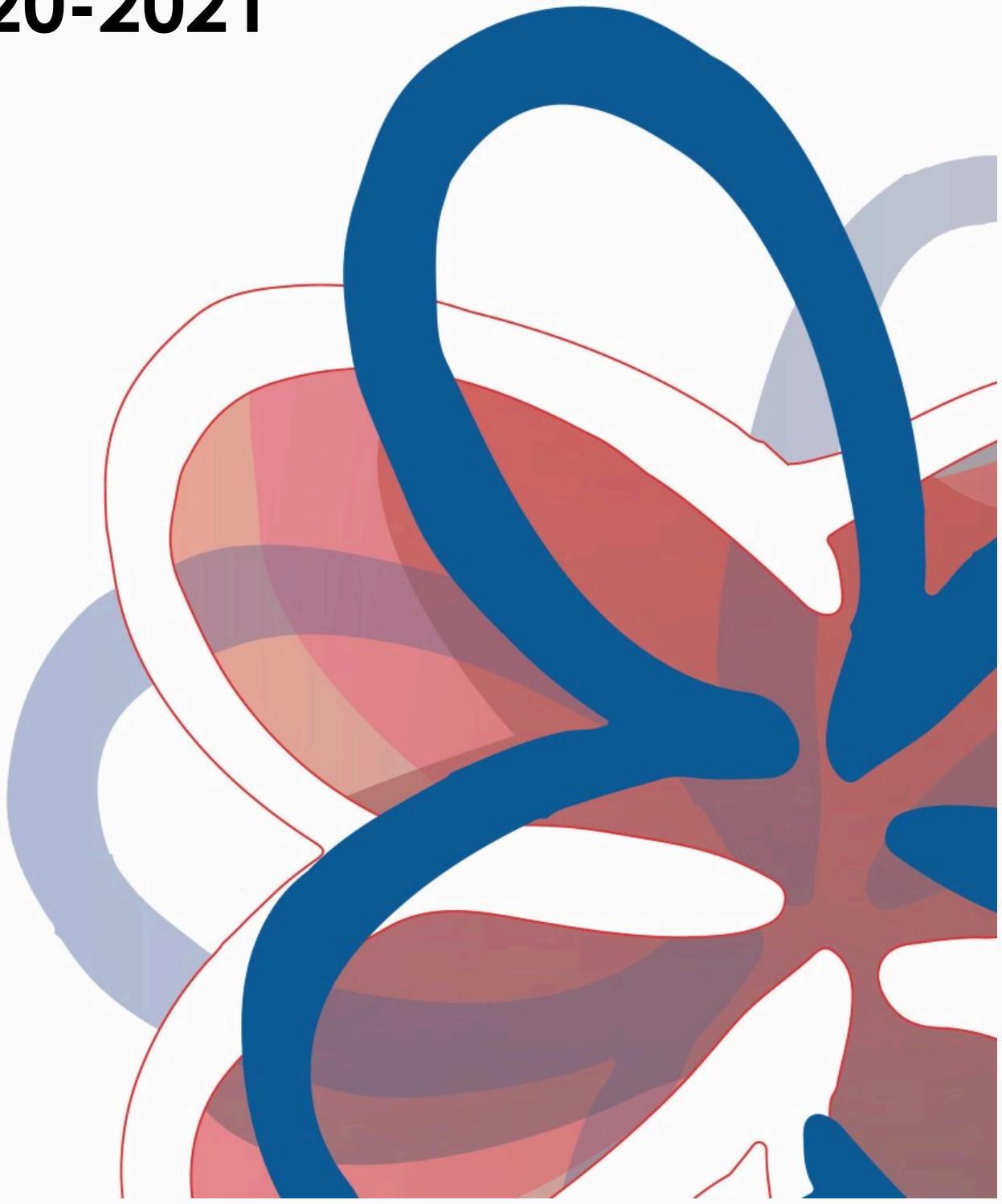




ACT
Mental Health
Consumer Network

Annual Report

2020-2021



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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.

Value of lived experience

Open dialogue and advocacy

Increased self-awareness

Consumer-driven recovery

Ensure social justice and human rights are upheld

Sense of community

BOARD 2020-21

Bianca Rossetti	Chair
Lachlan Atyeo	Deputy Chair
Paul Thompson	Treasurer
Kathryn Dwan	Secretary
Phillip Green	Ordinary Member
Amy Ivancic	Ordinary Member
Maree Pavloudis	Ordinary Member
Ben Shipard	Ordinary Member
Erin Stewart	Ordinary Member
Thi-Nha Tran	Ordinary Member
Miranda Wong	Ordinary Member

WORKERS

Dalane Drexler	Executive Officer
Jennifer Nixon	Consumer Representative Program Coordinator
Isobel Shearman	Policy and Participation Coordinator
Petra Kallay	Community Education Coordinator
Jennifer Adams	Peer Education Coordinator
Valan Phoenix	Administration Coordinator
Allegra Senior	Drop-In Officer (on leave from October 2020)
Paul Thompson	Drop-In Officer (Temp)

CO-FACILITATORS

Bianca Rossetti	Ben Shipard
Kath Laffey	Terri Warner
Ben Martin	

CHAIR'S REPORT

What a challenging time the past year has been for many people in our community. Through this time it has been great to see the community kindness, acknowledge and awareness of mental health and collaboration with key mental health organisations both in the ACT and nationally.

Designing policy for the good health of Australians is not for the faint hearted, but the involvement of consumers in this work is vital to a sustainable and fair health system in Australia that we can all be proud of. Most Australians say they would be willing to participate in health and medical research, but very few are ever invited (Consumer Health Forum report). One of the key barriers to making advances in delivering services is the challenge of finding enough people to take part in studies. The Network has been a strong presence in the policy work undertaken by ACT health and encourages strong consumer representation to help shape a better mental health system.

The position of Chair can be a demanding role yet is also a rewarding one as I get to hear diverse perspectives in various situations to unite for systemic change. As with all roles within the Network, people with lived experience of mental health are the cornerstone of its function. I would like to thank all people involved in the various roles of consumer representatives, Board members, forum participants, co-facilitators and other volunteers for their contributions into mental health reform. I would also like to thank Dalane and the staff for their work this year. They have navigated the pressures of internal and external changes and met challenges together as a team through their dedication to the Network.

I would like to thank to Board for their work which goes beyond attending meetings, often involving support and expertise outside of formal meetings. With all the changes seen both nationally and locally it is the great work of the Board that continues to manage the strategic governance of the organisation.

Bianca Rossetti
Chair

TREASURER'S REPORT

The auditor's report, indicating the Network's financial position for the 2020-21 financial year, is located at the rear of this report.

The Network finished the year with an unexpected overall surplus of \$46,144. when compared to the budget prepared for the period

Members' funds at the end of the period totaled \$155,425, which is higher than in previous years mainly due to the impact of COVID-19 on the organisation.

The Board and Auditor are in accord that the Network retains sufficient funds to meet future contingencies.

I will now explain a few of the more significant changes.

The Network saw significant decreases in expenses in the 2020-21 financial year. These include substantial budgetary savings in rent due to the ACT government providing a rent "holiday", and we have saved on venue hire for meetings, taxi & parking expenses, conference attendance plus allowance for staff study expenses. These reductions were due to the impacts of COVID-19 in from late 2020. The savings made in these areas were somewhat offset by a significant increase IT hardware and support and provisioning for staff to work remotely from home to ensure the continuity of Network programs for consumers.

The Network has also received some increases in grants, again by the government providing financial support to community organisations during this difficult period.

We thank our primary funding body, ACT Health through, as well as other providers and our community partners for their continued support of our valuable work for consumers and the broader community.

Paul Thompson

Treasurer

EXECUTIVE OFFICER'S REPORT

After the many great difficulties of the previous year, this financial year has seemed like a bit of a blessing despite many things not being ideal. We moved through being in lockdown to coming out of lockdown, then right at the tail end of year appearing as though lockdown may be imminent with the rising cases of COVID-19 in Sydney looming over us from mid-June.

The Network's team of dedicated workers, both paid and voluntary, went from strength to strength, learning new skills and getting out of their personal comfort zones to ensure consumers were well represented in as many fora as possible throughout the ACT and more broadly.

We strove hard to ensure we kept as many and as varied opportunities as possible were available to support consumer participation and meet a variety of goals in our Strategic Plan which was extended due to the pandemic.

The staffing team and I are immensely grateful to our Board for their ongoing support and assistance throughout the year. Bianca Rossetti, as Chair, has led a team of dedicated members through the myriad of hurdles we all faced to ensure the Network reached the end of the year in good shape.

Likewise, we could not achieve all we do without the hard work and dedication of our Consumer Representative team. Despite all the challenges this year has brought, very few of our Consumer Reps were unable to continue due to significant changes in the way consumer representation is now undertaken in the ACT. Their commitment to advocating for systemic change for the benefit of all people who live or access services in the ACT is strongly evidenced by their strong will and determination in very trying circumstances.

We have been equally blessed to have retained our fantastic staffing team, each of whom have been with us for between two and 12 years. This is a significant feat for such a small organisation, particularly one that is dependent on people's good will for consumers to accept low pay, limited hours and often difficult work. I extend a great deal of gratitude to the staff who have supported both me and each other throughout another hard year.

Thank you all for your dedication and service to the Network and to consumers more broadly.

Dalane Drexler

Executive Officer

COMMUNITY EDUCATION PROGRAM REPORT

This program assists our members to use their lived experience in various self-advocacy and volunteer roles to enable systemic change.

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.

Currently the training consists of the following workshops:

- Self-Advocacy (Consisting of 5 modules)
- Consumer Representation Training (Consisting of 5 modules)
- The CRP Masterclasses (a newly developed series of workshops – see below)
- Understanding the NDIS for Peer Workers (A 2-day workshop)
- Peer Co-Facilitator Training (Consisting of 5 modules, for eligible members)
- Mentoring Consumer Reps Training (Consisting of 4 modules, for eligible experienced Consumer Reps. To date, 12 Representatives have completed this training, and are eligible to mentor new representatives when need arises)

Adapting to Change – Online Facilitation

In early 2020 we had to adapt and consider how we could continue our training and support our facilitators while maintaining physical distancing. Continuing on from our work during the COVID-19 lockdown in 2020, we have been able to continue our training and support our facilitators while maintaining physical distancing by moving our training online using Zoom and have found out that some participants find this to be a very convenient option!

Like anything new, there were some teething issues as we adapted, but we have been exploring how we can use this new approach to add value to our training as we revised the workshops for online delivery. The online approach means that we can use more multi-media options, and people are able to participate in training from the comfort of their own home!

One way of sharing information online is through videos about our workshops that have been uploaded to our YouTube channel (<https://www.youtube.com/channel/UCbflrKjbSAti8ZOTfL-GyIQ>), You can find these, as well as some curated playlists relevant to mental health and recovery.

Training Delivered during 2020-2021

The following workshops were facilitated (using Zoom) in 2020-21:

- August 2020: Mentoring Consumer Reps
- September 2020: Self-Advocacy Training
- October 2020: Consumer Representation Training
- February 2021: Self-Advocacy Training and Consumer Representation Training
- March 2021: Mentoring Consumer Reps
- May 2021: Understanding the NDIS

In addition, we facilitated six sessions of CRP Masterclasses on a bi-monthly basis. (See

below for more information about this newly developed program.

Here are some member comments about the workshops and what participants got out of them:

The ACT Mental Health Consumer Network, through their educational programs, have given me the courage and skills to advocate in the mental health system. Several years ago, I began my journey in mental health systemic advocacy by attending the self-advocacy course. After completing that I did the consumer representation training, and recently 'My Rights My Decision', understanding NDIS and mentoring courses. These courses are empowering for consumers and help us understanding our health and wellbeing and voice systemic issues in committees within the mental health system.'

Bianca R – Network Member and Consumer Representative

Self-Advocacy Training

'It provided a useful framework to consider and work on self-development.'

'The confidence to self advocate has assisted during the outbreak of COVID-19. The workshop assists in guiding self determination and to develop the self-confidence to ask for needs to be met.'

Consumer Representation Training

'It helped me see the strengths I have as someone with a lived experience in making a difference... I enjoyed it, and feel more confident and enthusiastic about this area.'

New Series Masterclasses - CRP Masterclass Program

The purpose of this new series of workshops is to provide ongoing support and further skills development for our Consumer Reps.

This series of bi-monthly workshops, designed in collaboration with Consumer Representatives and held during the bi-monthly Consumer Representative Program Forum was planned to meet needs/skill gaps identified by the reps and the CRP. The program will eventually consist of approximately 12 x 1 hr workshops.

In 2020-21 Consumer Representatives were able to participate in the following CRP Masterclasses:

- Masterclass 1 – The Strategic Plan and Network’s Values (August 2020)
- Masterclass 2 – ‘My Rights, My Decisions’ Information Session (October 2020)
- Masterclass 3 – Self-Care as a Consumer Rep (December 2020)
- Masterclass 4 – Effective and Safe Advocacy and Representation (February 2021)
- Masterclass 5 – The National Safety and Quality Health Service (NSQHS) standards (April 2021)
- Masterclass 6 – Lived-Experience, Peer Roles, and Co-facilitation (June 2021)

Co-Facilitators

Although the Network has a number of trained Co-facilitators who have completed our Co-facilitation Training, due to circumstances, not all have been able to be active in that role during 2020-21. We hope that we might have the opportunity to facilitate together again sometime in the future!

Eligible Co-Facilitators **Active during 2020-2021*

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

Petra Kallay

Community Education Coordinator

PEER EDUCATION PROGRAM REPORT

2020-21 has been a creative year for Peer Education. The time has been spent refining some existing workshops, and introducing some new workshops.

My Rights, My Decisions

A modified My Rights, My Decisions Toolkit and workshop for Health staff and mental health consumers was introduced. After years of seeking funding for to enhance the My Rights My Decisions Tool Kit into a more accessible format, we gratefully acknowledge the Office of Mental Health and Wellbeing who funded:

- Re-writing the tool kits into as plain language as possible
- Formatting so that the Toolkit can be read by a screen reader, and
- Converting to a type-able pdf so that consumers can type on screen and save on their own computer.

The My Rights My Decisions Workshop has also been modified, and is now a more relaxed format and shorter – 2 hours in total. The workshop features video footage of consumers and staff from areas such as Legal Aid ACT and the ACT Human Rights Commission. It also breaks information into smaller chunks in terms of handouts. Participants discuss their views on things like their human rights, and what they would like future treatment to look like.

Like all Peer Education workshops, the My Rights, My Decisions workshop is facilitated by a Peer Educator who has personal experience to draw on.

New Peer Education Workshops Piloted

On Friday 28 May 2021, the first **Seclusion and Restraint** workshop was piloted.

This workshop was different from our usual workshops in that it consists of speakers talking about the subject from different perspectives. We deeply appreciate all the speakers, and hope to include more in future workshops. We hope that these workshops generate constructive conversation between interested parties about how to progress into the future. Our aim is to promote mutual understanding and respect, and pathways forward. One highlight of the day was the entrance of Tempo, the Border Collie, and his owner, discussing the benefits of animals and nature in mental health.

The second Peer Education Workshop being developed is **Reasonable Adjustment for Mental Health Consumers in the Workplace**. Both new courses will continue to be developed in the current financial year.

PeerZone

The Peer Education Coordinator ran the first cluster of PeerZone workshops for 2021. This group was highly successful not only in discussions of the content of each topic, but in generating a wonderful bond between participants. This was the goal in asking participants to attend all sessions, and it worked extremely well.

The first workshop topics were:

- Introduction to PeerZone and each other (9 April)
- Rights when using services (16 April)
- Good relationships (23 April)
- Making decisions about medication (30 April)
- Building self-esteem (7 May)
- Finding a contributing role (14 May)

We hope to run a second set of workshops by the end of the calendar year. To be fair to those who cannot attend each session, we will not be making that compulsory. However, we still suggest that attending each session is the best way to get the most out of a PeerZone set of workshops. Workshops run for 1.5 hours each.

The following are the next set of topics to be covered: Introduction to PeerZone and each other; Leading our Recovery, Exploring our Stories, Dealing with Self-Stigma, Finding our Voices and Empowering ourselves in Mental Health Services.

Jenny Adams

Peer Education Coordinator

POLICY AND PROJECTS PROGRAM REPORT

Isobel has managed a very busy 2020-2021 in the policy and community engagement space. The Network provides mental health consumer systemic advocacy by responding to Canberra Health Services policy and procedure updates, considering and commenting on new legislation and Committee reviews for the legislative assembly, participating in various forums and meetings providing the consumer perspective and through participating in various committees developing new mental health projects, legislation and ongoing mental health peak meetings and gatherings.

As with other Network programs, the policy program area embraced the learnings from the lockdown in 2020 and offered members the ability to participate in policy discussions either in person or online via Zoom, Teams and WebEx. This has allowed more members to actively participate in this important work across the 2020-2021 reporting year than would otherwise have been possible.

The Network submitted reports and submissions following consumer consultation across a broad range of topics during this reporting period including:

- Proposal for a Peer-led Service within Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS)
- Canberra Health Services Consumer Privacy Policy
- Your Privacy at Canberra Health Services Handout
- Improving Mental Health Services for People with Intellectual Disability
- CHS Operational Guideline Consumer Handouts
- Canberra Health Services Operational/Clinical Procedure Incident Management – Clinical and Canberra Health Services Clinical Policy Incident Management - Clinical
- Review of the *Mental Health (Secure Facilities) Act 2016 (ACT)*

The Network also coordinated and/or participated in consumer consultations with Canberra Health Services and other organisations, on topics including:

- Territory Wide Education and Training Framework
- Realignment - Mental Health Justice Health Alcohol and Drug Services (MHJHADS)
- A consumer's guide to health care complaints in the ACT
- Exploring the benefits of a community therapy garden
- Canberra Health Services Website e-Consultation
- Canberra Hospital Expansion Project Consumer e-Consultation
- Police, Ambulance, Mental Health Clinician Early Responses (PACER) Feedback Factsheet
- ACT Safe Haven Cafés
- ACT Canberra Health Network Head to Health

During the 2020-2021 financial year Isobel contributed to meetings and attended forums and events, including:

- ACTCOSS Budget Briefings
- ACTCOSS Coordinated Budget Consultation Meeting – ACT Minister
- ACTCOSS Member Forum
- ACT Lifespan Steering Committee
- ACT Safe Haven Café Steering Committee
- Capital Health Network Adult Mental Health Centre sub-Committee (now Head to Health)
- Lifespan and Aboriginal and Torres Strait Islander Working Group Meeting
- Mental Health Community Coalition ACT Leadership meetings
- Mental Health Outcomes Framework Meeting
- Mental Health Month 2020 and 2021 Advisory Committee meetings
- Ministers Thank You Celebration for Community Volunteers
- Office for Mental Health and Wellbeing Peaks/NGO Committee
- Quarterly Forum Committee Meetings
- Regional Mental Health and Suicide Prevention Plan Steering Committee
- Woden Community Services Step Up, Step Down Committee

Isobel Shearman

Policy and Participation Coordinator

CONSUMER REPRESENTATIVE PROGRAM REPORT

Consumer Representatives were lucky to have 12 months of minimum disruption, allowing for face to face committee meetings and CRP Forums in many cases. With what we had learnt from the previous financial year, where possible CRP Forums were held in a hybrid fashion, allowing Consumer Representatives to attend either in person or via Zoom, allowing more consumer representatives to participate.

After a quick survey of Consumer Representatives, the Network began running its bi-monthly CRP Forums alternating between day time Forums, from 11am to 1pm, or in the early evening, from 5pm to 7pm. This change has provided consumer representatives who have busy days such as caring for others, working or committee meeting clashes greater opportunity to participate.

In addition, the CRP Forum now contains a CRP Masterclass facilitated by the Community Education Coordinator. These Masterclasses are compulsory and support Consumer Representatives to update and share their skills developed during both the initial training and their active consumer representation. The Masterclass has proven very popular, covering issues such as National Quality Standards, Self Care and Mentoring.

A heartfelt thank you to all active Consumer Representatives for their ongoing systemic efforts and their willingness to continue to engage and participate eagerly, with good cheer and understanding. There were 11 active Consumer Representatives in 2020-21:

Rose Beard	Julia Bocking
Jane Grace	Patricia Green
Deahne McIntyre	Maree Pavludis
Bianca Rossetti	Erin Stewart
Paul Thompson	Thi-Nha Tran
Terri Warner	[Liesl Mitchell, David Oliver (Safe Haven Café Design Teams)]

These Consumer Representatives represented the mental health consumer voice on 54 committees over the reporting period, covering a wide range of issues such as policy development and governance, major project development and management with the Canberra Hospital Expansion Project and ACT Safe Haven Cafés, ongoing policy, guideline, handout and pamphlet review and the ACT Safe Haven Café co-Design teams.

If this sounds like something you might be interested in, contact the Network and we will take you through the free training requirements and help get you started.

2020-2021 saw several new consumer representative opportunities including the Deteriorating Mental Health Working Group, ACT Safe Haven Café Design Teams and the ACT Safe Haven Café Steering Committee. In addition, some committees were merged to better reflect the new reporting structure of Canberra Health Services.

2020-21 COMMITTEES

12B Design User Group

Adult Acute Mental Health Services (AAMHS) Collaborative Engagement Forum

AAMHS Collaborative Engagement Forum
AAMHS Inpatient Clinical Governance Committee Meeting
AAMHS Inpatient Clinical Governance Committee Meeting Operational Procedure Working Group
ACACIA - ACT Consumer and Carer Research Unit Advisory Group
ACT Lifespan Health Working Group
ACT Recovery College Co-Design Steering Committee
ACT Safe Haven Café Design Team 1
ACT Safe Haven Café Design Team 2
ACT Safe Haven Cafe Evaluation Working Group
ACT Safe Haven Cafe Steering Committee
Capital Health Network Adult Mental Health Centre Sub Committee
Canberra Hospital Expansion Project Control Reference Group (PCRG) Models of Care
Mental Health Short Stay Model of Care Working Group
Canberra Hospital Expansion PCRG Preliminary Sketch Plans Engagement
Canberra Hospital Expansion Project
Capital Health Network Community Advisory Council
Centenary Hospital for Women and Children Expansion Project
Centenary Hospital for Women and Children Expansion Project (Adolescent Working Group and Day Service Design Working Group)
Canberra Health Services (CHS) CEO Awards Panel
Deteriorating Mental Health State Working Group
Extended Care Unit Refurbishment of Brian Hennessy Rehabilitation Centre Project Control Group (PCG)
HealthCare Consumers' Association Accessibility and Design Consumer Reference Group
Capital Health Network Head to Health Sub-committee
Integrated Adolescent Ward Design
Mental Health Act 2015 Implementation Evaluation and Monitoring Committee
Mental Health Month Committee
Mental Health Services Plan Steering Committee
Mental Health, Justice Health, and Alcohol and Drugs Services (MHJHADS) Clinical Governance Committee
MHJHADS Corporate Governance Committee
MHJHADS Digital Health Record Consumer Experience Steering Committee
MHJHADS Digital Health Record Program Advisory Committee

MHJHADS 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 Committee
Organisational Violence Prevention and Management Committee
Partnering with Consumers
Partnering with Consumers Consent Working Group
Police, Ambulance, and Clinician Early Response (PACER) Working Group
Recognising and Responding to Acute Deterioration Committee
Restraint, Seclusion, Restrictive Practices Review (RSRPR)
Seclusion and Restraint Review Meeting (SRRM)
Seclusion, Restraint and Restrictive Practice (merged with SRRM, to create RSRPR)
Southside Community Step-Up Step-Down Project Control Group
Woden Community Services The Way Back Support Services Governance Group
University of Canberra Hospital (UCH) Facility Wide Operational Working Group
UCH Facility Wide Operational Working Group
Wellways and ACT Health Governance Committee
Women's Mental Health Group

Jennifer Nixon
CRP Coordinator

NATIONAL MENTAL HEALTH CONSUMER AND CARER FORUM REPORT

I was appointed to the National Mental Health Consumer and Carer Forum (NMHCCF) in December 2020. This report covers the work of the NMHCCF for the whole financial year period although I was only present for half of that period.

All members are encouraged to join a working group and I am a member of the Marketing and Communications Working Group. The activities of the Group were to redesign the NMHCCF website and create blogposts of briefs. I am also a Proxy for the Independent Hospital Pricing Authority – although I have not attended any meetings.

Submissions

The NMHCCF contributed to the following consultations, reports, issues, and policies:

- Response to the RACGP's draft standards for prison health services
- Response to the Australian Government's consultation on Adult Mental Health Centres
- Submission to the independent review by the NDIS Quality and Safeguards Commission into the death of Ms Ann-Marie Smith
- Submission to the 2020 Review of the Disability Standards for Education 2005
- Submission to the Australian Government Department of Health in response to the Productivity Commission Inquiry into Mental Health Final Report
- Response to the Consultation Paper on the scoping and development of the National Digital Mental Health Framework
- Consultation on the Fifth Plan Action 9 draft national guidelines to improve coordination of treatment and supports for people with severe and complex mental illness and subsequent submission
- Submission to the Joint Standing Committee on the National Disability Insurance Scheme regarding the Independent Assessments program
- Submission to the Select Committee on Mental Health and Suicide Prevention Copies of public submissions are available on the NMHCCF website www.nmhccf.org.au.

Meetings

The COVID-19 pandemic has impacted on the ability to meet face-to-face. The NMHCCF has continued to meet via videoconference on a six-weekly basis to progress its workplan. During the current financial year meetings were held on 10 July 2020, 26 August 2020, 9 October 2020, 9 December 2020 (I attended from this meeting onward), 5 February 2021, 26 March 2021 and 12 May 2021. Reports from the Forum meetings are available at: <https://nmhccf.org.au/content/reportsmeetings>.

In addition, the NMHCCF met via videoconference to participate in training and development activities, webinars on specific topics, and to progress content for submissions.

NMHCCF Work plan activities

In addition to the preparation of submissions on significant reviews in mental health and psychosocial disability, the main activities progressed by the NMHCCF in 2020/21 have been:

- Finalisation of the Combined Lived Experience Voice project where the NMHCCF led a project, using a co-design process, to discuss the development of a national combined mental health lived experience voice. This project was funded by the Mental Health Principal Committee. Considering the recommendation from the Productivity Commission to establish national peak bodies the NMHCCF agreed that no further work on this project was required at this time. Further details on this project and the final report are available at: <https://nmhccf.org.au/publication/nmhccfcombined-lived-experience-voice-workshops-final-output-report-august-2020>
- Review and revision of seventeen current NMHCCF publications and development of two new advocacy briefs and a Discussion Paper on Lived Experience Research. This work will be concluded by August 2021. The NMHCCF publications are available at: <https://nmhccf.org.au/resources/publications>
- The development of a new website for the NMHCCF. The new website will enhance the information provided on the website to promote the work of the Forum, assist organisations seeking consumer and career representation, provide a central repository for lived experience information and resources and a member's area for ease of access to forms meeting papers and the like.
- Participation in multiple focus groups on mental health and psychosocial disability.
 - o ACSQHC - National Safety and Quality Mental Health Standards for Community Managed Organisations
 - o Meeting with staff from Minister Coleman, the Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention, to discuss issues around mental health carer distress in the community, need for flexible funded carer respite and systemic issues encountered in the Carer Gateway in relation to funded carer respite.
 - o Participation in focus groups to review the Recovery-Oriented Framework for NDIS
 - o Presentation to the NDIS Provider Practice Health Alerts - Disability Sector Consultative Committee.
- Progressing the focus on psychosocial disability in accordance with the requirements of the agreements with the AFDO. Activities include:
 - o Participation in the Disability Representative Organisation Workshops and regular meetings on the National Disability Strategy Beyond 2020 (two members)
 - o Submission on the 2020 Review of the Disability Standards for Education 2005
 - o Invited members to provide feedback on the Australian Government Disability Services Gateway pilot website.
 - o Provided a submission on the National Disability Strategy, Nov 2020
 - o Submission to the Joint Standing Committee on the National Disability Insurance Scheme regarding the Independent Assessments program
 - o Revision of the NMHCCF's Psychosocial Disability brochure
 - o Participation in three Ministerial Roundtables with Minister Reynolds who has responsibility for the NDIS

Articles of interest

[Aussies back a national Suicide Prevention Act](#)

Commencement of the National Mental Health Workforce Strategy Public Consultation

The period for public consultation of the draft report Draft Report of the National Mental Health Workforce Strategy Taskforce has begun. The link to the draft report (as well as detail on how to lodge a submission) is: <https://acilallen.com.au/nmhws>

Jane Grace

ACT Consumer Representative, NMHCCF

ADMINISTRATION AND INFORMATION REPORT

The COVID-19 pandemic continued to play a major role in how the Network operated through the 2020/21 financial year. While the groundwork was laid in addressing the initial changes to the workplace in the 2019/20 financial year, 2020/21 saw further changes and developments to meet the requirements that staff needed to continue working remotely efficiently for the benefit of consumers.

Val continued to offer administrative support from the office, whilst other staff worked remotely for the second half of 2020. With an increase in administrative support, ongoing changes to the workplace, along with the day-to-day running of the office etc., the ability to maintain a regular schedule of communications continued to be a difficult task. Allegra Senior, who facilitated online Drop-In, was tasked with drafting our fortnightly bulletins to assist Val.

The return of staff to the office was sporadic in the last quarter of 2020, with the emerging COVID-19 outbreak in the Northern Beaches area of Sydney putting on a hold on staff returns. Staff began returning to the office more frequently at the start of 2021 for a few days per week, with the rest being worked remotely.

Workplace Health and Safety

Continued development and refinement of WHS policies and procedures continued throughout the financial year so that they adhered to the requirements of businesses and the COVID-19 Public Health Orders (PHOs). In addition to these, the Network also implemented preventative measures that went beyond the PHOs, where outbreaks were occurring that had the potential to affect the ACT. These measures included ceasing in-person events in lieu of online platforms and reducing the number of staff onsite. While at the time the introduction of such measures wasn't understood by many, the spread of COVID-19 from one area to another was evident and there was always a possibility that the ACT would eventually see an outbreak.

COVID-19 Safety Plans became a requirement for events and these are now developed where the Network hosts external events and in conjunction with relevant businesses who host our events. An overarching COVID-19 Management Plan was also developed for the day-to-day business of the Network.

Once the Network resumed holding in-person events, it was a requirement to register as a business with the Check-in CBR QR code system, which was done in February 2021. Our QR and capacity limits (based on 1 person per 2m²) are displayed prominently around the office and at events.

Throughout the 2020/21 year, Network staff has seen a rise in Occupational Violence incidents from the community, mostly through telephone contact. The majority of these incidents stem from community members contacting the Network, believing we offer clinical mental health and other support services and venting their frustrations when staff clarified the Network's role and/or were unable to offer the support they were seeking. It

was agreed by staff that the main reason this appears to happen is due to people searching online for 'ACT Mental Health' (the former and still familiar name of government mental health services in the ACT), where the Network appears in the top 3 results. Other instances of Occupational Violence came from a misinterpretation of our information and services. Work began in June 2021 to clarify our public information and identify where the Network is inappropriately listed in directories as a service provider.

The pandemic has also seen an increase in work pressures on staff, with the changed workplace structure being conducted mostly remotely and numerous external factors requiring fast turn arounds in formal responses.

In the 2020/21 year, two Network staff required medical leave from work due to work-related fatigue and Occupational Violence.

Information Technology

The virtual private network (VPN) services the Network was previously using for remote work in conjunction with a failing server necessitated a migration of our data over to a more stable system using Microsoft SharePoint. The monthly expenses relating to IT troubleshooting on these issues were considerably high.

Significant work was required in preparing our existing data for efficient migration to SharePoint, which commenced in November 2020. This involved formatting file paths to be acceptable within the SharePoint system, as well as preparing old data for digital archiving.

Staff computers also had to be 'rebuilt' to accommodate the SharePoint system, which also enhanced user account security with two factor authentication required to access Network data. The migration of our data to SharePoint was completed in June 2021.

Events

Mental Health Month

It was with some trepidation that the Network decided to hold our planned bowling event for Mental Health Month 2020.

'Strike up some fun for mental health' was held on Thursday 22 October 2020 at KingPin Bowling in the Canberra Centre. This event saw a great turn out of attendees who all had such a great time! It truly was tremendously pleasing that after the initial lockdown, and with the enviable COVID—19 free status of the ACT at the time, that people were willing to come out and engage in a fun and regular activity like bowling.

Of course, we had to run this event within the restrictions of the time, so it was not as 'normal' as we all would have liked. But even with COVID-19 hanging over our heads, we still pulled off a pretty good event for the community.

Following the conclusion of the bowling, the staff and Board volunteers had a chance for a game ourselves, which ended up as a heated contest. Val was victorious by a single point.

Our thanks go to the wonderful staff at KingPin Bowling, particularly Stefan, who helped us

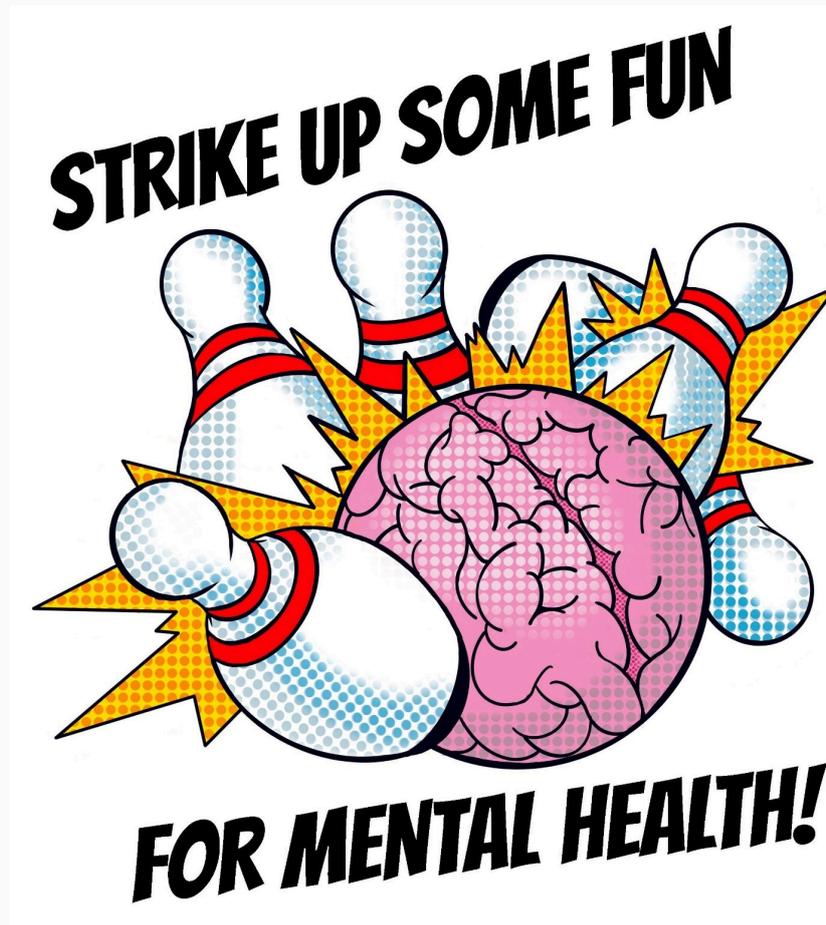
organise this event in such an uncertain time, to the Network Board members and staff who facilitated the bowling and, lastly, a special thank you to all the participants who came along to participate.

End/Beginning of Year Celebration

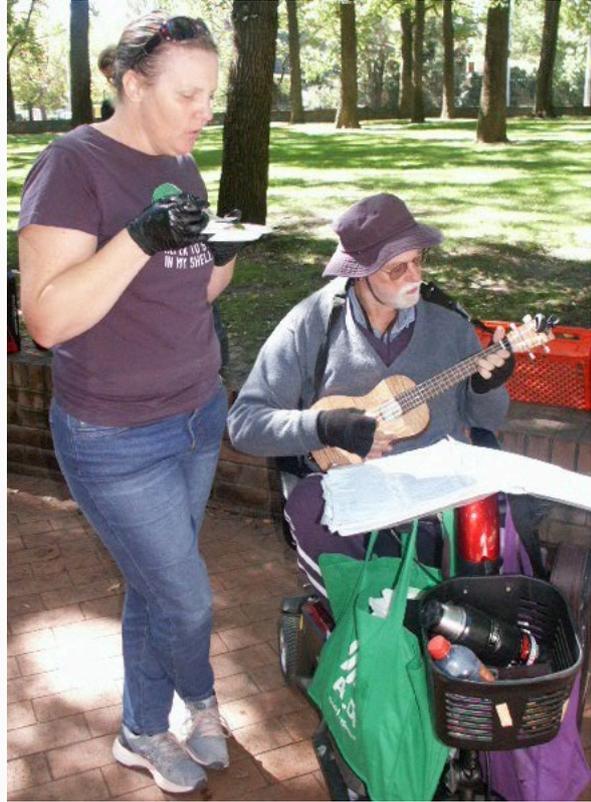
As the Northern Beaches COVID-19 cluster was growing and leaking out of Sydney at the end of 2020, the Network decided not to go ahead with our usual end of year celebration. Once staff began returning to the office from remote working and leave in early 2021, we decided to hold a special Autumn celebration in lieu of missing the end of year.

A barbecue for our members was held at Glebe Park on Thursday April 1 2021. This event saw a low turnout of members attending when compared with previous years; however, we did see some members who wouldn't usually have been able to attend.

As catering was ordered for a higher number of attendee, the Network donated the remaining unused food to Missionheart, who coincidentally were also having a barbecue in Glebe Park later that day.



(BBQ images on following pages – courtesy of Bryan Kilgallin)





Valan Phoenix
Administration Coordinator

DROP-IN PROGRAM

As reported in 2019/20, the Drop-In service migrated to an online platform for social contact purposes. Continued use of Zoom for running the Drop-In service continued for the remainder of 2020.

In the second half of 2020 the Network submitted a grant application for Information, Linkages and Capacity Building (ILC) funding under the National Disability Insurance Scheme to enhance the Drop-In service, and this grant was successful. The funding enabled the Network to recruit a dedicated staff member to operate Drop-In to assist consumers who attended to access information and support their self-advocacy needs, as well as organise events for consumers where they could give and receive information that is useful and interesting to them. This role was offered to Allegra Senior, who was previously filling this role in a voluntary capacity and she accepted this role in October 2020. The funding also provided for the three Drop-In computers to be upgraded in November 2020, with three brand new 2-in-1 desktop computers purchased. These new computers are also available for Consumer Representatives to use for attending online committee meetings and other virtual events.

Due to poor health Allegra has been on extended leave from November 2020, and Paul Thompson was engaged to fill the role in February 2021 until further notice. Paul and other Network staff facilitated the online Drop-In for the remainder of 2020.

Drop-In resumed in-person attendance from February 2021 as well as continuing to be offered virtually via Zoom.

Special Drop-In events that were held to the end of June include:

- Meet the Minister with Emma Davidson MLA, Minister for Mental Health, Justice Health, Disability and Assistant Minister for Seniors, Veterans, Families and Community Services
- Flower pot painting workshop (using the kits purchased as a contingency event for Mental Health Month 2020);
- Information session on the ACT COVID-19 vaccination program, presented by Megan Cahill, CEO of the Capital Health Network; and
- Information session on the Inclusive Volunteering Pathway Program through Volunteering ACT, presented by Katie Kennedy IEP Coordinator. This event was also accompanying an early Queens Birthday celebration.

These events saw a mixed attendance from members and were also offered in a hybrid model for online participation. Other workshops, forums and similar events were also delivered during or at one end of Drop-In to support consumers participation in events that related to self-advocacy.

Paul Thompson

Drop-In Officer (Temp)

Images on following pages





CONSUMER REPRESENTATIVE REFLECTION

I joined and started volunteering for the ACT Mental Health Consumer Network (the Network) in the late 2000s following a career in the Commonwealth Public Service. It seemed a logical choice for me to volunteer in mental health in recognition of my own lived experiences and a desire to contribute to the broader ACT community. The journey to advocate for an improved mental health system, on behalf of consumers, has been both frustrating and fulfilling.

Over time, I have represented consumers on a wide range of committees and witnessed many legislative, policy, staffing and structural changes across the ACT mental health system. The most significant legislative change has been the development and implementation of the Mental Health Act, 2016 (ACT) (the Act), which inter alia, seeks to empower consumers to make decisions about their health care and contains legal responsibilities for relevant staff. In line with the Human Rights Act 2004, the Act also aims for a recovery-oriented approach with the best treatment, care and support in a least restrictive environment.

Entrenched negative attitudes of staff towards consumers, and restrictive practices reflective of earlier days of institutional care, were of great concern to me when I first started volunteering for the network. The idea that consumers have a right to decide their own treatment has been a difficult concept for many frontline staff to grasp, where culture and attitudinal change have proved intractable. Consequently, much of my frustration has involved the disconnect between the policies and procedures developed to put the legislation into practice, and the practices and rhetoric at the hospital ward level. The disconnect was initially quite startling. However, recent initiatives, such as the implementation of 'safe wards', early intervention and de-escalation of potentially aggressive situations, and attention given to the physical health of consumers to help to alleviate the side-effects of medication, have had positive results. Many of the restrictive practices I first witnessed have been relaxed, alternative therapeutic techniques have been implemented to relieve aggression and violence, and attitudes of empathy and kindness shown towards consumers have become more evident.

There has also been more emphasis placed on the National Safety and Quality Health Service Standard 2: Partnering with Consumers, which aims to create health services in which there are mutually beneficial outcomes in having consumers as partners in planning, design, delivery, measurement and evaluation of systems and services. The standard was based on good evidence that delivering care that incorporates consumers' needs and preferences can lead to better health outcomes, better experiences, and greater efficiency of care. There was a need for staff to take the time to listen to and value the consumer voice and enable their input to contribute to solutions. and challenge accepted norms.

During my time volunteering with the network as a consumer representative I have had many enjoyable and satisfying experiences. In the early days I sat on the Board of the Network and over time have participated in many consumer-focused discussions. I have

had the opportunity to attend interstate conferences and present a paper at the Mental Health System Conference in Auckland. I have also made many friends through my volunteering work and obtained value from discussion and feedback from other consumer representatives where we have been able to help each other through shared needs and experiences of the mental health system.

It has been a great source of fulfillment for me when the consumer voice is heard. This has contributed to a reduction in the stigma of mental illness and a trend towards a recovery-oriented mental health system in the ACT, with the best treatment and support in a least restrictive environment.

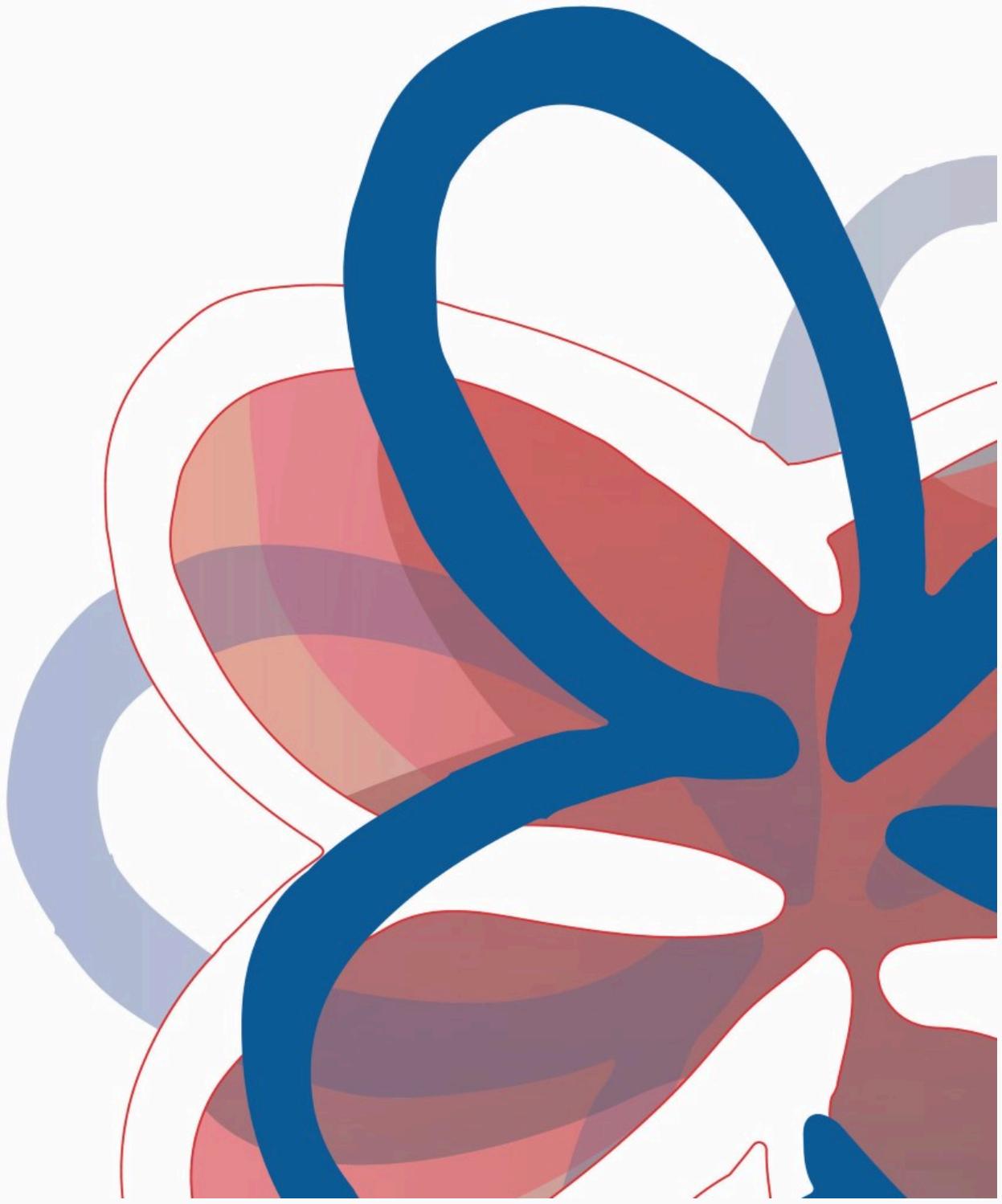
Patricia Green

Consumer Representative



ACT
Mental Health
Consumer Network

2020-21 Audited Financial Statements



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 2021.

Committee Members

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

Bianca Rossetti	Chair
Lachlan Atyeo	Deputy Chair
Kathryn Dwan	Secretary
Paul Thompson	Treasurer
Ben Shipard	Ordinary Member
Maree Pavloudis	Ordinary Member
Phillip Green	Ordinary Member
Amy Ivancic	Ordinary Member
Miranda Wong	Ordinary Member
Erin Stewart	Ordinary Member
Thi-Nha Tran	Ordinary Member

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

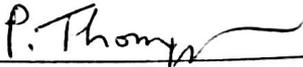
The operating surplus/(deficit) for the year ended 30 June 2021 was: \$ 46,144

Opinion

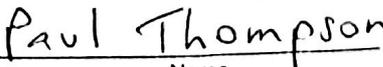
In the opinion of the members of the committee, the accompanying financial statements present fairly the financial position of the A.C.T Mental Health Consumer Network Incorporated as at 30 June 2021 and the results and cashflows of the Association for the year ended on that date in accordance with applicable 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



Name



Signature



Name

Dated this 1st day of OCTOBER 2021.

A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

STATEMENT of COMPREHENSIVE INCOME For the Year Ended 30 June 2021

<u>2020</u>	Income	<u>2021</u>
486,219	ACT Health - Operational & ERO Grants	505,490
7,415	Sundry/Training	14,848
209	Interest	70
29,903	Gov't Stimulus Funds	9,968
<u>523,745</u>	Total Income	<u>530,376</u>
	Expenses	
	Salaries & Related Costs	
346,178	Wages	332,313
31,382	Superannuation Expense	31,367
4,254	Workers Comp. Insurance	4,663
2,729	Staff Recruitment/Health & Wellbeing	2,004
2,588	Staff Development	3,047
6,184	Staff Clinical Supervision	4,311
689	Travel costs	2,322
3,977	Long Service Provision & LSL Paid	3,978
(1,627)	Annual Leave Provision Expense	10,663
<u>396,355</u>	Total Salaries & Related Costs	<u>394,667</u>
	Office Support	
13,266	Rent	8,829
2,531	Electricity & Security	2,278
4,120	Telecommunication Support	5,228
5,771	Computer Systems Support	13,679
2,769	Insurances	2,548
11,370	Miscellaneous Office Support	9,984
<u>39,827</u>	Total Office Support	<u>42,545</u>
	Administration	
1,800	Audit	1,330
315	Bank Fees & Charges	282
2,197	Postage	2,098
	Meeting Expenses	
611	Venue Hire for Meetings	
3,835	Catering for Meetings	1,034
3,095	Honorarium/Rewards	6,087
6,673	Photocopying/Printing	6,336
15,065	Publicity	9,467
4,277	Stationery & Other Resources	2,120
1,630	Membership Subscriptions/ donations	1,631
<u>39,498</u>	Total Administration	<u>30,385</u>
	Program/Consumer Support	
1,134	Taxi /Parking	110
5,423	Consumer Reimbursement	10,163
11,107	Conference Attendance	2,759
7,641	Accreditation/Activities Assistance	871
3,427	Mental Health Month	2,732
<u>28,732</u>	Total Program/Consumer Support	<u>16,635</u>
504,412	Total Expenses	<u>484,233</u>
<u>19,333</u>	Operating Surplus (Deficit) for the Year	<u>46,144</u>

A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

STATEMENT OF FINANCIAL POSITION As at 30 June 2021

<u>2020</u>		<u>2021</u>
	Current Assets	\$
124,894	Cash at Bank	216,588
84	Cash on Hand	40
9,373	Sundry debtors & Accrued Income	200
<u>134,350</u>	Total Current Assets	<u>216,828</u>
	Non-Current Assets	
<u>-</u>	Office Equipment - WDV	<u>-</u>
	Total Non-Current Assets	
<u>134,350</u>	Total Assets	<u>216,828</u>
	Current Liabilities	
210	Trade Creditors	20,102
4,678	Sundry Creditors & Accrued Expenses	6,217
20,181	Leave Entitlements	30,844
-	Unexpended Grants	4,241
<u>25,069</u>	Total Current Liabilities	<u>61,404</u>
	Total Liabilities	
<u>109,281</u>	Net Assets	<u>155,425</u>
	Represented By:	
89,948	Member's Funds at Beginning of Year	109,281
<u>19,333</u>	Add Surplus(Loss) for the Year	<u>46,144</u>
<u>109,281</u>	Member's Funds at End the Year	<u>155,425</u>

These financial statements should be read in conjunction with the attached notes.

A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

**STATEMENT OF CASHFLOWS
For the Year Ended 30 June 2021**

<u>2020</u>		<u>2021</u>
	Cashflows from Operating Activities	\$
477,047	Receipts from Grants	534,617
209	Interest Received	70
37,318	Other Receipts	24,816
(517,679)	Payments to Suppliers & Employees	(467,853)
(3,106)	Total Cashflows from Operating Activities	91,650
	Cashflows Used in Investing Activities	
-	Capital Purchases	-
	Total Cashflows from Operating & Investing Activities	
128,084	Add: Cash at Beginning of Period	128,084
124,978	Cash at End of Period	219,734
	Represented By:	
84	·	216,588
124,894	Cash at Bank	40
124,978	Total Cash	216,628
	Reconciliation of Operating Surplus with Net Cashflows from Operating Activities for the Period.	
19,333	Operating Surplus (Loss)	46,144
-	Depreciation	-
	Operating Surplus Adjusted for Non-Cash Items	
(9,173)	(Increase)/Decrease in Sundry Debtors & Accrued Income	9,173
(13,553)	Increase/(Decrease) in Trade Creditors	19,892
1,912	Increase/(Decrease) in Sundry Creditors & Accrued Expenses	1,538
-	Increase/decrease in Unexpended Grants	4,241
(1,627)	Increase/(Decrease) in Provision for Employee Entitlements	10,663
(3,106)	Net Cashflows from Operating Activities	91,650