Together for Social and Emotional Wellbeing since 1907
Aftercare was founded in 1907 by Emily Paterson, a woman of great courage, foresight and strength. Even at that time, Aftercare was at the forefront of innovation in mental health services. It was the first organisation in Australia to focus its care primarily on those with a lived experience of mental health issues. First established to assist “persons who had been discharged, recovered from hospitals for the insane”, today Aftercare remains the longest-serving organisation in Australia who provide mental health and disability support services.

Emily Darvall Paterson was born on 4 March 1864 near Yass. Her parents were the pastoralists John Paterson and his wife, Emily. John Paterson died in 1871 and his mother moved with her young family to live with her mother, Emily Darvall, at Rockend Cottage, Gladesville.

Emily began her working life as a teacher to children kept at Rockend. In 1887, she was appointed to the position of superintendent at Gladesville Mental Hospital. Here, she found great comfort in not only visiting the Gladesville inmates but also in music. Cousin of the famed Banjo, Emily set her pianos to music as well as composed hymns.

Having suffered from depression due to grief and stress, Emily Paterson found great comfort in not only visiting the Gladesville inmates but also in music. Cousin of the famed Banjo, Emily set her pianos to music as well as composed hymns.

Aftercare is a name that is synonymous with mental health services, and it is a name that has stood the test of time. Formed in 1907, Aftercare is the largest provider of mental health and disabilities services in Australia. The organisation is committed to providing innovative and high-quality services to people who experience mental illness, trauma, disability, and an array of mental health conditions and disorders.

Looking back over the last 105 years of Aftercare’s work across mental health and disabilities services, two things are very clear. While our (political and social) perceptions of mental health have continued to change since we first began, sadly the stigma and discrimination surrounding mental health still remains. Mental health clients are still among the most marginalised groups in society, and this issue isn’t limited to our own backyard, it’s a serious challenge across the globe.

What most people don’t know, is that mental health is one of the leading causes of non-fatal disease in Australia. It has also been associated with other health risk factors, such as heart disease and higher rates of death from different causes, including suicide.

The average age of death in Australia is 82 for females and 78 for males, but, if people have had a persistent mental illness, the likely age of death is closer to 50. The impact on all Australians is significant, with 1 in 5 Australian adults experiencing some form of mental health issue in any given year. Of that number, 3 out of 10 will be seriously affected and 50% will experience a long-term mental illness lasting more than 6 months.

Almost 1 in 2 Australians will experience some form of mental illness in their lifetime.

Australia’s commitment to addressing the issue of mental health is significant globally. However, the effect on our health system is staggering, with mental disorders accounting for 13.1% of Australia’s burden of disease and injury. Mental health alone is estimated to cost the Australian economy up to $20 billion annually. Despite the money spent, the challenge remains, with research showing almost two thirds of people experiencing mental health problems in Australia receive no care or treatment.

It’s against this landscape that Aftercare continues to operate. This last year has seen our organisation successfully expand to provide services across 40 locations throughout Australia and at any given time, we give support to thousands of people. Our strong presence throughout Australia, combined with new technologies, in particular digital channels, means we can communicate with a far wider section of the community. As we embrace this new digital focus, we are moving into a new era in how mental health services are provided. The future certainly is exciting and Aftercare is focused on continuing to develop and deliver new ways to assist and meet the ever-changing need of clients and members of our communities.

From the Chair and Executive Director

Ivan Beale, Chair

John Malone, Executive Director
Management Team

Aftercare’s management team contains a wealth of knowledge and experience in the area of mental health. Our team members come from many different professional and cultural backgrounds, bringing with them a rich diversity and dedication that is reflected in the quality of our programs and services. They are very passionate about the work Aftercare does and what it represents to people who experience mental illness or intellectual disability.

Board of Directors

Aftercare’s non-executive board members are volunteers and contribute to Aftercare by drawing on their vast expertise. Each has a deep passion for improving the lives of people who experience mental health problems and intellectual disability. The diversity of professional experience enables Aftercare to provide a comprehensive range of programs and services.

Our Vision
Together for Social and Emotional Wellbeing

Our Purpose
To enhance social and emotional wellbeing through our commitment to learning and recovery

Our Values
Respect • Integrity • Leadership • Professionalism • Fairness

Strategic Objectives

We constantly strive to improve our services so that they are aligned with our purpose, informed by evidence and flexible to meet changing community needs.

We will develop strategic and effective collaborations and partnerships with government agencies and other key stakeholders.

We work constantly to build a thriving and sustainable organisation to ensure our capacity to deliver effective services.

We have a coordinated approach to raising public awareness and as a voice on issues relating to mental health and complex disabilities.

We are an innovative organisation focused on evaluating, learning and applying our knowledge to ensure better outcomes for our clients.

Outcomes

We do this through:
• Developing programs to meet identified needs that are supported by government
• Improving access especially for those who are disadvantaged and vulnerable
• Targeting Aboriginal communities, people from CALD communities and young people
• Evaluating what we do and the outcomes for our clients so that we constantly strive to do better

We do this through:
• Developing relationships at all levels—Executive Director and Board—government, region and peak bodies
• State Senior Managers—State Government, state based organisations
• Coordinators and Team Leaders—local government, community centres, local agencies
• Identifying champions and ambassadors for Aftercare
• Seeking opportunities for innovative collaborations and partnerships

We do this through:
• Striving for excellence at all levels—governance, management and staff
• Staff who are caring, professional and passionate and provided with the tools and support they need
• Best practice policies and procedures
• Increased, diversified and sustainable funding to ensure the continued development of our knowledge and services
• Business systems that support our services and development
• Effective use of technology to support client care, communications and business systems
• Transparently reporting our progress to our stakeholders

We do this through:
• An organisational commitment to learning and recovery
• A well-developed communications strategy addressing advocacy, media, promotion, events
• Effective use of the internet: a web presence that communicates to all stakeholders
• Regular internal and external communications utilising information technology

We do this through:
• A research program that influences policy and improves practice
• A commitment to continuous quality improvement across all aspects of the business and services
• Continuous learning across the workforce based on the core collaborative learning and recovery model
• A flexible and open environment that promotes innovation and increases our capacity to deliver effective outcomes for our clients

We do this through:
• Requiring a commitment from ALL staff to our mission, our purpose and our values
• Adherence to the Aftercare Code of Conduct
• Recognising the contribution of our clients to the delivery of effective services
• Ensuring staff in a reflective practice model supported by effective supervision

Our Services:

Eastern Suburbs Aftercare (ESA)
Housing and Accommodation
Support Initiative (HASI)
HASI Aboriginal
Active Learning Initiative (ALI)

Ashfield/Blaxl Bala Services
Personal Helpers and Mentors
Program (PHaMs)*
Time Out Program
Kurinna

Tirrrie Paterson Whitlam Support Service
Family and Carer Education and
Support Program (FACES)
headspace*

Individualised Community Living
Strategy (ICLS)*
Supported Living Fund* Sub-Acute Care Facility*
Miller

*services established or expanded over the last 12 months

Patron of Aftercare

Her Excellency, Professor Marie Bashir AC CVO, Governor of NSW, has been the Patron of Aftercare since 2001, sharing the organisation’s commitment to the support and care of the social and emotional wellbeing of people, particularly young people and Indigenous Australians.
Mental health is defined as the capacity of individuals and groups to interact with one another and the environment, in ways that promote wellbeing, development and the use of rational, emotional and relational abilities.

The figures from around the world

The World Health Organisation (WHO) has projected that by 2030, depression will become the number one highest cause of disease burden in high-income countries and the third highest in low-income countries. Closer to home, currently 1 in 10 Australian adults and 100,000 young people live with depression every year. Around the world, an estimated 10-20% of young people will experience a mental illness. Depression is identified as the main cause of worldwide disability among young people and suicide is the second most common cause of death. Poor mental health is also strongly related to lower educational achievements, substance abuse, violence and poor reproductive and sexual health.

The global impact of mental illness

Research has shown that the prevalence of mental illness is not limited to one particular group of the population. However, poverty and unemployment are often associated stressors with the illness. In 2010, WHO estimated that mental and psychosocial disorders were associated with rates of unemployment as high as 30% worldwide. Research from Asia-Australia Mental Health noted that poor mental health significantly contributed to a cycle of poverty i.e. people experiencing social hardship and poverty are more likely to experience mental illness and vice-versa, those with mental illness are more likely to be living in poverty.

The worldwide gap in treatment and care

In many countries, only 2% of all health sector resources are invested in mental health services. In low to middle income countries, this figure is estimated at less than 1% of the total health expenditure. According to WHO's Mental Health Atlas 2011, the average global spending on mental health is still less than US$3 per person, every year. The Mental Health Atlas 2011 also said that the bulk of resources available for mental health are often spent on services that serve relatively few people. This leaves a significant portion of those living with mental illness receiving little or no treatment. And instead of dedicating more money to primary care and reaching more people, almost 70% of mental health spending goes to institutional treatment and care.

Worldwide, there is a huge gap between the prevalence of mental health issues and the proportion of people who receive adequate care. Between 76% and 85% of people with severe mental disorders in low-middle income countries receive no treatment and in high-income countries, 35% to 50% also receive no treatment at all.

Hope for the future?

Despite such staggering statistics, the Mental Health Atlas 2011 reported substantial progress with a number of new opportunities identified. The first is the Political Declaration on non-communicable diseases which recognises the need for easier access to effective programs and health care interventions. The second is a growing grass roots movement for mental health and an increase in the number and range of stakeholders.

In May 2012, for the first time in 10 years, the World Health Assembly adopted a resolution on mental health. The resolution emphasised the need to reduce the stigma around mental illness, the importance of promoting human rights, empowering service users, families and communities and developing deinstitutionalised care.

Closer to home: Aftercare and what’s destined for Australia?

Accessing appropriate services has, for a long time, been a challenge for people living with mental illness. While challenges still exist, we believe our programs can help provide real hope for the people we work with. Through dedication and a vision to positively affect the lives of people living with mental illness, Aftercare continues to work to reduce stigma and ‘normalise’ mental health in the wider population. Our future hope is that people with mental health issues are able to achieve independence, break down barriers and live a fuller, more ingrained life in their community.

Provision of psychosocial interventions by a majority of mental health facilities by World Bank income group

<table>
<thead>
<tr>
<th>Income Group</th>
<th>Countries with MH Policy</th>
<th>Percent with MH Policy</th>
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<tbody>
<tr>
<td>Low</td>
<td>19/99</td>
<td>19%</td>
</tr>
<tr>
<td>Lower-Middle</td>
<td>28/51</td>
<td>54%</td>
</tr>
<tr>
<td>Upper-Middle</td>
<td>26/43</td>
<td>60%</td>
</tr>
<tr>
<td>High</td>
<td>37/48</td>
<td>78%</td>
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</tbody>
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Isolation, both physical and emotional, along with social stigma creates significant barriers to people accessing help for their mental health. So it’s worth noting that despite advancements in connecting people digitally, the mental health sector as a whole hasn’t made enough progress utilising the opportunities that the internet and social media provide. But it has certainly made a start.

Online intervention
In August 2012, Facebook and Lifeline Australia put in place a referral service that sends an email to users when particular keywords in relation to suicide are detected in posts. Users (identified as having an Australian IP address) are sent a message encouraging them to contact Lifeline’s crisis telephone line.

This follows progress made by Facebook around the world in addressing suicide concerns. In the UK, Facebook has partnered with the suicide prevention organisation, the Samaritans, to allow UK users to report suicidal activity they see on the site directly to Facebook. In the US and Canada, Facebook launched a program allowing users to instantly connect with a crisis counsellor through the website’s ‘chat’ messaging system. These tools aim to get the person in distress the right help, as soon as possible, as evidence shows that quick intervention can help to ease suicidal thinking.

Combining the online and offline worlds for a better solution
These digital developments are welcome news across the sector, bringing greater education and awareness around suicide and mental health. While social media provides an additional avenue for people to access assistance for mental health issues, the consensus is that face-to-face help is still an essential ingredient to mental health care. Aftercare recognises this, and is currently involved in the creation of an innovative virtual world program that combines an online experience with real world care. This project, along with an integrated digital and face-to-face training program for the corporate world are just two examples of Aftercare’s commitment to new technologies in social and emotional wellbeing.

There are large variations in the estimates of people with mental illness who also have, or have had in the past, a substance use problem. However, it’s generally accepted that the figure is likely to be around 50%. So it’s safe to say, there’s a lot of crossover between the mental health and alcohol and other drugs (AOD) fields. In the past, these two areas have been reasonably separate and people have often fallen through cracks in the system. Traditionally, people with both substance use issues and a mental health condition have been turned away from both types of services, because mental health couldn’t deal with substance abuse and AOD services couldn’t deal with mental health issues.

Recovery: what is in a word?
At Aftercare, we’re proud to take a recovery oriented approach to mental health which we define quite simply as an improvement in wellbeing. In the AOD sector, the term ‘recovery’ focuses on abstinence from drugs. While this sounds like a good plan, the fact is, this doesn’t work for most people, certainly not in the short term.

It’s because of these different definitions that the word ‘recovery’ could prove to be a barrier between the two sectors.

Collaboration for coordinated care
Despite the different uses of terminology, the common ground of mental health and AOD workers is that both are trying to help someone make a positive difference in their life. In the end, what both sectors are working towards is better wellbeing for the people they are assisting that’s more than just a reduction in symptoms and an improvement in their life.

Much of the mental health language that’s used for recovery remains valid and it’s more important that we focus on the outcomes for people than it is to debate what words we use. As one of our participants said, ‘what’s in a word? Call me a pop up toaster if you like, just treat me with respect.’ And at Aftercare, we think this says it all.
collaboration across the sector

In February 2012, with the support of headspace National Office and in collaboration with a consortium of local community service providers, Aftercare launched and commenced operations for headspace Nundah in Brisbane’s northern suburbs. headspace Nundah aims to improve access to services and care for young people across 4 important streams of service – Mental health; Alcohol and other drugs (AoD); Primary care; and Social recovery/vocational services.

In June 2012, Aftercare was selected as lead agency for a group to establish a new headspace Centre in Ipswich, west of Brisbane. This is the second headspace centre that Aftercare will establish with a consortium of other local service providers, and will offer a much needed service to support young people with mental health issues.

With the Federal Government progressing with establishing the headspace model throughout Australia, Aftercare will continue to build new groups or work with existing groups to develop bids in a number of locations in NSW, QLD and other states and territories.

Working together for the wellbeing of others: ICLS

January 2012 saw Aftercare establish operations for the Individualised Community Living Strategy (ICLS) in partnership with the Mental Illness Fellowship of Western Australia (MIFWA), to deliver services to the greater Perth metropolitan region. The ICLS is a community based outreach program that provides support to people living in Department of Housing properties. The ICLS tailors programs to the individual circumstances of each person and the ultimate aim is to assist people to live independently in their own home. What this model of partnership with MIFWA has demonstrated, is the establishment of a unique philosophy and culture which brings together expertise, resources and local knowledge.

They are:

- Improving access to our services
- Evaluation innovation and learning
- Developing collaborations and partnerships
- Building organisational capacity
- Increasing awareness and influence
- Living our values

The CQI process takes a whole organisational approach and places a high value on strong leadership, teamwork, collaboration and communication. This is important to Aftercare as it reiterates our vision: together for social and wellbeing.

Aftercare’s commitment to best quality practices

To enable future growth and to maintain Aftercare as a leader in mental health and disability services, Aftercare introduced the Quality Management System in 2011. More recently, the new Governance and Quality Framework was also created to provide a foundation tool for the way Aftercare works. This framework helps introduce new initiatives and supports our vision to continue a best in class delivery to mental health and disability support programs in Australia.

headspace

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Collaboration across the sector

Across the mental health sector in Australia, a number of changes have taken place, bringing in a new era in the delivery of mental health care. The unprecedented growth in the sector is welcomed by Aftercare, allowing for unique opportunities for expansion and collaboration. Aftercare is focused on developing and delivering new ways to assist and support clients and members of our national communities who require mental health and disability support services.

Using an integrated approach to our strategic and operational planning, our commitment to CQI supports the objectives for our Strategic Plan for 2009 – 2014.

They are:

- Improving access to our services
- Evaluation innovation and learning
- Developing collaborations and partnerships
- Building organisational capacity
- Increasing awareness and influence
- Living our values

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Aftercare participants share their experiences

**“If it weren’t for the staff at Aftercare, life would still be a struggle”**

**Leanne** I was born in England but came over to Australia when I was two years old with my family. When I was four, I was sexually assaulted at kindergarten which led to me being diagnosed with depression when I turned 10. Even at that time, it was just called being sad. To make things worse, I was bullied to the point where I still have physical scars on my legs, as well as the emotional ones.

Leading up to my stay at Aftercare, I was studying nursing at uni and pushing all my feelings down until I was triggered by an assignment on law and ethics. One minute I was reading articles and the next, everything from the past came flooding back at the same time. It was such an overwhelming experience that I actually passed out. When I regained consciousness, I felt like all hope was lost and I didn’t see the point in hanging around. I got into my car and started driving aimlessly with a 100 pack of Panadol and the thought of finding somewhere quiet and beautiful to spend my last minutes. As I was driving, I noticed a truck driving past and remembered my fiancée and the life we planned together. That’s when I knew I needed help.

So I sought help from the counsellor at my uni, where she referred me to Aftercare. My first three days at Aftercare were the toughest. I had to tell my family and fiancée that I was there and help them come to terms with it. If it weren’t for the staff at Aftercare and their unlimited time and support, it would have been a struggle and half. For the first time in my life, I feel like I can be myself, not be judged and not lie anymore. Aftercare has helped me find strategies to cope with my past, think about the future and connect me with the right services for the present. If it weren’t for Aftercare, I wouldn’t still be here.

At Aftercare, we work with many people at different stages of their wellbeing and often during difficult periods in their life. While these stories are true, names and images have been changed to protect the privacy of participants. We’d like to thank participants for sharing their experiences.

**Jane** My name is Jane and I first suffered a nervous breakdown when I was 16. My moods were up and down and this was because of a number of things. My mother was diagnosed with cancer and I had to take over her role when I was much too young for the responsibility. I was admitted to hospital when I was 17 and suffered several shock treatments which still impact me to this day. When something triggers me, I’m worried I’ll be admitted to a psych ward and locked up again.

I’ve worked on and off for 37 years with great strain and I have nervous breakdowns now and then. Even so, I’ve been able to experience working in some great jobs and what has kept me going has been my Christian faith and prayer. I can truly say that being given the opportunity to have Aftercare in my life has also helped me so much. I’ve had three wonderful support workers and have been in Aftercare for about three years.

I’ve learnt from my support workers to have faith, believe in myself and to trust other people. Most of all I’ve learnt how to cope with my feelings of grief, sadness and disappointment. I’ve stopped blaming myself for past family hurts. I’m learning to take control of my anxiety and depression, to reach out to friends, family and Aftercare, rather than spending days not going out in the world, not eating and not showering. Basically not looking after myself at all. In the past, this is when I’ve gotten further and further into a dark hole, where I think I can’t escape and become suicidal. I’d heard a sermon the other day and it made me realise what’s the point of worrying when I can’t control it? I now think, let it go. It’s a relief not to worry so much. Being with Aftercare has been a wonderful journey for me and I can’t believe how far I’ve come.

Having Aftercare in my life means I have a support worker who can also take me to various health appointments. This gives me such confidence and support. I know I’m okay and my support worker teaches me to face my fears of getting health issues checked rather than avoiding them.

Without Aftercare, my recovery would have taken longer and maybe wouldn’t have happened at all. Everyone needs somebody to talk to and have assistance without judgement. People also need to be reminded to take care and be kind to themselves, for you are worthy, important in this life and to treasure every moment.
The biggest thing that has changed was realising how happy and more confident I could be around people. It took time, but I got there in the end with the help of my support worker and a lot of self-determination. I can definitely say I’m now an involved member of the community.

Phoebe

Being in Aftercare has helped me in ways that no other support programs like counselling have been able to. Before I came into the program, I thought there was no such help or support. Having refused help in the past, I finally did something about it because my partner at the time threatened to leave me if I didn’t.

At first, I thought it wasn’t working. I was still moody, felt useless and thought my life wasn’t worth living. My partner and I fought everyday over my behaviour, as it always came on all of a sudden. I didn’t know how or why it was happening. Over time, Aftercare workers have provided me with comfort, support and friendship. Living at the house gave me plenty of opportunities to look for housing, work and to get my life in order. I also made some new friends who understood my situation.

I thought my partner at the time was the reason for why I became so depressed. In the last few months, I have been talking to my mum and everything seems clearer. She said I have been this way since I was 14. I thought it was part of growing up, but she said my dad, who I now don’t have contact with, had a big impact on my life for all the wrong reasons. I’ve lost track of how many times I’ve asked why she didn’t do anything to help or stop this instead of letting it get this far. She never answers, just cries and regrets.

My dad has done the same to my brother who is older than me. Dad didn’t spend much time with us until my brother and I were old enough to smoke weed, cigarettes and drink alcohol. Since my mum has given him divorce papers, he regrets everything and wishes to make amends, but I refuse. I’ve moved on and my confidence and self-respect has been boosted. The workers are amazing at their jobs. Each of them has a quirky, bubbly personality and they all work hard to help clients achieve their goals.

“I realised how happy and more confident I could be around people”

Sam

I started with Aftercare in March 2011 after being referred by my GP. Ever since I was accepted into the program, I have received lots of help from my support worker and other members of the team. When I first started, I felt like I had a load of bricks weighing me down. Now I’m feeling much better. I couldn’t have done it without the help of my support worker and the Aftercare program.

Jon

When I was 17, I self-referred myself to Aftercare. I had anxieties and often spent most of my days indoors. I’d left school three years earlier and was diagnosed with a personality disorder. When I first started Aftercare, I only answered with ‘yes’ or ‘no’ and I never made eye contact with people. My support worker stuck with me and after a while, we went from playing PlayStation to actually going out of the house and having conversations. I realised after that I wasn’t scared about going outdoors, I had just got out of the habit.

I really wanted to learn how to drive, so my support worker helped me and on my try, I got my learner permit! I also wanted to get a job. Through a disability employment service, I learned lots of useful things and my support worker also helped me look at TAFE courses. I’ve now been working at the local car dealership for over a year and my support worker meets me once a week for lunch so we can work out how I can get into an automotive apprenticeship.

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“The workers are amazing at their jobs. Each of them has a quirky, bubbly personality and they all work hard to help clients achieve their goals”
The Commission's vision is 'that all Australians achieve the best
possible mental health and wellbeing' and inherent to their work is
engaging consumers and carers in mental health policy and service
improvements, as well as ensuring a cross-sector approach and
perspective towards mental health reform.

The Commission will produce Australia’s first national Report Card on
Mental Health and Suicide Prevention, due to be released in November
2012. According to the Commission, this reporting is unique as it
takes a ‘whole-of-life approach’ and encompasses housing and
homelessness, physical health, employment, education, relationships,
family and child support, community participation and justice.

E-mental health
July 2012 brought the launch of ‘mindhealthconnect’ by the Federal
Government as part of the National E-Mental Health Strategy. The
goal of the site is to provide up-to-date information and resources,
to empower and help people to find information about mental health
with an accessible, user friendly and impartial site.

Aftercare and the government initiatives
Aftercare will seek to be part of the development of the E-Mental
Health Strategy through providing feedback during consultation by
the relevant agencies. Working alongside and in support of these
government initiatives, Aftercare’s redeveloped website and other
digital innovations are part of our commitment to explore new ways
for people to access mental health care.

Over the past few decades, there has been a worldwide shift in
disability support services. Moving away from the traditional model
of service funding, there’s now a more person-centred approach that
allocates funds based on individual support needs. The idea is that
funds are directed by the individual to their service provider of choice.
This gives them the power to choose and control how the funds
are spent, in line with their personal needs and ensures flexibility in
service delivery.

Aftercare supporting individualised funding in Australia
Until very recently, Australia had no individualised funding schemes
for which people with a mental illness were eligible. Western
Australia is the first, and currently, the only state in Australia to
introduce individual funding schemes for people with a psychosocial
disability. Aftercare has formed a partnership with the Mental Illness
Fellowship of Western Australia (MIFWA) to help deliver the ICLS service - a four year pilot.
Together, we’ll provide individualised packages of support for people with a mental illness and
their families. This program allows participants the opportunity to choose and tailor the
support they receive.

In the area of disability services, NSW has
already adopted this funding approach through the Supported Living Fund (SLF).

What this means, is that the person with a disability, along with
their families and carers, can get funds to best meet their individual
requirements and support themselves in their own home. The funds are
given to the service provider and the program allows for the
individual to change or sustain their service providers, based on how
their needs are being met. Aftercare has been pre-approved as a
service provider by the NSW Department of Family and Community
Services (ADHC) to help deliver the SLF.

National Disability Insurance Scheme
The Australian Government has also committed $1 billion in this
year’s budget to support the first stage of a National Disability
Insurance Scheme (NDIS), which will begin from mid 2013. The
NDIS will provide a secure and consistent pool of funds for people
with a disability, their families and carers to receive the support,
therapy and equipment they need over their lifetime. The funds will
be based on the needs and choices of the individual and their family.

Summary
This growing trend towards person-centered funding and service
delivery supports the recovery model focus of mental health, of which
Aftercare is an advocate. Individualised funding is the natural stage
to independence for participants and it’s a fantastic way to forge
partnerships with other agencies as well as give people greater
choice, responsibility and control over their life.

2012 saw the first federal Minister for Mental Health appointed to
the Cabinet. This was one of a series of events this year, in motion
since 2009, which formed part of the Federal Government’s mental
health reform program, under the National Health and Hospital
Reform Commission.

Addressing severe and persistent mental illness: a
commitment to Partners in Recovery
The Federal Government’s $549.8 million ‘Partners in Recovery’ (PIR)
program is the biggest investment in mental health in the history of
Australia and has the ultimate goal of providing better coordination and
more streamlined access to mental health and other support services.

Due to start in January 2013, PIR will provide coordinated support
and flexible funding for the 24,000 people located across the country
who have severe and persistent mental illness and require complex
support from various services. PIR will work to make this happen as
seamlessly as possible.

National Mental Health Commission
In 2011, the National Mental Health Commission was established to
advise Governments on future policy direction. In collaboration
with other agencies, state based mental health commissions,
advocacy bodies and representatives, the Commission will identify
strengths and gaps across the mental health system, as well
monitor and provide advice on where improvements can be made.
The Commission’s vision is ‘that all Australians achieve the best

The federal Government’s $549.8 million PIR program is the biggest
investment in mental health and is changing the future direction
of mental health services.

The Government and National Mental Health Reform
Individualised funding: A flexible and personalised approach

National Disability Insurance Scheme

2012 saw the first federal Minister for Mental Health appointed to the Cabinet. This was one of a series of events this year, in motion since 2009, which formed part of the Federal Government’s mental health reform program, under the National Health and Hospital Reform Commission.

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The Commission will produce Australia’s first national Report Card on Mental Health and Suicide Prevention, due to be released in November 2012. According to the Commission, this reporting is unique as it takes a ‘whole-of-life approach’ and encompasses housing and homelessness, physical health, employment, education, relationships, family and child support, community participation and justice.

E-mental health
July 2012 brought the launch of ‘mindhealthconnect’ by the Federal Government as part of the National E-Mental Health Strategy. The goal of the site is to provide up-to-date information and resources, to empower and help people to find information about mental health with an accessible, user friendly and impartial site.

Aftercare and the government initiatives
Aftercare will seek to be part of the development of the E-Mental Health Strategy through providing feedback during consultation by the relevant agencies. Working alongside and in support of these government initiatives, Aftercare’s redeveloped website and other digital innovations are part of our commitment to explore new ways for people to access mental health care.

Over the past few decades, there has been a worldwide shift in disability support services. Moving away from the traditional model of service funding, there’s now a more person-centred approach that allocates funds based on individual support needs. The idea is that funds are directed by the individual to their service provider of choice. This gives them the power to choose and control how the funds are spent, in line with their personal needs and ensures flexibility in service delivery.

Aftercare supporting individualised funding in Australia
Until very recently, Australia had no individualised funding schemes for which people with a mental illness were eligible. Western Australia is the first, and currently, the only state in Australia to introduce individual funding schemes for people with a psychosocial disability. Aftercare has formed a partnership with the Mental Illness Fellowship of Western Australia (MIFWA) to help deliver the ICLS service - a four year pilot. Together, we’ll provide individualised packages of support for people with a mental illness and their families. This program allows participants the opportunity to choose and tailor the support they receive.

In the area of disability services, NSW has already adopted this funding approach through the Supported Living Fund (SLF).

What this means, is that the person with a disability, along with their families and carers, can get funds to best meet their individual requirements and support themselves in their own home. The funds are given to the service provider and the program allows for the individual to change or sustain their service providers, based on how their needs are being met. Aftercare has been pre-approved as a service provider by the NSW Department of Family and Community Services (ADHC) to help deliver the SLF.

National Disability Insurance Scheme
The Australian Government has also committed $1 billion in this year’s budget to support the first stage of a National Disability Insurance Scheme (NDIS), which will begin from mid 2013. The NDIS will provide a secure and consistent pool of funds for people with a disability, their families and carers to receive the support, therapy and equipment they need over their lifetime. The funds will be based on the needs and choices of the individual and their family.

Summary
This growing trend towards person-centered funding and service delivery supports the recovery model focus of mental health, of which Aftercare is an advocate. Individualised funding is the natural stage to independence for participants and it’s a fantastic way to forge partnerships with other agencies as well as give people greater choice, responsibility and control over their life.
Mental health issues are as prevalent in the corporate world as they are in the wider community. The problem is, these issues are yet to register on the radars of many companies.

The statistics speak for themselves:
- Mental illness and substance use disorders annually cost employers an estimated $80 to $100 billion in indirect costs alone.
- More days of work loss and work impairment are caused by mental illness than by other chronic health conditions.
- 5% of employees are working with a mental health issue.
- Underperformance from depression costs companies $2.3 billion.

Mental health in the workplace

There’s a need to increase recognition of mental health issues in the mining industry and to overcome the barrier of mental health being a taboo subject. Companies will gain significant returns by investing in preventative strategies and by proactively raising mental health awareness. This can be achieved through integrating Aftercare’s digital training into existing WHS programs.

Aftercare’s training programs will deliver:
- An integrated emotional wellbeing program
- Training, education and support through an electronic and face-to-face, socially motivating program
- Encouragement for staff to gain knowledge and understanding about mental health
- Improved productivity and reduced absenteeism
- Externally monitored and identified issues through an internal social network / intranet
- Help for colleagues to assist each other to manage their mental health
- Reduced stigma associated with mental health

1 in 3 workers in the mining sector will experience a mental illness every year, but for most, the ‘macho mining culture’ stops them from getting help. A recent NSW Minerals Council study found that every year, up to 10,000 mining company employees have mental health problems such as anxiety, depression or substance abuse.

It’s estimated that every employee with untreated depression will cost their organisation around $9,660 per year.

It has also been flagged that substance abuse, particularly for FIFO (fly in fly out) miners who spend weeks away from their home and families, is also a big concern.

It’s estimated that the total cost of mental health issues to the industry may be as high as $450 million a year.

Case study: Aftercare helping support mental health in the mines

How Aftercare is helping to address issues in the mining industry

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People with severe and persistent mental illness often value assistance to live independently in the community. Social and independent living programs are intended to help people build the skills needed to live, learn and work in the community.

While there are many excellent programs designed especially for this, they’re currently under utilised because of cost and access issues. However, this isn’t the case for virtual based programs. The online world is an exciting development for the future of mental health as it’s a cheaper and more accessible way to reach a wider portion of the community.

**Aftercare’s innovative vision**

Aftercare has been working with psychologists and software developers in the US to create a software program that teaches the basic skills of independent living. Through interacting in a virtual house and community, the idea is users get the skills required to care for themselves. As part of their rehabilitation, they learn how to deal with day-to-day situations and work on interpersonal interaction to prepare for real world scenarios.

**The demo model**

To help with obtaining funding support, iron out any technical issues and open discussions for feedback from workers and participants, a demo model of this virtual world has been built and is currently in action. The model has been designed to create the look and feel of the ‘real world’. The program doesn’t feel like a test or a lesson as it’s a simulation of everyday scenarios.

**Development in the future**

The demo model will be used to facilitate discussions with potential partners who will work with Aftercare to develop a full virtual community. It’s hoped this program will become available as a rehabilitation tool for people with mental illness and other disabilities affecting skills of independent living.

This project has been developed by Dr Ivan Beale, Chair of Aftercare, in conjunction with US based companies Deep Semaphore LLC and The American Health and Wellness Institute.

**Sample images from the Tour video showing various rooms and games in the virtual house**
An innovative partnership with Deloitte

Aftercare has recently partnered with multinational Deloitte to help create a world first; a digital solution in mental health care. The collaboration will focus on research and collation of ideas with the aim to give people in Australia a completely innovative way to help them work through their mental health issues. The final product will address one or a combination of the three stages of mental health – identification, management and recovery.

The Innovation Academy

The first stage of the program is global research and this will be done through an online platform called The Innovation Academy. Aftercare and Deloitte Australia will invite 8,000 people from across Deloitte’s global networks to contribute conceptual thoughts, share ideas and talk about how we can deliver a digital solution to help and reduce the feeling of isolation that many with mental health feel.

The prototype

A nominated team will assess the concepts and finalists will be selected to present their prototypes to a panel of experts from the public and private sectors.

Delivery to market

It’s the plan that the final prototype will be completed, delivered and sent out to market to make a life changing difference to those affected by mental health in Australia and across the world. It’s only through innovation, collaboration and the dedication to keeping on top of the digital world that we can continue to create better outcomes for our clients.

Get involved

Log in to the web site aftercare.bonfireapp.com and submit your ideas. You can also find us on www.facebook.com/AftercareAustralia and follow us on Twitter: @AftercareAU
Aftercare has experienced a significant growth over the last five years. Operating Revenue has increased from $6.9m in 2007/08 to $17.5m in 2011/12 (153% increase):

- The introduction of the Personal Helpers and Mentors (PHaMS) administered by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs which granted Aftercare 15 programs across New South Wales and Queensland, resulted to this increase in revenue.

Expenditure

With the increase in funding and programs, expenditure has also increased over the last five years, from $6.9m to $17.8m, (159% increase):

- Expenditure on Client programs has increased from $5.2m to $13.2m (153% increase), due to the increase in costs associated with program expansions.
- Expenditure on Corporate Support has increased from $1.7m to $4.6m (177% increase).

Assets and Liabilities

Over this five year period, net assets have increased from $6.5m to $8.8m:

- Cash and cash equivalents increased from $216k to $2.7m primarily due to the accumulated surpluses from financial years 2007-2011; and
- Liabilities have increased from $2.7m to $3m due to the government funding received in advance.

This summary financial information is intended to provide an overview of the financial statements and to highlight matters of importance. This information is not intended to replace or modify the content of the audited Financial Statements. This Annual Report and the completed audited financial statements are available on our website. For more information, please see www.aftercare.com.au

### TOP LINE FINANCIAL COMPARISON

<table>
<thead>
<tr>
<th>Year</th>
<th>2011/12 ($'000)</th>
<th>2010/11 ($'000)</th>
<th>2009/10 ($'000)</th>
<th>2008/09 ($'000)</th>
<th>2007/08 ($'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Revenue</td>
<td>17,508</td>
<td>17,804</td>
<td>12,559</td>
<td>7,833</td>
<td>6,922</td>
</tr>
<tr>
<td>Operating Expenditure</td>
<td>17,505</td>
<td>17,129</td>
<td>12,260</td>
<td>7,815</td>
<td>6,878</td>
</tr>
<tr>
<td>Operating Surplus/(Loss)</td>
<td>23</td>
<td>675</td>
<td>309</td>
<td>18</td>
<td>44</td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Flows</td>
<td>Net cash from operating activities</td>
<td>-857</td>
<td>-84</td>
<td>1,928</td>
<td>4,160</td>
</tr>
<tr>
<td></td>
<td>Net cash from investing activities</td>
<td>-463</td>
<td>-1,732</td>
<td>-207</td>
<td>-188</td>
</tr>
<tr>
<td></td>
<td>Cash and cash equivalents at 30 June</td>
<td>2,673</td>
<td>3,993</td>
<td>5,809</td>
<td>4,188</td>
</tr>
<tr>
<td>Ratio</td>
<td>Total cost of services/Total expenditure</td>
<td>75%</td>
<td>75%</td>
<td>75%</td>
<td>72%</td>
</tr>
</tbody>
</table>

### Assets & Liabilities

- Total Assets: 11,812 12,878 15,278 13,313 9,220
- Total Liabilities: 3,030 4,119 7,194 6,758 2,683
- Total Equity: 8,782 8,759 8,084 6,555 6,537

### Income

Aftercare has documented a significant growth over the last five years. Operating Revenue has increased from $6.9m in 2007/08 to $17.5m in 2011/12 (153% increase):

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- Expenditure on Corporate Support has increased from $1.7m to $4.6m (177% increase).
Aftercare (A company limited by guarantee)
Your directors present this report to the members of Aftercare (the company) for the financial year ended 30 June 2012

Directors
The names of each person who has been a director during the year and to the date of this report are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date appointed</th>
<th>Date of cessation</th>
<th>Board A</th>
<th>Board B</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Beale (Chair)</td>
<td>28 Sep 2005</td>
<td>6 6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>M Lawrence</td>
<td>12 Sep 2007</td>
<td>6 6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>P Farrugia</td>
<td>23 Sep 2008</td>
<td>6 Nov 2011 1 3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>R Fitchley</td>
<td>12 Sep 2008</td>
<td>6 Nov 2011 1 3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>R Jones</td>
<td>12 Feb 2009</td>
<td></td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>S Arumanayagam</td>
<td>06 Oct 2010</td>
<td></td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>B Staveley</td>
<td>06 Oct 2010</td>
<td></td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>C Gralton</td>
<td>06 Oct 2010</td>
<td></td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

A Number of meetings attended
B Number of meetings held during the time the director held office during the year

Principal activities
The company’s principal activities during the year were:
• The provision of assistance to persons who are or have been mentally ill or are intellectually disabled
• The raising of funds for this activity through government grants.
There were no significant changes in the nature of the company’s activities during the year.

Operating results and review of operations
The operating result for the year was a surplus of $23,261 (2011-$674,989). The company is exempt from income tax.

Dividends
The company’s constitution precludes the payment of dividends.

Significant changes in state of affairs
In the opinion of the directors, there were no significant changes in the state of affairs of the company that occurred during the financial year under review not otherwise disclosed in this report.

After balance date of events
There has not arisen in the interval between the end of the financial year and the date of the report any item, transaction or event of a material and unusual nature that in the opinion of the directors is likely to substantially affect the operation of the company, the results of those operations, or the company’s state of affairs in future financial years.

Future developments
The company will continue to carry on the principal activities noted above. There are no likely developments in the activities in future years which will affect the results and therefore require disclosure.

Environmental regulations
The company’s activities are subject to environmental regulations under both Commonwealth and state legislation. The company aims to achieve a high standard in environmental matters. During this financial year licenses were renewed and taken out as and when required by environmental authorities. The directors have not received notification nor are they aware of any breaches of environmental laws by the company.

Auditor’s independence
The auditor’s declaration of independence appears on page 6 and forms part of the Directors’ report for the year ended 30 June 2012.

Rounding
The company is of a kind referred to in ASIC Class Order 98/100 dated 10 July 1988 and, in accordance with that Class Order, amounts in the financial report and directors’ report have been rounded off to the nearest thousand dollars, unless otherwise stated.

Indemnification and insurance of officers and auditors
Since the end of the previous financial year the company has paid insurance premiums of $15,757 in respect of directors’ and officers’ liability and legal expenses insurance contracts for current and former directors and officers, including senior executives of the company.

The insurance premium relates to:
• Costs and expenses incurred by the relevant officers in defending proceedings whether civil or criminal and whatever the outcome
• Other liabilities that may arise from their position, with the exception of conduct involving wilful breach of duty or improper use of information or position to gain a personal advantage.
Premiums totalling $9,861 were paid in respect of the current and former directors named in this report. Premiums totalling $5,896 were paid in respect of the officer of the company holding the position of executive director. The company has not otherwise indemnified or agreed to indemnify an officer or auditor of the company against a liability incurred as such an officer or auditor.

Signed in accordance with a resolution of the directors made pursuant to s. 298 (2) of the Corporations Act 2001.

On behalf of the directors:

I Beale
Sydney, 18 September 2012