



MHACA
Mental Health
Association of
Central Australia

ANNUAL REPORT

2018 – 2019





The Mental Health Association of Central Australia would like to acknowledge the Traditional Owners of the country on which we live and work, the Central Arrernte people, and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.



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LEADING THE WAY TO RECOVERY

The Mental Health Association of Central Australia (MHACA) is a community managed specialist mental health service provider. MHACA has more than 27 years experience in providing psychosocial support services and educational programs aimed at enhancing the mental health and well-being of people living in Central Australia.

We make a difference in the lives of people with a mental illness by supporting participant driven mental health recovery, and assisting communities and organisations to actively improve mental health and wellbeing.



OUR WORK

We offer a range of services which aim to facilitate wellness for a diverse range of individuals living with mental illness or going through mental distress.

MHACA provides psychosocial support services, NDIS support coordination and services, individual and group-based supports, educational and training programs and a drop in centre.

MHACA can help people with a diagnosed mental illness with:

- Building daily living skills
- Increasing physical health and wellbeing
- Being confident in the community
- Managing mental health conditions

OUR VISION

Our vision is for people with mental illness and their families to live with hope, healing, respect, safety and opportunity, and for communities and services in Central Australia to foster mental, emotional and spiritual good health.



OUR VALUES

Participant-Driven

MHACA operates in accordance with a model of recovery that is voluntary and participant-driven. Participants have choice about the services they receive and how to approach their own recovery. We also tailor our training programs to the needs of participants so it is more relevant and culturally meaningful to them.

Collaborative

MHACA recognises that the best services and training will be provided when agencies work collaboratively with each other and with participants and community members. This is what makes us a strong and successful service.

Hope and Recovery

Hope is the fundamental building block for recovery from mental illness. It is possible for people with mental illness to live full and creative lives. We aim to create an environment of hope and opportunity in which people can grow and reach their full potential in all spheres of life.

Inclusive

We acknowledge the cultural diversity in Central Australia, especially the many Aboriginal communities as Australia's first peoples. We work to ensure that all people with mental illness, regardless of their cultural background, feel safe to come to MHACA and are able to access services, education and training.

Respect

We respect the lived experience of people with mental illness. We value their voices in shaping MHACA's services and creating social and systems change to reduce the stigma associated with mental illness and suicide. We encourage and support participants to have a strong voice in the community.

Support Growth

MHACA is about increasing the skills and opportunities of people with mental illness and promoting their growth. We also increase the skills and opportunities of our staff and support them to grow in their jobs so they can provide the best possible services to participants and the community.

*MHACA is committed to complying with the
National Standards for Mental Health Services*

STRATEGIC PLAN

MHACA's strategic plan was launched in 2017 and contains the following goals:

Quality services

to continuously improve and expand preventative and recovery programs in regional and remote Australia

Influencing and informing

to reduce the stigma associated with mental health and increase the capacity of individuals and our communities to respond to mental distress

Investing in our people

to continue to exemplify the healthiest possible organisational culture

Organisational effectiveness

to build, over the next three years, a financially strong and operationally robust organisation that has the capability to respond and grow

Planning for change

to successfully navigate a rapidly changing and uncertain environment

The Strategic Plan highlights the importance of focusing on our core businesses of supporting participants and building awareness and capacity in the general community, whilst also accommodating for the transition to providing NDIS services. A new strategic plan will be developed in consultation with stakeholders in the next financial year.



GOVERNANCE



MHACA's Board members are integral to the work of MHACA. They are all volunteers who generally perform their duties after hours and MHACA would like to thank them for their input and direction.

Members of the MHACA Board:

Emma Williams, Jo Nixon, Mary Menotti, Maree Corbo, Peter Riley, Susan Brooks.

Absent: Frank Curtis, Mark O'Reilly, Jenna Pauli

Chairperson:

Stephen Marshall (to Nov 18)
Emma Williams (from Nov 18)

Deputy Chairperson:

Emma Williams (to Nov 18)
Jenna Pauli (from Nov 18)

Treasurer:

Peter Riley

Public Officer:

Merrilee Cox

General Members:

Jo Nixon (from Nov 18)
Maree Corbo (from Nov 18)
Mary Menotti (from Apr 19)
Susan Brooks
Mena Condo (from Nov 18)
Mark O'Reilly
Frank Curtis (from Feb 19)
Marcus Tabart (to Nov 18)
Peter Dash (to Nov 18)
Robyn Grey-Gardener (Nov 18-Feb 19)
Allan O'Shea (Nov 18-Apr 19)
Andy Ross (to Aug 18)
Helen Irwin (to Aug 18)
Michelle Wilson (to Aug 18)

LIVED EXPERIENCE

A key strength of MHACA is the contribution made by participants, communities and others with a lived experience of mental illness and distressing life episodes. Their knowledge and understanding underpins and continually improves our service delivery.

CHAIRPERSON'S MESSAGE

It is with great pleasure that we present MHACA's Annual Report for 2019, which showcases our work from this past year assisting people with mental health difficulties to live fulfilling lives in the community. MHACA continues to be an innovator in the provision of services to people with a psychosocial disability.

Some of the highlights this year were:

- A grant through the NT Department of Business which allowed us to train people with a lived experience of mental health difficulties in Peer Work. Seven people participated in a comprehensive training program and have now joined the MHACA workforce in casual and part-time roles alongside other program staff in the group programs and Drop-in Centre.
- Reestablishment of our Health Promotion Unit with a strong focus on suicide prevention, stigma reduction, training and professional development services.
- In collaboration with NSW Mental Health Coordinating Council and the NT Mental Health Coalition, facilitating the development of resources to support Aboriginal people access the NDIS.
- Celebrating 10 years of delivering the Suicide Story program.
- Our Services Manager Kath Broadbent, who has since retired, being awarded Mental Health Worker of the Year.
- Successful establishment of our NDIS Support Coordination services.



MHACA is well placed to respond to the challenges in the year ahead as we move to full implementation of the NDIS. I would like to thank the staff, my fellow board members, the participants and the Central Australian community for the support over the last year. We look forward to your continued support.

Emma Williams
Chairperson



CEO'S MESSAGE



We have had a strong and successful year at MHACA in transforming the way we deliver services so that we can continue to offer quality mental health supports under the National Disability Insurance Scheme (NDIS). Our Day to Day Living and Partners in Recovery programs have now been rolled into the Scheme and participants are in the process of testing eligibility or have already received NDIS packages under this new arrangement.

We have worked very closely with the NT Primary Health Network in monitoring implementation of the scheme and taking up their generous assistance to train our staff in Support Coordination, Psychosocial Pathways and the new Quality and Safeguarding Framework.

Whilst there is much that could be said about the challenges associated with the NDIS roll out and the difficulties in implementing it in remote areas, the universal nature of the scheme means that there is potential for people to get access to services and supports

tailored to their needs in areas where they may not have been able to gain assistance in the past.

At MHACA we have already seen some of these benefits to our participants, including people who have moved from homelessness or other unsatisfactory or unsafe environments into secure supported housing. Others have been able to access individualised support tailored to their needs and interests for the first time.

Those who choose not to apply for the NDIS or who are found ineligible are still able to access support through the Pathways to Recovery Program which offers individual support, the MHACA Group Program and the Drop-in Centre through NT Government Funding and the Commonwealth Continuity of Support program.

We completed a review of our mental health promotion and suicide prevention programs early in the year and have reinvigorated the Health Promotion Unit with restructured staff roles to reflect emerging practice in this area and a focus on the links between physical and emotional health. This has been a very exciting development leading to a higher social media profile and an expanded training program incorporating workplace well-being.

MHACA also hosted a 10th year celebration of the Suicide Story Program in conjunction with the Suicide Story Aboriginal Advisory group. The recently completed evaluation of this program provides clear direction to strengthen its crucial work in building capacity for Aboriginal communities to address suicide risk.

MHACA has been involved in a range of projects, research and advocacy initiatives in the past year to support the rights and interests of people with mental health difficulties. We made submissions to the Senate Inquiry into Rural and Remote Mental Health Services, the NT Review of Forensic Services, Veterans Support Services and the NDIS Complex Care Expert Panel.

We are one of two NT organisations contributing to a national study monitoring implementation of the NDIS and a partner to an AHURI/Mind Australia study of the links between homelessness and

mental illness. Over time we hope to build our research capacity to ensure that we can better represent and respond to the unique requirements associated with delivering mental health support services in Central Australia.

A successful organisation does not work alone and our partnerships with Central Australian Mental Health Services, Office of the Public Guardian, Suicide Story Aboriginal Advisory Group, Central Australian Affordable Housing, Anglicare, Mission Australia, Disability Advocacy Service, NT Shelter, Central Australian Aboriginal Congress and the NT Primary Health Network as well as the many other dedicated providers in Alice Springs have continued to grow and develop.

We have a big year ahead of us as we move fully into the NDIS and test our viability in this fundamentally changed landscape. I want to congratulate MHACA staff for rising

to the many challenges this year. It is hard to work in a constantly changing environment where there is so much uncertainty, and their commitment to supporting our participants is a daily inspiration. Likewise, we are invigorated on a daily basis in being able to work alongside and support participants in their recovery process. Their guidance and feedback ensures that we stay grounded and focused on offering services that meet their needs.

We have a very skilled and committed Board and we would like to thank them for their guidance and support throughout the year. We intend to plan carefully and involve our staff, participants and our community in helping us to best respond and plan for change.

Merrilee Cox
Chief Executive Officer





PARTICIPANTS AT THE HEART OF MHACA



BRIAN'S STORY

My name is Brian and I'm a local Yeperenye man living in Alice Springs. I love music and writing songs. When I was younger I used to live in the Amoonguna community where I have lots of happy memories. I then lived in Little Sisters camp, as well as with my Dad at a homeland in Kings Canyon National Park. In 1988 my dad got some musical equipment which started my journey with music and kept me out of trouble.

I have known MHACA for a long time and remember when MHACA was just starting out. MHACA has helped me a lot, there's nice people who are supportive and who generally care. MHACA has helped me to speak out about all of my problems, to let out all the bad stuff and take in the good stuff. Whilst there is negative things,

I like to look at the positive things in life.

I like the group activities at MHACA and enjoy interacting with people. It makes me feel happy on the inside. I like the fun and jokes at MHACA and I like the music program. MHACA is a happy and peaceful place, a good place to be.

I like where MHACA is now and I hope that it will stay for a long time and help lots of people with mental health problems.

I look forward to a bright future, a happy future for everyone who comes to MHACA and for myself and my family.

Brian Clyne

PEER LEADER PROGRAM

MARK'S STORY

My name is Mark and I am a Peer Worker at MHACA. I have been in Alice Springs for two years. Originally I come from Melbourne and recently went back as my mum is in a nursing home down there. However, there wasn't much I could do so I jumped on an aeroplane, came back to Alice and was able to move back into my Peer Worker role. I was able to get my own flat 3 weeks later which was helped by me having this part time role.

I was initially referred to MHACA in January last year. At the time I heard about the peer worker opportunity, so I decided to stick around and do the training. About 7 of us did the training and from that 5 people were able to move into peer worker roles. A lot of the training was about the community around town and suicide prevention. The suicide prevention aspect was quite intense. Most of it we have been through ourselves as people with lived experience, but we have survived it of course.

I help look after the Drop-in Centre at MHACA. In the mornings I normally come in and turn the computers on, sit down and have a cup of coffee, then I get myself motivated and manage the dishwasher. I'll see which participants are in and if they need any help.

You can come and go as you please from MHACA. MHACA is a nice easy environment, a loving caring environment where everybody is in the same boat, they have some kind of mental illness themselves.

I did get sick about a year ago due to all the pressure I was under building up and had to be readmitted to hospital where I had a rest. But a week later I was back at MHACA working again.

Whilst the funding for the Peer Worker positions is not guaranteed after March next year, with the skills I have learnt I have made some good connections in the community so if I can't work at MHACA I might be able to work as a Peer Worker elsewhere.

Since being at MHACA my confidence has come back up. I had been out of work for so long through the illness itself, it's bad for your confidence. In the Peer Work role I've learnt better interpersonal skills, and I am hoping to learn some new computer skills as well.

Mark Surman



152

Participants who engaged with MHACA services in last year

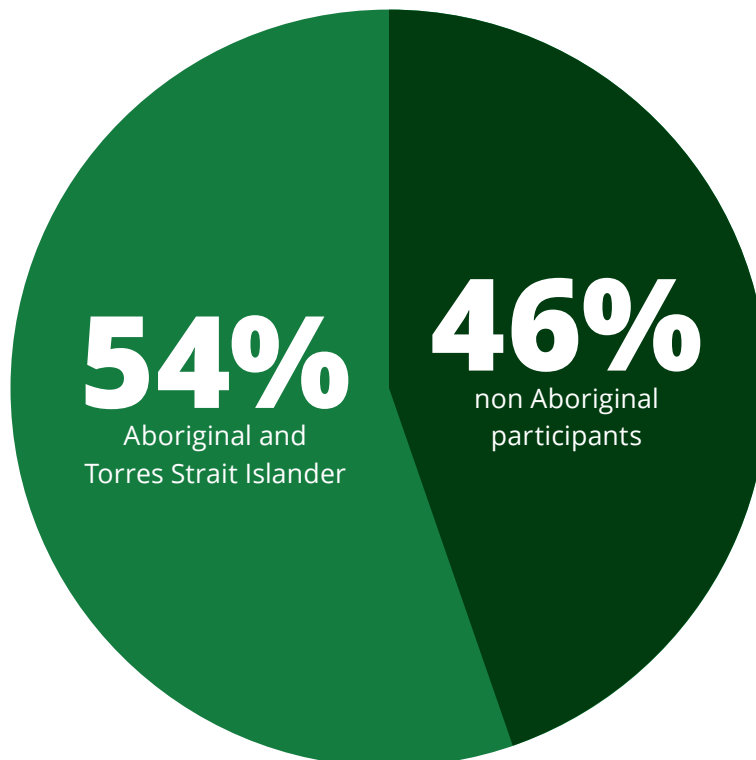


56%

male participants

44%

female participants



PATHWAYS TO RECOVERY



*Another year full of challenges, changes and some great achievements
in the Pathways to Recovery and Day to Day Living programs.*

Staff changes throughout the year have included saying farewell to our previous Service Manager Kath Broadbent, who retired in November 2018 and is now living a relaxing but full of new adventures lifestyle. Kath was the Service Manager for 5 years and brought to MHACA many years of knowledge and skills. She was a very person-centred manager, who was dedicated in making sure all people were treated equally and with respect. This shone through all aspects of her work. Kath was nominated for the Mental Health Worker of the Year Award just before she left in 2018, and she won which was very well deserved.

We also farewelled Bosco Alex and Kingsley Hampton who both moved away from Alice Springs to start new chapters.

We welcomed Lachlan Thompson who came across from the Tenancy Support Program and Claire Dienelt, Ella Harrington, and Karyna Jansons new to MHACA. They all bring a great range of skills and qualifications which will assist them to support participants.

We also welcomed a trainee from GTNT, Joseph Shaw. Joseph is new to the mental health field, and has settled in well and is working with participants that come in for drop-in.

In September 2018 the Day to Day Living Program (D2DL) merged with the Pathways Program in preparation for the cessation of funding to the D2DL program on the 30th June 2019. This transition saw Pathways workers take on new roles including actively facilitating group activities on a regular basis and working to a roster in the Day Program.

Through this transition Sharon Harris moved from D2DL Team Leader to Group Program Coordinator. This role oversees the daily functioning of the drop-in centre, group-based activities, intake and assessment, support/mentoring program staff, mentoring Peer Workers, an Indigenous trainee and placement students who are studying Certificate IV in Mental Health.



Participants enjoying a music group activity as part of the Day 2 Day Program

The Pathways program continues to provide one on one support to participants with a mental illness in Central Australia with the aim of promoting and supporting their recovery goals. The Pathways team also provides group work ranging from Craft, Getting Ready (work skills), Men's Yarning Group and Healthy Cooking. All group sessions can be found on the monthly calendar.

The Pathways team assist participants to develop their Individual Recovery Plan (IRP) which include skills development, inclusion into the community and maintaining wellness. Participants can invite their informal support network including family and friends to be involved in developing their Individual Recovery Plan. Once the plan is developed the participant and their key support worker will look at the goals and the steps that are needed for the participant to achieve their desired outcomes.

We continue to work closely with other service providers in the community, especially the Community Mental Health Team, Sub-Acute Service and the Mental Health In-patient Unit at the Alice Springs Hospital. This ensures that shared participants receive coordinated clinical and non-clinical support.

MHACA participant Roland Colbert with an artwork he made at MHACA



Training is something that MHACA really encourages both staff and participants to be involved in. Over the past 12 months staff have attended training including Mental Health First Aid, Recovery Oriented Practice, De-escalation Training and Safeinoz - An Introduction to Working with Individuals Who Have Self-Destructive Behaviours. Some of our participants have attended training in Peer Support Work, SafeTALK and Mental Health First Aid. Their feedback was that they really enjoyed the training and will be able to use the new skills they acquired within MHACA to support other participants.





Staff and participants at the 2018 MHACA Christmas party

ACHIEVEMENTS

We have seen some amazing achievements over the past 12 months with 17 participants getting NDIS plans so they have choice and control on the supports will better suit their needs. We will continue to assist participants in their transition to the NDIS scheme in the year ahead.

It has been an absolute highlight to have the opportunity to employ five peer workers following their peer work training in July 2018. They come with their own unique skills and attributes. It has been a pleasure watching them grow in confidence in their roles as Day Program hosts.

I would like to thank everyone at MHACA, especially the Pathways team for their commitment and dedication in supporting our participants. To all our participants who continue to allow us to be part of their journey, thank you.

Christine Boocock
Programs Manager



★ **HIGHLIGHT** ★
Kath Broadbent
Mental Health Worker of the Year Award 2018



SUPPORT COORDINATION

PARTNERS IN RECOVERY

Our Partners in Recovery team (PIR) has had a very busy year! Working with people with severe and persistent mental illness with complex mental health needs, PIR facilitators coordinate supports across multiple sectors to work collaboratively to support positive outcomes.

Sadly, the 2018-19 financial year is the final year of this program due to introduction of the NDIS. The focus of the PIR team within this period has been to assist participants to test their eligibility for the NDIS, many who had never heard of the scheme. They did an exceptional job under tough circumstances and were able to support approximately 45% of participants apply for access to the NDIS of which over half were granted access to the scheme. The remainder will be assisted to apply for the scheme in 2019-20 through Transitional Funding provided through the Northern Territory Primary Health Network (NTPHN).

PIR participants who are not deemed eligible for the NDIS will continue to access support through

the federally funded Continuity of Support program. This program will offer ongoing assistance focused on the goals developed in the participant's Individual Recovery Plan.

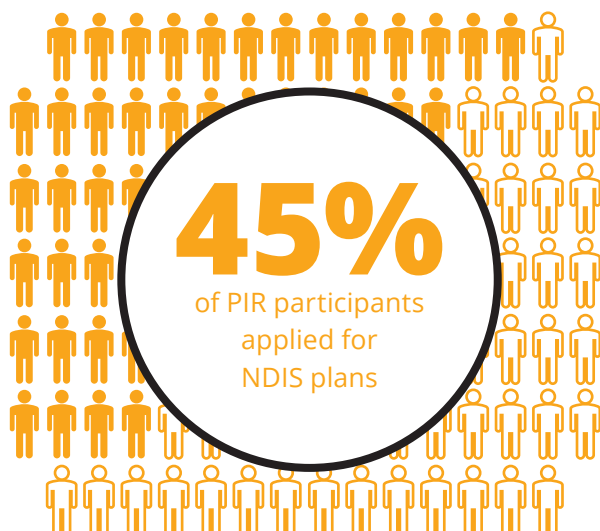
The NTPHN provided Individual Capacity Building funding to develop and build services that can be offered as NDIS funded activities in the years ahead. Through this funding MHACA was able to establish the Hearing Voices group in Alice Springs, creating a safe space for people who hear voices or have intrusive thoughts to talk openly and freely. This is now a popular and regular activity through the MHACA Group Program.

In April MHACA partnered with the NTPHN to host an NDIS Community Day. This event was a big highlight of the year as we brought together service providers from across Alice Springs so that people living with psychosocial disability and the wider community could learn more about the NDIS and what services are on offer.

MHACA participants Stephen, Padma, Morris and Riccardo



PROGRAM STATISTICS



★ HIGHLIGHTS ★

In **2017** **20**
we started with
Support Coordination participants

2018-19
we have **47** Support Coordination
and Specialist Support
Coordination participants

Through
NDIS Support Coordination
we have been able
to support **5** participants
secure permanent housing
who were homeless!

SUPPORT COORDINATION

The NDIS is still relatively new in Alice Springs with the full roll out of the scheme commencing in July 2018.

MHACA provides Support Coordination and Specialist Support Coordination services funded through the NDIS. The Support Coordination team assists participants to work with their formal and informal supports to manage their NDIS plans and work towards their goals. The team uses a person-centred approach to build participants capacity to exert choice and control over the services they want in their lives. The team works with participants and their service providers to realise many goals including gaining employment, reconnecting to country, securing safe accommodation, changing service providers and becoming engaged in activities that they never thought possible. We support participants to directly interview the service providers, allowing the participant to ask the providers questions about what they will offer.

Due to the increase in requests for our Support Coordination services, our team expanded from

2 to 4 support coordinators within this financial year. In February, the team participated in a planning day to identify best practice within our work. From this we were able to develop a suite of resources and embed our own workflow process to ensure we were delivering a high-quality service to our participants.

It is anticipated that the number of participants requesting support coordination will continue to increase as more participants become familiar with the NDIS and are supported to test their eligibility.

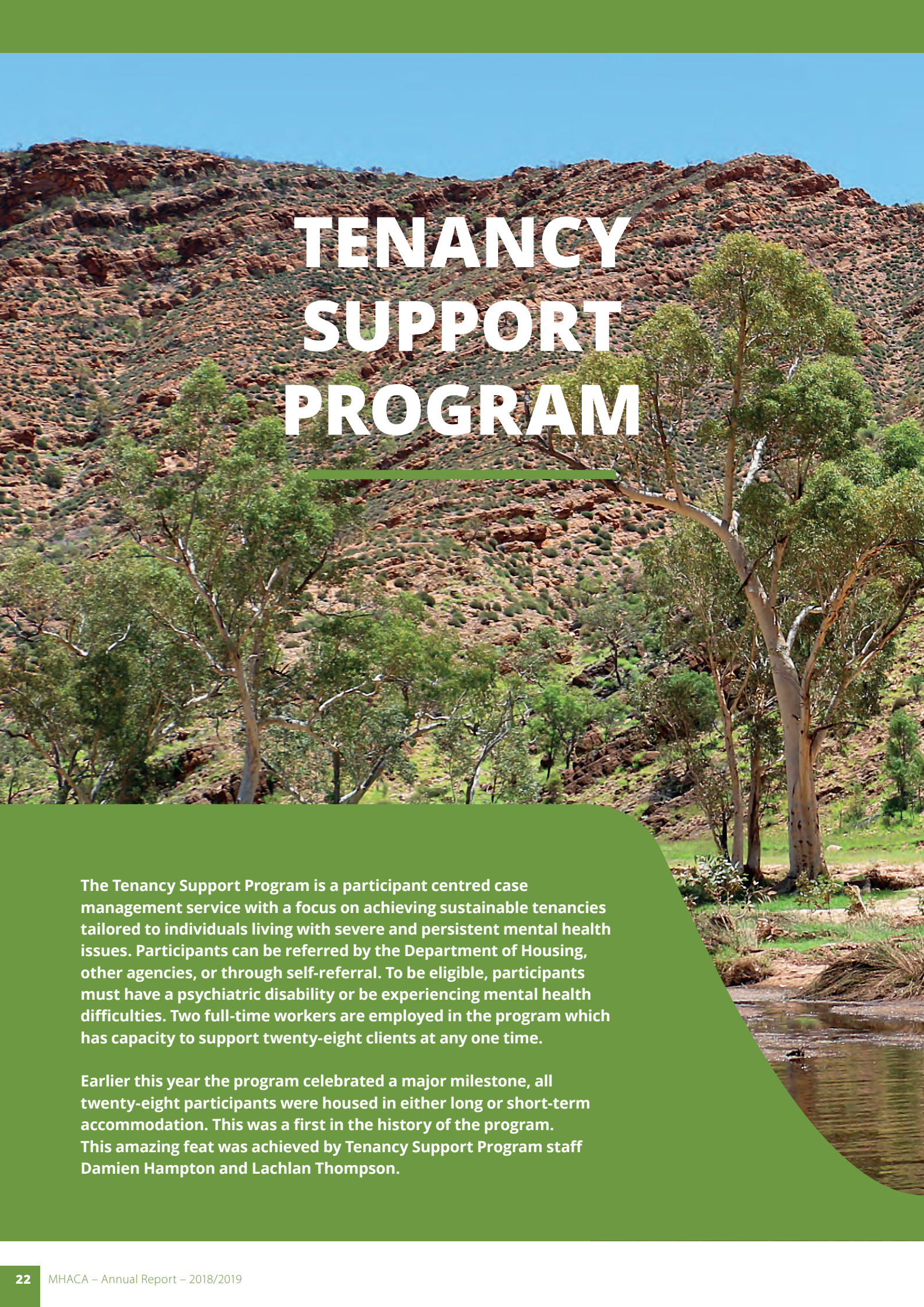
A highlight for the Support Coordination team in the last year has been supporting multiple participants access stable and secure housing which also assist in independent skills development. Many of these clients have been homeless or in insecure housing for many years. Participants who have been housed report they are happy, experience increased wellbeing and are now more involved in the community

Kelly Dennis

Support Coordination Manager



MHACA staff at the NDIS Community Day event



TENANCY SUPPORT PROGRAM

The Tenancy Support Program is a participant centred case management service with a focus on achieving sustainable tenancies tailored to individuals living with severe and persistent mental health issues. Participants can be referred by the Department of Housing, other agencies, or through self-referral. To be eligible, participants must have a psychiatric disability or be experiencing mental health difficulties. Two full-time workers are employed in the program which has capacity to support twenty-eight clients at any one time.

Earlier this year the program celebrated a major milestone, all twenty-eight participants were housed in either long or short-term accommodation. This was a first in the history of the program. This amazing feat was achieved by Tenancy Support Program staff Damien Hampton and Lachlan Thompson.

★ FACTS ABOUT THE PROGRAM ★

1

We are the only specialist mental health homelessness service in Alice Springs

2

We are the only program at MHACA that does not require participants to have an existing mental health diagnosis.

3

We are fortunate to have Damien Hampton working with us as he provides additional cultural advice which supports much better outcomes with our participants.

The program is once again at capacity after maintaining at least a 92% utilisation rate throughout the year. This year we have seen a demographic change in participants with more males now accessing the service than before. This is great because it means the stigma around mental illness is slowly declining and more men are coming out to seek assistance and taking pride in having their own home.

As we head into the new financial year, we hope to continue to support as many people as we can and to strongly advocate for homeless people with severe and persistent mental illness.

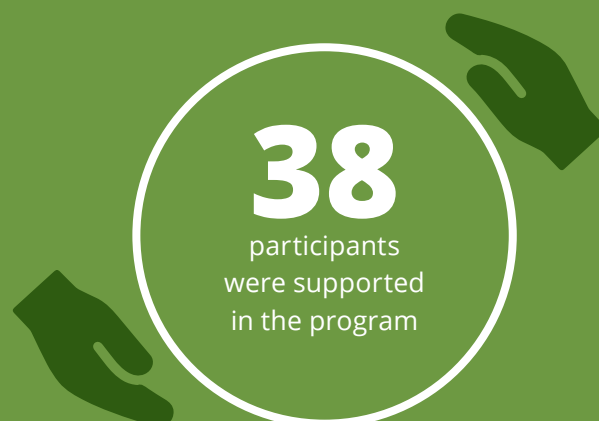
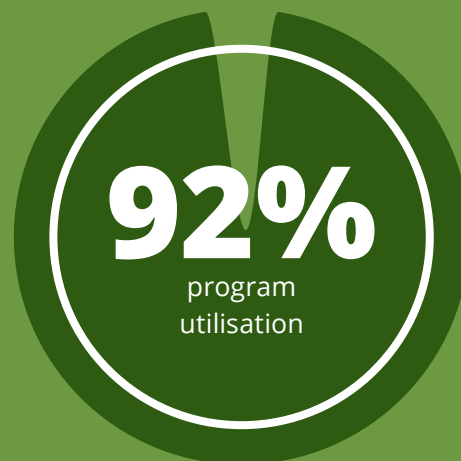


GOOD NEWS STORY

We received a referral from the Men's Hostel for someone who had been living in their independent living units. He did not have family or connections in town. We assisted him with securing a short-term lease and he was able to maintain that tenancy with the supports that we had put in place for him. He left town, came back and managed to secure a long-term lease utilising the references he had gained from his previous successful tenancy. He is now settled in his new home and has secured a part-time job that he absolutely enjoys.

Ruby Shoko

Team Leader Tenancy Support Program



STAFF STORY

Hi my name is Locky and I work as a Recovery Support Officer in the Pathways Program at MHACA. I moved to Alice Springs over 25 years ago. I came to visit family then went back, packed up and have been in Alice ever since.

I have worked in various organisations in Alice Springs in the community sector for the last ten years as a trainer and financial counsellor. I am passionate about helping people and giving them new skills and knowledge.

What made me interested in mental health is that I have family members with mental health issues, so I wanted to support family more and other community members as well. I like working at MHACA because of the good outcomes. The thankyou's, seeing the participants smile and have them appreciate your support – to me that's more rewarding than your pay packet. A smile is more rewarding than dollars.

Whilst at MHACA I have learnt different forms of communication skills as each participant is different and you need to use a range of approaches and forms of communication. I have completed the Mental Health First Aid training which was very good, plus the Optimum Health training which gives you a lot of insight into the issues participants face daily. I feel like I am always learning, plus we need to keep training to keep updated on the latest resources as well as policies and procedures.

When I worked in Tenancy Support at MHACA some good success stories revolved around getting people housed. When someone has been on a waiting list for 5-7 years and you can get them into accommodation, it means they get their independence back. At least they know where they are going to sleep that night which reduces a lot of stress.

My role in Pathways is challenging in terms of managing a caseload of clients and juggling each client's needs and appointments. Participants need support with getting to doctor's appointments and a whole range of things. I help them set goals and sometimes help with their NDIS plans and Support Coordinators. I sometimes support participants with their occupational therapy assessments and make sure they feel comfortable in this process. The participants are always thankful for your support. It's rewarding work.

MHACA is an excellent organisation that cares for the participants and we have a great team. Everybody is concerned about each other, managing the caseloads, and the welfare of the participants. Mental health is not something that is going to go away and I think MHACA will continue to move ahead in leaps and bounds. I am passionate about this work and I will be in this industry for a long time I reckon.

Lachlan Thompson
Recovery Support Officer



HEALTH PROMOTION UNIT

Following a strategic review of the Mental Health Promotion Unit activities, MHACA broadened the role of the team and appointed Helen Lambert as the Health Promotion Unit Manager. This year we have worked on developing a focus on the poor physical health of people with mental health difficulties, and this will inform our 2019 Mental Health Week activities.

During the year Erin Turner the Suicide Story Program Manager, took maternity leave after almost three years at MHACA. Erin has since resigned.

We were excited to welcome Nicole Pietsch in the role of Communications and Health Promotion Officer, joining Billie-Jo Wesley, Suicide Story Program Officer, Julie Drover Administration Assistant, and Greg Bull, Training Officer.

The Health Promotion Unit's (HPU) core functions are to increase mental health literacy and to reduce stigma around mental health. The HPU provides a number of training and health education programs in Central Australia. The HPU supports MHACA's commitment to increasing community engagement about mental illness and suicide prevention, and to improve the mental health and wellbeing of Central Australians.



COMMUNITY ENGAGEMENT



MHACA staff at the NAIDOC Week stall in July 2018

MHACA continued to be a leading member in the Life Promotion Network (LPN), a suicide prevention network in Central Australia. The LPN developed its' strategic plan throughout the year, organised the World Suicide Prevention Day event and began planning for the Suicide Prevention Forum in August 2019.

MHACA continues to coordinate the Alice Springs Mental Health Interagency throughout the year and was again an active member of the Alice Springs NAIDOC Week organising committee.

Event highlights included World Suicide Prevention Day and RUOK? Day which was commemorated on the 12th September 2018 on the Alice Springs Town Council Lawns.

Mental Health Week activities included a Mental Health Week Launch with MHACA CEO, local Elder Pat Ansell Dodds and Mayor Damien Ryan, motivational speaker Marilyn Kleeman from the YMCA, a Men's Mental Health event, and Stress Less in the Park event where MHACA and other service providers had an information stall. There was also the launch of the NT Suicide Prevention Strategy with NT Director of Mental Health and Alcohol and other Drugs, Cecelia Gore. This was followed by speeches from Dorrie Wesley, Suicide Story Aboriginal Advisory Group member who cut the 10-year Suicide Story Celebration cake.

MHACA joined with the Mental Illness Fellowship of Australia NT (MIFANT) and Headspace for an event on the Uniting Church Lawns for Schizophrenia Awareness Week May 21st 2019 including information stalls and a BBQ which fostered some great conversations around mental illness and community supports.

TRAINING AND DEVELOPMENT

MHACA continues to develop training opportunities to minimise the stigma associated with mental illness in Central Australia. The training is open to both organisations and individuals to support those in a place of vulnerability.

MHACA has provided workshops in Standard Mental Health First Aid and Aboriginal Mental Health First Aid training to 80 people in Central Australia in the last financial year. MHACA worked alongside Music NT to provide a workshop about mental health in the music industry for local performers as part of a live to air broadcast. MHACA has worked closely with trainers at Lifeline providing training in safeTALK as well as tailored training in Mental Health Awareness to two local organisations.

One of the highlights of this year has been the development of our Learning and Development Framework for MHACA staff which aims to deliver and track mandatory training within the workforce. A PowerPoint induction package for new staff covers Policy and Procedures and Work Health and Safety requirements and is a self-paced learning tool. Staff have been undertaking internal training in Mandatory Reporting, safeTALK, Mental Health First Aid and a range of training packages provided by external providers including 'Foundations of Recovery and

Advocacy', 'Accidental Counsellor', database training, 'To Stand Beside' by VALID training and 'Hearing Voices' which enabled MHACA staff to facilitate a Hearing Voices group. Other training for staff has included Transition Support for NDIS, database systems, Reactive Strategies, Motivational Interviewing and Optimal Health training facilitated by Optimal Health.

MHACA has maintained an active Peer Work Program with Peer Workers participating in training in Foundations of Recovery practice, NDIS for peer workers, 'Keys to Success' and 'Staying Safe' (VALID training). Training for larger groups is now scheduled for venues offsite with more space to accommodate the growing number of attendees.

Helen Lambert

Health Promotion Unit Manager

Warren Snowden, Federal Member for Lingjari and Shadow Minister for Indigenous Australians, and Chris Bowen, Shadow Minister for Health, dropped by the MHACA office in June 2018 to talk about mental health services.

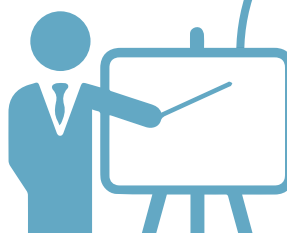


★ HIGHLIGHTS ★

Organising member of the
Life Promotion Network
Central Australia

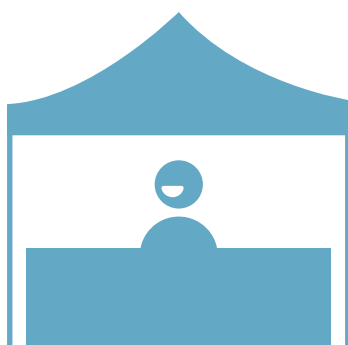
Facilitator of the
Alice Springs Mental Health
Interagency

Development of
MHACA Staff Learning
and Development
Framework



80

community
members trained
in Mental Health
First Aid and
ATSI MHFA



750+

community members
engaged in mental health
awareness raising
events



The MHACA stall at World Suicide Prevention Day 2018

SUICIDE STORY



A Suicide Story facilitator leads a workshop in Port Augusta, SA

This year we celebrated our tenth year of delivering Suicide Story, a suicide prevention program developed specifically with and for remote Aboriginal communities. The program was developed by MHACA in partnership with Aboriginal people throughout Northern Territory regions including Central, Barkly and Top End. It uses both-ways learning to guide understanding, reduce stigma and equip participants with the skills, knowledge and confidence to respond to suicide risk in their communities.

The program is delivered by Aboriginal facilitators, trained in the content and in the practice of two-way learning.

The program is guided by an Aboriginal Advisory Group with membership from throughout the Northern Territory, who work with us to ensure that the integrity of the program is maintained, and facilitators are supported. MHACA Suicide Story staff support the facilitators, organise workshop deliveries, travel to communities and develop important partnerships.

Between July 2018 and the end of June 2019 the Suicide Story team delivered five workshops in Port Augusta, Utopia, Papunya, Pukatja and Alice Springs. Workshops were attended by a total of 67 participants all of whom completed the 3-day training program.



Suicide Story facilitators and workshops participants in Pukatja, SA

ALICE SPRINGS

12 Attendees
100% Strong Fire
22% can identify worry signs pre workshop
98% can identify worry signs post workshop



UTOPIA

11 Attendees
100% Strong Fire
54% can identify worry signs pre workshop
100% can identify worry signs post workshop



PAPUNYA

13 Attendees
89% Strong Fire
23% can identify worry signs pre workshop
100% can identify worry signs post workshop

PUKATJA

9 Attendees
100% Strong Fire
23% can identify worry signs pre workshop
98% can identify worry signs post workshop



PORT AUGUSTA

22 Attendees
100% Strong Fire
34% can identify worry signs pre workshop
100% can identify worry signs post workshop



In the last financial year pre-workshop visits included Utopia, Pukatja, Kintore, Port Augusta and Alice Springs, and post-visit workshops occurred in Mt Liebig, Maningrida, Ntaria, Papunya, Port Augusta and Alice Springs. The Suicide Story team developed strong working partnerships with the Royal Flying Doctor Service, Tennant Creek Night Patrol, Akeyulerre, Tjuwanpa (Stronger Communities for Children Ntaria), Skylight and Centacare.

MOU's were established with MacDonnell Regional Council, Barkly Regional Council and Central Desert Council. Discussions commenced with the West Arnhem Regional Council to deliver four workshops in the coming year.

Professional Development for Facilitators included Accidental Counselling, Working with Interpreters, Team Building Skills and Pathways to Care. Throughout the year the Suicide Story team completed training in Reactive Strategies and Emergency Management. They delivered two presentations about the program at the Suicide Prevention Australia Conference in Adelaide and had a guest speaking role at the World Suicide Prevention Day event held in Alice Springs.

During the year the program participated in an external evaluation funded through the NT Government and conducted by John Guenther of Batchelor Institute. The aim of the evaluation was to assess whether the program is meeting its goal of supporting Aboriginal communities to build their capacity to respond to suicide risk, and to explore how this can be further strengthened. The final report affirmed the model as being consistent with best practice in the field of Indigenous suicide prevention and suggested areas that would further enhance its effectiveness.

MHACA is working with the Suicide Story Aboriginal Advisory Group and the funder, NTPHN, to assess and implement the evaluation recommendations. Suicide Story also celebrated its 10th year at the Earth Sanctuary in October 2018 with 50 guests enjoying a night of speeches, presentations and a meal.

***“Don’t be scared
to ask questions, listen,
support,
get others to help too.
It’s important
to have good self-care,
if you are not ok
“fire burning strong,”
then you can’t
help others.”***

Helen Lambert
Health Promotion Unit Manager





CORPORATE SERVICES

The Corporate Services Team provides the back and front of house services that keep MHACA functioning. This includes finance, ICT, administration, human resources and quality systems.

Human Resources

There have been several employment success stories during the past year.

With the introduction of some new programs our fulltime equivalent staffing increased by 22% for the year. Much of this increase has been from our ability to successfully establish a Support Coordination Program that is fully funded through the NDIS.

MHACA is keen to both increase employment opportunities for people with a lived experience of ill mental health and for Aboriginal Australians. We have successfully provided employment for peer workers and we are pleased to see that this employment will continue into the new financial year. In addition we currently employ two Aboriginal trainees who are working in administration and in our Drop-in Centre. At the end of June 27% of MHACA's staff were Aboriginal.

We are expecting our staffing levels to increase further in 2019/20.

Information and Communications Technology (ICT)

This year several initiatives were introduced to improve the security and reliability of our ICT systems and the productivity of our staff.

Many of our computers were outdated and over the past year the majority have been replaced.

We have improved our server infrastructure with an additional virtualised server installed. This provides some redundancy and allows our staff to securely access the network when offsite.

Our intranet site was launched during the year. The intranet site is a central repository for a range of resources regularly needed by staff including forms, policies and procedures and minutes of meetings. The intranet site also includes a booking system for meeting rooms and vehicles.

An IT induction presentation, that has a focus on security, is shown to all new employees.

Work Health and Safety (WHS)

Our Work Health and Safety Committee continues to meet regularly. The Committee reviews policies that have safety implications, discusses incidents that have occurred and makes recommendations regarding safety improvements.

The Committee oversaw the development of a WHS induction package. Driven by our Training and Development Officer Greg Bull, the package discusses the major risks faced by staff at MHACA and includes information on our policies, videos, and a quiz to ensure the content is understood. This package has been well received by staff.

Quality Assurance

MHACA is a QIC accredited organisation and we are also accredited against the National Mental Health Standards. To continue to provide services under the NDIS, we will be required to be accredited against the NDIS Quality and Safeguarding Framework, which will happen early in 2019/20.

A Quality Committee meets fortnightly to ensure we are meeting these standards, to review policies and procedures and to monitor the implementation of quality improvement activities. We would specifically like to thank Robyn Grey-Gardner for driving our quality processes.

MHACA is taking steps to improve our environmental sustainability and will invest in solar panels in the next financial year. Staff members can also be part of the Little Environment Group which meets regularly, and explores ways that MHACA can follow sustainable procurement principles and reduce consumption in the areas of energy, water and waste.

David Busuttil

Corporate
Services
Manager



TREASURER'S REPORT

For the 2018/19 financial year MHACA had a surplus of \$54,739. After two years of manageable deficit and recognising the challenges MHACA faces as we transition to the NDIS, this modest surplus is welcome.

Our improved financial position has been achieved through both cost savings and some additional income.

Through improved cash management, we have reduced expenditure on interest by \$32,000 when compared to the previous financial year. We have restructured our vehicle fleet which has led to reduced motor vehicle expenses and we re-negotiated our telecommunication contracts resulting in reduced expenditure. All these costs savings have been achieved without any reduction in services to our participants.

2018/19 was the first full financial year that our Support Coordination Team operated and as a result there has been a large increase in income earned through the NDIS. After initially running at a deficit, this program is now operating at a small surplus. We are confident that we can make this program financially sustainable.

The past financial year also saw our first participants who were previously supported under our Day to Day Living Program transition to the NDIS. Currently an insufficient number of participants have transitioned to test the ongoing financial viability of the program. This will become clearer through the 2019/20 financial year.

The organisation's financial base and cash flow remains sound. The current ratio is 1.2. Not reflected in the current ratio is that we are ahead of schedule with our loan repayments by approximately \$500,000. Adjusting for this would improve the current ratio to approximately 1.8, a very sound position.

Our audit was completed this year by Trevor Basso from Basso Newman Chartered Accountants. To both reduce printing costs and our impact on the environment in this annual report we have included a summary of our financial reports. The full audited financial statements can be accessed from our website – www.mhaca.org.au or can be obtained by contacting MHACA directly.

Peter Riley
Treasurer



FINANCIAL REPORT

PROFIT + LOSS
BALANCE SHEET
AUDITOR STATEMENT

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

**AUDITORS INDEPENDENCE DECLARATION UNDER SECTION 60-40 AUSTRALIAN
CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012 AND THE ASSOCIATIONS ACT
2003**

To the board of Mental Health Association of Central Australia Incorporated

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019,
there have been no contraventions of any applicable code of professional conduct in relation
to the audit.



**T A Basso - Director
Basso Newman Audit Pty Ltd
Chartered Accountants
286 Flinders Street, Adelaide
Dated this 28th day of September 2019**

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audit
chartered
accountants

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED



Opinion

We have audited the financial report of Mental Health Association of Central Australia Incorporated ("the entity") which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

In our opinion, the accompanying financial report of the Mental Health Association of Central Australia Incorporated is in accordance with the Associations Act 2003, including:

- a) giving a true and fair view of the entity's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- b) that the financial records kept by the entity are such as to enable financial statements to be prepared in accordance with and complying with Australian Accounting Standards–Reduced Disclosure Requirements and the Associations Act 2003.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the entity in accordance with the auditor independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* ("the Code") that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of Management and Those Charged with Governance for the Financial Report

Management is responsible for the preparation of the financial report that gives a true and fair view in accordance with the Australian Accounting Standards–Reduced Disclosure Requirements and the Associations Act 2003 and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the entity's financial reporting process.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED



Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.
- Conclude on the appropriateness of the management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Trevor Basso - Director
Basso Newman Audit Pty Ltd
Chartered Accountants
286 Flinders Street, Adelaide
Dated this 28th day of September 2019

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC
STATEMENT BY MEMBERS OF THE COMMITTEE

The members of the committee declare that, in the committee's opinion:

1. The financial statements and notes, as set out on pages 1 to 14, are in accordance with *the Australian Charities and Not-for-profits Commission Act 2012 and the Associations Act 2003* and:

- a. comply with Australian Accounting Standards - Reduced Disclosure Requirements ; and
- b. give a true and fair view of the financial position of the Mental Health Association of Central Australia Incorporated as at 30 June 2019 and of its performance for the year ended on that date.

2. There are reasonable grounds to believe that Mental Health Association of Central Australia Incorporated will be able to pay its debts as and when they become due and payable.

We confirm as follows:

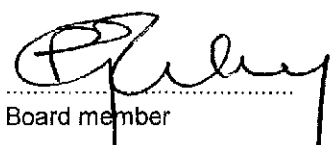
- (a) The name of each committee member of the association during the financial year were:

Emma Williams (Chairperson from Nov 2018)	Peter Dash (To Nov 2018)
Stephen Marshall (To Nov 2018)	Frank Curtis (from Feb 2019)
Jenna Pauli (Deputy Chair from Nov 2018)	Maree Corbo (From Nov 2018)
Peter Riley (Treasurer)	Mary Menotti (From April 2019)
Mark O'Reilly	Allan O'Dea (from Nov 2018)
Susan Brooks	Jo Nixon (from Nov 2018)
Andy Ross (To Aug 2018)	Robyn Grey-Gardner (Nov 18 to Feb 19)
Helen Irwin (To August 2018)	Michelle Wilson (To Aug 2018)
Marcus Tabart (To Nov 2018)	Mena Condo (From Nov 2018)

- (b) The association leads the way in psychosocial support services and educational programs aimed at enhancing the mental health and well being of people living in Central Australia,
- (c) The net surplus of the association for the year ended 30 June 2019 was \$54,739 (2018 : \$38,337)

This statement is made in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013 with *the Associations Act 2003* and by resolution of the committee:


Board member


Board member

Dated this 26 of September 2019

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC
ABN : 91 804 704 259

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 \$	2018 \$
Revenue and other income	2	3,269,062	2,799,529
Employee benefits expenses		(2,307,020)	(1,783,772)
Depreciation and amortisation expenses		(88,885)	(89,967)
Motor Vehicle Expenses		(35,083)	(52,938)
Interest		(2,448)	(34,481)
Repairs and Maintenance		(43,471)	(33,361)
Accounting fees		(1,080)	(46,921)
Auditor remuneration		(16,500)	(18,600)
Business Planning, Reporting and Evaluation Costs		(79,091)	(70,000)
Doubtful Debts		(9,399)	-
Consulting services		(39,534)	(115,570)
Client Consumables		(80,625)	(105,535)
Computer and Telecommunication Expenses		(89,180)	(90,267)
Office Expenses		(54,599)	(77,890)
Insurance		(73,360)	(66,637)
Printing and Stationery		(26,227)	(28,873)
Recruitment		(6,977)	(38,594)
Other expenses		(66,473)	(26,988)
Rental property expenses		(48,829)	(68,007)
Travel expenses		(62,773)	(55,137)
Training and Development		(82,768)	(34,507)
		<u>(3,214,323)</u>	<u>(2,838,045)</u>
Current year surplus (deficit) before income tax		54,739	(38,516)
Income tax expense		-	-
Net Current year surplus (deficit)		<u>54,739</u>	<u>(38,516)</u>
Other comprehensive income			
Items that will not be classified subsequently to profit or loss			
Fair value gains on land and buildings at fair value through other comprehensive income, net of tax		-	529,828
Total other comprehensive income for the year		<u>-</u>	<u>529,828</u>
Total comprehensive income attributable to members of the entity		<u><u>54,739</u></u>	<u><u>491,312</u></u>

The above Statement of Profit or Loss and Other Comprehensive Income should be read in conjunction with the accompanying notes

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC

ABN : 91 804 704 259

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019**

	Note	2019 \$	2018 \$
CURRENT ASSETS			
Cash and cash equivalents	3	761,648	694,866
Accounts receivable and other debtors	4	<u>181,298</u>	<u>115,314</u>
TOTAL CURRENT ASSETS		<u>942,946</u>	<u>810,180</u>
NON-CURRENT ASSETS			
Property, plant and equipment	5	2,986,290	3,016,581
Long-term investments		<u>500</u>	<u>500</u>
TOTAL NON-CURRENT ASSETS		<u>2,986,790</u>	<u>3,017,081</u>
TOTAL ASSETS		<u>3,929,736</u>	<u>3,827,261</u>
CURRENT LIABILITIES			
Accounts payable and other payables	6	284,674	310,462
Employee provisions	7	127,577	111,057
Borrowings	8	86,953	83,109
Unexpended grants		<u>286,410</u>	<u>133,342</u>
TOTAL CURRENT LIABILITIES		<u>785,614</u>	<u>637,970</u>
NON CURRENT LIABILITIES			
Borrowings	8	559,443	642,123
Provision for employee entitlements	7	<u>46,846</u>	<u>64,074</u>
TOTAL NON-CURRENT LIABILITIES		<u>606,289</u>	<u>706,197</u>
TOTAL LIABILITIES		<u>1,391,903</u>	<u>1,344,167</u>
NET ASSETS		<u>2,537,833</u>	<u>2,483,094</u>
EQUITY			
Retained surplus		2,412,200	2,357,461
Asset revaluation surplus	9	<u>125,633</u>	<u>125,633</u>
TOTAL EQUITY		<u>2,537,833</u>	<u>2,483,094</u>

The above Statement of Financial Position should be read in conjunction with the accompanying notes

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC
ABN : 36 709 591 145

**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019**

	Retained Surplus	Asset Revaluation Surplus	Total
	\$	\$	\$
Balance at 1 July 2017	2,314,680	655,461	2,970,141
Comprehensive income			
Net surplus (deficit) for the year	(38,337)	-	(38,337)
Other comprehensive income for the year			
Fair value gains (losses) on land and buildings at fair value through other comprehensive income, net of tax	81,118	(529,828)	(448,710)
Total comprehensive income for the year	42,781	(529,828)	(487,047)
Balance at 30 June 2018	2,357,461	125,633	2,483,094
Balance at 1 July 2018	2,357,461	125,633	2,483,094
Comprehensive income			
Net surplus (deficit) for the year	54,739	-	54,739
Total comprehensive income for the year	54,739	-	54,739
Balance at 30 June 2019	2,412,200	125,633	2,537,833

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes



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[MentalHealthAssociationCentralAustralia](https://www.facebook.com/MentalHealthAssociationCentralAustralia)

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This annual report is printed on 100% recycled paper stock.



MHACA
Mental Health
Association of
Central Australia



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**NORTHERN
TERRITORY**
GOVERNMENT



Australian Government
Department of Health

phn
NORTHERN TERRITORY