



# **Mental Health Association of Central Australia**

## **Service Report**

**July – December 2010**



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# Management and Administration of MHACA Services

Claudia Manu-Preston: General Manager  
Sue Coombs: Administrator

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

## Overview of the Past Six Months

The last half of 2010 continued to be extremely busy – the launch of the Housing & Support report in March created significant additional work in following through on the recommendations at both Territory and Federal level, with meetings with Ministers and other parties.

We were asked and agreed to participate in a review of services provided to the mental health sector by non-profit organisations held by the Department of Health & Families which was undertaken in mid-October 2010.

We were extremely fortunate to persuade Professor Pat McGorry to visit Alice Springs also in October 2010 – we managed to fill a day for him with a variety of activities, culminating in a community dinner at the Crowne Plaza attended by 200 people.

The 2010 AGM was well attended, and again MHACA was fortunate to have a high level of interest from people to be on our Committee. We have two new general members – Mark Keyworth and Amanda Worrall, as well as one new participant representative – John Moffat. Unfortunately the previous treasurer (Allen Cope) was forced to resign during the 09-10 year and his place was taken by Greg McIntosh who had been elected as a general member at the 2009 AGM.

Christmas activities were again varied and provided a service at a time where Alice Springs has limited support options available. The MHACA Christmas function was held at the Barra on Todd restaurant, and a group of around 25 people enjoyed a convivial evening.

Following is a summary of achievements within this period.

## Achievements – 2010/11 Programs & Projects

### 1. Quality service provision and responsive service delivery

- Continuing surveys of participants to ensure service delivery meets their needs and expectations
- Restructure of the D2D program staffing components to ensure participant outcomes

- Continued monthly participant forums with participant representatives also having a monthly luncheon to discuss any issues
- Continued participant representation in review processes, such as Peer Support Model development, Headspace consortium member, CAMHS executive, support and resources.
- Continued participant involvement in selection process for tenants in MHACA units and for new staff
- High uptake in activities, excursions and camps.
- On-going involvement of participants and carers on Management Committee and Steering Groups on special projects, e.g. Peer Support project.
- Continuing use of WRAP and Camberwell assessment tools
- Continuing review of intake and referral systems to ensure they provide effective information
- Update of eligibility criteria for MHACA services
- Negotiation of new MoU's

## **2. To support a community development approach to the prevention of suicide in Central Australia**

- Continued delivery of the Suicide Story training resource
- Continuation of suicide response groups both in Alice Springs and Tennant Creek
- Continuation of reference group/steering committee meetings in Alice Springs and Tennant Creek
- Ongoing delivery of ASIST and Safe Talk

## **3. Provide a quality housing support program for MHACA clients**

- Continued dialogue with the NT and Commonwealth Governments to progress the recommendations from the Housing & Support report
- Receipt of funding to purchase additional MHACA housing stock
- Ongoing negotiation with NT Housing for additional resources for participants with higher support needs
- Receipt of funding to deliver a new transition housing program
- Allocation of NT Housing stock for the provision of a new transition housing program
- Continuation of attendance at housing forums with other agencies to ensure participant needs are being met

## **4. Mental Health Awareness**

- Continuation of monthly Mental Health First Aid training
- Additional trainers for MHFA trained in Alice Springs
- Ongoing development and delivery of ASIST Training
- Production of inBalance newsletter 3 times per year
- Presentations at conferences, workshops, meetings and community agency visits
- Mental Health Week activities
- Stalls at the Alice Springs show and other activities
- Continuing provision of in-kind assistance to Headspace by T&P officer one morning per week
- Running of a participant-specific Mental Health First Aid Course

## **5. Management & Governance**

- Review of core and other training
- Continuation of formal staff planning days
- Continuation of Committee planning day
- Development of annual action plan from the staff planning days
- Development of risk management plan
- Ongoing review of OH&S
- Review of MHACA enterprise agreement (EA)
- Review of recruitment strategies
- Continuation of appraisal process for all staff
- Weekly intake service meetings, monthly supervision and monthly in-service training with participant rep participation
- Combined services meetings held monthly at MHACA

# Service Activity 1- Financial Accountability

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

The Balance Sheet reports a current year surplus \$271,574 at 31 December 2010.

The Balance Sheet reports MHACA to have current assets of \$911,460, mainly cash at bank of \$907,120 and receivables of \$4,340. Non-current assets of \$1,240,711 which comprises of bond paid \$8,173, residential units \$1,126,953, plant and equipment \$35,667 and motor vehicles \$69,417 (all amounts are written down values), plus share in Bendigo Bank at cost of \$500. Current Liabilities are \$160,889 comprised of creditors of \$89,915 and provisions of \$70,974. Long-term liabilities total \$25,921 being employee provisions.

The Balance Sheet reports MHACA to be in a healthy financial position at 31<sup>st</sup> December 2010.

## Statement of financial performance

Income for the six months including Grants b/fwd from 2009-10 and excluding internal income is \$1,339,350. Operational Grant income \$950,283, Capital Grant income \$250,426. Other income from external sources was:

• Bank interest	\$16,986
• Rent and recovered costs	\$32,573
• Membership fees	\$ 825
• Training Income	\$ 6,327
• Other income	\$14,275

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

## **Service Activity 2 - Governance**

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

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

The MHACA Constitution was amended in October 2010 to allow for proxy representatives for both participant and organisational committee members where the elected member is unable to attend. This was done to ensure that there continues to be a strong participant voice at the committee meetings.

### ***Participant Mentoring***

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

There have been 4 committee meetings with an average of 64% of members attending within this period. This does not include the Annual General Meeting:

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

The Annual General Meeting was held on 21<sup>st</sup> October with an excellent attendance by staff, participants and general members. A number of positions on the Committee were contested with the outcome being the appointment of 3 new members to the Committee.

## 2.1 Activities Summary

<b>July 2010</b>	<ul style="list-style-type: none"> <li>• Stall at Alice Springs show</li> <li>•</li> </ul>
<b>August</b>	<ul style="list-style-type: none"> <li>• Commencement of audit</li> <li>• Presentation of Churchill Fellowship to Claudia</li> </ul>
<b>September</b>	<ul style="list-style-type: none"> <li>• Attendance by 1 staff and 1 participant at THEMHS conference in Sydney</li> <li>• World Suicide Prevention Day</li> <li>• Attendance at Creating Future Conference in Cairns by Laurencia Grant and Valda Shannon</li> </ul>
<b>October</b>	<ul style="list-style-type: none"> <li>• Mental health week – activities</li> <li>• Visit by Prof Pat McGorry and community dinner</li> <li>• Completion of audit</li> <li>• Completion of annual report and audited accounts</li> <li>• Submission of annual acquittals</li> <li>• AGM and amendment to MHACA Constitution</li> <li>• MHACA service review by Dept of Health &amp; Families</li> <li>• Helen Glover training for staff and participants</li> <li>• Deaf Healthy Minds forum</li> <li>• Attendance at Suicide Prevention conference in Brisbane by Brian Kennedy and Warren Williams</li> </ul>
<b>November</b>	<ul style="list-style-type: none"> <li>• Melbourne Cup luncheon</li> <li>• Receipt of funding for, and purchase of additional one-bedroom unit</li> </ul>
<b>December</b>	<ul style="list-style-type: none"> <li>• Christmas functions for staff, participants and Committee members</li> <li>• Reclink cricket final – MHACA team champions</li> <li>• Notification of successful application for vehicle under the Community Benefit Gift Fund</li> </ul>

## 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>	Greg McIntosh
<i>Public Officer:</i>	Lee Ryall
<i>Organisational Rep:</i>	Tracey Hatchard, Carers NT
<i>Organisational Rep:</i>	Donna Musinskis, Salvation Army
<i>Participant Rep:</i>	Sandi Yandell
<i>Participant Rep:</i>	John Moffat
<i>Participant Rep Mentor:</i>	Christine Burke
<i>General Member:</i>	Mark Keyworth
<i>General Member:</i>	Amanda Worrall

### **Staff**

<i>General Manager:</i>	Claudia Manu-Preston
<i>Administrator:</i>	Sue Coombs
<i>Administration Assistant:</i>	Kirsten Major

<i>Services Manager:</i>	Rangi Ponga
<i>P&amp;R Officer:</i>	Bianca Kelley
<i>P&amp;R Officer:</i>	Bruce MacGregor
<i>Pathways Officer:</i>	Christine Boocock
<i>Pathways Officer:</i>	vacant
<i>Pathways Officer:</i>	Donna Ormsby
<i>LPP Manager:</i>	Laurencia Grant
<i>LPP Officer:</i>	Brian Kennedy
<i>LPP Officer (Tennant Ck):</i>	Larissa Knight
<i>Training &amp; Promotions Officer:</i>	Kylie Humrick
<i>D2DL Peer Support Officer</i>	Stuart James
<i>D2DL Activities Officer</i>	Kellie Georgeff
<i>Homelessness Support Officer</i>	Lizzie Dodd
<i>Homelessness Support Officer</i>	Barry Laird
<i>Suicide Story Trainer</i>	Valda Shannon
<i>Suicide Story Trainer</i>	Warren Williams

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

In the past six months there was a 5% staff turnover.

At the end of December 2010 we had one vacancy – an Indigenous Support Officer.

# Service Activity 3 - Quality Improvement Activities

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

## 3.1 Extending Range of Support

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

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

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

As yet we have not been informed about renewed funding for this program past June 2011.

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

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

- **Life Promotions Program:**

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

The Life Promotions program has worked almost exclusively on the Suicide Story project – training has been delivered in a number of remote regions as well as to organisations in Alice Springs, and the development of the Train the Trainer package is the priority for the next 6 months as well as continuing to deliver the training to selected communities. The interest in the program has gone well beyond the Northern Territory with interest and requests for training coming from right around Australia.

## 3.2 Improving Services

- **MHACA Database**

The database was purchased late in the 2009/10 financial year, and has subsequently been installed within MHACA. We are currently fine-tuning the database to allow us to extract the information required.

- **Street to Home project**

MHACA commenced this program in November 2010, and have been allocated 3 units from NT Housing to enable us to provide assistance and training for people who may be having problems managing their tenancies, or have a past history in this area. Anglicare have assisted us with training packages for participants in the program and we are excited about this as an additional resource for our clientele.

### **3.3 Staff development**

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

#### **Core Staff Training**

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

#### **Individual Staff Training**

- Senior First Aid
- Mental Health First Aid Train the Trainer
- Sexual Assault workshop
- MHFA Trainer upgrade
- Domestic violence workshop
- Managing aggression workshop
- Building conflict resolution skills workshop
- Narrative therapy
- Safe Talk

#### **Conferences attended/presented at:**

##### **THEMHS Annual Conference:**

This was held in Sydney this year, and was attended by the Donna Ormsby (Pathways Support Officer) as staff representative and John Moffat as participant representative.

John enjoyed the experience immensely and felt that he had benefited from attending the conference. Both John and Donna wrote articles for the inBalance newsletter on their experiences at the conference.

##### **Creating Futures Conference:**

Laurencia Grant and Valda Shannon attended this conference in Cairns in September to present the Suicide Story resource – this was well received by the audience and has led to many enquiries for copies of the training package.

##### **Asia-Pacific Conference on Suicide Prevention:**

This conference was held in Brisbane in November and was attended by Brian Kennedy and Warren Williams who co-presented a workshop on the Suicide Story resource.

## **Service Activity 4 – Participation in NT MH quality review process**

### **4.1 Review process:**

MHACA is committed to quality assurance in the delivery of services to our participant group and participated in the NT Mental Health Program NGO Quality Standards Review in October 2010. This review was a wonderful opportunity for MHACA to undertake a self-assessment against the National Mental Health Standards as well as being reviewed by the Department of Health and Families. Our thanks go to all staff, participants, committee members and carers who made themselves available for this review.

## **Service Activity 5 – Implementation of revised NMH Standards**

### **5.1 Standards implementation:**

MHACA is committed to working within the National Mental Health Standards as revised in 2010. As part of this process we are revising our Policy and Procedure Manual, participant data collection, documentation, entry and exit criteria and general service delivery. This will be an ongoing process.

### **5.2 Number of complaints, issues and resolution:**

Not recorded this period

# Service Activity 6 - Partnerships

## 6.1 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 (CAMHS) 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
- Consortium member In the Headspace Project
- Realink, Salvation Army, YMCA activities in conjunction with the Pathways and D2DL programs
- Bindi Progression of horticulture project

# Service Activity 7 - Advocacy

## 7.1 Advocacy

MHACA has a structured advocacy role and focus on systems-based advocacy. MHACA staff continue to refer and support participants 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 participant access to treatment, care and support.

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

### General Advocacy:

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

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

### Advocacy forums MHACA participated in include:

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

### Monthly Participant Forums

Structures such as our monthly Participant Forum have proved to be valuable in providing information/ issues on which to form the basis of MHACA's advocacy work. These participant forums are then followed by a Participant Action Group meeting, and any issues are fed through the D2DL program to management for action.

The moving of the participant 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 participants have been instrumental in again updating the Participant Code of Conduct, provided input into a range of policies, provided input into the Day to Day Living in the Community activities and have continued to be represented on the MHACA Management Committee as well as other assistance with the reception area and the drop-in centre.

### 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 8 – Participant & carer participation**

## **8.1 Participant involvement:**

- MHACA reserves two places on the Management Committee specifically for participant representatives and supports a mentor for the participants on the Committee to assist them to expand their knowledge and understanding of the processes
- MHACA has amended its Constitution to allow for substitute Committee representatives from the participant group to ensure that there are always at least 2 participant attendees at each Committee meeting
- MHACA calls for expressions of interest from the participant group when there is a panel convened for interviews for either job vacancies or vacancies in any of the MHACA-owned residential accommodation
- MHACA supports and assists participants to attend other agencies as representatives of the participant group – such as sitting on the CAMHS Executive etc.
- MHACA offers all participants the opportunity to gain work experience through involvement with such things as manning the drop-in centre for such times as staff planning days, staff meetings, staff training days etc, and also reception work while staff are away. These opportunities are widely advertised and we support training for participants to build up their skills in these areas.
- MHACA continues to mentor and support the participants to facilitate their own monthly forums etc.
- MHACA supports and encourages participants to become involved with activities such as the Alice Springs Show stall, mental health week activities etc.

## **8.2 Carer involvement:**

- One of the Management Committee positions is filled by the Manager of Mental Health Carers NT Alice Springs
- MHACA invites submissions from MH Carers NT Alice Springs for our regular newsletter
- MHACA works closely with MH Carers NT Alice Springs to ensure a regular flow of knowledge and information regarding community events
- MHACA will liaise with carers of MHACA participants on an individual basis where authorised to do so by the participant

## **Service Activity 9 – Landlord Function**

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

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

The vacancy rate as at 30<sup>th</sup> June 2010 was nil, and the turnover in the past 12 months was nil (turnover July 2009 to June 2010 was 14%).

### **Housing & Support Project**

- In 2008 MHACA commenced a project to identify areas of need for housing within the mental health sector in Alice Springs. With the assistance of a consultant, and with permission from the Queensland Alzheimer's Foundation, a questionnaire was designed and distributed to people experiencing mental illness, their carers and support workers. The information received from these questionnaires was collated into a report to raise awareness of the problems faced by people with a mental illness in achieving secure, long-term accommodation. This project was launched in March 2010 and we have been actively pursuing the recommendations of that report since its launch.

### **Street to Home Program:**

- MHACA was invited to apply for funding under the NT Government's Street to Home Initiative and was successful in the application with funding commencing in September 2010. The program aims to assist people who have had past problems gaining and/or maintaining a tenancy, and will involve the provision of training in such things as personal care, financial skills, cleaning and daily living skills etc. Some of this training will be done in situ where a participant already has accommodation, some will be provided in units which MHACA has head-leased from NT Housing which will also provide transitional housing for up to 3 months. The program fits with MHACA's long-term aims of assisting people with a mental illness with housing and support appropriate to their needs.

## **Service Activity 10 – Workforce Development Strategies**

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

The MHACA Collective Workplace Agreement was ratified by the Commonwealth in May 2009, enabling us to offer above award wages from July 1 2009. This nominally expired on 30<sup>th</sup> June 2010, and staff and management have worked hard over the 6-month period to renegotiate a new Enterprise Agreement from 1<sup>st</sup> January 2011 to 30<sup>th</sup> June 2013.

From July to December 2010 we have had a staff turnover of 5% (last year 28%) and we continue to work hard on finding ways to attract and retain staff.

We have not had any success in attracting an indigenous support officer to the organisation, and are actively networking to try and remedy this. We have already identified that our current method of recruitment does not fit with the indigenous workforce and we are constantly reviewing how we can accomplish this. We have been successful in this period in recruiting two indigenous staff to the part-time positions of Suicide Story trainers and their presence for the training has been invaluable for the project and the organisation as a whole.

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

# Pathways to Rehabilitation Program July – December 2010

Rangiwhiua Ponga - Services Manager

Pathways to Recovery will provide a recovery focused rehabilitation program for people affected by mental illness. The program employs generic Support Officers to assist participants to manage their mental illness and address associated problems. Access to the program will be according to identified criteria based on assessment and ongoing reviews. Assistance may include support with life skills, medication, respite, financial management, education, vocation, accommodation and employment.

In this present reporting period a total of 65 participants accessed the Pathways program and were provided differing levels of supports or intervention this included:

35 - 22.75% having a major mental illness and severe disability related to a treatable mental illness; gender analysis showed 34 – 52.31 % of these participants were male and 31- 47.69 % female, with 17 – 26.56 % identifying as indigenous and 6 – 9.23% identifying as people from CALD speaking back ground. Of these clients 36 – 55.38% are co-case-managed with the clinical Central Australian Mental Health Service.

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

MHACA continues to use the Boston University Readiness for Rehabilitation and Wellness Recovery Action Plan (Mary-Ellen Copeland) models in its delivery of services.

The Central Australian Mental Health Services (CAMHS) continues to share Individualised Care Planning (ICP). Multi-disciplinary meetings across allied sectors are held on a monthly basis with co-case managed consultations for clinical and psychosocial services.

Defining of the acceptance criteria was reviewed and altered accordingly on the new service agreement and adjusted to improve support services for Pathways participants in June

### **1.1 Number of new referrals and / or inquiries:**

**12 inquiries were recorded:** ranging from requests for general mental health information, concerns about family member/s, respite and accommodation requests, medical as opposed to mental health concerns.

**14 new referrals:** were accepted to the Pathways program, 4 had previous involvement with the service and CAMHS, 1 having returned to the region with a need of readmission to stabilise their health. 1 grandparent became involved so we could provide some regular weekend respite for her family of 1 child and 2 grand-children all living in a house truck at a caravan site (2 children with clinical diagnosis of ADHD), pending acceptance with NT Housing. 3 referrals were received from Forensics who are still in prison pending parole board approvals for release, none of which have been

completed to date. 2 after some provisional supports were referred onto D2DLP.

**The breakdown of new referrals/inquiries was identified as;**

- 10 self- referrals
- 3 family, friends or associates notified the service of concerns
- 3 from CAMHS clinical services
- 2 received from Allied Community Service providers
- 13 were referred directly to Day to Day Living in the Community Program

**Totals for 6 month period**

- **14 people** were supported at different levels over the 6 month period
- **52** having continued to receive voluntary supports prior to the new reporting period
- **36** were averaged to require shared clinical supports from CAMHS

## 1.2 Number of clients seen by gender and ethnicity

Refer to table:

	Male	Female
ATSI	9	8
Non-Indigenous	18	24
CALD	5	1

There continues to be a diverse range of ethnic clients ranging from: Aboriginal, Sudanese, Indian, Samoan, and English receiving short and long term supports.

## 1.3 Number and reasons of exits from the service

**Discharges / Exits: 14**

Reasons for discharges varied from;

- returned to remote region following discharge or respite in town
- left state/country with 1 returning and readmission,
- declining of supports after initial inquiry
- achieved recovery and returned to work
- entered rehabilitation centre
- readmission to MH ward

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

6 self-declined to continue with supports after initial referral, interviews and remained inactive while on caseloads.

15 remained on caseloads with minimal supports as we were unable to assist with their need of longer term accommodation, 7 were on the NT Housing register  
1 request for housing did not meet MHACA criteria of an identified mental health concern.

6 people are working and find difficulty to continue accessing supports due to work hours

13 referrals were assessed as being able to engage with social activities under Day to Day Living and encouraged to attend the drop-in facilities as they were not requiring one-on-one supports.  
A total of 32 clients accessed the D2DLP/drop-in facilities who also received Pathway supports

5 family members made inquiries of relevant supports for a family member, unfortunately MHACA was unable to intervene due to people not wanting to engage, 4 involved inquiries that had involvement with CAMHS.

2 CAMHS referrals moved out of region without engaging with MHACA, one person returned to the United States following a brief intervention with CAMHS.

1 had no identified mental health related concerns, and were assisted to address personal medical issues and referred onto allied providers

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

8 participants have consistently completed and reviewed a WRAP for this past reporting period, with achievements in:

### 1.5.1 Employment

14 people received and retained employment either full or part time, this included;

- 3 registering and attending the MHACA/Bindi Horticulture Cert 1 course in conjunction with CDU. The program continues to be promoted and others registering to become involved.
- 1 person has been fortunate to have a book reprinted in the USA, and is now available to purchase
- 10 continue to be self-directed in their efforts to achieve employment options
  - 12 are registered with STEPS disability employment agency, with two withdrawn off STEPS services due to ongoing long term deterioration of wellbeing.
  - 7 have not resumed working due to differing stages of illness, and/or do not feel they are ready to return to employment

Employment opportunities continue on a range of roles of; gardening, catering, fast food services, interpreter, commercial cleaners, school road patrol

### 1.5.2. Participant Representatives and mentors.

## 5 Participants have supported their peers at MHACA during this reporting period

Participant contributions included:

- 2 recruitment interview panels – D2DLP and Housing Program;
- participation and facilitation of the monthly participant forums;
- manning the drop-in facilities during staff training and meetings,
- assisting with mail out orders,
- consultation in policy development, and Participant Booklet development

Participants are recognised financially with payment for their contribution and more importantly it provides work related experiences to improve employment opportunities and develop self-confidence.

237.7 hours were accumulated by participants completing tasks relevant to the operation of the service and drop-in facilities over the past six months.

### 1.5.3. Client well-being

There continues to be a noted drop in referrals in comparison to the previous year, no one particular reason has been identified for this, hospital admissions are constant and many are of a repeat nature on more than one admission on an annual basis:

MH Ward	General Side	DASA	CAAAPU
10 admissions	0	1	1 person admitted twice

4 people were admitted to the MH Unit on more than one occasion; reasons varied from alcohol & drug related co-morbidity, homelessness, relapse from situational/familial stressors, lack of medication compliance – staff supports were retained during these times.

Regretfully two remain indefinitely on the ward after:

- CASA services withdrew their supports with supported accommodation due to the aggressive nature of the particular person, family refuse to allow the person to remain in their own home without relevant supports, (MHACA provides minimal external supports in the way of social engagement)

- Persistent use of cannabis leading to eviction from hostel facilities, and potential risk to community if remains homeless

#### 1.5.4. Percentage of clients successfully housed

45 people received and/or remained in secured accommodation in this reporting period. Regretfully, 11 remained in differing levels of itinerancy and homelessness.

There were two final outcomes for three people: greatest accolades go to MHACA / CAMHS / Team Health / Public Trust / Disability Services/ Lifestyle Solutions: in assisting three people to receive i) a return to their private home, and ii) a NT Head Lease by MHACA for 24/7 supported care. These two plans have taken between 12 – 18 months to come to fruition, and require ongoing monitoring

#### Alice Springs Men's Hostel

- **92 nights** were provided to assist with homelessness, situational stressors which provide welcome relief and timeout from personal circumstances, these included three daily meals.
- **11 nights** were accessed by the on-call clinical team when admission was not required for 48hr crisis respite
- **2 evictions** were actioned by the Men's Hostel following behavioural issues of residents, with 1 being able to return after a period of suspension.

#### Present housing occupancy identified as:

<b>1. MHACA.</b>	<b>2. Men's Hostel.</b>	<b>3. Indig Community.</b>	<b>4. NT Housing.</b>	<b>5. Transient</b>
7	3	2	13	4
<b>6. Private rental.</b>	<b>7. MH ward.</b>	<b>8. Transitory</b>	<b>9. Private Ownership</b>	<b>10. Homeless</b>
20	2	2	3	7
<b>11. Supported Accom.</b>	<b>12. Anglicare.</b>	<b>13. Prison</b>		
2	2	2		

**Homeless** – is defined as having no fixed tenure, being unable to remain with family in own home or community, no fixed abode, transitory lifestyle, living rough (long grass)

## 1.6 Activities that strengthen life skills, social integration

12 shared D2D Action Plans provided participants involvement in the drop-in Centre and D2D activities to strengthen socialisation and enhance skills; 13 Participants were transferred to D2D due to not being rehab ready for employment or willingness to maintain self-recovery.

D2D staffing stabilised in this period offering a range of activities and confidence for those regular attendees.

**Involvement and Activities consisted of:** continued Salvation Army guitar lessons with performance at a community dinner with guest speaker Australian of the Year Prof Patrick McGorry; free-form art and crafts at MHACA with Mandala; Healthy Living consisted of YMCA, Yoga, Health Checks, Bush Walks, Bike rides; Movies; impromptu visits to scenic spots; Reclink recreational sports which again proved formidable with MHACA taking a place in the Cricket; 10 Pin bowling; Wii; Men's and Women's' groups were reinitiated with inclusion of therapeutic session by the clinical staff; monthly evening forum with mixed attendances between 6 and 12 people; Footy final with acknowledgement to key MHACA volunteers; Participant attendance at the THEMHS Conference in Sydney followed by presentations delivered by the attendee to the monthly forum and Men's group; resumption of writing group;

**Participant Reps** were engaged in several key projects;

- Initial drafting by participant reps of an orientation booklet incorporating the Client Code of

- Conduct and guidelines for all participants referred to the service.
- Participants were involved in a **National MH Standards Review** of MHACA services and interviewed independently. Final results are yet to be received on how MHACA fared.
  - Appropriate Peer Support Model project being implemented to identify and implement a model that complements MHACA's model of participants self-determined recovery
  - Further nomination of two reps to MHACA Committee, plus two proxies when elected members are unwell
  - THEMHS conference participation in Sydney
  - Participants own planning day held
  - InBalance newsletter report
  - Radio 8CCC adverts on behalf of MHACA
  - Covered the drop-in centre and reception area during staff training and meetings
  - Due to continued illness of two reps their nominations have been withdrawn from the Wellways Snap Shot Carers training
  - Feedback to relevant staff following monthly forums

**Training included;**

- ½ day session with Helen Glover on determining self-recovery,
- 4 people attended the Mental Health First Aid two-day training which was co-delivered by the first participant who has been trained as an instructor
- Applied Suicide Intervention Support (ASIST)
- St John Ambulance First Aid
- Continued Toast Masters meeting attendance by one rep to continue in communication skills and self-confidence

**Monthly Participants, Family, Carers and staff events were;**

- Christmas in July proved a favourite with karaoke and Christmas treats
- Asante Sana Desert Festival,
- Nocturnal visit to Desert Park

## **Service Activity 2**

### ***Provision of shared care with clinical and other services using joint individual care plans***

#### **2.1 Number of CAMHS Individual Action Plans (ICP)**

36 participants were supported between MHACA and CAMHS, with only 11 having a shared Care Plan as opposed to a MHACA Wellness and Recovery Plan,

Over 20 participants did not have definite plans due to transitory lifestyles, repeated admissions (refer 1.5.3), and no ability to improve stability due to degree or severity of their illness, homelessness conditions and discharge off MHACA caseloads.

3 referrals received from the forensic services were not able to be applied due to no releases from the parole board; these were referred onto the Sub-acute program pending release dates in 2011.

10 people required admissions with 4 multiple re-admissions, 2 remain on the ward due to no housing on discharge. (Refer 1.5.3.), several plans have been problematic due to homelessness, substance misuse and refusal to accept oral medication to retain wellbeing.

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

A total of 24 planned reviews and case meetings were held over this period. Refer 6.2  
5 Carers are involved with reviews or included in case conferences for care recipient needs and plans  
No surveys or discharge evaluations were recorded, this area requires improvement.

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

3 Prevention & Recovery referrals remained with MHACA following discharge off the program, they were all transferred onto the Pathways program with 1 receiving longer term accommodation at the Men's Hostel with minimal supports due to returning to full time work, 1 shifted in with family, again required minimal supports with discharge and the last remained in transitional housing pending longer term accommodation through private rental.

2 of these participants also accessed the D2D program for physical fitness at the YMCA.

##### **(ref: 1.5.4)**

- 5 Pathways participants were referred internally for extra supports in the Prevention & Recovery units at the men's hostel to reduce admissions; this was mainly accessed by men who are transient and homeless.
- 7 men accessed the men's units for crisis respite without MHACA interventions. This is only for a 48hr period or less.
- Respite weekends have continued to be offered on a monthly basis for a grandmother who cares for her child and grand-children in a house truck, she received welcome timeout with them in the Prevention & Recovery two bed-room unit to provide space and a reprieve from their cramped conditions. They subsequently obtained NT housing before Christmas, and no longer require MHACA support

## Service Activity 3

***Program accessibility and appropriate to different individuals from the population i.e. people from different cultural backgrounds, gender mix, and people with problems across different life domains***

### 3.1 Developing and maintaining allied relationships:

Shared monthly case management meetings continue with CAMHS and allied providers with co-shared participants, these providers are Alice Springs Men' Hostel, STEPS (employment & training), Team Health Carer Respite, and other invited guest speakers for introduction of new services. Meetings consist of up to 11-17 staff, with a Terms of Reference to ensure confidentiality and procedures are upheld by the providers.

Lifestyle Solutions have been recently orientated to MHACA due to winning a 24/7 supported accommodation contract for two co-shared CAMHS participants who attend the D2DLP on a regular basis. With the introduction of live-in supports the Pathways program no longer needs to be engaged in providing service supports. Options of Bindi and Life Without Barriers are also to be considered for more routine programs for one of these participants' longer term needs.

Due to Lifestyle Solutions being involved with mental health participants their staff have been specifically trained in mental health, they attended an organisation-specific MHFA training as part of their orientation to mental health services and delivery.

#### **Allied Providers:**

#### **Identified allied agencies with which staff have ongoing liaison are:**

- ADSCA – Alcohol & Drug Services, Aranda House
- Anglicare Transitional Housing program / accommodation
- Alice Springs Hospital – Social Work Division & MH Ward
- BINDI – Sheltered employment
- CARDHS
- CASA
- CAAFLU – Aboriginal Legal Services
- Congress- Social & Emotional Well-being, Medical Services, Grog Mob,
- Centacare Social Services
- Charles Darwin Uni -CDU
- Centrelink – Beneficiaries – Social Work
- DASA
- Disability Advocacy Services
- FACS
- General Practitioners
- Lifestyle Solutions
- NT Housing – independent housing
- NT Carers, MHNT Carers,
- NTCOSS Housing
- Public Trustee
- Reclink – Community based sport activities
- Red Cross
- Relationships Australia
- Sexual Abuse Counselling Services
- Salvation Army Main Office & Alice Springs Men's Hostel, Food Bank
- STEPS – Previously Employment Access, Youth Connection
- Tangentyere Social Services
- Team Health Carer Respite (Alice Springs)

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

In July an Inter-sectorial Forum was coordinated by Barry White of NTCOSS in Alice Springs to bring all mental health and A&OD sectors together to define and develop a model of practice that will

integrate practices and reduce gaps.

**Outcomes recommended were:**

- the need for regular forums;
- listings and access of relevant material on policies, guidelines and models of integrated care; build staff capacity, skills, competency and cultural safety;
- gain better understanding of other services and their delivery
- redefine terminology for some practices and concepts

Alice Springs has chosen to draw from local service providers and begin working co-operatively with meetings to progress this. A training format is being developed to provide opportunity to identify appropriate referral procedures and identify existing gaps.

All allied providers meet on a monthly basis to disseminate information on A&OD reforms this is facilitated by A&OD sector. Involuntary prohibitions are to be imposed shortly therefore it has become important to know the procedures of this for participants when it becomes enacted.

17 participants were identified as having severe alcohol and drug use issues which have impacted on their recovery during this reporting period, 6 being Indigenous.

3 required readmissions and are recorded as potential risk to the community because of their substance abuse. 1 has been banned from readmission due to their refusal to accept abstinence and taking drugs into the annex. 1 remains on the ward due to being evicted from their secured accommodation because of continued cannabis access and increased psychosis.

1 participant is highly commended as they have registered for voluntary prohibition from accessing alcohol from local outlets, there have been some problems with this for them; however they are persevering and supported by Congress Grog Mob counsellors, SARC and MHACA, they were discharged from CAMHS over 12 months ago.

**Indigenous supports:**

Only 1 person has accepted voluntary admission to CAAAPU in this term – although they are not indigenous they were permitted access to the rehabilitation program and have needed to access it twice. Their primary diagnosis is substance use with dependency, with Acquired Brain Injury. MHACA have provided minimal supports, with the majority of treatment received from the hospitals Addiction Clinic.

2 indigenous participants remain isolated from their traditional lands and community due to continued periods of illness due to accessing cannabis/alcohol and persistent disabilities. Supervised visits are provided to their families when both are well enough.

1 person remained well while in Alice Springs following transfer from Darwin, however they have since left the region and breached their Correctional Treatment Orders, subsequently their ill health has resumed.

This person was provided strong supports between MHACA and CAMHS, it was reported by the person they did not receive any drug screening by Corrections as required. This problem requires an investigation for future reference of such orders being applied and not upheld by services.

2 participants were imprisoned for assaults against partners when intoxicated and have been incarcerated twice in this reporting period. MHACA has to determine their suitability for the services as their primary treatment is for alcohol and drugs, with no present mental health service supports while imprisoned.

## **Service activity 4**

### ***Accessibility and provision of counselling services to clients under Pathways program***

#### **4.1 Number of MHACA clients receiving counselling**

7 participants continued accessing counsellors during this reporting period.  
Counselling supports continue from Sexual Abuse Referral Centre (SARC), Grog Mob (Congress), EASA, A&OD services

#### **4.2 Number of non-MHACA clients referred for counselling and outcomes**

1 inquiry was received that required recommendation of referral onto their GP for Better Outcomes. Person did not report back on outcome.

# Service activity 5

## *Liaison / training and promotion linked with other services*

### 5.1 Inter-agency case meetings with CAMHS and outcomes

Meetings for individual people in this reporting period included:

- 5 Participants provided supported planning and placements in secured accommodation
- 2 Participants provided escorted home visits out bush with MHACA/CAMHS staff
- Escorts and supportive interventions when 3 participants were required to attend District and Supreme court hearings for offences, defended hearings and as witnesses.
- Arrangements for delivery to MHACA of Meals on Wheels for 2 people
- Therapeutic sessions on mental health for both gender groups facilitated by the CAMHS staff and hosted by D2DLP
- Concerted effort by both services to advocate and reduce a participant harassing co-tenants in their housing complex following complaints, and liaise with NT Housing
- Attendance at 13 clinical reviews on quarterly basis for shared people
- Consultation with forensic psychologist for pathological assessments and referral to relevant counsellor following repeated admissions, police arrests and threats to peers, to provide early preventative interventions to reduce imprisonment
- Intensive monitoring and support of participant following discharge off ward with continued alcohol and drug use, decline of oral medication and increased risk to community/MHACA staff and participants
- Monitoring of 2 participants following threats to peers and suspensions imposed
- Assessment of 3 referrals and acceptance to the service following discharges off ward.
- Shared reports for NT Housing, Anglicare applications
- Shared participant referred onto A&OD and Anger management counselling services

### 5.2 Frequency of all inter-agency liaison & promotion presentations, joint training, workshops e.g.: Monthly In-service training

#### 5.2.1. In-service:

- A two month staff effort of critiquing MHACA Policies and Procedures Manual to align and identify any gaps against the National MH Standards in readiness for a review against those standards
- ½ day introduction and orientation of 7 Congress Aboriginal Health Students to MHACA service area and teams, this followed on from students having completed two day MHFA training and one day Suicide Story – so they received a two week intensive mental health orientation from MHACA
- Review of MHACA Inquiry & Referral procedures following independent review by student placement Linda Samera
- ½ day team building session: Goal: “Keeping Communication Open” – breaking barriers; personal vs. professional barriers; constructive criticism and building strengths; reducing gaps; relaxation session.

#### 5.2.2. Joint training:

- National MHFA Train the Trainer Instructors course facilitated in Alice Springs by founder Betty Kitchener and team. This included the first participant Instructor to successfully complete the training
- delivery of MHFA training to Lifestyle Solution staff who will be providing 24/7 supported care to two shared CAMHS clients
- MHFA training upgrade to Version 2, training held at MHACA with all regional instructors, who travelled from as far as Darwin and Mt Isa.

- 2 staff attended the regional Community Interagency Meeting hosted by MHNT & NT Carers providers and Red Cross.

# Service activity 6

## *Internal audits*

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

No audits completed during this period, files were prepared for transfer of hard copy documentation onto DDSPRO Data Base.

Team leaders and service manager began closing old files and use of transfer/discharge forms to track closed files.

### **6.2 Aggregated results and analysis of assessments tools:**

Basic outcomes reflected with Camberwell showed:

2 participants made improvements and retained their wellbeing

17 indicated no change in their circumstances and wellbeing

5 continued to show a decrease in health and personal circumstances

Role Functioning Scale:

14 assessments show continued ability to retain differing levels of employment and training, this has been increased with the introduction of the horticulture course co-managed by Bindi sheltered workshop in collaboration with CDU.

1 participant is supported through a GP Mental Health plan and has retained their wellbeing throughout this period and become involved more openly with socialisation through the women's group.

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

#### **Staffing and recruitment**

**Team Leaders:** due to an organisation restructure, new team leader positions were created within the service areas, and filled internally for both the Pathways and Prevention & Recovery programs. Results have already shown practical application and this has freed the service manager's time to complete management responsibilities, it will also provide a career path direction for all staff in service area.

**Indigenous Position:** remains vacant. Preliminary meeting held with Aboriginal Recruitment Strategy team Coordinator for consultation on developing a recruitment and retention strategy for MHACA.

#### **Training and development**

**Compulsory MH Cert IV** – our second staff member is now enrolled with TAFE and completing the 5 units required covering the Recovery Principles, they received accreditation for 10 units in their RPL

#### **Personal planning and training for staff included:**

##### **Workshops:**

**July:** General First Aid - recommencement of refresher courses for all staff

**Oct:** 1 day with Helen Glover on reviewing perspectives of Participant Recovery

**Nov:** 2 day Sexual Assault Workshop

**Dec;** 2 ½ day presentations on Bio-psychosocial model delivered by Centre for Remote Health

# Prevention & Recovery Program July - December 2010

Rangiwhiua Ponga: Services Manager

This program provides intensive individualised support (up to 8 weeks) for people who experience mental illness in order to prevent admission to the hospital and to provide a safe transition back home after discharge from the Mental Health Unit

All sub-acute clients experience a major mental illness and 100% have a severe disability related to a mental illness. Gender analysis was 45% female, 55% male referrals, although only two were actioned in this reporting period. 28.5% identified as indigenous. All clients on this program are co-case-managed with the clinical Central Australian Mental Health Service.

## Service Activity 1

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

#### 1.1

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

This program continues to receive low referral numbers from the CAMHS services irrespective of a high profile that MHACA retains with the community and MH Ward staff. There has been an increased relationship with the Forensic team which arose due to training held with the forensic psychologist and team member in the early part of 2010

MHACA staff have been assisting with the Pathways program when not supporting sub-acute referrals. Access to respite and supported accommodation to Pathways participants occurs through internal systems and has ensured regular use of the accommodation facilities of the sub-acute program.

Between July to December 2010 7 referrals were received from CAMHS, only 2 of these qualified to be provided assistance and accepted by the team at MHACA.

Rationale for referrals was:

- 2 were accepted for Individual Care Packages prior to discharge off the ward with one receiving sub-acute accommodation for 8 plus weeks.
- 2 were referred from forensic services however neither received parole conditions and remained in prison
- 1 referral was purely a request for accommodation closer to the township locality, the person has remained in their present situation and remains with the clinical services

- 1 referral was not progressed due to the person returning to live with family following discharge off the ward and respite/supported accommodation was not required
- 1 referral failed to provide sufficient information and the Men's Hostel declined to accept placement for supported accommodation due to associated history of risks from previous residency, referral withdrawn by CAMHS

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

Due to the DDSPRO database not being fully operational accurate statistical is not accessible as yet, staff require further training and the system is still being modified to meet reporting indicators and measures.

### **Psychosocial supports required and provided were:**

- 1 MHACA sub-acute accommodation for up to 11 weeks
- 2 Interagency liaison with CAMHS/A&OD services
- 3 Assistance with housing applications to NT Housing, private real estate
- 4 Clinical case reviews
- 5 Ward reviews
- 6 Transfers from Alice Springs Men's Hostel sub-acute to single self-contained unit
- 7 Referrals to D2DLP for recreational services
- 8 Consultation with Pathways in relation to transfers

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

2 forensics referrals were postponed for allocation to CAMHS Community case-managers as parole hearings were not actioned.

No other service providers made referral requests

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

### **Discharges and transfers:**

#### **Internal transfers:**

Two referrals from the previous reporting period Jan – June were transferred across to the Pathways program where they received minimal intervention supports due to:

- person returning to live with immediate family and did not require any further supports,
- returning to fulltime employment and secured hostel accommodation

Both were subsequently discharged from Pathways, but one remains registered for D2DLP.

2 participants received shared supports to D2DLP for social engagement and one accessed the program for attendance at the YMCA facilities plus access of the drop-n facilities

#### **Extension of accommodation:**

There was one extension of supports to the person staying in the MHACA sub-acute 2bedroom unit as they had applied for private accommodation and were approved. Their extension was approved for a further three weeks.

No evaluations were completed post discharge in this period

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

No comparative data was supplied by CAMHS on discharge to be able to provide aggregated results:

### **MHACA results are identified as:**

- The 2 active referrals required hospital admissions

- 1 has had severe and persistent illness for the past three years, with co-morbidity of alcohol and caffeine addictions, with history of physical abuse of parent. The family have refused to permit the person to return to live with them for safety factors, but are receptive to continue family contacts and supports.
- 1 was a first presentation and improved, being able to return to work post discharge with continued supports

## 1.7

## Aggregat

### ed results and analysis of psychosocial Camberwell assessments

#### Key domains identified in this reporting period for Camberwell were:

- 1 required supported accommodation pending independent accommodation, with 1 remaining in private housing
- 1 person required admission post referral to the program
- 2 continued to experience symptoms post discharge from the ward and required continued education on medication compliance
- 1 was referred to Alcohol and Drug services for addiction counselling and behaviour management
- No reported risks of self-harm
- 2 sought social engagement with D2DLP
- 2 were able to return to employment with minimal monitoring

## **Service Activity 2**

*Program accessibility and appropriate to different individuals from the population, i.e. 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 has continued to have male and female staff members assigned to the service area, with the small numbers of referrals the female staff member was able to continue assisting D2D until the vacancy in this program was filled, they were also able to assist by covering for Pathways staff when on leave.

#### **Cultural recruitment**

There continues to be difficulty in recruiting and retaining to the indigenous position, recruitment in early 2010 failed to retain the person to the position, a co-shared attempt was made between the services area and Life Promotion.

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

Refer 1.6: Individual Care Package included a referral to Alcohol & Other Drug clinical services to ensure educational addiction counselling and reduction of violence towards family members for one person.

The participant will continue counselling post discharge from Prevention & Recovery.

## **Service Activity 3**

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

Strategies to continuously improve the program are being undertaken with minimal improvement in the referrals.

The majority of inquiries for referral are based on homelessness as opposed to the need for quality intensive interventions to reduce admission or on post discharge off the ward.

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

Two staff presentations were completed on the mental health ward during 2010, of one of these only a few from the ward presented, although the promotion was geared to include all clinical staff.

### **3.2 In-service training workshops between MHACA and CAMHS staff**

Increased promotional training and liaison with the CAMHS forensic team has developed strong collegial relationships that have provided reciprocal referrals for releases from prison, and request by MHACA for pathological assessment and counselling for a MHACA participant to reduce imprisonment.

CAMHS staff have also been providing therapeutic sessions to participants in the respective male and female group sessions under the auspices of D2DLP programming for shared participants

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

Cross reference (Pathways 3.1)

## **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**

##### **4.1.2 Salvation Army, Alice Springs Men's Hostel**

This continues to be a prime resource to support the male population for provision of mental health respite, supported accommodation and shared care.

The service offers two single, one-bedroom units with to allow access to crisis respite 48 hour care, however the priority for both rooms is for up to 8 weeks sub-acute supported accommodation and longer if warranted. When not in use clients from the Pathways program have been offered access for periods of time out from their familial situations.

- 1 103 nights accommodation was provided to Pathways and as crisis respite out of a total 368 nights for the last six months. This is well below the required objectives of use for these rooms.
- 2 No beds were accessed by the CAMHS teams for sub-acute, part of this rationale being that some men who could have qualified for supported accommodation have 'burnt their bridges' with the hostel and are not accepted by the hostel management due to continued at risk behaviours: for example one person remains on the ward indefinitely
- 3 One person refused to accept the assistance of supported accommodation to reduce admission and was subsequently admitted following exacerbation of his mental health. He opted to 'squat' at the female sub-acute unit although he had accommodation with a friend, this issue placed the female tenant at risk of losing her tenancy, she was exploited by him and subsequently lost personal savings, accessed alcohol and cannabis with him which led to his relapse.

##### **4.1.3. Women's two bedroom unit**

77 nights were accessed out of 184 for the Women's 2-bedroom facility under sub-acute

##### **Respite offer:**

A mother and her son and two grandchildren continued to be provided monthly weekend respite relief from their caravan site. They subsequently received NT Housing in early December so no longer require the supports from MHACA; Darwin's Team Health Carer team based in Alice Springs continues to support the grandmother as the grandchildren are registered with CAMHS Child and Adolescent services.

#### **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 continue to be under-utilised, which conflicts with the continued research and evidence of homelessness, lack of accommodation and respite in the region for clients.

MHACA is assisting with a new Homelessness and Transitional Housing program to reduce this gap in resources.

### **4.3 Provision of respite/supported accommodation outside sub-acute access**

*Cross reference 1.5.4 Pathways to Recovery Program*

# Service Activity 5

## *Internal audits*

### **5.1 Bi-annual audit of files to ensure National MH compliance**

#### **External Review**

Service area staff completed an internal review of the National MH Standards in preparation for the external review which was held in October, this required a full critique ensuring they were conversant in the correlation of the standards aligned to the MHACA Policy & Procedures Manual, the MH Act, OHS&W requirements and all other relevant guidelines. The written report of the review has yet to be received by MHACA Committee. This is the first review of MHACA practices and no doubt will be the prelude to MH Accreditation in the future.

#### **Internal file**

Over 25 files were critiqued and closed as part of the transfer of hard copy records into the DDSPRO data system – this is a continuing process and has improved the seamlessness of tracking records for transfer, discharge and post discharge on re-referral.

### **5.3 Other - Staffing and training**

#### **Staffing and recruitment**

The program has retained its two full time staff capacity following recruitment. Due to a vacancy in the D2DLP area one of the team has been able to assist with this program as a consequence of low numbers in sub-acute, they have also been able to cover when staff require leave in Pathways. This has enabled the service to ensure staff are orientated to cover for the colleagues when required.

#### **Training and development**

(refer Pathways 5.2. and 6.3)

# Life Promotions Program

## July 2009 – June 2010

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

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

### 1.1 Life Promotion Program Steering Committee – Alice Springs

#### Current Organisations represented

- Tangentyere Council Social Services
- Salvation Army
- Catholic Care
- Community Corrections, Department of Justice
- Headspace
- Waltja
- ASYASS
- Social and Emotional Well-Being Program of CAAC
- Student Support Services of NT Schools
- ESWB Program of NPY Women's Council
- General Practise Network NT
- Lifeline
- Alice Springs Police
- NT Government Department of Health and Families
  - o Central Australian Mental Health Services
  - o Suicide Prevention Coordinator, Mental Health Policy
  - o Alcohol and Drug Services of Central Australia
  - o Remote Health
  - o Family and Children's Services
- DASA – Drug and Alcohol Services Association

#### 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. From July to Dec 2010 the committee met on 10 August 2010 (13 external agencies represented) and 9 November 2010 (7 external agencies represented). The meetings have been reduced to two hours instead of three in an attempt to increase the participation of sector representatives.

## **Issues raised, information provided and items acted on in steering committee meetings**

- Tony Corcoran (Branch MANAGER Congress SEWB) – provided a presentation on the organizational structure of the Social and Emotional Wellbeing Branch of Congress and detailed the services they provide.
- NT Self Harm Workshops and Workplace Mental Health Training
- Senate Inquiry into Suicide 2010 – The Hidden Toll
- Applied Suicide Intervention Skills Training (ASIST) and Suicide Story development
- CAHMS staff enrolled in ASIST course
- Indigenous Suicide Prevention Network in the Top End formed
- Tim Carey – The Child Youth Mental Health Team are interested in knowing more about referrals for Self Harm/Attempted Suicide. They are doing a scoping study on the prevalence of self-harm among children in one community
- Suicide Story recruitment of indigenous trainer Valda Shannon
- Tennant Creek MH Promotion – Jay Green no longer in role and recruitment of Larissa Knight
- Professor McGorry's visit to Alice Springs in October 2010
- World Suicide Prevention Day in Alice Springs and Tennant Creek – Sep 2010
- Larapinta Valley Town Camp Mental Health Project
- GPNNT Narrative Therapy Training for November 2011

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

## **1.2 Barkly Life Promotion Reference Group**

### **Current Organisations represented**

- Julalikari
- Catholic Care
- Anyinginyi Stronger Families
- Tennant Creek Police
- NT Schools
- Tennant Creek Women's Shelter
- Red Cross
- Frontier Services
- St John's Ambulance Service
- Council of Elders and Respected Persons
- NT Government Department of Health and Families
  - o Barkly Mental Health Services
  - o Suicide Prevention Coordinator, Mental Health Policy
  - o Family and Children's Services
- Bradaag – Barkly Region Drug and Alcohol Service

Meetings were held in August and September 2010.

### **Issues Raised and Discussed**

- Suicide Story Training to be held in Tennant Creek in July 2010
- World Suicide Prevention Day Plans for Sep 2010
- Code of Conduct – Re death by Suicide in Aboriginal Communities

- Training for Reference Group Members in ASIST, Safe Talk, MH First Aid
- MH Professional's Network Dinner – July 2010
- New Appointment of Larissa Knight to role in Tennant Creek
- New Appointment of Valda Shannon to Suicide Story Trainer

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

- **AOD Interagency Meeting – 7 July 2010**

Laurencia attended the Interagency Alcohol and Drug Network Meeting in July 2010 and gave a brief overview of the Suicide Story resource and how the training was going.

- **CAMHS Presentation – 14 July 2010**

CAMHS invited LPP to present information on the Suicide Story resource at the conclusion of their intake meeting. Laurencia provided them with a glimpse of the resource through the Sampler DVD, explained how the training works and answered questions at the conclusion.

- **Centre for Remote Health – Public Health Forum – Suicide Story 8<sup>th</sup> July 2010**

Laurencia and Brian presented to a small group of health workers for one hour re the Suicide Story training resource

- **Grog Mob – Central Australian Aboriginal Congress – 13<sup>th</sup> August 2010**

Laurencia and Brian met with Grog Mob to present Suicide Story to their team of workers.

- **Larapinta Valley Town Camp – Mental Health Program – 27<sup>th</sup> Sep 2010**

Laurencia and Valda met with a group of mostly women at the Telegraph Station in an attempt to engage them in a discussion about suicide risk. Valda involved the women in the Fire Activity and we used the Suicide Story Pictures to engage the young women. One of these young women had tried to end her life. She was the girlfriend of a young man who died by suicide in Darwin this year.

- **Mental Health First Aid Training – July 2010**

Brian attended and successfully completed the Mental Health First Aid Train the Trainer.

- **Narrative Therapy Training - Nov 2010**

Laurencia completed Level one intensive in Narrative Therapy in Alice Springs. This therapeutic tool is very relevant to Life Promotion and to MHACA client services also.

- **Indigenous Suicide Prevention Network – Oct 2010**

This network was established by Wesley Mission. Suicide Story was placed on the agenda and the Promotional DVD shown. LPP receive minutes for this meeting.

## **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 five reported suicides in Central Australia between 1 July and 31<sup>st</sup> Dec 2010. Four of the deaths were of Aboriginal men aged from 25 years to 40 years. One death was of a non-indigenous woman aged 44 years. Of these deaths three occurred in Alice Springs, one in Tennant Creek and one in Mutitjulu. A response meeting was held for three of these incidents. The incident in Tennant Creek occurred when there was no worker based in Tennant Creek as this was the interim between one worker leaving and another being appointed. One death was not reported to the Life Promotion Program. An error occurred on the part of the Alice Springs police. This has been rectified. The death in Mutitjulu prompted a change in procedure to include CRANA's Bush support service and to include the staff from the remote clinic (via telephone or Skype). The deaths affecting Aboriginal families in Alice Springs prompted Suicide Story training for the Tangentyere indigenous staff.
- A Summary of the 2009 deaths by suicide was shown at the steering committee meeting in this reporting period.

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

### **3.1 Education and training workshops**

- **Safe Talk Training – Aug 2010**  
Laurencia delivered Safe Talk to a group of twelve people from the Women's Shelter, Dept. of Public Prosecutions, Financial Counselling service, Hermannsburg Mental Health and Clinic workers, and MHACA. The new film clips are greatly improved Australian scenarios including one depicting two Aboriginal men. We thank Living works for supporting this development.
- **Yuendumu/Mt Theo Suicide Story Training 29 Aug to 1<sup>st</sup> Sep 2010**  
Laurencia Brian and Valda and our cook Beck Gooderham travelled on the Sunday afternoon to Yuendumu to deliver "Suicide Story" Training at the outstation called Mt Theo to 12 participants.
- **CAAC Health Worker trainees – Suicide Story 3 hour session – Oct 2010**  
Valda, Warren and Laurencia presented a condensed version of Suicide Story to a small group of trainees (some were away due to the Masters Games). This was a good chance for Warren to be involved and observe how this training is delivered.
- **Professor Patrick McGorry – 5<sup>th</sup> Oct 2010**  
Life Promotion hosted Prof McGorry for the afternoon of the 5<sup>th</sup> October 2010. Unfortunately due to heavy rain the night before the trip to Santa Teresa was cancelled and new plans were arranged quickly in the morning. We were fortunate to be able to present Suicide Story to Prof McGorry at a time when the high rates of youth suicide were in the news related to the deaths occurring in the Top End. We arranged for Bush Mob and other people involved in the horse project with Santa Teresa men to present their film and discuss the link between this project and mental health. We also arranged a visit to Larapinta Valley Town Camp Learning Centre. Later he met with Dr John Boffa and other CAAC reps prior to the dinner that evening. He seemed to be genuinely interested to learn while he was here as well as offer some thoughts and ideas about the work we were doing.
- **Safe Talk Training – CAAAPU – Oct 2010**  
Laurencia & Brian delivered Safe TALK to a group of residents of CAAAPU in early Nov. Valda attended as a trainee and assisted us also.

### **3.2 Postvention and raising awareness**

- **World Suicide Prevention Day 10 Sep 210**
  - **Alice Springs**

As in previous years, the event was held on the lawn area behind the Elderly Citizens club, in what is called the Totem Theatre area. There was an attendance of close to 50 people. Speeches by Karen Reval, Christine Palmer and Sarah O'Regan were well received by the assembled audience. Janet Turner once again did the Welcome to Country and concluded the event with a Smoking Ceremony

- **Tennant Creek**

Valda Shannon coordinated this year's second ever World Suicide Prevention Day Event in Tennant Creek. Speeches from locals and a well-received healing ceremony contributed to

a very special World Suicide Prevention Day for the Tennant Creek Community. Although only employed part-time, Valda did a wonderful job in ensuring this event will be a permanent part of MHACA and LPP delivery to the Barkly region.

- **InBalance News**

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.

- **Mind Yarn – Tennant Creek Times**

This has been a bi-monthly column written and researched by the MH Promotion Officer and published in the Tennant Times. It covers a mental health topic each second month and helps to promote a local service. The "Mind Yarn" column for Dec 2010 focused on New Year's Resolutions

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

### **4.1 Suicide Story**

- **Cairns Conference – 20 to 24<sup>th</sup> Sep 2010**  
As part of our aim to highlight and promote our resource “Suicide Story”, Valda and Laurencia were invited to present a paper and forum to the conference “Creating Futures 2010 – Harnessing creativity and social enterprise for Mental Health and Wellbeing”. This conference is auspiced by the Centre for Rural and Remote Mental Health Queensland (CRRMHQ). Laurencia and Valda presented the history and development the Suicide Story resource and why there was a need for the development of this type of Indigenous Suicide Prevention Training resource. They also give details of the training delivered so far to the communities of Santa Teresa, Tennant Creek and Yuendumu. The presentation went very well and Laurencia reported strong interest in the Training Resource.
- **Conference – Brisbane – Asia Pacific Region - Suicide Prevention – 16 to 20 Nov 2010**  
Warren and Brian attended this conference and presented to our largest audience yet on suicide story. It was very well received.
- **Recruitment of Suicide Story Trainers**  
Valda Shannon and Warren H Williams were appointed to their roles under a one year contract to deliver Suicide Story Training
- **Tennant Creek Suicide Story Training – 19 to 23 July 2010**  
Tennant Creek Suicide Story Training was held at the Juno Horse Camp during the week 19th to 23rd July. 16 participants received Certificates of Completion of Suicide Story Training. Feedback from participants at the conclusion of the training was excellent. The timing of the training over the three and a half days was considered appropriate and a general comment was that they felt they had a much greater knowledge of Suicide as it affects Indigenous Communities and were better prepared to keep their communities safer from Suicide.
- **Suicide Story Training - Ntaria/Hermannsburg – 22nd to 25th Nov 2010**  
Hermannsburg Training was delivered on 22nd to 25th Nov 2010. Unfortunately Valda was unwell and cancelled and Warren had a prior commitment. Brian and Laurencia delivered the training to a group of indigenous and non-indigenous participants.
- **Suicide Story Training – Tangentyere Council Staff – Dec 1 and 2nd 2010**  
Tangentyere Council workers and three Aboriginal Health Worker trainees of Congress were the participants of a two day workshop on the 2nd and 3rd Dec. The workshop was delivered at the Tangentyere Council Training rooms in Alice Springs with all four trainers involved (Valda, Warren, Brian and Laurencia).
- **Evaluation of Suicide Story – Centre for Remote Health – Dec 2010**  
The final evaluation report was completed by Jess Lopes of the Centre for Remote Health. It is available on the CRH and MHACA websites.

## **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. Life Promotion does not receive information on suicide attempts and there is no systematic collection of this information.

# Training & Promotions Program July - December 2010

**Kylie Humrick – Mental Health Training & Promotions Officer**

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

## **Service Activity 1: Organise activities for key relevant mental health promotional events**

### **1.1 Number of activities and locations**

#### **Professor Patrick McGorry Visit**

On October 5<sup>th</sup>, 2010 MHACA in conjunction with the Australia Day Council NT & CAMHS hosted a dinner with 2010 Australian of the Year Professor Patrick McGorry as guest speaker. The dinner was an outstanding success.

#### **Alice Springs Show Stall**

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

### **Central Australian Mental Health Week 9 – 15 October 2010**

#### **◆ Helen Glover Public Forum**

The Mental Health Association of Central Australia (MHACA) offered several activities during Mental Health Week. Helen Glover visited MHACA on Monday, for a full day of training with staff around what is recovery and how best we as a service can assist the participants in their recovery. Some of the ideas were challenging us to think differently about how and why we provide some services and staff felt that the training was very beneficial to us and encouraged them to think outside the box with regard to assisting the participants and what we deliver as a service.

MHACA participants also received a half day training session which covered being the driver in your own recovery. Many of the participants who attended Helen's session commented on the benefit to them of having someone with their own lived experience to learn from.

A public forum with Helen Glover on recovery was also held. The forum was well attended with members of Jobfind, Office of Disability, Team Health, Aranda House (Drug & Alcohol Services), Charles Darwin University, Congress, Salvation Army, Catholic Care and CAMHS attending. In total there were over 20 people at the forum.

### ◆ Deaf Healthy Minds Forum

The Deaf Healthy Minds Forum attracted a smaller audience but was still very well received with people from MHACA, CAMHS, Ross Park Primary School, Lifeline and NT Hearing in attendance. The forum received a positive response from those who attended. The forum was hosted by internationally renowned psychiatrist Dr. Margaret du Feu a leading Deaf Psychiatrist from Ireland, whose experience and knowledge were greatly appreciated by the attendees.

### ◆ Mental Health Expo & BBQ

The final event that we ran during Mental Health Week was a public mental health and wellbeing expo on the Church lawns in the Todd Mall. With a free bbq and the Masters Games in town at the same time we knew we would attract a crowd. The event was attended by MHACA, Lifeline, CAMHS and Catholic Care, more organisations had registered their attendance however there was some rain on the day so some did not come. The adverse weather didn't keep the public away though, many locals enquired and received information about the organisations on offer, and we even attracted some visiting psychologists from Austria and Germany who were on holidays. DASA (Drug and Alcohol Services Association) brought several of their participants along to the expo. There were also many visiting athletes from the Masters Games who showed interest in our activities, with one team collecting several of our MHACA caps to wear in their events. Over 150 people attended the event, which ran over two hours.

## 1.2 Number of people attending

The Australian of the Year Dinner attracted 200 people which was capacity for the location at the Crowne Plaza. The dinner attracted a wide variety of attendees from across the Alice Springs community (Mental Health workers, carers and teachers).

## 1.3 Issues Identified and actioned

Data not captured

## 1.4 Partnerships Developed

MHACA continues to work closely with CAMHS, Mental Health Carers, and NTCOSS on organising and promoting events. A new connection was made with the Australia Day Council NT

## **Service Area 2 – Provision of Mental Health First Aid Training coordination of the network of trainers and support for other relevant Mental Health and MHACA Training**

### **2.1 Development of a Mental Health First Aid calendar.**

A Mental Health First Aid Calendar was developed scheduling 10 regular sessions.

### **2.2 Number of training sessions held annually**

There were 8 MHFA training sessions held over the July 10 to December 10 period. Five regular sessions scheduled at monthly intervals (July to Nov 10), 4 additional sessions were held, one as a replacement for the June course that was cancelled, one for Life Without Barriers and one for DHF Aboriginal Health Workers and one for MHACA Participants.

### **2.3 Number of individuals trained and organisations represented**

- ◆ 20-21 July 2010 – 13 people
- ◆ 3-4 August 2010 – (Replacement for June 2010 course) 3 people
- ◆ 17-18 August 2010 – 7 people
- ◆ 21-22 September 2010 – 12 people
- ◆ 19-20 October 2010 – 16 people
- ◆ 28-29 October 2010 – 5 people (MHACA participant course)
- ◆ 16-17 November 2010 – 10 people
- ◆ 8-9 December 2010 – 9 people (Life Without Barriers)
- ◆ 15-16 December 2010 – 10 people

- |                             |                                   |
|-----------------------------|-----------------------------------|
| • NT Police                 | • CDU                             |
| • Mental Health Carers      | • Larapinta Primary School        |
| • Central Desert Shire      | • Complete Personnel Group        |
| • STEPS                     | • St John Ambulance               |
| • WAHAC                     | • MHACA                           |
| • Congress                  | • ASYASS                          |
| • JASP Security             | • Incite Youth Arts               |
| • Life Without Barriers     | • Individual Carers               |
| • Centralian Senior College | • Department of Health & Families |
| • CASA                      |                                   |

### **2.4 Partnerships established through co-training**

In this period MHACA co-trained with workers from CAMHS & CAYLUS.

## **2.5 MHFA Train the trainer**

In July of 2010, MHACA working with Orygen Youth Health who run the MHFA courses nationally organised for a MHFA trainer course to be held in Alice Springs. A total of 9 people participated in the course 3 from MHACA, 4 from CAMHS and 2 from Congress. Five of the new trainers have already completed their first Mental Health First Aid Course. With additional trainers MHACA has increased its capacity to provide additional courses.

## **2.6 Participant evaluations results analysis**

Response from participants of the MHFA courses is positive. Participants consistently rate the material as easy to understand, well presented and relevant to them. Overall responses to the course include:

- ❖ “This course was very good and covered a lot of very real and relevant information in the area of work we are in”
- ❖ “ Beneficial, both professionally and personally”
- ❖ “Everyone should do it!”
- ❖ “Informative”
- ❖ “I loved this course”
- ❖ “Excellent, relevant & helpful”

The course continues to fill up approximately 4 weeks in advance, and is generally recommended by employers and community organisations. Participant feedback is collected and reported to Orygen Youth Health which auspices the Mental Health First Aid training.

## **Service Area 3 – Development of consistent corporate identity, promotional tools and sourcing of mental health resources.**

### **3.1 The publication of three inBalance newsletters per year**

An ongoing major promotional strategy continues to be the MHACA newsletter, *inBalance*, now produced every four months. In this period two editions were produced – *Edition 22: May – August 2010* and *Edition 23: September – December 2010* 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; participant and carer stories, self-help information, resources and conference articles. MHACA continues to receive positive feedback about *inBalance*

### **3.2 Number of MHACA information sessions delivered**

### **3.3 MHACA merchandise and publicity tools**

MHACA continues to produce publicity materials for the events in which it is involved. MHACA has a series of merchandise which includes backpacks, drink bottles, hats and magnets among other things which promote both the organisation and a positive mental health message. Being bright orange MHACA merchandise is instantly recognisable

### **3.4 Number of Articles in local publications**

MHACA continues to be featured in local publications including the Centralian Advocate. MHACA has contributed both advertising and articles for events including Mental Health Week and World Suicide Prevention Day.

### **3.5 Up to date resources and website information available at all events and activities**

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

### **3.6 Provision of resources relevant to Indigenous populations**

MHACA continues to produce and source relevant materials for Indigenous populations. Training and promotions support is also provided to the life promotions program for the Suicide Story resource.

### **3.7 Number of local Mental Health Resources Developed**

MHACA continues to produce resources relating to mental health, including flyers and brochures for use at promotional events. Two of the most frequently used resources are the Alice Springs Service Directory and Acronyms Around Town.

# Homelessness Housing Support Program

## July - December 2010

*To provide training in life skills to guide people when they may be experiencing tenancy problems and/or homelessness*

### Introduction

#### **The Homelessness Housing and Support Program**

The *Homelessness Housing and Support Program* was established in December 2009 with funds being received by MHACA in September 2010.

The Program receives operational funding through a Mental Health Grant from the Northern Territory Government.

The Homelessness Housing and Support Program expands MHACA's Housing Program and operates in conjunction with two other housing initiatives begun in 2003 to assist people living with mental illness in Alice Springs.

The purpose of the new *Homelessness Housing and Support Program* is to provide short term housing support for homeless people with mental illness who are residing in Alice Springs.

The focus of the program is to prepare people diagnosed with mental illness, who have a psychiatric disability and are homeless and / or have demonstrated difficulty in sustaining stable housing, for independent living.

#### **Overview of Activities within this reporting period:**

<b>September</b>	Received funding from the Department
<b>October-November</b>	Employed a consultant to work with MHACA to develop a policy manual to document the service model with staff Recruitment of 2 staff for the program
<b>December - January</b>	Properties received from Department of Housing 3 properties, fully furnished Training partnership discussed with Anglicare

There are two distinct aspects of the Homelessness Housing and Support Program, ie

- Transitional Housing Training Program
- Crisis Accommodation and Support Program

Participants accepted into the Transitional Housing Training Program receive intensive case management support and training over a period of 3 months to assist them to either access housing or maintain existing housing through the development of tenancy sustainability skills.

Rental properties for the Transitional Housing Training Program are allocated and head-leased under the Northern Territory Government's Industry Housing Scheme. 4 beds are available to participants in this Program. These comprise 1 x two-bedroom flat, 2 x one-bedroom flats.

2 x hostel beds are purchased from existing service providers such as the Salvation Army or Aboriginal Hostels for the use of people accessing the Crisis Accommodation and Support Program.

### **Aim of the Homelessness Housing and Support Program**

The aim of the Homelessness Housing and Support Program is to facilitate the transition of people with a mental health problem who are homeless or at significant risk of homelessness out of repetitive crisis situations into medium to long term housing as a key step towards their psycho-social rehabilitation and recovery.

### **Service Description**

The Homelessness Housing and Support Program employs two Housing Support Officers to provide direct one-on-one support and work alongside participants to assist them in managing their housing issues and address problems associated with mental illness.

The process is guided by a structured care plan tailored to each individual's needs, capabilities and aspirations.

In working alongside participants, the Housing Support Officers work in collaboration with family, Carers, Allied providers eg: Centrelink, budget services, accommodation providers and the nominated case managers from CAMHS to ensure that the Homelessness Housing and Support Program is integrated with both clinical and non-clinical support services for each participant.

**The Transitional Housing Training Program** offers short term housing for periods up to two months. Training in situ is provided with a focus on tenancy management within the context of addressing individual participants' broader psycho-social needs. Intensive support is continued for a further period of one month to assist participants leaving the temporary accommodation in their transition to longer term housing. Subsequent ongoing support is offered through MHACA's Pathways Program.

Housing Support Officers may assist participants with a variety of matters that impact upon everyday living and housing sustainability. The following list is not restrictive but gives some examples of the type of training and support the Housing Support Officers may provide.

- ❖ encouraging the development of independent living skills including the organisation of household tasks and maintenance of personal health and hygiene
- ❖ providing training and support in life skills such as financial management, budgeting, housekeeping, setting personal goals, accessing transport and services, developing social networks, participating in community activities
- ❖ providing training and support to access housing or maintain tenancy
- ❖ helping participants with problem solving, stress management and the development of social skills
- ❖ providing education and information about mental health, medication, and the impact of particular life choices on mental health
- ❖ liaising with clinical service providers for appropriate and timely intervention in mental illness or other clinical problems
- ❖ (in extenuating circumstances) transporting or escorting participants to appointments where such assistance is needed
- ❖ advocacy role to support participants in accessing mainstream services, or in managing their medical condition, tenancy or other matters
- ❖ researching ideas, activities or opportunities to assist participants' socialisation, vocation, education, employment or connections with the community
- ❖ participate in case planning and planning exit strategies for individual participants
- ❖ participate in relevant team and inter-sectorial meetings to promote information exchange and to identify and address issues for individual participants.

Throughout the training program, Housing Support Officers will consult with the participant and their ongoing case manager so that strategies are put in place to continue support for participants exiting the program and assist in their transition to community tenure.

**The Crisis Accommodation and Support Program** provides emergency supported accommodation for a maximum period of 2 weeks for people with mental illness who are homeless and assists participants towards achieving longer term more stable housing.

Participants are supported through the general services offered by the hostel in which they are accommodated, in addition to the specific individually-focused support provided by MHACA's Housing and Support Officers.

Ongoing support after leaving the crisis accommodation is offered through referral to other programs offered by MHACA or other agencies

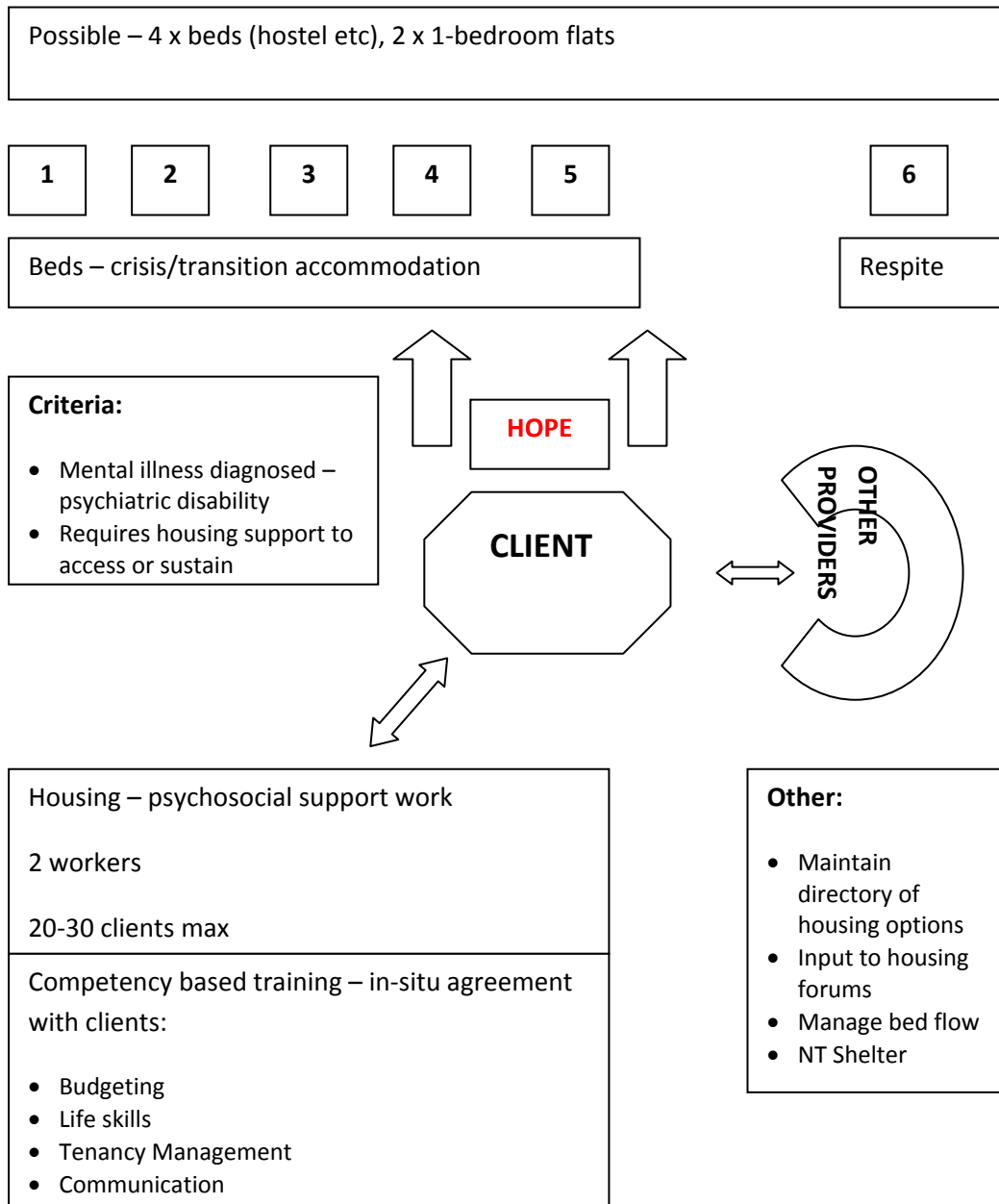
### Service Model Flow Chart:

6 beds

Client central

Training Program – awareness, knowledge and skill development

Case work support role with a focus on accessing and sustaining housing to clients.





## Appendix 1: Pathways to Recovery Data 1 July - 31 December 2010

### PATHWAYS TO RECOVERY DATA SUMMARY

#### Weekly record of actions

	July	Aug	Sep	Oct	Nov	Dec	Totals
Based on individual numbers							
NEW REFERRAL	2	5	3	2	2	0	14
ENQUIRIES	4	3	1	2	1	1	12
MALE	1	2	1	1	2	0	7
FEMALE	1	3	2	1	2	0	9
CALD				1			1
A/TSI			1		1		2
Co-joint – D2DLP / Subacute	17	20	22	20	23	24	
Co –joint – CAMHS							36
Tasks / Goals Achieved							19
WRAP / CAMHS - ICP							31
SUSPENSIONS		1	1			1	3
COMPLAINTS	1	3				1	5
CASELOAD TOTALS	40	39	41	41	45	40	
DISCHARGED	3	4	2	2	0	5	16
PLANNING / REVIEWS							24
WARD	6	3		4	4	3	
LIFE SKILLS 1-on-1, SUPPORTS and CASE MGMNT							565 Hours
EMPLOYMENT	7	7	8	8	10	8	
HOUSING –Itinerant	9	10	13	12	11	10	
SECURED ACCOMMODATION	23	24	24	26	26	21	
GRP WORK- RECREATION D2DLP / Men's / Women's / Combined	17	20	22	20	23	24	
SKILLS DVLPMT Training/ Consumer Rep Hobby work							237.70 hours
INDIVIDUAL CONTACTS							796
FAMILY contacts							5 Carer's
Interagency Liaise							
TRANSPORT							

## **Associated Allied Service Providers**

*(Individual contacts unrecorded for this term.)*

<b>Organisation</b>
<b>Govt Sector</b>
<b>ADSCA – Alcohol &amp; Drugs</b>
<b>ASH – General Side</b>
<b>“ Mental Health Ward / Community Teams</b>
<b>CARDHS Health Education – training / education</b>
<b>Congress – SEWB –Medical</b>
<b>Centa care – Employment</b>
<b>Centrelink Beneficiaries</b>
<b>CDU – Education</b>
<b>NT Housing</b>
<b>Non- Govt Sector</b>
<b>Aboriginal Hostels Associations</b>
<b>Anglicare –Accommodation</b>
<b>ARALEUN Culture Centre</b>
<b>AIDS &amp; Hepatitis Council</b>
<b>BINDI - Sheltered Workshop – Horticulture MOU</b>
<b>CAAFLU – Indig Legal Services</b>
<b>CRS- Comm Rehab Services</b>
<b>DASA – Drug &amp; Alcohol Services</b>
<b>DESERT PARK – Cultural Precinct</b>
<b>Disability Advocacy Services – DAS</b>
<b>General Practitioners</b>
<b>LIFESTLE SOLUTIONS - Supported accommodation</b>
<b>NT Carer Rspite</b>
<b>NTCOSS / Shelter</b>
<b>RecLink</b>
<b>Salvation Army: Food Bank, Men’s Hostel, Craft Grp</b>
<b>STEPS – Employment</b>
<b>Tangentyere - Job Shop</b>
<b>Team Health Carer Respite (Alice Springs)</b>
<b>Volunteer Services – Library</b>

## Appendix 2: Prevention Recovery Data 1 July - 31 December 2010

### PREVENTION & RECOVERY MANUAL DATA Summary MONTHLY RECORD. July – December 2010

DEMOGRAPHICS(no's)	July	Aug	Sep	Oct	Nov	Dec	TOTALS
<i>Male</i>		1		1			2
<i>Female</i>			1	1	1		3
<i>Non-English speaking</i>							0
<i>Aboriginal /Torres Strait</i>							1
<i>Other culture</i>							2

REFERRAL (no's)	July	Aug	Sep	Oct	Nov	Dec	TOTAL
<i>New to P&amp;R -Y/N</i>		1	1	1	1		4
<i>Consents to support</i>				1	1		2
<i>Step-Up</i>							5
<i>Forensic referral remained in prison</i>		1	1	1			3
<i>Joint Prgm-Pathways</i>							0
<i>D2DLP</i>							2
<b>INDIVIDUAL CARE PLAN</b>				1	1		2
<i>Life Skills</i>							39 hours
<i>WARD-readmission</i>							2
<b>CONSULTATIONS Participant</b>							41 Contacts
<i>Family /Carer</i>							N/A
<i>CAMHS practitioners + forensics</i>		1	1	2	1		
<i>ASMH 2 units- Includes crisis respite &amp; supported accommodation nights</i>							103 Nights
<i>Women's Unit- nights</i>							77 nights
<b>Transport</b>							

<i>Remain CAMHS</i>		1	1	2	1		5
<i>-Other MHACA prgm</i>				1	1		2
<i>-Other Service Provider</i>				1			1
<i>-Out of region-relocate</i>			1				

## Appendix 3: Financial statements 1 July - 31 December 2010

### Income & Expenditure 31 December 2010 MANAGEMENT & COORDINATION - OPERATING STATEMENT

	Full Yr Budget	Actual
	\$	\$
<b>INCOME</b>		
Surplus brought forward	-	
DHCS Grant - Management	69,404	33,180
DHCS Grant - Rent Assistance	35,000	17,500
MV lease internal	60,000	27,333
Insurance claim	-	-
Interest received	32,000	16,986
Membership fees	1,000	825
Fundraising	350	-
Grant - Mental Health Week	-	500
Recovered costs	-	1,743
Profit on sale of asset		12,275
Admin fees recharge	276,219	160,991
<b>TOTAL INCOME</b>	<b>473,973</b>	<b>270,833</b>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Accounting & audit	3,400	800
Advertising	2,000	1,164
Bank charges	450	261
Bookkeeping	1,000	665
Cleaning	19,680	7,141
Computer support	5,000	1,654
Electricity	1,900	533
Insurance	14,886	14,886
Postage	900	590
Rates, taxes and outgoings	1,600	577
Rent	38,643	17,985
Repairs and maintenance	8,000	2,454
Security	650	265
Stationery and printing	11,500	5,026
Subscriptions	4,752	3,790
Telephone	5,000	2,407
<b>Total admin expenses</b>	<b>118,861</b>	<b>60,199</b>
<b>MV &amp; Travel Costs</b>		
MV - fuel	1,200	1,363
MV - insurance	549	549
MV - registration	550	72
MV - repairs & maintenance	1,200	473
Travel allowance	4,500	2,418
Travel expenses	4,500	4,260
<b>Total MV &amp; Travel</b>	<b>12,499</b>	<b>8,334</b>
<b>Projects</b>		
Consumables	4,000	1,360
Equipment purchase	2,500	4,004

Newsletter	2,700	1,410
Promotions	5,000	-
Program costs	10,000	6,405
<b>Total projects</b>	<b>24,200</b>	<b>13,179</b>
<b>Training &amp; Development</b>		
Conferences		27
Consultancy	10,000	11,693
Professional development	5,000	3,598
Professional supervision		-
Governance support	1,000	-
<b>Total training</b>	<b>16,000</b>	<b>15,319</b>
<b>Salaries &amp; Wages</b>		
Hobby workers		3,435
Recruitment costs	10,000	1,686
Salaries & Wages	261,854	98,892
Superannuation	23,104	9,318
Wellbeing allowance	1,950	741
Workers comp insurance	3,430	3,215
<b>Total employment costs</b>	<b>300,338</b>	<b>117,287</b>
<b>TOTAL EXPENDITURE</b>	<b>471,898</b>	<b>214,317</b>
<b>OPERATING SURPLUS (DEFICIT)</b>	<b>2,075</b>	<b>56,516</b>

## Income & Expenditure 31 December 2010

### PATHWAYS TO RECOVERY - OPERATING STATEMENT

<b>INCOME</b>	<b>Full Yr Budget</b>	<b>Actual</b>
	<b>\$</b>	<b>\$</b>
Grant - DH&CS	292,919	141,028
<b>TOTAL INCOME</b>	<b>292,919</b>	<b>141,048</b>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	52,725	25,385
Advertising	-	-
Cleaning	-	-
Computer support	300	132
Electricity	1,300	505
Library costs	250	
Postage	250	205
Rent	12,000	6,000
Repairs and maintenance	500	
Stationery & printing	1,200	475
Telephone	3,100	1,033
<b>Total admin expenses</b>	<b>70,812</b>	<b>33,735</b>
<b>MV &amp; Travel Costs</b>		
MV - fuel	2,000	1,330
MV - insurance	1,098	1,097
MV - lease	16,000	8,000
MV - registration	1,100	-
MV - repairs & maintenance	1,200	856
Travel allowance	500	1,265
Travel expenses	1,500	1,313
<b>Total MV &amp; Travel</b>	<b>23,398</b>	<b>13,861</b>
<b>Projects</b>		
Consumables	500	
Equipment purchase	500	507
Newsletter	2,700	1,410
Counselling	10,000	212
Program costs	2,500	1,452
<b>Total projects</b>	<b>16,200</b>	<b>3,582</b>
<b>Training &amp; Development</b>		
Conferences		586
Consultancy	4,500	2,175
Professional development	1,500	424
<b>Total training</b>	<b>6,000</b>	<b>3,185</b>
<b>Salaries &amp; Wages</b>		
Recruitment costs	1,000	659
Salaries & Wages	157,041	48,064
Superannuation	13,854	4,543
Wellbeing allowance	1,690	204
Workers comp insurance	2,057	1,928
<b>Total employment costs</b>	<b>175,642</b>	<b>55,397</b>

TOTAL EXPENDITURE

281,180

109,761

OPERATING SURPLUS (DEFICIT)

0

31,267

## Income & Expenditure 31 December 2010

### LIFE PROMOTIONS ALICE SPRINGS - OPERATING STATEMENT

	Full Yr Budget	Actual
	\$	\$
<b>INCOME</b>		
Grant - DH&CS	278,036	134,968
Recovered costs	-	-
<b>TOTAL INCOME</b>	<b>278,036</b>	<b>134,968</b>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	50,046	24,294
Advertising	500	432
Computer support	500	241
Electricity	1,100	505
Library costs	255	-
Postage	-	205
Rent	12,000	6,000
Repairs & maintenance	1,000	75
Stationery & Printing	1,000	1,982
Subscriptions	100	50
Telephone	3,000	1,125
<b>Total admin expenses</b>	<b>69,725</b>	<b>34,909</b>
<b>MV &amp; Travel Costs</b>		
MV - fuel	2,600	978
MV - insurance	549	549
MV - lease	10,000	5,000
MV - registration	550	-
MV - repairs & maintenance	3,500	1,826
Travel allowance	7,500	2,215
Travel expenses	7,500	413
<b>Total MV &amp; Travel</b>	<b>32,199</b>	<b>10,980</b>
<b>Projects</b>		
Consumables	600	691
Equipment purchase	1,500	342
Newsletter	2,700	1,410
Promotions	-	-
Program costs	2,000	394
<b>Total projects</b>	<b>6,800</b>	<b>2,838</b>
<b>Training &amp; Development</b>		
Conferences	10,000	1,450
Consultancy	7,500	-
Professional development	2,500	2,966
Professional supervision	1,800	-
<b>Total training</b>	<b>21,800</b>	<b>4,416</b>
<b>Salaries &amp; Wages</b>		
Salaries & Wages	122,124	58,736
Superannuation	10,776	5,570
Wellbeing allowance	1,300	755
Workers comp insurance	1,600	1,499
<b>Total employment costs</b>	<b>135,800</b>	<b>66,560</b>

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TOTAL EXPENDITURE	<u>266,100</u>	<u>119,703</u>
OPERATING SURPLUS (DEFICIT)	<u>11,936</u>	<u>15,265</u>

## Income & Expenditure 31 December 2010

### LIFE PROMOTIONS TENNANT CREEK - OPERATING STATEMENT

	Full Yr Budget	Actual
	\$	\$
<b>INCOME</b>		
Grant - DH&CS	90,216	43,794
Grants - surplus c/f	17,500	16,132
Grant Mental Health Week		1,000
Recovered costs		
<b>TOTAL INCOME</b>	<b>107,716</b>	<b>60,926</b>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	16,239	8,063
Advertising	1,000	462
Computer support	500	939
Electricity	500	251
Insurance	1,000	-
Rent	5,932	2,880
Repairs and maintenance	-	-
Stationery & printing	500	572
Subscriptions		886
Telephone	3,000	1,506
<b>Total admin expenses</b>	<b>28,671</b>	<b>15,559</b>
<b>MV &amp; Travel Costs</b>		
MV - fuel	3,200	1,145
MV – insurance	549	549
MV - lease	10,000	5,000
MV - registration	550	503
MV - repairs & maintenance	2,000	2,388
Travel allowance	4,000	1,465
Travel expense	1,200	1,716
<b>Total MV &amp; Travel</b>	<b>21,499</b>	<b>12,766</b>
<b>Projects</b>		
Consumables	200	8
Equipment purchase		1,578
Promotions	2,000	-
Program costs	3,500	842
<b>Total projects</b>	<b>5,700</b>	<b>2,428</b>
<b>Training &amp; Development</b>		
Conferences	1,000	
Professional development	1,000	150
Professional supervision	1,800	
<b>Total training</b>	<b>3,800</b>	<b>150</b>
<b>Salaries &amp; Wages</b>		
Housing costs	7,564	704
Recruitment costs		2,389
Salaries & Wages	59,224	32,576
Superannuation	5,224	2,522
Wellbeing allowance	650	-
Workers comp insurance	776	727

<b>Total employment costs</b>	<u>73,438</u>	<u>38,919</u>
<b>TOTAL EXPENDITURE</b>	<u>133,108</u>	<u>69, 822</u>
<b>OPERATING SURPLUS (DEFICIT)</b>	<u><u>(25,392)</u></u>	<u><u>(8,896)</u></u>

**Income & Expenditure 31 December 2010**  
**PREVENTION & RECOVERY - OPERATING STATEMENT**

	Full Yr Budget	Actual
	\$	\$
<b>INCOME</b>		
Grant - DH&CS	337,247	163,712
Other income		420
<b>TOTAL INCOME</b>	<b>337,247</b>	<b>164,132</b>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	60,704	29,544
Advertising	500	-
Cleaning	500	61
Computer support	500	198
Electricity	1,500	748
Insurance	380	720
Library costs	250	-
Postage	250	205
Rent	37,280	18,364
Repairs and maintenance	1,500	980
Stationery and printing	1,000	472
Telephone	3,200	1,030
<b>Total admin expenses</b>	<b>107,564</b>	<b>52,322</b>
<b>MV &amp; Travel Costs</b>		
MV - fuel	2,160	1,164
MV - insurance	549	549
MV - lease	8,000	4,000
MV - registration	550	-
MV - repairs & maintenance	1,500	890
Travel allowance	1,000	713
Travel expenses	1,000	446
<b>Total MV &amp; Travel</b>	<b>14,759</b>	<b>7,761</b>
<b>Projects</b>		
Consumables	500	-
Equipment purchase	500	16,735
Newsletter	2,700	1,410
Program costs	1,500	267
<b>Total projects</b>	<b>5,200</b>	<b>18,411</b>
<b>Training &amp; Development</b>		
Conferences	2,000	-
Consultancy	4,500	2,175
Professional development	2,000	402,
Professional supervision	1,800	-
<b>Total training</b>	<b>10,300</b>	<b>2,577</b>
<b>Salaries &amp; Wages</b>		
Hobby workers	-	30
Recruitment costs	1,000	
Salaries & Wages	132,495	71,769
Superannuation	11,692	6,781
Wellbeing allowance	1,950	1,137
Workers comp insurance	1,736	1,627
<b>Total employment costs</b>	<b>148,873</b>	<b>81,344</b>

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<b>TOTAL EXPENDITURE</b>	<u>286,696</u>	<u>162,416</u>
<b>OPERATING SURPLUS (DEFICIT)</b>	<u>50,551</u>	<u>1,716</u>

## Income & Expenditure 31 December 2010

### TRAINING & PROMOTION - OPERATING STATEMENT

	Full Yr Budget	Actual
	\$	\$
<b>INCOME</b>		
DHCS Grant	80,000	40,000
Training Income	14,000	6,327
Grant – Mental Health Week		1,000
Recovered costs		9,529
<b>TOTAL INCOME</b>	<b>94,000</b>	<b>56,856</b>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	16,920	9,874
Library	1,000	922
Postage	-	78
Repairs & maintenance		-
Stationery and printing	250	77
Telephone	250	3
<b>Total admin expenses</b>	<b>18,420</b>	<b>11,020</b>
<b>MV &amp; Travel Costs</b>		
Travel allowance	1,000	-
Travel expenses	1,000	-
<b>Total MV &amp; Travel</b>	<b>2,000</b>	<b>0</b>
<b>Projects</b>		
Consumables	500	1,022
Equipment purchase	-	603
Promotions	-	64
Program costs/venue hire	7,000	16,045
<b>Total projects</b>	<b>7,500</b>	<b>17,733</b>
<b>Training &amp; Development</b>		
Conferences		-
Professional development	1,000	-
<b>Total training</b>	<b>1,000</b>	<b>0</b>
<b>Salaries &amp; Wages</b>		
Hobby workers		640
Salaries & Wages	57,853	27,685
Superannuation	5,104	2,618
Wellbeing allowance	650	-
Workers comp insurance	758	710
<b>Total employment costs</b>	<b>64,365</b>	<b>31,653</b>
<b>TOTAL EXPENDITURE</b>	<b>93,285</b>	<b>60,406</b>
<b>OPERATING SURPLUS (DEFICIT)</b>	<b>715</b>	<b>(3,550)</b>

## Income & Expenditure 31 December 2010

### ACCOMMODATION SUPPORT - OPERATING STATEMENT

	Full Yr Budget	Actual
	\$	\$
<b>INCOME</b>		
Rental Income	40,300	18,945
<b>TOTAL INCOME</b>	<b>40,300</b>	<b>18,945</b>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	7,254	3,410
Bank charges	-	71
Cleaning	-	-
Insurance	1,330	1,140
Rates and taxes	6,729	6,774
Repairs and maintenance	5,000	2,357
Strata fees	9,298	6,546
<b>Total admin expenses</b>	<b>29,611</b>	<b>20,299</b>
<b>Projects</b>		
Equipment purchase	500	2,639
<b>Total projects</b>	<b>500</b>	<b>2,639</b>
<b>Salaries &amp; Wages</b>		
Hobby workers		-
<b>Total salaries &amp; wages</b>		<b>0</b>
<b>TOTAL EXPENDITURE</b>	<b>30,111</b>	<b>22,938</b>
<b>OPERATING SURPLUS (DEFICIT)</b>	<b>10,189</b>	<b>(3,993)</b>

## Income & Expenditure 31 December 2010

### HOMELESSNESS SUPPORT - OPERATING STATEMENT

<b>INCOME</b>	<b>Full Yr Budget</b>	<b>Actual</b>
	<b>\$</b>	<b>\$</b>
DHCS Grant	247,705	123,852
<b>TOTAL INCOME</b>	<b>247,705</b>	<b>123,852</b>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	37,785	22,293
Cleaning	-	-
Computer support		997
Insurance		639
Rent	57,020	3,049
Repairs and maintenance	-	291
Stationery & Printing	2,000	102
Telephone	1,500	152
<b>Total admin expenses</b>	<b>98,305</b>	<b>27,525</b>
<b>MV &amp; Travel Costs</b>		
MV - fuel	1,500	315
MV - insurance	549	-
MV - lease	8,000	1,333
MV - registration	650	510
MV - repairs & maintenance	1,500	127
Travel allowance	-	-
Travel expenses	-	-
<b>Total MV &amp; Travel</b>	<b>14,759</b>	<b>7,761</b>
<b>Projects</b>		
Consumables	-	-
Equipment purchase	2,000	29,542
Program costs	4,250	435
<b>Total projects</b>	<b>6,250</b>	<b>29,977</b>
<b>Training &amp; Development</b>		
Conferences	-	-
Consultancy	-	-
Professional development	5,000	150
Professional supervision		-
<b>Total training</b>	<b>5,000</b>	<b>150</b>
<b>Salaries &amp; Wages</b>		
Hobby workers	-	180
Recruitment costs	3,000	2,219
Salaries & Wages	107,497	11,035
Superannuation	9,675	992
Wellbeing allowance	1,300	-
Workers comp insurance	2,150	1,141
<b>Total employment costs</b>	<b>123,622</b>	<b>15,567</b>

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<b>TOTAL EXPENDITURE</b>	<b>245,376</b>	<b>75,504</b>
<b>OPERATING SURPLUS (DEFICIT)</b>	<b>2,329</b>	<b>48,348</b>