Acknowledgements

We acknowledge that we work on Aboriginal land and pay our respects to community members and elders, past and present.

We appreciate and celebrate diversity in all its forms, including among staff and service consumers. We believe diversity of all kinds makes our teams, services and organisation stronger and more effective.

Thank you to the consumers, staff and others who contributed to the content and design of this report.

Photography: Ponch Hawkes
Design: Gozer Studio – gozer.com.au

Interpreter service and translations

Neami National is committed to providing accessible services to people from culturally and linguistically diverse backgrounds. If you have difficulty understanding this guide, contact us on 03 9481 3277 and we will arrange an interpreter or translation for this publication.
‘Most days I feel better about myself knowing that there’s food there and if I get hungry I can eat it and knowing that eating better is contributing a lot to the fact that I’ve got more energy and I’m more positive’.

Emma
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Our vision is full citizenship for all people with a mental illness in Australia

Our mission is to improve mental health and wellbeing in local communities

Our values are hope, respect, growth, change, choice, self-determination, partnerships, diversity, empowerment, wellbeing, learning and quality
Welcome


It is a privilege for us to share in the recovery journey of over 7,000 Australians. We do this by supporting people to identify their values, strengths and goals in life – and then supporting them to achieve their goals. We prioritise health, wellbeing and independence through our strong, evidence-based approach and focus on each person’s individual needs and choices.

This year has also been a reminder that despite our strong and sustained growth over many years, we are now operating in a more fiscally constrained funding environment. We encourage all levels of government to provide as much funding certainty as possible to our sector, in particular finalising how the National Disability Insurance Scheme (NDIS) will operate with existing state programs. This is vitally important to ensure thousands of people do not lose the support they need for their ongoing health and recovery.

We also updated our current Strategic Directions during the year. The headline change was a broadening of our scope to support people who may not yet have developed a significant psychosocial disability. This will see us exploring opportunities to intervene earlier in order to avoid people reaching crisis point and/or developing more severe mental illness and disability. We already have a track record in preventing hospital admissions through our sub-acute and crisis respite services.

At a Board level, we farewelled Margaret Springgay AM, who resigned from the Board in June, and welcomed the return of Douglas Holmes, who was reappointed to the Board in March.

We commend this report to you and would like to thank our staff, the people we support and all our valued partners and funders who make this work possible.
Our Board of Directors

Stephen Brand
Chair
Joined 2006
Sub-Committees: Chair, Governance Review; Member, Finance, Assurance and Risk Management
Occupation: Senior Manager, Policy and Advocacy, Australian Association of Social Workers
Qualifications: B Social Work; GradCert Health Service Administration, MAICD

Graeme Doidge
Deputy Chair
Joined 2011
Sub-Committees: Member, Governance Review
Occupation: Manager, Clarendon Clinic, St Vincent’s Mental Health (Melbourne)
Qualifications: Dip Bus; Dip App Sci; BA; RPN

Robert Bland
Joined 2010
Sub-Committees: Member, Governance Review
Occupation: Professor of Social Work, Australian Catholic University
Qualifications: AM, BSW (Hons), MSW, PhD.

Douglas Holmes
Member 2007-2014, Re-joined 2015
Sub-Committees: Member, Finance, Assurance and Risk Management
Occupation: Consumer Participation Officer, St Vincent’s Health Australia
Qualifications: Diploma in Training and Assessment Systems; Cert IV in Workplace Training (Category 2); Winner of TheMHS Exceptional Contribution to Mental Health Service Award 2014
Sonia Law
Joined 2012
Sub-Committees: Member, Finance, Assurance and Risk Management
Occupation: Corporate Counsel, Forensicare
Qualifications: DipEd; BA; LLB (Hons); PostGradDip TESL

Tony Nippard
Joined 2014
Sub-Committees: Member, Governance Review
Occupation: Company Director; Part-Time Senior Victorian Public Servant
Qualifications: MA; B Com (Hons); BA; GAICD

Lorraine Powell
Joined 2014
Sub-Committees: Member, Finance, Assurance and Risk Management
Occupation: Independent Mental Health Consumer Consultant
Qualifications: Cert IV Mental Health – Peer Work, MAICD

Margaret Springgay AM
Joined 2010, resigned 2015
(not pictured)
Sub-Committees: Member, Governance Review
Occupation: Former Executive Director, Mental Illness Fellowship of Australia
Qualifications: GradDip Health Counselling; M Health Care Management

Brad Wynter
Joined 2011
(not pictured)
Sub-Committees: Member, Finance, Assurance and Risk Management
Occupation: Manager Organisational Improvement, City of Whittlesea
Qualifications: CertIV Mgt; BA Psychology; MBA
Research and evaluation

Over the last year, our Research and Evaluation team has worked hard to give us a better understanding of consumer needs, the impact of our work and of the opportunities we have to improve.

Our research and evaluation projects are focused on improving our understanding of mental illness and recovery with an emphasis on identifying areas where we can provide better support to individuals and carers. Our Research and Evaluation Committee brings together consumers, staff and academics to guide the way we undertake research and evaluation. The Committee ensures safe, ethical and beneficial projects are undertaken in a manner that is respectful and considerate of all participants.

We have undertaken a wide range of research and evaluation projects this year. The outcome data from these projects has been used to inform and improve service delivery. You can find out more at www.neaminational.org.au/research

Evaluating the use of the Collaborative Recovery Model (CRM)

The CRM underpins all of the work we do across our organisation. We have worked to embed the vital components of the CRM within the culture, structure and practices of our organisation.

Our commitment to high quality services means it is important to evaluate our practice against the guiding principles, therapeutic structures and protocols of the CRM.

This year we undertook a critical research project titled ‘An Exploration of the Application of the Collaborative Recovery Model (CRM) within Neami National’, which sought to evaluate how effectively the CRM has been implemented across the organisation.

The study drew on a wide range of data sources, including interviews with consumers and staff.

Results indicate that the overwhelming majority (around 97%) of consumers rate the core elements of the model as being important or very important for assisting recovery. The majority of consumers (around 91%) rated these elements as being applied either ‘usually’ or ‘always’ during support interactions.

Our qualitative research also provided valuable ideas about future improvements.

The CRM research project forms part of an ongoing process to strengthen and maintain fidelity to the model.

‘It’s not just the support and guidance, but the overall positive attitude and language.’

CRM evaluation consumer comment
‘I did a lot of it on my own but Neami helped me get there quicker and were there for me the whole time.’

*Macarthur Youth Project consumer comment*

**Exploring the experiences of the Neami Health Prompt**

An evaluation of the Health Prompt tool was undertaken this year in order to understand its impact on consumers and their physical health outcomes. The evaluation found that the Health Prompt approach supported positive physical health outcomes including increased consumer and staff awareness of physical health needs; increased staff confidence in having conversations about health; greater frequency of health conversations; and the achievement of physical health goals.

There was a good uptake and of the small number who declined a Health Prompt offer, 68% still had a discussion about physical health with their support worker.

The evaluation found that improvements to training and enhancing the materials and tools would further support consumers in working to improve their physical health.

**Supporting young people into stable housing**

This year we evaluated the Macarthur Youth Mental Health and Housing Project (MYP) in partnership with the Social Policy Research Centre at the University of New South Wales.

MYP provided case management and outreach support to young people aged 16–18 years in South-Western Sydney who were experiencing or at risk of homelessness and who had mental health issues, as well as working with youth homelessness and clinical mental health services.

The evaluation found that the young people in this program achieved positive outcomes ranging from finding suitable housing and increasing social and community participation, to improving family relationships. We look forward to applying the lessons learned within this project to the organisation’s work with young people within our services across Australia.
‘People found that, out there on a board, we could have those kind of conversations.’

Dave, Neami Partners in Recovery Support Facilitator
‘I always thought that surfing was way beyond something that I could do. I thought that I just wasn’t a person who could do surfing. It seemed something really different to me, even though I love the water.

‘I’ve lived near this beach for about three years or more and I’ve lived in Sydney for five or so years, but I had only been to Bondi Beach once or twice and hadn’t even walked on the sand. It might sound silly, but it just seemed like such a famous place and a bit intimidating in a way.

‘Just the idea that it’s something for everyone was a really great thing to learn. We would have somebody talking to us at the start of each session, and we also had the opportunity to talk about what experiences we’d had lately.

‘I find that sometimes when you talk about people experiencing some difficulties with their mental health, some people treat individuals differently, but really with the [surfing] instructors that wasn’t the case. Everyone was the same and equal and they didn’t adjust their language or their behaviour or anything like that... We were just all on the same level. Things like trust and respect, that’s what you get from this.

‘Learning to surf and being in a surf group with others shows you that you don’t have to be perfect at things, and you can have a try at something and just keep trying if you want to.

‘Now I feel really comfortable here and in a lot of other situations, just from coming here - let alone doing the course, let alone being in the water.

‘I lost a lot of confidence just through a few situations I went through. That meant I didn’t get out and about, and didn’t see my friends so much. Yeah, it’s opened a whole lot more things to me and I can see things look a lot brighter.'
Health promotion - Focusing on health and wellbeing

Research has identified that people with mental illness have a significantly reduced life expectancy. Mental health services that incorporate physical health strategies are needed to bridge this gap.

We have recruited dedicated Health Promotion Officers in each state who are tasked with increasing the capacity of staff to work with consumers on physical health issues. This includes:

- Physical health screening
- Smoking cessation
- Oral health
- Management of chronic disease
- Healthy behaviours
- Peer Health Coaching

Another important project in the health promotion area is that of Peer Health Coaching (PHC). This short-term program, developed in partnership with SANE Australia, has been developed for consumers who want to work on a specific physical health goal.

Peer health coaches use their lived experience of recovery together with coaching techniques to support others in achieving their physical health goals.

By June 2015, 186 consumers had participated, with consumers rating the coaching sessions at an average of 9 out of 10, with the majority reporting increased health literacy and self-efficacy.

73% of consumers reported achieving their goal within peer health coaching sessions or feeling confident to pursue it independently afterwards.

Consumer health goals included increasing physical activity, improving diet and smoking cessation.

Neami Health Prompt

The Neami Health Prompt is a physical health screening resource offered to all Neami consumers on engagement with the service and then at six-monthly intervals.

The Health Prompt employs recovery language, is simple to use and flexible enough to fit a range of community and social settings.

Consumers identify their health priorities and support is offered to address these. Support may consist of help accessing other health services, provision of health information or discussion of goals and next steps.

The Health Prompt has been used by consumers to support conversations with their GPs and other health practitioners, including early diagnosis of potentially life threatening conditions.

Optimal Health Program

The Optimal Health Program was developed by Frameworks for Health at St Vincent’s Hospital Melbourne.

The Optimal Health Program supports people to reflect, plan and act on their physical and mental health.
Developing our Quality, Safety and Clinical Governance Framework

As we have grown and developed, it has become even more important that all our services are provided within a strong framework of quality and safety.

Whilst we have a number of policies and procedures, we felt that tying all these policies together through clinical governance systems and process would improve the consumer experience of our services and provide better outcomes.

Embedding continuous improvement processes, consumer participation, complaints and feedback mechanisms, reporting and analysis will assist us to ensure that we consistently deliver, high quality services in a range of settings in a safe and effective manner.

Our commitment to strengths based, recovery orientated services will be strengthened through this work as will consumers' capacity to co-design services with staff.

We will always be a community organisation grounded in the values, strengths, goals and choices of the people we support. In the same way CRM assisted in developing our practice, our new framework will support us through our next level of organisational maturity.

‘Clinical governance at Neami refers to the systems put in place by which the Board of Directors, Executives, Managers and staff share responsibility and are held accountable for safe and high quality support services, minimising risks to consumers and continuously monitoring and improving the provision of services.’

Neami National Quality, Safety and Clinical Governance Framework
We welcomed Peter Gianfrancesco as State Manager who has set about building senior management capacity while maintaining a focus on activity at a local level.

The Far West Mental Health Recovery Centre (FWMHRC) in Broken Hill, continues to demonstrate success in early intervention and the prevention of hospitalisation. The sub-acute service has seen occupancy rates rise and we have seen significant reductions in overflow admissions into medical beds in Broken Hill Base Hospital.

Through the re-tendering of housing and homelessness services in New South Wales, our Way2Home team received increased funding to provide support to people who experience chronic homelessness in the City of Sydney.

We began the Macarthur Accommodation and Access Program (MAAP), providing stable housing and accommodation support to single men and couples without children who are homeless or at risk of homelessness. We have found success supporting people to stable housing with our assertive outreach approach.

The multidisciplinary Aboriginal Linkages Team, based at Dubbo, has created much greater awareness of our services after visiting 23 out of 40 towns in the Western NSW Local Health District. Through information sessions and events, the team developed a partnership approach to encourage Aboriginal people to engage with culturally appropriate, wrap around support.

In the coming year, the New South Wales Government will re-tender the Housing and Accommodation Support Initiative (HASI). We are excited to have the opportunity to showcase the outcomes we’ve seen through an approach to delivering HASI based on the Collaborative Recovery Model.

‘Since 2013, our partnership with Neami has strengthened and matured. It’s become an easy and comfortable business relationship that encompasses mutual respect and the shared principle of person-centred, recovery focused care.’

Susan Daly, Director, Mental Health and Drug & Alcohol Service, Far West Local Health District
"I really really enjoyed Flourish. No one was judgemental. I could talk about things about my past, and no-one judged me. They just helped me to move on and learn to live with my anxiety and depression."

*Leanne*
‘I’ve never stayed too long in one place. I’ve always moved around. I was originally born in Victoria and I can’t exactly remember where I went from there but I know I ended up out here at some point.

‘Before I moved out here (Campbelltown, Sydney) I suppose I was in a rut. For four years I was just in a depressive state. I got evicted, then the job thing fell through. I made a lot of stupid decisions. I couldn’t get the confidence up to do anything. I knew I had to leave where I was because the longer the further in to depression I would get.

‘I had to do it. I had no other choice. Sleeping on your Nan’s floor every day for five years. Not having a job, having next to no friends, having no income, that did some damage, you know?

‘Sleeping on your Nan’s floor every day for five years...that did some damage.’

‘Winter is the worst time to be out on your own. Like, if the hotel’s not gonna be able to put me up for a night because they’ll be full. Or, you know, if I can’t stay with any friends. Even during the day it’s just freezing.

‘I was ringing up, like, twice a day. Once at morning, once at night and I think the fourth day she told me she referred me to Neami. Ash (Neami support worker) came and spoke to me at a hotel. I’m glad he did because living out of hotels isn’t exactly the best thing to go through.

‘Ash turned up at my hotel room door, wanting to speak to me about my situation and then a week later I moved in here.

‘I’m qualified to work in land restoration and all sorts of things like that but when I come out here there’s little, if any, jobs. I dropped out at the end of year 9 and it took me a couple years, but I went back and I got my Year 10 sorted out. I’m now doing a Diploma of Business Administration.

‘I just thought that would be a very smart decision considering most, if not all industries now need receptionists, need administrators, and need people skilled with technology and computers. I just think it would be stupid not to try. See how far I go. All you can do is try.

‘My confidence has gone way up. I’m not the same person I was last year and I am very proud of myself for that.

‘Every night I go to bed and I think I will achieve something this year. It’s not gonna be like the last four Christmases. By the time I get to New Years I’ll be very happy with the year I’ve had. Before, I never thought like that.

‘If you have that place to live that is stable then you can use that as a foundation to build up. You need qualifications to get the job that you want to do. Once you’ve got that income, you start looking at what else you want. But, it all starts with housing. You can’t do anything unless you’ve got a place to live.

‘I’ve got a few long-term goals. I don’t expect the world. I just want to be able to live comfortably. By comfortably I mean not having to go a week or two without food or without the necessities like hot water, electricity, heat, and all that stuff.

‘The one thing I want to do, I want to go traveling. I want to see what other ways there are out there. How other people do it from different countries. That’s my long-term goal.’
‘If you have a place to live that is stable, then you can use that as a foundation to build up.’

Graeme
‘I got some information...a book, ‘Buried In Treasures’. There's some great stuff in it, there's some bits that are not me, and there's other bits that I could have written.’

*D’Wayne*
The year saw a significant focus on developing our peer workforce, which has improved our capacity to extend the range of supports to consumers.

We expanded our Peer Support Worker roles through Peer Health Coaching and we continued to increase the opportunities for people with lived experience to shape the services we deliver.

We ran Launching Pad, the training program to support consumers who are interested in becoming more involved in consumer participation.

The Jamie Oliver Cooking Program provided an opportunity for consumers and staff to learn new skills together.

Collaborating with Children of Parents with a Mental Illness (COPMI) and Metro South Addiction and Mental Health Services (MSAMHS) led to training local mental health workers in the Let’s Talk program which is aimed at supporting parents with mental health issues in their parenting.

We also developed new partnerships in areas of strategic importance such as the co-location of a Support Facilitator at the Queensland AIDS Council offices to work with gay, lesbian, bisexual, transgender and intersex people through the Greater Metro South Brisbane Partners in Recovery Program.

Our Partners in Recovery program also facilitated a successful forum about working with people who experience hoarding and/or squalor. We worked with the Brisbane Hoarding and Squalor Working Group to map services in the region and initiated dialogue about a more collaborative response.

We partnered with four community centres and supported the development of a network focussed on building community volunteer understanding and capacity around mental health awareness and first aid.

‘Brisbane City Council greatly appreciates its partnership with Neami to progress more holistic, collaborative and sustainable responses to hoarding and squalor in Brisbane.’

Brisbane City Council
‘I’ve been drawing for as long as I can remember. My mum was an artist and she always inspired us to bring out our natural talents. We drew, we did art, we played sports, we played musical instruments and we sang. We were all very creative kids. All through school I was drawing. I did art through high school.

‘When I was 19, I lost motivation. I had some rather traumatic events. When I went through this struggle I became very hurt and that became my new life. I didn’t leave the house. I wouldn’t do anything. That was the end of my creativeness, I guess. That was my downward spiral.

‘When I came into the hospital and through my episode, Sarah (Neami support worker) got me back into art. She said this was something in your life that you need to do again. That had been 12 years since I’d actually drawn anything. It was kind of scary.

‘Sarah gave me a lift to the first art group, I met all the women, and there were a lot of people that are getting help and it’s amazing to see that.

‘The help of the group was so inspiring. There was so much to get out of it and see the people in the group also developing with it. Being able to help with what I’ve learned from myself and then input that into the group.

‘It was a bit exhausting to think I’ve got to get out of the house again, got to get back into a routine, but to know that they were going to be sitting in there again and you’re going to have that happy feeling and to get to watch the progress again is really exciting as well.

‘I’ve been studying business which has been a huge challenge. I started and it was extremely exciting. It’s so refreshing to have something new.

‘I know that people from the art group do talk about their case workers calling them up and just annoying them all the time, but you need that support. It’s really interesting to actually find out that care is always there.’

‘I still want to get a job first, rather than jumping into my own business, but then maybe later.’
‘It’s really interesting to actually find out that care is always there.’

Renee
We have been working to further build on our partnerships with consumers, governments and service partners to improve the health and wellbeing of individuals and communities in the areas we work.

This includes our partnership with Community Housing Limited, which has provided housing for over 20 people supported by us in the last year. We further increased new peer work roles and further expanded the opportunities available for consumer participation.

From 1 April 2015, the outcomes of the South Australian Government recommissioning process for the Individual Psychosocial Rehabilitation and Support Services (IPRSS) came into effect.

We were successful in retaining our community outreach services in Northern Adelaide and Southern SA, and picked up new services in Central SA. We were unsuccessful in retaining our Central Adelaide services, leading to an overall reduction across South Australia. Our new services in Central SA include Kangaroo Island and Victor Harbour.

We were nominated as the new lead agency for Central Adelaide and Hills Partners in Recovery (PIR), endorsing our partnerships approach. We look forward to continuing effective PIR services for the remaining 12 months of the funding period.

The new Residential Crisis Respite Service in Highgate opened in July 2014 and has already received positive feedback. Respite services are a vital part of the system, helping to avoid hospitalisation through the provision of short-term residential or home-based supports at a time of mental health crisis.

‘We have worked together to deliver innovative support services for our mental health consumers. We have developed services to enable consumers to live in the community within a recovery framework, using a partnership model to provide the right service at the right time for our population.’

Leonie Nowland, Director, Mental Health Strategy and Operations, Northern Adelaide Local Health Network
‘They gave me the opportunity to look at all the houses and I picked that one. It’s really good because it’s all new. It lets a lot of sunlight in and sunlight tends to make me feel a lot better. I’m sure it affected my mood, having a nice place to be in.’

_Maher_
Intervening early with respite during a crisis

The Crisis Respite Service opened last year, funded under the National Partnerships Agreement on improving hospital service options for people with mental health issues.

The Crisis Respite Service is a community mental health sub-acute service that provides people who are going through a situational crisis with a more appropriate alternative to acute hospital care. It aims to reduce demand on the hospital system through intervening early with individuals who stay in a residential setting to receive support from a caring and qualified team in a home-like environment.

The service is being received extremely well by the community with the Crisis Respite team supporting over 900 people in its first year of operation. Consumers have continuously fed back to staff how important the service has been at a point of distress - and the difference it has made in their recovery.

The service initially commenced operation from a central location at Highgate Park. This year, the northern and southern services moved to locations closer to where people live. The Northern Crisis Respite Service is based in Parafield Gardens and the Southern Crisis Respite Service has commenced services from its new Morphett Vale location.

The service operates in a residential and home-based capacity providing a period of respite care for up to seven days. Individuals receive clinical and psychosocial support to address the issues leading to their crisis and to support them to reside in the community. The service assists people to return home with a plan, supports, resources and the confidence to improve their situation.

‘Your issues are not so intense when you realise there’s six or seven people at that table that are also going through the same sorts of things or feel the same sorts of things.’

Karen, Crisis Respite Peer Support Worker

We have worked closely with SA Health Office of the Chief Psychiatrist and Local Health Network teams and consumer and carer representatives to integrate the service alongside Acute Crisis Intervention Service (ACIS), inpatient units and intensive community care services.

Crisis Respite addresses a key gap in South Australia and gives people under social stress the support they need through access to experienced mental health and recovery support teams not in a hospital or acute mental health setting.
‘I did a seven day stay at Crisis Respite. During that time, I was changing medications.

‘I have two children, so I wanted to go somewhere where I could just get my head together, have a few days off of the medication and on the new medication, and this was just perfect.

‘It’s an opportunity to spend some time with yourself and some time with some other people if you want to, but if you want to sit in your room and contemplate what’s going on for you and how you can fix your life or do whatever, you’ve got that opportunity as well. It’s not meant to be a hospital stay, it’s meant to just be a break. It’s respite.

‘During my stay I met someone that I’ve previously been in hospital with. We would go to the shops or just for a drive or for a walk. That was good too because it allowed me to go out and not get stuck in a little shell. People gravitate towards each other no matter where they are.

‘We had lots of chats about parenting and I felt that I was letting my children down by being away all the time. If a baby falls, it falls but tries to stand up again and again. It’s the same as when I left here.

‘I continue to try to stand. It’s better off having a mother who has fallen down, but shows you how to get back up again.

‘It’s been a life-changer for me. Just the seven days were really important. I’ve been in this really bad patch in the last couple of years where I’ve been rebounding from hospital to hospital and I’m probably doing the best I have done for the last couple of years.

‘It was definitely a good outcome for me to be here.’

‘I’m fairly social, so every morning I would come out for brekky and just let everyone know where I was at. It’s so much more relaxed than a hospital. You feel a bit free-er.’

‘Previously, in clinical care, there have been people that I’ve connected with, but nobody that I would stay connected to.

‘Here, I could talk about anything and get advice about anything.'
Better supporting young people

In August 2014, Neami began managing four Youth Residential Rehabilitation Services (YRRS) in inner and south east Melbourne. This was the first time that Neami has run specialist youth residential recovery services.

The YRRS provides a service for young people (16-25) experiencing complex mental health issues as well other significant issues, such as drug and alcohol use, personality disorders, trauma, identity and gender understanding and developmental challenges.

We support the recovery of young people within a safe and supportive residential environment. The program is aimed towards young people who require intensive support to develop life skills and confidence to progress to, or return to, independent living.

There is a strong focus on increasing the individual’s resilience, self-determination, self-awareness and sense of belonging. The program encourages positive individual growth and development for young people with mental health concerns as well as promoting positive personal and social relationships.

We provide a structured, goal-orientated program with active partnerships with clinical, employment, education, community health, housing, and recreational services. All services have gardens and therapeutic activities such as sensory rooms, music and animal-assisted therapy.

Our approach is supported by research and evidence, adapted to the needs of young people in a residential setting. This includes the Collaborative Recovery Model (CRM) as a foundation for individual work, coupled with group work and consumer participation fundamentals.

The current YRRS program incorporates the following components:

- Collaborative Recovery Model (CRM)
- Positive peer culture
- Self-development
- Health and wellbeing
- Skills development

Neami continues to learn, and has undertaken preliminary research reflecting some of the successes and challenges we have experienced as a new provider, implementing a new model of specialist youth support.

A formal evaluation will be completed in late 2015.
‘I’ve known my whole life that I haven’t been like most of the other kids. My depression started around the age of three, but I was then later diagnosed in 2010 with depression, anxiety, post-traumatic stress disorder and eating disorders.

‘I was very anxious. I wouldn’t leave the house, couldn’t do grocery shopping by myself. I couldn’t go and buy clothes if I needed to. I was very shy. I was very sick in terms of my illness. I was just not eating.

‘My friends would come around and there would be nothing in terms of food in the house and I’m just going to be like, ‘I’m going to go shopping later.’ That never happened.

‘I’ve gotten really good. I go grocery shopping once in a while and there’s always food in the house. Don’t always eat it but most of the time I do.

‘Most days I feel better about myself knowing that there’s food there and if I get hungry I can eat it and knowing that eating better is contributing a lot to the fact that I got more energy and I’m more positive.

‘I’ve been interested in being a nurse since I was three and people told me that it was all I talked about in kindergarten.’

‘I just love looking after people. Medicine fascinates me... I love looking after people and make people feel better. I applied to go to uni in 2013 to do Bachelor of Nursing. I started that in February and dropped out in May because I was really unwell. I’m hoping to go back next year and do it part-time.

‘After I dropped out the second time, I was really questioning whether I could ever go to uni and stick with a course. I was really concerned and unsure about where I would live but Neami has helped me work out details in terms of renting somewhere else and improving my confidence. I’m going back to uni.’
'Wadamba Wilam is good because I know it is connected with VAHS (Victorian Aboriginal Health Service), and so I’ve still got my connection to my community.'

'The essence of me, even though yes, I got along with Adam, and everything went well for us, is that still there’s a wisdom in our elders in our community, and older people, and people that have gone through and had new experience, and come through and broken themselves through.'

Nerida
Victoria

As a result of the Mental Health Community Support Services (MHCSS) recommissioning process, we established 13 new services across Melbourne. New outreach support services opened in Yarraville, Broadmeadows, Brunswick, Abbotsford, Ringwood, Croydon and Frankston, alongside four new Youth Residential Rehabilitation Services (YRRS) in Noble Park, Moorabbin, Seaford and Hawthorn.

We also established the new centralised Intake Assessment service for the South West, North West, Inner North, Bayside and Frankston–Mornington Peninsula areas.

Wadamba Wilam (Renew Shelter), our partnership with the Victorian Aboriginal Health Service (VAHS), UnitingCare ReGen and the Northern Area Mental Health Service (NAMHS) continued to provide wrap around housing and mental health support for an increasing number of Aboriginal and Torres Strait Islander people in Melbourne.

The second year of our partnership with Barwon Health in Geelong to provide the local Prevention and Recovery Care (PARC) Service has been a major highlight with many positive early intervention and prevention outcomes.

The lowlight of the year was saying goodbye to our longstanding arts program, Splash Arts Studio, which closed after nearly 20 years at the end of June 2015.

Splash used artistic practice to open doors for people living with mental illness. It provided a sense of creative expression, confidence and professional accomplishment that supported recovery and helped to show people what might be possible in their lives. We thank the thousands of artists and passionate staff who have been part of the Splash story over the years.

‘The [MCHSS] recommissioning created some positive opportunities, one being the closer relationship that we now have with the Neami. We look forward to continuing to foster this relationship in the future.’

Lee–Ann Boyle, Services Manager, St Mary’s House of Welcome
Western Australia

Neami in Western Australia had a year of change and consolidation. The opening of the new Bentley office and high demand for sub-acute services at Joondalup were highlights.

Consumers and Day to Day Living Peer Support Workers developed ‘Peer Frontiers’, a Peer Worker Development Program. The 18 week program is a partnership with Poly Tech West to assist consumers in accessing the Certificate IV in Peer Work.

There was significant investment in the new office accommodation in Bentley, which brought the Perth ICLS and Armadale D2DL teams together. This new hub creates flexibility for us to provide the most responsive and integrated services to all consumers.

We were thrilled when our CEO, Arthur Papakotsias, announced he would be relocating to Western Australia.

We also appreciate that the presence of the CEO will be an invaluable asset in seeking to engage with our partners and stakeholders.

The year was an exciting one also due to the release of the WA Mental Health Commission’s ten-year Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025. As part of the promotion of new community-based service options contained within the plan, consumers at Neami Joondalup contributed to a short film made by the WA Mental Health Commission.

We are also pleased to welcome Glen James as WA State Manager.

‘The partnership developed between the Red Cross Commonwealth Respite Program and Neami in Western Australia over the past few years has supported increasing numbers of consumers to move forward in their recovery journeys.’

Karla Hampshire, Manager, Respite Centres WA, Red Cross
‘In your recovery, you’ve got to be motivated to want to recover. Might not take one day, might not take one week. You’ll recover when you feel the best and you can be able to handle life a lot easier and without thinking, ‘It’s me and I should be doing this and I should be doing that.’”

*Rick*
'I’ve always got someone to bounce ideas off. If I was on a solo mission, I wouldn’t be out of hospital, I wouldn’t be in my own house.'

Dean
‘I had social workers helping me with aspects of my life after being in hospital for so long. Someone put me on to [Neami] and it grew from there.

‘I see Scott (Neami support worker) once a week. We do anything that needs to be done like cleaning the house, going to appointments like doctors or blood tests. Neami has a hands-on approach. They’ve got enough time to see you. If there’s any paperwork to get done, they take it on board and get it done.

‘I’ve got to look after myself. I cook for myself. I’m out of hospital which means I’ve got my own spare time. I like cooking, so I’m always cooking up unhealthy meals, but try and add vegetables.

‘Since I was 13 they kept me in the adolescent ward for about 4 -5 years non-stop. Eventually my family didn’t want me so they put me in the out wards and locked wards for 5 years.

‘People might stay [in hospital] for a week or a month or a year, or two years tops - but 20 years in the system for no reason – maybe it was a curse, I’m not sure. No-one would listen to me. I met Neami and they said, get out there and do what you have to do, we don’t think you are as sick as they think.

‘I’ve been working on my own business for the last couple of years. I wanted to open up a tourism type bus with beds and spas, and I’ve got other business ideas. I’d like to make my own clothing – nice baggy jackets, baggy pants, lots of bling, but it’s going to take me a couple of years of full-on interaction with my sewing machine and planning, buying, researching and displaying. I don’t want to start off my business and show off my stuff when I’ve only got 4 or 5 items. I’m going to work on it for a year as my own personal project and then expand.

‘People might stay in hospital for a week or a month or a year, or two years tops - but 20 years in the system for no reason, maybe it was a curse.’

‘I always thought to myself I should write down my feelings. If I have of written down my feelings my thoughts, my dreams, my wants, it would be a 1,000 page doco. There’s a book in it!

‘I’ve always got someone to bounce ideas off. If I was on a solo mission, I wouldn’t be out of hospital, I wouldn’t be in my house, I’d have to go to doctor, hospital, shopping, get a job and without support I wouldn’t have been able to do half the things I’ve done.’
Better mental health support in Arnhem Land

Ngukurr is an Aboriginal community of around 1,000 people located next to the Roper River in south-eastern Arnhem Land. There are seven languages spoken, with Kriol being the shared language, and about fifty family groups.

Sunrise Health, an Aboriginal community controlled health service in the Northern Territory, received funding to deliver the Personal Helpers and Mentors Service (PHaMS) into the remote Aboriginal community of Ngukurr.

Sunrise approached Neami to support them to establish the new service and we commenced working together over the last year.

As part of the partnership, we provided training, coaching and mentor support to Sunrise staff through regular visits over an extended period. Each visit to Ngukurr included a different focus and new experiences, so no two visits were alike.

The team worked to identify strengths in self, in the team and in the community. The team also worked on building confidence and sharing culture. We worked as partners with Sunrise to develop an evidence-based and culturally safe and appropriate service model of support that encompassed:

- Recovery-based service delivery
- Dealing with alcohol and/or drug use
- Motivational interviewing
- Risk assessments

The organic and flexible way the relationship developed was fundamental to its success. Our experience partnering with Aboriginal community controlled organisations in other states was also invaluable.

Dozens of people in the community now visit the Wellness Centre daily and the Sunrise team provide outreach support to community members.

We worked as partners with Sunrise to develop an evidence-based and culturally safe and appropriate model of support.
Partnerships

We were privileged to work with a number of new partners in the last twelve months. We have forged new relationships in order to be more strongly engaged with our peers.

**Funding partners**
- City of Sydney
- Federal Government via Department of Health and Department of Social Services
- Local Area Mental Health Services, including Barwon Health, Far West (NSW) Local Health District, Melbourne Health, Western NSW Local Health District
- Medicare Locals in New South Wales, South Australia, Queensland, Victoria and Western Australia
- Mental Health Commission (WA)
- Mental Health Commission (NSW)
- New South Wales Government via NSW Health, Housing NSW, Department of Family and Community Services NSW
- Partners in Recovery consortiums, including: Aftercare, Grand Pacific Health, New Horizons, Schizophrenia Fellowship NSW
- Queensland Government via Queensland Health and Department of Communities, Child Safety and Disability Services
- South Australian Government via SA Health
- St Vincent’s Hospital (Sydney)
- Victorian Government via the Department of Health and Human Services
- Western Australian Government via WA Health and the Department of Sport and Recreation

**Service, research and community partners**
- 4Walls
- Access Housing (WA)
- Area Mental Health partners (VIC)
- Argyle Housing
- Banyule City Council
- Bridge Housing
- Brisbane City Council
- Cairns and Hinterland Hospital and Health Service
- City of Darebin
- City of Sydney
- cohealth
- Community Housing Ltd
- Compass Housing
- Council to Homeless Persons
- Court Services Victoria
- Eastern Primary Care network
- Ecclesia Housing
- Fairfield City Council
- Haven; Home, Safe
- Healing Foundation
- Homelessness NSW
- Housing Choices Australia
- Hume Housing
- Hunter New England Mental Health
- Hurstville City Council
- Local Health Districts (NSW)
- Local Health Networks (SA)
- Mental Health Australia
- Mental Health Coalition of South Australia
- Mental Health Coordinating Council
- Metro Housing
- Monash University
- National Disability Insurance Agency
- North Western Mental Health
- Open Minds Australia
- Pacific Link
- Platform 70
- PVS Workfind
- Queensland Alliance
- Quit Victoria
- Red Cross (WA)
- SANE Australia
- St George Community Housing
- St Vincent’s Hospital (Sydney)
- St Vincent’s Hospital (Melbourne) inc. Frameworks for Health
- Statewide Aboriginal Mental Health Service (WA)
- Sunrise Health Service
- Swinburne University
- (The) Housing Trust
- (The) Mental Health Commission of NSW
- (The) Mercy Foundation
- Transport Accident Commission (TAC)
- Tribal Warrior Association Ltd
- Turning Point
- UnitingCare ReGen
- UnitingCare Wesley Bowden
- Unity Housing
- University of Melbourne Dental School
- University of New South Wales
- University of Queensland Dental School
- University of Wollongong
- VICSERV
- Victorian Aboriginal Health Service
- Western Australian Association for Mental Health
Alex, Jess and Emma

Alex, Emma and Jess all started as trainees at our sub-acute residential service in Dubbo about two years ago. They now work together as members of the Aboriginal Linkages Team.

Alex

‘We start with promotion, to let Aboriginal people know that this service is available to them and they are able to be supported with their mental health and problems and whatever they’re experiencing, and that there are Aboriginal staff here.

‘We’ve been doing groups in different communities. For example, we started a group in Coonabarabran with mums who are going through the legal system using the Optimal Health Program.

There’s one woman that I’m working with one-on-one now where we meet down in the park or wherever she feels comfortable. She’s getting a lot more out of it and she’s the type person if you gave her a book she’d probably rip it up and throw it in your face. She really enjoys her art so we’re doing it through that way. We’re flexible.

‘I think the barrier is that because a lot of the Aboriginal communities are more rural, people don’t want to leave their family. They don’t want to leave their towns to come into Dubbo.

‘Getting out into different communities and getting out the word...as much as we can... they know we’re here and available.’

Jess

‘The great thing was that we (Alex, Emma and Jess) experienced it all together. If we didn’t feel like we could talk to another peer, we could talk to one another about the issues or difficulties or barriers that we were facing.

‘We’ve been working with people other people may have found difficult to work with previously. Knowing that there’s support here and afterwards through peers whom are Aboriginal as well makes people’s stay here a lot more comfortable.

‘The focus is on recovery, for each person. This is what the traineeship was about.

‘Even though it’s so great having the recovery centre here, I feel like we need more support like this for other remote communities.

‘I’m doing a diploma in counselling so I’d like to bring that in as well one day.’

Emma

‘We’re non-judgemental, I think that says a lot. We don’t do it in a formal way. In one community I was sitting on the ground and I had all the ladies sitting on the chairs. We don’t use all these medical jargon terms.

‘We do the care plans with them but it’s focused on their goals. We talk to people where they live and they know that we’re just as human as they are.

‘We had someone come back and sit in on an interview panel with us, looking fabulous and really feeling it as well. We’ve invited them to get more involved and join our steering committee.

‘That’s not always the case for everyone but we’re open to people coming back as well for a second or third time if they need support again.

‘We have such a solid team. There is no difference between say our social worker and the clinical side of things, and our social and youth workers. There’s no divide between us, which is pretty incredible because it could have gone the other way. Even our registered nurse, he’s just jumped on board... It’s pretty incredible to get someone from clinical and work with them in a recovery approach.’
‘We’re just like the little tools that they can use to help them on their journey. We do the care plans with them but it’s focused on their goals and we’re just here to say, well, do you need a hand with this or are you all right to do it yourself?’

Emma
Mapping new directions

A strong and sustainable organisation is always growing and developing. It also needs to find time to consolidate, evaluate and lay the foundations for the future.

Our systems, structures and policies need to be just as professional and forward thinking as the services we provide to people around Australia.

Part of this consolidation is an increased focus on quality, compliance and risk. We developed a new Quality and Safety Framework and created dedicated staff and consumer committees to pursue quality and safety in the areas of person-centred practice (services), safety and culture (organisation) and resources and performance (finance). These are overseen by a governance group and the National Leadership Team.

There are two consumer members on each of the key organisational committees and they provide advice alongside other committee members on resourcing and investment priorities, risk management and legislative compliance, the design of research and evaluation projects, issues impacting on safety for staff and consumers as well as organisational culture.

We have worked hard to build up the systems and internal services required to keep a national service of our size running efficiently. This has included a major investment in information and communications technology (ICT), office spaces and staffing in areas such as human resources and finance.

Grant Thornton conducted an independent review of all our corporate and service development functions. The results are being prioritised for implementation, but have already included the development of a marketing function, targeted ICT investments and a review of our organisational structure in some areas.

We look forward to taking advantage of the new opportunities that our new organisational capacity will give us access to and responding to any challenges or risks that come our way.

As we continue to evolve, we will maintain our uncompromising commitment to providing each person with the support they need for their recovery, wellbeing and lasting good health.

‘Having someone who’s been through it themselves, I think it makes a difference, yeah. I can say that I’ve walked the walk and it’d probably be believable what I say. They’d probably feel that I had good empathy and support and understanding.’

Germaine, Peer Support Worker Neami Dubbo
Staff snapshot

Staff roles

- Senior Managers: 4.2%
- Specialist staff: 10.1%
- Managers: 12.2%
- Direct Service staff: 74.6%

Staff background

- CALD: 17.4%
- ATSI: 3.1%
- Non ATSI/CALD: 79.5%

Qualification levels of direct service staff

- Bachelor Degree: 37.5%
- Diploma/Associate Diploma: 16.4%
- Masters Degree: 12.6%
- Certificate IV: 11.1%
- Secondary: 7.7%
- Cert IV or less: 5.1%
- Cert I–II: 4%
- Postgrad. Dip./Cert.: 3%
- Doctorate (PhD): 1%
- Postgrad. Dip./Cert.: 1%
- Doctorate (PhD): 0.6%

Staff years of service

Direct service staff:
- <1 year: 50%
- 1–2 years: 40%
- 3–5 years: 30%
- 6+ years: 20%

Note: Some totals may not equal 100% due to rounding

Staff gender

- Senior Managers: 62.5% Male, 37.5% Female
- Managers: 75.3% Male
- Direct Service staff: 67.4% Male
Your voice can make a difference

The Service Improvement Report, Your Voice Can Make a Difference, provides a snapshot of the many innovations and developments that have occurred in the last twelve months. It showcases the contributions and valuable impact of consumer participation and demonstrates Neami’s commitment to ongoing quality improvement.

In the last twelve months, 1,911 hours of consumer participation were provided by 287 people across Neami. This compared to 600 hours in 2014 and included consumers participating in interview panels, research, program evaluation, program development and committee groups as well as co-presenting at conferences.

This year we welcomed five Consumer Participation Officers who are working with staff and consumers in Victoria, New South Wales, Western Australia, Queensland and South Australia to increase opportunities for consumers to have a say in the way services are designed, delivered and evaluated.

The Communications Working Group made up of consumers from Victoria, New South Wales, South Australia and Queensland and staff from the communications and service development teams met to review last years’ service improvement report. The group identified positive aspects of the report, which included:

- Use of artwork
- The title ‘your voice can make a difference’
- Hearing about programs and services they were involved in or knew about
- Hearing about consumer stories
- Seeing an example of a consumer complaint because it showed we were listening and made changes

The group suggested the report should have more information about what was happening at the site level and in local communities and different ways of presenting information about partners and projects. There were also a range of suggestions about making the report easier to read.

In response to this we have included more information on local events and consumer participation activity and opportunities. We also refreshed the design to assist in bringing consumers’ voice to more people.

We will continue to seek feedback and work with consumers to make sure that the report meets its goal of highlighting where consumers voice has changed the way we work.
### Consumer snapshot

#### Gender
- Females: 51.9%
- Males: 47.9%
- Other: 0.2%

#### Background
- ATSI: 11.9%
- Non ATSI: 71.1%
- Consumers born overseas: 17.0%

#### Consumer numbers

<table>
<thead>
<tr>
<th>Year</th>
<th>WA</th>
<th>QLD</th>
<th>VIC</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2,504</td>
<td>2,661</td>
<td>2,989</td>
<td>3,512</td>
</tr>
<tr>
<td>2012</td>
<td>2,661</td>
<td>2,989</td>
<td>3,512</td>
<td>2,661</td>
</tr>
<tr>
<td>2013</td>
<td>2,989</td>
<td>3,512</td>
<td>2,661</td>
<td>2,989</td>
</tr>
<tr>
<td>2014</td>
<td>3,512</td>
<td>2,661</td>
<td>2,989</td>
<td>3,512</td>
</tr>
<tr>
<td>2015</td>
<td>7,109</td>
<td>2,661</td>
<td>2,989</td>
<td>3,512</td>
</tr>
</tbody>
</table>

#### Most identified life goals

- General and physical health: 28.2%
- Daily living skills: 17.4%
- Mental health and well-being: 12.8%
- Employment, education and volunteering: 11.1%
- Social and community connections: 11.1%
- Other: 6.3%
- Personal relationships: 4.5%
- Financial: 3.4%
- Arts/creativity: 2.2%
- Accommodation/housing: 1.8%

#### Duration of support
- < 3 months: 17.4%
- 3–6 months: 14.3%
- 6–12 months: 22.7%
- 1–2 years: 9.4%
- 2–3 years: 6.3%
- 3–4 years: 4.3%
- 4–5 years: 4.3%
- > 5 years: 9.5%

#### Number of diagnoses per consumer

- 1 diagnosis: 62.9%
- 2 diagnoses: 27.4%
- 3 diagnoses: 7.8%
- +4 diagnoses: 1.9%

**Note:** Some totals may not equal 100% due to rounding. Excluding Crisis Respite and Sub-acute services.

**Note:** People may have received multiple/differing diagnoses over time.
**Age**

- 16–25: 11.6%
- 26–35: 21.2%
- 36–45: 26.8%
- 46–55: 24.7%
- 56–65: 13.3%
- 65+: 2.4%

**Types of service accessed**

- Community programs: 53.6%
- Youth support programs: 16.7%
- Housing and homelessness support: 9.5%
- Prevention and early intervention (Sub-acute): 16.8%
- Service coordination: 0.8%
- Community outreach support: 2.5%

**Highest unmet needs**

Source: CANSAS Self Assessment

- Psychological distress: 19.4%
- Physical health: 19.1%
- Intimate relationships: 18.1%
- Daytime activities: 16.5%
- Company: 13.7%
- Money: 10.8%
- Sexual expression: 10.2%
- Money: 9%
- Accommodation: 8.2%
- Looking after the home: 8.1%

**Reduction in highest unmet needs**

Source: CANSAS Self Assessment

- Psychological distress: 8%
- Physical health: 8.9%
- Intimate relationships: 8.8%
- Daytime activities: 5.3%
- Company: 5.2%
- Money: 6%
- Sexual expression: 9.2%
- Money: 7.6%
- Accommodation: 16.2%
- Looking after the home: 9.2%

**Primary diagnosis**

- Schizophrenia: 28.3%
- Depression: 23.2%
- Bipolar Disorder: 14.2%
- Anxiety: 10.5%
- Other: 8.7%
- Personality Disorder: 7%
- Not Known: 6.7%
- Other: 1.3%

19.9% of consumers do not have a listed primary diagnosis.
Summarised Statement of Profit or Loss and Other Comprehensive Income

<table>
<thead>
<tr>
<th></th>
<th>2014/2015 $</th>
<th>2013/2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue from Operations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>68,821,336</td>
<td>47,761,149</td>
</tr>
<tr>
<td>Other income</td>
<td>595,046</td>
<td>565,685</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>69,416,382</td>
<td>48,326,834</td>
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<tr>
<td><strong>Expenditure</strong></td>
<td></td>
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</tr>
<tr>
<td>Employee benefits expenses</td>
<td>52,476,829</td>
<td>37,435,862</td>
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<tr>
<td>Office and occupancy expenses</td>
<td>5,640,251</td>
<td>3,748,759</td>
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<tr>
<td>Other expenses</td>
<td>4,928,936</td>
<td>3,160,803</td>
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<tr>
<td>Depreciation and amortisation expense</td>
<td>1,951,704</td>
<td>1,943,180</td>
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<tr>
<td><strong>Total Operating Expenditure</strong></td>
<td>64,997,720</td>
<td>46,288,604</td>
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<tr>
<td><strong>Operating Surplus</strong></td>
<td>4,418,662</td>
<td>2,038,230</td>
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<tr>
<td><strong>Other Comprehensive Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revaluation of property</td>
<td>339,030</td>
<td>0</td>
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<tr>
<td>Available for sale assets</td>
<td>364,376</td>
<td>351,518</td>
</tr>
<tr>
<td><strong>Other Comprehensive Income</strong></td>
<td>703,406</td>
<td>351,518</td>
</tr>
<tr>
<td><strong>Total Comprehensive Income</strong></td>
<td>5,122,068</td>
<td>2,389,748</td>
</tr>
</tbody>
</table>

You can read the full financial statements and annual report at www.neaminational.org.au/annualreport
## Summarised Statement of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>2014/2015 $</th>
<th>2013/2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>19,177,494</td>
<td>11,659,193</td>
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<tr>
<td>Receivables</td>
<td>1,874,426</td>
<td>1,361,857</td>
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<tr>
<td>Prepayments and other receivables</td>
<td>1,045,636</td>
<td>635,737</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>22,097,556</td>
<td>13,656,787</td>
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<tr>
<td>Property plant and equipment</td>
<td>5,935,709</td>
<td>5,429,121</td>
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<tr>
<td>Intangible assets</td>
<td>160,073</td>
<td>43,284</td>
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<tr>
<td>Investments</td>
<td>6,077,569</td>
<td>5,422,378</td>
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<tr>
<td><strong>Total Non Current Assets</strong></td>
<td>12,173,351</td>
<td>10,894,783</td>
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<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>3,216,060</td>
<td>2,937,186</td>
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<tr>
<td>Provisions</td>
<td>5,180,888</td>
<td>3,783,165</td>
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<tr>
<td>Deferred income</td>
<td>6,901,234</td>
<td>4,441,086</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>15,298,182</td>
<td>11,161,437</td>
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<tr>
<td>Provisions</td>
<td>1,181,672</td>
<td>721,148</td>
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<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td>1,181,672</td>
<td>721,148</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>17,791,053</td>
<td>12,668,985</td>
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<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
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<tr>
<td>Retained earnings</td>
<td>16,703,631</td>
<td>12,284,969</td>
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<tr>
<td>Reserve</td>
<td>1,087,422</td>
<td>384,016</td>
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<tr>
<td><strong>Total Equity</strong></td>
<td>17,791,053</td>
<td>12,668,985</td>
</tr>
</tbody>
</table>
Independent Auditor's Report To the Members of Neami Limited

Report on the summarised financial report
We have audited the accompanying summarised financial report of Neami Limited, which comprises the statement of financial position as at 30 June 2015 and the statement of profit or loss and other comprehensive income for the year ended 30 June 2015. The summarised financial report does not contain all the disclosures required by the Australian Accounting Standards - Reduced Disclosure Requirements (as adopted by Neami Limited) and accordingly, reading the summarised financial report is not a substitute for reading the audited financial report.

Directors responsibility for the summarised financial report
The Directors of the registered entity are responsible for the preparation of the summarised financial report in accordance with the full financial statements for the year ended 30 June 2015, and for such internal control as the directors determine are necessary to enable the preparation of the summarised financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor’s responsibility
Our responsibility is to express an opinion on the summarised financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Our audit report on the financial report for the year was signed on 20 August 2015 and was not subject to any modification. The Australian Auditing Standards require us to comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the summarised financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the summarised financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation of the summarised financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Our procedures in respect of the summarised financial report included testing that the information in the summarised financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of evidence supporting the amounts and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, is consistent with the financial report from which it was derived. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence
In conducting our audit, we have complied with the independence requirements of the Accounting Professional and Ethical Standards Board and the Australian Charities and Not-for-profits Commission Act 2012.

Auditor’s opinion
In our opinion, the summarised financial report of Neami Limited for the year ended 30 June 2015 is consistent, in all material respects, with the financial report from which it was derived.

GRANT THORNTON AUDIT PTY LTD

SANDRA LAWSON

Grant Thornton Audit Pty Ltd ACN 130 913 594
a subsidiary or related entity of Grant Thornton Australia Ltd ABN 41 127 556 389

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Liability limited by a scheme approved under Professional Standards Legislation. Liability is limited in those States where a current scheme applies.
Tell us what you think

Feedback and complaints are welcome in all Neami services and other organisational areas. We will respond directly to resolve issues in a timely manner. We also use this information to improve Neami services. Feedback and complaints are learning opportunities for our staff and organisation.

What can I expect?

Neami will respond to your feedback or complaint in a fair, timely and unbiased way.

We will receive your feedback or complaint in good faith and you will not be disadvantaged in any way as a result of making a complaint.

Feedback and complaints are treated respectfully and confidentially with the option to remain anonymous.

Actions to resolve the issue will be carried out to the best of our ability. We will contact you after one month to ask if you are satisfied with our response.

How can I give feedback or make a complaint?

You can provide feedback in several ways:

- Speak directly with your support worker, service manager or state manager
- Contact the National Complaints Officer on 03 9481 3277 (phone) or 03 9458 3321 (fax)
- Email feedback@neaminational.org.au
- Post a letter to us at Attention: National Complaints Officer, Neami National, 247 Rosanna Road, Rosanna, VIC, 3084
Neami National is accredited under the Quality Improvement Council (QIC) Health and Community Service Standards (6th edition), the National Standards for Mental Health Services 2010, the Victorian Department of Human Services Standards, the Queensland Human Services Quality Standards and the NSW Disability Services Standards.
Neami National is a community mental health service supporting people living with mental illness to improve their health, live independently and pursue a life based on their own strengths, values and goals.

We provide services in diverse communities in Western Australia, Queensland, South Australia, Victoria and New South Wales, ranging from the inner-city and suburbs to regional and remote areas.

Recovery is a personal thing and can be different for each person. Our job is to work with people and provide the support needed to reach their own goals in life, whatever they are.
‘Crisis respite has been a life-changer for me. Just the seven days were really important. I’ve been in this bad patch in the last couple of years where I’ve been rebounding from hospital to hospital. It was definitely a good outcome for me to be here.’

Mandy