MHCC Annual Report 2008-2009

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MHCC Annual Report 2008-2009

ORGANISATIONAL PROFILE

Vision:

To be part of a society that fosters and supports positive mental health for all of its members.

Mission:

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

Underlying 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 services
- Communities need to provide a range of mental health services designed to meet local needs
- An across-governmental approach to mental health promotion and service delivery is required

Key Priorities:

1. Developing the capacity of community based services working within the mental health sector
2. Thought leadership and policy formation
3. Exemplary management and governance

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 organizations and individual members, through their membership fees, their contributions to committees and projects and their ongoing commitment to mental health and all people living with mental illness, their families and carers.

ABOUT MHCC

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

MHCC works with its members to strengthen the community mental health 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 and peer support programs, 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 dynamic and responsive.

PEOPLE BEHIND MHCC WORKING FOR OUR MEMBERS

BOARD MEMBERS AS AT 30 JUNE 2009

Leone Crayden
Chair
On Track Community Programs

Phil Nadin
Treasurer
PRA

Karen Burns
Ordinary Member
UnitingCare Mental Health

Cathy Kezelman
Ordinary Member
ASCA

John Malone
Ordinary Member
Aftercare

Judi Higgin
Ordinary Member
New Horizons Enterprises

Arthur Papakotsias
Ordinary Member
Neami

Sue Sacker
Ordinary Member
Schizophrenia Fellowship

Kris Sargeant
Ordinary Member
Richmond Fellowship of NSW

STAFF MEMBERS AS AT 30 JUNE 2009

Jenna Bateman
Chief Executive Officer

Corinne Henderson
Senior Policy Officer

Erika Hewitt
Executive Support Officer
(from March 2009)

Edi Condack
Office Manager

Ian Bond
Admin & IT Support Officer

Rod West
Communications Officer

Tina Smith
Workforce Development

Anna-Maree Yip
Carer Respite Project
(from August 2008)

Eve Ismaiel
Carer Respite Project
(from August 2008)
(Unavailable for photo)

Carla Cowles
Tobacco Project

Angela Deligio
Admin Assistant

LEARNING AND DEVELOPMENT UNIT STAFF MEMBERS AS AT 30 JUNE 2009

Simone Montgomery
LDU Manager

Cary Lee
Training and Development Officer (from May 2009)

Joanne Timbs
Administration Officer (from May 2009)

Trevor Hobday
Training and Communication Officer

Nick Roberts
Trainer and Assessor (from January 2009)

Maria Walsh
Trainer and Assessor (from March 2009)

Jeni Marin
Trainer and Assessor

Jacqueline Moreno Ovidi
Scholarships Officer (from June 2009)

PROJECT CONSULTANTS AS AT 30 JUNE 2009

Jonine Penrose – Wall
Consultant – RCOM
Management Strategy

Julie Millard
Consultant – Data Grants

Debbie Greene
Consultant – MHDA Research

Edwina Pickering
Consultant – IGP

Tully Rosen
Consultant – Data Analyst

Stephanie Maraz
Consultant –
Carer Respite Project

Ingrid Poulson
Consultant – Mental
Health Connect

Chair's Report

Since becoming the Chairperson for MHCC my vision has been to grow the organisation from a peak body that informed and commented on issues related to mental health, to an organisation that was seen as an industry leader within our sector - one that not only provided pertinent information and comment but provided leadership and direction in the areas of social inclusion, workforce development and recovery-orientated practice.

In 2008-2009 we knew that there was growth within our ranks and this has meant that our members have to now compete against each other - the very organisations that we once shared and partnered with freely. The growth in resources has been long overdue in terms of service delivery and, whilst being immensely beneficial for the consumers and carers, it may have come at a price. Smaller organisations are no longer able to compete in this marketplace, influenced by competition policies and probity that place greater value on sophisticated governance, infrastructure and financial viability ahead of social capacity and long-standing community networks and knowledge. It is difficult to demonstrate these intrinsic values in tender documents and they don't often meet the guidelines in an Expression of Interest or Qualification Panel.

This is where MHCC has been able to take on an active role to enhance the capacity of smaller organisations via the NSW Health Infrastructure Grants to assist services increase their ability in tender writing, information technology support and accreditation processes.

The Mental Health Drug & Alcohol Grant has also led the sector into new areas in being able to research in partnership with universities to demonstrate the effectiveness of the work we do and the grassroots services that we provide daily.

We have improved Learning and Development opportunities that include training - not only in core service delivery, but in emphasising the need for sound leadership in our sector. The Introduction of the Graduate Diploma in Community Services Management or Leadership in Action focuses on concepts such as emotional intelligence and reflective practice, concepts not mentioned in our sector just a few short years ago.

MHCC is now seen as an industry leader in NSW, able to consult with our members and map the difference we make, as well as educate and train our sector to ensure all services are well catered for. The LDU, with the support of MHDAO, has been recurrently resourced to provide training to the sector and encourage people to work in the mental health area. Whilst we have to remain viable and self-sustainable we have been able to keep our training at reasonable costs so it is available to all Not for Profit organisations.

The language in mental health is also shifting. Some parts of the sector now prefer to be referred to as "not for profit or community mental health organisations" as the non-government or NGO term is too broad to encompass our uniqueness, whilst we must comply as not for profits with governance legislation and full financial accountability. The bottom line is not at the heart of what we do - many other non government organisations are still there for profit. It may be time that we made the distinction and I believe there is still much more discussion to be had on the issue of our sectors' identity.

The team at MHCC, including the Board and staff members, are some of the most hard working and dedicated professionals I have ever had the pleasure to work with. Whilst our opinions are diverse, debate is respectful and no-one at the Board level loses sight that we have been delegated with a responsibility to act on behalf of our member groups – organisations that are growing in size and diversity every year. I thank them all and am extremely appreciative of their support. I must again reiterate my admiration for MHCC's CEO, Jenna Bateman, and the MHCC team. They are an incredible group of workers who have extensive skills and abilities but, above all, a great attitude towards the work that they do.

I reflected on my ability to continue within the role this year. All I needed to do, however, was to get out and about amongst the services and spend time with the staff at the frontline - workers who are creative and dedicated professionals, who have a true purpose and display real passion in their working lives.

I then spent time with the consumers – the very people who we are here to support in their often all too arduous journey. These are the people who influence and inspire me the most - people who, every day, undergo trials and tribulations beyond what most people could ever endure. Despite this daily hardship, it is evident that there is also hope – as well as a determination to reduce stigma and to work together in true partnership.

Thank you to all for allowing me to share the journey, I am truly honoured.

Leone Crayden

Chief Executive Officer's Report

Within the pages of this 2008/09 Annual Report is an overview of the activities MHCC has engaged in over the last year. The format of the Annual Report is based on the key directions of the strategic plan but also incorporates the work of MHCC in responding to current issues which arise and require the attention of the Board and secretariat. As a peak body it is sometimes difficult to prioritise where to best put the limited resources of the organisation when so much demands attention. MHCC's greater involvement at the national level in relation to the funding of community mental health programs by commonwealth human service agencies and establishment of the alliance of NGO state peaks, Community Mental Health Australia (CMHA), has meant the MHCC secretariat has had to further expand its sphere of activity.

As the sector gains in complexity so too does that of the peak body. The size and function of the MHCC secretariat has been reviewed and positions have been reconfigured and/or added over the 2008/09 year. MHCC now enjoys a dedicated Communications Officer, an Executive Support Officer and an Administration and IT Support Officer. In addition the Learning and Development Unit has been in a rapid establishment phase in which Trainers and Assessors, project officers and administrative staff have all been employed to meet the increasing demands of the broad community mental health sector for accredited training.

The role MHCC plays in the mental health sector has substantially expanded over the last few years and is likely to continue to do so as both state and commonwealth mental health policy continues to look to the community sector as a major service provider proficient at promoting social inclusion and recovery orientated approaches to support people with mental health problems living in the community. Whereas MHCC once focused on policy comment, advocacy and information dissemination, the last few years have seen MHCC increase its remit to include grants administration, research, publications and accredited training.

The coming year will see a particular focus on data collection and usage as a strategy to strengthen the evidence base for practices within the community sector and this will be complimented by a developing focus on research with linkages between NGOs, consumers and carers and academic institutions being a key feature. MHCC in partnership with the Network of Alcohol and Other Drug Agencies (NADA) is currently scoping establishment of an NGO research network to build research capacity within the sector and all MHCC members will be invited to participate.

The 2009/10 year holds lots in store which will impact on MHCC member organisations hopefully in positive ways. The current NSW Health NGO Grant Review should see some streamlining of grants administration; and development of a framework document for the role and function of community organisations in the mental health service system in NSW is now in early stages. Access to survey data collected through the Mental Health NGO Mapping Project and the detailed analysis in the accompanying project report will help to inform this long awaited document. We now have the recently completed Fourth National Mental Health Plan which takes a population health framework and whole of government approach and emphasises the importance of community support services and cooperative service models. Also underway is development of a National

Mental Health Workforce Strategy which is inclusive of the NGO sector in its scope and should provide some strong recommendations on the important alternative and complimentary services provided by community organisations and their workforce needs. MHCC has a seat on the reference group for the national workforce strategy and will keep members fully informed.

This year has seen increased participation of MHCC members on our reference groups and I would like to thank all those individuals and organisations who have prioritised their time to provide their expertise. In particular the Data Management Strategy reference groups, LDU industry reference groups, smoking cessation pilots, carer respite pilots, participants in the revision of the Mental Health Rights Manual and members of the mental health and drug and alcohol collaborations group. I would also like to thank the many organisations that sent representatives to the 'Meet Your Neighbour' gatherings held across NSW over the last year. These gatherings have been very successful with reports of new relationships and partnerships stemming from these 'meets' being developed. Also MHCC has been able to get a better understanding of what issues are affecting organisations and witness the great willingness of people and organisations to come together to learn and share at the local level.

The success of MHCC initiatives is usually the direct result of collaboration between MHCC secretariat staff and MHCC members and this approach will continue over 2009/10. I would like to acknowledge the dedicated work of the MHCC secretariat and thank each person for their tireless efforts. Corinne Henderson and Tina Smith in policy issues and workforce development, Rod West for all things communications, Ian Bond for IT; Edi Condack for Office Management and a special welcome to Erika Hewitt for Executive Support. Simone Montgomery as Manager of the LDU has achieved amazing outcomes and been well supported by Joanne Timbs, Trevor Hobday, Cary Lee, Jacqueline Moreno Ovidi, Maria Walsh and Nick Roberts. Also thanks to the pool of consultants and project workers employed by MHCC too numerous to mention here but Julie Millard, Anna Yip, Stephanie Maraz, Gillian Bonser, Carla Cowles, Jonine Penrose-Wall, and Ingrid Poulson all deserve special recognition for their work over 2008-9.

And finally thanks to the MHCC Board and in particular Chairperson Leone Crayden whose energy for this sector and MHCC is as strong as ever. The Board not only guides MHCC directions but is a wonderful resource for myself and the staff as we advocate on behalf of members in an increasingly complex arena and I thank you all for your ongoing commitment.

Best wishes for the coming year.

Jenna Bateman

Working together at our 2009 joint conference Outside In. Kerri Lawrence, NADA President and Leone Crayden, MHCC Chair

OUR WORK OVER THE PAST YEAR

What follows is a snapshot of just some of the important work that MHCC has been involved in over 2008-9. It is aligned to our key priority areas of: **1. Developing the capacity of community based services working within the mental health sector; and 2. Thought leadership and policy formulation.** You can find more details of our work on our website www.mhcc.org.au.

INFORMATION SHARING

MHCC keeps our members informed of current issues and items of interest to the sector through our website www.mhcc.org.au, our weekly e-newsletter "FYI e-fax", our quarterly news magazine "View from the Peak" and special emails and mailouts. Our website home page has links to current issues and a sector-wide listing of events in "What's On". Our website also contains detailed information on MHCC projects, training, submissions and other information about MHCC as well as resources and links to other sites and documents of interest. Popular on-line resources on our website include the Mental Health Recovery Philosophy into Practice Workforce Development Guide, the Mental Health Rights Manual and links to sector jobs. We continue to develop our website as one of our major information sharing tools and as a resource for members and the sector.

Our FYI e-fax is delivered via email (or fax) to our members on a weekly basis. It keeps members informed of MHCC and sector highlights, special items of interest, grants and tenders, upcoming events and member job vacancies. It gets information out in a timely way.

Our newsletter magazine "View from the Peak" enables us to cover issues in more depth. It is mailed out to members four times a year and is also available on our website. It has been refreshed with a new look in 2009 and continues to feature articles that inform and challenge the sector on a range of issues, including best practice. Every issue features one of our member organisations and this year we also have started featuring individuals from the sector – starting with our Board members. Our commitment is to ensure that this focus of our communication continues to maintain interest and inform the important discussions our sector needs to have.

Our biennial NGO conference in May 2009 provided many opportunities for information sharing to train and resource the sector. Other seminars held in the 2008-2009 financial year included:

- The use and misuse of 'recovery' in modern mental health policy – Professor David Pilgrim (Visiting UK academic), September 2008
- The economic crisis and sector impacts – Gillian Considine & Michael Raferty (USYD), December 2008
- Research workshop – topics included 'Developing Collaborative Partnerships - NGOs and ResearchPartners' and 'Disseminating Your Research - Partnerships in Publication', December 2008
- Smoking and mental health – speakers included Dr Mark Ragg, Carla Cowles, Jon O'Brien and Peter Schaecken, December 2008
- Australian Charter for Human Rights Consumer Forum, May 2009

BUILDING RELATIONSHIPS

MHCC's most important relationships are with its members. Over 2008-09 we have increased our membership base to around 250 from around 204 the previous year. This increase has both strengthened and diversified our membership. Engagement with our members by accessing their expertise on a wide number of project and program reference groups and through industry consultations associated with the LDU has been intensive this year.

MHCC has built relationships with consumers and carers by involvement in working groups, consultations and in relation to the LDU both in training and course development. Perhaps most notable this year was creation of the consumer scripted , acted and directed DVD on consumer views on Routine Consumer Outcome

Monitoring (RCOM). This DVD received much attention and praise from staff within the public and NGO sectors.

We also built relationships through providing networking opportunities such as our major conference "Outside In: Community responses to complex and diverse needs" 6-8 May 2009 held in collaboration with NADA. The conference attracted 600 delegates from around Australia and provided many opportunities for relationship building. Other special interest forums and workshops including CEO Forums also provided networking opportunities.

Another relationship building initiative commenced in the second half of 2008 by MHCC is our 'Meet Your Neighbour' program. This program of inviting the neighbours over for "a cuppa and a chat" is designed to encourage information sharing with a view to encouraging agencies to work together to respond more holistically to consumer and carer needs. It involves a host organisation inviting other service providers in the area (their neighbours) to a host's place to see where they are, meet their team and hear about their work. The other agencies present then also get to share about their work. Up to July 2009, host organisations included Compeer, Jewish Care, New Horizons, Richmond Fellowship NSW, Wesley Counselling Services, PRA, CAN Mental Health and National Association for Loss & Grief. Events were held around Sydney – Lewisham, Woollahra, Thornleigh, Surry Hills and Liverpool, and outside Sydney – Newcastle, Wagga Wagga, Dubbo and Tamworth. There has been very positive feedback from hosts and participants and stories of referral pathways and opportunities for consumers that have opened because of these events. There is also interest from other organisations to host future events. Meet Your Neighbour has also begun to invite local members of parliament to each event. Up to July 2009, we have had one local member at an event a representative at another. We will continue to work on this area of engagement.

At the national level Community Mental Health Australia (CMHA) has been operating under an MOU betwtp has achieved positions on key advisory groups which previously operated without national NGO representation including the National Mental Health Workforce Advisory Committee and the National Mental Health Safety and Quality Partnership Subcommittee. CMHA also has a seat at the table of the PHAMS Evaluation Reference Group. Over the year CMHA has engaged with Commonwealth departments including DOHA, FAHCSIA, DEEWR and Prime Minister and Cabinet around the issue of care coordination, workforce and community sector programs. CMHA has established a national profile in a short time and continues to go from strength to strength. MHCC has portfolio responsibility for workforce and quality and sits on the relevant advisory committees on behalf of CMHA. A major undertaking by CMHA over 2008/09 has been the Building Capacity in Community Mental Health Family Support and Carer Respite Project in which FAHCSIA engaged CMHA, as the alliance of state peaks, to assist it to identify models of respite care in mental health and to assist partnerships or consortia of community organisations and other relevant stakeholders to apply for funding under the National Respite Development Fund.

Meet Your Neighbour at Flowerdale Cottage in Liverpool with MHCC, PRA and CAN (Mental Health)

Another important partnership over 2008/09 has been MHCC's relationship with the Network of Alcohol and other Drug Agencies (NADA). MHCC established an MOU in 2006 to progress collaboration in improving services to people with coexisting disorders accessing member services. After successfully completing the Mental Health and Substance Abuse project in 2007 MHCC and NADA went on this year to roll out the Mental Health and Drug and Alcohol NGO Research Grants Program together and also partnered in presenting the 'Outside In' Conference which explored community responses to complex needs. NADA and MHCC are currently working closely together around data management systems to enhance the capacity of both sectors to collect and use information to improve service quality and to make reporting easier.

ENHANCING QUALITY

MHCC is in the process of becoming an accredited organisation through the Australian Council of Healthcare Standards (ACHS) after our previous accreditation through Quality Management System (QMS) expired in May 2009. ACHS have a corporate category which suits MHCC's

Hearing Voices Choir from New Horizons Lismore at Outside In 2009

operational structure and assists us to ensure our systems are as comprehensive and effective as possible. As a Registered Training Organisation (RTO) the MHCC LDU has rigorous quality systems in place and underwent audit in February 2009 maintaining their accreditation status.

Through the Infrastructure Grants Program many organisations chose to use funds to undergo or move towards quality review or accreditation; a process that can be costly and requires dedicated positions to oversight the additional work required. We now know through the Sector Mapping Project that there are relatively few organisations with external accreditation. Therefore working with government to help organisations working in mental health achieve accreditation will be a focus for MHCC over 2009-10.

The National Mental Health Standards (NMHS) have been undergoing a review process over the last two years and this process has now been finalised. Throughout the process the Commonwealth Government has been keen to see the NMHS applied to the NGOs and Private sectors. However this has proved difficult due to the strong public health focus of the Standards. Currently work is being undertaken on development of interpretive or implementation guides for the NGO and Private sectors. MHCC chairs the NGO working group for this undertaking on behalf of CMHA. Work is scheduled for completion in the first half of 2010.

INFORMATION MANAGEMENT TECHNOLOGY

Throughout 2008-2009, we continued to engage with stakeholders to develop an information strategy and an information collection and reporting system for the sector. This included facilitating, reviewing, reporting on and sharing information with regard to existing systems by member organisations and representing interests of sector on the Mental Health Data and Information Subcommittee of the Program Council.

The information and communication management needs of the Non Government Organisation (NGO) sector in NSW are changing dramatically. More investment is being made in the sector by Governments resulting in increasing cases of member organisations having contractual agreements with several funding bodies and requirements for separate reporting to each on different aspects of their work. In response to the need for reliable information to plan, resource, analyse, manage and support strategic decision making and service provision, that is based on best practice and continuous quality improvement, MHCC has been working on a Data Management Strategy (DMS) for the sector. The DMS has the following aims:

1. Agreement on a Minimum Data Set (MDS) for NSW NGO mental health programs
2. Operationalisation of a Minimum Data Set and data collection at a state (&/or national) level, via one standardised information system with it proposed that MHCC provide training, IT and workforce support.
3. Data system compatibility and integration with NSW Health and Commonwealth departments
4. Development of a user-friendly Mental Health NGO Minimum Data Set Data Dictionary for NSW NGOs based on the National Health Data Dictionary 2008

Also, over 2008-09, as part of the information collection and reporting system, MHCC rolled out a Routine Consumer Outcome Monitoring (RCOM) training and resource package to organisations across all 8 Area Health Services. The training mechanism comprised: 1. Familiarisation; 2. Initial Training; and 3. Continuous Education. A consumer written, acted and directed DVD on consumer perspectives on outcome monitoring was produced as part of the training program to emphasise

Decendance Dancers at Outside In 2009

Sue Sacker, Emily Adams and Carl Portelli celebrate the launch of Mental Health Recovery Philosophy Into Practice: A Workforce Development Guide

the importance of the consumer voice in implementing RCOM within organisations. The training mechanism and resource material were made available on our website and, after evaluation from this pilot period, will be taken over by the MHCC LDU.

Arising from this project, the main tools recommended for use in the sector were Kessler 10 (K10+) and the Satisfaction With Life Survey (SWLS), both consumer rated, and the Camberwell Assessment of Need - Clinical Version (CAN-C) or CANSAS (the short version), which are worker and consumer rated.

Four conference papers were presented by MHCC on RCOM including to the Australasian Mental Health Outcomes Conference. MHCC's RCOM Program was also the subject of an invited keynote address to TePou NZ's Outcome Forum.

WORKFORCE DEVELOPMENT

MHCC is now seen in a national leadership role in the area of sector and workforce development. We represent the NGO community mental health sector by participating on the national Mental Health Workforce Advisory Committee on behalf of Community Mental Health Australia.

With Community Services and Health Industry Skills Council (CS&HISC), we participated in the review of the Community Services Training Package to ensure the continued relevance of these qualifications to the sector. This has resulted in a significantly revised Certificate IV in Mental Health and new Diplomas in Community Services Practice (Alcohol and Other Drugs) and Community Services Practice (Mental Health and Alcohol and Other Drugs).

A new MHCC publication – "Mental Health Recovery Philosophy Into Practice: A Workforce Development Guide" – was finalised in November 2008 and officially launched at the 2008 AGM. Both internet access to and sales of this publication have been growing with the audience for the publication being national. Workshopping of the publication at various Conferences has been useful for identifying new priorities for workforce development.

MHCC secured funding in 2008 through the Victims of Violent Crime Grants Program for Stage 2 of the Reframing Responses Project "Supporting Women Survivors of Child Abuse: An Information Resource Guide and Workbook for Community Mental Health Service Providers". This Guide and Workbook will assist workers to engage more effectively with individuals who may be adult survivors of childhood abuse but who present with complex social and mental health needs. This involves consulting with the sector and working closely with member organisation ASCA (Adults Surviving Child Abuse) to develop a 2 day workshop for the MHCC Learning and Development Unit which will inform the development of the Workbook. The Workshop for non-clinicians working with adult survivors of child abuse pilot is to be held in Sydney in September 2009, and the project is to be completed in December 2009 and launched early in 2010.

Another important area of workforce development in the last year has been implementation of the MHCC and NADA "No Wrong Door: Mental Health Drug and Alcohol Change Management Project". This project provides drug and alcohol skill development opportunities for mental health workers and workplaces. Training was provided

for more than 100 staff in six locations including Penrith, Sydney, Wagga, Tamworth & Port Macquarie. The training component of the project will conclude December 2009 with evaluation continuing through a partnership with the Illawarra Institute of Mental Health throughout 2010. Project findings have helped in shaping substance misuse content in LDU coursework and are also clarifying future workforce development needs in this most important area.

Over 2008-2009 MHCC has also run a joint project with the NSW Cancer Council called "Breathe Easy – lifting the burden of smoking. This project was aimed at reducing the levels of smoking in people with mental health problems as one of the most disadvantaged groups in the community. The project consisted of pilot staff training programs with some of our member organisations "demonstration sites", resource production, member survey and a well attended seminar. Feedback from the demonstration sites has been very positive. The final project report will be launched in the second half of 2009.

Lifting the burden of smoking seminar (top)
Jenna Bateman with Dr Mark Ragg one of the speakers at MHCC's Lifting the burden of smoking seminar (above)

BUILDING THE SUSTAINABILITY OF THE LEARNING AND DEVELOPMENT UNIT

The MHCC Learning and Development Unit (LDU) continues to grow at an astounding rate which is indicative of the demand for recovery-oriented community-based mental health workforce development. By the end of June 2009, the LDU had more than 600 learners enrolled in an ever increasing array of courses being delivered in diverse locations across NSW including Bourke, Orange, Tamworth, Dubbo, Bega, Lismore, Coffs Harbour, Port Macquarie, Newcastle and the Central Coast. During this year the LDU conducted approximately 300 training days. The number of staff and consultants employed by the LDU also continues to grow with a 100% increase during the year.

With approval of the revised package in December 2008 the LDU commenced a comprehensive review and development process for the Certificate IV in Mental Health and the newly established qualifications Diploma in Community Services (Mental Health), Diploma in Community Services (Alcohol and other drugs) and Diploma in Community Services (Alcohol, other drugs and mental health). These qualifications will commence in early 2010.

During this period the LDU also underwent a site audit process with the Vocational Education and Training Accreditation Board (VETAB) and was granted the maximum period of five years registration as a Registered Training Organisation. MHCC was also approved to provide the Certificate IV in AOD Work and the Advanced Diploma in Community Sector Management. Specific units from the Certificate IV in AOD Work have been utilized in a partnership project with the Network of Alcohol and Other Drug Agencies (NADA), No Wrong Doors, to deliver foundational level AOD training to the sector in Sydney and regional areas around the state.

In February of 2009 the LDU enrolled forty five participants to complete the Advanced Diploma in Community Sector Management, also known as the Leadership in Action (LIA) program. LIA now provides distinct training opportunities to both new and more experienced managers who want to gain new skills and/or have their current skills recognised. As part of a three year Council of Australian Governments (COAG) Recognition of Prior Learning (RPL) Program, MHCC also received funding to develop and deliver an innovative streamlined group-based RPL model for experienced managers in community services in line with this qualification. Fifty two managers with two or more years experience completed this process and a further fifteen from this group have gone on to enrol in the newly

developed Leadership in Action Express program which has been specifically designed for experienced managers.

Regular consultation with the sector, through the Mental Health Training Working Group, has been pivotal in assessing the ongoing professional development needs of sector and the development of relevant training opportunities such as Responding to Critical Incidents training. MHCC also worked closely with Adults Surviving Child Abuse organisation to develop and pilot a two day training program that focused on skill development for workers working with people who have survived childhood sexual abuse. In addition LDU established a close working relationship with Sane Australia to provide Sane Bereavement training to the sector throughout the course of the year.

In recognition of the growing need for the community sector more broadly to develop greater skill and confidence in supporting people with a mental illness, the LDU commenced development of the Mental Health Connect program. This program specifically targets community workers who are working with people with a mental illness on an ongoing basis and would like to further develop their mental health skill set. The program underwent extensive piloting and review by key stakeholders including consumers, carers, Aboriginal mental health workers, government agencies and representatives from the community sector. NSW Health has provided funding for the program to be conducted throughout NSW 10 times per year during 2010 - 2012.

As the sector grows, the need for customised solutions has also been recognised by many organisations as pivotal in the development of the workforce. The LDU has had the opportunity to provide customised learning and development solutions to numerous organisations across a wide variety of development areas including staff induction and orientation programs, staff performance and development planning, consumer support and action planning, risk assessment, OH&S, leadership and management and an innovative train the trainer model for reflective practice.

The LDU has also established and maintained numerous partnerships throughout the year with the broader community sector and state and national bodies such as the Community Services and Health Industry Training Advisory Body (CSH-ITAB) and the Community Services and Health Industry Skills Council (CSHISC). MHCC was elected to the board of the CSH-ITAB in 2008 ensuring relevant feedback was provided at a state level regarding workforce development requirements of the community mental health sector in NSW. In partnership with CSHISC the LDU also reviewed the CommunityMindEd Resource, provided feedback regarding a sector wide environmental scan and participated in the Mental Health Articulation Project.

Ongoing LDU participation on various committee's and working groups has included the Official Visitors Program, Institute of Psychiatry, Community Trainers and Assessors, Western Sydney Forum, the National Centre for HIV in Social Research and NSW Health committee's such as Mental Health Workforce Development, Mental Health Education, Aboriginal Mental Health Workforce and Prevention and Promotion. In addition the LDU has also been invited to speak at various forums including Summer TheMHS, NSW Health, Tenants' Union of NSW, TAFE, Aids Council of NSW, Australian Federation of Aids Organisations, Salvation Army, NADA, various Sydney and regional interagency meetings and is a regular speaker at the MHCC initiative, Meet your Neighbour.

In May, the LDU was successful in securing $1.6M in funding from NSW Health over 3 years from 2010-2012 to implement the Professional Development Scholarships Program. Scholarships of up to $2000 per applicant, with the exception of clinical scholarships which are up to $5000, will be available in the following 5 areas:

- Certificate IV in Mental Health
- Diploma in Community Services (Mental Health and/or Alcohol & Other Drugs)
- Leadership Development – Advanced Diploma of Community Sector Management
- Clinical Pathways (towards university studies in nursing, psychology, social work or occupational therapy)
- Certificate IV in Training and Assessment

With the continued growth of the community mental health sector we are committed to ensuring that the work of the MHCC LDU remains industry relevant and that evidence-based practice in consumer-focused, recovery-oriented mental health work is being nurtured through the outstanding work of MHCC staff, consultants and membership.

Future initiatives to be explored and implemented in the coming year include,

- Development and implementation of Diploma in Community Services (Mental Health), Diploma in

MHCC's CEO Forum 2008

Community Services (Alcohol and other drugs) and Diploma in Community Services (Alcohol, other drugs and mental health)

- Development of an online learning platform to address the need for flexible delivery options, particularly for regional and remote organisations
- Roll out of the Productivity Places Program throughout the state for the Advanced Diploma of Community Sector Management
- Ensuring workers who complete the Mental Health Connect program can receive a statement of attainment as part of a nationally recognised qualification
- The establishment of a Consumer and Carer Trainer and Assessor Network
- Working with consumer stakeholders to explore the development of a peer support qualification in acknowledgement of the growing consumer workforce
- Development and piloting of the Vocational Graduate Diploma of Community Sector Management
- Lobbying for the development of a Vocational Graduate Diploma of Mental health and/ or Alcohol and other drugs
- The continued establishment and development of existing and new partnerships with consumer's, carers, member organisations, the community sector and government.

THOUGHT LEADERSHIP AND POLICY FORMULATION

An important part of MHCC's work is representing the sector at key forums, conferences and working groups and engaging with other human service sector peak bodies at both the State and Commonwealth Government levels. We do this not only to represent the combined voice of our members but to share learning and promote good evidence based policies and practices around community sector solutions, recovery oriented services and social inclusion. These goals also inform our relationship with our members and the work we do to support and encourage our members through our training, capacity building, projects, resource development, and our communications.

Over 2008-09 MHCC has worked with CMHA to develop "Mental Health RICH" (Mental Health Recovery in the Community and Home). This position paper was forwarded to various Commonwealth departments to raise awareness of the role and function of the NGO community mental health sector. The document was used to engage the Commonwealth Departments and introduce CMHA to them as a resource in developing and assessing approaches to building community options for people with mental health problems living in the community. CMHA has met a number of times with Commonwealth bureaucrats to discuss care coordination and the mental health COAG initiatives.

MHCC has participated in various forums regarding possible devolution of COAG mental health funding to the States (eg, National Mental Health Advisory Council meeting, March 2009) and commented on this issue in submissions. We have also written submissions for improved Commonwealth responses to homelessness, disability and employment. To view all MHCC submissions to Commonwealth and NSW Governments, please go to our website www.mhcc.org.au.

MHCC is represented on working and/or reference groups formed by NSW Health, Mental Health and Drug and Alcohol Office, Justice Health, Housing NSW, Joint Guarantee Of Service (JGOS) Advisory Group, Corrections NSW, NSW Police, NSW Suicide Prevention Committee, Health Care Complaints Commission, NCOSS, Public Interest Advocacy Centre, Consumer Activity Network, NSW Institute of Psychiatry, NSW Law Reform Commission, Community Services & Health Industry Training Advisory Board, Mental Health Council of

John Mendoza, Chair, National Advisory Council on Mental Health

Australia, and NSW Cancer Council. For a complete list of all the forums and working groups we attend, please see our website www.mhcc.org.au.

MHCC participated in one of the nation-wide forums held by ACOSS to discuss the idea of a National Compact between the Commonwealth and the NGO sector. MHCC made a submission to the Inquiry in response to a number of questions including how the diversity of the NGO sector could be reflected in the compact; the priority areas of government sector relations that it might focus on and what forms of community engagement would add most value to a sector reform and capacity building agenda. MHCC has also participated in consultations called by Premier and Cabinet on Homelessness and Domestic Violence, consultations around the NSW State Plan and forums to discuss the recommendations of the Keep Them Safe Report.

Our work toward creating a more contemporary and cohesive vision for mental health services has primarily been undertaken through the NGO Sector Mapping Project. Through the mapping data the project aims to assist NSW Health create a framework for NGOs working in mental health in NSW.

In 2008-9 MHCC worked closely with NADA in promoting research through the administration of the Mental Health and Drug and Alcohol NGO Research Grants Program. By the end of June 2009 ten different research projects were underway with sector agencies in consortia with different university research partners. This has been a highly significant development for the sector and MHCC and NADA will be coordinating a research network for member agencies to encourage ongoing engagement in research activity.

Newsletters

"VIEW FROM THE PEAK" Articles informing MHCC members of current issues July 2008 – July 2009

Senate Community Affairs Inquiry into Mental Health Services Australia

- Update on the new Forensic Hospital at Long Bay
- Leading Our Way in Community Care - building partnerships and relationships with Aboriginal communities
- The Health Care Complaints Commission (HCCC)
- The Intellectual Disability Rights Service (IDRS)
- Consultation on an Australian Compact
- Progress of proposed contracting of Justice Health to manage the new Long Bay Hospital
- 2008 Law and Justice Volunteer and the Justice Medal Awards.
- National Registration and Accreditation Scheme for Health Practitioners
- So what is Good Evidence Based Practice in Mental Health Services?
- The Mental Health Rights Manual
- The Law and Justice Foundation
- Better services for people with barriers to work
- ASCA Creating New Possibilities
- Proposed cuts to Youth Health Services within the Sydney South West Area Health Service (SSWAHS) from The NSW Association for Adolescent Health (NAAH)
- The Road Home: A National Approach to Reducing Homelessness: The Australian Government's White Paper on Homelessness
- 'The Garling Report': The Final Report of the Special Commission of Inquiry – Acute Care Services in NSW Public Hospitals
- Justice Health Family Friendly Mental Health Services
- Senate Select Committee Inquiry into Men's Health
- 'A Healthier Future for all Australians': Interim Report of the National Health and Hospitals Reform Commission
- Privatisation of Prisons
- New Registration and Accreditation Scheme for Health Professionals
- The Fourth Mental Health Plan
- National Human Rights Consultation June 2009
- Peri-natal and Postnatal Inpatient Services
- Optional Protocol to the international Convention on the Rights of Persons with Disabilities (the Disability Convention).

MHCC Member Survey 2009

MHCC provides members a formal mechanism to supply feedback on our activities and quality of service through our annual member survey. The survey has three primary functions:

- To enable members to provide 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 2009 survey asked members to rank MHCC's performance overall and in a number of specific areas. The responses are outlined in Chart 1.

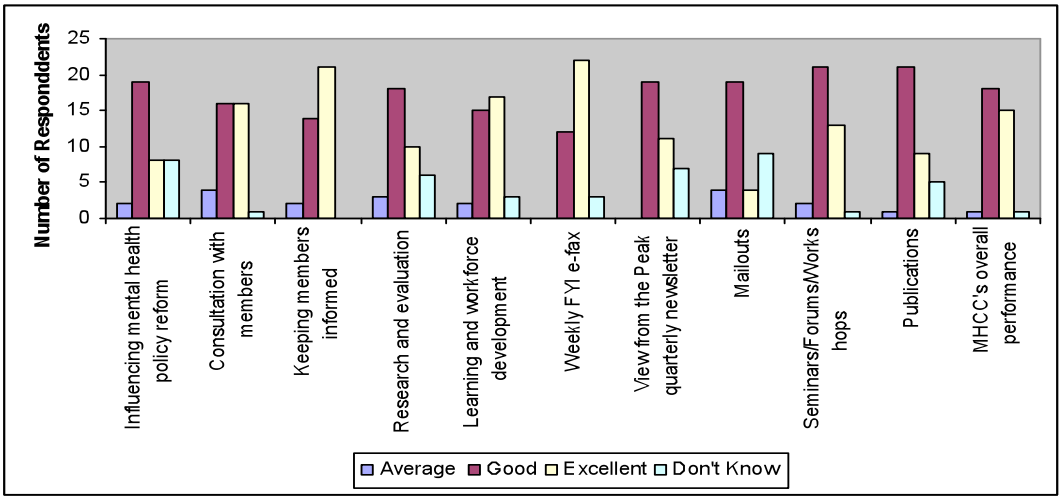

Chart 1: Respondent's ranking of MHCC's performance

43% of respondents ranked MHCC's overall performance as excellent with a further 51% giving a good rating. No activity received a poor rating from any respondents. Specific activities that the majority of respondents ranked as excellent include: Weekly FYI e-fax (59%), Keeping members informed (57%) and Learning and Workforce Development (46%). One member's comment was, "As a recent member, I have found MHCC info extremely useful in keeping me in touch with recent changes, new approaches etc".

MHCC Projects

MHCC projects all received positive ratings with the majority of respondents rating the projects across the board as good or excellent.

MHCC Website

The MHCC website was rated on three different variables in this years survey: Content, Navigability and Appearance. They all received above an 80% good to excellent rating. 35% of respondents visit the website once a month and a further 14%visit once a week. This has increased from last year. Few respondents gave specific comments on ways that the website could be further improved except for more links for easier access to parts of the website such as "Meet Your Neighbour" and workforce training information.

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

The comments received on this question can be divided into the following areas:

Advocacy

- Working to have Commonwealth contracts moved to State also moving State contracts from Area Health Services to NSW Health.
- Advocating more strongly for people with an intellectual disability that also have mental health issues. Dual diagnosis still seems to relate more to drug and alcohol.
- Engaging more with the sector, especially the smaller NGO's and ASTI NGO's. Advocacy, publicity for people with a mental illness and NGO's.
- Supporting and advocacy for peer support services.

Research and development

- Work to develop more low cost / no cost counselling services and work with Counsellors and Psychotherapists Association and **Psychotherapy and Counselling Federation of Australia** to improve counsellor's recognition / status among the medical profession. This would include establishing a counsellor's registration board. Many people can not afford private counselling and GP referral to psychologists is short term. There are so few low cost counselling services in the NGO sector in Sydney / NSW.
- Help develop the successful and innovative Integrated Employment Project – based on a co-location model of support.
- Develop a research group / network
- Sharpen focus on youth mental health initiatives

Information exchange

- Greater consultation of membership as to how to best represent them. This would also assist with greater collaboration in project development.
- More emails about "meet your neighbour" links
- Development of an information exchange between MHCC and international Peak Bodies.
- Implementation of Customer Relationships Management in NSW NGO's.
- Produce literature eg brochures in different languages, and target the CALD NGO's who are working in mental health.

Training

- Perhaps some more training for people working in the industry
- More regional training and in-service

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

Of the respondents that provided specific comments 64% responded yes and provided us with contact details.

Workforce Development

1. Respondents were asked to rank in order of priority 6 possible projects being considered by MHCC. Results from high to low priority were:
2. Strengthening supervision practices – reflective practice oriented professional development (including supervision, coaching and mentoring systems)
3. Development of consumer / carer delivered training and related networks – consumers and carer trainer / assessor networks
4. Development of MH work practice standards (including code of conduct / practice)
5. Guide to use of recovery-oriented language in the mental health sector
6. Peer Support Worker WFD (i.e., developing consumer and carer vocational roles and qualifications)
7. Counselling skills training (i.e., engagement / therapeutic relationship skills as well as EBP, e.g. CBT, DBT, motivational interviewing etc)

Respondents were also asked if their was a person in their workplace whose role was specific to workforce development, whilst 57% responding with yes only 32% of respondents provided contact details.

Learning and Development Unit

Respondents were asked to provide an indication of courses that they see at least one staff member being enrolled in within the next 12 months. Of the 5 possible courses listed the course that showed the highest level of interest was the Certificate IV in Mental Health Work followed by the Advanced Diploma in Community Sector Management.

The 2009 survey asked respondents to rank the overall performance of the LDU. The results are outlined in the chart below.

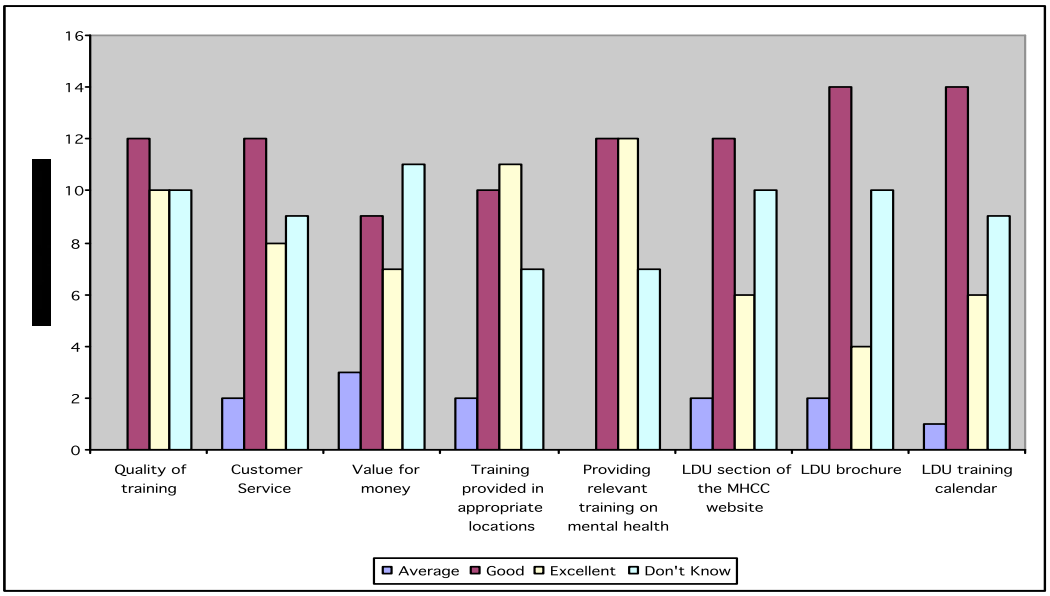

Chart 2: Respondent's ranking of LDU's performance

69% of respondents gave a good to excellent ranking of the quality of the training being provided by the LDU. The remaining 31% of respondents did not know how to respond. No areas received a poor rating.

The comments received regarding how the LDU can improve its development of the sector were:

- Intellectual disability and mental health course.
- Most management type training of interest to us is usually in Sydney. Prefer it offered across the regions.
- Maybe more counselling for people not from this background to help them engage unmotivated / reluctant clients to get into work or engage in job search programs. So a more specific course for people in employment sector.
- Case Management Courses.
- Outcome Measures.

Other comments about MHCC

Several general comments were received within this section of the survey. The comments received were all very positive and in particular mentioned the work MHCC does in keeping our members informed. The overall communication both with secretariat members and between the drug and alcohol sector was also praised with one respondent commenting "I highly respect and value the work MHCC does".

MHCC also received a number of comments from consumers which provide diverse feedback, with comment that we should do more for consumers in the area pf training and some saying we should leave consumer initiatives to consumers.

- Connect more with consumer groups and work more regularly in partnership.
- Delivering training services targeting consumers / carers this is the role of MHCC organisations. The role of MHCC's representation of consumers should also be clarified as MHCC is the Peak for organisations not consumers.
- MHCC should be working in partnership with consumer organisations such as CAN (Mental Health) Inc. rather than trying to take over consumer training when they know absolutely nothing about this. Good grief – stop trying to take over the world and the consumer movement. Totally disgusted to say the least.
- More involvement of consumers would be good, in all aspects of MHCC, and unification of the sector, not just information sharing.
- Much not appropriate for the peer support / consumer operated services.

ANALYSIS OF MEMBER SURVEY 2009

1. Number of responses and validity of results

Out of approximately 191 potential respondents, 37 responses were started and 33 completed. This is a 17% response rate, not less than a 20% response rate should ideally be the minimum response rate for analysis. However, since 28 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.

2. Overall impression of results

The majority of the responses where very positive with comments received such as "I think the performance of MHCC is very proactive and provides much needed information back to its members". Even in the rating questions throughout the survey we received a majority of good to excellent without receiving one rating of poor.

MHCC received divergent views on how MHCC should engage with consumers and carers. MHCC is keenly aware of consulting with consumers and believes strongly in consumer driven initiatives. In addition MHCC understands it has a key role in supporting consumer initiatives and providing opportunities for consumers to apply skill sets in training and project development.

3. What can we learn?

Due to the difficulty in reporting on trends after last years survey some of the questions were kept the same this year. This partial standardization of the survey will continue next year to allow greater trend patterns to be established. Due to the positive results received it was difficult to deduce from the results areas that require vast improvement. There were some areas however where trending can begin to be shown and where the results may help to re-focus our activity.

3.1 Consultation with members. With 86% giving a good or excellent rating and only 11% giving an average rating (compared with 20% last year and 5% the year before) this is an area that has greatly improved in the last 12 months. Whilst this is an improvement from last year it does remind us that we still have room for improvement when it comes to our consultations with our members and we need to ensure that our efforts towards consultation continue to improve.

3.2 Research and Evaluation. With 91% giving a good or excellent rating and only 9% giving an average rating (compared to 3% last year and 14% the year before). The percentage of members who didn't know how to rate us decreased to 16% however which is a marked improvement on 23% last year and 22% the year before. This indicates that perhaps we are communicating the research and evaluation being conducted more widely so that our members are aware, however maybe this communication could be more effective still and has caused the increase in the average rating.

3.3 Mail Outs. Although 64% of respondents gave the MHCC mail outs a good to excellent rating 25% did not know how to rate them. Perhaps this is an indication that the members completing the survey do not receive the bulk of the mail outs. This is also indicated with 19% not knowing how to rate the View from the Peak publication which is sent to our members through the mail outs.

4. Conclusion

In general the response is that we are doing a good job and meeting member needs and expectations, however we will need to increase the response rate to substantiate these survey findings next year.

5. Recommendations

5.1 Continue to partially standardize the questions so that we can analyse trends year on year.

5.2 Try to find ways to effectively promote all our projects and research.

5.3 Continue consulting with members and promoting the consultation process and results.

5.4 Try to improve the effectiveness and penetration of the mail outs.

5.5 Clarify MHCC position on consumer and carer initiatives.

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THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN: 59 279 168 647

FINANCIAL REPORT

FOR THE YEAR ENDED 30TH JUNE 2009

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN: 59 279 168 647

CONTENTS

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

INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2009

	Note	2009 $	2008 $
Revenues from Ordinary Activities	2	3,132,896	2,961,955
Expenses from Ordinary Activities:			
Employees Expenses		1,030,489	654,562
Professional and Consultancy Fees		343,115	281,154
Motor Vehicle Expenses		6,509	3,623
Depreciation		19,416	14,804
Other Expenses		1,645,103	1,975,425
Profit (Loss) from Ordinary Activities Before Income Tax Expense	3	**88,264**	**32,387**
Income Tax Expense	4	0	0
Profit (Loss) from Ordinary Activities After Related Income Tax Expense		**88,264**	**32,387**
Profit (Loss) from Extraordinary Items after Related Income Tax Expense (Income Tax Revenue)		0	0
Net Profit (Loss)		**88,264**	**32,387**
Total Revenues, Expenses and Valuation Adjustments recognised directly in Equity		0	0
Total Changes in Equity other than those Resulting from Transactions with Members as Members		**88,264**	**32,387**
Equity Statements			
Equity at the Beginning of the Financial Year		377,076	344,689
Movements comprise:			
Net Profit (Loss) for the Year		88,264	32,387
Equity at the End of the Financial Year		**465,340**	**377,076**

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

BALANCE SHEET
AS AT 30TH JUNE 2009

	Note	2009 $	2008 $
CURRENT ASSETS			
Cash	6	3,243,415	3,388,517
Trade & Other Receivables	7	196,649	184,764
TOTAL CURRENT ASSETS		**3,440,064**	**3,573,281**
NON-CURRENT ASSETS			
Property, Plant & Equipment	8,10	99,900	59,288
TOTAL NON-CURRENT ASSETS		99,900	59,288
TOTAL ASSETS		**3,539,964**	**3,632,569**
CURRENT LIABILITES			
Payables	9	2,991,337	3,202,315
Provisions	11	83,287	53,178
TOTAL CURRENT LIABILITIES		**3,074,624**	**3,255,493**
TOTAL LIABILITIES		3,074,624	3,255,493
NET ASSETS		**465,340**	**377,076**
EQUITY			
Retained Profits	15	465,340	377,076
TOTAL EQUITY		**465,340**	**377,076**

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

CASH FLOW STATEMENT
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2009

	Note	2009 $	2008 $
CASH FLOWS FROM OPERATING ACTIVITIES			
LDU - Course Payment (inclusive of GST)		496,244	136,244
Seminar Revenue (inclusive of GST)		36,644	68,425
Receipts from Members (inclusive of GST)		36,699	39,449
Government & Other Grants Received (inclusive of GST)		2,689,966	2,219,671
Payments to Suppliers & Employees (inclusive of GST)		-3,510,666	-1,720,137
Interest Received		137,317	152,597
Other Receipts		29,346	11,993
Net Cash Provided by Operating Activities		**-84,448**	**908,242**
CASH FLOW FROM INVESTING ACTIVITIES			
Payments from Property, Plant & Equipment		-69,008	
Proceeds from Sale of Property, Plant & Equipment		8,354	-17,092
Net Cash Used in Investing Activities		**-60,654**	**-17,092**
CASH FLOW FROM FINANCING ACTIVITIES			
Net Cash Used in Financing Activities			
Net Increase (Decrease) in Cash Held		-145,102	891,150
Cash at the Beginning of the Financial Year		3,388,517	2,497,367
Cash at the End of the Financial Year		**3,243,415**	**3,388,517**

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

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.

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

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.

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

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

(h) **Cash**

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

NOTE 2: REVENUE

	2009 $	2008 $
Revenue from Operating Activities		
Sale of Non-Current Assets	0	0
Conference & Seminars	33,313	62,205
Membership Subscriptions	36,363	35,863
LDU Course Payments	451,131	123,858
	520,807	221,926
Revenue from Outside the Operating Activities		
Grants Received	2,445,426	2,575,438
Interest	137,317	152,597
Sundry Revenue	29,346	11,994
	2,612,089	2,740,029
Revenue from Ordinary Activities	**3,132,896**	**2,961,955**

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

NOTE 3: PROFIT FROM ORDINARY ACTIVITIES	2009 $	2008 $
Net Gains and Expenses		
Profit from Ordinary Activities Before Income Tax	88,264	32,387
Expense includes the following specific Net Gains and Expenses:		
Net Gains/Losses		
Net Gain on Disposal: Property,Plant & Equipment	-626	0
Expenses		
Depreciation:		
Plant & Equipment	9,364	10,073
Computer Equipment	5,443	2,972
Motor Vehicles	4,609	1,759
Total Depreciation	19,416	14,804
Other Provisions		
Employee Entitlements	30,108	11,254

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	4,000	3,800
Other Services	0	0
	4,000	3,800

NOTE 6: CURRENT ASSETS - CASH

Cash on Hand	150	150
Security Deposit	200	200
Cash on Deposit	3,243,065	3,338,167
	3,243,415	3,338,517

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. (2009 - 0% and 4.5%).

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

NOTE 7: CURRENT ASSETS - RECEIVABLES	2009 $	2008 $
Trade & Other Receivable	196,649	184,764
	196,649	184,764

NOTE 8: NON-CURRENT ASSETS - PROPERTY, PLANT & EQUIPMENT		
Motor Vehicles - at Cost	49,906	14,213
Less: Accumulated Depreciation	-4,429	-6,589
	45,477	7,624
Computer Equipment - at Cost	27,322	11,551
Less: Accumulated Depreciation	-10,595	-5,152
	16,727	6,399
Plant and Equipment - at Cost	109,261	107,466
Less: Accumulated Depreciation	-71,565	-62,201
	37,696	45,265
	99,900	59,288

NOTE 9: CURRENT LIABILITIES - PAYABLES		
Current		
Deferred Income	2,937,863	3,163,906
Creditors & Other Payables	0	6,181
PAYG Tax Payable	4,328	7,598
GST Payable	49,146	24,630
	2,991,337	3,202,315

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

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 1/7/08	7,624	45,265	6,399	59,288
Additions	49,905	1,795	17,308	69,008
Disposals	-7,443	0	-1,537	-8,980
Depreciation Expense (Note 3)	-4,609	-9,364	-5,443	-19,416
Carrying Amount at 30/6/09	**45,477**	**37,696**	**16,727**	**99,900**

NOTE 11: CURRENT LIABILITIES - PROVISIONS

	2009 $	2008 $
Provision for Long Service Leave	32,155	27,984
Provision for Annual Leave	51,132	25,194
	83,287	53,178

NOTE 12: SEGMENT REPORTING

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

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

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

	2009 $	2008 $
Profit (Loss) from Ordinary Activities After Income Tax	88,264	32,387
Non Cash Flows in Operating Result		
Depreciation	19,416	14,804
Loss/(Profit) on Sale of Assets	626	0
Changes in Assets & Liabilities		
Increase (Decrease) in Provision for Annual and Long Service Leave	30,109	11,253
Increase (Decrease) in Unearned Income	-226,043	1,068,718
(Increase) Decrease in Trade & Other Receivables	-11,885	-46,544
Increase (Decrease) in Payables	15,065	-172,376
Net Cash Inflow/(Outflow) from Operating Activities	**-84,448**	**908,242**

NOTE 14: CONTRIBUTED EQUITY

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

NOTE 15: RETAINED PROFITS

	2009 $	2008 $
Retained Profits at Beginning of Financial Year	377,076	344,689
Net Profit/(Net Loss)	88,552	32,387
Retained Profits at End of Financial Year	**465,628**	**377,076**

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
ABN: 59 279 168 247

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

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

(b) Net Fair Values

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

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

(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.

	Floating Interest Rate 2009 $	Non Interest Bearing 2009 $	Total 2009 $
Financial Assets			
Cash	3,243,415		3,243,415
Receivables		196,649	196,649
	3,243,415	**196,649**	**3,440,064**
Financial Liabilities			
Trade and Other Payables		53,474	53,474
Deferred Income		2,937,863	2,937,863
	0	**2,991,337**	**2,991,337**
Net Financial Assets/ Liabilities	**3,243,415**	**-2,794,688**	**448,727**

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

NOTE 16: FINANCIAL INSTRUMENTS (cont'd)

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

Reconciliation of Net Financial Assets to Net Assets

	2009 $	2008 $
Net Financial Assets as above	448,727	370,966
Non-Financial Assets & Liaiblities:		
Property, Plant & Equipment	100,188	59,288
Provisions	-83,287	-53,178
Net Assets as per Balance Sheet	465,628	377,076

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, 2009.

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

NOTE 18: REMUNERATION OF BOARD MEMBERS

	2009 $	2008 $
Income paid or payable, or otherwise made available, to board members by the assocaition in connection with the management of affairs of the association.	Nil	Nil

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

$	$	2009	2008
0 -	9,999	13	12

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	Judi Higgin
Arthur Papakotsias	Warren Holt	
Anna Saminsky	Sue Sacker	

New Members
The following board members were elected at the association's AGM held on 3rd December 2008

Judi Higgin

Resigning Members
The following board members did not stand for re-election at the Association's AGM held on 3rd December 2008

Stephen Kinkead
Warren Holt
Joy Said

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

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2009

NOTE 20: EMPLOYEE ENTITLEMENTS	2009 $	2008 $
Employee Entitlement Liabilities:		
Provision for Employee Entitlements-Current (Note 11)	83,287	53,178
Aggregate Employee Entitlement Liability	**83,287**	**53,178**

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

STATEMENT BY MEMBERS OF THE BOARD
FOR THE YEAR ENDED 30TH JUNE 2009

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 2009 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:

President.....

Treasurer:.....

Dated this 25th day of September 2009

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

Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report of Mental Health Co-Ordinating Council Incorporated, which comprises the balance sheet as at 30 June 2009, 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 responsbility 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 2009 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: Unit 6
13 Larkin Street
RIVERWOOD NSW 2210

Signature: .....
Bruce Lawrence

Dated this 25th **day of** September **2009.**

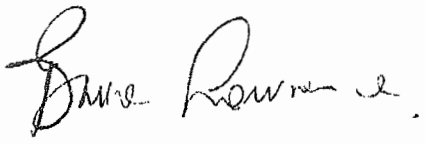
AUDITORS INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001

To the Directors of THE MENTAL HEALTH CO-ORDINATION COUNCIL INCORPORATED

I declare that, to the best of my knowledge and belief, in relation to the audit of THE MENTAL HEALTH CO-ORDINATION COUNCIL INCORPORATED for the year ended 30 June 2009 there have been;

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

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



.....

Bruce Lawrence
O'NEILL & O'BRIEN PTY LIMITED

Dated this 25th **day of** September **2009**

GALLERY

Tanya Major at Outside In

Meet Your Neighbour RFNSW Tamworth

Stephen Kinkead & Jenna Bateman

John Malone & Gwen Scotman

Smoking Seminar Carla Cowles MHCC & Jon O'Brien Cancer Council

Meet Your Neighbour Wesley Counselling Feb 09