



# Annual Report

2007 – 2008



Mental Health  
Coordinating Council

Supporting community organisations  
working for mental health  
throughout NSW





Mental Health  
Coordinating Council

funded by NSW Health

## ANNUAL REPORT 2007- 2008

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# 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 the sector with leadership and representation on mental health issues

To improve mental health in the community by promoting and developing non-government organisations in NSW to deliver strong quality services

## **Principles:**

- Good mental health is about the whole person – it encompasses their psychological, physical, emotional and spiritual needs
- Consumer and carer input are central to the promotion of mental health and the delivery and management of quality services
- Communities must provide a range of mental health services designed to meet individual and 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 and specific project grants provided by the NSW Health Department. We remain appreciative of the support of our member organisations, through their membership fees, their unpaid contributions to committees and projects and their ongoing commitment to mental health and all people living with a mental illness.

# 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

The Mental Health Coordinating Council adopted four key priorities during the term of MHCC Strategic Plan 2005-2008. During the last twelve months the Strategic Direction of MHCC has been reviewed and an audit of our activities has been conducted by the CEO and Board of Management.

Due to the efficacy, commitment and continued hard work of the secretariat team from MHCC, I am pleased to report that the key priorities were achieved.

Some examples of these are as follows-

## Key Priority Area One

Informing engaging and educating non-government organizations working for mental health.

- During the 2008 year membership to MHCC has increased by 30%, ensuring that more community organisations are informed and engaged by MHCC. These organisations working in mental health receive the View from the Peak newsletter; have access to the FYI e Fax. Member's surveys were conducted and indicated satisfaction on the quality and usefulness of these productions.
- An evidence based position paper was produced *Social inclusion: its importance to mental health*. The paper articulated the work of the mental health NGO sector and our work to support social inclusion.
- MHCC held over 50 Mental Health First Aid courses throughout NSW.
- Numerous presentations throughout the year at the THEMES Conferences on the achievements of the Learning and Development Unit.

## Key Priority Area Two

"Influencing Public Policy Development"

This priority was about providing an independent and representative voice that will influence public policy development regarding service delivery for people with mental health problems and forging stronger links with other relevant stakeholders. The large body of work and the number of high quality and well researched submissions is evidence that this priority was fully achieved.

There were approximately eleven submissions written throughout 2007- 2008, of note the submission to the Senate Community Affairs Committee Inquiry into Mental Health Services in Australia, August 2008. MHCC has also represented our sector on numerous committees and networks such as the Premiers Departments Grants Administration Review.

## Key Priority Area Three

**"Developing the capacity and identity of the NGO mental health sector."**

I believe that MHCC has excelled in this priority area and the gains that have been achieved for the sector in terms of capacity has been increased by the establishment of the Learning and Development Unit and its continued work. The Workforce Development Reference Group has guided the establishment of a voluntary minimum standard and further development of post graduate qualifications will enhance both the capacity and the identity of the sector by providing a skilled workforce trained by an institution (LDU) that promotes a Recovery orientated approach.

Another highlight this year as been the extensive rollout of the outcome measurement framework, "Mapping the Difference We Make" that encourages the sector to use routine consumer outcome monitoring for individual recovery and for program and service evaluation.

#### **Key Priority Area 4**

##### ***Exemplary governance and management***

This is really the business side of things and often the least exciting of any strategy; however MHCC's Board and staff have endeavoured to ensure that exemplary governance is achieved when conducting all our business activities. This year we have introduced clear delegations of authority, reviewed the Strategic Plan, introduced a Code of Conduct for Board members and documented the assessment of risks associated with our activities.

To conclude, the above are only some examples of the activities of MHCC, again I must extend my gratitude to Jenna Batman and the whole team at MHCC for the enormous amount of work they are able to achieve each year. Not only is the volume of work they undertake vast, the quality of the work improves each year.

This was confirmed recently, by the new Minister assisting the Minister for Health on Mental Health, the Hon Barbara Perry MP, when she commented on the skills and breadth of knowledge that MHCC and Jenna have of our sector and the value of having a CEO with this knowledge and commitment.

I would also like to thank my fellow Board members for the honest and open discussion throughout the year and considering their own workloads the commitment they have given to MHCC. The knowledge and foresight that they share is invaluable to the sector and has enabled MHCC to provide leadership to our members. Well done and thank you for an exciting year.



**Leone Crayden**  
**Chairperson**

# CHIEF EXECUTIVE OFFICER'S REPORT

The world is full of paradoxes. The year has seemingly flown by but as I review all that has occurred in that time it seems like an eon has passed. Perhaps the high point of the year has been that the effects of the COAG initiatives have continued to resound across the sector. The energy and vibrancy created by the government recognition that psychosocial rehabilitation and support and social inclusion are fundamental to good mental health has been wonderful. The challenge now will be to demonstrate the effectiveness of this approach and to ensure ready coordination with clinical services is achieved as required.

The establishment of Community Mental Health Australia – the industry alliance of mental health state peaks – has been an important outcome of deliberations between the state peaks. The main objectives of the group are around the need to establish a coherent national profile for our sector in terms of the social inclusion agenda and in terms of industry development in workforce, quality and evidence based practice. The potential of this group to engage with the different aspects of government to promote our sector; the opportunity to learn from each other, decrease duplication of activities and share resources is really exciting. A governance MOU is in development.

The MHCC platform document 'Social Inclusion – its importance to mental health' has been out in the sector for a year now and has proven to be a valuable piece of work because it has assisted to give a structure and language to the work of the sector. MHCC has received a great deal of positive feedback from politicians to clinical providers to consumers and not least our members. Whilst the Australian government is taking time to determine how it will create program streams under the social inclusion framework, as has been evident in the UK, there is hope this will unfold over the next 12 months and bring additional focus to the importance of strengthening the ability of communities to increase social inclusion for marginalized groups.

Another high point of the year has been the ongoing establishment of the MHCC Learning and Development Unit (LDU) which has been well received by the sector as providing quality and targeted training inline with the philosophy and practices of the sector. The Manager of the LDU, Simone Montgomery along with her team has done an excellent job developing the array of internal systems needed to support our status as an accredited provider and in building strong relationships with member organizations as MHCC endeavours to meet sector training needs. Thanks also to Trevor Hobday, Jeni Marin, Wayne Petersen, Ian Bond and the range of MHCC training consultants who have worked tirelessly to ensure the LDU training and learning products have relevance and quality.

The 'Mapping The Difference We Make' initiative promoting the uptake of Routine Consumer Outcome Monitoring (RCOM) across our sector has likewise created positive working relationships with members. The 'Familiarization' sessions and 'Initial Training' conducted across the state brought together MHCC members, other stakeholders and Area Health Directors and Executive staff to explore the application of RCOM in NGOs assisting people with mental health problems. Those attending the Familiarization sessions were treated to the consumer scripted and acted DVD "Breaking News – outcome monitoring in community organizations". This humorous look at an important subject was MHCCs first foray into film making and we are very pleased with the response. I would like to thank everyone involved in the making of the DVD and in particular Sandy Watson and Jonine Penrose-Wall for their creative energies and dedication to the cause.

The year has been notable for the continued rollout of the Mental Health NGO Infrastructure Grants which provided \$4 million to the sector for organizational development and a range of sector wide infrastructure projects. Under the IGP 66 organisations were assisted with infrastructure projects ranging from computer and data system purchases to air conditioning installation and painting to preparation for accreditation review. MHCC would like to thank NSW Health for recognition of the infrastructure needs of community organizations and provision of the grant funds and Edwina Pickering for overseeing the administration of the grants for MHCC.



For as long as I have been working in this sector there has been a real need for comprehensive research into identifying approaches and practices that can provide a sound evidence base for the work undertaken in our sector. The establishment of the Mental Health and Drug and Alcohol Research Grants Program with a dedicated \$3million at last provides this opportunity. The program requires community organizations and academic institutions to partner in pursuing research opportunities to improve community organization engagement and support to people with mental health and drug and alcohol problems. Thanks again to NSW Health for the funds and thanks to Deb Greene for oversight of the program for MHCC.

There has been an enormous amount of policy and advocacy work undertaken by MHCC over the last year. Highlights include submissions on the Review of the NSW Mental Health Act, the Senate Inquiry into Mental Health Services in Australia, the National Mental Health and Disability Employment Strategy and engagement with Justice Health around consumer participation in the forensic hospital system. MHCC has been effective in its advocacy efforts around a range of policy issues both at the state and national levels. In particular I would like to thank Corinne Henderson for her excellent work and proactive approach in this portfolio area and Tina Smith for her valuable contributions to policy and advocacy in the area of workforce development.

MHCC has made positive advances over the last year in our information and communication strategies. We have continued to receive very positive feedback about our FYI e-fax and quarterly news-journal, View from the Peak. Our website is recognized as a 'go to' site for mental health policy and sector development resource information and has been redesigned for greater accessibility and increased functionality. Rod West is a new member of our team this year and he has done a great job of managing our development in this area. He has also been instrumental in exploring how MHCC can assist community organizations interested in mental health to form closer relationships and partnerships at the local level through our 'Meet your neighbour' initiative. This initiative will begin to roll out from August 2008.

The MHCC team has achieved a great deal over the past year. Office Manager, Edi Condack assisted by Angela Deligio has continued to contribute her wonderful energies in keeping the office running smoothly and in supporting our members. Emily Adams who came to us originally as a student has proven invaluable and been able to pick up anything requested of her including work on understanding the components of 'recovery orientation' in the organisational context.

Finally I want to thank Leone Crayden and the MHCC Board who provide me with insights, guidance and personal support. The combined wisdom of the MHCC Board allows me as CEO to manage our directions with confidence. Leone Crayden in particular has been a great sounding board for me as have a number of others and I would like to thank them for their ongoing support for myself and the aims of MHCC and our sector.

Best wishes



**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 John Malone, Aftercare Anna Saminsky, NSW CAG resigned 2008 Kris Sargeant, Richmond Fellowship

## Secretariat:

Chief Executive Officer:	Jenna Bateman
Senior Policy Officers:	Corinne Henderson Stephanie Maraz ( <i>until July 2007</i> ) Rachel Merton ( <i>until 13 March.2008</i> )
Office Manager:	Edi Condack
Admin Assistant:	Angela Deligio
Communications:	Rod West ( <i>from December 2007</i> )
Student Placement:	Emily Adams ( <i>for 6 weeks Jan to March 2008</i> )

## Project Staff

NGO Development:	Nicole Schlederer ( <i>until 23 June 2008</i> )
Workforce Development:	Tina Smith ( <i>from April 2008</i> ) Emily Adams ( <i>from March 2008</i> )

Tobacco Project:	Carla Cowles ( <i>from 18 February.2008</i> )
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## Project Consultants

Outcomes for NGOs:	Jonine Penrose-Wall
Infrastructure Grants:	Edwina Pickering
MHDA Research Grants:	Debbie Greene
Publications/Info Mgt:	Helen Perks Sue Wicks Stephanie Maraz

## Learning and Development Unit

Training Manager:	Tina Smith ( <i>until April 2008</i> ) Simone Montgomery ( <i>from April 2008</i> )
Training Development:	Eryn Thomas ( <i>until January 2008</i> ) Trevor Hobday ( <i>from April 2008</i> )
Trainer / Assessor	Jeni Marin Wayne Petersen ( <i>from December 2007</i> )
Admin Assistant:	Ian Bond

# MHCC REPRESENTATION

## National Organisations

- Community Mental Health Australia (CMHA)
- Community Services & Health Industry Skills Council (CHC02 Review Industry Ref Group)
- Community Services & Health Industry Skills Council Articulation Models for the Mental Health Sector Project Industry Reference 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 Mental Health Workforce Advisory Group
- National Mental Health Standards Reference Group

## State Government Departments (NSW)

- Housing NSW NGO Housing Partners Reference Group
- Housing NSW Partnership Action Resource Group
- Joint Guarantee of Service (JGOS) Advisory Group
- Justice Health Consumer and Community Group
- Justice Health Family and Carer Project Steering Committee
- MHDAO Family and Carers Program Advisory Committee
- MHDAO Housing and Supported Accommodation Initiative
- NSW Health Mental Health Act 2007 Implementation Committee
- NSW Health Mental Health and Drug and Alcohol Clinical Council
- NSW Health Mental Health and Drug and Alcohol Office (MHDAO) Drug and Alcohol Council Comorbidity Subcommittee
- NSW Health MHDAO Chronic & Continuing Care Rehabilitation and Recovery Working Group
- NSW Health MHDAO Mental Health Program Council
- NSW Health MHDAO Mental Health Program Council Information Subcommittee
- NSW Health MHDAO Mental Health Program Council Workforce Development Subcommittee
- NSW Health MHDAO Mental Health Program Council Workforce Development Subcommittee Education, Training & Support Working Group
- NSW Health MHDAO Comorbidity Clinical Guidelines Advisory Group
- NSW Health Mental Health Priority Taskforce
- NSW Health NGO Advisory Group
- NSW Police Mental Health Intervention Team Consultative Committee Education Committee
- NSW Suicide Prevention Committee

## Other committees and networks

- Community Trainers and Assessors Meeting
- Consumer Activity Network Reference Group
- Forum of Non-Government Agencies (FONGA), NCOSS
- Health Care Complaints Commission (HCCC) Consumer Consultative Committee
- Housing Partners Reference Group
- Mental Health Association (MHA), Mental Health Promotion Advisory Committee
- Mental Health Disorders and Cognitive Disability in the Criminal Justice System (MHDCCD) Reference Group, an ARC Linkage Project, School of Social Work UNSW
- Mental Illness Substance Abuse (MISA) Collaboration Committee NSW Community Services & Health Industry Training Advisory Board (ITAB) Assessor Network
- NSW Institute of Psychiatry Consumer Advocate Training Consultative Committee Consumer Advocacy Course Accreditation Subcommittee
- NSW Law Reform Commission Advisory Committee
- NCOSS Board of Management
- NCOSS Health Policy Advisory Group
- NCOSS Sector Development Forum
- Public Interest Advocacy Centre (PIAC) Mental Health Legal Services (MHLS) Steering Committee
- The NSW Cancer Council Tobacco and Social Disadvantage Reference Group

# PROJECTS

## **Building Capacity in Community Mental Health Family Support and Carer Respite Project**

FaHCSIA has engaged CMHA and the state peaks to assist it to identify models of respite care in mental health and to assist community organisations to apply for funding under future rounds of the National Respite Development Fund. The approach supports existing community mental health service infrastructure and offers new opportunities for delivering respite and family care services. Project Coordinators will work with interested local services and existing networks to further develop partnerships and networks, and to support individual services and facilitate the development of consortiums to apply for National Respite Development Funding.

## **Conference 2009**

MHCC and NADA decided to join forces to present a mental health drug and alcohol conference 6-8 May 2009 and a project to plan this event has started. The venue has been confirmed as Dockside, Cockle Bay, Sydney. MHDAO has confirmed its support and set aside a grant to help fund the conference.

## **Forensic Consumer Representative Model Development .**

A model for consumer participation at the new Forensic Hospital at Long Bay was developed by MHCC and presented to Justice Health in August 2007 and re-presented after some adjustments to senior management in March 2008. The proposal is for a model that is primarily systemic but able to effectively promote individual advocacy by supporting forensic patients to negotiate pathways internally within Justice Health and externally where required. MHCC received an assurance of commitment for two consumer advocates at commencement of the new hospital, and reiterated the recommendation for a full team of four to be established in the first year of operation. Subsequently MHCC have provided further information and have expressed their willingness to be consulted and involved in the process in the future.

## **Infrastructure Grants Program**

MHCC is administering NSW Health's Infrastructure Grants Program (IGP); a \$4 million program to enable mental health NGOs in NSW to improve infrastructure and promote progress towards accreditation with national service quality standards. Since the IGP commenced in December 2006, more than \$3 million has been allocated to NGOs across NSW for 66 projects. The type of projects include improving IT capacity and office facilities, developing the skills and knowledge of board and staff members, and preparing for accreditation reviews. Some NGOs are funded to undertake innovative evaluation projects that are likely to have sector-wide benefits. A total of 18 projects were completed during the period July 2007 to June 2008. As part of the IGP, MHCC is also undertaking four projects to enhance the mental health NGO sector as a whole, including the Routine Consumer Outcome Monitoring project (described elsewhere in this report), and a Mapping Survey of over 700 NGOs in NSW providing mental health services or activities. The Mapping Survey will develop a current picture of the mental health NGO sector in NSW, reflecting the significant changes that have occurred over the past few years in the range of funders, providers and service models. A public report will be produced with recommendations for NSW Health about the opportunities for development and future planning. Two other projects will commence during 2008-09, including one to fund NGOs to enhance data collection systems, and the other to assist mental health NGOs funded by NSW Health that have not yet benefited from the IGP. The IGP will conclude at the end of December 2009.

## **Mental Health Drug and Alcohol Change Management Project**

In March we commenced planning for this new project in partnership with NADA which seeks to further increase the confidence and capacity of community organisations in responding to the needs of people with both mental health and substance use (ie, comorbidity) issues. The project will be conducted over the next 18 months and use an organisational change management approach involving training and service review/development to improve skills in responding to substance use issues. It is anticipated that the model and resources will be developed by the end of this year including piloting at one site before being rolled-out to a further five sites during 2009.

### **Mental Health and Drug & Alcohol NGO Research Grants Program**

MHCC and NADA will coordinate and manage \$3m (\$1.5m for each sector) over 3 years for grants to support mental health and drug and alcohol research by community mental health and drug and alcohol organisations and their research partners. Research grants have been advertised and a number of applications have been received. The approval process is rigorous and thorough (including ethics approvals) and successful applicants will be named once the funds have been transferred.

### **The Mental Health Rights Manual - Update**

MHCC are to discuss possible partnership with PIAC to undertake this task. MHCC believe this would sit well with the Mental Health Legal Services Project that PIAC began in October 2007, and on whose steering committee MHCC sit.

### **Mental Health Sector Staff Development Guide**

The mental health sector staff development guide addresses both professional and personal development strategies for the mental health NGO, consumer and carer workforce. The primary focus of this guide is to strengthen staff development practices and pathways used by managers to create a sustainable, modern, informed, and diverse workforce. The guide will assist managers to promote and maintain professional and personal well-being in the workplace so as to enhance retention of staff in the mental health NGO sector. It takes a holistic and person-centred approach to organisational development, recruitment and retention, professional development, supervision and mentoring, evaluation and performance management, building effective partnerships and networks, cultural competence, consumer participation, carer participation, consumer workers and carer workers. A working group of MHCC member organisations (formed from the Workforce Development Reference Group) has been involved throughout the process, as well as consultations with managers from a range of organisations and independent consumer advisors. The final draft is being revised June 26 2008, and project completion is expected soon after.

### **Mental Illness and Substance Abuse (MISA) Pilot Project**

The pilot comprised a total of six participating agencies working with two different target groups, of young people and women. Participating agencies were Charmian Cliff Cottages, Phoebe House, Richmond Fellowship NSW, South Sydney Youth Service, Ted Noffs Foundation and We Help Ourselves (WHOs)

The Project achieved outcomes in the areas of:

- Increased worker capacity and confidence
- Increased organisational capacity
- Improved linkages between non government mental health and drug and alcohol agencies

The final report of the project was completed and endorsed by the MHDA Collaboration Group. The report contains a series of recommendations on the development of sustainable partnerships between mental health and drug and alcohol agencies, and on the role of the peaks in supporting partnership initiatives. It has been sent to NSW Health and to all participating agencies. It has also been placed on MHCC and NADA websites and promoted in View from the Peak.

### **The NGO Development Strategy: Mental Health**

The NGO Development Strategy, an initiative funded by and run in partnership with MHDAO, commenced in June 2004 and was completed in December 2007 with an extension of the workforce component until June 2009. Through this Strategy, MHCC worked 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 – Recruitment & Retention**

MHCC has produced material including posters, post cards and brochures to boost recruitment of new workers to the sector. We have also negotiated an arrangement with BRC Recruitment to publish mental health jobs on their website with a link from our website and to offer special rates to members.

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

In 2007 we also produced, in partnership with the Community Services and Health Industry Training Advisory Board (ITAB), a "Pocket Guide to a Skilled Mental Health Workforce". This product aims to better inform community organisations about vocational education and training pathways to mental health work qualifications.



### ***Sector Training Calendar***

MHCC continues to develop 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 will be added to MHCC's website in the second half of 2008.

### ***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 has mainly been concentrated on the Outcomes through NGOs and Mapping the Difference We Make Initiative (described elsewhere in this report).

### ***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. A 'meet your neighbour' approach to partnership development is in planning stages.

### ***Job Descriptions Document***

A list of mental health sector job descriptions was compiled for the MHCC website, sourcing information from current job vacancies and the WFD Reference Group

### ***Postgraduate Pathways***

Various higher education institutions are being approached to discuss partnerships and pathways for students who have completed the Certificate IV in Mental Health Work.

### ***Outcomes Through NGOs and Mapping the Difference We Make Training***

The Mapping the Difference We Make Workforce Support Program, to implement Routine Consumer Outcome Monitoring, commenced in April 2008. It includes: a) Consumer engagement; b) Familiarisation public launch events hosted with Area Mental Health Services; c) Initial Training (one-day intensive on using outcome tools); d) Continuing Education (a quality improvement mechanism); e) Executive and Leadership training (weekend retreat) and f) Occasional Seminars.

By 30 June 2007 all components were started or scheduled with three launches and 2 Initial Training intakes successfully accomplished. One Occasional Seminar with Aftercare as the inaugural presenter was also held. Called "All Systems Go" (on IT and business systems necessary to implement RCOM) it was a small group 'round table' for problem solving with NGO guest speakers.

One highlight of the year has been MHCC's making of the DVD by Consumers and Carers, "Breaking News: Outcome monitoring in community organisations, a consumer report", launched at each Familiarisation Launch event. This resource has had wide appeal and 500 copies are being provided at no cost to NGOs and key stakeholders.

### ***Publication: "Social Inclusion: Its importance to mental health"***

This document was distributed in August 2007 with high demand and very positive feedback.

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

In June 2008, MHCC secured a grant from the Victims of Violent Crime Grants Program (VOVCGP). We proposed that a manual be designed as a stand alone (self-training tool) to be offered to non-clinical community services and other primary care professionals such as GPs, physicians and nurses in daily contact with adult survivors of childhood abuse who present with complex mental health issues. The project will run for one year.

**Tobacco project: breathe easy – lifting the burden of smoking**

'breathe easy' is a joint project between MHCC and The Cancer Council NSW (TCCN) as part of TCCN's Tackling Tobacco program. The project will be looking at how to reduce harm and disadvantage, within NGO services, caused by smoking. The project will run for 18 months.

A survey was distributed on 5th May by email to all MHCC members to gather baseline data on organisations' attitudes, policies and practices towards smoking. It is expected that a report of the results will be available by July. The project will also be looking at strategies in service reorientation to assist services address the issue of smoking such as through smoking policies, staff training in smoking cessation and promotion and awareness of the need to address smoking. Consultation with consumers, providers and carers will be conducted via the Reference Group and the Steering Committee.

**Web Redevelopment**

This project passed through several hands and a few versions as we attempted to update our website with a fresh look and increased functionality for users and for MHCC. Eventually we were able to make good use of our extended consultation and feedback to produce our new website at the end of June 2008 which not only delivers to our specifications but can be modified and adjusted to suit our needs over the next few years. The website went live in early July 2008.

**Welfare to Work Consultation Project**

A final report was prepared in September 2007, along with an advocacy document with recommendations drawing from the project's consultations with consumers, carers, and people working in employment services. The project was designed to inform MHCC's and our members' advocacy efforts for change to the legislation.

**Community Mental Health Australia**

The State and Territory Mental Health NGO Peaks representing community based not-for-profit organisations across Australia are currently formalising their relationship under a Memorandum of Understanding (MOU) in recognition of the need for greater coordination and collaboration. The newly formed alliance is called Community Mental Health Australia (CMHA) at its focus is to coordinate the development of the community mental health industry/sector across all States and Territories; promote the work of the sector at the national level; provide leadership and direction and share capacity, resources and expertise in sector development strategies. The inaugural meeting of the National Leadership Committee comprising Chairs, Presidents and CEOs of each State and Territory Peak, was held in Sydney in March 2008 to begin work on a Community Mental Health Strategy and Action Plan to guide the work of the Alliance.

# LEARNING & DEVELOPMENT UNIT (LDU)

During 2007/08, our work continued on the establishment of the Learning and Development Unit (LDU) and the delivery of affordable courses across NSW that are responsive to the needs and philosophy of the NGO mental health sector including the Certificate IV in Mental Health Work (Non-clinical). Training was provided in Central and Western Sydney, Newcastle, Bathurst, Coffs Harbour, Tweed Heads, Narrabri and the far South Coast. Targeted workplace training was also provided to several member organisations. NSW Health have provided MHCC with an additional three years of funding toward establishment of the LDU and the achievement of a voluntary minimum qualification within the sector which members have agreed to be The Certificate IV in Mental Health Work.

## **LDU Official Launch**

The LDU was officially launched on 21 April 2008 by the Hon Paul Lynch, Minister Assisting the Minister for Health (Mental Health) exactly 12 months after achieving RTO status. The ceremony was attended by 120 people with representatives from a number of community sector organisations as well as government agencies such as NSW Health, Justice Health, DET, TAFE and Housing NSW. The occasion also celebrated the graduation of our first 20 people with the Certificate IV in Mental Health Work (Non-Clinical), with graduates being presented with their certificates by the Minister.

## **Promotion and Marketing**

A range of LDU promotional material has been produced and mailed out to members and other stakeholders. This material is part of the strategy of promoting LDU products and services and includes our first training calendar and 3 brochures.

## **Development of recognition resources aligned to the Certificate IV in Mental Health Work (Non-clinical) – RPL Toolkit**

Work has been completed, in partnership with the NSW Community Services and Health ITAB, in developing recognition resources linked to the Certificate IV in Mental Health. 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. All graduates at the Official Launch were able to benefit from skills recognition toward obtaining their qualification.

## **Traineeships**

The Certificate IV in Mental Health Work traineeship was declared by the NSW Department of Education and Training in September 2007. The LDU became an approved provider of the traineeship in February 2008 and have since enrolled about 100 trainees. The LDU is able to commence 200 trainees in 2008 and 600 a year thereafter. 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 Community Services Training Package review has continued and the Certificate IV in Mental Health Work is part of this training package. The review is focussing on matching units of competency to job roles. MHCC has taken a leadership position nationally, with the support of Community Mental Health Australia, in contributing to the review. We are currently anticipating a:

- Significantly revised Certificate IV that better reflects evidence-based practice in recovery-oriented community mental health service delivery;
- New Diploma in Community Services that allows for a mental health and/or drug & alcohol specialisation
- Use of “skill sets” approach for other health and community service workers who may want to learn more about responding to people with mental health or drug and alcohol issues without necessarily completing a whole qualification.

We have also advocated for the development of a Vocational Graduate Certificate or Diploma to facilitate leadership in comorbidity workforce development as well as the introduction of recognised consumer worker qualifications. The review process, which included a sector forum on the same day as the Official Launch of the LDU, should be completed in the second half of 2008.



# 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 2007-08. Copies of all submissions are available on the MHCC website or on request to MHCC.

## **Australian Government Green Paper: 'Which Way Home? A New Approach to Homelessness'**

MHCC provided a submission to the Green Paper in June 2008, which whilst applauding the Government for having placed Homelessness as one of the top priorities on the Social Inclusion agenda for their first term of office, expressed the hope that the White Paper developed would lead to a robust 10 year National Strategy for eradicating Homelessness. MHCC advocated for a dynamic strategy adopting a holistic approach to model development, strongly focused on the link between mental illness and homelessness. This association was highlighted throughout the Green Paper, but not evidenced in the Options proposed, which were somewhat narrowly focused.

## **Community Services and Health Industry Skills Council – Community Services Training Package (CHC02) Review**

MHCC worked with the ISC and ITAB to convene industry meetings in July 2007 and April 2008 regarding Drafts 1 & 2 of the proposed new training package with an emphasis on the mental health work qualification and units of competence. These meetings and related submissions formed the basis for feedback to the ISC and subsequent development of the qualifications.

## **Feedback to Greater Metropolitan Clinical Taskforce**

MHCC was given the opportunity to provide feedback to a proposal from the Greater Metropolitan Clinical Taskforce to NSW Health for a state-wide smoking cessation program: *'Improving Smoking Cessation Interventions in the Clinical Setting'*. The proposal was comprised of three recommendations:

- Smoking Cessation Coordinators (Area-based)
- Smoking Cessation Clinicians (Facility-based)
- Heavily subsidised Nicotine Replacement Therapy (NRT)

MHCC was, in principle, supportive of the proposal but was not in agreement with recommendation 1 for the creation of specialised roles in smoking cessation based in the clinical setting. MHCC expressed concern in designating smoking cessation to one person within the clinical setting rather than integrating smoking cessation throughout the organisation and as part of staff roles.

MHCC was supportive of recommendation 3 but expressed a need for subsidised NRT to also be available to NGO services to increase the support available to people who wish to give up smoking.

## **Guidelines for Physical Health of Mental Health Consumers: MHDAO, NSW Health**

MHDAO invited MHCC to review the draft Guidelines for the Physical Care of Mental Health Consumers in March 2008. This is a welcome initiative to provide guidelines for a model of holistic care, representing a consistent state-wide approach to service delivery that has the potential to improve physical health of mental health consumers and prevent disease. MHCC highlighted that throughout the document where the focus is on collaboration, partnership and information sharing with service providers, the importance of building capacity and inclusion of relationships with NGOs (who may be the primary service provider to a consumer), was not mentioned. MHCC emphasised that community organisations delivering a broad range of services to consumers may well be in a position, with consumer consent, to share appropriate information with health care professionals assisting in the ongoing healthcare of consumers.

## **Job Capacity Assessment (JCA) Program review - February 2008**

Most people with mental illness want to work, and consider it to be a feasible and desirable part of their recovery. Positive employment outcomes are achievable where this is part of the person's goals and the right support is available at the right time. This submission focuses on the services for people with mental illness outlining recommendations regarding the JCA's appropriateness in assisting people with mental illness including the appropriateness and range of qualifications necessary for Job Capacity Assessors to undertake assessments of people with different disabilities, including those with a mental illness. One of the principal barriers to work is that the Disability Employment Network (DEN) is required to have a JCA, including a review of their Disability Support Pension (DSP) status, this a huge disincentive to seeking work, as many DSP recipients are concerned they may lose the pension and may not regain it if the JCA indicates their capability to work, even if they are unsuccessful in gaining or retaining suitable employment.

## **Mental Health Rights Manual**

In November 2007, MHCC placed an 'Alert' on the MHCC website to highlight aspects of the Manual that may be out of date due to legislative amendment, or where legislation is under review, although it may still be operational. Similarly, the Alert draws attention to amendments to Rights, Principles and Standards under review and new key directives and initiatives in place. This was an interim measure until the new Mental Health Act 2007 was enacted and the Review of the Forensic Provisions and new legislation completed.. The updated version of the online Mental Health Rights Manual will be undertaken in 2008/2009.

## **National Centre for Education on Training and Addiction (NCETA)/Flinders University**

In April MHCC made a submission on behalf of Community Mental Health Australia to NCETA regarding the availability and relevance of mental health, drug and alcohol & comorbidity courses in Australia. This review was commissioned by the Commonwealth Department of Health and Ageing. We emphasised the lack of industry relevant comorbidity training at either the vocational education and training or higher education levels.

## **National Mental Health and Disability Employment Strategy.**

As a part of the Social Inclusion Agenda, the Australian Government is developing a National Mental Health and Disability Employment Strategy. The Strategy aims to address the barriers faced by people with disability and/or mental illness that make it difficult to get into the workforce, particularly at levels that may be commensurate with their skills and qualifications and to stay employed long-term.

The terms of reference for the Strategy were released in February 2008. MHCC consulted broadly with the sector and provided a submission in June 2008.

## **PIAC**

PIAC has been granted funding for a two year pilot project to develop responses to unmet legal needs for people with mental illness in NSW. The funding enables employment of two staff. The aim is to consider and test models of service delivery and to enhance the capacity of legal assistance services to respond to the legal needs of this client group. In order to ensure that the project responds most effectively to these needs and learns from the expertise of others in the community and government sectors, PIAC is establishing a steering committee to oversee the project. MHCC has been invited to participate.

## **Senate Community Affairs Committee: Inquiry into Mental Health Services in Australia. Submission 1**

In March 2007, on the motion of Senator Lyn Allison, the Senate referred the matter of mental health services in Australia to the Community Affairs Committee for inquiry and report by 30 June 2008. The terms of reference required the committee to examine ongoing efforts towards improving mental health services in Australia, with reference to the National Action Plan on Mental Health agreed upon in July 2006 at a meeting of the Council of Australian Governments (COAG). They were also to examine the commitments and contributions of the different levels of government with regard to their respective roles and responsibilities. Likewise, they were to consider the extent to which the Action Plan assists in achieving the aims and objectives of the National Mental Health Strategy; its overall contribution to the development of a coordinated infrastructure to support community-based care; progress towards implementing the recommendations of the Select Committee on Mental Health, as outlined in its report *A national approach to mental health – from crisis to community*; and identify any possible remaining gaps or shortfalls in funding and in the range of services available for people with a mental illness. MHCC collaborated with NCOSS to facilitate consultations and provided a joint submission to the Committee in August 2008.

## **Senate Community Affairs Committee: Inquiry into Mental Health Services in Australia Submission 2**

Following a public hearing of the Senate Community Affairs Committee Inquiry into Mental Health services in Australia in March 2008, MHCC provided a second submission, the focus of which included: the need to review NGO tendering processes for COAG funding and the absence of community involvement in COAG consultations on strategy, planning and implementation. MHCC urged the Senate Committee to support community involvement at all future stages of the process proposing that the social inclusion agenda promoted by the Federal Government should be followed through into COAG processes. The MHCC agreed to provide recommendations on tendering processes under the umbrella of Community Mental Health Australia (CMHA), a partnership between the State Mental Health NGO Peak Bodies.

### **Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals**

MHCC provided a submission to the Inquiry into Acute Care Services in NSW Public Hospitals in April 2008). The submission proposed that it is necessary to review acute mental health inpatient care in the context of the entire spectrum of service delivery, which must include primary health and community services. As a consequence, the submission addressed systemic issues in the broad sense, concentrating on how service delivery in the community impacts on acute services rather than acute services per se. Whilst Commonwealth and State Governments through COAG initiatives have clearly made a commitment to prevention, early intervention and to setting an agenda positioning effective responses to mental health problems as a national health priority, unfortunately, in implementation, the focus has often been at the acute end of service delivery. MHCC have consistently supported the belief that only by fully investing in community services that provide prevention, early intervention and relapse prevention, will there be a reduction in the level of need for acute services.

### **State Electoral Commission NSW (SEO): Equal access to Democracy Plan**

In November 2007 MHCC were invited to participate in a review of the SEO's Democracy Plan. The SEO wished to re-engage with peak organisations to develop additional strategies to further increase services for electors with a disability at the 2008 Local Council elections. MHCC had been involved in the Reference Group involving seventeen peak disability consumer and industry organisations in order to establish the extent to which people with disabilities experienced difficulty in accessing the democratic process in 2006. MHCC provided comment of the draft document Equal Access to Democracy.

### **Training Staffing Backfill**

Draft submission written to scope feasibility and source of \$1m to cover funding for casual temporary staff to replace permanent staff while they attend training for the Certificate IV in Mental Health Work

# CORRESPONDENCE AND MEETINGS OF NOTE

## **Meeting with Minister Paul Lynch and Mental Health Adviser David Crewdson (July 2007)**

MHCC Chair, Vice Chair and CEO met with the Hon Paul Lynch MP, Minister Assisting the Minister for Health (Mental Health) and his Mental Health Adviser, David Crewdson, to introduce the organisation and represent the interests of MHCC members with a wide ranging discussion on the work and capacity of the sector.

## **Meeting with Shadow Health Minister (March 2008)**

CEO met with Greg Aplin MP at his request to discuss the implications for opposition policy re community mental health services delivered by NGOs including the benefits of supporting people in the place they live and the recovery and social inclusion agendas as they relate to mental health.

## **Quarterly meetings with Director of NSW Health Mental Health Drug & Alcohol Office (MHDAO) David McGrath**

CEO meets on a quarterly basis with David McGrath to update him on issues pertaining to MHCC projects and to discuss the NGO programs.

## **Centre for Health Advancement: Strategic Policy and Partnership Branch. (June 2008)**

In view of the current controversy regarding smoking in mental health facilities MHCC wrote to the Centre for Health Advancement to draw their attention to our position with reference to mental health facilities and particularly forensic environments, which was not within the scope of Greater Metropolitan Clinical Taskforce's proposal for a State-wide smoking cessation program: 'Improving Smoking Cessation Interventions in the Clinical Setting'.

## **Smoke Free Mental Health Taskforce: Proposal that MHCC be invited onto the Taskforce advising on tobacco bans in mental health settings (September 2007)**

MHCC approached NSW Health regarding inclusion on the Taskforce. Having been asked to provide information as to the contribution they might make to the committee they provided evidence of both the expertise and ability to represent the mental health sector and bring important perspectives to the table for consideration. Likewise, they stated that MHCC is in a unique position to represent consumers with regards to the interface between smoking and mental illness, dual diagnosis, medication and the particularly complex context of the criminal justice system.

## **Greater Metropolitan Clinical Taskforce – Consumer issues around Tobacco Control (May 2008)**

MHCC were asked to respond to Greater Metropolitan Clinical Taskforce's proposal to NSW Health for a state-wide smoking cessation program: 'Improving Smoking Cessation Interventions in the Clinical Setting'. MHCC made numerous recommendations, but in view of the controversy regarding smoking in mental health facilities, we drew the Taskforce's attention to our position with reference to mental health and particularly forensic environments, which was not within the scope of GMCT's proposal. Whilst MHCC have made clear that we entirely support the development of appropriate measures to enable people to quit smoking and to assist in devising implementation plans for health strategies for those working and living in secure environments, we nevertheless suggest that to deny consumers in secure units from exercising their right to smoke when it is not an illegal activity in the community is discriminatory. It has been suggested that the QUIT programs that have proved successful in the community amongst middle class smokers has proved to be less effective with consumers who frequently come from a lower socio-economic background. Messages need to be adapted to the target audience. We proposed that NSW Health offer all mental health consumers a range of voluntary smoking intervention programs.

## **Review of Draft Guidelines for Physical Health of Mental Health Consumers: NSW Health Department (April 2008)**

The guidelines recognise the critical role mental health services can play in improving the overall health and wellbeing of consumers with mental illness. It is a key resource that will enable these services to deliver holistic, supportive and choice-driven health care, leading to improved overall health outcomes for some of the most vulnerable, and disadvantaged, members of the community. MHCC provided NSW Health with feedback on the draft guidelines.

### **Review of Draft Equal access to Democracy Plan: State Electoral Commission NSW (April 2008)**

The Plan developed for the State election was based on a series of consultations with NSW disability peaks; consumer advocacy and industry organisations including MHCC, to identify key issues that impact on access and equity of participation in the democratic process for people with disabilities. MHCC also provided feedback on the draft document, marking the start of the Equal Access to Democracy Project for the 2008 Local Government elections.

### **Review of the Forensic Provisions of the Mental Health Act 1990. The Hon. Cherie Burton MP, Minister Assisting The Minister for Health (Mental Health). (March 2007)**

MHCC wrote to the Minister regarding the absence of transparency with regards to the identity of Taskforce members appointed to work with the Hon Greg James, QC on the Review. MHCC expressed their concern that the sector was unable lobby or invite members to community consultations and other such information gathering events as a consequence of this decision.

### **The Mental Health Act 2007. The Hon. Paul Lynch MP, Minister Assisting the Minister for Health (Mental Health), Minister for Local Government and Minister for Aboriginal Affairs, Lee Rhiannon MP, Greens Member NSW Legislative Council. (May 2007)**

MHCC wrote to the Minister regarding the passing of the Mental Health Act 2007 through to the Upper House, which we felt was being undertaken with undue haste. MHCC were keen for the Minister and the Parliament to consider our concerns with regards to the Act as it was being presented, believing that it represented a missed opportunity to develop a visionary piece of legislation that could have been a leading example to Western Democracies.

### **Review of the Forensic Provisions of the Mental Health Act & Mental Health Review Tribunal appointments. The Hon. Paul Lynch, MP. Minister Assisting The Minister for Health (Mental Health). (May 2007)**

MHCC wrote to the Minister regarding the appointment of legal members to the MHRT without the positions being advertised through the normal channels. We requested information as to the reason for this change in process.

### **Forensic Provisions of the NSW Mental Health Act 1990 and the NSW Mental Health (Criminal Procedure) Act 1990. NSW Health. Director General, Professor Debora Picone. (January 2008)**

MHCC wrote to the department with regards to the relocation of the forensic provisions from the 1990 Act to the Criminal Procedure Act 1990. We expressed the view that this could have the effect of criminalising forensic patients who are 'Not guilty by reason of mental illness', who should be dealt with under the Mental Health Act, ordered (under the Mental Health (Criminal Procedure) Act) to be detained in a hospital or other place and reviewed by the MHRT for conditional or unconditional release.

### **Review of the New South Wales Forensic Provisions. The Hon Greg James QC. President Mental Health Review Tribunal. (May 2008)**

MHCC wrote to congratulate Mr James and his Taskforce on completing the Review. MHCC are particularly pleased to see so many recommendations that the sector proposed endorsed in the recommendations.

### **Department of Corrective Services Rosters. The Hon. John Hatzistergos. Attorney General, Minister for Justice. (June 2008)**

MHCC added its voice to objections raised by NCOSS and the NSW Nurses' Association with regard to the practice of 'locking down' or secluding inmates/ patients who are mentally ill and medical/ surgical patients in the Long Bay Hospital between the hours of 4pm and 8am. This is in line with DCS's policy "The Way Forward," which we interpret as a cost cutting measure since this has meant a third shift to manage patients is no longer necessary. We emphasised our deep concerns regarding the safety and wellbeing of inmate patients under this new regime and suggest that the negative consequences on the mental and physical health of these patients under his care is both inhumane and lacking adequate duty of care and fails to match the United Nations (UN) Human Rights Principles for the Protection of Persons with a Mental Illness and for the Improvement of Mental Health Care, 46/119, (ratified by the UN General Assembly in 1991), to which Australia is a signatory.



## EXTERNAL PUBLICATIONS

### **Journal of Offender Rehabilitation.**

In July 2006 MHCC submitted a paper to the Journal of Offender Rehabilitation, a US journal edited by Prof Dan Phillips, Criminal Justice Program, Wilson College, Kentucky, which was accepted for publication in a Special Edition on Mental Health Issues in the Criminal Justice System. The double-edition entitled "Mental health issues in the criminal justice system" published in 2007 was co-released as a book, released in February 2008.

### **Australian e-Journal for the Advancement of Mental Health (AeJAMH), Volume 6, Issue 2, 2007**

#### **ISSN: 1446-7984. Finding a place for healing: Women survivors of childhood sexual abuse and their experience of accessing services.**

A paper was submitted after the completion of the first stage of the Reframing Responses Project. The aim of the Reframing Responses study (O'Brien, Henderson & Bateman, 2006) was to explore the provision of services in the non-government sector. The paper described the context in which Women survivors of child sexual abuse often suffer a myriad of difficulties including a chronic and painful sense of insecurity, a lack of self-esteem, difficulty with interpersonal relationships, poor frustration tolerance, overwhelming emotions, depression, sensitivity to criticism and rejection, distrust, suspiciousness and a fragile sense of self. They may also experience a range of serious psychological consequences, their life trajectory often marked by chaos and complexity. In Australia, services have been developed in government, non-government and private sectors to meet the needs of these women; however, anecdotal evidence suggests that services may be patchy in both availability and standards. This paper presents findings related to the experiences of women survivors of child sexual abuse in accessing and utilising services.

### **Australasian Psychiatry (In Press)**

MHCC has had a journal article on the consumer views on Routine Consumer Outcome Measurement accepted for publication in the peer reviewed journal Australasian Psychiatry.

### **New Paradigm**

MHCC had an article *Social Inclusion and Mental Health: Evidence and practice* published in the Autumn 2008 edition of New Paradigm.

# 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 2007-08.

## **ACON Mental Health Advisory Group (15/11/07)**

This group has broad-ranging representation, and meets roughly every two months. The current activity is around the development of an ACON mental health strategy. ACON's three main target groups are: GLBT (gay, lesbian, bisexual, transgender people), injecting drug users, and sex workers, and each has specific mental health issues as well as many overlapping ones. At this meeting, the group brainstormed the key areas that need to be covered in the strategy. ACON staff will now draft up the key areas, and the advisory group will make suggestions regarding activities and targets for each key area. A discussion document has already been developed (available from ACON's website), and this has formed the rationale behind the strategy.

## **Benevolent Society**

MHCC presented as one of several organisations to around 50 senior Benevolent Society staff from around NSW in August 2007. The presentation covered the mental health community sector and MHCC's role as a peak body in sector development, policy reform, leadership and representation. The theme of the day was social inclusion and copies of MHCC's publication were disseminated with discussion about recovery and social inclusion.

## **'breathe easy'**

A presentation was made to the NSW Health Smoke Free Mental Health Taskforce (NSW Health) to promote the project.

## **Canterbury Bankstown Migrant Resource Centre (13/02/08)**

Presented recruitment materials and promoted employment in the mental health sector to multicultural organisations and workers.

## **Carers and Respite**

Presentation in February 2008 to 40 carers respite managers and coordinators funded by FaHCSIA on the Mental Health Act 2007.

## **Department of Education and Training (DET) (7/02/08)**

Presentation with NADA on recruitment materials and promoted employment in the mental health and AOD sectors as part of sector promotion to multicultural organisations and workers.

## **Justice Health. Long Bay. Forensic Consumer Participation Model Development.**

January and March 2008

After the first meeting in January 2008 when MHCC presented their model of consumer participation we were asked to make some adjustments to the model. At the second meeting MHCC presented Model 2 to the Executive Director; the Director Medical Services, and the Nurse Manager. The model was well received and a commitment for 2 consumer advocates at the hospital at commencement of the new hospital was confirmed.

## **MDECC (Manly Drug Education and Counselling Centre) AGM Day**

This presentation focused on the evidence linking social inclusion and mental health, as well as the links between social inclusion and recovery from mental illness, with some discussion on bringing social inclusion principles into practice. Further, it highlighted the key role of NGOs in promoting the principles of social inclusion in their work and working with consumers to re-engage with the community.

## **Mental Health Coalition of South Australia**

Jonine Penrose-Wall on behalf of MHCC gave a four hour workshop in August 2007 to MHCSA's members on MHCC Information Strategy and RCOM. The audience included NGOs and SA Mental Health Branch staff.

### **Mental Health First Aid courses**

MHCC held 40 Mental Health First Aid courses, including 14 through DADHC, across the state over 2007/08. MHCC is still 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.

### **MHCA Capacity Building Grant Forums**

In February and March the MHCC Learning and Development Unit and Outcomes Initiative made presentations at three forums in NSW and one in the ACT convened by the Mental Health Council of Australia regarding their Capacity Building Grant funding opportunity.

### **MHCA Launch – Let's get to work!**

As a member of MHCA's Employment Reference Group, MHCC was involved with the production of MHCA's publication *Let's Get to Work! A national mental health strategy for Australia*. The document was launched by the Commonwealth Ombudsman and Prof Ian Hickie. The document sets strategies and targets for governments and employers to improve the policy and social environment to support people with mental illness to obtain and retain employment.

### **MHCC CEO Forum 30/11/07**

Presentations: Paul Macquire Consulting re the changes to Industrial Relations legislation under the new Federal Government; Larry Pierce from NADA was asked to speak on the information management system they administer for their member agencies; Jenna Bateman facilitated a session on the pros and cons of developing an NGO Framework for NSW Health funded mental health NGOs (see attached summary of session).

### **MHCC 2006/07 AGM 30/11/07**

Sebastian Rosenberg from MHCA was guest speaker. He addressed the meeting on the impacts of COAG initiatives and possible implications from the change of Government at the Federal level.

### **National Mental Health Workforce Advisory Group**

MHCC attended initial meeting in Melbourne in February 2008 on behalf of CMHA, A wide range of mental health sector workforce interests were addressed including presentations on psych registrar training, MBS and National Practice Standards. MHCC presented on the training initiatives in the NGO sector including the review of the Community Services Package and MHCC LDU establishment and directions.

### **NSW Health Area Health Service Clinical Partnership Coordinators**

Presentation in August 2007 on the role of NGOs and MHCC with discussion about facilitating networks and partnerships among Area Health Services and NGOs.

### **NSW Health Mental Health Program Council**

In February 2008 we presented to the Program Council regarding outcomes of the NGO Development Strategy and future directions for the Workforce Development and Quality and Outcomes initiatives.

### **NSW Health Mental Health and Drug and Alcohol Office (MHDAO) Information Subcommittee**

This presentation in August 2007 was in part about updating the committee and also to gain support for a joint process between MHCC and MHDAO about progressing the NGO information agenda. The presentation covered outcomes of the Consumer Outcome Measurement project and progress made by MHCC to contribute to the development of an NGO information strategy.

### **NSW Mental Health Act 2007. Changes to the Act**

MHCC facilitated a workshop in March 2008 for MHCC members and other community organisations to provide an understanding of the legislative framework of the new Mental Health Act 2007 as applicable to the mental health sector. The presentation was given to 40 attendees from a broad section of mental health NGOs by Peter Bazzana, Senior Education Officer at the Institute of Psychiatry. Participants appreciated the comprehensive structure and clarity of the presentation and appreciated the opportunity to discuss case examples. MHCC were fortunate to secure a venue with a wonderful harbour view, courtesy of Thomson Playford Attorneys.

### **NSW Police Mental Health Intervention Team Consultative Committee/Education Committee**

In early 2008 we worked with the NSW Police to explore their mental health training needs and the role of the community services sector in working with the police in responding to the needs of people affected by mental illness.



**PRA Staff Conference 07/12/07**

Presentation given on the role of NGOs within society linking to current rise internationally and nationally of Government Offices and portfolios specifically focused on The Third Sector and Social Inclusion. Presentation was intended to emphasis the role of NGOs beyond direct service provision.

**Radio Interview ABC 702 re closure of Rozelle Hospital**

CEO interviewed by Virginia Triolli on the recently released Callan Park Land Use Plan. CEO supported the relocation of mental health services currently at Rozelle to Concord Hospital where purpose built facilities would better accommodate patients. The argument about increasing the number of mental health beds was raised. CEO argued that evidence showed people recovered more quickly and sustained recovery when provided adequate support in the community and that that was a better use of the Health dollar.

**SEAHS/NEAMI “Recovery & Rehabilitation” Forum**

In November 2007 we participated at this “Recovery & Rehabilitation” Forum and also established a Learning and Development Unit display table at the event.

**Senate Community Affairs Committee: Inquiry into Mental Health Services in Australia: Hearing at Parliament House**

MHCC were invited to make a presentation to the Senate Community Affairs Committee Inquiry into Mental Health services in Australia on 27 March, 2008 at Parliament House, Sydney. MHCC gave a detailed presentation and provided the Committee with a paper on the Medical Benefits Scheme and subsequently a second submission highlighting a number of issues discussed during the presentation.

**Sutherland Suicide Prevention Network Conference**

MHCC described the role and activities as the peak body representing non-government organisations working for better mental health in New South Wales to the Network in August 2007. The presentation provided a historical context for the key policy directions and current initiatives which have been developed and progressed nationally, particularly focusing on COAG and the National Mental Health Strategy. An overview was given on the key platforms of the NGO Development Strategy, describing how it had been developed and was progressing.

**TheMHS Conference**

MHCC was represented at this conference in September 2007 in Melbourne and gave two papers: Workforce Development in the NGO Sector and Routing Consumer Outcome Monitoring in the NGO Sector.

**VICSERV Conference**

MHCC attended the VICSERV Conference in May 2008 and made two presentations on “NGO Development Strategy: Workforce Initiatives” & “National Approaches to Mental Health Workforce Development: A NSW Perspective”.

# 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.

## **Community Services and Health Industry Skills Council – Community Services Training Package (CHC02) Review**

Draft 1 of the new Community Services Training Package was released in May 2007 and on July 18 an industry meeting was convened by MHCC & VICSERV and facilitated by ITAB to explore and further develop the Mental Health Work qualifications. This meeting included consumer and carer representation and was informed by us sharing with the ISC numerous job descriptions from community mental health services nationally. The meeting resulted in acknowledgement that the Certificate IV required significant revision to reflect evidence-based recovery-oriented service delivery. The need for higher level qualifications and consumer worker qualifications was also acknowledged.

Draft 2 was released in December 2007. It contained a greatly revised Certificate IV in Mental Health Practice & a Diploma of Community Service Practice with optional skill sets/specialization in Mental Health and AOD. A Graduate Vocational Certificate in Community Services Practice is also included but requires significantly more industry consultation. The 2 1/4 LDU Official Launch was preceded by another industry consultation facilitated ITAB. A “Pre-Draft 3” of the Certificate IV has since been distributed which now incorporates use of “unit clusters” aligned with vocational job roles (eg, residential, centre-based, community inclusion, complex needs, carer work, etc). Draft 3 of the new Community Services Training Package should be released in May and the CS&HISC will seek endorsement in late 2008.

## **Department of Housing, Partnerships Action Resource Group (PARG) 16/11/07**

Update on mapping exercise for Homelessness Work Plan. Information share on government programs in the different departments for homelessness and mental health.

## **Mental Health Act 2007 – Primary Carers Scheme: NGO Consultation Meeting, MHDAO**

NSW Health has organized a series of meetings with NGO stakeholders including MHCC, MHA, NSW CAG, Carers NSW, and consumer workers to work through how to initiate changes into the mental health system with the introduction of the new legislation covering Primary Carers under the new Mental Health Act. MHCC's main input has been to provide advice about how best to provide information and education to NGOs, carers, and consumers. Other advice MHCC has provided has included the importance of ensuring clinicians are fully aware of the rights of consumers and carers under the new legislation, and that this will require a culture change in many clinical settings. MHCC will now keep the sector informed about the development of information resources and how to seek help.

## **National Consultation National Mental Health and Disability Employment Strategy 05/05/08**

MHCC participated in a consultation hosted by The Hon Brendan O'Connor MP, Minister for Employment Participation held in Sydney on 5 May 2008. As part of the Social Inclusion Agenda, the Australian Government is developing a National Mental Health and Disability Employment Strategy. The Strategy will be developed in close consultation with consumers, peak bodies, employers, state and territory governments and experts. The Strategy aims to address the barriers faced by people with disability and/or mental illness that make it difficult to get into the workforce and stay employed long-term. The Terms of Reference for the Strategy were released in February 2008. The Government has requested input from a wide range of people with disability and/or mental illness who have experienced the challenges of working and seeking work, and the Government has released a discussion paper to facilitate stakeholder input. MHCC are seeking member and stakeholder input via the usual channels.

## **NSW State Plan**

MHCC was invited by the Premier to attend this consultation around progress on the State Plan. MHCC participated in the original consultations held prior to development of the Plan in 2006. Director Generals from various departments detailed their views on progress and then invited CEOs from a range of community groups to comment on designated areas. MHCC participated in Rights and Responsibilities where issues of mental health and the criminal justice were on the agenda.

### **Workforce Development Reference Group and sub committees**

The role of the Workforce Development Reference 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.

**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.

### **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.
- Strong linkages with the Vocational Education and Training (VET) sector including the national Community Services & Health Industry Skills Council, NSW Community Services and Health Industry Training Advisory Board and NSW Department of Education and Training.
- Work with Aboriginal Health & Medical Research Foundation (AHMRC) in validation learning and assessment materials they have developed to deliver the new Aboriginal Health Worker qualifications.
- Mentoring and support from Central West Community College, an Australian Apprenticeship Centre, with regard to the promotion and uptake of the Mental Health Work traineeship in NSW
- In-principle agreement from and planning with NEAMI to pilot delivery of a “Management & Leadership” course which is aligned with the Advanced Diploma in Frontline Management qualification.
- Participation in a North Melbourne Institute of Technology advisory group to develop a Vocational Degree in Behavioural and Mental Health Work for possible national roll-out. This exciting opportunity brings together national representation of people interested in community-based recovery-oriented mental health work and have benefit in the ongoing review & development of LDU learning & assessment materials & strategies.
- Taking national leadership in workforce development and learning activity on behalf of the Community Mental Health Australia alliance.

## 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 2007-08 are summarised.

### **Aboriginal Health and Medical Research Foundation (AHMRC)**

We have been participating in meeting to review AHMRC's learning & assessment materials for delivering various qualifications related to the new Aboriginal Health Worker qualifications.

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

Work has been progressing on the development of the multi-level modelling approach which forms the framework of the data analysis. A systems approach is being developed to refine a model that captures ways the offender data might be analysed. This takes into account their interactions with traditional organisations usually associated with the cohort (including Police, Courts, Custodial, Probation and Parole) as well as interactions with community support organisations (including Health, DADHC, DoCs, Housing, Education, Family and friends). This work outlines the limits of the traditional concept of criminal justice. Work to date has highlighted the need for a further level of data collection and analysis in addition to this offender data. This relates to the need to understand the paradigms that various agencies and organisations use in thinking about those people in the cohort of interest in the study. To this end the project proposes a further level of data collection – termed Agency Data which will gather and agency information outside the boundaries of offender data.

### **Australian Government Green Paper: 'Which Way Home? A New Approach to Homelessness'**

MHCC participated in a consultation on 11 June 2008 hosted by the Minister for Housing, Tanya Plibersek. The gathering of about 140 people across all sectors of government and community services attended. The Federal Government had launched its ten-year plan for tackling homelessness In May, the Green Paper, entitled "Which Way Home? A new approach to homelessness". The launch of the paper was accompanied by an invitation for public feedback. In a statement accompanying the Green Paper, the Rudd Government branded the current level of homelessness "unacceptable". The paper focuses on improving current services, as well as putting more emphasis on prevention and early intervention. MHCC informally consulted members and the sector and focused particularly on the experiences of people with mental illness who are at risk of becoming homeless; who are already either temporarily or chronically homeless; have a mental illness or are at risk of mental illness as a consequence of homelessness; and the consequential impact of homelessness on the potential for recovery and maintenance of stable mental health.

### **Attorney General's Department. Capacity ToolKit Launch**

During Law Week in March 2008, MHCC attended the launch the Capacity ToolKit presented by the Attorney General, the Hon John Hatzistergos MLC at the NSW Parliament. Proceedings included a hypothetical to illustrate the practical uses of the ToolKit facilitated by Julie McCrossin and panellists: Sue Pieters- Hawke, carer and author; Assoc Prof Carmelle Peisah, MB BS, MD; Richard Neal, specialist in estates and wills; and Imelda Dodds, NSW Protective Commissioner and Public Guardian.

### **Australian Research Council (ARC) Research Project. Mental Health Tribunals (MHRT): Balancing Fairness, Freedom, Protection and Right to Treatment?**

The ARC project aimed to look at how mental health tribunals balance fairness, freedom, protection and the right to treatment. MHCC provided comment on two papers authored by Professor Carney, and his learned team. MHCC raised issues of concern that were highlighted during consultations regarding the review of the Mental Health Act 1990 such as: executive discretion negating tribunal decisions; a reduction in participation of Mental Health Review Tribunal community members as a consequence of increased appointments from the judiciary; and alternatives to legal advocacy.

### **CEO asked to speak on Social Inclusion and Mental Health on Radio National Australia Talks Back program. 07/05/08**

Other invited speakers were Mary O'Hagan previous NZ Mental Health Commissioner and Daniel Fisher, Empowerment Centre in USA. CEO participated on a 3 person panel of mental health advocates on the current approaches to mental health policy in Australia and overseas. CEO emphasized the need to move beyond clinical models to recovery and social inclusion approaches and the requirement to adequately fund the community based sector to undertake this shift in system reorientation.

### **Commonwealth Government Consultation. Green Paper on Homelessness, 'Which Way Home? A New Approach to Homelessness',**

Further to the release of the Government's Green Paper on Homelessness in May 2008, MHCC were invited to attend a consultation in Sydney. The Green Paper aimed to promote public discussion on homelessness, highlight the challenges faced by people who are homeless and suggest ways forward. Contributions will inform the development of the White Paper to be released in September 2008. The White Paper will set out the Government's plan of action for the next 10 years. MHCC have made a submission to this Inquiry in addition to the submission made jointly by CMHA's submission.

### **Commonwealth of Australia. National Mental Health and Disability Employment Strategy**

In May 2008, MHCC participated in a consultation hosted by The Hon Brendan O'Connor MP, Minister for Employment Participation. As part of the Social Inclusion Agenda, the Australian Government is developing a National Mental Health and Disability Employment Strategy. The Strategy will be developed in close consultation with consumers, peak bodies, employers, state and territory governments and experts. The Strategy aims to address the barriers faced by people with disability and/or mental illness that make it difficult to get into the workforce and stay employed long-term. The Terms of Reference for the Strategy were released in February 2008. The Government has requested input from a wide range of people with disability and/or mental illness who have experienced the challenges of working and seeking work, and the Government has released a discussion paper to facilitate stakeholder input, and MHCC presented a submission in June 2008.

### **Community Services & Health Industry Skills Council CHC02 Review Industry Reference Group**

MHCC has been participating on the Individual Client Support IRG (ie, responsible for review of mental health. Drug and alcohol, disability, aged, HACC, etc qualifications in the Community Services Training Package). Most recently this work has occurred on behalf of the new Community Mental Health Australia alliance (CMHA)

### **Community Services & Health Industry Skills Council Environmental Scan Forum**

The MHCC represented the Mental Health Council of Australia (MHCA) at a CH&HISC "Environmental Scan" Forum in Melbourne 28 & 29/2. The ISC now has a wider workforce development & learning brief (ie, previously training package development/review). The need to better address the impact of MH/AOD issues across the entire industry was prioritized for continuous planning improvement. A report on this work can be found at the ISC website.

### **Community Services & Health Industry Skills Council Articulation Models for the Mental Health Sector Project Industry Reference Group (for CMHA)**

Funding from the Department of Education, Employment and Workplace Relations (DEEWR) for this new 12-month project was announced in February. The "Articulation Models for the Mental Health Sector" will explore, and make recommendations regarding, the skills recognition and career pathways interface between university & VET mental health qualifications.



### **Compulsory Drug Treatment Centre (CDTC) Parklea**

In September 2007 MHCC visited the Compulsory Drug Treatment Correctional Centre located in Parklea which commenced operation one year prior. The Centre aims to ensure the treatment, rehabilitation and reintegration of male participants who have repeatedly offended in order to support their drug dependence, but who are non-violent. 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 Compulsory Drug Treatment Program is an interagency endeavour - primarily between the NSW Drug Court, the Attorney-General's Department and Justice Health. They have an interagency committee, and collaborate with WISE to find appropriate employment. Further to discussions with the Governor, Astrid Birgden about how the community sector might provide pre and post release programs, MHCC were interested to visit the facility, talk to staff and get a picture as to what might be useful to progress. MHCC was invited to participate in a Friday group session that all staff and participants (inmates) attend to discuss their issues. The aim is to promote pro social behaviour change through rewards rather than punitive strategies. The Governor is interested to work in partnership with NGO sector to provide support in the community at Stage 5 of the program, when participants need to break dependence on Parklea's support structure. The centre uses a Good Life Model – which addresses human needs; physical needs (drugs) and intensive psych needs. Staff reported that almost all participants have a mental illness, but not to the degree that makes it impossible to participate in the group program.

### **Consumer Activity Network (CAN) Strategic Planning Workshop**

CEO attended this weekend workshop in March 2008 and a further teleconference to participate in setting directions for CAN over the next 3 years.

### **Consumer Advisory Group (CAG). Tobacco control and consumer issues**

In March 2008, some members of the Tobacco Control Task Force, CAG and MHCC met to discuss consumer issues and tobacco control. It was agreed to undertake an informal questionnaire to gauge consumer perspectives. A simple survey constructed around smoking issues was distributed to consumers in the Eastern and Central Clusters of SWAHS by members of the SWAHS Consumer Network. Data was collected from 3 groups of consumers, undertaken at Cumberland Hospital East in acute (inpatient) units, rehab (inpatient) Cumberland Hospital Central and from Mental Health Teams in the community. Non-smokers were also asked to respond to some questions.

The data collected informed comments made later in a letter from MHCC to the Taskforce and advice to Justice Health.

### **Department of Housing NGO Housing Partners Reference Group**

This group is about strengthening linkages with the community services sector to achieve sustainable tenancies including implementation of the Housing and Human Services Accord.

### **Department of Housing Partnership Action Resource Group**

This group brings together State, Commonwealth and community sector peak agencies to provide advice to the Partnerships Against Homeless initiative and to work collaboratively to address homelessness issues in New South Wales.

### **Drought Mental Health Assistance Package Program**

This reference committee which was established to support the mental health of communities in drought-affected areas had its final meeting in November 2007. MHCC's main role was to inform the committee and project staff about NGO activity in rural areas. A considerable number of activities were run under this program, including free Mental Health First Aid courses and Farmers' Mental Health Gatherings.

### **Emu Plains Women's Correctional Centre. Justice Health Consumer and Community Group (CCC)**

In April 2008, MHCC with members of the CCC visited Emu Plains Women's Goal where they met inmate representatives to discuss their concerns. They reported that they generally resolve issues in relation to health care at the local level, but indicated that inmates were generally unaware that their representative was a member of the CCC committee. The Director of Governance agreed to review feedback mechanisms for the reporting of health issues and put forward options for increased consumer feedback. A number of health issues including access to the health centre were high on the agenda. Negotiations continue with the DCS Commissioner in relation to increased inmate representation at meetings, the most recent request for increased inmate representation having been declined.

## **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: JENNA

Towards the end of the year as a result of the State Budget, meetings focused on issues around the CPI allocation from NSW Health that is not in line with Treasury. The committee agreed that NCOSS should advocate with government for long-term policy regarding indexation. The concept of the efficiency dividend was also discussed. Issues on the agenda also include government prioritising crisis rather than prevention services. The committee have been working since last year for a need to link the *“Working Together for NSW”* and the State Plan.

## **Health Care Complaints Commission (HCCC). Consultative Committee Meeting**

The HCCC is an important mechanism for consumer input. The committee is central to the Commission's overall consumer consultative strategy, providing timely advice and input to assist the HCCC in fulfilling its obligations under the Health Care Complaints Act 1993 (the Act). The committee's existence is important recognition that the participation of consumers in guidance and development of the health care complaint resolution process is an essential element of health system accountability. The committee also provides a focus for dissemination of information from the Commission to consumers. Discussions included matters such as: increased accessibility to the HCCC from inmates, resulting in an increase of complaints by 150% and concerns regarding the change to roster hours at Long Bay Goal and in the hospital. The HCCC reported that regarding the Special Commission of Inquiry into Acute Care in NSW Public Hospitals (to which MHCC made a submission) that they had received approximately 130 individual complaints referred from the Garling Special Commission of Inquiry (SCI). The HCCC reported that the consultation period for the Code of Conduct for unregistered health practitioners has been completed. The new Code of Conduct effective from 1 July 2008. Practitioners are required to display the Code of Conduct in a prominent place in their consulting rooms together with information about the HCCC, to assist people in making a complaint if they believe the Code to have been breached.

## **Intellectual Disability Rights Service (IDRS). Launch of ‘Enabling Justice’ Report**

MHCC attended a launch hosted by IDRS in the Jubilee Room at Parliament House in May 2008. IDRS is a community legal centre in NSW that works with people with an intellectual disability to exercise and advance their rights. They launched their report entitled ‘Enabling Justice’ which focuses on problems and solutions in relation to the diversion of alleged offenders with intellectual disability from the Local Court with particular reference to the practical operation of Section 32, of the Mental Health (Criminal Procedure) Act 1990 (NSW). The report was presented to the gathering by Justice Virginia Bell of the NSW Court of Appeal and the Hon Kristina Keneally MP, Minister for Disability Services.

## **Interview on Radio 2RRR for Mental Health Week 10/10/07**

The Acting CEO was part of a radio interview on 2RRR “Off the Air” (88.5FM community radio) for Mental Health Week. Items covered included: what is MHCC, who are our members and what do they do, the current main issues for our members, recovery, the importance of social inclusion and coordinated care in the community.

## **Justice Health Consumer and Community Group tour of new Forensic Hospital at Long Bay**

In May 2008 MHCC participated in a tour of the almost completed 135 bed Forensic Hospital located on the external perimeter of the Long Bay Goal site, shortly to be de-gazetted as a correctional facility and scheduled to open late 2008/early 2009. The land is to be transferred to NSW Health ownership. In addition, the new 85 bed Prison Hospital (which includes a 40 bed Mental Health Unit that will accommodate the majority of patients), is to be located adjacent to the Metropolitan Medical Transit Centre (MMTC) within the Long Bay Correctional Complex. The new Justice Health Administration Centre is accessible from Anzac Parade. Mental Health Tribunal hearings can be conducted on site. The new building is expected to have a life of 25 years. Much attention has been given to recreational activities for patients, including a swimming pool, gym facilities and general community areas. Bedrooms are pleasant and look out onto a small external area which patients have limited access to, and patients either have an en-suite or share bathroom arrangement. Patients are not required to be locked in their rooms unless they become ill, and safety becomes an issue.

### **Justice Health - Consumer and Community Group**

MHCC continued to participate in this advisory group. During the year MHCC focused on highlighting the importance of strategies to improve outcomes for inmates with mental illness, and develop meaningful pre and post release programs and partnerships with community organisations. The committee also concerned itself with the changes to service delivery for the new forensic hospital under Justice Health rather than Department of Corrective Services (DCS) jurisdiction. The issues of smoking bans led to MHCC pursuing representation on the Taskforce and discussions around changes to DCS rosters led to a representation to the Minister

### **Legal Aid: Criminal Justice Research Network (CJRN). 'Links for Lawyers'**

MHCC participated in a consultation group for the 'Links for Lawyers' project of the Criminal Justice Research Network (CJRN), co-sponsored by the Bar Association. Initiated in 2004 by the Standing Committee of Criminal Justice System to promote evidence based policy making across the justice sector, the need for the project was identified by legal professionals, in particular, the lack of a central information source that listed services in a particular region or for particular illnesses or behaviours was identified. The 'Links for Lawyers' project involves identifying and publicising existing mental health web resources for legal professionals with information and referral resources for clients with a mental illness. Legal and judicial officers will be able to identify service options for their clients which may assist the court in sentencing options, thereby improving the outcomes for those people with a mental illness. In October 2007 MHCC attended the launch of 'Links for Lawyers' introduced by NSW Attorney General John Hatzistergos.

### **Mental Health Association Mental Health Promotion Advisory Committee**

The purpose of this committee is to advise MHA about mental health promotion and various promotional opportunities and activities are discussed.

### **NSW Health. Mental Health and Drug and Alcohol Office (MHDAO). Mental Health Act 2007: Implementation Committee**

The committee was established by MHDAO after the Mental Health Act 2007 was enacted in Parliament in November 2007, to provide an update on the education and communication strategy with regards to the new act. MHCC attended all the meetings during which discussions centred around Institute of Psychiatry (IOP) training; proposals for evaluation; and a format for the new guidebook; and most importantly issues arising since proclamation that were proving problematic. In May 2008 NSW decided to disband the committee since implementation was almost complete and attendance poor.

### **NSW Health MHDAO Comorbidity Clinical Guidelines Advisory Group**

This group is currently developing a series of 17 brief evidence-based practice "trigger papers" to be used at a Statewide forum planned for later this year toward developing Comorbidity Clinical Guidelines for acute service settings. MHCC is contributing to the following papers:

- Community care (community services sector) - with NADA
- Discharge/transition planning (care coordination) - with NSW Nurses Association

There are some concerns that the target audience for the "clinical guidelines" to be developed have not been clearly defined (ie, target seems to be acute hospital staff but discussions and evidence-base keep taking us back to the importance of preventative community-based approaches).

### **NSW Health MHDAO Chronic and Continuing Care, Rehabilitation and Recovery**

This committee meets monthly. Among the main issues of relevance for MHCC is the development of the NGO Framework focusing on the key NSW NGO documents *Working for NSW* and the *NSW Health NGO Policy Framework*, and the range of community services required by people with mental health problems detailed in *Working on Strengths*. This is informed by MHCC's social inclusion platform document.

### **NSW Health Mental Health and Drug and Alcohol Office (MHDAO) Drug and Alcohol Council Comorbidity Subcommittee**

Aiden Conway from RFNSW is representing MHCC on this committee regarding Mental Health Drug and Alcohol directions for the sector.

### **NSW Health MHDAO Mental Health WFD Sub Committee (of MH Program Council)**

This group has recently endorsed a Mental Health Workforce Development Plan which has four key directions: 1) MH workforce Planning; 2) Education, Training and Support; 3) Employment and Workplace Culture; and, 4) Partnerships. A Mental Health Workforce Development Scoping Paper is now being developed to inform strategic directions. The Education, Training & Support Working Group is developing a 3 year education and training plan including linkages to the NGO sector.



### **NSW Health NGO Advisory Group Seminar: Project managing the publication process**

Presented by experienced publications manager Jane Farago, from the Victoria Law Foundation, this seminar looked at the processes community organisations should go through when producing publications. It covered all the steps involved in developing and producing publications, including planning, budgeting, writing in an accessible manner, reaching the target audience, editing, design ensuring quality, and marketing / distribution. It was an interactive seminar where participants worked on shaping an actual publication from their place of work.

### **NSW Health Smoke Free Mental Health Taskforce**

The purpose of this taskforce is to review evidence and provide advice and recommendations to NSW Health on guidance for the Area Health Services for the implementation of the NSW Smoke Free Workplace Policy in NSW Health public hospitals and residential mental health facilities and drug and alcohol facilities.

### **NSW Institute of Psychiatry Consumer Advocate Training Consultative Committee Consumer Advocacy Course Accreditation Subcommittee**

This group is currently working toward mapping the IOP Consumer Advocacy Course to existing recognized advocacy units of competence in the Community Services Training Package as part of the journey towards achieving recognized consumer worker qualifications and/or having the IOP course accredited.

### **NCOSS Health Policy Planning Day**

Half day externally facilitated forum in July 2007 to discuss effectiveness of HPAG and revisiting the TOR and work focus over the following 12 months.

### **NCOSS NGO Health Peaks Meeting**

New meeting in April 2008 aimed at bringing together NGO Health Peaks to develop a more strategic approach to the shared relationship with NSW Health via the NGO Advisory Group.

### **NCOSS Sector Development Forum**

This group is pursuing activity related to the promotion and development of the NSW community services sector.

### **North Melbourne Institute of Technology (NMIT)**

We are participating on an advisory group that is assisting with the development of a Vocational Degree in Behavioural & Mental Health that may be offered nationally.

### **MHDAO Program Council**

CEO is represented on this group which is the policy forum for MHDAO. It is comprised of the Mental Health Area Directors, Directors of key portfolio areas and MHDAO staff representatives. The Program Council endorses policy initiatives relevant to the ongoing development of the mental health service system in NSW. The group is chaired by MHDAO Director David McGrath and meets bi-monthly. This forum allows MHCC to raise issues and inform on activities within the NGO sector.

### **Public Interest Advocacy Centre (PIAC). Mental Health Legal Services (MHLS)**

In October 2007, MHCC were asked by PIAC to participate in a steering group to oversee a two year pilot project to develop responses to unmet legal needs for people with mental illness in NSW. The aim is to consider and test models of service delivery and to enhance the capacity of legal assistance services to respond to the legal needs of this client group. It was soon decided that the project would develop a model of service delivery through a sustainable pilot, which would establish appropriate partnerships, rather than be a service run by PIAC. During the course of the year the steering group have been evaluating a number of service models from research undertaken looking at successful models in Australia, the UK and Canada. It is clear that of great importance to any final model will be the necessity for extensive training for legal professionals and other workers supporting this client group who may well be 'case managing' around complex need interwoven with legal needs. Likewise, partnership arrangements with local services will be a vital aspect of the model development.

**NCOSS. Budget Meetings: Treasury / NSW Health / NCOSS Briefing**

MHCC attended a Treasury Presentation during which the department explained the way in which to read the figures. Subsequently a meeting was held at NSW Health during which the sector was very broadly given the overall figures. Further meetings were held with MHCC & NCOSS to analyse the figures. With a few discrepancies and ambiguities, the figures match announcements for the 3rd year of the Plan, and that the 5 year recurrent funding matches COAG figures, so we deduce that allocations include Commonwealth funding. The only discrepancy found in the COAG figures was a reduction for 'increasing mental health acute and non acute beds'. Increases 'announced mostly seem to have been what had been estimated rather than newly conceived additions.

**Public Interest Advocacy Centre (PIAC): The Mental Health Rights Manual**

In May 2008 MHCC held a meeting with PIAC to discuss a collaboration to revise the Mental Health Rights Manual. An understanding was reached to work on an agreement for the partnership that will enable MHCC to retain Intellectual Property rights to the material with PIAC clearly identified as consultants to the project. This project is to be conducted during the later part of 2008/ early 2009.

**Royal Australasian College of Physicians (RACP): Health Consumers & Community Partnership Forum**

MHCC participated in a forum that included RACP member clinicians across several disciplines, community organisations and other interested stakeholders. The aims of the forum were to identify common priority areas of interest and concern in national policy or service delivery in which RACP could take action in partnership with consumers to improve the health of the Australian population; to identify consumer representatives and groups who could potentially form partnerships with RACP to achieve common goals; and to identify practical organisational mechanisms and processes for establishing and nurturing partnerships that achieve results. A number of themes emerged from the evening's proceedings which were of particular interest to MHCC, such as: the medical profession needing to better understand mental illness and have awareness of consumer issues; the importance of engaging NGOs particularly around post operative compliance for people with mental illness; and developing partnerships to facilitate mental health training and education for medical practitioners.

**Tobacco and Disadvantage Seminar, NSW Cancer Council**

MHCC attended this seminar in August 2007 as part of our collaborative work with the Cancer Council around tobacco and disadvantage. The seminar presented and discussed the findings of the report commissioned by the Cancer Council NSW in May 2007.

**World Youth Day Coordinating Authority Disability Access Working Group**

MHCC was asked to attend a meeting in October 2007 to discuss mental health issues for youth.

# 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 2007**

- MHCC hosts CEO forum
- Yarning about mental health
- Aboriginal mental health work practice
- Show me the money
- New funding initiatives in our sector
- CSTDA funding crisis
- Find that statistic...fast!

### **Spring 2007**

- Mental Health Act becomes Law
- RTO & Beyond LDU update
- Consumer of the Year Awards
- Infrastructure Projects in NSW
- Mad Pride Event

### **Summer 2008**

- Infrastructure Grants Program
- New MH Work Qualifications 2009
- Better Access to MH Jobs
- Social inclusion and NGOs
- The right to advocate
- Programs Update – who got what?

### **Autumn 2008**

- Headspace makes headway
- Ethics of poaching staff
- Mapping the difference
- Carer respite coming
- LDU launch
- Medicare mental health figures

# MHCC MEMBER SURVEY 2008

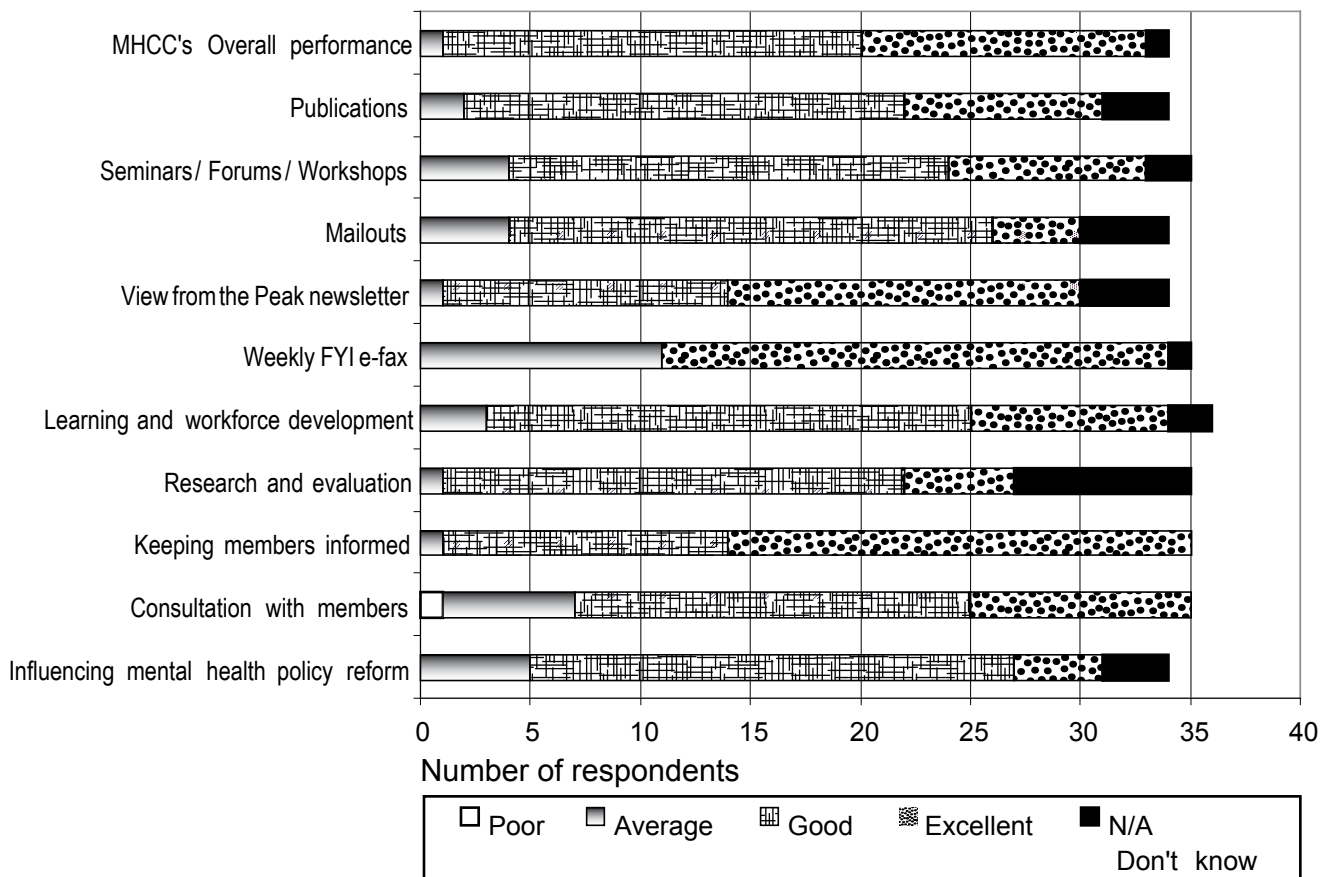
MHCC provides a formal mechanism for members to supply feedback on activities by way of survey. The three primary functions of the survey are:

- 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.

## MHCC's Performance

The 2008 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**



38% of respondents ranked MHCC's overall performance as Excellent, and a further 56% ranked it as Good. Specific areas of activity that a majority of respondents ranked as Excellent include: Weekly FYI e-fax (66%), Keeping members informed (60%) and VFP newsletter (47%). One comment received is "MHCC is good at publishing and keeping members informed."

## Impact of MHCC projects

Positive comments and rating of the Learning and Development Unit (LDU) were very positive overall, with 72% saying that the LDU was Good or Excellent. The Mental Health Act Review and Outcome Monitoring Training Program 'Mapping the Difference We Make' both had positive ratings.

## **MHCC Website**

The MHCC website was rated as Good or Excellent by 76% of respondents. 44% of respondents visit the MHCC website one a month or once a week. Respondent requested more graphics and another respondent stated "web site much improved since re-design".

## **What should MHCC be doing that it is not doing or not doing enough of?**

Comments were:

- Joint projects with generic service providers which have clients with mental health issues.
- MHCC covers the main bases. It is a matter of just pushing forward with the Gov that NGOs are valuable and to be respected. We have a small portion of the health budget
- Difficult task but there is a need to get the diverse NGO membership all thinking and acting together as a solid sector.
- More workshops
- More advocacy to Federal and State Governments about the terrible state of the MHS
- MHCC needs to facilitate discussion with member agencies about MHCC policy positions eg on Housing, Non acute Inpatient units etc
- although the MHCC does a good job at representing some groups of members, I don't feel that it attempts to meet or represent the needs of all members
- Not really, we need to focus on mental health as a core value and not get distracted by side issues.
- You seem pretty efficient, committed & effective. Personally I would love more videos....
- Think doing a good and relevant job.

## **Would you be prepared to be consulted further about how MHCC might progress these issues or implement these activities?**

65.6% responded "yes".

## **Does your organisation have a policy and/or procedure for responding to drug and alcohol use issues?**

59.4% responded "yes".

## **Please rate the overall confidence and skill level of your service in responding to drug and alcohol use issues. (1= poor, 10= excellent)**

48% of respondents rated their service 7 and over.

## **Are qualifications/experience in responding to drug and alcohol issues an essential or desirable criteria in selecting direct care staff?**

51.5% responded "yes".

## **Does your organisation employ consumers and/or carers in paid role?**

61% employ consumers and/or carers in a paid role.

## **What consumer roles does your organisation fund?**

36.8% of respondents answered "Peer Support Worker"

Other comments:

- MH Support Workers.
- Consumers are employed in a variety of roles and recruited via open employment and affirmative action policies.
- Generalist service provider of a range of disability services for disability types.
- Consultant on projects.
- A worker with qualifications as a carer or consumer.
- 2 domestic and 1 maintenance staff.
- The overall service has a consumer representative /advocate who is employed over all the services.

## **Are they paid under an Award or Agreement?**

80% of the roles are paid under an Award.

**Percentage of consumers in paid consumer roles that have attended advocacy or peer support training.**  
47% stated no attendance. 29% stated three quarters or more of paid consumers attended advocacy or peer support training.

**Percentage of carers in paid carer roles that have attended advocacy or other role specific training.**  
Nil respondents answered this.

**LDU is facilitating short courses in 2009. Which would your organisation be interested in attending?**  
63.3% requested "Challenging Behaviours", 60% "Reflective Practice".

Other comments:

- Dual diagnosis - current drug use & mental illness.
- Consumer advocacy.
- Cert IV Training.
- Action research Evaluation/planning.

**Is there a person in your workplace whose role is specific to workforce development and/or training?**  
60.6% responded "yes".

**Other comments about MHCC?**

- I think MHCC has done a wonderful job.
- Worthwhile organisation that offers relevant information and funding opportunities and training.
- Congratulations on becoming a funding body. This will make a real difference to our sector.
- I consider that MHCC has moved forward in stature a lot this past two years and has become a sustainable organisation.
- Thanks. Keep up the great work!
- Generally everyone has been very helpful there whenever I have had enquiries - keep up the good work!
- Excellent work everyone! from Reception - in particular Edi - to the CEO, the level of commitment and dedication is superb.
- I like the weekly newsletter and its format. The courses seem to be relevant to our working needs.

## **Analysis of Member Survey 2008**

### **Number of responses and validity of results**

36 responses were received. This is around 18% response, less than 20% response which should ideally be the minimum response. However, since 29 respondents identified their organization, it is possible to form the view that we did get a reasonably representative response, even if it was not numerically as strong as it could have been.

### **Overall impression of results**

It is hard to find much negative or suggestions for improvement in both the scored responses and the associated comments. This is supported by the fact that overall 94.1% thought we were doing a good or excellent job. Even where direct suggestions were called for in what we could do better, the response mainly indicated that we were doing very well already.

## What can we learn?

- Consultation with members.  
In an array of good to excellent results, the most obvious “less than wonderful” result this year was consultation with members where 20% thought we were average or poor this year (compared with 5.3% last year). Because of the low total of responses, it is hard to know how seriously to take this figure and “trend” but it does remind us to make sure that our efforts at consultation are continued to be widely encompassing, promoted and recognized.
- Research and Evaluation.  
Although our rating for poor and average improved from 13.5% last year to 2.9% this year, there was still a high percentage who didn’t know how to rate us (23% this year and 21.6% last year). This “Don’t Know” percentage is a stand out as much higher than other rated areas. Perhaps this means we might need to work harder on communicating our effectiveness in this area. Then again, this might be an area that respondents take less effort in trying to understand or keep across or where it is just harder to do anyway.
- Employment/Welfare to Work Project.  
A high 40% Don’t Know response about this project indicates that it might not have been promoted enough or it somehow did not register with people.
- Carer and Consumer specific training.  
Figures on the face of it indicate that a significant proportion of both carers and consumers in paid positions with respondent organizations have not had specific carer/consumer training. Further follow up with organizations about these figures is recommended.

In general the response is that we are doing a good job and meeting member needs and expectations. This is a good result and indication of the effort put in to understand, communicate and work with our members. Apart from the areas outlined above there were no other areas to cause concern. The survey was structured openly enough and with sufficient responses to allow any areas of dissatisfaction to be indicated if there were any.

## Recommendations

- Try to standardize a set of questions so that we can analyse trends year on year.
- Try to find ways to promote all our projects and research if this is important to members.
- Keep consulting with members and promoting the consultation process and results.

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



# MHCC MEMBERS 2007- 2008

## Ordinary Member

(ASCA) Advocates for Survivors of Child Abuse  
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  
Aspire Co-operative Limited  
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  
Breakthru Employment Solutions  
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  
CHESS  
City Women's Hostel  
Clarence Valley Community Programs Inc  
Club Speranza  
CO AS IT  
Community Links Wollondilly  
Community Options Illawarra Inc  
Community Restorative Centre  
Consumer Activity Network (Mental Health) Inc  
Disability Advocacy Network  
Dympna House



Echo Neighbourhood Centre  
 Embark Cottage  
 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  
 Life Without Barriers  
 Lifeline Central West  
 Lifeline Mid Coast  
 Lifeline Sydney  
 Macarthur Disability Services  
 Mandala Community Counselling Service  
 Manly Drug Education & Counselling Centre (MDECC)  
 Mayumarri Trust  
 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 Association for Loss & Grief (NSW) Inc  
 neami Inc  
 New Horizons Enterprises  
 Newtown Neighbourhood Centre  
 Newtrain Northern Rivers Incorporated  
 Northern Beaches Mental Health Support Group  
 NSW Branch - Australian College of Mental Health Nurses Inc  
 NSW Consumer Advisory Group for Mental Health (NSWCAG)  
 NSW Rape Crisis Centre  
 NSW Users & AIDS Association  
 On Track Community Programs  
 One Step at a Time Counselling  
 Parramatta Mission  
 Peer Support Foundation Limited  
 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  
 Special Training & Employment Placement Service(STEPS) Sydney Counselling Service (SCC)  
 St John of God Health Services  
 St Vincent de Paul Society NSW & ACT  
 Stepping Out Housing Program  
 Suicide Prevention Australia Inc  
 Sydney Women's Counselling Centre  
 The Benevolent Society  
 The Disability Trust  
 The Housing Connection

The Personnel Group Ltd  
The Salvation Army  
The Station Ltd  
Uniting Care - Supported Living  
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**

Aftercare - ALI Program  
Aftercare - Ashfield/Parramatta Support Service  
Aftercare - Biala Accommodation Service  
Aftercare - Eastern Suburbs Support Service  
Aftercare - HASI Program Penrith  
Aftercare - HASI Program Stanmore  
Aftercare - Intellectual Disability Services  
Aftercare - Kurinda  
Aftercare - PHaMs Blacktown  
Aftercare - PHaMs Penrith  
Aftercare - Tirrikee Program  
ARAFMI (Newcastle)  
ARAFMI Illawarra  
Auburn Cottage  
Breakthru Employment Solutions - Bankstown  
Breakthru Employment Solutions - Coonabarabran  
Breakthru Employment Solutions - Dubbo  
Breakthru Employment Solutions - Liverpool  
Breakthru Employment Solutions - Maroubra  
Breakthru Employment Solutions - Newcastle  
Breakthru Employment Solutions - Parramatta  
Breakthru Employment Solutions - Penrith  
Breakthru Employment Solutions - Taree  
Breakthru Employment Solutions - Wyong  
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 - Illawarra  
neami - Maitland  
neami - Shoalhaven  
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  
The Benevolent Society - New England Branch  
The GROW Community  
Triple Care Farm - Mission Australia

#### **Associate Members**

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

#### **Individual/Subscription Members**

Narelle Heywood  
Fay Keegan  
Justin Liebmann  
Mandy Miles  
Julie Millard  
Gunter Rafalak  
Christine Purdon  
Joanne Switserloot  
Howard Francis Werry  
Sue Willis

# FINANCIALS 2007/2008

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN: 59 279 168 647

FINANCIAL REPORT

FOR THE YEAR ENDED 30TH JUNE 2008

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN: 59 279 168 647



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# INCOME STATEMENT

## FOR THE YEAR ENDED 30TH JUNE 2008

	Note	2008 \$	2007 \$
Revenues from Ordinary Activities	2	2,961,955	2,174,608
Expenses from Ordinary Activities:			
Employees Expenses	3	654,562	446,238
Professional and Consultancy Fees		281,154	246,148
Motor Vehicle Expenses		3,623	5,086
Depreciation		14,804	7,977
Other Expenses		1,975,425	1,418,904
<b>Profit (Loss) from Ordinary Activities Before Income Tax Expense</b>		<b>32,387</b>	<b>50,255</b>
Income Tax Expense	4	-	-
<b>Profit (Loss) from Ordinary Activities After Related Income Tax Expense</b>		<b>32,387</b>	<b>50,255</b>
Profit (Loss) from Extraordinary Items after Related Income Tax Expense (Income Tax Revenue)		-	-
<b>Net Profit (Loss)</b>		<b>32,387</b>	<b>50,255</b>
Total Revenues, Expenses and Valuation Adjustments recognised directly in Equity		-	-
<b>Total Changes in Equity other than those Resulting from Transactions with Members as Members</b>		<b>32,387</b>	<b>50,255</b>
<b>Equity Statements</b>			
Equity at the Beginning of the Financial Year		344,689	294,434
Movements comprise:			
Net Profit (Loss) for the Year		32,387	50,255
<b>Equity at the End of the Financial Year</b>		<b>377,076</b>	<b>344,689</b>



# BALANCE SHEET

## AS AT 30TH JUNE 2008

	Note	\$	\$
<b>CURRENT ASSETS</b>			
Cash	6	3,388,517	2,497,367
Trade & Other Receivables	7	<u>184,764</u>	<u>138,220</u>
<b>TOTAL CURRENT ASSETS</b>		<b><u>3,573,281</u></b>	<b><u>2,635,587</u></b>
<b>NON-CURRENT ASSETS</b>			
Property, Plant & Equipment	8,10	<u>59,288</u>	<u>57,000</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<b><u>59,288</u></b>	<b><u>57,000</u></b>
<b>TOTAL ASSETS</b>		<b><u>3,632,569</u></b>	<b><u>2,692,587</u></b>
<b>CURRENT LIABILITES</b>			
Payables	9,21	3,202,315	2,305,973
Provisions	11	<u>53,178</u>	<u>41,925</u>
<b>TOTAL CURRENT LIABILITIES</b>		<b><u>3,255,493</u></b>	<b><u>2,347,898</u></b>
<b>TOTAL LIABILITIES</b>		<b><u>3,255,493</u></b>	<b><u>2,347,898</u></b>
<b>NET ASSETS</b>		<b><u>377,076</u></b>	<b><u>344,689</u></b>
<b>EQUITY</b>			
Retained Profits	15	<u>377,076</u>	<u>344,689</u>
<b>TOTAL EQUITY</b>		<b><u>377,076</u></b>	<b><u>344,689</u></b>

# CASH FLOW STATEMENT

## FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2008

	Note	2008 \$	2007 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
LDU - Course Payment (inclusive of GST)		136,244	
Seminar Revenue (inclusive of GST)		68,425	142,855
Receipts from Members (inclusive of GST)		39,449	28,009
Government & Other Grants Received (inclusive of GST)		2,219,671	2,737,155
Payments to Suppliers & Employees (inclusive of GST)		-1,720,137	-1,126,231
Interest Received		152,597	32,239
Other Receipts		11,993	28,637
<b>Net Cash Provided by Operating Activities</b>	13	<b>908,242</b>	<b>1,842,664</b>
 <b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Payments from Property, Plant & Equipment			
Proceeds from Sale of Property, Plant & Equipment		-17,092	-32,780
<b>Net Cash Used in Investing Activities</b>		<b>-17,092</b>	<b>-32,780</b>
 <b>CASH FLOW FROM FINANCING ACTIVITIES</b>			
<b>Net Cash Used in Financing Activities</b>			
<b>Net Increase (Decrease) in Cash Held</b>		891,150	1,809,884
Cash at the Beginning of the Financial Year		2,497,367	687,483
<b>Cash at the End of the Financial Year</b>	6	<b>3,388,517</b>	<b>2,497,367</b>

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

## NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

### (a) Basis of Accounting

In the opinion of the board, the association 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 association 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 associations that are reporting entities or to associations 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 association in the year of disposal.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

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

### (c) Employee Entitlements

Provision is made for the association'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 association to employee superannuation funds and are charged as expenses when incurred.

### (d) Taxation

The activities of the association 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 association 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 association 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.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

## NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'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

	<b>2008</b>	<b>2007</b>
	\$	\$
<b>Revenue from Operating Activities</b>		
Sale of Non-Current Assets	-	3,398
Conference & Seminars	62,205	129,869
Membership Subscriptions	35,863	25,463
LDU Course Payments	123,858	-
	<u>221,926</u>	<u>158,730</u>
<b>Revenue from Outside the Operating Activities</b>		
Grants Received	2,575,438	1,958,399
Interest	152,597	32,239
Sundry Revenue	11,994	25,240
	<u>2,740,029</u>	<u>2,015,878</u>
<b>Revenue from Ordinary Activities</b>	<u><u>2,961,955</u></u>	<u><u>2,174,608</u></u>

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

<b>NOTE 3: PROFIT FROM ORDINARY ACTIVITIES</b>	<b>2008</b>	<b>2007</b>
	<b>\$</b>	<b>\$</b>
<b>Net Gains and Expenses</b>		
Profit from Ordinary Activities Before Income Tax		
Expense includes the following specific Net Gains and Expenses:		
<b>Net Gains/Losses</b>		
Net Gain on Disposal: Property, Plant & Equipment	0	3,397
	<hr/>	<hr/>
<b>Expenses</b>		
Depreciation:		
Plant & Equipment	10,073	4,855
Computer Equipment	2,972	1,414
Motor Vehicles	1,759	1,708
	<hr/>	<hr/>
Total Depreciation	14,804	7,977
	<hr/>	<hr/>
<b>Other Provisions</b>		
Employee Entitlements	11,254	17,534
	<hr/>	<hr/>

## NOTE 4: INCOME TAX

As indicated at Note 1, the Association is exempt from income tax.

## NOTE 5: AUDITOR'S REMUNERATION

Amount Received by Auditor for:		
Auditing Accounts	3,800	3,527
Other Services	0	0
	<hr/>	<hr/>
	3,800	3,527
	<hr/> <hr/>	<hr/> <hr/>

## NOTE 6: CURRENT ASSETS - CASH

Cash on Hand	150	150
Security Deposit	200	200
Cash on Deposit	3,338,167	2,497,017
	<hr/>	<hr/>
	3,338,517	2,497,367
	<hr/> <hr/>	<hr/> <hr/>

### 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. (2007 - 0% and 5.5%).



# FOR THE YEAR ENDED 30TH JUNE 2008

## NOTE 7: CURRENT ASSETS - RECEIVABLES

	<b>2008</b>	<b>2007</b>
	\$	\$
Trade & Other Receivable	184,764	138,220
	<u>184,764</u>	<u>138,220</u>

## NOTE 8: NON-CURRENT ASSETS - PROPERTY, PLANT & EQUIPMENT

Motor Vehicles - at Cost	14,213	14,213
Less: Accumulated Depreciation	<u>-6,589</u>	<u>-4830</u>
	<u>7,624</u>	<u>9,383</u>
Computer Equipment - at Cost	11,551	9,405
Less: Accumulated Depreciation	<u>-5,152</u>	<u>-2180</u>
	<u>6,399</u>	<u>7,225</u>
Plant and Equipment - at Cost	107,466	92,520
Less: Accumulated Depreciation	<u>-62,201</u>	<u>-52,128</u>
	<u>45,265</u>	<u>40,392</u>
	<u>59,288</u>	<u>57,000</u>

## NOTE 9: CURRENT LIABILITIES - PAYABLES

### Current

Deferred Income	3,163,906	2,095,188
Creditors & Other Payables	6,181	5,695
PAYG Tax Payable	7,598	3,470
GST Payable	24,630	201620
	<u>3,202,315</u>	<u>2,305,973</u>

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

## 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:

	Motor Vehicles	Plant & Equipment	Computer Equipment	Total
Carrying Amount at 1/7/07	9,383	40,392	7,225	57,000
Additions	0	14,946	2,146	17,092
Disposals	0	0	0	0
Depreciation Expense (Note 3)	-1,759	-10,073	-2,972	-14,804
<b>Carrying Amount at 30/6/07</b>	<b>7,624</b>	<b>45,265</b>	<b>6,399</b>	<b>59,288</b>

## NOTE 11: CURRENT LIABILITIES - PROVISIONS

	2008 \$	2007 \$
Provision for Long Service Leave	27,984	22,772
Provision for Annual Leave	25,194	19,153
	<b>53,178</b>	<b>41,925</b>

## 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.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

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

	2008 \$	2007 \$
Profit (Loss) from Ordinary Activities After Income Tax	32,387	50,255
<b>Non Cash Flows in Operating Result</b>		
Depreciation	14,804	7,977
Loss/(Profit) on Sale of Assets		
<b>Changes in Assets &amp; Liabilities</b>		
Increase (Decrease) in Provision for Annual and Long Service Leave	11,253	17,354
Increase (Decrease) in Unearned Income	1,068,718	1,692,410
(Increase) Decrease in Trade & Other Receivables	-46,544	-128,842
Increase (Decrease) in Payables	-172,376	203,510
<b>Net Cash Inflow/(Outflow) from Operating Activities</b>	<b>908,242</b>	<b>1,842,664</b>

## NOTE 14: CONTRIBUTED EQUITY

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

## NOTE 15: RETAINED PROFITS

	2008 \$	2007 \$
Retained Profits at Beginning of Financial Year	344,689	294,434
Net Profit/(Net Loss)	32,387	50,255
<b>Retained Profits at End of Financial Year</b>	<b>377,076</b>	<b>344,689</b>

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

## NOTE 16: FINANCIAL INSTRUMENTS

### (a) Terms, Conditions and Accounting Policies

The Association'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
<b>i) Financial Assets</b>			
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.
<b>ii) Financial Liabilities</b>			
Creditors	9	Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Association.	Trade Creditors are normally settled on 30 day terms.
Deferred Income	9	Deferred income represents grants received by the Association prior to year end which are to be acquitted in subsequent financial periods within twelve months of balance date.	Deferred income does not attract interest expense, and is generally acquitted

### (b) Net Fair Values

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

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

## (c) Credit Risk Exposures

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

	<b>Floating Interest Rate 2008 \$</b>	<b>Non Interest Bearing 2008 \$</b>	<b>Total 2008 \$</b>
<b>Financial Assets</b>			
Cash	3,388,517		3,388,517
Receivables		184,764	184,764
	<u>3,388,517</u>	<u>184,764</u>	<u>3,573,281</u>
<b>Financial Liabilities</b>			
Trade and Other Payables		38,409	38,409
Deferred Income		3,163,906	3,163,906
	<u>0</u>	<u>3,202,315</u>	<u>3,202,315</u>
<b>Net Financial Assets/ Liabilities</b>	<u>3,388,517</u>	<u>-3,017,551</u>	<u>370,966</u>

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

## NOTE 16: FINANCIAL INSTRUMENTS (cont'd)

	Floating Interest Rate 2007 \$	Non Interest Bearing 2007 \$	Total  2007 \$
<b>Financial Assets</b>			
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>
<b>Financial Liabilities</b>			
Trade and Other Creditors		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>
<b>Net Financial Assets/ (Liabilities)</b>	<u><u>2,497,367</u></u>	<u><u>-2,167,753</u></u>	<u><u>329,614</u></u>

## Reconciliation of Net Financial Assets to Net Assets

		2008 \$	2007 \$
Net Financial Assets as above		370,966	329,614
Non-Financial Assets & Liabilities:			
Property, Plant & Equipment	8,10	59,288	57,000
Provisions	11	-53,178	-41,925
<b>Net Assets as per Balance Sheet</b>		<u><u>377,076</u></u>	<u><u>344,689</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 association, the results of those operations or the state of affairs of the association in financial years subsequent to the financial year ended 30 June, 2008.



# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

## NOTE 18: REMUNERATION OF BOARD MEMBERS

	2008 \$	2007 \$
Income paid or payable, or otherwise made available, to board members by the association in connection with the management of affairs of the association.	Nil	Nil

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

\$	\$	2008	2007
0 -	9,999	12	13

## NOTE 19 : RELATED PARTIES

### Names of Board Members

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

Phil Nadin	Cathy Kezelman	Karen Burns
Stephen Kinkead	John Malone	Kris Sargeant
Leone Crayden	Joy Said	
Arthur Papakotsias	Warren Holt	
Anna Saminsky	Sue Sacker	

### New Members

The following board members were elected at the association's AGM held on 30th November, 2007

Cathy Kezelman  
John Malone

### Resigning Members

The following board members did not stand for re-election at the Association's AGM held on 30th November, 2007.

Joy Said  
Warren Holt

Anna Saminsky was a member of the Board on 30th November, as she left the organisation she was with during the financial year she was required to stand down.

### Remuneration

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

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2008

## NOTE 20: EMPLOYEE ENTITLEMENTS

	<b>2008</b>	<b>2007</b>
	<b>\$</b>	<b>\$</b>
Employee Entitlement Liabilities:		
Provision for Employee Entitlements-Current (Note 11)	<u>43,178</u>	<u>41,925</u>
<b>Aggregate Employee Entitlement Liability</b>	<b><u>43,178</u></b>	<b><u>41,925</u></b>

# STATEMENT BY MEMBERS OF THE BOARD FOR THE YEAR ENDED 30TH JUNE 2008

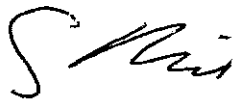
The Board has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board the financial report as set out on pages 1 to 15.

- 1 Presents a true and fair view of the financial position of Mental Health Co-Ordinating Council Incorporated as at 30 June 2008 and its performance for the year ended on that dated.
- 2 At the date of the Statement, there are reasonable grounds to believe that Mental Health Co-Ordinating Council Incorporated will be able to pay its debts as and when they fall due.

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

Chairperson.....

Treasurer.....

Dated this 30 day of October 2008

# INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BOARD

## Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report of Mental Health Co-Ordinating Council Incorporated, which comprises the balance sheet as at 30 June 2008, and the income statement, a summary of significant accounting policies, other explanatory notes and the statement by the members of the board.

## Board's responsibility for the financial report

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

## Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the Board. 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 by the board, as well as evaluating the overall presentation of the financial report.

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Independence

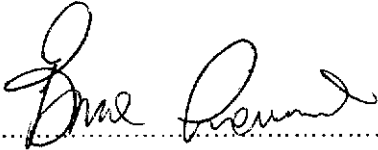
In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

## Auditor's Opinion

In our opinion, the financial report of Mental Health Co-Ordinating Council Incorporated presents fairly, in all material respects the financial position of Mental Health Co-Ordinating Council Incorporated as at 30 June 2008 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

**Name of Firm:** O'Neill & O'Brien Pty Limited  
**Name of Auditor:** Bruce Lawrence  
**Address:** Suite 3  
11-13 Hartill-Law Avenue  
BARDWELL PARK NSW 2207

**Signature:**

  
.....  
**Bruce Lawrence**

**Dated this**

15<sup>th</sup>

day of

October

2008.



PO Box 668 Rozelle NSW 2039

Ph (02) 9555 8388 - Ext 0

Fax (02) 9810 8145

Email: [info@mhcc.org.au](mailto:info@mhcc.org.au)

Web: [www.mhcc.org.au](http://www.mhcc.org.au)