



mental
health



association of
central
australia



annual report
2005-2006



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mhaca staff ...

Sept 2006

General Manager, Claudia Manu-Preston

Administrator, Scott Penn (Rita Riedel)

Administration Assistant, Helena Lardy

Rehabilitation Coordinator, Rangi Ponga, Acting (Megan Rackley)

Rehabilitation Officer, Christine Boocock (Joanne Ruby)

Rehabilitation Officer, (Melissa Glasscock) (Stephen Hollis)

Life Promotion Coordinator, Laurencia Grant

Life Promotion Officer, Kristy Schubert

Life Promotion Officer, (Christine Sevallos) (Eddie Conway)

Outreach Coordinator, Melissa Glasscock (Gavin Foley)

Outreach Officer, Tim MacDonald (Jenine Lee)

Prevention & Recovery Coordinator, Rangi Ponga

Prevention & Recovery Officer, Gina McAuley (Christine Boocock)

P&R Casual Officers, Jerry Fitzsimmons, Bianca Kelley, Richard Smith

Publications Officer Rita Riedel



Brainstorming ideas at
the Staff Planning Day
March 2006



who we are...

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

from little things big things grow

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

MHACA's main programs are: Rehabilitation, Outreach, Prevention & Recovery, Life Promotion and the Supported Accommodation Program. 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.

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

Seventy-five percent of our clients have a major mental illness and 20% have a severe disability related to a mental illness. Gender analysis shows 58% of our clients are male and 42% female, with 25% identifying as indigenous and 5% identifying as people from non-English speaking back ground. Of these clients 76% are co-case-managed with the clinical Central Australian Mental Health Service.

funding

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



Mental Health Week stall October 2005

Going camping - MHACA camp September 2005



the year at a glance...

Over the past 12 months MHACA has worked hard to consolidate and strengthen all program areas. Consolidating the new Prevention & Recovery Program and maintaining and developing existing programs has continued to be our priority.

extending range of support

Staff identified a need to improve assessment processes and further develop targeted support strategies. An identified gap needing development was functional assessments that focus on the needs of the client to live more independently rather than on symptoms and illness diagnosis. The recruitment of an Occupational Therapist and development of assessment processes was anticipated as a way to address this. Due to the difficulty in recruiting and retaining this expertise we have decided to purchase this skill on a contract basis.

MHACA also looked to extend its range of client supports by offering a trial Women's Yoga group. The program was provided to assist both clients and interested community members to explore strategies that work on all aspects of the body and assist with general wellbeing. The group was well attended and we will look at offering similar programs in the year ahead.

Working from a community development framework the Life Promotion team commenced regular visits to the Ltyentye Arpurte (Santa Teresa) community to assist local people in identifying solutions to issues of suicide and suicidal behavior. If this program model is effective it will provide the Life Promotion Program



Mental Health Week Fun Run October 2005

with an evidence base which can be transferred to other remote communities.

These supports strengthen MHACA's service and extend our range of services within the continuum of care as identified by Mrazek and Haggerty (1994).

recruitment of staff

A major challenge throughout the past year has been the difficulty in recruiting and retaining staff. Within the last six months MHACA has employed seven new staff in a team of 16. The scope of this work includes ongoing advertising, interviewing, short-listing, orientation and training. While this situation is not unique to MHACA it has a major impact on us as a small NGO and therefore our client group. As identified at the Consumer Consultation Forum in April 2006, a stable workforce is important to our client group and critical in the provision of support. Staff recruitment and retention also impacts on existing staff in terms of extra work loads and retraining.

planning

Two service-development workshops (in March and June) provided orientation and planning time for all new and existing staff. The objective of the workshops was for all staff to gain a better understanding of MHACA's history, objectives and frameworks to assist in providing better services for clients. The team undertook some detailed planning and formulated a 12-month action plan highlighting the following priority areas:

- formalise a consumer consultation/evaluation;
- improve working relationships with CAMHS through better orientation of each other's services;
- raise mental health awareness through more targeted promotional activities;
- review and evaluate groups;
- develop better internal information systems documenting what we do;
- improve assessment tools for clients;
- develop staff training plans;
- review and update policies and procedures; and
- make links with research institutes.

promotion

MHACA's philosophy reinforces that focusing on mental health (rather than mental illness alone) is central to healing and recovery. In turn, we have produced a range of 'your mental health matters' postcards promoting

what people can do to look after their wellbeing. To assist with promotional events MHACA also purchased merchandising (caps, bags, water bottles and stress balls) branded with our logo. The development of the MHACA website commenced in the latter half of this financial year and is anticipated to be up and running by October 2006.

MHACA activities are targeted at improving mental health awareness to improve the community's understanding of mental illness and how to better recognise and respond to mental health problems (see page 20 for a summary of promotional activities).

advocacy

Supporting systems advocacy MHACA has continued to speak out on a range of mental health issues through involvement and contribution to: the Senate Inquiry, *Not For Service* Report compilation and launch, local advocacy networks and NT and national issues. Examples of the latter include our participation in the Disability Support Pension reforms, review of the *NT Mental Health Related Services Act* and all the mental health reforms currently underway. MHACA continues to focus on advocating for an extension in options to therapeutic care and has been working to clarify access to services.

strategic achievements

In line with our Strategic Plan our achievements for 2005-06 include:

1 consumer-driven quality

- independent consumer consultation forum
- ongoing advocacy through support to attend and participate in committees, panels and public forums
- training and educational forums: "How to get the best help from your mental health professional" and "Principles of recovery" with Helen Glover
- support for a consumer to attend THEMHS

2 mental health awareness

- promotional merchandise and postcards
- ongoing development and production of *inBalance*
- development of MHACA website
- participation in Mental Health Week and World Suicide Prevention Day
- ongoing Mental Health First Aid and ASIST Training
- stalls at Making a Difference conference and Alice Springs Show, and presentations at conference, workshops and meetings

3 prevention and intervention

- ongoing provision of all MHACA programs
- development of the LPP Santa Teresa Project
- Mental Health First Aid training
- Recovery-Based Practice – Helen Glover Training
- Psychiatric Disability / Boston Model Training
- Camberwell Assessment Tool Training
- Applied Suicide Intervention Skills Training
- De-escalation & Risk Assessment Training
- ongoing Christmas calendar of events
- pilot Women's Yoga Group

4 service development / sustainability

- service development and planning workshops
- *Not For Service* launch and focus group meeting
- recruitment of seven new staff
- development of proposals for new accommodation
- development of suicide prevention project with Waltja

5 research and innovation

- ongoing evaluation of the Prevention & Recovery Support Program by an independent consultant
- review of client assessment processes
- development of a MHACA system for client support
- research into trial counselling and peer support groups

6 effective governance & management

- ongoing consumer committee member mentoring
- governance training for committee members
- special clause to new constitution
- extending our office space to Salvation Army
- building capacity within our workforce through training
- continuing to increase the range of service options available within the community

Our achievements contribute to better outcomes and influence our broader vision and strategic aim of helping to create greater social and emotional wellbeing for people living in Central Australia.



Minister Delia Lawrie, MHACA Chair Steve Fisher and artist Robyn Oak at the launch of the P&R Program October 2005

the committee ... 2005-06

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

Chairperson, Karen Aucote (Steve Fisher)

Deputy Chairperson, Mardijah Simpson (Robin Cruickshank)

Secretary, Jill Deer

Treasurer, Mark Keyworth

Public Officer, Maya Cifali

Organisational Rep, Trish Fernley (Christine Pilbrow)

Organisational Rep, Bert Zuidema (Helen Steer)

Consumer Rep, Juanita Sherwood (Leonie Wehr)

Consumer Rep, Leo Welin



L to R: Jill, Leo, Juanita, Maya, Christine (consumer support liaison), Claudia and Mardijah

BELOW:
Back L to R: Trish, Bert, Mark and Leo; Front L to R; Karen, Maya, Christine (consumer support) & Mardijah



deputy chair's report ...

In last year's annual report we spelled out our future challenges – marking our map for our journey through the year, until the present time.

The first, 'securing office premises', despite a lot of time and effort has not yet been achieved. A suitable property was found and after negotiations a final contract was almost complete when the seller withdrew.

So ... the search goes on for an appropriate permanent 'home' for our consumers and project workers. There are currently two possibilities being checked out. We are very aware of the need for more adequate space for workers to be based in, plus a peaceful and welcoming environment for consumers and the wider community.

building workforce capacity

The second commitment to 'building capacity within our workforce' - nurturing our workers and supporting their skills development - has certainly been achieved. Workers have participated in further training and study.

Allocations in the coming twelve months' budget for ongoing staff training have increased, as learning is indeed a life long process. MHACA is very conscious of the crucial role effective and skilled workers play in our service, and the need to support and acknowledge their value.

access in remote areas

The third challenge of 'increasing access in remote areas' has started with MHACA committing to developing a partnership in a pilot 'life support' program with a remote area service, whose community members and



Mardijah Simpson, MHACA Deputy Chair

workers already run other effective programs in the community. MHACA has also agreed to work collaboratively in a remote area research into the feasibility of introducing a community mental health training model that has been very effective in developing countries.

MHACA is well aware, as a community organisation, that to be effective we have to continue to develop partnerships and networks and share our knowledge and learn from others: that it's 'two-way'. Sometimes this can be challenging – when we have to negotiate with other long established systems, but (it seems to me) this is the only way to create a sustainable and holistic mental health 'landscape'.

increasing service options

The final challenge, 'continuing to increase the range of service options available within the community' is an ongoing one. This may have been somewhat assisted by the federal government's response to report, 'Not for Service: experiences of injustice and despair in Mental Health Care in Australia', last year (the result of the Senate Enquiry into mental health). Dr Sev Ozdowski, the then Human Rights Commissioner and Acting Disability Discrimination Commissioner at the Human Rights and Equal Opportunity Commission, spoke to this report when he visited Alice Springs last year.

This report spelled out - what many of us know, locally: the need for more adequate resources and a wider range of service options across all aspects of mental health related needs for both consumers and their carers, families and the wider community.

It is really important that the issues raised in this report are dealt with and recommendations implemented – that government does not put this to one side, like so many previous enquiry reports. One of the roles of an independent community organisation (such as ours), is to continue to maintain the impetus, speak up loud and clear, and act wisely to help bring about much needed improvements and changes to mental health in our community.

Mardijah Simpson

manager's report...

Over the past 12 months the MHACA community has worked hard to consolidate and strengthen all the program areas. Service systems for referral and client-access have been reviewed and improved. The streamlining of these systems has helped MHACA to ensure an integrated approach within all its programs.

you can do it, we can help

The phrase “You can do it, we can help” continues to provide the focus of our work and guides us as an organisation in our role. MHACA aims to be a facilitator—guiding the client’s recovery by creating a supportive environment for them to undertake the recovery work.

quality improvement activities

In response to the growth in our programs several service development workshops were held. The aim of these was to provide information and training on a range of topics to assist in building better therapeutic relationships and improving services; they also provided team-building and brainstorming opportunities around service development. A range of workshops have also been provided for committee members and consumers (see page 5 for summary).

As a priority we have invested significantly in developing staff skills. A model of staff support has also been developed to include independent professional supervision, line performance management, stress management and debriefing system.

As mentioned in ‘the year at a glance’, staff identified a need to improve assessment processes and further



Claudia-Manu Preston, General Manager

develop targeted support strategies (see page 4).

In addition, one of our major challenges has been the difficulty in recruiting and retaining staff and this impact has been enormous. The other major challenge has been the inadequate office accommodation where MHACA is presently located.

As MHACA’s psychosocial philosophy supports the adoption of alternative non-clinical evidence-based therapies to assist consumers’ recovery, the organisation has looked to extend its range of supports by offering a trial Women’s Yoga program. The outcome of this was successful and we will look at offering similar programs in the year ahead.

The Life Promotion Program has continued to develop its model of community support, focusing on the Llyetre Apurte (Santa Teresa) community. If this program model is effective it will provide LPP with an evidence base which can be transferred to other remote communities.

governance support

In November, a governance workshop was provided for committee members to discuss their roles, responsibilities, decision-making processes and the governance model. The workshop was valuable for members to help clarify and reaffirm their role. There have been eleven committee meetings (with an average of 70 percent attendance), one Annual General Meeting and one Special General Meeting.

consumer mentoring

Independent mentoring support has continued to be provided to consumer representatives on the management committee to assist them in developing their skills. MHACA has also continued to assist consumers to ‘speak up’ through supporting individuals’ attendance at meetings, training and events. and paid participation on interview panels and forums.

partnerships

As mentioned in the Deputy Chair’s report, building capacity in the sector by developing partnerships builds a sustainable sector and encourages growth in skills and knowledge across organisations. MHACA has engaged

in the following partnerships:

- Centrelink re Disability Support Pension Reforms Workshop;
- CAMHS re Accreditation Meetings / Executive Meetings / CACAG;
- Division of Primary Health Care re Mental Health Interagency Group
- NT Mental Health Coalition re Mental Health Peak Organisation issues and Mental Health Week activities
- Running and Walking Club re annual Fun Run/Walk

advocacy

MHACA supports a systems-based advocacy role and is represented on several local, state and national organisations. At a local level the organisation has focused on extending the range of options for client access to treatment, care and support. Our involvement and contribution to the Senate Inquiry, *Not For Service Report* and launch, local advocacy networks and NT and national issues provides a platform for MHACA to speak up about mental health issues and influence mental health reform. Examples of this include the participation in the Disability Support Pension reforms, review of the *NT Mental Health Related Services Act* and all the mental health reforms currently underway.

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

MHACA continues to refer and support people with personal complaints to the Disability Advocacy Service or the Community Visitor Program.

housing & support program

MHACA continues to support the Housing and Support Program who's committee is responsible for the assessment of applications and allocation of housing. MHACA administration provides landlord functions to the program while the Rehab team provide support to the consumers within the program. There are currently two one-bedroom flats tenanted out of three.

next year's priorities

- Securing appropriate office accommodation
- Extending the service mix to include counselling, peer support, training and education
- Updating all policies and procedures
- Developing MHACA's 2007-2010 Strategic Plan

Claudia Manu-Preston



NT Mental Health Coalition planning day



In Canberra with members of the MHACA board



Reviewing MHACA activities at the 2005 AGM



Morning tea with CAMHS manager Vicki Stanton



rehab program report...

The Pathways Rehabilitation Program provides recovery-focused rehabilitation programs to individuals with a mental health issue. Individuals are assisted to develop individualised recovery programs utilising the existing community resource base to effect community reintegration.

An integral component is networking with mainstream services and providing support to ensure a positive experience for the consumer and agency. The program increases the consumer's capacity to reintegrate into the community through employment and educational opportunities.

who we work with

There have been 26 clients in the Pathways Program throughout the year with 12 people currently utilising the program. There are seven women and five men and two identify as Indigenous people.

The program works collaboratively with Central Australian Community Mental Health Services with over 76% of clients being co-case-managed. The referral process outlined in our joint protocol is utilised and a close working relationship has been established. The program also works closely and collaboratively with other community agencies to ensure a range of services and opportunities are accessed.

The majority of consumers have engaged in mainstream services as part of their goals. The person's individual goals dictate which services are appropriate. Some individuals begin with attending the women's or men's program before progressing to other activities.



Megan Rackley, Rehab
Coordinator 2005



Rangī Ponga, Acting
Services Manager 2006

educational and employment opportunities

The program has an excellent working relationship with the local educational and employment agencies. The CRS, Centacare, Bindi and Employment Access are utilised in supporting the clients to source paid employment. Presently two individuals are working at Coles Supermarket, another is maintaining his employment at the Alice Springs Recycling Waste Centre and one more works at Bindi Inc. All of these individuals experience major mental illness. Six individuals have vocational positions or placements in either voluntary, paid sheltered or paid open employment

The last 12 months has also seen the further development and establishment of paid consumer advocates/consultants, with four consumers being paid as consultants on panels over the past twelve months.

individual support plans

The majority of consumers attending the program participate in the development of an individual plan. The only exception to this is those individuals who only attend the Men's or Women's Group and those who are not yet ready for the formal process. Each plan is strengths-oriented and goal-focused and encourages people to think about both short- and long-term goals. Clients are also encouraged to complete a wellness plan to look at ways they can address stress and identify triggers, and to also identify a crisis plan.

The plans are reviewed at least every three months though clients are encouraged to review goals at each meeting. The process is one of ongoing evaluation and review.

getting out and about

Our premises are open daily from 8.30am to 4.30pm for consumers to utilise and the weekly Women's Group has continued to operate. Providing valuable peer support the Women's Group focuses on recreation and social skills development and has received positive feedback from those who attend and from referring community agencies.

Recreational and social activities are also provided in conjunction with the Outreach Program in the form

of monthly social outings and individually on a limited basis. Other activities include lunches at the Memorial Club, BBQs, quiz afternoons and 8-ball. Where possible, activities are linked to community groups as integrated educational and employment opportunities are more likely to produce an improvement in quality of life and an increase in social networks outside of the mental health system. Peer support has continued as a daily program.

A Community Calendar continues to be produced each month to inform consumers and community agencies of upcoming events.

information and advocacy

The ongoing monthly Consumer Lunch Forums have proved to be valuable for providing and receiving information on issues identified by consumers. They have addressed issues such as developing self-advocacy skills and gaining more knowledge about mental illness. The information from these Forums forms the basis of MHACA's advocacy work. Future forum ideas include: more self-advocacy skills; mental health first aid; and developing interview and public speaking skills.

Feedback is also received via the monthly Consumer Lunch Forum and informally from other agencies and caregivers.

mental health training

The delivery of Mental Health First Aid Training to community agencies has continued and this plays an important role in facilitating understanding of mental health issues and destigmatising mental illness. Courses have been delivered to a variety of organisations including DASA, Employment Access, Salvation Army, ASYASS, St John's Ambulance, Bindi and CARHDS.

The training provides participants with the skills and knowledge to better help a person manage a potential mental or developing mental health problem in him or herself, a family member, a friend or work colleague. Thus, the aim of this course is to improve mental health literacy throughout Australia.

Rangiwhiua Ponga



The Women's Group get together weekly



A Consumer Lunch Forum discussing CAMHS services



Sharing a laugh at a games morning



Rehab Officer (present)
Christine Boocock



Rehab Officer (past)
Joanne Ruby

life promotion program report...

The Life Promotion Program is a broad non-clinical 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.

collaboration & networking

LPP relies on effective collaboration with key relevant organisations, government departments and members of the community to ensure that a “whole of community” approach to suicide prevention occurs. Committees, meetings, networks, partnership projects, public events, electronic communication and informal catch-ups provide opportunities to ensure that relationships are established and maintained.

Creating, strengthening and maintaining links is time consuming, especially in Alice Springs and Tennant Creek where workers are largely temporary residents and in communities that are remote, isolated, and not always accessible and whose residents are increasingly mobile and not easily contactable. Culturally appropriate strategies are required in order to create and strengthen links in remote communities. This takes much longer because Aboriginal people need to know that they can trust us, that we are going to be around for a while, that we are going to listen and that their time spent with us is going to be worthwhile for their families and community.



Laurencia Grant, LPP Coordinator

The LPP Steering committee is comprised of representatives from ASYASS, Social and Emotional Well-Being Program of CAAC, DEET Student Support Services, DHCS Mental Health Policy, Central Australian Mental Health Services, ESWB Program of NPY Women’s Council, Lifeline and the Reconnect Program of Gap Youth Centre. The Alice Springs Police, ADSCA and FACS have continued to receive minutes, however have been unable to attend meetings.

The committee allows for partnership projects to develop and provides the opportunity to discuss and grapple with the complexity of the issues and consider a way forward. It allows the program to link in with indigenous organisations and remote communities and ensures that LPP is transparent and accountable to MHACA, NT government, local organisations and the community. It provides an avenue to feed information to state and national governments about suicide prevention issues of relevance to Central Australia.

suicide response group

The Interagency Suicide Response Group continues to operate under the management of LPP. A desire to reflect on and improve on our current response to suicide led to an on-going dialogue with the Noosa Stand-by Suicide Response team in Queensland. LPP was advised by the Steering committee to hold off on trialing this program in Alice Springs in order to evaluate our current response model and consult on a more appropriate model that is reflective of the needs of non-indigenous and indigenous families in Alice Springs, Tennant Creek and remote communities. During this reporting period, LPP was informed of 11 deaths as a result of suicide in Central Australia.

bereavement support

- Darwin Bereaved By Suicide Support Group

The Alice Springs Bereaved through suicide support group is on hold due to a reduction in numbers and referrals for this program. One of the members of this group travelled to Darwin with Laurencia to meet with a group of people who were interested in starting

a support group for families bereaved through suicide. A screening of a DVD by the Adelaide Bereaved Through Suicide Support Group provided further validation of the value of this form of support.

• World Suicide Prevention Day

Women in the Alice Springs 'Bereaved through Suicide Support Group' created a beautiful mosaic memorial to raise awareness of the problem of suicide in Central Australia. The paver has been installed in the Todd River footpath near Anzac Hill Oval, the Senior Citizens and the Totem Theatre. Interviews were arranged with ABC radio and 8CCC community radio to raise awareness about suicide and the bereavement support group.

• LPP, Bush Mob and Tangentyere Council

Collaboration between LPP, Tangentyere Council and Bush Mob provided Western Arrente women with the opportunity to go bush, eat well, sleep well, have some fun and address some of the problems that are part of their lives such as inhalant and alcohol use. LPP workers were invited to engage with these women about the losses that they have experienced in their lives and to look at ways of staying strong, seeking help and managing without drugs or alcohol.

ASIST training

LPP and collaborating agencies delivered Applied Suicide Intervention Skills Training (ASIST) to over 60 workers from a range of organisations in Central Australia. Participants attended from MHACA, Alice Springs Women's shelter, Congress, Tangentyere Council, Kintore, Charles Darwin University, Lifeline, FACS, Anglicare, Tennant Creek town Council, Anyinginyi and Women's Night Patrol Yuendumu.

support for young people

Waltja's Youth Worker Training Workshop was held in May at Hamilton Downs and LPP workers got together with the CAMHS Remote Mental Health team to present a creative way to discuss and promote mental health and wellbeing with young people. LPP was also involved in bringing a Mindmatters workshop to Alice Springs for those who work with young people both in the school settings and outside the school settings.

Laurencia Grant



Laurencia with current LPP Officer Kristy Schubert at the Hamilton Downs Youthworker Workshop May 2005



A healing bush trip to Palm Valley with Western Arrente women from Larapinta Valley Town Camp



Unveiling a mosaic paver on Suicide Prevention Day 2005



LPP Officer (past)
Christine Sevallos



LPP Officer (past)
Eddie Conway

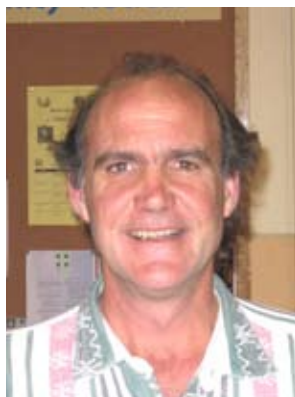
outreach program report...

Through lifestyle support and living-skills training the Outreach Program supports mental health consumers to maximise their potential and develop the necessary skills to live independently in the community.

Throughout the last 12 months the Outreach Program has provided a service for 28 clients. Twenty seven of these are active and the remainder one is currently not participating in the program. Of the active clients there are ten women and eighteen men. Eight identify as Indigenous people with the remainder twenty representing non-indigenous. The program has been successful in promoting the service and its aims and there has been a steady increase in client numbers and regular groups/outings.

The program works collaboratively with Central Australian Community Mental Health Services with over 65% of clients being co-case managed. The referral process outlined in our joint Memorandum of Understanding is utilized and a close working relationship has been developed.

The Outreach Support Program's work is characterized by one-on-one work and group-based activities. Individuals are assisted to develop individualized recovery plans utilizing the existing community resource base in developing living skills with the aim of effecting community reintegration. Clients are encouraged as much as possible to do things for themselves in a normalised context, such as making their own calls and organising themselves. The Support Plans are reviewed at least every 6 months and this is documented in the



Gavin Foley, Outreach
Coordinator 2005



Melissa Glasscock,
Outreach Coord. 2006

individual files. Clients are encouraged to review goals at each meeting and are given the opportunity to add further goals. The process is one of ongoing evaluation and review.

Many recreational and social activities are provided through group activities and, where possible, utilising services in the community. Some of the regular supports are:

men's group

The Men's Group is held fortnightly on a Friday from 12:30 – 2:30pm. The group is being well attended with an average of four to six participants. The men's group has enjoyed bush walks to Traphina Gorge, Ormiston Gorge and Ellery Hole, BBQs, 8 ball and movie outings. The initial focus has been to offer a social activity where clients are able to feel comfortable and build peer and support relationships. It is anticipated that this group will evolve into an activity, information and peer support group for men.

cooking/drop-in session

There have been some recent changes to the Drop-in/ Cooking Group. The classes have been split into two smaller groups, enabling participants to take a more active role and focus on life skills. Men's cooking group is held on Wednesday 10:30am-12:30pm and Women's Cooking Group is held on Thursday 10:30am-12:30pm at Centa Care kitchen facility. The majority of feedback about this change has been positive from consumers and staff, especially female consumers.

The aim of this activity is to help provide people with an opportunity to socialize and, in addition, encourage independence via developing cooking and budgeting skills. On average each group has four to six consumers.

monthly get-togethers

A monthly social outing is run jointly with the Rehabilitation Program. Activities have included BBQs at Desert Park and Telegraph Station, bowling and bush walking. Future suggestions for activities include music workshops, BBQs and more bush walking. Some of the comments from clients about activities are as follows:

- “I love having the chance to be able to get out into nature.” Laurent
- “It’s great to see so many new faces.” Glenn
- “We’ve got to do this again.” Tim
- “I really like it because I enjoy this one day a week, cooking lessons as it means I learn how to cook my own meals.” Reva

annual Matt Deer camp

The MHACA community would like to thank Jackie Deer and her family for their donation towards the annual MHACA consumer camp. In memory of her brother Matt and in recognition of this contribution, the management committee have officially named the camp, the “Matt Deer Camp”. Matt attended the 2-day camp at Ormiston Gorge in September 2005 and enjoyed the experience, as did others who attended.

It is hoped opportunities like this one provide people with a therapeutic as well as social and enjoyable experience.

ongoing development

Consumer feedback is mainly received via the Consumer Lunch Forum - organized through the Pathways Rehabilitation Program - and informally from other agencies and caregivers. We are currently reviewing our consumer input mechanisms, with the aim of increasing consumer input into the program.

The Outreach Support Program continues to provide life skills and lifestyle focused plans, intended to support people with mental health problems in their community. The program aims to assist people to live as independently as possible in their own homes, via recovery focused living skills. In the past workforce retention has been a major problem, however for the last four months we have had a stable two person team, thus reducing the pressure of recruiting, orientation and developing relationships with new staff.

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

Melissa Glasscock



Cooking up a treat at the Outreach Drop-In Group



Morning tea at the 2005 MHACA camp



Some sharp-shooting at a Men’s Group pool outing



Outreach Officer (present)
Tim MacDonald



Outreach Officer (past)
Jenine Lee

prevention & recovery program report...

The Prevention and Recovery Program provides non-clinical support to people affected by an exacerbation of their mental health problems to enable them to remain in their own accommodation and reduce the likelihood of admission to hospital.

The Prevention and Recovery pilot program has been consistently refining its practice procedures since October 2005. Communication between MHACA, CAMHS and Allied Services continues to evolve, with attempts to maintain a high level of professionalism and proficiency that will ensure consumer's needs and safety are not compromised.

The delivery of Individual Care Packages to assist in a smooth discharge off the mental health ward (step-down) and /or reduce an admission (step-up) has met many challenges as a pilot program for the Alice Springs mental health and allied community services. It should be noted that this pilot program is being trialed in Darwin as well, and they are experiencing similar issues to be addressed.

The main objectives of the P&RR program are to:

- reduce the likelihood and duration of hospital admissions; and
- deliver care in the least restrictive environment. It has been difficult to measure whether the objectives have been achieved due to lack of consistency in referral numbers and insufficient detail on referrals.



Program Coordinators Rangy Ponga, MHACA (right) with Jean Gregory, CAMHS (no longer with program)

individual care packages

For the period 26 September 2005 to 10 August 2006 29 referrals were received by the program. Of these total only 17 completed with individual care plans. Of 17 consumers entered into program: • 10 were referred back to their own home environment • 5 received alternative accommodation through local accommodation services, and 3 of these were on behalf of Remote consumers; and • 2 remain on the ward due to accommodation problems. MHACA is continuing to procure alternative options of respite care in local resources.

interim evaluation report

A pivotal Interim Evaluation Report provided by Debra Rickwood of Canberra University in June 2006 has identified several recommendations to be addressed:

- i) refining of referral process
- ii) written protocols in response to high risk situations
- iii) ongoing training and professional development
- iv) written statement of duties
- v) reviewing length of program supports
- vi) reviewing data collation.

MHACA has begun reporting towards these recommendations by improving procedures without minimizing practice standards and safety for consumers, families, carers and staff. An example of this has been to accept referrals as soon as consumers provide written consent and the appropriate referrals are received, with CAMHS providing other relevant statistical data after the referral proceeds.

steering committee

This committee continues to oversee the program's development and has met seven times in the past year. A key role for committee representatives has been to act as advisors to allied services in the delivery of the program. In particular, this has occurred by the accommodation reps who have worked directly with consumers in their respective facilities, the Salvation Army Red Shield Men's Hostel and the Anglicare Transitional Housing program.

recruitment / retention

MHACA continues to experience difficulties in retaining a pool of four casual staff. Trials have shown MHACA can maintain at least one permanent part-timer who is then available to work across the service when there are no referrals. A second appointment will be attempted over the next six months to retain another position which will then leave two remaining casuals.

As CAMHS have been experiencing a high staff turnover this has impacted on the program, with periods of inaccessibility and /or limited time with support officers and mutual consumers. The lack of a dedicated CAMHS coordinator has created some difficulties, for example, in the areas of advising staff on referral procedures, and the orientation of new staff, consumers, families and / or carers. Ongoing dialogue between the coordinator and managers of both services occurs to address these issues.

training

The program maintains a standard level of recruitment and training to all support officers, including: Mental Health First Aid Certificate, ASIST, Triage and Risk Assessment, Professional Assault and Responses (de-escalation skills), Recovery-Based Practice Standards, and Boston-Readiness for Rehabilitation.

summary

This program has experienced initial teething problems due to the lack of consistency in referral numbers and insufficient detail on referrals. Staff recruitment and retention issues have also impacted on this program, as has the need for additional accommodation due to the difficulties with housing remote clients and the transient population in Alice Springs. MHACA has purchased two single bedrooms at the Salvation Army Hostel which is major achievement and will support the ongoing development of this program.

The most pivotal position to be taken is that the program requires strong allied supports to accomplish its intent, with consumers remaining the focus of the service delivery.

Rangiwhiua Ponga



Unveiling the new P&R Program painting/logo



Full-house at the P&R Program launch October 2005



P&R Officer (part-time)
Gina McAuley



P&R Officer (casual)
Richard Smith



P&R Officer (casual)
Bianca Kelley



P&R Officer (casual)
Jerry Fitzsimmons

administrator's report...

The admin team look after the day-to-day running of the office (finances, equipment and supplies) and provide administrative support to the MHACA programs. In addition, the team also helps organise a range of promotional activities. As highlighted at the beginning of our annual report, "from little things big things grow" ... and it has been no different in the admin arena of MHACA.

gradual growth

To keep up with the growth and changes at MHACA the admin team has expanded to employ two new part-time staff. In February 2006, we welcomed on board Helena Lardy who has become the friendly new face at MHACA reception. Helena tends to many of the day-to-day admin tasks. More than this, however, her kind and patient presence provides a friendly and calming influence to our sometimes hectic office, and it has been wonderful to have her on board.

To accommodate staff development needs my full-time Administration position was separated into: one part-time Administrator (to undertake project support and finance/payroll) and one part-time Publications Officer (myself, to focus on publications and promotional materials). In June we advertised the part-time Administrator position and are delighted to have Scott Penn join the MHACA team.



Rita Riedel Administrator
2005-2006



Scott Penn Administrator
Current

As the MHACA programs have gradually expanded (including the launch of the Subacute program in October 2005) so too has the number of staff, and a lot of time has been spent on assisting with recruiting and orientation and providing appropriate work station facilities. It is a small miracle where everyone manages to put their new desks, filing cabinets and equipment, but somehow everyone has managed to make do in our humble and, at times, spatially-challenged office premises.

Speaking of office space, searching for suitable larger premises has been a priority in the past twelve months and the admin team have assisted in searching and reviewing what is available. Unfortunately, there have not been a lot of suitable options to choose from. The challenge has been matching our list of ideals with what we can afford, and our search continues.

training

Admin staff have undertaken several training courses throughout the year, including ASIST training, "Marketing on a Shoestring" (for NGOs), Mental Health First Aid and MYOB. The marketing workshop proved to be very insightful and an overview is provided in the July-Sept 2006 edition of *inBalance*. Now that we have a few extra hands on deck we hope to undertake some more focused training in the year ahead.

promotions

Our quarterly newsletter, *inBalance*, has continued to be one of our main promotional tools, and aims to provide an overview of the latest developments within both the Association and the mental health sector. In addition to regular features (program updates, state and national issues, consumer stories, resources and conferences) each edition we profile one or two organisations around town, so if you're wanting to spread some news remember to give us a call.

In preparation for our first stall at the 2006 Alice Springs Show Helena organised a range of MHACA promo gear and we're all very happy with the results. We now have a range of snazzy gear on hand—caps, water bottles, stress balls and backpacks—all with logo

and caption “Mental Health Matters”. Look out for these at up-coming conferences and stalls.

In the meantime, I had designed some ‘look after your mental health’ promotional postcards (see next page), which highlight things you can do to proactively take care of your mental wellbeing. Just as we exercise our body to strengthen our physical fitness, it’s important to take positive steps to help us stay mentally balanced.

mhaca website

I am pleased to be able to say that at the writing of this report the development of our website is being finalised and will be ready to be launched at our AGM on 27 September 2006. We wanted an informal, user-friendly, informative site and hope we have achieved this. Check us out at www.mhaca.org.au.

new systems

In keeping with progress, management approved the upgrading of our phone system and in June MHACA obtained a new u-beaut system and, with it, our new phone number: 8950 4600. The biggest advantage is that now everyone has their own direct extension number and message service, freeing everyone up considerably. We’ve all enjoyed using our new ‘making life easier’ apparatus.

Now that we have our website everyone has also had their email address ‘upgraded’, reflecting our own organisational “mhaca.org.au” domain. We have a new home in cyberspace—now we just require new office space!! We’ll keep you posted.

Rita Riedel



At a Marketing for NGO’s workshops



At an ASIST workshop November 2005



Ready for the crowds at the Alice Springs Show



Helena Lardy
Administration Assistant



Karen Wilton
Bookkeeper

promotional activities...

Raising awareness about mental health issues has continued to be a priority for MHACA throughout the past 12 months and some of our promotional activities are identified here.

christmas activities

The Christmas/New Year period can be a difficult time for many people and MHACA organised a range of activities to help support people at a time when they can feel lonely or isolated. Events included a games morning, a visit to the local library, a movie outing and a BBQ day trip to Ellery Creek Big Hole. A lunch was also held just before Christmas Day and around 15 people attended. Thank you to everyone who worked so hard to make this happen.



A visit to the local library is a novel experience

mental health week

In 2005 National Mental Health Week was held from 10-15 October and the NT adopted the international



theme “Mental and Physical Health Across the Lifespan.” MHACA supported a number of activities in Central Australia, including an annual Fun Jog/Walk/Run at the Telegraph Station, some workshops to raise mental health awareness and a stall at the Yeperenye shopping centre.

promotional resources

In preparation for our first stall at the 2006 Alice Springs Show staff organised a range of snazzy MHACA promo gear—caps, water bottles, stress balls and backpacks—all with logo and caption “Mental Health Matters”. Look out for these at up-coming conferences and stalls. Staff have also designed a “MHACA postcard (below left) and some ‘your mental health matters’ postcards (top right) to highlight things you can do to proactively take care of your mental health.

www.mhaca.org.au

MHACA now has a website which you can check out at www.mhaca.org.au. Some of the feature headings include:

- What we do
- How we work
- The team
- Programs
- Events and activities
- Training
- Newsletter
- Resources and links
- Looking after yourself
- Consumer stories and
- Membership.

We wanted an informal, user-friendly, informative site and hope we have achieved this.



Handing out prizes at the Mental Health week fun run

stalls at shows & conferences

MHACA staff have attended a number of conferences throughout the year and each time take promotional material for distribution. This included the “Making a Difference” conference at Charles Darwin Uni in June, and also holding a stall at the 2006 Alice Springs Show.



Our stall won 3rd prize at the 2006 Alice Springs Show

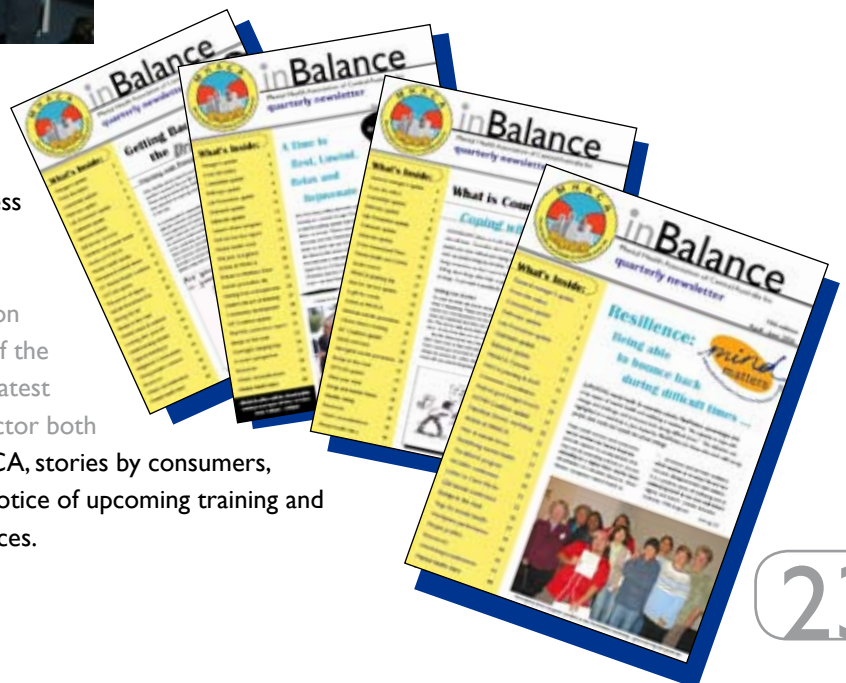


All signed up at the Making a Difference conference held at Charles Darwin Uni in June



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.



your mental health matters ...



- Enjoy the outdoors • Take one thing at a time • Identify creative goals • Delegate some of your work • Express your gratitude to friends • Plan a fun weekend away • Look for the humour in life • Cook yourself a healthy meal • Leave room for siestas • Take a yoga or meditation class • Play •••

radio interviews

Staff were approached on several occasions to speak about mental health and related issues on radio, and this continues to be a way for MHACA to have a voice and help raise awareness about mental illness. Throughout the past year staff spoke about the *Not For Service* report, Mental Health Week, the federal government’s 1.9 billion budget for mental health, suicide and bereavement support.

film evening

MHACA hosted a free film night in July for consumers, carers and the general public. The film was a 30-minute documentary on the inspiring story of a young woman, Anne Garton, who’s battle with mental illness, “See How She Runs”, featured on ABC TV’s *Australian Story*. Those who attended found the film to be insightful and inspiring. To help raise community awareness about mental illness MHACA plans to organise similar events in the year ahead.

treasurer's report...

I tender this report for the meeting to consider and accept. I also move that Rohan Richards be appointed to audit the MHACA financial statements for the year ended 30 June 2007.

The financial statements for the year ended 30 June 2006 were audited by Rohan Richards.

Balance Sheet

The audited Balance Sheet reports accumulated funds of \$579,913 at 30 June 2006 a small increase of \$6,719 on the previous year. Three programs did in fact have total surpluses of \$162,446 but the Department of Health and Community Services have determined that they are required to be spent by that program in the 2006/2007 year and therefore these surpluses are reported as unexpended grants rather than increasing accumulated funds. The Subacute program reports a surplus of \$112,967 but it was never the intention that this program finish prior to 30 June 2006, or that the funds be spent before year end and the real "underspending" for the year was \$56,198 and this has been budgeted to be spent in 2006/2007. The fourth program to report a surplus, Administration and Management, earns income from other sources and therefore the \$6,719 surplus on this program can be used to increase accumulated funds.

The Balance Sheet reports MHACA to have current assets, mainly cash at bank, of \$393,952 and non current assets of \$437,907 which is made up of residential units \$356,508, plant and equipment \$32,329 and motor vehicles \$49,070 (all amounts are written down values). Non current liabilities are \$251,946 which includes the unexpended grants of \$162,446.

The audited Balance Sheet reports MHACA to be in a healthy financial position at 30 June 2006.

Statement of financial performance

Grant income increased from \$528,783 last year to \$622,433 this year. Other income from external sources was:

• Bank interest	\$16,658
• Fundraising activities	\$3,120
• Rent and recovered costs	\$12,176
• Consultancy	\$983
• Membership fees	\$388
• Profit on sale of assets	\$1,543
• Other income	\$2,231

Mark Keyworth

auditor's report...

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF THE MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

SCOPE

I have audited the attached financial statements, being a special purpose financial report, of the MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED for the year ended 30 June 2006 as set out on pages 2 to 5. The management committee is responsible for the preparation and presentation of the financial statements and the information contained therein, and have determined that the accounting policies used as described in Note 1 to the financial statements are appropriate to meet their needs. I have conducted an independent audit of these accounts in order to express an opinion on them to the members of the Association. No opinion is expressed as to whether the accounting policies used and described in Note 1 are appropriate to the needs of the members.

The financial statements have been prepared for distribution to the members for the purpose of fulfilling the financial reporting requirements of the relevant funding bodies and of the Associations Incorporation Act. I disclaim any assumption of responsibility for any reliance on this report or on the financial statements to which it relates to any person other than the members, for any purpose other than for which it was prepared.

The audit has been conducted in accordance with the Australian Auditing Standards to provide reasonable assurance as to whether the accounts are free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the accounts are presented fairly in accordance with the accounting policies described in Note 1 to the financial statements. The policies do not require the application of accounting standards.

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

QUALIFICATIONS

1. In common with similar organizations it is not practicable to institute accounting controls over cash from all sources prior to it being recorded in the books of account. Accordingly it was not practicable to extend my audit procedures beyond the amounts recorded. I am therefore unable to express an opinion on the completeness of the income.

QUALIFIED AUDIT OPINION

In my opinion subject to the effects, if any, of the matters referred to above, the financial statements present fairly the financial position of the MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED as at 30 June 2006, and the results of its operations for the financial year then ended in accordance with the basis of accounting described in Note 1 to the financial statements and the Associations Incorporation Act.

EMPHASIS OF MATTER

Without further qualification to the opinion expressed above, attention is drawn to the following matter:

The continued operation of the Service as a going concern is largely dependent on the continued financial support provided by the funding bodies. These financial statements have been prepared on the going concern basis which assumes that adequate finance will be obtained and that assets will be realised and liabili-

ROHAN R RICHARDS
CHARTERED ACCOUNTANT



Signed at Alice Springs this 20th day of September 2006.

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

COMMITTEE OF MANAGEMENT STATEMENT

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 2 to 5 are drawn up so as to give a true and fair View of the Association's state of affairs at 30 June 2006 and of its result ended on that date; and
- b) 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.

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

Mardijah Simpson

Acting Chairperson

A. King

Treasurer

Dated this 22 day of September 2006

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report Page 2

STATEMENT OF FINANCIAL PERFORMANCE AS AT 30TH JUNE 2006

	2006	2005
	\$	\$
Operating surplus / deficit for year		
Operating account	6,719	4,934
Rehabilitation account	17,739	13,748
Life promotion account	31,740	36,193
Accommodation	-	2,279
Outreach Support	-	9,527
Sub Acute Prevention & Recovery	112,967	38,947
	<u>169,165</u>	<u>105,628</u>
Capital grants	-	146,876
Transfer to Unexpended Grants	(162,446)	
Accumulated funds at beginning of year	573,194	320,690
Accumulated funds at end of year	<u>579,913</u>	<u>573,194</u>

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

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report Page 3

STATEMENT OF FINANCIAL POSITION AS AT 30TH JUNE 2006

	Notes	2006 \$	2005 \$
CURRENT ASSETS			
Cash	2	392,949	176,804
Prepayments	3	463	1,142
Receivables	4	540	845
TOTAL CURRENT ASSETS		<u>393,952</u>	<u>178,791</u>
NON CURRENT ASSETS			
Property, plant and equipment	5	<u>437,907</u>	<u>429,176</u>
TOTAL NON CURRENT ASSETS		<u>437,907</u>	<u>429,176</u>
TOTAL ASSETS		<u>831,859</u>	<u>607,967</u>
CURRENT LIABILITIES			
Creditors and borrowings	6	59,082	18,587
Provisions	7	30,418	16,186
Unexpended grants	8	162,446	-
TOTAL CURRENT LIABILITIES		<u>251,946</u>	<u>34,773</u>
TOTAL LIABILITIES		<u>251,946</u>	<u>34,773</u>
NET ASSETS		<u>579,913</u>	<u>573,194</u>
ACCUMULATED FUNDS		<u>579,913</u>	<u>573,194</u>

STATEMENT OF ACCOUNTING POLICIES 1

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

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

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report Page 4

NOTES TO AND FORMING PART OF THE ACCOUNTS

FOR THE YEAR ENDED 30 JUNE 2006

1. STATEMENT OF ACCOUNTING POLICIES

These financial statements are a special purpose financial report prepared in order to provide accounts which satisfy the requirements of the Associations' Incorporations Act. The committee has determined that the association is not a reporting entity as defined in the Statement of Accounting Concepts 1 'Definition of the Reporting Entity' and therefore, there is no requirement to apply accounting concepts or standards in the preparation and presentation of these statements.

The Association has applied all accounting standards with the exception of AAS:22 related party disclosures and AAS:28 Statement of Cash Flows.

The financial statements have been prepared under the historical cost convention and do not take into account changing money values.

The following specific policies, which are consistent with the previous period unless otherwise stated, have been applied in the preparation of these accounts.

a. Government Grants

Government grants are brought to account on receipt but to the extent that they are unexpended at balance date, they are carried forward to the next accounting period.

b. Depreciation of Non-current Assets

Depreciation of non-current assets using the diminishing value method has been charged so as to write off the cost of each asset over its estimated useful life.

	2006	2005
	\$	\$
2. CASH		
Cash at bank - premium business account	361,718	157,641
Cash at bank - premium business account	31,231	19,164
	<u>392,949</u>	<u>176,805</u>
3. PREPAYMENT		
Prepayment	463	1,142
	<u>463</u>	<u>1,142</u>
4. RECEIVABLES		
Receivable - GST	-	-
Other	540	845
	<u>540</u>	<u>845</u>

(cont.)

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

Auditor's Report Page 5

NOTES TO AND FORMING PART OF THE ACCOUNTS

	2006 \$	2005 \$
5. PROPERTY, PLANT AND EQUIPMENT		
Buildings - Residential Units	368,795	368,795
Less: Accumulated Depreciation	12,287	5,012
	<u>356,508</u>	<u>363,783</u>
Plant and equipment	70,481	49,459
Less: Accumulated Depreciation	38,152	32,344
	<u>32,329</u>	<u>17,115</u>
Motor Vehicle	85,775	84,193
Less: Accumulated Depreciation	36,705	35,915
	<u>49,070</u>	<u>48,278</u>
TOTAL	<u><u>437,907</u></u>	<u><u>429,176</u></u>
6. CREDITORS AND BORROWINGS		
Creditors	32,847	5,176
GST Payable	11,775	13,411
Payroll liabilities	14,460	-
	<u>59,082</u>	<u>18,587</u>
7. PROVISIONS		
Provision for annual leave	30,418	16,186
	<u>30,418</u>	<u>16,186</u>
8. UNEXPENDED GRANTS		
Rehabilitation account	17,739	-
Life promotion account	31,740	-
Sub Acute Prevention & Recovery	112,967	-
	<u>162,446</u>	<u>-</u>