

# MHACA

Mental Health Association of Central Australia

## Strategic Plan 2008 – 2011



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*Facilitated by CDC Consulting – Community Development Concepts*

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# Executive Summary

*This Strategic Plan is a pivotal tool which sets out the direction for MHACA throughout 2008 to 2011. It will assist in the ongoing development of the Association which has grown significantly throughout 2004 to 2007, including the securing of larger premises to more comfortably accommodate increased staff numbers and increased consumer participation.*

*MHACA's philosophy of consumer-driven recovery is reflected in its service model and in the inclusion of and emphasis on consumers, equally focusing on people's mental health and wellbeing rather than their mental illness as central to recovery.*

*The Strategic Plan encompasses the concerns and aspirations of the people and community associated with MHACA. The process of developing this plan has enabled MHACA to review its current programs and to consider the best possible service to people living with mental health problems. MHACA's strategic direction aims to balance the delivery of support programs with training delivery, research, advocacy and activities that aim to raise community awareness of mental health issues. The plan continues to apply MHACA's principles of collaboration and partnership that have been demonstrated through the Day-to-Day Living Program, the GROW Drop-In Centre, the Waltja "We Know Our Strengths" Project, and the newly formed Headspace Youth Service.*

*Those who contributed to this plan include staff members from Alcohol and Other Drugs Service Central Australia (ADSCA) Alice Outcomes (Centralian College), Basic Needs (International mental health service), Centacare, Central Australian Mental Health Service (CAMHS), Central Australian Aboriginal Congress: SEWB, GROW, Alice Springs Hospital: Mental Health Unit, NT Mental Health Carers, Territory Housing and the national Mental Health Council of Australia.*

*Prior to the 2008-2011 Strategic Plan being developed, a review of the previous plan was conducted and reported against. Key recommendations were identified and these have been incorporated into the development of the new plan. A copy of the 2004-2007 evaluation report is available on the MHACA website at [www.mhaca.org.au](http://www.mhaca.org.au).*

*As a key part of the planning process, MHACA also sought feedback via forums, surveys and interviews. An independent consultant facilitated specific forums for consumers and external agencies. Summaries of each forum discussion, and the feedback obtained from surveys, were collated into a comprehensive feedback table which assisted in informing MHACA staff in their completion of the plan. Staff participated in two planning days, with the Management Committee also participating in a planning session.*

*Thank you to the many people who participated in the preparation of this Plan - consumers, carers, staff, committee members and service providers who contributed ideas and feedback.*

# Background

## The National Context

The National Mental Health Strategy aims:

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

The Council of Australian Governments (COAG) National Action Plan on Mental Health 2006-2011 was implemented in recognition of the "need for change in the way governments respond to mental illness"<sup>1</sup>. Initiatives funded under the plan also "emphasize the role of the non government sector in the delivery of a wide range of community support services".<sup>1</sup>

National Action Plan	Agreed Outcomes
<ul style="list-style-type: none"><li>• Promotion, prevention and early intervention</li><li>• Integrating and improving the care system</li><li>• Participation in the community, in particular through employment and stable accommodation</li><li>• Increasing workforce capacity</li><li>• Coordinating care</li></ul>	<ul style="list-style-type: none"><li>• Reducing the prevalence and severity of mental illness in Australia</li><li>• Reducing the prevalence of risk factors that contribute to the onset of mental illness and prevent long term recovery</li><li>• Increasing the ability of people with a mental illness to participate in the community, employment, education and training, including through an increase in access to stable accommodation</li><li>• Increasing the proportion of people with an emerging or established mental illness who are able to access the right health care and other relevant community services at the right time, with a particular focus on early intervention</li></ul>

*1 National Mental Health Report 2007*

## Central Australian Context

The Central Australia region is geographically defined as an area of approximately 700,000 square kilometres in the Northern Territory. It extends from Kulgera on the South Australia border to 750 kilometres north, west to the Western Australia border, and east to the Queensland border (see Appendix A).

The region encompasses urban centres, remote communities and outstations. The major town is Alice Springs, which has an estimated resident population of 26,194 people<sup>2</sup>. The number of people identifying as indigenous in Alice Springs is 4,494. The median age of Alice Springs is 33, compared with a median age of 37 for the rest of Australia.

Mental Health issues, combined or not with alcohol and drug abuse, exist in Alice Springs for the broader community as a whole. However, there are significant factors impacting on service delivery to indigenous clients, particularly those residing in remote communities. These are:

- Significant alcohol and volatile substance abuse exists in Aboriginal communities, exacerbating mental health problems
- Small populations scattered over a large geographical area where services are limited or non-existent
- The number of indigenous languages spoken in the region
- The lack of trained professionals and staff recruitment and retention problems
- Distances to travel and poor road conditions
- The transience of indigenous people moving between remote and urban centres
- The Federal Government intervention and its impact on service delivery
- Cross-border issues that impact on clients based in other states who travel to Alice Springs for treatment or services (there are three separate State/Territory Mental Health Acts for NT, SA and WA)

## Mental Health Services in Central Australia

### **NT Government**

The NT Government, through its Central Australian Mental Health Services (CAMHS), provides the public sector specialist services. These include:

- Acute Inpatient Mental Health Unit at the Alice Springs Hospital with a 6-8 bed capacity
- Community Mental Health team + child and youth psychiatric liaison, for outpatients and ongoing case management
- CAT (Crisis Assessment and Treatment) team: extended hours assessment and care available to respond to crisis presentations (CAT team)
- Remote area team, visiting the remote communities for assessment and case management away from Alice Springs
- Forensic team based at the Correctional facilities (jail) for prisoners suffering mental disorders.

<sup>2</sup> ABS 2006 census of population

## **Non-Government (Community Sector) Services**

Mental health services are provided by indigenous organisations and other non-Government organisations including MHACA. These services include indigenous specific social and emotional wellbeing programs, telephone support, counselling, carer support, self-help groups, youth specific support, alcohol and other drug services, support to access employment and education, housing support and assistance with day-to-day living. MHACA collaborates with these service providers to encourage and ensure coordination and communication between all the relevant stakeholders.

## **MHACA Services**

- Psychosocial rehabilitation
- Support before and after acute stages of mental illness
- Support for day to day living in the community
- Suicide prevention and research
- Housing support
- Mental health training
- Mental health promotion
- Advocacy
- Administration

## **Definitions**

### **Mental Health**

Mental health is 'a state of emotional and social well being in which an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community'<sup>1</sup>. Good mental health is fundamental to the wellbeing of individuals, their families and the community as a whole.

### **Mental Illness**

Mental illness 'refers to a group of disorders that affect the way a person thinks, feels and acts. Mental illnesses include depression, bipolar disorder, schizophrenia, anxiety and personality disorders. These illnesses affect 1 in 5 Australians at some stage in their lives, varying from mild or temporary to severe or prolonged.'<sup>2</sup>

<sup>1</sup> *National Mental Health Report 2007*

<sup>2</sup> *Mental Illness Fellowship of Australia 2005*

## **Recovery Model**

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

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

## **The Boston University Psychiatric Rehabilitation model**

This model aims to assist 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.

The model is focused on:

- the person first and foremost as a person with strengths, not as a "case" exhibiting symptoms of disease
- performance of everyday activities
- people participating in all aspects of their rehabilitation
- tailoring all aspects of their rehabilitation program to the person's needs and wants
- the specific context of where a person lives, learns, socializes and/or works
- people making choices and accepting responsibility for their lives
- evaluating rehabilitation in terms of the impact on client outcomes
- providing assistance for as long as it is needed and wanted
- the inherent capacity of any person to improve his or her functioning and status

# MHACA Vision

To enhance mental health and wellbeing for people living in Central Australia.

## Objectives

MHACA is a community-based organization that endeavours:

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

## Core Values

- ❖ Consumer-driven Recovery
- ❖ Respect and Dignity
- ❖ Choice
- ❖ Consumer Voice
- ❖ Faith and Hope
- ❖ Inclusiveness
- ❖ Openness and Acceptance
- ❖ Understanding and Caring
- ❖ Fairness
- ❖ Empowerment
- ❖ Professional Competency
- ❖ Accountability and Transparency
- ❖ Collaboration and Partnerships

## Recovery Focus

MHACA supports the principle that consumers direct and influence their own recovery and that their mental health and wellbeing rather than their mental illness is central to recovery.

This Recovery Framework is focused on the following basic human rights:

- 1. Purposeful activity/work**  
(vocational training and employment)
- 2. Housing**  
(transitional and independent accommodation)
- 3. Social acceptance**  
(to function confidently in the community)
- 4. Active participation in life decisions**  
(to make choices and take responsibility)
- 5. Access to information, resources and tools**  
(to have the knowledge, resources and skills to make decisions)

## Key Goal Areas

The Strategic Plan has been divided into four Key Goal Areas:

### 1. Quality Service Provision

***To provide quality services in line with MHACA's vision, current research and policy (evidence base), and the needs of our community, with a primary focus on promotion, prevention, early intervention & recovery***

- 1.1 To provide a quality psychosocial support and outreach program that focuses on the prevention of, and recovery from mental health problems.
- 1.2 To provide a comprehensive system of care for consumers in collaboration with stakeholders.
- 1.3 To provide a system of orientation and intake for MHACA client services.
- 1.4 To support a community development approach to the prevention of suicide in Central Australia.
- 1.5 Provide a quality housing support program for MHACA clients.

## **2. Responsive Service Delivery**

***To provide services which are responsive to the needs of consumers, carers, current research and policy, and the context of Central Australia***

- 2.1 To ensure that MHACA service delivery is responsive to the needs of consumers and carers.
- 2.2 To ensure current policy and research informs key stakeholders and MHACA's practice.
- 2.3 To ensure MHACA's practice reflects the context of Central Australia.
- 2.4 Effectively advocate for the improvement of mental health systems and support.
- 2.5 To develop an evaluation system for the organization to assess the effectiveness of programs and systems that support the ongoing development of MHACA services.

## **3. Mental Health Awareness**

***To provide information, education, training, workshops, special events and forums to help raise community awareness and reduce stigma associated with mental illness and suicide***

- 3.1 Provide information, education and training to raise community awareness and reduce stigma.
- 3.2 Improved community access & uptake of resources and activities.

## **4. Management and Governance**

***To provide effective leadership and transparency through good planning, organizing, resourcing and partnerships to accomplish MHACA's objectives***

- 4.1 To ensure a strong governance and management structure.
- 4.2 To develop an improved system of orientation for staff to the mental health sector, including MHACA.
- 4.3 To ensure MHACA's human resources are equipped to provide a quality service.
- 4.4 To build strong partnerships with key stakeholders.

# MHACA Strategic Plan 2008 – 2011

## Key Goal Area 1: Quality Service Provision

**To provide quality services in line with MHACA's vision, current research and policy (evidence base), and the needs of our community, with a primary focus on promotion, prevention, early intervention & recovery**

### 1.1 To provide a quality psycho-social support and outreach program that focuses on the prevention of, and recovery from mental ill-health

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
1.1.1 Develop and maintain a relationship with consumer's that supports recovery.	<ul style="list-style-type: none"> <li>Consumer, carer and staff feedback questions identify link between recovery and the relationship with support worker</li> </ul>	Client support staff	Ongoing	Wellness, Recovery Action Plan (WRAP) database
1.1.2 Provide a range of Psycho-social supports that; develop inner resources - support day to day livi in regard to transport, cooking, hygiene, shopping - facilitate access to support services	<ul style="list-style-type: none"> <li>Number of and analysis of opportunities to access and participate in meaningful activities such as work, training, recreation, peer support or other valued roles</li> </ul>	Service Manager & Client support staff	Ongoing	WRAP database
1.1.3 Provide activities and events in line with the interests of consumers and in keeping with the psycho-social rehabilitation model.	<ul style="list-style-type: none"> <li>Number of activities and events provided</li> </ul>	Client support staff	Ongoing	WRAP database

1.1.4	Continue to develop opportunities for consumer-driven recovery through relevant self help groups and facilitated group work, i.e. mental health issue specific, gender specific issues (e.g. men's health) or common interest (e.g. writing group).	<ul style="list-style-type: none"> <li>Number of self-help groups and activities supported</li> </ul>	Client support staff	Ongoing	WRAP database
1.1.5	Continue to provide a counseling service and a supported drop in service.	<ul style="list-style-type: none"> <li>Counselling service monitored and evaluated</li> </ul>	Client support staff	June 2009	WRAP database Service & Annual Report

## 1.2 To provide a comprehensive system of care for consumers in collaboration with stakeholders

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
1.2.1 To develop a protocol that allows support staff and consumers to catch up without being restricted to appointment-only arrangements	<ul style="list-style-type: none"> <li>A protocol is developed and documented in collaboration with consumers, carers and staff</li> </ul>	Service Manager & Client support staff	2008	Policy & Procedure Manual
1.2.2 To support consumers to develop, take ownership of, and review their Wellness and Recovery Action Plans (WRAP) or relevant care plan	<ul style="list-style-type: none"> <li>Care plans developed for all consumers with active input from consumers whenever possible</li> <li>Review and analysis of care plans with consumers and strategies developed to address issues raised</li> </ul>	Service Manager & Client support staff	Ongoing	WRAP database Service & Annual Report
1.2.3 To work in collaboration with relevant external agencies to ensure that the care plan provides consumer access to a comprehensive range of supports.	<ul style="list-style-type: none"> <li>Review of care planning system. Number of case conference meetings, strategies developed and progressed actions</li> </ul>	Service Manager & Client support staff	Ongoing	WRAP database

1.2.4 Provide opportunities for consumers to access information about mental health and recovery focused strategies.	<ul style="list-style-type: none"> <li>Number of and analysis of information on mental health provided to client or carers</li> </ul>	All Staff	ongoing	WRAP database
1.2.5 Collect information through assessment tool results to assist in development of strategies to improve client outcomes.	<ul style="list-style-type: none"> <li>Number of and analysis of aggregate data and information</li> </ul>	Client support staff	ongoing	WRAP database
1.2.6 To ensure families and carers are provided with the opportunity to be included in care planning.	<ul style="list-style-type: none"> <li>Number of case conference meetings, active involvement of carer's within meetings, strategies developed and progressed actions.</li> </ul>	All Staff	ongoing	WRAP database

### 1.3 To provide a system of orientation and intake for MHACA client services

<b>STRATEGIES (Actions)</b>	<b>Performance Indicator (Measures)</b>	<b>Response Area</b>	<b>Time Frame</b>	<b>Reporting Area</b>
1.3.1 To review the current system of orientation and intake and develop an improved system.	<ul style="list-style-type: none"> <li>System reviewed and an improved system is trialed</li> </ul>	Service Manager & Client support staff	2008	Service & Annual Report Policy & Procedure Manual
1.3.2 To update the eligibility criteria for MHACA services.	<ul style="list-style-type: none"> <li>Updated criteria in use</li> </ul>	All staff & Management Committee	2008	Policy & Procedure Manual

#### 1.4 To support a community development approach to the prevention of suicide in Central Australia

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
1.4.1 Develop resources, disseminate information and develop activities that contribute to the understanding and awareness of the issue of suicide in the Central Australian context.	<ul style="list-style-type: none"> <li>Resources and activities are developed, promoted and evaluated in line with project objectives, and relevant information is disseminated.</li> </ul>	Life Promotion Team	2008	Service & Annual Report
1.4.2 Ensure support and information is made available to those impacted by a death by suicide and monitor the current model of support and other models	<ul style="list-style-type: none"> <li>Response to suicide is evaluated on an annual basis, adjustments implemented and collaboration with other relevant models of support is considered</li> </ul>	Life Promotion Team	2009	Service & Annual Report
1.4.3 Continue to monitor systems of support for those people at high risk of suicide	<ul style="list-style-type: none"> <li>The current system is monitored through the steering committee</li> </ul>	Life Promotion Team	2010	Service & Annual Report
1.4.4 Provide opportunities for community input and collaboration on current and future suicide prevention strategies in Central Australia	<ul style="list-style-type: none"> <li>Life Promotion steering committee meetings held four times a year and at least one partnership project is developed.</li> </ul>	Life Promotion Team	Ongoing	Service & Annual Report
1.4.5 Deliver appropriate suicide awareness and intervention skills training on a regular basis to the Central Australian community	<ul style="list-style-type: none"> <li>Three or more training sessions are delivered and evaluated each year.</li> </ul>	Life Promotion Team	Ongoing	Service & Annual Report
1.4.6 Investigate funding options for the completion of suicide story as a train the trainer program and it's delivery in remote and regional communities	<ul style="list-style-type: none"> <li>Funding options are made available and Suicide Story is completed and delivered at least three times per year in Central Australia</li> </ul>	Life Promotion Team	Ongoing	Service & Annual Report

## 1.5 Provide a quality housing support program for MHACA clients

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
1.5.1 Develop a Housing Support Model that identifies housing needs and support options for MHACA clients.	<ul style="list-style-type: none"> <li>Housing Support model developed and housing needs identified</li> </ul>	General Manager/ Administrator	2008	Service & Annual Report
1.5.2 Ensure consumer input into housing support model design.	<ul style="list-style-type: none"> <li>Consumer focus outcomes provided</li> </ul>	Consultant/ GM/ Service Manager	2008	Service & Annual Report
1.5.3 Continue to identify funding, advocate for and provide appropriate housing.	<ul style="list-style-type: none"> <li>Funding secured and appropriate housing purchased and provided</li> <li>Housing issues highlighted and addressed</li> </ul>	Senior Staff	Ongoing	Service & Annual Report
1.5.4 Develop and maintain an appropriate landlord system for MHACA clients.	<ul style="list-style-type: none"> <li>Review landlord system</li> </ul>	Administrator	Ongoing	Service & Annual Report Policy & Procedure Manual
1.5.5 Continue to collaborate with relevant housing support agencies to meet the needs of clients.	<ul style="list-style-type: none"> <li>Link to relevant housing agencies and evaluate the system of collaboration</li> </ul>	General Manager/ Service Manager	Ongoing	Service & Annual Report

## Key Goal Area 2: Responsive Service Delivery

**To provide services which are responsive to the needs of consumers, carers, current research and policy, and the context of Central Australia.**

### 2.1 To ensure that MHACA service delivery is responsive to the needs of consumers and carers

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
2.1.1 To ensure consumer participation in service development through a structured system of consumer consultation	<ul style="list-style-type: none"> <li>Forums, suggestion box, committees, independent evaluation forms and other consultation processes are used to develop services.</li> </ul>	Management Committee/ Senior staff	Ongoing	Service & Annual Report
2.1.2 Provide and encourage participation in training that builds capacity & confidence to actively provide input.	<ul style="list-style-type: none"> <li>Information, training and mentoring provided to encourage consumer participation and evaluated</li> </ul>	Client Support Staff/Training & Promotion Officer	Ongoing	Service & Annual Report
2.1.3 Ensure a system of payment in recognition of the specified role.	<ul style="list-style-type: none"> <li>Number of consumers in paid roles</li> <li>Evaluation of payment system</li> </ul>	Management Committee/ Administrator	Ongoing	Service & Annual Report
2.1.4 To provide opportunities for carers and family to provide input into MHACA's service development.	<ul style="list-style-type: none"> <li>Committees, forums, surveys, care planning and special meetings are arranged for carer and family involvement and input</li> <li>Issues raised are followed up</li> </ul>	Management Committee/ Senior staff/ Client support staff	Ongoing	Service & Annual Report

## 2.2 To ensure current policy and research informs key stakeholders and MHACA's practice

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
2.2.1 To keep abreast of national mental health policy and inform relevant stakeholders	<ul style="list-style-type: none"> <li>MHACA is represented at relevant forums and information is fed back to stakeholders via inBalance articles, minutes of meetings and distribution networks</li> </ul>	General Manager/ Senior staff	Ongoing	Service & Annual Report
2.2.2 To ensure that national policy, frameworks and mental health standards are reflected in MHACA'S service delivery.	<ul style="list-style-type: none"> <li>Annual review of MHACA standards and frameworks are reflected in MHACA practice and tied to quarterly work plans</li> </ul>	Management Committee/ Senior staff	2009	Service & Annual Report
2.2.3 To work in partnership with other organisations to develop relevant local research into mental health.	<ul style="list-style-type: none"> <li>Partnership project undertaken</li> </ul>	General Manager/ Senior staff	2009	Service & Annual Report

## 2.3 To ensure MHACA's practice reflects the context of Central Australia

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
2.3.1 Create an environment within the organization that is welcoming, inclusive, safe and comfortable for all community members.	<ul style="list-style-type: none"> <li>Increased usage of service by consumer, service providers and the community.</li> <li>Evaluation of satisfaction with the MHACA space</li> </ul>	All Staff  Client support staff	Ongoing	Service & Annual Report  WRAP database

2.3.2 To identify and develop appropriate resources	<ul style="list-style-type: none"> <li>Resources are found, developed and utilized</li> </ul>	Senior Staff	Ongoing	Service & Annual Report Senior meeting minutes
2.3.3 Expand MHACA service delivery to better meet the needs of Central Australian indigenous community	<ul style="list-style-type: none"> <li>Increased participation of indigenous clients, workers and agencies in the work of MHACA</li> <li>Other activities developed to encourage indigenous participation i.e. partnerships with indigenous organizations, cultural activities, outreach to town camps, Life Promotion remote work, indigenous workforce, cross cultural training</li> </ul>	Management Committee/ All staff	Ongoing	Service & Annual Report Management Committee & staff meeting Minutes
2.3.4 Expand MHACA service delivery to better meet the needs of Central Australian young people	<ul style="list-style-type: none"> <li>Increase participation of young people and youth organisations in the work of MHACA</li> </ul>	Management Committee/ All staff	Ongoing	Service & Annual Report
2.3.5 To develop appropriate activities/training for older people with mental health issues in partnership with relevant aged care services.	<ul style="list-style-type: none"> <li>Activities and training developed to meet the needs of older people with mental health issues</li> </ul>	Management Committee/ All staff	Ongoing	Service & Annual Report
2.3.6 To work in partnership with other organisations to develop relevant mental health programs.	<ul style="list-style-type: none"> <li>Programs developed</li> </ul>	Senior staff	Ongoing	Service & Annual Report

## 2.4 Effectively advocate for the improvement of mental health systems and support

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
2.4.1 To support and/or develop a coordination role to improve communication about the range of mental health services for the wider community.	<ul style="list-style-type: none"> <li>• Demonstrated improved links to and knowledge of mental health services</li> <li>• Distribution of information through emails, newsletter etc</li> </ul>	General Manager/ Senior Staff	Ongoing	Service & Annual Report  NT Coalition reports
2.4.2 Identify gaps in and challenges with the current mental health service delivery and advocate to address areas of need with relevant Government departments and peak organisations.	<ul style="list-style-type: none"> <li>• Minuted discussions at local, territory and national meetings</li> <li>• Survey results from peak body</li> <li>• Governments are informed and MHACA program service agreements are altered to reflect the needs in the community</li> <li>• Needs identified are in written format and inform local, territory and national discussions and program development</li> <li>• Awareness of issues that need addressing are raised via forums, public meetings and inBalance newsletter</li> </ul>	General Manager/ Management Committee/ All staff	Ongoing	Service & Annual Report  Minutes of relevant committees and forums
2.4.3 Improve on the current data collection and evaluation of MHACA client programs	<ul style="list-style-type: none"> <li>• A organization data system is developed that provides information on client progress</li> <li>• Support programs are evaluated via consultation mechanisms</li> </ul>	Senior Staff	2009	Service & Annual Report  WRAP database

**2.5 To develop an evaluation system for the organization to assess the effectiveness of programs and systems that support the ongoing development of MHACA services**

<b>STRATEGIES (Actions)</b>	<b>Performance Indicator (Measures)</b>	<b>Response Area</b>	<b>Time Frame</b>	<b>Reporting Area</b>
2.5.1 To develop evaluation system for the organization	<ul style="list-style-type: none"> <li>Evaluation system identified and used</li> </ul>	General Manager & Administrator	2009	Service & Annual Report
2.5.2 To develop a database system for the collection of a range of information	<ul style="list-style-type: none"> <li>Database in operation</li> </ul>	General Manager & Administrator	2009	Service & Annual Report

## Key Goal Area 3: Mental Health Awareness

**To provide information, education, training, workshops, special events and forums to help raise community awareness and reduce stigma associated with mental illness and suicide.**

### 3.1 Provide information, education and training to raise community awareness and reduce stigma

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
3.1.1 Continue to provide recognized and requested training in mental health and suicide awareness.	<ul style="list-style-type: none"> <li>ASIST, Mental Health First Aid and other relevant training is delivered, documented and evaluated.</li> <li>Requests for training is documented</li> </ul>	Training & Promotion Officer / Life Promotion Team / trained staff	Ongoing	Service & Annual Report
3.1.2 Provide a range of community activities to raise community awareness and reduce stigma.	<ul style="list-style-type: none"> <li>Forums, events and other relevant activities are evaluated and attendance and feedback documented in reports and newsletters</li> </ul>	Training & Promotion Officer/ Senior Staff	Ongoing	Service & Annual Report Inbalance
3.1.3 Continue to develop and improve MHACA promotional tools to highlight the organization's objectives and services.	<ul style="list-style-type: none"> <li>Newsletter, brochures, website, staff profiles, consumer stories and other promotional tools are developed and evaluated</li> <li>Promotional mediums are expanded to include radio and TV and interagency forums</li> </ul>	Training & Promotion Officer / Senior staff	Ongoing	MHACA website Service & Annual Report Promotional material

3.1.4 Develop a broad orientation package with information on all mental health services, groups and supports in Central Australia.	<ul style="list-style-type: none"> <li>Improved orientation resource is developed in written format, for the website and on DVD</li> <li>Fact sheets are developed on specific mental health issues</li> </ul>	Senior staff/ Consultant	2009	Service & Annual Report
3.1.5 Contribute to mental health awareness in the Barkly region through a worker based in Tennant Creek	<ul style="list-style-type: none"> <li>Workshops, training and events are developed and evaluated</li> <li>The worker viability in the Barkly is reviewed annually</li> </ul>	Life Promotion Team	2009	Service & Annual Report

### 3.2 Improved community access & uptake of resources and activities

<b>STRATEGIES (Actions)</b>	<b>Performance Indicator (Measures)</b>	<b>Response Area</b>	<b>Time Frame</b>	<b>Reporting Area</b>
3.2.1 Develop a MHACA resource library and borrowing system.	<ul style="list-style-type: none"> <li>Resources are catalogued and tracked</li> </ul>	Training & Promotion Officer	2009	Service & Annual Report
3.2.2 Provide IT assistance for the community to access mental health information via internet and MHACA website.	<ul style="list-style-type: none"> <li>An IT system is developed and it's use evaluated</li> </ul>	Training & Promotion Officer	2009	MHACA website

## Key Goal Area 4: Management and Governance

**To provide effective leadership and transparency through good planning, organizing, resourcing and partnerships to accomplish MHACA's objectives.**

### 4.1 To ensure a strong governance and management structure

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
4.1.1 To consolidate the organizational infrastructure and ensure continuous improvement.	<ul style="list-style-type: none"> <li>Annual Review undertaken and new policies developed and updated.</li> <li>Evidence of policy reflected in practice through orientation, training and evaluation</li> <li>Annual review of the constitution</li> <li>Annual monitoring and review of progress against Strategic direction to document achievements and challenges to inform planning</li> </ul>	General Manager GM /Senior staff Management Committee Management Committee	Ongoing	Service & Annual Report  Policy & Procedure Manual
4.1.2 To provide administrative and training support for the Management Committee in their roles and responsibilities.	<ul style="list-style-type: none"> <li>Training is developed in the roles of responsibilities of the Committee of Management</li> <li>Administrative support is provided to the Management Committee</li> </ul>	Management Committee/ Administrator	Ongoing	Service & Annual Report
4.1.3 To develop strategies to increase and strengthen the resources and financial viability of the organization.	<ul style="list-style-type: none"> <li>Strategies are developed, resources are acquired and strengthened and audits are undertaken</li> </ul>	Management Committee/GM Administrator	Ongoing	Service & Annual Report

4.1.4 Develop a means of documenting the corporate knowledge of MHACA so that it is retained and utilized.	<ul style="list-style-type: none"> <li>• Corporate knowledge of staff and Committee members is documented</li> <li>• New staff and committee members are provided with information via the corporate knowledge documentation</li> </ul>	Senior Staff and Management Committee	Ongoing	Service & Annual Report MHACA website Policy & Procedure Manual
4.1.5 Ensure an Annual Action plan is developed for all program areas.	<ul style="list-style-type: none"> <li>• Independent facilitated planning day to develop action plans for each program area.</li> </ul>	GM and Management Committee	Ongoing	Service & Annual Report
4.1.6 To develop a communication strategy that includes training for MHACA spokespersons.	<ul style="list-style-type: none"> <li>• A communication strategy is developed and training provided</li> </ul>	Senior staff/ All staff	2009	Service & Annual Report
4.1.6 Develop a risk management plan	<ul style="list-style-type: none"> <li>• Risk Management Plan is developed</li> </ul>	Administrator	2009	Service & Annual Report
4.1.7 Regularly assess occupational health and safety issues and appoint a representative among the staff/consumers to be the OH&S representative.	<ul style="list-style-type: none"> <li>• OH&amp;S issues are assessed annually and a representative is appointed</li> </ul>	Administrator	2009	Service & Annual Report Policy & Procedure Manual
4.1.9 Identify and implement team building activities.	<ul style="list-style-type: none"> <li>• Annual team building activity is implemented and evaluated</li> <li>• Staff work satisfaction is evaluated on an annual basis</li> </ul>	General Manager and Management Committee	2009	Service & Annual Report

#### 4.2 To develop an improved system of orientation for staff to the mental health sector, including MHACA

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
4.2.1 To develop an orientation program for new staff to be carried out within the first 6 weeks and included in the Policy and Procedures manual.	<ul style="list-style-type: none"> <li>Documentation of staff who have participated in orientation program and evaluation of orientation occurs</li> <li>Policy developed on orientation</li> </ul>	Senior Staff/ Administrator	2009	Service & Annual Report

#### 4.3 To ensure MHACA's human resources are well equipped to provide a quality service

STRATEGIES (Actions)	Performance Indicator (Measures)	Response Area	Time Frame	Reporting Area
4.3.1 To review and develop conditions of employment through a Collective Workplace Agreement.	<ul style="list-style-type: none"> <li>Workplace agreement in place</li> </ul>	Management Committee/ GM	2008	Policy & Procedure Manual Service & Annual Report
4.3.2 To develop strategies that strengthen recruitment and retention.	<ul style="list-style-type: none"> <li>Evaluate staff satisfaction through surveys and performance appraisals</li> <li>Development of Indigenous &amp; Consumer employment strategy to work at MHACA</li> <li>Provide opportunities for student placements and secondments of external/internal staff at other agencies.</li> </ul>	General Manager/ Senior staff	Ongoing	Performance Appraisal results Policy & Procedure Manual Service & Annual Report

4.3.3 To provide staff with opportunities to act in different and senior roles.	<ul style="list-style-type: none"> <li>No of opportunities accessed and skills developed.</li> </ul>	Senior Staff	Ongoing	Training Plans MYOB system
4.3.4 To recognize existing staff skills and interest to improve and expand service delivery i.e. arts, film, gardening etc.	<ul style="list-style-type: none"> <li>No of opportunities to use special skills</li> </ul>	Senior Staff	Ongoing	Training Plans Performance Appraisal results
4.3.5 To provide improved support through regular scheduled performance support and appraisals.	<ul style="list-style-type: none"> <li>Performance appraisal undertaken, All work-plans up-to-date and meetings undertaken</li> </ul>	Chairperson/ senior staff	Ongoing	Personal files
4.3.6 To develop a training framework that ensures all staff fulfill essential skill development and access professional development opportunities.	<ul style="list-style-type: none"> <li>Core training</li> <li>Tailored training plan</li> </ul>	Senior Staff	2009	Policy & Procedure Manual
4.3.7 Develop partnerships with universities and training organizations to expand career pathways and tertiary skills of MHACA workforce.	<ul style="list-style-type: none"> <li>Staff in Tertiary Institutions</li> </ul>	General Manager	2010	Service & Annual Report

#### 4.4 To build strong partnerships with key stakeholders

<b>STRATEGIES (Actions)</b>	<b>Performance Indicator (Measures)</b>	<b>Response Area</b>	<b>Time Frame</b>	<b>Reporting Area</b>
4.4.1 To identify and pursue opportunities for collaboration around shared or common issues.	<ul style="list-style-type: none"> <li>Report on collaboration and achievements</li> <li>Partnerships</li> </ul>	Senior staff	Ongoing	Service & Annual Report
4.4.2 To recruit and encourage active membership and develop relevant networks.	<ul style="list-style-type: none"> <li>Increased and diverse membership</li> <li>Report on networks</li> </ul>	Management Committee/ senior staff	Ongoing	Service & Annual Report
4.4.3 To ensure relevant MOU's are up-to-date and develop new MOU's where needed with relevant stakeholders.	<ul style="list-style-type: none"> <li>MOU's updated and developed</li> </ul>	General Manager/ senior staff	2009	Service & Annual Report / Policy Procedure Manual

# Appendices

**Appendix A:** MHACA's Region

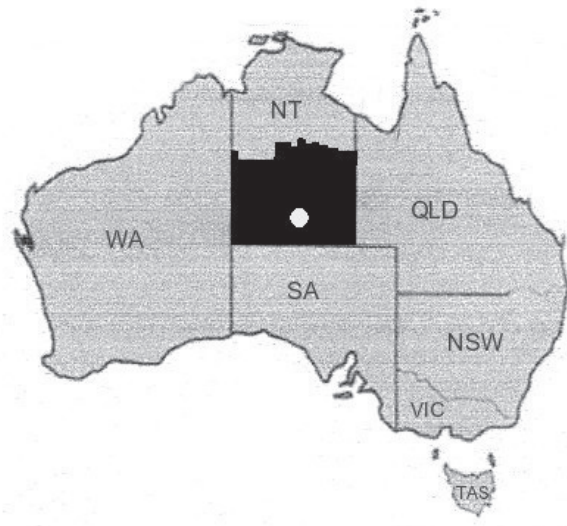
**Appendix B:** MHACA's Location

**Appendix C:** Organisational Structure

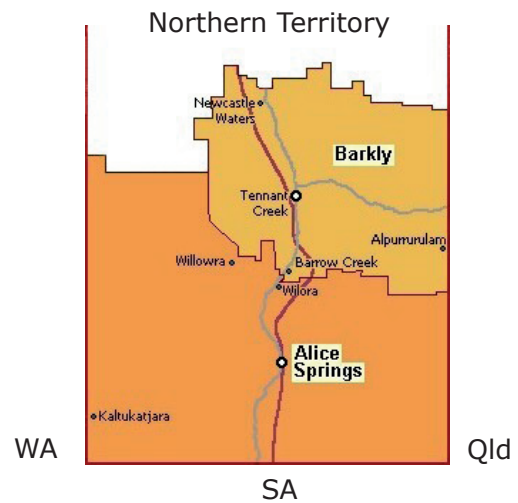
**Appendix D:** MHACA Strengths, Challenges,  
Opportunities and Risks

# Appendix A: MHACA's Region

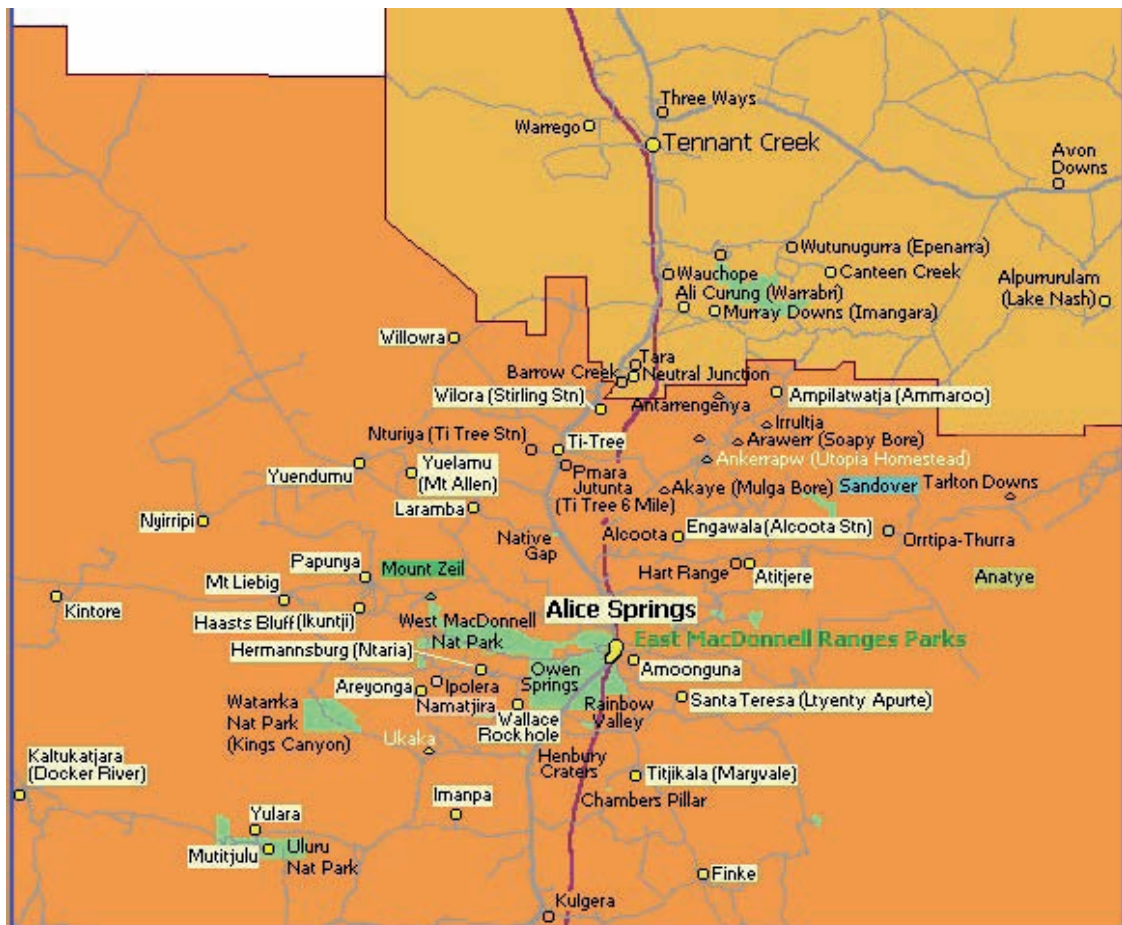
**MHACA's Region in the Northern Territory**



**Alice Springs to Tennant Creek/Barkly Region**

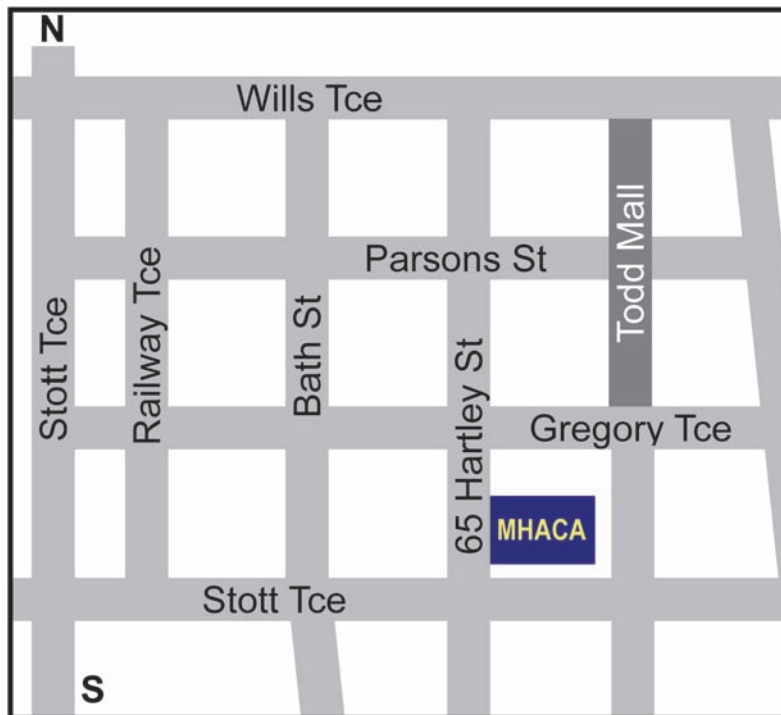


**Communities in this Central Australia Region**



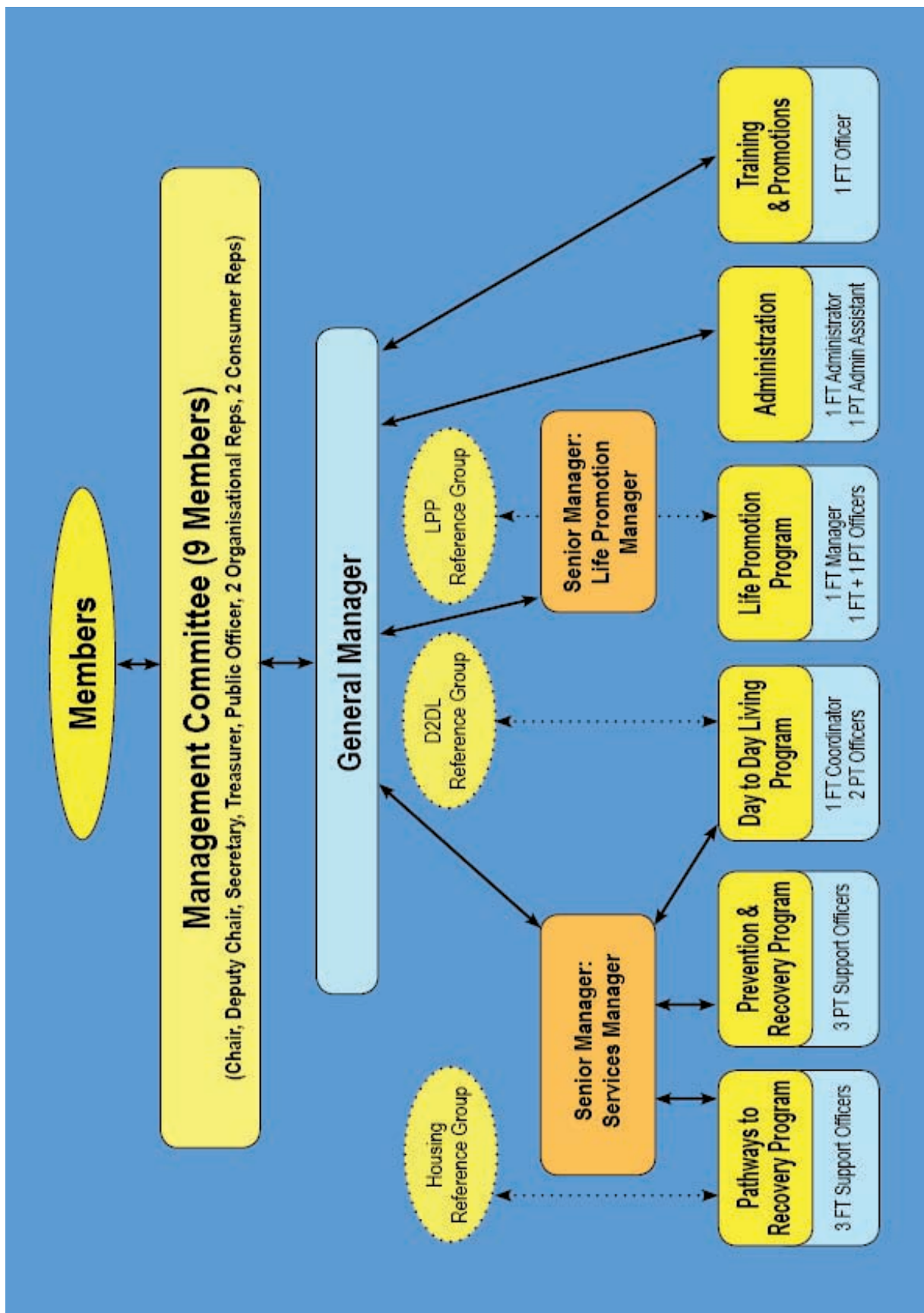
## Appendix B: MHACA's Location

### MHACA's Location in Alice Springs



MHACA is located in the CBD of Alice Springs -  
@ 65 Hartley Street,  
PO Box 2326  
Alice Springs NT 0871  
[P] 08-8950 4600  
[F] 08-8953 5577  
[E] [info@mhaca.org.au](mailto:info@mhaca.org.au)  
[W] [www.mhaca.org.au](http://www.mhaca.org.au)

## Appendix C: Organisational Structure (at June 2008)



## Appendix D: MHACA Strengths, Challenges, Opportunities and Risks (SCOR)

### Strengths

- How we relate to consumers – good engagement
- Good intake process
- Access and openness - Open communication
- Genuine respect/empathy for consumers
- Comprehensive programs  
Transparency in management
- Skilled governance
- Accountability, facilitation & consultation = transparency
- Positive relationship between management committee, management & staff
- Developed policies and procedures
- Advocating & securing resources
- Promotional resources
- Personal interest in area of work
- Supportive environment (internal resolution/ culture of peer support and de-briefing)
- Opportunity/ support to reflect
- Involvement of staff, consumers and services in projects
- Multi-skilled/ flexibility of staff
- Positive energy/ vibe
- Creativity
- High community profile and reputation in the community
- Community development and application
- Proactive
- Sound structure (well resourced)
- Strong networks, links and partnerships tools

## Challenges

- Servicing Indigenous needs
- Recruitment and retention of Indigenous staff
- Providing services in remote communities and town camps
- Better catering to the needs of young people
- Staff retention and recruitment + Barkly
- On-going resourcing & links to funding cycles
- Transference of corporate knowledge
- How we constructively provide input and promote effective Mental Health and accurate Mental Health information to other services
- Creating broader community access to MHACA – for people who might not normally walk through our door.
- Internet connections through our website
- Evaluation processes – more and improved

## Opportunities

- Resource development and training tools
- Staff retention, staff pathways and the need to build on successful mechanisms
- Consumer peer support – autonomy and development
- Consumer satisfaction and opportunity to build on positives
- Ownership of groups by consumers
- Increasing local capacity (skilled workforce)
- Partnerships with universities – placements, secondments
  - issues of supervision and pathways to employment: encourage students to look at project development within MHACA
  - build capacity within MHACA to place students (gap)
- Community development – prime position to offer experience
- Opportunities for research projects – driving best practice using local expertise

## **Risks (and Trends)**

### **Nationally**

- Recognition, focus and momentum on Mental Health – with the risk of insufficient capacity to address need at state, national and international levels.
- Integrating clients back into the community and workforce
- Push in youth mental health
- “Federal Intervention” in NT communities – consequences (RISK) + opportunities
- New government and political change in focus – likely to be more socially inclusive
- Need to keep informed of political trends, i.e. research and changes in strategies nationally and internationally
- Focus on family, homelessness, housing
- Increased needs from ageing population and changing community demographics
- Shortage of skilled staff

### **State**

- Centralization of power away from Alice Springs - no longer a local Central Australian Representative in cabinet (RISK)
- Overstretching of resources and inability to follow through (RISK)
- A need for strong/ improved cross cultural systems in place (RISK)
- Shortage of skilled staff

### **Local**

- Institutional racism/stigma e.g.. Police
- Lack of appropriate and affordable housing
- Local politics and the need to promote MHACA across the community
- Keep mental health on the local agenda – need to know who our local reps are so they can lobby on our behalf
- Growing profile of MHACA
- Shortage of skilled staff

-





## MHACA

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