

A person with dark skin and curly hair, wearing a light blue t-shirt and patterned shorts, is sitting on a sandy beach. They are leaning forward, drawing in the sand with their hands. To their left is a red bucket. In the background, there is a body of water with gentle waves, a rocky shoreline, and a line of trees on a hill. The sky is blue with some white clouds. The overall scene is bright and sunny.

TEAMhealth

ANNUAL

REPORT

2015-2016

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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.

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.

INTEGRITY, ACCOUNTABILITY, WELLBEING, RESPECT

TEAMhealth VISION

**MENTAL HEALTH ASSISTS ALL PEOPLE
TO LEAD A FULL AND VALUED LIFE**

*TEAMhealth
acknowledges the
original custodians
of the lands on which
we work and pays
respect to Elders
past and present.*

CHAIR'S REPORT

TEAMhealth has performed well during 2015-2016, weathering pressures as they arose.

The external pressures include the reform of the mental health sector at a national level, the emergence of the Primary Health Networks (PHNs) as a key locally based funder of programs in mental health and suicide prevention, and the slow development of the psychosocial disability elements of the National Disability Insurance Scheme (NDIS).

The NDIS has great potential to enhance the lives of people with disability and to enabling greater choice and control of the supports they access. In the NT the huge geographic area and the sparse population create unique challenges for the implementation of the NDIS over the period to 2019. For each organisation such as TEAMhealth it will also change the way we promote our services in the community, become known to people dealing with mental illness, commence working with participants to achieve their individual goals, and stay financially viable.

As a Board we are kept informed of these developments at a strategic level and we have considered the implications for TEAMhealth from these national changes in our Strategic Planning with the Management Group. Our advocacy through CEO Helen Egan ensures that the unique aspects of the NT and NT community mental health providers, such as TEAMhealth, are constantly raised in National and Territory settings.

We have also considered changes occurring in the Northern Territory environment. Over the year we have participated in consultation and advocacy in the social services, mental health and housing and homelessness arenas. We are pleased that the plans for the Territories' housing sector have now been released in the form of the HousingActionNT plans.

TEAMhealth will continue our efforts to expand our community housing service and are working closely with the Department of Housing and other community housing providers to ensure that we are able to house and support a greater number of people dealing with mental health challenges in coming years.

TEAMhealth are very pleased that our application for a Community Land Grant in Malak was accepted by the Department of Lands, Planning and Environment in June 2016. An assessment process of 6 months is now being undertaken; we are working hard planning, designing, costing and funding in readiness for a development application during 2017 to create an expanded purpose built Manse service. A new expanded Manse long term psychosocial rehabilitation program is still some years away so no changes will be evident for our existing Manse program for quite a while yet.



MARKUS SPAZZAPAN

CHAIR

Feedback is a vital element for us all. At the Board we continue to receive your feedback (both the good and the 'could do better' feedback). In the coming year we look forward to hearing more ideas and feedback from TEAMhealth participants and carers about the ways we provide our supports and suggested options for improvement.

As Chair I would like to express my appreciation of the input and commitment of my fellow Board members and the extraordinary work of the Management Group during the 6 months when CEO Helen Egan was absent with a broken leg.

Best wishes to all for the coming year and the start of the new TEAMhealth Strategic Plan.



Markus Spazzapan
Chair

TREASURER'S REPORT

As the Treasurer of TEAMhealth, I am delighted to present my report for the year ended 30 June 2016. TEAMhealth is a financially sound organisation that is focused on its Vision in our community; Mental Health assists all people to lead a full and valued life.



AMIN ISLAM

TREASURER

ANNUAL FINANCIAL SUMMARY

Net surplus for the year ended 30 June 2016, was \$307,440 (2015 surplus \$293,358) up 5% from the previous year. Revenue has increased by approximately 15% due to additional funding and indexation while operating expenditure has increased commensurate with revenue. A summary of revenue and expenditure for 2015-2016 is shown in the following charts.

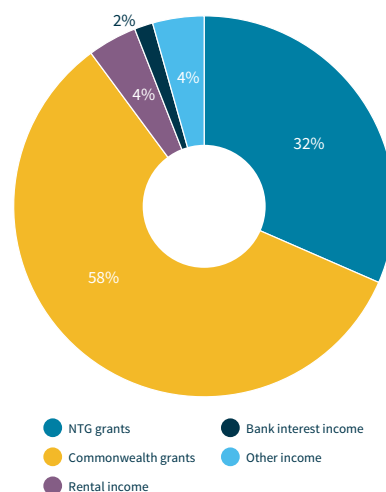
TEAMhealth has grown its total assets position to \$8.7 million (2015: \$8.4 million), the increase of \$0.3 million reflecting an increase in cash and assets. The cash position has increased by \$0.5 million to \$4.9 million (2015: \$4.4 million) at the end of this financial year. However, cash from operating activities has reduced from \$1.5 million to \$0.9 million in 2016 due to an increase in operating expenditure by \$1 million. The balance of the cash increase was due to a net surplus for the year. The liabilities have reduced to \$2.3 million (2015: \$2.4 million); a major influence being the carry-over of program funds for commitments in early 2016-2017 in programs (\$1.07 million; 2015: \$1.3 million) such as the Personal Helpers and Mentors Services (PHaM) in Maningrida and the Child and Family Wellbeing Service, which received a late additional grant in June 2016.

It is important to note that the item, "Assets purchased on behalf of government departments", refers to funding that was approved by the Department of Social Services to provide accommodation for the Maningrida PHaMs program and the Gunbalanya Family and Youth Services. These premises are providing an excellent boost to TEAMhealth's engagement and work with both communities, with designated and discrete, fit for purpose facilities.

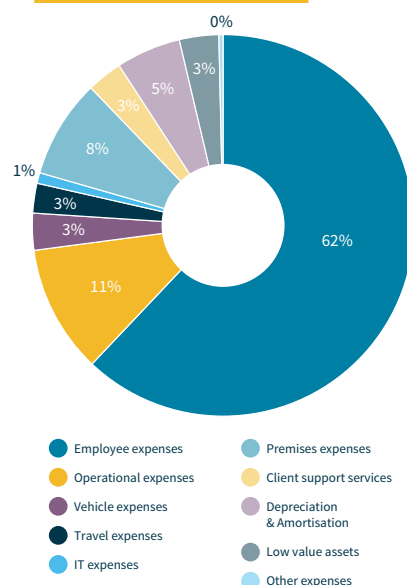
I thank our funders, staff, and management for all their efforts; their contributions throughout 2015-2016 has made this another successful year. Similarly, I thank all of our participants, families, and carers for their participation in TEAMhealth services and welcome their suggestions for improvements to our service delivery as we move into the new financial year.

Amin Islam
Treasurer

2015-2016 REVENUE



2015-2016 EXPENSES



TEAMhealth

BOARD



MARKUS SPAZZAPAN

CHAIR

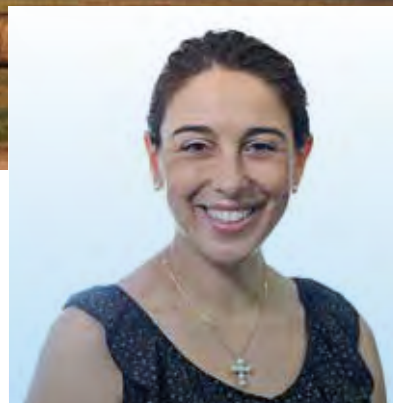
Markus joined the Board of TEAMhealth in 2011-12. Markus is a Consultant with Ward Keller and has practiced in the NT since the mid 1980s. Markus has been a prominent member of the Darwin community for over thirty years.



DAVID MALONE

SECRETARY

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 Economics 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.



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 (currently on maternity leave). 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. Additionally, Amin is a current board member of Top End Medical Service and Somerville Community Services Inc.



TONI VINE BROMLEY

PUBLIC OFFICER

Toni Vine Bromley joined the Board of TEAMhealth in September 2005. For 10 years to late 2015 Toni was the Executive Officer of NT Shelter, the major Housing peak body in the Northern Territory. Toni is now retired but continues to bring invaluable experience in the NGO arena and the relationships with Government at the Territory and Commonwealth levels.



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 brings an eclectic range of interests and experiences, combined with a holistic approach to mental health, in his contribution to and support for TEAMhealth.

CHIEF EXECUTIVE OFFICER'S REPORT

TEAMhealth is a strong organisation; we act according to our vision *Mental health assists all people to lead a full and valued life*. We have worked hard across the Top End of the Northern Territory and I pay tribute to the participants, staff and community members that have made our work effective.

As you see in the following articles and stories from TEAMhealth participants we are supporting people of all ages; we work to support the mental health, and prevent greater mental ill-health, of people from young children at risk to older people in our Home Care Program. We are proud to offer a complete range of support programs and work in collaboration with other services.

As I review the year, I am pleased with TEAMhealth's progress in achieving the desired outcomes of our three goals; *Valued mental health services within a sustainable organisation which is responsive to emerging needs*.

Over the last three years, mental health sector reform, changing government arrangements and the development of the National Disability Insurance Scheme (NDIS) have been influential factors in our operating environment.

Assessment of our progress against each of the desired outcomes, documented in TEAMhealth's 2013-2016 Strategic Plan, is good. We have achieved many of our desired strategic outcomes to a high degree. We do recognise that there

is ongoing effort required to enable voices of participants and carers to be influential in TEAMhealth's development. We have progressed the knowledge and engagement of TEAMhealth staff to support the development of our Reconciliation Action Plan. We look forward to creating greater awareness of mental health in the community with further enhancements to our information resources and a stronger marketing and social media presence.

I am confident in the quality of the support provided through TEAMhealth programs across our diverse region. We are providing individual services, carer support, aged care, youth suicide prevention and education, and community housing in Darwin, Palmerston and beyond. We operate down and around the Stuart Highway to Mataranka, across the Arnhem Highway region to Jabiru and around Darwin Harbour to the Belyuen community. We have services that are valued by community members in Maningrida, Gunbalanya, Daly River and Katherine regions, including people from surrounding areas and outstations. Further expansion into the broader Katherine region will be a feature of the next year.

My confidence in the continuing development, and high quality of our services is supported by the positive review of our Accreditation against the National Standards for Mental Health Services. The mid-stage accreditation review was conducted in May 2016; with evidence of excellent, workable processes and consolidation of our quality approach.

Two actions in TEAMhealth during 2015-2016 have significantly strengthened our ability to support people with their recovery and enhance their experience of TEAMhealth services. The first being the introduction of the Recovery Star and the second, the use of the nationally recognised YES survey (Your Experience of Service).

The Recovery Star is an internationally recognised tool for supporting and measuring change with people of working age who experience mental health problems. It is an outcomes tool that supports a participant's recovery by providing them with a map of their recovery journey. It is a way of plotting their progress over time and provide support in planning the actions they need to take to reach goals. Additionally, it enables organisations to measure and summarise the outcomes being achieved across a range of services. We look forward to the implementation of the Recovery Star across our programs and to being better informed about how we can strengthen our support of people experiencing mental illness in their recovery.

Participant's views about TEAMhealth support were sought through our first annual YES survey. YES stands for Your Experience of Service; it is a robust survey developed for mental health services to gather, understand and action upon the views of participants and carers. More than 300 surveys were distributed to participants in March 2016, with over 40% returned. The YES survey results were generally positive, with a large majority of participant's surveyed reporting that their experience with TEAMhealth's services was 'excellent', or 'always' positive in the different

aspects of service; Communications, Individuality, Choice and Involvement, Attitudes, Rights and Respect, and Information. The responses provided valuable guidance for TEAMhealth improvement efforts, notably in Information and Communications.

Staff views about TEAMhealth were sought through the second annual My Voice survey. This was conducted with all staff in late 2015. Results indicated a continuation of TEAMhealth staff's clear commitment to our mission and values, greater job satisfaction and a big improvement in role clarity reported. It was also pleasing to see a higher proportion of staff completing the My Voice Survey in its second year, contributing to our ongoing improvement.

I close my report this year by recognising the strength of TEAMhealth's approach and staff. This was clearly evident when the organisation operated without a hiccup during my absence for nearly six months with a badly broken leg. I am very appreciative of the Management Group's efforts during this time and pay tribute to our staff and Board for their stability and steadfast pursuit of our TEAMhealth purpose.

TEAMhealth's new Strategic Plan for 2016-2019 will guide us through the coming years of change – I look forward to reporting on this in 2016-2017.



Helen Egan
CEO



HELEN EGAN

CHIEF EXECUTIVE OFFICER



OUR ORGANISATION

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 that may be impacting our activities. Throughout the year activities identified for 2015-2016, such as the implementation of the Outcome Star, an improved way to assess outcomes with participants and their families, and our participant 'Your Experience of Service' (YES) survey were completed. 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), while other activities are influenced by internal factors, such as our ability to resource development; in 2015-2016 the implementation of a new Participant Information Management System remained a priority and is still in the process of being implemented.

GOAL

VALUED MENTAL HEALTH SERVICE

TEAMhealth continues to build on the achievements of previous years, with a successful mid-cycle assessment of our accreditation to the National Standards for Mental Health Services. The improvement opportunities that have been identified and realised this year include the "Your Experience of Service" (YES) survey, with feedback sought from all participants. The results detailed in the following pages have provided TEAMhealth with valuable information that will further enhance the services we offer.

The implementation of the Mental Health Recovery Star is embedding the person-centred approach into our service delivery. Use of the STAR creates a focus on encouraging participants to set realistic goals that meet their personal needs, while concentrating on the strengths and potential of the individual. A detailed report about TEAMhealth's implementation of the STAR is included later in this Annual Report.

This year has seen the continued development of our relationship building within both the local and national Community Services Sector, and with the many other organisations that support mental health and wellbeing. Research and program development forms a major part of TEAMhealth's activity, and strong linkages with respected institutions and organisations supports these activities.



GOAL

A SUSTAINABLE ORGANISATION

The building and enhancing of TEAMhealth's capability and capacity has continued to be a key item within our strategic and operational work. The consolidation of the few years will assist TEAMhealth to remain competitive as we deal with the challenges of changed models of funding and the National Disability Insurance Scheme.

TEAMhealth continues to strive in delivering quality services based on evidence and national standards. The skills and commitment of TEAMhealth staff provides a strong foundation and contributes to the sustainability and strength of the organisation. 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 2015-2016, TEAMhealth continued to provide an annual average of 40 hours per staff member on professional development activities.

GOAL

RESPONSIVE TO EVOLVING NEEDS

TEAMhealth is focussed on raising community awareness around mental health and the services and supports that are available to support those experiencing mental health issues.

In delivering our support services we aim to provide our community with a better understanding of, and an ability to respond to mental health issues, and ultimately to reduce the affects of mental illness in the Top End community. This year has seen the introduction of the Youth Suicide Prevention and Education program, largely based around indigenous communities; this program responds to the identified disturbing levels of reported suicide in the Top End. Additionally, with the roll out of the National Disability Insurance Scheme (NDIS) in the Northern Territory commencing in 2017, TEAMhealth has concentrated on providing education and support to staff about the NDIS and how these changes will affect our participants. Our concentrated efforts with staff about the NDIS will be important as we start to work with participants and families to explore the implications of the NDIS and the mental health supports available at an individual level. TEAMhealth is focused on providing the best support to participants as we transition into this new operating environment.



JULIE BEAUMONT

BUSINESS SERVICES MANAGER

Our strong commitment to continuous improvement across the organisation ensures that TEAMhealth continues to deliver education, early intervention, prevention and support services at a recognised national level.

ACCREDITATION

TEAMhealth has continued its focus on quality during this financial year, having achieved three-year accreditation under the National Standards for Mental Health Services in November 2014. In May 2016, a mid-cycle assessment was conducted by the accrediting body, Quality Innovation Performance (QIP). We received a favourable outcome and strong positive feedback in regards to our approach to continuous improvement and the progress that had been made against the quality plan during the period.

Our strong commitment to continuous improvement across the organisation ensures that TEAMhealth continues to deliver education, early intervention, prevention and support services at a recognised national level. This is particularly important in the current changing environment and the competitive NDIS market of the future.

INCIDENT AND COMPLAINT REPORTING

Incident reporting is encouraged at TEAMhealth to ensure that our work practices are safe and effective. Our processes are continually reviewed and improved to ensure the safety of our staff, participants, carers, stakeholders and members of the community.

The TEAMhealth Work Health and Safety Committee and the quality improvement group, 'THINKtank', evaluate TEAMhealth's policies and instructions (procedures) on an ongoing basis. Additionally, actions for improvements are identified from our incident reporting listed on our Quality Improvement Register.

TEAMhealth encourages solution focussed feedback, which helps to ensure we are providing a productive workplace for our staff and quality services to our participants, carers, stakeholders and members of the community.

Over the 2015-2016 year, TEAMhealth recorded 142 reported incidents and a total of nine complaints, all resolved in a timely manner. Eight of the nine complaints were received from participants within our community housing service.

TEAMhealth works closely with other services such as Top End Mental Health Services and the Health and Community Services Complaints Commission to ensure our processes are streamlined and effective for our staff, service providers, and participants.

A report of all incidents, hazards, complaints and compliments are provided to TEAMhealth's Board at each of their Board meetings, for their information.



ROBYN LACEY

HUMAN RESOURCES MANAGER

MY VOICE

The second annual My Voice survey of all TEAMhealth staff achieved an increased participation rate of 74% up from 62% in 2014. The overall score for Passion/Engagement also increased to 76% up from 65%, whereas the Progress score remained unchanged at 67%.

Dramatic improvements were noted in the Participation category, which covers key focus areas of leadership, recruitment, and selection, learning, and development, involvement, rewards and recognition, performance appraisal, supervision and career opportunities. Staff still rate TEAMhealth strongly in the areas of Mission and Values, Role Clarity, Wellness and Work/Life Balance.

The other main areas of improvement identified were in the areas of Customer Satisfaction, Talent, and Teamwork. To assist us with improving in these areas the following initiatives are being implemented across the organisation.

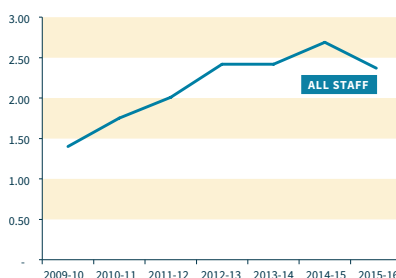
- Introduction of the Outcome Star in the recovery planning process across all TEAMhealth Programs;
- Quarterly Leadership Group updates to ensure Team Leaders and Manager are across organisational priorities relating to resourcing and new initiatives;
- Conducting the YES Survey to obtain information on how participants view the services being delivered by TEAMhealth and areas for improvement.

STAFF STRUCTURE

Although there were fewer changes in the organisation structure in the last financial year, a slight decrease in the average length of service within TEAMhealth to 2.37 years, compared to 2.7 years was recorded at 30 June 2015; this was largely due to some longer serving staff members moving interstate.

AVERAGE LENGTH OF SERVICE

AT TEAMhealth (YEARS)



Total staff head count on 30 June 2016 was 67, up from 61 at the end of June 2015. There were three vacant positions at the end of June 2016, down slightly from four vacancies at the end of the previous year.

The distribution of the TEAMhealth workforce changed slightly in accordance with TEAMhealth needs and staff individual circumstances, part-time staff increased to 33% (up from 32%) and full-time staff remained at 58% with casual staff at 9% (down from 10% at the end of June 2015).

The proportion of male staff rose to 22% of the total workforce compared to 20% in June 2015. The staff headcount by employment type and gender at the end of the last two years is shown below.

TEAMhealth STAFF HEADCOUNT

	30 June 2015		
	Male	Female	Total
Full Time	5	30	35
Part time	5	15	20
Casual	2	4	6
Total	12	49	61

	30 June 2016		
	Male	Female	Total
Full Time	6	33	39
Part time	7	15	22
Casual	2	4	6
Total	15	52	67

YOUR EXPERIENCE OF SERVICE SURVEY



KYLIE ELLA

MENTAL HEALTH PROMOTION

MANAGER

TEAMhealth recognises the importance of our participant's feedback, and the role it has to play in improving our understanding and delivery of quality, valued mental health services.

This year, as part of our commitment to maintaining the National Standards for Mental Health Services, against which we were accredited in 2014, and in-line with our 2013-2016 strategic plan, we undertook an organisation wide participant survey. The *Your Experience of Service (YES)*, Australia's National Mental Health Consumer Experience of Care Survey, is an evidence-based and thoroughly tested tool, which seeks to measure recovery focused care from a consumer perspective.

Through conducting this survey on an annual basis, we seek to increase the accountability and integrity of the mental health services we provide to participants and carers, be active in our commitment to continuous quality improvement and expand our capacity to evaluate our services using evidence. The survey aligns with recommendations included in the National Report Card on Mental Health and Suicide Prevention; that Community Managed Organisations should work towards a national system for the measurement and reporting of participant data, including outcomes data.

TEAMhealth undertook a careful planning process in the lead up to the survey, which followed a rigorous method in the completion, return and data collection stages. This included education for staff on their involvement in the survey, ensuring that all programs employed a consistent approach when undertaking and returning completed surveys. We were careful to employ a method that allowed for consistent replication in years to come and that supports improved processes in the future; such as higher response rates from our participants and minimisation of potential bias in collected data.

The survey examined four areas; the first group of 21 questions, 'Experience Items' were designed to measure a participant's experience of the service received from TEAMhealth. The questions covered eight broad domains, based on the *'Principles of recovery oriented mental health practice'*, from the 2010 National Standards for Mental Health Services. The eight areas: individuality; choice and involvement; attitudes; rights and responsibilities; information; partnerships; with the addition of access, safety, and the physical environment, were used to capture key aspects of a participant's experience of care; based on the advice of the Your Experience of Service (YES) survey's Expert Advisory Group. The second group of four questions, referred to as 'outcome items' were designed to capture participant's views on the extent to which the services they received from TEAMhealth were of benefit to them. The third group of three questions, 'Service Specific Questions' were created by TEAMhealth and were designed to capture elements of our quality improvement, with a focus on communication. Lastly, the survey collected demographic information, noting that no identifying information, such as name, date of birth or address were collected, to protect the anonymity of participants.

RESULTS AND DISCUSSION

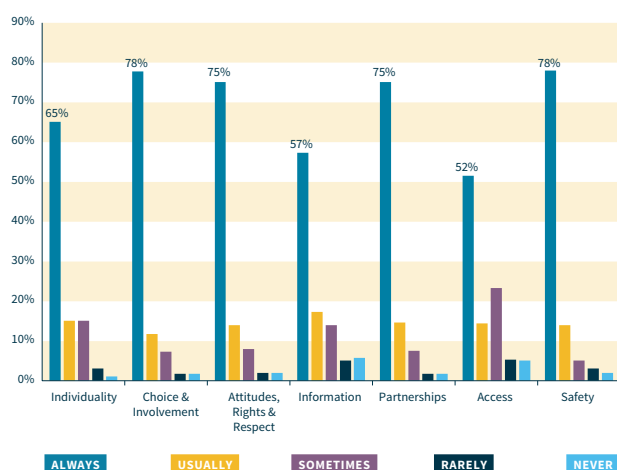
A total of 304 YES surveys were distributed to participants using face-to-face and postal methods. A total of 127 surveys were returned, giving an overall response rate of 42%. Of the 127 participants surveyed; 46% were male and 54% were female. 33% of participants surveyed identified as Aboriginal, Torres Strait Islander, or both. The age distribution is shown in below.

Under 18	18-24	25-34	35-44	45-54	55-64	Over 65
6%	5%	14.5%	22.2%	18.8%	12%	21.4%

Age distribution for all collected surveys

The results, overall, were overwhelmingly positively skewed, indicative that the vast majority of participants surveyed were very satisfied with their experience of TEAMhealth services and the outcomes gained from them. We are, however, aware of the potential bias that may drive response rates, and are careful to consider those when interpreting all results, noting that these are not considered in detail in this concise report.

PRINCIPLES OF RECOVERY ORIENTED MENTAL HEALTH PRACTICE



Mean scores across all 'Experience of Service Items' (Questions 1-21)

As illustrated in above, the 'experience item' scores are all very positively skewed, with average highest rating scores at over 50% in each of these areas. The items with the lowest average scores were access, followed by information and individuality. As an organisation, we are addressing the areas where we scored the lowest, implementing change in the way we work with participants to reflect the feedback received on their experiences.

INDIVIDUALITY

Individuality results were very positive overall, particularly with regard to respect for participant values, such as culture and faith. The area within individuality requiring most improvement was the development of individual care plans that consider participant's different needs, such as health, living situation and age. In early 2016, TEAMhealth implemented the Mental Health Recovery Star across Darwin based programs, which includes ten domains of life thought to be important for recovery.

Use of the Recovery Star is undertaken with participants using a person-centred approach, which focus on each individual's recovery goals. We hope that this new approach to individual recovery will improve participant's experience in this area, and for this to be demonstrated through higher scores in this area in the 2017 YES survey results.

CHOICE AND INVOLVEMENT

Choice and involvement, overall, yielded the highest score of any of the recovery principles. Across the choice and involvement questions, an average of 78% of surveyed participants stated that they always felt respected in terms of family involvement, always felt listened to in all aspects of their care and always had opportunities to discuss progress with staff. These results indicate that TEAMhealth staff support empowering participants to make their own choices, to build on their strengths, and to take responsibility for their lives as best they can. It will be interesting to see how upcoming changes in an NDIS environment impact upon these results.

ATTITUDES, RIGHTS, AND RESPECT

Similar to choice and involvement, these recovery principles also demonstrated a very positive experience of service; with an average of just over 75% of participants stating that TEAMhealth *always* delivered on the service area asked about, or that their experience in that area of service was *excellent*. An outlier in this group of questions was with regard to the explanation of participant rights and responsibilities, with only 50% of participants stating that their experience was *excellent*. TEAMhealth is reviewing our processes in this area, including examining the best way in which this type of information can be provided or accessed.

INFORMATION

Whilst very positive, information was, in comparison, a lower scoring area, indicative that TEAMhealth can work towards improving participant's experience regarding the information they receive. The aforementioned example of rights and responsibilities fits here as well, in addition to considerations such as participants being aware of services they will receive, and with whom they will be working.

PARTNERSHIPS

Participants rated TEAMhealth's services very highly with regard to partnerships, with an average across the two questions of 75% as *always* felt that staff worked as a team in providing care, and provided ample opportunity for participant's family and carers to be involved in their care when desired.

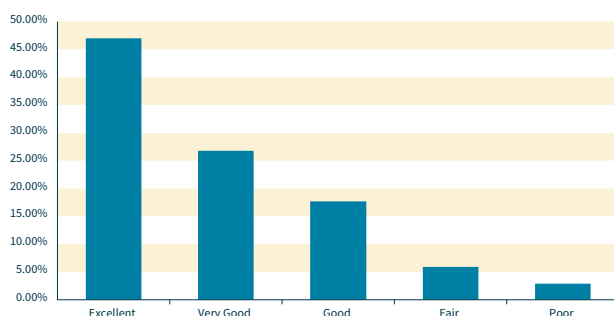
ACCESS

Results for access were overall positively skewed. However, given they were comparatively lower, we have also highlighted as areas for improvement. 49% of participants rated their access to peer support as excellent, and 54% of participants rated the convenience of the service location as *excellent*, which included questions on parking, proximity to family and friends and other community services they use. Notably, peer support workers should be an integral part of mental health services, and is an area which TEAMhealth is actively working toward improving. This may include the number of peer support workers participants have access to, information on how to access them, and the type of work and/or advocacy they can provide to participants as part of their support. Notably, the location of the service is more difficult to change, and there are significant distances traveled to access many participants; with a large geographical area covered across programs.

SAFETY

Based on the results, participants indicated that they felt very safe using TEAMhealth services. Question three revealed that 83% of surveyed participants *always* felt safe using the service and 72% of participants surveyed said they *always* believed that they would receive fair treatment if they made a complaint. These results indicate that the services TEAMhealth provides, including activities and the environment, are perceived as safe, and participants feel comfortable in raising concerns with staff.

OUTCOMES QUESTIONS



Mean scores across all outcome items (Questions 22-25)

OUTCOME ITEMS

The outcome item questions were designed to capture participant views on the extent to which they believe the service/s received from TEAMhealth have been of benefit to them in different areas of their lives. Noting that results were again, very positively skewed across all four of the outcome item questions, they are comparatively lower than other surveyed areas, and it is our intention to highlight areas for improvement wherever possible. The questions ask about the effect the service has had on their hopefulness for the future, their ability to manage daily life and their overall wellbeing. If participants are not feeling hopeful or well, it seems reasonable that they are less likely to rate this as *excellent*. With a growing focus on outcomes across the organisation, with the introduction of the Recovery Star and efforts to capture information about the difference our service is making, including the annual YES survey, TEAMhealth is seeking both outcomes for participants and evidence that these outcomes are being reached. It is vitally important that we are able to track outcomes in a whole-of-organisation way, using a systematic approach that allows us to benchmark outcomes within our organisation, and with other similar organisations, in order to continually improve the quality of our services and the impact they have on the participants and communities we serve.

SERVICE SPECIFIC QUESTIONS:

COMMUNICATIONS/SOCIAL MEDIA

As an organisation, we wanted to know how well we were communicating our services to participants, so we asked about our website and social media. Of all survey areas, this yielded the lowest average scores. On average, 67.8% of participants surveyed never accessed the website or Facebook and 12% rarely accessed it. Further to this, of the small number of participants that did access it, only 13% found the information to be *excellent* in terms of usefulness. However, approximately 58% of these did find it either good or very good. These results may be indicative of a number of things: Firstly, given the broad geographic area that TEAMhealth services, including remote communities, many participants may have limited access to the internet, which may be due to the lack of a device, skills to use one, or limited or no internet service where they reside. These results also indicate that as an organisation, we should continue to improve both how we inform participants of our website and social media, and the usefulness of content we provide on these sites. TEAMhealth launched a new website in July, which we hope will prove informative for our participants, their families, and carers.

We look forward to conducting the YES survey with our participants in 2017, with the additional benefit of having the 2016 data to draw comparisons against, as we continually strive to improve our services, and uphold our values of integrity, accountability, well-being, and respect.

MENTAL HEALTH

RECOVERY STAR (STAR)



TANIA PAYNE

INDIVIDUAL SUPPORT MANAGER

In 2015-2016 TEAMhealth became the first mental health service provider in the Northern Territory to have staff trained in the facilitation and delivery of the Recovery Star. The Star provides TEAMhealth with a common language across our programs and is a visual tool that is used to support and measure the change in individuals experiencing mental health problems. The Star uses a holistic approach, focusing on strength and potentials rather than problems. It supports the measurement of outcomes, the recovery goals of individuals and fosters collaboration between workers and participants through the creation of discussion points around the domains of a participant's life.

The Star covers 10 domains of a person's life, found to be critical to individual recovery. These are:

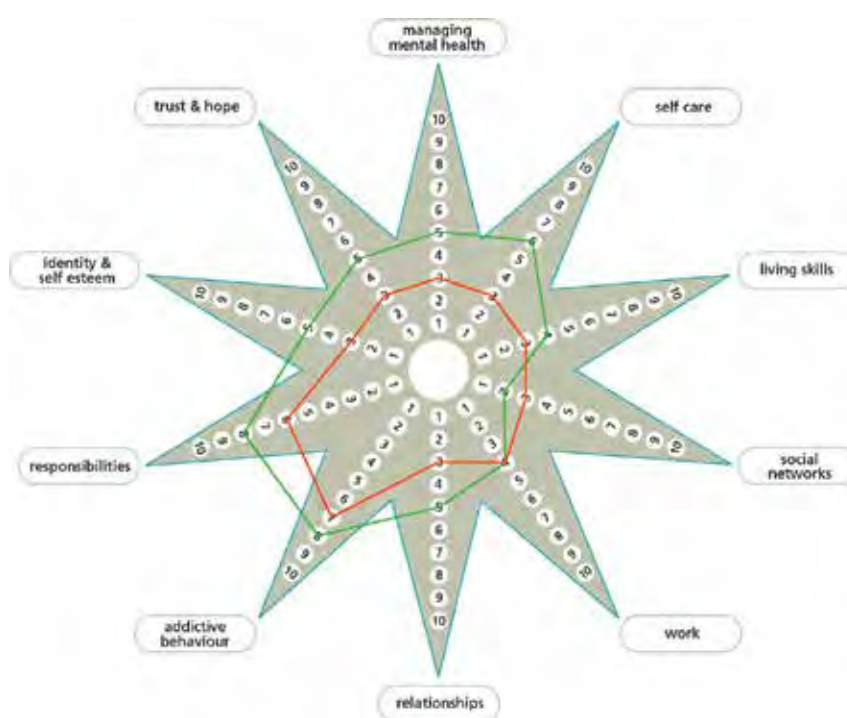
1. Managing mental health
2. Physical health and self-care
3. Living skills
4. Social networks
5. Work
6. Relationships
7. Addictive behaviour

8. Responsibilities
9. Identity and self-esteem
10. Trust and hope

TEAMhealth commenced the Star with a pre-implementation stage; staff were trained as trainers and suitable programs for the trial period were identified. A working group was developed and after the two-month implementation stage was finalised, we commenced a six-month trial across our Recovery Assistance Program and Residential programs. Staff from these programs were encouraged to reflect on their training through a capabilities assessment that occurs prior to presenting the Star to participants. Training is renewed on an annual basis and is supported in daily practice by role-playing scenarios, discussions during team and working group meetings.

The Star is used by Support Workers within the first four weeks of a participant entering support services and is reviewed on a regular basis. This allows the worker and the participant the opportunity to respond to identified needs, conduct risk assessments and build trust and rapport. Following the completion of the Star chart, Individual Recovery Plans are completed that map out the steps a person would like to work on, and to develop SMART goals and SMART actions to support them in their recovery journey.

Throughout the year Staff and participants have been encouraged to provide feedback around the Star. Both staff and our participants have reported that Star has provided them with the opportunity to open up a conversation and explore their own potential.





OVERVIEW OF SERVICES 2015-2016

Funding for our programs and services is provided by both the Australian and Northern Territory governments. Services available to individuals within the Top End community are listed below.

PROGRAM	BRIEF DESCRIPTION	FUNDING SOURCE
Recovery Assistance Program (RAP)	An outreach, mental health recovery program that supports the recovery goals of the individual. The program focuses on key areas of an individual's life such as managing their mental health, physical health, living skills, relationships and work life	Northern Territory, Department of Health
The Manse Residential Program	A specialist long-term rehabilitation program designed to support people with severe psychiatric disability into independent living in the community. Referrals are accepted through Top End Mental Health Services.	Northern Territory, Department of Health
Sub-Acute Care Program (Papaya)	A specialist, short term, intensive support residential service for people who are becoming unwell, or who have recently been discharged from the Royal Darwin Hospital.	Northern Territory, Department of Health
Personal Helpers and Mentors (PHaMS) – Rural and Remote, Daly River and Maningrida Regions	A recovery focused and strengths based support program available to people 16 years and over, who may be experiencing mental illness or mental health concerns.	Commonwealth, Department of Social Services
Child and Family Wellbeing Service (CFWS) – Palmerston/Litchfield and 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
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
Family and Youth Services (FaYS) – Gunbalanya	A support program for individuals and families impacted by mental illness, targeting those under 18 years of age.	Commonwealth, Department of Social Services



PROGRAM	BRIEF DESCRIPTION	FUNDING SOURCE
Carer Support Program (CSP)	A support program that provides a range of mental health education and support options for carers and families of people with mental illness, whose health and wellbeing is impacted by their caring role	Commonwealth, Department of Social Services
Home Care Packages (HCP)	Individually planned and coordinated packages of care tailored to help older Australians, aged 65 years and over, to remain living in their homes.	Commonwealth, Department of Social Services
Day to Day Living Program (D2DL)	A daily drop-in program, based on structured social, recreational and educational activities. This service is designed to support individuals, aged 16 years and over, to achieve and/or maintain general improvements in the quality of their life and their independent life in the community.	Commonwealth, Department of Health
Community Housing Service (CHS)	Non-crisis accommodation options for individuals and families affected by mental illness who are between the ages of 18 and 64 years.	CHS is self supported (using a mix of TEAMhealth & Territory Housing properties)
Youth Suicide Prevention and Education Program (YSPE)	A mental health and suicide prevention and education program for young people and adults working with young aboriginal people.	Commonwealth, Department of Prime Minister and Cabinet



COMMUNITY

HOUSING SERVICE (CHS)

TEAMhealth has been providing community housing in the Darwin and Palmerston areas for around 20 years.

Our program provides medium to long-term transitional housing options for people who have the capacity to live independently. Participants of CHS receive support from TEAMhealth outreach services; they are actively engaged in developing and maintaining their own Individual Recovery Plan that meets their needs, as identified through the use of the Mental Health Recovery Star. Participants may be referred to the program from any source.

Participants eligible for CHS

- 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 and maintenance on the waitlist.

CHS currently manages 25 properties consisting of a mixture of 1 to 2 bedroom units and 3 bedroom houses. These are available for participants who meet the eligibility criteria and are available as single units, shared units, and family houses. Properties are located in suburbs of; Nightcliff, Coconut Grove, Parap, Nakara, Moulden, and Darwin.

The outcomes achieved by people living in TEAMhealth Community Housing benefit the individual and the community. Individuals are able to self-manage their homes, participate in the community, develop connections and friendships, and reconnect with family members (including access to their children) in a manner that is not possible while homeless or in insecure housing. Participants learn about their mental health conditions and become more adept at managing their medication (if required), their activities and their environment to support their mental health. A greater level of understanding of their condition over time means that people identify earlier when they are becoming unwell and are able to make active decisions to manage and/or seek help before reaching a crisis situation.

This year, CHS and Recovery Assistance Program (RAP) staff supported participant's in an activity at one of our blocks of units; the development of an edible garden. This activity was used to develop participant social skills and increase individual capacity to maintain and take responsibility for their common areas. Additionally, this activity supported the goals identified in the Individual Plans and Recovery Star assessments of our participant's.

In the coming year, it is intended to expand the referral base for the CHS and to revise the eligibility requirements of the program, to include participants that may be engaged with Outreach Programs with other organisations.

It is envisaged that this collaborative approach will provide more opportunities to assist participants who are having difficulty sourcing supported housing and will support TEAMhealth's strategic goal of increasing the number of properties available.

During 2016/2017, TEAMhealth will be seeking to become accredited under the National Regulatory System for Community Housing. This provides a solid operating framework and ensures compliance with National and Territory Legislation.

"I do not know what I would do without TEAMHealth and the support from CHS and RAP. I appreciate that I have somewhere safe to live and that am able to have my children visit my home too." **CHS Participant**

SUB-ACUTE CARE PROGRAM (PAPAYA)

Papaya is a Residential house consisting of nine bedrooms over two floors and has operated since 2007. It is uniquely designed to operate as a sub-acute care facility that provides intensive individual support for people with mental illness.

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 eight weeks, recovery focused support and rehabilitation in partnership with Top End Mental Health Service (TEMHS). The service provides 24 hours per day, seven days per week of supported care to participants who are becoming unwell and are experiencing an increase in the signs and symptoms of their mental illness.

The staff at Papaya consists of the Residential Services Team leader, a Coordinator and ten full-time Psychosocial Rehabilitation Workers (PRW). On an average day, the coordinator and two PRW's (psychosocial rehabilitation workers) support nine participants, which is overseen by the Team Leader.

In the 2015-2016 year, Papaya has supported a total of 63 Participants, 27 female and 36 male. 23 of these participants have identified as Indigenous and two have identified as Torres Strait Islander. The majority of Papaya's participants have resided in the Darwin region, however, Papaya continues to support individuals from Katherine, Maningrida, Ramingining and Nhulunbuy. The primary mental health diagnosis for participants during the 2015-2016 year was Schizophrenia, with 67% of our participants having a diagnosis of Schizophrenia.

Papaya staff understand the importance of individualised support and have worked hard over the last six months to introduce the Mental Health Recovery Star (STAR) into the program. The STAR addresses many areas of an individual's life such as relationships, trust and hope, social networks and living skills and enables workers to holistically support each individual, recognising their strengths, goals, aspirations and outlining a plan to achieve these defined goals.



Darwin City2Surf participants

The aim of Papaya is to support participants to have a positive perspective on independent living and promote life skills development, which is important in aiding in the reduction of future hospital admissions. Participants are encouraged to become self-reliant in their medication, to understand the need to be consistent and be in control of their management plan.

In 2015 Papaya underwent a restructure of staff. The intention of this restructure was to allow additional person-centred work with participants to take place during the core day hours. This change improved our ability to provide the individual support needed to effectively re-engage participants with the wider community.

Our concentrated efforts on participant independence saw involvement in the Darwin Conoco Phillips City2Surf event this year. Participating in this event meant added responsibilities around being up early and on time for the event and ensuring that each person had eaten a nutritious breakfast and stretched before the 7:15am start time. The participants that attended the event completed the 4km walk/run and received a medal and certificate for their accomplishment. The event ran from Casuarina Drive along the ocean front to Progress Drive and back again. This was a momentous occasion for our participants who had never before participated in such an event, instilling in them a sense of pride and self-belief. We continue to see great changes in people when we acknowledge participant strengths that meet their individual aspirations.

THE MANSE

LONG TERM RESIDENTIAL CARE



The Manse is a 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 program focuses on providing its participants with a very high standard of individualised, person-centred care.

The Manse operates as a six-month to two-year mental health program that is centered on the Mental Health Recovery Star to ensure the best possible outcomes for all participants. The Staff at Manse consists of the Residential Services Team leader, a Coordinator and five Psychosocial Rehabilitation Workers (PRW). The Manse works collaboratively with Top End Mental Health Services (TEMHS) and many other community service providers to provide the best possible resources and support for participants.

In 2015-2016 the Manse program supported eight participants, three of which were long term participants. Six participants have identified as Indigenous and one from the Philippines. Of all participants supported at The Manse in the past year, 75% of these have had a mental health diagnosis of Schizophrenia.

Throughout 2015-2016 The Manse program concentrated on increasing participant independence and worked at developing confidence and social abilities in areas such as using public transport, self-managing medication, using the telephone and booking appointments, volunteering, personal banking and shopping.

This year also saw the introduction of the Mental Health Recovery Star into The Manse program. The Mental Health Recovery Star (STAR) allows workers to support participants holistically, recognising their strengths, goals, and aspirations, creating a pathway for participants to achieve these goals. The STAR addresses many areas of an individual's life such as relationships, trust and hope, social networks and living skills. This person-centred individualised support has provided our participants with the ability to develop new life skills, evidenced when three of our Indigenous participants successfully completed the Karen Sheldon Catering course in early 2016. These three

participants are now able to apply these newly honed skills to liven up the evening meals shared with other participants at The Manse.

In 2015, all Manse participants were inducted as volunteers at Riding for the Disabled and in 2016 as volunteers at the local RSPCA and Op shop. This opportunity has provided participants with the opportunity to develop their life skills through their required tasks as volunteers and an additional therapeutic breakthrough interaction with the animals. It has also presented participants with the opportunity to be able to 'give back' to the local community.

Our 2015-2016 wellbeing activities included a daily walking program to encourage a strong sense of health and wellbeing, attending the CDU gym, Tenpin bowling, movie outings, picnics, barbeques and day trips to local nature parks.

The person-centred, individualised approach provided our participants with the ability to develop new life skills and self-confidence, resulting in the success of voluntary work in the community and enhanced the skills of catching public transport and independently engaging in the community. Further, one of our participants has found the courage to discuss their medication and what this means for them. In consultation with The Manse staff and their family, they have worked with their Case Manager at Top End Mental Health Services to discuss and trial other options in a safe manner.

Due to participants building their skills and independence we are currently exploring options for some of our longer term participants to be living more independently in the community.

RECOVERY ASSISTANCE PROGRAM (RAP)



RAP provides recovery-focused, one on one support for participants with a diagnosed mental illness, aged between 18 and 64 years. The program promotes the development of goals, skills, and supports through the use of the Mental Health Recovery Star. RAP operates within the Darwin, Palmerston, and Katherine regions.

In 2015-2016 RAP has continued to benefit from improved 'Cross Program' connections. RAP continues to work closely with our Day to Day Living Program, Carer Support Program, Papaya (Sub-Acute Care Program) and other community-based service providers. This collaborative work across TEAMhealth services has enabled participants to sustain and maintain their individual mental health recovery journey.

This year the RAP team placed significant emphasis on the development of safety plans with participants. As a result, we were better able to identify when a person was becoming unwell and play an active role in discussions with Top End Mental Health Service (TEMHS) to address medication issues and/or admission to Papaya for a more intensive support provision.

RAP staff understand the importance of individualised support, and over the last six months have introduced the Mental Health Recovery Star (STAR) into the program. The STAR has enabled workers to holistically support each participant, and through recognition of their strengths, goals and aspirations it has allowed participants to create their own individual plan to achieve their defined goals. In 2015-2016, three staff members of RAP were trained to facilitate the Star across both RAP and TEAMhealth Residential

services as part of our Outcome Star Pilot. The Pilot was successful and we are eager to see it continue within RAP over the coming year.

In 2015-2016 TEAMhealth employed an Intensive Support Worker to operate between both RAP and Residential Services. The position supported participants who required a higher level of one-on-one intensive support to integrate back into the community. The response to this was very positive, with participants successfully transitioning through our Residential Services and Community Housing Service onto further independent living options through private rental or public housing

Throughout the year, it was identified that a group of participants wanted to develop the skills required to maintain their properties, and in particular, learn the proper use of mowing equipment. As a result, the RAP team coordinated a workshop that supported participants to attend local opportunity shops to source safety equipment for this exercise, this included safety gloves, enclosed shoes, and hats. The workshop incorporated a demonstration on the safe use of a lawn mower and safety equipment. Participants who attended the workshop are now mowing their own lawns and maintaining the equipment required in a safe manner.

"Thanks to RAP I have gained more confidence. Since being here, I have overcome my nightmares and paranoia toward my friends. Thanks to the Staff I have more hope for the love of my environment and the future of the earth. Thank you to everyone who has been with me on my journey; Cowdy and my family." **RAP Participant**

DAY TO DAY LIVING PROGRAM (D2DL)

The aim of D2DL is to improve the health and social outcomes for people living with severe and persistent mental illness, through structured, educational and socially based activities. We support our participants to improve their quality of life by living at an optimal level of independence in the community through developing skills, social networks, self-confidence and accomplishing their goals.

Throughout the past year participants were provided with numerous opportunities to participate in and attend community mental health events, including:

- Mental Health Week 2015: D2DL hosted an Art Exhibition featuring participants' work.
- Schizophrenia Awareness Week 2016: Are You Still in the Dark?
- Men's Health Week 2016 'How's Your Oil Pressure? A Pitt Stop to check your health'.
- Cowdy Ward Open Day at the Royal Darwin Hospital.
- NT Mental Health Service 'Consumer Advisory Group Launch' at Top End Mental Health Service.

Additionally, D2DL regularly hosted group barbeques, where we partnered with other TEAMhealth programs and community organisations, MI Place and TEMCO, to support participants to expand social networks and promote access to other support services in the community.

During 2015-2016 the Northern Territory Wildlife Park launched an initiative for Community Groups to take part in crocheting and knitting patterns into marine life, to represent the importance of conservation of coral reefs. The D2DL program was pleased to have the opportunity to take part in this initiative. The completed installation, featuring a three-pylon piece, represented healthy coral, fading coral and bleached coral, will be launched at the park in September. Crocheted pieces have been produced throughout the year, and continue to be produced by community craft groups all over Darwin. Day to Living is extremely proud to have played a part in such a large-scale project and to have contributed to the exhibition. The project has provided participants with a sense of purpose and personal achievement in fulfilling a small goal in working towards completing something memorable and appreciated by the general public.



Additional center based activities throughout the year included:

- Arts and Crafts – Participants gained the confidence to enter their work in a competitive exhibition at the Nightcliff Sea Breeze Festival where one participant won a prize
- Jewellery Making
- A weekly Recovery Group facilitated by staff provided a comfortable environment for participants to discuss how they handled any challenges faced in attempting to achieve their goals. This session provided a forum for participants to identify what individual supports they needed to progress on their journey of recovery.
- Regular Mindfulness and relaxation sessions: Supports individuals in managing stress and focusing on positive aspects of their lives.
- Regular music lessons: Participants to learn or improve playing an instrument. They also enjoy the social interaction and energy created by listening to and playing music.
- Healthy Living Program: In addition to the Lunchtime program, the Community Care Centre conducted regular visits to D2DL to provide health checks and nutritional advice to participants. Regular gentle exercise sessions, including yoga and gym sessions with a personal trainer were also held. Additional external activities such as ten pin bowling and swimming enabled participants to engage in activities in the wider community.

Through the Healthy Living Program D2DL has incorporated regular guest speakers from other community service providers. This activity has provided participants with access to beneficial information and the opportunity to link in with additional services that may be



'I have enjoyed preparing meals with others at Day2Day living because it is something I want to improve upon at home. It brings back good memories of when I was learning as a child to follow a recipe with my mother.'
~ Dana, D2DL participant

relevant to their individual needs and recovery goals. Guest organisations included GROW, Consumer Advocate (Top End Mental Health Services), Mission Australia PHaMS and Darwin Community Legal Services.

- Computers, printing and internet facilities: Participants have consistent access to technology, including guidance and support from staff to apply for jobs, draft cover letters and print off resumes.
- Lunchtime program: Provides support in the development of independent living skills. Participants who have not cooked

for many years have been afforded the opportunity to relearn old skills and try new recipes in a supportive environment. Participants who previously did not cook at home are now doing so. The lunch time program forms part of the healthy living program and has also included budgeting, menu planning, shopping and other skills-based activities designed to support independent living.

- Community Garden Project: We are excited to have recently obtained a garden plot at the Jingili Water Gardens. Participants are busy planning seasonal

vegetables and herbs to plant in the coming months. Participants will be involved in all aspects of the garden, including learning about basic horticultural practices and the ongoing satisfaction of growing their own produce, which aim to incorporate into our cooking at the D2DL center.

We eagerly look forward to the year ahead, with a freshly re-painted space. We hope to see both new and old faces and to support participants work towards their goals.

CARERS SUPPORT PROGRAM (CSP)

The CSP provides a range of flexible support options to carers and families of people with mental illness, whose health and wellbeing is being impacted by their caring role. The program provides information and education that builds carer knowledge and understanding of mental health illness and assists carers to gain/maintain skills to improve their health and wellbeing, through education, social and economic participation in the community.

Throughout the year the CSP has facilitated a number of wellbeing activities workshops and information sessions. Through these activities carers are invited to share their experiences as carers, talk to psychiatrists, psychologists, and GPs. Topics addressed included self-care strategies, medication education and behavioural management (tools for supporting the person that they care for).

Carers engaged positively in these activities. A highlight from one of the carer information sessions included the delivery of a presentation on the NDIS by one of our carers. This presentation was very beneficial to all of our carers attending the information session; it was wonderful to have this information delivered by a carer for other carers.

Wellbeing activities throughout the year have consisted of yoga, Tai Chi, massages, hand and nail pampering and lunches. At times, these activities were held in conjunction with our carer workshops, which provided carers with the opportunity to relax and enjoy a quiet, personal time out. Our carers found these wellbeing activities to be very relaxing and particularly enjoyed yarning about their caring roles.

From the combined wellbeing activities, information sessions and workshops carers are left recharged, provided coping strategies, management tools and the information to make better choices as carers. It is our aim that through these activities, carers will gain and/or maintain skills to;

1. Sustain their caring roles
2. Improve their social participation
3. Improve their own wellbeing so that they may contribute more positively to the recovery goals of the person to whom they provide care.

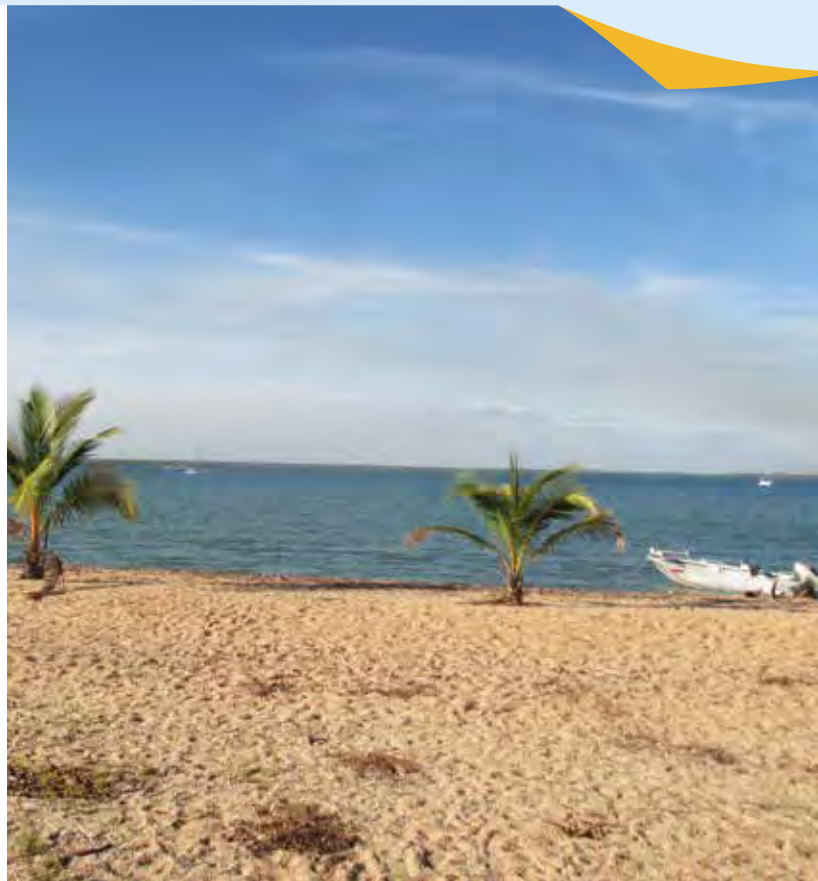
Over the past twelve months, the Carer Support team has supported the person who experiences a mental illness to be engaged with services that are tailored to their needs. This has allowed the Carer Support team to focus on the needs of the carer and family members to support the carer's own health and wellbeing.

CARER BOOKLET DEVELOPMENT

We have worked alongside carers to develop an information booklet that addresses how to take better care of yourself as a carer, and the person that you provide care to.

The success of the Carer Booklet would not have been possible without the input of our carers. We would like to thank our carers for sharing their stories and providing valuable input into the development of this tool. We look forward to distributing this to future carers in the coming year.





2015-2016 HIGHLIGHTS

One of the highlight activities for the year was our Carers Day on the amphibious vehicle, Ride the Croc, "Reggie" tour. Fourteen participants attended the activity, and were shown some of Darwin Harbour's true gems. A local turtle provided the morning's entertainment, only to be outdone by a pod of Dolphins. It was a magic day on the water! A couple of thrill-seeking carers stood up and grabbed the wheel, for a chance to captain the boat. Our boating experience was followed by a lunch overlooking the calmness of Fannie Bay.

2015-2016 BREAKAWAY TRIP

This year the Carers Annual Breakaway Trip was held overnight at Crab Claw Island.

Our carers relaxed and enjoyed the tranquil surroundings of the island. The group enjoyed the time spent in the company of other carers and a well-deserved break from their caring role.

During the break, our carer's enjoyed time out with a session of Tai Chi on the beach.

CARERS WEEK 2015

Carers Week is held annually during the month of October. The Theme for Carers Week in 2015 was Recognising and celebrating the outstanding contribution unpaid carers make to our nation.

This is an important time to recognise and celebrate the outstanding contribution of carers in the support of their family members and community. It is said that "should all carers decide to stop performing their caring role, it would cost the country \$60.3 billion per year to replace those supports". Carers Week provides the community with a chance to demonstrate our appreciation for the work of our carers.

The Carer Support team acknowledged TEAMhealth carers with a lunch during October 2015, at Il Piato restaurant, Darwin.

The Carer Support program received a mini-grant from Carers NT in order to host the lunch, which was about providing a platform for TEAMhealth to recognise the tireless work that our carers do in assisting their recipients through the various stages of their recovery and with challenges that they face in their everyday lives. Twelve TEAMhealth carers enjoyed a culinary experience and the company of their fellow carers, old and new.

It was a wonderful day that provided carers with the chance to unwind in a peaceful atmosphere, surrounded by friends met throughout their caring journey.

A CARER'S STORY: MY DILEMMA AS A CARER

My son was diagnosed with Paranoid Schizophrenia during his teenage years and I have been his carer in varying degrees for some 18 years.

When you are only as happy as your happiest child; what then happens when the odds of a complete cure are not in your favour?

When the reality of the future sets in, the parameters of parenting disintegrate slowly into chaos.

How does one set boundaries of behaviour when the capacity to comply may be impossible due to the impact of disordered thoughts?

When personality problems are perceived, what is the answer?

Is it the illness or a behaviour that needs addressing or simply teenage rebellion or self-medication issues?

Hearing complaints that medication creates a feeling of having your brain locked up in a straitjacket, followed by a refusal to comply with the medication regime. This decision may inevitably result in going back through the revolving door of the hospital ward again.

These are some of the things that can bombard you.

This can be daunting challenging as a carer but there is the opportunity of engaging with support services, which at times can be a lifesaver. The provision of respite that was made available to me always gave me a new vigour to simply just go on. When in spite of a cure not being possible, expectations for your loved one can become one of recovery, sufficient enough to be able to enjoy life again.

FEEDBACK FROM A CARE RECIPIENT

The care recipient, the wife of the carer, stated that her own demeanour had changed in response to her husband's more positive outlook since becoming involved with the Carer Support Program.

The carer agreed, stating that his wife "has become a nicer person to be around". As the carer is now receiving respite from his continuous care duties his outlook has improved, he is very appreciative of the support he has been receiving.

The care recipient also remarked that she has noticed a change in herself for the better.



ABOVE: Mandala and dragonfly made by one of our carers and her care recipient

HOME CARE PACKAGES (HCP)

TEAMhealth provides 25 Home and Community Care Packages, tailored to provide individuals with a diverse range of services with the aim to promote wellbeing and enable participants to remain living in their own homes and communities.

HCP supports a diverse range of participants, delivering our services with sensitivity to the diversity and cultural requirements of the individuals living in the Northern Territory. Our packages are designed to help with individual care needs while also focusing on mental health support.

Home Care Packages is undergoing legislation changes and moving from grant funding to a consumer directed care model.

This means that Home Care Package participants now receive care and services which are appropriate to meeting their goals, preferences, and needs. Participants are provided with written plans and budgets that outline the services they will receive based on these needs.

The types of services that we provide as part of a Home Care Package can include:

- Personal care
- Social support
- Transport to and from appointments
- Home help
- Meal preparation
- Gardening
- Outings/events
- Christmas celebrations
- Organising and coordinating required services
- Domestic assistance

Over the past 12 months, HCP has provided a steady minimum of 20 packages, with brokerage arrangements being successfully delivered to additional participants. We anticipate that with the February 2017 roll out of the consumer directed care model we will be able to expand on these packages over the next year.

In June 2016, HCP staff attended the Seniors EXPO. This event was organised by COTA NT in conjunction with the NT Government and TIO.

The Seniors EXPO celebrated all the age-friendly activities that a Territory lifestyle offers and highlighted the services and support provided for seniors by Territory and local government, non-government, businesses, organisations and community groups.

The Minister for Senior Territorians, the Honourable Peter Styles MLA, Lord Mayor of Darwin Katrina Fong Lim and Ms. Lauren Moss MLA, Shadow Minister for Senior Territorians and Disability and Mental Health, attended the event.

It was a great day for the community, with live performances and activities, with many of our stakeholders present. Attending the EXPO presented an opportunity for TEAMhealth to build community awareness about the TEAMhealth HCP program, the additional support services that we provide and mental health within our Top End community.

This was a great platform to showcase our program, with a large audience made up of patrons from both the Darwin and rural areas who showed great interest in our services. A high number of requests were received for information on support services and advice about caring for a son, daughter or extended family member who was experiencing mental illness and the support available to them in caring for these family members as they (as carers) begin to age.

One of our female HCP participants has been living with depression and anxiety, struggling to leave the house for reasons other than to attend a medical appointment. Through one on one support to attend social activities, the participant now attends regular Gym classes and is also now producing her own handmade cards and toy bears. With assistance from the TEAMHealth HCP workers, these are being sold in the community. During the year the participant's wellbeing and confidence increased significantly. To date, the Psychogeriatric Service team has encouraged the participant to further develop and maintain her social interaction skills, stating that "they have never seen her so well".





GUNBALANYA FAMILY AND YOUTH SERVICE (GFAYS)

GFAYS provides early support for children and young people that may be at risk of or affected by mental illness or mental health concerns. The program works in partnership with families and is child/youth-centered, strengths-based and family focused.

Our approach places children and young people at the heart of the program, ensuring that their voices are heard and listened to. We focus on supporting young children and their families to strengthen their social and emotional wellbeing. We work to identify risk factors or issues which may lead to poor mental health and address these through enhancing the strengths and positive factors for individuals and their families.

We work in partnerships with other community service providers to reach vulnerable children, young people, and families who may not otherwise engage with the mental health or children's services sector.

Throughout 2015-2016 GFaYS continued to work on establishing the program as a trusted source of support in the community. Throughout this time the program has grown from one staff member to four, all of whom live in Gunbalanya, which provides increased continuity of support for our participants.

In December 2015, the upgrade to the GFAYS office, which included a move to new premises, was completed. The new premises now consists of two demountable buildings adjoined by a balcony and breezeway, with an outdoor BBQ area for community events, a welcoming child and family room (including kitchen and lounge area), an office and a meeting room. This upgrade provided the program with increased ability to provide our much needed and valued services to the Gunbalanya community.

The official opening of the new premises, held in June 2016, was a fun celebration! The day included numerous dances by staff, participants and other community members, bush tucker and a BBQ. The event attracted a large crowd of participants and their families, community members, and other service providers.

In 2015-2016 the GFAYS team facilitated a community action group that focused on addressing the issues faced by youth in the community. The Youth Group provides opportunities for the youth of Gunbalanya to have an input into community activities and programs, and to raise their concerns about issues that affect them.

Throughout the year GFaYS has benefited greatly from the strong leadership within the team. The employment of young, local, youth leaders from within the community has been valuable in increasing the program's capacity to work with a group within the community that was previously difficult to engage with.

In 2015-2016 GFaYS Participants and their families identified sporting and cultural activities, such as traditional bush tucker collection and cooking and learning traditional dance as activities that make them feel good about themselves. As a result, GFaYS worked to expand opportunities in these areas.

The team collaborated with the community and TEAMhealth's Youth Suicide Prevention and Education (YSPE) program to develop a local basketball competition, which is set to commence following the AFL season. The competition is targeted towards 14 to 18 year-olds age



group to support regular engagement. The competition is structured in a similar way to the Midnight basketball program held in Darwin, with games finishing at 9pm. The aim of the competition is to provide fun evening entertainment for youth, which also acts as a diversion from potentially harmful activities, and a platform to build trust and promote wellness. We plan to compete with other remote communities in the West Arnhem area, such as Jabiru and Maningrida. The team's uniform was designed by two of our artistically talented participants. Having local artwork, which is meaningful to participants and their peers, worn by all players at each game has provided a sense of accomplishment. It's theirs, and they are proud of it. It's a Gunbalanya team, with Gunbalanya art.



This year the program held a week long camping trip to Araru, an outstation located in Garig Gunak Barlu National Park, our team member, Lizzie Wauchope's, mother's country. The camping trip was organised as a cultural exchange, to demonstrate the differences and similarities between Freshwater (Inland) and Saltwater (Coastal) people's cultural practices. The camp was an opportunity to encourage young people to learn traditional, basic life skills such as hunting and using traditional cooking methods. The environment at Araru allowed our participants take some time out in an environment that promoted connection with

Country, without the external influences often experienced in community. This approach has been shown to promote wellbeing and build self-esteem and confidence in our youth and their families. It works particularly well with young males, who are always proud to show off their catch to the family after attending such a camp or one of the program's day long outings with family groups.

In June this year, GFaYS took the local basketball team, made up of male participants aged 13 to 18 years, to the Barunga Festival. The group competed against peer groups from other remote communities and for some individuals, this was the first time they had been out of the community. The team finished in third place, which was an excellent result.

GFaYS program proudly supported the local AFL footy competition, which included participation in the "NO MORE" campaign. The campaign launch marked the start of the football season and aimed to raise awareness about domestic violence in our communities.

In June, we held Youth Mental Health First Aid training in Gunbalanya after two staff members obtained accreditation as Aboriginal Mental Health First Aid and Youth Mental Health First Aid instructors. 85% of attendees were awarded Youth Mental Health First Aid certificates after the two day training. In the year ahead, we plan to continue delivering this valuable course to the community, focusing on service providers and community members, to increase local knowledge about mental health.

As we move into the coming year, GFaYS remains committed to providing participants and their families' with tailored support that strengthens the individual's social and emotional wellbeing; to promoting good mental health for the youth of Gunbalanya and supporting families so that they may become better connected and learn to be more supportive of each other.



CHILD AND FAMILY WELLBEING SERVICE (CaFWS)

Working in partnership with families, the CaFWS supports children and young people aged under 18 years, who are showing early signs of, or are at risk of developing mental illness.

The Service provides flexible, non-clinical early intervention support, in a range of ways, dependent on the needs of the individual; it may be long-term and intensive, short-term, or immediate assistance. CaFWS also provides community mental health education and development activities. We work with children, youth and their families to address risk factors and identify strengths-based, positive and protective factors that will improve their current social and emotional wellbeing, and mental health outcomes later in life.

The CaFWS adopts a child-centred, strengths-based approach in the way we support families. We use the Common Approach to Assessment, Referral, and Support (CAARS) to ensure we foster these elements of care in our daily work. Our flexible approach to service delivery allows the CaFWS team to provide outreach visits in the home, within the family room of the CaFWS office or at a location chosen by the child/family.

TEAMhealth's Darwin and Outer Darwin Family and Youth Services program (FaYS) concluded at the end of February 2015. At this time, the remaining team members established the Child and Family Wellbeing Service (CaFWS), which became operational from June 2015 in the Palmerston and Litchfield areas. Through consistent community engagement and networking, the program has grown, with referrals received from a variety of local organisations and the Northern Territory Government Department of Children and Families. The CaFWS is currently operating at capacity, supporting children and families in the Palmerston and Litchfield area.

In January 2016, the CaFWS program was very excited to extend its services into the Katherine region, and in June this year, the service moved into a new office space that now includes a welcoming and colourful family room for our child-centered and family focused service.

PALMERSTON AND LITCHFIELD 2015-2016 HIGHLIGHTS

Over the course of the year, the Palmerston and Litchfield program regularly engaged in activities aimed at promoting mental wellbeing, with a focus on children, youth, and families. Highlights from the year included the various community events for Children's Week, held in October 2015, which over 800 families attended. Additionally, Youth Week, in April 2016, was a busy time, where the team collaborated with the Youth Suicide Prevention and Education program and were involved in a range of community activities including the Palmerston Pool party. This activity provided us with a great opportunity to engage with youth, of varying ages and promoted mental health in a fun context.

In June this year, the team attended the Roseberry Middle School Wellbeing Expo, where we hosted a stall that was attended by around 350 students. The students participated in an activity that created awareness and generated discussion around the possible stigmas attached to mental health. These and other community activities held throughout the year were successful in raising awareness, and promoting the profile of the CaFWS in the community, so families know how and where they can access our support.

KATHERINE ACTIVITIES 2015 -2016

During the year, the Katherine CaFWS has networked intensively with agencies to grow the service in the region. As a result, the team is now receiving referrals to the service from a variety of sources.



The CaFWS in Katherine regularly conducts community activities including a group session at Fordmail Student Hostel on Thursday nights. This session is attended by boys and girls aged between 12 and 18 years of age and provides information sessions and activities tailored around the children's requests. These groups have been well received, with positive feedback provided by the hostel and the youth involved.

In early 2016 the Katherine CaFWS team assisted with the local YMCA's drop-in night and participated in the Katherine Family Week celebrations at the Katherine Family Fun Day. Here the team engaged with the local community through a TEAMhealth information stall, which provided service information and incorporated a fun photo booth with giveaways of TEAMhealth promotional merchandise.

As the CaFWS team moves into the next financial year we look to expand our focus on early intervention through sourcing referrals from midwives, child health nurses, pediatricians, and other health professionals involved in the antenatal/perinatal field. We look to strengthen our community outreach events and education, socialisation and awareness for groups in both the Palmerston, Litchfield and Katherine areas.



KATHERINE LEGO CLUB

The Katherine Lego Club was created by a 14 year old Aboriginal boy in Katherine, a participant in the Child and Family Wellbeing Service. In one of his sessions, I was asked him if he wanted to get involved with any of the sports or kids groups that are in town. He said that he really wanted to be part of a Lego group and he asked if such a club existed.

So, off I went to ask whether there was in fact a Lego club in Katherine... there wasn't. But, everyone I asked seemed really excited by the idea of one. So... this young man decided that he wanted to create one, which ran on a regular basis. He set about creating the group rules and inviting people to attend.

With some support, our participant ran his very own Lego Club in mid 2016 – with eleven children and their parents at the first one. Since then, the Lego Club has grown, and each week about 16-20 children come along. Some of the highlights include creating Lego race cars to compete against 'hot rod' cars and the card challenge, where the kids get into small groups and have to try and complete eight challenges which are printed out on cards.

The parents have also really enjoyed joining in the Lego building or just sitting back talking to other parents. They've even created a Facebook page so they can discuss Lego club ideas and socialise with each other and share other child friendly events.

This participant has become so much more confident since commencing the Lego Club. He frequently speaks to the whole group, explaining the rules and the games. He has also made many new friends... With a love of Lego in common.



PERSONAL HELPERS AND MENTORS PROGRAM (PHaMS)

The PHaMs programs provide increased opportunities for recovery, for people aged 16 years and over, who are severely affected by mental illness. The programs offer practical assistance to participate in and manage daily life through support to develop positive relationships, improve independence and ultimately, achieve personal goals.

OUR WORK IN RURAL, REMOTE, AND DALY RIVER

In 2015-2016 the Darwin rural and remote PHaMs program supported participants in Howard Springs, Virginia, Coolalinga, Girraween, Humpty Doo, Noonamah, Berry Springs, Batchelor, Belyuen, Corroboree, Adelaide River, Amangal, Acacia, Hayes Creek and Marrakai. The Daly River PHaMs (DPHaMs) supported people living in the Nauiyu community and surrounds.

Over the past year, PHaMS has focused on, and achieved positive outcomes through:

- Supporting participants to find activities they enjoy within their community, providing a platform for meeting new people, reducing social isolation and forming new relationships
 - Assisting participants to engage or re-engage with study or employment options suited to their needs and goals
 - Supporting participants to develop routines, such as daily tasks, to contribute to their wellbeing.
 - Working to increase knowledge and understanding of mental health in communities, and reduce the associated stigma.
- PHaMs organised regular social and recreational activities for participant through the past year. Some highlights included sports days, a three-day scenic and cultural trip to Kakadu and a Darwin harbour cruise. These social activities provided participants with the opportunity to learn new skills, meet new people and share coping strategies through peer support.
- In 2015-2016 the PHaMS teams undertook several activities to promote the services we provide, with the aim of raising awareness of the support available for people with a mental illness, so we can better reach those that may benefit. Staff delivered information to other agencies and referring bodies, such as the Litchfield Council, the Crisis Access Team (CAT, which is now MHAT) and the Batchelor Health Clinic, which included information on mental illness, the type of supports we offer and the referral process. They also went directly to the community via information stalls, a great opportunity to hear from members of the community directly, and provide information about how we can assist.
- During the year the PHaMs team attended the monthly Darwin Region Priority Working Group Meeting. The aim of this meeting is to share information about the different services available to
- Advocating and supporting people when accessing other essential services (for example, health practitioners, Centrelink and Housing)



Acacia, Belyuen, and the Amangal communities, with a goal to improve service provision in these areas.

In March 2016, PHaMs and DPHaMs attended a two-day Northern Territory and South Australia PHaMs Forum, held in Adelaide. The Forum included workshops on a range of mental health interventions and information on how the PHaMs program will transition into the NDIS.

OUR WORK IN THE BELYUEN COMMUNITY

PHaMs has provided consistent and regular support to the Belyuen Community with social and cultural activities such as Berry Springs BBQ, Op-Shop-Days, damper making and Ten Pin Bowling. These activities provide an opportunity for social engagement, where relationship are fostered, and confidence is built upon.



In 2015-2016 TEAMhealth were involved with the International Women's Day (IWD) Event held in Belyuen. PHaM staff helped organise and facilitate a pamper day for the ladies in the community, including a hairdresser. This provided the women with access to services they are often isolated from and was a fun confidence booster for all that attended.

OUR WORK IN THE NAUIYU COMMUNITY (DPHaMs)

Throughout the past year, the Daly River PHaMs have provided ongoing support to the Nauiyu Community, using culturally appropriate forms of promoting wellness. This included regular cultural activities such as fishing, art, and music. For example, the Nauiyu Mental Health Week Expo held in October 2015 was a great success. The whole community engaged in activities such as sports, arts and craft and damper making; creating a great sense of community togetherness

Daly River PHaMs supported the Nauiyu Community in celebrating NAIDOC Week in July 2015. The community enjoyed face painting, arts and crafts, sports and an evening corroboree. It was a great celebration that highlighted the history, culture, and contribution of the Aboriginal and Torres Strait Islander people in the community and surrounds.

During the 2015 wet season, the Nauiyu Community was tragically affected by flooding of the Daly River. During this time, the DPHaMs team supported the Emergency Response Team in evacuating the community into Darwin. PHaMs organised a 'Donation Drive' to support community members, many who lost all of their belongings in the flood. We were overwhelmed by all the generous donations of TEAMhealth staff, friends, and the broader community. The community came together to recover from this unfortunate event, hopefully, more prepared for the future.

As we approach the year ahead, we are faced with changes and challenges, as we prepare to transition into the National Disability Insurance Scheme. As much as ever, we will continue to support our participants as we navigate our way through these changes, focussing on individual goals and always believing that recovery is possible – and recognising that recovery means something different for each of us.



OUR WORK IN THE MANINGRIDA COMMUNITY (MPHaMS)

Maningrida, located approximately 500km east of Darwin, is one of the largest remote communities in the Northern Territory, with a population of approximately 2,300. The MPHams program provides recovery focused support through the promotion of spiritual, cultural, mental and physical healing for community members living in Maningrida. We focus on providing mental health support that considers and integrates connections to land, culture, spirituality, family and community.

Throughout the year the MPHams team has held tailored, weekly, group activities for participants. These activities have included bush trips for both men and women which provide staff with the opportunity to deliver recovery focused work that takes place on country. Men's bush trips include fishing and spear making, while women's trips include fishing, the collection of seeds and Pandanus for jewellery and basket weaving. These trips onto country provide a positive environment to engage and build strong relationships with participants, where conversations take place around what keeps them strong in their physical, mental and spiritual health. It also provides an ideal opportunity for social interaction and participation in the preparation of campfire meals, which promotes the development of valuable daily living skills; integral to the recovery process. Throughout the year weekly men's art groups have been held by one of the teams Wellbeing Support Workers, a renowned local artist at the Maningrida Art Centre. While for the women of the community, painting, jewellery making and basket weaving, with their collected materials, have been held at the Women's Centre. A weekly swimming session also occurred at the local pool. Community involvement in these group activities has fostered improved community support and connectedness and has assisted in reducing the stigma attached to mental illness in the Maningrida community.

In June 2016, the MPHams team were excited by the completion of a new, dedicated office space; two demountable offices adjoined by a balcony and breezeway. The new space now provides the opportunity to work

with participants in a safe, welcoming environment. It is a comfortable place for participants to visit and engage in capacity building activities that enhance their sense of well-being. We are confident that our new space will increase the number of participants we are able to support.

This year MPHams commenced a regular music workshop, including training of staff in 'Rhythm to Recovery' training, which focuses on connecting and communicating through collaborative drumming.

MPHams has continued to work closely with other organisations in Maningrida, including the Top End Mental Health nurse attached to the Maningrida Health Centre. Throughout the year the team has worked collaboratively with Malabam's Social and Emotional Wellbeing, often synergising our efforts to increase participation and sustainability of the program. MPHams have also remained active members of the community youth suicide prevention committee, 'Choose Life.' We have facilitated work on a therapeutic basis for a client with one of the major local Aboriginal Corporations and gained their support for similar future positions.

To enhance our profile in the community and encourage self-referrals the MPHams Coordinator has regularly addressed the participants at the FAFT (Families as First Teachers) Centre, the new Family Room located at the school, and the Women's Safe House. We have sponsored a local football team, with our logo portrayed on their uniform. We have arranged regular delivery of a presentation describing our role in the community to sessions of Correctional Services remand clients.

PHams Maningrida is looking forward to further developing as a team as the new members build trust and relationships in the community.



A story from Maningrida PHaMs

"I have been going with a group of women out on country...they fish, dig for cockles and yams, go crabbing, find bush tucker and cut Pandanus ready for weaving. The way they interact with me when out in the bush is very different to being in community. The women open up and talk about country, family and tell their yarns. They become more engaged in conversation and they interact with each other with humour and love. The smiles and laughs I see speak volumes at how much these trips make a difference in their lives and to their mental wellbeing. It brings about a sense of worth to them and it breaks down the barriers for me to interact with them. I feel that this is what working in Community means".



YOUTH SUICIDE PREVENTION AND EDUCATION (YSPE)

The YSPE program provides comprehensive suicide prevention and education aimed at increasing community safety and wellbeing to address the high rate of youth suicide in the Top End community.

We work in partnership with specialist mental health, Aboriginal and Torres Strait Islander wellbeing services, schools, youth and people working directly with youth, across five communities in the Top End: Darwin, Palmerston, Maningrida, Nauyiu, Gunbalanya plus Batchelor Institute; delivering targeted activities that build strength and resilience in communities, and reduce the stigma around mental health and suicide.

In 2015-2016 the YSPE program delivered much needed, core education and training to these Top End communities. This included six Youth Mental Health First Aid training courses, an accredited two-day course that teaches adults how to assist adolescents who are developing a mental health problem or in a mental health crisis, two safeTALKs, a three-hour suicide prevention workshop, and six suicide prevention and mental health education talks.

Additionally, YSPE was instrumental in the delivery of over fifteen youth workshop and engagement sessions, where the aim was to create community awareness of mental illness and suicide and reduce associated stigma. In 2015 – 2016, YSPE was involved in the following workshops: Midnight Basketball Darwin, School Sport Development Camps, and a range of events and expo's such as Youth Week, TEDx Youth Palmerston, Yarning Up Strong- Indigenous Youth Suicide

Prevention Forum, Workplace Support Forum, Darwin High Health Expo and Rosebery Middle School Health Expo.

In June, the YSPE program held a forum, HEADS UP! Youth Forum, for youth aged 15 to 25 years. This was an opportunity that youth felt had not currently been available to them in the Top End. The forum provided youth with a platform to engage with community youth leaders, to inspire each other, encourage and create development opportunities for Top End youth. The theme of the forum was 'Overcoming hurdles, opening minds and looking after yourself on your road to success'. The forum included special keynote speaker and performer Philly, as well as Kenneth Kadirgamar, Timmy Duggan and Shadow Minister for Disability and Mental Health, and Youth Services, Lauren Moss MLA. It is a goal of the program to develop the HEADS UP! Youth forum in the coming year, following the great success and positive feedback of the event in 2016.

YSPE aims to increase its capacity in the year ahead by continuing and expanding on the provision of mental health education for youth and people working with youth, to address the stigma associated with mental illness and raise awareness about suicide prevention amongst youth in the Top End.

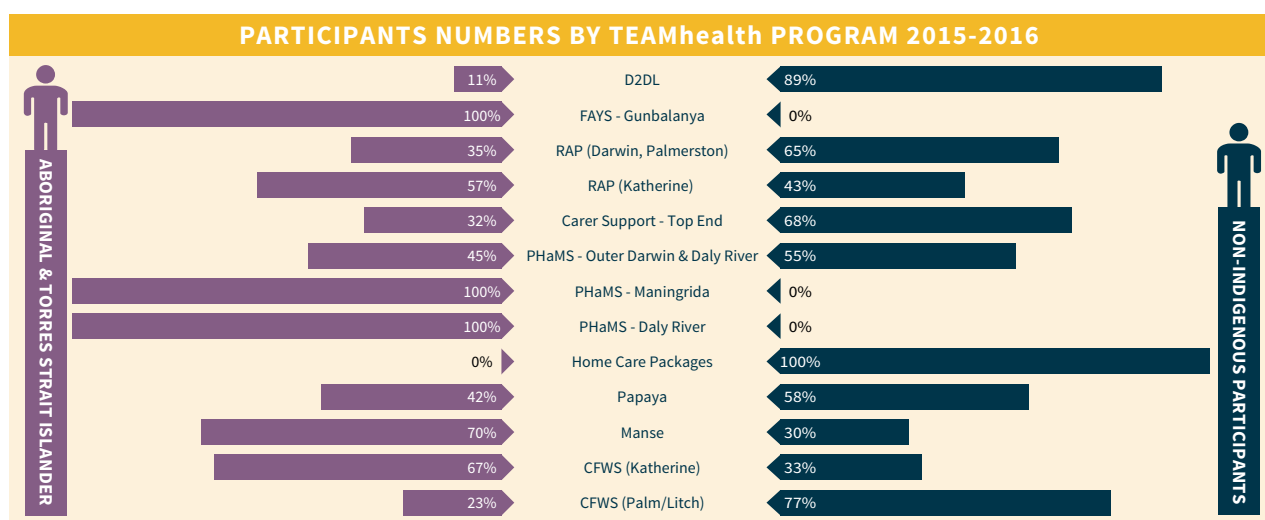
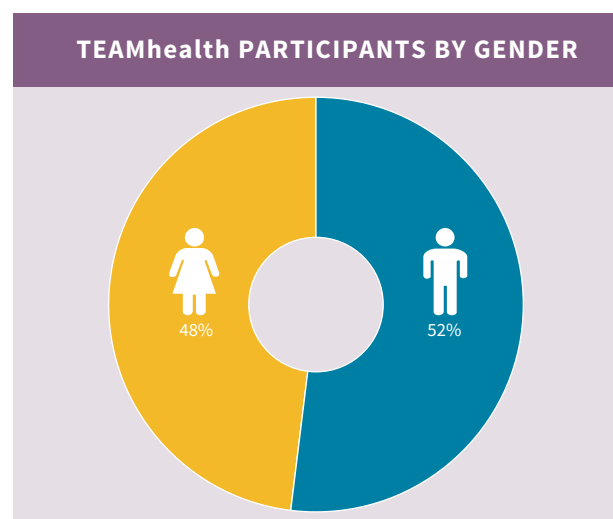
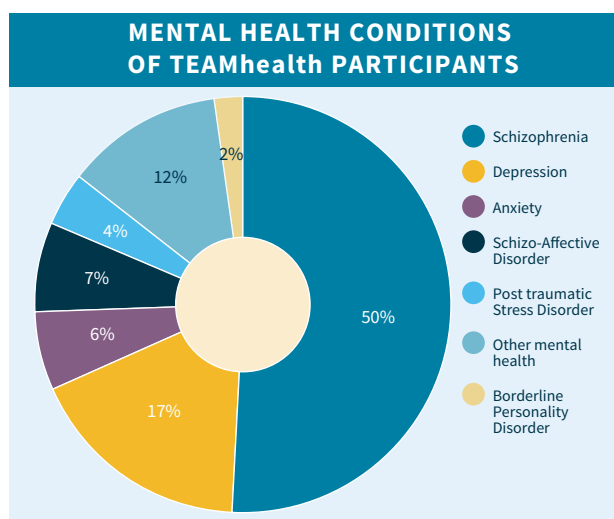
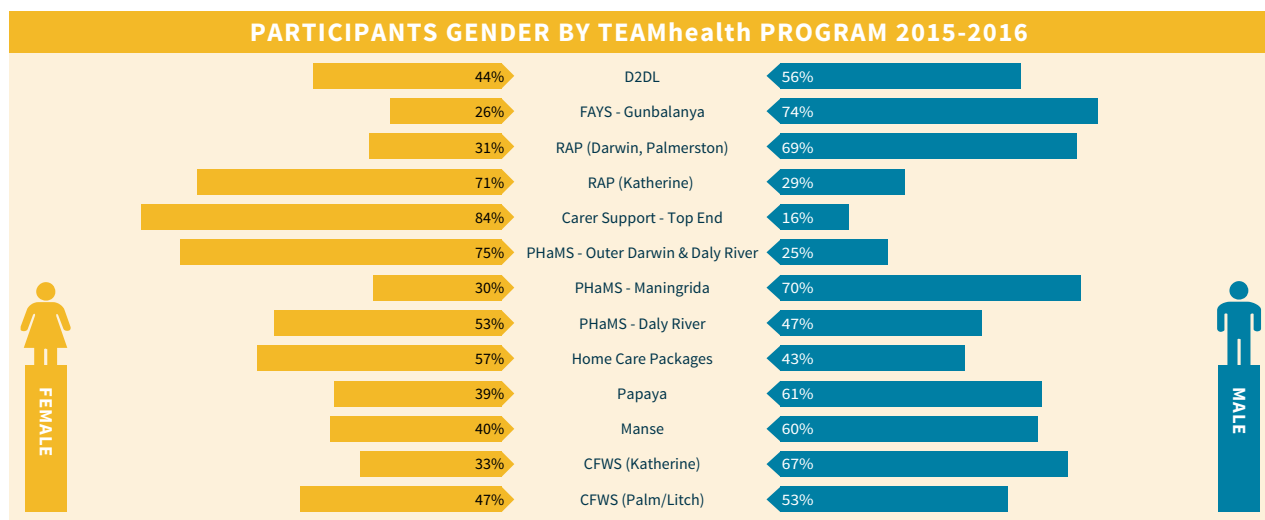
FROM ATTENDEES AT 2016 HEADUP! YOUTH FORUM:

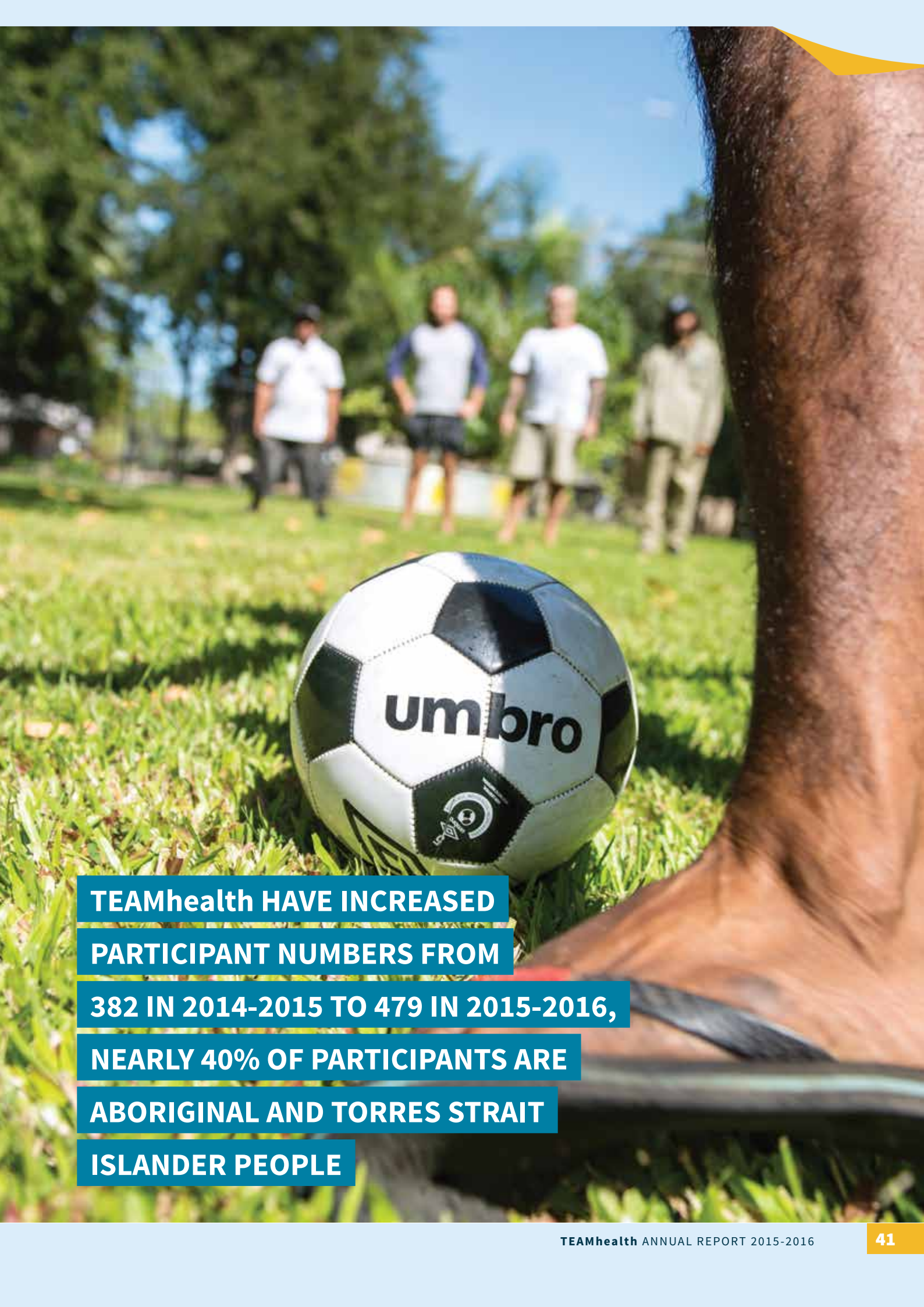
**"I ENJOYED THE INCREDIBLE
SPEAKERS WHO WERE INSPIRING AND
GAVE ME THE MOTIVATION AND DRIVE
TO MAKE POSITIVE CHANGES IN MY
LIFE AND IN THE LIVES OF OTHERS"**



**"I REALLY ENJOYED THE LAYOUT
AND THE HIGH-QUALITY SPEAKERS.
I ENJOYED MEETING OTHER YOUNG
PEOPLE AND THE EASY GOING
ATMOSPHERE. I WOULD HIGHLY
RECOMMEND THIS EVENT".**

PARTICIPANT STATISTICS





**TEAMhealth HAVE INCREASED
PARTICIPANT NUMBERS FROM
382 IN 2014-2015 TO 479 IN 2015-2016,
NEARLY 40% OF PARTICIPANTS ARE
ABORIGINAL AND TORRES STRAIT
ISLANDER PEOPLE**

FINANCIAL STATEMENTS

SUMMARY OF AUDITED FINANCIAL STATEMENTS

SUMMARY INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2016		
REVENUE FROM OPERATIONS	2015-2016 (\$)	2014-2015 (\$)
Revenue	7,140,093	6,095,400
Other income	139,426	236,547
Total Revenue	7,279,519	6,331,947
EXPENDITURE		
Operating Expenditure	6,972,079	6,038,589
Operating Surplus/Deficit for the year	307,440	293,358
Other comprehensive income	0	0
Total Comprehensive Income for the Year	307,440	293,358
SUMMARY STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016		
Assets	2015-2016 (\$)	2014-2015 (\$)
Cash and cash equivalents	4,696,257	4,056,606
Receivables	52,831	82,018
Other current assets	106,358	202,227
Current Assets	4,855,446	4,340,851
Property, Plant and Equipment	3,795,671	4,075,572
Intangible assets	4,355	6,500
Non-current Assets	3,800,026	4,082,072
Total Assets	8,655,472	8,422,923
Liabilities		
Trade and other Payables	740,524	523,110
Provisions	338,763	297,821
Deferred revenue	1,069,571	1,286,315
Current Liabilities	2,148,858	2,107,246
Non-current Liabilities	148,948	265,451
Total Liabilities	2,297,806	2,372,697
Net Assets	6,357,666	6,050,216
Members Funds		
Reserves	1,989,186	1,989,186
Retained Earnings	4,368,480	4,061,040
Equity	6,357,666	6,050,226





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