



# **Mental Health Association of Central Australia**

## **Service Report**

**July – December 2006**

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# Management and Coordination of MHACA Services

Claudia Manu-Preston: General Manager

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

*The Mental Health Association of Central Australia (MHACA) is a non-profit charity 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.*

The organisation grew from a small group of consumers and carers advocating for mental health services and is now considered a specialist non-clinical community-based service provider for the Central Australia region.

MHACA's main programs are: Pathways (rehabilitation and outreach support), Prevention & Recovery Support Program (subacute care), Life Promotion (suicide prevention and intervention) and the Supported Accommodation Program (housing support).

***Over the past six months MHACA community have continued to develop, provide and consolidate our service supports. Our biggest challenge has been recruiting and retaining staff to provide these programs and the increased activity related to the sector reforms and the COAG initiatives.***

MHACA's vision is to help create greater social and emotional wellbeing for people living in Central Australia. The phrase "you can do it, we can help" continues to provide the focus of our work and guides us in our role of facilitating and guiding the client's recovery by creating a supportive environment for clients to undertake the recovery work. All MHACA programs promote and operate within a recovery focus utilising the psychiatric rehabilitation framework and therefore are voluntary.

## Recovery focus

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

Contrary to common perception, serious mental illness is not a chronic, incurable, unremitting or lifelong disorder. Studies indicate that the majority of individuals can and do recover (Curtis, 1997).

## Psychiatric Rehabilitation

MHACA promotes and utilises the Boston University Psychiatric Rehabilitation framework within our client support services. The Psychiatric Rehabilitation Model assists people with severe psychiatric disabilities to increase their functioning so they are successful and satisfied in the environment of their choice with the least amount of ongoing professional intervention. This process promotes the development of new meaning and purpose as the individual grows beyond the catastrophic effects of mental illness (recovery).

In practical terms, the Boston Model:

- places high value on providing opportunities to people to normalise roles and relationships as fully as possible
- facilitates social learning and behavioural change through experiential activities
- attempts to minimise differences in role, authority and status between the consumer and the helping professional
- deals with the practical, realistic aspects of a person's adjustment needs

## 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.

All MHACA programs are underpinned by the National Mental Health Strategy, which is comprised of the Mental Health Statement of Rights and Responsibilities 1991, National Mental Health Policy 1992, the Second National Mental Health Plan.

## Client profile

Eighty per cent of our clients have a major mental illness and 20% have a severe disability related to their mental illness. Gender analysis shows 70% of our clients are male and 30% being female, with 8% identifying as indigenous and 5% identifying as people from non-English speaking background. Of these clients 70% are co-case-managed with the clinical Central Australian Mental Health Service.

## Funding

MHACA receives funding from the NT Department of Health and Community Services to manage and run the range of services we provide under individual service agreements. Although each program area has a different role within the continuum of care, all services are interdependent.

## Housing Support Program

There are three 1-bedroom flats that are tenanted. Each of the tenants continue to receive support from the Pathways program. The Housing and Support Program is guided by a Housing steering committee. The committee meets when required and oversees the operations of the program. The committee comprises stakeholders and a consumer representative who is responsible for the assessment and allocation of housing. The committee continues to guide the development of the Housing Policy and Procedural manual.

MHACA administration provides landlord functions to the supported accommodation program. The responsibilities of MHACA as landlord and MHACA's Pathways Program are separate. The landlord functions include overseeing of tenancy agreements, collection of rent and property management. The Pathways program provides support to the consumer within the program objectives. The extent of support varies according to client need, tenancy issues and/or neighbourhood disputes.

MHACA has been successful in its application to purchase another property. This will be the first 2-bedroom flat.

## Office Accommodation

Unfortunately MHACA has not been able to find suitable accommodation. Our plans to relocate to suitable premises will continue throughout 2007.

## New Developments

MHACA has amalgamated its Rehabilitation and Outreach programs to form one united Pathways Program as the goals of the programs are the same where are both driven by the client's goals: support provided is dependent upon the client's goals and therefore may have either an education/training or employment focus and/or involve the development of basic living skills. The service systems for referral and client care/support continue to be refined and improved.

The amalgamation of these programs will streamline MHACA systems and in turn help the staff and program area to achieve an integrated approach within MHACA.

## 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***

All five programs are currently showing a surplus. Administration is reporting a substantial surplus of \$83,619. This figure is exaggerated due to the lack of relocation and rental cost that have not been expended due to MHACA having not moved to new premises. It is expected that this cost will be required if not in the next six months, early in the next financial year. All other programs surplus are minor and are to be expended in the following six months. Refer appendix 5.

## 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 Association 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.

There have been 5 committee meetings with an average of 70% of members attending within this period. This does not include the Annual General Meeting:

- August 6 committee members
- September 5 committee members
- **September AGM 27 members**
- October 8 committee members
- November 8 committee members
- December 7 committee members

### **Annual General Meeting**

The AGM was held on Wednesday 27<sup>th</sup> September at the Salvation Army. There was a good turnout with 27 people attending. This year's elections required an open selection process because there were more interested applicants than positions available. This demonstrated the general commitment from the community members and in support of MHACA's work.

### **Consumer Mentoring**

Independent mentoring support is provided to consumer representatives to support and develop their skills assisting them to participate. A separate meeting is held prior to the committee meeting with the mentor and consumer representative to discuss paperwork and any points needing to be discussed.

## **Issues and Activities**

<b>July 2006</b>	<ul style="list-style-type: none"><li>• MHACA Uluru Camp for Clients</li><li>• See How She Runs Movie screening</li></ul>
<b>August</b>	<ul style="list-style-type: none"><li>• Mental Health First Aid Training</li><li>• Recovery Training with Helen Glover</li><li>• Helen Glover – Creating Conversations around our Recovery</li><li>• Consumer Peer Support program for Central Australia a priority</li></ul>
<b>September</b>	<b>Annual General Meeting / Annual Report</b> <ul style="list-style-type: none"><li>• Committee and Consumer attendance at THEMHS conference on behalf of MHACA</li><li>• AGM preparation, audit finalised and produced MHACA Annual Report.</li><li>• NTCOSS Conference Subacute presentation</li><li>• Launched the MHACA website</li><li>• Lack of Subacute referrals and complaint letter sent</li><li>• Ongoing refining of 2006-2007 budgets</li><li>• 3<sup>rd</sup> prize for best stall at the Alice Springs Show</li></ul>
<b>October</b>	<b>Mental Health Week</b> <ul style="list-style-type: none"><li>• Anne Deveson Resilience Community Forum</li><li>• Supported activities within the week and organised the Annual Fun-Run which attracted 100 people to the event. Refer <i>inBalance</i> 12<sup>th</sup> Edition, pg 13.</li><li>• Initial COAG discussion regarding the reform agenda</li></ul>
<b>November</b>	<b>Partnership proposals</b> <ul style="list-style-type: none"><li>• Waltja partnership with Life Promotion</li><li>• Initial discussions regarding Basic Needs proposal to provide non-clinical support in remote communities</li><li>• Tennant Creek position filled</li><li>• SPA Conference</li><li>• Governance Teambuilding workshop held</li></ul>
<b>December</b>	<b>Christmas Calendar of Events</b> <ul style="list-style-type: none"><li>• Organised and developed a range of activities for the Christmas period, refer <i>inBalance</i> 12<sup>th</sup> Edition, pull out.</li></ul> <b>Office Accommodation negotiations</b> <ul style="list-style-type: none"><li>• Ongoing research and negotiations for new premises for MHACA.</li></ul>

## MHACA Committee and Staff

### Committee

<i>Chairperson:</i>	Mardijah Simpson
<i>Deputy Chair:</i>	Trish Van Dijk
<i>Secretary:</i>	Jill Deer
<i>Treasurer:</i>	Lindsay Morley
<i>Public Officer:</i>	Maya Cifali
<i>Organisational Rep:</i>	Trish Fernley, ARAFMI
<i>Organisational Rep:</i>	Jenny Black, Salvos
<i>Consumer Rep:</i>	Leo Welin
<i>Consumer Rep:</i>	Ken Turner/ <i>vacant</i>

### Staff

<i>General Manager:</i>	Claudia Manu-Preston
<i>Administrator:</i>	Scott Penn
<i>Administration Assistant:</i>	Helena Lardy
<i>Acting Services Manager:</i>	Rangi Ponga
<i>Occupational Therapist:</i>	Stephen Hollis
<i>Acting P&amp;R Coordinator:</i>	Jerry Fitzsimmons
<i>P&amp;R Officer:</i>	Danielle Noble
<i>P&amp;R Casual:</i>	Leanne Jones
<i>Outreach Coordinator:</i>	Melissa Glasscock
<i>Pathways Officer:</i>	Tim MacDonald
<i>Pathways Officer:</i>	Gina McAuley
<i>Pathways Officer:</i>	Christine Boocock
<i>LPP Coordinator:</i>	Laurencia Grant
<i>LPP Officer:</i>	Kristy Schubert
<i>LPP Officer (Tennant Ck):</i>	Coral Aston
<i>Publications Officer:</i>	Rita Riedel
<i>Bookkeeper:</i>	Karen Wilton

## 3. Quality Improvement Activities

### *The number of quality improvement activities undertaken*

In response to the growth in our programs, several service development workshops were held for new and existing staff throughout this period. The aim of the workshops was to provide information and training on a range of topics to assist staff in providing better services. The workshops also provided team-building opportunities and brainstorming around service development.

MHACA has continued 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;

- Governance Training Workshop 11 November, 2006  
for the MHACA Mnaagment Committee
- Independently facilitated consumer consultation workshop
- Recovery Model – Helen Glover 14 – 15 August 2006
- Mental Health First Aid 1 + 10 August 2006
- Cross Cultural Training 23-24 October 2006

## **Individual Staff Training:**

- ASIST 2 day course
- Choice Theory Training, Cycle of Blame, Circle of Strength
- Dealing with Difficult people
- Time-management workshop
- Advocacy Workshop

## **Conferences Attended:**

Rangi Ponga and Claudia Manu-Preston provided a presentation on the Prevention & Recovery program together with an overview of MHACA's services at the NTCOSS national conference. The feedback was the presentation was informative and interesting.

## **4. Partnership & Advocacy**

### ***To report on partnership and advocacy activities undertaken.***

#### **Partnership activities included:**

Partnership activities were undertaken within each program area. The following are the activities that administration have been responsible for.

- CAMHS: Executive Meetings/MOU/joint training
- Waltja Suicide Prevention Program – Western Desert
- Division of Primary Health Care: Mental Health Interagency Group  
Santa Teresa Project
- NT Mental Health Coalition: ongoing attendance and contribution to discussion relating to service and sector development.
- Running and Walking Club: Fun Run/Walk
- Aust + NZ Mental Health Conf Anne Devison forum

MHACA has a structured advocacy role and focus on systems-based advocacy. 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 options for client access to treatment, care and support.

A key advocacy area MHACA has been contributing to has been the COAG reform agenda. This has included numerous meetings to identify the areas of need, issues and gaps in existing service options. MHACA has continued to advocate for a range of therapeutic options and expansion of community-based programs – remote community non-clinical supports, a youth mental health system and improved capacity in developing the mental health workforce.

It should be noted that MHACA continues to lobby for a NT wide accountable system for the whole sector. It is felt that decisions relating to mental health issues, needs, priority areas and funding allocation should have a process by which key stakeholders contribute within a transparent process.

MHACA has continued to be involved in the NT Mental Health Coalition. We have continued to assist consumers to 'speak out' through supporting individuals' attendance at meetings, training, events and paid participation on panels and forums.

MHACA has referred and supported people with personal complaints to the Disability Advocacy Service or the Community Visitor Program.

MHACA assisted the National Mental Health Consumer's Network to consult with local consumers about their role and recruiting a NT representative. The event was not well attended.

### **Advocacy forums MHACA participated in include:**

- CAMHS Executive Meetings
- Division of Primary Health Care Mental Health Interagency Group
- NT Mental Health Coalition
- Mental Health Council of Central Australia
- COAG meetings

### **Monthly Consumer Forums**

Structures such as our monthly Consumer Lunch Forum have proved to be valuable in providing information/ issues on which to form the basis of MHACA's advocacy work.

### **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 the MHACA was a member of the following organisations:

- NT Mental Health Coalition
- NT Health Consumers Voice
- NT Chamber of Commerce
- NT ACROD
- NT Council of Social Services
- NT ARAFMI

## **5. Mental Health Promotion**

### ***Types and methods of information provided to the community as a trend over time.***

MHACA mental health promotion is embedded in the everyday interactions between staff and clients, and the collaborative work with other service providers. The following promotional activities have provided mental health literacy in different settings:

## **General promotion**

- Presentations to DASA staff
- Making a Difference Conference Display
- See How She Runs Movie Night

## ***inBalance* newsletter**

An ongoing major promotional strategy has been the MHACA quarterly newsletter, *inBalance*. 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; consumer and carer stories, self-help information, resources and conference articles. MHACA continues to receive positive feedback about the newsletter. Refer to the two editions relevant to this reporting period.

## **Central Australian Mental Health Week 8-14 October 2006**

MHACA provided support in coordinating activities as part 2006 Mental Health Week. Events included:

- Fun Walk-Jog-Run (MHACA)
- Media Strategy – Advocate feature and radio promotion of theme and events
- Free forum with Arana Pearson and Wayne Schwass on living with mental illness
- World Suicide Day ceremony
- Arana Pearson Workshop on Hearing Voices
- Mental Health and CVP info stall in the mall with sausage sizzle
- Community Visitor Program workshop on human rights and mental health

# Pathways Support Program

Melissa Glasscock: Coordinator

*The Pathways 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 and employment; and participating in a variety of social and recreational activities.*

## Introduction

In July 2006, the Outreach and Rehabilitation programs merged to form the Pathways Program. This change entailed integrating both services together as the two programs were very similar in their goals and daily roles. By simplifying and streamlining our services we have made it less confusing and easier for consumers, reduced stress for the team through a more shared work-load and minimised administrative duties, freeing up time for more client support.

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

The work of the program is characterized by one-on-one work, group-based activities, community partnerships and administration. Individuals are assisted to develop individualized recovery plans utilizing the existing community resource base in developing living skills with the aim of effecting community reintegration. Our premises are open daily from 8:30am- 4:30 pm for consumers to utilise.

The program works collaboratively with the Central Australian Community Mental Health Services with over 70% of clients being co-case managed. The referral process outlined in our joint Memorandum of Understanding (appendix) is utilized and a close working relationship has been developed.

## **Client service**

Within this reporting period the Pathways Program has provided a service for 41 consumers, 34 of these are currently active. Of the active consumers 14 are female and 20 are male, 10 identify as indigenous people and the remainder 24 non indigenous. The program has been successful in promoting the service and aims. Consumer numbers have been steady throughout the six months.

The program has an excellent working relationship with the local educational and employment agencies. CRS, Centacare, Bindi and Steps employment are utilized in supporting the clients to source paid employment. Presently three individuals are working at Coles Supermarket, two are working as cleaners, another is maintaining his employment at the Alice Springs Recycling Waste Centre and one has recently started doing a pamphlet delivery. All of these individuals experience major mental illness. Seven individuals have vocational positions or placements in either voluntary, paid sheltered or paid open employment.

## **Recreational and social activities**

Recreational and social activities are provided individually and on a group basis. In July 2006 we held our 2<sup>nd</sup> MHACA camp at Uluru over three days. This camp was held in remembrance of a previous consumer Matt Deer who has sadly passed away. Matt attended the first camp in 2005 and enjoyed the experience very much and the camp has been named in his honour.

In addition to this we successfully applied for funding from the Alice Springs Town Council to coordinate a 12-week Women's Yoga Class. Even though numbers varied throughout the 12 week sessions, regular participants learnt relaxation, movement and breathing techniques in a comfortable, relaxing and social atmosphere.

## **Women's Group and Men's Group**

The Women's Group and Men's Group continue to operate every fortnight. Both groups involve a variety of consumer-driven activities and outings, such as tennis, 10-pin bowling, day excursions out of Alice Springs, bush walking and BBQs. We have recently expanded the Women's Group by joining in with the Salvation Army Women's Group. In addition to this, we continue to coordinate Monthly group outings for both men and women. All groups are well attended and there has been much positive feedback, particularly regarding an increase in self-esteem, socialization and communication skills. On average there are 4-7 participants in each group activity.

The Men's cooking group is no longer operating due to low numbers and consumers wanting to go in a different direction to further their independence and potential. However, the Women's Cooking Group continues to be held every fortnight. In the last six months this group has taken a healthy meal focus, as a result of consumer feedback.

Other groups that operated in this period were.; The cooking group, the Womens' Pottery Groups with the Salvation Army, Women's Yoga Group.

## **Consumer Lunch Forums**

Our primary source of feedback is via monthly Consumer Lunch forums and informally from other agencies and caregivers. The aim of the Consumer lunches is to provide an opportunity for consumers to identify concerning issues and gain more knowledge about mental illness. Issues that have been addressed in the past six months include:

- improving community awareness about mental health problems
- encouraging more consumer interest in the forums
- organizing presentations focusing on recovery after being diagnosed with a mental illness
- assisting organising the calendar of events

## **Mental Health First Aid Training**

The delivery of Mental Health First Aid Training to community agencies has continued and this plays an important role in facilitating understanding of mental health issues and destigmatising mental illness. The training provides participants with the skills and knowledge to better help a person manage a potential or developing mental health problem in themselves, a family member, a friend or work colleague.

The aim of this course is to improve mental health literacy throughout Australia. In the past six months we have delivered two courses to a variety of organizations in the Alice Springs region which include: CASA, Salvation Army, Red Shield Men's Hostel and Life Line.

The course runs for twelve hours and is divided into four topic sessions: depression, anxiety, psychosis and substance use disorder. Like other first aid courses, Mental Health First Aid does not train a person to diagnosis or treat health problems. Instead, it teaches participants how to recognize the symptoms of a mental health problem, how to provide initial help and how to encourage someone to get appropriate professional help. The course provides participants with an action plan to help them to remain calm and confident with their responses and to promote the likelihood of them receiving or advising people to seek professional help.

## **Staff Development**

MHACA has invested significantly in developing the knowledge and skills for its staff to assist them in providing support to consumers. MHACA prides itself on being a learning organisation. Some of the workshops/training undertaken by Pathways staff include:

- Cross Cultural training
- ASIST
- Recovery-based Practice (Helen Glover)
- Cycle of Blame, Circle of Strength
- Dealing with Difficult people
- Time-management workshop
- Advocacy Workshop

## **1. Provision of Assessment and Liaison for Pathways Service**

### ***Number of people referred***

The Pathways Support Program provides a service for 41 people. Thirty four clients are active and seven are currently inactive (refer appendix 1). The majority of referrals come from the Central Australian Mental Health Service.

### ***Number of clients referred and not provided with Pathways support and reasons for non provision***

There have been no clients that have been declined service.

## 2. Provision of individual support plans

The majority of consumers attending the program participate in the development of an individual plan. The exception to this is those individuals who only attend the Women's or Men's Group and who are not yet ready for the formal process. The individual support plans are strengths oriented and goal focused, encouraging people to think about both short-term and long-term goals. As part of their ISP clients are encouraged to complete a wellness plan which looks at ways a client can address stress and identify triggers. This also incorporates a crisis plan.

The plans are reviewed at least every 6 months, and this is documented in the individual files though often more frequently, clients are encouraged to review goals at each meeting and are given the opportunity to add further goals. The process is one of ongoing evaluation and review.

## 3. Liaison and linking with other services

### ***Frequency of interagency case meetings for each consumer with CAMHS***

For the past six months MHACA and CAMHS have continued to the monthly monthly case confreneing meeting as outlined within the MOU between MHACA and CAMHS. One-on-one meetings between each client's case manager and support worker. This allows staff to discuss relevant issues and concerns with the appropriate staff member on a weekly or daily basis depending on client needs.

### ***Frequency of all interagency liaisons***

Each person's individual goals and living skills' needs dictate which services are appropriate for interagency liaison. The program works collaboratively with other community agencies to ensure a range of services and opportunities are accessed (refer appendix 2). Services include:

- Local GP's
- Bindi Sheltered Employment
- Angli Care
- Salvation Army
- St Vincent de Paul
- Life Line
- STEPS
- Bill Braitling Flats
- DASA
- Social and Emotional Well Being
- Congres
- Community Corrections
- Centre for Appropriate Technology
- Red Shield
- Centa Care
- Local real estate agents

## 4. Provision of Pathways / Independent Living Support.

### ***Number of individual support plans (ISP)***

Thirty Individual Support Plans have been developed. Consumers are encouraged to participate in the development of their individual support plan. Each plan is strengths-oriented and goal-focused encouraging people to think about both short-term and long-term goals.

Generally clients within this program have a higher level of disability and frequently require intensive support to develop basic living skills. It has been difficult to engage with some clients who do not have insight into their mental illness and feel threatened by participating and developing any documentation. Support staff will develop a workers plan if the client is unable or refuses to participate, as a guide towards achieving some outcomes for the client. Support officers continue to work towards full consumer participation. Also some individuals who attend the groups only, do not develop ISP as they are not yet ready for the formal process.

The plans are reviewed at least every six months, and this is documented in the individual files. Clients are encouraged to review goals at each meeting and are given the opportunity to add further goals. The process is one of ongoing evaluation and review.

#### ***Percentage of staff hours spent providing support eg. budgeting and bill paying***

The breakdown in data shows 50% of staff time is spent with individual contact hours, 10% staff development, 20% group work and 20% in Administration refer appendix 1. These last six months saw a focus on program planning/review and social skill building. These activities provide valuable peer support which literature indicates is important in the recovery process (Deegan, 1988). Group work continues to require intensive staff resources to facilitate.

#### ***Results of Role Functioning Scale and/or Progress in recovery scale scores***

For the past six months MHACA has been using the Camberwell Assessment Tool together with the Role Functioning Scale. At present all clients have a Role Function Scale and eighteen have undertaken a Camberwell assessment.

## **Summary**

The Pathways Support Program offers support for people experiencing mental health issues aimed at independent living and integration into the community. The staff assist consumers to set and achieve goals via a recovery-focused program offering living skills support. For the past six months we have had a stable 4-person staff team: two full-time and two part-time. This has reduced the pressure of recruiting and orientating new staff.

The service is continuing to develop data collection and reporting processes to ensure quality evaluation and reviews of the program.

## **References**

Curtis L, Personal Vommunication, March 2001

Deegan,P (1988) 'Recovery: The Lived Experience of Rehabilitation'. In the *Psychosocial Rehabilitation Journal*,11:4,11-19



# Life Promotion Program

Laurencia Grant: LPP Coordinator

*Finding solutions to reduce suicide and self-harming behavior  
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 the prevention of suicide and self-harm**

## ◆ The Life Promotion Program Steering Committee

The Steering Committee meets on a 3-monthly basis to offer strategic direction for the program and to support program development. This committee met on 8 August and 28 November 2006. Liz Archer from Waltja chaired both these meetings. All existing representation of agencies has remained consistent apart from the attempts to include a representative from the Drug and Alcohol sector. Members have changed as staff changes have occurred.

## ◆ Central Australian Youth Programs Information Network

The Life Promotion Program has had a continued link with youth organisations via the Central Australian Youth Programs Information Network. This network meets on a bi-monthly basis and is coordinated by Tangentyere Council's CAYLUS (Central Australian Youth Link-Up Service).

## ◆ Barkly Region Life Promotion Committee

Coral Aston joined the Life Promotion team as the Barkly Life Promotion Officer in September 2006 having traveled from a small community near Bairnsdale in East Gippsland, Victoria. Coral has been working at Bairnsdale Secondary College while studying part-time at Monash University in Social Welfare. She is based in Tennant Creek in an office space owned by Braadag (Barkly Region Alcohol and Drug Service). Her first three months in Tennant Creek was a time of orientation to the community, meeting workers, discussing her role and learning about the issues related to suicide in this region.

## ◆ ASIST Training Network

This network met on a bi-monthly basis with meetings facilitated by Lifeline on 4 August and 11 December 2006. The funding for the network (auspiced by Anglicare) ceased in September 2006

(See appendix 3 for summary of Agency Meetings, Conferences & Training attended)

## **Service Activity 2: Coordinate the Alice Springs and Tennant Creek Interagency Model of Response following a suicide or attempted suicide**

### **◆ Response Meetings in Alice Springs**

LPP facilitated a meeting of the response group on 11 August, 23 August, 14 September, 5 December, and 19 December 2006. There were 9 reported suicides between 30 June and 31 December 2006. Two deaths occurred in Tennant Creek; three deaths occurred in remote communities of Central Australia, two occurred in Alice Springs town camps, and two deaths occurred in other residential areas of Alice Springs.

### **◆ A review of the Interagency Response Protocol**

An ongoing discussion about the current protocol has occurred at steering committee meetings. Information was presented to the Steering Committee at the Nov 2006 to discuss the origins of the current response protocol, the problems identified regarding the response to suicide attempts that raise issues of confidentiality and client consent, the relevance of the response for indigenous families and the role and obligation of workers involved in the response. It was recommended that LPP present an analysis of the 12 suicides that were reported in 2006 to consider if the Response to Completed Suicide was effective and/or useful.

### **◆ Barkly Interagency Response**

In Tennant Creek the LPP officer began in her role in October and two deaths by suicide occurred in the town in the first two weeks of her commencement. This led to early discussions with the police, Barkly MH and other relevant organisations to continue the discussions regarding a local protocol. An agreement with the police was established to receive information and forward information to the appropriate organisations. The protocol is yet to be finalised.

## **Service Activity 3: Provide information, resources, education and training in suicide awareness, intervention skills and post-vention**

### **◆ World Suicide Prevention Day – October 2006**

This year's event was coordinated by Life Promotion Officer, Kristy Schubert and was held during Mental Health Week in Alice Springs. Writing and poems were collected from community members focused on personal experiences of suicide and exploring the theme of resilience. This collection will be published for distribution at World Suicide Prevention Day 2007. Alice Springs Town council provided their support on the day with Alderman David Koch acknowledging the widespread problem of suicide in this region.

Women from Ltyentye Apurte (Santa Teresa) painted banners for the day and Lhere Artepe Council provided a welcome to country. This was a positive step toward the acknowledgement by the indigenous community that suicide is an issue for their people and that they want to be involved in ways to address the problem. Local speakers read stories about their own experiences of loss through suicide including the Director of Centre Funerals in Alice Springs and Consumer advocate, Arana Pearson of 'Keepwell' in New Zealand who was in town for Mental Health Week and agreed to participate in World Suicide Prevention Day also.

#### ◆ **inBalance News – Sep and Dec 2006**

Regular updates on the Life Promotion Program are provided in the MHACA newsletter on a bi-monthly basis. The Life Promotion Team also regularly provides feature articles on special events. In this last 6 month period, these included reports on World Suicide Prevention Day, Conferences held in Cairns and Adelaide, and training through Menzies School of Health Research in Darwin.

#### ◆ **Cairns Conference – September 2006**

Life Promotion presented information on the links between community development and suicide prevention at a Conference held in Cairns. The conference was titled "Influencing social determinants of mental health and well-being in rural, indigenous and island peoples". It was a Conference of the Royal Australian and New Zealand College of Psychiatrists and it was held in Cairns and Yarrabah, Queensland in September 2006.

#### ◆ **Mental Health Nurses Conference – 2 October 2006**

Laurencia provided information on the Life Promotion program following the presentations of all areas of the NT Government mental health service operating in Central Australia and a presentation by Kathy Abbott of Tangentyere Council and Gerard Waterford of the Social and Emotional Wellbeing Program of Congress.

#### ◆ **Mind Matters Project Officer**

Life Promotion appointed a project officer in December 2006 to develop some useful resources utilising the MindMatters material. Life Promotion Officers have been invited on occasion to talk to groups of youth workers, school students or other young people about mental health. Finding out what activities would be appropriate and reading through all the workbooks takes time. The work of the Project Officer will save us time and can be used by all workers at MHACA with a range of groups including existing clients.

#### ◆ **CAMHS in-service training for MHACA staff on suicide assessments**

Life Promotion arranged for Brent Mansell, Psychiatric nurse with the Forensic team and Ehsan Jahood, Psychiatric Registrar to visit MHACA to provide some understanding of the process of assessment and support for people at risk of suicide, in particular in the prison system. MHACA staff found the information helpful and gained a better understanding of the difficulties experienced by clinicians in some circumstances related to suicide risk.

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

#### ◆ **"We Know Our Strengths" Project**

Waltja (leading agency) and the Life Promotion Program (LPP, supporting agency) have been funded from Jan 07 – June 09 to work in three remote communities to develop the We Know Our Strengths project. The communities are Ltyentye Apurte (Santa Teresa), Titjikala and Amundurrngu (Mt Liebig). This project aims to:

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

- Deliver and train others to deliver culturally appropriate education and training programs that increase skills and understanding of the issues of suicide and good mental health.

Life Promotion provided supporting documentation to both Lifeline and NPY Women's Council who also applied for funding through the NSPS.

#### ◆ **Papunya Community Visit – September 2006**

Life Promotion Officer, Kristy Schubert traveled to Pupunya with Blaire McFarlane of CAYLUS (a program of Tangentyere Council) to attend the Council meeting and to meet with significant local people re how to intervene when people are at risk of suicide and how to gauge what people understand suicide to be about. LPP hope to continue to support this community in their efforts to learn how to respond and how to prevent suicide.

#### ◆ **Ltyentye Arpurte (Santa Teresa) Life Promotion Project**

Life Promotion made four visits to Ltyentye Apurte from July to September. These visits resulted in further discussions regarding the narrative project that was developed in East Arnhem communities with the Dulwich Centre and Relationships Australia. A meeting was held to discuss the psychological support being provided to the Ltyentye Apurte community and how we can consider a shared model of care focused on mental health issues. We met with elders and artists to involve them in World Suicide Prevention Day. They created two painted banners telling stories of their understanding of suicide and ways to support these people.

### **Service Activity 5: Collect data on completed suicides in Central Australia and work with other organisations and CAMHS to gather information on suicidal behaviour 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.

The collection of information on suicidal behaviour and understanding our purpose in doing so has continued to be a difficult aspect of this program. Lengthy discussions have taken place within the steering committee forum and it is clear that coordination of a response of support between agencies was once a major focus of the Life promotion program in the early stages of the program between 1999 and 2003.

The development of a protocol to receive data on suicidal behaviour from the Crisis Assessment Team of CAMHS was endorsed by the Steering Committee in August 2006. This data as considered as a means of gaining a picture of those high risk groups who present with suicidal behaviour and could assist in allocating funds to regions or to address suicidal behaviour among particular high risk groups. No data has been forthcoming and this issue has been handed to the NT Government's Suicide Prevention Coordinator to further explore.

# Prevention & Recovery Program

Rangiwhiua Ponga: P&R Coordinator

*To provide non-clinical support to people affected  
by an exacerbation of their mental health problems to enable them  
to remain in their own accommodation*

## Introduction

The Prevention and Recovery Program is an integrated model of shared subacute care between MHACA (non-government) and the Central Australia Mental Health Services (government) to facilitate the delivery of Individualized Care Packages, through:

- Clinical and non-clinical care
- Up to 8 weeks of supports
- Care provided in the “least restrictive environment”
- Short-term intensive supports to reduce an admission and/or assist the transition back home after an admission
- Continued case-management after discharge from the program
- Allied supports and other MHACA programs for clients to access at the same time

## 1. Staffing

### Recruitment & Retention

The program presently has two casual staff (1 male and 1 female) with the coordinator carrying a caseload if required. Recruitment in December resulted in the appointment of 1 female part-time and 1 female Indigenous casual. These recent positions have been offered work experience with CAMHS during periods of no referrals to ensure retention of staffing.

Casual staff have the opportunity to also work alongside the Pathways Team in group activities. Limited referrals continue to make it unviable to presently appoint 2 part-time positions. Orientation and training begin in January for the new staff.

### Training

**Std 9.** All subacute staff receive continuous training and supervision in delivery of the program. As support officers all staff have core compulsory training. For the past six months this included:

- Mental Health First Aid
- ASIST Training
- De-escalation.
- Boston Model training (Prahan Institute)
- WRAP Recovery Planning with Helen Glover
- CAMHS Risk & Acuity Assessments training
- Aboriginal Cross Cultural Awareness training

Another joint in-service training day is to be confirmed with new staff and CAMHS as part of orientation in mid February. This is critical to ensure all staff at the hospital are familiar and practiced in the referral and criteria process, it also offers opportunity for staff to know each others roles. MHACA offers other independent training identified as part of self-development for part-time staff and casuals.

## **Project 2: Information Systems**

*Establishment of effective data base and record system for MHACA delivery services*

### **Std. 9.22 – 9.27: The Coordinator / Service Manager is to establish an effective data base system to record program’s statistical data and service provisions**

In consultation with Team Health a database is being identified that better services the collection and storage of effective statistics and planning management of service delivery. Consultations to date have identified a program which may be able to be used that will be transferable to both services and other agencies at a later date. MHACA will only need to modify some of the program as it is well structured and has been previously tested.

All support officers will be trained in database use once established. A manual system is presently used where staff maintain comprehensive, factual and sequential records per Individual Care Plans. It is envisaged that once trialled, the system will begin full operation by mid June 07.

## **Project 3: Evaluation / Research of Program**

### **Std 9.31 to 9.34: Final evaluation of pilot program projected for June 07**

Debra Rickwood is due to visit MHACA and Team Health in June 2007 to complete final data of the pilot .This date was extended due to lack of referrals to create more accurate information. The Coordinator is to arrange visiting itinerary for interviews of service providers and clients

CAMHS has continued to complete HONO’s stats which are furnished with the referral, this is to reflect effects at point of entry into the program and at exit. Clients consent to stats being used in research.

## **Project 4: Steering Committee Functions**

### **Function of committee to be reviewed and determine roles**

Changes in the present committee has meant insufficient quorum numbers to hold meetings. The committee’s functions and governance are being reviewed. No meetings have been held over the past three months due to lack of a quorum. The present role is to elect new members and determine responsibilities. MHACA endorses the need to maintain a committee to assure an independent body is able to ensure adherence to policy and practice procedures by both MHACA and CAMHS.

## **Project 5: Individual Care Planning**

**Std 11.5. i) All clients referred to the program will consent and complete an Individual Care Plan with realistic goals and discharge supports in place**

**ii) MHACA program is to ensure access is available for Pathways or other service supports upon discharge and re-entry for sub acute as required**

**iii) Independent client surveys to be completed post discharge**

All Individual Care Plans are signed, actioned and reviewed by each client and / or a nominated carer. All care plans have continued ongoing case-management from CAMHS at the point of discharge unless a client moves out of the region or back into remote communities (see appendix 4 for summary of statistical data).

For remote mental health clients a more effective approach is to be investigated and is required as there is limited access to services due to the short time spent in town. A more efficient manner of receiving referrals is to be identified to ensure MHACA is aware when remote clients are brought into the area for supports. This is yet to be discussed with the Remote Mental Health Team.

All clients are effectively provided supports and integration to alternative programs where required at discharge off the program and / or remain with CAMHS / MHACA or other identified service provider for continuum of MH care. Integrated ICP includes other MHACA programs eg: Pathways activities which can assess life skills and rehabilitation for employment training.

### **Evaluation Survey**

There has only been one response from an initial trial of questionnaires post discharge. Delays in developing the questionnaire led to client's reluctance to respond after such long-term delays. This has been rectified to ensure post discharge surveys are completed after two weeks.

## **Project 6. Continued Integrated Care**

**Std 8.3 Subacute program to align and sustain collaborative allied community relationships in line with policy and practice procedures to ensure effective supports offered as options for clients/carers and families**

### **Addendum of MOU to be provided to relevant allied mental health services as identified**

All ICPs demonstrate collaborative consultations with client, carer and relevant community services at point of review and as appropriate. Allied Service Supports counter-sign ICP alongside consumer and case managers. Statistics demonstrate government and non-government liaison, including Satisfaction Survey Questionnaire when operational.

## **Project 7: Secure interim-respite accommodation for both gender-clients of program**

**Std 11.4 Supported accommodation - Accommodation secured for men entering program**

MHACA has secured two self-contained units at Alice Springs Men's Hostel, with one client to date requiring interim respite as part of discharge off the ward, prior to identifying more secure accommodation.

MHACA is meeting operational costs of this accommodation, including when beds not in use. The beds are attached to the local men's hostel making all amenities available and who assist with integration of clients back into the community as required. The hostel offers supports by management who are fully involved in ICPs. This service support began on 1 October 2006.

MHACA is yet to negotiate respite options for female clients, although accommodation has been identified. A criteria of entry to the program is that clients will have secured accommodation prior to acceptance. The availability of this respite accommodation has increased potential for client referral numbers to the program.



## Appendix 1: Pathways Data July-December 2006

	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
<b>CLIENTS</b>							
NO: IN PROGRAM	41	34	32	38	33	32	
NO: MALE	17	17	18	22	21	20	
NO: FEMALE	18	17	14	16	13	12	
INACTIVE	3	2	1	2	3	3	
NO: NEW CLIENTS	2	2	1	1	2	1	
EXITS	1	1	1	0	2	2	
<b>INDIVIDUAL SESSIONS</b>							
PROGRAM PLANNING/REVIEW	64	67.5	60.5	100	101	68	461
COUNSELLING	14	11	21.5	18	20	17.5	102
SOCIAL SKILL DEVELOPMENT	63	59	54.5	63.5	58	42	340
EDUCATION					15	4.5	19.5
LIFE SKILLS SUPPORT	12.5	49.5	44.5	38.5	26	13	184
WOMEN'S/MEN'S GROUP	31	27	37	27	23.5	3	148.5
RECREATION	21	19	15	9	15.5	30.5	110
OTHER	45	65.5	20.5	45	13	50	239
<b>TOTAL CONTACT HOURS</b>	250.5	298.5	253.5	301	272	228.5	1607
<b>DOCUMENTATION (HOURS)</b>	77.5	71	57.5	84	49.5	87.5	427
<b>EXITS:</b>							
NO: OF EXITS DUE TO:							
REFERRED ON							
ACHIEVED GOALS					1	1	
MOVED INTERSTATE/REMOTE			1		1	1	
OTHER	1						
CONSUMER CHOICE		1					

## Appendix 2: Pathways Contact with other Organisations

Organisation	July	Aug	Sept	Oct	Nov	Dec
Anglicare		2	1			
ADSCA	1		3	2		
APM		1			2	2
BINDI	1	7	5	1		
Congress	6	3	1	4	2	1
Centre Link	4	8	6	5	2	2
CAMHS	33	27	29	27	29	26
CARDHS	2					
CASA	1		1	2		
Centacare	4	1	2	1		1
CDU				2	1	
DASA			2			2
FACS	1				1	3
Holyoake	1			1		
Hospital	10	4	5	13	10	9
Life Line		1	1	4		
NYPWomen's Shelter			2			
PBSU			2	2		
Reclink				2	2	
Rotary			3	1		
Salvos	9	10	11	16	12	12
SARC			1			
STEPS		2	1	4	4	3
St Vinnies	4	2	5	4	6	5
Social +Emotional						
Territory Housing	4	2	3	1	3	1
Volunteer Center		2				
Walking/Running Group			3	1		
Women's Shelter	4	3				

### Appendix 3: LPP - Agency Meetings, Conferences & Training Attended

Agency Meetings	Interagency Meetings	Conferences & Training Attended	Training/Education Delivered
George Peckham re men's groups 5 July 06	Santa Teresa - 6 July, 13 July, 24 July 3 August 2006	Ehsan and Brent Mansell re suicide risk assessment July 06	Suicide Awareness Day – October 2006
Michelle Plozza re OATSIH Project 10 July 06	CAYPIN meeting with Delia Lawrie 6 July 06	(LG) Grief Training Dr Sheila Clarke – 8 July 2006	
Kathy Abbott of Healing Centre – 12 July 06	EXEC meeting of CAMHS – not full turn out – 10 July 06	(KS) Narrative Therapy – Dulwich Centre, Adelaide – August 06	
Community Mental Health Team – 14 July 06	GPPHCNT meeting – tel link-up 13 July	(KS) Race, Indigineity and Culture, Menzies School of Health Research, Darwin August 06	
Tanya Jones and Alana DV Counsellor and CD worker re remote work 17 July 06	Tangentyere council and CAMHS and LPP re mental health orientation and collaboration Aug 06	(LG) Richard Trudgen Capacity Building in Indigenous communities, Alice Springs - Aug 06	
Kate Ryan, Hidden Valley, 20 July 06	Steering Committee 8 Aug, and 13 Nov 2006	(LG and KS) Helen Glover – Recovery Framework Training 16 Aug 06	
Mick Campion, Waltja re men's boxing 18 July 06	Suicide Response Meeting 11 and 23 Aug. 14 Sep, 5 and 19 Dec 06	(LG) Creating Futures, CAIRNS 4 to 7 Sep 06	
Liz Archer re NSPS funding proposal - July 06		(LG) NTCOSS conference – 7 Sep 06	
Naz, Remote MH re sharing of information of clients in ST		ASIST Training Tune-up – Sep 19 and 20 2006	
OLSH re presentation for MH week – 10 Aug		MH Nurses conference Alice Springs – 2 October 2006	
Leon Petrovsky re Cairns conference 29 Aug 06		(LG) SPA Conference, Adelaide 2 to 4 Nov 2006	
Christine Palmer of SEWB at congress re World Suicide Prevention Day – Sep 2006		(CA and KS) ASIST T4T, Brisbane - 20 to 24 November 2006	
		(LG) Graduate Certificate in Suicide Prevention Studies – Griffith University -	

## Appendix 4: Subacute Statistical Data July – Dec 2006

Demographics	July	Aug	Sept	Oct	Nov	Dec	Jan	TOTAL
No of referrals	2	2			4	1		9
Male		1		1	1	1	1	5
Female								
NES	1			1	2	1	1	6
ATSI								
New to P&R	1	3			3	1		8
Consents to support								
Consents to research	2	3		1	3	2		11
Step-up	2	3		1	5	2	1	14
Step-down	1	1			2			4
Accepted / declined	2	1			1			4
Joint program Pathways		2		1	4	2	1	10
<b>ICP</b>	2acc	2acc		1dec	1dec 4acc	1acc 1dec		9acc 3dec 1 trans
<b>WARD- Round (hrs)</b>					1			
- Leave (no's)								
- Discharge (no's)	1	2.0		3.5	10.6			17.1
Consumer consultations (hrs)								
CAMHS Co-case mge/clinician								
- Family/carers	1.0	47.1	28.5	3.0	69.7	75.0	5.5	159.8
- Govt agencies	2.0	9.0	.8		11.0	3.5	1.9	28.2
- Non-govt agencies		2.0	4.3		12.1	7.8	5.0	31.2
- Case conference					3.0	1.0		4.0
<b>Partnership activities</b>		3.4	5.3		1.0			9.7
<b>- MHACA</b>								
- Community		1.0	2.8		2.5	5.8	1.0	13.1
- Cultural/Indigenous								
- Transport		1.0			9.5	7.5	4.0	22.0
- Phone calls						.5	.2	.7
<b>Disc/Rev (no's)</b>					2.5	3	1.5	7.0
- Remain CAMHS		1.4		.5	4.0			5.9
- Other MHACA programs								
- Other service provider	2	3		1	5	2	1	14
- Out of region		.5	6.0	1.3	1.0		2.5	11.3
<b>Satisfaction Survey</b>							1	
<b>Documentation</b>								

## Appendix 5: Financial statements 1 July to 31 December 2006

### GENERAL MANAGEMENT - OPERATING STATEMENT

	Budget \$	Actual \$
<b>INCOME</b>		
Surplus brought forward	54,000	54,000
Grant – DH&CS	59,130	29,564
Hire of vehicle	31,000	20,230
Mental Health Week	1,000	1,000
Interest	15,000	12,616
Membership fees	388	960
Fundraising & other	-	231
Recovered costs	-	16,752
Administration fees	190,825	93,586
<b>TOTAL INCOME</b>	<u>351,343</u>	<u>228,939</u>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Accounting and audit fees	1,200	-
Advertising	4,000	1,288
Bank charges	1,000	291
Bookkeeping	5,000	2,662
Cleaning	3,600	968
Computer support	1,500	569
Electricity	3,000	1,013
Insurance	2,300	4,213
Lease – Photocopier	1,300	687
Library	500	318
Postage	900	902
Relocation	31,882	-
Rent	4,000	-
Stationery & printing	4,000	5,353
Subscriptions & fees	2,000	1,137
Telephone	2,880	2,010
<b>Maintenance &amp; security</b>		
Repairs and maintenance	3,000	2,389
Security	700	270
<b>Motor vehicle and travel</b>		
Motor Vehicle – fuel	-	102
Motor Vehicle – insurance	-	415
Motor Vehicle – lease	3,360	1,680
Motor Vehicle – purchase	25,000	14,366
Motor Vehicle – R & M	-	60
Travel allowance	2,500	970
Travel expenses	3,500	1,504

<b>Projects</b>		
Consumables	8,000	3,210
Equipment (furniture) purchase	6,500	969
Newsletter	2,000	485
Promotions	4,000	4,237
Programme costs	4,809	2,737
<b>Training</b>		
Conferences	1,000	-
Consultancy	15,000	4,810
Professional development & training	6,400	773
Professional supervision	3,000	-
Governance Workshop & training	2,000	91
<b>Wages and salaries</b>		
Casual workers	3,000	1,239
Superannuation	14,913	6,742
Supervision - debriefing	1,500	1,121
Wages and salaries	165,699	73,201
Workers compensation	6,400	2,538
<b>TOTAL EXPENDITURE</b>	<u>351,343</u>	<u>145,320</u>
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<u>-</u>	<u>83,619</u>

**PATHWAYS PROGRAM - OPERATING STATEMENT**

	<b>Budget</b>	<b>Actual</b>
	<b>\$</b>	<b>\$</b>
<b>INCOME</b>		
Surplus brought forward	7,326	7,326
Grant - DH&CS	328,224	164,112
Hire of vehicle	3,360	1,680
Fundraising & other	-	386
Training income	-	35
<b>TOTAL INCOME</b>	<u><b>338,910</b></u>	<u><b>173,539</b></u>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	57,659	28,610
Advertising	3,000	1,836
Computer support	1,500	37
Insurance	4,600	626
Library	1,000	857
Relocation	8,000	-
Rent	8,000	1,058
Stationery & printing	1,000	993
Subscriptions & fees	500	45
Telephone	5,760	2,363
<b>Repairs, Maintenance &amp; security</b>	500	91
<b>Motor Vehicle - fuel</b>	3,500	2,328
Motor Vehicle - lease	14,000	7,000
Motor Vehicle - insurance	2,500	1,502
Motor Vehicle - R & M	3,000	2,051
Travel allowance	1,300	835
Travel expenses	3,000	731
<b>Projects</b>		
Consumables	1,055	329
Equipment purchase	3,500	390
Newsletter	4,000	970
Promotions	1,000	-
Programme costs	7,900	3,169
<b>Training</b>		
Conferences	1,600	-
Consultancy	5,000	1,979
Professional development & training	4,000	1,168
Professional supervision	4,000	-
<b>Wages and salaries</b>		
Casual workers	500	98
Superannuation	13,253	6,054
Supervision - debriefing	1,800	626
Wages and salaries	147,259	72,381
Workers compensation	10,000	5,000
<b>TOTAL EXPENDITURE</b>	<u><b>323,686</b></u>	<u><b>143,127</b></u>
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<u><u><b>15,224</b></u></u>	<u><u><b>30,412</b></u></u>

## LIFE PROMOTION PROGRAM - OPERATING STATEMENT

	<b>Budget</b>	<b>Actual</b>
	<b>\$</b>	<b>\$</b>
<b>INCOME</b>		
Surplus brought forward	22,606	22,606
Grant - DH&CS	205,176	102,224
Fundraising & other	-	16
<b>TOTAL INCOME</b>	<b>227,782</b>	<b>124,846</b>
 <b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	41,001	19,506
Advertising	1,500	251
Computer support	500	319
Insurance	2,300	313
Library	1,000	410
Relocation	4,000	-
Rent	4,000	987
Stationery & printing	500	-
Subscriptions & fees	350	391
Telephone	2,880	1,529
<b>Repairs, Maintenance &amp; security</b>	250	-
<b>Motor vehicle - fuel</b>	3,000	638
Motor vehicle - insurance	1,360	415
Motor vehicle - lease	20,000	10,000
Motor vehicle - R & M	1,000	687
Travel allowance	3,500	1,353
Travel expenses	4,080	3,591
<b>Projects</b>		
Consumables	1,000	204
Equipment purchase	2,000	577
Newsletter	2,000	485
Promotions	1,000	1,041
Programme costs	18,974	4,283
Workshop costs	1,000	-
<b>Training</b>		
Conferences	1,000	4,455
Consultancy	3,731	313
Professional development & training	3,012	1,814
Professional supervision	2,000	-
<b>Wages and salaries</b>		
Casual workers	-	50
Superannuation	7,854	4,030
Supervision - debriefing	1,000	170
Wages and salaries	88,562	43,732
Workers compensation	3,428	1,714
<b>TOTAL EXPENDITURE</b>	<b>227,782</b>	<b>103,258</b>
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>(0)</b>	<b>21,588</b>

**LIFE PROMOTION TENNANT CREEK - OPERATING STATEMENT**

	<b>Budget</b>	<b>Actual</b>
	<b>\$</b>	<b>\$</b>
<b>INCOME</b>		
Surplus brought forward	32,371	32,371
Grant - DH&CS	30,628	15,314
Recovered costs	-	37
<b>TOTAL INCOME</b>	<u>62,999</u>	<u>47,722</u>
<b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	11,340	3,780
Advertising	325	-
Computer support	325	283
Library	1,125	116
Postage	150	39
Rent	1,950	-
Stationery & printing	375	109
Telephone	900	723
<b>Maintenance &amp; security</b>		
Repairs and maintenance	-	-
<b>Motor vehicle and travel</b>		
Motor Vehicle - fuel	1,500	744
Motor Vehicle - lease	3,696	1,848
Travel allowance	1,125	855
Travel expenses	4,408	3,770
<b>Projects</b>		
Consumables	750	7
Equipment, furniture	-	216
Promotions	750	-
Programme costs	750	49
<b>Training</b>		
Professional development & training	3,000	2,818
Professional supervision	750	-
<b>Wages and salaries</b>		
Casual workers	-	-
Superannuation	2,324	967
Supervision - debriefing	500	-
Wages and salaries	25,830	10,739
Workers compensation	1,126	563
<b>TOTAL EXPENDITURE</b>	<u>62,999</u>	<u>27,626</u>
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<u>0</u>	<u>20,096</u>

## SUBACUTE PROGRAM - OPERATING STATEMENT

	Budget	Actual
	\$	\$
<b>INCOME</b>		
Surplus brought forward	14,842	14,842
Grant - DH&CS	296,828	148,414
<b>TOTAL INCOME</b>	<b>311,670</b>	<b>163,256</b>
 <b>EXPENDITURE</b>		
<b>Administration</b>		
Administration fees	56,101	26,275
Advertising	1,500	-
Computer support	1,000	141
Insurance	2,300	313
Library	500	86
Relocation	4,000	-
Rent	4,000	769
Stationery & printing	500	25
Subscriptions & fees	300	-
Telephone	2,880	1,070
<b>Repairs, Maintenance &amp; security</b>	-	-
<b>Motor vehicle and travel</b>		
Motor Vehicle - fuel	1,000	676
Motor Vehicle - lease	11,000	5,498
Motor Vehicle - insurance	1,500	415
Motor Vehicle - R & M	1,000	815
Travel allowance	455	-
Travel expenses	1,640	43
<b>Projects</b>		
Consumables	2,000	184
Equipment purchase	1,500	-
Newsletter	2,000	485
Promotions	1,000	-
Programme costs	19,200	1,696
<b>Training</b>		
Conferences	1,000	-
Consultancy	5,770	1,146
Professional development & training	6,000	473
Professional supervision	3,000	-
Training and Promotion Transfer	50,699	50,699
<b>Wages and salaries</b>		
Casual workers	39,139	12,799
Superannuation	9,000	4,557
Supervision - debriefing	1,500	323
Wages and salaries	73,686	30,484
Workers compensation	6,500	3,250
<b>TOTAL EXPENDITURE</b>	<b>311,670</b>	<b>142,222</b>
<b>OPERATING SURPLUS/ (DEFICIT)</b>	<b>0</b>	<b>21,034</b>

