

M ental  
H ealth  
A ssociation of  
C entral  
A ustralia

Strategic Plan Evaluation  
SUMMARY REPORT  
(2004-2007)

March 2008



# Table of Contents

<b>MHACA Current Program areas .....</b>	<b>1</b>
<b>Executive Summary .....</b>	<b>2</b>
Overview.....	3
Key Achievements [2004-2007].....	4
Summary of Key Recommendations <i>From the 2004-2007 Plan</i> .....	8
<b>Revisions for the new Strategic Plan 2008-2010 (Consultation to date).....</b>	<b>13</b>
REVISION OF MHACA VISION, OBJECTIVES and CORE VALUES.....	13
Vision.....	13
Objectives .....	13
Philosophy .....	14
Core Values .....	14

# MHACA Current Program areas

- o Pathways Program
- o Prevention & Recovery
- o Life Promotion Program
- o Training and Promotions
- o Administration
- o Housing Support Program
- o Day to Day Living Program (D2DL)

***Advocacy and Participation'*** is also a key service area.

- MHACA advocates on behalf of consumers, carers and other stakeholders at local, state and national levels.
- Advocating strongly for improved systems of support for people at risk of suicide has also been a key priority for the Life Promotion Program.
- MHACA was a founding member of the NT peak body, and since 2005 has been the NT representative on the National Mental Health Council, which is the peak Body for Non-government mental health services in Australia.
- MHACA has continued to produce quality outcomes and support for key programs and services based on need. Securing additional funding on a progressive basis is further evidence of both the need within the community for more services and support, as well as the skill and capacity of MHACA to address this need.
- MHACA actively supports consumer's participation on advisory committees *to influence government policymaking and service provision*, participation in recruitment panels, and on the MHACA management committee.

Key advocacy areas that MHACA has focused on over the last three years include:

- **(2006/07)**  
Peer support consultation on local model/s and key elements; Lobbying and securing funds for the Day-to- Day Living Program; Care Coordination and Reference Group participation; Consortium member of 'Hearspace', Youth Hub service.
- **(2005/06)**  
Contribution to the Senate Inquiry – Not for Service Report; Review of the NT Mental Health Related Services Act and advocating for an extension in options to therapeutic care & access to services and Youth supports; Involvement in CAMHS clinical services review & accreditation process.
- **(2004/05)**  
Community based care and extended community based options; Local Advocacy networks, State and National issues; Contribution to Senate Inquiry - Relapse Prevention Discussion paper and consultations; Participation in the Medication payment and Disability Support Pension reforms.

# Executive Summary

The following report is a *summary* of the *evaluation* of the M.H.A.C.A. 2004 – 2007 Strategic Plan. In reviewing the 2004-07 Plan, it has been identified that some of the 'key background components' should again be included in the new plan for 2008 – 2010.

Key sections that still maintain relevance and which should remain (*with revision and updating*) include:

- **The Introduction** – which provides a concise background of the Planning process and a summary of current programs and service delivery areas.
- **Summary** of key National and State Mental Health Plans and the local context in which MHACA operates.
- Description of the Recovery model framework, Life Promotion framework and the Psychiatric Rehabilitation process.
- Map and description of the **geographical region** in which MHACA operates
- **Vision, Objectives and Guiding principles** will all be reviewed and updated where required, in the new plan.
- **A summary of the National Priority Areas** in the National Mental Health Plan and Commonwealth and NT Suicide Prevention Action plans, and how MHACA will incorporate these priority areas into its plan.
- Updated **Organisation Structure**
- Updated '**Strategic Relationships**' Profile.

The existing format for the Strategic Plan 'template' will be revised.

A series of workshops and consultation process for the new plan has been conducted with Staff, Consumers, and the MHACA Management Committee. A forum for External Stakeholders/ Service Providers will also be conducted.

## **Key aims that the new plan should address include:**

- A revised Strategic Planning template which facilitates an improved link to the performance indicators which MHACA must report against in its 6 monthly Service Reports, and;
- Incorporates the Priority Areas of the National Mental Health Plan and is also cognizant of the N.T. Mental Health Plans, Commonwealth and NT Suicide Prevention Action plans, regional issues and local context.

## Overview

The last three years has seen significant development and implementation of new programs and service areas for MHACA, as well as key changes in the community, regional and National environments, in relation to Mental Health and Mental Wellness issues, and policy.

### ***At a National level***

There has been an increasing focus on consumer involvement and recognition of peer support models and their importance in consumer driven and led recovery.

There have also been a number of key Senate Inquiry's into Mental Health and disAbility related services and reforms, which MHACA and the NT Mental Health Forum have provided input, from a local and state based perspective.

### ***At a State Level***

A review of the NT Mental Health Related Services Act was significant in that it focused on non-clinical supports and services for people with a Mental illness.

MHACA played a key role in this review and increasing options to therapeutic care and successfully lobbied for community support such as affordable and appropriate (supported and non-supported) accommodation.

### ***At the local and regional level***

There have been increasing advocacy networks across the community for mental health, disAbility and disadvantaged people.

MHACA has also been involved in the development of new resources and training programs, both for use by consumers, carers, staff and NGO services, as part of prevention, early intervention and/or recovery based care, and in raising awareness in the broader community.

Greater interagency collaboration and improved communication between clinical and non-clinical services has also been significant in providing a stronger and more coordinated range of services and support to consumers, their families and carers.

### ***Client Profile***

In the 2006/07 Annual Report, MHACA identified that sixty-seven percent of our clients have a major mental illness and 11% have a severe disability related to a mental illness.

Gender analysis shows that 52% of our clients are male and 48% female, with 15% identifying as indigenous and 15% identifying as people from a non-English speaking background.

Of these 58% are case managed with the Central Australian Mental Health Service.

## **Key Achievements [2004-2007]**

In summary, key achievements over the last three years have included:

[Note: the below is a summary of progress *in addition* to regular activities such as monthly consumer forums and scheduled training such as ASIST and annual promotional events.]

### **2007**

#### ***Programs & Projects***

- Funding approved for the Day-to-Day Living Program (D2DL) - July 2007 (*Consortium members include MHACA, ReLink and the Salvation Army*).
- Funding approved and commencement of Consumer peer support GROW service (linked to the D2DL Program).
- Consortium member in the Headspace (Youth) project.
- Independent external evaluation of Prevention and Recovery Program (P&R).
- Establishment of Interim Respite under the P&R program – with 2 beds at the Salvation Army Hostel.
- Addition of a 2 bedroom flat for the Housing Support Program – increasing the total housing to four separate locations.
- Merger of Rehabilitation and Outreach Programs.
- Implementation of a (trial) counseling service, based on discussions with MHACA staff and an independent evaluation with consumers. This service is being offered to both consumers and the general community (adults). Staffing of 1 male and 1 female counselor's.

#### ***Consultation & Presentations***

- Completion of Community (consumer and service providers) consultation of peer support and key elements for local model/s.
- Presentation to the National Youth Commission on homelessness for Mental Health.
- Crisis Assessment Team – Review consultations.
- Local Mental Health First Aid Training resource/program developed and implemented.
- As part of the COAG, MHACA continues to provide advice and assist in the development of the care coordination model for Mental Health in the N.T.

#### ***Administration, Training and Promotions***

- Update of MHACA Constitution.
- Review and updating of the MHACA Policy and Procedures Manual.
- Development of new MHACA database system for client records.
- Funding secured and recruitment of a Full time Training and Promotions Officer.
- Re-location of premises to Hartley Street.

- Wellness and Recovery Planning (WRAP) booklet developed.
- Development and trialing of new MHACA database system (client records). This has been a joint process with Team Health (top end).
- Customization of the 'Mind matters' training package for the use of NGO service providers.
- Increased profile of Life Promotion Program and interest shown by other service providers and community groups in accessing information and support and addressing key issues around suicide prevention and mental health.  
(Evidenced by invitations and number of presentations to key sectors, i.e. DHCS, DMO & RANs, Town Camps and Community groups).
- Life Promotion's development of localized Suicide Awareness package.

### ***Consumers and Advocacy***

- Consumer participation in review processes, such as Peer Support Model/s development; Headspace lobby for increased youth mental health services, support and resources.
- High consumer uptake in activities, excursions and camps.
- On-going involvement of consumers and carers in Management Committee and representation on MHACA Steering Groups on special projects, i.e. Policy Manual and Peer Support projects.
- Implementation of the GROW and Day-to-Day Living Programs, with a central focus on consumer driven and peer support activities.

## **2006**

### ***Programs & Projects***

- Coordinated Interagency response after a death by suicide – formally implemented.
- Development of "We Know Our Strengths" project with Waltja – working in 3 remote communities (Mt. Liebig, Titjikala & Santa Teresa).
- Secured funding for the Life Promotion position for Tennant Creek/Barkly.
- Review of client assessment process and implementation of improved process.

### ***Consultation & Presentations***

- MHACA provided a written submission to the Senate Select Committee on Mental Health.

### ***Administration, Training and Promotions***

- Enhanced relationship with the Central Australian Mental Health Service (CAMHS) and Community Mental Health.  
[An MoU has been in place since 2001 and is reviewed annually]
- Development and launch of MHACA website.

- Governance Training for Committee members.

### ***Consumers and Advocacy***

- Expansion of Housing and Support Program and addition of a one bedroom flat - increasing housing to three separate locations.
- Establishment of monthly consumer lunch forums.

## **2005**

### ***Programs & Projects***

- Outreach program commenced.
- Sub Acute Program implemented and an extension and update of the MoU between CAMHS and MHACA developed.

### ***Consultation & Presentations***

- Improved interagency networking through establishment of a local reference group (CA Mental Health Reference Group) which meets quarterly.

### ***Administration, Training and Promotions***

- Increased resourcing (vehicles) for Sub-Acute and Outreach Programs.
- Implementation of Constitutional changes in line with the new Incorporations Act.
- World Suicide Prevention Day commenced as an annual event.
- Consumer training and core staff training commenced as an on-going priority – with guest trainers/speakers providing workshops/training annually.
- Promotional Plan developed to increase the profile of MHACA.
- Major update of the MoU between MHACA and CAMHS.

### ***Consumers and Advocacy***

- Women's Group commenced (Peer Support focus) and is still occurring.
- Matt Deer Camp began as an annual event for consumers.
- CACAG (Central Australian Consumer/Carer Advisory Group) developed.

## **2004**

### ***Programs & Projects***

- Purchase of two (1 bedroom) units together with the establishment and provision of a supported accommodation program.
- Consumer Consultant Douglas Holmes conducted an independent / external evaluation of the service as a whole.
- Establishment of Bereaved by Suicide Support Group.
- Reestablishment of Life Promotion Steering committee.
- Development of Strategic Plan for the Life Promotion Program.

### ***Consultation & Presentations***

- Contribution to Senate Inquiry Relapse prevention discussion paper and consultations.
- Participation in the Medication payment and Disability Support Pension reforms.

### ***Administration, Training and Promotions***

- Evaluation of previous MHACA Strategic Plan and development of 2004 – 2007 plan.
- Staffing Restructure.
- Re-design of inBalance (quarterly) newsletter.
- MHACA website secured and commencement of construction.

### ***Consumers and Advocacy***

- Consumer Advocacy system developed.
- Consumer GP support Program.
- Support for conference attendance for consumers commenced and is an on-going mechanism for supporting consumers and enhancing professional development.
- MHACA was a founding member of the NT Peak Body for Non-government Mental Health services (NT Mental Health Coalition).

## Summary of Key Recommendations From the 2004-2007 Plan

[Based on Evaluation of the old Plan and what we now know]

*NOTE: The following sections are as per the format of the 2004-2007 Strategic Plan, which were based on the National Mental Health priorities in the current National Mental Health Plan.*

### **Consumer Driven Quality**

- 1) Continued inclusion of consumers as a key part of the governance of MHACA and focus on consumer participation in program development and service delivery areas.
- 2) That MHACA continues to incorporate the National Mental Health Standards into its service delivery framework and promotes high professional standards within its own service as a positive example.
- 3) Consumer training and access to skill based / professional development opportunities continues.
- 4) That the definition/view of who consumers are be broadened to include families and communities bereaved by suicide. Information and access be assessed in terms of how to best 'reach' these consumers.
- 5) That the "culture of acceptance" which MHACA does well is continued. **"Two way traffic"** and continued involvement of consumers in other areas of MHACA, or peer support is evidence of this culture.
- 6) That the approach and emphasis on supporting consumers to 'own their recovery' is continued.

### **Mental Health Awareness**

- 7) Assess how MHACA promotes itself and what methods/ events have had the most impact and/or resulted in additional access by the community/consumers – as well as brainstorm ideas for future promotion based on feedback from all program/service delivery areas.
- 8) Review current education programs and resources and their relevance and methods of delivery, to assist in determining future development.
- 9) A need to broaden awareness – to families as a focus on wellness and the importance of good mental health/ wellbeing – for families as well as individuals.

- 10) Improve awareness and profile of mental health to aid in decreasing stigma and increasing 'accurate' information being circulated.
- 11) Investigate opportunity to support and develop youth mental health materials in schools.

## **Prevention and Early Intervention**

- 12) To assess how effective the range of program supports are.
- 13) Further development of service response to meet consumer need.
- 14) Further development of the Housing and Support Program, which has strong links with the Pathways Rehabilitation Program, is an increasing area of need in the local community.
- 15) Outreach and the trial counseling programs have shown demonstrated results in addressing identified need and achieving program aims. There is now a need to evaluate the trial and assess its impact and future direction.
- 16) Ways of **improving systems of support** for people are further investigated and developed in partnership with key agencies, i.e.
  - a) In a crisis of suicide;
  - b) People who are discharged after a suicide attempt;
  - c) People who are at risk due to bereavement by suicide and;
  - d) People who are at risk but not eligible or responsive to clinical support
  - e) Families, carers and communities supporting those at risk of suicide
  - f) Using suicide as a threat or being hurt or manipulated by suicidal threats
  - g) In services or communities where suicidal behaviour (particularly the challenges of impulsive or threatening suicide) is occurring
- 17) Develop a research project in collaboration with CAHMS to progress the data collection on suicide attempts (presenting via the Alice Springs Hospital) and investigating how this information can assist to develop suicide prevention strategies.
- 18) Role clarification among agencies involved in the Life Promotion Steering Committee has been an issue, with some confusion by practitioners as to the different roles/ responsibilities of CAMHS, MHACA, Practitioners, Police and other community services and organisations. This area, including concerns around confidentiality and community and cultural sensitivity requires further consideration and action among key stakeholders.

- 19) There is a need to increase awareness and promote/provide further information on the Sub-Acute program and how this operates on a 1:1 level; group level; and working with other agencies and/or case management 'across agency' for clients.

## **Service Development & Sustainability**

- 20) Revise the new Strategic Plan template to ensure better linkages to KPIs in current (2007 – 2010) Service Agreements and facilitate easier and more efficient reporting mechanisms, which also enhance capacity to report against the Strategic Plan, whilst minimizing duplication of reporting.
- 21) Continue to incorporate and align (where practical and relevant) – to National Mental Health Priority Areas, as well as other key National, State and regional plans and suicide prevention plans.
- 22) Continue to advocate for increased consumer roles.
- 23) Advocate for increased training and support for and in Indigenous people and communities.  
AND  
Continued effort in recruiting and training Indigenous staff to outreach and other program areas, as well as further development of culturally appropriate resources is also recommended, based upon past achievements and identified need.
- 24) Recognition of the need to use different approaches for work in remote areas and the Barkly – in order to provide a sustainable and relevant service.
- 25) Workforce development and recruitment and retention are key concerns for service development and sustainability.  
Need to look at flexible HR options, staff rotation and new approaches to extend staff knowledge/ experience and build better capacity.  
[Note – possible barrier to two-way staff secondment – may be fear of losing staff]

## **Research and Innovation**

- 26) Continued presence and active participation on key regional forums as well as on-going commitment to providing input into National and State policy and reform processes on behalf of MHACA, local consumers and regional issues.
- 27) Continued support for peer support and supporting groups/programs, based on evidence on identified key elements for local model/s was gathered in a community consultation process in 2007.
- 28) On-going assessment of service gaps, training needs and resource development as part of a pro-active and innovative approach to addressing local and regional need, and improving outcomes in key Mental Health policy areas.

*[Need to now assess relevance of current evaluation tools.  
And how will they relate to new consumer areas such as youth?  
How does MHACA best engage with youth as a partner of the new local  
Headspace Hub?]*

- 29) Encourage research in relevant suicide prevention areas, for example: supporting a research officer to further investigate attempts data, including an analysis of how it's collected, stored & retrieved, followed by a qualitative analysis about the nature of attempts and the nature of support offered; research into the appropriate support for when use of suicide as a threat to hurt or manipulate others; research into intervention for impulsive suicide and support for those affected.
- 30) Continue innovating locally relevant suicide awareness & intervention training packages, especially around the key areas of indigenous suicide, impulsive suicide and suicide used as a threat.

## **Effective Governance and Management**

- 31) Continue to include consumers as a key part of the governance framework through which MHACA operates.
- 32) Continue to implement key monitoring and performance process, which facilitates sound organizational management and transparency between the executive and management functions.
- 33) Staff monitoring/appraisal, development and reporting systems be reviewed as part of the new Strategic Plan – to identify what is working well and where any gaps exist and how process can be improved.

- 34) That MHACA continues to play an integral role in Inter agency forums and responses to key local and regional issues.  
AN emphasis on workplace/workforce development is recognized as a key to supporting sound and sustained service delivery and program management.
- 35) An annual team building review and reflection process occurs. This would assist in ensuring that the Strategic Plan is kept 'fresh' and that timely assessment is made on key directions in which MHACA is taking.

# Revisions for the new Strategic Plan 2008-2010 (*Consultation to date*)

## REVISION OF MHACA VISION, OBJECTIVES and CORE VALUES

### **Vision**

To enhance mental health & wellbeing for people living in Central Australia

### **Objectives**

MHACA is a community-based organization that endeavours:

- o To provide holistic support to people experiencing a mental illness and/ or psychiatric disAbility;
- o To offer psychosocial rehabilitation and continuity of care that is recovery oriented;
- o To raise awareness and assist community understanding of mental health and suicide;
- o To reduce the stigma attached to mental illness and suicide;
- o To focus on early intervention, prevention, recovery, advocacy and education;
- o To complement and actively support the mental health related work and services of Central Australia;
- o To develop partnerships which strengthen community capacity to respond to the needs of consumers and the broader community;
- o To promote and provide relevant and accurate information that assists in support for families and carers of people living with a mental illness.

## Philosophy

*"You can do it, we can assist"*  
*Consumers drive their recovery and we assist.*

*"Mental health matters"*  
*To focus on people's mental health and wellbeing rather than their mental illness - this is central to healing and recovery.*

## Core Values

**Consumer Driven Recovery**

**Respect & Dignity**

**Equality**

**Choice**

**Consumer Voice**

**Faith and Hope**

**Inclusiveness**

**Openness and Acceptance**

**Understanding and Caring**

**Fairness**

**Empowerment**

**Professional competency**

**Accountability and transparency**

**Collaboration and Partnerships**

***MHACA aims to address four basic human needs and human rights.***

- ***Purposeful Activity/Work***  
(Vocational training and employment)
- ***Housing***  
(Transitional accommodation, independent accommodation)
- ***Social acceptance***  
(Function confidently in the community and make friends)
- ***Active participation in life decisions***  
(To empower individuals to make choices and take responsibilities)