



Mental Health Association of Central Australia

Service Report

July – December 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 the Past Six Months

The last half of 2009 has been quite an exciting time, with many projects now close to finalisation. The Housing and Support Project which MHACA commissioned early in 2008 has been finalised and we are preparing for a major launch early in 2010. The Suicide Story project which has been developing over the past 3 years is also close to finalisation, with the LPP Manager presenting an outline of the resource at an international conference in Uruguay in October (please see the LPP report). The database for client record-keeping was selected and trialled, and will be live from the commencement of 2010.

The 2009 AGM was well attended, and again MHACA was fortunate to have a high level of interest from people to be on our Committee. We have two new general members – Tahnia Edwards (Batchelor College) and Greg McIntosh (Steps Employment), as well as two new consumer representatives – Sandi Yandell and Paul Birchall.

The Christmas activities were again varied and provided a service at a time where Alice Springs has limited support options available.

Following is a summary of achievements within this period.

Achievements – 2009 Programs & Projects

1. Consumer Driven Quality

- Further expansion of Day to Day Living in the Community Program (D2DL) including a second evaluation visit by Commonwealth assessors
- Extension of Consumer Peer Support Model and GROW service
- Monthly Consumer forums and consumer action group meetings
- Consumer participation in review processes, such as Peer Support Model development, Headspace consortium member, CAMHS accreditation, support and resources.
- Consumer involvement in selection process for tenants in MHACA units and for new staff

- High consumer uptake in activities, excursions and camps.
- On-going involvement of consumers and carers on Management Committee and Steering Groups on special projects, e.g. Housing Survey and Peer Support projects.
- Expansion of Men's group

2. Mental Health Awareness

- Scheduled monthly Mental Health First Aid training
- Ongoing development and delivery of ASIST Training
- Production of inBalance newsletter 3 times per year
- Presentations at conferences, workshops, meetings and community agency visits
- Mental Health Week activities
- First ever ATSI Mental Health First Aid training in July – very well received

3. Prevention & Intervention

- Ongoing provision of support to 72 clients on the Pathways Rehabilitation Program and 9 clients in the Prevention & Recovery program as well as 79 shared participants in the D2DL and GROW program.
- Extended accommodation and interim respite under the P&R Sub Acute program of 2 beds at the Salvation Army Hostel and a two bedroom residential property within a community setting. This agreement also includes the use of one bed for crisis respite.
- Consolidation of the Mental Health Promotions Officer in Tennant Creek
- ASIST training in Alice Springs
- Delivery of SafeTALK program to Police in Tennant Creek
- Coordinated Interagency Response after a number of deaths by suicide
- Commencement of audio program on people's experience of suicide
- Advertisements on community radio by three MHACA consumers
- Consumer engagement/life skills and socialisation including: yoga, arts and crafts, cooking group, drumming group, recreational 8-ball, 10-pin bowling, bead making group, singing group, creative writing group, guitar playing, healthy living
- Joint community programs/activities: Salvation Army, Reclink, Bindi, CASA, YMCA

4. Service Development & Sustainability

- Continued expansion of Day to Day Living in the Community Program
- Development and review of GROW Consumer Peer Support Service
- ASIST & Mental Health First Aid refresher training
- Service development and planning workshops
- Finalisation of new database

- Ongoing advocacy work
- As part of the COAG, MHACA continues to provide advice and assist in the development of the care coordination model for Mental Health in the N.T.
- Meeting with the Mental Health Council of Australia to discuss the new initiatives from the Commonwealth Government
- Ongoing involvement in the Housing Support Program project.

5. Research & Innovation

- Development and trialling of new Suicide Awareness training package for Indigenous workers
- Finalisation of Housing & Support research project

6. Effective Governance & Management

- Ongoing consumer committee member mentoring
- Governance training for committee members
- Weekly In-Take Service, Supervision and monthly In-service Training with consumer rep participation
- Effective Relationship Building Training with CAMHS clinical service teams
- Combined services meetings held monthly at MHACA

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 \$97,544 at 31 December 2009.

The Balance Sheet reports MHACA to have current assets of \$622,757, mainly cash at bank of \$579,608 and receivables of \$43,149. Non current assets of \$1,017,743 which comprises of bond paid \$8,173, residential units \$886,391, plant and equipment \$51,685 and motor vehicles \$70,993 (all amounts are written down values), plus share in Bendigo Bank at cost of \$500. Current Liabilities are \$103,580 comprised of creditors of \$48,532 and provisions of \$55,048. Long-term liabilities total \$21,779 being employee provisions.

The Balance Sheet reports MHACA to be in a healthy financial position at 31st December 2009.

Statement of financial performance

Income for the six months including Grants b/fwd from 2008-09 and excluding internal income is \$849,889. Grant Income \$815,980. Other income from external sources was:

- Bank interest \$ 8,685
- Rent and recovered costs \$19,344
- Membership fees \$ 630
- Training Income \$ 4,750
- Other income \$ 500

Reports show that expenditure against budget on project and management are in line with expectations for the first six months of the year. No major surpluses projected for the full financial year.

Service Activity 2 - Governance

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

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

Consumer Mentoring

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

There have been 4 committee meetings with an average of 76% of members attending within this period. This does not include the Annual General Meeting:

- July No meeting held
- August 8 committee members
- September 6 committee members
- October 7 committee members
- December 9 committee members

The Annual General Meeting was held on 18th November with an excellent attendance by staff, consumers and general members. A number of positions on the Committee were contested with the outcome being the appointment of 4 new members to the Committee.

2.1 Activities Summary

July 2009	<ul style="list-style-type: none"> • Stall at Alice Springs show • Tenanting of new MHACA 1 bedroom unit • Attendance at Blank Page Summit – Billard Community, WA
August	<ul style="list-style-type: none"> • Commencement of audit
September	<ul style="list-style-type: none"> • Attendance by 1 staff and 1 consumer at THEMHS conference in Perth • Successful collaboration in running activities for Mental Health Week • World Suicide Prevention Day • Santa Teresa book launch
October	<ul style="list-style-type: none"> • Mental health week – activities and dinner • Completion of audit • Completion of annual report and audited accounts • Submission of annual acquittals • Attendance at international conference in Uruguay
November	<ul style="list-style-type: none"> • AGM • Melbourne Cup luncheon • Creation of radio advertising spots on 8CCC
December	<ul style="list-style-type: none"> • Consumer Christmas functions • Reclink cricket final – MHACA team champions

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>	Donna Musinskis, Salvation Army
<i>Consumer Rep:</i>	Sandi Yandell
<i>Consumer Rep:</i>	Paul Birchall
<i>Consumer Rep Mentor:</i>	Christine Burke
<i>General Member:</i>	Tahniah Edwards
<i>General Member:</i>	Greg McIntosh

Staff

<i>General Manager:</i>	Claudia Manu-Preston
<i>Administrator:</i>	Sue Coombs
<i>Administration Assistant:</i>	Lizzie Dodd
<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>	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 & Prom Officer:</i>	Rita Riedel
<i>D2DL Co-ordinator</i>	Missa Bolibruck
<i>D2DL Officer</i>	vacant

Recruitment & Retention Analysis:

In the past six months there was a 15% staff turnover.

At the end of December 2009 we had two vacancies – a D2D/GROW Officer and an Indigenous Support Officer.

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 2007-08 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.

In December 2008 the Commonwealth government employed a SA firm to undertake an evaluation of a number of D2D providers across the country, with a view to extending the initial 2 year trial period to the 4 years planned for the project. MHACA was one of the locations surveyed, and a further evaluation was carried out in November 2009. As a consequence of these two evaluations, the program was extended through to 30th June 2011.

- **Prevention and Recovery and Pathways Programs:**

The programs have been extremely busy during the first 6 months of the financial year, with an intake directly from the Correctional system into the P&R program. The usage of the sub-acute beds at the Salvation Army Hostel has continued to increase, and the 2-bedroom unit that we lease from NT Housing has also been used for a variety of consumers. The number of consumers through the Pathways program has increased around 50% on the previous year, and it has been identified that we now need to recruit an Indigenous Support Officer for the service area to meet the needs of the growing indigenous client base.

- **Life Promotions Program:**

With the recruitment of a Mental Health Promotions Officer to the Tennant Creek position in September 2008, the program has expanded the availability of information within the Barkly region to complement the work being done in Central Australia. The staff member has been trained to deliver Mental Health First Aid training and ASIST training, and is working in conjunction with trainers in Alice Springs to develop and refine her skills in these areas.

The program has also continued the development of the Suicide Story project, and this is nearing completion.

3.2 Improving Services

- **MHACA Database**

The database was purchased late in the last financial year, and has subsequently been installed within MHACA with it going live early in 2010. Although not as comprehensive as the other databases which were reviewed earlier, it is believed that it will meet our requirements for client files and statistical data capture.

- **Street to Home project**

In October 2009 MHACA was invited to lodge an expression of interest (EOI) for funding for a transitional housing initiative. We were chosen as one of a number of providers in Alice Springs to receive funding for this project and are currently developing the KPI's prior to accepting the funding.

3.3 Staff development

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

Core Staff Training

- International Recovery Model – Helen Glover
- Mental Health First Aid Cert
- ASIST

Individual Staff Training

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

Conferences Attended/presented at:

THEMHS Annual Conference:

This was held in Perth this year, and was attended by the Rita Riedel (Training & Promotions Officer) as staff representative and Paul Birchall as consumer representative.

Paul enjoyed the experience immensely and felt that he had benefited from attending the conference.

Service Activity 4 - Partnership & Advocacy

4.1 Partnership Activities

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

- Central Australia Mental Health Service Executive Meetings/MOU/joint training (CAMHS)
- NT General Practice Network: 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 In the Headspace Project
- Realink, Salvation Army, GROW activities in conjunction with the Pathways and D2DL programs
YMCA

4.2 Advocacy

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

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

MHACA has continued to advocate for a range of therapeutic options and expansion of community-based programs.

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.

The Service Manager continues to represent MHACA on the Accommodation Action group facilitated by NTCOSS.

Advocacy forums MHACA participated in include:

- CAMHS Executive Meetings
- NT GP Network
- NT Mental Health Coalition
- Mental Health Council of Central Australia
- COAG meetings

Monthly Consumer Forums

Structures such as our monthly Consumer Forum have proved to be valuable in providing information/ issues on which to form the basis of MHACA's advocacy work. These consumer forums are then followed by a Consumer Action Group meeting, and any issues are fed through the D2DL Co-ordinator to management for action. The moving of the consumer forums from lunchtime to evening meetings has proved very effective in increasing the attendance and staff who facilitate these out of normal working hours are to be thanked.

Over this period consumers have been instrumental in the update of the Consumer Code of Conduct, provided input into a range of policies, provided input into the Day to Day Living in the Community activities and participated in the D2DL evaluation process.

Boards and Committees

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

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

Organisational Membership

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

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

Service Activity 5 – Landlord Function

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

MHACA's Housing 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 as well as 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.

The vacancy rate as at 31st December 2009 was one unit, and the turnover in the past 6 months has been zero (turnover January to June 2009 was 14%).

Housing & Support Project

- In 2008 MHACA commenced a project to identify areas of need for housing within the mental health sector in Alice Springs. With the assistance of a consultant, and with permission from the Queensland Alzheimer's Foundation, a questionnaire was designed and distributed to people experiencing mental illness, their carers and support workers. The information received from these questionnaires was collated into a report to raise awareness of the problems faced by people with a mental illness in achieving secure, long-term accommodation. This project is now nearing completion, and will be launched early in the 2010 calendar year.

Service Activity 6 – Workforce Development Strategies

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

The MHACA Collective Workplace Agreement was ratified by the Commonwealth in May 2009, enabling us to offer above award wages from July 1 2009. We have been fortunate during the first half of 2009-10 to have had minimal staff turnover, and continue to work hard on finding ways to attract and retain staff.

We have identified the need to assist our support staff in attaining higher qualifications, and to this end have done considerable research on Certificate 4 in Mental Health availability in Alice Springs. We will be actively encouraging our staff to undertake this study.

Pathways to Rehabilitation

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; 63.8% Pathways to Recovery clients experience a major mental illness and severe disability related to this. Gender analysis shows 65.9% of our clients are male and 34.1% female, with 23.4 % identifying as indigenous and 10.6% identifying as people from CALD speaking back ground. Of these clients 63.8 % 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 Individualised Care Planning (ICP). Collaborative monthly multi-disciplinary case-management meetings continue to strengthen the relationships of clinical and allied psychosocial services, offering a continuum of care that ensures that gaps between service providers is reduced.

Intake Roster System:

The trail of a new **Intake Roster System** in July has improved the inquiries and referrals process, with all staff sharing a ½ day each week to manage this.

The roster provides for all staff to be familiar with critiquing referrals, referring to allied services, assisting in a more seamless procedure for inquires, liaising directly with the clinical services as required. Time is better managed and offers staff completion of personal documentation when not completing interviews. The system has yet to be reviewed.

1.1 Number of new referrals and/or inquiries:

72 contacts were received and service inquiries ranged from general mental health information, references to allied providers, allied services initiated referrals and self referrals showing an increase in direct access to MHACA. This does not include visitors seeking to introduce themselves and see the premises.

35 general inquiries were recorded requiring minimal intervention or referral to allied providers. This was double from the previous reporting period, which may be attributed to now having a systematic Intake procedure.

37 new referrals were recorded;

- 18 received low to medium level supports through Pathways
- 28 were referred to shared or independent Day to Day Living.

A noted 47% drop in referrals compared to first ½ of the year.

Totals for 6 month period

- **47 individual clients** were supported at different levels over the 6 month period
- **55 clients** had received voluntary supports prior to the new reporting period
- **30** were averaged to have require shared clinical supports from CAMHS

1.2 Number of clients seen by gender and ethnicity

Refer to table:

	Male	Female
A TSI	5	5
Non-Indigenous	23	6
CALD	4	1

There continues to be a diverse range of ethnic minorities ranging from: Aboriginal, Sudanese, Russian, Greek, Samoan, Chinese, Malaysian and English receiving short and long term supports.

1.3 Number and reasons of exits from the service

Discharges, exits or inactive: 28

All inactive clients are held on the caseload listings for two months, and then offered discharge if they discontinue engaging in the program.

Reasons for discharges varied from;

- 2 returned to remote regions following periods of respite in town
- 5 live transient lifestyles.
- 4 self-determined recovery and not needing services eg: fully employed
- 2 withdrew due to continued boundary issues
- 2 transferred interstate via CAMHS hospital admissions
- 2 placed in prison due to re-offending
- 1 reunited with family interstate
- Several were discharged following extended period of not engaging

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

No clients were declined supports in this period, Reasons vary for clients not accepting services following a referral; some preferring to retain their independence by not engaging due to self-stigma, continued illness, age differences, pressure from family/service providers rather than self volition and lack of self -confidence.

1 client referred to the Prevention & Recovery program was declined on the basis there had been inadequate transitional living preparation following a long stay in prison and hospital in another region. This referral was accepted a month later following receipt of a residential assessment and requires minimal supports other than housing and visits to the Drop in facilities.

Day to Day Living in the Community transfers:

28 referrals were assessed as being able to engage with social activities under Day to Day Living and encouraged to attend the Drop In facilities as well as one-on-one supports from Pathways.

This includes attendance at the monthly evening Consumer Forums with an average of 10 participants.

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

An average of 28 clients developed an Individual Care Plan (CAMHS) or Wellness and Recovery Plan (MHACA) weighted on both psychosocial and clinical supports.

5 transitory clients hold ad-hoc goals; it is also proving problematic to offer clear goals and tasks for 3 who have repetitive periods of re-admissions

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

1. Employment

- 17 have secure employment and/or training either full or part time and maintain contacts when able to
- 8 were self directed in their efforts to achieve either full or part time positions
- 9 are registered with STEPS disability employment agency
- 3 participate in varying degrees at the BINDI Sheltered Workshop, and 1 attends MHACA informally on days off
- 9 have not resumed working due to differing stages of illness

Employment opportunities continue to range from:

Reception, commercial cleaning, night shift shelf packing, mechanic work, horticulture/gardening, masseuse health worker, catering, fast food services, interpreter, residential Carer,

2. Consumer Representatives and mentors.

Four consumers have supported their peers at MHACA during this reporting period

Participation included:

Interview panels, housing committee, 2 elected MHACA Management Committee representatives, participation and facilitation on the monthly consumer forums.

Work experience continues at MHACA reception and manning the Drop-in centre when staff are absent from duties. There are strong affiliations to the CAMHS providers and this is demonstrated with regular requests to participate on interview panels.

There were strong contenders who presented for the MHACA Committee this term, and all have demonstrated the ongoing capacity to assist at many levels and maintain wellness. Two dedicated reps have resigned to be able to move onto more independent personal goals. MHACA endorses the need to reduce burnout for them and monitor expectations from their peers.

3. Continued contributions to MHACA inBalance newsletter through poetry and stories with their own feedback update section

4. Client well-being

There were a continued number of people unwell this year with noted challenging behaviours when at MHACA. A number of re-admissions have been due to continued accessing of illicit substances contributing to psychosis.

MH Ward	General Side	Arunda House
13 re-admissions	0	3

5. Percentage of clients successfully housed

Housing shortage impacts;

The service continues to receive inquiries and requests for housing people with and without mental health disabilities, There have only been two Accommodation Action Group meetings with limited capacity to improve the accommodation shortage

MHACA has a waiting list of clients registered for NT Housing/Bill Braitling secured accommodation.

Present housing occupancy identified as:

1. MHACA.	2. Men's Hostel.	3. Indig. Community.	4. NT Housing.	5.
Transient				
6	4	7	12	4
6. Private	7. Transitional	8. MH ward.	9. Private Ownership	
7	1	1	2	

1 client and Carer are in the Bill Braitling transitional housing units

1.6 Activities that strengthen life skills, social integration

Pathways clients actively participated at the D2D activities and Drop-in Centre and the Healthy Living sessions which included YMCA exercise program on a weekly basis, There have been low numbers participating in the GROW 12 step to recovery program auspiced under MHACA and D2D, MHACA monthly weekend activities have been greatly supported, Salvation Army guitar lessons are accessed by 4 clients which culminated in a concert at the MH Week Dinner. A short clay animation film was viewed at the MHACA AGM following its production by 3 clients.

Reclink activities for this period included: Lawn Bowls, 8 Ball, Ten Pin, Singing Group, YMCA exercise group, Cricket, Australian Rules, free form art and crafts, Swimming at the local pool, impromptu events continue to be travel to scenic spots and movies.

The Consumer Forum continued to meet monthly

A smaller group meet mid-month to clarify and update on the forum issues.

6 consumers provided nominations as representatives for the AGM elections this term, two were successfully elected.

Service Activity 2 - Provision of shared care with clinical and other services using joint individual care plans

A monthly multi-disciplinary meeting is held at MHACA with CAMHS community teams, Steps employment agency, Team Health Carer Respite and Alice Springs Men' Hostel to discuss all clients that are co-supported. This meeting has increased and now has up to 20 participants. Invited guests are included if they need to introduce themselves and their service provision.

2.1 Number of CAMHS Individual Action Plans (ICP)

30 clients required shared case-management between MHACA and CAMHS in this period. There continues to be an ad-hoc approach to copies of plans to MHACA in this regard with majority of copies unsigned or dated by clients.

3 clients continue to experience gaps in secured goals for longer term care.

2 were incarcerated and continued to receive clinical interventions with the forensic team and were referred into Pathways following sub-acute interventions on release.

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

Individual reviews not adequately captured in this reporting period, a total of 105.8 hours was recorded across the team for planning and reviews

No evaluations completed in this period, a template has yet to be drafted for this program.

2.4 Number of clients supported jointly with Sub-acute program and outcomes

- 10 clients accessed the same staff member under the auspices of Pathways following discharges from sub-acute
5 were known to Pathways prior to referral for sub-acute supports.
- The integrated approach for 5 Indigenous, 2 Polynesian and 2 European clients showed episodic periods of relapse and remain supported by the same staff member under Pathways and Sub-acute.

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 CALD, Gender and Age appropriate:

CALD:

5 clients regularly access MHACA whose cultural affiliations are non- Indigenous and from a diverse range of ethnic backgrounds, the service is seen as cross-cultural and this is evidenced by clients feeling comfortable to access and utilise the programs. There are no individualised cultural service activities other than for ATSI such as Congress, Tangentyere and Bush Mob programs. The multi-cultural society is accessed by 1 person.

ATSI clients and their Carers are comfortable within the Drop-in and Pathways areas. MHACA has attempted to address the need for an Indigenous Support Officer, but this has been problematic and recruitment is again underway to fill the newly developed Indigenous vacancy. The majority of the ATSI clients participate in a range of activities especially the football and guitar lessons

AIMHI NT “Yarning About Mental Health Manual” Indigenous assessment tool is used to assist with communication between staff and ATSI by the present Pathways male support officer. Two staff are trained in the use of this manual

Age appropriate:

Access to services for younger and older aged clients is monitored due to the influence of clients whose social influences are compounded by substance use, dual diagnosis and behavioural problems.

Older clients tend to visit for a social chat rather than participate in activities. MHACA presently has 2 older aged males who happily share their wealth of knowledge and experiences, 1 remains reclusive and has minimal communication with peers, rather finding a quiet time of reading and contemplation.

Permanently disabled clients of older age are mostly supported within their home environment and this accounts for 3 who experience continued debilitation.

Gender:

65.9% of clients are male; this is evidenced by the number accessing MHACA for Drop-in and general socialisation on a daily basis. MHACA is mindful to ensure equity across the service to ensure females are confident in accessing the service as they are more private and prefer to receive supports from home as opposed to visiting the premises. Those who do visit are strong advocates in the operational management of MHACA on behalf of the Consumer Forum and their peers.

3.2 Developing and maintaining allied relationships;

The Pathways program assists client capacity to reintegrate into the community through employment, educational, recreational and social opportunities as well as accommodation. Assistance with housing applications continues within the network system between NT Housing and allied services such as Anglicare.

3.3 Inter-agency liaison:

MHACA maintains weekly (and if required daily) contacts with allied providers to ensure information is shared to reduce gaps in psychosocial supports and advocacy. Key providers are;

- Salvation Army Alice Springs Men's Hostel due to the high number of shared clients.
- Visitors to MHACA include new staff in Headspace, STEPS, introduction to new position within Team Health Carer Respite Coordinator (originally from Darwin) and field worker,

Identified allied agencies with whom MHACA has an ongoing liaison are:

- ADSCA – Aranda House
- Alice Springs Library
- Anglicare Transitional Housing program / accommodation
- Alice Springs Hospital – Social Work Division & MH Ward
- Alice Springs Women's Shelter
- ASYASS
- 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
- Disability/Advocacy Services
- FACS
- General Practitioners
- Headspace
- NT Housing – independent housing
- NT Carers, MHNT Carers, Team Health Respite services
- NTCOSS Housing
- PBSU
- Reclink – Community based sport & recreational activities
- Red Cross
- Relationships Australia
- Sexual Abuse Counselling Services
- Salvation Army Main Office & Alice Springs Men's Hostel, Food Bank
- STEPS – Previously Employment Access
- Tangentyere Social Services
- Tangentyere Job Shop
- Team Health Carer Respite

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

As per the previous report, MHACA continues to support dual diagnosed clients referred to the residential setting of Aranda House, which provides rehabilitative therapy in conjunction with the mainstream sector of Alcohol & Drug Services. A trend is developing of clients referring themselves to this facility because of a lack of accommodation as opposed to a readiness to receive detox. and rehabilitation, this merely compounds problems following early eviction from the program or when their program is completed.

Referrals:

15 clients were identified as having co-morbidity factors of illicit and alcohol addictions.

The Code of Conduct prohibits the use or influence of substances on MHACA premises. Clients are monitored as best possible to reduce the influence of a sub-culture.

Implementing a GROW 12 step recovery program with allied providers has yet to be developed when MHACA recruitment issues are resolved.

Clients identified with risks associated to dual diagnosis are directed to the ADSCA and clinical services for relevant assessments.

A high number of recurring admissions to the mental health ward were based on substance use.

A Memorandum of Understanding (MoU) has been developed to ensure an ongoing relationship is implemented between the Central Australian Aboriginal Alcohol Program Unit (CAAAPU) and MHACA. This will be signed and launched in March 2010 and used as the template for future MoU's with other services.

Service activity 4 - *Accessibility and provision of counselling services to clients under Pathways program*

A new consultant has yet to be identified and appointed to the vacancy.

4.1 Number of MHACA clients receiving counselling

Referrals are presently referred to Centacare, Holyoake, Relationships Australia, SARC, 2 private psychologists. There is ongoing liaison with these providers on behalf of shared clients.

4.2 Number of non-MHACA clients referred for counselling and outcomes (refer appendix)

No statistics were recorded in this period.

Service activity 5 – *Liaison/training and promotion linked with other services*

5.1 Inter-agency case meetings with CAMHS and outcomes

(Cross-reference: Section 2.)

There are strong relationships between colleagues with visits on regular basis to the MHACA premises where they review case conferences and catch up with new referrals and clients

5.2 Frequency of all inter-agency liaison & promotion presentations, joint training and workshops:

Monthly In-service:

Due to staff losses and turnover at CAMHS no joint training was completed in this period.

Promotional assistance:

Staff participated in:

Education and promotion events during MH Week

Annual Alice Springs Show

World Suicide Prevention Day

Shared Melbourne Cup Day activity

Service activity 6 – *Internal audits*

6.1 Bi-annual audit of files to ensure NSMH compliance

3 independent audits were randomly completed and assessed for supervision purposes with one staff record showing continued failure to complete recording of statistical data and record updates in an appropriate time frame, disciplinary action was required due to problems with time management.

Staff are being trained to write records via computer and e-mail for direct contact of client reporting for records, clinical and allied providers. The computer system is being used in readiness to make full use of the data base when installed.

6.2 Aggregated results and analysis of assessments tools:

Individual records not collated during this period.

The installation of new database was not completed but will be live in early 2010 to assist in the provision of this data.

6.3 Other - Staffing and training

Staffing and recruitment

Three staff losses occurred in the 2009 period one from the Pathways team, one from D2D and an Indigenous Officer, recruitment has proved cumbersome for D2D. An overall recruitment campaign is being implemented with consideration of a generic job description to better meet the collective approach of all three service areas, casuals and other staff have assisted in the program areas for the interim.

Training and development

No training was completed with the clinical services in this reporting period

Personal planning and training for staff included:

MHACA congratulates a staff member who has two units to complete in the Mental Health Cert

IV, 6 units were credited as RPL due to work related experience. This has been achieved through TAFE. MHACA plans to have Cert IV approved as a compulsory component of MHACA staff training and for future recruitment requirements.

Other training included:

- Business Writing Skills – Chamber of Commerce
- Crystal Clear Communication – Relationships Australia
- Managing Challenging Behaviour
- Monthly facilitation of MHFA by three staff

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 ill-health that enables the least intrusive provision of supports

All sub-acute care clients have a major mental illness and 100% have a severe disability related to a mental illness. Gender analysis showed 55.6% of clients were male and 44.4% female, with 44.4% identifying as indigenous. All of these clients were 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 Individualised Care Packages in conjunction with CAMHS and other service providers

9 referrals were received and accepted between July and Dec 09 from CAMHS case managers and the MH Ward team. 1 was initially declined until further assessments were completed by the Darwin region.

- 6 were engaged with joint supports from other MHACA programs
- 7 referrals have had previous sub-acute supports from re-admissions.

This period proved to be quieter with referrals not requiring the same level of supports as in the past. This may have been contributed to by clients recovering quicker and having had previous supports.

1.2 Worker hours required for Individualised Care Packages provided

Psychosocial supports provided as identified in half hourly blocks included:

- 15.5 hrs ward contact/visits
- 111.9 direct client contacts& support
- 48.4 transport/escorts recorded)
- 10.0 allied NGO sector
- 32.2 (under recorded) activity and socialisation
- 32.4 clinical consultations
- 8.4 family contacts
- 3.5 liaise with Govt sector (under recorded)

1.3 Number of people participating in the service that have remained supported in their own accommodation without requiring hospitalisation 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

Post discharge:

9 clients required support following discharge off the ward

Readmission:

There were no re-admissions while provided support within sub-acute

Pre-discharge

7 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 sub-acute from other service providers

2 clients were referred from forensics pending release from prison and required interim respite accommodation to re-integrate into the wider community; one had re-offended and was returned to prison.

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

Discharges and transfers

All referrals were reviewed on weekly basis dependent on needs.

- 1 required extension for longer than 8 weeks due to home monitoring of continued risks of suicide
- 1 for extended accommodation at ASMH due to being refused return home by community council and police following prison release and having his home occupied by others, remains in town indefinitely under CTO.

8 discharges remain with CAMHS clinical services

Internal transfers:

6 clients were referred to D2DLP for social inclusion, and visited the Drop-in. 1 utilised the YMCA for exercise as part of this.

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

Results are identified as;

- 9 continue 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 are alcohol or illicit substance dependent, with none referred for A&OD counselling

1.7 Aggregated results and analysis of psychosocial Camberwell assessments

Key domains identified in this reporting period for Camberwell were;

- Accommodation - 7 required respite, 2 on release from prison.
- 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 – 1 continued to experiences symptoms of suicidation without clear intent or plan
- Budget – nil
- Daytime activities – 4 regularly visited MHACA and engaged in Day to Day Living in the community 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.

For this reporting period the program had two staff with the introduction of an Indigenous staff member who has subsequently left the service. Consideration is to now merge the two program areas for a more seamless process of roles due to the shared capacity of the sub-acute team. There is presently only one male staff member who supports the majority of Indigenous male clients.

Cultural deficit

The position for an Indigenous officer continues to be explored and attempts to recruit the right person achieved. This position remains critical for a more effective delivery of services for the 10+ Indigenous clients who feel confident to access MHACA.

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

(Refer 3.4 Pathways program report)

No clients were referred to A&OD services in this reporting period, although one was recommended to recommence due to continued illicit substance use they declined to attend.

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

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

Referrals from CAMHS remain low, reasons vary but are identified as primarily due to consistent changes in clinical staffing, limited awareness of the program, miscommunication between the mental health ward and community team. Shared training has yet to be implemented to ensure a continuum of care exists between the two areas of referral. The introduction of a discharge planning nurse will improve this process in the early part of 2010.

There has been constant promotion of MHACA and visits to the mental health ward by members of the sub-acute team.

3.2 In-service training workshops between MHACA and CAMHS staff

None in this reporting period.

3.3 Service providers with continued access to MHACA

(Cross-reference Pathways 3.1)

- Team Health Carers respite access MHACA, none have required supports of sub-acute
- Mental Health forensic services have provided two referrals in this reporting period.

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's Hostel

As per previous report:

212 respite bed nights out of 372 were accessed by CAMHS; this is a decrease in comparison to the last six month report of 230 nights. This indicates that the beds were under-utilised although they were also accessed for respite by Pathways participants in crisis eg: required as serious risk associated with a client remaining in shared accommodation with parents.

Reasons for access varied from:

2 prison releases with transitional support and medication monitoring. Another client was unable to access the units due to previous history of problematic behaviour. The Men's Hostel has right to veto any boarders who have previously had problematic behaviour.

2. Women's two bed-roomed unit

Total of 70 bed nights accessed.

- 8 week tenancy; no change in client ability to sustain self-hygiene or personal goals, did participate in D2D activities with minimal coaxing.
- 8 week extended tenancy which is ongoing pending secured accommodation – now transferred to Pathways Program

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

As per previous report:

The program continues to offer respite options for males and females. These facilities continue to be under-utilised, 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 Sub-acute access

As per previous report

Totals for this resource are included in sub-acute costs at the men's hostel:

3 Pathways clients were provided access to interim respite beds at the Men's hostel; two have subsequently received longer term accommodation at the 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 required 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

Audit identified lack of detail in records within appropriate time frames, which are avoidable due to low number of clients per caseload. Failure to record has left gaps in data recording.

5.3 Other - Staffing and training

Staffing and recruitment

The program retained two full time staff in this reporting period. This has subsequently changed due to a resignation.

Casual staff are appointed to relieve during staff leave. It has not been required in this period.

The trial of an Indigenous officer was unsuccessful due to circumstances outside MHACA control, recruitment for this position is continuing

Training and development

Refer Pathways 6.3

4 MHFA workshops facilitated.

Life Promotion Program

Laurencia Grant: Program Manager

Finding solutions to reduce suicide and self-harming behaviour 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

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 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 11 August 2009 (7 external agencies represented) and 10 November 2009 (5 external agencies represented).

Issues raised and acted on in steering committee meetings

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

prevention:

We kept the committee updated about:

- The final report of the 'We Know Our Strengths' project and the Working Well Guide developed with this project. Also NPY Women's Council radio and mental health project.
- NT Self Harm Workshops and Workplace Mental Health
- Blank Page Summit on Suicide – Billard Community, WA, July 09
- World Congress on Suicide Prevention – Uruguay Oct 2009
- Applied Suicide Intervention Skills Training (ASIST) and Suicide Story development
- Tennant Creek MH Promotion
- Data on attempted suicides collected through the Alice Springs Hospital
- Journey to the Heart – healing journey proposal
- World Suicide Prevention Day (10 Sep 2009) – in different cultures
- Larapinta Valley Town Camp Mental Health Project

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

1.2 Tennant Creek Mental Health Promotion Officer

- **Relocation of MH Health Promotion Officer**

Due to a need for more space, Jay was unable to continue to operate from the Stronger Families office of Anyinginyi. She worked from home for two months before securing and refurbishing the premises in Marks Arcade, Paterson Street on the first week of October.

- **Barkly Life Promotion Reference Group**

Meetings were held in July, (6 agencies represented), August (8 agencies represented) and December 2009 (3 agencies represented). Laurencia and Brian attended the July meeting to discuss Suicide Story and to provide some background to the Life Promotion program. Some concerns were raised regarding the response to suicide and the role that members of this group play in response to a death by suicide. Issues of skill in dealing with a crisis of suicide, who were the appropriate people to do this, and should the reference group members receive critical incident training. The response to suicide was implemented after a death in Elliott in September, 2009. All efforts to support this community were appreciated. Numbers at these meetings dwindled toward the end of the year.

- **Mind Yarn – Tennant Creek Times**

This is a regular column written and researched by Jay Green and published in the Tennant Times. It covers a mental health topic each month and helps to promote a local service. The "Mind Yarn" column for this period focused on "psychosis" co-written by Bronwyn De Aldi from Barkly Mental Health, "Exercise and your brain", "Tips on how to keep a positive mind" and a list of local mental Health resources and

services. The column seeks to promote MHACA, increase mental health awareness and promote local services.

- **Mental Health Week – Tennant Creek 2009**

A “Work Life Balance Dinner” was organized to celebrate Mental Health Week in Tennant Creek on Friday the 9th of October. 53 guests from the Tennant Creek community attended, local band the Longtails performed and three guest speakers’ spoke about keeping a work and life balance. The three guest speakers included Phil Walcott, a private psychologist from Alice Springs, Ann Dickinson, a visiting Physiotherapist and Dr. Sandra Cabot who flew herself to Tennant Creek in her Piper Baron Cessna!

- **Twilight Basketball – Tennant Creek Sep 2009**

On Saturday the 12th of September Neighbourhood Watch hosted “Twilight Basketball” during Child Protection Week. Jay Green in her capacity as volunteer with Neighbourhood Watch as its mental health representative facilitated this event in collaboration with other service providers in Tennant Creek. The activity engaged 180 young people from the Barkly region. An exhibition match between the Tennant Creek police and a local team took place in addition to a range of other activities and prize draws.

- **Barkly Women’s Day – Oct 2009**

The Barkly Women’s Day is held twice a year in May and October at the Barkly Homestead on the tableland’s highway. The event offers women from the pastoral community and beyond the chance to get together to share information, dress up and take a break from their working lives on cattle stations. Approximately 150 women attend each time the event is held. Jay Green appeared as a guest speaker at the October day and delivered a talk called “Staying in the Saddle-Mental Toughness for women in the bush”. I spoke about resilience and constructive versus self limiting thought processes. The talk was well received and many of the women said that it resonated with them in a big way.

- **Other networking opportunities**

Jay attends as many events as possible to network with and support the service providers who organise the events, as well as to acknowledge the issues that are being highlighted on the day. Some of these have included White Ribbon Day (October, 2009) and the opening of the Women’s Shelter in Elliott (October, 2008) and other important events.

1.3 Other ways Life Promotion strengthens connections with community:

- **XXV World Congress on Suicide Prevention - 27 to 31 Oct 09, Montevideo, Uruguay**

The XXV World Congress on Suicide Prevention is an initiative of the International Association for Suicide Prevention (IASP). It was held in Montevideo, the capital city of Uruguay, a country that has traditionally had higher rates of suicidal behaviour than most countries in Latin America. Charlie Hodgson and Laurencia co-presented at this conference on the final day and at 9am on a Saturday morning. Despite the poor program spot, they were confident that this work was well received and ground breaking

- **The Blank Page Summit on Suicide, Billard, WA – Aug 2009**

Laurencia attended this summit as one of 150 people. They included Indigenous people from the Kimberley region, the rest of WA and other parts of Australia, Commonwealth and WA Government representatives and the public, private and not-for-profit sector representatives. Special guests included Federal Minister for Indigenous Affairs, Jenny Macklin, WA Chief Justice Wayne Martin, WA State Coroner Alistair Hope, Bishop Christopher Saunders (Diocese of Broome), and the Deputy Premier of WA. The Victor family, (a strong Aboriginal family who were the traditional owners of the land we were meeting on), took charge of the summit and directed us to come up with plans and solutions. Lee Ryall from NPY Women's Council, Chris Warren and three women from the NPY lands, Karen Revel from Lifeline and Laurencia attended this summit from Central Australia.

- **Hands across the Desert/Alcohol and Drug Conference, Alice Springs/12, 13 Aug 2009**

Laurencia and Brian arranged for a poster presentation on "Suicide Story". This generated a lot of interest. There is a strong link between a death by suicide and high alcohol readings for Aboriginal people in particular.

- **Narrative Therapy Workshop – Aug 2009**

Brian attended a session being held at GPNNT (General Practice Network). Brian made contact with one of the workshop presenters David Denborough from the Dulwich Centre and was able to inform him of some of the details of our resource in development "Suicide Story".

- **St John's Volunteers – talk on suicide prevention – 19 Aug 2009**

Laurencia managed to keep the attention of 10 volunteers late on a Wednesday night for 1 and a half hours. They all seem keen to have further training in MH First Aid and possibly ASIST or Safe Talk.

- **SEWB team at Congress and the Co-Morbidity Team at NPY Women's Council**

Brian Kennedy and Laurencia and Rangitiki met the SEWB team of Congress in July 2009. There are now 19 positions with this branch of Congress. The branch includes a youth psychologist, clinical psychologist, intern psychologist, three counselling positions, child health social worker, alcohol and drug therapist, Aboriginal family support worker, Aboriginal AOD liaison Officer, Youth Outreach, Youth workers and an after hours service. MHACA hope to collaborate with SEWB to better support the needs of indigenous clients. Laurencia suggested that they might position a worker with MHACA for a few hours a week counselling support. At this stage this did not seem possible. NPY Women's Council received funding to strengthen the capacity of their organisation around mental health. This team put staff through mental health first aid training and developed policy relevant to mental health. They were interested in the work of Life Promotion and MHACA.

- **Interagency Meeting (held bi-monthly) – Centre for Remote Health - Aug 2009**

Brian attended the interagency meeting held at the Centre for Remote Technology. Brian was able to inform the group (40+), of the services and activities of the LPP Program.

- **Interagency Meeting – Andy McNeil Room –Nov 2009**

Laurencia attended this meeting on behalf of MHACA – A talk was given by Aboriginal Interpreter Services – now free to NGO's – Laurencia sent email around about this service and encouraged their use in care plan development with clients, client meetings with CAMHS and Suicide prevention training out bush.

- **Men's Mental Health in the Workplace Forum – Darwin Oct 2009**

Brian attended this 2 day forum that looked at all aspect of Men's Mental Health issues in the workplace. The extent of Mental Illness in the workplace was stressed by the use of some compelling statistics. Brian met with Keith Todd the Managing Director of Ozhelp. Ozhelp is a Mental Health in the workplace organisation that has its roots in the building and construction industry.

- **ASIST network meeting – Lifeline Nov 09**

Tracey Fox (National Manager of Lifeline's Learning & Development/Livingworks) & Belinda Clark (National Coordinator of Lifeline's Learning & Development/Livingworks) discussed the changes to Living works. Livingworks Australia is reviewing how it can provide more initial and ongoing support to encourage trainers to remain active.

- **Waltja and Life Promotion – Final Report of We Know Our Strengths Project – Sep 2009**

The final evaluation report was completed by Julia Burke in Sep 2009 and submitted to the Department of Health and Ageing.

- **Larapinta Valley Town Camp – Mental Health Program**

Laurencia and Brian wrote information for Tangentyere Council on the value of the community centres in the town camps to go toward an evaluation report.

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

2.1 Response meetings held after suicide

There were four reported suicides in this period. One incident occurred in Old Timers Town Camp in Alice Springs, one death occurred in Elliot, one death in Ampilatwatja and another in Hermannsburg. All were Aboriginal men between the ages of 25 and 33 years of age. Two response meetings were held in Alice Springs. The incident in Hermannsburg occurred two days before Christmas and a response meeting was not held due to the absence of many staff. The incident in Elliot occurred while Jay Green was on leave and a response took place from Alice Springs with Tennant Creek agencies.

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

3.1 Education and training workshops

- **ASIST and Safe Talk Training – Tennant Creek July 2009**

Brian Kennedy, Laurencia Grant and Jay Green delivered ASIST (Applied Suicide Prevention Skills Training) in Tennant Creek in July of 2009. Richard Garling travelled from Darwin to participate as a co-trainer. Additionally, Laurencia Grant and Brian Kennedy delivered a half day training program of Living Works called SAFETALK to members of the Tennant Creek Police.

- **ASIST Training – Batchelor Institute of Indigenous Education – Sep 2009**

Brian delivered the two-day ASIST with fellow ASIST trainers Karen Reval from Lifeline and Tahnia Edwards, Lecturer in Social and Emotional Wellbeing at Batchelor. Three of the participants from Queensland agreed to contribute to Suicide Story also.

- **Suicide Awareness Training – Imanpa – Nov 2009**

Brian, Karen Reval and Laurencia travelled to Imanpa on in 41 degree heat. We spent about two hours with a group of workers including youth workers, teachers, the GBM (General Business Manager), police and nurse. This was to gauge what is happening in this community and what could we deliver here at a later stage. We heard that this community of 150 people has not known of a death by suicide, however there have been many serious suicide attempts and in the past high incidence of petrol sniffing. We gave them a glimpse of “Suicide Story” and used the warning signs and risk factor” drawings to discuss the things that put people at risk. The following day we worked with five men from the community and engaged the best way we could in a similar discussion.

- **Men’s Health workshop for CARHDS (Central Australian Remote Health Development Service) – Oct 2009**

Brian and Charlie Hodgson presented to a group of indigenous Male Health workers attending a week long workshop at CARHDS. They had heard of Suicide Story and wanted to inform their health care workers about it. Charlie and Brian gave the presentation that Charlie and Laurencia would be giving in Uruguay. At the conclusion of the presentations they took questions and invited any Indigenous Health workers present to contact us at MHACA if they were interested in being trained up.

3.2 Postvention and raising awareness

- **World Suicide Prevention Day 10 Sep 2009/Suicide Prevention in Different Cultures**

Brian Kennedy coordinated the Alice Springs event. This year was the first year that the Mayor of Alice Springs has officially spoken and Mayor Damian Ryan spoke sensitively as a long term resident of this town. Ricky Mentha and Charlie Hodgson also shared their personal struggles with suicide thoughts and thanked the people of this town for giving them the opportunities to work and feel valued. Maya Cifali highlighted the difficulties that migrants and refugees have in settling in new and

foreign countries and the responsibility we all have in helping these people to feel welcome here.

- **WSPD – Tennant Creek** - Jay Green also coordinated an extremely successful event in Tennant Creek. This event involved guest speakers, a smoking ceremony, music and a cook up afterwards. It was a very moving ceremony and attracted a large turn up. Approximately 40 people attended the event, and a painting by Edna Isles was unveiled depicting the community's response to the problem of suicide. Three Indigenous people spoke about how important it was to bring the issue of suicide into a public forum so that we can better address the problem.

- **InBalance News – July - Dec 2009**

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

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

- **LPP Suicide Story**

During this reporting period, Sue McLeod, a local artist completed 22 drawings of Aboriginal people in various states of distress as a resource for MHACA and to be used as part of suicide story. Sonja Dare, an indigenous film maker began work on the film making process of suicide story.

- **Titjikala Visit – Oct 2009**

Brian took a trip out to the Titjikala Community to catch up with community elder Phillip Wilyuka and his son Darren. The purpose of the trip was to strengthen the relationship between LPP and Titjikala with a view to having them participate in Suicide Story, perhaps in the evaluation stage. Brian left a large laminated poster explaining Suicide Story for the Council office notice board. Brian also had discussions with the school principal. Brian also made contact with the Community Services Manager.

- **Barkly Region – Nov and Dec 2009**

Jay visited Elliot for DV training and to learn that there is a need for training given the recent death by suicide there. Jay took the opportunity to travel to Epenarra, Canteen Creek, Murray Downs and Ali Curung with Trisha Frank and Bill Iles, the Braadag Outreach team. These visits are a good opportunity to meet some of the key people in communities, to promote her role in the Barkly and to hear from communities who may be interested in being trained in Suicide Story.

- **Little Red Threat Book - Reprint**

The Little Red Threat Book (the findings of the 2007 workshop on suicide as a threat) was reprinted and distributed throughout this reporting period to relevant organisations and Government departments

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. Life Promotion does not receive information on suicide attempts

The most recent development is the presentation by Graeme Purcell of NT Government Mental Health Services to the steering committee of data on suicide and self harm related presentations to the AS hospital.

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 first forum for this financial year was organised in Mental Health Week on Wednesday, 7 October. A highlight of MHW, this was a gala dinner featuring former NSW MP, John Brogden, with special guest MC, Alice Springs based comedienne, Fiona O'Loughlin. A prominent public figure, John is intent on lifting the veil around depression and mental illness, and spoke openly about his suicide attempt in August 2005 and his ensuing journey of recovery. Fiona O'Loughlin equally inspired us with her humour, warmth and honesty; through the gift of her storytelling, humour and laughter, Fiona reminded us that being able to look for the light in our darkness, together with having a regular good laugh, is vital to maintaining and strengthening our mental wellbeing.

Also on the agenda was the Honourable Minister Malarndirri McCarthy - who gave a very moving and heartfelt speech; our local Salvation Army & MHACA Choir (comprising of consumers and staff) and MHACA Chair Trish Van Dijk who announced the winners of our Mental Health Week 'Wellbeing in the Workplace' Competition.

1.2 Number of people attending

The event attracted over 150 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

John spoke openly and sincerely about his struggle with depression, both in his personal and professional life, and his ensuing public breakdown and attempt at suicide. Clearly a passionate man in all areas of his life, John was a dynamic engaging speaker, and highlighted several things that he discovered on his journey of recovery –

- ◆ The importance of getting mental illness ‘out of the margins and into the mainstream.’ Because of the prominent stigma around mental illness people are reluctant to admit they are struggling or have problems and in turn delay getting help. This creates a snowball effect and contributes to making things worse before they get better. Better and more education is needed to help raise awareness across all sectors of society.
- ◆ While there is a lot of stigma in general around mental illness, there is added stigma in the workplace where people feel less able to speak out due to the possibility of losing their jobs. More support and training is required in workplaces to make them more supportive places, where people feel safe about speaking out and asking for help so they don’t suffer unnecessarily in silence.
- ◆ While overcoming illness like depression is not easy, it is possible. There is a lot of information and support available but people need to be able to ask for help. They also need to take responsibility for their recovery – to face issues in their life which are contributing to their depression or other illness. When people are in their darkest hours it is difficult to have hope, but people need to believe that there is a way out.
- ◆ The journey of recovery requires a lot of personal courage, focus and determination to overcome the challenges. However, John said he also couldn’t have done it alone. Even though he hurt his family (his suicide attempt and struggle with depression was made very public), it was the love and support of his family that helped him to get through, together with initial and ongoing support of professional help. People need to set aside any false fears of inadequacy or shame and to courageously ask for support and professional help.

While Fiona’s primary role was that of MC, she also contributed greatly to the evening through sharing some of her own recent struggles with addiction and depression. Only 8 weeks earlier Fiona had experienced a public breakdown and was confronted with her own problems with alcohol. Fiona talked about -

- ◆ The importance of admitting you have a problem so you can ask for help.
- ◆ How hard it is to stay straight but the rewards are great. She feels challenged every single day but has recognised the serious consequences of denying she has a problem.
- ◆ Using humour as a way to get through. While laughing at problems can sometimes minimise them, at times things can feel so bad that all we *can* do is to laugh. Through her innate gift of humour and storytelling Fiona gave the audience many good laughs which was an added bonus on the night.

1.4 Collaborative partnerships developed

Ongoing collaboration with the NT Mental Health Coalition as well as developing a link with Fiona O’Loughlin who is based in Alice Springs. Other positive connections were with the local radio stations 8HA, ABC and 8CCC.

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

2.1 Development of MHFA Training Calendar

General Adult MHFA Courses -

A core responsibility 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 – see 2.2 for details of dates. Following the MHACA Committee's letter to the NT Police for better MH training for NT police officers an email was sent to NT Police re vacancies and, in turn, 4 officers were booked in for the November course - which is a good start. Course dates for 2010 were also finalised and will be sent out in January 2010.

Trainers -

Primary MHACA MHFA trainer, Rita Riedel, relocated to Perth in this period. Still employed by MHACA on a remote basis she was able to assist with the August and September courses, however other trainers have been called upon to fill in the gaps. Rita prepared handover notes to give to Rangji, Bruce and Jay for future training. Her position will be replaced early in 2010. Newly trained MHACA Instructor Bruce Macgregor helped to deliver his first two courses while Jay Green is scheduled to deliver her courses in early 2010.

Unfortunately due to staff turnover we lost three CAMHS trainers – Vicki Stanton, Jean Gregory & Jill Foster. Once the new CAMHS manager has been recruited we will lobby CAMHS for new trainers.

2.2 Number of training sessions held annually

During this period five regular Adult MHFA courses were held on with following numbers:

- ◆ 21-22 July – 9 people
- ◆ 19-20 August – 10 people
- ◆ 22-23 September – 10 people
- ◆ 20-21 October – 11 people
- ◆ 17-18 November – 12 people

ATSI MHFA Course 6-7 July – In addition, a one-off course for indigenous people only was organised in response to several requests which attracted a full-house of 20 people, although only 12 attended on the day. Interstate indigenous trainer Mandy Ahmat (former Alice resident) was flown in as no local trainers were available.

2.3 Number of individuals trained

See 2.2 - with people attending from:

- Relationships Australia
- Individual carers
- Incite Youth Arts
- STEPS
- Centrelink Social Work
- Congress
- Henge Education
- Life Without Barriers
- Salvation Army
- Alice Outcomes
- NT Police, Fire & Emergency Services
- CAYLUS
- Headspace
- CatholicCare NT
- Centralian College
- CAAAPU
- NT Aids & Hepatitis Council
- Lutheran Mission
- Tangentyere Council
- Bushmob
- Alice Springs Women's Shelter
- Waltja
- CAMHS Remote Team
- MHACA

2.4 Participant evaluations results analysis

Re regular Adult MHFA Courses - Feedback has been consistently positive in regard to both the content and delivery of regular courses. People appreciate the courses 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.

Re the ATSI MHFA Course - There was overwhelming positive feedback from those that went - who were predominantly men, including some elders. They embraced the information Mandy presented with open arms, saying how much this kind of work is needed in communities. In particular, they thanked Mandy for her wisdom, skills and support for creating the space to talk openly about some of the difficult issues impacting on their wellbeing. There was a strong request for further training in communities. There is also strong interest in Tennant Creek.

Re Weekend Courses - A query was received for availability of weekend courses. The viability of this will be explored in 2010.

Service Activity 3 – Development of local Mental Health Resources

inBalance newsletter

An ongoing major promotional strategy continues to be the MHACA newsletter, *inBalance*, now produced every four months. In this period two editions were produced – *Edition 20: May – August 2009* and *Edition 21: September – December 2009* (see attachments). 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 *inBalance*.

Website

The MHACA website has continued to be regularly 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.

A major update was commenced in mid December which will be finalised by March 2010.

Little Red Threat Book

This resource of the Life Promotion Program required updating which included re-formatting and editing for a second print run of the booklet.

Portable Display Boards

A major update was done of the two portable display boards which are taken on agency visits.

This included more recent photos of consumers and activities as well as updating program staff.

General activities

Day to day activities include editing and formatting in-house 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:

- ◆ Consumer Holiday 2009 report
- ◆ Service Report January - June 2009
- ◆ Membership renewal drive
- ◆ Major update of all MHACA brochures & portable display boards
- ◆ World Suicide Prevention Day – invitation, flyers and distribution
- ◆ Monthly MHACA community calendars
- ◆ Annual Report 2008-2009

Training Attended

The 19th Annual THEMHS Conference held in Perth on 2-4 September 2009 was attended, together with our consumer representative, Paul Birchall, whom I was there to support. A full report is available in the 21st edition of *inBalance*.

Service Activity 4 – *Promotion of mental health*

4.1 Activities & events that promote mental health & community resilience

Alice Springs Show Stall

MHACA again ran a stall at the annual Alice Springs Show which included a free raffle to attract punters. A big thank you to all staff and consumers who helped out over the two days. There was a steady stream of interest and we find each year more people come in to have a look or make enquiries.

FASD workshop for Centre for Remote Health

I had begun to organise a lunchtime forum for Mental Health Week with Prue Walker, Acting FACS Manager as guest speaker, to talk about her research into Foetal Alcohol Syndrome (or Foetal Alcohol Spectrum Disorder as it's more commonly known). I was then informed of the theme for Mental Health Week - Mental Health & the Workplace - and so this forum wouldn't be the best fit for the theme. In turn, I contacted the Centre for Remote Health to see if they are interested in utilising Prue for one of their free monthly Health Seminars. Director John Wakerman was keen and the Centre took over plans for running the free information forum.

Central Australian Mental Health Week 4-10 October 2009

In addition to the major community dinner/forum the following events were held -

◆ “Wellbeing in the Workplace” Competition

For the first time, MHACA ran a competition where workplace teams of between 8-20 people could win a “Wellbeing Package” valued at \$2,000 (incl. team lunch, workshops on stress & conflict management and massage and yoga sessions). To enter, workplaces had to answer two questions: 1) What is your understanding of good mental health? and 2) How does your workplace support the mental health and wellbeing of its employees? Additional spot prizes were also awarded to the best individual answers, an opportunity for employees to let us know how they feel supported by their workplace with regard to their mental health & wellbeing (spot prizes included gym membership, massage and beauty treatments). Several entries were received and congratulations go to the winning team at CatholicCare NT - for their detailed and thorough entry reflecting a lot of thought as well as a collaborative team approach which was the aim of the competition. There were 5 spot prizes and thanks also go to the sponsors - EASA, Diplomat Alice Springs, Jane Clark Massage, Beyond Breathing Space, YMCA, Get Physical, Alice Body Crafts & Mombasa Day Spa.

◆ Understanding Mental Health & Wellbeing, 6 October

Mental health is more than the absence of mental illness: What does it mean to have ‘mental health’?

What positive steps can be taken to help prevent illness? As there is a national major focus to increase awareness of mental health promotion and prevention across

all sectors as a way to help prevent mental illness from occurring or further developing, this 5-hour Auseinet workshop was run, intended for all health professionals, service providers, policy makers and all others interested in strengthening mental health promotion. There was a receptive turnout of 10 participants which included several managers from local agencies (incl. the Dept of the Chief Minister, STEPS and Congress SEWB). The workshop is well-resourced and structured and received positive feedback, helping participants to think more about ways to strengthen good mental health to help reduce the risk of illness developing.

This was presented by Rita Riedel under the Auseinet UMH&WB Program.

◆ **Mental Health Information Stall @ Yeperenye Mall - 8 October**

A joint stall was held with Mental Health Carers NT on Thursday, 8 October to raise awareness about mental illness. Passers-by were encouraged to answer a simple questionnaire on mental illness before being given a large yellow balloon. Thank you to all the staff, consumers and committee who helped out on the day.

◆ **Mental Health Information Session @Anzac Hill High School, 9 October**

Laurencia Grant gave an early morning presentation to staff at Anzac Hill High as part of their professional development program. The focus of the session was to speak about relevant mental health services available to adults and young people in Alice Springs.

◆ **Work-Life Balance Dinner, Tennant Creek, 9 October**

To celebrate the first big Mental Health Week event in Tennant Creek, Mental Health Promotion Officer Jay Green organised a "Work Life Balance Dinner," held at Fernanda's Restaurant. The 'specials' on the menu were 3 guest speakers who spoke on the importance of keeping a healthy work-life balance - Phil Walcott, a psychologist from Alice Springs; Ann Dickinson, a visiting Physiotherapist; and Dr. Sandra Cabot, Medical & Executive Director of the Australian National Health Advisory Service. Over 50 people attended the 3-course dinner and the night was a positive success. Promotion support was provided with the design and distribution of flyers and tickets as well as some organisational support. *See page 32 of the 21st edition of inBalance for full update.*

Appendix 1 – Pathways To Recovery Data

Pathways to Recovery

Date: July to December 2009

	July	Aug	Sept	Oct	Nov	Dec	Total
Based on individual numbers							
New referrals	6	3	3	4	0	2	18
Male	24	26	27	31	31	26	165
Female	16	13	9	8	8	12	66
CALD	3	4	5	4	4	3	23
ATSI	10	9	8	10	10	10	57
Joint – Subacute/D2D	1	1	3	2	2	1	10
Joint – CAMHS	24	29	30	30	27	29	169
Tasks / Goals Achieved							0
W&RP – reviews							0
Camberwell - rehab							0
DISCHARGED or INACTIVE	12	7	2	1	2	4	28
INDIVIDUAL SESSIONS							
Based on hours from .3							
Planning/reviews	27.5	23.5	6.5	19.8	10.5	18	105.8
Ward	1.5	1.9	3	2	3		11.4
Life skills - 1on1							0
Job search	12	9	10	10	8	7	56
Counselling services	7	4	0.5				11.5
Group work D2DLP: Men's/Women's/Combined	7	6	9.5	4.5	1.5	5.5	34
Recreation	7	7	4.8	4	1.5	1	25.3
Skills development Training/ Consumer Rep /life skills	20	24.4	17.9	33.7	17.2	26.4	139.6
Family contacts	5.2	7.6	2.1	2	5.9	8.4	31.2
Enquiries p/c's – 1-on-1	31	10.6	22.8	11.5	14.1	14.6	104.6
Interagency Liaise	43	16.4	13.1	27.4	20.1	15.6	135.6
Transport	22.8	22	13.5	26.2	11.6	18.5	114.6
ADMINISTRATIVE							
Based on hours from .3							
Documentation	43.9	30.7	18.6	29.2	23.3	19.92.0	145.7
Reading / Research	2	2.5			1		5.5
Case mtg -Mgr	10.2	4.5	3	0.5		1.5	19.7
Staff/team meetings	18.5	16	17	16	12	3	82.5
Training/workshops	20	42	20	15			97

Appendix 2 – Prevention & Recovery Data

PREVENTION & RECOVERY – JULY-DECEMBER 2009

DEMOGRAPHICS (no's)	July	Aug	Sept	Oct	Nov	Dec	TOTAL
Male		1	1		1	2	5
Female			1	2		1	4
Non-English speaking							0
ATSI			1	1	1	1	4
Other cultures		1	1	1		2	5
TOTAL							18
Referral no's:							
New to P&R		1	1				2
Consents to support		1	1				2
Step-Up		1					1
Step-Down			1			1	2
Accept/Decline		1		1			
Joint - D2D/Pathways	2	1	1		1	1	6
MHACA respite accommodation	4.5	0.4				3.5	8.4
CARE PLAN (hrs)	2.2	0.5	1	1.5	2	6	13.2
WARD-Round	7.5	1		1	4	2	15.5
-Leave	0.7				4		4.7
- Discharge	0.2	0.5			1	0.5	2.2
Consultations: consumer	37.8	4.5	14	19.7	18.7	17.2	111.9
-Family /Carer	6.7	0.7		1			8.4
CAMHS practitioners	12.7	1	6.5	4.2	3	5	32.4
Govt sector	2.5					1	3.5
Non- Govt	4.5		1.5	1.5	1.5	1	10
Case review	3	1	1	2.5		1	8.5
Partnership activities							0
MHACA			1		1	1	3
Community	6	1.5	3.5	3.7	12.5	1.5	28.7
-Cultural/ Indigenous				0.5			0.5
Transport	11.4	1.5	10.5	10.2	9.6	5.2	48.4
DOCUMENTATION (hrs)	3.1	1.5	8.7	8.2	7.1	5.4	34
Phone Contacts	1.8		2.2	0.7	0.4		5.1
Satisfaction Survey							0
Discharge/Review	3	1		2	1	2	9
-Remain CAMHS	2	1		1	1	4	9
-Other MHACA programs	2	1		1		2	6
-Other Service Providers							0
-Out of region-relocate	1						1
Re-admission						2	2

Appendix 3: Financial statements July - December 2009

Income & Expenditure 31 December 2009 MANAGEMENT & COORDINATION - OPERATING STATEMENT

	Budget	Actual
INCOME	\$	\$
Surplus brought forward	-	12,688
DHCS Grant - Management	65,066	31,586
DHCS Grant - Rent Assistance	35,000	17,500
MV lease internal	52,000	26,000
Insurance claim	-	-
Interest received	36,500	8,591
Membership fees	1,000	630
Fundraising	350	-
Grant - Mental Health Week	-	500
Recovered costs	-	1,828
Admin fees recharge	225,735	118,401
TOTAL INCOME	415,651	217,724
EXPENDITURE		
Administration		
Accounting & audit	3,200	831
Advertising	5,500	1,996
Bank charges	450	293
Bookkeeping	3,000	1,503
Cleaning	12,500	7,719
Computer support	5,000	910
Electricity	1,200	874
Insurance	14,175	14,103
Library costs		689
Postage	2,000	402
Rates, taxes and outgoings	600	656
Rent	39,600	20,356
Repairs and maintenance	9,000	3,881
Security	650	672
Stationery and printing	7,500	4,152
Storage costs	-	909
Subscriptions	4,000	2,413
Telephone	3,966	4,371
Total admin expenses	112,341	66,728
MV & Travel Costs		
MV - fuel	648	485
MV - insurance	600	603
MV - registration	550	573
MV - repairs & maintenance	1,200	731
Travel allowance	3,400	2,217
Travel expenses	5,500	1,046
Total MV & Travel	11,898	5,654
Projects		
Consumables	5,000	1,439
Equipment purchase	3,500	816

	Budget	Actual
Newsletter	3,000	1,602
Promotions	3,000	-
Program costs	13,500	6,102
Total projects	28,000	9,959
Training & Development		
Conferences	2,000	-
Consultancy	20,000	3,468
Professional development	6,000	4,255
Professional supervision	2,500	-
Governance support	1,000	-
Total training	31,500	7,723
Salaries & Wages		
Casual workers	-	-
Hobby workers	4,000	2,355
Salaries & Wages	188,797	89,107
Superannuation	16,661	8,322
Wellbeing allowance	1,950	818
Workers comp insurance	2,832	2,249
Total employment costs	214,240	102,851
TOTAL EXPENDITURE	397,980	192,916
OPERATING SURPLUS (DEFICIT)	17,671	24,809

Income & Expenditure 31 December 2009

PATHWAYS TO RECOVERY - OPERATING STATEMENT

	Budget \$	Actual \$
INCOME		
Grant - DH&CS	281,180	135,330
TOTAL INCOME	281,180	135,330
EXPENDITURE		
Administration		
Administration fees	50,612	24,360
Advertising	-	-
Cleaning	-	-
Computer support	300	-
Electricity	1,200	449
Library costs	500	94
Postage	500	149
Rent	11,000	5,500
Repairs and maintenance	1,000	337
Stationery & printing	1,200	595
Telephone	4,500	1,431
Total admin expenses	70,812	32,914
MV & Travel Costs		
MV - fuel	2,000	1,124
MV - insurance	1,220	1,205
MV - lease	16,000	8,000
MV - registration	1,100	-
MV - repairs & maintenance	1,500	221
Travel allowance	500	-
Travel expenses	1,500	5
Total MV & Travel	23,820	10,555
Projects		
Consumables	1,000	71
Equipment purchase	1,000	14
Newsletter	3,000	1,610
Counselling	5,000	140
Program costs	5,062	1,764
Total projects	15,062	3,599
Training & Development		
Conferences	1,000	-
Consultancy	4,000	-
Professional development	3,000	704
Total training	8,000	704
Salaries & Wages		
Salaries & Wages	146,658	53,305
Superannuation	12,938	5,047
Wellbeing allowance	1,690	400
Workers comp insurance	2,200	1,823
Total employment costs	163,486	60,575
TOTAL EXPENDITURE	281,180	108,348
OPERATING SURPLUS (DEFICIT)	0	26,982

Income & Expenditure 31 December 2009

LIFE PROMOTIONS ALICE SPRINGS - OPERATING STATEMENT

	Budget \$	Actual \$
INCOME		
Grant - DH&CS	269,283	130,720
Recovered costs		309
TOTAL INCOME	269,283	131,029
 EXPENDITURE		
Administration		
Administration fees	48,125	23,585
Advertising	2,000	420
Computer support	500	-
Electricity	1,100	448
Library costs	500	-
Postage		149
Rent	11,000	5,500
Repairs & maintenance	1,000	128
Stationery & Printing	1,000	2,045
Telephone	4,500	1,149
Total admin expenses	69,725	33,425
MV & Travel Costs		
MV - fuel	1,680	1,293
MV - insurance	610	603
MV - lease	10,000	5,000
MV - registration	550	-
MV - repairs & maintenance	3,500	1,797
Travel allowance	10,000	3,323
Travel expenses	15,000	3,037
Total MV & Travel	41,340	15,052
Projects		
Consumables	1,000	245
Equipment purchase	1,500	71
Newsletter	3,000	1,594
Promotions	-	-
Program costs	2,000	2,097
Total projects	7,500	4,007
Training & Development		
Conferences	7,507	2,705
Consultancy	12,000	6,000
Professional development	5,000	595
Professional supervision	1,800	-
Total training	26,307	9,300
Salaries & Wages		
Salaries & Wages	109,846	52,348
Superannuation	9,696	4,900
Wellbeing allowance	1,300	675
Workers comp insurance	1,648	1,448
Total employment costs	122,490	59,371
 TOTAL EXPENDITURE	267,361	121,155
OPERATING SURPLUS (DEFICIT)	1,922	9,874

Income & Expenditure 31 December 2009

LIFE PROMOTIONS TENNANT CREEK - OPERATING STATEMENT

	Budget	Actual
	\$	\$
INCOME		
Grant - DH&CS	85,572	41,540
Grants - surplus c/f	38,000	27,507
Recovered costs		50
TOTAL INCOME	123,572	69,097
EXPENDITURE		
Administration		
Administration fees	15,403	7,487
Advertising	1,000	868
Computer support	1,000	-
Electricity	-	331
Insurance	250	271
Library costs	-	238
Postage	-	14
Rent	5,760	2,618
Repairs and maintenance	-	55
Stationery & printing	500	462
Telephone	3,000	2,250
Total admin expenses	26,913	14,591
MV & Travel Costs		
MV - fuel	3,360	1,796
MV – insurance	600	603
MV - lease	10,000	5,000
MV - registration	550	488
MV - repairs & maintenance	2,000	3,622
Travel allowance	4,000	1,184
Travel expense	4,000	300
Total MV & Travel	24,510	12,994
Projects		
Consumables	1,000	99
Equipment purchase		1,802
Promotions		855
Program costs	500	2,862
Total projects	1,500	5,618
Training & Development		
Professional development	2,800	1,086
Total training	2,800	1,086
Salaries & Wages		
Housing costs	6,240	2,624
Salaries & Wages	56,998	27,227
Superannuation	5,028	2,551
Wellbeing allowance	650	363
Workers comp insurance	855	823
Total employment costs	69,772	33,588
TOTAL EXPENDITURE	125,494	67,877
OPERATING SURPLUS (DEFICIT)	(1,922)	1,220

Income & Expenditure 31 December 2009

PREVENTION & RECOVERY - OPERATING STATEMENT

	Budget	Actual
	\$	\$
INCOME		
Grant - DH&CS	326,629	158,558
TOTAL INCOME	326,629	158,558
EXPENDITURE		
Administration		
Administration fees	58,793	28,540
Advertising	500	-
Cleaning	500	184
Computer support	500	-
Electricity	1,500	818
Insurance	170	155
Library costs	250	-
Postage	250	149
Rent	36,280	17,657
Repairs and maintenance	2,500	405
Stationery and printing	1,000	607
Telephone	5,361	1,037
Total admin expenses	107,604	49,552
MV & Travel Costs		
MV - fuel	2,376	990
MV - insurance	600	603
MV - lease	8,000	4,000
MV - registration	550	488
MV - repairs & maintenance	1,500	208
Travel allowance	1,500	80
Travel expenses	2,500	-
Total MV & Travel	17,026	6,369
Projects		
Consumables	500	125
Equipment purchase	1,500	103
Newsletter	3,000	1,602
Promotions	500	-
Program costs	3,308	619
Total projects	8,808	2,449
Training & Development		
Conferences	1,500	-
Consultancy	-	-
Professional development	3,000	385
Professional supervision	1,800	-
Total training	6,300	385
Salaries & Wages		
Hobby workers	-	-
Salaries & Wages	168,030	76,249
Superannuation	14,885	7,119
Wellbeing allowance	1,950	562
Workers comp insurance	2,027	1,823
Total employment costs	186,892	85,752
TOTAL EXPENDITURE	326,629	144,508
OPERATING SURPLUS (DEFICIT)	(0)	14,141

Income & Expenditure 31 December 2009

TRAINING & PROMOTION - OPERATING STATEMENT

	Budget	Actual
	\$	\$
INCOME		
DHCS Grant - Pathways (share)	80,000	40,000
Training Income	11,500	4,750
TOTAL INCOME	91,500	44,750
 EXPENDITURE		
Administration		
Administration fees	16,470	8,055
Library	500	-
Postage	-	-
Repairs & maintenance		-
Stationery and printing	500	42
Telephone	262	214
Total admin expenses	17,732	8,814
 MV & Travel Costs		
Travel allowance	1,000	1,091
Travel expenses	1,000	2,376
Total MV & Travel	2,000	3,466
 Projects		
Consumables	1,000	385
Equipment purchase	-	-
Promotions	-	614
Program costs/venue hire	3,500	6,190
Total projects	4,500	7,189
 Training & Development		
Conferences	1,246	-
Professional development	1,000	609
Total training	2,246	609
 Salaries & Wages		
Salaries & Wages	58,349	24,891
Superannuation	5,147	2,360
Wellbeing allowance	650	114
Workers comp insurance	875	814
Total employment costs	65,022	28,179
 TOTAL EXPENDITURE	91,500	48,258
 OPERATING SURPLUS (DEFICIT)	-	(3,508)