

within Australia
Annual Report 2017

working together for better
mental health and wellbeing



within
Australia

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Working together
for better mental
health and wellbeing

Recovery means more than the absence
or management of symptoms.

Recovery represents the unique and
personal journey taken by an individual
as they work towards regaining their
sense of identity and achieving
meaning and purpose in their lives.

Recovery embraces a person's capacity
for taking responsibility for their own life
based on their values and goals.

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'Living with a mental illness shapes but does not define me'

Living with a mental illness should not preclude a person from leading a meaningful and fulfilling life based on their individual values and goals. Recovery involves regaining hope, re-connecting to the community,

taking responsibility for one's own life and being able to participate in education, employment, recreational, social and other meaningful activities. **within** Australia partners with individuals in their recovery journeys.

Our Vision, Purpose and Values

Vision

Working together for better mental health and health and wellbeing.

Core Purpose

within Australia is committed to excellence, equity and quality in mental health. It achieves this by forming partnerships that generate hope, meaning, self-identity and responsibility.

Values

Innovation, Equity, Honesty, Respect, Integrity, Quality, Excellence, Transparency, Leadership, People centred, Positive anticipation, Success

About Us

within Australia is a Community Managed Mental Health Service delivering psychosocial rehabilitation, recovery services and educative programs to adults with a severe and persistent mental illness, their families and carers.

Established in 1992, **within** Australia delivers services throughout East Gippsland, Wellington, South Gippsland and Bass Coast, offering a range of services that are recovery and resilience oriented and meet the individual needs of clients, their families and carers.

In addition to service outlets located in Bairnsdale, Sale, Yarram, Orbost and Leongatha,

within Australia works in collaboration with other community

based organisations and health services to ensure its programs and services are accessible to remote rural and other hard to reach groups and communities.

Research validated and evidenced-based practices together with a well-developed service model are the core strengths that have enabled **within** Australia to take a lead role in policy and service development in the Gippsland region and beyond. The organisation is highly regarded for its service delivery framework that responds to the individual's stage of recovery.

within Australia has established strong partnerships with universities and research organisations to validate and further 'practice-develop' its models of service.

within Australia works with people with a mental illness and their families to overcome barriers regain hope, reconnect with their communities and realise their goals, providing services which are based around collaboration, inclusion and self-management.

Acknowledgments

within Australia acknowledges the traditional custodians and Elders past and present of the land where we deliver our services.

We wish to thank and gratefully acknowledge our funders for their continued support.

Chairperson's Report

The Annual General Meeting of 2017 will be our twenty fifth (1992-2017). This important milestone in **within** Australia's history offers us the opportunity for a moment of celebration and more importantly the opportunity for some serious reflection on our future.

As the Special Needs Access Program, SNAP Gippsland Inc. and now **within** we have grown from a volunteer service provided by members of a Committee of Management to a professionally run, multi-program evidence based service.

It was an exciting moment when the Committee employed their first solo paid worker. The service grew from one to many workers delivering an ever widening range of programs. These included housing and support services, drop in, a residential step up or down program (PARC) and evidence based recovery oriented self-management and support models of care as well as a wide range of resilience building community based mental health interventions.

The organisations trajectory has not always been upward. In recent years we have lost funding for some programs, such as PARC and staff numbers have decreased. Most recently the roll out of the National Disability Insurance Scheme (NDIS) has provided a number of challenges for us and for the community based mental health sector as a whole.

Throughout the last twenty five years there have been many wonderful people involved in **within**, service users, carers, workers, Committee and Board members. We pause to think of them and thank them one and all.

There has been one person in the organisation for all of our twenty five years and that is Christine McNamara. As a founding Committee member, community partner, worker, Board member and CEO Chris has been dedicated to improving the service, making it better, smarter and more able to collaborate with other services to help more people experiencing mental ill health to recover.

Chris stepped down from the CEO position this year. We all thank her for her resilience, dedication, intelligence and long term leadership. We wish her all the very best for the future.

So now it is time to turn our attention to **within's** future. Now we are on less certain ground. However we are sure that while we focus on our existing work and new opportunities we must maintain, keep to and improve our values and services. This work will require everyone in the organisation to contribute to strategic planning, policy development, taking advantage of new and diverse funding opportunities and creating new ways to build resilience in the community and aid people's recovery.

We will need high quality strategic options papers. All proposed work must be fully costed and funds found to support the work before it starts. Our focus will need to be on the NDIS but it must also be elsewhere and everywhere at the same time. Our organisation wide operating systems will need to remain nimble and be further streamlined.

Most importantly we must retain our hope for a bright future and become more confident in our abilities to make a positive difference in our field.

I want to thank all of the **within** team for their work in 2017. Special thanks needs to go to Thelma Hutchison our Acting CEO for bravely taking control of the organisation at a difficult time. Special thanks also go to Geoff Willett, Monique Cunningham and the team leaders who have supported the organisation through the change in leadership. Thanks to all of you for stepping up when it was needed. Thanks also to key contractors Andrew Cunningham and Diane Wilkinson for their hard work and creative leadership.

To all current and past members of the Board of **within** thank you for your hard work and commitment in 2017.



Dr. Janice Chesters
Chair

Strategic Plan 2015-2018

Values that underpin the development of the Strategic Plan

within Australia is underpinned by shared values and strengths that not only inform work with clients, carers and families but also support the ongoing staff and Board commitment to **within** Australia.

Enablers

A number of elements enable our stability and productivity including:

- governance (board and senior management)
- workforce
- training models
- research experience and capabilities
- IT systems
- capital.

Opportunities

within Australia has developed a framework of service that is evidence based and best practice.

within Australia is experienced in delivering self-management programs that build resilience through coaching. Coaching is highly congruent with contemporary practice in self-management for a range of health and wellbeing issues such as chronic disease management. This provides **within** Australia with an opportunity to engage in the broader field of self-management and resilience. It also provides

within Australia with an opportunity to develop new business in teaching these models to other people/ organisations.

Strategic Directions 2015-2018

Our Vision: Working together for better mental health and wellbeing

within Australia will grow its business through:

- identifying opportunities for new business and diversification
- development of new business models and systems for new service environments
- research and market our services to new areas of service delivery and business
- establishment of a new public and internal profile for **within** Australia.

within Australia will strengthen its:

- workforce
- leadership
- organisational capabilities.

within Australia will deliver quality, evidence based services across the age range to people with mental health problems, their carers and families and to people with chronic conditions through:

- meeting the needs of existing client groups
- meeting the needs of young people living with mental illness
- meeting the needs of potential new customers.

Our values

Innovation, Equity, Honesty, Respect, Integrity, Quality, Excellence, Transparency, Leadership, People centred, Positive anticipation, Success.

Our Services and Models of Care

within Australia delivers a set of services which are easy for our client's, their carers and families to navigate.

As a recovery and resilience oriented service, our focus is on outcomes in relation to physical and emotional health, social

participation, housing, education and employment.

We work with people with a mental illness and their families to overcome barriers, regain hope, reconnect with their communities and realise their goals.

Our services are based on collaboration, inclusion, self-management and a commitment to delivering the most up-to-date, recovery oriented, evidence based and research validated models of service and care available.

Our Services

Mental Health Community Support Services – Individualised Client Support Packages (ICSP)

Individualised Client Support Packages provide an opportunity to develop a flexible package of service and care that is tailored to the individual's particular circumstances and needs. The person is screened for eligibility for service by the regional Central Intake service, ACSO (Australian Community Support Organisation). The person is then referred to **within** Australia for a comprehensive and holistic assessment. We also determine the needs of carers and families, and the children of our clients. We use the Collaborative Recovery Model to explore with the person their strengths, values and needs and identify relevant goals and strategies to reach those goals.

A worker is allocated to the person and coaches them along their recovery journey, until they have met their goals and are closed from service.

Mental Health Support for Secure Tenancies (MHSST)

MHSST is an innovative service that aims to break the cycle of homelessness by supporting people with a severe and enduring mental illness to live independently in the community, obtain secure housing, improve their independent living skills and address their physical and mental health needs. MHSST utilises a flexible outreach approach that is integrated and links to the broader health and community service system.

MHSST is governed by a consortium consisting of Community Housing Limited, Salvocare, Gippsland Lakes Community Health, Gippsland and East Gippsland Aboriginal Co-op, Ramahyuck District Aboriginal Corporation, Latrobe Regional Hospital-Mental Health Services, Quantum Support Services and Uniting Care Gippsland led by **within** Australia.

We work collaboratively with homelessness services, clinical mental health services, primary and allied health, housing services, real estate agencies, drug and alcohol services and other community support services to assist the person to access and maintain stable housing.

MHSST is a National Partnership Agreement funded initiative which will cease in June, 2017. The majority of our clients have been homeless or living in tenuous housing situations for up to 5 years. 47% of the client group are women and 53% men. The majority of clients, 65%, are aged between 25 and 44.

Partners in Recovery

Partners in Recovery is a federally funded program for people with severe and persistent mental illness with multi-service needs. The aim is to provide a 'wrap around' service tailored to the person's individual needs and for services to be co-ordinated and work collaboratively.

Clients of Partners in Recovery are often reported to have 'fallen through the gaps' and require more intensive support to effectively address the complexity of their needs.

within Australia employs 5 support facilitators to provide Care Co-ordination in South Gippsland, East Gippsland and the Sale area, this includes one position dedicated to the Aboriginal Community in East Gippsland and Wellington based in Sale.

The ultimate aim of the program is to improve the system response and outcomes by facilitating better co-ordination of clinical and community support services; strengthening partnerships and service linkages; improving referral pathways and promoting recovery oriented services.

East Gippsland Mental Health Initiative (EGMHI)

The Initiative is aimed at building the capacity of the service system to co-ordinate the care of young people who have a connection with DHHS, a mental illness and co-existing complexities and to promote resilience in East Gippslanders in more remote communities.

within Australia leads the Initiative which consists of members from:

- Bairnsdale Regional Health Service
- Barrier Breakers
- East Gippsland Shire
- Gippsland and East Gippsland Aboriginal Co-operative
- Gippsland Lakes Community Health Service
- Gippsland Primary Health Network
- Latrobe Regional Hospital – Mental Health Services
- Mental Illness Fellowship
- Orbost Regional Health
- Ramahyuck District Aboriginal Corporation.

There are 4 components to the Initiative:

1. Youth Intensive Care Co-ordination for 16-24 year olds involved with the Department of Health and Human Services who have a mental illness and co-existing complexities. Encouraging cross sector co-ordination and practice, to build a capacity of services to work with young people
2. Aboriginal Youth Intensive Care Co-ordination for 16-21 year olds involved with the Department of Human Services who have a mental illness and co-existing complexities. The Aboriginal Community Controlled Health Organisations will partner with **within** Australia in the delivery of service
3. Building capacity for spiritual work and wellbeing in community mental health support service delivery. Building on the work of Spiritual Health Victoria
4. Building mental health support and community capacity through the provision of preventative and educative programs aimed at farmers and their families.

Our Focus is to:

Maximise sustainability, apply a comprehensive and integrated place-based approach. To target remote communities and strengthen partnerships between EGMHI partners, service providers within local communities and people with a mental illness, families and carers. To avoid duplication of coordination or capacity building efforts in East Gippsland but rather add value.

Our Models of Care

Optimal Health Program

The Optimal Health Program (OHP) is a gateway to service and is designed to help individuals achieve optimal health outcomes (a balance of physical, psychological and social health and wellbeing). OHP has three core components: Education (factors that influence your mental health), Coping Strategies (actions and strategies to manage and reduce stress) and Skills Development (tools and techniques to help you achieve and maintain long term optimal health).

within Australia utilises the Optimal Health Program to manage its wait list. Rather than people receiving no service **within** Australia assesses the client's needs after the referral is received from Central Intake and invites the person to participate in the Optimal Health Program, a program that is delivered weekly for 8 weeks and is designed to teach self-management skills.

Action Over Inertia Program

The Action Over Inertia Program supports individuals in overcoming the barriers preventing them from deriving meaning and enjoyment from the wide range of activities that make up daily life. The program utilises occupational therapy techniques and helps participants realise the health and wellbeing benefits associated with taking part in meaningful activities.

within Australia also utilises Action over Inertia to manage its waitlist. The program is delivered weekly for 10 weeks and is designed to restore balance back into the activities of daily life.

The Collaborative Recovery Model

The Collaborative Recovery Model (CRM), developed by the University of Wollongong Illawarra Institute for Mental Health, focuses on achieving positive outcomes and is founded on the principles of recovery; individual process, collaboration and autonomy support. CRM is delivered in a coaching style and takes a value based approach to setting life goals and managing illness experience.

Flourish

Developed by the University of Wollongong Illawarra Institute for Mental Health, Flourish is a peer facilitated recovery based self-development program that focuses on personal growth and responsibility. The program helps participants identify their goals and provides them with the tools they need to achieve them. Flourish is not an illness management program but is designed to help individuals take responsibility for making positive changes in their life.

The Way We Work

Individual Client Support Packages (ICSP)

within Australia is one of only 14 Mental Health Community Support Services state-wide to provide Individualised Client Support Packages (ICSP). Our service catchment is Bass Coast/South Gippsland, Wellington and East Gippsland. We deliver service on an outreach basis from service outlets located in Leongatha, Sale, Yarram, Bairnsdale and Orbost

Our ICSP workers currently support and coach people who have a severe and persistent mental illness to achieve their recovery goals through participation in the Collaborative Recovery Model.

The top 5 goals expressed by our clients relate to:

1. structured physical health and fitness routine
2. family and relationships
3. improving mental health strategies and management
4. education and employment
5. become more confident.

Mental Health Support for Secure Tenancies (MHSST)

We work across our service catchment in collaboration with homeless services, clinical mental health services, housing services and other relevant agencies. We have MHSST workers based in Leongatha, Sale and Bairnsdale. Our MHSST workers, led by our Team Leaders, have actively supported and advocated for our clients to maintain their housing or secure housing in the public, community and private rental markets.

The role of the MHSST worker is very challenging given the lack of affordable housing for people who are in receipt of pensions and government allowances. Housing security is the foundation stone of life and without it health and the opportunity to grow and flourish fails. Our MHSST workers do an incredible job under often difficult circumstances. This has been compounded this year due to the numbers of people who have had their Disability

Support Pension reviewed and downgraded to New Start, dramatically decreasing their income and forcing them into housing stress and homelessness.

Our MHSST workers have established positive and effective relationships with real estate agencies, homelessness, housing and other support services throughout our catchments. Our partners, Salvocare and Community Housing Limited continue to provide excellent support for participants experiencing multiple barriers to affordable housing. Our linkages and co-locations with Latrobe Regional Hospital – Mental Health Services in the Flynn Inpatient Unit and Sale Community Mental Health service provide a warm referral pathway into the MHSST service.

Our workers employ assertive outreach to engage with our clients. Remarkably, given the lack of suitable housing options, the workers deliver successful outcomes for the majority of these people who in the main are then referred to ACSO for an Individualised Client Support Package once stable housing has been secured.

Partners in Recovery (PIR)

Partners in Recovery is a Federal Government Initiative for people with severe and persistent mental illness with multi-service needs. within Australia is a member of the Gippsland Consortium of PIR providers lead by the Gippsland Primary Health Network.

The objective of PIR is to improve the outcomes for and the systems response to people with severe and persistent mental illness who have complex needs.

Within Australia employ a team Leader and five PIR facilitators across four sites. Our PIR Support Facilitators are based in Leongatha, Sale, Bairnsdale and Orbost. They currently work with 72 participants, their carers and families.

The NDIS roll out has been a focus, completing transition to support training, working closely with the Consortium and assisting clients and their families in preparation.

PIR Support Facilitators identify the needs of their clients by the use of the Camberwell Assessment of

Need Short Appraisal Schedule (CANSAS). For all clients of the PIR Consortium the CANSAS revealed the greatest level of unmet need in the domains of Employment and Volunteerism, Daytime Activities, Education, Physical Health and Company (Social Connectedness). within Australia decided to attempt to address these issues by undertaking 6 capacity building projects to increase the opportunities available to people with mental health problems.

1. **Volunteerism** – Many people with mental health problems want to work and meet others, volunteering is the ideal way to get started. This project has provided opportunity for PIR participants to experience volunteering and improve their recovery outcomes by providing information about mental health to Volunteer organisations and establishing a data base that can be used by workers to discuss with their clients. This project is now complete.
2. **Employment, Education and Training** (Co-location in Bairnsdale and Sale with Mission Australia). Participation in employment gives a sense of identity, mental wellbeing, economic security, improves our social skills and can engender a sense of contributing to the community. This project will identify and make recommendations in relation to the barriers and enablers for people with mental health problems to participate in the workforce. This project is complete.
3. **Establishment of Consumer Communities** (Consumer led groups). Since the reform and recommissioning of Mental Health Community Support Services there are limited opportunities for consumers to participate in group activities. As such there is an emergence of people who wish to start up or participate in groups. They want to determine the structure, focus, purpose and activities of the group. This project will take on a community development approach and work with individuals and groups to identify how consumer/peer communities can be established and sustained. A Consumer Reference Group has been established and grants will be made

available to support the establishment of the groups. Project now complete..

4. **GP Engagement** and promotion of good physical health = good mental health and visa versa (increasing referrals from GP's). A small number of GP's refer to the Partners In Recovery Initiative in comparison to other sectors yet all PIR participants will at some time require the services of a GP in their mental health or physical health care. The project will target GP practices to promote the PIR initiative and its benefits. This project is partially complete and waiting on finalising the promotional package.
5. **Trauma Informed Practice** train 50 mental health and drug and alcohol professionals across Gippsland.
6. **CANSAS** and **STORI** Develop a free on-line training package.

East Gippsland Mental Health Initiative (EGMHI)

The East Gippsland Mental Health Initiative is the result of a partnership between a range of community and mental health organisations. EGMHI aims to utilise the resources of its member organisations to improve the recovery outcomes of young people in East Gippsland. To promote psychological wellbeing and the ability to self-manage and build the resilience of East Gippslanders in more remote communities and to build the capacity for spiritual work and wellbeing in community mental health support and service delivery.

The EGMHI program led by Birgit Schaedler has four components:

1. Youth Intensive Care Co-ordination for 16-24 year olds who have involvement with the Department of Health and Human Services (DHHS), a mental illness and co-existing complexities. The role and benefits of care co-ordination through collaborative, constructive multi agency planning in the lives of young people is becoming understood and valued. Collaborations occurred with schools to produce a highly

successful Art Competition during Mental Health Week with the theme of *Making Friends* for primary schools and *Reaching Out* for secondary schools. The competition attracted 230 entries.

2. Aboriginal Youth Intensive Care Co-ordination for 16-21 year olds who have involvement with the Department of Health and Human Services (DHHS), a mental illness and co-existing complexities. The program is delivered in a culturally appropriate manner with strong engagement with family and community and is currently providing care co-ordination for young Aboriginal people. Our aim is to establish a sustainable mentoring program and given the positive experiences of the recent *Snowy River Leadership Camp* these types of activities may provide a way forward.
3. Capacity building for spiritual work and wellbeing in community mental health support service delivery. Building on the education sessions that occurred last year In partnership with Spiritual Health Victoria, EGMHI engaged Simon Jones to deliver training in *My Spiritual Path* to teach participants about the relationship between spirituality and mental health and how spirituality may be utilised by staff to support clients, and promote recovery. *My Spiritual Path* can be used as a framework to discuss spirituality; spiritual practices such as mindfulness, journaling and personal spirituality as it relates to recovery.
4. Building mental health support and community capacity through the provision of preventative and educative programs for farmers and their families living in Far East Gippsland. Numerous activities and education sessions have been conducted with the aim of building the capacity of the community and as such its resilience. A Men's Health Night and Women's Mental Health Information Night have occurred, establishment of a women's support group *Strong Women- Strong Community*, and support for a Men's Shed in Tubbut, the Optimal Health Program, Conflict Resolution and Mindful Parenting has been delivered with Farmers Health - Sustainable Farm Families – Train the Trainer, Healing Through Narrative to be undertaken and the Evaluation of EGMHI to be completed.

Supporting services and staff

All of our direct service teams are provided with invaluable support from the following specialist operational roles:

Peer facilitators provide orientation to service to new clients, co-facilitate the Optimal Health Program and Action Over Inertia, facilitate the Flourish Program and facilitate exit interviews for clients leaving our service.

Our Business Services Leader oversees the implementation and attainment of all staff competencies as per our internal training program. Student placements are also well supported through this role.

Clinical Supervision is provided to all Peer workers, Recovery Support Workers and Recovery Support Assistants.

Coaching is provided to staff with coaching based on the GROW model; Goal, Reality, Options, Wrap-up and utilise the Life Journey Enhancement Tools (LifeJET) Camera, Compass and Maps for goal setting and achievement.

We work closely with ACSO, the regions Central Intake service and is responsible for service co-ordination; referral, assessment and intake processes. We have a critical role in ensuring that our data is captured, is of good quality and exported to our relevant funders in a timely manner. This involves close collaboration with our Client Information Systems designer, Wild Bamboo NZ. Our analysis of data provides insight into how and where our staff time is utilised and trends in relation to referral patterns which in turn inform staffing, training, costings etc.

Information Communication and Technology, Data Central ensures that we have the necessary equipment and quality systems in place and provides timely response to requests for service support.

East Gippsland Mental Health Initiative (EGMHI)

Background



The Initiative was the result of an iterative process from an initial 2010 State election Liberal National Party commitment, with the following aims:

- To build the capacity of services and communities to better respond to the needs of people with mental illness, their families and carers.
- To work in a collaborative manner with local service providers in East Gippsland to deliver appropriate support services and self-management programs to consumers with a mental illness, to ensure they receive a continuum of care that addresses their needs and leads to better recovery outcomes for them and their families.
- To assist consumers to develop self-management skills through training in programs such as the Optimal Health Program and Action over Inertia that will fulfil their own care needs and achieve optimal health outcomes.

Structured by the Regional Department of Health as:

- Youth Intensive Care Coordination program (YICC) for 16 to 21 year olds in mainstream community.
- Aboriginal Youth Intensive Care Coordination (AYICC) for 16 to 21 year olds in the Aboriginal community.
- building capacity for spiritual work and wellbeing in the community.
- building mental health support and community capacity for farmers and their families.

EGMHI was a coordinated response to the mental health support needs of East Gippsland residents, with dual emphases on meeting the needs of some of the area's disadvantaged young people and its more remote, bushfire affected communities.

Funding release late 2014 - staff commenced early 2015 - program completion mid 2017.

Aboriginal Youth Intensive Care Coordination - AYICC

AYICC was successful in attracting sufficient referrals, due to the worker's community profile. Having grown up and lived in the catchment area all his life and his affiliation with the Aboriginal communities made it easier for this vulnerable cohort to trust the worker and engage. A total of 16 young persons were assisted to achieve the goals they had identified.

Youth Intensive Care Co-ordination - YICC

The YICC program stream experienced difficulties from the beginning of the Initiative, despite stringent efforts to promote the program and attract referrals. A total of 28 young persons were assisted to reach the goals they had identified.

This allowed the workers in the program to assist the coordinator with her substantial workload and achieve success in other areas. A successful Art competition was held in Orbost in conjunction with the local schools, attracting 230 student entries.

headspace collaboration opportunities with **within** Australia have been furthered, resulting in two staff members being co-located and delivering service from **headspace** one day per week, participation in monthly operational meetings and the youth advisory group.

EGMHI assisted the ICE prevention working group with in kind hours and funding to achieve the completion of community forums and systems mapping of the factors associated with the first usage of Crystal Methamphetamine.

Healthy Ageing Suicide Prevention Group for older males, Paynesville. An initial community meeting, progressed to forming a group of community champions. As well as, the Coordinator of the East Gippsland Shire's Healthy Ageing program and a member of the Suicide Prevention Service from Latrobe Regional Hospital and the facilitator from **within** Australia. Group members represented the Paynesville Men's shed, RSL and PROBUS, were mostly representative of the target group and completed the ASIST (Applied Suicide Intervention Skills Training).

Working with the Remote Communities of Goongerah, Bonang, Tubbut and Deddick Valley

With the support of the Tubbut Neighbourhood House, the Shire Program facilitator, the Shire's Emergency Response and Recovery Team, as well as Orbost Regional Health, a substantial amount of work was completed and much learning achieved.

Learnings

Supporters were tremendously helpful to EGMHI. It appears that service staff working on the ground with substantial community interests at heart can make powerful allies for positive community outcomes.

EGMHI conducted a survey and achieved a 33% return, this included face to face interviews for persons who did not feel confident to complete a written survey. Results showed that a practical on the ground and face to face psychological intervention was invited. It also showed that community members were well informed on diagnosis, but poorly informed on how to respond to needs and service availability.

Funding bodies need to unite and talk to each other to prevent an avalanche of projects in communities with limited numbers of participants. What is needed is a targeted, inclusive and cohesive response to get the most value out of funding dollars.

Work completed

Due to small numbers of community members and service staff in the areas engaged as part of the program, the concept of providing training to both community members and service provider staff in one group was reached. Below is a summary of education and major engagement efforts:

Men's Health Participants	37
Women's Health Participants	27
Mindful Parenting Participants	17
ASIST including T4T Participants	49
Optimal Health Program Participants	9
School Art Comp Participants	230
Spirituality & Mental Participants	50
My Spiritual Path Participants	22
Documentary Workshop Participants	6
Documentary Filming Participants	40
Negotiation/Conflict Resolution Participants	22

Coordinator attendance
Principal for a Day at Goongerah
Mildura **headspace** meeting
Sexual Health/Mental
Health T4T

Additional outcomes

Service Mapping and Gap analysis

within Australia CEO visit to Communities

Emergency Health Services Response Agreement

Access to Allied Psychological Services outreach for remote communities Women's Group

Presentations

Hidden Trauma - EGMHI: Resilience work in remote Victoria – a candid approach.

Accepted and attended at:

Rural and Remote Mental Health Conference, Grampians 2017

Rural and Remote Mental Health Symposium, Albury 2017

Client Data 2016-2017

Individualised Client Support Packages

1 July 2016 - 30 June 2017

Primary Diagnosis

Primary Diagnosis	Total	Percentage
Anxiety Disorder	59	19
Bipolar Disorder	46	15
Borderline Personality Disorder	9	3
Delusional Disorder	2	1
Depression	100	32
Not Set	19	6
Obsessive/Compulsive disorder	3	1
Other Psychiatric Diagnosis	7	2
Paranoid Schizophrenia	2	1
Personality Disorder	1	0
Post Traumatic Stress Disorder	19	6
Psychosis	2	1
Schizoaffective disorder	9	3
Schizophrenia	31	10
Grand Total	309	100

Gender breakdown

Gender	Total
Female	181
Male	127
Transgender - male	1
Grand Total	309

Average days in referral

Team name	Total
Bass Coast/South Gippsland	487
East Gippsland	396
Orbost	432
Wellington	480
Grand Total	451

Age breakdown

Team name	16-24	25-34	35-44	45-54	55-64	65+	Total
Bass Coast/South Gippsland	6	12	29	26	15	1	89
East Gippsland	12	25	24	21	21	1	104
Orbost		5	2	6	4		17
Wellington	8	19	23	26	22	1	99
Grand Total	26	61	78	79	62	3	309

Client Data 2016-2017

Mental Health Support for Secure Tenancies

1 July 2016 - 30 June 2017

Primary Diagnosis

Mental health condition (primary)	Total	Percentage
Anxiety Disorder	3	6.5
Bipolar Disorder	4	8.7
Borderline Personality Disorder	1	2.2
Depression	16	34.8
Not Set	13	28.3
Other Psychiatric Diagnosis	1	2.2
Post Traumatic Stress Disorder	4	8.7
Schizophrenia	4	8.7
Grand Total	46	100

Gender breakdown

Gender	Total
Female	20
Male	26
Grand Total	46

Average days in referral

Team name	Total
Bass Coast/South Gippsland	271
East Gippsland	191
Wellington	123
Grand Total	181

Age breakdown

Team name	16-24	25-34	35-44	45-54	55-64	Total
Bass Coast/South Gippsland			4	3		7
East Gippsland	1	7	5	8	3	24
Wellington	4	3	5	2	1	15
Grand Total	5	10	14	13	4	46

Board of Governance 2016-2017



Dr Janice Chesters
(Chair)

Academic, mental health researcher and medical educator, Janice has worked at the interface between the university, clinic and hospital in both Australia and New Zealand for over 20 years. Janice has extensive leadership and governance experience within the mental health, rural community health, general practice training and research investment management fields. She was the founding Director of Awhina, Waitemata Health Campus in Auckland and is a life member of **within** Australia.



Cathy Johnson
(Vice Chair)

Cathy has a business and nursing background. She is a Coach and trainer in the Collaborative Recovery Model and brings considerable 'practice knowledge' to the Board.



Chris McNamara
(Secretary)

Chris participated in the establishment of SNAP Gippsland, now **within** Australia, she has worked in mental health for the past 23 years and is a Board member of Vicserv, the state peak body for Community Managed Mental Health services and this year was appointed to the State Government's Mental Health Expert Taskforce to drive the implementation of the 10 year mental health plan.



Michelle Dowsett
(Treasurer)

As Principal of CFO ASSIST, Michelle has worked in several SME's in Business Manager, Company Secretary and Chief Accounting Officer roles. Michelle's financial management, strategy application and governance experience is exemplified in being a Certified Practising Accountant (CPA), having achieved a Master of Business Administration (MBA) and also through being a Certified Member of the Governance Institute of Australia (Cert GIA). Michelle's Project Management skills have been acquired within the property development, valuation and consulting field. Michelle's membership as a Graduate of the Australian Institute of Company Directors (GAICD) is well utilised in her Governance roles as an independent Chair on the Audit & Risk Committee of the Municipal Association of Victoria; a Board Director and Audit & Risk Chair of East Gippsland Water, and Board Director of Federation Training. Michelle works part time as the Corporate Services Manager of Sale Elderly Citizens Village Inc which is a seventy five bed aged care hostel with eighty eight independent living units. Under the CFO Assist banner Michelle provides consulting Company Secretary services to Paintback Ltd. Michelle joined the **within** Australia board in 2015 and is currently studying a Diploma in Aboriginal and Torres Strait Islander Knowledges.



Eric Sjerp

Eric Sjerp is an Environmental Scientist with a Bachelor of Science Degree and over 25 years' experience in the environmental management and geological professions. Eric has worked throughout Australia and in Malaysia, and is currently Managing Director and Principal Consultant of Ethos NRM Pty Ltd, Environmental Assessment and Natural Resource Management Consultants, and a Non-Executive Director of Yarra Valley Water Corporation.

Eric is a past Executive Officer of the Gippsland Lakes Management Council and has previously served on the Boards of East Gippsland Water, Southern Rural Water, the East Gippsland Environmental Sustainability Advisory Board, and the East Gippsland Catchment Management Authority's Land Program Committee. He is a member of the Australian Institute of Company Directors, the Environment Institute of Australia & New Zealand, and the Victorian Planning & Environmental Law Association.



Maryanne Malouf

Maryanne has a Human Resources Coaching and Consulting background. She has extensive experience in both the Water and Health Industries, including a considerable amount of time working in Aboriginal Health. She is a Coach and Mentor who brings her HR, business, governance and risk management experience to the Board.

Board of Governance meetings are convened on alternate months.

There are 3 standing committees:

- the Governance Committee ensures that the Board fulfils its legal, ethical and functional responsibilities through governance policy development, Board recruitment strategies and training programs, monitoring of Board activities and the review of the Board's performance
- the Finance and Audit Committee monitors the financial sustainability of the organisation and compliance with its financial legal and contractual obligations
- risk and Clinical Audit Committee identifies, assesses, manages and monitors risk. It oversees, reports and makes recommendations to the Board in respect of financial and non-financial risks, quality and safety.

Board member meeting attendance 2016-2017

Board Member	Board Meeting (6 meetings)	Governance Committee (4 meetings)	Finance and Audit Committee (4 meetings)	Risk and Clinical Audit Committee (2 meetings)
Janice Chesters Chair	6/6	4/4	2/2	
Cathy Johnson Shared Vice Chairperson	6/6	1/2		2/2
Andrew Cunningham Shared Vice Chairperson (Resigned May 2017)	4/6		2/4	
Michelle Dowsett Treasurer	5/6		4/4	
Monica Gilbert (Resigned April 2017)	1/4			
Kelly Fitzgerald (Resigned October 2016)	0/1			
Jackson Roberts (Joined February 2017) (Resigned May 2017)	1/3	1/2		
Maryanne Malouf (Joined June 2017)	1/1			
Eric Sjerp (Joined June 2017)	1/1			
Chris McNamara Secretary	6/6	4/4	4/4	2/2

Financials

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REPORT BY THE COMMITTEE

Your committee present this report on the Association for the year ended 30 June 2017.

Committee Members

The names of each person who has been a committee member during the period and to the date of this report are maintained in a register at the principal place of business of the Association and can be reviewed upon written request to the committee.

The committee members have been in office since the start of the financial period to the date of this report unless otherwise stated.

Principal Activities

The principal activity of the Association during the financial year was a Community Managed Mental Health Service. No significant change in the nature of these activities occurred during the year.

Objectives

The short-term objective of the Association is to provide quality, person-centred, evidence-based psychosocial rehabilitation and recovery services to provide with a serious and enduring mental illness.

The long-term objective of the Association is to improve the quality of life of people with a serious and enduring mental illness to enable them to participate as full citizens in our community.

Strategies for achieving the objectives

To achieve its stated objectives, the Association has adopted the following strategies:

- Have an appropriately skilled workforce founded on a "learning organisation" culture and the Principles for Recovery Oriented Practice.
- Further develop and strengthen our operational and strategic relationships.
- A well-qualified and informed Board of Governance.

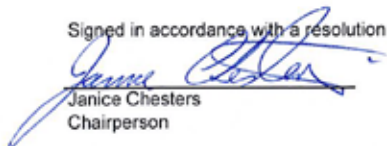
Performance measures

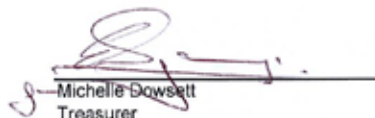
The Association measures its performance through the use of both quantitative and qualitative benchmarks. The benchmarks will be used by the Committee to assess the financial sustainability of the Association and whether the Association's short-term and long-term objectives are being achieved.

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under subdivision 60.40 of the *Australian Charities and Not-for-profits Commission Act 2012* is attached to this financial statement.

Signed in accordance with a resolution of the Committee.


Janice Chesters
Chairperson


Michelle Dowsett
Treasurer

Dated this 13 day of October 2017.

Auditor's Independence Declaration to the Board of within Australia Inc

I declare that, in relation to our audit of the financial report of within Australia Inc for the financial year ended 30 June 2017, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in respect of the audit.

Crowe Horwath Vic

CROWE HORWATH VIC

Mary Winter

MARY WINTER
Partner

Date: 17 October 2017

Statement of Profit or Loss and other Comprehensive Income for the Year Ended 30 June 2017

	2017 (\$)	2016 (\$)
Revenue		
Revenue from operating activities	3,948,462	4,163,310
Expenses		
Employee benefits expenses	(2,370,119)	(3,025,815)
Depreciation and amortisation expense	(77,561)	(83,891)
Advertising and marketing	(48,523)	(44,030)
Consulting	(33,054)	(5,882)
Employee development and training	(34,993)	(50,525)
Occupancy	(120,207)	(168,675)
Client expenses	(164,871)	(169,328)
Motor vehicles leases and expenses	(229,266)	(266,197)
Telephone and fax	(52,234)	(58,501)
Corporate services	(123,985)	(163,204)
Loss on sale of non current assets	(717)	-
Other expenses	(239,303)	(303,198)
Net surplus/(deficit) for the year before income tax	453,629	(175,936)
Income tax expense	-	-
Net surplus/(deficit) for the year	453,629	(175,936)
Other comprehensive income, net of income tax		
Other comprehensive income for the year, net of income tax	-	-
Total comprehensive surplus / (deficit) for the year	453,629	(175,936)

Statement of Financial Position for the Year Ended 30 June 2017

	2017 (\$)	2016 (\$)
Assets		
Current Assets		
Cash and cash equivalents	1,817,839	1,900,671
Trade and other receivables	111,067	23,019
Other current assets	48,680	22,978
Total Current Assets	1,977,586	1,946,668
Non-Current Assets		
Property, Plant and Equipment	402,375	466,524
Total Non-Current Assets	402,375	466,524
Total Assets	2,379,961	2,413,192
Liabilities		
Current Liabilities		
Trade and other payables	379,909	823,647
Provisions	203,495	181,890
Other liabilities	86,611	116,737
Total Current Liabilities	670,015	1,122,274
Non-Current Liabilities		
Provisions	-	34,601
Total Non-Current Liabilities	-	34,601
Total Liabilities	670,015	1,156,875
Net Assets	1,709,946	1,256,317
Equity		
Retained Surplus	1,709,946	1,256,317
Total Equity	1,709,946	1,256,317

Statement of Cash Flows for the Year Ended 30 June 2017

	2017 (\$)	2016 (\$)
Cash flows from operating activities		
Receipts from operating grants	3,336,730	3,488,070
Receipts from fees and charges	-	317,101
Receipts from interest	49,149	40,859
Receipts from other revenue	18,391	18,241
Payments to suppliers	(1,089,858)	(1,211,848)
Payments to employees	(2,383,115)	(3,054,519)
Net cash used in by operating activities	(68,703)	(402,096)
Cash flows from investing activities		
Proceeds from the sale of property, plant and equipment	20,999	-
Payments for plant and equipment	(35,128)	(43,756)
Net cash used in investing activities	(14,129)	(43,756)
Cash flows from financing activities		
Net cash provided by financing activities	-	-
Net decrease in cash and cash equivalents	(82,832)	(445,852)
Cash and cash equivalents at beginning of year	1,900,671	2,346,523
Cash and cash equivalents at end of year	1,817,839	1,900,671

Statement of Changes in Equity for the Year Ended 30 June 2017

	Retained surplus (\$)	Total (\$)
Balance at 1 July 2015	1,432,253	1,432,253
Deficit for the year	(175,936)	(175,936)
Other comprehensive income for the year	-	-
Total comprehensive income for the year	(175,936)	(175,936)
Balance at 30 June 2016	1,256,317	1,256,317
Surplus for the year	453,629	453,629
Other comprehensive income for the year	-	-
Total comprehensive income for the year	453,629	453,629
Balance at 30 June 2017	1,709,946	1,709,946

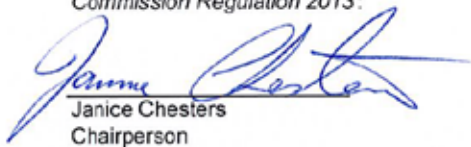
STATEMENT BY THE MEMBERS OF THE COMMITTEE

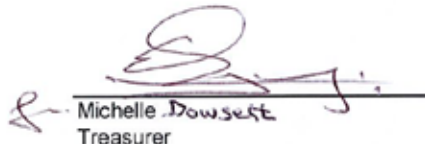
The members of the Committee have determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements

In the opinion of the members of the committee the financial statements set out on pages 5 to 20, are in accordance with the *Associations Incorporation Reform Act 2012* and:

1. Present a true and fair view of the financial position of within Australia Inc as at 30 June 2017 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that the within Australia Inc. will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*:


Janice Chesters
Chairperson


Michelle Dowsett
Treasurer

Dated this 13 day of October 2017.

Independent Auditor's Report to the Members of within Australia Inc

Opinion

We have audited the financial report of within Australia Inc (the Association), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the statement by the committee of management.

In our opinion, the accompanying financial report of the Association has been prepared in accordance with the *Associations Incorporation Reform Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Association's financial position as at 30 June 2017 and of its financial performance and cash flows for the year then ended; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1, the *Associations Incorporation Reform Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Association in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the financial reporting responsibilities of the committee of management under the *Associations Incorporation Reform Act 2012* and ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Information

The committee of management is responsible for the other information. The other information comprises the information included in the Association's annual report for the year ended 30 June 2017, but does not include the financial report and our auditor's report thereon.

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Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Committee of Management for the Financial Report

The committee of management of the Association is responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the ACNC Act and the needs of the members. The responsibility of the committee of management also includes such internal control as the committee of management determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the committee of management is responsible for assessing the ability of the Association to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the committee of management either intends to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_files/ar3.pdf. This description forms part of our auditor's report.

Crowe Horwath VIC

CROWE HORWATH VIC



MARY WINTER
Partner

Date: 17 October 2017



Working together for
better mental health
and wellbeing

within Australia
Annual Report 2017

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