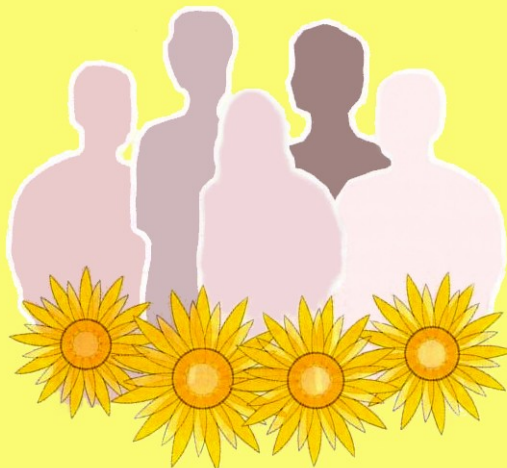




Strategic Plan 2004 - 2007

"Building a better community"

Mental Health Association of Central Australia



September 2004



“Building a better community”

Our Logo

The logo has been developed in consultation with consumers, staff and committee. The colours were chosen by consumers with the view to being indicative of our geographical region.

The Gap and blue sky depicts our location in Alice Springs. The dotted ground acknowledges the Indigenous representation of different communities in the one region.

The figures in the centre of the logo are shaded differently to indicate that we provide services to all people affected by mental illness.

The five people represented show that one person in five will be affected by mental illness. ¹

The golden everlasting is a local native flower which thrives in harsh conditions. The golden everlastings are commonly found growing wild in the bush throughout Central Australia.

This flower is similar to the flannel flower which is the national symbol of mental health awareness in Australia.

The circle that encloses the illustration represents that together as a community can we address community issues.

¹ Studies suggest that one in five Australians will at some stage in their life experience significant disruption to their mental health. Most of these people will have only one episode and are likely to recover completely if they have access to appropriate treatment and care. However, a significant number of individuals will require ongoing support and care from mental health services and other community services.

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Introduction

Our Strategic Plan is an expression of the character, the concerns and the aspirations of the people associated with MHACA.

To achieve the aims described here, we seek to bring together the experience of consumers and carers together with knowledge drawn from MHACA's services, the national frameworks and the work that we undertake through partnerships. We wish to maintain and develop successful programs that help to improve social and emotional wellbeing. The challenge we take up through this Strategic Plan is to achieve our aims through the very best use of the resources, skills and knowledge available to us.

The process of developing this document has enabled us to review our current programs and to think about the kind of framework that will provide the best possible service to the community and people living with mental health problems. At the same time, we aim to balance program work with research and communication work to raise awareness of mental health issues in the wider community.

We wish to thank the many people who participated in the preparation of this document, especially consumers, carers, staff, management and service providers who contributed ideas and feedback during the planning process.

What is Mental Health?

Mental Health is 'a state of emotional and social well being in which an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community'. Mental health is an important issue for the whole community. Good mental health is fundamental to the wellbeing of individuals, their families and to the community as a whole.

The National View

In 1992, the health ministers came together to endorse a National Mental Health Strategy.

The broad aims of the strategy are:

- To promote the mental health of the Australian community
- To, where possible, prevent the development of mental disorder
- To reduce the impact of mental disorder on individuals, families and the community
- To assure the rights of people with mental disorder

The Strategy comprises of The National Mental Health Policy, which was to be implemented under a five year National Mental Health Plan, and the Mental Health Statement of Rights and Responsibilities. At the end of 1997 the second National Mental Health Plan was developed to consolidate ongoing reform activities and expand into additional areas. It added a focus on mental illness prevention and mental health promotion and linkage with other sectors to maximize mental health outcomes. Evaluations of both plans found support for the renewal of the Strategy in the form of a third National Mental Health Plan. The National Mental Health Plan 2003-2008 addresses gaps in the previous plans and moves forward with restated and new directions. It sets the priorities for service and community development for 2003-2008. The four priority themes are:

- promoting mental health and preventing mental health problems and mental illness
- increasing service responsiveness
- strengthening quality
- fostering research innovation and sustainability

Mental Health, our Local view

The Central Australian region is geographically defined as an area of 700,000 square kilometers that extend from the Western Australian, South Australian, Queensland borders to 750 kilometers north of Kulgera, encompassing urban and remote communities.

The major town in Central Australia is Alice Springs which has a population of approximately 26,000 people. Throughout the region there is a total population of 40,205 with 13009² being Aboriginal. Based upon the population statistics above the current prevalence data indicates that 8041 individuals may experience mental disturbance with up to 1206 people experiencing severe mental illness which refers to the 1-5 incidences outlined in the logo.

² AUSTRALIAN BUREAU OF STATISTICS 2001 Census of Population

Significant substance abuse problems exist in Aboriginal remote communities, resulting in significant mental health problems. Particular challenges resulting for this region are: small population base scattered over a large geographical area - remote community populations can range from small Homeland communities of large communities with up to 600 people. Service provision challenges include high indigenous populations with a range of languages; lack of trained professionals and significant staff recruitment and retention problems. Cross border issues are very important especially for indigenous people eg. Pitjantjatjara lands crosses SA, WA and NT. There is a lack of infrastructure and essential services to remote communities. Some of these communities are the most disadvantaged in Australia.

Currently within Central Australia, Mental Health Services (CAMHS) provide the public sector specialist mental health service. They offer child and adolescent services, remote services, adult case management, outpatient clinics and an extended hours crisis service. Social and Emotional Wellbeing programs are provided by a number of Indigenous organizations. However, few resources to support people with mental illness exist in remote communities. Non-clinical specific mental health support services are provided by MHACA and Anglicare.

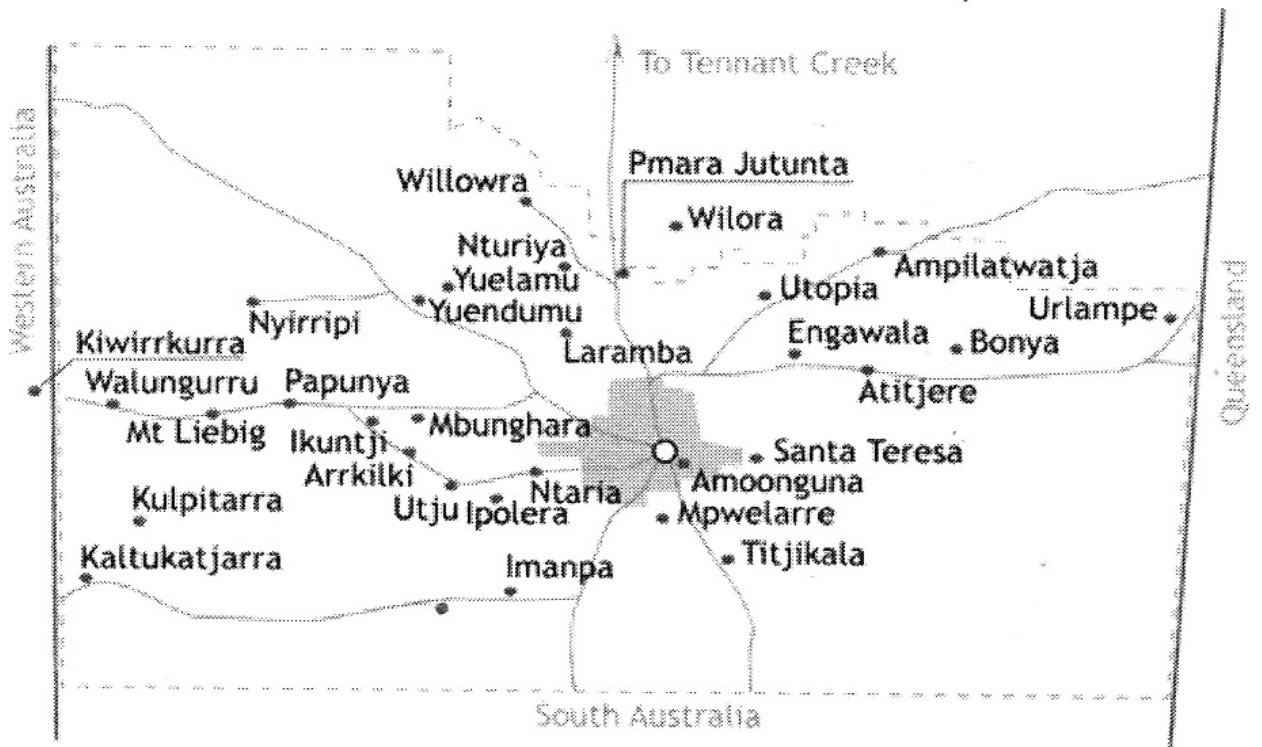
Recovery Model

A key principle of the third National Mental Health Plan 2003-2008 is that a recovery orientation should drive service delivery.

The concept of recovery can be defined as, 'the ability to live well irrespective of an individual's experience of mental illness. It means that people are able to minimize or eradicate the distressing symptoms associated with mental illness, to make personal decisions about lifestyle and future direction, to find personal meaning and in spiritual expression. It is about recovering what may have been lost: rights, valued roles, responsibilities and potential. It is about rekindling hope and realizing dreams. It means achieving personal outcomes'(Curtis, 1999).

Recovery is a process irrespective of outcome and is essential for promoting hope wellbeing and a sense of self-determination.

Our Region



Our location



Vision

Greater social and emotional, well being in Central Australia

Objectives

Through a whole of community approach we will offer non-clinical support by:

- working with consumers, agencies to provide advocacy and support to people with mental health problems
- providing services and programs focused on prevention and recovery
- developing community partnerships that strengthen community capacity to respond to the needs of consumers and the broader community

Guiding principles

In line with The International Association of Psychosocial Rehabilitation Services, MHACA believes that:

- all people have the capability to learn and grow;
- a pluralistic approach to the development and provision of psychosocial models and services will best meet the needs of people who choose to use these services;
- all people should be treated with respect and dignity. No one should be labeled or discriminated against based on their disability, dysfunction, illness or disease;
- the involvement of consumers of service is essential to effective operation, evaluation and governance of the mental health services;
- diversity, racial, ethnic, gender identity and sexual orientation, should be promoted at all levels of the organisation and its members (boards, administration, staff, clients and families);
- people have the right to direct their own affairs, including services they may receive, related to a mental health disability;
- programs and practitioners should constantly strive to improve the services which they provide.

Priority Areas

I. Consumer Driven Quality

Consumers are recognized as having unique expertise and understanding due to their direct experience of mental illness. Consumers and carers are directly impacted by the quality and effectiveness of mental health care and therefore may be considered the key stakeholders in mental health.

Consumer and carer participation in determining mental health priorities ensures a sound basis for successful processes, programs and services to maintain and improve the mental health of the community as a whole.

Consumers Participation

Consumers supported and involved in MHACA Strategic direction

- ◆ Consumers are represented on the management committee through 2 consumer reps
- ◆ Regular consumer forums held to ensure they have a voice in the services provided by MHACA.
- ◆ A variety of Support groups are available to consumers
- ◆ Education & training workshops are provided for consumers throughout the year
- ◆ Consumer support programs are developed
- ◆ Consumer representation system is in place.

Professional Standards

Promote a high level of Professional standards and ethics

- ◆ MHACA provides clear information about roles & responsibilities of management committee, management, staff
- ◆ Policies are developed in consultation with stakeholders
- ◆ Recruitment process developed and maintained
- ◆ Complaints process is available to consumers and all stakeholders
- ◆ Work together towards the policies & procedures of the National Mental Health Standard

2. Mental Health Awareness

The level of mental health awareness within a community underpins its ability to develop the structures to promote mental health, prevent mental ill health, and recognize and respond to mental health problems.

The issue of stigma also discourages people from seeking early and appropriate help. Community acceptance, valuing, inclusion and support of all members, regardless of disability, or perceived differences, and a commitment to improving mental health for all, provides a basis for the wellbeing of all the community.

Promotion

Mental Health issues are promoted through all sectors of our community throughout Central Australia in a positive way through planned activities. It includes;

- ◆ Promotion and production of a quarterly newsletter
- ◆ A Web site that provides access to the latest information on mental health issues and links to other services in Central Australia and nationally.
- ◆ Interactions with the broader community that provide opportunities to promote mental health awareness.
- ◆ Program resources, posters, brochures, media, radio, TV, broadly advertised.

Education & Training

Education & training is provided to the community, Government and non-government agencies and includes:

- ◆ Mental Health Awareness Training
 - Mental Health First Aid training
 - ASIST, Suicide Talk & Suicide Aware Training Program
 - Therapy-based training
 - Living Skills Training & other as identified
- ◆ Culturally appropriate resources are available and provided to indigenous people and their communities
- ◆ Mental Health information is delivered in partnership with schools in our region

3. Prevention and Intervention

MHACA's core business is to provide services to the community. We do this through our recovery oriented rehabilitation program "Pathways" and the Life Promotion program. These programs are underpinned by national frameworks and standards which ensures quality and contributes to better outcomes for clients.

"Pathways" Rehabilitation and Recovery

Intervention to reduce functional impairments which limit the independence of consumers, emphasizing wellness through strengthening functioning capacity and promoting personal recovery.

To supporting consumers along the recovery pathway through:

- ◆ Individual Patient Recovery Plans maintained for all clients,
- ◆ Advocacy and referrals
- ◆ Work-placement and educational access
- ◆ flexible services provision
- ◆ Support groups
- ◆ Ongoing monitoring and evaluation
- ◆ Consumer driven satisfaction

Life Promotion Program

Promote activities aimed at reducing risk factors and enhancing protective factors for suicidal behaviours for the general community and for groups within high risk categories, while supporting other agencies and sectors to respond in their own settings:

- ◆ Promote effective community responses to the issue of suicide
- ◆ Coordination of the interagency Suicide Response Group
- ◆ Provision of Education and Training in suicide awareness & prevention and intervention strategies
- ◆ Assistance to remote communities to develop support and prevention programs around suicide
- ◆ Provision of post-intervention resources including bereavement support group
- ◆ Act as a referral and information point
- ◆ Ongoing collection of data on suicide & suicide attempts

4. Service Development / Sustainability

The services of the MHACA will be continually developed and improved as our knowledge and understanding increases. This means that we will place emphasis on staff performance management and professional development as well as regular evaluation of our effectiveness. At the same time the ongoing work of maintaining our resourcing and infrastructure will not be overlooked.

Provide responsive and timely services

Maintain and improve a responsive service:

- ◆ Monitor and evaluate progress through our Strategic plan
- ◆ Monitor and evaluate progress through staff program work plans
- ◆ Identify alternative and/or additional funding for our needs
- ◆ Employ staff able to meet and maintain our program outcomes
- ◆ Offer professional development
- ◆ Implement the strategies of the National Framework
- ◆ Maintain permanent premises & working environment

5. Research and Innovation

The Association operates in the unique socio-economic environment of Central Australia. As such, we have an opportunity to develop new approaches and insights that contribute to policy and practice in mental health services in Australia. Maintaining effort in research and innovation is a key part of the way that we will work through this Strategic Plan. Evidence based innovation will help to guide this Strategic Plan.

Promote innovative practices and ethical research

MHACA utilizes innovative practices and up to date methods to provide optimum services to the people of Central Australia

- ◆ Database and monitoring system developed to meet MHACA current and future needs
- ◆ Comply with the principles of the National Mental Health Standards and the National Mental Health Plan
- ◆ Work within an action research framework
- ◆ Maintain links to National, State/Territory body's
- ◆ Identify issues & generate new insights
- ◆ Produce recommendations aimed at improving policy & practice
- ◆ Attendance & involvement at relevant local and interstate conferences

6. Effective Governance & Management

MHACA is committed to achieving high standards in the way that the business of the Association is conducted at the governance and management level. In practice, this means that we will operate to a number of key principles that underpin the way in which the organization is run.

Good Governance is the process by which decisions are made and implemented. This involves participation, consensus orientation, accountability, transparency, effectiveness, mutual respect and law abiding.

Board of Management

Effective governance & management procedures

- ◆ Governance training provided for the Management Committee
- ◆ Roles, function and responsibilities of the Management Committee clearly identified
- ◆ Monthly Management Committee meetings
- ◆ Management Committee Finance position reported monthly

Management and Operations

Effective management & operational procedures

- ◆ Staff work plans providing a monitoring and reporting system for staff, and management committee
- ◆ Roles, functions, responsibilities and job descriptions for all positions
- ◆ Orientation manual, and summary of all MHACA programs provided to new staff
- ◆ Policies developed through Policy Development Committee documented and reviewed annually & as required

Partnerships

Successful Partnerships with service providers & Government agencies

- ◆ Partnership formed with service providers and government agencies to achieve our goals
- ◆ Interagency meetings attended and held by MHACA
- ◆ Participation in key events
- ◆ Partnerships formalized through appropriate agreements and protocols.

Conclusion

The ability of the Mental Health Association of Central Australia to meet the aspirations set out in this Strategic Plan is dependent on a number of factors. These include the support of the many stakeholders consulted during the preparation of the Plan and our ability to cope with any sudden changes in the environment in which we operate. The most critical factor for our success is the level and quality of resources that we have available to the Association and this will remain a priority concern throughout the life of the Plan.

In order to attract greater resources to the work set out in this document, we will continue to argue that non-clinical approaches to mental health merit recognition and support. Programs that MHACA has managed demonstrate that non-clinical methods enable people suffering from mental illness to work towards recovery and re-integration into community life.

Our Vision of 'greater social and emotional wellbeing in Central Australia' supports the objectives of public health policies in our region while bringing a unique and practical application of them at the community level. Our conviction is that promotion, prevention and early intervention to address mental ill-health will reduce the escalating human and financial cost to the community and should remain a priority in government-supported mental health initiatives.

MHACA activities have been and remain consumer-driven. The participation of consumers in decision-making at the highest level has proved to be effective, enabling services and programs to be established that respond to needs identified by consumers themselves as well as by the broader community. The goal of more extensive community-based programs lies at the heart of mental health reforms. They are the foundation of the way that MHACA works.

We believe that mental health and wellbeing happens in the events and settings of everyday life. MHACA intends that this Plan will help us achieve important objectives for the community as a whole and further establish our work as a unique and essential service in mental health for Central Australia.

Figure I Organisational Structure

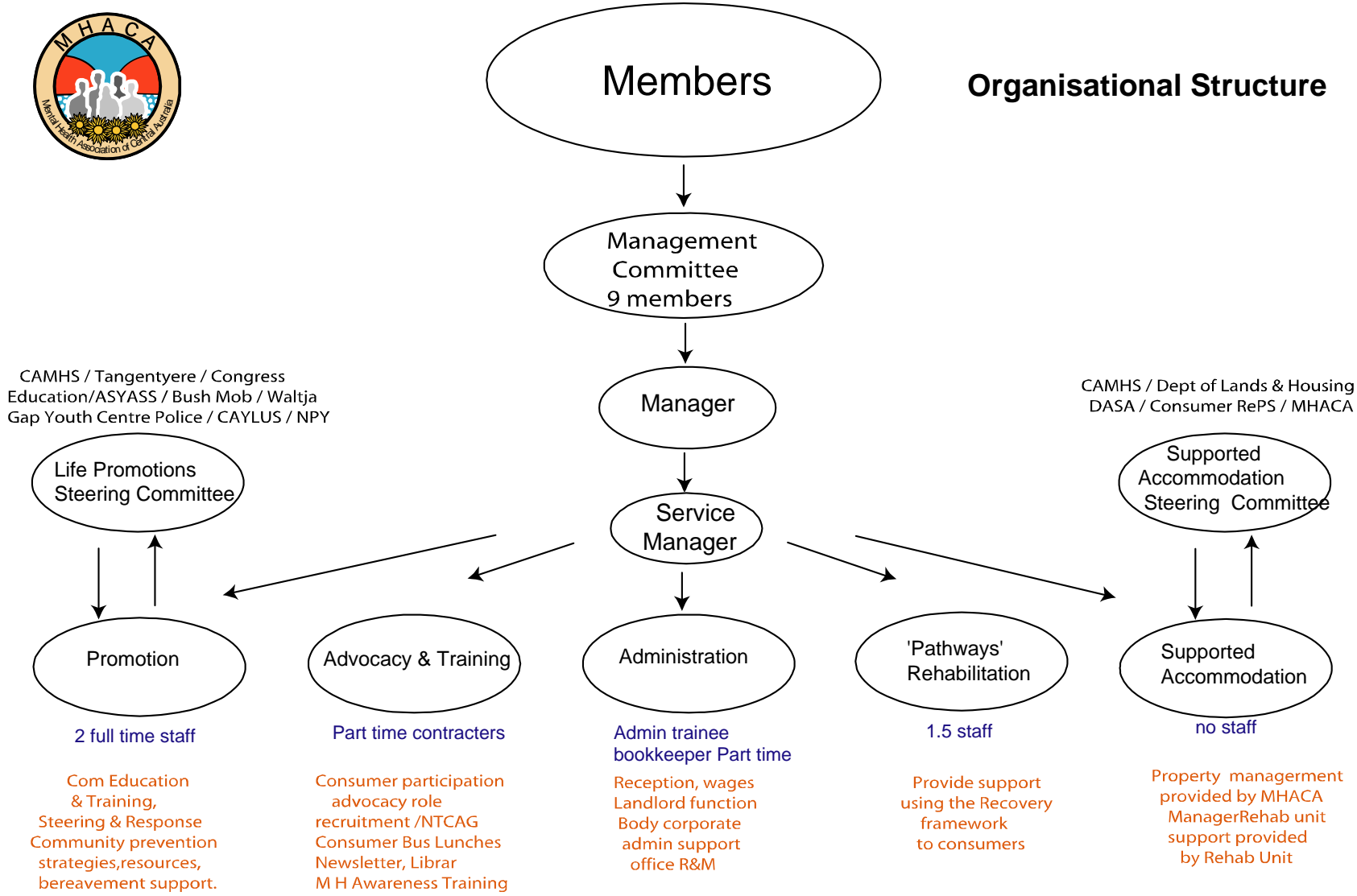
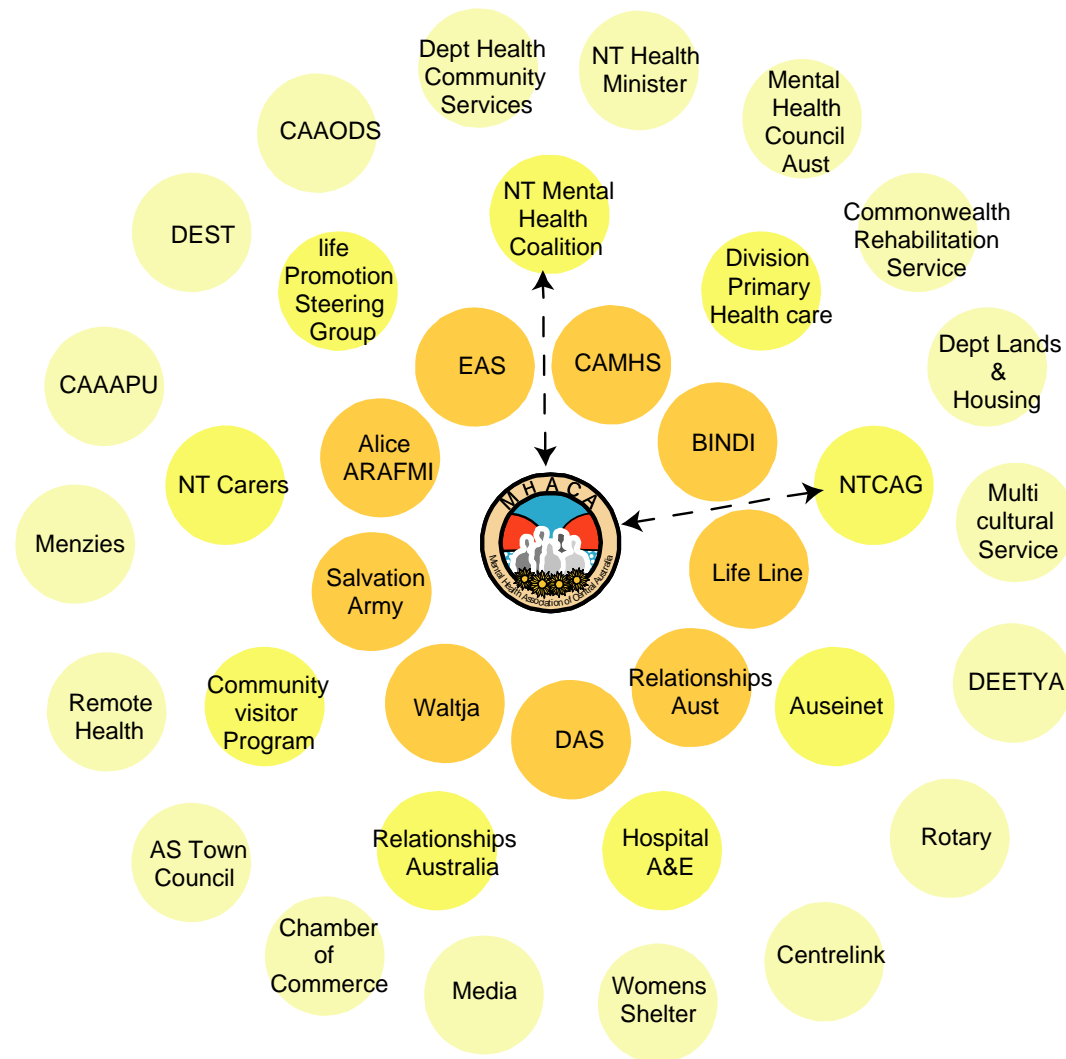


Figure 2 Strategic Relationships



We work with many organisations in a dynamically changing environment. This is reflected by the many relationships and partnerships we develop within our region which are constantly changing.

Life Promotions Steering Group

- ◆ Central Australian Mental Health Services
- ◆ Dept Family & Children's Services
- ◆ Dept Employment Education & Training
- ◆ Northern Territory Police
- ◆ NPY Women's Council
- ◆ Waltja Tjutangku Palyapai
- ◆ Tangentyere Council
- ◆ Central Australian Aboriginal Congress
- ◆ Alice Springs Youth Accommodation Services
- ◆ Reconnect
- ◆ Central Aust Link-Up Service
- ◆ Anglicare

Housing Sub Committee

- ◆ Dept of Lands & Housing
- ◆ DASA
- ◆ Central Australian Mental Health Service Consumer representatives
- ◆ MHACA

How the plan was made

MHACA has undertaken a holistic approach to their strategic planning process through consultations and four key workshops with a wide variety of stakeholders including:

MHACA consumer workshop

Carers workshop

MHACA staff workshop

- Life Promotions project officer
- Rehabilitation project officer
- Manager
- Administration officer

Stakeholders workshop

- Mental Health services
- Relationships Australia
- Division of Primary Health care
- Life Line
- NT Cares Association
- ARAFMI
- Disability Advocacy service
- Anglicare
- Waltja
- Multicultural Community services
- Mental Health Division

Key ideas and suggestions identified through the consultation process have been considered and some of these ideas have been incorporated within this plan.

Other plans / policies in our region

National Mental Health Plan

National Mental Health Strategies

Promotion, Prevention and Early Intervention Plan

NT Mental Health Program Plan

Appendix A: Monitoring Indicators

I. Consumer Driven Quality

Consumers Participation

- Consumers supported and involved in MHACA Strategic direction

Indicator	Annual Target
Consumers representatives on Management Committee	2
Consumer forums held monthly	10
List of specialized support groups	Y/N
No and type of consumer workshops provided	2
Consumer survey contracted independently	1
Recreation centre in operation	Y/N
Consumer advocates trained and paid	Y/N

Professional Standards

- Promote a High level of Professional standards and ethics

Indicator	Annual Target
Up to date Duty statements for all positions	7
Recruitment procedures in place	Y/N
Complaints procedures in place	Y/N
Evaluation of consumer satisfaction sheets	80% above
Audit of National Mental Health Standards Principles	70% above

2. Mental Health Awareness

Promotion

- Mental health awareness promoted throughout the Central Australian community in a positive way

Indicator	Annual Target
Promotion Strategy developed	Y/N
Newsletters distribution	4
Newsletter distribution to increase	175
Web site updated	Y/N
No of community based promotional activities	4

Education

- Education & training provided to agencies throughout the community

Indicator	Annual Target
Funding secured for F/T Trainer	Y/N
No of Education & training workshops held	4
Culturally appropriate resources developed	Y/N
No of schools based education programs	4

3. Prevention and Intervention

Rehabilitation and Recovery

- Supporting consumers through the recovery pathway

Indicator	Annual Target
IPRP maintained for all clients	Y/N
No of referrals provided for/to our clients	as per rehab program
No of Work-placements provided for our clients	as per rehab program
Outreach program in place	Y/N
Extension of services provided	Y/N

Life Promotion

- Building healthier communities through development of Life Promotion Strategies

Indicator	Annual Target
No of Steering committee meeting held	4
No of agencies working with Life Promotions	10
No of Suicide response group meetings attended	As needed
No of Indigenous communities accessing LP	4
Jointly managed remote community project	1
Initiatives developed as a result of work of Life Promotion	Y/N
No of education and training activities conducted	4
No of groups, agencies and communities provided with post intervention resources and support	As needed
Consumers accessing the bereavement support group	Y/N

4. Service Development / sustainability

Improve service provision

- Improved support and responsive service delivery

Indicator	Annual Target
Update of Strategic plan indicators and targets	2
Monitor of staff work plans	10
Employment of Administration officer FT	Y/N
Employment of Rehab worker FT	Y/N
Employment of Outreach worker FT	Y/N
Employment of Indigenous worker LP FT	Y/N

5. Research and Innovation

Promote innovative practices and ethical research

- MHACA utilise innovative practices and up to date methods to provide optimum services to the people of central Australia

Indicator	Annual Target
Data collection and analysis on program operation to guide evidence based practices	Y/N
Reporting system used in Rehab outcome evaluation	Y/N
Review compliance with NMHS & NMHP principles	1
No of staff development workshops	2
No of Papers presented & conferences attended	1

6. Good Governance

Board of Management

- Effective governance & management procedures maintained

Indicator	Annual Target
Governance training kit developed	Y/N
No of Governance workshops	1
No attending Governance workshops	8
Job descriptions developed for all positions	Y/N
Number Management Committee meetings held	11
Financial information presented to Management Committee	11

Management and Operations

- Effective management & operational procedures

Indicator	Annual Target
Staff work plans evaluated	Y/N
No of Work plan reports provided to management	4
Staff work plan reports presented to CoM	11
Orientation & policies and procedures manual provided to all new staff	Y/N
Summary of MHACA programs provided for staff	Y/N
List of policies developed & reviewed	Y/N

Partnerships

- Successful Partnerships with service providers & Government agencies

Indicator	Annual Target
Number of MHACA interagency meetings	4
List of service agencies attending	Y/N
Number of agencies in partnerships with MHACA	8
List of agencies in partnership with MHACA	Y/N
Annual report distributed to agencies in partnership	Y/N

Appendix B:

National Mental Health Standards

1. Rights
2. Safety
3. Consumer Carer participation
4. Promotion community acceptance
5. Privacy and confidentiality
6. Prevention and Mental Health Promotion
7. Cultural Awareness
8. Intergration
9. Service Development
10. Documentation
- 11.1 Access
- 11.2 Entry
- 11.3 Assessment & Review
- 11.4 Treatment and Support
 - 11.4.a: Community living
 - 11.4.b: Supported accommodation
 - 11.4.c: Medication and other medical technologies
 - 11.4.d: Therapies
- 11.5: Planning for Exit
- 11.6: Exit and Re-entry