was readvertised in June 2008 and three applications were received.

1.3 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 met on a bi-monthly basis and was coordinated by Tangentyere Council's CAYLUS (Central Australian Youth Link-Up Service). Due to poor turnout at meetings and the questioning of the usefulness of this network, CAYLUS decided to continue to distribute information via email, however not to continue the facilitation of meetings. Life promotion considered assisting with promotion of this network, however given the emergence of Headspace in Alice Springs, felt that this organisation might have a role to play in the youth sector network.

Waltja and Life Promotion – We Know Our Strengths Project

Waltja is the lead agency for the *We Know Our Strengths* Project (*Strengths*), funded by the Department of Health and Ageing (Australian Government). This project operates in three remote communities: Ltyentye Apurte (Santa Teresa), Titjikala (Maryvale) and Amundurrngu (Mt Liebig). Life Promotion supports this project by contributing in bi-monthly meetings and by providing or developing relevant resources. Laurencia received a copy of an interim report regarding the Strengths Project in June 2008. This was written by the independent evaluator Julia Burke based on interviews with all the relevant stakeholders. Laurencia will be providing feedback re this report to go toward the final evaluation.

Lifeline and ASIST training network

Karen Revel and Lifeline provided valuable assistance with the coordination of network meetings and training. Living Works arranged for a train the trainer session in Safe Talk held on 20 February 2008. Laurencia and Karen co-presented Safe Talk

Central Australian Aboriginal Congress (CAAC)

Life Promotion met with Malcolm Frost, a psychologist at Congress who works with men. We talked with Malcolm about the matter of 'when suicide is used as a threat'. We also shared ideas about running workshops in anger management and suicide awareness. Youth workers and other psychologists from Congress also attended our *Suicide as a Threat* Community Workshop. On our invitation, Christine Palmer and Gerard Waterford from Congress Social and Emotional Wellbeing came along to give us some feedback on a trial run of our indigenous specific Suicide Awareness package. Two nurses from Congress also attended this trial run.

People's Alcohol Action Coalition (PAAC)

Because of the strong association between suicidal behaviour and alcohol consumption, Life Promotion became part of PAAC. Meetings are held on the second Friday of each month, and Life Promotion has been attending since September '07, with apologies given in Dec '07 and Jan '08 due to absence. Due to time constraints we have not attended meetings, however receive information and offer support when required.

Ltyentye Apurte Planning Day - April 2008

Jim Hampson, Business Manager sent official invitations to organisations who have an existing or potential relationship with the Ltyentye Apurte Community. The "planning day" was to be for stakeholders and community members and was an attempt to "coordinate the range of programs across all agencies and levels of Government".

Unfortunately the meeting was not able to capture all the voices from this community and highlighted that the facilitation of productive meetings in remote communities is a skill. As it was, the meeting highlighted that there are many players trying to engage with community, especially new players connected to the intervention.

Coordination meeting of Mental Health Services in Remote communities – March and April 2008

Naz Remtulla (GP Network) and Ellie Lusty from Carers Respite Service brought together the newly funded and existing players in mental health working in remote communities in Central Australia. New programs include the Family Coping Program and the Men and Family Relationships Program of Centacare and the Division of Primary Health Care funding to support families. This was the first

meeting and highlighted the importance of the regular coordination of a network of workers in remote mental health. This would allow for the sharing of information, consideration re client confidentiality and referrals.

NT Government and Life Promotion

Emma Harley from CAMHS and Lynn, the clinic nurse from Docker River were concerned about the youth workers lack of training in suicide awareness and invited Kristy and Laurencia to Docker River in mid May 2008. We flew on a NT Government chartered flight with Marcus and Suellen from CAMHS. Representatives from CAMHS attend steering committee meetings and Sarah O'Regan (NT government Suicide Prevention Officer) attends all steering committee meetings, other relevant events and keeps in regular contact with Life promotion.

The Strengths Project and Newcastle Conference – Indigenous Community and Family Strengths – 14-16 April 2008

The Strengths Team was given the opportunity to promote its work at the First National Indigenous Family and Community Strengths Conference in Newcastle in April 2008. Liz Archer, Charlie Hodgson from Waltja, Gerard Waterford, Christine Palmer from Congress, Christa from Tangentyere Council, Wayne Clarke from Bush Mob, Amelia Turner from Irrekelantje, Paula Turner, Mary Therese Mulladad, Chris Wallace, Cedric Ross and Josie Palmer from Santa Teresa and Maisie Wayne from Yuendumu all attended the conference.

Headspace – Central Australia

Laurencia has been representing MHACA on the consortium during this financial year. Laurencia and Rita met with Barbara Weis re the training component for Headspace. Rita agreed to assist with the promotion of this training and both Laurencia and Rita will be trained in Can Do and SEE Young People.

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

2.1 Response meetings held after suicide - Alice Springs

A response meeting was held on 4 March and 12 June 2008. There were eleven reported suicides between 1 July and 30 June 2008. These deaths occurred in Tennant Creek, Yuendumu, Bonya, Papunya, Amata, Fregon and Alice Springs (where there were seven deaths).

2.2 Response meetings held after suicide – Barkly Region

A response meeting was held on 16 July for a death in the Barkly Region.

2.3 Response meetings held in relation to attempted suicide and analysis of support

During this period, no meetings were called in response to attempted suicides. We are still discussing this protocol with the NT Government Services and the Steering Committee to finalise the protocol about responses to attempts. As it stands, Life Promotion is not contacted to organize a response to any suicidal behaviour that does not end in a fatality. In the future, there may be special circumstances in which we are called on to organize a response meeting, but we're still discussing what exact nature of those circumstances should be.

2.4 Analysis of the Interagency Suicide Response Protocol

The initial contact with family, workers or any other people affected by the death is best made by an organisation or worker who is known and trusted. This contact person can offer further support and referral if needed and can act as a liaison for the Life Promotion Program. Laurencia presented an analysis of the response to the 10 deaths that occurred in 2007 to the May 2008 steering committee meeting.

Service Activity 3 – Provision of information, resources, education and training in suicide awareness, intervention skills and postvention

3.1 Education and training workshops provided and analysis of workshops

- **Asist Training**
April 2008 – Tennant Creek
- **SAFE TALK**
Train the trainer – February 2008
Delivery of Alice Springs workshop – April 2008
Docker River – May 2008

inBalance News – March and June 2008

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

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

“We Know Our Strengths” Project

George Peckham was appointed to the program and later resigned due to involvement with the men’s leadership program. Charlie Hodgson, a local indigenous man was appointed to the position in August 2007. The Federal Intervention and the initiatives being introduced into remote communities such as quarantining of payments and the abolishing of CDEP has impacted on the work of the Strengths program. This suicide prevention initiative relies on the involvement of community members and leaders to take part in strength based activities (i.e. cultural bush trips, training, etc), however it has been difficult to have the men released to do these activities because of their obligations to “work for the dole”.

Life Promotion Suicide Story Workshop

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.

Life Promotion held this training for a targeted audience in the Andy McNeil Room at the Town Council in 2007. Members of the audience included people from CAMHS Remote Team, Tangentyere Council CAYLUS program, Hidden Valley Town Camp, Congress SEWB and Congress clinic staff. We also took the opportunity to show the presentation to Bronwyn Hendy of DHCS, Lori

Ford of DoHA, Trish Nagel (Psychiatrist, Menzies School of Health Research), and Daniel Mulholland (Menzies School of Health Research), Sandy Ford and Gavin Cohen (Top End ASIST trainers). A part of the program was screened at the Newcastle conference in April 2008.

Service Activity 5 – *Collection of data and research on completed suicides and attempted suicides in Central Australia 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.
- At the beginning of each year the information is presented to the Steering Committee as an opportunity to analyse its effectiveness.
- At the August 2007 Steering committee it was agreed that Life promotion would create flow charts about the Interagency Response Procedures for completed and attempted suicides. That we would amend the 'Attempts' procedure to include: 'as a courtesy, the referred-to service will contact the service that passed on the referral'. This has been done.
- The Steering committee has not been able to sign off on the flow chart regarding attempted suicides however, due to crucial staff being absent from meetings.
- Discussions have taken place regarding a research project that could attempt to capture the admissions to the Alice Springs hospital related to suicide risk. This information could better inform us of the nature of these admissions, the repeat admissions and the assessment, treatment and follow up support provided.

Life Promotion Team Changes

Kristy Schubert stepped out of her role as Life Promotion Officer in February 2008. Kristy had been with the program for 2 years and has implemented some significant innovations in this time including the collection of written material from local people on the issue of suicide, the 'suicide as a threat' workshop and follow up red threat booklet, the suicide awareness training program, resources of support for people after suicide, suicide response protocol guidelines and the facilitation of new ideas for suicide prevention day. She continues to work with Life Promotion as a consultant to assist with the completion of project work.

Brian Kennedy started with the Life Promotion in April 2008 and brings with him years of experience in TAFE training and education and an interest in the welfare and mental health of young people in particular. His orientation began with a trip up to Tennant Creek and his assistance with the ASIST workshop delivered by Laurencia.

Training and Promotions

Rita Riedel: Training and Promotions Officer

To help raise community awareness about mental health issues

Service Activity 1 – Provision of Community Forums

1.1 Two Community Information forums provided

The first was organised in Mental Health Week 2007. The second on Wednesday, 18 June with Guest Speaker Fay Jackson - 'Community & Mental Illness: Taking Care of Each Other.' Over 70 people attended the free forum to hear mental health advocate and guest speaker, Fay Jackson who is a person with a lived experience of bipolar disorder. Fay is also an award-winning motivational speaker whose passion and dedication to helping destigmatise mental illness shone through. With a wide array of personal (and often, colourful!) stories, Fay shared some of her journey and struggles living with a mental illness, and her subsequent work as an advocate, trainer and educator to help raise awareness in the community.

While in town Fay also delivered a ½ day workshop for staff, Supporting Health Workers and a 1-day workshop for teachers and youthworkers Young People and Mental Illness. Both workshops were well attended and left people wanting to know more.

1.2 Number of people attending

The event attracted a over 70 people comprising a broad range of guests (carers, teachers, mental health workers and general community members.)

1.3 Issues identified

Key issues identified in Fay's s presentation were:

- ◆ how easy (and damaging) it can be to label people who are 'different'
- ◆ rather than labelling, marginalizing or excluding people asking - how we can better support one another to collectively own the mental health of our community
- ◆ challenging people to reflect on 'What is normal?' – that many people experience mental illness and some of the most gifted artists have had a mental illness
- ◆ the language we use to talk about people with mental illness plays an important part in 'creating acceptance' - by becoming mindful of our attitudes and the words we use we can help to break down destructive barriers
- ◆ looking at early warning signs so we can be more understanding and supportive of others

Fay's talk was rich with warmth, information, humour and was highly engaging, and I think all who attended appreciated the insights and wisdom she shared.

1.4 Collaborative partnerships developed

As this was organised directly with Fay no local partnership was developed. However, many positive connections were made with local workers, specifically high school teachers and support workers who work at the frontline with people with a mental illness. Many people expressed interest in having Fay return again because of her wealth of knowledge and engaging workshop style.

Service Activity 2 – Provision of Mental Health First Aid Training to the Community

2.1 Development of MHFA Training Calendar

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 the government Central Australian Mental Health Service (CAMHS) – see 2.2 for details of dates.

2.2 Number of training sessions held annually (target of 9)

In addition to the five course held in July-December 2007, during January to June 2008 five courses were held on:

- ◆ 19-20 Feb
- ◆ 27-28 March
- ◆ 22-23 April
- ◆ 22-23 May
- ◆ 26-27 June

2.3 Number of individuals trained

Courses have been fully booked – 12pp each course – with people attending from:

- Central Australia Supported Accommodation
- Alice Springs Women's Shelter
- Aboriginal Hostels
- Salvation Army
- AS Youth Accommodation Service
- Congress
- Dept. Employment, Education & Training
- Domestic Violence Legal Service
- NPY Women's Council
- Tangentyere Council
- Life Without Barriers
- DEEWR
- Eagle Training Services
- Waltja
- Salvation Army
- Dept of Corrections
- DEET
- Alice Springs High School
- Centralian Senior College
- Alice Outcomes (remedial school support)
- Yirara College
- NT Carers
- Mental Health Carers
- Dept Family & Childrens Services
- Frontier Services
- Centacare
- Drug and Alcohol Services Association

2.4 Participant evaluations results analysis

Feedback has been consistently positive in regard to both the content and delivery. People appreciate both the content and delivery with positive feedback on trainers as well as the pace of the course and information provided. The course is very valuable for helping to raise awareness, educate people and reduce stigma.

Service Activity 3 – *Development of local Mental Health Resources*

3.1 To develop resources

MHACA Display Board

Two portable display boards (6 panels total) have been developed for easy transportation to take to community agency visits and use at conference, stalls and shows. These continue to be updated.

MHACA Display Banner

A second large vertical banner 1x2 metres has been designed which can be easily transported and erected at stalls and events. It is a u-beaut pull up banner which rolls neatly into a small carry bag and, when not 'out and about', is displayed in our front reception area.

MHACA Brochures

A brochure has been developed for the new Day to Day Living Program and all other brochures have continued to be updated.

MHACA Website

The MHACA website received a major update with several new programs on board (D2DL and GROW) and a significant turnover of staff. It is a user-friendly resource and provides a broad range of information on both MHACA services and activities and mental illness in general.

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 2 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 feature events eg. Alice Springs Show, Mental Health Week. Special flyers included for:

- ◆ Women's Art Group
- ◆ Games Afternoon
- ◆ Bowling
- ◆ Singing group
- ◆ GROW flyer for Public Meeting
- ◆ Strategic Planning review meetings for Consumers and Service Providers
- ◆ Centre for Remote Health Seminars - distributed

Training Attended

- Upgrade course for Certificate IV in Training & Assessment – 11-14 March 2008, successfully completed (JET Training)
- Work life balance: Strategies for resilience - 11 March (Sue Gregory)
- Energising people: Strategies for getting people to work together - 13 March (Sue Gregory)
- Working with Men workshop – 18 March (Relationships Australia)
- Creating Environments that Support People in their Recovery Effort – 26-27 May (Helen Glover)

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.

Service Activity 4 – *Promotion of mental health*

4.1 Activities and events that promote mental health & community resilience

Community Agency visits

Each month's MHACA presentation visits are held at local agencies (both government and community) to inform staff of MHACA's programs and latest activities. These are attached to the end of regular staff meetings to maximize on staff attendance. 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. Meetings have been held at:

- ◆ Alcohol and Other Drug Services Central Australia – 4 February
- ◆ Relationships Australia – 21 February
- ◆ Mental Health Carers Network Meeting – 21 February
- ◆ STEPS Employment – 4 April
- ◆ Rotary – guest speaker – 23 April
- ◆ Tangentyere Social Justice Program – 29 April

Collaborative Support for new Headspace Training

Myself and Laurencia had regular meetings with the Manager of the new Headspace in Alice Springs re support we could provide them as a consortium member. It was agreed that until all staffing positions are filled that in my Training & Promotions capacity I would help to organise and promote their first round of core training. This has included preparing flyers and organizing venues for SEE Young People and Can Do Training for August 2008.

Central Australian Expo 29 February – 1 March

MHACA held first stall at this annual expo. Was not heavily visited, perhaps due to location at very end of pavilion. However, staff reported some serious enquiries and was good to have a presence.

Youthweek Poetry Competition – 5-13 April

Helped design and distribute flyer for poetry competition for national Youth Week 5-13 April called 'Beating the Blues' – 2 age categories: 12-17 years and 18-25 years. Done in collaboration with the NT Mental Health Coalition. Winners to be published on ABC radio.

Schizophrenia Week 19-24 May

Prepared article/advertisement on symptoms and research on Schizophrenia for Advocate including information on MHACA and new GROW program. Linked ABC radio to Prof. Stan Catts re interview on schizophrenia.

Alice Springs Show 4 July

Prepared material and roster for Alice Springs Show Stall for the third year running. We received a steady stream of enquiries and will continue to have a present at the Show to help increase awareness and decrease stigma.

Appendix 1: 'Pathways to Recovery' Data: January to June 2008

1. Client Activities

	Jan	Feb	March	April	May	June	Total averages
CLIENTS							
Based on individual numbers							
No: IN PROGRAM	40	36	34	37	37	43	227
No: MALE	20	20	15	18	18	20	111
No: FEMALE	20	16	19	19	19	23	116
Inactive Residential or Hospital	3	0	0	2	5	2	12
Discharges	0	1	2	5	5	5	18
Goals / jobs achieved	Unrecord.	Unrecord.	5	Unrecord.	8	11	22
Wellness & recovery plans / reviews actioned	10	17	7	5	16	17	67
Co-joint – CAMHS	11	17	17	20	18	23	106
General enquiries - Intake referrals & requests for info	4	10	12	8	9	5	48
New clients	3	2	4	3	4	6	22
INDIVIDUAL SESSIONS							
Based on hours from .5							
Planning & reviews	18.7	27.1	7.5	28.2	14.0	23.7	118.7
Ward visit	15.0	3.5	0	1.5	6.0	0	26.0
Emotional supports 1-on-1	25.5	27.5	25.0	37.2	37.2	31.4	183.0
Group work: Men's / women's	18.0	14.1	8.0	9.5	10.0	5.0	64.6
Recreation: Camps, walks etc	3.0	7.5	6.0	10.5	7.5	5.5	40.0
Skills development: Workshop participation, training, con-sumer reps, 1-on-1 life skills	17.5	12.0	22.0	25.1	25.5	14.0	116.1
Family	6.0	6.5	5.8	9.5	1.9	15.0	44.7
Enquiries PC's – 1-on-1	10.0	11.1	2.0	14.7	5.4	6.2	49.9
Transport	13.5	12.8	2.5	13.0	11.3	17.8	70.9
ADMINISTRATIVE Based on hours from 0.5							
Documentation	38.3	45.3	43.8	48.1	39.7	36.5	211.3
Meetings	35.3	67.1	20.0	42.5	31.5	19.5	215.9
Reading / Research	12.0	28.9	10.5	6.5	7.2	4.5	69.6
Training / Workshops	0	36.2	21.0	0	72.0	1.5	130.7
Other / Misc	4.0	4.5	4.0	0	0	.5	13.0
Supervision	3.5	6.0	15.0	9.0	11.5	12.0	57.0

2. Counselling Program

MHACA REFERRAL HOURS

Actions per hour	Jan	Feb	March	April	May	June	Total
Face to face	5	2	3				10.0
Phone calls	1		.5				1.5
Documentation	3.5	1.5	1.5				6.5
Research & reading	2	1.5	.5				4.0
Promotional		.5					0.5
Actions Per no's							

NON-MHACA REFERRAL HOURS

Number of hours	Jan	Feb	March	April	May	June	Total
Counselling	5	8	5	2	2	-	22
Promotional time							

3. Associated Allied Service Providers

ORGANISATION	Jan	Feb	March	April	May	June	Total
Govt Sector							
ADSCA – Alcohol & Drugs	1	3.0	-	-	3.0		7.0
ASH: General Side			1.0	5.0	4.0		10.0
ASH: Mental Health Ward	24.0	10.0	4.0	17.0	15.0	9.0	79.0
CARDHS Health Education							
Congress – SEWB –Medical					1.0		1.0
Centa care - Employment				1.0			1.0
Centrelink Beneficiaries					1.0		1.0
CDU – Education			.5	1.0	.5		2.0
FACS – Child welfare							
NT Housing				3.0			3.0
Non- Govt Sector							
Aboriginal Hostels Ass							
Anglicare –Accomm	2.0	2.5	-	2.0	2.0		8.5
ARALEUN Culture Centre							
AIDS & Hepatitis Council		1.0					1.0
Alice Springs Women's Shelter	1.0	1.0	1.0	7.0	3.5	.5	13.0
BINDI - Sheltered Workshop		1.0		1.0	1.0		3.0
BRADAAG- Tennant Creek							
CASA -				1.0	1.5		2.5
CAAFLU – Indig Legal Services							

CRS- Comm Rehab Services		.5			1.0		1.5
DASA – Drug & Alcohol	1.0				.5	1.5	3.0
Disability Advocacy Services			.5	1.5	3.0	1.5	6.5
General Practitioners					1.0		1.0
NT Carer		.5		4.0	6.0		10.5
NT COSS / Shelter							
PBSU							
Reclink		1.0	1.0	1.0	2.0		5.0
Salvation Army: Food Bank, Men's Hostel, Craft Grp	2.0	1.0	8.0	3.0			14.0
STEPS – Employment	3.0	2.0	1.0	6.5	4.5	1.0	18.0
Tangentyere – Age & Community Care							
Tangentyere - Job Shop				1.0			1.0
Volunteer Services – Library					1.0		1.0

Hours only recorded from two staff members

Appendix 2: Prevention & Recovery Data: January to June 2008

DEMOGRAPHICS	Jan	Feb	Mar	Apr	May	June	Totals
Male	3		1	3	2	2	11
Female	3				1		4
Non-English Speaking			1				1
Aboriginal/Torres Strait	4		1	1	2	1	9
Other Culture	2			2	1	1	6
REFERRALS							
Numbers	6		1	3	3	2	15
New to P&R	4		1	2	2	2	11
Consents to support	6		1	3	3	2	15
Consents to research	2		1	2		1	6
Step-Up	4		1	2	1	1	9
Step-Down	6		1	3	3	2	15
Accept/Decline	3			1	1		5
Joint Prog. - Pathways	1			1	2	1	5
Joint Prog. - D2DL	6		1	3	3	2	15
INDIVIDUAL CARE PLAN							
WARD- - Round(hr's)	8.0		.5	1.0	2.0	9.5	21.0
-Leave (no's)	2.1						2.1
-Discharge(no's)	1.5		1.5		1.0		4.0
-Readmission	2			1		1	
Consultations -Consumer (hr's)	47.5	14.5	.5	17.5	45.6	59.4	184.5
-Family / Carer	18.3	3.0	2.3	6.5	4.7	2.7	37.5
CAMHS practitioners	11.7	4.2	3.4	6.0	11.7	7.7	44.7
Case conference review	8.0	1.0	4.3	1.2	8.0	4.5	27.0
Respite - ASMH	2wks	.5dys	4wks	6.5wks	6.1wks	8wks	26.6wks
Women's Unit	4wks	1.5wks			1 week	1wk	7.5wks
PARTNERSHIP ACTIVITIES							
Non-government	4.9	-	.3	-	1.5	.5	7.2
Government	-	.8	-	.6	2.6	3.0	7.0
-Community	9.4	2.8	4.0	15.5	12.4	23.5	67.6
-Cultural/Indigin.	4.6	-	-	-	2.0	3.0	9.6
-Transport	10.8	1.7	1.0	4.4	17.6	29.9	65.4
DOCUMENTATION							
Hours	14.3	4.0	1.7	9.9	13.5	13.8	57.2
-Phone contacts	1.7	unreco rded	unreco rded	unreco rded	2.2	3.9	7.8
Discharge/Review							
-Remain CAMHS							
-Other service							
-Out of region-relocate						1	

Appendix 3: Financial statements 1 January – 30 June 2008

Income & Expenditure 30 June 2008

MANAGEMENT & COORDINATION - OPERATING STATEMENT

	2008	2007
	\$	\$
INCOME		
Grant - Dept Health & Community Services	95,830	60,830
Surplus carried forward	124,592	58,706
Consultancy	-	4,302
Interest	45,974	29,187
Membership fees	929	1,001
Fundraising income	1,214	1,171
Administration fees	229,704	185,004
Hire of vehicle	36,040	31,000
Profit on Sale of Asset	3,645	-
Recovered costs	24,915	4,647
	<u>562,843</u>	<u>375,848</u>
EXPENDITURE		
Accounting and audit fees	3,132	1,105
Advertising expenses	5,430	7,160
Bank charges	365	672
Bookkeeping	7,239	8,500
Computer support	4,667	925
Cleaning	8,791	2,757
Consultancy	20,103	14,818
Consumables	5,034	-
Depreciation	38,939	22,104
Electricity	3,413	1,615
Equipment purchase - minor	17,290	1,755
Insurance	5,761	5,282
Lease - photocopier	-	1,079
Library	-	425
Loss on disposal of asset	-	3,279
Motor vehicle expense	5,468	3,522
Newsletter	1,650	889
Postage expenses	873	1,560
Program costs	11,987	11,782
Professional development expenses	11,258	5,294
Promotions	5,562	2,770
Rates	9,003	-

Relocation costs	41,520	-
Renovations	2,812	370
Rent expense	36,667	550
Repairs and maintenance - equipment	1,631	3,260
Security expenses	580	620
Staff wellbeing	1,116	-
Stationery expenses	7,340	10,834
Subscriptions	2,898	2,107
Superannuation	15,783	13,962
Telephone expenses	6,307	6,176
Travel expense	5,206	6,562
Workers compensation	7,183	2,538
Wages and salaries	189,829	168,692
	<u>484,837</u>	<u>312,964</u>
Surplus	<u>78,006</u>	<u>62,884</u>
ACQUITTAL ADJUSTMENTS		
Capital - Motor vehicles	39,536	-
Capital - Office equipment	35,170	-
OPERATING SURPLUS/ (DEFICIT)	<u>3,300</u>	<u>62,884</u>

Income & Expenditure 30 June 2008

PATHWAYS TO RECOVERY PROGRAM - OPERATING STATEMENT

	2008	2007
	\$	\$
INCOME		
Grant - Dept Health & Community Services	337,661	337,663
Other Income	3,778	4,876
	341,439	342,539
EXPENDITURE		
Administration expenses	61,459	61,607
Advertising	896	4,189
Computer support	518	240
Consultancy expenses	3,901	4,340
Consumables	1,024	634
Consumer support	-	23
Depreciation	1,049	3,175
Hire vehicle	14,004	14,000
Equipment purchase - minor	1,286	2,088
Insurance	1,608	2,768
Library	1,649	1,088
Motor vehicle expenses	7,222	8,594
Newsletter	1,652	1,778
Postage & freight	240	187
Program costs	14,264	11,197
Professional development	4,713	4,152
Relocation costs	5,098	-
Rent expense	8,216	1,463
Repairs and maintenance	880	206
Stationery	2,172	1,781
Staff wellbeing	1,144	-
Subscriptions	123	227
Superannuation	9,174	11,310
Telephone expenses	4,149	3,936
Travel expenses	3,593	1,708
Wages and salaries	100,013	137,655
Workers compensation	3,784	5,000
	253,831	283,346
OPERATING SURPLUS/ (DEFICIT)	87,608	59,193

Income & Expenditure 30 June 2008

LIFE PROMOTION PROGRAM - OPERATING STATEMENT

	2008	2007
	\$	\$
INCOME		
Grant - Dept Health & Community Services	331,749	241,834
Surplus brought forward	-	31,740
Other income	-	53
	331,749	273,627
EXPENDITURE		
Administration	59,715	49,253
Advertising	4,725	1,644
Computer support	55	1,214
Consultancy	6,387	-
Consumables	882	-
Depreciation	1,849	2,287
Equipment purchase -minor	618	1,269
Hire of motor vehicle	9,996	10,000
Insurance	1,608	1,383
Library	680	1,245
Motor vehicle expenses	3,518	3,061
Newsletter	1,652	889
Postage and freight	20	70
Program costs	5,991	5,837
Professional development and training	3,757	13,753
Promotions	2,000	-
Relocation costs	5,115	-
Rent expense	10,361	5,692
Repairs and maintenance	910	210
Staff wellbeing	1,404	-
Stationery	1,707	992
Subscriptions	90	606
Superannuation	10,238	11,762
Telephone	4,489	4,841
Travel expenses	8,975	21,505
Workers compensation	3,849	2,276
Wages and salaries	101,716	139,779
	252,307	279,568
Surplus	79,442	(5,941)
ACQUITTAL ADJUSTMENTS		
Capital - Office equipment	1,621	-
OPERATING SURPLUS/ (DEFICIT)	77,821	(5,941)

Income & Expenditure 30 June 2008

SUBACUTE PROGRAM - OPERATING STATEMENT

	2008	2007
	\$	\$
INCOME		
Grant - Dept Health & Community Services	317,882	305,362
Surplus brought forward	-	10,000
Other income	132	-
	318,014	315,362
EXPENDITURE		
Administration	57,219	56,765
Advertising expenses	2,567	-
Computer support	-	480
Consultants	8,901	4,822
Evaluation	5,000	-
Depreciation	1,676	1,726
Hire vehicle	6,210	7,000
Equipment purchase - minor	2,638	2,197
Insurance	1,608	1,383
Library and resources	99	86
Motor vehicle expense	3,935	4,204
Newsletter	1,652	889
Postage and freight	-	187
Professional development and training	2,432	136
Program costs	24,975	2,019
Relocation costs	4,530	-
Rent expense	12,297	15,280
Repairs and maintenance	4,385	-
Stationery expenses	1,301	770
Subscriptions	-	27
Superannuation	10,379	10,020
Telephone expenses	5,099	2,125
Travel expense	1,945	2,801
Workers compensation	4,446	3,250
Wages and salaries	117,508	101,950
	280,802	218,117
Surplus	37,212	97,245
ACQUITTAL ADJUSTMENTS		
Capital - Office furniture	568	-
OPERATING SURPLUS/ (DEFICIT)	36,644	97,245

Income & Expenditure 30 June 2008

TRAINING & PROMOTIONS PROGRAM - OPERATING STATEMENT

	2008	2007
	\$	\$
INCOME		
Surplus brought forward	73,963	62,000
Training income	6,955	3,310
Other income	115	-
	81,033	65,310
EXPENDITURE		
Administration	14,586	11,756
Advertising expenses	-	536
Consumables	278	82
Equipment purchase - minor	108	174
Library and resources	987	1,152
Professional development and training	1,902	65
Program costs	1,360	929
Promotions	136	271
Rent expense	-	385
Staff wellbeing	505	-
Stationery expenses	864	17
Superannuation	4,538	1,082
Telephone expenses	101	28
Travel expense	1,720	3,578
Venue hire	2,364	545
Wages and salaries	49,810	15,573
Workers compensation	1,885	750
	81,144	36,923
OPERATING SURPLUS/ (DEFICIT)	(111)	28,387

Income & Expenditure 30 June 2008

HOUSING SUPPORT PROGRAM - OPERATING STATEMENT

	2008	2007
	\$	\$
INCOME		
Rent received	19,470	11,240
Interest received	168	-
	<u>19,638</u>	<u>11,240</u>
EXPENDITURE		
Administration	3,535	2,023
Bank charges	71	29
Body Corporate fees	5,553	1,856
Cleaning	931	170
Depreciation	-	2,210
Equipment purchase	130	792
Insurance	822	473
Rates	3,527	3,065
Repairs & maintenance - buildings	4,786	542
Repairs & maintenance - equipment	844	80
	<u>20,199</u>	<u>11,240</u>
OPERATING SURPLUS/ (DEFICIT)	<u>(561)</u>	<u>-</u>