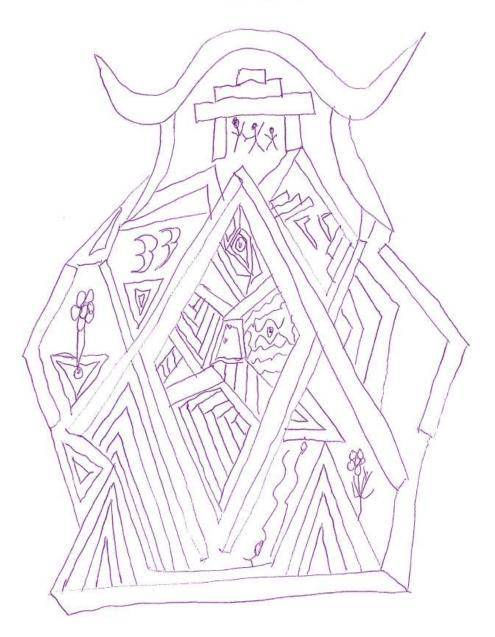
Tranzition



This image was drawn by an AHA participant and called 'Tranzition'.



2025 Great Southern Annual Report



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We are proud to be a QIP accredited organisation





Acknowledgement of Country

AHA wishes to acknowledge the traditional custodians of this land the Menang people of the Noongar Nation. We pay our respects to the Menang Elders past, present and future, and their continuing connection to culture, land, waterways, and contributions to the community.

Our purpose

At AHA, we are there for the journey, dedicated to empowering individuals experiencing mental health conditions to live independently. We are committed to creating a supportive community where everyone has the opportunity to achieve their own vision of a meaningful life.

We deliver a personcentred approach to recovery, building everyday living skills, fostering social and community inclusion, and ensuring no one is left behind.

Our values guide everything we do:

We are person-centred



We place the needs of our participants at the forefront of all care and service decisions.

We act with integrity



We are committed to honesty, transparency, professionalism and ethical behaviour in all aspects of our work.

We strive for excellence



We promote good governance and management, and are focused on achieving best practice through continuous improvement.

We are leaders in our community



We advocate for our participants by being accessible, knowledgeable, approachable, and actively engaged in partnership building.

Our Board

July 2024 - June 2025

Simon London	Ken McKinnon	Matthew Gilfellon
Chair	Deputy Chair	Treasurer
Matt Wells	Lindsay Campbell	Helen Marshall

Thank you to our retiring members

Helena Fong Deborah Meyer



From the Chair

This year has been an important period of consolidation for AHA, building upon the transformative work already undertaken to strengthen the organisation and better support participants and residents.

This work has occurred across the whole organisation, progressing key areas of governance, leadership, fiscal and risk management, clinical leadership, partnership development and ultimately, service and program delivery.

In collaboration with the Board and the Executive Leadership Team, CEO Anne Banks–McAllister provided strong leadership and careful management to guide AHA through this organisational rebuild. Anne and the team ensured this transformational scope of work is now delivering material outcomes. These achievements strengthen AHA's foundations and best position us for pursuing strategic opportunities going forward.

The year began with AHA's 40-year celebration, a poignant reminder of our long-standing connection with our community of participants and residents. With a room full of diverse attendees representing so many dimensions of our community, it was a powerful opportunity to reflect upon AHA's impact.

Departing Board members Helena Fong and Deb Meyer are powerful examples of these close connections. Their contributions to the Board over decades have been integral to AHA's strategic compass, bringing the voices of participants, family members and advocates to Board decision–making. For many years, Deb's much–anticipated participant report to the AGM has brought insight, humanity and humour to proceedings. I applaud them for their long–standing commitment to AHA and thank them for their generous contributions.

With the adoption of the AHA Values Charter in July, the Board established both FARM (Finance, Audit & Risk Management) and RPC (CEO & Board Recruitment & Performance) subcommittees. Rigorous and comprehensive governance is key to organisational performance and ultimately, the ongoing viability of AHA. Having the right structures in place is central to achieving this and both these new subcommittees have been contributing effectively since their inception.

Significant strategic planning work with Anne, the staff and the Board culminated in the adoption of the AHA Strategic Plan and AHA Operational Plan in February. The new Strategic Plan exemplifies a progressive organisation pursuing new opportunities for its community and I'm excited by the revitalised, dynamic organisation the plan reflects. This is well-supported by the considered, process-driven detail that has informed the Operational Plan – detailing AHA's current context and highlighting the organisational requirements to drive AHA forward with strength, clarity and purpose.

Like many other place-based not-for-profit organisations who have a deep and sustained familiarity with their regional communities, AHA has both the opportunities and the challenges that come from occupying such a position. The Strategic Plan and Operational Plan are intrinsic to AHA being positioned to pursue those strategic opportunities while understanding and managing the organisational requirements to do so. As such, both documents and the considered work that sits behind them speak of an exciting future for AHA.

In April, Anne advised the Board of her planned retirement, allowing for an orderly hand over of the CEO role. The RPC undertook a thorough recruitment process for to find the most suitable person to lead AHA into the next chapter. The Board is confident this process has yielded a positive outcome for the organisation and positions AHA for an exciting and dynamic future.

In summary, the collective efforts of all AHA staff and Board have provided valuable consolidation this year to help us strengthen and grow. The commitment shown to our organisation, participants and residents is commendable and as we take stock of the year's achievements, I thank everyone for their individual and collective efforts. I look forward to the next chapter.

Simon London Chair



Anne's Address

This year commenced with two significant events.

After 12 months of planning and training, AHA's first client management system, Nightingale, went live on 1 July. We reflected on this significant part of our transformational journey when we celebrated AHA's 40th anniversary on 30 August with our local stakeholders and a representative from the Mental Health Commission. This was our opportunity to tell our story and share our future by launching our new name, logo, and strategic priorities.

With an eye to the future, in August AHA purchased property at 76 Collie Street after many years of leasing properties no longer fit for purpose. With an existing lease, AHA will relocate from its current home at 142 Aberdeen Street, Albany.

Responding to a strategic priority to have contemporary properties, a house owned by AHA and used to provide transitional housing and no longer considered suitable for the program, was sold in October. A second property leased from the Department of Communities, also providing transitional housing, underwent significant refurbishment and was ready to occupy by September. After unsuccessful attempts to purchase a replacement property in a difficult property market, AHA made the difficult decision to reduce the delivery of this program until a suitable property can be secured.

In February the Board adopted its first 5-Year Strategic Plan and a supporting Operational Plan for the period January 2024 to June 2026. These two documents have set clear objectives for the future and will ensure Board and Management alignment, appropriate allocation of resources, and the ability to measure progress.

Despite these significant achievements, the AHA team remained focused on an ambitious program of continuous improvement across all areas of operations with a focus on systems and processes, policy and procedures, and improvements to participants' experience in all programs. This work was rewarded with the following successful external audits during the year:

- LARU Annual Compliance Inspection October 2024
- NDIS Mid-term audit October 2024
- Mental Health National Standards Mid-term audit May 2025

As always, I'd like to acknowledge the AHA team for their commitment to providing outstanding support to people experiencing significant and persistent mental health conditions living in our community, and to the hardworking Board which has continued to provide invaluable support and direction throughout the year.

Anne Banks-McAllister AM Chief Executive Officer

How we support

Units

AHA provides medium to long-term accommodation for people supported by the Great Southern Mental Health Service and assessed by AHA as suitable for the program. We offer 24/7 supported accommodation in an 11-bed supported living environment. Our team assists individuals in achieving their potential to live independent and fulfilling lives through community-based housing and coordinated clinical and psychosocial support.



Participant has received a house and support for 2 years due to AHA support with application. It will change her life.

This is home

AHA provides short to medium term accommodation for people who can live independently and are waiting for community housing or require more support to gain independent living skills before moving into their own home. Accommodation is up to 6 months where people may live alone in a single unit or share a house with one other person. Residents receive up to 10 hours of outreach support a week helping them prepare for moving into independent accommodation.



Feedback from participant's sister stating "time there done good job my sister living the best life."

This is also home

AHA aims to reduce homelessness by supporting people to access and maintain suitable housing for 6 months. Entry to the Mental Health Housing program usually commences when a person is an inpatient at an Acute Psychiatric Unit prior to being assessed for entry to AHA's Community Supported Residential Units.



Participant use of Foodbank in terms of budget for food, buying nutritious food from Foodbank, resulted in loss of weight and change in eating and exercising.

The Great Southern continues to experience a significant housing crisis, characterised by extremely low rental availability, rising property prices, and limited access to appropriate accommodation across the region. These pressures have placed considerable strain on individuals and families, particularly those on low incomes, people with complex needs, and key workers essential to local services. The private rental market has reached such highs excluding single income families and low-income earners, those on living on Disability Support or Job Seeker payments are no longer able to access these properties. The shortage of long-term and affordable housing options has contributed to increased homelessness, reliance on crisis accommodation, and difficulty attracting and retaining a skilled workforce. Collaborative, region-wide solutions remain critical to address the growing demand and ensure that the Great Southern community has access to safe, stable, and sustainable housing.

Community

AHA's outreach program supports people living in their own home. Working to support a participants recovery plan, our trained support workers assist with daily living skills, help with accessing community activities and services, and support people to maintain their accommodation.



Participant is now attending the weekly BBQ and walking on the beach.

Catching up with friends

AHA values the active involvement of participants in community activities, encouraging them to build healthy life skills and form meaningful friendships. Participants choose to engage in a variety of group activities such as art, music, fishing, craft, regular social BBQs, cooking, movie nights, and more. These experiences are designed for participants to enjoy together in the wider community.



Participant who has never attended yoga came last week and enjoyed it, she is using the opportunity to help manage her health concerns as a new strategy.

How we coordinate

AHA offers people support coordination providing advocacy and coordination of services for NDIS participants. Our NDIS Support Coordinator works closely with participants to identify services that align with their plan and goals.



Participant has started his community worker role and has decided to reduce his hours of support.













The Storms of Life Out there at Season.
Trying too Stay Afloaton, I Struggle to Row, .. My Mind Causht In the undertow ... Memories come Flooding thru my Mind Will I Float : Will I Sink I know Not: So with deep Reflections I Challenge the deamons in my Mand Life May be Crazy And May be Long You've Just Got too go on Thru The Storms of Lite We All Struggle And Only A troubled Sailor Cought tell You: How Great It Is Too Be In A Safe Harbours Shelter

Poetry from an AHA participant



AHA is committed to quality. We strive to meet the needs and aspirations of participants, their families, carers, and our employees.

Our focus is on delivering person-centred, recovery-oriented care that respects individual rights, upholds dignity, and supports positive outcomes. At AHA, strong communication, collaboration, and governance underpin a safe, inclusive, and supportive environment for all. Through continuous improvement and a commitment to safety and reliability, we prioritise well-being and empowerment, maintaining high standards across every aspect of our work.

Program Achievements 2025

CSRU



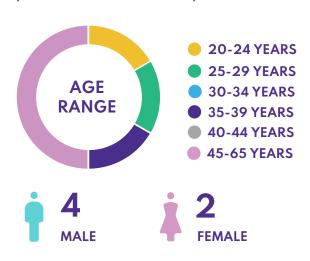


2817 OCCUPIED BED DAYS



Mental Health Housing Demographics

(BASED ON 6 PARTICIPANTS)



Transitional Housing







NDIS Program



Group Activities





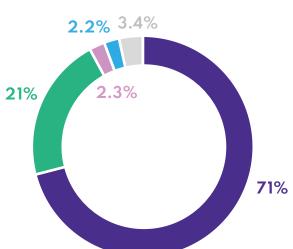
Outreach Program

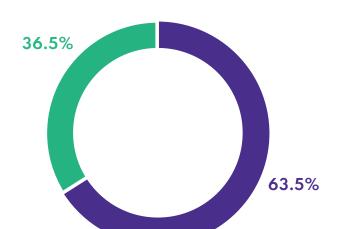




7,096 SUPPORT PROVIDED







INCOME	
Grants	\$2,431,777
NDIS Revenue	\$723,792
Client Contributions	\$77,765
Interest Income	\$75,785
Other	\$117,965
Total	\$3,427,084

EXPENSES	
Program Expenditure	\$2,352,748
Corporate Expenses	\$1,351,042
Total	\$3,703,790

Looking forward



Be an **"Employer of Choice"** where people thrive.



Improve and embed systems and processes.



Collect and analyse **feedback**, **data**, **and stories** to continuously improve participant outcomes.



Investigate delivering mental health services to people who are homeless or at risk of homelessness.



Understand our diverse community and engage authentically to be a culturally safe organisation.



Creatively support and engage with carers and significant others.



Develop our **community leadership and partnerships.**



Expand our service delivery in the Lower Great Southern.



THANK YOU

The Board would like to acknowledge and thank our funders:

Mental Health Commission Department of Communities

And our amazing local partners:

Great Southern Mental Health Service
WA Country Health Service
Department of Communities, Albany
Advance Housing
Anglicare
Richmind + Fellowship House
Pivot
APM
Palmerston

To our wonderful staff – It takes a village; so thank you for your unwavering support throughout the year.

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