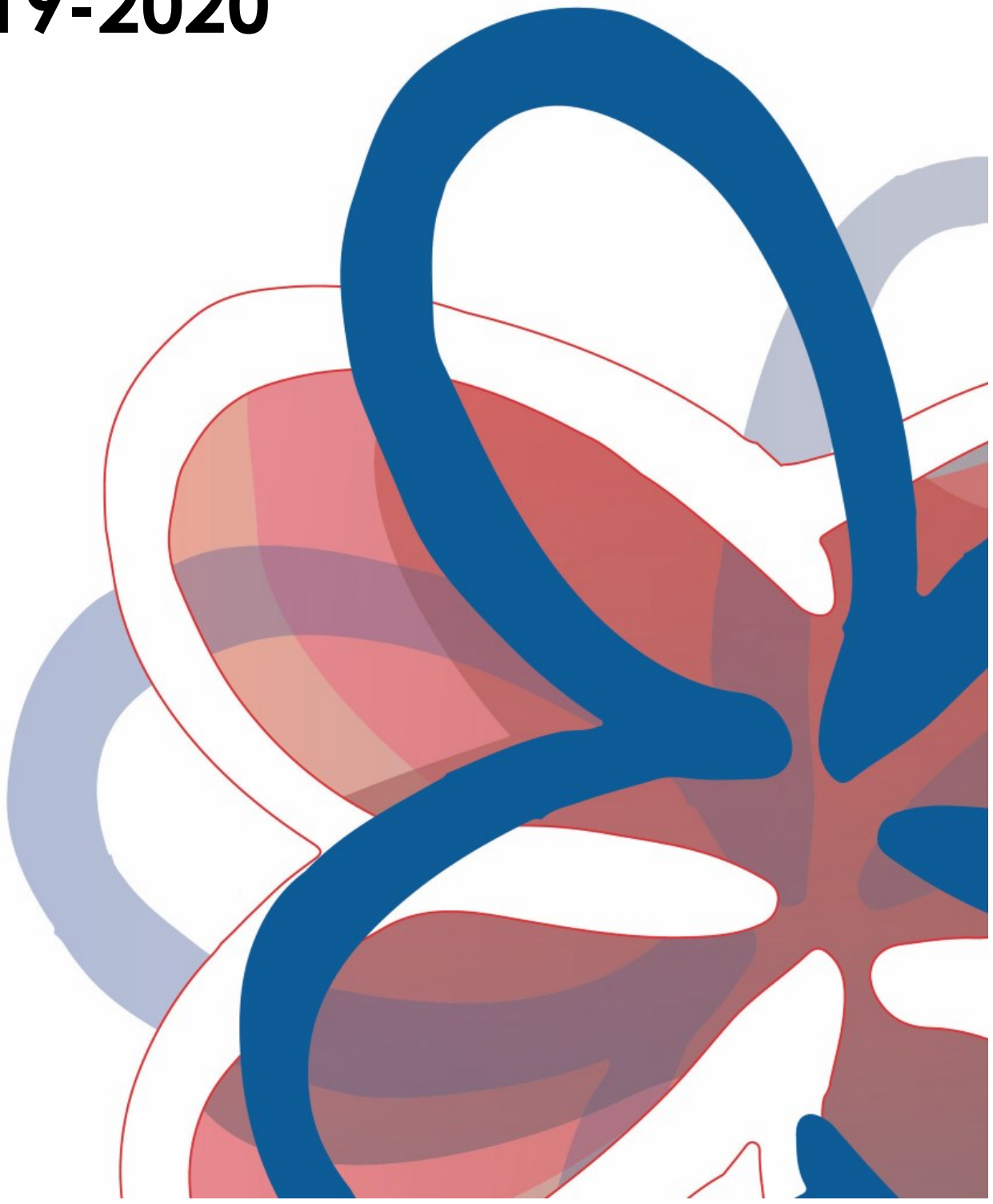




ACT  
Mental Health  
Consumer Network

# Annual Report

## 2019-2020



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## VISION

A community of connected voices achieving positive change.

## STATEMENT OF PURPOSE

To advocate all means to improve and enhance services, systems and practices for consumers in the ACT by

- ◆ discovering and promoting the collective voice;
- ◆ facilitating and supporting consumer participation at all levels of decision-making; and
- ◆ ensuring a commitment to consumer driven recovery.

## VALUES

- ◆ Empowerment
- ◆ Respect
- ◆ Courage
- ◆ Social justice
- ◆ Meaningful inclusion

## GUIDING PRINCIPLES

Our guiding principles reflect our values of empowerment, respect, courage, social justice and meaningful inclusion. They also reflect what our Board, members and staff expect of each other in their work together and how we work with others in representative, advocacy and collaborative capacities.

**V**alue of lived experience

**O**pen dialogue and advocacy

**I**ncreased self-awareness

**C**onsumer-driven recovery

**E**nsure social justice and human rights are upheld

**S**ense of community

## **BOARD 2019-20**

<b>Bianca Rossetti</b>	Chair
<b>Chris Corcoran</b>	Deputy Chair
<b>Paul Thompson</b>	Treasurer
<b>Kathryn Dwan</b>	Secretary (from 18 June 2020)
<b>Lachlan Atyeo</b>	Ordinary Member
<b>John Brookes</b>	Ordinary Member (until 18 February 2020)
<b>Peter Dwyer</b>	Ordinary Member
<b>Ben Matthews</b>	Ordinary Member (until 16 June 2020)
<b>Maree Pavloudis</b>	Ordinary Member
<b>Benjamin Shipard</b>	Ordinary Member (from 18 June 2020)
<b>Thi-Nha Tran</b>	Ordinary Member
<b>Lei Wang</b>	Ordinary Member

## **WORKERS**

<b>Dalane Drexler</b>	Executive Officer
<b>Purity Goj</b>	Program Manager (on leave 05 July 2019-21 January 2020— resignation)
<b>Kathryn Dwan</b>	Program Manager (temp, until 10 April 2020)
<b>Isobel Shearman</b>	CRP Coordinator (until 12 April 2020) Policy and Participation Coordinator (from 13 April 2020)
<b>Jennifer Nixon</b>	CRP Coordinator (on leave until 25 March 2020)
<b>Petra Kallay</b>	Community Education Coordinator
<b>Jennifer Adams</b>	Education Officer (Peer Identified, on leave 10 September-02 March 2020)
<b>Terri Warner</b>	Peer Education Officer (temp, from 10 September 2020)
<b>Valan Phoenix</b>	Administration Coordinator
<b>Deahne McIntyre</b>	Program Administrator (until 11 December 2019)
<b>Allegra Senior</b>	Drop-In Volunteer

## **CO-FACILITATORS**

<b>Bianca Rossetti</b>	<b>Evalyn Smith</b>
<b>Jenny Adams</b>	<b>Thi-Nha Tran</b>

## CHAIR'S REPORT

This year has been my first year as Chair and what a challenging year it has been. I would like to thank the board members for their contributions and support to myself, staff and members of the Network. The Network had changes of staff member roles, movement to working from home and other adaptations due to global circumstances and I believe everyone has done well in creating a suitable working condition.

The many roles (e.g. Consumer Representatives, Co-facilitators and Policy Reference Group) in the Network help create a strong peak body to advocate for systemic change. There have been significant changes and increased awareness in mental health and the Network needs to continue the momentum to have consumer voices heard. There are strong national developments with an Alliance of state consumer peak bodies and the National Mental Health Consumer and Carer Forum working on contributions to make consumers' voices heard.

I am grateful for the work the Board has undertaken this year and would like to thank each member for being flexible in the operational side of Board meetings whilst still providing their expertise to support the Network. This year we say a farewell to the Deputy Chair, Chris Corcoran, and thank him for his contributions throughout the years. To members of the Network, please think about how you might like to contribute to the Network by becoming a Board member and use your living experience to have governance in the organisation and meet the changes within the Mental Health sector.

To quote Brene Brown: *when we deny our stories they define us. When we own our stories, we get to write a brave new ending.* I believe that when we share our experiences people listen!! The Network creates a safe place for consumers to come together, share their stories and create innovation for wellbeing in the community.

Take care .

**Bianca Rossetti**

Chair

## TREASURER'S REPORT

The auditor's report, indicating the Network's financial position for the 2018-2019 financial year, is located at the rear of this report. The Network finished the year with a surplus of \$19,333, which was better than expected despite the major impacts of COVID-19 on the Network's operations.

There was a significant improvement to the overall end result due to receiving 'Govt Stimulus (COVID-19 related)' income of \$29,902 which helped us to cover the increased costs relating to changes in the way we do business from March

Other impacts on our finances are reflected in the line items of Health & Wellbeing, Telecommunication Support, Furniture & Equipment and Kilometre Allowance, Work Health & Safety, plus Membership Subscriptions, with staff working from home and bearing the emotional impact of the pandemic.

Venue Hire for Meetings, plus Taxi & Parking line items also benefited from the crisis, with the suspensions of face-to-face conferences.

ACT Government rent payments have been temporarily suspended during COVID-19, so we are well under Budget for this item, as well as for electricity due to bill support from ACTEWAGL.

What the figures don't necessarily reflect was the emotional cost to our mental health consumers, as we all have been impacted by isolation and disruption of face to face human contact - something that is essential for our well-being.

I commend the Network staff for their diligence and perseverance under very trying circumstances.

We commend Dalane for successfully managing the Network's business and projects within budget parameters as much as possible, and for working collaboratively with the Board in financial decision making..

**Paul Thompson**  
Treasurer



## EXECUTIVE OFFICER'S REPORT

This has been an exceptionally trying time for everyone at the Network this year, with one disaster after the next seeming to pummel our territory, our country, and the world. It has been an especially difficult time for me due to very significant health issues, throughout which I have been immensely grateful for the support of my entire team comprising the Network's dedicated staff, Board, Consumer Representatives and other volunteers and those members who keep in touch through Drop-In and other events... or just the occasional email or phone call.

Under the supportive leadership of Bianca Rossetti, as well as Terri Warner prior to the Annual General Meeting, the Board has helped to steer the Network through these difficult times despite some significant hurdles. The impacts of COVID-19 have been wide reaching, forcing anyone who wished to remain engaged to learn new technologies and strategies and, in many cases, to overcome fears surrounding changes such as these. I commend everyone connected with the Network, and consumers more broadly, for their stick-to-it-ness and determination to survive and thrive in such difficult times.

It has not all been bad news, however. As we know, consumers who were previously isolated and unable to participate have been able to do so for the first time in a very long time. Many who were averse to or feared technology overcame their fears and have found that the COVID-19 environment helped rather than hindered their recovery which is a tremendous achievement. And, of course, we celebrated our 20th Birthday just before all the calamity commenced, where many members shared each others company and stories of the Network!

We sadly had to say good bye to long term staff member Purity Goj, who worked across each of the program areas throughout her six years at the Network, starting first as the Consumer Representative Program Coordinator (including Community Education) before moving onto the Policy and Participation Program and being awarded the adjunct role of Program Manager supporting the rest of the team. We have felt her loss deeply throughout the year, but are grateful to be able to continue working with her as she takes on new ventures in the ACT mental health space.

I'd also like to extend a special thanks to our dedicated volunteers who work incredibly hard in their various roles as Consumer Representatives, Co-facilitators, Mentors and members of groups such as the Policy Reference Group, Drop-In Volunteer and many other roles. This must have been an especially trying time for you all, that does not appear to have an end in the near future. I commend you for your ongoing efforts to support other consumers and advocate for consumer rights in the ACT in all you do. Thank you all for your much appreciated service.

**Dalane Drexler**

Executive Officer



# Australian Service Excellence Standards

## ACT Mental Health Consumer Network Inc.

*for successfully achieving*

## Certificate Level

*Haydon*  
Janet Haydon

Director,  
Australian Service Excellence Standards

Date: 14/11/2016

*Expiry Date: 14 November 2019*





## COMMUNITY EDUCATION PROGRAM REPORT

The Community Education Program was developed to support our members to build skills needed to participate in systemic change and Consumer Representation. In addition, we develop and deliver training to meet needs identified by our members. These workshops offer consumers opportunities to further develop their skills and to use their knowledge and lived experience in various volunteer and paid roles.

The Community Education Program workshops include:

- Our core training - Self-Advocacy and Consumer Representation Training;
- Understanding the NDIS for Peer Workers;
- Co-Facilitation Training;
- Mentoring Consumer Reps.

The Network values lived experience and is committed to creating opportunities for members to be involved in the process of selection, design, development and delivery of our training and workshops. We are always exploring new ideas for training and ways of supporting our volunteers.

At the Mental Health Services Conference in 2019, I attended many of the scheduled parts on co-design and co-production and came away with new ideas and zeal for implementing these in the Community Education Program! My role as organisational representative on the Recovery College's Co-design Committee has also given me the opportunity to consider how to put co-design principles into practice.

### **New Digital Resources**

An exciting project that started last financial year and was completed in 2020 was the creation of six digital training resources (videos). During the first half of 2020, we took a break from our regular training schedule and focused on developing these resources. The videos feature interviews with members and stakeholders and are designed to supplement our My Rights, My Decisions, Mentoring and Co-Facilitation training courses. In addition, there are two shorter videos for promoting My Rights, My Decision and Understanding the NDIS for Peer Workers online. Thanks to much time and input from all the Network staff, and a great deal of assistance from Terri Warner, we were able to finally complete the project. We look forward to using the resources in training!

Some comments from our members' project interviews:

### **ABOUT ADVOCACY:**

*Advocating for your health, understanding for your wellbeing is essential, you know you the best and so, advocating for your rights and what you want is really important in your health and wellbeing.*

*I think it's more than knowing your rights and that's where things like the self-advocacy training can help... it's not just knowing, because you can have the head knowledge about it, its thinking 'how does this apply to me in this situation?'*

**ABOUT MY RIGHTS, MY DECISIONS:**

*If I wasn't making my own decisions then decisions would be made that I would probably be not, in agreement with. But making it myself is exactly what I know that I need and would like to happen.*

**ABOUT MENTORING:**

*Mentoring is an effective thing because it just provides that extra support, reassurance and sense of empowering that consumer representative to be on that committee.*

**ABOUT CO-FACILITATION:**

*Although a person can have knowledge from a book, it was really different having somebody with lived experience doing facilitation. It made it easier to take them seriously*

*It's a bit like the difference between playing an instrument on your own and playing with a group of people you know, you feel more supported. ... it helps you with your confidence to actually get to actually go through the motions ..., and then get the opportunity to do it on your own.*

*You're in a group of peers and that's a real strength ... working with other network volunteers, it's a really empowering experience ... I would say the tip is to really enjoy that feeling of camaraderie with people who want to make things better and within their abilities they're doing the best they can to want to make things better ....*

Thank you to the following members, individuals and organisations interviewed for the project:

- Bianca Rossetti
- Bruno Aloisi (Adult Community Mental Health Services)
- Chris Halsey (Public Advocate, ACT Human Rights Commission)
- Chris Corcoran
- Chris Van Reyk
- David Lovegrove
- Deahne McIntyre
- Dalane Drexler
- Deepthy Palamadathu (Gungahlin Mental Health Team)
- Elizabeth (Legal Aid ACT)
- Helen Connolly (ACT Disability, Aged and Carer Advocacy Service)
- Jane Grace
- Peter Dwyer
- Petra Kallay
- Purity Goj
- Rose Beard
- Sean Costello (ACT Human Rights Commission)

**Adapting to Change**

In early 2020 we had to adapt and consider how we could continue our training and support our facilitators while maintaining physical distancing. We have been able to do this by moving

our training online via Zoom and have found out that some participants find this to be a very convenient option! We will continue to explore how we can deliver training in a more flexible manner that meets the needs of more members and other consumers who wish to participate in training.

### **Training Facilitated in 2019-2020**

During the 2019-20 reporting year, the Network held the following workshops:

- Self-Advocacy
- Consumer Representation
- Understanding the NDIS for Peer Workers

In addition, 'catch-ups' and ongoing development opportunities were scheduled both face-to-face and online to support Co-facilitators and PeerZone facilitators.

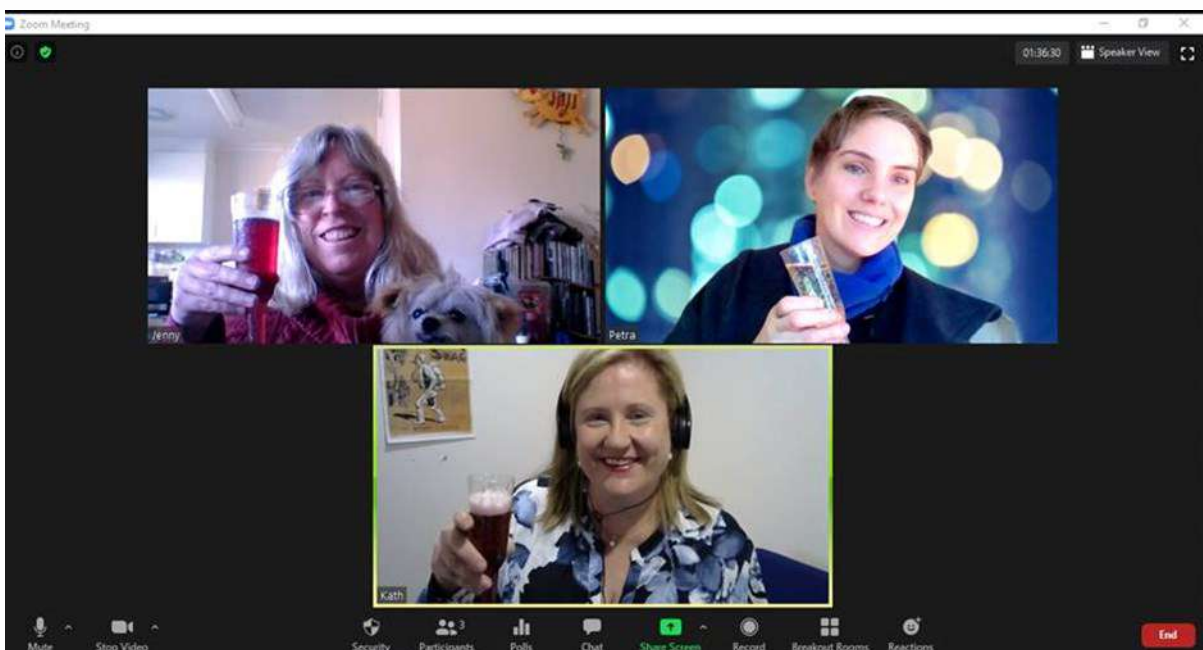
### **PeerZone Training**

Toward the end of last financial year, the Network made a successful funding submission to the Office for Mental Health and Wellbeing to host PeerZone training in Canberra. PeerZone is a series of peer-led, mental health workshops that provide resources and strategies to benefit others experiencing mental health distress.

PeerZone training includes a range of 3-hour workshops and 1.5-hour Toolkit workshops exploring domains such as Mental and Physical Wellbeing, Recovery, Relationships and Employment.

In February 2020, a 4-day 'train-the-trainer' workshop was facilitated in Canberra by the Brook RED Centre. Eleven participants completed the training and became qualified PeerZone facilitators. The facilitators are registered for two years to provide PeerZone training to others.

The Network is supporting these new facilitators to host workshops in the Canberra region. During this reporting period two of the facilitators delivered PeerZone in partnership with Woden Community Service. To support delivery of PeerZone training during times of physical distancing, workshops were delivered online. The Network provides ongoing support for the



*Jenny Adams, Petra Kallay and Kath Laffey from Woden Community Service following their successful completion of the first PeerZone Training*

facilitators through monthly online meetings and skill development sessions. More training is planned and scheduled both at the Network and with other organisations for the coming year.

#### **LICENCED PEERZONE FACILITATORS** *\*Active during 2019-2020*

- Ben Martin
- Ben Shipard
- Bianca Rossetti
- Chris Corcoran
- Jenny Adams\*
- Jesse Townrow
- Kath Laffey\*
- Molly Wilkinson
- Petra Kallay (\*technical support)
- Terri Warner
- Thi-Nha Tran

#### **Co-Facilitators**

The Network has 13 trained Co-facilitators who have completed our Co-facilitation Training. Due to the break in the training calendar caused by the digital resource project and COVID-19 there were fewer opportunities for co-facilitation during 2019-2020, but we look forward to making the most of their skills in the coming year! Over the past year some co-facilitators have shared their knowledge and experiences by participating in the development of the digital resources that will be well used in future workshops.

#### **Eligible Co-Facilitators** *\*Active during 2019-2020*

- Bianca Rossetti\*
- Chris Corcoran
- Evalyn Smith\*
- Graham Jackson
- Jenny Adams\*
- Julia Bocking
- Liz Moran
- Matthew Martin
- Michael Hausch
- Peter Dwyer
- Ruth Dunnicliff-Hagan
- Terri Warner
- Thi-Nha Tran\*

#### **Petra Kallay**

Community Education Coordinator



## PEER EDUCATION PROGRAM REPORT

Peer Education consists of the program of My Rights, My Decisions, which aims to educate consumers about their rights under the *Mental Health Act 2015 (ACT)*. My Rights My Decisions includes the Form Kit for Nominated Persons, Advance Agreement and Advance Consent Direction; a Card and Keyring to support main aspects of the Form Kit; and two training workshops for Consumers and Canberra Health Services staff.

Jenny Adams was unwell for most of 2019 and into 2020. We were very fortunate and grateful that from mid-2019 Terri Warner took over facilitating workshops for My Rights, My Decisions to maintain our contractual obligations. Jenny returned to her role as Peer Educator in early 2020, on a graduated return over several months supported by Terri. The issues identified in the last Annual Report were still present, and it has been her main focus to address these.

Terri ran several workshops of My Rights, My Decisions for Consumers through the ACT Recovery College. Terri also ran several sessions of My Rights, My Decisions for staff in the Canberra Health Services Community Mental Health Teams, as well as one session for Psychiatric Registrars at the Adult Mental Health Unit. All sessions were very well received with outstanding feedback.

In October, Jenny Adams, who developed My Rights, My Decisions, received a Mental Health Month Award for Support for Individuals, Families and Carers for her work developing this important program.





There have been some significant gains, including the development of an electronic version of the form, and an expected broader reach of My Rights, My Decisions training within Canberra Health Services. As these have only developed in the current financial year (2020-2021) they will need to be reported fully in the next Annual Report.

My Rights, My Decisions training has resumed and Consumer training will continue through the Recovery College, but also in partnership with other Not-for-profit organisations. The main objective is to ensure that appropriate supports for both participants and trainer are in place for each session, given the potentially triggering nature of the material.

Jenny has modified training to streamline the participants booklet into a series of handouts that are given out as the training progresses. She has also engaged with Canberra Health Services to develop a small range of additional handouts on crucial subjects. These are still being developed.

Jenny modified the PowerPoint presentations for My Rights My Decisions to incorporate the new in-house videos into the workshops once they are ready for use. These will be very welcome additions to break up and lighten the training, as well as to provide a range of different perspectives on the subject matter. The revised PowerPoints, together with the current handouts, have been received very well. We look forward to adding to these very soon with the new training videos.

We are now seeking to expand the Peer Education Program to include a broader range of workshops for consumers. The expected outcome will be additional workshops related to the *Mental Health Act 2015 (ACT)*, covering topics such as Seclusion and Restraint and Reasonable Adjustment for Mental Health

**Jenny Adams**  
Peer Education Coordinator

## **POLICY AND PROJECTS PROGRAM REPORT**

The 2019-2020 financial year was a busy year providing systemic advocacy for our members in the policy space despite it being a challenging year due to COVID-19.

Kathryn Dwan commenced with the Network at the end of June 2019 and continued in the role of Program Manager until April 2020. Kathryn acted as the Executive Officer during March and April 2020 and Isobel Shearman commenced in the role of Policy and Participation Coordinator in April 2020.

During March and April 2020 staff transitioned to working from home due to the COVID-19 pandemic. The need for physical distancing affected the delivery of face-to-face policy and consultation forums for our members and these moved to being held online via Zoom and WebEx. This enabled work in the policy space to continue across the later part of the financial year. The coordination of e-consultations and e-forums ensured the continuance of systemic advocacy and inclusion of the member voice in responses to government and other organisations across the full 2019-2020 financial year.

The Network submitted reports and submissions following consumer consultation across a broad range of topics, these reports and submissions included

- Supported Accommodation Model of Service Delivery
- Guideline to accessing physical care across Mental Health, Justice Health, Alcohol and Drug Services
- Forensic Mental Health Model of Care
- Amendments to the Powers of Attorney Act
- Consumer Feedback Management Policy and Procedure
- Canberra Hospital Services Alert Management Procedure
- Adolescent Mental Health Unit and Day Service
- Canberra Health Services Consumer Compensation Claims Procedure
- Proposal for a Peer-Led Service within Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS)
- Proposal for a Peer-Led Service within Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS)

During the 2019-2020 financial year Kathryn and Isobel contributed to meetings, attended forums and events, including

- ACT Wellbeing Indicators Roundtable
- Office for Mental Health and Wellbeing Peaks/NGO Committee
- ACT Lifespan Steering Committee
- Mental Health Month Steering Committee meetings, and related events
- Mental Health Consumer & Carer Advisory Committee
- Canberra Health Services COVID-19 Plan Update meeting for Executive Officers and

## Managers of Peaks

- Mental Health Community Coalition ACT Leadership meetings
- Regional Mental Health and Suicide Prevention Plan (The Plan) Steering Committee (including contributing to finalising Part A – The Framework, Part B – the Implementation Plan and Part C - Performance and Monitoring Plan, Easy English version development and planning for the Launch of The Plan in 2020)
- Mental Health Community Coalition Executive Officers and Managers Meeting

## Events

- Canberra Multicultural Volunteer Expo
- Mental Health Month Advisory Council Afternoon Tea
- A multitude of Mental Health Month events

## Advocacy

The Network received a letter from the ACT Auditor General requesting suggestions for potential performance audits. The Network arranged a meeting of six community groups to speak with members of the Audit Office regarding access, safety and appropriateness of community buildings. The lack of accountability for the maintenance of ACT Government owned properties was particularly noticed. The Audit Office feels that audit is a blunt tool for addressing our problems. However, they are looking at other avenues where these issues might be more successfully raised.

## Isobel Shearman

Policy and Participation Coordinator

## CONSUMER REPRESENTATIVE PROGRAM REPORT

This report covers two distinct environments, business as usual and then life with Covid-19, resulting in Network staff working from home, the introduction to Zoom and Webex – the two programs that have allowed the Network’s dedicated consumer representatives to continue the Network’s foundation activity for advocacy within the ACT health system since early 2020. The change in the way consumer representatives have had to participate in this advocacy program cannot be overstated. A heartfelt thank you to all active, eligible and outgoing consumer representatives for their ongoing systemic efforts and their willingness to continue to engage, participate eagerly, with good cheer and understanding. This is a very different environment to what the consumer representatives, committee staff and Network staff have worked in previously, yet with a lot of patience the consumer representatives once again did a stellar job.

It has been a joy for Isobel (in the role July 2019 – March 2020) and me, working with 15 consumer representatives over the reporting year, who have participated in policy development and project and service design across ACT Health Committees and non-ACT Health related committees. During the 2019-20 year these consumer representatives actively represented the consumer voice on 50 committees, 18 more than the previous year.

The Network took to streamline some aspects of the Consumer Representative Program. The first was reducing the Consumer Representative Forums from being held one a month to being held bi monthly. In addition, we undertook a review of the eligible representatives, looking at any activity that they may have undertaken, when they last did the required consumer representative training and whether they had sat on a committee in the last two years. This removed a substantial number, reducing the eligible consumer representative pool to 10. Of course, if you want to become a consumer representative all you need to do is the free Consumer Representative Training run by the Network run by the educational coordinator.

Several new consumer representative opportunities arose in the reporting year, including involvement in the development and management of major projects including PACER, the Canberra Hospital Expansion ACT Safe Haven Café. The new committees in 2019-20 include

- ACT Recovery College co-Design Committee
- Canberra Hospital Expansion Policy Consumer Reference Group (and various project working groups)
- Extended Care Unit Refurbishment of Brian Hennessy Rehabilitation Centre Project Control Group
- National Psychosocial Support Measure Stakeholder Reference Group
- PACER Community Working Group
- Southside Community Step-Up Step-Down Project Control Group

During 2019-20 the active Consumer Representatives included:

Rose Beard  
Peter Dwyer  
Patricia Green  
Bianca Rossetti  
Paul Thompson  
Terri Warner

Julia Bocking  
Kerry Fry  
Deahne McIntyre  
Robert Pedlow  
Thi Nha Tran

Chris Corcoran  
Jane Grace  
Maree Pavloundis  
Evalyn Smith  
Chris van Reyk

The Network also extends its thanks to those long term consumer representatives who had to retire this year due to competing priorities. They are:

- Matthew Martin worked as a Consumer Representative for 8 years, representing consumers on important policy, review of the *Mental Health Act 2015* (ACT) and project, the development and build of Dhulwa (the Secure Mental Health Unit) where he participated as a guest speaker in the opening ceremony, sharing his story. We wish Matthew all the best and hope we see him around the Network for some time into the future.
- Chris Corcoran has been a Consumer Representative with the Network for 6 years, representing consumers in a wide range of committees, with a focus on physical activity later into his representation. Chris remains with the Network in other roles as he finalises his studies. We wish him all the best in the future and look forward to working with him over the coming year on other projects.

I would like to take a moment to thank Isobel Shearman who worked in the role of Consumer Representative Program Coordinator for majority of this reporting period (August 2019 to March 2020). Getting your head around 50 committees is not easy and Isobel did a splendid job in what was a changing policy environment making my return to the position all the more easier

## **2019-20 COMMITTEES**

- AAMHS Clinical Governance Committee
- AAMHS Collaborative Engagement Forum
- ACACIA - ACT Consumer and Carer Research Unit Advisory Group
- Accessibility and Design Consumer Reference Group
- ACT Lifespan Steering Committee
- ACT Recovery College Co-design Steering Committee
- AdMHU and Day Service Working Group (WG under CHWC Expansion PRG)
- AdMHU Steering Committee (previously AdMHU Project Control Group)
- Adult Community Mental Health Services Model of Care
- Adult Community Mental Health Model of Care Steering Committee
- AMHS Collaborative Engagement Forum
- Brian Hennessy Rehabilitation Centre Recovery Group
- Canberra Hospital Expansion Mental Health Short Stay Model of Care Working Group (under Canberra Hospital Expansion PCRG)
- Canberra Hospital Expansion Project Consumer Reference Group
- Capital Health Network Community Advisory Council
- Centenary Hospital for Women and Children (CHWC) Expansion Project, Project Control Group
- CHS Occupational Violence Strategy Working Group
- Cohort Study Reference Group: Support Requirements and Accommodation Options for People with High and Complex Needs
- Consent Working Group Partnering with Consumers
- Consumer and Carer Feedback and Quality Committee
- Consumer Handouts Committee
- Consumer Participation Working Group



- DECMHOP (Detention Exit Community Mental Health Outreach Program)
- Extended Care Unit Refurbishment of Brian Hennessy Rehabilitation Centre Project Control Group
- HCCA Accessibility and Design Consumer Reference Group
- MAJIC eR Advisory Committee
- Mental Health Act 2015 Implementation Evaluation and Monitoring Committee
- Mental Health Month Committee
- MHJHADS Clinical Governance Committee
- MHJHADS Corporate Governance Committee
- MHJHADS Mortality and Morbidity Committee
- MHJHADS Physical Health Steering Group
- MHJHADS Policy, Procedure and Guideline Development and Review Committee
- National Mental Health Consumer and Carer Forum
- National Psychosocial Support Measure Stakeholder Reference Group
- Organisation Wide Mental Health Working Group
- PACER Community Working Group
- Partnering with Consumers
- Physical Health Training and Resources Working Group
- Primary Mental Health Strategic Reform Group
- Project Advisory Committee - Synergy
- Recognising and Responding to Acute Deterioration Committee
- Seclusion and Restraint Review Meeting
- SMHS Seclusion, Restraint and Restrictive Practice Meeting (Dhulwa)
- Southside Community Step-Up Step-Down Project Control Group
- The Way Back Support Services Governance Group (Woden Community Services)
- UCH Facility Wide Operational Working Group
- UCH Facility Wide Operational Management Meeting
- UCH Management of a Deteriorating Patient Working Group
- Women's Mental Health Working Group

**Jennifer Nixon**  
CRP Coordinator

# **NATIONAL MENTAL HEALTH CONSUMER AND CARER FORUM REPORT**

The activities of the National Mental Health Consumer and Carer Forum (NMHCCF) for 2020 were conducted via zoom due to the COVID - 19 Pandemic. Early in the year the NMHCCF engaged in working groups in which discussion occurred to formulate the best plans moving forward to support members with communicating with each other. This year also saw consultation and updating to the NMHCCF Workplan. The Forum also engaged in a webinar in relation to the National Mental Health and Wellbeing Pandemic Response Plan.

## **NMHCCF Working Groups**

### ***Marketing and Communications***

This group focuses on communications and marketing functions of the Forum.

### ***Forum Member Engagement and Operating Guidelines***

This group is focused on member engagement and reviewing/updating the Operating Guidelines.

### ***Consumer and Carer Inclusion***

This group is responsible for the creation of publications.

### ***Publications Review Group***

This group is responsible for the review and updating of current publications.

### ***Co-Design Working Group***

This group is responsible for planning the consultation process and developing a lead combined national lived experience voice.

## **NMHCCF Workplan 2018-2021**

The NMHCCF seeks to have a leadership role in the reformation of mental health provision. The Forum seeks to be recognised as expert advisors representing and ensuring the views of Consumers and carers are routinely and automatically sought, heard and acted upon. The Workplan lists the strategies, outcomes, activities, KPIs/measures, responsibilities and timeframes to achieve the NMHCCF Workplan goals. Some of the activities to reach these goals include:

- Putting forward a case to be members of the Mental Health Principal Committee to ensure substantive Consumer and Carer representations and a Federal Government level;
- Pro-active engagement with Department of Health Ministers to support their decision making in relation to the 5<sup>th</sup> National Mental Health Plan; and
- engagement with Primary Health Networks to assist in improving pathways for people with psychosocial disability.

The NMHCCF seeks to achieve Workplan outcomes through the Working Groups as these groups are a means of members to engage with each other from different jurisdictions with a common working goal.

## **National Mental Health and Wellbeing Pandemic Response Plan**

The plan details three specific aims: 1) Monitor and protect, 2) Reach people in the community, 3) Provide clear pathways of care. To do this the plan considers immediate monitoring and modelling of the mental health impact of the COVID-19 pandemic is required.

To action this requires strong governance, data collection, sharing and modelling combined with clear roles and responsibilities of monitors. The plan must reach people in the community through accessible services in homes, workplaces, aged care, schools and community sites. When communicating with the community, complex mental health needs must be addressed, such as reducing risk factors and meeting the needs of vulnerable people especially coordination of suicide prevention action. Consumers and carers require clear pathways of care, treatment and support through improved linking of services which meet immediate needs. Pathways must also be available to facilitate access to new models of care.

The National Mental Health Consumer and Carer Forum will be working toward implementing the Wellbeing Pandemic Response Plan to assist Consumers and Carers to access care, treatment and support services whilst the Nation moves through the COVID-19 pandemic.

**Matthew Martin**

ACT Consumer Representative on the NMHCCF

## **ADMINISTRATION AND INFORMATION REPORT**

It would be putting it mildly to say that the majority of 2019/2020 has been a challenging and changing time administratively for the Network in regards to the COVID-19 pandemic.

In keeping with the public health directions, the majority of staff began to work remotely with Kathryn and Val remaining in the office and, from April only Val remaining in the office to provide on-site administrative support, with Pema Choden joining him briefly while she was supporting the CRP Coordinator . Our Drop-In service, along with in-person meetings etc., were cancelled until further notice.

The shift to remote working initially involved a large increase in administrative duties, which impacted on the ability to maintain our regular communications (bulletins and newsletters) in a timely manner.

Other administrative tasks specific to the changing circumstance involved insurance coverage, arranging subscription and licensing services for software to be used for online activities and support, equipment purchases and set ups and, establishing the systems needed for online/remote use that normally would be done in person.

### **Workplace Health and Safety**

A huge area that administration was involved in was updating the Networks' Workplace Health and Safety systems to reflect the circumstances of remote working and solidifying practices around disease prevention and hygiene. When a timeline for staff to begin returning to the office was identified, planning for how the management of COVID-19 prevention will occur was developed. This management also presented a challenge to Health and Safety, with the consistent exposure to chemical products causing adverse effects and new information about COVID-19 came about. The planned return of staff to the office from July was postponed due to the rise in cases in Melbourne.

Another area in WHS development involved implementing the required adjustments within the workplace and associated areas of the Griffin Centre, through consultation, for people for disability to be able to work in. In attempting to provide more ease of access to the Network for people with mobility issues in general, an application was submitted in August 2019 for the 2019 Disability Inclusion Grant to secure funding to install an automatic door system. Unfortunately the Network was unsuccessful in securing this grant at that point in time.

One good thing that has come out the COVID-19 pandemic was that some much needed infrastructure was provided to community organisations and schools around the ACT from April 2020, through the support from ACT Property Group to local businesses to provide. This resulted in the Network being granted the automatic door system that we originally applied for in August 2019. The door system was installed in May 2020 and our thanks

and appreciation go to ACT Property Group for implementing this initiative and to Progressive Controls for providing and installing the system.

### **Information Technology**

The Network began looking for a new IT provider in October and in December 2019, engaged Techtegrity as our new IT provider. Techtegrity provided an immense amount of support to the Network in setting up our Firewall systems and staff computers to enable remote access to the Server, as well as offering advice and further assistance for general IT issues, and improving our online functionality, once COVID-19 cases began growing across Australia, and the country went into lockdown.

In late June 2020, the Network was alerted by our website/database support provider, DevApp, that a possible breach of our website was successfully made. This was coincidentally just after the Prime Minister made an announcement on the high threat level to Australian cyber security, particularly to health and education institutions. This potential breach was investigated and quickly resolved, and the membership was notified following this.

### **Drop-In**

Our Drop-In volunteer, Allie Senior, was absent for a part of the end of 2019, due to health issues. When she returned in October, identifying and planning special events and activities to engage more members with the Drop-In service was done. The first of these events was a mask making Drop-In for Halloween – which had a great turn out! While this was going, we also had The Nightmare Before Christmas playing in the background to help us get in the spirit.







Another activity for Drop-In that we thought would be a nice idea (and take some time) was providing a large 3000 piece jigsaw puzzle, where members (and a few staff members) could come in and do as much, or as little, of the puzzle as they wanted. You can see how much progress was made by the time the Drop-In service had to close. Around this time, Drop-In events were arranged to be held from early March 2020. One workshop that was organised and showed a lot of interest from members was in Mastering your Emotions.





When the COVID-19 pandemic reached Australian shores, the Network was required to close the Drop-In service and all of these planned events and activities were required to be cancelled or significantly postponed. Through the transition to remote methods of working, the Drop-in service was moved to an online platform via Zoom and became an avenue for members to socially interact with each other and staff, in the hopes to ease the social isolation that has come from this pandemic. This has been a welcome change to the Drop-In service, as more contact is being made with members which normally the Network wouldn't due to individual circumstances. The online Drop-In currently runs on Thursdays from 10.30am to 12.30pm.

## **Events**

### **Mental Health Month**

As previously reported, the Network was looking to host a This Is My Brave Australia (TIMBA) style performance to celebrate 20 years since the Network became Incorporated as our event for Mental Health Month. Unfortunately due to a low level of audition bookings, this concept had to be abandoned and re-developed from scratch.

Our Birthday celebration became a more social affair, with a gathering of members, current and previous personnel from key stakeholders and staff. This celebration was held at 65 Northbourne Bar and Restaurant, which was a convenient location with bus and tram stops close by and was very well attended with over 50 participants.

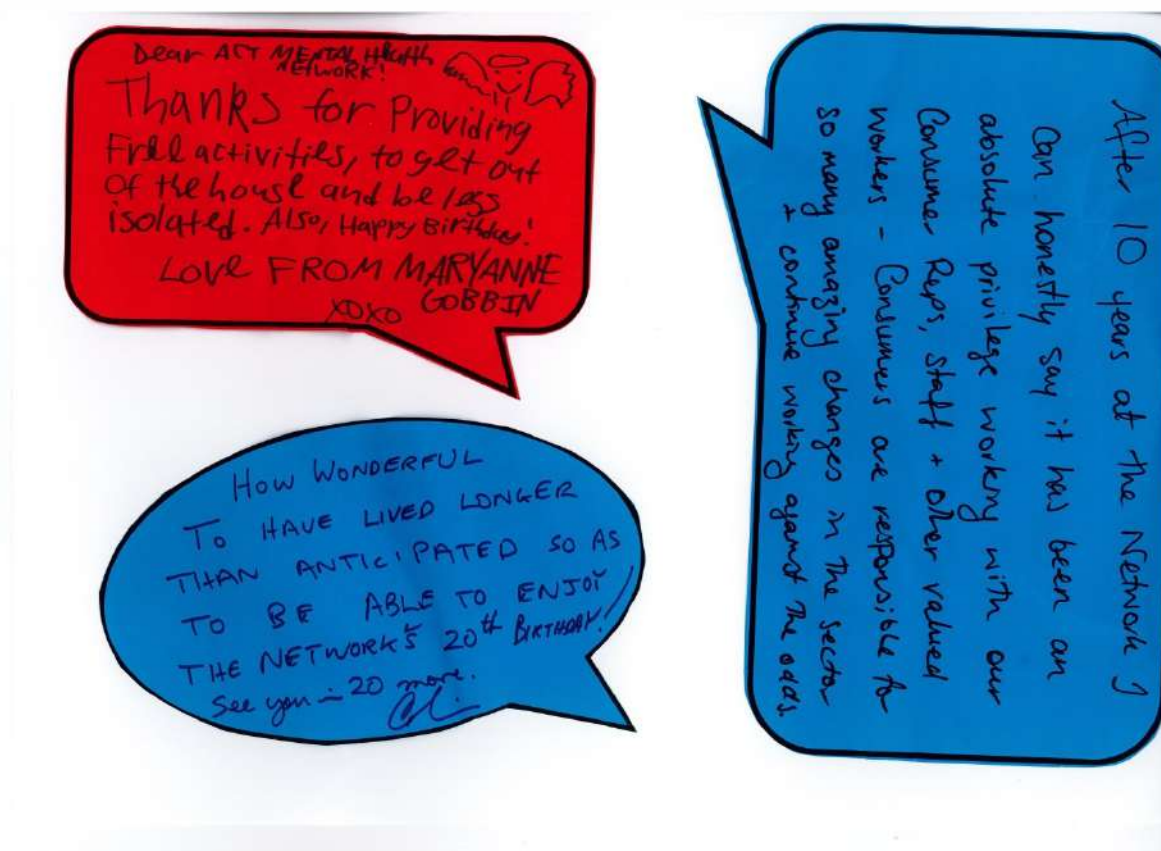
Network staff created a banner which acknowledged the significant developments and achievements by the Network, through the hard work and dedication of consumers. This

banner also allowed for attendees to write and attach messages and photos that were taken on the day for permanent fixing later.

In keeping with the original concept of a TIMBA performance, members and key stakeholder personnel from across the 20 years gave a reflection of their time with the Network, but also how the mental health system functioned at times and was changed for the better, thanks to the efforts of consumers.

Our Birthday celebration also included the launch of the Rufus Scholarship. The Rufus Scholarship was established by a private donor and facilitated by the Network. This Scholarship provides an annual grant of up to \$600 to support a mental health consumer to further or continue their education whom would not otherwise have the financial means to do. The first recipient of this scholarship was announced in February 2020 and now form part of the Mental Health Month Awards from 2020 onwards.

We wish to thank Scotty and his staff at 65 Northbourne for their support in hosting this event and the efforts made to make this celebration a special one to remember.



Dear ACT MENTAL HEALTH NETWORK!  
Thanks for providing  
Free activities, to get out  
of the house and be less  
isolated. ALSO, Happy Birthdays!  
LOVE FROM MARYANNE  
XOXO GOBBIN

How WONDERFUL  
TO HAVE LIVED LONGER  
THAN ANTICIPATED SO AS  
TO BE ABLE TO ENJOY  
THE NETWORK'S 20<sup>th</sup> BIRTHDAY!  
See you - 20 more.  
*[Signature]*

After 10 years of the Network I  
can honestly say it has been an  
absolute privilege working with our  
Consumer, Raps, staff + other valued  
workers - Consumers are responsible for  
so many amazing changes in the sector  
+ continue working against the odds.

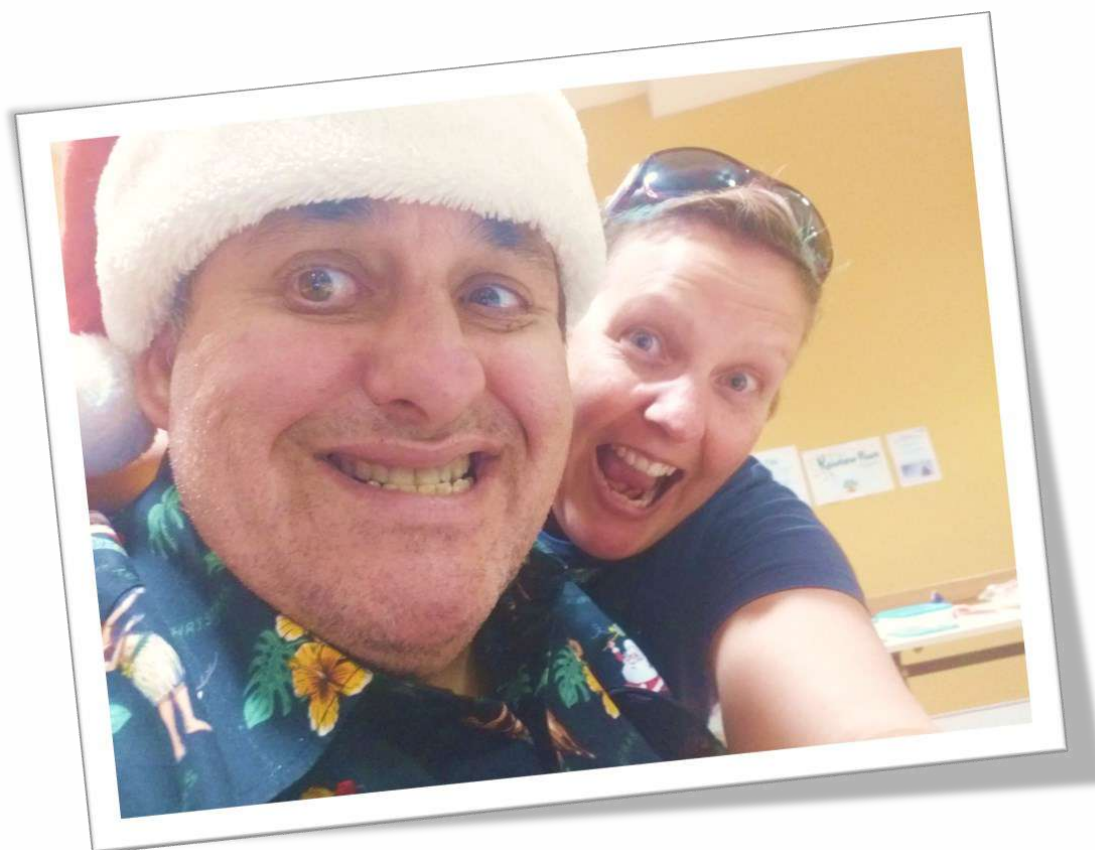


Planning for our Mental Health Month in 2020 commenced in early February 2020, with the idea to host a bowling event to change things up a bit. As COVID-19 emerged in the ACT, the decision to go ahead with this event was constantly reviewed to see if it was a viable option, while also planning a contingency event for a worst case scenario. In the end, the Network decided to continue planning this event and a reimbursement grant application was submitted and awarded in May and June 2020 respectively. This event will be reported on in the 2020/2021 Annual Report.

### **End of Year Celebration**

The Network held an end of year celebration for our members on Wednesday 11 December 2019. As the weather in previous years has been questionable at the best of times, we again held it in the Griffin Centre.

Initially there was only a low turnout of members attending, which was mostly influenced by the growing smoke haze that was blanketing the Territory on the day due to surrounding bushfires in NSW. Eventually, more and more members turned up, along with staff and clientele from nearby organisations and it all ended up being a great little event.





**Valan Phoenix**  
Administration Coordinator



## ADVOCACY WITHOUT PRECEDENT: REFLECTIONS ON THE IMPACT OF CORONAVIRUS ON CONSUMER REPRESENTATION

I've been trying to reflect on this past year, and it's been difficult because it's simultaneously been the year of everything and the year of nothing. I don't feel like I need to recount the events of the last 12 months in any detail because we've all lived through them, and none of us will forget this year. I do want, though, to reflect on what this year has meant for advocacy and specifically for us in mental health advocacy. I want to talk about how this year has affected our consumer representative roles and how our representation of the consumer perspective has been, and will continue to be, affected by the events of this past year.

As with every major event, or series of events, in human history this year has presented us with both benefits and challenges. Some of these are common to all of us, because we are sharing these experiences and their impacts with everyone in our community both locally and globally. Some are perhaps more specific to those of us with prior lived experience of distress, trauma, or mental health or emotional challenges. This is why I think first it's important to acknowledge how these events have affected and are affected by our prior experiences.

I think that this year has hit a lot of trigger points for people who have lived experience, and I think it's revealed some new ones both for people who have lived experience and for those who are now experiencing distress, trauma and mental health challenges as a direct result of the events of this year. I've listened with empathy born of a deep understanding of the effects of isolation, of uncertainty, of changes in your life that you can't control, to my loved ones and even total strangers who have no previous experience of mental health challenges or mental distress as they have worked through their own sense of how friable mental health can be and how crucial social, relational and economic factors are to our own ongoing well-being. I certainly feel conflicted because in some respects, particularly with respect to my history of mental health challenges, this year isn't substantially different to previous years except in terms of the nature and origin of the external factors that are contributing to my struggles with mental health. But as well as hearing about the effects of isolation and economic insecurity on mental health, I've also been hearing a lot more about the need for recovery from these crises, these shared experiences of distress. That principle, that concept of recovery has come directly from mental health consumers. That says to me that we have an opportunity to really highlight experiential knowledge and experiential expertise, articulate their importance, and describe how they could contribute to communitywide and even global improvements in how we manage years like this one into the future. I don't believe that this is the last time we will have a year like this one. I think we will need to adjust, to adapt, to change the way that we are and the way that we do things.

Speaking of adjusting and adapting and changing, the second thing I want to reflect on is

how the practicalities of our formal consumer representative roles have been affected by the necessary changes to our interactions that we've seen as a result of COVID-19. We very quickly went from face to face meetings with occasional but inconvenient and difficult to arrange dial-in options, to meetings being entirely conducted remotely with some people in their homes, some people in their offices, and all of us dealing with infrastructure that wasn't ready for that change to happen at all, let alone as quickly as was required. In saying that, I recognise that I'm leaving out the intermediate step where everything stopped because the advocacy that we do is health advocacy and health services had to prioritise preparing for a pandemic that might mean making decisions in an environment where the available resources were not going to be enough for everyone who might need them. While mental health services wouldn't have been directly involved in providing emergent or intensive care for people who needed to be hospitalised with coronavirus, they were still preparing for the impact. This I think was a reminder that even though they are often operating in silos, all of our health services are interconnected. That's as true for the relationship between the intensive care unit and the adult mental health unit as it is for the relationship between preparing for an upcoming accreditation and preparing for an increased need for personal protective equipment and ventilators.

When committee work did start up again, it still wasn't entirely business as usual, and it won't be for a while. I suppose my view is a little bit different because I don't sit on many MHJHADS committees, so I don't know how much of the work of those committees pivoted to a coronavirus response and to what extent their work is still impacted, but we can still see the change reflected in the slow return to face to face meetings and the scramble to find rooms that are big enough to accommodate the social distancing requirements. A lot of committees are still giving the option of dialling in remotely for the simple reason that there is not enough room for everyone to share the same space and be far enough apart. I do know that with my Canberra Health Services wide committees, I'm still seeing a preference for staff to stay at their desk and join the meeting online than to walk across the hospital campus to a meeting room. I think this public health crisis has changed the way that they work and, in turn, the way that we work - and that change hasn't been comfortable or beneficial for everyone. Having said that, I am very aware that flexible working arrangements and the ability to work remotely are adjustments that disabled people have been asking for for decades and were told repeatedly that it was too difficult to implement, right up to the point where it was universally necessary to implement them. I don't like what that says for where we are, and how far we have yet to go, in terms of rights and equality for people who experience barriers to social and economic participation.

I started this reflection by referring to 2020 as the year of everything and the year of nothing, so I think it's fitting that that's the third and final thing that I reflect on in this article. This feels to me, and to a lot of people I speak to, like simultaneously the longest and the fastest year in memory. The nature of time has changed over this year. We lived through events that were so emergent and so dramatic that in many other respects, our lives stopped. There are

things we haven't been able to do. There are things we had to deprioritise. There are things that have been impossible, and that's because we've lived through a series of events that we're still reeling from. It's hard to feel in an advocacy sense like we've made any progress, because our longer term advocacy priorities had to be set aside. The reason for that was practical - the meetings that drive the implementation of new initiatives, where new plans and strategies are developed, just stopped for a period of time.

Now that things are picking up again, it's almost surreal because we are picking up where we left off and trying to move forward while mired in uncertainty about what may happen next. But I know that one of the things that is certain about mental health advocacy is that change is slow. It is sometimes inadequate. Sometimes it feels not just that we're standing still, but that we're going backwards. I also know, though, that we operate based on a set of principles that mean that we continue to advocate for systemic change even when it feels impossible. I think in a way that's reflective of our innate understanding of the nature of recovery (which is something that mental health services still struggle with, and now the wider population is trying to come to grips with – recovery in, not recovery from a challenging, distressing or traumatic experience). What it reminds me is that as people with lived experience, our expertise comes not only from our challenging, distressing or traumatic experiences, but also from our experiences of care, support and treatment, and our experiences of personal recovery. These things drive my ongoing belief that things should, can and will change for the better when we are involved in making decisions about what is going to change and how that should happen.

**Terri Warner**  
Consumer Representative



# HAPPY 20TH BIRTHDAY ACT MENTAL HEALTH CONSUMER NETWORK!









**ACT MENTAL HEALTH CONSUMER  
NETWORK INCORPORATED**

*Financial Statements  
For The Year Ended 30 June 2020*

# A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

## Statement by the Committee

Your committee members submit the financial accounts of the A.C.T Mental Health Consumer Network Incorporated for the financial year ended 30 June 2020.

### Committee Members

The names of committee members at the date of this report are:

Bianca Rossetti	<i>Chair</i>
Chris Corcoran	<i>Deputy Chair</i>
Kathryn Dwan	<i>Secretary</i>
Paul Thompson	<i>Treasurer</i>
Lachlan Atyeo	<i>Ordinary Member</i>
Peter Dwyer	<i>Ordinary Member</i>
Ben Shipard	<i>Ordinary Member</i>
Maree Pavloudis	<i>Ordinary Member</i>
Thi-Nha Tran	<i>Ordinary Member</i>
Lei Wang	<i>Ordinary Member</i>

### Principal Activities

The principal activities of the Association during the year under review were to facilitate equitable access to, promote the expansion of, and to empower consumers to utilise all means to achieve and maintain better mental health. There has been no significant change in those activities during the year.

### Operating Result

The operating surplus/(deficit) for the year ended 30 June 2020 was: \$ 19,333

### Opinion

In the opinion of the members of the committee, the accompanying financial statements present fairly the financial position of the A.C.T Mental Health Consumer Network Incorporated as at 30 June 2020 and the results and cashflows of the Association for the year ended on that date in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements.

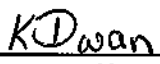
It is also the opinion of the committee that, at this date, there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

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

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Name

  
\_\_\_\_\_  
Name

Dated this 20<sup>th</sup> day of Aug. 2020.

# A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

## STATEMENT of COMPREHENSIVE INCOME For the Year Ended 30 June 2020

<u>2019</u>	Income	<u>2020</u>
401,931	ACT Health - Operational & ERO Grants	486,219
6,401	Sundry/Training	7,415
616	Interest	209
0	Gov't Stimulus Funds	29,903
<u>408,948</u>	<b>Total Income</b>	<u>523,745</u>
	<b>Expenses</b>	
	Salaries & Related Costs	
278,754	Wages	346,178
26,123	Superannuation Expense	31,382
2,910	Workers Comp. Insurance	4,254
1,767	Staff Recruitment/Health & Wellbeing	2,729
1,786	Staff Development	2,588
3,901	Staff Clinical Supervision	6,184
849	Travel costs	689
3,300	Long Service Provison & LSL Paid	3,977
( 2,599)	Annual Leave Provison Expense	( 1,627)
<u>316,791</u>	<b>Total Salaries &amp; Related Costs</b>	<u>396,355</u>
	Office Support	
16,872	Rent	13,266
3,051	Electricity & Security	2,531
2,844	Telecommunication Support	4,120
6,743	Computer Systems Support	5,771
2,331	Insurances	2,769
8,688	Miscellaneous Office Support	11,370
<u>40,529</u>	<b>Total Office Support</b>	<u>39,827</u>
	Administration	
1,800	Audit	1,800
327	Bank Fees & Charges	315
2,791	Postage	2,197
	Meeting Expenses	
1,541	Venue Hire for Meetings	611
4,921	Catering for Meetings	3,835
3,913	Honorarium/Rewards	3,095
6,741	Photocopying/Printing	6,673
1,187	Publicity	15,065
3,239	Stationery & Other Resources	4,277
400	Membership Subscriptions/ donations	1,630
<u>26,859</u>	<b>Total Administration</b>	<u>39,498</u>
	Program/Consumer Support	
1,941	Taxi /Parking	1,134
9,357	Consumer Reimbursement	5,423
13,650	Conference Attendance	11,107
3,233	Accredition/Activities Assistance	7,641
1,915	Mental Health Month	3,427
<u>30,096</u>	<b>Total Program/Consumer Support</b>	<u>28,732</u>
<u>414,275</u>	<b>Total Expenses</b>	<u>504,412</u>
<u>( 5,327)</u>	<b>Operating Surplus (Deficit) for the Year</b>	<u>19,333</u>

# A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

## STATEMENT OF FINANCIAL POSITION

As at 30 June 2020

<u>2019</u>		<u>2020</u>
	<b>Current Assets</b>	<b>\$</b>
128,072	Cash at Bank	124,894
13	Cash on Hand	84
200	Sundry debtors & Accrued Income	9,373
<u>128,284</u>	<b>Total Current Assets</b>	<u>134,350</u>
	<b>Non-Current Assets</b>	
<u>-</u>	<b>Office Equipment - WDV</b>	<u>-</u>
<u>-</u>	<b>Total Non-Current Assets</b>	<u>-</u>
<u>128,284</u>	<b>Total Assets</b>	<u>134,350</u>
	<b>Current Liabilities</b>	
13,763	Trade Creditors	210
2,765	Sundry Creditors & Accrued Expenses	4,678
21,808	Leave Entitlements	20,181
<u>38,337</u>	<b>Total Current Liabilities</b>	<u>25,069</u>
	<b>Total Liabilities</b>	
<u>89,948</u>	<b>Net Assets</b>	<u>109,281</u>
	<b>Represented By:</b>	
9,527	Member's Funds at Beginning of Year	89,948
<u>(5,327)</u>	<b>Add Surplus( Loss) for the Year</b>	<u>19,333</u>
<u>89,948</u>	<b>Member's Funds at End the Year</b>	<u>109,281</u>

## A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

### STATEMENT OF CASHFLOWS For the Year Ended 30 June 2020

<u>2019</u>		<u>2020</u>
	<b>Cashflows from Operating Activities</b>	<b>\$</b>
401,931	Receipts from Grants	477,047
616	Interest Received	209
6,401	Other Receipts	37,318
(405,087)	Payments to Suppliers & Employees	(517,679)
<u>3,861</u>	<b>Total Cashflows from Operating Activities</b>	<u>(3,106)</u>
	<b>Cashflows Used In Investing Activities</b>	
-	Capital Purchases	-
<u>-</u>	<b>Total Cashflows from Operating &amp; Investing Activities</b>	<u>-</u>
<u>124,423</u>	Add: Cash at Beginning of Period	<u>128,084</u>
<u><u>128,084</u></u>	<b>Cash at End of Period</b>	<u><u>124,978</u></u>
	<b>Represented By:</b>	
12	Cash on Hand	84
128,072	Cash at Bank	124,894
<u>128,084</u>	<b>Total Cash</b>	<u><u>124,978</u></u>
	<b>Reconciliation of Operating Surplus with Net Cashflows from Operating Activities for the Period.</b>	
(5,327)	<b>Operating Surplus (Loss)</b>	19,333
1,344	Depreciation	-
<u>-</u>	<b>Operating Surplus Adjusted for Non-Cash Items</b>	<u>-</u>
8,111	(Increase)/Decrease in Sundry Debtors & Accrued Income	(9,173)
1,845	Increase/(Decrease) in Trade Creditors	(13,553)
488	Increase/(Decrease) in Sundry Creditors & Accrued Expenses	1,912
(2,599)	Increase/(Decrease) in Provision for Employee Entitlements	(1,627)
<u>3,861</u>	<b>Net Cashflows from Operating Activities</b>	<u><u>(3,106)</u></u>



# A.C.T. MENTAL HEALTH CONSUMER NETWORK INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

### **NOTE 1: Statement of Significant Accounting Policies**

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act 1991. The committee has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1991.

The financial report has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

#### **a. Income tax**

No provision has been made for income tax as the Company is exempt from taxation under Section 50-5 of the Income Tax Assessment Act 1997.

#### **b. Fixed assets**

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all fixed assets are depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

#### **c. Employee Benefits**

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to balance date. 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, plus related on-costs. 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.

#### **d. Cash and Cash Equivalents**

Cash and cash equivalents includes cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the balance sheet.

**A.C.T. MENTAL HEALTH CONSUMER NETWORK INCORPORATED**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2020**

**e. Revenue**

*Government Grants*

Government grants are recognised as income on a systematic and rational basis over the periods necessary to match them with the related costs.

*Donations*

Donation revenues are recognised when they are received.

*Sale of Goods and Disposal of Assets*

Revenue from the sale of goods and disposal of other assets is recognised when the association has passed control of the goods or other assets to the buyer.

*Interest revenue*

Interest is recognised on an accrual basis.

**f. 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 Tax 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 balance sheet are shown inclusive of GST.

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

**HOUSTON & HANNA**  
**CHARTERED ACCOUNTANT**

**K D Hanna FCA (Principal)**

**Telephone: (02) 6248 0352**  
**0414 526 136**

**GPO Box 810, Canberra ACT 2601**  
Suite 15, George Turner Offices  
11 McKay Gardens, Turner ACT

email: [kim@khanna.com.au](mailto:kim@khanna.com.au)

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF THE  
ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED  
FOR THE YEAR ENDED 30 JUNE 2020**

**Scope.**

I have audited the attached financial statements of the ACT Mental Health Consumer Network Incorporated (The Association) for the year ended 30 June 2020. The Committee is responsible for the preparation and presentation of the financial statements and the information they contain. I have conducted an independent audit of these financial statements in order to express an opinion on them to the members of the Association.

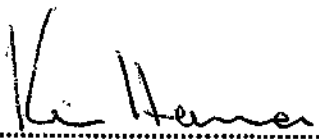
My audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. The procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with Australian Accounting Standards and Statutory requirements so as to present a view which is consistent with our understanding of the Association's position and the results of its operations.

The audit opinion in this report has been formed on the above basis.

**Audit Opinion.**

In my opinion,

- (a) the financial statements of the Association are properly drawn up:
  - (i) so as to give a true and fair view of matters required by subsection 72(2) of the Associations Incorporation Act 1991 to be dealt with in the financial statements
  - (ii) in accordance with the provisions of the Associations Incorporation Act 1991; and
  - (iii) in accordance with proper accounting standards, being Applicable Accounting Standards;
- (b) I have obtained all the information and explanations required;
- (c) Proper accounting records have been kept by the Association as required by the Act; and
- (d) The audit was conducted in accordance with the rules of the Association.

  
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Kim Hanna FCA

Date 25/8/2020 .....