

TEAMhealth **Annual Report** **2014-2015**





TEAMhealth acknowledges the original custodians, the Larrakia People and pays respect to Elders past and present.

TEAMhealth VISION

**Mental Health assists all people
to lead a full and valued life**

TEAMhealth 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**

TEAMhealth VALUES

**Integrity, Accountability,
Wellbeing, Respect**





“Great day, lots of fish”

FEEDBACK FROM RAP PARTICIPANT

A close-up portrait of a woman with long, dark brown hair, smiling warmly at the camera. She is wearing a dark blue polo shirt with white piping on the collar and sleeves. A small logo is visible on the left chest of her shirt. The background is slightly blurred, showing what appears to be a window with a green frame. A small yellow square is in the top left corner.

"TEAMhealth are helping create better situations in our lives & create future possibilities."

FEEDBACK FROM PARTICIPANTS AT THE MANSE







**"Thanks for a battery
charging day & a night
of peace & beauty"**

FEEDBACK OF TOP END RESPITE PARTICIPANT

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ACKNOWLEDGEMENTS

TEAMhealth acknowledges the financial and/or in-kind support of the following Government Departments:

- Northern Territory Department of Health
- Northern Territory Department of Housing
- Commonwealth Department of Social Services
- Commonwealth Department of Prime Minister and Cabinet
- Commonwealth Department of Health

TEAMhealth also acknowledges the Aboriginal controlled organisations, non-government organisations, mental health service providers, other organisations and peak bodies without whose help TEAMhealth would not be able to achieve its goals. Lastly, but no means least, TEAMhealth would like to acknowledge all its participants and carers whose perseverance, fortitude and tenacity are such an inspiration.

CHAIR'S REPORT

Markus Spazzapan
Chair

One of the pleasures of my involvement with TEAMhealth is hearing about the achievements of TEAMhealth participants and staff.

These achievements might be:

- a participant being able to make a home that means their child can return to live with them,
- a person being able to start their first job and consistently receiving a working wage, or
- a troubled person whose recognition of their own mental health state improves so they seek timely support from their GP rather than becoming more unwell.

For our staff, it might be:

- the recognition of being nominated/ receiving external awards, such as the NT Disability Services Award, or
- a personal sense of increasing mastery of their role, be it leadership or other, through experience, coaching, training and development.

You'll see little snippets throughout this Annual Report of compliments received and participant stories told. They are real demonstrations of the efforts of participants and of the way the TEAMhealth values of *Integrity, Accountability, Wellbeing and Respect* are visible in all our work. This really brings home how the purpose of TEAMhealth drives all its actions.

TEAMhealth 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.

To achieve the TEAMhealth purpose and vision we are reliant upon our funders and the collaboration of organisations in remote communities, urban areas and other parts of the mental health arena. We are pleased that by the end of June 2015, funding for the following year 2015-2016 was clarified and formal offers made, however disappointed that the process was so delayed for another year, creating additional disturbance in the management of TEAMhealth.

The TEAMhealth Board is supportive of the direction of the National Mental Health Commission's Review of Mental Health Programmes and Services released in April 2015. In particular we support the greater emphasis on community mental health services which have person focused services that achieve good outcomes for people with mental illness. TEAMhealth activities are aligned with the Review's recommendations as we expand our services in prevention of mental challenges for individuals and communities through our early intervention services, particularly in our new Child and Family Wellbeing Services.

TEAMhealth Board and management have continued an active watching brief on the developments of the National Disability Insurance Scheme (NDIS). The ongoing uncertainty surrounding mental health

arrangements within the NDIS and the impact upon participants/carers and the current funded programs of PHaM, D2DL, Respite and Partners in Recovery is concerning. We urge both the Commonwealth and the Northern Territory Governments to recognise the continued need for a viable and growing network of community mental health support services inside and outside the NDIS.

The Board had some changes in 2014-2015 and I pay tribute to the departed Board members, Rebecca Kardos (Secretary) and MunLi Chee (Treasurer). I welcome Amin Islam as our new Treasurer and David Malone as a new member of the Board. Both Amin and David bring skills and commitment to the TEAMhealth Board including experience that will support TEAMhealth endeavours in the expansion of our Community Housing Program.

I look forward to another stimulating and productive year with TEAMhealth. Best health to all.

Markus Spazzapan
Chair

TEAMhealth BOARD

**MARKUS SPAZZAPAN***Chair*

Markus joined the Board of TEAMhealth in 2011-12. Markus is a Consultant with Ward Keller and has practiced in the NT since the mid 1980s. Markus has been a prominent member of the Darwin community for over thirty years.

**JANET HANIGAN***Vice Chair*

Janet joined the Board of TEAMhealth in October 2010. Janet is Executive Director of Social Policy for the Northern Territory 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. Earlier commercial experience in Coles Myer also supports Janet's broad skills and contributions to the TEAMhealth Board.

**AMIN ISLAM***Treasurer*

Amin joined the TEAMhealth Board in May 2015 bringing skills in the field of audit, finance, management accounting and risk management. He is a Chartered Accountant and member of the Institute of Company Directors. Amin was a former partner with Ernst & Young and Director of Merit Partners with 45 years of experience.

**TONI VINE BROMLEY***Public Officer*

Toni Vine Bromley joined the Board of TEAMhealth in September 2005. Over the past 10 years Toni has been the Executive Officer of NT Shelter, the major Housing peak body in the Northern Territory. Toni brings invaluable experience in the NGO arena and the relationships with Government at the Territory and Commonwealth levels.

TEAMhealth BOARD



DAVID MALONE

Board Member

David joined the TEAMhealth Board in May 2015 bringing skills in strategic planning, project development and economics to support TEAMhealth's goals, especially in Community Housing expansion. David is Director of Territory and Management P/L and is Executive Director of Master Builders NT. Prior experience includes 10 years in senior development roles in the NT Government and the construction sector.



DAVID CHAPMAN

Board Member

David joined the TEAMhealth Board in 2014. David is a Psychiatrist with the Top End Mental Health Service and was a teacher before taking up medicine as a career. He is a member of the Executive Council of the NT Branch of the Australian Medical Association, and is President of the NT Branch of the Australian Salaried Medical Officers Federation. David has an eclectic range of interests and experience to contribute, and a holistic approach to mental health in support of TEAMhealth.



REBECCA KARDOS

Former Secretary

Rebecca joined the Board of TEAMhealth in November 2011 and served as Secretary until February 2015. Rebecca brought a wealth of commercial experience to the Board and is now CEO of Aurora Energy in Tasmania. Rebecca's other commercial experience includes as General Manager Retail at Synergy and senior positions within the utilities sector in Australia and New Zealand, including General Manager Retail with the Power and Water Corporation in the Northern Territory.



MUN LI CHEE

Former Treasurer

MunLi served on the Board of TEAMhealth for four years from March 2011 to March 2015. As a Chartered Accountant by profession, and a member of the Australian Institute of Internal Auditors and the Australian Institute of Company Directors, MunLi brought excellent skills and insight to the Board in her role as Treasurer. MunLi is now Director, Assurance and Advisory Business Services with Merit Partners Chartered Accountants in Darwin.

TREASURER'S REPORT

As the new Treasurer for TEAMhealth I am delighted to have joined a financially sound organisation which is focused on its Vision in our community; *Mental Health assists all people to lead a full and valued life.*

ANNUAL FINANCIAL SUMMARY

TEAMhealth has increased its surplus to \$293,358 for the year to 30 June 2015, up 42% from the previous year. There has been a small increase in revenue while operating expenditure was basically static. A summary of revenue and expenditure for 2014-2015 is shown in the following charts.

TEAMhealth has grown its total assets position to \$8.4 million (2014: \$6.5 million), the increase of \$1.9 million reflecting the revaluation of TEAMhealth properties, and an increase in cash. Liabilities increased to \$2.4 million (2014: \$1.4 million) with a major influence being the carry over of funds for commitments in early 2015-2016 in programs such as the Personal Helpers and Mentors Services (PHaMS) in Maningrida and Daly River, and the Family and Youth Service (FAYS) in Gunbalanya.

Expenditure on Client Support Services is slightly down this year as a result of the winding down of two programs simultaneous with the new programs being in developmental phase. It is envisaged that the forthcoming financial year will see a significant increase in participant activity as new programs gain momentum, together with the activity being generated in the remote programs in Maningrida, Gunbalanya and Daly River with the successful recruitment that has occurred recently.

TEAMhealth is committed to delivering quality mental health services in the Top End and to increasing the housing options for people with mental health challenges. We achieve these outcomes through our own efforts and with the important financial support of our government funders at both the Commonwealth and the Northern Territory level. Funding surety is an important element in the management of TEAMhealth and difficulties in gaining that surety were encountered with some Commonwealth funding again this year.

Many thanks to our funders, staff and management for all your efforts. Your contributions throughout 2014-2015 have made this another successful year. Thanks also to all our participants, families and carers for your participation in TEAMhealth services and your welcome suggestions for improvements.

Amin Islam

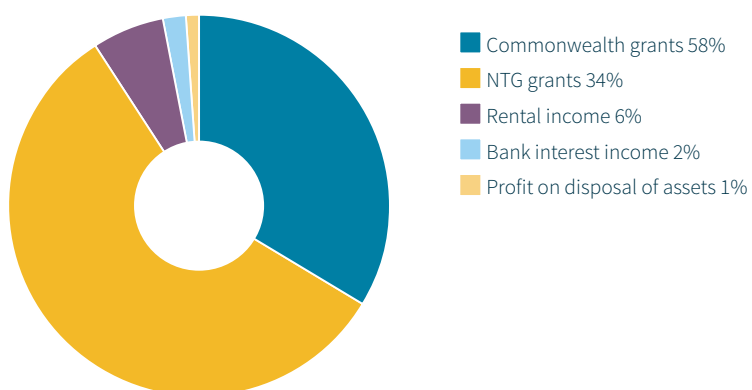
Treasurer

TREASURER'S REPORT

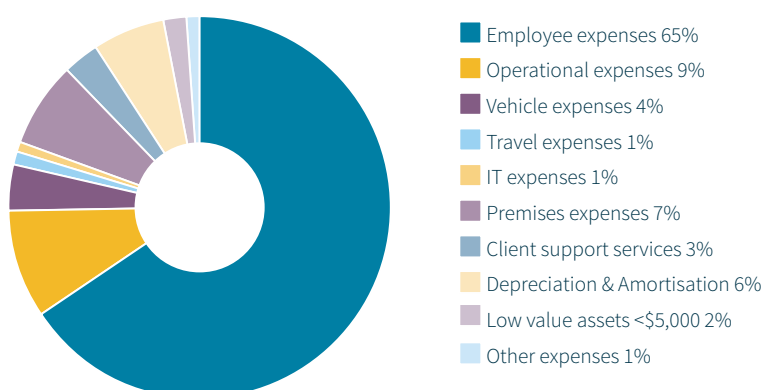
Amin Islam
Treasurer



2014-2015 REVENUE



2014-2015 EXPENSES



CHIEF EXECUTIVE OFFICER'S REPORT

For TEAMhealth 2014-2015 was a year of consolidation and opportunity, however we were also buffeted by the same uncertainties that impacted all community based mental health organisations in Australia.

In the second year of our Strategic Plan I am pleased to report significant achievements and steady progress in each of our goals, as we pursue our vision of *Mental health assists all people to lead a full and valued life*.

Accreditation was achieved by TEAMhealth in November 2014, following the concerted efforts of the THINKtank members, staff, participants and Board, and extensive work across the whole organisation to deliver our valued mental health services goal. As the first community organisation to be accredited against the National Standards for Mental Health Services in the Northern Territory we have demonstrated that our quality services are underpinned by robust processes, clear policies and a consistent approach to our mental health work with individuals, families and communities. Our mental health work ranges from early intervention with children and families, individual support based around recovery and health promotion work to increase community capacity. I also recognise the excellent work by TEAMhealth's aged care staff leading to TEAMhealth's achievement of an excellent Home Care Package Quality Review in which every standard was met to a high degree.

We were also delighted with the recognition of the quality of TEAMhealth staff in the 2014 NT Disability Service Awards. Blake Edwards was awarded both the Overall prize and the Emerging Leader prize in recognition of his work in establishing a TEAMhealth service in Maningrida and for expanding community knowledge of mental health and increasing capacity of individuals to achieve good mental health for themselves and others. I congratulate Blake and the two other TEAMhealth staff, Heather King and Angela Greensill, who were recognised through nomination for Awards in 2014.

TEAMhealth is making good progress in our goal of a sustainable organisation. Our business services are being streamlined and supported well. TEAMhealth staff members have contributed their views in our first annual "My Voice" staff survey and our leadership group is benefiting from the Leadership Investment Program which commenced in April 2015. Risk and governance frameworks are in place and development of TEAMhealth's Reconciliation Action Plan has started. Additional capacity in communications is raising our profile and informing the community about our services and the recovery experiences of our participants.

Our enhanced communications capacity will see TEAMhealth increasingly able to be responsive to evolving needs and build community awareness of mental health and available services. We continue to influence government to ensure mental health services in the community are adequately funded and that opportunities arising from the National Disability Insurance Scheme (NDIS) and our efforts to expand the Community Housing Program are maximised.

CHIEF EXECUTIVE OFFICER'S REPORT

Helen Egan
CEO

TEAMhealth often welcomes visitors to our services in urban and remote locations, briefing our visitors about our role and activities as a community based mental health organisation, and raising their awareness of the opportunities for collaboration and enhancement. I am pleased to have briefed the NT's first Minister for Mental Health Services The Hon. John Elferink, MLA and colleagues within the NT Government including Top End Mental Health Services (TEMHS). I have also briefed the NT opposition spokesperson on Disability and Mental Health, Ms Lauren Moss, MLA as well as Commonwealth Government staff in various departments and the National Disability Insurance Agency during 2014-2015. I look forward to expanding TEAMhealth's connections across the various government arenas in the coming year.

The National Review of Mental Health Programs was submitted by the National Mental Health Commission to the Commonwealth in November 2014 and released publically in April 2015. As I write (September 2015) there is still no response from Government. I welcome the National Review's focus on investing in and enhancing the community mental health sector and their recognition of the importance of achieving clarity for the inclusion of mental health in the NDIS. It is critical that government response to the review and clear services and funding arrangements for participants within and outside the NDIS for future years are settled well before the end of 2015.

Many months of effort were expended responding to tenders and trying to ensure TEAMhealth had funding surety to enable our mental health services for participants and employment of skilled staff to be maintained. Through this period we needed to close our Family and Youth Service in the Darwin Region and commence establishment of new Child and Family Wellbeing Services in Palmerston – Litchfield and the Katherine region (also in Wadeye through an agreement with CatholicCare NT). We also ceased our health promotion and suicide prevention activities through the Youth in Communities program and are now working to retain this suicide prevention activity through a late agreement within the Indigenous Advancement Strategy.

I close my report by acknowledging the tremendous work of TEAMhealth management, staff and Board as we continued quality service provision.

Well done all.

Helen Egan
CEO

OUR ORGANISATION

WHERE WE ARE BASED

OUR SERVICE AREAS

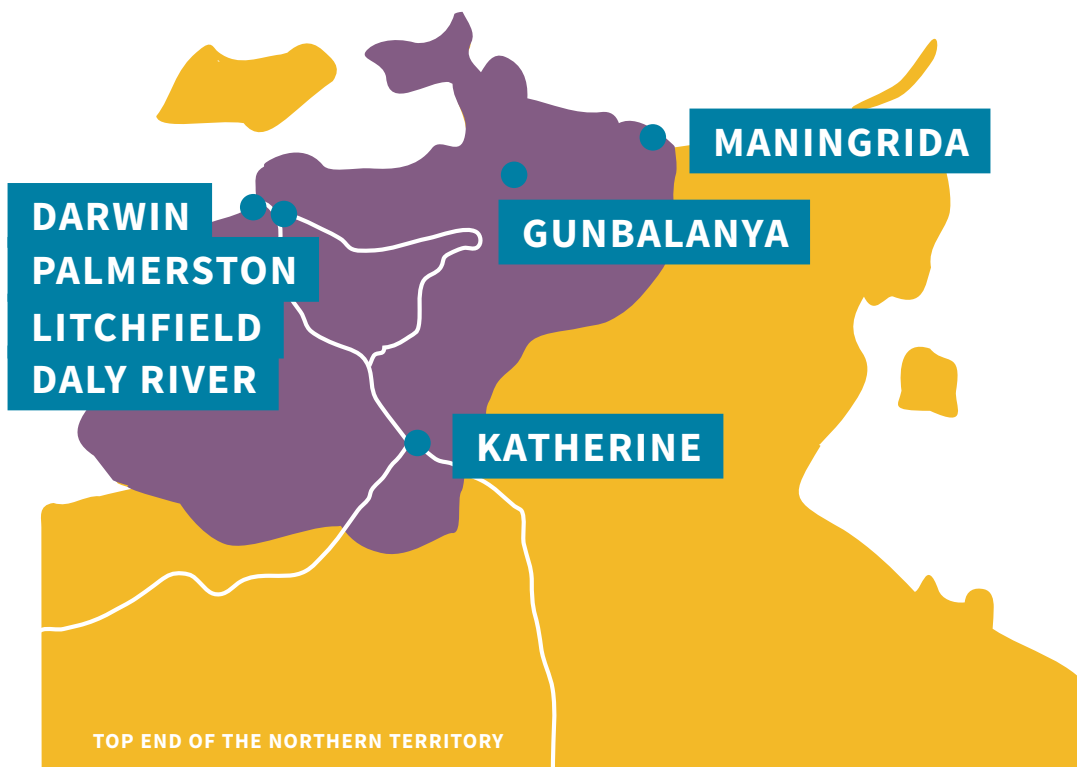
IN 2014-2015

OUR GOALS

TEAMhealth is guided by our Strategic Plan 2013 – 2016 and is focused on achievement of our goals. Every quarter the Management Group reviews our Operational Plan which documents the specific actions required to meet our goals. We review and monitor our performance and assess the opportunities, risks, impediments, and resources which may be impacting our activities. Throughout the year most activities identified for 2014 – 2015, such as accreditation, have moved to be ‘on track’ then into ‘completed’ status.

Some activities are greatly influenced by external factors; such as policy decisions at Commonwealth level that have major implications for funding of mental health services and development of the mental health arrangements within the National Disability Insurance Scheme (NDIS).

Other activities are influenced by our ability to internally resource development – including the introduction of a new Participant Information Management System (PIMS) and improved ways in which to assess outcomes with participants and families – both of which have progressed more slowly than anticipated.



OUR ORGANISATION

GOAL

VALUED MENTAL HEALTH SERVICES

TEAMhealth celebrates achievement of accreditation to the National Standards for Mental Health Services. We are delighted to be the first Northern Territory (NT) mental health service to be awarded this accreditation and are actively working to ensure all our services continue to meet national standards and individual needs.

We have excellent relationships with many organisations operating in the NT and nationally to support the services we provide. We are drawing on learnings from published research and other organisations as we pursue the introduction of improved mental health outcome measurement and program evaluation.

GOAL

A SUSTAINABLE ORGANISATION

The foundation of a sustainable organisation is:

- ongoing support and demand for our services from the community and funders,
- a workplace culture supporting our ability to attract, develop and retain skilled staff, and
- internal business and human resources systems, risk and governance frameworks that enable good, proactive management.

TEAMhealth has made significant progress in all these areas including the establishment of an annual “My Voice” staff survey through the Voice Project at Macquarie University and our TEAMhealth Leadership Investment Program which commenced with all Management and Team Leader staff in April 2015.

We have also started the development of TEAMhealth’s first Reconciliation Action Plan and work actively to ensure TEAMhealth is well recognised in the sector and community through our relationships and our enhanced communications resources.

GOAL

RESPONSIVE TO EVOLVING NEEDS

The needs of people with mental illness, their families and carers are constantly assessed with participants in the development of Individual Recovery Plans. These expressed needs and the feedback TEAMhealth receives in the form of compliments and complaints help TEAMhealth to constantly improve our services and underlying systems. During 2014 – 2015 TEAMhealth received 28 compliments and 17 complaints (all resolved).

TEAMhealth has actively worked with Government and with our own resources to expand the housing options for people with mental illness. One additional two bedroom unit was made available in Coconut Grove and negotiation regarding additional houses continues. Assessment of innovative housing models is under way and we seek to use our strategic relationships to support this work into 2015–2016.

Actions to prepare for the National Disability Insurance Scheme (NDIS) have started within TEAMhealth. We look forward to greater clarity being provided about how the inclusion of some mental health programs in the NDIS is to occur without negative impacts on the community mental health sector and our future participants. This will be important information as TEAMhealth works with individuals, families and the community in the transition to the NDIS in the NT.

TEAMhealth

JUNE 2015

ACCREDITATION

Attaining Accreditation to the National Standards for Mental Health Services in November 2014 was the focus for all staff in the first half of 2014 – 2015, followed in the second half with a focus on building and enhancing organisational skills and capability. At a time where considerable change is happening, and still to come within the community mental health sector, TEAMhealth has been mindful of the need to actively engage staff in the process and manage the demands on staff to ensure the long term viability of the changes and support the overall wellbeing of our workforce and participants.

MY VOICE

To identify the priority areas of concern for our staff, TEAMhealth conducted its first Staff Survey, called 'My Voice', through the Voice Project at Macquarie University. This survey aims to provide staff with the ability to "have a say" in our organisation, to create an environment that inspires increased levels of engagement, leadership and improved service delivery. TEAMhealth's first survey had a participation rate of 62% and we are hopeful that this participation rate will increase when the survey is repeated again in late 2015.

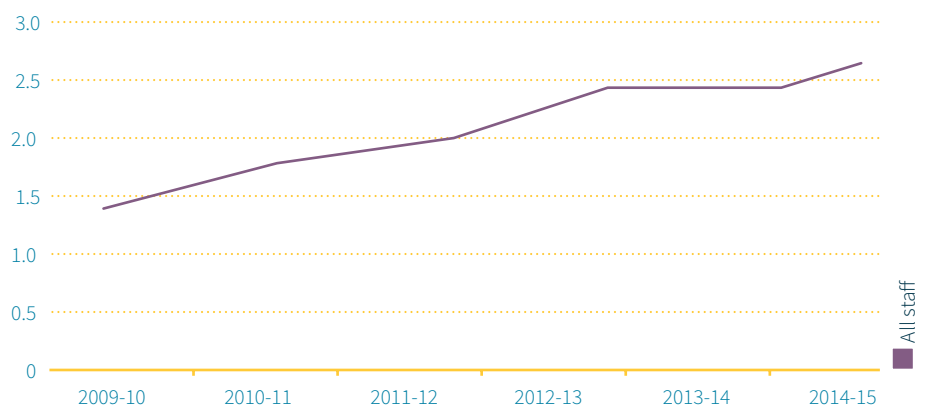
The 'My Voice' survey provided an objective measure of staff behaviours, perceptions, and satisfaction with their work in order to assess their level of engagement with TEAMhealth. The survey questions address five key areas that drive an organisation, those being

purpose, participation, people, peace and property. Our 'My Voice' results identified that our key areas of improvement occur within the Participation category, which covers leadership, recruitment, involvement, recognition and career opportunities.

The skills and commitment of TEAMhealth staff provide a strong foundation and contribute to the sustainability and strength of our organisation and services. In a market of tightening funding the challenge has been to ensure the sustainable, consistent, cost effective and timely delivery of key training or skills sessions for current and new staff.

In keeping with the 'My Voice' priority areas, TEAMhealth has commenced a series of workshops with its Leadership Group to ensure the development of a clear and consistent understanding of the accountabilities and responsibilities of leaders within the organisation. Two sessions of the Leadership Investment Program were conducted before the end of June. These sessions focussed on 'Managing Self' (including a DiSC Profile) and 'Problems Solving and Decision Making'. The Program is continuing throughout 2015 – 2016, with workshops tailored to provide underpinning principles, linked to how TEAMhealth Values are embedded and our policies are applied.

AVERAGE LENGTH OF SERVICE AT TEAMhealth (YEARS)



TEAMhealth

JUNE 2015

STAFF STRUCTURE

Following a period of significant change in the organisational structure in 2013 - 2014 it was pleasing to have a slight increase in the average length of service within TEAMhealth to 2.7 years, up from 2.4 years recorded in the previous two periods.

The distribution of the TEAMhealth workforce changed slightly in accordance with TEAMhealth needs and staff individual circumstances, boosting part-time staff to 32% (up from 17%) and reducing full-time staff to 58% (down from 63%) and casual staff to 10% (down from 17% at the end of June 2014).

The proportion of male staff remained the same, at just under 20% of the total workforce. The staff headcount by employment type and gender at the end of the last two years is shown below.

JUNE 2014	MALE	FEMALE	TOTAL
Full Time	6	30	36
Part Time	3	7	10
Casual	2	9	11
TOTALS	11	46	57

JUNE 2015	MALE	FEMALE	TOTAL
Full Time	5	30	35
Part Time	5	15	20
Casual	2	4	6
TOTALS	12	49	61

Changes in staffing structure occurred for Papaya, Manse, Recovery Assistance Program (RAP) and the Personal Helpers and Mentors Programs (PHaMS). Staff from the Family and Youth Service were redeployed to other programs including the new Child and Family Wellbeing Service in the Palmerston and Litchfield regions.

Recruitment of local staff members in TEAMhealth's remote programs (Gunbalanya, Maningrida and Daly River) progressed with good interest and support from each Aboriginal community. Additionally we extend our gratitude for the support from other service providers in Katherine during 2014 - 2015, as we again experienced low staffing levels. We look forward to building a small group of TEAMhealth staff in Katherine during 2015 - 2016 with the Recovery Assistance Program and the new Child and Family Wellbeing Service now operating in the Katherine region. CatholicCare NT has been subcontracted by TEAMhealth to provide the Child and Family Wellbeing Service in Thamurrurr (Wadeye), which includes recruitment and support of staff.

OVERVIEW OF PROGRAMS

PROGRAM	BRIEF DESCRIPTION	FUNDING SOURCE
Recovery Assistance Program (RAP)	RAP provides outreach psychosocial rehabilitation services to people with a mental illness	Northern Territory, Department of Health
Manse Residential Program	The Manse is a specialist long-term psychosocial rehabilitation 24/7 program, designed to support people with a severe and persistent mental illness	Northern Territory, Department of Health
Papaya Sub Acute Care Program	Papaya provides intensive short term residential support services to people who are becoming unwell, or who have been recently discharged from Royal Darwin Hospital	Northern Territory, Department of Health
Personal Helpers and Mentors (PHaMS) - Rural & Remote (including Daly River)	PHaMS provides recovery focused, and strengths based support, to people with mental illness living in remote and rural communities in the Top End	Commonwealth, Department of Social Services
Personal Helpers and Mentors (PHaMS) - Maningrida	PHaMS Maningrida provides recovery focused, and strengths based support, to people with mental illness living in Maningrida. TEAMhealth are working with a local Aboriginal controlled organisation to transition the service over coming years	Commonwealth, Department of Social Services
Child and Family Wellbeing Service (CFWS) – Palmerston/Litchfield	The Child and Family Wellbeing Service provides early intervention support to vulnerable families with children and young people (0-18 years)	Commonwealth, Department of Social Services Establishment started in May 2014
Child and Family Wellbeing Service (CFWS) – Katherine	The Child and Family Wellbeing Service provides early intervention support to vulnerable families with children and young people (0-18 years)	Commonwealth, Department of Social Services Establishment started in May 2014

OVERVIEW OF PROGRAMS

PROGRAM	BRIEF DESCRIPTION	FUNDING SOURCE
Child and Family Wellbeing Service (CFWS) – Thamurrurr (Wadeye)	The Child and Family Wellbeing Service in Wadeye, subcontracted to CatholicCare NT, provides early intervention support to vulnerable families with children and young people (0-18 years) living in Wadeye	Commonwealth, Department of Social Services Sub-contract established with CatholicCare NT for service delivery in Wadeye in May 2015
Family and Youth Services (FaYS) – Darwin and Outer Darwin	Program provides support for individuals and families impacted by mental illness, as well as group activities and promotion of mental health. Participants referred to other programs as funding ceased	Commonwealth, Department of Social Services Funding ceased in February 2015. Program replaced.
Family and Youth Services (FaYS) – Gunbalanya	Gunbalanya based program provides support for individuals and families impacted by mental illness, as well as group activities and promotion of mental health	Commonwealth, Department of Social Services
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 Social Services
Home Care Packages (HCP)	HCP's are individually planned and coordinated packages of care tailored to help older Australians remain living in their own homes	Commonwealth, Department of Social Services
Day to Day Living Program (D2DL)	D2DL provides structured activities in a secure social environment to aid psychosocial recovery	Commonwealth, Department of Social Services
Community Housing Program (CHP)	CHP provides accommodation options to individuals and families affected by mental illness	CHP is self supported (using a mix of TEAMhealth & Territory Housing properties)
Youth in Communities (YIC)	YIC provided education and awareness to urban and remote Indigenous communities to increase suicide prevention strategies for young people until the end of June 2015.	Commonwealth, Department of Prime Minister and Cabinet, Funding ceased June 2015 TEAMhealth are hoping to continue this suicide prevention work with funding through the Indigenous Advancement Strategy (IAS)

PARTICIPANT STORIES

TEAMhealth - Changing lives everyday through the Day to Day Living Program

“University is a great stepping stone”

After being diagnosed with a mental illness Jonathan discovered the TEAMhealth Day to Day Living program and found the support he needed to begin his University studies and change his life.

Jonathan, a TEAMhealth participant, found out about Day to Day living (D2DL) while living at Papaya, the Sub-Acute Care program operated by TEAMhealth that provides individualised, intensive support to individuals that are becoming unwell.

At D2DL Jonathon used the computers to play games online, listen to music and most importantly watch tutorials about the computer programs that he owned. He used this time to learn about these specific programs; he saw this as an opportunity to expand his abilities and open his mind to new opportunities.

Using the computers taught Jonathon to be independent. The Team at D2DL provided Jonathon with the support he needed to overcome his fears so that he was not afraid of trying new things. It was this supportive environment that enabled Jonathon to discover what his true interests were, feeling secure in knowing that there was always someone close by to help him.

When Jonathon first started at D2DL, he was seeking employment and searching for work online, but this didn't go as planned. Eventually Jonathan decided to apply for university and is now doing his assignments on his days off from lectures at the D2DL Centre in Rapid Creek.

Jonathan attributes the D2DL computer classes, the kind workers, the gym and food that's supplied (all kind-heartedly), to helping him make better decisions to live a full life.

He has expressed how “happy” he now feels and feels positive knowing that “University is a great stepping stone” towards what he may become in the future.

Jonathan knows that “D2DL will always welcome him with open arms should he ever need it.”

PARTICIPANT STORIES

Malcolm's Journey to Recovery

A young man named Malcolm became a resident at The Manse on 11 March, 2003. He resided at the Manse under 24/7 care until 20 November, 2012, when it was decided to trial him in the Community Housing Program (CHP)/Recovery Assistance Program (RAP), which at that time was the one program. Prior to this move Malcolm was engaged with RAP staff over a period of time, enabling the team to determine his suitability to that program and the CHP accommodation.

At the time Malcolm engaged with RAP he was under Adult Guardianship, where the Guardian managed his finances. After commencing his engagement with RAP, Malcolm developed better money management skills, he improved his cooking skills and developed a better understanding of household duties. Malcolm improved to such an extent that he no longer required Adult Guardianship and was able to maintain a savings regime and manage a household budget.

For a period of time, during late 2013 and early 2014, Malcolm engaged with Darwin Skills Development and started working in the laundry at the Royal Darwin Hospital. Malcolm held this position for approximately five months, working four hours per day and travelling to and from work using public transport.

During this period the units opposite Malcolm's accommodation were being demolished and the constant noise from the demolition began to create poor sleeping patterns for Malcolm. Soon Malcolm recognised that he was becoming unwell, which he attributed to the stress of working for the first time and the nearby demolition that had been disrupting his sleeping patterns. He frequently discussed these issues with Top End Mental Health Service (TEMHS) each time that he reported for his review. TEMHS soon recognised that Malcolm was becoming unwell under the reported circumstances and with the support of TEMHS Malcolm decided to resign from his job. This decision allowed Malcolm to remain in the community and prevented a consequential hospital admission.

After resigning from his employment Malcolm was placed on the waitlist with Territory Housing and moved into the CHP, there he resided at the Runge Street Residence and was supported by RAP.

After taking up the accommodation at Runge Street, Malcolm began to strengthen his relationship with his brother and they soon became very close. Subsequently, Malcolm asked RAP for assistance in negotiating with Territory Housing for a two bedroom unit, which would allow him to share the residence with his brother.

Malcolm's brother had been experiencing difficulties with anti-social behaviour at the block of Territory Housing where he resided, which Territory Housing acknowledged. In light of this, Malcolm and his brother were placed on the priority wait list as a new joint application.

Approximately three weeks later, in the first week of July, Malcolm and his brother were offered and accepted a unit in Nightcliff. Malcolm now wishes to once more pursue employment options through Darwin Skills Development; he will be supported through this process by RAP. Malcolm's progress will be monitored and if successful, he may need the support of TEAMhealth.

The progress of Malcolm's recovery has encompassed a period of twelve years, from his first contact with TEAMhealth to this point, where he is living independently in the community. It has only been through the joint effort of Malcolm and TEAMhealth staff, across our different programs that this outcome has been achieved for this participant. It is a wonderful example of our ability to collaborate and build connections across our services to support our participants' recovery.

Living independently in the community

COMMUNITY HOUSING PROGRAM (CHP)



TEAMhealth, with some support from the Northern Territory Department of Housing, has provided community housing since 1987. The CHP plays a vital part in the recovery of participants with mental illness by providing stable, safe and affordable accommodation.

TEAMhealth has been providing community housing in partnership with Territory Housing since TEAMhealth's commencement in 1987. The self-funded program offers housing support by giving participants of the program a safe and affordable place to live in. TEAMhealth provides several housing options from shared, single, family and gender specific accommodation, for participants who have a diagnosed mental illness.

The CHP provides medium to long-term transitional housing options for people who have the capacity to live independently. Participants of the CHP receive support from TEAMhealth outreach services and will actively engage in developing and maintaining an Individual Recovery Plan. Participants may be referred to the program from a range of sources.

Participants that belong to the CHP are

- Aged between 18 - 64 years old;
- Have a diagnosed mental illness;
- Allocated a Top End Mental Health Services case manager or GP;
- Engaged with a TEAMhealth outreach Program
- Willing to apply for Territory Housing accommodation or are already on the waitlist.

The CHP currently manages 25 properties which consist of a mixture of 1 to 3 bedroom units and 3 bedroom houses. These are available for participants who meet the eligibility criteria which is available to single males and females as well as families. Properties are located in suburbs of; Nightcliff, Coconut Grove, Parap, Nakara, Moulden and Darwin.

Accommodation is occupied by participants who have a diagnosed mental illness and who are engaged with a TEAMhealth outreach Program, ie. the Recovery Assistance Program (RAP), Personal Helpers and Mentors (PHaM), Child and Family Wellbeing Service (CFWS) or the Home Care Packages Program.

The program is funded by rental income from participants, which covers the program's operating costs. Assessments are conducted twice yearly in March and September to ensure that rents are commensurate with the incomes of participants.

The CHP plays a vital part in the recovery of participants by providing stable, safe and affordable accommodation. To continue to offer this valued program to participants with a strengths based recovery focus, it is critical that the programs' financial viability be maintained.

A photograph showing a group of people sitting around a light-colored table. In the foreground, a person's hand is holding a white cup with a green circular logo. Another person's hand is visible next to it. In the background, a man wearing a white polo shirt and a dark baseball cap is sitting at the table, also holding a cup. The background is slightly blurred, showing a pink wall and other people. The overall atmosphere is casual and social.

**“There was a lot of
laughter and many
smiling faces as
everyone shared their
stories from the day.”**

RENEE HABERLE, COORDINATOR, MANSE

PAPAYA



Papaya is a sub acute care facility that provides intensive individualised support to individuals with mental illness in the Northern Territory. Papaya has a total of 9 beds and has been in operation by TEAMhealth since 2007.

Papaya aims to reduce hospital admissions (step up) and improve the likelihood of early discharge (step down) from Cowdy Ward at Royal Darwin Hospital. The program is designed to provide 8 weeks recovery focused support and rehabilitation in partnership with Top End Mental Health Service (TEMHS). The service provides 24 hours per day, 7 days a week supported care to participants who are becoming unwell and are experiencing an increase in the signs and symptoms of their mental illness.

The team at Papaya consists of the Residential Services Team leader, a Coordinator and 10 fulltime Psychosocial Rehabilitation Workers (PRW).

In the 2014-2015 year, Papaya has supported a total of 60 Participants, 16 female and 44 male. 25 of these participants have identified as Indigenous and two have identified as Torres Strait Islander.

In the 2014 – 2015 year the majority of Papaya participants have resided in the Darwin region, however Papaya has also supported individuals from Batchelor, Gunbalanya, Adelaide River, Wadeye, Maningrida, Angurugu, East Timor and the Tiwi Islands.

The primary mental health diagnosis for participants during the 2014-2015 year has been Schizophrenia, with 70% of our participants having Schizophrenia.

All admissions to Papaya are on a voluntary basis and involve a comprehensive assessment, led by the Coordinator with collaboration from the Team Leader and the TEMHS Case manager. Referrals to Papaya are accepted from TEMHS and all participants referred to the service must have an allocated TEMHS Case Manager.

All participants at Papaya are required to develop an Individual Recovery Plan (IRP). The IRP is designed to support the individual in recognising their goals and aspirations and how to achieve these. The IRP is a client led tool that is used to build on the individual's strengths and provide opportunities to build participant's confidence and increase the participant's self-resilience.

Additionally, The IRP addresses the key areas of establishment / reconnection with social and family supports, gaining / regaining employment and the self management of medication. The IRP assists in recovery, rehabilitation and the creation of a positive perspective on independent living, therefore reducing hospital admissions.

Papaya staff assist participants to engage with other services provided by TEAMhealth along with external providers, to provide ongoing support after completion of the eight week programme. They pride themselves on delivering activities in a safe and supportive environment, which assists participants to achieve the goals identified in their IRP and to re-engage with community.

THE MANSE

The Manse is a 24/7, long-term, non-clinical psychosocial rehabilitation residential program specifically designed to support people living with chronic and persistent mental illness in the Top End.

The Manse offers a minimum of six months to two years stay for people living with mental illness. To be eligible for the Manse program the participant must have a case manager, a diagnosed mental illness and must be aged between 18 and 64 years.

The Manse program concentrates on providing intense, participant-focused, individualised, psychosocial rehabilitation to ensure the best possible outcomes for participants. Staff at the Manse work collaboratively with Top End Mental Health Services (TEMHS) and link in with many other community service providers to offer the best possible resources and support for participants.

During their time at the Manse participants are provided with the opportunity to develop new life skills, with a goal to progressively re-engage with the community.

Working with participants TEAMhealth staff develop an individual recovery plan for each individual, which focuses on each their needs with a strong emphasis on the five areas of:

- Living
- Learning
- Working
- Socialising
- Medication Management

In 2014–2015 activities included a daily walking program to encourage a strong sense of health and well being. Other activities included swimming at Lake Alexander, fishing at East Point and picnics at the Darwin Waterfront Precinct lagoon. Additionally, throughout the year participants are encouraged to engage in many different team building activities such as beach cricket, volleyball and totem tennis.

The Manse participants are involved in many engaging activities when residing at the Manse including fishing, swimming, walking, board games, picnics, BBQ's, day trips to Litchfield, fish feeding, weekend trips away to Kakadu and many more.

One of the highlight activities of the year was a day excursion to the Territory Wildlife Park in Howard Springs. Here the Manse participants had the opportunity to experience riding on the outdoor mini rail system and to learn about our local natural habitat and its wildlife. Participants interacted with different species of animals and particularly enjoyed touching the turtles. The day concluded with a picnic in the shade under some beautiful native trees. Participants thoroughly enjoyed that day.

Over the next twelve months the Manse Team will continue to strengthen and enhance our close working relationships with other relevant service providers.

RECOVERY ASSISTANCE PROGRAM (RAP)

The RAP provides psychosocial rehabilitation support in the community to people with a mental illness aged between 18 and 64, using a participant-centred and strengths-focused approach.

The RAP provides recovery focused psychosocial rehabilitation to participants with a diagnosed mental illness in Darwin, Palmerston and the Katherine region. The program promotes the development of goals, skills and supports in the areas of Living, Learning, Working and Socialising. The type of support provided to participants can vary from low to high need through a person centred approach that is consistent with a participant's values, hopes and aspirations.

The main focus of the program is on assisting individuals to develop lifeskills, access resources and develop relationships with the networks needed to increase a participant's capacity to be satisfied in their living, working, learning and social environment.

The Program promotes hope, respect, self determination and empowerment. The RAP Team work with people with a mental illness and their families to overcome barriers, to regain hope, reconnect with their communities and realise their goals. Cooperative and supportive partnerships exist with like service providers to assist with productive caring and meaningful involvement for participants and carers.

In conjunction with the RAP Team Staff participants are assisted in developing an Individual Recovery Plans (IRP) and encouraged to take ownership of this plan. These plans are regularly reviewed and updated by TEAMhealth Staff and the participant.

The psychosocial rehabilitation support provided to the participants places emphasises on the four life domains of living, learning, working and socialising to help participants learn and/or relearn life skills. It is a participant-centred and strengths-focused approach that is based on the Boston Model, and when incorporated with an IRP the program provides each participant with their own personalised approach to recovery.

In the past 12 months the RAP has supported approximately 100 participants in achieving their goals. RAP has worked with Top End Mental Health Services (TEMHS) and collaborated with employment agencies and other stakeholders to support our participants. Through this support several participants have gained part-time employment, and/or returned to study. It is evident that participants benefit immensely from a collaboration of clinical and non-clinical approaches working in partnership to assist people in reaching their recovery goals.

Some of the remarkable achievements of our participants through RAP over the past 12 months are outlined below:

- 1 Indigenous female participant from RAP Katherine has graduated from the Batchelor Institute completing a Certificate II in Business.
- 1 male participant has been employed at the Darwin Turf Club.

- 1 male participant has been employed as a volunteer with Greening Australia.
- 1 male participant is working at Humpty Doo.
- 1 male participant is successfully volunteering at St Vincent De Paul, Stuart Park.
- 1 female participant is successfully volunteering one day per week at St Vincent De Paul.
- 1 Indigenous male participant has sold several pieces of art work through the TEAMhealth Day to Day Living (D2DL) Program.
- 1 participant from RAP Katherine has spent a few weeks at Runge St Respite unit.

The 'Cross Program' interventions that include close working relationships with D2DL, Respite, Papaya, Family and Youth Service has been of great benefit to the RAP in 2014-2015. This collaborative work across the TEAMhealth programs has created benefits for both our participants and their carers. The recovery story of RAP participant, Malcolm, is a great testament to this collaboration.

RAP continues to receive referrals from various sources, although the majority of referrals are received through the TEMHS.

RECOVERY ASSISTANCE PROGRAM (RAP)

STAFF TRAINING

In 2014-2015 staff in Darwin and Katherine participated in the following training:

- Understanding and Responding to Borderline Personality Disorder
- Working With Clients who have experienced drug and alcohol Dependency
- Working with complex and demanding Clients
- Youth Mental Health First Aid
- Cross Cultural Awareness
- Non- Violent Crisis Intervention
- Predicting, assessing and responding to Aggressive behaviour

ACTIVITIES FOR PARTICIPANTS

Throughout the 2014-2015 year the RAP attended various community events to enrich current relationships and build new connections with service providers to ultimately enhance the recovery process for our participants.

Additionally, the RAP organises regular activities for the participants based on their individual interests and feedback. Some of the activities organised in the past year are outlined below:

- Fishing Excursions and Barbeques.
- Day trips: Jumping Crocodile Cruise and Bush Walking.
- Gardening and Woodwork.
- Outdoor sports: Tennis, Soccer and Golf.
- Ten Pin Bowling and Billiards Competition.
- Social Outings and sightseeing.
- NAIDOC Week Celebrations.
- A 'breakaway' trip to the Mary River Retreat
- Visit to Windows on the Wetlands
- Activity day: Go Karting



Two top Images: Golf Day
Image bottom: At Casuarina Shopping Centre

DAY TO DAY LIVING (D2DL) PROGRAM



The TEAMhealth D2DL Program commenced as part of the National Action Plan on Mental Health 2006-2011 and has been operational since July 2007.

The aim of the program is to support people living with mental illness by reducing social isolation through the provision of social, recreational and educational activities.

The program is delivered as a collaborative partnership between TEAMhealth and the participants. It is a recovery focused program that employs structured, centre based activities, drop in support and one on one support for our participants with higher needs.

The program employs Psychosocial Support Workers to assist participants in identifying goals and developing their individual recovery plans. Regular consultations with the program participants guides the development of the program and individual support activities of the program. This allows each participant to be involved in the decision making process around the activities that are made available within the program and is an effective strategy that enables participants to feel empowered, so that they may take a lead role in their own recovery.

D2DL's monthly program provides a range of activities that encourages and provides opportunities for participants to build on their strengths, increase their confidence and enhance their knowledge of effective coping strategies so that they may better manage the symptoms of mental illness.

The program provides opportunities for participants to learn how to develop and maintain healthy relationships; several of our participants have developed lasting friendships during their time at D2DL.

The centre based activities at D2DL include a Healthy Eating program, arts and crafts, beading, jewellery making, yoga, group personal training, computer education, recovery, music and relaxation sessions, pool comps (8 ball), swimming and cooking.

Additionally, participants are provided with the opportunity to take part in excursions to various community events and venues in and around the Darwin area. In the 2014-2015 financial year this has included excursions to the following locations and events:

- Mental Health week
- Melbourne Cup luncheon
- Human Rights on Show Art Exhibition
- Happy Yess Art Exhibition
- Senior Territorian Portrait contest
- Cyclone Information Sessions
- ABC Open
- Other organisations
e.g. MI Place, TEMCO
- Darwin Show
- Berry Springs

DAY TO DAY LIVING (D2DL) PROGRAM

- East Point War Museum
- Crocodylus Park, Berrimah
- Arafura Bluewater's fishing charter
- Movies
- MI-day BBQ
- Schizophrenia Awareness Week
- Somerville financial counselling service, monthly
- GROW information sessions, monthly

HEALTHY LIVING PROGRAM

The healthy living program is delivered on a daily basis. In this program participants are supported in preparing and sharing a nutritious two course meal. This program is run daily with an aim to enhance the participants cooking abilities, time management, planning, preparation, communication and social skills. Participants are involved in the planning of the program, which includes menu planning, budgeting, grocery shopping and preparing the daily meal. The program also teaches participants hygiene and house keeping practices. The program attendance continues to increase daily with numbers ranging from 15-38 per day.

ARTS AND CRAFTS

The D2DL arts and crafts activity program teaches participants how to use a selection of mediums to create art work with new ideas being introduced each month.

Under the guidance of a local artist participants have learned how to paint with acrylics or water colours and draw with pastels, crayons and charcoals. Many participants have enjoyed working with white ceramic tiles and glass objects such as bottles. This included how to transfer a design onto an object and how to add colour to that object with paint.

In 2014-2015 Jewellery making was a very popular class and participants made a variety of jewellery pieces including earrings, necklaces, bracelets and hair combs using beads and other materials. Participants learnt how to correctly apply the materials and use the tools. They enjoyed using a range of materials to provide unique and outstanding pieces.



RESPITE



The Top End Respite program provides Carers with a ‘breakaway’ from their caring role and aims to equip Carers with an improved skill set and the resilience to better cope with the challenges associated in their caring role.

During the 2014 -2015 year, Respite provided service to over 50 carers, residing in the locations of Maningrida and Elcho Island to Darwin, Palmerston and the rural areas. With such a diverse range of people accessing our Respite services, individualised plans have remained essential in ensuring that the differing needs and goals of our Carers are met


Following the popular feedback and success of last year’s events, Carers were again invited to attend events such as Mothers and Fathers’ day luncheons, Mental Health Week and Carers Week celebrations and combined Carer and participant activities. A highlight of this year was the Mother’s Day lunch at the il Piato Restaurant and the Carers NT lunch at the iconic Darwin Sailing Club in celebration of Carers Week.

Other highlight activities of the year included a combined Carer and Care Recipient activity in June, where 17 participants joined us in a Ride the Croc sightseeing tour. Respite participants were shown some of Darwin Harbour’s true gems followed by a shared lunch overlooking the calmness of Fannie Bay.

In 2014 -2015 the Annual Carer’s Breakaway Trip was a three day trip to Kakadu. Carers left the city life behind to travel through the unique Stone Country and Savanna Woodlands of Kakadu and relax and enjoy the warm hospitality of the Croc Hotel in Jabiru. The trip provided carers with the opportunity to experience the vast area that is Arnhem Land and some of the regions renowned sights by road, air and boat. The flight with AAA charters provided Carers with a spectacular, breath taking, panoramic view of the Kakadu landscape, with a window seat for everyone to take in the scenery. Carers enjoyed views of the East Alligator River, Mudginberri Outstation and the Wetlands. Other highlights of the trip included the lunch of local barramundi and a host of other delights, which Carers enjoyed at the Escarpment Restaurant.

The ‘Breakaway Trip’ on the Gagudju Yellow Waters Cruise was also a highlight in 2014 -2015. Carers enjoyed a Sunset Tour of the Yellow Water Billabong, a relaxing scenic boat ride that included sights of the regions mix of flora and fauna combined with the company of the Respite Team and fellow Carers. Carers enjoyed the detailed commentary on the array of bird species found within the Kakadu National Park, the Indigenous history of the area, crocodile spotting and an incredible sunset over the ripples of the Yellow Water Billabong.

“Thank you for sending a gardener to my home recently. I was surprised at the effect it had on my well-being. At a time when David once again went through the revolving hospital door and with other pressing matters at hand, it was a great relief to see my garden up to date again. Many thanks to TEAMhealth for their programs in the community and a very special thanks to you and all your team members.” – Karen Respite Participant



**“Thank you for sending
a gardener to my home
recently. I was surprised
at the effect it had on
my well-being ...”**

KAREN RESPITE PARTICIPANT

HOME CARE PACKAGES (HCP)

TEAMhealth's HCP are tailored to provide a range of services to the aged, promoting independence and enabling participants to remain living longer in their own homes and within their community.

HCP are individually planned and coordinated packages of care tailored to help provide older Australians with a diverse range of services. The aim of the program is to support and enable them to remain living in their own homes and communities. TEAMhealth provides 25 of these HCP across the Darwin region.

HCP are designed to help with individual care needs. The types of services that may be provided as part of a package may include:

- Personal Care
- Social support
- Transport to and from appointments
- Home help
- Outings or event attendance
- Christmas parties
- Organising and coordinating any required services
- Domestic assistance

Participants ages within the TEAMhealth HCP range from 60 to 95 years of age and at 30 June 2015 is broken down below:

- 60 -70 years - 6 participants
- 70 – 80 years - 9 participants
- 80 - 95 years - 3 participants

The TEAMhealth HCP provide assistance to participants from varying backgrounds and ethnicity, which is reflective of the Top End community. TEAMhealth supports and acknowledge the diverse cultural requirements of every participant.

In total eight of the participants are from a non-English speaking background and 10 are from an English speaking background.

To receive a HCP participants must be assessed through the government's My Aged Care. If participants meet the eligibility requirements a HCP is arranged when an approved provider accepts the participant. The package of services is then tailored to meet the goals of the participant so that they may remain in the community for as long as possible.

As part of the HCP process TEAMhealth will discuss the options available to a participant to determine their care requirements. A Service Agreement is then created along with a Care Plan; setting out the services a participant will receive and the goals they wish to achieve through the program within a given timeframe.

The TEAMhealth HCP staff pride themselves on their ability to deliver services safely, successfully, supportively while ensuring all participant needs are met.

“If it wasn’t for TEAMhealth’s HCP Program, I may not have had a roof over my head”.

HOME CARE PACKAGES (HCP)

**BERT***Since 2011*

Long-time Territorian Bert, has been living with significant health issues for 4 years.

Bert, is now 75 years old. He arrived in Australia in his thirties and spent the majority of his life living and working in communities and towns between Katherine and Darwin, residing in community or hostel/back packer style accommodation.

Bert was referred to TEAMhealth in 2011. At the time he was living in a hostel and had a diagnosis of complex health issues which included seizures, decreasing self-care and poor nutritional intake. At this time Bert was provided with assistance through a TEAMhealth Home Care Package.

In November 2014, due to continued seizures and mobility issues, the hostel advised that they were no longer able to provide accommodation for Bert. Bert began to have many admissions to hospital due to his medical condition and was very worried about his future wellbeing. Due to his condition Bert was unable to sustain suitable accommodation, with many services refusing to support him.

TEAMhealth's Home Care Packages Team supported Bert through ongoing discussions with Territory Housing and with other service providers to find suitable accommodation. In May 2015, TEAMhealth was successful in negotiating a Territory Housing Unit in an Aged Care complex for Bert.

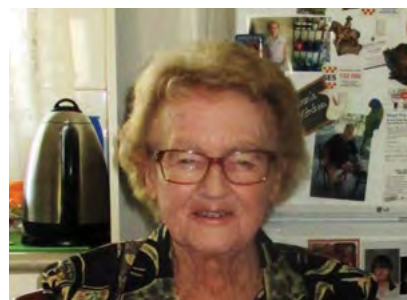
Without the ongoing support from TEAMhealth Bert may have been without a home. With the support and assistance Bert has received through his TEAMhealth Home Care Package, Bert now has stable accommodation and the support to recover and continue to lead the full and valued life of his choice.

**JUNE***Since 2010*

June successfully relocated to South Australia in August to be closer to her family.

"TEAMhealth provided me with peace of mind, knowing I had such good support."

June always had an interesting story to share with our workers and her friends. The stories told of her journeys in Australia since leaving the UK after qualifying as a Nurse in the 1950's, were truly amazing. She will be missed.

**JEAN***Since 2009*

Jean recently celebrated her 91st Birthday.

Jean's goal is to remain in her own home. This is supported by her family and the TEAMhealth Home Care Package Team.

**IRENE***Since 2011*

Irene still attends Line Dancing and Tai Chi on a fortnightly basis.

Irene is supported by TEAMhealth to attend appointments, pay accounts and undertake her weekly shopping.

FAMILY AND YOUTH SERVICES (FAYS)

TEAMhealth's FaYS provided case managed support to individuals, families and carers impacted by mental illness with additional early intervention, prevention and education activities to schools, other service providers and the wider community.

In 2014-2015 the FaYS program has worked directly with 57 young people and families and engaged with over 1000 people in community education, mental health promotion and training activities.

The FaYS program restructured during the reporting period of 2014-2015, moving from a team of specialised workers to one of highly experienced Youth and Family Support Workers. This restructure also provided extra support to the Darwin and Palmerston area with the addition of another full time worker.

However, due to changes in funding the FaYS program ceased operation at the end of February 2015. During this time the FaYS team worked rigorously to ensure that participants were transitioned smoothly to another TEAMhealth program that suited or placed with a different service provider that was suited to their individual needs.

With the conclusion of the FaYS program the team concentrated their work efforts on establishing the foundations for the new Child and Family Wellbeing Service that is to commence in the 2015-2016 year.

Below is a small sample of some of the exceptional work that the FaYS Team has undertaken over the past year:

SAFETALK

This three hour training course moves beyond educating about general awareness of suicide to demonstrating how people that are alert to suicide risk can contribute to suicide prevention in our community. It provides people with the tools to be able to ask if someone is thinking about suicide and in due course link them in to people and/or services that can provide assistance.


DRUMBEAT

(Discovering relationships using music): This program utilises Djembe African drums and is typically run in the context of a 10 week program. The FaYS program often provide one-off sessions, choosing relevant sections of the course suitable for a given group requesting the service. The aim of the group is to promote conversation around relationships, peer pressure, teamwork and to promote self-esteem. This year the FaYS program delivered a 10 week program to students at Taminmin College.

“I would like to thank TEAMhealth for the Mental Health First Aid training facilitated for our staff. The feedback has been extremely positive...”

“... most participants have recommended the training to their colleagues and family members. Please extend our sincere thanks to the presenters for drawing on various tools and incorporating interactive sessions to help us better understand and assimilate the material being presented. Their professional yet informal nature helped to create a sense of safety in the room, which allowed participants to feel comfortable in sharing personal information.”

– Larrakia Nation Aboriginal Corporation



**“Thank you so much for all your help!
The team were all so amazing to me and
although I didn't show it I'm so thankful
for TEAMhealth. Especially Christel and
Emma, for all that you did for me.”**

TRACEY, FAYS PARTICIPANT

FAMILY AND YOUTH SERVICES (FAYS) GUNBALANYA



The FaYS provides support to individuals, families and carers impacted by mental illness.

Over the past 12 months the FaYS Program in Gunbalanya has become firmly established in the community and we have worked tirelessly to strengthen our collaborative partnerships with other community organisations and agencies. Referrals to the program have been steady and the stigma within the community that is often associated with mental health is slowly decreasing.

TEAMHealth have secured a larger office space for the Gunbalanya Team and it is envisaged that staff will move into these new premises before the end of 2015.

The recruitment of local Aboriginal staff members, one male and one female worker, to the FaYS Gunbalanya team has been very positive. This has increased our capacity to expand services and, to engage sectors of the community that were difficult to engage with previously. These new staff are long term residents of Gunbalanya and have strong cultural ties to the community. All Staff have undergone training, which is also an ongoing process.

2014-2015 has also seen the formation of a youth specific working group that focuses on youth activities and issues. This group is called the Youth Wellbeing Action Group. The group meets weekly with a goal to work together to provide youth specific activities within the Gunbalanya community. Through this group TEAMhealth will work with the community to provide Mental Health education and support to the young people and children of Gunbalanya.

The next 12 months will be spent working with the community to develop local resources with a goal to empower the community to become actively involved in activities that prevent mental health issues developing in the young people and children of Gunbalanya.

Some of the activities undertaken by the FaYS Gunbalanya Team in 2014-2015 are outlined below:

- We conducted our first cultural camp with participants spending four days at Araru (Coburg Peninsular) as guests of the Agalda clan group.
- Weekly chess club at the youth centre. On average eight participants were involved in each session. A volunteer teacher contributed their own time each week to teach the children how to play and challenge their skill level.
- Weekly cultural outings with participants and their families.
- Collaboration in youth focused meetings with other providers.
- Developing partnerships with local youth centre staff to create jointly run programs.
- Negotiating with the local school to allow staff to conduct sessions with participants during school hours.
- Working to develop a program to target young people and youth in the 13-18 year age group.
- Ongoing liaison with community service providers and visiting agencies.
- Working to develop a program that encourages fathers to get involved in activities with their children.
- Developed a women's group to discuss community issues and propose strategies that address these issues, particularly in relation to our target group.

The images depict children that took part in the Araru Culture Camp and other activities that have taken place over the year.

YOUTH IN COMMUNITIES (YIC) PROGRAM

The YIC program provides education and training to urban, rural and remote communities across the Top End to improve young people's personal capacity, coping strategies and resilience when experiencing mental health issues.

The YIC Program had a busy year delivering mental health education and training to 379 young people, aged 10-20 years, and 124 adults that worked directly with young people, across seven targeted areas.

Youth Mental Health First Aid (YMHFA) is a two day course that educates individuals about the methods to identify emerging mental health disorders in young people and how to respond to a young person experiencing a mental health crisis. In 2014-2015, YMHFA was delivered to staff at Top End Mental Health Services, the Batchelor Institute of Indigenous Tertiary Education, Larrakia Nation, Helping People Achieve (HPA), Energy Resources Australia and the Department of Defence.

Mental health and wellbeing activities were carried out in several schools throughout the year including Gray Primary School, Tivendale School, O'Loughlin Catholic College, Casuarina Senior College and Gunbalanya School.

A Women's Health and Wellbeing Day was delivered in Amangal community in conjunction with the Department of Health. Women and children enjoyed making a healthy lunch and discussing factors that can impact on an individual's mental health and wellbeing.

In May of this year, YIC delivered a two day Aboriginal Mental Health First Aid (AMHFA) course alongside Ngaanyatjarra Pitjantatjara Yankunytjatjara Women's Council. This was a first for TEAMhealth, with the actual attendance numbers over the two day course far exceeding what we had anticipated.

Unfortunately the YIC funding ceased on 30 June 2015. TEAMhealth would like to thank all the stakeholders who have been involved in the delivery of the YIC program since its commencement in July 2012. TEAMhealth hopes to continue similar suicide prevention work with funding through the Commonwealth's Indigenous Advancement Strategy.

“...TEAMhealth staff were highly professional in delivering an interesting and informative subject that engaged and benefited all attendees...”

“The course (MHFA) provided a valuable insight into mental health conditions, signs, symptoms, management, intervention, support services and emergency assistance. TEAMhealth staff were highly professional in delivering an interesting and informative subject that engaged and benefited all attendees. In appreciation of the good work conducted by TEAMhealth I would like to take this opportunity to thank both instructors for their time and effort in assisting Defence personnel with a greater understanding of mental health awareness and management.”

– Department of Defence

PERSONAL HELPERS & MENTOR (PHaM) PROGRAM



PHaMs provides recovery focused and strengths based support to people with mental illness living in remote and rural communities in the Top End.

PHaMs is designed to improve the quality of life of individuals whose lives are severely impacted by mental illness. The program supports and promotes the individual's recovery through the delivery of a non-clinical, recovery orientated service.

The aim of the program is to enable increased opportunities for recovery by providing people with access to appropriate support services, increased personal capacity, self reliance and increased community participation. PHaMs also aims to increase awareness of mental health in the community to reduce stigma.

The desired outcomes of the PHaMs program are:

- Increase access to appropriate support services at the right time
- Increase personal capacity, confidence and self-reliance
- Increase ability to maintain daily activities
- Increase community participation (both socially and economically)

TEAMhealth manages three PHaMs teams, servicing Outer Darwin, Daly River and Maningrida.

OUTER DARWIN (REMOTE & RURAL) PHaM

In 2014 -2015 Remote and Rural PHaMs continued to offer increased access for participants living rural and remote to gain appropriate support services, using ‘wellness and recovery plans’ as tools to support participants on their recovery journey.

Social interaction and physical activities were held monthly throughout the year. This included ten-pin bowling, movies, barbeques in outdoor areas, Crocodylus Park (see below), a music concert, fishing charter and two overnight activities.

During the overnight activities (February and June 2015) Remote and Rural PHaMs facilitated fun and interactive Mental Health Promotion Activities including myth buster games and quiz questions around mental illness. Participants provided positive feedback having enjoyed the overnight activities.

In 2014-2015 the Remote and Rural PHaMs work in the Belyuen Indigenous Community included fortnightly visits throughout the year. These visits included one-on-one sessions and group outings in order to reconnect the participants with their country and community. Activities that supported this reconnection included fishing, turtle hunting and cooking bush tucker on the open fire.

A highlight for the Belyuen PHaMs participants this year was their attendance at the TEAMhealth Christmas party and an outing to the Wave Pool at the Darwin Waterfront Precinct. The goal of this excursion was to increase exposure to Darwin City for the Belyuen participants.

During the year Remote and Rural PHaMs held an information stall at the Belyuen NO TOBACCO DAY to increase awareness about TEAMhealth, our services and programs and to provide education to community members around reducing the stigma related to mental illness.

In 2014-2015 Remote and Rural PHaMs attended the Acacia Larrakia Indigenous Community Service Provider Catch Up event and also supported the NT Department of Health and Youth in Communities to facilitate the first Amangal Indigenous Community's Strong Women's group.

Remote and Rural PHaMs continues to receive referrals from both these communities and attends the monthly 'Safety & Wellbeing' Service Provider Meeting in Darwin City. The program continues to maintain a strong connection to the Adelaide River Health Clinic, Batchelor Health Clinic and the visiting Mental Health Nurses.

In 2014 the program held an interactive information stall at the Batchelor NAIDOC Week event and the Linga Longa Festival. In October 2014 the program organised the TEAMHealth Mental Health Celebration, 'TEAMhealth & Me', and held an information stall during the INPEX Community Event. PHaMs also presented an information session for Indigenous Territory Education.



DALY RIVER (NAUIYU) PHaM



Daly River is 230km south of Darwin and is centred on the Aboriginal community of Nauiyu. Daly River PHaMs (DPHaMs) started visiting and networking in the community during October of 2014, with a full-time coordinator starting in February 2015. Through consultation with Nauiyu community representatives, DPHaMs recruited a local community Staying Strong Wellbeing Worker in April 2015, with an aim to recruit another Staying Strong Wellbeing Worker in July 2015.

DPHaMs began to engage with community members and accept participants in March 2015. Through the process of stakeholder engagement and the facilitation of activities to reconnect people with their culture and land DPHaMs participated in activities such as the Minimindi Gathering (pictured), which included fishing, hunting and collecting bush tucker.

Throughout the year DPHaMs has worked closely with the local Mental Health Worker based at the Nauiyu Health Clinic, where a space is maintained for DPHaMs staff to utilise. In July 2015, DPHaMs will be moving into an office space of their own with an extra area to conduct one-on-one sessions and group work.

Since October 2014 DPHaMs has remained an active member of the Nauiyu Action Group (NAG), and regularly attends the Service Provider Meetings held in the community. DPHaMs are currently working in conjunction with other service providers and community members to coordinate a NAIDOC week event that will be held in July 2015.

In early June 2015 DPHaMs, in partnership with the Aboriginal Engagement Officer, facilitated a 'Women's Day', where the aim of the event was to increase awareness around impacting changes in the community, employment and self care. This was a successful day with several other service providers attending and supporting women in the community. At this event TEAMhealth DPHaMs engaged women through collaborating to create a 'Staying Strong' painting (pictured). This painting will hang on the wall of the new office space for continued engagement and growth.

MANINGRIDA PHaM

Remote PHaMs is designed to improve the quality of life of individuals who are living with a mental illness in Maningrida, West Arnhem Land. The aim of the program is to provide participants with increased opportunities for recovery through access to appropriate support services leading to enhanced personal capacity, self-reliance and increased community participation.

The goal of the Maningrida Personal Helpers and Mentors (MPHaM) program is to provide participants with increased access to appropriate support services at the right time, personal capacity, confidence and self-reliance, the ability to maintain their daily activities and participate in community (both socially and economically).

In 2014-2015 the MPHAm Team utilised their experience in mental health recovery and the successful delivery of the existing PHaMs program to implement a new, culturally informed program that is operated by local Maningrida residents. To achieve this TEAMhealth employed a community led approach to delivering the program, where the implementation of the program has involved recruiting and training local people that live in Maningrida.

In the past year TEAMhealth has established positive relationships with the Maningrida people and has delivered a range of mental health promotion activities, bush trips and camps all aimed at reconnecting people with severe and persistent mental illness to their community. TEAMhealth has been working closely with a range of service providers and Elders in the community to ensure that all aspects of the program are respectful toward culture and provide opportunities for participants to reconnect to country, culture and community.

The MPHAm team has completed extensive community consultation to explore how best to implement a community based mental health program in a remote area. This process has included identifying how communities best understand mental health and the appropriate language to use to be able to discuss and understand mental health in the community. Additionally, we have combined traditional healing into a practice model to ensure the program's success.

In 2014-2015 the MPHAm program has been working with a local AFL team, the Maningrida Magpies, who are sponsored by TEAMhealth. The players have committed to becoming role models for the community, to demonstrate the importance of taking care of mind, body and spirit and help their people to "get strong and stay strong".

In the coming year TEAMhealth will build an office and healing space for participants in Maningrida to attend appointments and social activities. The office will be surrounded by a garden where the landscaping design will include a fire pit and cooking facilities for the use of TEAMhealth participants. For our participants, this will create a space in the community where they are able to interact and connect with their fellow Maningrida people.



PARTICIPANT STATISTICS

PARTICIPANT NUMBERS BY PROGRAM

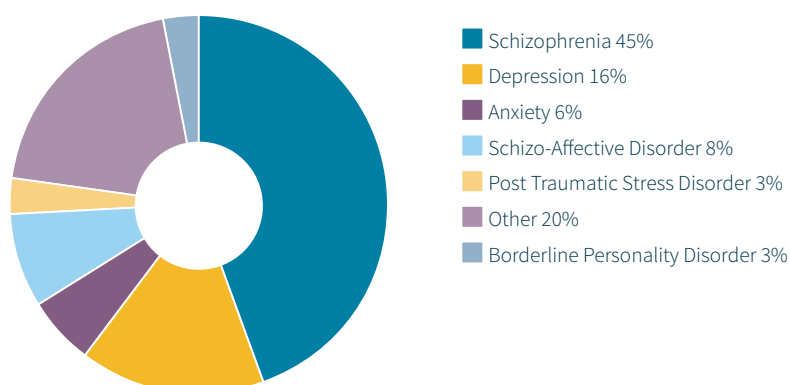
PROGRAM	PARTICIPANT NUMBERS 2013-2014	PARTICIPANT NUMBERS 2014-2015
D2DL	65	81
FAYS	59	47
FAYS - Gunbalanya	-	8
RAP (Darwin, Palmerston, Katherine)	69	85
Respite - Top End	67	44
PHaMS - Outer Darwin & Daly River	45	51
PHaMS - Maningrida	-	15
Home Care Packages	38	26
Papaya	68	61
Manse	7	12
Total	418	430

PROGRAM	ABORIGINAL & TORRES STRAIT ISLANDER PARTICIPANTS	NON- INDIGENOUS PARTICIPANTS
D2DL	14	67
FAYS	15	32
FAYS - Gunbalanya	8	0
RAP (Darwin, Palmerston, Katherine)	25	60
Respite - Top End	16	28
PHaMS - Outer Darwin & Daly River	24	27
PHaMS - Maningrida	15	0
Home Care Packages	1	25
Papaya	29	32
Manse	4	8
Total	151	279
Average	35%	65%

PARTICIPANT STATISTICS

PROGRAM	FEMALE PARTICIPANTS	MALE PARTICIPANTS
D2DL	40	41
FAYS	36	11
FAYS - Gunbalanya	2	6
RAP (Darwin, Palmerston, Katherine)	26	59
Respite - Top End	21	23
PHaMS - Outer Darwin & Daly River	33	18
PHaMS - Maningrida	2	13
Home Care Packages	16	10
Papaya	17	44
Manse	4	8
Total	197	233

IDENTIFIED PRIMARY DIAGNOSIS



In 2014/15 64% of TEAMhealth's Exited Participants achieved their goals.

FINANCIAL STATEMENTS

Summary of audited financial statements

SUMMARY INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2015¹

REVENUE FROM OPERATIONS	2013/2014 (\$)	2014/2015 (\$)
Revenue	6,144,107	6,095,400
Other Income	103,420	236,547
Total Revenue	6,247,527	6,331,947
Expenditure		
Operating Expenditure	6,040,847	6,038,589
Operating Surplus / (Deficit) for the year	206,680	293,358
Other Comprehensive Income	0	0
Total Comprehensive Income for the year	206,680	293,358

SUMMARY STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2015

ASSETS	2013/2014 (\$)	2014/2015 (\$)
Cash and Cash Equivalents	2,799,446	4,056,606
Receivables	26,904	82,018
Other current assets	197,653	202,227
Current Assets	3,023,913	4,340,851
Property Plant and Equipment	3,489,687	4,075,572
Intangible assets	43,422	6,500
Non-Current Assets	3,533,109	4,082,072
Total Assets	6,557,022	8,422,923
Liabilities		
Trade and other Payables	299,296	523,110
Provisions	147,772	297,821
Grant and finance liabilities	646,849	1,286,315
Current Liabilities	1,093,917	2,107,246
Non Current Liabilities	326,180	265,461
Total Liabilities	1,420,097	2,372,697
Net Assets	5,136,925	6,050,226
Members Funds		
Reserves	1,369,243	1,989,186
Retained Earnings	3,767,682	4,061,040
Equity	5,136,925	6,050,226

¹Visit [www.teamhealth.asn.au/Annual Reports](http://www.teamhealth.asn.au/Annual%20Reports) for our full audited financial statements.



www.teamhealth.asn.au

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Level 5, 62 Cavenagh Street, Darwin NT 0800 | GPO Box 4050, Darwin NT 0801 | Tel: (08) 8943 9600 | Fax: (08) 8943 9601