



Mental Health Association of Central Australia

6-monthly Service Report

July – December 2004

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inBalance newsletter edition 4 & 5

Administration/Management

Claudia Manu-Preston

The Mental Health Association of Central Australia (MHACA) community has been working towards building on past achievements and continuing to provide client focused, community driven services. MHACA has invested a lot of energy into working towards having a strategic plan to guide MHACA's service direction. The launch of this plan at the AGM signalled the implementation phase of this plan. Refer reference documents. To follow is a summary of the activities that MHACA Management has undertaken to achieve the Association's objectives.

1. Governance

The Committee is the governing body of the Mental Health Association. The inclusion of identified consumer representative positions has guaranteed consumer input at the highest level of decision making for the organization.

MHACA invests a lot of time in ensuring that governance support is resourced. This support includes the distribution of papers in a timely manner to allow members to consider and participate in decision making. Committee papers are organized in a manner that clearly identifies the members' required advice. Independent mentoring support is provided to consumer representatives to support and develop their skills. There have been 6 committee meetings including the AGM with 70% attendance from committee members.

The main governance issues for this period were:

- Service development
- Policy development
- Consumer Advocacy Systems

The AGM was held on Wednesday 29th September at the Salvation Army. There was a good turnout and the meeting was a success. A power point presentation on MHACA services with a display and resource material available for members and interested people. The launch of the Strategic Plan 2004 – 2007 and The Annual Report was tabled for members.

In December, a governance workshop was provided to committee members. The workshop addressed: roles and responsibilities; decision making processes; governance models. The workshop was valuable for members to help clarify and reaffirm their role. The committee reaffirmed their priority of ensuring transparent reporting systems and exploring ways of making access to stakeholders easier.

The MHACA Committee and staff are as follows:

Chairperson	Steve Fisher
Dep. Chairperson	Robyn Cruickshank
Secretary	vacant
Treasurer	Lesley Mc Bride
Public Officer	Maya Cifali
Organisational Rep	NT ARAFMI - Christine Pilbrow
Organisational Rep	Salvation Army - Helen Steer
Consumer rep.	Rebecca Nathan
Consumer rep.	Leo Welin

Staff

Organisation & Community Development Manager
 Trainee Administration/Administrator
 Rehabilitation Coordinator
 Rehabilitation Worker
 Life Promotion Coordinator
 Life Promotion Officer

Claudia Manu-Preston
 Kathryn Buzzacott/Rita Riedel
 Megan Rackley
 Lai Khum Law
 Laurencia Grant
 Geoffrey Miller/Brian McDonald

Issue	Action
<p>July Process to ensure MHACA remains a responsive service with a long term service direction plan.</p> <p>To provide a local voice about mental health needs that informs Territory and National policy</p> <p>Consumers asking for funding in the form of a loan to cover emergency doctors visit and medication, eg: flu</p> <p>Requests for ongoing consumer participation in steering committees, recruitment panels etc</p>	<p>Strategic Plan developed</p> <p>Participation within the NT Mental Health Coalition and Mental Health Council of Australia</p> <p>Consumer GP Fund available</p> <p>MHACA Consumer participation policy developed together with code of conduct.</p>
<p>August Rehabilitation program cuts to program due to lack of funding.</p> <p>Consumer attendance at National Bipolar Conference</p> <p>Substance Misuse Steering Committee Major issues with dual diagnosis, concerns there should be extensive consultation with regards to the issues and actions around co-morbidity.</p> <p>Request for input into CAMHS accreditation at the Consumer Business Lunch</p>	<p>Letter sent to Minister regarding cutting service and need for additional funds. Submission developed for the above.</p> <p>Consumer Conference Report received and presented to Consumer Business Lunch</p> <p>Tabled and discussed at NTCAG</p> <p>Requests at senior staff meeting and directly to Quality Improvement officer to meet and develop pathways and items for consumer input.</p>
<p>September Issues around service supports for clients and access to service for consumers</p> <p>Media Watch Two articles within a 2-week period using negative and stereotypical headlines when reporting criminal and mental health cases.</p>	<p>Meetings with the Department and other services. Submission written for Outreach and Sub-Acute.</p> <p>Letter to the Advocate and reported to Stigma watch</p>
<p>November Consumer Therapy Options Issues were raised by carers about ongoing counseling support for clients Generate discussion and input for Relapse Prevention consultation Consumer/Carer ongoing development support</p>	<p>Raised with CAMHS manager and raised at senior staff meeting</p> <p>Organize and participate in Relapse Prevention workshop Promotion and distribution of Auseinet funding guidelines</p>
<p>December Extra supports over Christmas needed and requested</p> <p>Consumer Consultation</p>	<p>Funding provided by the Depart of H&CS to undertake the Christmas Calendar activities</p> <p>Working agreement between the Department and MHACA around ongoing consumer input</p>

2. Quality Improvement Activities

MHACA have approached quality improvement activities using a system based approach. MHACA is continuing to develop these systems to evaluate and monitor the effectiveness of MHACA services. For the previous period the quality improvement activities include:

- Strategic Plan development
- Governance Workshop
- Performance management system
- Staff Planning Day around service development

Policy Development:

- Consumer participation policy & code of conduct
- Financial risk management policy

3. Mental Health Promotion

MHACA Mental health promotion is embedded in the everyday interactions between clients and staff, and the collaborative work with other service providers. MHACA's targeted promotional activities aims to provide broader mental health literacy in different settings and are as follows;

General promotion

Presentations at the ACOSS National Conferences on NT Mental Health
8CCC radio show / Vashti's Voice – Women's Mental Health
ABC Interview - Update of service reforms since the Burdekin Report
Lifeline committee presentation on MHACA service and role

inbalance

A major promotional strategy has been the MHACA *Inbalance* newsletter. In the past 6 months MHACA has produced 2 editions (refer reference documents). 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, resources and conference articles. The MHACA continues to receive positive feedback about the newsletter.

Mental Health Week 10–15 October 2004: 'Healthy Body, Healthy Mind'

Mental Health Association of Central Australia provided a leading role in coordinating activities as part of NT Mental Health Coalition role in Mental Health Week. Events included:

- Fun Walk/Jog/Run (MHACA)
- Media Strategy – Advocate feature & radio promotion of theme and events
- Community Forum - Ben Darwin motivational presenter at the Memo Club
- Mental Health Forums in Schools, Anzac Hill High School and Charles Darwin University
- 2 x workshops on Post Natal Depression

There was good media coverage for the promotion of the events. This is attributed to the coordination support provided by the NT Mental Health Coalition.

Mental Health Awareness Training

This program offers a broad range of information in a half-day workshop, tailored to meet individual agencies' needs. The objective of the training is to provide ;

- A greater understanding of the myths and attitudes surrounding mental illness in the Alice Springs community,
- Current/correct information on the incidence of mental illness, types of mental illness and treatments currently,
- An opportunity to talk to consumers involved in MHACA
- Developing an understanding of the process for recognizing and reporting mental disorders,
- Discussing the process to use in a crisis situation,
- An understanding of support agencies available in Central Australia.

The three services that took part in this training were the Salvation Army, BINDI and The Centre for Remote Health. The evaluation of the program indicated 70% of participants based their perceptions of mental illness on incorrect information about mental illness; 75% of the participants found the training program to be relevant to their needs and professional development; and 75% of the participants felt their questions were clearly answered.

From June 2005, MHACA will provide Mental Health First Aid Training coordinated through Australian Capital University. The Rehabilitation program staff are currently undertaking the Train the Trainer training and will continue to target key agencies as part of the organization's objective to improve mental health literacy to the broader community.

4. Advocacy & Partnership

MHACA Advocacy role has and will remain a major role for this organization. MHACA has been advocating on a range of issues identified by consumers and carers' in the past 6 months (refer pg 5, issues and actions). MHACA provides advocacy at the broader systems level. This method of advocacy targets influencing policy, the systems and therefore service provision by providing advice and/or supporting consumers to have input into service development. We refer and support people with personal complaints to the Disability Advocacy Service or the Community Visitor Program.

The advocacy forums MHACA participated in include:

- CAMHS Senior staff Meetings
- NT Mental Health Coalition
- Northern Territory Community Advisory Group
- Ausienet Consumer/Carer committee
- Mental Health Council of Central Australia

Individual support was provided on 90 occasions to consumers and carers on a wide range of topics including information provision, referral to relevant services or assistance in accessing relevant services. Average time per support was 15 minutes.

Structures such as our monthly Consumer Business Lunch have proved to be valuable in informing the basis of information for advocacy work.

The working agreement between MHACA and CAMHS constitutes the way in which ongoing consumer participation operates. (Refer appendix 4)

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

- NT Council of Social Services (NTCOSS)
- Australian Council of Social Services (ACOSS)
- NT Primary Mental Health Intersectoral Reference Group
- NT ACROD

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

- NT Community Advisory Group
- NT Mental Health Coalition
- NT Health Consumers Voice
- NT Chamber of Commerce
- NT ACROD
- NT Council of Social Services
- NT ARAFMI

Partnership Activities included:

Partnerships activities are undertaken within each program area. To follow are the activities that administration are responsible for.

CAMHS	Mental Health Awareness Training workshops Accreditation
Alice ARAFMI	Relapse Prevention and Anti Discrimination /Mental Health Councilforum presentations by Consumer and Carers
Mental Health Week	
Anzac Hill High School & Charles Darwin University	Mental Health Week Forum
Running and Walking Club	Mental Health Week Youth Forum
	Fun Run/Walk

5. Financial Accountability

Over the past 6months MHACA has achieved a surplus budget for 95 % of the budget income. Overall MHACA has demonstrated that we have stayed within budget. Careful monitoring of actual expenditure against MHACA projected budget is ensured through the implementation of financial policy and procedures within MHACA.

The administration budget shows a small deficit which currently does not pose a threat. The deficit shown would be absorbed after the June 2005 due to cost saving from other projected line items. It is also anticipated that the expected income will exceed expenditure due to MHACA providing additional programs. Please refer financial statements on appendix 3 for the individual budgets.

The readjustment to the Rehabilitation program budget consisted of cutting salary costs in the period 1st July to December 31st, to ensure the program stayed within the income allocated. In December, additional funding was provided for this program. Therefore staffing will increase in the next reporting period to reflect this income. The program currently shows a small surplus.

Life Promotion budget shows a surplus. The surplus is a result of savings in wages and a lack of remote trips within this period. It is anticipated that there will be more remote trips now that cultural business is completed. As shown there has been an increase in costs associated to professional development which is due to all staff being required to be trained in the ASIST Suicide Prevention and Indigenous Psychological Intervention Training. Preliminary discussions have been held with Tennant Creek community services to discuss the possibility of funding a part-time Life Promotion position.

6. Supported Accommodation

Although the Landlord function is not part of the service agreement, this role is provided and is a developing role that is critical to our clients for long term recovery, if suitable accommodation is an issue. Landlord functions include tenancy agreements, collection of rent, property management. This role operates using a separation of role and responsibility for the landlord and Rehabilitation program support. The amount of time for this function can vary with periods of intensive time needed if neighborhood disputes occur.

The Housing and Support Program was developed with the guidance of a Housing steering committee. The committee meets when required and oversee the operations of the program. The committee comprises stakeholders and consumers. They are responsible for the assessment of applications and allocation of housing. They have also guided the development of the policy and procedural manual.

Pathways Rehabilitation Program

Megan Rackley
Lai-Khum Law

1. Provision of a recovery focused rehabilitation program

Fifteen of the programs twenty three active clients currently have employment. Eight have positions in open paid employment, four are in sheltered employment and five people are working as paid mental health advocates/consultants for community agencies.

The service provides recovery focused rehabilitation programs to individuals with a mental health issue. The program is based upon the principals outlined in Annexure A. The service has an established data collection and reporting process. We are currently reviewing our consumer input mechanisms, with the aim of increasing the consumer input into the program.

Individuals are assisted to develop individualised recovery programs utilising the existing community resource base to effect community reintegration. An integral component is networking with mainstream services and providing support to ensure a positive experience for the consumer and agency. The program increases the consumer's capacity to reintegrate into the community through employment and educational opportunities.

The program works collaboratively with Central Australian Community Mental Health Services with over 90% of clients being co-casemanaged. The referral process outlined in our joint protocol is utilised and a close working relationship has been established. The program also works closely and collaboratively with other community agencies to ensure a range of services and opportunities are accessed (see table 3).

The program has an excellent working relationship with the local educational and employment agencies. One individual has completed 2 years of nursing while four are approaching 18 months in their positions at Coles Supermarket. All of these individuals experience major mental illness. Fifteen individuals have vocational positions or placements in either voluntary, paid sheltered or paid open employment (see table 4).

Recreational and social activities are provided individually on a limited basis. Peer support has continued as a daily program. The premises are open daily from 8.30am to 12.30pm for consumers to utilise while the weekly Women's group has continued. The women's group has received positive feedback from those who attend and also from referring Community agencies. Consumers and some agencies have identified the need for an accessible and ongoing program of recreational and social activities. This service could potentially meet this need should funding become available. However it should be noted again, that integrated educational and employment opportunities are more likely to produce an improvement in quality of life and an increase in social networks outside of the mental health system (Curtis,2001).

Due to the difficulty experienced in obtaining completed evaluation forms feedback is now mainly received via the consumer forums and informally from other agencies and caregivers. The consumer forums are a joint activity with the association's advocacy and promotion branch. The last 6 months has seen the further development of paid consumer advocates/consultants with 5 consumers paid as consultants over the past 6 months.

- 1.1. (Table 1) The Pathways rehabilitation program provides a service for 23 people. 21 of these are active and two attend groups but are not provided with individual support and so do not have an Individual Plan. This is due to a lack of staffing resources. There are 11 women and 12 men, 7 identify as Indigenous people while 3 are from a non-English speaking background. Referrals were kept to a minimum due to the oversubscription of the program. CMHT referred the 1 new client. (see table 2).
- 1.2. Data shows a decrease in individual contact hours per time available over the six months.(Table 1.)This was due to both the number of consumers established in their programs and not requiring as high a level of support and demands on rehab staff time by other program areas. The Outreach Support and Subacute projects were allocated a considerable amount of hours. These 6 months saw a focus on employment as many of the programs clients have progressed through educational placements into an employment focus. The data reflects the programs shift to a vocational focus. The women's program and peer support also receives a high level of input with the majority of clients participating. These provide valuable peer support which literature indicates is important in the recovery process (Deegan, 1988). They also focus on social skills training and build prevocational skills.
- 1.3. The majority of consumers have engaged in mainstream services as part of their goals (see Table 3). The person's individual goals dictate which services are appropriate. Some individuals begin with attending the women's or men's program before progressing to other activities and this is reflected in the data.
- 1.4. (See table 1.4) Of particular interest is the continued improvement demonstrated by many of the programs initial clients with many now receiving minimal input. Many of these individuals are previous clients of the Clubhouse and long-term specialist service users. It is also observed that while relapses may occur the recovery time is discernibly quicker and individuals report feeling more in control. The high score obtained by some of the services newer clients reflects their circumstances-high functioning individuals not able/ready for the workforce but seeking to extend their social network.

2. Provision of individual support plans

- 2.1. The majority of consumers attending the program participate in the development of an individual plan. The only exception to this is those individuals who attend the mens/womens group only and who are not yet ready for the formal process, and new referrals who were referred after the program was oversubscribed. The plan is strengths oriented and goal focused. It encourages people to think about both short term and long term goals. As part of the individual support plan clients are encouraged to complete a wellness plan. The wellness plan looks at ways the client can address stress and identify triggers. It also incorporates a crisis plan.
- 2.2. The plans are reviewed at least every 3 months, and this is documented in the individual files though often more frequently, clients are encouraged to review goals at each meeting and are given the opportunity to add further goals. The process is one of ongoing evaluation and review.

3. Programs accessible and appropriate to different individuals from the population

- 3.1. The service has actively sought equal gender representation. Brochures have been placed at Women's Information Centre and a Women's Group established. At December 30th the service provided programs for 11 women and 13 men. The increase in numbers of women passing through the program, is due to its relevance and accessibility. It provides peer support and social skill training through a wide range of activities.
- 3.2. Brochures have been placed with indigenous organisations in town, as well with Multicultural Community Services. A representative from MCS sits on the MHACA committee. The service is able to access an interpreting service. The service employs staff from a range of cultural backgrounds, which facilitates accessibility. At Dec 30th the service provided programs for seven indigenous people and three from a non-English speaking background.
- 3.3. The program has a formal protocol with CAAODS outlining the referral process between the two agencies. Brochures have been placed with CAAODS. Clients are informed of the availability of home visits, and psychologist clinics. The program assists clients to access these services.

References

Curtis L, Personal communication, March 2001

Deegan,P (1988) "Recovery: The Lived Experience of Rehabilitation", in *Psychosocial Rehabilitation Journal*,11:4,11-19.

Life Promotion Program Central Australia

Laurencia Grant

1. Create and strengthen links between key Government departments, non-Government organisations including agencies supporting young people and community groups to support a whole of community approach to the prevention of suicide and self-harm

1.1 Coordinate the Life Promotion Program Steering Committee

The Life Promotion Program Steering Committee met in July, August and November 2004. The committee meetings were well attended with representatives from Anglicare NT, Tangentyere Council, Waltja, ASYASS, Congress, DEET, DHACS, Bush Mob, Central Australian Mental Health Services, NPY Women's Council and the Gap Youth Centre. The Steering committee provided valuable input into the development of a 12 month strategic plan for the Life Promotion Program that has given the program clear and considered direction. Issues that were actioned and addressed through the Steering committee included amending the Terms of Reference to better reflect the role and purpose of the committee. Providing a history document to give all members a clear picture of the origins of the program and the direction it has taken over the years. Discussions with the funding body allowed an alteration to the original service plan to more accurately reflect the current objectives of the program.

1.2 Keep up-to-date information on relevant local services

Due to the commencement of two new staff members in late June and July 2004, the period covered in this report involved initial introductions to local workers in relevant organisations. (See attached information regarding agency meetings). Given the long history of the program, many local organisations have had previous involvement with LPP, however some organisations were unclear about the focus of the program.

1.3 Collaborate with key local agencies, government depts and community groups

The Life Promotion Program is working collaboratively with Waltja and NPY Women's Council to work in Santa Teresa and Imanpa to deliver suicide awareness training and to provide support to communities around issues relevant to suicide and self-harming behaviour. Collaboration occurs through the ASIST network of trainers, the Steering committee and the CAYPIN meetings. Whilst in Darwin for training, the LPP Coordinator met with Leonore Hanssens of the Top End LPP to share information and resources.

1.4 CAYPIN and Youth Case Management Meetings

Life Promotion Officers attended the Central Australian Youth Information Network meeting in August 2004. Unfortunately these meetings were not held regularly, however they are currently the only forum for youth workers and agencies to share information. Life promotion has offered to assist Tangentyere council's CAYLUS program with the coordination of these meetings. Youth Case Management meetings are held monthly and are an opportunity for Life Promotion to inform workers of young people at risk of suicide or self-harm and to receive information from other agencies about young people at risk.

2. Coordination of the Inter-agency model of response following suicide and attempted suicide in Alice Springs

The Interagency Suicide Response Group continues to operate under the management of the Program. Between the 1st of July and the 30th of December 2004, the Program recorded two suicide deaths (confirmed through the NT Police and the NT Coroners Office). The Interagency Suicide Response Group met in October 2004 to respond to both incidents and to discuss recent suicide attempts. The information about these two deaths was not communicated to Life Promotion until at least one week to one and a half weeks after the incidents occurred. LPP is working to improve the lines of communication between all agencies including the Police, Alice Springs Hospital and Mental Health Services. An MOU is being developed with both the Police and Central Australian Mental Health Services in order to clarify the roles of each of these services in the response to suicide and attempts.

Discussions have taken place with the Commonwealth funded Noosa Standby Suicide Bereavement Service and Life Promotion has indicated an interest in piloting this transferable model in Alice Springs. LPP coordinated a meeting in Tennant Creek in December 2004 with local agencies to consider establishing a local response to suicide. Fourteen people attended at short notice and other agencies that were unable to send a representative were visited later in the day. A planning group was established from this group to address some of the issues raised at this meeting. LPP is considering placing a part-time LPP officer in Tennant Creek to coordinate the response group and liaise with the Alice Springs based officers. LPP is keeping the Barkly region informed of activities through the Steering Committee minutes and other relevant information.

3. Provision of information, resources, education and training in self-harm and suicide awareness, intervention and post vention

3.1 Education and Training

The Life Promotion Program coordinator was appointed in June 2004. Over the next 6 months, this staff member attended a range of training activities. This included training in Aboriginal Cultural Awareness, 4WD Awareness Training, ASIST T4T and Suicide Talk Orientation. The coordinator also attended a three day workshop conducted by Indigenous Psychological Services in Psychological Assessment of Aboriginal Clients and Working with Suicidal and Depressed Aboriginal Clients. LPP delivered a two-day ASIST workshop in collaboration with Anglicare NT, Congress and Waltja in November 2004. Those participating were from Central Australian Remote Health Development Service, Congress, ASYASS and the Women's Refuge. LPP are involved in discussions about the delivery of the ASIST workshop to remote communities.

3.2 Provision of Information and Resources

LPP continues to keep up to date with current research and resources related to the issue of suicide and in particular indigenous suicide. Information is disseminated to organisations on request and via existing email networks. Awareness raising occurs through agency visits and Interagency meetings. During Mental health week, LPP spoke to students at Centralian College on the issue of mental health and the Life promotion officer shared his own story from the perspective of a local indigenous man. This was an effective means of sending a positive message about mental health. LPP include regular updates of their program in the MHACA bi-monthly newsletters and recently published an article in the Primary Mental Health Care Australian Resource Centre (PARC) Newsletter 2004. (see attached)

3.3 Bereavement Support

LPP established a Bereavement Support Group for those affected by suicide in collaboration with Relationships Australia NT. A Rotary Mental Health forum held earlier in the year had focused on the issue of suicide and audience members were vocal about the need for improved support for people affected by suicide. The first session in October 2004 was an information session and an opportunity to gain further support for the needs within the Alice Springs community. The Alice Springs Bereaved by Suicide Support Group has continued to meet on a fortnightly basis since this time. Those who have continued to attend are non-indigenous women. LPP has gained the support of Congress to provide co-facilitators and referrals. This link may assist in the attendance of indigenous people who may consider this type of support to be beneficial. LPP has sent out Bereavement Support Kits on request.

4. Support remote communities to develop sustainable and culturally appropriate suicide and self-harm prevention, intervention and bereavement support strategies

The Life Promotion Program has continued to work closely with two key agencies involved in remote work in Central Australia. LPP has sent official letters to NPY Women's Council and Waltja's Committees of Management to offer a proposal for working in partnership to address the issue of suicide and self-harm. LPP visited Papunya in July 2004 as an introduction to remote Central Australia and to learn about some of the programs operating in this community. In September, LPP travelled to Santa Teresa with Waltja's Reconnect program to continue discussions with key agencies about LPP's involvement here. NPY Women's Council is interested in involving LPP in the delivery of health workshops in Imanpa.

5. Collection of data and research on attempted and completed suicides in Central Australia in order to develop evidence based strategies

The Life Promotion Program continues to collect data on completed suicides received through the NT Coroner. Information on attempted suicides is not collected at this stage. LPP is continuing to work with local agencies, Government departments, the local police and local hospital to gain a better understanding of the number of incidences of attempts in Central Australia. A report released recently by the NT Police on the numbers of attempts and completed suicides in East Arnhem Land has prompted a wide ranging response from organisations and Government Departments in the Top End. A similar level of reporting in Central Australian communities would highlight the urgency of need for improved resourcing in remote communities.