ANNUAL REPORT
2015 - 2016

PHOENIX
AUSTRALIA
Centre for Posttraumatic Mental Health

PROMOTING RECOVERY FROM TRAUMA
**MISSION**
To be an international leader in building the capability of individuals, organisations and the community to understand, prevent and recover from the adverse mental health effects of trauma. To be at the forefront of world’s best practice in veteran and military mental health.

**VISION**
Improved wellbeing and quality of life for individuals and communities who experience trauma.
GOALS

• Improve outcomes for the community
• Improve outcomes for members of the Defence community
• Advance scientific knowledge about the nature, development and impact of traumatic stress
• Provide leadership and expertise in evidence-informed posttraumatic mental health policy, service delivery and practice
• Enhance the operational and business capabilities of the organisation

VALUES

• We are passionate about making a real difference to the wellbeing of people impacted by trauma
• We operate with integrity in our words and actions
• We collaborate with our colleagues and partners to achieve the best possible results
• We are responsive to the changing needs of the communities we serve
• We strive for excellence
• We are guided by scientific evidence
CHAIR’S REPORT

His Honour Michael Strong

I am pleased and honoured to have completed another year as Chairman and as a member of the Board of Directors.

In December last year the Board farewelled Rear Admiral Robyn Walker AM, then Commander Joint Health and Surgeon General, ADF. I take this opportunity to again thank Robyn for the very considerable contribution she made to the work of the Board. Like a good military officer, she was ever alert! In her place we were delighted to welcome Air Vice-Marshall Tracy Smart AM, who has assumed Robyn’s ADF role.

Air Vice-Marshall Smart joined three other stakeholder representatives on our Board: Major General Mark Kelly AO DSC, Professor Ian Everall and Ms Sue Campion. We are fortunate indeed to have the breadth and depth of expertise and experience these members bring to our deliberations.

I am gratified by the efficient, effective and harmonious way in which the Board functions. I express my deep appreciation to all Board members for their constructive involvement and commitment.

Since our last annual general meeting the Honourable Dan Tehan has been appointed Minister for Veterans’ Affairs and Defence Personnel. Professor Forbes and I had the opportunity to meet with Minister Tehan shortly after his appointment. The Minister’s keen interest in our work was immediately apparent. He has subsequently demonstrated strong support for Phoenix Australia’s proposed Centenary of Anzac Centre. This substantial and visionary project, which our Director has pursued with unswerving passion and determination, seems likely to come to fruition in the very near future. A most exciting prospect!

The Finance and Risk Committee is chaired by Board member Paul Dolan. Like many research bodies, Phoenix Australia must constantly be alert to opportunities for business development and the timely discharge of our contract obligations. Under Paul’s leadership, and with strong support and guidance from fellow director Greg Ridder and the management team, the financial affairs of our organisation are overseen with rigour and attention to detail. I thank the Committee for its important work.

Phoenix Australia’s work is discussed in the pages that follow. Although veteran and military mental health will remain an area of special focus and expertise, we continue to broaden the range of entities with whom we work – including ‘first responders’, for whom exposure to trauma is often an inescapable part of their professional lives. Equally, we are privileged to work with other government agencies and those in the broader community who have been affected by trauma. I emphasise, we see the entirety of our work as interconnected and mutually developmental.

In May we launched our Strategic Plan 2016-18. This was the culmination of an intensive and very positive period of consultation involving the Board, management and staff. My experience with strategic plans is that their benefit lies as much in the process as in the finished product. In the hustle and bustle of daily business life, opportunities for strategic consultation – especially with staff – may not often arise. I am confident the 2016-18 Strategic Plan will prove to be a valuable guiding light.

Last but certainly not least, I wish to acknowledge the diligence, professionalism and performance focus of our management and staff. I am confident Phoenix Australia is in a strong position to maximise the opportunities that lie ahead.
BOARD OF MANAGEMENT

Chair: His Honour Michael Strong
Professor David Forbes
Ms Sue Campion
Mr Paul Dolan
Professor Ian Everall
Major General Mark Kelly
Mr Greg Ridder
Air Vice-Marshal Tracy Smart

His Honour Michael Strong
Michael is a former solicitor, barrister, Prosecutor for the Queen, judge of the County Court of Victoria, Vice-President of the Victorian Civil and Administrative Tribunal, and Director of the Office of Police Integrity (Victoria). He has a current appointment to the Australian Crime Commission as an Examiner. Michael is a long-serving former director and President of Berry Street, Victoria’s largest independent child and family welfare agency, and has served on boards and committees of numerous other organisations.

Professor David Forbes
David is the Director of Phoenix Australia and a clinical psychologist with many years’ experience in the assessment and treatment of mental health problems following trauma. David was the Co-Chair of the Steering Group for the NHMRC-approved Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder, and he sits on the editorial boards of key international journals and publishes widely in the international literature.

Ms Sue Campion
Sue is the First Assistant Secretary of the Health and Community Services Division in the Department of Veterans’ Affairs. She is responsible for ensuring the effective sourcing and delivery of a wide range of services to the veteran community, including health and community services, mental and social health, community and aged care, and related services including home insurance. Sue has a Masters Degree in Consumer and Applied Science, majoring in Human Nutrition, from the University of Otago.

Mr Paul Dolan
Paul is Director for Australia and New Zealand with Lightfoot Solutions. Prior to joining Lightfoot, Paul was a Director with the Department of Health and Human Services in Victoria for two years. He has over 16 years’ public sector and management consulting experience, with the past 14 years focussing on healthcare. Paul has international experience working with board and executive level stakeholders in health sector strategy, health reform and operational improvement, across a broad range of healthcare organisations. Paul holds a BA (Hons) degree in Business and German from the University of Hull, and has also studied International Business at the University of Innsbruck in Austria.

Professor Ian Everall
Ian is the Cato Chair and Head of the University of Melbourne’s Department of Psychiatry. He is a prominent international psychiatrist and neuropathologist who trained in the UK. His experience includes directing a large clinical service and establishing a leading research training program for psychiatrists at early career stage. Ian is a member of the Australian Advisory Council for Asia-Australia Mental Health and the Advisory Committee for the Melbourne Neuroscience Institute.

Major General Mark Kelly AO DSC
Mark is the Repatriation Commissioner in the Department of Veterans’ Affairs. Mark served in a number of senior command appointments during an Army career spanning over 35 years, including Commanding Officer of the 1st Battalion, The Royal Australian Regiment, Commander 3rd Brigade, Commander 1st Division, Land Commander Australia, and Commander Joint Task Force 633 (CJTF 633). His operational experience includes Chief of Staff of the International Force in East Timor (1999-2001), with US CENTCOM in the Middle East, Afghanistan, the Horn of Africa and Iraq (2003-2004), and as CJTF 633 commanding all ADF elements in the Middle East Area of Operations, Iraq and Afghanistan (2009-2010).

Mr Greg Ridder
Greg is Executive Manager, Business Planning & Strategy at Phoenix Australia. Greg has a strong business background in strategy, finance and general management both in Australia and Asia. He is chairman at ASX listed Kogan.com and at Tibaldi Smallgoods, and also serves on the boards of Oxfam Australia and B Lab Australia & New Zealand. He is also a mentor at Kifinian Australia. Greg is a past president of the Packaging Council of Australia, a Graduate member of the Australian Institute of Company Directors, and a CPA.

Air Vice-Marshal Tracy Smart AM
Tracy is the Commander Joint Health and Surgeon General Australian Defence Force. She completed her medical training at Flinders University (SA) and has specialist training in Aviation Medicine. Her career has included deployments to the United Nations Assistance Mission in Rwanda as senior RAAF officer and aeromedical evacuation coordinator; to Timor Leste as Chief Health Officer, HQ Peacekeeping Force, and Australian Senior Health Officer; and to the Middle East Area of Operations as Senior ADF Health Officer and Deputy Validating Flight Surgeon. She is a Fellow of the Royal Australasian College of Medical Administrators, a member of the Australasian College of Aerospace Medicine, the Aerospace Medicine Association (US) and the Centre for Defence and Strategic Studies, and an Academician of the International Academy of Aviation and Space Medicine. She is also an Associate Fellow of the Australasian College of Health Service Management. Air Vice-Marshal Smart was made a Member of the Order of Australia in 2012.
This year saw us develop our new strategic plan for the period 2016-2018. The plan sets out an ambitious vision, articulating strategic initiatives that focus on fulfilling our mission of improving outcomes for people affected by trauma across Australia. The plan is available on our website.

In meeting the two most important goals, improving outcomes for the community and for the current and ex-serving Defence community, our work this year has seen us deepen our engagement with the veteran and military sector and continue to expand the breadth of our engagement in the wider community. I’d like to mention just a few of our undertakings.

We conducted a feasibility review in preparation for a trial of a new form of exposure therapy – the gold standard evidence-based treatment for PTSD, intensive prolonged exposure. The planned randomised controlled trial has been funded by a National Health and Medical Research Council grant in partnership with the Departments of Veterans’ Affairs and Defence and the Veterans and Veterans Families Counselling Service, and will commence in the 2016-2017 financial year. Findings from this study will directly influence DVA and Defence policy and delivery of evidence-based treatment by service providers nationwide.

We were pleased to be asked by the Australian Defence Force (ADF) to develop a continuous improvement framework (CIF) to evaluate their range of mental health programs and services. No other defence force uses such a systematic methodology, and it was a complex undertaking designing and developing this world-first framework and implementation plan to meet the strategic objectives and outcomes of the ADF’s Mental Health & Wellbeing Strategy. We were able to call on our expert colleagues from defence forces in the US, UK, New Zealand, and Europe to provide advice on the features of an effective framework. The ADF has accepted the CIF we developed, and it is being implemented in a staged process. You can read more about this work on page 9.

In terms of the broader community, we continue to work on an important project for the Australian Border Force (ABF) which involves training staff who are at risk of vicarious trauma through the viewing of objectionable material, particularly, child abuse and child exploitation material. We worked closely with investigative and wellbeing staff from the ABF to develop a two-day training program for small groups of investigators in a supportive, controlled environment. Feedback from the organisation as a whole as well as from individual training participants has been extremely positive, with the training described as “an outstanding package of work”. You can read more about this project on page 17.

Vicarious trauma through the viewing of objectionable material is unfortunately an aspect of the work of many industries, and we have seen an increase in organisations realising the importance of protecting their staff from the risk of psychological harm and contacting us for assistance, in the light of this work with the ABF.

This year has seen an increase in demand for our trauma informed care training from a range of agencies, such as government departments including NSW and Victorian Health departments, alcohol and other drug services, and community health organisations that deliver services to traumatised people. In total, we have run 35 workshops for these organisations, often tailoring the training to meet each service’s particular needs. Our trauma informed care methodology enables more effective service delivery to those often facing major barriers to seeking and obtaining support and care due to a background of trauma.
In fulfilment of another of our strategic goals, to provide leadership and expertise in evidence-informed posttraumatic mental health policy, service delivery and practice, in November 2015 Phoenix Australia led a roundtable of trauma and mental health experts to develop a world-first protocol to address mental health issues arising after a natural or man-made disaster.

We were extremely fortunate to work on this initiative with The Prince’s Charities Australia (PCA) – the coordinating presence for The Prince of Wales’ charitable endeavours in Australia. His Royal Highness The Prince of Wales has a deep interest in post-disaster recovery for communities adversely impacted by disaster, and we were delighted that he was able to attend the welcome reception of the roundtable, meeting and speaking with roundtable participants, Defence members, emergency services personnel, and other first responders to disaster situations. We also enjoyed the support of, among others, Sir Angus Houston AK AFC who was the patron of the roundtable. Over two days the experts developed a consensus intervention model as well as a strategy to test the effectiveness of that intervention in post-disaster settings. The roundtable is featured on pages 20-22. The next stage of this initiative is to conduct a pilot trial of the intervention in a region recently affected by a natural disaster. The pilot is due to commence in October 2016.

As the international attendees were also experts in veteran and military mental health, the roundtable event offered an opportunity for us to facilitate a meeting between these international experts and senior leaders from DVA and Defence. The meeting, held at the ADF Centre for Mental Health, focussed on innovations and developments in military mental health and was an extremely valuable opportunity for dialogue with the international experts.

This year we were also delighted to announce that our Director of Research, Associate Professor Meaghan O’Donnell was elected as the incoming President of the International Society for Traumatic Stress Studies (ISTSS), the peak international body in the area of traumatic stress. This appointment speaks volumes about Meaghan’s achievements and the high regard in which she is held internationally. She assumes the Presidency role at the forthcoming ISTSS meeting in Dallas on November 10th, 2016.

I would like to thank the staff of Phoenix Australia for their professionalism, hard work and creativity throughout the year and for their strong commitment to the organisation and its mission.

Finally, I would like to thank our Chair, His Honour Michael Strong and the Board for their continued support. In particular, I would like to thank Rear Admiral Robyn Walker AM who retired from the Board in December. Robyn’s insights and contributions to the Board were extremely valuable throughout her tenure and significantly enhanced not only our capacity to deliver high quality support to Defence, but also to the community more broadly. We are fortunate in Robyn’s replacement, Air Vice-Marshal Tracy Smart AM. Welcome Tracy.
Phoenix Australia - Centre for Posttraumatic Mental Health is a not-for-profit organisation and national centre of excellence that promotes recovery for the 15 million Australians affected by trauma.

Whether from natural disasters, transport accidents, sexual assault, or exposure through military or emergency services experiences, trauma can have lasting effects and impact people’s mental health, relationships, work, and study. Phoenix Australia is at the forefront of research, policy, and training into posttraumatic mental health, utilising the latest research to improve wellbeing and build stronger communities.

Phoenix Australia’s breadth of work encompasses Research and Evaluation, Policy and Service Development, and Education and Training. It is our unique ability to integrate knowledge and skills from all of these activities into best practice and tailored implementation, offering clients end-to-end service.

Research and Evaluation
Our program of internationally acclaimed research and evaluation aims to advance the knowledge of posttraumatic mental health; create real-world solutions through the application of diverse research methodologies; and translate research findings into practical implications for governments, organisations, and communities.

Policy and Service Development
Our policy and service development work aims to establish the standards of best practice for the management of trauma. We translate research into best practice policies and procedures for organisations, and work with organisations to build their capacity to minimise the impact of workplace trauma.

Education and Training
Our aim is to create engaging and evidence-based education and training programs that improve the practice of those working with individuals, organisations and communities affected by trauma. We provide tailored training, supervision, and consultation services that meet the specific needs of a diverse range of clients.

Promoting Understanding
Phoenix Australia promotes an understanding of posttraumatic mental health through online and print resources, videos, journal articles, presentations at conferences and other forums, and via expert media commentary.

The case study on the following page showcases our integration approach.
CASE STUDY
INTEGRATED DELIVERY
OF SERVICES

Understanding the needs and capacity of mental health workers who work with veterans

The Department of Veterans’ Affairs’ (DVA) Veteran Mental Health Strategy 2013-2023 aims to ensure quality mental health care for veterans and to strengthen workforce capacity. Phoenix Australia was contracted by DVA to undertake a survey of the Australian mental health workforce in order to identify any gaps in practitioners’ knowledge and skills in relation to veteran mental health, and gather evidence on their current use of evidence-based treatments. This information could then be used to inform DVA policy considerations in relation to continued improvements in practitioner competency and the quality of mental health care provided to veterans. The project illustrates how Phoenix Australia’s expertise across our three streams – research, service development and training – can be brought together to provide maximum value in our project delivery.

We established the project as a collaboration between Phoenix Australia, DVA and mental health practitioners through setting up an advisory group comprising mental health experts, representatives from professional associations, and DVA. The group provided guidance in the development and implementation of the survey, ensuring its relevance and applicability to the broad range of practitioners that they represented.

In developing the survey, our first objective was to establish the evidence around barriers and incentives to effective implementation of evidence-based practices. We commenced with a literature review of barriers and incentives, but unfortunately, found little high quality evidence in this area, highlighting the need for further research. However, a finding of critical importance was that engaging practitioners in an ongoing process of change is more likely to lead to the delivery of evidence-based practices to clients, rather than merely providing information on best practice. Common barriers that we identified were included in the survey.

The survey was intended to identify current use and knowledge of evidence-based practice to treat common mental health issues experienced by veterans such as depression, posttraumatic stress disorder (PTSD) and drug and alcohol use. We surveyed a broad range of mental health practitioners who offer services to veteran clients, including GPs, psychologists, social workers, and occupational therapists.

The survey findings were used to identify challenges and opportunities for DVA in improving the quality of mental health care provided to veterans. We developed priority considerations to address these challenges and help guide future policy, including:

i) addressing the reluctance of allied health practitioners to use first line, evidence-based treatments for PTSD rather than second line treatments

ii) increasing GPs’ knowledge and confidence in the management of anger, aggression and substance use issues in veterans.
Phenomenology
• Intervention
• Knowledge translation
• Veteran and military mental health.

2015 - 2016 Overview

It was a very busy year in research at Phoenix Australia. We conducted a number of literature synthesis projects highlighting our expertise in literature review methodologies. These methodologies included evidence mapping, narrative review, literature scan, rapid evidence assessment, and systematic review. This is an important and growing program of work because it assists the translation of research into policy and service development.

It’s also been an exciting time for us in the area of testing new and novel treatments for posttraumatic stress disorders. During the 2015-2016 period we commenced or conducted five treatment trials with the majority of them being rigorous randomised controlled trials. We conducted a feasibility study into intensive prolonged exposure, in preparation for a full randomised control trial testing the efficacy of intensive prolonged exposure versus prolonged exposure for current and ex-serving Defence personnel with PTSD (RESTORE trial). Our early intervention trial that explores the efficacy of transdiagnostic therapy against usual care with injury patients (SPRITE) continued. We also commenced a trial of brief cognitive behavioural therapy to facilitate adjustment after disaster exposure (interPAR project), and commenced a trial evaluating the efficacy of Theta Burst Stimulation as a treatment for PTSD. Finally, we completed our trial testing the efficacy of a new treatment for anger and PTSD in Defence personnel.

It has been an exceptional year for our PhD students. Congratulations to Dr Tony McHugh who passed his PhD this year. On page 11 you can read a little more about this and the other remarkable studies, including the impact of trauma exposure on firefighters (Heather Bancroft), homelessness and Complex PTSD (Renee Armstrong), recovery after burn injury (Sonia Terhaag), and social support after natural disaster (Fanhong Shang).

Finally, I thank Dr Andrea Phelps, Deputy Director, for her stewardship of the research program during this financial year while I was in Germany for the Humboldt Fellowship.

Associate Professor Meaghan O’Donnell
Director, Research

Phoenix Australia’s internationally acclaimed program of research and evaluation aims to advance the scientific knowledge of trauma and posttraumatic mental health.

We benefit from our extensive national and international collaborative research relationships, integrating the findings from our research activities and program evaluation with advances from around the world.

Phoenix Australia is proud of its unparalleled leadership in translating research into practical implications for governments, organisations and communities, thereby promoting the best possible outcomes for people affected by trauma.

Phoenix Australia’s research targets three main populations of trauma survivors:

- Military and veteran
- Community
- Industry and workplace

We have five main programs of research:

- Epidemiology
- Phenomenology
- Intervention
- Knowledge translation
- Veteran and military mental health.

Promoting Veteran & Military Mental Health Program Prevalence Evaluation Trauma Pain & Factors Nightmares Indicated Latent Reviews Literature Vulnerability Initiatives Training Selected Universal Military & Veteran Industry & Workplace Community Research
Assisting the ADF to achieve its vision: ‘Capability through mental fitness’

The Australian Defence Force’s (ADF) 2011 Mental Health and Wellbeing (MH&WB) Strategy sets out six strategic objectives, the fourth of which is to ‘Continuously improve the quality of mental health care’. In support of this objective, the ADF approached Phoenix Australia to develop an evaluation framework and implementation plan for the continuous improvement of ADF mental health programs and services. Phoenix Australia was very pleased to collaborate with Professor David Dunt on this project. The resulting Continuous Improvement Framework (CIF) enables the monitoring and evaluation of diverse ADF mental health programs and services in order to drive improvement. The framework also facilitates measuring achievement of the objectives of the ADF MH&WB Strategy.

No other defence force uses a systematic methodology to comprehensively evaluate all its mental health strategies and programs. Designing the CIF for the ADF was a complex undertaking, requiring high level research, evaluation, and consultation in order to ensure an outcome that would meet the needs of the Department of Defence.

We consulted widely with colleagues from international defence forces, including the US, UK, New Zealand, and Europe, as well as with ADF personnel, including senior leaders, program owners, and providers.

The developed CIF comprises a two-tier model of change: a longer-term cycle (e.g., five years), and a short-term rapid cycle (e.g., 12 months). The longer-term cycle acts as an overarching, national guide, providing input into the long-term ADF mental health strategic planning cycle, linking its strategic objectives with key performance indicators.

The shorter cycle represents a rapid review cycle for individual programs and services. The CIF also includes indicators for programs and services to specify what information should be collected to measure improvement, as well as to provide performance information to evaluate progress towards achievement of strategic objectives.

The CIF implementation plan lays the foundation for continuous improvement; it describes how the program and strategic cycles should be applied in practice, suggests governance and management structures, details the implementation of each phase of the CIF, and provides a test case as an illustrative example of how the CIF can be applied.

The ADF has accepted the CIF and it is being implemented in a staged process.

“Through a process of extensive stakeholder consultations, review of national and international research findings and evaluation of ADF programs, Phoenix Australia was able to provide to Defence a comprehensive and practical Continuous Improvement Framework which can be applied to all current and future ADF mental health programs and services. This Framework forms an important component of the next iteration of the ADF Mental Health and Wellbeing Strategy”

Colonel Nicole Sadler,
Mental Health, Psychology & Rehabilitation Branch
ADF
RESEARCH PROJECTS

LASER-Resilience
Phoenix Australia has been collaborating with the ADF since 2010 on the LASER-Resilience project – a longitudinal survey of newly appointed ADF personnel. This study aims to advance the understanding of psychological resilience, and to identify the factors that are likely to assist, and hinder, an individual’s ability to cope with the range of experiences they will encounter in military service. During the last 12 months the project team investigated the role of alcohol and smoking in coping with stress, and the role of social factors in health and wellbeing.

The mental health of Australian first responders: Rapid mapping of current research
Phoenix Australia was engaged by beyondblue to develop a ‘map’ of recent research into the mental health of Australian emergency services personnel. After screening over 10,000 sources of information, 96 studies were deemed eligible for inclusion in the evidence map. The findings from this project will be used to inform the scope and design of beyondblue’s national research study.

Feasibility of a pilot study of intensive exposure therapy, and the RESTORE trial
Feasibility of a pilot study of intensive exposure therapy for the treatment of PTSD
DVA provided funding for Phoenix Australia to assess the feasibility of an Australian pilot of intensive prolonged exposure (IPE) therapy for the treatment of PTSD in serving and ex-serving ADF personnel, to be carried out within DVA and Defence treatment services. IPE involves delivery of the evidence-based standard prolonged exposure protocol in daily sessions over two weeks rather than weekly sessions over three months. We conducted a rapid evidence assessment of literature to inform the development of a randomised controlled trial of IPE – the RESTORE trial which is now underway (see below).

Rapid Exposure Supporting Trauma Recovery (RESTORE) trial
Phoenix Australia, in partnership with DVA and Defence, received funding from the National Health and Medical Research Council to conduct a randomised controlled trial of IPE therapy for PTSD – the RESTORE trial. The trial will assess whether IPE will be as effective as the standard prolonged exposure (PE) treatment. The trial is being conducted at a number of sites in Brisbane, Sydney and Melbourne.

Senior Researcher Humboldt Fellowship
This year, Associate Professor Meaghan O’Donnell was awarded a prestigious Senior Researcher Humboldt Fellowship. The six-month fellowship allowed her to base herself in Germany during which time she established a number of international collaborations which include establishment of new areas of research and the exchange of postgraduate students.

Psychosocial Recovery Following Community Disaster: The interPAR Pilot Trial
The Commonwealth Department of Health has provided a grant to undertake a pilot study of a brief psychosocial recovery program for disaster survivors who experience adjustment difficulties and ongoing emotional stress and distress. Named interPAR – International program for promoting adjustment and resilience after disaster – the recovery program and pilot trial are the outcome of a roundtable meeting held in Sydney in November 2015. The interPAR pilot study is a partnership between Phoenix Australia, The Prince’s Charities Australia, Country SA Primary Health Network, Northern Health Network, and the Australian Red Cross. interPAR will be piloted with survivors in the South Australian Pinery and Sampson Flat areas, which experienced devastating bushfires in 2015.

Screening and Promoting Recovery from Injury by Treating Early: The SPRITE trial
The SPRITE trial is a pilot randomised controlled trial assessing the effectiveness of early intervention for emotional disorders following a traumatic injury, using a transdiagnostic psychological treatment, which aims to treat the underlying mechanisms of emotional disorders rather than treating individual disorders.
This study is being undertaken in collaboration with the Royal Melbourne Hospital trauma service. The results of this trial will inform the future psychological care of injury survivors.
Defence Health Foundation Posttraumatic Nightmare Research
Phoenix Australia received a small grant from the Defence Health Foundation to investigate sleep factors that underpin the posttraumatic nightmares associated with PTSD. The study was undertaken in collaboration with Austin Health’s Sleep Clinic and Psychological Trauma Recovery Service. The study findings have been written up for publication in a peer review publication.

Managing Anger Trial
The Department of Defence contracted Phoenix Australia to develop an anger-focussed intervention for military veterans, and evaluate its effectiveness in a pilot study. The results of the pilot trial showed that the intervention we developed was successful in substantially reducing problematic anger, as well as in reducing PTSD symptom severity.

The Effectiveness of Synchronous Telemedicine for Clients with Mental Health Conditions
This review was commissioned by the Transport Accident Commission (TAC) and WorkSafe via the Institute for Safety, Compensation and Recovery Research (IScRR) to provide an evidence-based assessment of the literature on the effectiveness of synchronous telemedicine for mental health conditions. The review will help inform future policy development in this area.

Evaluating the Effectiveness of Theta Burst Stimulation as a Treatment for PTSD
Phoenix Australia has received a grant from Defence Health Foundation to run a pilot study in the effectiveness of Theta Burst Stimulation (TBS) as a treatment for PTSD with a veteran population. This world-first study will explore TBS as a viable, effective, alternative treatment for PTSD, with implications for the improvement of PTSD and cognitive function for veterans not adequately responding to current treatments.

Veteran and Military Mental Health Literature Scan: 2015
Phoenix Australia continues to produce an annual literature scan of articles in the field of veteran and military mental health for DVA. The 2015 literature summary provided an overview of the research literature in six topics selected by DVA.

Defence Mental Health Evaluation Framework
The ADF contracted Phoenix Australia to develop an evaluation framework and implementation plan for continuous improvement of ADF mental health programs and services. The development of the framework required high level research, evaluation, and consultation. The resulting Continuous Improvement Framework (CIF) enables the monitoring and evaluation of diverse ADF mental health programs and services in order to drive improvement. (Read more on page 9.)

PHD RESEARCH – PRIMARY SUPERVISION

Anger and PTSD
The aim of this study was to examine the role of visual imagery in the context of anger and PTSD. The thesis was passed in July 2016 – congratulations Dr Tony McHugh.

Exploring Complex PTSD in a sample of people experiencing homelessness
This study aims to investigate clinical outcomes following trauma in a sample of people experiencing homelessness. This PhD is due for completion in January 2017.

Mental health and wellbeing in firefighters
This study aims to clarify the prevalence of the mental health disorders that are commonly associated with exposure to trauma and develop a greater understanding of the range of factors which contribute to better and worse mental health in an Australian sample of firefighters. This PhD is due for completion in December 2017.

Longitudinal outcomes in wellbeing after burns
This longitudinal study explores the psychological and social factors that contribute to disability, quality of life, and mental health outcomes in a sample of burns patients. This PhD is due for completion in March 2017.

Social support and wellbeing among survivors of natural disaster
This longitudinal study, a collaboration between the University of Melbourne and Peking University, explores the psychological impact of social support received following the Lushan County earthquake in 2013. This PhD is due for completion in November 2017.

Moral injury in military and emergency services personnel
This study on moral injury aims to explore moral injury as an outcome of trauma exposure and its relationship to PTSD. This PhD is due for completion in 2021.
POLICY AND SERVICE DEVELOPMENT

Dr Andrea Phelps
Director, Policy and Service Development

Phoenix Australia’s policy and service development work aims to get evidence-based interventions into practice to improve outcomes for people affected by trauma. Our service development work is informed by international research as well as our own expertise across research, translation and training. We translate research into best practice policies and procedures for organisations, and work with organisations to build their capacity to minimise the impact of workplace trauma.

Phoenix Australia works with organisations that have responsibility for people affected by trauma, including:

- organisations where exposure to trauma is a predictable risk of employment (e.g., Defence, police, fire, ambulance and rail services)
- organisations that provide health and welfare services to people affected by trauma (e.g., agencies working with people experiencing social disadvantage, and government departments that provide mental health and welfare services)
- organisations that have responsibility for providing trauma treatment (e.g., Veterans and Veterans Families Counselling Service (VWCS), and hospital-based PTSD treatment programs)
- organisations responsible for setting the standards of care for people affected by trauma (e.g., the Departments of Veterans’ Affairs and Defence, and third party insurers).

2015 - 2016 Overview

Over the past year, we have had the privilege of continuing to work with our key stakeholders in Defence and DVA as well as grow our work with other government departments and a range of emergency service organisations. Quality assurance projects have been central to our work with DVA. The foundation of our DVA quality assurance work, which has been ongoing since 1996, is monitoring outcomes for the Trauma Recovery Programmes across Australia and using data to provide advice for ongoing quality improvement.

Over the past few years we have extended the scope of our quality improvement work to the broader range of mental health group programs provided by hospitals. This year, we also worked with DVA to investigate the capability of the broader mental health workforce to provide high quality care to veterans across Australia. We had the opportunity to undertake an important project this year with the Victorian Department of Health and Human Services. In a demonstration of the breadth of expertise of Phoenix Australia staff, we drew upon our knowledge of trauma experiences and potential trauma responses in refugee populations, as well as our deep understanding of trauma informed care, to develop best practice trauma informed care guidelines for area mental health staff working with people with refugee backgrounds, including asylum seekers. Our work in the emergency services sector has also continued to grow. A range of projects over the past year have involved providing advice on trauma management policy, reviewing mental health and wellbeing supports for staff, and developing e-health and more traditional hard copy resources for people affected by trauma.

I would like to take this opportunity to thank Jane Nursey, Senior Clinical Specialist, who did a sterling job in leading our Policy and Service Development work over the 2015-2016 financial year.
CASE STUDY
POLICY AND
SERVICE DEVELOPMENT

Helping to create the best possible workplace for ambulance service staff and volunteers

St John Ambulance WA is the primary provider of Western Australia’s emergency paramedic services. St John asked Phoenix Australia to review its current approach to identifying and managing psychological risks for its employees, including assessing its current approach against best practice. The scope of the review covered the psychological risks that exist for St John employees, the current supports and systems that St John has in place to manage psychological wellbeing, and the accessibility and effectiveness of current supports and systems. St John also asked us to recommend any improvements or alternative approaches to ensure best practice.

Our review included both qualitative and quantitative methods. We conducted a desktop review of St John’s wellbeing strategy and staff policies, and a brief review of the literature on psychological risks in the workplace, within comparable organisations.

We conducted face-to-face consultations with senior management, the Wellbeing and Support team, and with a range of paid and volunteer metropolitan and regional staff, examining their views of the available support services, and any barriers to seeking support. Finally, using the knowledge gained through these activities, we conducted an online survey to gain the perspective of staff across the organisation.

Our report, incorporating the views of both management and staff, provided 11 recommendations which were aligned with St John’s organisational structure. The recommendations included the areas of: systems and documentation; training, education and support; organisational culture and employee engagement; wellbeing and support; community and country paramedics; and alternative approaches.

An Independent Oversight Panel reviewed the report and concurred with its recommendations. St John has accepted all recommendations and commenced work to implement practice improvement based on their guidance.

“We are always scanning for ways to improve the quality of our workforce culture and care. Talking freely about mental health and wellbeing, and listening both to people within our organisation and a wide range of specialists in psychological care such as Phoenix, is vital to achieving the best possible workplace we can grow.”

Tony Ahern, CEO, St John Ambulance WA
Trauma Informed Care Capabilities for Mental Health Service Staff Working with People from Refugee Backgrounds

Phoenix Australia was contracted by the Department of Health and Human Services (DHHS) to assist with a mental health workforce development initiative which aimed to enhance the capability of front line Area Mental Health Services (AMHS) staff to provide effective trauma informed care (TIC) responses to people with refugee backgrounds, including asylum seekers, presenting to mental health and acute care settings.

The project involved a brief narrative literature review in TIC and best practice capabilities; focus group consultations with representatives from refugee and asylum seeker agencies and AMHS to identify perceived strengths, gaps, and areas of improvement in mental health service response to people from refugee backgrounds, including asylum seekers; the development of mental health services TIC best practice capabilities guidelines; and identification of current Australian TIC training programs relevant to the guidelines.

The final report submitted to DHHS was well received and provides a sound basis for DHHS to expand the capability of AMHS to identify and manage the impacts of trauma in clients from a refugee or asylum seeker background.

DVA-Funded Trauma Recovery Programmes – Monitoring Outcomes

Phoenix Australia continues to monitor the outcomes of Trauma Recovery Programmes (TRPs) across Australia and provide data outcome reports for hospital accreditations. This year, we also established a Quality Assurance Working Group, bringing together interested programme staff to undertake analysis of the longitudinal database to address priority service improvement questions. The question chosen this year was: What are the patterns and predictors of recovery for veterans taking part in the TRPs? We identified five classes based on response trajectories from intake through to 9-month follow-up. Poor response to treatment was predicted by high scores at intake on the triad of PTSD, depression and guilt.

Development of a Mental Health and Wellbeing App for Police

Phoenix Australia partnered with Victoria Police and The Police Association of Victoria to develop ‘Equipt’, a smartphone app providing serving and ex-serving police with a resource to assist with the management of trauma exposure and stress. Police are faced with a high incidence of exposure to trauma, and stressful and distressing situations; Equipt is designed to facilitate early recognition and self-management of the impacts of work, as well as providing tools to improve resilience and healthy lifestyle habits. The app also allows easy ‘one-click’ access to support – via peers as well as police-specific mental health supports and services.

Equipt provides the user with an assessment of overall wellbeing and progress over time, and two sets of tools. The Rapid Response tools manage the impact of trauma exposure, stress and distressing emotions; and the Lifestyle tools allow users to manage and track social, physical and mental health.

Equipt is an example of Phoenix Australia’s work translating mental health knowledge into the digital realm, demonstrating our capacity to tailor relevant health and wellbeing resources to first-responder and other high-risk populations.

Veteran Mental Health Workforce Capabilities Analysis

DVA contracted Phoenix Australia to assess the knowledge, attitudes and professional development priorities of the Australian mental health workforce in relation to veteran mental health, and to determine their current use of evidence-based treatments. This information can be used to inform DVA policy considerations in relation to continued improvements in practitioner competency and the quality of mental health care provided to veterans. The project involved the design of surveys tailored to allied mental health and medical practitioners. Survey design was informed by a review of the literature on barriers and incentives to implementing best practice. The survey findings were used to identify challenges and opportunities for DVA in improving the quality of mental health care provided to veterans. (Read more on page 7.)
DVA Review of Mental Health Programmes

In 2015-2016 Phoenix Australia completed the final phase of a three-year project evaluating submissions from private hospital providers to DVA to run a range of mental health programmes for veterans. The project signalled a shift in DVA’s approach to funding hospital based mental health treatment programmes, introducing a new level of quality control and accountability for programme content. The intent of this new approach was to provide confidence to DVA that they were purchasing the best possible mental health treatment on behalf of veterans.

DVA prioritised mental health programmes that address the most common mental health presentations in veterans including Anxiety, Depression, PTSD, Alcohol and Substance Abuse Disorders, Issues of Aging, Pain Management, Sleep Disorders, Anger Management, and Communication and Relationship Skills. Submissions needed to demonstrate that the programme was based on evidence-based treatment approaches, staff were appropriately trained and experienced, the service was adequately resourced, and there were mechanisms for ongoing evaluation and quality control. In addition to these core clinical programmes, hospitals were invited to submit proposals for new or innovative treatment programmes. These submissions needed to demonstrate a sound business case for why the innovative programme should be offered, a strong scientific and clinical rationale for its content and format, and a comprehensive approach to evaluating its outcomes.

Submissions were rated by Phoenix Australia as being either ‘Recommended’, ‘Not Recommended’ or ‘Recommended subject to changes being made’. The review team consisted of senior staff with backgrounds in psychiatry, clinical psychology and clinical neuropsychology who had extensive experience in running group treatment programmes for veterans in a hospital setting. Across the three years of the project over 550 submissions were reviewed from more than 50 hospitals.

In 2016 Phoenix Australia conducted a training workshop with DVA psychology advisors to enable the ongoing review and evaluation of the mental health programmes to be managed internally by DVA.

Policy Review - Managing Exposure to Explicit Material in the Workplace

Phoenix Australia was engaged by the Australian Federal Police to review and provide expert opinion on their policy on the potential psychological risks and supports for employees who are exposed to explicit materials such as child exploitation and terrorism-related images as part of their work. We provided a set of key principles to underpin the policy, and comments and recommendations for consideration.

Review of Trauma Management Policies and Practices for St John Ambulance WA

St John Ambulance WA asked Phoenix Australia to review its current approach to identifying and managing psychological risks for its employees, including assessing its current approach against best practice. The scope of the review covered the psychological risks that exist for St John employees, the current supports and systems that St John has in place to manage psychological wellbeing, and the accessibility and effectiveness of current supports and systems. St John also asked us to recommend any improvements or alternative approaches to ensure best practice. (Read more on page 13.)

Adaptation of Recovery after Trauma Booklet for NSW Fire and Rescue Employees

NSW Fire and Rescue requested a customised adaptation of Phoenix Australia’s booklet Recovery after Trauma – A Guide for People with Posttraumatic Stress Disorder as a resource for its firefighters who have PTSD. We reviewed their proposed content changes, made amendments to original content to reflect the specific circumstances of firefighters, and customised the design to make it more suitable for the audience.
At Phoenix Australia, we believe that giving practitioners and other providers the skills and knowledge to provide practical, effective support and treatment will enhance the quality of life of those affected by trauma.

Phoenix Australia delivers engaging and effective education and training programs, and provides supervision and consultation services to meet the needs of a diverse range of practitioners and organisations. We also develop and deliver digital, face-to-face or blended training and implementation solutions.

Typically, our education and training activities are guided by a three-level framework to deliver the most appropriate support and mental health care.

**Level 1** refers to advice and simple practical and emotional support that can be provided in the days and weeks following a traumatic event, aimed at reducing distress and facilitating recovery.

**Level 2** refers to recovery-oriented approaches to assist those with more persistent posttraumatic mental health problems. These approaches are well suited to practitioners with basic counselling skills working in primary care, mental health, and community-based settings.

**Level 3** refers to more intensive evidence-based psychological and pharmacological interventions for people with more chronic and severe distress, including those with diagnosable posttraumatic mental health disorders.

In 2015-2016, we continued to provide high quality and evidence-based education, training, supervision and consultation services to our partners and clients, including government departments and agencies, military and veteran support services, professional and community-based organisations, and individual practitioners. Of particular note was the training program we developed for the Department of Immigration and Border Protection to reduce the risk of harm among Australian Border Force investigators routinely exposed to objectionable materials. (Read more on page 17). Other notable achievements were the development of the Defence Mental Health Risk Assessment Training program, the expansion of our Trauma Informed Care training for a wide range of services, and our ongoing work in collaboration with the Veterans and Veterans Families Counselling Service to embed and sustain delivery of evidence-based psychological therapy for veterans.

Our Australia-wide expanded public training programs facilitated by our expert trainers have again been very well received by participants, with consistently positive feedback on our programs.
CASE STUDY
EDUCATION & TRAINING

Reducing the risk of trauma for staff viewing objectionable material

Phoenix Australia assists organisations whose staff are exposed to trauma as part of their work in order to reduce the risk and minimise the impact of these experiences. The Australian Border Force (ABF), part of the Department of Immigration and Border Protection, engaged Phoenix Australia to develop and provide training for its investigators to help reduce their risk of psychological harm from viewing objectionable material in the course of their work.

One role of the ABF is to investigate the importation and exportation of objectionable material, including child abuse and child exploitation materials. The service understands that staff whose investigations require them to view objectionable material are at risk of distress and mental injury.

Prior to developing the training, we reviewed the ABF’s existing training and wellbeing support materials, and consulted with experienced investigators. Information gathered was used to inform the development of the training program to ensure that it meets the needs of new and existing investigators, with a particular focus on strategies for prolonged viewing of objectionable materials.

The training program is delivered to small groups of six investigators by an experienced Phoenix Australia trainer and psychologist, together with senior ABF investigators. The program integrates skills training in psychological coping strategies with learning how to record and rate the objectionable material, and is delivered within a supportive, controlled environment. Topics include understanding trauma response, resilience, the impacts of viewing objectionable material, helpful work practices, graduated viewing, coping strategies and developing a personal coping plan, as well as ways to manage the impact of one’s work on family members. If required, individual support is provided at the end of each day by the Phoenix Australia psychologist to enable an investigator to discuss any issues that may have arisen for them during the training, as well as their personal coping plan.

The two-day training program has been delivered in capital cities around the country, and has been very well received by participants. One participant commented: “The course was very well structured. I felt supported at all times and nurtured throughout the process. The end-of-the-day debriefs were valuable as we were not sent home without a wellbeing check first. We were reassured about a range of emotions and reactions we could experience are all normal.”

Further training has been requested: a two-day program for managers, as well as an adapted program for counter terrorism officers.

Phoenix Australia’s knowledge of and expertise in translating the research on risk and resilience factors into practical strategies ensures that the ABF is able to mitigate the risk for ABF staff exposed to distressing material in the course of their work. Phoenix Australia is very pleased to be working with the ABF to ensure that their investigative staff are supported in the important work that they do.

“I just wanted to say how much I have appreciated all the effort [Phoenix Australia] has made in ensuring that the training has been so successfully delivered… [it is] an outstanding package of work.”

Garry Muir,
Superintendent - Development & Standards,
Australian Border Force
EDUCATION AND TRAINING PROJECTS

Defence Mental Health Risk Assessment Training program

Phoenix Australia was contracted by the Department of Defence to provide a new blended e-learning and face-to-face training package to train Defence mental health professionals in the assessment and initial management of Australian Defence Force personnel presenting with risks of self-harm, suicide and harm to others.

In 2014, Defence revised the policy to address the assessment and management procedures for a Defence member at risk of suicide to include self-harm and harm to others. Subsequently, there was a requirement for suicide risk assessment training to include the risk areas of self-harm and harm to others.

This project involved development of an engaging and evidence-based training program, Defence Mental Health Risk Assessment Training, to be delivered nationally to Defence mental health professionals utilising a Train the Trainer model.

Project activities included: stakeholder consultations, and review of best practice mental health risk assessment; development of training materials, including audio-visual materials; development of train-the-trainer materials to enable Defence trainers to deliver the training; and facilitation of a train-the-trainer workshop.

The final training program was well received by Defence and is currently being rolled out within Defence health facilities across Australia.

Phoenix Australia Training Programs

In 2016 our public training schedule included regular training events around Australia for a range of health, welfare and lay personnel who support and treat individuals who have experienced the impact of psychological trauma.

The two Trauma-Focussed Psychological Therapy training programs (for therapists working with children, and with adults) provide practitioners with the necessary skills to treat PTSD and related conditions. The Cognitive Processing Therapy training offers practitioners an alternative to exposure-based therapy for PTSD. These training programs include three small-group consultations following the initial training workshop to support practitioners to implement new skills in their practice.

The Neuropsychological Impact of Trauma training provides participants with insights into the cognitive impairments commonly associated with trauma and PTSD across the lifespan, and helps them to identify these deficits and consider the practical implications for treatment planning.

The Trauma-Informed Care training provides a framework for understanding, responding, and aiding recovery from trauma-related impacts. And the Psychological First Aid training is suited to those providing support in the immediate aftermath of disaster or other traumatic event.

Trauma Informed Care Training

Trauma informed care (TIC) is an approach to delivering interventions, supports and services that emphasise the importance of recognising, understanding and being responsive to the impacts of psychological trauma. At a minimum, TIC seeks to reduce barriers to care, increase client and provider safety, and improve client outcomes. TIC can assist practitioners to deliver more effective stabilisation interventions and care, and enables services to better manage role boundaries and the wellbeing of staff.

In addition to the TIC workshops offered as part of our public training programs, in 2015-2016 we delivered 35 one or two-day workshops for a range of services including youth, alcohol and drug, sexual assault, and mental health; justice, refugee and asylum seeker support agencies; hospitals, GP and pharmacist programs; and the community legal service sector. We also provided follow-up expert consultancy to workers, practice leaders and managers. We have tailored the delivery of the training to the particular needs of each organisation or sector, and where possible, taken a ‘champion-led’ approach to rolling out and supporting delivery of TIC.

The training workshops have been very well received, with 100% of participants reporting they would recommend the training to others.
Sustainability of Cognitive Processing Therapy for PTSD in VVCS

This project assessed whether the adoption of an evidence-based practice for treating posttraumatic stress disorder (PTSD) symptoms, Cognitive Processing Therapy (CPT), was sustained two and a half years following a systematic implementation of CPT across the Veterans and Veterans Counselling Service (VVCS).

Quantitative and qualitative methods were used for the evaluation. The findings highlighted the complexity of sustaining the use of evidence-based practice in a changing organisation, and the difficulties involved in supporting therapists in their clinical decision making and delivery of a complex treatment. The results showed that a majority of VVCS practitioners used CPT or another evidence-based practice for treating PTSD, and that attitudes towards evidence-based practices were positive throughout the organisation. The number of clients receiving CPT was relatively small. Nonetheless, CPT clients made large and clinically significant treatment gains in self-reported PTSD symptoms. In addition to training and clinical support, local leadership commitment to CPT was an important factor in sustaining the delivery of CPT by practitioners. This project has implications for decisions related to policy and workforce development on how to best promote long-term adoption and delivery of evidence-based psychological treatments for PTSD.

Phoenix Australia Supervision

Phoenix Australia provided high-quality supervision to a range of professionals and agencies, with the aim of improving their skills to deliver trauma-informed interventions. This included individual and group-based supervision. We also provided supervision in CPT to enable practitioners to be accredited as a CPT Provider in accordance with US standards.

VVCS CPT supervision

For the second year in a row, Phoenix Australia provided VVCS staff with monthly supervision to help support the use of evidence-based practice, namely Cognitive Processing Therapy. Supervision is provided to staff across Australia via videoconferencing and has been well received by staff and VVCS management.

Psychological First Aid Training

In addition to the PFA workshops delivered as part of our public training program, Phoenix Australia provided tailored PFA training to a number of organisations, including Life Saving Victoria, headspace School Support, St John Ambulance, and Quitline counselling service.

Developing and Delivering Training for Australian Border Force Investigators

The Australian Border Force (ABF), part of the Department of Immigration and Border Protection, engaged Phoenix Australia to develop and provide training for its investigators to help reduce their risk of psychological harm from viewing objectionable material, including child abuse and child exploitation material, in the course of their work.

GP Online Training - Working with Veterans with Mental Health Problems

Phoenix Australia developed an online training program in collaboration with DVA and the Royal Australian College of General Practitioners, which is available on the RACGP training website, gplearning. The program helps GPs to better understand the unique aspects of working with veterans and their families, and to address mental health issues among veterans. We continue to monitor enrolments and usage since its launch in October 2014.

Police Association Victoria Welfare Officers Training

Phoenix Australia provided training to the Police Association’s welfare officers, field officers, and workers compensation officers on working with people with depression, anxiety and PTSD. The training provided staff with skills to recognise mental health problems, communicate effectively, and use early intervention strategies and self-care skills. Feedback from training participants was very positive.

Australian Transport Safety Bureau training

The Australian Transport Safety Bureau (ATSB) is Australia’s national transport safety investigator. The ATSB previously engaged Phoenix Australia to develop the ATSB ‘Critical incident and operational stress management’ training course. This year, the ATSB asked us to review and update the existing course materials to ensure that they continue to reflect current best practice and meet the needs of ATSB training facilitators and investigators.

beyondblue Ambulance Victoria Training

beyondblue was funded by the Victorian Government to develop the Ambulance Victoria Mental Health Awareness Training Program. beyondblue engaged Phoenix Australia to provide expert advice on those components of the program dealing with trauma and posttraumatic mental health problems among paramedics.
HIGHLIGHT EVENT

International Roundtable on Disaster Recovery

Psychological Recovery Following Community Disaster: An International Collaboration

In November 2015, Phoenix Australia co-hosted a two-day international roundtable of trauma and mental health experts in Sydney to establish a world-first protocol to address mental health issues arising after a disaster of natural or human origin.

The roundtable, a joint initiative of Phoenix Australia and The Prince’s Charities Australia, the coordinating presence for The Prince of Wales’ charitable endeavours in Australia, was chaired by Professor David Forbes, Director of Phoenix Australia, and attended by leading trauma and mental health experts from Australia, US, UK, Canada, and the Asia Disaster Preparedness Center.

His Royal Highness The Prince of Wales attended the welcome reception of the roundtable, meeting and speaking with roundtable participants, as well as Defence members, emergency services personnel, and other first responders to disaster situations.

Sir Angus Houston AK AFC was the patron of the roundtable, and other supporters were the Departments of Health, Veterans’ Affairs and Defence, the University of Melbourne, RSL Victoria and Queensland, and Macquarie Group.

The psychological impacts of disaster

Disasters of natural and human origin represent a major threat to economies and to the health and wellbeing of communities around the world.

As a result of climate change and international conflict, the intensity of disasters is projected to increase in the years ahead. Such events can result in adverse mental health outcomes for a substantial minority of affected people, causing distress and interfering with the ability to relate to loved ones and carry out usual daily activities. Helping people to re-adjust in the medium and long term decreases the potential for serious, debilitating mental health conditions to develop. The cost to the community of not doing so, in both human and financial terms, is enormous, and is recognised by global agencies as one of the most urgent public health issues. However, to date there has been a disturbing lack of evidence to inform policy makers and practitioners on how best to help people recover.

The roundtable meeting

The purpose of the roundtable was two-fold: to achieve consensus on an intervention model for sub-clinical psychological problems following disaster, and to develop a strategy to test the effectiveness of that intervention in post-disaster settings. The challenge was to achieve a balance between a workable clinical model on the one hand, and a model that is amenable to controlled research, on the other.
Over the two days, the group agreed that the recovery program:

- will target people who have been exposed to a disaster (however, the program will be applicable in other trauma situations)
- will be applied in the early to medium-term following a disaster (but will also be effective and beneficial beyond this time)
- is intended for people with ongoing adjustment problems that arise or are exacerbated following a disaster
- aims to reduce distress and psychological symptoms, improve quality of life, and increase social and occupational functioning
- must be appropriate for delivery by local primary healthcare and welfare practitioners, as well as by trained volunteers
- will consist of a brief manualised intervention, and will comprise five, one-hour sessions delivered face-to-face and by telephone
- will comprise simple evidence-based strategies, with an emphasis on reducing distress, enhancing social support, and encouraging a return to normal routines and activities.

An evaluation protocol was also developed, including evaluation measures and data collection processes, ensuring consistency for trials conducted internationally.

While the initial focus of the recovery program will be disasters of natural or human origin, once trialled, the protocol will have broad applicability across civilian, emergency services, and military settings. This collaboration has the potential to substantially improve mental health outcomes for survivors of disaster and trauma across the world.

Military and veteran mental health meeting

With many of the international experts also having a high level of expertise in military mental health, Phoenix Australia facilitated a meeting between the international leaders in veteran mental health and senior leaders from the Departments of Veterans’ Affairs and Defence, following the two-day roundtable event.

On the agenda for this unique meeting were the following topics: resilience and stigma reduction, PTSD, suicide prevention, evaluation of mental health care, and future directions and mental health strategies across the life continuum. Both DVA and Defence expressed their appreciation for the opportunity to have met and shared ideas and knowledge about these key areas with the international experts.
HIGHLIGHT EVENT

Roundtable Delegates

Professor Jonathan Bisson (UK)
Head of the Welsh National Institute for Social Care and Health Research, Cardiff University

Professor Richard Bryant (AUS)
Scientia Professor & ARC Laureate Fellow, University of New South Wales and Westmead Hospital, Sydney

Dr Susie Burke (AUS)
Strategic Development and Public Interest, Australian Psychological Society

Dr Walter Busuttil (UK)
Clinical Director, Combat Stress

Mr Andrew Coghlan (AUS)
National Manager, Emergency Services, Australian Red Cross

Professor Mark Creamer (AUS)
Department of Psychiatry, the University of Melbourne - Facilitator

Ms Natalie Egleton (AUS)
Director, Foundation for Rural and Regional Renewal

Professor David Forbes (AUS)
Director, Phoenix Australia, the University of Melbourne – Chair

Ms Deb Gray (CAN)
Manager, Mental Health Screening, Early Identification Addictions and Mental Health Promotion, Mental Health, Alberta Health Services

Professor Neil Greenberg (UK)
Professor of Defence Mental Health, Co-Director Academic Centre for Defence Mental Health (ACDMH), King’s College, London

Ms Janine Kirk, AM (AUS)
Chief Executive, The Prince’s Charities Australia

Dr Winnie Lau (AUS)
Clinical specialist, Phoenix Australia, the University of Melbourne

Associate Professor Brett McDermott (AUS)
Child and Adolescent disaster recovery specialist, Mater Hospital, Brisbane

Professor Alexander McFarlane (AUS)
Professor of Psychiatry & Director, Centre for Traumatic Stress Studies, the University of Adelaide

Professor Candice Monson (CAN)
Department of Psychology, Ryerson University, Ontario

Associate Professor Meaghan O’Donnell (AUS)
Research Director, Phoenix Australia, the University of Melbourne

Dr Andrea Phelps (AUS)
Deputy Director, Phoenix Australia, the University of Melbourne

Professor Josef I Ruzek (US)
Director, Dissemination and Training Division, US National Center for PTSD

Professor Paula Schnurr (US)
Executive Director of the US National Center for PTSD

Ms Janet Ugsang
Asia Disaster Preparedness Center (ADPC)

Associate Professor Patricia Watson (US)
US National Center for PTSD and Dartmouth Medical School, Department of Psychiatry

Ms Shona Whitton (AUS)
National Recovery Coordinator, Emergency Services, Australian Red Cross

Professor Richard Williams (UK)
Professor of Mental Health Strategy, Welsh Institute for Health and Social Care, University of South Wales

Phoenix Australia is immensely grateful to The Prince of Wales and all other supporters for making the roundtable such a success.
PUBLICATIONS, PRESENTATIONS AND DISSEMINATION

Journal Articles Published


Journal Articles In Press


Conference Presentations – Invited


Phelps, A. (2016, June). Beyond the war, the wounds that cannot be seen. Invited presentation at the University of Melbourne MD Student Conference, Melbourne.


Conference Presentations – Peer Reviewed


Book Chapters


Project Reports


OUR STAFF

During the 2015-2016 financial year, we welcomed Research Fellows Sally Herring and Julia Fredrickson. This year we farewelled Thi Pham and Meg Dennison. We thank Thi and Meg for their hard work and commitment over the period they were employed with Phoenix Australia.

We also said goodbye to long-time team members and colleagues Delyth Lloyd and Susie Fletcher. We thank Del and Susie for their hard work, energy and enthusiasm, and exceptional contributions to the growth of Phoenix Australia.

Phoenix Australia Employees as at 30 June 2016

MANAGEMENT TEAM
Professor David Forbes
Director
Greg Ridder
Executive Manager, Business Planning & Strategy
Dr Andrea Phelps
Deputy Director
Director, Policy & Service Development
Associate Professor Meaghan O’Donnell
Director, Research
Associate Professor Darryl Wade
Director, Education & Training
Nick Davies
Business Centre Manager
Dr John Cooper
Consultant Psychiatrist

SENIOR STAFF
Dr Richard Cash
Senior Clinical Specialist
Anne-Laure Couineau
Senior Clinical Specialist
Dr Lisa Dell
Senior Research Fellow
Jane Nursey
Senior Clinical Specialist

OUR PEOPLE
Dr Nathan Alkemade
Research Fellow I
Dr Rachel Brand
Research Fellow I
Dr Katherine Chisholm
Research Fellow I
Suzie Firth
Executive Assistant
Dr Julia Fredrickson
Research Fellow I
Jaigansh Govinda Swamy
Finance Officer
Dr Sally Herring
Research Fellow I
Alexandra Howard
Clinical Specialist
Maria Humphries
Communications and Projects Coordinator
Dzenana Kartal
Research Fellow I
Dr Winnie Lau
Research Fellow II
Lee Merzel
Executive Assistant
Dr Olivia Metcalf
Research Fellow I
Dr Naomi Ralph
Research Fellow I
Daniel Redman
IT Officer
Rebecca Sheehan
Business Services Officer (on maternity leave)
Dr Tracey Varker
Research Fellow II
Kiralee Yell
Business Services Officer

HONORARY STAFF MEMBERS
Professor Richard Bryant
Professorial Fellow
Professor Mark Creamer
Professorial Fellow
Dr Peter Elliott
Senior Fellow
Associate Professor
Virginia Lewis
Principal Fellow
Dr Lynda Matthews
Senior Fellow
Professor Reg Nixon
Principal Fellow
GOVERNANCE AND MANAGEMENT

Board of Management Membership and Meetings
The Phoenix Australia Board of Management is led by an independent chair and includes representatives from the Department of Veterans’ Affairs, the Australian Defence Force and the University of Melbourne. It also includes an independent secretary, one further independent director and the executive positions of Director of Phoenix Australia and Executive Manager, Business Planning & Strategy.

BOARD MEMBERS AS AT 30 JUNE 2016
Mr Michael Strong  
Professor David Forbes  
Ms Sue Campion  
Mr Paul Dolan  
Professor Ian Everall  
Major General Mark Kelly AO DSC  
Mr Greg Ridder  
Air Vice-Marshall Tracey Smart AM (appointed 24 February 2016)

<table>
<thead>
<tr>
<th></th>
<th>26/08/15</th>
<th>13/10/15</th>
<th>02/12/15</th>
<th>24/02/16</th>
<th>20/04/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Strong</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Professor Forbes</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Ms Campion</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Mr Dolan</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Professor Everall</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Major General Kelly</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Mr Ridder</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Air Vice-Marshall Smart</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Rear Admiral Walker</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

AGM attendance  Non-appointment at time of meeting  Attendance in part
SIGNIFICANT EVENTS

Board Appointments, Cessations, Resignations and Re-appointments
The following movements on the Board of Management occurred during the 2015-2016 year:

- Rear Admiral Robyn Walker AM resigned from the Board on 4 December 2015.
- Air Vice-Marshal Tracy Smart AM was appointed to the Board on 24 February 2016.

Senior Staff Appointments
There were no changes to senior staff during the 2015-2016 financial year.

Rules of Association
The Rules of Association did not come under review this year.

Financial Matters
All major financial matters were discussed and approved by the Board of Management:

- The Auditor, Craig Silvester from CFMC Assurance Pty Ltd, was reappointed for the 2015-2016 financial year at the Annual General Meeting on 13 October 2015.
- The operating budget for 2015-2016 was reviewed, monitored and re-forecasted as required by the Finance Committee and the Board of Management.
- At every Board meeting during the year, comprehensive financial reports were provided and reviewed in detail.
 BOARD OF MANAGEMENT REPORT  
FOR THE YEAR ENDED 30 JUNE 2016  

The Board of Management submits the financial accounts of Phoenix Australia Centre for Posttraumatic Mental Health Inc for the financial year ended 30 June 2016.

Board Members
The Board of Management in office at any time during or since the end of the year are:

Mr Michael Strong  
Air Vice-Marshal Tracy Smart AM  
(Appointed 24 February 2016)  
Ms Sue Campion  
Professor Ian Everall  
Professor David Forbes  

Major General Mark Kelly AO DSC  
Mr Greg Ridder  
Mr Paul Dolan  
Rear Admiral Robyn Walker AM  
(Resigned 4 December 2015)

Board members have been in office since the start of the financial year to the date of this report unless otherwise noted.

Principal Activities
The principal activities of the association during the year were to build the capability of individuals, communities and organisations to prevent, recognise and reduce the adverse mental health effects of trauma. The association achieves this through world class research, service development and education.

Operating Results
The operating result for the year was a deficit of ($110,670). The association is exempt from income tax.

Significant Changes in State of Affairs
In the opinion of the Board of Management, there were no significant changes in the state of affairs of the association that occurred during the financial year under review not otherwise disclosed in this report.

After Balance Date 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 Board is likely to substantially affect the operations of the association, the results of those operations or the association’s state of affairs in future financial years.

Future Developments
The association 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.

Indemnification and Insurance of Board
During the year, the association paid insurance premiums to Comcover to indemnify its current Board of Directors and officers for the professional risks associated with their responsibilities and roles as Board of Directors and officers of the association.

Signed in accordance with a resolution of the Board of Management on 23rd September 2016.

Michael Strong  
Chair  

Professor David Forbes  
Director
## STATEMENT OF PROFIT OR LOSS
AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DVA Core Funding</td>
<td>13</td>
<td>1,291,868</td>
</tr>
<tr>
<td>Policy and Service Improvement and Advice Income</td>
<td></td>
<td>478,530</td>
</tr>
<tr>
<td>Research Income</td>
<td></td>
<td>1,807,796</td>
</tr>
<tr>
<td>Training and Education Income</td>
<td></td>
<td>910,721</td>
</tr>
<tr>
<td>Publications and Audio Visual Sales</td>
<td></td>
<td>11,060</td>
</tr>
<tr>
<td>Donations</td>
<td></td>
<td>1,215</td>
</tr>
<tr>
<td>Income from other activities</td>
<td>14</td>
<td>24,806</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td></td>
<td><strong>4,525,996</strong></td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants Fees</td>
<td>12 (a)</td>
<td>49,966</td>
</tr>
<tr>
<td>Contractors Fees</td>
<td>12 (b) &amp; (c)</td>
<td>678,554</td>
</tr>
<tr>
<td>Employment Expense</td>
<td></td>
<td>3,068,272</td>
</tr>
<tr>
<td>Depreciation and Amortisation</td>
<td></td>
<td>62,104</td>
</tr>
<tr>
<td>Independent Board Member Fees</td>
<td></td>
<td>44,000</td>
</tr>
<tr>
<td>Printing and Production</td>
<td></td>
<td>53,683</td>
</tr>
<tr>
<td>Travel and Accommodation</td>
<td></td>
<td>163,499</td>
</tr>
<tr>
<td>Rent of Premises</td>
<td></td>
<td>174,441</td>
</tr>
<tr>
<td>General Expenses</td>
<td></td>
<td>383,179</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td></td>
<td><strong>4,677,698</strong></td>
</tr>
<tr>
<td>Operating profit / (loss)</td>
<td></td>
<td>(151,702)</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest Received</td>
<td></td>
<td>40,188</td>
</tr>
<tr>
<td>Premises Sublease</td>
<td></td>
<td>844</td>
</tr>
<tr>
<td><strong>Net surplus / (deficit) for the year</strong></td>
<td></td>
<td>(110,670)</td>
</tr>
</tbody>
</table>

## STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Accumulated surplus at the beginning of the financial year</td>
<td>1,285,132</td>
<td>1,332,073</td>
</tr>
<tr>
<td>Net surplus / (deficit) for the year</td>
<td>(110,670)</td>
<td>(46,941)</td>
</tr>
<tr>
<td>Accumulated surplus at the end of the financial year</td>
<td><strong>1,174,462</strong></td>
<td><strong>1,285,132</strong></td>
</tr>
</tbody>
</table>

The Statements should be read in conjunction with the notes to the accounts.
### STATEMENT OF FINANCIAL POSITION

**AS AT 30 JUNE 2016**

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>2</td>
<td>1,362,384</td>
<td>1,464,850</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>3</td>
<td>417,420</td>
<td>1,182,558</td>
</tr>
<tr>
<td>Other Assets</td>
<td>4</td>
<td>126,082</td>
<td>132,117</td>
</tr>
<tr>
<td>Work in Progress / Advance</td>
<td></td>
<td>485,402</td>
<td>396,185</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td></td>
<td>2,391,288</td>
<td>3,175,710</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>5</td>
<td>68,344</td>
<td>64,423</td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>6</td>
<td>101,865</td>
<td>39,538</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td></td>
<td>170,209</td>
<td>103,961</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>2,561,497</td>
<td>3,279,671</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>7</td>
<td>785,981</td>
<td>1,909,800</td>
</tr>
<tr>
<td>Borrowings</td>
<td>8</td>
<td>5,783</td>
<td>9,317</td>
</tr>
<tr>
<td>Other Liabilities</td>
<td>9</td>
<td>595,271</td>
<td>75,422</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td></td>
<td>1,387,035</td>
<td>1,994,539</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td>1,174,462</td>
<td>1,285,132</td>
</tr>
<tr>
<td><strong>Funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Surplus</td>
<td></td>
<td>1,174,462</td>
<td>1,285,132</td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td></td>
<td>1,174,462</td>
<td>1,285,132</td>
</tr>
</tbody>
</table>

The Statement of Financial Position should be read in conjunction with the notes to the accounts.
## Statement of Cash Flows
For the year ended 30 June 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

### Cash Flows from Operating Activities

- Receipts from sales and activities: $35,866, $57,113
- Operating income received: $5,775,116, $3,351,348
- Payments to suppliers and employees: $(5,825,284), $(3,331,584)

Net cash provided / (used in) operating activities: $10,977, $76,877

### Cash Flows from Investing Activities

- Interest received: $40,188, $41,973
- Payments for furniture and equipment: $28,854, $24,698
- Payments for website development: $99,498, $-
- Payments for project management system: $-5,147, $-

Net cash provided by / (used in) investing activities: $(88,164), $2,602

### Net Increase / (Decrease) in Cash Held

<table>
<thead>
<tr>
<th>Notes</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$(102,466)</td>
<td>$79,479</td>
<td></td>
</tr>
</tbody>
</table>

Cash and cash equivalents at the beginning of the financial year: $1,464,850, $1,385,371

Cash and cash equivalents at the end of the financial year: $1,362,384, $1,464,850

The Cash Flow Statement should be read in conjunction with the notes to the accounts.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

Note 1: Statement of Significant Accounting Policies
This financial report is a special purpose report prepared for use by the Board of Management to satisfy the financial reporting requirements of the Associations Incorporation Reform Act 2012. The Board of Management has determined that the association is not a reporting entity.

The financial report covers the Phoenix Australia Centre for Posttraumatic Mental Health Inc as an individual entity and as an association incorporated in Victoria under the Associations Incorporation Reform Act 2012.

The report has been prepared in accordance with the requirements of the Associations Incorporation Reform Act 2012 and the following Australian Accounting Standards:

AASB 101: Presentation of Financial Statements
AASB 107: Statement of Cash Flows
AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors
AASB 110: Events after the Reporting Period
AASB 116: Property, Plant and Equipment
AASB 117: Leases
AASB 118: Revenue
AASB 138: Intangible Assets

No other Australian Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied in the preparation of this financial report.

The financial report is prepared on an accrual basis and is based on historical costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following is a summary of the material accounting policies adopted by the association in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Property, Plant & Equipment
Each class of plant and equipment is carried at cost less, where applicable, any accumulated depreciation.

Furniture and Office Equipment
Furniture and office equipment is measured on the cost basis.

Depreciation
All fixed assets are depreciated on a diminishing value basis over their useful lives to the association.

Intangible Assets
Assets related to systems and software are carried at cost, less accumulated amortisation. Systems and software costs are amortised on straight line basis over 5 years.

Impairment of Assets
Assets are assessed for impairment annually. Any excess of an asset’s carrying amount over its recoverable value is recognised immediately in profit or loss.
(b) **Unearned Income**

The liability for unearned income is the unutilised amount of grants received on the condition that specified services are delivered or conditions are fulfilled. Whilst agreed services are usually provided or the conditions usually fulfilled within 12 months of receipt of the grant, where some portion of the agreed services is yet to be provided as at the end of the financial year, a provision is recognised based on the estimated amount of services that will be provided after year end.

**Work in Progress / Advance**

Any preliminary work undertaken for a project where the contract is yet to be signed is recorded as a Current Asset.

(c) **Service Fees**

Service fees are primarily charged by the University of Melbourne in respect of staff utilised by the association. Service fee amounts are calculated as a percentage of wages and salaries, sick leave, applicable superannuation and also includes provision for annual and long service leave entitlements and associated on-costs such as work cover and payroll tax met by the University.

(d) **Taxation**

**Income Tax**

The association is a tax concession charity for the purposes of Australian taxation legislation and is therefore exempt from income tax. This exemption has been confirmed by the Australian Taxation Office.

**Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST except where the amount of GST incurred is not recoverable from the Australian Taxation Office, in which case it is recognised as part of the cost of acquisition of an asset or as part of an item of expense.

(e) **Operating Leases**

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as expenses on a straight-line basis over the lease term.

### Note 2: Cash and Cash Equivalents

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petty Cash</td>
<td>$774</td>
<td>$745</td>
</tr>
<tr>
<td>Cash at Bank - NAB Public Fund Account</td>
<td>$39,672</td>
<td>$35,153</td>
</tr>
<tr>
<td>Cash at Bank - NAB Cheque Account</td>
<td>$467,652</td>
<td>$576,510</td>
</tr>
<tr>
<td>Term Deposit - NAB (Bank Guarantee)</td>
<td>$85,688</td>
<td>$83,032</td>
</tr>
<tr>
<td>Term Deposit - NAB (Investment 1)</td>
<td>$503,723</td>
<td>$513,813</td>
</tr>
<tr>
<td>Term Deposit - NAB (Investment 2)</td>
<td>$264,875</td>
<td>$255,597</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,362,384</strong></td>
<td><strong>1,464,850</strong></td>
</tr>
</tbody>
</table>
### Note 3: Trade and Other Receivables

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Trade Debtors</td>
<td>399,917</td>
<td>1,172,650</td>
<td></td>
</tr>
<tr>
<td>Security Deposit</td>
<td>17,503</td>
<td>9,908</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>417,420</strong></td>
<td><strong>1,182,558</strong></td>
</tr>
</tbody>
</table>

### Note 4: Other Assets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Interest Accrued</td>
<td>7,660</td>
<td>8,993</td>
<td></td>
</tr>
<tr>
<td>Prepayments</td>
<td>95,846</td>
<td>37,111</td>
<td></td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>15</td>
<td>22,576</td>
<td>86,013</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>126,082</strong></td>
<td><strong>132,117</strong></td>
</tr>
</tbody>
</table>

### Note 5: Property, Plant and Equipment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture &amp; Office Equipment</td>
<td>506,843</td>
<td>477,989</td>
<td></td>
</tr>
<tr>
<td>Less: Accumulated Depreciation</td>
<td>(438,499)</td>
<td>(413,566)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>68,344</strong></td>
<td><strong>64,423</strong></td>
</tr>
</tbody>
</table>

### Note 6: Intangible Assets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Management System</td>
<td>59,125</td>
<td>59,125</td>
<td></td>
</tr>
<tr>
<td>Less: Accumulated Amortisation</td>
<td>(54,339)</td>
<td>(42,514)</td>
<td></td>
</tr>
<tr>
<td>Website Development</td>
<td>99,498</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Less: Accumulated Amortisation</td>
<td>(16,583)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Toolbox Database and Report System</td>
<td>37,501</td>
<td>37,501</td>
<td></td>
</tr>
<tr>
<td>Less: Accumulated Amortisation</td>
<td>(23,337)</td>
<td>(14,574)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>101,865</strong></td>
<td><strong>39,538</strong></td>
</tr>
</tbody>
</table>

### Note 7: Trade and Other Payables

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>71,500</td>
<td>969,072</td>
<td></td>
</tr>
<tr>
<td>Accruals</td>
<td>657,928</td>
<td>884,023</td>
<td></td>
</tr>
<tr>
<td>GST Owing</td>
<td>56,553</td>
<td>56,705</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>785,981</strong></td>
<td><strong>1,909,800</strong></td>
</tr>
</tbody>
</table>

### Note 8: Borrowings

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Credit Cards</td>
<td>5,783</td>
<td>9,317</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>5,783</strong></td>
<td><strong>9,317</strong></td>
</tr>
</tbody>
</table>
Note 9: Other Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unearned Income</td>
<td>595,271</td>
<td>75,422</td>
</tr>
</tbody>
</table>

Note 10: Notes to the cash flow statement

(a) Reconciliation of cash and cash equivalents

For the purposes of the cash flow statement, cash and cash equivalents includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts. Cash and cash equivalents at the end of the financial year as shown in the cash flow statement is reconciled to the related items in the Statement of Financial Position as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petty Cash</td>
<td>774</td>
<td>745</td>
</tr>
<tr>
<td>Cash at Bank - NAB Public Fund Account</td>
<td>39,672</td>
<td>35,153</td>
</tr>
<tr>
<td>Cash at Bank - NAB Cheque Account</td>
<td>467,652</td>
<td>576,510</td>
</tr>
<tr>
<td>Term deposit - NAB (Bank Guarantee)</td>
<td>85,688</td>
<td>83,032</td>
</tr>
<tr>
<td>Term deposit - NAB (Investment I)</td>
<td>503,723</td>
<td>513,813</td>
</tr>
<tr>
<td>Term deposit - NAB (Investment II)</td>
<td>264,875</td>
<td>255,597</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,362,384</td>
<td>1,464,850</td>
</tr>
</tbody>
</table>

(b) Reconciliation of surplus / (deficit) for the year to net cash flows from operating activities

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net surplus / (deficit) for the year</td>
<td>(110,670)</td>
<td>(46,941)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>24,933</td>
<td>25,340</td>
</tr>
<tr>
<td>Amortisation of intangibles</td>
<td>37,171</td>
<td>18,137</td>
</tr>
<tr>
<td>Net finance income</td>
<td>(40,188)</td>
<td>(41,973)</td>
</tr>
</tbody>
</table>

Changes in assets and liabilities, net of effects from acquisitions and disposals of businesses:

(Increase) / decrease in assets

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and other receivables</td>
<td>765,138</td>
<td>(867,749)</td>
</tr>
<tr>
<td>Other assets</td>
<td>(83,181)</td>
<td>(120,936)</td>
</tr>
</tbody>
</table>

Increase / (decrease) in liabilities

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and other payables</td>
<td>(1,123,819)</td>
<td>1,071,923</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(3,534)</td>
<td>5,243</td>
</tr>
<tr>
<td>Provisions</td>
<td>519,848</td>
<td>33,833</td>
</tr>
</tbody>
</table>

**Net cash from operating activities**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>(14,302)</td>
<td>76,877</td>
</tr>
</tbody>
</table>
Note 11: Lease Commitments and Bank Guarantee

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Lease Commitments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current (less than 12 months)</td>
<td>179,811</td>
<td>176,285</td>
</tr>
<tr>
<td>Non Current (more than 12 months)</td>
<td>246,449</td>
<td>426,260</td>
</tr>
<tr>
<td></td>
<td>426,260</td>
<td>602,545</td>
</tr>
</tbody>
</table>

The operating lease exists in relation to office rent. The lease is for a term of 5 years. Bank guarantees totalling $80,000 are in place at 30 June 2016 in respect of credit card facilities.

Note 12: Contractors and Consultants

(a) Consultants

Person or company who undertakes a contract to provide specialised advice and/or labour to Phoenix Australia. Consultants usually perform work outside of the skillsets available across Phoenix Australia staff.

(b) Contractors

Person or company who undertakes a contract to provide labour and/or materials to perform a service for and/or on behalf of Phoenix Australia. Contractors usually perform overflow work that Phoenix Australia would otherwise be able to perform itself given greater availability of internal resources.

(c) Contractors include Co-partners

A Co-partner is a person or company who undertakes a large portion of the work in a particular project, perhaps even a larger portion than that undertaken by Phoenix Australia. Co-partners are hence project-specific. Co-partners usually perform major functions in a project that fall outside of the skillsets of Phoenix Australia staff, although, Phoenix Australia has been determined "lead" partner in these projects.

Note 13: DVA Core Funding

DVA provides financial assistance to Phoenix Australia to provide a national base of expertise in veteran and military mental health to improve and maintain the health care and wellbeing of the veteran and defence force communities and provide support to DVA in respect of mental health policy, program development and service. The funding is acquitted similarly to other Phoenix Australia projects, with its own budget and control measures to demonstrate fulfilment of funding purposes and objectives.

Note 14: Income from Other Activities

This includes income from donations, attendance at various meetings and other sundry income.

Note 15: Other Current Assets

This includes reimburseable expenses for project related activities, payments made for website development and renovation of clinic at Royal Park which is currently in progress.
The Board of Management has determined that the association is not a reporting entity.

The Board of Management has determined that this special financial report should be prepared in accordance with the accounting policies described in Note 1 to these financial statements.

In the opinion of the Board of Management:

1. The financial statements and notes to the financial statements for the year ended 30 June 2016 present fairly the financial position of the association at 30 June 2016 and the results of its operations for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

2. There are reasonable grounds to believe the association will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board and is signed for and on behalf of the Board on 23rd September 2016.

[Signatures]

Michael Strong
Chair

Professor David Forbes
Director
INDEPENDENT AUDITOR’S REPORT

To the Members of Phoenix Australia Centre for Posttraumatic Mental Health Inc.

We have audited the accompanying financial report, being a special purpose financial report, of Phoenix Australia Centre for Posttraumatic Mental Health Inc. (the Association), which comprises the Statement of Financial Position as at 30 June 2016, statement of profit or loss and other comprehensive income, statement of changes in equity, statement of cash flows, a summary of significant accounting policies, other explanatory notes and the statement by the Board of Management.

Board of Management’s Responsibility for the Financial Report
The Board of Management of the Association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Reform Act 2012 and are appropriate to meet the needs of the members. The Board of Management’s responsibilities also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor’s Responsibility
Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Board of Management’s financial reporting under the Associations Incorporation Reform Act 2012. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
Independence
In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Auditor’s Opinion
In our opinion, the financial report of Phoenix Australia Centre for Posttraumatic Mental Health Inc. presents fairly, in all material respects the financial position of the association as of 30 June 2016 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Basis of Accounting and Restriction on Distribution
Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Phoenix Australia Centre for Posttraumatic Mental Health Inc. to meet the requirements of the Associations Incorporation Reform Act 2012. As a result, the financial report may not be suitable for another purpose.

CFMC Assurance Pty Ltd

Craig Silvester
Director

Dated this 23rd day of September 2016 at Melbourne.
National Centre of Excellence in Posttraumatic Mental Health

www.phoenixaustralia.org