Annual Report
2009 - 2010

Mental Health
Coordinating Council

Supporting community organisations
working for mental health
throughout NSW

MHCC Annual Report **2009 - 2010**

The Mental Health Coordinating Council
is funded by NSW Health

Table of Contents

Organisational Profile

Vision

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

Mission

To provide leadership for and build capacity of non-government services working to improve the mental health of our community.

Underlying Principles

- Good mental health is about the whole person; their psychological, physical, emotional and spiritual needs.
- Service user input is central to the promotion of mental health and the delivery and management of services.
- Communities need to provide a 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 health sector
2. Thought leadership and policy formulation
3. Exemplary management and governance

About MHCC

The Mental Health Coordinating Council (MHCC) is the peak body for community managed organisations (CMOs) working for mental health throughout New South Wales. MHCC's membership includes CMOs, 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 CMO 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 the planning and development of 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 to seminars and conferences
- Access to recovery orientated training and resources
- Link with other similar organisations

Inform and stay informed

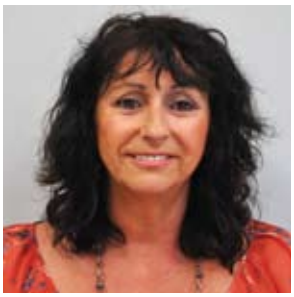
- MHCC keeps members up to date with information affecting the sector
- Opportunities to share the experience of other agencies
- Contribute to the sector's quarterly publication View From The Peak
- Access to educational events, conferences, seminars and forums

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

MHCC Board



Leone Crayden – Chair
On Track Community Programs

Karen Burns – Vice Chair
Uniting Care Mental Health

Phil Nadin – Treasurer
PRA

John Malone – Secretary
Aftercare

Sue Sacker
Schizophrenia Fellowship

Judi Higgin
New Horizons Enterprises

Dr Cathy Kezelman
ASCA

Karen Oakley
NSW CAG

Pam Rutledge
Richmond Fellowship of NSW

Sylvia Grant
Neami

MHCC Staff

Chief Executive Officer

Jenna Bateman

Policy and Sector Development Team

Corinne Henderson – Senior Policy Officer
Stephanie Maraz - Policy Officer
Tully Rosen– Policy & Research Officer
Tina Smith – Senior Policy Officer/Workforce Development
Rod West – Communications Officer

Administration Team

Ian Bond – IT Support Officer
Sylvia Chou– Finance Officer
Edi Condack – Office Manager
Erika Hewitt – Executive Support Officer
David Rae – Finance Officer

Learning and Development Unit (LDU) Team

Simone Montgomery – Manager LDU

Simona Adochei – Administration Assistant
Trevor Hobday – Training Promotions Officer
Tyla Huyhn – Administration Officer - Scholarships
Justine Lee – Training Support Officer
Jenyfer Locke – Trainer and Assessor
Jacqui Moreno-Ovidi – Training Coordinator
Kat Purwanto – Online Learning Officer
Nick Roberts – Quality Coordinator/ Trainer and Assessor
Joanne Timbs – Administration Officer
Maria Walsh – Trainer and Assessor
Andrea Watkins – Acting Mental Health Connect Course Coordinator
Stephanie Webster – Trainer and Assessor

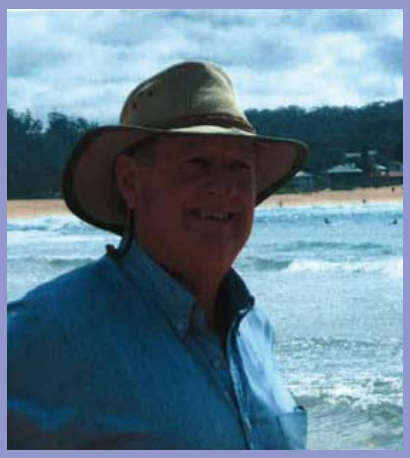
Resigned

Christine Brachmanis – Administration Assistant
Cary Lee – Training Development Officer
Anna Yip – Project Officer

Consultants

Allison Bell – LDU
Gillian Bonser – LDU
Debbie Greene – Infrastructure and Research Grants
Kay Hughes – Sector Mapping Project
Julie Millard – Data Management Strategy
Jonine Penrose-Wall – Information Strategy
Kris Sargeant – Risk Management

David Rae – Finance Officer



In Memoriam

David Brian Rae joined the MHCC family in March 2010 and died suddenly on the 25th of May 2010 at the MHCC offices. David came to MHCC in the new role of Finance Officer. His good humour and easy going nature enabled him to quickly become part of the team. David was an energetic and knowledgeable person who undertook his role at MHCC with a high degree of professionalism and commitment. David's warm presence is sadly missed by all the staff at MHCC fortunate enough to have worked with him.

Chair's Report

Time to once again look back over the year and reflect on what have emerged as particular highlights and areas of interest and importance in a year that has literally flown by. For a range of organisations it has been a year of taking stock. Many organisations having experienced rapid growth and diversification have now entered a more internal looking period. This has meant workforce development, data management, human resource and risk management and organisational style, promotion and branding are to the fore. As a sector we have a number of shared issues which will require MHCC leadership. Two issues of particular focus for MHCC are rising workers compensation premiums and the developing peer workforce.

For many organisations workers compensation premiums are beginning to rise above acceptable levels. At the request of the Board, MHCC has this year produced a *Working Safe Toolkit*. This provides sample policies and assessments, a Home Visiting Guide and a suite of safety check sheets covering everything from 'Safe and aware workplace culture' to 'Emergencies and incidents'. It is clear however that this is just a start. Additional work in this area which further involves WorkCover and the insurance companies and takes an industry approach to reducing premiums is needed. MHCC has highlighted this as a priority on its current work plan.

Another issue that has gained in complexity and emerged as a key issue for community mental health organisations over 2009/10 is employment of consumers and carers in a range of different roles. Some of these roles are identified as Consumer or Carer Peer Worker roles and others as Support Worker roles with no specific reference to lived experience. The complexities of what this means for working out skill sets and career pathways, reasonable adjustment, supervision and advocacy is ongoing in many organisations. The Community Services and Health Industry Skills Council has pulled together a reference group to oversee the development of an accredited course for the Mental Health Peer Workforce. MHCC has representation on this group and has formed, with the NSW Consumer Advisory Group and other members, a NSW advisory group to raise some of the complexities for organisations and for consumers and carers that are arising as this workforce becomes increasingly recognised and valued amongst mental health CMOs.

The content of this Annual Report provides clear evidence of the strong activity of the Mental Health Coordinating Council. The report has been structured around the key priority areas of the MHCC Strategic Plan 2008-11. Next year MHCC begins another strategic planning cycle and I urge members to take time to engage in this activity. For the MHCC Board and secretariat there is a sometimes difficult balance between a focus on sector development activities as against policy and advocacy activities. There is so much of both to be done and the National Health and Hospital Reforms will likely mean MHCC is required to further diversify its areas of focus as the role of GPs and allied health providers under expanded mental health MBS items impacts more extensively.

On behalf of the MHCC Board I would like to acknowledge the achievements of MHCC CEO Jenna Bateman and her team. The policy and sector development work undertaken over 2009/10 has been a pleasure to watch unfold. The Learning and Development Unit goes from strength to strength and this confirms for those of us who supported its establishment the great need it fills in the ongoing development of our sector.

Thank you to MHCC Board Members for their lively participation in discussions and debates over the year and I look forward to the challenges that next year will no doubt bring.

Leone Crayden
Chairperson

CEO Report

In 2000 MHCC produced the *Mapping, Analysis and Performance Report* – also known as the MAP Project. Ten years on MHCC has completed an equivalent research undertaking, The *NSW Community Managed Mental Health Sector Mapping Report 2010*. It is fascinating to look at the similarities and differences between these two reports and the enormous changes that have occurred over that ten year period in our sector.

When reading back over the 2000 MAP Project Report a few things particularly stand out for me. Perhaps most striking is the lack of any reference to the philosophy of recovery. Back in 2000 the MAP Report was considered innovative in that it included research into consumer experience of community organizations through application of standardized outcome measures (CAN and SF12). However, it is clear that the focus is consumer satisfaction with services rather than consumer participation, and on psychosocial rehabilitation rather than on recovery orientated practice. The concept of consumer driven recovery was not a generally articulated approach back in 2000.

Another striking difference between the 2000 and 2010 reports is the marked change in the scope of services. In 2000 53% of all services mapped were in the self help / support group category as compared to 15% in 2010 and only 16% of organizations were providing employment or accommodation support in 2000 as against 47% in 2010. In addition there is inclusion in the 2010 report of the mental health community programs funded under COAG which have brought a high level of diversity to the sector and given the 'mental health is everybody's business' catchphrase some real substance.

It is on the MHCC agenda to do a thorough comparison of the two reports as a useful exercise in tracking the developing history of our sector here in NSW. The next mapping is scheduled to commence in 2013. Ten years between sector snapshots has been acknowledged as too long a period given the rapidly changing environment in which we operate. We have National Health and Hospital Reform on the horizon which will likely see a changed landscape, particularly around new and traditional partnerships, service models and care coordination. By the next sector mapping we will be better placed as a sector to produce data on service delivery and outcomes, as well as good practice approaches through formal research. I am also hopeful that by then we will see many more services and social enterprises run by and for consumers as part of the sector.

I would like to thank the dedicated members of the MHCC Board for providing guidance and oversight on MHCC activities and for the many fruitful discussions we have had at Board meetings over the past year. I would also like to acknowledge the achievements and hard work of the MHCC staff. MHCC has a team of skilled and knowledgeable people committed to this sector and the consumers and carers who access its services and programs. MHCC is now too large for me to acknowledge all staff individually, however special acknowledgement must go to Simone Montgomery and her outstanding and innovative oversight of the MHCC Learning and Development Unit, and to Tina Smith and Corinne Henderson who, as the MHCC Senior Policy Staff, have been unfailing in their ability to respond thoughtfully and creatively to the myriad of issues that come across our desks here at MHCC.

Thank you also to the MHCC Members, consumers, carers and other stakeholders who give their time, skills and knowledge to participate in MHCC reference groups and consultations. Your feedback provides us with valuable guidance to our directions.

Jenna Bateman
Chief Executive Officer

Our work over the past year

What follows is a snapshot of MHCC activity during 2009/10 aligned to our Strategic Plan key priority areas:

Developing the capacity of community based services;

Thought leadership and policy formulation;

Exemplary management and governance.

More detailed information on our work can be found on our website at www.mhcc.org.au and you are encouraged to visit the site.

Key priority 1:
Developing the capacity of community based services

MHCC has continued to place a high priority on sector development over the last year. This focus has supported the sector to profile itself as a dynamic and robust component of the mental health service system. Key aspects of the work undertaken by MHCC to support organisations develop their capacity are in the areas of: information sharing and dissemination; partnership development and relationship building; data usage and management; service quality and workforce development including, training and career pathways; and articulation of recovery orientated practice.

INFORMATION SHARING

One of the important ways in which MHCC disseminates information to the sector is through its quarterly newsletter publication "View from the Peak".

View from the Peak

The quarterly newsletter continues to be well received by our members, keeping them informed and engaged with the latest news across the sector. At the start of 2010 we moved to full colour as a further enhancement. Some articles in the editions published between July 2009 and June 2010 are listed below.

Winter 2009

- MHCC wins Gold THeMHS Award
- The funding rollercoaster
- Data Management Strategy
- New life for Embark Cottage
- National Human Rights
- Meet Phil Nadin
- Member profile NSW Consumer Advisory Group - Mental Health Inc

Spring 2009

- Managing OH&S Risk
- NGO driven research
- Changes to Association Legislation
- Productivity Commission Report on the Not For Profit sector
- Homelessness Action Plan
- Family Options
- Residential AOD treatment and mental health for young people
- Meet John Malone
- Member profile - GROW

Summer 2010

- National Mental Health and Disability Employment Strategy
- Mental health advocate is Australian of the Year
- CTOs and the law
- Disadvantaged by location
- NGOs face challenges in future funding
- Incorporated Association becoming a Company Limited by Guarantee
- Meet Sylvia Grant
- Member profile Black Dog Institute

Autumn 2010

- Linking physical and mental health
- Better Access update
- NGOs accessing MBS funding

- Work and Development Order scheme
- Government rejects human rights charter
- Still facing the same barriers
- Getting the message to front line workers
- Meet Sue Sacker
- Member profile HOME in Queanbeyan

View from the Peak contributes to our thought leadership role within the sector.

FYI e-fax

MHCC regularly distributes news and information to its membership through weekly FYIs.

During the first half of 2010 MHCC purchased a new email web-based platform. We developed a new email template for FYI to be launched early in the second half of 2010. Prior to launching the new look FYI, new databases were created and loaded into the system. The new look FYI is designed to: allow increased information traffic with the option to access only on demand; enable readers to easily scan and jump to sections and items of interest; provide imbedded links; include short surveys; and measure interest (clicks) for each item.

Seminars and workshops

MHCC provides opportunities for the sector to learn more about new policy initiatives and evidence based practice both in Australia and internationally.

MHCC Seminar – 22/10/09

Family Options for Parents with Mental Illnesses and their Families: Implementation, Outcomes, and Children's Needs and Experiences in a Psychiatric Rehabilitation Wrap around Intervention. Presenter - Joanne Nicholson Ph.D. Visiting Scholar Sydney University, Department of Child and Adolescent Psychiatry Royal North Shore Hospital; Professor of Psychiatry and Family Medicine, Center for Mental Health Services Research, University of Massachusetts Medical School.

Partnership Labs – 16/10/09

This MHCC forum used an innovative model of stakeholder engagement to work through how and why partnerships may be initiated, how they are maintained and governed, and what are the implications and benefits for service provision. Speakers from academic and legal backgrounds spoke to the issues of partnership and governance. People involved in the partnerships/consortia formed as part of the National Carer Respite Capacity Building Project, provided feedback on their experiences and learnings of developing those partnerships.

CEO Forums

MHCC held two CEO Forums during 2009/10 to inform senior managers from member organisations on issues of strategic importance. Both events were held at Australian Technology Park, Redfern and were well attended with good feedback. As

part of our quality improvement process, a feedback survey completed by attendees was introduced at our CEO Forum in June 2010 to help guide MHCC with future events planning. MHCC made funding available to assist regional members to attend.

CEO Forum 17/08/09

Forty-three participants heard presentations from Alison Peters, NSW Council of Social Services (NCOSS) and Sylvia Ghaly Association of Childre's Welfare Agencies (ACWA) on the implications for mental health CMOs arising from the Wood Report "Keep Them Safe". Grant Sara from NSW Health Mental Health and Drug and Alcohol Office (MHDAO) and Julie Millard (MHCC Consultant) spoke about the NGO Data Management Strategy Project and Jonine Penrose-Wall (MHCC Consultant) and Grenville Rose (Aftercare) led a workshop on issues surrounding routine consumer outcome monitoring.

CEO Forum 21/06/10

A half day forum was attended by forty-six people. David Story from Australian Federation of Employers and Industries (AFEI) provided an update on the federal award restructure and Catherine Mahony from NCOSS gave an update on amendments to the *Associations Incorporation Act 2009*. Bob Sweetman and Jason Drew from QBE and Nikki Brouwers from Interact Injury Management addressed issues surrounding managing OH&S risks and rising insurance premiums. Julie Millard (MHCC Consultant) delivered a NGO Data Management Strategy Project findings update, and Leone Crayden explained why MHCC is seeking to become a Company Limited by Guarantee. Jenna Bateman, Tully Rosen, and Simone Montgomery from MHCC gave updates on other MHCC projects: the NSW Community Managed Mental Health Sector Mapping; and the Community Mental Health Aboriginal Work initiative.

BUILDING RELATIONSHIPS

MHCC builds relationships via a number of targeted strategies and through ongoing collaboration with member organisations and the broader community sector; in addition to participating in and convening many committees that oversee research and development projects.

Through committee and joint project work MHCC has developed excellent working relationships with a range of peak, government, and service delivery organisations including NCOSS, Public Interest Advocacy Centre (PIAC), Community Services and Health Industry Skills Council (CSHISC), the NSW Division of GPs and NSW Health amongst many others listed below. Some specific examples of strong engagement over 2009/10 are detailed below.

MHCC has a formal MOU with the **Network of Alcohol and Other Drug Agencies (NADA)** to progress collaboration on a number of fronts.

During 2009/10 MHCC collaborated on the Mental Health and Drug and Alcohol Research Grant Projects securing funding to establish and support a research network across our two sectors. This aimed to increase the research capacity and focus of organisations and maintain and foster links with universities and other academic institutions. NADA and MHCC also collaborated on conference organisation, policy directions, quality systems development and in the data-management area.

MHCC also has a strong collaborative relationship with the **NSW Consumer Advisory Committee (NSW CAG)** through a number of committees and most notably through a joint project which has developed a tool to assist organisations implement recovery orientated practice. The tool is known as the Recovery Orientated Services Self-Assessment Tool (ROSSAT). Details on this initiative are provided later in this report under *Enhancing Quality.*

MHCC has been an active participant in the coalition of the eight State and Territory mental health community sector peak bodies initially formed in 2007 - **Community Mental Health Australia (CMHA)**. CMHA has been exploring the potential for incorporation over the last year but has not as yet taken this step. It currently operates a small secretariat supported by contributions from each of the State and Territory peaks which over 2009/10 has been based with the Queensland Alliance.

During 2009/10, CMHA became increasingly recognised by Commonwealth and State/ Territory government agencies as able to provide representation on community programs and sector capacity issues for the approximately 800 organisations that comprise the community managed mental health sector in Australia. Different States and Territories sit on national committees on behalf of CMHA. MHCC represents CMHA on several national groups including the: National Safety and Quality Partnership Subcommittee; Mental Health Workforce Advisory Committee; National Mental Health Workforce Strategy/Plan Industry Reference Group; CSHISC Community Services Training Package Advisory Committee; and CSHISC Mental Health Peer Workforce Competency Development Project Industry Reference Group. MHCC also played a key role in providing the CMHA Mental Health Information Subcommittee representative with information to progress the proposed development of a national minimum data set for the non-government sector.

CMHA has also undertaken specific project work for two of the Commonwealth mental health COAG programs. In November 2009, CMHA completed a partnership-based project under the Mental Health Carer Respite Program funded by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA). Outcomes from this project for NSW were:

- Successful tender applications of three NSW mental health carer respite consortia;
- Organisation of a unique partnership development forum designed as a 'laboratory' on partnership;
- Creation of a package of partnership development tools available on the MHCC website;
- A mental health carer respite training needs analysis;
- Mental health respite care training materials developed and incorporated into the Mental Health Certificate IV.

This year CMHA has been funded by the Commonwealth Department of Health and Ageing (DOHA) to promote networking and partnership between the and Day to Day Living Program providers and other community and mental health providers over 2010/11.

Over 2009/10 MHCC has continued to work closely with **NSW Health and the Mental Health Drug and Alcohol Office (MHDAO)**. NSW Health undertook a review of the broad NGO Grant Program which involved sector consultations and close collaboration with a range of peak bodies including MHCC. The Review has made recommendations which focus on: reduction of red tape in grant application and reporting; improving

accountability and performance monitoring and evaluation mechanisms; strengthening partnerships; and a revision of governance arrangements of the NGO Grants Program where a recommendation is made for the establishment of an NGO Unit within NSW Health.

In relation to MHDAO, MHCC meets regularly with the Director, David McGrath and key policy staff, and sits on the Mental Health Program Council in addition to three of its subcommittees: the Chronic and Continuing Care Rehabilitation and Recovery Working Group (CCCRRWG); the Mental Health Drug and Alcohol Information Subcommittee (MHDAIS); and the Workforce Development Subcommittee. The work of these subcommittees largely focuses on the public mental health services, nevertheless MHCC representation allows opportunity to raise issues impacting on the CMO sector and promotes its inclusion in the scope of proposed initiatives and decision making. Inclusion of CMO programs in the Mental Health Clinical Care and Prevention Model (MH-CCP) process has been an area of particular activity over 2009/10 as has CMO sector mapping and CMO data management.

MHDAO has demonstrated ongoing commitment to development of the CMO sector over 2009/10 with rollout of infrastructure grants, research grants and scholarships for Bachelor, Diploma and Certificate level courses.

Meet Your Neighbour

Meet Your Neighbour continues to attract enthusiastic interest from people and organisations participating. Average meeting attendance rose to over 30 during 2009/10. Organisations generously continue to volunteer to be hosts in different locations around Sydney and across NSW.

As part of our continuous improvement process, evaluation of the Meet Your Neighbour program individual attendee feedback has been sought from the beginning of 2010.

All attendees providing feedback reported that it was a useful event, suggesting that Meet Your Neighbour is achieving the intended objectives of facilitating knowledge of referral pathways and providing a forum for informal discussion among parties interested in mental health. The event does not appear to replicate interagency meetings, because it involves a broader range of stakeholders. Regarding ongoing collaboration that may occur between attendees, all participants except one said they made contacts that may be useful for current or potential consumers. The flexible, informal approach to events appears to work well.

Meet Your Neighbour events during 2009/10		
23/07/09	Aftercare	Lilyfield
29/07/09	Catholic Health Care	Wagga Wagga
20/08/09	Aftercare	Tuggerah
25/08/09	One Step at a Time	Epping
27/08/09	Break Thru People Solutions	Taree
10/09/09	Uniting Care Mental Health - Headspace	Mt Druitt
24/09/09	Schizophrenia Fellowship	Batemans Bay
08/10/09	Compeer - Illawarra	Warrawong
08/10/09	Richmond Fellowship	Ulladulla
06/11/09	Care for Families Break Thru	Rockdale
19/11/09	The Personnel Group	Albury
25/03/10	Anglicare	Maroubra
26/03/10	Centacare	Griffith
13/04/10	Aftercare	Maitland
06/05/10	Neami	Bankstown
28/05/10	On Track	Tweed Heads
16/06/10	Break Thru People Solutions	The Entrance

Cross-sector collaboration

MHCC is engaged in a number of cross sector community committees and forums which assist it to build relationships and value-add on work impacting on mental health consumers, carers and CMOs:

- PIAC – Prisons Network Committee
- PIAC Mental Health Legal Services Project
- MHCA Policy Forum
- MHCC & NADA Collaboration Meeting
- NCOSS – Health Policy Advisory Group
- Forum of Non-Government Agencies (FONGA)
- Keep them Safe Peaks Forum
- Homelessness Community Alliance
- Community Mental Health Australia (CMHA)
- The Centre for Values, Ethics and the Law in Medicine (VeLim) – CTO Clinical decision making Project
- NSW Cancer Council Mental Health Tobacco Strategy Advisory Committee
- National Agenda for Trauma Informed Care and Practice Committee

ENHANCING QUALITY

Recovery Oriented Service Self Assessment Tool (ROSSAT)

MHCC and NSW CAG partnered to conduct a project to develop a 'Recovery Resource' which was funded through the Infrastructure Grants Program. A reference group with both service provider and consumer representatives was convened to guide the project. A Literature Review was undertaken, and extensive consultation was conducted across NSW with consumers, carers and CMO mental health service providers to better understand recovery oriented practice and identify the type of resource/s that might best benefit the sector.

The major project outcome is the Recovery Oriented Service Self Assessment Tool (ROSSAT) which is a quality improvement instrument that organisations can utilise to assess the consistency of their services with regards to recovery oriented service provision. ROSSAT was also mapped to the revised National Standards for Mental Health Services (2010). We will next be seeking opportunities to pilot the ROSSAT in CMOs.

Infrastructure Grants Program

The Infrastructure Grants Program (IGP) has been administered by MHCC on behalf of NSW Health since 2006/07 and this year saw the completion of projects funded in Rounds 1 and 2. As some funds remained from the initial grants allocations, a new round of funding *No NGO Left Behind* was advertised with successful organisations receiving funding this year. This round of funding from within the IGP provided further opportunity for organisations to receive one-off grants to build their infrastructure to support the delivery of mental health services and social and emotional well-being services. The funding was targeted at small to medium sized incorporated NGOs that had not previously received funding under the IGP.

Accreditation Providers

In response to member requests MHCC reviewed a number of the key accreditation/certification providers working with organisations in our sector. The review provides a comprehensive look at the different standards and review processes offered by the different providers, giving an indication of timeframes and costs. It also alerts organisations to some of the preparatory work that can be done by organisations to make identification of a suitable provider easier.

Risk Management

Likewise, in response to member demand MHCC undertook a project designed to ensure organisations were implementing good practice in relation to outreach and home-visiting. The project will be working on an MHCC Working Safe Toolkit to educate, reinforce and encourage a safe and aware workplace culture. The Toolkit focuses on safe practices for home-visiting but much of the information and guidance provided is also applicable to other direct-support situations where staff meet with consumers in other locations. By using this resource, organisations can be proactive in establishing a safe workplace culture while retaining a supportive and recovery-focused service for consumers.

INFORMATION TECHNOLOGY

Data Management Strategy for CMOs Working for Mental Health in NSW

The focus of the MHCC Data Management Strategy (DMS) has been the development of an evidence based, recovery oriented CMO service system that enhances knowledge creation and management, improves relationships with consumers and carers and builds on quality performance systems. Phase 1 of the Strategy was undertaken from February 2009 to May 2010. NSW Health funded the DMS project as part of the Infrastructure Grants Program. The project was guided by the DMS Industry Reference Group and the three working groups – Minimum Data Set; Systems; and Data Dictionary. The final report from Phase 1 includes a number of recommendations as a way forward to promote best practice data management systems for CMOs working in mental health in NSW.

In the second half of 2010 MHCC will commence Phase 2 of the DMS. This will include a scoping study to determine the technology infrastructure requirements of CMOs working in mental health in NSW, and the development of a business plan to enhance CMOs' technology capacity. NSW Health, MHCC and the CMO sector have commenced discussions to explore options for improved access to de-identified sector-wide data for benchmarking processes, quality improvement and research. This will better inform the CMO sector and government agencies about service usage, outcomes and need.

WORKFORCE DEVELOPMENT

MHCC visited sister peak bodies in Western Australia, Northern Territory and Tasmania at the commencement of 2010. These visits enabled MHCC to forge stronger partnerships and investigate opportunities to share resources and work collaboratively. In NSW we continue to build strong partnerships with sector organisations and are active in supporting organisations to skill staff and build internal capacity to provide learning and development opportunities. Of particular note is establishment of an **Aboriginal Reference Group** which meets quarterly to advise and guide MHCC regarding the workforce and sector development needs of the Aboriginal and non-Aboriginal workforce in order to improve outcomes for Aboriginal mental health service users.

Another important workforce development initiative over 2009/10 has been the **No Wrong Door: Mental Health Drug and Alcohol Change Management Project.** This project is a joint NADA and MHCC undertaking providing drug and alcohol skill development opportunities for mental health workers and workplaces. Throughout 2009, training was delivered to 125 staff from 20 organisations and 40 programs in six locations including:

- Penrith – Aftercare
- Stanmore/Blacktown – Aftercare
- Darlinghurst – NEAMI (including statewide Senior Practice Leaders)
- Wagga – Multiagency (lead was SFNSW)
- Tamworth – multiagency (lead was Billabong Clubhouse)
- Port Macquarie – multiagency (lead was Centacare)

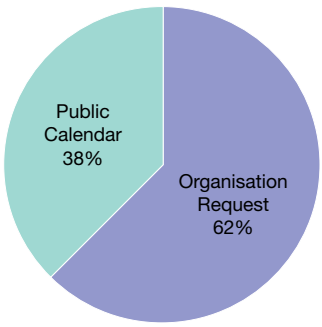
The training component of the project has concluded with evaluation through a partnership with the Illawarra Institute of Mental Health continuing throughout 2010. A project outcome is well developed and drug and alcohol courses are now being delivered through our Learning and Development Unit as part of the Certificate IV and Diploma level qualifications.

BUILDING THE SUSTAINABILITY OF THE LEARNING AND DEVELOPMENT UNIT

The MHCC Learning and Development Unit (LDU) had another exciting year with the continued growth and development of the sector. In recognition of the outstanding achievements since its commencement in 2007, the LDU received the Gold Service and Program Award from THeMHS in 2009 and was a finalist in the 2009 NSW State Training Award – Small Training Provider of the Year. Since the achievement of these awards, the LDU has also diversified its training delivery and now has the capacity to provide training in any location within NSW. Training has been delivered in numerous locations around the state including Albury, Bourke and Lismore. The LDU has also provided training to Tasmania and the ACT and has interest from other States, particularly in the delivery of management level qualifications.

As indicated in the following chart, the LDU conducted a total of 368 training days during the year, 62% of these days were based on organisational request and the remaining 38% were part of the public training calendar.

Total of 368 days trained in 2009-10



Based on significant demand for in-house solutions for organisations, the LDU will continue to provide **innovative and flexible delivery opportunities**, particularly for regional and remote locations, as more courses and qualifications are delivered to meet both workforce and sector development needs.

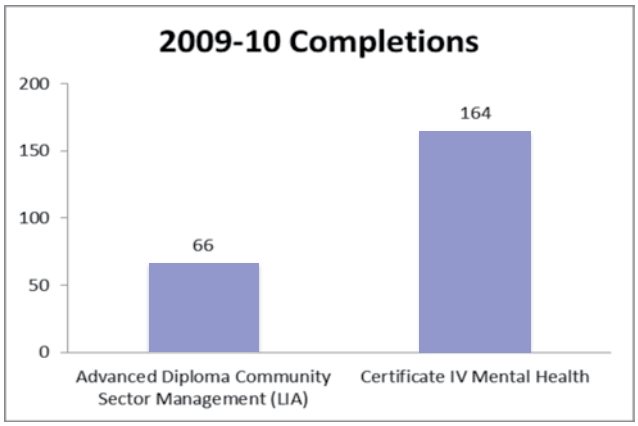
Commensurate with the sector, the LDU has continued to expand with an additional seven new staff employed internally and the expansion of a highly skilled pool of specialist casual and contract trainers and assessors. All staff of the LDU, both internal and external, are acknowledged for working tirelessly throughout the year to provide high quality learning outcomes for participants. We have also had the opportunity to employ and train **specialist consumer and carer trainers and assessors** who provide training across a number of LDU programs. This initiative will expand throughout 2011 as MHCC acknowledges the importance of 'lived experience' in moving the hearts and minds of participants, which contributes to better outcomes for service users.

This year also saw the introduction of **Diploma level qualifications** being delivered by the LDU. The Diploma in Community Services (Mental health) and the Diploma of Community Services (Alcohol, Other Drugs and Mental Health) were developed in the later part of 2009 and delivered throughout 2010. Due to extensive interest the LDU was able to deliver three Diploma level courses throughout the year in Sydney and Newcastle.

The Certificate IV in Mental Health continues to be utilised by organisations as the minimum standard qualification for employees. Of particular interest to many participants was the introduction of the newly developed Certificate IV level course **'Working with Aboriginal People'**. There has been an overwhelming response by the sector in recognising the importance of skill development when working with Aboriginal service users with courses being delivered all around NSW by specialist Aboriginal trainers recruited by the LDU in 2009. This course was validated by the MHCC Aboriginal Reference Group to ensure relevance and appropriateness. The reference group meets quarterly to advise and guide MHCC on the workforce and sector development needs of the Aboriginal and non-Aboriginal workforce in order to improve outcomes for Aboriginal mental health service users.

The LDU was also successful in tendering for over 200 places in the **Productivity Places Program (PPP) to deliver the Advanced Diploma in Community Sector Management** as part of the MHCC Leadership in Action (LIA) program. The PPP initiative has enabled the LDU to provide the qualification at a significantly reduced cost to participants. This course will have been conducted eleven times by the end of 2010, with some courses completing in 2011. Its popularity has been overwhelming, providing current managers with relevant qualifications that acknowledge their experience while also providing the opportunity to professionalise and skill future managers within the sector.

As indicated in the statistics below, the LDU had a high number of graduates for both the Certificate IV in Mental Health and the Advanced Diploma of Community Sector Management throughout the year. LDU hosted a formal participant graduation at the end of 2009, attended by the Director General of NSW Health, Dr Richard Mathews, and we had the pleasure of attending formal graduation ceremonies at New Horizons and Triple Care Farm for Certificate IV participants.



During the year MHCC also recognised the importance of developing **online learning opportunities** to allow flexible delivery, particularly for regional and remote areas in NSW. The LDU commenced development of online learning with the introduction of the web based Moodle platform which specifically targets mental health respite workers. The LDU intends to expand the platform throughout the coming year to

include a number of key learning areas such as OH&S. Development of the platform will occur in tandem with sector partners.

In 2009 the LDU successfully tendered for funds to provide a **Professional Development Scholarship Program through NSW Health**. The proposal aimed to up-skill the sector and fill workforce development gaps through the provision of scholarships in a number of areas. The implementation of this program has not only seen scholarships distributed throughout the sector, it has provided opportunities for mental health workers at all levels to access affordable training. Scholarships are available to 2012 and have been actively taken up by the sector as indicated in the following table

Scholarship stream	No. Provided	No. Allocated
Certificate IV in Mental Health	30	30
Diploma in Community Services (Mental Health and/or Alcohol & Other Drugs)	60	60
Leadership Development – Advanced Diploma of Community Sector Management	30	55 (Additional places able to be offered due to PPP funding)
Clinical Pathways (towards university studies in nursing, psychology, social work or occupational therapy)	30	30
Certificate IV in Training and Assessment	20	20

The **Mental Health Connect** course has been an exciting focus for the LDU in 2010. Specifically dealing with recovery-oriented practice for community workers, this course provides participants with the opportunity to learn from the experience of mental health consumers and carers throughout the two-day program. The LDU recruited and trained seven specialist consumer and carer trainers to conduct the program as part of a two-trainer model. In addition the LDU recruited a MH Connect Course Coordinator to ensure the continued development and implementation of the program. Having piloted the program extensively in 2009, it was rolled out this year with an aim of delivering 10 courses. By the end of 2010, it will have been delivered 24 times, with the majority of this training requested by organisations.

The LDU continued to raise awareness of the importance of learning and development of the mental health workforce with presentations at the CSHISC Conference, THeMHS Conference and the Women and Domestic Violence Conference. In addition the LDU has been asked to present at numerous industry forums and interagency meetings including Probation and Parole, the Australian Federation of Aids Organisations and Mission Australia. The LDU continues to participate in numerous industry committees including: the Institute of Psychiatry; Community Trainers and Assessors Network; Western Sydney Forum; MHDAO Mental Health Workforce Development; Mental Health Education and Training; Aboriginal Mental Health Workforce; Prevention and Promotion groups; the CSHISC; and the Community Services and Health Industry Training Advisory Body (ITAB). We are also on the Board of the ITAB.

The coming year will be as busy if not busier for the LDU as we engage in the development of both a Peer Worker qualification and Vocational Graduate Certificate or Diploma in mental health qualification with the CSHISC, expand the Mental Health Connect program, commence delivery of the Certificate IV in Training and Assessment, and consider development of new areas of training related to care coordination, trauma, physical health, 'talking therapies' and post-release. Particular consideration will also be given to the growing Aboriginal workforce within the sector, with customisation of qualifications and targeted skill and knowledge development for organisations in this area. We look forward to the opportunity to continue to work with the sector to build capacity and support better outcomes for consumers and carers.

The LDU acknowledges the ongoing support of the sector and their active engagement in shaping and informing future practice through the **Training Working Group** and involvement in numerous industry reference groups throughout the year.

Key priority 2:
Thought leadership and policy formulation

During 2009/10 MHCC proactively sought to state its position and provide the sector with information on issues that were under discussion either within the sector or more broadly in the community. MHCC commenced using terminology that defines 'who we are' rather than 'who we're not', as in 'community managed organisation' as opposed to 'non-government organisation'; and raised the debate on what constitutes 'clinical' and 'non-clinical' practice and the arbitrary division that language promotes between service sectors. We created a mental health and drug and alcohol research network for our sector; established a capacity building framework for the mental health CMO sector and are pushing for greater focus on trauma informed care and practice across mental health and all human services.

POSITIONING THE SECTOR

Community Managed Mental Health Sector Mapping Project

Creation of this report spanned an 18 month period between 2008-10. It is the beginning of scoping and defining the NSW community managed mental health sector. Throughout its development it has been referred to as the NSW *Community Managed Mental Health Sector Mapping Project* but it is much more than a mapping exercise. In line with the need to understand and define the sector, four major outcomes have been achieved. They are designed to enable clear directions for the future growth and development of the sector.

The first achievement is an international Literature Review on capacity building in the community managed sector, and some of the support structures that have been employed in its development. The second achievement, stemming from the Literature Review, is the establishment of a capacity building framework for the community managed mental health sector based on four key areas of organisational operation, including the creation of a taxonomy of service types. The third achievement is a thorough snapshot of the size, location and activity of the sector. The fourth achievement is eleven clear and actionable recommendations to further the ongoing development of community organisations that work with people recovering from mental health problems.

Trauma Informed Care in Mental Health Services. Consultation on the development of a National Strategy for Trauma - Informed Care (TIC) - A Literature Review

MHCC together with Adults Surviving Child Abuse (ASCA), the Private Mental Health Consumer Carer Network (PMHCCN) and Education Centre Against Violence (ECAV) formed a committee to investigate current thinking around Trauma Informed Care. As a consequence MHCC wrote a short paper outlining the research evidence as well as stating the rationale for bringing a larger group together. MHCC's objective is to clarify approaches to trauma informed care and practice in Australia, and review this against existing international evidence. Following this,

the group undertook to facilitate a national forum, to be held in September 2010, to discuss a way to move forward with this policy agenda.

The Psychological Needs of Women in the Criminal Justice System: Considerations for management and rehabilitation - A Literature Review

Whilst male and female prisoners share some psychological and social characteristics, women prisoners have distinctive gender-based needs. The literature reviewed in Australia and internationally strongly suggests the needs of women prisoners are substantial, extensive and reciprocally related (co-occurring disorders). This review proposes that the core tasks of offender assessment, custodial management, treatment delivery, rehabilitation and discharge planning require attention and resources, to ensure the gender-related needs of women in prison and when they are released are appropriately met.

Traumatic Amnesia – A Literature Review

Traumatic amnesia and delayed memory retrieval of traumatic events has been widely documented for almost one hundred years, and was scientifically accepted in the context of war, accident or disasters. The concept only became controversial when it referred to child sexual abuse. Given that this issue has recently been under discussion in the media, MHCC and member organisation ASCA developed a brief literature review to inform members, the community and the media of the extensive research evidence which exists on traumatic amnesia (also referred to as recovered memory).

Borderline Personality Disorder reconsidered: Considerations regarding current diagnosis, treatment and service delivery - Position Paper

MHCC drafted a paper on the issue of people with a diagnosis of Borderline Personality Disorder (BPD) and special service delivery models. This was in response to a Discussion Paper put out by MHCA. In this paper MHCC discussed the basis on which consumers are given this diagnosis, and how clinicians and other allied health professionals should adopt a Trauma Informed perspective when assessing a person presenting with a complex range of symptoms and behaviours. From this paper developed an initiative to form a small working group to promote issues such as a National Agenda for Trauma Informed Care, rather than the establishment of specific services targeted only at people diagnosed with severe BPD.

NATIONAL LEADERSHIP - QUALITY AND WORKFORCE DEVELOPMENT

MHCC continues to provide national leadership in the area of sector and workforce development. During 2009/10 we represented Community Mental Health Australia (CMHA) on the following groups:

Mental Health Workforce Advisory Committee (MHWAC) [a subgroup of the Health Workforce Principal Committee of the Australian Health Ministers Advisory Council (AHMAC)] – ensuring inclusion of mental health CMOs and vocational education and training (VET) in national workforce development initiatives. MHCC also represented CMHA on the National Mental Health Safety and Quality Partnership Subcommittee.

Mental Health Workforce Strategy/Plan Reference Group – this group focuses on public, private and CMO mental health services as well as clinical, community and peer support work skills and is being facilitated by Siggins Miller. The project is conducted by the National Health Workforce Taskforce (NHWT) which in mid 2010 became the new statutory authority, Health Workforce Australia. The Strategy/Plan will prioritise recommendations for mental health workforce development over the next five years and is to be endorsed by AHMAC and made publicly available in late 2010.

NGO Workforce Scoping Study Expert Reference Group – In 2009 MHCC advocated and then worked with MHWAC to develop the project proposal to the Health Workforce Research Collaboration endorsed by AHMAC in October 2009. Involving a mental health CMO Landscape (ie, organisational) and Workforce (ie, staff) Survey to explore the size and scope of the sector and its workforce, it will be a platform for future workforce development and data collections. The project is being conducted by PricewaterhouseCoopers for the NHWT/HWA Research collaboration. The project report will be available late 2010.

CSHISC Mental Health Skills Articulation Project Industry Reference Group – the final project reports were released in October 2009. The project found that strengthening articulation between higher education and VET requires broader strategies than just improving that interface. The project's recommendations to strengthen community mental health articulation and workforce development has helped shape CMO/VET inclusion and directions for the above projects. MHCC continues to advocate with regard to the significant issues related to CMO remuneration identified in the report.

Mental Health Safety and Quality Partnership Subcommittee – the major work undertaken by this group of relevance to the CMO sector was development of the National Mental Health Standards and accompanying NGO Implementation Guidelines, which are now complete. This provides a contribution to the accountability framework of the Fourth National Mental Health Plan particularly as it pertains to evidence of recovery orientated practice and consumer outcomes. MHCC advocated on behalf of CMHA for a focus on transition of care points between the public, private and CMO sectors in the 2010/11 work plan.

Mental Health Information Subcommittee (MHIS) – during development of MHCC's Data Management Strategy MHCC formed a relationship with the Australian Institute of Health and Welfare (AIHW) who have been tasked by MHIS to explore a minimum data set for mental health CMOs. MHCC was able to provide the AIHW with the NSW comprehensive and minimum data sets achieved through a dedicated reference group of MHCC members to underpin their national brief.

VISION FOR MENTAL HEALTH SERVICES

Submissions

During 2009/10 MHCC authored many submissions in response to numerous Commonwealth and State inquiries, and provided feedback on policy reform and implementation as well as legislative change. This included providing input into program reviews, service delivery, making recommendations regarding standards, guidelines and policy proposals aimed at governments and the opposition in response to party political proposals:

- Australian Health Workforce Ministerial Council Public Consultation *Health Practitioner Regulation National Law 2009*: Exposure Draft – July 2009
- Minister Health and Ageing – Draft V.2.06.09. 4th Nat Mental Health Plan – July 2009
- Australian Health Workforce Ministerial Council. Exposure Draft: *Health Practitioner Regulation National Law 2009* – July 2009
- NSW Attorney General. Merger of the Offices of the Public Trustee and the Protective Commissioner – July 2009
- NSW Department of Health. NSW Health Discussion Paper: Statutory privilege for root cause analysis and quality assurance committees – August 2009
- Joint MHCC/PWD Submission to NSW Legislative Council Inquiry Standing Committee into Substitute Decision-making for people lacking capacity – August 2009
- NSW Health. *The Mental Health Act 2007* Guidebook: Comments on the Draft – September 2009
- MHCC responded to the CID Questions to Budgets Estimates – September 2009
- Greens MLC Lee Rhiannon. Provided questions to NSW Budget Estimates regarding costs associated with the merger of the OPC and PT NSW – September 2009.
- DEEWR. Provided comment on the National Compact Consultation – September 2009
- NSW Office of Premier and Cabinet. NSW State Plan 2009: Consultation recommendations – October 2009
- Comments to Centrelink – Draft Disability Plan – October 2009
- NSW Health Strategic Development Division, Primary Health & Community Partnerships. Response to Discussion Paper: NSW Health NGO Program Review – November 2009
- Submission to the Senate Community Affairs Committee – Inquiry into Suicide in Australia: Submission 1 – Nov 2009
- Community Affairs Reference Committee Inquiry into Suicide in Australia: Submission 11 – March 2010
- Amendment to Section 27 Senate NSW Coalition's Social Policy Reform Paper "Smarter Stronger Healthier Safer" – March 2010
- Comments to the National Mental Health Standards Committee ACHS – Recovery Principals and Standards Mental Health Services and Program – March 2010
- NSW Attorney General. Amendment to the *Mental Health Act 2007* (NSW): Magistrates' Inquiries – April 2010
- Prime Minister Gillard, Ministers Crean, Macklin and Roxon, on behalf of CMHA. National Health and Hospital Reform and impacts on the mental health CMO sector – July 2010

Cross Sectoral Collaboration

During 2009/10 MHCC frequently collaborated with other CMOs and independent government organisations to provide feedback on issues important to the sector:

- Centre for Health Advancement. Interview on the scope and role of the peak in the mental health sector – September 2009
- Mental Health Council Australia. Comment on the National Health and Hospitals Reform Commission (NHHRC) Report - September 2009
- NSW Council of Intellectual Disability. Comments regarding their submission to the Standing Committee to explain different perspectives on issues regarding the powers of the Guardianship Tribunal - September 2009
- PIAC. Website Consultation: MHCC provide comment on design and usage of their website resources – September 2009
- Mental Health Council Australia. Australian National Preventative Health Agency Bill 2009: Bills Digest – October 2009
- National Advisory Committee on Mental Health (NACMH). Comments on the Impact of low income on people with mental illness. Preparing advice to the Minister for Health and Ageing - May 2010

ENGAGING WITH THE STATE AND COMMONWEALTH

Advocacy

During 2009/10 MHCC actively lobbied State and Commonwealth Ministers concerning numerous issues of concern to the sector including:

- Correspondence to the NSW Shadow Attorney General. Merger of Offices of the Public Trustee and the Protective Commissioner – Joint People with Disabilities (PWD), MHCC and other CMOs – June 2009
- Correspondence to the Prime Minister – A Human Rights Act for Australians - November 2009
- Correspondence to Nicola Roxon, Minister for Health & Ageing. Senate Inquiry in Mental Health Recommendations 24 and 25 concerning adult survivors of childhood abuse - Dec 2009
- Response to NSW Health NGO Program Review – February 2010
- Response to The NSW Liberals and Nationals Social Policy Framework "Smarter, Stronger, Healthier, Safer' - March 2010
- Correspondence to The Hon. Barbara Perry MP, Minister Assisting the Minister for Health (Mental Health) – Inquiries under the Mental Health Act 2007 (NSW) Proposed changes to practice – June 2010
- Presentation at the Senate Community Affairs Committee: Inquiry into Suicide in Australia - March 2010
- Correspondence to Federal and State Ministers and NSW Health on positioning of the CMO sector in relation to National Hospital and Health Reform – May 2010

Representation

MHCC is a member of the following State and National committees and departmental advisory groups:

State

- Centrelink Mental Health Advisory Sub Committee
- Corrections NSW Women's Advisory Committee
- Department of Education Child Wellbeing Unit Team Meeting
- Department of Housing NGO Reference Group
- Family and Carers Program Tender Panel
- Health Care Complaints Commission
- Housing and Accommodation Support Initiative (HASI) Tender Panel
- Justice Health Community and Consumer Consultative Group
- Mental Health Inquiries Monitoring Committee – Mental Health Review Tribunal
- NSW Health Budget Briefing
- NSW Electoral Commission Equal Access to Democracy Reference group
- NSW Health Chronic and Continuing Care Rehabilitation and Recovery Working Group
- NSW Health Mental Health Clinical Care and Prevention Model Review and Expert Reference Group
- NSW Health Mental Health and Drug and Alcohol Information Subcommittee
- NSW Health Mental Health and Drug and Alcohol NGO IT Working Group
- NSW Health MHDAO Program Council
- NSW Mental Health Education, Training and Support Working Group
- NSW Mental Health Promotion, Prevention and Early Intervention Subcommittee

National

- Community Services & Health Industry Skills Council
- CMHA National Leadership Group
- CMHA Workforce Development Working Group
- FACHSIA Forum
- National NGO Mental Health Workforce Scoping Study Reference Group
- National Mental Health Workforce Advisory Committee
- National Mental Health Standards Subcommittee
- National Mental Health Standards NGO Implementation Guidelines subcommittee
- National Safety and Quality Partnership Subcommittee
- National Mental Health Safety and Quality Partnership Council

BUILDING KNOWLEDGE

MHCC provided information and resources to the sector and engaged in projects to promote a better understanding of issues of importance to consumers, carers and mental health service delivery member organisations, and communicated their findings back to the sector.

Presentations

MHCC made numerous presentations throughout 2009/10 including:

- University of Wollongong *"Creating Synergies: Creative Ways Forward in AOD & MH" - "No Wrong Door: Mental Health Drug & Alcohol Change Management Project"* – July 2009
- MHDAO Mental Health Program Council *"Sector Mapping Project"* consultation presentation – August 2009
- Women's Advisory Council Department of Corrective Services *"Women Inmates with Mental Health Issues"*– August 2009
- Inner South Western Sydney Community Development Forum "A Just and Sustainable Region" – *"Recovery Oriented Mental Health Services"* – August 2009
- THeMHS Conference *"Mental Health Recovery - Philosophy to Practice: A Workforce Development Guide"* – September 2009
- THeMHS Conference *"Filling the Gaps in Mental Health Training in the Community Mental Health Sector in NSW"* – September 2009
- CSHISC Conference *"National Directions for NGO Community Mental Health Workforce Development: A NSW Perspective"* – October 2009
- MHDAO Program Council *"MHCC LDU"* – October 2009
- VICSERV Conference *"National Directions for NGO Community Mental Health Workforce Development: A NSW Perspective"* – April 2010

- VICSERV conference *"The Data Management Strategy for NGOs Working in Mental Health in NSW: Facing complex decisions about the nature and use of electronic data systems"* – April 2010
- Riverina Division of GPs "Merging Minds: Where Mental Health and Drugs and Alcohol Meet" Forum on the *"National directions in Mental Health and Substance Use Workforce Development"* – May 2010
- Mental Health Council of Tasmania and Anglicare Conference - *"National Directions for NGO Community Mental Health Workforce Development: A NSW Perspective"* – June 2010
- Quality Improvement Council Forum – *"Challenges for non government mental health and drug and alcohol organisations undertaking accreditation"* – June 2010
- St George and Sutherland Shire Mental Health Forum *"Social Inclusion"* – June 2010

Projects 2009/10

MHCC undertook a wide range of projects that provide useful research evidence, information and resources to the mental health sector on a wide range of matters:

- Building Capacity in Community Mental Health Family Support and Carer Respite Project
- Building Relationships with GPs
- Breathe Easy
- Cornucopia Review Panel
- CSHISC Mental Health Skills Articulation Project
- Data Management Strategy
- DAMEC Mental Health and Cannabis Use
- Disclosure of personal information to the Police in NSW
- Infrastructure Grants Program
- Meet Your Neighbour
- Mental Health Rights Manual – Edition III
- My Sexual Health Matters Booklet
- National Approach for Trauma Informed Care and Practice
- National Compact Consultations – Online Submission to DEEWR
- National Standards for Mental Health Services – NGO Implementation Guide
- NGO Mental Health and Drug and Alcohol Research Network
- NGO Mental Health Drug and Alcohol Research Grants Project
- No NGO Left Behind
- No Wrong Door: Mental Health Drug & Alcohol Change Management Project
- NSW CAG & MHCC "Recovery Resource" Project (ROSSAT)
- NSW Mental Health Act 2007 Guidebook. Comments to NSW Health and the Institute of Psychiatry
- NSW Community Managed Sector Mapping Project
- People With a Lifelong Mental Health Disability Who Are Ageing. Research Project with UNSW
- Reframing Responses Stage II: Supporting Women Survivors of Child Abuse : Information Resource Guide and Workbook for for Community Managed Organsiations
- Risk Management Project

- Routine Consumer Outcome Monitoring
- Workforce Development National Directions

A selection of specific projects undertaken by MHCC, are detailed below to provide a more informed indication of the range of work undertaken by MHCC and the outcomes achieved.

People with a lifelong disability who are ageing: Exploring the intersections between Ageing and Disability in Theory, Policy and Practice: Research Project

This University of New South Wales, School of Social Sciences and International Studies and the Social Policy Research Centre student project commenced in July 2009 with the collaboration of a number of disability community managed organisations. It formed part of a larger research project investigating ageing and disability. The project sought to investigate the issues across a broad spectrum of disability. MHCC agreed to be a partner organisation, and was assigned two students who undertook a small research exercise tailored to the organisation but broadly relevant to the overall project. MHCC offered introductions to seven member organisations to participate in the consultative process looking into the intersections of ageing and disability for older people with mental health problems in NSW. The study aimed to develop insight into the current issues facing policy makers, advocacy bodies, service providers and people with disabilities in understanding and addressing the needs of the population of people with a lifelong disability who are ageing.

Project - The Mental Health Rights Manual: A Consumer Guide to the Legal and Human Rights of people with mental illness in NSW. Third Edition 2010.

During 2009/10 work continued on the development of the *NSW Mental Health Rights Manual* (3rd edition) for which MHCC secured funding in 2008. This work grew in breadth as the work progressed and the final document will be a considerably more extensive resource than was initially envisaged. This edition will incorporate some major changes to mental health and related legislation, as well as providing invaluable information on how to navigate the system for anyone in contact with the mental health and criminal justice systems. Written in plain language, this is a readily accessible resource crucial to anyone who has to navigate the complex territory, enabling them to become acquainted with their rights, the legal and service systems, find out where they can access support, information and guidance for themselves or those that they wish to assist. Currently, there is no other resource that covers such a broad spectrum of related topics explaining the interface between the legal and service systems as they interact in NSW. The 3rd edition speaks to a diverse mental health community, and has been developed specifically for people with a mental illness, their carers and families; and non-legal community service providers in NSW. We envisage that this mammoth task which has been worked on as a partnership between MHCC and the Public Interest Advocacy Centre (PIAC) will be completed late in 2010. The contributions of consumers and carers has provided invaluable direction for the Manual's contents, as has the engagement of advocates and key organisations operating in the mental health and legal sectors, particularly those who are members of the advisory group to the project.

Disclosure of personal information to the Police in NSW: Obligations of Mental Health and other Community Services

MHCC were asked to provide advice regarding a person's obligations to disclose personal information to the police in relation to a client who was subject to a community treatment order (CTO), which the client had reportedly breached. MHCC considered this matter of great interest to members and sought to assist community run organisations in developing policy and procedures to guide employees and volunteers to respond appropriately to such requests from the police. Advice was prepared pro-bono by PIAC.

Changes to Practice – Inquiries under the Mental Health Act 2007 (NSW)

MHCC advised members that as at 21 June, Magistrates Inquiries will be replaced by Mental Health Review Tribunal (MHRT) Inquiries. Whilst in principle we support the amendment, since we consider the MHRT much better qualified to undertake this role, we expressed concern that when the amendment commences that Inquiries will be held between at least two to four weeks after a person has been detained under the Act. MHCC has been invited to participate in a group monitoring and evaluating the impact of the changes to the Inquiry process convened by NSW Health and the MHRT. We have raised concern regarding delays to the Inquiries, as well as the need to monitor use of audio-visual technology in mental health inquiries. We have also advocated a rigorous evaluation of consumer and carer experience of this type of Inquiry process, as well as an evaluation of the effectiveness of changes to the system.

NGO Mental Health and Drug and Alcohol Grants Program

During the course of 2009/10, the NGO Mental Health and Drug and Alcohol Research Grants Program, funded by NSW Health and administered by MHCC, has forged ahead with some services completing their research.

A second combined one-day workshop was held on 06/08/09 with 25 participants. Following feedback from the first workshop, this time grant recipients were invited to attend with their research partners. The aim of this was to strengthen the collaborative approach in undertaking the research and facilitate communication between partners about the process. Topics for the day included *"Working in Collaboration - Benefits and Challenges", "Consumer Involvement and Perspectives"* and grant recipient Neami had the opportunity to present the research framework that has been developed for their organisation.

All MHCC funded projects were requested to contribute an article on their research to View from the Peak, MHCC's quarterly newsletter to the sector. Articles from ASCA, Triple Care Farm, Aftercare, Breakthru People Solutions and Neami were included in editions, commencing Spring 2009. This publication informs the sector of the research undertaken and shares the learning gained by organisations undertaking research, as well as assisting grant recipients with dissemination of their research.

Reframing Responses Stage Two: Supporting Women Survivors of Child Abuse. An Information Resource Guide and Workbook for Community Managed Organisations

The victims of Violent Crime Grant Program provided funding for stage two of a project which aims to assist workers in the community and mental health sectors to understand the dynamics of childhood abuse. This will assist them to make sense of the context in which problems developed affecting the people they work with. The Information Resource Guide provides workers with practical guidelines to assist survivors along their pathway to recovery and aims to inform and support the many community services in daily contact with adult survivors presenting with complex needs which require referral to other services. The Workbook includes some reflective practice exercises for workers to consider and discuss with colleagues. Our objective is that the Information Resource Guide and Workbook will serve as an invaluable resource for a wide range of services including community mental health and other community services; medical practitioners and allied health professionals; school teachers; voluntary organisations; carers and anyone in contact with survivors in their work. Survivors may also find the Workbook a useful tool which both acknowledges and validates their experience, and may assist them in consumer advocacy contexts. The workbook will be completed and launched in December 2010. As part of this project MHCC developed a two-day workshop for the community mental health sector on working with adult survivors of childhood abuse, and the first pilot was run in September 2009.

Key priority 3:
Exemplary management and governance

MHCC is in a strong position with improved organisational structures in place including creation of new quality and administration positions. The organisation is reviewing its internal quality system and achieved four-year accreditation with Australian Council on Healthcare standards (ACHS) in February 2010.

DEVELOPING ORGANISATIONAL INFRASTRUCTURE AND RESPONDING TO GROWTH

MHCC moved to new premises in October 2009 which are located on the western edge of the Callan Park CMO precinct at Rozelle. Our new offices are larger and better able to accommodate our growing team, particularly the Learning and Development Unit.

Over 2009/10 MHCC has restructured to better support our increased administrative requirements. Creation of dedicated Finance, Executive Assistant, Promotions and Quality Improvement positions across MHCC and the MHCC LDU has enabled improved organisational structures to be established.

Four teams for MHCC

In August 2009 the staff of MHCC went on a retreat to plan the direction of MHCC for the coming year. One of the outcomes of the retreat was to implement new cross department teams to assist with coordination, reporting and continuous improvement. The new teams – in addition to the LDU Team – that we have now established are:

- Administration
- Policy and Sector Development
- Quality and Communications.

Administration Team
The Administration Team meets on a monthly basis to review and update our internal Policy and Procedure Manual as well as discuss other administration related activities currently undertaken by MHCC. Financial processes and new policies or procedures are also tabled during these meetings.

Policy and Sector Development Team
The Policy and Sector Development Team meets on a monthly basis to discuss MHCC's overall policy platform, agenda and to identify priority areas of focus for policy staff. The meeting provides an opportunity for staff to raise issues and receive feedback from colleagues to determine MHCC's position on specific areas of policy reform. The meeting also presents as an opportunity to plan approaches to advocacy on particular matters such as election campaigns, policy submissions and sector development directions.

Communications Team
The Communications Team is tasked with ensuring consistency in the quality and style of MHCC communications including collection, dissemination, design, promotion and evaluation of MHCC presentations, projects and reports.

MHCC 'Fully Accredited'
2009/10 saw MHCC under a process of accreditation through the Australian Council on Healthcare Standards (ACHS) ACHS which began in June 2009. The task of preparing for accreditation was one that led MHCC and our entire staff on a journey of continuous quality improvement. The process of reviewing organisational systems and processes has been invaluable and MHCC encourages CMOs to consider the value of an external quality review for their own organisations.

Although we have received accreditation for four years, an ongoing system of guided reporting to ACHS will continue. The accreditation cycle works on annual self assessment and four-yearly external reviews by ACHS reviewers attending to review everything from policies and procedures to mission and strategic directions. The review team then make recommendations for further quality improvement. This process assists organisations to improve internal systems and service outcomes. MHCC is currently in the process of reviewing and implementing recommendations received following our Organisation Wide Survey conducted by ACHS in February 2010, along with other items from our continuous improvement register.

A SKILLED AND FOCUSSED BOARD

MHCC initiated a three year cycle for Board members in 2007. This has meant some movement in Board membership each year whilst maintaining a strong corporate memory amongst Board members. Board members come from a range of service types with representation from supported accommodation, employment and training, consumer advocacy, carer support, counselling and leisure and recreation support services. Board membership comprises large and small providers although the majority are in the medium to large category. 2009/10 has seen a strengthening of the financial management of MHCC with the decision to employ a dedicated Financial Officer within MHCC. The demands of the Learning and Development Unit make this a clear business necessity. MHCC is drawing to the end of its 2008/11 Strategic Plan and this will be a major undertaking for the Board and management in the coming year.

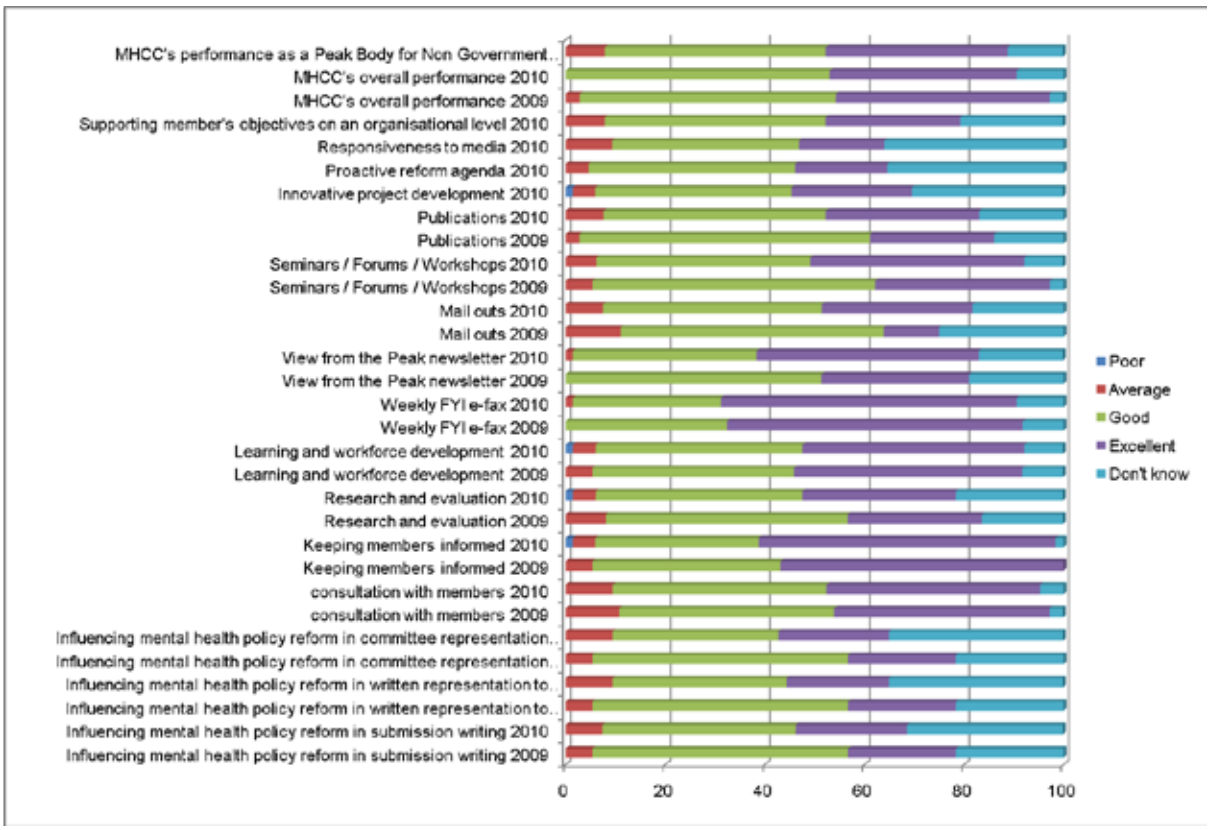
MHCC Member Survey 2010

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
- The enable members to provide ideas and suggestions for what MHCC should be doing over the next 12 months
- To help MHCC better understand the nature and concerns of its members.

MHCC's Performance

The 2010 survey asked members to rank the MHCC's performance overall and in a number of specific areas. The responses are outlined in Chart 1. Thirty-seven percent of respondents ranked MHCC's overall performance as excellent with a further 53% giving a good rating. Specific areas that received outstanding ratings include: keeping members informed (60% excellent & 33% good), weekly FYI e-fax (59% excellent & 30% good), Learning and Development Unit (45% excellent & 42% good), View from the Peak (45% excellent & 37% good) and seminars/ forums/ workshops (43% excellent & 43% good).



MHCC Projects

MHCC has been working on numerous initiatives throughout the last 12 months. The Member Survey showed that there is consensus between MHCC and our members in the value of these initiatives. The Infrastructure Grants Program received the highest 'good value' rating at 65% followed closely by the Mental Health Drug and Alcohol Research Grants at 58%.

MHCC Website

The MHCC website was rated on four different variables this year: Content, Navigability, Appearance and Overall. Around 75% of respondents rated each category as "good" or "excellent".

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

The comments received in this area can be divided into the following areas:

Advocacy

- "The importance of the work done by smaller NGO's needs to be pushed to funding bodies to provide greater equality in funding opportunities"
- "Assisting all members to obtain funding"
- "Supporting the profile, necessity, value and need for grass roots, smaller NGO's that are community based and in touch with their community and networks"

Information Exchange

- "Affordable forums for people with a mental illness as most are on disability pensions"
- "A fact sheet on what MHCC does for carers and consumers"

Training

- "Devise a minimum requirement level of training for community service workers"

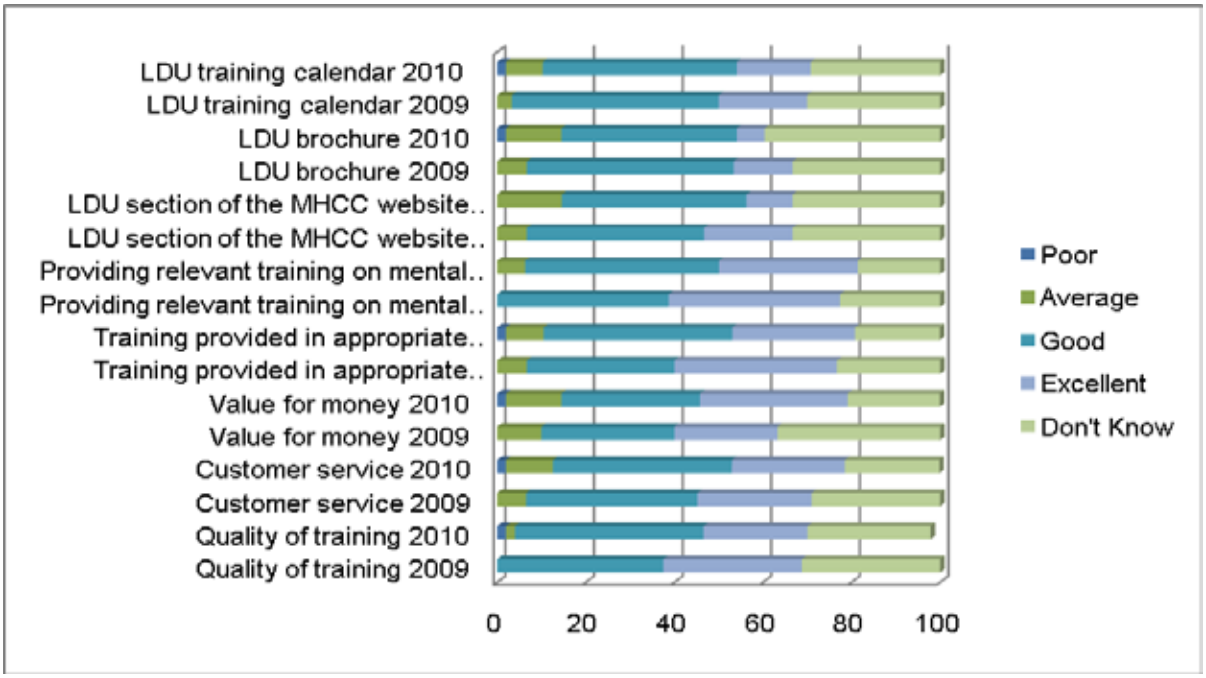
Other Initiatives for consideration

- "Linking with GPs and their networks/ divisions to promote services to health workforce; this is starting to take place now and is good value"
- "Taking greater interest in community-based programs"
- "Have more of a media profile"
- "More 'Youth Mental Health' focus and initiatives"

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 seven possible courses listed the course that showed the highest level of interest was the Certificate IV in Mental Health followed by the Advanced Diploma in Community Sector Management. These courses remain consistent with the courses selected in the 2008/09 members' survey as having the highest level of interest and were the top two courses trained within the LDU in 2009/10.

The 2010 survey asked respondents to rank the overall performance of the LDU. The results are outlined in Chart 2. Seventy-five percent of respondents gave a good to excellent ranking on the relevance of the Mental Health training provided by the LDU. Of the remaining 25% of respondents, 19% did not know how to respond.



Comments received on how the LDU can improve its development of the sector through additional courses were:

- Training on mental health disorders within the context of case management might be useful
- CALD Courses
- Advanced Dip in Management (not community sector specific)

Additional comments received were:

- Providing more information on how RPL can be achieved
- Up-front payments for scholarships and refunds are too slow and staff do not have money to pay up front
- Courses offered in Tamworth e.g. Cert IV MH - every alternate year

Other comments about MHCC:

MHCC members were given an opportunity to provide general comments about MHCC. Those received were positive especially in relation to keeping members informed with one particular comment being: “MHCC is an easy to access resource which keeps me up to date on events and mental health policy direction etc”. Our attendance at interagency and reference groups was also commented on as being productive and popular.

ANALYSIS OF MEMBER SURVEY 2010

1. Number of responses and validity of results

Out of approximately 250 potential respondents, 69 responses were received both at the CEO Forum held 21/06/10 and through the online survey which closed 30/07/10. This is a 27.6% response rate. This response rate has increased by 10% from the Member Survey conducted in 2009. Whilst the MHCC member survey is conducted anonymously, respondents are provided the opportunity to provide their details to go into the lucky draw prize. Thirty-five of the 69 respondents provided at a minimum their organisation which allows us to conclude that the responses received provide a fair to good indication of how our members feel.

2. Overall impression of results

The majority of the comment responses were very positive. In the questions throughout the survey which required a rating response we received a majority of “good” to “excellent” ratings.

3. What can we learn?

The partial standardisation of questions continued this year which has helped in developing some trending. This partial standardisation of the survey will continue next year to allow greater trend patterns to be established. Although the majority of the results were positive some constructive comments were made (some of which had already been reviewed prior to the results being analysed) and these comments will help MHCC to continue to focus or re-focus on particular areas into 2011 and the coming years.

3.1 Consultation with members. Eighty-six percent of respondents gave a good or excellent rating. This has remained consistent with last year's rating (compared with 20% in 2008 and 5% in 2007). The fact that our rating has remained consistent shows that we are continuing to consult with our members to a high level. Nevertheless 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. Sixty-eight percent of respondents gave a good or excellent rating. However respondents did rate our research and evaluation as 1% and 4% as poor and average respectively. Whilst this average rating has improved from the 9% last year we did not receive any ratings of poor last year and we are yet to return to our low of 3% received in 2008. The number of members who were unsure of how to rate us has increased also from 16% last year up to 20%. This indicates that whilst MHCC has conducted extensive research and evaluation this clearly has not been communicated this well to members. The need for increased communication was also indicated as we received a 1% poor rating regarding keeping our member's informed. The employment of our Promotions Officer should dramatically improve this outcome.

3.3 Mail Outs. Seventy one percent of respondents gave a good or excellent rating of the MHCC mail outs. This is a growth of 7% up from 64% last year. The number of respondents unsure how to rate our mail-outs also decreased by 8% from 2009 (25%) down to 17%. Perhaps this is an indication that our mail-outs are now being received by a wider variety of members or that our member's surveys are completed by the same delegates that receive our mail-outs. This decrease in not knowing how to rate our mail-outs is also reflected in the number of respondents who do not know how to rate our View from the Peak publication (sent out in our mail-outs) which has dropped from 25% in 2009 to 16% in 2010. Some comments received indicted that the only communication received from MHCC was through the FYI weekly e-fax which received an 83% good or excellent rating.

4. Conclusion

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 members. Apart from the areas outlined above there were no other areas of concern. The survey was structured to be transparent and with sufficient responses to allow any areas of dissatisfaction to be indicated.

5. Recommendations

5.1 Continue to partially standardise the questions so that we can analyse trends on a year by year basis

5.2 Continue to try to find ways to effectively promote our projects and research. The employment of a promotions officer should alleviate this capacity problem

5.3 Continue to consult with members and promote the consultation processes and outcomes. The employment of a Promotions Officer should greatly enhance these efforts

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

Financial Report 2009/10

The Mental Health Co-ordinating Council Incorporated

ABN: 59 279 168 647

Financial Report
For the Year Ended 30th June 2010

Contents

Financials

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

INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2010

	Note	2010 $	2009 $
Revenues from Ordinary Activities	2	4,053,164	3,132,896
Expenses from Ordinary Activities:			
Employees Expenses		1,541,907	1,030,489
Professional and Consultancy Fees		756,154	343,115
Motor Vehicle Expenses		12,042	6,509
Depreciation		27,859	19,416
Other Expenses		1,495,841	1,645,103
Profit (Loss) from Ordinary Activities Before Income Tax Expense	3	**219,361**	**88,264**
Income Tax Expense	4	0	0
Profit (Loss) from Ordinary Activities After Related Income Tax Expense		**219,361**	**88,264**
Profit (Loss) from Extraordinary Items after Related Income Tax Expense (Income Tax Revenue)		0	0
Net Profit (Loss)		**219,361**	**88,264**
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		**219,361**	**88,264**
Equity Statements			
Equity at the Beginning of the Financial Year		465,340	377,076
Movements comprise:			
Net Profit (Loss) for the Year		219,361	88,264
Equity at the End of the Financial Year		**684,701**	**465,340**

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

STATEMENT OF FINANCIAL POSITION
AS AT 30TH JUNE 2010

	Note	2010 $	2009 $
CURRENT ASSETS			
Cash	6	4,148,564	3,243,415
Trade & Other Receivables	7	329,764	196,649
TOTAL CURRENT ASSETS		**4,478,328**	**3,440,064**
NON-CURRENT ASSETS			
Property, Plant & Equipment	8,10	145,455	99,900
TOTAL NON-CURRENT ASSETS		145,455	99,900
TOTAL ASSETS		**4,623,783**	**3,539,964**
CURRENT LIABILITES			
Payables	9	3,821,270	2,991,337
Provisions	11	117,811	83,287
TOTAL CURRENT LIABILITIES		**3,939,081**	**3,074,624**
TOTAL LIABILITIES		3,939,081	3,074,624
NET ASSETS		**684,702**	**465,340**
EQUITY			
Retained Profits	15	684,702	465,340
TOTAL EQUITY		**684,702**	**465,340**

Financials

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

CASH FLOW STATEMENT
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2010

	Note	2010 $	2009 $
CASH FLOWS FROM OPERATING ACTIVITIES			
LDU - Course Payment (inclusive of GST)		1,719,474	496,244
Seminar Revenue (inclusive of GST)		40,840	36,644
Receipts from Members (inclusive of GST)		43,749	36,699
Government & Other Grants Received (inclusive of GST)		2,393,675	2,689,968
Payments to Suppliers & Employees (inclusive of GST)		-3,456,212	-3,510,666
Interest Received		122,887	137,317
Other Receipts		114,150	29,346
Net Cash Provided by Operating Activities		**978,563**	**-84,448**
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for Property, Plant & Equipment		73,414	-69,008
Proceeds from Sale of Property, Plant & Equipment			8,354
Net Cash Used in Investing Activities		**73,414**	**-60,654**
CASH FLOW FROM FINANCING ACTIVITIES			
Net Cash Used in Financing Activities			
Net Increase (Decrease) in Cash Held		905,149	-145,102
Cash at the Beginning of the Financial Year		3,243,415	3,388,517
Cash at the End of the Financial Year		**4,148,564**	**3,243,415**

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

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 entitles 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 entitles 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.

Financials

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

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 2010

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.

(i) Impairment

At the end of each reporting period, the association assesses whether there is objective evidence that a financial instument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the statement of comprehensive income.

(j) Impairment of Assets

At the end of each reporting period, the association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

Where it is not possible to estimate the recoverable amount of an individual asset, the association estimates the recoverable amount of the cash-generating unit to which the asset belongs.

(k) Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

Financials

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

(l) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST components of investing and financing activities, which are disclosed as operating cash flows.

(m) Provisions

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

(n) Adoption of New and Revised Accounting Standards

During the current year, the association has adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory.

The adoption of these Standards has impacted the recognition, measurement and disclosure of certain transactions. The following is an explanation of the impact of adoption of these Standards and Interpretations had on the financial statements of THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED.

AASB 101: Presentation of Financial Statements

In September 2007, the Australian Accounting Standards Board revised AASB, and as a result there have been changes to the presentation and disclosure of certain information within the financial statements. Below is an overview of key changes and the impact on the association's financial statements.

Disclosure Impact

Terminology changes - The revised version of AASB 101 contains a number of terminology changes, including the amendment of the names of the primary financial statements.

Reporting changes in equity - The revised AASB 101 requires all changes in equity arising from transactions with owners in their capacity as owners to be presented separately from non-owner changes in equity. Owner changes in equity are to be presented in the statement of changes in equity, with non-owner changes in equity presented in the statement of comprehensive income. The previous version of AASB 101 required that owner changes in equity and other comprehensive income be presented in the changes in equity.

Statement of comprehensive income - The revised version of AASB 101 requires all income and expenses to be presented in either one statement - the statement of comprehensive income, or two statements - a separate income statement and a statement of comprehensive income. The previous version of AASB 101 required only the presentation of a single income statement.

The association's financial statements now contain a statement of comprehensive income.

Other comprehensive income - The revised version of AASB 101 introduces the concept of other comprehensive income' which comprises of income and expense that are not recognised in profit or loss as required by other Australian Accounting Standards. Items of other comprehensive income are to be disclosed in the statement of comprehensive income. Entities are required to disclose the income tax relating to each component of other comprehensive income. The previous version of AASB 101 did not contain an equivalent concept.

New Accounting Standards for Application in Future Periods

The AASB has issued new amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods and which the association has decided not to early adopt.

Financials

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

NOTE 2: REVENUE

	2010 $	2009 $
Revenue from Operating Activities		
Conference & Seminars	37,127	33,313
Membership Subscriptions	39,772	36,363
LDU Course Payments	1,563,159	451,131
	1,640,058	520,807
Revenue from Outside the Operating Activities		
Grants Received	2,176,069	2,445,426
Interest	122,887	137,317
Sundry Revenue	114,150	29,346
	2,413,106	2,612,089
Revenue from Ordinary Activities	**4,053,164**	**3,132,896**

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

NOTE 3: PROFIT FROM ORDINARY ACTIVITIES	2010 $	2009 $
Net Gains and Expenses		
Profit from Ordinary Activities Before Income Tax	0	88,264
Expense includes the following specific Net Gains and Expenses:		
Net Gains/Losses		
Net Gain on Disposal: Property,Plant & Equipment	0	-626
Expenses		
Depreciation:		
Plant & Equipment	9,869	9,364
Computer Equipment	9,463	5,443
Motor Vehicles	8,527	4,609
Total Depreciation	27,859	19,416
Other Provisions		
Employee Entitlements	34,524	30,108

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	4,200	4,000
Other Services	0	0
	4,200	4,000

NOTE 6: CURRENT ASSETS - CASH

Cash on Hand	300	150
Security Deposit	200	200
Cash on Deposit	4,148,064	3,243,065
	4,148,564	3,243,415

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. (2010 - 0% and 4.5%).

Financials

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

NOTE 7: CURRENT ASSETS - RECEIVABLES	2010 $	2009 $
Trade & Other Receivable	329,764	196,649
	329,764	196,649

NOTE 8: NON-CURRENT ASSETS - PROPERTY, PLANT & EQUIPMENT		
Motor Vehicles - at Cost	49,906	49,906
Less: Accumulated Depreciation	-12,956	-4,429
	36,950	45,477
Computer Equipment - at Cost	59,594	27,322
Less: Accumulated Depreciation	-20,058	-10,595
	39,536	16,727
Plant and Equipment - at Cost	150,403	109,261
Less: Accumulated Depreciation	-81,434	-71,565
	68,969	37,696
	145,455	99,900

NOTE 9: CURRENT LIABILITIES - PAYABLES		
Current		
Deferred Income	3,342,002	2,937,863
Creditors & Other Payables	256	0
PAYG Withholding Tax	13,705	4,328
GST Payable	128,626	49,146
Superannuation Payable	1,681	
Accrued Charges	335,000	
	3,821,270	2,991,337

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

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 1/7/09	45,477	37,696	16,727	99,900
Additions		41,142	32,272	73,414
Disposals				0
Depreciation Expense (Note 3)	-8,527	-9,869	-9,463	-27,859
Carrying Amount at 30/6/10	**36,950**	**68,969**	**39,536**	**145,455**

NOTE 11: CURRENT LIABILITIES - PROVISIONS

	2010 $	2009 $
Provision for Long Service Leave	34,072	32,155
Provision for Annual Leave	83,739	51,132
	117,811	83,287

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.

Financials

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

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

	2010 $	2009 $
Profit (Loss) from Ordinary Activities After Income Tax	219,361	88,264
Non Cash Flows in Operating Result		
Depreciation	27,859	19,416
Loss/(Profit) on Sale of Assets	0	626
Changes in Assets & Liabilities		
Increase (Decrease) in Provision for Annual and Long Service Leave	34,524	30,109
Increase (Decrease) in Unearned Income	404,139	-226,043
(Increase) Decrease in Trade & Other Receivables	-133,115	-11,885
Increase (Decrease) in Payables	425,795	15,065
Net Cash Inflow/(Outflow) from Operating Activities	**978,563**	**-84,448**

NOTE 14: CONTRIBUTED EQUITY

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

NOTE 15: RETAINED PROFITS	2010 $	2009 $
Retained Profits at Beginning of Financial Year	465,340	377,076
Net Profit/(Net Loss)	219,361	88,552
Retained Profits at End of Financial Year	**684,701**	**465,628**

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

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 2010

(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 2010 $	Non Interest Bearing 2010 $	Total 2010 $
Financial Assets			
Cash	4,148,564		4,148,564
Receivables		329,764	329,764
	4,148,564	329,764	4,478,328
Financial Liabilities			
Trade and Other Payables		479,268	479,268
Deferred Income		3,342,002	3,342,002
	0	3,821,270	3,821,270
Net Financial Assets/ Liabilities	**4,148,564**	**-3,491,506**	**657,058**

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

NOTE 16: FINANCIAL INSTRUMENTS (cont'd)

	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 Liaiblities			
Trade and Other Creditors		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

Reconciliation of Net Financial Assets to Net Assets

	2010 $	2009 $
Net Financial Assets as above	657,058	448,727
Non-Financial Assets & Liaiblities:		
Property, Plant & Equipment	145,455	99,900
Provisions	-117,811	-83,287
Net Assets as per Balance Sheet	684,702	465,340

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, 2010.

Financials

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2010

NOTE 18: REMUNERATION OF BOARD MEMBERS

	2010 $	2009 $
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:

$	$	2010	2009
0 -	9,999	11	15

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	Judi Higgin
Leone Crayden	John Malone	Sylvia Grant
Arthur Papakotsias	Sue Sacker	Pam Rutledge
		Karen Oakley

New Members
The following board members were elected at the association's Annual General Meeting.

Sylvia Grant
Pam Rutledge
Karen Oakley

Resigning Members
The following board members did not stand for re-election at the Association's Annual General Meeting.

Arthur Papakotsias

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 2010

NOTE 20: EMPLOYEE ENTITLEMENTS	2010 $	2009 $
Employee Entitlement Liabilities:		
Provision for Employee Entitlements-Current (Note 11)	117,811	83,287
Aggregate Employee Entitlement Liability	**117,811**	**83,287**

Financials

THE MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
ABN: 59 279 168 547

STATEMENT BY MEMBERS OF THE BOARD
FOR THE YEAR ENDED 30TH JUNE 2010

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 2010 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:

Vice President.....

Treasurer.....

Dated this 15th day of NOVEMBER 2010

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 2010, 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.

Financials

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 2010 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 16TH day of NOVEMBER 2010.

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 2010 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 16TH day of NOVEMBER 2010

Mental Health
Coordinating Council

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