



# Annual Report 2009 - 2010

**Mental  
Health  
Association of  
Central  
Australia**





**Mental Health Association of Central Australia**  
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# mhaca staff . . .



@ 30 June 2010

General Manager, Claudia Manu-Preston

Administrator, Sue Coombs

Administration Assistant, Elizabeth Dodd

Services Manager, Rangi Ponga

Pathways Support Officer, Vacant

Pathways Support Officer, Donna Ormsby

Pathways Support Officer, Christine Boocock

Prevention & Recovery Officer, Bruce Macgregor

Prevention & Recovery Officer, (Danielle Noble), Bianca Kelley

D2DL Peer Support Officer, Stuart James

D2DL Activities Officer, (Missa Bolibruck), Vacant

Life Promotion Manager, Laurencia Grant

Life Promotion Officer, Brian Kennedy

Mental Health Promotion Officer, Tennant Creek, Jay Green

Mental Health Training & Promotions Officer, (Rita Riedel), Kylie Humrick

Casual & Contract Staff: Sharon Sprott, Lynne Kennedy, Joylene Kain

# who we are ...

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

## From Little Things Big Things Grow

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

MHACA's main programs are: Pathways to Recovery (rehabilitation & outreach support), Prevention & Recovery (short-term intensive support), Day to Day Living in the Community Program (drop-in centre, weekly activities and peer support), Life Promotion Program (suicide prevention), Training and Promotions Program (raising awareness and understanding) and the Housing Support Program (offering secure long-term affordable housing). MHACA was also offered and has accepted the new homelessness support program. The Association operates within the Recovery Framework, with a focus on participant-driven recovery, and the LIFE framework, with a focus on suicide prevention, early intervention and post-vention.

## Four Streams ...

MHACA's work falls into four streams:

- 1) We provide support to participants through our program areas in the form of one-on-one work.
- 2) We run a number of group activities open to participants 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.

## Participant Profile ...

An overall total of 217 individual participants were supported.

## Funding ...

MHACA receives the majority of its funding from the NT Government Department of Health and Community Services to manage and run its range of services, with funding for the Day to Day Living in the Community program and now the Suicide Story training program coming from the Commonwealth Department of Health and Ageing.

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



Melb Cup Day - Hats off!



Admin engine room

# strategic achievements

In line with our Strategic Plan our achievements for 2009 - 2010 include:

## Quality Service Provision

- Provision of support throughout the year to a total of 217 participants - 127 in the Pathways to Recovery Program, 14 in the Prevention & Recovery Program and 76 in the D2DL program
- Coordinated Interagency Response after a death by Suicide by the Life Promotion Program when required
- Participant engagement/life skills and socialisation including: mocktail / karaoke family event, yoga, painting, ice skating, cooking groups, football, cricket, 10-pin bowling, BBQ, and the Matt Deer camp at Gemtree to name a few.
- Joint community programs/activities: Salvation Army, Realink, Bindi, Arts Access and the YMCA
- New Homelessness Transitional and Crisis Housing and Support program
- New funding to assist the roll out of Suicide Story including employing indigenous staff
- Ongoing support through the landlord function to 6 flats
- New MOU's with CAAAPU and Bindi

## Responsive Service Delivery

- Launch of Housing and Support Project, "There's No Place like Home...There is NO PLACE"
- Launch of The "Suicide Story" Project
- Ongoing participation of allied services in the Life Promotion Steering Committee
- Ongoing support for the monthly Participant Forum meetings and Participant Action Group
- Ongoing core and other training including specialist

training with clinical forensic services and recovery principles training with Helen Glover

- 470 hours provided by Participant hobby workers in various roles including the selection process for tenants in MHACA units and replacement staff across a number of program areas
- Support for 1 participant and 1 staff member to attend 2009 THEMHS conference in Perth
- Ongoing involvement of participants and carers on the Management Committee
- Participant uptake in activities, excursions, camps and training
- Ongoing development of streamlined roster/ intake system
- Ongoing monthly and Christmas event calendars

## Mental Health Awareness

- Delivery of monthly Mental Health First Aid training courses
- ATSI specific MHFA provided
- One day per week of in-kind support to Headspace by the Mental Health Training and Promotions Officer
- Ongoing development and delivery of ASIST Training in Alice Springs and Tennant Creek
- Ongoing delivery of Suicide awareness, Suicide story and SafeTALK
- Range of events organised for Mental Health Week
- Production of 4-monthly newsletter, inBalance
- Paper presented at International Suicide Prevention Conference in Uruguay
- Organisation of one large community forum
- Information stalls at Alice Springs Show and Anzac Hill High School

- Presentations at conferences, forums, workshops, community agency meetings

#### Management & Governance

- Reviewed and endorsed service and core agreements with the Department of Health & Families for next three years
- Service development and planning workshops held
- MHACA re-structure
- Development of Indigenous identified and Policy and Research officer positions
- Development of new policies and review of existing policies
- Implementation of new database with the transfer of all current client files
- Ongoing advocacy work
- Ongoing Participant committee member mentoring
- Governance training for committee members
- Weekly intake service and supervision
- Ongoing membership and participation in various committees and groups
- Monthly general staff meetings
- Effective Relationship Building liaison with CAMHS clinical service teams
- Conflict Resolution training with EASA



World Suicide Prevention Day



# management committee ...

## 2009-10

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



Chairperson  
Trish Van Dijk



Organisational Rep  
Donna Musinskis (Salvation Army)



Deputy Chairperson  
Mardijah Simpson



Participant Rep  
Sandi Yandell



Secretary  
Maya Cifali



Participant Rep  
(Paul Birchall), Vacant



Treasurer  
Greg McIntosh



General Rep,  
Tahniah Edwards



Public Officer  
Lee Ryall



General Rep  
Mark Keyworth



Organisational Rep  
Tracey Hatchard  
(Mental Health Carers NT)



Participant Rep Support  
Christine Burke

# chairperson's report . . .



**Trish Van Dijk**  
Chairperson

## The Wider Picture

It is with pleasure that I present the wider picture of MHACA's achievements in the past year and to also consider some of its future challenges. What is most important is that over the period of 2009-10, I believe that the organisation has gone from strength to strength.

This strength has manifested itself in the highly successful launches of two significant projects: "There's no place like Home - There is No Place" and "Suicide Story".

Both projects entailed thorough investigation and research over a long period of time and were prepared in highly professional and convincing detail.

They certainly received national acclaim and convinced governments to act more generously but more importantly they addressed homelessness and the alarming suicide rates in our local scene.

Congratulations to all who contributed to these ground-breaking works.

## Social Life

MHACA is also skilled at providing the necessary lighter side of life - for its participants and staff but also to include the community in its main focus - the awareness of mental health problems in our midst and the removal of stigma for mental health conditions.

Such a social event on a grand scale is the Annual MHACA Mental Health Week dinner held in October each year. The dinner has become the highlight of the year's work and we had an amazing speaker last year in John Brogden, former NSW MP, while our MC for the evening was nationally acclaimed funny girl, Fiona O'Loughlin.

Thank you to both for sharing stories from the heart. For all who attended, it was a night to remember.

Our organisation was delighted with the announcement of Professor Patrick McGorry as Australian of the Year - this has certainly raised the profile of mental health around the nation, and we have been fortunate to secure a visit by Prof. McGorry to Alice Springs later in the year.

## Future Challenges

I believe that some of the challenges that face MHACA will be its inevitable expansion and consequent need for larger premises; the management of housing projects on a much more demanding scale; the continuing search for appropriate staff; the human elements that are always present in an organisation such as MHACA and which have to be dealt with in a professional way.

I have full confidence in the dedicated MHACA staff that all of these challenges will be met.

## Committee

Another successful annual general meeting was held in November 2009 where again we had elections for a number of positions - it is great to see continued interest in MHACA and we thank all who attended.

Finally thank you to the members of the MHACA Management Committee for your professional and inclusive style of management and for your commitment to the enhancement of mental health issues in Central Australia. Your work is greatly appreciated.

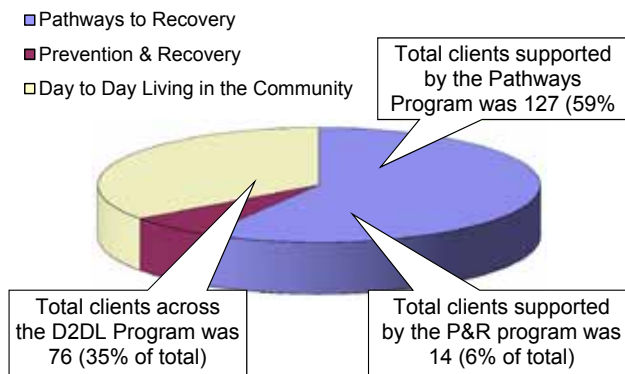
*Trish van Dijk*

# general manager ...



**Claudia Manu-Preston**  
General Manager

**Client Support Throughout 2009-2010**  
Total Clients 217



The 2009-10 Annual report highlights the activities and outcomes of the past year. This past year the MHACA staff and management committee have worked very hard in the development and launch of the much anticipated new resource 'Suicide Story' and the housing and support research project while continuing to maintain and develop MHACA's organisational capacity to ensure we achieve our objectives. The team are passionate and committed to the organisation's vision 'To enhance mental health and wellbeing for people living in Central Australia' and the tenacity that people experiencing mental illness demonstrate daily continues to inspire the work done at MHACA.

Each year MHACA identifies priorities to work on in line with our broader strategic objectives. It is with satisfaction and pleasure that I present the work of the association as highlighted in the strategic achievements pages 4-5.

During the 2009-2010 year we focused on finalising the existing resource project and developing the organisation's internal capacity. In the first quarter of this year we focused on launching Suicide Story and "There's No Place Like Home....There is NO Place" both of which were hugely successful. We undertook an organisational structure review (refer page 10) in response to the anticipated new Homeless program and additional suicide story funding and employment. That process assisted us in undertaking the three yearly

review of five NT government service agreements which resulted in re-clarifying our service criteria and service supports and the agreements. Through this analysis we were able to quantify that MHACA's resources are approximately spent on providing 30% promotional and prevention activities and 70% in a direct service provision role. The updated participant service criteria were endorsed by both MHACA and the Dept Health and Families (Mental Health) to provide services for people who:

- have a diagnosed or suspected mental illness; and
- a functional impairment associated with their illness; and
- be willing to receive support

The balancing work of developing organisational capacity, the day-to-day management and provision of services, continued investment in promotion, prevention and capacity building individually with participants to improve mental health literacy and skills has been both challenging and satisfying. It is particularly rewarding when our efforts result in actions to address the issues and improved knowledge and skills in our community and assistance in helping people with mental illness in their personal recovery.

MHACA has provided services to 217 participants, refer graph above. The outcomes achieved have been identified throughout the report in the various program areas.



Improvements in reporting, and more efficient data collection have been made possible through the implementation of a new database. Throughout this past year MHACA has remained committed to building partnerships including the development of new MoU's with CAAAPU and Bindi. Other important links that have continued in this reporting period are:

- CAMHS Executive
- NT Mental Health Coalition/Mental Health Council of Australia
- Mental Health Interagency meeting - GPNNT
- Alice Springs Accommodation Action Group - NT Shelter
- Transformation Plan - Homelessness Reference Group - Housing Department
- Headspace Advisory Group - Congress
- AOD and Mental Health Reference Group
- Disability Interagency Group
- D2DL partnerships - GROW, Reclink, Salvation Army, YMCA
- Lifeline - ASIST and Safe Talk training
- Member of the Life Promotion Steering Committee
- Member of the Barkly Life Promotion Reference Group
- Tangentyere Council - Yarrenyty Arltene Learning Centre

In addition we were invited to sit on the Housing and Support Advisory Group to the Minister - Housing Department, and we also participate in informal partnerships such as the work undertaken with Larapinta Valley refer pg 23.

### Suicide Story Launch

A highlight of this year was the launch of Suicide Story as it has been four years in the making. Suicide Story is a training tool developed by Life Promotion in collaboration

with Indigenous people from Central Australia and the Top End. It was officially launched in Alice Springs on 3rd March to a full house of over 100 people. refer pg 20. This resource is currently being trialled in communities and evaluated by the Centre for Remote Health. It is anticipated that the resource and process will have significant impact on the knowledge and skills of local people to assist in suicide intervention skills and support.

### "There's No Place Like Home... There Is No Place" Report Launch

Housing was identified as a high need area affecting a lot of the participants. People are often forced to live in short-term or unstable accommodation and without a place to call home, people have no sense of security or stability upon which to regain their mental health and build their lives. MHACA commissioned the study commencing in April 2008. The project's objective was to assess the needs and models of care that can be provided to assist people to gain and keep their housing, a critical element of maintaining mental health and wellbeing. The report is comprehensive and received overwhelming support from peak bodies and the sector. The report was launched on 31st March 2010 and called on the NT government to recognise people with a mental illness as a priority group at high risk of homelessness. MHACA called on the government to put in place a policy framework and systems to address this. MHACA has met with NT Government Ministers and other relevant groups to ensure the key findings from the report and recommendations are addressed.

### New Program

We have been working to develop the Homelessness Housing and Support Program within MHACA. MHACA

# general manager . . . (continued)

will provide transitional and crisis accommodation together with training in-situ to develop independent living skills to support people with a mental illness who are homeless or struggle with maintaining their tenancy obligations. The program has 3 properties and 2 x purchased beds from existing accommodation providers. Participants will stay on the program for a maximum of 3 months.

## Advocacy

MHACA continues to advocate on behalf of people with a mental illness around areas of concern and systemic improvements as well as providing feedback to a range of relevant forums. A key resource developed was "There's No Place like Home...There is NO PLACE" report. The consultation process whereby feedback was gained from over 140 people, made up of 40 participants who provided valuable information about local needs and gaps in services. MHACA will use this report together with other information to inform further advocacy work.

## Bumps In The Road...

As with every journey there are always bumps in the road. MHACA has continued to support and develop peer support processes demonstrated by our partnership with GROW. Because the GROW program did not attract the expected support from participants, MHACA is developing other opportunities for participants to engage in formal training for peer support and program development.

For the last few years staff retention has been an issue both for MHACA and other organisations in the Central Australian region. In 2008-2009 the staff turnover was 26% and in 2009-2010 there has been a slight increase to 28%. The impact of staff turnover is further acknowledged in the Participants feedback as disruptive to their lives. The impact on other staff can lead to overload from having to cover other positions, continual retraining of new staff and keeping up with their existing workloads,

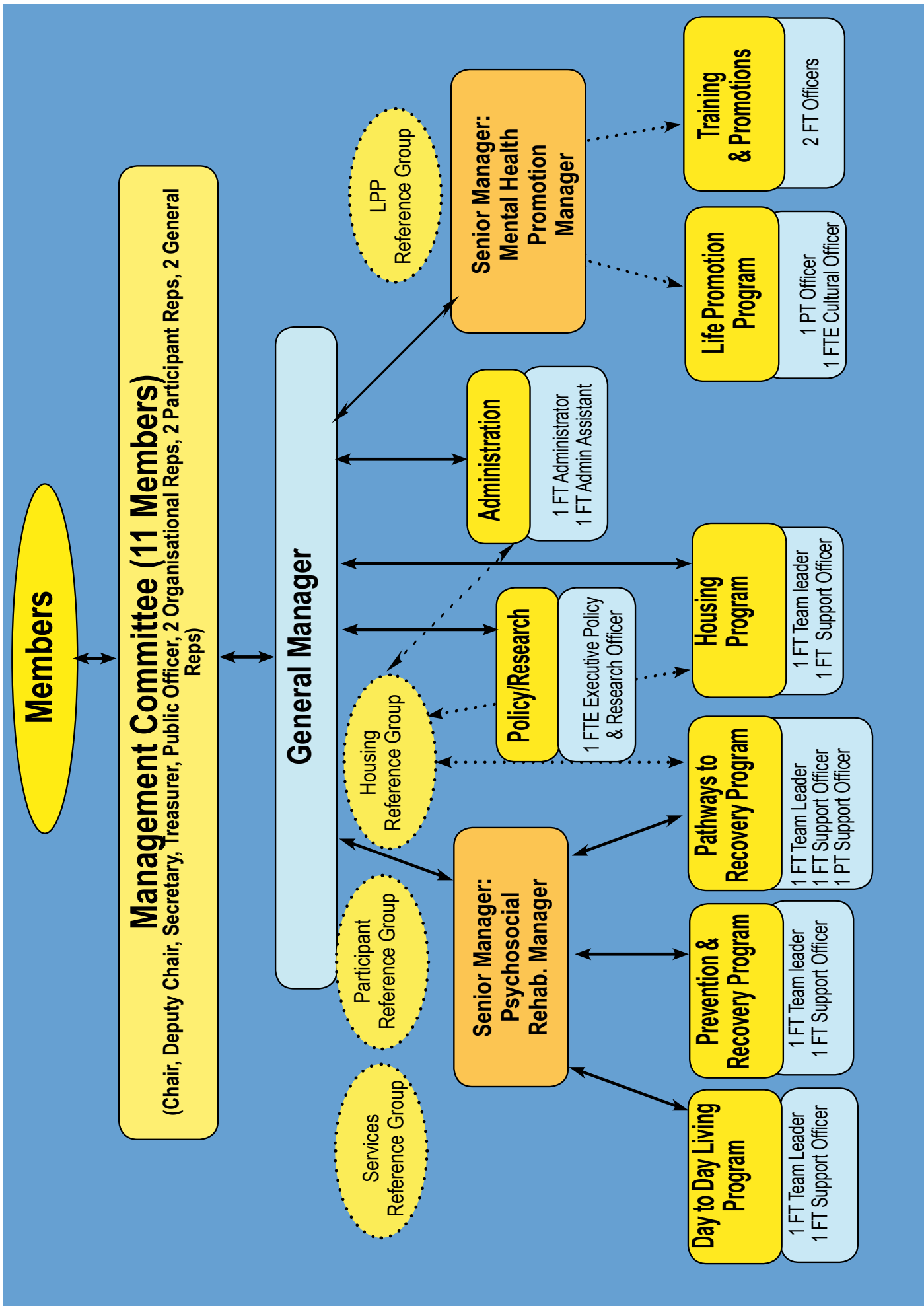
and this may lead to burnout and dissatisfaction.

## Summary

This past year has been one of consolidation and finalising the two major resource and research projects (Suicide Story and "There's no place like home ... There is NO PLACE") commenced in prior years. MHACA is very fortunate to have a dedicated team made up of the management committee, staff and participant leaders all of whom have contributed significantly to the growth and wellbeing of the organisation as a whole. I would like to thank all of these people who volunteer their time. To the staff of MHACA, who I have the privilege to lead, I thank them for helping to keep the wheels turning throughout the year. I am very proud of the work that we do at MHACA. "The sum of us is much greater than the individuals involved", and my sincere thanks to the team for their hard work over this past year. I look forward to the coming year with its new challenges and rewards.

Kind Regards

**Claudia Manu-Preston**



# pathways to recovery ...



**Donna Ormsby**  
Support Officer -  
Pathways



**Christine Boocock**  
Support Officer -  
Pathways

## Numbers Of Participants July 2009 to June 2010

Of the 217 participants who attended MHACA this year, 127 were linked to the Pathways program and 37 of these people also received support through the Day to Day Living Program. 14 people received more intensive support through the Prevention & Recovery program, 23 people accessed activities only and 40 were discharged from the service. This total is less than the previous reporting period and is based upon the new Inquiry / Referral procedure.

## Pathways To Rehabilitation

The Pathways to Rehabilitation Program promotes independent living in the community through recovery-focused rehabilitation and outreach assistance with lifestyle and life skills support, personal goal setting, vocational education, training & employment, advocacy, counselling and supporting participation in a variety of social & recreational activities.

## Changes Over The Past Year

All MHACA staff involved in support of participants have been trained in the new database system and have begun the process of entering information from the files onto the updated system. Jo Ruby left the service in July after 4 years of service with the Pathways program, attending a farewell lunch in her honour. Consumers opted to be referred to as Participants in a deliberate attempt to acknowledge their free choice to be at MHACA and their involvement in many aspects of the organisation, not solely as consumers of a service.

## Interagency Collaboration

We continue to work closely with the community mental health team to ensure that clients receiving support through both our services are gaining efficient and comprehensive care management. Each month the Pathways team host an Interagency meeting CAMHS and other relevant service providers such as STEPS Employment, Alice Springs Mens Hostel and Team Health Carer service. A staff roster was developed to cover the intake of new referrals to MHACA so that this responsibility did not rest with one or two staff only.

## Participant Services

Over 120 people engaged in a range of supportive practices which strengthen their journey of recovery. Some challenges this past year included the association



Padma enjoying the camp



Gemtree

of MHACA clients in criminal activity that came to the attention of the courts. Pathways staff were required to offer information to the legal teams and support to participants during this time. It reminded staff that people experiencing mental ill-health can be vulnerable to crime and that MHACA's role is to provide opportunities for people to map their own path to recovery, to assist people to make healthy life choices and to help them get back on track when things don't work out.

### Staff Training

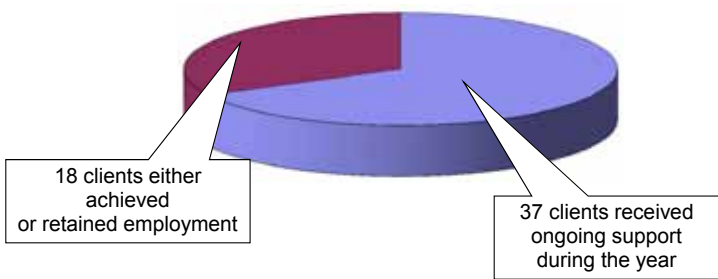
Pathways staff attended two separate workshops delivered by Ken Warren. One was titled "Defusing Explosive Situations" and the other was on "Engaging and Motivating Difficult Clients". Both proved to be helpful in working with participants at MHACA and in our every day lives.



Gemtree

### Rangi Ponga

**Pathways to Recovery Client Data**  
Total Clients 127



Standley Chasm nature walk

# prevention & recovery ...



**Ranghi Ponga**  
Services Manager



**Bruce Macgregor**  
Support Officer -  
P&R



**Bianca Kelly**  
Support Officer -  
P&R

## Prevention & Recovery (Sub-Acute)

The Prevention and Recovery Program provides intensive psychosocial supports to people experiencing an increase in mental ill-health in conjunction with the clinical services of the Central Australian Mental Health Services (CAMHS), with all clients referred through CAMHS. This sub acute care can assist in reducing an admission or assist in transitional management on discharge from the hospital, prison or other residential settings.

## Individualised Care Packages

Clients have continued to receive Individualised Care Packages (ICP's) in a variety of service areas, including MHACA psychosocial community-based interventions, CAMHS clinical treating teams, Salvation Army Men's respite facilities, MHACA respite unit, joint activities to improve gradual reintegration into the community, and various financial, self-care and medical supports. Throughout the past year a total of 14 referrals were received from CAMHS. The low numbers do not seem to reflect the level of need for this service, but rather could be due to the lack of consistency among CAMHS staff involved in referrals. Routine visits to the MH ward by P&R staff assists in educating ward staff about the program so that they can identify patients who may be suited to the program.

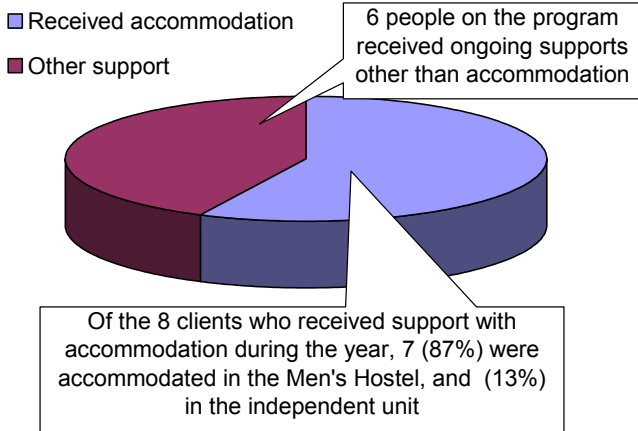
## Staff Recruitment & Retention

The P&R Program said farewell to Danielle Noble in February after 3 years within the subacute team, and re-welcomed Bianca Kelley to the team. Bianca assisted as a casual worker with MHACA from 2006 whilst completing a Bachelor of Social Science in Criminology, and has two more units to complete in this area. Bruce became a qualified Mental Health First Aid Instructor and is currently completing his Certificate IV in Mental Health.

## Respite Accommodation

Respite accommodation for men has been available through two self-contained 1-bedroom units at the Salvation Army Men's Hostel for up to 8 weeks at a time and 539 nights were accessed during this reporting period by participants both from the Pathways and sub-acute programs. Staff offer support to those accessing the hostel beds including purchasing household items which has helped to create a more homely environment. An independent 2-bedroom unit for women was used less frequently with 91 nights accessed.

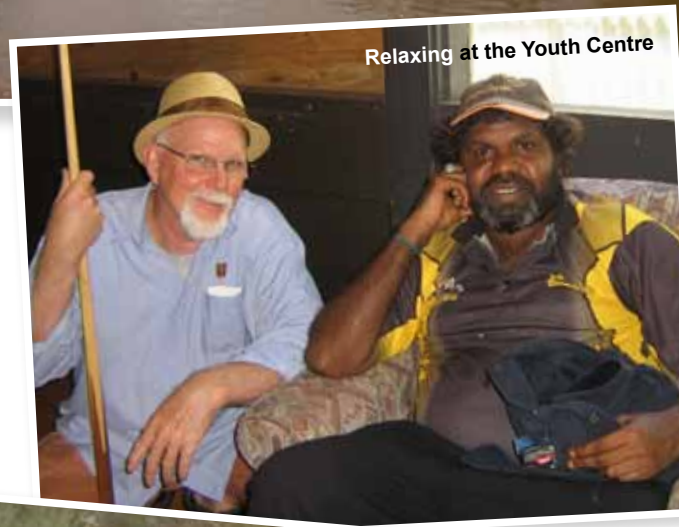
## Prevention & Recovery Client Data Total Clients 14



### Activities

A donation of two bicycles to the program has been welcomed and their use by participants is encouraging. The men's group was well attended throughout the year offering information and guest speakers on various aspects of men's health and wellbeing. Swimming at the town pool when we had warmer weather, Capoeira-Angola movement sessions, day trips to Simpson's Gap, 8-ball at the Youth Centre, gym at the YMCA, and guitar at the Salvos were taken up throughout the year by participants of the P&R program

### Rangi Ponga



# day to day living ...



**Stuart James**  
Peer Support  
Officer

The Day To Day Living Program (D2DL) is a structured activity program that aims to help people with mental illness rediscover skills and interests, learn new skills, improve self confidence through the achievement of personal goals and engage with others through recreation and vocational and arts based programs. During the course of the year the program saw 76 participants through the doors engaging in a variety of activities.

## Changes Over The Past Year

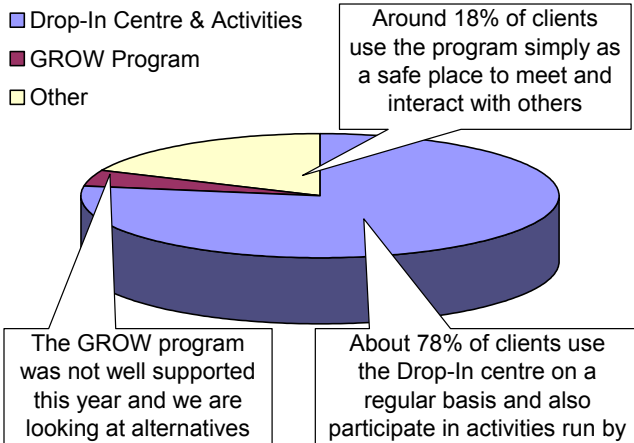
The coordination and facilitation of the D2DL Program has been shared between a number of staff including Missa Bolibruck, Sean Broughton-Wright, Bianca Kelley, Joylene Kain, Lynne Kennedy and Stuart James over this reporting period. The program was evaluated by consultants appointed by the Commonwealth Government with some suggestions for improvement of the program related to increasing uptake of indigenous participants and improved data collection. But largely the evaluation highlighted the needs that are being met to support skill development, socialisation, education and employment for people with mental ill-health. Funding was secured until 30th June 2011. The offices for the Day to Day staff were enclosed with a wall and door to provide a quieter and more private space to work and meet with participants. Job Descriptions were rewritten after an evaluation of the staffing issues and the scope of the program. SMS messaging system to inform participants of up and coming activities proved to be a good way to jog memories and encourage participation in activities.



## Activities

Many new programs were introduced during the year including the installation of Nintendo Wii which is in regular use, the Healthy Living Program (health checks), Mocktail and Karaoke night, Ice Skating with Reclink at the Convention Centre, Ladies Pampering Day, Melbourne Cup Hat Making, Games afternoon, and a Composting and Recycling Program. Outdoor trips to Ellery Creek Bighole, BBQ's at the Telegraph Station, Reclink programs including bowling, football and cricket, and Guitar and art programs through the Salvation Army together with in-house activities such as Lynne's colour therapy and mandalas. The regular Matt Deer Camp was held out at Gemtree, yoga and gym continued and the Men's group was re-established as a mental health awareness program.

## Day to Day Living Client Data Total Clients 76



Subsidised tickets to the Comedy night at Araluen, the Singing Group, and the Participant Forum and Action Group were supported through the Day to Day Program. The Drop-in Centre continues to be well used each day with participants actively assisting in maintaining the drop-in area and the kitchen for the enjoyment of all who use the spaces.

### Partnerships

Our partnerships with organisations such as the Salvation Army, Reclink and the YMCA as well as with the arts community continue to strengthen and we undertake regular evaluations of the activities on offer.



Staff join in the monthly BBQ



Capoeira - Angola movement



Ice skating in the Alice

# training and promotions ...



**Kylie Humrick**  
Officer -  
Training &  
Promotions

MHACA offers a range of training and promotional services to help raise community awareness and understanding around mental health issues which in turn helps to reduce the stigma surrounding mental illness.

In mid December 2009, we said a final farewell to Rita Riedel, one of MHACA's long-term staff members who started her employment in August 2003. Rita worked in a range of capacities and played an integral role in helping promote MHACA services in the wider community. In turn we were pleased to welcome on board Kylie Humrick as our new Mental Health Training & Promotions Officer in March 2010.

The following promotional activities have provided mental health literacy in different settings.

## Mental Health First Aid Training

MHACA continues to provide the training on a monthly basis. Approximately 130 people have been trained over this past year from various organisations including;

- Department of Health and Families
- Department of Housing
- Incite Youth Arts
- Central Desert Shire
- Waltja
- Congress

After lobbying for improved training for Prison Officers and Correction Department, a MHFA training session was provided to the Prison officers at the Alice Springs correctional Centre, and 4 Police Officers have received training through the monthly MHFA courses.

MHACA also worked hard to lobby for a MHFA Train the Trainer Course to be held in Alice Springs as it is expensive for organisations to invest in travel costs as well as the training. MHACA has had numerous request to provide Aboriginal and Torres Strait Islander MHFA to local workers. This year MHACA organised for a Aboriginal and Torres Strait Islander MHFA course, buying in an Indigenous trainer - this course was well received. MHACA will continue to invest in providing more opportunities for this training to be provided.

MHACA works with a range of organisations to offer MHFA. Generally MHACA is supported by CAMHS, Tangentyere and NPY Women's Council. Thank you to all the organisations and trainers who work together to provide the Mental



Health First Aid Training Program. Their assistance and collaboration ensures that this valuable resource can continue to be provided.

## Headspace

MHACA has provided in-kind support of a training and promotional role as part of our commitment to the Headspace service. This consists of a half day per week to assist Headspace in their promotional activities.

## Promotional activities & events

- Promotional advert from 3 MHACA participants to run on 8CCC
- Extensive review and update of the MHACA website
- Reprint of the Little Red Threat Book
- Some editing, design of the "There's no Place Like Home....There is NO PLACE" report
- Successful promotional stall for the 2 days at the Alice Springs Show
- 3 editions of the Inbalance newsletter
- Assistance with all MHACA promotional material including, D2D calendars, Annual and Service plans
- Red Heart Ride promotion



Stall at the Alice Springs Show

## Mental Health Week

MHACA continues to support Mental Health Week. A range of activities took place in 2009:

- A Wellbeing in the Workplace Competition-with first prize a Wellbeing Package valued at \$2000 which was won by CatholicCare NT
- Understanding Mental Health & Wellbeing workshop
- Gala Dinner with John Brogden and Fiona O'Loughlin, 160 people attended

- Joint information stall with NT Mental Health Carers
- Information Talk at Anzac High School, presentation to staff on mental health services available for both adults and young people as part of professional development
- Mental Health Week dinner in Tennant Creek "Work Life Balance" with special guest Dr Sandra Cabot.

Kylie Humrick

# life promotions ...



**Laurencia Grant**  
Manager - Life  
Promotions



**Brian Kennedy**  
Officer - Life  
Promotions

The Life Promotion Program is a broad community development approach to suicide prevention. It seeks to find solutions to help reduce suicide and self-harming behaviour through collaborative partnerships across the community.

## Suicide Story Training

- Poster Presentation of Suicide Story at Alcohol and Drug Conference, Alice Springs in Aug 2009
- Laurencia and Charlie Hodgson were supported by MHACA to attend the World Congress on Suicide Prevention in Montevideo, Uruguay in October 2009.
- Sue McLeod, a local artist completed 22 drawings depicting warning signs for suicide among indigenous people in Central Australia to be used as part of suicide story.
- Sonja Dare, an indigenous film maker was contracted to convert suicide story to film and to develop a Sample DVD
- Suicide Story was launched to an audience of approximately 100 people in Alice Springs and a smaller audience in Tennant Creek in March 2010
- DoHA (Department of Health and Ageing) funding secured in May 2009 until end of June 2010 to fund the delivery of Suicide Story to 8 communities, to employ two indigenous trainers and to develop a train the trainer program
- Suicide Story Information Session – Darwin – April 2010
- Suicide Story Information Session – Centre for Remote Health – May 2010
- Valda Shannon was recruited in May 2010
- Suicide Story delivered to 12 people from Santa Teresa and Amoonguna, Willowra and Alice Springs at 7-Mile Camp in Alice Springs in May 2010
- Suicide Story was delivered to 15 residents of CAAAPU in June 2010

## Life Promotion Program Steering Committee

The Life Promotion Steering Committee met in Alice Springs on 11 August 2009 (6 external agencies represented), 10 November 2009 (5 external agencies represented), 11 Feb 2010 (11 external agencies represented) and 11 May 2010 (6 external agencies represented). The meetings have been reduced to two hours instead of three in an attempt to increase the participation of sector representatives.

## Blank Page Summit on Suicide – Billard Learning Centre, WA

Laurencia attended this Summit located in the Kimberley region in the last week

of July 2009. The summit brought 150 people from WA Government, Commonwealth Government, indigenous people and community sector representatives to the Kimberley region to the homelands of the Victor family in order to develop solutions to the high rates of suicide.

### Waltja and Life Promotion – We Know Our Strengths Project

This project was funded by the Department of Health and Ageing as part of the National Suicide Prevention Strategy.

The final evaluation report was completed by Julia Burke in Sep 2009 and submitted to the Department of Health and Ageing.

### Tennant Creek Mental Health Promotion Officer

- The Tennant Creek Mental Health Promotion Officer relocated from Anyinginyi Health Services to a shop front at 139 Patterson Street, Tennant Creek. The office accommodates both the Mental Health Promotion Officer and the Suicide Story Trainer.
- Mind Yarn was a regular feature of the Tennant Creek Times every two months highlighting various mental health issues and where to find further support in the local community and on line.
- The Barkly Life Promotion Reference Group met every month to bring together organisational representatives to focus on mental health for the Tennant Creek community
- MH Practitioner Dinner for Tennant Creek was facilitated by the MH Promotion Officer in May 2010.
- Red Heart Ride was a charity bike ride that passed through Tennant Creek. The Mental Health Promotion officer arranged



publicity, entertainment and catering for the event in June 2010

- Mental Health Promotion Officer was the recipient of Golden Heart Award for Community Care in the Tennant Creek/ Barkly region in June 2010

### Senate Enquiry on Suicide 2009

Laurencia and Gerard Waterford were invited to contribute to this inquiry in May 2010 in response to their submissions. All responses have been documented in the Senate Committee Report, "The Hidden Toll: Suicide in Australia"

### ASIST, Safe Talk & MHFA training

ASIST network meeting – Lifeline Nov 09  
National Manager of Lifeline's Learning & Development/ Living Works met with the Alice Springs ASIST network to provide information on Living Works relocation to Canberra from Melbourne and the changes to the organisation.

### ASIST Training was delivered by the



Suicide Story Training - 7 Mile

#### Life Promotion Team

- Tennant Creek – July 2009
- Batchelor Institute of Indigenous Education – Sep 2009
- Alice Springs Mar 2010
- Alice Springs June 2010

#### SAFE Talk Training

- Tennant Creek Police – July 2009

#### Suicide Awareness Training

- Imanpa community – Nov 2009
- Tangentyere Council skills for employment group - Jan 2010

#### Mental Health First Aid

- Alice Springs Mar 2010

#### Staff Training

- Men's Mental Health in the Workplace Forum - Darwin Sep 2009
- Two staff participated in 4WD training with

Jol Fleming –Nov 09.

- Self Harm training – NT Government – Sep 2009
- Narrative Therapy Workshop – Aug 2009
- Evaluating Suicide Prevention Projects – Darwin – April 2010
- Safe Talk T4T Training – June 2010

#### Raising Awareness

Being Me – self esteem workshops –  
Tennant Creek Grade 8 and 9 – May 2010  
St John Volunteers – talk on suicide prevention – Aug 2009  
LPP met the SEWB team at Congress – July 2009  
Co-Morbidity Team at NPY Women's Council - July 2009  
MH Practitioner Dinner – Tennant Creek May 2010

#### Bereavement Support

##### **World Suicide Prevention Day - Suicide Prevention in Different Cultures – Sep 2009**

This year was the first year that the Mayor of Alice Springs has officially spoken and also the first time we have heard from Aboriginal men who shared their personal struggles with suicide thoughts and thanked the people of this town for giving them the opportunities to work and feel valued. Maya Cifali highlighted the difficulties that migrants and refugees have in settling in new and foreign countries and the responsibility we all have in helping these people to feel welcome here. A successful event was also held in Tennant Creek this year. Three Indigenous people spoke about how important it was to bring the issue of suicide into a public forum so that we can better address the problem.

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

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

Support Group.

Larapinta valley town camp Life promotion has continued to engage with the Yarrenyty Arltere Learning Centre and residents of the Larapinta Valley Town Camp. The purpose of our involvement is to offer assistance, support and training focused on Mental Health and Suicide Prevention. We have introduced workers and some residents to the training tools used in Suicide Story.

Response meetings held after suicide

There were nine reported suicides in this period. Five occurred in Alice Springs, one in the Barkly and three in Remote communities. All were Aboriginal apart from one and all were male apart from one.

## Laurencia Grant



# participant report

MHACA continues to work towards being a Participant-Driven service and achieve a key goal to 'provide services which are responsive to the needs of consumers... and the context of Central Australia' MHACA Strat Plan pg.9. Participants work one-on-one with their support worker towards achieving their goals and may attend a range of activities through the Day to Day Living in the Community Program such as the Matt Deer Camp which this year was held at Gem Tree.

## **Participant contributions:**

### **Governance Role:**

There are two dedicated participant positions on the Management Committee – unfortunately one of the positions was vacant for over 6 months this year. The participant reps are mentored by an independent person who assists them to understand the process of the committee meetings and information presented to the Management Committee. The constitution has been changed to include the provision of proxies in recognition that there may be times where elected participants are unable to attend and the importance the organisation places on hearing the views from participants.

### **Participant Hobby Workers:**

Participants have provided around 300 hours of support to the administration team in reception and other administration duties including attending CAMHS Executive meetings and assisting on interview panels for various positions within at MHACA and CAMHS, as well as a further 170 hours assisting in manning the drop-in centre and the Day to Day program whilst staff attend meetings or training.

### **Participant Monthly Forum Actions:**

The monthly forums have been established to for those participants who participate in the services of MHACA

to discuss:

- Issues that affect their personal recovery.
- The effective delivery of services to its participant group.
- Ideas and suggestions which further benefit the service.

The actions progressed from this years meetings include;

- Participation in National Scoping Project
- Recommencement of men's group
- Change in monthly calendar to pictorial
- Policy input: Consumer name change to Participant...what's in a name
- Children's attendance policy
- Orientation booklet development
- Recommencement of women's group

### **Participant Action Group:**

The Participant Action group is a forum where action takes place from ideas that have been put forward at the Participant Forum. The 'Out of Hours Help card' came out of these sessions and the intention to have two family friendly activities per year which were the mocktail disco night and 10-pin bowling competition. Unfortunately these meetings have stopped through lack of interest and a lack of actionable items.

The participants have undertaken and been involved a wide range of activities including:

- co facilitation at Independent Evaluation
- First Participant Mental Health Trainer selected
- Annual Attendance at the THEMHS Conference - September 2009 in Perth
- 3 participants doing voice spots for local radio on what MHACA means to them

MHACA support for individual participants to attend training this year included: Mental Health First Aid (MHFA), Applied Suicide Intervention Support Training (ASIST), Toastmasters, St John First Aid.

## Independent Evaluation Results:

This year MHACA provided the opportunity for a Participant Planning forum. The Forum was designed as an opportunity for participants to discuss their situation and the needs of people using the services



of MHACA, leading to useful and practical feedback to the organisation.

The forum was broken into a number of sessions covering areas such as:

*"Who we are"* - enabling people to think about their personal goals, to share group experiences and, from that, to feed back to MHACA on how its services can best support participants;

*"What helps your mental health"* - using large pictures of well-known people. Participants asked to stick notes on them and then discuss the results.

*"What makes you feel empowered"* - a role play exercise of the helpful and unhelpful bank manager  
*"If you were a new participant what would you want from the service"* - this was a drawing exercise in pairs, asking participants to present visually their responses to the questions

Following on from the role play above, participants expressed their views on what makes them feel empowered and disempowered, summarised below in no particular order:

- The way I am spoken to is important
- Having flexibility
- Staying positive
- Self-reliance
- Connections with other people make a difference
- If I feel I am being prejudged
- Having private times
- Independence, especially through my own accommodation
- My contribution and skills being valued is important
- Creating your own world helps you feel empowered
- Self-belief / self-esteem are critical
- Non-judgmental people help me
- More positive feelings come from more connections with other people

## Suggestions to MHACA:

Having explored topics around personal aspirations, the experience of mental illness and the needs of participants, the final session brought together comments of the group as feedback to the organisation. These comments should be read in the context of many remarks throughout the day that valued, supported and praised all aspects of the organisation. In particular, some participants said that they feel fortunate to be part of MHACA and that they have high regard for the staff and other people who they associate with at the organisation.

Specific comments on areas of improvement were:

- There should be more activities and especially more outdoor activities (fun and

active events)

- Not every activity should be about food; sometimes the opportunity to eat and drink detracts from other aspects of an activity (although it is important for some people that they get a good meal during difficult times).
- There should be more personal and friendly ways for MHACA staff to answer the phone.
- The complaints process should be clarified so that participants all understand it.
- Staff turnover is disruptive to the lives of participants. This should be better acknowledged.
- Case management at MHACA is very important initially for participants and should always start straight away.
- Safety at MHACA is important, especially if people are uncertain about the behaviour of others.
- Communication internally is sometimes weak, for example, when messages are not passed on properly.
- Activity planning and management could be stronger.

In making these comments, participants recognised that there are reasons why some improvements are hard to achieve (for example, low attendance prevents more activities). However, they still wanted to express their views in each case.

### **Participant-driven activities:**

Following on from a previous social evening last year, participants were keen to have a “Mocktail” evening where participants, their families and carers, staff and committee could have some fun together in a safe environment. The participant group undertook all the planning for this event with minimal assistance from staff, and it was such a rip-roaring success that they were already starting to talk about another one

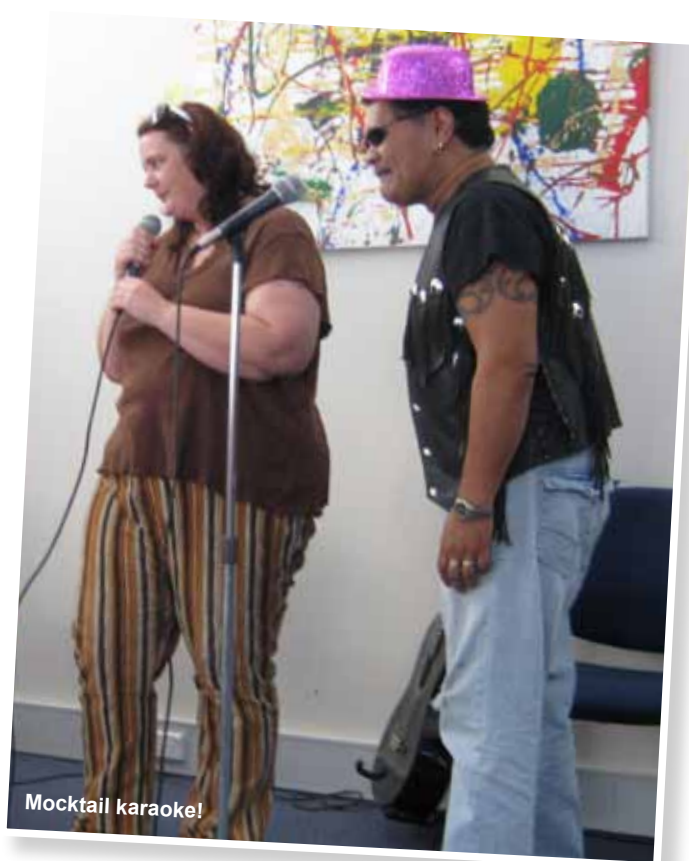
at the end of the night - well done to all involved in the planning and preparation, a huge thank-you to Temoana Ponga and his friends for providing karaoke equipment and thanks to all who attended and made the evening such a success.

### **Next Year’s priorities:**

- Improving Participant Training
- Implementing and investing in a Peer Support Model project

Kind Regards

**Sandi Yandell**





**Sue Coombs**  
Administrator



**Lizzie Dodd**  
Admin Assistant

## Office Premises

We have now been in the Panorama Guth building for 3 years – time certainly flies, and looking back on the work which was done to secure the premises at that time we have certainly come a long way. As is usual we keep finding little things to do to make everyone's lives more comfortable – we have installed a proper clothesline for our items such as teatowels etc and for participants to do their washing as well. We have updated the window coverings in a number of the areas which assist in keeping the sun out of people's eyes and also allow staff some privacy when needed. We have had a new fence and gate installed at the rear of the property – thanks to the owners for this as it is much more manageable than the previous heavy gates and also safer in that we can see other vehicles in the laneway.

## Property

We consolidated our property stock in 2008-09 giving us a total of 6 units owned – 5 x 1-bedroom and 1 x 2-bedroom, and these have been full all year. We have submitted an application for grant funding to purchase a further unit – at the time of writing this funding has been allocated and there will be a new addition by the end of the year.

In addition to the owned properties MHACA also now head leases 2 other properties from NT Housing – one 2-bedroom unit attached to the sub-acute program and a 3-bedroom house which will be used to accommodate a MHACA participant requiring live-in care. We are also in the process of fitting up a further 3 units again head leased through NT Housing to allow us to undertake a new program to transition participants from street to home.

We must acknowledge the support we have been given by both the Department of Housing, Local Government and Regional Services and also NT Housing Industry Housing section – without both funding to purchase units and the allocation of industry housing we would be unable to offer a service which is so desperately needed in the region.

## Database

At long last the database is installed and in use. Staff were trained on the system in January 2010 with all the historical data being input by the end of the financial year, and all staff using the system live as of April 2010. Although it is a simple database it looks very robust, and we expect that we will find new uses and reports as the year progresses.

## Training

Lizzie undertook Mental Health First Aid training during the year, with attendance by both staff at a number of other workshops also – eg Helen Glover. Sue attended the 5-day OH&S Safety Representative course run through the Chamber of Commerce and was also fortunate to be selected to undertake the MHFA Train the Trainer course in July 2010.

## MHACA Collective Workplace Agreement (CWA)

The current CWA expired on 30th June 2010 – we have negotiated with the staff that this will remain in force until 31st December 2010 while staff and management formulate a new agreement to June 2013 when our funding contracts expire.

## Staffing

The retention of staff throughout the mental health sector as a whole continues to be a challenge. Staff turnover for the 2009-10 financial year was around 28% - an increase on the previous year's 26% but still within a reasonable level. We are experiencing problems however trying to recruit indigenous staff members and are trying various strategies to overcome this, however during the year we have managed to recruit an indigenous lady as a trainer for the Suicide Story project.

We said farewell to a number of staff during the year – Missa Bolibruck and Sean Broughton-Wright from the Day to Day program, Danielle Noble from the sub-acute program and Rita Riedel our long-term training & promotions officer. In turn we welcomed Stuart James into D2D, welcomed back as a permanent staff member Bianca Kelley who has been with us as a casual on and off for more than 4 years, Lizzie Dodd in Admin, Kylie



Humrick as our new training & promotions officer and Valda Shannon as our Suicide Story trainer. Thanks to all who have made a contribution in the past year and welcome to all new staff members who have joined us throughout the year.

Thanks also to those participants who have sat on the interview panels for the job vacancies – it is important that the input from the participants is sought and valued.

## Vehicles

In August 2008 we were granted a second-hand Toyota Prius for our use. Unfortunately this vehicle ceased to operate in December 2009, and despite much effort with Toyota Australia we were unable to get them to agree to contribute to the massive repair bill so the vehicle was written off and replaced by a second-hand Camry.

## General

One of the initiatives this year has been staff and participants contributing to catering for events. For 2 of the participant events all attendees were asked to bring a plate – this resulted in a magnificent feast for all, and staff (Lizzie and D2D in particular) have worked with participants in the MHACA kitchen to produce some wonderful platters and other healthy food for such things as training days, last year's AGM etc. This assists us in keeping costs down, gives the participants the opportunity to learn new skills (or show off the ones they have) and builds cohesion between staff and participants working together – well done to all.

## Sue Coombs



# treasurer's report

I tender this report for the MHACA Management Committee to consider and accept. I also move that Deloitte Touche Tohmatsu be appointed to audit the MHACA financial statements for the year ended 30 June 2011.

The financial statements for the year ended 30 June 2010 were audited by Deloitte Touche Tohmatsu.

## Balance Sheet

The audited Balance Sheet reports accumulated funds of \$1,443,783 at 30 June 2010 – an increase of \$26,187 on the previous year. Three programs had total surpluses of \$16,132 however the Department of Health and Community Services have determined that they are required to be spent in the 2010/11 year and they have been transferred to unexpended grants and do not form part of the surplus.

The Balance Sheet reports MHACA to have current assets of \$718,271, mainly cash at bank, of \$696,194, receivables of \$13,904 and a prepaid bond for our two rented premises of \$8,173. Non current assets of \$980,234 which comprises of residential units \$874,856, plant and equipment \$35,461, motor vehicles \$69,417 (all amounts are written down values) and shares in Bendigo Bank at cost of \$500. Current liabilities are \$228,801 which includes unexpended grants of \$67,652. Creditors and Provisions total \$161,149, and non-current liabilities total \$25,922 being provision for long service leave.

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

## Statement of financial performance

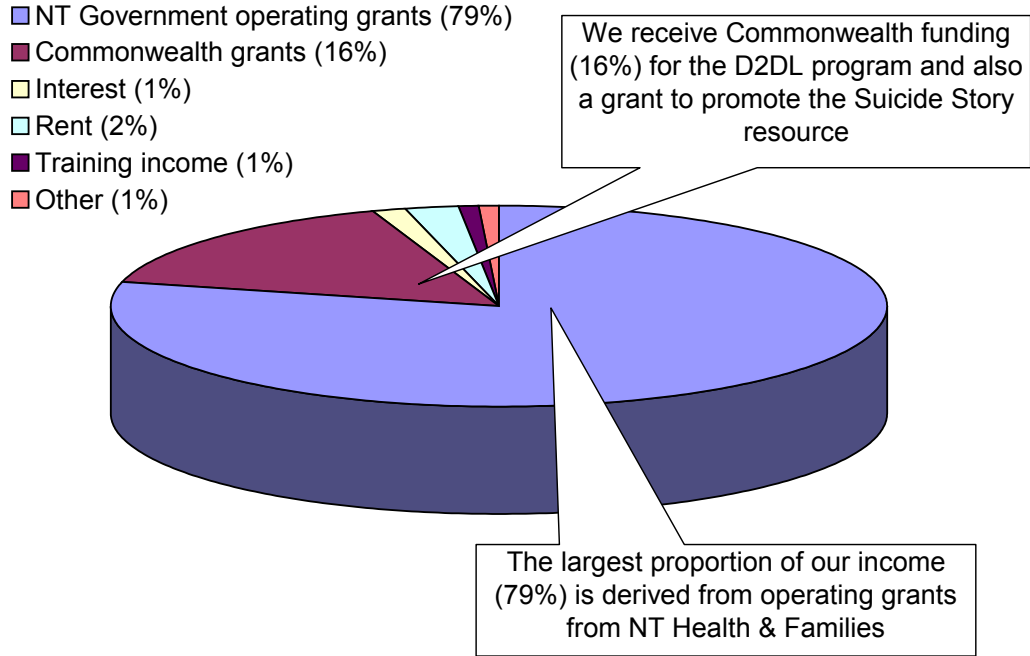
Grant income from the NT Department of Health & Families decreased from \$1,190,472 last year to \$1,169,562 this year. Grant income from the Commonwealth Department of Health & Ageing increased from \$219,374 last year to \$256,422 this year. Other income from external sources was:

• Bank interest	\$21,977
• Fundraising activities	\$ 500
• Rent and recovered costs	\$44,735
• Membership fees	\$ 680
• Training Income	\$12,499
• Other income	\$ 2,903

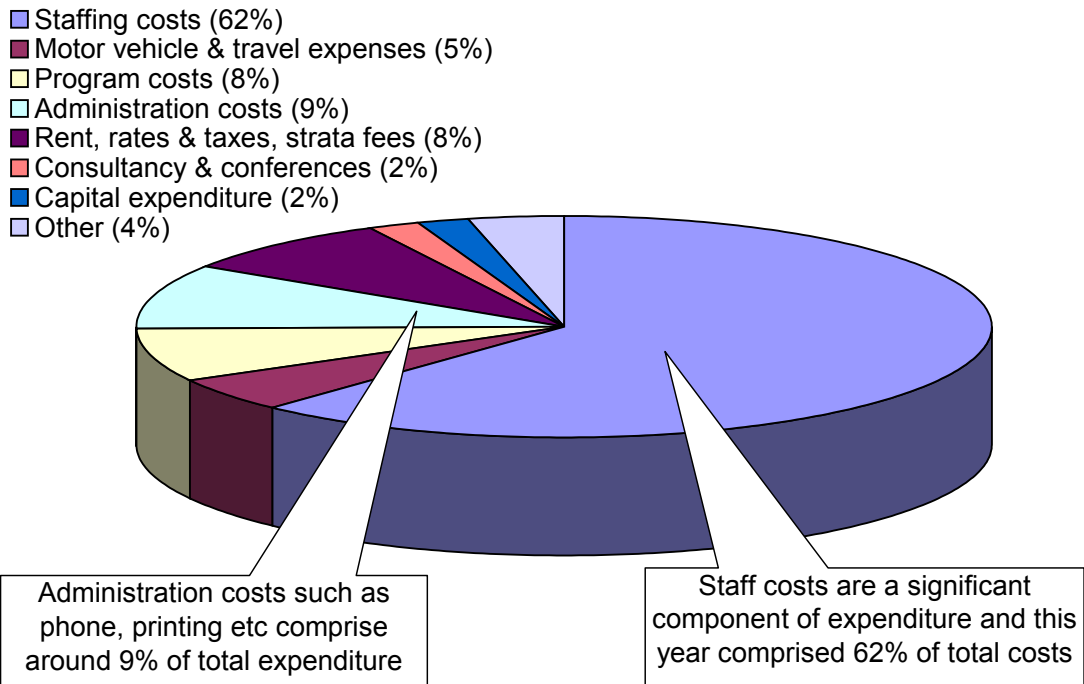
Greg McIntosh  
MHACA Treasurer

18th October 2010

## MHACA Income Received



## MHACA Expenditure Categories



# auditor's report ...

## Deloitte

Deloitte Touche Tohmatsu  
ABN 74 490 121 060

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Alice Springs NT 0870  
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### INDEPENDENT AUDITOR'S REPORT

#### TO THE MEMBERS OF MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

We have audited the accompanying financial report, being a special purpose financial report, of Mental Health Association of Central Australia Incorporated ("the Association"), which comprises the balance sheet as at 30 June 2010, and the income statement for the year ended on that date, the statement by the management committee, a summary of significant accounting policies and other explanatory notes.

#### *The Responsibility of the management committee for the Financial Report*

The management committee of the Association is responsible for the preparation and fair presentation of the financial report and has determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the financial reporting requirements of the Associations Act 2003 (the "Act") and are appropriate to meet the needs of the members. The responsibility of management committee also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; making accounting estimates that are reasonable in the circumstances and ensuring compliance with the obligations imposed by the Act, the regulations and the Rules of the Association.

#### *Auditor's responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to meet the needs of the members. These policies do not require the application of all Accounting Standards in Australia. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

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

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

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

Member of  
Deloitte Touche Tohmatsu

Liability limited by a scheme approved under Professional Standards Legislation.



**INDEPENDENT AUDITOR'S REPORT**

**TO THE MEMBERS OF MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA  
INCORPORATED (continued)**

*Independence*

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

The audit opinion expressed in this report has been formed on the above basis.

*Auditor's Opinion*

In our opinion, the report presents fairly, in all material respects, the financial position and income and expenditure of Mental Health Association of Central Australia Incorporated as at and for the year ending 30 June 2010, in accordance with the accounting policies described in Note 1 to the financial statements.

DELOITTE TOUCHE TOHMATSU

W R McAinsh  
Partner  
Chartered Accountants

Alice Springs, 13 / 10 / 2010.

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC

STATEMENT BY THE MANAGEMENT COMMITTEE  
FOR THE YEAR ENDED 30 JUNE 2010

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

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

In the opinion of the Committee:

- a) The financial statements set out on pages 5 to 9 are drawn up so as to give a true and fair view of the Association's state of affairs at 30 June 2010 and of its result ended on that date; and
- b) the accounts of the Association have been properly prepared and are in accordance with the books of account of the Association; and
- c) at the date of this statement there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

The net profit of the association for the relevant year was \$26,187

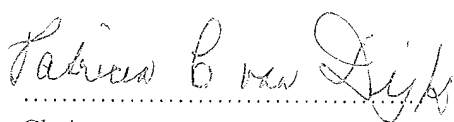
We confirm as follows:

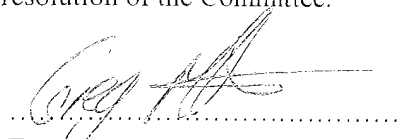
- a) the name of each committee member of the association during the relevant year were:

Mardijah Simpson	Tahniah Edwards - commenced 18/11/2009
Trish Van Dijk	Greg McIntosh - commenced 18/11/2009
Maya Cifali	Allen Cope - resigned March 2010
Tracey Hatchard	Mark Keyworth - commenced July 2010
Lee Ryall	Darren Farr - resigned October 2009
Sandi Yandell - commenced 18/11/2009	Katherine Venice - resigned August 2009
Paul Birchall - commenced 18/11/2009	Gwvynyth Cassiopei-Roennfeldt - resigned November 2009
Donna Musinskis	Robbie Lloyd - resigned November 2009

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

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

  
.....  
Chairperson

  
.....  
Treasurer

Alice Springs, 12/10/2010

**MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED**  
**Auditors Report**

**INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2010**

	<b>Note</b>	<b>2010</b> \$	<b>2009</b> \$
Total revenue		1,546,820	2,022,730
Total expenses		1,520,633	1,560,784
Operating surplus	8	<u>26,187</u>	<u>461,946</u>
Accumulated surplus at the beginning of the year		1,417,596	955,650
Accumulated surplus at the end of the year		<u><u>1,443,783</u></u>	<u><u>1,417,596</u></u>

**MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED**  
**Auditors Report**

**STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2010**

	Note	2010 \$	2009 \$
<b>CURRENT ASSETS</b>			
Cash	2	696,194	683,417
Prepayments		-	-
Receivables	3	13,904	2,868
Property bond		8,173	8,173
<b>TOTAL CURRENT ASSETS</b>		<b>718,271</b>	<b>694,458</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	4	979,735	1,008,569
Investment shares		500	500
<b>TOTAL NON-CURRENT ASSETS</b>		<b>980,235</b>	<b>1,009,069</b>
<b>TOTAL ASSETS</b>		<b>1,698,506</b>	<b>1,703,527</b>
<b>CURRENT LIABILITIES</b>			
Creditors and borrowings	5	90,173	103,908
Provision for annual leave		70,976	55,048
Unexpended grants	6	67,653	105,196
		<b>228,802</b>	<b>264,152</b>
<b>NON-CURRENT LIABILITIES</b>			
Provision for long service leave		25,922	21,779
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>25,922</b>	<b>21,779</b>
<b>TOTAL LIABILITIES</b>		<b>254,724</b>	<b>285,931</b>
<b>NET ASSETS</b>		<b>1,443,782</b>	<b>1,417,596</b>
<b>ACCUMULATED FUNDS</b>		<b>1,443,783</b>	<b>1,417,596</b>

**MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED**  
**Auditors Report**

**NOTES TO AND FORMING PART OF THE ACCOUNTS**  
**FOR THE YEAR ENDED 30 JUNE 2010**

2010                      2009  
\$                              \$

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**1. SUMMARY OF ACCOUNTING POLICIES**

**Financial Reporting Framework**

The association is not a reporting entity because in the opinion of the management committee there are unlikely to exist users of the financial report who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs. Accordingly this "special purpose financial report" has been prepared to satisfy the management committee's reporting requirements under the *Associations Act*

The financial report has been prepared on the basis of historical cost and except where stated, does not take into account changing money values or current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The financial report has been prepared in accordance with the Associations Act, the basis of accounting, but not the disclosure requirements, specified by all applicable Australian Accounting Standards.

**Significant accounting policies**

Accounting policies are selected and applied in a manner which ensures that the resultant financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions and other events is reported. The following significant accounting policies have been adopted in the preparation and presentation of the financial report.

**Depreciation**

Items of property, plant and equipment are depreciated over their estimated useful lives using the diminishing value method. The main rates used are:

Plant and equipment	36%
Motor vehicles	25%
Leasehold improvements	2%

**Economic dependency**

A significant volume of the association's revenue is from government grants.

**Employee Entitlements**

The amount expected to be paid to employees for their pro-rata entitlements to long service and annual leave is accrued annually at current wage rates.

**Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST. Receivables and payables are recognised inclusive of GST. The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables.

**Income Tax**

The association is not subject to income tax.

**Government Grants**

Grants are recognised as revenue in accordance with the year to which they relate. Grants receivable for the current year but not received are accrued as a receivable, grants for future years received in the current year are treated as a liability. The portion of specific purpose grants received and unexpended at year end is transferred to current liabilities.

**MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED**  
**Auditors Report**

**NOTES TO AND FORMING PART OF THE ACCOUNTS**  
**FOR THE YEAR ENDED 30 JUNE 2010**

	2010	2009
	\$	\$
<b>2. CASH</b>		
Cash at bank - cash management trading account	695,194	612,048
Cash at bank - cheque account		70,348
Cash at bank - trading account	1,000	1,021
	<u>696,194</u>	<u>683,417</u>
<b>3. RECEIVABLES</b>		
Debtors	111,639	3,415
Other		(547)
	<u>111,639</u>	<u>2,868</u>
<b>4. PROPERTY, PLANT AND EQUIPMENT</b>		
Buildings - Residential Units	935,277	928,959
Less: Accumulated depreciation	<u>60,421</u>	<u>42,568</u>
	<u>874,856</u>	<u>886,391</u>
Plant and equipment	105,015	108,774
Less: Accumulated depreciation	<u>69,348</u>	<u>57,589</u>
	<u>35,667</u>	<u>51,185</u>
Motor Vehicle	152,158	135,885
Less: Accumulated depreciation	<u>82,741</u>	<u>64,892</u>
	<u>69,417</u>	<u>70,993</u>
TOTAL	<u>979,940</u>	<u>1,008,569</u>
<b>5. CREDITORS AND BORROWINGS</b>		
Creditors	10,867	39,314
GST Payable	37,474	37,438
Payroll liabilities	38,635	25,576
Bond received	3,210	1,580
	<u>90,185</u>	<u>103,908</u>

**MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED**  
**Auditors Report**

**NOTES TO AND FORMING PART OF THE ACCOUNTS**  
**FOR THE YEAR ENDED 30 JUNE 2010**

	2010	2009
	\$	\$
<b>6. UNEXPENDED GRANTS</b>		
Life promotion account	2,405	92,505
Life promotion - Suicide Story	51,519	
Pathways		8,058
Sub Acute Prevention & Recovery	13,727	4,633
Day to Day Living	2	-
	<u>67,653</u>	<u>105,196</u>
<b>7. GRANTS IN ADVANCE</b>		
D2D Living	97,736	-
	<u>97,736</u>	<u>-</u>
<b>8. OPERATING SURPLUS / DEFICIT FOR THE YEAR</b>		
Operating account	(1,483)	39,132
Life promotion account	2,405	92,505
Life promotion - Suicide Story	51,522	
Pathways to recovery	0	8,058
Sub Acute Prevention & Recovery	13,727	4,633
Mental Health Training	0	-
Day to Day Living	2	-
Accommodation and support	0	-
Capital acquisitions	27,670	63,784
Capital grants		359,030
Transfer to Unexpended Grants	(67,656)	(105,196)
	<u>26,187</u>	<u>461,946</u>



**Mental Health Association of Central Australia**

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