

MHACA



annual report
2007-2008

Mental
Health
Association of
Central
Australia





Mental Health Association of Central Australia
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General Manager, Claudia Manu-Preston

Administrator, Sue Coombs (Tanya Vaughan)

Administration Assistant, Emily Harrison (Chris Kam)

Services Manager, Rangi Ponga

Pathways Support Officer, Felix Meyer (Tim MacDonald)

Pathways Support Officer, Joanne Ruby (Gina McAuley)

Pathways Support Officer, Donna Ormsby

Prevention & Recovery Officer, Danielle Noble

Prevention & Recovery Officer, Bruce Macgregor

D2DL Coordinator, Carmel Williams (Fee Madigan)

GROW Field Officer, David Munro

Life Promotion Manager, Laurencia Grant

Life Promotion Officer, Brian Kennedy (Kristy Schubert)

Life Promotion Officer, Tennant Creek, (Coral Aston)

Training & Promotions Officer, Rita Riedel

Casual & Contract Staff: (Claire Hine), (Raymond Campbell), (Geoffrey Shaw), (Robbie Lloyd), (Sarah Chunys), Bianca Kelley, Lynne Kennedy



Staff taking part in a productive 2-day Strategic Planning workshop in March 2008



who we are...

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

from little things big things grow

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

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



Above: Time out in the great outdoors - consumers enjoying a trip out bush on a Men's Group Outing

Right: Consumers and support staff taking part in the Arts Access Mosaic Bench Project

four streams

MHACA's work falls into four streams: **1)** We provide support to consumers through our program areas in the form of one-on-one work. **2)** We run a number of group activities open to consumers of all community and government services. **3)** We work toward developing community partnerships and supporting service development work - through advocacy, training, suicide prevention and post-vention work, and the promotion of mental health issues. **4)** We tend to the core administration work integral to all our services, comprising of things such as report writing, financial management and evaluation.

client profile

An overall total of 98 individual clients were supported over this year: 59.2% have a diagnosed and persistent mental illness. Gender analysis shows 62.2% of our clients are male and 27.8% female, with 24.5% identifying as Aboriginal or Torres Strait Island descent, and 16.3% identifying as people from Cultural and Linguistically Diverse speaking backgrounds. Of these clients 59.2% are co-case-managed with the clinical Central Australian Mental Health Service.

funding

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

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



the year at a glance...

IT IS with great pleasure that we present the 2007-2008 Annual Report for the Mental Health Association of Central Australia. This past year the MHACA staff and management committee have worked actively on the ongoing development of all MHACA programs with the aim of strengthening and consolidating the existing service. We have reflected on our progress and planned for the future while undertaking key projects and maintaining the effective operation of our services. Some of our key achievements and challenges include:

◆ Relocation to new larger premises in October 2007 – offering multiple positive benefits including a doubling in office and consumer space, a drop-in centre, a more favourable operating environment for both staff and consumers, and the creation of a homely welcoming atmosphere for everyone



Left: Moving from the old ...
... to the new (below)

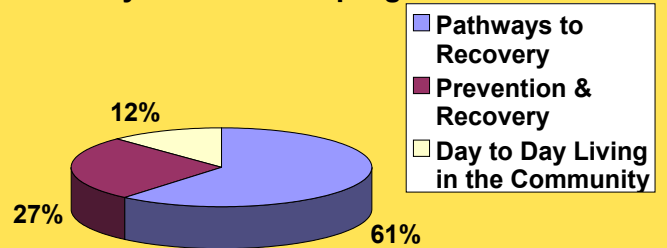
Right: Our new sign at our new larger office at 65 Hartley Street, Alice Springs



◆ Development of new *Strategic Plan 2008-2011* – involving the evaluation of the previous *Strategic Plan 2003-2007* and wide consultation with stakeholders



In total, 98 Clients were supported for the year across all programs



◆ Establishment of the Day to Day Living in the Community Program – supporting people in the participation and contribution to a regular wide ranging program of activities to assist with socialisation, skill development and integration into the community

◆ Establishment of the GROW peer support program – specifically, the running of weekly GROW group meetings that meet the needs of consumers who wish to better manage their lives and improve their mental health

◆ Consolidation of monthly Consumer Forum meetings – now held in the evenings, with regular attendance contributing to the establishment of a monthly Consumer Action Group



Mayor, Damien Ryan, with workers who proudly installed one of the new benches at Olive Pink created as part of Arts Access 'Mosaic Benches' project

◆ **Increase in housing support –**
Purchase of a 2-bedroom unit (under the Housing Support Program) for consumer tenancy and the leasing of a 2-bedroom unit (under the Prevention & Recovery Program) for extended respite accommodation

◆ **Establishment of Housing & Support Model project –**
to assess consumer needs and models of care related to housing availability and accommodation support

◆ **Development and trialling of Suicide Story –**
a locally-developed culturally appropriate suicide awareness and intervention skills training program

◆ **Strengthened partnerships with local organisations -**
in particular, with Bindi Sheltered Workshop, Waltja, the Salvation Army Men's Hostel and RecLink Sport & Recreation

◆ **Establishment of Mental Health First Aid training on monthly basis**
attracting wider participation from a diverse range of services and individuals

◆ **Expanded promotional activities**
including stalls at the Careers Expo, Central Australian Business Expo and Alice Springs Show



Matt Deer Memorial Camp - Mt Sonder, May 2008

◆ **Significant increase in staff turnover –**
from 20% in the previous year to 50% in this financial year providing an added challenge to the effective functioning of our services

◆ **Development of a Collective Workplace Agreement –**
to offer improved employment terms and conditions, in the final stages of negotiation

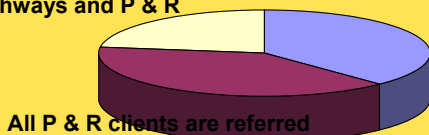
◆ **Finalisation of the Policy and Procedures Manual –**
available on our website at www.mhaca.org.au



Above: Consumers and staff enjoying a regular Thursday lunch following the Healthy Living group held on Thursday mornings

Joint clients - each program provides support in conjunction with other service providers:

23% of D2DL clients are supported jointly with Pathways and P & R



All P & R clients are referred by and supported jointly with CAMHS

42% of Pathways clients are supported jointly with CAMHS

strategic achievements...

In line with our *Strategic Plan 2003-2007* a summary of our achievements for the past 12 months includes:

1 consumer-driven quality

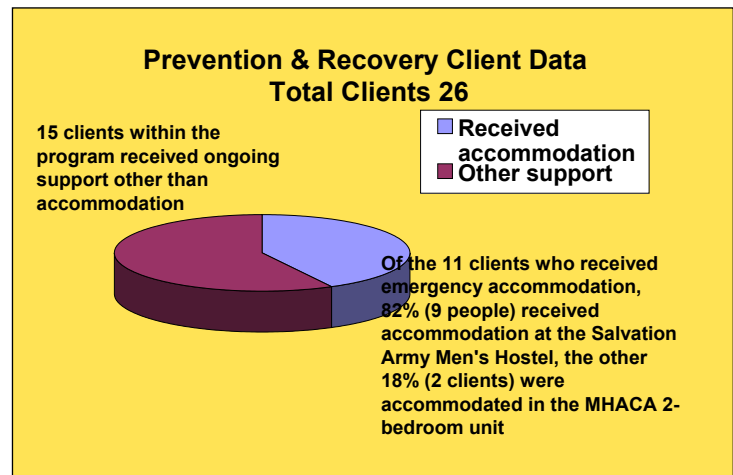
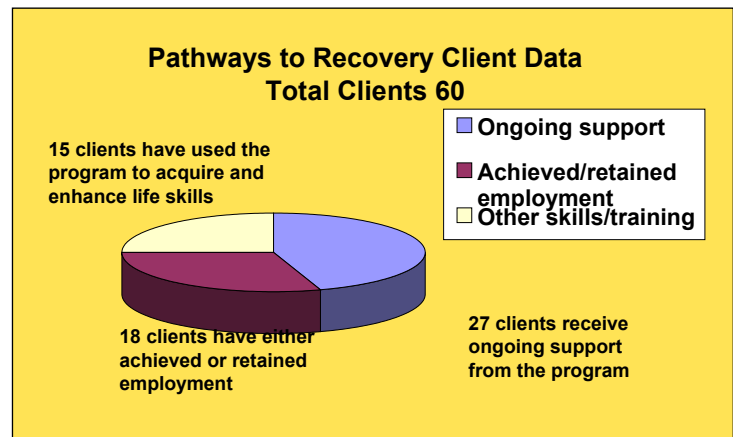
- Development of a Consumer Peer Support Model and Grow Service – 2 GROW groups
- Continued implementation of the Day to Day Living in the Community Program (D2DL); this involved consumer engagement/life skills and socialisation through yoga, arts and crafts, cooking groups, drumming group, recreational 8-ball, 10-pin bowling, bead making group, singing group, creative writing group and annual 3-day Matt Deer Camp
- Monthly Consumer forums – changed from lunch meetings to evenings to enable greater attendance
- Consumer leadership support, ongoing involvement of consumers and carers on projects such as review of Policy & Procedures Manual, development of Peer Support Model and resident selection process for MHACA units
- Supported CAMHS accreditation through organising/supporting consumer involvement

2. mental health awareness

- Scheduled monthly Mental Health First Aid training with 116 people trained
- Ongoing delivery of ASIST Training provided in Alice Springs, Tennant Creek and Ali Curung
- Delivery of SafeTALK program in Alice Springs and Docker River
- Quarterly production of newsletter, *inBalance*



Left: Robin, Esta, Fee and Gwynyth enjoying their time together at a Thursday morning Healthy Living group



- Information stalls at the Careers Expo, Central Australian Business Expo and Alice Springs Show
- Presentations at three conferences, workshops, meetings and community agency visits
- Sponsoring of various presenters to Alice Springs such as Fay Jackson and Helen Glover

3. prevention and intervention

- Ongoing provision of support to 98 client's across the MHACA client programs with clients supported to gain or retain employment
- 28 clients received counselling
- Purchase of additional 2-bedroom unit
- Interim respite accommodation under the P&R Program with the leasing of a 2-bedroom property

- Coordinated interagency response after suicides
- Joint community programs/activities: Salvation Army, Reclink, Bindi CASA
- Combined training with clinical services: Boston Rehabilitation & Strengths-Based Recovery

4. service development / sustainability

- Service development and planning workshops
- Ongoing advocacy work
- For COAG, assist in the development of the care coordination model for Mental Health in the NT
- Introduction of International Wellness and Recovery Planning Plan (WRAP) tool – adapted via consumer feedback to make it locally relevant
- Key member of Headspace consortium
- Facilitation of the Personal Helpers and Mentors Program (PHaMS) – local consultation
- Meeting with Mental Health Council of Australia to discuss new initiatives from C/wealth Government
- Setting up of the Housing & Support Model project



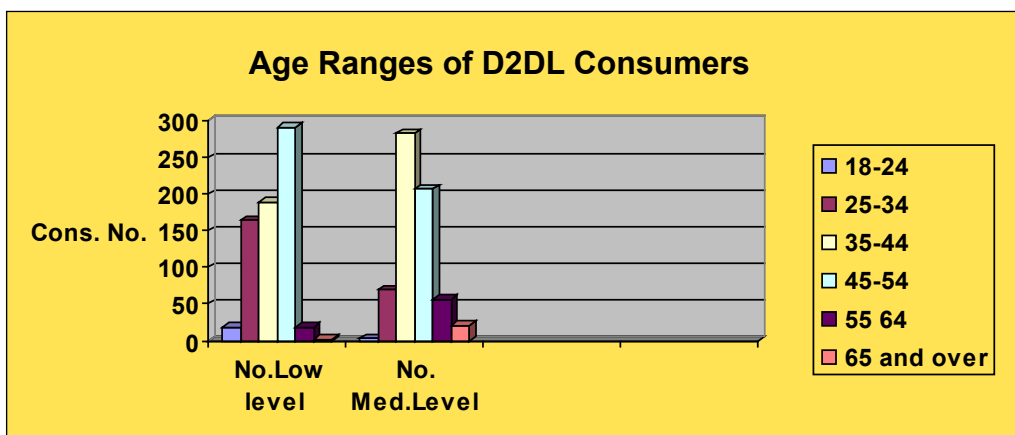
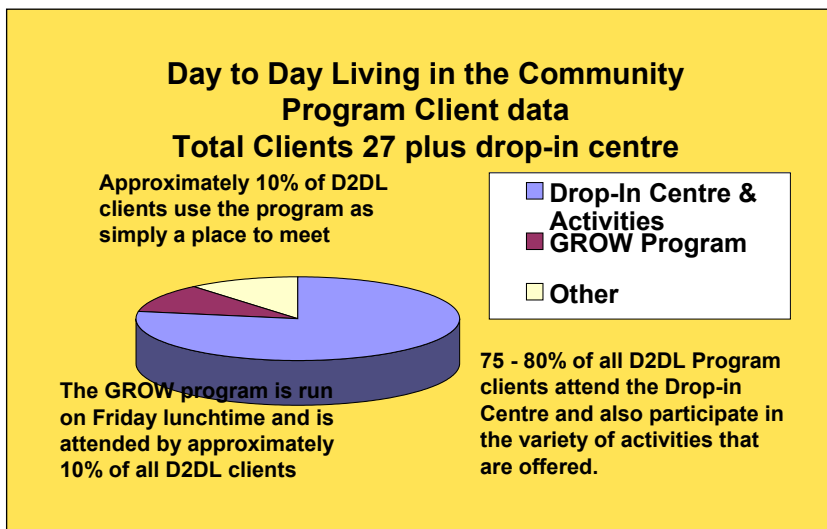
A highlight at the 2008 Matt Deer Camp at Glen Helen Gorge - scenic rides with the local helicopter

5. research and innovation

- Development of "We Know Our Strengths" project with Waltja in three remote communities
- Development and trialling of "Suicide Story", a suicide awareness training program for remote communities
- Review of client assessment processes
- Research into trial counselling & peer support groups

6. effective governance & management

- Evaluation of the previous *Strategic Plan 2003-2007* and development of the new *Strategic Plan 2008-2011*
- Ongoing consumer committee member mentoring
- Monthly committee meeting with 70% attendance
- Strong financial position reflected in the Audit report



- Weekly In-Take Service, Supervision and monthly In-service Training with consumer rep participation
- Regular staff meetings and support structures
- Effective Relationship Building Training with CAMHS clinical service teams (by Accrete Training)

** Low level clients - GROW drop-in only
 ** Medium level clients - those participating in D2DL activities

the committee ... 2007-08

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

Chairperson, Mardijah Simpson

Deputy Chairperson, Trish van Dijk

Secretary, Jill Deer

Treasurer, Lindsay Morley

Public Officer, Maya Cifali

Organisational Rep, Tracey Hatchard

Organisational Rep, Nigel Scrimshaw (Jenny Black)

Consumer Rep, Darren Farr (Leo Welin)

Consumer Rep, Gwvynyth Cassiopeia-Roennfeldt (Steve Kent)

General Rep, Lee Ryall (NPY Women's Council)

General Rep, Marg McAlavey, CAMHS



L to R: Back: Marg, Mardijah, Gwvynyth, Lee, Maya and Darren
Front: Trish, Tracey and Christine Burke (consumer support)

chair's report ...

Another year has flown by with big changes in the Northern Territory and around Australia. Late last year as the country grew hotter and dryer, the then Federal Government intervened in Aboriginal affairs here. The impact of this is still rippling out; something needed to be done, everyone agreed, but how this was acted out and its impact is still being worked through. Then we had a change of Federal Government who said 'Sorry' and promised improvements to aspects of health care and to consult more in implementing aspects of the 'intervention'. More recently we have had the NT elections with unexpected changes in numbers! We certainly hope that the Territory Government will continue to support and resource MHACA in its much needed work.



Mardijah and Rangi helping out on our stall at the Centralian Business Expo 2008

new home ...

We have been settled in our new home since October 2007 and are all realising what a wonderful improvement this has made for everybody; clients, staff and committee. We now have enough space to do our work even better, welcome visitors, run creative activity programs and, most importantly, enable the clients to have their own space and develop the consumer forum. Thank you once more to everyone who has contributed to making MHACA a welcoming and supportive place and enabled its service and resources to develop and grow.

Although our own organisational housing needs are now well cared for, we are more aware than ever of the serious lack of adequate accommodation for many people around town. This is an issue which MHACA plans to advocate for in collaboration with other concerned services.

thank you ...

I would like to thank all the staff, old and new, who have worked so hard and taken up the challenge of our expanding programs, meeting these demands with enthusiasm, energy and humour. I would like to thank the members of the management committee, most of whom lead incredibly busy lives, professionally and/or as volunteers. They bring to the committee a valuable range of experience and understanding of social issues and services around the Centre. Thank you also for the financial support, confidence and trust placed in



Mardijah Simpson,
MHACA Chair

our service by the NT Govt Dept of Health and Family Service and Dept of Housing, and the Federal Dept of Health and Ageing. We hope to retain our funding from the Commonwealth government and will do our best to advocate on behalf of consumers for the continuation of the D2DL Program. Finally, I would like to acknowledge our diverse client body who contribute so much to making MHACA the unique organisation it is. Despite life's ups and down they contribute in so many ways: facilitating the Consumer Forum and working to develop a consumers charter and badge, assisting in creating the beautiful mosaic benches with Arts Access (now in their permanent home at Olive Pink Garden) and much, much more.

community awareness ...

The community's understanding of mental health issues seems to be improving. The interest and openness expressed by visitors to our stall at the Alice Show has grown each year. This is just one part of our dynamic Training and Promotions Program which continues to offer a diverse range of speakers and workshops, often in collaboration with other service providers.

partnerships ...

Partnerships are an integral part of our work practice—we do not try to do everything ourselves—nor could we. Over the year we have taken a pro-active role in developing partnerships and participating in interagency initiatives. These include working with Headspace, the Salvation Army, Carers, Waltja, Congress, CAMHS and Centre for Remote Health on such issues as peer support, housing, young people's mental health and workforce mentoring. We very much appreciate all the resources, funding and support we have been given which allow us to work with our community.

Mardijah Simpson

general manager ...

It has been a big year and our team has met the challenges with enthusiasm and steadiness—mirrored by the tenacity people with mental illness demonstrate daily which continues to inspire the work done at MHACA.

direct client support

MHACA has provided services to 98 consumers across the organisation, with a 40% increase in the uptake of services compared to last year—attributed to a combination of an increase in need, an improved MHACA profile and the introduction of the Day to Day Living in the Community Program (D2DL). We did not anticipate the demand or success of this program and the drop-in centre, clearly evidenced by the data.

MHACA continues to support and develop the peer support models: this is through our partnership with GROW and investment in localised consumer participation strategies, where feedback from consumers about our service responsiveness and design is valued and encouraged.

Housing issues have been identified as a priority area that impact greatly on the lives of consumers. The dwindling government housing stock creates additional problems of supply and demand which in turn affects the cost of rent.

promotion, prevention & capacity building

The prevention and early intervention work that MHACA invests in has continued to grow as highlighted throughout the report. The targeted capacity building activities around suicide prevention and the range of mental health promotional activities and training opportunities has contributed to improved mental health awareness. The locally-developed suicide awareness resource 'Suicide Story' developed by the Life Promotion Program is receiving wide-ranging



Claudia-Manu Preston,
General Manager

interest. Our improved capacity through information sharing and skills development are of equal importance to our direct client work and directly contribute to improved quality of life for consumers.

partnerships

Our partnerships with the Central Australian Mental Health Service, GROW, Waltja, the Headspace Consortium, BasicNeeds and more generally, community and government housing providers, numerous local community services has enhanced our ability to assist people experiencing mental illness. MHACA will continue to invest strongly in working with other services.

review of previous strategic plan

Quality improvement has been a cornerstone to MHACA's services which was confirmed through the evaluation of our previous *Strategic Plan 2003-2007*. Key findings highlighted that "MHACA has continued to produce quality outcomes and support programs and services based on need". (Cross D, *Strategic Plan Evaluation Summary*). MHACA has significantly expanded its range of services and has had a 3-fold increase in staff while achieving the projected performance measures (refer to website for full report).

new strategic plan 2008-2011

The new strategic plan is the pivotal tool which sets the direction for MHACA throughout 2008 – 2011. The process for developing the plan was extensive and included an update of the vision, objectives, core values and goals. The structure of the report will assist the service in:

- Quality Service Provision
- Responsive Service Provision
- Mental Health Awareness
- Management & Governance.



housing & support model

MHACA has continued to advocate for a range of therapeutic options and expansion of community-based supports. Late in 2007 the demand for appropriate housing and support was raised as a high priority for consumers which led to MHACA's Housing and Support Model project. Commencing in April 2008, the project is assessing the needs and models of care that can be provided to assist people to secure long-term accommodation and remain in their housing, a critical element in maintaining health and wellbeing.

collective workplace agreement

This project developed in response to the high level of staff turnover to help improve employment terms and conditions. It was also an important step in attracting skilled and qualified staff and acknowledging the valuable work undertaken in the non-Government sector of mental health. Endorsed by the Management Committee the project is in the final stages of negotiation and is being considered by the MHACA team.

database

MHACA has been researching the data collection needs of our organisation this year with the aim of establishing an improved system of client and staff records. The importance of the database remains high and will become a priority for the year ahead.

challenges

Staff retention has been a constant challenge for MHACA. This past year there was a 50% staff turnover compared to 20 % for 2006-2007. MHACA invest time and resources into recruiting and retaining staff, however this continues to be difficult to address, given that some factors are beyond our control. An analysis of the reasons why people leave their positions at MHACA show that 71% of the resignations were due to the employees (or families) relocating out of Alice Springs. The other 29% (2 employees) left because they did not feel that the job met their expectations.

In the coming year MHACA will be refining its training framework, and further developing the consumer and indigenous employment strategy. MHACA will also advocate more broadly to influence the social determinants that greatly impact on the ability of people with a mental illness to maintain health and wellbeing, including; housing, transport, employment & training options and income.

farewells

With deep regret the service and clients have bid farewell to two of our long-term clients in 2008. Their deaths have left both happy memories and sadness for many people and we are fortunate and richer for having known them. Fitting tributes were held with their families and the community. MHACA is planning to create a memoriam to those clients who have died and to acknowledge their journey and struggle with mental illness and the family and friends who supported them during their lives.

summary

This past year has primarily been one of consolidation for MHACA; that is doing what we do well. However, the year also presented us with significant changes



Staff with Director, Mental Health, Dept of Health & Community Services, Bronwyn Hendry (2nd right) on the front verandah of our new premises, October 2007



Consumers, carers and staff celebrating a Christmas meal together, a MHACA tradition enjoyed by many



Claudia with Phil Dempster (NTMHC) and Sally Edwards CEO, GROW at the Mental Health Council of Australia Policy Forum in Canberra, April 2008

and new projects. I would like to thank everyone who has made a contribution during the year—all the staff, volunteer committee members, consumers and other stakeholders. The sum of us is much greater than the individuals involved, and sincere thanks to the team for a wonderful year.

I look forward to the coming year which will no doubt bring with it new challenges and rewards.

Claudia Manu-Preston



pathways to recovery ...

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

changes over the past year

Main changes have included staffing shortages, the shift to new premises and reduced social and recreational activities early in 2008 which have been taken on by the D2DL Program. In turn, staff have had more opportunity to concentrate support in the areas of rehabilitation and vocational guidance, and develop stronger allies with employment agencies and counselors. They have also been able to advance skills to further assist clients towards self-determination and recovery-based awareness.

client services

A total of 82 referrals were received by the Program with 60 clients receiving support. An average of 28 clients are ongoing and co-case managed with the clinical team at CAMHS. The staffing ratio consists of up to 15 clients per staff member per month.

staff recruitment & training

Two vacancies occurred, with accompanying delays in recruitment. Following orientation staffing has remained constant comprising two part-time and one full-time equivalent, with staff from the Subacute team providing relief during training and annual leave absences. Staff training included: Mental Health First Aid; St John's First Aid; Recovery-Focused Care from Consumer trainers; ASIST, Cross Cultural; Therapeutic Group Workshop

project with CAMHS; Narrative and Choice Therapy workshops, attendance at THEMHS 2007 annual conference in Melbourne.

program outcomes

- 18 clients gained or retained part or full time employment – 6 independently of MHACA; 3 manned the MHACA front office and gained receptionist skills
- 2 Recovery-Based Care training events attended
- 3 consultation forums held for project surveys
- 2 received independent MHACA housing
- 11 were supported while in hospital
- 6 attended A&OD rehabilitation
- 3 were appointed Consumer reps onto MHACA management, reference and interview panels
- 1 consumer rep attended the 2007 THEMHS national conference
- 6 clients received integrated supports with the Subacute team
- 8 participated in the Gem Tree overnight camp
- regular participation in ReLink sport and recreation activities and Salvation Army Women's Art Group
- monthly Consumer Forum BBQ's held prior to move to new premises
- 7 clients enjoyed the Annual Matt Deer Camp held at Glen Helen Gorge (with 5 staff and 1 carer)
- accommodation assistance continued to be a number one factor for many clients
- shared supports with counseling - reduced following the loss of an internal counselor, while Jane Oakley-Lohm retained the service for independent referrals

internal service development

This has included reformatting client records to include D2DL data and improve standards; refurbishing following the move to new premises; assisting in integration of client activities with D2DL Coordinator; and monthly in-service training for improved models of practice and standards - guests speakers included Centacare's Remote Indigenous Carer Program, Central Australian Aboriginal Family Legal Unit updates, Carers Well Ways training overview; Anglicare Accommodation Coordinator, and Alice Springs Men's Hostel Manager.



Joanne Ruby

Felix Meyer

Donna Ormsby

external developments

Ongoing work with the community has included:

- monthly liaison meeting with ReLink Sporting and Recreational activities across disability sectors
- strengthened relationships with Bindi services & staff
- reducing co-morbidity through accessing Arunda House' residential rehabilitation services
- accessing accommodation with Anglicare's Bill Braiuling Transitional Housing and Lodge, Stuart Lodge and Salvation Army Men's Hostel
- access to NTMH Carers and relationships
- access to STEPS employment for increased and improved working opportunities
- enhanced and reduced risks through Alice Springs Women's Shelter
- accessing medical and rehabilitation resources through the Hospital Social Work division
- Maori perspective training on cross cultural developments in mental health
- **christmas activities 2007** - The Christmas/ New Year period can be a difficult time for many people and each year MHACA organises a range of activities to help support people at this time. This last year events included: a beading workshop at Queen Bead; lunch at the Oasis Resort , and a cooking group early in the new year. MHACA's traditional Christmas Dinner was held on Christmas Eve which was well attended by consumers, carers and staff. Thank you to everyone for making it such a festive atmosphere.

assessment models

Camberwell (CANs) 22 Psychosocial Units Assessment Tool and the Role Functioning Scale continue to be the primary assessment tools for the Pathways team. The Boston Readiness for Rehabilitation training will be included in the next period.

summary

The primary focus of the Pathways Program is now on supporting clients one-on-one. Core training areas continue to be improved upon, as well as addressing the needs of complex diagnosis in collaboration with the CAMHS services. The flow of visitors through the new premises has settled and the teams are managing the increased numbers of referrals to be assessed. Retention of staffing remains a priority, as does addressing the levels of staff / client ratio to be balanced against internal and external service delivery.

*Rangiwhiua Ponga,
Services Manager*



Time out in the great outdoors - consumers enjoying a trip out bush on one of the Men's Outings



Consumers, carers & staff celebrating Christmas 2007



Kate and Steph helping out with a calendar mailout



Gwvnyth Jo, Kathleen & Trish performing at "Singing in the Heart," a song by Gwvnyth rehearsed at MHACA



Rehab Officer (past)
Gina McAuley



Pathways Officer (past)
Tim MacDonald

prevention & recovery ...

The Prevention and Recovery Program provides non-clinical psychosocial supports to people experiencing an increase in mental unwellness, in conjunction with the clinical services of the Central Australian Mental Health Services (CAMHS). These supports can assist in reducing an admission or assist in transitional management on discharge from the hospital.

With renewed vigor the program has progressed over the past year. Clients received Individualized Care Package supports 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 and medical supports.

individual care packages

In the past year there were 26 referrals by CAMHS who all received supports extending from 3 to 17 weeks—20 male and 6 female, 9 of Aboriginal descent. The concept of Individualized Care Packages ensures that the uniqueness of each client is recognized and supported across all allied sectors. Activities in the past year have included:

- ◆ intensive weekly monitoring of medication compliance;
- ◆ treatment management, blood screening levels and changes to medication regime;
- ◆ escorts off the ward to reintegrate to community;
- ◆ twice-weekly clinical ward reviews;
- ◆ transitional respite and accommodation assistance;
- ◆ budgeting and shopping rehabilitation;
- ◆ joint community socialization activities;



Rangī Ponga,
Services Manager



CAMHS and MHACA staff enjoy the official launch of the new 2-bedroom respite unit in October 2007

- ◆ peer support to carers and families;
- ◆ educational and financial assistance;
- ◆ medical check up's with GPs
- ◆ supports while family away;
- ◆ prompting with self care and hygiene;
- ◆ alcohol and drug education and rehabilitation interventions;
- ◆ innovative access of the Bindi sheltered employment workshop for a client which then extended to include other clients

staff recruitment and retention

Heavy staff losses at CAMHS continued to affect reduced referrals throughout 2007, impacting on the casual staff pool at MHACA. By March 2008 this had improved for both services, with MHACA securing two permanent full-time staff who also assist with the Pathways program when needed. A new CAMHS Coordinator was appointed and additional nursing staff also increased referrals, and the appointment of a new Salvation Army Men's Hostel manager greatly improved accommodation and respite options. The loss of an Indigenous Support Officer has reduced the ability for MHACA to offer a more culturally-conscious service and we still seek to reduce this gap.

respite accommodation

Respite accommodation continues to be offered through Salvation Army Men's Hostel with access to two single male units, which includes crisis respite when the facilities are not used with subacute clients.

Nine males were assisted with respite which involved: transition off ward, relief from familial stressors, forensic services, crisis access, reduction of an admission, return from bush community, and relapse prevention which included multiple use for some clients.

The refurbishment of the women's 2-bedroom unit was able to provide access for 2 clients and their carers and one family access; one for a 12-week medication monitoring and included security supports to reduce disruption to the client's safety. Relief respites proved ineffective for one person; had resources of 24-hour care been available this may have improved the situation. Accommodation was provided for a family during a bereavement which offered comfort and reduced anxiety throughout this difficult time.

training & orientation

Alongside core training this has included Mental Health First Aid, St John's First Aid, Wellness & Recovery Planning and Voice Hearing with Consumer Advocates/Trainers, Cross Cultural perspectives and ASIST. Orientation to clinical and community sectors was provided to two new staff. Service promotion included support at the annual Alice Springs Show stall and the Centralian Business Expo stall. Program activities included Men's Group excursions, an overnight camp to Gem Tree and the MHACA Christmas Dinner.

research evaluation

New staff at both MHACA and CAMHS continue to be informed of the gaps identified in the 2007 Research Evaluation Report to ensure a continuum of credibility in referral and shared responsibilities. Joint-care planning has become more succinct and weekly clinical reviews are shared on an informal and formal basis. The risk of losing the CAMHS Coordinator to a direct streamlined approach between clinicians, case-managers and MHACA support officers will test the capacity of the process and requires monitoring to ensure there is not a drop-off in referrals as previously experienced.

summary

The P&R Program has continued to survive against the climatic culture of short staffing in the Alice Springs region, and integrating mainstream clinical practices with community-based psychosocial resources has become more readily accepted by clinical peers. Overall, there has been a positive approach for both services this year in guaranteeing the program continues.

Rangiwhiua Ponga

Right: Danielle and Rudi on a day trip to Glen Helen



Below: Bruce and Clive taking part in the Deadly Treadlies Project at ASYASS



Below: Staff at the Salvation Army Men's Hostel: Barry Laird (Support Worker) & Nigel Scrimshaw (Manager) - with Liz Springsforthe, the new CAMHS Coordinator for the Subacute Program



CAMHS P&R Coord. (past) John Gregory



P&R Officer Danielle Noble



P&R Officer Bruce Macgregor



P&R Officer (past) Bianca Kelley



P&R Officer (past) Geoffrey Shaw



P&R Officer (past) Claire Hine

day to day living ...

Helping to improve the quality of life for people experiencing severe and persistent mental illness by providing a range of weekly activities and services

The Day to Day Living (D2DL) Program commenced at MHACA in January 2008, with recent statistics demonstrating the enormous need of individuals in the community to be able to make use of its friendly, non-clinical and peer-supported atmosphere.

daily drop-in centre

This is a core part of the Program which offers a flexible range of activities in response to consumer feedback. It has inspired record attendance at the Consumer Action Group and Consumer Forum with new ideas and influences continually coming through. Positive attendance patterns that have developed show: high attendance at first—when clients are newly recovering from illness, then increasing participation in activities progressing over several weeks, to reduced attendance as clients move back into a fully engaged life (hopefully) within the community.

D2DL works collaboratively with the Central Australian Mental Health Services (CAMHS) and primarily four community organisations — GROW NT, ReLink, ArtsAccess and the Salvation Army—via MOU's, and also supported by a reference group of related services. The range of activities provided is highly responsive to the feedback of consumers enabling us to target consumer needs more accurately.

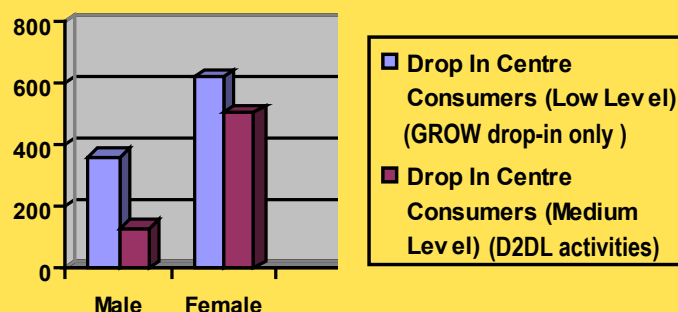
GROW program

Staffing issues impacted heavily on the initial development of GROW which commenced in November 2007. However, significant gains were made in early 2008 regarding promotion and the establishment of a regular GROW group on Friday mornings with beneficial



Carmel Williams,
D2DL Coordinator

Drop In Centre – Male/female Consumers



effects clearly noticeable in the growth and esteem of individuals participating. A public forum was held to introduce GROW to the wider community in March, and further events are planned for the future.

ReLink activities

The ReLink Program has been reinvigorated with the appointment of a new Coordinator, Sean Durant, at the end of May 2008. ReLink continues to offer an exciting and well-attended range of activities including: 8-ball, lawn bowls, 10-pin bowls, tennis and rock-climbing. The Program offers valuable support and inspiration to many consumers.

Arts Access

Many consumers took part in the Mosaic Bench Project organised by Arts Access in April which enabled both skills development and a contribution to Community Art on permanent display at the Olive pink Botanic Gardens. Feedback was enthusiastic with the women also developing their own mosaic tiles, some of which are on display at the Drop-In Centre.

Consumer Forum & Consumer Action Group



In March 2008 the Consumer Forum and the Consumer Action Group saw increased participation in response to changed meeting times to accommodate those involved in part- or full-time work. The Consumer Action group has become a lunch-time event to help compensate volunteers for their time and energy. Likewise, the evening Consumer Forum now provides an evening meal. Meetings are lively with relevant discussion and influx of ideas, and a great deal of work accomplished at the same time.

variety of weekly activities ...

- **creative canvas/ mandalas** -

The Creative Canvas Group produced a number of exciting and experimental works which has enabled skill development and creative expression, with a number of works on permanent display at MHACA. Water Colours were also introduced and Lynne's Mandala Drawing has been well established with the process being very therapeutic for participants.

- **creative beadwork** - Under the guidance of Stephanie Kostevsek, the evening beadwork sessions have been extremely well attended. Some participants have made jewelery for sale during Mental Health Week; others for personal pleasure or gifts for family and friends. It is a jovial and energetic group.

- **healthy living sessions** - These have been a core part of the Program, with changing emphasis to reinvigorate attendance and make it more appropriate for consumers. Sessions now focus on recipes that are simple, cheap and nutritious. Following feedback, we have now introduced a gold coin donation system for those who just come to eat, with the money going towards the provision of food for disadvantaged consumers. This is yet another initiative of the Consumer Forum and Consumer Action Group.

- **singing group** - This has been a regular part of the calendar showing small but consistent attendance. Under the direction of David Roennfeldt, the group has put together a polished selection of songs for performance, including one with words and music written by consumers to be performed at this year's Mental Health Week Dinner. As with all activities the future of the group is under review and may metamorphise in new directions.

- **writing group** - The writing group has been consistently attended by a small group of loyal followers. Under changed leadership the group has grown and developed, with strong writing emerging. Skills development has continued and is now under the guidance of Linda Wells. Membership of the NT Writers Centre has proceeded so people can be informed of the writing opportunities available in Australia.

short-run & monthly activities

Coffee mornings at various venues around town have proved popular with consumers attending in large numbers. Pizza and Movie Nights have also been well attended. Community events have been trialed as monthly outings in line with our aims to assist people to participate more widely in the community which



A hearty discussion at a Consumer Lunch Forum in Feb. 2008



Above: Fee running a very creative 'Creative Canvas' session

Left: Lynne showing one of her mandala drawings to Kate

Below: A preliminary GROW meeting to explore the 12-steps of program



have also proved to be popular. These social activities have clearly shown the need for weekend activities and social events as crucial to consumer needs and aspirations regarding their participation in life.

A big thank you to Robbie Lloyd and Fee Madigan for their tireless work in the early establishment of the Program which has grown tremendously in both its effectiveness and participation.

Carmel Williams

life promotion ...

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

LPP steering committee

The Steering Committee holds the shared responsibility for developing and implementing strategies to address the high rates of suicide in the NT. Suicide prevention does not sit within the area of mental health alone and can only be effective through the efforts of community organisations, community members, business and Government. Liz Archer stepped down as chairperson in March 2008 and we thank her for her ongoing commitment to this role.

interagency suicide response

Life Promotion are notified of a death by suicide and are responsible for ensuring that a coordinated response occurs for those who are immediately affected by this incident. During this reporting period, thirteen deaths by suicide were reported to us. Of these deaths four occurred in the APY lands of South Australia. Three deaths occurred in remote NT and five deaths occurred in Alice Springs. One death was connected to remote Central Australia but occurred in Darwin.

The initial contact with family, workers or any other people affected by the death is best made by an organisation or worker who is known and trusted. This contact person can offer further support and referral if needed and can act as a liaison for the Life Promotion Program. An analysis of the response to the ten deaths we responded in 2007 was presented to the steering committee in May 2008.

'we know our strengths'

This project has been funded from the Suicide Prevention Strategy of the Dept of Health and Ageing



Laurencia Grant,
LPP Manager



The LPP-Waltja "We Know our Strengths" team:
Laurencia, Kristy, Liz & Charlie

(Australian Govt) and is a collaborative effort of Life Promotion and the lead agency, Waltja. Charlie Hodgson was employed in August 2007 as the Project Worker focusing on the communities of Ltyentye Apurte (Santa Teresa), Titjikala and Amundurrngu (Mt Liebig) to:

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

Attempts to engage with men and to involve men in strength-based activities were problematic given the timing of the Federal intervention and the nature of its impact on men in remote communities. Strength-based activities such as cultural activities and workshops focused on mental health were not a priority for men's time. Suicide was not an identified issue impacting on communities as part of the intervention plan and the Strengths project has had to work in with the direction of this major initiative.

'suicide story'

Life Promotion has continued a process of developing a suicide awareness and intervention skills training program more culturally appropriate to the needs of local Aboriginal people from remote communities and town camps. Throughout this year the program has been trialed and modified based on feedback from local workers and community members.

suicide as a threat workshop

Suicide threats as a form of abuse are not addressed in any current available training and there are no opportunities to spend time formally recognising expressions of suicidal intent as a form of abuse, blackmail and manipulation. From a range of meetings with youth workers, domestic violence workers and other service providers in Central Australia, it's become clear that many of us are concerned about how often suicide is used as a threat to hurt or manipulate others. We wanted to acknowledge this dilemma and brought

people together to discuss ways of responding that will be most likely to ensure the safety of both parties. A booklet was produced called *The Little Red Threat Book* reporting on the findings from this workshop.

aboriginal male health summit

As part of the Strengths Project Brian was asked to be involved in supporting men from Titjikala to attend the 4-day Aboriginal Male Health Summit organised by Congress at Ross River on 30 June. The aim of the Summit was to talk about some of the challenging issues taking place in communities, in particular in relation to the intervention, and to come up with some solutions. Many recommendations were handed to Government as a result, soon to be released in a report.

world suicide prevention day

Janet Turner provided the Welcome to Country and performed a smoking ceremony for the day. We hope this can become a forum in which people from a range of cultures can choose to participate in ways that are meaningful to them. The Memorial Day event also included speeches from CAMHS, consumers and people bereaved by suicide. Others sent in messages and we plan to turn these contributions into a book that we hope will create less silence & more understanding about this topic.

NT Suicide Prevention forum

On 18 September 2007, Laurencia was one of 90 key stakeholders from a wide range of areas to participate in a planning forum to inform the development of the NT Action Plan for Suicide Prevention and to identify a model of ongoing participation by these stakeholders in the future development of NT suicide prevention activities. The two main aims of the forum were to identify key issues and action areas to address suicide prevention across the NT and to consider options for non-Government and community input to the NT Suicide Prevention Coordinating Committee.

conferences & training

- *Indigenous Family and Community Strengths Conference, Newcastle, 14–16 April 2008* - The Strengths Team was given the opportunity to promote its work at this conference.
- *SafeTALK* - Laurencia received training in a new half-day program in suicide awareness called SafeTALK. Living Works developed the program out of a need to skill up more people in the community who could then be "alert" to suicide and know who to call on for further follow up support and assistance. Workshops have been delivered in Alice Springs and Docker River.



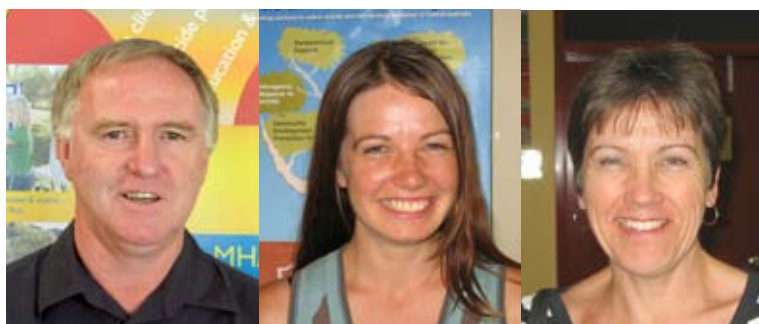
World Suicide Prevention Day, 10 September 2007



Rob Loane and Yuendumu mob sharing ideas at the Suicide As a Threat workshop in November 2007



The Life Promotion Steering Committee



Brian Kennedy
LPP Officer

Kristy Schubert
LPP Officer (past)

Coral Aston
LPP Officer (past)

staff changes

Thank you to Kristy Schubert (Alice Springs) and Coral Aston (Tennant Creek) for their significant contribution to the Program, both of whom stepped out of their roles as LPP Officers in this period. Brian Kennedy joined the team in April 2008 and brings with him years of experience in TAFE training and education and an interest in the welfare and mental health of young people in particular.

Laurencia Grant

training & promotions...

MHACA offers a range of training and promotional services to help raise community awareness and understanding around mental health issues and, in turn, help to reduce the stigma surrounding mental illness. The following promotional activities have provided mental health literacy in different settings.

mental health first aid

One of the core responsibilities of the T&P Program is to coordinate and co-facilitate the delivery of the 2-day Mental Health First Aid courses to the community. Courses have been run on a monthly basis in collaboration with staff from the Central Australia Mental Health Service (CAMHS), NPY Women's Council and the Central Australian Youth Link-Up Service (CAYLUS)

Throughout the year 116 people have attended from a wide range of government and community services including:

- Central Australia Supported Accommodation
- Alice Springs Women's Shelter
- Aboriginal Hostels
- Salvation Army
- AS Youth Accommodation Service
- Congress
- Centralian Senior College
- DEET
- Domestic Violence Legal Service
- NPY Women's Council
- Tangentyere Council
- Life Without Barriers
- DEEWR
- Eagle Training Services
- Waltja
- Dept of Corrections
- Alice Springs High School
- Alice Outcomes (remedial school support)
- Yirara College
- Mental Health Carers NT
- FACS
- Frontier Services
- Centacare
- Drug and Alcohol Services Association

mental health week

Held on 7-13 October 2007, MHACA provided support in coordinating a range of activities:



Rita Riedel
Training & Promotions
Officer

The highlight of 2007 Mental Health Week - "Dinner with Mike Munro": Right: With two admirers. Below: Fullhouse of 160 people



- Annual Family Fun Run @ the Telegraph Station (90 people)
- MHACA Women's Group Photo Exhibition: Journey to Wellness @ Alice Springs Library: The journey of nine local women from different backgrounds and lived experiences sharing their 'journey to wellness' through photos and writing
- Hearing & Working With Voices Workshop with Arana Pearson (16 people)
- Recovery Planning Workshop with Arana Pearson (14 people)
- 1-hour Tai Chi in the Park with Denyse Edney (6 people)
- 1-hour Meditation @ Town Council with Sharon Follett (12 people)
- Mental Health Stall in the Mall (general public)
- Dinner with Mike Munro @ Convention Centre - The highlight of Mental Health Week, the Dinner attracted a fullhouse of 160 people. Overcoming several childhood challenges Mike developed an inner resilience and passion for life and his story was a moving as well as inspiring one.

headspace training

As a consortium partner of the new Headspace youth centre, we have been helping to organise their first round of training until the new service is up and running. Two train-the-trainer workshops have been organised for late August which will be rolled out every three months for those who work with young people at risk.

community agency visits

To help promote MHACA's services in the community half-hour presentations have continued to be held with wide a range of government and community services.

free community forum

Over 70 people attended a free 1-hour forum on the 18 June 2008, *Community & Mental Illness: Taking Care of Each Other*, to hear mental health advocate and guest speaker, Fay Jackson. A person with a lived experience of bipolar disorder, Fay is also an award-winning motivational speaker whose passion and dedication to helping destigmatise mental illness shone through.

While in town Fay also delivered a ½ day workshop for staff, *Supporting Health Workers*, and a 1-day workshop for teachers and youthworkers, *Young People and Mental Illness*. Both workshops were well attended and left people wanting to know more.

special events

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

- Alice Springs Show, 6 July 2007 - information stall
- Hosting the quarterly Community Interagency meeting on 15 August 2007 - presentation
- St. Philip's Career Expo evening, 16 August 2007 – information stall & career pathways
- Central Australia Business Expo, 29 Feb-1 March 2008 - information stall

ongoing training & promotion

MHACA mental health training and promotion is embedded in the everyday interactions between staff and clients, and our collaborative work with other service providers. This also includes organising courses such as Helen Glover Recovery-Based Training (26-28 May 2008) and Cultural Awareness Training (ongoing orientation).

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

resources

Our website continues to be a main way of promoting MHACA's services and is regularly updated. As part of our promo material a large vertical banner has also been designed which can be easily transported and erected at stalls and community events.



Guest speaker Fay Jackson at the Community Forum in June 2008



Left: Enjoying a healthy breakfast at our Annual Family Fun Run October 2007

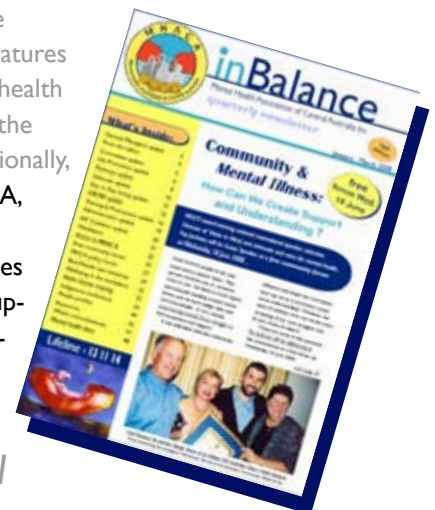


Right: Handing out job information at the St Philip's Career Expo Aug. 2007

inBalance newsletter

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

Rita Riedel



mhaca annual report 2007-2008

administration...

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

front office faces

The Administration Team continued to face the challenges of a high staff turnover throughout 2007-2008. With the sad departure early 2008 of our Administration Assistant, Chris Kam, and Administrator, Tanya Vaughan, we searched for two new faces for the Admin Team.

MHACA has since welcomed Sue Coombs as the new Administrator and Emily Harrison as the Administration Assistant. Both staff bring new skills and experience to their roles. Sue presents with a strong background in Financial Management and Administration with previous experience in recruitment, performance management, financial management and general corporate services management. Emily offers experience in office administration, marketing and purchasing and both have offered friendly welcoming faces in our front office.

new premises

The ongoing search for suitable office premises for MHACA remained high on the agenda at the start of the financial year. There was a collective sigh of relief and rejoicing when we finally found and successfully



Sue Coombs
Administrator



Emily Harrison
Admin Assistant



Sue and Bruce
admiring the
Admin team's
new Prius
hybrid

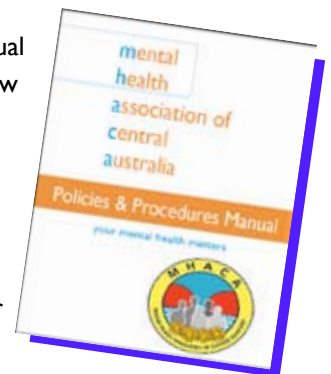
leased suitable new premises and shifted into our new home in October 2007. There is still some work to be done at the rear of the building, however everyone has settled in comfortably, and the positive feedback from staff, consumers and other visitors has been very gratifying.

motor vehicles

Thank you to the NT Government's Community Benefit Fund Vehicle Gift Program under which we successfully applied for another vehicle. We are now the proud owners of a Toyota Prius hybrid which will be used by the Admin team for their various roles.

policies & procedures manual

The review and upgrade of the Policy & Procedures Manual was completed early in the new financial year and is available for viewing on our website under Reports. Many thanks to all those who contributed to the project, particularly my predecessor Tanya Vaughan for all the hard work she put in.



housing support

A complete renovation of our 2-bedroom unit was completed at the end of the year, to the delight of the tenant. We have had full occupancy of all four units throughout the year and, through this, have assisted consumers who may otherwise have found it difficult to obtain long-term secure and affordable housing. An application has been made for additional funding to purchase further units.

additional respite unit

The lease agreement entered into in 2007 with NT Housing for a 2-bedroom unit to support the Subacute Program has been of great assistance for the program. Both MHACA and CAMHS support staff appreciate the availability of emergency accommodation if required.

new signage

We have some new signs for our new premises to let people know who we are and what we do, with our new main sign inside the front gate. Also look out for the new GROW program sign—with a separate sign on the side gate inviting people to 'drop in' round the back.

records database

This project was put on hold throughout the 2007-2008 financial year because of other major projects and time constraints but will be progressed towards the end of the 2008 calendar year. The new database will more efficiently store information on client records and MHACA's human resource function.

training

With the high turnaround in Admin staff we have undertaken little training this year. However, 2008-2009 will see both the new Administration members undertake Mental Health First Aid training, with other training in MYOB and Senior First Aid also planned.

occupational health & safety

An audit of fire and safety equipment was undertaken in May 2008 resulting in the purchase and installation of new fire equipment and fire evacuation plans throughout the new offices. New first aid kits were also purchased for all vehicles, and an OH&S Committee formed early in the new financial year.

staffing initiatives

The retention of staff throughout the Association (and indeed the sector as a whole) continues to be a challenge. The Admin team has commenced two major projects this year that we believe will assist us in the future in this area: the first draft of a MHACA Collective Workplace Agreement and a full review of the MHACA Salary Sacrifice process. These initiatives will lead to higher benefits for all our valued staff and will both be implemented early in the new financial year.



Em and Sue keeping an eye on things—and making everyone feel welcome as they come in the door



Claudia, Tanya and Trish at MHACA's AGM Nov. 2007



Chris & Tanya who added a lovely spark to our team

Below: Kristy & Laurencia happy to be in our new premises!



Tanya Vaughan
(Past Administrator)



Chris Kam
(Past Admin Assistant)

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 2009.

The financial statements for the year ended 30 June 2008 were audited by Deloitte Touche Tohmatsu .

Balance Sheet

The audited Balance Sheet reports accumulated funds of \$955,653 at 30 June 2008 an increase of \$162,527 on the previous year. Five programs had total surpluses of \$278,905 however the Department of Health and Community Services have determined that they are required to be spent by those programs in the 2008/09 year and they have been transferred to unexpended grants and do not form part of the surplus. Many of the programs are reporting a surplus due to the difficulty in filling vacant positions throughout the year particularly in the Pathways, Sub Acute and Life Promotions Program, the surplus in Administration and Management was primarily also due to staffing levels, and the balance of the surplus funds were from the pilot Day to Day Living in the Community Program – a 2-year pilot funded by the Commonwealth Department of Health and Ageing. This surplus was due to the program taking longer to get underway than planned, and we have confirmation that all funds can be carried forward and expended during 2008-09.

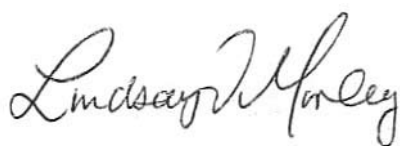
The Balance Sheet reports MHACA to have current assets of \$785,919, mainly cash at bank, of \$725,261, receivables of \$60,658 and a prepaid bond for our new premises of \$7,333. Non current assets of \$642,885 which comprises of residential units \$534,916, plant and equipment \$55,297, motor vehicles \$52,172 (all amounts are written down values) and shares in Bendigo Bank at cost of \$500. Current liabilities are \$470,411 which includes the unexpended grants of \$278,905 and grants in advance of \$80,000. Creditors and Provisions total \$111,506, and non-current liabilities total \$10,073 being provision for long service leave.

The audited Balance Sheet reports MHACA to be in a healthy financial position at 30 June 2008.

Statement of financial performance

Grant income increased from \$945,689 last year to \$1,108,482 this year. Other income from external sources was:

• Bank interest	\$46,142
• Fundraising activities	\$ 1,283
• Rent and recovered costs	\$44,837
• Membership fees	\$ 929
• Training Income	\$ 6,955
• Other income	\$ 3,645



Lindsay Morley
MHACA Treasurer
16 October 2008

auditor's report...

INDEPENDENT AUDIT REPORT - TO THE MEMBERS OF THE 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 2008, and the income statement for the year ended on that date, the committee of management statement, 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.

auditor's report (cont)

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

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 2008, in accordance with the Associations act and the accounting policies described in Note 1.



DELOITTE TOUCHE TOHMATSU



W R McAinsh
Partner
Chartered Accountants

Alice Springs, 28 October 2008.

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

COMMITTEE OF MANAGEMENT STATEMENT FOR THE YEAR ENDED 30 JUNE 2008

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 2008 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 \$162,527

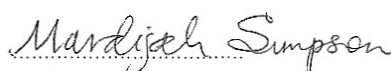
We confirm as follows:

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

Mardijah Simpson	Leo Welin - resigned November 2007
Trish Van Dijk	Tracey Hatchard - commenced September 2007
Jill Deer	Lee Ryall - commenced November 2007
Maya Cifali	Margaret McAlavey - commenced December 2007
Lindsay Morley	Darren Farr - commenced December 2007
Jenny Black - resigned February 2008	Gwvynyth Cassiopeia-Roennfelt - commenced March 2008
Steve Kent - resigned November 2007	Nigel Scrimshaw - commenced April 2008

- 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, 24 October 2008

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2008

FOR THE YEAR ENDED 30 JUNE 2008

	2008	2007
	\$	\$
Operating surplus/deficit for year		
Operating account	3,306	62,884
Life Promotion account	77,822	(5,941)
Pathways to Recovery	87,608	59,193
Sub Acute Prevention & Recovery	36,644	97,245
Training & Promotions	(111)	28,387
Day to Day Living	76,831	-
Accommodation & Support	(561)	-
Capital acquisitions	76,893	-
	358,432	241,768
Capital Grants	83,000	170,000
Transfer to Unexpended Grants	(278,905)	(198,555)
Accumulated funds at beginning of year	793,126	579,913
Accumulated funds at end of year	955,653	793,126

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

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2008

	Note	2008 \$	2007 \$
CURRENT ASSETS			
Cash	2	725,261	661,189
Prepayments	3	-	817
Receivables	4	60,658	65,092
Property bond		7,333	-
Investment shares		500	-
TOTAL CURRENT ASSETS		<u>793,752</u>	<u>727,098</u>
NON-CURRENT ASSETS			
Property, plant and equipment	5	642,385	579,114
TOTAL NON-CURRENT ASSETS		<u>642,385</u>	<u>579,114</u>
TOTAL ASSETS		<u>1,436,137</u>	<u>1,306,212</u>
CURRENT LIABILITIES			
Creditors and borrowings	6	77,524	91,004
Provisions	7	33,982	45,437
Unexpended grants	8	278,905	198,555
Grants in advance	9	80,000	178,090
		<u>470,411</u>	<u>513,086</u>
NON-CURRENT LIABILITIES			
Provision for long service leave		10,073	-
TOTAL NON-CURRENT LIABILITIES		<u>10,073</u>	<u>-</u>
TOTAL LIABILITIES		<u>480,484</u>	<u>513,086</u>
NET ASSETS		<u>955,653</u>	<u>793,126</u>
ACCUMULATED FUNDS		<u>955,653</u>	<u>793,126</u>

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

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

NOTES TO AND FORMING PART OF THE ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2008

1. SUMMARY OF ACCOUNTING POLICIES

Financial Reporting Framework

The association is not a reporting entity because in the opinion of the governing 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 governing 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	36.0%
* motor vehicles	25.0%
* leasehold improvements	2.0%

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.

(cont.)

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

NOTES TO AND FORMING PART OF THE ACCOUNTS

2.	CASH		
	Cash at bank - cash management trading account	678,029	633,581
	Cash at bank - cheque account	45,926	26,650
	Cash at bank - trading account	1,306	958
		<u>725,261</u>	<u>661,189</u>
3.	RECEIVABLES		
	Debtors	53,268	64,341
	Other	7,390	751
		<u>60,658</u>	<u>65,092</u>
4.	PROPERTY, PLANT AND EQUIPMENT		
	Buildings - Residential Units	564,858	538,494
	Less: Accumulated depreciation	29,942	19,557
		<u>534,916</u>	<u>518,937</u>
	Plant and equipment	123,338	70,481
	Less: Accumulated depreciation	68,041	49,766
		<u>55,297</u>	<u>20,715</u>
	Motor Vehicle	104,890	83,073
	Less: Accumulated depreciation	52,718	43,611
		<u>52,172</u>	<u>39,462</u>
	TOTAL	<u>642,385</u>	<u>579,114</u>
5.	CREDITORS AND BORROWINGS		
	Creditors	44,256	21,283
	GST Payable	13,429	50,902
	Payroll liabilities	18,259	18,819
	Bond received	1,580	-
		<u>77,524</u>	<u>91,004</u>

(cont.)

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report

NOTES TO AND FORMING PART OF THE ACCOUNTS

6.	UNEXPENDED GRANTS		
	Life Promotion account	77,822	-
	Pathways	87,608	59,193
	Sub Acute Prevention & Recovery	36,644	97,245
	Mental Health Training	-	28,387
	Peer Support	-	13,730
	Day to Day Living	76,831	-
		<u>278,905</u>	<u>198,555</u>
7.	GRANTS IN ADVANCE		
	Day to Day Living Program	-	53,090
	Consumer Database	-	45,000
	Life Promotion Tennant Creek	80,000	80,000
		<u>80,000</u>	<u>178,090</u>
8.	LONG TERM LIABILITIES		
	Provision for long service leave	10,073	-
		<u>10,073</u>	<u>-</u>
9.	OPERATING SURPLUS / DEFICIT FOR THE YEAR		
	Operating account	3,306	62,884
	Life promotion account	77,822	(5,941)
	Pathways to recovery	87,608	59,193
	Sub Acute Prevention & Recovery	36,644	97,245
	Mental Health Training	(111)	28,387
	Day to Day Living	76,831	-
	Accommodation and support	(561)	-
	Capital acquisitions	76,893	-
	Capital grants	83,000	170,000
	Transfer to Unexpended Grants	(278,905)	(198,555)
		<u>162,527</u>	<u>213,213</u>