



**MHACA**  
Mental Health  
Association of  
Central Australia

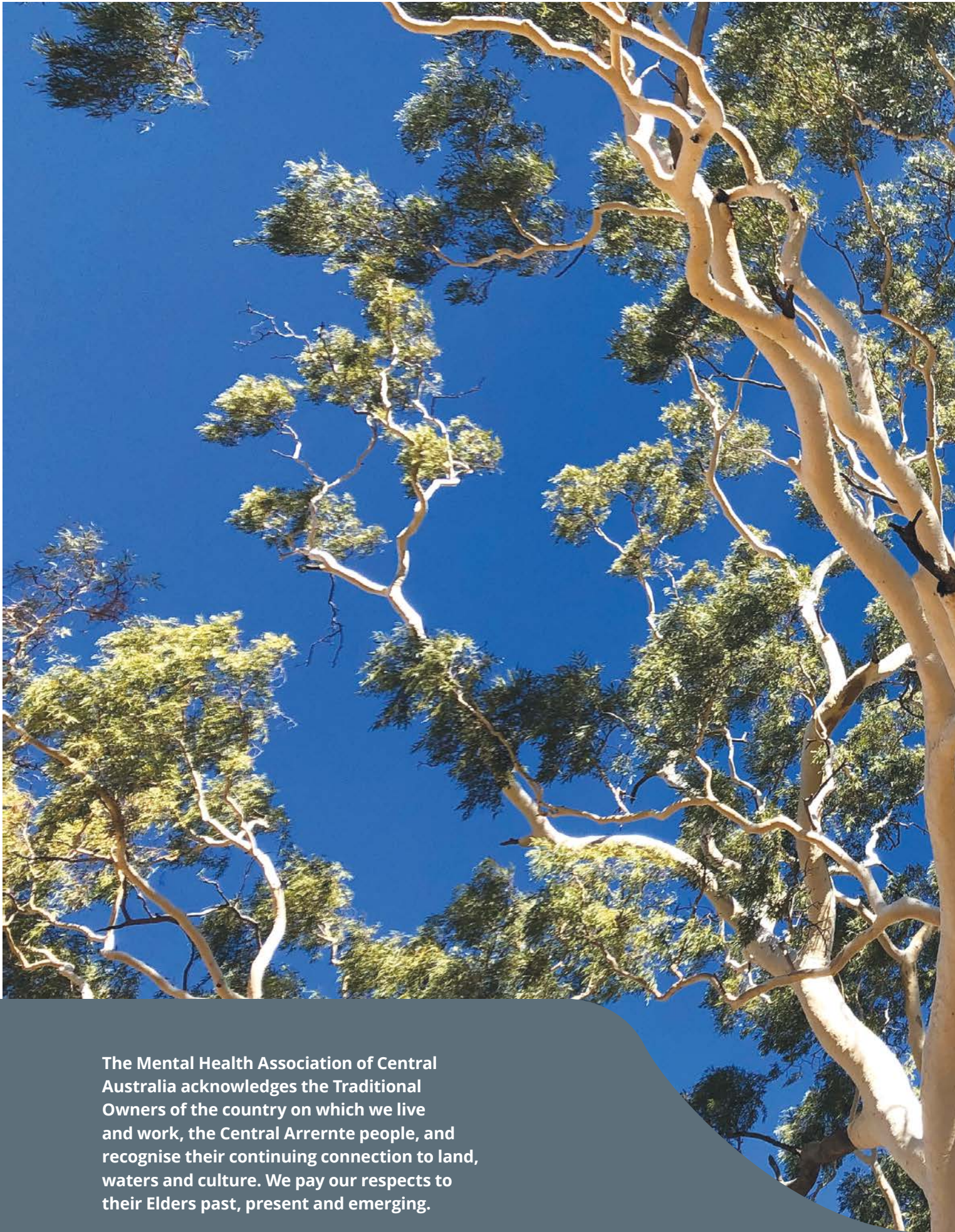
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# ANNUAL REPORT

2019 – 2020

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The Mental Health Association of Central Australia acknowledges 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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The Mental Health Association of Central Australia (MHACA) has offered psychosocial support services and health promotion programs aimed at enhancing the mental health and wellbeing of people living in Central Australia for almost 30 years.

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 and mental health promotion work.



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# STRATEGIC PLAN 2020 – 2022

## VISION

Central Australia is a safe and inclusive community that actively fosters and supports good mental health.

## PURPOSE

MHACA supports participant-driven recovery and promotes mental health and wellbeing in our community.

## VALUES

### *We value lived experience.*

The knowledge and understanding of participants, communities and others with a lived experience of mental illness and distressing life episodes underpins and continually improves our service delivery.

### *We value respect.*

We respect the experience and contributions of participants, colleagues, communities and stakeholders. Staff demonstrate respectful behaviour in all aspects of their work.

### *We value diversity.*

We actively seek the voices of diverse peoples to enrich our approach and ensure our organisation responds to their needs. We value that MHACA participants and staff have a range of abilities and backgrounds. We acknowledge local Aboriginal cultures and embrace multiculturalism, gender equality and LGBTQI+ peoples.

### *We value creativity and innovation.*

We continuously review and improve our services and support each other to explore creative responses that will make our services and organisation stronger.

### *We value safety.*

We understand how critical it is that people feel safe. We will create an environment grounded in kindness and hope where people are supported to increase their skills and where recovery can occur.

### *We value sustainability.*

We are here for the long term and will equip ourselves to stay strong in the face of social, economic and environmental changes, by making informed decisions to manage and optimise resources.







# GOALS

**Goal 1:** *MHACA will provide quality, evidence informed services to our clients.*

**KEY STRATEGIES:**

1. Generate evidence, reflect upon our practice, stay up to date with external research and evaluate our services to inform quality service delivery.
2. Strengthen our ability to conduct and participate in research and evaluation activities that contribute to the broader knowledge base of what works to support our clients.
3. Identify existing and emerging service delivery gaps and develop appropriate service responses.
4. Expand the suite of services we provide to reflect the diverse needs of the communities we serve.
5. Work toward a broader range of options for safe, supported accommodation for people with mental health difficulties.

**Goal 2:** *MHACA will work collaboratively in the development and delivery of high quality and effective mental health programs*

**KEY STRATEGIES:**

1. Foster two-way learning with Aboriginal organisations and communities to support the development and delivery of culturally appropriate mental health awareness, stigma reduction, suicide prevention and postvention services.
2. Encourage sharing across the NDIS funded sector to support quality service delivery for participants with mental health difficulties, improve cost efficiency and navigation of the evolving service delivery system.
3. Promote networking, training and skills development opportunities that support effective program and service delivery in mental health and related sectors.
4. Facilitate coordinated care to enable seamless service delivery for individual clients.

**Goal 3:** *MHACA will work toward reducing the stigma associated with mental illness and promote mental health and wellbeing in our community.*

**KEY STRATEGIES:**

1. Deliver Mental Health First Aid and other training to support quality recovery-oriented practice.
2. Develop a suite of training resources and educational materials to meet the diverse needs of our community.
3. Create and participate in events that promote mental health and build awareness of the services and supports that can assist.
4. Develop and deliver targeted mental health and physical health promotion campaigns that support our diverse community.

**Goal 4:** *MHACA will strengthen our organisation to effectively and efficiently navigate changes in the service delivery system and respond to emerging needs in the community.*

**KEY STRATEGIES**

1. Improve our capacity to market our services.
2. Invest in our staff to support high quality service delivery.
3. Maintain and continually improve our financial and quality systems.
4. Build the leadership and decision-making capacity of participants.
5. Build financial reserves to underpin expansion and provide security across changing, high risk environments.
6. Build our business acumen and skills in responding to the ever changing operating environment.



# GOVERNANCE



The MHACA Board is comprised of people from our local community who are experts in their field, including some with a lived experience of mental illness, and all with knowledge and experience to contribute.

MHACA also receives regular input from participants through monthly Participant Staff Meetings to ensure the organisation gains the benefit and direction from people with lived experience of mental health challenges.

## ***Members of the MHACA Board:***

*Peter Riley, Mary Menotti, Dira Horne, Emma Williams, Frank Curtis, Susan Brooks, Jo Nixon*

## ***Board Members:***

Emma Williams (Chair)  
 Peter Riley (Treasurer)  
 Dira Horne (Deputy Chair)  
 Jo Nixon  
 Rick Wood  
 Peter Dash  
 Ali Thorn  
 Susan Brooks  
 Maree Corbo  
 Mary Menotti  
 Frank Curtis





# MANAGEMENT REPORT

It has been an extremely busy year for the Senior Leadership Team as we juggled big projects and two processes of accreditation. Despite the additional challenges of COVID-19, MHACA has been able to continue delivering high quality recovery oriented services to our participants.

The Senior Leadership Team has also guided MHACA through the NDIS transition process, which has been a significant period of change both to MHACA, our participants and the mental health sector. Notwithstanding these two major developments, MHACA has continued to be a leader and innovator in the sector through representation and collaborative projects.

The year kicked off with the development of MHACA's new Strategic Plan and renegotiation of MHACA's Enterprise Bargaining Agreement, both of which were finalised in January. The Strategic Plan places greater emphasis on our role in contributing to the mental health and wellbeing of the whole community and was led by the MHACA Board.



# COVID 19 RESPONSE

COVID-19 required a whole of organisation focus and significant adjustment. As MHACA's client services are considered essential, most programs were still delivered with increased hygiene and physical distancing measures in place. Some staff worked from home during this time to increase safety.

## *MHACA's COVID-19 response included:*

- Increased hygiene practices
- Staff and participant training
- Individual COVID Plans
- Upgrading IT systems
- Work from home arrangements
- Suspension of some group programs
- Health promotion resources for the community to promote help seeking

# ACCREDITATION

MHACA's services were assessed through two quality audits. The first took place in December for the Core Health and Community Services and the Mental Health Service Standards. There were some minor areas for improvement identified and we received a commendation for our recovery focus and commitment to Peer Work.

In May we underwent reaccreditation under the new NDIS Quality and Safeguarding Framework where we were assessed as fully meeting the standards.

# SERVICE SATISFACTION

MHACA completed a participant satisfaction survey using the Your Experience of Service survey for the second year in a row. The survey recorded an increase of participants rating their experience with MHACA as excellent. There were also increases in the proportion of people who reported that staff work as a team. 76% of participants who completed the survey indicated MHACA staff are always or usually positive for their future and 88% indicated MHACA staff always showed respect to participants. 94% of participants rated their overall experience of the service as good or excellent.

Suggestions for improvement include the need to engage more strongly with natural support networks, to spend more time explaining how the service works, increase opportunities for participants to contribute and ensure people have the information they need to make decisions.

A staff satisfaction survey conducted in late 2019 indicated a high degree of satisfaction for employees and improved ratings from the previous year particularly in the area of internal communication.

# REIMAGINE.TODAY RESOURCES

MHACA was very pleased to work on the Northern Territory component of a national project hosted by NSW Mental Health Coordinating Council. In a series of co-design workshops MHACA's lived experience project worker collaborated with Aboriginal people from across the Territory to identify information gaps about the NDIS, design a response to those gaps and produce audiovisual resources in a range of community languages.

These are now available on: <https://reimagine.today/aboriginal-and-torres-strait-islander-people-hub/>



# ILC PEER PROJECT

MHACA was successful in attracting a grant through the NDIS Information, Linkage and Capacity Building Grants (ILC) to continue to support peer work training and capacity building for organisations in the NT. The project commenced in late February and will deliver accredited and non-accredited training for people interested in becoming peer workers. It will also establish a Community of Practice for managers to support them to create more opportunities for employment of people with a lived experience in their organisations.

## RESPONDING TO HOMELESSNESS

MHACA was fortunate to attract a small grant through the NT Department of Health to explore opportunities for responding to the needs of people who are homeless and have psychosocial disability. The research found that very little had changed since MHACA had last conducted research on this problem ten years ago. The project found that there was potential to establish a Housing and Support Program in Alice Springs.

Following discussions with potential partners we put a proposal to the NT Department Of Health to support MHACA to use underspend from the Pathways to Recovery Program to pilot a program based on the NSW HASI model, Care Coordination and Housing First principles. The program will get under way later this year and the pilot will run for 21 months. We are very appreciative of the support received for this initiative from the Department of Health, Department of Families, Housing and Communities, Mental Health – Central Australia Health Service, Anglicare and Central Australian Affordable Housing.





# POLICY ADVOCACY

MHACA works hard to ensure that the voice and experience of participants and the issues associated with working in such a remote context are brought to the attention of policy and decision-makers. This year we completed submissions to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Homelessness, the Productivity Commission Inquiry into Rural and Remote Mental Health, NT Government consultation on Climate Change, NDIS Thin Markets Inquiry (in collaboration with Australian Federation of Disability Organisations), NTCOSS submission to the Inquiry into the Adequacy of Newstart and to various submissions prepared by NT Mental Health Coalition, Disability Advocacy Service and NT Shelter.

# NDIS TRANSITION

The National Disability Insurance Scheme (NDIS) costing model poses challenges for specialist recovery focused services and MHACA continues to explore ways to support continuity, quality and safety of our services in this financially constrained environment.

We have a big year ahead of us as we move fully into the scheme and begin to test our viability in this fundamentally changed landscape.

# PARTNERSHIPS

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



*MHACA staff – October 2020*



# CHAIRPERSON MESSAGE

It is with great pleasure that we present MHACA's Annual Report for 2020. The report highlights our achievements this year in leading mental health initiatives in our community and delivering support to people with mental health difficulties. Whilst COVID 19 presented some challenges to service delivery MHACA was able to reorient its programs to ensure that participants continued to receive high quality supports and services.

We have a very skilled and committed Board and I would like to thank them for their participation and input throughout the year. The Board met consistently guiding the development of MHACA's new Strategic Plan and contributing to shaping the NDIS Business Model. I would like to thank our funding bodies, staff, participants, fellow Board members and the Central Australian community for their support of our vital work in the community.

*Emma Williams*



*Merrilee Cox – Painting in background by Rick and Robyn Oak*



*Emma Williams – Painting in background by Margaret Kemarre Turner, Patricia Webb, Michelle Williams, Lorraine Gorey, Patricia Drover from the Akeyulerre Healing Centre*

## CEO MESSAGE

MHACA's strength lies in the commitment of the organisation to high quality services, partnerships and the collaboration between our wonderful staff and the participants which creates a recovery focused and welcoming service. It is a genuine pleasure to see the great work we are able to achieve in responding to the needs of our local community.

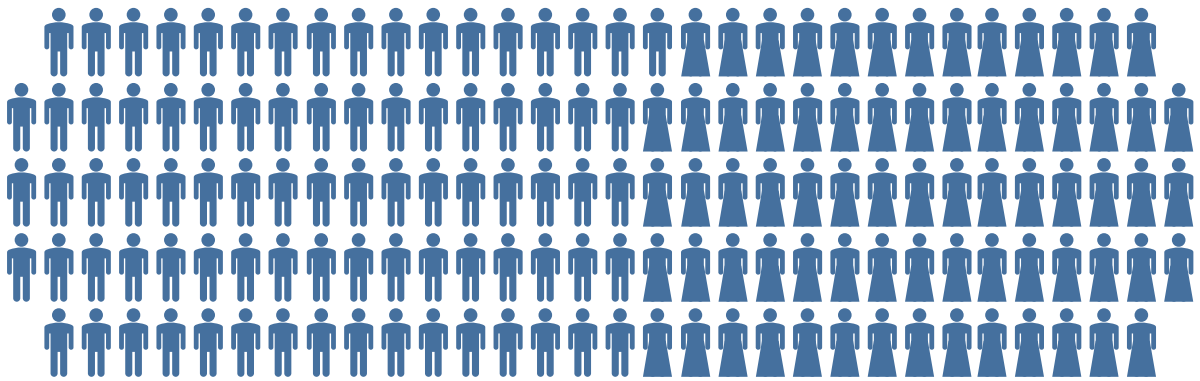
The past year has been quite a roller coaster ride as we grappled with the transition to NDIS, refocusing of service delivery and the arrangements associated with COVID-19. Staff and participants have risen to the challenge of the changes to the way we deliver services demonstrating a great deal of flexibility and adaptability through these difficult times.

*Merrilee Cox*



# 155

people received a MHACA service

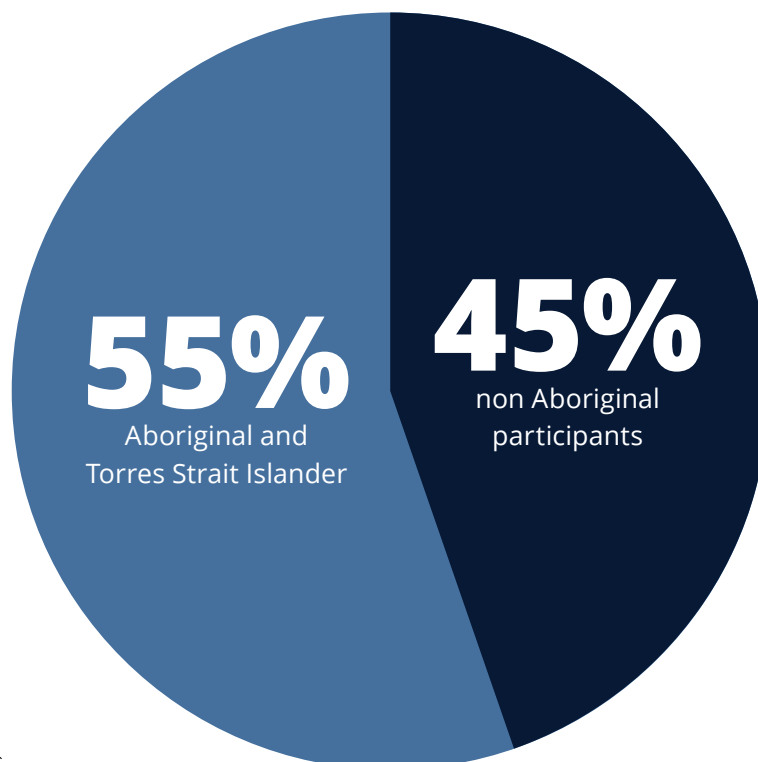


## 54%

male participants

## 46%

female participants







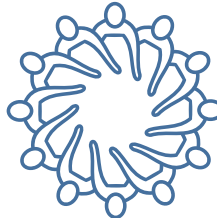
**53**

intake  
interviews



**2307**

individual support  
occasions



**8785**

Drop-in Centre hours

**2761**

group activities  
hours of support



**71**

support coordination participants



**14**

health promotion  
events



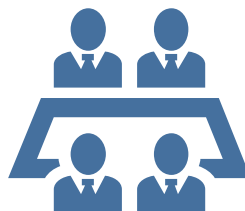
**26%**

staffing increase



**51**

new NDIS  
applications



**6**

Alice Springs  
Mental Health  
Professionals  
Interagency  
Meetings



**750**

website visits  
per month



Like

**400**

Facebook page  
likes

**27712**

people reached  
on Facebook by  
Feeling Sad Or Worried  
Animation





# PARTICIPANTS AT THE HEART OF MHACA



The NDIS support coordination team has helped me in a good way. When I was depressed, when I was not happy, when I was emotional, when everything was hard at first. MHACA helps me with lots of things, including getting the stuff I really need.

The best thing about MHACA is that we can talk about anything, when we want to really get it out there instead of keeping it in all of the time. Sometimes you don't know what is happening, but then with support you can see what's happening now.

My hopes for the future is to return home and just enjoy my life.

*Tiffany Malthouse*





*"A lot of us don't have anyone, but you're never alone if you've got MHACA."*

*"I'm living good – they help me with what I need. The staff are good people."*

*"The staff are friendly and I know them. The best thing is the computers I can use. Men's Yarning group is very good."*

*"They make sure people are well cared for; the door is always open during the week. They're extra supportive when I'm not feeling well, someone's always there to give me a pick-me-up and off I go."*

*"They are a pretty good mob to be around. They remind me to keep in contact with my family."*

*"We have meetings around the table with agendas, it's very respectful."*

*"They tell us stuff again and again until we understand. A lot of us don't have good memories but they don't mind telling us again. They want us to understand things and I can tell you if there ever is a misunderstanding it is cleared up within minutes."*

*"They've been so good about this virus thing. I feel safe there and I'm not staying awake worrying about it now."*





# PATHWAYS TO RECOVERY

Pathways to Recovery is a psychosocial recovery oriented program which provides a range of supports to people living with mental illness in Central Australia.

The program can provide one on one support to individuals to help them develop a recovery plan and to achieve goals through supported skills development. The Pathways team continues to work alongside participants with supports ranging from home visits, attending appointments, and advocating on behalf of participants when needed. Support workers assist with living skills development which can include shopping, budgeting, cleaning, and linking participants to other service providers.

A range of group activities are available which are focused on educational pursuits, personal development, recreational outings and living skills. Activities include Women's Recovery Group, Hearing Voices, Men's Yarning Circle, Healthy Cooking and Creative Writing.

Weekly weekend activities include Ten Pin Bowling, Cinema, Araluen Art Centre, Standley Chasm, Telegraph Station, Alice Springs Aquatic Centre and the Desert Park. All group sessions and weekend activities can be found on the monthly calendar on our website [www.mhaca.org.au](http://www.mhaca.org.au)

The program facilitates a Drop-in Centre at MHACA which is a welcoming space with comfy lounges, internet access, laundry and bathroom facilities and provides participants with opportunities to socialise with others.

Pathways to Recovery provides services to community members with and without a NDIS Plan.

We have also employed two Peer Support workers to assist participants that come into the Drop-in Centre. One of the peer workers has also been facilitating an activity with participants.

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 to ensure that our shared participants receive coordinated clinical and non-clinical support.

Professional development and training are considered essential at MHACA to maintain high levels of service delivery. Training is delivered for the staff including Peer Support workers, and participants also.

Key highlights over the past 12 months have been participants meeting access to the NDIS. This has given them more control over the services they receive and access to a wider range of supports. Thank you to the Pathways Support workers and the Peer Support workers for their commitment and dedication in supporting our participants during the past 12 months.

**Christine Boocock**  
Programs Manager





*Participant/staff group activities brainstorming session  
November 2019*



*MHACA staff and participants on camp  
at Ross River Homestead*



*Mens Yarning Group participants on a local outing*

## 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*



# 53

intake interviews



# 3948

Drop-in Centre visits

# 2268

individual support hours







# SUPPORT COORDINATION



It has been a busy year for the NDIS Support Coordination team here at MHACA! Due to the growth of the team Support Coordinators and the newly developed NDIS Transition team moved to a different office in August 2019.

The NDIS Transition team was funded through the NT Primary Health Network to support MHACA participants to access the National Disability Insurance Scheme (NDIS) after the conclusion of the Partners in Recovery and Day to Day Living programs in 2019. This dedicated team supports participants yet to test their eligibility, and those who were initially unsuccessful and want to retest their eligibility for the NDIS.

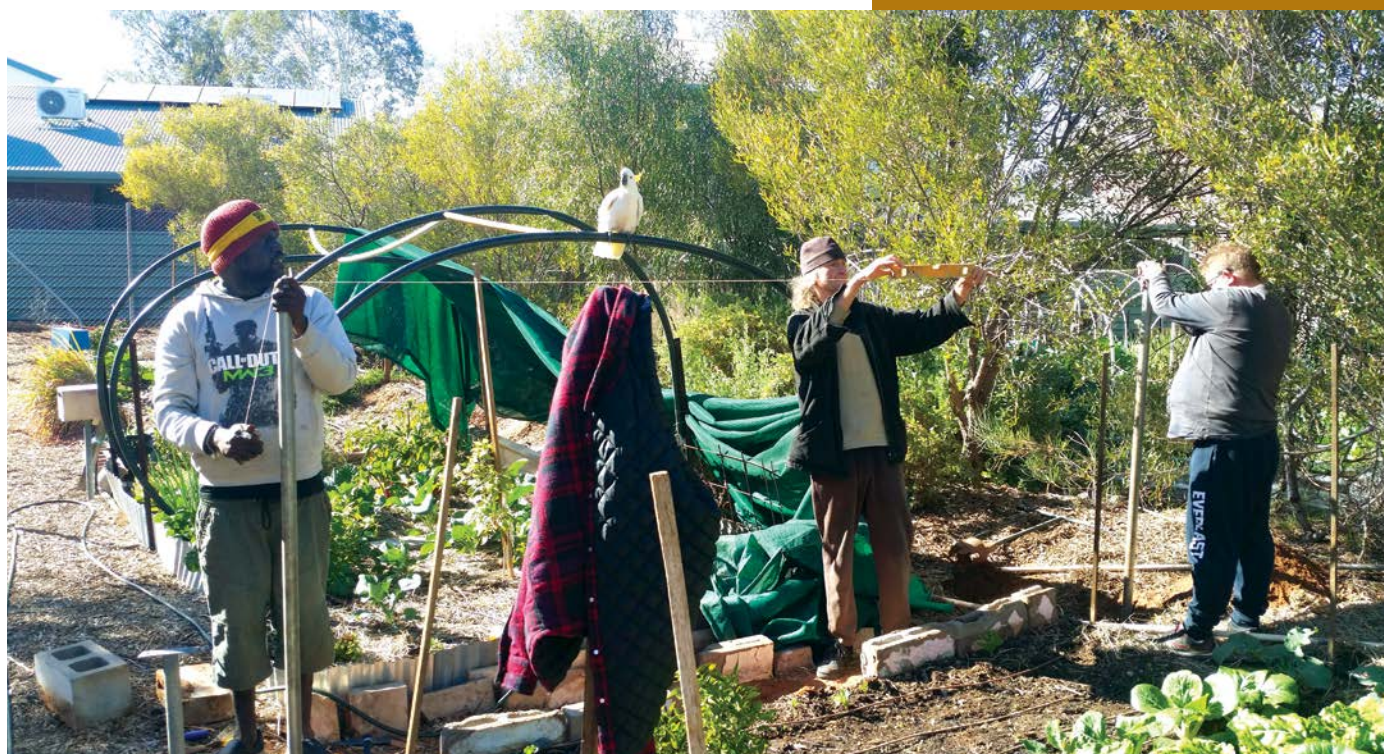
Utilising resources such as the Reimagine. Today workbooks, the team works with a participant on their NDIS journey; helping them gather information, attend appointments to support their application, liaise with other key stakeholders and family and assist with the submission. If a participant is successful in meeting access to the NDIS, the Transition team then works with participants to establish goals they want to achieve and to prepare for their NDIA planning meeting.

Once the plan has been developed, the participant becomes a NDIS participant and successfully exits the Transition Program. Some participants had to submit more than one application but with support from their Transition support worker maintained their strength and spirit during this process, and many finally met access.

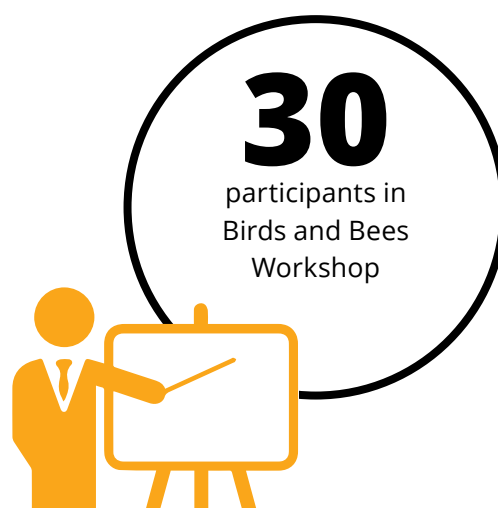
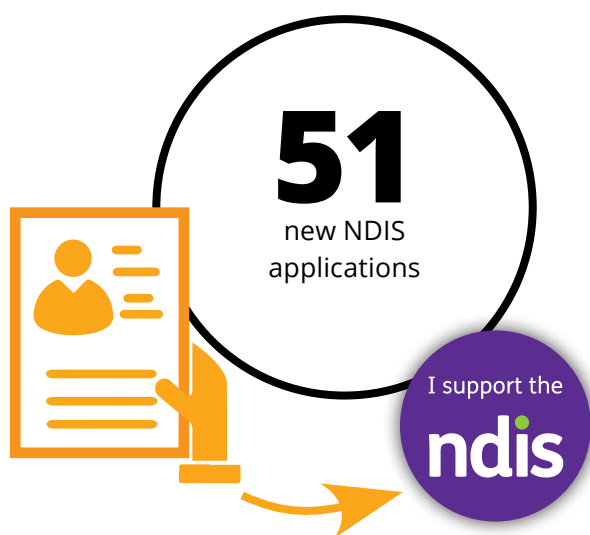
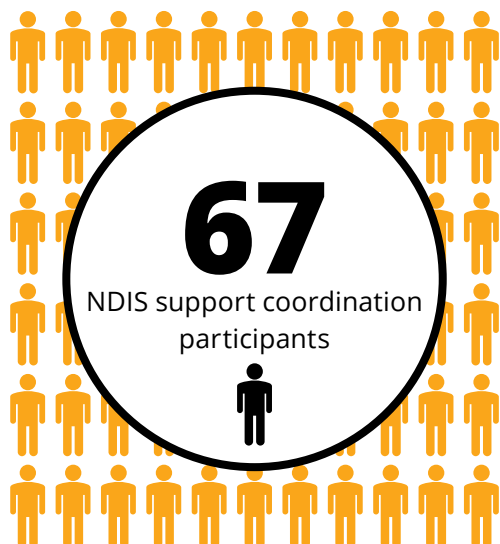
The Transition team has had great success getting participants on to the scheme. Always learning and adapting their approach to NDIA access, the Transition team submitted 51 applications to the NDIS with 42 participants meeting access to the NDIS!

The Transition program will continue into the 20/21 financial year as there are still participants who may be eligible.

*MHACA participants working on the MHACA Community Garden plot*









Two years on from the full rollout of the NDIS and the MHACA Support Coordination team is going strong. As MHACA participants meet access through the NDIS Transition team, we have been lucky enough to have been chosen by many as their NDIS Support Coordinator. This means we have been able to continue to work with MHACA participants in an individualised recovery oriented approach, walking alongside each participant on their own journey.

We have six Support Coordinators, two of whom also provide specialist support coordination. The Support Coordination team are a dynamic group of people, who always work in the best interests of MHACA participants and are passionate about working in a recovery orientated model of support.

As fluid and dynamic as the NDIS is, we are constantly keeping ourselves updated with changes within the scheme to ensure the best outcomes for the participants. We have participated in Support Coordination training, COVID-19 training, NDIS workshops and seminars and are a part of working groups within the NT and sector.

A highlight for our team was the NT PHN Individual Capacity Building funded Birds and Bees Sexuality and Disability workshops for participants, which also included a professional development day for staff. The successful workshops provided an opportunity for people living with a disability to understand and learn more about healthy relationships. The professional development workshop ensured staff were educated and have the skills to create safe spaces for participant to explore these issues.

We are looking forward to the year ahead and continuing to support MHACA participants to get the best from their NDIS plans.

**Kelly Dennis**

Support Coordination Manager

*Craft is a popular group activity at MHACA for both NDIS and non-NDIS participants*





# TENANCY SUPPORT PROGRAM

**48**

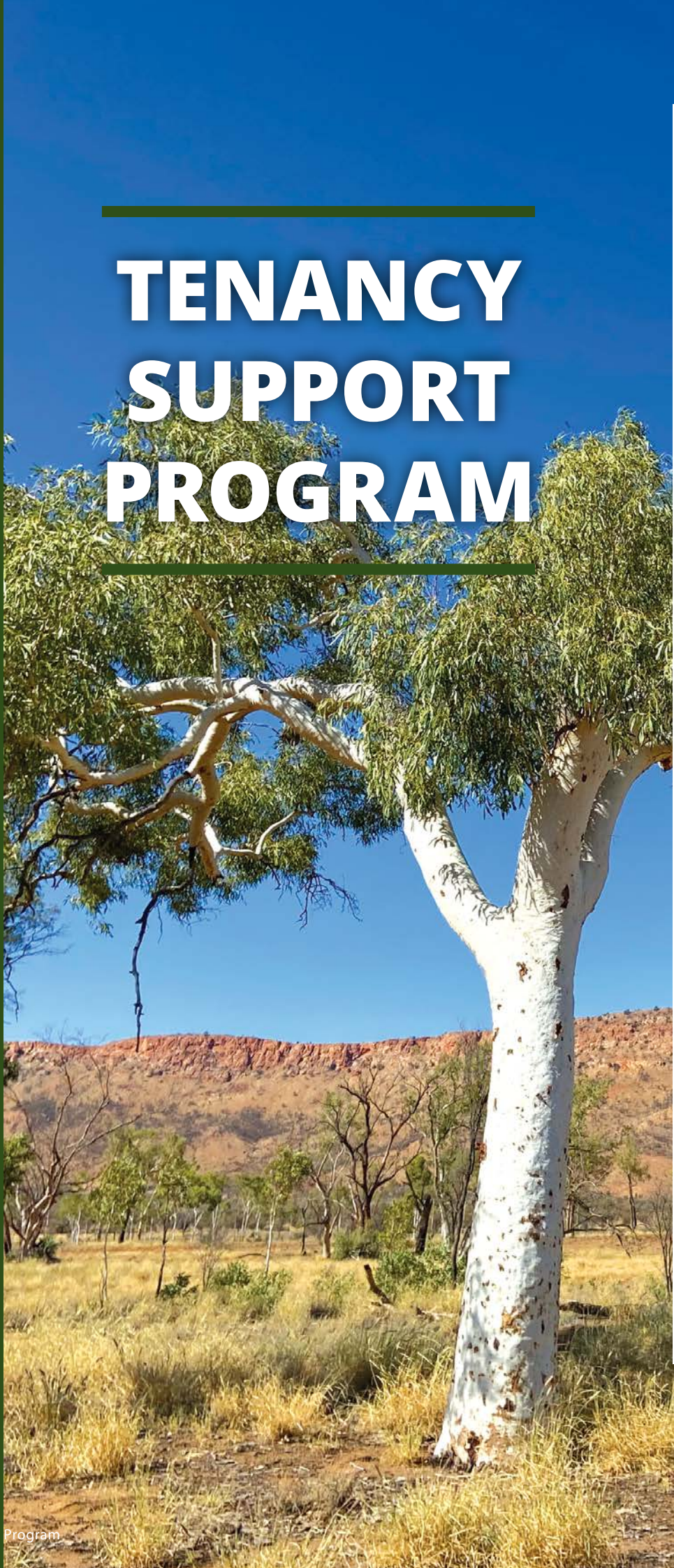
participants  
were supported  
in the program

**72.5%**

of participants  
new to the program

**56.3%**

of participants  
new to the program







The Tenancy Support Program (TSP) is a person centred, short term support program for people with mental health difficulties who are homeless or at risk of homelessness. The TSP aligns with MHACA's vision that Central Australia is a safe and inclusive community that actively fosters and supports good mental health by recognising the importance of safe and secure housing for vulnerable people.

TSP workers use case management processes to assist vulnerable people to find appropriate housing and/or maintain their tenancies. TSP workers view each client as an individual requiring a tailored approach to meet their needs. Throughout the year TSP supported 48 clients, 72.5% of whom were new to the program. 56.3% of the participants who accessed the program in 2019/20 were Aboriginal. Of the 48 clients supported, 82.8% have a diagnosed mental illness and are currently receiving treatment from mental health services.

Access to safe, affordable housing is a significant challenge in Alice Springs. Despite these challenges this year we housed 4 people, 2 in public housing and 2 in private rentals through our partnership with Central Australian Affordable Housing My Place Program.

Not all our homeless clients are seeking a permanent home in Alice Springs. TSP supports these clients by making sure that they are camping on secure sites. We provide tents, swags, blankets and any other necessities to ensure they are accommodated and safe.

As part of the TSP service we assemble home starter packs for clients who are getting housed. We purchase personal care kits, mobile phone chargers and power banks for those clients who are not yet housed. These items have been well received and greatly appreciated by the recipients.

In October 2019 the TSP staff and management with input from other housing agencies developed the TSP Monitoring, Evaluation & Learning Framework collaboratively during a participatory workshop and follow up sessions. Follow up sessions were conducted by teleconference periodically with program staff over the course of the following months. The Framework which was completed in June 2020 supports TSP to meet its obligations with regard to accountability, planning and improvement. Its primary purpose is to identify the extent to which the TSP is achieving its intended outcomes and to provide an evidence base for future development.

The TSP is a member of NT Shelter which is the peak body for affordable housing and homelessness in the Northern Territory. Our involvement in the Homelessness Response Group and Accommodation Action Group facilitated by NT Shelter directly contributes to advocacy, research and policy development in the sector.

As part of TSP's monthly reporting, the data collected is sent to the Australian Institute of Health and Wellbeing's Specialist Homelessness Services Collection department who use the data to create a national framework to monitor, evaluate and inform policy development.

### *Ruby Shoko*

Tenancy Support Team Leader

*John Nelson with the keys to his new house*







# **WALKING ALONGSIDE PARTICIPANTS**



My name is Simran and I work as a NDIS Support Coordinator at MHACA. I moved to Alice Springs early last year from India. I was really astonished with the Alice Springs culture, discovered how easy it was to get around, and how it was surrounded by hundreds of kilometres of spectacular national parks; I was instantly in love! I had worked in various organisations in India as a Drug and Alcohol Counsellor for 5 years. 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 I have a strong desire to help others and assist people with the challenges of daily living when they have a psychosocial disability. As a Support Coordinator my role is to assist NDIS participants to access formal and informal support services in their community. My role is ensuring the participant is linked to services and the supports that will allow them to achieve their goals.

What I love about my role is to see the excitement and smiles on a participant's face when they talk about their goals and aspirations. The participants are always thankful for your support. It is rewarding work.

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. I have completed the Mental Health First Aid training which gives you a lot of insight into mental health challenges.

MHACA provides a caring supportive environment for both the participants and the staff. Everybody in MHACA always come forward to help each other. I think trust, teamwork, communication and respect are the main keys to effective working relationships and that is exemplified in the MHACA team. I am lucky to be the part of this organisation and I look forward to a bright future.

**Simrandeep Kaur**

NDIS Transition Support Coordinator



“ What I love about my role is to see the excitement and smiles on a participant's face when they talk about their goals and aspirations. The participants are always thankful for your support. It is rewarding work. ”



My name is John and I am a Mental Health Recovery Support Worker in the Pathways to Recovery Program at MHACA.

My previous life experiences led me to wanting to help people with mental health issues. I grew up in an area of Port Adelaide where there was a lot of violence, poverty and social issues. My father was an interstate truck driver but was very supportive of my mum who always had the door open especially for other women with young families who were struggling. There was always a pot of soup on the go and quite a lot of times the children did not want to go home because they were having a real good time at our place. My mum was a shining example of care and compassion, and for standing up for people being treated respectfully.

I worked in the mines and major construction for many years and you would often see people come in on a working role with mental health issues. A lot of men had

marital and family issues, had lost previous jobs and some had alcohol and drug issues. I had lots of time with some of these people and was able to listen to their stories. It was great to see that some of them were able to make their lives better through improved choices.

I have also experienced in my own life a family member become seriously ill which significantly impacted the mental health of other family members. It was this experience which changed the way I view a lot of things in my own life and encouraged me to pursue a different working pathway where I could try and support people for better life outcomes.

I am now employed as a mental health worker in an absolutely wonderful organisation and I am helping people every day. For the rest of my working life and beyond I know now that I am best suited to supporting people with recovery.

*John Bailey*

Mental Health Recovery Support Worker





# PEER WORK OPPORTUNITIES

My name is Padma and I currently work as a peer worker at MHACA. I grew up in Dublin in the Republic of Ireland. During the late 80's I travelled around Australia before discovering Alice Springs where I have lived ever since. Over these last thirty years I have made my home in Alice Springs and cannot see myself living elsewhere.

I was introduced to MHACA 16 years ago and I have met many people over the years as a participant of the activities. A few years ago I first heard about the opportunity for peer work training whilst at MHACA. I was luckily able to participate in some of the trainings and given trial runs to work as a peer worker in the Drop-in Centre. A lot of the topics covered in the sessions were very informative from learning how to use my lived experience with mental health effectively, implementing boundaries and supporting participants through positive language, to understanding the framework and role of a peer worker.

In the last year I was offered one of the Peer Worker positions at MHACA. My role keeps me busy each day with many different tasks and provides the opportunity to work with a team dedicated to creating a supportive and positive environment. I usually begin each day with checking the coffee & tea station, the washing machine, computers, sign-in sheets, air-conditioner, and lights before greeting people as they come in and offering my assistance throughout the day as needed.

At MHACA there is a comfortable and friendly environment so that people can feel free of pressure to

participate in things and are able to come and go when they want. There is a certain acceptance within the community at MHACA where you are not prejudiced against and can feel the support of other people that have faced similar circumstances. When there have been times I have been unwell in the past I have felt this support has been a helping hand in my recovery each time.

Since working in this role I have felt that my confidence in both myself and in my own abilities has increased immensely. The major social aspect of the job has also been allowing me to hone my capacity to converse with many different individuals, and to use language as an important part of providing supportive care to the participants. Being able to use my own experience with mental health, as well as with previous jobs of a similar framework of support, is something that I have found very interesting. In the coming future I wish to continue learning more skills and developing my capabilities.

***Padma (Patricia Andrews)***  
Peer Worker







# HEALTH PROMOTION UNIT

The World Health Organisation in the Ottawa Charter defines health promotion 'as the process of enabling people to increase control over, and to improve, their health'. In the past year we have reviewed and refocused our health promotion and suicide prevention work and restructured the roles in our Health Promotion Unit (HPU) to take a whole of community approach.

The MHACA Health Promotion Unit has made a significant contribution towards helping Central Australian community members better understand mental health conditions and pathways to seeking help through a range of initiatives including community engagement, events, mental health training opportunities, health promotion campaigns and suicide prevention activities.







# INCREASING MENTAL HEALTH LITERACY



*Community members fill out a survey at the MHACA Health Promotion Stall at the Alice Springs Show 2019*

MHACA has produced a range of resources that articulate steps community members can take for accessing mental health services. These resources were widely distributed in the community and included a 45 second animation specifically targeted to Aboriginal community members.

Throughout the year MHACA ran mental health promotion campaigns on local radio stations SunFM, CAAMA Radio and 8CCC, and continued to build a stronger social media presence on Facebook. MHACA was represented in news articles in the Centralian Advocate, and in radio interviews on 783 ABC Alice Springs and SUNFM.

People with mental health difficulties have a high risk of developing other physical health conditions due to a range of factors including the impact of

medications, smoking and sedentary lifestyles. MHACA developed the “Healthy Bodies Support Healthy Minds” campaign which promotes lifestyle interventions to support mental health.

MHACA had a strong presence throughout the Coronavirus lockdown in the NT which included speaking in radio interviews about mental health, and developing the ‘Looking After Your Mental Health During The Coronavirus Pandemic’ resource which was distributed to 13,600 Alice Springs homes via Australia Post.

A health promotion highlight was the MHACA stall at the Alice Springs Show in July 2019, where there was over 800 community engagements and more than 300 people completed a survey asking what they did to support their mental health.



# FEELING SAD OR WORRIED?

Bad thoughts or thoughts of suicide? Worried for someone else?  
Help is available 24 hours a day.

## LIFELINE

13 11 14 · [lifeline.org.au](http://lifeline.org.au) · Lifeline text service (evenings) 0477 13 11 14

## SUICIDE CALL BACK SERVICE

1300 659 467 · [suicidecallbackservice.org.au](http://suicidecallbackservice.org.au)

## BEYOND BLUE

1300 22 4636 · [beyondblue.org.au](http://beyondblue.org.au)

## NT MENTAL HEALTH LINE

1800 68 22 88

**In an emergency or  
high-risk situation CALL 000**

## REMEMBER:

### REACH OUT!

Family and friends can support you. Speak to your doctor or local clinic. You can ask for a mental health care plan and receive support. If you are worried for someone in your community speak to friends, family, an Elder, the clinic or the police.



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Association of  
Central Australia

PH: (08) 8950 4600  
W: [mhaca.org.au](http://mhaca.org.au)



Lifestyle choices can have a big impact on mental health. People with poorer physical health are at a greater risk for certain mental illnesses, whilst looking after your body can greatly improve your overall sense of wellbeing.

Eating and exercising regularly, getting enough sleep, and reducing exposure to alcohol, smoking and other drugs support good mental health. Reducing stress, undertaking relaxation activities, keeping connected to others and spending time in nature all provide physical and mental health benefits.

If you need support to start making changes speak to your GP or utilise online resources like [www.beyondblue.org.au/personal-best](http://www.beyondblue.org.au/personal-best)

Small changes to your daily life can make a big difference to how you feel.



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**WITH ANY BIG  
HEALTH CHANGES IT IS  
IMPORTANT TO ALWAYS  
TALK TO YOUR DOCTOR.**



# COMMUNITY EVENTS

MHACA participated in the Alice Springs NAIDOC Week organising committee and partnered with Central Australian Aboriginal Congress to deliver the Family Fun Sports Day. MHACA also held a health promotion stall at the Community Day event.

MHACA was an active member of the NT Mental Health Week organising committee and the Stress Less In The Park committee, and also organised an Alice Springs program of events for Mental Health Week. This included a film screening of 'Mental', an open morning at MHACA, and 'Stretch and Relax' classes in partnership with the Alice Springs Town Council. The Stress Less In The Park event had 20 service providers and 300 community members attend.

Other events throughout the year included the Suicide Prevention Forum, World Suicide Prevention Day, Smart Eating Week, Launch of the Little Red Threat Book, 'Overcoming Adversity To Be Inspired' International Women's Day Event, Men's Health Week BBQ and health promotion stalls at Stress Less In The Park Tennant Creek and 'Health Fest' at Acacia Hill School.

MHACA has continued to lead mental health collaboration in the community by facilitating the Alice Springs Mental Health Professionals Interagency which met 6 times throughout the year and was attended by representatives from a range of local and Territory wide community services.

*'Stretch and Relax' classes in partnership with the Alice Springs Town Council*







*Stress Less  
in the Park  
2019 – Kututu  
Wattle Seeds*



# SUICIDE PREVENTION

This year MHACA renewed its commitment to suicide prevention with the development of a Suicide Prevention Project Officer role and a plan based on current research and local community identified need.

Support following a death by suicide is an important aspect of suicide prevention as people bereaved through suicide can be vulnerable to suicide risk. MHACA was successful in attracting funding through the NT PHN Suicide Prevention Improvement Grants for a Train the Trainer program delivered by Jesuit Social Services Support After Suicide Program. This led to the establishment of a suicide bereavement support group.

Two Men's Yarning Circles were established through a Northern Territory Government Suicide Prevention Grant. The purpose of the groups was to combine outings on country with learning activities and discussion about mental health and suicide. The first group was well attended by MHACA participants, and the second was delivered in collaboration with the Akeyulerre Men's Employment Program.

MHACA strengthened its leadership role on the Life Promotion Network (LPN). This suicide prevention network plays a crucial role in providing opportunities for all sectors of the community to be part of the solution to suicide and suicide risk in the region.



*Suicide Story Facilitator Frank Curtis, MHACA Health Promotion Manager Helen Lambert, Beyond Blue Chair Julia Gillard and Suicide Story Project Officer Billie-Jo Wesley at the Suicide Prevention Australia Conference*

In August 2019 the LPN hosted a Suicide Prevention Forum at Olive Pink Botanic Gardens. Over 50 people from remote and regional communities revisited the issue of suicide threats and contributed to the redevelopment of the Little Red Threat Book. This resource was developed to support families and community workers faced with the worrying behaviour of suicide being used as a threat. MHACA sought funds for printing and has distributed the resource throughout the NT.

*World Suicide Prevention Day 2019*





# TRAINING AND DEVELOPMENT

MHACA participated in the Alice Springs NAIDOC Week organising committee and partnered with Central Australian Aboriginal Congress to deliver the Family Fun Sports Day. MHACA also held a health promotion stall at the Community Day event.

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MHACA has continued to lead mental health collaboration in the community by facilitating the Alice Springs Mental Health Professionals Interagency which met 6 times throughout the year and was attended by representatives from a range of local and Territory wide community services.



Attendees at the Aboriginal Mental Health First Aid training in February 2020

## TRAINING ATTENDEES

Aboriginal Mental Health First Aid

55

Standard Mental Health First Aid

34

ASIST

12

safeTALK

38

Mental Health awareness in the workplace

35

Modified safeTALK for young people

100

## ACHIEVEMENTS

13600

households received mental health tips during COVID-19

28000

people reached for Feeling Sad Or Worried Animation on Facebook

14

health promotion events



# SUICIDE STORY

Suicide Story is a suicide prevention program developed specifically with and for remote Aboriginal communities of the Northern Territory. Suicide Story creates a safe space for Aboriginal people to share knowledge and learning about culturally appropriate ways to address suicide awareness and prevention.

The program delivers a three-day skills-based workshop, grounded in the practices of 'both-ways' learning and is comprised of storytelling, group work, short films and animations. The program uses cultural practices to guide participants through the process of understanding suicide and reducing stigma so that participants can effectively identify and respond to the risk signs in their communities.

During the year the Suicide Story team delivered workshops to community members from Ali Curung, Tennant Creek, Alice Springs, Amoonguna and Santa Teresa. Other workshops planned for the West Arnhem communities and Jilkminggan were put on hold due to COVID-19.

Facilitators and Suicide Story Aboriginal Advisory Group (SSAAG) members participated in training and professional development activities including

Accidental Counsellor Workshop and Facilitation training. The Suicide Story team completed training in Reactive Strategies, Mindframe, COVID-19 Infection Control, and Leadership.

The Suicide Story team presented at the 2019 Suicide Prevention Australia Conference. The annual Conference attracted more than 600 delegates from Australia and abroad.

In an exciting development MHACA has been working with the SSAAG and the NT PHN to transition the program to an Aboriginal Community Controlled Organisation (ACCO) following recommendations made in the recent evaluation of the program. It is expected that this transition will be completed early in the year ahead.

I'd like to thank the HPU team for their commitment and energy towards increasing mental health literacy and reducing the stigma of mental illness in our community.

***Helen Lambert***  
Health Promotion Manager

*Suicide Story facilitators and workshops participants in Pukatja, SA*

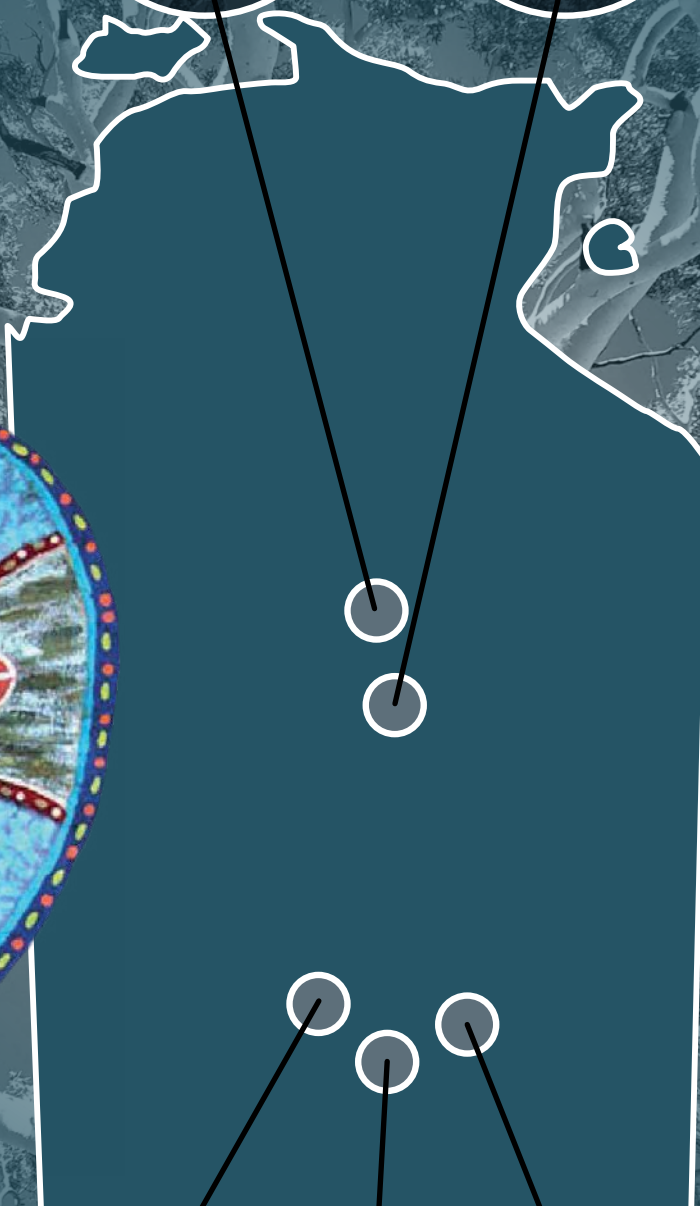




*“Thanks again for all your hard work putting the workshop together. I can sincerely say it was one of the most effective workshops I’ve observed in the region – in terms of participant engagement, content and level of positive impact.”*

*“I learnt good strategies to talk to men about private business”.*

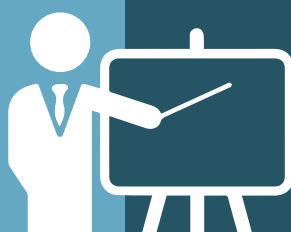
*“I took away a lot of resources in my toolbox that I have used when I get down”.*



## ★ SUICIDE STORY FACTS ★

**4** Workshops delivered to  
to **68** participants

**19**  
meetings attended







# 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.



## Quality Assurance

A Quality Committee meets fortnightly to review policies and procedures and to monitor the implementation of quality improvement activities.

In 2019/20 we were successfully reaccredited against the QIC Community Services and Health Core Standards and National Mental Health Standards, and for the first time we were successfully accredited against the NDIS Quality and Safeguarding Framework. We were advised by our NDIS auditors that we were one of only a small number of organisations they had assessed that did not require any corrective actions.

We would like to thank Robyn Grey-Gardner for driving our quality processes.

*MHACA participants and staff dropped by Bunnings Warehouse Alice Springs to thank them for their generous donation*



## Human Resources

MHACA's fulltime equivalent staffing increased by 26% for the year. The increase was due to expansion of our Support Coordination service and National Psychosocial Measure funding received through the NT PHN to support participants who were formerly supported through Commonwealth funding programs to make the transition to the NDIS.

MHACA's new enterprise bargaining agreement reflects our commitment to provide a mentally healthy, culturally responsive and family friendly workplace. The employment market in Alice Springs remains competitive and the agreement includes conditions that ensure we remain an employer of choice.

MHACA is committed to employing people with a lived experience of mental illness and recovery across peer and non-peer identified roles. We value the benefits this brings to our participants and the organisation.



## Information and Communications Technology (ICT)

We continue to improve the security and reliability of our ICT systems. This has included improving security for staff accessing our network externally, strengthening email security, and adding an additional layer of data backups. An ICT Plan, that is reviewed regularly, is in place and guides future developments.

The NDIS is changing the way MHACA operates and new systems are needed. Through a grant from the NT Government Boosting the Local Care Workforce Program, we are reviewing Client Management Systems. Although this review is not complete, we have a greater understanding of the functionality we require and have already initiated some improved systems.



*Helen Lambert HPU Manager with Max Fonte from Yaye's Café who participated in the Mental Health Matters Coffee Cup Promotion*

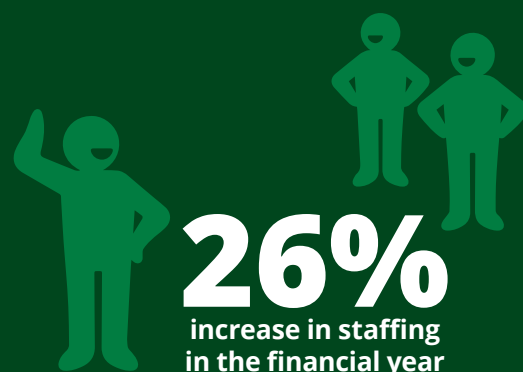
## Work Health and Safety (WHS)

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.

We have improved staff safety through the introduction of a duress application that is installed on staff mobile phones. The application is monitored by a security company and sends alerts to managers if activated.

**David Busuttil**

Corporate Services Manager



**Re-accreditation  
QIC and  
National Mental Health  
Standards**

**Accreditation  
NDIS Quality and  
Safeguarding  
Framework**





# TREASURER'S MESSAGE

MHACA continues to constantly monitor the financial implications of providing services through the NDIS. Our Support Coordination program has now been operating for close to three years. As people continue to enter the scheme we expect a significant component of our individual support and group programs will also be delivered through NDIS funding. This poses some challenges to the organisation's ongoing financial position due to the pricing structure for these items.

Recognising the financial challenges of the NDIS, in recent years we have taken steps to reduce our cost base. The most significant of these strategies has been to use our cash flow management to reduce the amount of interest we pay on our loan. This financial year we also installed solar power. This both reduces our expenditure on electricity as well as improving our environmental credentials.

For the 2019/20 financial year MHACA delivered a surplus of \$256,284 which was influenced by some unique factors. The organisation's financial base and cash flow remains sound.

*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**

**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 2020,  
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 30<sup>th</sup> day of October 2020**

**basso  
newman**  
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 2020, the statement of profit or loss and 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, including a summary of significant accounting policies, 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 Div 60 of the Australian Charities and Not-for-profits Commission Act 2012 and the Associations Act 2003, including:

- a) giving a true and fair view of the entity's financial position as at 30 June 2020 and of its financial performance and cash flows for the year then ended; and
- b) complying with Australian Accounting Standards–Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013.

### 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, the Australian Charities and Not-for-profits Commission Act 2012 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 30<sup>th</sup> day of October 2020**



## MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

### 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:

- a. comply with Australian Accounting Standards - Reduced Disclosure Requirements ;  
and
- b. give a true and fair view of the financial position of the Association Incorporated as at 30 June 2020 and of its performance for the year ended on that date.

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

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



Board member



Board member

Dated this 27th day of October 2020



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

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 30 JUNE 2020**

	Note	2020 \$	2019 \$
Revenue and other income	2	4,073,512	3,269,953
Employee benefits expenses		(2,845,566)	(2,307,020)
Depreciation and amortisation expenses		(142,384)	(94,891)
Motor Vehicle Expenses		(36,967)	(35,083)
Interest		(4,835)	(2,448)
Repairs and Maintenance		(38,103)	(43,471)
Accounting fees		(696)	(1,080)
Auditor remuneration		(14,614)	(16,500)
Health promotions		(109,899)	(38,973)
Health and Safety		(11,448)	(1,383)
Business Planning, Reporting and Evaluation Costs		(5,474)	(79,091)
Bad Debts		(5,046)	(9,399)
Consulting services		(71,822)	(39,534)
Client Consumables		(46,113)	(80,625)
Computer and Telecommunication Expenses		(64,453)	(89,180)
Equipment		(26,341)	(5,255)
Office Expenses		(79,959)	(54,600)
Insurance		(70,172)	(73,360)
Printing and Stationery		(25,887)	(26,227)
Recruitment		(12,960)	(6,977)
Other expenses		(29,169)	(972)
Rental property expenses		(47,469)	(48,829)
Travel expenses		(62,403)	(62,773)
Training and Development		(32,524)	(82,768)
Workshops and Conferences		(32,924)	(20,780)
<b>Current year surplus (deficit) before income tax</b>		256,284	48,734
Income tax expense		-	-
<b>Net Current year surplus (deficit)</b>		256,284	48,734
<b>Other comprehensive income</b>		-	-
<b>Total other comprehensive income for the year</b>		-	-
<b>Total comprehensive income attributable to members of the association</b>		256,284	48,734

The above Statement of Profit or Loss and Other Comprehensive Income should be read in conjunction with the accompanying notes  
Page 1



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

**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30 JUNE 2020**

	Note	2020 \$	2019 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	1,591,094	761,648
Accounts receivable and other debtors	4	110,500	181,299
Other current assets	5	83,708	-
<b>TOTAL CURRENT ASSETS</b>		<u>1,785,302</u>	<u>942,947</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	2,922,655	2,980,285
Long-Term Investments		500	500
Right of Use Assets	7	38,303	-
<b>TOTAL NON-CURRENT ASSETS</b>		<u>2,961,458</u>	<u>2,980,785</u>
<b>TOTAL ASSETS</b>		<u>4,746,760</u>	<u>3,923,732</u>
<b>CURRENT LIABILITIES</b>			
Accounts payable and other payables	8	214,393	284,961
Lease liabilities		39,230	-
Employee provisions	9	180,423	127,577
Borrowings	11	-	86,953
Contract Liabilities		883,931	286,410
Income in Advance		87,108	-
<b>TOTAL CURRENT LIABILITIES</b>		<u>1,405,085</u>	<u>785,901</u>
<b>NON-CURRENT LIABILITIES</b>			
Borrowings	11	502,875	559,443
Employee provisions	9	50,974	46,846
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>553,849</u>	<u>606,289</u>
<b>TOTAL LIABILITIES</b>		<u>1,958,934</u>	<u>1,392,190</u>
<b>NET ASSETS</b>		<u>2,787,826</u>	<u>2,531,542</u>
<b>EQUITY</b>			
Retained surplus		2,662,193	2,405,909
Asset revaluation surplus	10	125,633	125,633
<b>TOTAL EQUITY</b>		<u>2,787,826</u>	<u>2,531,542</u>

The above Statement of Financial Position should be read in conjunction with the accompanying notes  
Page 2



**MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED**  
**ABN : 91 804 701 259**

**STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2020**

	Retained Surplus	Asset Revaluation Surplus	Total
	\$	\$	\$
<b>Balance at 1 July 2018</b>	2,357,175	125,633	2,482,808
<b>Comprehensive income</b>			
Net surplus (deficit) for the year	48,734	-	48,734
Other comprehensive income for the year	-	-	-
<b>Total comprehensive income for the year</b>	48,734	-	48,734
<b>Balance at 30 June 2019</b>	<b>2,405,909</b>	<b>125,633</b>	<b>2,531,542</b>
<b>Balance at 1 July 2019</b>	2,405,909	125,633	2,531,542
<b>Comprehensive income</b>			
Net surplus (deficit) for the year	256,284	-	256,284
<b>Total comprehensive income for the year</b>	256,284	-	256,284
<b>Balance at 30 June 2020</b>	<b>2,662,193</b>	<b>125,633</b>	<b>2,787,826</b>

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes  
Page 3





# CONTACTS

## **Mental Health Association of Central Australia**

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**P:** PO Box 2326  
Alice Springs NT 0871

**PH:** (08) 8950 4600

**F:** (08) 8952 1574

**E:** [info@mhaca.org.au](mailto:info@mhaca.org.au)

**W:** [www.mhaca.org.au](http://www.mhaca.org.au)

### **Facebook:**

[MentalHealthAssociationCentralAustralia](#)

## *Acknowledgements*

**Compilation:** Nicole Pietsch

**Production:** Colemans Printing

**Scenic Photography:** Helen Lambert

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





**MHACA**  
Mental Health  
Association of  
Central Australia

MHACA gratefully acknowledges the support and funding from the Northern Territory Government, Australian Government Department of Health and the Northern Territory Primary Health Network



Australian Government  
Department of Health

