2014-2015

MHCC ANNUAL REPORT

working for mental health

mhcc

mental health coordinating council

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CHAIR & CEO'S REPORT

Karen Burns

Jenna Bateman

The community mental health sector has been impacted by significant competing reform agendas both at state and national levels over the past 12 months and this is set to continue over 2015/16. MHCC activities have been targeted to influence how reforms will work in practice to improve outcomes for individuals and to ensure reforms are mindful of community sector contributions including and beyond contracted arrangements.

Under the Partnerships for Health (P4H) agenda, MHCC has been advocating a more inclusive and mindful progress towards the purchasing of community sector services by the Ministry of Health, particularly in the context of other parallel reform agendas. The introduction of the National Disability Insurance Scheme (NDIS) and implications for access to commonwealth programs such as PhaMS, D2DL and PIR remains at issue as do potentially substantial outcomes from the National Review of Mental Health Programs and Services conducted by the National Mental Health Commission.

MHCC has been heavily invested in analysing implications and influencing decisions around the launch of the National Disability Insurance Scheme (NDIS). This has involved comprehensive understanding of emerging issues in the Hunter launch site as well as project work and submissions to national level drivers and influencers.

Keeping MHCC members and stakeholders apprised of developments across the various reform agendas is of ongoing importance. From our NDIS Community of Practice Forums (COPs) to MHCC Senior Manager, Regional and Research forums, to our newsletters, website and weekly FYI updates we hope we are going some way to getting key reform messages and agendas out to the sector.

Alongside our policy influence and reform work MHCC has continued to invest in sector development through MHCC Learning and Development training and projects and through establishment of a consultancy approach to organisational uptake of the *Recovery Orientated Services Self-Assessment Tool* (ROSSAT) and the *Trauma-*

Informed Care and Practice Organisational Toolkit (TICPOT). This year we also firmly established MHCC on-line learning with Capacit-e. We are extremely proud of our first suite of modules which address recovery principles, practice and language.

The coming year will likely be no less uncertain and complex to navigate for MHCC and its members than the previous. Aside from reforms driven from the national level, such as introduction of Primary Health Networks, LHDs are increasingly autonomous from the Ministry at state level and engagement across human services in mental health increasingly apparent. MHCC must reassess where and how its energy is deployed to best support its members in this uncertain and complex environment.

Our current strategic plan completes this year and we have already commenced a review of our directions both in terms of sector advocacy and support and importantly in terms of our role as a peak body and what that means in an increasingly diverse and decentralized system.

Having said that MHCC has clear advocacy work to continue in shifting our hospital centric system to a community centric one: promoting the community sector workforce profile and practice; ongoing peer workforce implementation; data reporting and demonstration of outcomes, including physical health outcomes; integrated service models; step up options in NSW; social enterprise and social impact investment approaches and a greater focus and investment in community sector research are directions that come immediately to mind.

MHCC would like to thank our members for their support and participation throughout the year and recognize the many individuals who participate on our reference and advisory groups, train on our behalf and share their experience and insights with us. We would like to acknowledge the Mental Health Drug and Alcohol Office and the challenges experienced this year negotiating the complexities of progressing the Partnerships for Health agenda. Also thanks to the NSW Mental Health Commission for their ongoing partnership and engagement. In particular, partnership around the Community Mental Health Drug and Alcohol Research Network (CMHDARN) and in the activity MHCC undertakes in the NDIS Hunter launch site is acknowledged. Special thanks also to the National Mental Health Commission for funding development of the National Mental Health Peer Worker Qualification training materials and Champions program that MHCC completed on behalf of Community Mental Health Australia (CMHA). This support has helped to accelerate establishment of this important emerging workforce.

Finally thanks and recognition to the MHCC Board for sound governance of the organisation and to the staff of MHCC for their commitment, many talents, creativity and plain hard work in these dynamic and demanding times.

Karen Burns
Chairperson

Jenna Bateman
Chief Executive Officer

WHAT WE DO & WHO WE ARE

Getting out and about at our Regional Forums

Making connections at Meet Your Neighbour events

2014 AGM and Senior Management Forum

The Mental Health Coordinating Council (MHCC) is the peak body for non-government mental health community-managed organisations (CMOs) across New South Wales (NSW). MHCC has over 100 voting member organisations which provide a diversity of psychosocial and clinical services. MHCC advocates recovery oriented and trauma informed practice and works closely with its members and other stakeholders to build capacity and improve mental health service delivery to people with lived experience of mental health conditions, their families and carers in NSW.

MHCC takes a leadership role in advocating the vital importance of the mental health community managed sector. We participate extensively in policy reform and work in partnership with State and Commonwealth Governments to build cross-sectoral collaboration and understanding.

We initiate, manage and conduct research and sector development projects on behalf of and in partnership with the sector and build capacity through partnerships, collaboration, and workforce development.

MHCC is a Registered Training Organisation providing accredited mental health and leadership training and professional development to community sector workers and other stakeholders.

MHCC is also a founding member of Community Mental Health Australia (CMHA), a coalition of the eight state and territory peak bodies across Australia, representing over 600 organisations nationally.

VISION

People with lived experience are the drivers of positive change in all mental health services and mental health reform

OUR PURPOSE

To build the capacity and ability of community organisations to support people on their recovery journey

UNDERLYING PRINCIPLES

- Good mental health is about the whole person; their psychological, physical, emotional and spiritual needs
- Service user input is central to the promotion of mental health and the delivery and management of services
- Communities need to provide a diversity of mental health services designed to meet local needs
- An across-government and sector approach to mental health promotion and service delivery is required.

ABOUT OUR SECTOR

Mental Health CMOs are a crucial part of the mental health and human service system in NSW. Our members contribute to improved outcomes for people experiencing – or at risk of developing mental health conditions and psychosocial disability, and play a key role in prevention, early intervention and providing the supports that assist people to stay well in the community. Our sector is flexible and responsive and promotes the principles of trauma-informed recovery orientation as central to its philosophy of practice. One of the sector's key strengths is the meaningful inclusion of people affected by mental health issues and their families and carers, in the planning and development of services and government strategic reforms.

MHCC Members provide a diversity of services including: self-help and peer support; information, advocacy and promotion; leisure and recreation; employment and education; accommodation support and outreach; family and carer support; primary health care; helplines and counselling.

MEMBERSHIP

MHCC is committed to its role as an industry relevant organisation and involves its membership in all its activities and projects.

PEOPLE BEHIND MHCC










MHCC BOARD

Karen Burns – Chair, UnitingCare Mental Health
(attended 100% of meetings)

Leone Crayden - Vice Chair, On Track Community Programs;
(attended 67% of meetings - resigned May 2015)

Sue Sacker – Treasurer, Schizophrenia Fellowship
(attended 71% of meetings)

John Malone – Secretary, Aftercare
(attended 100% of meetings)

Judi Higgin - New Horizons Enterprises
(attended 86% of meetings)

Peri O'Shea - NSW CAG
(attended 86% of meetings)

Pam Rutledge - RichmondPRA
(attended 86% of meetings)

Deborah Banks - Lou's Place
(attended 71% of meetings)

Jenny Hall - Neami National
(attended 67% of meetings)

Michael Sheedy - Wesley Mission
(attended 100% of meetings)

MHCC STAFF

Chief Executive Officer

Jenna Bateman

Policy & Sector Development

Corinne Henderson, Senior Policy Advisor

Stephanie Maraz, Partnership Projects: Development & Coordination (15/03/10 – 14/08/14)

Tully Rosen, Senior Policy Officer
(15/06/10 – 13/02/15)

Tina Smith, Senior Policy Advisor – Sector Development

Quality & Communications

Eileen Cantwell, Quality and Compliance Coordinator (commenced 3/6/15)

Sheena Lee, Compliance & Quality Officer (8/5/13 – 7/5/15)

Lenny Pelling, Promotions Officer

Karen Stingemore

Carrie Stone, Community Engagement Officer

Administration

Erika Hewitt, Operations & HR Manager

Ian Bond, IT Support Officer

Jill Dimond, Finance Officer

Colleen Mosch, Reception and Office Administration

Jean Robinson, Finance Assistant

Project Staff

Angela Argent, Project Officer, Research Network, (commenced 30/3/15)

Deb Tipper, MHDAO Research Network
(14/02/12 – 19/2/15)

MHCC Learning & Development (LD)

Simone Montgomery, Manager LD
(7/4/08 – 6/1/15)

Chris Keyes, Acting Manager LD

Jacqueline Moreno Ovidi, Training Services Team Leader

Course Coordination

Lorna Downes, Short Course Coordinator

MHCC LD Administration

Simona Adochiei, Administration Officer

Mark Clarkson, Business Development Coordinator, (commenced 20/10/14)

Nicole Cother, Student Support & Administration Officer
(30/4/12 – 30/1/15)

Kat Fardian, Online Learning Officer

Liesl Homes, Administration Officer – Aboriginal Projects

Melinda Shipp, Administration Assistant
(16/7/13 – 12/9/14)

Joanne Timbs,
Senior Administration Officer

Lisa Van Praag,
Training Logistics Coordinator

Rainbow Yuen, Administration Assistant

MHCC 2012 -2015 STRATEGIC DIRECTIONS

1. Sector Development

- Developing our workforce
- Creating a framework for practice recognition
- Improving service effectiveness and quality
- Enhancing practice approaches
- Creating new service models
- Integrating service delivery
- Building sector infrastructure

2. Policy Leadership, Influence & Reform

- Responding flexibly to policy reform
- Empowering strategic relationships
- Ensuring equitable access to services
- Contributing to the development and implementation of planning and resourcing frameworks

3. Research & Development

- Facilitating an evidence based practice research and evaluation direction for the sector
- Promoting the evidence base for community managed approaches
- Improving service effectiveness and quality

4. MHCC Organisational Development

- Reviewing systems for MHCC governance, management and operations
- Improving MHCC quality improvement processes
- Consolidating the business viability of the LD

2012-15 Strategic Plan
Download a copy here:
http://mhcc.org.au/media/1216/2012-15-strat-plan-final-web.pdf

2014-2015 SNAPSHOT

What follows is a snapshot of MHCC activity during 2014-2015 aligned to our 2012-2015 Strategic Directions. More detailed information on our work can be found on our website and we encourage you to visit the site.

INTRODUCTION

The content of this Annual Report is reflective of the importance and relevance of MHCC's endeavour at both State and National levels, and mirrors the critical role the sector plays in the current highly dynamic and disrupted reform environment.

This Annual Report is but a birds' eye view of our work. None-the-less, what we present provides an over arching flavour of the breadth, depth and value of the work we undertake, and reflects the leadership we bring to the sector and the skills and expertise embedded in the organisation.

MHCC has expanded its reach and influence across service sectors and systems. This is evident particularly in the sector development sphere, where our work is relevant and influential across human service sectors. Projects, resources, training and other activities are speaking to a wider audience than previously captured as mental health is truly becoming accepted as everyone's business.

www.mhcc.org.au

MHCC's newsletter, *View From the Peak*is available to download here: http://mhcc.org.au/home/publications/view-from-the-peak.aspx

THE NSW MENTAL HEALTH RIGHTS MANUAL

The Mental Health Rights Manual: an online guide to the legal and human rights of people navigating the mental health and human service systems in NSW (4th Edition) 2015. Written in plain English, this is an invaluable readily accessible online resource, bringing together vital information crucial to anyone having to navigate the mental health system, enabling them to become acquainted with their rights, the legal and service system, and access support and guidance. Celebrating 20 years, this new edition incorporates the latest legislative reforms including amendments to the Mental Health Act 2007 (NSW) and describes the mental health and human services environment including the NDIS and the relevant state, national and international instruments.

> *This is a very good resource, which I have found useful as a Peer Worker - as it explains a raft of issues in easy layman's terms and supports consumers to advocate for themselves.*
>
> Consumer Participation Officer

> *As a carer myself and carer support worker, this manual is my 'go-to' resource to answer the many questions that I have for myself and the family member who is my responsibility, as well as when assisting those I work to support.*
>
> Carer Support Worker

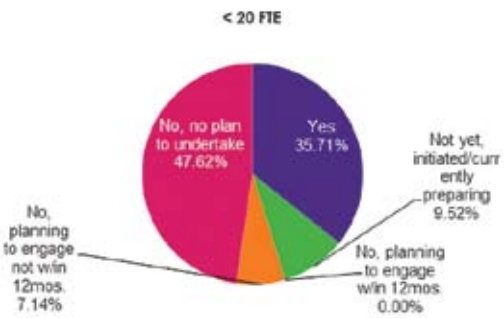
> *The Mental Health Rights Manual is a fantastic resource that links people with plain English information about their rights and the broad range of services they may come in contact with as they navigate through the mental health system and the related human services environment.*
>
> CEO, Social Services Organisation

Explore the manual online at http://mhrm.mhcc.org.au/home/

QUALITY STANDARDS PORTAL

The MHCC Quality Portal (right) is a tailored version of the Standards and Performance Pathways (SPP), a leading Australian online service for the completion of service and quality standards, compliance activities, and for managing risk and quality performance. MHCC are discounting this product to members to support them meet sector compliance reporting requirements. It helps build an action plan, provides tools and templates to complete those actions, and stores uploaded documentation as part of an 'evidence pack'. It also shows tracking against industry benchmarks.

MHCC encourages and monitors the accreditation status of its members. There are increasing indications from government that accreditation will become a criteria for receipt of government contracts. In 2015 MHCC conducted a member survey that focused specifically on accreditation. The response rate was a high 93%. Of responding organisations 53.45% indicated that their organisation is currently accredited; 24.14%, the second largest group of responses, indicated that their organisation does not have plans to obtain accreditation. Other responses that follow are organisations who have initiated the accreditation process or are currently preparing for accreditation (12.07%), organisations who are planning to engage accreditation bodies but not within a 12 month period (8.62%) and organisations who are planning to engage accreditation bodies within 12 months (1.72%)



MEET YOUR NEIGHBOUR

Through 2014/15 MHCC has continued to facilitate our MYN events across NSW. These activities are a very informal, popular and enjoyable way in which networking and collaboration can be fostered. Many of these events have led to the establishment of inter-agencies and improved referral processes and partnership programs. Generally MHCC hosts the event with a member organisation in the area and MHCC utilises the opportunity to update the gathering on state and nation policy reform matters and MHCC projects and sector development activities including training and professional development and online learning. The co-host organisation presents on their service and programs and other participants introduce themselves likewise. There is time for networking and discussing potential collaborations and promoting future events. During this year MHCC hosted 8 events in the following locations: Woollahra, Orange, Goulburn, Castle Hill, Illawarra, Bondi and East Sydney, Leichhardt, Redfern, attendance was 240 across the year and evaluations have continued to identify that these events are valued and considered important to members.

Left: MHCC Member Accreditation Survey

Figure 5. Percentage of accreditation status of members with ≥ 20 FTE

Figure 6. Percentage of accreditation status of members with < 20 FTE

TRAUMA-INFORMED CARE AND PRACTICE ORGANISATIONAL TOOLKIT (TICPOT)

Trauma-Informed Care and Practice (TICP) is an approach whereby all aspects of service delivery are organised around the recognition and acknowledgement of trauma and its prevalence, alongside awareness and sensitivity to its dynamics.

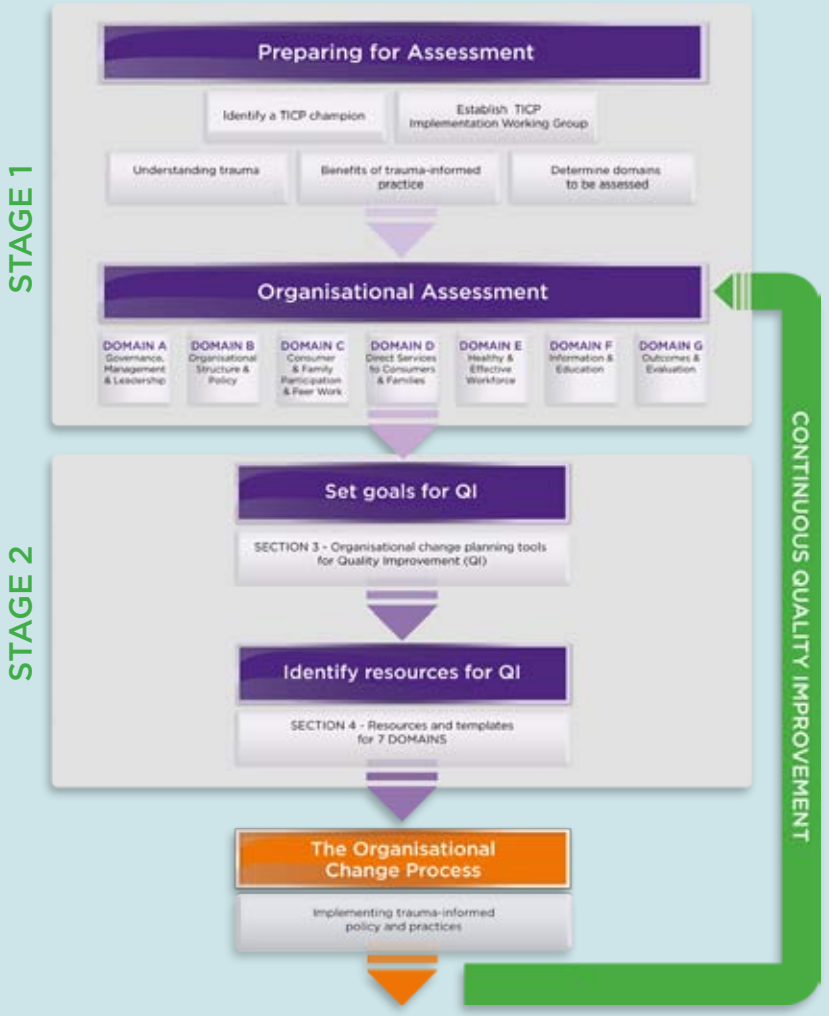
To support a widespread adoption of this approach MHCC have been developing a suite of products including the TICPOT assessment packages which are designed to be applied across mental health and human services in public, community and private contexts. It is part of a broader national initiative to promote the integration of the trauma-informed care and practice approach across service systems and programs in Australia. It is a quality improvement organisational change resource designed to assist a diversity of organisations to embed TICP principles into every aspect of their operating structure and practice. The TICPOT assessment tool has been mapped against national standards and the recovery-oriented service assessment organisational tool (ROSSAT). MHCC has begun to establish a consultancy service which will support both ROSSAT and TICPOT products. The TICPOT packages, a suite of associated products and the consultancy are to be launched in early 2016. Piloting of the products and evaluation is being conducted internally and externally.

> *Statistics suggest that two out of three patients presenting at emergency, inpatient or outpatient mental health services have underlying complex trauma secondary to physical or sexual abuse.*

Hussain & Chapel, 1983; Emslie & Rosenfeld, 1983; Mills et al., 1984; Bryer et al., 1987; Jacobson & Richardson, 1987; Craine et al. 1988; Swett et al., 1990.

> *TICP is a strategic direction that is bringing about a cultural shift in the way mental health and human services are organised, delivered and managed to improve outcomes for the consumers, their families and carers and the community.*

TICP: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction.



ROSSAT

The Recovery Oriented Service Self-Assessment Toolkit (ROSSAT) was developed by MHCC in consultation with Being (Mental Health and Wellbeing Consumer Advisory Group) consumers, carers and community managed organisations (CMOs). In 2014 ROSSAT Version 2 was psychometrically validated in a partnership project with the University of Sydney, and the ROSSAT tools and User Guide amended. The *Tool for Organisations* (T4O) was mapped to the National Standards for Mental Health Services during this financial year.

In response to a communicated need from the sector for assistance with enhancing recovery oriented service provision and practice MHCC established the ROSSAT Consultancy, commencing in May 2015. ROSSAT Consultancy offers organisations an opportunity for an on-site review of the level of recovery oriented service provision through focus group discussions, and review of relevant documents and processes, providing a report and action plan with recommended short and long-term goals.

For more information on ROSSAT or the ROSSAT Consultancy visit: http://mhcc.org.au/sector-development/recovery-and-practice-approaches/rossat.aspx

Right: The ROSSAT rainbow of benefits

LEARNING & DEVELOPMENT

MHCC LD have continued to respond to changing workforce needs of the community mental health sector through delivery of high quality professional development solutions and workforce development approaches. LD have prioritised initiatives that have supported emerging specialised workforces in the sector, providing tailored and flexible options to support growth and enhance capacity.

Mental Health Peer Work

MHCC LD has been engaged with a broad national network of experienced peer workers and organisations since early 2013 to develop the training and assessment materials for the nationally recognised Certificate IV in Mental Health Peer Work. The National Mental Health Commission (NMHC) funded this pivotal development, coordinated by MHCC on behalf of Community Mental Health Australia (CMHA). The complete set of resources is now available from the NMHC website and as a result increasing numbers of RTOs across Australia are using these materials to prepare and deliver the Cert IV in Mental Health Peer Work training.

This page: The Peer Work Qualification Development Project Group sowing the seeds for the Certificate IV in Mental Health Peer Work.

"A huge thank you to MHCC for giving me the opportunity to participate in the pilot program. I have not only gained a new qualification, but also gained a new sense of confidence and pride as a peer worker. This course has definitely enhanced my professional development, as I am starting to move into a different direction with my career."

Pilot participant

In recognition of the national training package requirements of trainers and assessors of the peer work qualification, the Champions of Mental Health Peer Work initiative was funded by the NMHC in 2014 to build a national peer work trainer and assessor workforce to deliver the training without delay. This project was targeted at 30 highly experienced consumer and carer peer workers and funded this group to complete the qualifications necessary to become trainers and assessors. This included a 5 day contemporary skills recognition program for completion of the Cert IV in Mental Health Peer Work.

“This program is not only helping to recognise and validate the role of peer worker, but also create opportunities to teach peer workers how to safely and effectively utilise the unique tools they bring to their role. There are now 30 of us who are now available to work with registered training organisations across Australia and help get the training out.. I feel this program has set a really strong foundation with which we will now be building the future of peer work on.”

Kristy Webb, participant of Mental Health Peer work Champion’s initiative, Uniting Care Wesley, Port Adelaide, South Australia.

Left: Certificate IV Mental Health Peer Work Champions, Sydney group

Specialised Workforce Training

MHCC LD have responded to the unique needs of emerging workforce groups, working together with organisations to understand the practice needs of staff to provide effective and targeted training delivery.

Support Facilitation Workforce

In 2013 MHCC LD worked with an industry reference group of Partners in Recovery (PIR) lead agencies and consortia members to identify the skill set required for the emerging Support Facilitation workforce. This collaboration enabled the development of an induction training package for PIR Support Facilitators which focuses on key competencies of this role. Since this time, MHCC LD have trained over 550 Support Facilitators with 29 events held across 4 states.

“Team spirit, a contagious belief we have the ability to make change within the system – very proud and privileged to be part of PIR.”

Participant responding to Key things I will take away from this training

Aboriginal Careers in Mental Health

Spearheaded by the Mental Health Coordinating Council (MHCC), the Aboriginal Careers in Mental Health (ACIMH) workforce development project brought together a range of stakeholders from government and community-managed mental health organisations, to employ and support 46 Aboriginal people to enter the sector as trainees in mental health support work. Trainees completed the Certificate IV in Mental Health, and in August 2014, 32 trainees graduated with this qualification. Organisations have reported increased capacity to employ and support Aboriginal workers, and better support Aboriginal communities and people.

At the TheMHS Conference 2015, MHCC was delighted to have received the 'Education, Training or Workforce Development Award', which reflects the significant personal and organisational commitment of all the project partners and participants.

When asked to share about the impact of being involved in ACIMH for herself, her family and her community, Carly Warner responded,

"The last three years have been an incredible journey of growth and change. I have had many opportunities to make a direct difference in the lives of so many people. I have learnt patience and understanding; I have gained insight and trust from not only fellow workers and clients, but from respected Indigenous members of my community. I have been involved in the recovery journey of so many people and their families; I have given my children something to be proud of and bigger dreams to aspire to."

MHCC will be delivering this award winning Certificate IV in Mental Health – Aboriginal Customised version again in late 2015, as well as a new Supervisor Workshop targeted at managers and supervisors of Aboriginal workers, addressing common issues and practical approaches to enable cultural safety in supervision. For more information visit: http://mhcc.org.au/media/68128/pd-csis-flyer.pdf

This page: Accepting the TheMHS award from Dr Kay Patterson, National Mental Health Commissioner are Gillian Bonser, Consultant and training content developer, Liesl Homes, Project Administration and Student Support, Jenna Bateman, MHCC CEO, Chris Keyes, MHCC Learning and Development Manager, and Dean Pattinson, ACIMH Graduate and Community Rehabilitation Support Worker with NEAMI National.

Capacit-e – bringing learning to where you are

After nearly a decade of supporting organisations with staff learning and development needs, MHCC is thrilled to be joining the e-learning revolution, transferring our experience of designing and delivering mental health training, to the online environment through accessible and interactive options that cater to the way people prefer to learn.

In 2015 MHCC launched Capacit-e, a growing range of online learning products. The Mental Health Recovery suite consists of 3 modules that are designed to build understanding and skills for supporting mental health recovery. Training was developed in collaboration with consumers, carers, peer workers, staff and organisations and is informed by the voice of lived experience through video interviews and interactive activities that are based upon real experiences. The final module in the suite – *Language of Mental Health Recovery* builds upon MHCC's Recovery Oriented Language Guide to explore the impact of language used in mental health settings and the community and the potential of language to both exclude, challenge and empower an individual.

For more information on Capacit-e visit: http://mhcc.org.au/learning-and-development/online-learning/capacite.aspx

"For me, it's about taking these words that have been used as weapons in the past, that I've felt to be really harmful and saying 'I won't let these words harm me anymore because I'm going to own them'.

[It's] about challenging stigma and saying, no... we're not the same as you. We're different, but that's ok. We're really proud and pleased that we're different—difference is quite good actually, it brings variety into the world."

Indigo Daya

For this and other perspectives on language, check out *Language of Mental Health Recovery,* part of the Capacit-e mental health e-learning range.

POLICY REFORM

MHCC undertakes both a proactive and responsive position in order to influence policy and practice reform and improve outcomes for people with mental health conditions and/or psychosocial disability. During 2014/15 MHCC has provided numerous formal and informal submissions to State and Commonwealth inquiries and discussions. A number of submissions particularly addressed areas related to the NDIS legislation, rules as well as service access, advocacy and philosophy of care. MHCC also responded to discussions concerning the NSW Mental Health Amendment (Statutory Review) Bill 2014. All our submissions are publicly available on the website. Informally we have provided substantial feedback as and when requested to inform other peaks' or agency submissions, particularly at a national level to Mental Health Australia. We contribute responses to many requests for comment on improving standards and guidelines and the development of models of care and best practice approaches across many aspects in the mental health and disability space, e.g. assessment of suicidal behaviours; SMHSOP; ID/MH and NDIS quality and safeguarding. This work is often conducted through the various and numerous state and national committees and Advisory Working Groups on which MHCC is a member representing the sector.

STATE ELECTION PLATFORM MARCH 2015

MHCC's election platform advocated four key directions for the incoming government, each supported by key priorities for implementation from the community sector perspective. There has been varying progress and commitment across the election platform from government in the early stages of their term.

1. Implement the NSW Mental Health Commission's Strategic Plan for Mental Health in NSW
2. Government must ensure that the revenue from the sale of mental health assets is spent on mental health services, the majority of which must be community-based and community- managed
3. To support system reform under Partnerships for Health and to ensure the safe and effective transitioning and establishment of integrated services, Government must support the community-managed sector to respond effectively by funding organisational and sector readiness initiatives
4. Commit to providing services and support programs for people not eligible for NDIS (Tier 3) to lead contributing lives in the community.

An outstanding priority under platform 1. is recommendation within the NSW Strategic Plan (Action 5.1.1). for "*articulation of a new framework for a contemporary NSW community mental health system*". MHCC and the sector supports this direction and that its development be led by the NSW Ministry as a key reform mechanism to deliver the desired transition to a more community-based service system in NSW. Since, Local Health Districts are increasingly being tasked to make decisions based on local population health needs, MHCC advocated timeliness in the development of the new framework to provide the essential over arching guidelines necessary to ensure coherence of the reform process across NSW. The last NSW Community Mental Health Plan was in place 2007.-2012. MHCC advocated that a framework is the necessary first step in the development of a community mental health plan which along with designation of core service specialities must promote across sector integration of workforce, data infrastructure, research and collaborative models of practice.

PARTNERSHIPS FOR HEALTH

The NSW Health review of its funded community sector programs commenced in 2009 under the NGO Grant Program Review. In 2012 the Grants Management Improvement Program (GMIP) formed the basis of the current Partnerships for Health (P4H) agenda. The major direction of P4H is to dispense with grants in favour of contracted purchasing arrangements with a view to extending service delivery through the NGO sector. MHCC has been extensively involved with MoH in this agenda over 2014/15. We presented a comprehensive Briefing and Recommendations Paper to MHDAO in January 2015 detailing community managed mental health sector considerations for the P4H reform process. This paper has formed the basis of our ongoing peak body advocacy to achieve optimal outcomes for the P4H mental health program, (Visit: http://www.mhcc.org.au/media/51767/mhcc-briefing-paper-partnerships-for-health-feb2015.pdf).

Aside from the transfer of MoH grants to contracts amongst MHCC member agencies, this year has seen little tangible progress in the next step which is establishment of a purchasing plan for NGO mental health services. MHCC has advocated that a purchasing plan must be developed with reference to a framework for a contemporary NSW community mental health system and Community Managed Mental Health Sector Development Plan as recommended in the NSW Mental Health Strategic Plan.

LIKEMIND

An important reform introduced this year has been the launch of the 'LikeMind' service model. MHCC has long advocated this service model which aims to ensure people with complex mental health issues can access support in aspects of their life from a single 'one stop shop' in the community. The model allows for the co-location of support services that are able to assist people with issues around, for example, housing, family planning, education, employment as well as GP and psychological services. Perhaps the most innovative aspect of the service model is that it co-locates public mental health, private and non-government providers in the same building allowing for assessment, triage and referral to be a far more streamlined, coordinated and consumer-directed experience for the person seeking support and their family and carers. The NSW Government announced funding for four LikeMind services within NSW recognising the potential for co-location models to reduce the siloing of services and prioritise the consumer experience. This year has seen establishment of LikeMind in Seven Hills and Penrith both managed by Uniting Care Mental Health. It is likely the other two will be in regional areas. Evaluation of the LikeMind model is underway and MHCC will continue its advocacy for this and other integrated service models.

CMHA

Community Mental Health Australia (CMHA) is the alliance of the eight state/territory mental health peak bodies. It is a vehicle for MHCC and our sister peaks to engage with and influence national level reform and activity. Through CMHA the mental health community sector has representation on the Mental Health Information Standing Committee (MHISC) and the Safety and Quality Partnership Standing Committee (SQPSC). Participation in these high level mental health forums has resulted in significant inclusion of community sector interests in national directions. Over 2014/15 CMHA has achieved an increasing profile evidenced by invitations to participate on key committees driving the NDIS agenda and the Fifth National Mental Health Plan.

In addition to CMHA committee work there are a number of funded projects CMHA undertakes. This year several of these have been in partnership with Mental Health Australia who have been funded through Dept, Social Service and NDIA to undertake capacity building activities in the community sector. MHCC has managed the NDIS Workforce Development Scoping Project on behalf of CMHA this year and contributed our learning and perspectives on the Hunter launch site to NDIA reference groups.

This year saw completion of the work on CMO Outcome Measurement commissioned through MHISC. MHCC has had carriage of this work for CMHA and in partnership with Australian Mental Health Outcomes Classification Network (AMHOCN). The initial research report has this year been complemented by a Guidebook Implementing Routine Outcome Measurement in Community Managed Organisations. The Guidebook details the measures most appropriate for different domains of community mental health sector focus and activity and also provides advice on how to introduce collection of routine outcome measurement. It explores their uses and application in community organisations, the importance of consumer and carer participation, workforce training and education and outlines benefits including, consumer outcomes, service improvement, service comparability and value for money.

CMHA is managed as a virtual organisation. Each state and territory takes on a dedicated administration function and/or project responsibility. CMHA has no secretariat. Its achievements in representing the community mental health sector are considerable given this limitation.

NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

MHCC has continued to work in partnership with the Mental Health Commission of NSW to undertake the '*NDIS and Mental Health Analysis Partnership Project*'. The opportunities and learning arising from the NSW NDIS trial site in the Hunter LGAs of Newcastle, Lake Macquarie and Maitland continues to be considerable. A highlight of 2014/15 has been development of a MHCC publication describing the first two years of NDIS experience from a community managed mental health sector perspective. The publication, '*Further Unravelling Psychosocial Disability*', is available on the MHCC website.

At the end of June, there were 1,841 people with mental health conditions accessing NDIS funded services and supports nationally (1,243 primary and 607 secondary). This includes 401 people with a primary psychosocial disability in NSW. This is 31% of the MHCC estimated 1,300 people that could be expected to access NDIS funded services at the end of the trial in June 2016 (i.e., mental health conditions make up approximately 13% of the total burden of disease and the NSW trial site is 10,000 people). While this access rate seems low it is substantially higher than for personalised funding programs in Scotland and England where access for people with mental health conditions has been just 2% and 9% respectively.

MHCC's 2014/15 focus has been to advocate for consumer, carer and community co-design of the NDIS (i.e., systemic advocacy for Scheme design) and influencing NDIS policy and research directions. In 2015/16, MHCC will need to continue to support our members in planning for the full roll-out of the NDIS in NSW between July 2016 and June 2018 (for more information visit: http://ndis.nsw.gov.au/).

NDIS Community of Practice Forums

One of the important initiatives of MHCC's partnership with the Mental Health Commission of NSW has been establishment of a NDIS Community of Practice (COP) in the Hunter launch site. These forums have brought together people from across sectors and agencies to exchange knowledge and perspectives on the developing NDIS.

At the end of July 2015, the Hunter NDIS and Mental Health Community of Practice (COP) Forum had 371 participants in total with about 75 people attending each event. The COP forums fill a significant gap in the transfer of information to consumers and service providers about developments within the NDIS.

The COP forums have provided a platform for government representatives to explain the operations of the NDIS. Contributors included The National Disability Insurance Agency on NDIS design, and the NSW Ombudsman's Office on quality and safeguarding.

As the NDIS is implemented beyond the Hunter launch site, consideration needs to be given to what structures might exist at a Local Health District (LHD) level to ensure representation and participation by people affected by mental health conditions and those that provide services to them.

MHCC is continuing its partnership with the Mental Health Commission of NSW over 2015-2016 and will be developing strategies to support roll out of the NDIS across NSW.

Top: Eddie Bartnik, Independemt Strategic Advisor to the National Disability Insurance Agency at the December 2014 COP forum

Bottom: Debbie Hamilton provides a consumer perspective on the NDIS in the Hunter launch site

COMMUNITY MENTAL HEALTH DRUG AND ALCOHOL RESEARCH NETWORK (CMHDARN)

CMHDARN is a partnership project between the Mental Health Coordinating Council (MHCC), The Network of Alcohol and Other Drug Agencies (NADA) and the Mental Health Commission of NSW. Throughout 2014-15, CMHDARN has continued to build the research capacity of the AOD and Mental Health community sectors, and has developed more strategic and long-term relationships with researchers and specialist research centres.

HIGHLIGHTS. This year, CMHDARN:

- Won the inaugural Tom Trauer Gold Award for Research and Evaluation (pictured) at theMHS (the Mental Health Services Conference), held in Perth in August
- Convened a rural research forum: Strategies for Building Research Capacity in Your Organisation, 3 July in Ballina
- Held its first targeted research forum focusing on working with Aboriginal communities, Understanding Best Practice Research When Working with Aboriginal and Torres Strait Islander Organisations and People, 7 August, in Sydney. New relationships were developed with the Lowitja Institute (Melbourne) and the Healing Foundation (Canberra)
- Released a reflective practice webinar Improving Organisational Capacity and Demonstrating Efficacy, 12 August
- Presented a paper Research into Practice – Lessons from a Network Approach to the Challenge of Implementation, at the Second Australasian National Implementation Conference, Sydney, in September.
- Released a reflective practice webinar Integrated Psychological Treatment Addressing Co-Existing Alcohol Misuse and Depression, on 25 November
- Convened a forum, Navigating Research Ethics, 2 December, in Sydney
- Developed a mentoring scheme in partnership with NHMRC Centre for Research Excellence in Mental Health and Substance Use (CREMS) and convened a Partnerships in Mentoring Roundtable Forum, in February 2015
- Released its first independent Evaluation Report, 12 February, in Sydney
- Submitted a Progress Report to the Mental Health Commission of NSW, for the period July 2014 – 31 December, in May 2015
- Dr Angela Argent took over the CMHDARN project coordination from Deb Tipper in April 2015.

Below: Tina Smith accepts the Tom Trauer Gold Award (alongside co-winner Bradley Foxlewin)

This page: CMHDARN Partnerships in Mentoring forum, February 12, 2015

CMHDARN Community Research Mentoring Project

CMHDARN is continually exploring ways to develop research capacity in community organisations. One of our most exciting recent collaborative projects has been developing a mentoring scheme with the NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS) at the National Drug and Alcohol Research Centre, University of New South Wales.

The project has been running very successfully since 2014. Mentees come to the program with a research question or issue and are linked with an academic (generally a CREMS Postdoctoral Research Fellow) with interest and expertise in their area. Mentoring partnerships are available for approximately six months to consolidate research confidence. Mentees from the 2014 cohort rated their relationship with their mentor as 'excellent' and reported that their mentors were accessible, easy to talk to and a fantastic source of advice.

The broad aim of this project is to provide workers in MHCC and NADA member organisations, who have an interest in research, with academic mentoring support. It also aims to facilitate an increase in worker confidence, knowledge and skills in the area of research and evaluation and to develop a research culture within community managed organisations. As one mentee reported 'it is a fantastic program. The role of research and evaluation is so important but can be daunting. The program empowers small organisations like ours to take on big projects'

Mentors in turn are provided with an opportunity to enhance their understanding of community managed organisations and the specific practice/operational issues that impact on research capacity and the diverse range of stakeholder interests, including consumers, peer workers and carers. One mentor stated 'I think I have an OK understanding of community organisations, but I could see how challenging it was first hand for my mentee to balance her clinical and research work.'

A new round of mentoring relationships will begin early in 2016.

Visit www.cmhdaresearchnetwork.com.au for more informaton.

HETI PRACTICE PLACEMENT PROJECTS

Two MHCC led projects funded by the NSW Health Education and Training Research Institute (HETI) Interdisciplinary Clinical Training Network (ICTN) were concluded in late 2014. These are the Work Integrated Learning (WIL) Supervision Project and Practice Placement Project Enhancement. These two projects built upon earlier work undertaken through MHCC's 2013 Practice Placement Project. This body of work seeks to build the capacity of community organisations to provide 'clinical'/practice student placements to university health discipline students. It aims to strengthen interprofessional, coordinated, integrated and collaborative practice workforce development approaches. This work has been progressed in 2015 through the University of Sydney led Inter-professional Learning Resource Development Project which is ongoing. This project seeks to develop inter-professional learning resources to enhance workforce capacity for collaborative practice. A key outcome of this work has been strengthened relationships between the community managed mental health sector and universities across NSW.

For more information visit: http://mhcc.org.au/sector-development/workforce-development/practice-placements.aspx

COGNITIVE FUNCTIONING

In a partnership between MHCC and the University of Sydney, Faculty of Human Sciences, four Masters Occupational Therapy students conducted a work placement project that set out to investigate the knowledge and skills required by mental health workers to effectively support and improve outcomes for people with mental health conditions living in the community, with particular reference to those experiencing impaired cognitive functioning. A literature mapping process was undertaken to inform a report and recommendations. This report identified the scope of issues and challenges experienced by the community sector workforce supporting consumers experiencing cognitive difficulties; it is the basis on which MHCC intends to progress this work. The project has secured a funding stream to develop the skills identification, course development and training materials. This training will be developed with an across sector advisory group comprising LHD, PHN, CMO and academic partners as well as people with lived experience and carers. The project is supported by Western NSW Partners in Recovery consortia and will be piloted in Western NSW prior to being accessible more broadly in 2016.

> *"We aren't always skilled in being able to assess [clients' cognitive capabilities]. It feels like we're guessing a lot of the time."*

> *"[Clients] often have a terrible reputation for being 'challenging' or 'doesn't want help' or 'doesn't want services'. Once we are getting people assessed these are the guys with actual diminished cognitive capacity."*

Project Interviewees

YOUTH RECOVERY LANGUAGE PROJECT

Following on from a study conducted in early 2014—a partnership between MHCC and MH-Kids (the policy and planning unit for child and adolescent mental health in NSW, responsible for CAMHS; the NSW Children of Parents with a Mental Illness (COPMI) Program)—this project set out to investigate the experiences of young people, their families and carers' and the mental health service providers that they engage with, to better understand what 'recovery' meant for them.

Since recovery was originally defined from the perspectives of adult mental health consumers and their families and carers, the project sought to identify whether these concepts also apply to the developmental framework of young people experiencing mental health conditions. The study considered how the key concepts of recovery might be translated into language that young people might understand and connect with. The study found that the recovery approach does indeed apply to young people; however, it discovered several areas of work to be investigated. One such area identified from the study was to further develop some language guidelines that reflect recovery orientation from the perspective of young people. In 2015 MHCC progressed this work with the assistance of a Social Science student from the Australian College of Applied Psychology (ACAP). The project, as yet to be completed, investigated the language utilised by young people concerning their lived experience, to determine where commonalities and differences occurred in respect to adult recovery language and perspectives. The findings are to be utilised to enhance MHCC's existing Recovery Language Guide.

Q - *What makes you feel that someone's really listened to you? When do you feel understood?*

> *"When I feel respected, when staff are being genuine, not using cool language, and being clear and using plain language."*

> *"In hospital settings, transparency is paramount. Especially when discussing side effects of medication – preventing a young person from making informed decision. Talk to us, not to our guardian/parent."*

Peer Focus Group Participants

MEMBERS SURVEY

IN AUGUST 2015 MHCC conducted the Annual Members Survey. This year was exceptional in the number of members who took the time to speak with MHCC and also respond to the survey. We received a response rate of 46.5% and we want to continue to increase this rate in the coming years as we progress MHCC's purpose 'To build the capacity and ability of community organisations to support people on their recovery journey'.

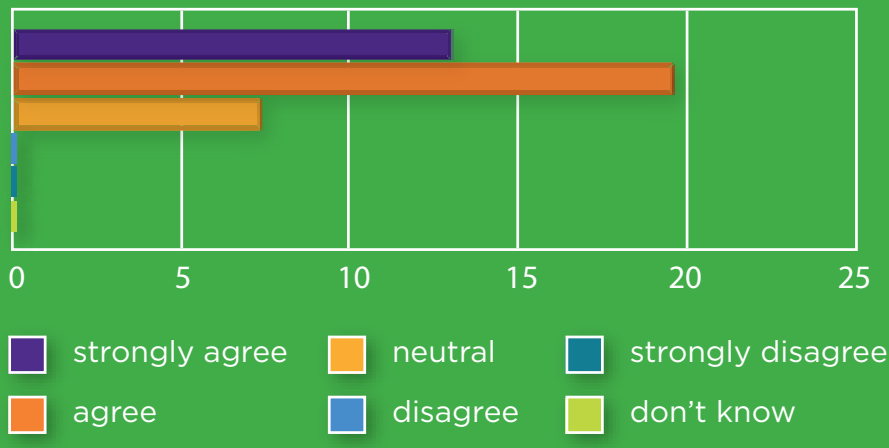
MHCC is committed to continuous improvement, therefore, the more members who get involved in the feedback, the more of an insight we receive on what we are doing right, what we can do better, and what we need to focus on to provide a more complete service to members in the coming year and beyond.

This year the Members Survey explored questions relating to 'Performance', 'Communication', 'Learning & Development' and 'MHCC Initiatives'. MHCC initiatives including the Hunter NDIS Community of Practice, the Peer Work Qualification Development Project and the Community Mental Health Drug and Alcohol Research Network all received a positive response from survey participants. The standout this year was the 'Recovery Oriented Language Guide' with 73% of respondents agreeing it is a highly useful resource.

79% of members responding felt the communication provided by MHCC was either 'Excellent' or 'Very Good'.

When members were asked to rate how MHCC supports them to deliver services through capacity building, partnerships, advocacy and policy and reform, 75% of respondents 'Strongly Agreed' or 'Agreed' that MHCC was providing much needed assistance and opportunities.

Question 5.2
MHCC has been successful in building the capacity of the mental sector to meet current challenges



Suggestions of what MHCC should take on board in the future were:

> *'How organisations can improve service delivery, evaluation and quality outcomes', 'Infrastructure for smaller CMOs',* and *'Best practice guidance…particularly when linked to emerging research'.*

ACCREDITATION

In the first quarter of 2015 MHCC undertook phase three of our second cycle of quality accreditation with the Australian Council of Healthcare Standards (ACHS). Phase three involved MHCC undertaking an internal desktop audit and submission of those outcomes.

Throughout the year MHCC have had a focus on a number of internal quality activities. Of these activities the Health and Wellbeing of staff has been a primary focus. Staff have had the opportunity to participate in health checks through the "Get Healthy @ Work" initiative facilitated by WorkCover NSW, attend workshop sessions focused on providing additional education and reminders to staff about the importance of health and wellbeing – from eating well, exercising and the importance of sleep, as well as in house provision of monthly massages which replaced weekly yoga sessions. These activities have built on existing systems and structures to encourage staff health and wellbeing and acknowledge its importance.

MHCC are currently in preparation for the next phase of our accreditation cycle the periodic review scheduled in the first quarter of 2016.

MHCC GREEN ACTIVITY

Throughout 2014-15 MHCC continued its committment to becoming a green organisation and decreasing our impact on the environment. MHCC has been tracking our waste verse recycling over the last few years and there has been some interesting outcomes with varying results. We are hopeful of further reducing the amount of rubbish heading to landfill to below 50% in the coming year, through greater use of our Bokashi (composting), recycling of paper (both copy and towel), plastics, printer toners, batteries and soft plastics. We also work to reduce our carbon footprint by turning off lights, monitors, heating and air-conditioning when not needed.

Our green initiatives have been led by our Green Officer, Lorna Downes and have increased our connections with our local community where she has forged relationships with our local primary school enabling us to add our Bokashi gatherings with their compost used on their school garden.

Wherever possible MHCC purchase recycled or environmentally friendly products and we will continue to do so.

RECONCILIATION ACTION PLAN

MHCC's inaugural INNOVATE RAP was devised to focus on internal organisational processes. Future RAPs are likely to have a broader focus on our membership base and the wider mental health community managed sector. In 2014 a Working Group (WG) was established to provide a forum for discussion, development and implementation of MHCC's RAP. Reconciliation Australia (RA) endorsed MHCC's RAP and the WG is responsible for developing, reviewing, implementing and monitoring progress. The RAP was launched at the MHCC CEO Forum in May 2015. The WG consults with and reports to the MHCC RAP Advisory Group. Many RAP actions have been successfully completed this year, including the co-facilitation of a MYN in an Aboriginal member organisation - Gamarada Mens' Healing. The WG has recommended that all staff undertake cultural awareness training in 2016. A cultural awareness strategy is in progress which will assist MHCC staff increase their Aboriginal awareness over time.

Another outcome of MHCC's RAP is commissioning of an artwork by local Aboriginal artist, Bronwyn Bancroft. This artwork will be visible outside MHCC's offices as a mark of respect to the traditional owners of the land.

MEMBERSHIP LIST 2014-2015

Following is a list of Ordinary and Associate members of MHCC as of June 2015

For more details please visit www.mhcc.org.au

ACON - Darlinghurst
Action Foundation for Mental Health Inc.
Adults Surviving Child Abuse
Aftercare:
- PHaMs St George
- ALI Program
- Biala/ Ashfield Support Services
- Eastern Suburbs
- Family and Carers Education Support Services
- HASI Central
- PHaMs Maitland
- PHaMs Rozelle
- PHaMs Woy Woy
- Paterson Whitlam Support Service – Castle Hill
- PHaMs Blacktown
- Kurinda Adolescent Service
- PHaMs Bathurst
- PHaMs Lithgow
- Tirrikee Program
- HASI West
- PHaMs Lower Blue Mountains/ Springwood
- Alcohol & Drug Foundation NSW
- Anglicare
- ARAFMI NSW (Mental Health Carers ARAFMI NSW Inc.)
- Illawarra

Australian Kookaburra Kids Foundation Inc.
B Miles Women's Foundation
Baptist Care (NSW & ACT)
Being | Mental Health & Wellbeing Consumer Advisory Group
Benelong's Haven Ltd
Billabong Clubhouse
Black Dog Institute
Blue Mountains Food Services
Bobby Goldsmith Foundation
Break Thru People Solutions:
- Penrith
- Parramatta

Brown Nurses
Care Connect Ltd
Carers NSW Inc.
Castle Personnel Services Ltd
Catholic Healthcare:
- Epping

Catholic Social Services NSW/ACT
D2DL
CatholicCare - Ageing, Dementia & Disability Care
Centacare - Community Lifestyle Support
Centacare - New England North West
Centacare - Wagga
Central Coast Disability Network
Central Queensland Medicare Local
Cessnock Community Healthcare
CHESS Head Office (Coffs Harbour Employment Support Service)
Club Speranza
CO AS IT
Community Care Northern Beaches
CRANES Community and Support Programs
Dianella Cottage
Exodus Foundation
Family Drug Support

Gamarada Indigenous Healing and Life Training
Good Grief Ltd
GROW NSW
Heal for Life Foundation
Home in Queanbeyan
Hornsby Ku-ring-gai Association
Independent Community Living Australia Ltd
Interrelate Family Centres:
- Norwest
- Caringbah
- Connect
Jewish House Limited
JewishCare - Fischl House
Justice Action
Life Without Barriers
Link-Up (NSW) Aboriginal Corporation
Lou's Place
Make a Difference
Manly Drug Education & Counselling Centre
Mental Health Association NSW
Mind Australia
Mission Australia – NSW:
- Junaa Buwa
- Port Macquarie
Mission Australia - Triple Care Farm
Murrumbidgee Medicare Local
NALAG Centre for Loss & Grief Dubbo
Neami National:
- Hurstville
- Ashfield
- Pagewood
- Illawarra
- Darlinghurst
- Bankstown
- Campbelltown
- Smithfield
- Dubbo
- Way 2 Home
- Broken Hill
- Charlestown
- Carrington
- Maitland
New Horizons
Newtown Neighbourhood Centre
Nova for Women and Children
Oakdene House Foundation
On Track Community Programs
ONE80TC
Peer Support Foundation Limited
Rape & Domestic Violence Services Australia
RichmondPRA:
- Sydney Area
- Hunter Area
Rosemount Good Shepherd Youth & Family Services
Schizophrenia Fellowship of NSW:
- Carer Assist Gladesville
Settlement Services International
South Eastern Sydney Medicare Local
Southern Community Welfare Inc.
St John of God (Richmond)
St Luke's Anglicare
St Vincent de Paul Society - NSW:
- Freeman House
- Compeer Program – Illawarra-Shoalhaven
- Compeer Program – Newcastle
- Compeer Program - Sydney
Stepping Out Housing Program
Suicide Prevention Australia Inc.
Support, Opportunity and Care Inc.
Survivors & Mates Support Network
Sydney Women's Counselling Centre
The ARC Group NSW Inc.
The Benevolent Society:
- New England Branch
The Disability Trust
The Lorna Hodgkinson Sunshine Home
The Mental Health Recovery Institute
The Oolong Aboriginal Corporation
The Salvation Army
The Wayside Chapel
Uniting Care - Institute of Family Practice
Uniting Care Mental Health:
- Annesley House
UnitingCare - Children Young People and Families
Wagga Women's Health Centre
WAYS Youth Services
Weave Youth and Community Services Inc.
Wesley Mission - Mental Health Support Services
Lifeline Newcastle & Hunter
Lifeline Harbour to Hawkesbury
West Street Centre
Western Sydney Medicare Local (Wentwest)
WHOS (We Help Ourselves)

Associate Members

Education Centre Against Violence (ECAV)
Manning Mental Health Service
Official Visitors Program NSW Ministry of Health
Open Minds
St Vincent's Mental Health Service
The Limegreen Solutions
Transcultural Mental Health Centre

2014-2015 FINANCIAL REPORT

O'Neill & O'Brien Pty Limited

Accountants and Auditors

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Director
Bruce Lawrence BBus, CPA

ACN 003 157 177
ABN 12 003 157 177

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 52 279 168 647

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2015

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Independent Auditor's Report

to the Members of the Board of
MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report of Mental Health Co-ordinating Council Incorporated, which comprises the statement of financial position as at 30 June 2015 and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the statement of the members of the board.

Board's Responsibility for the Financial Report

The board members of the association are responsible for the preparation and fair presentation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the board members determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error. In Note 1, the board members also state, in accordance with Accounting Standard AASB 101: Presentation of Financial Statements, that the financial statements comply with International Financial Reporting Standards (IFRS).

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. 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 company'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 members, as well as evaluating the overall presentation of the financial report.

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 the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the board members of MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED, would be in the same terms if given to the board members as at the date of this auditor's report.

Independent Auditor's Report

to the Members of the Board of
MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

Auditor's Opinion

In our opinion:

a. the financial report of MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
is in accordance with the Corporations Act 2001, including:

   i. giving a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
   ii. complying with Australian Accounting Standards (including Australian Accounting Interpretations) and the Corporations Regulations 2001; and

b. the financial report also complies with International Financial Reporting Standards as disclosed in Note 1.

Bruce Lawrence
O'NEILL 0'BRIEN

Dated this 11th day of September 2015

Auditors Independence Declaration
Under Section 307C of the Corporations Act 2001

To the Board members of MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

I declare that, to the best of my knowledge and belief, in relation to the audit of MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED for the year ended 30 June 2015 there have been:

a) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

b) no contraventions of any applicable code of professional conduct in relation to the audit.

Bruce Lawrence
O'NEILL 0'BRIEN

Dated this 11th day of September 2015

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
ABN: 59 279 168 647

Statement by Members of the Board
for the year ended 30 June 2015

The Board has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board the financial report which comprises the Statement of Comprehensive Income, Statement of Financial Position, Statement of changes in Equity, Statement of Cash Flows, Income and Expenditure Statement and accompanying Notes to the Accounts:

1. Presents a true and fair view of the financial position of Mental Health Co-Ordinating Council Incorporated as at 30 June 2015 and its performance for the year ended on that date.

2. At the date of the statement, there are reasonable grounds to believe that Mental Health Co-Ordinating Council Incorporated will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board and signed for and on behalf of the Board by:

Chairperson: .....

Treasurer: .....

Dated this 21 day of August 2015

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
Statement of Comprehensive Income
For the Year ended 30 June 2015

	Note	2015 $	2014 $
Revenue	2	2,824,134	3,513,730
Finance Costs	4	313	959
Employee Benefits Expense	3	1,890,074	1,992,097
Depreciation and Amortisation	3	27,024	26,903
Other Expenses		1,177,238	1,603,672
Loss before Income Tax		(270,515)	(109,901)
Total Comprehensive Income		(270,515)	(109,901)

The accompanying notes form part of these financial statements.

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
Statement of Financial Position
For the Year ended 30 June 2015

	Note	2015 $	2014 $
Current Assets			
Cash and Cash Equivalents	6	3,286,951	3,378,664
Trade and Other Receivables	8	495,622	880,106
Total Current Assets		3,782,573	4,258,770
Non-Current Assets			
Property, Plant and Equipment	9	92,108	119,132
Total Non-Current Assets		92,108	119,132
Total Assets		3,874,681	4,377,902
Current Liabilities			
Trade and Other Payables	10	133,178	128,287
Short-Term Financial Liabilities	11	99,067	115,655
Provisions	12	535,790	549,043
Other	13	1,066,260	1,274,016
Total Current Liabilities		1,834,295	2,067,001
Total Liabilities		1,834,295	2,067,001
Net Assets		2,040,386	2,310,901
Equity			
Retained Profits	14	2,040,386	2,310,901
Total Equity		2,040,386	2,310,901

The accompanying notes form part of these financial statements.

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
Statement of Changes in Equity
For the Year ended 30 June 2015

	2015 $	2014 $
Opening Balance	2,310,901	2,420,802
Retained Earnings		
Profit Attributable to Shareholders	(270,515)	(109,901)
	(270,515)	(109,901)
Closing Balance	2,040,386	2,310,901
Reconciliation of Retained Earnings		
Opening Balance	2,310,901	2,420,802
Profit Attributable to Shareholders	(270,515)	(109,901)
Closing Balance	2,040,386	2,310,901
Total Equity	2,040,386	2,310,901

The accompanying notes form part of these financial statements.

These financial statements should be read in conjunction with the attached .

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
Statement of Cash Flows
For the Year ended 30 June 2015

	2015 $	2014 $
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from:		
LDC - Course Payment (inclusive of GST)	1,853,745	2,097,079
Seminar Revenue (inclusive of GST)	5,454	31,420
Receipts from Members (inclusive of GST)	64,258	64,716
Government & Other Grants Received (inclusive of GST)	1,065,465	1,409,560
Consultancy & Co-ordinating Fee (inclusive of GST)	20,500	94,474
Interest Received	85,231	99,037
Other Receipts	3,066	51,760
Payments to Suppliers & Employees (inclusive of GST)	(3,189,432)	(4,031,490)
Net cash flows from operating activities	(91,713)	(183,444)
CASH FLOW FROM INVESTING ACTIVITIES		
Payments from Property, Plant & Equipment	-	(42,724)
Proceeds from Sale of Property, Plant & Equipment	-	12,300
Net cash flows used in Investing Activities		(30,424)
Cash Flow from Financing Activities		
NET CASH USED IN FINANCING ACTIVITIES		
Net increase (decrease) in cash and cash equivalents	(91,713)	(213,868)
Cash at the Beginning of the Financial Year	3,378,664	3,592,532
Cash and cash equivalents at the end of the year	3,286,951	3,378,664

The accompanying notes form part of these financial statements.

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED as an individual entity. MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED is an association incorporated in New South Wales under the Associations Incorporation Act 2009.

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board (AASB) and the Corporations Act 2001. The associations is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

(a) **Cash on hand**
Cash on hand includes cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

(b) **Provisions**
Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.
Provisions recognised represent the best estimate of the amounts required to settle the outstanding obligation at the end of the reporting period.

(c) **Employee Provisions**
Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee provisions that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee provisions payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employees may not satisfy vesting requirements. Those cash flows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

(d) **Property, Plant and Equipment**

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Accounting Policy note - Impairment).

The cost of fixed assets constructed by the association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit and loss during the financial period in which they are incurred.

Depreciation

The depreciation amount of all fixed assets, including buildings and capitalised lease assets, are depreciated on a straight-line basis over the assets' useful life commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Buildings	2%
Plant and Equipment	5 – 10 %
Leased Plant and Equipment	10%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss when the item is derecognised. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

(e) **Accounts Receivable and Other Debtors**

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers with goods sold in the ordinary course of business.

Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision or impairment. Refer to notes for further discussion on the determination of impairment losses.

(f) **Goods and Services Tax (GST)**

Revenue, 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 (ATO).
Receivables and payables are stated inclusive of the amount of GST receivable or payable.
The net amount of GST recoverable from, or payable to the ATO, is included with other receivables or payables on the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

(g) **Revenue and Other Income**

Grant Revenue

Non-reciprocal grant revenue is recognised in profit or loss when: the association obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the association and the amount of the grant can be measured reliably.
If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the association incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

The association receives non-reciprocal contributions of assets from the government and other parties for zero or nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income.

Donations and bequests are recognised as revenue when received.

Interest Revenue

Interest is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Rendering of Services

Revenue in relation to rendering of services is recognised upon delivery of the service to the customer.

(h) **Accounts Payable and Other Payables**

Accounts Payable and other payables represent the liabilities outstanding at the end of the reporting period for goods and services received by the association that remain unpaid.

The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(i) **Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.
Where the association has retrospectively applied an accounting policy, made a retrospective restatement of items in the financial statements or reclassified items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

(j) **Critical Accounting Estimates and Judgments**

The committee evaluates estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the association.

Key Estimates - Impairment

The association assesses impairment at the end of each reporting period by evaluation of conditions and events specific to the company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

(k) **New Accounting Standards for Application in Future Periods**

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The company has decided not to early adopt any of new and amended pronouncements and that it would not have any material effect on the company's financial statements.

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
Notes to the Financial Statements
For the Year ended 30 June 2015

	Note	2015 $	2014 $
2. Revenue			
Sales Revenue			
Government & Other Grants		968,605	1,281,418
		968,605	1,281,418
Other Income			
Interest Received		85,231	99,037
LDU Course Payments		1,685,222	1,906,436
Membership Subscriptions		58,416	58,833
AC IMH Co ord Fee		8,182	40,000
Seminars and Sundry Income		6,482	33,204
Sale of Training Packages & Publications		1,541	47,120
Consultancy Income		10,455	45,886
Net Loss on Sale of non-current Assets		-	(61)
		1,855,529	2,230,455
		2,824,134	3,511,873
3. Expenses			
Employee Benefits Expense		1,890,074	1,976,597
Depreciation and Amortisation Expenses		27,024	26,903
Advertising		5,610	10,181
Bank Charges		802	917
Insurance		22,973	25,446
Library		657	1,726
Postage		6,594	10,314
Printing & Stationery		43,779	65,938
Repairs & Maintenance		3,174	5,168
Telephone		18,324	21,322
Other Expenses		1,075,325	1,476,303
		3,094,336	3,620,815
4. Finance Costs			
Bank Card Charges		313	959
		313	959

These notes should be read in conjunction with the attached Compilation Report.

	Note	2015	2014
		$	$

5. Profit/(Loss) for the Year

Profit before income tax expense from continuing operations includes the following specific expenses:

Charging as Expense			
Finance Costs		313	959
Movements in Provisions			
Depreciation			
- Depreciation of Property, Plant and Equipment		27,024	26,903
Net Expenses Resulting from Movement in Provisions		27,024	26,903
Bad & Doubtful Debts:-			
- Bad debts written off		-	463
		-	463
Remuneration of the Auditor:-			
- Audit & review of financial reports		5,890	6,460
		5,890	6,460
Crediting as Income:			
Interest from			
- Other Corporations		85,231	99,037
Total Interest Revenue		85,231	99,037

6. Cash and Cash Equivalents

Deposits	-	2,670
Cash Management Account	263,692	112,082
Cash on Hand	300	300
Security Deposit	200	700
Business Day Term Deposit	3,022,759	3,262,912
	3,286,951	3,378,664

	Note	2015	2014
		$	$
Reconciliation of Cash			
Cash and Cash Equivalents		3,286,951	3,378,664
		3,286,951	3,378,664

7. Cash Flow Information

Reconciliation of Cash Flow from Operations with Profit after Income Tax

Loss after Income Tax	(270,515)	(109,901)
Depreciation	27,024	26,903
Net Loss on Disposal of Property, Plant and Equipment	-	61
Changes in Assets and Liabilities		
Increase/ (Decrease) in Trade and Other Receivables	459,724	(344,843)
Increase/(Decrease) in Trade and Other Payables	(271,267)	199,155
Decrease in Provisions	(13,253)	(12,348)
Net Cash Provided by Operating Activities	(68,287)	(240,974)

8. Trade and Other Receivables

Current		
Trade Debtors	420,382	866,480
Prepayments		13,626
Total Trade and Other Receivables	495,622	880,106

9. Property, Plant and Equipment

Plant and Equipment		
Plant & Equipment	188,173	188,173
Less Accumulated Depreciation	142,630	134,838
	45,543	53,335
Motor Vehicles	54,127	54,127
Less Accumulated Depreciation	28,602	22,712
	25,525	31,415

	Note	2015 $	2014 $
Computer Equipment		106,443	106,443
Less Accumulated Depreciation		85,403	72,061
		21,040	34,382
Total Plant and Equipment		92,108	119,132

10. Trade and Other Payables

Current		
PAYG Withholding Tax Payable	20,957	19,893
Trade Creditors	112,221	108,394
Other Creditor – Super Contributions	12,001	-
Total Trade and Other Payables	145,179	128,287

11. Financial Liabilities

Current		
GST Creditor	92,227	115,655
Total Financial Liabilities	92,227	115,655

12. Provisions

Current		
Provision for Holiday Pay	106,396	151,645
Provision for Long Service Leave	44,711	24,716
Provision for Training Venue	372,682	372,682
	523,789	549,043
Total Provisions	523,789	549,043

13. Other

Current		
Accrued Charges	27,500	80,950
Deferred Income	395,521	823,227
Income in Advance	574,839	369,839
	997,860	1,274,016

	Note	2015 $	2014 $
14. Retained Earnings			
Retained Earnings at the Beginning of the Financial Year		2,310,901	2,420,802
Less			
Net loss attributable to members of the company		270,515	109,901
Retained Earnings at the End of the Financial Year		2,040,386	2,310,901

15. Auditors Remuneration

BRUCE LAWRENCE of O'NEILL & O'BRIEN Pty Limited, was the auditor of MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

- Audit & review of financial reports	5,890	6,460
	5,890	6,460

16. Property, Plant and Equipment

Reconciliations of the carrying amounts of each class of property, plant and equipment at the beginning And end of the current financial year are set out below:

Asset Type / Description	Plant & Equipment	Motor Vehicle	Computer Equipment	Total
Opening Value at 01/7/14	53,335	31,415	34,382	119,132
Depreciation (Note 3)	(7,792)	(5,890)	(13,342)	(27,023)
Closing Value at 30/6/15	**45,543**	**25,525**	**21,040**	**92,108**

17. Segment Reporting

Mental Health Co-ordinating Council is the peak body for Non-Government Organisations working in the Mental Health sector in New South Wales.

18. Contributed Entity

Mental Health Co-ordinating Council is an association which does not issue equity.

19. Financial Instruments

(a) Terms, Conditions and Accounting Policies

The Associations' Accounting policies, including the terms and conditions of each class of financial asset and equity instrument, both recognised and unrecognised as the balance date, are as follows:

Recognised Financial Instruments	Balance Sheet Notes	Accounting Policies	Terms and Conditions
i) Financial Assets			
Receivables – Trade	7	Trade receivables are carried at nominal amounts due less any provision for doubtful debts. A provision for doubtful debts is recognised when collection of the full nominal amount is no longer probable.	The majority of credit sales are on 30 day terms.
Bank Accounts	6	The bank accounts are carried at the nominal amount. Interest earned is included as income as it is accrued.	Details of bank balances are set out at note 6.
ii) Financial Liabilities			
Creditors	9	Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Association.	Trade Creditors are normally settled on 30 day terms.
Deferred Income	9	Deferred income represents grants received by the Association prior to year end which are to be acquitted in subsequent financial periods.	Deferred income does not attract interest expense, and is generally acquitted within twelve months of balance date.

(b) Net Fair Values

All carrying values approximate fair value for all recognised financial instruments.

(c) Credit Risk Exposures

The Associations' maximum exposure to credit risk at balance date in relation to each class of recognised financial assets is the carrying amount of those assets as indicated in the balance sheet. Credit risk in trade receivables is managed in the following way:

(i) The provision of credit is covered by a risk assessment process for all customers, including restricting each transaction to manageable amounts.

(d) Interest Rate Risk Exposures

The Associations' exposure to interest rate risk for each class of recognised financial assets and financial liabilities is set out below.

	Floating Interest Rate 2015 $	Non Interest Bearing 2015 $	Total 2014 $
Financial Assets			
Cash	3,286,951		3,286,951
Receivables		420,382	420,382
	3,286,951	**420,382**	**3,707,333**
Financial Liabilities			
Trade & Other Payables		225,405	225,405
Deferred Income		997,860	997,860
	0	**1,223,265**	**1,223,265**
Net Financial Assets/Liabilities	**3,286,951**	**(802,883)**	**2,484,068**

	Floating Interest Rate 2014 $	Non Interest Bearing 2014 $	Total 2014 $
Financial Assets			
Cash	3,378,664		3,378,664
Receivables		880,106	
	3,378,664	**880,106**	**4,258,770**
Financial Liabilities			
Trade & Other Payables		243,942	243,942
Deferred Income		1,274,016	1,274,016
	0	**1,517,958**	**1,517,958**
Net Financial Assets/Liabilities	**3,378,664**	**(637,852)**	**2,740,812**

Reconciliation of Net Financial Assets to Net Assets

	2015 $	2014 $
Net Financial Assets as Above	2,474,068	2,740,812
Property, Plant and Equipment	92,108	119,132
Provisions	(535,790)	(549,043)
Net Assets as per Statement of Financial Position	**2,040,386**	**2,310,901**

20. Events Subsequent to Balance Date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association, the results of those operations or the state of affairs of the association in financial years subsequent to the financial year ended 30 June 2015.

21. Remuneration of Board Members

	2015 $	2014 $
Income paid or payable, or otherwise made available, to board members by the association in connection with the management of the affairs of the association.	Nil	Nil
The number of board members whose total income from the association or related parties was within the specified bands are as follows:		
$0 - $9,999	10	10

22. Related Parties

Names of Board Members

The names of persons who were board members of the association at any time during the financial year are as follows:

Deborah Banks	Karen Burns	Leone Crayden	Sylvia Grant
Jenny Hall	Judi Higgin	Cathy Kezelman	John Malone
Peri O'Shea	Pam Rutledge	Sue Sacker	Michael Sheedy

Resigning Members

Karen Burns
Leone Crayden
Sue Sacker

Election

The following board members were re-elected at the Associations' AGM
Karen Burns
Leone Crayden
Sue Sacker

The following board members were elected at the Associations' AGM
Jenny Hall
Michael Sheedy

Remuneration

Information on remuneration of board members is disclosed in Note 18.

23. Employee Entitlements

Employee Entitlement Liabilities:		2015 $	2014 $
Provision for Employee Entitlements (Current)	12	151,107	176,361
Aggregate Employee Entitlement Liability		**151,107**	**176,361**

24. Funding Approval

As part of funding approval Mental Health Co-ordinating Council Incorporated Charges most funded projects a grant administration fee, which is recorded as a project expense and as grant administration fee income for the organisation.

25. Entity Details

Principal place of business is:
Mental Health Co-ordinating Council Incorporated
Broughton Hall
Cnr Church & Glover Streets
LILYFIELD NSW 2040

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
Income and Expenditure Statement
For the Year ended 30 June 2015

	Note	2015 $	2014 $
Revenue			
Government & Other Grants		968,605	1,281,418
Membership Subscriptions		58,416	58,833
Seminar		4,958	28,564
Consultancy Income		10,455	45,886
Sundry Income		1,524	4,640
Sale of Training Packages & Publications		1,541	47,120
Interest Received			
- Other Corporations		85,231	99,037
LDU Course Payments		1,685,222	1,906,436
AC IMH Co ord Fee		8,182	40,000
Profit on Sale of Non-current Assets		-	1,796
Loss on Sale of Non-current Assets		-	(1,857)
		2,824,134	3,511,873
Expenditure			
Accommodation		39,714	55,418
Administration Costs		139,749	138,823
Advertising		5,610	10,181
Accreditation Expenses		10,193	12,511
Auditor's Remuneration			
- Audit & review of financial reports		5,890	6,460
Bad Debts Written Off	-		463
Bank Charges		802	917
Bank Card Charges		313	959
Catering		41,190	61,693
Cleaning		6,447	6,674
Consultancy Fees		334,103	339,021
Courier Expenses		6,782	7,065
Computer Software		9,595	37,418
Depreciation		27,024	26,903
Equipment Purchases		4,228	8,994
Filing Fees		749	2,146
Fringe Benefits Tax		8,820	9,114
Grants Paid		126,898	211,455
Insurance		22,973	25,446
Internet Expense		17,703	46,002
Library		657	1,726
Motor Vehicle Expenses		10,064	12,452
Postage		6,594	10,314

The accompanying notes form part of these financial statements.

These financial statements should be read in conjunction with the attached .

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
Income and Expenditure Statement
For the Year ended 30 June 2015

	Note	2015 $	2014 $
Printing & Stationery		43,779	65,938
Provision for Annual Leave		(45,249)	17,185
Provision for Long Service Leave		19,995	(29,533)
Repairs & Maintenance		3,174	5,168
Recruitment Expenses		7,993	1,742
Scholarships		47,454	104,746
Security Costs		885	405
Sitting Fees		15,380	35,347
Staff Amenities		4,960	5,842
Subscriptions		21,043	17,266
Sundry Expenses		3,395	2,150
Superannuation Contributions		155,151	165,097
Telephone		18,324	21,322
Trainers		124,179	208,163
Training		8,798	11,443
Travelling Expenses		65,864	79,092
Utilities		5,173	5,006
Venue Hire		34,602	45,433
Wages		1,730,695	1,818,006
Waste Disposal		1,156	1,201
Web Design		1,800	8,600
		3,094,649	3,621,774
Loss before Income Tax		(270,515)	(109,901)

The accompanying notes form part of these financial statements.

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MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
Income and Expenditure Statement
For the Year ended 30 June 2015

	Note	2015 $	2014 $
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Bank Charges		802	917
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Catering		41,190	61,693
Cleaning		6,447	6,674
Consultancy Fees		334,103	339,021
Courier Expenses		6,782	7,065
Computer Software		9,595	37,418
Depreciation		27,024	26,903
Equipment Purchases		4,228	8,994
Filing Fees		749	2,146
Fringe Benefits Tax		8,820	9,114
Grants Paid		126,898	211,455
Insurance		22,973	25,446
Internet Expense		17,703	46,002
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Motor Vehicle Expenses		10,064	12,452
Postage		6,594	10,314

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For the Year ended 30 June 2015

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Repairs & Maintenance		3,174	5,168
Recruitment Expenses		7,993	1,742
Scholarships		47,454	104,746
Security Costs		885	405
Sitting Fees		15,380	35,347
Staff Amenities		4,960	5,842
Subscriptions		21,043	17,266
Sundry Expenses		3,395	2,150
Superannuation Contributions		155,151	165,097
Telephone		18,324	21,322
Trainers		124,179	208,163
Training		8,798	11,443
Travelling Expenses		65,864	79,092
Utilities		5,173	5,006
Venue Hire		34,602	45,433
Wages		1,730,695	1,818,006
Waste Disposal		1,156	1,201
Web Design		1,800	8,600
		3,094,649	3,621,774
Loss before Income Tax		(270,515)	(109,901)

The accompanying notes form part of these financial statements.

These financial statements should be read in conjunction with the attached .