

Western Australian
Association for Mental Health

ANNUAL REPORT

2017 / 2018



WAAMH

Western Australian Association
for Mental Health

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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 will have the resources and support needed for mental wellbeing, recovery and citizenship.



Mission

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

Our membership comprises community-managed organisations providing mental health services, programs or supports and people and families with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership. We also engage with a wide network of collaborative relationships at a state and national level with individuals, organisations and community members who share our values and objectives.

WAAMH influences community attitudes, mental health priorities, policy and practice through mental health promotion, systemic advocacy and development so Western Australians have the rights, resources and support needed for mental wellbeing, recovery, and citizenship.



Values

Respect - Understanding mental health challenges are a normal part of the human condition; having compassion, valuing the dignity, unique qualities, knowledge and experience of each person.

Self-determination - Upholding the dignity of choice, self-direction, hope for the future and control over our life and destiny.

Inclusion - Fostering engagement, collaboration and partnership; encouraging diversity and listening.

Integrity - Acting with authenticity and curiosity; being prepared to question and critique, critically consider evidence; pursue excellence.

Courage - Being persistent, tenacious and steadfast in pursuing WAAMH's vision and values while acting with humility.





President's Report

KERRY HAWKINS



I am pleased to present WAAMH's 2017/18 annual report.

What is the number one reason we visit our GP? Mental health issues, according to the Health of the Nation Report (2018). This, on the back of news from a significant international study last year finding that both prevalence and outcomes for mental health are getting worse, not better, despite increased funding for clinical supports in recent years.

Clearly, sloganeering, websites and more hospital beds are ineffective and poorly evidenced policy responses to a deepening crisis of Western Australians being impacted by mental health responses to adverse social circumstances.

We are lonelier, more anxious, stressed and depressed than ever before.

There are epidemics of child abuse, elderly abuse, suicide rates tragically continue to rise, a Senate Inquiry into the quality and accessibility of mental health services in rural and remote areas is underway, youth self-harming rates are rocketing, and Aboriginal people continue to experience higher levels of psychological distress than non-Aboriginal people.

In the years leading up to the release of the Western Australian Mental Health, Alcohol and Other Drugs Services Plan (2015-25), comprehensive consulting with all stakeholders determined that the best policy response was to direct funding towards prevention, early intervention and community-based supports. As we head towards the half-way mark of the plan, government funding has continued to be directed towards clinical supports, and the desperate need to provide socially-oriented, trauma-competent, right-place-at-right-time supports remains unaddressed. Investment in prevention and early intervention,

particularly for children and young people, continues to be the can kicked down the road yet again.

Several years ago, Western Australia led the nation with the establishment of the country's first Mental Health Commission and a solid strategic plan laying the foundations for the fundamental reform so desperately overdue for mental health services. Successive governments have failed to deliver the funding that is required for the plan to build the community infrastructure that keeps us all connected, supported, resourced and living contributing lives. When this infrastructure is in place, we don't need to be in hospitals. Our current crisis in public mental health is a direct result of this lack of investment in the community support system, and we will continue to push for an investment aligned with the ten year plan to address this. Because this will necessarily involve addressing the social determinants of mental health, it will require a whole-of-government approach. This will require greater joined up inter-agency policies addressing housing and income security, children's services, justice, social connectedness, and thriving communities. Health services need to be part of this reform, and we need leadership from the government to deliver it.

For its part, WAAMH will continue to work with the sector and related sectors to build a contemporary, connected and cohesive community service architecture, one that is designed by individuals and families with lived experience who are best placed to provide authoritative guidance on the specifications of the support system that they require. It will be clinically mindful and integrated, but decolonized from the 1950's pharmacological model that public health services are still constrained by.

It will be trauma, adversity and structurally competent, and focus on people maintaining or regaining their employment or education, homes and relationships. Peer workers will be the new normal for the workforce



that will be skilled at working with individuals and families, building rapport and trust, self belief and self agency, and above all, available and accessible when people reach out for help, not at the end of a months long waiting list. WAAMH looks forward to our government joining us in delivering this vision.

At the beginning of this calendar year, WAAMH welcomed our new chief executive officer Taryn Harvey, following the departure last year of Rod Astbury, our highly regarded CEO who was with us for five and a half years. Taryn is an experienced CEO and brings an in-depth understanding of government workings, has well-established working relationships across sectors, and a commitment to building thriving communities that underpin everyone's social, emotional and therefore, mental, wellbeing. Given the increasing complexity and fragmentation in mental health services – we now essentially have three commissioning bodies in Western Australia (WA Mental Health Commission, Primary Health Networks, and the National Disability Insurance Scheme), this ability to form effective working relationships with multiple key stakeholders is critical moving forward. At a Board level, we farewelled Victor Crevatin and Debra Zanella, who fulfilled their terms with commitment and contributed strongly towards our ability to work collaboratively with intersecting sectors. Pam Gardner was re-elected as vice- president, continuing our strong representation for both lived experience and rural and remote areas. We welcomed Helping Minds CEO Debbie Childs, Ruah executive manager of operations Emma Jarvis and Lifeline WA CEO Lorna McGregor.

In 2017/18 the Lived Experience Partnership Committee worked with the new CEO to align their work plan with WAAMH's strategic objectives, and continue to design enhanced opportunities for lived experience engagement with WAAMH, including at a board level, and to build organisational capacity for further engagement.

I would like to thank the whole Board for their ongoing support. Whilst everyone brings their own areas of expertise, the unified commitment to mental health reform through a lens of citizenship, of contributing lives and thriving communities is palpable and inspiring.

In addition, I would like to recognise the WAAMH staff who, under Taryn, bring both professional expertise and a strong sense of mission to their work every day.

Finally, to you, WAAMH's members for 2017/18 – thank you. Without your continued support and engagement, our work in representing your interests and pushing for reform in the mental health sector as a whole would not be possible. The scale of the transformation required and the inertia inherent in complex institutional reform is such that we need all of your active support in this critical time over the next few years.



I would like to thank the whole Board for their ongoing support. Whilst everyone brings their own areas of expertise, the unified commitment to mental health reform through a lens of citizenship, of contributing lives and thriving communities is palpable and inspiring.





Chief Executive Officer's Report

TARYN HARVEY



It's my pleasure to present my first annual report as the CEO of the Western Australian Association for Mental Health. In February this year I assumed the role following Rod Astbury's departure after five years. I had the honour of working with Rod and the WAAMH team in my previous role as the CEO of Developmental Disability WA and during that time I had developed a great respect for WAAMH's considered, informed and professional advocacy and representation on a range of mental health issues.

It is indeed a pleasure and honour to now be leading the organisation into what is an important time for mental health in Western Australia. I'd like to acknowledge Rod's contribution to WAAMH as an organisation and to the community mental health sector and his ongoing contribution.

I'd like to take this opportunity to reflect on some of the key achievements from the 2017/18 year and to give you a taste of WAAMH's priorities and strategy for the next five years. We'll share the new strategy with you in full over the coming months.

First and foremost, WAAMH is a membership organisation and I'm very pleased to report significant growth in our membership in the past year. This has been the direct result of appointing a dedicated staff member focused on membership engagement and customer service, in addition to an increase in the organisation's profile.

A membership survey in March confirmed WAAMH's membership was valued for the key information and advocacy activities it undertakes. Membership by both community support organisations and individuals with lived experience is what makes WAAMH a powerful and credible voice on mental health issues. Retaining and growing our members and creating new opportunities for membership engagement in support of our priorities for change will be an important feature of our new strategy.

Systemic advocacy and shaping the agenda of mental health are the most valued aspects of membership by WAAMH members. This is in no doubt due to the professional, informed, robust and considered advocacy and representation that WAAMH has extensively provided.

This year we increased our advocacy capacity and I encourage you to review the advocacy section of this year's report to understand the breadth and depth of the work.

Successful advocacy is rarely achieved by a single person or organisation. And no single body or person 'owns' the experience of mental health – we must work together and share our skills, expertise and capacity if we wish to realise sustained change.

WAAMH's advocacy will be increasingly focused on the change priorities set by the Board, and our new strategy will incorporate the robust policy work we are known for. A key role for WAAMH as the community mental health peak body is supporting our membership and the mental health workforce with sector development, largely through the provision of training and targeted development projects. In 2017/18 more than 187 training sessions were provided across both our calendar and custom programs to nearly 4,000 people. We're currently reviewing our training program to align with our change outcomes and strategy.

WAAMH led two important strategic projects in relation to youth mental health and mental health/ alcohol and other drugs dual diagnosis. We are incorporating the insights from these initiatives into our advocacy and representation program. Each of these projects has again demonstrated the power of collaboration. More deliberate integration of our key areas of activity – sector development, systemic advocacy and mental health promotion – is a central plank of our future strategy.



Another key initiative WAAMH has been leading which has a direct impact on prevention, recovery and improving social determinants of mental health is Individualised Placement and Support (IPS). I first learned of this initiative during the early years of my career and it was with great excitement I came to discover the important role WAAMH plays in advancing this evidence-based model here in WA and across the country.

This is quite ground-breaking work which we'll advance even further, particularly as a means to support improved housing outcomes for people with mental health issues through increased employment participation.

Of note in 2017 was the 2nd WA Mental Health Conference WAAMH hosted with support from the Mental Health Commission, which attracted around 500 delegates and 90 speakers, and for the first time encompassed the WA Mental Health Awards. We look forward to delivering our third conference in 2019, with work already underway.

As I write this report, we are in the final throes of preparation for WA Mental Health Week 2018 and things are really buzzing! Last year's Mental Health Week had a regional and Aboriginal focus reflected with our flagship opening event in Kalgoorlie, and the theme: 'Connect with country, community and you for strong social and emotional wellbeing'.

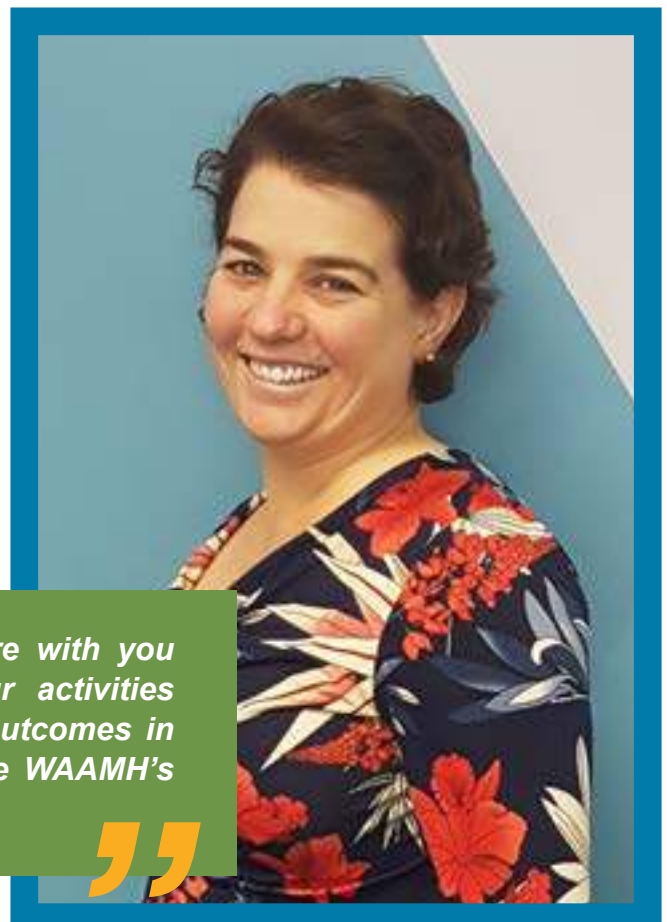
WAAMH's focus on connecting with country and becoming more inclusive of Aboriginal experiences and perspectives is part of our commitment to addressing the disconnect between Nyoongar peoples and mental health services. Transforming community supports to be more culturally inclusive lies at the heart of our involvement in the Looking Forward, Moving Forward project, and our Elders in Residence, Uncle Charlie and Aunty Helen Kickett are very much part of the family now here at WAAMH.

The WAAMH Board has charged myself and my team with some key change outcomes to focus on over the next five years. These include securing realisation of the targets for increased investment in prevention and community support envisaged in the Ten Year Plan; to collaborate with others on the social determinants of mental health in WA; to bring specific attention and action to people experiencing the greatest disadvantaged and to influence the implementation of the NDIS to maximise choice and control and quality of service for people with psychosocial disability.

Our new strategic plan, which we will share with you soon, has been developed to refocus our activities and capacities on achieving these change outcomes in targeted and deliberate ways that will define WAAMH's future direction as a peak membership body.

Importantly, I'd like to thank the WAAMH Board and staff for welcoming me so warmly to the team – their support and assistance has been outstanding.

Change is never easy in organisations and change in leadership can be a particularly trying time for staff. The level of energy and engagement amongst the team has been assuring. There is a vibrant pulse within WAAMH showing this change has been embraced and we all look forward to working together with our members and stakeholders over the next year to improve mental health in Western Australia.



Our new strategic plan, which we will share with you soon, has been developed to refocus our activities and capacities on achieving these change outcomes in targeted and deliberate ways that will define WAAMH's future direction as a peak membership body.





Our Board



2017 / 2018

Kerry Hawkins
President

Pamela Gardner
Vice President

Mick Geaney
Finance Committee Chair
CEO, Hope Community Services

Debbie Childs
CEO, HelpingMinds

Emma Jarvis
Executive Manager of Operations,
Ruah Community Services

Justine Colyer
CEO, Rise

Lorna MacGregor
CEO, Lifeline WA

Monique Williamson
CEO, Mental Illness Fellowship WA

Neil Guard
CEO, Richmond Wellbeing

Richard Oades
CEO, Pathways SouthWest

Tara Reale
Consumer Representative

Departures

Debra Zanella
CEO, Ruah Community Services

Victor Crevatin
Homelessness & Support Services Director,
St Patricks Community Support Centre

Directors Attendance

Name	Meetings Attended	Meetings Possible
Kerry Hawkins	10	11
Pamela Gardner	10	11
Mick Geaney	9	11
Debbie Childs	6	7
Debra Zanella	4	4
Emma Jarvis	7	7
Justine Colyer	9	11
Lorna MacGregor	6	7
Monique Williamson	9	11
Neil Guard	8	11
Richard Oades	9	11
Tara Reale	7	11
Victor Crevatin	3	4





Board Committees

To support sound governance and lived experience collaboration, WAAMH's Board was supported by the following three committees during 2017/18.

1. Finance Committee

The Finance Committee provides advice to the WAAMH Board concerning the financial strategy and compliance of the Association, including financial controls, accountability, financial reporting and policies.

Membership:

Mick Geaney
Debbie Childs

The Chief Executive Officer and the Manager Corporate Services attend committee meetings in an ex officio capacity. Mr Rod Lillis attends meetings and provides independent accountant consultancy services to the committee. Directors may attend meetings as observers on a voluntary basis. In 2017/18 The President, Kerry Hawkins and Vice President, Pam Gardner attended meetings regularly.

In 2017/18 the Finance Committee reviewed monthly financial reports, supported the preparation of the annual budget and oversaw further improvements to WAAMH's financial controls and accountability.

2. Governance Risk Remuneration & Nominations (GRRN) Committee

The GRRN Committee support the Board in fulfilling its statutory, fiduciary and regulatory obligations, assists with Board performance, Director nomination, succession and development, oversees CEO performance management and WAAMH's strategic risk management.

Membership:

Justine Colyer (Chair)
Pam Gardner
Mick Geaney
Neil Guard
The Chief Executive Officer attends committee meetings in an ex officio capacity.

In 2017/18 the GRRN Committee oversaw the successful recruitment of WAAMH's new CEO.

3. Lived Experience Partnership Committee

The purpose of the Lived Experience Partnership Committee is to develop WAAMH's practices in lived experience partnership (LEP) and co-production to enable WAAMH to implement, role model and lead best practice.

Membership:

Pam Gardner (Chair)
Kerry Hawkins
Tara Reale
Monique Williamson

In 2017/18 the Lived Experience Partnership Committee worked with the new CEO to align their work plan with WAAMH's strategic objectives, and continue to design enhanced opportunities for lived experience engagement with WAAMH, including at a board level, and to build organisational capacity for further engagement.





Our Staff



2017 / 2018

Taryn Harvey
Chief Executive Officer

Nigel Barrett
Manager Corporate Services

Michael Jones
Manager of Capacity and Promotion

Chelsea McKinney
Manager Systemic Advocacy

Colin Penter
Project Officer

Brooke Johns
Manager Public Relations

Philleen Dickson
IPS Program Manager

Mary-Kate Lavenski
Finance and Corporate Support Officer

Lorna Lobo
Training and Administration Officer

Cassandra MacDonald
IPS Support and Evaluation Officer

Roshani Shrestha
IPS Support and Evaluation Officer

Elizabeth Connor
Systemic Advocacy Officer

Amanda Kiely
Project Officer – Co-occurring Capability

Rikki Battersby
Project Officer – Youth Service Integration

Julie Hannah
Training, Events and Administration Support Officer

Samantha Hammond
Administration Support Officer

Departures

Rodney Astbury
Chief Executive Officer

Melanie Cooper
Manager Corporate Services

Katrina Bercov
Manager Training and Events

Amy O'Brien
Manager Public Relations (Acting)

Gloria Askander
Mental Health Promotion Co-Ordinator

Hannah Harbinson
Project Officer

Catherine Harper
Events Officer

Jane Sherwood
Conference Assistant

Carli Sheers
Engagement and Administration Support Officer

Rachel Scott
Training Support Officer





Our Members



2017 / 2018

Full Organisational

C 55 Central Inc
 Aboriginal Males Healing Centre Strong Spirit Strong
 Families Strong Culture Inc
 Advanced Personnel Management - APM
 Albany Halfway House
 Anglicare WA
 Australian Red Cross
 Avivo: Live Life Inc
 Bay of Isles Community Outreach
 Carers WA
 Cana Communities
 Centrecare Inc
 Collie Family Centre
 Community First International Limited
 ConnectGroups Support Groups Association Å WA Inc
 Consumers of Mental Health WA
 Enable WA Inc
 Escare Incorporated
 Even Keel Bi-Polar Disorder Support Association
 Facilitatrix
 Fremantle Multicultural Centre
 Fremantle Women's Health Centre
 Fusion Australia Ltd
 Grow WA
 HelpingMinds
 Holyoake
 Homeless Healthcare
 Hope Community Services
 Injury Matters
 Ishar Multicultural Women's Health CentreÅ
 Key Assets
 Lamp Incorporated
 Living Stone Foundation Inc, T/A Lifeline WA
 MENTAL HEALTH LAW CENTRE (WA) INC
 Mental Illness Fellowship of WA Inc
 Mentally Healthy WA (Act - Belong - Commit)
 Mercycare
 Mind Australia
 Mission Australia
 Multicultural Services Centre of WA
 My Place Foundation
 Neami National
 Nyoongar Outreach Services Incorporated
 Nyoongar Wellbeing and Sports
 Outcare Inc
 Passionate Lives
 Pathways Farm Inc
 Pathways SouthWest Inc.
 Reclink
 Richmond Wellbeing
 RISE NETWORK
 Ruah Community Services

Scouts WA
 Share and Care Community Service Group Inc
 South Coastal Health and Community Services
 Southern Cross Care WA
 Southern Districts Support Association
 Spirit of the Streets Choir
 St Bartholomew's HouseÅ
 St John of God Outreach Services
 St Patricks Community Support Centre
 St Vincent de Paul Society (WA) Inc
 Suicide Shatters Families Limited
 Tenacious House
 Tender Care
 The Inner Ninja Foundation
 The Samaritans
 Transitional Support Service (Salvation Army)
 UnitingCare West
 Wanslea
 Youth Focus
 Youth Futures WA
 zero2hero

Associate Organisational

Aboriginal Legal Service of WA
 Access Housing Australia Ltd
 Anchor Foods
 Child Protection Unit Princess Margaret Hospital
 City of Stirling
 Cygnet Clinic
 ECU Student Guild
 Forrest Personnel
 Foundation Housing Ltd
 Intelife Group
 Life Without Barriers
 Marangaroo Family Centre
 One2One
 Sirens of Silence Charity Inc
 The ORS Group Pty Ltd
 Vital Conversations
 Youth Mental Health (Youth Link)

Full Individual

173

Associate Individual

19

Honorary

Ann White
 David Kernohan
 Helen Lynes
 Keith Wilson
 Sheryl Carmody





Membership Growth

WAAMH's membership base grew by 33 per cent between the 2016/17 financial year and FY 2017/18.

WAAMH's increased profile and presence in the community with a high number of training courses and major events during 2017/18 contributed towards the recruitment and retention of a higher number of organisational and individual members.

The healthy growth is also reflective of the membership administration functions being resourced by an internal WAAMH employee able to dedicate the necessary time to the membership area and focus on retention, marketing and recruitment strategies. WAAMH's corporate services team also spent considerable effort in implementing efficient renewal and joining procedures.

At the 2016/17 Annual General Meeting, Mr David Kernohan was welcomed as an Honorary Member, whom is a past WAAMH board member and dedicated much of his adult life to championing improvement in the mental health sector.

Membership survey

In March 2018, WAAMH surveyed its members to ascertain their views on the quantity and channels of contact from the organisation; their preferences with regard to systemic advocacy and training; and their sentiment towards the organisation. Although a higher number of responses would have been desirable, the feedback was useful and is already being implemented in membership planning for 2018/19.

92%

of organisational members rated their membership was important because they liked to have input into shaping the agenda of community mental health.

Future growth

WAAMH remains committed to growing its membership. A strong and engaged membership enables WAAMH to accurately advocate for organisations and individuals – the more voices we hear and represent the more clout we have when campaigning for change.

The focus in FY 2018/19 will be on:

- Continuing to improve retention rates
- Membership growth in all membership categories
- Improved efficiency of administrative resources to support membership growth
- Improved engagement strategies and contact opportunities with all members

Organisational membership

Fortunately, WAAMH was able to bounce back from FY 2016/17's decline in full organisational members. In 2017/18, WAAMH enjoyed an increase in full organisational memberships by a significant 47 per cent, making this year the most successful recruitment / retention of full organisational members in the past three years.

By contrast, however, our associate organisational membership declined this year, mostly due to membership criteria being updated. This increased vigilance during renewals meant members were directed into their most appropriate category, based on their service type.

Individual Membership

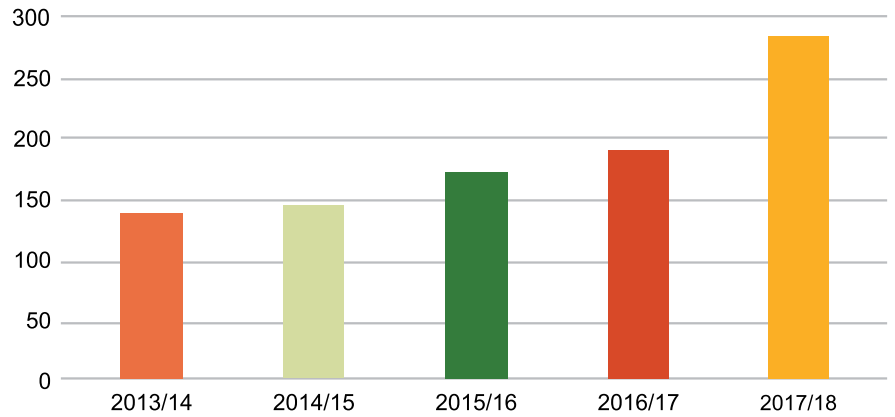
WAAMH's full and associate individual membership grew collectively by 56 per cent from 2016/17. Again, individual membership exceeded the number of organisational members.

Associate individual membership retention and recruitment didn't perform as well in 2017/18 and will require better engagement strategies going forward. These members are often professionals in the mental health sector and a valuable part of our membership landscape.



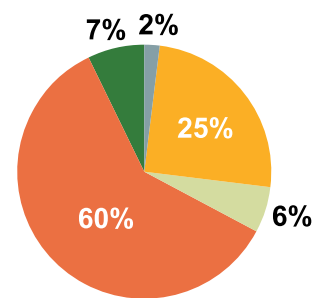


All member growth: Five-year comparison



2017/2018 Membership: percentage of membership type

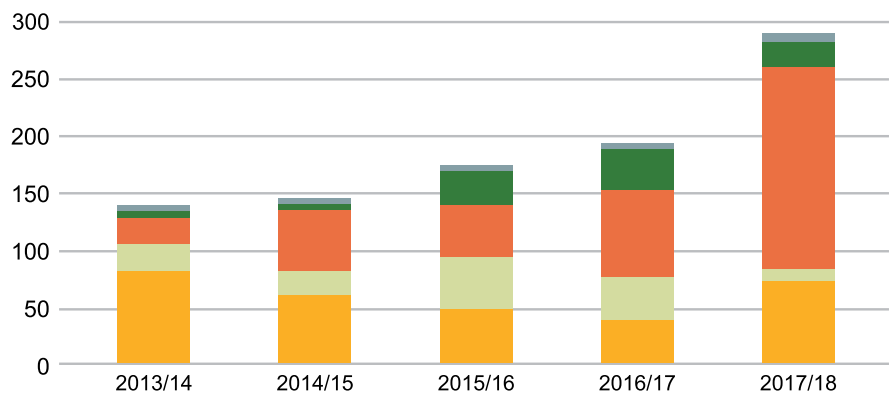
- Full Organisational
- Associate Organisational
- Full Individual
- Associate Individual
- Honorary Member



Five-year membership growth

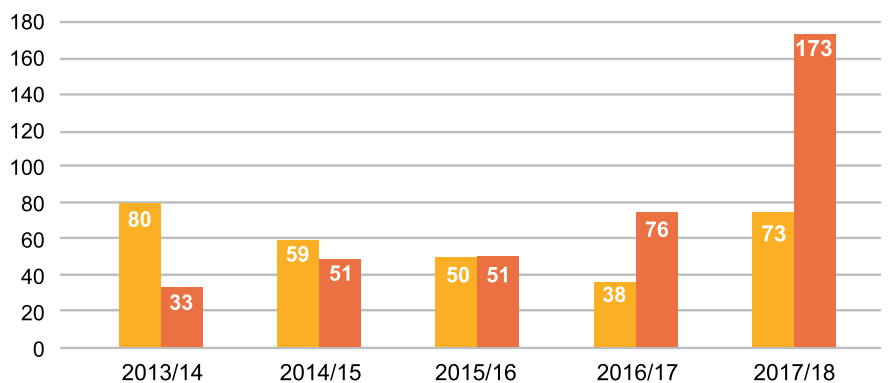
- Full Organisational
- Associate Organisational
- Full Individual
- Associate Individual
- Honorary Member

Membership categories year-on-year



2013-2017 membership: Full Organisational vs Full Individual Member comparison

- Full Organisational
- Full Individual





Aboriginal Engagement

WAAMH's commitment to improving outcomes and services for Aboriginal people experiencing mental health issues and affected by suicide increased this past year with renewed commitment to the Looking Forward, Moving Forward project with our Aboriginal elders.

In 2017/18, WAAMH:

- Renewed relationships and deepened connections with our Elders in Residence Uncle Charlie Kickett and Aunty Helen Kickett with professional relationships extending into forming personal friendships.
- Connected our Elders to significant mental health activities to support them to engage in and learn of significant initiatives and feed this information back to their community.
- Commenced a program of relationship building with significant Aboriginal organisations and leaders, to identify opportunities to work together and better support the views and positions of Aboriginal organisations and leaders.
- Engaged with the Aboriginal community at their local events including suicide prevention community meetings, Sorry Day and NAIDOC Week.
- Stepped up our involvement in the Looking Forward, Moving Forward (LFMF) project itself through participation in subcommittees focused on cultural security, workforce and governance.
- Provided advice and support in co-design, youth engagement and policy change to the Building Bridges project - a sister project to LFMF focused on improving the practice of youth services when engaging with Aboriginal young people.
- Strengthened focus on the needs and views of Aboriginal people in our advocacy work, including in responses to significant strategic policy at state and federal levels. Just some examples include the Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia, the draft Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018 - 2025 and advocacy around the State Budget and prioritisation of spending and strategic policy.
- We have continually highlighted the needs and perspectives of Aboriginal people in our political engagement.
- Mental Health Week 2017 was officially opened in regional WA, Kalgoorlie with a theme for the week

using culturally appropriate language and imagery painted by an Aboriginal artist, Louisa Indich (artwork pictured) for the Aboriginal community: 'Connect with country, community and you for strong social and emotional wellbeing.'

- There was also a strong focus on Aboriginal mental health issues and initiatives at the WA Mental Health Conference 2017, which included an Aboriginal Yarning Circle, and Uncle Charlie delivering the Welcome to Country in addition to several other appearances and speeches throughout the course of the program.

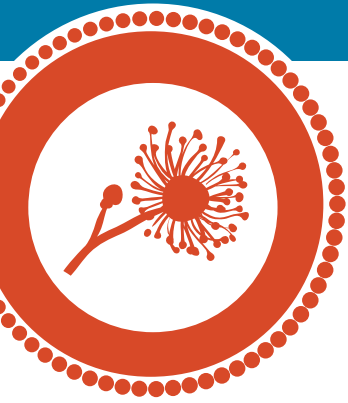
What is engagement with Aboriginal peoples?

Engagement is not 'consultation'. It is an ongoing process or conversation that builds trust and relationships and is seen as an interaction between groups of people working towards shared goals. There needs to be honesty about the nature of the engagement, opportunities for a diverse range of opinions to be expressed, time for deliberation, and for the people involved to actually have influence over how they will participate and the outcomes determined.

Diversity amongst Aboriginal peoples

It needs to be remembered that the cultural experiences and protocols of individual Aboriginal people and communities will differ. Each Aboriginal community is different, with different customs and protocols, systems of organisation, languages, and relationships to each other. There is no single Aboriginal culture – Aboriginal society is very diverse. As such, the interests of communities and the effectiveness of policies, programs and services will vary. Aboriginal culture is dynamic and continuously evolving.





Artwork by Louisa Indich

Delivering Culturally Sensitive Services

On the whole, the mental health systems in Australia do not offer culturally appropriate services for Aboriginal peoples, resulting in negative experiences and poor outcomes.

There have been changes at the governmental and organisational policy levels, but this is yet to result in meaningful changes at the service level for many Aboriginal Australians. This can in part be attributed to the lack of understanding of Aboriginal peoples, culture, and worldview by mental health practitioners and service providers.

Organisations and individuals within organisations can improve their capacity to deliver culturally sensitive mental health services to Aboriginal peoples and their communities by moving along the continuum from having made positive shifts in attitudes and values (cultural awareness) to making practical changes to organisational and individual behaviours and practices (cultural security).

Many of these practical changes are proposed on the WAAMH website, where you can also read more about our team's work with LFMF project, our learnings and the next stages of our working relationship.

Looking Forward, Moving Forward

Since 2013, WAAMH has participated in the Looking Forward project as a member of the service provider stakeholder group. As part of the project, WAAMH has embarked on a journey with Aboriginal Elders and the project team 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.

WAAMH's participation has involved partnering with Aboriginal Elders Uncle Charlie Kickett and Auntie Helen Kickett and meeting together on a monthly basis, usually sitting in a circle for a yarn, to build relationships and learn about Nyoongar culture.

Thanks to this process, the WAAMH team now has a much fuller understanding of how deep listening and learning is fundamental to Nyoongar engagement.

As deeper trust and relationships have evolved coupled with the strengthening of our cultural and historical knowledge, the team has shifted into a more change-oriented process in partnership with the Elders.

At a practical level, the relationship has developed to asking for the Elders' input to many areas, resources and projects of our work on an ongoing basis to ensure it's culturally sensitive, appropriate and relevant.

It also involves the identification of changes required for WAAMH's policies and practices, and the planning of specific activities.

It is WAAMH's hope that, together with the Elders, the next stage will enable a shift to the shared desire for real and lasting change that will have a positive impact on Nyoongar peoples' access to and experiences with mental health services.





Mental Health Week – Celebr

In 2017, the community celebrated 50 years of Mental Health Week.

There has been a range of driving messages and themes over the past five decades reflecting how Mental Health Week has been used for everything from creating awareness and empowering people to protect their wellbeing to campaigning for human rights and better treatment of people with mental illness, and lobbying for more recovery-orientated policies and care.

Historically, there was a strong focus on making it acceptable for people to talk about mental health and mental illness which for many years was considered a taboo subject in general conversation.

Mental Health Week has been aiming to break down that barrier for many years by increasing awareness, sharing information, and generating discussion and inclusion.

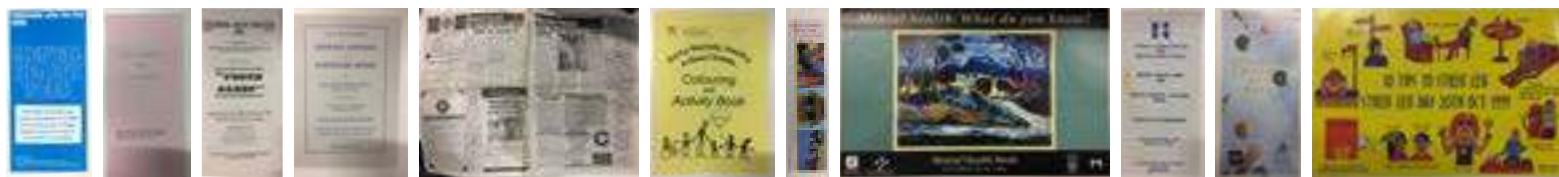
Now more people are talking about mental health than ever before, which is great to see, but find themselves instead asking, “What can I do to help myself or others?” and “Where can I seek or refer help?”

This takes us into the next phase of mental health promotional work here at WAAMH. Mental Health Week garners so much media, government, business and community focus and there is a wealth of opportunity to improve access to community supports and resources for the thousands of people now reaching out and talking about mental health.

Mental Health Week has indeed swelled over 50 years to be relevant to the whole community and industries and sectors that previously aligned themselves away from mental health conversations.

What used to be small morning teas at mental health facilities and the odd speech in the week has transformed into nearly every workplace, university and school holding an activity, community organisations banding together

History



1988

1970

1995





Celebrating 50 years



to hold events, Parliament House getting on board and social media helping the message spread even further.

It is now “deemed okay” to talk about mental health and ask people if they are okay anywhere from construction sites, sporting clubs, men’s sheds and farms to youth skate parks, the catwalk and playgroups - this is reflective of the enormous growth in the reach and recognition, Mental Health Week has achieved.

Thank you to all the staff past and present who delivered effective and fantastic Mental Health Weeks every year since 1967, and thank you to the people with lived experience as a consumer or carer who so bravely shared the ride with us - telling their personal recovery stories with courage and compassion and helping us raise the profile and importance of mental health awareness and action in WA.

Thank you to the support of the Mental Health Commission in delivering Mental Health Week more recently, since its inception in 2010 and the ongoing support we

have received from the State Government through Lotterywest funding.

Thanks to our WAAMH members who consistently get behind the week, all the steering group committee members over the years who have poured their hearts and souls into the week’s success, our volunteers, our amazing sponsors and in-kind supporters. We would not have done it without you!

Here in the timeline below, we take a look at some of the posters, themes, events and activities Mental Health Week brought to the WA community over the past 50 years.

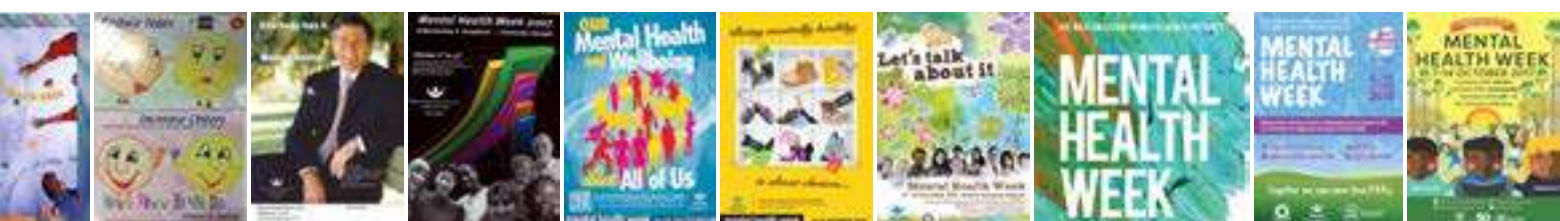
Timeline



2000

2017

2010





Mental Health Promotion

Mental Health Week - A regional and rural focus

'Connect with nature, connect with community, connect with self for mental wellbeing' and 'Connect with country, community and you for strong social and emotional wellbeing' – 2017 themes.

The focus on community and regional mental health in 2017 led the Opening Ceremony for Mental Health Week to Kalgoorlie for a fun-filled afternoon and evening of information, activity and entertainment on Saturday 7 October 2017.

This was the first time that an opening for Mental Health Week was held in a regional centre – the local population and services appreciated being at the centre of things. Fittingly, this shift happened and coincided with the marking of the fact that 2017 was the 50th Mental Health Week held in WA.

The Kalgoorlie-based opening featured service displays, mental health information and volunteers from Hope Community Services, WA Country Health Service, City of Kalgoorlie-Boulder, WA Primary Health Alliance, Mates4Mates, Centrecare, Anglicare WA, BEGA, ArtGold, WA Police, Rotary, headspace, and Samaritans. Parliamentary Secretary for Mental Health The Hon. Alanna Clohesy MLC officially opened the week at the event.

Entertainment also featured a large representation of lived experience performance including choirs, youth ensembles, solo performers and family groups, followed by a large crowd gathering for an evening screening of the film, 'Inside-Out'.

Another first this year was the complementary Aboriginal theme promoted and evident throughout the week – 'Connect with country, community and you for strong social and emotional wellbeing'. Kalgoorlie presented an ideal opportunity for this complementary theme to be

launched, engaging with local Elders and the Aboriginal community there.

A Mental Health Art Show was also held in Kalgoorlie which had its opening night on Friday 6 October where awards and prizes were awarded by a judging panel. The art exhibition was organised through the Goldfields Community Mental Health Service and WAAMH was invited to present prizes.

More than 125 community events were held around the State to mark Mental Health Week 2017 in a wide range of locations. This is an increase from 2016 and more than double the number of registered events held across WA in 2015 and reflects the increasingly effective penetration of the messaging around the importance of mental health in people's lives and their communities wherever they are in WA.

WAAMH financially backed a range of events across the State by providing \$20,000 worth of grants to 33 small community groups and individuals, supported by Lotterywest.

Closer to home, WAAMH organised a series of events aligned with the theme of nature, community and self, ranging from an Arts Exhibition featuring works by people with mental health challenges and lived experience, to a Parenting Seminar, Workplace Wellbeing, and information displays in the CBD.

New in 2017 was a partnership between WAAMH, parkRunFun and the City of Perth where mental health promotion displays, activities and entertainment were based at a running event in Claisebrook, where around 1500 runners completed a 4km run and participated in Mental Health Week activities.





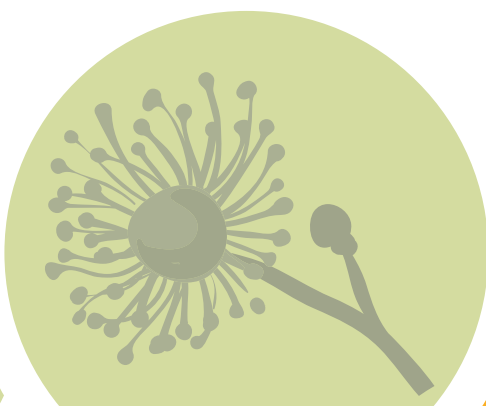
Now in its fourth year running, the week closed with a thank you function for sponsors and supporters at the State Theatre Centre followed by the 'Stand Up! for Comedy' show featuring Werzel Montague, Janelle Koenig, David Tuffley, Emma Krause and others.

The sponsors, including new partners for the week, were Chandler MacLeod, AllofMe, AnglicareWA, Avivo, Black Swan Health, Goldfields, MercyCare, RANZCP, Rise and Department of Mines, Industry Regulation and Safety.



Other Awareness Days

WAAMH was actively involved in promoting other mental health and related health promotion messages in the 2017/18 financial year. These included NAIDOC Week, Suicide Prevention Day, Sorry Day, Homelessness Week, Men's Health Week, Carers Week, National Volunteering Week and International Youth Day.





Systemic Advocacy

WAAMH allocated more resources than ever to advocacy this year and as a result delivered a stronger program of work and increased collaborative efforts.

Good foundations - Prevention and social determinants

WAAMH stepped up our focus this year on prevention, increasing our work in this area and strengthening our focus on the importance of the context of people's lives – the social determinants of mental health.

Our work included strong submissions to the draft State Public Health Plan which failed to include mental health despite local governments and other key stakeholders calling for its inclusion. We worked with our members to deliver a submission to the Draft Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018–2025, calling for a stronger focus on social determinants and priority populations.

Getting the balance right: support for mental wellbeing in the right place, at the right time, by the right people

We raised the voices of consumers, families and organisations in more advocacy than ever before focused on balancing our mental health system so that people can get the support they need: early, in the community and focused on their recovery.

Advocacy to get the spending right and implement the 10 Year Plan's balancing agenda included a member-informed pre-budget submission, continuous advocacy within government and to Members of Parliament, and detailed analysis and communication for our stakeholders on the State Budget. Which showed little change in balancing the system beyond the government's Step Up Step Down election commitments and made concerning cuts to community support and no improvements to prevention.

We worked to raise the focus on mental health through channelling the voices of people with lived experience to the Sustainable Health Review in partnership with CoMHWA, Carers WA, Mental

Health Matters 2, Health Consumers Council and HelpingMinds. The review is the major avenue of this government to find ways to make our system both financially sustainable and to better meet people's health needs in the community. WAAMH put in 2 of our own submissions as well– our huge effort in this area testament to the review's significance.

The urgent need for more and better linked housing and recovery support stayed a feature in our work, informing the National MHC's housing and mental health consultation and providing a detailed response to MHC's development of the draft Accommodation and Support Strategy reflecting people's distress at the gaping holes in services access in many of our communities.

Priority groups - Focusing on people most vulnerable to poor outcomes

Connecting with Aboriginal Elders and communities was a major focus this year as we worked to strengthen our relationships through involvement in Looking Forward Moving Forward and connecting with Aboriginal communities in metropolitan Perth. Advocacy on Aboriginal issues increased, and WAAMH started to build stronger relationships with Aboriginal organisations and representatives to explore partnerships.

Rural and remote mental health raised right up WAAMH's agenda this year, with 220 people from every part of Western Australia responding to our call for input – reflecting people's distress at the gaping holes in services access in many of our communities. Youth – WAAMH's advocacy team worked closely with our youth project staff to step up advocacy on Youth mental health, with submissions to the WA Health Departments' draft Youth Health Policy and communicating the projects findings to key decision makers and influencers.

Our justice focus continued with media on shocking treatment of prisoners with mental health issues, and





**SOCIAL
MEDIA
ADVOCACY
POSTS**

**83971
PEOPLE
REACHED
WITH ADVOCACY
SOCIAL MEDIA POSTS**



**4523
PEOPLE WHO
ENGAGED
WITH OUR SOCIAL
MEDIA
ADVOCACY POSTS**

**11500 HOURS
SPENT IN ADVOCACY &
REPRESENTATION - IN MEETINGS
& WRITING SUBMISSIONS**

**14
SUBMISSIONS
& PAPERS**



**11
MEDIA
RELEASES**

**15 MEDIA ARTICLES &
RADIO INTERVIEWS**

6 SIGNIFICANT CONTRIBUTIONS TO CMHA SUBMISSIONS

behind the scenes work to keep up the pressure on government to deliver its promise to meet our community's demands and its detailed reform of WA's draconian indefinite detention laws – the Criminal Law (Mentally Impaired Accused) Act.

NDIS

Much National Disability Insurance Scheme advocacy needs to be directed at national policy settings and WAAMH works to feed WA perspectives into the highly regarded work of Community Mental Health Australia which has strong connections with Parliamentarians and other federal processes such as senate committees. WAAMH's contribution to CMHA's many submissions are evident in CMHA's work <https://cmha.org.au/publications/>. We also informed Mental Health Australia's NDIS projects and processes, and influenced the National Disability Insurance Agency in its pathways reviews to smooth the road for people with a mental health issue and related psychosocial disability, and for people with complex needs wishing to access the NDIS.

Now that a decision on how WA will move forwards has been made we are building collaborative relationships across all touchpoints with the scheme and will step up advocacy and sector development to ensure WA makes the most of this opportunity, and that consumers and families will not be worse off due to the change.

Strong and stable community managed sector

We all know a strong and stable community managed sector is essential for our services to keep supporting those consumers and family that access and value these rare community-based supports. We represented our members' need for improved policy and systems for designing, commissioning and purchasing services through submissions to the review of the Delivering Community Services in Partnership Policy, a national submission to the Productivity Commission on competition and choice and commenced work to inform improved procurement processes. We continually advocate on the need for vast increases in community support, to improve the NDIS and address the major workforce challenges, in line with our members concerns.

Collaborative working

Working together is more effective than working alone, and this year we focused on strengthening and building relationships with a new government and other Members of Parliament, our colleagues in consumer and family/carer advocacy organisations, Aboriginal community representatives and our member organisations. National advocacy is led by our peaks CMHA and MHA, with WAAMH working to channel strong WA input so that these national efforts reflect WA concerns.

As we move forwards we will continue to focus on connecting people to inform our agenda, developing and presenting common ground, and building bridges between the multiple parts of our system.





Sector Development & Training



Service Integration – Department of Finance Capacity Building

WAAMH was successful in obtaining a grant from the Department of Finance for the area of 'Service Integration'. WAAMH's chosen area of work for this grant was Youth Mental Health. As is well known and written in previous reports there are recognised difficulties in creating continuity and the right combinations of services that assist youth with mental health challenges. This project aimed to capture the youth experiences of the 'system' and record and map their journeys. These journeys were captured and have already proven powerful in their ability to illustrate the challenges of a system that is not connected or integrated in the way that meets the needs of youth. Illustrative examples have been shown to Ministers and senior bureaucrats with great effect and stimulated interest and an appetite for the results of the project.

It is anticipated the project will wrap up in the early part of 2018/19 with a report provided to the Department of Finance. The interest generated by this project should lead to a continuation of the work in some form. Early examples of the challenges faced by youth included inconsistent entry criteria to services; the turning away of young people in crisis due to 'entry criteria'; the burden of communication resting with the young person and their family; waiting lists; and a desire for quick fixes on the part of the services.

This project has been shown or presented to a range of bodies in the course of the project, including the WA Mental Health Commission, WA Primary Health Alliance, North Metropolitan Health Service, Office of Commissioner for Children and Young People, Ministers, Shadow Ministers and Parliamentary Secretary (Mental Health, Youth), The University of WA, Curtin University, and a range of service providers.

Co-Diagnosis Capability – WAPHA Capacity Building

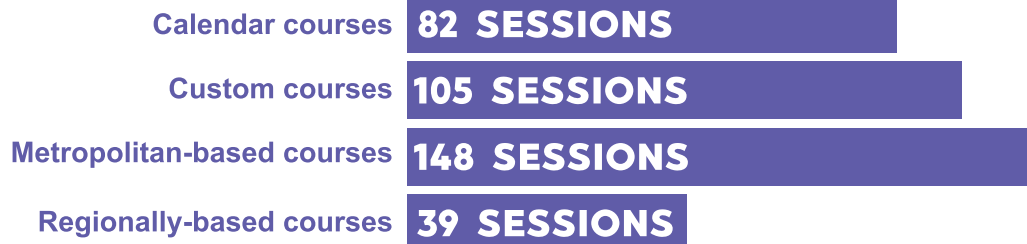
Funding for this project was agreed with WAPHA towards the end of the 2016/17 financial year and work got underway in 2017/18. This project examined the co-occurring space ('dual diagnosis') at the intersection of mental health and alcohol and other drugs (AOD) from the service provider perspective. WAAMH has been working with a selected set of community mental health services and programs and looking at their dual-diagnosis capabilities starting with a baseline assessment using the DDCMHT instrument followed by a debrief and exploration of areas for improvement. After a period of addressing improvements, the instrument will be run again and any changes in scores examined. The project seeks to identify tangible and practical tactics and initiatives organisations can take to improve their ability to meet the needs of consumers presenting with co-occurring issues to services focused on single issues.

The project will wrap up by the first quarter of the 2018/19 financial year. It is expected that WAAMH will be able to present to the sector some learnings and tools in this area. WANADA are undertaking a parallel piece of work in organisations whose primary purpose is neither mental health nor AOD using the DDCAT instrument.

Mental Health Training

The 2017/18 financial year was one of the busiest at WAAMH with a large growth in the number of training sessions offered across the broadest range of topics. Overall more than 3900 places were offered at a WAAMH training session run in the financial year. For the following information 'Calendar' means publicly offered and advertised, and 'Custom' means run upon request for a particular client and modified to some degree.





Training Sessions (Topics) Offered:

There were 66 scheduled 'calendar' training workshops facilitated in metro WA.

There were 16 scheduled 'calendar' training workshops facilitated in regional WA.

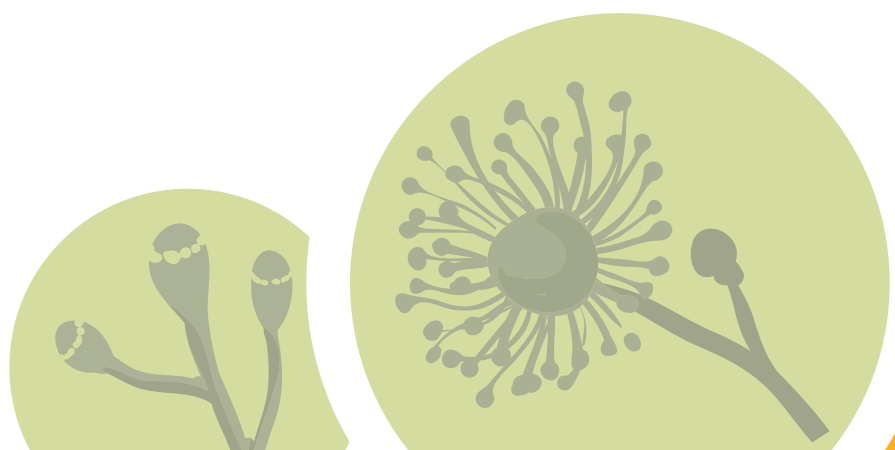
There were 82 custom-designed training facilitated onsite in metro WA.

There were 23 custom-designed training facilitated onsite in regional WA.

The training delivered in the year covered 53 topics. The top ten most popularly attended programs (whether calendar or custom) in descending order were:

De-escalation	827 attendees
Mental Health First Aid	344 attendees
Mindful employer	175 attendees
Trauma informed care	140 attendees
Drugs, alcohol and mental health	128 attendees
Older adult mental health	113 attendees
Suicide prevention & PTSD	100 attendees
Sexual & Gender Diversity and Mental Health	96 attendees
Positive Psychology Tools	94 attendees
Dual Disability	87 attendees

In the next financial year, WAAMH will be conducting a thorough strategic review of training and related sector development activities and it is likely that the high level of activity seen in 2017/18 will not be repeated whilst the review is underway.





Individual Placement & Support

Continued growth in IPS services

In 2017/18, IPS WORKS grew to provide services to 28 sites around Australia.

This reflected both the increased adoption of the Individual Placement and Support (IPS) evidence-based model of support for employment in Australia, and a boost in IPS WORKS' profile as a premiere provider of implementation, training and support services and fidelity reviews.

Uniquely, IPS WORKS remains the only provider of this suite of services making it well placed to support implementations of the IPS model in a variety of settings, including partnership models (e.g. a mental health service with an employment provider); integrated models (e.g. where a service employs vocational employment specialist within the service); and as an independent source of advice and technical support.

Professional development in the IPS team

In keeping with the increasing demand for services to support IPS provision in Australia, two of the IPS WORKS team members were able to attend IPS Leadership training at the Employment Centre (Rockville Institute) in the United States of America where the evidence-based model originated. Cassie MacDonald and Roshani Shrestha travelled to New Hampshire in April 2017 to undertake the training alongside attendees from the USA, Netherlands, Iceland and Norway. In addition to the rare networking opportunity to learn about IPS implementations internationally, it also provided the chance to meet with the original authors of IPS.

Following this WAAMH executive manager of programs Michael Jones attended the 14th Annual Meeting of the International IPS Learning Community held in Nashville, Tennessee. More than 180 practitioners attended from around the world.

The authors of the model - Bob Drake, Gary Bond and Deborah Becker - were an invaluable source of rich information and, importantly, published research on the effectiveness of the IPS model in mental health and other settings where people facing complex needs and issues sought meaningful education and employment. IPS is about real jobs for real pay, and importantly for the people involved, competitively sought work.

IPS and headspace

The 2017/18 financial year also led to the Department of Social Services (DSS) funding a trial of IPS in 14 headspace sites around Australia. The locations selected by DSS included metropolitan, regional and rural sites, including Broome, Darwin, Mount Isa, Albany and Hobart.

IPS WORKS was selected as the provider for implementation, training and technical support and fidelity review services for the trial by DSS in the 2016/17 year, with the trial running until June 2019. IPS WORKS conducted the baseline fidelity reviews for all the trial sites – an important aspect of the model and the evaluation of the trial being conducted by KPMG. Of special note is the fact that all sites in the trial achieved fidelity to the model in their baseline. This reflects the commitment and energy invested by the sites but also speaks to the effectiveness of IPS WORKS' services in supporting the sites. Further, it contrasts with some of the international experiences when implementing IPS services, where in the USA, for example, it takes two or more review cycles to finally achieve fidelity.

KPMG had completed their interim evaluation of the trial prior to the end of the financial year and its work is currently with DSS for consideration. The second cycle of fidelity reviews kicked off at the end of the financial year and those reports will be with DSS by October 2018.





IPS Leadership Training, April 2018



14th Annual Meeting of the International IPS Learning Community, May 2018





Conferences



Western Australian Mental Health Conference & Awards 2017 13 – 14 July 2017, Perth



WAAMH, with the support of the Mental Health Commission, delivered the second Western Australian Mental Health Conference, including the launch of a new, sector-owned awards series, the WA Mental Health Awards.

This conference was held at the Perth Concert Hall with the theme, Dignity and Diversity, Emerging Practices and Wangkiny Danjoo Kwop Wiirrin (Working together in good spirit), and conference provided a forum for learning, development and networking with a holistic, person-centred perspective, based on recovery principles. It aimed to engage a full spectrum of the WA mental health sector and the community.

Attendance exceeded projections and reached the venue limit, welcoming 469 core delegates, more than 1000 event patrons across all activities, more than 90 speakers. There were 65 people with lived experience present, plus 25 regional residents and 20 students.

The program included a Wellbeing Zone, Conversation Café, Aboriginal Mental Health Yarning Circle, Youth Mental Health Panel, an Embrace Nature Photography Competition and Exhibition, and an International Panel led by Professor Peter Beresford (UK). Keynote speakers included Dr Mark Salzer (USA), Commissioner Jackie Crow, Prof. Geoffrey Gallop, Paul O'Halloran, Prof. Peter Beresford, Peter Rowsthorn, Narelda Jacobs, Michele Woods and Dr Tim Soutphommasane.

7th National Borderline Personality Disorder Awareness Conference 18 October 2017, Perth

The National Borderline Personality Disorder (BPD) Awareness Conference plays a major role in correcting damaging myths and replacing stigma with a more positive, evidence-driven outlook.

The 7th National BPD Conference drew on a strong history of successful national events around Australia and was organised in Perth for the first time, as a partnership between the Australian BPD Foundation and WAAMH.

The conference had the theme, 'From stigma to strength' and provided an opportunity for clinicians, practitioners, consumers, carers and family members from across Australia to come together to collaborate, share information and educate the wider community.

It attracted 270 people, reaching capacity, and the program included a number of panel discussions, presentations and workshops. Keynote speakers at the event included Prof. Andrew Chanen, Sonia Neal and Rita Brown.



WA Tenancy Conference 2017 27-29 November 2017, Perth

The WA Tenancy Conference was a three-day housing event held at the Bendat Centre in Wembley, which welcomed tenant advocates from across WA, alongside health and community workers, government representatives, tenants and prospective tenants and anyone with an interest in residential tenancy or mental health issues. Exploring a mental health theme, the conference was fittingly hosted as a partnership between Tenancy WA and WAAMH, with a total of 177 delegates recorded in attendance.

The aim of the conference was to develop and strengthen WA's tenancy and associated sectors; deliver a high-profile, high quality conference; provide specialist professional development and collaboration; and explore emerging issues, law reform and related topics for those committed to safe, secure, affordable and appropriate housing as a fundamental human right.

The conference also facilitated resource sharing, ideas exchange, and highlighted the important link between housing and tenancy, in relation to health issues and vulnerable populations.



National NDIS Mental Health Conference 16-17 November 2017, Sydney



The National Disability Insurance Scheme (NDIS) Mental Health Conference was organised by Australian community mental health peak, Community Mental Health Australia in association with the Mental Health Coordinating Council and WAAMH. It attracted 489 people from community-based organisations, government services, and consumer and carer representatives.

The theme of this inaugural conference was 'Towards a good life' which set the tone for recognising the significant opportunity the NDIS presents, whilst bringing stakeholders together to discuss concerns and work towards solutions.

Delegates heard from a diverse range of people with lived experience, consumer and carer advocates, parliamentarians, indigenous leaders, and health providers.

A key point raised was the need to ensure continuity of service throughout transition to the NDIS, and while some organisations reported impacts of reduced support, some positive outcomes have emerged in relation to the individual focus each package has created.

Many speakers highlighted concerns about the availability of services in regional areas and the additional education required to enable health care providers, government agencies and community mental health workers to assist people requiring psychosocial support to access the NDIS.

Recommendations were also made for proactive outreach by NDIS services to people experiencing complex and diverse health and social needs including psychosocial disability - particularly in relation to Aboriginal and Torres Strait islander and culturally and linguistically diverse communities as well as homeless people.

In his opening address Queensland Mental Health Commissioner Ivan Frkovic urged service providers to remain open to new ideas and to work collaboratively rather than perpetuating silos. A recurring point made was that organisations should consider staff as a key asset in the transition process when considering workforce restructures, as they have the potential to become 'agents of change' in delivering the cultural shift required by the roll out of the NDIS.

Consumer advocates spoke of their experience of the NDIS and encouraged services to ensure face-to-face support, alongside a collaborative planning process over which they exercised control. Peer support was widely promoted as a demonstrated strength of the community sector.

Discussion further noted support for early intervention and prevention was critical for effective NDIS delivery.





Financial Overview



WAAMH continued its strong financial performance into 2017/18 with further income growth and consolidated diversity. Net assets increased \$139,537 to \$900,598 for the 2017/18 end of year result. This places WAAMH in a positive financial position moving forward.

Income

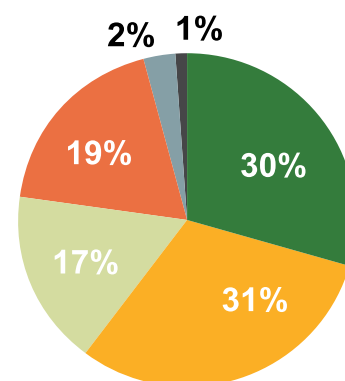
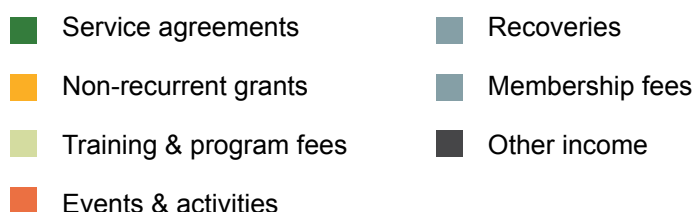
WAAMH consolidated its income diversity and growth during 2017/18 with total income increasing a further 45 percent, being an additional \$916,339 from 2016/17.

Income outside of WAAMH's core service agreement with the Mental Health Commission accounted for 70 percent or just over \$2 million. Non-recurrent grants increased by \$421,153 from 2016/17, funding seven projects during the year, which included IPS, Dual Diagnosis and the Youth Consumer Centred Service Integration project.

Events and Activities income also saw a significant increase of \$470,582 from 2016/17 produced by several events including the 2017 Mental Health Conference.

Training services continued to be busy throughout 2017/18 with further income increases of \$66,010 from 2016/17. WAAMH Membership income also increased, attributed to a growth in both organisation and individual members.

Income 2017-18



Income by account group	17-18	16-17
Service agreements	\$887,226	\$845,515
Non-recurrent grants	\$922,479	\$501,326
Training & program fees	\$497,660	\$431,650
Events & activities	\$563,724	\$93,142
Recoveries	\$0	\$83,916
Membership fees	\$63,869	\$53,308
Other income	\$26,423	\$36,185
Total income	\$2,961,381	\$2,045,042

Expenditure

WAAMH's expenditure during 2017/18 is linked and controlled by its existing service agreements, active grants and direct training & event requirements.

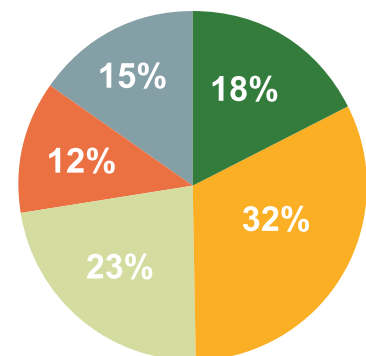
Overall expenditure increased 43 percent or \$848,713 from 2016/17 and was 2 percent less than the corresponding income increase.

Sector Capacity Building was 32 percent of WAAMH's expenditure, with Workforce Development & Training 23 percent and Systemic Advocacy 18 percent.

As WAAMH continued to develop and expand its services throughout 2017/18 the overhead costs to support them were closely monitored and contained. While expenditure increased, the overall percentage for General Operations and Governance reduced from the previous year.

Expenditure by activity 2017-18

- Systemic advocacy
- Sector capacity building
- Workforce development & training
- Mental health promotion
- General operations & governance



Expenditure by activity	17-18	16-17
Systemic advocacy	\$499,827	\$551,511
Sector capacity building	\$909,660	\$501,985
Workforce development & training	\$638,726	\$372,060
Mental health promotion	\$345,485	\$207,206
General operations & governance	\$428,146	\$340,369
	\$2,821,844	\$1,973,131





Acknowledgements



The Western Australian Association for Mental Health gratefully acknowledges the support of the following organisations during the 2017/2018 financial year.





WHAT OUR MEMBERS ARE SAYING



78% of members like to know what is happening in the sector.

71% of respondents said systemic advocacy for people living with mental health issues was important to their organisation.

50% of people who responded on behalf of organisations felt membership was useful for training opportunities and discounts.

35% felt membership gave them credibility in the sector.

84% of individual members reported that supporting an organisation with a focus on systemic advocacy in community mental health was important to them.

88% of individual members reported they like to know what is happening in the sector.

81% value access to training opportunities and discounts.

72% reported they liked the opportunity to shape the agenda of community mental health.

Supporting the important work that WAAMH is doing and opportunities to catch up with people with similar life experience were valued less at **69%** and **42%** respectively.

CONNECT WITH US



Membership

Join a network which influence mental health priorities and community attitudes.



Service directory

Find a community mental health service in your area.



Support us

Corporate partnerships, sponsorship, donations, bequests and volunteering.



@WAMentalHealth



@TheWAAMH



waamh.org.au



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