

## Annual Report

2010 - 2011



## OUR MISSION

To make a significant contribution to the provision of quality, life enhancing mental health services.

## OUR VISION

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

## OUR VALUES

- Respect and Care: For diverse values, needs, cultures, wellbeing and strengths;
  - Empowerment: All people being 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 straight forward ways of doing things;
  - Quality: A commitment to strive for continuous improvement; and
  - Innovation: A commitment to progressive management, embracing change and responding to emerging needs.
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# CHAIRPERSON'S REPORT



2010/11 has been a very rewarding year for TEAMhealth as the reports in this Annual Report will attest. I would like to thank all the hardworking members of our voluntary Board and on behalf of the Board, all of our committed staff for their support in helping the organisation reach some very important goals. Firstly, the process of establishing the Values of our association was a very useful one. We are now openly committed to working with others for the benefits of our clients in the provision of quality services with a high degree of openness and accountability. We are committed to being responsive to need, to respect our clients and staff and to do things in simple, straightforward ways.

These values are not just words- they inform us all about how we respond to almost everything. For example, in responding to the value of Respect and Care we have established a simple Compliments and Complaints procedure. We welcome bouquets and brickbats because they are a measure of our progress. They are taken seriously. A recent complaint from a client has led to a significant change in TEAMhealth policy.

As part of the strategic planning process the review of our vision and objects was a very useful one and the constitution was changed in June to better reflect what we do – understanding and promotion of good mental health and provision of mental health prevention and support services.

The adoption of a five year Strategic Plan has focussed our efforts until 2016 on developing

and extending services within the Top End of the NT, increasing our capacity to deliver quality services whilst increasing both client and staff satisfaction, increasing the membership base of the association, pursuing opportunities for income diversification and ensuring ongoing policy development.

The development and approval by the Board of a delegation schedule with budget and expenditure authority being diversified to appropriate staff throughout the organisation has improved staff morale and has already led to simplified and cost saving ways of doing business.

In June 2011, for the first time, the Board was pleased to approve operational plans developed by staff for all services. This demonstrated a new level of planning within the organisation which will have real impacts on the services we deliver.

The overall impact of all these changes on the welfare of our clients is clearly reflected in the Treasurer's report in the graph headed Unspent Grant Liability 2009-2011. This shows that we are now delivering the services we have been contracted to deliver.

In April this year we welcomed Dale Campbell as our new CEO. The CEO report following indicates that Dale has embraced the elements of the Strategic Plan and is using his skills to lead the organisation to achieve its newly defined goals.

I would like to thank Janet Buhagiar who stepped down from her Board position to act as CEO from end of January until Dale's appointment. She took the pressure from my shoulders and did a wonderful job in giving the staff the confidence and enthusiasm to embrace the changes the organisation was facing.

Since the 2010 AGM we have welcomed MunLi Chee to our Board. As our longstanding Treasurer Barry Thomas is retiring at this AGM. Having someone with MunLi's accounting skills and experience is most reassuring. We have also recently welcomed Dr Michael Nixon, an experienced medical practitioner to our Board.

Sadly, we mourn the untimely death of Board member Greg McNamara who died in a tragic vehicle accident in August this year and the passing of Dr Allan Skertchly, a former Chair of TEAMhealth in April.

Finally, I wish to again thank our Board members, our staff, our funders and the organisations we have worked with throughout the year.

Sue Bradley.

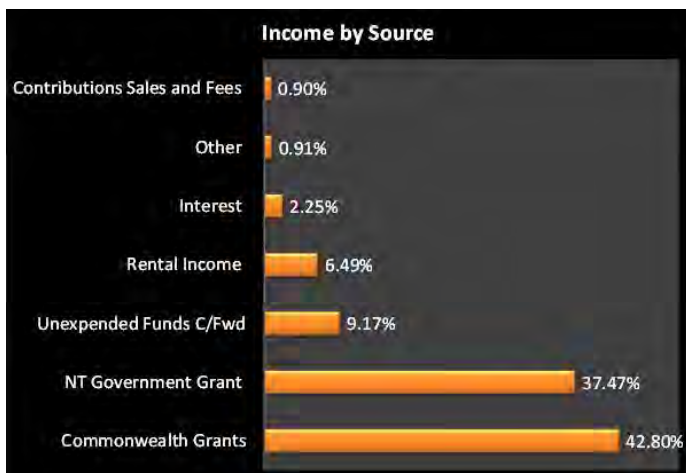


# TREASURER'S REPORT

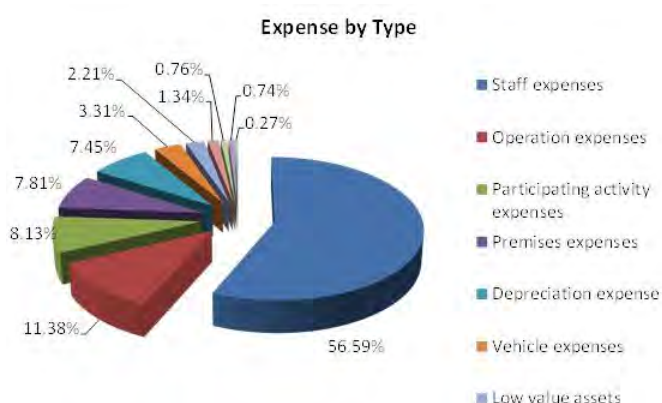


The 2010-11 financial year presented a number of challenges to TEAMhealth, especially with changes to a several key management positions. Notwithstanding, the organisation recorded significant achievements through the year.

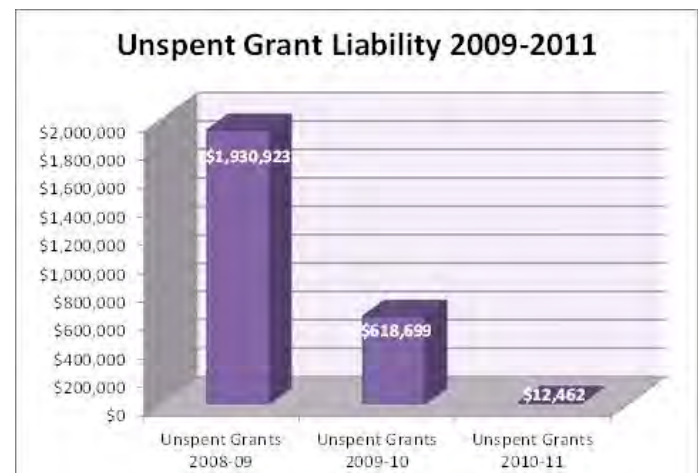
TEAMhealth recorded revenue of \$5.538m in 2010-11 with just under 90 percent from grant funding. Additional revenues came from Interest, Rental Income, and Charges and Fees. The composition of Income in 2010-11 is represented below.



Operational Expenses totalled \$5.701m in 2010-11. Employment Costs constituted the majority of expense, accounting for over half of all costs. Other major expense categories are listed below.



Perhaps most importantly, TEAMhealth has now acquitted all unspent grant funding carried forward from previous years. In both 2009 and 2010 the organisation reported significant unspent grant liabilities, and carried forward over \$600,000 into the 2010-11 financial year. Virtually all of those funds were expended in the period with a only a nominal amount of unspent funding at year end. The significance of this result is that it shows TEAMhealth delivered all of the services for which it was contracted in 2010-11. The graph below illustrates the pattern over the last three years.



TEAMhealth is in a strong financial position with total members' funds of over \$5m compared to \$4.287m in the prior year. The organisation recorded just under \$2m in cash and other current assets against \$0.546m in current liabilities. The ratio of current assets to current liabilities was 3.51 at 30 June 2011.

The Auditors, BDO Kendall, have provided an unqualified Audit report. In addition to the Financial Statements and Audit report, TEAMhealth provided unqualified grant funding acquittals to its funding agencies. TEAMhealth is well positioned financially to meet the challenges and opportunities with which it will be presented in future periods.

# CHIEF EXECUTIVE OFFICER'S REPORT



It was my great pleasure, and privilege, to take up the role of Chief Executive Officer of TEAMhealth in 2010-2011.

Over the past year the organisation has undergone considerable change. We said farewell to our long standing Chief Executive Officer, Kirsty Carter, and Janet Buhagiar stepped in as interim CEO and achieved great things in a short time.

We brought a number of new systems online such as TOMS and e-tracker that are helping us deliver services to our clients. We commenced a complete review of all policies and procedures which will strengthen the foundations of the organisation.

In 2010-11 TEAMhealth completed its first full Operational Plan. The plans were developed by the service delivery teams "from the ground up" and provide a great platform for managing our operations. The organisation developed a comprehensive budget, and also designed specialised tools that will provide for enhanced budget planning in future periods.

TEAMhealth has set some significant objectives for the coming financial year. 2011-12 will see further system development including an electronic document management system to better manage records, policies and procedures. One of our biggest initiatives next year is the development of an integrated skill development plan, encompassing technical, vocational and professional development pathways for all staff.

Of course all of these initiatives have one primary goal: to deliver outstanding levels of service and support to our clients. We are very proud of the accomplishments of our clients throughout the year, some of which are detailed in later sections of the Annual Report.

One of the amazing things about working in the Not for Profit sector is the wonderful passion and dedication people bring to their work, there is always something that surprises you, humbles you, or inspires you when you work in the community. TEAMhealth embodies this spirit: from the Board who give their time and expertise so generously, to our funding agencies with whom we have such productive relationships, and especially the awesome staff who work so tirelessly to better the lives of our clients. My thanks to all of you for a great year.

We want to give a special thank you to our long standing President and Chair, Sue Bradley. Sue has been involved with TEAMhealth for over twenty years and her commitment and passion for the organisation is legendary. The organisation wouldn't be what it is today without Sue.

To say she will be missed just doesn't do it justice.

Thank you Sue and God bless you.

# BOARD OF MANAGEMENT



**SUE BRADLEY AM,  
CHAIRPERSON & LIFE  
MEMBER**

Sue is a life member of TEAMhealth having served on the board in various roles from 1991-2005 and from 2010 to present. Sue is also the current Vice President and member of Alzheimers Australia NT as well as a national board member of Alzheimers Australia.



**THIAGUS CHELIAH, VICE  
CHAIRPERSON**

Thiagus has been on TEAMhealth's board since January 2008 and has held numerous positions on the board such as Vice Chairperson and Public Officer. Thiagus is an Associate Lawyer for Ward Keller Lawyers.



**BARRY THOMAS,  
TREASURER AND LIFE  
MEMBER**

Barry has been a member of TEAMhealth's Board since August 1998 and as such was given life membership in June 2011. Barry works as a Partner at Deloitte in Northern Territory.



**RUTH LESLIE-ROSE,  
SECRETARY**

Ruth has been on TEAMhealth's Board since October 2010 and is the Chief Executive Officer of Alzheimers Australia NT.



**TONI VINE BROMLEY, PUBLIC  
OFFICER**

Toni Vine Bromley has been a member on TEAMhealth's Board since September 2005. Toni is the Executive Officer of NT Shelter.



**GREG McNAMARA, BOARD  
MEMBER**

Greg has been a member of the TEAMhealth Board since December 2009. Greg is the Director of Troppo Architects and has many awards for his brilliant designs.

Greg tragically passed away in August 2011.



**JANET BUHAGIAR, BOARD MEMBER**

Janet has been a Board member at TEAMhealth since October 2010. Janet is currently the Director of Social Policy for the Department of Chief Minister. Janet was the previous CEO of St Vincent de Pauls and won the national Young Business Woman of the Year Award in 2010.



**MUNLI CHEE, BOARD MEMBER**

MunLi has been on TEAMhealth's Board since March 2011 and is a Partner at KPMG. She is both a Chartered Accountant and a Certified Public Accountant, and is a member of the Australian Institute of Internal Auditors.

She was the Young Manager of the Year in the Australian Institute of Management's Management Excellence Awards in 2008



**KEN CONWAY AM, BOARD MEMBER**

Ken has been a Board member since July 2010. Ken is the Executive Officer of Browns Mart, is a Churchill Fellow and recipient of the Ros Bower Award. Ken is a part time Community Panel Member under the Adult Guardianship Act.



# KEY ACHIEVEMENTS AND HIGHLIGHTS FOR 2010-11

## Dana wins The Mental Health Services Award (TheMHS)

Dana Duncan a Day to Day Living Program (D2DL) participant won second prize in the category of Individual Entrant at the Mental Health Services Award (TheMHS) at the Summer Forum in Sydney 24-25 February 2011. Dana won a trip to Sydney for the announcement of the winners as well as \$1000 for second prize in her division.

Dana's poster had an inspiring message of:

“Mental Health  
Drop In Centers.  
We need each  
other to recover.”

Congratulations  
Dana well done!



# PAPAYA, MANSE & PROGRESS DRIVE UPGRADES/ RENOVATIONS

Manse upgrades were well overdue so TEAMhealth renovated the kitchen and bathrooms to give them a fresh new look. All residents were very pleased with the results.

TEAMhealth also received funding to upgrade air conditioners for our residents at Progress Drive (our women's only accommodation) and to replace the old roof.



## NEW WORKS AT THE MANSE:



TEAMhealth was successful through the Department of Housing, Local Government and Regional Services Community Housing Program (CHP) to obtain funding to complete the works at our sub-acute facility in Nightcliff, Papaya. This included the completion of the cladding on the outside of the building.





# CERT IV IN MENTAL HEALTH

The non-government mental health services sector has been working for many years towards a baseline level of training/qualification for staff. Staff working in the sector often have varied backgrounds from health care to the hospitality industry. TEAMhealth has set the goal of all staff obtaining this baseline qualification and has worked closely with Bridgeworks Employment and Training over the past year to support and assist staff to achieve the Cert IV in Mental Health.

The following staff successfully completed this qualification:

Elaine Carmody  
Narelle Coates  
Ursula Digregorio  
Rachel Dixon  
Amy Drahm  
Patricia Hardy  
Andrew Maclean  
Glynis McDonald  
Kalina McEwin  
Joanne Parker  
Terrance Radford  
Marcus Reid  
Tony Willits

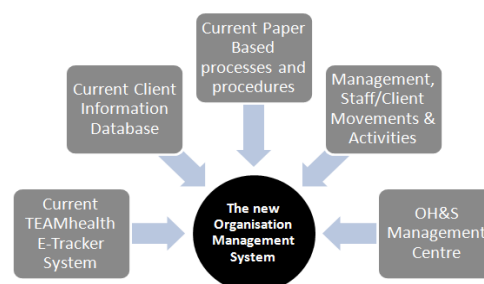


# TEAMHEALTH OPERATIONAL MANAGEMENT SYSTEM (TOMS)

This exciting project has been managed by Newcastle Innovation and was funded by the Department of Health Northern Territory Government. The project has been focused on creating a fully customised organisation management database for TEAMhealth.

The aim of TOMS is essentially to provide an all-in-one system that will enable the various tasks and documents of TEAMhealth to be synthesised and incorporated into a more efficient and effective digital database. The system will enable data input, handling, storage and output as well as report generation and dissemination.

The system will enable us to integrate the following internal processes and procedures: This approach adds significant long-term advantages as it is based on “cloud computing” protocols and latest trends in database development. The TOMS database will enable TEAMhealth and its staff to access the system from a multitude of satellite offices. It also means maintenance or upgrades can be undertaken remotely and at a minimum of cost and time. Using a web-based platform (proven technology) will enable expansion of TOMS around future initiatives and additions and will extend the shelf-life of the system considerably.





# REVIEW OF PROGRAMS

## RECOVERY ASSISTANCE PROGRAM (RAP)

Northern Territory, Department of Health

## LONG TERM ACCOMMODATION PROGRAM (THE MANSE)

Northern Territory, Department of Health

## SUB ACUTE CARE PROGRAM (PAPAYA)

Northern Territory, Department of Health

## PERSONAL HELPERS AND MENTORS (PHAM)

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

## FAMILY AND YOUTH SERVICES (FAYS)

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

## RESPITE TOP END

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

## RESPITE CENTRAL AUSTRALIA

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

## COMMUNITY AGED CARE PACKAGES (CACP)

Commonwealth Department of Health and Ageing

## DAY TO DAY LIVING PROGRAM (D2DL)

Commonwealth Department of Health and Ageing

## COMMUNITY HOUSING PROGRAM (CHP)

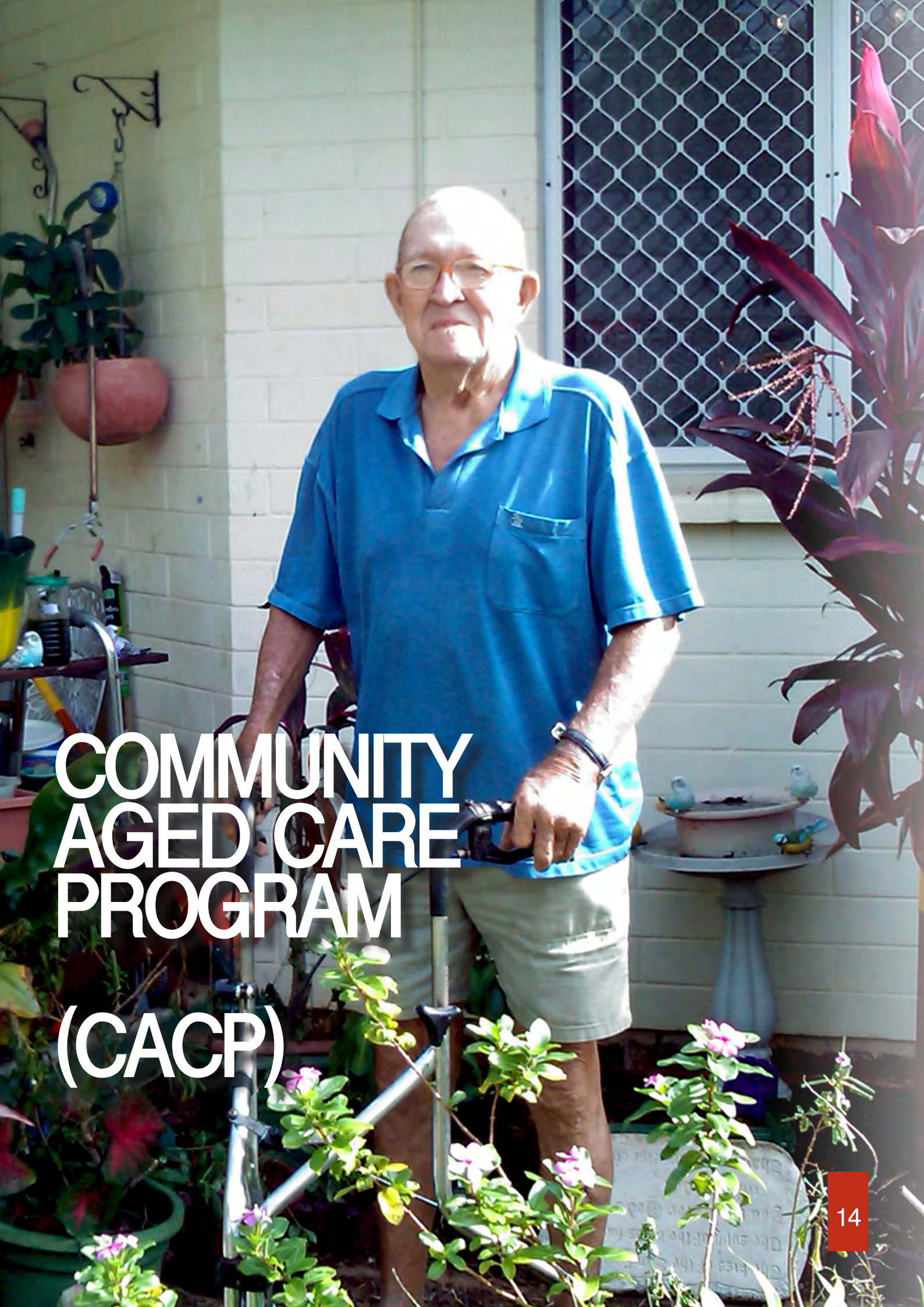
CHP is self funded through rental income from Territory Housing supplied properties





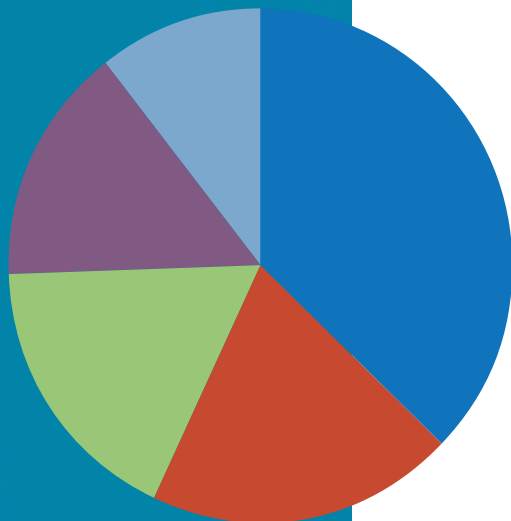
# PROGRAM STORIES





# COMMUNITY AGED CARE PROGRAM (CACP)





- Persons with a mental illness in the Palmerston area
- Persons with a mental illness living in the Darwin area
- Indigenous persons
- Persons from culturally & linguistically diverse backgrounds
- General Housing & Financial Disadvantaged

CACP are individually planned and coordinated packages of care tailored to help older Australians to remain living in their own homes. The packages are very flexible and designed to help with individual care needs.

The type of support primarily offered over the last year to care recipients includes case management, assistance with medical and specialist appointments, negotiating with Territory Housing, medication management 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. TEAMhealth is the only provider in the Northern Territory specialising in providing care to older people with a mental illness and it is in high demand and is currently funded to provide 25 care packages in Darwin and Palmerston.

In the past year our focus for staffing has changed and all staff that were casual have been made permanent part time. This has given staff more ownership of their position and gives the program a better relief when staff are on leave.



We are very pleased that the CACP program has signed up TEAMhealth's first apprentice to complete a Certificate III in Community Aged Care. The program is looking at the two Support Workers also undertaking an apprenticeship.

A positive move for the CACP team this year was the purchase of a third vehicle and the ability for the Coordinator and Senior Support Worker to attend the National Alzheimer's Conference in Brisbane.







# DAY TO DAY LIVING (D2DL)



## Hungs Story

"Hung Cheng Tan has been a participant of the Day to Day Living Program since September 2010. As a 64 year old woman Cheng enjoys coming to D2DL for a number of activities and social opportunities that otherwise would not be available to her. Cheng has made a lot of friends in the Day to Day Living program.

In October last year Cheng moved into a new apartment. This was a beneficial move and Cheng was very excited about moving into her new accommodation. There has been a significant amount of material and a sewing machine donated to D2DL in the last year and Cheng was able to make curtains for her new home from D2DL materials. Cheng was able to hang her curtains in January. Cheng says that her favourite activities at Day to Day Living is using the Gym equipment, Tai Chi, using the computers and reading the paper. Cheng is a keen participant and attends most excursions and outings.

The D2DL program forms part of the Commonwealth's component of the Council of Australian Governments' (COAG) National Action Plan on Mental Health 2006-2011. The program aims to improve health outcomes and the quality of life for people with severe and persistent mental illness who experience social isolation. It is delivered through the provision of structured and socially based activity programs where individuals can participate in social rehabilitation activities and gain independent living skills.

D2DL participants enjoy attending social and community events and this year and been bigger and better with participants visiting the Territory



Wildlife Park, AC-DC Exhibition, Homeless Connect, Mandorah, Batchelor and monthly BBQ's. Art and craft plays a big role with the participants of D2DL and this year the centre facilitated an Open Day for Mental Health Week. This included an art exhibition which displayed the fantastic pieces of work created by the participants over the year. Jenny's beautiful gecko won the People's Choice Award.

In recognition of the great art created by our clients from all programs, D2DL facilitated an art competition whereby the winner, would be awarded with their artwork as the cover of this years annual report. The judges Sue Bradley, TEAMhealth Chair and Ros Bracher, Director of the National Art Gallery chose a vibrant and colourful painting as the winner. Nasim did a fantastic job creating a beautiful piece of art. Well done Nasim.

D2DL participants are always looking at ways to give back to the community. One way they are doing this is making blankets for the Fistula

Hospital in Africa. They also made a blanket through the social club knitting sessions and sent a blanket in the "Shoe Box of Love Program" for the Queensland flood victims.







# FAMILY AND YOUTH SERVICES (FaYS)



## Sarah's Story

"Sarah" has participated in the FaYS program for just over a year after an admission at Cowdy Ward where she was diagnosed with Schizophrenia.

Sarah is in a very different place today with the support of FaYS, she is currently living in TEAMhealth's Community Housing Program, she attends CDU everyday to complete an English course, she found herself part time employment and access with her son has increased and is now unsupervised in preparation for him to return to living at home with Sarah.

Sarah says "FaYS have been a great help especially with helping me find accommodation and starting the English course, the accommodation is great and I am very happy to be here as my children can now come and stay with me. I am looking forward to having my son home and to continue with my studies, thank you FaYS for all of your support"

FaYS provide support to young people (aged 16-24yrs) and families where a parent has a diagnosed mental illness. The program delivers services to areas of youth, family and Indigenous. FaYS provides individual support for participants, carers and families, community awareness programs and educational programs, aimed towards early intervention and prevention. The program is well established within the community and requests for groups and participation from community services and schools continues to increase as do individual referrals.



Relationships have been strengthened over the last year between the FaYS program and the Belyuen Community located approximately 120km from Darwin. In partnership with TEAMhealth's Top End Respite program, FaYS held a special pamper day for International Women's Day at Belyuen. Celebrations commenced with a delicious breakfast for approximately 100 ladies. The pampering consisting of face mask treatments, manicures, massages and foot soaks promoted good self esteem and positive mental health.

Everyone had a great day and the experience had by all cemented the great relationships between staff and the community.

In partnership with Kormilda College, Darwin Community Arts and the Red Cross Y Challenge, the FaYS program worked with students from Kormilda College in creating artwork for the "Connections" Art Exhibition at the Darwin Entertainment Centre. The program was an art based positive mental health

program to build resilience and the mental capacity to cope with change. The beautiful pieces of art were auctioned and the proceeds given to YWCA Casey House and Fusion NT.

It was a fantastic night with a lot of excitement in the air.







# RECOVERY ASSISTANCE PROGRAM

(RAP)



### In their words:

"I like where I live. I've got a new house mate, which is good because I used to get a bit scared at night. I like that my Key Worker listens to me. She never says that I can't do anything. Sometimes I try and see how far she'll let me go. But it's usually the Trustee's that tell me I can't afford it". Mary

"I've met loads of people since I moved to Darwin. Mostly through Day2DayLiving, but living in town makes a difference. I've got my own place again with TEAMhealth. I wanted to get a job again as well. I'm really happy that my Key Worker supported me through this. I was getting down with all the red tape and knock backs. In the end I got my job by myself, but the support was really important. Things are good now". Murray

**The Recovery Assistance Program**, affectionately referred to as RAP, provides psychosocial rehabilitation to individuals with a diagnosed mental illness in the Darwin, Palmerston and Katherine areas. The RAP primarily provides outreach support to participants in their environment of choice.

Over the last year members of the RAP team have witnessed great goals achieved by those we support, with individuals working full time, studying, certificates achieved, being able to get on a plane after 9 years, moving into private accommodation and involvement in the Runge Street

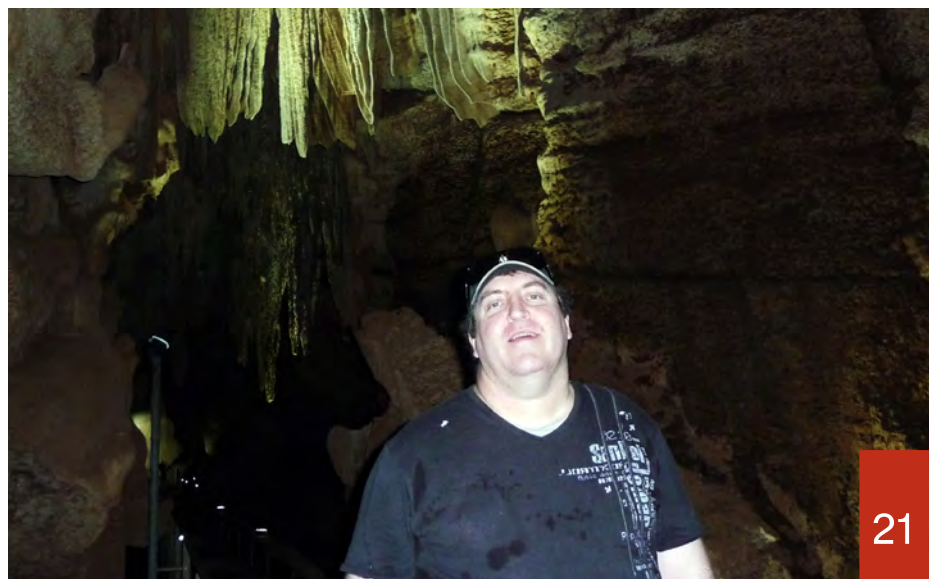


Garden Project. Each individual identifies their own goals in the key areas of living, learning, working and socialising. RAP is a very multicultural group which also gives individuals the chance to learn about the different cultures.

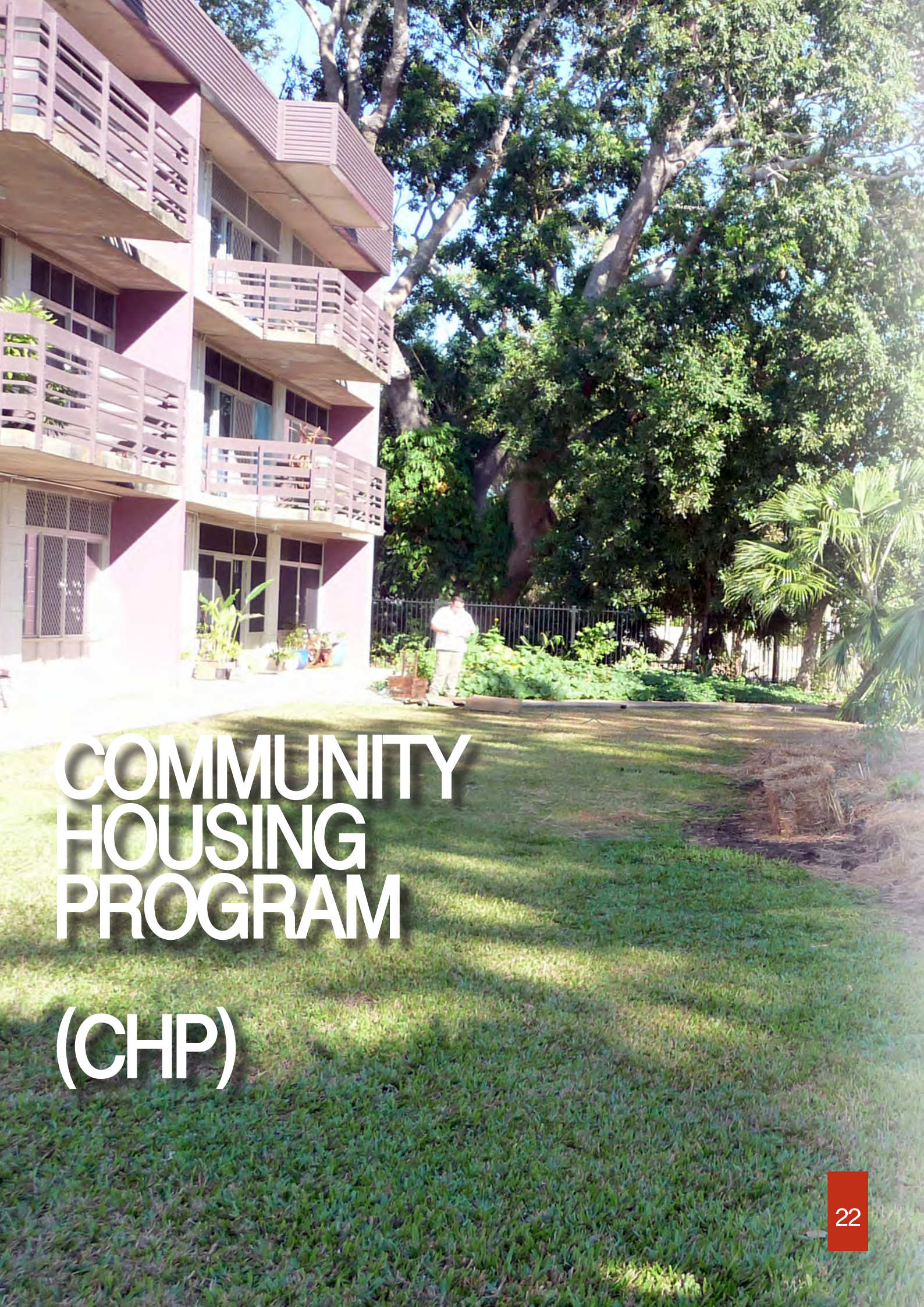
RAP Darwin and Katherine took part in a RAP adventure to Katherine for 3 days enjoying the Katherine Gorge and Cutta Cutta Caves. This gave participants time to interact with one another, socialise and gain confidence.

Individuals were able to leave their daily routine at home and communicate openly with other participants, staff, tourists and the general public.

**RAP Katherine is supported by Kay Barnett, PRW. 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 services provides in Katherine area and very strong links to Top End Mental Health Services**







# COMMUNITY HOUSING PROGRAM (CHP)



In their words:

"I didn't have much going good in my life. I'd spent a few years at Glenside (Psychiatric Inpatient unit, Adelaide, S.A.) then decided to come up to Darwin. I spent a few months couch surfing before things come unstuck again and I ended up at Cowdy (Psychiatric Inpatient unit, Darwin, N.T.).

It was Mental Health Services that put me on to TEAMhealth. Now I've got my own place that I share with another bloke. I've just been given full time hours at work and I feel more settled than I have in ages. My Key Worker with TEAMhealth has supported me heaps. Even when I tried to get out of doing stuff, she'd always find me in the end. I'm glad she did". Luke  
"I enjoy the gardening and the sense of community at Runge St. We don't have a lot cause we're all pensioners but we look out for one another. When I had to go to hospital my neighbour watered my plants". Katy

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

The primary aim of the CHP is to provide safe, secure and sustainable housing that promotes independence.

CHP operates on a supported accommodation model, residents are supported in their recovery by other TEAMhealth services and Tenants are expected to



possess independent living skills commensurate with their responsibilities under their Tenancy Agreement.

and five single tenant dwellings.

On an individual property basis, our property occupancy rate as at 30th June 2011 was 95%.

CHP placements were spread over six family dwellings, twelve shared dwellings (all two tenant share except for one three tenant share)







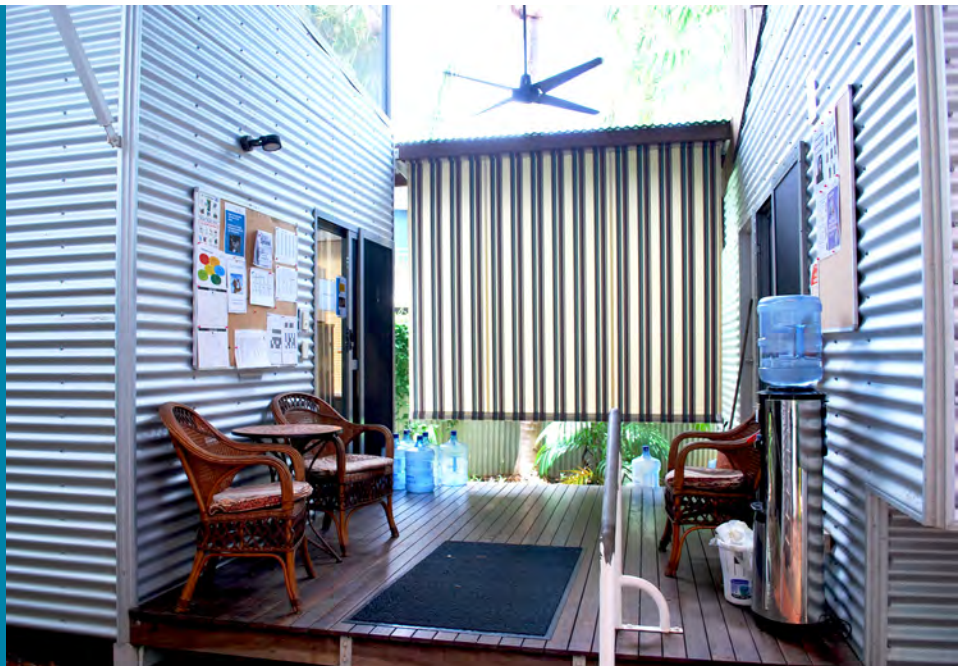
# SUB ACUTE CARE PROGRAM (PAPAYA)



## Gemma's Story

Gemma\* is a 21 year old girl who was admitted to the inpatient unit after a manic episode at home. Gemma says "I recently had a manic episode and am trying to get back on my feet. Papaya helps me by assessing my mood and distinguishing whether it is healthy for me to receive help or whether I can do things for myself.

The objective views from the staff help me to be more independent, which is the ultimate goal. Thank you to all the staff that have helped me get through my toughest challenges"  
Gemma.



Papaya provides an alternative option to hospital in a home like environment while receiving treatment and support. The program is designed to provide an integrated recovery focused prevention and recovery program in partnership with Top End Mental Health Service (TEMHS).

team for 'step up' support. There has been an increase in referrals from remote teams, such as the East Arnhem Mental Health Team, which encompasses Elcho Island, Nhulunbuy, Groote Island, Maningrida, and Oenpelli.

In 2010-2011 the program has supported 78 clients with 46 being male and 32 female.

The Sub Acute Residential Program "Papaya" is designed for intensive individualised support to people affected by mental illness. The aim is to prevent or reduce the length of stay in Royal Darwin Hospital (Cowdy Ward).

The Sub Acute Program accepts referrals from Top End Mental Health Services (TEMHS) only. In the past year, the majority of our referrals have come from the Inpatient unit for 'step down' support, and secondly from the local 'Adult'







24 HR  
RESIDENTIAL  
CARE  
(THE MANSE)



### Steven's Story

Steven, a long term resident has shown significant improvement in most areas required for independent living. The highlight for Steven has been improvement in his ability to access his money independently from TEAMhealth Head Office, his medication management, problem solving skills and the request to participate in voluntary work which is presently being organised with Anglicare second hand shop.

### Shane's Story

Shane has been with the Manse for over two years has shown significant improvement in the past five months in personal hygiene and daily living skills. The visits to Day 2 Day Living and Pete's Place have reduced his anxiety which has resulted in improved capacity to communicate better with other people outside the Manse Community.

The Manse is one of the first establishments that TEAMhealth opened to support people with mental health issues and resultant psychiatric disability. The Manse offers 24 hours a day, 7 days a week residential facility to people with long term mental illness. It is a six bedroom facility accommodating five permanent Residents and one room for respite options.

The aim of The Manse Program is to support, clients in their journey of recovery. The program increases ability to return to main stream society with skills that are likely



to reduce community prejudice, stigmatisation or judgmental attitudes. One of the goals of the program is to equip residents with the means to develop resilience and reduce vulnerability in readiness for independent living.

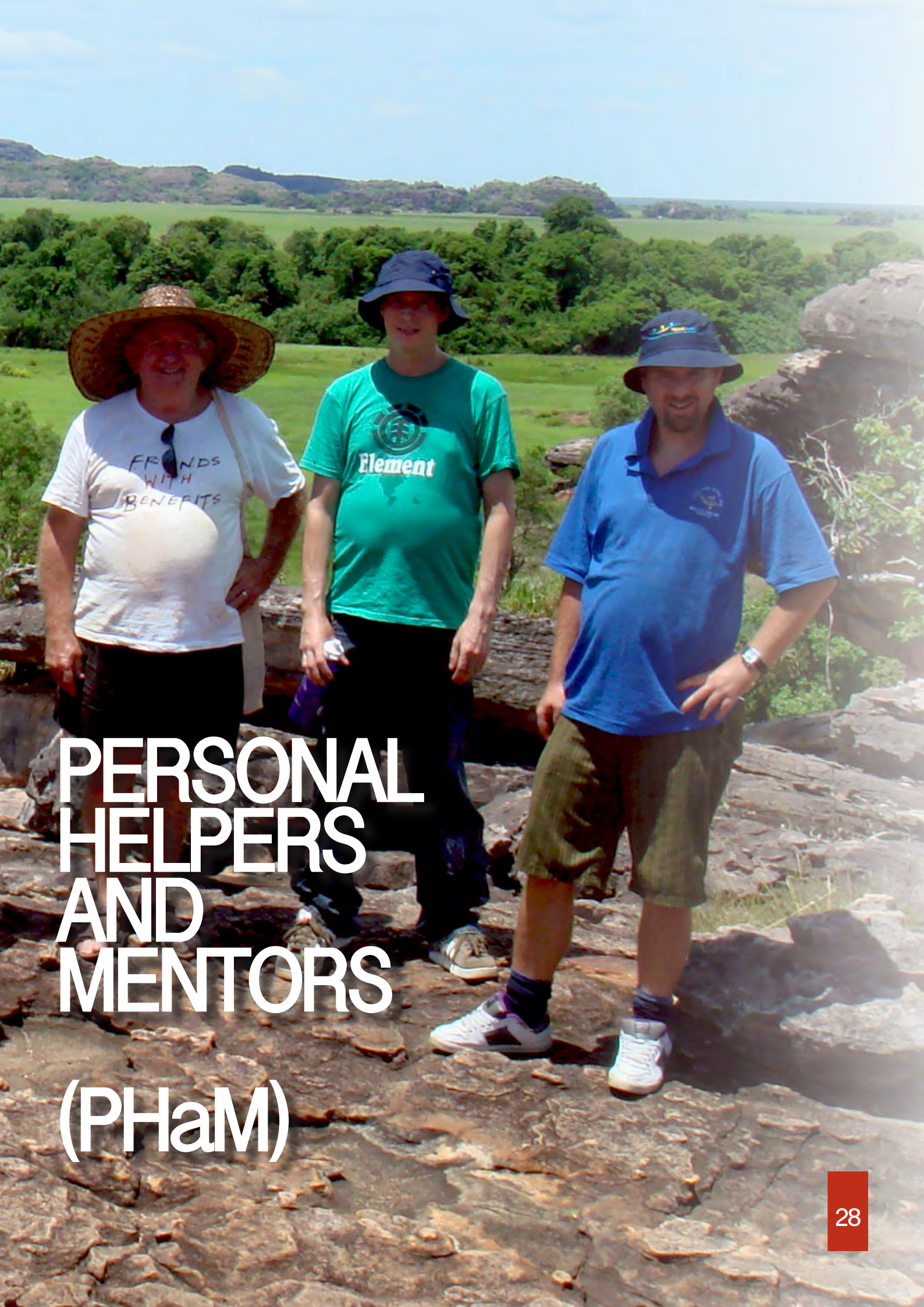
The Manse program provides an holistic approach to support every day living skills. Residents are encouraged to engage in safe social activities such as shopping and attending recreational activities. Support is offered to those who would benefit from new skills in relation to personal hygiene, medication management, budgeting, socialisation skills and employment.

The Manse facilitates a weekly meeting where residents have the opportunity to discuss any issues that may affect themselves or facility. The weekly meeting also gives residents the opportunity to select their own meals and cook for each meal. Residents choose the location

and the venue for their own weekly outings. A recent addition to the program encourages residents to make decisions where they choose their own DVD's for the movie nights held at the Manse. The clients have had organised outings which have included an overnight trip to Bachelor, Duck About Tours Bus, movies and a sunset BBQ.

The Manse has been a hive of activity in 2010/2011 and now boasts a renovated kitchen, fresh interior paint work, new paving and a new waterproof shade sail. Ongoing renovations to the bathrooms are in full swing. The clients have been engaged in some of the ideas for the Manse and we look forward to some exciting times for the manse in the next year ahead.





# PERSONAL HELPERS AND MENTORS (PHaM)



2010/2011 has proved another great year for TEAMhealth's rural and remote support with the PHaMs team helping to create some incredible recovery outcomes throughout our 6000 square kilometer catchment. 2010-11 has seen ongoing support of local Indigenous communities where PHaM's have made big contributions.

The past year has seen PHaM's strengthen relations with the communities whilst implementing fishing and camping initiatives that have offered participants recreation activity respite from their respective communities and a chance to yarn



about the mental health issues they are facing in a culturally appropriate setting.

With a strong focus on the issues facing our higher needs and more isolated participants, we continue to take a lead role in care coordination and advocacy for participants unable to access the services that are imperative for health and recovery based goals coming to fruition. For a lot of our participants, moving to town to access this infrastructure is the only solution to the isolation.

This year PHaM's have supported over 10 participants in moving to better serviced areas which is a big achievement for the participants. When taking into account the housing issues facing the Northern Territory, many of these success stories can also be attributed to associated TEAMhealth residential services, with whom we work side by side.

Compounding the geographical

isolation for most of our participants is the social isolation and additional stigma that comes with living with a mental illness in a small community. This year has seen our participants getting regularly involved in our recreation based activity program. Throughout the year we have seen peer bonding and friendships created within this program where our participants are given an opportunity to step away from the strains of remote living for the day and socialise with others sharing similar life experiences.

PHaM's is fully staffed and comprises a cohesive team that offers our participants an absolute wealth of knowledge and support.







# RESPIRE TOP END



In their words:

"I found this trip away stimulating and informative through sharing of experiences and different perspectives. It is a most uplifting experience to be recognised for special care of family members which can often go unrecognised in society". Karen (Carer)

"The whole trip was above my expectations and well worth it". John, (Carer)

"I wish to thank the support staff who made through their untiring efforts this memorable trip possible. My son for whom I care found through my absence talents he had never imagined being there. His self esteem skyrocketed. He commented how well and rested I looked on my return. A win-win situation for all". Heinrich (Carer)

"The Breakaway trip blew me away and Alex really enjoyed all of our time away. I certainly felt like I was on cloud 9 with these getaways. For nearly 20 years Alex has not been very well and this is the first time we can get away together and not to worry. Alex has certainly changed from all of our Respite Breakaways". Jeannie (Carer)

The Top End Respite program has had a successful year providing respite to Carers and Care Recipients living in the Darwin urban areas and remote communities at Nhulunbuy, Groote Island, Elcho Island Maningrida, Belyuen, Katherine, Bachelor and Acacia. The program has worked in conjunction with other stakeholders and service providers, clinical services, non-government and government organisations as well as other TEAMhealth programs.



The program has continued to provide innovative, flexible, sustainable and ongoing respite options for Carers and Care Recipients which has been welcomed and enjoyed by all.

Fun weekly activities have been organised for Care Recipients giving them a chance to socialise and mix with other Care Recipients. Lots of laughs and giggles have been had by all participating in fishing charters, go karting, movies, ten pin bowling, Duck About Tour, BBQ's and mini golf.

The Breakaway trips for Carers and Care Recipients to Cairns, Alice Springs, Uluru, Katherine and Broome have been extremely successful with Carers being encouraged to have respite from the Care Recipients.

The feedback received from the Carers was that they could go away and relax knowing the people they are caring for are safe, being looked after and enjoying themselves as

well. They didn't have to rely on other family members, friends or other services to look after the people they care for.

The Carers who participated on the Breakaways also commented on the benefits of meeting other Carers and sharing their own caring experiences. They have formed friendships and gained knowledge about caring for someone with a mental illness.







# RESPIRE CENTRAL AUSTRALIA





In October 2010 Respite Central Australia relocated to new offices which gave the program more alternatives and opportunities to provide activities in house, meetings and easier access to parking. This has been welcomed by all stakeholders, service providers and general public.

During 2010/2011 the Central Australian Respite program provided respite services to twenty eight Carers and thirty one Care Recipients.

The Central Australian Respite program expanded their service to remote communities with the provision of support to eleven Carers/ Care Recipients from nine different communities, Mt Liebig, Yuendumu, Tennant Creek, Epenarra, Stirling, Utopia, Kings Canyon, Wallace Rockhole and Finke River.

TEAMhealth have supported these Carers and Care Recipients by providing ongoing sustainable respite options in Alice Springs. This has given the Carers and Care recipients the opportunity to participate in group activities and programs provided by other services.

The group activities have been successful with activities such as Hot Air Ballooning, Starlight Show , Nocturnal Show, Original Outback BBQ, Comedy Festival, Kangaroo Sanctuary, Paint and Picnic afternoons and Ladies Day's Breakaway Activity:

On June 6th Care Recipients from

remote communities in Central Australia had the opportunity to travel to Broome, WA. They were given the opportunity to experience a Cape Leveque tour including an insight into Indigenous communities in the Kimberly region, fishing charter, half day Broome Town tour, sunset camel ride along Cable Beach and a hovercraft ride with a guided talk on the dinosaur foot prints found on the foreshores of the Broome beaches.

The Care Recipients have informed TEAMhealth they all experienced something new on this trip, with many never having had the opportunity before to experience a boat or fishing, camel riding or gain knowledge of Indigenous people in the Pearling industry in the Kimberly Region. The Care Recipients that were involved in this trip have all expressed their gratitude to TEAMhealth for this wonderful and unique experience.

# TRAINING



## MENTAL HEALTH FIRST AID



In 2000, Betty Kitchener and Professor Tony Jorm began writing a Mental Health First Aid (MFHA) manual and an accompanying course, with the aim to improve the mental health literacy of members of the Australian community. Since then, the MHFA Training and Research Program has been developed, evaluated and distributed nationally and internationally.

The course is designed to give members of the public skills to help someone developing a mental health problem or in a mental health crisis situation. The philosophy behind the course is that mental health crises, such as suicidal and self-harming actions, may be avoided through early intervention with people developing mental disorders. If a crisis situation does arise then the course teaches people to take appropriate action that can reduce the harms that could result.

Participants who have completed the course have been very positive about the knowledge and skills they have acquired. Course participants have including teachers,

police, nurses, case managers, support workers, social welfare staff, employment agency staff, personnel staff, and members general public and staff of many federal and local government departments.

The MHFA course has been thoroughly evaluated using randomised controlled trials and a qualitative study and been found to be effective at improving the course participants' knowledge of mental disorders, reducing stigma, and increasing the amount of help provided to others. In view of the innovation and quality of the Program, it has won a TheMHS first prize and has spread to a number of other countries, including Scotland, Canada, Hong Kong and Singapore.

TEAMhealth is very pleased to be able to deliver this training and will continue to do so in the future.



# PREVENT PLAN PROTECT (P3) TRAINING



**Alzheimer's  
Australia Tas**  
Living with dementia

Aggression and Behavioural Management Training (P3) was introduced to TEAMhealth in December 2010. Linda Graham from Alzheimer's Australia facilitated the two day workshop for 15 TEAMhealth staff. Six of those staff went on to be trained as P3 facilitators. TEAMhealth purchased the rights to facilitate the program for all TEAMhealth staff from Alzheimer's Australia and conducted the first course in March this year.

The course as suggested, (PREVENT - PLAN - PROTECT) is aimed towards three main areas to provide staff with additional skills strategies and knowledge to manage stages of aggressive behaviour, then to also avoid and protect themselves if confronted with an aggressive or violent situation. The feedback from the students who did this training was excellent and they found the course very interesting and useful, but fun too, as it involves group activities, theory, and practical exercises on breakaway techniques.

TEAMhealth will facilitate this training to all staff as part of their induction to TEAMhealth and will coincide with the Mental Health First Aid Training. The TEAMhealth P3 facilitators are Anthony Smith, John Cusack, Darren Robinson and Marcus Reid. TEAMhealth is excited to provide a proactive approach for all staff around safety.

## In their own words:

"It provided me with support I needed to work in a mental health setting". Jijoy  
 "Have a better understanding of people who display challenging behaviours – a great refresher course". Anon  
 "It was an interesting and well planned program with both theory and practical experiences". Christel  
 "Content was good, great delivery, flexible and engaging". Amy

"I enjoyed the program, it was fun whilst learning new skills to defend and defuse difficult situations".

Vanessa



# MANAGEMENT PERSONNEL

## DALE CAMPBELL

Chief Executive Officer

Dale has responsibility for the overall management of TEAMhealth. He is charged with ensuring the organisation meets the obligations of its service contracts, and with the operational management of budgeted expenditures, assets, liabilities, and risk. Dale also has final responsibility for the staff morale and performance at TEAMhealth.

## MARK GRAFF

Director of Corporate Services

Mark was contracted to cover the role of Director of Corporate Services while Lisa Payne was on maternity leave. Mark provides leadership and day to day management of corporate services at TEAMhealth. This includes finance, asset management, information technology, human resources and housing/tenancy management.

## MELISSA HEYWOOD

Director of Client Services

Melissa works in close collaboration with the Chief Executive Officer, Director of Corporate Services, Manager Residential, Recreation and Respite and the Manager Community Outreach Programs to implement TEAMhealth's operational goals. Melissa provides leadership and management of all service delivery to our clients.

## ANTHONY SMITH

Manager, Residential, Recreation  
and Respite

Anthony provides leadership and day to day management of client services in the program areas of the Top End and Central Australia Respite Program/s, Day to Day Living (D2DL), Sub Acute Care (Papaya) and the Manse.

## TONY WILLITS

Manager, Community Outreach  
Program

Tony provides leadership and day to day management of client services in the program areas of the Personal Helpers and Mentors (PHaM), Family and Youth Service (FaYS), Recovery Assistance Program (RAP) incorporating the Community Housing Program (CHP) and the Community Aged Packages (CACP).

# ALL STAFF LIST 2010/2011

## MANAGEMENT TEAM

Buhagiar Janet  
Campbell Dale  
Carter Kirsty  
Graff Mark  
Heywood Melissa  
Payne Lisa  
Smith Anthony  
Willits Tony

## ADMINISTRATION

Barrett Simone  
Baydoun Ali  
Black Kate  
Jackson Karen  
Lewers Nurdiah  
Lyons Angelie  
Redman Shianne  
Redman Tara  
Sharam Vanessa

## COMMUNITY HOUSING

Boyes Lisa Program  
Groves Bill

## DAY TO DAY LIVING

Greensill Angela  
Humphrey Kate

## PERSONAL HELPERS & MENTORS

DiGregorio Ursula  
Reid Marcus  
Hayne Ella  
Halliday Cheryl  
Lucev Kirsten  
MacLean Andy  
McEwin Kalina  
Parker Joanne  
Singh Tara  
Dale Lynette

## FAMILY AND YOUTH SERVICES

Coates Narelle  
Cusack John  
Hardy Trish  
Hickey Emma  
Lundh Olia  
Parry Rebecca

## COMMUNITY AGED CARE PROGRAM

Aiba Marie  
Greenup Mary  
Blazely Kelly  
Griffiths Katrina  
King Heather  
Moggs Rosemary  
Pao Repeta  
Traynor Vanessa

## RECOVERY ASSISTANCE PROGRAM

- TOP END  
Fagan Anthony  
Carmody Elaine  
Di Fresco Linda  
Dixon Lauren  
Keirs John  
King Kylie  
Masero Jose

## RAP KATHERINE

Barnett Kay

## RESPIRE - TOP END

McDonald Glynis  
Gwanzura Taffy  
Thomas Caroline  
Ward Cindy  
Wessling Katherine

## RESPIRE - CENTRAL AUSTRALIA

Backman Wayne  
Buck Angela  
Court Rebecca  
Kennedy Lynne  
Noble Danielle

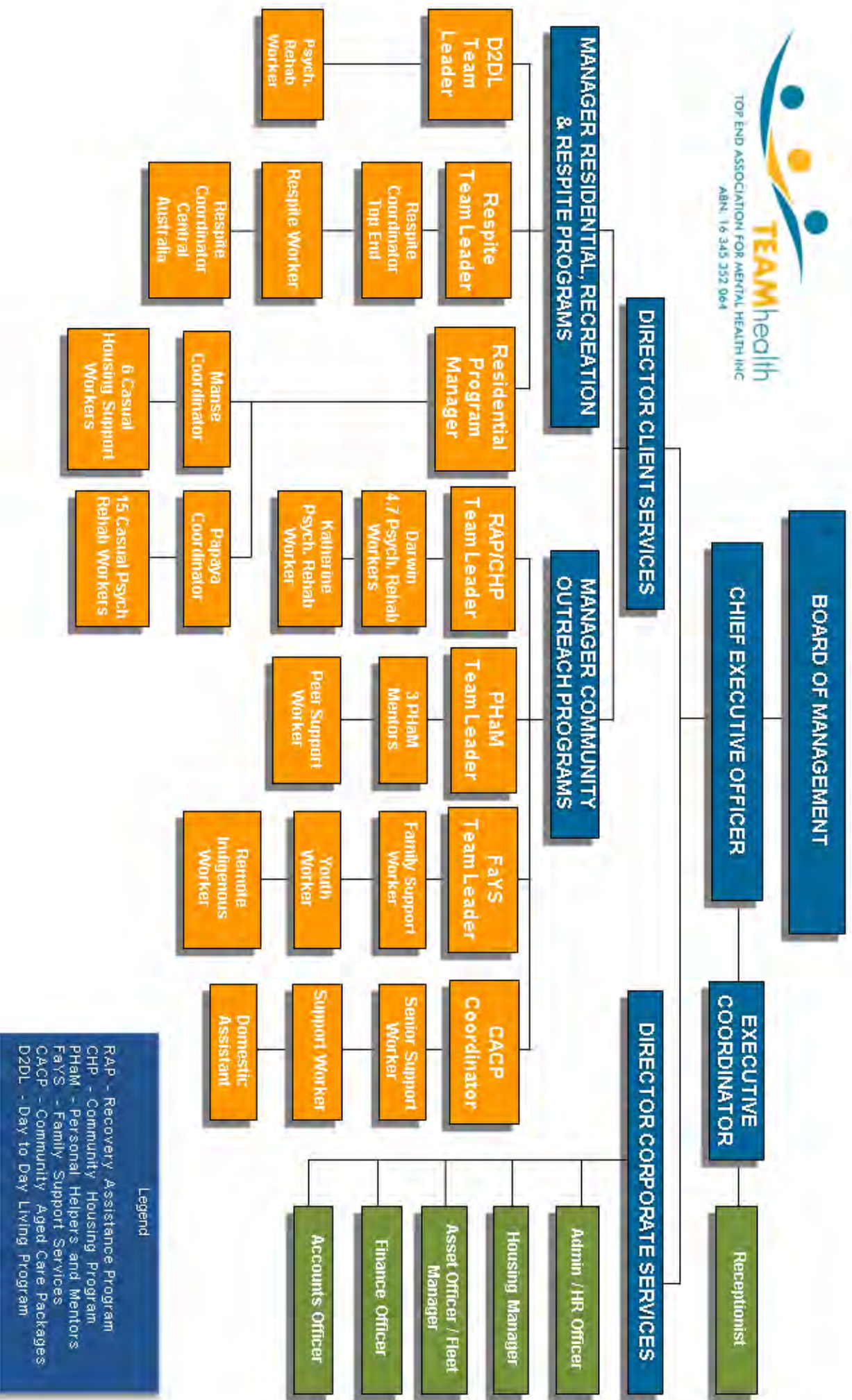
## THE MANSE

Culhane Des  
Dike Jessica  
Hazelbane Margaret  
Howbrigg Dee  
O'Donnell Sally  
O'Neill Garry  
Park Kathie  
Payne Albert  
Sabamba Georgina  
Schaeffe Monika

## PAPAYA (SUB-ACUTE)

Beveridge Caroline  
Cann Timothy  
Chakawa Matinetsa  
Dixon Rachel  
Donaldson Linda  
Dorbor Fatumata  
Drahm Amy  
Robinson Darren  
Schaeffe Lee Jamie  
Shaw Tim  
Wilson Jasmyrn  
Tshuma Belinda

# TEAMhealth Organisation Chart



**TOP END ASSOCIATION FOR  
MENTAL HEALTH INCORPORATED**

**FINANCIAL STATEMENTS  
FOR THE YEAR ENDED  
30 JUNE 2011**

# 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 2011**

	Notes	2011 \$	2010 \$
Revenue	2	5,352,622	5,684,350
Other Income	3	185,867	117,821
Employee benefits expense		(3,226,448)	(3,226,052)
Operation expenses		(648,929)	(457,372)
Vehicle expenses		(188,497)	(226,220)
Travel expenses		(42,454)	(108,343)
IT Expenses		(76,618)	(117,214)
Premises expenses		(445,439)	(406,977)
Participating activity expenses		(463,588)	(230,732)
Depreciation		(424,526)	(238,476)
Amortisation		(43,404)	(10,100)
Finance costs		(15,326)	(26,109)
Low value assets		(125,831)	(145,347)
<b>Surplus/(Deficit) for the Year</b>		<u>(162,571)</u>	<u>609,229</u>
<b>Other Comprehensive Income</b>			
Increase in fair value of land and buildings		929,243	-
<b>Total Comprehensive income for the year</b>		<u><u>766,672</u></u>	<u><u>609,229</u></u>

**TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED**

**STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2011**

	Notes	2011 \$	2010 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	4	1,769,984	2,754,084
Trades and other receivables	5	81,949	66,023
Prepayments and other current assets		67,449	45,355
<b>Total Current Assets</b>		<b><u>1,919,382</u></b>	<b><u>2,865,462</u></b>
<b>Non-Current Assets</b>			
Property, plant & equipment	6	3,675,105	3,062,953
Other Assets	7	119,416	162,820
<b>Total Non-Current Assets</b>		<b><u>3,794,521</u></b>	<b><u>3,225,773</u></b>
<b>Total Assets</b>		<b><u>5,713,903</u></b>	<b><u>6,091,235</u></b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Trade and other payables	8	330,209	805,896
Provisions	9	143,940	202,922
Grants received in advance	10	43,713	-
Grant liabilities	11	12,462	618,699
Finance lease liabilities	12	16,034	118,948
<b>Total Current Liabilities</b>		<b><u>546,358</u></b>	<b><u>1,746,465</u></b>
<b>Non-Current Liabilities</b>			
Provisions	9	72,137	-
Finance lease liabilities	12	41,425	57,459
<b>Total Non-Current Liabilities</b>		<b><u>113,562</u></b>	<b><u>57,459</u></b>
<b>Total Liabilities</b>		<b><u>659,920</u></b>	<b><u>1,803,924</u></b>
<b>Net Assets</b>		<b><u>5,053,983</u></b>	<b><u>4,287,311</u></b>
<b>MEMBERS' FUNDS</b>			
Revaluation Surplus		1,369,243	440,000
Accumulated Funds		3,684,740	3,847,311
<b>Total Members' Funds</b>		<b><u>5,053,983</u></b>	<b><u>4,287,311</u></b>

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

STATEMENT OF CHANGES IN MEMBERS' FUND  
FOR THE YEAR ENDED 30 JUNE 2011

	Revaluation Surplus \$	Accumulated Funds \$	Total \$
Balance at 1 July 2010	440,000	3,225,180	3,665,180
Adjust Unexpended Grants 30 June 2009		12,902	12,902
Total comprehensive income: Surplus for the year	-	609,229	609,229
Other comprehensive income	-	-	-
Total Comprehensive Income	-	609,229	609,229
Balance at 30 June 2010	440,000	3,847,311	4,287,311
Total comprehensive income: Deficit for the year	-	(162,571)	(162,571)
Other comprehensive income	929,243	-	929,243
Total Comprehensive Income	929,243	(162,571)	766,672
<b>Balance at 30 June 2011</b>	<b>1,369,243</b>	<b>3,684,740</b>	<b>5,053,983</b>



# TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

### 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 2011

### *(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 property, plant and equipment where the entity has substantially all the risks and rewards of ownership are classified as finance leases and capitalised at inception of the lease at the fair value of the leased property, or if lower, at the present value of minimum lease payments. Lease payments are apportioned between the finance charges and reduction of the lease liability so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged to profit or loss over the lease period so as to produce a constant periodic rate of interest on the remaining balance of the liability for each 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 and investment account.

### **(g) 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 2011

### (h) Property, plant and equipment

Items of plant and equipment 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 \$5000 is expensed in the statement of comprehensive income. They are maintained on a low value asset register.

### (i) Depreciation

Property, plant and equipment except for land, is depreciated over the useful lives of the assets to 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 & buildings

Land is measured at fair value and buildings is measured at fair value less accumulated depreciation. Any accumulated depreciation at revaluation date is eliminated against the gross carrying amount of the asset and the net amount is restated as the revalued amount of the asset. A revaluation surplus is credited to other comprehensive income (the asset revaluation surplus) unless it reverses a revaluation decrease on the same asset previously recognised in profit or loss. Independent valuations are performed regularly to ensure that the carrying amounts of land and buildings does not differ materially from that the fair value at the end of the reporting period.

### (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 2011

### (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 Association 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) Grant liabilities

Grant liabilities relate to grant funding received, which is to be acquitted in future reporting periods for which there is an obligation to pay back the funds if not acquitted.

### (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.

	2011	2010
	\$	\$
<b>2. Revenue</b>		
<b>Grants</b>		
Territory Health Service Grants	2,078,384	2,101,844
Commonwealth Grants	2,382,650	2,344,946
Other Grants	-	3,000
Net grant revenue brought forward	487,243	919,132
	<u>4,948,277</u>	<u>5,368,922</u>
<b>Rent</b>	360,135	294,341
<b>Sales - CACP Charges</b>	21,391	21,087
<b>Sales - Other</b>	22,819	-
	<u>5,352,622</u>	<u>5,684,350</u>



**TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2011**

	<b>2011</b>	<b>2010</b>
		<b>\$</b>
<b>3. Other Income</b>		
Bank Interest Income	124,983	110,181
Donations	10,161	9,620
Profit/(Loss) on Disposal of Assets	5,959	(14,509)
Other	44,764	12,529
	<u>185,867</u>	<u>117,821</u>
<b>4. Cash and cash equivalents</b>		
Cash on hand	2,063	2,300
Cash at bank	158,257	966,597
Investment accounts	1,609,664	1,785,187
	<u>1,769,984</u>	<u>2,754,084</u>
<b>5. Trade and other receivables</b>		
Trade receivables	70,679	62,054
Sundry debtors	11,270	3,969
	<u>81,949</u>	<u>66,023</u>

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2011

6. PROPERTY, PLANT & EQUIPMENT

	2011				
	Land	Buildings	Plant and Equipment	Motor Vehicles	Total
	\$		\$	\$	\$
<b>Cost</b>					
Balance at beginning of year	720,600	1,584,934	491,571	948,178	3,745,283
Additions	-	46,759	17,580	119,948	184,287
Disposal	-	-	-	(183,731)	(183,731)
Revaluations	924,400	4,843	-	-	929,243
Others	-	(251,536)	-	-	(251,536)
Balance at end of year	1,645,000	1,385,000	509,151	884,395	4,423,546
<b>Less: Accumulated Depreciation</b>					
Balance at beginning of year	-	246,874	233,877	201,579	682,330
Depreciation	-	4,662	204,118	215,746	424,526
Disposal	-	-	-	(106,879)	(106,879)
Others	-	(251,536)	-	-	(251,536)
Balance at end of year	-	-	437,995	310,446	748,441
<b>Net Book Value</b>	<b>1,645,000</b>	<b>1,385,000</b>	<b>71,156</b>	<b>573,949</b>	<b>3,675,105</b>

	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	-	-	(286,330)	(203,938)	(490,268)
Others	-	(25,272)	(350,805)	348,315	(27,762)
Balance at end of year	720,600	1,584,934	491,571	948,178	3,745,283
<b>Less: Accumulated Depreciation</b>					
Balance at beginning of year	-	205,597	452,454	109,068	767,119
Disposal	-	-	(222,017)	(93,483)	(315,500)
Depreciation	-	44,212	61,240	133,024	238,476
Others	-	(2,935)	(57,800)	52,970	(7,765)
Balance at end of year	-	246,874	233,877	201,579	682,330
<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>

7. OTHER ASSETS

**TEAMhealth Website**

	2011	2010
Carrying amount at the start of the year	6,801	12,240
Additions	-	-
Amortisation	(5,593)	(5,439)
Carrying amount at the end of the year	<b>1,208</b>	<b>6,801</b>

**E-Generation Tool**

	2011	2010
Carrying amount at the start of the year	73,639	-
Additions	-	78,300
Amortisation	(10,454)	(4,661)
Carrying amount at the end of the year	<b>63,185</b>	<b>73,639</b>

**Management system**

	2011	2010
Carrying amount at the start of the year	82,380	-
Additions	-	82,380
Amortisation	(27,357)	-
Carrying amount at the end of the year	<b>55,023</b>	<b>82,380</b>

**Total Other Assets**

	2011	2010
	<b>119,416</b>	<b>162,820</b>



**TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2011**

	2011 \$	2010 \$
<b>8. Payables</b>		
Trade creditors	181,597	609,111
Other creditors and accruals	129,927	150,437
GST payable	(15,871)	12,830
PAYG tax payable	34,556	33,518
	<u>330,209</u>	<u>805,896</u>
<b>9. Provisions</b>		
Current:		
Annual leave accruals	143,940	158,158
Provision for staff redundancy	-	44,764
	<u>143,940</u>	<u>202,922</u>
Noncurrent:		
Provision for Long Service Leave	72,137	-
	<u>216,077</u>	<u>202,922</u>
<b>10. Grants received in advance</b>		
Day to day living program	43,713	-
	<u>43,713</u>	<u>-</u>
<b>11. Grant liabilities</b>		
Territory Government Grants	18,932	110,066
Commonwealth Government Grants	1,701	505,633
CACP	(8,928)	-
Other Grants	757	3,000
	<u>12,462</u>	<u>618,699</u>
<b>12. Finance lease liabilities</b>		
<i>Contracted, provided for and payable</i>		
Within one year	16,034	118,948
One year or later and no later than five years	41,425	57,459
	<u>57,459</u>	<u>176,407</u>

(a) The liabilities from the finance leases are secured by a charge over the motor

The carrying amount of these assets pledged as security is:

<u>52,526</u>	<u>217,214</u>
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# TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

## STATEMENT BY THE BOARD OF MANAGEMENT FOR THE YEAR ENDED 30 JUNE 2011

In the opinion of the Board of Management the financial report comprising the Statement of Position and Statement of Comprehensive Income and Notes to the financial report purpose financial statements:

- a) is drawn up so as to present fairly the state of affairs of the Association as and the results of the Association for the year ended on that date;
- b) the accounts of the Association have been properly prepared and are in accordance with the books of account of the Associations; and
- c) 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.

### Board Members

The names of the board members throughout the financial year and at the date of this

POSITION	NAME
Chairperson	Sue Bradley
Deputy Chairperson	Thiagus Cheliah
Treasurer	Barry Thomas
Secretary	Ruth Leslie-Rose
Public Officer	Toni Vine Bromley
Committee Member	Janet Buhagiar
Committee Member	Ken Conway
Committee Member	MunLi Chee
Committee Member	Greg McNamara
Committee Member	Fran Pagdin
Committee Member	Nelly Gould

### 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

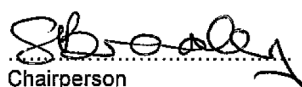

The net operating deficit of the Association for the financial year ended 30 June 2011 was \$162,571.

### 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 the operations or the state of affairs of the Association in future financial years.

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

Dated at Darwin on 10th September 2011

	
Chairperson	Treasurer



## INDEPENDENT AUDITOR'S REPORT

To the members of Top End Association for Mental Health Incorporated

### Report on Financial Report

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 2011, the statement of comprehensive income and statement of changes in members' fund for the year then ended, notes comprising a summary of significant accounting policies and the Statement by the Board of Management.

### *Board of Management's Responsibility for the Financial Report*

The Board of Management of the Top End Association for Mental Health Incorporated are responsible for the preparation of the financial report, and have determined that the basis of preparation described in Note 1 to the financial report, is appropriate to meet the requirements of the *Northern Territory Associations Act* ("the Act") and is appropriate to meet the needs of the members. The Board of Management's responsibilities also includes such internal control as the Board of Management determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those 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 judgment, 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 Board of Management, as well as evaluating the overall presentation of the financial report.

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 presents fairly, in all material respects, the financial position of Top End Association for Mental Health Incorporated as at 30 June 2011, and its financial performance for the year then ended in accordance with the financial reporting requirements of *Northern Territory Associations Act*.

### *Basis of Accounting*

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Board of Management's financial responsibilities to meet the requirements of *Northern Territory Associations Act*. As a result, the financial report may not be suitable for another purpose.



**BDO Audit (NT)**



**C J Sciacca**  
Partner

Darwin: 5 October 2011



## 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: \_\_\_\_\_

*Address for service of notices:*

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

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

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

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

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

Annual Membership Fees (GST Inclusive):

Ordinary:	\$15.00
Ordinary (Centrelink Concession):	\$10.00
Ordinary (Client & Carer):	\$ 0.00
Associate Member (Staff & Govt):	\$ 5.00
Institutional (Organisations):	\$25.00

Receipt Number: \_\_\_\_\_ *(office use only)*

Proposer - Current Member

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

Seconder – Current Member

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

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GPO Box 4050, Darwin NT 0801  
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Email: [teamhealth@teamhealth.asn.au](mailto:teamhealth@teamhealth.asn.au)

Cover Photograph: [Nasim McCormack](#)

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Annual Report 2010 - 2011