

Mental Health Foundation (ACT) Inc

Annual Report



2013-2014

MHF Vision

Creating Hope, People First, Better Mental Health

Mission Statement

Through innovative quality services, we provide choice and control for people to meet their individual mental health needs.

Contents

Values	4
Strategic Plan - Aims	5
Presidents Report	6
Executive Officers Report	7
Strategic Update	7
MHF Model of Care.....	7
Management Structure	10
Communication and Committee Structure	8
Quality.....	Error! Bookmark not defined.
Program Reports.....	12
Information & Referral and Community Education.....	12
Peer Support Program.....	
Recovery and Rehabilitation Team.....	14
Personal Helpers and Mentors (PHaMs) Program	14
Supported Accommodation & Rehabilitation Program (SARP).....	14
Consumer Respite - Short Term Warren l'Anson	15
Carer's Respite - Marks Place – Targeted Community Care	16
Housing Accommodation Support Initiative (HASI).....	17
Southern Community Integrated Service Program (SCISP)	
The Rainbow & Skills for Life – Peers for Recovery	17
Decreasing Stigma.....	18
Peer Education Skills for life programs, _Mental Health Week	
Employment - return to work for people with the lived experience	
Financial Report.....	Error! Bookmark not defined.
Partnerships.....	30

Values

The values that underpin all our services are:

Hope Empowering Choice	Creating Hope to Empower Choice Promoting recovery and enabling better lives through Hope. Discovering personal strengths and cultivating growth.
Upholding Respect	Passionate Pursuit of Respect for the Individual Valuing individual rights, dignity and self-worth. Respecting diversity, acting ethically, and promoting equity with fairness.
Safety and Quality	Providing a Stable, Nurturing Environment Fostering trust, transparency and consistency in a physically, emotionally and culturally safe environment with a focus on continuous improvement.
Proactive Participation	Promoting Social Integration Responding to community engagement opportunities. Taking initiative to enhance fellowship, inclusion and collaboration.
Inspiring Innovation	Encouraging and Creating Opportunity Creative planning, developing potential opportunities and reinvesting to achieve a sustainably viable organisation.

Strategic Plan

During the year, Mental Health Foundation (ACT) Inc (MHF) has reviewed its future strategic direction within the changing environment for people and the Foundation. MHF is moving to the future by aligning the aims of the organisation to the new paradigm, whilst being true to its philosophy and values. This paradigm ensures people with mental health needs are the drivers of the organisation. It no longer just reflects the requirements of the funding model frameworks.

The Board has agreed to the following Aims.

Aims 2014-2017

1. Support people on their mental health journey
2. Improve lives through community acceptance and social inclusion
3. Design and deliver a choice of innovative quality services
4. Build a strong and valued Mental Health Foundation (ACT) Inc

Board Membership

President	Maree Vella	Members	Wendy Atkins
Vice-President	Paul McGinness		Shelley Clarke
Treasurer	Jennifer Irvin		Catherine Friday
Secretary	Janine Robertson		Angela Ingram, EO

President's Report

This year we have progressed a steady program to prepare the Foundation for operating in the new environment of the National Disability Insurance Scheme (NDIS) and to effectively continue our mission to support people with a mental illness and their families. The Foundation seeks to provide the key elements of support that help people living with a mental illness: to continue their journey of recovery with hope; to stay connected with their families and carers; and to participate in the wider community.

While the NDIS commenced implementation in the ACT in July this year, there remains strong debate within peak bodies on how well the Scheme will meet the needs of people living with mental illness. The transition is in its early stages and teething problems are apparent. We support the peak bodies to continue to lobby all appropriate levels of Government to ensure people with a mental illness have access to necessary services.

Our completion of the NDIS Organisational Readiness Toolkit evaluation and other valuable advice gained through our memberships and partnerships have assisted us to progress a steady program designed to deliver a viable and sustainable service. Key tasks have been reviewing and updating our strategic direction, vision and values to set the organisation's course in this new environment. We have also reviewed our financial management systems, budgets and business modelling. Our staff continue to review and improve services and training to assist them to support our clients as they transition to the new environment.

This transition phase will be challenging for the Foundation from a financial perspective. However, we remain committed to achieving viable and sustainable services.

As part of our continuing commitment to quality improvement services and good governance, the Foundation will undertake accreditation against the National Mental

Health Standards in March 2015. Further, I am pleased to advise that we have been formally registered as an NDIS provider.

Our Board has approved the new Strategic Plan 2014-2017. Its mission, values and aims will guide us as we go forward.

We welcome new board members, Paul McGinness, Catherine Friday and Jennifer Irvin, and extend sincere appreciation to Ken Barnett, Catherine Fox, Damian McNamara and Bill Kerley for their service and commitment over the last four years.

We also express our appreciation to our pro-bono supporters, Minter Ellison Lawyers, KPMG and Ms Juliet Uttley, as well as our invaluable volunteers, Chris Van Reyk, Linda Bochenek and Duncan n Sargent.

To our staff, a big thank you. You have embraced the need for change and this is evident in your contributions to the development and improvement of our services and your continuing commitment to supporting recovery for our clients.

In closing, I leave you with our vision: *Creating Hope, People First, Better Mental Health.*

Maree Vella

President of the MHF Board

Executive Officer's Report

Strategic Update

The Mental Health Foundation (ACT) Inc has reviewed the Strategic Plan 2010-2015. The review process demonstrated that a new plan was required. The vision, mission, values and aims were challenged and changed to suit the new Strategic Plan, whilst maintaining the same underlying philosophy of the MHF — Creating hope with people first resulting in better mental health.

Here are the achievements from the Strategic Plan 2010-2015:

1. Facilitate the Consumer's Journey through Life by Using a Recovery Model of Care

- Developed and implemented a person-centred model of care
- ACCESS Information and Referral is facilitating the implementation of the NDIS through the enhanced service offer partnerships
- Supported decision-making assisted people to develop skills and practise those skills in a safe way

- MHF's website has been continually strengthened to enable people and other service providers to navigate the service delivery environment
- Strengthened partnerships with key stakeholders
- Carers and Consumer Respite working to improve choice across the ACT

2. Reduce Stigma for Mental Illness across the ACT

- Employing people with the lived experience
- Mental Health Week and Mindscapes enabled people to participate in poetry, comedy, variety and film events aimed at social inclusion
- Skills for Life Peer Education program delivered learning opportunities through the lived experience and based on current knowledge and practise
- Theatre – *Changing Places* – directed by Robin Davidson was held in different venues in the ACT



Duncan n Sargent – *Tilted Pictures* and *Ants Go Marching* musical nights with Jennifer Sawyer in partnership with Monaro Folk Society.

3. Improve the Governance of the Mental Health Foundation

- Designed and implemented a governance framework
- Preparation for external accreditation early next year
- Worked with networks across the ACT Qualified Workforce – ongoing training of staff in mental health
- Improved information technology communication

The achievements from the Strategic Plan 2010-2015 will enable MHF to meet the challenges of the changing community and mental sector landscape, enabling MHF to implement the new Strategic Plan 2014-2017.

I would like to thank the consumers and carers for their role in guiding us, the staff for working to improve the lives of those people affected by the lived experience of mental illness, and the Board for guiding the organisation.

Angela Ingram
Executive Officer

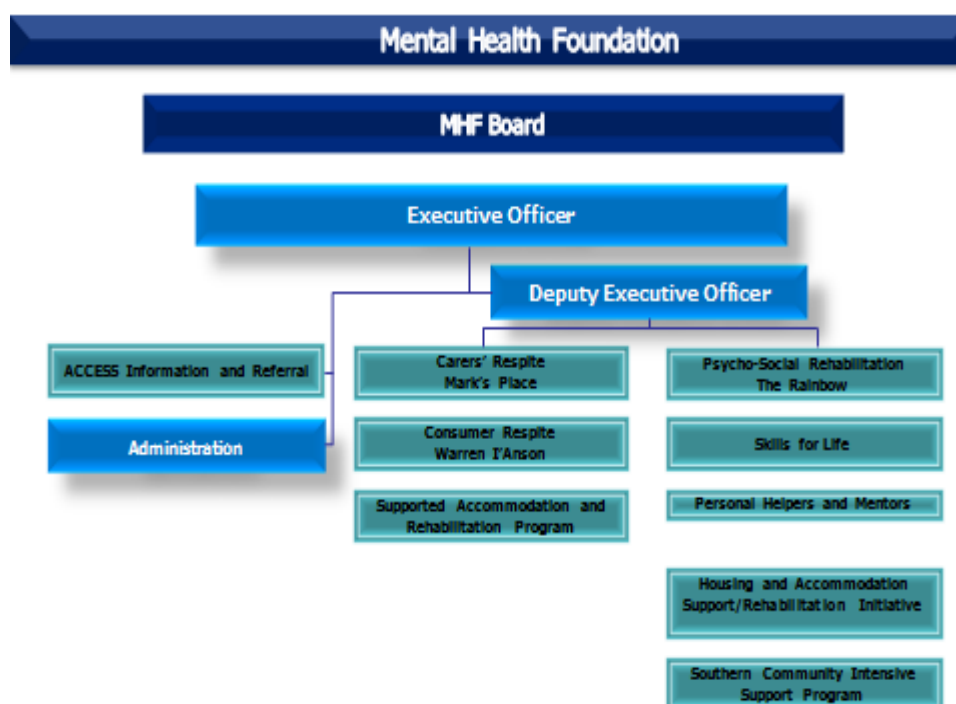
Hope enables the journey!

Some people start in a hard place. NK was living with her dogs in an ACT Housing unit. Multiple complex mental health and social challenges surrounded her. NK relies on her animals for 'pet therapy', and wished to relocate to a housing property with an external garden, so that she could better engage in 'pet and garden therapy'. To achieve a better quality of life, she chose actions that would help her in her daily activities, including a structured day, meditation and relaxation. Through an enhanced service offer grant, she was able to purchase a computer to enable her to write her own letters to housing to request relocating with her dog and to complete her training, which may lead to part time work. Now she's on her way!

Mental Health Foundation (ACT) Inc - Model of Care

The model of care is both community-based and person-centred. This process is driven by people with mental health challenges supported by MHF, who work through partnerships and networks, to meet people's goals.

Management Structure for 2013-14



Organisation Chart Version 3.25 2014

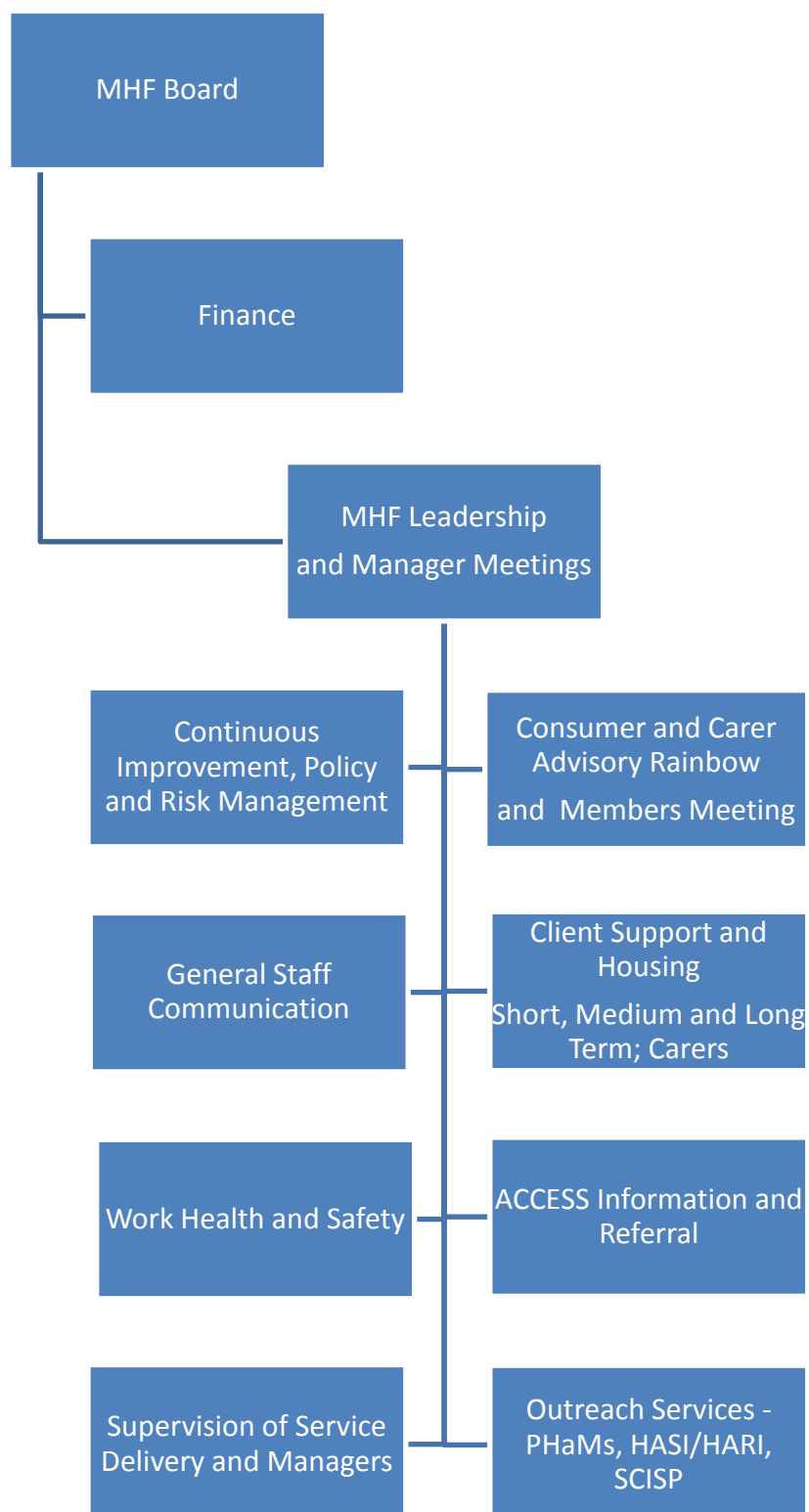
Communication and Committee Structure

Communication is a major challenge in all organisations and the MHF has taken up this challenge, commencing with the Finance Committee meeting and reporting to the Board on a monthly basis.

Rainbow users have access to a communication channel through the Rainbow member meetings, which has an MHF Board representative, ensuring the MHF Board is informed, and issues raised by users of the service are considered in Board decision making-processes.

The operational committee structure was reviewed and redesigned and consultative processes were identified. The current committee structure ensures that staff and key stakeholders are involved in decision making processes and it evolves within a continuous improvement framework.

Communication and Committee Structure



Quality Report

The MHF framework for quality assurance was primarily based on the National Standards for Mental Health Services 2010 and adopts the principles of continuous improvement. In 2014, MHF continued to build momentum in the implementation and review of systems and processes, ensuring continuous quality improvement is embedded into the culture and practices of the entire organisation.


- In 2014, the MHF Leadership Team and Board have undertaken the NDIS Readiness Assessment and implemented numerous changes to ensure that we comply with the NDIS Terms of Business for Registered Providers
- The development action plan is the basis of the continuous improvement plan over the next two years
- MHF has again internally reviewed its compliance with the National Standards for Mental Health Services 2010 using the online Standards and Performance Pathways tool, with the desktop audit outcome showing 98% compliance. MHF is already preparing for an external audit against these standards by Quality Improvement Performance in March 2015
- A working group for the development and monitoring of Continuous Improvement and Risk Management (CIRM) has met throughout the year to drive and review MHF progress
- MHF has reviewed its Strategic Plan and successfully obtained a grant to undertake a review of its business plan with external assistance from Deloitte
- MHF is actively seeking input from all stakeholders via surveys and feedback, and implementing changes to improve our systems and services

Program Reports

All the programs are evolving to facilitate consumer and carer journeys within available resources.

ACCESS Information and Referral

The ACCESS Information and Referral service has been charged with a key role in preparing people, enabling them to make decisions in the new funding model under the National Disability Insurance Scheme (NDIS). The service continues to facilitate this change by:

	<ol style="list-style-type: none"> 1. Access to the miNETworks across Australia through the MIFA partnership 2. Integrating a phone number, 1800 985 944, for use across Australia via miNETworks. 3. The MHF website incorporates the Service Directory, which is continually updated. 4. Supporting the Enhanced Service Offer Grants.
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The Information and Referral Service has maintained communication with the community, private and public sectors. Access is via telephone, email, internet, and education – directly to people, the legal system, health professionals and visitors walking into the service.

Table 1 ACCESS Information and Referral Contacts as at 30 June 2014

Contact Method	Total	Make up	%
Phone/Fax	1,070	Consumers	43.6
		Carers	5.6
		Service Providers	33.7
		Administration	16.5
		Students and Researchers	0.6
Emails. Including Support Link Referrals	14,839	Emails IN	26.2
		Emails OUT	72.4
		Support Link Referrals	1.4
Presentations and 12 Groups	117	Participants	
	55	Consumers	47.0
	40	Carers	34.0
	22	Service Providers	19.0
Face-to-Face	853		

TOTAL number of contacts **16,879**

The total figure of 16 879 shows overall contacts for the calendar year to be in excess of performance requirements as per our funding agreement.

The new website helps people to find out information via the digital environment, enhancing utilisation of the information service.

The introduction of the NDIS has caused increased access to the Information and Referral service, demonstrated by an increase in face-to-face contacts since 1 July 2013. This upward trend demonstrates the need for an information and referral service specific to mental health in the local region. In the future this may grow to include the whole of the community, tertiary and primary health sectors.

Yvonne Barlow

Program Manager

Outreach Services

Personal Helpers and Mentors (PHaMs) Program

The PHaMs program works to support those with chronic mental illness in an outreach capacity. Continued collaboration with our government partners ensured the PHaMs program was meeting our contractual obligation of fifty active clients. The flow of consumers has fluctuated between 48 and 59 clients at any one time. A waiting list continues to facilitate service provision within available resources.

The Peer Support Worker role continues to develop and is now integral to the work of the team.

Shahrin Ariff

Program Manager

KB – It's the small chosen steps

KB wanted to be physically and mentally healthier by not smoking, increasing social activity and losing weight. The barrier was to manage his complex mental health challenges whilst he achieved his physical goals. Connecting to the Cancer Council ACT, KB put in place steps to decrease smoking, whilst supported by MHF staff. Over time, he gradually reduced his smoking. Now he has quit. The next goal is to lose weight. Here comes the gym and, through attendance, increased community involvement for KB.

Housing Accommodation Support Initiative (HASI) and Housing Accommodation Rehabilitation Initiative (HARI)

The model of care involves a formal partnership between the Person, Department of Housing and Community Services, Mental Health, Justice Health, Alcohol and Other Drugs to provide one-on-one support to people with mental health challenges. The program requires that all partners monitor progress monthly and formally review Recovery Plans every three months.

The MHF currently has seven people. MHF has helped people through supported decision-making to apply for Enhanced Service Offer grants. One person was successful. The challenge in this service is to support people to transition into the NDIS environment.

Southern Community Integrated Service Program (SCISP)

Service delivery is located in the Tuggeranong region. It is a clinically-led, rapid response program aimed at supporting people with deteriorating mental health in their homes. The successful delivery enables a person to stay at home, instead of going to hospital, or to use step-up-step down services.

Thirty two people have been supported through this program. The aim to prevent hospitalisation was achieved with only one person being hospitalised over the twelve months.

Hung Tran

Program Manager

Supported Accommodation Services

Supported Accommodation and Rehabilitation Program (SARP)

SARP Long Term

The Mental Health Foundation currently supports three people in the long term SARP house. These people are being supported to maintain their tenancy and develop living and social skills. One of these people undertakes regular employment and is demonstrating that he can manage his illness and along with his external responsibilities.

SARP Medium Term

The Supported Accommodation Rehabilitation Program (SARP) provides people with a two year medium term supported shared house environment. SARP can accommodate up to four people; three in a shared house and one in an independent flat.

People are supported to meet their identified needs, such as assistance with daily living, enabling them to live safely and independently in the community. The program places a strong emphasis on living, domestic and social skills, employment and budgeting. The program also aims to increase a persons self-awareness, so they are better able to manage their illness and recovery.

The program is currently at 84% capacity.

Consumer Respite - Short Term Warren l'Anson Respite

The respite service is designed for people with a mental illness who would like a break from their daily routines. It allows people to plan respite as part of their recovery journey and to ensure they are in a supportive, recovery-orientated environment.

Warren l'Anson Respite can cater for three clients at any one time. The house has maintained an average occupancy of 90.3% for the past year.

Feedback has remained positive with suggestions from users being considered and taken up within the program. A visit from the Official Visitors in the ACT gave us complimentary feedback.

Warren l'Anson Respite continues to work closely with Carers' Respite, allowing flexibility in timing and location of planned respite in either O'Connor or Kambah.

Bel Lavella

Program Manager

Carers' Respite – Mark's Place – Targeted Community Care

Carers' Respite works in partnership with Warren l'Anson Respite providing a flexible model of service, allowing carers to have a choice of location for the service in either O'Connor (north side) or Kambah (south side).

Carers' Respite has continued to develop the service and partnerships, for example, building ongoing partnerships with Carers' ACT and clinical services, so that carers can have a break.

Carers' Respite has assisted sixty people throughout the year with favourable feedback. Of these, six were new carers. There has been an increase in the number of

carers over the age of 65 years, with adult children, who have been supported by Carers' Respite.

Afia Amoo-Appa

Program Manager

Win-Win

Downsizing is a problem in a hoarding household. Clutter was causing symptoms of mental illness with a ripple effect on the whole family unit. Over time, decluttering became the positive focus of life for the person and their carer. To meet the family's goals, wrap around were implemented services to facilitate decluttering through supported decision-making, empowering people and respite strategies.

The result of our support was a clear house and increased emotional wellbeing. A lot of the items, such as bed linen, bed clothes, clothing and kitchen equipment, were donated to other people and organisations.

Win-Win for all.

Psycho-Social Rehabilitation

The Rainbow

The Rainbow provides a safe place for social activities and skill development.

Here people have heard about their potential future within the NDIS. Through Enhanced Service Offers, The Rainbow was able to facilitate the changes in the environment driven by the NDIS funding model. This process allowed people to practise decision-making that would provide an improved quality of life.

The Rainbow hosted between 10 and 45 people per day.

Major celebrations included Christmas in July, theatre performance *Changing Places* and the Bowling Challenge in Mental Health Week.

Other structured activities included the Bridge to Bridge walk, committee training, multicultural days run by members, exhibitions at the Belconnen Art Centre, gardening, music, sewing, cooking, computers, pool games and a volunteer program.

Member input in decision-making has continued through the Rainbow Advisory Committee and monthly member meetings. MHF has enhanced user access,

accountability, responsibility and decision-making about how the club might meet their needs in its new home.

External agencies partnered with The Rainbow to deliver art classes. Cancer Council provided Quit Smoking Education. ACT Health and Community offered health and medication checks. The Mental Health Community Coalition, ACT Council of Social Services and Volunteers ACT all support the Rainbow Advisory Committee by providing meeting procedure training and participating as committee members, which opening networks across the sector.

Brad Hyde

Program Manager

Decreasing Stigma

Skills for Life and Peer Education Programs

The Skills for Life program facilitates access to structured programs for people, including vocational programs and supported decision-making, held at The Rainbow and in the community.

Skills for Life has developed programs with local peer educator input. These programs were developed by the Community Education Coordinator with the assistance of Peer Educators (people with lived experience of mental illness). Course and workshop content is based on current research findings and feedback from participants. Peer Educators co-facilitate the workshops. They contribute their personal stories about recovery.

These programs include:

- Budgeting, Communication, Wellbeing, Stress Management, Goal Setting and Life Planning
- Understanding and Managing your Depression and Anxiety, Understanding and Managing Schizophrenia and Understanding and Managing Bipolar
- Supported Decision-Making

Referrals are received from private sector, nongovernment organisations and public mental health services. Our target groups are people with the lived mental health experience or affected by mental illness and those that have not yet identified themselves with the experience. There has been a decisive shift to increasing people's awareness as opposed to straight information and skills development. The aim is to prevent mental illness from having the major impact that it can have on people.


These programs have been delivered at The Rainbow, Schizophrenia Fellowship NSW, Chifley Health and Wellbeing Hub, Griffin Centre, Nexus Human Services, SHOUT Inc. in Pearce, Fenner Hall, part of the Australian National University, PVS Workfind and ACT CACIRS (Chinese Aged Care Information & Referral services), thus continuing our reach into the community.

Eleonora Araoz

Community Education Coordinator

Health Promotion

Mental Health Week

<p>Mental Health Committee</p> <p>The Mental Health Foundation (ACT) worked in partnership with mental health services across the ACT to launch Mental Health week for 2014 at the Services Expo and then facilitated activities during Mental Health Week.</p>	
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Mindscapes Committee

These activities included Variety, Poetry and Film nights. MHF led the event for the Poetry night where there were forty people attending, including eleven poets.

Karlene Dickens

Project Officer

Changing Places

This theatre activity created a series of theatre experiences. The project enabled people to be included in the development and presentation of theatre events in multiple locations across the ACT.

Robin Davidson

Director

Employment of People with the Lived Experience

MHF continues its long history of employing people who have the lived experience of mental illness. Nexus as a partner continues to work with MHF to provide the right experience for the person and to help MHF meet its Aims.

Rahman Atan

Deputy Executive Officer

Partnerships

Organisations

Ablaze
 ABC Radio
 ADACAS – ACT Disability Aged and Carer Advocacy Service
 Aftercare
 ARAFMI Tasmania
 Asthma Foundation ACT
 ATODA – Alcohol, Tobacco and Other Drug Association
 Belconnen Community Centre
 Brian Hennessey Rehabilitation
 Calvary Hospital
 Canberra Men's Centre
 Canberra Technology Park
 Canberra After Suicide Support
 Carers ACT
 CASE - Computer Assistance Support and Education
 CatholicCare
 Catholic University
 Communities @ Work
 Community Development Network
 Connecting Up
 Working Group
 Connections Volunteering ACT
 Consumer Network
 Contact ACT
 Department of Housing and Community Services
 Jobs Australia
 Everyday Hero
 FAHCSIA
 Health ACT
 Mental Health Community Coalition ACT
 Mental Health ACT
 Mental Health Week Committee
 Mental Illness Fellowship Australia

Mental Illness Fellowship
 Queensland
 Mental Illness Fellowship Northern
 Queensland
 Mental Illness Fellowship Northern
 Territory
 Mental Illness Fellowship South
 Australia
 Mental Illness Fellowship Western
 Australia
 Mental Illness Fellowship Victoria
 Mental Illness Education ACT
 Marymead
 Mindscapes
 Monaro Folk Society
 National Disability Insurance
 Agency
 National Disability Insurance
 Scheme Task Force
 Nexus
 Northside Community Services
 Praxis
 Richmond Fellowship ACT
 Samaritan House
 Schizophrenia Fellowship NSW
 SHOUT
 Southern Cross Club
 Train 4 Life
 Wisdom Learning
 Woden Community Services
 YWCA Canberra

Individuals

Consuelo Bareeda-Hansen
 David Pereira
 Duncan n Sargeant
 Jennifer Sawyer
 Michael Priest
 Robin Davidson

Financial Report

The Board and Staff have managed the financial position of MHF for the financial year 2013-14 with a positive result and a small increase in equity. This result was primarily a result of a reduction in expenditure and a decrease in liabilities.

The year 2013-14 was seen to be the commencement of a new financial framework that will enable MHF to transition from block funding to a method of individual funding packages. As the transitioning phase continues, MHF will further develop our business model to ensure a viable and sustainable organisation. This is likely to require some internal investment and MHF may show a net operating result in the 2014-15 financial year. However, the Board will monitor the finances and manage the budget accordingly.

The Audited report is attached.

Jennifer Irvin

Treasurer