

# **Mental Health Foundation ACT Inc.**

## **Annual Report**

# **2016-2017**



[www.mhf.org.au](http://www.mhf.org.au)

*The above image is from a painting contributed by an anonymous former MHF Participant.  
The images on the bottom of most pages of this report have been extracted from the same painting.*



# **Vision**

*Creating Hope, People First, Better Mental Health*

## **Mission Statement**

*Through innovative, quality services, we provide choice and control for people in meeting their individual mental health needs.*



# CONTENTS

Values.....	5
Strategic Plan 2014 – 2017.....	6
Aims 2014 – 2017 .....	6
President’s Report .....	7
Organisation Chart.....	8
MHF Board Membership .....	9
MHF Senior Staff 2016 – 2017 .....	11
Executive Officer’s Report .....	13
Model of Care .....	14
Outreach Services .....	15
PhaMs .....	15
Outreach / NDIS .....	15
Outreach Activities .....	16
Accommodation Services .....	17
Participant Respite .....	17
Carer Respite .....	17
Supported Accommodation .....	18
Psycho Social Group Support.....	19
The Rainbow .....	19
My-High-Five .....	20
Communications .....	20
Volunteers.....	21
Human Resources .....	21
Quality Report.....	21
Events.....	22
Sponsors.....	23
Treasurer’s Report.....	24



# VALUES

The values that underpin all our services are:

<b>Hope Empowering Choice</b>	<i>Creating Hope to Empower Choice</i> Promoting recovery and enabling better lives through hope. Discovering personal strengths and cultivating growth.
<b>Upholding Respect</b>	<i>Passionate Pursuit of Respect for the Individual</i> Valuing individual rights, dignity and self-worth. Respecting diversity, acting ethically, and promoting equity with fairness.
<b>Safety and Quality</b>	<i>Providing a Stable, Nurturing Environment.</i> Fostering trust, transparency and consistency in a physically, emotionally and culturally safe environment with a focus on continuous improvement.
<b>Proactive Participation</b>	<i>Promoting Social Integration.</i> Responding to community engagement opportunities. Taking initiative to enhance fellowship, inclusion and collaboration.
<b>Inspiring Innovation</b>	<i>Encouraging and Creating Opportunity.</i> Creative planning, developing potential opportunities and reinvesting to achieve a sustainably viable organisation.



# **Strategic Plan**

## **2014-2017**

The MHF Strategic Plan 2014-2017 has enabled MHF to fulfil its mission through realigning service delivery that aims to meet people's needs, leading to people having an ordinary life.

The Plan helped to ensure that people living with mental illness are the drivers of the organisation through the new individual funding model and supported by a strong and valued organisation.

## **Aims 2014-17**

1. Support people on their mental health journey
2. Improve lives through community acceptance and social inclusion
3. Design and deliver a choice of innovative quality services
4. Build a strong and valued Mental Health Foundation ACT Inc.



## President's Report

The 2016/17 financial year has again been challenging for both the Foundation and our clients. We have progressed steadily with an increasing number of clients choosing services provided by the Foundation.

The fee structure provided by the National Disability Insurance Scheme is a challenge on its own with balancing the skills and experience we require in our staff. Also, our clients report concerning ad-hoc, unplanned reviews of their individual plans which cause unnecessary concern.

In early 2017 we commenced our future planning with workshops for our Strategic Plan for 2017 to 2020. Our new Plan reinforces the pride we take in our Vision, Creating Hope, People First, Better Mental Health. With this Vision, we continue to plan and co-design services with people who have the lived experience with mental illness. Our aim continues to be to support our clients and provide a quality of life and assist clients to live with and manage their mental health.

We welcome the Fifth National Health Plan and endorse its vision for consumers and carers to be at the centre of the way in which services are planned and delivered. We also look forward to being able to contribute positively to the establishment of the new Office of Mental Health for the ACT. We remain proud members of the Mental Illness Fellowship of Australia and applaud the great advocacy work.



I extend warm appreciation to fellow Directors for their valuable work and support.

To our staff, a big thank you. Your pride is evident in your continued contributions to the development and improvement of our services and your continuing commitment to supporting recovery for our clients.

*Maree Vella*, MHF President









# Mental Health Foundation ACT

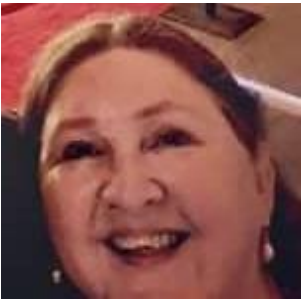





# MHF Board Membership

## 2015 - 2016

<b>President</b>	Maree Vella	
<b>Vice President</b>	Paul McGinness	
<b>Treasurer</b>	Dave Talbot	
<b>Secretary</b>	Janine Robertson	



<b>MEMBERS</b>	Shelley Clarke	
	Trixie Makay	
	Brien Hallett	
	Angela Ingram (Executive Officer)	







# MHF Senior Staff

## 2015 - 2016

<b>Executive Officer</b>	Angela Ingram	
<b>Deputy Executive Officer</b>	Rahman Atan	
<b>Corporate Services Manager</b> (incl HR)	Karen McKernan	
<b>Finance Officer</b>	Angie Tadd	



<b>Manager – Accommodation Services</b>	Afia Amoo-Oluka	
<b>Manager – NDIS &amp; Outreach Services</b>	Shahrin Ariff	
<b>Manager – Rainbow Program</b> (now closed)	Brad Hyde	
<b>Communications &amp; Social Inclusion Coordinator</b>	Lyn Diskon	





## Executive Officer's Report

People talk about the Recovery Journey for people who have the lived experience of mental illness. The people with the lived experience; including carers, volunteers, staff, and MHF Board have been on the journey of identifying who they are within an environment of continual changing goal posts, changing direction, some loss and now renewal.

The paradigm shift from block funding to fee for service via individualised funding packages, initially very slow and then a rush, has made us all consider why we are here working for the Mental Health Foundation ACT.

The Values of the organisation and the recovery journey of people with the lived experience were tested on multiple occasions and in many ways. However, to re-discover that the person is central to the reason for MHF exists was worth the journey.

Our funding mode may have changed but we still focus on what MHF does well.

I describe this as listening, identifying what people are actually saying about what their needs are, and then enabling people to take the risks that they chose to take to have a quality of life.

It is about walking alongside people, co-designing, being directed by them to meet their needs. Over 100 people chose MHF to start their journey in the world of individualised funding.

MHF has looked at what we do well and focused on the sustainable components of the organisation. We have invested and taken on new technology, and developed a Communications Plan whilst making hard decisions and changing work practices to fit this paradigm of person funded and driven care.



This was done with all levels of the organisation being involved and I would like to thank the whole team.

The whole team at MHF has set out to ensure that this is how we do our business now, to meet new challenges whilst remaining true to the values of MHF and moving towards reaching for the vision:

**Creating Hope, People First, Better Mental Health**

*Angela Ingram* Executive Officer



# MHF Model of Care

	Participant's Journey	MHF	Partners (through negotiation)
1 ↑	<b>Creating Hope</b> I share my vision.	<b>Service Entry</b> <ul style="list-style-type: none"> <li>Initial assessment</li> <li>Introduce recovery model</li> <li>Risk assessment</li> <li>Provide MHF service information and welcome pack</li> <li>Map informal and formal, social and cultural networks</li> <li>Identify cultural needs</li> </ul>	<b>Service Entry</b> <ul style="list-style-type: none"> <li>Referral participant, carer, support coordinator, government, community or primary health care</li> <li>Assign support team</li> <li>Entry and discharge planning</li> <li>Information, assessment and participant plan sharing</li> </ul>
2 ↓	<b>Choice and Goal Setting</b> I decide on my plan.	<b>Support Planning</b> <ul style="list-style-type: none"> <li>Support decision making processes for the development of their plan</li> </ul>	<b>Support Planning</b> <ul style="list-style-type: none"> <li>One coordinated plan for each participant</li> </ul>
3 ↑	<b>Creating Meaning, Purpose and Direction</b> I am putting my plan into actions.	<b>Implementation</b> <ul style="list-style-type: none"> <li>Mentoring, coaching and support</li> <li>Psychosocial support and skills building</li> <li>Social engagement</li> <li>Relapse prevention</li> </ul>	<b>Implementation</b> <ul style="list-style-type: none"> <li>Ongoing coordinated care</li> <li>Relapse prevention and management</li> <li>Early Intervention</li> </ul>
4 ↓	<b>Empowerment and Personal Growth</b> Am I meeting my goals?	<b>Monitoring and Review</b> <ul style="list-style-type: none"> <li>Facilitate plan review to ensure goals and actions meet the needs</li> <li>Liaison and review with all stakeholders</li> <li>Support decision making process</li> <li>Review and adapt psychosocial and social engagement plans</li> </ul>	<b>Monitoring and Review</b> <ul style="list-style-type: none"> <li>Coordinated care review</li> <li>Plan review to ensure goals and actions meet the needs</li> </ul>
5 ↑	<b>Ownership of my Vision</b> <ul style="list-style-type: none"> <li>What's next for me?</li> </ul>	<b>Future Planning</b> <ul style="list-style-type: none"> <li>Assist in the development of future plans</li> <li>Future actions in line with goals</li> </ul>	<b>Future Planning</b> <ul style="list-style-type: none"> <li>Ongoing coordinated care by all stakeholders</li> </ul>



# OUTREACH

## Personal Helpers and Mentors (PHaMs)

The PHaMs program is designed to walk with people experiencing chronic mental illness to make life choices in their own way in their own environment. The program was funded by the Department of Social Services. The Funding for this program was decreased by 33% over this year. This meant that over the year the fulltime equivalent was decreased from 5 to 1. During this time 78 people were transitioned into the National Disability Insurance Scheme whilst maintaining approximately 16 people being facilitated to access the NDIS. There were people who did not get into the NDIS as they did not meet the criteria.

## Outreach / NDIS

The MHF Outreach Program commenced in January 2016 and provides support services to individuals experiencing mental-health issues/concerns. These services include support coordination, mentoring, assistance in activities of daily living, psychosocial community participation and transport.

The program is a fee-for-service or National Disability Insurance Scheme funded service. The program targets people with an NDIS individualised funding package and aims to improve a person's quality of life whilst they are living in their communities.

Our Outreach staff are mobile, which means that services may be provided in the comfort of the participant's home and/or public locations.

The Outreach service adopts MHF's Model of Care. Each participant is made to feel welcome and valued, and is treated with respect, dignity and understanding as a unique person; while their right to privacy, dignity and confidentiality in all aspects of their life is recognised and respected in the program.

The number of MHF Outreach participants increased 315% over the past year.





## **OUTREACH** (cont'd)

### **Outreach Activity includes**

The MHF Outreach Team has participants who have identified the following types of needs:

- Social inclusion activities across the community
- Supported decision making
- Healthy eating (the need to develop skills around nutrition, shopping, cooking, cleaning)
- Budgeting and financial management skills
- Personal hygiene and appearance
- Medication compliance
- Dealing with comorbidity – chronic disease and alcohol/drugs
- Family support and contact with the consumers
- Physical health and activity – tennis, cricket, basketball, rugby, regular walks, playing pool; as well as GP's, physiotherapy and psychologists
- Education and employment – in partnership with employment agencies and volunteering
- Transport strategies
- Looking after pets
- Practical and emotional support

The Outreach Team is guided by the individual participant with the lived experience and by the individual's needs.

***Shahrin Ariff***

Manager – NDIS and Outreach Services



# ACCOMMODATION

## Participant Respite

This program was originally funded by the ACT government and was transitioned into the NDIS. The service was meant to be transitioned by the 1 July 2016. However, the majority of people did not transition into the NDIS until December 2016.

The MHF Board continued to invest in this program throughout the transition time. The capacity of the service has been extended from 3 to 7 beds, and we have value added to this by including breakfast.

The focus of this service is based on a recovery model that is driven by the person. Following a slow start the stay activity increased to 90 bed days per month.

### **T about MHF's Participant Respite Program:-**

*"I leave here feeling re-energised".*

*"The staff are very professional and with the ability to listen to a person's story ..... help them to 'de-brief'".*

## Carers Respite

Carers Respite is aimed at providing respite to Carers so that they can have a break from their caring role.

However, with the roll out of the NDIS, this program's focus changed through a variation of the funding contract from the Department of Social Services. The focus moved from direct Carer Respite to supporting Carers to enable the person with the lived experience to access the NDIS.

Funding for this program was decreased this financial year by 26% from the previous year as the NDIS was rolled across Australia.

Twelve (12) Carers were assisted with 15 participants supported through this program to access the NDIS.

### **N (Carer) & husband A about MHF Participant and Carer Respite:-**

When A is in the MHF respite program, *"I can relax knowing he is safe and being supported by staff who are non-judgemental" .....* *"Now we have hope for life, hope for a future".*



## ACCOMMODATION (cont'd)

*One of the MHF Respite Program houses*



### Supported Accommodation

The Supported Accommodation Program facilitated 8 people to transition to the NDIS. This has enabled them to live in a safe place and build their capacity to live in their community.

The program utilises 3 houses to enable the participants to engage and grow. The service has developed a wraparound service that now includes cleaning if the participant chooses MHF to deliver this service as well. This was supported by 1.39 full time equivalent staff.

The program has also enabled 3 people to transition to their own place to live with outreach supports.

#### **S (& partner W) about the MHF Supported Accommodation Program:-**

MHF is the “*only organisation (government and non-government) which asks ‘what can we help you with?’*” ..... “*has very friendly, respectful staff*”.  
“*I feel safe in the program*”



*Afia Amoo-Oluka*  
Manager, Accommodation Services





# Psycho Social Group Support

## RAINBOW – Psychosocial Rehabilitation Service



The Mental Health Foundation ACT had been providing mental health support services using a psychosocial rehabilitation model to the Canberra community over the past 15 years. The outcome for people who used the service was to have a quality of life and strategies to stay well. The environment in which MHF provided services was and continues to change rapidly.

The Rainbow, a Psychosocial Rehabilitation Program, had provided a place for people living with mental illness in the ACT to participate in social activities and build friendships under a structured and safe environment, free from harassment and stigma. The number of people that utilised the service was between 6 and 25 people per day. Activities included painting, pool, cooking, walks, outings to places of the consumers choice.

In the new environment, block funding from the ACT ceased as of the 30 June 2016. The transition to individual funding through the National Disability Scheme was too slow as the bulk of the participants did not transition until December 2016. This process drew upon the limited resources of MHF.

It was with profound regret that MHF announced that the Rainbow psychosocial rehabilitation service could not be maintained. This MHF Board decision was not taken lightly but with the slow transition to the NDIS funding model the financial risk to MHF was too great.

All participants, carers and staff were supported during the transition and closure of the service.



The Rainbow Service closed its' doors on 22 December 2016.

**Brad Hyde** – Rainbow Program Manager



## Psycho Social Group Support (cont'd)

### My-Hi-Five

Following the closure of The Rainbow, MHF knew that there was an on-going need for psycho-social activities for participants and (former) members of the Rainbow program.

Research was done around what the (former) members of the Rainbow program would like to see and be doing. A monthly program of activities was then devised.

Together with some staff and much discussion with the participants, it was decided to call the new program My-High-Five. The reasons for this name were mostly that people kept high-fiving each other after a successful game – and that it also spells out MHF!



The activities commenced in February with a weekly two-hour session of playing pool. Attendance at first was slow, then as participants became accustomed to the different way of doing things, more began to join in – at times, even the EO was challenged by the participants to a game.

A monthly competition was begun and the activity grew. Sometimes, the group played board games for a change of tempo, but generally stuck to the pool.

Other proposed activities include a craft group, computer activities, cooking and more.

A minimum of at least three (3) people are required to run any of the activities. The fee for each program is the relevant NDIS funding allocation plus any relevant materials / ingredients cost (eg; craft, cooking).



## Communications

### Newsletter

In May and June 2017, MHF produced and distributed a community Newsletter featuring services offered by the organisation, background information about MHF and the My-High-Five activities for the next month. This Newsletter has been very well received by participants, carers, staff and the wider community and continues as a regular publication.



### Staff Bulletin

Also in May 2017, a weekly Staff Bulletin began to be produced. The Bulletin is a method for sharing information between the program areas and the administration area and includes things like when staff are going on leave or opportunities presented by other organisations to assist MHF support our participants and the Key Communications Messages are re-enforced to all.

**Lyn Diskon**, Communications & Social Inclusion Coordinator

# Volunteers

MHF Volunteers have helped to ensure that MHF continues to meet our participants' needs. We would like to thank our Volunteers for the hours in art, music, fundraising events and assisting with running multiple Rainbow activities.

Special Thank you to:

- Chris Van Reyk:
  - Volunteered in the Rainbow working in the music group.
  - Has done this for over three years
  - Has spent time on and off helping to transport members to and from the Rainbow in the past.
- Karina McLean:
  - Volunteered for the Rainbow program as an art group facilitator for the past 15 months.
  - Has helped to encourage participants in her group to socialise.
- Nicholas Driver:
  - A long-time member of the Rainbow program, as well as other MHF services.
  - Helped the Rainbow program for many years with upkeep and handyman work. He has also done this for MHF as a whole.
  - Helped design and set up the Rainbow space in Chifley.
  - He was key to Rainbow / My-High-Five activities, including Pool and BBQs.



***Rahman Atan***  
Deputy Executive Officer



## Human Resources

The workforce remains consistent with more than 50% of the staff having a lived experience and who are willing to identify that the lived experience is an 'ability' not a disability. To add to this 30% of the staff and Board are carers of people with the lived experience.



Currently greater than 90% of staff have appropriate qualifications with the minimum being Certificate IV in Mental Health. The multi-disciplinary team consists of people with the lived experience, cleaners, gardeners, support workers, as well as staff with degrees in counselling, psychology, occupational therapy, social work and nursing.

Staff are provided with both internal and external professional support through regular supervision sessions and our external employee assistance program.

*Karen McKernan* – Corporate Services Manager

## Quality Report

The MHF team has continued to deliver quality services within the framework of the National Standards for Mental Health Services.

MHF has a Continuous Improvement and Risk Management working group, that meets regularly to consider the organisation's policies and procedures and any improvements that could be made. Extensive internal consultation is undertaken in relation to changes to MHF procedures, with staff being given the opportunity to provide feedback on how operations could be improved and streamlined.

MHF will be seeking reaccreditation against the National Standards for Mental Health Services in 2018.

*Karen McKernan* – Corporate Services Manager





## Events – 2015-2016

### *“John’s Mobile Tortoise”*



The ACT Mental Health Foundation hosted “*John’s Mobile Tortoise*” an intimate evening of music celebrating stigma busting and good mental health held on Friday 21<sup>st</sup> October 2016 at Grace Place, Swanson Plaza, Belconnen.

The evening comprised: music by Duncan n. Sargeant with his innovative guitar; quixotic Australian story teller, Mick Brown - singer guitarist whose music helps people both think and be happy; and Amber Nichols - writer and singer as well as Carer of the Year

The MC duties were ably attended to by Robin

Davidson.

Sixty people attended and the staff provided supper of tea and scones with strawberry jam and cream.

### *Mental Health Week*



MHF worked in partnership with mental health services across the ACT in Mental Health Week 2016



In 2016, MHF joined MHCC at the 2016 Mental Health and Wellbeing Expo held in Garema Place during mental health week in October. This event was well attended by both service providers and visitors to the Expo.



## Events – 2015-2016 (cont'd)

### *Close the Gap Day*

An initiative of Oxfam Australia and with the Mental Illness Fellowship of Australia, Close the Gap day is a national day of action to pledge support for achieving Indigenous health equality by 2030.



In March 2017, **MHF** partnered with **St John's Care** to host a lunch to celebrate National Close the Gap Day.



The event was held in the grounds of St John's Church at Reid and was attended by people from the Indigenous and non-Indigenous communities.

## Sponsors



## Treasurer's Report 2016/17

The Board and Staff have actively managed the financial position of MHF for the financial year 2016-17, while continuing to transition to the fee for service operating model under the National Disability Insurance Scheme.

The overall position of 2016-17 was a loss and a reduction in equity. The resulting financial position was predominantly driven by lower than budgeted revenue, but was appreciably better than our anticipated loss due to the proactive management of expenditure throughout the year.



*David Talbot* Treasurer

The 2016-17 year saw the continued implementation of business processes to ensure the MHF can meet the operating, reporting and compliance requirements of the NDIS.

As MHF will continue to operate in this fee for service model, we will refine our business processes and consider alternative revenue sources to ensure MHF continues as a viable and sustainable organisation. This will require internal investment by staff and the Board, but is imperative to improve the net operating results into the future.

The Board will continue to monitor the finances and manage the budget accordingly.



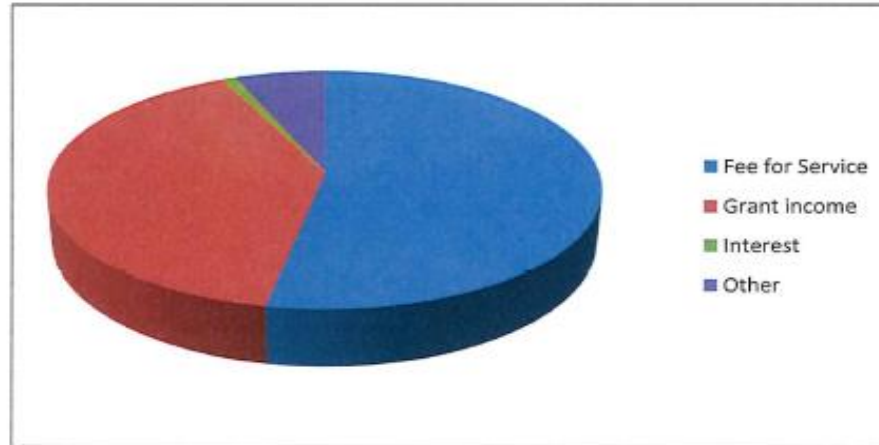
*Angie Tadd* Finance Officer



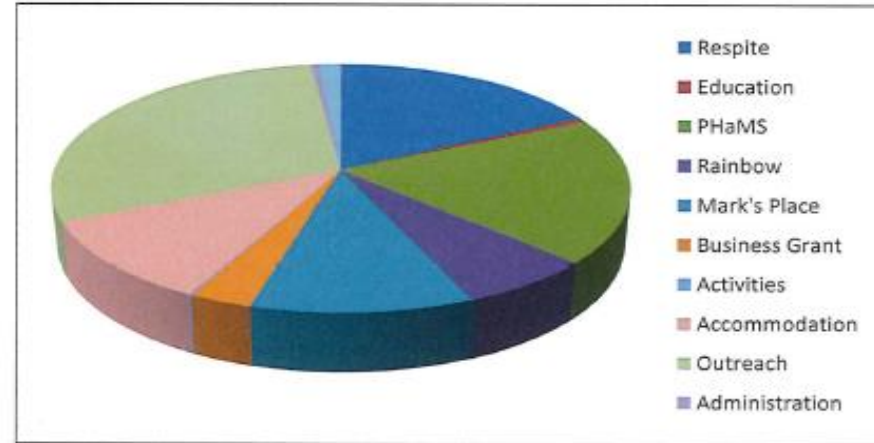


MENTAL HEALTH FOUNDATION (ACT) INCORPORATED  
Financial Statements for The Year Ended 30 June 2017

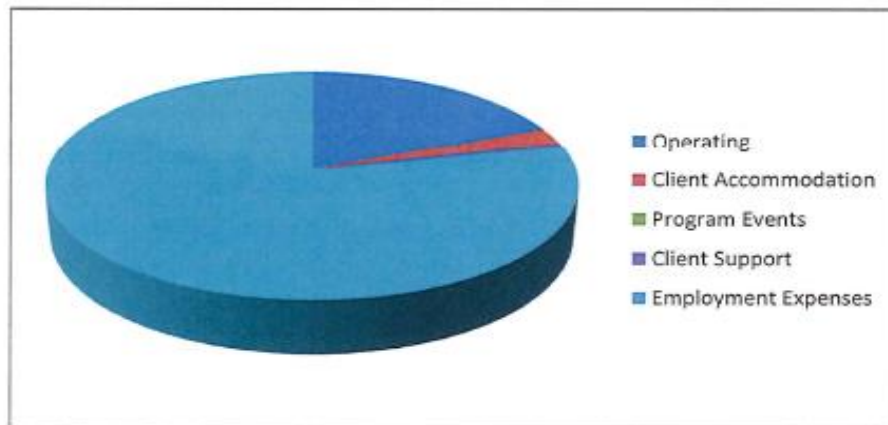
REVENUE



EXPENDITURE BY PROGRAM



EXPENDITURE



	2017	2016
<b>CURRENT RATIO</b>		
Current Assets	876,240	1,049,709
Current Liabilities	216,797	231,809
	<b>4.04</b>	<b>4.53</b>
<b>RETURN ON ASSETS RATIO</b>		
Net Income	1,539,312	1,857,001
Average total Assets	985,441	963,034
	<b>1.56</b>	<b>1.93</b>
<b>RETURN ON INCOME</b>		
(Deficit) Surplus	-125,410.40	139,004.46
Income	1,539,311.64	1,857,001.00
	<b>-0.08</b>	<b>0.07</b>





MHF ACT is a National Disability Insurance Scheme (NDIS) registered provider for people living in ACT and NSW, who are in receipt of NDIS support funding.

MHF can offer services in: - accommodation, employment support, personal assistance and development, group and personal wellbeing activities and life skills.



MHF ACT is proud to be accredited against the National Standards for Mental Health Services.

*The Mental Health Foundation ACT acknowledges the support of*

