

TEAMhealth

TOP END ASSOCIATION FOR MENTAL HEALTH INC

ANNUAL REPORT
2012-2013



TEAMhealth

Our Vision

Mental health assists all people to lead a full and valued life

Our Purpose

Create community capacity for good mental health to enable people to live a full and valued life through the provision of services, advocacy and education

Our values

| | |
|----------------|---|
| Integrity | Act with openness, honesty and accountability in the best interests of the organisation, each other and our community |
| Accountability | Take ownership, have pride in our work and accept personal responsibility for our decisions in representing TEAMhealth to the best of our ability |
| Wellbeing | Achieve together with our participants and carers, and support wellbeing, recovery and enjoyment in delivering success |
| Respect | Treat others the way they would like to be treated, and take into account people's different perspectives |



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Chair's Report

TEAMhealth in 2012-2013 has continued to impress me as Chair in the ongoing recovery work with participants and their families. The Board receives regular information about the goals set and achieved by our participants and quietly celebrates each achievement. We view this as tangible evidence of the effective strengths-based approach to TEAMhealth's work with participants and families.

The TEAMhealth Board has had an active year, farewelling former CEO Dale Campbell late in the year and welcoming new CEO Helen Egan to the organisation. Helen joined just as we commenced funding negotiations with the Northern Territory Government. The strength of our relationships and the effectiveness of our work underpinned these successful negotiations in a period of financial constraint and general uncertainty in the Northern Territory not-for-profit sector.

The Board and management have developed a new strategic plan taking in the constructive input from across the organisation that brought the concerns of clients and carers to the fore. The Strategic Plan for 2013-2016 will guide our work over the period to 2016.

Our new vision is **Good mental health assists all people to live a full and valued life.**

Our work in pursuit of this vision is organised under three goals.

- Valued mental health services
- A sustainable organisation
- Responsive to evolving needs

The Board will work to pursue these goals within a sound governance framework. As we work to deliver and evaluate quality services, including new Commonwealth funded work in Maningrida and Gunbalanya we will need to restructure and change within TEAMhealth. Our operations may also be affected by changes brought about by the new Federal Government and the introduction of the National Disability Insurance Scheme (NDIS).

Strategic partnerships will support TEAMhealth over the coming years and will enable us to ensure that effective mental health recovery services are available and responsive to the existing and unmet need in the community. The Board is particularly focused on opportunities to increase housing options for people with mental illness in our community and will work actively to ensure we can leverage our assets and expertise to achieve this outcome.

To all our staff, on behalf of the Board and myself, I thank you for your hard work and dedication and for making a difference for residents, participants and carers. I look forward to working with the Board and management as we implement the new Strategic Plan for the benefit of the people of the Northern Territory.

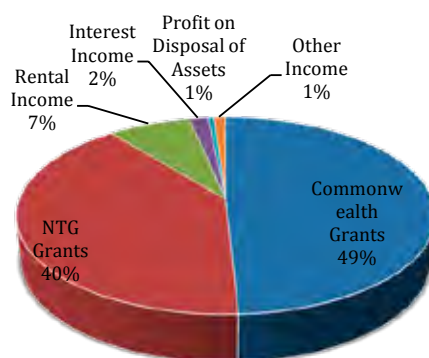
Markus Spazzapan
Chair



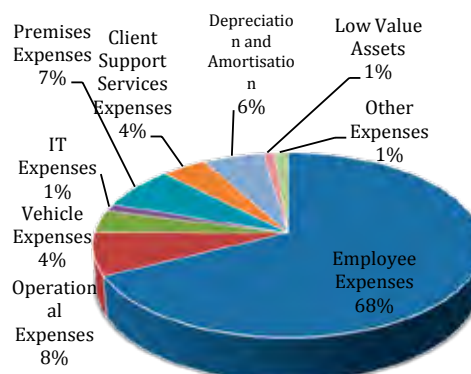
Treasurer's Report

TEAMhealth reported a surplus of \$8,146 for the year ended 30 June 2013. This is an improvement from prior year's deficit of \$131,884. The \$8,146 surplus was due to the 3% increase in total revenue offset by a relatively lower 1% increase in total expenses. This result was mainly attributable to a net \$0.09 million received for Social and Community Services Award Supplementation which has been used to fund increased employee costs and tighter controls over expenditure. The following pie charts provide an overview of the breakdown of revenue and expenditure over the year ended 30 June 2013:

2012-2013 Revenue



2012-2013 Expenses



As at 30 June 2013, TEAMhealth maintained its favourable financial position with total net assets of \$4.93 million (2012: \$4.92 million). Total assets position was \$6.03 million – an 8.3% increase from prior year of \$5.56 million. This is due to a high cash balance at year-end of \$2.34 million compared to \$1.8 million in 2012. Cash reserves at year end were the result of the grants received in advance and unexpended grants of \$0.2 million. Total liabilities correspondingly increased by 71% as a result of the finance lease liabilities arising from TEAMhealth's new approach of acquiring vehicles through finance leasing arrangements rather than buying the vehicles outright.

The Year Ahead

TEAMhealth's financial sustainability is dependent on both Commonwealth and NT government funding. Although TEAMhealth concluded the year by maintaining its financial position, it will continue to face challenges in the wake of the government budgetary uncertainties. In the coming year, TEAMhealth will need to continue to control its costs and build its reserves to ensure long-term sustainability.

Despite the challenges in the current political and economical environment, TEAMhealth met its budget due largely to a resilient and resourceful team – Helen, Clem and Melissa – together with your team, you have steered TEAMhealth successfully and effectively through a year of trials. Thank you to our funding bodies for your continuing financial support – TEAMhealth certainly look forward to another fruitful year of partnership in 2014!

MunLi Chee
Treasurer



Chief Executive Officer's Report

2012-2013 has been an eventful year for TEAMhealth and has seen many of our participants achieve goals along their recovery paths, such as moving towards independent living in the Community Housing Program, achieving employment, and exhibiting art work in commercial galleries and our own TEAMhealth D2DL "The Edge" Art Show in May. We believe this embodies our new strategic vision of "Good mental health assists all people to live a full and valued life".

I joined as CEO in December 2012 and was immediately impressed by the welcoming staff and participants in TEAMhealth programs, and by the skills and commitment exhibited by staff across all areas of the organisation. After farewelling previous CEO Dale Campbell we set off to continue the work Dale had led for the previous 18 months. Dale's concentration on our financial systems and processes has paid off and financial management is in good shape.

Staff development has proceeded well and we are pleased that more than 25 of our staff had completed their Certificate IV in Mental Health by the end of 2012-2013, and nearly all of our Team Leaders and Managers had completed their Diploma of Management. Staff training remains a priority and corner stone of our recovery-centred approach.

Our Client Services staff have focused on working with participants and their families across the programs we operate. I urge you to read the information prepared by the Client Service staff to see the diverse activities our participants and staff are involved in.

Relationships with our funders is critical for TEAMhealth as around 90% of operating revenue is provided by Northern Territory Government and Commonwealth Government grants. We were very pleased to be able to negotiate funding from the Northern Territory Government for 2013-2014 before the end of the financial year and are keen to commence the negotiations for a longer agreement for the future.

Underpinning the activities of TEAMhealth in the coming years will be the new Strategic Plan 2013-2016. This will drive our work to have **"Valued mental health services and a sustainable organisation which is responsive to evolving needs"**. Success will require the consolidation of our existing work, the introduction of new programs and structural changes to ensure we can effectively meet new challenges.

The new programs we will focus on include the establishment of a Personal Helpers and Mentors Remote service (PHaMs) in Maningrida and a Family Mental Health Support Service in Gunbalanya with funding from the Department of Families, Housing, Community Services and Indigenous Affairs and potential work with collaborators in the Partners in Recovery program funded by the Department of Health and Ageing. We will ensure also TEAMhealth is ready for the introduction of the National Disability Insurance Scheme.

I thank all staff, Board members and stakeholders who have welcomed and worked with me through a very busy period. I really look forward to the provision of excellent services for TEAMhealth participants and families, and to pursuing our Vision: **Good mental health assists all people to lead a full and valued life.**

Helen Egan
CEO

Board



Markus Spazzapan, Chair

Markus joined the Board of TEAMhealth as Chair in 2011-12. He is a former Chair of the Darwin Festival and continues to work with the Festival in a governance role. Markus is a Senior Lawyer with Ward Keller and has been a prominent member of the Darwin community for over twenty years.



Janet Buhagiar, Deputy Chair

Janet joined the Board of TEAMhealth in October 2010. Janet is Director of Social Policy for the Department of Chief Minister. She was the previous CEO of St Vincent de Paul Society (NT) Inc. and was awarded the Telstra Young Business Woman of the Year in 2010.



MunLi Chee, Treasurer

MunLi joined the Board of TEAMhealth in March 2011. MunLi 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 awarded the Young Manager of the Year in the Australian Institute of Management's Management Excellence Awards in 2008.



Ruth Leslie-Rose, Secretary

Ruth joined the Board of TEAMhealth in October 2010 and is the Chief Executive Officer of Alzheimer's Australia NT. Ruth resigned from the Board in September 2013.



Toni Vine Bromley, Public Officer

Toni Vine Bromley joined the Board of TEAMhealth in September 2005. Toni is the Executive Officer of NT Shelter, the major Housing peak body in the Northern Territory.



Lyn Walsh, Board Member

Lyn joined the Board of TEAMhealth in 2011-12. She is a practicing legal professional in Darwin working with the Northern Territory Department of Justice. Lyn is a former Chair of the Executive Committee of Hunter Joblink Incorporated ("HJL") in New South Wales. Lyn resigned from the Board in September 2013.



Michael Nixon, Board Member

Dr Michael Nixon joined the Board of TEAMhealth in 2011-12. Mike is a General Practitioner with the NT Department of Health. He specialises in the delivery of medical services in remote areas. Mike resigned from the board in 2013.



Rebecca Kardos, Board Member

Rebecca joined the Board of TEAMhealth in 2011-12. She is a general manager with Synergy in Western Australia and brings a wealth of commercial experience to the Board.

Management Team



Helen Egan – Chief Executive Officer

Helen commenced as TEAMhealth CEO in December 2012 and has developed strong links in the mental health sector. She continues to develop and draw on existing relationships in Government, not-for-profit organisations and the commercial world. Helen holds governance and advisory roles on the Northern Territory Mental Health Coalition (NTMHC), National Disability Services (NDS) NT Committee, NT Medicare Local - Mental Health, Alcohol and other Drugs Advisory Group and the NT Board of the Medical Board of Australia. An extensive background in governance, preventive health, health regulation and economics supports Helen's work as TEAMhealth CEO.



Clem Barratt, Director of Corporate Services

Clem joined TEAMhealth as Director of Corporate Services in October 2011. He was born in Zimbabwe where he qualified as a Chartered Accountant. After extensive professional and commercial experience internationally, he came to Australia (Perth) in 1985. He obtained the necessary qualifications to be admitted as Chartered Accountant (Australia). He moved to Darwin in 2002 where he worked as Financial Controller in a large commercial organisation. Since joining TEAMhealth Clem has obtained a Cert IV in Mental Health.



Melissa Heywood, Director of Client Services

Melissa has worked in the government and non-government mental health services sector in Victoria and the Northern Territory. During this time Melissa has held various project positions, middle, and senior management roles. Melissa has a nursing background, holds a Bachelor of Behavioural Science (BBSc), Diploma of Management, Diploma of Community Services - Mental Health, and a Diploma of Nursing (Mental Health Nursing).



Tony Willits, Manager Community Outreach Programs

Tony has worked across a number of different areas within the community services sector including Homelessness Projects, Psychogeriatric Care, Psychiatric Inpatient Units, and Psychosocial Rehabilitation Programs. Tony is a facilitator of Standard and Youth Mental Health First Aid. Tony holds Diploma of Management, Cert IV in Workplace Training and Assessment, Cert IV in Mental Health, and Cert III in Aged Care.



Anthony Smith, Manager Residential, Recreation and Respite

Anthony has a background in Australian Defence Policing and has worked across a number of different areas within the community services sector including Aged Care and Alcohol and Other Drugs. Anthony holds qualifications in Business Management, a Certificate IV in Workplace Assessment and Training, Certificate IV in Mental Health, and a Diploma of Management.

Performance Reporting

At the end of 2012-13 TEAMhealth completed our strategic planning for the three years 2013-2016. Our new Strategic Plan describes our Vision, Purpose, Values and Goals. TEAMhealth Vision, Purpose, Values are shown inside the front cover of this Annual Report.

Our Goals are in three key areas:

- Valued mental health services
- A sustainable organisation
- Responsive to evolving needs

This section briefly updates some of the key measures discussed last year in the Annual Report for 2011-2012, putting them in the context of our new Strategic Plan for 2013 - 2016.

Goal: Valued mental health services

Participants in TEAMhealth programs are invited on a regular basis to participate in a survey with their key worker. The survey has questions about the individual's perceptions of their own recovery across the areas of living, learning, working and socialising. The surveys also enable participants to comment on the quality of the services and their satisfaction with the services provided by TEAMhealth.

Measuring recovery

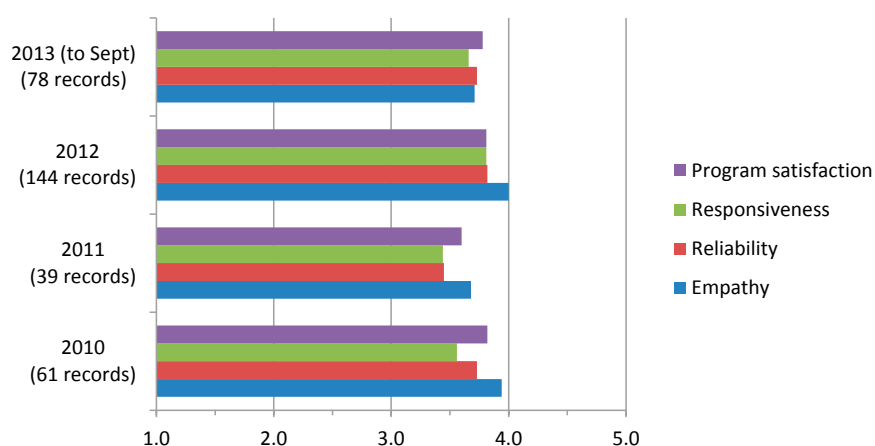
Many providers of community based mental health services such as TEAMhealth are using different methods to gather and analyse information on the recovery outcomes being achieved by participants and how their services can best support sustained mental health and recovery from mental illness. TEAMhealth is working to interpret the important information about recovery contained in the regular survey responses by participants and we hope to be able to report some of this work in the next year.

Measuring quality

Measures of the quality of TEAMhealth services can be regularly assessed through participant responses to seventeen questions about Empathy, Reliability, Responsiveness and Program Satisfaction. The responses range from a score of 1 – very poor, 2 – poor, though 3 – neutral, neither poor nor good, to a score of 4 – good or 5 – very good. A chart of the average scores gathered over a four year period (since 2010) is shown below.

All average scores across the four quality measures in 2012 were above 3.8 and between January and September 2013 all average scores are above 3.7. This means that participants are rating TEAMhealth services as good (or close to good) in these years.

Quality Measures in 2012



The survey questions that we have used to generate these average scores are shown below.

Empathy

My key worker gives me Individual support
will make appointments at times that are convenient for me
really understands me

Reliability

When my key worker tells me they will do something by a certain time,
they will do so
When I have a problem, my key worker has a sincere interest in solving it
My key worker provides the right support at the right time
always does what they say they will

Responsive

My key worker will tell me exactly what they intend to do
responds promptly to my requests
is always willing to help
is never too busy to respond to my requests

Program satisfaction

Overall I am satisfied with program support offered by TEAMhealth
The program support offered by TEAMhealth is helping my recovery
has met or exceeded expectations
has met my needs

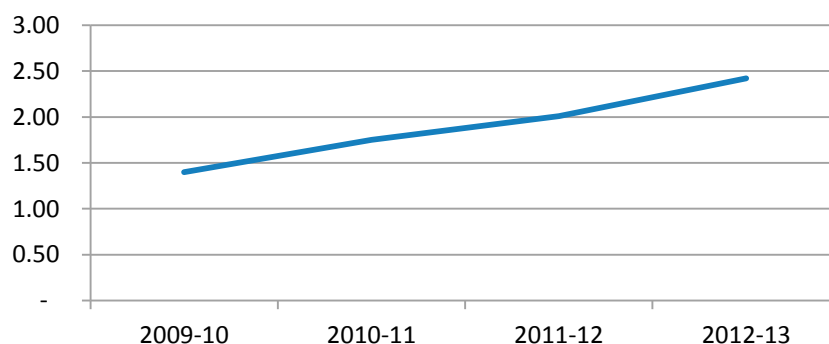
I feel that all areas of the program support offered by TEAMhealth are delivered to a high standard

We still have work to improve our services in coming years to ensure we are providing optimal strength-based recovery services to support each individual's recovery. TEAMhealth has a strong commitment to participants in our programs and to supporting staff to gain skills needed through mentoring, internal and external training.

Goal: A sustainable organisation

One of the indicators of a sustainable organisation is the stability of its staff group. In the Northern Territory historically around 1/3 of the workforce change over each year (excluding the big mining/gas projects). Like all organisations operating in the Northern Territory, TEAMhealth expects some turnover of staff each year as the opportunity to come and work in our unique Top End attracts new workers, while others move away from the Top End or into other employment in our competitive market.

Average length of service at TEAMhealth (years)



Over the last four years the average length of service at TEAMhealth has increased by a year from 1.4 years to 2.4 years. Over this period we have experienced some growth in staff numbers and have operated within a stable organisational structure.

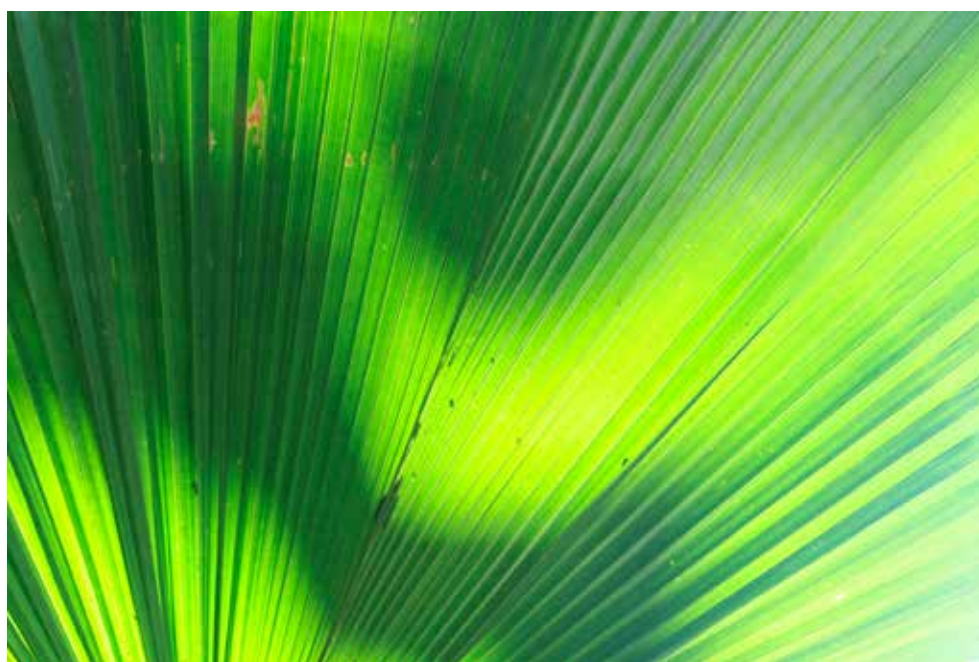
We have also had a major commitment to training to ensure that most staff are equipped for their work by gaining the Certificate IV in Mental Health as a minimum. We are pleased that a significant proportion of frontline services staff have attained this qualification or higher.

TEAMhealth governance, financial and service management have all been sound during the year. This solid basis will enable TEAMhealth to further improve, lifting our profile in the community, enhancing our internal Human Resource capability and leveraging our financial resources to expand the Community Housing Program.

Goal: Responsive to evolving needs

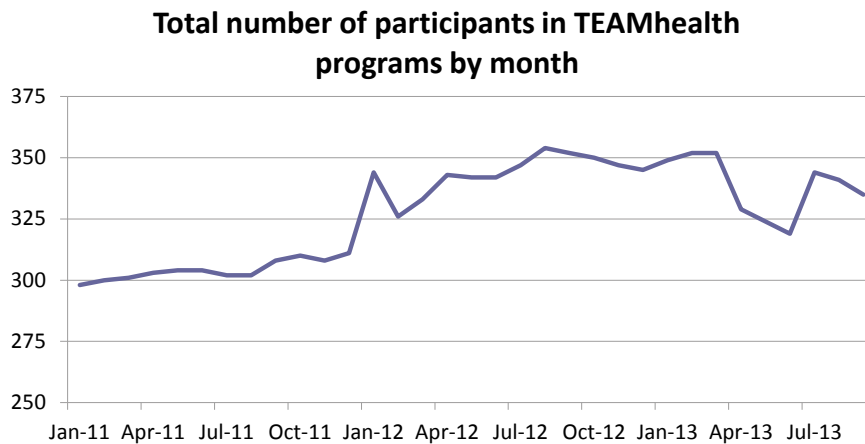
There is always a need to build community awareness of mental health – in the coming years changes to the mental health sector will occur as the National Disability Insurance Scheme (NDIS) is implemented. In the Northern Territory our population is growing and the expectations of the community, our funders and our participants are also changing. TEAMhealth needs to stay abreast of these movements and be ready to evolve in response to these changing needs.

We look forward to being able to report progress under this Goal in coming years.



Overview of participants and carers as at 30 June 2013

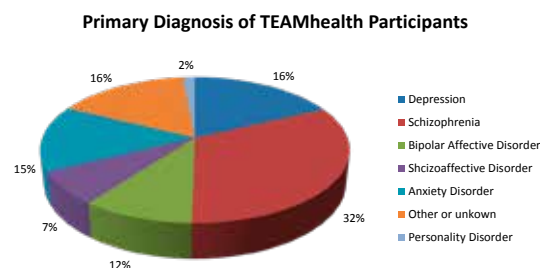
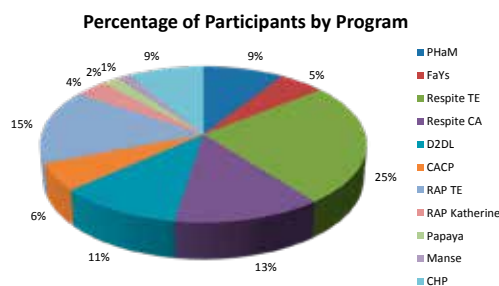
The number of participants in TEAMhealth programs has increased in 2012 and 2013 to around 350 people accessing TEAMhealth programs each month. Each month over 80 carers also access TEAMhealth programs.



Staff availability is the most influential variable determining participant numbers, with increases for FaYS and D2DL notable when additional staff were funded and positions filled (Bottom chart). If there are insufficient staff, wait lists are used to ensure that participants are able to access the programs when a position is available.

Anecdotally there is some variation by season for different programs, however this is difficult to detect in these aggregate numbers. In the last year the largest dip by program was observed for the Central Australian Respite Program when limited staffing was available.

At any one time TEAMhealth can provide support to approximately 400 participants and their carers. The percentages below show the percentage of people by primary diagnosis who access the service.



Overview of Programs

| Program | Brief Description | Funded by |
|--|---|---|
| Community Housing Program (CHP) | CHP provides accommodation options to individuals and families affected by mental illness | CHP is self funded through rental income from Territory Housing supplied properties |
| Recovery Assistance Program (RAP) | RAP provides outreach psychosocial rehabilitation services to people with a diagnosed mental illness | Northern Territory, Department of Health |
| Day to Day Living Program (D2DL) | D2DL provides structured activities in a secure environment to aid psychosocial recovery | Commonwealth Department of Health and Ageing |
| Family and Youth Services (FaYS) | FAYS provides support for individuals as well as group activities and promotion of mental health | Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) |
| Youth in Communities (YIC) | YIC is designed to provide education and awareness to remote Indigenous communities to increase suicide prevention strategies for young people | Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) |
| The Manse - Long Term Accommodation Program | The Manse is a specialist long-term psychosocial rehabilitation 24/7 residential program designed to support people with a psychiatric disability | Northern Territory, Department of Health |
| Papaya - Sub Acute Care Program | Papaya provides intensive individualised support to people who are becoming unwell, or who have been recently discharged from Cowdy Ward at Royal Darwin Hospital | Northern Territory, Department of Health |
| Personal Helpers and Mentors (PHaMs) | PHaMs provides recovery focused, and strengths based support, to people living in the rural and remote areas of the Top End | Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) |
| Respite Top End | Respite provides a range of flexible respite and family support options for carers of people with severe mental illness/psychiatric disability | Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) |
| Respite Central Australia | Respite provides a range of flexible respite and family support options for carers of people with severe mental illness/psychiatric disability | Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) |
| Community Aged Care Packages (CACP) | CACP's are individually planned and coordinated packages of care tailored to help older Australians remain living in their own homes | Commonwealth Department of Health and Ageing |

Community Housing Program (CHP)



Background: TEAMhealth has been providing community housing in partnership with Territory Housing since TEAMhealth's commencement in 1987. This self-funded program offers critical housing support, giving people a safe and affordable place to call home. TEAMhealth provides several housing options from shared to single, cluster to individual and gender specific accommodation, plus options for parents with mental illness.

Target Group: The Community Housing Program (CHP) provides medium and long-term housing options for people who have the capacity to live independently. Shared and non-shared housing options are available. CHP tenants receive support from TEAMhealth Recovery Assistance Program (RAP). Referrals are accepted from any source.

To be eligible for the CHP you must:

- Be between 18-64 years of age;
- Have a diagnosed mental illness;
- Be allocated a Top End Mental Health Services Case Manager;
- Be engaged in or be willing to engage in one of TEAMhealth's outreach programs.

Activities: During the year the work of the TEAMhealth Community Housing Program received Australasian Housing Institute recognition with awards in the following categories:

- Australasian Leading Practice Award for Professional Excellence in Housing (Highly Commended);
- Leading Practice Award for Professional Excellence in Housing in Queensland and the Northern Territory.

These awards reflect the spirit within the housing program and are shared by both participants and staff alike.

The CHP manages 23 units (1-3 bedrooms) and a 3 bedroom house, available for single males, single females and families, with properties in Coconut Grove, Nightcliff, Parap, Nakara, Moulden and Darwin City.

Such accommodation is offered to participants suffering a diagnosed mental illness and who are engaged with one of TEAMhealth's support programs, such as Recovery Assistance Program (RAP), Family and Youth services (FaYS), or the Community Aged Care Program (CACP).

The housing program is self-funded by TEAMhealth, relying totally on rental income to cover operating costs. Assessments are conducted twice yearly in March and September to ensure rents are commensurate with the incomes of participants. Cost of living pressures present challenges for the program and have an impact on the level of service delivery to participants. Increasing electricity costs remain a concern and even with the allowance provided by TEAMhealth, tenants come under increasing financial strain. With the housing program playing a vital part in clients' recovery by providing stable, safe and affordable accommodation, the program's financial viability is critical.

Recovery Assistance Program (RAP)



Background: The Recovery Assistance Program (RAP) provides outreach psychosocial rehabilitation services to people with a diagnosed mental illness in Darwin, Palmerston and Katherine.

Target Group: Any person diagnosed with a mental illness aged between 18 and 64. The program focuses on assisting participants to find employment. We emphasise the four life domains: living, learning, working & socialising to help participants learn and/or relearn life skills. It is a participant-centred and strengths-focused approach based on the Boston Model, and when incorporated into Individual Recovery Plans (IRP's), gives each participant a personal template.

In the past 12 months RAP has supported approximately 100 participants in achieving their goals. Working with Top End Mental Health Services in collaboration with employment agencies, RAP has seen several participants gaining part-time employment, and/or returning to study. There is clear benefit derived from the collaboration of clinical and non-clinical approaches towards working in partnership to assist people towards their recovery goals.

We know that:

- 6% of people in Higher Education report psychiatric symptoms serious enough to access, or need mental health services;
- 70% of people with mental illness want to work;
- Over 20% of people with diagnosed psychotic disorders are employed;
- People with psychiatric disabilities (also known as psychosocial disabilities) are frequently in low paying jobs;
- 50% of people with psychosocial disabilities need support to finish their Higher Education,
- People with mental illnesses are the most disadvantaged group regarding education, as they often experience stigma and isolation.

There have been some inspiring results achieved through RAP over the past 12 months.

In one example a man from a remote Aboriginal community who's been admitted several times to the inpatient unit has now joined the RAP/Community Housing Program. He has completed his job capacity assessment and is now actively seeking employment.

In another instance, a man who previously struggled to engage with the program as he was too anxious to leave his home, is now meeting with his Key Worker once a fortnight, is going out shopping to buy groceries, is participating and enjoying the RAP activities, and becoming more social.

Another one of our participants, has been working for the past two months as a cleaner. This participant walks to and from her employment each day and has found that exercise is helping her feel much better. Due to the exercise this participant is also losing weight, becoming fitter, and is healthier and more independent.



RAP participants are engaging in regular monthly activities such as attending the Territory Wildlife Park, going tenpin bowling and fishing on a regular basis. In feedback to the team, most participants have asked for overnight trips. We see this as growing confidence and greater capacity to integrate into the wider community.

The RAP has benefited from improved 'cross program' interventions. These include close working relationships with the Family & Youth Service, Respite, Papaya and D2DL. The collaborative work through TEAMhealth has led to benefits for both participants and their carers.

In the past 12 months three RAP staff members have completed Certificate IV in Mental Health as well as undertaking other professional development workshops.

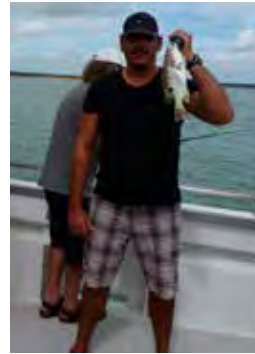
The RAP continues to receive referrals from any source, although primarily referrals are received through Top End Mental Health Services (TEMHS). The current demand exceeds our ability to meet the needs of the target group.

RAP Katherine is a beacon in that community, being the only non-clinical mental health service provider in the region. RAP Katherine promotes several programs through the local community centre, and has established regular healthy living and craft days attended by both RAP participants and community members alike. Staff at Katherine RAP welcome opportunities for sharing ideas when RAP Darwin and RAP Katherine come together for joint activities.

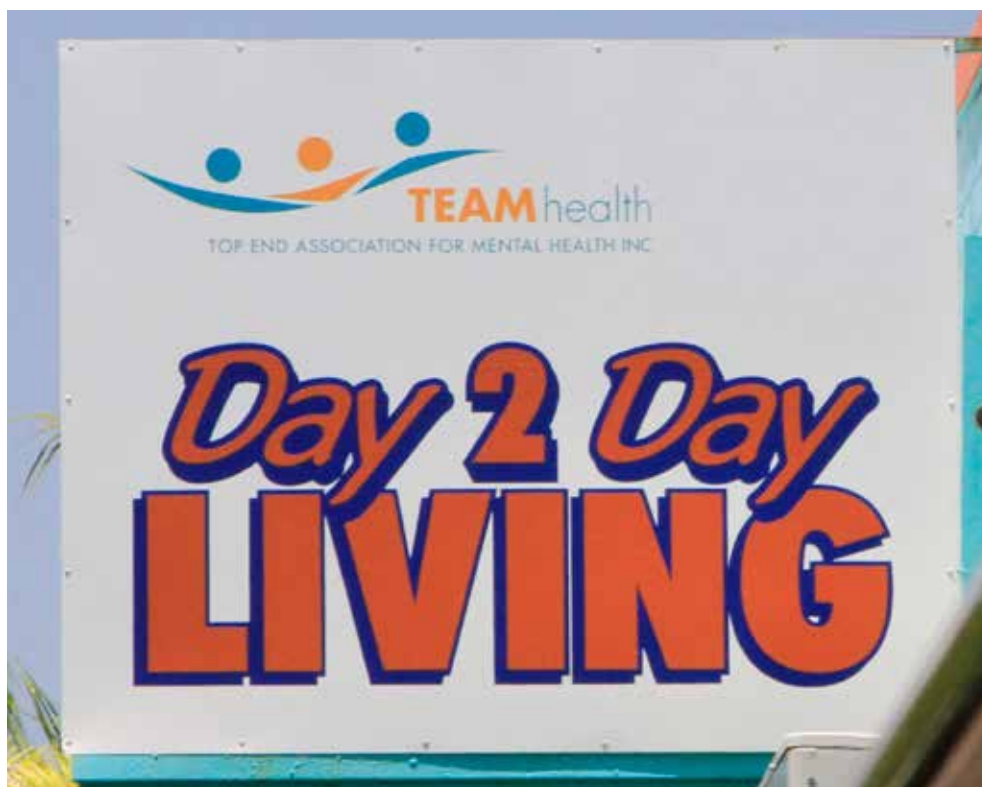
Participant testimonial:

'Fishing trip was great, caught some fish and able to take one home to eat. Like going on the fishing trips and talking about fish with other people on the boat'.

Feedback from RAP fishing charter activity



Day to Day Living in the Community (D2DL)



Background: Support for the Day to Day Living in the Community (D2DL) program forms part of the Commonwealth Government's component of the Council of Australian Governments' (COAG) National Action Plan on Mental Health 2006-2011.

Target group: The program aims to improve health outcomes and the quality of life for people with severe and persistent mental illness and who are experiencing social isolation. The program provides structured and socially based activities focussing on social rehabilitation and independent living skills.

Activities:

Participants engaged in a range of social and community activities during the year aimed at growing their confidence in social situations:

- Mental Health Week open day
- A trip to the museum
- TEAMhealth Christmas party and D2DL Christmas party
- Outings to the movies
- Day out at wave pool
- The Darwin Show
- BBQ at Howard Springs Reserve
- Fish feeding
- Art exhibit at Darwin City Council Chambers
- Launch of the Darwin Digital Hub
- Monthly BBQs

Centre-based activities include arts and crafts, tai chi, health living program, lunch program, tenpin bowling, swimming, knitting, DVDs, Xbox interactive games and activities, computer classes, music, board games, grocery shopping, gardening, gym and personal training sessions, recovery group and hearing voices support group.

It has been a busy year at D2DL. Mental Health Week was hugely successful. The open day consisted of an art activity in the morning with participants and guests encouraged to print a TEAMhealth shopping bag plus an art contest judged by NT News cartoonist, Colin Wicking. The afternoon saw a guided Mindfulness session and tai chi. Running throughout the day was a presentation prepared by participants. A book of poetry written by one of the participants and published with the assistance of D2DL staff was also available for sale. During the week D2DL hosted a workshop with Arana Pearson (sponsored by various mental health organisations) and artwork by D2DL participants was on display at the closing forum. D2DL activities during Mental Health Week were supported by a \$500 grant from the NT Mental Health Coalition.

There were a number of special events through the year:

- D2DL marked its 5th year of operation with a party on the Nightcliff foreshore. During the year we purchased a massage chair that has proven popular amongst the participants.
- As part of the Darwin City Council Healthy Living program D2DL held a health day with gym gear and shoes supplied, pedometers, healthy snacks, and health checks. This was an event well attended by both staff and participants. Darwin City Council, through its healthy living program, is providing ongoing sponsorship to D2DL.
- D2DL celebrated Melbourne Cup with a special luncheon and sweeps.

In May we held an art exhibit "The Edge" at the Darwin City Council chambers featuring works by participants. Approximately \$600 in sales were generated on the night with the proceeds going to the artists. The exposure and momentum from the exhibit has generated significant ongoing effects with greater awareness of mental health as a community issue and a reduction in the stigma surrounding mental health, as well as having our participants engage in a community event.

Following the exhibition one participant has had artwork displayed in a commercial art gallery; another has developed the confidence to produce and sell art and has now sold 5 pieces and yet another, after selling her craft at the exhibition, has started an online art marketing business. In collaboration with the Darwin Digital Hub one of the participants is building a website to promote the artwork at the centre. Even in its incomplete form the website is scoring plenty of hits from across the country. Postcards of selected artworks have been printed and these are also proving popular.

A community grant helped to improve the gym equipment. Equipment was rearranged in a bigger space and a treadmill and boxing bag added to the existing weights machine and exercise bikes. The space is now more inviting and the treadmill is proving to be the most popular piece of equipment. Many participants are now using the equipment and are weighing in to monitor their progress.



Participant story:

Gillie has attended D2DL since it opened 5 years ago. Gillie is both a talented craftsperson and writer. Since joining D2DL she has started a project knitting blankets for a hospital in Africa with several bundles of blankets being sent over as well as making use of donated fabric encouraging fellow program participants to create quilts.

Working out of the "backroom boutique" where the fabric is stored, Gillie has quilted a cover for the lounge, a special Christmas cover for D2DL and made dresses and other items for herself, some of which were submitted into the D2DL art contest and the Human Rights art contest.

Gillie is also an accomplished poet. During the year, with the help of D2DL staff, she published a booklet of her poetry which was illustrated by another of our participants, David Gardiner. Local Member of Parliament, Ken Vowles, a long time supporter of the D2DL program, assisted with the printing.



Mental health week art contest winners with contest judge, NT News cartoonist, Colin Wicking



Family and Youth Services (FaYS)

Background: TEAMhealth's Family and Youth Services (FaYS) has operated in Darwin since 2007.

Target Group: FaYS has three specialist areas: parents with a mental illness; young people 16-24; and indigenous families and communities affected by mental illness. All are supported by specialist staff.

Activities: Family and Youth Services (FaYS) have assisted 71 people this year, plus family members and children of the individual participants.

Some of the year's highlights include:

- A 3-day activity for those mothers and children who participate in the program.
- A visit to Lake Bennett Wilderness Resort where participants undertook activities aimed at raising self esteem including workshops (objectives: what is self esteem, strengths work, what other people see), jewellery making, pampering, and craft exercises linking children and their parents.
- A day trip to Litchfield National Park to swim in the waterfalls. This was particularly beneficial to those children who don't normally have the opportunity for regular holidays. It also gave them the chance to play mini golf, participate in arts and crafts exercises and play with face paints.

FaYS were invited by the Youth in Communities program to deliver workshops on resilience and self esteem and confidence as part of a bigger health and well being program delivered by the NT Department of Health to Belyuen School.

To deliver the sessions we joined with the Youth in Communities program at TEAMhealth. Students were separated into two age groups 5 years – 7 years and 8 years – 12, males and females. The sessions, including interactive games, were a great success.

FaYS took a group of young, similar-aged males to Kakadu on a 3-day trip. All engaged with the FaYS youth worker and focussed on achieving their recovery goals.

The trip was a great opportunity for the participants to mix with peers and experience activities such as a river cruise, where they had the opportunity to see some of the Territory's best wildlife, and a four wheel drive adventure tour to some of Kakadu's famous waterfalls. All 8 participants are long term residents of the Northern Territory but they've never had the opportunity to visit Kakadu.

FaYS has organised a weekly Indigenous men's peer support group. The FaYS Indigenous worker takes participants out on activities such as fishing or camping providing them with an opportunity to meet others in similar situations, while at the same time learning different life skills such as nutrition/ cooking, healthy lifestyle and general strategies to assist in overcoming issues with alcohol and other drugs. The group also takes part in and discusses different cultural activities.

The Women's Circle is a social group for women that would like to meet other women, understand parenthood, participate in new activities and have some 'me' time outside of home and work. The Women's Circle was started in 2011 and had regular attendance at the monthly social gatherings.

Its aim was to fill a gap in free social services from women who are isolated in Darwin & surrounding areas due to mental health, distance, money or other reasons. In June this year 10 women came together to discuss what they wanted the group to look like in 2013. Again participants identified that they wanted a safe, social space to come together with other women, engage in new activities & have some time away from 'home life'. Since then the group have met two more times. They have enjoyed a picnic and outing to the deckchair cinema and a sunset fishing charter & dinner. In October we will be meeting again for a pampering & food night. Each month the group gets bigger and participating women are coming up with bigger and better ideas for what they would like to do together.

2012-2013 has again seen many positive outcomes and the FaYS team looks forward to continuing its good work next year.



Youth in Communities (YIC) Program.

For the first six months of 2012 YIC ran as a project at TEAMhealth, with staff splitting their time on existing programs and the new YIC project. The project aimed to provide community education on suicide prevention in rural and remote Indigenous communities.

Following that initial six month period TEAMhealth received funding to deliver YIC for an additional two years maintaining the focus on suicide prevention. Additional staff were hired and by late December 2012 started work on a needs analysis in communities in Belyuen, Batchelor, Adelaide River, Jabiru, Gunbalanya, Darwin and Palmerston. Each of these communities acknowledged the significance of mental health issues and suicide but had no real answers for how best to deal with the problem. Other issues identified include a serious lack of knowledge around mental health issues, the use of alcohol and other drugs as a means of coping and a lack of exposure to mental health education.

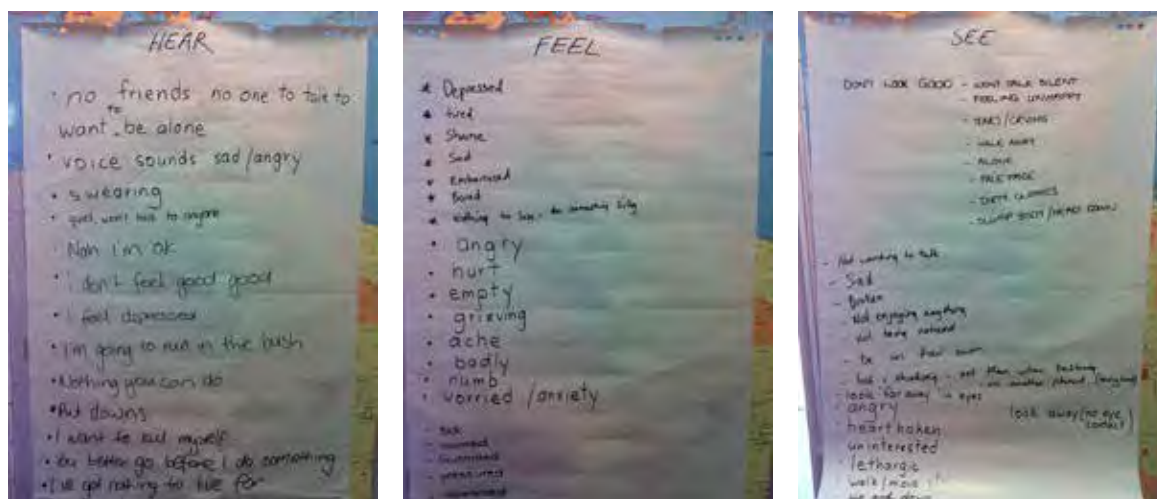
The findings from the survey, together with feedback and contributions from local Aboriginal people, and elders have provided the foundation for TEAMhealth's YIC activities and program focus. From this the YIC team has developed a community-based education program in which YIC staff members work closely with key community members to develop and deliver modules tailored to local situations and cultural expectations.

The resource, called safeTALK, has now been presented to some 60 young people and is rolling out further. It consists of a three-hour module carrying three primary messages:

- better awareness of people thinking about suicide;
- how to ask directly if someone is thinking of suicide; and
- how to link them into ongoing care.

In one brainstorming exercise participants were asked how they or their friends might communicate they were thinking about suicide; in other words *what were the signs or invitations we as "safeTALKers" could "see", "hear" and "feel"?*

Examples of responses are shown in the photos from the Culture First class at Jabiru Group School.



Feedback from the sessions has been overwhelmingly positive. Participants were asked: "Who should take safeTALK training?" – Responses included, "parents", "everybody above year 9 or 10", "everyone", "family" and most encouragingly "I believe everyone should participate in this training because suicide does involve everyone and you could help save someone's life".

YIC has delivered safeTALK with 37 teachers, parents and community members in Jabiru, and has also delivered Youth Mental Health First Aid to 10 participants – 3 aboriginal



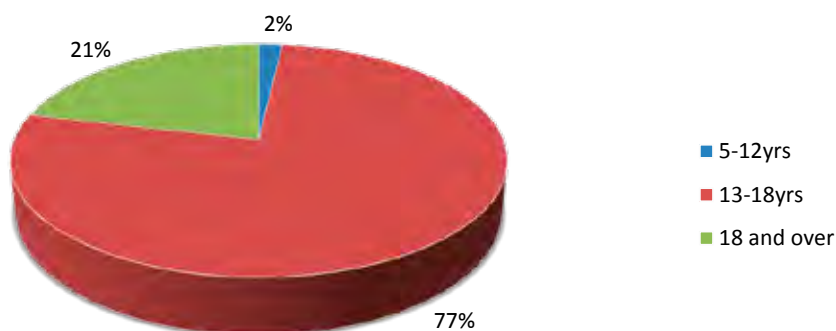
health workers, 2 school staff, 3 clinic staff, 2 staff members of Gundjeihmi Aboriginal Organisation. In addition to this training, we delivered general mental health, domestic violence and alcohol and other drug education to indigenous Kakadu park rangers.

Following the success of the first round of safeTALK presentations, it is now being embedded in the curriculum at the Jabiru Group School and will be delivered on an annual basis.

In total YIC delivered mental health education/awareness to 547 people last year. Requests for mental health education from Gunbalanya, Belyuen and several other communities make for a busy year ahead.

Over 60% of participants in YIC program since December 2012 have been Aboriginal or Torres Strait Islander people. The chart below shows the ages of participants involved in the YIC program.

Ages of participants in YIC Program



The Manse



The Manse is a specialist long-term psychosocial rehabilitation 24/7 supported residential rehabilitation program. The Manse staff understand the impact of mental health issues on individuals and are focussed on providing practical support, training or re-training in everyday life skills for residents with chronic mental health conditions. The program encourages individuals to achieve their maximum potential in gaining skills through household management, budgeting and banking, matters related to personal health and hygiene, the ability to use public transport and accessing social and recreational activities.

The Manse approach is one of hope and recognition that in today's challenging environment people with mental health issues can sometimes struggle with obstacles that block the path to independent living.

Manse Programs

Morning Program - Residents are encouraged to have a substantial breakfast, request their medication without prompting, clean their rooms and have a shower.

Evening Program - This is an opportunity for staff to work one-on-one with residents preparing the evening meal. Residents are encouraged to cook different meals each week. The evening program brings the house together with cleaning up and doing the dishes as a team after the evening meal. Residents are encouraged to request evening medication.

Walking Program - The walking program continues to reap benefits for the residents. 30-40 minute walks along the Nightcliff foreshore, the Botanical Gardens or the Water Gardens at Rapid Creek have helped residents better manage health issues such as blood pressure, cholesterol levels, sleeping patterns while improving their self confidence.

Group Work - Group work at the Manse is designed to build self esteem, self worth, confidence, socialisation skills and give residents the opportunity to be involved in the day to day running of their own home-like environment. Residents participate in the selection and preparation of meals; suggest where to go on outings and participate in cleaning rosters to maintain a clean and tidy environment. This gives residents a sense of ownership of their environment and helps prepare them for independent living.

Socialisation - People experiencing chronic mental health issues often tend to avoid social interaction for many reasons with anxiety high among them. At the Manse social outings to safe non-threatening environments such as D2DL assist residents to build the social and interaction skills necessary for every day life.

Manse Residents' Comments

"I had a good time when we went to Kakadu - I really liked the Aboriginal museum it was good - I didn't know that there were 6 seasons in Darwin - I also liked the food at the restaurant especially the cakes"

"Somewhere to stay - good food - since I have been here I have learnt to keep my room tidy - I try and shower every day and I've learnt to cook a bit "

"Gives me a chance to think about what's going on in my life - time to think"

"I like the garden - it's lush and easy to maintain - it's relaxing."



Papaya – Sub Acute Care

Background: Papaya has been providing service to the Top End since 2007. Between 2007 and 2013 more than 600 people have accessed the Sub Acute Program at Papaya.

Target Group: Papaya operates a 9-bed residential program that provides intensive individualised support to people who are becoming unwell. It provides care for up to 8 weeks at a time with the aim of reducing the possibility of hospital admission (step up) and improves the likelihood of early discharge (step down) from Cowdy Ward at Royal Darwin Hospital.

Referrals are only accepted from Top End Mental Health Services (TEMHS). To be eligible people must be 18-64 and have been allocated a case manager from TEMHS. Homelessness or significant alcohol and other drug issues may affect a person's acceptance into the program.

Activities: 94 people have resided at Papaya during 2012/13. The average length of stay was 24 days. 62% of participants were male and 38% female.

In the past year, the majority of our program participants have come from the Darwin region however 53% have traveled from remote areas across the Northern Territory from places as far East as Groote Eylandt and Galiwinku, Gunbalanya, Nhulunbuy, as far north as Tiwi Islands, and as far south as Alice Springs. It is quite common for remote participants to have a family member or close friend stay with them as a boarder to support them.

Papaya welcomes participants from many cultures and acknowledges that over the last 12 months 28% of participants identified as Aboriginal and 5% of participants identified as Culturally and Linguistically Diverse.

Papaya is staffed 24 hours a day, 7 days a week. The team consists of a Team Leader, a Coordinator and approximately eight permanent part-time and casual psychosocial rehabilitation workers. Staff priorities are to create a safe and supportive environment to help residents achieve their self identified recovery goals.



Personal Helpers and Mentors Program (PHaMs)

The **Personal Helpers and Mentors program** provides strengths-based, recovery-focused support and opportunities for people aged 16 years and over whose lives are severely affected by mental illness.

PHaMs program delivers services to the following areas:

| | | | | |
|----------------|---------------|------------|-----------|------------|
| Howard Springs | Virginia | Coolalinga | Girraween | Humpty Doo |
| Noonamah | Berry Springs | Batchelor | Belyuen | Corroboree |
| Adelaide River | | | | |

The program's aims are to:

- target those who have "slipped through the gaps" and are not currently receiving any support for their mental illness;
- increase access to appropriate support services at the right time;
- provide a strengths-based, recovery-based practice approach;
- increase personal capacity, confidence and self-reliance;
- increase participation within the community;

A Personal Helper and Mentor:

- 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, employment and accommodation services;
- works with participants in the development of Individual Recovery Plans that focus on participants' goals and recovery journey;
- engages and supports family, carers and other relationships, and
- monitors and reports progress against each participant's Individual Recovery Plan.

The program caters for a broad spectrum of participants ranging from those experiencing symptoms of a mental health issue to those whose mental illness severely limits their functionality. It aims to work closely with participants, their families and carers, clinical service providers and other community services to increase each person's capacity to reach their recovery goals as included in their Individual Recovery Plan (IRP).

PHaMs continues to provide services to areas where the program is well established, as well as focusing on developing and maintaining relationships in communities. The team continues to strengthen relationships within the Belyuen Community. In 2012/13 after consultation with community members, CEO and key stakeholders, a number of activities and interventions were implemented to support people with mental health issues to re-connect with their land and culture. We do this through regular contact, overnight camping, educational groups and fishing trips.

The PHaMs program has participated in; Mental Health Week activities, Batchelor Lingalunga Festival, International Women's Day, No Tobacco Day and NAIDOC week celebrations.

The PHaMs team also organised activities throughout the year to provide opportunities for isolated participants to meet with their peers and join in otherwise inaccessible activities. Some of those activities included; a women's pamper day, an overnight trip to Mataranka and Katherine, fishing charters and boat cruises.

Feedback from participants and their carers:

"Thank you, you have no idea how much this helps me, getting out"

"Really enjoy the overnight activities, when is the next one?"

Participant Activities:

Mataranka/Katherine Activity



Mental Health Week



Good News Story

Jim has been a participant in the PHaM program for over a year now working with a PHaM key worker to access clinical support. Alex has a friend and carer named Susie, who provides Alex with accommodation and other needs. While working with Alex, the PHaM key worker saw that Susie could also benefit from some support. She was offered help on several occasions however Susie declined as she felt that mental health support was too "intrusive".

On one recent occasion, while Alex was being taken to an appointment, Susie became distressed and emotional, and once again the key worker offered her support. This time Susie accepted. Since accepting PHaM support, Susie regularly welcomes the discussions and self-care strategies offered to her by the key worker. Susie has expressed her gratitude for the help offered and has commented on the importance of the PHaM services.

Respite Top End

2012/2013 was a productive time for the Top End Respite Program. Ranging from regular Friday activities where challenges were set and battles fought amid the lanes of Planet Tenpin Bowling to the choppy waters of the Arafura Sea in search of the “big one”, the primary aim of the program was to provide participants with the opportunity for time out of the daily routine. In 2012 we saw one of our care recipients receive well-deserved recognition for his contribution to NT sports. The annual breakaway trip provided an opportunity for old friends to get reacquainted as well as a chance to make new friends.

Respite’s Friday activities continued through the year with the most popular being the regular visits to local Op shops and tenpin bowling. Participants enjoyed good doses of friendly competition in the bowling alleys, showing enthusiasm for the scrumptious lunches and air conditioning during Darwin’s renowned build up as they grabbed great deals at Op shops. Carers and care recipients had fun chasing the “big one” in Darwin harbour – unfortunately there was nothing to write home about in the fish stakes, but we heard a few good tales of “ones that got away”. And let’s face it... with a day on the water; plenty of sunshine, sea breeze and good company, life is good!



During the year one of our respite participants, James Swan was rewarded for his ongoing dedication to boxing in the Top End with a life membership of NT boxing. James is a two-time gold medallist at the Arafura Games, four-time Oceania boxing champion, has won two Commonwealth bronze medals and eight Australian amateur titles. James now devotes his time to training those who look set to follow in his footsteps.

In the middle of the year Top End Respite Program had their annual breakaway trip to Kakadu that delivered both relaxing and exciting times for both carers and care recipients. All those on the trip were treated to a morning of meandering through the serene Yellow Waters river system, enjoying the guided tour while soaking in the magical surroundings of the wetlands and waterbirds and the occasional sneaky croc. The next activity didn’t disappoint, though was not for the faint hearted. Everyone was treated to the region’s highlights including the Archway, Dinosaur Valley, the East Alligator River and Minkinj Valley, as well as the Jabiluka Mine site Mudginberri Outstation and Magela Wetlands. All this was viewed from approximately 500 metres above the ground in a light plane. When not cruising the river systems or soaring heights with the eagles, everyone enjoyed the comfort of the Croc Inn which was an experience in itself.

2012/2013 was another great year for Top End Respite Program. We look forward to building on it in 2013/2014.



Respite Central Australia

During 2012/2013 the Central Australian Respite program provided services to 26 carers and 26 care recipients. The program had 8 new referrals during this period.

Working Together

Carer service providers in the Alice Springs region (TEAMhealth, Carers NT, MIFANT and CRCC) continue to work well together and meet regularly every month. In October 2012, TEAMhealth staff, carers and care recipients participated in Mental Health Week with a promotional day and sausage sizzle held by the Central Australian Mental Health Service (CAMHS).

During National Carers Week, TEAMhealth, Carers NT and MIFANT held an information and promotional stall together in the local Yeperenye Plaza Shopping Centre. Promotional items were handed out and the response was great, with many members of the public coming up to ask questions and get information about mental health. It's encouraging to see that the stigma around mental health seems to be lessening, and people are more comfortable talking about issues affecting them, and keen to get information and advice.

In November TEAMhealth, MIFANT and Carers NT also held an afternoon tea for the Melbourne Cup. The carers really enjoyed the food and excitement of the day and the consensus was that we should do the same again next year!

Calendar Activities

Every month the Respite Program sends out a calendar of activities to carers and care recipients. Feedback and suggestions have guided what we offer each month. The most popular activities are movie afternoons, day spa activities, morning/afternoon teas, BBQs, lunches and day trips to the local national parks. Each of the activities gives the opportunity for peer support and many of the carers have formed friendships outside the TEAMhealth program. Other activities have included picnic breakfasts, walking and swimming groups, guided relaxation, Reiki and tenpin bowling (which is always good for a laugh as most of us are very unskilled bowlers). In December a combined Christmas dinner was held at the Red Ochre Grill restaurant for both carers and care recipients.

Breakaway Trips

Breakaway trips are always a highlight. Care recipients were offered a three-day breakaway trip in March 2013 to Glen Helen Gorge and Resort about 130kms west of Alice Springs. The accommodation was an historic cattle station homestead that has been refurbished for tourism. Activities included a picnic and walk to Ormiston Gorge, swimming, sightseeing, storytelling, relaxation, stargazing and a sumptuous dinner at the resort restaurant.



Feedback from all participants was excellent. One of the care recipients had never before spent a night away from a carer, which was a huge step forward for both of them.

In June 2013 carers were offered a three-day trip to Uluru/Kata Tjuta National Park. Carers were offered a choice of three activities on one of the days. Some chose to have a massage, facial, manicure or pedicure at the day spa and the more adventurous chose an hour ride on a Harley Davidson trike around Uluru or a scenic flight over the national park. We watched the sunset over Uluru, enjoyed a fantastic BBQ meal at the cultural centre and all felt totally spoilt and relaxed by the time we returned to Alice Springs!

Community Aged Care Packages (CACP)

Community Aged Care Packages (CACPs) are individually planned and coordinated packages of care tailored to help older Australians remain living in their own homes. TEAMhealth provides 25 care packages in the Darwin, Palmerston areas.

The types of support offered to care recipients includes assistance with medical and specialist appointments, medication support, personal care, shopping, meal preparation and special diets, home help, advocacy and social outings.

All staff have certificate level qualifications in aged care or are working towards this qualification and the CACP Team Leader has commenced a Diploma of Management. Currently five care staff work in the program.

For clients to be eligible to enter the CACP program they must be approved by the Aged Care Assessment Team (ACAT). Community Aged Care Packages are coordinated packages of care tailored to help older Australians to remain living in their own homes. Community Aged Care Packages are very flexible and designed to help with individual care needs.

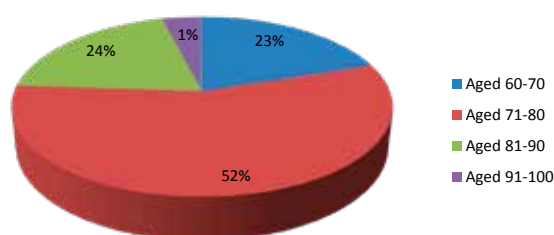
The TEAMhealth CACP program provides assistance to elderly people both with and without mental illnesses. TEAMhealth is the only provider in the Northern Territory specialising in provision of CACPs to older people with a mental illness and the program is in high demand.

The types of services that can be provided as part of a package include:

- personal care;
- social support;
- transport to appointments;
- home help;
- meal preparation;
- shopping;
- case management/advocacy

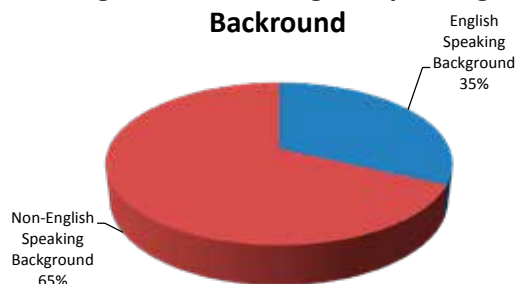
The following chart indicates that over 50% of CACP clients are aged between 71 and 80 years.

Age Range of Care Recipients



Over 65% of the CACP clients supported by TEAMhealth come from a non English speaking background.

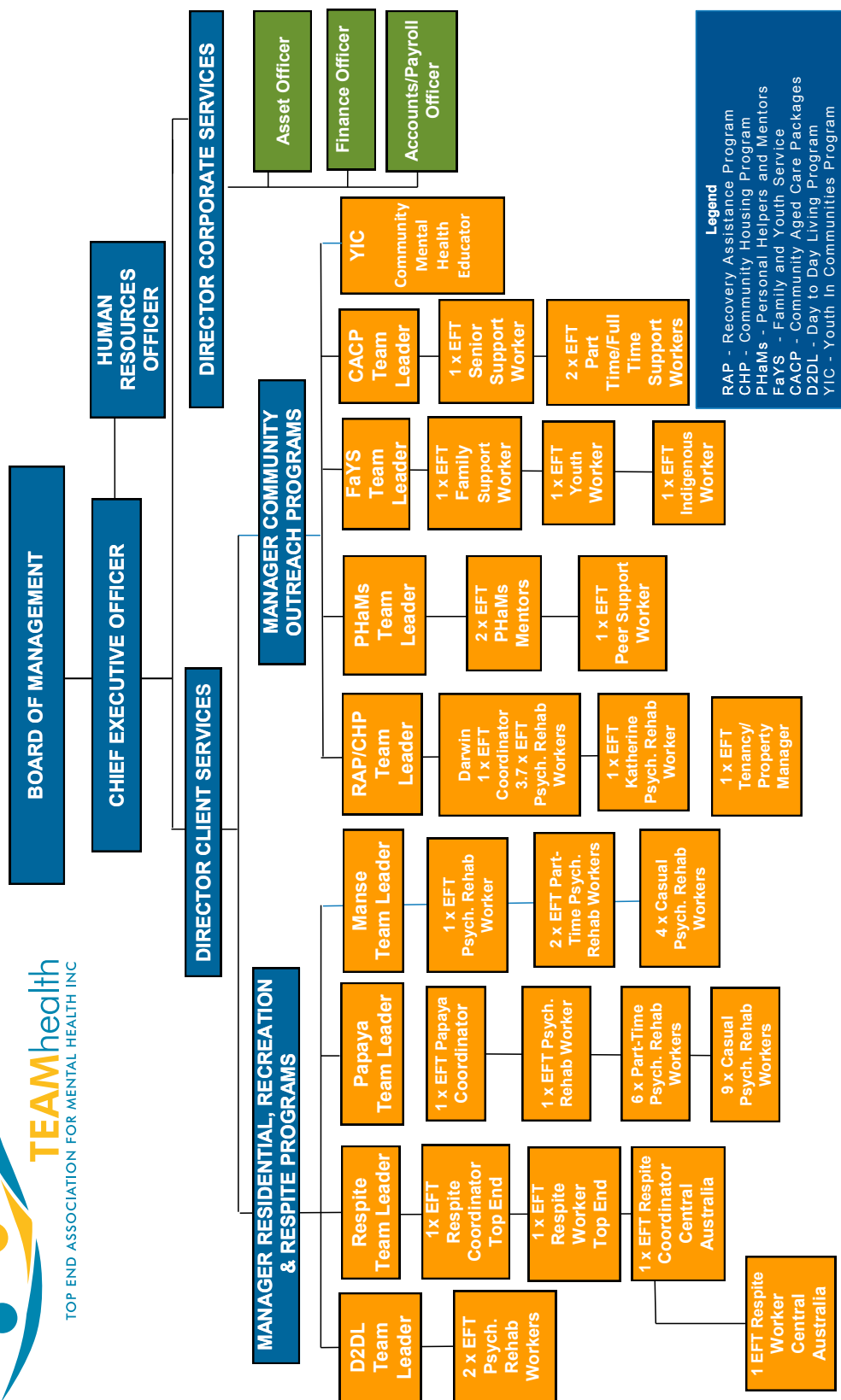
English and Non English Speaking Background



All staff list as at 30 June 2013

| Name | Position | Programme |
|---------------------|---|-------------|
| Helen Egan | Chief Executive Officer (current) | ADMIN |
| Melissa Heywood | Director Client Services | ADMIN |
| Clement Barratt | Director Corporate Services | ADMIN |
| Simone Barrett | Finance Officer | ADMIN |
| Tonya Chan | Accounts and Payroll Officer | ADMIN |
| Shianne Redman | Human Resources Officer | ADMIN |
| Anthony Willits | Manager, Community Outreach Programs | OUTREACH |
| Anthony Smith | Manager, Residential, Recreation & Respite Programs | RESIDENTIAL |
| Fiona Gatty | Team Leader | CACP |
| Natasha Davis | Team Leader | CACP |
| Heather King | Support Worker | CACP |
| Melanie Bramley | Senior Support Worker | CACP |
| Hari Acharya | Support Worker (Casual) | CACP |
| Allan Groves | Tenancy/Property Manager | CHP |
| Angela Greensill | Team Leader | D2DL |
| Kathleen Humphrey | Psychosocial Rehabilitation Worker | D2DL |
| Thomas George | Psychosocial Rehabilitation Worker | D2DL |
| Emma Hickey | Team Leader | FAYS |
| Olivia Lundh | Family Worker | FAYS |
| Emma Grose | Youth Worker | FAYS |
| Miriam Poyner | Family Worker | FAYS |
| Wade Duncan | Indigenous Support Worker | FAYS |
| Desmond Culhane | Team Leader | MANSE |
| Pranee Tomlinson | Psychosocial Rehabilitation Worker | MANSE |
| Margaret Hazelbane | Psychosocial Rehabilitation Worker (P/T) | MANSE |
| Fatumata Kaba | Psychosocial Rehabilitation Worker (P/T) | MANSE |
| Katrina Griffiths | Psychosocial Rehabilitation Worker (Casual) | MANSE |
| Jijoy Joseph | Psychosocial Rehabilitation Worker (Casual) | MANSE |
| Cassandra Yaxley | Psychosocial Rehabilitation Worker (Casual) | MANSE |
| Praveen Hampole | Psychosocial Rehabilitation Worker (Casual) | MANSE |
| John Cusack | Psychosocial Rehabilitation Worker (Casual) | MANSE |
| Rachel Dixon | Acting Team Leader | PAPAYA |
| Katherine Park | Psychosocial Rehabilitation Worker (P/T) | PAPAYA |
| Linda Donaldson | Psychosocial Rehabilitation Worker (P/T) | PAPAYA |
| Matinetsa Chakawa | Psychosocial Rehabilitation Worker (P/T) | PAPAYA |
| Pauline Latham | Psychosocial Rehabilitation Worker (P/T) | PAPAYA |
| Rose Nyamahunge | Psychosocial Rehabilitation Worker (P/T) | PAPAYA |
| Tafadzwa Gwanzura | Psychosocial Rehabilitation Worker (Casual) | PAPAYA |
| Watchen Nyoun | Psychosocial Rehabilitation Worker (Casual) | PAPAYA |
| Jo-Ann Oehlert | Psychosocial Rehabilitation Worker (P/T) | PAPAYA |
| Neil Cook | Psychosocial Rehabilitation Worker (P/T) | PAPAYA |
| Beverly Wells | Psychosocial Rehabilitation Worker (Casual) | PAPAYA |
| Patrick Rolletschke | Psychosocial Rehabilitation Worker (Casual) | PAPAYA |
| Jessica Steijn | Psychosocial Rehabilitation Worker (Casual) | PAPAYA |
| Kylie Peninton | Psychosocial Rehabilitation Worker (Casual) | PAPAYA |
| Kate Woite | Psychosocial Rehabilitation Worker (Casual) | PAPAYA |
| Cheryl Halliday | Team Leader | PHAM |
| Edna Hayne | Psychosocial Rehabilitation Worker | PHAM |
| Zena DeVincentiis | Psychosocial Rehabilitation Worker | PHAM |
| Elaine Carmody | Team Leader | RAP/CHP |
| John Keirs | Psychosocial Rehabilitation Worker | RAP |
| Kylie King | Psychosocial Rehabilitation Worker | RAP |
| Jose-Alberto Masero | Psychosocial Rehabilitation Worker | RAP |
| Bob Jabateh | Psychosocial Rehabilitation Worker | RAP |
| Kay Barnett | Psychosocial Rehabilitation Worker | KATH RAP |
| Glynis McDonald | Team Leader | RESPITE |
| Caroline Thomas | Coordinator - TE | RESPITE |
| Katherine Wessling | Respite Worker -TE | RESPITE |
| Rosemary Goldner | Coordinator - CA | RESPITE |
| Danielle Noble | Respite Worker - CA | RESPITE |
| Blake Edwards | Community Mental Health Educator | YIC |

TEAMhealth Organisation Chart



**TOP END ASSOCIATION FOR
MENTAL HEALTH INCORPORATED**

FINANCIAL STATEMENTS

**FOR THE YEAR ENDED
30 JUNE 2013**

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

**STATEMENT OF PROFIT OR LOSS
AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2013**

| | Notes | 2013 \$ | 2012 \$ |
|---|-------|--------------|------------------|
| Revenue | 2 | 5,211,786 | 4,997,033 |
| Other Income | 3 | 125,059 | 121,834 |
| Employee benefits expense | | (3,601,208) | (3,489,203) |
| Operation expenses | | (403,839) | (338,139) |
| Vehicle expenses | | (203,237) | (206,268) |
| Travel expenses | | (41,849) | (66,616) |
| IT Expenses | | (69,455) | (72,781) |
| Premises expenses | | (392,101) | (464,796) |
| Client Support services | | (229,701) | (292,429) |
| Depreciation | 6 | (266,829) | (231,310) |
| Amortisation | | (37,685) | (38,820) |
| Finance Costs | | (27,097) | (5,523) |
| Low Value Assets | | (55,698) | (44,867) |
| Surplus/(Deficit) for the Year | | 8,146 | (131,884) |
| Other Comprehensive Income | | 0 | 0 |
| Total Comprehensive Income/(loss) for the Year | | 8,146 | (131,884) |

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the notes to the financial statements

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2013

| | Notes | 2013 \$ | 2012 \$ |
|--------------------------------------|-------|------------------|------------------|
| ASSETS | | | |
| Current Assets | | | |
| Cash and cash equivalents | 4 | 2,366,340 | 1,801,815 |
| Trade and other receivables | 5 | 38,466 | 63,191 |
| Prepayments and other current assets | | 140,715 | 149,907 |
| Total Current Assets | | 2,545,521 | 2,014,913 |
| Non-Current Assets | | | |
| Property, plant & equipment | 6 | 3,429,010 | 3,469,009 |
| Intangible assets | 7 | 53,762 | 80,596 |
| Total Non-Current Assets | | 3,482,772 | 3,549,605 |
| Total Assets | | 6,028,293 | 5,564,518 |
| LIABILITIES | | | |
| Current Liabilities | | | |
| Trade and other payables | 8 | 325,593 | 314,734 |
| Provisions | 9 | 183,997 | 173,956 |
| Grants received in advance | 10 | 76,200 | - |
| Grant liabilities | 11 | 130,857 | 47,830 |
| Finance lease liabilities | 12 | 60,584 | 38,190 |
| Total Current Liabilities | | 777,231 | 574,710 |
| Non-Current Liabilities | | | |
| Provisions | 9 | 74,950 | 44,630 |
| Finance lease liabilities | 12 | 245,867 | 23,079 |
| Total Non-Current Liabilities | | 320,817 | 67,709 |
| Total Liabilities | | 1,098,048 | 642,419 |
| Net Assets | | 4,930,245 | 4,922,099 |
| MEMBERS' FUNDS | | | |
| Revaluation Surplus | | 1,369,243 | 1,369,243 |
| Accumulated Funds | | 3,561,002 | 3,552,856 |
| Total Members' Funds | | 4,930,245 | 4,922,099 |

The Statement of Financial Position is to be read in conjunction with the notes to the financial statements

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

**STATEMENT OF CHANGES IN MEMBERS' FUND
FOR THE YEAR ENDED 30 JUNE 2013**

| | Revaluation Surplus \$ | Accumulated Funds \$ | Total \$ |
|--------------------------------|---------------------------------------|-------------------------------------|---------------------|
| Balance at 1 July 2011 | 1,369,243 | 3,684,740 | 5,053,983 |
| Deficit for the year | - | (131,884) | (131,884) |
| Other comprehensive income | - | - | - |
| Total comprehensive loss | - | (131,884) | (131,884) |
| Balance at 30 June 2012 | 1,369,243 | 3,552,856 | 4,922,099 |
| Surplus for the year | - | 8,146 | 8,146 |
| Other comprehensive income | - | - | - |
| Total comprehensive income | - | 8,146 | 8,146 |
| Balance at 30 June 2013 | 1,369,243 | 3,561,002 | 4,930,245 |

The Statement of Changes in Members' Fund is to be read in conjunction with the notes to the financial statements

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 20131. **Statement of Accounting Policies - Basis of Preparation**

These financial statements are special purpose financial statements prepared for use by the Board of Management and members of the Association. In the opinion of the Board of Management, 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 have been prepared in accordance with the requirements of the *Northern Territory Associations Act and Regulations* and the following Australian Accounting Standards:

| | |
|-----------|--|
| AASB 1004 | Contributions |
| 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.

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 significant accounting policies

The significant policies which have been adopted in the preparation of these financial statements and have been consistently applied 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 Board of Management 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 profit or loss and other comprehensive income when the Association obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Association and the amount of the grant can be measured reliably.

(ii) Rent received

Rental income is recognised in the statement of profit or loss and other comprehensive income on a straight-line basis over the term of the lease.

(iii) Interest Income

Interest income is recognised when accrued.

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

(d) Leases

Leases of property, plant and equipment where the Association 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 the 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.

Leasehold improvements 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 statement of financial position.

(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.

(h) Property, plant and equipment

Items of property, plant and equipment, except land and buildings, 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 \$5,000 is expensed in the profit or loss. They are maintained on a low value asset register.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

(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 | 20.00% - 25.00% |
| Buildings | 2.50% |

(j) Intentionally left blank

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

(k) 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.

(l) Encumbrances

Grant funding used for the purchase of Land and Buildings (prescribed) was given to the Association on the condition the Association shall not sell, encumber or otherwise deal with the Properties in any manner without the written consent of the Northern Territory Government CEO (Housing).

(m) 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 profit or loss.

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 reporting date.

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

(n) 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.

(o) 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.

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

(p) 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.

(ii) Long service leave

The liability for long service leave is recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

(q) Prepayments

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

(r) Comparatives

Where required by accounting standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

(s) Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Estimation of useful lives of assets

The Association determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2013**

Impairment of non-financial assets and other indefinite life intangible assets

The Association assesses impairment of non-financial assets and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the Association and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs to sell or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Long service leave provision

As discussed in note 1 (p) (ii), the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2013**

| | 2013 | 2012 |
|---------------------------------------|------------------|------------------|
| | \$ | \$ |
| 2. Revenue | | |
| Grants | | |
| Territory Health Service Grants | 2,137,860 | 2,037,401 |
| Commonwealth Grants | 2,697,129 | 2,550,072 |
| Other Grants | 4,838 | 944 |
| Net grant revenue brought forward | (71,584) | (27,197) |
| | <u>4,768,243</u> | <u>4,561,220</u> |
| Rent | 398,031 | 403,777 |
| Sales - CACP Charges | 19,018 | 15,967 |
| Sales - Other | 26,494 | 16,069 |
| | <u>5,211,786</u> | <u>4,997,033</u> |
| 3. Other Income | | |
| Bank Interest Income | 90,114 | 104,257 |
| Donations | 5,660 | 8,302 |
| Profit on Disposal of Assets | 29,285 | 9,274 |
| Other | - | - |
| | <u>125,059</u> | <u>121,833</u> |
| 4. Cash and cash equivalents | | |
| Cash on hand | 1,866 | 3,446 |
| Cash at bank | 133,764 | 133,311 |
| Investment accounts | 2,230,710 | 1,665,058 |
| | <u>2,366,340</u> | <u>1,801,815</u> |
| 5. Trade and other receivables | | |
| Trade receivables | 8,470 | 58,680 |
| Sundry debtors | 29,996 | 4,511 |
| | <u>38,466</u> | <u>63,191</u> |

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2013

6. PROPERTY, PLANT & EQUIPMENT

| | 2013 | | | | | |
|---|--------------------|-------------------------|---------------|------------------------|-------------------|------------------|
| | Prescribed Land | Prescribed Buildings | Leasehold | Plant and Equipment | Motor Vehicles | Total |
| | \$ | \$ | \$ | \$ | \$ | \$ |
| Cost/Valuation | | | | | | |
| Balance at beginning of year | 1,645,000 | 1,385,000 | 29,242 | 509,151 | 824,008 | 4,392,400 |
| Additions | - | - | - | 7,323 | 290,850 | 298,173 |
| Disposal | - | - | - | (24,986) | (237,605) | (262,591) |
| Balance at end of year | 1,645,000 | 1,385,000 | 29,242 | 491,488 | 877,253 | 4,427,982 |
| Less: Accumulated Depreciation | | | | | | |
| Balance at beginning of year | - | 34,910 | - | 465,132 | 423,349 | 923,391 |
| Depreciation | - | 55,817 | 2,924 | 27,600 | 180,488 | 266,829 |
| Disposal | - | - | - | (24,986) | (166,261) | (191,247) |
| Balance at end of year | - | 90,727 | 2,924 | 467,746 | 437,576 | 998,973 |
| Net Book Value | 1,645,000 | 1,294,273 | 26,318 | 23,742 | 439,677 | 3,429,010 |

| | 2012 | | | | | |
|---|------------------|------------------|---------------|---------------|----------------|------------------|
| Cost/Valuation | | | | | | |
| Balance at beginning of year | 1,645,000 | 1,385,000 | - | 509,151 | 884,395 | 4,423,546 |
| Additions | - | - | 29,242 | - | 20,439 | 49,681 |
| Disposal | - | - | - | - | (80,827) | (80,827) |
| Balance at end of year | 1,645,000 | 1,385,000 | 29,242 | 509,151 | 824,007 | 4,392,400 |
| Less: Accumulated Depreciation | | | | | | |
| Balance at beginning of year | - | - | - | 437,995 | 310,446 | 748,441 |
| Depreciation | - | 34,910 | - | 27,137 | 169,263 | 231,310 |
| Disposal | - | - | - | - | (56,360) | (56,360) |
| Balance at end of year | - | 34,910 | - | 465,132 | 423,349 | 923,391 |
| Net Book Value | 1,645,000 | 1,350,090 | 29,242 | 44,019 | 400,658 | 3,469,009 |

7. INTANGIBLE ASSETS

| | 2013 | 2012 |
|--|---------------|---------------|
| TEAMhealth Website | | |
| Carrying amount at the start of the year | - | 1,208 |
| Amortisation | - | (1,208) |
| Carrying amount at the end of the year | - | - |
| E-Generation Tool | | |
| Carrying amount at the start of the year | 53,006 | 63,185 |
| Amortisation | (8,076) | (10,179) |
| Carrying amount at the end of the year | 44,930 | 53,006 |
| Management system | | |
| Carrying amount at the start of the year | 27,590 | 55,023 |
| Amortisation | (27,357) | (27,433) |
| Carrying amount at the end of the year | 233 | 27,590 |
| Electronic Data Management System | | |
| Carrying amount at the start of the year | - | - |
| Additions | 8,600 | - |
| Amortisation | - | - |
| Carrying amount at the end of the year | 8,600 | - |
| | 53,762 | 80,596 |

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

| | 2013 \$ | 2012 \$ |
|---|----------------|----------------|
| 8. Payables | | |
| Trade creditors | 88,582 | 97,056 |
| Other creditors and accruals | 186,935 | 170,132 |
| GST payable | 8,107 | 13,377 |
| PAYG tax payable | 41,969 | 34,169 |
| | <u>325,593</u> | <u>314,734</u> |
| 9. Provisions | | |
| Current: | | |
| Annual leave accruals | 183,997 | 173,956 |
| | <u>183,997</u> | <u>173,956</u> |
| Noncurrent: | | |
| Provision for Long Service Leave | 74,950 | 44,630 |
| | <u>258,947</u> | <u>218,586</u> |
| 10. Grants received in advance | | |
| Youth In Communities | 76,200 | - |
| | <u>76,200</u> | <u>-</u> |
| 11. Grant liabilities | | |
| Territory Government Grants | - | - |
| Commonwealth Government Grants | 117,945 | 47,830 |
| CACP | 12,912 | - |
| Other Grants | - | - |
| | <u>130,857</u> | <u>47,830</u> |
| 12. Finance lease liabilities | | |
| <i>Contracted, provided for and payable</i> | | |
| Within one year | 60,584 | 38,190 |
| One year or later and no later than five years | 245,867 | 23,079 |
| | <u>306,451</u> | <u>61,269</u> |
| 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>270,357</u> | <u>57,446</u> |
| 13. Events after the end of Reporting Date | | |
| No matter or circumstance has arisen since 30 June 2013 that has significantly affected, or may significantly affect the Association's operations, the results of those operations, or the incorporated association's state of affairs in future financial years. | | |

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED**STATEMENT BY THE BOARD OF MANAGEMENT
FOR THE YEAR ENDED 30 JUNE 2013**

In the opinion of the Board of Management of the Top End Association for Mental Health Incorporated (the "Association") :

- a) the financial statements comprising the Statement of Profit or Loss and Other Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Members' Funds, and the Notes to the Financial Statements are drawn up so as to present fairly the state of affairs of the Association as at 30 June 2013 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 Association; 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 year and up to the date of this report are:

| Position | Name |
|----------------|---|
| Chairperson | Markus Spazzapan |
| Treasurer | MunLi Chee |
| Secretary | Ruth Leslie-Rose (resigned 24 September 2013) |
| Public Officer | Toni Vine Bromley |
| Board Member | Janet Buhagiar |
| Board Member | Rebecca Kardos |
| Board Member | Lyn Walsh (resigned 24 September 2013) |

Board member Michael Nixon retired during the year.

Principal Activity

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

No significant changes in the nature of these activities occurred during the financial year.

Operating Results

The net operating surplus of the Association for the financial year ended 30 June 2013 amounted to \$8,146.

TOP END ASSOCIATION FOR MENTAL HEALTH INCORPORATED

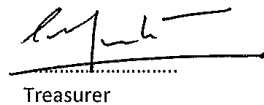
**STATEMENT BY THE BOARD OF MANAGEMENT
FOR THE YEAR ENDED 30 JUNE 2013**

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

Dated at Darwin on 27 September 2013



.....
Chairperson



.....
Treasurer



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GPO Box 4640 Darwin NT 0801
AUSTRALIA

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 2013, the statement of profit or loss and other 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 and fair presentation 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 include such internal control as the Board of Management determines is necessary to enable the preparation and fair presentation 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.

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Independence

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

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 2013, 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: 30 September 2013

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: _____

Level 5, 62 Cavenagh St, Darwin NT 0800
GPO Box 4050, Darwin NT 0801
Ph: 08 8943 9600
Fax: 08 8943 9601
Email: teamhealth@teamhealth.asn.au



Photographs: TEAMhealth Staff, participants and pro bono photographer, Frances Bell 2013
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Annual Report 2012–2013



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