

**Mental Health
Australia**

Outreach and connection:

**NDIS National Community Connectors Program
for people with psychosocial disability**

Final Report

October 2021



**Mentally healthy people,
mentally healthy communities**

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This report provides a summary of a component of the National Community Connectors Program focusing on people with psychosocial disability, implemented by Mental Health Australia in partnership with the National Disability Insurance Agency in 2020-2021.

Joan's story

Joan was referred to Community Connectors from an NDIS Local Area Coordinator who could not provide the level of support she needed. Joan had previously applied for the NDIS but was not accepted due to a lack of evidence.

Joan is 50 years old, has experienced trauma and lives with a diagnosis of Schizophrenia and Generalized Anxiety Disorder, which have had significant impact on her daily life since childhood. Joan has no informal supports and limited connection with services.

Over a few months, a Community Connector worked with Joan to establish a stable working relationship. Joan requested the Community Connector to accompany her to appointments, and together they gathered evidence from state health services and previous health practitioners.

With this evidence, Joan's next application for the NDIS was approved. She said she was "amazed, and so happy to get the NDIS", and said it is the first time in her life she will have regular support. Joan said this will give her the opportunity to do something she has wanted to for years but couldn't, like go to the local market and create strong stable relationships.

Barriers to NDIS engagement for people with psychosocial disability

The National Disability Insurance Scheme (NDIS) has been life-changing for many Australians, however people with psychosocial disability have faced barriers to accessing the Scheme. The proportion of NDIS participants with primary psychosocial disability (10.4%) has remained well below the anticipated rate (13.9%), with only three-quarters of the 64,000 people with psychosocial disability anticipated to be eligible accessing the NDIS as of June 2021.¹ Analysis indicates this is due to both low NDIS application rates and low rates of success for those who with psychosocial disability who do apply.²

¹ National Disability Insurance Agency (2021), *Explore data: participants*, accessed 24 Sept 2021 <https://data.ndis.gov.au/explore-data>; Productivity Commission (2020) *Mental Health, Report 95*, p. 851, accessed 16 August 2021 <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>

² Productivity Commission (2020) *Mental Health, Report 95*, p. 852, accessed 16 August 2021 <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>



In 2018, Mental Health Australia proposed a number of reforms to improve experience of the NDIS for people with psychosocial disability, based on extensive consultations with over 170 people with lived experience of psychosocial disability, carers and service providers.³ Two of the key messages from these consultations were that peoples' journey to access the NDIS starts long before they apply – active outreach is needed to support many people with psychosocial disability to access the NDIS. And secondly, psychosocial disability specific skills, knowledge and experience amongst front line staff are crucial to support engagement.

National Community Connectors Program

In November 2019, the Minister for the NDIS announced the development a National Community Connector Program (NCCP) to support people with disability from “hard to reach communities to access and navigate the NDIS”.⁴ People with psychosocial disability – in particular people at risk of or experiencing homelessness – were identified as a target cohort for this program, along with Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds and ageing parents and carers of people with disability.

Mental Health Australia was pleased to partner with the National Disability Insurance Agency (NDIA) to deliver the component of the NCCP focusing on supporting people with psychosocial disability. This component was funded from June 2020 to 30 June 2021, for 12FTE Community Connector personnel to operate in seven priority Local Government Areas (selected by the NDIA).

Mental Health Australia conducted an Expression of Interest process and selected seven experienced organisations (program delivery partners) to deliver Community Connector services in the selected areas. Mental Health Australia established an Advisory Group to oversee implementation of the program, including consumer and carer lived experience representatives and other sector experts, and facilitated a monthly network meeting for Community Connector personnel and program managers.

The NDIA developed materials to guide implementation of the NCCP, including a Community Connector Framework, Community Connector role description and mandatory 2hr induction training for Community Connector personnel.

The NCCP was not extended beyond 30 June 2021. The NDIA developed a transition plan in March 2021 advising cessation of new clients to the program from 1 April, and transfer of any remaining clients after 30 June to Local Area Coordinators (LACs) for further support.

³ Mental Health Australia (2018) *National Disability Insurance Scheme: Psychosocial Disability Pathway*, accessed 16 August 2021, https://mhaustralia.org/sites/default/files/images/ndis_psychosocial_pathway_consultation_project_-_final_report_-_may_2018.pdf

⁴ National Disability Insurance Agency (June 2020). *NDIS Quarterly Report to disability ministers*, pp.56-7, accessed 16 August 2021, <https://www.ndis.gov.au/about-us/publications/quarterly-reports/archived-quarterly-reports-2019-20>



Evaluation approach

This report summarises the implementation and outcomes of the NCCP for people with psychosocial disability, in order to inform future programs with similar objectives. Mental Health Australia also participated in the overall evaluation of the NCCP conducted by the NDIA's Research and Evaluation Branch.

According to the NDIA's Community Connector Framework, "The purpose of the NCCP is to ensure that, among the target cohorts, people with a disability, and their families and carers have access to the information and support they require to successfully engage with the NDIS."⁵ Mental Health Australia articulated the purpose of the psychosocial disability component of the NCCP as: *to support people with psychosocial disability's participation in the NDIS in seven pilot sites, by providing active outreach and support, focusing on people experiencing or at risk of homelessness.*

The success of the program in meeting this objective was determined according to key assessment criteria, set out below, developed by Mental Health Australia in consultation with the program Advisory Group. Quantitative and qualitative data on program activities and outputs were collected from subcontractors through monthly and quarterly reports, as required by the NDIA. Mental Health Australia also conducted semi-structured interviews with delivery partner program managers, at 6 months and 11 months into program implementation.

Key Assessment Criteria

1. Community Connector personnel

Community Connectors began providing services from August 2020. While some providers were delayed by recruitment processes and began service provision later (up until October 2020), additional personnel/hours were delivered through the rest of the period such that 91% of the total 12FTE over 11 months was utilised. Of the personnel providing Community Connector services, 40% were already employed by the program delivery partner and 60% were newly recruited.

Program delivery partners identified additional skills and experience required by Community Connectors to be successful in their role, further to the relatively baseline skills set out in the NDIA position description. Providers reported that mental health specific skills and experience, sound knowledge of NDIS systems, ability to undertake active outreach approach, strong understanding of local community sector networks and confidence to explain the NDIS application process to both potential participants and health professionals were all essential skills for the Community Connector role.

Organisations contributed additional supervision and management resources to the program, as well as drawing on existing expertise and connections. For example, one organisation had previously developed specific resources to support people experiencing psychosocial disability to access the NDIS. Other organisations leveraged internal services delivering homelessness services and outreach. Such existing expertise and local

⁵ National Disability Insurance Agency (June 2020). *Community Connector Framework*, p.3



connections were an essential foundation for effective service delivery over the short contract period.

The targets to achieve and maintain 12FTE Community Connector personnel from mid-2020, and ensure staff had appropriate skills and expertise to perform the role, were largely met.

2. Supports provided

Program delivery partners reported Community Connectors increased engagement with the NDIS by:

- Undertaking community activities, delivering information sessions to other services and having conversations with people with disability and carers to increase understanding of the NDIS
- Where likely to be eligible, supporting people to gather the medical evidence to apply for the NDIS - including locating previous health records, making and attending appointments for assessments and liaising with health professionals regarding evidence requirements
- Supporting people to submit an NDIS application, and understand and respond to any requests for further evidence or review
- If found eligible, supporting people to prepare for and engage with an NDIS planning meeting, and connect with supports to implement their plan
- Supporting people to access other services as needed – including health services, housing and homelessness services, legal support, emergency relief and income support.

All of these services were delivered in a flexible, person-centred approach, recognising that many people Community Connectors worked with have complex needs, experience of trauma and history of disengagement from services. Community Connectors took time to build rapport and trust with clients, listen to their individual needs and goals, and provided constant support to maintain engagement throughout the NDIS journey.

Program managers identified the most important kinds of support provided by Community Connectors as:

- Support to maintain engagement with the NDIS process
- Outreach capacity to support clients at places they needed or wanted to engage
- Liaison with health professionals – including transport, support to attend appointments, and explain NDIS evidence requirements to health professionals
- Connection with other services – being ‘the glue’ between services
- Explaining the NDIS process to participants and informal supports.

A key lesson identified during the 12 months of the initiative was the length of time required to assist people experiencing psychosocial disability and homelessness or other complex barriers to access the NDIS. Program delivery partners found it could take 6-7 months from first engaging with someone to them submitting an NDIS application, given the barriers faced and nature of working with clients experiencing such complexity.



The NCCP appears to have provided a distinct service in three particular ways: capacity to provide outreach, capacity to provide holistic and ongoing support to engage with the range of services necessary, and specific expertise in psychosocial disability and homelessness. Program managers reflected:

“The main difference for this population group is that the Community Connectors are able to work in an outreach capacity and support participants to attend appointments and gather evidence in person. This was not available prior to the NCCP.”

“It cannot be underestimated about assertive outreach, the importance and benefit of that”

“It’s nobody’s job anymore to support someone to make sure all their connections stay in place across all the different sectors, cause the sectors are now much more siloed... No-one talks to one another cause ‘it’s not my job’. So we’ve actually played a really key role in keeping people connected.”

Program delivery partners identified the most common barriers for people with psychosocial disability in engaging with the NDIS to be the inappropriateness of NDIA policies and processes for people with mental illness; previous trauma and negative experiences of services or NDIS leading to mistrust and disengagement; and experience of homelessness further amplifying barriers with little flexibility from the NDIA to adapt to this.

Program managers were very confident the program reduced these barriers to NDIS engagement for the people Community Connectors worked with. Program managers pointed to the different kind of support available through Community Connectors program than otherwise available, and that the program had made significant difference for individuals facing complex barriers who had not been able to access services any other way.

Program manager: “I think that programs like the Community Connector program are having the biggest impact on addressing these barriers, than any policy change I’ve seen so far, any than funding change I’ve seen so far... It’s what’s required in the absence of complete policy process reform”.

3. Community engagement activities

Community Connectors facilitated or participated in 350 community activities over the 11 months of service delivery, to increase awareness and understanding of the NDIS. These activities included regular drop-in sessions at community service hubs, outreach services, interagency meetings, presentations and workshops to other services including housing and homelessness providers, mental health services, hospital discharge teams and other community services. As COVID-19 related restrictions reduced the opportunity for large-scale community gatherings, Community Connectors focused on smaller-scale, targeted activities.

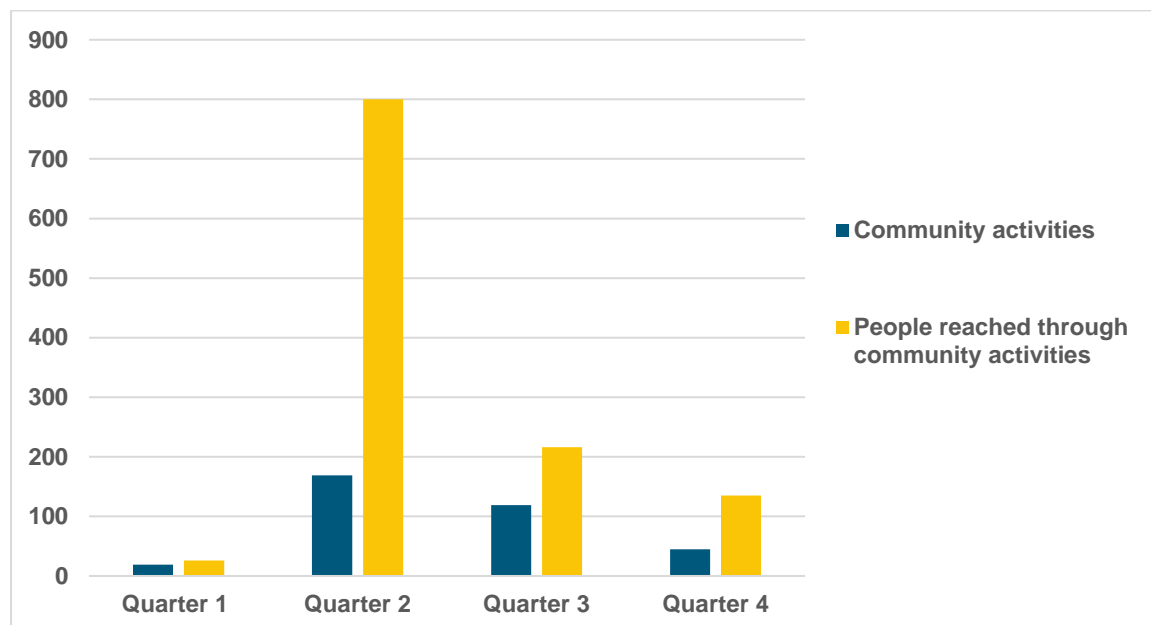
Overall, nearly 1,200 people were engaged through community activities (including community members and workers). Community Connectors also undertook countless



additional individual interactions in response to requests for advice from community members, carers and service providers.

As Figure 1 illustrates, the highest number of both community activities and people reached were achieved in Quarter 2. This reflects the time to establish the program in Quarter 1, and marks the strongest relationship building and outreach phase of the program. While in Quarters 3 and 4 program partners focused on supporting existing clients, they continued to field ongoing requests for information and advice on NDIS access from other services.

Figure 1: Community activities undertaken and people reached, by Quarter



The vast majority of delivery partners were confident the program increased understanding of the NDIS and psychosocial disability amongst other stakeholders in the program area.

Community Connectors encountered and addressed a surprising lack of understanding about the NDIS amongst both community members and health and social service professionals. Common misconceptions were that people with psychosocial disability were not eligible for the Scheme, if someone gained access to the NDIS they would lose the Disability Support Pension (DSP), people couldn't re-apply if previously not accepted, or that the NDIS would give someone a house and cover all the services they needed.

Community Connectors reported that in the majority of cases where they supported someone to submit an NDIS application, they also supported a GP, psychologist or other health professional in the process of providing documentation. Community Connectors also increased capacity of other services to support their own clients through NDIS applications, and supported carers to better understand NDIS processes. Program delivery partners reported:

"A mother shared that she had learned more about the NDIS in the 20 minutes spent with the Community Connector than she had in the past 3 years of her son having an NDIS plan."



“Everyone has heard something about the NDIS but when asking what the NDIS can do for people with disability the response was ‘that they really had no idea’ let alone on how to gain access or eligibility.”

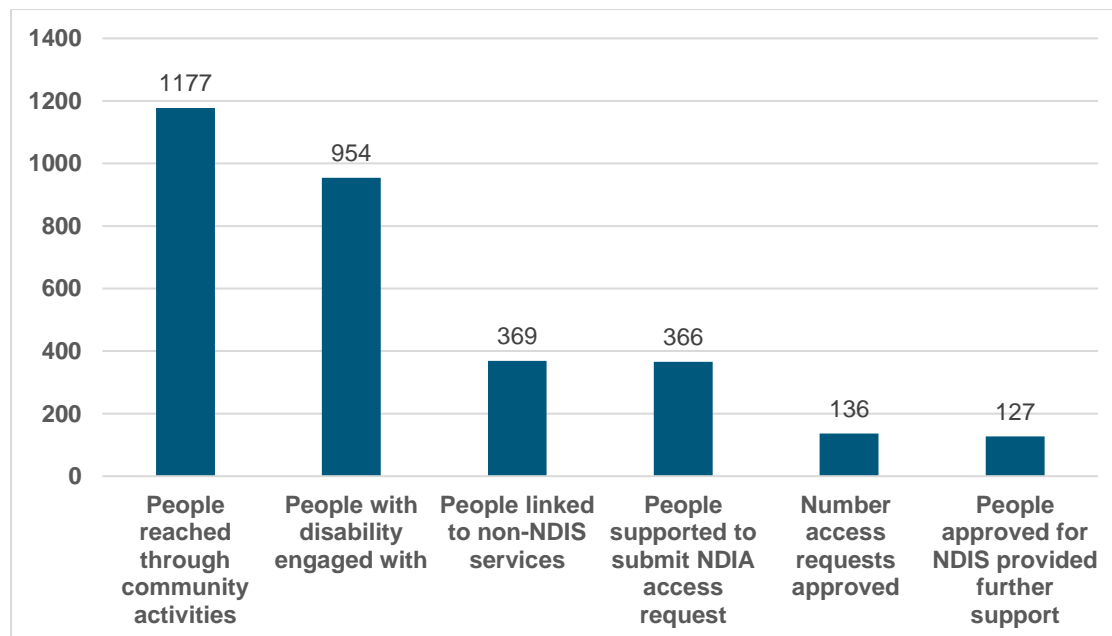
“A GP who works extensively in the homelessness sector was previously sceptical of the NDIS, and was very reluctant to support patients with their requests for supporting evidence for an application for this reason. Following advice and information from the Community Connectors and regular appointments with participants, the GP is now very supportive, is referring patients to the program and is willing to supply and write evidence for NDIS applications.”

Community Connectors developed trust and greater confidence with the NDIS amongst participants and community members. This was demonstrated by maintained engagement with the program and NDIS by people experiencing extreme vulnerability and long history of disconnection from other services, as well as repeat referrals to the NCCP program from community organisations and referrals from participants for friends and family. Together, this evidence indicates the program was successful in increasing awareness and understanding of the NDIS amongst people with psychosocial disability and the people and services who support them, in the targeted service areas.

4. Number of people supported

People supported by Community Connectors through this program were between 13-64 years of age, and most commonly between 35-59 years. The majority of people (estimated 69%) supported by Community Connectors were experiencing or at risk of homelessness.

Figure 2: Number of people supported by Community Connectors (Aug 2020 - June 2021)



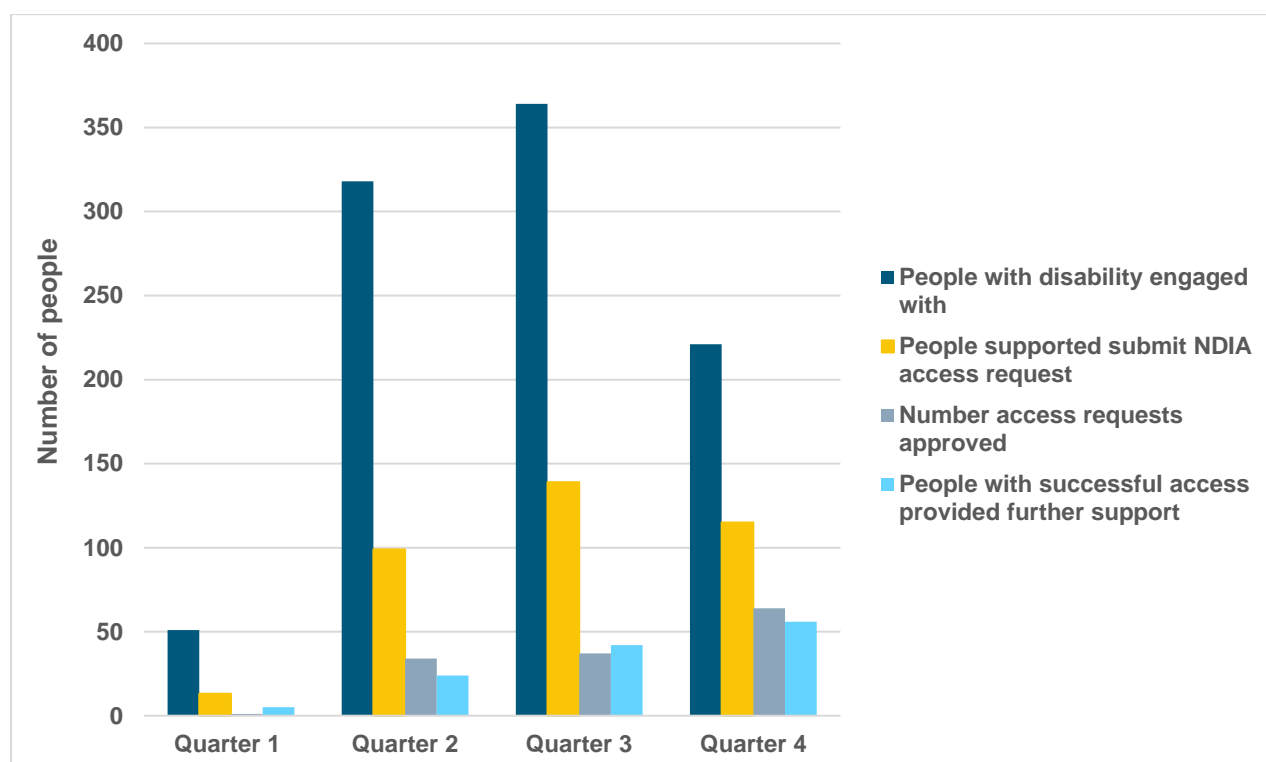
Over the total 11 months of service delivery, 366 people with psychosocial disability were supported to submit an access request for the NDIS. At 30 June 2021, 136 of these applicants had been notified they were successful, with others still pending. As illustrated in Figure 3, the number of people supported to submit an NDIS application was highest in Quarter 3 (139). This reflects the time to establish the program and gather evidence to support applications, and was prior to announcement of cessation of the program.

Community Connectors engaged with many more people with disability, and supported 369 people to connect with non-NDIS services. This number was highest (145) in Quarter 2, in the outreach and establishment phase of the program when the most community activities were undertaken.

The most common non-NDIS services Community Connectors connected people with were GPs, housing services, health services, psychosocial or community mental health services, state government community services, family violence support services, clinical mental health services and income support.

This role of connecting people to services was important both for people who were eligible and not eligible for the NDIS – where support for someone to stabilise their situation and establish healthcare and assessment was often necessary prior to creating an NDIS application. Community Connectors report that while NDIS planners and LACs would often encourage engagement with mainstream services, the onus was placed on a person living with a disability to then navigate these services independently which limited uptake. Community Connectors identified services that were suitable for clients with complex needs and provided warm handovers to support ongoing service engagement.

Figure 3: People supported to access NDIS by Quarter



In total, nearly everyone supported by Community Connectors to submit an NDIS access request who was notified they were successful was further supported by the Community Connectors in the development and/or implementation of their plan (127 people or 93% of successful applicants). As shown in Figure 3, this number steadily increased as more people were approved for the NDIS.

Subcontractors reported experiencing language and information in NDIS planning meetings that was confusing, triggering or overwhelming for participants – where one subcontractor alone reported four participants disengaging from the NDIS planning process due to this. Community Connectors reflected the importance of having a trusted person with appropriate mental health expertise alongside someone during the NDIS plan development and implementation process, especially where people did not have informal supports.

The NDIA did not specify a required target for the number of people supported. The outcomes achieved by Community Connectors reflect real change for a significant cohort of people living with disability with complex needs and barriers. There was variation across program delivery partners in the number of people supported across the program period. Organisations with established homelessness services, highly experienced program manager staff (outside of NCCP funding), and Community Connector personnel with strong local connections were able to support greater numbers of people over the course of the program.

Overall, the program supported a considerable number of people with psychosocial disability in the priority LGAs to request access to the NDIS, participate in NDIS planning process, and connect with non-NDIS services – especially given the complex barriers faced by participants. Significantly, as reported by program delivery partners, many people acknowledged that they would not have been able to access the NDIS without the holistic support of the Community Connectors. In many cases, Community Connectors supported clients in extremely challenging and complex situations, some with no other support services and others where family supports were overwhelmed and unable to navigate the NDIS access process.

The support of Community Connectors to engage with the NDIS means that people previously reliant on crisis services are now receiving stable, ongoing support specific to their needs. For one participant, the support they are now receiving through the NDIS will allow them to live independently for the first time in their life. For another, after 20 years of struggling with housing insecurity, difficulty accessing supports and severe isolation, they have been able to set goals and feel safe and secure.

Feedback from participant: “I just want to say a huge thank you my NDIS plan was approved ... I wouldn't have had a chance if it wasn't for you believing in me and supporting me in the way you have”.

5. Participant satisfaction

Over the course of the short program no formal participant feedback mechanisms were conducted. However, Community Connectors received high levels of informal positive feedback from participants, carers and professionals, grateful for the manner and effectiveness of Community Connector's support. There were also instances of people who were supported through the program referring friends or family members in need of



assistance to the NCCP, which is a strong indicator of satisfaction with the supports received.

Over the course of the program, no complaints were received nor emerging critical risks reported. Some participants decided not to continue with the NDIS application process, but reported this was because the process itself was overwhelming and remained engaged with Community Connector support to be referred to other services. Overall, this feedback indicates the aim to deliver services in a satisfactory manner and achieve outcomes of value to participants was achieved.

Feedback from GP: “This is all GREAT news, and [participant] and I know that it is largely due to you that her application has been successful. We are very grateful, thank you.”

Feedback from a participant: “You really have given me a second chance at life and a quality of life I have forgotten. Thank you is not enough. You are my champion... And a person not easily forgotten or let go. I'm so blessed to have you in my corner and so grateful to have met you.”

6. Service coverage

Community Connectors received referrals from a broad range of community and health services, reflecting the extent of connections across their local area. The most common referrers reported across providers were housing and homelessness services, LACs, community mental health services (NGOs), hospitals or state government health services, mental health clinics, GPs and clinicians – as well as active outreach and self-referral. It is worth noting that despite the original intent of the NCCP to provide referrals into LACs, there were many instances where these organisations instead referred clients with complex needs to Community Connectors, as LACs did not have the expertise or capacity to support these clients.

However, program delivery partners had limited resources to meet the level of need in some LGAs. The individualised support that Community Connectors provided was essential to the success of the program model, but limited the case-load Community Connectors could take on, with only 12FTE resourced across 7 LGAs. Community Connectors often received inquiries from people or staff outside of their area and had to refer to other local organisations where these existed. As such, the majority of program delivery partners identified further need in their area beyond what their service was resourced to meet.

Program manager: “Presently, our Community Connector team have 21 people going through the process of applying for the NDIS. This number could be in the 100's but time, rapport, trust building and long-term connectivity with homelessness and community services is required. The need is enormous”.



7. Ongoing improvement

One of the major gaps identified during the delivery of the NCCP was the need for more detailed training targeted to the role of Community Connectors. The induction training initially provided by the NDIS focussed on a high-level understanding of the NDIS system. Following feedback from peak bodies and delivery partners, this training was adjusted to include more specific information about navigating the access request process and the particular role of Community Connectors.

Program delivery partners further identified the following main challenges to successful service delivery:

1. Capacity to meet need

As discussed above, resourcing of the program was limited in the face of significant need.

2. Complexity of needs faced by client cohort

People with psychosocial disability experiencing or at risk of homelessness were often focused on meeting immediate need rather than accessing NDIS supports. By nature, the transience of people experiencing homelessness also led to challenges in maintaining engagement, attending appointments and communicating with the NDIA.

Program manager: “Community Connectors often met people that are potentially eligible for the NDIS but stable housing, finances, food, access to a phone and day to day needs are far more pressing. Though these participants want to engage and access additional support, they feel they are unable to cope with the additional stress of accessing the evidence required. Their number one focus is where they are going sleep that night and how they can stay safe.”

Community Connectors working with people experiencing homelessness developed approaches to maintain connection and enable participants to engage with the NDIA process, by also connecting them with the priority services they required. Community Connectors recommended the NDIA provide more flexibility in its approaches in order to engage with this cohort.

3. Difficulty accessing specialists for assessment

Submission of NDIS applications were very often delayed by lack of access to psychology and psychiatry services for assessment and functional reports required. Access to such specialists was limited due to both long waitlists and high costs. For example, a Community Connector reported there being only one clinical psychologist in their LGA who bulk billed participants under a mental health care plan.

4. Delays in retrieval of health records

Community Connectors found that participants often had past health records across multiple states and health districts, especially where people had experience of homelessness and itinerant living. Tracking down this information as required for NDIS applications proved very time-consuming, and requests to health services were not “fast-tracked” for Community Connectors as for health professions or case managers.



5. Difficulty communicating with NDIA

Community Connectors encountered difficulty in accessing information from the NDIA regarding participants' applications, despite developing consent protocols with participants to access this information. Community Connectors requested clearer avenues for communication with the NDIA, and a process for escalating applications where evidence was not available due to client complexities and history. Community Connectors suggested a prioritisation pathway for applications would be beneficial in improving efficiency and timeliness of applications.

Program Manager: "Even with consent forms we are having difficulty trying to gather information around the access process or to find out if access has been met. We have been told by the NDIS that this information will go to the participant first however if a participant is homeless (they) might not receive the information"

Where the NDIA did provide further communication channels - through the Community Connector hotline number and increased engagement through local NDIA offices, this increased Community Connectors effectiveness.

6. COVID-19 impact

Restrictions related to the COVID-19 pandemic reduced Community Connectors' ability in multiple LGAs to undertake community engagement activities, and in some cases to meet face to face with clients for a period of time. Program delivery partners developed flexible approaches to continue delivering the NCCP in this environment, focusing on individual client support and developing telephone protocols for engagement, rather than large community activities.

7. Funding uncertainty

Uncertainty regarding the continuation of the program created a loss of momentum and impacted level of engagement from other community organisations in the third quarter. Following announcement of cessation of the program at the fourth quarter, program delivery partners also experienced understandable staff turnover, and seconded other staff to maintain continuity of support for clients.

8. Transition and time pressure in final quarter

The majority of program delivery partners found the transition plan developed by the NDIA to be inappropriate. Frequently LACs did not have the capacity or expertise to support the clients they engaged through the NCCP, and they were not given no further resourcing to do so during transition. Community Connectors then faced significant time pressure to support participants to submit their NDIS application prior to end of the program, as no other suitable service existed to transfer clients to.



Lessons learned for the future

Program managers identified improvements that could increase the effectiveness of Community Connectors if a similar model is implemented again. These revolved around three themes:

1. Resourcing

A longer term contract would more efficiently leverage work to establish the program. Greater staffing is required to cover the level of need, and salaries should reflect the level of skill required for the role.

2. NDIA engagement to support access

Community Connectors suggested a collaborative effort with the NDIA to increase access for people with complex needs is required, including communication channels to access participant information where services have consent, NDIA support to access historic participant health records, and greater flexibility (for example, as implemented by Services Australia through Community Engagement Officers) to address additional barriers faced by people experiencing homelessness or complex needs.

3. Role clarification

Community Connectors advised that clearer role distinction from the outset would improve program outcomes, with suggestions for: a clearer service framework to deliver, prioritisation of either community education or support for individual applicants, recognition of broader case-management work required working with this cohort, and clarity in distinction of role between Community Connectors and LACs.

Program managers also recommended improvement to the induction and training for LAC's and NDIS Planners to better equip them to support people experiencing psychosocial disability and facilitate trauma informed NDIS engagement.

More broadly, program managers reflected on the ongoing need for a systemic service navigation role, and the need to support people experiencing complex barriers such as homelessness or service disengagement to build capacity before meaningfully transitioning to mainstream services. Program managers believed NCCP was unique in providing such holistic, personalised support and is very different to what LACs can currently offer.



Conclusion

The National Community Connectors Program delivered by Mental Health Australia was successful in supporting greater participation of people with psychosocial disability and experience or risk of homelessness in the NDIS, across the seven program locations. The Community Connector program model provided holistic, personalised supports across the whole NDIS journey, supporting people to connect with the range of services they required. The capacity to provide active outreach support, along with existing psychosocial expertise and local networks of program delivery partners, were essential in achieving these outcomes.

The Program illustrated the systemic barriers faced by people with complex needs in accessing the NDIS, as well as potential changes to smooth this pathway. The Program also demonstrated that greater equity in NDIS access is possible through appropriate resourcing, where people experiencing extremely complex challenges and ongoing service disconnection can now benefit from the often life-changing supports of the NDIS.

There remains ongoing need for such outreach and connection support.



Mental Health Australia



Mentally healthy people,
mentally healthy communities

Mental Health Australia is the peak independent national representative body of the mental health sector in Australia.

Mental Health Australia Ltd
9-11 Napier Close
Deakin ACT 2600
ABN 57 600 066 635

P 02 6285 3100
F 02 6285 2166
E info@mhaustralia.org
mhaustralia.org