Where did it go?
(It’s never too late to resurface)

In my underwater world existence
I still remember the future had reasons
But somehow I was a fool
To throw my dreams into a blackened night
And locked the door to my planning room
Where my life reachings go left collecting dust
And then everybody who believed in me
Kept trying to help me get back to all my reasons
Of all I might be able to be
And now I am startin’ to get myself together
So if you ever heard of this lost soul king

Who vowed to fight but let it go so easy
I’m gonna revamp myself and come back
Better, and good as new
So I can fight again going the distance
For those I can give help of
my brothers and sisters
And there’s no stopping one now
As to go deep inside and be what I’m here for
And I feel too someway inside
The time I’ll spend alone now
Is to make my dreams grow

Welin 2015
Acknowledgements

This document was made possible by the many contributions of staff and participants of the Mental Health Association of Central Australia.

We would like to thank our staff, the people we support and all our valued partners and funders who make this work possible.
Who we are

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

Established in 1992, MHACA is a leading Northern Territory community based, non-profit organisation. MHACA leads the way in psychosocial support services and educational programs aimed at enhancing the mental health and wellbeing of people living in Central Australia.

Through a diverse range of programs we strive to make a difference in the lives of people with a mental illness by supporting participant driven mental health recovery, and to assist communities and organisations to actively improve mental health and wellbeing.

In 23 years MHACA has grown from a small advocacy group to a well-established organisation with a strong presence and reputation in the community.

Currently, MHACA undertakes a range of activities:

• Individual support for people experiencing mental illness;
• A drop-in centre, group activities and peer support;
• Mental health promotion to reduce stigma and raise community awareness;
• Support for individuals, families and communities bereaved by suicide;
• Training in mental health first aid and suicide intervention; and
• Advocacy for improved services at local, state and national levels.
Our Programs 2014-15

Pathways Program
Short, medium and long term intensive support to people experiencing significant mental illness in conjunction with the clinical services of the Central Australian Mental Health Services (CAMHS). This service aims to assist people in preventing admission or supporting transition on discharge from the hospital, prison or other residential settings.
Participants can also receive longer term recovery focused approach to independent living in the community. The program supports participants with life skills, goal setting, vocational education, training and employment, advocacy, counselling and participation in social and recreational activities.

Day to Day Living Program (D2DL)
A structured activity program that supports people with mental illness to rediscover skills and interests, learn new things, achieve personal goals, improve self-confidence, and engage with others through recreational, vocational and arts-based programs.

Suicide Story
A suicide prevention program developed specifically with and for remote Aboriginal communities of the Northern Territory. The program is a skills-based workshop, grounded in the practices of ‘two-way’ learning and comprised of storytelling, group work, short films and animation. 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.

Life Promotion Program
A community development approach to suicide prevention seeking to reduce suicide and self-harming behaviour through collaborative partnerships across the community.

Mental Health Promotion
Information, education, engagement and training through workshops, special events and forums. It aims to help raise community awareness, reduce stigma associated with mental illness and suicide, and build the community’s capacity for self-help and community accessibility.

Standby Program
A national suicide bereavement service that works alongside those bereaved by suicide to coordinate supports and services to respond to and support them through a period of grief and loss.

Partners in Recovery
A national program delivered through Health Network NT to support people with mental illness who have complex needs across a range of other sectors. The program works to assist in the coordination and engagement across sectors to promote service delivery outcomes and identify and collaborate to address service delivery gaps.

Supported Accommodation
Housing and support for people with mental health issues residing in Alice Springs, who require low-level supports and may have difficulty accessing other housing options.
Participant Story

For as long as I can remember I have struggled with what I can now look back on as chronic mental illness in one form or another. I used alcohol and prescription medications as a way to cope but this only worked for short periods of time and eventually, made the problems worse.

I spent at least 15 years in and out of psych units, visiting numerous doctors, faith healers, psychologists, churches, hypnotists – you name it, I’ve tried it! During this time there were also many suicide attempts, this wasn’t because I wanted to die but rather I just wanted the crazy head and constant anxiety and feelings of worthlessness and hopelessness to stop.

What troubles me most about this period of my life is what I put my family and friends through – my parents recently shared with me that each time their phone rang they wondered if this was the call to tell them that I’d made a successful suicide attempt.

Looking back, my many diagnoses and black, black days taught me so much and that is that there is hope and “this too shall pass”. Even though it feels like it, the dark days DON’T last forever.

It takes time, a lot of emotional, mental and physical strength to come back from the brink but I can’t stress enough the importance of hanging on. Ask for help, tell trusted people how you feel and don’t be afraid to say “no, I’m not okay”. I put on a brave front for a long time and all this did was make it harder to ask for help when I really needed it.

During my many hospitalisations all I wanted to hear from those around me was that yes, you will get better and that there is hope. Hope has been such an important part of my recovery because without it I would have just kept myself in the cycle of illness and hospital stays. That was comfortable for me because for a long time that was all I knew.

The mental health services in Central Australia are the best I’ve been involved with and I believe the level of care and support I’ve received has been a major factor in my recovery.

I’m now at a stage where I can give back and share my journey in the hope it’ll encourage others.

This story has a happy ending. I have been sober for a little over six years and since moving to Alice Springs three years ago I have received a correct diagnosis and because of that I am now on the correct medication and living a happy and fulfilling life. I haven’t been hospitalised for over 2 years (I was hospitalised a minimum of twice a year up to this point), have been able to keep a steady job, become involved in the community, maintain relationships and generally live a life filled with promise.

“I put on a brave front for a long time and all this did was make it harder to ask for help when I really needed it.”
We have been fortunate to have had the support from a very diverse, highly skilled and insightful Board throughout 2014/2015. Below is a list of the members who assisted MHACA throughout the 2014/2015 Financial Year.

Manager Remote Jobs and Communities Program – Ngaanyatjarra Health Services

Liz Olle (Deputy Chairperson – November 2012–current)
Project Manager – Alice Springs Integrated Response to Family and Domestic Violence – Department of Children’s and Families NTG

Brent Warren (Secretary November 2013–October 2015)
Detective Superintendent – NT Police

Jody Kopp (November 2013–September 2015)
Aboriginal Family Support Worker – Central Australian Aboriginal Congress

Stephen Marshall (Treasurer – June 2014–current)
Finance Division – Central Australian Aboriginal Congress

Will MacGregor (Public Officer – July 2014–current)
CEO – Bushmob

Emma Buttle (September 2014–current)
Executive Officer at Ngurratjuta/ Pmara Ntjarra Aboriginal Corporation

Craig Curry (September 2014–current)
Artist

Marcus Tabart (September 2014–current)
Clinical Director - Central Australian Health Services - Mental Health

Mark O’Reilly (May 2015–current)
Principal Legal Officer - Central Australian Aboriginal Legal Aid

Sandi Yandell (November 2013–September 2014)
Cook – Salvation Army

John Moffat (November 2013–September 2014)
Cook – Salvation Army
MHACA today is a vibrant and strong organisation with solid foundations upon which we continue to build.
We have grasped the opportunity to realign MHACA’s business structures and operations, to ensure it is a sustainable and competitive service provider in the future.

In a time of great change in our sector, 2014-2015 has been a crucial year for MHACA. We listened to the experiences of our participants to advise us in our continuing work as an effective and sustainable leader of mental health services in Central Australia. It has been our challenge to design a new way forward, to focus and coordinate our efforts in an increasingly competitive environment whilst maintaining continuity of service provision for participants and the community generally.

At the same time, we remain true to MHACA’s values and continue to be driven by our vision 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’.

In the 2014/2015 year, the Board of Governance has focused on continuing to achieve objectives set out in MHACA’s Strategic Plan 2014-2016. We are pleased to say that we are well on track to achieve many of the goals we set at the end of 2013. Significantly, MHACA moved into new premises in Lindsay Avenue, oversaw a review of the governance structure and function of the Board in line with motions passed at the 2013-2014 AGM, adopted a new logo, and invested in the development and repair of infrastructure within the organisation, including upgrading IT capabilities.

These changes required thoughtful change management and we are thankful for the patience and ongoing support of our participants and staff. I am pleased to report that changes have enhanced our capacity to work consistently and closely with our community, stakeholders, participants, and others to ensure that we remain informed by the lived experience of Central Australians. For this outcome I thank the Chief Executive Officer for his support and focus on policy development, and the staff of MHACA for their sustained professional commitment to MHACA and those we serve.

MHACA today is a vibrant and strong organisation with solid foundations upon which we continue to build. We have grasped the opportunity to realign MHACA’s business structures and operations, to ensure it is a sustainable and competitive service provider in the future.

As leader in service provision, an advocate for change, and a creator of partnerships, the future is bright for MHACA to continue serving the mental health sector for decades to come.

Liz Olle & Paul Morgan
MHACA has a long history of working closely with individuals and communities in a way that is meaningful, and person or community centred. We do this by supporting people to identify their values, strengths and goals in life and then supporting them to achieve their goals.

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This past year at MHACA saw a period of extraordinary change and growth. We were extremely fortunate to have a group of staff and participants who helped us to navigate through this change together and in a way that reminded us about what is unique and special about MHACA.

In October 2014, we launched our new logo and new building at 14 Lindsay Avenue. The Minister for Health, Hons. Robyn Lambley, officially launched the new building and we were well supported by over 100 community members that attended. The launch also included some moving and memorable presentations and performances by a range of participants including their experiences in life and with MHACA.

Achieving this was a key goal which we set as part of our Strategic Plan.

The 2014/15 financial year was the first full year of MHACA’s Strategic Plan 2014-2016. The Strategic Plan was prepared in late 2013 following extensive consultation with MHACA participants, carers, staff, the management committee, and other organisations with whom MHACA works closely. The plan helped us set clear goals for what MHACA hoped to look like in 2016 and beyond. Although we still have some more to do we have taken some significant steps toward achieving our goals. The MHACA Board engaged Penny Drysdale to conduct a mid-cycle review of the plan in order to ensure that MHACA’s original goals were still relevant and that we were on track to achieve these within the set time frame. The executive summary of Penny’s review is included later in this report.

Our participants have been working closely with staff throughout the year to implement staff and participant meetings which provide an opportunity for information share and updates about changes at MHACA. We aim to continue to strengthen this approach and to further involve people with a lived experience of mental unwellness in helping to shape MHACA’s activities. Recovery workshops and Women’s Wellbeing Groups have also been popular additions at MHACA in recent time which provide meaningful and safe spaces for people in continuing to work through their recovery.

This year we formally transitioned our governance arrangements and finalised a review and update of our Constitution which included a change from a Committee of Management to a Board of Governance. We have engaged a provider to oversee our quality accreditation process and we are aiming to achieve accreditation against the National Standards for Mental Health Services, and Quality Improvement Council Health and Community Service Standards by the end of July 2016.
CEO Report cont.

This past year at MHACA saw a period of extraordinary change and growth. We were extremely fortunate to have a group of staff and participants who helped us to navigate through this change together and in a way that reminded us about what is unique and special about MHACA.

Our staff have been working to better understand and prepare for the changes likely to follow national implementation of the National Disability Insurance Scheme (NDIS). We are conscious that there are some services that may transition to an NDIS scheme which may have an impact on our participants who are not eligible for services under the NDIS. Clarity about the full-scale rollout of the scheme remains unclear, however we are working to ensure that we are informed of changes and planning to ensure that MHACA is well placed to meet the needs of participants into the future.

Uncertainty remains around the limited extensions to several of our important federally funded programs as well as uncertain times ahead with the changes that the NDIS may bring. We await news around these and will continue to advocate to Federal and State Governments the value of these vital recovery support services.

This year has also been a reminder that despite our history and changes over the past number of years, we are now operating in a more uncertain and fiscally constrained funding environment. This creates challenges for all community services, current and future service users, and our staff. We encourage all levels of government to provide as much funding certainty as possible to our sector, in particular finalising how the National Disability Insurance Scheme (NDIS) will operate with existing state programs. This is vitally important to ensure thousands of people do not lose the support they need for their ongoing health and recovery.

We would like to thank our staff, the people we support and all our valued partners and funders who make this work possible. It has been an absolute pleasure to work at MHACA and so closely with such passionate and interesting people.

Thanks for your continued support.

Paul Tomaszewski
In June 2015, MHACA engaged Penny Drysdale to assist us in reviewing progress on the MHACA Strategic Plan 2014-2016.

The key questions that were addressed in the review were:

1. What in the Strategic Plan has MHACA already achieved?
2. What is yet to be completed?
3. Is MHACA still moving towards the strategic priorities and actions outlined in the Plan?
4. To what extent are the strategic priorities and actions still relevant to MHACA in 2015?

The report showcases MHACA's progress and achievements to date in implementing the Strategic Plan as well as affirming the priorities for action in 2015 and 2016.

The following is an excerpt from the report completed by Penny.

Since MHACA prepared its Strategic Plan in 2013, the organisation has experienced an unprecedented level of change.

MHACA has a new governance framework. It has purchased and moved into a new building. It has a new computer system. Over 25 new policies and procedures have been written and a new Enterprise Agreement is in place. Almost every aspect of MHACA's operations has been reviewed or upgraded or is in the process of being revised. MHACA even has a new logo and a new website is in development!

All these changes have been made in a collaborative way with participants and staff, and on some occasions external stakeholders.

Despite all this change the core aspects of MHACA's work and its major strengths have remained the same. MHACA continues to support participant-driven recovery from mental illness. It continues to help communities and organisations foster mental, emotional and spiritual good health. And it is becoming much more strategic in how it goes about these tasks.

MHACA is a place that feels good to walk into. It is welcoming and friendly for participants and staff. Everyone is approachable and there is a feeling of openness. Participants point out that this is especially important if you are feeling down.

The future will bring MHACA many challenges. The implementation of the National Disability Insurance Scheme will invariably create many uncertainties for services like MHACA. However, MHACA is increasingly prepared for this change by becoming the kind of service that participants will choose when the time comes.

The changes that MHACA has made in the past 18 months – and will continue to make in the next 18 months – will make it stronger than ever before and equal to the challenges ahead.

Strengthening MHACA's Recovery Framework, increasing the training available to participants, staff and advisory group members, seeking accreditation against the QIC Health and Community Services Standards and the National Standards for Mental Health Services will all ensure that MHACA is an organisation that provides the very best quality support for and with people with mental illness. It is also ensures that MHACA continues to learn and improve as an organisation and to remain accountable to the people it serves and its funders.

This Mid-Cycle Review of the Strategic Plan will help MHACA recognise and celebrate the progress it has made and remain focussed on the task ahead.
Psychosocial and Recovery Program

This year has been one of change and taking different directions. We have farewelled staff and participants and welcomed others. As we settled into our new abode in Eastside there are new programs developed, different alliances formed in the community to give us more scope and our services enhanced to provide the best possible service to participants we possibly can.

A new program, Partners in Recovery (PIR) saw the recruitment of two facilitators in October 2014. Earlier, we had identified there were quite a few MHACA participants requiring increased services because of their complex needs, and yet providing this care was beyond our capacity at the time. We also recognised there were individuals with mental illness and complex needs who were underserviced and/or their care was not well coordinated. PIR was a good fit as it worked towards filling these gaps. PIR has made real inroads into providing this type of intensive coordination for participants, particularly in the justice system.

We had recognised for some time that staff employed in MHACA Services needed to have a minimum of Certificate IV in Mental Health to provide such a quality service to participants. With this in mind, we pursued the possibility of delivering such training locally with four training providers. This qualification had not been available within Central Australia for over 9-years and was an stated goal within our strategic plan. In the end we chose Charles Darwin University as the preferred provider, being locally based, able to provide onsite face to face learning and with support close at hand. There are currently ten students from MHACA studying Certificate IV Mental Health and they will complete the course by November 2015. This is an exciting development as it will lead to an increase of mental health service skills and improved service delivery for Central Australians experiencing mental unwellness. We thank Charles Darwin University for working closely with MHACA to ensure that this learning opportunity was made possible.

Over the past years we have had many discussions about the inadequacy of the existing data to collect data system. We made a collective decision to move to a new data base developed and managed by InfoXchange. We are hoping to go live with this database by October 2015. This will better help us to better understand the support needs and experiences of our participants.

This year we continued to host the Mental Health Interagency Meetings on a bimonthly basis and introduced staff/participant meetings, more structured self-discovery groups and Recovery Sessions on a monthly basis. In many ways participants and staff are on this journey together.

Lastly, a big thank you to all the Services staff and participants who worked with us during this year, particularly Christine Boocock.

Special mention should also be made of Peta Boon, for her hard work and dedication to the cause. She has left a legacy behind and we continue to follow through with her work.
The Pathways team consists of 4 fulltime workers, 1 part time worker and 1 casual worker.

The role of the Pathways team is to provide one on one support to participants. Currently there are 39 participants receiving support from this program.

Each participant has an individual support plan developed around their assessed needs and what they say that they would like support with. The support offered to participants looks at all elements of their lives which can include, but not limited to, their physical, social, financial and spiritual needs.

The Pathways team also support with the following:

- Regular home visits;
- Transport to attend appointments;
- Advocating on behalf of participant with other service providers;
- Referrals to other services or other programs within MHACA;
- Assisting participants with daily home tasks and shopping;
- Supporting participants to build on the skills they already have and to develop new skills;
- Attending case conferences with other service providers to ensure that shared participants get the best quality of care and outcomes; and
- Encouraging participants to get involved with the Day to Day Living activities.

We continue to work closely with our colleagues from Central Australian Health Service – Mental Health and the Mental Health Unit to ensure that our shared participants receive a comprehensive level of clinical and non-clinical supports.

**Training**

There are a number of staff who are currently in the process of completing Cert IV in Mental Health through CDU, they should all be finished by the end of October 2015.

Other training staff have participated includes:

- Working with Individuals who have Self-Destructive Behaviours
- Cultural Awareness
- Mental Health First Aid
- Discrimination, Harassment and Bullying
- Reactive Strategies
- AIMhi

The AIMhi Stay Strong iPad App. is a structured mental health and substance misuse intervention using Indigenous specific content and imagery in a computerised format. The app. will assist therapists to deliver a structured, evidence based, and culturally appropriate intervention to their Indigenous clients. All MHACA support workers have been trained in the use the AIMhi app and MHACA has purchased several iPads for support workers to use during home visits to work plans with participants.
Yarning about Recovery

Sharing stories and experiences is as important as the information gleaned from services and persons worldwide. All information from these sessions is recorded and given back to the participants of the Recovery Group.

The idea for a Recovery Group came from participants at a feedback session during a Remote and Rural Mental Health Conference attended in Albury late in 2014. MHACA staff attended sessions on recovery in the bush and these were the inspiration for us to look at concepts of recovery, recovery and self-discovery and developing a working model of recovery for MHACA. At present, MHACA staff and participants meet once a month and explore recovery together not only on the world and national front, but also a personal level.

Patricia Deegan (1996) reflecting on her own recovery states ‘recovery does not mean cure. Rather recovery is an attitude, a stance, and a way of approaching the day’s challenges. It is not a perfectly linear journey. There are times of rapid gains and disappointing relapses. There are times of just living, just staying quiet, resting and regrouping. Each person’s journey of recovery is unique.” (in Recovery, A journey of the Heart 1996, in Psychiatric Rehabilitation Journal , Vol 19, No 3).

Sharing stories and experiences is as important as the information gleaned from services and persons worldwide. All information from these sessions is recorded and given back to the participants of the Recovery Group. Eventually we envisage this will form the basis for a Recovery Framework for MHACA. We have come quite a long way, but still have much work to do. The next page has some comments from the group about their experiences of recovery, with some comments about what MHACA means to them.
Personal Recovery Quotes

‘... see what you can contribute to the world’.

‘Work that can be paid or unpaid’.

‘Helping the common good, ‘giving out good feelings’.

‘Someone to help guide you through the tough times’.

‘Taking on responsibility’.

‘Mentors need to be consistent.’

‘Only get as good as you give.’

‘We all need role models, mentors, someone to look up to. Someone who has been on a similar journey.’

Someone with empathy who will support you where you are at.’

‘Personal and practical support.’

‘Workers must understand and have a passion for the work and most of all recognize that mental distress is very much about emotions and feelings. Hope, having dreams and self-empowerment are at the heart of the matter of recovery.’

(MHACA Recovery Group, May 2015)
Day to Day Living Program (D2DL)

The D2DL program consists of 2 fulltime workers. The D2DL program offers a structured activity program that supports people with a mental illness to rediscover their skills or learn new ones. There is a drop-in centre where participants can come down have a cuppa, listen to music, watch movies or recovery DVDs, use the computer to research, update resumes and do their studies.

MHACA moved in to the new building at 14 Lindsey Ave last October, the building is a lot bigger than the previous building. We are very grateful for the bigger drop in and Day to Day Living space it allows us to be able to run more activities at MHACA.

There are currently 86 participants enrolled in the D2DL Program.

The D2DL program also offers daily activities. Some of the activities include:

- Community Gardening;
- Textile crafts;
- Pip's Kitchen;
- Women's group;
- TaKeTiNa rhythm for health;
- Massage;
- Music Jam session;
- Computer skills;
- Computer lessons in conjunction with the Alice Springs Library.

The activities calendar is developed monthly in collaboration with participants by looking at what they are interesting in doing or what skills they would like to build on.

There were D2DL planning days held in February and May 2015. The planning day allows participants to share the good things that have happened, what other activities they would like to trial, challenges they may have in accessing activities and to brainstorm about the future directions. Promotion of MHACA and its programs to the wider community and development of the Peer support program are also discussed.

D2DL National Forum

One of the participants accompanied a staff member to the D2DL National forum in Brisbane in early 2015. The forum gives D2DL service providers the opportunity to gather together and share what their program has been offering to participants, what has been working and the challenges for services. While there, the participant and staff member visited Stepping Stones Clubhouse. Stepping Stone clubhouse is a community intentionally organised to support individuals living with the effects of mental illness. Through participation in a clubhouse people are given the opportunities to re-join the worlds of friendship, family, important work, employment, education and to access the services and support they may individually need. A clubhouse is a restorative environment for people who have had their lives drastically disrupted and need support of others who believe that recovery from mental illness is possible for all.
Partners in Recovery (PIR) is a federal government initiative funded by the Health Network Northern Territory and came into full operation in October 2014 upon the recruitment of 1.6 facilitators.

Partners in Recovery supports people with serious and persistent mental illness and their families and carers in their recovery by improving overall care coordination. PIR also has a broader reform agenda to regional service provision, and systemic advocacy across the Northern Territory through developing stronger cross-sectoral partnerships. PIR brings together a range of agencies across sectors such as mental health, housing, employment and training, disabilities, drug and alcohol and criminal justice sectors and acts as the mechanism that glues together all the services and supports within the region to better work together to meet individual needs of participants.

Partners in Recovery providers have access to a limited amount of flexible funding. This flexible funding can be used to purchase services and supports for participants with immediate short-term priority needs that can’t be met through normal channels. Flexible funding can also be used to build overall system capacity by meeting regional gaps. PIR hopes to continually improve on this in the coming year, in particular building on relationships with the criminal justice system.

The two facilitators aim to assess a person’s individual needs, develop an action plan and build a network of services and supports to help them recover. At present, we are working to support a total of 40 participants in the program.

Facilitators also travelled to remote communities such as Mutitjulu, Papunya and Laramba in order to build capacity and to develop service partners. We hope to increase travel and engagement of further remote areas in the future.

Facilitators have also participated in State/Territory and National workshops and conferences in Darwin, Perth, Brisbane and Alice Springs and prepared and presented on the topic of ‘Working with Participants in the Criminal Justice System’. Other training facilitators have participated in are; Safe in Oz (Working with individuals who have self-destructive behaviours), Trauma Training, Mental Health First Aid, Accidental Counselling and Standby ‘Crisis Response Team’ training.
Women’s Wellbeing Group

Objectives

The Women’s Wellbeing Group aims to empower and support women by promoting self-responsibility through new awareness and healthier coping strategies. It encourages people to make informed choices, which will enhance their quality of life.

The Women’s Wellbeing group consists of six topics which include:

1. **Grief, loss and trauma**
   - Involves understanding the grieving process, and discussing loss and trauma.

2. **Boundaries**
   - Explores boundaries in terms of setting personal limits and prompting assertiveness.

3. **ABCs (Irrational Emotive Therapy)**
   - Identifies triggers and challenges thinking prompting better decisions to avoid unwanted/unhealthy consequences/behaviours.

4. **Letting go**
   - Discussion around letting go of physical, emotional and mental clutter. Changing the things we can, accepting the things we can’t change and having the wisdom to know the difference.

5. **Self – Responsibility**
   - This topic explores accepting responsibility for your physical, mental, emotional, social and spiritual wellbeing.

6. **Self esteem**
   - This topic includes: what is self-esteem?
   - The differences between high and low self-esteem e.g. negative self-talk vs positive affirmations.

The Women’s group was well attended, with between 5-8 people each week. Feedback from the evaluation forms at the end of the program stated participants felt safe in the group setting, had gained new awareness and would tell others about the group.
Staff Story

“I love that MHACA is participant-driven, and that participants are encouraged to have a voice, to contribute to the operation of the organisation, to participate in the activities and programs that are available and to be active in their own journey to recovery.”

My name is Barbara and I commenced employment in the Pathways to Recovery Program at MHACA in June, shortly after arriving in Alice Springs from Victoria. Although I have always worked with people who experience mental health issues, this is my first experience of being employed in a service that specifically supports those individuals in a non-clinical environment.

I immediately felt MHACA to be a warm and inviting place with a feeling of inclusiveness. I love that MHACA is participant-driven, and that participants are encouraged to have a voice, to contribute to the operation of the organisation, to participate in the activities and programs that are available and to be active in their own journey to recovery.

I feel privileged that the participants at MHACA have allowed me the opportunity to be involved in their lives; and I admire the courage, strength and determination that I have witnessed in people on their pathway to recovery.

The staff and management have a true commitment to supporting individuals in their recovery and to breaking down barriers and stigma surrounding mental illness by promoting individual inclusiveness in the community, and community awareness of mental illness.

I am proud to be a part of such a great organisation and hope to be involved with MHACA for many years to come.
The StandBy Response Service was established in Central Australia with MHACA as its lead agency in September 2013. The service works with families, friends and communities in their bereavement through suicide. The StandBy service is available to anyone affected by a death by suicide, even if the loss occurred many years ago or happened outside this region. The program can provide support and training to emergency service workers and it can help to increase the capacity of communities to support those bereaved by suicide.

It made sense to position the program with MHACA and to give recognition to the importance of suicide postvention (support after suicide) as a distinct strategic focus of the broader national and local suicide prevention activities. In particular, MHACA has held an important and crucial role in relation to suicide prevention in this region through its Life Promotion Program since 2001.

The purpose of engaging with StandBy in this region was to continue to provide a coordinated response for people bereaved through suicide across the Central Australian region, but to do so under the framework of a credible evidence based practice. StandBy’s entry into the Central Australian space has not been without its challenges including the timing of its arrival at MHACA during a time of major organisational transition.

The StandBy Response Service will this year continue to ensure that the expertise and knowledge of Central Australia in relation to loss, grief, trauma recovery and cultural safety is well embedded into the support after suicide response service in this region.

Much gratitude is extended to the two previous coordinators of StandBy Response Service. Their efforts in supporting families and workers affected by deaths by suicide across Central Australia throughout 2013 and 2014 are to be acknowledged. Feedback received from those who accessed the support provided during this time was extremely positive.

Almost twenty people have died by suicide across the whole of the Northern Territory this year. These deaths have affected not only immediate family members, but friends, extended family, work colleagues, emergency service workers and local communities. The numbers this year are low and whilst it’s difficult to link any one initiative with this data, it is worth reflecting and honouring the wide ranging efforts that work to support those at risk of suicide and those bereaved by suicide across the regions. Some exciting new initiatives are planned for this next financial year including the developing of some culturally relevant resources to accompany the program for the purpose of improving the engagement of the service with Aboriginal families in the region. Training will be offered to service providers in suicide bereavement and greater efforts to engage emergency service workers and people with a lived experience of suicide bereavement will help to enhance the support and guidance available.
Mental Health Promotions Unit

The Unit is responsible for key programs of Suicide Story; Communications and Engagement; Training and Development and Corporate Communications.

The Mental Health Promotion Unit has undergone a significant transformation in its staffing complement.

The team of five is responsible for mental health promotion in Central Australia. We do this through awareness raising programs; coordinating events like World Suicide Prevention day and Mental Health Week; and delivering community education and training programs. We also work with communities to strengthen their capacity to understand and deal with mental unwellness, and take action to prevent the occurrence and trauma caused by suicide.

Training and Development

A total of 110 people – community members and service staff - participated in Mental Health First Aid courses, ASIST and safeTALK workshops throughout the year and walked away with increased knowledge and skills to be able to talk about mental health and suicide prevention in a more informed and capable way. We trained seven staff members – three in ASIST; one in safeTALK and three in Mental Health First Aid, increasing our training and education capability.

Our Training and Development Coordinator commenced with MHACA in May 2015. MHACA is developing a training plan that will provide more avenues through which we can educate and de-stigmatise mental unwellness in Central Australia.

MHACA’s capacity to be more responsive to community training needs in Mental Health have been increased over the last 12 months. In 2015/16, we look forward to providing more training in communities, for Industry and workgroups in our bid to reduce the stigma around mental unwellness and bring about a change in how we engage with people who are mentally unwell.
Suicide Story

Suicide Story is a skills based workshop, grounded in the practice of two-way learning, the program continues to receive significant interest from Aboriginal communities throughout Australia for its delivery.

In 2014-15, the team delivered seven workshops, four in communities – Ali Curung, Arlparra, Mutitjulu, Katherine; and three in Alice Springs and Darwin. A total of fifty-seven Aboriginal people and twenty non Aboriginal people participated in these seven workshops.

A Training for Trainers workshop was also held in Alice Springs with thirteen Facilitators graduating. Eight of these facilitators have delivered at least one Suicide Story training session since their graduation.

This year, members of the Suicide Story Aboriginal Advisory Group and some Facilitators of the Program have commenced their Cert IV Training and Education (TAE) at the Batchelor Institute for Indigenous Education.

We also welcomed our first full time Aboriginal Project Coordinator in October 2014. A significant success for Suicide Story in that we are able to provide support to communities and facilitators alike.

We continue to get requests for the delivery of Suicide Story in communities of the Northern Territory, South Australia and Western Australia. Our aim is to fulfil as many of these requests as possible so that Aboriginal people have a suicide prevention resource and capacity within their communities. However, our ability to meet demand is severely restricted by the resources we have available to deliver the workshops and we are working on strategies to ensure that we will be able to meet the demand in the future.

Suicide Story has been developed over a number of years by MHACA in partnership with the Aboriginal people of Central Australia and the Barkly. The Program was developed in response to the increasing incidence of suicide in Aboriginal communities – a concept that was absent in these communities until recently. 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. It builds on the inherent strengths and capabilities of Aboriginal people and their lore, providing communities with a suicide prevention resource.

An essential component of the program is the Suicide Story Aboriginal Advisory Group (SSAAG). Made up of Aboriginal allied health workers and community members from the Top End, Barkly and Central Australia, this group works with MHACA to maintain the integrity of the program, ensure cultural safety, support community follow up and delivery of the community safety plans that are developed as part of Suicide Story. The SSAAG has advised MHACA throughout the program development and implementation, supporting MHACA staff, Suicide Story Facilitators and communities over time.

The SSAAG met four times this financial year and presented at the Creative Futures Conference in Cairns. Suicide Story was also nominated for a LIFE (Living is For Everyone) Award and made it to the finalist list at the 2015 National Suicide Prevention Australia Conference.

“This is a story of many people and it needs to be told. Our spirit feels sad for those that take their own lives. We all need to share stories so that we may help keep our spirits strong.”
In this last financial year, MHACA was able to conduct several community events, a large number of which attracted participant involvement. These included:

- Mental Health Week, Stress Less Day in the Park attracted a broad audience of community members and professionals, where information stalls with interactive activities, a drumming circle, music and radio interviews of participants were conducted.

- World Suicide Prevention Day. Raising awareness of suicide and its prevention in the broader community, the event also served to remember those who the community has lost to suicide. Music, a smoking ceremony by the Elders and a commemoration for people touched by suicide formed part of the program with speeches from Mayor Ryan and people with a lived experience made for a poignant and memorable event.

- R U OK? Day, MHACA held a luncheon at its new premises, inviting participants from all services in Alice Springs and its stakeholders to come together and promote simple but key messages around suicide prevention.

- Schizophrenia Awareness Week, participants and stakeholders were invited to a gathering where poetry and readings from writers with a lived experience were read and a participant shared his experience and journey to recovery.

MHACA obtained funds from the NT Mental Health Coalition to support the delivery of an Industry workshop at the NTCOSS Conference held in Alice Springs in May 2015. Nic Newling, from “Talking about Mental Health...” and the Black Dog Institute was engaged to attend as guest speaker. Nic was able to engage with MHACA participants and stakeholders during the course of three events held. His story of resilience and recovery captured the audience's attention and requests for his return, especially to be able to speak to the schools, were received.

In 2015/16, MHACA is looking forward to sustained activity in community, on the internet and in social media to raise awareness of mental unwellness and suicide prevention so that we have an informed community that deals with care and understanding for people who are unwell and need our help.

“Supporting our communities to understand mental unwellness is a priority for MHACA. We do this by engaging communities in various events and community education activities.”
We in Corporate Services have had a year of change. At the beginning of the year, we began a transformation in asset and data management. We also embraced a new logo and branding for the organisation and to round out the start of the 2014 financial year, we purchased a new building and began and finished construction. Each new endeavour was met with organisation and efficiency, the team met each challenge with new ideas and enthusiasm.

Finance

In 2014/2015 the Finance Department continued improvement of our cash management systems. We trained staff in many aspects of finance and encouraged staff to participate in external training to improve their personal as well as professional knowledge. We overhauled the asset management system, auditing each and every asset listed item, updating cataloguing and controlling the assets MHACA currently possesses and creating a plan for purchasing assets in the future. As a not-for-profit we constantly seek to maximise our efficiency and utilise the effectiveness of our cash management while continuing to provide the best services possible to our participants and the community. The purchase of the new building was one of the events that came out of the asset management study.

We determined it was better use of resources to own a purpose built building than to continue to spend money on a premises that had become out of date and was eating up revenue rather than producing revenue. We are pleased that the year ended with a surplus from operating activities.

Quality Improvement and Accreditation

After exploring several accreditation options, in February 2015 MHACA signed a three year accreditation contract with respected provider (QIP). MHACA’s accreditation process will see us aiming for accreditation against two sets Mental Health Services, and the QIC Health and Community Services Standards. Achieving accreditation against both of these standards will provide assurance to our participants, funders, and other stakeholders that we are a safety and quality focussed organisation and endeavour to provide our programs and services in line with best practice.

In order to assist the accreditation process and maintain a strong focus on quality improvement
beyond accreditation, we have established internal quality committee to oversee and support all of MHACA’s quality improvement activities. The committee has begun the process of internal review and gaps assessment, and hope to have an external accreditation review in mid-2016.

**Policy development**

The comprehensive review and redevelopment of MHACA’s internal policies and procedures has continued over the last 12 months. In the last year we have reviewed and redeveloped a large number of priority identified policies and procedures in the areas of work health and safety, human resources, mandatory reporting, and complaints and feedback.

While the policy review and development process is in essence an ongoing task, the work that is currently being undertaken, and which was identified as a key task in our 2014-2016 Strategic Plan is significant in that the organisation’s entire policy and procedures manual is being re-written from scratch. In doing this we endeavour to ensure that the policies and procedures are relevant and appropriate to all of our stakeholders, so each new policy involves extensive research, and consultation with staff and participants before being presented to the Board for approval. This is a time consuming but very worthwhile process which will set us in good stead for our accreditation process. We aim to have 70-80% of our policies and procedures updated by the time of our External Review in mid-2016.

**HR**

MHACA believes that people are our greatest asset and in 2014/2015 we saw a decrease in staff turnover and an increase in staff satisfaction. We began the year by updating all of the current HR files. We saw the approval of new HR policies and procedures, including the Learning and Development Policy and Procedure, which has contributed to a MHACA wide improvement in the knowledge base of Staff and Participants.

**WHS**

This year, we have continued to make safety a high priority, training staff to deal with difficult behaviours and situations. Keeping our people safe is very important at MHACA. We have increased the activity of the WHS Committee, and education about Safety in the Workplace. The greater involvement of all staff and participants in safety has led to improvement in the management of workplace incidents and have greatly benefited the response times and resolution of problems.

**Housing**

MHACA has a long history of providing affordable, supported housing, unfortunately this was again not fully funded by government in 2014/2015. Even with the lack of government funding, the Corporate Services Team undertook a redevelopment of the Housing program. We started the year by looking at a three year cycle of expenditure and prepared an evaluation report on the current housing program. Through this report we identified some areas that needed improvement in the maintenance of our current housing program, and completed all of the property improvements, including safety inspections of all properties, MHACA owned as well as MHACA subleased properties. We upgraded all of the electrical boxes to be assured they meet all current safety standards and improved the current fire alarm systems in all properties. We started the process of a joint Housing Team meeting, bringing together members from a cross sections of agencies, to begin the development process re-evaluating our current Housing Policies and Procedures. Not having a permanent home leads to stress and anxiety. MHACA recognise the importance of Housing, but need to determine the best use of our current resources to achieve the best outcomes for participants.
Treasurers Report

"With the added bonus of a permanent base, MHACA looks to the future with confidence and is well placed to provide best practice mental health services to all Central Australians."

I am pleased to present the Treasurer’s report on behalf of the Board of the Mental Health Association of Central Australia.

I hereby submit a statement in accordance with the Financial Statements and the Audit Report of the organization for the year ended 30 June 2015 including:

- Income Statement
- Statement of Financial Position; and
- Notes to these above Financial Reports

The financial accounts, as presented have been independently audited by Deloitte Touche Tohmatsu, Alice Springs. The 2014/15 Financial Statements presented show that the organization has made a surplus of $509,318 for the financial year. As at 30 June 2015 the organization had total equity of $2,853,367. The Financial Statements present the organization in a stable financial position.

Financial Results 30 June 2015

Income Statement

This year’s financial position has ended with a surplus of $509,318.

I would like to point out the following in relation to the income and expenditure during the 2014/15 financial year:

- Actual income received is $3,310,475 which is an increase of 46.5% over the previous year’s total of $2,258,916
- Total expenses are $2,801,157 which is an increase of 23.5% over the previous year’s total of $2,268,840. This increase has been largely influenced by a 7% increase in employee benefits expense and expenditure in relation to the relocation

Balance Sheet

The equity position has had an increase which is explained by the surplus for the financial year. The current asset ratio as at 30 June 2015 was 3.76:1 (2014: 1.96:1).

General Comments:

Overall, the organization is in a solid financial position which was a major factor in our decision to acquire our own premises early this financial year. With the added bonus of a permanent base, MHACA looks to the future with confidence and is well placed to provide best practice mental health services to all Central Australians.

I would like to acknowledge the support of all MHACA staff who have continue to make my contribution to the organization much easier, but would like to single out Janet and Paul for their efforts.

It is my recommendation that this financial report for the 2014/15 financial year be accepted.

Stephen Marshall
Treasurer
22 August 2015

The Chairperson
Mental Health Association of Central Australia Inc
P O Box 2326
ALICE SPRINGS
0871

Dear Madam/Sir

The Objective and Scope of External Audit Services

You have requested that we audit the financial report, being a special purpose financial report which comprises the statement of financial position as at 30 June 2015 and the income statement for the year then ended, note comprising a summary of significant accounting policies and other explanatory information, and statement by the management committee.

We are pleased to confirm our acceptance and our understanding of this engagement by means of this letter. This letter and our standard terms and conditions, which are enclosed with this letter, set out the basis on which we will provide our services to you.

Our audit will be performed pursuant to the requirements of the Associations Act, with the objective of expressing an opinion on the financial report. We will conduct our audit in accordance with Australian Auditing Standards. Those Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

Accordingly, we will undertake this engagement with the objective of reporting to the members of the organization on the financial report in the format outlined in the example Independent Auditor’s Report as per Appendix A. It should be noted that there may be circumstances in which our report may differ from its expected form and content based on our audit findings.

An audit involves performing audit procedures to obtain audit evidence about the amounts and other disclosures in the financial report. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial report.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, there is an unavoidable risk that some material misstatement may not be detected, even though the audit is properly planned and performed in accordance with Australian Auditing Standards.

In making our risk assessments, we consider internal control relevant to the entity’s preparation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. However,

we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the financial report that we have identified during the audit.

Audit opinion on funding bodies

In addition to our audit opinion on the special purpose financial statements as a whole, we will audit the special purpose statements of income and expenditure to be submitted to your funding bodies in accordance with grant funds.

We will conduct our audit in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the statements are free of material misstatement. Our procedures will include examination, on a test basis, of evidence supporting the amounts and other disclosures in the statements, and the evaluation of accounting policies.

Our audit will be conducted on the basis that management and where appropriate, those charged with governance acknowledge and understand that they have the responsibility:

(a) for the preparation of the financial report in accordance with the Act;
(b) for such internal control as management and those charged with governance determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error; and
(c) to provide us with:
(1) access to all information of which management and those charged with governance are aware that is relevant to the preparation of the financial report such as records, documentation and other matters;
(2) additional information that we may request from management and those charged with governance for the purpose of the audit; and
(3) unrestricted access to persons within the entity from whom we determine it necessary to obtain evidence.

As part of our audit process, we will request from management and those charged with governance, written confirmation concerning representations made to us in connection with the audit.

We request that where any document containing the financial report indicates that the report has been audited, our auditor’s report will also be included in the document.

Independence

We confirm that, to the best of our knowledge and belief, we are independent of the organization in accordance with the independence requirements of the applicable professional standards (the “Independence Rules”).

Independence matters relating to the provision of services

Deloitte and management will work together to assist Deloitte in maintaining independence and ensuring compliance with the Independence Rules.

Management confirm that they will not engage Deloitte or accept any service from Deloitte that could impair Deloitte’s independence under the Independence Rules. All potential services are to be discussed with Deloitte.

Independence matters relating to hiring
Deloitte.

Management will coordinate with Deloitte to ensure that Deloitte’s independence is not impaired by hiring former or current Deloitte partners or professional employees (who are currently providing services to you or who have provided services to you within the last 12 months) in a role that could cause violation of the Independence Rules.

Subject to confidentiality obligations, management will ensure that they discuss all employment opportunities for a former or current Deloitte partner or professional employee with Deloitte before entering into substantive employment conversations with the former or current Deloitte partner or professional employee.

Electronic Presentation of the Audited Financial Report

It is our understanding that the entity intends to electronically present the audited financial report and auditor’s report on its internet web site. Responsibility for the electronic presentation of the financial report on the entity’s web site is that of the governing body of the entity. The security and controls over information on the web site should be addressed by the entity to maintain the integrity of the data presented. The examination of the controls over the electronic presentation of the audited financial report on the entity’s web site is beyond the scope of the audit of the financial report.

Fees

We look forward to full co-operation with your staff and we trust that they will make available to us whatever records, documentation and other information requested in connection with our audit.

Our fees, which will be billed as work progresses, are based on the time required by the individuals assigned to the engagement plus out-of-pocket expenses. Individual hourly rates vary according to the degree of responsibility involved and the experience and skill required.

In addition a charge equal to 5% of the aggregate professional fees will be charged to cover indirect costs associated with the engagement relating to telephone calls, facsimile transmissions, printing, photocopying and postage.

This letter will be effective for future years unless it is terminated, amended or superseded.

Please sign and return the attached copy of this letter to indicate that it is in accordance with your understanding of the arrangements for our audit of the financial report.

Yours faithfully

DELOITTE TOUCHE TOHMATSU

Edna Dry
Partner
Chartered Accountants

Acknowledged and accepted on behalf of the Mental Health Association of Central Australia Incorporated:

Chairperson

Date

3/10/15
MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INCORPORATED

To
DeLoitte Touche Tohmatsu
PO Box 1796
ALICE SPRINGS
0871

Dear Ms. Dry

REPRESENTATION LETTER - YEAR ENDED 30 JUNE 2015

This representation letter is provided in connection with your audit of the financial report and acquittal of grant funding for the year, for the purpose of you expressing an opinion as to whether the financial report is, in all material respects, in accordance with relevant legislation, including compliance with applicable Australian Accounting Standards (including the Australian Accounting Interpretations).

We acknowledge our responsibility for the preparation and fair presentation of the financial report in accordance with the relevant legislation and for the preparation of accrual statements in accordance with the relevant funding conditions, including:

(a) giving a true and fair view of the entity’s financial position at year end and of its performance for the year ended; and
(b) complying with applicable Australian Accounting Standards (including Australian Accounting Interpretations).

We confirm that:

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement, for the preparation of the financial report in accordance with Australian Accounting Standards, in particular the financial report is presented fairly, in all material respects in accordance therewith.

2. We have provided you with:
   - Access to all information of which we are aware that is relevant to the preparation of the financial report such as records, documentation and other matters;
   - Additional information that you have requested from us for the purpose of the audit;
   - Unrestricted access to the persons within the entity from whom you determined it necessary to obtain audit evidence; and
   - All requested information, explanations and assistance for the purposes of the audit.

3. All transactions have been recorded in the accounting records and are reflected in the financial report.

4. We are responsible for the design, implementation and maintenance of internal control to prevent and detect fraud.

5. We have disclosed to you the results of our assessment of the risk that the financial report may be materially misstated as a result of fraud.

6. There has been no fraud or suspected fraud affecting the entity involving management, employees who have significant roles in internal control or others where the fraud could have a material effect on the financial report.

7. There have been no allegations of fraud, or suspected fraud, affecting the entity’s financial report communicated by employees, former employees, analysts, regulators or others.

8. There have been no instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial report.

9. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

10. We have disclosed to you the identity of the entity’s related parties and all the related party relationships and transactions of which we are aware.

11. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of Australian Accounting Standards.

12. All known actual or possible litigation and claims whose effects should be considered when preparing the financial report have been disclosed to you and accounted for and disclosed in accordance with the Australian Accounting Standards.

13. The effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial report as a whole. A summary of such items is attached to the representation letter as Appendix A.

14. All events occurring subsequent to the date of the financial report and for which Australian Accounting Standards require adjustment or disclosure have been adjusted or disclosed within the financial report.

15. The selection and application of accounting policies as described in the notes to the financial report are appropriate.

16. We have no plans or intentions that may affect the carrying value or classification of assets and liabilities.

17. Liabilities, both actual and contingent, have been properly recorded and, when appropriate, adequately disclosed in the financial report.

18. The entity has satisfactory title to, or control over all assets and there are no liens or encumbrances on such assets that have not been disclosed nor has any asset been pledged as collateral.

19. We have properly recorded and, when appropriate, adequately disclosed in the financial report the effects of any laws, regulations and contractual agreements on the financial report, including non-compliance.

20. We have communicated to you all deficiencies in internal control of which we are aware.

We understand that your audit was conducted in accordance with Australian Auditing Standards and was, therefore, designed primarily for the purpose of expressing an opinion on the financial report of the entity taken as a whole, and that your test of the financial records and other auditing procedures were limited to those which you considered necessary for that purpose.

Yours faithfully

[Signature]
Chairperson, Governance Member

Date: 25 October 2015

2014–2015 ANNUAL REPORT 27
MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC

SUMMARY INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015

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<tr>
<td>Grant income</td>
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<tr>
<td>Interest income</td>
<td>22,830</td>
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<td>Fees recovered</td>
<td>23,527</td>
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<td>Rent income</td>
<td>54,809</td>
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<tr>
<td>Other income</td>
<td>26,643</td>
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<td>Total income</td>
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<tr>
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<tr>
<td>Employee benefits expense</td>
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<td>Depreciation and amortisation expense</td>
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<td>60,928</td>
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<td>Program costs</td>
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<td>Insurance</td>
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<td>Interest charges</td>
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<tr>
<td>Minor equipment purchases</td>
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<tr>
<td>Repairs &amp; Maintenance Expenses</td>
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<tr>
<td>Rent expense</td>
<td>198,053</td>
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<td>Operating expenses</td>
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<td>Total expenses</td>
<td>2,891,157</td>
<td>2,268,837</td>
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<tr>
<td>Operating surplus</td>
<td>599,318</td>
<td>(9,921)</td>
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Accumulated funds at the beginning of the year: 1,688,588
Accumulated funds at the end of the year: 2,197,906
Asset revaluation reserve: 7
655,461

Total Equity at the end of the year: 2,853,367

Notes to the financial statements are included on pages 7 - 9.

MENTAL HEALTH ASSOCIATION OF CENTRAL AUSTRALIA INC

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2015

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<tr>
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<tr>
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<tr>
<td>CURRENT ASSETS</td>
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<tr>
<td>Cash</td>
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<td>TOTAL CURRENT ASSETS</td>
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<tbody>
<tr>
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<tr>
<td>NON-CURRENT ASSETS</td>
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<tr>
<td>Property, plant and equipment</td>
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<td>Investment shares</td>
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<td>TOTAL NON-CURRENT ASSETS</td>
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<td>TOTAL ASSETS</td>
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<tr>
<td></td>
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<tr>
<td>CURRENT LIABILITIES</td>
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<tr>
<td>Creditors and borrowings</td>
<td>76,531</td>
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<tr>
<td>Provision for annual leave</td>
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<td>Unexpended grants</td>
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<td>278,480</td>
<td>529,546</td>
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<tr>
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<tr>
<td>NON-CURRENT LIABILITIES</td>
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<tr>
<td>Provision for long service leave</td>
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<tr>
<td>Commercial loan</td>
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<td>TOTAL NON-CURRENT LIABILITIES</td>
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<tr>
<td>TOTAL LIABILITIES</td>
<td>1,742,490</td>
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NET ASSETS: 2,853,367

EQUITY

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<tr>
<td>Asset revaluation reserve</td>
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<td>655,461</td>
</tr>
<tr>
<td>Accumulated funds</td>
<td>2,197,906</td>
<td>1,688,588</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>2,853,367</td>
<td>2,344,049</td>
</tr>
</tbody>
</table>

Notes to the financial statements are included on pages 7 - 9.
Values

We are 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.

We 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.

We 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.

We are INCLUSIVE
We acknowledge the cultural diversity in Central Australia, especially the many Aboriginal communities as Australia’s first peoples, and immigrants to Australia. 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.

We are 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.

We promote 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.

MHACA is committed to complying with the National Mental Health Standards in everything we do.