



Mental Health
Coordinating Council

ANNUAL REPORT 2006-2007

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MHCC's ORGANISATIONAL PROFILE





Vision:

We strive to be part of a society that values and includes each individual, and provides equal access to appropriate and effective services.





Mission:

To provide leadership and representation on mental health issues and to improve the mental health of the community by promoting and developing non-government organisations in NSW to provide strong quality services.

Principles:

-  Good mental health is about the whole person - their psychological, physical, emotional and spiritual needs.
-  Consumer and carer input is central to the promotion of mental health and the delivery and management of services.
-  Communities need to provide a range of mental health services designed to meet local needs.
-  An across-governmental approach to mental health promotion and service delivery is required.

Key Priorities:

-  Informing, engaging, supporting and educating non-government organisations working for mental health.
-  Influencing public policy.
-  Developing the capacity and identity of the NGO mental health sector.
-  Exemplary governance and management.

Acknowledgements:

MHCC gratefully acknowledges the core funding as well as some specific project grants provided by the NSW Health Department. We remain appreciative of the support of all our member organisations, through their membership fees, their unpaid contributions to our committees and projects and their ongoing commitment to mental health and all people living with a mental illness.

This year we were fortunate enough to make contact with goodcompany Foundation Inc, a network of skilled volunteers who give time and expertise to community groups and charities (www.goodcompany.com.au). In particular, we would like to thank Michael Chan, who has developed MHCC's online training database.



ABOUT MHCC

The Mental Health Coordinating Council (MHCC) is the peak body for non-government organisations (NGOs) working for mental health throughout New South Wales (NSW). MHCC's membership includes NGOs, both specialist and mainstream, and others interested in mental health.

MHCC works with its members to strengthen our sector and improve mental health service delivery in NSW.

About our sector

MHCC members provide a range of services including: consumer and carer advocacy, self-help, education and information, psychosocial rehabilitation including accommodation and employment support, and recreational and social programs.

The NSW Mental Health NGO sector is a crucial part of the mental health system. Our members contribute to improved outcomes for people experiencing mental illness, their families and carers.

Our sector is flexible and responsive to the needs of consumers, their families and carers. One of its key strengths is the inclusion of consumers and carers in planning and developing services.

Membership

MHCC members participate in activities and projects that further education, capacity building, and advocacy in the sector, as well as accessing a broad range of member benefits.

MHCC members:

Have impact through collaboration

- Participate in collaborative input to government processes and policy campaigning, forums and working groups, committees and projects.

Access practical support

- Discounts and access to training and resources.
- Link with other similar organisations

Inform and stay informed

- MHCC keeps members up to date with information affecting the sector.
- Opportunities to share the experience of other agencies.
- Contribute to the sector's quarterly publication *View From The Peak*.
- Education events, conferences, forums.

Direct and drive the sector

- Members have a say in what MHCC does.
- Members belong to an organisation that works *with* them and *for* them.
- Members contribute to making the sector even more dynamic and responsive.

CHAIR'S REPORT



I have great pleasure in commending the 2006-2007 MHCC Annual Report to you. Again, this has been a very busy year, with the sector undergoing significant changes.

In early 2007, the NSW Labor Government was re-elected, and in a reflection of the growing importance of mental health to the Government, we now have a Minister assisting the Minister for Health (Mental Health) The Hon. Paul Lynch MP. MHCC met with Minister Lynch soon after he took on the mental health portfolio to inform him about the work, directions and challenges of the sector.

This year, many of the programs and initiatives promised under COAG have hit the ground, with several rounds of tenders and funding released. Many NGOs are feeling the strains of 'tender-itis'! Alongside the great opportunity for mental health made available by the COAG Plan, the sector has been changed considerably through the increase in competitive tendering, and we have all had to work against the potentially divisive implications of this.

In this environment, MHCC has put considerable energy into proactively supporting and responding to the sector's needs. This year, MHCC's Learning and Development Unit became a Registered Training Organisation (RTO), and has begun the important work of developing industry qualifications that are developed in consultation with the workforce, consumers and carers, and that are endorsed and delivered by the sector.

MHCC has also focused on developing an information strategy for the sector that involves the implementation of routine consumer outcomes and minimum data set collection. The focus here has been to assist organisations to understand what works for people accessing services and also to allow us as a sector to make some informed statements about the value of the work we do.

Under the able guidance of Jenna Bateman, MHCC has achieved an enormous amount this year. The team at MHCC is cohesive and enthusiastic. Staff work very hard to meet the huge number of demands placed upon them by members, the broader community sector and various government departments both state and commonwealth. Representation of the sector across various sectors, submission writing and advocacy and information dissemination remain high priorities for the secretariat, but this work now competes heavily with sector development strategies such as training, workforce development and uptake of consumer outcome monitoring and data management. It will be the task of the Board and CEO to keep our goals and objectives achievable over the coming year.

I would like to take this opportunity to give thanks to the MHCC Board for their ongoing support. I have been pleased with the level of discussion and debate at the Board meetings and acknowledge the positive and constructive contribution of all members.

The picture of our sector has changed dramatically over the last year. Many larger organisations have grown in size and complexity. This has brought with it an increased need for strong organisational management and leadership skills. MHCC recognises this need in the sector and has put it on its scope for the coming year. MHCC also recognises that the important role played by smaller organisations in the community, including consumer and carer groups need greater articulation and focus and this too is on the MHCC scope for the coming year. I look forward to the year ahead.



Leone Crayden
Chairperson



CHIEF EXECUTIVE OFFICER'S REPORT



The unprecedented commitment to development of the community based mental health sector which has occurred over the last year has brought with it a wonderful optimism and renewed energy to many in the sector. Last year we saw clear recognition by the state and commonwealth governments of the need to provide people with mental health problems with better support in the community. The 2006-07 year has seen that recognition translate to a substantial range of funded programs.

Whilst member organisations have been identifying the best fit with the new program funding against organisational priorities and directions, MHCC has been focusing on building a sound infrastructure for the sector and articulating a profile for the sector in promoting and creating social inclusion for people with mental health problems. To this end we brought the research together and produced the document *Social inclusion –its importance to mental health* and gave our NGO Conference earlier this year the theme of *Count-me-in: innovative community based approaches to better mental health*.

The social inclusion platform allows our sector to define its role and purpose bringing us together around shared objectives. Articulating the impact of government policies and legislation on organisations and the sector more broadly remains a high priority as the complexities and demands of the COAG initiatives and the state programs increase. This year MHCC initiated the CEO forum which will allow us a place to debate and form consensus on key issues concerning us all.

This year sees the official end of the 3 year Mental Health NGO Development Strategy which was funded in 2004 by the NSW Government and greeted with such fanfare because it indicated commitment to sector growth and development at a time when spirits were lagging - seems such a long time ago now. Events have come together extremely well with sector infrastructure now much better placed to support the new state and commonwealth funded programs. MHCC is proud of its achievements within the strategy. Providing the sector with its own research and development base has been an important objective throughout the strategy. The establishment of the Learning and Development Unit and the focus on creating readiness for the use of routine consumer outcome measurement within the sector have been key to this undertaking. Linking what we know about what works through routine consumer outcome monitoring (RCOM) and other research findings to sector training makes for a relevant and mature industry and this is now achievable. The final report from the strategy will be available January 2008.

Within the last financial year we are proud to have achieved both our Certificate of Accreditation under the QIC Standards and certification as a Registered Training Organisation. The work required to attain status in these areas requires focus and dedication and I would like to recognise the vision of the MHCC Board and the skills and enthusiasm of the MHCC secretariat in these endeavours.

Inside the covers of this annual report are detailed the wide range of activities undertaken by MHCC over the last year. Corinne Henderson has continued to represent MHCC in the areas of justice health and legal issues for people with mental illness, impacts of child sexual assault, the senate inquiry and the mental health act review amongst other issues. Rachel Merton has concentrated on the social inclusion platform, welfare to work legislation, data and statistics and has demonstrated an ability to turn her hand to most things. Edi Condack with the assistance of Angela Deligio has very capably managed the office administration and our program of mental health first aid courses. Huge thanks to all staff for the skills, dedication and flexibility they bring to MHCC in getting the work done.

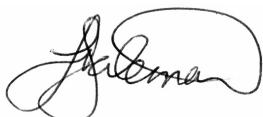
The MHCC team has been fortunate to have the support this year of some excellent consultants dedicated to developing the sector. In particular I would like to thank Deb Greene for her work with the Learning and Development Unit and the MHCC /NADA partnership focused on improving the capacity of the sector to respond to people with mental health and drug and alcohol problems. Also Jonine Penrose-Wall for her work on quality and outcome monitoring with particular focus on her commitment to involving consumers throughout the process. Thanks to Edwina Pickering for assistance with MHCC's achievement of accreditation and roll out of the Infrastructure Grants Program and Edwina Deakin for her assistance with MHCC project evaluation and consultation structures. Also many thanks to Sue Wicks for oversight of the last few editions of *View from the Peak*.

This year very special thanks must go to Tina Smith for establishment of the Learning and Development Unit. She has worked tirelessly to make this happen. Thanks also to Ian Bond who has done excellent work on the administrative structures of the LDU. The LDU has some more recent additions to the team: Eryn Thomas - training development and Jeni Marin - training and assessment. Nicole Schlederer has also joined the team and will be focused on workforce development. I would like to warmly welcome all three to MHCC and I look forward to working with them in the year ahead.

Leone Crayden has again done an excellent job of chairing the MHCC Board. I would like to thank her and the members of the Board for their continued oversight, guidance and support throughout the year. Each member brings expertise and experience which allows a valuable exchange of ideas at Board meetings to inform MHCC directions.

Finally I would like to thank all those people, whether consumers, carers, MHCC members or others who have attended MHCC events, participated in consultations and responded to requests for feedback. We are very appreciative and aware of the importance of this input.

Best wishes for the coming year. Let's hope it's another good one!



Jenna Bateman
CEO



PEOPLE BEHIND MHCC

MHCC BOARD

Chair:	Leone Crayden, On Track Community Programs
Vice Chair:	Phil Nadin, PRA (Psychiatric Rehabilitation Association)
Honorary Treasurer:	Stephen Kinkead, New Horizons
Ordinary Members:	Karen Burns, Parramatta Mission
	Warren Holt, Triple Care Farm
	Arthur Papakotsias, neami Ltd
	Sue Sacker, Schizophrenia Fellowship
	Joy Said, Aftercare
	Anna Saminsky, NSW CAG
	Kris Sargeant, Richmond Fellowship



MHCC Board (l to r): Kris Sargeant, Warren Holt, Sue Sacker, Stephen Kinkead, Anna Saminsky, Phil Nadin, Leone Crayden

Secretariat:

Executive Officer:	Jenna Bateman
Senior Policy Officers:	Corinne Henderson
	Rachel Merton
Policy Officer:	Stephanie Maraz (<i>until July 2007</i>)
Office Manager:	Edi Condack
Admin Assistant:	Angela Deligio

Project Staff:

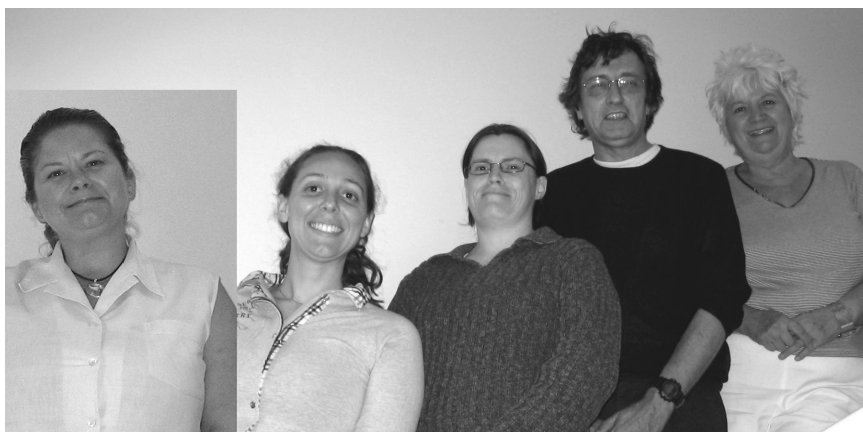
NGO Development:	Heidi Freeman (<i>until Sept 2007</i>)
Workforce Development:	Nicole Schlederer (<i>from July 2007</i>)
Outcomes for NGOs:	Jonine Penrose-Wall
Infrastructure Grants/QMS:	Edwina Pickering
MISA:	Debbie Greene
Publications/Info Mgt:	Helen Perks
	Sue Wicks

Learning and Development Unit:

Training Coordinator: Tina Smith
Training Development: Eryn Thomas (*from June 2007*)
Trainer / Assessor: Jeni Marin (*from June 2007*)
Admin Assistant: Ian Bond (*from May 2007*)



Secretariat and Project Staff (l to r): Heidi Freeman, Rachel Merton, Lucy Carroll, Angela Deligio, Corinne Henderson, Helen Perks, Edi Condack, Debbie Greene, Jenna Bateman, Edwina Pickering, Stephanie Maraz. *Missing:* Jonine Penrose-Wall, Sue Wicks



Learning and Development Unit staff (l to r): Tina Smith, Nicole Schlederer, Eryn Thomas, Ian Bond, Jeni Marin.

Student Placement:

Sophie Qu is a final year Social Work student from the University of Sydney, who completed a 100 day placement at MHCC during 2007. Her work involved assisting with the consultation process with consumers, carers, and mental health staff around the impacts of the Federal Government's Welfare to Work legislation. The placement was run in partnership with Rozelle Hospital's Senior Social Worker, Diadra Dunn.



MHCC REPRESENTATION

National Organisations

- Department of Health and Ageing Suicide Prevention Strategy Advisory Group
- Mental Health Council of Australia Employment Reference Group (MHCA)
- Mental Health Council of Australia Policy Forum (MHCA)
- Mental Health Council of Australia Community Development Working Group (MHCA)
- National Coalition of Mental Health NGO State Peaks
- National Disability Services (NDS) Management Committee
- Community Services & Health Industry Skills Council (CHC02 Review Industry Ref Group)

Other committees and networks

- AIDS Council of NSW (ACON) Mental Health Promotion Strategy Advisory Group
- Australian Council of Healthcare Standards (ACHS) Review Committee
- Central Sydney Division of General Practice Mental Health & Drug & Alcohol Advisory C'tee
- Drought Mental Health Assistance Package Steering Committee (CRRMH)
- Forum of Non-Government Agencies (FONGA), NCOSS
- Health Care Complaints Commission (HCCC) Consumer Consultative Committee
- Homelessness and Health Network (The Big Issue)
- Institute of Psychiatry, Consumer Advocate Training Consultative Committee
- Mental Health Association (MHA), Mental Health Promotion Advisory Committee
- NCOSS Board of Management
- NCOSS Health Policy Advisory Group
- Office of the Protective Commissioner Disability Group Interagency Committee
- PIAC – Mental Illness in NSW Prisons Network
- Quality Management Services Human Service Organisation Standards Steering Committee
- The NSW Cancer Council Tobacco and Social Disadvantage Reference Group

State Government Departments (NSW)

- Department of Community Services Stakeholder Forum
- Department of Education & Training, Disabilities Community Consultative Committee
- Department of Housing NGO Housing Partners Reference Group
- Dual Diagnosis (MISA) TAFE Training Project / Steering Committee
- Joint Guarantee of Service (JGOS) Advisory Group
- Justice Health Consumer and Community Group
- Justice Health Family and Carer Project Steering Committee
- NSW Health Chronic and Continuing Care, Rehabilitation and Recovery Working Group
- NSW Health Comorbidity Mental Health and Substance Abuse Subcommittee
- NSW Health, Housing and Supported Accommodation Initiative
- NSW Health Mental Health and Drug and Alcohol Clinical Council
- NSW Health Mental Health Implementation Taskforce
- NSW Health Mental Health Program Council
- NSW Health Mental Health Program Council Information Subcommittee
- NSW Health Mental Health Priority Taskforce
- NSW Health Family and Carers Program Advisory Committee
- NSW Health NGO Advisory Group
- NSW Suicide Prevention Committee
- NGO Advisory Group Accreditation Sub-committee
- Premier's Department Grants Administration Review – Quality Committee
- Services Industry Reference Group (Mental Health Course Development)
- The Joint Guarantee of Service (JGOS) Implementation Reference Group

PROJECTS

Consumer Participation Position Statement

As part of its NGO workforce development strategy, MHCC has worked with NSW CAG regarding the development of a joint position statement on remuneration and support for consumer representatives in NGOs. Consultations are currently being undertaken to develop the position statement, and will include funding bodies to ensure their buy in / ownership to the process. Work in this area also ties in with work being undertaken for the development of an accredited course for Consumer Advocacy (possibly a partnership between MHCC, IOP, and consumer groups).

Dual Diagnosis Kit

Although this was completed in the previous year, during 2006-07 project partners MHCC and DoCS received two awards for this Kit: the Premier's Public Sector Award and a TheMHS Gold Award.

Forensic Consumer Representative Model Development Reference Group

MHCC has long highlighted the need for consumer participation, representation and advocacy on behalf of forensic patients. Forensic patients have access to official visitors 'at their request,' but this is limited due to time constraints. Numerous meetings took place during 2006 – 2007 between MHCC and the Deputy Director General of NSW Health, Justice Health senior executives and the NSW Director of Forensic Mental Health, and the NSW Chief Psychiatrist to discuss how to proceed with this concept. Justice Health proposed that MHCC establish a reference group in order to make recommendations for the development of a model / policy for the establishment of forensic consumer advocacy roles in the new forensic hospital under construction on the Long Bay site. The reference group met bi-monthly for the entire year. MHCC consulted experts in the sector and researched models in Australia and Internationally. The submission was completed by June 2007, to be presented to Justice Health and the Executive in August 2007.

Infrastructure Grants Program

The Infrastructure Grants Program (IGP) is funded by NSW Health and administered by MHCC. The IGP commenced in late 2006 and is expected to extend to late 2008. It is one-off funding for projects enabling NGOs to improve existing services and progress towards accreditation with quality standards. The program has been rolled out in two stages, each valued at \$2 million. The IGP is funding several projects, as follows:

Grants to NGOs

- 90% of the IGP funds are being allocated to NGOs through an Expression of Interest process. Round One allocations approved by the Minister for Health were provided by June 2007, and Round Two is currently being allocated. In Round One, funded projects included upgrading premises and equipment, engaging temporary officers to prepare services for accreditation review, improving databases to collect and analyse service quality information, and conducting research into improving partnerships and service access issues.
- In Round Two, priority for allocating funds is being given to projects that progress NGOs towards accreditation, prepare NGOs for the introduction of outcomes monitoring and information management systems, and target gaps in the mental health sector.



Sector-wide projects

Of the remaining IGP funds, MHCC will administer the IGP and conduct several projects to promote sector-wide infrastructure improvement:

- Sector Mapping and Resource Development – MHCC will undertake a mapping project of the mental health NGO sector. This will provide updated information on the sector and identify gaps for future planning.
- Information Management – MHCC will explore the optimal information management systems, eg. IT software, to assist services in analysing service delivery and outcomes, with the view to producing sector-wide data.
- RCOM – This project will deliver training in Routine Consumer Outcome Measurement to all interested NGOs throughout NSW during 2008. It fits with the development of the training package (funded under the NGO Development Strategy) and equipping NGOs with the necessary data analysis systems (funded under IGP).

Experiences of Welfare to Work Legislation

The Federal Government's Welfare to Work legislation came into effect on 1 July 2006. Since this legislation was first proposed by the Government, disability advocates were concerned about its potential adverse effects on people with disabilities. Within the first few months of its implementation, it appeared that many of the concerns were indeed eventuating. There are clear links between meaningful employment and mental health, and evidence has shown that for many people with a mental illness, meaningful and fulfilling work can aid recovery and help reconnect people with society. Whilst the purported aim of the Welfare to Work legislation is to promote employment, including for those with disabilities, it does little to actually enable the placement of people into meaningful roles, and instead takes a big stick approach to ensuring compliance with requirements. The project comprised a series of facilitated focus groups/consultations with: a) consumers, b) carers, and c) mental health and disability employment staff, to find out their experience of the employment and welfare environment during the first 12 months of the legislation, as well as recommendations for MHCC action in the area.

Mental Illness and Substance Abuse (MISA) Pilot Project Evaluation

In 2005 the Centre for Drugs and Alcohol funded a joint initiative between MHCC and the Network of Alcohol and Drug Agencies (NADA) aimed at building the capacity of non-government mental health and non-government drug and alcohol service providers to respond to clients with mental illness and substance abuse (MISA) issues. The evaluation of the Pilot Project is almost complete, comprising data collection and formal feedback from partner agencies. The evaluation includes a benefit analysis, identifying what agencies did differently as a result of the project, and issues and principles related to forming partnerships. It also looks at 'Where to From Here'. The evaluation will take a narrative approach and incorporate a thematic analysis. The learning from the MISA Pilot Project will inform projects developed for the new funding for workforce development research.

Mental Illness and Substance Abuse Service (MISA) Reorientation Project

In 2005/06, NSW Health funded a pilot project between NADA and MHCC to develop a training and agency capacity development initiative. The project saw the partnering of pairs of drug and alcohol and mental health residential and outreach services to develop interagency skills transfer and the development of service level agreements regarding people with MHDA problems. It has provided valuable insight into the nature and mechanics of partnerships across NGOs working in mental health and AOD services. In addition the project partners have identified a range of joint initiatives which allow them to access expertise from their partner NGOs to build organizational and workforce capacity in working with people who have mental health and substance use problems.

The NSW Government has ramped up its policy priority around Mental Health and the nexus between mental health and drug and alcohol programs. Substantial additional funding has been announced for

the NGO sector to assist in increasing the capacity of these sectors to address MHDA in the areas of training \$460,000 and research \$3million. NADA and the MHCC will be funded to run these programs across both sectors over the next couple of years under steorage of the NGO Mental Health Drug and Alcohol Collaboration Group which is a formalization of the MHCC MISA Working group. The new group will provide report to the MHDAO Comorbidity Forum.

Youth - Richmond Fellowship; South Sydney Dual Diagnosis Service; Ted Noffs Foundation
Possible directions include writing up of collaborative care framework, sharing resources for research and establishing a forum for case presentation and discussion.

Women - Charmian Clift; Phoebe House; WHOS New Beginnings Women Services

This partnership is continuing with some difficulty. Charmian Clift has closed unexpectedly and this has affected the planned skill sharing/training between Charmian Clift and Phoebe House. Phoebe House is exploring continuing with the Project using the expertise of ex- Charmian Clift staff in developing customised training for its staff.

The project has enabled the sharing of ideas and learning across the partnerships and the exploration of organisational changes that agencies can make to better enable them to respond to clients with MISA issues.

Mental Health and Drug and Alcohol Research Grants

In late 2007, MHCC and NADA will receive funding from NSW Health to fund research projects developed by NGOs in partnership with research bodies such as Universities.

The NGO Development Strategy: Mental Health

The NGO Development Strategy is an initiative funded by, and run in partnership with, MHDAO. The Strategy commenced in June 2004, and is scheduled to complete in December 2007. Through this Strategy, MHCC has been working to build the profile and capacity of NGOs providing mental health rehabilitation and recovery services. The Strategy has concentrated on three main areas of activity: Workforce Development, Outcomes and Quality, and Promoting Partnerships.

Workforce Development

Within the NGO Development Strategy: Mental Health there is a strong focus on workforce development – that is, ensuring the workforce has the skills, resources and environment necessary to deliver high quality services.

During 2006/07, our work focused on the establishment of the LDU and a range of workforce development initiatives, outlined below.

The establishment of MHCC's Learning and Development Unit (LDU) as a registered training organisation (RTO) enables MHCC to provide relevant, accessible and effective training and assessment services for the NGO mental health sector. Training provided by the LDU will be:

- Affordable
- Available across NSW
- Responsive to the needs and philosophy of the NGO mental health sector.
- Flexible, with a commitment to provide recognition services (RPL)

Initial training provided by the LDU will be linked to the Certificate IV in Mental Health Work (non-clinical) and called Rehabilitation for Recovery. It will provide a voluntary minimum standard of training for workers in the sector. Pilots and Stage 1 and 2 courses, which form an orientation and induction to the work in the sector, have been completed. The LDU will also be responsible for the provision of short courses, both accredited and non accredited, related to sector needs.



The development of the LDU has been informed by earlier research into the needs of the sector. This research includes: Training and Other Workforce Development Options Paper, Training Needs Analysis for the NHO mental health sector and the MHCC annual member survey.

Workforce Development Reference Group and sub committees

MHCC has established a Workforce Development Reference Group. The role of the group is to provide MHCC with information about the training and other workforce development needs of the NGO mental health sector, and to provide guidance in the development of initiatives to address those needs. The group is made up of representatives from NGOs specialising in mental health, other NGOs whose client base includes those with a mental illness, consumer groups, carer groups, and others with experience and interest in training and other areas of workforce development.

The Mental Health Training Needs Working Group is a sub committee of the Workforce Development Reference Group. It provides ongoing advice and guidance to MHCC in the development of the LDU and products and services including the “Rehabilitation for Recovery” training aligned to the Certificate IV in Mental Health Work (Non-clinical).

The Recruitment and Staff Development sub committee is providing guidance and advice to MHCC in its work on a recruitment campaign for the sector and a related staff development resource.

The Recruitment Campaign is aiming to enhance recruitment to the sector by promoting the benefits of working in the sector and streamlining the processes involved for organisations to recruit and for people to apply for work in the sector. The campaign will consist of:

- 2 posters
- 1 x 12 page brochure
- Web based information
- Postcards
- PowerPoint presentation
- Promotion through editorials, interviews etc.

The Staff Development Guide will provide information to help organisations provide high quality staff development and will enhance staff retention.

The Consumer Role sub committee is working with MHCC and NSW CAG to provide advice to MHCC about the development of a guide to assist NGOs in the management, support and payment of people in consumer roles in NGOs. The Consumer Role Guide will be developed in partnership with NSW CAG. It will provide information such as:

- Philosophical base
- Joint position statement
- Practical resources - policy, procedures,
- Links to existing structures – i.e. awards etc
- Recommendations for new structures and practices

Development of recognition resources aligned to the Certificate IV in Mental Health Work (Non-clinical)

Work is being undertaken, in partnership with the NSW Community Services and Health ITAB to develop recognition resources linked to the Certificate IV in Mental Health Work (Non-clinical). The aim of this work is to make it easier for people to gain qualifications through recognition of prior learning (RPL) assessment pathways when their experience working in the sector has provided them with the knowledge, skills and attitudes required for the Certificate IV.

Traineeships

Work is continuing in the establishment of a traineeship aligned to the Certificate IV in Mental Health Work (Non-clinical). This is being carried out in partnership with NSW Community Services and

Health ITAB. An application for a Vocational Training Order to enable the traineeship has been submitted. It is anticipated that the Traineeship should commence in 2008. As well as providing high quality, relevant on- and off-the-job training, traineeships also offer significant financial incentives for employers of trainees, thereby enabling additional employment within the sector.

Review of the Community Services Training Package

The entire Community Services Training Package is currently under review. The Certificate IV in Mental Health Work (Non-clinical) is part of this training package. The review is focussing on matching units of competency to job roles. The review is considering the introduction of Diploma and Graduate Diploma qualifications for the sector.

Partnerships in Workforce Development

MHCC is working with a variety of other organisations to enhance the quality, relevance and accessibility of training and other workforce development opportunities available to the NGO mental health sector. This has involved activities such as:

- The review of course materials and the provision of advice and input into consultations for the development of new training – numerous organisations have partnered with MHCC to pilot training and RPL development, also advice and input has been provided by the Mental Health Training Working Group
- Consideration of joint course development i.e. course for consumer representatives in partnership with NSW Institute of Psychiatry
- MHCC's Workforce Development Reference Group regularly engages sector representatives in workforce development initiatives, such as our current recruitment campaign.
- A Guide to assist NGOs in the management, support and payment of people in consumer roles in NGOs is being developed in partnership with NSW CAG.

Training Calendar

MHCC has developed a bi-annual training calendar that lists courses from diverse providers, relevant for workers and volunteers in NGOs providing mental health services. The calendar is mailed out to members and other interested organisations in hard copy and a searchable database of training opportunities is about to be added to MHCC's website.

Quality and Outcomes

In 2006-07, MHCC has been working to develop a sector wide approach to the collection, distribution and use of data about service activity. Work in this area falls into two main areas:

- Routine Consumer Outcome Monitoring (RCOM). This involves information about the experiences, perceptions, health status and functioning, other characteristics and/or changes happening for clients/consumers over time.
- Participant and Activity data. This type of data is concerned with service delivery characteristics and outcomes. It includes demographic information about service users, and service type, frequency, and related information.

From the above sources a minimum data set is developed consisting of information jointly determined by the sector to be most relevant, necessary and useful for informing quality improvement. NGOs would need to be resourced and trained to collect the information. De-identified information could then be used throughout the sector for the purposes of:

- Development of a knowledge base about community organisation-delivered mental health programs.
- Evaluation
- Quality improvement
- Planning



The formation of a minimum data set will strengthen mental health NGOs' capacity to achieve client or consumer-driven service design. Human services in the information age are consumer-driven because they collect information continuously about consumer needs, preferences, experiences and outcomes. As well, they collect information about the service capacities and characteristics that best respond to consumer needs. This is in contrast to services being philosophically driven by what well-intentioned individuals or committees think consumers or communities need.

Promoting partnerships

The Strategy will work to assist in the development of partnerships and collaborative working practices both within the NGO mental health sector and between this and other sectors. The aim is to facilitate the sharing of information and the development of effective referral protocols, as well as to promote the use of best practice, innovation and collaboration in planning and service delivery across the sector. A paper outlining options for further action in this area is currently being prepared.

NGO Development Strategy Training Needs Analysis

MHCC undertook a detailed Training Needs Analysis investigating the training needs of staff (paid and voluntary) in NGOs providing services to clients with mental health problems. The results have informed MHCC's workforce development planning to ensure NGO staff providing services to clients with mental health problems are able to access relevant, affordable and local training. The needs analysis involved comprehensive consultation with all key stakeholders through formal interviews, surveys, and consultations. The needs analysis covered the workforce's level of education and experience, its training needs, and barriers to training. (including consumer training), as well as future workforce needs and skills.

The key findings were that most agencies would like to provide more staff training but reported being constrained by factors such as time, modest or nil training budgets, and the costs and impacts of backfilling for staff, particularly those in key service provision roles. There was general support for the Certificate IV in Mental Health Work (non-clinical) to be adopted as a voluntary minimum level of training for workers in the sector, to enhance the credibility of the sector and ensure minimum competency levels. A number of respondents expressed a need for all mental health training to include:

- More emphasis on ethics and professional boundaries issues;
- An increase in the communication and interpersonal skills involved in engaging with consumers;
- Information related to local service networks or referral procedures;
- Opportunities for training pathways to enable new staff, as well as consumers and carers, to build skills and qualifications over time; and
- Opportunities for higher level training for skilled staff, particularly in complex areas such as dual diagnosis, and for specialist groups such as those working with CALD communities, older people with dementia, or infants, children and young people with mental health problems.

A number of respondents also emphasised the need for mental health training to be closely linked to the adoption of quality, professional development cultures in NGOs. This would ensure the benefits of external training can be maximised within a work-based context.

Most respondents would like to see a minimum qualification standard for the sector. Some of the benefits of a minimum standard included enhancing the credibility of the sector and ensuring minimum competency levels.

Reframing Responses: Improving Service Provision to Women Survivors of Child Sexual Abuse who experience Mental Health Problems, Stage 2

The Reframing Responses stage 1 research project was completed in early August 2006. The Literature Review, Report and Recommendations have been widely distributed. An article has been published on Auseinetter, a quarterly publication and website journal. MHCC is now developing a proposal for a second stage of the project to be conducted in 2007 – 2008 and for which funding will be sought.

Social Inclusion Platform

The MHCC paper, *Social Inclusion: its importance to mental health*, was discussed in more detail earlier in this report, but is mentioned here as an example of MHCC's research work, as it draws extensively on the strong research supporting the link between social inclusion and mental health.

This paper has been prepared with the aim of articulating the work of the mental health NGO sector under the banner of NGOs' work to support social inclusion, and the benefits this work provides for improved mental health. The paper was disseminated at the NGO conference in March to enable broad consultation and comment. The final version has just been released, incorporating stakeholders' comments. The document contains a list of recommendations that draw from the large body of evidence supporting the positive links between social inclusion and good mental health. We have also prepared an action plan, aligned with the strategic plan, which includes activities to inform and educate members about social inclusion and how to bring it into their work, bring good practice social inclusion principles into submissions and position papers, and promote positive stories of consumer recovery to the community.

Statistical Database

MHCC has compiled a database of statistics relevant to mental illness and mental health services in NSW, which brings into one database the statistics found in a broad range of sources and documents. It is easily accessible and navigable by anyone with Microsoft Word, and is available on the MHCC website. It will be useful to people compiling submissions for funding, business plans, needs assessments, publications, reports, and a range of other documents. It will be updated as new statistics become available. Some of the many statistics include: prevalence of mental illness, burden of disease, Government funding to services (inpatient, community, NGO) with relevant overseas comparisons, number of psychiatric beds, suicide rates, proportion of prisoners with mental illness, and statistics relating to mental illness and Indigenous communities.



SUBMISSIONS

An important part of MHCC's role is to compile submissions and formal feedback documents on behalf of the NGO mental health sector in NSW. Following are the major submissions MHCC compiled during 2006-07. Copies of all submissions are available on the MHCC website or on request to MHCC.

Attorney General's Department: 'Are the rights of people whose capacity is in question being adequately promoted and protected?'

MHCC made a submission to the Attorney General's Department which focused on the dilemmas surrounding assessment of people with a mental illness, and the legal and ethical implications of incapacity, taking into account human rights, standards and guidelines for assessment. MHCC consulted widely with organisations, stakeholders and academics.

Centre for Mental Health Clubhouse review

MHCC provided feedback on the review plan and provided research references re clubhouses and centre based programs for people with mental health problems more generally.

Guardianship Tribunal Review - Proposed amendments to the Guardianship Act 1987

In its submission to this Review, MHCC proposed that wider exposure should have been initiated to advise interested stakeholders that this work was in progress, since this review discusses amendments with far-reaching and serious consequences for people with disability, impacting on their autonomy to make decisions affecting all aspects of their life. By and large, MHCC regarded the proposed amendments as cost cutting measures and unlikely to foster the quality of the Tribunal to deliver services to people with disabilities that protect and promote their interests. MHCC's expressed opinion was that these services should not be compromised, and must accommodate both the growth and changing demographic profile of the population.

Non-Acute Inpatient Unit (NAIPU) Service Framework (MHDAO)

MHCC provided extensive comment on the draft NAIPU Framework. Particular care was taken to articulate the relationship between the different parts of the service system including the NGO sector. Clear delineation of responsibility and clear communication among the different settings was emphasized, as was reference to involvement of consumers and carers in service design and care planning. The Framework describes a range or spectrum of non-acute settings aimed at addressing the needs of people with different levels and types of needs eg tertiary non-acute, secure non-acute, intensive rehabilitation, forensic independent living, extended care and community care units (CCU). The MHCC submission did not support inclusion of the Continuing Care Units as part of the spectrum of non acute inpatient care. MHCC argued there is very little justification for this level of inpatient facility in light of the criteria for high level HASI and advocated increased access to HASI places whether in public housing or in the home as a more effective and efficient model to progress in NSW.

Submission to the Senate Inquiry into Employment & Workplace Relations Legislation Amendment (Welfare to Work & Vocational Rehabilitation Services) Bill 2006

The main thrust of the legislation was to open up the vocational rehabilitation services to contestability. At the time of the Inquiry, CRS Australia was the only Government-funded vocational rehabilitation provider. This Bill allowed for NGOs and other organisations to tender to provide these services. MHCC's position was that this would be acceptable as long as standards are in place to ensure successful tenders are skilled and knowledgeable in the issues around mental illness and employment.

Submission to the Review of the Forensic Provisions of the NSW Mental Health Act 1990 and the Mental Health (Criminal Procedures) Act 1990

MHCC and NCOSS submitted a joint submission to this Review following an extensive consultation process. The issue of primary concern to MHCC identified in the consultation paper was that of Executive Discretion which MHCC consider paramount to all other considerations relating to the management of forensic patients under the Act. MHCC reported without reservation, that in no consultative forums, meetings or individual conversations had they been presented with any argument for the preservation of the current situation, where final decisions lie with the Minister for Health. In discussing the various options for reform of the Mental Health Review Tribunal, MHCC recommended an option with suggested amendments to provide the most appropriate reform alternative to Executive Discretion. As a caveat to proposing Option 4 as the preferred model, MHCC proposed that a Mental Health Court (MHC) be established (as per the Qld model), as a division of the Supreme Court. The presiding judge would have expertise in mental health issues in consultation with two psychiatric assessors.

Publication - Mental Health Issues in the Criminal Justice System

MHCC submitted a paper to the Journal of Offender Rehabilitation, a US journal edited by Prof Dan Phillips, Criminal Justice Program, Wilson College, Kentucky, and it has been accepted for publication in a Special Edition on mental health issues in the criminal justice system. The paper was peer reviewed by Prof Meg Smith from the University of Western Sydney.

Submission - Mental Health Bill 2007

MHCC prepared a submission on the Mental Health Bill 2007 for Minister Paul Lynch MP, and Senator Lee Rhiannon (Greens) highlighting concerns with regard to the Act. A joint consultation process was held with NCOSS to obtain sector input to the submission.

Submission - Commonwealth Community Affairs Committee Inquiry into Mental Health Services in Australia.

MHCC compiled a submission to this Inquiry, which sought to gauge the efficacy of the July 2006 COAG mental health initiatives and the National Action Plan on Mental Health 2006 – 2011. MHCC commented that it was difficult to comment meaningfully on the plan itself or the programs to which funds were allocated since the Plan was only endorsed in July 2006, and the roll out of many of the programs occurred during the last 6 – 12 months. Nevertheless, MHCC gathered as much feedback as possible to pass on to the Committee through attending community consultations and consulting the sector. MHCC noted the lack of alignment between the National Action Plan and other national mental health plans (MHCC noted the terms of reference required comment and comparison on four different but interrelated documents), and the lack of consultation with NGOs prior to the announcement of the COAG initiatives. MHCC also proposed that specific planning and funding be allocated to coordination of the various initiatives.

Submission - NSW NGO Policy Framework

MHCC compiled a submission based on feedback from members on the absence of any reference to carers in this framework document.

The Cancer Council NSW – Tobacco Control and Social Equity Strategy

MHCC provided feedback to the Council on this issue as it affects people with mental illness. The Council is particularly focused on decreasing smoking within vulnerable groups such as those with mental illness. Since the development of the Strategy, MHCC and The Cancer Council NSW have started working together to develop a project aimed at reducing smoking prevalence among staff and clients of mental health NGOs in NSW.



PRESENTATIONS AND FORUMS

In its role to facilitate information-sharing, linkages, and partnerships, and to promote the work of the mental health sector in NSW, MHCC makes a number of presentations on relevant issues. Following are the main presentations MHCC gave during 2006-07.

The Australian College of Mental Health Nurses

MHCC made a presentation to the Australian College of Mental Health Nurses in June 2007, which covered the following areas: recovery and the NGO sector; the role of MHCC in sector development and policy reform; what are the elements of recovery and what are the implications for mental health nurses working under a recovery orientation; and what is happening at the national level under COAG.

Bankstown Women's Body Image Awareness Week

MHCC presented at the University of Western Sydney as part of a Student Union event providing an overview of mental health awareness and discussed the value of the Mental Health First Aid Course.

Counsellors and Psychotherapists Association Conference

MHCC prepared a paper for presentation at this conference: *Be Well, Live Well: A Collaborative Approach to Mental Well Being*, entitled: *"Why people with a mental illness are over-represented in the Criminal Justice System."* It presented evidence of the over-representation of people with a mental illness in the criminal justice system, emphasises the need for legislation and policy change and implementation to break the cycle of mental illness, substance abuse, poverty, unemployment, and interactions with the criminal justice system.

'Count me in' - The NSW NGO Conference – 1 and 2 March 2007, Masonic Centre

This conference, organised by MHCC, promoted good practice around the theme of social inclusion. There were many ideas and priorities generated by the conference, and participants engaged strongly and enthusiastically with the social inclusion theme, which inspired much discussion and food for thought. Bringing these concepts into our practice and into the work of promoting mental health and managing mental illness remains a vital challenge underpinning the future directions of our sector.

Partnership was also an important foundation of the conference, emphasised by the nature of many presentations, the inclusion of private sponsors, and the range of participants. MHCC will increase efforts to engage senior staff from area health services to attend the next conference, as participants felt this would enable a stronger understanding of the NGO sector, which would help to facilitate more essential partnerships in service delivery.

The Count-me-in conference was a resounding success with lots of excellent feedback. The Governor of NSW Marie Bashir opened the conference and the social inclusion theme was embraced by participants as an important platform for the mental health NGO sector. People were very impressed with the organization of the conference as well as the quality of speakers and structure of the days. 421 delegates registered for the event. 25% returned evaluation forms, which were largely very positive and have been incorporated into the Conference Evaluation Report. A range of promotional material was produced including large conference posters, note pads with the new MHCC branding and branding pins / brooches. There were 17 display tables for a range of NGOs and government organisations. Conference sponsors were sought for the first time with very good results. Sponsors included: North Coast Area Health Service – NSW Health, Cancer Council, City of Sydney and Community Banking. Total sponsorship funds - \$21,000. Papers and presentations have been loaded onto the MHCC website.

The College of Holistic Counselling

MHCC presented students an overview of the mental health sector and MHCC's role as peak body representing the interests of its membership. The presentation explained what NGOs do, how they are different from mainstream services, and described the relationship between NGOs and government. They were also briefly informed about current issues for the sector; legislative reform and review in work, and the particular research and projects MHCC is engaged in. The objective was to help students understand how they might fit into the sector as counsellors and what the contentious issues are for the profession at the moment such as Medicare Benefits Scheme.

Fairfield Migrant Services Network

MHCC delivered a presentation outlining the role of the MHCC, activities undertaken by MHCC relevant to CALD communities, areas for possible future collaboration and outlining funding allocation and policy issues concerning mental health service provision relevant to CALD communities in NSW.

HASI Forum

MHCC presented the work being done on understanding how NGOs working in mental health can manage activity and outcome data to ensure compatibility with existing reporting demands whilst meeting their own quality and planning requirements.. The sector currently has no cohesive system to make use of the data it produces. The presentation was aimed at informing participants about the need for an approach to be developed that allows NGOs access to their own data in a way that informs on individual and organizational outcomes and deficits whilst allowing the sector as a whole to make statements about its role and function. The presentation also informed on the MHCC work on outcome measurement being done by Jonine Penrose-Wall on behalf of MHCC.

Homelessness NSW / ACT

MHCC presented to a meeting of SAAP services regarding the proposed changes to the Mental Health Act, with particular reference to SAAP services. The areas of particular concern related to detention on request of a primary carer, given that in some instances the SAAP worker can be the significant adult in that person's life; mental health care in rural, regional and remote areas; and proposals regarding least restrictive form of care given that many people across NSW are discharged directly to a SAAP service. MHCC also gave an overview of the most significant changes to the bill.

Leichhardt Council Aged Services Forum

MHCC presented information to the network regarding mental health service provision in the NGO sector and the role of the MHCC.

Mental Health First Aid Courses

MHCC held 24 Mental Health First Aid Courses across the state over 2006/07. MHCC has become a major provider of the course for community groups, councils, workplaces and government agencies. All courses are evaluated and only trainers with consistent positive evaluations are used in delivery of MHCC Mental Health First Aid courses.

MHCC AGM 2005/06 Day – 3/11/06

MHCC facilitated a very well attended event encompassing launch of the Mental Health Infrastructure Grants Program by Parliamentary Secretary from Minister Burton's Office. Richard Mathews, Deputy Director General and David McGrath, Director, Mental Health and Drug and Alcohol Programs presented to members on the increasingly important role for community based NGO services and the role of MHCC in supporting and promoting the sector. MHCC staff informed members on the various aspects of the work undertaken by the secretariat and project staff and outlined some future directions. The final session of the day focused on ethical approaches to the work of the not for profit sector and was facilitated by a representative from the Social Leadership Program run by the Benevolent Society.



MHDAO Continuing and Chronic Care Care Committee - presentation

MHCC gave a presentation to this committee on the role, capacity and development of the NGO sector in relation to the mental health continuum of care. Key principles and priorities of the sector described. Update on the activities within the NGO Development Strategy particularly around development of a voluntary minimum training qualification for the sector, creation of career pathways for NGO workers including consumer workers, staff retention and recruitment practices and sector promotion. Also covered was work being undertaken in NGOs use of outcome measurement tools and their implementation within a quality cycle. The importance of an independent Information Strategy for the NGO sector was also raised to allow capture of data describing sector outcomes outside of but inclusive of the HASI program. Presentation advocated for agreement on what services and programs are appropriately managed by community organisations; establishment of recognised evidence base for activities within sector; establishment of recognised skills base within sector; management of information produced within the sector; development of Framework document for community organisations working in mental health. The committee agreed that such a document was overdue and committed to working on it early 2007.

Multicultural Mental Health Awareness Program, Department of Immigration and Multicultural Affairs (DIMA)

MHCC presented at the Multicultural Mental Health Awareness Program for NGOs funded by DIMIA. This training program was attended by approx 70 participants. MHCC presented an overview of how the mental health system works and how the Mental Health Act works within the system. MHCC also provided a snapshot view of mental health in NSW with facts and stats as well as an overview of mental illnesses. MHCC also presented an overview of current relevant legislation, and recent planning and reform initiatives.

NADA Conference "Negotiating the Nexus"

MHCC participated in the opening address panel of the conference which explored issues around the opportunities for NGOs to work in the area of mental illness and substance abuse and addressed the importance of partnership approaches between MHCC and NADA. This included reference to the disparity in development of the two sectors.

NSW Disability Council

MHCC presented to the Board of the Disability Council along with the Schizophrenia Fellowship on access to community and disability support services for people with mental illness.

NSW Divisions of General Practice

MHCC was invited to present on "Partnerships and Possibilities" by the NSW peak body for divisions of general practice, the Alliance of NSW Divisions (ANSWD). MHCC presented on its role, as well as the role and work of NGOs in the sector. There were representatives from 30 of the 37 divisions in NSW, plus Area Health Service staff. There are some good examples of GPs and NGOs working together in NSW, but these are *ad hoc*, and there is no consistent approach across NSW, nor is there a consistent way of showcasing what is being done and apply it elsewhere. There was a useful discussion about some possible approaches to facilitate a partnership approach between GPs and NGOs.

Richmond Fellowship NSW Partnership Forum

MHCC presented to a wide range of NGO and agency staff on the role of MHCC and the state of play in mental health policy. Areas covered included: new state and Commonwealth funding; state and national mental health plans; NGO development in NSW; NGO programs such as HASI and Family and Carers support; workforce initiatives in the sector; MHCC work on outcomes through NGOs and some of the challenges facing the sector.

Sydney City Council Homelessness Forum

MHCC presented an overview of the MHCC/NADA MISA Partnership Service Reorientation Project detailing its objectives and scope to explore how to build relationships between partner agencies in addition to improving the ability of mental health and AOD NGOs to work with people with MISA problems.

Sydney Women's Counselling Centre

An overview of its role in the sector as NGO peak was presented to new MHCC member Sydney Women's Counselling Centre, who recently had participated in the MHCC research project, Reframing Responses. The Centre was keen to brainstorm for the development of their strategic objectives, and sought advice as to how they might achieve sustainability at a time when funds may be at risk. MHCC made recommendations about how they might tap into funding to expand services. Suicide prevention, drug and alcohol rehabilitation and working with depression were all possible avenues.

TheMHS Conference 2006

MHCC presented to the conference on the achievement of Registered Training Organisation (RTO) status by its Learning and Development Unit.

Welfare to Work information forum for consumers and carers

Almost 50 people attended MHCC's information forum on Welfare to Work in February 2007. The purpose of the forum was to provide a practical overview of the legislation to help consumers, carers, and people working in our sector to understand more about the Welfare to Work legislation. Welfare Rights gave a comprehensive overview of the main points, and presented some real life examples of people's experiences pointing out the disincentives for many disability support pension recipients to actively seek work, as they risk losing their pension due to the new assessment processes. Participant feedback was positive, with many commenting on the accessibility of the presentation given the complexity of the subject area. MHCC subsequently progressed this issue with an approach focusing on lobbying around consumer experience.



CONSULTATIONS

MHCC is committed to working closely with its members, consumers and carers, and community interests to guide its work. Listed here are the consultations undertaken by MHCC this year to inform its work.

CEO Forum – MHCC members

In July 2007, MHCC convened its inaugural CEO Forum for CEOs (or equivalent) of all member organisations to enable information-sharing and discussion of the issues and opportunities affecting the sector. The forum was very well received, with an overwhelming majority requesting ongoing forums every 6 months. There were presentations on relevant topics, followed by an open forum where members could raise issues for general discussion. Among the topics discussed were: industrial relations, with a special emphasis on the WorkChoices legislation; information management in our sector; workforce shortages and workforce development; and the Senate Inquiry into mental health services. Members also identified current challenges facing the sector including: competitive tendering and its potential threat to divide the sector, given there are so many advantages to having a united front; and tensions between NGOs' advocacy role and reliance on government funding. The next CEO forum will build on these discussions, and MHCC plans to focus on harnessing input into a NGO Framework document for NSW.

Community Services Training Package/CHC02 Review Consultation

A consultation with MHCC members and other stakeholders (including consumers, carers, peak bodies, TAFE) was held to consider the mental health work qualifications and units of competence in the Community Services Training Package which is currently under review. The need for a strengthened Certificate IV in Mental Health Work (Non-clinical) and to develop higher level qualifications (ie, Diploma and Advanced Diploma in Mental Health Work) was strongly supported. A submission was made to the Community Services and Health Industry Skills Council (ISC) & NSW Industry Training Advisory Board (ITAB) regarding the findings along with recommendations for achieving these. The ISC subsequently convened a consultation in Sydney to further explore the Mental Health Work qualifications. MHCC also worked with VICSERV and ITAB – on behalf of the National Coalition of Mental Health NGO State Peaks - to convene another industry meeting to review the mental health work qualifications. The need for recognised qualifications for consumer workers as a growing part of our workforce was also identified.

Consumer Consultation – MHCC's NGO Mental Health Training Needs Analysis

A consultation with mental health consumers as part of MHCC's NGO Mental Health Training Needs Analysis was conducted. Consumers were asked about:

- What knowledge, skills and attitude were most needed for workers in mental health NGOs?
- Do consumers want training so as to gain work within the sector?
- If so, what can MHCC do to assist consumers in making this move?

Information from this consultation was fed into the training needs analysis. The most strongly felt response from the consultation was that attitude is the most important factor in making an effective worker in the sector.

Consumer Outcome Measurement Consultation

There were 19 consumers who were present at this consultation, which gave consumers the opportunity to voice their thoughts and opinions about the use of routine outcome measurement. Everyone was very willing to participate and share their personal views and experiences. Due to the great contribution by consumers MHCC was able to attain its objectives for the day which included: to establish what consumers feel is important to monitor in relation to assessing their mental health, as well as to determine whether consumers want NGOs to use outcome tools and in which programs.

FONGA Consultation re NGO Mental Health Sector Training Needs Analysis

MHCC participated in a FONGA (Forum of Non Government Agencies, a NCOSS committee) consultation with other peak organisations from across the community services sector regarding the mental health training needs of workers in non mental health specific community organisations. Information from this consultation was fed into MHCC's NGO Mental Health Sector Training Needs Analysis. The consultation indicated a strong need for mental health training for workers in non mental health specific community organisations, especially in rural and remote areas.

Forensic Consumer Representative Model Development Reference Group

MHCC has long highlighted the need for forensic consumer representative/s to advocate for forensic patients. Forensic patients are able to see official visitors 'at their request', but access can be problematic due to time constraints, etc. As a consequence of numerous letters and meetings held with Dr Richard Matthews & Julie Babineau in March 2006, and Dr John Basson & Anne Doherty in June 2006, Justice Health proposed that MHCC establish a reference group in order to make recommendations for the development of a model / policy for employee forensic consumer representative role/s. Areas of discussion in the group included ethical principals and aims around the development of a consumer representative (CR) model in a forensic context. They discussed language, ethical dilemmas around individual and systemic advocacy, the conflict of interest that occurs in relation to the advocating against an organisation in which the CR is employed; the status of the role and ability to participate in decision making at a senior level; and what needs to be embodied in law and implemented through policy development.

Future of Callan Park

MHCC met with Friends of Callan Park and Greens Candidate Rochelle Porteous to consult on common areas of agreement on the future of Callan Park. MHCC had put out a press release stating that it did not support a proposed 400 bed redevelopment of the Rozelle Hospital on the site. MHCC explained that recent research emphasized that providing people adequate and appropriate levels of support to live in the community was more effective than institutional approaches. A paper with MHCC position and relevant research was distributed to the group, and comments were provided to the Western Courier and the Village Voice on this issue.

Law & Justice Foundation - Participation of the Disadvantaged in NSW Law Reform Processes

The Law and Justice Foundation consulted with MHCC in order to gather input for their study which forms part of a major strategy comprising a number of research projects with the aim of providing rigorous data on the legal and access needs of the community. The object was to inform policy making and service delivery functions of government, as well as community organisations. Of particular interest was the law reform process as it operated with regard to the Review of the Mental Health Act 1990. MHCC welcomed the opportunity to voice its comments with regard to government consultative processes, the format of discussion papers and the absence of explanation regarding the research and rationale driving amendments.

Mental Health Act 1990 Consultation

MHCC organised a joint consultation with NCOSS on the Mental Health Draft Exposure Bill, attended by 40 people. In the presentation given by the Hon. Brian Pezzutti, he highlighted some of the issues that came to his attention upon reading the Bill. Participants broke up into 4 groups to address the issues with facilitation from MHCC & NCOSS staff. The outcomes of the consultation informed MHCC's and NCOSS's response to the Draft.

Multicultural Mental Health – Consultation

MHCC was asked to provide input into a consultation centring around involvement with CALD groups, involving our perceptions of the barriers to access and equity experienced by CALD consumers. MHCC outlined various areas in which we had endeavoured to promote participation in our activities such as: consultations, advisory and steering groups; research; seminars and policy development.



Review of the Forensic Provisions of the NSW Mental Health Act 1990 and the Mental Health (Criminal Procedures) Act 1990 – Consultation

In order to gather the broadest possible perspective to compile its submission to Government, MHCC held a consultation in collaboration with NCOSS. Over 50 people participated. The presenters were legal professionals with extensive experience of court procedure and the processes of the Mental Health Review Tribunal. Professor Duncan Chappell, President of the Mental Health Tribunal until early 2006, spoke about Executive Discretion in relation to the management of forensic patients under the Act. He described the historical background of Executive Discretion, the process in practice and discussed the pros and cons of the various models presented in the government review. The second presentation facilitated by Peter McGee, Principal Solicitor and Linda Steele, solicitor and researcher from the Intellectual Disability Rights Centre, who described the complex problems that arise for people with intellectual disability in their interactions with the criminal justice system, and who may be classified as 'forensic' patients. The absence of a consistent definition of intellectual disability throughout the several acts relevant to people with disability has led to considerable confusion, particularly where co-morbidity of intellectual disability and mental illness occur.

Reframing Responses: Improving Service Provision to Women Survivors of Child Sexual Abuse who experience Mental Health Problems, Stage 2 - Consultation

For Stage 1 of this project, MHCC received a Mental Health Matters Award from the NSW Mental Health Association which was presented during Mental Health Week 2006. In addition to this recognition, MHCC has received a good deal of positive feedback on Stage 1, particularly from consumers who expressed relief to have had their experiences validated. A brainstorming session was held to explore options for a second stage of the project. NGO services whose clients are primarily women survivors of child sexual abuse were invited, some of whom had been part of the original reference group. At the outset of the project, MHCC had expected that the research would point to a recommendation of group work for this client group on the lines of the Royal Sydney North Shore, Jacaranda Project model. However, the evidence showed that what had proved most effective for the cohort interviewed was individual long term-therapy, with group work being an effective additional support, provided the client was also in ongoing individual therapy. Participants shared with the group an outline of the models they utilise, and the group agreed that the recommendations of the report were in line with their experience. From MHCC's perspective it is necessary to look at what its membership will find most useful to address gaps in service delivery, and for which funding can be found. MHCC continue to consult and consider possible second stage avenues for the project, in order to finalise the direction for 2007 - 2008.

Welfare to Work consultation project

MHCC held a series of consultations with consumers, carers, and people working in mental health to compile a report outlining people's experiences with the Federal Government's Welfare to Work legislation that came into effect from 1 July 2006. The project comprised a series of consultations with: a) consumers, b) carers, and c) mental health and disability employment staff, to find out their experience of the employment and welfare environment during the first 12 months of the legislation, as well as their ideas for how the legislation should be changed.

Workforce Development Reference Group

The Workforce Development Reference Group was formed to provide guidance to MHCC in the workforce development components of the NGO Development Strategy. It has provided valuable assistance throughout the year in areas such as course review, overseeing the development of the training needs analysis and other issues relating to the development of MHCC's Learning and Development Unit. Topics covered included: Training Needs Analysis; Review of Community Services Training Package; Routine Consumer Outcome Measurement and how to develop appropriate training. The group has also guided the development of curriculum for the "*Rehabilitation for Recovery*" course and the development of a Workforce Development Kit.

PARTICIPATION OF NOTE

MHCC is a member of the following committees/groups, most of which meet regularly, while others meet for a specific purpose for a short term. The purpose and main issues for 2006-07 are summarised.

ACON (AIDS Council of NSW) Mental Health Promotion Strategy Advisory Group

This advisory group is a forum with other mental health organisations and ACON staff to provide input on the development of the ACON Mental Health Promotion Strategy 2006-2010. Mental health forums were held with the GLBT (gay, lesbian, bisexual, and trans-gender) communities and with people living with HIV/AIDS to hear what these communities believe should be done to address mental health and wellbeing, and what gaps and opportunities exist. ACON is also keen to work with MHCC to develop strong strategies and approaches including training.

Australian Council on Healthcare Standards (ACHS), National Mental Health Standards and Guidelines Review

The Standards review has necessitated a series of meetings and teleconferences attended by MHCC and a member representative from Uniting Care Mental Health. The intention is to create one set of National Mental Health Standards for public, private and NGO mental health services. MHCC has consulted with state NGO peaks to seek agreement on two main issues:

- An overarching set of standards around shared concepts such as rights, responsibilities etc but which has 'drop down' sets specific to the three mental health sectors, i.e. public, private, NGO.
- The use of the term 'coordination' to represent the relationship between the different sectors as opposed to 'integration'.

ARC (Australian Research Council) Linkage Project Reference Group, Mental Health Disorders and Cognitive Disability in the Criminal Justice System

The project is headed by Dr Eileen Baldry UNSW. A literature review of the area has been completed which focuses on three broad areas: articles related to mental illness and cognitive disabilities in relation to criminal justice; theoretical models that have been developed to look at offending; mathematical and statistical models that may be used to examine offending taking different hierarchical levels of data into account. The primary task is first to develop a model that can be used to understand the data that will be collected as part of the project, and a variety of models that may be suitable for the project are currently being developed. A program has been selected to analyse the models and work has begun on justice agency liaison, perspectives, participation and detailed selection of data categories.

Clinical Council, NSW Health Mental Health and Drug and Alcohol Office (MHDAO)

MHCC represents NGOs on this Council, which has a focus on the clinical work provided by the mental health services. Although the areas covered by this Council does not include the majority of services and interventions provided by NGOs (the Continuing Care Committee has this role), MHCC has nominated a mental health consumer to provide representation on this committee.

Co-morbidity Mental Health and Substance Abuse Subcommittee, NSW Health

MHCC has representation on this committee, and believes it to be a positive initiative. MHCC works with NADA through the MHCC/NADA collaboration project which enables MHCC to better represent the views of the sector and work on joint co-morbidity issues. MHCC keeps the Subcommittee informed regarding its work within this collaboration, including the group's role in overseeing the roll out of research grant funds to the NGO sector.



Community Development Working Group (MHCA)

This is a new working group with a national focus, and this year its Terms of Reference and priority work focus were established. The MHCC Social Inclusion paper has been distributed and discussed at this group, which expressed support for its usefulness as a platform for the community sector.

Community Psychology and Mental Health Peer Consultation Network – Mental Health Association of NSW

This group was established to have input into MHA's peer consultation processes. Discussion has covered the Medicare rebate for psychologists and other allied health professionals, and the potential outcomes in relation to service delivery and client outcomes.

Community Services and Health Industry Skills Council – CHC02 Review Individual Support Work Industry Reference Group

MHCC represents community based non-government organisations wanting to further develop the capacity of their workforce in responding to the needs of people affected by mental illness. We have been advocating for a more comprehensive inclusion of mental health related training approaches across this nationally-recognised training package. This advocacy has included the need for: strengthened approaches in training mental health workers; higher level qualifications and enhanced career pathways for mental health workers; recognised training for consumer workers; and an increased capacity for non-mental health specific service providers in responding to people affected by mental illness.

Community Services and Health Industry Training Advisory Board (ITAB)

MHCC has ongoing liaison with ITAB to develop resources for workforce development for the NGO mental health sector, including the pocket guide to workforce development and guides for recognition of prior learning (RPL) for the Certificate IV in Mental Health Work (Non-clinical).

Continuing and Chronic Care, Rehabilitation and Recovery Working Group – NSW Health MHDAO

This committee has an overarching responsibility for development of the non-acute inpatient sector and all aspects of continuing care including NGOs. An aspect of the role of this committee is to understand the relationship between HASI outcomes and proposals such as the development of Community Care Units and Extended Care Units. An NGO Framework document for NSW Mental Health is currently being developed.

DOCS (NSW Department of Community Services) Stakeholder Forum

The purpose of this forum with the Minister for Community Services, the Director-General of DOCS and other senior DOCS staff and a number of other human services stakeholders, is to share information about DOCS' initiatives, and respond to questions and feedback from participants. There is a growing focus on early risk identification and intervention, particularly in the 0-5 age-group, and there are workforce shortages that are expected to escalate in coming years. This Forum also provides the opportunity for stakeholders to raise issues or questions with DOCS.

Drought Mental Health Assistance Package Steering Committee

This was a NSW Government initiative to support mental health of communities in drought-affected areas. The Centre for Rural and Remote Mental Health (CRRMH) administers the project which includes a \$1m drought assistance package comprising: 6 mental health workers; farmers' mental health workshops and service network meetings; 50 mental health first aid (MHFA) training sessions for service providers; and a mental health resource package for health and agriculture support workers. The aims are to increase early identification of mental health problems and appropriate referral, community education, interagency collaboration, and building sustainable changes. MHCC liaises with and promotes the program to NGOs in relevant areas to help with planning.

Employment Reference Group - MHCA

This group was established to help MHCA with the development of its National Mental Health Employment Strategy, which will aim to improve and maintain employment support for people with a mental illness and maximise MHCA's influence in the policy arena. The HREOC expert reference group working on employment for people with disabilities will draw upon this group's expertise in the areas of mental health and mental illness.

FONGA (Forum of Non Government Agencies) - NCOSS

FONGA is an NCOSS committee comprising peak bodies and state-wide community organisations that meet to discuss areas of common interest and to share information across the community sector. Items of note this year included: the NSW election, NSW State Plan, NGO development strategies, WorkChoices legislation, NCOSS IT Strategy (aiming to develop a sector-driven information technology (IT) strategy to give a framework to the development of IT in the NSW community sector), the "Working Together for NSW" agreement between Government and the NGO sector, and NGO workforce issues.

Health Policy Advisory Group - NCOSS

This NCOSS committee meets to have input into NCOSS's work relating to health and health policy. Topics covered this year included: Health Advisory Councils and their role in community participation in Health, updates on the Health Taskforces, policy and mechanisms for consumer participation in health, mapping of federal and state health priorities, and enhancements to dental care under Medicare. MHCC also provided input into the NCOSS state election campaign via this forum.

Housing Accommodation Support Initiative (HASI) - MHDAO

MHCC has been involved in the development of all aspects of HASI, and this year participated in tender evaluation panel for HASI 3B and 4A along with representatives from NSW Health Procurement Branch, MHDAO, Department of Housing, Area Health Service staff and consumers.

Homelessness and Health Network

This group is chaired by The Big Issue, and is made up of a variety of NGO services (not specifically mental health) who have been looking into availability of mental health services for referral purposes and trying to gain a better understanding of the mental health system and funding arrangements.

Information Management System Advisory Group - NADA

MHCC and NADA (the peak body for the NGO drug and alcohol sector) are exploring information management across their respective sectors. NADA has already developed centralised reporting for its membership, and is now looking at enhancing its approach to include activity and outcome data. MHCC is looking at what NADA has developed to inform its approach to information management in the mental health NGO sector.

Institute of Psychiatry (IOP) Review Steering Committee

MHCC participated on the steering committee of the external review of the IOP. MHCC was especially interested in whether IOP may be involved in NGO training in mental health, and what partnerships may be useful.

Joint Guarantee of Service (JGOS) Advisory Group

The group monitors the implementation of JGOS, which continues to be problematic in many areas. Some groups appear to be operating well but there is concern that this is based on individuals currently involved rather than any sound structural supports. The group also looked at 'Identifying Barriers and Opportunities for the Engagement of SAAP services in the JGOS', and the JGOS evaluation process.



Justice Health - Consumer and Community Group

There was a need to clarify the Terms of Reference for this group, which have now been reassessed to enable agreed ethical principles, aims and objectives so that the group can move forward in a spirit of partnership. The group is redefining priority issues for 2007 – 2008. One important issue on the agenda is that matters need to be driven by the group rather than just responding to initiatives already in process by the department.

Justice Health Family and Carer Project Steering Committee

Justice Health appointed a project officer for Family, Carer and Discharge Liaison, whose brief covered establishing a steering group to address many of the ongoing issues. MHCC anticipated this would have the potential to develop into a productive collaboration between Justice Health and the NGO sector, leading to partnerships in the effective delivery of services to this sector. The overall goal is to ensure that families and carers of people living with a mental illness are adequately supported and have sufficient information and skills to fulfil their caring roles. The project aim is that families and carers should be supported to perform these roles in a sustainable and satisfying manner, which also supports long term gains to consumers' health, recovery and quality of life. The committee also has a particular focus on Aboriginal carer issues and mental health.

Mental Health Program Council – NSW Health MHDAO

The Program Council guides the mental health program in NSW, and MHCC represents the NGO sector. A wide range of presentations and policies are discussed at this forum, and some of the main issues covered this year included: MHCC presented progress on the NGO Development Strategy and received support for the directions of the Strategy by the Council, broad ranging discussion of new mental health funding, COAG, the structure and relationship of committees within MHDAO, and other matters around the development of specific program areas such as older persons' services and child and adolescent services.

Mental Health Program Council Information Sub-committee - NSW Health MHDAO

MHCC is the NGO representative to this committee, which reports to the Program Council. MHCC's presence ensures NGO input into information management issues where relevant, and one of the key issues being negotiated currently is the development of an information management strategy for the NGO sector.

Mental Health Promotion Advisory Committee – Mental Health Association of NSW

This committee assists MHA with mental health promotion strategies, including Mental Health Week. Some activities this year have included: a Helpline poster which is being distributed to GPs for display in surgeries and an information video on mental health awareness video in video shops and libraries. A corporate networking committee has also been developed bringing corporate reps together to discuss how to better address health issues in the workplace.

Mental Health and Criminal Justice Forum

This forum provided an opportunity for MHCC to hear about and have input into the anticipated enhanced re-integration education, rehabilitation and support, required for the new forensic hospital, as well as details regarding existing arrangements prior and post release for inmates with a mental illness and forensic patients.

MHDAO Tender Panel - Family and Carers Mental Health Program

MHCC participated in the tender panels for the Family and Carers Mental Health Program.

National Coalition of Mental Health NGO Peaks

This is a forum of the mental health NGO Peaks throughout Australia to determine how to coordinate and promote activities of the NGO sector at the national level. Issues covered included: the need for regular scheduled meetings and approach to working with MHCA, Community Mental Health Development Working Group, Senate Inquiry into Mental Health Services, comparison of different

states' implementation of COAG initiatives, National Mental Health standards and attempts at NGO incorporation, and workforce development (including the value of a national qualification, capacity of peaks to deliver training to the sector, and the value of being the provider of minimum qualifications training to our sector).

NCOSS Board

The MHCC CEO sits on the NCOSS Board.

NGO Advisory Group, NSW Health

This group enables peak NGO bodies to liaise with NSW Health about policy issues affecting the NGO sector. The main issue this year was the review of the NGO Policy Framework and the NSW State Health Plan which has identified the mainstreaming of mental health services in the context of national reforms as one of the five key areas for Health. The other areas of focus within the plan are: service delivery models, workforce, early intervention and quality health care.

NGO Housing Partners Reference Group – NSW Department of Housing

This group was established in 2005 as a communication and consultation mechanism between DOH and NGO peaks regarding the Reshaping Public Housing (RPH) reforms. It has now broadened in focus to include a range of areas relevant to the NGO sector, and to facilitate input, information-sharing, and feedback. Issues covered this year have included updates on the Accord including its evaluation strategy. As part of its work with Dept of Housing, MHCC has also participated in specific reference groups around the Antisocial Behaviour Strategy and Assessment Framework Client Pathways

NSW NGO Conference organising committee

The organising committee oversaw the planning of the conference to ensure good practice in bringing the conference together. Some key meetings to this end included:

- Networking guru – Robyn Henderson to explore ideas and possibilities for active networking at the conference.
- Sue Green, Assoc Professor Nura Gili Indigenous Program UNSW: Sue Green had agreed to present at our conference on Social Inclusion and its impact on Indigenous Mental Health.
- Gary Rule, Indigenous Mental Health Worker, Waruwi Consulting, who worked with MHCC to provide meaningful Indigenous input into the conference, with the following aims: inform the NGO mental health sector about Indigenous mental health issues; enhance the capacity of the sector to address Indigenous mental health issues through culturally appropriate promotion, prevention and mental health service provision; identify key problems influencing Indigenous mental health service provision and develop a pilot for effective NGO sector assistance in this area; and create better and lasting partnerships between the NGO mental health sector and Indigenous communities / organisations.

NSW Suicide Prevention Advisory Group – Australian Govt Department of Health and Ageing

This group oversees the suicide prevention strategies in NSW, and this year has looked at the evaluation of funded projects from previous funding round and their implications for subsequent funding rounds.

Tobacco Usage and Social Disadvantage Reference Group – The Cancer Council NSW

People with mental health problems accessing NGOs have been identified as an at risk group re smoking and social disadvantage. There are opportunities to intervene positively in smoking cessation initiatives via NGOs. MHCC is working with The Cancer Council NSW to oversight a project which assists members to develop and implement smoking cessation programs. This is still in early development, and is expected to be rolled out in the latter part of 2007 – 2008.



MHCC has participated in the following workshops and briefings.

Community Day / Workshop, 20th Anniversary celebration - West St Centre Wollongong.

The West Street Centre is a community based counselling service, funded by DOCS, dedicated to women / young people who have experienced child sexual abuse. Previous success with the last three community days led to broadening the forum to include other participants in the community such as: politicians, health representatives, church members, domestic violence specialists as well as educators/academics and mental health peaks. MHCC's participation provided invaluable information in its considerations regarding the second stage of the Reframing Responses project.

Community Services and Health Industry Skills Council – Mental Health Work Consultation

MHCC attended a consultation held in Sydney to explore the vocational roles of mental health workers in community based services. This process helped to inform revised approaches to the qualifications framework for the Certificate IV in Mental Health Work (Non-clinical), and also advised of possible content for higher level mental health work qualifications, as well as forming the basis for Draft 1 of the new qualifications.

COAG Mental Health Working Group Community Consultation

MHCC attended this consultation in September 2006 with a wide range of stakeholders including consumers, carers, NGOs, GPs, academics, practitioners, CALD reps, Official Visitors, and others to review possible models for the role out of the Care Coordination Program proposed as part of the Commonwealth's mental health initiative. Government agencies present included, FACSIA, NSW Cabinet Office, Dept Education and Training, Dept Employment and Workplace Relations, Dept Housing, DOHA, NSW Health.

COAG Consultations - Aust Govt Dept Health and Ageing; FACSIA

MHCC attended these consultations with other sector representatives to discuss models for the COAG funding allocated to assist individuals with mental health problems who are isolated in the community and have few options to engage with others around community activities. The group supported the development and resourcing of services in the community, and advocated that collaborative links be made between the State and Commonwealth around the COAG funding.

Consumer Advocacy course development – Community Consultative Committee (CCC)

MHCC attended the CCC to discuss possibility of developing an accredited consumer advocacy course in partnership between MHCC, IOP and consumer representatives. IOP is interested in such a partnership, and a background paper identifying the key issues is being prepared. There is interest from consumers in developing a whole new qualification, not just a single subject as there is so much to be covered i.e. conflicts of interest, other ethical concerns, what is consumer advocacy, clarity of roles, effects of different types of work, rights and responsibilities, OH&S, consumer consultation, diversity, etc. It was recognised that that this will then become a very lengthy process and so need to consider in more detail whether this is really the best option. It was also recognised that there needs to be policy and training for employers of workers in consumer roles to accompany consumer advocacy course.

Criminal Justice Research Network Seminar - Justice Health

MHCC attended this seminar presented by Professor Greenberg of the NSW Court and Community Liaison Service. Prof Greenberg presented a paper on the findings of a case controlled study examining whether court mandated outpatient treatment for mentally ill offenders is associated with the reduction in criminal recidivism and improvement in psychosocial well-being for offenders. The evidence presented seemed to overwhelmingly confirm positive outcomes for diverted offenders who all had a case manager, as opposed to those on a bond.

Disability Employment Opportunity Index

MHCC was invited to contribute to this project being coordinated by the Australian Employers' Network on Disability, which is a not-for-profit organisation working to advance employment opportunities for people with a disability. They were compiling an audit tool for employers to use to measure and improve the accessibility of their workplaces. The tool covers physical access, organisational commitment, policies/procedures/practices, flexibility, and peer interaction. The three main issues we presented were: disclosure, attitudes and behaviour of colleagues, and workplace flexibility. It is likely to be more useful in assessing workplaces for accessibility for physical disabilities rather than those resulting from mental illness.

DoCS Generic Service Specification for Peaks

MHCC attended this preliminary/scoping discussion about possible future specifications for the role and function of peak bodies. It was proposed that a sub group be formed to deal with definitional issues around peak bodies. The service specification has subsequently been compiled.

Housing and Supported Accommodation (HASI) Workshop

The main focus of this workshop was on the role and function of Community Housing providers within the HASI program, and issues of risk management and provision of support. There was some tension between some NGO support providers and some Community Housing providers around role demarcation which is being addressed. Collection of data and processes in train around extension of MH-OAT to HASI providers was also touched on.

The workshop was also used to consult with HASI and Community Housing providers regarding their workforce learning and development needs. There was strong support for affordable, accessible, relevant and recognised training aligned with the Certificate IV in Mental Health Work (Non-clinical) as well as other short courses. The need for assistance in addressing issues related to workforce recruitment and retention was also identified.

Long Bay Forensic Hospital / Model of Care Briefing - Justice Health

MHCC participated in this briefing, outlining the plans for the new forensic hospital. The forensic hospital is a part of the larger project, which will see the reconstruction and refurbishment of the Metropolitan Medical Transit Centre (MMTC) and the old Long Bay Prison Hospital 2 (LBH2). MMTC is to be fully refurbished, and LBH2 is being demolished. A new 40 bed hospital with no gazetted beds will be constructed on the site (all at ground level). There will be Acute Care, Aged Care, Rehabilitation and general medical beds. Both facilities will be enclosed in a high security perimeter.

Mental Health Disaster Response Plan

In June 2007, MHCC met with Dr John Basson, Chief Psychiatrist, to discuss the possible role of mental health NGOs in disaster planning. It was decided that NGOs would be provided access to training arising from the initiative to provide workers with the understanding and skills to respond to people with mental illness affected by disasters in the community.

Seminar - Private Rental: How can it work for low-income renters? - Shelter NSW

This seminar responded to recent changes to NSW public housing which mean that only those with high levels of special need will be offered public housing and when their situation improves, they will be required to move out of public housing. The seminar focused on the capacity of the private rental market to meet the needs of low to moderate-income households for affordable housing. Ideas were presented in relation to enticing new types of investors into the private rental market, like superannuation funds. Presenters also explored the need for the introduction of policy and tax changes that governments can enact to increase investment at the bottom end of the market.



Port Jackson Supported Housing Program Forum - Department of Housing

This forum was conducted to provide Housing with the opportunity to introduce St George Community Housing as the chosen manager of the Port Jackson Housing Company for an initial 3 year period. While originally conceived by Housing in 2002 to operate separately as a non-profit, non-government housing company, this was reviewed over time and for a number of reasons including effective financial management, the decision was made to link the company to an existing housing provider. St George is now working at developing relationships with the 20 selected 'preferred partners' who are made up of various Agencies currently delivering support services in the inner-Sydney area.

Social and Community Services Industry Industrial Relations Summit

MHCC participated in this Summit, which heard the key findings of the Industry Taskforce that conducted an inquiry into the impact of WorkChoices on the NSW social and community services sector. The Taskforce examined the impact of WorkChoices on the delivery and quality of services; employment conditions; and workforce recruitment, skill, and retention; as well as the effect of WorkChoices' interaction with other government funding policies.

South Sydney Youth Services Launch

MHCC attended the launch of the new skateboard facility for youth in the area. Mayor Clover Moore launched the facility and pledged \$1.2 million for the building of a new youth facility on the existing site of SSYS. SSYS runs a dual diagnosis program and is one of the partner organizations in the NADA/MHCC MISA Project.

TAFE Community Services Head Teachers

MHCC attended a meeting with the Head Teachers to introduce and provide details about the Learning and Development Unit, in particular the "Rehabilitation for Recovery" course, which is aligned with the Certificate IV in Mental Health Work (Non-clinical). The head teachers at the meeting (representing Institutes across NSW), were pleased MHCC was delivering this training as they felt they were not adequately resourced to do so themselves, and they have received a lot of requests for more training in mental health, from their staff and students. Many were keen to investigate partnership opportunities, such as TAFE referring students to MHCC for training in mental health and MHCC referring students to TAFE for numeracy and literacy training.

Tolkien II Briefing, CRUFAD

MHCC attended this briefing with consumers, carers and NGO reps to inform and receive feedback on the Tolkien II Report. The lack of a consumer focus was noted and the lack of attention to continuing care also noted.

University of Sydney Law School Seminar

MHCC participated in a seminar/ discussion chaired by Luke Grant, Assistant Commissioner, Offender Services and Programs, Dept of Corrective Services. The Compulsory Drug Treatment Correctional Centre Act 2004 (NSW) commenced in July 2006, and as consequence the Compulsory Drug Treatment Program was established. It is an interagency endeavour - primarily between the NSW Drug Court, the Attorney-General's Department and Justice Health. The Compulsory Drug Treatment Correctional Centre located in Parklea commenced operation in September 2006. Astrid Birgden, Director, addressed the gathering and described the aims of the Centre to ensure the treatment, rehabilitation and reintegration of male participants who have repeatedly offended in order to support their drug dependence, but who are classed as non-violent. They mostly have a mental illness, but not to the extent that prevents them from participating in the program. Participants progress from detention to semi-detention to community custody. The rate of progress is overseen by the NSW Drug Court. This model of offender rehabilitation is unique in Australia. The primary issue for discussion was whether compulsory drug treatment was a human rights violation or a pragmatic approach to drug offending.

Workforce Development at Kedesh House

MHCC attended a meeting about the workforce development approach being taken by Kedesh House (Drug and Alcohol Residential Service) in addressing the needs of people with MHDA problems. Kedesh have been working closely with Wollongong University to develop this successful initiative and are interested in its transferability to other organizations. NADA and MHCC to explore further in relation to the upcoming MHDA research and training grants programs.



NEWSLETTERS

View from the Peak

A broad range of issues were covered in the four editions of *View from the Peak* published during the year with some of the key topics as follows. All articles can be viewed on the MHCC website.

Winter 2006

- NGOs partner on dual diagnosis
- Improving services to survivors of child sexual abuse
- Boarding houses await sound legislation
- New outreach service for city's homeless
- The lowdown on PECCs
- Open tender for Vocational Rehab Services

Spring 2006

- New partnerships with GP divisions
- The case for community-based care
- Smoking, mental illness and social justice
- Changes to Medicare promote mental health
- Welfare to work: early days
- WorkChoices means No Choice for SACS

Summer 2007

- New money for wish lists
- Mental Health Act review
- Mental Health is about Social Inclusion
- Welfare to Work forum a success
- Where is Healthelink up to?

Autumn 2007

- MHCC celebrates QIC accreditation
- Postcodes of poverty
- Community Services Training Package review
- What's happening with workforce development
- Call to NGOs: Conference recap
- What's happening with the Accord?

NGO development Strategy Newsletter

NGO Development Strategy newsletters are produced and distributed with the *View From The Peak*. The newsletters provide an update on activity undertaken for the NGO Development Strategy.

August 2006

- NGO Mental Health Training Needs Analysis
- Measurement of Consumer Outcomes
- Glossary of VET Sector Terms
- Traineeships in Mental Health Work

February 2007

- Voluntary Minimum Standard of Training for Workers in the NGO Mental Health Sector
- "Rehabilitation For Recovery" Training
- Formation of the Mental Health Training Working Group
- Transferring Training to Mental Health Work Practice
- Update of the Review of The Community Services Training Package (CHC02)
- Expert Reference Group to Advise on Outcomes Directions

MHCC MEMBER SURVEY 2007

Every year, MHCC conducts a survey of its members, which provides a formal mechanism for members to have input into activities. The survey has three primary functions:

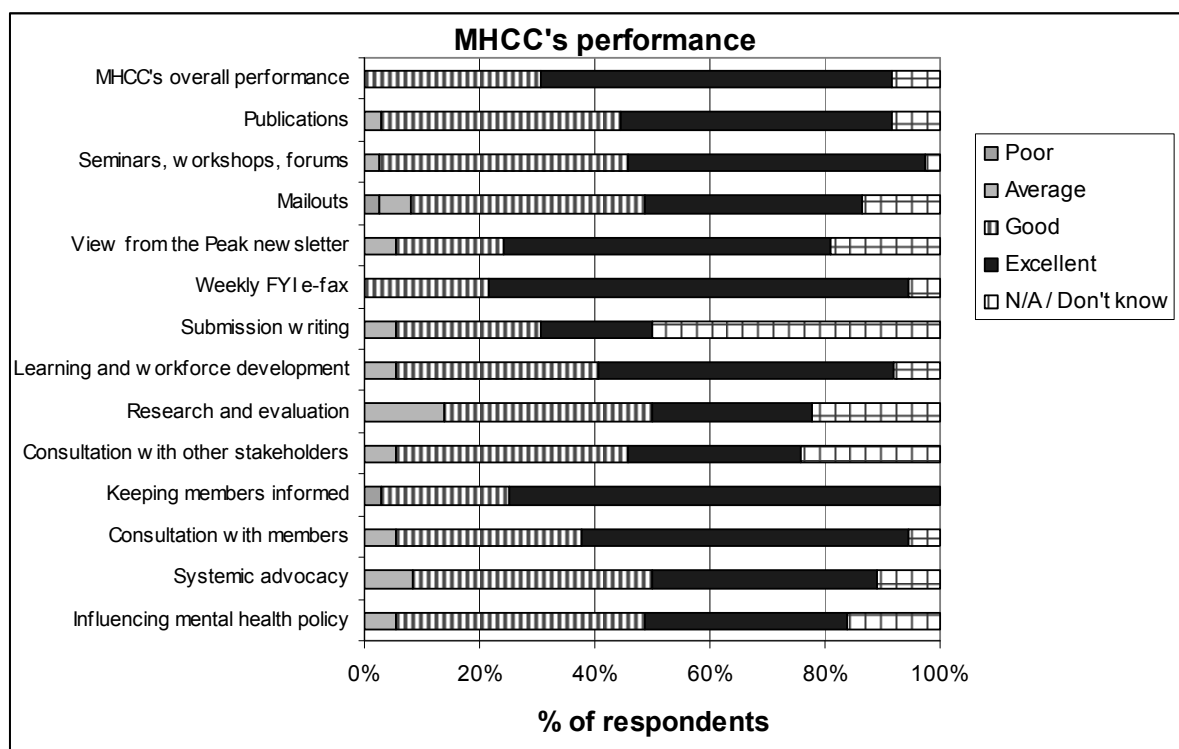
- To enable members to provide their feedback on MHCC's activities, direction, and processes over the last 12 months;
- To enable members to provide ideas and suggestions for what MHCC should be doing over the next 12 months; and
- To help MHCC better understand the nature and concerns of its members.

The collated results are used for MHCC's ongoing quality improvement process, as well as to inform its planning for the coming year.

1. MHCC's Performance

The 2007 survey asked members to rank MHCC's performance overall, and in a number of specific areas. The responses are outlined in the Chart 1.

Chart 1: Respondents' ranking of MHCC's performance over the last 12 months



Sixty one percent of respondents ranked MHCC's overall performance as Excellent, and a further 30% ranked it as Good. Specific areas of activity that a majority of respondents ranked as Excellent include: seminars/workshops (51%), VFP newsletter (57%), FYI e-fax (73%), learning and workforce development (51%), keeping members informed (75%) and consultation with members (57%).

There are some areas in which MHCC's performance was not ranked as highly (including submission writing, and research and evaluation, but both of these areas had a high number of respondents who



said “N/A / Don’t know”. These are possibly areas MHCC will need to develop further, or try to involve members further.

2. Publications and website

Comments and rating of the quarterly newsletter *View from the Peak* (VFP) the weekly e-fax, and other publications were very positive overall, with 81% saying that the VFP was Very or Mostly Relevant, and three quarters rating the website’s content and appearance as Excellent or Good. One respondent stated that the VFP was a “Very informative and professional looking publication - well done!”

3. What else could MHCC be doing?

Respondents were asked whether they believed there were other areas in which MHCC should be working.

There was strong support for the idea of MHCC developing (in consultation with the sector) a Code of Practice for the sector, with 94% saying they would support this idea.

Other areas identified as possible areas for more MHCC activity included:

- Housing and mental health (64%)
- Mental Health in Aboriginal and Torres Strait Islander communities (44%)
- Mental health in Culturally and Linguistically Diverse communities (44%)
- Developmental disability (36%)
- Other (1 response each)
 - dual diagnosis
 - Young people and Mental Health
 - support for rural services
 - Perinatal Mental Health
 - mental health and child abuse
 - Consumer-led initiatives

4. Overall comments

Respondents were asked if they had any overall comments to make. Following are some of the comments provided:

- “I consider that MHCC has improved its profile and stature during the last year. It is now more relevant to the industry than before.”
- “Helpful and informative. I appreciate the newsletters website etc. Training provided has been better than excellent”
- “MHCC is well placed to have a significant impact on policies affecting people with mental health problems who are marginalised in our society. Even more so, for people who face additional barriers accessing services, eg. CALD and ATSI communities, remote communities, and the homeless. If it is not already planned, I would like to see MHCC consult with key stakeholders in these groups and develop systemic strategies to address their concerns.”

MHCC MEMBERS 2006 – 2007

Ordinary Members

Action Foundation for Mental Health Inc
 AFFORD (Australian Foundation for Disability)
 Aftercare
 AIDS Council of New South Wales Inc
 Alcohol & Drug Foundation of NSW
 Anglicare
 ARAFMI NSW
 ASCA (Advocates for Survivors of Child Abuse)
 B. Miles Women's Housing Scheme
 Bankstown Mental Health Family & Friends
 Support Group
 Baptist Community Services (NSW & ACT)
 Benelong's Haven Ltd
 Billabong Clubhouse
 Black Dog Institute
 Blackheath Area Neighbourhood Centre
 Blue Mountains Food Services
 Bobby Goldsmith Foundation
 C.A.R.E. (Counselling & Retraining For
 Employment)
 Canterbury Bankstown Migrant Resource
 Centre
 Carers NSW
 Castle Personnel Services Inc
 Catholic Healthcare
 CCC Armidale
 CCC Bankstown
 CCC Campbelltown
 CCC Coffs Harbour
 CCC Greater Western Area Health Service
 Mental Health Services
 CCC Hunter New England AHS
 CCC Inner City
 CCC Liverpool/Fairfield
 CCC Mudgee
 CCC Northern Beaches
 CCC South Eastern
 CCC St George
 CCC Sydney South West Area Mental Health
 Service North East Cluster
 CCC Tamworth
 CCC Tenterfield
 CCC Tweed Valley
 Centacare - Community Lifestyle Support
 Centacare Ageing & Disability Services
 Cessnock Uni-Clinic
 CHESS
 City Women's Hostel
 Clarence Valley Community Programs Inc
 Club Speranza
 CO AS IT
 Community Links Wollondilly
 Community Options Illawarra Inc
 Consumer Activity Network (Mental Health) Inc
 Disability Advocacy Network
 Dympna House
 Echo Neighbourhood Centre
 Exodus Foundation
 Family Drug Support
 GROW NSW
 Home in Queanbeyan
 Hope Unlimited Group
 Hornsby Ku-ring-gai Association Action for MH
 Inc.
 Hunter Joblink Inc
 Independent Community Living Association
 Interchange Respite Care (NSW) Inc
 JewishCare
 Justice Action
 Kaiyu Enterprises Inc
 Keepwell (Aust) Pty Ltd
 Life Without Barriers
 Lifeline Central West
 Lifeline Sydney
 Macarthur Disability Services
 Mandala Community Counselling Service
 Manly Drug Education & Counselling Centre
 (MDECC)
 Mental Health Association NSW Inc
 Mental Health Carer Network Incorporated
 Mission Australia NSW/ACT Community
 Services
 Mountains Community Resource Network
 Multicultural Disability Advocacy Association of
 NSW (MDAA)
 National Assoc for Loss & Grief (NSW) Inc
 neami Inc
 New Horizons Enterprises
 Newtown Neighbourhood Centre - Boarding
 House Project
 Newtrain Northern Rivers Incorporated
 Northern Beaches Mental Health Support Grp
 NSW Branch - Australian College of Mental
 Health Nurses Inc
 NSW Consumer Advisory Group for Mental
 Health (NSWCAG)



NSW Disability Discrimination Legal Centre Inc
NSW Rape Crisis Centre
NSW Users & AIDS Association
On Track Community Programs
Parramatta Mission
Peer Support Foundation Limited
Personnel Employment Albury Wodonga Inc
Physical Disability Council Of NSW
Progressive Employment Personnel
Psychiatric Rehabilitation Association
Richmond Fellowship of NSW
Roam Communities
Samaritans Foundation
Schizophrenia Fellowship of NSW
Soma Health Association
Southern Community Welfare Inc
St John of God Health Services
St Vincent de Paul Society NSW & ACT
Stepping Out Housing Program
Suicide Prevention Australia Inc
Sydney Counselling Centre
Sydney Women's Counselling Centre
The Benevolent Society
The Disability Trust
The Salvation Army
The Station Ltd
Uniting Care Nareen Gardens
WAYS Youth Services
Wesley Mission Supported Accommodation
Western Sydney Drug & Alcohol Resource Centre Inc
Westworks Inc - PRA
Women Incest Survivors Network
Woodville Community Services Inc

Branch Members

ARAFMI (Newcastle)
ARAFMI Central Coast
ARAFMI Illawarra
Auburn Cottage
Carer Assist
Compeer Illawarra
Compeer Program
Creative Youth Initiatives
GROW Far North Coast Community Centre
Lifeline Harbour to Hawkesbury Inc
Lifeline Newcastle/Hunter
Lifeline South Coast (NSW)
Lifeline Western Sydney
Mid Western CAG Inc
neami - Central Sydney

neami - East Sydney - Darlinghurst
neami - East Sydney - Pagewood
neami - Hunter
neami - Maitland
Neami Illawarra
Neami South East Sydney
On Track Community Programs - Mullumbimby
On Track Community Programs - Coffs Harbour
On Track Community Programs - Lismore Reconnect
Richmond Fellowship (Rural)
Richmond Fellowship Of NSW (Central Sydney)
Richmond Fellowship of NSW (Hunter New England Area)
Richmond Fellowship Of NSW (Wentwest)
St Louise Lodge
St Vincent de Paul Society - Bathurst Diocese
Triple Care Farm - Mission Australia
Uniting Care - Supported Living

Associate Members

Central Sydney Division of General Practice
Counsellors & Psychotherapists Assn NSW Inc (CAPA)
Education Centre Against Violence (ECAV)
Hunter New England AHS -Manning Mental Health Service
Integrated Functional Health Worldwide Pty Ltd
Justice Health
Northern Sydney and Central Coast Health Area
Mental Health
Northern Sydney Central Coast Health (NSCCH)
Mental Health Consumer Participation Network
South Eastern Sydney Illawarra Area Mental Health
St Vincent's Mental Health Service
Transcultural Mental Health Centre

Individual/Subscription Members

Fay Keegan
Justin Liebmann
Mandie Miles
Julie Millard
Christine Purdon
Gunter Rafalak
Joanne Swisterloot

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN: 59 279 168 647

FINANCIAL REPORT

FOR THE YEAR ENDED 30TH JUNE 2007

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN: 59 279 168 647

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

INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2007

	Note	2007 \$	2006 \$
Revenues from Ordinary Activities	2	1,012,123	705,905
Expenses from Ordinary Activities:			
Employees Expenses	3	446,238	370,052
Professional and Consultancy Fees		246,148	104,303
Motor Vehicle Expenses		5,086	4,157
Depreciation		7,977	12,466
Other Expenses		256,419	149,450
Profit (Loss) from Ordinary Activities Before Income Tax Expense		<u>50,255</u>	<u>65,477</u>
Income Tax Expense	4	<u>0</u>	<u>0</u>
Profit (Loss) from Ordinary Activities After Related Income Tax Expense		50,255	65,477
Profit (Loss) from Extraordinary Items after Related Income Tax Expense (Income Tax Revenue)		<u>0</u>	<u>0</u>
Net Profit (Loss)		50,255	65,477
Total Revenues, Expenses and Valuation Adjustments recognised directly in Equity		<u>0</u>	<u>0</u>
Total Changes in Equity other than those Resulting from Transactions with Members as Members		<u>50,255</u>	<u>65,477</u>
Equity Statements			
Equity at the Beginning of the Financial Year		294,434	228,957
Movements comprise:			
Net Profit (Loss) for the Year		50,255	65,477
Equity at the End of the Financial Year		<u>344,689</u>	<u>294,434</u>

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN: 59 279 168 647

BALANCE SHEET
AS AT 30TH JUNE 2007

	Note	2007 \$	2006 \$
CURRENT ASSETS			
Cash	6	2,497,367	687,483
Trade & Other Receivables	7	<u>138,220</u>	<u>9,378</u>
TOTAL CURRENT ASSETS		<u>2,635,587</u>	<u>696,861</u>
NON-CURRENT ASSETS			
Property, Plant & Equipment	8,10	<u>57,000</u>	<u>28,699</u>
TOTAL NON-CURRENT ASSETS		<u>57,000</u>	<u>32,197</u>
TOTAL ASSETS		<u>2,692,587</u>	<u>729,058</u>
CURRENT LIABILITES			
Payables	9,21	2,305,973	410,053
Provisions	11	<u>41,925</u>	<u>24,571</u>
TOTAL CURRENT LIABILITIES		<u>2,347,898</u>	<u>434,624</u>
TOTAL LIABILITIES		<u>2,347,898</u>	<u>434,624</u>
NET ASSETS		<u>344,689</u>	<u>294,434</u>
EQUITY			
Retained Profits	15	<u>344,689</u>	<u>294,434</u>
TOTAL EQUITY		<u>344,689</u>	<u>294,434</u>

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

CASH FLOW STATEMENT
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2007

	Note	2007 \$	2006 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Seminar Revenue (inclusive of GST)		142,855	83,579
Receipts from Members (inclusive of GST)		28,009	23,025
Government & Other Grants Received (inclusive of GST)		2,737,155	781,865
Payments to Suppliers & Employees (inclusive of GST)		-1,126,231	-647,683
Interest Received		32,239	25,441
Other Receipts		28,637	24,773
Net Cash Provided by Operating Activities	13	<u>1,842,664</u>	<u>291,000</u>
CASH FLOW FROM INVESTING ACTIVITIES			
Payments from Property, Plant & Equipment			
Proceeds from Sale of Property, Plant & Equipment		-32,780	-15,964
Net Cash Used in Investing Activities		<u>-32,780</u>	<u>-15,964</u>
CASH FLOW FROM FINANCING ACTIVITIES			
Net Cash Used in Financing Activities			
Net Increase (Decrease) in Cash Held		1,809,884	275,036
Cash at the Beginning of the Financial Year		687,483	412,447
Cash at the End of the Financial Year	6	<u>2,497,367</u>	<u>687,483</u>

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

In the opinion of the board, the company is not a reporting entity because there are no users dependent on general purpose financial reports.

This is a special purpose financial report that has been prepared for the purpose of complying with the Associations Constitution and to provide the required information to the grant providers and must not be used for any other purpose. The board has determined that the accounting policies adopted are appropriate to meet the needs of the relevant parties.

The company has applied Accounting Standard AASB 1025: Application of the Reporting Entity Concept and Other Amendments, which amended the application clauses of all standards existing at the date of its issue so that they now apply only to companies that are reporting entities or to companies which are not reporting entities but prepare general purpose financial reports. The financial report has been prepared in accordance with AASB 1018, AASB 1034 Financial Report Presentation and Disclosures and AASB 1040 which apply to all entities required to prepare financial reports under the Corporations Act 2001 and other applicable Accounting Standards and Urgent Issues Group Consensus Views.

The financial report is prepared in accordance with the historical cost convention, except to certain assets which, as noted, are at valuation. Unless otherwise stated, the accounting policies adopted are consistent with those of the previous year. Comparative information is reclassified where appropriate to enhance comparability.

(b) Property, Plant & Equipment

Property, Plant & Equipment are brought to account at cost or at independent board's valuation less any accumulated depreciation. The carrying amount of property, plant and equipment is reviewed annually by the board to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

The depreciable amount of property, plant and equipment, is determined as the difference between the carrying amount of the asset at the time of disposal and the proceeds of disposal, and is included in profit from ordinary activities before income tax of the company in the year of disposal.

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(c) Employee Entitlements

Provision is made for the company's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year, together with entitlements arising from wages and salaries, annual leave which will be settled after one year, have been measured at their nominal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements.

Contributions are made by the company to employee superannuation funds and are charged as expenses when incurred.

(d) Taxation

The activities of the company are exempt from income tax.

(e) Revenue Recognition

Amounts disclosed as revenue are net of returns and taxes paid. Revenue is recognised for the major business activities as follows:

- (i) Government Grants
Revenue is recognised where there is a signed letter from the Government indicating that a grant has been given to the company and that the grant relates to the financial period to which the financial statements relate.
- (ii) Interest
Interest is recognised on an accruals basis.
- (iii) Conference Registrations
Revenue is recognised on an accruals basis.

(f) Receivables

All trade debtors are recognised at the amounts receivable as they are due for settlement, no more than 30 days from the date of recognition.

Collectibility of trade debtors is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for doubtful debts is raised when some doubt as to collection exists.

(g) Creditors

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition.

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN: 59 279 168 647

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (conti'd)

(h) Cash

For purposes of the statement of cash flows, cash includes deposits at call with financial institutions and other highly liquid investments with short periods to maturity which are readily convertible to cash on hand and are subject to an insignificant risk of changes in value, net of outstanding bank overdrafts.

NOTE 2: REVENUE

	2007	2006
	\$	\$
Revenue from Operating Activities		
Sale of Non-Current Assets	3,398	2,220
Conference & Seminars	129,869	75,982
Membership Subscriptions	<u>25,463</u>	<u>20,932</u>
	<u>158,730</u>	<u>99,134</u>
Revenue from Outside the Operating Activities		
Grants Received	795,914	558,776
Interest	32,239	25,441
Sundry Revenue	<u>25,240</u>	<u>22,554</u>
	<u>853,393</u>	<u>606,771</u>
Revenue from Ordinary Activities	<u>1,012,123</u>	<u>705,905</u>

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 3: PROFIT FROM ORDINARY ACTIVITIES	2007	2006
	\$	\$
Net Gains and Expenses		
Profit from Ordinary Activities Before Income Tax		
Expense includes the following specific Net Gains and Expenses:		
Net Gains/Losses		
Net Gain on Disposal: Property, Plant & Equipment	3,397	2,220
Expenses		
Depreciation:		
Plant & Equipment	4,855	9,270
Computer Equipment	1,414	636
Motor Vehicles	1,708	2560
Total Depreciation	7,977	12,466
Other Provisions		
Employee Entitlements	17,534	153
 NOTE 4: INCOME TAX		
As indicated at Note 1, the Company is exempt from income tax.		
 NOTE 5: AUDITOR'S REMUNERATION		
Amount Received by Auditor for:		
Auditing Accounts	3,527	5,650
Other Services	0	5,650
	3,527	11,300
 NOTE 6: CURRENT ASSETS - CASH		
Cash on Hand	150	150
Cash at Bank	0	0
Security Deposit	200	200
Cash on Deposit	2,497,017	687,133
	2,497,367	687,483

Cash on Deposit

The deposits are bearing floating interest rates of between 0% and 6.1%, depending upon the level of funds maintained in each account. (2006 - 0% and 5.5%).

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 7: CURRENT ASSETS - RECEIVABLES	2007	2006
	\$	\$
Trade & Other Receivable	<u>138,220</u>	<u>9,378</u>
	<u><u>138,220</u></u>	<u><u>9,378</u></u>
NOTE 8: NON-CURRENT ASSETS - PROPERTY, PLANT & EQUIPMENT		
Motor Vehicles - at Cost	14,213	14,213
Less: Accumulated Depreciation	<u>-4,830</u>	<u>-3122</u>
	<u>9,383</u>	<u>11,091</u>
Computer Equipment - at Cost	9,405	1,825
Less: Accumulated Depreciation	<u>-2,180</u>	<u>-766</u>
	<u>7,225</u>	<u>1,059</u>
Plant and Equipment - at Cost	92,520	71,580
Less: Accumulated Depreciation	<u>-52,128</u>	<u>-51,533</u>
	<u>40,392</u>	<u>20,047</u>
	<u><u>57,000</u></u>	<u><u>32,197</u></u>
NOTE 9: CURRENT LIABILITIES - PAYABLES		
Current		
Deferred Income	2,095,188	402,778
Creditors & Other Payables	5,695	340
PAYG Tax Payable	3,470	5,776
GST Payable	<u>201,620</u>	<u>1159</u>
	<u><u>2,305,973</u></u>	<u><u>410,053</u></u>

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 10: PROPERTY, PLANT & EQUIPMENT

Reconciliations

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:

	<u>Motor Vehicles</u>	<u>Plant & Equipment</u>	<u>Computer Equipment</u>	<u>Total</u>
Carrying Amount at 1/7/06				
Additions	11,091	20,047	1,059	32,197
Disposals	0	25,200	7,580	32,780
Depreciation Expense (Note 3)	-1,708	-4,855	-1,414	-7,977
Carrying Amount at 30/6/07	<u>9,383</u>	<u>40,392</u>	<u>7,225</u>	<u>57,000</u>

NOTE 11: CURRENT LIABILITIES - PROVISIONS

	2007	2006
	\$	\$
Provision for Long Service Leave	22,772	12,795
Provision for Annual Leave	<u>19,153</u>	<u>11,776</u>
	<u>41,925</u>	<u>24,571</u>

NOTE 12: SEGMENT REPORTING

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

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 13: RECONCILIATION OF PROFIT FROM ORDINARY ACTIVITIES AFTER TAX TO NET CASH INFLOW FROM OPERATING ACTIVITIES

	2007	2006
	\$	\$
Profit (Loss) from Ordinary Activities After Income Tax	50,255	65,477
Non Cash Flows in Operating Result		
Depreciation	7,977	12,466
Loss/(Profit) on Sale of Assets		
Changes in Assets & Liabilities		
Increase (Decrease) in Provision for Annual and Long Service Leave	17,354	-153
Increase (Decrease) in Unearned Income	1,692,410	200,592
(Increase) Decrease in Trade & Other Receivables	-128,842	20,650
Increase (Decrease) in Payables	203,510	-8,032
	1,842,664	291,000
Net Cash Inflow/(Outflow) from Operating Activities	1,842,664	291,000

NOTE 14: CONTRIBUTED EQUITY

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

NOTE 15: RETAINED PROFITS

	2007	2006
	\$	\$
Retained Profits at Beginning of Financial Year	294,434	228,957
Net Profit/(Net Loss)	50,255	65,477
	344,689	294,434
Retained Profits at End of Financial Year	344,689	294,434

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 16: FINANCIAL INSTRUMENTS

(a) Terms, Conditions and Accounting Policies

The Company's accounting policies, including the terms and conditions of each class of financial asset and financial liability and equity instrument, both recognised and unrecognised at 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 Company.	Trade Creditors are normally settled on 30 day terms.
Deferred Income	9	Deferred income represents grants received by the Company 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.

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

(c) Credit Risk Exposures

The Company's 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.

Interest Rate Risk Exposures

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

	Floating Interest Rate 2007 \$	Non Interest Bearing 2007 \$	Total 2007 \$
Financial Assets			
Cash	2,497,367		2,497,367
Receivables		138,220	138,220
	<u>2,497,367</u>	<u>138,220</u>	<u>2,635,587</u>
 Financial Liabilities			
Trade and Other Payables		210,785	210,785
Deferred Income		2,095,188	2,095,188
	<u>0</u>	<u>2,305,973</u>	<u>2,305,973</u>
 Net Financial Assets/ Liabilities	 <u>2,497,367</u>	 <u>-2,167,753</u>	 <u>329,614</u>

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 16: FINANCIAL INSTRUMENTS (cont'd)

	Floating Interest Rate 2006 \$	Non Interest Bearing 2006 \$	Total 2006 \$
Financial Assets			
Cash	687,483		687,483
Receivables		9,378	9,378
	<u>687,483</u>	<u>9,378</u>	<u>696,861</u>
Financial Liabilities			
Trade and Other Creditors		7,275	7,275
Deferred Income		402,778	402,778
	<u>0</u>	<u>410,053</u>	<u>410,053</u>
Net Financial Assets/ (Liabilities)	<u><u>687,483</u></u>	<u><u>-400,675</u></u>	<u><u>286,808</u></u>

Reconciliation of Net Financial Assets to Net Assets

		2007 \$	2006 \$
Net Financial Assets as above		329,614	286,808
Non-Financial Assets & Liabilities:			
Property, Plant & Equipment	8,10	57,000	32,197
Provisions	11	<u>-41,925</u>	<u>-24,571</u>
Net Assets as per Balance Sheet		<u><u>344,689</u></u>	<u><u>294,434</u></u>

NOTE 17: 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 company, the results of those operations or the state of affairs of the company in financial years subsequent to the financial year ended 30 June, 2007.

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 18: REMUNERATION OF BOARD MEMBERS

	2007	2006
	\$	\$
Income paid or payable, or otherwise made available, to board members by the company in connection with the management of affairs of the company	Nil	Nil

The number of board members whose total income from the company or related parties was within the specified bands are as follows:

\$	\$	2007	2006
0 -	9,999	13	12

NOTE 19 : RELATED PARTIES

Names of Board Members

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

Phil Nadin	Douglas Holmes	Sue Sacker
Stephen Kinkead	Tony Humphrey	Karen Burns
Leone Crayden	Alex Rivers	Kris Sargeant
Arthur Papakotsias	Joy Said	
Anna Saminsky	Warren Holt	

New Members

The following board members were elected at the company's AGM held on 12th December, 2006

Sue Sacker
Kris Sargeant

Resigning Members

The following board members did not stand for re-election at the Company's AGM held on 12th December 2006

Douglas Holmes
Tony Humphrey
Alex Rivers

Remuneration

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

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2007

NOTE 20: EMPLOYEE ENTITLEMENTS	2007	2006
	\$	\$
Employee Entitlement Liabilities:		
Provision for Employee Entitlements-Current (Note 11)	<u>41,925</u>	<u>24,571</u>
Aggregate Employee Entitlement Liability	<u>41,925</u>	<u>24,571</u>

NOTE 21: DEFERRED INCOME

A research Grant of \$1,500,000 was received from NSW Health Department. This Grant will start to be drawn down in December 2007.

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

DECLARATION BY THE BOARD
FOR THE YEAR ENDED 30TH JUNE 2007

The board declares that the financial statements and notes:

- (a) comply with Accounting Standards, the Corporations Regulations and other mandatory professional reporting requirements; and
- (b) give a true and fair view of the company's financial position as at 30 June 2007 and of its performance, as represented by the results of operations and cash flows for the financial year ended on that date.

In the board members' opinion:

- (a) the financial statements and notes are in accordance with the Associations Incorporations Act (NSW) and Corporations Act 2001; and
- (b) there are reasonable grounds to believe that the company will be able to pay its debts as and where they become due and payable.

This declaration is made in accordance with a resolution of the board.

Chairperson:.....

Treasurer:.....

Dated this 17th day of September 2007

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
The Mental Health Co-ordinating Council Incorporated**

Report on the financial report

We have audited the financial report of the Company, which comprises the balance sheet as at 30 June 2007, and the income statement and changes in equity and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors' declaration of the company and the entity it controlled at the year's end or from time to time during the financial year.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation and fair preparation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporation Act 2001. The responsibility includes establishing and maintaining internal records relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances. In Note 1-10, the directors also state, in accordance with Accounting Standards AASB 101 "Presentation of Financial Statements", that compliance with the Australian equivalents to International Financial Reporting Standards (FRS) ensures that the financial report, comprising the financial statements and notes, complies with 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 entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, 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, provided to the directors of The Mental Health Co-ordinating Council on 30 June 2007, would be the same terms if provided to the directors as at the date of this auditor's report.

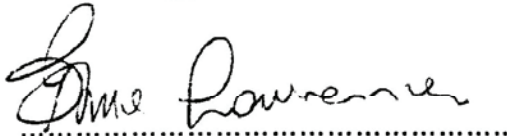
When this audit report is included in an Annual Report, our procedures include reading the other information in the Annual Report to determine whether it contains any material inconsistencies with the financial report.

Auditor's Opinion

In our opinion:

- a. The financial report of the Company 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 2007 and their performance for the year ended on that date;
 - (ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations and the Corporations Regulations 2001.

- b. The financial report also complies with International Financial Reporting Standards as disclosed in Note 1-10.



.....
Bruce Lawrence
O'NEILL & O'BRIEN

at Sydney

Dated this *24th* **day of** *September* **2007**

Address: Suite 3
11-13 Hartill-Law Ave
BARDWELL PARK NSW 2207