

What we do now.

Annual Report
2017–18

Neami National



We acknowledge Aboriginal and/or Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on and pay our respects to Elders past, present and emerging. We recognise that their sovereignty was never ceded and the impact of structural inequality that resulted from invasion continues to this day.

Neami is committed to cultivating inclusive environments for staff, consumers and carers. We celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities. We believe our commitment to diversity and inclusion makes our teams, services and organisation stronger and more effective.

Our vision

Full citizenship for all people living with a mental illness in Australian society.

Our mission

Improving mental health and wellbeing in local communities.

Our values

Self-determination, growth, partnerships, respect, empowerment, diversity, choice, learning, change, wellbeing, hope and quality.



Interpreter

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 report, phone us on 03 8691 5300 and we will arrange an interpreter or translation for this publication.

Thank you to the consumers, staff, partner organisations and others who have contributed to this report.

Photography: Amy Piesse
Design: Gozer Studio

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Welcome

We keep working together to make a positive impact.

In this, our 31st Annual Report, we invite you to learn about some of the innovative services we have developed in response to the ongoing disruption in our sector.

Through purposeful partnerships we have broadened the range of services we offer, enabling us to expand our reach and effectiveness. By knowing our strengths, we can complement the strengths of others, and together we can support people to make positive changes to their mental health and wellbeing.

The stories and outcomes from our services demonstrate the skills and rich experience of our staff, and the value of the deep relationships that underpin our work in the community. While we can only touch on the increasingly diverse range of services we offer in this report, it demonstrates how our approach contributes to a real and lasting impact for the people we support.

We are privileged to be able to present the stories of our consumers. We know that the true way to measure our impact is to hear about it from people who are most affected. These consumers' stories of recovery

help us know what it truly means to have the right support at the right time.

Looking back on the last 12 months, we are encouraged to see that the patterns emerging about what works in our new services are reflective of our direction. We are encouraged by what we see, and feel enthusiastic about what the future of mental health and wellbeing support can be. By maintaining our focus on consumer experience, evidence-informed practice, and a commitment to safety and quality, we can continue to support more people to live independently in their communities and pursue meaningful lives.

Arthur Papakotsias
Chief Executive Officer



‘It’s important
that I keep this
momentum going.
I know that I will
go further.’

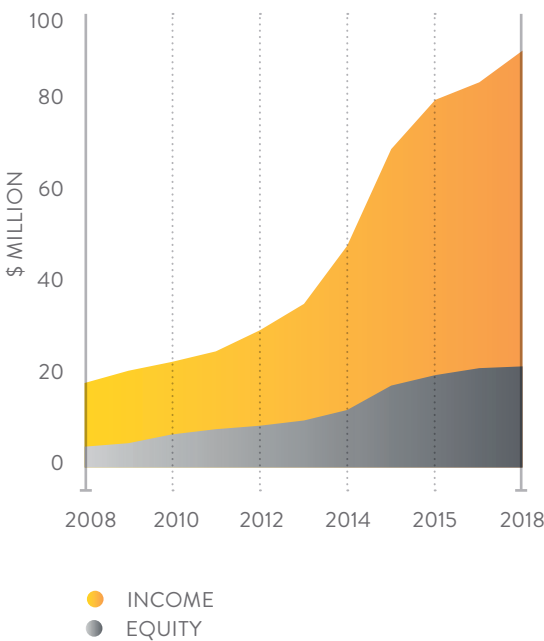
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Neami Group snapshot

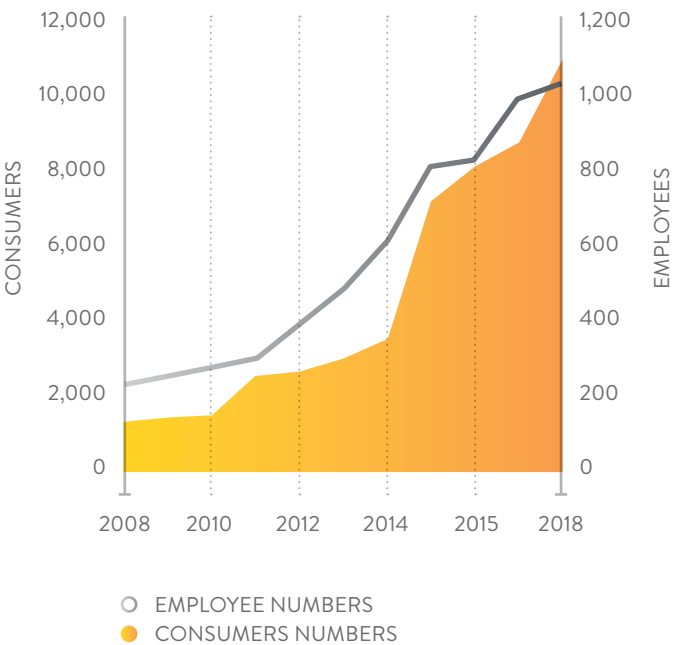
Neami is a values-based, not-for-profit organisation providing services to improve mental health and wellbeing in local communities.

We provide services that support people to improve their wellbeing, live independently and pursue a meaningful life. Our work is person-centred, evidence-informed and backed by over 30 years of experience.

INCOME AND EQUITY



CONSUMERS AND STAFF



We are diversifying the services we offer to support more people across the spectrum of needs.

As we diversify, we're also changing the way that we work. We worked in partnerships across sectors to reach new people and to provide the right support at the right time. Neami now provides a broad range of services including:



COMMUNITY-BASED
SUPPORT



SERVICE
COORDINATION



STEP UP STEP
DOWN



COMMUNITY
PROGRAMS



HOUSING AND
HOMELESSNESS



NDIS
SERVICES



RESIDENTIAL
REHABILITATION



EARLY
INTERVENTION



CLINICAL SUPPORT
SERVICES



SUICIDE
PREVENTION



INTAKE AND
ASSESSMENT



Our 80 services worked in diverse local communities across Australia.

Report from the Chair and CEO

The theme of this year's annual report "what we do now" conveys a message about the changes occurring at Neami.

Neami remains committed to the provision of recovery-oriented services for people with severe and complex mental health issues. Alongside this, the last year has seen exciting opportunities for us to diversify our repertoire of services and broaden our workforce profile.

Influenced by internal and external factors, these changes see us building a presence in early intervention and prevention services as well as further addressing the needs of people with mild and moderate mental health issues.

For a long time, many Neami services were only available to consumers who experienced the effects of long term psychosocial disability or mental illness, and were deemed eligible for a service in accordance with our funding conditions. However, over the years, consumers have indicated that support from Neami earlier in their recovery journey could have assisted in reducing the likelihood of developing a significant disability and experiencing considerable disadvantage.

Neami has wanted to diversify into early intervention, prevention and clinical supports for a number of years. The external environment bodes well for this endeavour, as the Federal Government through the Primary Health Networks (PHNs) has been funding such interventions under the stepped care model.

Neami has been fortunate to have received funding from 15 of the 31 PHNs across Australia,

for a multitude of highly innovative and locally relevant programs. Such programs include suicide prevention, intake assessment triage and referral services, and brief and very brief interventions and educational programs. These programs are operating across Australia, including in areas where we have not previously had a significant presence. We are optimistic that these new services will assist those with emerging, episodic and persistent mental health issues.

With the growth afforded by new services, we are 'broadening our lane' and providing services to a more diverse population. With this comes risks. New initiatives, from both PHNs and State sources, while very welcome and relevant, are being funded at very tight levels with contracts often being short-term. These conditions create instability and uncertainty, and have implications for continuity of care for consumers and workforce planning.

As a national provider of mental health services we are very eager to ensure we maintain high standards of care for consumers, demonstrate safe practices and strive for excellence in consumer outcomes. We are optimistic that PHNs pursuing co-designed services with consumers, carers and providers will play a vital role in the future of the Australian mental health landscape. We support them and their endeavours but are mindful they are still in the early development phase.

A significant focus over the past 12 months has been participating in the National Disability Insurance Scheme (NDIS), through our wholly owned subsidiary, Me Well. The design of the NDIS, especially the typical support packages, creates challenges for the provision of supports. The NDIS support structure, which assumes permanence of the disability and required supports, is difficult to reconcile with our vision and mission. Many of the people we support demonstrate significant improvements in their lives to the point where they can successfully exit our services. The successful exit occurs because the existing support programs, such as Personal Helpers and Mentors, Partners in Recovery and State funded services, quickly build a consumer's capacity, to the point where approximately 70% of consumers can exit the service within a three year period or less.

The NDIS was never designed to replicate or replace the State-funded, community managed mental health service system. We find the decision to cash out the Victorian Mental Health Community Support Services, as well as the programs mentioned above deeply concerning for both consumers and the highly skilled workforce who are likely to be made redundant.

Through Me Well, we will continue to work within the NDIS space focusing on areas assisting consumers to build capacity. We continue to work with the National Disability Insurance Agency (NDIA) and mental health peak bodies to ensure improvements for people with a psychosocial disability can be realised. We are optimistic that the NDIS, being one of the most important social reforms in Australia's history, will have a positive effect on people with psychosocial disabilities. We are also pleased to note that the NDIA appear very keen to listen to consumers' concerns and make adjustments to their services as deemed appropriate. We hope that these changes take effect in a manner that means people are not left without supports as the transition arrangements take effect.

This year Neami took a strong public stand to promote a 'Yes' vote for same sex marriage. As a rights and values-based organisation, which recognises the detrimental effects of discrimination and the significant benefits of a diverse community, we were very proud of the positive result of the Australian Marriage Law Postal Survey. We were also keen to clearly inform our staff and consumers of our support for this important reform. Another planned, purposeful undertaking demonstrating our commitment to social inclusion, is our first Reconciliation Action Plan.

This important piece of work and again reflects our commitment to support a national reconciliation movement.

We have great pride in our Great Consumer Experience Project which takes a holistic perspective of consumer experience. We are exploring with consumers, carers, staff and key stakeholders what a great consumer experience looks like and what role each person plays in achieving that experience. The outcomes of the project will result in an improvement of our organisational systems, processes and structures to best support staff to achieve a great experience for every consumer, every time.

Many positive developments are occurring in Neami amidst a time of unprecedented political and policy change for mental health systems across Australia. We are confident that our strong focus on our vision, mission and values and our strong governance processes will play a key role in keeping us stable and achieving better outcomes for consumers and their carers.

We would like to take this opportunity to say farewell to Stephen Brand who retired as a Director of the Neami Board in October 2017. Stephen's work since 2006 as a Director and his leadership as Chair of the Board from 2011 until 2016 demonstrated his commitment to improving the lives of people with a mental illness. We also say goodbye to Director Douglas Holmes who was first elected to the Board in 2007. Doug was crucial to Neami's success especially in the early days in NSW. Doug has a great ability to advocate for the consumer experience and remind us all of why we are doing what we are doing.

Finally we would like to thank our funders, key partners, stakeholders, staff and most importantly the consumers and carers who demonstrate incredible resilience and courage to embark on their journey of recovery. We look forward to the next year.



Sonia Law

Chair




Arthur Papakotsias

Chief Executive Officer

Providing services that meet community needs

Our new services are more diverse and support people right across the spectrum of needs.



From service design through to implementation, our new services focus on flexibility and consumer experience to support more people with a greater range of needs. Working with clinical, primary health, and community services, we offer faster access, continuity of care, and a greater consumer experience to support changing needs.

Steps to Wellbeing

Low-intensity coaching support to manage stress, anxiety and improve wellbeing.

SPconnect

After-care support for people following a suicide attempt or a suicidal crisis.

Connect to Wellbeing

Streamlined, person-centered intake, assessment, triage and referral service.

Supported Transition and Engagement Program (STEP)

Long-term housing and wrap around support for people sleeping rough.

Street to Home

A housing-first approach to supporting people sleeping rough to find and maintain sustainable housing.

Towards Home

Intensive, flexible support and accommodation for people with histories of recurring and persistent homelessness.

Nundah House

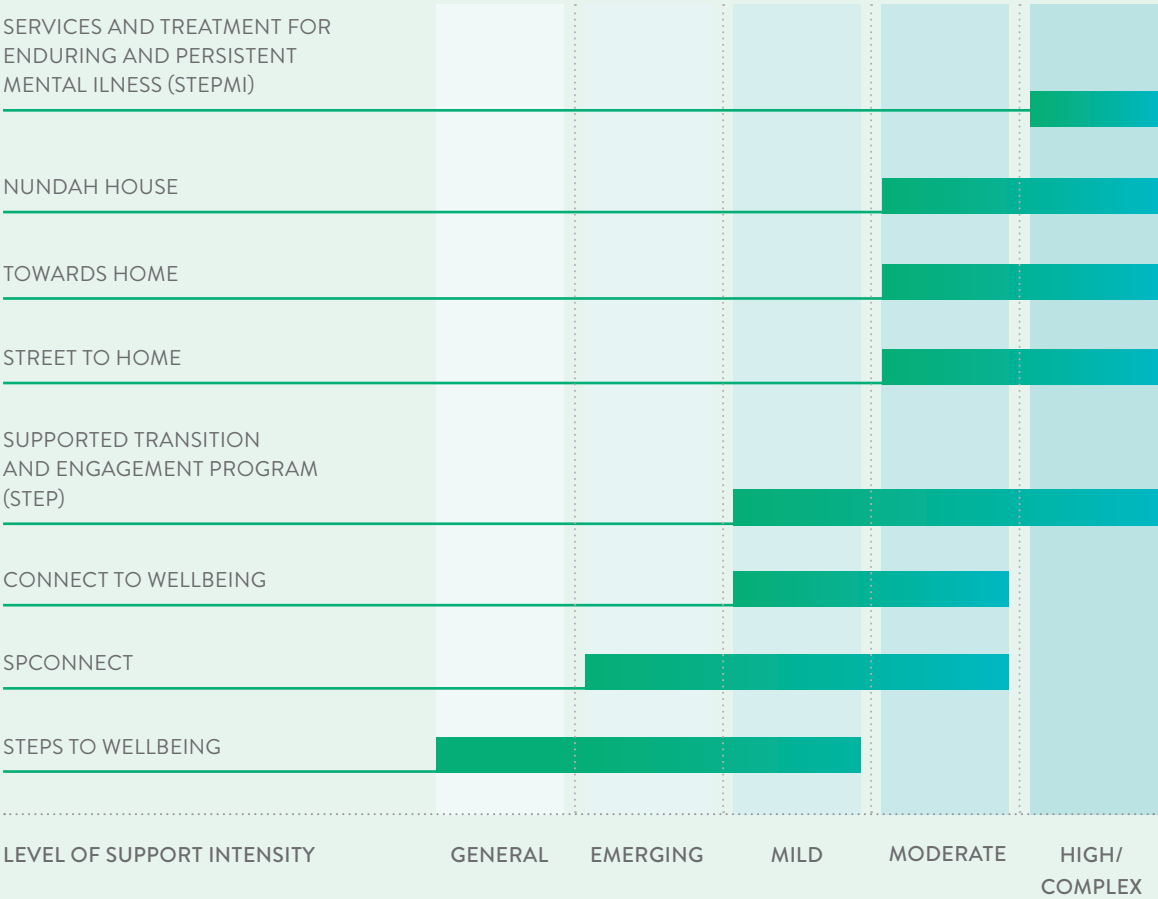
Short-term, residential service to avoid hospitalisation or support transition following hospitalisation.

Services and Treatment for Enduring and Persistent Mental Illness (STEPMI)

Support for people with enduring and persistent serious mental illness, including clinical care coordination.

We increased our capacity to support more people, with shorter interventions, on the ‘emerging’ and ‘mild’ end of the stepped care model.

Our new services range from providing early intervention of the generally well population, through to providing high levels of support for people with complex needs.



What *we* do now.

Working together to make a positive impact

We work with others to complement our strengths and fill in the gaps.



Our expertise in mental health, in coaching and in connecting people to support, helps us to provide value for the broader community. This year we worked with funders and service providers across sectors to help us achieve our mission.

For a full list of partners go to www.ar.neaminational.org.au



Consortia

Growing its services, the Links to Wellbeing consortium drew on the strengths of each organisation to provide counselling and support services in Adelaide.



Collective impact

As part of the Adelaide Zero Project, we are working with 35 organisations across different sectors to achieve Functional Zero street homelessness in the inner city.



Design thinking

Community Housing Limited and Neami developed a vision to provide holistic and integrated case management for veterans in WA, identifying problems and creating a range of solutions.

From co-designing services to advocating for a better system, our partners helped to deliver the right service to make a positive impact.



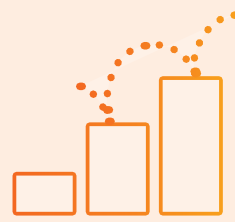
Strengths-based collaboration

With Bridge Housing, Women's Housing Company Limited, and Metro Housing, we established the Supported Transition and Engagement Program for people sleeping rough to secure long-term housing and access wrap-around support to remain housed.



Clinical partnerships

In partnership with St Vincent's Hospital, Royal Prince Alfred and Prince of Wales Hospital, SPconnect provides comprehensive after-care support for people following a suicide attempt or a suicidal crisis.



Sense-making

To create Connect to Wellbeing we worked with Northern Queensland PHN to develop a single point of entry to mental health services across the Stepped Care Model in northern Queensland.

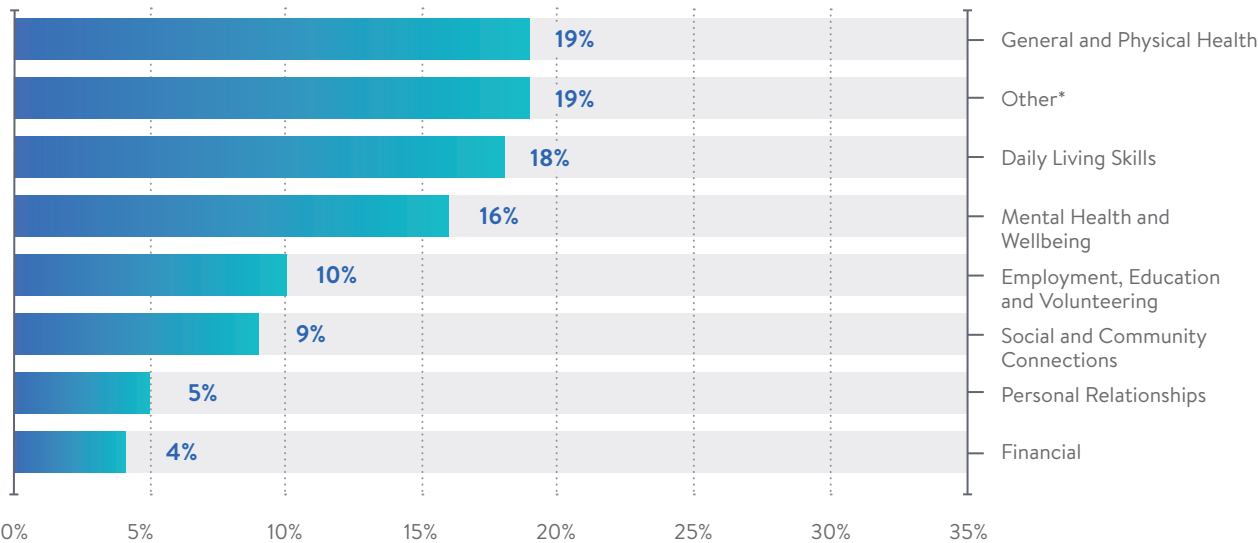
Improving the consumer experience

Understanding each person’s needs and goals provided better experiences and better outcomes.

We take the time to speak with the people who use our services, their carers, family, and other support systems. Having these conversations makes it easier to deliver the right support at the right time.

Areas of the most commonly identified goals

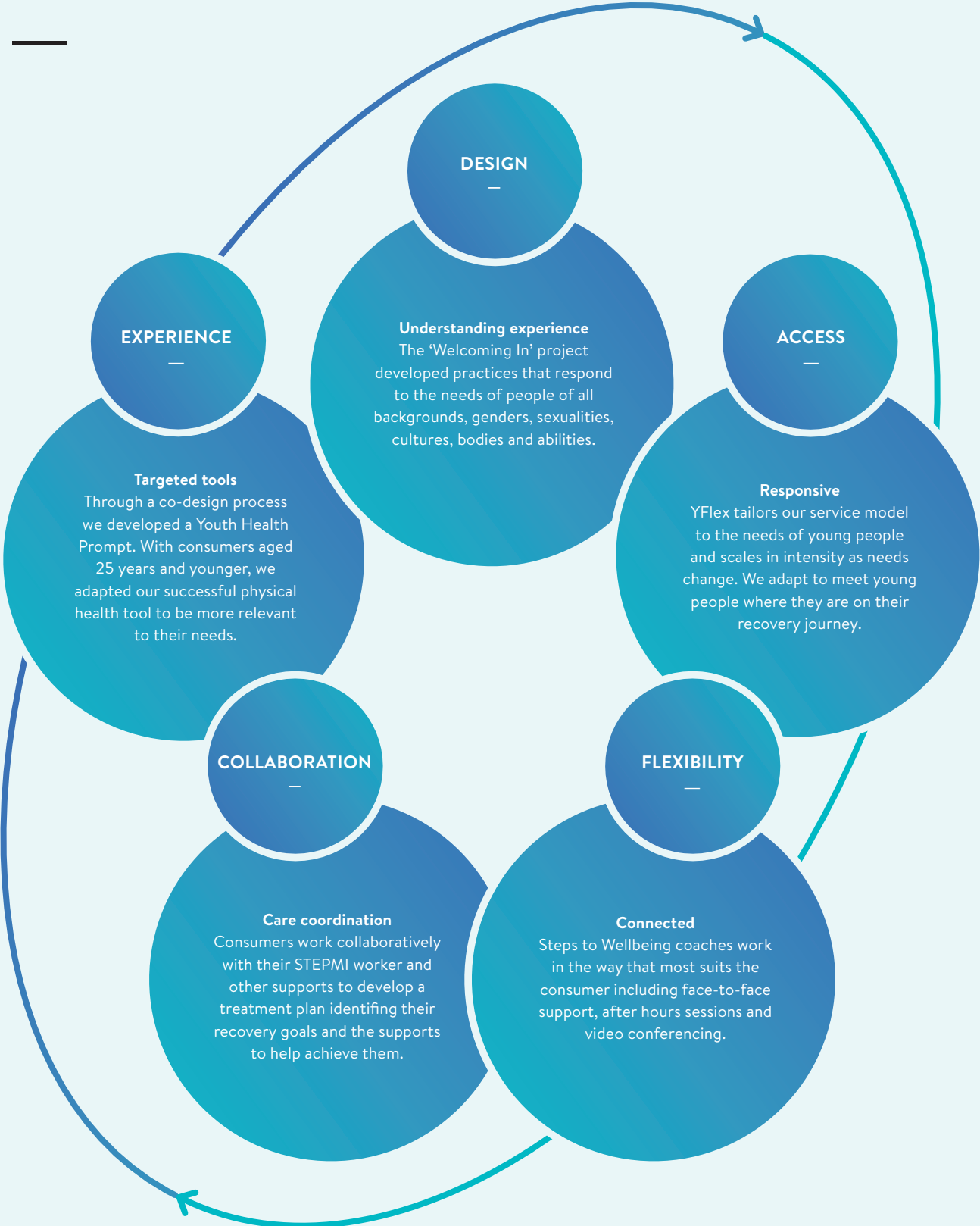
Our services are tailored to meet people’s needs and goals.



*includes art, creative practice and personal goals

Source: CRM protocols

By listening, learning, and testing, we continued to improve the consumer experience.



What *we* do now.

Push for a working NDIS

As a result of the National Disability Insurance Scheme (NDIS) we have strongly advocated around three main areas of concern.

We are deeply concerned about the defunding of Victorian community-based psychosocial support in the wake of the NDIS. The ongoing instability of mental health funding around Australia is leaving many consumers vulnerable, without reliable access to support. We will continue to advocate for changes to improve the scheme and the refunding of Victorian services.

Meeting with state and federal policy-makers, as well as advocating through peak bodies and member organisations, we continue to push for changes to funding to meet the realities of people living with mental illness.

Need for assertive outreach

We know the importance of assertive outreach for those living with mental illness who are traditionally 'hard to reach' or not actively engaged with support. For these people, navigating the challenges of the NDIS to gain an appropriate NDIS Plan can be especially difficult, if not impossible, without the right support. Providing fast, effective and simple access for these people is a key priority across all our services.

Need for early intervention

While the NDIS does address early intervention, the focus is on early intervention for children. We have advocated for the need for early intervention initiatives and support for people of all ages, to prevent acute episodes and avoid higher levels of trauma.

The gap and its impact

The episodic nature of mental illness does not easily match the NDIS' idea of 'enduring and persistent impairment', which can result in many people falling through the 'gap'. With the defunding of community-based mental health services, people who may engage on average with a Neami service for around two years, and return periodically for additional support when they are experiencing crisis or are becoming unwell, can no longer access community-based mental health services, yet they also don't meet the NDIS criteria for support.

We continue to share outcome data and consumer stories to explain how the changes introduced by this scheme are resulting in people falling through a 'gap', and the impact that this has on individuals' lives.



‘I was taught by the old school how to do things. But Sally and the NDIS have taught me new skills.’

Prad

Pursuing better mental health and wellbeing with the NDIS

Our wholly owned subsidiary, Me Well, delivered NDIS services and supported customers in their transition to the NDIS.

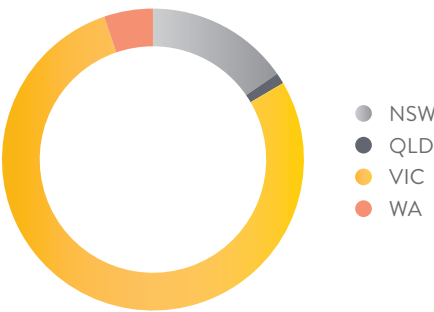
Now in its second year of operation, Me Well supported people across Victoria and continued to build services in New South Wales and Western Australia. With the slowing of the NDIS rollout in South Australia, we supported current consumers to prepare for the transition. We established our Me Well presence in Queensland, where we will ramp up our service offering over the next 12 months.

We first embarked on NDIS service delivery to provide continuity of support to consumers and to expand how we deliver on our vision and mission. With a deeper understanding of NDIS service design and the financial challenges of the NDIS environment, we continue to evaluate and adapt our service offering. Through Me Well, we will continue to provide support coordination and capacity building services.

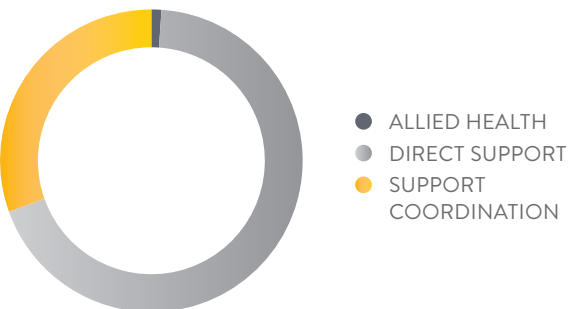
We remain committed to supporting people under the NDIS, and the future of Me Well in providing high-quality and safe NDIS services.

Me Well staff worked with 858 customers across New South Wales, Queensland, Victoria and Western Australia.

Where Me Well customers are located



Type of service Me Well customers accessed



Providing space to get well and reconnect

Complex needs require a multitude of perspectives, supported by open and robust relationships.

When people are becoming unwell, leaving hospital, or making the transition to a stable home, having the time and space to connect with their communities is critical to a successful transition.

We work with clinical and specialist teams to ensure people have access to the right support when they are taking a break to get well.

Tailored residential support and rehabilitation

Nundah House is a short-term, residential service operating in Brisbane. The service plays an effective role in helping people avoid hospitalisation, supporting rehabilitation, and facilitating transition to the community following acute care.

Run in partnership with the Metro North Hospital and Health Service, Nundah House provides an option for people who are becoming unwell or are still recovering from an acute illness. Blending clinical and recovery-focused community support, Metro North Hospital and Health Service provides clinical leadership, assessment and triage, combined with Neami's recovery-based approach and commitment to quality, safety, and clinical governance.

The service functions as a 'step up' from the community into a supportive residential environment as people become unwell, or a 'step down' from a hospital setting to support a return to the community.

Nundah House offers a balance of individual support provided by a multi-disciplinary team, including staff with a lived experience of mental illness, coupled with a comprehensive and structured group program. We know from our evaluations of our step up step down services, that this model of support can result in significant reductions in hospitalisation and levels of distress.

Flexible, specialist support and accommodation

Towards Home provides intensive, flexible and specialist support and accommodation for people with histories of recurring and persistent homelessness.

The program uses a trauma-informed and collaborative approach to provide a safety net for vulnerable individuals, helping them to get back on their feet and access permanent housing. The 12-month residency provides access to responsive, individually targeted, wrap-around support.



'Recovery for me means taking each day as it comes and focusing on the positives. And knowing that you're going to be okay.'

As a partnership between Neami National and Launch Housing, supported by the Victorian Government, Towards Home uses a tailored, strengths-based approach to help residents gain and maintain independent living skills.

The productive partnership is key in providing people with stable, secure accommodation, and allowing them the space and time they need to improve wellbeing, social connectedness, and their mental and physical health.

'Our shared passion and commitment to permanently ending the homelessness of marginal rough sleepers has been a fantastic fit.'

Andrew D'Arcy
General Manager - Getting Housing
Launch Housing

Kelly

'I was in hospital earlier in the year. My case manager from the clinical mental health service suggested Nundah House. I chatted to two people from Nundah House and they said it'd be alright if I stayed. I ended up staying for four weeks.'

'Nundah House was really modern and beautiful. There were all these different people there. The staff workers were really nice and just easy-going and not pretentious. At night-time we'd all get together and help cook. It was a bit overwhelming at times but not in a bad way it was just sort of a shock to the system. The people were nice.'

'I'm with Neami Partners in Recovery now. My current support worker is really lovely. If you've got an issue with something or if something's not working out they can help you work out the situation.'

'I was really unwell before I was with Neami, a lot of things happened. But they were very helpful and genuine people. My support worker helps me work through things. Just living life. You know, you're not always positive even when you are well. But you know you're going to be ok.'

Kelly has been a resident at Nundah House and is supported by Neami through Partners in Recovery.

Connecting people with the right support

We have taken the opportunity to deliver innovative services across the stepped care model.

With programs across 15 different Primary Health Networks (PHNs), we have consolidated our understanding of the 'pilot' style to commissioning programs. We know that while this short-term approach brings a unique set of challenges, it affords us the opportunity to develop new ways of doing things to meet the specific needs of target populations.

Suicide prevention through connection

SPconnect was developed with the Central and Eastern Sydney PHN to provide aftercare support for people following hospitalisation for a suicide attempt or suicidal crisis.

Delivered in partnership with St Vincent's Hospital, Prince of Wales Hospital and Royal Prince Alfred Hospital, SPconnect staff work within each hospital to facilitate referrals and fast track access and connect people to local community support.

By partnering with local hospitals, SPconnect meets people at a crucial point in their recovery, ensuring that they have access to the right mix of services to assist a successful transition back into the community and to prevent suicide.

With staff working with three hospitals and in the community, the service has overcome the

complexities of working across organisations through a collaborative and iterative process, including ongoing consultation with consumers. By bringing a recovery focus, including the recruitment of staff with lived experience of suicidality, we are developing an intervention-targeted approach.

Streamlined access to mental health services

Our Connect to Wellbeing service is working with Northern Queensland PHN and local mental health services to facilitate a transition to the new stepped care model of service delivery. For people who would have previously accessed ATAPS (Access to Allied Psychological Services), we are providing a single point of entry and delivering a streamlined approach. We have seen our participation in the new model reduce waiting times and offer a more supported consumer experience for people in northern Queensland.

Offering intake, assessment, triage and referrals from offices in Mackay, Cairns and Townsville, our clinicians manage referrals from GPs and primary health teams across the enormous geographic region. Using a person-centred approach to determine an individual's needs, Connect to Wellbeing clinicians refer consumers to the most relevant and available local support services.



'Recovery would mean to let go of these past things that have happened in my life and keep me stuck in that headspace.'

Meeting with GPs and primary health teams across the region and tapping into existing networks has helped Neami to develop our processes and refine our approach to providing streamlined access to services. We will continue to listen to, and work closely with, GPs and primary health teams as we broaden our offerings and bring more services and regions online.

Early intervention for young people

YFlex operates in the north of Melbourne for young people aged from 12-25 who are facing significant barriers to accessing mental health services. Access is targeted to include people who are from diverse backgrounds, are geographically isolated or have a lack of service options.

Working with the Eastern Melbourne PHN we developed the program to deliver recovery-focused support, with integrated clinical care.

YFlex focuses on early intervention for young people who are hard to reach, minimising the interruption to young people's development and community participation.

By building strong and trusting relationships, including a vibrant peer work component, the program supports engagement with education, employment, leisure, family and social connections. The service also reconnects people with mainstream health, mental health and community support as soon as they are ready.

What *we* do now.

Blake

'My old school put me in touch with YFlex. They got in contact with me because I was going through a bit of a rough spot. I wanted to get out of it and the only way to do it was to get help from other people. I've never gone out of my way to do anything like that before. It was weird to get used to, talking about it, but definitely worth it.'

'Not wanting to believe I had mental health issues, I didn't try to fix anything and ignored those feelings. I couldn't control it and I needed some help. I've been going there for seven or eight months.'

'Over time it's gotten better. I just keep going to YFlex, and they're so understanding of the situation it has made it a lot easier to speak about things and not make it so awkward.'

'The social worker helped me get in contact with my old dentist and is also helping me with my back. I know that I should go see the doctor and get my teeth fixed and whatnot but it's a lot harder for some reason to do it by yourself than when there is someone there to be supportive of the decision I'm making. It's good to know that someone cares.'

Blake is supported by Neami YFlex in Victoria.

Working to end homelessness

We worked with over 900 people in New South Wales, Victoria and South Australia to make housing a real option for those experiencing homelessness.

We contributed our experience of supporting people to live independently in the community, and our specialist mental health expertise, to work with organisations across sectors in supporting people sleeping rough and experiencing homelessness.

A housing-first approach supporting people sleeping rough

Street to Home is a housing-first approach, supporting people sleeping rough in the Adelaide CBD to find and maintaining sustainable housing.

Working with the Department for Communities and Social Inclusion and the previous providers, we successfully ensured a smooth transition by focusing on the needs of people sleeping rough.

We were fortunate to be able to bring some existing staff members across to support the continuity of service. We were also able to work closely with local community services, businesses, and members of the public to establish the trust required to deliver the assertive outreach program. The program has a lived experience component, helping to support clients who have recently moved into housing.

We know that once people are in a stable home, it's much easier for them to make other changes to improve their health and wellbeing. Since commencing the service, we have assisted more than 40 people into housing. Our outreach teams

have worked with over 250 people sleeping rough to identify their needs and assist with housing, access to health, financial relief, legal support, and many other aspects of wellbeing.

Strong collaborations with SA Housing Authority, Community Housing, South Australia Police, Correctional Services, Royal Adelaide Hospital, Hutt Street Centre, HYPA, BaptistCare, and many other homelessness service providers, has enabled Street to Home to prove itself as a valuable and integrated support service in the Adelaide CBD.

The Street to Home team has supported the successful implementation of Street Connect. Street Connect is a SA Government initiative, for members of the public to notify Street to Home if they have seen someone they think is sleeping rough in the Adelaide CBD, or surrounding parklands. To date, Street to Home has responded to 100% of these notifications with offers of support to people sleeping rough.

Ending street homelessness in inner city Adelaide

Neami is a major partner in the Adelaide Zero Project, an innovative collective impact project led by the Don Dunston Foundation, committed to ending 'functional' street homelessness in inner-city Adelaide.



'Recovery for me is a continuing process. It's a gradual process of accepting yourself, not being too down on yourself. Recovery is wanting to continue life.'

Neami, through our Street to Home service, are the lead agency for the Adelaide Zero Project By-Name List, which involves knowing every person sleeping rough by name. Importantly, this creates an opportunity to have a conversation and hear each person's story. Knowing each person and having real-time data on homelessness has allowed the project to understand gaps in current services across the sector. The data further informs us about which strategies are most effective in reducing the number of people sleeping rough.

'As a major partner in the Adelaide Zero Project, Neami's vital collaboration with other organisations has been integral to working towards our common goal of ending homelessness.'

David Pearson
Executive Director
Don Dunstan Foundation

George

'I had several jobs throughout my life. In 1999, I stupidly started using drugs. I had a few mental health issues, which I believe I was self-medicating for. When I turned 50, after many years of abuse and gambling problems, I became homeless, and I was homeless on and off for about four years.'

'I was sleeping rough one night and the people from Street to Home came along. They were trying to talk to me and even get me a place to sleep for a night or two, and I was a bit... not in the right frame of mind at the time.'

'I had a few hospitalisations around that time as well. I have bipolar disorder and severe depression. I reached a stage where I was going to give up. So, in desperation, I remembered Street to Home. I went in there and said to them, basically, "I don't think I can do this anymore." And from there they gave me all the help in the world. It all happened very quickly.'

'I still have very many bad days. But hopefully it gets better and better. You have to be in the state of mind where you want to help yourself. It's just ways of thinking.'

George is supported through Street to Home in South Australia.

Understanding what supports recovery

We supported high-quality, ethical research and evaluation that translates knowledge into improved services and better outcomes for consumers.

In 2017-18 Neami's Research and Evaluation team participated in 40 research projects.

3 homelessness and housing studies

5 program and intervention studies

9 physical health program and intervention studies

11 research programs on broader issues impacting on health and wellbeing

12 service evaluations

CRM renewal project

The Collaborative Recovery Model (CRM) has underpinned our service offering since its implementation in 2009, and provided an overwhelmingly positive experience for Neami.

The evidence-based model was developed by the University of Wollongong (UoW) and has become the signature model for Neami services. It is well received by consumers, staff and partner organisations alike. The positive findings in our 2014 CRM Fidelity study, strongly reinforced our belief in the value of the CRM.

In recognising the value the CRM has provided, we are working in partnership with the UoW to comprehensively review the CRM. We recognise that with the changing environment in the mental health sector, the model needs to be renewed to align with emerging evidence and different ways of thinking.

The review process is to be conducted over the next three years, and will be looking to strengthen the model to ensure it is fit for current and future practice. This will include initiatives to:

- Increase lived experience perspectives
- Incorporate culturally relevant materials and models

- Enhance flexibility in the use of the CRM protocols
- Broaden the approach to training, including online delivery

Informed by consultations with consumers, carers, staff, and key stakeholders, and a thoughtful review of the impact of any changes, this project will deliver an evolution of our core service model.

Co-designing service quality

This year, we concluded a study to evaluate the impact of the Joondalup Mental Health Step Up Step Down service (JMHSS) regarding its value to the local health system and its consumer recovery and wellbeing outcomes.

The initial report had encouraging results, with findings indicating that consumers can achieve significant recovery and wellbeing gains throughout of their stay.

We compared changes in hospital admission rates for people who spent time at JMHSS, explored the gaps in the system that the service fills, as well as areas for improvement. We also compared the outcomes to a matched group who did not use the service. This comparison revealed statistically significant differences in people’s hospital usage after spending time in the JMHSS.

An important component of the JMHSS evaluation, involved the establishment of two quality improvement working groups. Led by principles of co-design, members undertook a collaborative inquiry process to review findings from the study, and provide insights from experience and observation about areas of practice and process.

The evaluation had objectives in three main areas: measurement practices, service gaps and continuity, and quality standards. Taken together, the findings in the evaluation provided both encouragement for the value of practices at the JMHSS service, and clear directions for how service quality can be strengthened.

The results also highlighted the potential to achieve remarkable levels of insight and innovation when service users and service providers come together to co-design service quality improvements.

Joondalup Mental Health Step Up Step Down evaluation

13-16%
reduction in hospitalisations

50-59%
reduction in likelihood
of being admitted

7-8
less days per year spent in hospital

37-39%
reduction in the likelihood
of presenting to emergency departments

NSW suicide prevention team

Sharon, Claire and Cassandra talk about their experiences of supporting the community to prevent and better respond to suicide.

Sharon: I'm the Suicide Prevention Worker at the Orange site in NSW. I've been with Neami for nearly a year. My background was working over ten years in mental health.

Claire: I'm the Regional Manager for Neami for Western NSW. So my role is as the Manager for the Suicide Prevention Program, as well as other things. I've been with Neami for two and a half years.

Cassandra: I'm the Suicide Prevention Worker in Dubbo, NSW. I've been with Neami for nearly four and a half years, originally with the Rehabilitation and Recovery Centre, and now as a Suicide Prevention Worker.

Claire: The Suicide Prevention Service in Western New South Wales is funded by the Western NSW Primary Health Network (Western NSW PHN) and works within the LifeSpan model that the Black Dog Institute has developed. We're providing psychosocial support after a suicide attempt, and also psychosocial support for people who are at risk of suicide or have thought about it. We're using the Optimal Health Program (OHP) to do that.

We're also capacity building by delivering mental health first aid to some of our participants and other people. And we've been working with Roses in the Ocean to develop a lived experience consultative network for the PHN.

Sharon: I cover Orange and Bathurst. I'm also doing groups out at Parkes. And we're just about to start some up over in Cowra.

Cassandra: I've delivered the Optimal Health Program to people who are finding autonomy for the first time in their lives and understanding collaboration.

Sharon: There isn't a typical day as a Suicide Prevention worker - every day is different because I travel to different communities. We try and take it to the community so they're not in that sort of clinical setting. There's also a lot of networking with people in the community to get the word out that we're running this program.

Cassandra: One of the consumers I work with said to me: "I've done lots of programs in my life and doing the OHP program was nothing like I've ever



Sharon, Claire & Cassandra

done before. One thing that I can take away from this program is that I never knew about positive stress and negative stress". I love how the OHP program is a framework for staff to work with and then add their own signature and style. It makes it authentic to the trainer when delivering it to the consumer.

Sharon: I've had some people say "We've never actually had the opportunity to be asked these questions about ourselves." It's always been about medication, ticking the boxes, being discharged. But we're getting back down to what they hold valuable in their lives.

Claire: It's like we're all in it together. The OHP gives us a framework, and we learn from consumers and they learn from us. Everybody's equal. It's just about sharing.

Sharon: We're supporting people who've tried to take their own lives. We listen to their stories and, as we go through the OHP, we put strategies and health plans into place with them.


Claire: To do this work, the main qualities needed for a suicide prevention worker are compassion and the ability to sit with someone. To sit with their distress even when they're not able to do something about it. And to be strength-based; to offer hope and belief that people have the expertise within themselves to get through this.

Cassandra: Definitely compassion. I think being authentic and being able to offer hope are the qualities you need to have.

Sharon: For me it helps to have great listening skills. Empathy; everyone's a human being and everyone deserves to be supported throughout their lives. It's not us telling them what they need to do. It's them thinking about what they need to do.

Staying true to our values

Despite the significant changes across the sector, we remain committed to delivering services and experiences that reflect our values.



Valuing diversity and inclusion

This year we celebrated the launch of our Diversity and Inclusion Framework. As a national service provider, we believe we have a responsibility to develop strategies, projects and policies that move beyond 'treating everyone the same'. The framework guides us to consider the unique circumstances of oppression, marginalisation and discrimination that can impact the access of marginalised people and communities to services.

We understand that achieving safe, accessible and culturally responsive service environments and workplaces, takes a whole-of-organisation approach. One that celebrates, values and includes people of all backgrounds, identities, cultures and experiences. This approach aligns with our vision of full citizenship for all people living with mental illness.

We were proud to support marriage equality and endorse a 'Yes' vote in the Australian Marriage Law Postal Survey. We wanted to send a strong message that we respect every person equally and believe that marriage, as a public institution, should be open to everyone.

As a national mental health provider, we recognised the impact the debate had, particularly on LGBTIQ staff, consumers, their family, friends and carers. We're delighted that Australia voted 'Yes' and sent a strong message that all Australians are equal and valued.

Staff Engagement Survey

The adaptability and shared values of our staff and their deep commitment to improving the lives of consumers was reflected in the positive results of our annual Staff Engagement Survey.

Although the overall participation rate dropped from the previous year, we were particularly pleased with the results of the survey, given the many challenges and uncertainties facing our workforce. We will continue to invest in highly skilled staff that share the organisation's values.

64% of staff participated in our annual survey of staff attitudes to culture and workplace value.

87% are proud to work for Neami

86% agreed that Neami allows them to make a positive difference

85% recommend Neami as a great place to work



A group discussion at Nundah House.

Build capacity through quality training

We see our role in building the capacity of the community to respond to people's mental health needs as vital to our vision and mission.

Neami's Learning and Development team and our training business, the Centre for Recovery Orientated Practice (CROP), actively support workforce development through quality training. By investing in high-quality training, we ensure that our staff receive the support required to equip them to work with confidence and excellence.

CROP continued to make a strong contribution to the evolution of the Optimal Health Program, which has been the gateway to both clinical partnering and building closer ties with local universities. We are committed to bridging the divide between clinical and non-clinical services and CROP continues to help us achieve this.

CROP also contributed to our commitment to consumer and carer capacity building, through the delivery of consumer and carer training. We will deepen our commitment to consumer and carer capacity building by delivering peer health coaching training in the coming year.

To build capacity in the broader community, we are partnering with PukaUp, a new social enterprise, to place mental health literacy front and centre across corporate entities and the AFL. We will continue to seek new opportunities in the corporate sector, to deliver training around mental health literacy and wellbeing coaching.

CROP worked with 68 agencies in the 2017-2018 period, predominantly in the dual diagnosis and wellbeing coaching arenas.



‘I’m more aware
of myself and my
goals. I’m able
to look at myself
and realise what
I need.’

Brook



Peter Gianfrancesco
New South Wales
State Manager

We have taken risks, drawn on our creativity and remained optimistic to pivot and grow.

Following the recommissioning of the Housing and Support Initiative (HASI), we faced a big change. In the re-tendering, we were successful in some regions; however, several of our longest-running services were unsuccessful. We said goodbye to a large number of staff and consumers, many who had been with us for a long time. While it was difficult to say farewell, we welcomed new consumers and colleagues in the west, and the central and mid-north coast.

Our regional footprint will continue to grow as we invest in country services and community capacity building. Partnering with terrific organisations such as Roses in the Ocean, we are working to improve suicide prevention in Orange, Dubbo and Broken Hill. With the help of local expertise, and a continued commitment to providing senior leadership across Western and Far Western NSW, we will increase our regional services to reflect a pivot to the west.

Closer to Sydney, we have seen the development of collaborative partnerships with St Vincent's Hospital, Royal Prince Alfred Hospital and Prince of Wales Hospital. The SPconnect service supports people following a suicide attempt or a suicidal crisis. With staff working from within the hospitals, we can provide continuity of care for people to connect with local support. While still early in its development, the partnership has seen us challenge established perceptions, and demonstrate that clinical and community services can work together towards the same positive outcomes.

Instrumental in our renewed optimism is our relationship with the Department of Family and Community Services (FaCS). We celebrate having

a state government that invests in long-term approaches to societal change. While we actively engage with new and innovative approaches, in partnership with several PHNs in NSW, we understand that our challenge is to shift from innovation to long-term service sustainability. The Supported Transition and Engagement Program (STEP) that began running in mid-2018 demonstrates such a commitment. The program provides funding to ensure people supported into housing receive post crisis support over the long-term, which increases the sustainability and efficacy of support.

Diversifying who we work with has been a key aim since the launch of our Strategic Directions last year. We are confident that our prioritisation of the consumer experience and our pursuit of purposeful partnerships is key to our more diverse and secure revenue in NSW. The increased security sees us supporting more people and employing more staff than ever before.

'The NSW Department of Family and Community Services (FACS) and Neami National share a vision to improve how we support people sleeping rough, which includes a new approach to rapidly house people in sustainable long term accommodation while providing post crisis support and connecting them with health, education and employment services.'

Penny Church

Director Commissioning and Planning, Department of Family and Community
Sydney, South Eastern Sydney & Northern
Sydney District

Queensland



Karen Thomas
Queensland
State Manager

We are excited by opportunities to demonstrate our strengths and to provide high-quality services.

Having had a long-term but modest footprint in Queensland, we are thrilled to open four new services in the last year, with more to come in late 2018.

Our new intake, assessment, triage and referral service, Connect to Wellbeing, generated much of the activity. By building a strong relationship with the Northern Queensland PHN, we have been able to work quickly and design a service targeted to local needs. Getting out and speaking with GPs and community health services, has been critical to helping streamline access to mental health services across northern Queensland. With support from the Northern Queensland PHN, we have worked rapidly and iteratively to refine the approach to connect people to the right support, and work through significant waiting lists. Having the resources of a national organisation has been instrumental in resourcing the rapid deployment of our new services.

Being able to work quickly and scale our services up and down is a focus for us here in Queensland. As we see some of our longest running services, the Personal Helpers and Mentors (PHaMs) and Partners in Recovery, start the transition into NDIS, we know that through our subsidiary, Me Well, we will need to ramp up or slow down our offerings to meet the need in local communities. PHaMs initially brought Neami to Queensland, and we will ensure support is available to consumers and staff through any transition. I am continually impressed with the work and attitude of the Queensland staff. The team's consistent display of resilience and commitment to consumers is reassuring in these times of disruption.


We continue to work with clinical services in our Recovery and Rehabilitation services and the new Step Up Step Down service in Nundah. As an organisation, we have invested in a comprehensive approach to clinical safety and governance that allows us to work successfully in this area. Managing the complexities of collaborating across clinical and community services, is an ongoing process and one where we bring considerable skill and experience. We know that working closely with clinical services results in a real reduction in hospital stays for consumers. We draw on our strong staff culture and our values to work constructively in delivering person-centred, recovery-oriented mental health support.

As we seek to broaden the services we offer, we also seek to partner with others who complement our strengths. We know that together we can extend the positive impact our services make in people's lives. By working in partnership, we ensure the reach and sustainability of services is extended to support people to improve their mental health and wellbeing.

'We are aware that to make the most impact upon service and system reform we will require extensive partnerships with all sectors, particularly the Not-for-Profit sector as these are by their very definition in business to effect better outcomes for consumers.'

Gillian Yearsley

Director Mental Health, Northern Queensland
Primary Health Network



‘I’m looking at
strengthening
myself in areas
where I can step
forward.’

Alana

South Australia



Kim Holmes
South Australian
State Manager

We are adding value through rich partnerships and our specialist mental health knowledge.

This year, we have seen positive outcomes from our approach to working collectively. By diversifying our service offering, and being open to working with organisations both inside and out of community-based mental health, we have experienced growth and feel confident in the sustainability of our services.

The Links to Wellbeing consortium gives us a positive example of how working together in partnership, maximises the benefit to consumers. As the relationship between Neami, Mind, Skylight and UnitingCare Wesley Bowden has matured, we are working collaboratively despite a more competitive environment. Our role as the lead in the consortia, has given us insight into how, by working together, we all have a renewed focus and greater capacity to deliver PHN-funded programs in Adelaide.

While we are excited to participate in the new PHN programs, we welcome the return of the Intensive Home Based Support Services (IHBSS). Drawing on our rich history of working with people who are experiencing acute mental illness, this service provides intensive, short-term support to avoid hospitalisation. Having delivered IHBSS services until 2014, we value our role in making IHBSS available, including in country communities, with our new services in Port Pirie and Port Lincoln.

We have strengthened our relationship with The University of South Australia, by partnering with the Mental Health and Substance Use Research Group for the Shared Learning in Clinical Practice symposium. The event brought people together to consider and discuss themes around therapeutic engagement, choice and risk, within a mental health

recovery framework. We were also eager to see the publication of a report on our Next Steps eco-health program by the School of Art, Architecture and Design at the university.

Our evidence-based focus has been used to support the Adelaide Zero Project. This collective impact project, led by the Don Dunstan foundation, plans to achieve 'functional zero' homelessness in the Adelaide CBD. Helped by our new Street to Home team, we are using data to build a picture of who is sleeping rough. By knowing each person sleeping rough, we can design services that best support people into sustainable housing.

The Central Adelaide and Hills Partners in Recovery team continue to support people in preparation for the transition to the NDIS. While readying our wholly owned subsidiary, Me Well, for NDIS services, the delayed rollout has given us the opportunity to work more closely to prepare people for the complexities of the transition.

While we see the NDIS as an opportunity, we are mindful that to be successful, the scheme must complement a strong and vibrant community mental health system. With our collective approach across PHN programs, alongside our experience in supporting people with persistent and complex needs, we are well-placed to deliver services that make a positive and lasting impact in our community.

'It's important to understand that partnerships are not a soft option, they are hard work. Nurturing partnerships can most definitely improve outcomes for consumers by bringing together collective wisdom, expertise and clout.'

Fiona Kelly

Chief Executive Officer, UnitingCare Wesley Bowden



Glen Tobias
Victorian
State Manager

Our expertise and values will enable us to regrow following a significant reduction in funding.

In Victoria, we have seen several Neami services close and more than 200 staff lose their jobs as funding ends for our Mental Health Community Support Services (MHCSS). With exemplary professionalism, our staff members have continued to focus on supporting consumers despite uncertainty in their employment. Due to the cuts, we have seen the closure of some of our longest running services – services with rich and cherished connections to the community. We have lost highly skilled, valued and passionate people to other sectors, but know they will make a positive contribution wherever they go.

While the National Disability Insurance Scheme (NDIS) created massive changes, we were able to deliver high-quality, safe and evidenced-informed services to nearly 700 people, through our wholly-owned subsidiary, Me Well. Despite the uncertain environment, we are delivering services that make a difference. We will continue to advocate both through peak bodies and directly to the government to address the loss caused by defunding the MHCSS.

As we reckon with the significant disruption of the NDIS, we have seen some success in working with future-focused Primary Health Networks.

Getting our early intervention service, Steps to Wellbeing, right, has meant working closely with the Eastern Melbourne PHN (EMPHN). Being open to change, we have shaped the service to work with consumers outside our traditional cohort. Also funded by EMPHN, YFlex is providing clinical, recovery-focused support to young people. Tailoring interventions based on individual circumstances, has meant young people in the north of Melbourne have easier access to high-quality support.

We are very pleased to work with the Western Victorian PHN and the Wathaurong Aboriginal Co-Operative in the Geelong-Otway region. The Services and Treatment for Enduring and Persistent Mental Illness (STEPMI) works collaboratively with consumers, carers, family and primary health teams, to connect people with the right support within their local community.

We continue 31 years of supporting people to find and maintain secure housing with the Towards Home program. The program provides supported accommodation to people with a history of recurring and persistent homelessness. This partnership program between Neami and Launch Housing will expand to three locations this year. Our complementary strengths and shared values are key to providing people with stable, secure accommodation.

It is bittersweet that while we are witnessing new opportunities, we know that the coming year will see more people lose valuable support, as services close due to the defunding of MHCSS. Our concern, one echoed in the community, is ensuring the new approaches we are developing are properly resourced, to make long-term support a real option for people with mental illness, and enabling people to live meaningful lives.

‘Effective partnerships are underpinned by mutual respect and trust. Bringing expertise from both sides to the table enables solutions to flourish. This has been the case in working with Neami.’

Anne Lyon

Executive Director, Mental Health and AOD
Eastern Melbourne Primary Health Network

Western Australia



Glen James
Western Australian
State Manager

Working with those who share our values, we navigate complexity and strengthen our local communities.

Over the last 12 months, we have found a great rhythm as the consumers and staff from the former June O'Connor services became full and vital contributors to Neami in Western Australia. During this time, we have continued to focus on delivering services to people with serious and complex mental illness, while broadening our range of services.

Consumers have been part of shaping our services to ensure we deliver a great consumer experience. Working with consumers has also enabled us to design new approaches to meeting the needs of local communities. We worked with Community Housing Limited (CHL) to invest in literature reviews. We also consulted and co-designed activities with returned veterans in WA to understand their unique needs, concerns, strengths and assets. With an under-reported need, we knew talking with veterans was key in designing a responsive service to support them. While still in development, our partnership with CHL has led to an ongoing interest in providing sustainable solutions to target populations.

Our Perth Metropolitan Suicide Prevention Coordinator (SPC) program continued to be busy, working with community organisations and service providers to strengthen the local capacity to prevent suicide and to respond to suicidal crisis. The program forms a key part of the WA Government's 'Suicide Prevention 2020' Strategy, which aims to address the fact that nearly one suicide occurs each day in WA, a rate higher than the national average. Delivering over 70 training programs and 46 Local Prevention Activities, the team is further establishing Neami

as a valuable partner, utilising a complex systems theory approach.

With funding from the Western Australia Primary Health Alliance, we have seen some terrific outcomes in our Integrated System of Care program. Working together with Hope Community Support, Apollo Health (by St John) and the Aboriginal Health Council of Western Australia (AHCWA), the program provides treatment and support for people with alcohol and other drugs or mental health issues, in the Perth North Primary Health Network area. With over 300 people supported through the Wanneroo Psychotherapy pilot alone, we are helping vulnerable people, who are otherwise failing to access services, receive rapid priority support.


After some difficult years with the introduction, and inconstancy, of NDIS funding, we are finding our way and defining a space for service delivery in Western Australia. Through our wholly-owned subsidiary, Me Well, we are refining our approach to ensure we can continue to deliver high quality, safe and evidence-informed support to NDIS participants.

In Western Australia we continue to be positive, confident and know that by working with those who share our values, we can maintain our trajectory for growth and, ultimately, more support for people in Western Australia who experience mental illness.

“Working with other collaborative-minded organisations is increasingly the way to best address many client requirements. Success depends on partnerships, and ones that are both outcome and relationship-focused.”

James Butterworth

WA State Manager, Community Housing Limited

A portrait of an elderly woman with short, wavy grey hair, looking directly at the camera with a gentle smile. She is wearing a red and black plaid jacket over a purple top. The background is a blurred outdoor scene with green foliage and tree branches. In the bottom right corner, there is a semi-transparent orange overlay containing text and a small image of hands holding a yellow flower.

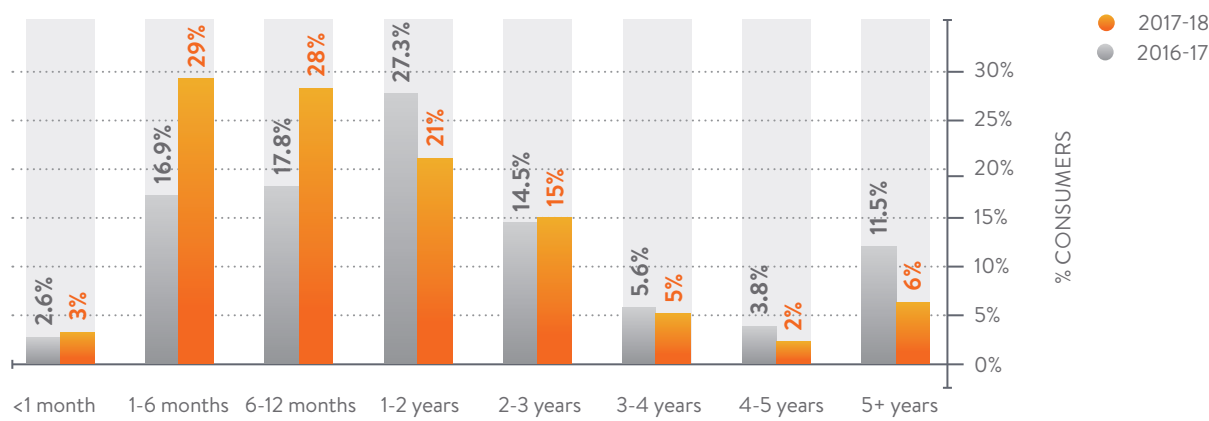
‘My coach came up with strategies for thinking about things differently. That was extremely helpful. Straight away I felt comfortable.’

Eleanor

The changing nature of our services

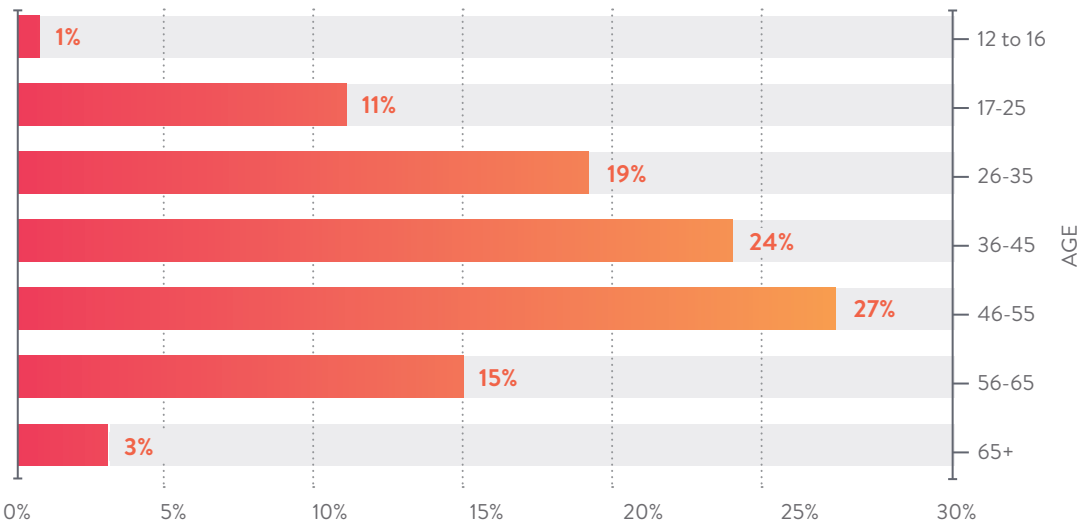
As our services diversify we are supporting a new cohort of people over shorter periods of time.

Change in duration of support



Age

Our services are reaching a greater range of people through our divesification and approach to partnerships.



Source: CRM protocols

We are changing how we work to be more flexible and scaling to meet the local community needs.

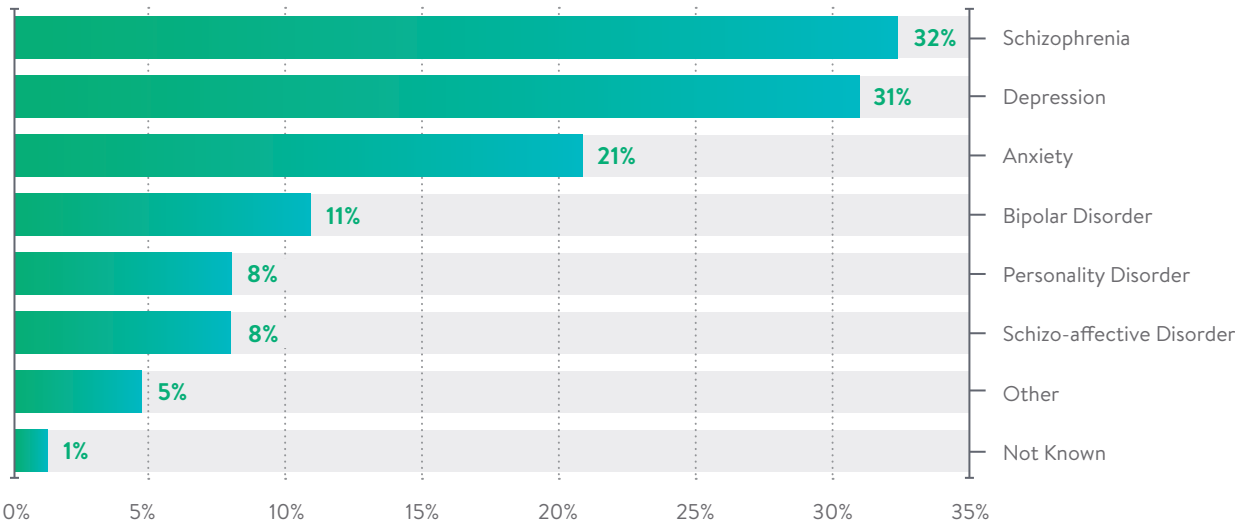
Service performance

Both new and existing services work to see real outcomes for consumers and stakeholders. Across a range of types of support, Neami services are exceeding set targets.

HOUSING AND HOMELESSNESS	SUICIDE PREVENTION	RESIDENTIAL REHABILITATION
+94.2%	+58.3%	+11.1%
Way2Home	Perth Metro Suicide	Moorabbin Youth Residential
Consumer engagements	Prevention Coordination	Rehabilitation
	Training events delivered	Occupancy
COMMUNITY-BASED SUPPORT	STEP UP STEP DOWN	STEP UP STEP DOWN
+6.1%	+4.1%	+3.7%
The Individual Psychosocial	Joondalup Mental Health	Nundah House
Recovery Support Service	Step Up Step Down	Occupancy
Hours of service	Occupancy	

Primary diagnosis

Diagnosis does not determine eligibility for Neami services. Increasingly we see in lower-intensity services, that diagnosis might not be known, or isn't important for accessing support.



Board of Directors



Sonia Law

Chair

BA, LLB(Hons), PGradDipTESL, DipEd, GAICD

Sonia was elected to the Board in 2012 and elected Chair of the Board in December 2016. Sonia has been a lawyer since 2000. She is currently the Manager of the Mental Health and Disability Advocacy Program at Victoria Legal Aid. Prior to this, she was Corporate Counsel at Forensicare for seven years.



Brad Wynter

Deputy Chair

BAPsych, MBA, CertIV Mgt, GAICD

Brad has been a member of the Board since 2011 and Deputy Chair since December 2016. He was Organisation Improvement Manager and Smart City Innovator at the City of Whittlesea for 18 years, and Deputy Director Citizen Access and Transformation in the State Government for one year. Brad is also on the advisory board of the technology start-up called Human Centred Innovations.



Lorraine Powell

CertIV MH (Peer Work), GAICD

Lorraine was elected to the Board in 2014. She has 16 years of experience as a consumer representative and consultant at local, state and national levels. Lorraine is an experienced clinical governance reviewer and the Western Australia Consumer Representative on the National Mental Health Consumer and Carer Forum (NMHCCF) and was appointed the Consumer Co-Chair in 2018. She is also a member of the National Register of Mental Health Consumer and Carer Representatives with Mental Health Australia.



Anthony (Tony) Nippard

BCom(Hons), BA,
MA, FGIA, FCIS, FCHSM, GAICD

Tony became a Board member in 2014. He is an experienced company director and has previously occupied senior positions in the Victorian public service. Tony is a Senior Consultant at Thoughtpost Governance.



Graeme Doidge

BA, DipAppSci, DipBus, Cert IV
T&E, RPN

Graeme was elected to the Board in 2011. He is a Clinical Community Service Manager for St Vincent's Hospital Melbourne where he has worked for the past 10 years. Graeme also has 25 years' experience in clinical, policy and service development roles in the Mental Health Sector.



Fiona Nicholls

BA Welfare Studies, MHSS,
GAICD

Fiona was elected to the Board in 2016. She has 30 years' Commonwealth Government experience in health and social welfare policy and administration, including nine years in the Senior Executive Service focusing on quality and accountability in aged care and mental health services.



Ruth Faulkner

BSc(Hons), CA, GAICD,
MIMC

Ruth was appointed to the Board in March 2017. She is a Principal of Queensland-based Conus Business Consultancy Services and has significant finance, audit, risk and governance expertise. Ruth has worked with the not-for-profit, government and commercial sectors for many years and is currently a non-executive director of the Northern Queensland PHN.



Stephen Brand

BSW, GradCertHSA,
GAICD

Stephen retired from the Board in October 2017.

Stephen was elected to the Board in 2006 and was Chair for five years from 2011 until 2016. Stephen worked most recently for the Australian Association of Social Workers, and worked in the NSW government mental health sector for over 30 years.



Douglas Holmes OAM

CertIV WT(Cat2), DipTAA

Doug resigned from the Board in May 2018.

Douglas was a Board member from 2007 to 2014 and was re-elected in 2015. He is currently the General Manager at MH-worX. Douglas won the Exceptional Contribution to Mental Health Service Award in 2014 and the Order of Australia Medal in 2018 for service to Community Health.

Consolidated Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2018

	2018 \$	Restated 2017 \$
Revenue		
Revenue	90,921,581	82,552,402
Other income	464,704	1,346,855
Gain on Acquisition	1,126,370	-
Employee benefit expenses	(74,037,608)	(66,368,719)
Office and occupancy expenses	(7,439,458)	(6,132,417)
Consortium expenses	(3,481,036)	(2,698,379)
Fair value gains on financial assets at fair value through profit or loss	497,646	356,318
Other expenses	(5,956,929)	(5,595,514)
Depreciation and amortisation expenses	(1,960,239)	(2,137,888)
Surplus/(Deficit)	135,031	1,322,658
Other comprehensive income		
Items that will not be reclassified to profit or loss		
Revaluation of land and building	-	229,621
Other comprehensive income/(loss) for the period	-	229,621
Total comprehensive income/(loss) for the period	135,031	1,552,279

These statement should be read in conjunction with the notes to the financial statements in the Neami Group Consolidated Financial Statements, available from www.ar.neamination.org.au

Consolidated Statement of Financial Position

As at 30 June 2018

	2018 \$	Restated 2017 \$
Assets		
Current assets		
Cash and cash equivalents	19,542,442	17,087,767
Investments	8,117,924	7,591,102
Trade and other receivables	6,189,762	3,176,187
Total current assets	33,850,128	27,855,056
Non-current assets		
Investments	11,319,569	10,648,745
Property, plant and equipment	3,334,138	3,204,942
Intangible assets	50,744	105,585
Total non-current assets	14,704,451	13,959,272
Total Assets	48,554,579	41,814,328
Liabilities		
Current liabilities		
Trade and other payables	4,518,092	3,232,089
Deferred income	12,618,716	8,368,254
Provisions	7,286,996	6,717,615
Total current liabilities	24,423,804	18,317,958
Non-current liabilities		
Provisions	2,051,558	1,552,184
Total non-current liabilities	2,051,558	1,552,184
Total Liabilities	26,475,362	19,870,142
Net Assets	22,079,217	21,944,186
Equity		
Retained earnings	21,545,629	21,410,598
Reserves	533,588	533,588
Total Equity	22,079,217	21,944,186

Independent Auditor's Report

To the Members of Neami Limited

Report on the audit of the financial report

Opinion

We have audited the financial report of Neami Limited (the Company) and its controlled entity (the Group), which comprises the consolidated statement of financial position as at 30 June 2018, the consolidated statement of profit or loss and other comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Directors' declaration.

In our opinion, the accompanying financial report of Neami Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-Profits Commission Act 2012* (the ACNC Act), including:

- a giving a true and fair view of the consolidated entity's financial position as at 30 June 2018 and of its performance and cash flows for the year then ended; and
- b complies with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-Profits Commission Regulation 2013.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Group in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

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Information other than the financial report and auditor's report thereon

The Directors are responsible for the other information. The other information comprises the information included in the Company's Directors' report for the year ended 30 June 2018, but does not include the financial report and our auditor's report thereon.

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

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

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

Responsibilities of the Directors for the financial report

The Directors are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the ACNC Act. This responsibility also includes such internal control as the Directors determine is necessary to enable the preparation of the financial report to be free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Group's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intends to liquidate the Group or to cease operations, or has no realistic alternative but to do so.

The Directors are responsible for overseeing the Group's financial reporting process.

Auditor's responsibilities for the audit of the financial report

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

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit 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 Registered Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Registered Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Registered Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate evidence regarding the financial information of the entities or business activities within the Group to express an opinion on the financial report. We are responsible for the direction, supervision, and performance of the Group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Grant Thornton Audit Pty Ltd
Chartered Accountants



E W Passaris
Partner – Audit & Assurance

Melbourne, 6 September 2018



Online version

An online version of this report and the the Neami Group Consolidated Financial Statements are available at www.ar.neaminational.org.au

Thank you

Thank you to the consumers, staff, partner organisations and others who have contributed to this report.



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