

# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

Lastly, I wish to recognise our clients. We hope we make at least a small difference to their day. If we can do that then we know we are on our way to fulfilling our vision.

Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President

## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

MHF commenced the 2019-20 financial year with a refreshed organisational structure. A structure that re-focused resources to continue to deliver high quality services to our community, realise efficiencies and continue to strengthen our overall financial position. While the NDIS unit pricing still presents a challenge for the viability of some MHF services, the Board endorsed a budget focused on delivering a modest profit. This budget built upon the previous year and included key strategies that were closely managed to improve the financial position and viability of MHF.

After a strong first half of the financial year, MHF started to observe the impacts of the bushfires and COVID-19 pandemic. The Board, Chief Executive Officer and MHF team have been flexible in adjusting operations and our strategy, while being proactive in the financial management of each program. The executive team have managed program and overheads costs, without impacting the quality of service provision.

MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

MHF's finance manager and team should be commended on the drive and resilience demonstrated over the course of the financial year. This team has implemented debt recovery processes to reduce the accumulation of ageing debts and has provided unwavering support in delivering finance updates, on a more frequency basis, to enable ongoing financial monitoring of COVID19 impacts.

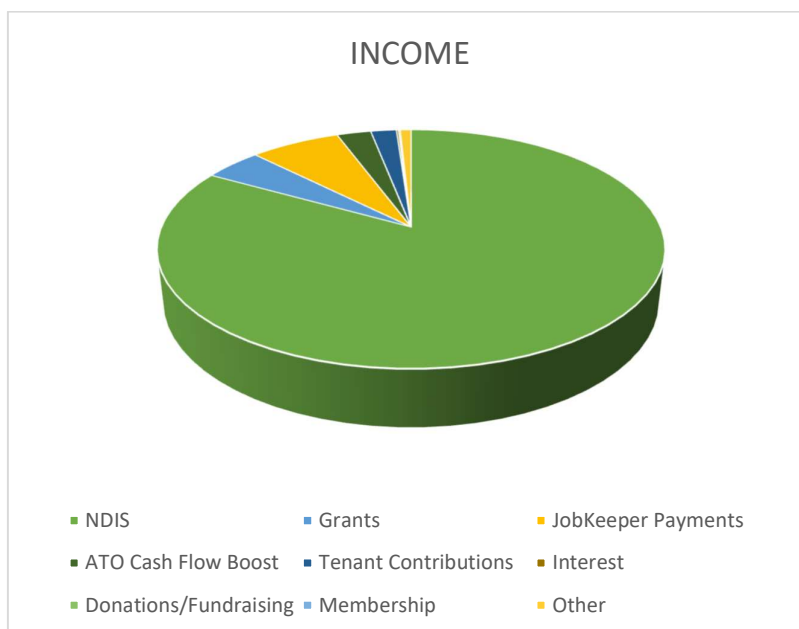
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Thank you again to the Board, MHF senior leadership and broader MHF team for your dedication, particularly in very uncertain times. This dedication has enabled MHF to continue to improve our financial position, year on year, since the introduction of the NDIS.

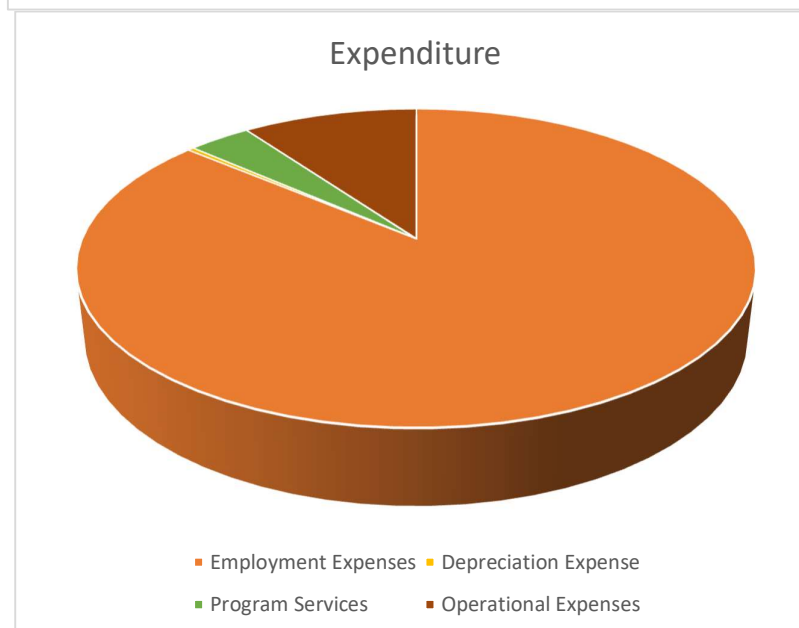
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**Mental Health Foundation (ACT) Incorporated**  
**For the Year Ended 30 June 2020**

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<b>Total Expenditure</b>	<b>2,311,162</b>



**Surplus for the year** 104,193

## Board Members 2019-2020

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**Member Brien Hallett**

**Vice President Trixie Makay**

**Member Angela Ingram (Chief Executive Officer)**

**Treasurer Dave Talbot**

**Secretary Janine Robinson**

# Chief Executive Officer's Report

The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
- COVID – continuity of business plan was developed and reviewed on an ongoing basis as the situation changed, allowing MHF to support participants and staff. Staff remain connected through digital and face to face platforms whilst maintaining social distancing.
- Fire – staff safety working in a heavy smoke environment and staff were concerned for their homes both inside and outside the ACT.
- Our Staff – reviewing the needs of people we work with identified a change in skill base was required. Training of staff has increased in infection control and in working with the National Disability Insurance Agency (NDIA). Supporting staff doing their tertiary studies.
- During the year staff did move on to follow their family and professional development. Whilst some returned to work with the team.
- Volunteering at MHF has provided other opportunities to be inclusive including supporting the Mental Health Month activities in 2019 doing BBQs, assisting public relations opportunities in Garema Place, reviewing, and developing documents. A volunteer's strategy is the next step.
- Student learning – We have a continuing relationship with Canberra Institute of Technology, Australian National University, Australian Catholic University and Wisdom students gaining life experience in the workplace.
- Accreditation – MHF has a quality improvement program that will be measured against the National Disability Insurance Scheme (NDIS) standards and National Standards for Mental Health Services in the new financial year.
- Influencing at the Federal Government Level - Mental Illness Fellowship Australia – assists MHF to understand the environment that people with the lived experience and organisations are working within. This group has supported MHF to capacity build and lobby at the Federal level.

- Partnerships with the NDIA, Capital Health Network and One Door enabled MHF to facilitate people to transition to the NDIS.
- Influencing in the ACT - As a member of the Mental Health Community Coalition ACT (MHCC). I was elected to the MHCC Board and am currently the President.
- Finance – MHF has continued to work toward sustainability and viability. We have employed a Business Development Manager and the MHF Board is reviewing MHF's Strategic Plan to guide where MHF will grow to in the future.

This list only touches on some of the achievements that we at MHF ACT have been able to achieve. I would like to thank the Board, the staff and volunteers and most of all the carers and people with the lived experience of mental illness for assisting us to achieve our vision of *creating hope, people first and better mental health*.

Angela Ingram

Chief Executive Officer



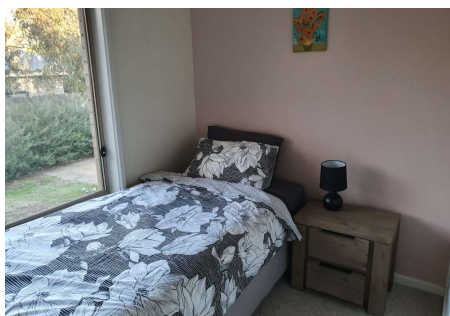
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

### Supported Independent Living (SIL)

The MHF SIL program does not have a prescriptive structure. We tailor support to individual needs. In-home regular onsite supervision ensures individuals are supported to maintain a successful tenancy, are equipped with living skills, social skills, and supports required to enable participants to live and enjoy their lives on equal terms to others in the community.



All houses are fully furnished, close to shops and bus stops. There is a spacious backyard with plenty of room for outdoor activities.



We are always looking for ways to improve our services. Stakeholders are encouraged to complete feedback questionnaires. This gives them a chance to express what they find useful, what they would like more of, and what they would like to change within the program. These questionnaires are completed anonymously so that stakeholders can express their real opinions about the program. Staff often seek participants' feedback daily. These types of feedback are often verbal. The feedback process also assists in identifying possible service gaps and areas of improvement.

Based on feedback, we were able to make some exciting changes to our SIL houses. MHF upgraded furniture and fittings for all SIL houses. The upgrade allows participants to engage with other participants in a communal space, therefore increasing quality of life opportunities. The provision of a new computer encourages participants to engage in studies, skills development, and training opportunities.

### Individualised Supported Accommodation (ISA)

MHF ISA gives the individual flexible options to design supports around formal and informal support in a group home. The extent of support required by individuals with lived experience is highly variable. MHF ISA can range from minimal support such as someone dropping in twice a week, to extensive support hours per day. The type and degree of support required depends on the needs of each individual and allocated funding.

Informal support remains an important component of quality accommodations support. For some participants, this means being supported to learn living skills to move from group home to independent living. For others, it means moving from a family home or move from an independent home to live with new people with similar interest for the first time.

### Short Term Accommodation Respite (STAR)

STAR is a vital service to allow families the opportunity to take a much-needed break from the caring role and to ensure that their own quality of life is maintained. STAR has also been used to strengthen relationships between carers and care recipient; as a preventative measure to prevent relapse for some participants and to provide a break from their living environment. STAR also provides an opportunity to socialise and make new friends. Due to the demand in social housing, MHF STAR sites are also used to provide participants with quality medium-term accommodation, during crisis periods when participants are searching for permanent accommodation.



## Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation (MHJHADSA)

MHJHADSA initiative provides long term accommodation to people with enduring mental health illness. To ensure the success of the program, MHF collaborated with stakeholders to co-design the model. The model focuses on principles of Choice and Control within the recovery framework and working with people's strengths.

Our experience shows us that respect for the individual are essential on building rapport, empowering the people to take ownership of their environment whilst working toward harmonious living environment in a group setting. We recognise that sharing a house with four individuals with different needs and personality can be a great deal of time.

To ensure participants maintain their tenancy with Havelock Housing, MHF continues to work with a range of support networks, such as carers, clinicians, and support coordinators to develop the necessary infrastructure to maintain and increase capacity for autonomous living.

Continuing feedback and consultation with participants and their support networks have also assisted participants to achieve some identified outcomes, and enabled MHF to review some of its current practices. During June, MHF outsourced an independent person to help evaluate the effectiveness of the implementation of the Florey model. Based on the evaluation it was identified that MHF's strength is their communication and liaison with all stakeholders. Our willingness to cooperate, collaborate and our openness to feedback was an identified key strength. The evaluation also identified current issues with NDIS funding due to gaps in funding supports and consistent incidents occurring due to unhelpful behaviours when there is no staff around. The evaluation highlighted the importance of staff support and ensuring there are 24 hours of supervision of continuity for care, decrease in number of incidents, ensuring safety, and improving quality of life.



On the left is Esther (staff), middle Simonette (participant) and right Sue (Staff), saying a big Happy Birthday, with their glasses raised up to say cheers for another year added to Simonette's life, as all enjoy a glass of sparkling grape juice and birthday cheesecake.

Afia Amoo-Oluka  
Accommodation Manager

# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

## Who We Are

The Outreach team provides support services to individuals experiencing mental-health issues/concerns. Some MHF participants live with co-morbidity of alcohol and other drugs and chronic physical diseases.

Since the inception of the nationwide NDIS, MHF continues to support participants with their individual NDIS plans. Also, we supported a specific cohort of people identified by the Capital Health Network (CHN) through the National Psychosocial Support Transition (NPST) project.

The NPST project was designed to assist people to access the NDIS with the help of peer staff members. This small group of people had been identified to have challenging circumstances that prevented them from applying for the NDIS meaningfully. This opportunity established that a majority of this cohort did not wish to access the NDIS, and this feedback was provided to CHN.

When supporting:

- NDIS participants: We delivered Outreach services based on the principle of choice and control, using recovery principles while working towards their identified goals, and at a pace they were comfortable with. Rights and responsibilities of clients were outlined at the point of entry into the service.
- NPST participants: We facilitated for them to apply for NDIS, based on CHN's efforts to transition them into the NDIS, focussing on those that had resided in Ainslie Village.
- Our staff have been trained in supported decision making, trauma-informed care and a codesigned approach.

## What We Did

Support coordination, mentoring, access to the community, assistance in activities of daily living, psychosocial community participation and transport were the services we provided generally. Participants were supported based on their needs, which we made available from mornings through to evenings every day.

MHF teams are mobile. They were ready for the COVID-19 environment. This meant our Outreach team members can be available, face-to-face or digitally, depending on how MHF participants need. Participants preferred face-to-face over the digital medium with COVID-19 precautions in place. The digital medium was taken up by a few. The choice was theirs.

We supported participants at various locations, including in the comfort of their homes and/or at mutually agreed public locations. In addition, we continued to support participants regularly during short out-of-state travel to build their capacity, e.g. trips to Tidbinbilla/Yass/Goulburn or to the South Coast in NSW; Outreach continues to respond to this encouraging trend that is based on the participants' needs.

*Carer testimonial*

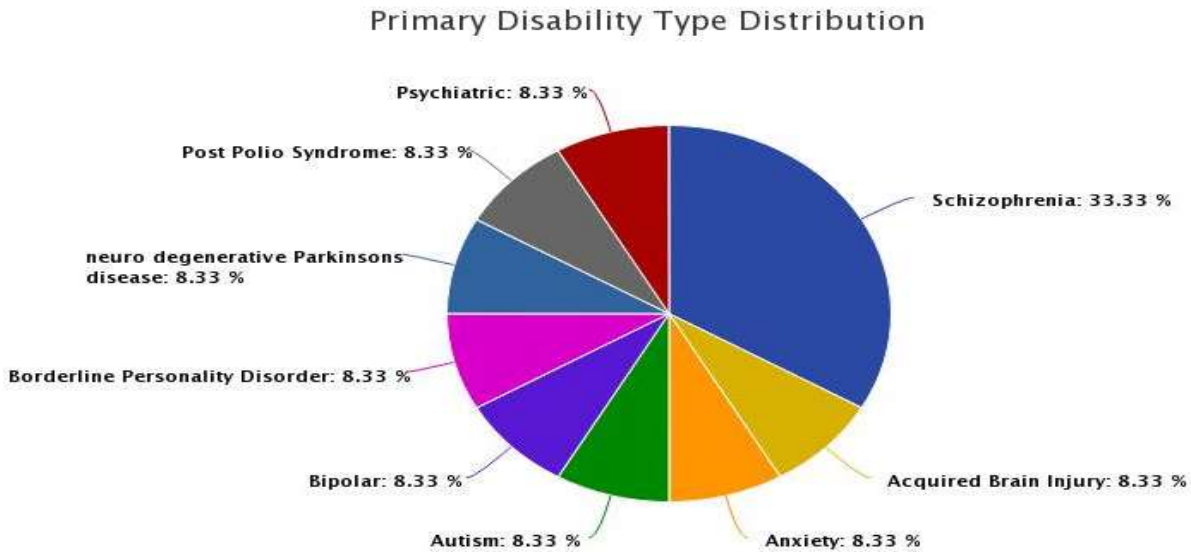
<p><i>“Adam did the best he could with Rob. He was very patient with Rob and Rob would have benefited from the support from Adam if Rob was more open to the idea. Adam has been observed with the other residents in the house and is amazing with them.</i></p>	<p><i>They get a lot out of the time they spend with him. A shame that Rob didn’t want to engage with Adam. Rob was at times extremely rude with Adam. But Adam never gave up!” Elyssa, 2019</i></p>
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MHF Outreach provides services to all age groups, from 16 years to 56+ years. Most participants (48%) are in the 36 to 55 years age range, followed by over 56 years (38%) and then up to 35 years (16%).

The MHF Outreach participant base comprises of slightly more male clients (55%) than female clients (45%).

A third of participants receiving Outreach supports identify themselves as living with schizophrenia. See Diagram 1.

Diagram 1: Primary Disability Distribution



*Ros said in 2020: "Having been a client of MHF for almost 10 years, I would like to compliment MHF on providing well-chosen workers to visit and accompany clients. I have experienced quite a few of them and found them clever, perceptive and untiring. My one concern is that sometimes their workload is a little heavy. However, all in all, they have been good to me."*

The Outreach Team continues to work closely with participants to build their capacity to improve their quality of life based on their goals. To achieve this outcome, we continue to:

- Work closely with their support network, which may include their guardians/carers, clinical managers and various service providers, to facilitate continuity of support within the community. We continue to receive referrals from familiar and new sources within the community, including self-referrals and expressions of interest,
- Invest in training opportunities,
- Network with relevant service providers at various networking platforms,
- Keep MHF participants updated on relevant changes in NDIS guidelines,
- Support participants through the NDIS processes and planning meetings.

The Outreach team remains committed and focussed on being person-centric when we deliver our services to the people who need them.

Shahrin Ariff  
Outreach Program Manager

## Business Development

### Introduction

In mid-October 2019, I joined MHF as Business Development Manager to develop ways of increasing revenue from the NDIS and to identify new sources of income in alignment with our mission.

But what a time to start. As with others, my attention would soon be drawn to bushfire plans and responding to a global pandemic.



### Mental Health Month – October 2019

Each year MHF formally celebrates Mental Health Month (MHM) and Schizophrenia Awareness Week (SAW). This year we celebrated MHM with the following events.

#### Defence Force sausage sizzle

MHF celebrated World Mental Health Day by cooking up a storm and providing beautifully cooked sausage sandwiches to the 100s of defence force personnel and public servants taking part in the Bridge to Bridge Walk.



#### MHM Expo at Bunda Place

This year MHF once again had a booth at this annual event. Our staff and volunteers got to meet hundreds of enthusiastic members of the public and were able to explain what we do.

#### Duncan 'N Sargeant

We had a great night at the Annual Concert for Mental Health with the talented and entertaining Duncan N. Sargeant. Duncan's masterly guitar playing and beautiful song writing entertained the audience.

Thank you Duncan for once again supporting us and to all those involved in making this a fun night

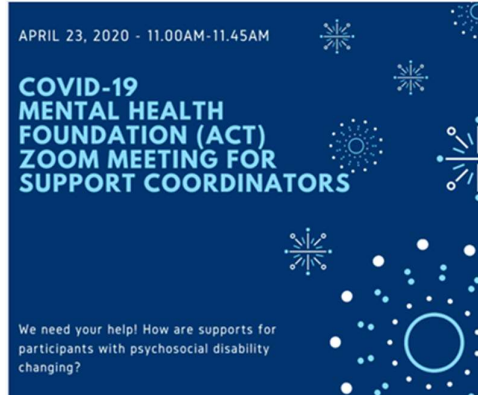
## COVID-19

As mentioned, not long after we started to relax at the end of the local bushfires, the global COVID-19 pandemic hit and it re-focussed a lot of the executives' attention on operations and staff.

To help communicate some of the important messages to staff, we started producing some infographics using the platform Canva.



## Referral Pathways



We worked hard to nurture our referral pathways during the latter half of 2019/20.

We did this by developing a relationship with the Local Area Coordinator, Feros Care and establishing relationships with as many support coordinators as we could.

Before COVID-19 hit, we visited individual support coordinators to see how we could support them and to determine their level of understanding of the services we provide.

Once we were social distancing, we moved the activity on-line, hosting a webinar specific to support coordinators and sent newsletters updating our accommodation vacancies.



## 12<sup>th</sup> Annual Comorbidity Interagency Day

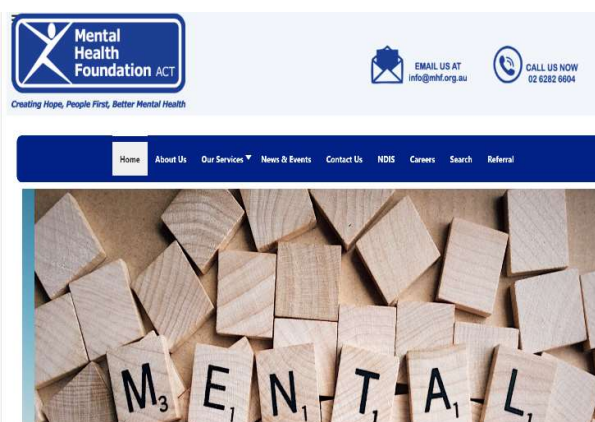


In early December 2019 MHF attended the 12th Annual Comorbidity Interagency Day. Hosted by CatholicCare Canberra and Goulburn, it was a great chance for Alcohol, Tobacco and Other Drugs and Mental Health Services to get together, network and get a better understanding of how we all fit together.

It was interesting to hear Carrie Fowlie, CEO of ATODA (the peak body for Alcohol, Tobacco and Other Drug services), talk about how she wished that their sector was as successful as the mental health sector in reducing stigma.

## Website

A priority for this year was to get a new, improved website. After a few false starts the previous year, we finally achieved a new website with a fresher, more modern look. But we haven't finished yet. The website will continue to develop over the next 12 months so that it becomes an important resource for the Canberra community.



## SAW – May 2020



In May MHF, once again joined other Mental Illness Fellowship of Australia members in hosting SAW2020.

But this year was different with COVID-19 now upon us. The theme for this year was “Stay Connected” but the aims remained the same - reduce stigma, bust myths and promote help seeking.

The highlight for SAW2020 was our webinar – “Schizophrenia, Pathways to

Recovery” where we hosted a discussion between MHF CEO Angie Ingram, Dr Elizabeth Moore – Coordinator General of the Office of Mental Health and Wellbeing, and Nikki O'Dwyer – Manager and Senior Therapist at Adult Community Mental Health Services.

Peter Lennon  
Business Development Manager

## Human Resources

The MHF had a decrease in the total number of staff employed from 43 at the end of June 2019, to 35 at the end of June 2020. Of these 35 employees, 62 percent (22) were female and 38 percent (13) were male; 24 were casual employees; four part-time staff and seven were full-time staff.

All MHF staff must complete the *National Disability Insurance Commission Quality and Safeguards Commission* 'Quality, Safety and You', worker orientation module. New staff starting with MHF are required to have completed the module prior to commencing.

During the financial year, staff attended a range of other training courses, including 'Assessing, Preventing and Managing Challenging Behaviour', 'Trauma Awareness', and 'Stress Better' training. This last training was particularly relevant with the arrival of COVID-19 and the associated restrictions that imposed on staff and participants.

Promoting a safe work environment late 2019 and early in 2020 became a challenge. Initially the smoke from the major bush fires was considered and MHF minimised exacerbation of respiratory illnesses using face masks and minimising the need to be outside.

Then following the arrival of COVID-19, MHF undertook to make sure that staff had current and up to date training in infection control. Staff undertook the *Disability Services Consulting* 'Supporting People to Stay Infection Free' training; and the *Commonwealth Department of Health* 'Infection Control – COVID-19' training. In addition, staff were provided with information about how to correctly use and dispose of Personal Protective Equipment, such as masks and gloves. This was supported by infographics as the rules around COVID-19 changed regarding social distancing, hand hygiene use of masks.

As part of MHF's response to COVID-19 the organisation also ensured that hand sanitiser and masks were available to all staff and a stockpile kept addressing ongoing needs. As well as a system for contact tracing and COVID -19 checking of a person's temperature, and asking questions regarding COVID-19 infection.

## National Disability Insurance Scheme Commission

MHF has continued the process of seeking accreditation against the NDIS Quality Standards as set out by the NDIS Quality and Safeguards Commission. This work has included revision of existing policies and procedures and development of new documents as MHF services have expanded and evolved.

Karen McKernan  
Corporate Service Manager



## Partnerships

ACT Council of Social Services

ACT Government – Housing, Mental Health, Justice Health, Alcohol and Other Drugs. Adult Mental Health Services, Office of Disabilities  
Australian National University

ADACAS

Business Assist

Canberra Institute of Technology

Capital Health Networks

Canberra University

Carers ACT

Consumer Network ACT

Depart of Defence

Depart of Industry, Innovation and Science – Stronger Community Grants Program

Duncan n Sargent

Hands Across Canberra

Havelock Housing

KPMG

Mental Health Community Coalition  
ACT

Mental Illness Fellowship Australia

Minter Ellison

National Disability Insurance Agency

Nexus

Office of Mental Health and Wellbeing

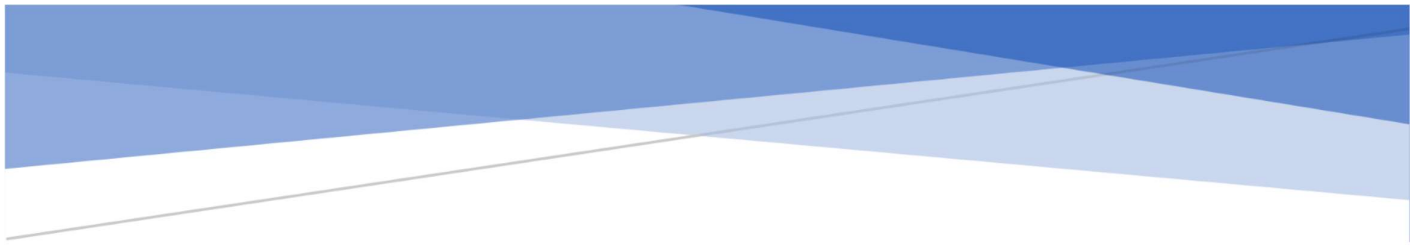
Rights for Inclusion

Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



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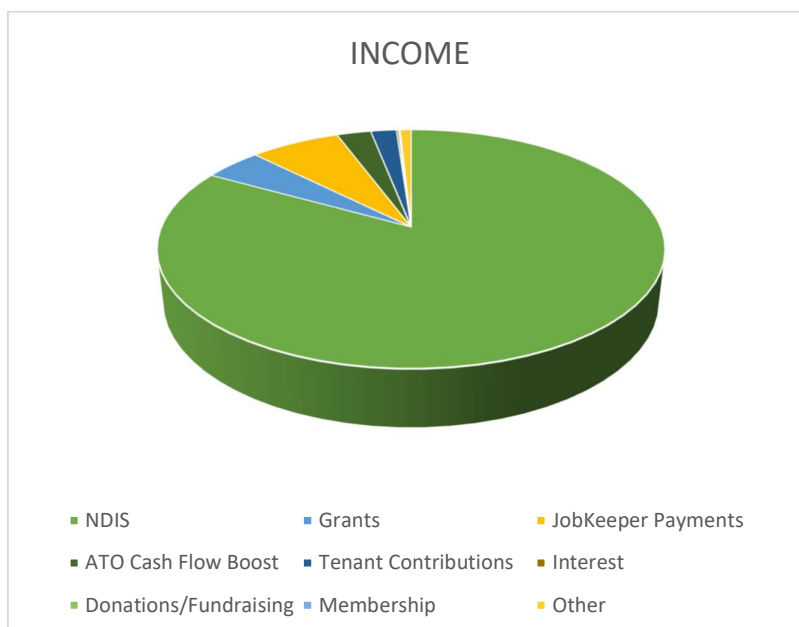
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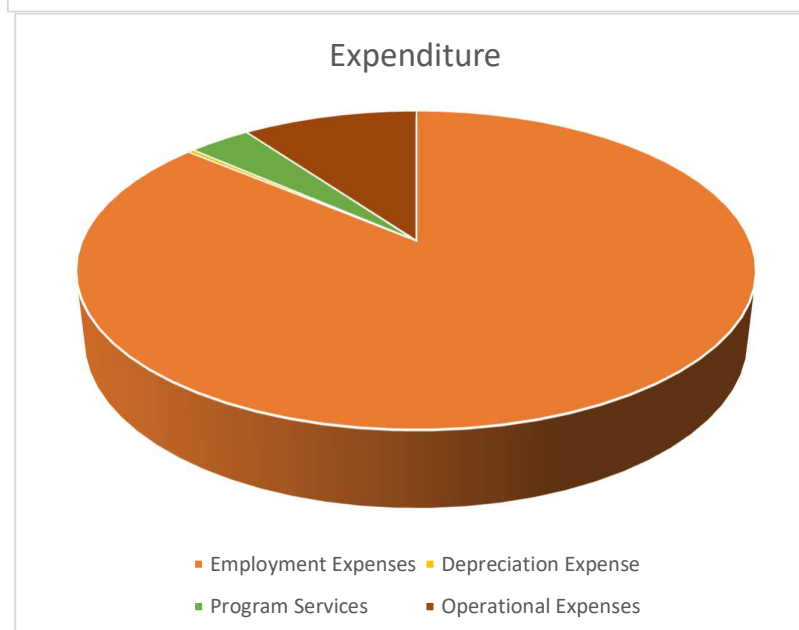
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Angela Ingram

Chief Executive Officer



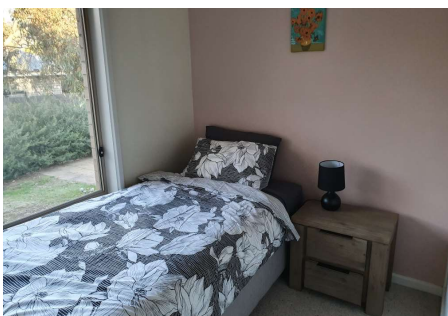
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

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Afia Amoo-Oluka  
Accommodation Manager

# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

## Who We Are

The Outreach team provides support services to individuals experiencing mental-health issues/concerns. Some MHF participants live with co-morbidity of alcohol and other drugs and chronic physical diseases.

Since the inception of the nationwide NDIS, MHF continues to support participants with their individual NDIS plans. Also, we supported a specific cohort of people identified by the Capital Health Network (CHN) through the National Psychosocial Support Transition (NPST) project.

The NPST project was designed to assist people to access the NDIS with the help of peer staff members. This small group of people had been identified to have challenging circumstances that prevented them from applying for the NDIS meaningfully. This opportunity established that a majority of this cohort did not wish to access the NDIS, and this feedback was provided to CHN.

When supporting:

- NDIS participants: We delivered Outreach services based on the principle of choice and control, using recovery principles while working towards their identified goals, and at a pace they were comfortable with. Rights and responsibilities of clients were outlined at the point of entry into the service.
- NPST participants: We facilitated for them to apply for NDIS, based on CHN's efforts to transition them into the NDIS, focussing on those that had resided in Ainslie Village.
- Our staff have been trained in supported decision making, trauma-informed care and a codesigned approach.

## What We Did

Support coordination, mentoring, access to the community, assistance in activities of daily living, psychosocial community participation and transport were the services we provided generally. Participants were supported based on their needs, which we made available from mornings through to evenings every day.

MHF teams are mobile. They were ready for the COVID-19 environment. This meant our Outreach team members can be available, face-to-face or digitally, depending on how MHF participants need. Participants preferred face-to-face over the digital medium with COVID-19 precautions in place. The digital medium was taken up by a few. The choice was theirs.

We supported participants at various locations, including in the comfort of their homes and/or at mutually agreed public locations. In addition, we continued to support participants regularly during short out-of-state travel to build their capacity, e.g. trips to Tidbinbilla/Yass/Goulburn or to the South Coast in NSW; Outreach continues to respond to this encouraging trend that is based on the participants' needs.

*Carer testimonial*

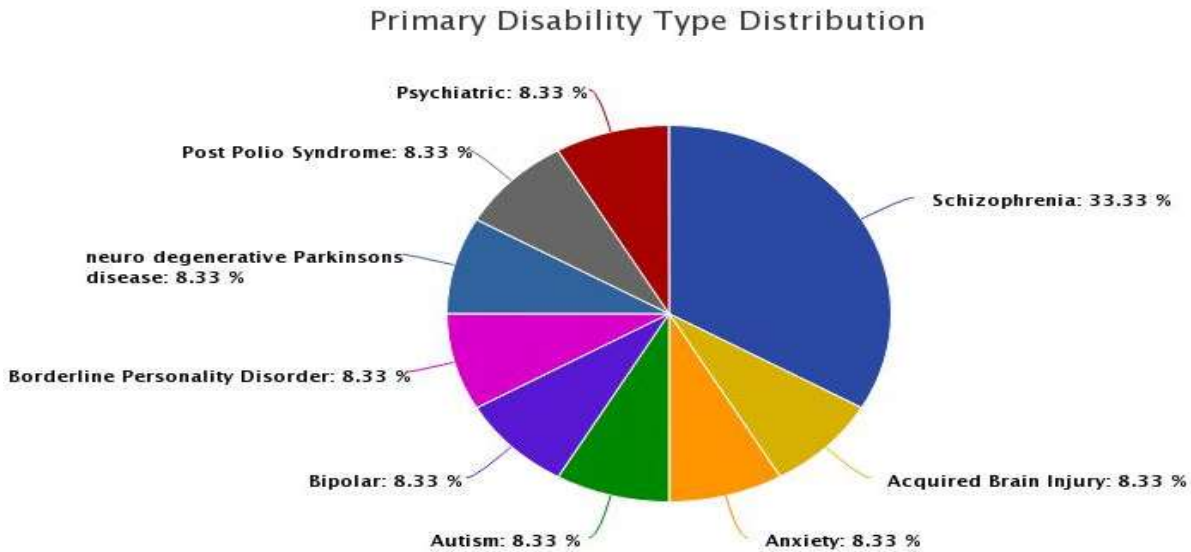
<p><i>“Adam did the best he could with Rob. He was very patient with Rob and Rob would have benefited from the support from Adam if Rob was more open to the idea. Adam has been observed with the other residents in the house and is amazing with them.</i></p>	<p><i>They get a lot out of the time they spend with him. A shame that Rob didn’t want to engage with Adam. Rob was at times extremely rude with Adam. But Adam never gave up!” Elyssa, 2019</i></p>
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MHF Outreach provides services to all age groups, from 16 years to 56+ years. Most participants (48%) are in the 36 to 55 years age range, followed by over 56 years (38%) and then up to 35 years (16%).

The MHF Outreach participant base comprises of slightly more male clients (55%) than female clients (45%).

A third of participants receiving Outreach supports identify themselves as living with schizophrenia. See Diagram 1.

Diagram 1: Primary Disability Distribution



*Ros said in 2020: "Having been a client of MHF for almost 10 years, I would like to compliment MHF on providing well-chosen workers to visit and accompany clients. I have experienced quite a few of them and found them clever, perceptive and untiring. My one concern is that sometimes their workload is a little heavy. However, all in all, they have been good to me."*

The Outreach Team continues to work closely with participants to build their capacity to improve their quality of life based on their goals. To achieve this outcome, we continue to:

- Work closely with their support network, which may include their guardians/carers, clinical managers and various service providers, to facilitate continuity of support within the community. We continue to receive referrals from familiar and new sources within the community, including self-referrals and expressions of interest,
- Invest in training opportunities,
- Network with relevant service providers at various networking platforms,
- Keep MHF participants updated on relevant changes in NDIS guidelines,
- Support participants through the NDIS processes and planning meetings.

The Outreach team remains committed and focussed on being person-centric when we deliver our services to the people who need them.

Shahrin Ariff  
Outreach Program Manager

## Business Development

### Introduction

In mid-October 2019, I joined MHF as Business Development Manager to develop ways of increasing revenue from the NDIS and to identify new sources of income in alignment with our mission.

But what a time to start. As with others, my attention would soon be drawn to bushfire plans and responding to a global pandemic.



### Mental Health Month – October 2019

Each year MHF formally celebrates Mental Health Month (MHM) and Schizophrenia Awareness Week (SAW). This year we celebrated MHM with the following events.

#### Defence Force sausage sizzle

MHF celebrated World Mental Health Day by cooking up a storm and providing beautifully cooked sausage sandwiches to the 100s of defence force personnel and public servants taking part in the Bridge to Bridge Walk.



#### MHM Expo at Bunda Place

This year MHF once again had a booth at this annual event. Our staff and volunteers got to meet hundreds of enthusiastic members of the public and were able to explain what we do.

#### Duncan 'N Sargeant

We had a great night at the Annual Concert for Mental Health with the talented and entertaining Duncan N. Sargeant. Duncan's masterly guitar playing and beautiful song writing entertained the audience.

Thank you Duncan for once again supporting us and to all those involved in making this a fun night

## COVID-19

As mentioned, not long after we started to relax at the end of the local bushfires, the global COVID-19 pandemic hit and it re-focussed a lot of the executives' attention on operations and staff.

To help communicate some of the important messages to staff, we started producing some infographics using the platform Canva.



## Referral Pathways



We worked hard to nurture our referral pathways during the latter half of 2019/20.

We did this by developing a relationship with the Local Area Coordinator, Feros Care and establishing relationships with as many support coordinators as we could.

Before COVID-19 hit, we visited individual support coordinators to see how we could support them and to determine their level of understanding of the services we provide.

Once we were social distancing, we moved the activity on-line, hosting a webinar specific to support coordinators and sent newsletters updating our accommodation vacancies.



## 12<sup>th</sup> Annual Comorbidity Interagency Day



In early December 2019 MHF attended the 12th Annual Comorbidity Interagency Day. Hosted by CatholicCare Canberra and Goulburn, it was a great chance for Alcohol, Tobacco and Other Drugs and Mental Health Services to get together, network and get a better understanding of how we all fit together.

It was interesting to hear Carrie Fowlie, CEO of ATODA (the peak body for Alcohol, Tobacco and Other Drug services), talk about how she wished that their sector was as successful as the mental health sector in reducing stigma.

## Website

A priority for this year was to get a new, improved website. After a few false starts the previous year, we finally achieved a new website with a fresher, more modern look. But we haven't finished yet. The website will continue to develop over the next 12 months so that it becomes an important resource for the Canberra community.



## SAW – May 2020



In May MHF, once again joined other Mental Illness Fellowship of Australia members in hosting SAW2020.

But this year was different with COVID-19 now upon us. The theme for this year was “Stay Connected” but the aims remained the same - reduce stigma, bust myths and promote help seeking.

The highlight for SAW2020 was our webinar – “Schizophrenia, Pathways to

Recovery” where we hosted a discussion between MHF CEO Angie Ingram, Dr Elizabeth Moore – Coordinator General of the Office of Mental Health and Wellbeing, and Nikki O'Dwyer – Manager and Senior Therapist at Adult Community Mental Health Services.

Peter Lennon  
Business Development Manager



## Human Resources

The MHF had a decrease in the total number of staff employed from 43 at the end of June 2019, to 35 at the end of June 2020. Of these 35 employees, 62 percent (22) were female and 38 percent (13) were male; 24 were casual employees; four part-time staff and seven were full-time staff.

All MHF staff must complete the *National Disability Insurance Commission Quality and Safeguards Commission* 'Quality, Safety and You', worker orientation module. New staff starting with MHF are required to have completed the module prior to commencing.

During the financial year, staff attended a range of other training courses, including 'Assessing, Preventing and Managing Challenging Behaviour', 'Trauma Awareness', and 'Stress Better' training. This last training was particularly relevant with the arrival of COVID-19 and the associated restrictions that imposed on staff and participants.

Promoting a safe work environment late 2019 and early in 2020 became a challenge. Initially the smoke from the major bush fires was considered and MHF minimised exacerbation of respiratory illnesses using face masks and minimising the need to be outside.

Then following the arrival of COVID-19, MHF undertook to make sure that staff had current and up to date training in infection control. Staff undertook the *Disability Services Consulting* 'Supporting People to Stay Infection Free' training; and the *Commonwealth Department of Health* 'Infection Control – COVID-19' training. In addition, staff were provided with information about how to correctly use and dispose of Personal Protective Equipment, such as masks and gloves. This was supported by infographics as the rules around COVID-19 changed regarding social distancing, hand hygiene use of masks.

As part of MHF's response to COVID-19 the organisation also ensured that hand sanitiser and masks were available to all staff and a stockpile kept addressing ongoing needs. As well as a system for contact tracing and COVID -19 checking of a person's temperature, and asking questions regarding COVID-19 infection.

## National Disability Insurance Scheme Commission

MHF has continued the process of seeking accreditation against the NDIS Quality Standards as set out by the NDIS Quality and Safeguards Commission. This work has included revision of existing policies and procedures and development of new documents as MHF services have expanded and evolved.

Karen McKernan  
Corporate Service Manager

## Partnerships

ACT Council of Social Services

ACT Government – Housing, Mental Health, Justice Health, Alcohol and Other Drugs. Adult Mental Health Services, Office of Disabilities  
Australian National University

ADACAS

Business Assist

Canberra Institute of Technology

Capital Health Networks

Canberra University

Carers ACT

Consumer Network ACT

Depart of Defence

Depart of Industry, Innovation and Science – Stronger Community Grants Program

Duncan n Sargent

Hands Across Canberra

Havelock Housing

KPMG

Mental Health Community Coalition  
ACT

Mental Illness Fellowship Australia

Minter Ellison

National Disability Insurance Agency

Nexus

Office of Mental Health and Wellbeing

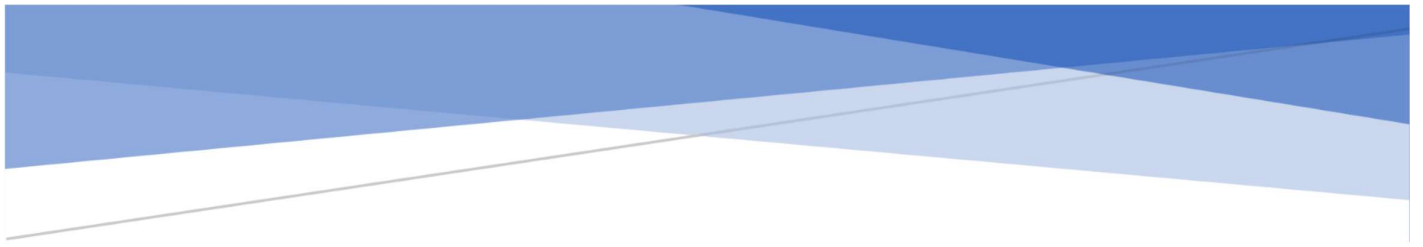
Rights for Inclusion

Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

Lastly, I wish to recognise our clients. We hope we make at least a small difference to their day. If we can do that then we know we are on our way to fulfilling our vision.

Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President

## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

MHF commenced the 2019-20 financial year with a refreshed organisational structure. A structure that re-focused resources to continue to deliver high quality services to our community, realise efficiencies and continue to strengthen our overall financial position. While the NDIS unit pricing still presents a challenge for the viability of some MHF services, the Board endorsed a budget focused on delivering a modest profit. This budget built upon the previous year and included key strategies that were closely managed to improve the financial position and viability of MHF.

After a strong first half of the financial year, MHF started to observe the impacts of the bushfires and COVID-19 pandemic. The Board, Chief Executive Officer and MHF team have been flexible in adjusting operations and our strategy, while being proactive in the financial management of each program. The executive team have managed program and overheads costs, without impacting the quality of service provision.

MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

MHF's finance manager and team should be commended on the drive and resilience demonstrated over the course of the financial year. This team has implemented debt recovery processes to reduce the accumulation of ageing debts and has provided unwavering support in delivering finance updates, on a more frequency basis, to enable ongoing financial monitoring of COVID19 impacts.

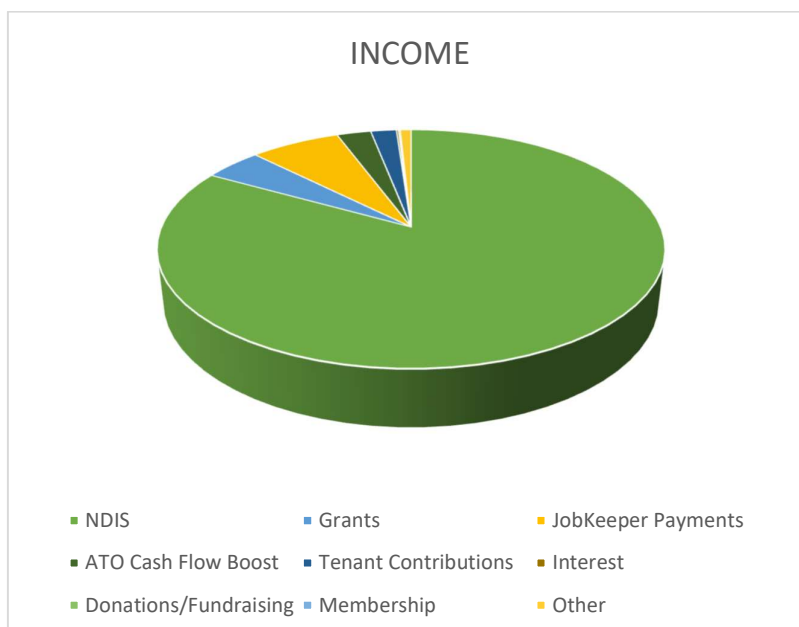
The Board and MHF leadership continue to monitor the financial position of MHF and have been proactively pursuing opportunities to diversify revenue streams, enhance efficiencies and streamline processes. We enter the 2020-21 financial year with a strong financial position and new opportunities that will improve our financial position. We will monitor the economic and financial impacts that continue to be realised from COVID-19.

Thank you again to the Board, MHF senior leadership and broader MHF team for your dedication, particularly in very uncertain times. This dedication has enabled MHF to continue to improve our financial position, year on year, since the introduction of the NDIS.

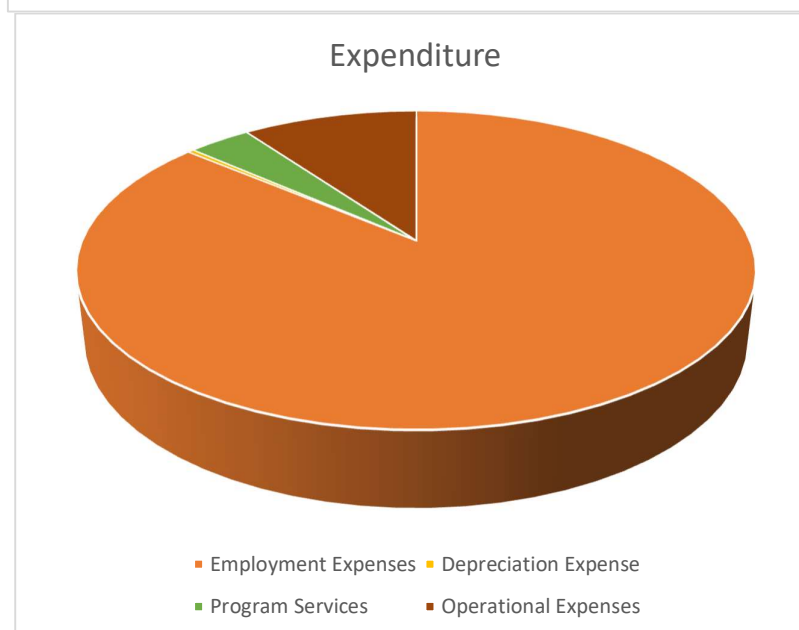
David Talbot  
Treasurer

**Mental Health Foundation (ACT) Incorporated**  
**For the Year Ended 30 June 2020**

<b>Income</b>	<b>\$</b>
NDIS	2,007,641
Grants	106,105
JobKeeper Payments	165,000
ATO Cash Flow Boost	62,500
Tenant Contributions	47,113
Interest	3,883
Donations/Fundraising	2,760
Membership	133
Other	20,220
<b>Total Income</b>	<b>2,415,355</b>



<b>Expenditure</b>	<b>\$</b>
Employment	
Expenses	1,991,363
Depreciation Expense	7,953
Program Services	82,060
Operational Expenses	229,786
<b>Total Expenditure</b>	<b>2,311,162</b>



**Surplus for the year** 104,193

## Board Members 2019-2020

**President Paul McGinness**

**Member Brien Hallett**

**Vice President Trixie Makay**

**Member Angela Ingram (Chief Executive Officer)**

**Treasurer Dave Talbot**

**Secretary Janine Robinson**

# Chief Executive Officer's Report

The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
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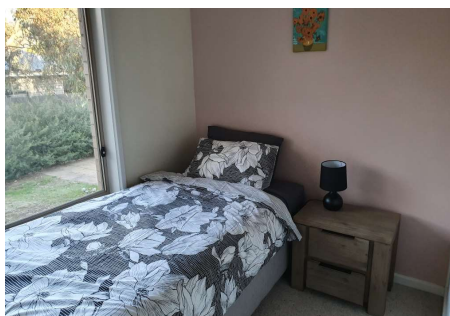
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Afia Amoo-Oluka  
Accommodation Manager

# Outreach Service

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## Who We Are

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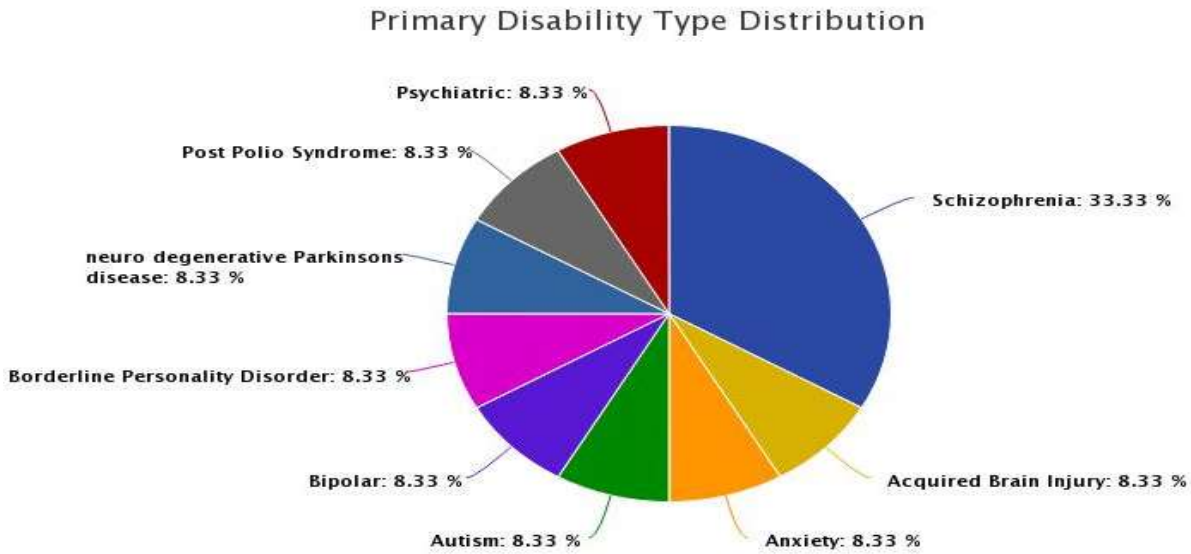
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## Website

A priority for this year was to get a new, improved website. After a few false starts the previous year, we finally achieved a new website with a fresher, more modern look. But we haven't finished yet. The website will continue to develop over the next 12 months so that it becomes an important resource for the Canberra community.



## SAW – May 2020



In May MHF, once again joined other Mental Illness Fellowship of Australia members in hosting SAW2020.

But this year was different with COVID-19 now upon us. The theme for this year was “Stay Connected” but the aims remained the same - reduce stigma, bust myths and promote help seeking.

The highlight for SAW2020 was our webinar – “Schizophrenia, Pathways to

Recovery” where we hosted a discussion between MHF CEO Angie Ingram, Dr Elizabeth Moore – Coordinator General of the Office of Mental Health and Wellbeing, and Nikki O'Dwyer – Manager and Senior Therapist at Adult Community Mental Health Services.

Peter Lennon  
Business Development Manager

## Human Resources

The MHF had a decrease in the total number of staff employed from 43 at the end of June 2019, to 35 at the end of June 2020. Of these 35 employees, 62 percent (22) were female and 38 percent (13) were male; 24 were casual employees; four part-time staff and seven were full-time staff.

All MHF staff must complete the *National Disability Insurance Commission Quality and Safeguards Commission* 'Quality, Safety and You', worker orientation module. New staff starting with MHF are required to have completed the module prior to commencing.

During the financial year, staff attended a range of other training courses, including 'Assessing, Preventing and Managing Challenging Behaviour', 'Trauma Awareness', and 'Stress Better' training. This last training was particularly relevant with the arrival of COVID-19 and the associated restrictions that imposed on staff and participants.

Promoting a safe work environment late 2019 and early in 2020 became a challenge. Initially the smoke from the major bush fires was considered and MHF minimised exacerbation of respiratory illnesses using face masks and minimising the need to be outside.

Then following the arrival of COVID-19, MHF undertook to make sure that staff had current and up to date training in infection control. Staff undertook the *Disability Services Consulting* 'Supporting People to Stay Infection Free' training; and the *Commonwealth Department of Health* 'Infection Control – COVID-19' training. In addition, staff were provided with information about how to correctly use and dispose of Personal Protective Equipment, such as masks and gloves. This was supported by infographics as the rules around COVID-19 changed regarding social distancing, hand hygiene use of masks.

As part of MHF's response to COVID-19 the organisation also ensured that hand sanitiser and masks were available to all staff and a stockpile kept addressing ongoing needs. As well as a system for contact tracing and COVID -19 checking of a person's temperature, and asking questions regarding COVID-19 infection.

## National Disability Insurance Scheme Commission

MHF has continued the process of seeking accreditation against the NDIS Quality Standards as set out by the NDIS Quality and Safeguards Commission. This work has included revision of existing policies and procedures and development of new documents as MHF services have expanded and evolved.

Karen McKernan  
Corporate Service Manager

## Partnerships

ACT Council of Social Services

ACT Government – Housing, Mental Health, Justice Health, Alcohol and Other Drugs. Adult Mental Health Services, Office of Disabilities  
Australian National University

ADACAS

Business Assist

Canberra Institute of Technology

Capital Health Networks

Canberra University

Carers ACT

Consumer Network ACT

Depart of Defence

Depart of Industry, Innovation and Science – Stronger Community Grants Program

Duncan n Sargent

Hands Across Canberra

Havelock Housing

KPMG

Mental Health Community Coalition  
ACT

Mental Illness Fellowship Australia

Minter Ellison

National Disability Insurance Agency

Nexus

Office of Mental Health and Wellbeing

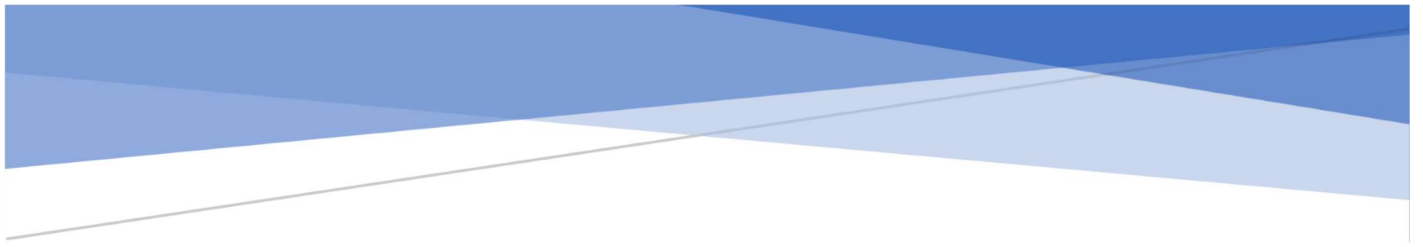
Rights for Inclusion

Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

Lastly, I wish to recognise our clients. We hope we make at least a small difference to their day. If we can do that then we know we are on our way to fulfilling our vision.

Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President

## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

MHF commenced the 2019-20 financial year with a refreshed organisational structure. A structure that re-focused resources to continue to deliver high quality services to our community, realise efficiencies and continue to strengthen our overall financial position. While the NDIS unit pricing still presents a challenge for the viability of some MHF services, the Board endorsed a budget focused on delivering a modest profit. This budget built upon the previous year and included key strategies that were closely managed to improve the financial position and viability of MHF.

After a strong first half of the financial year, MHF started to observe the impacts of the bushfires and COVID-19 pandemic. The Board, Chief Executive Officer and MHF team have been flexible in adjusting operations and our strategy, while being proactive in the financial management of each program. The executive team have managed program and overheads costs, without impacting the quality of service provision.

MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

MHF's finance manager and team should be commended on the drive and resilience demonstrated over the course of the financial year. This team has implemented debt recovery processes to reduce the accumulation of ageing debts and has provided unwavering support in delivering finance updates, on a more frequency basis, to enable ongoing financial monitoring of COVID19 impacts.

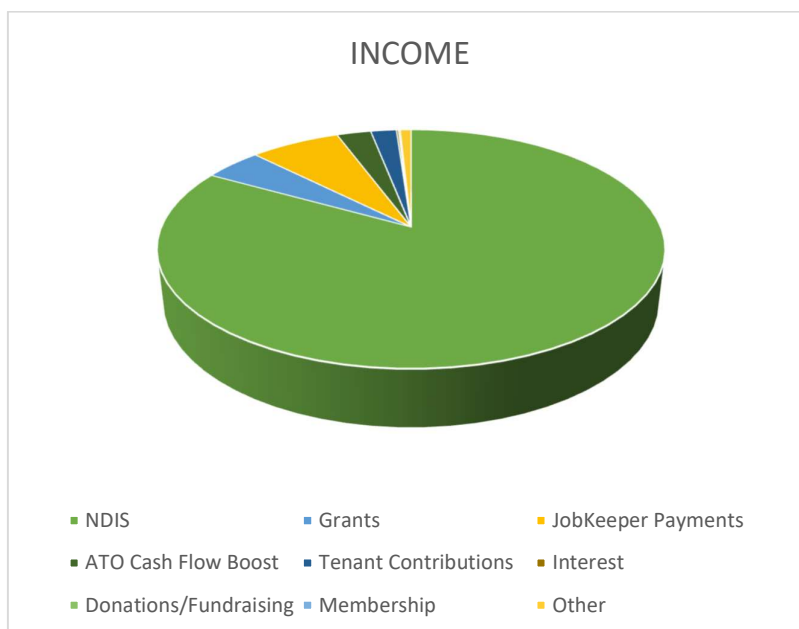
The Board and MHF leadership continue to monitor the financial position of MHF and have been proactively pursuing opportunities to diversify revenue streams, enhance efficiencies and streamline processes. We enter the 2020-21 financial year with a strong financial position and new opportunities that will improve our financial position. We will monitor the economic and financial impacts that continue to be realised from COVID-19.

Thank you again to the Board, MHF senior leadership and broader MHF team for your dedication, particularly in very uncertain times. This dedication has enabled MHF to continue to improve our financial position, year on year, since the introduction of the NDIS.

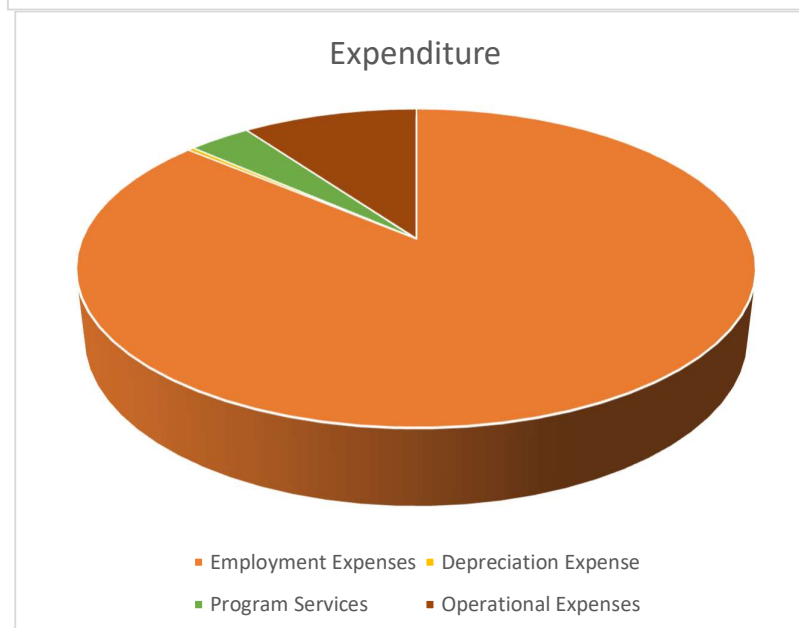
David Talbot  
Treasurer

**Mental Health Foundation (ACT) Incorporated**  
**For the Year Ended 30 June 2020**

<b>Income</b>	<b>\$</b>
NDIS	2,007,641
Grants	106,105
JobKeeper Payments	165,000
ATO Cash Flow Boost	62,500
Tenant Contributions	47,113
Interest	3,883
Donations/Fundraising	2,760
Membership	133
Other	20,220
<b>Total Income</b>	<b>2,415,355</b>



<b>Expenditure</b>	<b>\$</b>
Employment	
Expenses	1,991,363
Depreciation Expense	7,953
Program Services	82,060
Operational Expenses	229,786
<b>Total Expenditure</b>	<b>2,311,162</b>



**Surplus for the year**      104,193

## Board Members 2019-2020

**President Paul McGinness**

**Member Brien Hallett**

**Vice President Trixie Makay**

**Member Angela Ingram (Chief Executive Officer)**

**Treasurer Dave Talbot**

**Secretary Janine Robinson**

# Chief Executive Officer's Report

The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
- COVID – continuity of business plan was developed and reviewed on an ongoing basis as the situation changed, allowing MHF to support participants and staff. Staff remain connected through digital and face to face platforms whilst maintaining social distancing.
- Fire – staff safety working in a heavy smoke environment and staff were concerned for their homes both inside and outside the ACT.
- Our Staff – reviewing the needs of people we work with identified a change in skill base was required. Training of staff has increased in infection control and in working with the National Disability Insurance Agency (NDIA). Supporting staff doing their tertiary studies.
- During the year staff did move on to follow their family and professional development. Whilst some returned to work with the team.
- Volunteering at MHF has provided other opportunities to be inclusive including supporting the Mental Health Month activities in 2019 doing BBQs, assisting public relations opportunities in Garema Place, reviewing, and developing documents. A volunteer's strategy is the next step.
- Student learning – We have a continuing relationship with Canberra Institute of Technology, Australian National University, Australian Catholic University and Wisdom students gaining life experience in the workplace.
- Accreditation – MHF has a quality improvement program that will be measured against the National Disability Insurance Scheme (NDIS) standards and National Standards for Mental Health Services in the new financial year.
- Influencing at the Federal Government Level - Mental Illness Fellowship Australia – assists MHF to understand the environment that people with the lived experience and organisations are working within. This group has supported MHF to capacity build and lobby at the Federal level.



- Partnerships with the NDIA, Capital Health Network and One Door enabled MHF to facilitate people to transition to the NDIS.
- Influencing in the ACT - As a member of the Mental Health Community Coalition ACT (MHCC). I was elected to the MHCC Board and am currently the President.
- Finance – MHF has continued to work toward sustainability and viability. We have employed a Business Development Manager and the MHF Board is reviewing MHF's Strategic Plan to guide where MHF will grow to in the future.

This list only touches on some of the achievements that we at MHF ACT have been able to achieve. I would like to thank the Board, the staff and volunteers and most of all the carers and people with the lived experience of mental illness for assisting us to achieve our vision of *creating hope, people first and better mental health*.

Angela Ingram

Chief Executive Officer



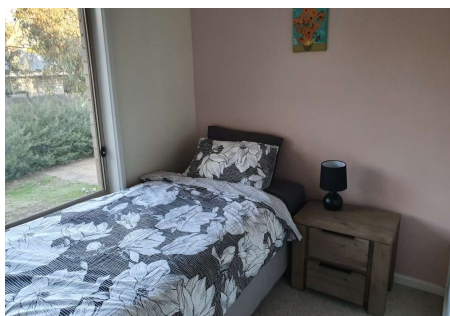
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

### Supported Independent Living (SIL)

The MHF SIL program does not have a prescriptive structure. We tailor support to individual needs. In-home regular onsite supervision ensures individuals are supported to maintain a successful tenancy, are equipped with living skills, social skills, and supports required to enable participants to live and enjoy their lives on equal terms to others in the community.



All houses are fully furnished, close to shops and bus stops. There is a spacious backyard with plenty of room for outdoor activities.



We are always looking for ways to improve our services. Stakeholders are encouraged to complete feedback questionnaires. This gives them a chance to express what they find useful, what they would like more of, and what they would like to change within the program. These questionnaires are completed anonymously so that stakeholders can express their real opinions about the program. Staff often seek participants' feedback daily. These types of feedback are often verbal. The feedback process also assists in identifying possible service gaps and areas of improvement.

Based on feedback, we were able to make some exciting changes to our SIL houses. MHF upgraded furniture and fittings for all SIL houses. The upgrade allows participants to engage with other participants in a communal space, therefore increasing quality of life opportunities. The provision of a new computer encourages participants to engage in studies, skills development, and training opportunities.

### Individualised Supported Accommodation (ISA)

MHF ISA gives the individual flexible options to design supports around formal and informal support in a group home. The extent of support required by individuals with lived experience is highly variable. MHF ISA can range from minimal support such as someone dropping in twice a week, to extensive support hours per day. The type and degree of support required depends on the needs of each individual and allocated funding.

Informal support remains an important component of quality accommodations support. For some participants, this means being supported to learn living skills to move from group home to independent living. For others, it means moving from a family home or move from an independent home to live with new people with similar interest for the first time.

### Short Term Accommodation Respite (STAR)

STAR is a vital service to allow families the opportunity to take a much-needed break from the caring role and to ensure that their own quality of life is maintained. STAR has also been used to strengthen relationships between carers and care recipient; as a preventative measure to prevent relapse for some participants and to provide a break from their living environment. STAR also provides an opportunity to socialise and make new friends. Due to the demand in social housing, MHF STAR sites are also used to provide participants with quality medium-term accommodation, during crisis periods when participants are searching for permanent accommodation.

## Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation (MHJHADSA)

MHJHADSA initiative provides long term accommodation to people with enduring mental health illness. To ensure the success of the program, MHF collaborated with stakeholders to co-design the model. The model focuses on principles of Choice and Control within the recovery framework and working with people's strengths.

Our experience shows us that respect for the individual are essential on building rapport, empowering the people to take ownership of their environment whilst working toward harmonious living environment in a group setting. We recognise that sharing a house with four individuals with different needs and personality can be a great deal of time.

To ensure participants maintain their tenancy with Havelock Housing, MHF continues to work with a range of support networks, such as carers, clinicians, and support coordinators to develop the necessary infrastructure to maintain and increase capacity for autonomous living.

Continuing feedback and consultation with participants and their support networks have also assisted participants to achieve some identified outcomes, and enabled MHF to review some of its current practices. During June, MHF outsourced an independent person to help evaluate the effectiveness of the implementation of the Florey model. Based on the evaluation it was identified that MHF's strength is their communication and liaison with all stakeholders. Our willingness to cooperate, collaborate and our openness to feedback was an identified key strength. The evaluation also identified current issues with NDIS funding due to gaps in funding supports and consistent incidents occurring due to unhelpful behaviours when there is no staff around. The evaluation highlighted the importance of staff support and ensuring there are 24 hours of supervision of continuity for care, decrease in number of incidents, ensuring safety, and improving quality of life.



On the left is Esther (staff), middle Simonette (participant) and right Sue (Staff), saying a big Happy Birthday, with their glasses raised up to say cheers for another year added to Simonette's life, as all enjoy a glass of sparkling grape juice and birthday cheesecake.

Afia Amoo-Oluka  
Accommodation Manager

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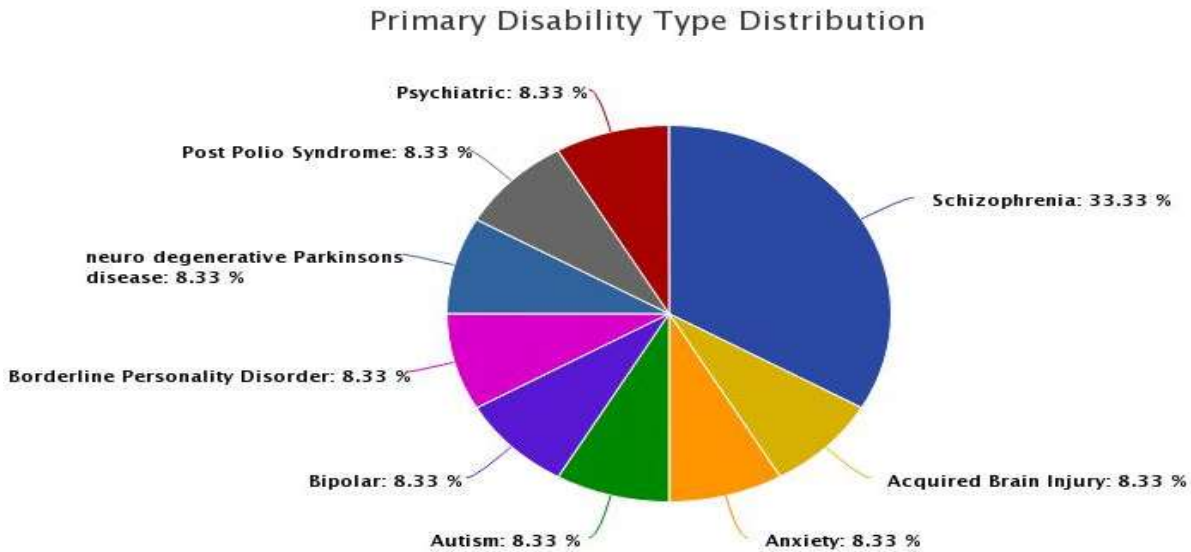
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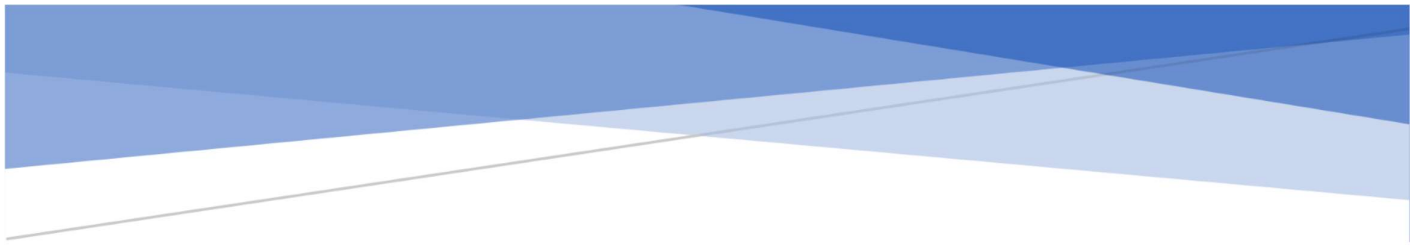
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Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

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Paul McGinness  
President

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MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

MHF's finance manager and team should be commended on the drive and resilience demonstrated over the course of the financial year. This team has implemented debt recovery processes to reduce the accumulation of ageing debts and has provided unwavering support in delivering finance updates, on a more frequency basis, to enable ongoing financial monitoring of COVID19 impacts.

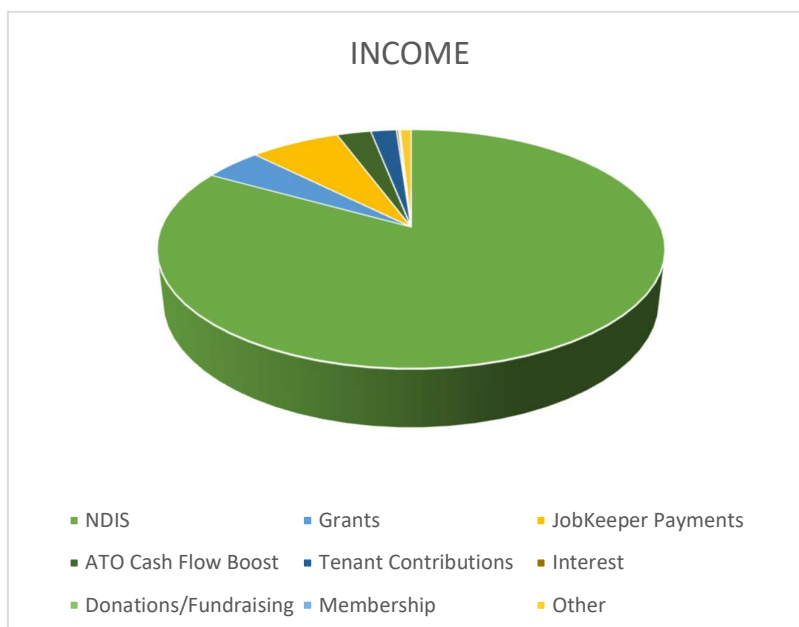
The Board and MHF leadership continue to monitor the financial position of MHF and have been proactively pursuing opportunities to diversify revenue streams, enhance efficiencies and streamline processes. We enter the 2020-21 financial year with a strong financial position and new opportunities that will improve our financial position. We will monitor the economic and financial impacts that continue to be realised from COVID-19.

Thank you again to the Board, MHF senior leadership and broader MHF team for your dedication, particularly in very uncertain times. This dedication has enabled MHF to continue to improve our financial position, year on year, since the introduction of the NDIS.

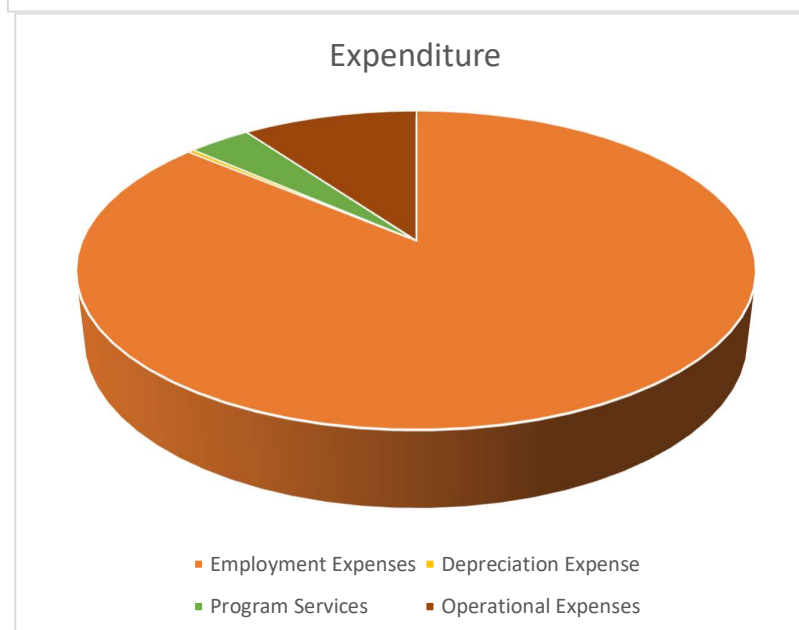
David Talbot  
Treasurer

**Mental Health Foundation (ACT) Incorporated**  
**For the Year Ended 30 June 2020**

<b>Income</b>	<b>\$</b>
NDIS	2,007,641
Grants	106,105
JobKeeper Payments	165,000
ATO Cash Flow Boost	62,500
Tenant Contributions	47,113
Interest	3,883
Donations/Fundraising	2,760
Membership	133
Other	20,220
<b>Total Income</b>	<b>2,415,355</b>



<b>Expenditure</b>	<b>\$</b>
Employment	
Expenses	1,991,363
Depreciation Expense	7,953
Program Services	82,060
Operational Expenses	229,786
<b>Total Expenditure</b>	<b>2,311,162</b>



**Surplus for the year** 104,193

## Board Members 2019-2020

**President Paul McGinness**

**Member Brien Hallett**

**Vice President Trixie Makay**

**Member Angela Ingram (Chief Executive Officer)**

**Treasurer Dave Talbot**

**Secretary Janine Robinson**



# Chief Executive Officer's Report

The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
- COVID – continuity of business plan was developed and reviewed on an ongoing basis as the situation changed, allowing MHF to support participants and staff. Staff remain connected through digital and face to face platforms whilst maintaining social distancing.
- Fire – staff safety working in a heavy smoke environment and staff were concerned for their homes both inside and outside the ACT.
- Our Staff – reviewing the needs of people we work with identified a change in skill base was required. Training of staff has increased in infection control and in working with the National Disability Insurance Agency (NDIA). Supporting staff doing their tertiary studies.
- During the year staff did move on to follow their family and professional development. Whilst some returned to work with the team.
- Volunteering at MHF has provided other opportunities to be inclusive including supporting the Mental Health Month activities in 2019 doing BBQs, assisting public relations opportunities in Garema Place, reviewing, and developing documents. A volunteer's strategy is the next step.
- Student learning – We have a continuing relationship with Canberra Institute of Technology, Australian National University, Australian Catholic University and Wisdom students gaining life experience in the workplace.
- Accreditation – MHF has a quality improvement program that will be measured against the National Disability Insurance Scheme (NDIS) standards and National Standards for Mental Health Services in the new financial year.
- Influencing at the Federal Government Level - Mental Illness Fellowship Australia – assists MHF to understand the environment that people with the lived experience and organisations are working within. This group has supported MHF to capacity build and lobby at the Federal level.

- Partnerships with the NDIA, Capital Health Network and One Door enabled MHF to facilitate people to transition to the NDIS.
- Influencing in the ACT - As a member of the Mental Health Community Coalition ACT (MHCC). I was elected to the MHCC Board and am currently the President.
- Finance – MHF has continued to work toward sustainability and viability. We have employed a Business Development Manager and the MHF Board is reviewing MHF's Strategic Plan to guide where MHF will grow to in the future.

This list only touches on some of the achievements that we at MHF ACT have been able to achieve. I would like to thank the Board, the staff and volunteers and most of all the carers and people with the lived experience of mental illness for assisting us to achieve our vision of *creating hope, people first and better mental health*.

Angela Ingram

Chief Executive Officer



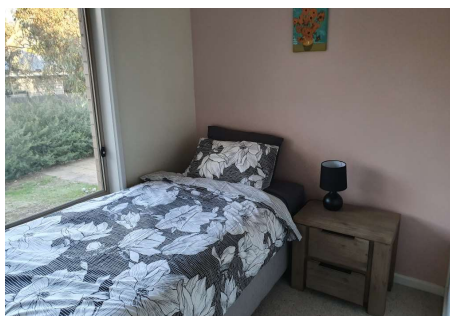
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

### Supported Independent Living (SIL)

The MHF SIL program does not have a prescriptive structure. We tailor support to individual needs. In-home regular onsite supervision ensures individuals are supported to maintain a successful tenancy, are equipped with living skills, social skills, and supports required to enable participants to live and enjoy their lives on equal terms to others in the community.



All houses are fully furnished, close to shops and bus stops. There is a spacious backyard with plenty of room for outdoor activities.



We are always looking for ways to improve our services. Stakeholders are encouraged to complete feedback questionnaires. This gives them a chance to express what they find useful, what they would like more of, and what they would like to change within the program. These questionnaires are completed anonymously so that stakeholders can express their real opinions about the program. Staff often seek participants' feedback daily. These types of feedback are often verbal. The feedback process also assists in identifying possible service gaps and areas of improvement.

Based on feedback, we were able to make some exciting changes to our SIL houses. MHF upgraded furniture and fittings for all SIL houses. The upgrade allows participants to engage with other participants in a communal space, therefore increasing quality of life opportunities. The provision of a new computer encourages participants to engage in studies, skills development, and training opportunities.

### Individualised Supported Accommodation (ISA)

MHF ISA gives the individual flexible options to design supports around formal and informal support in a group home. The extent of support required by individuals with lived experience is highly variable. MHF ISA can range from minimal support such as someone dropping in twice a week, to extensive support hours per day. The type and degree of support required depends on the needs of each individual and allocated funding.

Informal support remains an important component of quality accommodations support. For some participants, this means being supported to learn living skills to move from group home to independent living. For others, it means moving from a family home or move from an independent home to live with new people with similar interest for the first time.

### Short Term Accommodation Respite (STAR)

STAR is a vital service to allow families the opportunity to take a much-needed break from the caring role and to ensure that their own quality of life is maintained. STAR has also been used to strengthen relationships between carers and care recipient; as a preventative measure to prevent relapse for some participants and to provide a break from their living environment. STAR also provides an opportunity to socialise and make new friends. Due to the demand in social housing, MHF STAR sites are also used to provide participants with quality medium-term accommodation, during crisis periods when participants are searching for permanent accommodation.

## Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation (MHJHADSA)

MHJHADSA initiative provides long term accommodation to people with enduring mental health illness. To ensure the success of the program, MHF collaborated with stakeholders to co-design the model. The model focuses on principles of Choice and Control within the recovery framework and working with people's strengths.

Our experience shows us that respect for the individual are essential on building rapport, empowering the people to take ownership of their environment whilst working toward harmonious living environment in a group setting. We recognise that sharing a house with four individuals with different needs and personality can be a great deal of time.

To ensure participants maintain their tenancy with Havelock Housing, MHF continues to work with a range of support networks, such as carers, clinicians, and support coordinators to develop the necessary infrastructure to maintain and increase capacity for autonomous living.

Continuing feedback and consultation with participants and their support networks have also assisted participants to achieve some identified outcomes, and enabled MHF to review some of its current practices. During June, MHF outsourced an independent person to help evaluate the effectiveness of the implementation of the Florey model. Based on the evaluation it was identified that MHF's strength is their communication and liaison with all stakeholders. Our willingness to cooperate, collaborate and our openness to feedback was an identified key strength. The evaluation also identified current issues with NDIS funding due to gaps in funding supports and consistent incidents occurring due to unhelpful behaviours when there is no staff around. The evaluation highlighted the importance of staff support and ensuring there are 24 hours of supervision of continuity for care, decrease in number of incidents, ensuring safety, and improving quality of life.



On the left is Esther (staff), middle Simonette (participant) and right Sue (Staff), saying a big Happy Birthday, with their glasses raised up to say cheers for another year added to Simonette's life, as all enjoy a glass of sparkling grape juice and birthday cheesecake.

Afia Amoo-Oluka  
Accommodation Manager

# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

## Who We Are

The Outreach team provides support services to individuals experiencing mental-health issues/concerns. Some MHF participants live with co-morbidity of alcohol and other drugs and chronic physical diseases.

Since the inception of the nationwide NDIS, MHF continues to support participants with their individual NDIS plans. Also, we supported a specific cohort of people identified by the Capital Health Network (CHN) through the National Psychosocial Support Transition (NPST) project.

The NPST project was designed to assist people to access the NDIS with the help of peer staff members. This small group of people had been identified to have challenging circumstances that prevented them from applying for the NDIS meaningfully. This opportunity established that a majority of this cohort did not wish to access the NDIS, and this feedback was provided to CHN.

When supporting:

- NDIS participants: We delivered Outreach services based on the principle of choice and control, using recovery principles while working towards their identified goals, and at a pace they were comfortable with. Rights and responsibilities of clients were outlined at the point of entry into the service.
- NPST participants: We facilitated for them to apply for NDIS, based on CHN's efforts to transition them into the NDIS, focussing on those that had resided in Ainslie Village.
- Our staff have been trained in supported decision making, trauma-informed care and a codesigned approach.

## What We Did

Support coordination, mentoring, access to the community, assistance in activities of daily living, psychosocial community participation and transport were the services we provided generally. Participants were supported based on their needs, which we made available from mornings through to evenings every day.

MHF teams are mobile. They were ready for the COVID-19 environment. This meant our Outreach team members can be available, face-to-face or digitally, depending on how MHF participants need. Participants preferred face-to-face over the digital medium with COVID-19 precautions in place. The digital medium was taken up by a few. The choice was theirs.

We supported participants at various locations, including in the comfort of their homes and/or at mutually agreed public locations. In addition, we continued to support participants regularly during short out-of-state travel to build their capacity, e.g. trips to Tidbinbilla/Yass/Goulburn or to the South Coast in NSW; Outreach continues to respond to this encouraging trend that is based on the participants' needs.

*Carer testimonial*

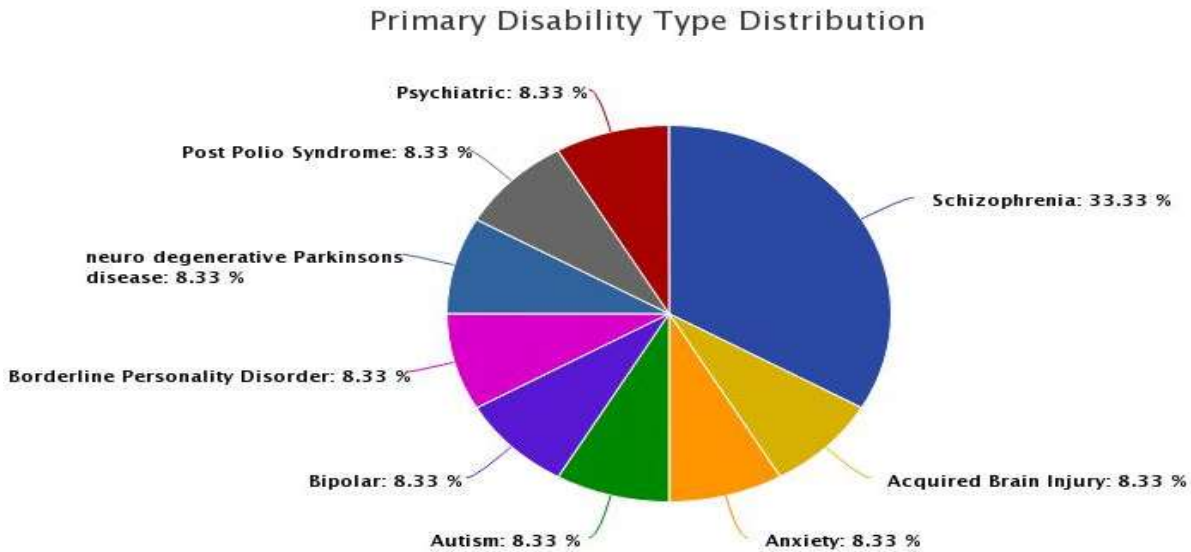
<p><i>“Adam did the best he could with Rob. He was very patient with Rob and Rob would have benefited from the support from Adam if Rob was more open to the idea. Adam has been observed with the other residents in the house and is amazing with them.</i></p>	<p><i>They get a lot out of the time they spend with him. A shame that Rob didn’t want to engage with Adam. Rob was at times extremely rude with Adam. But Adam never gave up!” Elyssa, 2019</i></p>
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MHF Outreach provides services to all age groups, from 16 years to 56+ years. Most participants (48%) are in the 36 to 55 years age range, followed by over 56 years (38%) and then up to 35 years (16%).

The MHF Outreach participant base comprises of slightly more male clients (55%) than female clients (45%).

A third of participants receiving Outreach supports identify themselves as living with schizophrenia. See Diagram 1.

Diagram 1: Primary Disability Distribution



*Ros said in 2020: "Having been a client of MHF for almost 10 years, I would like to compliment MHF on providing well-chosen workers to visit and accompany clients. I have experienced quite a few of them and found them clever, perceptive and untiring. My one concern is that sometimes their workload is a little heavy. However, all in all, they have been good to me."*

The Outreach Team continues to work closely with participants to build their capacity to improve their quality of life based on their goals. To achieve this outcome, we continue to:

- Work closely with their support network, which may include their guardians/carers, clinical managers and various service providers, to facilitate continuity of support within the community. We continue to receive referrals from familiar and new sources within the community, including self-referrals and expressions of interest,
- Invest in training opportunities,
- Network with relevant service providers at various networking platforms,
- Keep MHF participants updated on relevant changes in NDIS guidelines,
- Support participants through the NDIS processes and planning meetings.

The Outreach team remains committed and focussed on being person-centric when we deliver our services to the people who need them.

Shahrin Ariff  
Outreach Program Manager



## Business Development

### Introduction

In mid-October 2019, I joined MHF as Business Development Manager to develop ways of increasing revenue from the NDIS and to identify new sources of income in alignment with our mission.

But what a time to start. As with others, my attention would soon be drawn to bushfire plans and responding to a global pandemic.



### Mental Health Month – October 2019

Each year MHF formally celebrates Mental Health Month (MHM) and Schizophrenia Awareness Week (SAW). This year we celebrated MHM with the following events.

#### Defence Force sausage sizzle

MHF celebrated World Mental Health Day by cooking up a storm and providing beautifully cooked sausage sandwiches to the 100s of defence force personnel and public servants taking part in the Bridge to Bridge Walk.



#### MHM Expo at Bunda Place

This year MHF once again had a booth at this annual event. Our staff and volunteers got to meet hundreds of enthusiastic members of the public and were able to explain what we do.

#### Duncan 'N Sargeant

We had a great night at the Annual Concert for Mental Health with the talented and entertaining Duncan N. Sargeant. Duncan's masterly guitar playing and beautiful song writing entertained the audience.

Thank you Duncan for once again supporting us and to all those involved in making this a fun night

## COVID-19

As mentioned, not long after we started to relax at the end of the local bushfires, the global COVID-19 pandemic hit and it re-focussed a lot of the executives' attention on operations and staff.

To help communicate some of the important messages to staff, we started producing some infographics using the platform Canva.



## Referral Pathways



We worked hard to nurture our referral pathways during the latter half of 2019/20.

We did this by developing a relationship with the Local Area Coordinator, Feros Care and establishing relationships with as many support coordinators as we could.

Before COVID-19 hit, we visited individual support coordinators to see how we could support them and to determine their level of understanding of the services we provide.

Once we were social distancing, we moved the activity on-line, hosting a webinar specific to support coordinators and sent newsletters updating our accommodation vacancies.

## 12<sup>th</sup> Annual Comorbidity Interagency Day



In early December 2019 MHF attended the 12th Annual Comorbidity Interagency Day. Hosted by CatholicCare Canberra and Goulburn, it was a great chance for Alcohol, Tobacco and Other Drugs and Mental Health Services to get together, network and get a better understanding of how we all fit together.

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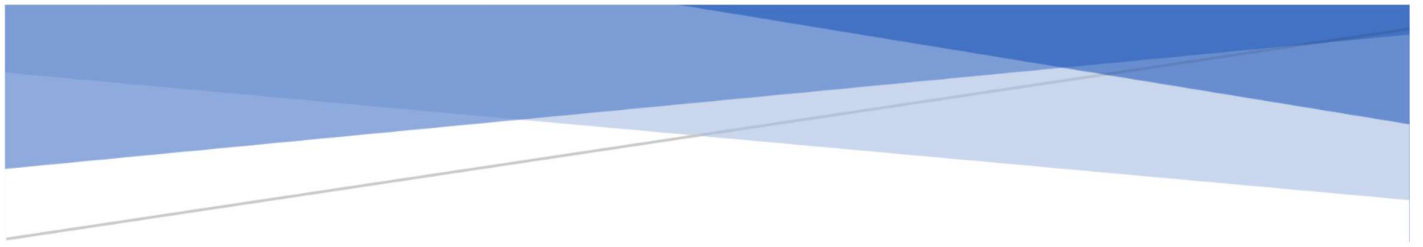
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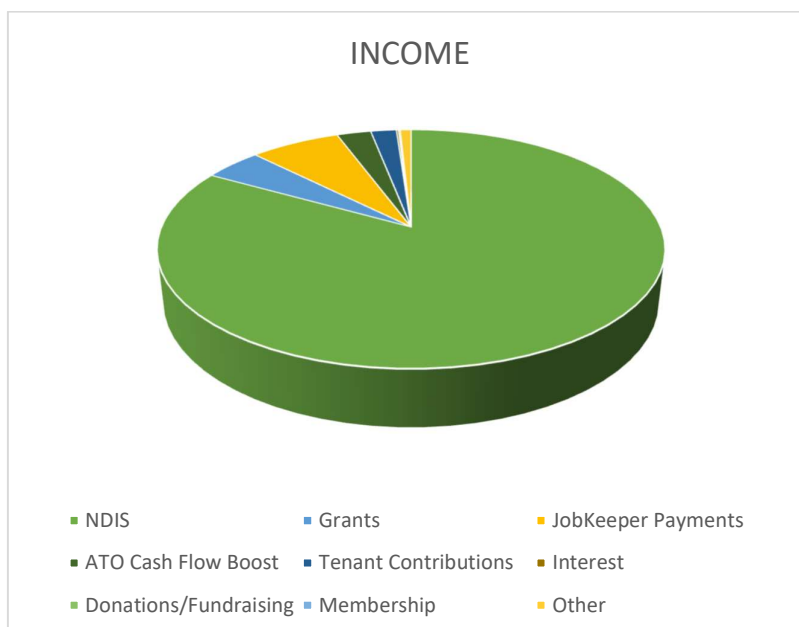
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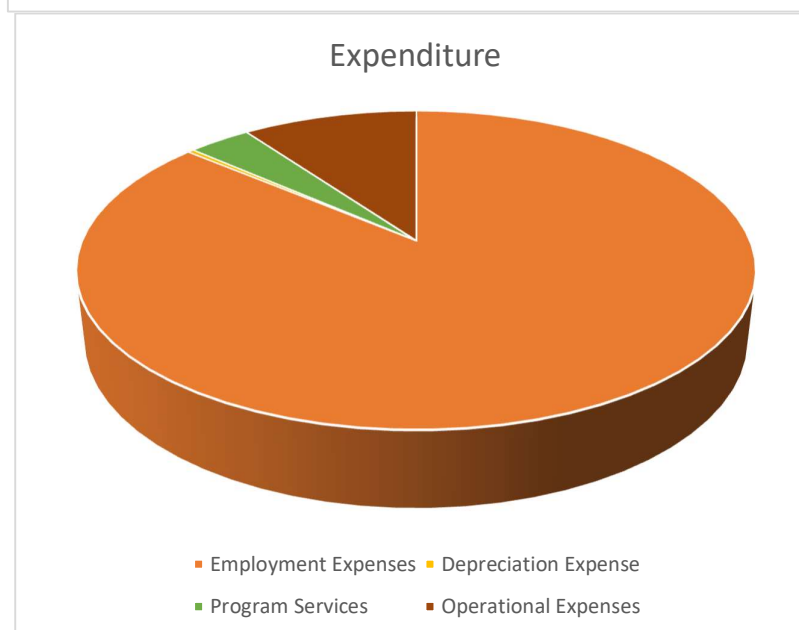


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**Surplus for the year**      104,193

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The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
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Angela Ingram

Chief Executive Officer



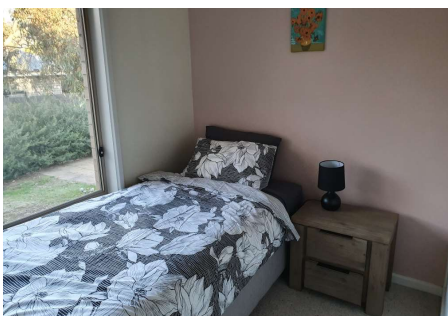
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

### Supported Independent Living (SIL)

The MHF SIL program does not have a prescriptive structure. We tailor support to individual needs. In-home regular onsite supervision ensures individuals are supported to maintain a successful tenancy, are equipped with living skills, social skills, and supports required to enable participants to live and enjoy their lives on equal terms to others in the community.



All houses are fully furnished, close to shops and bus stops. There is a spacious backyard with plenty of room for outdoor activities.



We are always looking for ways to improve our services. Stakeholders are encouraged to complete feedback questionnaires. This gives them a chance to express what they find useful, what they would like more of, and what they would like to change within the program. These questionnaires are completed anonymously so that stakeholders can express their real opinions about the program. Staff often seek participants' feedback daily. These types of feedback are often verbal. The feedback process also assists in identifying possible service gaps and areas of improvement.

Based on feedback, we were able to make some exciting changes to our SIL houses. MHF upgraded furniture and fittings for all SIL houses. The upgrade allows participants to engage with other participants in a communal space, therefore increasing quality of life opportunities. The provision of a new computer encourages participants to engage in studies, skills development, and training opportunities.

### Individualised Supported Accommodation (ISA)

MHF ISA gives the individual flexible options to design supports around formal and informal support in a group home. The extent of support required by individuals with lived experience is highly variable. MHF ISA can range from minimal support such as someone dropping in twice a week, to extensive support hours per day. The type and degree of support required depends on the needs of each individual and allocated funding.

Informal support remains an important component of quality accommodations support. For some participants, this means being supported to learn living skills to move from group home to independent living. For others, it means moving from a family home or move from an independent home to live with new people with similar interest for the first time.

### Short Term Accommodation Respite (STAR)

STAR is a vital service to allow families the opportunity to take a much-needed break from the caring role and to ensure that their own quality of life is maintained. STAR has also been used to strengthen relationships between carers and care recipient; as a preventative measure to prevent relapse for some participants and to provide a break from their living environment. STAR also provides an opportunity to socialise and make new friends. Due to the demand in social housing, MHF STAR sites are also used to provide participants with quality medium-term accommodation, during crisis periods when participants are searching for permanent accommodation.

## Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation (MHJHADSA)

MHJHADSA initiative provides long term accommodation to people with enduring mental health illness. To ensure the success of the program, MHF collaborated with stakeholders to co-design the model. The model focuses on principles of Choice and Control within the recovery framework and working with people's strengths.

Our experience shows us that respect for the individual are essential on building rapport, empowering the people to take ownership of their environment whilst working toward harmonious living environment in a group setting. We recognise that sharing a house with four individuals with different needs and personality can be a great deal of time.

To ensure participants maintain their tenancy with Havelock Housing, MHF continues to work with a range of support networks, such as carers, clinicians, and support coordinators to develop the necessary infrastructure to maintain and increase capacity for autonomous living.

Continuing feedback and consultation with participants and their support networks have also assisted participants to achieve some identified outcomes, and enabled MHF to review some of its current practices. During June, MHF outsourced an independent person to help evaluate the effectiveness of the implementation of the Florey model. Based on the evaluation it was identified that MHF's strength is their communication and liaison with all stakeholders. Our willingness to cooperate, collaborate and our openness to feedback was an identified key strength. The evaluation also identified current issues with NDIS funding due to gaps in funding supports and consistent incidents occurring due to unhelpful behaviours when there is no staff around. The evaluation highlighted the importance of staff support and ensuring there are 24 hours of supervision of continuity for care, decrease in number of incidents, ensuring safety, and improving quality of life.



On the left is Esther (staff), middle Simonette (participant) and right Sue (Staff), saying a big Happy Birthday, with their glasses raised up to say cheers for another year added to Simonette's life, as all enjoy a glass of sparkling grape juice and birthday cheesecake.

Afia Amoo-Oluka  
Accommodation Manager

# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

## Who We Are

The Outreach team provides support services to individuals experiencing mental-health issues/concerns. Some MHF participants live with co-morbidity of alcohol and other drugs and chronic physical diseases.

Since the inception of the nationwide NDIS, MHF continues to support participants with their individual NDIS plans. Also, we supported a specific cohort of people identified by the Capital Health Network (CHN) through the National Psychosocial Support Transition (NPST) project.

The NPST project was designed to assist people to access the NDIS with the help of peer staff members. This small group of people had been identified to have challenging circumstances that prevented them from applying for the NDIS meaningfully. This opportunity established that a majority of this cohort did not wish to access the NDIS, and this feedback was provided to CHN.

When supporting:

- NDIS participants: We delivered Outreach services based on the principle of choice and control, using recovery principles while working towards their identified goals, and at a pace they were comfortable with. Rights and responsibilities of clients were outlined at the point of entry into the service.
- NPST participants: We facilitated for them to apply for NDIS, based on CHN's efforts to transition them into the NDIS, focussing on those that had resided in Ainslie Village.
- Our staff have been trained in supported decision making, trauma-informed care and a codesigned approach.

## What We Did

Support coordination, mentoring, access to the community, assistance in activities of daily living, psychosocial community participation and transport were the services we provided generally. Participants were supported based on their needs, which we made available from mornings through to evenings every day.

MHF teams are mobile. They were ready for the COVID-19 environment. This meant our Outreach team members can be available, face-to-face or digitally, depending on how MHF participants need. Participants preferred face-to-face over the digital medium with COVID-19 precautions in place. The digital medium was taken up by a few. The choice was theirs.

We supported participants at various locations, including in the comfort of their homes and/or at mutually agreed public locations. In addition, we continued to support participants regularly during short out-of-state travel to build their capacity, e.g. trips to Tidbinbilla/Yass/Goulburn or to the South Coast in NSW; Outreach continues to respond to this encouraging trend that is based on the participants' needs.

*Carer testimonial*

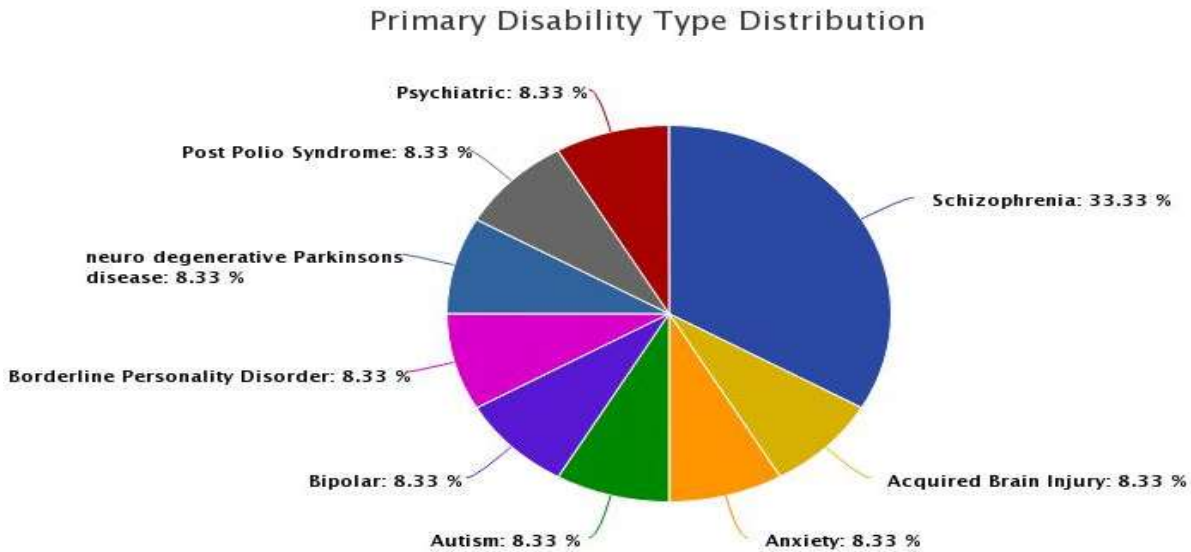
<p><i>“Adam did the best he could with Rob. He was very patient with Rob and Rob would have benefited from the support from Adam if Rob was more open to the idea. Adam has been observed with the other residents in the house and is amazing with them.</i></p>	<p><i>They get a lot out of the time they spend with him. A shame that Rob didn’t want to engage with Adam. Rob was at times extremely rude with Adam. But Adam never gave up!” Elyssa, 2019</i></p>
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MHF Outreach provides services to all age groups, from 16 years to 56+ years. Most participants (48%) are in the 36 to 55 years age range, followed by over 56 years (38%) and then up to 35 years (16%).

The MHF Outreach participant base comprises of slightly more male clients (55%) than female clients (45%).

A third of participants receiving Outreach supports identify themselves as living with schizophrenia. See Diagram 1.

Diagram 1: Primary Disability Distribution





*Ros said in 2020: "Having been a client of MHF for almost 10 years, I would like to compliment MHF on providing well-chosen workers to visit and accompany clients. I have experienced quite a few of them and found them clever, perceptive and untiring. My one concern is that sometimes their workload is a little heavy. However, all in all, they have been good to me."*

The Outreach Team continues to work closely with participants to build their capacity to improve their quality of life based on their goals. To achieve this outcome, we continue to:

- Work closely with their support network, which may include their guardians/carers, clinical managers and various service providers, to facilitate continuity of support within the community. We continue to receive referrals from familiar and new sources within the community, including self-referrals and expressions of interest,
- Invest in training opportunities,
- Network with relevant service providers at various networking platforms,
- Keep MHF participants updated on relevant changes in NDIS guidelines,
- Support participants through the NDIS processes and planning meetings.

The Outreach team remains committed and focussed on being person-centric when we deliver our services to the people who need them.

Shahrin Ariff  
Outreach Program Manager

## Business Development

### Introduction

In mid-October 2019, I joined MHF as Business Development Manager to develop ways of increasing revenue from the NDIS and to identify new sources of income in alignment with our mission.

But what a time to start. As with others, my attention would soon be drawn to bushfire plans and responding to a global pandemic.



### Mental Health Month – October 2019

Each year MHF formally celebrates Mental Health Month (MHM) and Schizophrenia Awareness Week (SAW). This year we celebrated MHM with the following events.

#### Defence Force sausage sizzle

MHF celebrated World Mental Health Day by cooking up a storm and providing beautifully cooked sausage sandwiches to the 100s of defence force personnel and public servants taking part in the Bridge to Bridge Walk.



#### MHM Expo at Bunda Place

This year MHF once again had a booth at this annual event. Our staff and volunteers got to meet hundreds of enthusiastic members of the public and were able to explain what we do.

#### Duncan 'N Sargeant

We had a great night at the Annual Concert for Mental Health with the talented and entertaining Duncan N. Sargeant. Duncan's masterly guitar playing and beautiful song writing entertained the audience.

Thank you Duncan for once again supporting us and to all those involved in making this a fun night

## COVID-19

As mentioned, not long after we started to relax at the end of the local bushfires, the global COVID-19 pandemic hit and it re-focussed a lot of the executives' attention on operations and staff.

To help communicate some of the important messages to staff, we started producing some infographics using the platform Canva.



## Referral Pathways



We worked hard to nurture our referral pathways during the latter half of 2019/20.

We did this by developing a relationship with the Local Area Coordinator, Feros Care and establishing relationships with as many support coordinators as we could.

Before COVID-19 hit, we visited individual support coordinators to see how we could support them and to determine their level of understanding of the services we provide.

Once we were social distancing, we moved the activity on-line, hosting a webinar specific to support coordinators and sent newsletters updating our accommodation vacancies.

## 12<sup>th</sup> Annual Comorbidity Interagency Day



In early December 2019 MHF attended the 12th Annual Comorbidity Interagency Day. Hosted by CatholicCare Canberra and Goulburn, it was a great chance for Alcohol, Tobacco and Other Drugs and Mental Health Services to get together, network and get a better understanding of how we all fit together.

It was interesting to hear Carrie Fowlie, CEO of ATODA (the peak body for Alcohol, Tobacco and Other Drug services), talk about how she wished that their sector was as successful as the mental health sector in reducing stigma.

## Website

A priority for this year was to get a new, improved website. After a few false starts the previous year, we finally achieved a new website with a fresher, more modern look. But we haven't finished yet. The website will continue to develop over the next 12 months so that it becomes an important resource for the Canberra community.



## SAW – May 2020



In May MHF, once again joined other Mental Illness Fellowship of Australia members in hosting SAW2020.

But this year was different with COVID-19 now upon us. The theme for this year was “Stay Connected” but the aims remained the same - reduce stigma, bust myths and promote help seeking.

The highlight for SAW2020 was our webinar – “Schizophrenia, Pathways to

Recovery” where we hosted a discussion between MHF CEO Angie Ingram, Dr Elizabeth Moore – Coordinator General of the Office of Mental Health and Wellbeing, and Nikki O'Dwyer – Manager and Senior Therapist at Adult Community Mental Health Services.

Peter Lennon  
Business Development Manager

## Human Resources

The MHF had a decrease in the total number of staff employed from 43 at the end of June 2019, to 35 at the end of June 2020. Of these 35 employees, 62 percent (22) were female and 38 percent (13) were male; 24 were casual employees; four part-time staff and seven were full-time staff.

All MHF staff must complete the *National Disability Insurance Commission Quality and Safeguards Commission* 'Quality, Safety and You', worker orientation module. New staff starting with MHF are required to have completed the module prior to commencing.

During the financial year, staff attended a range of other training courses, including 'Assessing, Preventing and Managing Challenging Behaviour', 'Trauma Awareness', and 'Stress Better' training. This last training was particularly relevant with the arrival of COVID-19 and the associated restrictions that imposed on staff and participants.

Promoting a safe work environment late 2019 and early in 2020 became a challenge. Initially the smoke from the major bush fires was considered and MHF minimised exacerbation of respiratory illnesses using face masks and minimising the need to be outside.

Then following the arrival of COVID-19, MHF undertook to make sure that staff had current and up to date training in infection control. Staff undertook the *Disability Services Consulting* 'Supporting People to Stay Infection Free' training; and the *Commonwealth Department of Health* 'Infection Control – COVID-19' training. In addition, staff were provided with information about how to correctly use and dispose of Personal Protective Equipment, such as masks and gloves. This was supported by infographics as the rules around COVID-19 changed regarding social distancing, hand hygiene use of masks.

As part of MHF's response to COVID-19 the organisation also ensured that hand sanitiser and masks were available to all staff and a stockpile kept addressing ongoing needs. As well as a system for contact tracing and COVID -19 checking of a person's temperature, and asking questions regarding COVID-19 infection.

## National Disability Insurance Scheme Commission

MHF has continued the process of seeking accreditation against the NDIS Quality Standards as set out by the NDIS Quality and Safeguards Commission. This work has included revision of existing policies and procedures and development of new documents as MHF services have expanded and evolved.

Karen McKernan  
Corporate Service Manager

## Partnerships

ACT Council of Social Services

ACT Government – Housing, Mental Health, Justice Health, Alcohol and Other Drugs. Adult Mental Health Services, Office of Disabilities  
Australian National University

ADACAS

Business Assist

Canberra Institute of Technology

Capital Health Networks

Canberra University

Carers ACT

Consumer Network ACT

Depart of Defence

Depart of Industry, Innovation and Science – Stronger Community Grants Program

Duncan n Sargent

Hands Across Canberra

Havelock Housing

KPMG

Mental Health Community Coalition  
ACT

Mental Illness Fellowship Australia

Minter Ellison

National Disability Insurance Agency

Nexus

Office of Mental Health and Wellbeing

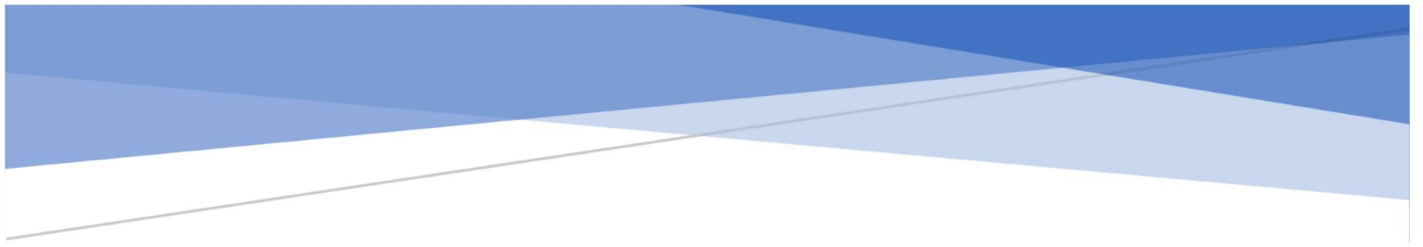
Rights for Inclusion

Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

Lastly, I wish to recognise our clients. We hope we make at least a small difference to their day. If we can do that then we know we are on our way to fulfilling our vision.

Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President



## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

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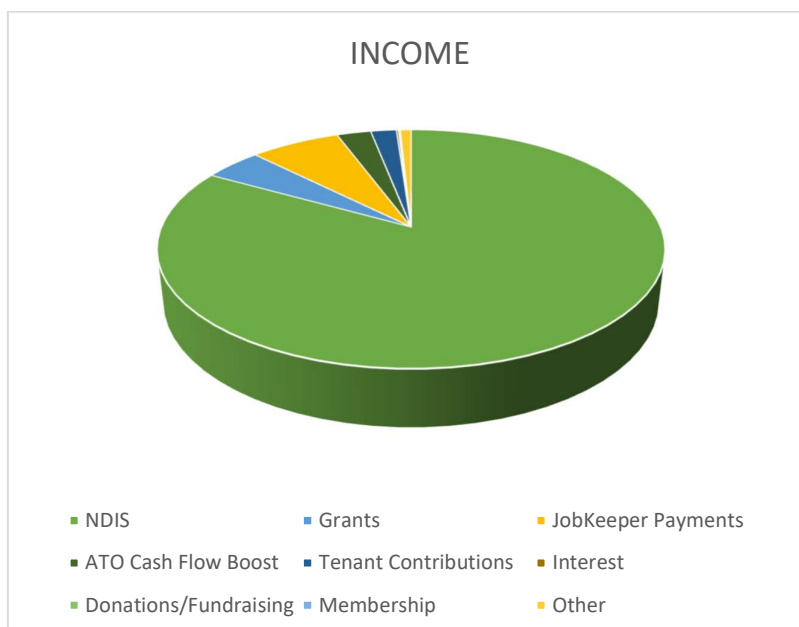
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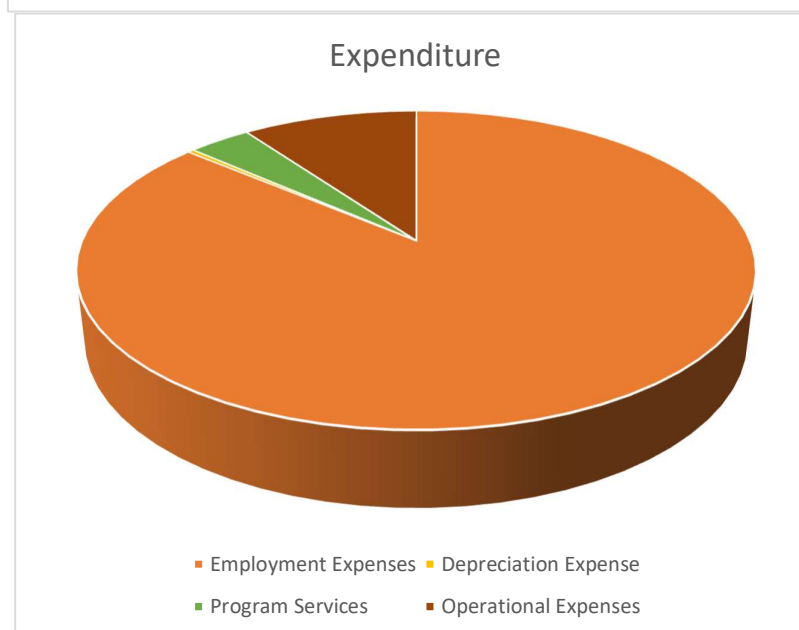
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Chief Executive Officer



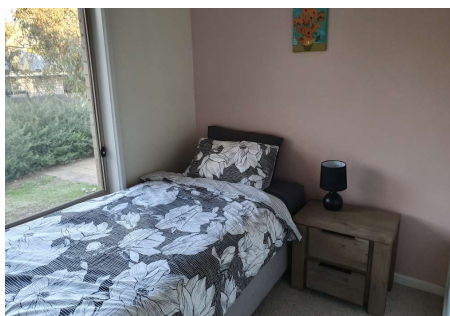
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Afia Amoo-Oluka  
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# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

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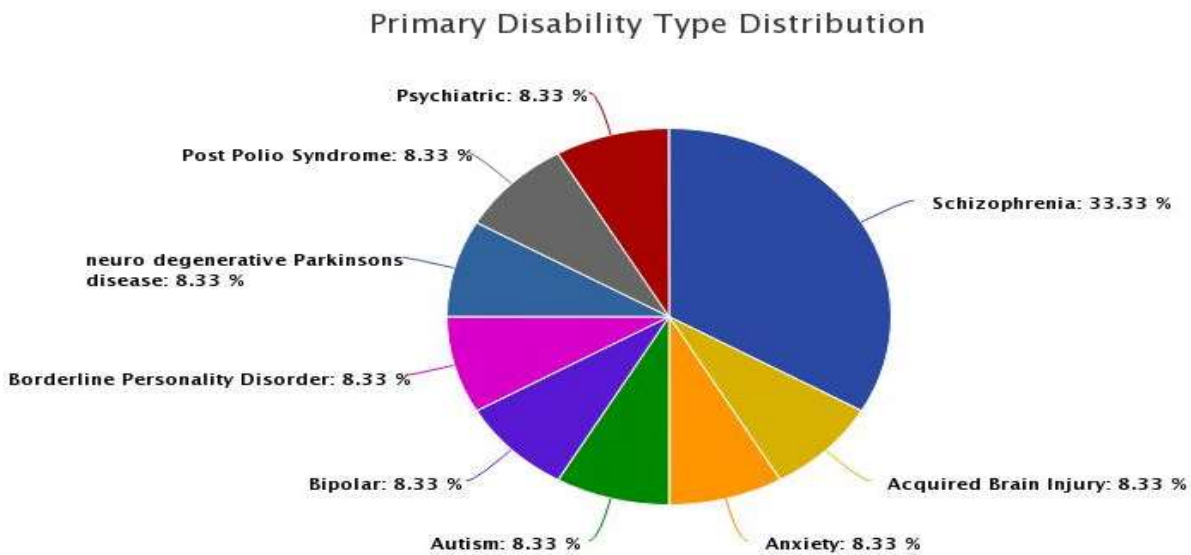
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MHF Outreach provides services to all age groups, from 16 years to 56+ years. Most participants (48%) are in the 36 to 55 years age range, followed by over 56 years (38%) and then up to 35 years (16%).

The MHF Outreach participant base comprises of slightly more male clients (55%) than female clients (45%).

A third of participants receiving Outreach supports identify themselves as living with schizophrenia. See Diagram 1.

Diagram 1: Primary Disability Distribution



*Ros said in 2020: "Having been a client of MHF for almost 10 years, I would like to compliment MHF on providing well-chosen workers to visit and accompany clients. I have experienced quite a few of them and found them clever, perceptive and untiring. My one concern is that sometimes their workload is a little heavy. However, all in all, they have been good to me."*

The Outreach Team continues to work closely with participants to build their capacity to improve their quality of life based on their goals. To achieve this outcome, we continue to:

- Work closely with their support network, which may include their guardians/carers, clinical managers and various service providers, to facilitate continuity of support within the community. We continue to receive referrals from familiar and new sources within the community, including self-referrals and expressions of interest,
- Invest in training opportunities,
- Network with relevant service providers at various networking platforms,
- Keep MHF participants updated on relevant changes in NDIS guidelines,
- Support participants through the NDIS processes and planning meetings.

The Outreach team remains committed and focussed on being person-centric when we deliver our services to the people who need them.

Shahrin Ariff  
Outreach Program Manager

## Business Development

### Introduction

In mid-October 2019, I joined MHF as Business Development Manager to develop ways of increasing revenue from the NDIS and to identify new sources of income in alignment with our mission.

But what a time to start. As with others, my attention would soon be drawn to bushfire plans and responding to a global pandemic.



### Mental Health Month – October 2019

Each year MHF formally celebrates Mental Health Month (MHM) and Schizophrenia Awareness Week (SAW). This year we celebrated MHM with the following events.

#### Defence Force sausage sizzle

MHF celebrated World Mental Health Day by cooking up a storm and providing beautifully cooked sausage sandwiches to the 100s of defence force personnel and public servants taking part in the Bridge to Bridge Walk.



#### MHM Expo at Bunda Place

This year MHF once again had a booth at this annual event. Our staff and volunteers got to meet hundreds of enthusiastic members of the public and were able to explain what we do.

#### Duncan 'N Sargeant

We had a great night at the Annual Concert for Mental Health with the talented and entertaining Duncan N. Sargeant. Duncan's masterly guitar playing and beautiful song writing entertained the audience.

Thank you Duncan for once again supporting us and to all those involved in making this a fun night

## COVID-19

As mentioned, not long after we started to relax at the end of the local bushfires, the global COVID-19 pandemic hit and it re-focussed a lot of the executives' attention on operations and staff.

To help communicate some of the important messages to staff, we started producing some infographics using the platform Canva.



## Referral Pathways



We worked hard to nurture our referral pathways during the latter half of 2019/20.

We did this by developing a relationship with the Local Area Coordinator, Feros Care and establishing relationships with as many support coordinators as we could.

Before COVID-19 hit, we visited individual support coordinators to see how we could support them and to determine their level of understanding of the services we provide.

Once we were social distancing, we moved the activity on-line, hosting a webinar specific to support coordinators and sent newsletters updating our accommodation vacancies.

## 12<sup>th</sup> Annual Comorbidity Interagency Day



In early December 2019 MHF attended the 12th Annual Comorbidity Interagency Day. Hosted by CatholicCare Canberra and Goulburn, it was a great chance for Alcohol, Tobacco and Other Drugs and Mental Health Services to get together, network and get a better understanding of how we all fit together.

It was interesting to hear Carrie Fowlie, CEO of ATODA (the peak body for Alcohol, Tobacco and Other Drug services), talk about how she wished that their sector was as successful as the mental health sector in reducing stigma.

## Website

A priority for this year was to get a new, improved website. After a few false starts the previous year, we finally achieved a new website with a fresher, more modern look. But we haven't finished yet. The website will continue to develop over the next 12 months so that it becomes an important resource for the Canberra community.



## SAW – May 2020



In May MHF, once again joined other Mental Illness Fellowship of Australia members in hosting SAW2020.

But this year was different with COVID-19 now upon us. The theme for this year was “Stay Connected” but the aims remained the same - reduce stigma, bust myths and promote help seeking.

The highlight for SAW2020 was our webinar – “Schizophrenia, Pathways to

Recovery” where we hosted a discussion between MHF CEO Angie Ingram, Dr Elizabeth Moore – Coordinator General of the Office of Mental Health and Wellbeing, and Nikki O'Dwyer – Manager and Senior Therapist at Adult Community Mental Health Services.

Peter Lennon  
Business Development Manager

## Human Resources

The MHF had a decrease in the total number of staff employed from 43 at the end of June 2019, to 35 at the end of June 2020. Of these 35 employees, 62 percent (22) were female and 38 percent (13) were male; 24 were casual employees; four part-time staff and seven were full-time staff.

All MHF staff must complete the *National Disability Insurance Commission Quality and Safeguards Commission* 'Quality, Safety and You', worker orientation module. New staff starting with MHF are required to have completed the module prior to commencing.

During the financial year, staff attended a range of other training courses, including 'Assessing, Preventing and Managing Challenging Behaviour', 'Trauma Awareness', and 'Stress Better' training. This last training was particularly relevant with the arrival of COVID-19 and the associated restrictions that imposed on staff and participants.

Promoting a safe work environment late 2019 and early in 2020 became a challenge. Initially the smoke from the major bush fires was considered and MHF minimised exacerbation of respiratory illnesses using face masks and minimising the need to be outside.

Then following the arrival of COVID-19, MHF undertook to make sure that staff had current and up to date training in infection control. Staff undertook the *Disability Services Consulting* 'Supporting People to Stay Infection Free' training; and the *Commonwealth Department of Health* 'Infection Control – COVID-19' training. In addition, staff were provided with information about how to correctly use and dispose of Personal Protective Equipment, such as masks and gloves. This was supported by infographics as the rules around COVID-19 changed regarding social distancing, hand hygiene use of masks.

As part of MHF's response to COVID-19 the organisation also ensured that hand sanitiser and masks were available to all staff and a stockpile kept addressing ongoing needs. As well as a system for contact tracing and COVID -19 checking of a person's temperature, and asking questions regarding COVID-19 infection.

## National Disability Insurance Scheme Commission

MHF has continued the process of seeking accreditation against the NDIS Quality Standards as set out by the NDIS Quality and Safeguards Commission. This work has included revision of existing policies and procedures and development of new documents as MHF services have expanded and evolved.

Karen McKernan  
Corporate Service Manager



## Partnerships

ACT Council of Social Services

ACT Government – Housing, Mental Health, Justice Health, Alcohol and Other Drugs. Adult Mental Health Services, Office of Disabilities  
Australian National University

ADACAS

Business Assist

Canberra Institute of Technology

Capital Health Networks

Canberra University

Carers ACT

Consumer Network ACT

Depart of Defence

Depart of Industry, Innovation and Science – Stronger Community Grants Program

Duncan n Sargent

Hands Across Canberra

Havelock Housing

KPMG

Mental Health Community Coalition  
ACT

Mental Illness Fellowship Australia

Minter Ellison

National Disability Insurance Agency

Nexus

Office of Mental Health and Wellbeing

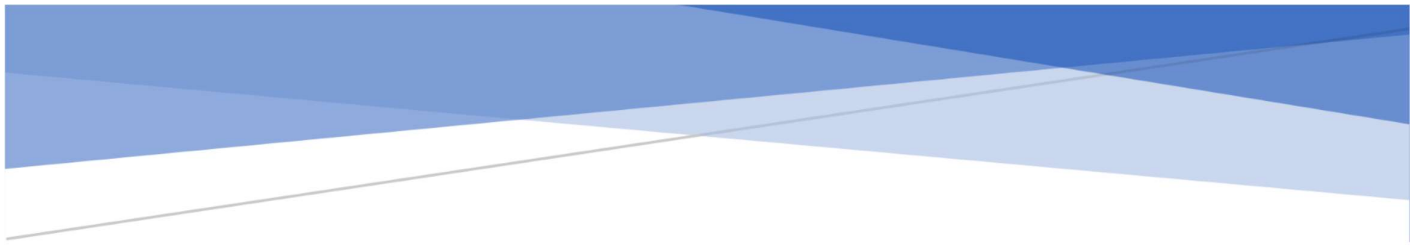
Rights for Inclusion

Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020



# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

Lastly, I wish to recognise our clients. We hope we make at least a small difference to their day. If we can do that then we know we are on our way to fulfilling our vision.

Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President

## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

MHF commenced the 2019-20 financial year with a refreshed organisational structure. A structure that re-focused resources to continue to deliver high quality services to our community, realise efficiencies and continue to strengthen our overall financial position. While the NDIS unit pricing still presents a challenge for the viability of some MHF services, the Board endorsed a budget focused on delivering a modest profit. This budget built upon the previous year and included key strategies that were closely managed to improve the financial position and viability of MHF.

After a strong first half of the financial year, MHF started to observe the impacts of the bushfires and COVID-19 pandemic. The Board, Chief Executive Officer and MHF team have been flexible in adjusting operations and our strategy, while being proactive in the financial management of each program. The executive team have managed program and overheads costs, without impacting the quality of service provision.

MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

MHF's finance manager and team should be commended on the drive and resilience demonstrated over the course of the financial year. This team has implemented debt recovery processes to reduce the accumulation of ageing debts and has provided unwavering support in delivering finance updates, on a more frequency basis, to enable ongoing financial monitoring of COVID19 impacts.

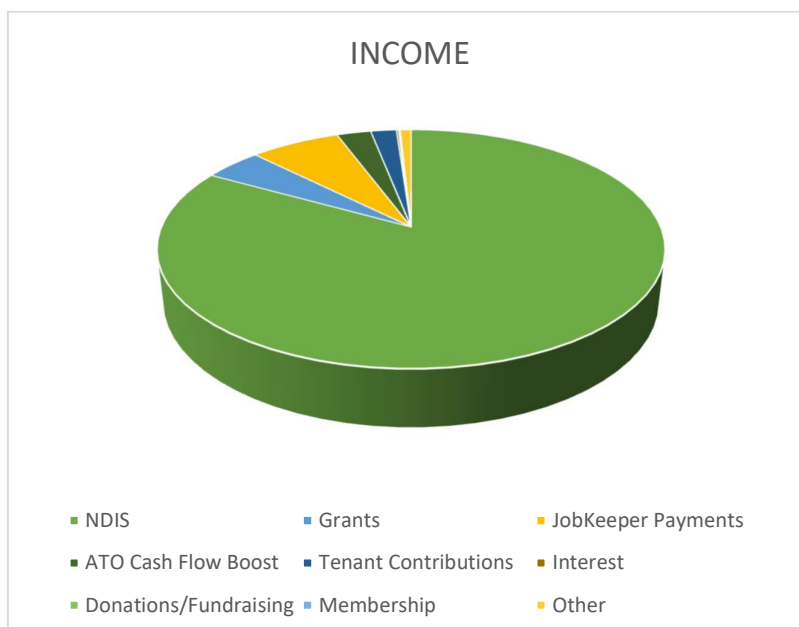
The Board and MHF leadership continue to monitor the financial position of MHF and have been proactively pursuing opportunities to diversify revenue streams, enhance efficiencies and streamline processes. We enter the 2020-21 financial year with a strong financial position and new opportunities that will improve our financial position. We will monitor the economic and financial impacts that continue to be realised from COVID-19.

Thank you again to the Board, MHF senior leadership and broader MHF team for your dedication, particularly in very uncertain times. This dedication has enabled MHF to continue to improve our financial position, year on year, since the introduction of the NDIS.

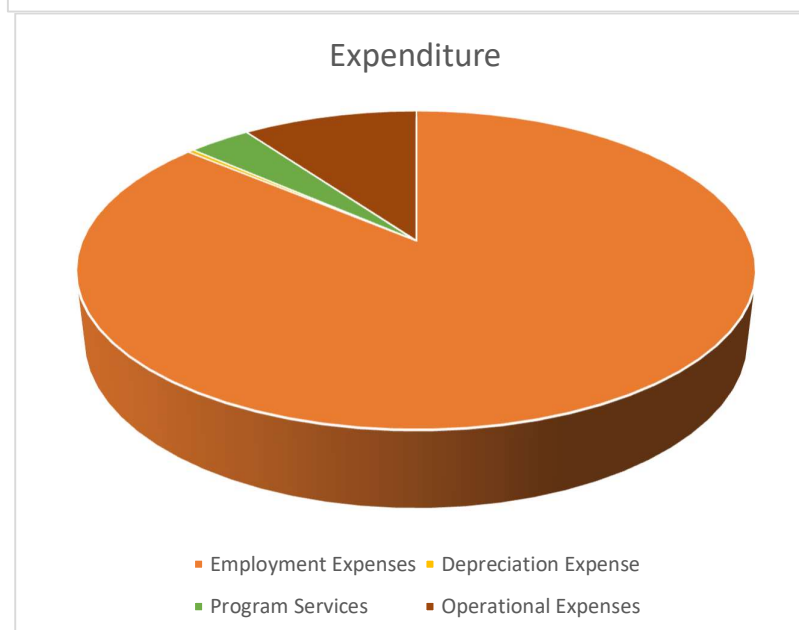
David Talbot  
Treasurer

**Mental Health Foundation (ACT) Incorporated**  
**For the Year Ended 30 June 2020**

<b>Income</b>	<b>\$</b>
NDIS	2,007,641
Grants	106,105
JobKeeper Payments	165,000
ATO Cash Flow Boost	62,500
Tenant Contributions	47,113
Interest	3,883
Donations/Fundraising	2,760
Membership	133
Other	20,220
<b>Total Income</b>	<b>2,415,355</b>



<b>Expenditure</b>	<b>\$</b>
Employment	
Expenses	1,991,363
Depreciation Expense	7,953
Program Services	82,060
Operational Expenses	229,786
<b>Total Expenditure</b>	<b>2,311,162</b>



**Surplus for the year**      104,193

## Board Members 2019-2020

**President Paul McGinness**

**Member Brien Hallett**

**Vice President Trixie Makay**

**Member Angela Ingram (Chief Executive Officer)**

**Treasurer Dave Talbot**

**Secretary Janine Robinson**

# Chief Executive Officer's Report

The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
- COVID – continuity of business plan was developed and reviewed on an ongoing basis as the situation changed, allowing MHF to support participants and staff. Staff remain connected through digital and face to face platforms whilst maintaining social distancing.
- Fire – staff safety working in a heavy smoke environment and staff were concerned for their homes both inside and outside the ACT.
- Our Staff – reviewing the needs of people we work with identified a change in skill base was required. Training of staff has increased in infection control and in working with the National Disability Insurance Agency (NDIA). Supporting staff doing their tertiary studies.
- During the year staff did move on to follow their family and professional development. Whilst some returned to work with the team.
- Volunteering at MHF has provided other opportunities to be inclusive including supporting the Mental Health Month activities in 2019 doing BBQs, assisting public relations opportunities in Garema Place, reviewing, and developing documents. A volunteer's strategy is the next step.
- Student learning – We have a continuing relationship with Canberra Institute of Technology, Australian National University, Australian Catholic University and Wisdom students gaining life experience in the workplace.
- Accreditation – MHF has a quality improvement program that will be measured against the National Disability Insurance Scheme (NDIS) standards and National Standards for Mental Health Services in the new financial year.
- Influencing at the Federal Government Level - Mental Illness Fellowship Australia – assists MHF to understand the environment that people with the lived experience and organisations are working within. This group has supported MHF to capacity build and lobby at the Federal level.

- Partnerships with the NDIA, Capital Health Network and One Door enabled MHF to facilitate people to transition to the NDIS.
- Influencing in the ACT - As a member of the Mental Health Community Coalition ACT (MHCC). I was elected to the MHCC Board and am currently the President.
- Finance – MHF has continued to work toward sustainability and viability. We have employed a Business Development Manager and the MHF Board is reviewing MHF's Strategic Plan to guide where MHF will grow to in the future.

This list only touches on some of the achievements that we at MHF ACT have been able to achieve. I would like to thank the Board, the staff and volunteers and most of all the carers and people with the lived experience of mental illness for assisting us to achieve our vision of *creating hope, people first and better mental health*.

Angela Ingram

Chief Executive Officer



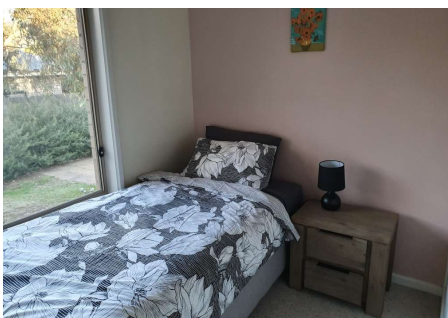
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

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Accommodation Manager



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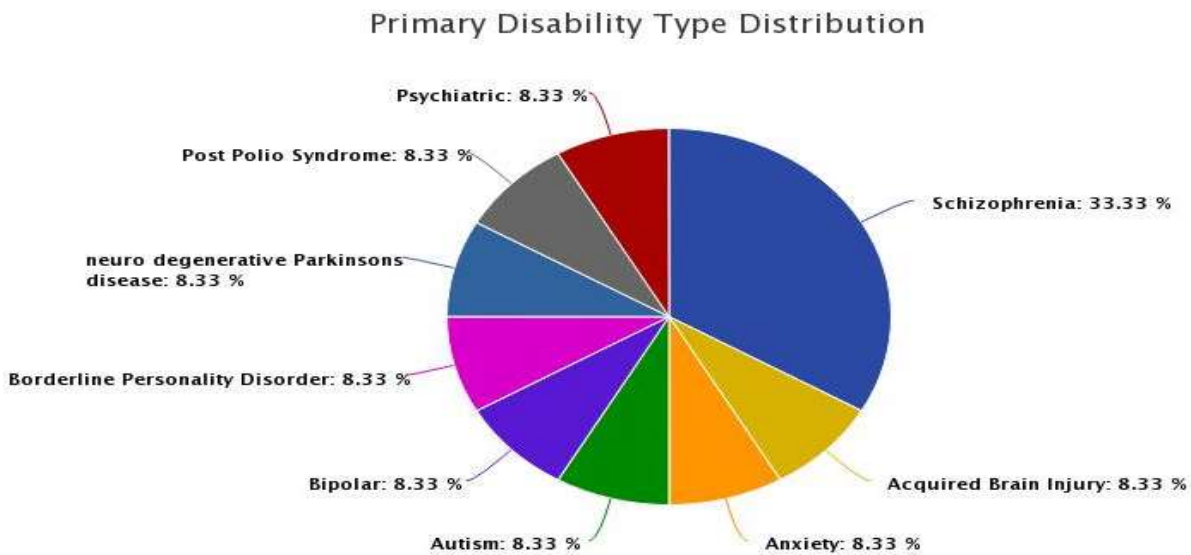
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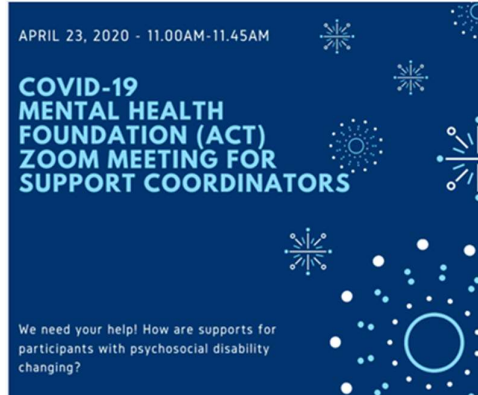
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Promoting a safe work environment late 2019 and early in 2020 became a challenge. Initially the smoke from the major bush fires was considered and MHF minimised exacerbation of respiratory illnesses using face masks and minimising the need to be outside.

Then following the arrival of COVID-19, MHF undertook to make sure that staff had current and up to date training in infection control. Staff undertook the *Disability Services Consulting* 'Supporting People to Stay Infection Free' training; and the *Commonwealth Department of Health* 'Infection Control – COVID-19' training. In addition, staff were provided with information about how to correctly use and dispose of Personal Protective Equipment, such as masks and gloves. This was supported by infographics as the rules around COVID-19 changed regarding social distancing, hand hygiene use of masks.

As part of MHF's response to COVID-19 the organisation also ensured that hand sanitiser and masks were available to all staff and a stockpile kept addressing ongoing needs. As well as a system for contact tracing and COVID -19 checking of a person's temperature, and asking questions regarding COVID-19 infection.

## National Disability Insurance Scheme Commission

MHF has continued the process of seeking accreditation against the NDIS Quality Standards as set out by the NDIS Quality and Safeguards Commission. This work has included revision of existing policies and procedures and development of new documents as MHF services have expanded and evolved.

Karen McKernan  
Corporate Service Manager



## Partnerships

ACT Council of Social Services

ACT Government – Housing, Mental Health, Justice Health, Alcohol and Other Drugs. Adult Mental Health Services, Office of Disabilities  
Australian National University

ADACAS

Business Assist

Canberra Institute of Technology

Capital Health Networks

Canberra University

Carers ACT

Consumer Network ACT

Depart of Defence

Depart of Industry, Innovation and Science – Stronger Community Grants Program

Duncan n Sargent

Hands Across Canberra

Havelock Housing

KPMG

Mental Health Community Coalition  
ACT

Mental Illness Fellowship Australia

Minter Ellison

National Disability Insurance Agency

Nexus

Office of Mental Health and Wellbeing

Rights for Inclusion

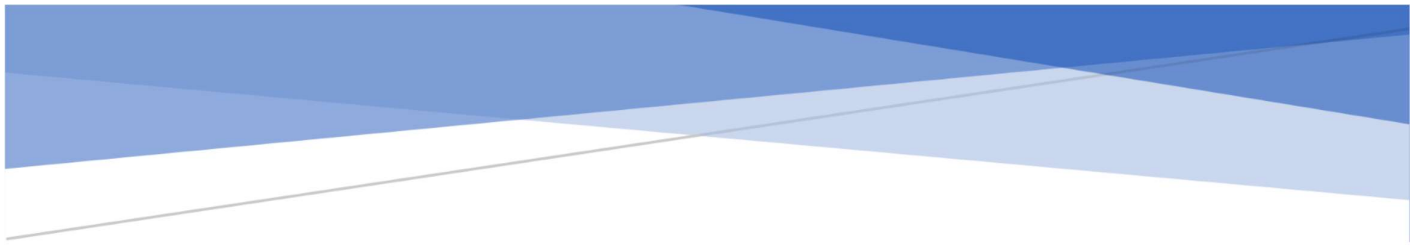
Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019





# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

Lastly, I wish to recognise our clients. We hope we make at least a small difference to their day. If we can do that then we know we are on our way to fulfilling our vision.

Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President

## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

MHF commenced the 2019-20 financial year with a refreshed organisational structure. A structure that re-focused resources to continue to deliver high quality services to our community, realise efficiencies and continue to strengthen our overall financial position. While the NDIS unit pricing still presents a challenge for the viability of some MHF services, the Board endorsed a budget focused on delivering a modest profit. This budget built upon the previous year and included key strategies that were closely managed to improve the financial position and viability of MHF.

After a strong first half of the financial year, MHF started to observe the impacts of the bushfires and COVID-19 pandemic. The Board, Chief Executive Officer and MHF team have been flexible in adjusting operations and our strategy, while being proactive in the financial management of each program. The executive team have managed program and overheads costs, without impacting the quality of service provision.

MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

MHF's finance manager and team should be commended on the drive and resilience demonstrated over the course of the financial year. This team has implemented debt recovery processes to reduce the accumulation of ageing debts and has provided unwavering support in delivering finance updates, on a more frequency basis, to enable ongoing financial monitoring of COVID19 impacts.

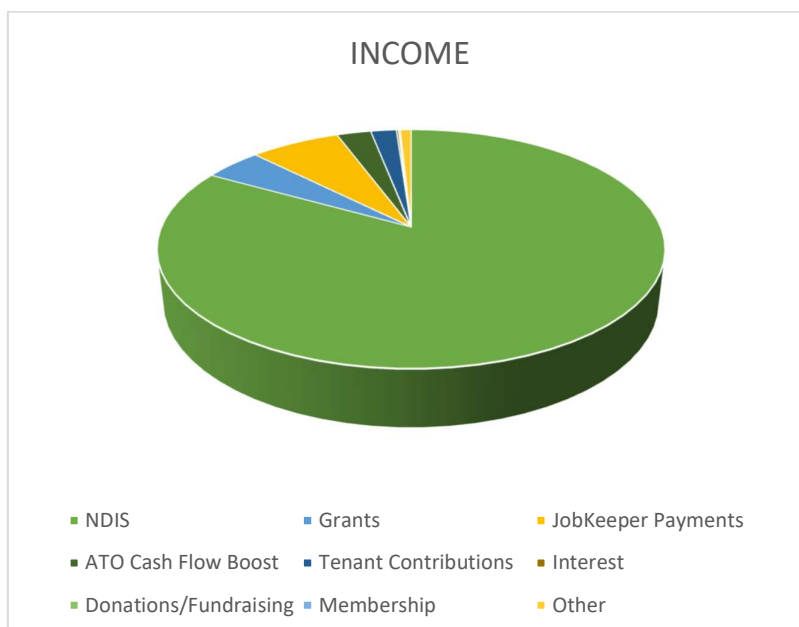
The Board and MHF leadership continue to monitor the financial position of MHF and have been proactively pursuing opportunities to diversify revenue streams, enhance efficiencies and streamline processes. We enter the 2020-21 financial year with a strong financial position and new opportunities that will improve our financial position. We will monitor the economic and financial impacts that continue to be realised from COVID-19.

Thank you again to the Board, MHF senior leadership and broader MHF team for your dedication, particularly in very uncertain times. This dedication has enabled MHF to continue to improve our financial position, year on year, since the introduction of the NDIS.

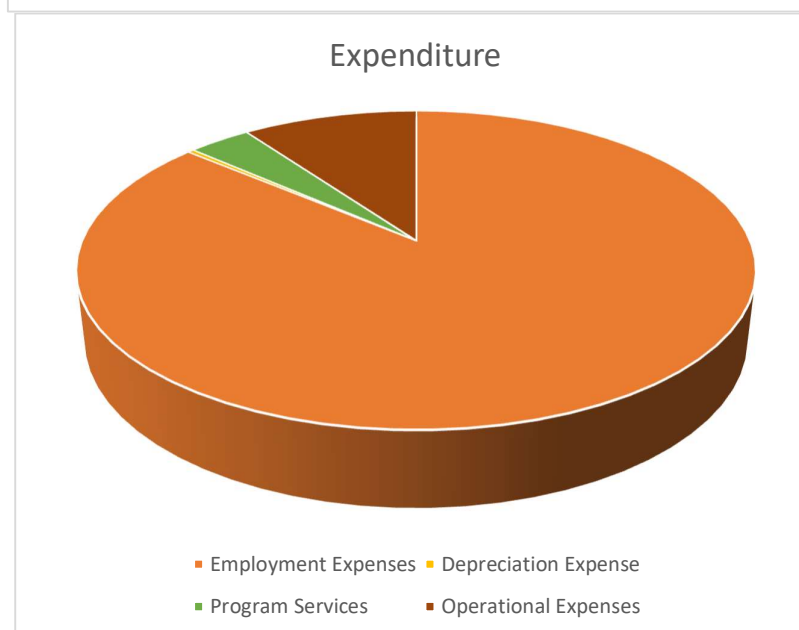
David Talbot  
Treasurer

**Mental Health Foundation (ACT) Incorporated**  
**For the Year Ended 30 June 2020**

<b>Income</b>	<b>\$</b>
NDIS	2,007,641
Grants	106,105
JobKeeper Payments	165,000
ATO Cash Flow Boost	62,500
Tenant Contributions	47,113
Interest	3,883
Donations/Fundraising	2,760
Membership	133
Other	20,220
<b>Total Income</b>	<b>2,415,355</b>



<b>Expenditure</b>	<b>\$</b>
Employment	
Expenses	1,991,363
Depreciation Expense	7,953
Program Services	82,060
Operational Expenses	229,786
<b>Total Expenditure</b>	<b>2,311,162</b>



**Surplus for the year** 104,193

## Board Members 2019-2020

**President Paul McGinness**

**Member Brien Hallett**

**Vice President Trixie Makay**

**Member Angela Ingram (Chief Executive Officer)**

**Treasurer Dave Talbot**

**Secretary Janine Robinson**

# Chief Executive Officer's Report

The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
- COVID – continuity of business plan was developed and reviewed on an ongoing basis as the situation changed, allowing MHF to support participants and staff. Staff remain connected through digital and face to face platforms whilst maintaining social distancing.
- Fire – staff safety working in a heavy smoke environment and staff were concerned for their homes both inside and outside the ACT.
- Our Staff – reviewing the needs of people we work with identified a change in skill base was required. Training of staff has increased in infection control and in working with the National Disability Insurance Agency (NDIA). Supporting staff doing their tertiary studies.
- During the year staff did move on to follow their family and professional development. Whilst some returned to work with the team.
- Volunteering at MHF has provided other opportunities to be inclusive including supporting the Mental Health Month activities in 2019 doing BBQs, assisting public relations opportunities in Garema Place, reviewing, and developing documents. A volunteer's strategy is the next step.
- Student learning – We have a continuing relationship with Canberra Institute of Technology, Australian National University, Australian Catholic University and Wisdom students gaining life experience in the workplace.
- Accreditation – MHF has a quality improvement program that will be measured against the National Disability Insurance Scheme (NDIS) standards and National Standards for Mental Health Services in the new financial year.
- Influencing at the Federal Government Level - Mental Illness Fellowship Australia – assists MHF to understand the environment that people with the lived experience and organisations are working within. This group has supported MHF to capacity build and lobby at the Federal level.

- Partnerships with the NDIA, Capital Health Network and One Door enabled MHF to facilitate people to transition to the NDIS.
- Influencing in the ACT - As a member of the Mental Health Community Coalition ACT (MHCC). I was elected to the MHCC Board and am currently the President.
- Finance – MHF has continued to work toward sustainability and viability. We have employed a Business Development Manager and the MHF Board is reviewing MHF's Strategic Plan to guide where MHF will grow to in the future.

This list only touches on some of the achievements that we at MHF ACT have been able to achieve. I would like to thank the Board, the staff and volunteers and most of all the carers and people with the lived experience of mental illness for assisting us to achieve our vision of *creating hope, people first and better mental health*.

Angela Ingram

Chief Executive Officer



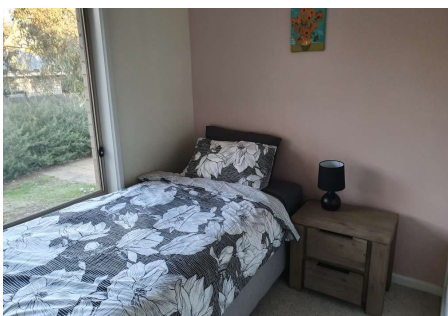
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

### Supported Independent Living (SIL)

The MHF SIL program does not have a prescriptive structure. We tailor support to individual needs. In-home regular onsite supervision ensures individuals are supported to maintain a successful tenancy, are equipped with living skills, social skills, and supports required to enable participants to live and enjoy their lives on equal terms to others in the community.



All houses are fully furnished, close to shops and bus stops. There is a spacious backyard with plenty of room for outdoor activities.



We are always looking for ways to improve our services. Stakeholders are encouraged to complete feedback questionnaires. This gives them a chance to express what they find useful, what they would like more of, and what they would like to change within the program. These questionnaires are completed anonymously so that stakeholders can express their real opinions about the program. Staff often seek participants' feedback daily. These types of feedback are often verbal. The feedback process also assists in identifying possible service gaps and areas of improvement.

Based on feedback, we were able to make some exciting changes to our SIL houses. MHF upgraded furniture and fittings for all SIL houses. The upgrade allows participants to engage with other participants in a communal space, therefore increasing quality of life opportunities. The provision of a new computer encourages participants to engage in studies, skills development, and training opportunities.

### Individualised Supported Accommodation (ISA)

MHF ISA gives the individual flexible options to design supports around formal and informal support in a group home. The extent of support required by individuals with lived experience is highly variable. MHF ISA can range from minimal support such as someone dropping in twice a week, to extensive support hours per day. The type and degree of support required depends on the needs of each individual and allocated funding.

Informal support remains an important component of quality accommodations support. For some participants, this means being supported to learn living skills to move from group home to independent living. For others, it means moving from a family home or move from an independent home to live with new people with similar interest for the first time.

### Short Term Accommodation Respite (STAR)

STAR is a vital service to allow families the opportunity to take a much-needed break from the caring role and to ensure that their own quality of life is maintained. STAR has also been used to strengthen relationships between carers and care recipient; as a preventative measure to prevent relapse for some participants and to provide a break from their living environment. STAR also provides an opportunity to socialise and make new friends. Due to the demand in social housing, MHF STAR sites are also used to provide participants with quality medium-term accommodation, during crisis periods when participants are searching for permanent accommodation.



## Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation (MHJHADSA)

MHJHADSA initiative provides long term accommodation to people with enduring mental health illness. To ensure the success of the program, MHF collaborated with stakeholders to co-design the model. The model focuses on principles of Choice and Control within the recovery framework and working with people's strengths.

Our experience shows us that respect for the individual are essential on building rapport, empowering the people to take ownership of their environment whilst working toward harmonious living environment in a group setting. We recognise that sharing a house with four individuals with different needs and personality can be a great deal of time.

To ensure participants maintain their tenancy with Havelock Housing, MHF continues to work with a range of support networks, such as carers, clinicians, and support coordinators to develop the necessary infrastructure to maintain and increase capacity for autonomous living.

Continuing feedback and consultation with participants and their support networks have also assisted participants to achieve some identified outcomes, and enabled MHF to review some of its current practices. During June, MHF outsourced an independent person to help evaluate the effectiveness of the implementation of the Florey model. Based on the evaluation it was identified that MHF's strength is their communication and liaison with all stakeholders. Our willingness to cooperate, collaborate and our openness to feedback was an identified key strength. The evaluation also identified current issues with NDIS funding due to gaps in funding supports and consistent incidents occurring due to unhelpful behaviours when there is no staff around. The evaluation highlighted the importance of staff support and ensuring there are 24 hours of supervision of continuity for care, decrease in number of incidents, ensuring safety, and improving quality of life.



On the left is Esther (staff), middle Simonette (participant) and right Sue (Staff), saying a big Happy Birthday, with their glasses raised up to say cheers for another year added to Simonette's life, as all enjoy a glass of sparkling grape juice and birthday cheesecake.

Afia Amoo-Oluka  
Accommodation Manager

# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

## Who We Are

The Outreach team provides support services to individuals experiencing mental-health issues/concerns. Some MHF participants live with co-morbidity of alcohol and other drugs and chronic physical diseases.

Since the inception of the nationwide NDIS, MHF continues to support participants with their individual NDIS plans. Also, we supported a specific cohort of people identified by the Capital Health Network (CHN) through the National Psychosocial Support Transition (NPST) project.

The NPST project was designed to assist people to access the NDIS with the help of peer staff members. This small group of people had been identified to have challenging circumstances that prevented them from applying for the NDIS meaningfully. This opportunity established that a majority of this cohort did not wish to access the NDIS, and this feedback was provided to CHN.

When supporting:

- NDIS participants: We delivered Outreach services based on the principle of choice and control, using recovery principles while working towards their identified goals, and at a pace they were comfortable with. Rights and responsibilities of clients were outlined at the point of entry into the service.
- NPST participants: We facilitated for them to apply for NDIS, based on CHN's efforts to transition them into the NDIS, focussing on those that had resided in Ainslie Village.
- Our staff have been trained in supported decision making, trauma-informed care and a codesigned approach.

## What We Did

Support coordination, mentoring, access to the community, assistance in activities of daily living, psychosocial community participation and transport were the services we provided generally. Participants were supported based on their needs, which we made available from mornings through to evenings every day.

MHF teams are mobile. They were ready for the COVID-19 environment. This meant our Outreach team members can be available, face-to-face or digitally, depending on how MHF participants need. Participants preferred face-to-face over the digital medium with COVID-19 precautions in place. The digital medium was taken up by a few. The choice was theirs.

We supported participants at various locations, including in the comfort of their homes and/or at mutually agreed public locations. In addition, we continued to support participants regularly during short out-of-state travel to build their capacity, e.g. trips to Tidbinbilla/Yass/Goulburn or to the South Coast in NSW; Outreach continues to respond to this encouraging trend that is based on the participants' needs.

*Carer testimonial*

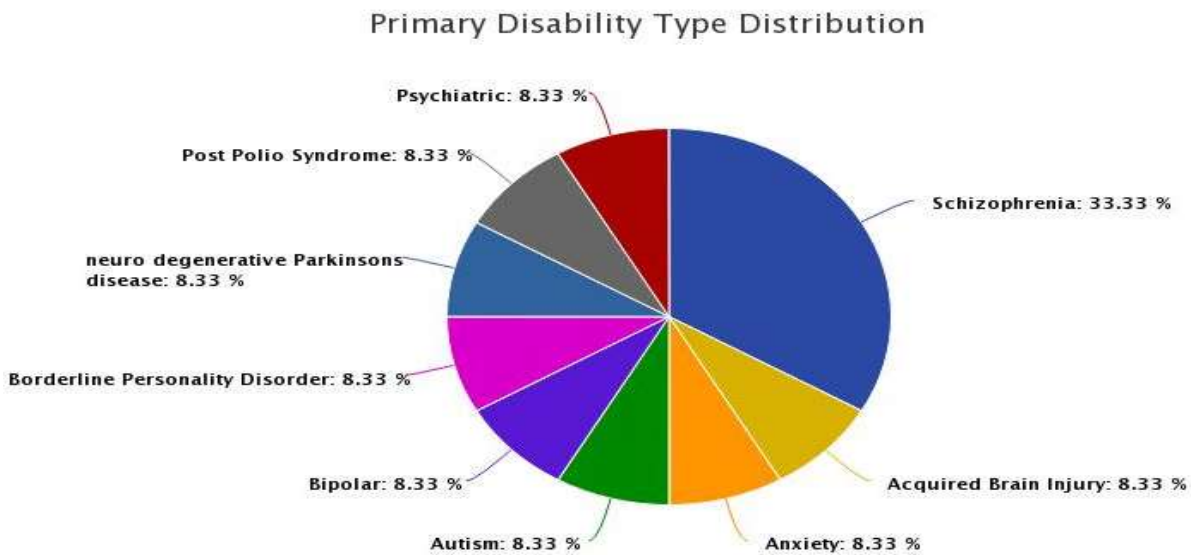
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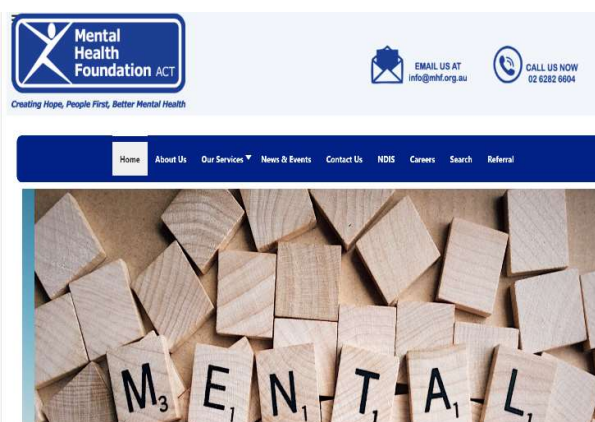


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Peter Lennon  
Business Development Manager

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Karen McKernan  
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Duncan n Sargent

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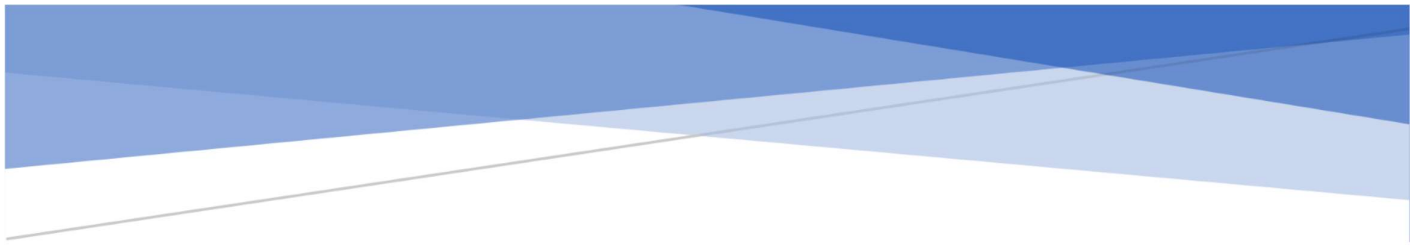
Rights for Inclusion

Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

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Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President

## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

MHF commenced the 2019-20 financial year with a refreshed organisational structure. A structure that re-focused resources to continue to deliver high quality services to our community, realise efficiencies and continue to strengthen our overall financial position. While the NDIS unit pricing still presents a challenge for the viability of some MHF services, the Board endorsed a budget focused on delivering a modest profit. This budget built upon the previous year and included key strategies that were closely managed to improve the financial position and viability of MHF.

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MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

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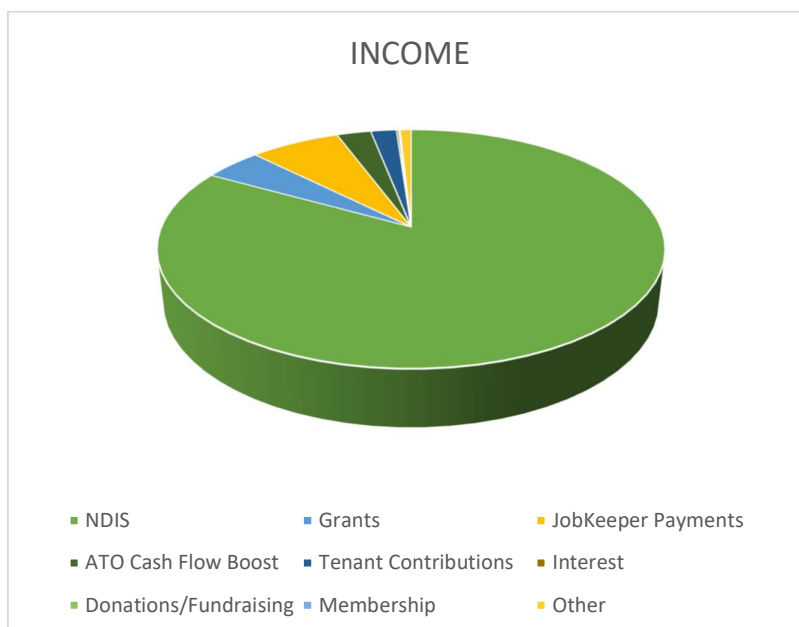
The Board and MHF leadership continue to monitor the financial position of MHF and have been proactively pursuing opportunities to diversify revenue streams, enhance efficiencies and streamline processes. We enter the 2020-21 financial year with a strong financial position and new opportunities that will improve our financial position. We will monitor the economic and financial impacts that continue to be realised from COVID-19.

Thank you again to the Board, MHF senior leadership and broader MHF team for your dedication, particularly in very uncertain times. This dedication has enabled MHF to continue to improve our financial position, year on year, since the introduction of the NDIS.

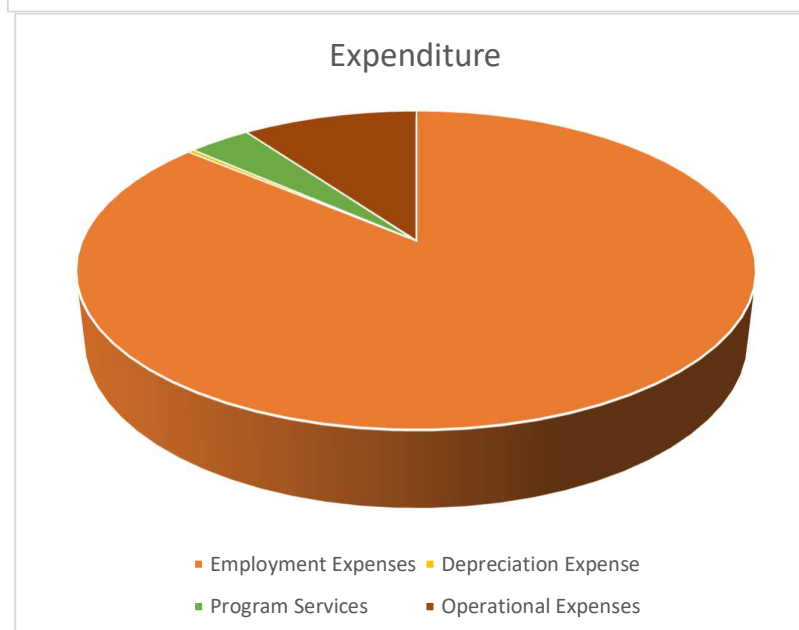
David Talbot  
Treasurer

**Mental Health Foundation (ACT) Incorporated**  
**For the Year Ended 30 June 2020**

<b>Income</b>	<b>\$</b>
NDIS	2,007,641
Grants	106,105
JobKeeper Payments	165,000
ATO Cash Flow Boost	62,500
Tenant Contributions	47,113
Interest	3,883
Donations/Fundraising	2,760
Membership	133
Other	20,220
<b>Total Income</b>	<b>2,415,355</b>



<b>Expenditure</b>	<b>\$</b>
Employment	
Expenses	1,991,363
Depreciation Expense	7,953
Program Services	82,060
Operational Expenses	229,786
<b>Total Expenditure</b>	<b>2,311,162</b>



**Surplus for the year**      104,193

## Board Members 2019-2020

**President Paul McGinness**

**Member Brien Hallett**

**Vice President Trixie Makay**

**Member Angela Ingram (Chief Executive Officer)**

**Treasurer Dave Talbot**

**Secretary Janine Robinson**

# Chief Executive Officer's Report

The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
- COVID – continuity of business plan was developed and reviewed on an ongoing basis as the situation changed, allowing MHF to support participants and staff. Staff remain connected through digital and face to face platforms whilst maintaining social distancing.
- Fire – staff safety working in a heavy smoke environment and staff were concerned for their homes both inside and outside the ACT.
- Our Staff – reviewing the needs of people we work with identified a change in skill base was required. Training of staff has increased in infection control and in working with the National Disability Insurance Agency (NDIA). Supporting staff doing their tertiary studies.
- During the year staff did move on to follow their family and professional development. Whilst some returned to work with the team.
- Volunteering at MHF has provided other opportunities to be inclusive including supporting the Mental Health Month activities in 2019 doing BBQs, assisting public relations opportunities in Garema Place, reviewing, and developing documents. A volunteer's strategy is the next step.
- Student learning – We have a continuing relationship with Canberra Institute of Technology, Australian National University, Australian Catholic University and Wisdom students gaining life experience in the workplace.
- Accreditation – MHF has a quality improvement program that will be measured against the National Disability Insurance Scheme (NDIS) standards and National Standards for Mental Health Services in the new financial year.
- Influencing at the Federal Government Level - Mental Illness Fellowship Australia – assists MHF to understand the environment that people with the lived experience and organisations are working within. This group has supported MHF to capacity build and lobby at the Federal level.

- Partnerships with the NDIA, Capital Health Network and One Door enabled MHF to facilitate people to transition to the NDIS.
- Influencing in the ACT - As a member of the Mental Health Community Coalition ACT (MHCC). I was elected to the MHCC Board and am currently the President.
- Finance – MHF has continued to work toward sustainability and viability. We have employed a Business Development Manager and the MHF Board is reviewing MHF's Strategic Plan to guide where MHF will grow to in the future.

This list only touches on some of the achievements that we at MHF ACT have been able to achieve. I would like to thank the Board, the staff and volunteers and most of all the carers and people with the lived experience of mental illness for assisting us to achieve our vision of *creating hope, people first and better mental health*.

Angela Ingram

Chief Executive Officer



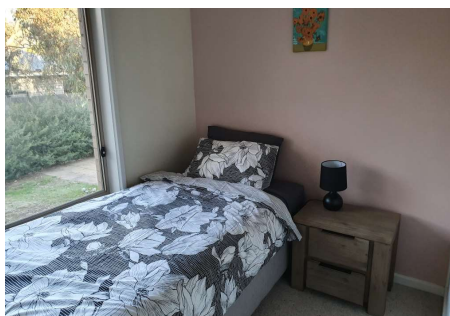
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

### Supported Independent Living (SIL)

The MHF SIL program does not have a prescriptive structure. We tailor support to individual needs. In-home regular onsite supervision ensures individuals are supported to maintain a successful tenancy, are equipped with living skills, social skills, and supports required to enable participants to live and enjoy their lives on equal terms to others in the community.



All houses are fully furnished, close to shops and bus stops. There is a spacious backyard with plenty of room for outdoor activities.



We are always looking for ways to improve our services. Stakeholders are encouraged to complete feedback questionnaires. This gives them a chance to express what they find useful, what they would like more of, and what they would like to change within the program. These questionnaires are completed anonymously so that stakeholders can express their real opinions about the program. Staff often seek participants' feedback daily. These types of feedback are often verbal. The feedback process also assists in identifying possible service gaps and areas of improvement.

Based on feedback, we were able to make some exciting changes to our SIL houses. MHF upgraded furniture and fittings for all SIL houses. The upgrade allows participants to engage with other participants in a communal space, therefore increasing quality of life opportunities. The provision of a new computer encourages participants to engage in studies, skills development, and training opportunities.



### Individualised Supported Accommodation (ISA)

MHF ISA gives the individual flexible options to design supports around formal and informal support in a group home. The extent of support required by individuals with lived experience is highly variable. MHF ISA can range from minimal support such as someone dropping in twice a week, to extensive support hours per day. The type and degree of support required depends on the needs of each individual and allocated funding.

Informal support remains an important component of quality accommodations support. For some participants, this means being supported to learn living skills to move from group home to independent living. For others, it means moving from a family home or move from an independent home to live with new people with similar interest for the first time.

### Short Term Accommodation Respite (STAR)

STAR is a vital service to allow families the opportunity to take a much-needed break from the caring role and to ensure that their own quality of life is maintained. STAR has also been used to strengthen relationships between carers and care recipient; as a preventative measure to prevent relapse for some participants and to provide a break from their living environment. STAR also provides an opportunity to socialise and make new friends. Due to the demand in social housing, MHF STAR sites are also used to provide participants with quality medium-term accommodation, during crisis periods when participants are searching for permanent accommodation.

## Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation (MHJHADSA)

MHJHADSA initiative provides long term accommodation to people with enduring mental health illness. To ensure the success of the program, MHF collaborated with stakeholders to co-design the model. The model focuses on principles of Choice and Control within the recovery framework and working with people's strengths.

Our experience shows us that respect for the individual are essential on building rapport, empowering the people to take ownership of their environment whilst working toward harmonious living environment in a group setting. We recognise that sharing a house with four individuals with different needs and personality can be a great deal of time.

To ensure participants maintain their tenancy with Havelock Housing, MHF continues to work with a range of support networks, such as carers, clinicians, and support coordinators to develop the necessary infrastructure to maintain and increase capacity for autonomous living.

Continuing feedback and consultation with participants and their support networks have also assisted participants to achieve some identified outcomes, and enabled MHF to review some of its current practices. During June, MHF outsourced an independent person to help evaluate the effectiveness of the implementation of the Florey model. Based on the evaluation it was identified that MHF's strength is their communication and liaison with all stakeholders. Our willingness to cooperate, collaborate and our openness to feedback was an identified key strength. The evaluation also identified current issues with NDIS funding due to gaps in funding supports and consistent incidents occurring due to unhelpful behaviours when there is no staff around. The evaluation highlighted the importance of staff support and ensuring there are 24 hours of supervision of continuity for care, decrease in number of incidents, ensuring safety, and improving quality of life.



On the left is Esther (staff), middle Simonette (participant) and right Sue (Staff), saying a big Happy Birthday, with their glasses raised up to say cheers for another year added to Simonette's life, as all enjoy a glass of sparkling grape juice and birthday cheesecake.

Afia Amoo-Oluka  
Accommodation Manager

# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

## Who We Are

The Outreach team provides support services to individuals experiencing mental-health issues/concerns. Some MHF participants live with co-morbidity of alcohol and other drugs and chronic physical diseases.

Since the inception of the nationwide NDIS, MHF continues to support participants with their individual NDIS plans. Also, we supported a specific cohort of people identified by the Capital Health Network (CHN) through the National Psychosocial Support Transition (NPST) project.

The NPST project was designed to assist people to access the NDIS with the help of peer staff members. This small group of people had been identified to have challenging circumstances that prevented them from applying for the NDIS meaningfully. This opportunity established that a majority of this cohort did not wish to access the NDIS, and this feedback was provided to CHN.

When supporting:

- NDIS participants: We delivered Outreach services based on the principle of choice and control, using recovery principles while working towards their identified goals, and at a pace they were comfortable with. Rights and responsibilities of clients were outlined at the point of entry into the service.
- NPST participants: We facilitated for them to apply for NDIS, based on CHN's efforts to transition them into the NDIS, focussing on those that had resided in Ainslie Village.
- Our staff have been trained in supported decision making, trauma-informed care and a codesigned approach.

## What We Did

Support coordination, mentoring, access to the community, assistance in activities of daily living, psychosocial community participation and transport were the services we provided generally. Participants were supported based on their needs, which we made available from mornings through to evenings every day.

MHF teams are mobile. They were ready for the COVID-19 environment. This meant our Outreach team members can be available, face-to-face or digitally, depending on how MHF participants need. Participants preferred face-to-face over the digital medium with COVID-19 precautions in place. The digital medium was taken up by a few. The choice was theirs.

We supported participants at various locations, including in the comfort of their homes and/or at mutually agreed public locations. In addition, we continued to support participants regularly during short out-of-state travel to build their capacity, e.g. trips to Tidbinbilla/Yass/Goulburn or to the South Coast in NSW; Outreach continues to respond to this encouraging trend that is based on the participants' needs.

*Carer testimonial*

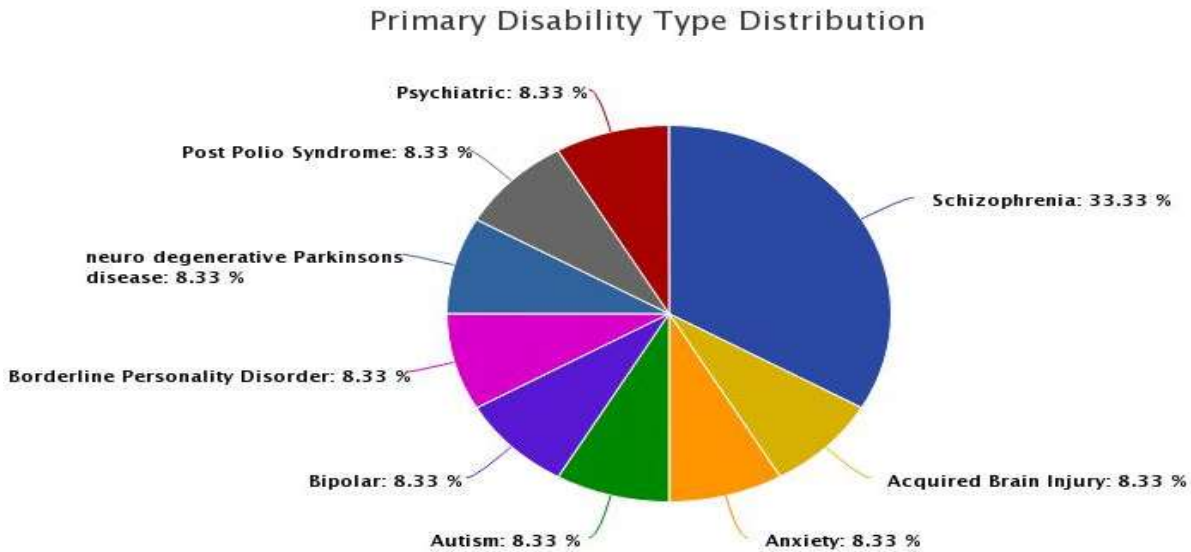
<p><i>“Adam did the best he could with Rob. He was very patient with Rob and Rob would have benefited from the support from Adam if Rob was more open to the idea. Adam has been observed with the other residents in the house and is amazing with them.</i></p>	<p><i>They get a lot out of the time they spend with him. A shame that Rob didn’t want to engage with Adam. Rob was at times extremely rude with Adam. But Adam never gave up!” Elyssa, 2019</i></p>
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MHF Outreach provides services to all age groups, from 16 years to 56+ years. Most participants (48%) are in the 36 to 55 years age range, followed by over 56 years (38%) and then up to 35 years (16%).

The MHF Outreach participant base comprises of slightly more male clients (55%) than female clients (45%).

A third of participants receiving Outreach supports identify themselves as living with schizophrenia. See Diagram 1.

Diagram 1: Primary Disability Distribution



*Ros said in 2020: "Having been a client of MHF for almost 10 years, I would like to compliment MHF on providing well-chosen workers to visit and accompany clients. I have experienced quite a few of them and found them clever, perceptive and untiring. My one concern is that sometimes their workload is a little heavy. However, all in all, they have been good to me."*

The Outreach Team continues to work closely with participants to build their capacity to improve their quality of life based on their goals. To achieve this outcome, we continue to:

- Work closely with their support network, which may include their guardians/carers, clinical managers and various service providers, to facilitate continuity of support within the community. We continue to receive referrals from familiar and new sources within the community, including self-referrals and expressions of interest,
- Invest in training opportunities,
- Network with relevant service providers at various networking platforms,
- Keep MHF participants updated on relevant changes in NDIS guidelines,
- Support participants through the NDIS processes and planning meetings.

The Outreach team remains committed and focussed on being person-centric when we deliver our services to the people who need them.

Shahrin Ariff  
Outreach Program Manager

## Business Development

### Introduction

In mid-October 2019, I joined MHF as Business Development Manager to develop ways of increasing revenue from the NDIS and to identify new sources of income in alignment with our mission.

But what a time to start. As with others, my attention would soon be drawn to bushfire plans and responding to a global pandemic.



### Mental Health Month – October 2019

Each year MHF formally celebrates Mental Health Month (MHM) and Schizophrenia Awareness Week (SAW). This year we celebrated MHM with the following events.

#### Defence Force sausage sizzle

MHF celebrated World Mental Health Day by cooking up a storm and providing beautifully cooked sausage sandwiches to the 100s of defence force personnel and public servants taking part in the Bridge to Bridge Walk.



#### MHM Expo at Bunda Place

This year MHF once again had a booth at this annual event. Our staff and volunteers got to meet hundreds of enthusiastic members of the public and were able to explain what we do.

#### Duncan 'N Sargeant

We had a great night at the Annual Concert for Mental Health with the talented and entertaining Duncan N. Sargeant. Duncan's masterly guitar playing and beautiful song writing entertained the audience.

Thank you Duncan for once again supporting us and to all those involved in making this a fun night

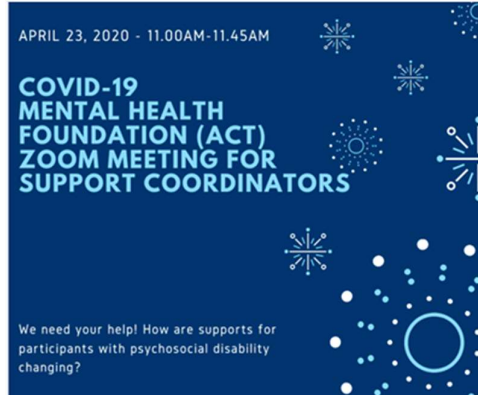
## COVID-19

As mentioned, not long after we started to relax at the end of the local bushfires, the global COVID-19 pandemic hit and it re-focussed a lot of the executives' attention on operations and staff.

To help communicate some of the important messages to staff, we started producing some infographics using the platform Canva.



## Referral Pathways



We worked hard to nurture our referral pathways during the latter half of 2019/20.

We did this by developing a relationship with the Local Area Coordinator, Feros Care and establishing relationships with as many support coordinators as we could.

Before COVID-19 hit, we visited individual support coordinators to see how we could support them and to determine their level of understanding of the services we provide.

Once we were social distancing, we moved the activity on-line, hosting a webinar specific to support coordinators and sent newsletters updating our accommodation vacancies.



## 12<sup>th</sup> Annual Comorbidity Interagency Day

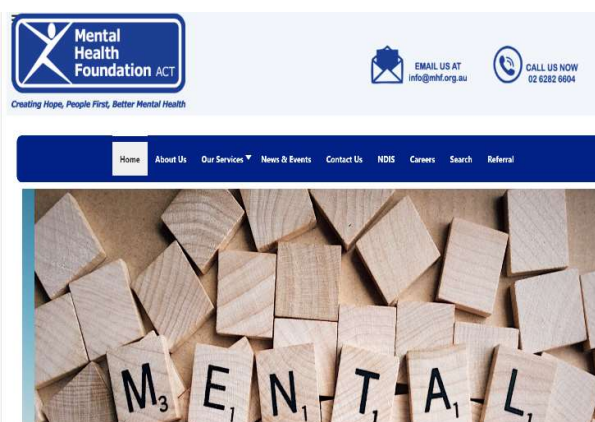


In early December 2019 MHF attended the 12th Annual Comorbidity Interagency Day. Hosted by CatholicCare Canberra and Goulburn, it was a great chance for Alcohol, Tobacco and Other Drugs and Mental Health Services to get together, network and get a better understanding of how we all fit together.

It was interesting to hear Carrie Fowlie, CEO of ATODA (the peak body for Alcohol, Tobacco and Other Drug services), talk about how she wished that their sector was as successful as the mental health sector in reducing stigma.

## Website

A priority for this year was to get a new, improved website. After a few false starts the previous year, we finally achieved a new website with a fresher, more modern look. But we haven't finished yet. The website will continue to develop over the next 12 months so that it becomes an important resource for the Canberra community.



## SAW – May 2020



In May MHF, once again joined other Mental Illness Fellowship of Australia members in hosting SAW2020.

But this year was different with COVID-19 now upon us. The theme for this year was “Stay Connected” but the aims remained the same - reduce stigma, bust myths and promote help seeking.

The highlight for SAW2020 was our webinar – “Schizophrenia, Pathways to

Recovery” where we hosted a discussion between MHF CEO Angie Ingram, Dr Elizabeth Moore – Coordinator General of the Office of Mental Health and Wellbeing, and Nikki O'Dwyer – Manager and Senior Therapist at Adult Community Mental Health Services.

Peter Lennon  
Business Development Manager



## Human Resources

The MHF had a decrease in the total number of staff employed from 43 at the end of June 2019, to 35 at the end of June 2020. Of these 35 employees, 62 percent (22) were female and 38 percent (13) were male; 24 were casual employees; four part-time staff and seven were full-time staff.

All MHF staff must complete the *National Disability Insurance Commission Quality and Safeguards Commission* 'Quality, Safety and You', worker orientation module. New staff starting with MHF are required to have completed the module prior to commencing.

During the financial year, staff attended a range of other training courses, including 'Assessing, Preventing and Managing Challenging Behaviour', 'Trauma Awareness', and 'Stress Better' training. This last training was particularly relevant with the arrival of COVID-19 and the associated restrictions that imposed on staff and participants.

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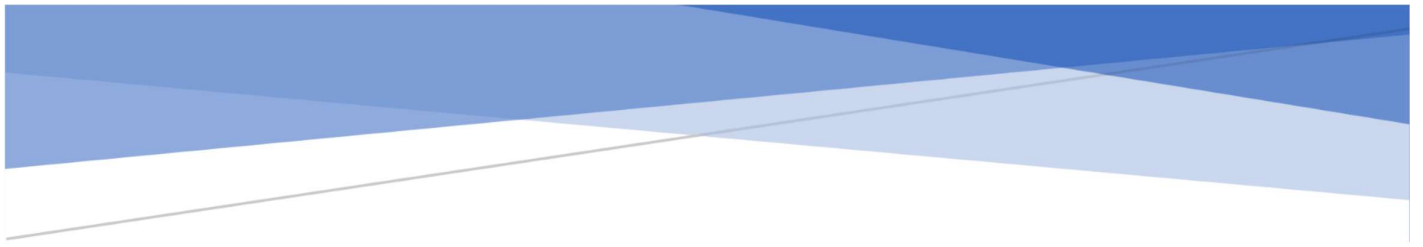
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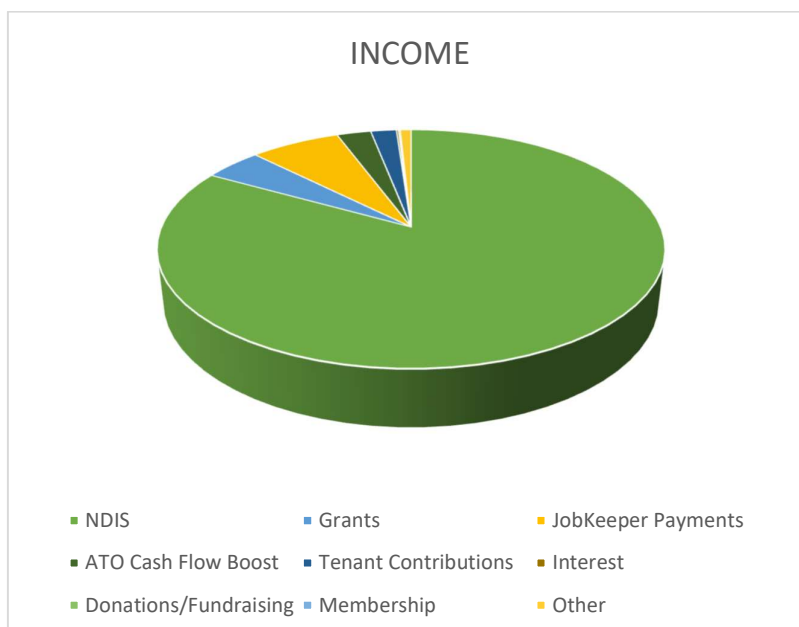
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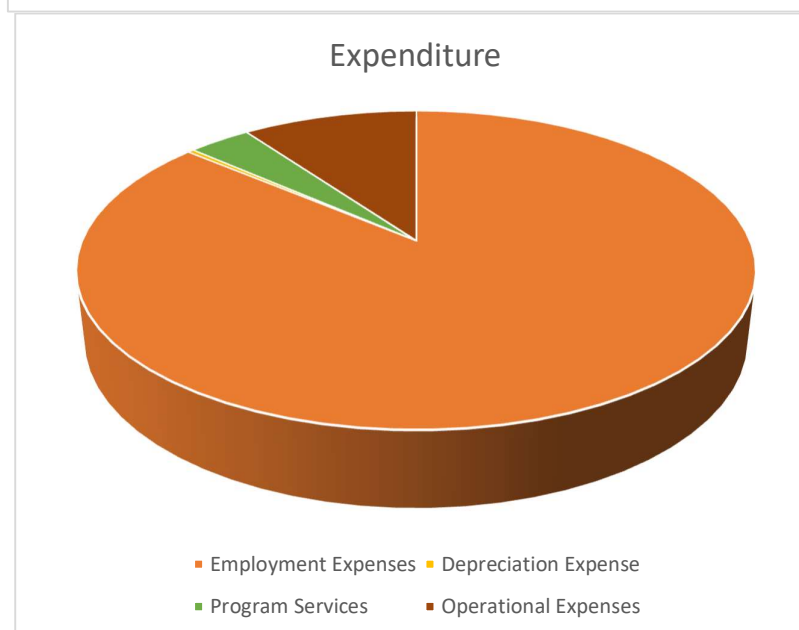
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**Surplus for the year**      104,193

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# Chief Executive Officer's Report

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Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
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This list only touches on some of the achievements that we at MHF ACT have been able to achieve. I would like to thank the Board, the staff and volunteers and most of all the carers and people with the lived experience of mental illness for assisting us to achieve our vision of *creating hope, people first and better mental health*.

Angela Ingram

Chief Executive Officer





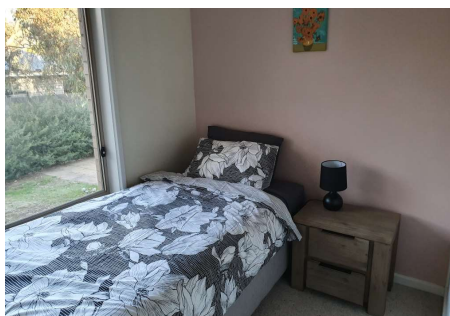
## Accommodation Services

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- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

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### Individualised Supported Accommodation (ISA)

MHF ISA gives the individual flexible options to design supports around formal and informal support in a group home. The extent of support required by individuals with lived experience is highly variable. MHF ISA can range from minimal support such as someone dropping in twice a week, to extensive support hours per day. The type and degree of support required depends on the needs of each individual and allocated funding.

Informal support remains an important component of quality accommodations support. For some participants, this means being supported to learn living skills to move from group home to independent living. For others, it means moving from a family home or move from an independent home to live with new people with similar interest for the first time.

### Short Term Accommodation Respite (STAR)

STAR is a vital service to allow families the opportunity to take a much-needed break from the caring role and to ensure that their own quality of life is maintained. STAR has also been used to strengthen relationships between carers and care recipient; as a preventative measure to prevent relapse for some participants and to provide a break from their living environment. STAR also provides an opportunity to socialise and make new friends. Due to the demand in social housing, MHF STAR sites are also used to provide participants with quality medium-term accommodation, during crisis periods when participants are searching for permanent accommodation.

## Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation (MHJHADSAs)

MHJHADSAs initiative provides long term accommodation to people with enduring mental health illness. To ensure the success of the program, MHF collaborated with stakeholders to co-design the model. The model focuses on principles of Choice and Control within the recovery framework and working with people's strengths.

Our experience shows us that respect for the individual are essential on building rapport, empowering the people to take ownership of their environment whilst working toward harmonious living environment in a group setting. We recognise that sharing a house with four individuals with different needs and personality can be a great deal of time.

To ensure participants maintain their tenancy with Havelock Housing, MHF continues to work with a range of support networks, such as carers, clinicians, and support coordinators to develop the necessary infrastructure to maintain and increase capacity for autonomous living.

Continuing feedback and consultation with participants and their support networks have also assisted participants to achieve some identified outcomes, and enabled MHF to review some of its current practices. During June, MHF outsourced an independent person to help evaluate the effectiveness of the implementation of the Florey model. Based on the evaluation it was identified that MHF's strength is their communication and liaison with all stakeholders. Our willingness to cooperate, collaborate and our openness to feedback was an identified key strength. The evaluation also identified current issues with NDIS funding due to gaps in funding supports and consistent incidents occurring due to unhelpful behaviours when there is no staff around. The evaluation highlighted the importance of staff support and ensuring there are 24 hours of supervision of continuity for care, decrease in number of incidents, ensuring safety, and improving quality of life.



On the left is Esther (staff), middle Simonette (participant) and right Sue (Staff), saying a big Happy Birthday, with their glasses raised up to say cheers for another year added to Simonette's life, as all enjoy a glass of sparkling grape juice and birthday cheesecake.

Afia Amoo-Oluka  
Accommodation Manager

# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

## Who We Are

The Outreach team provides support services to individuals experiencing mental-health issues/concerns. Some MHF participants live with co-morbidity of alcohol and other drugs and chronic physical diseases.

Since the inception of the nationwide NDIS, MHF continues to support participants with their individual NDIS plans. Also, we supported a specific cohort of people identified by the Capital Health Network (CHN) through the National Psychosocial Support Transition (NPST) project.

The NPST project was designed to assist people to access the NDIS with the help of peer staff members. This small group of people had been identified to have challenging circumstances that prevented them from applying for the NDIS meaningfully. This opportunity established that a majority of this cohort did not wish to access the NDIS, and this feedback was provided to CHN.

When supporting:

- NDIS participants: We delivered Outreach services based on the principle of choice and control, using recovery principles while working towards their identified goals, and at a pace they were comfortable with. Rights and responsibilities of clients were outlined at the point of entry into the service.
- NPST participants: We facilitated for them to apply for NDIS, based on CHN's efforts to transition them into the NDIS, focussing on those that had resided in Ainslie Village.
- Our staff have been trained in supported decision making, trauma-informed care and a codesigned approach.

## What We Did

Support coordination, mentoring, access to the community, assistance in activities of daily living, psychosocial community participation and transport were the services we provided generally. Participants were supported based on their needs, which we made available from mornings through to evenings every day.

MHF teams are mobile. They were ready for the COVID-19 environment. This meant our Outreach team members can be available, face-to-face or digitally, depending on how MHF participants need. Participants preferred face-to-face over the digital medium with COVID-19 precautions in place. The digital medium was taken up by a few. The choice was theirs.

We supported participants at various locations, including in the comfort of their homes and/or at mutually agreed public locations. In addition, we continued to support participants regularly during short out-of-state travel to build their capacity, e.g. trips to Tidbinbilla/Yass/Goulburn or to the South Coast in NSW; Outreach continues to respond to this encouraging trend that is based on the participants' needs.

*Carer testimonial*

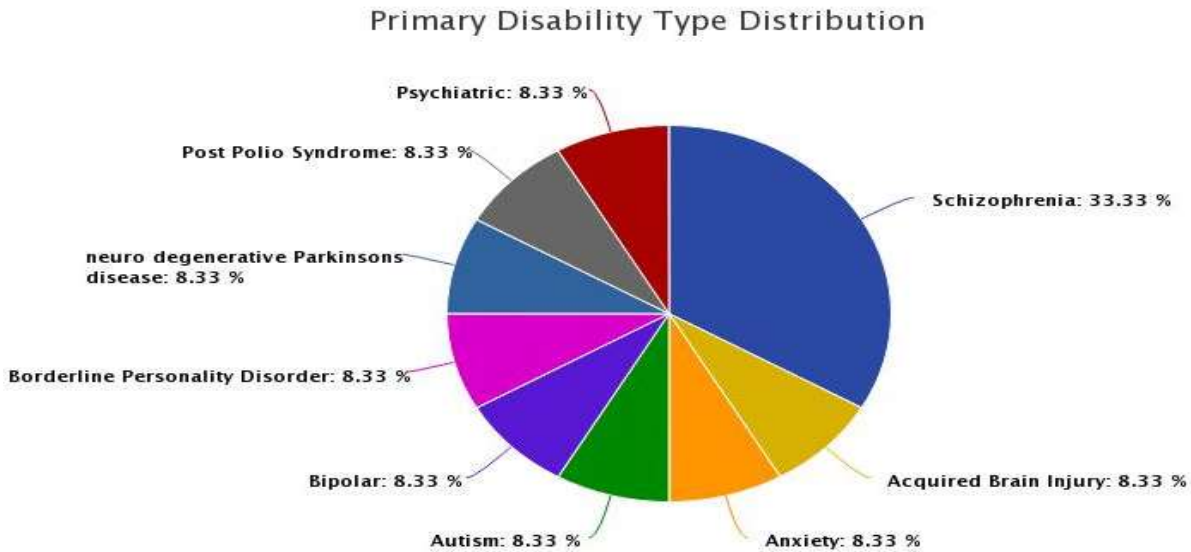
<i>"Adam did the best he could with Rob. He was very patient with Rob and Rob would have benefited from the support from Adam if Rob was more open to the idea. Adam has been observed with the other residents in the house and is amazing with them."</i>	<i>"They get a lot out of the time they spend with him. A shame that Rob didn't want to engage with Adam. Rob was at times extremely rude with Adam. But Adam never gave up!" Elyssa, 2019</i>
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MHF Outreach provides services to all age groups, from 16 years to 56+ years. Most participants (48%) are in the 36 to 55 years age range, followed by over 56 years (38%) and then up to 35 years (16%).

The MHF Outreach participant base comprises of slightly more male clients (55%) than female clients (45%).

A third of participants receiving Outreach supports identify themselves as living with schizophrenia. See Diagram 1.

Diagram 1: Primary Disability Distribution



*Ros said in 2020: "Having been a client of MHF for almost 10 years, I would like to compliment MHF on providing well-chosen workers to visit and accompany clients. I have experienced quite a few of them and found them clever, perceptive and untiring. My one concern is that sometimes their workload is a little heavy. However, all in all, they have been good to me."*

The Outreach Team continues to work closely with participants to build their capacity to improve their quality of life based on their goals. To achieve this outcome, we continue to:

- Work closely with their support network, which may include their guardians/carers, clinical managers and various service providers, to facilitate continuity of support within the community. We continue to receive referrals from familiar and new sources within the community, including self-referrals and expressions of interest,
- Invest in training opportunities,
- Network with relevant service providers at various networking platforms,
- Keep MHF participants updated on relevant changes in NDIS guidelines,
- Support participants through the NDIS processes and planning meetings.

The Outreach team remains committed and focussed on being person-centric when we deliver our services to the people who need them.

Shahrin Ariff  
Outreach Program Manager

## Business Development

### Introduction

In mid-October 2019, I joined MHF as Business Development Manager to develop ways of increasing revenue from the NDIS and to identify new sources of income in alignment with our mission.

But what a time to start. As with others, my attention would soon be drawn to bushfire plans and responding to a global pandemic.



### Mental Health Month – October 2019

Each year MHF formally celebrates Mental Health Month (MHM) and Schizophrenia Awareness Week (SAW). This year we celebrated MHM with the following events.

#### Defence Force sausage sizzle

MHF celebrated World Mental Health Day by cooking up a storm and providing beautifully cooked sausage sandwiches to the 100s of defence force personnel and public servants taking part in the Bridge to Bridge Walk.



#### MHM Expo at Bunda Place

This year MHF once again had a booth at this annual event. Our staff and volunteers got to meet hundreds of enthusiastic members of the public and were able to explain what we do.

#### Duncan 'N Sargeant

We had a great night at the Annual Concert for Mental Health with the talented and entertaining Duncan N. Sargeant. Duncan's masterly guitar playing and beautiful song writing entertained the audience.

Thank you Duncan for once again supporting us and to all those involved in making this a fun night



## COVID-19

As mentioned, not long after we started to relax at the end of the local bushfires, the global COVID-19 pandemic hit and it re-focussed a lot of the executives' attention on operations and staff.

To help communicate some of the important messages to staff, we started producing some infographics using the platform Canva.



## Referral Pathways



We worked hard to nurture our referral pathways during the latter half of 2019/20.

We did this by developing a relationship with the Local Area Coordinator, Feros Care and establishing relationships with as many support coordinators as we could.

Before COVID-19 hit, we visited individual support coordinators to see how we could support them and to determine their level of understanding of the services we provide.

Once we were social distancing, we moved the activity on-line, hosting a webinar specific to support coordinators and sent newsletters updating our accommodation vacancies.



## 12<sup>th</sup> Annual Comorbidity Interagency Day



In early December 2019 MHF attended the 12th Annual Comorbidity Interagency Day. Hosted by CatholicCare Canberra and Goulburn, it was a great chance for Alcohol, Tobacco and Other Drugs and Mental Health Services to get together, network and get a better understanding of how we all fit together.

It was interesting to hear Carrie Fowlie, CEO of ATODA (the peak body for Alcohol, Tobacco and Other Drug services), talk about how she wished that their sector was as successful as the mental health sector in reducing stigma.

## Website

A priority for this year was to get a new, improved website. After a few false starts the previous year, we finally achieved a new website with a fresher, more modern look. But we haven't finished yet. The website will continue to develop over the next 12 months so that it becomes an important resource for the Canberra community.



## SAW – May 2020



In May MHF, once again joined other Mental Illness Fellowship of Australia members in hosting SAW2020.

But this year was different with COVID-19 now upon us. The theme for this year was “Stay Connected” but the aims remained the same - reduce stigma, bust myths and promote help seeking.

The highlight for SAW2020 was our webinar – “Schizophrenia, Pathways to

Recovery” where we hosted a discussion between MHF CEO Angie Ingram, Dr Elizabeth Moore – Coordinator General of the Office of Mental Health and Wellbeing, and Nikki O'Dwyer – Manager and Senior Therapist at Adult Community Mental Health Services.

Peter Lennon  
Business Development Manager

## Human Resources

The MHF had a decrease in the total number of staff employed from 43 at the end of June 2019, to 35 at the end of June 2020. Of these 35 employees, 62 percent (22) were female and 38 percent (13) were male; 24 were casual employees; four part-time staff and seven were full-time staff.

All MHF staff must complete the *National Disability Insurance Commission Quality and Safeguards Commission* 'Quality, Safety and You', worker orientation module. New staff starting with MHF are required to have completed the module prior to commencing.

During the financial year, staff attended a range of other training courses, including 'Assessing, Preventing and Managing Challenging Behaviour', 'Trauma Awareness', and 'Stress Better' training. This last training was particularly relevant with the arrival of COVID-19 and the associated restrictions that imposed on staff and participants.

Promoting a safe work environment late 2019 and early in 2020 became a challenge. Initially the smoke from the major bush fires was considered and MHF minimised exacerbation of respiratory illnesses using face masks and minimising the need to be outside.

Then following the arrival of COVID-19, MHF undertook to make sure that staff had current and up to date training in infection control. Staff undertook the *Disability Services Consulting* 'Supporting People to Stay Infection Free' training; and the *Commonwealth Department of Health* 'Infection Control – COVID-19' training. In addition, staff were provided with information about how to correctly use and dispose of Personal Protective Equipment, such as masks and gloves. This was supported by infographics as the rules around COVID-19 changed regarding social distancing, hand hygiene use of masks.

As part of MHF's response to COVID-19 the organisation also ensured that hand sanitiser and masks were available to all staff and a stockpile kept addressing ongoing needs. As well as a system for contact tracing and COVID -19 checking of a person's temperature, and asking questions regarding COVID-19 infection.

## National Disability Insurance Scheme Commission

MHF has continued the process of seeking accreditation against the NDIS Quality Standards as set out by the NDIS Quality and Safeguards Commission. This work has included revision of existing policies and procedures and development of new documents as MHF services have expanded and evolved.

Karen McKernan  
Corporate Service Manager

## Partnerships

ACT Council of Social Services

ACT Government – Housing, Mental Health, Justice Health, Alcohol and Other Drugs. Adult Mental Health Services, Office of Disabilities  
Australian National University

ADACAS

Business Assist

Canberra Institute of Technology

Capital Health Networks

Canberra University

Carers ACT

Consumer Network ACT

Depart of Defence

Depart of Industry, Innovation and Science – Stronger Community Grants Program

Duncan n Sargent

Hands Across Canberra

Havelock Housing

KPMG

Mental Health Community Coalition  
ACT

Mental Illness Fellowship Australia

Minter Ellison

National Disability Insurance Agency

Nexus

Office of Mental Health and Wellbeing

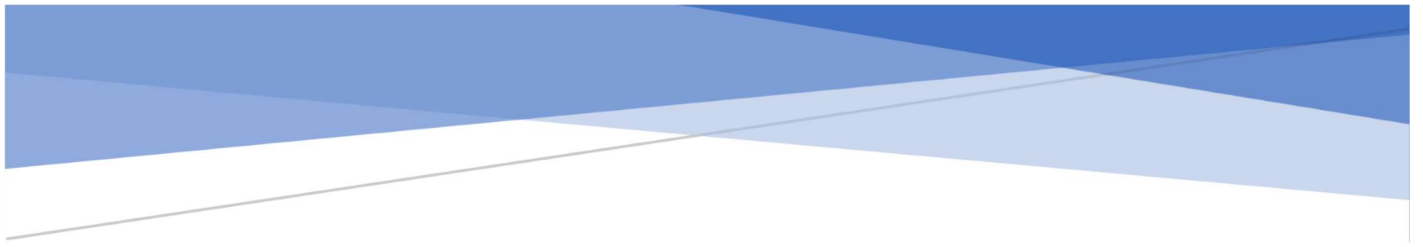
Rights for Inclusion

Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

Lastly, I wish to recognise our clients. We hope we make at least a small difference to their day. If we can do that then we know we are on our way to fulfilling our vision.

Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President

## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

MHF commenced the 2019-20 financial year with a refreshed organisational structure. A structure that re-focused resources to continue to deliver high quality services to our community, realise efficiencies and continue to strengthen our overall financial position. While the NDIS unit pricing still presents a challenge for the viability of some MHF services, the Board endorsed a budget focused on delivering a modest profit. This budget built upon the previous year and included key strategies that were closely managed to improve the financial position and viability of MHF.

After a strong first half of the financial year, MHF started to observe the impacts of the bushfires and COVID-19 pandemic. The Board, Chief Executive Officer and MHF team have been flexible in adjusting operations and our strategy, while being proactive in the financial management of each program. The executive team have managed program and overheads costs, without impacting the quality of service provision.

MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

MHF's finance manager and team should be commended on the drive and resilience demonstrated over the course of the financial year. This team has implemented debt recovery processes to reduce the accumulation of ageing debts and has provided unwavering support in delivering finance updates, on a more frequency basis, to enable ongoing financial monitoring of COVID19 impacts.

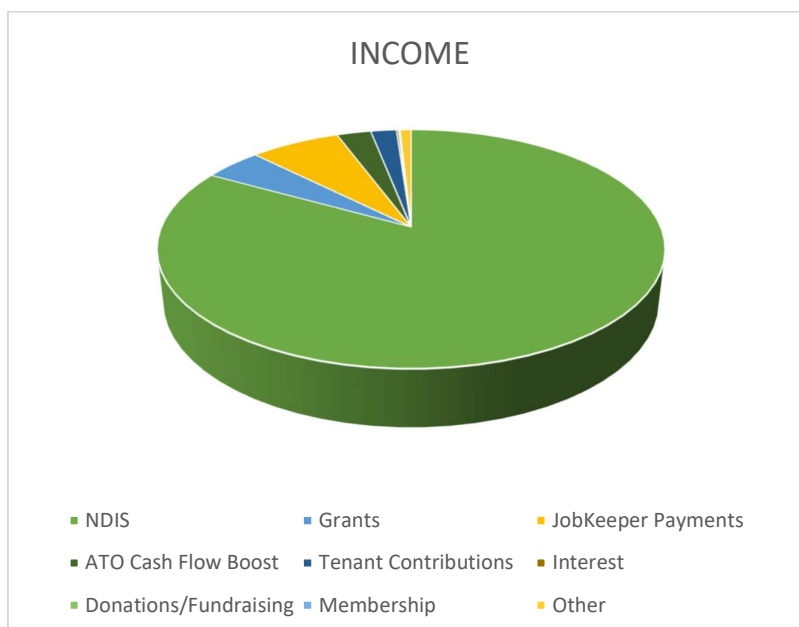
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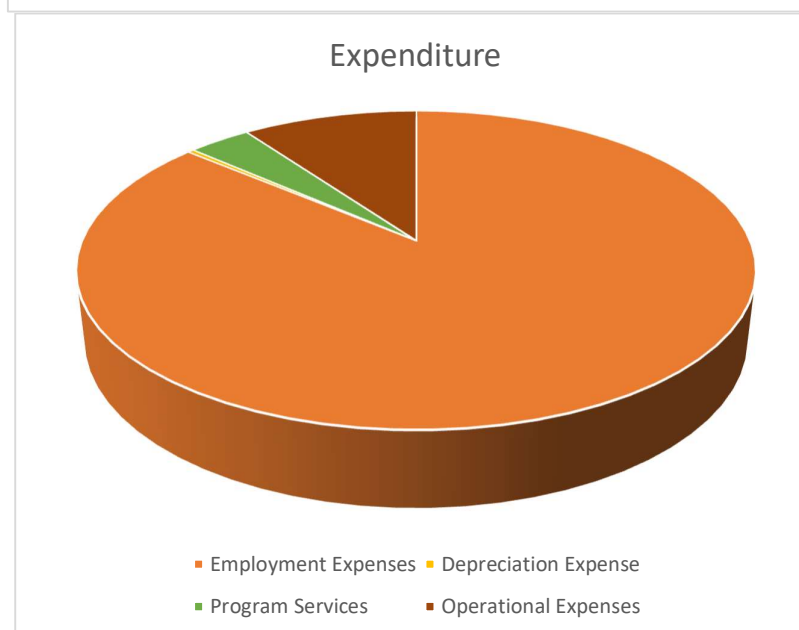
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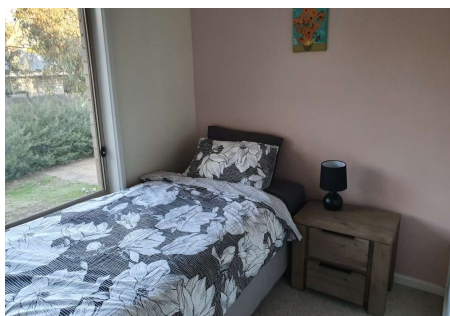
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Afia Amoo-Oluka  
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# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

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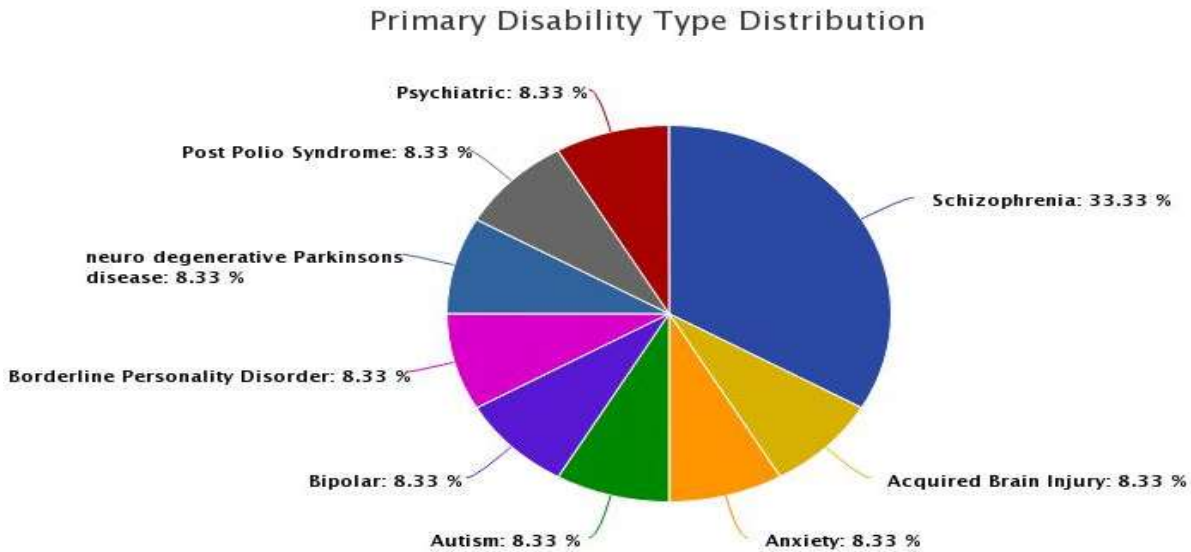
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The MHF Outreach participant base comprises of slightly more male clients (55%) than female clients (45%).

A third of participants receiving Outreach supports identify themselves as living with schizophrenia. See Diagram 1.

Diagram 1: Primary Disability Distribution



*Ros said in 2020: "Having been a client of MHF for almost 10 years, I would like to compliment MHF on providing well-chosen workers to visit and accompany clients. I have experienced quite a few of them and found them clever, perceptive and untiring. My one concern is that sometimes their workload is a little heavy. However, all in all, they have been good to me."*

The Outreach Team continues to work closely with participants to build their capacity to improve their quality of life based on their goals. To achieve this outcome, we continue to:

- Work closely with their support network, which may include their guardians/carers, clinical managers and various service providers, to facilitate continuity of support within the community. We continue to receive referrals from familiar and new sources within the community, including self-referrals and expressions of interest,
- Invest in training opportunities,
- Network with relevant service providers at various networking platforms,
- Keep MHF participants updated on relevant changes in NDIS guidelines,
- Support participants through the NDIS processes and planning meetings.

The Outreach team remains committed and focussed on being person-centric when we deliver our services to the people who need them.

Shahrin Ariff  
Outreach Program Manager

## Business Development

### Introduction

In mid-October 2019, I joined MHF as Business Development Manager to develop ways of increasing revenue from the NDIS and to identify new sources of income in alignment with our mission.

But what a time to start. As with others, my attention would soon be drawn to bushfire plans and responding to a global pandemic.



### Mental Health Month – October 2019

Each year MHF formally celebrates Mental Health Month (MHM) and Schizophrenia Awareness Week (SAW). This year we celebrated MHM with the following events.

#### Defence Force sausage sizzle

MHF celebrated World Mental Health Day by cooking up a storm and providing beautifully cooked sausage sandwiches to the 100s of defence force personnel and public servants taking part in the Bridge to Bridge Walk.



#### MHM Expo at Bunda Place

This year MHF once again had a booth at this annual event. Our staff and volunteers got to meet hundreds of enthusiastic members of the public and were able to explain what we do.

#### Duncan 'N Sargeant

We had a great night at the Annual Concert for Mental Health with the talented and entertaining Duncan N. Sargeant. Duncan's masterly guitar playing and beautiful song writing entertained the audience.

Thank you Duncan for once again supporting us and to all those involved in making this a fun night



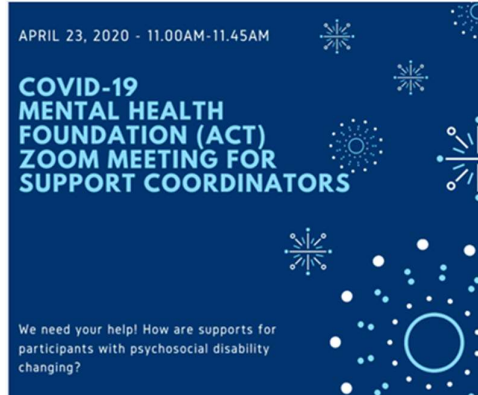
## COVID-19

As mentioned, not long after we started to relax at the end of the local bushfires, the global COVID-19 pandemic hit and it re-focussed a lot of the executives' attention on operations and staff.

To help communicate some of the important messages to staff, we started producing some infographics using the platform Canva.



## Referral Pathways



We worked hard to nurture our referral pathways during the latter half of 2019/20.

We did this by developing a relationship with the Local Area Coordinator, Feros Care and establishing relationships with as many support coordinators as we could.

Before COVID-19 hit, we visited individual support coordinators to see how we could support them and to determine their level of understanding of the services we provide.

Once we were social distancing, we moved the activity on-line, hosting a webinar specific to support coordinators and sent newsletters updating our accommodation vacancies.

## 12<sup>th</sup> Annual Comorbidity Interagency Day



In early December 2019 MHF attended the 12th Annual Comorbidity Interagency Day. Hosted by CatholicCare Canberra and Goulburn, it was a great chance for Alcohol, Tobacco and Other Drugs and Mental Health Services to get together, network and get a better understanding of how we all fit together.

It was interesting to hear Carrie Fowlie, CEO of ATODA (the peak body for Alcohol, Tobacco and Other Drug services), talk about how she wished that their sector was as successful as the mental health sector in reducing stigma.

## Website

A priority for this year was to get a new, improved website. After a few false starts the previous year, we finally achieved a new website with a fresher, more modern look. But we haven't finished yet. The website will continue to develop over the next 12 months so that it becomes an important resource for the Canberra community.



## SAW – May 2020



In May MHF, once again joined other Mental Illness Fellowship of Australia members in hosting SAW2020.

But this year was different with COVID-19 now upon us. The theme for this year was “Stay Connected” but the aims remained the same - reduce stigma, bust myths and promote help seeking.

The highlight for SAW2020 was our webinar – “Schizophrenia, Pathways to

Recovery” where we hosted a discussion between MHF CEO Angie Ingram, Dr Elizabeth Moore – Coordinator General of the Office of Mental Health and Wellbeing, and Nikki O'Dwyer – Manager and Senior Therapist at Adult Community Mental Health Services.

Peter Lennon  
Business Development Manager

## Human Resources

The MHF had a decrease in the total number of staff employed from 43 at the end of June 2019, to 35 at the end of June 2020. Of these 35 employees, 62 percent (22) were female and 38 percent (13) were male; 24 were casual employees; four part-time staff and seven were full-time staff.

All MHF staff must complete the *National Disability Insurance Commission Quality and Safeguards Commission* 'Quality, Safety and You', worker orientation module. New staff starting with MHF are required to have completed the module prior to commencing.

During the financial year, staff attended a range of other training courses, including 'Assessing, Preventing and Managing Challenging Behaviour', 'Trauma Awareness', and 'Stress Better' training. This last training was particularly relevant with the arrival of COVID-19 and the associated restrictions that imposed on staff and participants.

Promoting a safe work environment late 2019 and early in 2020 became a challenge. Initially the smoke from the major bush fires was considered and MHF minimised exacerbation of respiratory illnesses using face masks and minimising the need to be outside.

Then following the arrival of COVID-19, MHF undertook to make sure that staff had current and up to date training in infection control. Staff undertook the *Disability Services Consulting* 'Supporting People to Stay Infection Free' training; and the *Commonwealth Department of Health* 'Infection Control – COVID-19' training. In addition, staff were provided with information about how to correctly use and dispose of Personal Protective Equipment, such as masks and gloves. This was supported by infographics as the rules around COVID-19 changed regarding social distancing, hand hygiene use of masks.

As part of MHF's response to COVID-19 the organisation also ensured that hand sanitiser and masks were available to all staff and a stockpile kept addressing ongoing needs. As well as a system for contact tracing and COVID -19 checking of a person's temperature, and asking questions regarding COVID-19 infection.

## National Disability Insurance Scheme Commission

MHF has continued the process of seeking accreditation against the NDIS Quality Standards as set out by the NDIS Quality and Safeguards Commission. This work has included revision of existing policies and procedures and development of new documents as MHF services have expanded and evolved.

Karen McKernan  
Corporate Service Manager

## Partnerships

ACT Council of Social Services

ACT Government – Housing, Mental Health, Justice Health, Alcohol and Other Drugs. Adult Mental Health Services, Office of Disabilities  
Australian National University

ADACAS

Business Assist

Canberra Institute of Technology

Capital Health Networks

Canberra University

Carers ACT

Consumer Network ACT

Depart of Defence

Depart of Industry, Innovation and Science – Stronger Community Grants Program

Duncan n Sargent

Hands Across Canberra

Havelock Housing

KPMG

Mental Health Community Coalition  
ACT

Mental Illness Fellowship Australia

Minter Ellison

National Disability Insurance Agency

Nexus

Office of Mental Health and Wellbeing

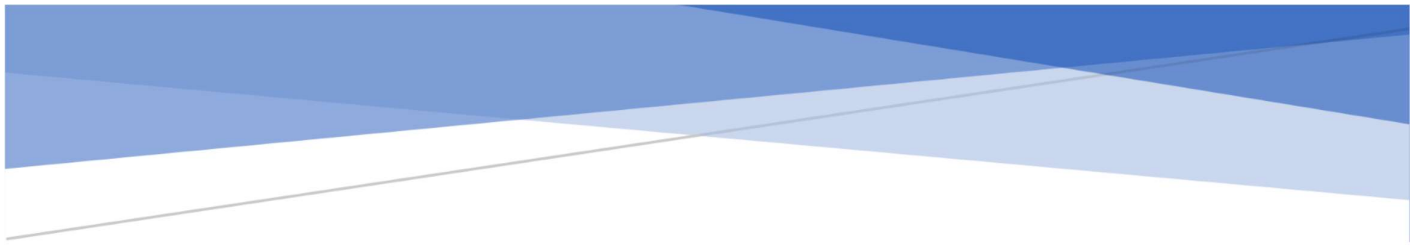
Rights for Inclusion

Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

Lastly, I wish to recognise our clients. We hope we make at least a small difference to their day. If we can do that then we know we are on our way to fulfilling our vision.

Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President

## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

MHF commenced the 2019-20 financial year with a refreshed organisational structure. A structure that re-focused resources to continue to deliver high quality services to our community, realise efficiencies and continue to strengthen our overall financial position. While the NDIS unit pricing still presents a challenge for the viability of some MHF services, the Board endorsed a budget focused on delivering a modest profit. This budget built upon the previous year and included key strategies that were closely managed to improve the financial position and viability of MHF.

After a strong first half of the financial year, MHF started to observe the impacts of the bushfires and COVID-19 pandemic. The Board, Chief Executive Officer and MHF team have been flexible in adjusting operations and our strategy, while being proactive in the financial management of each program. The executive team have managed program and overheads costs, without impacting the quality of service provision.

MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

MHF's finance manager and team should be commended on the drive and resilience demonstrated over the course of the financial year. This team has implemented debt recovery processes to reduce the accumulation of ageing debts and has provided unwavering support in delivering finance updates, on a more frequency basis, to enable ongoing financial monitoring of COVID19 impacts.

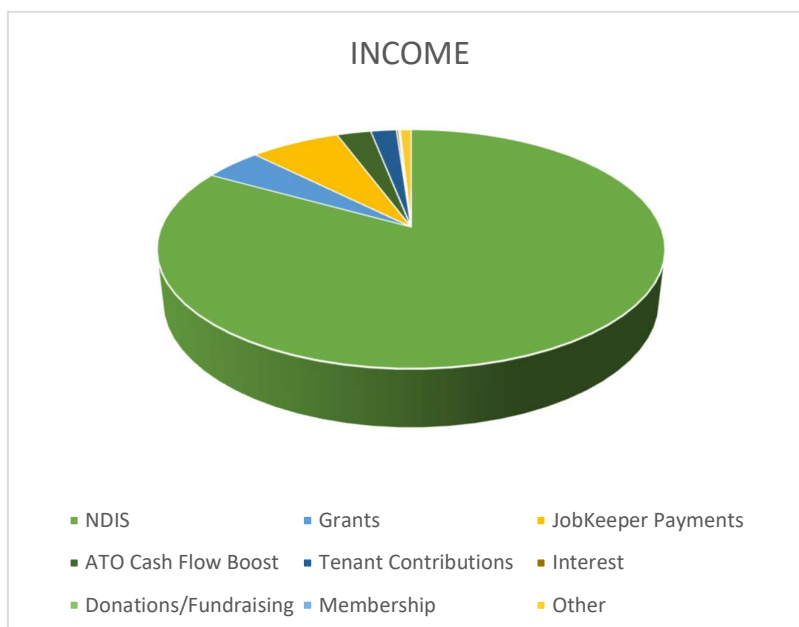
The Board and MHF leadership continue to monitor the financial position of MHF and have been proactively pursuing opportunities to diversify revenue streams, enhance efficiencies and streamline processes. We enter the 2020-21 financial year with a strong financial position and new opportunities that will improve our financial position. We will monitor the economic and financial impacts that continue to be realised from COVID-19.

Thank you again to the Board, MHF senior leadership and broader MHF team for your dedication, particularly in very uncertain times. This dedication has enabled MHF to continue to improve our financial position, year on year, since the introduction of the NDIS.

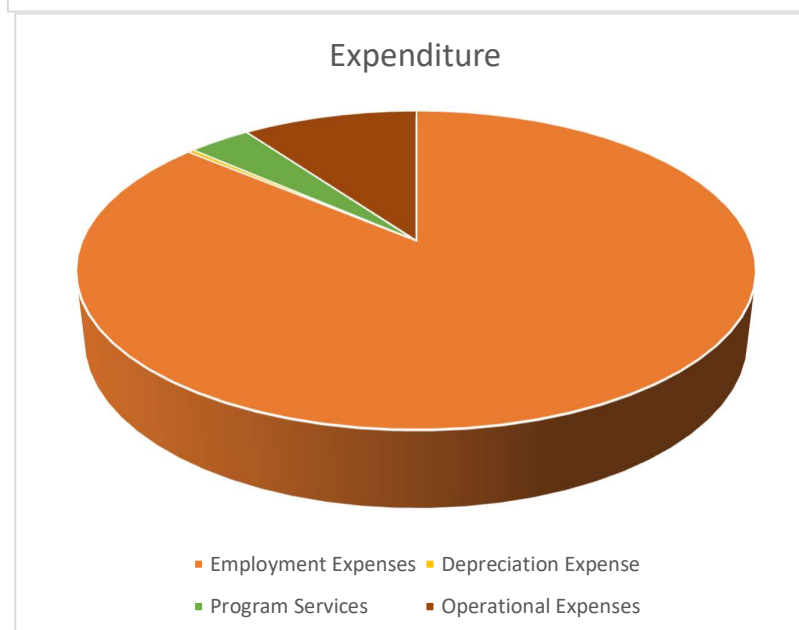
David Talbot  
Treasurer

**Mental Health Foundation (ACT) Incorporated**  
**For the Year Ended 30 June 2020**

<b>Income</b>	<b>\$</b>
NDIS	2,007,641
Grants	106,105
JobKeeper Payments	165,000
ATO Cash Flow Boost	62,500
Tenant Contributions	47,113
Interest	3,883
Donations/Fundraising	2,760
Membership	133
Other	20,220
<b>Total Income</b>	<b>2,415,355</b>



<b>Expenditure</b>	<b>\$</b>
Employment	
Expenses	1,991,363
Depreciation Expense	7,953
Program Services	82,060
Operational Expenses	229,786
<b>Total Expenditure</b>	<b>2,311,162</b>



**Surplus for the year** 104,193

## Board Members 2019-2020

**President Paul McGinness**

**Member Brien Hallett**

**Vice President Trixie Makay**

**Member Angela Ingram (Chief Executive Officer)**

**Treasurer Dave Talbot**

**Secretary Janine Robinson**



# Chief Executive Officer's Report

The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
- COVID – continuity of business plan was developed and reviewed on an ongoing basis as the situation changed, allowing MHF to support participants and staff. Staff remain connected through digital and face to face platforms whilst maintaining social distancing.
- Fire – staff safety working in a heavy smoke environment and staff were concerned for their homes both inside and outside the ACT.
- Our Staff – reviewing the needs of people we work with identified a change in skill base was required. Training of staff has increased in infection control and in working with the National Disability Insurance Agency (NDIA). Supporting staff doing their tertiary studies.
- During the year staff did move on to follow their family and professional development. Whilst some returned to work with the team.
- Volunteering at MHF has provided other opportunities to be inclusive including supporting the Mental Health Month activities in 2019 doing BBQs, assisting public relations opportunities in Garema Place, reviewing, and developing documents. A volunteer's strategy is the next step.
- Student learning – We have a continuing relationship with Canberra Institute of Technology, Australian National University, Australian Catholic University and Wisdom students gaining life experience in the workplace.
- Accreditation – MHF has a quality improvement program that will be measured against the National Disability Insurance Scheme (NDIS) standards and National Standards for Mental Health Services in the new financial year.
- Influencing at the Federal Government Level - Mental Illness Fellowship Australia – assists MHF to understand the environment that people with the lived experience and organisations are working within. This group has supported MHF to capacity build and lobby at the Federal level.

- Partnerships with the NDIA, Capital Health Network and One Door enabled MHF to facilitate people to transition to the NDIS.
- Influencing in the ACT - As a member of the Mental Health Community Coalition ACT (MHCC). I was elected to the MHCC Board and am currently the President.
- Finance – MHF has continued to work toward sustainability and viability. We have employed a Business Development Manager and the MHF Board is reviewing MHF's Strategic Plan to guide where MHF will grow to in the future.

This list only touches on some of the achievements that we at MHF ACT have been able to achieve. I would like to thank the Board, the staff and volunteers and most of all the carers and people with the lived experience of mental illness for assisting us to achieve our vision of *creating hope, people first and better mental health*.

Angela Ingram

Chief Executive Officer



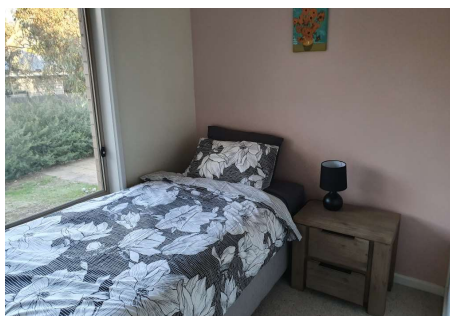
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

### Supported Independent Living (SIL)

The MHF SIL program does not have a prescriptive structure. We tailor support to individual needs. In-home regular onsite supervision ensures individuals are supported to maintain a successful tenancy, are equipped with living skills, social skills, and supports required to enable participants to live and enjoy their lives on equal terms to others in the community.



All houses are fully furnished, close to shops and bus stops. There is a spacious backyard with plenty of room for outdoor activities.



We are always looking for ways to improve our services. Stakeholders are encouraged to complete feedback questionnaires. This gives them a chance to express what they find useful, what they would like more of, and what they would like to change within the program. These questionnaires are completed anonymously so that stakeholders can express their real opinions about the program. Staff often seek participants' feedback daily. These types of feedback are often verbal. The feedback process also assists in identifying possible service gaps and areas of improvement.

Based on feedback, we were able to make some exciting changes to our SIL houses. MHF upgraded furniture and fittings for all SIL houses. The upgrade allows participants to engage with other participants in a communal space, therefore increasing quality of life opportunities. The provision of a new computer encourages participants to engage in studies, skills development, and training opportunities.

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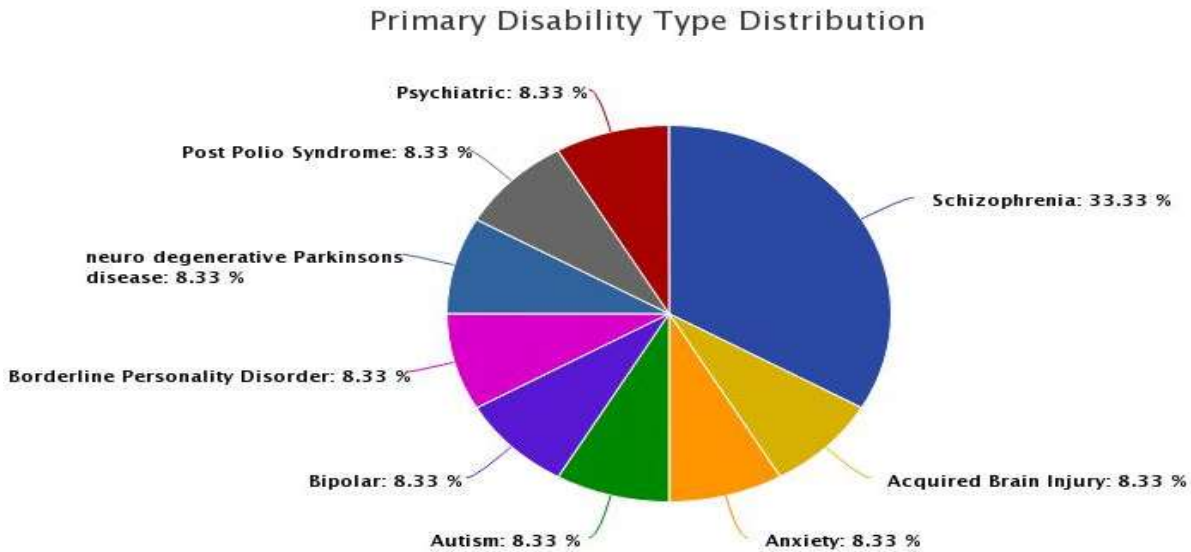
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Diagram 1: Primary Disability Distribution



*Ros said in 2020: "Having been a client of MHF for almost 10 years, I would like to compliment MHF on providing well-chosen workers to visit and accompany clients. I have experienced quite a few of them and found them clever, perceptive and untiring. My one concern is that sometimes their workload is a little heavy. However, all in all, they have been good to me."*

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Outreach Program Manager



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But what a time to start. As with others, my attention would soon be drawn to bushfire plans and responding to a global pandemic.



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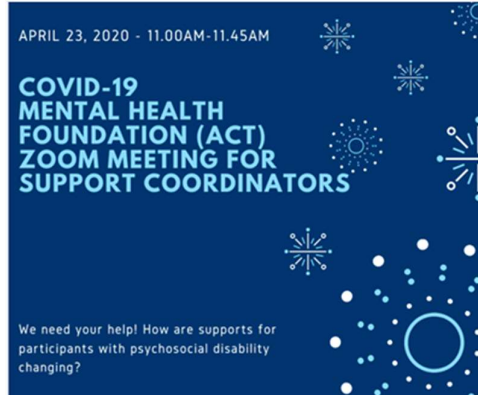
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Australian National University

ADACAS

Business Assist

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Capital Health Networks

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Depart of Defence

Depart of Industry, Innovation and Science – Stronger Community Grants Program

Duncan n Sargent

Hands Across Canberra

Havelock Housing

KPMG

Mental Health Community Coalition  
ACT

Mental Illness Fellowship Australia

Minter Ellison

National Disability Insurance Agency

Nexus

Office of Mental Health and Wellbeing

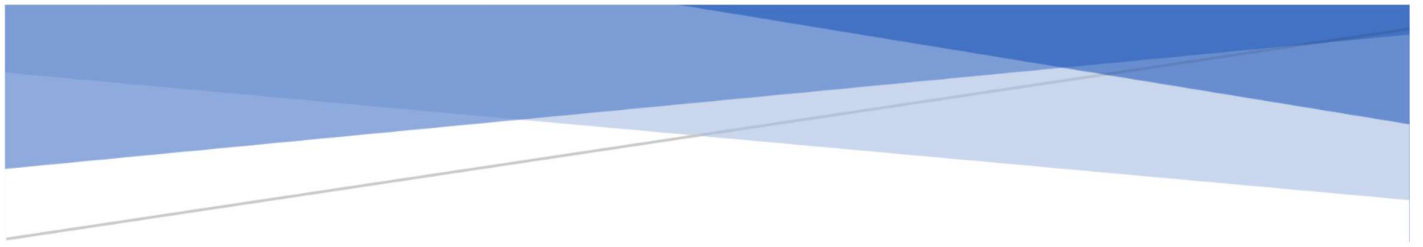
Rights for Inclusion

Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

Lastly, I wish to recognise our clients. We hope we make at least a small difference to their day. If we can do that then we know we are on our way to fulfilling our vision.

Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President

## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

MHF commenced the 2019-20 financial year with a refreshed organisational structure. A structure that re-focused resources to continue to deliver high quality services to our community, realise efficiencies and continue to strengthen our overall financial position. While the NDIS unit pricing still presents a challenge for the viability of some MHF services, the Board endorsed a budget focused on delivering a modest profit. This budget built upon the previous year and included key strategies that were closely managed to improve the financial position and viability of MHF.

After a strong first half of the financial year, MHF started to observe the impacts of the bushfires and COVID-19 pandemic. The Board, Chief Executive Officer and MHF team have been flexible in adjusting operations and our strategy, while being proactive in the financial management of each program. The executive team have managed program and overheads costs, without impacting the quality of service provision.

MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

MHF's finance manager and team should be commended on the drive and resilience demonstrated over the course of the financial year. This team has implemented debt recovery processes to reduce the accumulation of ageing debts and has provided unwavering support in delivering finance updates, on a more frequency basis, to enable ongoing financial monitoring of COVID19 impacts.

The Board and MHF leadership continue to monitor the financial position of MHF and have been proactively pursuing opportunities to diversify revenue streams, enhance efficiencies and streamline processes. We enter the 2020-21 financial year with a strong financial position and new opportunities that will improve our financial position. We will monitor the economic and financial impacts that continue to be realised from COVID-19.

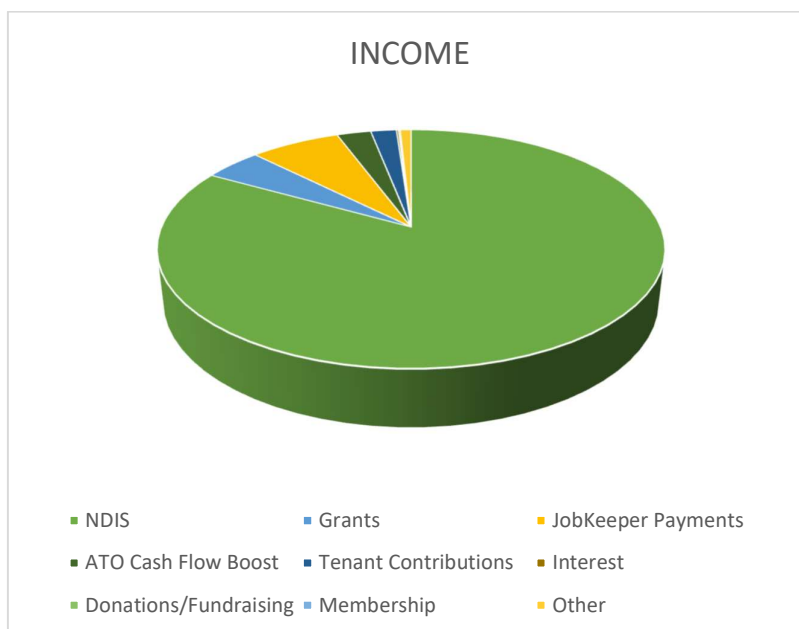
Thank you again to the Board, MHF senior leadership and broader MHF team for your dedication, particularly in very uncertain times. This dedication has enabled MHF to continue to improve our financial position, year on year, since the introduction of the NDIS.

David Talbot  
Treasurer

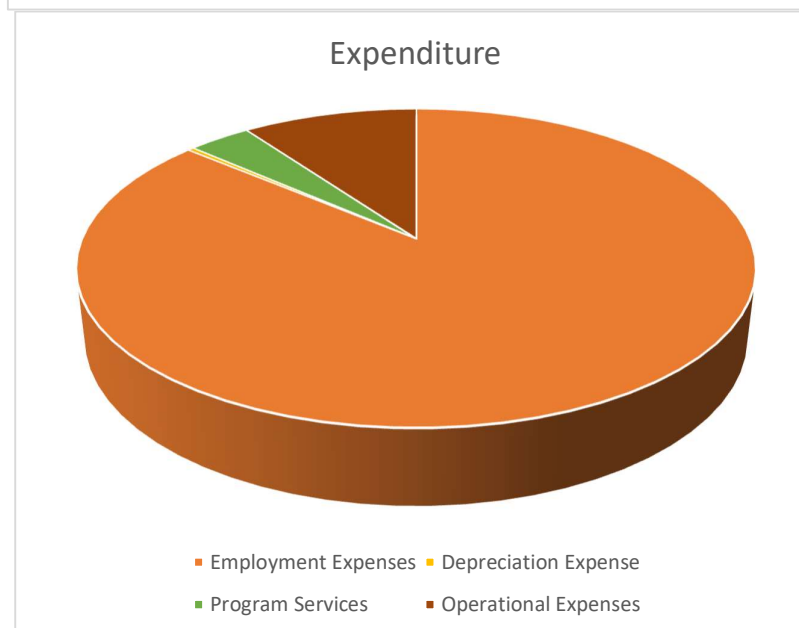


**Mental Health Foundation (ACT) Incorporated**  
**For the Year Ended 30 June 2020**

<b>Income</b>	<b>\$</b>
NDIS	2,007,641
Grants	106,105
JobKeeper Payments	165,000
ATO Cash Flow Boost	62,500
Tenant Contributions	47,113
Interest	3,883
Donations/Fundraising	2,760
Membership	133
Other	20,220
<b>Total Income</b>	<b>2,415,355</b>



<b>Expenditure</b>	<b>\$</b>
Employment	
Expenses	1,991,363
Depreciation Expense	7,953
Program Services	82,060
Operational Expenses	229,786
<b>Total Expenditure</b>	<b>2,311,162</b>



**Surplus for the year**      104,193

## Board Members 2019-2020

**President Paul McGinness**

**Member Brien Hallett**

**Vice President Trixie Makay**

**Member Angela Ingram (Chief Executive Officer)**

**Treasurer Dave Talbot**

**Secretary Janine Robinson**

# Chief Executive Officer's Report

The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
- COVID – continuity of business plan was developed and reviewed on an ongoing basis as the situation changed, allowing MHF to support participants and staff. Staff remain connected through digital and face to face platforms whilst maintaining social distancing.
- Fire – staff safety working in a heavy smoke environment and staff were concerned for their homes both inside and outside the ACT.
- Our Staff – reviewing the needs of people we work with identified a change in skill base was required. Training of staff has increased in infection control and in working with the National Disability Insurance Agency (NDIA). Supporting staff doing their tertiary studies.
- During the year staff did move on to follow their family and professional development. Whilst some returned to work with the team.
- Volunteering at MHF has provided other opportunities to be inclusive including supporting the Mental Health Month activities in 2019 doing BBQs, assisting public relations opportunities in Garema Place, reviewing, and developing documents. A volunteer's strategy is the next step.
- Student learning – We have a continuing relationship with Canberra Institute of Technology, Australian National University, Australian Catholic University and Wisdom students gaining life experience in the workplace.
- Accreditation – MHF has a quality improvement program that will be measured against the National Disability Insurance Scheme (NDIS) standards and National Standards for Mental Health Services in the new financial year.
- Influencing at the Federal Government Level - Mental Illness Fellowship Australia – assists MHF to understand the environment that people with the lived experience and organisations are working within. This group has supported MHF to capacity build and lobby at the Federal level.

- Partnerships with the NDIA, Capital Health Network and One Door enabled MHF to facilitate people to transition to the NDIS.
- Influencing in the ACT - As a member of the Mental Health Community Coalition ACT (MHCC). I was elected to the MHCC Board and am currently the President.
- Finance – MHF has continued to work toward sustainability and viability. We have employed a Business Development Manager and the MHF Board is reviewing MHF's Strategic Plan to guide where MHF will grow to in the future.

This list only touches on some of the achievements that we at MHF ACT have been able to achieve. I would like to thank the Board, the staff and volunteers and most of all the carers and people with the lived experience of mental illness for assisting us to achieve our vision of *creating hope, people first and better mental health*.

Angela Ingram

Chief Executive Officer



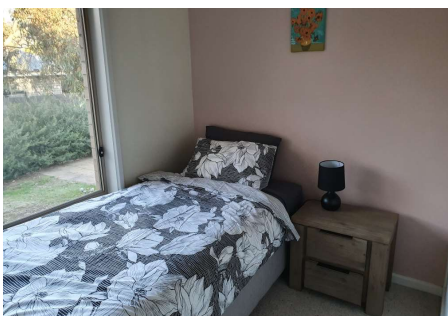
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

### Supported Independent Living (SIL)

The MHF SIL program does not have a prescriptive structure. We tailor support to individual needs. In-home regular onsite supervision ensures individuals are supported to maintain a successful tenancy, are equipped with living skills, social skills, and supports required to enable participants to live and enjoy their lives on equal terms to others in the community.



All houses are fully furnished, close to shops and bus stops. There is a spacious backyard with plenty of room for outdoor activities.



We are always looking for ways to improve our services. Stakeholders are encouraged to complete feedback questionnaires. This gives them a chance to express what they find useful, what they would like more of, and what they would like to change within the program. These questionnaires are completed anonymously so that stakeholders can express their real opinions about the program. Staff often seek participants' feedback daily. These types of feedback are often verbal. The feedback process also assists in identifying possible service gaps and areas of improvement.

Based on feedback, we were able to make some exciting changes to our SIL houses. MHF upgraded furniture and fittings for all SIL houses. The upgrade allows participants to engage with other participants in a communal space, therefore increasing quality of life opportunities. The provision of a new computer encourages participants to engage in studies, skills development, and training opportunities.

### Individualised Supported Accommodation (ISA)

MHF ISA gives the individual flexible options to design supports around formal and informal support in a group home. The extent of support required by individuals with lived experience is highly variable. MHF ISA can range from minimal support such as someone dropping in twice a week, to extensive support hours per day. The type and degree of support required depends on the needs of each individual and allocated funding.

Informal support remains an important component of quality accommodations support. For some participants, this means being supported to learn living skills to move from group home to independent living. For others, it means moving from a family home or move from an independent home to live with new people with similar interest for the first time.

### Short Term Accommodation Respite (STAR)

STAR is a vital service to allow families the opportunity to take a much-needed break from the caring role and to ensure that their own quality of life is maintained. STAR has also been used to strengthen relationships between carers and care recipient; as a preventative measure to prevent relapse for some participants and to provide a break from their living environment. STAR also provides an opportunity to socialise and make new friends. Due to the demand in social housing, MHF STAR sites are also used to provide participants with quality medium-term accommodation, during crisis periods when participants are searching for permanent accommodation.

## Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation (MHJHADSA)

MHJHADSA initiative provides long term accommodation to people with enduring mental health illness. To ensure the success of the program, MHF collaborated with stakeholders to co-design the model. The model focuses on principles of Choice and Control within the recovery framework and working with people's strengths.

Our experience shows us that respect for the individual are essential on building rapport, empowering the people to take ownership of their environment whilst working toward harmonious living environment in a group setting. We recognise that sharing a house with four individuals with different needs and personality can be a great deal of time.

To ensure participants maintain their tenancy with Havelock Housing, MHF continues to work with a range of support networks, such as carers, clinicians, and support coordinators to develop the necessary infrastructure to maintain and increase capacity for autonomous living.

Continuing feedback and consultation with participants and their support networks have also assisted participants to achieve some identified outcomes, and enabled MHF to review some of its current practices. During June, MHF outsourced an independent person to help evaluate the effectiveness of the implementation of the Florey model. Based on the evaluation it was identified that MHF's strength is their communication and liaison with all stakeholders. Our willingness to cooperate, collaborate and our openness to feedback was an identified key strength. The evaluation also identified current issues with NDIS funding due to gaps in funding supports and consistent incidents occurring due to unhelpful behaviours when there is no staff around. The evaluation highlighted the importance of staff support and ensuring there are 24 hours of supervision of continuity for care, decrease in number of incidents, ensuring safety, and improving quality of life.



On the left is Esther (staff), middle Simonette (participant) and right Sue (Staff), saying a big Happy Birthday, with their glasses raised up to say cheers for another year added to Simonette's life, as all enjoy a glass of sparkling grape juice and birthday cheesecake.

Afia Amoo-Oluka  
Accommodation Manager

# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

## Who We Are

The Outreach team provides support services to individuals experiencing mental-health issues/concerns. Some MHF participants live with co-morbidity of alcohol and other drugs and chronic physical diseases.

Since the inception of the nationwide NDIS, MHF continues to support participants with their individual NDIS plans. Also, we supported a specific cohort of people identified by the Capital Health Network (CHN) through the National Psychosocial Support Transition (NPST) project.

The NPST project was designed to assist people to access the NDIS with the help of peer staff members. This small group of people had been identified to have challenging circumstances that prevented them from applying for the NDIS meaningfully. This opportunity established that a majority of this cohort did not wish to access the NDIS, and this feedback was provided to CHN.

When supporting:

- NDIS participants: We delivered Outreach services based on the principle of choice and control, using recovery principles while working towards their identified goals, and at a pace they were comfortable with. Rights and responsibilities of clients were outlined at the point of entry into the service.
- NPST participants: We facilitated for them to apply for NDIS, based on CHN's efforts to transition them into the NDIS, focussing on those that had resided in Ainslie Village.
- Our staff have been trained in supported decision making, trauma-informed care and a codesigned approach.

## What We Did

Support coordination, mentoring, access to the community, assistance in activities of daily living, psychosocial community participation and transport were the services we provided generally. Participants were supported based on their needs, which we made available from mornings through to evenings every day.

MHF teams are mobile. They were ready for the COVID-19 environment. This meant our Outreach team members can be available, face-to-face or digitally, depending on how MHF participants need. Participants preferred face-to-face over the digital medium with COVID-19 precautions in place. The digital medium was taken up by a few. The choice was theirs.

We supported participants at various locations, including in the comfort of their homes and/or at mutually agreed public locations. In addition, we continued to support participants regularly during short out-of-state travel to build their capacity, e.g. trips to Tidbinbilla/Yass/Goulburn or to the South Coast in NSW; Outreach continues to respond to this encouraging trend that is based on the participants' needs.

*Carer testimonial*

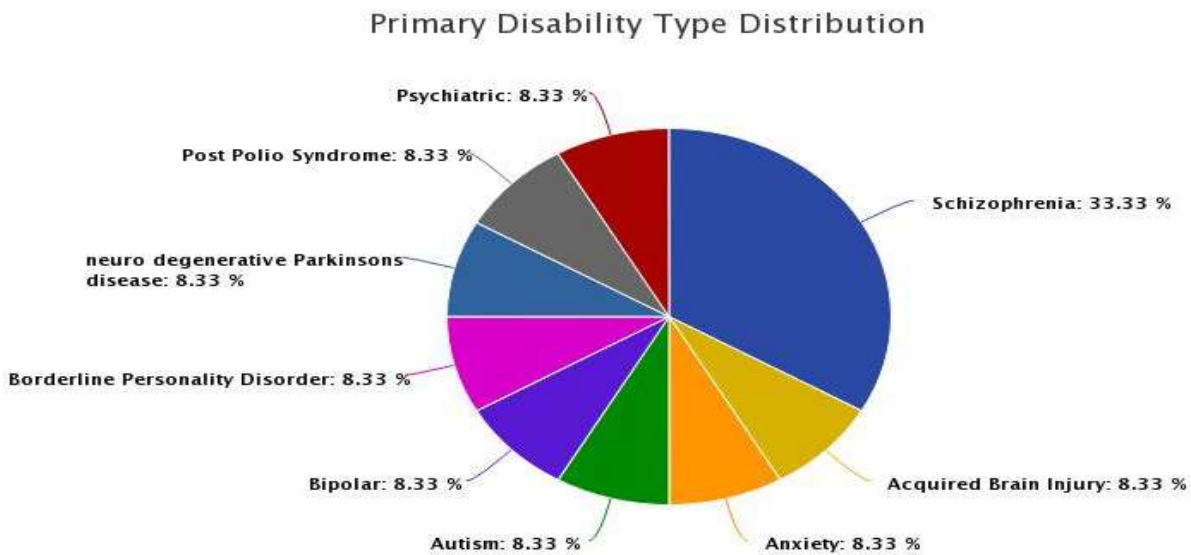
<p><i>“Adam did the best he could with Rob. He was very patient with Rob and Rob would have benefited from the support from Adam if Rob was more open to the idea. Adam has been observed with the other residents in the house and is amazing with them.</i></p>	<p><i>They get a lot out of the time they spend with him. A shame that Rob didn’t want to engage with Adam. Rob was at times extremely rude with Adam. But Adam never gave up!” Elyssa, 2019</i></p>
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MHF Outreach provides services to all age groups, from 16 years to 56+ years. Most participants (48%) are in the 36 to 55 years age range, followed by over 56 years (38%) and then up to 35 years (16%).

The MHF Outreach participant base comprises of slightly more male clients (55%) than female clients (45%).

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Diagram 1: Primary Disability Distribution





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Corporate Service Manager

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Consumer Network ACT

Depart of Defence

Depart of Industry, Innovation and Science – Stronger Community Grants Program

Duncan n Sargent

Hands Across Canberra

Havelock Housing

KPMG

Mental Health Community Coalition  
ACT

Mental Illness Fellowship Australia

Minter Ellison

National Disability Insurance Agency

Nexus

Office of Mental Health and Wellbeing

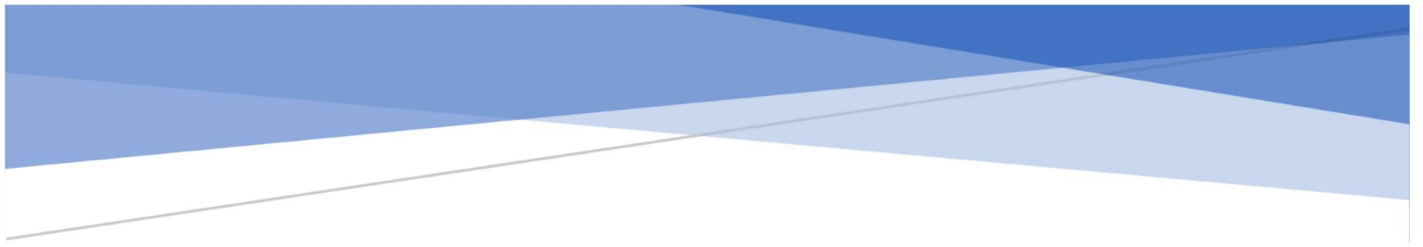
Rights for Inclusion

Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019



# MENTAL HEALTH FOUNDATION ACT

Annual Report 2019-2020

# President's Report

I am pleased to present the 2020 President's Report.

The Board of MHF entered the 2020 calendar year with optimism having positioned the organisation towards a settled and exciting forward period. Like many other social enterprises, COVID-19 has caused the organisation to re-think our strategy and operations.

There is no doubt that COVID-19 has presented steep challenges for our community, our team and our organisation as a whole. The trends in mental health in the ACT have been deteriorating for some time and unfortunately, we are seeing these issues intensify with COVID-19.

In times like these, the core of MHF's vision of creating hope, people first and better mental health care means we can make an even greater difference for our community.

So, whilst we recognise the difficulties presented during the past year the Board is also confident that MHF is well placed for the future. This is underpinned by a stronger financial position, a revised strategic direction, an energetic and focused executive team and most importantly – committed, resilient and highly skilled staff.

On behalf of the Board, I wish to recognise the financial support provided by the ACT Government and the Australian Government. The grant from the ACT Government to provide additional accommodation for people exiting acute inpatient units is a significant step in improving conditions for some of our most vulnerable members of our community. MHF is excited to be chosen to implement this program. The Jobkeeper subsidy and financial support from the NDIA has been critical in enabling us to retain our staff and provide continuity of services.

In addition to delivering services for transition from hospital accommodation, the Board has also approved a strategic focus on supporting the transition of youth to adulthood. This new program will be implemented on a gradual basis.

The Board is deeply grateful to our wonderful team for what they have achieved in this challenging period and the manner in which they have achieved it. I thank Angie Ingram for her leadership and support of the Board and to our executive team for finding solutions when it would have been all too easy to succumb to the problems.

Lastly, I wish to recognise our clients. We hope we make at least a small difference to their day. If we can do that then we know we are on our way to fulfilling our vision.

Thanks to my fellow directors. Their contribution in 2020 has been outstanding. I would like to give a special call out to David Talbot who has fulfilled his role as Treasurer in a manner that has had a deep impact on our ability to continue to operate effectively.

Paul McGinness  
President



## **Treasurer's Report**

I am pleased to present the 2020 Treasurer's Report.

MHF commenced the 2019-20 financial year with a refreshed organisational structure. A structure that re-focused resources to continue to deliver high quality services to our community, realise efficiencies and continue to strengthen our overall financial position. While the NDIS unit pricing still presents a challenge for the viability of some MHF services, the Board endorsed a budget focused on delivering a modest profit. This budget built upon the previous year and included key strategies that were closely managed to improve the financial position and viability of MHF.

After a strong first half of the financial year, MHF started to observe the impacts of the bushfires and COVID-19 pandemic. The Board, Chief Executive Officer and MHF team have been flexible in adjusting operations and our strategy, while being proactive in the financial management of each program. The executive team have managed program and overheads costs, without impacting the quality of service provision.

MHF recorded a profit for 2019-20, noting this outcome could not have been achieved without the dedication of the MHF team and the financial support packages provided by both the ACT and Federal Governments. Without this financial support MHF would have recorded a deficit for the year.

MHF's finance manager and team should be commended on the drive and resilience demonstrated over the course of the financial year. This team has implemented debt recovery processes to reduce the accumulation of ageing debts and has provided unwavering support in delivering finance updates, on a more frequency basis, to enable ongoing financial monitoring of COVID19 impacts.

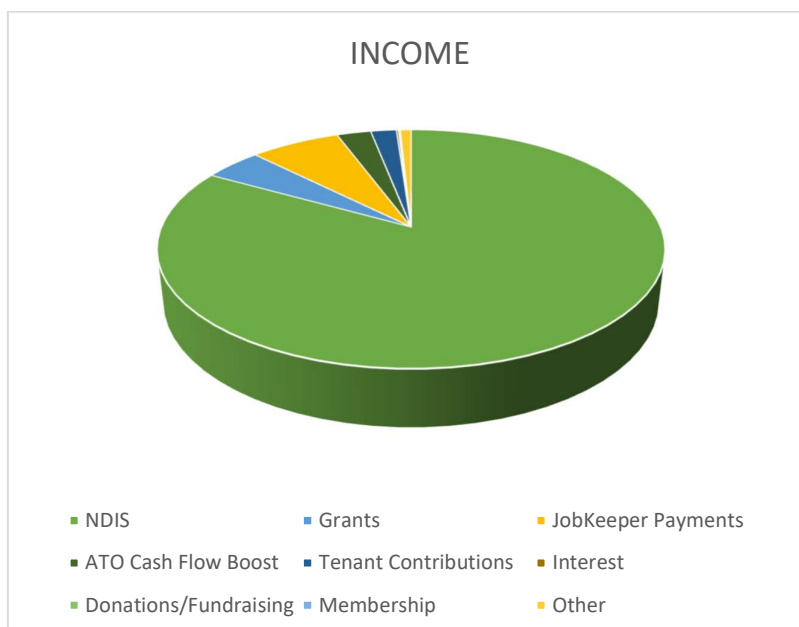
The Board and MHF leadership continue to monitor the financial position of MHF and have been proactively pursuing opportunities to diversify revenue streams, enhance efficiencies and streamline processes. We enter the 2020-21 financial year with a strong financial position and new opportunities that will improve our financial position. We will monitor the economic and financial impacts that continue to be realised from COVID-19.

Thank you again to the Board, MHF senior leadership and broader MHF team for your dedication, particularly in very uncertain times. This dedication has enabled MHF to continue to improve our financial position, year on year, since the introduction of the NDIS.

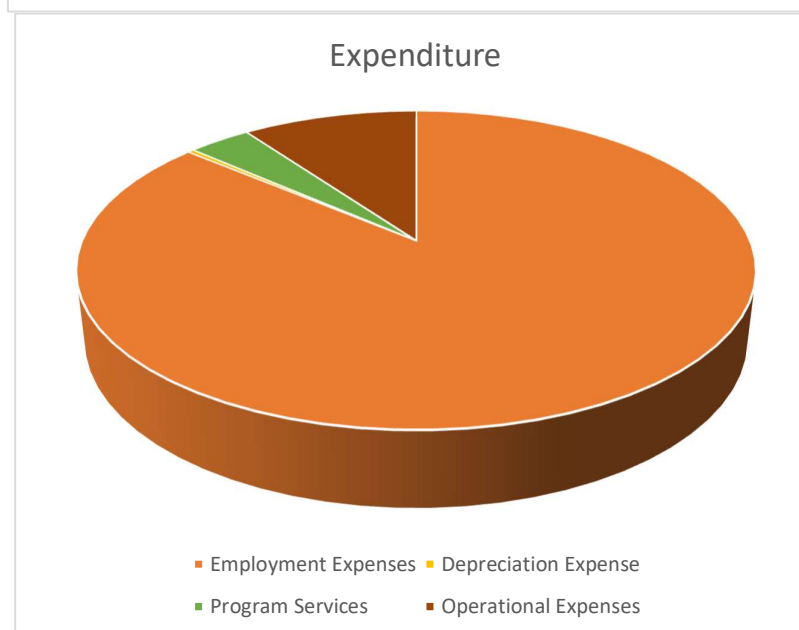
David Talbot  
Treasurer

**Mental Health Foundation (ACT) Incorporated**  
**For the Year Ended 30 June 2020**

<b>Income</b>	<b>\$</b>
NDIS	2,007,641
Grants	106,105
JobKeeper Payments	165,000
ATO Cash Flow Boost	62,500
Tenant Contributions	47,113
Interest	3,883
Donations/Fundraising	2,760
Membership	133
Other	20,220
<b>Total Income</b>	<b>2,415,355</b>



<b>Expenditure</b>	<b>\$</b>
Employment	
Expenses	1,991,363
Depreciation Expense	7,953
Program Services	82,060
Operational Expenses	229,786
<b>Total Expenditure</b>	<b>2,311,162</b>



**Surplus for the year** 104,193

## Board Members 2019-2020

**President Paul McGinness**

**Member Brien Hallett**

**Vice President Trixie Makay**

**Member Angela Ingram (Chief Executive Officer)**

**Treasurer Dave Talbot**

**Secretary Janine Robinson**

# Chief Executive Officer's Report

The team at the Mental Health Foundation ACT (MHF) has worked in extraordinary circumstances during 2019 and 2020.

Challenges in 2019 -20 that we were able to work together on include:

- How we do business – MHF had been preparing for a couple of years to work in a mobile work environment. This set MHF up to be ready and flexible to increase the mobile work force and facilitated people working from home. Being led by the people with the lived experience of mental illness we then asked about working face to face or in the digital environment. This is now a real choice between the two strategies.
- COVID – continuity of business plan was developed and reviewed on an ongoing basis as the situation changed, allowing MHF to support participants and staff. Staff remain connected through digital and face to face platforms whilst maintaining social distancing.
- Fire – staff safety working in a heavy smoke environment and staff were concerned for their homes both inside and outside the ACT.
- Our Staff – reviewing the needs of people we work with identified a change in skill base was required. Training of staff has increased in infection control and in working with the National Disability Insurance Agency (NDIA). Supporting staff doing their tertiary studies.
- During the year staff did move on to follow their family and professional development. Whilst some returned to work with the team.
- Volunteering at MHF has provided other opportunities to be inclusive including supporting the Mental Health Month activities in 2019 doing BBQs, assisting public relations opportunities in Garema Place, reviewing, and developing documents. A volunteer's strategy is the next step.
- Student learning – We have a continuing relationship with Canberra Institute of Technology, Australian National University, Australian Catholic University and Wisdom students gaining life experience in the workplace.
- Accreditation – MHF has a quality improvement program that will be measured against the National Disability Insurance Scheme (NDIS) standards and National Standards for Mental Health Services in the new financial year.
- Influencing at the Federal Government Level - Mental Illness Fellowship Australia – assists MHF to understand the environment that people with the lived experience and organisations are working within. This group has supported MHF to capacity build and lobby at the Federal level.

- Partnerships with the NDIA, Capital Health Network and One Door enabled MHF to facilitate people to transition to the NDIS.
- Influencing in the ACT - As a member of the Mental Health Community Coalition ACT (MHCC). I was elected to the MHCC Board and am currently the President.
- Finance – MHF has continued to work toward sustainability and viability. We have employed a Business Development Manager and the MHF Board is reviewing MHF's Strategic Plan to guide where MHF will grow to in the future.

This list only touches on some of the achievements that we at MHF ACT have been able to achieve. I would like to thank the Board, the staff and volunteers and most of all the carers and people with the lived experience of mental illness for assisting us to achieve our vision of *creating hope, people first and better mental health*.

Angela Ingram

Chief Executive Officer



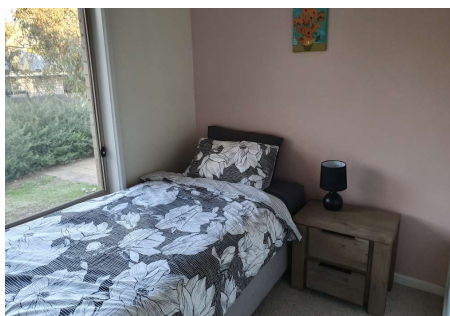
## Accommodation Services

Over the past year, the MHF has continued to offer and grow its accommodation services. We work collaboratively with people to provide service that is flexible to individual changing circumstances, needs, choices, and preferences. We offer services through fee for service or/and the NDIS. Our Accommodation services include:

- Supported Independent Living
- Individualised Supported Accommodation
- Short Term Accommodation Respite
- Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation

### Supported Independent Living (SIL)

The MHF SIL program does not have a prescriptive structure. We tailor support to individual needs. In-home regular onsite supervision ensures individuals are supported to maintain a successful tenancy, are equipped with living skills, social skills, and supports required to enable participants to live and enjoy their lives on equal terms to others in the community.



All houses are fully furnished, close to shops and bus stops. There is a spacious backyard with plenty of room for outdoor activities.



We are always looking for ways to improve our services. Stakeholders are encouraged to complete feedback questionnaires. This gives them a chance to express what they find useful, what they would like more of, and what they would like to change within the program. These questionnaires are completed anonymously so that stakeholders can express their real opinions about the program. Staff often seek participants' feedback daily. These types of feedback are often verbal. The feedback process also assists in identifying possible service gaps and areas of improvement.

Based on feedback, we were able to make some exciting changes to our SIL houses. MHF upgraded furniture and fittings for all SIL houses. The upgrade allows participants to engage with other participants in a communal space, therefore increasing quality of life opportunities. The provision of a new computer encourages participants to engage in studies, skills development, and training opportunities.

### Individualised Supported Accommodation (ISA)

MHF ISA gives the individual flexible options to design supports around formal and informal support in a group home. The extent of support required by individuals with lived experience is highly variable. MHF ISA can range from minimal support such as someone dropping in twice a week, to extensive support hours per day. The type and degree of support required depends on the needs of each individual and allocated funding.

Informal support remains an important component of quality accommodations support. For some participants, this means being supported to learn living skills to move from group home to independent living. For others, it means moving from a family home or move from an independent home to live with new people with similar interest for the first time.

### Short Term Accommodation Respite (STAR)

STAR is a vital service to allow families the opportunity to take a much-needed break from the caring role and to ensure that their own quality of life is maintained. STAR has also been used to strengthen relationships between carers and care recipient; as a preventative measure to prevent relapse for some participants and to provide a break from their living environment. STAR also provides an opportunity to socialise and make new friends. Due to the demand in social housing, MHF STAR sites are also used to provide participants with quality medium-term accommodation, during crisis periods when participants are searching for permanent accommodation.

## Mental Health, Justice Health, Alcohol and Drug Services Supported Accommodation (MHJHADSA)

MHJHADSA initiative provides long term accommodation to people with enduring mental health illness. To ensure the success of the program, MHF collaborated with stakeholders to co-design the model. The model focuses on principles of Choice and Control within the recovery framework and working with people's strengths.

Our experience shows us that respect for the individual are essential on building rapport, empowering the people to take ownership of their environment whilst working toward harmonious living environment in a group setting. We recognise that sharing a house with four individuals with different needs and personality can be a great deal of time.

To ensure participants maintain their tenancy with Havelock Housing, MHF continues to work with a range of support networks, such as carers, clinicians, and support coordinators to develop the necessary infrastructure to maintain and increase capacity for autonomous living.

Continuing feedback and consultation with participants and their support networks have also assisted participants to achieve some identified outcomes, and enabled MHF to review some of its current practices. During June, MHF outsourced an independent person to help evaluate the effectiveness of the implementation of the Florey model. Based on the evaluation it was identified that MHF's strength is their communication and liaison with all stakeholders. Our willingness to cooperate, collaborate and our openness to feedback was an identified key strength. The evaluation also identified current issues with NDIS funding due to gaps in funding supports and consistent incidents occurring due to unhelpful behaviours when there is no staff around. The evaluation highlighted the importance of staff support and ensuring there are 24 hours of supervision of continuity for care, decrease in number of incidents, ensuring safety, and improving quality of life.



On the left is Esther (staff), middle Simonette (participant) and right Sue (Staff), saying a big Happy Birthday, with their glasses raised up to say cheers for another year added to Simonette's life, as all enjoy a glass of sparkling grape juice and birthday cheesecake.

Afia Amoo-Oluka  
Accommodation Manager

# Outreach Service

*"I am most impressed with how I was really looked after ... and I feel I have made new friends ... I felt uplifted. To continue to make me feel like I am part of a caring family. The members of my family are all interstate." Sandy, 2019*

## Who We Are

The Outreach team provides support services to individuals experiencing mental-health issues/concerns. Some MHF participants live with co-morbidity of alcohol and other drugs and chronic physical diseases.

Since the inception of the nationwide NDIS, MHF continues to support participants with their individual NDIS plans. Also, we supported a specific cohort of people identified by the Capital Health Network (CHN) through the National Psychosocial Support Transition (NPST) project.

The NPST project was designed to assist people to access the NDIS with the help of peer staff members. This small group of people had been identified to have challenging circumstances that prevented them from applying for the NDIS meaningfully. This opportunity established that a majority of this cohort did not wish to access the NDIS, and this feedback was provided to CHN.

When supporting:

- NDIS participants: We delivered Outreach services based on the principle of choice and control, using recovery principles while working towards their identified goals, and at a pace they were comfortable with. Rights and responsibilities of clients were outlined at the point of entry into the service.
- NPST participants: We facilitated for them to apply for NDIS, based on CHN's efforts to transition them into the NDIS, focussing on those that had resided in Ainslie Village.
- Our staff have been trained in supported decision making, trauma-informed care and a codesigned approach.

## What We Did

Support coordination, mentoring, access to the community, assistance in activities of daily living, psychosocial community participation and transport were the services we provided generally. Participants were supported based on their needs, which we made available from mornings through to evenings every day.

MHF teams are mobile. They were ready for the COVID-19 environment. This meant our Outreach team members can be available, face-to-face or digitally, depending on how MHF participants need. Participants preferred face-to-face over the digital medium with COVID-19 precautions in place. The digital medium was taken up by a few. The choice was theirs.



We supported participants at various locations, including in the comfort of their homes and/or at mutually agreed public locations. In addition, we continued to support participants regularly during short out-of-state travel to build their capacity, e.g. trips to Tidbinbilla/Yass/Goulburn or to the South Coast in NSW; Outreach continues to respond to this encouraging trend that is based on the participants' needs.

*Carer testimonial*

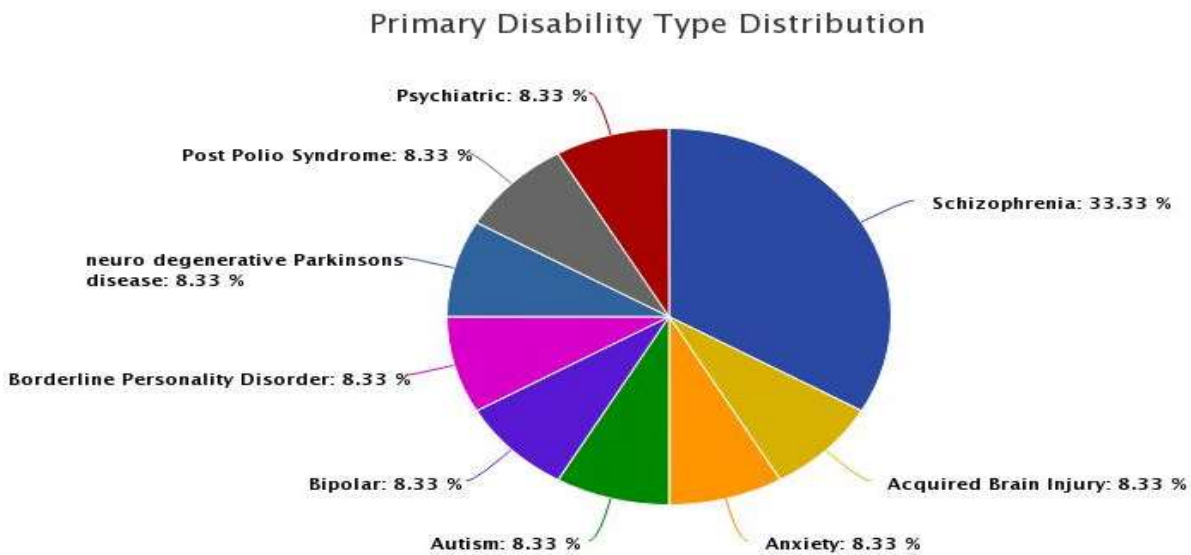
<p><i>“Adam did the best he could with Rob. He was very patient with Rob and Rob would have benefited from the support from Adam if Rob was more open to the idea. Adam has been observed with the other residents in the house and is amazing with them.</i></p>	<p><i>They get a lot out of the time they spend with him. A shame that Rob didn’t want to engage with Adam. Rob was at times extremely rude with Adam. But Adam never gave up!” Elyssa, 2019</i></p>
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MHF Outreach provides services to all age groups, from 16 years to 56+ years. Most participants (48%) are in the 36 to 55 years age range, followed by over 56 years (38%) and then up to 35 years (16%).

The MHF Outreach participant base comprises of slightly more male clients (55%) than female clients (45%).

A third of participants receiving Outreach supports identify themselves as living with schizophrenia. See Diagram 1.

Diagram 1: Primary Disability Distribution



*Ros said in 2020: "Having been a client of MHF for almost 10 years, I would like to compliment MHF on providing well-chosen workers to visit and accompany clients. I have experienced quite a few of them and found them clever, perceptive and untiring. My one concern is that sometimes their workload is a little heavy. However, all in all, they have been good to me."*

The Outreach Team continues to work closely with participants to build their capacity to improve their quality of life based on their goals. To achieve this outcome, we continue to:

- Work closely with their support network, which may include their guardians/carers, clinical managers and various service providers, to facilitate continuity of support within the community. We continue to receive referrals from familiar and new sources within the community, including self-referrals and expressions of interest,
- Invest in training opportunities,
- Network with relevant service providers at various networking platforms,
- Keep MHF participants updated on relevant changes in NDIS guidelines,
- Support participants through the NDIS processes and planning meetings.

The Outreach team remains committed and focussed on being person-centric when we deliver our services to the people who need them.

Shahrin Ariff  
Outreach Program Manager

## Business Development

### Introduction

In mid-October 2019, I joined MHF as Business Development Manager to develop ways of increasing revenue from the NDIS and to identify new sources of income in alignment with our mission.

But what a time to start. As with others, my attention would soon be drawn to bushfire plans and responding to a global pandemic.



### Mental Health Month – October 2019

Each year MHF formally celebrates Mental Health Month (MHM) and Schizophrenia Awareness Week (SAW). This year we celebrated MHM with the following events.

#### Defence Force sausage sizzle

MHF celebrated World Mental Health Day by cooking up a storm and providing beautifully cooked sausage sandwiches to the 100s of defence force personnel and public servants taking part in the Bridge to Bridge Walk.



#### MHM Expo at Bunda Place

This year MHF once again had a booth at this annual event. Our staff and volunteers got to meet hundreds of enthusiastic members of the public and were able to explain what we do.

#### Duncan 'N Sargeant

We had a great night at the Annual Concert for Mental Health with the talented and entertaining Duncan N. Sargeant. Duncan's masterly guitar playing and beautiful song writing entertained the audience.

Thank you Duncan for once again supporting us and to all those involved in making this a fun night

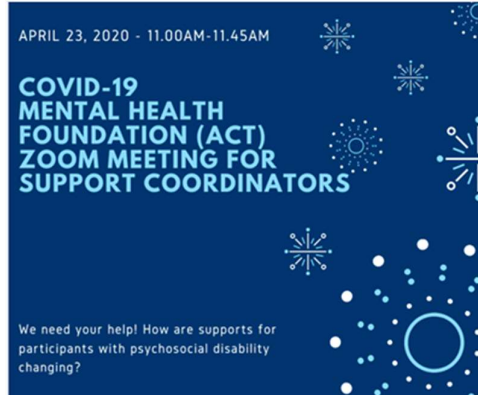
## COVID-19

As mentioned, not long after we started to relax at the end of the local bushfires, the global COVID-19 pandemic hit and it re-focussed a lot of the executives' attention on operations and staff.

To help communicate some of the important messages to staff, we started producing some infographics using the platform Canva.



## Referral Pathways



We worked hard to nurture our referral pathways during the latter half of 2019/20.

We did this by developing a relationship with the Local Area Coordinator, Feros Care and establishing relationships with as many support coordinators as we could.

Before COVID-19 hit, we visited individual support coordinators to see how we could support them and to determine their level of understanding of the services we provide.

Once we were social distancing, we moved the activity on-line, hosting a webinar specific to support coordinators and sent newsletters updating our accommodation vacancies.

## 12<sup>th</sup> Annual Comorbidity Interagency Day



In early December 2019 MHF attended the 12th Annual Comorbidity Interagency Day. Hosted by CatholicCare Canberra and Goulburn, it was a great chance for Alcohol, Tobacco and Other Drugs and Mental Health Services to get together, network and get a better understanding of how we all fit together.

It was interesting to hear Carrie Fowlie, CEO of ATODA (the peak body for Alcohol, Tobacco and Other Drug services), talk about how she wished that their sector was as successful as the mental health sector in reducing stigma.

## Website

A priority for this year was to get a new, improved website. After a few false starts the previous year, we finally achieved a new website with a fresher, more modern look. But we haven't finished yet. The website will continue to develop over the next 12 months so that it becomes an important resource for the Canberra community.



## SAW – May 2020



In May MHF, once again joined other Mental Illness Fellowship of Australia members in hosting SAW2020.

But this year was different with COVID-19 now upon us. The theme for this year was “Stay Connected” but the aims remained the same - reduce stigma, bust myths and promote help seeking.

The highlight for SAW2020 was our webinar – “Schizophrenia, Pathways to

Recovery” where we hosted a discussion between MHF CEO Angie Ingram, Dr Elizabeth Moore – Coordinator General of the Office of Mental Health and Wellbeing, and Nikki O'Dwyer – Manager and Senior Therapist at Adult Community Mental Health Services.

Peter Lennon  
Business Development Manager

## Human Resources

The MHF had a decrease in the total number of staff employed from 43 at the end of June 2019, to 35 at the end of June 2020. Of these 35 employees, 62 percent (22) were female and 38 percent (13) were male; 24 were casual employees; four part-time staff and seven were full-time staff.

All MHF staff must complete the *National Disability Insurance Commission Quality and Safeguards Commission* 'Quality, Safety and You', worker orientation module. New staff starting with MHF are required to have completed the module prior to commencing.

During the financial year, staff attended a range of other training courses, including 'Assessing, Preventing and Managing Challenging Behaviour', 'Trauma Awareness', and 'Stress Better' training. This last training was particularly relevant with the arrival of COVID-19 and the associated restrictions that imposed on staff and participants.

Promoting a safe work environment late 2019 and early in 2020 became a challenge. Initially the smoke from the major bush fires was considered and MHF minimised exacerbation of respiratory illnesses using face masks and minimising the need to be outside.

Then following the arrival of COVID-19, MHF undertook to make sure that staff had current and up to date training in infection control. Staff undertook the *Disability Services Consulting* 'Supporting People to Stay Infection Free' training; and the *Commonwealth Department of Health* 'Infection Control – COVID-19' training. In addition, staff were provided with information about how to correctly use and dispose of Personal Protective Equipment, such as masks and gloves. This was supported by infographics as the rules around COVID-19 changed regarding social distancing, hand hygiene use of masks.

As part of MHF's response to COVID-19 the organisation also ensured that hand sanitiser and masks were available to all staff and a stockpile kept addressing ongoing needs. As well as a system for contact tracing and COVID -19 checking of a person's temperature, and asking questions regarding COVID-19 infection.

## National Disability Insurance Scheme Commission

MHF has continued the process of seeking accreditation against the NDIS Quality Standards as set out by the NDIS Quality and Safeguards Commission. This work has included revision of existing policies and procedures and development of new documents as MHF services have expanded and evolved.

Karen McKernan  
Corporate Service Manager



## Partnerships

ACT Council of Social Services

ACT Government – Housing, Mental Health, Justice Health, Alcohol and Other Drugs. Adult Mental Health Services, Office of Disabilities  
Australian National University

ADACAS

Business Assist

Canberra Institute of Technology

Capital Health Networks

Canberra University

Carers ACT

Consumer Network ACT

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Wisdom - learning

Woden Community Service



Left: Duncan n Sargent – playing his songs at a concert November 2019