

Wednesday, March 21

Needs identified by group

1. Short stay hostel or 'crash pad'
2. 24 hour service, at least somebody available ^{evenings}
3. 24 hour child care whilst mother is in crisis

Staff

Someone who can communicate to ethnic groups
(Greek, German)

Someone able to communicate to cultural groups (e.g. young).

□ CAS representative pointed out that such way available.

PHN - community nurse

An ex mental patient?

Generally, warm reception. Some concern re our uncertainty, & it sh. will be directing or coordinating sup. Established agencies welcoming - our intervention re hospitals helped with at least two of them. MPA pressing (1) hiring of non professionals (2) need for continuing dialogue. H/w of highly critical & destructive in manner & style - accusing us of professionalisation, of not being indigenous to Australia, of disrupting existing programs etc. She aroused an angry response from Dr. Katherak.

Next meeting / April 16 -

* Notion of inter-agency dialogue to improve coordination of services to extremely disturbed people

* Notion of input from the community agencies to help us identify need & develop our program rationally.

Question of formalization of this input

Need for 'Advisory Board'

Composition of same (should include community representatives as well as agency reps).

Need for formalization of this?

Just immediate ~~demands~~ requests:

(1) Keep finding a base

Re
Timing

? Full time paid volunteer coordinator

? RN - community nurse
nurse's prior experience

? OT

? number of primary therapists
Psych assistant also?

* ? Hiring of non professionals

Need for meetings of 'team leaders' on a regular basis, starting now.

P