



# **Mental Health Association of Central Australia**

## **Service Report**

**July – December 2007**



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# Management and Administration of MHACA Services

Claudia Manu-Preston: General Manager  
Tanya Vaughan: Administrator

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

## Overview of the Past Six Months July-Dec 2007

This past year MHACA staff and committee have worked very hard to secure and relocate to new office premises while maintaining the effective operation of our services. To follow is a summary of the Strategic achievements within this period.

## Strategic Achievements - 2007 Programs & Projects

### 1. Consumer Driven Quality

- Independent consumer information and education workshops: Helen Glover and Arana Pearson: international mental health consultants with a lived experience of a mental illness
- Development of Day to Day Living Program
- Development of Consumer Peer Support Model and GROW service
- Monthly Consumer lunch forums
- Involvement of people bereaved by suicide and consumers in World Suicide Prevention Day
- Consumer participation in review processes, such as Peer Support Model/s development; Headspace lobby for increased youth mental health services, support and resources.
- High consumer uptake in activities, excursions and camps.
- On-going involvement of consumers and carer's on Management Committee and Steering Groups on special projects, e.g. Policy Manual and Peer Support projects.

### 2. Mental Health Awareness

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

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

- Ongoing provision of support to 56 clients on the Pathway's Rehabilitation Program and 9 clients in the Prevention & Recovery program.
- Independent external evaluation of Prevention and Recovery Program completed.
- 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.
- Addition of a 2 bedroom flat for the Housing Support Program – increasing the total housing to three separate locations.
- Ongoing trial counseling service. This service is being offered to both consumers and the general community (adults).
- ASIST training in Alice Springs, Tennant Creek and Ali Curung
- Coordinated Interagency Response after a death by Suicide
- Consumer engagement / life skills and socialization including: yoga, arts and crafts, cooking groups, drumming group, recreational 8-ball, 10-pin bowling, annual 3-day Matt Deer Camp, nature hikes, Christmas & New Year daily activities, including Christmas dinner
- Joint community programs / activities: Salvation Army, Reclink, Bindi, CASA
- Combined training with clinical services: Boston Rehabilitation & Strengths-Based Recovery
- Consortium member in the Headspace (Youth) project.

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

- Re-location of premises to Hartley Street
- Development of Day to Day Living Community Program
- Development of GROW Consumer Peer Support Service
- ASIST & Mental Health First Aid refresher training
- Service development and planning workshops
- Implementation of new records database – joint project with Team Health
- 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.
- Introduction of International Wellness and Recovery Planning Plan (WRAP). This tool was adapted via consumer feedback to make it locally relevant.

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

- Development of "We Know Our Strengths" project with Waltja in 3 remote communities
- Development and trialing of new Suicide Awareness training package for Indigenous workers
- Review of client assessment processes
- Research into trial counselling and peer support groups

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

- Ongoing consumer committee member mentoring
- Governance training for committee members
- Weekly In-Take Service, Supervision and monthly In-service Training with consumer rep participation
- Effective Relationship Building Training with CAMHS clinical service teams (by Accrete Training)

# Service Activity 1- Financial Accountability

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

The Balance Sheet reports a current year surplus \$344,943 at 31 December 2007.

The Balance Sheet reports MHACA to have current assets of \$649,084, mainly cash at bank of \$595,788 and receivables of \$53,296. Non current assets of \$579,114 which comprises of residential units \$518,937, plant and equipment \$20,143 and motor vehicles \$40,034 (all amounts are written down values). Current Liabilities are \$90,130, Creditors of \$44693 and provisions of \$45,437.

The Balance Sheet reports MHACA to be in a healthy financial position at 31<sup>st</sup> December 2007.

## Statement of financial performance

Income for the six months including Grants b/fwd from 2006-07 and excluding Internal Income is \$989,585. Grant Income \$933,572. Other income from external sources was:

• Bank interest	\$20,724
• Fundraising activities	\$ 909
• Rent and recovered costs	\$17,142
• Membership fees	\$ 861
• Training Income	\$ 1,870
• Other income	\$14,407

Reports show that expenditure against budget on project and management are in line with expectations for the first six months of the year . Surpluses are arising where there has been difficulty in engaging appropriate staff in some projects.

# 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 enabling the members to participate. A separate meeting is held prior to the committee meeting with the mentor and consumer representative to discuss paperwork and any points needing to be raised.

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

- July 7 committee members
- August 9 committee members
- September 10 committee members
- October 7 committee members
- **November AGM 7 committee members**
- December 7 committee members

### **Annual General Meeting**

The AGM was held on Wednesday 7 November 2007 at the new MHACA office at 65 Hartley Street. 27 people attended including Committee Members, General Members, Staff and participants of the Alice Springs community. It was encouraging to see a positive turn out and ongoing support from existing Committee members to renew their roles on the Management Committee. All but one of the Consumer Representative positions was filled. The AGM was a successful meeting and a very happy affair. The MHACA Committee look forward to continuing to work together and hope that committed and caring members of the community will continue to come forward and serve on the committee and support the ever expanding work of MHACA.

## **2.1 Activities Summary**

<b>July 2007</b>	<ul style="list-style-type: none"> <li>• Alice Springs Show stall</li> <li>• Development of new 3-year Service Agreements</li> <li>• MHACA/CAMHS Relationship Building Training Day</li> </ul>
<b>August</b>	<ul style="list-style-type: none"> <li>• Quarterly Interagency Meeting - host</li> <li>• Recovery Training with Helen Glover</li> <li>• Careers Expo stall at St Philips</li> </ul>
<b>September</b>	<ul style="list-style-type: none"> <li>• Committee + Consumer attend THEMHS conference on behalf of MHACA</li> <li>• Ongoing refining of 2006-2007 budgets</li> <li>• World Suicide Prevention Day ceremony</li> <li>• MHACA Mini Camp – Gemtree</li> <li>• MHACA/CAMHS Team Building Activity</li> <li>• Workplace Relations Agreement Making Seminar</li> <li>• Attracting and Retaining Staff in Central Australia Seminar</li> </ul>
<b>October 2007</b>	<ul style="list-style-type: none"> <li>• Moved into new office premises at 65 Hartley Street</li> <li>• Mental Health Week: Supported activities within the week and organised the Annual Fun-Run which attracted 90 people to the event (<i>refer Training and Promotions report and inBalance newsletter</i>)</li> <li>• Arana Pearson Workshops: Hearing &amp; Working with Voices &amp; Recovery Planning</li> <li>• Dinner with Mike Munro</li> <li>• AGM preparation, audit finalised and produced MHACA Annual Report.</li> </ul>
<b>November</b>	<ul style="list-style-type: none"> <li>• Annual General Meeting / Annual Report</li> <li>• Partnership proposals</li> <li>• MHACA AGM 7 November</li> <li>• Waltja partnership with Life Promotion</li> <li>• ASIST Train the Trainer – LPP staff</li> </ul>
<b>December</b>	<p><b>Christmas Calendar of Events</b></p> <ul style="list-style-type: none"> <li>• Organised and developed a range of activities for the Christmas period, refer <i>inBalance</i></li> <li>• Consumer Christmas Dinner</li> </ul>

## 2.2 MHACA Committee and Staff

### **Committee**

<i>Chairperson:</i>	Mardijah Simpson
<i>Deputy Chair:</i>	Trish Van Dijk
<i>Secretary:</i>	Jill Deer
<i>Treasurer:</i>	Lindsay Morley
<i>Public Officer:</i>	Maya Cifali
<i>Organisational Rep:</i>	Tracey Hatchard, Carers NT
<i>Organisational Rep:</i>	Jenny Black, Salvation Army
<i>Consumer Rep:</i>	Leo Welin/Darren Farr
<i>Consumer Rep:</i>	Steve Kent/Vacant
<i>General Member:</i>	Margaret McAlavey
<i>General Member:</i>	Lee Ryall

### **Staff**

<i>General Manager:</i>	Claudia Manu-Preston
<i>Administrator:</i>	Tanya Vaughan
<i>Administration Assistant:</i>	Christine Kam
<i>Services Manager:</i>	Rangi Ponga
<i>P&amp;R Officer:</i>	Danielle Noble
<i>P&amp;R Officer:</i>	Clare Hine (Raymond Campbell)
<i>Pathways Officer:</i>	Tim MacDonald
<i>Pathways Officer:</i>	Vacant (Gina McAuley)
<i>Pathways Officer:</i>	Jo Ruby
<i>LPP Manager:</i>	Laurencia Grant
<i>LPP Officer:</i>	Kristy Schubert
<i>LPP Officer (Tennant Ck):</i>	Vacant
<i>Training &amp; Promotions Officer:</i>	Rita Riedel

### **Recruitment & Retention Analysis:**

In the past six months there was a 20% staff turnover. This is based on three vacant positions within the MHACA Team in the reporting period. The resources required to recruit and retain staff continues to be a challenge. As part of our 3-year Service Agreement review and negotiations this year we have included workforce development strategies as a performance objective for future planning. The development of a workplace agreement will further enhance our organisation's ability to retain staff.

At the end of 2007 there were 5 positions vacant:

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

# Service Activity 3 - Quality Improvement Activities

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

## 3.1 Extending Range of Support

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

MHACA has been successful in securing funding for a Day to Day Living in the Community Program based in Alice Springs to expand the range and quality of structured activities for consumers. A consultant has developed guidelines and contracts based on MHACA's original submission and funding specifications with input from a reference group and the program.

A GROW Field Officer was employed in November 2007. The GROW Program will be offering a drop-in service and GROW group and other mutual supports.

- **Prevention and Recovery Trial Evaluation:**

The final Prevention and Recovery Trial Evaluation report was received in November 2007. A joint meeting between MHACA, CAMHS, Salvation Army and Department of Health and Community Services determined the strategies to ensure continued development of the program. Mid-term report recommendations from June 07 were followed through and gaps in service delivery reduced with the appointment of a more secured CAMHS coordinator to assist in continuum of referrals, work practice and joint relationships. There have been four CAMHS coordinators to the program over the two years the program had been operating, and MHACA's coordinator transferred to Service Manager role.

Issues identified by Debra Rickwood that required some fine tuning and deliberations that were discussed at the joint review included:

1. Staffing shortages in Central Region had reduced consistent referrals.
2. Differences in staff recruitment such as skilled clinical professionals in the Team Health Service in Darwin differentiated extra confidence by the clinical team, although 'persistence, good interpersonal skills, professionalism and valued role support to the clinical team' has sustained stability for the MHACA team.
3. Ongoing problems in adequate information in referrals continued to require improvement for the Alice Springs team.
4. Previous resistance to provide information required to referrals is now being addressed with the arrival of the new CAMHS coordinator. Continuous improvement in communication and weekly meetings between the clinicians and MHACA was required to ensure the program can be sustained.

## 3.2 Improving Services

- **New Office Premises**

The main focus for the Administration Team over the last six months has been the relocation to a new office premise. Given the growth within MHACA, it was time to get serious and find a suitable office location that could house the entire team. After reviewing a number of properties within Alice

Springs, we came up with our preferred accommodation, a space that meets MHACA's selection criteria as well as provides that homely feel for our clients. The preferred property was Panorama Guth on Hartley Street and MHACA finally made the move on 15 October 2007.

The move to a new premise has certainly built staff moral and the clients appear to like their new space. There have been ongoing project works being completed since our relocation with the interior renovations, purchase of much needed resources, installation of split system air conditioners, re-carpeting and the design of a client outdoor area. We look forward to the final project works being completed, so the MHACA offers a space that caters for all. We have already attracted new visitors from the community.

This has been a tough project to undertake and I wish to thank all the MHACA Staff and Committee for all their support throughout the process. I also wish to make special mention of the staff during the week of relocation particularly the administrator Tanya Vaughan. Everyone pulled together as a team and did their bit to make the transition very smooth. I was delighted at the effort put in and proud to be part of the MHACA team.

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

The project plan for the installation of the Consumer Database was placed on hold during the last few months as the relocation project took priority. MHACA will be refocusing on this project in the second half of 2008. We have received the Service/License Agreements from Frontier Software to move forward with the implementation of the system. These Agreements are currently being reviewed by MHACA Management and approved by the Committee. The Database offers a secure way of storing information around client records and conducting the HR, Payroll and Accounting functions of the Association. The new system will allow the generation of reports tailored to specific requirements and will increase the productivity of the organisation.

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

Senior staff met with the Director of Mental Health Services and renegotiated MHACA's 3-year Service Agreements with the DHCS for 2007-2010 and all existing programs will be refunded. Some additional issues: 1) the future operation of the Subacute Program will further be influenced by recommendations arising from the latest evaluation of the program in June 2007; 2) the Life Promotion Program has secured ongoing funding for the Tennant Creek position; 3) the pilot Counselling Program will continue to be funded and will be reviewed in line with usage rates in June 2008; 4) the Training & Promotion position has received a 1-year funding agreement using surplus funds.

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

This project was expected to happen in the later part of 2007. Due to the enormous extent of work associated to the relocation, the evaluation of the previous plan and update of the Strategic Plan was postponed till early 2008. This was to ensure that the important process of Strategic Planning was thoughtful and thorough.

- **Orientation project**

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

### 3.3 Staff development

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

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

#### Management Committee Training

- Governance Training Workshop for the MHACA Management Committee

#### Core Staff Training

- Independently facilitated consumer consultation workshop – Donna Cross
- International Recovery Model – Helen Glover / Arana Pearson
- Cross Cultural Training
- Boston Readiness for Rehabilitation Training
- Mental Health First Aid Cert
- ASIST

#### Individual Staff Training

- ASIST 2 day course
- Mental Health First Aid
- Senior First Aid
- ASIST 'tune up' – half-day workshop
- Responding for Success – communication workshop
- Qualitative Data Analysis Short Course
- Trial of Joint Group Work Management in the mental health unit
- Community Development and Public Health Short Course
- Attracting and Retaining Staff
- A Skilled Workforce: For Regional and Remote Australia
- MYOB
- Bookkeeping/Financial Management
- Mind Matters

#### Internal Training provided

The Administration Team conducted some training of their own during the last six months, by providing some basic computer hints and tips to the staff to assist with managing their time more effectively and to navigate their way around the computer. The staff were very receptive in receiving this sort of informal training.

#### Conferences Attended/presented at:

##### 4-7 September THEMHS Conference in Melbourne:

MHACA supported the participation of a new consumer rep, support officer and Service Manager to attend the 2007 conference hosted in Melbourne. A collection of workshops and seminars provided too many to choose from, and the value in developing public relations with consumers, allies and New Zealand connections was a reinforcement of how well MHACA is establishing mental health resources and relationships. For the consumer it was highlighted in being able to interview and record a few comments from Andrew Denton and two presenters, which assisted in strengthening his confidence and self-esteem.

# Service Activity 4 - Partnership & Advocacy

## 4.1 Partnership Activities

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

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

## Headspace Project

**headspace** is the new National Youth Mental Health Foundation, funded by the Australian government. **headspace** is changing the way that mental health services are delivered to young people across Australia with an emphasis on youth-friendly environments and improved accessibility. Its aim is to build the capacity of local communities to identify and provide early and effective responses to young people (ages 12-25) with mental health and/or drug and alcohol issues. The headspace model offers support to young people through a one-stop-shop health hub. Services are provided by a range of professionals including GP, Specialist Mental Health, Alcohol and other drugs, Employment to name a few.

The Central Australian Headspace was funded in December 2007. A site has been secured and lease agreements signed for Hartley Street. The successful recruitment of the manager has taken place and it is expected to be opened early May. The consortium members and particularly the lead agency "Congress" has worked hard to progress the development of this service for young people in this region in a short time.

## 4.2 Advocacy

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

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

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

## **General Advocacy:**

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

## **COAG Update**

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

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

The objectives of the COAG Mental Health Reference Group (NT) is to give feedback on the implementation of national action plan, and inform the NT COAG Mental Health Group on gaps and responsiveness of the mental health system for people with a mental illness, their families and carer's. The MHACA General Manager continues to represent and contribute on behalf of MHACA on this group.

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

#### ***Background: National Action Plan on Mental Health and the Care Coordination Initiative:***

The National action plan contained national initiatives directed at providing more seamless and coordinated health and community services for people with mental illness. In the National Action Plan, CoAG stated its commitment to ensuring coordinated care for people with severe mental illness and complex needs via the Care Coordination initiative.

The Care Coordination initiative aimed to introduce an improved system of linking care for people with severe mental illness and complex needs. This group of people tend to experience significant disability, often have lost social or family support networks and rely extensively on multiple health and community services for assistance to maintain their lives within the community.

#### ***Care Coordination - Central Australia***

In November 2006 the Northern Territory CoAG Mental Health Group agreed to establish a Care Coordination Working Group to commence the Care Coordination initiative. In January 2007 the NT Mental Health Care Coordination Working Group (MHCCWG) held its first meeting.

The purpose of improving Care Coordination in the Northern Territory is to maximise the effectiveness of service delivery to people with a mental health problem and complex needs. In turn, it is envisaged that this will promote recovery and enhance quality of life.

Discussion amongst members has centred on identification of opportunities to enhance and implement new models of care coordination incorporating existing and new services funded by NT and Commonwealth Governments.

### **At the local level:**

- Establishment of local working groups to prepare, implement and promote system changes.
- Establish processes for improving and supporting access
- Establishment of a Recovery/Care Plan – a one-care-plan principle where all parties contribute and all eligible individuals will have a recovery/care plan

The General Manager continues to represent and contribute on behalf of MHACA on this group.  
The Service Manager represents MHACA on the Accommodation Action group facilitated by NTCOSS.

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

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

### **Monthly Consumer Forums**

Structures such as our monthly Consumer Lunch Forum have proved to be valuable in providing information/ issues on which to form the basis of MHACA's advocacy work. There was a reduction in participation in the winter months and during the shifting to new premises period. Due to a drop off in attendance at the previous forums there was a change of process with the monthly combined group BBQ being used to facilitate forums to assist in sending out ideas, questionnaires and updating information on upcoming events. The monthly combined group offers opportunity to provide a homely atmosphere of new and old clients sharing and socialisation. Forums have been extended upon with consumer consultations facilitated by Donna Cross in reference to the Peer Support Evaluation and D2DLP feedback forum.

### **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 3 x 1-bedroom flats and a 2-bedroom flat.

### **Renovations**

MHACA has recently been successful in obtaining funding to complete renovations on the 2-bedroom flat. These renovations will not only increase the value of the property, but make it more comfortable for a long term tenant. The building works will minimise repairs and maintenance in the long term. The renovations include:

- Refurbishment of Bathroom
- Refurbishment of Kitchen
- Refurbishment of Laundry including lining of walls
- Perspex walls on Mezzanine Floor
- Repainting

At the end of last year the selection process was undertaken for suitable tenants. There was a strong interest in the tenancy and the Housing Steering Committee reviewed and assessed each application received. It was decided we would offer this 2-bedroom unit as a share tenancy. After careful review of the criteria and development of a new policy for dual tenancy, we selected the two successful Consumers for the flat.

## **Service Activity 6 – Workforce Development Strategies**

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

This past year saw a 20% staff turnover compared to 50 % for 2005-2006. The resources required to recruit and retain staff continues to be a challenge. We are pleased to report that we filled several fulltime positions enabling MHACA to make solid progress in the service delivery.

MHACA has proposed in 2008 to develop the MHACA Collective Workplace Agreement, Expansion of the Consumer Peer employment, and looking an Indigenous Employment Strategy as key strategies to support existing staff and recruitment strategies.

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

# Pathways to Recovery Program

Rangiwhiua Ponga - Services Manager

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

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

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

There was an air of anticipation during the July – October 2007 period for MHACA teams as the service finalized the contract to move to new premises and the ensuing excitement and planning that eventuated with the actual move in October. This was all completed during the General Manager's absence, so there was much excitement on her arrival back to see how we had managed the transition with minimal interruption to clients and community services. There is a noted change for clients, staff and allied services with a vibrant and colorful atmosphere, not to mention the 'space' where everyone can move around at last, and have the whole service together. The shift to a more centralized venue has increased client participation and allowed the Day to Day Living program to begin.

A comment from one visitor provided a measure of self-esteem about the building "*reducing the impact of stigmatization and building a sense of pride in a homely atmosphere*". So we thank those all involved in being able to offer a more welcoming environment to everyone who visits and participates in the programs offered by MHACA.

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

## **1.1 Number of people referred**

56 clients received Pathway supports for this six month period. 22 have remained through out the full period. A total of 49 enquiries were recorded for the July – December 07 period, of these 33 were identified referrals which were referred to the respective programs:

- 20 self-referrals to Pathways for one on one rehabilitation and activity supports
- 2 were referred onto the Day to Day Living and Drop In groups.
- 11 enquiries were referred to the MHACA Counseling program.

## **1.1 Number and reasons of exits from the service**

34 clients were placed as inactive and subsequently discharged during the 6-month period. Reasons for exits varied from:

- total disengagement due to improved independence and employment opportunities
- sufficient alternative supports e.g. independent counseling, clinical treatment
- leaving Central Australian Region permanently
- one client moved out of region for rehabilitation supports
- transitional clients from inter-state

## **1.2 Numbers of clients referred and not provided with service, and reasons for non-provision**

Of 49 enquiries (refer 1.1) 16 required follow up through alternative services as:

- 10 general enquiries required no further follow up after relevant information was provided,
- 5 referred to CAMHS for clinical interventions and / or the Crisis Assessment Team
- 1 to specialist counseling through Sexual Abuse Resource Centre and Relationships Australia,

4 self-referrals were incomplete and failed to return to the service for further follow up support needs.

## **1.4 Analysis of goals / tasks achieved per client plans**

### **Outcomes:**

- 5 Clients secured part time employment,
- 1 Traveled overseas, developed personal relationship as a goal and has since been discharged out of MHACA
- 11 clients received admissions to mental health ward over the six month period which impacted upon their ability to maintain recovery tasks / goals
- 2 returned interstate / community to reunite with family
- 1 was nominated and supported to be a consumer rep to MHACA Committee
- 1 achieved consumer representation to Housing Committee
- 6 continue to have physical medical conditions which impacted on their ability to engage in tasks / goals
- 10 are transient in moving between communities and town and do not have consistent tasks / goal plans with MHACA or CAMHS other than medication treatment reviews

## 1.5 Gender appropriate activity groups to strengthen life skills, social integration

There were five regular events featured on the Monthly Activity Calendar this was reduced with the introduction of the Day to Day Living in the Community program (D2DLP).

- 1) **Women' Network Morning** – this provided a weekly coffee get-together, social chat, community outings and therapeutic projects Numbers varied each week from between 3 to 8 women and those who attended found it engaging and supportive. Evaluation identified that women do not want to lose this group with the introduction of D2DLP as it offers a positive strengthened forum for those experiencing cross communication problems with males and allows autonomy for gender identified needs / activities.
- 2) **Men's Group** - fortnightly activities are organized such as recreational sports, seeing a movie or going on bush walks. On average 4 to 6 men attended, depending on the activity. .
- 3) **Combined monthly get-together** (Combined Lunch Time Consumer Forums) - for recreational and socialization activities eg barbeques, picnic at Telegraph Station, 10-pin bowling, movies. On average 10 to 15 men and women attend. The purpose of these is to disseminate information and get feedback on past and future activities as well as socialization and recreation. At other times this is combined with Reclink activities where there have been up to 30 people attending from different community organizations.
- 4) **Joint weekly MHACA/Salvation Army Women's multicultural craft / activity group** - this had been regularly well attended from between 6 to 12 women on Friday mornings as it is a mixed group (clients and non-MHACA clients). Particular combined projects this term were Tjanpi basket weaving at Araleun Cultural Centre, Photographic Wall Mural of Personal Stories, Singing Group facilitated by Morris Stewart, Beading Work with Queen Bead. The group now utilizes the facilities for pottery tuition.
- 5) **Reclink activities:** continue to develop locally and are generally supported with up to 30 plus combined clients for a main monthly event. Reclink activities are supported by Bindi – Sheltered Workshop, CASA Disability services, MHACA – Pathways and Prevention Recovery programs. Smaller regular events occurred monthly, such as weekly A/S Youth Centre - 8 Ball sessions, Gap Youth Gym activities and pottery classes by the Salvation Army.  
As a committee member MHACA has facilitated an activity for Reclink on a quarterly basis, this has been 10-Pin Bowling or a Movie.

### **MHACA Camp**

Following the success of the annual Matt Deer Memorial Camp in May 2007 it was decided to hold a smaller overnight camp to offer the same opportunity to other clients not able to participate in the annual event, and was more localized to Alice Springs region. Held in September at Gem Tree it offered mineral fossicking, in a similar manner and opportunity to 'get away', relax and socialize in a natural environment.

## 1.6 Information provided to clients, carers and allied service providers in relation to psychosocial mental health wellness, recovery and education

### **Workshops offered in the latter half of the year included:**

- July:** Alice Springs Show used for two day promotional forum of community awareness in mental health
- August:** Helen Glover Recovery Focused consumer workshop
- September:** Peer Support Forum to evaluate a Peer Support Program with Donna Cross facilitating
- October:** Arana Pearson, Hearing and Working with voices, Recovery Focused management as a consumer trainer, and Mental Health Carers Stall

Over the last 6 months, there has been an increase in the educational role played by Pathways staff. More carers and members of the general community have visited MHACA to access information around mental health or to discuss carer concerns with Pathways workers. Clients continue to receive guidance, education and information on impacts of illness as part of planned supports between MHACA and CAMHS.

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

MHACA has introduced the Wellness Recovery Action Plan Booklet which identifies areas of responsibility to the client, carers, Support Officers to compliment the Central Australian Mental Health Services Crisis and Recovery Action plan and allied service providers. Plans are reviewed at three months or earlier if circumstances change, clients are encouraged to review tasks or goals at regular meetings and are given the opportunity to add further options. The process is one of ongoing evaluation and review.

### **2.1 Number of individual integrated Recovery Action Plans**

24 clients received integrated Recovery Action Plans with the Central Australian Mental Health Community team (CAMHS).

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

11 reviews were completed to the Wellness and Recovery Action Plan Booklets in the July, August and September period.

2 evaluations were completed with the individual women's group activities, emphasis from these activities has been their continuation in some format that does not impede on the D2DLP.

### **2.3 Percentage of clients successfully housed and /or with gained employment, training opportunities and outcomes**

#### **Housing:**

Transient boarding has continued between Anglicare Lodge, Alice Springs Men's Hostel (ASMH) and newly operating Stuart Lodge.

1 client remains as a permanent resident at ASMH

5 females accessed short terms residency at Stuart Lodge with two receiving more secured stability into the Bill Braitling Units.

1 client lodging at the Sienna Apartments was housed at Bill Braitling for three months before moving out of state to be reunited with family.

1 long term client received temporary residency in Tennant Creek for a fixed period with joint supports between Bradaag Rehabilitation and Central Australian Mental Health and MHACA

## **Employment**

6 clients have gained and managed to sustain employment through shelf packing, company and café cleaning, language interpretation and BINDI. Of these numbers:

- 4 negotiated with employers to have time off work during periods of un-wellness and have been able to resume their roles again.
- 1 was removed from the STEPS register for extended leave and re-engaged with more manageable hours after being re-registered.
- 4 clients received MHACA Counseling who had to leave employment because of their mental health issues. Upon receiving counseling (or in one case being referred to S.A.R.C), 3 of these clients have rejoined the workforce.

Due to the unique nature of working relationships with STEPS:

- 1 client has been able to receive internal supervision supports from STEPS and MHACA, with the STEPS service providing regular visits to assess coping capacity. Periods of stress were quickly identified and work hours reduced to compensate at these times.
- 1 client had a first time admission onto the mental health ward in the earlier period of 2007, and has now returned to full time employment with no further need of supports.

## **2.4 Number of clients supported co-joint with Subacute program and outcomes**

5 clients were transferred from Pathways across to the Sub-acute program during stages of admission to the mental health ward.

## **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***

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

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

- ADSCA – Alcohol & Drug Services
- Anglicare Lodge and Bill Braitting accommodation
- Alice Springs Hospital – General Social Work Division
- Alice Springs Hospital Mental Health Services; CAMHS, RMHT, CATT, Ward
- Alice Springs Women's Shelter
- Alice Springs Youth Centre
- BINDI – Sheltered employment
- CARDHS
- CASA
- DASA
- Disability Advocacy Services
- FACS
- General Practitioners
- Healthy Living Australia
- IAD
- NT Housing – independent housing
- Oasis Resort
- Queen Bead Shop
- RecLink – Community based sport activities
- Salvation Army – Alice Springs Men' Hostel, Women's Group Activities, Food Bank and

- CAAFLU – Aboriginal Legal Services
- Congress- Social & Emotional Wellbeing, Medical Services
- Centa care
- CENTRELINK – Beneficiaries – Social Work
- Second Hand Shop
- S.A.R.C.
- STEPS – Previously Employment Access
- Stuart Lodge Accommodation
- Tangentyere Social Services
- Tangentyere Job Shop

### **3.1 Number of clients seen by age, gender and ethnicity and outcomes**

Refer to Appendix 1. Data Summary, ages not recorded.

**11 Indigenous:** 6 female / 5 male. 5 have English as their primary language group, all receive joint supports between MHACA and CAMHS

**2 Male Non-Indigenous with CALD** -1 receives supports via the Multicultural Community Services

**1 CALD Female** – primary language grp English

**2 (50+ years)** long term clients have minimal involvement as terminal medical problems are supported by Alice Springs Hospital medical and generic social workers.

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

1 co-joint referral to BRADAGG Rehabilitation facility to assist in addictive behaviors and rehabilitation life skills.

Dual diagnosis clients are managed with case management between CAMHS and ADSCA services. Staff have limited skills / training associated to substance / alcohol dependency

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

### **4.1 Number of MHACA clients receiving counseling and / or with attached WRAP reviewed and outcomes**

3 new clients referred to counseling under MHACA / Pathways with joint Wellness Recovery Planning incorporated. 38.5 hours spent in consultation

### **4.2 Number of non-MHACA clients receiving counseling and outcomes**

8 referrals were actioned by the independent counselor. This entailed 42 sessions which constitutes 42 hours of direct counseling. 4 hours of promotional advertising independently during the period the MHACA counselor was on leave.

Outcomes: Employment outcomes for 3 of the clients are detailed above under 2.3. There were a number of clients referred onto other agencies for further follow-up (as per Evaluation report).

### **4.3 Bi-annual evaluation surveys of program viability**

Report yet to be submitted to MHACA Committee for presentation and release.

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

### **5.1 Monthly interagency case meetings with CAMHS and outcomes**

The past six months proved difficult to provide a monthly forum for collective reviews of shared clients, factors that affected this were the high staff shortages for CAMHS and inability to meet due to stretched work commitments. Communication / case conferences and reviews were improved upon with more direct visits to MHACA by individual case managers and / or phone / e-mails to provide daily or weekly liaison with support officers. It was agreed that due to staff shortages this was better servicing client focused needs.

### **5.2 Frequency of all interagency liaison & promotion presentations**

The Alice Springs Community Interagency meeting has changed with four quarterly mtgs, nominated MHACA rep attended in November.

26 hours were identified with interagency liaison over the six month period for Pathways, an average of 6.5 hours is spent per month in direct liaise.

Direct contact to the mental health ward and community organisations to provide monthly calendar of events, update MHACA pamphlets and orientate new team members as recruited.

(Refer to list of agencies in boxed index for reference)

Pathways representative has attended Reclink meeting's monthly to help organize the next months calendar, to discuss Reclink issues and difficulties and to strengthen relationships with other Reclink members.

No promotional presentations recorded for this six month period.

### **5.3 Identified training / workshops in collaboration with other service providers**

- ◆ **MHFA Cert** – CAMHS / MHACA
- ◆ **FIRST AIDE Cert**- St Johns' Ambulance
- ◆ **Group Work Training Project**- CAMHS / MHACA, Tina Namow and clients of ward
- ◆ **Choice Therapy** – Responding and Communicating for Success – Kalika Murti
- ◆ **Menzies School of Health** – Cross-cultural Indigenous Assessment Tool
- ◆ **Team Building Day** – CAMHS / MHACA
- ◆ **Arana Pearson** – Voice Hearing and Recovery
- ◆ **Helen Glover** – Recovery Focused Care
- ◆ **ASIST** –refresher course
- ◆ **MHACA /CAMHS Volley Ball Team Building** held in September offered time out to all staff to appreciate the competitive side of each other.

## Service activity 6 – *Internal audits*

### 6.1 Bi-annual audit of files to ensure NSMH compliance

On 20 September an In-service training session by Support Officers and Service Manager reviewed the format of files and determined that a complete revamp was required to be inclusive of the D2DLP record keeping, this was completed in readiness of the impending computerized data base. Improvements were noted as:

- 3 random file audits indicated gaps of accurate document recording (date and correlating times), incomplete Wellness Recovery Planning and one incomplete Media Release Form not signed. Appropriate action was completed with the respective staff.
- The improved data summary form is presently still under trial for a further two months.
- Staff orientation now includes a duplicate file to ensure staff are cognizant in file preparation and recording as per Prevention and Recovery
- Data Summary recording altered to be inclusive of Prevention and Recovery and D2DLP to reduce duplication and define an integrated approach. Trial period will continue until D2DLP conversant and able to identify any problems in capturing statistics.

### 6.2 Aggregated results and analysis of assessment outcomes: i) Camberwell ii) Boston Rehabilitation iii) Role Functioning Scale. To be completed on i) initial referral ii) bi-annual iii) change in health circumstances, iv) pre-discharge

Not recorded individually, captured under planning / reviews. To be corrected in Data Summary collation.

### 6.3 Other - Staffing and training

#### ***Staffing and recruitment***

Ratio: Two P/T, One F/T

Pathways to Recovery sustained one resignation in September a previous staff member was able to act as a reliever for the period up until December. Advertising over the period was delayed due to the impending shift to Panorama Guth and flexibility to staffing accessibility until December.

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

##### **In-service for Pathways, and Prevention and Recovery covered:**

**July:** Triage presentation by Bronwyn DeAldi Team Leader for CAMHS

**September:** National Standards of Mental Health record keeping  
Revision of Data Summary Template collation.

**December:** Overview of Indigenous Cultural Assessment Tools  
Policy and Procedures – Critical Incidents template overview

## ***Training and development***

Menzies Indigenous Assessment Tool to assist in addressing communication gaps of assessing Indigenous needs. This included all Pathways and Sub-acute Team members as the tool will be an ongoing asset in service delivery. Ongoing training will be required to ensure it is going to be used effectively.

Two staff were involved in a trial Group Training Workshop run by CAMHS and facilitated by Tina Namow it provided opportunity to up-skill in group process and facilitation. An identified project was initiated and used to improve client needs of activity on the mental health ward.

Refresher courses were attended in Mental Health First Aid and St Johns Ambulance First Aid for both Pathways and Sub-acute staff, to ensure core compulsory training is being completed



# Prevention & Recovery Program

Rangiwhiua Ponga: Services Manager

*To provide non-clinical support to people affected by an exacerbation of their mental health problems to enable them to remain in their own accommodation / and or interim respite to reduce an admission. Assist in integration back to community post-discharge off ward.*

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

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

### **1.1 Referrals provided with Individualised Care Packages in conjunction to CAMHS and other service providers**

CAMHS provided 11 referrals to the program, 9 were actively engaged with a joint package of support. Of the 2 unaccepted referrals this was due to:

- i) Returned to work off the ward;
- ii) Declined sub-acute interventions and accepted to Pathways supports before leaving district

3 clients had extensions to their original referrals due to the continued decline of their health and need for community supports and respite.

### **1.2 Worker hours required for Individualised Care Packages provided**

#### **Direct hourly consultations:**

- 15.0 Ward rounds / reviews
- 87.8 Direct contact to clients
- 12.9 Family liaise/ consultations
- 12.7 Clinical consultations
- 8.5 Case conferences

**136.9 Total of hours contributed to direct support work**

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

1 client received step-up supports to assist in home-respite- care while family members took holiday leave for two weeks, a minimum of support was required as they proved quite competent to manage their day to day living.

1 Male Indigenous received interim supports post discharge to Stuart Lodge and transition back to Alice Springs Men's Hostel.

1 Female Indigenous remote client has been placed in the subacute 2bed-roomed respite unit to allow a continuum of care for twelve weeks while they receive a change in medication regime. The alternate was to remain on the ward. This plan incorporated extended family acting as carers and attempts to improve living and life skills around domestic hygiene and strong families.

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

No clients referred directly to CAMHS for prevention and recovery requests

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

i) All clients are reviewed weekly on the sub-acute program to assess level of needs and reduce contacts as required.

ii) Three clients required extensions of their support due to continued exacerbations of illness

- one continued to access illicit substances and was consistently admitted to the ward and offered respite
- one continued to have residual side- affects of medication changes
- one was on a twelve week respite care plan to titrate medication changes

iii) Five discharges were completed following sufficient support and continued CAMHS clinical intervention

iv) Three referrals have been discharged and transferred across to Pathways for continued MHACA supports

v) Three evaluations have yet to be returned on discharged clients –

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

No comparative data available since completion of Research Evaluation

### **1.7 Aggregated results and analysis of psychosocial Camberwell assessments**

Incomplete analysis – gap to be addressed

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

9 referrals received information on client responsiveness to recovery in collaboration with clinical services. This incorporated encouragement to reduce alcohol use, nutritional education ( diabetes risks), self hygiene and house cleaning.

## **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.**

Analysis identifies that there was a average 50% between A/TSI and non-indigenous referrals for the six month period. One required interpreters for case conferences, there was no provision required for age care services over this period.

To accommodate the high % of Indigenous client group over all there have been consistent recruitment of male Indigenous staff to the program to accommodate this area.

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

3 clients with this problem were consistently encouraged to identify the correlation between substance use and continued relapse.

1 was sent to an extended family community to minimize access as they had remained in the region without referral to relevant clinical services.

1 continued to deny a drinking problem even after a case conference attended by supportive friends challenged the impact of the problem in their own recovery, this client however continues to deny a problem and referral to ADSCA would be counter-productive at this stage.

Clinicians continue to readmit two clients due to accessing cannabis and subsequent relapses, they have been discharged off sub-acute after extensions to support have not been able to address this problem and case management continues with option of referral to rehabilitation for one client is being explored by family.

## **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 providers knowledge of program**

Access and promotional information has been provided at Alice Springs Show, MH Week stall.

No training opportunities have been provided over this term due to the staff shortages of CAMHS and in-ability of coordinator to manage this unit.

### **3.2 Inservice training workshops between MHACA and CAMHS staff**

Due to staff shortages at CAMHS there has been no implementation of training of sub-acute over the past six months.

### **3.3 Service providers with continued access to MHACA**

CAMHS, MHNT Carers, Salvation Army Men's Hostel, Tangentyere Life Skills, Centrelink, Alice Springs Youth Centre. (refer to services list Pathways Activity 3)

## **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**

One client received respite supports in their own home while family were out of region

**The Alice Springs Men's Hostel:** has been under-utilized in the area of respite options. An MOU was adapted to include access for the Crisis Assessment team, this has been under utilized. Eleven clients accessed ASMH in the past six months. Consideration to reduce the facility to one bed is to be applied if the beds continue to be restricted.

**The NT Housing Service has provided a 2 bed-roomed unit:** which the program is utilizing for female clients. One client accessed 12 week respite option for a client and their respective carers. This proved onerous at the level of monitoring and policing required due to the cultural complexities of the family needs as opposed to the wellness of the client. Daily monitoring and weekly medication reviews were achieved and the client has shown marked increase in wellness.

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

Not applicable as bed under utilized by CAMHS

## **Service Activity 5 – Reference group role**

### **5.1 Recruitment and retention of members, meetings held and outcomes**

Not actioned over this period.

### **5.2 Analysis of issues tabled**

Not applicable.

## **Service Activity 6 – *Internal audits***

### **6.1 Bi-annual audit of files to ensure NSMH compliance**

9 files audited per individual client as minimal numbers on program

### **6.2 Independent research evaluation**

Refer Governance: Service 3. Quality Improvement Activities

### **6.3 Other - Staffing and training**

#### ***Staffing and recruitment***

A total of 5 staff were recruited and trained for the program over the past six months, 1 position has been secured as full time to offer a continuum of service. Numbers of referrals impact on team stability.

3 Indigenous staff were employed as 2 casual and 1 part time received an apprenticeship with local Indigenous services and subsequently resigned.

#### ***Training and development***

MHACA continues its training for support officers and includes assisting CAMHS staff in their orientation of the program.

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

- I.** Mental Health First Aid Cert.
- II.** Boston Readiness for Rehabilitation
- III.** Wellness & Recovery Planning approaches (Consumer trainer' perspectives)
- IV.** CAMHS: Risk and Crisis Assessment Management
- V.** Cross Cultural Awareness
- VI.** Camberwell Assessment tool

# Life Promotion Program

Laurencia Grant: LPP Manager

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

## **Service Activity 1- *Create and strengthen links between key Government departments, non-government agencies, health services, and community groups to support a whole of community approach to 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
- Central Australian Division of General Practice
- Lifeline
- Alice Springs Police
- NT Government Department of Health and Community Services
  - 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
- Committee Minutes are sent to Mt Theo project of Yuendumu community and Health Centre of Santa Teresa community
- This committee has been chaired by Liz Archer from Waltja since February 2006

#### **Meetings held and numbers attending**

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

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

We have a Steering Committee because the problem of suicidal behaviour needs more knowledge, approaches and resources than can ever be held by one organisation. In these meetings, we:

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

We kept the committee updated about:

- National Suicide Prevention Strategy (NSPS) funded activities, including the Waltja – Life Promotion 'We Know Our Strengths' project and NPY's radio and mental health project;
- the NT Suicide Prevention Coordinating Committee;
- the Australian Government Indigenous Suicide Prevention Forum;
- Applied Suicide Intervention Skills Training (ASIST);
- Life Promotion's projects;
- and discussions between Life Promotion and the NT Government services regarding how much and for what purpose suicide attempt data might be gathered and shared.

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

### **2) Create an information loop about funds and resources**

We provided the committee with information about:

- Headspace funding,
- the updated Bereaved by Suicide Support Pack,
- The updated National Suicide Prevention Framework
- localized Bereavement Support Cards for Emergency services,
- the distribution of Federal Government funding to the mental health sector,
- the development of LPP's Indigenous Suicide Awareness package
- Livingworks' use of their funding to 'localize' part of ASIST.

### **3) Define and promote best practice for our region**

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

In this vein, we discussed:

- the need for organizations to share their concerns and complaint procedures,
- the details of our Interagency Suicide Response Protocol
- and the need to track helpful changes made when delivering the package to indigenous participants and advocate for Livingworks to assign some of their funds to the development of resources that are more inclusive of indigenous Australians.

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

We worry a lot about how impulsive suicide is in this region and the way it's often used as a weapon or threat. All committee members were invited to attend a special 'discussion day' on the topic of 'When suicide is used as a threat', and we also reported on this day in the November meeting.

## **5) Redefining the Steering Committee's Terms and Commitments**

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

### **1.2 Barkly Life Promotion Committee - Tennant Creek**

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

### **1.3 Other ways Life Promotion strengthens connections with community:**

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

The Life Promotion Program has had a continued link with youth organisations via the Central Australian Youth Programs Information Network. This network meets on a bi-monthly basis and is coordinated by Tangentyere Council's CAYLUS (Central Australian Youth Link-Up Service). Life promotion attended the July and September 2007 meetings.

#### **Interagency Meeting – 15 August 2007**

This network is organized by the Alice Springs Council and NTCOSS to bring together workers in the community sector. Rita and Laurencia were the guest speakers at the August 2007 meeting.

#### **Central Australian Family Violence and Sexual Assault Network**

Life Promotion attended the CAFVSAN Meeting in September 2007 to update the network on the work of MHACA and to open up a discussion about the link between family violence and mental health for women. Issues around threats of suicide as a cycle of DV were raised and the suggestion was made to hold a workshop to brainstorm how services address this issue. DV workers are challenged by the need to support women experiencing DV and the need to take the threat of suicide seriously.

#### **Waltja and Life Promotion – We Know Our Strengths Project**

Waltja is the lead agency for the *We Know Our Strengths* Project (*Strengths*), funded by the Department of Health and Ageing (Australian Government). This project operates in three remote communities: Ltyentye Apurte (Santa Teresa), Titjikala (Maryvale) and Amundurrngu (Mt Liebig). Life Promotion supports this project by contributing in bi-monthly meetings and by providing or developing relevant resources.

#### **Joint training development and delivery:**

Liz is also an ASIST trainer and worked with us to deliver this Suicide Intervention Skills Training package once during this reporting period. Charles Hodgson, the Project Worker for *Strengths*, has also advised Life Promotion in our development of an indigenous specific Suicide Awareness package and delivered it to a group of men at one of the Central Australian Aboriginal Congress's (CAAC) Men's Health sessions.

## **Central Australian Aboriginal Congress (CAAC)**

Life Promotion met with Malcolm Frost, a psychologist at Congress who works with men. We talked with Malcolm about the matter of 'when suicide is used as a threat'. We also shared ideas about running workshops in anger management and suicide awareness. Youth workers and other psychologists from Congress also attended our *Suicide as a Threat* Community Workshop.

On our invitation, Christine Palmer and Gerard Waterford from Congress Social and Emotional Wellbeing came along to give us some feedback on a trial run of our indigenous specific Suicide Awareness package. Two nurses from Congress also attended this trial run.

## **People's Alcohol Action Coalition (PAAC)**

Because of the strong association between suicidal behaviour and alcohol consumption, Life Promotion became part of PAAC. Meetings are held on the second Friday of each month, and Life Promotion has been attending since September '07, with apologies given in Dec '07 and Jan '08 due to absence.

## **Ltyentye Apurte (Santa Teresa) / Amoonguna Mental Health Project Meetings Central Australian Division of Primary Health Care (CADPHC)**

Life Promotion were invited back onto this committee that was originally established by the Division to help coordinate the More Allied Health Project that Gerard Waterford was working on in both Santa Teresa and Amoonguna. Laurencia attended the meeting of 30<sup>th</sup> November 2007.

## **NT Suicide Prevention Committee forum, Darwin – 18 September 2007**

The two main aims of the forum were to:

- 1) Identify key issues and action areas to address suicide prevention across the NT.
- 2) Consider options for non-Government and community input to the NT Suicide Prevention Coordinating Committee.

## **Headspace – Central Australia**

Laurencia has been involved in this initiative from the initial discussions that took place in late 2006 and early 2007.

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

## **2.1 Response meetings held after suicide - Alice Springs**

LPP facilitated meetings of the response group on 9 July, 27 August, 6 September, 12 September, 31 October, 27 November, 11 December and 20 December. Another death occurred on 31 December while both Life Promotion workers were on leave, and a meeting was not held.

There were nine reported suicides between 1 July and 31 December 2007. These deaths occurred in Tennant Creek, Yuendumu, Bonya, Papunya, Amata, Fregon and Alice Springs (where there were five deaths).

## **2.2 Response meetings held after suicide – Barkly Region**

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

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

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

### **Analysis of the Interagency Suicide Response Protocol**

The initial contact with family, workers or any other people affected by the death is best made by an organisation or worker who is known and trusted. This contact person can offer further support and referral if needed and can act as a liaison for the Life Promotion Program.

## **2.4 Update on the Interagency Suicide Response Protocol 2007**

During this reporting period, we had discussions with NT Government mental health services to establish a protocol for calling these meetings in response to attempts and refine the protocol in response to deaths. The results of this discussion were presented to the Steering Committee for their comment then designed into flow charts.

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

## **3.1 Education and training workshops provided analysis of workshops**

- **Asist Training**  
Oct 2007 – Alice Springs,  
July 2007 – Tennant Creek,  
May 2007 – Ali Curung
- **ASIST Tune-Up**  
12 July 2007 - Tennant Creek
- **Life Promotion Suicide Awareness Workshop (trialing of new program)**  
June, and Aug 2007 – Alice Springs.
- **‘Suicide as A Threat’ Workshop**  
2 Nov 2007 - Alice Springs

## **World Suicide Prevention Day – September 2007**

This year Janet Turner welcomed us to Central Arrente country and performed a smoking ceremony. Her presence encouraged other indigenous people to attend and was definitely the largest presence we have had for this event. Written material was also on display on the day and music and guest speakers were a part of the ceremony.

## **Living Works and the Central Australian ASIST Training Network**

For a long time, Life Promotion has been one of many groups who've been advocating for an adapted version of the Livingworks ASIST package to better suit the needs of workers and indigenous families of Central Australia. Livingworks consultant trainer, Lindy Macgregor, visited

the Alice Springs network of trainers to discuss the issues of relevance here. She explained that Livingworks Australia is interested in funding an Australian scenario to replace the Canadian café scene in the training DVD. While Livingworks seems keen to put indigenous faces into the existing script, Life Promotion, Waltja staff and others will be advocating for a video in which the scenarios, environment and language came from indigenous people, who would actually be guiding the scripting process and acting in the film.

It can be difficult to deliver the package in some contexts here. ASIST is from Canada, and while it's exceptionally well researched and developed, the standard format does rely on high levels of literacy. The information in the program is excellent. However, we are going to keep pushing for more recognition of the very real need to adapt the language, imagery and modes of delivery for contexts like Central Australia.

### **inBalance News – July – December 2007**

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.

### **“Suicide as a Threat” Workshop – November 2007**

From a range of our meetings with youth workers, domestic violence workers and other service providers in Central Australia, it's become clear that many of us are concerned about how often suicide is used as a threat to hurt or manipulate others. So in November 2007, we organized a community workshop where people could come together and start talking about this. We asked questions like, When does this happen? What do we worry for? And what can we do? The answers revealed deep and thoughtful community knowledge and refreshed our energy to deal with the problem of *when suicide is used as a threat*.

Organisations represented included:

Tangentyere, Central Australian Youth Link Up Service, Hidden Valley Community Centre, Mt Theo, Yuendumu Domestic Violence Educator, Alice Springs Women's Shelter, NPY Women's Council, CAAMA Radio, Lifeline, Waltja, Central Australian Aboriginal Congress youth workers and psychologist, Central Australian Mental Health Service remote team workers, Teen Challenge and Alice Springs Youth Accommodation and Social Services.

### **Trish Nagel and AIMHI Training – 22, 23 November 2008**

Waltja's Strengths team and Life Promotion attended this training. It was useful to see the tools used that are adapted to suit an indigenous setting.

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

### **“We Know Our Strengths” Project**

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

## **Life Promotion Suicide Awareness Workshop**

This program has adapted the concepts from other suicide awareness workshops into a program that acknowledges the problem of suicide in the local context of Central Australia. For it to be most effective it needs to be owned and delivered by local Aboriginal people.

In the most recent development of this program, Life Promotion held this training for a targeted audience in the Andy McNeil Room at the Town Council. Members of the audience included people from CAMHS Remote Team, Tangentyere Council CAYLUS program, Hidden Valley Town Camp, Congress SEWB and Congress clinic staff. Charlie Hodgson has been trained to deliver the program and did so at the Men's Centre of Congress in November 2007. We also took the opportunity to show the presentation to Bronwyn Hendy of DHCS, Lori Ford of DoHA, Trish Nagel (Psychiatrist, Menzies School of Health Research), and Daniel Mulholland (Menzies..). recently.

## **Service Activity 5 – *Collection of data and research on completed suicides and attempted suicides in Central Australia in order to develop evidence based strategies***

- Life Promotion collects information on completed suicides provided by the police at the time of the incident. This information is developed into annual excel spread sheets and is provided to NT Government and other relevant organisations on request.
- At the beginning of each year the information is presented to the Steering Committee as an opportunity to analyse its effectiveness.
- At the August 2007 Steering committee it was agreed that Life promotion would create flow charts about the Interagency Response Procedures for completed and attempted suicides. That we would amend the 'Attempts' procedure to include: 'as a courtesy, the referred-to service will contact the service that passed on the referral'. This has been done.
- The Steering committee has not been able to sign off on the flow chart regarding attempted suicides however, due to crucial staff being absent from meetings.
- Discussions are taking place regarding a research project that could attempt to capture the admissions to the Alice Springs hospital related to suicide risk. This information could better inform us of the nature of these admissions, the repeat admissions and the assessment, treatment and follow up support provided.

# Training and Promotions

Rita Riedel: Training and Promotions Officer

*To help raise community awareness about mental health issues*

## **Service Activity 1 – Provision of Community Forums**

### **1.1 Two Community Information forums provided**

The highlight of Mental Health Week, MHACA coordinated a community forum dinner on Wednesday 10 October called “Dinner with Mike Munro.” Mike was chosen because of his high media profile combined with his personal story of overcoming several childhood challenges – including no father and an often-out-of-work alcoholic mother – and mental trauma. Mike developed an inner resilience and passion for life and his story was a moving as well as inspiring one. From everyone’s comments, energy levels and feedback throughout the night, the event was a resounding success, both in terms of enjoyment as well as raising awareness around ‘mental health’ issues in the wider community. A second forum will be held in June 2008.

### **1.2 Number of people attending**

The event attracted a full house of 160 people comprising a broad range of guests (Town Council CEO and Alderman, real estate workers, carers, teachers, mental health workers and general community members.) Due to seating restrictions we had to turn away over 20 people and could easily have had 180 people.

### **1.3 Issues identified**

Key issues identified in Mike Munro’s speech presentation were:

- ◆ mental challenges are a part of everyone’s life and severe hardship can be overcome
- ◆ it is through compassion and understanding – respecting each other’s journeys – that we can support others - endeavouring to break down stigma and prejudice rather than fear or judge others
- ◆ through open community forums such as this one we help break down barriers

### **1.4 Collaborative partnerships developed**

The partnership mostly strengthened through this event was with the NT Mental Health Coalition who helped secure Mike as guest speaker. Two NTCOSS staff flew down for the event and a good working bond was established with MHACA’s Training and Promotions Officer. Other positive connections were with three local radio stations (8HA, ABC and 8CCC) through which the event was promoted and live interviews were held – very beneficial for future promotions.

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

### **2.1 Development of MHFA Training Calendar**

One of the core responsibilities of this role is to coordinate and assist in the delivery of 2-day Mental Health First Aid courses to the community. This has occurred on a monthly basis in collaboration with staff from the government Central Australian Mental Health Service (CAMHS) – see 2.2 for details of dates.

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

During July to December 2007 five courses were held on:

- ◆ 17-18 July
- ◆ 21-22 August
- ◆ 18-19 September
- ◆ 30-31 October
- ◆ 20-21 November.

Monthly courses will continue to be scheduled for January-June 2008.

### **2.3 Number of individuals trained**

Courses have been fully booked - 12 participants each course – with people attending from a range of organisations:

- Central Australia Supported Accommodation
- Alice Springs Women's Shelter
- Aboriginal Hostels
- Salvation Army
- Alice Springs Youth Accommodation Service
- Dept. Employment, Education & Training
- Domestic Violence Legal Service
- St Philips High School
- Dept of Corrections
- Hetty Perkins Aged Care
- Alice Springs High School
- Centralian Senior College
- Alice Outcomes (remedial school support)
- Yirara College
- NT Carers
- Mental Health Carers

### **2.4 Participant evaluations results analysis**

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

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

### **3.1 To develop resources**

#### ***MHACA Display Board***

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

#### ***MHACA Display Banner***

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

#### ***MHACA Brochures***

All main brochures have been updated for a more uniform professional look. Other brochures are being developed for D2DL living.

#### ***MHACA Website***

The MHACA website continues to be a user-friendly resource and provides a broad range of information on both MHACA services and activities and mental illness in general. List features -

#### ***inBalance newsletter***

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

#### ***General activities***

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

#### ***Training Attended***

- Staff training day for MHACA and CAMHS staff 16 July
- Helen Glover self-driven recovery training "Working Together" for workers 31 August

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

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

## **Service Activity 4 – *Promotion of mental health***

### **4.1 Activities and events that promote mental health & community resilience**

#### **Community Agency visits**

Each month MHACA presentation visits are held at local agencies (both government and community) to inform staff of MHACA's programs and latest activities. These are attached to the end of regular staff meetings to maximize on staff attendance. This has received very positive feedback and continues to be a good source of promoting MHACA's client services, as well as networking in the local community. Meetings have been held at:

- ◆ Disability Advocacy Service
- ◆ Central Australia Supported Accommodation
- ◆ Family & Children's Services
- ◆ Women's Legal Service
- ◆ DEET Student Services
- ◆ Alice Springs Youth Accommodation Support Services
- ◆ Alcohol and Other Drug Services

#### **Alice Springs Show 6 July**

MHACA again held a stall at the Show for the second year running. We received a steady stream of enquiries and will continue to have a presence at the Show to help increase awareness and decrease stigma.

#### **Careers Expo St Philips 16 July**

MHACA held first stall at this annual expo from 5.00-8.00pm. Staff prepared pamphlets on career options in the mental health and NGO sectors as well as tips on how students can take care of their mental health while studying.

#### **Quarterly Interagency Meeting 15 August**

MHACA hosted this meeting for the month of August. Over 20 staff attended from a range of local organizations and a 1/2 hour presentation was given on MHACA services.

#### **☒ Central Australian Mental Health Week 7-13 October 2007**

MHACA coordinated a range of activities as part of Mental Health Week. Events included:

##### **Sunday, 7 Oct. - Annual Family Fun Run 7.45am @ Telegraph Station**

Held at Telegraph Station, the Annual Fun Run officially launched the beginning of Mental Health week. Over 90 people attended, with over 20 'free raffle' prizes offered with the major prize a \$1000 Jetset travel voucher. Afterwards participants were treated to a u-beaut healthy breakfast comprising of fresh fruit salad, cereal and muffins. A great morning all round.

## **ALL WEEK - MHACA Women's Group Photo Exhibition - "Journey to Wellness" at Alice Springs Library**

*Raising awareness of personal stories of mental illness:* The journey of 9 local women began several months ago with several women from different backgrounds, cultures and lived experiences sitting openly, discussing their 'journey to wellness'. For some of these women their journey had been long and full of hardships which they were still facing. The women talked about their hardships (depression, anxiety, feeling confused, feeling invisible) but also sought positive solutions to overcome their difficulties. Some of these solutions included - making a choice to make changes; getting out of bed and being socially active; maintaining a healthy body and healthy environment; doing the gardening or having pets; 'having fun, laughing with friends'; 'trying to stop smoking because it's expensive and not good for your health'; seeking support from friends and family and building self-confidence. Some of the women talked about seeking emotional and spiritual support through going to church, meditation or seeking counseling/support services. Although there were many directions, the aim was the same: to be strong as women and have good mental health. Every woman has a story ... and here is some of our journey. We hope the photos give you some idea of what it's been like. Something we have discovered – is that, although we all have a different journey, there are similarities within us all.

The exhibition was put together with the help of a local artist and has received a lot of positive feedback. In fact the library wanted to keep it because it is so colourful and creative. We now have it proudly displayed in our new office premises.

### **Mon. 8 Oct. - Hearing & Working With Voices, with Australasian Mental Health Consultant, Arana Pearson @ Alice Springs Town Council**

Eighteen people attended this inspiring workshop, a combination of mental health staff, social service workers, consumers and family members. The workshop included both didactic presentation and experiential learning through a simulation of hearing voices that are distressing. The workshop equipped participants with a tool-kit for working with voice hearers and topics covered included: \* Understanding Voices \* Voice Profiling \* Developing Coping Strategies \* Working Within Belief Systems \* Using the Voices Workbook. Everyone who attended found it to be an enlightening and helpful workshop.

### **Tues. 9 Oct. – Recovery Planning, with Arana Pearson @ Alice Springs Town Council**

About 12 people attended, a combination of mental health staff, social service workers, consumers and family members. The aim of the workshop was to equip participants with a tool-kit for working with people to support their recovery. Topics included: \* Mental Health recovery \* Self Esteem \* Changing Negative Thoughts to Positive Ones \* Peer Support \* Work-Related Issues \* Trauma Recovery \* Suicide Prevention \* and Additional Issues such as Living Space, Lifestyle, Motivation. Those who attended found it to be very helpful and inspiring.

### **Wed. 10 Oct. – Free Tai Chi in the Park with Denyse Edney 8.30am @ Flynn Church lawns**

While only six people attended, the ones that did all very much enjoyed this before-work experience. Denyse outlined the basic principles and benefits of Tai Chi and then spent the next 50 mins leading us through a range of gentle movements designed to help us relax and bring us more into our bodies. A truly good way to start the day.

### **Wed. 10 Oct. – Dinner with Mike Munro 6.30-9.30pm - @ Convention Centre**

See under Community Forum

**Thurs. 11 Oct. – Free 1-hour Meditation 12.30pm @ Alice Springs Town Council rooms**

Ten people attended this free session hosted by local acupuncturist Sharon Follett. Seated in chairs or lying on the floor, Sharon led us through a range of shorter meditation routines to help people de-stress their body and feel more relaxed – without having to go on vacation(!) It was simple yet beneficial experience.

**Fri. 12 Oct.– Mental Health Info Stall in the Mall 10.00am-1.00pm - @ Flynn Church lawns**

The stall attracted a steady stream of visitors enquiring about mental health issues, some new to town and asking on behalf of relative or friend. The BBQ was fired up around 11.00am which certainly attracted more people. It was good to be seen in the heart of the mall to raise awareness for the general public.

## Appendix 1: 'Pathways to Recovery' Data: July to December 2007

### 1. Client Activities

DEMOGRAPHICS	July	August	Sept	Oct	Nov	Dec	Totals
Based on numbers							
New referral	7	6	3	5	2	12	35
Male	4	4	-	3	2	8	21
Female	3	3	3	2	-	4	15
CALD							
A / T SI		1				1	1
Inactive							
Discharged				1	2	1	4
Co-joint CAMHS Mtgs	20	4	28	53	46	51	202
W&RP	*	*	*	*	*	1	1
Job / Goals Achieved	1	1	3				5
Reviews	4	4	3				11
Evaluations / Surveys	*	*	*	*	*	*	

INDIVIDUAL SESSIONS							
Based on hours from .2							
Planning / Reviews	17.4	-	16.7	10.1	9	10	
Ward Visits	1	1	.8	2	3.5	7.1	
Emotional supports	5.9	8	11.3	14	23.5	25.6	
GRP WORK- Men's, Women's, Combine, D2DLP, GROW	12.5	2	11.9	16	20.5	13.2	
RECREATION Camps, Walks, 1 on 1	2	4	22.6	1.5	1	8	
SKILLS DVLPMT Workshops, Trg, Consumer Rep, 1 on 1 Life skills	9	3.5	9.9	8.5	7	12.5	
FAMILY Contacts	2.5	6.5	2.0	5	7	6	
ENQUIRIES p/c's	2.5	2	6.0	2	5	2	
OTHER SERVICES	3.7	-	7.7	5.1	-	10	
TRANSPORT	10	5.5	4.6	10.2	10.5	13.5	
ADMINISTRATIVE Based on hours .2							
Documentation	18.5	19.5	22.4	18.2	2.5	30.3	
Meetings	17.5	8	26.9	40.7	20	24.5	
Reading / Research	9	7	4.8	7	4	5.6	
Training / Workshop	10.1	8.6	15.2	19.7	38	-	
Transport			1.9	2.5	1.5	5	
Supervision	2		2		3	1	

## 2. Counselling Program

Actions per hour 0.2	July	Aug	Sept	Oct	Nov	Dec	Total
Face to face		7.5	7.5	7.5	11	5	38.5
Phone calls		.5	-	.5	1	.5	2.5
Documentation		6	7	6	8	3	31
Research & reading		1	-	2	5.5	.5	9
Promotional		-	.5	-	.5	-	1.0
Actions Per no's							
Phone calls		1			1		2
Enquiries		2			2		4
Face to face							
Appointments							
Referral –internal		1					1
Referral- external		1					1
Referral to other service							
New clients		1	1		1		3
Exists	2	1	2	1	1	1	8

### Non-Mhaca Referral Hours

Number of hours	8	11	3	3	11	6	42
Promotional time							4

## Appendix 2: Prevention & Recovery Data: July to December 2007

DEMOGRAPHICS	July	Aug	Sept	Oct	Nov	Dec	Totals
Male	2	2	3				7
Female			1		2	1	4
NES							
A/TSI		1	3		1	1	6
Other Culture	2	1	1		1		5
<b>REFERRAL (no's)</b>							
New to P&R	2	1	4		1	1	9
Consents to support	1	2	2		1	2	8
Consents to research							
Step-Up		2					
Step-Down	1		2		2	1	8
Accept/Decline	1 ac 1 left region	2 ac 1 transfer Pathways	2 ac 1 -work 1- stay on ward		2 ac		7actioned  3 not actioned
Joint Program (Pathways)		1			2	1	4
<b>INDIVIDUAL CARE PLAN</b>							
WARD- - Round(hr's)	1.3	1.0	3.5	3.0	3.0	3.5	15.3
-Leave (no's)							
-Discharge(no's)							
Consultations -Consumer (hr's)	10.5	6.0	11.6	24.2	17.5	18.0	87.8
-Family / Carer		1.3				11.6	12.9
CAMHS clinician	.5	.5	.3			2.3	15.3
CAMHS Co-O		.5	.3			.7	1.5
CAMHS Case manager		.5	.3			5.8	6.8
-Case conference		.5	1.5	1.0	2.5	3.0	8.5
<b>PARTNERSHIP ACTIVITIES</b>							
-Community		.5		1.4	3.6	4.8	10.3
-Cultural/Indigenous							
-Transport				1.7	2.4	1.0	5.1
Documentation			1.2	3.2	2.2	12.4	19.0
-Phone contacts							
Discharge/Review			3 dis. 3 ext.			12-wk respite	
-Remain CAMHS	2	2	4		2	1	11
-Other MHACA prg			1		1	2	4
-Other service prov						1	1
-Out of region-relocate		1					1
- Re-admission			1				1

Ac. Accepted to prgm

Relo. Relocated to other region

Tr. Transferred to other MHACA prgm post discharge /

Dec. Declined consent after initial consent signed

Inap. Determined as unsuited to prgm in consultation with referee

## Appendix 3: Financial statements 1 July - 31 December 2007

### Income & Expenditure 31 December 2007

#### MANAGEMENT & COORDINATION - OPERATING STATEMENT

	Budget	Actual
	\$	\$
<b>INCOME</b>		
Surplus brought forward Admin	49,482	11,631
Surplus brought forward Sub Acute	19,016	19,016
Surplus brought forward Pathways	61,262	61,262
Grant - DH&CS	60,830	30,414
Hire of vehicle	38,000	17,044
Grant - Mental Health Week	1,000	909
Interest	29,000	20,724
Membership fees	1,000	861
Fundraising & other	200	177
Insurance claims	-	15,455
Recovered costs	-	7,635
Administration fees	231,190	142,234
Rent Income for office	35,000	-
<b>TOTAL INCOME</b>	<u>525,980</u>	<u>327,362</u>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Accounting and audit fees	5,500	1,091
Advertising	8,000	1,196
Bank charges	600	126
Bookkeeping	5,000	2,708
Cleaning	6,500	3,684
Computer support	1,500	682
Electricity	3,000	1,352
Insurance	5,500	4,704
Lease - Photocopier	2,000	-
Library	800	-
Postage	1,500	404
Relocation	105,777	61,039
Rent	46,000	21,907
Stationery & printing	10,000	3,181
Subscriptions & fees	3,200	2,334
Telephone	5,000	4,697
Repairs and maintenance	3,000	898
Security	700	270
<b>Motor Vehicle and Travel</b>		
Motor Vehicle - Purchase	45,000	40,706
Motor Vehicle - fuel	-	151
Motor Vehicle - lease	3,500	1,752
Motor Vehicle - R & M	-	391
Travel allowance	2,500	707
Travel expenses	4,000	2,341

## Income & Expenditure 31 December 2007

### MANAGEMENT & COORDINATION - OPERATING STATEMENT (CONT.)

	Budget	Actual
	\$	\$
<b>INCOME (CONT.)</b>		
<b>Projects</b>		
Consumables	5,000	2,252
Equipment (furniture) purchase	2,000	424
Newsletter	2,000	1,072
Promotions	2,500	3,298
Program costs	8,000	10,726
<b>Training</b>		
Conferences	2,000	-
Consultancy	18,000	11,973
Professional development & training	5,000	753
Professional supervision	3,600	-
Governance Support	5,000	-
<b>Wages and Salaries</b>		
Casual workers	5,024	502
Hobby Workers	2,000	435
Superannuation	15,553	7,467
Supervision - debriefing	2,000	864
Wages and salaries	172,814	80,538
Workers compensation	6,912	4,574
<b>TOTAL EXPENDITURE</b>	<u>525,980</u>	<u>281,199</u>
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<u>-</u>	<u>46,163</u>

**Income & Expenditure 31 December 2007**  
**PATHWAYS PROGRAM - OPERATING STATEMENT**

	Budget	Actual
	\$	\$
<b>INCOME</b>		
Grant - DH&CS	337,661	168,830
Admin Lease Vehicle	3,500	1,752
Other income	-	25
Recovered Costs	-	195
<b>TOTAL INCOME</b>	<u>341,161</u>	<u>170,802</u>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	61,409	30,744
Advertising	4,000	470
Computer support	1,500	355
Insurance	3,000	1,559
Library	5,000	966
Postage & freight	300	197
Relocation	10,000	-
Rent	11,000	4,884
Stationery & printing	1,500	968
Subscriptions & fees	500	-
Telephone	5,000	1,428
Repairs and maintenance	500	194
<b>Motor vehicle and travel</b>		
Motor Vehicle - fuel	5,000	2,307
Motor Vehicle - lease	14,000	7,002
Motor Vehicle - insurance & rego	2,000	-
Motor Vehicle - R & M	4,000	1,207
Travel allowance	1,500	614
Travel expenses	2,500	2,771
<b>Projects</b>		
Consumables	1,000	286
Equipment purchase	3,924	553
Newsletter	2,000	1,072
Promotions	1,000	-
Counselling	10,000	-
Program costs	20,000	7,201
<b>Training</b>		
Conferences	2,400	1,050
Consultancy	7,000	1,559
Professional development & training	4,500	914
Professional supervision	1,800	-
<b>Wages and salaries</b>		
Casual workers	500	4,381
Hobby Wokers	2,000	20
Superannuation	11,998	4,667
Supervision - debriefing	1,700	995
Wages and salaries	133,299	46,777
Workers compensation	5,331	4,574
<b>TOTAL EXPENDITURE</b>	<u>341,161</u>	<u>129,715</u>
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<u>0</u>	<u>41,087</u>

## Income & Expenditure 31 December 2007

### LIFE PROMOTION PROGRAM (ALICE SPRINGS) - OPERATING STATEMENT

	Budget	Actual
	\$	\$
<b>INCOME</b>		
Grant - DH&CS	241,834	120,916
Recovered Costs	-	
<b>TOTAL INCOME</b>	<b>241,834</b>	<b>120,916</b>
 <b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	43,530	21,765
Advertising	1,000	217
Computer support	1,000	55
Insurance	1,500	1,056
Library	1,000	592
Relocation	10,000	630
Rent	11,000	6,869
Stationery & printing	500	1,007
Subscriptions & fees	700	-
Telephone	3,500	728
Repairs and maintenance	250	194
<b>Motor vehicle and travel</b>		
Motor vehicle - fuel	2,500	647
Motor vehicle - insurance & rego	2,500	-
Motor vehicle - lease	10,000	4,998
Motor vehicle - R & M	1,000	1,295
Travel allowance	2,500	1,308
Travel expenses	4,080	1,381
<b>Projects</b>		
Consumables	500	361
Equipment purchase	1,000	363
Newsletter	2,000	1,072
Promotions	2,000	2,000
Program costs	7,767	3,441
<b>Training</b>		
Conferences	3,000	-
Consultancy	10,000	1,406
Professional development & training	2,500	1,091
Professional supervision	1,800	-
<b>Wages and salaries</b>		
Hobby Workers	2,000	-
Superannuation	8,946	4,796
Supervision - debriefing	1,170	809
Wages and salaries	98,626	51,571
Workers compensation	3,965	4,574
<b>TOTAL EXPENDITURE</b>	<b>241,834</b>	<b>114,226</b>
 <b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>(0)</b>	<b>6,690</b>

## Income & Expenditure 31 December 2007

### LIFE PROMOTION PROGRAM (TENNANT CREEK) - OPERATING STATEMENT

	Budget	Actual
	\$	\$
<b>INCOME</b>		
Surplus brought forward Sub Acute	32,683	32,683
Grant - DH&CS	80,000	80,000
<b>TOTAL INCOME</b>	<b>112,683</b>	<b>112,683</b>
 <b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	20,283	20,283
Advertising	2,400	3,350
Computer support	500	-
Library	250	-
Postage	100	-
Rent & electricity	3,500	160
Stationery & printing	500	-
Telephone	1,000	869
Repairs and maintenance	-	21
<b>Motor vehicle and travel</b>		
Motor Vehicle - fuel	1,500	-
Travel allowance	3,000	2,389
Travel expenses	10,955	582
<b>Projects</b>		
Consumables	500	-
Equipment purchase	500	-
Programme costs	500	12
<b>Training</b>		
Professional development & training	3,000	-
<b>Wages and salaries</b>		
Superannuation	5,083	554
Supervision - debriefing	650	-
Wages and salaries	55,925	5,602
Workers compensation	2,537	-
<b>TOTAL EXPENDITURE</b>	<b>112,683</b>	<b>33,822</b>
 <b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>0</b>	<b>78,861</b>

## Income & Expenditure 31 December 2007

### SUBACUTE PROGRAM - OPERATING STATEMENT

	Budget	Actual
	\$	\$
<b>INCOME</b>		
Grant - DH&CS	305,362	152,680
Recovered Costs	-	132
<b>TOTAL INCOME</b>	<b>305,362</b>	<b>152,680</b>
 <b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	54,965	27,482
Advertising	1,500	2,502
Cleaning	-	104
Computer support	1,000	-
Electricity & gas	-	134
Insurance	2,300	1,376
Library	500	99
Postage & freight	300	-
Relocation	10,000	-
Rent	11,000	6,508
Stationery & printing	500	828
Subscriptions & fees	300	-
Telephone	2,200	1,296
Repairs and maintenance	500	344
<b>Motor vehicle and travel</b>		
Motor Vehicle - fuel	2,500	538
Motor Vehicle - lease	7,000	2,712
Motor Vehicle - insurance	1,500	-
Motor Vehicle - R & M	2,000	664
Travel allowance	2,000	742
Travel expenses	1,640	930
<b>Projects</b>		
Consumables	2,000	590
Equipment purchase	1,000	1,312
Newsletter	2,000	1,072
Promotions	1,000	65
Programme costs	30,651	7,386
<b>Training</b>		
Conferences	2,000	891
Consultancy	12,800	11,559
Professional development & training	8,000	261
Professional supervision	1,800	-
<b>Wages and salaries</b>		
Casual workers	10,000	3,101
Hobby Workers	2,000	40
Superannuation	10,258	4,449
Supervision - debriefing	1,600	-
Wages and salaries	113,989	44,368
Workers compensation	4,559	4,574
<b>TOTAL EXPENDITURE</b>	<b>305,362</b>	<b>125,927</b>
 <b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>(0)</b>	<b>26,753</b>

## Income & Expenditure 31 December 2007

### DAY TO DAY LIVING - OPERATING STATEMENT

	Budget	Actual
	\$	\$
<b>INCOME</b>		
Grant - DOHA	221,264	179,220
<b>TOTAL INCOME</b>	<b>221,264</b>	<b>179,220</b>
 <b>EXPENDITURE</b>		
<b>Administration</b>		
Accounting and audit fees	500	-
Administration fees	33,190	26,883
Advertising & recruitment	-	2,706
Discretionary Funds	23,733	-
Rent	11,000	4,818
Computer support	500	-
Electricity	732	66
Library	500	-
Stationery & printing	1,000	37
Postage	100	-
Telephone	1,000	210
Repairs and maintenance	500	82
<b>Motor vehicle and travel</b>		
Motor Vehicle - fuel	500	-
Motor Vehicle - insurance	1,000	587
Motor Vehicle - lease	7,000	2,332
Motor Vehicle - R & M	1,000	56
Travel allowance	1,000	-
Travel expenses	2,000	-
<b>Projects</b>		
Consumables	500	43
Equipment purchase	1,000	-
Newsletter	2,000	1,072
Program Costs	22,000	904
Establishment Costs	7,574	-
<b>Training</b>		
Professional development & training	5,000	-
Consultancy	8,000	7,882
<b>Wages and salaries</b>		
Superannuation	6,861	-
Supervision - debriefing	2,500	-
Wages and salaries	76,242	3,615
Holiday Leave Loading	1,282	-
Workers compensation	3,050	4,303
<b>TOTAL EXPENDITURE</b>	<b>221,264</b>	<b>55,596</b>
 <b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>0</b>	<b>123,624</b>

## Income & Expenditure 31 December 2007

### TRAINING AND PROMOTION PROGRAM - OPERATING STATEMENT

	Budget	Actual
	\$	\$
<b>INCOME</b>		
Surplus brought forward from T & P	28,387	28,387
Surplus brought forward from Sub-Acute	45,576	45,576
Training Income	5,000	1,870
<b>TOTAL INCOME</b>	<b>78,963</b>	<b>75,833</b>
 <b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	14,213	13,650
Advertising	1,000	-
Library	500	-
Repairs & maintenance	-	56
Telephone & Internet	-	57
<b>Motor vehicle and travel</b>		
Travel allowance	1,000	-
Travel expenses	1,500	17
<b>Projects</b>		
Consumables	400	164
Stationery & printing	300	392
Equipment purchase	408	108
<b>Training</b>		
Conferences	1,000	-
Professional development & training	1,000	22
Professional Supervision	1,800	-
Program Costs	1,000	1,154
<b>Wages and salaries</b>		
Superannuation	4,371	2,156
Supervision - debriefing	650	420
Wages and salaries	47,790	23,398
Workers compensation	2,031	-
<b>TOTAL EXPENDITURE</b>	<b>78,963</b>	<b>41,594</b>
 <b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>(0)</b>	<b>34,239</b>

## Income & Expenditure 31 December 2007

### HOUSING SUPPORT PROGRAM - OPERATING STATEMENT

	Budget	Actual
	\$	\$
<b>INCOME</b>		
Rental Income	20,000	7,930
<b>TOTAL INCOME</b>	<b>20,000</b>	<b>7,930</b>
 <b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	3,600	1,427
Bank charges	90	26
Insurance	2,500	761
Rates	3,500	2,236
Body Corporate	4,500	2,266
Repairs and maintenance	4,310	769
<b>Projects</b>		
Equipment purchase	1,500	-
<b>TOTAL EXPENDITURE</b>	<b>20,000</b>	<b>7,485</b>
 <b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>-</b>	<b>445</b>

### CONSUMER DATABASE - OPERATING STATEMENT

	Budget	Actual
	\$	\$
<b>INCOME</b>		
Grant - DH&CS	45,000	45,000
<b>TOTAL INCOME</b>	<b>45,000</b>	<b>45,000</b>
 <b>EXPENDITURE</b>		
<b>Administration</b>		
Computer support	4,000	-
<b>Projects</b>		
Establishment Costs	23,000	-
Equipment purchase	18,000	15,498
<b>TOTAL EXPENDITURE</b>	<b>45,000</b>	<b>15,498</b>
 <b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>-</b>	<b>29,502</b>