



mental
health



association of
central
australia



annual report
2006-2007





Mental Health Association of Central Australia

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mhaca staff ...

30 June 2007

General Manager, Claudia Manu-Preston

Administrator, Tanya Vaughan (Scott Penn)

Administration Assistant, Chris Kam (Helena Lardy)

Services Manager, Rangi Ponga

Pathways Support Officer, Tim MacDonald

Pathways Support Officer, Gina McAuley

Pathways Support Officer, Joanne Ruby (Christine Boocock)

Life Promotion Manager, Laurencia Grant

Life Promotion Officer, Kristy Schubert

Life Promotion Officer, Tennant Creek, Coral Aston

Prevention & Recovery Officers, Danielle Noble, Clare Hine
(Leanne Jones, Raymond Campbell)

Training & Promotions Officer, Rita Riedel

Acting Prevention & Recovery Coordinator, (Jerry Fitzsimmons - *role no longer exists*)

Outreach Coordinator, (Melissa Glasscock - *role no longer exists*)

Occupational Therapist, (Stephen Hollis - *role no longer exists*)



Staff and consumers with
Arana Pearson and Wayne Schwass
in Mental Health Week October 2006



who we are...

The Mental Health Association of Central Australia (MHACA) is a non-profit community-based organisation which formed in October 1992. The Association was formally incorporated in August 1993 with its main objective to improve the services and quality of life for people with a mental illness and those who care for them.

from little things big things grow

The organisation grew from a small group of consumers and carers advocating for improved mental health services, to become a significant non-clinical community-based service provider for the Central Australia region.

MHACA's main programs are: Pathways to Recovery (rehabilitation & outreach support), Prevention & Recovery (short-term intensive support), Life Promotion Program (suicide prevention) and the Housing Support Program. The Association operates within the Recovery Framework, with a focus on consumer-driven recovery, and the LIFE framework, with a focus on suicide prevention, early intervention and post-vention.

four streams

MHACA's work falls into four streams: 1) We provide support to consumers through our program areas in

the form of one-on-one work. 2) We run a number of group activities open to consumers of all community and government services. 3) We work toward developing community partnerships and supporting service development work - through advocacy, training, suicide prevention and post-vention work, and the promotion of mental health issues. 4) We tend to the core administration work integral to all our services, comprising of things such as report writing, financial management and evaluation.

client profile

Sixty-seven percent of our clients have a major mental illness and 11% have a severe disability related to a mental illness. Gender analysis shows 52% of our clients are male and 48% female, with 15% identifying as indigenous and 15% identifying as people from non-English speaking background. Of these clients 58% are co-case-managed with the clinical Central Australian Mental Health Service.

funding

MHACA receives most of its funding from the NT Government Department of Health and Community Services to manage and run its range of services.

Although each program area has a different role within the continuum of care all services are interdependent.



We made it! Kings Canyon Rim Walk May 2007

Going camping - Matt Deer Memorial Camp May 2007



the year at a glance...

Over the past 12 months MHACA has worked hard to consolidate and strengthen all program areas. There have been significant achievements in all areas.

extending range of support

MHACA has commenced several new projects to extend our range of supports:

- The Life Promotion Program is the supporting agency for Waltja who have secured funding for the “We Know Our Strengths” suicide prevention project to operate in 3 remote communities from January 2007 to June 2009.
- A trial counselling service commenced in February 2007 in response to an identified need available to consumers and the general community. Feedback has been encouraging from both clients and service providers.
- Commonwealth Government funding has been secured to establish a “Day to Day Living in the Community” program in Alice Springs. A consultant has been working with MHACA to develop guidelines and agreements with service providers.
- Research has also commenced into a new Consumer Peer Support program following the securing of funds for a GROW service in Alice Springs. Consultations with stakeholders are well underway and it is hoped both programs will be launched in November 2007.

improving services

- To streamline client services for both staff and consumers MHACA combined the Pathways



Bike ride to Simpson's Gap - one of the daily activities during the Christmas/New Year period

Rehabilitation Program and Outreach Program as both programs shared similar aims and objectives.

- A consultant evaluation has been undertaken of the Prevention & Recovery program.

staff recruitment & retention

Recruiting and retaining staff has continued to be a major challenge in the past year which saw a 20 per cent turnover in staff. We are pleased to report that we filled several fulltime positions enabling MHACA to make more solid progress in our service delivery:

- Life Promotion Officer, Tennant Creek: after a lengthy vacancy this position was filled in November 2006 for a period of ten months, providing valuable foundations in the area of suicide prevention in the Barkly Region.
- Services Manager: appointed in March 2007 the ‘Pathways to Recovery’ and ‘Prevention & Recovery’ programs now have one manager to oversee these consumer-focused services.
- Training and Promotions Officer: a new fulltime position commenced in March 2007 enabling MHACA to more actively promote mental health and related issues in the community, including the regular provision of training in Mental Health First Aid.
- Administration Officer and Administration Assistant: following the departure of two part-time staff these positions were filled in March & May 2007, providing MHACA with a new stable base from which to strengthen the daily operations of the organisation.

promotions

Developing our website has been a high priority and we proudly launched the MHACA Website at our AGM in September 2006. A 40-slide powerpoint presentation has also been developed for promotional visits to allied health services and other community agencies.

Following the appointment of a fulltime Training and Promotions Officer, regular scheduled visits to local government and community services have commenced to promote MHACA and our services. This has received positive feedback and continues to be a good source of networking in the local community.

improving systems

- After two years of searching we are delighted to report that MHACA has secured new office premises and has commenced first-round negotiations. We anticipate to be in our new property in October 2007.
- Another major undertaking in the past year has been the revision and updating of our Policy and Procedures Manual. A consultant was employed to facilitate this project which was successfully completed in July 2007.
- In collaboration with Team Health, MHACA has begun research into the installation of a new joint Records Database for a more efficient and secure way of storing information on client records and conducting MHACA's human resource, payroll and accounting functions. It is hoped to have this implemented in early 2008.
- The financial systems have also had an upgrade with the transition from manual payroll and cheques to electronic banking and funds transfer payments. This has included the implementation of electronic timesheets.

strategic achievements

In line with our Strategic Plan our achievements for 2006-07 include:

1 consumer-driven quality

- Monthly consumer lunch forums
- Independent consumer information and education workshops: two Helen Glover and one Arana Pearson – both 'lived experience' trainers
- GROW – securing funding for development of Peer Support Service
- Wellness Recovery Planning Booklet developed
- Crisis Assessment Team review consultations

2 mental health awareness

- Development and launch of MHACA website
- Coordination of activities for Mental Health Week and World Suicide Prevention Day
- Scheduled monthly Mental Health First Aid training
- Ongoing development and delivery of ASIST Training
- Quarterly production of newsletter, *inBalance*
- Information stalls at Alice Springs Show
- Presentations at conferences, workshops, meetings and community agency visits

3 prevention and intervention

- Trial Counselling Program introduced
- Regular consumer activities developing socialisation and life skills: Men's & Women's Groups, Combined



Matt Deer Memorial Camp Yulara, July 2006

- Group, Yoga, Arts, Crafts & Cooking Groups, Recreational 8-Ball and 10-Pin Bowling, Annual MHACA Camp, Xmas & New Year activities with Xmas Dinner
- Joint community programs and activities: with Salvation Army, Reclink, Bindi and CASA
- Consumer Wellness Recovery Planning Booklet
- Combined training with clinical services: Boston Rehabilitation Model and Strengths-Based Recovery
- Recovery-Based Practice – Helen Glover Training

4 service development / sustainability

- Merger of Rehabilitation & Outreach programs for better efficiency and service integration
- Planning for Day to Day Living Community Program and GROW Consumer Peer Support Service
- ASIST & Mental Health First Aid refresher training
- Communicating for Success – Choice Therapy
- Service development and planning workshops

5 research and innovation

- Development of "We Know Our Strengths" project with Waltja working in three remote communities
- Development and trialling of a new Suicide Awareness training package for Indigenous workers
- Ongoing evaluation of Prevention & Recovery Program
- Review of client assessment processes
- Research into new Joint Records Database
- Research into trial counselling and peer support groups

6 effective governance & management

- Ongoing consumer committee member mentoring
- Governance training for committee members
- Special clause to new constitution
- Weekly In-service Staff Team Supervision and monthly In-service Team Training for consumer rep participation
- Effective Relationship Building Training with clinical service teams (by Accrete Training)

the committee ... 2006-07

Many thanks to members of MHACA's Management Committee who have given so generously of their time, knowledge and expertise.

Chairperson, **Mardijah Simpson (Karen Aucote)**

Deputy Chairperson, **Trish van Dijk (Mardijah Simpson)**

Secretary, **Jill Deer**

Treasurer, **Lindsay Morley (Mark Keyworth)**

Public Officer, **Maya Cifali**

Organisational Rep, **Tracey Hatchard (Trish Fernley)**

Organisational Rep, **Jenny Black (Bert Zuidema)**

Consumer Rep, **Leo Welin**

Consumer Rep, **Steve Kent (Ken Turner)**



L to R: Jill, Leo, Juanita, Maya, Christine (consumer support liaison), Claudia and Mardijah

BELOW:
Back L to R: Jill, Trish, Leo and Trish;
Front L to R; Maya and Jenny



chair's report ...

This has been a year of changes, both for MHACA and more widely across Central Australia. As MHACA's projects and involvement with a whole range of mental health supports and issues has grown, we have had to expand and develop as an organisation.

I would like to thank all the staff and volunteer committee for all the hard work that was needed to nurture our growing association. We realised the expanded workload required fulltime administrative workers and with these two new workers now in place everyone's load has been lightened.

broad range of developments

Among many other things, we have brought our constitution into line with current legislation and expanded our committee member size, the database is being developed and should be up and running early next year, we have worked together to update and expand our policies and procedures manual, appraised and acknowledged the level of skills and experience



Mardijah Simpson, MHACA Chair

of our core staff and ensured they are recompensed for this. We have started to explore the complex issue of appropriate awards and contracts, which cannot be fully resolved until the commonwealth political landscape becomes clearer, after the general election.

future contributions

When the full impact and long-term changes brought about by the 'emergency' actions across Central Australian communities become apparent, I believe there will be a lot of work for MHACA to participate in, in collaboration with other Aboriginal and Health Service providers. Changes and improvements are needed and making them can be a long struggle, but I believe MHACA people's knowledge and experience can make a positive contribution across the region.

on the move

With our move into our larger and pleasanter 'home' in mid-October I feel sure that there will be a whole new phase of activity at MHACA which will be of value to all of us involved in any aspect of mental health and wellbeing. A big thank you to all consumers who have participated in many ways, to all members of staff, past and present, to our truly committed management committee members and to the various government bodies who continue to support our work.

Mardijah Simpson

general manager ...

This past year MHACA staff and committee have worked hard to secure suitable office premises and undertake key projects while maintaining the effective operation of our services.

policies & procedures manual

Since the development of the first Policy & Procedures Manual in 2001, MHACA's services have significantly expanded resulting in a need to update our manual. A consultant was employed to oversee this project which included consultations with a range of relevant stakeholders. The manual is now up-to-date but will continue to be a work in progress.

new day-to-day living program

MHACA has been successful in securing funding for a Day to Day Living in the Community Program based in Alice Springs to expand the range and quality of structured activities for consumers. A consultant has developed guidelines and contracts based on MHACA's original submission and funding specifications with input from a reference group. It is hoped the program will be launched in November.

new consumer peer support

Research has commenced into the development of a Consumer Peer Support service. To-date, the consultant has completed a literature review and consultation workshops with both consumers and service providers. It is expected that a local model will be developed and implemented within the new Day to Day Living in the Community project. A final report will be finalised in November 2007.



Claudia-Manu Preston,
General Manager

joint database with Team Health

MHACA commenced research into the installation of a new Records Database as a secure way of storing information around client records and conducting the human resource, payroll and accounting functions. The new system will allow the generation of reports tailored to specific requirements and will increase the productivity of the organisation by way of efficiency. We plan to have this implemented by early 2008.

merger of programs

MHACA has amalgamated the Pathways Rehabilitation Program and Outreach Program as both programs shared similar aims and objectives, with staff providing support around client-driven recovery. The merging of these programs enables staff to offer a more integrated approach to service delivery.

trial counselling program

In response to an identified need, a counselling service has been trialled since February 2007 for both MHACA clients and the general community. The service provides: one-on-one counseling with either male or female counsellor and clients can self-refer or be referred from other agencies. Feedback has been encouraging from both clients and service providers in particular, who find it difficult to work with clients experiencing major mental illnesses.

new office premises

The ongoing search for a suitable office premise for the MHACA team remained high on the agenda of priorities throughout the year. See Administrator's report on page 20 for the latest outcome.

governance support

A governance training workshop was held for the committee in November 2007. There have been ten committee meetings and an AGM in September 2006. In addition, a Special General meeting was held in April 2007 to change the constitution to allow for an increase in the number of board members from nine to eleven in response to an increase in nomination interest.

core service agreements

Senior staff have renegotiated MHACA's 3-year core Service Agreements with the Dept of Health & Community Services for 2007-2010 and all existing programs are being refunded. In addition: 1) the trial Counselling Program will continue to be funded; and 2) the Training and Promotion position has received a one-year funding agreement using surplus funds.

recruitment & retention

This past year saw a 20% staff turnover compared to 50 % for 2005-2006. The resources required to recruit and retain staff continues to be a challenge. As part of our Service Agreement review we have included workforce development strategies, including the development of a workplace agreement to enhance our ability to retain staff.

staff development

In response to the growth in our programs, several service development workshops were held for new and existing staff. MHACA also continued to provide core training for all staff (see Training report on page 18).

housing & support program

MHACA's Housing and Support program provides long-term 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. MHACA's current housing stock consists of 3 x 1-bedroom flats and has recently acquired a 2-bedroom flat.

advocacy

MHACA has a structured advocacy role focusing on systems-based advocacy and is represented on several local, state and national organisations. A key area has been the COAG reform agenda. This has included numerous meetings to identify the areas of need, issues and gaps in existing mental health service options. MHACA has continued to advocate for a range of therapeutic options and expansion of community-based programs, including remote community non-clinical supports, a youth mental health system and improved capacity in developing the mental health workforce.

partnerships

MHACA has continued to be involved in partnership activities to help build a sustainable sector.



Mental Health Week Family Fun Run, Oct 2006



Santa makes a visit at MHACA Xmas Party, Dec 2006



Trish, Mardijah and Claudia with Professor Stan Catts guest speaker during Schizophrenia Week, May 2007

These have included: • CAMHS re executive meeting, MOU and joint training • Waltja re Suicide Prevention Program • Div. of Primary Health Care re Mental Health Interagency Group • NT Mental Health Coalition re sector development; • Aust + NZ Mental Health Conference re Anne Devison forum • COAG meetings re NT mental health reforms and • Consortium member in the Headspace Project.

Claudia Manu-Preston



pathways to recovery ...

The Pathways to Recovery Program seeks to promote independent living in the community through recovery-focused rehabilitation and outreach assistance with: lifestyle and life skills support; personal goal setting; vocational education, training & employment; and participating in a variety of social & recreational activities.

In July 2006, the Pathways Rehabilitation Program and Outreach Program merged to form the 'Pathways to Recovery Program' and throughout the past 12 months this merger has been successfully integrated and consolidated. This program works extensively with the Central Australian Mental Health Services (CAMHS) and has shared an average of 23-26 co-case-managed clients. This joint relationship incorporates monthly case-management meetings, shared training opportunities, one-on-one case conferencing and client-service provider collaboration.

client services

Client numbers: These have remained constant over the past 12 months, with an equal number of referrals and discharges. Numbers ranged between 32-41 clients: 36 received consistent rehabilitative and/or activity supports each month with an average of 22 males and 14 females. Clients are encouraged to complete the Wellness and Recovery Action Plan Booklet (WRAP) which was introduced in February following consumer consultations. This model is consumer incorporated and identifies skills, interests, relapse indicators, goals, tasks and crisis interventions. Booklets are to be reviewed regularly to provide direction in recovery.



Rangī Ponga
Services Manager 2007



Melissa Glasscock,
Outreach Coord. 2006

MHACA Community Calendar activities include:

- Weekly Womens' Network Morning
- Fortnightly Men's Group activity
- Monthly Combined Get-together (BBQ / socialisation activities)
- Joint weekly Womens' Group with Salvation Army - multicultural craft / activity group
- Weekly Reclink activities.

Matt Deer Memorial Camp: The 2nd Matt Deer Memorial Camp was held at Kings Canyon 3-5 May 2007. Three staff supervised seven participants and a family / carer. Another success, the camp reinforced skills development in leadership, independence, self-confidence and team building.

Counselling program: The newly developed Counselling Program focuses on client strengths utilising cognitive behavior therapy and is flexible in supporting a wide variety of presenting and underlying issues. Initiated in February, the pilot program is offered to both MHACA and private clients. Nine clients have accessed the program to date.

Advocacy with other service providers:

On behalf of clients and the wider community MHACA has continued to maintain and strengthen its advocacy service delivery. In addition to CAMHS as the primary allied mental health service, MHACA has worked with a wide range of other service providers in the daily management of client supports.

staff retention & development

Recruitment: Three staff positions remained stable for this program over the last twelve months. The loss of Melissa Glasscock as Team Coordinator and Mental Health First Aid trainer influenced structural change, with direct line management returned to the newly appointed Services Manager. A previous staff member was employed on a casual basis to assist in backfilling staff on leave, and provide extra client supports.

Training: Collaborative training continues to strengthen MHACA's service delivery and has included:

- Cycle of Blame, Circle of Strength;
- Boston Readiness for Rehabilitation;
- Personality Disorder Workshop;
- Women & Groups;
- Mental Health First Aid;
- ASIST Refresher Training; and
- First Aid Certificate updates.

Joint Team Building with CAMHS increased communication across the continuum of client care. Five priority areas of service delivery identified were: 1) exchange on shared client group information; 2) interagency liaison; 3) respect for each others organization and individuality; 4) knowing each other; and 5) working collectively.

MHACA in-service training included Crisis Assessment Team (CAT) training, the development of Wellness & Recovery Booklet planning and continued practice of Boston Readiness for Rehabilitation. This forum includes consumer participation to assist in identifying client perspectives.

assessment models

MHACA continues to provide client assessments utilising: the Camberwell Assessment for Psychosocial Needs, Role Functioning Scales and the Boston Readiness for Rehabilitation. These assist us in the development of vocational and employment plans and better identifying life skill needs.

summary

MHACA continuously strives to increase program development and clients are asked to provide input and review of service delivery to assist in these areas. MHACA seeks and encourages consumers to assist in service development through consumer representation on reference groups, interview panels for MHACA and CAMHS, and as advocates on behalf of peers. Training is available to assist in these areas.

There will be further advances in the service with the launch of GROW and the Day to Day Living Program (D2DL) in November 2007. Pathways to Recovery will continue to provide one-on-one recovery-focused life skills, rehabilitation and community group activities alongside the D2DL. We look forward to an improved and expanded service for people experiencing mental unwellness over the next twelve months.

Rangiwhiua Ponga



Smiles all round at the 2007 Matt Deer Memorial Camp



Consumers and staff at a monthly get-together BBQ



Pathways Officer
Tim MacDonald



Pathways Officer
Joanne Ruby



Rehab Officer (past)
Gina McAuley



Pathways Officer (past)
Christine Boocock

life promotion ...

The Life Promotion Program is a broad community development approach to suicide prevention.

It seeks to find solutions to help reduce suicide and self-harming behaviour through collaborative partnerships across the community.

suicide prevention project

Life Promotion and Waltja were funded in November 2007 by the Dept of Health and Ageing (Australian Government) to run a joint “We Know Our Strengths” suicide prevention project. Based in three remote communities - Ltyentye Apurte (Santa Teresa), Titjikala and Amundurrngu (Mt Liebig) - the project aims to:

- develop culturally safe and appropriate resources that will contribute to the sharing of their understanding and our understanding of suicide prevention; and
- support the development or continuation of activities that celebrate and strengthen the capacity of families within these communities and help protect people from suicide.

suicide awareness training

Staff have been developing a culturally appropriate suicide awareness program more suited to the needs of local Aboriginal people. The model has been adapted from other suicide awareness programs, Australian suicide prevention research, narrative therapy and input from local Aboriginal and non-Aboriginal workers.

For it to be most effective it needs to be owned and delivered by local Aboriginal people. The program acknowledges that:



Laurencia Grant,
LPP Manager

- every Aboriginal family in Central Australia has felt the affects of suicide
- English is not a first language for many Aboriginal people in Central Australia
- safety, trust, small group learning and less time constraints allow for better learning outcomes
- more visuals, meaningful images and symbols and less text are useful learning tools
- story telling and listening are important teaching and learning tools
- Aboriginal families and workers have been supporting one another after a suicide occurs and when people are in a crisis of suicidal behaviour as long as the problem has existed for them
- Aboriginal people want to help reduce the worries and stress on their people and stay strong.

responding to a death by suicide

The coordinated Interagency Suicide Response group continues to operate under the management of the Life Promotion Program. In the last 12 months, LPP was informed of 10 deaths as a result of suicide in Central Australia. The majority of these deaths were of Aboriginal men and occurred in remote communities of Central Australia, in Tennant Creek, Alice Springs town camps, and other residential areas of Alice Springs.

- The current response model is part of a postvention (after a suicide) strategy that is largely involved with support for the bereaved. Those bereaved can include immediate family, or significant others (partners, friends, colleagues, classmates and workmates).
- This coordinated community response attempts to alleviate rumour, prevent copy-cat suicidal behaviour and provide schools, services and family with information and strategies to support those affected. It recognizes that those bereaved by suicide may be vulnerable to suicidal behaviour themselves and may develop complicated grief reactions
- The response protocol does not currently deal with support for individuals who attempt suicide. This is due to issues of consent and confidentiality, the challenge of sharing in the care of suicidal people, the difficulties in defining suicidal behaviour and the difficulties of collecting and analysing data on attempted suicides.

LPP in Tennant Creek

In September 2006, LPP recruited Coral Aston to Tennant Creek. Coral spent ten months in the role and during this time re-established the Tennant Creek Steering Committee, set up a protocol to respond to suicide and coordinated the delivery of ASIST training and information sessions in the Barkly region.

Coral also qualified as an ASIST trainer and in collaboration with Lifeline ensured that Ali Curung community received this training. The Aboriginal community in Tennant Creek attended training and information sessions in large numbers showing their support for initiatives to help keep people strong and safe in their families and communities.

in a national context ...

- *Influencing social determinants of mental health and well-being in rural, indigenous and islander peoples, Cairns Conference, September 2006*

Laurencia presented information on the connection between community development and suicide prevention at a Conference of the Royal Australian and New Zealand College of Psychiatrists.

- *The Suicide Prevention Australia (SPA) Conference, Adelaide, November 2006:* The Australian Government has committed funding to 46 new community based projects. The focus of these projects is on men, indigenous communities, people with mental illness, rural and remote regions and people bereaved through suicide.

- *Inaugural Australian Postvention Conference, University of NSW, May 2007:* Coral attended this 3-day event organized through the Dept of Health and Ageing, Salvation Army, and Suicide Prevention Australia. The focus of the Conference was on those who have been bereaved by suicide and the sharing of knowledge and experiences that can inform postvention support.

- *Indigenous Suicide Prevention Workshop – Alice Springs June 2007:* Life Promotion was involved in the planning and support for this workshop and presented information on their program and the suicide awareness workshop. The forum was a response by the Federal Government's to the high need, but low funding allocated to indigenous projects, especially in the NT.

Laurencia Grant



Talking about suicide with workers from Tangentyere Council's Day and Night Patrol, January 2007



Running an LPP information session with Remote Health Clinic Managers March 2007



Participants at a 2-day ASIST training course in Tennant Creek April 2007



LPP Officer Alice Springs
Kristy Schubert



LPP Officer Tennant Creek
Coral Aston (past)

prevention & recovery ...

The Prevention and Recovery Program provides non-clinical support to people affected by an exacerbation of their mental health problems to enable them to remain in their own accommodation and reduce the likelihood of admission to hospital.

The Prevention & Recovery program continues to be modeled on individualised care packages and has entered its second year of operation since October 2005. It offers up to 8 weeks of short-term interventions to reduce potential relapse and pre-discharge planning out of hospital for mental health ward clients. Supports continue with collaboration between the Central Australian Mental Health Service (CAMHS) clinical services and MHACA P&R team to monitor client risks, help reduce future relapse and offer support in the least intrusive environment, that is, at home or interim-respite facilities.

individual care packages

These provide one-on-one supports based on information between MHACA and CAMHS that identify:

- Health of the Nations Outcome Statistical measures
- Recovery Action Planning
- Risk and / or Crisis Management Plans and
- MHACA Camberwell Psychosocial Assessment of Needs; which all contribute to an integrated package of monitored clinical and non-clinical supports.

Between July 2006 to June 2007, 24 referrals were received:

- 5 declined their original consent and withdrew from the program,
- 3 were referred to



Rangii Ponga,
Services Manager

Pathways to Recovery for longer term supports

- 4 remained on the ward
- 1 moved out of region
- 10 received active supports with one returning to the ward for continued care
- 1 declined consent to participate in the research evaluation
- 1 was declined due to severe behavioral risks for staff and community
- 2 had incomplete information and were declined MHACA supports.

interim respite

Short-term interim-respite was available through two 1-bedroom units at the Salvation Army Men's Hostel. This service has been under utilized, with a total of only 10 weeks respite care used from 1 October 2006. Negotiation between MHACA, CAMHS and the Salvation Army will permit the CAMHS Crisis Assessment Team to access the units for crisis respite when hospital admission is unsuitable or unavailable.

An NT Housing 2-bedroom unit will offer single parents, females and clients who may require a carer, interim-respite care beginning in September 2007. The unit will assist in determining how well clients are functioning and reduce the need of an admission.

staff recruitment & retention

The program has had a turnover of nine staff members since it began which has been due to a lack of referrals. The loss of three Indigenous workers has impacted on MHACA's ability to effectively support its Indigenous clients, and recruitment continues. Two permanent part-time support officers have been utilised: one has been able to assist the Pathways to Recovery team and the other has resigned to accept an Indigenous Certificate in Health Apprenticeship.

training & orientation

Training for all support officers continues which includes assisting the CAMHS P&R Coordinator and nursing staff in their orientation of the program. Compulsory training includes:

- Mental Health First Aid
- Boston Readiness for Rehabilitation
- Wellness & Recovery Planning approaches (Consumer trainer' perspectives)
- CAMHS Risk and Crisis Assessment Management
- Cross Cultural Awareness.

final research evaluation

Debra Rickwood of Canberra University visited the region on 2-4 July to complete final compilations of the research project. Interviews were undertaken with clients, carers, case managers, support officers and allied mental health services who have contributed to the program to date. Comparative statistical data is flawed as primary information—such as HONO's (Health of Nations Outcome Scales) which captures client health status pre-and post discharge to determine levels of improvement or decreased wellness—has been partially omitted from the research. This issue has been clarified with CAMHS and addressed by their new coordinator.

Preliminary data has confirmed issues such as:

- staffing shortages in Central Australia have influenced reduced consistent referrals
- ongoing problems in adequate referral information requires ongoing improvement
- previous resistance to provide information required for referrals is being addressed with the arrival of a new CAMHS coordinator (there have been four CAMHS coordinators to the program).

Continuous improvement in communication between clinicians and MHACA staff is required to ensure the program can be sustained.

steering committee

The loss of key representatives in the steering committee has left a gap in the operation of the committee. A redefining of the group's roles and responsibilities will be determined and a reference group will be appointed as opposed to a steering committee. Only two of the previous members are still in existence so a new campaign is required to implement restructuring the group.

summary

Original problems in the program have remained evident for MHACA which are less prominent for Team Health in Darwin who have also continued to pilot the program. Focusing on developing stronger relationships between MHACA and CAMHS staff will help to improve clarity in communication. Promotion of the program to regional allied services will also continue to be emphasized.

Rangiwhiua Ponga



Danielle, Leanne and Jerry with CAMHS Prevention & Recovery Coordinator January 2007, Peter McNelly



P&R Officer
Danielle Noble



P&R Officer
Clare Hine



P&R Officer
Jerry Fitzsimmons (past)



P&R Officer
Richard Smith (past)



P&R Officer
Leanne Jones (past)



P&R Officer
Raymond Campbell (past)

MHACA thanks all present and previous staff members - Gina McAuley, Christine Boocock, Jerry Fitzsimmons, Richard Smith, Bianca Kelley, Leanne Jones, Raymond Campbell, Danielle Noble and Clare Hine for their commitment to servicing the P&R Program during its trial period in the Alice Springs region.

training & promotions...

A fulltime Training and Promotions Officer was appointed in March 2007. Previously, this role was undertaken part-time by the Administration Officer and we are pleased to have secured funding for this fulltime position. The following promotional activities have provided mental health literacy in different settings.

mental health first aid

One of the core responsibilities of the Training and Promotion's role is to coordinate and assist in the delivery of 2-day Mental Health First Aid courses to the community. Courses have been run on a monthly basis in collaboration with staff from the Central Australia Mental Health Service (CAMHS) with people attending from a wide range of government and community services.

mental health week

Held on 8-14 October 2006, MHACA provided support in coordinating a range of activities:

- Annual Family Fun Run
- World Suicide Day ceremony
- Free forum with Arana Pearson and Wayne Schwass on living with mental illness
- Arana Pearson Workshop on Hearing Voices
- Media Strategy – Advocate feature and radio promotion of theme and events
- Information stall in the mall with sausage sizzle
- Community Visitor Program workshop on human rights and mental health



Rita Riedel
Training & Promotions
Officer



MHACA stall at the Alice Springs Show, July 2006

christmas activities 2006

The Christmas/New Year period can be a difficult time for many people and each year MHACA organises a range of activities to help support people at a time when they can feel lonely or isolated. This last year events included: • bike ride to Simpsons Gap with BBQ, • 10-pin bowling • 8-ball • tour of Western Macs to Glen Helen • outing to Ross River Homestead • movie afternoon and • tour of Alice Springs museums. A Christmas Dinner was also held on 22 December with around 20 people attended. Thank you to everyone who worked hard to make this happen.

schizophrenia week

Held on 21-25 May 2007 events included:

- **Senior School Visits:** Two visits were made to the Centralian College Senior Secondary Students for 30-minute information sessions to show a short film, "Living with Schizophrenia", followed by discussion. The aim was to help raise awareness and understanding around schizophrenia for young people.
- **Schizophrenia Forum: Searching for Solutions** A free community forum was held on 25 May with special visiting guest, Professor Stan Catts the key guest. The forum was very successful with over 30 people attending. A psychiatrist from the University of Queensland Stan helped to raise awareness about this illness. He spoke about his latest research and also called for people who may be interested in being part of their new 10,000 sample research group.

website & powerpoint

Developing our own website has been a high priority and after several months of research and planning our website was officially launched at our AGM in September 2006. 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 40-slide powerpoint presentation has also been produced for promotional visits to community agencies. It is a concise summary of MHACA's programs and services which is visually vibrant and easy to display.

community agency visits

Following the development of the MHACA powerpoint and updating of the MHACA display boards, scheduled visits have commenced to local government and community services to provide overview information on who MHACA is and what we do. This has received positive feedback and continues to be a good source of networking in the local community.

special events

MHACA has continued to promote its services at special events and in the last 12 months has included:

- Alice Springs Show - information stall
- NTCOSS State Conference – presentation
- NT Community Advisory Group – presentation
- See How She Runs - Movie Night
- Drug Awareness Week – newspaper feature

general promotion

Day to day activities include producing inhouse reports, preparing flyers for local workshops and events, updating the MHACA website, preparing ads for recruitment and special features eg. Drug Week, and preparing for events eg. Alice Springs Show.

inBalance newsletter

MHACA's quarterly newsletter continues to be a primary way for MHACA to raise awareness about mental health issues and activities in the community as well as promote who we are and what we do. The newsletter provides updates on MHACA's achievements and activities in each of the main program areas, and features news on the latest mental health research, developments in the sector both locally and nationally, challenges faced by MHACA, stories by consumers, information on local services and workshops, notice of upcoming training and conferences, and information on related resources.



Mental Health Week information stall in the mall



Prof. Stan Catts presenting at the Schizophrenia Forum

ongoing support

MHACA mental health training and promotion is embedded in the everyday interactions between staff and clients, and our collaborative work with other service providers. This also includes organising courses such as Helen Glover Recovery-Based Training and Cultural Awareness Training.

Rita Riedel



administration...

The Administration Team manage the day to day running of the association (finances, housing support program, equipment management and coordination of meetings) and provide administrative support to the MHACA programs.

The Administration Team have continued to face the challenges of retaining staff throughout 2006-2007. Following the departure of Helena Lardy from Reception and Scott Penn as the Administrator MHACA has welcomed Tanya Vaughan as the new Administrator and Chris Kam as the Administration Assistant. Both young ladies bring new skills and experience to their roles. Tanya presents a background in Human Resource Management and Administration with previous experience in recruitment, performance management and financial management. Chris offers experience in office administration, purchasing and accounts payable.

search for new office premises

The ongoing search for a suitable office premise for the MHACA team remained high on the agenda of priorities throughout the year. With limited available properties in Alice Springs, it has been difficult to ascertain a location that suits the needs of the Association.

The most suitable property has been the (old) Panorama Guth premise, which is centrally located, suitable for a drop in centre, accommodates all MHACA staff, offers the potential for an outdoor garden area and is downstairs and wheelchair accessible.



Tanya Vaughan
Administrator



Chris Kam
Admin Assistant

First round negotiations commenced at the end of July 2007 and we commenced relocation preparations by way of obtaining removalist quotes and obtaining a floor plan to draft office locations and client area etc. The Admin Team has worked hard in the last six months to keep focused on the long term goal of relocation and we look forward to reporting from our new premises in next year's report.

policies & procedures manual

Another project the Administration Team was involved in was the review and upgrade of MHACA's Policy and Procedures Manual. Just as equipment requires maintenance, the manual was calling out for repairs and maintenance.

As the Administrator I joined the Policy and Procedures Subcommittee for a review of the manual's contents and am pleased to say it was a great experience; as a new employee it enabled me to get to know MHACA's processes and systems in a short time. The end result will be well worth the time and effort put in by all and a valuable resource for years to come for both current staff and new employees to the team.

property purchase

MHACA has also secured the purchase of a 2-bedroom unit to add to our current rental properties within our Housing Support Program. The new unit will be ideal for a mother and child or two clients sharing together. A schedule of works will be undertaken at the unit before being tenanted to increase the value of the property and make it more comfortable for a long-term tenant, and to also minimise repairs and maintenance in the long term.

additional rental unit

MHACA has entered into a tenancy lease agreement with NT Housing to support the Subacute Program referrals. We have rented a 2-bedroom unit in a quiet complex. MHACA has fully furnished the unit and will use as a training facility for break-out meetings when not being occupied by short-term tenants.

new records database

In collaboration with Team Health in Darwin, MHACA has commenced research into the installation of a new joint Records Database. The database will offer a more efficient as well as secure way of storing information on client records and conducting the human resource, payroll and accounting functions of the Association. The new system will allow the generation of reports tailored to specific requirements and will increase the productivity of the organisation through better efficiency. We plan to have this implemented in early 2008. Will keep you updated on the progress!

training

Administration staff have been involved in training in the use of the MYOB Accounting/Payroll Program. With new members in the team, MHACA management are also encouraging the participation in Mental Health First Aid and ASIST Training.

The Administration Team has conducted some training of their own, by providing some basic computer hints and tips to the staff to assist with managing their time more effectively and to navigate their way around the computer. The training was received well and there is plenty more to learn and plenty more to share. Further in-house training will be conducted in the future.

new systems

Throughout the last year the Admin Team have introduced some new processes and systems so MHACA can run more efficiently and effectively and to keep up with ongoing changes in technology systems:

- Electronic Timesheets have been introduced and implemented throughout the workforce.
- The Financial Management of the organisation has also had an upgrade with the transition from manual payroll and cheques to electronic banking and funds transfer payments.
- The MHACA filing system commenced a make-over towards the end of last year and will continue to be revamped when we relocate to our new office premises. The filing system presents in a tidy, logical format that allows users to access required material with ease. There is still a lot more work required in this area, however the difference already is working a treat!

Tanya Vaughan



A meeting of the Policy & Procedures Subcommittee



Providing training on inhouse computer systems



Keeping up-to-date with changes at a staff meeting



Scott Penn
(past Administrator)



Helena Lardy
(past Admin Assistant)

treasurer's report...

I tender this report for the MHACA Management Committee to consider and accept. I also move that Rohan Richards be appointed to audit the MHACA financial statements for the year ended 30 June 2008.

The financial statements for the year ended 30 June 2007 were audited by Rohan Richards.

Balance Sheet

The audited Balance Sheet reports accumulated funds of \$793,126 at 30 June 2007 an increase of \$213,213 on the previous year. Four programs had total surpluses of \$198,555 however the Department of Health and Community Services have determined that they are required to be spent by that program in the 2007/2008 year and they have been transferred to unexpended grants and do not form part of the surplus. Many of the programs are reporting a surplus due to the difficulty in filling vacant positions throughout the year particularly in the Pathways, Sub Acute and Training and Promotions Program. The fourth program to report a surplus is Administration and Management. This surplus is due to the difficulty in finding office accommodation for relocation in the financial year.

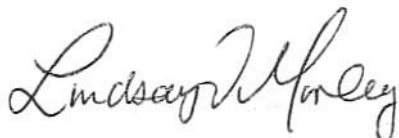
The Balance Sheet reports MHACA to have current assets, mainly cash at bank, of \$661,189, receivables of \$65,092 and pre-payments of \$817. Non current assets of \$579,114 which comprises of residential units \$518,937, plant and equipment \$20,715 and motor vehicles \$39,462 (all amounts are written down values). Non current liabilities are \$513,086 which includes the unexpended grants of \$198,555 and grants in advance of \$178,090. Creditors and Provisions \$136,441.

The audited Balance Sheet reports MHACA to be in a healthy financial position at 30 June 2007.

Statement of financial performance

Grant income increased from \$919,261 last year to \$945,689 this year. Other income from external sources was:

• Bank interest	\$29,187
• Fundraising activities	\$1,171
• Rent and recovered costs	\$15,887
• Consultancy	\$4,302
• Membership fees	\$1,001
• Training Income	\$3,310
• Other income	\$4,929



Lindsay Morley

MHACA Treasurer

Signed 23 October 2007

auditor's report...

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF THE MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of the Mental Health Association of Central Australia Incorporated, which comprises the balance sheet as at 30 June 2007, and the income statement, for the year then ended, a summary of significant accounting policies, and other explanatory notes.

Management Committee's Responsibility for the Financial Report

The Management committee are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the Associations Act and are appropriate to meet the needs of the members. The management committee's responsibility also includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee of management, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the management committee's financial reporting requirements under the Associations Act. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

auditor's report (cont)

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Qualification

1. In common with similar organisations, it is not practicable to institute accounting controls over cash from all sources prior to it being recorded in the books of account. Accordingly it was not practicable to extend my audit procedures beyond the amounts recorded. I am therefore unable to express an opinion on the completeness of income.

Modified Auditor's Opinion

In our opinion, subject to the effects, if any, of the matters referred to above, the financial report presents fairly, in all material respects, the financial position of the Mental Health Association of Central Australia Incorporated as of 30 June 2007 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and the Associations Act.

Emphasis of matter

Without further qualification to the opinion expressed above, attention is drawn to the following matter: The continued operation of the Service as a going concern is largely dependent on the continued financial support provided by the funding bodies. These financial statements have been prepared on the going concern basis which assumes that adequate finance will be obtained and that assets will be realised and liabilities extinguished in the normal course of business and at the amounts stated in the financial report.

ROHAN R RICHARDS



Signed at Alice Springs this 7th day of September 2007.

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

COMMITTEE OF MANAGEMENT STATEMENT

The Committee has determined that the association is not a reporting entity as defined in Statements of accounting Concepts 1: Definition of the Reporting Entity, and therefore there is no requirement to apply Accounting Standards in the presentation of these financial statements.

The Committee has determined that this special purpose financial report should be prepared in accordance with accounting policies outlined in Note 1 to the accounts.

In the opinion of the Committee:

- a) The financial statements set out on pages 2 to 5 are drawn up so as to give a true and fair View of the Association's state of affairs at 30 June 2007 and of its result ended on that date; and
- b) the accounts of the Association have been properly prepared and are in accordance with the books of account of the Association; and
- c) At the date of this statement there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

The net profit of the association for the relevant year was \$ 213,212

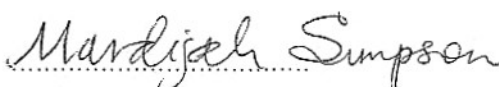
We confirm as follows:

- a) the name of each committee member of the association during the relevant year were:

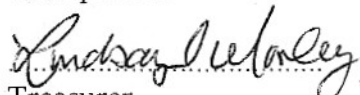
Mardijah Simpson	Steve Kent – commenced December 2006
Trish Van Dijk	Lindsay Morley – commenced September 2006
Jill Deer	Mark Keyworth – resigned September 2006
Maya Cifali	Ken Turner – resigned December 2006
Trish Fernley	Leo Welin
Jenny Black	

- b) The Mental Health Association of Central Australia (MHACA) is a non-Government organisation with a focus on prevention and recovery from mental ill-health, mental health promotion and training and suicide prevention strategies. The main activities include client support, suicide prevention, advocacy and mental health training and promotion.

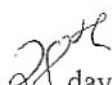
This statement is made in accordance with a resolution of the Committee.



Chairperson



Treasurer

Dated this  day of September 2007

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2007

FOR THE YEAR ENDED 30th JUNE 2007

	2007	2006
	\$	\$
Operating surplus / deficit for year		
Operating account	62,884	6,719
Life promotion account	(5,941)	31,740
Pathways to recovery	59,193	17,739
Sub Acute Prevention & Recovery	97,245	112,967
Mental Health Training	28,387	-
	241,768	169,165
Capital grants	170,000	-
Transfer to Unexpended Grants	(198,555)	(162,446)
Accumulated funds at beginning of year	579,913	573,194
Accumulated funds at end of year	793,126	579,913

These accounts should be read in conjunction with the attached report.

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

STATEMENT OF FINANCIAL POSITION AS AT 30TH JUNE 2007

	Notes	2007 \$	2006 \$
CURRENT ASSETS			
Cash	2	661,189	392,949
Prepayments	3	817	463
Receivables	4	65,092	540
TOTAL CURRENT ASSETS		<u>727,098</u>	<u>393,952</u>
NON CURRENT ASSETS			
Property, plant and equipment	5	<u>579,114</u>	<u>437,907</u>
TOTAL NON CURRENT ASSETS		<u>579,114</u>	<u>437,907</u>
TOTAL ASSETS		<u>1,306,212</u>	<u>831,859</u>
CURRENT LIABILITIES			
Creditors and borrowings	6	91,004	59,082
Provisions	7	45,437	30,418
Unexpended grants	8	198,555	162,446
Grants in advance	9	178,090	-
TOTAL CURRENT LIABILITIES		<u>513,086</u>	<u>251,946</u>
TOTAL LIABILITIES		<u>513,086</u>	<u>251,946</u>
NET ASSETS		<u>793,126</u>	<u>579,913</u>
ACCUMULATED FUNDS		<u>793,126</u>	<u>579,913</u>

STATEMENT OF ACCOUNTING POLICIES 1

The accompanying notes form part of and are to be read in conjunction with this financial statement.

These accounts should be read in conjunction with the attached report.

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

NOTES TO AND FORMING PART OF THE ACCOUNTS

FOR THE YEAR ENDED 30 JUNE 2007

1. STATEMENT OF ACCOUNTING POLICIES

These financial statements are a special purpose financial report prepared in order to provide accounts which satisfy the requirements of the Associations' Incorporations Act. The committee has determined that the association is not a reporting entity as defined in the Statement of Accounting Concepts 1 'Definition of the Reporting Entity' and therefore, there is no requirement to apply accounting concepts or standards in the preparation and presentation of these statements.

The Association has applied all accounting standards with the exception of AAS:22 related party disclosures and AAS:28 Statement of Cash Flows.

The financial statements have been prepared under the historical cost convention and do not take into account changing money values.

The following specific policies, which are consistent with the previous period unless otherwise stated, have been applied in the preparation of these accounts.

a. Government Grants

Government grants are brought to account on receipt but to the extent that they are unexpended at balance date, they are carried forward to the next accounting period.

b. Depreciation of Non-current Assets

Depreciation of non-current assets using the diminishing value method has been charged so as to write off the cost of each asset over its estimated useful life.

	2007	2006
	\$	\$
2. CASH		
Cash at bank - cash management trading account	633,581	361,718
Cash at bank - cheque account	26,650	31,231
Cash at bank - trading account	958	-
	<u>661,189</u>	<u>392,949</u>
3. PREPAYMENT		
Prepayment	817	463
	<u>817</u>	<u>463</u>
4. RECEIVABLES		
Debtors	64,341	-
Other	751	540
	<u>65,092</u>	<u>540</u>

(cont.)

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

NOTES TO AND FORMING PART OF THE ACCOUNTS

5.	PROPERTY, PLANT AND EQUIPMENT		
	Buildings - Residential Units	538,494	368,795
	Less: Accumulated Depreciation	19,557	12,287
		<u>518,937</u>	<u>356,508</u>
	Plant and equipment	70,481	70,481
	Less: Accumulated Depreciation	49,766	38,152
		<u>20,715</u>	<u>32,329</u>
	Motor Vehicle	83,073	85,775
	Less: Accumulated Depreciation	43,611	36,705
		<u>39,462</u>	<u>49,070</u>
	TOTAL	<u>579,114</u>	<u>437,907</u>
6.	CREDITORS AND BORROWINGS		
	Creditors	21,283	32,847
	GST Payable	50,902	11,775
	Payroll liabilities	18,819	14,460
		<u>91,004</u>	<u>59,082</u>
7.	PROVISIONS		
	Provision for annual leave	45,437	30,418
		<u>45,437</u>	<u>30,418</u>
8.	UNEXPENDED GRANTS		
	Rehabilitation account	-	17,739
	Life promotion account	-	31,740
	Pathways	59,193	-
	Sub Acute Prevention & Recovery	97,245	112,967
	Mental Health Training	28,387	-
	Peer Support	13,730	-
		<u>198,555</u>	<u>162,446</u>
9.	GRANTS IN ADVANCE		
	Day to Day Living Program	53,090	-
	Consumer Database	45,000	-
	Life Promotion Tennant Creek	80,000	-
		<u>178,090</u>	<u>-</u>

