

# TEAMhealth



**ANNUAL REPORT**  
**2009—2010**





# TEAMhealth Vision & Values

“A community that understands mental health and the impacts of mental illness and is committed to all people leading full and valued lives.”

TEAMhealth values:

**Respect and Care:** For diverse values, needs, cultures, wellbeing and strengths;

**Empowerment:** All people should be enabled to make informed choices;

**Integrity:** Honest, fair and ethical actions demonstrating transparency, openness and accountability;

**Collaboration:** Working with others in partnership;

**Simplicity:** Clear, uncomplicated and straightforward ways of doing things;

**Quality:** A commitment to strive for constant improvement.

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# TEAMhealth

## Committee of Management

|                    |                              |
|--------------------|------------------------------|
| Dr Allan Skertchly | Chairperson & Public Officer |
| Sue Bradley AM     | Deputy Chairperson           |
| Barry Thomas       | Treasurer                    |
| Thiagus Cheliah    | Secretary                    |
| Nelly Gould        | Committee Member             |
| Greg McNamara      | Committee Member             |
| Fran Pagdin        | Committee Member             |
| Toni Vine Bromley  | Committee Member             |

## COMMITTEE OF MANAGEMENT REPORT

Your COM has worked hard during the year and a lot of work has been done to strengthen governance processes. The regular planned committee meeting program changed from bi-monthly to monthly and the committee met on other occasions to address outstanding issues.

A key focus for this committee has been the development of a 5 year Strategic Plan.

We started the planning process in January and by the end of the financial year the plan was almost complete. The Plan has since been adopted and will form the basis of future directions for TEAMhealth.

One important aspect of the Plan is the clearly articulated set of organisational values. The values are;

Respect and Care: **For diverse values, needs, cultures, wellbeing and strengths;**

Empowerment: **All people should be enabled to make informed choices;**

Integrity: **Honest, fair and ethical actions demonstrating transparency, openness and accountability;**

Collaboration: **Working with others in partnership;**

Simplicity: **Clear, uncomplicated and straightforward ways of doing things;**

Quality: **a commitment to strive for constant improvement.**

These values are not intended to be simply words on paper. They are values which MUST underpin all our activities if TEAMhealth is to meet its vision and mission successfully. We need all members, committee members, management and staff to actively support and work within this values framework on a day to day basis.

Later in this report you can read about specific

TEAMhealth programs. We did not commence any additional programs within the 2009/10 financial year.

TEAMhealth finished the year in a strong financial position and the committee was pleased to receive an unqualified audit. Our Treasurer's report and the financial statements are in this report.

The committee is aware of the many challenges that 2010/11 will bring.

One of those challenges, clearly articulated in our Strategic Plan, is to strengthen our membership base and develop membership support activities.

A membership application form is at the back of this report and we encourage interested people and particularly interested service users to apply.



# TREASURER'S REPORT

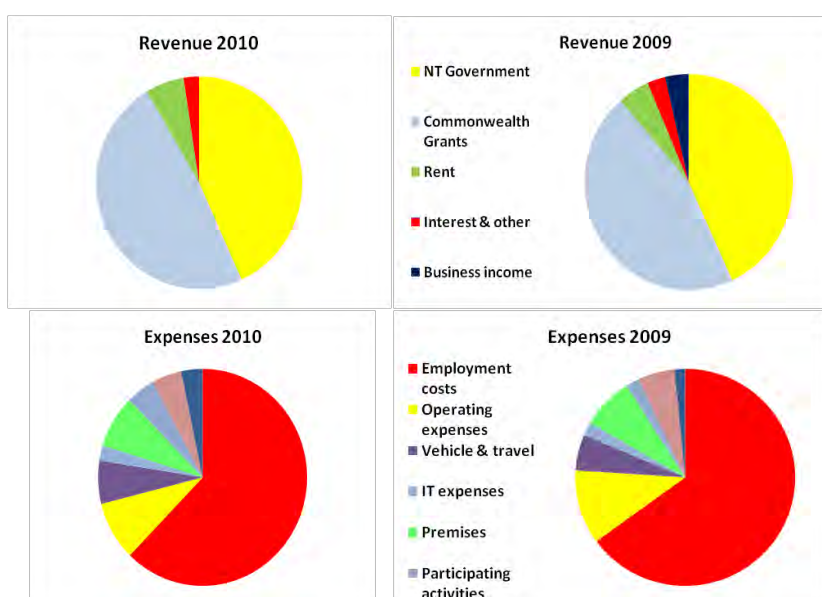
TEAMhealth has during the financial year ended 30 June 2010 consolidated its financial position. Funding from both the Northern Territory Government and the Commonwealth Government has remained approximately the same as 2009 year at \$2.1 M and \$2.3M respectively.

TEAMhealth has however reduced unexpended grants from \$1.9M in 2009 to \$0.6M in 2010 and therefore performed significant more services to our clients.

The following charts give a snapshot of TEAMhealth revenue and expenditure over the past two years.

On an overall basis TEAMhealth is in a strong financial position with increased members funds to \$4.3M (2009 \$3.7M). The auditors, BDO, have provided an unqualified audit opinion.

Barry Thomas  
Treasurer



# CHIEF EXECUTIVE OFFICER'S REPORT



It's been a busy year for TEAMhealth. Our staff have done some outstanding work during the year and have extended services available to our remote and Indigenous participants in Central Australia and the Top End. We have consolidated our housing program with successful applications for funds to develop a community

garden and ongoing upgrades to owned properties. Our admin team has provided high quality support to client services and both teams have worked together in the best interests of our client group. Our sector colleagues have done some great work with us to achieve our mutual goals. We would like to acknowledge in particular the YWCA, Belyuen Community, Dept of Health and Families, Territory Housing, GROW, Somerville, St Vincent de Paul, TEMHCO, NT Shelter and NTCOSS.

The coming year will see an increasing focus on our early

intervention and primary care activities. We will also be consolidating some great work our respite and family and youth services have begun in Nhulunbuy and continuing with the mental health awareness programs which began in 2009/10.

My thanks to our Committee who have provided both myself and the organisation great support and guidance. Thanks also to all staff who have delivered a service they can be proud of. And congratulations to our many participants who are reaching and exceeding their recovery goals.

# 2009—2010 HIGHLIGHTS

## HIGHLIGHT 1

### E-Tracker

Two years of comprehensive research and development culminated in the implementation in April 2010 of the recovery outcomes measurement tool, the E-tracker.

Measuring client outcomes across program areas and staff the tool offers the first opportunity to deliver rigorous tested analysis of our success.

## HIGHLIGHT 2

### Early Intervention/ Mental Health Awareness

TEAMhealth has delivered a range of group based early intervention and mental health awareness programs. Drum Beat is a program which uses the activity of drumming to inform and educate people about drug/alcohol and mental health issues. The program has been enthusiastically delivered and received amongst young people in schools throughout Darwin and in Indigenous communities of the Top End. Other programs include parenting groups, the Art Project at Kormilda College and well being programs in Indigenous Communities.

## HIGHLIGHT 3

### Community Events of the Top End

TEAMhealth has provided mental health awareness raising events in Darwin, Belyuen, Katherine and Batchelor Communities throughout the year, reaching over 2000.

Working closely with a range of other agencies TEAMhealth's FaYS, Respite, RAP, PHaM and D2DL programs have spread the word about good mental health.



# TEAMhealth MANAGEMENT TEAM



**KIRSTY CARTER, CHIEF EXECUTIVE OFFICER**



**LISA PAYNE, CHIEF FINANCIAL OFFICER**



**MELISSA HEYWOOD, OPERATIONS MANAGER**



**TONY WILLITS, MANAGER COMMUNITY  
OUTREACH PROGRAMS**



**ANTHONY SMITH, MANAGER, RESIDENTIAL  
RECREATION AND RESPITE**



# REVIEW OF PROGRAMS

## **Funded by Northern Territory**

### **Government Department of Health and Families**

Recovery Assistance Program (RAP)

Long Term Accommodation Program (The Manse)

Sub Acute Care Program

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## **Funded by the Australian Government**

### **Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)**

Personal Helpers & Mentors

Family & Youth Services (FaYS)

Respite Top End

Respite Central Australia

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## **Funded by the Commonwealth**

### **Department of Health and Ageing**

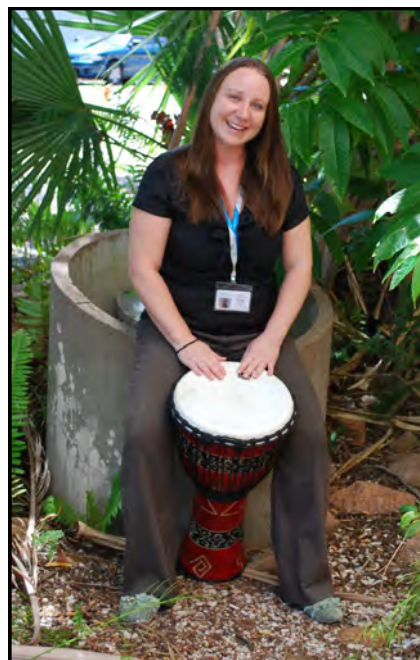
Community Aged Care Packages (CACP)

Day to Day Living Program (D2DL)

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## **Other**

Community Housing Program (CHP)



# RECOVERY ASSISTANCE PROGRAM (RAP) & COMMUNITY HOUSING PROGRAM (CHP)

The Recovery Assistance Program, affectionately referred to as RAP, provides outreach psychosocial rehabilitation to individuals with a diagnosed mental illness in the Darwin, Palmerston and Katherine area.

In keeping with TEAMhealth's admission statement the RAP team recognises that the work we do assists people with a mental illness to develop and maintain their optimal social potential.

The greatest satisfaction that is felt by the members of the RAP team comes from the achievement of goals set by those that we support.

This can range from seeing a person catch a bus by themselves for the first time in years, to a person successfully gaining employment. Each individual identifies their own goals in the key areas of living, learning, working & socialising and is supported to achieve them.

RAP Darwin is currently supporting 46 individuals, while RAP Katherine is supporting 16 individuals.

The RAP team consists of a Team Leader and four full time and one part time Psychosocial Rehabilitation Workers (PRW's). The team operates in Darwin and Katherine.

RAP Darwin work very closely with our main stakeholder, Top End Mental Health Services (TEMHS). The clinical support and access to qualified psychiatric nurses, doctors and psychiatrists is a vital component that assists greatly in the RAP team being able to deliver quality service and support.

RAP Katherine is privileged to have the amazing Kay Barnett supporting participants. In fact you would be hard pressed not to be supported in some way by Kay should you live in Katherine. The success of the RAP program in Katherine is largely due to the tireless work of Kay and her ability to get the job done. This has resulted in the development of partnerships with nearly all service providers in the Katherine area and very strong links with TEMHS.



# RECOVERY ASSISTANCE PROGRAM (RAP) & COMMUNITY HOUSING PROGRAM (CHP)

TEAMhealth provides a range of medium to long term housing options for people with a diagnosed mental illness in the Darwin and Palmerston areas. Housing options include single, share, mobility, family and female only residences.

The primary aim of the CHP is to provide safe, secure and sustainable housing that promotes independence. Whilst the CHP is not supported accommodation, residents of the CHP are supported in their recovery by the RAP and other TEAMhealth programs such as the Family and Youth Services (FaYS) and the Community Aged Care Package (CACP) team.

At the end of the 2009/2010 financial year the CHP had 32 placements filled out of a possible 36. These placements were spread over 5 Family dwellings, 13 shared dwellings (all 2 tenant share except for one 3 tenant share) and 5 Single tenant dwellings. Our occupancy rate as at 30 June 2010 was 88.89%.

A CHP resident tells of his experience;

*'I have been a resident in the Kurrajong units for approximately 10 months. I have enjoyed the opportunities given to me to make a home I like.*

*As the other units fill up, the sense of community is growing.*

*As a person with mental health issues, the sense of shared experience of others living with mental health issues greatly encourages me.*

*I continue as a resident knowing that I am responsible for availing every opportunity to aid my recovery'.*

# RECOVERY ASSISTANCE PROGRAM (RAP) & COMMUNITY HOUSING PROGRAM (CHP)

## George's story

It was in 1978 I was staying in a hotel in Pokahana in Nepal owned by some Tibetan people. In 1979 I returned to visit them, but they had moved to the Dolpho provence on the Tibetan border. I decided to visit them. The trekking road from Pokahana to Jomson takes 7 days. The scenery is amazing; snow mountains, small villages. The locals are used to the tourists. There are small hotels in every village from Pokhana to Jomson. In Jomson they grow peaches and grapes at about 3000 metres high left Jomson with my supply of 12 Chappattis and a tin of peanut butter to walk to the first village in Dolpho. After maybe 12 hours I reached the second village, the people here were Tibetan. These people seem very strange; no tourists had ever been there except some English mountain climbers about 5 years before. But no one takes any notice of you. Maybe they think that "he is in our village and that is his Karma." That night we slept at the side of a mountain and the next morning we crossed a pass at about 6000 metres high.

I am now 61 years old and after a period of being unwell I stayed at Papaya house for 4 weeks. I really like Papaya house. The staff were great, and also the food. Papaya house referred me to the Community Housing Program. I now live in a share unit at Kurrajong apartments, it's great. I have a veggie garden to look after. The support of my key worker from the Recovery Assistance Program is far out!



## Artwork by David

David moved into TEAMhealth's CHP in April, 2009.

David eagerly engaged with his then RAP PRW and successfully achieved many goals, including finding employment and enrolling at University to study art.

David's talents with aerosol art were quickly identified by his worker. What ensued was a project that enabled David to revisit his days painting walls, though this time without the potential for being arrested.



(Left) This painting is a graphic tag of TEAMhealth and it, along with two other pieces, adorns the walls of the resident meeting room at TEAMhealth's Kurrajong Apartments.



# Long Term Accommodation (The MANSE)

The Manse operates as a long-term residential facility. The Manse is a six bedroom facility, accommodating five permanent long-term residents and also provides a room for respite services.

The Manse is staffed by support workers Monika Schaeffe, Margaret Hazelbane, Garry O'Neill, Georgina Sabamba and Kathie Park. Kathie has now been employed with TEAMhealth for nearly 10 years.

During the month of July rotation of staff through Papaya and the Manse was introduced, this has proved successful as it has enabled the staff to get a better understanding of both facilities and to broaden their skills in dealing with clients with acute mental illness and psychiatric disabilities. The staff have enjoyed the change in facilities and the experience. This will be ongoing throughout the year.

The Manse continues with 5 long-term permanent residents. All the residents continue successfully on their road to recovery. The past 12 months has seen clients become increasingly more involved in the maintenance and goings on of the household. All clients are encouraged to independently cook, clean and maintain the house with support from staff when and where required.



# SUB ACUTE COMMUNITY & RESIDENTIAL



The Sub Acute Residential Program Papaya in the Top End is designed to provide intensive individualised support to people affected by mental illness. The aim is to reduce the length of stay in Royal Darwin Hospital (Cowdy Ward) and enable the person an alternative option to hospital in a home like environment while receiving recovery focussed support. The program provides an integrated recovery focused prevention and recovery program in partnership with Top End Mental Health Service (TEMHS).

The service provides 24 hours per day, 7 days a week supported care to clients when they are becoming unwell and are experiencing an increase in signs and symptoms of their mental illness, in a least restrictive setting as possible.

Most clients are referred from TEMHS Adult Team and in patient unit. During the last year, the majority of Papaya referrals were received from the in patient unit for the purposes of providing 'step down' support. The Adult Team mainly referred people for 'Step up' support to avoid a hospital admission. As knowledge of the program broadens throughout the community, referrals have become more frequent from areas such as Batchelor, Gunbalanya and Adelaide River (Darwin Remote Mental Health Team – DRMHT), the Katherine Mental Health Team (KMHT) and locations such as Elcho Island, Nhulunbuy and Maningrida. The local adult team and the Forensics Mental health Team (FMHT) continue to refer to the program also.



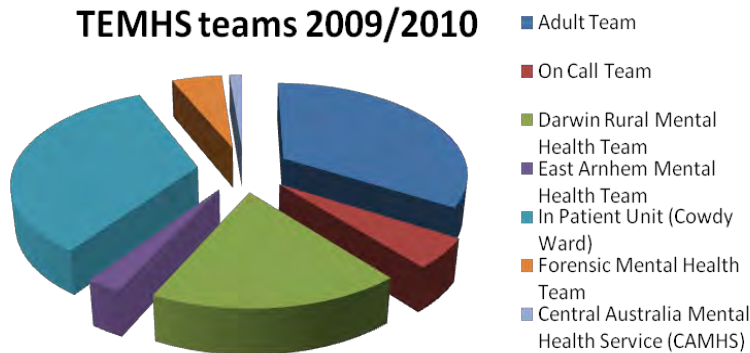
# SUB ACUTE COMMUNITY & RESIDENTIAL

During the past year, Papaya has supported a total of 77 clients, 40 female and 37 male. 31 of these clients were Indigenous and 13 were from culturally and linguistically diverse backgrounds.

Since supporting the first client in October 2008, Papaya continues to have a high rate of success stories, with many clients expressing their appreciation for the opportunity to be supported in such a program. The high standard of service delivery is made possible by the dedication shown by the team at Papaya; the Residential Program Manager, Coordinator and 15 casual Support Workers. The support workers provide the 24 hour, 7 day a week support on a rotating roster. Each support worker possesses an individual quality and creativity which they bring to the program.

These qualities and creativeness have provided the inspiration to establish activities for client participation such as mosaicing, Papaya's own herb garden and for the more energetic participants, a walking program along the Nightcliff foreshore three times a week. Alternatively, clients have been able to share their creative flare with other residents in the program. For example, the intricacies of traditional Aboriginal dot painting using reeds.

**Referrals received from individual TEMHS teams 2009/2010**



## Margarita's Story

Margarita is a 59 year old lady who emigrated to Australia from Zambia and had been residing in Batchelor with her husband. After making the decision to move to New Zealand to be closer to her daughter, Margarita became very depressed and was finding it extremely difficult to manage the ordeal of moving. This led to her becoming extremely anxious when faced with simple decisions or in social situations. Margarita was admitted to the inpatient unit and was later referred to Papaya. Margarita entered the program as a step down client and required assistance to explore 'exposure' techniques taught by her psychologist to assist her to effectively manage her anxiety and the prospect of her pending departure to New Zealand.

On entry to Papaya, Margarita was unable to set foot outside of the property for the first few days due to her anxiety levels. With constant support and regular sessions with her psychologist, Margarita slowly became more confident to explore outside of her comfort zone. In conjunction with her psychologist, Papaya support workers, Margarita was able to gradually move towards the goal to participate in the weekly shopping – something which she was unable to even contemplate on entry to Papaya. And so began the journey towards the local shopping centre, initially, Margarita assisted by adding a couple of items to the shopping list and eventually going to the supermarket with support workers to help with a full shop. Margarita assisted on a weekly basis, gradually building her confidence each time. On separation from the program at seven weeks, Margarita had reached a stage where she was able to independently attend Casuarina shopping centre to purchase new clothes for herself, a big achievement.

Margarita was able to successfully pack up her house and positively look towards the future with her daughter in New Zealand. Margarita provided a few words on her departure from Papaya. "My stay here has literally been a lifesaver and a shelter from the storm in the dark spiral that my world had become. I am cared for by wonderful, non-judgmental people who empathize with my plight and situation and am given the support to rebuild my life at my pace with no greater pressure than a gentle nudging now and again with as much help as and when you need it."



# PERSONAL HELPERS AND MENTORS (PHAM)

The PHaM team support participants 16yrs and over in their personal recovery journey, building long-term relationships and providing holistic support. The team ensure that services accessed by participants are coordinated, integrated and complementary to other services also provided in the community.

A Personal Helper and Mentor:

- aims to provide increased opportunities for recovery for people whose lives are affected by mental illness
- uses a strengths-based, recovery approach, and
- assists those whose ability to manage their daily activities and to live independently in the community is impacted because of a severe mental illness.
- helps participants to better manage their daily activities and reconnect to their community
- provides direct and personalised assistance through outreach services
- provides referrals and links with appropriate services such as drug and alcohol and accommodation services
- works with participants in the development of Individual Recovery Plans which focus on participants' goals and their recovery journey
- engages and supports family, carers and significant others
- monitors and reports progress against each participant's Individual Recovery Plan.

The PHaM service is provided in the rural areas of the Top End from Hayes Creek, as far east as Corroborree and over to the Cox Peninsular, many of our participants are disadvantaged through a lack of infrastructure, community and clinical services. Being a part of the Top End rural and remote PHaMs team is a very unique opportunity to work with some incredible Australians from a diverse range of backgrounds.

The program has participants who have been involved with the program since its inception in 2007. We have people that have moved interstate and returned to the Top End and reengaged after 24 months separation. We have many brief interventions where we are able to support individuals to a point where they are able to develop the skill set needed to move on from mental health services and personally manage their illness.

Over the past 12 months, PHaMs have supported over 100 individuals, individuals who are:

- Indigenous and non Indigenous
- Needing acute psychiatric support
- In crisis
- Needing support to collect medication
- Employed and unemployed
- Homeless
- Bereaved
- Needing someone to have a chat and a cuppa with every couple of weeks
- Isolated and need support accessing medical services
- Outside of telephone service network
- Miles from their nearest neighbour

2010 has seen PHaM facilitate our first recreation program where we have been able to offer our participants the opportunity to get out and about with peers and PHaM staff alike. The recreation program has proven to be a massive hit amongst our participants and we look forward to continuing the momentum into 2011.



# PERSONAL HELPERS AND MENTORS (PHaM)

The team has welcomed Andy MacLean on staff. Andy is doing some incredible work with PHaMs participants and has recently had the team invited to the Acacia community during goose season for a feast. Kalina McEwin who has recently come on board with the team has hit the ground running supporting participants and has kicked some massive goals with her clients already. Kalina has worked with TEAMhealth since 2007 taking time off to travel and has returned working in Sub Acute, RAP and now PHaM.

PHaM participants have expressed a huge interest in the new Kurrajong Apartments respite unit with some of our more isolated and remote area carer/participants taking a break from the stressors of living outside of the Darwin service area. Not only a break from the bush and a chance to catch up on city duties, but also a chance to meet with some of the Kurrajong Apartment residents. We have been hearing some great stories of people extending their welcomes and offering our guys local advice and a chat.

We have a steady flow of referrals coming our way from numerous services, rural and remote clinics and more through the bush telegraph. TEAMHealth PHaMs are well known in our service area which is certainly testament to the hard work and commitment PHaMs offer the community and our participants. While the team continues this great work, we have been busy consolidating strong ties with key stakeholders and the community by keeping an active role in identifying community trends and individual needs.

This momentum has been given a huge lease of life with our current funding agreement having just been extended to 2013. This has given the team the ability to envisage a long term presence in the community which will only strengthen or current rapport with both the community and our participants.

# PERSONAL HELPERS AND MENTORS

## (PHaM)

### Tim's Story

Tim is an Indigenous man who has suffered from chronic schizophrenia most of his life. Tim has always been a difficult client to engage due to distractions from illness related stimuli. Tim would appear clearly distracted and would often respond to these stimuli. A heavy medication regime and the ill effects of his illness have stigmatised Tim within his own community, amongst peers and family alike. Tim has been reticent to participate in community hunting and fishing trips as part of him being seen differently within the community and the resistance a lot of the community have in engaging him in these important cultural activities.

A longer term PHaM participant, our rapport with Tim and the community is well developed. At the introduction of our recreation program Tim was difficult to engage as anything outside of the community was a large stressor for him. Eventually engaging Tim in the recreation program, Tim's participation was nothing short of brilliant. With initial activities that would take Tim away from the community for short periods of time, we soon found that he had often been awake since 4am waiting to be collected for that day's activity.

The activities gave Tim an opportunity to familiarise himself with other regular participants and PHaMs workers. As this familiarity grew, so did Tim's confidence in actively participation. We started to see Tim smile uncontrollably as he was able to leave social issues at the community and be himself. He started communicating openly with other participants and staff whilst his usually blunted affect was also replaced by a vibrant and animated young man.

With subsequent activities offering regular participants more challenges and opportunities to take a leadership role in the program, Tim has embraced this and continues to show pronounced eagerness in our weekly activities. With a short term view to taking our recreation program to the next level of overnight activities, we have incorporated the extensive organisation of these activities into Tim's independent recovery plan.

Positive shifts that have come about through Tim's engagement in the recreation program has been directly reflected upon by the community elders and we have received positive feedback from the Community Development Employment Program (CDEP) that operates on the community. Tim's engagement with the PHaM team generally appears to have been the catalyst for a massive shift in his recovery. Although debilitated by a severe mental illness, with PHaMs support Tim is managing his illness a lot differently to what he was prior to engagement. Regular contact with his general PHaM worker and ongoing commitment to the recreation program, Tim presents as a more confident and generally happier man who's functioning is definitely lending to a far better quality of life.

# FAMILY & YOUTH SERVICES (FaYS)

The FaYS Team has been involved in many group and individual activities throughout the year. Client numbers have increased over the past two months with all FaYS programs being at capacity. The team has focused on individuals and increasing mental health literacy.

## MENTAL HEALTH EDUCATION & AWARENESS

### Youth Week

“Anti-Bullying” Campaign 14 of April 2010 organised by Multicultural Youth Advisory Group and Year 10 students of Darwin High School.

### Big Epic Central Music Festival

17 April 2010 organised by Darwin City Council Youth Advisory Group. This was an expo style event with 1000 people attended.



### Nightcliff Middle School Health Expo

3 May 2010 Providing education and awareness of Mental Health/Mental Illness, with the aim of increasing mental health.

### Darwin Middle School Health Expo

17 June 2010. Information, education and awareness of mental health/mental illness with 610 students from years 7 through to 9 attending.

### Casuarina Senior College

Mental health promotion, education classes and presenting at the Health Expo involving eleven students.



## GROUP PROGRAMS

### Kormilda College Art Project

July to November 2009, 15 students participated in writing and painting about mental health issues. At the conclusion there was a public art exhibition at the Darwin Entertainment Centre.

### Batchelor Area School

Twelve indigenous students participated in a Wellbeing Program.

### Belyuen Community

FaYS have provided the following support to the Belyuen Community for the last year:

- NAIDOC Day
- Drumbeat Workshops
- Child Protection Programs
- Men's Breakfast Program
- Cultural Exchange Day
- Women's Health Programs

*FaYS continue to support clients both individually and in group settings across the community to promote mental health awareness, increase mental health literacy and information to a range of ages groups and cultures.*



# FAMILY & YOUTH SERVICES (FAYS)



## Katherine Family Fun Day 16 May 2010

This event was a drug and alcohol free event to promote positive family fun and interaction as well as good mental health.

850 people attended

70% were indigenous

140 surveys were completed

68% of those surveyed stated that their awareness about mental health services and community services had increased

70% stated that their awareness of mental health issues was increased by attending and gaining information on the day

50% attended with their families

75% of these families were indigenous

98% were satisfied with the information on services that they received on the day and with the availability of staff to talk to them individually.

A great day of entertainment for all ages

## Sean's Story

Sean is a 36 year old Indigenous man recently released from prison. Sean has depression/ anxiety and a history of suicide attempts. Sean has also been involved in domestic violence and assault which resulted in a prison term of 12 months. Sean has also experienced drug and alcohol issues. Sean is currently supported by John Cusack, FaYS Remote Indigenous Worker. Sean has to report weekly to a Parole Officer and has a Case Manager from the Forensic Mental Health team from Top End Mental Health Services (TEMHS). Sean often does not take his medication and has issues around anger which is usually directed at women.

John has helped Sean to set some recovery goals:

- Obtain meaningful employment as a driver of dangerous goods
- Obtain his heavy vehicle license and complete his dangerous goods certificate
- Buy a car
- Have a suitable place to live
- Reconcile with his parents

Sean has been very successful and has now achieved all of his goals. He lives with his parents, has a great relationship and is employed fulltime. With TEAMhealth support in court and Sean's commitment to his IRP, Sean was placed on a suspended sentence and good behavior. Sean also attended an anger management program targeting domestic violence and found it extremely helpful gaining a better understanding of himself and strategies to manage his anger

Sean is also due to receive an inheritance and hopes to purchase a house in the near future

Sean stated that he was doing really well and thought that he had achieved all of his goals and appreciated the joint support he was given. He just wants to move on with his life now. Sean is still a client of TEAMhealth however is currently considering his options to move away from accessing mental health services.



# RESPIRE—Top End & Central Australia



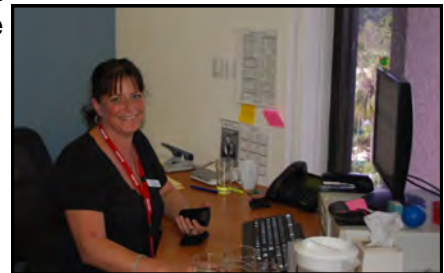
The aim of the Mental Health Respite Program is to provide support to carers of people with mental illness by increasing access to respite services that provide flexibility to meet the individual needs of carers and care recipients. Respite enables carers to sustain their on going care responsibilities and take a short term break from their caring role, supporting them to focus on other commitments or personal needs.

Most people during their lifetime will take on the role of caring for someone, however most do not realise they are in a caring role. This is usually because people feel it is their duty to look after a parent, child, partner, other relative or friend who may have mental illness, or other long term illness, such as a physical disability or they are aged and frail.

Caring for another person can be extremely rewarding. It can also be tiring and stressful. It is therefore essential for carers to take a break and to look after their own needs in order to carry on in their caring role.

Over the past year TEAMhealth has been providing respite in both the Top End and Central Australia. This has involved the following activities:

- School holiday programs
- Furniture delivery
- Travel for clients
- Respite conference
- Personal care for clients i.e. haircuts
- Gardening
- Accommodation
- Group activities i.e. camel rides, fishing charter, jumping crocodile tours and BBQ's



The Respite program has recently purchased a trailer and camping equipment for future Breakaway Program activities like regular overnight respite. The coming year will provide carers and care recipients with more opportunities to participate in the community.

This past year has seen the Darwin Respite program develop and expand its services to assist 40 families, focusing on recovery and maintaining their own well being.

## Staff

TEAMhealth Respite Program is led by Glynis McDonald and employs 5 coordination and support staff in Alice Springs and Darwin.

The Team Leader of the respite program has been focusing on developing the Nhulunbuy Respite program, spending time in the community and meeting with relevant stakeholders and service providers.



# RESPIRE—Top End & Central Australia

## Working Together Across the Territory

This year the Mental Health Association of Central Australia (MHACA) and TEAMhealth Respite Program embraced a complex if not challenging situation that involved many hours of tireless work to achieve a positive outcome for both carer and care recipient.

Respite supports allowed the carer to have an eight week break from the caring role, the carer has stated that she has not received that amount of support since taking on the caring role ten years ago.

The care recipient had not been outside of the Alice Springs community for ten years. This respite gave him the opportunity to travel to Darwin with the assistance of his Support Officer at MHACA and utilise the supported accommodation (Manse Respite Room) from TEAMhealth during his stay.

The care recipient was given the opportunity to participate in activities he had not been able to do for over ten years. He recognised his own capacity and abilities and appreciated needs of other residential recipients with physical limitations and disabilities. He is inspired to return should the occasion be required.

With ongoing support from both TEAMhealth and MHACA the care recipient has returned to independent living after three years. This would not have been possible if both organisations had not worked together in conjunction to the clinical services of Central Australian Community Mental Health Services.

This outcome has strengthened the working relationship between both service providers and the continuous improvement of the service we provide to the Alice Springs Community.

## Daniel's Story

In early 2010 TEAMhealth received a referral for a mother who is caring for her adult son who has been diagnosed with a mental illness. The mother has health issues of her own including early onset dementia. Her son's daughter also lives with the family and is cared for by her father and grandmother. TEAMhealth were able to fund a trip to Queensland for the son and granddaughter to address anxiety issues surrounding flying, to have a break from their current location and to spend some one on one time with each other.

TEAMhealth also organised some respite for the mother in an aged care home where she was able to socialise with people of the same age. Through working with the family staff noticed some concerning behaviours displayed by the son's young daughter. A referral was made to the Youth Worker at TEAMhealth.

Both the son and granddaughter are regular participants of the respite activity program. The family are currently doing very well and had a well earned break from each other.



# COMMUNITY AGED CARE PACKAGES (CACP)

## CACP Services

TEAMhealth specialises in providing care to older people with a mental illness. TEAMhealth is the only provider in the Northern Territory specialising in this area and the program is in high demand. TEAMhealth is currently funded to provide 25 care packages in the Darwin, Palmerston.

These packages are:

- 11 for general housing and financially disadvantaged persons
- 4 for persons from culturally and linguistically diverse backgrounds
- 3 for Indigenous persons
- 4 for persons with a mental illness living in the Darwin area
- 3 for persons with a mental illness living in the Palmerston area

## What we are all about

Community aged care packages are designed to assist older Australians to remain living at home and to continue to enjoy activities and friendships that they have developed over the years.

One of our clients recently received an award at Government House for 60 yrs of service to the CWA in SA and NT. We have a number of Philippine ladies who enjoy going to Filipiniana Seniors Social group and also taking part in multicultural bingo.

Support offered over the last year to care recipients include case management, assistance with medical and specialist appointments, negotiating with Territory Housing, medication supervision and support, personal care, shopping, meal preparation and assistance with special diets, home help and domestic assistance, advocacy and social outings.

Many care recipients have very complex needs including mental illness that requires additional care and support from the CACP staff. The CACP Coordinator is a registered nurse and has provided an excellent standard of care to all care recipients under often complex situations.

## Staffing

CACP is staffed by a dedicated team of 4, comprising of 1 Coordinator, 1 Senior Support Worker, 1 Support Worker, and a Domestic Assistant.

For the first time CACP has engaged with the Australian Apprenticeships NT to provide a traineeship to our senior support worker to allow her to complete her Certificate III in Community Aged Care.

All support workers have a current First Aid Certificate and Northern Territory driver's license, as well as National Police Clearance.

## Standards of care

The Australian Government has specified Community Care Standards, which providers are legally required to meet to ensure care recipients receive care of the highest quality.

Recipients of a CACP are entitled to:

- quality services that meet their assessed needs;
- where possible, their preferred level of social independence;
- having their dignity and privacy respected at all times;
- access information about the care options available and the facts they need to make informed choices;
- access to details of the care being provided; and
- take part in developing a package of services that best meets their needs.

# DAY TO DAY LIVING (D2DL)



TEAMhealth's D2DL is delivered as a collaborative partnership between TEAMhealth and GROW. D2DL aims to support people with a severe and persistent mental illness by reducing social isolation and providing social, recreational and educational activities. D2DL is underpinned by an educative framework which endorses healthy living and promotes knowledge and understanding of mental illness to restore and build upon strengths of individual participants. Regular GROW meetings are held in Rapid Creek, Palmerston and Howard Springs. These meetings facilitate participants knowledge and growth in their own recovery.

The D2DL program meets its objectives through organised centre based activities, drop in support and one on one support to participants with higher needs. Regular consultation with participants guides the development of activities and individualised supports. Each participant is actively involved within the decision making process. Weekly participant meetings are held to ensure that participant voices are heard and the program is able to take these views into consideration when determining future directions.

D2DL 's monthly program provides a range of activities that encourage and provide opportunities for participants to build on their strengths, increase their confidence and enhance knowledge of effective coping strategies to manage the symptoms of mental illness. The activities have also provided opportunities for participants to develop and maintain healthy relationships and several enduring friendships have developed. Centre based activities include art, beading and jewellery making, tai chi and meditation. Participants are also given the opportunity to take part in excursions to various community venues in and around the wider Darwin area. In 2010, D2DL participants continue with new initiative ideas to develop program activities such as developing a men's group, regular recreational activities, Certificate level computer qualifications, music group sessions and Tai Chi meditation sessions.





# DAY TO DAY LIVING (D2DL)

## Healthy Living Program

The healthy living program is delivered twice per week. Participants prepare a nutritious two course meal. This course builds on participants' cooking abilities, time management, communication and social skills. Participants are involved in the planning of the program including menu planning, budgeting and shopping.

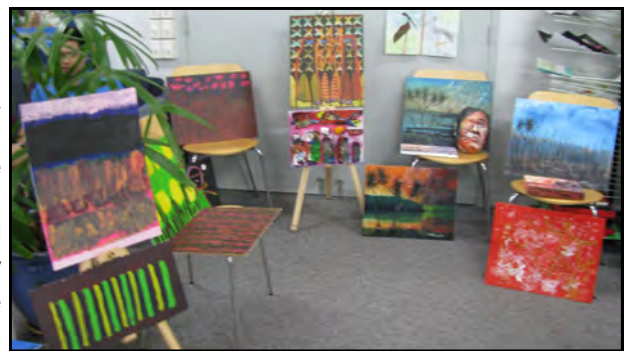
Participants are engaged in activities to build their skills and knowledge in budgeting, grocery shopping, healthy lifestyle, hygiene and house keeping. Participants then have the opportunity to practice these new skills in a supported and safe environment planning and preparing a daily meal.



## Art, craft and social activities

Centre based activities include art and jewelry making, tai chi, meditation and cooking. Other arranged activities build upon social networking and recreational skills and these include lawn bowls, trips to Berry Springs and ten pin bowling. These events provide opportunities for participants to develop and maintain healthy relationships and several enduring friendships have developed from these activities.

In D2DL art and craft activities, participants learn through group and individual work how to use a selection of mediums to create their art work. New ideas are introduced each week. Under the guidance of a local artist participants have learned how to paint with acrylics or water colours and draw with pastilles, crayons or charcoal. Many participants have enjoyed working with white ceramic tiles and glass objects such as bottles. Participants are taught how to transfer a design onto the object and how to add colour with paint. Jewellery making has been a very popular class and participants make a variety of jewellery pieces including earrings, necklaces bracelets, anklets using beads and findings. Participants learn which materials to use for each item and the correct use of the tools provided. Participants have also attended classes in the use of sculptural clay, learning hand building techniques and decorating skills to create a variety of functional or non functional objects.



## Transition to Work Program

The D2DL Centre has a range of transition to work pathways available to participants. Participants can volunteer within the Centre (completing tasks such as administration, mental health and service promotion, participating in recruitment processes and cleaning). Participants made woollen blankets to send to an aid foundation in Africa. There has been positive responses from this and letters of thanks have been sent to D2DL from the people receiving the blankets.



## Medium Support

D2DL also provides centre- based medium level support to individual participants. Medium level support has been primarily initiated by participants, who demonstrate a readiness to change. D2DL psychosocial support workers assist participants to identify goals and develop individual recovery plans. Having medium level support available to complement the drop in service has proved an effective strategy to empower participants to take the lead role in their recovery from mental illness.



**TOP END ASSOCIATION FOR  
MENTAL HEALTH INCORPORATED**

**FINANCIAL STATEMENTS  
FOR THE YEAR ENDED  
30 JUNE 2010**

**TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED**

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TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2010

|  | Notes | 2010<br>\$     | 2009<br>\$    |
|--|-------|----------------|---------------|
| Revenue  | 2     | 5,684,350      | 4,319,767     |
| Other Income                                   | 3     | 117,821        | 139,095       |
| Staff expenses                                 |       | (3,226,052)    | (2,856,985)   |
| Operation expenses                             |       | (457,372)      | (485,860)     |
| Vehicle expenses                               |       | (226,220)      | (182,188)     |
| Travel expenses                                |       | (108,343)      | (54,151)      |
| IT Expenses                                    |       | (117,214)      | (85,738)      |
| Premises expenses                              |       | (406,977)      | (337,965)     |
| Participating activity expenses                |       | (230,732)      | (86,784)      |
| Depreciation expense                           |       | (238,476)      | (234,149)     |
| Amortisation Expense                           |       | (10,100)       | (4,080)       |
| Finance Expenses                               |       | (26,109)       | (43,560)      |
| Other Expenses                                 |       | (145,347)      | (25,670)      |
| <b>Surplus/(Deficit) for the Year</b>          |       | <u>609,229</u> | <u>61,732</u> |
| <b>Other Comprehensive Income</b>              |       | <u>-</u>       | <u>-</u>      |
| <b>Total Comprehensive income for the year</b> |       | <u>609,229</u> | <u>61,732</u> |

*The Statement of Comprehensive Income is to be read in conjunction with the notes to the financial statements set out on pages 6 to 12.*

**TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED**

**STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2010**

|                                      | Notes | 2010<br>\$              | 2009<br>\$              |
|--------------------------------------|-------|-------------------------|-------------------------|
| <b>ASSETS</b>                        |       |                         |                         |
| <b>Current Assets</b>                |       |                         |                         |
| Cash and cash equivalents            | 4     | 2,774,782               | 3,469,501               |
| Trades and other receivables         | 5     | 66,023                  | 55,523                  |
| Prepayments                          |       | 24,657                  | 69,700                  |
| <b>Total Current Assets</b>          |       | <u><b>2,865,462</b></u> | <u><b>3,594,724</b></u> |
| <b>Non-Current Assets</b>            |       |                         |                         |
| Property, plant & equipment          | 6     | 3,062,953               | 2,901,072               |
| Other Assets                         | 7     | 162,820                 | 12,239                  |
| <b>Total Non-Current Assets</b>      |       | <u><b>3,225,773</b></u> | <u><b>2,913,311</b></u> |
| <b>Total Assets</b>                  |       | <u><b>6,091,235</b></u> | <u><b>6,508,035</b></u> |
| <b>LIABILITIES</b>                   |       |                         |                         |
| <b>Current Liabilities</b>           |       |                         |                         |
| Trade and other payables             | 8     | 805,896                 | 546,731                 |
| Provisions                           | 9     | 202,922                 | 162,198                 |
| Unexpended grants                    | 10    | 618,699                 | 1,930,923               |
| Finance lease liabilities            | 11    | 118,948                 | 91,396                  |
| <b>Total Current Liabilities</b>     |       | <u><b>1,746,465</b></u> | <u><b>2,731,247</b></u> |
| <b>Non-Current Liabilities</b>       |       |                         |                         |
| Finance lease liabilities            | 11    | 57,459                  | 111,608                 |
| <b>Total Non-Current Liabilities</b> |       | <u><b>57,459</b></u>    | <u><b>111,608</b></u>   |
| <b>Total Liabilities</b>             |       | <u><b>1,803,924</b></u> | <u><b>2,842,855</b></u> |
| <b>Net Assets</b>                    |       | <u><b>4,287,311</b></u> | <u><b>3,665,180</b></u> |
| <b>MEMBERS' FUNDS</b>                |       |                         |                         |
| Revaluation Reserve                  |       | 440,000                 | 440,000                 |
| Accumulated Funds                    |       | 3,847,311               | 3,225,180               |
| <b>Total Members' Funds</b>          |       | <u><b>4,287,311</b></u> | <u><b>3,665,180</b></u> |

*The Statement of Financial Position is to be read in conjunction with the notes to the financial statements set out on pages 6 to 12.*

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2010

|  | Revaluation<br>Reserve<br>\$ | Accumulated<br>Funds<br>\$ | Total<br>\$             |
|--|------------------------------|----------------------------|-------------------------|
| Balance at 1 July 2009                       | 440,000                      | 3,228,050                  | 3,668,050               |
| Adjustment to Unexpended Grants 30 June 2008 |                              | (64,602)                   | (64,602)                |
| Total Comprehensive Income                   | -                            | 61,732                     | 61,732                  |
| Balance at 30 June 2009                      | <u>440,000</u>               | <u>3,225,180</u>           | <u>3,665,180</u>        |
| Adjustment to Unexpended Grants 30 June 2009 |                              | 12,902                     | 12,902                  |
| Total Comprehensive Income                   | <u>-</u>                     | <u>609,229</u>             | <u>609,229</u>          |
| <b>Balance at 30 June 2010</b>               | <b><u>440,000</u></b>        | <b><u>3,847,311</u></b>    | <b><u>4,287,311</u></b> |

*The Statement of Changes in Equity is to be read in conjunction with the notes to the financial statements set out on pages 6 to 12.*

## TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

**1. Basis of preparation**

The financial statements have been prepared on an accruals basis, is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

**Statement of compliance**

In the opinion of the Management Committee, Top End Association for Mental Health Incorporated ("the Association") is not a reporting entity and therefore, there is no requirement to apply all applicable Australian Accounting Standards and other mandatory professional reporting requirements in the preparation and presentation of these financial statements.

The financial statements are special purpose financial statements and have been prepared in accordance with the requirements of the *Northern Territory Associations Act* and the following Australian Accounting Standards:

|           |  |
|-----------|--|
| AASB 1031 | Materiality                            |
| AASB 110  | Events After The end of reporting date |

No other applicable Australian Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

**Statement of significant accounting policies**

The significant policies which have been adopted in the preparation of these financial statements are:

**(a) Taxation**

The Association is considered to be exempt from income tax under section 50-10 of the *Income Tax Assessment Act 1997*.

**(b) Going concern**

The Management Committee of the Association believe that the financial statements of the Association have been prepared on the basis that the Association is a going concern and will continue to operate. The Association relies on grants provided by the Government and services provided by it, and the financial statements are prepared on a going concern basis on the understanding that such grants and services will continue.

**(c) Revenue**

**(i) Grants**

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.



## TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

*(ii) Rent received*

Rental income is recognised in the statement of comprehensive income on a straight-line basis over the term of the lease.

*(iii) Interest Income*

Interest income is recognised using the effective interest method

**(d) Leases**

Leases of motor vehicles and other assets, where substantially all the risks and benefits incidental to the ownership of the asset but not the legal ownership, that are transferred to entities in the economic entity are classified as finance leases.

Finance Leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

**(e) Goods and services tax**

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST) except where the amount of GST incurred is not recoverable from the taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the balance sheet.

**(f) Cash and cash equivalents**

Cash and cash equivalents comprise cash balances, investment account and tenancy bonds.

**(g) Trade and other receivables**

Receivables are stated at their cost less impairment losses.

## TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

**(h) Property, plant and equipment**

Items of property, plant and equipment, excluding freehold land are recorded at cost less accumulated depreciation and impairment loss.

New property, plant and equipment acquired during the year with a value of less than \$500 is expensed in the income statement.

**(i) Depreciation**

Property, plant and equipment is depreciated over the useful lives of the assets of the Association commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

| <u>Class of Fixed Asset</u> | <u>Depreciation Rate</u> |
|-----------------------------|--------------------------|
| Plant and Equipment         | 13.00% - 33.33%          |
| Motor Vehicles              | 12.50%                   |
| Buildings                   | 2.50%                    |

**(j) Land**

Land is carried at fair value, being revalued with sufficient frequency such that the carrying amount of each asset is not materially different, at reporting date, from its fair value.

Land is prescribed property.

**(k) Impairment**

The carrying amounts of assets are reviewed at each end of reporting date to determine whether there is any indication of impairment. If any such indication exists, the asset's recoverable amount is estimated. An impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable amount. Impairment losses are recognised in the statement of comprehensive income.

Impairment of receivables is not recognised until objective evidence is available that a loss event has occurred. Significant receivables are individually assessed for impairment. Non-significant receivables are not individually assessed. Instead, impairment testing is performed by placing non-significant receivables in portfolios of similar risk profiles, based on objective evidence from historical experience adjusted for any effects of conditions existing at each balance date.

The recoverable amount of the other assets is the fair value less costs to sell.

# TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

### (l) Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remains unpaid. The balance is recognised as a current liability with the amount being normally paid within 30 days of recognition of the liability.

### (m) Unexpended grants

Unexpended grants relates to grant funding received, which is to be acquitted in future reporting periods.

### (n) Employee benefits

(i) *Wages, salaries, annual leave and non-monetary benefits*

Liabilities for employee benefits for wages, salaries, annual leave and non-monetary benefits that are expected to be settled within 12 months of the reporting date represent present obligations resulting from employees' services provided to reporting date, are calculated at undiscounted amounts based on remuneration wage and salary rates that the Association expects to pay as at reporting date, including related on-costs.

### (o) Prepayments

Prepayments include monies paid in advance and expenses relating to future periods for which the Association has been invoiced as at reporting date.

|   | Note | 2010<br>\$       | 2009<br>\$       |
|---|------|------------------|------------------|
| <b>2. Revenue</b>                         |      |                  |                  |
| <b>Grants</b>                             |      |                  |                  |
| Territory Health Service Grants           |      | 2,101,844        | 2,127,466        |
| Commonwealth Grants                       |      | 2,344,946        | 2,244,212        |
| Other Grants                              |      | 3,000            | 34,470           |
| Net movement in Unexpended Grant balances | 10   | 919,132          | (530,830)        |
|   |      | <u>5,368,922</u> | <u>3,875,318</u> |
| <b>Rent</b>                               |      | 294,341          | 240,723          |
| <b>Sales - CACP Charges</b>               |      | 21,087           | 24,944           |
| <b>Sales - Cafe and Laundry</b>           |      | -                | 178,782          |
|   |      | <u>5,684,350</u> | <u>4,319,767</u> |

**TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2010**

|                                       | 2010             | 2009             |
|---------------------------------------|------------------|------------------|
|                                       | \$               | \$               |
| <b>3. Other Income</b>                |                  |                  |
| Bank Interest Income                  | 110,181          | 133,716          |
| Donations                             | 9,620            | 7,587            |
| Profit/(Loss) on Disposal of Assets   | (14,509)         | (2,224)          |
| Other                                 | 12,529           | 15               |
|                                       | <u>117,821</u>   | <u>139,095</u>   |
| <b>4. Cash and cash equivalents</b>   |                  |                  |
| Cash on hand                          | 2,300            | 12,036           |
| Cash at bank                          | 966,597          | 1,725,199        |
| Investment accounts                   | 1,785,187        | 1,714,018        |
| Security bonds                        | 20,698           | 18,248           |
|                                       | <u>2,774,782</u> | <u>3,469,501</u> |
| <b>5. Trade and other receivables</b> |                  |                  |
| Trade receivables                     | 62,054           | 38,868           |
| Sundry debtors                        | 3,969            | 16,655           |
|                                       | <u>66,023</u>    | <u>55,523</u>    |



TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2010

6. PROPERTY, PLANT & EQUIPMENT

|                                       | 2010           |                  |                     |                |                  |
|---------------------------------------|----------------|------------------|---------------------|----------------|------------------|
|                                       | Land           | Buildings        | Plant and Equipment | Motor Vehicles | Total            |
|                                       | \$             |                  | \$                  | \$             | \$               |
| <b>Cost</b>                           |                |                  |                     |                |                  |
| Balance at beginning of year          | 720,600        | 1,577,516        | 1,032,245           | 337,830        | 3,668,191        |
| Additions                             | -              | 32,690           | 96,461              | 465,971        | 595,122          |
| Disposal                              | -              | -                | (64,313)            | (110,455)      | (174,767)        |
| Others                                |                | (22,337)         | (293,005)           | 295,345        | (19,998)         |
| Balance at end of year                | 720,600        | 1,587,869        | 771,388             | 988,691        | 4,068,548        |
| <b>Less: Accumulated Depreciation</b> |                |                  |                     |                |                  |
| Balance at beginning of year          | -              | 205,597          | 452,454             | 109,068        | 767,119          |
| Depreciation                          | -              | 44,212           | 61,240              | 133,024        | 238,476          |
| Balance at end of year                | -              | 249,809          | 513,694             | 242,092        | 1,005,595        |
| <b>Net Book Value</b>                 | <b>720,600</b> | <b>1,338,060</b> | <b>257,694</b>      | <b>746,599</b> | <b>3,062,953</b> |

|                                       | 2009           |                  |                     |                |                  |
|---------------------------------------|----------------|------------------|---------------------|----------------|------------------|
|                                       | Land           | Buildings        | Plant and Equipment | Motor Vehicles | Total            |
|                                       | \$             |                  | \$                  | \$             | \$               |
| <b>Cost</b>                           |                |                  |                     |                |                  |
| Balance at beginning of year          | 720,600        | 1,578,410        | 886,883             | 304,739        | 3,490,632        |
| Additions                             | -              | 24,920           | 149,062             | 103,875        | 277,857          |
| Disposal                              |                |                  | (3,700)             | (70,784)       | (74,484)         |
| Others                                | -              | (25,814)         | -                   | -              | (25,814)         |
| Balance at end of year                | 720,600        | 1,577,516        | 1,032,245           | 337,830        | 3,668,191        |
| <b>Less: Accumulated Depreciation</b> |                |                  |                     |                |                  |
| Balance at beginning of year          | -              | 162,149          | 382,176             | 11,050         | 555,375          |
| Disposal                              |                |                  | (1,310)             | (21,095)       | (22,405)         |
| Depreciation                          | -              | 43,448           | 71,588              | 119,113        | 234,149          |
| Balance at end of year                | -              | 205,597          | 452,454             | 109,068        | 767,119          |
| <b>Net Book Value</b>                 | <b>720,600</b> | <b>1,371,919</b> | <b>579,791</b>      | <b>228,762</b> | <b>2,901,072</b> |

| 7. OTHER ASSETS                             | 2010                  | 2009                 |
|---|-----------------------|----------------------|
| <b>TEAMhealth Website</b>                   |                       |                      |
| Carrying amount at the start of the year    | 12,239                | -                    |
| Additions                                   | -                     | 16,319               |
| Amortisation                                | (5,439)               | (4,080)              |
| Carrying amount at the end of the year      | <u>6,801</u>          | <u>12,239</u>        |
| <b>E-Generation Tool</b>                    |                       |                      |
| Carrying amount at the start of the year    | -                     | -                    |
| Additions                                   | 78,300                | -                    |
| Amortisation                                | (4,661)               | -                    |
| Carrying amount at the end of the year      | <u>73,639</u>         | <u>-</u>             |
| <b>Work in progress - Management system</b> | <u>82,380</u>         | <u>-</u>             |
| <b>Total Other Assets</b>                   | <u><b>162,820</b></u> | <u><b>12,239</b></u> |

|  | 2010<br>\$       | 2009<br>\$       |
|--|------------------|------------------|
| <b>8. Payables</b>   |                  |                  |
| Trade creditors  | 609,111          | 231,527          |
| Other creditors and accruals   | 150,437          | 162,977          |
| GST payable  | 12,830           | 91,931           |
| PAYG tax payable   | 33,518           | 60,295           |
|  | <u>805,896</u>   | <u>546,731</u>   |
| <b>9. Provisions</b>   |                  |                  |
| Annual leave accruals  | 158,158          | 123,421          |
| Provision for staff redundancy   | 44,764           | 38,777           |
|  | <u>202,922</u>   | <u>162,198</u>   |
| <b>10. Unexpended grants</b>   |                  |                  |
| Balance at beginning of year   | 1,930,923        | 1,305,942        |
| Less amounts repaid to funding bodies  | (350,638)        | -                |
| Less prior period adjustments and corrections  | (42,454)         | 94,151           |
| Unexpended Funds Brought Forward this year   | <u>1,537,831</u> | <u>1,400,093</u> |
| Unexpended Funds Carried Forward this year   |                  |                  |
| Territory Government Grants  | 110,066          | 605,637          |
| Commonwealth Government Grants   | 505,633          | 1,325,285        |
| Other Grants   | 3,000            | -                |
| Unexpended Funds Carried Forward this year   | <u>618,699</u>   | <u>1,930,923</u> |
| Net Unexpended Grants  | <u>919,132</u>   | <u>(530,830)</u> |
| <b>11. Finance lease liabilities</b>   |                  |                  |
| <i>Contracted, provided for and payable</i>  |                  |                  |
| Within one year  | 118,948          | 91,396           |
| One year or later and no later than five years   | 57,459           | 111,608          |
|  | <u>176,407</u>   | <u>203,004</u>   |
| (a) The liabilities from the finance leases are secured by a charge over the motor vehicles. |                  |                  |
| The carrying amount of these assets pledged as security is:                                  | <u>217,214</u>   | <u>203,689</u>   |

## TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

### STATEMENT BY THE MANAGEMENT COMMITTEE FOR THE YEAR ENDED 30 JUNE 2010

In the opinion of the Management Committee the financial report comprising the Statement of Financial Position and Statement of Comprehensive Income and Notes to the financial report, being special purpose financial statements:

- is drawn up so as to present fairly the state of affairs of the Association as at 30 June 2010 and the results of the Association for the year ended on that date;
- the accounts of the Association have been properly prepared and are in accordance with the books of account of the Associations; and
- at the date of this statement, there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

#### Committee Members

The names of the committee members throughout the financial year and at the date of this report are:

| POSITION                 | NAME   |
|--------------------------|--|
| President/Chairman       | Dr Allan Skertchly (vacated position 15/07/2010) |
| President/Chairman       | Garry Halliday (Resigned 30/07/09)               |
| Treasurer                | Barry Thomas                                     |
| Vice Chairperson         | Sue Bradley                                      |
| Secretary/Public Officer | Thiagus Cheliah                                  |
| Committee Member         | Toni Vine-Bromley                                |
| Committee Member         | Nelly Gould                                      |
| Committee Member         | Fran Pagdin                                      |
| Committee Member         | Greg McNamara                                    |

#### Principal Activity

The principal activity of the Association during the financial year is to provide a range of mental health and aged care services.

#### Significant Changes

No significant changes in the state of affairs of the Association occurred during the financial year.

#### Operating Results

The net surplus of the Association for the financial year ended 30 June 2010 amounted to \$609,229.

#### After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations, or the state of affairs of the Association in future financial years.

This statement is made in accordance with a resolution of the Management Committee and is signed for and on behalf of the Management Committee by:

Dated at Darwin on 13 September 2010

  
A/ .....  
President

  
.....  
Treasurer

## INDEPENDENT AUDITOR'S REPORT

To the members of Top End Association for Mental Health Incorporated

We have audited the accompanying financial report being a special purpose financial report of Top End Association for Mental Health Incorporated ("the Association"), which comprises the statement of financial position as at 30 June 2010, the statement of comprehensive income and statement of changes in equity for the year ended on that date, notes comprising a summary of significant accounting policies, other explanatory information and the Statement of Management Committee.

### *Committee Members' Responsibility for the Financial Report*

The Committee Members of the Association are responsible for the preparation and fair presentation of the financial report and have determined that the basis of preparation described in Note 1 to the financial report, which form part of the financial report, is appropriate to meet the financial reporting requirements of the *Northern Territory Associations Act* ("the Act") and is appropriate to meet the needs of the members. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Committee Members, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to the members for the purpose of fulfilling the Committee Members' financial reporting requirements under the Act. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other



than that for which it was prepared.

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

*Independence*

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

*Auditor's Opinion*

In our opinion the financial report of Top End Association for Mental Health Incorporated is in accordance with the *Northern Territory Associations Act*, including:

- (a) giving a true and fair view of the Association's financial position as at 30 June 2010 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1 and the *Northern Territory Associations Act*.

BDO

BDO Audit (NT)



C J Sciacca  
Partner

Darwin: 11 September 2010

# TEAMhealth PERSONNEL as at 30 June 2010

## **Administration & Management**

Kirsty Carter  
Melissa Heywood  
Lisa Payne  
Anthony Smith  
Tony Willits  
Angelie Lyons  
Simone Barrett  
Shianne Redman  
Nurdiah Siti Ahmad  
Lisa Boyes  
Tara Redman  
Ali Baydoun  
Kate Black

## **Recovery Assistance Program**

Anthony Fagan  
Lauren Dixon  
John Keirs  
Elaine Carmody  
Linda Di Fresco  
Kalina McEwin  
Kay Barnett

## **Sub Acute**

Darren Robinson  
Katherine Wessling  
Caroline Beveridge  
Timothy Cann  
Matinetsa Chakawa  
Ursula Di Gregorio  
Rachel Dixon  
Linda Donaldson  
Amy Drahm  
Belinda Tshuma  
Dee (Dulcie) Howbrigg  
Sally O'Donnell  
Jamie Schaefer Lee  
Tim Shaw

## **Respite Top End & Alice Springs**

Glynis McDonald  
Cindy Ward  
Caroline Thomas  
Angela Buck  
Wayne Backman

## **Community Aged Care Packages**

Mary Greenup  
Katrina Griffiths  
Rosemary Moggs  
Heather King

## **Family & Youth Services**

Narelle Coates  
Rebecca Parry  
John Cusack  
Patricia Hardy  
Terry Radford

## **Manse**

Margaret Hazelbane  
Garry O'Neill  
Kathie Park  
Albert Payne  
Georgina Sabamba  
Monika Schaefer

## **Personal Helpers & Mentors**

Marcus Reid  
Kirsten Lucev  
Joanne Parker  
Andy McLean

## **Day to Day Living**

Kate Humphrey

## Application for Membership



The Treasurer  
Top End Association for Mental Health Inc  
GPO Box 4050  
Darwin NT 0801

I hereby apply for membership of the Top End Association for Mental Health Inc and agree to abide by the Constitution.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (b.h.) \_\_\_\_\_ (a.h.) \_\_\_\_\_

Mobile: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Membership is \$15.00, Centrelink Concession \$10.00 (GST inclusive)  
Receipt Number: \_\_\_\_\_

Proposer - Current Member

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Seconder – Current Member

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Level 5, 62 Cavenagh Street Darwin NT

Ph: 08 8943 9600

Fax: 08 8943 9601

Email: [teamhealth@teamhealth.asn.au](mailto:teamhealth@teamhealth.asn.au)

Web: [www.teamhealth.asn.au](http://www.teamhealth.asn.au)