

CELEBRATING
50 YEARS



WAAMH

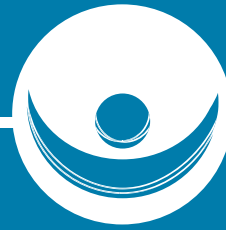
Western Australian Association
for Mental Health

• 1966 - 2016 •

ANNUAL REPORT

2015/2016

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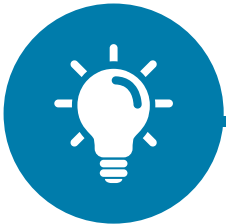
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The Western Australian Association for Mental Health (WAAMH) is the peak body of the community mental health sector in Western Australia.

Vision



As a human right, every one of us who experiences mental health issues must have the resources and support needed to recover, lead a good life, and ensure our most intrinsic needs are met, while being able to contribute as active citizens.



Mission

WAAMH influences mental health reform through systemic advocacy, community education, sector development and innovation for the benefit of people with mental health issues, their families and carers.

Values



Acceptance

Understanding that mental health challenges are a normal part of the human condition.

Agency

Upholding the importance of personal choice, self-direction, hope for the future and control over your life and destiny.

Respect

Valuing the dignity, unique qualities, knowledge and experience of each person.

Inclusion

Fostering opportunities for each person to engage in community and experience a sense of belonging.

Tenacity

As a peak body, being persistent and steadfast in pursuing our vision whilst acting with humility and integrity.

President's Report

PRESIDENT / ALISON XAMON

I am pleased to present the 2015/16 annual report in what has been another big year, one in which we marked the milestone of 50 years representing the community mental health sector in WA.

As always, progress in mental health has been underpinned by the ongoing and crucial lobbying by your peak body, the Western Australian Association for Mental Health (WAAMH). I am also pleased at the increased national role being undertaken by our national peak, Community Mental Health Australia of which I am honoured to sit as Vice-Chair.

Since our last annual report, we welcomed improvements to the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025, which outlined system-wide reform of WA's mental health sector and crucially included significant input from mental health service users, their carers and family members, clinicians and service providers. The plan demonstrated an enhanced focus on the need for Aboriginal-appropriate mental health services, included greater detail on service requirements in each region and an emphasis on housing and homelessness services. It also addressed the importance of developing the workforce, and the need for integration of reform implementation through improved partnership between state and federal governments.

While we were pleased the plan included the development of future forensic services within the mental health rather than the prison system, coinciding with the welcome opening of WA's first disability justice centre, many urgent changes required to the Criminal Law (Mentally Impaired Accused) Act (CLMIA) were not addressed in the long-awaited review report released in April 2016. Of the five most urgent and critical reforms required to the Act, only three were addressed and these did not include some of the most serious

breaches of human rights currently enshrined within this out-dated and heinous piece of legislation. We will continue to advocate for the indefinite nature of custody orders to be abolished, as is the case in other states, as well as other desperately needed changes to what is the worst legislation in Australia for mentally impaired accused people.

In terms of the plan's resourcing, this remains a constant issue with the 2016 /2017 state budget detailing a \$6 million cut to community support services and a 5 percent cut over the forward estimates. These cuts fly in the face of the required investment in services identified in the plan and we continue to advocate for ongoing funding for adequate, long-term community-based support services that will ultimately lead to savings in the mental health system downstream expenditures as well as, most importantly, improved assistance for people seeking and needing support.

Federally, we welcomed the government's response to the National Review of Mental Health Services and Programs of nine key actions that aim to reform mental healthcare with an introduction of individualised support packages, better targeting of services to prevent unnecessary hospital admissions, funding of a new national suicide prevention strategy and shifting of Commonwealth community mental health funding closer to the ground through the Primary Health Networks (PHN). But again, these identified reforms require up-front investment from government and good intentions need to be backed up with actual dollars. In terms of the PHNs within WA, we are pleased with the collaborative and productive relationship we have developed with the WA Primary Health Alliance (WAPHA) and applaud the co-commissioning model which is being pursued by WAPHA and the WA Mental Health Commission.

'We will continue to advocate for the indefinite nature of custody orders to be abolished, as is the case in other states, as well as other desperately needed changes to what is the worst legislation in Australia for mentally impaired accused people.'

The implementation of the National Disability Insurance Scheme (NDIS) for people with psycho-social disability continues to be a source of both success, for those people finally gaining individualised supports, but also consternation as to the future of essential programs as well as issues of sustainability for services. It is critical that the voice of the mental health sector is firmly at the table to ensure the rollout is successful without unwelcome and backward consequences.

We are pleased to have successfully advocated for the retention of a dedicated ministerial mental health portfolio and commission in the last year. To achieve the wide-ranging systemic reforms our sector requires, it is critical that mental health retains a dedicated ministry and commission. I'd like to acknowledge outgoing Minister Hon Helen Morton for her dedication and commitment to improving the community mental health sector for consumers, carers and their families, and look forward to Hon Andrea Mitchell driving much-needed reforms even further.

With the support of the Mental Health Commission, it was wonderful to host the inaugural WA Mental Health Conference in March this year which demonstrated the commission's commitment to ensuring our mental health workforce is equipped with the latest professional knowledge.

I'd also like to thank the commission for its support of what was the largest Mental Health Week to date.

I'd like to thank WAAMH Chief Executive Officer Rod Astbury who continues to steer the organisation through a time of sector change and growth. Rod is supported by a high-performing and hardworking team of staff, and I'd like to thank each and every one of them for the professionalism, commitment and dedication they bring to the organisation.

Much gratitude to the WAAMH Board, a group of highly experienced and committed people who ensure WAAMH remains at the peak of efficiency in its work guiding the WA community mental health sector.

And finally I would like to thank WAAMH's members for 2015/16. Mental health services, clinicians, consumers, carers, family members and supporters – we at WAAMH remain committed to representing your interests and the interests of the mental health sector as a whole, and we simply couldn't do it without you.

Alison Xamon

President



Chief Executive Officer's Report

CHIEF EXECUTIVE OFFICER / ROD ASTBURY

In 2016, WAAMH reached a significant milestone, celebrating 50 years of representing community mental health in WA. Since 1966, WAAMH has helped build fulfilling, contributing lives through the development, promotion, and representation of WA's community mental health sector. Based on this solid foundation, WAAMH looks forward to striving even further to improve the human rights of people with mental health issues in coming years.

WAAMH made further progress in broadening its impact and influence in 2015/16.

WAAMH's focus on the National Disability Insurance Scheme (NDIS) continued both at a state and national level.

The focus of our work remains to ensure the scheme effectively responds to the needs of people with psycho-social disability and that a viable network of community mental health support services is maintained for those who are not eligible.

I continued to represent the sector on the national mental health reference group and on the WA NDIS My Way reference group, while WAAMH also completed two significant national capacity building projects and two state-based projects.

We also focused on the major reforms in Commonwealth funding of community mental health programs through the Primary Health Networks (PHNs), representing the sector on the WA Primary

Health Alliance's (WAPHA's) mental health strategic advisory committee and advocating for recognition of the critical role of psycho-social support services in primary health.

I continued in my role as the Convener of the Executive Leadership Group of the national peak of peaks, Community Mental Health Australia (CMHA), and WAAMH managed a number of national projects on behalf of CMHA.

Plans are underway for CMHA to prepare and deliver a national NDIS Conference in 2017 with WAAMH to play a significant role. CMHA made an important step forward in its own development in 2015/16, commencing the recruitment process for its inaugural executive director position.

The changes to the membership rules in WAAMH's constitution in 2015 were reflected in our membership mix, with a strong growth in membership amongst people with lived experience and across a broader constituency of associate organisational members.

WAAMH also continued to diversify its income base, with strong growth in income from non-recurrent grants, training and events. We also achieved important security over our core funding with the Mental Health Commission extending WAAMH's service agreement for two years and including IPS technical assistance as a component of the service agreement.

"We were delighted to deliver a successful inaugural WA Mental Health Conference in 2016 with over one thousand attendees over the two-day event. Mental Health Week also made a step gain in community recognition with more than 15,000 people participating throughout the week."

We were delighted to deliver a successful inaugural WA Mental Health Conference in 2016 with over one thousand attendees over the two-day event.

Mental Health Week also made a step gain in community recognition with more than 15,000 people participating throughout the week.

WAAMH was very pleased to be offered the opportunity to co-locate with the Mental Health Commission, WANADA and the Office of the Chief Psychiatrist in shared office space at WorkZone.

We have retained a presence at the City West Lotteries House site which is expected to undergo a redevelopment in future.

I would like to thank Alison Xamon, who continues to extend WAAMH's profile and support me in her role as President, and to acknowledge the hard work of WAAMH's Directors through their input to the Board and participation in Board sub-committees.

Of note this included a revision of the role of the Chief Executive Officer and a restructure of the management structure of WAAMH in response to this change.

I'm confident this has placed WAAMH in a strong position to continue its growth and development.

I'd like to especially acknowledge the WAAMH team who approach their work with exceptional commitment and skill, and continue to perform at an outstanding level.

Finally I'd like to acknowledge former WAAMH Directors, staff, members and supporters - without your dedication and commitment to our vision in previous decades, we would not be where we are today. Thank you to everyone involved in our journey over the past 50 years.

Rod Astbury

Chief Executive Officer



Our Board

2015 / 2016



Alison Xamon
President

Pamela Gardner
Vice President & Bay of Isles
Community Outreach Inc. Esperance

Rod Astbury
Secretary

Helen Lynes
Board Director

Marina Korica
Fremantle Multicultural Centre

Mick Geaney
Mercy Care

Kerry Hawkins
Carer Representative

Tara Reale
Consumer Representative

Justine Colyer
Rise

Monique Williamson
MIFWA

Victor Crevatin
St Patricks Community Support Centre

Ian Moore
Uniting Care West

Departures

Simone Hosgood
Ruah Community Services

Jacqui Carter
Consumer Representative

Warren Mahoney
Youth Focus

Directors Attendance

Name	Meetings Attended	Meetings Possible
Alison Xamon	11	11
Pam Gardner	10	11
Justine Colyer	10	11
Simone Hosgood	6	7
Jacqui Carter	3	4
Monique Williamson	9	11
Warren Mahoney	1	3
Helen Lynes	6	11
Ian Moore	6	11
Kerry Hawkins	8	11
Marina Korica	8	11
Mick Geaney	9	11
Victor Crevatin	7	11
Tara Reale	7	8
Debra Zanella	3	3
Richard Oades	3	3

Our Staff

2015 / 2016



Rod Astbury
Chief Executive Officer

Ann Elliott
Operations Support Manager

Lorna Lobo
Training and Administration Support Officer

Katrina Bercov
Manager Training and Development

Chelsea McKinney
Manager Systemic Advocacy

Philleen Dickson
IPS Program Manager

Coralie Flatters
Manager Sector Development

Brooke Johns
Manager Public Relations

Helen Cromie
Health Promotion Coordinator

Kathryn Ashworth
IPS Program Officer

Tim Lorian
Project Assistant

Carli Sheers
Engagement and Administration Support Officer

Bianca McKinney
Project Officer Sector Development

Michael Jones
Executive Manager of Programs

Melanie Cooper
Corporate Services Manager

Sarah Cooper
Manager Public Relations (Acting)

Colin Penter
Policy Officer

Catherine Harper
Events Officer

Departures

Ann Elliott
Operations Support Manager

Coralie Flatters
Manager Sector Development

Our Members



2015 / 2016

Full Organisational

Collie Family Centre
 LADS of WA Inc
 Living Proud
 PerMentis (FIFO Focus)
 St Patricks Community Support Centre
 Survivor Foundation Inc
 Tenacious House
 TenderCare
 Vital Conversations
 Even Keel Bipolar Disorder Support Association
 Fremantle Women's Health Centre
 Mentally Healthy WA - Curtin University
 Hope Community Services
 LAMP Inc
 MercyCare
 Pathways Southwest
 Southern Cross Care WA Inc
 St Vincent de Paul Society
 Wanslea Family Services
 Community First International Ltd
 Fusion Australia Ltd
 June O'Connor Centre - Subiaco
 Life Without Barriers
 Mental Illness Fellowship of WA Inc
 The Mental Health Law Centre
 Advanced Personnel Management
 CoMHWA Inc
 Fremantle Multicultural Centre Inc
 GROW WA
 Lifeline WA (Living Stone Foundation)
 St John of God Outreach Services
 Women's Health & Family Services
 360 Health and Community
 Aftercare
 Anglicare WA
 Australian Red Cross
 Avivo
 Forrest Personnel Inc
 HelpingMinds
 Mission Australia
 Neami National
 Richmond Wellbeing Inc.
 Rise Network Inc.
 Ruah Community Services
 St Bartholomews House - East Perth
 UnitingCare West

Individual Members 72

Corporation

Australian Medical Association WA
 Carers Association of Western Australia Inc
 Interchange Inc
 My Place Foundation Inc
 One Community Fremantle
 PU-FAM PTU LTD (St Judes Hostel)
 The ORS Group

Government

City of Swan Community Care Lifespan Services
 Health and Disability Services Complaints Office
 Kimberley Mental Health & Drug Service
 Mental Health Advocacy Service
 South Metropolitan Health Services, Mental Health

Joint WANADA

City of Stirling Family Services
 Fresh Start Recovery Programme
 Holyoake

Not for Profit

Access Housing Australia Ltd
 Centrecare Inc
 Community West Inc
 Creative & Therapy Activities (CATA) Group Inc
 Enable Western Australia Inc
 Foundation Housing Ltd
 Health Consumers Council
 Independent Living Centre
 Injury Control Council of Western Australia
 Intework Incorporated
 Multicultural Services Centre of WA
 Outcare Inc
 Samaritans Crisis Line
 Share & Care Community Services Group
 Sids and Kids Victoria
 Southern Districts Support Association
 The Salvation Army Non Residential Services
 Tuart Place
 Volunteering WA

Primary / Secondary Schools

Riverlands Montessori School

Small Business

Portland Broome Organisational Consultants
 TMF Training Solutions

Honorary

Ann White
 Denise Bayliss
 Helen Lynes
 Keith Wilson

Membership

WAAMH's membership continued to grow and diversify in 2015/16, with total membership exceeding 170 organisations and individuals.

This membership is broad-based, with substantial representation from the four major membership categories: lived experience as consumers and carers; community mental health organisations; individual supporters and mental health professionals; and corporate organisations, government departments, tertiary institutions, and schools.

The transformation in WAAMH's membership profile is evident in the year-on-year trend:

	2015/16	2014/15	2013/14	2012/13
Organisational	50	59	80	79
Individual	51	51	33	17
Associate Organisational	41	23	21	19
Associate Individual	27	8	0	0
Honorary	4	4	4	4
Total	173	145	138	119



Individual Membership

For the first time in WAAMH history, there were as many individual as organisational full members in 2015/16.

This trend may have been influenced by constitutional amendments made several years ago granting governance authority through full membership for individuals with lived experience as consumers or carers, alongside community organisations providing mental health services.



Organisational Membership

Over the past two years the proportion of small organisations making up WAAMH's core organisational membership has declined. To rectify this and make membership more financially accessible to these smaller groups, WAAMH has reduced its fees for the smallest categories of members in 2016/17.

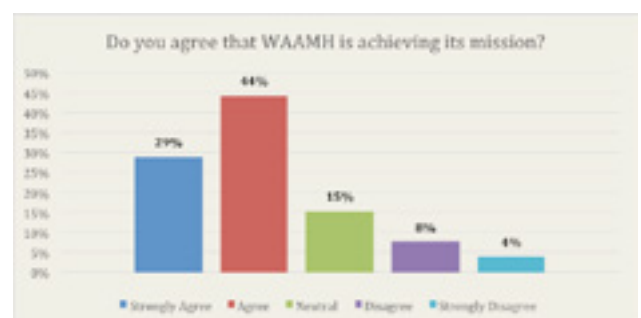


Members feedback

WAAMH conducted a substantial survey in early 2016 of 61 members, which generated a positive response.

The survey serves as great value for us in identifying our members' preferences, benchmarking our performance and determining future actions. Among the significant findings of the survey, we discovered around 73 percent of our members were overall satisfied with WAAMH. Around the same proportion either strongly agreed or agreed that WAAMH was achieving its mission.

Members placed greatest importance on WAAMH's role in advocacy and representation in the survey and highly valued connecting with their peers and collaboration. In response, WAAMH will engage its member network at quarterly network events in 2016/17 focused on WAAMH's advocacy and development priorities.



WA Mental Health Conference

WAAMH, with the support of the Mental Health Commission, delivered the inaugural Western Australian Mental Health Conference in 2016.

The conference was held on 10 to 11 March 2016 at Fraser's in Kings Park, and provided a forum for learning, development and networking with a holistic, person-centred perspective, based on recovery principles. The event engaged the full spectrum of the WA mental health sector and the community.

Attendance greatly exceeded projections, welcoming 480 core delegates, more than 1000 event patrons, 100 speakers, 250 staff, volunteers and service providers, and around 50 people with lived experience who attended with the help of a scholarship. The conference was professionally filmed and a live broadcast of plenary and key breakout sessions engaged regional delegates across WA.

Through collaboration with Tele-Mental Health at the WA Country Health Service, WAAMH was delighted to stream key conference sessions at no charge to seven regional hubs.

Based on the success of this year's conference, plans are already underway for The 2nd WA Mental Health Conference in July 2017.

Objectives

- To develop and strengthen WA's mental health sector
- To provide development and collaboration opportunities for mental health
- To provide mental health information, resources and opportunities to organisational and lived experience leaders and human services professionals and peer workers
- To provide a forum for resource sharing, ideas exchange and collaboration
- To raise the profile of mental health issues and promote positive attitudes to mental health in the wider community

Conference outcomes and delegate evaluations indicated that the objectives were achieved.

Governance

WAAMH carried operational responsibility for the conference, informed by a representative Conference Reference Group. This group included 25 representatives including people with lived experience, community, public, primary health and private sector services, the Mental Health Commission, Department of Health and mental health educators, with executive input by WAAMH.

Program

We received as high as 150 independent content submissions. After careful evaluation by the reference group, invitations to present were offered to 50 diverse presenters across three core streams: Reflection, Diversity and Innovation.

Keynote Speakers

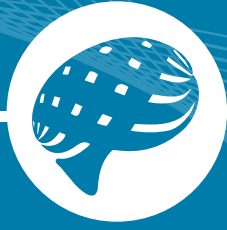
- Professor Mike Slade (UK)
- Dr. Sandy Steingard (USA)
- Professor Pat Dudgeon (AU)
- Professor Carmen Lawrence (AU)
- Felicity Ward (Comedian at the Gala Dinner)
- Malcolm Dix (MC)

Special Events

Workplace Wellness Symposium - A conference event for WA's business community.

Youth Wellbeing Breakfast - A youth sector event in partnership with 20 youth organisations for young people, parents, teachers, and youth and mental health sector representatives.

Recovery Stories by Candlelight - A celebration of stories, lived experience and hope. The whole community was invited to join delegates for this event featuring an inspiring line-up of people sharing tales of lived experience. Through the sharing of personal experiences, attendees were encouraged to celebrate recovery by candlelight.



Aboriginal Mental Health Yarning Circle - Inspired by WAAMH's participation in the Looking Forward Project, conference delegates gathered with Aboriginal Elders and community leaders, and yarned about some of the many complex mental health issues facing Aboriginal communities.

Postcards Exhibition - Celebrating the value of art in both mental health recovery and awareness raising, the Mental Health Postcard Arts Exhibition was open to people of all ages and artistic abilities. The exhibition raised the profile of mental health issues, promoted positive attitudes of mental health within the wider community and provided an opportunity for inclusion of people with disability or mental illness through participation in the arts.



Organisational Improvement

WAAMH's organisational improvement included a focus on lived experience participation and Aboriginal engagement over the 2015/16 financial year.

Lived Experience Participation

WAAMH stepped up its commitment for partnership with people with lived experience through the continuation of its Board sub-committee, resulting in internal capacity building and the finalisation of policies and procedures to facilitate lived experience leadership within the Board.

WAAMH developed a Lived Experience Partnership Payments Policy and implemented a range of operational changes resulting in increased engagement and partnership with consumers and carers.

Capacity building on advocacy, language and lived experience values began through a well-received conference workshop and the securing of a capacity building grant to deliver advocacy and co-production training and mentoring in the next year.

There was also a focus on, and resulting increase in, the coverage of lived experience stories in the media in 2015/16.

Aboriginal Engagement

Through 2015/16 WAAMH continued its participation in the Looking Forward Project. This involved partnering with Aboriginal Elders Uncle Charlie Kickett and Auntie Helen Kickett and meeting together on a monthly basis for a second year, to build trust and relationships, and create real and lasting changes that aim to have a positive impact on Nyoongar peoples' access to and experiences with mental health services.

The WAAMH team were invited on country to experience Elder Uncle Charlie Kickett's home country in York in November.

In planning for the WA Mental Health Conference in 2016, WAAMH drew on its experience with the Looking Forward Project and learnings from the ongoing partnership with our Aboriginal Elder friends. Uncle Charlie and Auntie Helen were invited to be Conference Elders and Aboriginal Ambassadors for the whole event. Additionally, a number of Aboriginal people and organisations were part of the Conference Reference Group that helped to advise and shape the conference from the ground up.

As part of the conference, an Aboriginal mental health yarning circle was held, inviting delegates to gather with Aboriginal Elders and community leaders and yarn about some of the many complex mental health issues facing Aboriginal communities.

WAAMH's Aboriginal engagement in the conference resulted in ABC News broadcasting TV and online news segments about the high rate of suicide amongst Aboriginal people, and the system and service changes that need to be made so that culturally sensitive services were delivered.

WAAMH would like to thank the Looking Forward Project team for once again supporting us in our ongoing journey of meaningful engagement with Aboriginal people.



WAAMH 50th Anniversary

In 2016, WAAMH celebrated its 50th anniversary of building fulfilling, contributing lives through the development, promotion and representation of the community mental health sector in Western Australia.

Since its incorporation in 1966, WAAMH has stepped closer to its vision of ensuring that as a human right, every one of us who experiences mental health issues has the resources and support needed to recover, lead a good life and contribute as active citizens. However, we recognise that now, more than ever, the role of WAAMH as WA's community mental health peak body is critical to ensuring the much-needed reforms to our sector are actively pursued and implemented.

History

WAAMH began as an umbrella organisation for church and charitable bodies that provided community mental health services outside of institutions. It was recognised that responding to

mental health needs should not only come from the institutional perspective of health care, but address the social determinants of good mental health including housing, employment, education, the workplace, cultural factors and community education.

Half a century on, this aim has grown but largely remains unchanged as WAAMH continues to support the community-managed mental health sector while advocating for effective public policy, delivering workforce training and sector development, promoting positive mental health community attitudes and representing the sector in WA as their peak body.

WAAMH has influenced and witnessed policy change in responses to consumers and carers in community mental health services over the past 50 years, but there is still a long way to go to ensuring people with lived experience of mental health issues, their families and carers are supported to recover and lead positive, contributing lives.

History Timeline



Anniversary



**Western Australian Association
for Mental Health**

• 1966 - 2016 •

CELEBRATING 50 YEARS

While at a policy level the gap in community mental health services has been recognised, how this gap will be filled with adequate and effective services, and particularly the resourcing of these services, is still being addressed.

The community support services, provided by many of WAAMH's members, are vital to enable people with mental illness to live well in the community by connecting them to housing, education, employment and training, and by providing personalised support, family and carer support, counselling, advocacy, mutual support and self-help.

While we have made some significant progress in community mental health over the last 50 years, there is still as long way to go and WAAMH will continue to advocate for results on the ground to ensure our members, consumers and carers have the services and resources they require.

Celebrations

WAAMH celebrated its 50th anniversary with a sundowner event at Kudiritj café in May. Key stakeholders from WAAMH's evolution and the mental health sector attended and were acknowledged for their contribution to WAAMH's past achievements.

A more broader community celebration, open to all members of the public will take place at Elizabeth Quay during Mental Health Week 2016.

50 years of building fulfilling, contributing lives



Advocacy & Representation

In a complex reform environment, the National Disability Insurance Scheme (NDIS), justice reform and changes to the way the state and federal governments drive mental health have all remained top of WAAMH's advocacy agenda.

In addition to our formal advocacy through submissions and policy briefs, WAAMH has increased its focus on political engagement strategies nationally and in WA, and turned its attention to improving campaigning and member engagement.

WA Mental Health, Alcohol and Other Drug Services Plan 2015–2025

WAAMH welcomed the final WA Mental Health, Alcohol and Other Drug Services Plan released this year. Its resourcing and implementation was the focus of our contribution to the Western Australian Council of Social Services (WACOSS) Pre-Budget Submission. We secured media coverage criticising the government's budget which did not provide adequate investment for resourcing the plan, by cutting non-government mental health funding and not shifting the investment far enough toward prevention and early intervention.

Justice Reform

WAAMH continued its work with a coalition of stakeholders, including people with lived experience and their representative organisations, as well as Developmental Disability WA, to agree upon the five most essential and urgent changes to the Criminal Law (Mentally Impaired Accused) Act (CLMIA). Using the resulting advocacy brief to lobby WA Labor, Nationals WA, Greens WA and the Liberal Party, this culminated in significant reform commitments by the Greens and WA Labor. The government's overdue release of the CLMIA Review Report fell far short of the sector's priorities, with most key human rights abuses left untouched. The legislation has not yet changed; people are still indefinitely detained and the government looks unlikely to meet its election commitment to reform this law.

A senate inquiry into indefinite detention provided an opportunity to influence this issue from a national perspective; WAAMH provided a submission focused on the experiences of Western Australian mental health consumers under the CLMIA law.

WAAMH also effectively influenced the Economic Regulation Authority's review into WA prisons, resulting

in it recommending mental health benchmarks, though these have yet to be introduced by government.

National Disability Insurance Scheme (NDIS)

WAAMH's activity continued to ensure that the NDIS effectively responds to the needs of people with psychosocial disability and that a viable network of community mental health support services are maintained for those who are not eligible. Representation on state and national committees included the National Disability Insurance Agency's (NDIA's) Mental Health Sector Reference Group and the WA NDIS My Way Reference Group.

Submissions were completed for the review of the NDIS Act; the Information, Linkages and Capacity Building Framework; and to highlight how critical independent advocacy is to mental health consumers in the review of the National Disability Advocacy Framework. These focused on WA experiences and were shaped by the rich contributions of participants attending the two Community of Practice projects in the Lower South West and Cockburn-Kwinana trial sites. Locally, the WAAMH Board set out its position on Future Governance of the NDIS in WA.

Housing

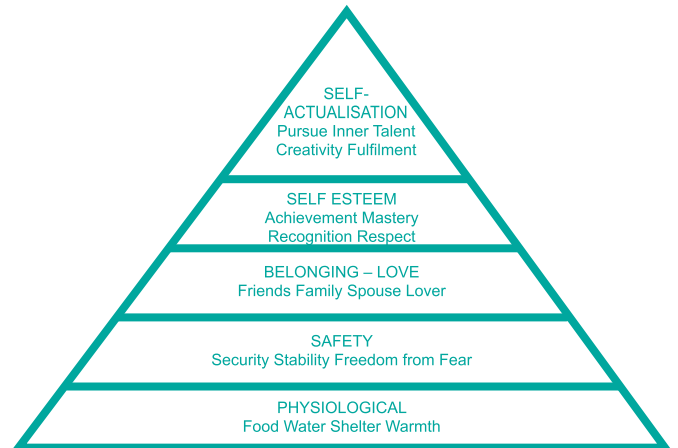
WAAMH began research and consultation into housing and accommodation solutions to address the pressing needs for additional housing and support services for people experiencing or at risk of homelessness and housing stress. This work continues into 2016/17.

National Mental Health Review and Primary Health Networks Reform

WAAMH also focused on the major reforms announced by government following the National Mental Health Services Review to drive Commonwealth funding of community mental health programs through the Primary Health Networks. We represented the sector on WAPHA's Mental Health Strategic Advisory Committee and advocated for recognition of the critical role of psycho-social support services in primary health.



ABRAHAM MASLOW HEIRACHY OF NEEDS



Campaigns and Political Engagement

WAAMH moved into a campaigning space this year with our effective ‘Don’t Mess with Mental Health’ campaign, in which members were quick to support the call to action. The campaign saw both WA Labor and the Liberal governments commit to retaining a Mental Health Minister and Commission. We also campaigned on the CLMIA and the Disability Justice Centre using digital engagement.

Political engagement increased with successful pressuring of senators asked to vote against welfare reforms for people with mental impairment. WAAMH also wrote to the more than 160 federal election candidates, supporting Mental Health Australia’s campaign to secure public commitments for mental health reform. While the campaign did not secure all of its specific targets, it provided a valuable learning opportunity for WAAMH which will support our planned 2017 state election activity.

Media in Advocacy

WAAMH increased its use of media in advocacy this year, with increased media releases and coverage secured on CLMIA, the Disability Justice Centre, the derailing of the 10 Year Mental Health Services Plan, Aboriginal suicide, and the ‘Don’t Mess with Mental Health’ campaign.



Sector Development

Our sector development team was kept busy again this financial year with five major projects including two at a national level, while rapid advances were made in our quest towards establishing WA's first Recovery College.

NDIS Community of Practice

The National Disability Insurance Scheme (NDIS) marks a significant change in the way support services are commissioned and delivered in Australia and is of significant interest to community-managed mental health organisations.

The Community of Practice (CoP) project was delivered by WAAMH this financial year, to establish a learning network within two WA NDIS My Way trial sites - Lower South West and Cockburn Kwinana - and focused on the inclusion of people with a psychosocial disability.

The main project activities included establishing a CoP at both trial sites; facilitating six gatherings in each site, totalling 132 participants; capturing and disseminating learnings; and developing a project website (730 views and 419 visits), blog (13 articles and 594 reads), and electronic mailing list (1500 subscribers and 44% open rate).

An end-of-project evaluation found each site was at a different stage of NDIS development; a lack of engagement by a single key agency was a significant barrier in achieving more integrated service provision; and concern emerged around the language of 'permanency' of disability within the NDIS and the ideological struggle this presented within the context of mental health recovery.

Finally, the project demonstrated the importance of advocacy for participants, and the volume of resources in an NDIS plan related directly to the quality/amount of advocacy a participant received. These issues have been raised in submissions to the National Disability Advocacy Framework, the Information, Linkages and Capacity-Building Framework and the review of the National Disability Advocacy Program.

WAAMH actively continues to urge the NDIS and Disability Services Commission to effectively respond to the needs of people with psychosocial disability to ensure a viable network of community mental health support services is maintained for those ineligible for funding under the NDIS.

Peer Support in Psychiatric Hostels

WAAMH was the lead agency in an innovative project, the Peer Support in Psychiatric Hostels project - a partnership with Consumers of Mental Health WA, DADAA and the NDIA, and funded by the Disability Services Commission and Developmental Disability WA. The project involved utilising peer facilitators and peer workers, to assist people with a psychosocial disability, living in four psychiatric hostels or other challenging environments in the Perth Hills trial site, to engage with the NDIS. This was the first peer support project for people living in hostels, and to utilise the lived experience of current/past hostel residents to design and deliver support. The project demonstrated the lived experience of peers was of benefit to the residents in terms of understanding the experience of mental health issues and institutionalisation. An evaluation demonstrated that people with a psychosocial disability living in challenging environments were assisted to access the NDIS; an evidence-based, transferable model of support was developed; peer workers refined their advocacy and support competency; and there was an increased ability to understand and respond to the inclusion of people with psychosocial disability in the WA NDIS and NDIS My Way trial sites.

WAAMH found strategies involving peer workers can be developed to engage people living in hostels in the NDIS and the use of peer facilitators and people with lived experience is of critical importance in engaging and supporting people with psychosocial disabilities in the NDIS system.

Recovery College WA

WAAMH continued to play a major role in supporting the establishment of a Recovery College in WA, with a business model and plan, as well as an official logo, and social media profile developed in 2015-16.

Recovery College WA will be a learning institution to assist people through structured and relevant personal recovery education and learning.

Recovery Colleges are unique as they provide a safe environment specific to the needs of people with lived experience of mental distress. While new to WA, they are not new to mental health globally, with the value and benefits of Recovery Colleges well established.



The colleges enable people with lived experience to have greater control over their lives and to identify with and own their recovery journey by learning with others. They deliver beneficial outcomes for individuals who make significant recovery gains and value for money to taxpayers, for example by reductions in hospitalisation.

A Recovery College should complement and strengthen recovery-oriented community and clinical services.

Work to progress the development of Recovery College WA has been underway for a number of years and involved a detailed co-production and co-design process involving people with lived experience, key champions, service providers and community mental health agencies.

The business model and plan was developed with financial support from the Mental Health Commission, Lotterywest, and Partners in Recovery; and in-kind support from WAAMH, Helping Minds, Ruah, Bentley-Armadale Partners in Recovery, Curtin University, Richmond Wellbeing, CoMHWA, BOICO, MIFWA and Esperance Ports.

A Steering Committee was created in May 2016 to establish an operational entity for Recovery College WA to ensure it's a community resource, and governed and managed according to co-design and co-production principles.

The Recovery College Steering Committee and WAAMH continue to build partnerships with key stakeholders and funders, with the goal of obtaining funding to establish a Recovery College by mid-to-late 2017.

NDIS Mental Health Individual Supports Design

The Individual Supports Design project was a collaboration between the NDIA, Mental Health Australia and Community Mental Health Australia (CMHA). The project was established to document optimal packages of individual supports for people who have a psychosocial disability associated with a mental illness.

Its two components involved a report identifying optimal supports; and a consultation of mental health

consumers, carers, service providers and other informed stakeholders across Australia, undertaken by CMHA and coordinated by WAAMH. In September 2015, across most of Australia, 173 individuals participated in consultation workshops organised and hosted by the peak bodies in each jurisdiction.

A strong correlation in responses led to three overarching themes. Firstly was preparedness: as psychosocial disability brings unique challenges, many people won't be ready to engage with informed planning around their goals and aspirations before working through a range of issues. Secondly was recovery orientation: NDIS supports need to be planned and delivered following principles of wellness, person-centred, recovery, family inclusivity, culturally secure and trauma-informed. Supports should use of definitions and descriptions familiar to the lived experience of psychosocial disability and promote recovery and growth. The third common theme was the need to implement specific mental health principles of co-production and co-design.

The NDIA has since adapted its approach to individual supports design during the course of the project, bringing greater flexibility and more of an outcomes focus to the work, and will jointly release a response to the report and consultation, together with MHA.

Australian Mental Health Care Classification Readiness Survey

On behalf of CMHA, WAAMH managed a national survey to assess the community mental health sector's readiness to adopt and respond to the Independent Hospital Pricing Authority (IHPA's) Australian Mental Health Care Classification (AMHCC) framework and Activity Based Funding (ABF).

An electronic survey was constructed and distributed to community-managed mental health care providers nationally, to assess this. WAAMH established a consultation team with representation from the state peak bodies to coordinate the distribution of the survey. Each peak organised workshops and focus groups to explain the work of the IHPA and the intent and purpose of the survey in each jurisdiction, which assisted participants to fill in the survey and ensure completion with follow-up.

Development & Training

After another year of growth in 2015-16, WAAMH doubled its course attendance and continued to be the provider of choice in mental health training for the WA sector and wider community.

Course Attendance

More than 1600 people attended 140 separate workshops and training events delivered by WAAMH this year, representing significant growth from the 800 people who attended in 2014/15, and 200 participants in 2013/14.

Onsite training proved to be increasingly popular with 1330 people attending custom courses; followed by 260 people signing up for our regular public calendar courses, 90 people completing online Shine training, and 23 enrolling in Certificate IV.

WAAMH is fortunate to have accumulated a team of highly skilled, specialist mental health educators from a variety of professional backgrounds including psychology, clinical social work, mental health nursing and health promotion.

With most holding post-graduate degrees, WAAMH's trainers are all dual-qualified in both mental health and adult education.

Certificate IV Mental Health

In partnership with a Registered Training Organisation, WAAMH continued its Certificate IV of Community Mental Health in Semester 1, 2016.

Filling two separate courses, this six-month qualification provided students with the skills to become frontline mental health workers. In addition to the training content, the course featured: a 140-hour practicum placement within the community mental health sector; a series of guest speakers with lived experience sharing their stories; site visits to service providers in the sector; and specialist forums on Aboriginal mental health and mental health careers. Many congratulations to the class of 2016.

Public Training Calendar

WAAMH continued to offer scheduled training via a calendar of public courses available for individual registrations in the last year.

Primarily serving the community mental health sector, but also welcoming the wider community, these courses were a low cost way for sector workers and others to develop their mental health knowledge and specific skills.

WAAMH diversified to offer a range of new courses, bringing the course selection to 50 topics. A scholarship system for consumers and carers continued this year, making WAAMH's courses and workshops financially accessible for everyone.

Onsite (Custom) Training

Customised courses were enhanced to meet the needs of work environments, with WAAMH's trainers visiting many organisations to develop mental health competencies in the context of their own workplace. A majority of clients were from the community mental health sector, while other organisations included local government, educational institutions and private sector workplaces.

WAAMH formed some great training partnerships in 2015/16. These included:

- SANE Australia: WAAMH became SANE's WA delivery partner for its workplace mental health courses.
- Linkwest: WAAMH partnered with this peak organisation for the adult community education sector to deliver 16 workshops as part of the 'Beyond Gambling' initiative.

Fremantle Herald

5 February 2016

First Aid for Mental Health



REALM

Developed with funding from the WA Mental Health Commission, Regional Education, Access and Learning for Mental Health (REALM) was a funding program designed to make WAAMH's suite of training services accessible to regional mental health workers and wider regional communities.

In acknowledgment of the financial and other challenges faced by regional organisations and individuals in accessing mental health professional development and training, REALM provided a range of funding options.

REALM was available in all areas of WA, outside of greater Perth, within the funding period of the 2015/16 financial year.

As part of the program, WAAMH delivered 10 training courses across WA, including Pilbara, Geraldton, Bunbury and Kalgoorlie. Feedback from these subsidised events was positive and indicated access to training further supported the wellbeing of regional communities.

Shine

Through the 'Shine' mental health eLearning package, we continued to offer new sector workers and interested others a structured, self-paced induction to the mental health sector.

Offering participants a basic entry level introduction to community mental health, Shine modules cover a number of topics including understanding recovery, youth, peer work, carers, social inclusion, working with Aboriginal people, alcohol and other drug co-occurring issues, person-centred approaches and national standards.



Mental Health Promotion

During this financial year, WAAMH stepped up its awareness raising through multiple collaborations, and the promotion of numerous new resources and events, as well as striking up a significant charity partnership with Perth's leading theatre company.

Mental Health Week

Going from strength to strength, Mental Health Week -WAAMH's longest running and most well-known mental health promotion campaign - was embraced by the sector and the larger community more than ever this year.

For the first time in Mental Health Week history, WAAMH and the Mental Health Commission partnered with the Perth Theatre Trust to co-host the flagship Opening Ceremony event, with Stand Up! for Comedy.

This placed mental health awareness on the centre stage in front of thousands of people that may not have otherwise been exposed to Mental Health Week's traditional reach.

Reaching even higher levels, the headline comedian and host of Stand Up! for Comedy was Perth-born comedian and international star, Joel Creasey.

Creasey's popular profile helped attract record levels of media attention and led to a sell out crowd of 1200 people at the show. He was supported by other talented local comedians including Andrew Horabin, Ciaran Lyons, Ivan Aristeguieta, and Hayden Stevens. Part proceeds from Stand Up! for Comedy were donated by the Perth Theatre Trust to WAAMH to be reinvested back into community mental health. Another successful collaboration was working with Mentally Healthy WA to use the theme Act-Belong-Commit for Mental Health Week 2015.

Working alongside one of the most recognised mental health promotion taglines in WA certainly came with its benefits and elevated our campaign efforts even further.

The Act-Belong-Commit message proved to be very relatable with diverse members of the community, sending a clear and positive message about how we can better protect our own wellbeing and mental health.

More than 15,000 people were estimated to be involved in community events and awareness raising activities across the state during the week, including children, youth, families, parents, government, community and business employees/employers, Aboriginal communities and mental health hospitals.

Hundreds passed through the inaugural Beach Sports Day at Scarborough Beach Amphitheatre to participate in a range of physical activities. It was here, WAAMH had secured first time event partnerships with Volleyball WA, Perth Scorchers and LuluLemon.

Workplace Wellbeing

WAAMH struck up a strong working relationship with Rio Tinto this year, and we co-hosted a workplace wellbeing seminar at Central Park Theatre during Mental Health Week, which was broadcast via web-link to all of the mining giant's remote WA mine sites. WAAMH also joined forces with Safe Work October for a second year, to deliver two workplace mental health sessions at Curtin University for OSH and HR professionals.

Youth Wellbeing

WAAMH held a stall at the Positive Schools Conference in Perth for the fourth year running in 2016. The 2016 Mental Health Week School Poster Competition was launched at the conference and the 2015 winning postcards were displayed.

WAAMH continued to distribute resources targeted at young people, including the Groovy Guru bookmark set, Look After It pamphlets, the latest mentally healthy post cards illustrated by school children and Mental Health Week school resource packs.

For the first time in WAAMH's calendar of Mental Health Week events, a free parents forum was held, with around 250 people stopping by to hear the amazingly inspirational Dr Helen Street donate her time and knowledge to talk about, 'Better Than Ok - Helping Young People Flourish'.



Media and Social Media

Media coverage increased in 2015/16 with major state-wide and local online, radio, print and television outlets covering WAAMH's statements on key advocacy topics, sector development and promotional events, including Mental Health Week and The WA Mental Health Conference.

Coverage was secured on the Stand Up! for Comedy Opening Ceremony; keynote speakers for the WA Mental Health Conference, Individual Placement and Support, Aboriginal mental health and suicide prevention; the Disability Justice Centre, Mental Health First Aid training, the state budget and the WA Mental Health, Alcohol and Other Drug Services Plan, CLMIA, retaining a dedicated Mental Health Minister and Commission, workplace mental health and volunteering benefits for mental health.

Of note and importance to WAAMH was the increase in the coverage of lived experience stories in the media in 2015/16.

The West Australian's Health + Medicine published another successful 24-page magazine during Mental Health Week with a cover article on WA's suicide prevention ambassadors Fremantle Dockers star Michael Walters and West Coast Fever's Courtney Bruce.

WAAMH continued to grow its likers and followers on both Twitter and Facebook (for both WAAMH and Mental Health Week pages) with over 800 followers and over 2000 likers, a doubling of Facebook likers from the previous year.

WAAMH extended its social media engagement to the business community by opening a company LinkedIn page during the financial year.

Grants

Once again, Lotterywest provided crucial support for WAAMH with a grant that allowed us to spread mental health promotion to regional areas that needed it most. Short of being able to physically be on site in all of WA's remote towns, the donations to various community organisations ensured resources and support for regional Mental Health Week events could still prevail.



Stand Up! for Comedy Mental Health Week Opening Ceremony, His Majesty's Theatre. Photo by John Nettleton.

In 2015/16, \$15,000 worth of grants enabled 30 local events across Capel, Margaret River, Mandurah, Cranbrook, Albany, Esperance, Bunbury, Geraldton, Port Hedland, Cowaramup, Onslow, Broome, Wangan-Ballidu and Kalgoorlie.

Closer to home, WAAMH's long running, annual Friends of Heathcote grants were distributed to many underprivileged members of the community. The financial assistance was provided to help people with a lived experience of mental health issues to enjoy an activity or outing that enhanced their quality of life and sense of wellbeing. Some of these activities included an opera subscription, wildlife carers course, zoo outing, a raised garden bed, monthly craft, farm stay, pampering and relaxation, and lunch and care packs for Aboriginal women.



Individual Placement & Support

Employment plays a vital role in the life and recovery of people with a lived experience of mental illness. The overall vision of the Individual Placement & Support (IPS) Development Unit is that all people have access to meaningful employment regardless of their mental health support needs.

Funding secured for two years

As WAAMH's IPS Development Unit continued to facilitate the implementation of IPS evidence-based supported employment throughout the financial year, it was identified that IPS progressed the mental health reform agenda for WA.

Following the compilation and submission of a comprehensive business case, the Mental Health Commission extended funding to provide technical assistance to a minimum of six mental health services engaged in delivering IPS services in WA for a further two years.

IPS takes a person-centred, whole of sector approach and offers a high quality, community support service, so individuals are able to create or rebuild a satisfying, hopeful and contributing life.

New sites emerge in Perth

Momentum in the north and east metropolitan catchment areas resulted in the launch of IPS services in Stirling and Midland. Osborne Park Clinic and Midland Adult Community Health both partnered with MAX Employment to deliver integrated IPS services to mutual service-users. Midland received support from Partners in Recovery to make IPS a reality in the local community. This has allowed employment specialists to be co-located at each mental health clinic to support people into competitive employment whilst working closely with mental health care coordinators.

National demand for IPS technical support

The push for IPS implementation and demand for technical support services spread to national sites in New South Wales and South Australia in 2015/16. As Australia's only unique IPS Development Unit, our leading edge expertise is now being sought from interstate organisations and services.

In August 2015, Neami National expanded its service provision to include IPS. Initially from its Hurstville office, IPS has since grown to include the Ashfield and Pagewood sites. As a collaborative, WAAMH, Neami National and Partners in Recovery worked together

in preparation for service launch and evaluation at Hurstville. Neami National is the first non-government organisation the IPS Development Unit has supported to fully integrate IPS services without a Disability Employment Service partnership approach. The organisation's team are now enjoying the rewards of supporting individuals into paid employment and training.

Country Health South Australia (CHSA) Local Health Network invested mental health funding to appoint an IPS program coordinator, and engaged our technical support to implement IPS services at Mid North, Riverland and Murray Mallee in 2015/16. The IPS Development Unit mentored and trained CHSA staff to ensure a robust implementation plan was in place to make IPS a success in regional SA.

State Health Research Advisory Council invests in IPS research study

Having seen the benefits of IPS first hand, the team at Bentley Hospital welcomed an opportunity to undertake State Health-funded research to investigate the effectiveness of integrating cognitive remediation and individual placement and support programmes on occupational, cognitive and healthcare outcomes in people with schizophrenia.

WAAMH is actively participating as an associate investigator and anticipates the two-year research project will yield stimulating findings to add value to the growing research base around IPS.

Despite improvements in treatments and psychosocial interventions, workforce participation by people with severe and persistent mental health conditions remained low in 2015/16, while benefit-dependency remained high.

It is hoped the study will reinforce how IPS programs have shown to improve work placement, hours worked and sustainability of employment, while also reducing hospitalisation and healthcare expenditure.



Advocacy for IPS

The IPS Development Unit was just one of many community groups that contributed to a focus group session and written submission to the Department of Social Services as part of identifying areas for improvement in communication, support, quality of services of what a future employment support model could look like.

The Federal government mandated the establishment of a taskforce to respond to the poor performance of providing employment for people with disability. Two rounds of national consultation meetings were held around Australia providing an opportunity for the IPS Development Unit to assess the current climate of the Disability Employment Sector and its particular needs around supporting individuals with severe and persistent mental health conditions into real jobs, with real pay.

Much of the future direction of the Department of Social Services' framework reflected aspects of IPS core principles around individualised services, increasing open employment options and supporting the person in an integrated approach to maximise a lifetime of wellbeing.

IPS Fidelity Reviews

A fundamental part of implementing the IPS model is following fidelity and remaining true to aspects of evidence-based supported employment.

Fidelity reviews remain the single best way to improve the quality of IPS services, with a higher IPS fidelity rating aligning with better overall employment outcomes.



During 2015/16, the IPS development unit conducted three fidelity reviews across six organisations. All fidelity scores were rated good ranging from 105 to 115, out of 125. Organisations delivering IPS programs understand the importance of independent fidelity reviews as an indication of their progress successful integration of the core practice principles.

IPS Works launches

As part of a re-brand of the IPS Development Unit, an independent website - ipsworks.waamh.org.au - with its own look and feel was created and IPS WORKS was launched. A social media platform was also established and the bi-monthly IPS newsletters will now be branded under the new IPS WORKS look.

Financials

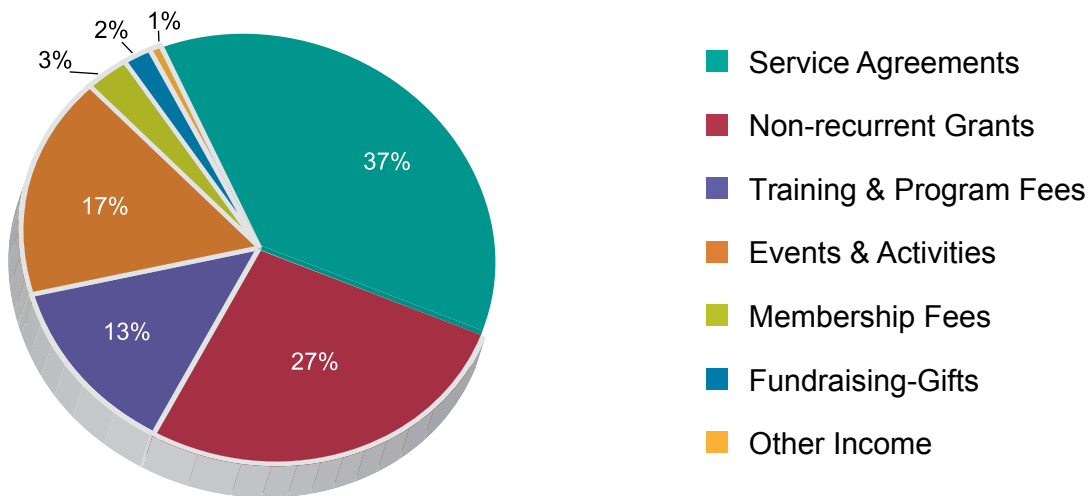
WAAMH’s financial position strengthened further in 2015/16, with net assets of \$648,458, up \$20,701 on the 2014/15 end of year result, ensuring the association is highly resilient into the future. Additionally, with ninety percent of WAAMH’s assets held as cash, it carries minimal risk.

Income

WAAMH made substantial progress in diversifying and growing its income base in 2015, thereby reducing its reliance on any single source and increasing the range of services it offered. Total income increased by 43 percent (\$579K) on 2014/15. Income generated from sources outside our core service agreement with the Mental Health Commission, accounted for 63 percent, up from 48 percent in 2014/15.

There was particularly strong growth in income generated by events (\$280K increase) and also from non-recurrent grants, which increased by \$245K. It is pleasing to note that membership income also grew strongly, generated entirely by increased membership numbers, as WAAMH made no increase in membership fees in 2015/16.

Income 2015-16



Income by Account Group	15-16	14-15
Service Agreements	\$717,908	\$704,523
Non-recurrent Grants	\$518,840	\$307,604
Training & Program Fees	\$251,248	\$207,520
Events & Activities	\$323,062	\$46,041
Membership Fees	\$58,386	\$41,158
Fundraising-Gifts	\$33,933	\$0
Other Income	\$24,281	\$41,687
Total	\$1,927,658	\$1,348,533

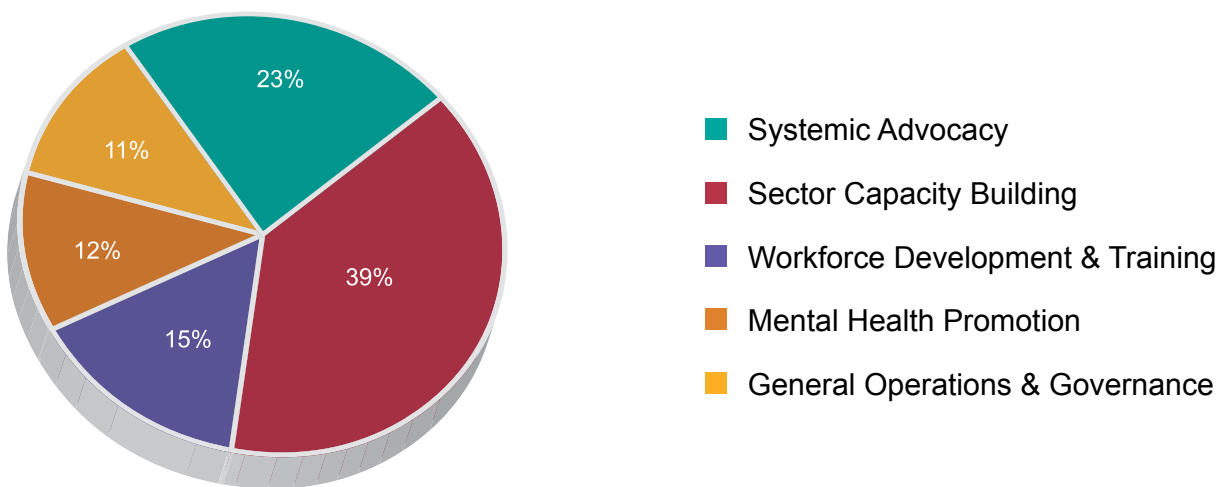


Expenditure

WAAMH directed most of its activity to building the capability of the mental health sector in 2015/16. Expenditure on Sector Capacity Building rose by 213 percent and Workforce Development and Training by 77 percent respectively. The WA Mental Health Conference was the largest expenditure item at \$335K followed by Individual Placement and Support at \$225K.

Despite the major expansion in programs, activities and services, WAAMH’s overhead costs were well contained, with General Operations and Governance up by just 3.7 percent and reduced as a proportion of the total from 16.4 percent to 11.7 percent.

Expenditure by Activity 2015-16



Expenditure by Activity	15-16	14-15
Systemic Advocacy	\$437,674	\$387,134
Sector Capacity Building	\$741,404	\$346,463
Workforce Development & Training	\$281,807	\$159,223
Mental Health Promotion	\$222,336	\$207,133
General Operations & Governance	\$223,736	\$215,778
Total	\$1,906,956	\$1,315,731

Acknowledgments

The Western Australian Association for Mental Health would like to thank and acknowledge the below organisations for their financial contribution and support during 2015/2016.



**Mental Health
Commission**





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CELEBRATING 50 YEARS

Peak body representing the community-based mental health sector in WA

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