



Mental Health Association of Central Australia

Service Report

July – December 2008

CONTENTS

1.	Management & Coordination Report	1
2.	Pathways Rehabilitation Program	11
3.	Prevention & Recovery Support Program	21
4.	Life Promotion Program	27
5.	Training & Promotions	33
	Appendix 1: Client File Audit	39
	Appendix 2: Pathways to Recovery Data	41
	Appendix 3: Prevention & Recovery Data	42
	Appendix 4: LPP Tennant Creek Update	43
	Appendix 5: Financial Statements	44
	Reference: * <i>inBalance</i> newsletters	

Management and Administration of MHACA Services

Claudia Manu-Preston: General Manager
Sue Coombs: Administrator

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

Overview of the Past Six Months

The last half of 2008 has been a busy and exciting time, with the finalisation of several projects. This includes: the development of the latest MHACA Strategic Plan 2008-2011, a process which provided clarity around service directions and priorities; and the official opening of MHACA's premises on Wednesday, 10 December 2008 – which was a milestone celebrating MHACA's achievements and steady growth throughout recent years. It was a wonderful occasion with many people attending in recognition and support of MHACA's services.

An independent evaluation of the Day to Day Living (D2DL) Program showed that the move/upgrading of office premises and dedicated consumer space has significantly improved consumer access, feedback processes and participation in MHACA services by consumers. A client file audit was also undertaken across the client service areas.

Core administrative work which underpins good service delivery has included the outsourcing and updating of the salary sacrifice system and the development of a Collective Workplace Agreement. Both elements have influenced the marked reduction in staff turnover from 50% to 6%.

Strategic Achievements Summary – July to December 2008

1. Consumer Driven Quality

- Further expansion of the D2DL Program - including an evaluation by C'wealth assessors
- Extension of Consumer Peer Support Model and GROW, with GROW groups run twice weekly
- Monthly evening Consumer Forums and introduction of monthly Consumer Action Group luncheons to take action on outcomes of Consumer Forums
- Consumer involvement in selection process for new staff and tenants in MHACA units
- Increased consumer uptake in activities, excursions and camps
- Consumer participation in review processes such as development of the Peer Support Model, the lobby for increased youth mental health services via Headspace, and CAMHS accreditation, support and resources
- On-going involvement of consumers and carers on the Management Committee and Steering Groups on special projects, e.g. Housing Survey and Peer Support projects

2. Mental Health Awareness

- Scheduled monthly Mental Health First Aid training
- Ongoing development and delivery of ASIST Training
- Mental Health Week activities including gala dinner and several workshops
- Quarterly production of newsletter, *inBalance*
- Presentations at conferences, workshops, meetings and community agency visits
- 'Sharing Conference Information' Workshop

3. Prevention & Intervention

- Ongoing support to 74 clients on the Pathways Program and 3 clients in the Prevention & Recovery Program, as well as 79 shared participants in the D2DL/GROW program
- Extended accommodation and interim respite under the P&R Subacute program of 2 beds at the Salvation Army Hostel and a 2-bedroom residential property within a community setting. This agreement also includes the use of one bed for crisis respite.
- Appointment of new Mental Health Promotions Officer in Tennant Creek
- ASIST training in Alice Springs at the Correctional Facility and CDU
- Delivery of SafeTALK program at St Phillips' College
- Coordinated Interagency Response after a number of deaths by suicide
- Commencement of audio program on people's experience of suicide
- Consumer engagement/life skills & socialisation including: yoga, arts and crafts, cooking, recreational 8-ball, 10-pin bowling, bead making, singing and creative writing
- Joint community programs/activities: Salvation Army, Reclink, Bindi, CASA
- Combined training with clinical services: Boston Model & Strengths-Based Recovery
- Consortium member in the establishment of Headspace Central Australia

4. Service Development & Sustainability

- Continued expansion of Day to Day Living in the Community Program
- Allocation of funding to purchase 2 more units for long-term accommodation for consumers
- Development of GROW Consumer Peer Support Service
- ASIST & Mental Health First Aid refresher training
- Service development and planning workshops
- Commencement of evaluation 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.
- Facilitation of the Personal Helpers and Mentors Program (PHaMS)
- Meeting with the Mental Health Council of Australia to discuss the new initiatives from the Commonwealth Government
- Participation in setting up of Housing Support Program project.

5. Research & Innovation

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

6. Effective Governance & Management

- Ongoing consumer committee member mentoring
- Governance training for committee members
- Weekly In-Take Service, supervision and monthly In-service Training with consumer rep participation
- 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 \$484,369 (incorporating the capital grant) at 31 December 2008.

The Balance Sheet reports MHACA to have current assets of \$735,148, mainly cash at bank of \$723,773 and receivables of \$11,375. Non current assets of \$808,379 which comprises of residential units \$700,409, plant and equipment \$55,297 and motor vehicles \$52,172 (all amounts are written down values), plus share in Bendigo Bank at cost of \$500. Current Liabilities are \$93,434, Creditors of \$59,452 and provisions of \$33,982. Long-term liabilities total \$10,073 being employee provisions.

The Balance Sheet reports MHACA to be in a healthy financial position at 31 December 2008.

Statement of financial performance

Income for the six months including Grants b/fwd from 2007-08 and excluding internal income is \$903,567. Grant Income \$857,242. Other income from external sources was:

• Bank interest	\$ 22,257
• Capital grant	\$167,297
• Fundraising activities	\$ 512
• Rent and recovered costs	\$ 15,325
• Membership fees	\$ 1,125
• Training Income	\$ 6,880
• Other income	\$ 342

Reports show that expenditure against budget on project and management are in line with expectations for the first six months of the year. No major surpluses projected for the full financial year. Refer to appendix 5.

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 Administration arm 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.

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

There have been 5 committee meetings with an average of 60% of members attending within this period. This does not include the Annual General Meeting:

- July 8 committee members
- August 7 committee members
- September 4 committee members
- October 5 committee members
- December 9 committee members

The Annual General Meeting was held on Wednesday, 5 November with a high level of attendance by staff, consumers and general members. A number of positions on the Committee were contested with the outcome being the appointment of three new members to the Committee.

2.1 Activities Summary

July 2008	<ul style="list-style-type: none"> • Receipt of new vehicle under Community Benefit Vehicle Gift program • Stall at Alice Springs show • Attendance by 2 staff at Suicide and Self Harm Conference in Cairns
August	<ul style="list-style-type: none"> • Review of Salary Sacrifice process and appointment of external bureau to manage the function • Commencement of audit with new audit firm • Appointment of new D2DL Co-ordinator
September	<ul style="list-style-type: none"> • Attendance by 2 staff and 2 consumers at THEMHS conference in new Zealand • Attendance by 2 staff at Margins to Mainstream conference in Melbourne • Finalisation of Strategic Plan • Appointment of new Mental Health Promotions Officer for Tennant Creek • Successful collaboration in running activities for Mental Health Week
October	<ul style="list-style-type: none"> • Purchase of new vehicle for Life Promotions program • Mental health week – annual fun run, workshops and gala dinner • Completion of audited accounts and annual report • Submission of annual acquittals
November	<ul style="list-style-type: none"> • AGM • Notification of successful application for additional funding for housing • Final draft of Collective Workplace Agreement given to staff for review • Landscaping of side area to create shaded area for consumers and staff
December	<ul style="list-style-type: none"> • Official opening of new premises • Review of staff response to Collective Workplace Agreement – Committee determination of final offer to staff • Purchase of additional one-bedroom unit • Christmas functions for staff, consumers and Committee members • Christmas calendar of activities

2.2 MHACA Committee and Staff

Committee

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

Staff

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

Recruitment & Retention Analysis:

In this period there was a 6% turnover in staff. At the end of December there were no positions vacant.

Service Activity 3 - Quality Improvement Activities

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

3.1 Extending Range of Support

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

In 2007-08 MHACA was successful in securing funding for a 2-year pilot Day to Day Living in the Community Program based in Alice Springs to expand the range and quality of structured activities for consumers.

Now in its second year of operation the program has consolidated and we were successful in recruiting a new Day to Day Living/GROW officer in October.

The GROW drop-in service, weekly GROW groups and other mutual supports have been highly successful, with ever-increasing numbers attending through the drop-in centre and the various activities that are on offer – both during the day and evenings throughout the week and also with regular weekend activities.

MHACA was selected as one of 42 services to be evaluated by the Commonwealth for this program, with the evaluation taking place in November. As yet we have not been informed about renewed funding for this program past June 2009.

- **Prevention & Recovery Program**

The Prevention & Recovery Program has been extremely busy during this period, with a direct intake from the Correctional system into the program. Usage of subacute beds at the Salvation Army Hostel has continued to increase, and the 2-bedroom unit that we lease from NT Housing has also been used for a variety of consumers.

- **Life Promotions Program**

With the recruitment of a Mental Health Promotions Officer in Tennant Creek, this program is now fully staffed. LPP has continued the development of the 'Suicide Story' project with significant interest being shown by other services throughout Australia. We have also commenced work with an external consultant on an audio project which will consist of interviews with a range of people about their experiences of suicide.

3.2 Improving Services

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

Due to a busy work schedule, plans for the installation of a Consumer Database were placed on hold. However, work has now recommenced on the evaluation of a number of systems. It is anticipated that a new system will be identified by March 2009, with installation and operation of this to commence by the new financial year.

- **Update of the Strategic Plan**

This massive undertaking was finalised in September, with copies of the new Strategic Plan 2008-2011 being made available to all staff, consumers, committee and other stakeholders. We have been complimented on the plan and all service areas have developed their annual workplans based on this larger visionary plan.

- **Client file audit – December 2008**

During this period a client file audit was undertaken across the client service areas with 45 client files being audited. The files were those of Subacute and Pathways clients, with one file appearing to be for a D2DL client only. Four of the Subacute files were co-clients with Pathways, and three of the Pathways files audited were co-clients with D2DL. *Refer to appendix 1.*

3.3 Staff development

MHACA has continued to provide professional development opportunities for staff to develop skills required to work effectively within this sector. In response to the growth in our programs, several service development workshops were held for new and existing staff—which also provided opportunities for team-building and to discuss service development.

MHACA provides core training for all staff including:

Core Staff Training

- International Recovery-Based Model of Rehabilitation – Helen Glover/Arana Pearson
- Cross Cultural Training
- Boston Readiness for Rehabilitation Training
- Mental Health First Aid
- Applied Suicide Intervention Skills Training (ASIST)

Individual Staff Training

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

Conferences Attended/presented at:

- **THEMHS Annual Conference Sept 2008:**

This was held in New Zealand this year and was attended by the General Manager (Claudia Manu-Preston) and Prevention & Recovery Officer (Danielle Noble) as staff representatives, as well as Gwynyth Cassiopeia-Roennfeldt and Glenise Alexander as consumer representatives. Claudia, Gwynyth and Glenise presented a paper - *“Taking Care of our Own and Growing our Own - A Central Australian perspective on workforce development”* – which showed how MHACA (as a small non-government organization) has been innovative in addressing the challenging complex factors affecting human resources in Central Australia and the actions taken by MHACA through its workforce development strategies. *For conference summary see newsletter, 18th edition.*

- **Margins to Mainstream Conference 10-12 Sept 2008**

This was held in Melbourne and was attended by Rita Riedel (Training & Promotions Officer) and Joanne Ruby (Pathways to Recovery Officer). *For conference summary see newsletter, 18th edition.*

Service Activity 4 - Partnership & Advocacy

4.1 Partnership Activities

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

- Central Australia Mental Health Service Executive Meetings/MOU/joint training
- NT General Practice Network: Mental Health Interagency Group
Santa Teresa Project
- NT Mental Health Coalition: Ongoing attendance and contribution to discussion relating to service and sector development; organisation of Mental Health Week
- Running and Walking Club: Fun Run/Walk
- Consortium member In the Headspace Project

4.2 Advocacy

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

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

A key advocacy area MHACA has been contributing to is 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

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 Services 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 Forum have proved to be valuable in providing information/ issues on which to form the basis of MHACA's advocacy work. These consumer forums are then followed by a month Consumer Action Group meeting, and any issues are fed through the D2DL Coordinator to management for action.

The moving of the consumer forums from lunchtime to evening meetings has proved very effective in increasing the attendance and staff who facilitate these out of normal working hours are to be thanked.

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

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.

Additional funding for Units

- In September 2007, MHACA had applied for funding to purchase more units - and were advised in November 2008 that we had been allocated \$360,000 to purchase additional stock. A contract for an additional 1-bedroom unit was finalised early in December. There is enough funding left from our allocation to purchase another unit and we are currently engaged in finding one – and hope to have this purchase completed in February 2009.

Housing & Support Model Project

- Seeking to identify areas of need for in the mental health sector this project was progressed into the consultation phase. With the assistance of a consultant, a questionnaire was designed and distributed to people experiencing mental illness, their carers and support workers. The information obtained will be collated into a report to be used for lobbying the NT Government and raising awareness of the problems faced by people with a mental illness in achieving secure, long-term accommodation.

Service Activity 6 – Workforce Development Strategies

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

This 6-month period has seen a significant drop in staff turnover from 50% down to 6%. Several improvements have been implemented – including a new Salary Sacrifice scheme which maximises the benefits available to our staff, and the implementation of a new Collective Workplace Agreement. The final proposal of the CWA will be presented to staff in January 2009, with implementation of a range of increased benefits to be immediate once accepted by staff as we are aware that it may take up to six months for the Agreement to be assessed by the Federal Government.

Pathways to Recovery Program

Rangiwhiua Ponga - Services Manager

The Pathways to Recovery Program seeks to promote independent living in the community through recovery-focused rehabilitation and psychosocial assistance in life skills; personal goal setting; vocational education, training and employment; and social integration through strength-based-supports.

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

- ◆ 31.1% were supported jointly with the Central Australia Mental Health Services (CAMHS)
- ◆ 32.4% of this client group have a major mental illness
- ◆ 41.9% have a severe disability related to a mental illness
- ◆ 63.5% of our clients are male and 36.5% female
- ◆ 13.5% identify as indigenous
- ◆ 21.6% identify as people from CALD speaking back ground.

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

MHACA continues to use the Boston University Readiness for Rehabilitation and Wellness Recovery Action Plan (Mary-Ellen Copeland) models in the delivery of services and the Central Australian Mental Health Services (CAMHS) continues to share Individualized Care Planning (ICP). Collaborative training and consultation between MHACA and CAMHS continues to enhance and provide a continuum of care that helps clients to feel confident in accessing both non-clinical and clinical supports.

1.1 Number of new referrals and / or enquiries

The number of enquiries and supports for this period showed a 23.3% increase in comparison to the previous reporting period January to June 2008 (when 60 referrals had been accepted for support). Supports ranged from general mental health enquiries to client and allied initiated referrals, with clients spending between 3 weeks to 6 months with ongoing supports. *Refer to appendix 2.*

13 general enquiries required minimal intervention other than information sharing and / or referral to allied providers

69 new referrals were recorded for this reporting period:

- 39 received low to medium level supports
- 19 were referred across to shared D2DL socialisation and activities
- 9 declined or failed to present for continuing supports

The break-down of new referrals were identified as:

- 31 self- referrals
- 6 family, friends or associates notified the service
- 13 from CAMHS clinical services
- 19 as received from Allied Community Service providers

Totals for 6 month period -

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

1.2 Number of clients seen by gender and ethnicity

The breakdown of clients by gender is as follows:

	Male	Female
ATSI	7	3
Non-Indigenous	39	25
CALD	10	6

Clients have come from a wide range of cultural backgrounds including Aboriginal, Sudanese, Russian, Greek, Samoan, Chinese, Malaysian and English receiving short- and long-term supports. There was no access to interpreter services for the period.

1.3 Number and reasons of exits from the service

Discharges / Exits : 32

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

- 1 returned to remote regions following periods of respite in town;
- 6 live transient lifestyles and can be seen infrequently throughout the weeks or months, then disappear and then readily re-engage when back in the area;
- 1 self-recognised and was able to move forward out of services;
- 2 clients were temporarily suspended from attending MHACA premises following inappropriate behavior - one has withdrawn completely, the other attends intermittently; supports were still offered by support officers in the client's home and community
- 3 returned to the ward for longer-term interventions;
- 18 transferred to either Day to Day Living activities and/ or Prevention & Recovery Programs;
- 1 withdrew attendance following enquiry of criminal record and police warrants;
- 1 has left the region following adverse reactions to other consumers intimidation note;

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

Cross reference to 1.2

Some new visitors to MHACA tend to self-eliminate if they consider the program is not suited to their needs, recovery or that they are not ready to engage on a personal level.

MHACA determines referrals on their merit as having a primary diagnosis or identifying as having a mental health disability:

- 1 referral failed to respond to accessing the premises and was subsequently referred onto Headspace due to age and specialist needs of Foetal Alcoholism Syndrome / ADHD and Criminal Youth Offending. The original referral was received from a carer's service provider
- 2 enquiries for accommodation were referred back to the referring service.
- 1 person has been referred onto Remote Mental Health as a Carer, and encouraged to visit MHACA for personal relaxation and time-out to distress.

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

There has been inconsistent integration of the Wellness and Recovery Plan, Reviews, Camberwell Psychosocial Assessment and the Boston– Role Functioning scale over this period with no accurate analysis applied. The need to identify a more analysis driven tool for this is being investigated to improve the review and analysis of progress in plans.

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

1. Employment -

- 10 have secured employment (some full-time some part-time) and many now engage in evening program's to maintain contact
- 14 are self-directed in their efforts to achieve either full or part-time roles
- 13 are registered with STEPS disability employment agency with 6 engaged in P/T work
- 4 participate in varying degrees at the BINDI Sheltered Workshop, and have shared MHACA/ CAMHS case supports
- 1 client has not resumed work following a progressive stage of illness but continues to participate in STEPS training programs

Employment opportunities have ranged from:

Reception work, commercial cleaners, night-shift shelf packing, mechanic work, horticulture / gardening, conservation, health worker, catering (eg; chef at MHACA Healthy Living Group) and a local hostel setting, fast food services, interpreter, residential carer. Opportunities continue to arise at MHACA for work experience

2. Consumer Representatives -

5 consumers are presently representing MHACA and CAMHS on:

interview panels; reference groups; x2 MHACA Governing Board; facilitation of group activities; participation and facilitation on Consumer Forum; supports as part of the GROW program delivered at the mental health ward; X2 attended the THEMHS conference held in New Zealand

3. Financial assistance -

This has been provided to consumers who have shown an ability to improve their recovery capacity. Finances have been used to – obtain driver's license, purchase of bicycle to assist in transport to work and a chef's uniform. This funding has increased clients' potential to gain work experience and potential employment.

4. Newsletter contributions –

There have been regular contributions to the MHACA newsletter *inBalance* in the form of poetry and stories.

5. Client wellbeing

There was a noticed increase in hospital admissions over this period, with 7 due to dual diagnosis of illicit substance use:

Mental Health Ward - 11 General Side - 4 Arunda House - 5

Two clients have had continued relapse in physical and mental health reducing their capacity to remain working part time, with one flown to Adelaide for medical tests. Integrated plans with CAMHS are ensuring consolidation in health regime, and dietary supplements with Red Cross meals are delivered daily to ensure this client is receiving sufficient meals.

6. Percentage of clients successfully housed

- 1 client was successfully re-housed following a vacancy in the MHACA 2-bedroom flat; this has improved confidence for both tenants as well as social acceptance of each other's personal needs.
- 2 clients required supports from the subacute respite accommodation facilities, and were completed without clinical interventions. These options were of short duration (less than 4 weeks). One client has received accommodation in the Bill Braitling Units which has provided opportunity to gain localized part-time employment and to visit MHACA on a regular basis, following the shift into the town area.
- 14 patrons of the Alice Springs Men's Hostel have continued to engage with MHACA, with general word-of-mouth to invite other patrons.

The option of Crisis Respite in the MHACA single unit has been extended to be available to anyone requiring interim respite as opposed to only Prevention & Recovery, due to reduced housing and mental health risks. The unit is available until more secure accommodation can be located and to reduce potential risks.

1.6 Activities that strengthen life skills, social integration

Under the auspices of shared goals between D2DL, Prevention & Recovery and Pathways, clients have been able to take part in a variety of activities that have assisted in integration back into the community and encouraged confidence building between peers. The D2DL Coordinator has provided a report which highlights the integration of D2DL activities and its influence on all MHACA clients / visitors.

New clients to Pathways are encouraged to actively participate at the Drop-In centre, weekly Healthy Living cooking sessions, and then gradually engage in wider activities as their confidence improves - through ReLink recreational sports and GROW for peer support group work.

Activities for this period included:

Choir Singing, Lawn Bowls, 8-Ball and Gym access at the Youth Centre, Cricket (with clients receiving the 8 A-side Cup and medallions to prove their competence at playing cricket), Yoga (a confidence builder in the evenings), a monthly weekend activity of Pizza & Movie Night at MHACA, and weekend outings including a choral concert at Trephina Gorge, Australian Ballet concert and Classical Guitar recital.

A highlight for some of the choir members was increased confidence in doing small concerts, with this influencing a milestone performance at the October Mental Health Week Conference Dinner - whose guest speaker for the occasion was Choir of Hard Knocks Director, Jonathon Welch.

Several impromptu events included swimming, travel to scenic spots, movies, re-creation of some recycled bicycles, and a brief introduction to mucking down and assisting in horse grooming at the local Disabled Horse Riding centre.

Clients were involved in the shooting of a short film promoting the MHACA Drop In facility which was produced by D2DL staff and shown at the MHACA AGM and Open Day launch.

The Consumer Forum is held on a monthly basis in the early evening, proving popular with clients who have been participating in high numbers - with one session totalling 22 participants. Everyone contributes via a consensus approach and can speak on topics of interest and relevance to their needs, including policy development. The need to hold this Forum at night was to ensure that those clients who are working can also attend. Consumer reps are also attending the Friday sessions of GROW at the Mental Health Ward to support peers during their admission.

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

There are gaps in ensuring joint client planning is maintained between MHACA & CAMHS, and steps are in process to ensure this occurs in 2009 through a joint 2-day case management planning and training to be provided by AIMHI.

An internal audit in December 2008 identified gaps in care planning management and participation of clients in the goals / task-centered planning requirement. Thirty of 45 records audited evidenced a plan in continued progress - although many were not signed off by clients - and lacked analysis / follow-up on goals and no analysis of goals. The results of this audit will be provided to AimHi to assist in the objectives of case management.

2.1 Number of CAMHS Individual Action Plans (ICP)

20 clients were averaged to require a shared plan / management between MHACA & CAMHS. CAMHS have yet to provide cohesive copies of plans to MHACA in this regard. Those received are ad-hoc depending on long-term supports, and rarely signed by consumers. In the majority of cases there were no crisis / relapse plans

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

No evaluations were completed in this period. A discharge evaluation questionnaire is to be now used as standard discharge / transfer procedures on all client records. Evaluation of activities is now established under the auspices of D2DL after each activity. As stated in audit, reviews have not been adequately processed and a template is presently being drafted by Pathways staff.

2.4 Number of clients supported co-joint with Subacute program

- 9 clients have remained shared between Pathways and Subacute services. There has been an integrated approach for the majority of Indigenous males, who have episodic periods of relapse; they remain supported by the same staff member across both programs.
- 3 clients were transferred directly to Subacute following increased relapse and ward admissions for more intensive supports and monitoring of recovery.

A more cohesive internal approach of referrals to the sub-acute has been applied by MHACA to ensure a continuum of care when required, although some were not endorsed by CAMHS case managers.

Service Activity 3 – Program accessibility and appropriate to different individuals from the population ie. people from different cultural backgrounds, gender mix, and people with problems across different life domains

3.1 Developing and maintaining allied relationships

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

MHACA continues to acknowledge those services that are used in the daily management of client supports, however has failed to report the level of regular contacts per individual staff members.

Identified allied agencies with which staff have ongoing liaison are:

- ADSCA – Alcohol & Drug Services
- Anglicare, accommodation
- Alice Springs Hospital – Social Work Division & MH Ward
- Alice Springs Women' Shelter
- Alice Springs Youth & Accom Social Services
- BINDI – Sheltered employment
- CARDHS
- CASA
- CAAFLU – Aboriginal Legal Services
- Congress- Social & Emotional Wellbeing, Medical Services
- Centa care
- Charles Darwin Uni -CDU
- CENTRELINK – Beneficiaries – Social Work
- CRANA
- DASA
- Deadly Treadly recycle bike services
- Disability Services
- FACS
- General Practitioners
- Library
- NT Housing – independent housing
- NT Carer', MHNT Carer', Team Helath Respite services
- NTCOSS Housing
- PBSU
- RecLink – Community based sport activities
- Red Cross
- Salvation Army – Alice Springs Men' Hostel, Women's Group Activities, Food Bank
- STEPS – Previously Employment Access
- Tangentyere Social Services
- Tangentyere Job Shop

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

As per the previous report. MHACA supports shared clients referred through the clinical services to the residential setting of Arunda House - which provides rehabilitative therapy in conjunction with the mainstream sector of Alcohol & Drug Services.

Referrals:

- 5 clients received transfers to residential care for A&OD counseling services.
- 1 client has been referred from ADSCA for the purposes of encouraging socialization and education of mental health needs. They have begun attendance at the GROW program and Consumer Forum, as well as received supports from Pathways.

There is still a gap in joint case management for clients who attend Arunda House as no clear objectives are confirmed for MHACA to support clients on discharge off the program.

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

The Code of Conduct prohibits the use or influence of illicit or alcohol substance on its premises. Clients are encouraged to refrain from attending MHACA during periods of use.

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

MHACA lost the use of both its counselors in 2008, with the independent counselor vacating her role in Alice Springs late December. A new consultant is to be identified in the coming months.

4.1 Number of MHACA clients receiving counseling

- 9 MHACA clients are in receipt of independent counseling services for a variety of reasons - from anxiety disorders to post traumatic stress
- 5 for alcohol and substance addictions

Referrals were directed to, Centacare, Holyoake, Red Centre, Relationships Australia SARC, x2 private psychologist. No statistic records were reported for this period.

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

- 5 clients were referred to Red Centre Counseling for independent services
- 10 hours were used and costs invoiced to MHACA

Outcomes are not determined or recorded by MHACA due to confidentiality. *Refer to appendix 2.*

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

The introduction of a new CAMHS trainer has assisted in improving training between clinical and psychosocial services, and will be expanded upon in 2009.

5.1 Interagency case meetings with CAMHS and outcomes

Joint case meetings are held on both an impromptu and as-needs basis depending on the needs of the individual client. The original 3-month review period has not been adhered to and does not capture many of the changes that occur in between, eg: ward admissions.

11 clients were admitted to the MH Ward. Visits are encouraged from supporting staff to ensure continuum of care - which this also assists staff to receive training from their clinical peers and strengthen relationships with registrars and clinicians.

The internal MHACA audit identified gaps in integration of case notes to client / clinical case management planning and supports. *Refer to appendix 1.*

There is a strong relationship between colleagues with visits on a weekly basis to the MHACA premises where they hold case conferences and catch up with clients.

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

1. Monthly In-service Agenda items:

- July**
- i) Life Promotion Program; Interface in community
 - ii) Blue & Green Sheets
 - iii) interagency response team;
 - iv) Information package;
 - v) Safe Talk Indigenous perspective. An informative discussion for all MHACA teams.
 - vi) Crisis On Call gaps in procedures
 - vii) Draft roster system procedures and information
- August:**
- i) D2DLP progress and activities
 - ii) Intake Roster procedures further discussions
 - iii) Agency liaison roles / responsibilities / expectations of MHACA
 - iv) Core trg re: MH Cert
 - v) MH Week prep for Fun Run sponsors
- September;**
- i) intro of new consumer Code of Conduct
 - ii) training schedules
 - iii) visitor – Remote MH team Manager – discussion, MARS funding , access counseling for males with gender /sexuality associated risks
 - iv) presentation by colleague: 6 Thinking Hats – Edward Bono
- October:**
- i) Joint training session:
 - ii) Alice Springs Women’ Shelter (ASWS) attended MHACA In-service training for complexed needs of Borderline Personality Disorders (BLPD), facilitated by CAMHS trainer Jean Gregory.
- November:**
- i) Draft Intake Roster System finalization

2. Interagency liaison -

Weekly contact with the Salvation Army Alice Springs Men’s Hostel (ASMH) has been maintained to ensure we remain aware of the needs of our high number of shared clients. This role is presently fulfilled by the male Prevention & Recovery staff member. A phone call is provided each Friday to assess bed availability for the Subacute and Crisis On-Call clinical team during the following weekends.

3. Visitors to premises / orientation -

There has been an increased number of visits to MHACA as a result of ongoing staff turnover in other organisations - and those staff new to other services needing to be orientated to our programs. Promotional material prepared by clients and staff has been used to introduce community organisations to MHACA services. Recent visitors include staff from Centrecare, CAMHS and JobFind.

4. MHACA Open Day Wednesday, 10 December -

This was a busy and successful occasion which provided valuable networking opportunities for both government and non-government agencies to visit MHACA and develop closer relationships with each of our teams.

5. Promotional events:

Attendance at Annual Alice Springs Show and Mental Health Week Fun Run sponsored by MHACA.

6. Attendance at -

CAMHS accreditation review - 11 July

Staff input into D2DL evaluator's meeting – 3 November

Service activity 6 – *Internal audits*

6.1 Bi-annual audit of files to ensure NSMH compliance

The first internal audit for client records was conducted during December 2008 by the General Manager and Administrator. It is inappropriate for the Services Manager to conduct this audit as record keeping is a requirement when working directly with clients. *Refer to appendix 1.*

45 files were audited against the Pathways and Subacute programs - which included records for D2DL shared clients. The analysis identified specific deficits in practice and conformity is now being addressed to assist in compliance against record requirements. The audit was conducted from:

1. a composite check-list of forms required in record keeping
2. analysis of the information recorded:
 - I. clear program / plan
 - II. clear strategies to enable achievement of goals
 - III. evidence of changes
 - IV. engagement of other people in planning
 - V. frequency of contacts
 - VI. relationship building
 - VII. evidence of assessment tool analysis
 - VIII. evidence of education – training-independent living skills – employment opportunities, frequency and what was undertaken
 - IX. relapse / crisis plan

6.2 Aggregated results and analysis of assessments tools

These have continued to be flawed and respective tools are being identified to improve measures. The audit identified gaps in recording against the Camberwell, Boston Rehabilitation and Role Functioning Scale assessment tools and requires appropriate rectifying, with all staff needing to increase their use of the tools for reviewing care plans.

6.3 Other - Staffing and training

Staffing and recruitment

The team has retained a full staffing quota in the last reporting period. The loss of one Pathways staff member was remedied with the recruitment and return of a previous staff member after a year's leave from the region.

There is still a gap in recruiting an Indigenous (preferably male) colleague to meet equitable staffing levels and retention of an Indigenous staff member to address Indigenous client's needs.

MHACA has received numerous requests from prospective applicants for any available positions. These will be considered for another pool of casual staff to cover staff absences. There is the continued risk of losing staff and being able to recruit qualified staff across all community sectors

Training and development

- ◆ Staff members identified individual career-path training through allowances in training budgets
- ◆ Present training continues with Choice theory
- ◆ Refresher courses of ASIST and MHFA were attended and there are still staff to complete ATSI cross-cultural perspectives
- ◆ One staff member is completing study towards a degree in psychology.

Workshops for all staff included -

- 21 July – An Awkward Moment – a parent's perspective on youth suicide
- 25 July – Management of Vicarious Trauma (all service teams)
- Early Oct – In-service BLPD with CAMHS practitioner and Alice Springs Women' Shelter staff
- 20 October – Joint case management (hosted by FaCSIA)
- 20 October – Mandatory Reporting (by FaCSIA)
- 1-3 Sept – THeMHS Conference in NZ –attended by General Manager, 1 staff & 2 consumers
- 10-12 Sept - 5th International Mental Health Conference in Melbourne
- 16-18 Nov – Choice Theory training - personal career path of one staff member
- 20-21 Nov - Safe In OZ – Managing active self harm
- 11 Dec - Narrative Therapy

Prevention & Recovery Program

Rangiwhiua Ponga: Services Manager

To provide short-term interventions of clinical and non-clinical supports for consumers experiencing an exacerbation of their mental health problems which enables the least intrusive provision of support

All Subacute care clients have a major mental illness and 100% 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 back ground. 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 Individualized Care Packages in conjunction to CAMHS and other service providers

In this period twelve referrals were received and accepted from CAMHS case managers and the Mental Health Ward team – refer to appendix 3 for summary of all figures:

- 10 were engaged with joint supports
- 2 referrals have had repeat interventions with the Subacute Program over two years
- 1 was transferred to the ward and remained until they left the region
- 1 was declined by the person's parent while they remained on the ward

1.2 Worker hours required for Individualized Care Packages provided

There were variations in time provided to individual packages and needs which varied from 8 days to 12 weeks.

Psychosocial supports provided—as identified in ½-hourly blocks—included:

- 34.5 ward contact / visits
- 228.0 direct client contacts / support
- 25.9 liaison with respite services
- 10.5 liaison with government sector
- 87.0 hours of community activity and socialization
- 111.3 escorted transport
- 36.9 clinical consultations
- 3.2 family contacts
- 312 respite bed nights accessed
- 16.5 allied NGO sector

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

Community:

2 clients were supported in the community without hospital interventions as Step-up:

- ◆ one required intensive encouragement to improve confidence to leave their home and had difficulty engaging in D2DL Program;
- ◆ one has been transient and refused supports other than some temporary accommodation and minimal clinical intervention, and left region

Post discharge:

5 people received supports post discharge without readmission. One had been referred from prison release and required interim respite as part of his transition back to his community; this proves difficult to support as there are many challenges to overcome especially in relation to abstinence from alcohol and medication compliance as part of release conditions.

Readmission:

2 required readmission, with one having been transient from interstate and chose to return to their family region - one was admitted to A&OD rehabilitation at Arunda House

Pre-discharge

1 family declined supports and the client remained on the ward.

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

3 consumers were referred to CAMHS for clinical interventions and respite:

- 1 from MHACA who had arrived from interstate and was severely unwell
- 1 pending release from prison and required interim respite
- 1 required interim respite from TEAMHealth's family respite care and stayed at the Men's hostel

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

Referrals were reviewed on a daily or weekly basis dependent on need. Extensions of support were over 8 weeks. Two required extension of supports due to i) risk of harm to another following prison release and non-compliance ii) dementia and age concerns iii) risk of readmission, addictions and self-harm

Discharges and transfers:

- 10 discharges remain with CAMHS
- 4 left the region with continued clinical services: 1 for long-term residential care (Perth) and 3 to family, in Melbourne and Darwin;
- 2 returned to remote community after respite and a prison release

Internal transfers:

4 were transferred to Pathways and D2DL. (Note: all clients are encouraged to access D2DL for social inclusion). No evaluations were completed post discharge in this period

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

No formal analysis has been provided of outcomes based on HONOs as there is no discharge off HONO's post discharge subacute as per previous requests to CAMHS. It was agreed that MHACA receive a new HONOs at point of referral and post discharge to provide comparative data analysis. This matter is to be rectified with the care planning training to be held with CAMHS in March 2009.

Results are identified as:

- 8 have continued to have severe and persistent illness with intermittent admissions:
- 1 is aged and required long-term residential care
- 2 were first presentations and have improved - 1 with medication, 1 with counseling
- 4 are alcohol and illicit substance dependent - with 2 having admissions to the rehab unit

1.7 Aggregated results and analysis of psychosocial Camberwell assessments

Key domains identified in this reporting period for Camberwell were;

- Accommodation - 1 female was placed in respite which proved difficult to support due to lack of carers to assist with after hours monitoring - in comparison to another female who was able to sustain her wellness with a family member in respite care until able to return to Darwin
- Physical health - no major health risks in this period
- Psychotic symptoms – 7 clients continued to experience symptoms due to non-compliance and access of cannabis / alcohol
- Safety to others – 1 client readmitted due to continued symptoms and threats to community / general public
- Self harm – 2 continued to exhibit self-harm patterns, although in receipt of counseling
- Budget – 3 continued to experience mis-management of pensions
- Day-time activities – 1 client proved disruptive to other D2DL participants and has ceased attendance, 5 regularly visited the premises and engaged in social programs, 1 experiences social phobia and still has difficulty engaging

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

2.1 Report strategies implemented to ensure gender balance in service provision

The program continues to retain its 2 full-time members - 1 male and 1 female. As the only male in the client service area this position also supports 5 male Indigenous clients in the Pathways program.

Cultural deficit - MHACA presently has no vacancies to recruit an Indigenous male staff member; however, a feasibility rationale is to be conducted to develop a strategy for the recruitment and retention of a Indigenous staff member across the MHACA service.

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

Refer 3.2 Pathways Program report - the same principles apply for all programs.

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

Cross reference: (Pathways 5.2)

There has been no training with either community or CAMHS staff in this period in program delivery, This is in part due to the continuing staff turnover changes in CAMHS and the loss of the CAMHS Subacute Coordinator.

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

Cross reference (Pathways 5.2)

3.2 In-service training workshops between MHACA and CAMHS staff

Cross Refer 5.2 and 6.3 Pathways

3.3 Service providers with continued access to MHACA

Cross reference (Pathways 3.1)

To assist with client recovery four new connections with services were made (in addition to the ongoing relationships identified under Pathways 3.1):

- The *TEAMHealth Carer Respite Program* was introduced to the region and is proving positive with referrals to MHACA, with the program assisting clients visiting the region for respite care
- Increased relationship with the Forensic Services of CAMHS
- *Riding for the Disabled* have provided clients with opportunities to assist with grooming and mucking down the horses for clients
- The *Deadly Treadly* recycled bikes program proved positive in providing some hands on mechanical enjoyment for some of the men, and assisted with improving mobility in the community

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

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

1. Salvation Army - Alice Springs Men' Hostel -

This has continued to be a prime resource of support for men's mental health respite care. The service offers one bed for crisis 48-hour care and the other offers up to 8 weeks and longer if warranted.

271 bed nights were accessed from the program and reasons varied from -

- x2 continued prison release' with transitional support and medication monitoring
- x1 continued access for interim respite to relieve family members stressors
- x1 continued medication trialled and development of life skills
- x1 post discharge

2. Womens' 2- bedroom unit (rented of NT Housing) -

61 bed nights recorded -

- x1 post discharge with family carer of 8 weeks before returning to Darwin
- x1 post and readmission 4 days

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

The program continues to offer respite options for males and females. These facilities have been under utilized, especially against the evidence of reduced accommodation and high bed numbers on the ward.

Gaps: - It has been evidenced that there is a need for carers to provide assistance with the women's 2- bedroom unit to reduce admission rates which has been discussed with Mental Health Carers NT Coordinator. The problem has yet to be rectified.

4.3 Provision of respite outside Subacute access

Totals for this resource are included in subacute costs at the men' hostel. 5 Pathways clients were provided with access to interim respite beds at the Men's hostel with reasons including homelessness, increased health and safety risks, and time-out respite to relieve carer's / family members

A crisis respite bed is made available to the On Call clinical team for 48-hour crisis care; client identification is not required or identified by MHACA. The stats for this are included in 4.1.1 ASMH.

Service Activity 5 – *Internal audits*

5.1 Bi-annual audit of files to ensure NSMH compliance

Refer (Pathways 6.1 and appendices of audit trail)

5.2 Other - Staffing and training

Staffing and recruitment

The program has retained its two full time staff. If required, casual staff are appointed to relieve during staff leave. It has not been required in this period as a casual position was filled to cover both programs to retain staffing levels.

Training and development

(Refer Pathways6.3)

Life Promotion Program

Laurencia Grant: Program Manager

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

Service Activity 1- Create and strengthen links between key Government departments, non-government agencies, health services, and community groups to support a whole of community approach to suicide prevention

1.1 Life Promotion Program Steering Committee – Alice Springs

Current Organisations represented

- Tangentyere Council
- Waltja
- ASYASS
- Social and Emotional Well-Being Program of CAAC
- Student Support Services of DEET
- ESWB Program of NPY Women's Council
- General Practise Network NT
- Lifeline
- Alice Springs Police
- NT Government Department of Health and Families
 - Central Australian Mental Health Services
 - Suicide Prevention Coordinator, Mental Health Policy
 - Alcohol and Drug Services of Central Australia
 - Remote Health
 - Family and Children's Services
- DASA – Drug and Alcohol Services Association
- Mt Theo Program – Yuendumu

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

Meetings held and numbers attending

The Steering Committee meets on a three monthly basis to offer strategic direction to the program and to support program development. In this period the committee met on 12 August (10 external agencies represented) and 11 November (13 external agencies represented).

Issues raised and acted on in steering committee meetings

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

We kept the committee updated about:

- National Suicide Prevention Strategy (NSPS) funded activities, including the Waltja – Life Promotion 'We Know Our Strengths' project and NPY's radio and mental health project;
- NT Suicide Prevention Coordinating Committee;
- Updating of the National LIFE Framework and new resources
- MH Policy Officer position at the Alice Springs Women's Shelter
- Youth Mental Health Week in Darwin Oct 2008
- Relevant National Conferences – Queensland Suicide & Self Harm Prevention Conference
- Applied Suicide Intervention Skills Training (ASIST) and Suicide Story development
- Establishment of the new Headspace Central Australia
- Tennant Creek MH Promotion (Jay Green was recruited to the position in September 08)
- Research proposal re collection of data on attempted suicides
- "Helping GP's manage suicide risk in General Practice" project of the GP network
- Journey to the Heart – Stand-by and Sweet Freedom healing journey proposal

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

2) Define and promote best practice for our region

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

We agreed that:

- Each organisation should have its own procedure for dealing with a crisis related to suicide that is clear to all their staff. LPP could support agencies to develop a protocol.
- The NT government would present the data that is currently available related to suicide risk and self harm at a steering committee meeting in 2009
- LPP will develop an MoU with CAMHS to clearly define our roles related to suicide

1.2 Tennant Creek Mental Health Promotion Officer

The Tennant Creek Life Promotion position had been vacant since July 2007. The position was re-considered after discussions with CAMHS and MHACA management and a new position created focusing on mental health promotion & training and suicide prevention. LPP negotiated with Anyinginyi to accommodate the position among the Stronger Families team.

Jay Green was recruited to this position in September and became an ASIST trainer in December. Following this ASIST training was delivered in Tennant Creek in December. *For a report on activities in Tennant Creek refer appendix 4.*

1.3 Other ways Life Promotion strengthens connections with community:

Queensland Suicide & Self-harm prevention Conference - Cairns 23 – 25 July 08

Charlie Hodgson and Laurencia gave a presentation at the Conference on the recently developed local resource 'Suicide Story'. We talked about its development, its purpose and demonstrated the program to date while Brian held a video camera steady in the audience. It was well received and tied in well with other speakers who touched on the important connection between suicide and strong spirit. *For a report see pages 37-39 of inBalance, 17th edition.*

Congress Aboriginal Male Health Summit – Ross River - 30 June - 3 July 08

Brian Kennedy—our newest team member at the time—was put to the test when, as part of the Strengths Program, was asked to be involved in supporting men from Titjikala to attend the Male Health Summit at Ross River. The aim of the Summit was to talk about a critical range of issues taking place in communities—in particular the abuse that has been happening—and to come up with some solutions. Many discussions were had and there were many recommendations handed to Government as a result of the Summit. *For a report see pages 29-30 of inBalance, 17th edition.*

The Book Project

Life Promotion staff have been collecting local writing on the subject of suicide to go toward a publication. The aim of the project is to acknowledge that personal stories of suicide can help us learn about this complex issue: we can understand that suicide is a shared experience but that everyone's experience is different; that the taboo, secrecy and stigma associated with suicide can be unhelpful and can prevent people sharing their story; and that people manage to wade through difficult times and can often emerge wiser and stronger. *For more information see page 36 of inBalance, 17th edition.*

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 Dept 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.

Lifeline and ASIST training network

Karen Revel and Lifeline provided valuable assistance with the coordination of network meetings and training. In November, Lifeline and Life Promotion delivered Safe Talk to year 10 students at St Phillips. Living Works delivered an ASIST Train the Trainer in Alice Springs in December.

Journey to the Heart – Healing walk from Alice to Uluru

The steering committee discussed this proposal being put forward by a company called Sweet Freedom and Stand-by bereaved by suicide support program. The idea is to hold this walk in 2010; however, there is a lot of planning already underway. The group was encouraging of the idea as long as more thought went into it regarding local indigenous people and the practicality of the walking route.

NT Government and Life Promotion

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

Headspace Central Australia

Laurencia has been representing MHACA on the consortium for Headspace and on the interview panel for the Community Liaison Officer position in July 2008. Laurencia and MHACA's Training & Promotions Officer coordinated the first round of Headspace training throughout this period until a full staff team could be recruited. Three key workshops were organised and promoted –

- ◆ 21 August - CAN DO for Young People, Families and Carers – ½ day workshop
- ◆ 22 August - SEE Young People – 1-day workshop
- ◆ 20 November - Working With Families & Significant Others - 1-day workshop

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

2.1 Response meetings held after suicide

There were two reported suicides in this period. One incident occurred in Alice Springs and one in Utopia. Both were residents of Utopia. The number of deaths by suicide was the lowest recorded since LPP began collecting this information.

Life Promotions has continued to ask key agencies to report on attempted suicides to obtain a more accurate picture of the seriousness of this issue. Statistics continue to be hard to obtain.

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

3.1 Education and training workshops

ASIST Training

- Laurencia and Karen Revel - September – Alice Springs
- Brian Kennedy and Laurencia - December – Tennant Creek,
- Train the Trainer ASIST Sydney – Brian Kennedy – September
- Train the Trainer ASIST Alice Springs - Jay Green, Felix Meyer – December

SAFE in Oz workshop (working with people who self harm) 21 - 22 October

Brian Kennedy assisted with the administration of this workshop on behalf of Safe in Oz. There was good representation from across the community for this training. Sarah O'Regan said that whilst it was good to have someone deliver that had had a lived experience of self harming, that there were inconsistencies and inaccurate information in relation to mental illness with few practical tools given to help people who self harm, particularly young people and that the self harming behaviour that was described was quite extreme. It identified that there is a lack of knowledge about self harming and that we need to be cautious about the training that is offered.

SAFE TALK – 25 November 2008

On 25 November, Laurencia, Kristy Schubert and Karen Revel delivered SafeTALK to approx. 75 Year-10 students from St Philips, accompanied by Peter Bourke from Headspace. Safe TALK is a shortened 1/2-day alternative to the 2-day ASIST course. This was the first time that we have trained young people in suicide awareness skills and we appreciated St Philips' commitment to this issue.

World Suicide Prevention Day – September 2008

Brian Kennedy coordinated this event in 2008. Janet Turner welcomed us to Central Arrente country and performed a smoking ceremony with her daughter. Speeches by Felix Meyer and Lindsay Morley were heartfelt. Written material was also on display on the day and music and guest speakers were a part of the ceremony. The day was recorded by Megg Kelham on CD.

For more information see page 17 of inBalance, 18th edition.

inBalance News – July - Dec 2008

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

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

Suicide Awareness training in Ampilatwatja (2, 3 July 08)

Kristy Schubert and Laurencia were invited to be involved in a Women's Health Workshop in Ampilatwatja, facilitated by Sandy McElligott of Remote Health. The women in this community identified suicide as an issue they wanted to learn more about. We were joined by midwives, nutritionists, domestic violence workers, drug and alcohol workers, and sexual health workers.

The women in Ampilatwatja keep watch on men they worry for and follow them if they wander off, especially if the sun is setting. They engaged in an honest and open talk about suicide and gave us more understanding about the women's role in keeping watch on people with worries in the community. The clinic staff were also very responsive to further training focused on suicide in Ampilatwatja.

Ltyentye Apurte (Santa Teresa) community meeting – Nov 2008

Brian and Laurencia attended this meeting at the Spirituality Centre as part of a group of people from agencies and organisations who are in various ways offering services that focus on mental health or social and emotional wellbeing. We were invited to a discussion to consider how we do our work, how we might better collaborate and how we could more effectively respond to the concerns raised by community members.

Issues raised by some of the Ltyentye Apurte men at a session in the morning highlighted the importance of meaningful activity such as; useful local employment (orchard work, horse program, music teaching, building and maintenance, road work and rubbish collection); training and education to occur in the evenings focused on issues such as alcohol and other drugs, sexual health, family relationships and mental health; ways to overcome misunderstandings of documents written in English (especially matters related to court orders and legal matters) and opportunities to get out of the community and travel out in the bush on weekends as a means to stay away from trouble and to connect with culture and country.

The meeting was facilitated by Ilan Warchivker who is known to many in the community for his work on the Ltyentye Apurte health plan. We were grateful to be a part of the discussions and hope that it will lead to a better coordinated and more responsive mental health workforce for the Ltyentye Apurte community.

Strengths Project

Life Promotion met regularly with Waltja to keep up to date on this project and to offer input and guidance. Charlie Hodgson continued to visit the three communities and support strength based activities. A death by suicide affected the Mt Liebig community and fighting and blame between family members related to this death and a previous death made it difficult to visit this community. Laurencia provided feedback throughout this part of the year regarding the progress of Strengths.

Suicide Story – Batchelor SEWB and Congress Aboriginal health Students

In November, Brian, Laurencia and Kristy presented sections of Suicide Story to SEWB students at Batchelor through a request from Tahnia Edwards, and also to Aboriginal health students at Congress, including Raymond Campbell. We were able to gain feedback about the suicide awareness training resource and also to carry out some interviews with the students about the issue. It's always difficult for Aboriginal people to watch this as it brings up many sad stories for them, as most have lost members of their families to suicide. But they let us know that the resource is a good way to get the subject talked about and to give people skills in how to support one another.

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

- Life Promotion collects information on completed suicides provided by the police at the time of the incident. This information is developed into annual excel spread sheets and is provided to NT Government and other relevant organisations on request.
- At the beginning of each year the information is presented to the Steering Committee as an opportunity to analyse its effectiveness.
- Life Promotion does not receive information on suicide attempts
- The most recent development is a commitment from MHS to present data to the steering committee on suicide and self harm related presentations to the AS hospital.
- MHACA and CAMHS to write into MoU joint management of attempts in special circumstances. Other agencies to write up own protocols re support for those at risk of suicide. LPP to assist with protocol development if required.

Training and Promotions

Rita Riedel: Training & Promotions Officer

To help raise community awareness about mental health issues

Service Activity 1 – Provision of Community Forums

1.1 Two Community Information forums provided

The first forum for this financial year was organised in Mental Health Week 2008 on Tuesday, 7 October. A highlight of MHW it was a gala dinner featuring Australian of the Year – Local Hero 2008, Jonathon Welch. Best known for his role as Director of The Choir of Hard Knocks, Jonathan entertained and inspired an audience of 150 people, poolside at the Crowne Plaza over a 3-course dinner. Jonathan shared his story on how he helped to build confidence, self-esteem, pride and team spirit with a group of 50 homeless and disadvantaged people, leading them to sing at the Sydney Opera House and produce a Top Ten ARIA CD. Jonathan's message behind this inspiring success story is 'accentuate the positive, eliminate the negative.'

Also on the agenda was our local Reclink Choir—who opened the evening—coordinated by Peta Boon from the Salvation Army, and MHACA consumer and guest speaker, Glenis Alexander, who spoke beautifully of her inspiring journey of recovery. The event was hosted by Russell Goldflam who equally inspired us with his warmth, compassion, humour and wonderful MC skills. It was a truly memorable night for everyone who attended.

1.2 Number of people attending

The event attracted a over 150 people comprising a broad range of guests (carers, teachers, mental health workers and general community members.)

1.3 Issues identified

Key issues identified in the speeches were:

- ◆ Jonathon Welch: When you believe in the best people (accentuate the positive), you help to bring out the best in people (eliminate the negative) - as evidenced by the new-found camaraderie and significant positive life changes experienced by many choir members, all marginalised in some way (either homeless, with a mental illness or an addiction of some kind).
- ◆ Jonathon Welch: No matter what our situation in life we can always start anew if we are given a new chance. By believing in each of the members he offered vital hope and inspiration to help improve and heal their lives.

- ◆ Glenis Alexander: support organisations such as MHACA are important to people's chance of recovery - offering ongoing support with appointments, transport, counseling, goal setting, day to day living, re-socialisation and belief in themselves.
- ◆ Russell Goldflam: By sharing some of his own story (a family member with a mental illness) Russell highlighted that we're all affected by mental health issues in some way. Demonstrating a high level of skill as an MC (including warmth and humour) he provided a valuable connecting link between the topic, the guest speakers and the audience.

1.4 Collaborative partnerships developed

Ongoing collaboration with the NT Mental Health Coalition as well as developing some good links with local community members eg. MC Russell Goldflam who is a local lawyer as well as dedicated member of the community. Other positive connections were with the local radio stations 8HA, ABC and 8CCC.

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

2.1 Development of MHFA Training Calendar

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. We also promoted a free ATSI scholarship for ATSI MHFA trainers in December.

2.2 Number of training sessions held annually

Several new workers have been trained as instructors including Yarran Cavalier from CAYLUS, Naz Remtulla from CAMHS and Rangi Ponga from MHACA. During this period five courses were held on:

- ◆ 19-20 August – 13 people
- ◆ 16-17 September – 15 people
- ◆ 21-22 October – 10 people
- ◆ 18-19 November – 9 people
- ◆ 16-17 December – 10 staff from Alice Springs Women's Shelter

2.3 Number of individuals trained

See 2.2 - with people attending from:

- | | |
|---|-------------------------|
| • Alice Springs Women's Shelter | • DEEWR |
| • Bonya Community Remote Health | • Life Without Barriers |
| • NT Legal Aid Commission | • MHACA |
| • Congress | • DEET |
| • ADSCA | • Remote Health Team |
| • Alice Outcomes | • Frontier Services |
| • Dept of Corrections | • Waltja |
| • Tangentyere Council | • Holyoake |
| • Centacare – Alice Springs & Tennant Creek | • CAYLUS |
| • Mental Health Ward | • Anzac Hill High |
| • Centralian Senior College | • Salvation Army |
| • CARHDS Remote Team | • CASA |

2.4 Participant evaluations results analysis

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

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

Website

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

Display Banner

A third large vertical banner 1x2 metres has been designed for our Tennant Creek office – to 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 in between events is on display at the MHACA office in Tennant Creek.

Postcard

This has been updated and is a key promotional tool – with a landscape image on one side and positive suggestions to ‘be kind to your mind’, and on the other MHACA’s services and contact details.

Display Board in reception

In addition to two portable display boards for presentation to agency staff meetings, two large display boards have been bought and set up in reception displaying a colour array of consumer and staff activities. We have consistent feedback on the friendly and inviting atmosphere in the reception area.

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 2editions relevant to this reporting period.

Cert. IV in Mental Health at CDU 2009

CDU is in the process of developing a Cert. IV in Mental Health which they hope to run in Alice Springs. I’ve been coordinating local expressions of interest to feed back to Darwin with a promising 24 responses to date. This liaison will continue to ensure Central Australians are informed when the course is up and running so they can enrol.

Information packs

Thirty information packs were prepared for teachers from the Living Waters Primary School for their PD day (newsletters, MHACA postcards and brochures, AS service directory & ‘Looking After Yourself’ flyer).

General activities

Day to day activities include editing and formatting inhouse reports, preparing flyers for local workshops and events, updating the MHACA website, preparing ads for recruitment and special feature events eg. Alice Springs Show, Mental Health Week. Special reports and flyers included for:

- ◆ Matt Deer Camp 2008 report
- ◆ Annual Report 2008
- ◆ Service Report Jan-June 2008
- ◆ Consumer Forum logo developed
- ◆ Signage for both MHACA & GROW
- ◆ Membership renewal drive
- ◆ Strategic Plan 2008-2011
- ◆ Consumer Forum Code of Conduct
- ◆ THEMHS conference promotional material
- ◆ Centre for Remote Health Seminars – distributed flyers
- ◆ World Suicide Prevention Day – invitation, flyers and distribution
- ◆ Jewellery Workshop flyer for D2DL
- ◆ Consumer Xmas dinner flyer
- ◆ Prepared MHACA Christmas cards

Training Attended

- Mental Health Promotion Training – 8-9 September in Melbourne
- 5th International MH Conference “Margins to Mainstream” – 10-12 September in Melbourne
- Women & Leadership 1-day forum –30 September. Good info on different working styles and ‘emotional intelligence’ and ability to work with people.
- Mindframe Mental Health & the Media workshop – 10 October. Attended 2-hour workshop in Mental Health Week. Great presentation and resources.

Service Activity 4 – Promotion of mental health

4.1 Activities and events that promote mental health & community resilience

Community Agency visits

Presentations are conducted at local agencies to inform people of our programs and latest activities. Where possible these are attached to the end of staff meetings to maximize on staff attendance. This has received positive feedback and continues to be a good opportunity for promotion as well as networking. In this period a meeting was held at the Congress Youth Outreach Team in November. Other attempts were made but did not eventuate due to turnover of agency staff. This will be followed up in the new year.

Collaborative Support for new Headspace Training

As a core member of the consortium for the new Headspace Central Australia service, MHACA agreed to support the setting up and promotion of the first round of training until fulltime staff were recruited. Three key workshops were organised (designed and distributed flyers, took registrations and organised venue and catering):

- ◆ 21 August - CAN DO for Young People, Families and Carers’ – 24 people. Half-day workshop with good initial interest from a range of workers who work with young people
- ◆ 22 August - SEE Young People – 22 people. Full day workshop. Not as successful as trainers had to fly out early but good expressions of interest.

- ◆ 20 November - Working With Families & Significant Others - 16 people. A very positive session, with high energy and recognition of need for collaboration around youth mental health issues.

All training was aimed at training a pool of trainers to deliver these workshops every 3 months on behalf of Headspace for all workers who work with young people at risk.

Ongoing Support Work

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 for both staff and clients and Cultural Awareness Training for staff.

Alice Springs Show 4 July

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

Free Community Meeting – ‘A Mother’s Story’ - 21 July

Organised and promoted a free 1-hour forum with Adelaide mother and author, Helen Maczkowiack, following discussion with Tracey from Mental Health Carers. Hosted meeting which 18 people attended. Helen spoke of her son’s struggles with depression and then how she coped following his suicide. She also talked about warning signs and grieving, and wanting to help others through her book. It was a valuable information sharing session.

Dancing in the Dark – 25-29 August

Distributed flyer for Tanya Gordon’s visit to Alice Springs organised by Teen Challenge. In her 20s she was a young singer who struggled with and overcame depression and now, in her 30s, gives community talks to inspire particularly young people. Tanya visited several high schools and also gave a free community talk on Wed. 27 Aug at Andy McNeill Room 7.00-9.00pm. I attended the visit to St Philips and the community talk mid-week to provide follow-up info on MHACA resources. Very productive and rewarding.

Information Sharing on MH Conferences, 12 November 1-3pm

A 2-hour workshop was held at MHACA to share information that staff had obtained from two major conferences – the THEMHS Conference and Margins to Mainstream Conference. A flyer was created and distributed and 2 detailed powerpoints prepared on 1) the MHP training on 8-9 Sept, and 2) the Margins to Mainstream Conference on 10-12 Sept.

MHACA launch 10 December 11am

Assisted with organization and promotion of launch, including preparation of an editorial and ad for the local newspaper. It was a successful event attended by over 70 people.

Central Australian Mental Health Week 5-11 October 2008

Annual Family Fun Run 7.15am - Sunday, 5 October -

Held at Telegraph Station, the Annual Fun Run officially launched Mental Health week. Covering a 3km course it was a lovely morning, with over 80 people attending. Many thanks to our new mayor Damien Ryan for officially launching the event and drawing our Free Raffle prizes – over 20 in total - with the major prize being a \$1000 Jetset travel voucher won by a lucky local. Other prizes included a DVD player, sports and cycling store vouchers, gym membership, CD voucher, and a whole lot more. Afterwards participants were treated to a u-beaut healthy breakfast comprising of fresh fruit salad, cereal and muffins. A great morning all round. Many thanks to the Running and Walking Club who helped out with registrations and setting up the course.

Yarning About Mental Health Workshop - Tuesday, 7 October -

Organised workshop presented by the Australian Integrated Mental Health Initiative (AIMHI) team, Dr Tricia Nagel and Carolyn Thompson. A 1-day workshop on Care Planning and Assessment in ATSI Mental Health it was well attended and received by 25 participants. The package included:

- Getting to know you (developing rapport and assessment)
- Mental State Examination and diagnosis
- Risk assessment (knowing who is safe in the community)
- Early warning signs (recognising mental illness relapse)
- Mental Health Medicine (treatment with medication)
- Goal setting and problem solving brief intervention Care Planning (including Medicare items)

Exhibition of Consumer Art at MHACA – Wednesday, 8 October

A free art exhibition show-casing some of the art works made by consumers throughout the year was held mid-MHW at MHACA. These included jewellery, paintings, mandala drawings, croched rugs and other pieces. A big thank you to Lynne Kennedy for preparing the exhibition and to all the consumers who contributed. Several of the pieces now decorate the MHACA walls and include descriptions of how art plays a powerful role in healing.

Mental Health & the Media –Friday, 10 October

Organised an informative 2-hour practical workshop run by the Mindframe National Media Initiative on 'Pro-active Tips to Promoting Your Projects & Working with the Media'. About 15 people attended this highly informative workshop presented by Jo Piggot, an experienced and inspiring trainer from Mindframe. Jo gave us effective ways of working with the media and covered things such as:

- What you need to know when talking to the media about mental illness
- How to prepare a good story and media release
- Preparing for interviews.

Mindframe is a national initiative (supported by the Australian Govt Dept of Health & Ageing) and provides access to accurate information about suicide and mental illness and the portrayal of these issues in the news media and on stage & screen in Australia. An excellent range of information and resources is available at www.mindframe-media.info/mentalhealth.

Appendix 1: Client file audit – December 2008

During December 2008, 45 client files were audited by the General Manager and Administrator

The files audited were those of Subacute and Pathways clients, with one file appearing to be for a D2DL client only. Four of the Subacute files were co-clients with Pathways, and three of the Pathways files audited were co-clients with D2DL.

Overall findings:

Audit sheet information/questions	Yes	No
Referrals	39	6
Contact list	37	8
CAMHS details	18	27
Authority to receive information	36	9
Media consent forms	27	18
Rights & responsibilities	20	25
Camberwell Assessment	33	12
Boston Role Functioning Scale	26	19
WRAP or CAMHS plan	30	15
Progress notes	43	2

Overall notes on the above questions:

Audit sheet	Observations
Referrals	Often difficult to follow whether self-referral or other service provider. Very often unsigned by client.
Contact list	Very often these were incomplete as to addresses in particular, although often they were missing phone numbers as well.
CAMHS details	Very sketchy in this field – very little evidence of any crisis plans, not many risk assessments done, not a lot of recovery action plan detail.
Authority to receive information	Usually quite well completed but not often signed by client.
Media consent forms	A lot of these missing which was cause for concern, those that had been completed were in the main well done, but some remained unsigned by the client or undated.
Rights & responsibilities	Very little evidence on the files, very few signed code of conduct. This is of major concern as this is the basis of the clients interacting with each other and with the staff.
Camberwell Assessment	Some have been partially done, but in general there is no evidence of follow up.
Boston Role Functioning Scale	Some are done very well, with more than one assessment done, others are very patchy.
WRAP or CAMHS plan	Some have preliminary plans done but again very little evidence of follow up on client goals etc. Quite a number had been commenced by support worker and were not signed by the clients.
Progress notes	In most cases were very comprehensive and built a good picture of the relationships between the clients and support workers, and also in many cases charted the client's progress. However they also demonstrated that in most cases the support workers are reactive rather than proactive regarding follow up of clients and setting goals etc.

Other observations:

As well as working on the above checklist, we also developed a small analysis paper to compare the files with. This was designed to discover the involvement of the clients in their plans and programs.

Our overall findings throughout the case files were that:

1. There was very little evidence in the files of the programs being consumer driven – they were rather CAMHS and MHACA plans.
2. There were very few strategies put in place to enable the clients to achieve their identified goals, and less evidence of changes to the plans made as needed.
3. In all cases there was no clear evidence of the results of the assessment tools being analysed to determine the client's direction or goals.
4. There was very little evidence of and education or training being put in place, even when the WRAP plan had this as one of the goals. In some cases there had been discussion about courses, but no written notes on why this had not been achieved.
5. In most cases there was no relapse or crisis plan in place.

Appendix 2: Pathways to Recovery Data: July - December 2008

1. Client Activities

Demographics based on numbers	July	Aug	Sept	Oct	Nov	Dec	Total averages
New Clients							
Referral enquiries	14	24	8	7	11	5	69
Required supports	9	10	7	5	7	3	41
Shared D2DLP	2	10	1	3	3	1	21
Monthly actions							
Caseload totals	40	47	49	43	43	42	
Male	24	28	29	28	30	31	
Female	16	19	20	15	13	11	
CALD	7	7	7	8	7	7	
ATSI	8	8	10	10	10	10	
Inactive	5	10	5	4	3	4	
Discharged	4	7	6	6	4	5	32
Co-joint CAMHS Meetings	20	18	20	23	23	20	
W&RP	20	24	25	28	27	27	
Job / Goals Achieved	<i>Insufficiently captured- I/C</i>	I/C	I/C	I/C	I/C	I/C	
Evaluations / Surveys	0	0	0	0	0	0	
INDIVIDUAL SESSIONS							
Based on hours from 0.25							
Planning & reviews	14.0	21.5	12.0	15.2	24.5	15.8	
Ward visits			5.0	4.0	3.5		
Emotional supports 1-on-1	28.3	30.1	26.7	52.9	50.2	94.1	
Group work: Combined D2DL & GROW	9.5	.2	3.0	5.0	7.1	9.5	
Recreation: Camps, walks	4.9	4.0	5.5	3.4	15.0	13.7	
Skills development: work-shops, training, consumer reps, 1-on-1 life skills	I/C	I/C	I/C	11.9	5.7	3.0	
Family contacts	5.5	5.6	2.9	2.8	9.6	3.7	
Enquiries PC's – 1-on-1	13.9	4.9	9.3	10.7	11.4	11.9	
Other services	23.4	25.8	18.6	19.9	33.6	16.4	
Transport	10.7	8.2	10.6	7.4	14.7	19.0	
ADMINISTRATIVE Based on hours from 0.25							
Documentation	30.2	27.9	25.5	34.1	35.5	24.5	
Meetings	12.1	12.2	6.8	11.8	23.1	10.6	
Reading / Research	9.3	3.8	4.6	3.0	6.3	2.0	
Training / Workshops	12.5		27.5	3.5	3.5	9.5	
Transport	3.4	4.0	3.5	5.5	11.5	3.0	
Supervision	I/C	I/C	I/C	I/C	I/C	I/C	

Appendix 3: Prevention & Recovery Data: July - December 2008

DEMOGRAPHICS	July	Aug	Sept	Oct	Nov	Dec	Totals
Male		1	2	4		1	8
Female	2	1	1				4
Non-English Speaking							
Aboriginal/Torres Strait	1	1	1				3
Other Culture	1	1	2	4		1	9
REFERRALS							
New to P&R	2	2	3	2		1	10
Consents to support	2	2	3	4		1	12
Step-Up	2	1	1	1			5
Step-Down		1	2	3		1	7
Accept/Decline	2	2	3	4		1	12
Joint Prog. - Pathways			1				
Joint Prog. - D2DL	3	2	3	1			9
INDIVIDUAL CARE PLAN							
WARD - Round(hr's)	9.5	3.5		7.0	6.0	8.5	34.5
- Leave (no's)					10.0		10.0
- Discharge(no's)					2.0		2.0
- Readmission	1.0	2.0					
Consultations	55.2	38.2	33.0	60.2	21.0	20.4	228.0
- Consumer (hr's)							
- Family / Carer		.7		1.0	1.5		3.2
CAMHS practitioners	12.2	2.7	3.3	7.8	6.0	4.2	36.9
Case conference review	Daily	or	weekly	consults			
Respite	57	60	56	46	36	16	271
- ASMH <i>bed nights</i>							
- Women's Unit <i>bed nights</i>			35	21			56
PARTNERSHIP ACTIVITIES							
Government	1.7	1.9	1.9		2.0	3.0	10.5
Non-Government	10.5	3.5	2.0	.5			16.5
- Community	17.5	33.3	15.0	10.2	10.5	.5	87.0
- Cultural/Indigenous							
Transport	30.5	32.2	15.1	8.6	20.6	4.3	111.3
DOCUMENTATION							
Hours	11.4	11.1	6.5	10.1	9.2	3.6	51.9
- Phone contacts	2.0	No record	No record	2.1	3.2	2.2	9.5
Discharge/Review	1	2	1	5	1		10
- Remain CAMHS	1	2	1	4			8
- Other MHACA prog	1	1	1	5			8
- Other service provider		1		1	1		3
- Out of region-relocate	1	2		2	1		6
Re-admission	1	1		1			3

Appendix 4: Life Promotion Program – Tennant Creek Update

By Jay Green

New Mental Health Promotion Officer

I commenced work in Tennant Creek on 29 September, based at the Stronger Families offices of Anyinginyi. In addition to helping coordinate and deliver training in Mental Health First Aid and ASIST (Applied Suicide Intervention Skills Training) part of my role is to help disseminate information and raise awareness about mental health issues. In my first week, I made contact with some key mental health service providers and allied organisations with a view to inviting people onto the reference group that will respond to incidences of suicide to help provide a support role to the persons affected.

Barkly Region Activities

On 8 October, I was invited to attend the Open Day of the Women's Shelter at Elliot (photo at right). A number of service providers attended on the day and it was a great facility which was welcomed by the community in Elliot. On 11 October, I attended the Women's Day at the Barkly Homestead which had a great turnout of women from pastoral stations in the Barkly region and beyond (see photo below left). There were fantastic guest speakers covering topics from finance to women's waterworks! It was a very informative and entertaining day with many women staying on to make the most of an event that is only held twice a year.

Youth Mental Health Forum

On 16-17 October, I attended a Youth Mental Health Forum in Darwin which attracted a wide range of attendees. The focus of the forum was to raise awareness of mental illness amongst young people in the Territory, promoting initiatives that would aid in identifying mental illness and resources aimed at prevention, intervention and creating better treatment and service outcome (such as Reach Out and Headspace).

Back in Alice ...

Then I flew back to Alice Springs to attend the SAFE in Oz training on self harming with Laurencia and Brian on 20-21 October. This was about an area that I have had little exposure to in the past, however, the information will be valuable in the future, should I encounter somebody who self harms. In Alice I also attended my first staff meeting at MHACA where I had the opportunity to introduce myself to other staff. In the interim, I have continued networking with service providers in Tennant Creek, arranging facilities and promoting the 2-day ASIST course that Laurencia and Brian delivered here on 4-5 December.

For further information or any queries please contact me during office hours on 0448 657 577 or email j.green@mhaca.org.au

Appendix 5: Financial statements 1 July – 31 December 2008

MANAGEMENT & COORDINATION - OPERATING STATEMENT

INCOME	Budget \$	Actual \$
Surplus brought forward	-	-
DHCS Grant - Management	62,351	32,756
DHCS Grant - Rent Assistance	35,000	17,500
MV lease internal	34,000	16,999
Rent recharge	44,000	-
Insurance claim	-	226
Interest received	45,000	22,257
Membership fees	1,000	1,125
Fundraising	350	512
Grant - Mental Health Week	909	-
Recovered costs	-	4,185
Admin fees recharge	222,217	170,966
Training income	-	150
	<hr/>	<hr/>
TOTAL INCOME	444,827	266,676
	<hr/>	<hr/>
EXPENDITURE		
Administration		
Accounting & audit	4,800	1,600
Advertising	4,000	4,293
Bank charges	350	217
Bookkeeping	2,500	3,100
Cleaning	9,100	5,416
Computer support	4,500	4,069
Electricity	4,500	560
Insurance	12,715	9,200
Postage	1,200	706
Rates, taxes and outgoings	1,000	257
Rent	83,600	24,318
Repairs and maintenance	3,500	10,193
Security	540	430
Stationery and printing	6,000	8,157
Storage costs	588	1,069
Subscriptions	4,000	3,427
Telephone	7,000	2,802
Total admin expenses	149,893	79,814
MV & Travel Costs		
MV - fuel	2,376	921
MV - insurance	600	536
MV - registration	550	83
MV - repairs & maintenance	1,200	606
Travel allowance	700	1,726
Travel expenses	5,000	2,849
Total MV & Travel	10,426	6,721
Projects		

Consumables	5,000	2,963
Equipment purchase	2,500	35,278
Newsletter	2,320	1,185
Promotions	4,500	236
Program costs	15,000	7,082
Total projects	29,320	46,744
	Budget	Actual
Training & Development		
Conferences	3,000	1,922
Consultancy	2,000	7,650
Professional development	6,000	118
Professional supervision	3,600	-
Governance support	2,500	-
Total training	17,100	9,690
Salaries & Wages		
Casual workers	2,500	-
Hobby workers	2,000	2,840
Salaries & Wages	184,965	80,710
Superannuation	16,337	7,314
Wellbeing allowance	1,950	989
Workers comp insurance	5,919	3,766
Total employment costs	213,671	95,619
TOTAL EXPENDITURE	420,410	238,588
OPERATING SURPLUS (DEFICIT)	24,417	28,088

PATHWAYS TO RECOVERY - OPERATING STATEMENT

	Budget	Actual
	\$	\$
INCOME		
Grant - DH&CS	271,103	144,330
Grant - surplus c/f	-	87,608
TOTAL INCOME	<u>271,103</u>	<u>231,938</u>
EXPENDITURE		
Administration		
Administration fees	48,799	41,749
Advertising	1,000	-
Cleaning	-	94
Computer support	500	-
Electricity	-	532
Library costs	1,000	606
Postage	250	-
Rent	11,000	5,953
Repairs and maintenance	500	502
Stationery & printing	2,500	744
Telephone	3,000	2,576
Total admin expenses	68,549	52,756
MV & Travel Costs		
MV - fuel	4,752	380
MV - insurance	1,200	938
MV - lease	8,000	4,000
MV - registration	550	-
MV - repairs & maintenance	2,500	556
Travel allowance		404
Travel expenses	1,500	1,441
Total MV & Travel	18,502	7,719
Projects		
Consumables	1,000	278
Equipment purchase	1,000	1,408
Newsletter	2,320	1,185
Program costs	18,705	2,870
Total projects	23,025	5,741
Training & Development		
Conferences	1,500	-
Consultancy	3,000	109
Professional development	3,500	877
Total training	8,000	986
Salaries & Wages		
Salaries & Wages	135,196	55,591
Superannuation	11,945	5,201
Wellbeing allowance	1,560	68
Workers comp insurance	4,326	2,302
Total employment costs	153,027	63,162
TOTAL EXPENDITURE	<u>271,103</u>	<u>130,364</u>
OPERATING SURPLUS (DEFICIT)	<u><u>0</u></u>	<u><u>101,574</u></u>

LIFE PROMOTIONS ALICE SPRINGS - OPERATING STATEMENT

	Budget	Actual
	\$	\$
INCOME		
Grant - DH&CS	258,043	135,566
Grants - surplus c/f	-	22,575
TOTAL INCOME	<u>258,043</u>	<u>158,141</u>
EXPENDITURE		
Administration		
Administration fees	46,448	28,465
Advertising	2,000	2,552
Computer support	500	-
Electricity	-	532
Library costs	1,000	231
Rent	11,000	5,953
Repairs & maintenance	-	552
Stationery & Printing	2,750	185
Telephone	3,000	2,196
Total admin expenses	66,698	40,666
MV & Travel Costs		
MV - fuel	2,352	572
MV - insurance	600	1,091
MV - lease	10,000	4,999
MV - registration	550	13
MV - repairs & maintenance	1,500	2,207
Travel allowance	6,000	2,171
Travel expenses	3,500	3,855
Total MV & Travel	24,502	14,908
Projects		
Consumables	1,000	712
Equipment purchase	1,500	255
Newsletter	2,320	1,185
Promotions	2,000	-
Program costs	7,500	906
Total projects	14,320	3,058
Training & Development		
Conferences	3,500	3,250
Consultancy	3,000	6,354
Professional development	5,000	5,990
Professional supervision	1,800	-
Total training	13,300	15,594
Salaries & Wages		
Salaries & Wages	106,969	49,299
Superannuation	9,447	4,681
Wellbeing allowance	1,300	609
Workers comp insurance	3,423	2,131
Total employment costs	121,139	56,720
TOTAL EXPENDITURE	<u>239,959</u>	<u>130,946</u>
OPERATING SURPLUS (DEFICIT)	<u><u>18,084</u></u>	<u><u>27,195</u></u>

LIFE PROMOTIONS TENNANT CREEK - OPERATING STATEMENT

	Budget	Actual
	\$	\$
INCOME		
Grant - DH&CS	80,000	43,080
Grant - DH&CS in advance	-	80,000
Grants - surplus c/f	-	55,247
TOTAL INCOME	80,000	178,327
EXPENDITURE		
Administration		
Administration fees	14,400	32,099
Advertising	1,000	142
Cleaning	1,200	-
Computer support	-	1,127
Electricity	800	-
Insurance	250	-
Library costs	250	-
Postage	100	-
Rates, taxes and outgoings	1,000	-
Relocation costs	-	574
Rent	3,000	-
Repairs and maintenance	100	-
Security	250	-
Stationery & printing	850	483
Telephone	1,000	1,243
Total admin expenses	24,200	35,668
MV & Travel Costs		
MV - fuel	-	536
MV - registration	-	510
MV - repairs & maintenance	-	283
Travel allowance	2,500	1,938
Travel expense	-	2,063
Total MV & Travel	2,500	5,330
Projects		
Equipment purchase	-	274
Program costs	-	653
Total projects	-	927
Training & Development		
Professional development	-	250
Total training	-	250
Salaries & Wages		
Housing costs	7,800	1,953
Salaries & Wages	56,217	14,437
Superannuation	4,962	1,287
Wellbeing allowance	650	-
Workers comp insurance	1,799	1,141
Total employment costs	71,428	18,818
TOTAL EXPENDITURE	98,128	60,993
OPERATING SURPLUS (DEFICIT)	(18,128)	117,334

PREVENTION & RECOVERY - OPERATING STATEMENT

	Budget	Actual
	\$	\$
INCOME		
Grant - DH&CS	325,829	164,436
Grant - surplus c/f	-	36,644
TOTAL INCOME	325,829	201,080
EXPENDITURE		
Administration		
Administration fees	58,649	36,194
Advertising	2,000	-
Cleaning	1,000	-
Computer support	500	423
Electricity	800	751
Insurance	157	139
Library costs	250	-
Postage	250	-
Printing	750	-
Rent	38,040	14,873
Repairs and maintenance	3,500	958
Stationery and printing	2,000	438
Telephone	3,000	2,456
Total admin expenses	110,896	56,232
MV & Travel Costs		
MV - fuel	2,736	2,296
MV - insurance	600	498
MV - lease	8,000	4,000
MV - registration	550	475
MV - repairs & maintenance	1,000	1,054
Travel allowance	1,000	1,221
Travel expenses	1,000	1,660
Total MV & Travel	14,886	11,204
Projects		
Consumables	1,000	282
Equipment purchase	1,500	917
Newsletter	2,320	1,185
Promotions	500	-
Program costs	3,595	356
Total projects	8,915	2,740
Training & Development		
Conferences	2,500	1,472
Consultancy	5,000	-
Professional development	4,000	3,632
Professional supervision	1,800	-
Total training	13,300	5,104
Salaries & Wages		
Casual workers	2,500	3,289
Hobby workers	1,000	-
Salaries & Wages	155,459	73,585
Superannuation	11,948	7,131
Wellbeing allowance	1,950	27
Workers comp insurance	4,975	4,050
Total employment costs	177,832	88,082
TOTAL EXPENDITURE	325,829	163,362
OPERATING SURPLUS (DEFICIT)	(0)	37,718

TRAINING & PROMOTION - OPERATING STATEMENT

	Budget	Actual
INCOME	\$	\$
DHCS Grant - Pathways (share)	75,000	37,500
Training Income	8,500	6,730
TOTAL INCOME	83,500	44,230
EXPENDITURE		
Administration		
Administration fees	15,030	7,961
Library	-	717
Postage	-	33
Repairs & maintenance		55
Stationery and printing	1,000	290
Telephone	120	179
Total admin expenses	16,150	9,235
MV & Travel Costs		
Travel allowance	-	599
Travel expenses	-	138
Total MV & Travel	-	737
Projects		
Consumables	102	807
Equipment purchase	-	1,731
Promotions	-	732
Program costs	820	1,409
Venue hire	-	2,193
Total projects	922	6,872
Training & Development		
Professional development	1,000	432
Professional supervision	1,800	-
Total training	2,800	432
Salaries & Wages		
Salaries & Wages	56,217	25,539
Superannuation	4,962	2,377
Wellbeing allowance	650	221
Workers comp insurance	1,799	1,161
Total employment costs	63,628	29,298
TOTAL EXPENDITURE	83,500	46,574
OPERATING SURPLUS (DEFICIT)	-	(2,344)

DAY TO DAY LIVING - OPERATING STATEMENT

	Budget	Actual
	\$	\$
INCOME		
Grant - DOHA	219,374	73,000
Surplus b/f	74,766	76,831
Recovered costs		116
TOTAL INCOME	294,140	149,947
EXPENDITURE		
Administration		
Accounting and audit fees	200	-
Administration fees	44,121	22,492
Advertising & Recruitment		850
Discretionary Funds	35,000	13,653
Library costs	1,500	-
Rent	11,000	5,953
Stationery	2,000	1,415
Telephone	2,000	1,586
Total admin expenses	95,821	45,949
MV & Travel Costs		
MV - fuel	2,592	1,342
MV - insurance	600	498
MV - lease	8,000	4,000
MV - repairs & maintenance	1,200	2,016
Travel allowance	-	1,550
Travel expenses	1,800	3,137
Total MV & Travel	14,192	12,543
Projects		
Consumables	4,600	299
Equipment purchase	5,000	5,148
Newsletter	2,320	1,185
Program costs	24,500	11,421
Total projects	36,420	18,053
Training & Development		
Conferences		1,508
Consultancy	1,500	9,728
Professional development	2,000	350
Total training	3,500	10,078
Salaries & Wages		
Casual staff	15,431	14,583
Hobby workers	-	2,485
GROW staff	43,385	-
Salaries & Wages	71,235	30,340
Superannuation	9,291	4,140
Wellbeing allowance	1,300	-
Workers compensation	3,348	2,677
Total employment costs	143,990	54,225
TOTAL EXPENDITURE	293,923	140,848
OPERATING SURPLUS (DEFICIT)	217	9,099

ACCOMMODATION SUPPORT - OPERATING STATEMENT

	Budget	Actual
INCOME	\$	\$
Rental Income	25,350	11,140
Interest	200	-
TOTAL INCOME	<u>25,550</u>	<u>11,140</u>
EXPENDITURE		
Administration		
Administration fees	4,599	2,005
Bank charges	130	43
Cleaning	1,000	-
Insurance	628	654
Rates and taxes	3,520	3,521
Repairs and maintenance	5,500	847
Strata fees	4,000	2,409
Total admin expenses	19,377	9,479
Projects		
Equipment purchase	1,000	-
Total projects	1,000	-
TOTAL EXPENDITURE	<u>20,377</u>	<u>9,479</u>
OPERATING SURPLUS (DEFICIT)	<u><u>5,173</u></u>	<u><u>1,661</u></u>

DATABASE - OPERATING STATEMENT

	Budget	Actual
INCOME	\$	\$
Surplus brought forward	29,502	-
TOTAL INCOME	<u>29,502</u>	<u>-</u>
EXPENDITURE		
Projects		
Equipment purchase	29,502	-
Total projects	29,502	-
TOTAL EXPENDITURE	<u>29,502</u>	<u>-</u>
OPERATING SURPLUS (DEFICIT)	<u><u>-</u></u>	<u><u>-</u></u>