



# **Mental Health Association of Central Australia**

## **Service Report**

**January - June 2010**



# TABLE OF CONTENTS

<b>PROGRAM</b>	<b>PAGE NO</b>
Management and Administration .....	<b>5</b>
Pathways to Rehabilitation Program .....	<b>24</b>
Prevention & Recovery Program .....	<b>36</b>
Life Promotion Program.....	<b>44</b>
Training & Promotions Program .....	<b>56</b>
APPENDIX A – PATHWAYS DATA SUMMARY .....	<b>62</b>
APPENDIX B – PREVENTION & RECOVERY DATA SUMMARY .....	<b>63</b>
APPENDIX C – FINANCIAL REPORTS .....	<b>64</b>



# 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 2009-10

The 2009-10 financial year has (as usual) been filled with many exciting events – we finalised the critical Housing and Support report commissioned in late 2009 and launched it to a very receptive audience in March 2010, we launched the Suicide Story resource also in March 2010, and have undertaken many other duties, both regular and irregular. The latter half of the financial year saw the re-negotiation of our core funding agreements with the NT Department of Health and Families for the next 3 years, we submitted an expression of interest for funding for transition housing and support, and also submitted a funding proposal to complete the Suicide Story training package.

Following is a summary of achievements within this period.

## Achievements – 2009/10 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
- Change of name from “consumer” to “participant” – driven by the participants who undertook research and surveys
- Continued monthly participant forums and action group meetings, 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 accreditation, 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. Housing Survey and Peer Support projects.
  - Continuing use of WRAP and Camberwell assessment tools
  - Finalisation of database for participant records and data capture
  - 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
- 1. To support a community development approach to the prevention of suicide in Central Australia**
- Finalisation of Suicide Story resource and first training packages delivered
  - 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**
- Finalisation of Housing and Support report and ongoing dialogue with the NT Government to progress it's recommendations
  - Application for funding to purchase additional MHACA housing stock
  - Ongoing negotiation with NT Housing for additional resources for participants with higher support needs
  - 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 9 MHFA trainers trained to deliver the training in Central Australia
  - 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
  - First ever ATSI Mental Health First Aid training in July – very well received
- 5. Management & Governance**
- Review of organisation structure
  - 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
- Commencement of risk management plan
- Ongoing review of OH&S – training for one staff member as OH&S accredited workplace representative
- Review of MHACA collective workplace agreement (CWA)
- 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 \$26,187 at 30 June 2010.

The Balance Sheet reports MHACA to have current assets of \$718,271, mainly cash at bank of \$696,194 and receivables of \$22,077. Non current assets of \$980,234 which comprises residential units \$874,856, plant and equipment \$35,461 and motor vehicles \$69,417 (all amounts are written down values), plus share in Bendigo Bank at cost of \$500. Current Liabilities are \$228,801 comprised of unexpended grants of \$67,652, creditors of \$90,173 and provisions of \$70,976. Long-term liabilities total \$25,922 being employee provisions.

The Balance Sheet reports MHACA to be in a healthy financial position at 30 June 2010.

## Statement of financial performance

Income for the 12 months including Grants b/fwd from 2008-09 and excluding internal income is \$1,546,821. Grant Income \$1,463,528. Other income from external sources was:

- |                            |          |
|----------------------------|----------|
| • Bank interest            | \$21,977 |
| • Rent and recovered costs | \$44,735 |
| • Membership fees          | \$ 680   |
| • Training Income          | \$12,498 |
| • Other income             | \$ 3,403 |

## 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.

### **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 9 committee meetings with an average of 68% of members attending within this period. This does not include the Annual General Meeting:

- July                                      No meeting held
- August                                    8 committee members
- September                               6 committee members
- October                                  7 committee members
- December                               9 committee members
- February                                 6 committee members
- March                                     7 committee members
- April                                       6 committee members
- May                                        7 committee members
- June                                        5 committee members

The Annual General Meeting was held on 18<sup>th</sup> November with an excellent attendance by staff, consumers and general members. A number of positions on the Committee were contested with the outcome being the appointment of 4 new members to the Committee.

## 2.1 Activities Summary

<b>July 2009</b>	<ul style="list-style-type: none"> <li>• Stall at Alice Springs show</li> <li>• Tenanting of new MHACA 1 bedroom unit</li> <li>• Attendance at Blank Page Summit – Billard Community, WA</li> </ul>
<b>August</b>	<ul style="list-style-type: none"> <li>• Commencement of audit</li> </ul>
<b>September</b>	<ul style="list-style-type: none"> <li>• Attendance by 1 staff and 1 consumers at THEMHS conference in Perth</li> <li>• Successful collaboration in running activities for Mental Health Week</li> <li>• World Suicide Prevention Day</li> <li>• Santa Teresa book launch</li> </ul>
<b>October</b>	<ul style="list-style-type: none"> <li>• Mental health week – activities and dinner</li> <li>• Completion of audit</li> <li>• Completion of annual report and audited accounts</li> <li>• Submission of annual acquittals</li> <li>• Attendance at international conference in Uruguay</li> </ul>
<b>November</b>	<ul style="list-style-type: none"> <li>• AGM</li> <li>• Melbourne Cup luncheon</li> <li>• Creation of radio advertising spots on 8CCC</li> </ul>
<b>December</b>	<ul style="list-style-type: none"> <li>• Christmas functions for staff, consumers and Committee members</li> <li>• Reclink cricket final – MHACA team champions</li> </ul>
<b>January 2010</b>	<ul style="list-style-type: none"> <li>• Mocktail/karaoke evening with participants, families and staff</li> </ul>
<b>February</b>	<ul style="list-style-type: none"> <li>• Database installed and staff trained</li> <li>• Annual staff planning days</li> <li>• Name change from “consumers” to “participants”</li> </ul>
<b>March</b>	<ul style="list-style-type: none"> <li>• Launch of Suicide Story</li> <li>• Launch of Housing &amp; Support report – “There’s no place like home ... there is no place”</li> </ul>
<b>April</b>	<ul style="list-style-type: none"> <li>• CAAAPU luncheon and signing of MoU</li> </ul>
<b>May</b>	<ul style="list-style-type: none"> <li>• Participant planning forum</li> </ul>
<b>June</b>	<ul style="list-style-type: none"> <li>• MHACA support for Red Heart Ride in both Alice Springs and Tennant Creek</li> <li>• Renegotiation of funding agreements with NT Health &amp; Families for further 3 years</li> <li>• Criteria for entry to MHACA reviewed and finalised</li> <li>• Preliminary negotiations with Bindi re horticulture project</li> <li>• Acceptance of new homelessness program funding</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>Consumer Rep:</i>	Sandi Yandell
<i>Consumer Rep:</i>	Vacant
<i>Consumer Rep Mentor:</i>	Christine Burke
<i>General Member:</i>	Tahniah Edwards
<i>General Member:</i>	Mark Keyworth

### **Staff**

<i>General Manager:</i>	Claudia Manu-Preston
<i>Administrator:</i>	Sue Coombs
<i>Administration Assistant:</i>	Lizzie Dodd
<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 (Indigenous):</i>	vacant
<i>Pathways Officer:</i>	Donna Ormsby
<i>LPP Manager:</i>	Laurencia Grant
<i>LPP Officer:</i>	Brian Kennedy
<i>LPP Officer (Tenant Ck):</i>	Jay Green
<i>Training &amp; Promotions Officer:</i>	Kylie Humrick
<i>D2DL Peer Support Officer</i>	Stuart James
<i>D2DL Activities Officer</i>	vacant

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

In the past twelve months there was a 28% staff turnover.

At the end of June 2010 we had two vacancies – a D2D Activities Officer and an Indigenous Support Officer.

## 2.3 Strategic plan

We held the annual staff planning days in February 2010, and from these developed an action plan for the 2010 calendar year. All staff were invited to relate their own area to the 3-year MHACA Strategic Plan and a comprehensive review took place on the organisational structure and how well the existing structure met the needs of the participants.

The priorities identified were:

1. Organisation development
  - a. Ongoing review of the Policy & Procedure manual
  - b. Update current MoU's
  - c. Implementation of revised organisation structure
  - d. Follow up of recommendations from housing & support report

2. Service development
  - a. Review of entry criteria
  - b. Review of tools – assessment tools, forms
  - c. Review and clarification of internal processes
  
3. Administration:
  - a. Production of comprehensive orientation package for new staff and other service agencies
  - b. More MHACA staff trained to deliver MHFA and ASIST
  - c. Improved staff recruitment and retention strategies
  - d. Review and update of MHACA collective workplace agreement
  - e. Finalise database implementation
  
4. Participant training & development:
  - a. Research a variety of models of peer support
  - b. Mentoring and advocacy training to assist participants to tell their stories at public forums etc
  - c. Update participant guidelines/code of conduct etc
  - d. At least one participant trained as a MHFA trainer
  - e. Provision of a coping skills workshop for participants
  
5. Training:
  - a. Review core training
  - b. Training in dual diagnosis, grief & bereavement, trauma etc.
  - c. Individual assessments for all staff in regards to training needs and updated guidelines and policies in this area
  - d. Expand community awareness forums and workshops to differentiate the types of service provision that is offered by various agencies

## **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)**

The funding for the Day to Day Living in the Community Program based in Alice Springs was extended to the second 2-year block with funding ceasing in June 2011. The Commonwealth reduced the amount of funding available for discretionary purposes; however MHACA was able to continue to provide a wide range of services and activities under this program. It is hoped that there will be some type of continuation of funding after June 2011.

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

The Pathways program has been extremely busy during the year; however referrals to the P&R program have again been problematic. The usage of the sub-acute beds at the Salvation Army Hostel has continued to increase with many nights being used for respite, and the 2-bedroom unit that we lease from NT Housing has also been used for a variety of participants. The number of participants in the Pathways program has been steady, and we are still trying to recruit an Indigenous Support Officer for the service area to meet the needs of the growing indigenous client base.

- **Life Promotions Program:**

Having a Mental Health Promotions Officer on the ground in Tennant Creek has expanded the availability of information within the Barkly region to complement the work being done in Central Australia. The staff member delivered a number of Mental Health First Aid training and one ASIST and Safetalk workshop, and we held the first ever World Suicide Prevention Day and Mental Health Week activities in Tennant Creek.

The program has also finalised the development of the Suicide Story project, and also conducted two training sessions in the financial year. We were fortunate to receive additional funding from the commonwealth Department of Health & Ageing to enable us to deliver the training throughout 2010-11 to at least 12 remote communities.

### **3.2 Improving Services**

- **MHACA Database**

The database was purchased late in the last financial year, and has subsequently been installed within MHACA with it going live early in 2010. Although not as comprehensive as the other databases which were reviewed earlier, it is believed that it will meet our requirements for client files and statistical data capture.

- **Street to Home project**

In October 2009 MHACA was invited to lodge an expression of interest (EOI) for funding for a transitional housing initiative. We were chosen as one of a number of providers in Alice Springs to receive funding for this project and the Committee accepted the new program to commence in the 2010-11 financial year.

### **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 Cert
- ASIST

#### **Individual Staff Training**

- Senior First Aid
- OH&S Health & Safety representative course
- MHFA train the trainer for 2 staff
- Business writing skills workshop
- Narrative therapy workshop
- Safe Talk training
- Defusing explosive situations – managing aggressive behaviour
- The new supervisor
- Bullying in the workplace
- Men’s mental health in the workplace forum
- Self harm training

#### **Conferences Attended/presented at:**

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

This was held in Perth this year, and was attended by the Rita Riedel (Training & Promotions Officer) as staff representative and Paul Birchall as consumer representative.

Paul enjoyed the experience immensely and felt that he had benefited from attending the conference.

##### **World Congress on Suicide Prevention:**

Laurencia and Charlie Hodgson attended this international conference in Uruguay and gave an overview of the Suicide Story resource which was well received. The presentation highlighted the need for resources that are indigenous-specific and having Charlie as a co-presenter was beneficial to both the resource which we have developed and the opportunity to present as an indigenous man on an international stage.

## **Blank Page Summit on Suicide – Billard Community, WA**

Laurencia attended this forum at which it was hoped that government, non-government and indigenous people could sit down and find some solutions to the problem of suicide in remote communities. The summit was also attended by Lee Ryall, one of MHACA's Committee members.

## **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 will participate in the NT Mental Health Program NGO Quality Standards Review in October 2010. We facilitated a participant and a carer to travel to Darwin in March 2010 to assist with the review in the top end.

# **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.

# 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
- Reclink, Salvation Army, GROW activities in conjunction with the Pathways and D2DL programs
- CAAAPU New MoU signed
- Bindi Partnership agreement signed for 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.
- MHACA has provided funding for a participant to be trained as a MHFA trainer

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 the update of the Consumer Code of Conduct, provided input into a range of policies, provided input into the Day to Day Living in the Community activities, participated in the D2DL evaluation process

and have researched and presented a paper to change their name from “consumer” to “participant”.

### **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 reviewed 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, attendance at the Darwin MH NGO Review 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 participant 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 14% (turnover July 2008 to June 2009 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.

## **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. From July 2009 to June 2010 we have had a staff turnover of 28% (last year 26%) 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 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. We have determined that this will now be classed as core training, and will be actively encouraging our staff to undertake this study.

# Pathways to Rehabilitation Program

## 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 70 participants accessed the Pathways program and were provided differing levels of supports or intervention. These included:*

*61.1% having a major mental illness and severe disability related to a treatable mental illness; gender analysis showed 66.6% of these participants were male and 33.4% female, with 23.1 % identifying as indigenous and 7.46% identifying as people from CALD speaking back ground. Of these clients 74.6% 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 have been introduced as opposed to just MHACA/CAMHS and are proving valuable in reducing duplication across allied providers with case management consultations continuing to strengthen the constantly changing relationships of both clinical and psychosocial services.

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

A decreased level of inquiries and referrals were noted across the Pathways and Day to Day Living in the Community programs for low and medium level clients with combined psychosocial needs and requests for social engagement

**44 inquiries were recorded** for general mental health information, references from allied providers, self referrals and requests for accommodation assistance.

*Refer to table of appendices*

**12 General inquiries** required minimal intervention other than information sharing and/or referral to allied providers

**32 new referrals** were recorded during this reporting period;

- 32 received low to medium level supports through Pathways

- 22 were referred across to shared Day to Day Living for socialisation and activities

**The breakdown of inquiries was identified as;**

- 17 self- referrals
- 4 family, friends or associates notified the service
- 11 from CAMHS clinical services
- 12 as received from allied community service providers

**Totals for 6 month period**

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

**1.2 Number of clients seen by gender and ethnicity**

Refer to table:

	Male	Female
A/TSI	8	8
Non-Indigenous	35	15
CALD	4	-

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: 12**

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

Reasons for discharges varied from;

- 1 returned to remote region following admission and family respite in town
- 8 left region for varying reasons, with 3 returning
- 3 imprisoned

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

Approximately 13 referrals have self-declined to continue with supports after initial referral, interviews and remaining inactive while on caseloads.

4 remain on caseloads with minimal supports as they are requiring longer term accommodation, with 2 living outside the region and on NT Housing register, 2 continue to access D2D as part of provisional supports pending housing.

5 people were working at the time of referral and inquiry and had difficulty continuing to access supports due to work hours

22 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 25 clients accessed the D2DLP/drop-in facilities who receive Pathway supports

16 inquiries were requests for accommodation, and minimal support was provided, 1 received interim accommodation by placement at the Men's hostel and engaged with D2D for a period of time.

2 had no identified mental health related concerns, and were assisted to address personal issues with referral back to allied providers

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

26 participants had a consistent WRAP for this past reporting period, with 22 achieving differing levels of achievement from i) reconciliation with family and ii) moving back to live with family, receiving accommodation from various options, starting study, returning to work following an admission, determining own employment options...

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

#### **1.5.1 Employment**

- 18 have retained employment either full or part time and maintain contacts when able to
- 10 continue to be self directed in their efforts to achieve employment options
- 10 are registered with STEPS disability employment agency with 9 engaged in P/T work
- 2 have participated at the BINDI Sheltered Workshop, and 1 attends MHACA on their day off
- 9 have not resumed working due to differing stages of illness

Employment opportunities continue across a range of roles including reception, gardening, catering, fast food services, interpreting, commercial cleaning, engineering, school road patrol

Opportunities continue to arise at MHACA for work experience such as filling in at reception, manning the drop-in centre when staff are absent, assisting with mail outs and food preparation for events at MHACA.

#### **1.5.2 Participant representatives and mentors.**

**5 participants** have supported their peers at MHACA during this reporting period  
Participant contributions included:

Interview panels, housing committee, participation and facilitation of the monthly participant forums, manning the drop-in facilities during staff training and meetings, assisting with mail outs, consultation in policy development, congratulations to one representative for being selected to assist Darwin during National Mental Health Standard's Evaluation on behalf of Team Health

Participants are recognised financially for their contribution and more importantly it has provided work related experience to improve employment opportunities and develop self-confidence.

**278.6 hours** were accumulated by participants completing tasks relevant to the operation of the service and drop-in facilities.

### 1.5.3 Participant well-being

There has been a noted drop off in referrals this last reporting period and it is unclear as to why.

Some influences noted have been:

- a number of participants who attend the premises have co-morbidity of alcohol and substance use as a primary diagnosis, close monitoring using the participant Code of Conduct is applied to reduce associated behavioural/risk management problems that impact upon others when visiting the premises eg: presenting at the premises in intoxicated state.
- Some participants and staff were subjected to emotional trauma following a situation in the earlier part of the year, issues involved occurred outside the service however counselling was required for a few people and there was imprisonment imposed for those directly associated in the situation. Support of peers is continuing to monitor the situation as it is still impacting on some people and court hearings are proceeding.

#### MH Ward

18 admissions

#### General Side

1

#### DASA

4

7 people were admitted to the MH Unit on more than one occasion due to varying reasons of co-morbidity, homelessness, relapse from situational/familial stressors, lack of medication compliance etc, and received continued supports during these times.

### 1.5.4 Percentage of participants successfully housed

#### Housing shortage impacts;

The continued lack of housing for the region has increased, 16 inquiries were received from the community, in spite of people not having a primary mental health issue. Assistance was given to complete housing applications, liaise with agencies and determine eligibility for MHACA assistance.

An identified concern for two participants was a community person exploiting their homes; they subsequently left the region and their secure accommodation. As the matter was through personal choice of associates MHACA were unable to intervene.

#### Alice Springs Men's Hostel

- **77 nights** were provided to assist with homelessness, situational stressors which required relief and/or timeout of personal circumstances, this includes three daily meals.
- **13 nights** were accessed by the On Call clinical team when admission was not required
- When the Prevention & Recovery sub-acute beds are not being accessed at the Men's Hostel MHACA have been able to offer bed nights to participants to reduce stressors of homelessness and improve transitional chances of accommodation:
- **3 evictions** were actioned by the Men's Hostel following behavioural issues of residents, with two being able to return after a period of suspension.

## Present housing occupancy identified as:

1. MHACA	2. Men's Hostel	3. Indig Community	4. NT Housing	5. Transient
7	5	8	12	5
6. Private	7. Transitional	8. MH ward.	9. Private Ownership	Homeless
23	1	1	2	11

### 1.6 Activities that strengthen life skills, social integration

25 Pathways participants averaged involvement in the drop-in centre and D2D activities to strengthen socialisation and skills.

Staffing losses in the D2D program restricted effective use of the activities in the earlier part of the year, and ad-hoc programs were adapted to ensure activities were maintained.

**Activities for this period included:** Salvation Army guitar lessons, free form art and crafts at MHACA with mandala, healthy living consisted of swimming, YMCA, yoga, health checks including blood pressure, diabetes and weight checks for those without GP's, walks, movies, impromptu events to travel too scenic spots, RecLink recreational sports which again proved formidable with MHACA taking a cricket cup, men's & women's separate groups, zine writing group, 10 Pin bowling, ice skating, Wii competitions, boxing tournament, attendance at live shows.

**Monthly participants, family, carers** and staff events were;

DASA fun day event with promotional stall,

Strassman comedy show,

Mocktail & Karaoke evening.

Two other events were not attended. There are times when events are agreed upon and not attended despite being asked for.

The annual Matt Deer Memorial Camp was an excursion for participants to go mineral fossicking in the Gem Tree area with two staff, with a few gems excavated. It offered the challenge for participants to engage outside of normal hours and learn the skill of identifying and fossicking for minerals.

**The participant forum** continues to meet on a monthly basis at night to discuss commonly shared issues. The forum recently completed the Code of Conduct guidelines and suspension policy. Refer 5.2

A shared meal is included in this meeting; numbers have varied depending on the health of participants.

## **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)**

An average of 24 participants received shared monthly supports between MHACA and CAMHS, these participants are required to have a shared Care Plan as opposed to a MHACA Wellness and Recovery Plan, unfortunately this has not been consistently maintained due to continued staffing problems for CAMHS; problems include lack of plan formats (template), limited plans and goals outside of clinical reviews.

Due to the transitory nature and homelessness of 11 participants, care plans were ad-hoc with no clear direction or ability to improve stability and gain set goals.

**1** referral was completed with housing from forensic services while in prison - housing received not long after release and following eviction from CAAAPU.

**2** participants continue to await secure accommodation due to not being able to receive supported accommodation, MHACA has secured a property but delays with contracted 24/7 care continue to be problematic.

**17** participants required admissions over the past six months, three having multiple re-admissions; a common theme has been in-patients remaining on ward due to no housing on discharge although they are mentally stable.

### **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 124 hrs were completed with planned reviews and case meetings, this however did not capture the individual numbers involved.

No evaluations were recorded, and this requires review to ensure compliance with NMH Standards.

Of the 12 discharges no evaluations were completed, which reinforces the need to reduce this gap in reporting standards. It has been determined that these evaluations are best completed with contracted independent consultants to ensure there are no conflicting interests.

### **2.3 Number of participants supported co-joint with Sub-acute program and outcomes**

The service area has modified job descriptions of Support Officers to merge as one generic role to offer a more seamless process of integrated care, with officers now being able to work between Pathways and Sub-acute when required. Sub-acute staff have been able to carry a caseload of participants who require longer term supports, this has been possible due to low external referrals numbers into sub-acute.

**ref: 1.5.4:** 3 Pathways participants were referred internally to assist in providing extra supports to reduce admissions. Two were offered some welcome respite due to work related stressors and supported accommodation following damage to their accommodation which assisted to reduce their anxieties. Respite weekends have been offered for a family with multiple children and parent mental health needs in the 2bdrm unit.

There have been minimal referrals to sub-acute in this reporting period, so the sub-acute staff are able to carry supports for Pathways participants. We continue to only have one male staff member who supports the majority of Indigenous male participants.

27.5 hrs of ward visits were recorded for Jan – June.

The sub-acute staff member attends the MH Ward reviews on a twice weekly basis when required to ensure networks and promotion of MHACA is offered to in-patients, he also ensures all Pathways participants are supported at this time.

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

### **3.1 Developing and maintaining allied relationships:**

The shared monthly meeting with CAMHS has increased to include other NGO allied providers that have responsibility to shared participants. This has improved seamlessness and transparency when working across sectors to benefit the community. Other providers who attend are now STEPS (employment & training), Team Health Carer Respite, Alice Springs Men's Hostel and other invited guest speakers for introduction of new services. A full meeting may consist of up to 11-17 staff at these meetings.

#### **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
- Centacare Social Services
- Charles Darwin Uni -CDU
- CENTRELINK – Beneficiaries – Social Work
- DASA
- Disability /Advocacy Services
- FACS
- General Practitioners
- NT Housing – independent housing
- NT Carer', MHNT Carer', Team Health Respite services
- NTCOSS Housing
- Reclink – Community based sport activities
- Red Cross
- Relationships Australia
- Sexual Abuse Counselling Services
- Salvation Army Main Office & Alice Springs Men' 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**

#### **Indigenous:**

This year saw the sign off of a new MoU with the Central Australian Aboriginal Alcohol & Drug services. Training has yet to occur to ensure referrals and case management are integrated. Inter-sectorial meetings have begun across MH and A&OD sectors in the later part of 2010.

Case management has proved problematic to date as with CAAAPU referrals, such as one person evicted for having illicit instruments in the residence (following transfer from prison to the centre), and one person not wanting to remain in residence.

MHACA made no direct referrals to A&ODS in this period. Participants have self-referred following either discharge or eviction from Arunda House and CAAAPU, there have been gaps in communication with MHACA sometimes not being aware that people were in the rehab and detox centre.

The Code of Conduct continues to prohibit the use or influence of illicit or alcohol substance on MHACA premises. Two participants were cautioned following appearance at MHACA while intoxicated and under influence of cannabis. They have declined referrals to ADSCA.

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

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

MHACA are yet to develop a contract to subsidise referrals to Relationships Australia.

- Individual supports have been maintained with SARC, Grog Mob on behalf of 1 ongoing referral.
- 2 required professional counselling and were referred onto EASA and private counsellor following a crisis situation involving other MHACA peers.

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

*(refer appendix)*

No statistics were recorded in this period.

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

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

Ref: 3.1

A total of 112.4 hrs were recorded of joint meetings for individual people, this was inclusive of multiple agencies including NT Housing, clinicians & case managers, aboriginal interpreters

### **5.2 Frequency of all inter-agency liaison & promotion presentations, joint training/workshops eg: Monthly In-service training**

Due to serious events this year forensic training was completed for all MHACA staff with visiting forensic psychologists; this included criminal typology and pathological traits to assist in determining and recognising potential forensic situations and assess more thoroughly when completing referral inquiries.

There was a noted increase of self-referrals in this period from participants released from prison seeking accommodation.

- training proved invaluable with subsequent assistance and guidance for participants presently in prison.
- assisted MHACA in developing external forensic relationships
- the two day MHFA package was delivered to prison staff following campaigning by the Training and Promotions officer and General Manager, this received positive feedback on the presentation and relevance of the information provided for dual diagnosis inmates.

#### **5.2.1 Monthly In-service Agenda items:**

- Two sessions on criminal typology and associated risks presented by CAMHS Forensic Psychologist, Martin O' Grady
- Database input sessions
- Service agreement reviews and changes to KPI's to coincide with new Service Agreement negotiations June 2010
- Two days of staff strategic planning

#### **Promotions involved:**

April: MOU lunch with Central Australian Aboriginal Alcohol Program Unit (CAAAPU)

May: Housing Minister visit to MHACA

## **Service activity 6 – *Internal audits***

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

No audits completed in this period. Staff have been completing critique of all past and present records for transfer onto the new database system, all WRAP and consent forms were reviewed to prepare updates onto system once the program format is finalised.

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

None completed in this period.

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

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

A vacancy for an indigenous support officer still exists in this program. Two attempts have been made over the past year to recruit to this role but to no avail. Two people were recruited however it was soon identified they were not suited to the position. This problem is evident across all sectors in the service, and wider community and government sectors.

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

MH Cert IV is now a core requirement for all service staff and will be time managed to allow all staff to complete with minimal intrusion to service delivery and to ensure that study leave is offered with equity across the service. Attempts to have CDU and Central Australian Remote Health Development Services assist in delivering the course in Alice Springs has proved problematic.

Congratulations to the first team member to complete their core MH Cert IV study under TAFE NSW. Due to work experience gained in their current and previous roles they had accumulated recognised-prior-learning (RPL), gaining their Certificate a lot earlier than anticipated.

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

**MHFA:** One team member had completed the MHFA Instructor course in late 2009 and has now delivered several workshop sessions. The service has boosted instructors for the community alongside clinical instructors.

**Workshops: Feb:** Evidence Based Skills Training **March:** Motivating Clients and Defusing explosive Situations

# Prevention & Recovery Program

Rangiwhiua Ponga: Services Manager

*To provide short-term interventions of clinical and non-clinical supports for participants experiencing an exacerbation in their mental health that enables the least intrusive provision of supports...*

*All sub-acute care participants have a major mental illness and 100% have a severe disability related to a mental illness. Gender analysis showed 80% of clients were male and 20% female, with 0% identified as indigenous. Of these clients all are co-case-managed with the clinical Central Australian Mental Health Service.*

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

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

MHACA has received a limited number of referrals over the 2010 period which has impacted upon providing adequate supports to people experiencing an exacerbation in their mental health. Conjecture follows this lack of referrals as it has been hard to determine why these are reduced. It is evident that CAMHS are suffering from a high staff turnover, this has been consistent throughout the full five years of the program's duration, however this year has proved markedly less with only six referrals in total over the past nine months.

Alternative options of assisting across the Pathways program and offering access to respite and supported accommodation through internal systems has ensured a steady use of the accommodation facilities of the sub-acute program.

From January to June 2010 only 5 referrals were received and accepted, from CAMHS case managers and the MH Ward.

- 2 were engaged with joint supports
- 2 had received previous sub-acute supports, 1 following prison release on both occasions and 1 for continuing to not take prescribed medication to reduce relapse
- 1 internal referral was completed to assist with extra provision of supports alongside the Pathways Support Officer following an admission as there were potential risks of harm to others following discharge from the ward.

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

There were variations in time provided to individual packages and needs, these varied from 21 days to 51

### **Psychosocial supports provided as identified in half hourly blocks included:**

- 20.2 ward contact/visits
- 19.0 direct client contacts/support
- 79 bed nights accessed as supported accommodation
- 0 liaison with government sector
- 5.5 activities
- 13 hrs escorted transport
- 5.5 clinical consultations
- 0 family contacts
- 2.2 allied NGO sector

### **Supported in their own accommodation without requiring hospitalisation or re-admission**

All 5 referrals were accepted based on pending discharge off the ward and a prison release.

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

1 was referred to CAMHS from forensics for clinical interventions pending release from prison and placed in supported accommodation

## **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**

There were no extensions of referrals outside of the 8 week sub-acute support.

### **Internal transfers:**

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 in facilities

No evaluations were completed post discharge in this period

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

### **Results are identified as;**

- 5 continue to have severe and persistent illness
- 2 were first presentations and improved, both being able to return to work post discharge

- 1 had co-morbidity issues without referral to A&OD counselling

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

### **Key domains identified in this reporting period for Camberwell were;**

- 3 required accommodation, 2 long term assistance, 1 pending return to home town
- 1 has persistent back injury problems
- 2 continued to experience psychotic symptoms, and required continued education on medication compliance
- 1 internal referral required intensive monitoring due to threats to others, and received a criminal charge against them, which is still to be finalised by the district court
- No attempts of self harm
- 1 required assistance to be reinstated finances via public trust following prison release
- 2 actively sought social engagement
- 2 were effectively able to return to their previous employment following discharge and minimal monitoring

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

### **2.1 Report strategies implemented to ensure gender balance in service provision.**

The program lost its female staff member, however recruitment was successful and the vacancy was duly refilled, this person is presently assisting in the D2D program due to recruitment problems, this has been able to occur due to low referral numbers. As the only male in the service area this position also supports several male Indigenous clients in the Pathways program

#### Cultural recruitment

There continues to be difficulty in recruiting an Indigenous male to the service, two attempts in the past year were short lived and advertising continues. This leaves a major deficit for MHACA as a whole

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

*Refer 3.2 Pathways program report the same principles apply for all programs.*

No clients were referred to A&OD services in this reporting period from sub-acute.

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

This reporting period has shown a continued decrease in referrals from CAMHS despite promotional inductions and internal training for CAMHS staff on the ward for sub-acute referral process. The reasons have been varied but identified as primarily due to consistent changes in staffing. The appointment of two discharge nurses by CAMHS off the ward was short lived with one person being reassigned to other service area and a resignation.

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

Problems continue to demonstrate a lack of quality information on referral. A majority of inquiries for referral are motivated as homelessness as the underpinning reason, with no fixed plan of secured accommodation pending discharge unless able to access longer term residence at the men's hostel (if male).

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

*Cross reference (Pathways 5.2) including internal training of CAMHS staff*

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

*Cross reference (5.2.1 and 6.3 Pathways)*

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

*Cross reference (Pathways 3.1)*

Continuing relationships identified (Pathways 3.1) services that have assisted improvement of participant recovery and socialisation

- Team Health Carer respite continues to access MHACA, assisting clients visiting the region for respite care, none have required supports of sub-acute
- Mental Health forensic services have provided one referral in this reporting period.

## **Service Activity 4 – Provision of respite accommodation for participants to reduce an admission to or post discharge off ward**

### **4.1 Participants accessing MHACA respite in lieu of hospital admission and/or post discharge**

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

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

The service offers two single units with one bed for access to crisis respite 48 hour care; and the other offers 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.

**167 bed nights** out of a total 362 accessible nights were accessed from the Men's Hostel

Breakdown:

**79** sub-acute

**83** nights for Pathways shared supports

**5** nights crisis respite to reduce admission

Reasons for access varied from;

1 prison release with transitional support and medication monitoring, remains longer term

2 access for interim respite to relieve family stressors

1 post discharge off the ward, remains longer term

#### **4.1.3. Women's two bed-room unit**

21 nights were used out of 362 for the Women's 2-bedroom facility as opposed to 128 bed nights in the previous reporting period

1 person accessed the unit and had a family member stay, and returned to Darwin after discharge.

The unit has been accessed for occupational therapy and functional assessments by the CAMHS teams. This proves suitable as it is a neutral and more natural environment for assessments as opposed to MHACA facilities

#### **Respite offer:**

A mother and her two children and grandson have been able to access the unit for periods of weekend respite relief from their caravan site. This has been a positive influence to reduce their stressors and allow some normality from their present situation. Mother and her two children receive clinical interventions due to ADHA, clinical depression. They have now been allocated a territory house.

### **4.2 Participants 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 new programs to reduce this gap in resources.

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

*Cross reference (4.1.2 -4.1.3)*

**Totals for this resource are included in sub-acute costs at the men's hostel:**

4 Pathways clients were provided access to interim supported beds at the Men's hostel,

2 referrals accessed the crisis respite beds from the on-call clinical team for 48 hr crisis care to reduce likelihood of an admission.

## **Service Activity 5 – *Internal audits***

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

No audit completed in this last reporting period

### **5.2 Other - Staffing and training**

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

The program has retained its two full time staff capacity following re-recruitment.

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

*Cross-reference (Pathways 5.2.1 and 6.3)*

One of the sub-acute staff has completed the MHFA Instructor course and is now assisting in delivery of the training to the community. They have also completed Mental Health Cert IV.

# Life Promotion Program

Laurencia Grant: Program Manager

*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
  - Central Australian Mental Health Services
  - Suicide Prevention Coordinator, Mental Health Policy
  - Alcohol and Drug Services of Central Australia
  - Remote Health
  - Family and Children’s Services
- DASA – Drug and Alcohol Services Association

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

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

The Steering Committee meets on a three monthly basis to offer strategic direction to the program and to support program development. In the 2009/2010 period the committee met on 11 August 2009 (6 external agencies represented), 10 November 2009 (5 external agencies represented), 11 Feb 2010 (11 external agencies represented) and 11 May 2010 (6 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**

- The final report of the 'We Know Our Strengths' project and distribution of the Working Well Guide developed with this project. Also NPY Women's Council radio and mental health project.
- ASIST training for Mental Health professionals
- NT Self Harm Workshops and Workplace Mental Health Training
- Blank Page Summit on Suicide – Billard Community, WA, July 09
- World Congress on Suicide Prevention – Uruguay Oct 2009
- Senate Inquiry into Suicide 2010
- Applied Suicide Intervention Skills Training (ASIST) and Suicide Story development
- Tennant Creek MH Promotion
- Presentation on Data collected through the Alice Springs Hospital re self harm and suicidality
- Journey to the Heart – healing journey proposal
- World Suicide Prevention Day (10 Sep 2009) – in different cultures
- Larapinta Valley Town Camp Mental Health Project

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
- Barkly Women's Shelter
- Red Cross
- Council of Elders and Respected Persons
- NT Government Department of Health and Families
  - Barkly Mental Health Services
  - Suicide Prevention Coordinator, Mental Health Policy
  - Family and Children's Services
- Braadag – Barkly Region Drug and Alcohol Service

Meetings were held in July, (6 agencies represented), August (8 agencies represented), December 2009 (3 agencies represented), Feb 2010 ((9 agencies represented) and April 2010 (4 agencies represented). Laurencia and Brian attended the July 2009 meeting to discuss Suicide Story and to provide some background to the Life Promotion program. Some concerns were raised regarding the response to suicide

and the role that members of this group play in response to a death by suicide. Issues of skill in dealing with a crisis of suicide, who were the appropriate people to do this, and should the reference group members receive critical incident training. Laurencia explained that she would consider appropriate training.

- **Relocation of the MH Health Promotion Officer**

Due to a need for more space and redevelopment of the Stronger Families Offices of Anyinginyi, the MH Promotions Officer was relocated to Marks Arcade, Paterson Street in the first week of October, 2009.

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

- **Narrative Therapy Workshop – Aug 2009**

Brian attended a session held at GPNNT (General Practice Network). Brian made contact with one of the workshop presenters David Denborough from the Dulwich Centre and was able to inform him of some of the details of our resource in the development of “Suicide Story”.

- **St John’s Volunteers – talk on suicide prevention – 19 Aug 2009**

Laurencia managed to keep the attention of 10 volunteers late on a Wednesday night for 1 and a half hours. They all seem keen to have further training in MH First Aid and possibly ASIST or Safe Talk.

- **SEWB team at Congress and the Co-Morbidity Team at NPY Women’s Council – July 2009**

Brian Kennedy and Laurencia and Rangitiki met the SEWB team of Congress in July 2009 There are now 19 positions with this branch of Congress. The branch includes a youth psychologist, clinical psychologist, intern psychologist, three counselling positions, child health social worker, alcohol and drug therapist, Aboriginal family support worker, Aboriginal AOD liaison Officer, Youth Outreach, Youth workers and an after hours service. MHACA hope to collaborate with SEWB to better support the needs of indigenous clients.

- **Interagency Meeting (held bi-monthly) – Centre for Remote Health - Aug 2009**

Brian attended the interagency meeting held at the Centre for Remote Technology. Brian was able to inform the group (40+), of the services and activities of the LPP Program.

- **Interagency Meeting – Andy McNeil Room –Nov 2009**

Laurencia attended this meeting on behalf of MHACA. A talk was given by Aboriginal Interpreter Services – now free to NGO’s. Laurencia sent an email around about this service and encouraged their use in care plan development with clients, client meetings with CAMHS and Suicide prevention training out bush.

- **Men’s Mental Health in the Workplace Forum – Darwin Oct 2009**

Brian attended this 2 day forum that looked at all aspect of Men’s Mental Health issues in the workplace. The extent of Mental Illness in the workplace was stressed by the use of some compelling statistics. Brian met with Keith Todd the Managing Director of Ozhelp. Ozhelp is a Mental Health in the workplace organisation that has its roots in the building and construction industry.

- **ASIST network meeting – Lifeline Nov 09**

Tracey Fox (National Manager of Lifeline's Learning & Development/Livingworks) & Belinda Clark (National Coordinator of Lifeline's Learning & Development/Livingworks) discussed the changes to Living works. Livingworks Australia is reviewing how it can provide more initial and ongoing support to encourage trainers to remain active.

- **Larapinta Valley Town Camp – Mental Health Program**

Laurencia and Brian have continued to support Larapinta Valley Learning Centre and the residents around mental health. They contributed to Tangentyere Council's evaluation of their town camp community centres.

- **Suicide Awareness Protocol**

Des O'Shaughnessy and Laurencia collaborated on a protocol for the staff working at the learning centre at Larapinta Valley Town Camp regarding suicide risk. This was sent to all staff of social services area of Tangentyere Council

- **Mental Health Week – Tennant Creek 2009**

A "Work/Life Balance Dinner" was organised to celebrate Mental Health Week in Tennant Creek on Friday the 9th of October. 53 guests from the Tennant Creek community attended, local band the Longtails performed and three guest speakers spoke about keeping a work and life balance. The three guest speakers included Phil Walcott, a private psychologist from Alice Springs, Ann Dickinson, a visiting Physiotherapist and Dr. Sandra Cabot.

- **Other networking opportunities**

The MH Promotions Officer attended as many events as possible to network with and support the service providers who organise the events, as well as to acknowledge the issues that are being highlighted on the day. Some of these have included White Ribbon Day (October, 2009) and the facilitation of a Mental Health Practitioner Dinner was facilitated by the MH Promotion Officer in Tennant Creek in May 2010. The Red Heart Ride was a charity bike ride that passed through Tennant Creek. The Mental Health Promotion officer arranged publicity, entertainment and catering for the event in June 2010. In June the Mental health Promotion Officer was the recipient of Golden Heart Award for Community Care in the Tennant Creek/Barkly region.

## **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 nine reported suicides in the 2009/2010 period. Six of these deaths were of Aboriginal men between the ages of 25 and 38 years of age. One death was of an Aboriginal woman and one of a person native to New Zealand. Two response meetings were held in Alice Springs. One incident was close to Xmas and most staff members were on leave. One incident occurred whilst the Tennant Creek worker was on leave. Two incidents were not reported to Life Promotion by the Coroners constable. Bruce Hosking has been on leave and we rely on the replacement officer to forward the details to LPP but this doesn't always occur. One incident was reported as an alleged suicide, but due to the young age of the deceased, was not able to be verified until a coronial inquest takes place. (An analysis of the interagency response provided throughout this period is attached)

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

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

- **ASIST and Safe Talk Training – Tennant Creek July 2009**

Brain Kennedy, Laurencia Grant and Jay Green delivered ASIST (Applied Suicide Prevention Skills Training) in Tennant Creek in July of 2009. Richard Garling travelled from Darwin to participate as a co-trainer. Additionally, Laurencia Grant and Brian Kennedy delivered a half day training program of Living Works called Safe Talk to members of the Tennant Creek Police.

- **ASIST Training – Batchelor Institute of Indigenous Education – Sep 2009**

Brian delivered the two-day ASIST with fellow ASIST trainers Karen Reval from Lifeline and Tahnia Edwards, Lecturer in Social and Emotional Wellbeing at Batchelor. Three of the participants from Queensland contributed to Suicide Story also.

- **ASIST Training Alice Springs – March 2010**

Brian was a facilitator with Karen Ravel from Lifeline in an ASIST workshop held on the 17<sup>th</sup> and 18<sup>th</sup> March. The training went well and it was pleasing to have three indigenous participants from the Tangentyere Council Day and Night patrol

- **Suicide Awareness Training – Imanpa – Nov 2009**

Brian, Karen Reval and Laurencia travelled to Imanpa on in 41 degree heat. We spent about two hours with a group of workers including youth workers, teachers, the GBM (General Business Manager), police and nurse. This was to gauge what is happening in this community and what could we deliver here at a later stage. We heard that this community of 150 people has not known of a death by suicide, however there have been many serious suicide attempts and in the past high incidence of petrol sniffing. We gave them a glimpse of “Suicide Story” and used the warning signs and risk factor” drawings to discuss the things that put people at risk. The following day we worked with five men from the community and engaged in a similar discussion.

- **Men’s Health workshop for CARHDS (Central Australian Remote Health Development Service) – Oct 2009**

Brian and Charlie Hodgson presented to a group of indigenous Male Health workers attending a week long workshop at CARHDS. They had heard of Suicide Story and wanted to inform their health care workers about it. Charlie and Brian gave the presentation that Charlie and Laurencia would be giving in Uruguay. At the conclusion of the presentations they took questions and invited any Indigenous Health workers present to contact us at MHACA if they were interested in being trained up.

- **Suicide Awareness Training – Tangentyere Council - Jan 2010**

Brian and Laurencia were invited by Tangentyere Council’s employment and training area to deliver a half day suicide awareness program for a group of young women who are involved in a 13 week course – providing skills for employment.

- **Being Me – self esteem workshops – Tennant Creek Grade 8 and 9 – April 2010**

Jay delivered an 8 week program with Grade 8 and 9 students at Tennant Creek High throughout April and May 2010. The program uses a DVD resource called Being Me

and focuses on self esteem. There were two teachers present as this was part of a pastoral care block included in the school program.

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

- **World Suicide Prevention Day 10 Sep 2009/Suicide Prevention in Different Cultures**

Brian Kennedy coordinated the Alice Springs event. This year was the first year that the Mayor of Alice Springs has officially spoken and Mayor Damian Ryan spoke sensitively as a long term resident of this town. Ricky Mentha and Charlie Hodgson also shared their personal struggles with suicide thoughts and thanked the people of this town for giving them the opportunities to work and feel valued. Maya Cifali highlighted the difficulties that migrants and refugees have in settling in new and foreign countries and the responsibility we all have in helping these people to feel welcome here.

- **WSPD – Tennant Creek – Sep 2009**

A successful event was held in Tennant Creek for World Suicide Prevention Day 2009. This event involved guest speakers, a smoking ceremony, music and a cook up afterwards. It was a very moving ceremony and attracted a large turn up. Approximately 40 people attended the event, and a painting by Edna Isles was unveiled depicting the community's response to the problem of suicide. Three Indigenous people spoke about how important it was to bring the issue of suicide into a public forum so that we can better address the problem.

- **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 month and helps to promote a local service. The "Mind Yarn" column for this period focused on "psychosis" co-written by Bronwyn De Aldi from Barkly Mental Health, "Exercise and your brain", "Tips on how to keep a positive mind", "How to set and keep New Years Resolutions, "Get Eggcited about Easter" – importance of taking regular holidays - connecting with family - for good mental health. ". The column seeks to promote MHACA, increase mental health awareness and promote local services.

- **Barkly Women's Day – Oct 2009**

The Barkly Women's Day is held twice a year in May and October at the Barkly Homestead on the tableland's highway. The event offers women from the pastoral community and beyond the chance to get together to share information, dress up and take a break from their working lives on cattle stations. Approximately 150 women attend each time the event is held. Jay Green appeared as a guest speaker at the October day and delivered a talk called "Staying in the Saddle-Mental Toughness for women in the bush".

- **Suicide Story Information Session – Centre for Remote Health – May 2010**

Laurencia and Brian were invited to present Suicide Story as part of the public health series of workshops and information sessions. 8 people attended including two mental health researcher from CRH, a GP and nurses working in midwifery.

- **Care Giver Suicide Bereavement Support Group, Alice Springs – Mar 2010**

Life Promotion, Lifeline, and NT Carers followed up on the inquiry from a woman recently bereaved through suicide to re-establish an Alice Springs Bereavement Support Group.

- **Loss and Grief Gathering – Healing Centre, Alice Springs, June 2010**

Life Promotion was invited to a gathering of Aboriginal people held at the Healing Centre in Stuart Tce and organized by Tangentyere Council. This was instigated by a man who has lost his son to suicide. People felt that given the number of deaths including suicides that had impacted on local Aboriginal families, this was an opportunity to gather together and consider the possibility of regular gatherings, healing ceremonies or other ways to work through these losses.

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

### **4.1 Suicide Story**

- **Hands across the Desert/Alcohol and Drug Conference, Alice Springs, Aug 2009**

Laurencia and Brian arranged for a poster presentation on "Suicide Story".

- **XXV World Congress on Suicide Prevention - Oct 09, Montevideo, Uruguay**

The XXV World Congress on Suicide Prevention is an initiative of the International Association for Suicide Prevention (IASP). It was held in Montevideo, the capital city of Uruguay, a country that has traditionally had higher rates of suicidal behaviour than most countries in Latin America. Charlie Hodgson and Laurencia co-presented at this conference on the final day and at 9am on a Saturday morning. Despite the poor program spot, they were confident that this work was well received and ground breaking

- **Launch of Training Resource – March/April 2010**

Suicide Story was launched in March 2010 in Alice Springs, and in April it was launched in Tennant Creek and Darwin. About 100 people attended in Alice Springs, 20 in Tennant Creek and 45 people in Darwin. The sample DVD of Suicide Story was well received and indigenous representatives spoke up on behalf of this training, endorsing the program as an important and timely resource. Brian and Laurencia travelled out to Titjikala and Santa Teresa to talk up the event, meet with Chris Wallace and other representatives who assisted with the Alice Springs event.

- **Suicide Story - Collaborations**

During this reporting period, Life Promotion engaged two consultants to assist with Suicide Story. Sue McLeod, a local artist completed 22 drawings of Aboriginal people in various states of distress as a resource for MHACA and to be used as part of suicide story. Sonja Dare, an indigenous film maker began work on the film making process of suicide story. The Centre for Remote Health entered into a partnership with Life Promotion and began the evaluation component of Suicide Story.

- **Australian Government Funding – May 2010**

Laurencia sent a proposal to DoHA (Australian Government Department of Health and Ageing) re further funding for the delivery of training of Suicide Story. Funding was secured in May 2010.

- **Titjikala Visit – Oct 2009**

Brian took a trip out to the Titjikala Community to catch up with community elder Phillip Wilyuka and his son Darren. The purpose of the trip was to strengthen the relationship between LPP and Titjikala with a view to having them participate in Suicide Story, perhaps in the evaluation stage. Brian left a large laminated poster explaining Suicide Story for the Council office notice board. Brian also had discussions with the school principal. Brian also made contact with the Community Services Manager.

- **Suicide Story – 7-Mile Training 17-20 May**

10 participants completed the first training session of suicide story. Of this group, eight indigenous people attended from Santa Teresa, Amoonguna, Willowra and Tennant

Creek and two non –indigenous participants from Alice Springs. They held varying roles in their communities from interpreter, mental health/traditional healer, community police officer, health clinic worker/cultural consultant, teacher’s aid, police officer and community corrections clinician. Valda Shannon and Charles Hodgson assisted with the delivery of training. Overall the training was well received.

- **Suicide Story – CAAAPU 28 to 30 June 2010**

Brian, Valda, Jay and Laurencia delivered Suicide Story to three woman and 11 men who were residents for CAAAPU. This training was arranged by Christine Palmer who is employed at CAAAPU. Apart from the difficulty getting the group back from breaks on time and understanding that no one comes back until they are called over a loud speaker and even then, not in a hurry, we completed the training with all participants over three days.

- **The Blank Page Summit on Suicide, Billard, WA – Aug 2009**

Laurencia attended this summit as one of 150 people. They included Indigenous people from the Kimberley region, the rest of WA and other parts of Australia, Commonwealth and WA Government representatives and the public, private and not-for-profit sector representatives. Special guests included Federal Minister for Indigenous Affairs, Jenny Macklin, WA Chief Justice Wayne Martin, WA State Coroner Alistair Hope, Bishop Christopher Saunders (Diocese of Broome), and the Deputy Premier of WA. The Victor family, (a strong Aboriginal family who were the traditional owners of the land we were meeting on), took charge of the summit and directed us to come up with plans and solutions. Lee Ryall from NPY Women’s Council, Chris Warren and three women from the NPY lands, Karen Revel from Lifeline and Laurencia attended this summit from Central Australia.

- **Barkly Region**

The Barkly MH Promotion Officer visited Elliot for DV training and was informed that there is a need for training given the recent death by suicide there. Visits to Epenarra, Canteen Creek, Murray Downs and Ali Curung took place with Trisha Frank and Bill Iles, the Braadag Outreach team. These visits were a good opportunity to meet some of the key people in communities, to promote the role of the MH Promotions Officer in the Barkly and to hear from communities who may be interested in being trained in Suicide Story.

- **Little Red Threat Book - Reprint**

The Little Red Threat Book (the findings of the 2007 workshop on suicide as a threat) was reprinted and distributed throughout this reporting period to relevant organisations and Government departments

- **Final Report of We Know Our Strengths Project – Sep 2009**

The final evaluation report was completed by Julia Burke in Sep 2009 and submitted to the Department of Health and Ageing. The final evaluation report stated that the project “identified no more than the tip of the iceberg in regard to effective strategies to address suicide and self-harm in the remote Central Australian Aboriginal context”, and that it “reinforced the view that suicide prevention requires a community-by-community approach”. The Working Well Guide captured the breadth of wisdom gained through the Strengths project and is now available on the Waltja and MHACA websites. The report identified that The Emergency Intervention in the NT impacted on the Strengths project because of its fixed agenda that did not take into account the existing attempts

to address related issues in communities. Community members were less available for the purposes of the Strengths project as a result of the Emergency Intervention.

## **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.

The most recent development is a presentation by Graeme Purcell of NT Government Mental Health Services to the steering committee of data on suicide and self harm related presentations to the AS hospital.

# Training & Promotions Program

**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**

#### **Mental Health Week Dinner**

A highlight of MHW, this was a gala dinner featuring former NSW MP, John Brogden, with special guest MC, Alice Springs based comedienne, Fiona O'Loughlin

#### **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 4-10 October 2009**

In addition to the major community dinner/forum the following events were held -

#### **◆ “Wellbeing in the Workplace” Competition**

For the first time, MHACA ran a competition where workplace teams of between 8-20 people could win a “Wellbeing Package” valued at \$2,000 (incl. team lunch, workshops on stress & conflict management and massage and yoga sessions). To enter, workplaces had to answer two questions: 1) what is your understanding of good mental health? and 2) how does your workplace support the mental health and wellbeing of its employees? Additional spot prizes were also awarded to the best individual answers, an opportunity for employees to let us know how they feel supported by their workplace with regard to their mental health & wellbeing (spot prizes included gym membership, massage and beauty treatments). Several entries were received and congratulations go to the winning team at CatholicCare NT - for their detailed and thorough entry reflecting a lot of thought as well as a collaborative team approach which was the aim of the competition. There were 5 spot prizes and thanks also go to the sponsors - EASA, Diplomat Alice Springs, Jane Clark Massage, Beyond Breathing Space, YMCA, Get Physical, Alice Body Crafts & Mombasa Day Spa.

### ◆ **Understanding Mental Health & Wellbeing, 6 October**

Mental health is more than the absence of mental illness: What does it mean to have 'mental health'?

What positive steps can be taken to help prevent illness? As there is a national major focus to increase awareness of mental health promotion and prevention across all sectors as a way to help prevent mental illness from occurring or further developing, this 5-hour Auseinet workshop was run, intended for all health professionals, service providers, policy makers and all others interested in strengthening mental health promotion. There was a receptive turnout of 10 participants which included several managers from local agencies (incl. the Dept of the Chief Minister, STEPS and Congress SEWB). The workshop was well-resourced and structured and received positive feedback, helping participants to think more about ways to strengthen good mental health to help reduce the risk of illness developing.

*This was presented by Rita Riedel under the Auseinet UMH&WB Program.*

### ◆ **Mental Health Information Stall @ Yeperenye Mall - 8 October**

A joint stall was held with Mental Health Carers NT on Thursday, 8 October to raise awareness about mental illness. Passers-by were encouraged to answer a simple questionnaire on mental illness before being given a large yellow balloon. Thank you to all the staff, consumers and committee who helped out on the day.

### ◆ **Mental Health Information Session @Anzac Hill High School, 9 October**

Laurencia Grant gave an early morning presentation to staff at Anzac Hill High as part of their professional development program. The focus of the session was to speak about relevant mental health services available to adults and young people in Alice Springs.

### ◆ **Work-Life Balance Dinner, Tennant Creek, 9 October**

To celebrate the first big Mental Health Week event in Tennant Creek, Mental Health Promotion Officer Jay Green organised a "Work Life Balance Dinner," held at Fernanda's Restaurant. The 'specials' on the menu were 3 guest speakers who spoke on the importance of keeping a healthy work-life balance - Phil Walcott, a psychologist from Alice Springs; Ann Dickinson, a visiting Physiotherapist; and Dr. Sandra Cabot, Medical & Executive Director of the Australian National Health Advisory Service. Over 50 people attended the 3-course dinner and the night was a positive success. Promotional support was provided with the design and distribution of flyers and tickets as well as some organisational support. *See page 32 of the 21<sup>st</sup> edition of inBalance for full update.*

## **1.2 Number of people attending**

The MHW dinner attracted over 150 people comprising a broad range of guests (carers, teachers, mental health workers and general community members.) It was a warm cosy night by the fire (thank you to the Alice Springs Resort) and the feedback was very positive.

## **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.

## **Service Activity 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 11 MHFA training sessions held over the July 09 to June 10 financial year. Nine regular sessions scheduled at monthly intervals (July to Nov 09 and Feb to June 10), 2 additional sessions held were one Aboriginal and Torres Strait Islander Mental Health First Aid Course as well as the standard adult MHFA course for workers at the Alice Springs Correctional Centre.

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

- ◆ 21-22 July 2009 – 9 people
- ◆ 19-20 August 2009 – 10 people
- ◆ 22-23 September 2009 – 10 people
- ◆ 20-21 October 2009 – 11 people
- ◆ 17-18 November 2009 – 12 people
- ◆ 16-17 February 2010 – 11 people
- ◆ 16-17 March 2010 – 11 people
- ◆ 20-21 April 2010 – 11 people
- ◆ 18-19 May 2010 – 9 people

The June 2010 MHFA course was rescheduled for later in the year due to the unavailability of trainers.

- |                           |  |                                 |
|---------------------------|--|---------------------------------|
| • Relationships Australia | • Alice Outcomes                       | • Lutheran Mission              |
| • Individual carers       | • NT Police, Fire & Emergency Services | • Tangentyere Council           |
| • Incite Youth Arts       | • CAYLUS                               | • Bushmob                       |
| • STEPS                   | • Headspace                            | • Alice Springs Women's Shelter |
| • Centrelink Social Work  | • CatholicCare NT                      | • Waltja                        |
| • Congress                | • Centralian College                   | • CAMHS Remote Team             |
| • Henge Education         | • CAAAPU                               | • MHACA                         |
| • Life Without Barriers   | • NT Aids & Hepatitis Council          | • DHF                           |
| • Salvation Army          | • Alice Springs Correctional Centre    | • Department of Housing         |
| • CRANA                   | • Central Desert Shire                 | • Tangentyere Council           |

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

MHACA co-trains with workers from CAMHS, CAYLUS and NPY Women's Council - we are looking to establish more partnerships in the coming year with a Mental Health First Aid Facilitator Course being held in Alice Springs

## **2.5 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:

- ❖ "Very informative"
- ❖ "Fantastic"
- ❖ "Well presented, good pace"
- ❖ "Was presented new information, felt relevant to me & I wish I'd done it sooner"
- ❖ "It was surprisingly good. Enjoyed it"
- ❖ "Glad I did it, will recommend to others"

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 Activity 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 three editions were produced – *Edition 20: May- August 2009, Edition 21: September- December 2009 and Edition 22: January-April 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, the 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, World Suicide Prevention Day, Carers week and International Men's Health week.

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

The MHACA website continues 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. A major update of the website was completed in early 2010.

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

MHACA continues to produce and source relevant materials for Indigenous populations. One such item is The Little Red Threat Book; this resource of the Life Promotion Program required updating which included re-formatting and editing for a second print run of the booklet. Training and promotions support was 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.

## APPENDIX A – PATHWAYS DATA SUMMARY JAN-JUNE 2010

<b>DEMOGRAPHICS Based on numbers</b>	Jan	Feb	March	April	May	June	Totals
<b>Enquiries</b>	7	7	7	4	10	9	44
<b>New Clients</b>	5	6	5	4	7	5	32
Male	3	5	2	2	5	4	21
Female	2	1	3	2	2	1	11
ATSI	1	-	2	1	1	1	6
CALD	-	-	-	1	1	-	2
<b>Caseload totals</b>	41	44	40	38	38	40	NA
Inactive	6	1	1	2	2	1	13
Suspension	-	-	-	-	-	-	-
Discharged	5	2	1	4	-	-	12
Co-joint CAMHS	32	32	25	24	22	25	NA
Shared D2DLP	25	23	27	27	23	23	
W&RP	19	17	20	20	18	18	
Goals Achieved							
Evaluations / Surveys	-	-	1	-	-	-	
COMPLAINTS							

<b>Recovery Planning Based on ½ hours</b>							
<i>Planning / Reviews</i>	20	12.4	48.7	11.3	18.2	13.5	124.1
<i>Ward Visits</i>	5	1.5	1.5	12	3	4.5	27.5
<i>Respite option</i>							
<i>Emotional supports</i>	28.7	11.2	12.7	8.5	14.2	1	76.3
<b>RECREATION</b> <i>Holiday, Walks, 1 on 1, socialisation</i>	5	2.5	.7	1.5	<b>Camp out</b>		
<b>SKILLS DVLPMENT</b> <i>Workshops, Trg, Consumer Rep, 1 on 1 Life skills</i>	20.2	70	57.5	11	34	106.1	298.6
<i>FAMILY Contacts</i>	5	2.5	8.7	15.5	1.5	1.5	34.7
<i>ENQUIRIES p/c's</i>	9.3	20.6	19.3	22.2	18.7	26.6	116.7
<i>ALLIED SERVICES</i>	18.6	18	14.5	30	13.2	18.1	112.4
<i>TRANSPORT</i>	11.9	6.7	18	17.1	8.2	2	63.9
<b>ADMINISTRATIVE</b> <i>Based on hours .2</i>							
<i>Documentation, p/c</i>	16.5	29.2	41.1	49.8	23.8	24.6	185
<i>Meetings</i>	10	10	11.5	10	10	11.5	45
<i>Reading / Research</i>			2	8	5	2	17
<i>Training / Workshop</i>		45	15	15	4	5.5	84.5

## APPENDIX B – PREVENTION & RECOVERY DATA SUMMARY JAN-JUNE 2010

DEMOGRAPHICS (no's)	Jan	Feb	March	April	May	June	TOTALS
<i>Male</i>	1		1		2		4
<i>Female</i>	1						1
<b>Non-English speaking</b>							
<b>Aboriginal /Torres Strait</b>							
<b>Other culture</b>	2		1		2		5

REFERRAL (no's)	Jan	Feb	March	April	May	June	TOTAL
<i>New to P&amp;R - Y/N</i>	1		1		2		4
<i>Consents to support</i>	2		1		2		5
<i>Step-Up</i>							
<i>Step-Down</i>	1		1		2		4
<i>Joint Program-Pathways</i>	2		1	1	2	2	
<i>D2DLP</i>	1	1	1		1	2	
<b>INDIVIDUAL CARE PLAN (hrs)</b>							
<i>Life Skills</i>			.5				.5
<b>WARD-Round</b>		6.2	.5	4.5	9		2.1
<b>-Leave</b>							
<b>- Discharge</b>	1		1		2		4
<b>- Readmission</b>							
<b>CONSULTATIONS Participant</b>			11.5	17.5			29
<i>Family /Carer</i>							
<b>CAMHS practitioners</b>					5.5		5.5
<i>Case Review</i>		2	1		1		4
<i>ASMH 2 units- Includes crisis respite &amp; supported accommodation nights</i>	48	17	22	1	68	11	
<i>Women's Unit-nights</i>	21						
<b>PARTNERSHIP ACTIVITIES</b>							
<b>GOVT</b>							
<b>D2DLP</b>							
<b>Non-Govt</b>		5	.5				
<b>-Community</b>		1.7			.5		
<b>-Cultural Services</b>							
<b>Transport</b>		.5		6.5	5.5		
<b>Documentation + Phone Contacts</b>		5.8	2.5	8.0	2.5	4.0	

## APPENDIX C – FINANCIAL DATA JULY 2009 – JUNE 2010

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC  
MANAGEMENT & ADMINISTRATION STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
<b>INCOME</b>		
Grant - Dept Health & Community Services	101,363	98,172
Surplus carried forward	12,688	137,073
Surplus transferred	50,491	
Interest	21,883	31,975
Membership fees	680	1,415
Fundraising income	500	520
Administration fees	238,037	247,885
Hire of vehicle	52,000	49,500
Profit on Sale of Asset	2,902	894
Recovered costs	6,262	6,773
	<b>486,807</b>	<b>574,207</b>
<b>EXPENDITURE</b>		
Accounting and audit fees	4,231	4,800
Advertising expenses	1,996	8,267
Bank charges	492	421
Bookkeeping	1,503	3,658
Computer support	5,444	7,296
Cleaning	16,082	12,503
Consultancy	11,300	18,959
Consumables	3,157	4,746
Depreciation	50,867	47,847
Electricity	1,505	1,409
Equipment purchase - minor	2,124	3,460
Insurance	14,103	9,200
Library	689	178
Loss on disposal of asset	1,485	798
Motor vehicle expense	3,002	3,011
Newsletter	2,427	2,590
Postage expenses	760	2,031
Program costs	10,991	16,809
Professional development expenses	13,582	8,254
Promotions	351	5,302
Rates	1,259	460
Relocation costs		5,182
Renovations		9,670
Rent expense	40,780	46,290
Repairs and maintenance - gardening	2,857	
Repairs and maintenance - equipment	2,623	3,921
Security expenses	942	1,300

Staff wellbeing	1,590	1,207
Stationery expenses	11,426	11,096
Storage costs	909	2,145
Subscriptions	5,290	7,177
Superannuation	17,957	15,921
Telephone expenses	5,094	5,131
Travel expense	10,132	8,311
Workers compensation	2,248	3,917
Wages and salaries	<u>220,273</u>	<u>194,293</u>
	<b><u>469,473</u></b>	<b><u>477,560</u></b>
Surplus	<u>17,334</u>	<u>96,647</u>
ACQUITTAL ADJUSTMENTS		
Capital - Motor vehicles	16,273	45,361
Capital - Office equipment	2,545	12,154
OPERATING SURPLUS/ (DEFICIT)	<u>(1,483)</u>	<u>39,132</u>

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC

PATHWAYS OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
<b>INCOME</b>		
Grant - Dept Health & Community Services	258,197	261,953
Other Income		-
	<u>258,197</u>	<u>261,953</u>
<b>EXPENDITURE</b>		
Administration expenses	50,770	49,619
Advertising	563	-
Cleaning	655	777
Computer support	109	215
Consultancy expenses		109
Consumables	101	547
Counselling	1,606	
Depreciation	897	970
Electricity	1,080	1,063
Equipment purchase - minor	454	923
Library	94	905
Motor vehicle expenses	5,854	4,793
MV lease expense	16,000	16,000
Newsletter	2,427	2,590
Postage & freight	223	801
Program costs	2,244	4,671
Professional development	2,379	1,689
Recruitment costs	1,180	
Rent expense	11,000	11,073
Repairs and maintenance	294	1,537
Stationery	1,113	1,034
Staff wellbeing	578	486
Subscriptions	-	-
Superannuation	12,902	10,775
Telephone expenses	3,084	4,780
Travel expenses	1,949	1,885
Wages and salaries	138,822	133,425
Workers compensation	1,823	2,302
	<u>258,197</u>	<u>252,969</u>
Surplus	-	8,984
<b>ACQUITTAL ADJUSTMENTS</b>		
Capital - Office equipment		926
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<u>-</u>	<u>8,058</u>

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC  
LIFE PROMOTIONS OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
<b>INCOME</b>		
Grant - Dept Health & Community Services	355,718	424,521
Surplus c/fwd - LPP Tennant Creek	27,507	
Surplus c/fwd - Suicide Story		65,000
Recovered costs	1,359	
	<b>384,584</b>	<b>489,521</b>
<b>EXPENDITURE</b>		
Administration fees	64,085	76,414
Advertising	1,468	3,105
Computer support	109	2,293
Conferences	2,705	
Consultancy	6,000	16,883
Consumables	726	1,730
Depreciation	1,316	1,612
Electricity	1,798	1,063
Employee housing costs	5,575	
Equipment purchase -minor	3,403	1,629
Insurance	271	-
Library	298	493
Motor vehicle expenses	14,477	11,384
MV lease expense	20,000	17,500
Newsletter	2,427	2,590
Postage and freight	233	317
Program costs	4,441	4,956
Professional development and training	7,045	14,501
Promotions	1,355	2,039
Relocation costs	-	574
Rent expense	16,280	19,422
Repairs and maintenance	139	1,445
Staff wellbeing	1,602	1,125
Stationery	3,995	1,449
Subscriptions	125	352
Superannuation	15,916	13,669
Telephone	6,793	6,767
Travel expenses	13,087	20,381
Workers compensation	2,270	3,272
Wages and salaries	184,243	169,106
	<b>382,179</b>	<b>396,071</b>
Surplus	2,405	93,450
<b>ACQUITTAL ADJUSTMENTS</b>		
Capital - Office equipment		945
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>2,405</b>	<b>92,505</b>

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC  
SUB-ACUTE OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
<b>INCOME</b>		
Grant - Dept Health & Community Services	327,424	317,118
Other income	700	-
	<b>328,124</b>	<b>317,118</b>
<b>EXPENDITURE</b>		
Administration	59,062	57,081
Advertising expenses	563	
Bank charges	10	
Cleaning	1,020	225
Computer support	55	908
Consultants	-	4,345
Consumables	182	369
Depreciation	316	691
Electricity	1,787	1,574
Equipment purchase - minor	103	886
Insurance	155	139
Library and resources	-	-
Motor vehicle expense	3,665	5,884
MV lease expense	8,000	8,000
Newsletter	2,427	2,590
Postage and freight	167	801
Professional development and training	1,640	9,977
Program costs	1,359	2,740
Promotions	-	915
Recruitment costs	4,512	
Rent expense	33,877	34,871
Repairs and maintenance	1,039	2,034
Staff wellbeing	853	1,409
Stationery expenses	1,125	731
Superannuation	10,484	14,498
Telephone expenses	2,680	4,590
Travel expense	707	4,692
Workers compensation	1,823	4,050
Wages and salaries	126,296	148,114
	<b>263,906</b>	<b>312,114</b>
Surplus	64,218	5,004
<b>ACQUITTAI ADJUSTMENTS</b>		
Capital - Office furniture		371
Surplus transferred	50,491	
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>13,727</b>	<b>4,633</b>

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC

MENTAL HEALTH TRAINING AND PROMOTION OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
<b>INCOME</b>		
Grant - Dept Health & Community Services	103,860	88,708
Training income	12,499	11,270
Other income	-	-
	<b>116,359</b>	<b>99,978</b>
<b>EXPENDITURE</b>		
Administration	16,526	15,529
Advertising expenses	864	517
Computer support	343	109
Consultancy	8,380	3,270
Consumables	385	858
Depreciation	503	294
Equipment purchase - minor	689	602
Library and resources		1,380
Postage and freight	14	33
Professional development and training	3,184	650
Program costs	6,183	2,468
Promotions	5,851	732
Recruitment costs	977	
Relocation costs	1,164	
Repairs and maintenance		55
Staff wellbeing	295	471
Stationery expenses	136	917
Superannuation	4,811	5,075
Telephone expenses	215	376
Travel expense	6,778	1,119
Venue hire	3,573	5,139
Wages and salaries	52,886	57,845
Workers compensation	814	1,161
	<b>114,570</b>	<b>98,600</b>
Surplus	1,790	1,378
<b>ACQUITTAL ADJUSTMENTS</b>		
Capital - Office equipment	1,790	1,378
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>0</b>	<b>-</b>