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# Mental Health Foundation ACT Inc.

## Annual Report

# 2017-2018

*Mental Health Foundation ACT  
Creating Hope, People First,  
Better Mental Health*



# Vision

*Creating Hope, People First, Better Mental Health*

## Mission Statement

*Through innovative, quality services, we provide choice and control for people in meeting their individual mental health needs and their paths towards enjoying meaningful and contributing lives.*



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# VALUES

The values that underpin all our services are:

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



# **Strategic Plan**

## **2014-2017**

The MHF Strategic Plan 2014-2017 enables MHF to continue fulfilling its mission through realigning service delivery that aims to meet people's needs, leading to people having an ordinary life.

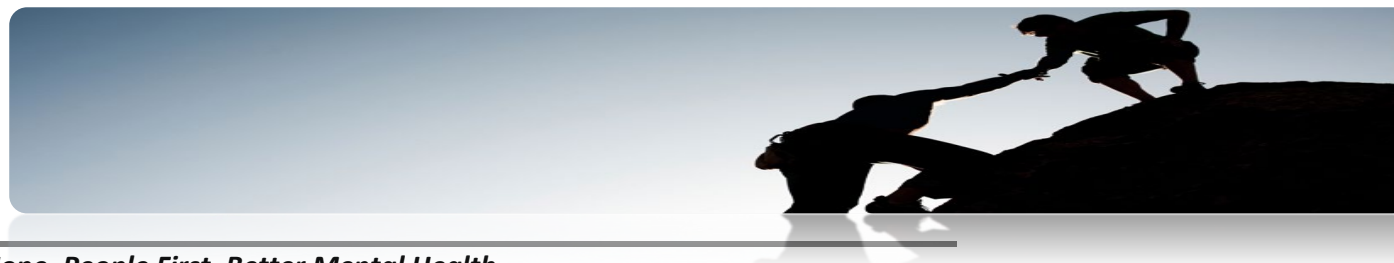
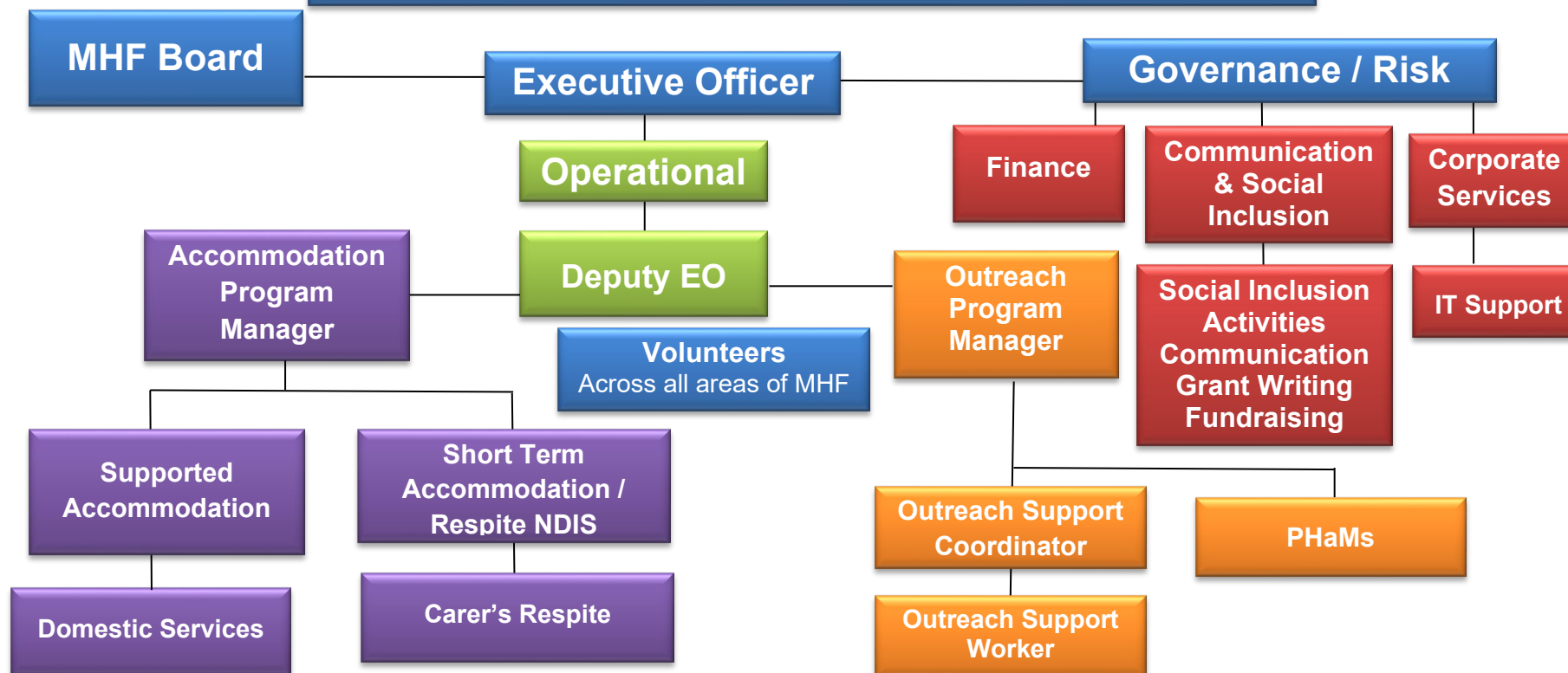
The Plan helps to ensure that people living with mental illness are the drivers of the organisation through the new individual funding model and are supported by a strong and valued organisation.

## **Aims 2014-17**

1. Support people and their carers towards good mental health and wellbeing.
2. Improve lives through community acceptance and social inclusion
3. Design and deliver a choice of innovative quality services
4. Build a sustainable, strong, responsive and valued Mental Health Foundation ACT Inc.



# Mental Health Foundation ACT









# MHF Model of Care

	Participant's Journey	MHF	Partners (through negotiation)
1 ↑	<b>Creating Hope</b> I share my vision.	<b>Service Entry</b> <ul style="list-style-type: none"> <li>Initial assessment</li> <li>Introduce recovery model</li> <li>Risk assessment</li> <li>Provide MHF service information and welcome pack</li> <li>Map informal and formal, social and cultural networks</li> <li>Identify cultural needs</li> </ul>	<b>Service Entry</b> <ul style="list-style-type: none"> <li>Referral participant, carer, support coordinator, government, community or primary health care</li> <li>Assign support team</li> <li>Entry and discharge planning</li> <li>Information, assessment and participant plan sharing</li> </ul>
2 ↓	<b>Choice and Goal Setting</b> I decide on my plan.	<b>Support Planning</b> <ul style="list-style-type: none"> <li>Support decision making processes for the development of their plan</li> </ul>	<b>Support Planning</b> <ul style="list-style-type: none"> <li>One coordinated plan for each participant</li> </ul>
3 ↑	<b>Creating Meaning, Purpose and Direction</b> I am putting my plan into actions.	<b>Implementation</b> <ul style="list-style-type: none"> <li>Mentoring, coaching and support</li> <li>Psychosocial support and skills building</li> <li>Social engagement</li> <li>Relapse prevention</li> </ul>	<b>Implementation</b> <ul style="list-style-type: none"> <li>Ongoing coordinated care</li> <li>Relapse prevention and management</li> <li>Early Intervention</li> </ul>
4 ↓	<b>Empowerment and Personal Growth</b> Am I meeting my goals?	<b>Monitoring and Review</b> <ul style="list-style-type: none"> <li>Facilitate plan review to ensure goals and actions meet the needs</li> <li>Liaison and review with all stakeholders</li> <li>Support decision making process</li> <li>Review and adapt psychosocial and social engagement plans</li> </ul>	<b>Monitoring and Review</b> <ul style="list-style-type: none"> <li>Coordinated care review</li> <li>Plan review to ensure goals and actions meet the needs</li> </ul>
5 ↑	<b>Ownership of my Vision</b> <ul style="list-style-type: none"> <li>What's next for me?</li> </ul>	<b>Future Planning</b> <ul style="list-style-type: none"> <li>Assist in the development of future plans</li> <li>Future actions in line with goals</li> </ul>	<b>Future Planning</b> <ul style="list-style-type: none"> <li>Ongoing coordinated care by all stakeholders</li> </ul>



# MHF Board Members

## 2017 - 2018

<b>President</b>	Paul McGinness	
<b>Vice President</b>	Trixie Makay	
<b>Treasurer</b>	Dave Talbot	
<b>Secretary</b>	Janine Robertson	
<b>MEMBERS</b>	Brien Hallett	
	Angela Ingram Executive Officer	



# President's Report

I am pleased to present my first President's Report. It is an honour for my fellow Directors and I to be in a position to make some contribution towards creating hope, putting people first and achieving better mental health for the ACT community.

In 2018 MHF has focussed on putting in place the foundations of our strategic plan with particular emphasis on building relationships with strategic partners such as the NDIS and other complementary service providers. In this way we are becoming better at being able to deliver timely and focussed services for our participants.

The financial result has demonstrated that MHF is heading in the right direction. Whilst we have plenty more to do to achieve the holy grail of a sustainable business, the Executive Officer and her dedicated team have shown great resilience and adaptability. On behalf of the Board I thank all our staff for their dedication and professionalism displayed in the past year.

On a broader perspective, the business environment for MHF continues to be incredibly challenging. MHF is proud to be the only service provider that is solely dedicated to delivery of mental health focussed services in the ACT. Unfortunately, this means we cannot rely on alternative lucrative revenue streams to cross subsidise our mental health activities. This is most stark in delivering outreach services which cannot be sensibly delivered to our customer base in a manner that covers our costs. The Board recognises the strategic importance of such services being made available to our community particularly as other providers are ceasing to do so.

If the pricing structure is not improved in the foreseeable future, then these types of un-economic services will face continuing scrutiny that ultimately leads to pressure on the public health system. The demise of those type of services would be false economic outcome.

With my fellow Directors and Executive Team, I hope MHF can contribute to a better understanding amongst the policy makers about the levers that are necessary to enable organisations such as MHF to be more effective in our community.

In the near term we look forward to improving our capability to support participants and carers with accommodation and related services, building our volunteer network, broadening our revenue base and lending our voice to improve the environment for supporting mental health services in our community.

Thanks to my fellow Directors. Their engagement in 2018 has been outstanding.



*Paul McGinness*








MHF President

November 2018



# MHF Senior Staff

## 2017 - 201

<p><b>Executive Officer</b> Angela Ingram</p>			
<p><b>Deputy Executive Officer</b> Rahman Atan</p>		<p><b>Corporate Services Manager</b> (incl HR) Karen McKernan</p>	
<p><b>Manager – Accommodation Services</b> Afia Amoo-Oluka</p>		<p><b>Manager – NDIS &amp; Outreach Services</b> Shahrin Ariff</p>	
<p><b>Finance Officer</b> Angie Tadd</p>		<p><b>Communications &amp; Social Inclusion Coordinator</b> Lyn Diskon</p>	



# Executive Officer's Report

## Creating Hope, People First, Better Mental Health

MHF has focused on sustainability and viability of the organisation to meet the needs of the people we serve within a recovery framework. The values of the organisation were certainly tested but I can say maintained.

Keeping a recovery focus whilst moving towards a consumer driven market place where people purchase the services to provide a quality of life has strengthened the skills of the people we serve and the staff. This has not been a straight road. What we do is we talk with and co-design services to meet peoples' needs.

Hence staff, on top of their base skills in walking with people with the lived experience of mental illness to enhance and enable them through capacity building, have developed stronger skill sets in negotiation, mediation and communications. This assists with adding to the activities staff use to improve their resilience, ability to be flexible and change work practises that are required.

A couple of keys to assisting MHF to change was a strong emphasis on a coordinated engagement strategy that ensures MHF is able connect with individuals and organisations to achieve the goals of the MHF. This has been supported by a new IT platform and Client Management System.

I would like to thank the staff and people with the lived experience for demonstrating that MHF met the National Standards for Mental Health Service 2010. MHF achieved the standards with a three-year accreditation in 2018.

To move towards sustainability and meeting standards MHF has continuously reviewed work practises in all areas to ensure that the risks of MHF were managed.

The MHF Board has been very proactive in ensuring that the management team have the resources, including skills, to enable MHF to understand the risk of the changing environment and supporting the whole team to focus on the challengers ahead.

Our continued challenges are ensuring a qualified workforce, sustainability and viability; and will require government to support people in the community with appropriately priced service options either individual packages or filling the gaps in the service environment with innovative programs that are funded and delivered by quality organisations and individuals.

**Angela Ingram**  
Executive Officer



## Deputy Executive Officer

Mental health constitutes an important and essential component of a person's health and well-being. The World Health Organisation constitution states: *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."*

There is no health without mental health, and good mental health is not just the absence of mental health issues and/or conditions. Being mentally or emotionally healthy is much more than being free of depression, anxiety, or other psychological circumstances. Rather than the absence of mental illness, mental and emotional health refers to the presence of positive characteristics.

Mental health is about how we think, feel and act as we cope with our day-to-day lives. It also helps determine how we handle stress, relate to others and make informed, yet clear, choices and decisions. Like physical health, mental health is important at every stage of life.

Social inclusion plays a central role in a person's mental-health journey. Having a mental-health condition can make it harder to maintain relationships for various reasons. Social stigma and misunderstanding within the community about mental illness can mean that people are reluctant to engage with those affected. Therefore, it is important to build the emotional resilience and find pillars of support at home, at work and in the community.

The focus of service delivery in FY 17/18 has been to tackle social isolation amongst people we support. Services offered takes into account the individual's recovery goals and are delivered within a social framework. We deliver our services as far as possible in a community setting and not in isolation or seclusion. In addition, we involve other care agencies in participants' support plans through a holistic approach. All this is done based on the fundamentals of choice and control, as well as the needs and preferences expressed by our participants, so that we walk at their pace. This can take many forms, such as supporting a person with grocery shopping at a nearby store, supporting to attend a medical appointment, participating in a group-walk activity at the park, or supporting in learning how to take the bus. This, in essence, is the approach that MHF takes.

*"I used to be home 24/7 to feel better. That was just how it was: you stay indoors when you are sick. It did not help me. Now, I am reconnecting with lost relationships, pursuing my education, and participating in a community-based living-skills program. I am no longer alone, and I am feeling better."* - Ms Smith (Outreach service participant since September 2017).

Through our services in Outreach and Accommodation, MHF has reached out to more than 200 people who experience mental health issues in FY 17/18. Most of these participants are still sharing their recovery journeys with us.



**Rahman Atan**  
Deputy Executive Officer



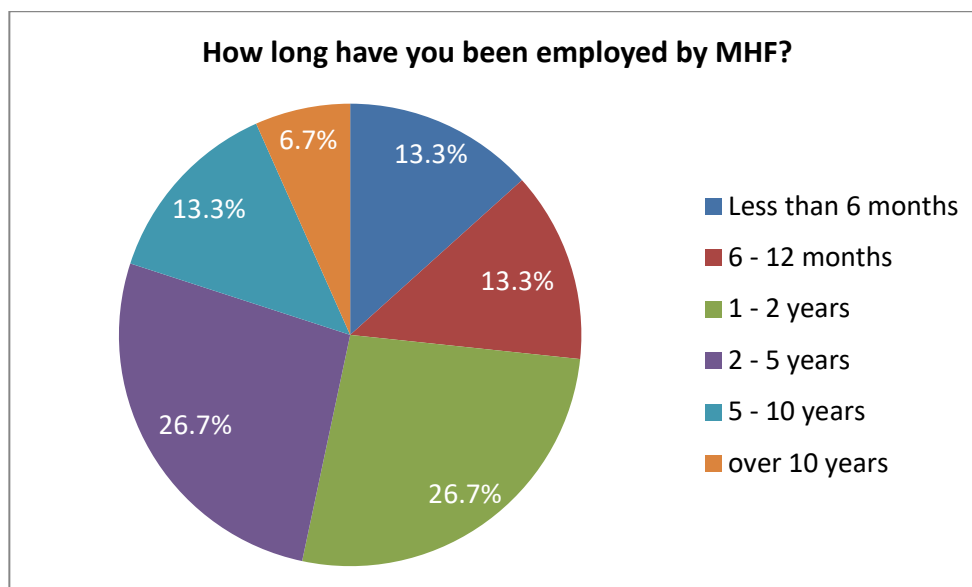
# Corporate Services

## Human Resources

Mental Health Foundation ACT management undertook a staff survey in April 2018, and this showed that 64 percent of MHF staff identify as having a lived experience of mental illness either as a consumer and/or a carer. This compares with the results from the previous, 2015, survey that shows that member organisations of the Mental Illness Fellowship

of Australia reported an average of 37 percent of their staff as identifying as having a lived experience.

The survey also showed that of the 15 staff members that responded, there is a wide range of years of experience of working at MHF, as shown in the chart below.



The staff retention rate for the last financial year of 79 percent was equal to that for the previous year.

## Collective Agreement

On 12 January 2018 the Fair Work Commission terminated MHF's Collective Agreement. MHF staff are now covered the *Social, Community, Home Care and Disability Services (SCHADS) Industry Award 2010*.

This termination followed extensive consultation with staff on the reasons for MHF seeking termination of the agreement.





### Improvements in IT systems

During the last financial year, MHF was able to secure some external funding to allow it to introduce a new online client management system (CMS). The CMS has allowed staff to access our participant records in real time and make case notes directly into a participant's record while still with the participant.

MHF moved to a new IT support provider, as its previous one closed down. As part of this process, MHF introduced Office 365, which allows all MHF files to be accessed from a secure online platform from any place or point of service delivery, rather than the previous server-based system which restricted staff to working only in one location.

### Representation on ACTCOSS

In November of 2017 MHF began a two-year term on the ACTCOSS committee, with the Corporate Services Manager, Karen

McKernan, being appointed as the MHF representative.

### National Accreditation

MHF successfully gained reaccreditation against the *National Standards for Mental*

*Health Services* in February 2018. This accreditation is valid for three years.



**Karen McKernan** – Corporate Services Manager



# ACCOMMODATION

## Short Term Accommodation Respite

In December 2018, Mark's place will celebrate its 10<sup>th</sup> anniversary of providing Short Term Accommodation Respite (STAR) supports to people living with mental illness. We look forward to celebrating this milestone.

STAR continues to provide vital services to participants, as well as providing a much-needed break for carers and participants.

The program provides a valuable stepping stone for people who are looking to learn daily living skills, move out of family home or move out to alternative accommodation.



### What we did in 2017-2018

#### Participant's Testimonial

The STAR service has, on several occasions, prevented hospitalisation for myself.

In previous years before I learned about STAR, I would be hospitalised after spending months in social isolation, and I would get worse before I got better. I reside in STAR at Kambah every time I need to take a break from a sometimes stressful home environment, also to socialise with other participants, and most importantly, to improve my mental health.

I am always better off mentally by the time I leave, and I don't know where I'd be without MHF STAR's friendly staff, all of whom have given me reliable guidance on mental health issues, as well as support in other life issues that I face that I wouldn't receive during a hospital admission. I haven't had a hospital admission for years since first learning of STAR.

I imagine that the costs associated with a hospital admission would far exceed the costs of residing in STAR with reduced recovery time and less strain on resources, whilst at the same time improving independence, which for the long-term, benefits everyone involved in the Mental Health system and also the community.

My independence has improved so much that I might even be ready for university or perhaps even a job next year. I can't imagine getting this far without the on-going support of the STAR service."

Mr. Z.

- Resources were put into connecting with clinical managers, providers, participants, and carers and to ensure the community were aware of our services.
- Attendance at ongoing training and information sessions; regular information gathering to ensure participants and carers were well informed of the changes to NDIS price guide;
- Short Term Accommodation Respite (STAR) model was reviewed and a change was made in the MHF model to be in line with recent NDIS price review. This ensures MHF remains in line with requirements for person driven objectives leading to recovery based on participants to staff ratio;
- Staff continue to support participants through the NDIS process and planning meetings. One challenge faced by participants is around the unclear language sometimes used during their planning meeting with the NDIA, and another is the stress associated with upcoming planning review. Participants experience stress between the assessment meeting and the plan being released and, as a consequence, their mental health deteriorates. To minimise the stress, staff had several discussions with carers and participants about NDIS, liaise with support coordinators, other support networks, as well as assisted to decode language and provide support letters if needed.
- Purchase of new furniture to brighten and revitalise the spaces.

## Supported Accommodation

MHF's Supported Accommodation programme provides support for up to 7 participants living with mental health illness and/or drug and alcohol issues.

The service delivery focuses on client-centred recovery approach. The nature of the support provided therefore varies to match the needs of each individual participant while living in a shared house environment.

During the year, staff continue to work closely with participants to build on capacity building domains they have identified to improve their quality of life (see diagram below).



### Scope of the SA capacity building domains

To ensure MHF meets participants identified goals and provides quality supports and services, the service works closely with other support networks, non-governmental organisations, government agencies and community-based support services. Thus, wrapping services around participants as represented in the diagram below.



### Partnerships in a holistic approach

### Resident Feedback

Resident Jazper Quincy

JQ (not his true name)

JQ describes his experience in MHF Supported Accommodation as being “more positive than negative, the positives outweigh the negatives” JQ says that the Supported Accommodation house has given him the opportunity to recuperate, think about what he needs, and explore options while living in a safe environment where he is trying to get away from the lifestyle he sees as unhealthy.

During events of relapse, JQ felt that staff members supported him emotionally, that he was listened to.

JQ found that the staff's support on his recovery for both his mental health and substance use issues at this point of time has helped him to process grief of passing family members and friends.

JQ finds talking to staff not only has helped him to halt thoughts of using (substances) in the contemplation stage, he also finds current support has enabled him – in the event of relapses – to still be engaged with basic self-care activities (taking medications, keeping up with appointments, personal presentation) as well as genuinely enjoying participating in social activities with non-workers in the community while at the same time having the room to explore personal development.

Through this safe space in Supported Accommodation, JQ has been contemplating reconnecting with family members.

While acknowledging that he is responsible for his own decisions and recognizing the impact his environment has on him, JQ elaborates that he appreciates staff members patiently prompting, talking, and encouraging him to continue with his aspirations and goals.

MHF is also funded through the Department of Social Services (DSS) to provide respite for people caring for someone with a mental illness.

### **Afia Amoo-Oluka**

Program Manager  
Accommodation Services





# OUTREACH



**Shahrin Ariff**  
Manager – NDIS and  
Outreach Services

## Who We Are:

The Outreach team provides support services to individuals experiencing mental-health issues/concerns. Some of our participants live with co-morbidity and physical issues as well. We support participants through the National Disability Insurance Scheme (NDIS) and the Personal Helpers and Mentors (PHaMs) program, both of which are nationwide initiatives in which MHF has supported participants since the inception of both, and we continue to do so.

When supporting:

- NDIS participants: Outreach delivers services based on the principle of choice and control, working towards their identified goals, and at a pace they are comfortable with. Rights and responsibilities of each participant are clearly outlined at the point of entry into the service.
- PHaMs participants: Outreach facilitates for them to apply for NDIS applications, based on the revised DSS strategy of tipping participants into the NDIS.



## What We Did in FY 2017 – 2018:

Outreach services include coordination of supports, mentoring, assistance in activities of daily living, psychosocial community participation and transport. In this FY, Outreach has provided these supports on evenings as well, in addition to weekdays, weekends and public holidays.

Our Outreach Team members are mobile, which means services may be provided at various locations, including in the comfort of the participant's home and/or at mutually agreed public locations. In addition, we have begun supporting participants to travel out of state as well based on their requests, eg; trips to the South Coast in NSW; it is heartening to note that this trend is increasing, which reflects Outreach's responsiveness to participants' needs. In this FY, we have started with a handful of such supports.

Out of a total of 118 participants supported by Outreach through NDIS and PHaMs, 27 (or about 23%) of them are new participants. See Table 1 below:

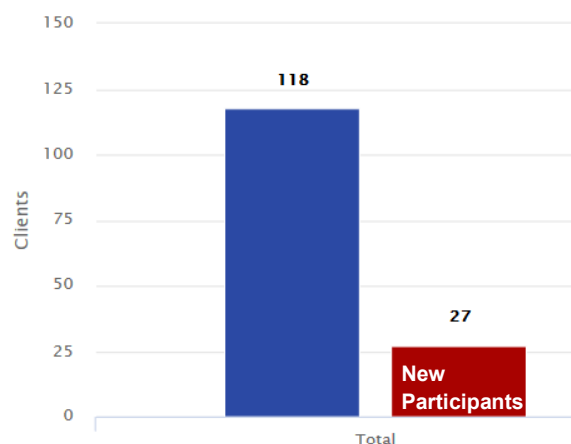


Table 1

Our participant base has an equal number of males and females. See Table 2 below.

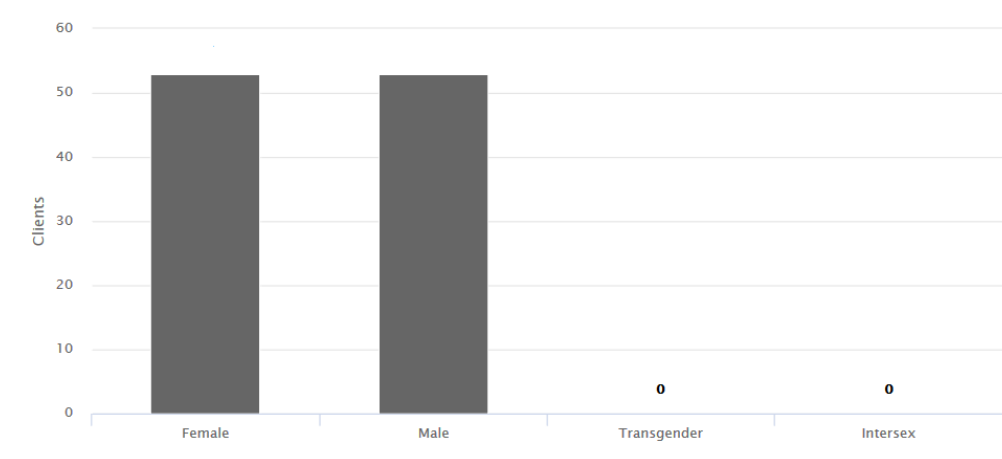


Table 2

About a third of participants (the largest percentage) who are supported by the MHF Outreach Team identify themselves as living with schizophrenia.

In addition, the Outreach Team worked closely with participants to build their capacity to improve their quality of life based on their goals. The team continued to:

- Connect with an increasing number of participants and their support network, which may include their guardians/carers, Clinical Managers and various service providers, to facilitate continuity of support within the community. It is heartening to know that we continue to receive referrals from familiar and new sources within the community, including self-referrals and expressions of interest.
- Attend training opportunities and information sessions;
- Gather information regularly to keep participants updated on changes in NDIS guidelines;
- Support participants through the NDIS process and planning meetings.

Challenges that participants face in these meetings include:

- terminology used during planning meetings, and
- stress associated with planning meetings and reviews, as well as during the waiting period until the outcome is known, where their mental health commonly deteriorates during the interim, even more so when their NDIS application is rejected. To address this concern, staff discussed with participants and their support network about the way forward, including to assist with interpretation and providing support letters, as appropriate.

Furthermore, the Outreach Team works with the participants' family/carers/guardians and other support networks, as deemed appropriate by the participant. These may include medical professionals, other non-governmental organisations and government agencies. Depending on the participant's mental-health circumstances, support services may be intensified/reduced appropriately.

### Participant Testimonials

"... Thank you for helping me for through my job applications and the job interviews over these couple of years, and for keeping me in a positive state of mind."

SC, Sep 2018

"The MHF has been my family. I have no family from blood ties here, and my husband needs to be careful regarding a heart condition, so he can't really put himself under too much pressure. I would be completely lost without help from the MHF and am full of gratitude that you exist. (I need MHF to help me) to provide regular transport when required, to continue to give me friendly guidance and help in fitting into the community, and to continue with the most-valued mentoring."

SM, June 2018

# Communications

## Newsletter

Commencing in the 16-17 financial year, MHF produces an information-based newsletter. The Newsletter contains information about MHF, what MHF is doing and has done, and general community information about mental illness.

To keep it 'light' there are sections about gardening, recipes, craft and an "On-the-Spot" segment featuring a different MHF team member each time.

## Staff Bulletin

As MHF operates from three different sites across the ACT (Kambah, Chifley and O'Connor), and many staff don't have much opportunity to know those from other sites, a



purpose of this Newsletter is to work towards reducing stigma often associated with mental illness.

MHF aims to distribute the newsletter every two (2) months.

weekly Staff Bulletin is distributed. This helps to keep staff up-to-date on what other sites are doing and provides information across all sites.

Utilising information in the 2016 MHF Communications Plan, a draft Marketing Plan was developed and from this came the following two new promotional activities:

## Wall of Happiness – January 2018

MHF adapted a UK project and created a (cardboard) "Wall of Happiness" at each MHF site.

Visitors, participants, staff and other people were invited to write on the "Wall" something that makes them happy.

At the Chifley site, adults and children passing through the building were asked to add their

bit and, in all sites, much of these walls were filled in.

The answers were quite varied but came together with one common theme – a sense of belonging, be it to a family, group, organisation or community.



## Time to Talk – February 2018



associated with mental illness.

Time to Talk is another UK project that MHF has adapted in working towards reducing stigma

For this project, MHF spoke at two very interesting and different work places (ABC Radio and The Canberra Times) about how to start and have a conversation with workmates about mental illness.

There were resources and ideas shared in both places.

## MyHi5

MHF advised late in 2016 (and throughout 2017) that due to funding changes brought about by the NDIS, the (former) Rainbow program had ceased.



To replace this program, MHF developed the *MyHi5* Program of activities. The activities were based on suggestions from former Rainbow members and MHF staff ideas.

A schedule of fifteen (15) activities, along with dates and times was developed and offered to MHF participants and the wider community. Three activities commenced, Pool/Snooker (Tuesdays), Craft (Wednesdays) and Computing (Mondays).

For any of the MyHi5 activities to continue, a minimum of three (3) people were needed to attend each session every time to cover costs. Pool was initially very popular with a monthly competition held that was even attended by EO Angie Ingram.

Unfortunately, attendees were often irregular at most of these activities and their numbers usually small (ie; less than three). This made it difficult for MHF to continue to offer an activity.

Because of the uncertainty in attendance, two of the three activities ceased by June, with Craft being the only one with sufficient, regular numbers to continue into the 2018-2019 year (this too ended just a couple of months into the year).

As MHF's Mission includes supporting assisting individuals on their path to having "*meaningful and contributing lives*", our Aims include "*Improving lives through community acceptance and social inclusion*", and our Core Services includes "*Social Activities*", MHF has decided to look at alternative ways to offer our participants



and carers opportunities for inclusion in different activities that are of interest to them as individuals.

## **Mental Health Week 2017**

### Gala Dinner

Mental Health Week 2017 saw MHF host its inaugural Gala Dinner and Fundraising Auction. This great event was well attended and helped to spread the word about MHF and what we do.

The guest speaker Esther McKay, was very interesting. She spoke about what led her to be supporting people from the Police Force who have experienced PTSD.



ACT Minister for Mental Health – Mr Shane Rattenbury MLA – was in attendance and spoke briefly about the upcoming Office for Mental Health.

Duncan n. Sargeant provided pre-event music and the Maruki Community Orchestra entertained with their wonderful music throughout the evening.



The fundraising auction was split into two components. A "silent auction" with over 20 items and a regular "open" auction. The Auctioneer for this was Richard Luton (Luton's Real Estate) and MHF is very grateful for the fun way he conducted the auction.

Auction items ranged from paintings, to house washing, a football, and more right through to return flights for two to King Island (Tasmania) with two nights' accommodation.

MHF would like to extend their gratitude to both Mr Richard Luton who conducted the auction and Mr Garth Pickering who stepped in at the last minute to be our MC for the evening. Thank you both gentlemen!

A great night was had by all with many people asking if MHF will be doing this again.



### 2017 Health & Wellbeing Expo

In October 2017, MHF attended the Health and Wellbeing Expo held annually in Garema Place by the Mental Health Community Coalition. This Expo showcases a range of organisations that work with and support

people with a lived experience of mental illness.



### Duncan n. Sargeant Annual Concert for Mental Health



Held at the Crace Hall in Belconnen, the 2017 Annual Concert - titled *"Two Excited Young Dads"* was a fun musical night out.

Added to the fun was the *"Great Scone Bake-Off"*

with both the Executive Officer and Communications Coordinator baking scones for the concert supper. Each declared her scones the best! Patrons of the concert were very diplomatic and stated that they couldn't tell the difference or couldn't make up their minds which was best!



The rest of the year has comprised writing grant applications to fund a range of projects that MHF wishes to implement.

- ACT Health Promotion – Healthy Canberrans 2019-2021 submitted February
- Hands Across Canberra – submitted May
- ACT Towards Zero Emissions submitted June

**Lyn Diskon**

Communications & Social Inclusion Coordinator



# Treasurer's Report 2017/18



**David Talbot** Treasurer

The 2017-18 financial year is MHF's second year of operating within the fee for service model under the National Disability Insurance Scheme (NDIS). The approved budget for 2017-18 was an overall loss position. The Board, Executive Officer and MHF team have been proactive in the financial management of each program throughout the year leading to the reported loss position being appreciably better than the budgeted position. The Board continues to monitor the financial position of MHF and work with the senior leadership to manage the budget accordingly.

The 2017-18 year saw the continued revision of business processes to ensure MHF meets the operating, reporting and compliance requirements of the NDIS. Notwithstanding the recording of a loss, MHF has increased fee for service revenue by 56% and recorded a 58% reduction in grant revenue, compared to last year, demonstrating MHF is less reliant on grant revenue to fund operations. This is a promising sign that our processes are embedded, and we can focus on our core business of providing high quality services to our consumers, on a fee for service basis.

The past two years of operating within the fee for service model has impacted MHF's profitability. In 2017-18, MHF continued to raise awareness of the services and support MHF provides and seek opportunities to secure additional sources of funding. These opportunities have included project specific funding, government and other grants revenue, awareness raising across Canberra and fundraising. These alternative revenue sources will be a continued focus to ensure MHF's viability and sustainability into the future.

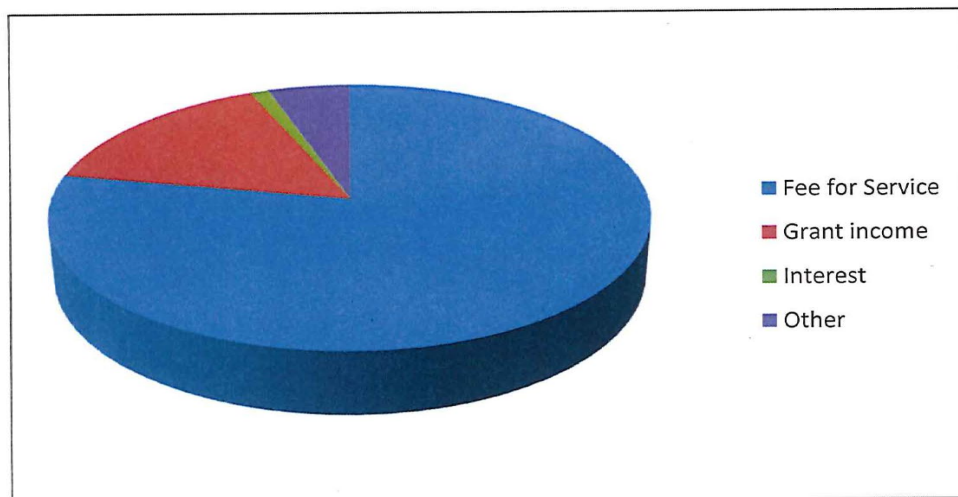


**Angie Tadd** Finance Manager

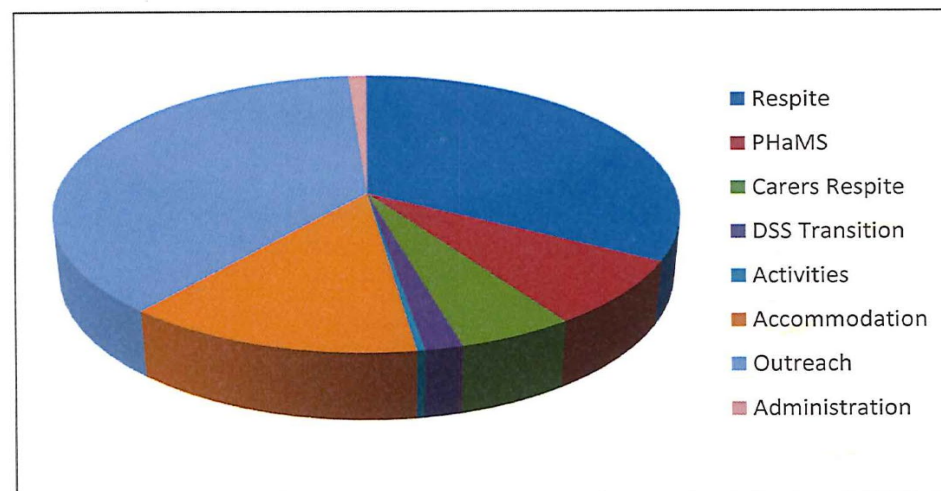


**MENTAL HEALTH FOUNDATION (ACT) INCORPORATED**  
**Financial Statements for The Year Ended 30 June 2018**

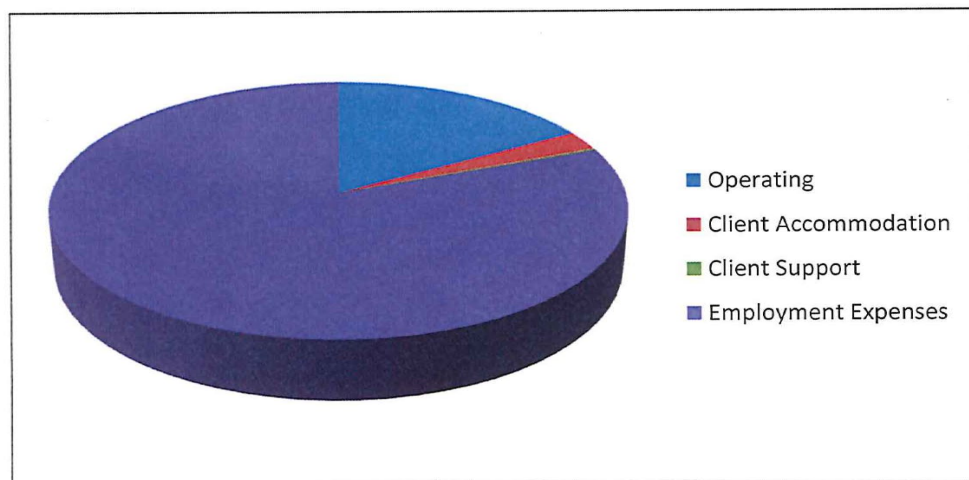
**REVENUE**



**EXPENDITURE BY PROGRAM**



**EXPENDITURE**



	2018	2017
<b>CURRENT RATIO</b>		
Current Assets	710,815	876,240
Current Liabilities	200,723	216,797
	<b>3.54</b>	<b>4.04</b>
<b>RETURN ON ASSETS RATIO</b>		
Net Income	1,632,015	1,539,312
Average total Assets	825,807	982,655
	<b>1.98</b>	<b>1.57</b>
<b>RETURN ON INCOME</b>		
(Deficit) Surplus	-115,652.53	-125,410.40
Income	1,632,014.52	1,539,311.64
	<b>-0.07</b>	<b>-0.08</b>

# Major Sponsors



# Donors

The Mental Health Foundation ACT would like to thank all our wonderful Donors.



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 Mrs A Ingram  
 Ms T Mackay  
 Ms G Brodtmann MP  
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 Trend Bags  
 Tuggeranong Therapeutic Massage  
 Tutto Continental Deli



Eelworks Creative Services



Island Breeze Motel  
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FUNNYWORKS







MHF ACT is a National Disability Insurance Scheme (NDIS) registered provider for people living in ACT and NSW, who are in receipt of NDIS support funding.

MHF can offer services in: - accommodation, employment support, personal assistance and development, group and personal wellbeing activities and life skills.



MHF ACT is proud to be accredited against the National Standards for Mental Health Services.

*The Mental Health Foundation ACT acknowledges the support of*

