



## **within** Australia

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

This year was a high paced mix of achievement, disappointment and intense strategic planning for the future all happening in the context of a challenging service environment.

We have successfully rebranded to better reflect our current service profile and our strategic planning for the future. However, as **within** Australia we still remain firmly committed to applying the best available evidence (and add to this evidence via research) to deliver our excellent core services and plan for future innovations. We do this always with our core objectives in mind.

We have continued planning for the significant challenges of the wider roll out of a National Disability Insurance Scheme (NDIS) that still doesn't, as yet, seem to be a good fit for our service users. We were unsuccessful in the Bairnsdale Headspace tender however we remain committed to developing youth wellbeing, especially in collaboration with the Indigenous community and their specialist service providers. We have worked to develop ideas for new programs orientated to resilience and wellbeing programs that can be delivered face to face and on-line.

Throughout the year Board members have contributed their very significant expertise and experience to strategic discussions for future proofing **within** Australia. Several of our strategic plans will become clearer and undergo more development in 2017.

We are pleased to welcome our new Financial Controller and Company Secretary, Geoff Willett. His financial and personal skills are already helping **within** Australia and the Board significantly.

Chris and her staff and consultants have worked hard and successfully again in 2016 to fully implement our strategies and place **within** Australia in the best possible position for future success. Due to the uncertainty of the NDIS rollout retaining good staff has been more difficult this year but Chris and her team have been able to recruit excellent replacement staff. The Board thanks Chris and all our current and past staff for their hard work and commitment.

We look forward to what 2017 can bring to **within** Australia and its people.



**Dr. Janice Chesters**  
Chair

# CEO's Report

It gives me great pleasure to present my annual report, the first in the name of **within** Australia. Our focus continues to be on building strength, resilience and wellbeing not only with the people and the communities that we serve but also within our organisation and staff.

Our emphasis has been on seeking new business and opportunity through the extension of our reach, participation and positioning, adding value to our communities and partnership development with a backdrop of quality service, systems and innovation.

Our work in East Gippsland has provided us with the opportunity to work closely with communities that have experienced the trauma of bushfires and to offer education and training to build inner strength and contribute to future planning for the wellbeing of those communities in partnership with the community, Orbost Regional Health and Local Government

The extension of our involvement with Youth services through the Youth and Aboriginal Youth Intensive Care Co-ordination has allowed us to develop positive and sustainable relationships with Aboriginal Community Controlled Health Organisations and youth services.

For the 3rd year we have contributed to the Gippsland Mental Health Football/Netball Round in partnership with the AFL and members of the Gippsland Mental Health Alliance where mental health and wellbeing is promoted in the Football/Netball Clubs.

Our Partners in Recovery Capacity Building Projects have provided us with the opportunity to establish new connections and partnerships, open doors for people who use our services and further develop our understandings in relation to Volunteerism, the barriers and enablers to participation in Employment, Education and Training, the establishment of Consumer Communities and GP engagement through and promotion of good physical health = good mental health.

We have broadened our scope through the development of on-line training. The Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) is the primary tool for assessing need for the Partners in Recovery program, an online training package has been developed and can be accessed free of charge on our new website. We have further developed a new model of care, Growing Resilience internally (GRIT), this will be available in early 2017.

Our sponsorship of the VICSERV and Victorian Mental Illness Awareness Council (VMIAC) conferences in 2016 enables us contribute to the sharing of knowledge and new thinking in mental health.

As we look forward to 2017 our work in 2016 has allowed us to prepare well for the opportunities and challenges that will be presented by the rollout of the National Disability Insurance Scheme.

I would like to take the opportunity to thank our Team Leaders and staff team for the great work that they do with our clients, their families and carers and the community.

Thank you to Carol Mosele, Birgit Schaedler, Stuart Kilpatrick, Sam Millington, Kellie Muller and Data Central for making sure that we deliver a great service to the community.

Lastly I would like to thank Janice Chesters and Board members for their support and willingness to give their time voluntarily to work to make **within** Australia Inc. an organisation that we can all be proud of.



**Chris McNamara**  
CEO

# 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.

# Rebranding SNAP Gippsland to **within** Australia

## Why Rebrand?

We wanted to change our name to better align with what we do, who we do it with and for and prepare for impending sector changes and future challenges and opportunities.

The Board and CEO went through a process of re-visioning the organization to examine its sustainability, vibrancy and relevance. A decision making group was then formed and tasked with the responsibility for naming the organisation and the new visual identity.

## Our Value Proposition

We provide unique, adaptable programs and services that build resilience; the ability and strategies to bounce back from life's challenges.

Our services are for everyone because all of us will experience challenges in our lives; whether it is living with mental illness, dealing with adversity or change in our environment, workplaces or families.

Our programs and services provide hope, meaning and purposeful identify. They enable our customers to move from who they are, to who and what they want to be

Our difference is that we understand people. We have decades of experience working with people in challenging situations.

## Why **within** Australia?

Resilience and Recovery are central tenets of our work, our organisation and our hope for communities. Recovery is a unique and deeply personal experience, our models of care and our coaching style of service delivery assist in the development of internal strengths to enable resilience. Building internal strength leading to resilience is **within**.

## Our Logo

A Brand Team consisting of service-users, carers and staff led by tommy gun, our designers and marketers, worked on the visual identity. We wanted our visual identity to reflect our culture and values and connect with our customers and community, both current and future. The brand team wanted the logo to capture the themes of flexibility, strength, support, balance, staying power and resilience and the things that they like about the organisation; it's engaging, inclusive, honest, supportive, optimistic, empowering, knowledgeable, respectful and trustworthy.

tommy gun conceptualised the themes into several logos and these were tested and one approved by the Brand Team.

## The Launch

Our new brand, including website and marketing collateral was successfully launched in May at the 2016 Vicserv Conference, *Towards Recovery; Hope, Innovation and Co-design*.



# 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 228 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 and we have a current caseload of 30. 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.

Our PIR Support Facilitators are based in Leongatha, Sale, Bairnsdale and Orbost. They currently work with 63 participants, their carers and families.

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.
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.
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.

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.
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. As 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 the caseload is now 9. 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 250 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 10 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, Simon Bradburn, Jennifer Brougham, Bob Tuit and Anita Rapley work alongside our clients from orientation through to exit. They 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 by Kellie Muller to all Peer workers, Recovery Support Workers and Recovery Support Assistants.

Coaching: Carol Mosele and Jenny Deller provide 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.

Access and Equity Leader, Stuart Kilpatrick works closely with ACSO, the regions Central Intake service and is responsible for service co-ordination; referral, assessment and intake processes. Stuart has 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. Stuart's 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. Stuart is ably assisted by Trainee Emma Hubbard.

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)

## Aboriginal Youth Intensive Care Co-ordination.

### Snowy River Aboriginal Youth Leadership Camp



The 3 day Snowy River Youth Leadership Camp for young Aboriginal people was held in Marlo. The camp was supported by Aboriginal Elders, Djillay Ngalu, Moogji Aboriginal Council, Gippsland and East Gippsland Aboriginal Co-operative (GEGAC), Lake Tyers Aboriginal Trust, East Gippsland Shire, the Police and **within** Australia.

The focus of the camp was on leadership, respect and inclusion with the aim of forming a Youth Focus Committee so that young Aboriginal people have an opportunity to have a say and to build their confidence. The Youth Focus Committee will be strongly supported by Aboriginal Controlled Community Health Organisations (ACCHO's) to draw out ideas for community projects as well as issues affecting young Aboriginal people in the community such as mental health and illness, drug and alcohol addiction, suicide, bullying, peer pressure, education, unemployment etc.

The camp gave young Aboriginal people the opportunity to get in touch with their culture and traditions. It started with a Fire Pit Respect Ceremony which included a Welcome to Country and a cleansing ceremony. Most of the kids on the camp had not experienced a cleansing before. Elders talked about the importance of the smoking ceremony and how respect plays a big part in not only cleansing, but also healing.

There was information and discussion about;

Aboriginal specific traineeships that are available in Lakes Entrance and Bairnsdale.

The impact of the drug Ice and other drugs on mental health.

The importance of taking care of friends and family and stories about friends with depression and how they'd helped.

The importance of getting back to culture, not just to maintain tradition but to give meaning and instil a sense of belonging. For some of the youth who suffer, or have suffered mental ill health there is a connection with culture and the healing process in the way that it gives meaning and restores hope and provides direction.

The Aboriginal history of the area, the native plants, bush tucker and bush medicines.

Canoeing, beach and bush walks with an emphasis on Aboriginal culture; how to identify and collect appropriate wood from the bush to make boomerangs and spears.

Elders spent time with the girls on women's business, basket weaving and yarning while others helped with boomerangs and emu egg carvings. A traditional canoe was built which is being showcased at Gippsland Lakes Community Health. The Elders believe that it is important that young people have more opportunities such as this to provide young people with the opportunity to learn the traditional ways of the Gunaikurnai.

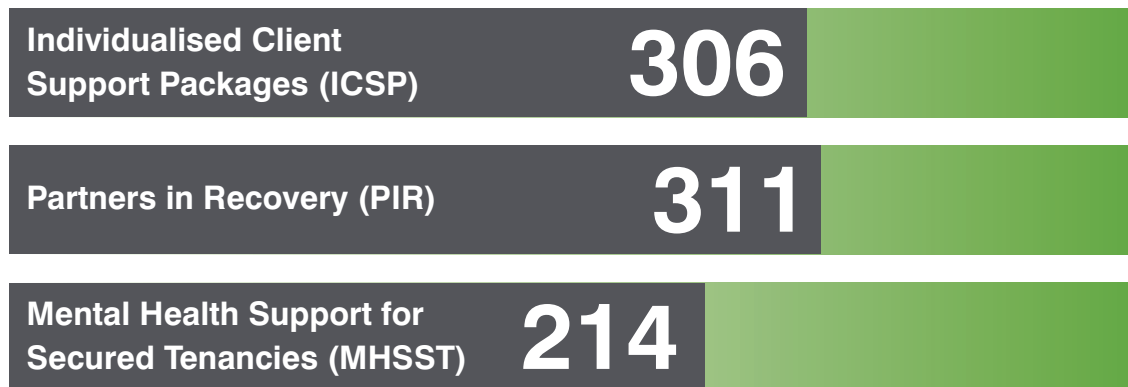
This leadership camp will help Aboriginal youth have a voice in the community and will play an important role in working together to address issues faced by Aboriginal communities.

**Peter Loakim**

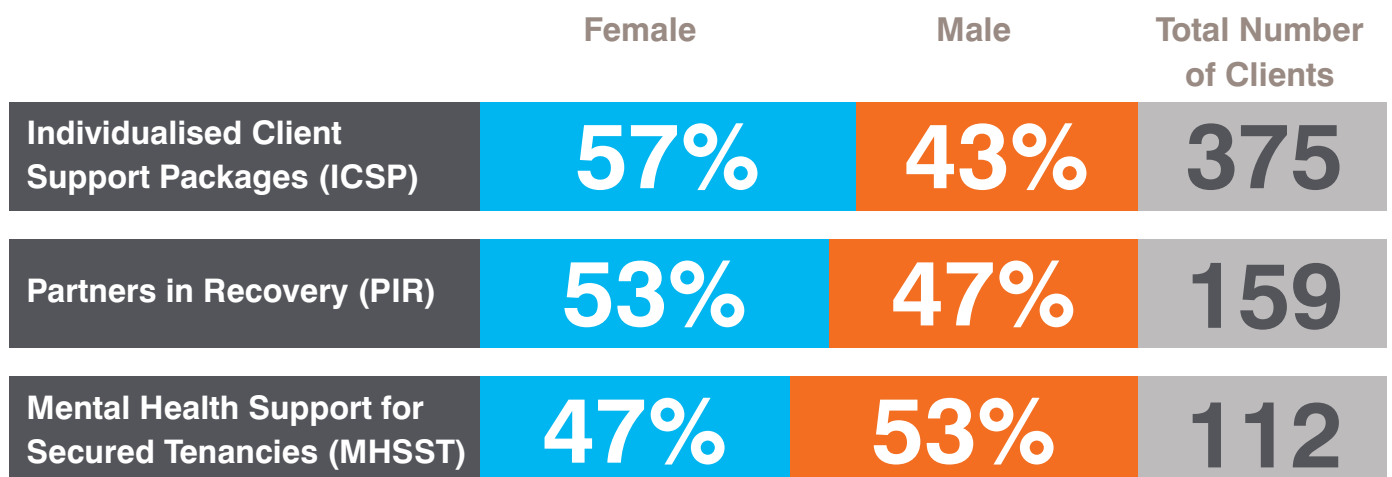
Aboriginal Youth Intensive Care Co-ordinator

## Client Data 2015-2016

### Average Days in Service



### Gender





## Age Range

| Program v Age | 16-24 | 25- 34 | 35-44 | 45-54 | 55-64 | 65+ |
|---------------|-------|--------|-------|-------|-------|-----|
| ICSP          | 7%    | 21%    | 28%   | 26%   | 16%   | 2%  |
| PIR           | 5%    | 24%    | 28%   | 23%   | 17%   | 3%  |
| MHSST         | 14%   | 27%    | 38%   | 17%   | 4%    | 0%  |

## Primary Diagnosis (%)

|                            |    |
|----------------------------|----|
| Depression                 | 27 |
| Schizophrenia              | 26 |
| Anxiety                    | 16 |
| BiPolar disorder           | 11 |
| Personality disorder       | 8  |
| Schizo-affective disorder  | 6  |
| Other psychiatric disorder | 5  |
| Other                      | 1  |

## Board of Governance 2015-2016



**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  
(Shared 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.



**Andrew Cunningham  
(Shared Vice Chair)**

Andrew is a successful businessman who brings 30 years of business acumen with extensive experience in Information, Communication and Technology to **within** Australia and the Board of Governance. He enjoys helping organisations and companies grow and get better at what they do.



**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 Practicing 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 Knowledge.



**Kelly Fitzgerald**

Kelly is the Executive Officer of the East Gippsland Primary Care Partnership. She is interested in improving access to services and continuity of care through improved service coordination as well as chronic disease prevention, integrated health promotion, and partnership development. Kelly is also a Mental Health First Aid trainer.



**Monica Gilbert**

Monica has worked as a clinician and researcher in mental health and drug and alcohol dependency for over 25 years. She has extensive experience in leading large research projects in health behaviour change.

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.

The 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 2015-2016

| <b>Board Member</b>  | <b>Board Meeting<br/>(6 meetings)</b> | <b>Governance Committee<br/>(3 meetings)</b> | <b>Finance and Audit Committee<br/>(5 meetings)</b> | <b>Risk and Clinical Audit Committee<br/>(3 meetings)</b> |
|--|---------------------------------------|--|---|---|
| Janice Chesters<br><b>Chair</b>                                    | 6/6                                   | 3/3  | 3/3   |   |
| Cathy Johnson<br><b>Shared Vice Chair</b>                          | 5/6                                   | 3/3  |   | 3/3   |
| Andrew Cunningham<br><b>Shared Vice Chair</b>                      | 6/6                                   |  | 4/5   |   |
| Michelle Dowsett<br><b>Treasurer</b><br><i>Joined October 2015</i> | 5/5                                   |  | 3/3   |   |
| Monica Gilbert   | 4/6                                   |  |   |   |
| Kelly Fitzgerald   | 4/6                                   | 0/3  |   | 0/3   |
| Chris McNamara<br><b>Secretary</b>                                 | 6/6                                   | 3/3  | 5/5   | 3/3   |

## Financials

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## REPORT BY THE COMMITTEE

Your committee present this report on the Association for the year ended 30 June 2016.

### 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 20<sup>th</sup> day of OCTOBER 2016

**AUDITORS INDEPENDENCE DECLARATION UNDER SUBDIVISION  
60-40 OF THE *AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS  
COMMISSION ACT 2012* 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 2016, to the best of my knowledge and belief, there have been:

- (a) No contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (b) No contraventions of any applicable code of professional conduct in relation to the audit.

*Crowe Horwath Vic*

**CROWE HORWATH VIC**



**MARY WINTER**  
**Partner**

Date: 20 October 2016

## Statement of Profit or Loss and other Comprehensive Income for the Year Ended 30 June 2016

|   | <b>2016 (\$)</b> | <b>2015 (\$)</b> |
|---|------------------|------------------|
| Revenue from operating activities                     | 4,163,310        | 4,367,166        |
| Employee benefits                                     | (3,025,815)      | (3,017,662)      |
| Expenses from continuing operations                   | (1,229,540)      | (1,235,130)      |
| <b>Net result before capital &amp; specific items</b> | <b>(92,045)</b>  | <b>114,374</b>   |
| Depreciation  | (83,891)         | (59,982)         |
| <b>Net loss on sale of non-current assets</b>         |                  | <b>(1,984)</b>   |
| <b>Net result for the year</b>                        | <b>(175,936)</b> | <b>52,408</b>    |



## Statement of Financial Position for the Year Ended 30 June 2016

|                                      | 2016 (\$)        | 2015 (\$)        |
|--------------------------------------|------------------|------------------|
| <b>Assets</b>                        |                  |                  |
| <b>Current Assets</b>                |                  |                  |
| Cash Assets                          | 1,900,671        | 2,346,523        |
| Receivables                          | 23,019           | -                |
| Prepayments                          | 22,978           | 39,036           |
| <b>Total Current Assets</b>          | <b>1,946,668</b> | <b>2,385,559</b> |
| <b>Non-Current Assets</b>            |                  |                  |
| Property, Plant and Equipment        | 466,524          | 506,659          |
| <b>Total Non-Current Assets</b>      | <b>466,524</b>   | <b>506,659</b>   |
| <b>Total Assets</b>                  | <b>2,413,192</b> | <b>2,892,218</b> |
| <b>Liabilities</b>                   |                  |                  |
| <b>Current Liabilities</b>           |                  |                  |
| Payables                             | 823,647          | 1,119,760        |
| Provisions                           | 181,890          | 200,990          |
| Other Liabilities                    | 116,737          | 95,010           |
| <b>Total Current Liabilities</b>     | <b>1,122,274</b> | <b>1,415,760</b> |
| <b>Non-Current Liabilities</b>       |                  |                  |
| Provisions                           | 34,601           | 44,205           |
| <b>Total Non-Current Liabilities</b> | <b>34,601</b>    | <b>44,205</b>    |
| <b>Total Liabilities</b>             | <b>1,156,875</b> | <b>1,459,965</b> |
| <b>Net Assets</b>                    | <b>1,256,317</b> | <b>1,432,253</b> |
| <b>Members' Funds</b>                |                  |                  |
| Accumulated Surplus                  | 1,256,317        | 1,432,253        |
| <b>Total Members' Funds</b>          | <b>1,256,317</b> | <b>1,432,253</b> |

## Statement of Cash Flows for the Year Ended 30 June 2016

|  | 2016 (\$)        | 2015 (\$)        |
|--|------------------|------------------|
| <b>Cash flows from operating activities</b>      |                  |                  |
| Operating grant receipts                         | 3,488,070        | 3,268,475        |
| Fees and charges                                 | 317,101          | 1,032,177        |
| Interest received                                | 40,859           | 66,483           |
| Other receipts                                   | 18,241           | 13,444           |
| Payments to suppliers                            | (1,211,848)      | (1,133,336)      |
| Payments to employees                            | (3,054,519)      | (2,928,513)      |
| <b>Net cash provided by operating activities</b> | <b>(402,096)</b> | <b>318,730</b>   |
| <b>Cash flows from investing activities</b>      |                  |                  |
| Property, plant and equipment sales              | -                | 21,001           |
| Plant and equipment purchases                    | (43,756)         | (132,583)        |
| <b>Net cash used in investing activities</b>     | <b>(43,756)</b>  | <b>(111,582)</b> |
| Net decrease in cash held                        | (445,852)        | 207,148          |
| Cash on hand at beginning of financial year      | 2,346,523        | 2,139,375        |
| <b>Cash on hand at end of financial year</b>     | <b>1,900,671</b> | <b>2,346,523</b> |

## Statement of Changes in Equity for the Year Ended 30 June 2016

|  | Retained Earnings (\$) |
|--|------------------------|
| <b>Balance at 1 July 2014</b>                  | <b>1,379,845</b>       |
| <b>Total comprehensive income for the year</b> | 52,408                 |
| <b>Balance at 30 June 2015</b>                 | <b>1,432,253</b>       |
| <b>Total comprehensive income for the year</b> | (175,936)              |
| <b>Balance at 30 June 2016</b>                 | <b>1,256,317</b>       |

within Australia Inc.  
ABN: 82 758 738 663

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#### 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 4 to 19, 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 2016 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.

Signed 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 20<sup>th</sup> day of OCTOBER 2016

## INDEPENDENT AUDITOR'S REPORT

To the Members of within Australia Inc.

We have audited the accompanying financial report, being a special purpose financial report of within Australia Inc., which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

### Committee's Responsibility for the Financial Report

The members of the committee are 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 *Associations Incorporation Reform Act 2012* and the *Australian Charities and Not-for-profits Commission Act 2012* and the needs of the members. The responsibility of the members of the committee also includes such internal control as the members of the committee determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the members of the committee, as well as evaluating the overall presentation of the financial report.

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

### Independence

In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*. We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the committee of within Australia Inc., would be in the same terms if given to the committee as at the time of the auditor's report.



## Opinion

In our opinion the financial report gives a true and fair view of the financial position within Australia Inc. as at 30 June 2016 and of its performance and its cash flows for the year ended in accordance with the *Associations Incorporation Reform Act 2012*.

In our opinion the financial report of within Australia Inc. 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 within Australia Inc.'s financial position as at 30 June 2016 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards, the *Associations Incorporation Reform Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

## Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist within Australia Inc. to meet the requirements of the *Associations Incorporation Reform Act 2012*. As a result, the financial report may not be suitable for another purpose.

*Crowe Horwath Vic*

## CROWE HORWATH VIC

A handwritten signature in black ink, appearing to read "Mary Winter".

### MARY WINTER

Partner

Bairnsdale

Date: 20 October, 2016

**within** Australia  
Annual Report 2016

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**Wellington**

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