



Mental Health Association of Central Australia

Service Report

January – June 2009

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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 2008-2009

During the past six months the MHACA team has continued to work hard to strengthen the therapeutic programs and strategies that support MHACA clients on their journey of recovery. The ongoing provision of research, education and training further compliments our psychosocial supports, at the same time expanding the prevention and community capacity building role that MHACA also provides.

The staff turnover of 20 per cent has remained low in comparison to previous years. This stability has assisted in the ongoing quality and productivity within the programs as reflected in the following reports. As a result, the organisation has been able to maintain and provide a continuity of service that is greatly valued and welcomed by our clients, staff and allied services.

An important acquisition for MHACA in this period was the purchase of two 1-bedroom properties funded by the Department of Housing through the Community Housing Program. The closure of a major accommodation provider (Anglicare Lodge) coupled with the contraction of the local housing market has placed pressure on social service providers—including MHACA—to access housing for our clients. The findings and recommendations from the MHACA Housing and Support Model project will assist MHACA and policy makers to better design and provide housing and support for people with a psychiatric disability.

The completion of the “We know our Strengths Project” in May brought some valuable learning and outcomes for both remote communities and MHACA and Waltja staff. At present both organisations have decided not to seek funding to continue the program but will await the final independent evaluation to assess ‘where to from here’ for each service.

Given the high rental cost of our current premises in this period we started to explore long-term office accommodation options for the organisation. Batchelor College has been identified as a potential site.

MHACA identified the following key projects to be undertaken within the 2009 Calendar year and a brief progress update is provided -

- Housing and Support Model Project - ongoing
- Records Database - selected
- Accountability Paper – referred to NT Mental Health Coalition as a project
- Life Promotion “Suicide Story” and “Audio Project: resources - ongoing
- Employment Pilot Project - deferred
- Consumer Peer Training – ongoing
- Indigenous Employment Project – submission lodged and unsuccessful

Strategic Achievements - 2009 Programs & Projects

Following is a summary of the Strategic achievements within this period.

1. Quality Service Provision

- Ongoing support was provided to 38 clients on the Pathways Program and 7 clients in the Prevention & Recovery program and 17 shared participants in the D2DL and GROW program
- Extended accommodation and interim respite under the P&R Program with 2 beds at the Salvation Army Hostel and a 2-bedroom residential property within a community setting.
- ASIST training in Alice Springs and Tennant Creek
- Delivery of SafeTALK – Gove Peninsula in April, CAAPU in April and May
- Coordinated Interagency Response after a death by Suicide when required
- Monthly Mental Health First Aid training and an additional ATSI MHFA organised for early July
- Consumer engagement/life skills and socialisation included - yoga, arts and crafts, cooking groups, football, cricket, 10-pin bowling, singing group, creative writing group, mandala drawing, clay animation project and this year a 7-day Consumer Holiday to Darwin
- Joint community programs/activities – with the Salvation Army, Reclink, Bindi and the YMCA
- Combined training with clinical services: AimHi care planning
- Consortium member in the Headspace (Youth) project

2. Responsive Service Delivery

- Further expansion of Day to Day Living in the Community Program (D2DL)
- Development of Consumer Peer Support Model and GROW service
- Continuation of monthly Consumer Forums and the development of a monthly Consumer Action Group (CAG) to follow up items raised
- Consumer participation in Peer Support Model development and CAMHS panels
- Consumer involvement in selection process for tenants in MHACA units and replacement staff across a number of program areas
- High consumer uptake in activities, excursions and camps
- Ongoing involvement of consumers and carers on the Management Committee
- Development of the “We Know Our Strengths” project with Waltja in 3 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
- Ongoing development of the Indigenous specific training resource “Suicide Story”

3. Mental Health Awareness

- Monthly Mental Health First Aid training and an additional ATSI MHFA organised for early July
- Ongoing development and delivery of ASIST Training
- Production of 4-monthly newsletter, *inBalance*
- Information stalls at Alice Springs High School (ASHS) Health Expo and Alice Springs Show
- Presentations at conferences, workshops, meetings and community agency visits
- Sponsoring of specialist presenters to Alice Springs such as Chris Hall (Director of the Australian Centre for Grief and Bereavement) and Helen Glover (international Mental Health Consultant) to present at Community Forum and training workshops
- Development of new policies and review of existing policies

4. Management and Governance

- Client file audit
- Development of Consumer Peer Support
- ASIST & Mental Health First Aid refresher training
- Service development and planning workshops
- Selection of a new record database with implementation early in the new financial year
- Ongoing advocacy work
- Ongoing participation in the Housing Support Program project.
- Application for funding to progress an Indigenous Employment Strategy
- Ongoing consumer committee member mentoring
- Governance training for committee members
- Weekly Intake Service, Supervision and monthly Inservice Training with consumer rep participation
- Effective Relationship Building Training with CAMHS clinical service teams
- Conflict management training through EASA

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 \$461,946 as at 30 June 2009.

The Balance Sheet reports MHACA to have current assets of \$695,476, mainly cash at bank, of \$683,617, receivables of \$4,526 and a prepaid bond for our new premises of \$7,333. Non-current assets of \$1,009,069 which comprises of residential units \$886,931, plant and equipment \$51,185, motor vehicles \$70,993 (all amounts are written down values) and shares in Bendigo Bank at cost of \$500. Current liabilities are \$265,167 which includes the unexpended grants of \$105,196. Creditors and Provisions total \$159,971, and non-current liabilities total \$21,779 being provision for long service leave.

The audited Balance Sheet reports MHACA to be in a healthy financial position at 30 June 2009.

Statement of financial performance

Grant income increased from \$1,108,482 last year to \$1,190,472 this year. Other income from external sources was:

- Bank interest \$32,195
- Fundraising activities \$521
- Rent and recovered costs \$33,851
- Membership fees \$1,415
- Training Income \$11,270
- Other income \$894

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. Members are supported by the Administration team which provides 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 between a mentor and consumer representatives to discuss paperwork and any points needing to be raised.

There have been 5 committee meetings with an average of 67% of members attending within this period. This does not include the Annual General Meeting:

- January No meeting
- February 8 committee members
- March 8 committee members
- April 7 committee members
- May 8 committee members
- June 6 committee members

2.1 Activities Summary

Jan 2009	<ul style="list-style-type: none">• Finalisation of purchase of additional 1-bedroom unit• Finalisation of Collective Workplace Agreement• Client File Audit
Feb	<ul style="list-style-type: none">• Staff planning days• Lodgement of Collective Workplace Agreement• Submission developed for the NT Strategic Plan• Hosted launch of "Our Journey" booklet (produced by carers)
March	<ul style="list-style-type: none">• Committee team-building forum• Official launch of <i>headspace</i>• AIMhi Care Planning Workshop• Indigenous Employment Submission• Accountability project progressed

April	<ul style="list-style-type: none"> • Redraft of D2DL Coordinator role • Conflict Resolution Workshop attended by all staff • Information stall at ASHS Health Expo • Better Access Consultation attended • National Housing Capacity Workshop attended
May	<ul style="list-style-type: none"> • Ausienet PPEI Train the Trainer attended • Helen Glover workshops held for staff, consumers and carers • Endorsement of MHACA Collective Workplace Agreement by Commonwealth Workplace Authority • Schizophrenia Week “Mental health & social inclusion” forum • Letter sent to NT Police re improved mental health training for officers
June	<ul style="list-style-type: none"> • Community Forum – “Walking Through Grief” • Two grief workshops • Completion of renovations for Bloomfield Street unit • Purchase of addition 1-bedroom unit (total now 6) • Batchelor College Expression of Interest Letter sent • NT Coalition Planning Meeting

2.2 MHACA Committee and Staff

Committee

<i>Chairperson:</i>	Trish Van Dijk
<i>Deputy Chair:</i>	Mardijah Simpson
<i>Secretary:</i>	Maya Cifali
<i>Treasurer:</i>	Allen Cope
<i>Public Officer:</i>	Lee Ryall
<i>Organisational Rep:</i>	Tracey Hatchard, Carers NT
<i>Organisational Rep:</i>	Donnas Musinskis, Salvation Army
<i>Consumer Rep:</i>	Darren Farr
<i>Consumer Rep:</i>	Gwvynyth Cassiopeia-Roennfeldt
<i>Consumer Rep Mentor:</i>	Christine Burke
<i>General Member:</i>	Robbie Lloyd
<i>General Member:</i>	Katherine Venice

Staff

<i>General Manager:</i>	Claudia Manu-Preston
<i>Administrator:</i>	Sue Coombs
<i>Administration Assistant:</i>	Sharon Sprott (Temp) (<i>Emily Harrison</i>)
<i>Services Manager:</i>	Rangi Ponga
<i>P&R Officer:</i>	Danielle Noble
<i>P&R Officer:</i>	Bruce MacGregor
<i>Pathways Officer:</i>	Christine Boocock
<i>Pathways Officer:</i>	Jo Ruby/vacant
<i>Pathways Officer:</i>	Donna Ormsby
<i>LPP Manager:</i>	Laurencia Grant
<i>LPP Officer:</i>	Brian Kennedy
<i>LPP Officer (Tennant Ck):</i>	Jay Green
<i>Training & Promotions Officer:</i>	Rita Riedel
<i>D2DL Coordinator</i>	Missa Bolibruck (<i>Carmel Williams</i>)
<i>D2DL/GROW Officer</i>	Sean Broughton-Wright/vacant

Recruitment & Retention Analysis:

In the past six months there was a 20% staff turnover. At the end of June 2009 there was one position vacant: Administration Assistant

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)**

In 2007 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. We were selected to be part of a national review of this program in December 2008, and confirmation was received in May 2009 that the project would be continued for a further 2 years.

There was a 2-month gap during which the program was without a coordinator which was ably covered by the Services Manager, the D2DL/GROW Officer and two casual staff members. A new Coordinator was recruited in early June 2009 and we are confident the program will continue to provide beneficial supports for people through both the drop-in centre and a range of structured activities.

- **Prevention and Recovery Program:**

Collaboration between CAMHS and MHACA has continued to improve to the benefit of our shared clients. Usage of the subacute beds at the Salvation Army Hostel has continued to increase, as has the usage of the women's crisis unit.

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

The General Manager and a Committee Consumer Representative continue to participate in the CAMHS Executive Meetings on a quarterly basis to provide advice and feedback on service areas and client needs to assist with quality improvement.

3.2 Improving Services

- **File Audit**

A file audit was undertaken in December-January of all client files. The results revealed that a lot of information was captured within the files with evidence of integral commitment by workers in building client relationships and supporting their clients. Gaps were revealed in the analysis of needs and developing strategies to address those needs.

- **Office Premises**

We finally achieved the Change of Usage agreement for the office premises and were able to install a storage container at the rear of the property for archiving and general storage (and are currently waiting on shelving to finalise this). However, our aim has always been to secure freehold premises and we were made aware early in the new year of the possibility of obtaining other long-term accommodation which we have begun to explore.

- **MHACA – Record Database**

After reviewing a number of databases and trialling them on-line we finally settled on a new database in May 2009 and subsequently purchased it. We are in the process of installation and staff training and anticipate it will come online early in the new financial year. The database will enable service staff to more closely analyse the make-up of our client base and allow for better management and reporting.

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

MHACA's 3-year Service Agreements with the DHCS for are due for renegotiation in early 2010 so we have been working on data collection to support our new round of negotiations with the Department.

3.3 Staff development

As an ongoing commitment to staff development, several service development workshops were held for new and existing staff throughout this period. The aim of the workshops is to provide information and training on a range of topics to assist staff in developing their skills and improving service provision. The workshops also provided opportunities for team-building and to discuss service development.

MHACA has continued to provide professional development opportunities for staff to develop skills required to work effectively within this sector. Training has included -

Management Committee Training

- Governance Training Workshop for the MHACA Management Committee

Annual 2-day Strategic Planning Workshop

- Biznorth facilitated the Staff Strategic Planning workshop

Core Staff Training

- Recovery Principles Training – Helen Glover
- Cross Cultural Training
- AimHi care planning
- Mental Health First Aid
- ASIST course
- Conflict resolution workshop – half day with EASA

Individual Staff Training

- | | |
|---|---|
| <ul style="list-style-type: none">• GROW training• OH&S 5-day workshop• Cert. IV in Mental health• Grief & Bereavement Support• Auseinet PPEI Instructor Training | <ul style="list-style-type: none">• Managing challenging behaviours• Post Traumatic Stress Disorder workshop• Mental Health First Aid Instructor Training – 3 staff• Crystal Clear Communication |
|---|---|

Conferences Attended/presented at - None for this period

Collective Workplace Agreement:

The development of a Collective Workplace Agreement was implemented at around the same time as our move to the new premises, and with a change of Administrator was developed quite slowly. However, after a number of drafts which were circulated to staff and committee, the CWA was endorsed by the Commonwealth Workplace Authority in May 2009.

Service Activity 4 - Partnership & Advocacy

4.1 Partnership Activities

Partnership activities were undertaken within each program area. The following are the activities undertaken by Management & Administration -

- CAMHS: Executive Meetings/MOU/joint training
- General Practice NT Network (GPNNT): Mental Health Interagency Group
Santa Teresa Project
- NT Mental Health Coalition: Ongoing attendance and contribution to discussion relating to service and sector development; organisation of Mental Health Week
- Consortium member *headspace* Project
- Salvation Army Agreements and activities in conjunction with Subacute and D2DL programs
- Reclink Activities in conjunction with the Pathways and D2DL Programs
- GROW NT Auspicing service as part of the D2DL program

In February, MHACA - together with Mental Health Carers NT – supported the launch of the booklet ‘Our Journey’ through providing funding for printing and promoting & hosting the launch at our premises.

4.2 Advocacy

MHACA has a structured advocacy role and focus on systems-based advocacy. As such, staff continue to support referrals of 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 to and from these networks. At a local level MHACA has focused on extending the range of support options for client access to treatment, care and support. This has included numerous meetings to identify the areas of need, issues and gaps in existing service options. MHACA has continued to advocate for a range of therapeutic options and expansion of community-based programs – remote community non-clinical supports, a youth mental health system and improved capacity in developing the mental health workforce.

MHACA has contributed to following mental health issues:

- Attended and contributed to the National Advisory Council consultation of proposal for states/territories to administer and manage the COAG Mental Health program initiatives
- Provided a submission for the NT 2030 Strategic Plan
- Participated in the Better Access Consultation
- Organised and presented to the Senate Select Committee on Rural and Remote Issues and the impact of NT government policies
- Attended and contributed National Housing Capacity Workshop

Advocacy letters were sent to the government highlighting:

- the impact of increases in PAWA to the NT Treasurer
- issues related to police intervention and the need for improved mental health training by NT Police Officers

General Advocacy:

- MHACA is a member organisation in the NT Peak Mental Health body -the NT Mental Health Coalition. MHACA provides in-kind support of 10 days to represent the peak body at the Mental Health Council of Australia.
- MHACA has continued to assist consumers to 'speak out' through supporting individuals' attendance at meetings, training, events and paid participation on interview panels and forums.

COAG Update

There has been no activity in this area over the past 6 months. The General Manager continues to represent and contribute to this group on behalf of MHACA. The Services Manager represents MHACA on the Accommodation Action group facilitated by NTCOSS.

Advocacy forums MHACA participated in include:

- CAMHS Executive Meetings
- General Practice Northern Territory Network (GPNTN)
- NT Mental Health Coalition
- Mental Health Council of Central Australia
- Life Promotions Steering Committee
- Life Promotions Tennant Creek Reference Group

Monthly Consumer Forums

Structures such as our monthly Consumer Forum have proved to be valuable in providing information on issues on which to base MHACA's advocacy work. These forums are followed up by a Consumer Action Group (CAG) meeting and issues raised are fed through the D2DL Coordinator to management for action.

The change of meeting time of the forums from lunchtime to evening meetings has proved effective in increasing the attendance, made possible by staff working flexibly outside normal working hours.

The Management Committee Consumer Representative regularly attends this meeting and provides information directly back to the committee.

The Consumer Forums and Consumer Action Groups have been attended on average by 9-14 people. In the last 6 months discussions have focused a lot on policy development for different areas. Guest speakers are also invited to make presentations about their roles in the mental health sector.

Boards and Committees

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

- NT Mental Health Coalition
- NT Council of Social Services (NTCOSS)

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 support; Analysis of housing issues for clients

MHACA's Housing and Support program provides housing for people with mental illness which is appropriate, safe, affordable, has security of tenure and is linked with support to enable the tenants to live as independently as possible. Each of the tenants receives independent support from the Pathways to Recovery Program and also the Admin team which acts as landlord overseeing the tenancy agreements, collection of rent and property management. MHACA's current housing stock consists of 5 x 1-bedroom flats and a 2-bedroom flat.

Renovations

The renovation of the 2-bedroom unit was completed in late June. A vacancy occurred in this unit due to the move of one tenant into a 1-bedroom unit which became vacant and we are currently seeking expressions of interest for shared tenancy.

Additional Units

We were fortunate to receive a new allocation of funding for the purchase of two additional 1-bedroom units—one was settled in January and the other in June 2009. As per the MHACA Housing Policy, selection panels were convened to select the most appropriate tenants for these units.

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 a 20% staff turnover – significantly less than the previous financial year. The most rewarding placement was for the Tennant Creek position which had been vacant for some time. This role was revised to include a promotional component not previously included and it has provided proven benefits to the Tennant Creek/Barkly region.

Key projects which were proposed during this period to support existing staff and recruitment strategies included -

- ***Collective Workplace Agreement*** – this has been finalised
- ***Indigenous Employment Strategy*** - a funding request was submitted to develop an IES and we are currently waiting on notification of the success of the application. With a growing number of indigenous consumers this will be a priority to finalise early in 2009-10.
MHACA has continued discussions with the Department of Employment and Workplace Relations about the STEP program which aims to increase the recruitment and training of indigenous people who are not in the workforce. We continue to work closely with STEPS in relation to this initiative.
- ***Consumer Peer Employment Initiative*** – this was not significantly progressed during this period, however, with a new D2DL Coordinator onboard this will be a key project for early 2009-10

We will continue to work together with the NT Mental Health Coalition and the NT government to identify gaps in skills 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 outreach assistance with lifestyle and life skills support; personal goal setting; vocational education, training and employment; and participating in a variety of social and recreational activities.

In this present reporting period; 46.59% of Pathways to Recovery clients have a major mental illness and severe disability related to a mental illness. Gender analysis shows 63.63% of our clients are male and 36.36% female, with 19.3 % identifying as indigenous and 12.5% identifying as people from CALD speaking back ground. Of these clients 53.4% are co-case-managed with the clinical Central Australian Mental Health Service.

Service Activity 1 - Provision of recovery focused rehabilitation programs

MHACA continues to use the Boston University Readiness for Rehabilitation and Wellness Recovery Action Plan (Mary – Ellen Copeland) models in its delivery of services. The Central Australian Mental Health Services (CAMHS) continues to share Individualized Care Planning (ICP) against a continuing turnover of relieving staff. Collaborative training and case management consultations continues to strengthen the constantly changing relationships of both clinical and psychosocial services. This offers a continuum of care that ensures clients are confident in accessing clinical and non-clinical supports.

1.1 Number of new referrals and / or inquiries:

Increased levels of inquiries and referrals were noted across the Pathways and Day to Day Living Programs (D2DL) for low and medium level clients with combined activities and skills development.

96 inquiries were screened and service inquiries ranged from general mental health information, references to allied counselors, allied services initiated referrals and self referrals showing a marked increased overall. *Refer to Appendix 2.*

18 general inquiries required minimal intervention other than information sharing and / or referral to allied providers

78 new referrals were recorded during this reporting period:

- 46 (39 last 6 months) received low to medium level supports
- 32 (19 last 6 months) were referred across to shared D2DL for socialization and activities - a total of 47 accessed D2DL and / or utilized the Drop In Centre

The break down of new referrals were identified as:

- 36 self- referrals
- 4 family, friends or associates notified the service
- 9 from CAMHS clinical services
- 15 as received from Allied Community Service providers

Totals for 6 month period

- 88 clients were supported at different levels over the 6-month period
- 26 clients had continued to receive voluntary supports prior to the new reporting period
- 27 were averaged to require shared clinical supports from CAMHS

1.2 Number of clients seen by gender and ethnicity

There has been a diverse range of ethnic clients receiving short and long term supports, including Aboriginal, Sudanese, Russian, Greek, Samoan, Chinese, Malaysian and English -

	Male	Female
A/TSI	11	6
Non-Indigenous	44	26
CALD	7	4

Due to the introduction of Team Health Carer Respite service there has been an increase in Indigenous visitors being involved in attending MHACA when staying in town from remote communities.

1.3 Number and reasons of exits from the service

Discharges / Exits: 25

All in-active clients are held on the caseload listing for two months, and then offered discharge if they discontinue engaging in the program. Reasons for discharges varied from:

- 4 returned to remote regions following periods of respite in town
- 6 live transient lifestyles and can be seen infrequently throughout the months. This can be disconcerting, wondering whether their welfare is safe when they leave. Some leave impromptly and we are unaware; in one instance stealing a car to leave.
- Self-determined recovery and not needing services eg: fully employed
- 1 suspension for inappropriate behavior, following removal of MHACA item, and returned at end of suspension
- 2 self withdrew due to personal conflicts with boundary issues
- 1 had absconded from an interstate service provider and was referred to CAMHS for transfer back to the region
- 2 returned inter-state following problems of securing stable accommodation
- 2 placed in prison following criminal charges

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

Due to changes in staffing at STEPS employment agency, MHACA received 4 referrals that were more relevant for physical pain management and two that required clinical interventions due to relapse in wellness. An inter-liaison meeting was held by two MHACA staff to provide the new STEPS' staff with an induction to what services MHACA offers to help reduce inappropriate referrals.

Approximately 23 referrals have self-declined to continue with supports after an initial interview and remained inactive while on caseloads.

Reasons vary for declining services and independent research questions need to be developed to identify the reasons people decline. Reasons we know of include:

- seeking to retain their independence
- not engage due to self-stigma
- continued illness
- young age
- pressure from family / service providers rather than self volition
- lack of self -confidence eg: following a referral from ADSCA, three attempts by services staff and friends to engage the client were declined. Three months later the person decided to visit independently and has become a strong advocate to the service since, and hopes to gain employment in the field of mental health.

32 referrals were assessed as being able to engage with social activities under D2DL and were encouraged to attend the Drop-In Centre facilities as they were not requiring one-on-one supports. This includes attendance at the Consumer Forums held monthly. A total of 44 clients who receive Pathway supports accessed the D2DL / Drop In facilities.

1.5 Number of Wellness & Recovery Plans - goals / tasks achieved per client

An average of 27 clients received monthly shared supports between MHACA and CAMHS. These clients have an Individual Care Plan as opposed to a Wellness and Recovery Plan (which is based on the Mary Ellen Copeland model and weighted in terms of psychosocial as opposed to clinical needs).

6 clients have very transitory natures making Care Plans very adhoc with no set goals or tasks.

Areas of success for clients with goals and plans have extended to:

1. Employment

- 19 have secure employment, either full- or part-time, and maintain contacts when able to
- 9 are self-directed in their efforts to achieve either full- or part-time roles
- 20 are registered with STEPS disability employment agency with 17 engaged in P/T work
- 3 participate in varying degrees at the BINDI Sheltered Workshop and 2 attend MHACA informally on their days off
- 4 have not resumed working due to differing stages of illness

Employment opportunities continue to range from -

reception work, commercial cleaners, night-shift shelf-packing, mechanical work, window tinting, fast food services, horticulture / gardening, masseuse health worker, catering, interpreter, residential carer, Opportunities continue to arise at MHACA for work experience such as filling in at reception, and staffing the Drop-In Centre when staff are absent.

2. Consumer Representatives and mentors

Five consumers have supported their peers at MHACA during this reporting period. They have participated in - interview panels; housing committee; x2 MHACA Governing Board with 2 proxy members; monthly consumer forums; supports as part of the GROW program delivered at the mental health ward.

This year proved a new milestone in peer supports in February with consumers staffing the MHACA premises while all staff attended a 2-day Strategic Planning workshop. Due to this success of this consumers now assist in filling in for staff in the Drop-In Centre, at reception and during staff meetings to ensure the office remains open for client and visitor access. Clients are recognized financially for their contribution and, more importantly, it has provided work-related experiences to help improve employment opportunities.

3. Newsletter contributions

Consumers have provided regular contributions to the MHACA *inBalance* newsletter through poetry, stories and their own 'Consumer Update' section.

4. Client wellbeing

There was an increase in the number of people unwell this year with several openly displaying challenging behaviors whilst at MHACA, incidents which have been noted.

MH Ward	General Side	Arunda House
17 with 2 re-admissions	3	0

Four clients had a relapse during periods of employment and two required admissions due to burn out and as yet are not ready to return to work. One has had an extension to 3 months due to continued debilitation of their mental health.

5. Percentage of clients successfully housed

Housing shortage impacts -

The increased lack of housing for the region was further impacted upon with the closure of a local lodge where three MHACA clients were being housed. Two shifted back to family regions due to the increased impact on their wellbeing and lack of safe, affordable accommodation.

MHACA continues to see visitors to Alice Springs who are sleeping rough, and has continual requests for housing for people with and without mental health disabilities. A staff member has been assigned the task of ensuring we have updated information of housing availability at all times.

The local Accommodation Action Group has been without a coordinator for the past three months, making it difficult to have liaison meetings.

Anglicare Transitional Housing has recently secured a contract for premises and MHACA has 4 clients placed on this waiting list. We continue to access the Bill Braiiling units as they become available.

Present housing occupancy identified as:

1. MHACA	6
2. Men's Hostel	4
3. Indigenous Community	4
4. NT Housing	8
5. Transient	4
6. Private	36
7. Transitional Housing	3
8. Mental health ward	2
9. Private Ownership	2

- In this period MHACA purchased two new 1 bed-roomed units increasing our housing capacity to seven. A vacancy exists in the shared unit. 4 clients have remained indefinitely in their units showing secured stability, and only 2 require regular clinical and psychosocial supports.
- 1 client remains in the Bill Braitting transitional housing units
- 11 residents were supported in the Alice Springs Men's Hostel, 4 have had secured long term residency, 3 were evicted for illicit drugs on premises. There is weekly / daily contacts with the hostel to maintain strong allied relationships.

1.6 Activities that strengthen life skills, social integration

Between the D2DL, Prevention & Recovery and Pathways Programs clients have been able to attend a variety of activities that have assisted in their integration into the community and encouraged confidence building between peers.

Pathways clients were encouraged to actively participate at the Drop-In Centre and Healthy Living sessions (which included blood pressure, diabetes and weight checks), Reclink recreational sports, GROW for peer support group work, Budgeting Skills workshops and a Housing Focus Forum.

Activities for this period included:

Lawn Bowls, 8-Ball, 10-Pin Bowling, Singing Group, YMCA exercise group, Cricket, Australian Rules, Salvation Army guitar lessons, free form art and crafts at MHACA with Clay Animation and Four Elements painting workshops, two days of 'How To Write a Play', Swimming at the local pool, and impromptu events continue to be travel to scenic spots and movies.

A major event this year was the opportunity for clients to spend a holiday together which took place in June with a 7-day trip to Darwin and nearby Kakadu and Litchfield National Parks. The holiday benefited everyone immensely with many forging new friendships as well as experiencing enhanced social skills, confidence and self-esteem (see newsletter edition 21 for full report).

The Consumer Forum continues to meet on a monthly basis to discuss commonly shared issues. In this period it discussed policy development for issues such as Children at MHACA, Code of Conduct, Suspension Guidelines and Anti-discrimination. A smaller Consumer Action Group (CAG) meets mid-month to clarify and action the forum issues.

Consumer representatives have also attended the Friday GROW Information Sessions at the MH Ward to support peers during their admission.

Service Activity 2 –

Provision of shared care with clinical & other services using joint individual care plans

A joint 2-day case management planning and training day was held for both MHACA and CAMHS staff to identify the gaps and disparities in shared care planning which has continued to prove problematic due to continued staff turnover.

Continuous improvement is ensured through direct consultation with an increase in case management meetings at MHACA. Monthly meetings at CAMHS have also been reinstated to ensure ongoing case consultation. Training has included sessions in triage, HONO and Kesler documentation recording.

56 clients are accessing MHACA and Allied Services to improve their needs.

2.1 Number of CAMHS Individual Action Plans (ICP)

41 clients required shared plan / management between MHACA and CAMHS. There continues to be an ad-hoc approach to copies of plans being provided to MHACA. For 3 clients there continues to be gaps in secured goals for long-term planning as their health continues to show progressive deterioration. The identification of long-term supported accommodation continues to be a requirement for these clients, and remains unresolved due to requirements of assessment and dual diagnosis, lack of local resourcing and facilities.

1 has been transferred to forensic services, with possible visits to the prison to be determined.
1 previous referral in the 2008 period has shown no repeat offending since introduced to MHACA services, following numerous imprisonments for violence towards partner.

2.2. Number of i) reviews, ii) self-evaluations undertaken with clients and carers in service provision (bi-annually / or pre-discharge)

Individual reviews were not captured in this period. No evaluations were completed in this period. An evaluation of activities is now established under the auspices of D2DL after each activity. As stated in the audit held in December 2008, reviews have not been adequately processed and a template has yet to be drafted by Pathways staff. The introduction of a data base in the next reporting period will improve this deficit

2.3 Number of clients supported co-joint with Sub-acute program and outcomes

7 clients remained in shared care between Pathways and Subacute during periods of relapse. 3 were transferred to Subacute for more intensive supports and monitoring of recovery due to ward admissions. 1 remains in Subacute, 2 have been completely discharged and 4 transferred back to Pathways following improved health.

The integrated approach for 5 Indigenous and 2 Polynesian consumers showed intermittent episodic periods of relapse due to cannabis/ alcohol-related use and they remain supported by the same staff member under Pathways and Subacute.

This integrated approach has allowed a more consistent approach to supports with a high proportion transferring to D2DL activities and the Drop-In Centre due to their continued inability or readiness to become actively engaged in self-determined recovery. The engaged staff member is also the only male available for high needs male clients.

Service Activity 3 – *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*

3.1 Developing and maintaining allied relationships

Strengthening allied relationships has continued against a recent upsurge in staff changes across the sectors. This has involved an increase in promotional visits to introduce MHACA's services, most recently to STEPS employment agency and Congress Aboriginal mental health services.

An integral component of this work is networking with mainstream services such as Centrelink and NT Housing is to ensure a positive experience for the consumer, and advocacy work to help manage challenging situations for when people are unwell, such as filling in housing applications and benefit entitlements. Staff encourage clients to complete applications and provide endorsement letters if suitable for housing.

Pathways' staff help build clients' capacity to reintegrate into the community through assisting with employment, educational, recreational and social opportunities as well as with accommodation (which is very scarce in the region for the whole community).

Staff have also supported clients to attend a new activity offered by the Salvation Army which is a weekly guitar lessons program for people who have previous music experience. Benefits have included increased socialisation, coordination, self-confidence and team-cooperation for clients who had become socially isolated. Two Indigenous musicians gained confidence in this area and continue to use the piano organ and guitar when at MHACA, and have felt confident mixing with other minority groups. It is envisaged they will perform a small concert during Mental Health week. The program is being accessed by a cross section of the community with men and women from several cultures.

In early March, we hosted visitors Dawn and Beverly from TEMHCO Darwin Consumer Support Group. They spent time looking over the MHACA premises and Drop In, talked with the General Manager and Service Manager and then spent the rest of day with a consumer rep and participated in the BBQ lunch. In sending a thank you email Dawn stated, "Seeing what you do has made me understand to an even greater extent the importance of consumer input into the running of the organization." The visit will be reciprocated sometime in the future to share peer support ideas.

Allied Providers:

MHACA continues to work with a range of services in the daily management of client supports. We have yet to improve the data collection on contacts per individual staff member on behalf and with clients, which should improve with the new database system. Allied agencies include:

- ADSCA – Alcohol & Drug Services, Aranda House
- Anglicare Transitional Housing program / accommodation
- Alice Springs Hospital – Social Work Division & MH Ward
- Alice Springs Women' Shelter
- ASYASS - Alice Springs Youth & Accom Social Services
- BINDI – Sheltered employment
- CARDHS
- CASA
- CAAFLU – Aboriginal Legal Services
- Congress- Social & Emotional Well-being, Medical Services
- Centacare Social Services
- Charles Darwin Uni -CDU
- CENTRELINK – Beneficiaries – Social Work
- DASA
- Deadly Treadly recycle bike services
- Disability /Advocacy Services
- FACS
- General Practitioners
- Alice Springs Library
- NT Housing – independent housing
- NT Carer', MHNT Carer', Team Health Respite services
- NTCOSS Housing
- PBSU
- RecLink – Community based sport activities
- Red Cross
- Relationships Australia
- Sexual Abuse Counseling Services
- Salvation Army Main Office & Alice Springs Men' Hostel, Food Bank
- STEPS – Previously Employment Access
- Tangentyere Social Services
- Tangentyere Job Shop

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

MHACA supports shared clients referred through the CAMHS clinical service to the residential setting of Aranda House which provides rehabilitative therapy in conjunction with the mainstream sector of Alcohol & Drug Services.

Dual-diagnosed clients will be introduced to the 12-Step Principles of GROW in line with the 12 Steps of Alcohol Anonymous, supported by the self-awareness gained and the transitional counseling offered through GROW. This will help improve and reduce the stigma of mental health and enhance the role of both programs. It will also assist dual-diagnosis clients to re-integrate to the community with an awareness of their mental health supports.

An MOU is being introduced to ensure a relationship is implemented between the Central Australian Aboriginal Alcohol Program Unit (CAAAPU), DASA and Aranda House.

Referrals:

Numbers were notably reduced in this last reporting period. 1 client accessed residential care from Aranda House services for 8 days.

Any clients identified with risks associated to dual diagnosis are directed to the clinical services

MHACA's Code of Conduct prohibits the use or influence of illicit or alcoholic substances on MHACA premises. Clients are encouraged to refrain from attending MHACA during periods of use, and three clients were requested to leave the premises when intoxicated this year.

Service activity 4 –

Accessibility and provision of counseling services to clients under Pathways program

MHACA lost access to a primary independent counselor who left Alice Springs in late December 2008. A new consultant has yet to be identified and appointed to the vacancy.

4.1 Number of MHACA clients receiving counseling

Consumers are presently referred to Centacare, Holyoake, Relationships Australia, SARC and two private psychologists.

4.2 Number of non-MHACA clients referred for counseling and outcomes

No statistics were recorded in this period.

Service activity 5 –

Liaison / training and promotion linked with other services

5.1 Interagency case meetings with CAMHS and outcomes

Because CAMHS continues to have a high staff turnover older staff have been amicable to assisting with a brief orientation of new colleagues to MHACA as required.

There is a strong relationship between colleagues with visits on a regular basis to the MHACA premises where case-review conferences are held and staff catch up with new referrals and clients. It has been critical to ensure there is consistent care planning, however this has been flawed when set objectives have not been fully investigated or implemented at times when staff members have left. This requires consistent monitoring with the clinical Team Leader to reduce inconsistency in case management

17 clients required admissions over the past six months, with 3 having two or three re-admissions.

Both services have **reinstated the regular monthly meetings** to reduce gaps in client management.

5.2 Frequency of all interagency liaison & promotion presentations, joint training / workshops eg: Monthly In-service trg

1. Monthly In-service Agenda items-

- 22 January - A collaborative training between CAMHS / MHACA – AimHi trainer Trish Nagel; *Care Planning and Management hosted at MHACA*
- 29 January - Jean Gregory *Clinical Triage procedures* at MHACA
- 9 February - Dept Health & Families staff - *MH Act and changes* – Consumer & Carers forums
- 20 May - training with CAMHS to better utilize the HONOs and LSP systems

2. Interagency liaison –

- Promotional direction was provided to the STEPs' staff team to clarify referral criteria and the role of the Pathways program
- An introduction and overview was offered by the Life Promotion and Service Managers to the Social & Emotional Wellbeing Team of CONGRESS medical services.
- Daily to weekly contact was maintained with the Salvation Army Alice Springs Men's Hostel (ASMH) due to the high number of shared clients to ensure we are aware of any shared concerns. This role is presently supported by the male Prevention & Recovery staff member.

3. Visitors to premises / orientation

There continues to be an increased number of visits to MHACA since we relocated to our better current premises. Community colleagues and members of the general public are provided with an orientation to the programs areas including a promotional package of mental health material.

Visitors in this period included staff from Centacare, CAMHS, Team Health Respite Care and visitors walking in off the street due to seeing our signage including three psychiatrist couples on holiday from Sydney who were impressed with our service.

The general community has access to the conference / board room which is booked on a regular basis from groups such as the Australian Association of Social Workers, Toast Masters and LPP Response Committee. Statistics have not been captured of all visits.

Service activity 6 – Internal audits

6.1 Bi-annual audit of files to ensure NSMH compliance

The first internal audit of client records was achieved during December 2008, conducted by the General Manager and Senior Administrator. No audit was completed in the first half of 2009

6.2 Aggregated results and analysis of assessments tools

These have continued to be flawed and respective tools are being identified to improve measures. The previous audit identified gaps in recording against the Camberwell, Boston Rehabilitation and Role Functioning Scale assessment tools and requires appropriate rectifying - with all staff increasing their use of the tools for reviewing care plans. The introduction of a computerized database in the next reporting period will improve this situation.

6.3 Other - Staffing and training

Staffing and recruitment

The loss of a part-time staff member has provided a vacancy in the program. However, following a re-evaluation of services, this position will be re-classified and utilized as an Indigenous-specific role. Respective job descriptions are being researched to look at a holistic approach for the position. Cultural aspects of skin group and gender conflicts will be considered in this role, and the use of traditional and mainstream models of practice will also be incorporated. The position needs to be filled as soon as practical.

Training and development

A suitable Cert. IV in Mental Health is being researched as part of compulsory core training for staff. Included in this research is a review of Study Leave Entitlements, Student Placements, Reported Prior Learning Criteria and Tertiary Costs for staff.

Personal planning and training for staff included:

- 11 February - MH Act and changes – all MHACA staff
- 24 -25 February - Strategic Planning - all MHACA staff
- 17 March - Treatment of Sexual Offenders
- 14 April - Conflict Management – all MHACA staff
- 21-22 April – ASIST training
- 25-26 May - Helen Glover Recovery Principles Training – Clients and all Service staff
- Cultural Awareness Program ACAP
- 16 June - Grief Workshops - afternoon and evening sessions
- 22-26 June - MHFA Instructors Course, Sydney

The service now has three Mental Health First Aid Instructors, boosting the local region's number of trainers. The program is delivered in partnership with instructors from other organisations including the clinical CAMHS team, NPY and CAYLUS.

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...

All subacute care clients have a major mental illness and 100% have a severe disability related to a mental illness. Gender analysis showed 72.7% of clients were male and 27.3% female, with 27.2% identifying as indigenous. Of these clients all are co-case-managed with the clinical Central Australian Mental Health Service.

Service Activity 1 –

Provision of Individual care packages to sub-acute mental health clients

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

From January to June 2009 11 referrals were received and accepted from CAMHS case managers and the MH Ward team –

- 11 were engaged with joint supports
- 5 referrals have had previous subacute supports, all requiring re-admissions.

1.2 Worker hours required for Individualized Care Packages provided

There were variations in time provided to individual packages and needs which varied from 2 days to 12 weeks.

Psychosocial supports provided (as identified in half hourly blocks) included:

- 37.0 ward contact / visits
- 163.1 direct client contacts / support
- 40.4 clinical consultations
- 14.6 family contacts
- 312.0 respite bed nights accessed
- 69.2 allied NGO sector
- 1.2 liaise with Gvt sector
- 102.3 escorted transport
- inaccurate record of community activity & socialization
- inaccurate record of respite services

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

- ◆ **Community** - 1 client was supported in the community without hospital interventions as Step-up and transferred from Pathways for more intensive supports. 1 was released from prison into respite care and unfortunately re-offended
- ◆ **Post discharge** - 9 clients required support following discharge off the ward
- ◆ **Readmission** - 1 required readmission on two further occasions due to continued access to illicit substance
- ◆ **Pre-discharge** - 8 of 9 referrals required respite by MHACA to stabilize their well-being following discharge off the ward

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

2 consumers were referred to CAMHS for clinical interventions pending release from prison and required interim respite with supports to re-integrate into the wider community, unfortunately one re-offended and has been returned to prison . 3 had no prior supports or clinical treatment and were unknown to both services

1.5 Number of i) reviews, ii) extensions of active referrals, iii) discharges, iv) transfers to Pathways and / or D2DLP programs v) evaluations held with clients, CAMHS and other services

Discharges and transfers -

- 1 female left the region with continued clinical services in Darwin after a period of stabilization which was assisted with having their parent come and support her in the respite unit. This was complicated due to the person having committed a serious offense while in a very acute state of illness, and required continued supports pending release of criminal charges.
- All referrals were reviewed on daily or weekly basis dependent on needs, 1 has required an extension for longer than 8 weeks due to continued relapse through substance use, and changes in medication. 8 discharges remain with CAMHS clinical services

Internal transfers –

- Clients were transferred across the MHACA Pathways and D2DL programs with all clients encouraged to access D2DL for social inclusion, or visit the Drop In to begin regaining self-confidence. They have participated in the YMCA for exercise, or completed crafts such as Mandala drawing, bead work and attending the movies.
- No evaluations were completed post discharge in this period.

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

On the 22 January a collaborative Care Planning Day with CAMHS Management and staff was hosted by MHACA. Staff had clearly defined the need for a more consolidated Recovery Care Plan. While a research project was to be implemented there has been no further follow through with this intention by Management. There was no direct influence on better utilizing the Hono's and LSP systems in the evaluation of clients' progression through supports and interventions.

Results were –

- 6 continued to have severe and persistent illness with intermittent admissions
- 4 were first presentations and improved, one being able to return to work post discharge
- 6 were alcohol or illicit substance dependent, with none referred for A&OD counseling
- 3 were declining of supports for longer than 1 week and were unable to be followed up on

1.7 Aggregated results and analysis of psychosocial Camberwell assessments

Key domains identified in this reporting period for Camberwell were:

- Accommodation - 7 required respite, with 2 vacating shortly after discharge off the ward. 1 was a released from prison. 1 was provided a MHACA unit for independent living
- Physical health - no major health risks in this period
- Psychotic symptoms – 4 continued to experience symptoms due to non-compliance and access of cannabis / alcohol
- Safety to others – none in this reported period
- Self-harm – 2 continued to experiences symptoms of suicidation without clear intent or plan
- Budget – 3 continued to experience mis-management of benefits, with 1 presently being considered for guardianship as they may lose their property
- Day-time activities – 4 regularly visited MHACA and engaged in D2DL social programs. 1 was included on a holiday out of the region

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 balance in service provision

The program continues to retain its two full time members, 1 male and 1 female. As the only male in the service, this position also supports 5 male Indigenous clients in the Pathways program.

Cultural deficit - MHACA now has a part-time vacancy and an Indigenous job description will be considered and developed specifically to address the gap. There had been several interesting offers of Indigenous recruitment prior to the vacancy occurring, and recruitment will prove difficult to select the best person.

2.2 Report strategies implemented to address the needs of people with problematic dual diagnosis

Refer 3.2 of Pathways Program report - the same principles apply for all programs. No clients were referred to A&OD services in this reporting period. 2 continued to access cannabis post discharge.

Service Activity 3 –

Community awareness / promotion / training in relation to program delivery and criteria to access referrals

This reporting period has shown a continued decrease in referrals from CAMHS despite promotional inductions / orientation of CAMHS staff to MHACA and subacute referral process. The reasons have been varied but primarily this has been due to consistent changes in staffing. The appointment of a Care & Protection Coordinator at CAMHS proved short-lived with the person being reassigned to the Remote Team Services. Strategies to evaluate the program are to be undertaken in the next six months.

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

Cross reference (Pathways 5.2)

3.2 In-service training workshops between MHACA and CAMHS staff

Cross reference (Pathways 5.2 and 6.3)

3.3 Service providers with continued access to MHACA

Cross reference (Pathways 3.1)

Continuing relationships identified services that have assisted in the improvement of client recovery and socialization –

- Team Health Carer' respite continues to access MHACA, assisting clients visiting the region for respite care, none have required supports of sub-acute
- Mental Health forensic services have provided one referral in this reporting period.
- A review of D2DLP supports from Salvation Army have proved positive with the introduction of a weekly Guitar Lesson, 4 clients have participated in the program.

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

1. Salvation Army - Alice Springs Men' Hostel

This continues to be a prime resource to support men in need of mental health respite care. The service offers 2 single units, 1 bed for access of crisis 48 hour care, and the other offers up to 8 weeks and longer if warranted. When not in use clients from the Pathways Program have been offered access for periods of time out from their familial situations.

230 bed nights were accessed by the program equivalent to 63.5%, a decrease in comparison to the last six month report of 271 nights. This also indicates that the beds are underutilized as the total for a 6-month period is 362 bed nights for the two units.

However, there is an anomaly with these figures as the On-Call Crisis Team from the Clinical Mental Health Services also access a unit when required for no longer than forty eight- hours (when respite is needed and a bed is not available on the ward and / or when monitoring someone's wellness for a short while). This statistic is not captured as MHACA does not follow up on these clients and their information is confidential to the clinical services. Reasons for access varied from:

- 1 prison release' with transitional support and medication monitoring,
- 4 access for interim respite to relieve family stressor'
- 5 post discharge off the ward.

2. Women's 2-bed-room Respite Unit

128 bed nights were recorded –

- 1- 8 week periods of attempting to address the standard of personal living conditions. Over an extended time it has been identified that clients cannot sustain personal hygiene or house care. Alternative service supports are to be investigated.
- 3 post discharge off the ward - 1 being able to have a family carer reside and support monitoring recovery, 1 for family respite and 1 as noted above for 8 weeks

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

The program continues to offer respite options for men and women. These facilities continue to be underutilized which conflicts with the continued research and evidence of lack of accommodation and respite in the region for clients.

4.3 Provision of respite outside Subacute access

Totals for this resource are included in subacute costs at the men' hostel - 3 Pathways clients were provided access to interim respite beds at the Men's hostel.

The crisis respite bed is made available to the On Call clinical team for 48 hr crisis care to reduce likelihood of an admission; client identification is not identified by MHACA. The stats for this are included in 4.1.1 ASMH

Service Activity 5 – *Internal audits*

5.1 Bi-annual audit of files to ensure NSMH compliance

No audit was completed in this last reporting period

5.2 Other - Staffing and training

Staffing and recruitment

The program has retained its two full time staff.

If required, casual staff are appointed to relief during staff leave. It has not been required in this period.

Training and development

(refer Pathways6.3)

One of the subcute staff has completed the MHFA Instructor course and is now assisting in delivery of the training to the community.

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
- 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

This year all agencies signed off on a renewal of their commitment to the Life Promotion Steering Committee and to the suicide response protocol.

Meetings held and numbers attending

The Alice Springs Steering Committee meets on a three monthly basis to offer strategic direction to the program and to support program development. In this period the committee met on 10 February (7 external agencies) and 19 May (9 external agencies).

Updates and issues raised and acted on at Steering Committee meetings

- 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;
- NT Suicide Prevention Action Plan launch held in March
- Larapinta Valley Town Camp mental health work
- Applied Suicide Intervention Skills Training (ASIST) and Suicide Story development
- Headspace Central Australia updates – wellbeing hub
- Tennant Creek mental health promotion
- Life Promotion Audio Project – indepth interviews with people who have lost someone to suicide
- National Mental Health funding
- Role of the Coroner’s Constable in death by suicide
- Churchill Fellowship recipient – Prue Walker and Foetal Alcohol Syndrome
- Mental Health Policy to deliver information on data collected through the Alice Springs hospital system related to self harm and suicide risk.
- Suicide Prevention Conference Tasmania - Professor Diego De Leo delivered a very good presentation on the current decline in the suicide rates in the latest ABS data
- Melbourne Suicide Postvention Conference
- Lifeline provided an update on ASIST and Safe Talk training being delivered

1.2 Tennant Creek Life Promotion Reference Group – Tennant Creek

The Tennant Creek Life Promotion Reference Group was re-established during this reporting period. Terms of Reference were developed with the representatives. The first meeting was held 6 May at the Theatre, Battery Hill, Tennant Creek. A second meeting was held on 10 June (20 representatives). Both meetings were a great success and a wide representation of local agencies was in attendance. Most importantly the group agreed that having a regular network to discuss mental health service provision and to coordinate events and activities for mental health week and World Suicide Prevention Day was worthwhile and the Terms of Reference were endorsed. This group also agreed to be the representatives in responding to a death by suicide in the Barkly Region. The Council of Elders and Stronger Families will be drafting a cultural protocol document outlining information regarding death in Aboriginal communities and the dos and don’ts for agency workers when offering support.

◆ Aim of this Group -

To provide a forum that will inform and guide mental health and suicide prevention initiatives in Tennant Creek and the greater Barkly region

◆ Objectives of this Group -

To act as an interagency group to carry out the following:

- a) To provide an opportunity for mental health related service providers to discuss new and existing services, programs and projects.
- b) To share expertise and knowledge across agencies related to the range of services that support people with mental health issues and people at risk of suicide

- c) To offer guidance on the implementation of activities and strategies related to mental health and suicide prevention in the Barkly region.
- d) To act as an avenue for information on local, territory and national initiatives and policy direction in relation to mental health and suicide prevention.
- e) To help identify gaps in service provision and support related to mental health and suicide in order to inform relevant Government Departments.
- f) To advocate for adequate resourcing for programs and services that support people with mental health issues.
- g) To offer contributions to the Tennant Creek page of the inBalance news (MHACA newsletter).
- h) To share information on local training, guest speakers, visiting experts, and local events related to mental health and suicide prevention.
- i) To act as a coordination point for the Suicide Response Group function in the Barkly Region in the event of a death by suicide

Current organisations represented -

- Council of Elders and Respected Persons
- Barkly Mental Health
- St. John Ambulance.
- NT Police Megan
- Anyinginyi Stronger Families Program
- Anyinginyi Health Service
- Frontier Services
- Julalikari Night Patrol.
- BRADAAG – Alcohol and Drug service
- Catholic Care NT – Family Coping Program
- Tennant Creek Women’s Shelter
- Sexual Assault Referral Centre
- DEET – Tennant Creek School counsellor
- Family Relationships Centre
- Jennifer Kennedy- Family and Child Development Nurse-NT Government
- Kellie Brahim-Community Liaison Officer-NT Government. (maybe).
- Language Centre

1.3 Other ways Life Promotion strengthens connections with community

◆ **Cattlegirls’ Association Biannual Meeting**

Laurencia and Rita delivered a brief talk to the women associated with this organization in late March. Our talks focused on mental health and suicide prevention.

◆ **Mental Health Promotion Officer in Tennant Creek**

In March, Jay sent a letter of introduction to a wide range of stakeholders in Tennant Creek and met with all the key agency workers in the region during this period.

◆ **Lifeline & ASIST training network**

Karen Revel and Lifeline provided valuable assistance with the coordination of network meetings and training. ASIST and Safetalk workshops were delivered in Tennant Creek in March and to Mission Australian staff at Erldunda Roadhouse in April.

◆ **Suicide Safer Communities Forum in Gove Peninsula**

In late April, Laurencia and Brian were invited by Anglicare NT to attend a forum in East Arnhem communities on suicide prevention. This was a successful trip with valuable information being shared between the regions.

◆ **Anyinginyi Women's Camp**

Jay was invited to attend this camp held in June in the Barkly region. It provided an opportunity to strengthen connections with local Aboriginal women from the area and encouraged a 2-way communication about social and emotional well being.

◆ **Western Aranda Health Aboriginal Corporation**

Brian Kennedy attended the first of a series of gatherings to encourage the collaboration of community health workers who have the capacity to support the needs of the Hermannsburg community and other Western Arrente people living in other regions. The first meeting was held at the end of June 2009.

◆ **NT Government & Life Promotion**

Sarah O'Regan (NT Government Suicide Prevention Officer) attends all steering committee meetings, other relevant events and keeps in regular contact with the Life Promotion team.

◆ **Headspace Central Australia**

Laurencia has been representing MHACA on the consortium for Headspace.

◆ **Larapinta Valley Town Camp**

Brian and Laurencia have been involved on a regular basis in a mental health program in this town camp alongside other mental health professionals. This has involved cook-ups and bush trips and occasional interaction with residents related to mental health work.

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

2.1 Response meetings held after suicide

Two deaths by suicide were reported in Central Australia in January and February - one in Tennant Creek and the other in a town camp in Alice Springs. The response was handled by Jay Green in Tennant Creek and Claudia in Alice Springs (due to Laurencia's absence at that time). An arrangement with the Tennant Creek police to report all deaths by suicide has been re-established.

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

3.1 Resources and information

◆ **Mind Yarn – Tennant Creek Times**

Jay's first article was an introduction on her role in Tennant Creek, followed by an article on Post-natal Depression and later one on the value of exercise for good mental health. These articles are providing information on a range of issues related to mental health and are an opportunity for local people to learn more about the scope of Jay's role in the region.

◆ **inBalance Newsletter – January to June 2009**

Regular updates on the Life Promotion Program are provided in the MHACA newsletter on a 4-monthly basis. The Life Promotion Team also regularly provides photos and feature articles on special events.

◆ **CAAMA Radio interviews – Alice Springs**

Laurencia and Brian provided an interview in May on CAAMA's news program about mental health and suicide prevention.

◆ **Laurel Andean (Mental Health Program, Dept Health & Families)**

Laurel and Sarah O'Regan met with stakeholders in Alice Springs and Tennant Creek to learn about the existing resources available for suicide prevention work and to consider other resources that the NT Government could assist in developing as agreed to in the NT Suicide Prevention Action Plan. Some suggestions that arose out of the discussions included:

- better access to phone numbers of appropriate service providers such as wallet cards with numbers of local resources only and then generic cards for use Territory wide
- pamphlets
- posters that can be placed on shopping centre notice walls
- cups, pens, fridge magnets
- school newsletters
- information for the Police to give to families who may need support following a death by suicide.

◆ **Little Red Threat Book**

This draft resource was initially developed following a workshop in 2007 on "Suicide as a Threat" – a common problem in Central Australian communities. As the booklet has been in demand it was revised, reformatted and reprinted for further distribution. The resource has proved to be valuable and we hope to schedule another workshop toward the end of 2009.

◆ **Audio Project – Yarning about Suicide**

Megg Kelham has signed off on her initial contract with LPP to work as a consultant on indepth interviews with selected people about their experience of suicide. These are people bereaved by suicide, people who struggled with this in their own lives and workers who have supported people who are at risk. Approximately five interviews were carried out in this reporting period.

3.2 Education and training workshops

ASIST and Safe Talk Training

◆ **Tennant Creek**

A 2-day ASIST workshop was delivered in Tennant Ck on 17-18 February. Brian Kennedy, Laurencia, Felix Meyer and Jay Green were the trainers. Most of the participants were Indigenous members of remote communities outside of Tennant. Brian is now a registered trainer having completed three workshops.

◆ **Correctional Officer Trainees**

Laurencia, Felix Meyer and Karen Revel trained 24 correctional staff trainees on 12-13 February at the Alice Springs Correctional facility which is compulsory training for corrections staff. This can present challenges as some of the trainees believe that two days is too long and that only parts of the course are relevant. Karen will be feeding this information back to the coordinator of this program.

◆ **Mission Australia Staff**

Laurencia, Brian, Kristy Schubert and Karen Revel delivered ASIST training and a workshop on the "Suicide Story" resource to Mission Australia staff at Erldunda Roadhouse in late April. Both workshops were very well received.

◆ **Safe Talk – CAARPU**

Brian conducted a half-day safe talk training with Neil (co-trainer) at CAAPU (alcohol rehab facility) to a group of indigenous men.

Other relevant training

◆ **MH first Aid Training – Jay Green**

Jay is now a qualified Mental Health First Aid trainer having attended the Instructor Training course in Sydney in June.

◆ **IPS training in Darwin with Tracy Westerman**

Brian and Jay Green attended the IPS workshop on 24-25 March 2009.

◆ **Anyinginyi Men's and Women's Groups**

On 17 March, Jay Green gave a talk to the Men's Program about Suicide Awareness and went to undertake the Tree of Life exercise talking specifically about Suicide Awareness. The poster was then delivered to the Women's section of Anyinginyi and the women placed leaves on the tree from the women's Social and Emotional Wellbeing Program. The men wrote their issues on leaves and placed them on the tree. The tree was then brought to the women and they did the same.

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

◆ **Indigenous local Cultural Codes of Conduct in relation to a death by suicide.**

Jay Green requested that Duane Fraser from CERP and Linda Turner from Stronger Families (Anyinginyi) collaborate with elders of the Tennant Creek community to document cultural codes of conduct in relation to supporting an Indigenous family who have lost a relative to suicide. They are still working on this process and will report on their progress at the next meeting. Once the Codes of Conduct have been documented, they will be distributed to the members of the reference group with the permission of the elders and traditional owners that contributed to the document.

◆ **Mission Australia invite LPP to train Youthworkers – Erldunda Roadhouse**

Mission Australia has the contract to provide youth services in Mutitjulu, Finke, Imanpa and Docker River communities. In April, Brian, Laurencia Grant, Kristy and Karen (Lifeline) travelled to Erldunda Roadhouse in April to deliver ASIST to 15 youth workers and Suicide Story to a group of Anangu youth

worker trainees. The training was well received and the opportunity to hang out with these people, play pool together that night and share stories was valuable.

◆ **Suicide Safer Communities Forum in Gove Peninsula Region – Anglicare NT**

Life Promotion was invited by Anglicare NT to attend a forum in East Arnhem communities on suicide prevention in April 2009. Laurencia and Brian were involved in three days of presentations and workshops. The purpose of the forums was to present findings from the Yutu Walnga project, a project that is exploring the issue of suicide in the Gove Peninsula, hear about the Life Promotion Program in Alice Springs and share with Yolngu, the training resource called “Suicide Story” being developed with and for indigenous communities. Also to workshop the suicide mitigation strategy for the Gove Peninsula. The experience was extremely valuable and will contribute to Suicide Story and the building of relationships between communities.

◆ **We Know Our Strengths Project**

This project concluded during this reporting period. Apart from the independent evaluation report which was to be completed by September 2009. Charlie Hodgson took on a position with the NT Government remote health team supporting Aboriginal health workers in remote clinics in the Western Desert region. The main strength of this project was the work developed in collaboration with Congress in Santa Teresa to work with the men. Meaningful activities, cultural events and employment and training were established during the life of the Strengths project. This important work contributed to less high risk behaviour and anecdotally a reduction in suicidal behaviour.

◆ **Working Well Guide**

Kristy Schubert conducted interviews for a resource called the “Working Well” booklet that explores our learnings about the dos and don’ts of effective suicide prevention work in remote Central Australian communities. This is a valuable resource based on the learnings that we gained from piloting work that had not been done before in any comprehensive way. The resource is available on the MHACA and Waltja websites.

◆ **Suicide Story – an indigenous-specific training tool**

Kristy Schubert concluded her involvement as a consultant overseeing Suicide Story. Laurencia negotiated ongoing developments to finalise the resource which included:

- a contract with local film-maker Sonja Dare to complete the video/film part of the resource
- the development of 21 drawings of various warning signs of suicide risk for use in Suicide Story by local artist, Sue McLeod
- a meeting with Angela Lynch from NPY women’s Council to see if Ngangkari from the NPY lands would be interested in contributing to the training resource
- interviews with volunteers from Gove Peninsula and Tennant Creek to be utilised in the resource: both East Arnhem and Tennant Creek community representatives reflected a depth of understanding and awareness about the way forward to help reduce suicide rates (two interviewees were ASIST trainers)

Also in this period, Laurencia submitted an abstract to present suicide story at the World Suicide Prevention Conference 2009 in Uruguay in October 2009 which was successfully accepted. An article was also written for inclusion in LIFE news.

The Centre for Remote Health has agreed to appoint an independent evaluator to work with Life Promotion on evaluating this training tool when it is trialed later this year. Laurencia has been negotiating the parameters of the research.

Service Activity 5 – *Collection of data 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. This did not occur at the meeting, however the information was distributed to members via email.
- Life Promotion does not receive information on suicide attempts. The most recent development is a commitment from MHS to present data to the steering committee on suicide and self harm related presentations to the AS hospital.
- MHACA and CAMHS to write into MoU joint management of attempts in special circumstances. Other agencies to write up own protocols re support for those at risk of suicide. LPP to assist with protocol development if required.

Training and Promotions

Rita Riedel: Training & Promotions Officer

To provide training opportunities and help raise community awareness about mental health issues

Service Activity 1 – Provision of Community Forums

1.1 Two Community Information forums provided

The second community forum for this financial year was held on 16 June 2009 called "Walking Through Grief." Guest Speaker for this 1-hour forum was Director of the Australian Centre for Grief and Bereavement, Chris Hall, who provided an overview of contemporary understandings of grief and bereavement. An engaging and passionate speaker, Chris brought refreshing insights into this at times painful and difficult topic, his presentation interspersed with rich quotes and complementary humour. As Director of ACGB, Chris has been involved with the Dept of Human Services and other agencies in developing a range of appropriate psychosocial responses to those affected by the recent Victorian bushfires. He has been sought out by national media outlets for comment on the grief and bereavement impacts of the bushfires and has explored issues such as the identification of those at risk of developing adverse bereavement outcomes and the role of public ritual following loss.

1.2 Number of people attending

The event attracted over 60 people comprising a broad range of guests (carers, teachers, mental health workers and general community members.) It was a warm cosy night by the fire (thank you to the Alice Springs Resort) and the feedback was very positive.

1.3 Issues identified

In his presentation Chris identified several of the latest insights into healthy grieving. A significant message was that while death ends a life it doesn't end a relationship. Healthy grieving is not about 'letting go and moving on' but about having an 'ongoing conversation' and maintaining healthy symbolic bonds with the person who had died. Some of the key shifts in understanding that Chris highlighted include:

- ◆ Grieving is not a fixed linear pathway but a complex evolving process of adapting to loss.
- ◆ Our external world changes and so too does our deep inner identity. Be aware of deep revision that takes place following a loss.
- ◆ While loss is painful it also offers gifts and opportunities. Our growth is enhanced through reconstructing new meaning of our lives.

- ◆ Grieving is multi-facted and involves not only the emotions but also cognitive processes. Some people grieve more intuitively (emotive, affective, social and seeking support) while others are more instrumental (active, cognitive, solitary and focus on problem solving).
- ◆ In healthy grieving we move from a passive contractive role to one of active expansive growth. Grieving is not about 'containing' but about 'transforming', not about getting closure but an ongoing journey of transformation.
- ◆ Where there is love there is the potential for loss and grief. Love and loss go hand in hand. Conversely, where there is no attachment (no love) there is no sense of grieving.
- ◆ We can't help the bereaved person until we know the deceased and their relationship to this person: Who were they? What was the nature of the attachment? How did they die? What history has gone before? We also need to consider people's different personalities, attachment styles (formed in childhood), beliefs and values, current stresses, social supports and spiritual resources.
- ◆ Recognise that people grieve in different ways - some through crying, some through being in nature, some through doing, building or fixing things, others through small rituals. If people are managing well then there is no need for therapy. Those that benefit most are those at high risk.
- ◆ Some people are 'addicted to grief' as a way of holding onto the person, a way of filling the void and emptiness they feel from not grieving in a healthy way. How well we move through grief is influenced by the attachment styles we developed in childhood, and understanding these helps people to heal and grow.
- ◆ Humans are naturally meaning-making beings—we impose order and structure on even seemingly random events. The three facets of meaning-making are: 1) sense-making 2) benefit-finding, and 3) identity reconstruction. In healthy grieving we find or create new meaning in our life as well as in the death of our loved one: we 'relearn the self,' as well as 'relearn the world.'
- ◆ While grieving commonly takes place in private, significant healing also occurs in the public social sphere of community. Shared rituals allow us to express our collective grief and help to build a sense of connection and of being understood. Joining in with others helps us to re-integrate back into the world.
- ◆ We are forever changed by death and loss, changes which can help us to more deeply appreciate and embrace life.

1.4 Collaborative partnerships developed

A sound connection was made with both Chris and Australian Centre for Grief & Bereavement (Education Officer). Many participants at both the forum and the two workshops Chris ran also expressed interest in being part of a local grief support network. This information has been forwarded on to members who may be in a position to facilitate this network.

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

Two additional workers from MHACA have been trained as instructors - Bruce Macgregor and Jay Green from MHACA. Another new staff member from CAMHS has also become available – Jill Foster. During this period five courses were held on:

- ◆ 17-18 February – 13 people
- ◆ 17-18 March – 12 people
- ◆ 21-22 April – 14 people
- ◆ 18-19 May – cancelled due to low numbers
- ◆ 23-24 June – 9 people

2.3 Number of individuals trained

See 2.2 - with people attending from:

- DASA
- Baptist Church
- Centrelink
- Alice Springs Women's Shelter
- Congress
- STEPS Employment Agency
- Alice Outcomes
- Finke River Mission
- Tangentyere Council
- Mental Health Carers NT
- Mental Health Ward
- CASA
- Headspace
- Central Desert Shire Council
- Centre Care
- Disability Advocacy Services
- Life Without Barriers
- MHACA
- DEET
- Remote Health Team
- Frontier Services
- Waltja
- Holyoake
- Salvation Army Men's Hostel
- Alice Springs Hospital – emergency
- Women's Legal Service

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*

Website

The MHACA website has continued to be updated. It is a user-friendly resource and provides a broad range of information on both MHACA services and activities and mental illness in general.

New Photo Board in reception

The old staff photo board was replaced with a new bigger board which now includes photos of all committee members plus summary information of all MHACA's programs. This way when people walk through the door they can visually see 'who works at MHACA' as well as read about what services are on offer.

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 editions 19 & 20 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 reports and flyers included for:

- ◆ Matt Deer Camp 2009 report
- ◆ Service Report July-December 2008
- ◆ Membership renewal drive
- ◆ Major update of all MHACA brochures & portable display boards
- ◆ Major restock of promotional merchandising – caps, water bottles, magnets, backpacks and stress balls
- ◆ Centre for Remote Health Seminars – distributed flyers
- ◆ World Suicide Prevention Day – invitation, flyers and distribution
- ◆ Updating the MHACA powerpoint
- ◆ Updating the Staff Workplan template
- ◆ Flyers for the D2DL program
- ◆ Monthly MHACA community calendars

Other activities have included attending a bimonthly Relationships Australia Pathways meeting, the launch of Life Without Barriers-Alice Springs, the opening of the new Centacare building and the launch of the NT Suicide Prevention Action Plan.

Training Attended

- ‘Understanding Mental Health & Wellbeing Train the Trainer’ - 5-7 May, Adelaide. A 3-day workshop by Auseinet to become trained in the delivery of this 4-hour workshop for the community. Main topics to be covered include: concepts of positive mental health, influences on mental health (incl. social determinants), an overview of mental health promotion & prevention of mental illness, and applications to clinical and community settings.
- ‘Conflict Management Workshop’ by EASA – 14 April (see also next section)
- ‘Recovery Principles Training’ by Helen Glover – 25 May (see next section)
- ‘Relearning the Self and the World in the Wake of Loss’ by Chris Hall – 17 June (see next section)

Service Activity 4 – *Promotion of mental health*

4.1 Activities & events that promote mental health & community resilience

Community Agency visits

Presentations are conducted at local agencies to inform people of our programs and latest activities. Where possible these are attached to the end of staff meetings to maximize on staff attendance. This has received positive feedback and continues to be a good opportunity for promotion as well as networking. In this period meetings were held at CASA and DASA’s Aranda House.

Cattlegwomen's Lunch

On 26 March, LPP Manager Laurencia Grant and I were invited to attend a bi-annual Cattlegwomen's Lunch focusing on health and wellbeing to talk about depression and suicide. It was a great opportunity to talk raise awareness about these important issues to a diverse group of over fifty interesting women who come from all over the Territory.

Launch of 'Our Journey' Booklet

On 27 February, MHACA hosted the launch of a new resource booklet coordinated by CAMHS Mental Health Nurse, Amanda Worrell, in collaboration with local carers called "Our Journey: As Parents with Sons and Daughters Diagnosed with Schizophrenia." This reader-friendly booklet was launched at MHACA to a receptive audience of over 20 people. The resource is available for free from Mental Health Carers, CAMHS and MHACA.

ASHS Health Expo

On 3 April, LPP Manager Laurencia Grant staffed a MHACA stall at the 2009 Health Expo at Alice Springs High School. It was a busy informative Expo, with great participation by over 200 students from several schools and stalls from over 20 local agencies and organisations. The Health Expo offered students the opportunity to access information on local youth friendly services in a safe and informal way.

Conflict Management Workshop

On 14 April, staff took part in a 3-hour workshop on Conflict Management presented by Fiona Davis from EASA. This jam-packed session provided valuable information on how to better handle conflict which we all appreciated. *For an overview see page 50 of the 20th edition of the newsletter.*

Recovery Principles Training with Helen Glover

A 1-day workshop was organised for staff on 25 May where internationally renowned mental health consultant, Helen Glover, got us thinking about our values and practices in working alongside people with a mental illness on their recovery journey. How do we understand our role? What are the boundaries? How do we best support people who appear 'stuck'? Not someone afraid to get us out of our comfort zone, Helen encouraged us to reflect on our personal attitudes and values and how we can be more effective by remembering some key principles. A very worthwhile workshop for both new and old staff alike. *For an overview see page 39 of 20th edition of the newsletter.*

MHACA also arranged for Helen to deliver two ½-day workshops – one for consumers and one for carers. Both were extremely well received with greater awareness and understanding gained by all those who attended.

"Mental Health & Social Inclusion" Forum

On 27 May, Professor David Morris, Program Director of the National Social Inclusion Program in the UK, was guest speaker at a 1-hour forum held at the end of a national tour organised by the Mental Illness Fellowship of Australia & Mental Health Carers NT for Schizophrenia Week. Last minute efforts on our part meant Alice Springs could also be included on his tour. Close to 70 people attended and appreciated David's talk, as he shared his expertise on social inclusion & mental health based on his long involvement with national social inclusion initiatives. For further information or to contact David visit www.socialinclusion.org.uk or email info@socialinclusion.org.uk.

Grief workshops with Chris Hall

While in Alice Springs for our Community Forum on 16 June, Chris Hall from the Australian Centre for Grief and Bereavement also ran two workshops, a ½ day workshop on 'Supporting Young People Experiencing Grief & Loss' on 16 June and a 1-day workshop on 'Relearning the Self and the World in the Wake of Loss: Effective Techniques and Interventions' on 17 June. Both were attended by approximately 25 people and very well received. *For an overview see page 48 of 20th edition of the newsletter.*

Appendix 1: Pathways to Recovery Data: January – June 2009

Client Activities

Demographics based on numbers	July	Aug	Sept	Oct	Nov	Dec	Total averages
Clients							
New Clients	12	7	8	11	4	5	47
Referral enquiries	28	12	17	18	6	15	96
Required supports	25	10	12	16	5	10	78
Shared D2DL	13	3	4	6	1	5	32
Monthly actions							
Caseload totals	49	46	48	54	42	45	
Male	34	34	34	34	26	31	
Female	15	12	14	20	16	14	
CALD	2	2	2	2	2	2	
ATSI	10	10	14	14	10	14	
Inactive	8	8	8	9	11	4	
Suspension			1				
Discharged	3	4	11	6	2	0	25
Co-joint CAMHS Meetings	25	29	28	25	24	27	
W&RP	21	23	23	17	19	20	
Job / Goals Achieved	I/C	10	I/C	7	I/C	I/C	
Evaluations / Surveys		1		1	1		
Recovery Planning Based on hours ¼ hours							
Planning & reviews	32.0	15.8	18.1	27.3	19.7	16.3	100.2
Ward visits	1.0	0	0	12.2	0.5	0.4	23.1
Emotional supports 1-on-1	29.9	35.3	64.5	37.7	48.8	27.5	243.7
Recreation: Camps, walks	13.0	14.9	23.2	1.6	0.5	449.6	507.3
Skills develop.- workshops, training, consumer reps,	14.7	59.9	92.5	61.2	87	66.2	381.5
Family contacts	3.9	4.2	5.6	12.4	1.0	37.6	64.7
Enquiries PC's – 1-on-1	12.0	18.3	17.5	14.6	27.0	19.1	118.1
Allied services	12.1	28.8	36.9	36.3	26.6	31.4	172.1
Transport	7.4	14.8	28.3	17.3	9.6	26.5	103.5
ADMINISTRATIVE Based on hours from 0.25							
Documentation	29.3	36.0	44.9	50.7	44.8	43.5	249.2
Meetings	30.1	32.7	29.3	25.2	28.4	22.0	140.6
Reading / Research	14.8	12.9	22.6	32.1	16.8	13.8	113.0
Training / Workshops	0	45.6	30.4	0	18.7	0	94.7
Supervision	4.0	7.5	9.5	11.0	6.0	9.0	5.0

Appendix 2: Prevention & Recovery Data: January – June 2009

DEMOGRAPHICS	July	Aug	Sept	Oct	Nov	Dec	Totals
Male	2		1	3	1	1	8
Female	1	1			1		3
Non-English Speaking							
Aboriginal/Torres Strait	1		1	1	1	1	5
Other Culture							
REFERRALS							
New to P&R	3	1		1		1	6
Consents to support	3	1	1	3	2	1	11
Step-Up	1	1		1			3
Step-Down	2		1	2	2	1	8
Joint Prog. - Pathways	2					1	3
Joint Prog. - D2DL	2	1		1	2	2	6
INDIVIDUAL CARE PLAN							
Lifeskills	2.5	3.8		16.5	2	10.5	35.3
WARD - Round(hr's)	1.0	8.4	4.5	7		13.2	34.1
– Leave (no's)				1.0		2	3
– Discharge(no's)						0.5	0.5
– Readmission							
Consultations	21	25	15.5	47.2	35	19.4	163.1
– Consumer (hr's)							
– Family / Carer	0.5	0.2	3.5	8.5	1.9		14.6
CAMHS practitioners	4.5	1.2	4.5	12	14.5	3.7	40.4
Case conference review	2				4.0		6
Respite	1.8	1.6	1	4.7	2.2	2.1	13.4
– ASMH <i>bed nights</i>							
– Women's Unit <i>bed nights</i>	Not captured						
PARTNERSHIP ACTIVITIES							
D2DL Program						2	2
Government		0.2		0.5	0.5		1.2
Non-Government		2.5		1	2.5		6
– Community	4	22.2	6	12	6	13	63.2
– Cultural/Indigenous							
Transport	5.3	16.1	10	22	38.2	10.7	102.3
POST DISCHARGE							
– Remain CAMHS	2		1	3	1	1	
– Other MHACA prog	2	1		1	1		
– Other service provider							
– Out of region-relocate		1				2	
ADMINISTRATION							
Supervision	4	4.5	5.5	4	4.5	1.0	
Training		30.4	15.2	15.2	7.6	38.0	
Meetings	10	6	20	15.5	10	7	

Appendix 3: Financial statements 1 January – 30 June 2009

MANAGEMENT & COORDINATION - OPERATING STATEMENT

	2009	2008
	\$	\$
INCOME		
Grant - Dept Health & Community Services	98,172	95,830
Surplus carried forward	137,073	124,592
Interest	31,975	45,974
Membership fees	1,415	929
Fundraising income	520	1,214
Administration fees	247,885	229,704
Hire of vehicle	49,500	36,040
Profit on Sale of Asset	894	3,645
Recovered costs	6,773	24,915
	574,207	562,843
EXPENDITURE		
Accounting and audit fees	4,800	3,132
Advertising expenses	8,267	5,430
Bank charges	421	365
Bookkeeping	3,658	7,239
Computer support	7,296	4,667
Cleaning	12,503	8,791
Consultancy	18,959	20,103
Consumables	4,746	5,034
Depreciation	47,847	38,939
Electricity	1,409	3,413
Equipment purchase - minor	3,460	17,290
Insurance	9,200	5,761
Library	178	-
Loss on disposal of asset	798	-
Motor vehicle expense	3,011	5,468
Newsletter	2,590	1,650
Postage expenses	2,031	873
Program costs	16,809	11,987
Professional development expenses	8,254	11,258
Promotions	5,302	5,562
Rates	460	9,003
Relocation costs	5,182	41,520
Renovations	9,670	2,812
Rent expense	46,290	36,667
Repairs and maintenance - equipment	3,921	1,631
Security expenses	1,300	580
Staff wellbeing	1,207	1,116

Stationery expenses	11,096	7,340
Storage costs	2,145	-
Subscriptions	7,177	2,898
Superannuation	15,921	15,783
Telephone expenses	5,131	6,307
Travel expense	8,311	5,206
Workers compensation	3,917	7,183
Wages and salaries	194,293	189,829
	<u>477,560</u>	<u>484,837</u>
Surplus	<u>96,647</u>	<u>78,006</u>
ACQUITTAL ADJUSTMENTS		
Capital - Motor vehicles	45,361	39,536
Capital - Office equipment	12,154	35,170
OPERATING SURPLUS/ (DEFICIT)	<u>39,132</u>	<u>3,300</u>

Income & Expenditure 30 June 2009

PATHWAYS TO RECOVERY PROGRAM - OPERATING STATEMENT

	2009	2008
	\$	\$
INCOME		
Grant - Dept Health & Community Services	261,953	337,661
Other Income	-	3,778
	261,953	341,439
EXPENDITURE		
Administration expenses	49,619	61,459
Advertising	-	896
Cleaning	777	
Computer support	215	518
Consultancy expenses	109	3,901
Consumables	547	1,024
Depreciation	970	1,049
Electricity	1,063	
Equipment purchase - minor	923	1,286
Insurance	-	1,608
Library	905	1,649
Motor vehicle expenses	4,793	7,222
MV lease expense	16,000	14,004
Newsletter	2,590	1,652
Postage & freight	801	240
Program costs	4,671	14,264
Professional development	1,689	4,713
Relocation costs	-	5,098
Rent expense	11,073	8,216
Repairs and maintenance	1,537	880
Stationery	1,034	2,172
Staff wellbeing	486	1,144
Subscriptions	-	123
Superannuation	10,775	9,174
Telephone expenses	4,780	4,149
Travel expenses	1,885	3,593
Wages and salaries	133,425	100,013
Workers compensation	2,302	3,784
	252,969	253,831
Surplus	8,984	87,608
ACQUITTAL ADJUSTMENTS		
Capital - Office equipment	926	-
OPERATING SURPLUS/ (DEFICIT)	8,058	87,608

Income & Expenditure 30 June 2009

LIFE PROMOTION PROGRAM - OPERATING STATEMENT

	2009	2008
	\$	\$
INCOME		
Grant - Dept Health & Community Services	424,521	331,749
Surplus c/fwd - Suicide Story	65,000	
	489,521	331,749
EXPENDITURE		
Administration	76,414	59,715
Advertising	3,105	4,725
Computer support	2,293	55
Consultancy	16,883	6,387
Consumables	1,730	882
Depreciation	1,612	1,849
Electricity	1,063	
Equipment purchase -minor	1,629	618
Insurance	-	1,608
Library	493	680
Motor vehicle expenses	11,384	3,518
MV lease expense	17,500	9,996
Newsletter	2,590	1,652
Postage and freight	317	20
Program costs	4,956	5,991
Professional development and training	14,501	3,757
Promotions	2,039	2,000
Relocation costs	574	5,115
Rent expense	19,422	10,361
Repairs and maintenance	1,445	910
Staff wellbeing	1,125	1,404
Stationery	1,449	1,707
Subscriptions	352	90
Superannuation	13,669	10,238
Telephone	6,767	4,489
Travel expenses	20,381	8,975
Workers compensation	3,272	3,849
Wages and salaries	169,106	101,716
	396,071	252,307
Surplus	93,450	79,442
ACQUITTAL ADJUSTMENTS		
Capital - Office equipment	945	1,621
OPERATING SURPLUS/ (DEFICIT)	92,505	77,821

Income & Expenditure 30 June 2009

SUBACUTE PROGRAM - OPERATING STATEMENT

	2009	2008
	\$	\$
INCOME		
Grant - Dept Health & Community Services	317,118	317,882
Other income	-	132
	317,118	318,014
EXPENDITURE		
Administration	57,081	57,219
Advertising expenses		2,567
Cleaning	225	
Computer support	908	-
Consultants	4,345	8,901
Consumables	369	
Evaluation	-	5,000
Depreciation	691	1,676
Electricity	1,574	
Equipment purchase - minor	886	2,638
Insurance	139	1,608
Library and resources	-	99
Motor vehicle expense	5,884	3,935
MV lease expense	8,000	6,210
Newsletter	2,590	1,652
Postage and freight	801	-
Professional development and training	9,977	2,432
Program costs	2,740	24,975
Promotions	915	
Relocation costs	-	4,530
Rent expense	34,871	12,297
Repairs and maintenance	2,034	4,385
Staff wellbeing	1,409	-
Stationery expenses	731	1,301
Superannuation	14,498	10,379
Telephone expenses	4,590	5,099
Travel expense	4,692	1,945
Workers compensation	4,050	4,446
Wages and salaries	148,114	117,508
	312,114	280,802
Surplus	5,004	37,212
ACQUITTAL ADJUSTMENTS		
Capital - Office furniture	371	568
OPERATING SURPLUS/ (DEFICIT)	4,633	36,644

Income & Expenditure 30 June 2009

TRAINING & PROMOTIONS PROGRAM - OPERATING STATEMENT

	2009	2008
	\$	\$
INCOME		
Grant - Dept Health & Community Services	88,708	-
Surplus brought forward	-	73,963
Training income	11,270	6,955
Other income	-	115
	99,978	81,033
EXPENDITURE		
Administration	15,529	14,586
Advertising expenses	517	-
Computer support	109	-
Consultancy	3,270	-
Consumables	858	278
Depreciation	294	-
Equipment purchase - minor	602	108
Library and resources	1,380	987
Postage and freight	33	-
Professional development and training	650	1,902
Program costs	2,468	1,360
Promotions	732	136
Repairs and maintenance	55	-
Staff wellbeing	471	505
Stationery expenses	917	864
Superannuation	5,075	4,538
Telephone expenses	376	101
Travel expense	1,119	1,720
Venue hire	5,139	2,364
Wages and salaries	57,845	49,810
Workers compensation	1,161	1,885
	98,600	81,144
Surplus	1,378	(111)
ACQUITTAL ADJUSTMENTS		
Capital - Office equipment	1,378	-
OPERATING SURPLUS/ (DEFICIT)	-	(111)

Income & Expenditure 30 June 2009

HOUSING SUPPORT PROGRAM - OPERATING STATEMENT

	2009	2008
	\$	\$
INCOME		
Rent received	25,335	19,470
Interest received	219	168
Recovered costs	80	
	<u>25,634</u>	<u>19,638</u>
EXPENDITURE		
Administration	4,562	3,535
Bank charges	92	71
Body Corporate fees	6,482	5,553
Cleaning	426	931
Depreciation	3,581	-
Equipment purchase	250	130
Insurance	654	822
Rates	3,521	3,527
Repairs & maintenance - buildings	5,666	4,786
Repairs & maintenance - equipment	400	844
	<u>25,634</u>	<u>20,199</u>
OPERATING SURPLUS/ (DEFICIT)	<u>-</u>	<u>(561)</u>