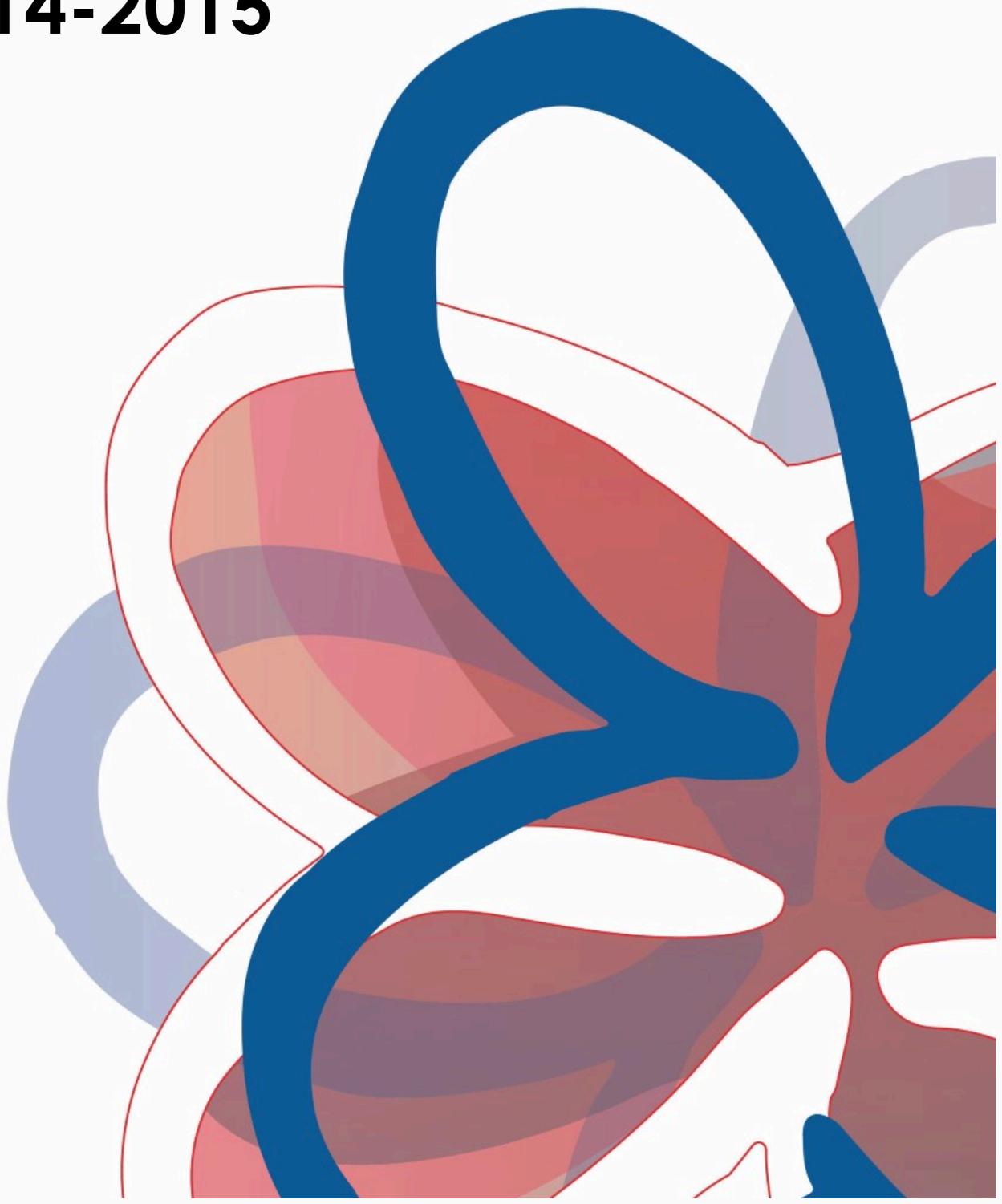




ACT  
Mental Health  
Consumer Network

# Annual Report

## 2014-2015



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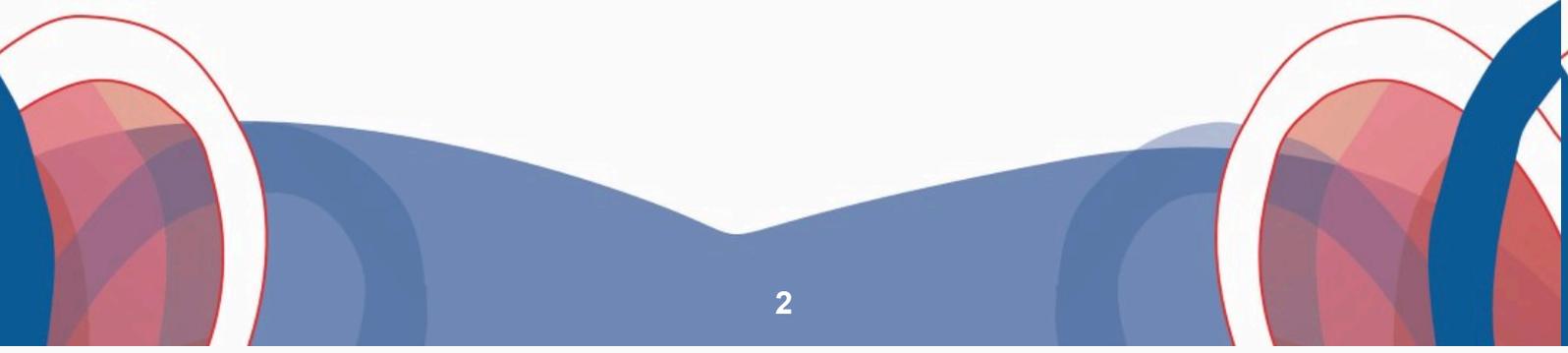
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## **VISION**

A mentally healthy community for all

## **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

## **GUIDING PRINCIPLES**

- ◆ Social justice;
- ◆ Integrity;
- ◆ Respect;
- ◆ Empowerment; and
- ◆ Compassion

## **GOALS**

- ◆ To provide accountable broad representation that is informed, valued and supported by the Network;
- ◆ To provide proactive systemic advocacy from a Consumer perspective;
- ◆ To work collaboratively with other organisations and mental health Consumers;
- ◆ To create and build a supportive environment within the organisation and outside which is empowering to mental health Consumers; and
- ◆ To govern the Network in a responsible and sustainable way.

## **BOARD 2014-15**

<b>Ben Matthews</b>	Chair
<b>Terri Warner</b>	Deputy Chair
<b>Matthew Martin</b>	Treasurer
<b>Jennifer Nixon</b>	Secretary (to 17 May 2015)
<b>Peter Dwyer</b>	Ordinary Member
<b>Jon Kroschel</b>	Ordinary Member
<b>Lea Knight-Orme</b>	Ordinary Member
<b>Kim Psaila</b>	Ordinary Member
<b>Dianna Smith</b>	Ordinary Member
<b>Evalyn Smith</b>	Ordinary Member
<b>Chris van Reyk</b>	Ordinary Member

## **STAFF**

<b>Dalane Drexler</b>	Executive Officer
<b>Amanda Davies</b>	Program Manager
<b>Purity Goj</b>	Consumer Representative Program Coordinator
<b>Jennifer Nixon</b>	Program Support Officer (contract from Jan 2015)
<b>Richard Duckett</b>	CRP Coordinator (parental leave contract to Jan 2015)
<b>Petra Kallay</b>	Community Education Coordinator (contract)
<b>Ruth Dunnicliff-Hagan</b>	Advocacy and Representation Training Co-facilitator (Aug/Sept)
<b>Valan Phoenix</b>	Administration Officer

## CHAIR'S REPORT

Another year past and lots of great work done by the Network for those in Canberra with lived experience of mental illness; as the Chair I am extremely proud of the contributions that all our staff, Consumer Representatives and Board have made to the mental health sector in the past year. While we are a comparatively small organisation it is fair to say that the Network punches way above its weight in both our capacity and reputation.

2014-15 has been a big year for the sector with the beginning of the rollout of the National Disability Insurance Scheme and while there have been only a small number of consumers that have NDIS packages there is still a lot to learn about how mental health consumers have access and support when applying for and implementing their NDIS package.

One of my biggest concerns is to what extent those that may be eligible for a package will be supported through the process in a way that maximises their access to the supports and services that exist in the ACT.

Currently the biggest issue with the NDIS is what is going to happen to those consumers that don't get funded packages through the NDIS. To date the NDIS's has made no real indication as to what will be made available to this group, given that 88% of consumers will not be eligible for individual package funding. This issue has been raised at a meeting the executive officer and I had with Simon Corbell MLA, Minister for Health. The minister was highly receptive to our representations that the NDIS is a commonwealth program and the states and territories currently have no real control or information of what is going to happen to those who miss out.

Earlier in the year Karralika Services was told funding for their family program was to be cut despite it being the only drug and alcohol rehabilitation service that provides support for a large part of NSW and the ACT. Following this announcement the Network made substantial representations to a large number of ACT and federal politicians. The same representations were also made from a large number of community service organisations from the ACT. Fortunately the decision was reversed and Karralika's funding was extended but it is still a good example of how consumers and their loved ones are discriminated against at a government level.

I also chaired the suicide research project on 8 September 2014. It was a very emotional topic for participants and there were a lot of questions and interest. The research will use the coroner's statistics, rather than the Australian Bureau of Statistics data, in order to capture the information more accurately. The researchers will be talking to consumers along the way. The aim is to look at social determinants of suicide, rather than numbers of suicide deaths.

As the Chair I am responsible for media representation for the Network which often involves taking calls from ABC Radio, sometimes at 6:30 in the morning. Earlier in the year the Australian Federal Police—ACT Policing announced that all police officers will begin carrying tasers. This announcement created a great deal of media interest, and on the day this announcement was made I did two television and a further two radio interviews on the matter. My response to this announcement was that the ACT needs a dedicated mental health ambulatory service, given that around 70 percent of incidents involving tasers were in cases where a mental health consumer was in a state of distress. While it is easy to acknowledge that it is preferable for an officer to use a taser in situations that might otherwise lead to the use of another weapon this does not address the underlying issue that mental health consumers still do not have access to timely and appropriate crisis services. While we do have the Crisis Assessment and Treatment Team (CATT) they are shockingly under resourced and can often take hours to attend a crisis situation. This highlights that consumers are still not being treated like the rest of the population. One of the points I made was to think about the public response if it took ambulances 4-5 hours to attend to a car accident; it would not be tolerated and yet mental health emergencies are still seen as a police matter rather than a medical issue.

I would like to offer my thanks to Dalane Drexler and her team for the outstanding effort that is put into the Network that makes it such a success and ensures that we have such a strong reputation in the ACT.

Finally I would like to thank the board for their efforts supporting the Network. The current board has a strong mix of skills and experience. As always it has been a privilege and honour to be the Chair of this organisation so to all of the Network community I offer my heartfelt thanks.

**Ben Matthews**

Chair

## EXECUTIVE OFFICER'S REPORT

The 2014-15 year has been a great year for the Network with many great times mixed in with a few sad ones as well. The Network has been focussed on many important projects taking place in the ACT and we have been proud to be actively contributing to these projects to ensure the consumer voice is heard strongly at all decision making levels.

Ben Matthews headed up a highly skilled and committed Board throughout the year. Terri Warner provided strong support as the Deputy Chair whenever required. Matthew Martin was a welcome addition to the Executive Committee as Treasurer, bringing with him his skills and qualifications in finance. Rounding out the executive team was Jen Nixon who agreed to take leave from the Board and provide much needed administrative program support for the second half of the financial year; Jen has since joined the staffing team in a permanent role. The executive members were joined by a great team of ordinary Board members – Peter Dwyer; Lea Knight-Orme; Jon Kroschel; Kim Psaila; Dianna Smith; Evalyn Smith; and Chris van Reyk. It has been a privilege working with each of you throughout the year.

Near the end of the year the Network said a sad farewell to one of its founding members, Rob Royall, who passed away on 18 June. Rob was widely known in the consumer movement as a pioneer for consumer rights in the ACT and will be sadly missed for many years to come.

Once again I would like to make a special mention of the Network's loyal team of professional staff. Toward the end of the year Amanda Davies was preparing for her well-deserved retirement following four years in her role as program manager. Purity Goj returned from parental leave at the end of April after taking some much needed time to take care of her new daughter. During this time Richard Duckett provided coordination support to consumer representatives between July and January, and Petra Kallay stood in providing her strong expertise to facilitate the self-advocacy and consumer representation courses. Petra remained with the team at the end of the financial year whilst Purity transitions back to work. Val Phoenix continues to ensure that the Network's administrative requirements are completed to a high standard, including managing our Mental Health Week and other events. I would also like to thank our very dedicated team of Consumer Representatives, without whom we would not be able to achieve all that we do.

The Network's Board and staffing team have worked towards achieving the goals set out in the 2013-16 strategic plan. The following are just some of the ways in which this has been achieved to date.

The revised Advocacy and Representation Training modules supported many consumers to further develop their skills, learn new concepts meet other consumers. Throughout the year we saw several new members join our Consumer Representative team through participation in the training modules. For a more comprehensive look at the Network's community

education and consumer representative programs please look see their respective reports in this annual report.

The Network's membership continued to grow with 307 members at the end of the financial year, predominantly primary members. We are always pleased to welcome new members throughout the year. A primary source of new members continues to be through the advocacy and representation training program, as well as via word of mouth.

The 2014 Consumer Survey was highly effective and we received 135 responses which is a fantastic result. We were very pleased to be able to reach not only Network members, but also many consumers who were not previously engaged with the Network. I'd like to thank the Early Morning Centre, Ainslie Village, Brian Hennessy Rehabilitation Services and numerous other organisations for their support in distributing the survey to consumers we may otherwise not have been able to reach. A summary and analysis of the results of this survey is available at the Network.

Finally, I would like to thank my professional supervisor, Cathi Moore, who supports me in my role as executive officer, as well as Strategic Psychology for their ongoing clinical supervision for the staffing team.

It has been my pleasure to be with the Network for another year and I look forward to my work with the Board, staff and members in 2015-16.

**Dalane Drexler**

Executive Officer

# TREASURER'S REPORT

## SUMMARY

The financial position of the ACT Mental Health Consumer Network for the year 2014/2015 reports a reduction in total assets (Point 1.3). This reduction may be explained due to increased depreciation, or the wear and tear of property and equipment such as computers and printers, as well as the Network's donation of its old printer to the Rainbow for continued use by consumers.

Total liabilities from 2014/2015 have reduced (Point 1.4), this is due to a reduction in total leave entitlements for the year which is a great result.

The financial performance of the Network for the year 2014/2015 reflects that we continued to be supported strongly by ACT Health through our core funding grant, and that we did not have any additional major project grants for the year where in other years we sometimes enjoy additional project funds. However, this has been partially balanced by a significant increase in training income; \$6880 up from \$893 at the end of financial year 2014.

For the year ending June 2015 assets exceed liabilities by \$74435 (Point 1.5), reflecting the Network is able to meet its operating expenses for the 2014/2015 financial year.

### 1. Statement of Financial Position Account Balances

#### 1.1 Current assets end of period

	2014	2015	Numerical Var	Var
<b>Total Current Assets</b>	109986	104735	-5251	-5%

#### 1.2 Non-current assets end of period

	2014	2015	Numerical Var	Var
<b>Total Non-Current Assets</b>	12206	4860	-7346	-60%

#### 1.3 Total assets end of period

	2014	2015	Numerical Var	Var
<b>Total Assets</b>	122192	109595	-12597	-10%

#### 1.4 Total liabilities end of period

	2014	2015	Numerical Var	Var
<b>Total Liabilities</b>	43990	35161	-8829	-20%

#### 1.5 Assets less liabilities end of period

	2014	2015	Numerical Var	Var
<b>Assets less Liabilites</b>	78202	74435	-3767	-5%

## 2. Statement of Financial Performance Account Balances

### 2.1 Operational revenue for the period

	2014	2015	Expense Variations	Var
<b>Total Income</b>	352946	339833	-13113	-4%

### 2.2 Operational expenses for the period

	2014	2015	Expense Variations	Var
<b>Total Salaries and Related Costs</b>	272408	255825	-16583	-6%
<b>Total Office Support</b>	41461	37897	-3564	-9%
<b>Total Administration</b>	23412	29421	6009	26%
<b>Total Program Support</b>	18413	20457	2044	11%

### 2.3 Total operational expenses for the period

	2014	2015	Expense Variations	Var
<b>Total Expenses</b>	355695	343600	-12094	-3%

### 3 Change in member's funds for the period

	2014	2015	Numerical Var	Var
<b>Member's Funds at the End of year</b>	78202	74435	-3767	-5%

**Matthew Martin**

Treasurer

## COMMUNITY EDUCATION PROGRAM REPORT

It's been an exciting twelve months for the Community Education Program!

### ADVOCACY AND REPRESENTATION TRAINING

In the previous year the ART course was reviewed and updated, and this year the refinements continued with input from co-facilitators and consumers for a more comprehensive Facilitator Guide to make co-facilitation easier, more interactive activities and a newly updated format for the training workbooks.

Participants commented that they appreciated the practical and informative nature of the revised ART course, in particular; information about committees. Highlights of Consumer Representation include meeting with other Consumer Representatives to hear their experiences and tips on being on committees; speaking with Tina Bracher from MHJHADS; and participating in 'Simulated Committee Meetings' that we have been able to hold in meeting rooms at the ACT Health building on Moore Street. The participants commented that they really benefited this experience of what a committee meeting is like.

The feedback for the course continues to be very positive including comments such as:

*"All aspects of the course were useful in helping toward maintaining recovery path while doing something constructive."*

*"I loved every aspect of it."*

*"Great course- thanks again!"*

*"Thank you for a wonderful experience. I believe this will help me to manage my mental health much better – which is priceless. Thanks again."*

We also explored facilitating the course at different locations which enabled us to have participants who may not have attended otherwise. For example, we facilitated a Self-Advocacy course at the Early Morning Centre on Northbourne Avenue.

In addition, in April 2015 we also had the exciting opportunity to facilitate our Self-Advocacy Training in Brisbane for a group of consumers which was organised through the BrookRED Centre. The feedback from the course was very positive!

### What did you enjoy the most?

*"The discussion, the informal sharing was uplifting and authentic. Thank you for this opportunity."*

## What did you learn today that you will be able to use in your life from now on?

*“Whole course content.”*

*“How to react. To stop, question, etc. criticism. So much to list it all”*

## General Comments

*“Great supplementary information; very well prepared and researched.”*

During the year we delivered five terms of Self-Advocacy training with 36 participating, and four terms of Consumer Representation Training, with 29 participating. Graduating participants from the course have gone on to become Consumer Representatives, nominate for the Network’s Board, and to co-facilitate sessions of ART which are great outcomes!

## DIGITAL TRAINING RESOURCES

An exciting new addition to the course will be set of digital videos, which will share personal experience and strategies for being an effective consumer representative. For this project the Network is in discussion with a videographer to conduct interviews with Network Members and representatives from ACT Health, Human Rights Commission and ADACAS. Once completed, there will be a total of six short videos, two of which will be used on our website to promote the Self-Advocacy and Consumer Representation training modules, and the other four will provide specific information to support people to become consumer representatives.

## OTHER PROJECTS

The Network has been in exploring opportunities for further delivery of the NDIS workshop which was developed in the previous year.

In addition we have been looking at expanding our suite of courses, with upcoming workshops including Mentor Training, for Consumer Representative Mentors who support new Consumer Representatives; and Co-Facilitation training for eligible consumers who are interested in being co-facilitators for the Self-Advocacy and Consumer Representation training.

We look forward to the upcoming year, and the new opportunities it brings!

**Petra Kallay**

Community Education Coordinator

## **POLICY AND PROJECTS PROGRAM REPORT**

The Network has continued to work closely with members to provide a strong Consumer voice on key policy areas throughout the reporting period. The lived experience is central to the work that we do and for this we are indebted to our members who give so freely of their time and experience during forums, consultations and informal discussions. In doing so, our members give us the opportunity to use their lived experience to advocate for improvement in the development and provision of mental health services to better meet the needs of consumers.

We are also proud of the important work of Consumer Representatives who have actively advocated for systemic changes when operational and strategic issues are considered through ACT Health and other committees.

At the end of May 2015, Amanda Davies handed over the policy role to me in preparation for her early retirement. It has been an honour to take on the role and despite the daunting nature of the role; it has been a great learning experience for me.

During the reporting year, the Network made formal submissions on key policy areas including:

### **DESIGNING A MODEL FOR THE EFFECTIVE PROTECTION OF HUMAN RIGHTS: RESPONSE TO THE DISCUSSION PAPER**

The ACT Attorney-General released a discussion paper proposing to restructure the ACT Human Rights Commission, the Public Advocate and the Victims of Crime Commissioner. This would make major changes to the role of the Commission. The Network held a forum to discuss the proposed changes and wrote a submission. With regards to the proposed changes to the Commission, the Network sees some benefits in the proposed restructure in addressing issues concerning inconsistent messages regarding complaints and approaches to handling complaints and inquiries between different areas.

It is clear that the Commission needs an overall increase in funding and the Network supports that more funding should be allocated to the Commission for it to better serve the community at large.

## **INFORMATION FORUMS**

In the reporting period, the Network also held a number of information forums including one to discuss the draft Models of Care for the Rehabilitation Unit and Day Services at the University of Canberra Public Hospital. Written comments were provided to ACT Health following the Forum. Early this year, we held a forum to discuss the draft Mental Health and Wellbeing Framework released by ACT Health for public consultation. We also held a forum regarding the relocation and expansion of what is currently the Mental Health Assessment Unit, as part of the redesign and expansion of the Emergency Dept. Health advises that lessons learned from the Post Occupancy Evaluation, which we participated in, of the MHAU are being taken into account.

## **HEALTH INFRASTRUCTURE PROGRAM**

Throughout the reporting period, the Network continued participating in various meetings and workshops related to the design of a number of infrastructure projects and activities under way. These include the Secure Mental Health Unit, the Mental Health Assessment Unit and University of Canberra Public Hospital (UCPH).

In a snapshot, the UCPH will have an Adult Mental Health Rehabilitation Service (an inpatient unit) and an Adult Mental Health Day Service, and is due to open in 2018. Following a design workshop, and after discussions with Carers ACT, both Carers ACT and the Network wrote to Health seeking a forum so that consumers and carers could provide direct input on the design principles. The forum covered issues relating to access, placement of services in the building, distance from parking, whether the mental health areas should be accessible mainly from the front entrance, or should have a separate entrance 'out the back'.

I would like to express my gratitude to our members who give so generously of their time and experiences. I have been honoured to listen to your stories, perspectives and ideas as they are vital to the policy work that we do. In the 2015-2016 reporting period, I look forward to the Network's strategic planning day and the opportunity to further develop and strengthen all our programs including the policy program.

**Purity Goj**

Program Manager

## CONSUMER REPRESENTATIVE PROGRAM REPORT

Over the 2014-15 financial year, the Network has continued to support Consumer Representatives taking part in government and non-government committees and other opportunities. We seek to ensure consumer views are a central part of policy proposals, implementation and development as we work towards achieving our aim of bringing about a higher standard of health care in the mental health sector.

We have maintained the move to have Consumer Representative Forums during the day and in the evening in alternating months. This allows Consumer Representatives who are not able to attend during business hours to participate more fully in CRP processes. We will continue to review these Forums to ensure as many representatives as possible can attend.

Richard Duckett coordinated the Consumer Representative Program from the middle of June 2014 until January 2015, when I began providing program support on a casual basis. I was then successfully recruited into the position on a permanent basis after it was advertised in April 2015.

From our pool of close to 70 members eligible to be Consumer Representatives, we had 20 Consumer Representatives actively involved in 23 ACT Health and six other committees over the financial year, culminating in over 400 hours of volunteer time. We would like to extend a big thank you to all Consumer Representatives and members eligible to be Consumer Representatives for their hard work and their continued involvement in the Consumer Representative Program.

Of course, we have had to say a sad farewell to some of the Network's Consumer Representatives who have moved into the paid workforce or have left for other personal reasons. I would like to take this opportunity to thank all of our retired Consumer Representatives for the active role they have played at the Network and in the consumer movement more broadly. I wish them all the very best of luck, and look forward to maybe seeing some of you back as consumer representatives in the future.

The Network is very fortunate to have such a multi-skilled pool of members able to give their time to our representative program. We continue to work hard to train more Consumer Representatives through our Advocacy and Representation Training that is held throughout the year. We are pleased that a good number of new recruits are joining the representative team through the training, some of whom have since nominated for representative opportunities.

## 2014-2015 CONSUMER REPRESENTATIVES

John Brookes	Chris Corcoran
Elise Crouch	Ruth Dunnicliff-Hagan
Peter Dwyer	Kerry Fry
Jane Grace	Patricia Green
Jon Kroschel	Adele Lewin
David Lovegrove	Matthew Martin
Julie McMahon	Ralph Nelson
Mariana Oppermann	Robert Pedlow
Sarah Shepherd	Evalyn Smith
Thi-Nha Tran	Terri Warner

## MY EXPERIENCE OF ACT MENTAL HEALTH CONSUMER NETWORK REPRESENTATION

*"I started volunteering in the mental health sector around 10 years ago when I left paid employment. This led to me doing the Network's Consumer Advocacy and Representation (ART) course, joining the network and its Board, and representing consumers on committees. I have found advocacy and representation both challenging and rewarding. I have seen a gradual change in attitude and language from within ACT Health, and more attention to human rights issues. I am gratified that, after much work behind the scenes, this is now being put into new mental health legislation in the ACT and across other states."*

Patricia Green - Consumer Representative

## 2014-2015 COMMITTEES

- ◆ Adult Mental Health Services Collaborative Engagement Forum
- ◆ Clinical Governance Forum
- ◆ Consumer and Carer Feedback (and Quality) Committee
- ◆ Consumer & Carer Participation Framework Working Group
- ◆ Consumer and Carer Participation Framework Review Working Group – Organisational Subgroup
- ◆ Consumer Handouts Committee

- ◆ Divisional Information Management and Technology Committee
- ◆ Strategic Oversight Group - Mental Health Services Plan (Co-Chair)
- ◆ Executive Strategic Oversight Group - Mental Health Services Plan
- ◆ Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) Consumer and Carer Participation Action Plan Working Group
- ◆ MHJHADS Electronic Clinical Records Advisory Committee
- ◆ MHJHADS Executive Strategy and Business Planning Committee
- ◆ MHJHADS Policy Procedure and Guideline Development and Review Committee
- ◆ MHJHADS Publications Advisory Committee
- ◆ MHJHADS Safety, Quality and Risk Reduction Committee (formerly Safety and Quality Committee)
- ◆ MJHADS Workforce Strategy Planning Development and Implementation Group
- ◆ Partnering with Consumers (Standards Group)
- ◆ Promotion Prevention and Early Intervention Implementation and Evaluation Group
- ◆ Seclusion and Restraint Review Meeting (including Co-Chair)
- ◆ Secure Mental Health Unit (SMHU) Commissioning Steering Committee
- ◆ Smoke Free Environments Working Group: Community Mental Health Services
- ◆ Subcommittee Clinical Handover: Standard 2 Partnering with Consumers
- ◆ Sub-Acute Mental Health Unit User Group
- ◆ Suicide Prevention Implementation and Evaluation Working Group
- ◆ ACACIA Advisory Committee (ACT Consumer and Carer Research Unit Advisory Group)
- ◆ GP Return to Work Case Conferencing Working Group (Comcare)
- ◆ Mental Health Week and Mindscapes Committees
- ◆ National Disability Insurance Scheme (NDIS) Participant Capacity Building Reference Group
- ◆ Partners in Recovery Consortium
- ◆ TheMHS Conference Organising Committee
- ◆ University of Canberra Public Hospital Project Control Group
- ◆ Housing Accommodation Support Initiative/Housing/Housing and Recovery Initiative (HASI/HARI)

**Jen Nixon**

CRP Coordinator

## **PARTNERSHIPS AND ACTIVITIES**

### **PARTNERSHIPS**

- ◆ Quarterly Consumer, Carer, and Community Forums with MHCC ACT, Carers ACT and ACT Health;
- ◆ Mental Health Week committee partnership;
- ◆ Human Rights Forum with Carers ACT; and
- ◆ ART – Self-Advocacy course is partly funded by ADACAS by mutual arrangement to run four times per annum;
- ◆ Participating service on the Youth Coalition’s Comorbidity Bus Tour;
- ◆ Quarterly MIEACT Opening Minds radio show.;
- ◆ Hosting CDNet Working Group meetings;
- ◆ Memorandum of Understanding and strong working relationship with Carers ACT; and
- ◆ Regular joint meetings of staff with HCCA, and a joint consumer survey .

### **ACTIVITIES**

- ◆ Communications on the Review of the Mental Health Act;
- ◆ Grace Groom Memorial Lecture;
- ◆ Ongoing discussions relating to the Secure Mental Health Unit;
- ◆ University of Canberra Public Hospital committees, user groups, workshops and site visit;
- ◆ NDIS Partnership Group, Sector Development Workshop, and Workforce Project Workshop;
- ◆ The Mental Health Services Conference 2015 Organising Committee;
- ◆ ACACIA Advisory Committee;
- ◆ Community Development Network Steering Committee;
- ◆ Mental Health Community Coalition of the ACT Board and Budget Committee;
- ◆ Selection panels for ACT Health recruitment;
- ◆ Selection panel for Mental Illness Education ACT recruitment;
- ◆ ACT Council of Social Service Nominations Sub-Committee;

- ◆ Mental Illness Education ACT Post Traumatic Stress Disorder Advisory Group and workshops;
- ◆ Blue Sky Thinking Workshop for the review of the Consumer and Carer Participation Framework; and
- ◆ Mental Health and Wellbeing Framework workshop.;
- ◆ Consumer and Carer Caucus meetings;
- ◆ Mindscapes Committee;
- ◆ Mental Health Week Committee;
- ◆ Griffin Centre Tenants Meetings;
- ◆ NDIS ACT Launch;
- ◆ Human Rights Act Conference;
- ◆ Launch of the Early Morning Centre Primary Health Outreach Clinic;
- ◆ Carers forum on the Mental Health Act review;
- ◆ Mental Health Act training;
- ◆ NDIS Workforce training;
- ◆ Reconciliation Peer Network;
- ◆ Launch of Mental Health Week;
- ◆ Raising Our Voices Conference;
- ◆ Mental Illness Education ACT Annual General Meeting – Returning Officer;
- ◆ Applied Suicide Intervention Skills Training;
- ◆ Griffin Centre Level 2 Fire Warden; and
- ◆ Strategic Oversight Group.

**ACT MENTAL HEALTH CONSUMER  
NETWORK INCORPORATED**

*Financial Statements  
For The Year Ended 30 June 2015*

# 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 2015.

### Committee Members

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

Ben Matthews	<i>Chair</i>
Terri Warner	<i>Deputy Chair</i>
Jennifer Nixon	<i>Secretary</i>
Matthew Martin	<i>Treasurer</i>
Peter Dwyer	<i>Ordinary Member</i>
Jon Kroschel	<i>Ordinary Member</i>
Lea Knight-Orme	<i>Ordinary Member</i>
Kim Psalla	<i>Ordinary Member</i>
Dianna Smith	<i>Ordinary Member</i>
Evalyn Smith	<i>Ordinary Member</i>
Chris van Reyk	<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 2015 was: \$ (2,750)

### Opinion

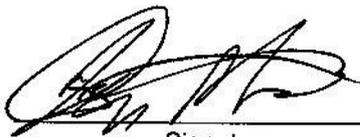
In the opinion of the members of the committee, the accompanying financial statements present fairly the financial position of the A.C.T Mental Health Consumer Network Incorporated as at 30 June 2014 and the results and cashflows of the Association for the year ended on that date in accordance with applicable 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

TERRI WARNER  
Name

  
\_\_\_\_\_  
Signature

Ben Matthews  
Name

Dated this 19 day of August 2015.

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

**STATEMENT of COMPREHENSIVE INCOME**  
For the Year Ended 30 June 2015

<u>2014</u>	<b>Income</b>	<u>2015</u>
\$		\$
320,783	HACC Grant	330,084
900	Project Grant	-
27,273	NDIS Grant	-
893	Sundry/Training	6,880
3,097	Interest	2,869
<u>352,946</u>	<b>Total Income</b>	<u>339,833</u>
	<b>Expenses</b>	
	Salaries & Related Costs	
233,340	Wages	224,096
21,298	Superannuation Expense	20,767
2,597	Workers Comp. Insurance	3,211
3,560	Staff Recruitment	2,609
1,214	Staff Development	3,689
2,200	Staff Clinical Supervision	3,477
1,443	Travel costs	1,140
2,913	Long Service Provison & LSL Paid	3,650
3,844	Annual Leave Provison Expense	(6,813)
<u>272,408</u>	<b>Total Salaries &amp; Related Costs</b>	<u>255,825</u>
	Office Support	
14,287	Rent	14,903
518	Security	524
1,595	Electricity	1,490
4,761	Telecommunication Support	3,233
4,684	Computer Systems Support	3,021
2,387	Insurances	2,515
7,361	Depreciation	7,346
8,044	Miscellaneous Office Support	4,866
<u>41,461</u>	<b>Total Office Support</b>	<u>37,897</u>
	Administration	
500	Audit	1,200
582	Bank Fees & Charges	637
2,721	Postage	2,986
	Meeting Expenses	
1,740	Venue Hire for Meetings	4,611
4,358	Catering for Meetings	4,630
1,400	Honorarium/Rewards	1,987
5,171	Photocopying/Printing	3,279
963	Publicity	6,785
2,600	Stationery & Other Resources	2,067
1,204	Membership Subscriptions/ donations	1,240
<u>23,412</u>	<b>Total Administration</b>	<u>29,421</u>
	Program/Consumer Support	
1,455	Taxi Travel	2,033
1,505	Consumer Reimbursement	3,202
13,044	Conference Attendance	12,913
2,409	Mental Health Week	2,309
<u>18,413</u>	<b>Total Program/Consumer Support</b>	<u>20,457</u>
<u>355,695</u>	<b>Total Expenses</b>	<u>343,600</u>
<u>( 2,750)</u>	<b>Operating Surplus (Deficit) for the Year</b>	<u>( 3,767)</u>

# A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

## STATEMENT OF FINANCIAL POSITION

As at 30 June 2015

<u>2014</u>		<u>2015</u>
\$		\$
	<b>Current Assets</b>	
106,471	Cash at Bank	99,282
1,102	Cash on Hand	870
-	Sundry debtors & Accrued Income	2,344
<u>2,413</u>	Prepayments	<u>2,239</u>
<u>109,986</u>	<b>Total Current Assets</b>	<u>104,735</u>
	<b>Non-Current Assets</b>	
45,493	Plant & Equipment at Cost	45,493
(35,696)	Less: Accumulated Depreciation	(41,574)
11,223	Furniture & Fittings at Cost	11,223
(8,813)	Less: Accumulated Depreciation	(10,281)
<u>12,206</u>	<b>Total Non-Current Assets</b>	<u>4,860</u>
<u>122,192</u>	<b>Total Assets</b>	<u>109,595</u>
	<b>Current Liabilities</b>	
11,807	Trade Creditors	8,316
6,377	Sundry Creditors & Accrued Expenses	7,828
<u>25,806</u>	Leave Entitlements	<u>19,016</u>
<u>43,990</u>	<b>Total Current Liabilities</b>	<u>35,161</u>
<u>43,990</u>	<b>Total Liabilities</b>	<u>35,161</u>
<u><b>78,202</b></u>	<b>Net Assets</b>	<u><b>74,435</b></u>
	<b>Represented By:</b>	
80,951	Member's Funds at Beginning of Year	78,202
(2,750)	<b>Add Surplus( Loss) for the Year</b>	<u>(3,767)</u>
<u><b>78,202</b></u>	<b>Member's Funds at End the Year</b>	<u><b>74,435</b></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 2015**

<u>2014</u>		<u>2015</u>
\$		\$
	<b>Cashflows from Operating Activities</b>	
348,955	Receipts from Grants	331,120
3,097	Interest Received	2,869
893	Other Receipts	5,844
( 346,343)	Payments to Suppliers & Employees	(347,254)
<u>6,603</u>	<b>Total Cashflows from Operating Activities</b>	<u>( 7,421)</u>
	<b>Cashflows Used in Investing Activities</b>	
( 1,235)	Capital Purchases	-
<u>5,368</u>	<b>Total Cashflows from Operating &amp; Investing Activities</b>	
101,338	Add: Cash at Beginning of Period	107,573
<u>107,573</u>	<b>Cash at End of Period</b>	<u>100,152</u>
	 <b>Represented By:</b>	
1,102	Cash on Hand	870
106,471	Cash at Bank	99,282
<u>107,573</u>		<u>100,152</u>
	 <b>Reconciliation of Operating Surplus with Net Cashflows from Operating Activities for the Period.</b>	
( 2,750)	<b>Operating Surplus (Loss)</b>	( 3,767)
7,361	Depreciation & Loss on Disposal Equipment	7,346
<u>4,611</u>	<b>Operating Surplus Adjusted for Non-Cash Items</b>	<u>3,579</u>
65	(Increase)/Decrease in Prepayments	174
561	(Increase)/Decrease in Sundry Debtors & Accrued Income	( 2,344)
( 1,191)	Increase/(Decrease) in Trade Creditors	( 3,491)
325	Increase/(Decrease) in Sundry Creditors & Accrued Expenses	1,452
2,232	Increase/(Decrease) in Provision for Employee Entitlements	(6,790)
<u>6,603</u>	<b>Net Cashflows from Operating Activities</b>	<u>(7,421)</u>

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

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

### **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 2015**

**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)**

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**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF THE  
ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED  
FOR THE YEAR ENDED 30 JUNE 2015**

**Scope.**

I have audited the attached financial statements of the ACT Mental Health Consumer Network Incorporated (The Association) for the year ended 30 June 2015. 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.

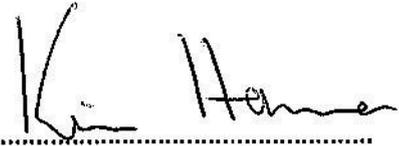
My audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. The procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the 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.

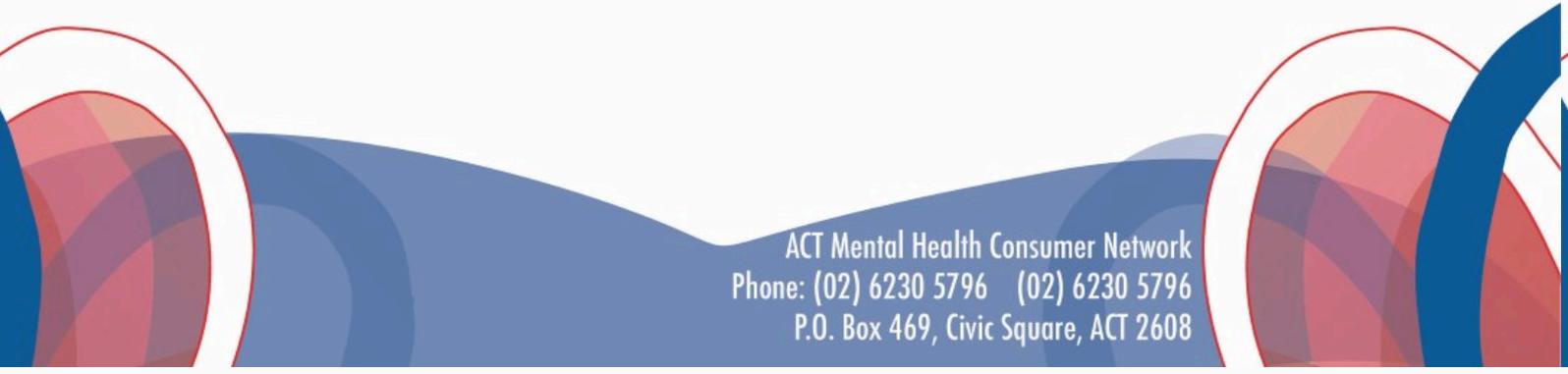
The audit opinion in this report has been formed on the above basis.

**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.

  
.....  
**Kim Hanna FCA**  
**Registered Company Auditor**  
Date 18/9/15 .....



ACT Mental Health Consumer Network  
Phone: (02) 6230 5796 (02) 6230 5796  
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