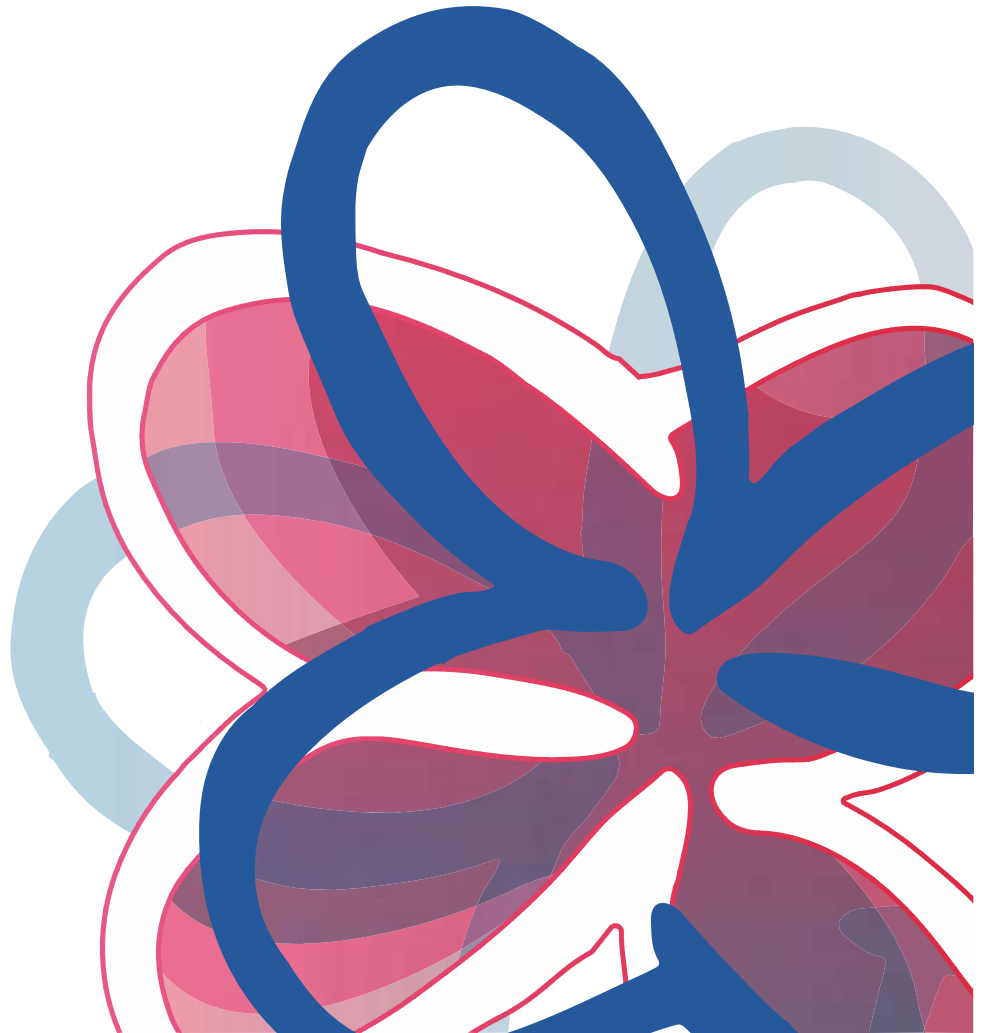




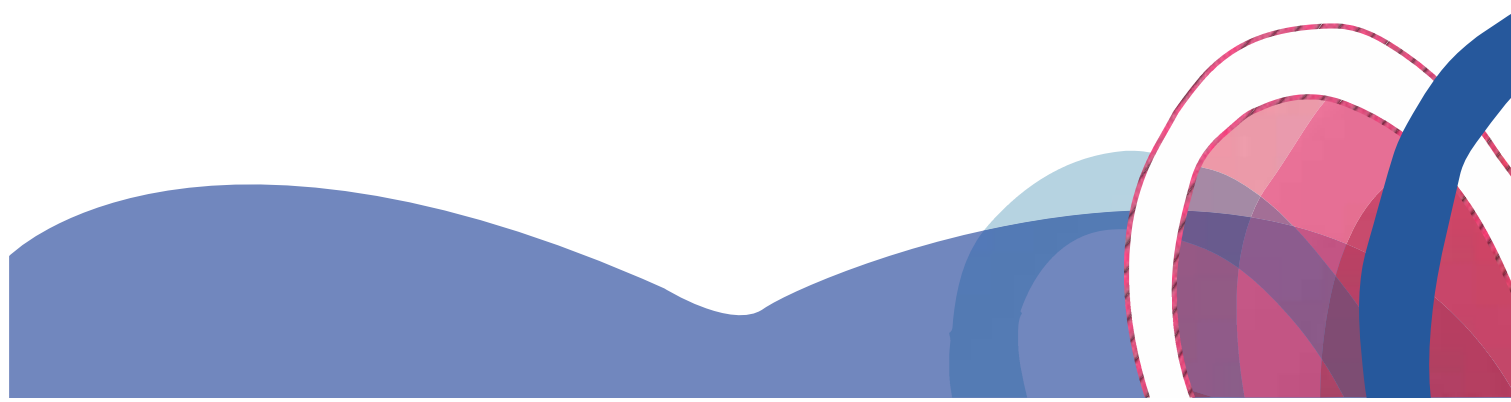
ACT
Mental Health
Consumer Network

Annual Report 2024-25



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Vision, Statement of Purpose, Values & Guiding Principles

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

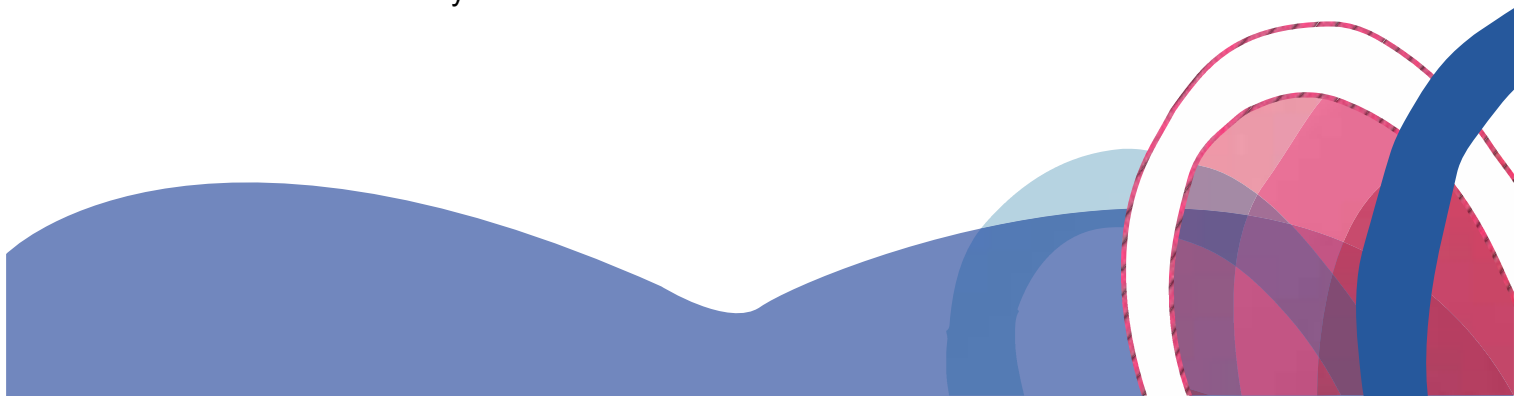
Open dialogue and advocacy

Increased self-awareness

Consumer-driven recovery

Ensure social justice and human rights are upheld

Sense of community



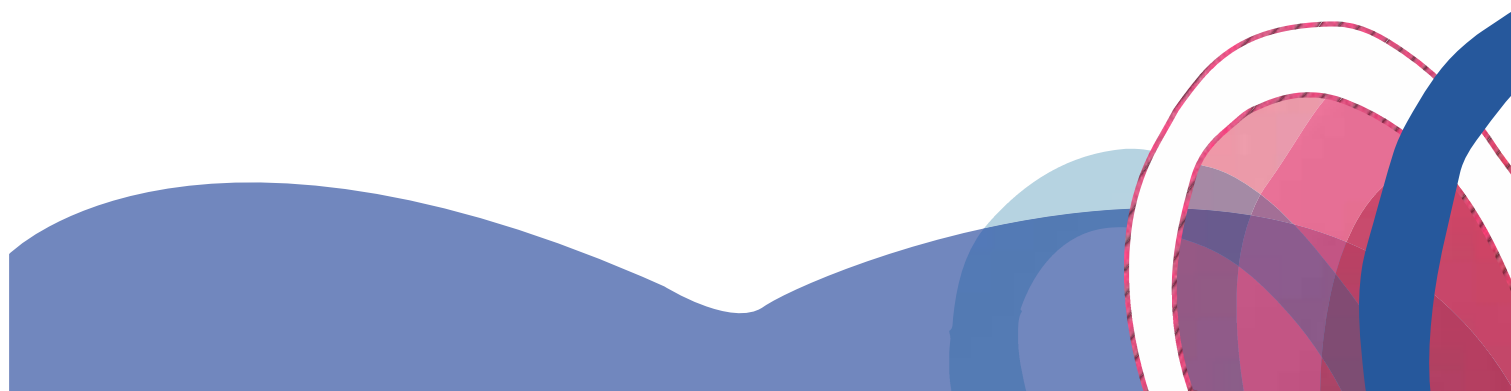
Board & Workers

Board

Paul Thompson	Chair
LewChing Yip	Deputy Chair
Assunta Arioli	Treasurer
Kathryn Dwan	Secretary
Lachlan Atyeo	Ordinary Member
Bridget Berry	Ordinary Member
Zac Chu	Ordinary Member
Scott Sharpe	Ordinary Member
Lucas Spensberger	Ordinary Member
Jennyfer Taylor	Ordinary Member (from 24 June 2025)
Thi Nha Tran	Ordinary Member

Staff

Dalane Drexler	Chief Executive Officer
Petra Kallay	Community Education Coordinator
Jo Hargense	Education Officer
Dia Andrews	Policy and Participation Coordinator
Cass Heffernan	Policy and Research Coordinator (national)
Eva Damarjati	Consumer Representative Program Officer
Valan Phoenix	Administration Coordinator



Policy Reference Group

Amie Davis	Shadow Shadson	Amy Warner
John Forsey	Cody Smith	Shauna Winram
Tianh Hannaford	Lucas Spensberger	Lingyun Wu
Ben Matthews	Chris van Reyk	Lew Ching Yip
Payal Sehgal		

Consumer Representatives

Jenny Adams	Jane Grace	Katie Price
Dia Andrews	Patricia Green	Bianca Rossetti
Assunta Arioli	Luke Lake	Lucas Spensberger
Rose Beard	Matthew Martin	Paul Thompson
Michael Forrest	Ann-Marie McNess	Thi Nha Tran
John Forsey	Katie Moritz	Terri Warner

Education Reference Group

Assunta Arioli	Ben Matthews	Payal Sehgal
Bridget Berry	Matthew Martin	Jennyfer Taylor
Patricia Green	Ann Marie McNess	Chris Van Reyk
Terri Warner		

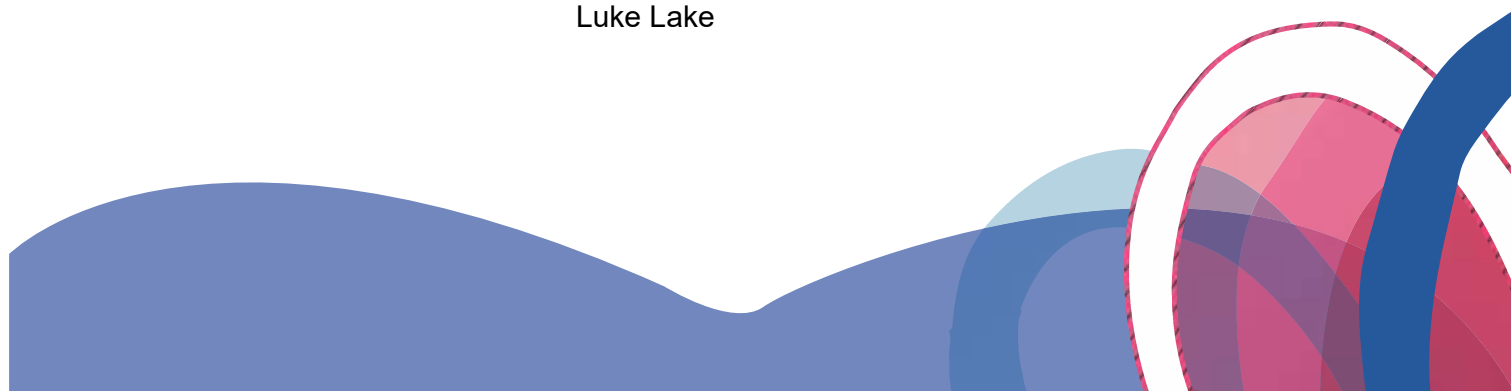
Consumer Advisory Group to NMHCA

Core Members

Gouri Banjeri
Chris Van Reyk
Amy Warner
Lingyun Wu

Casual Pool Members

Rose Beard
Michael Forrest
Joshua Green
Tianh Hannaford
Luke Lake
Ben Matthews
Elizabeth Metz
Fi Peel
Melanie Wilde



Chair's Report

This year, we welcomed two new Board members — Scott Sharpe and Jennyfer Taylor who've brought fresh ideas and perspectives to the Board.

Our Board meetings have been positive and productive, even as we navigate ongoing changes in the sector. These include updates to the National Disability Insurance Scheme (NDIS) and the creation of two new national peak bodies, for consumers and carers respectively, which are shaping the future of mental health services.

One of the most promising developments is the launch of the National Mental Health Consumer Alliance. Since stepping into the role of the ACT's Director on the Alliance Board in January 2025, I've been actively engaging with this new body. The Alliance has been working hard to push forward the national mental health consumer agenda. Their CEO has already met with the Productivity Commission and the Federal Minister for Mental Health, which is a strong sign of their commitment.

Thanks to the Alliance's support, we were able to bring on a new staff member, Cass Heffernan, to help deliver the Consumer Advisory Group projects from January to June 2025.

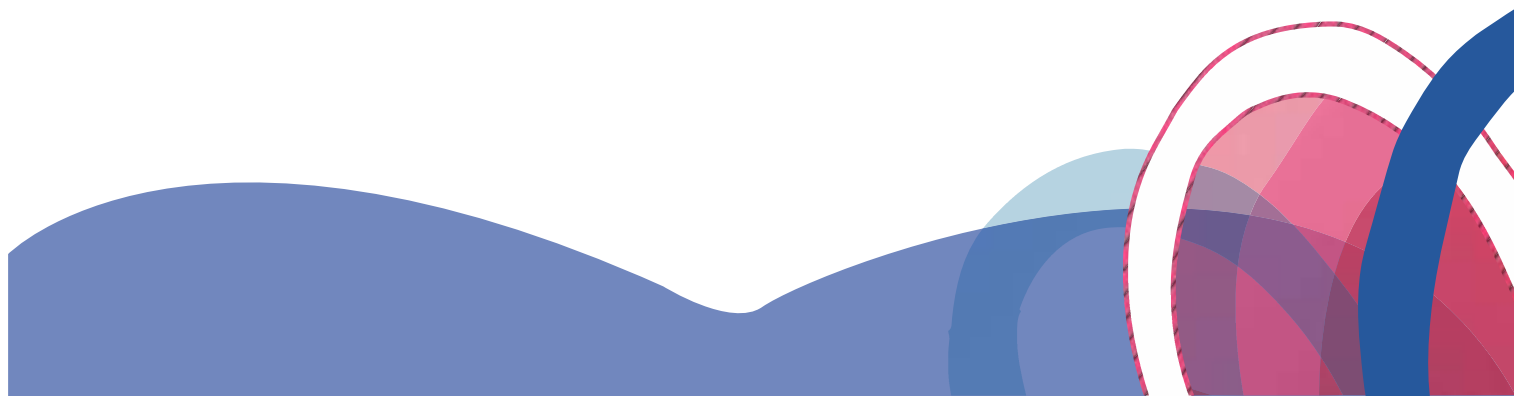
Financially, the Network remains stable, and we've had very low staff turnover. This speaks volumes about the strong leadership of our CEO and the dedication of our staff. I've been meeting regularly with the CEO to maintain a strong and effective working relationship.

We're also fortunate to have a group of skilled and enthusiastic volunteers who contribute positively to our work.

I'd like to take this opportunity to sincerely thank our CEO, staff, and volunteers for their ongoing hard work and collaboration. Their efforts are vital to supporting mental health consumers in the ACT.

Paul Thompson

Board Chair



Chief Executive Officer's Report

As the year comes to a close, I want to share my deep appreciation for everyone connected to the **Network**. Together, we've achieved so much and made a real difference in the lives of consumers right here in the **ACT**.

Our Achievements This Year

We spent the year focusing on strengthening our work and making sure **consumer voices** were at the heart of everything we did.

- **New and Better Programs:** We successfully launched **new initiatives** and expanded our existing programs, from **mental health awareness** campaigns to **support groups** and **educational workshops**.
- **Empowerment in Recovery:** Our work is always driven by one goal: empowering consumers in their **recovery and wellbeing**. We've provided **safe spaces** and fostered a strong sense of community.
- **Stronger Reach:** We've been able to reach more people and offer strong **systemic advocacy**—speaking up for the community's rights and needs when it matters most.

Thank You to Our Incredible Team

The impact we've made wouldn't be possible without the incredible people who drive the Network. I am continually inspired by our **exceptional staff**. Your hard work, passion, compassion, and expertise have truly gone above and beyond this year. You deliver programs and services that genuinely change lives. I also want to extend a huge thank you to our **volunteers**, including **Consumer Representatives** and members of our **Policy and Education Reference Groups**. Your selfless contributions are vital; we simply couldn't do this important work without you. Finally, thank you to our **Board members**. Your leadership, guidance, and unwavering dedication have been invaluable, ensuring we remain focused on our core goals.

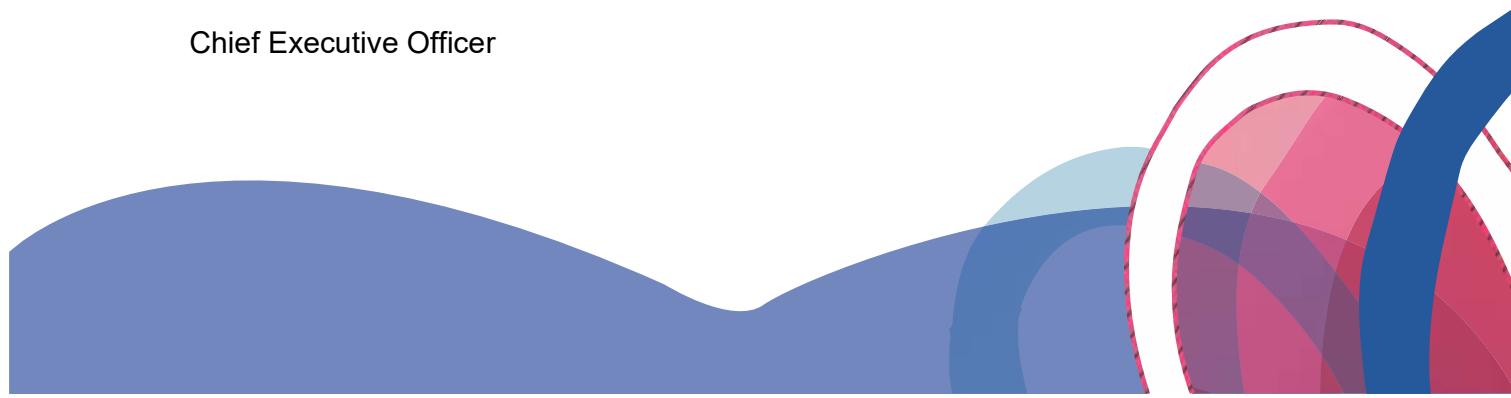
Looking Ahead

As we look to the future, I'm optimistic and excited. We will keep fighting for **better services**, continue to **raise awareness**, and work tirelessly to **break down the stigma** surrounding mental health issues.

Thank you once more for your support and dedication. I am proud to be part of this community, and I look forward to everything we will achieve together in the coming year.

Dalane Drexler

Chief Executive Officer



Planting Seeds of Lived Experience in Polished Spaces: A Consumer's Perspective

My first year as a consumer representative started with entering the role with cautious optimism. I hoped to bring my lived experience into spaces that too often speak about us without us.

But the reality was more complicated. In many meetings, people used polished language, but real impact felt far away. The vision statements often seemed out of reach. I spoke up, sometimes gently and sometimes more firmly, when systems chose compliance instead of care.

There were moments of genuine connection. Sometimes, someone would pause and ask, "What do you think about our current mental health system, Lucas?" and truly mean it. There were also moments of deep frustration. Bureaucracy would dilute urgent matters, and lived experience became commodified.

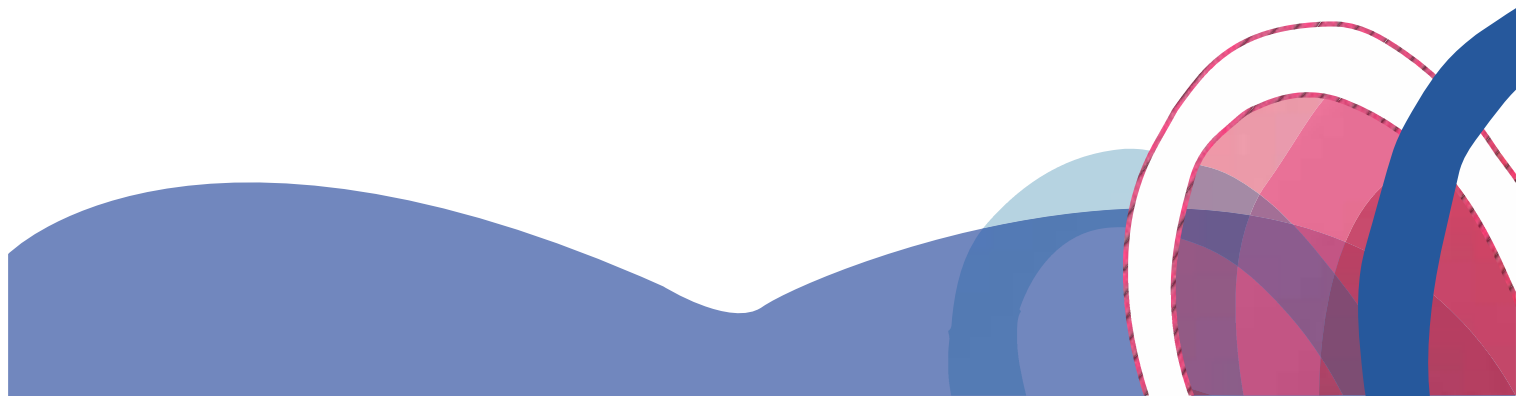
Even so, I keep showing up and speaking out for quick action, dignity, and support that respects people with mental health challenges. I push back in meetings, even when it makes me feel exposed or worried about losing chances. Deciding to leave one of a committee group that no longer fit my values was tough. I had doubts and worried about what it might mean for my reputation and future. But by being honest and standing by what I believe, I hope to encourage others to act with empathy and courage so we can move toward real change.

Being a consumer representative taught me that change takes time, but being honest makes a difference. The current system often avoids discomfort, but it is crucial to face it to improve conditions for our consumers in the ACT.

I am grateful to have great mentors: Jenny Adams and Paul Thompson, and our consumer representative coordination and education team, Eva and Petra. Thank you for your support, and thank you all consumer representatives for your courage and commitment.

Lucas Spensberger

Consumer Representative



National Mental Health Consumer & Carer Forum

Federal funding for the National Mental Health Consumer & Carer Forum (NMHCCF) ended on 30 Jun 2025, being replaced by two newly created national peaks – the National Mental Health Consumer Alliance and Mental Health Carers Australia respectively.

Lived Experience Australia lodged a successful expression of interest to take over the Digital Library, and the National Library has also offered to do this, including maintaining a live hosted website with the original logos. The library, which receives around 1000 hits per month, will remain a live structure and new research papers may be added.

NMHCCF members discussed the possibility of incorporating, noting that Mental Health Australia (MHA) is the auspicing body so their support would be required.

Carolyn Nikoloski, CEO of Mental Health Australia (MHA) addressed the NMHCCA at its final meeting in May 2025. She thanked us for our input, and the way in which the work has continued despite an impending closure. She was confident in being able to work with the new federal Health Minister, who is yet to be appointed following the 2025 election. Carolyn expects that biennial meetings will continue between state and territory health ministers. She is optimistic for ongoing reform of the sector but acknowledged that change will take time.

The NMHCCF developed "final messages" for the sector under the following headings:

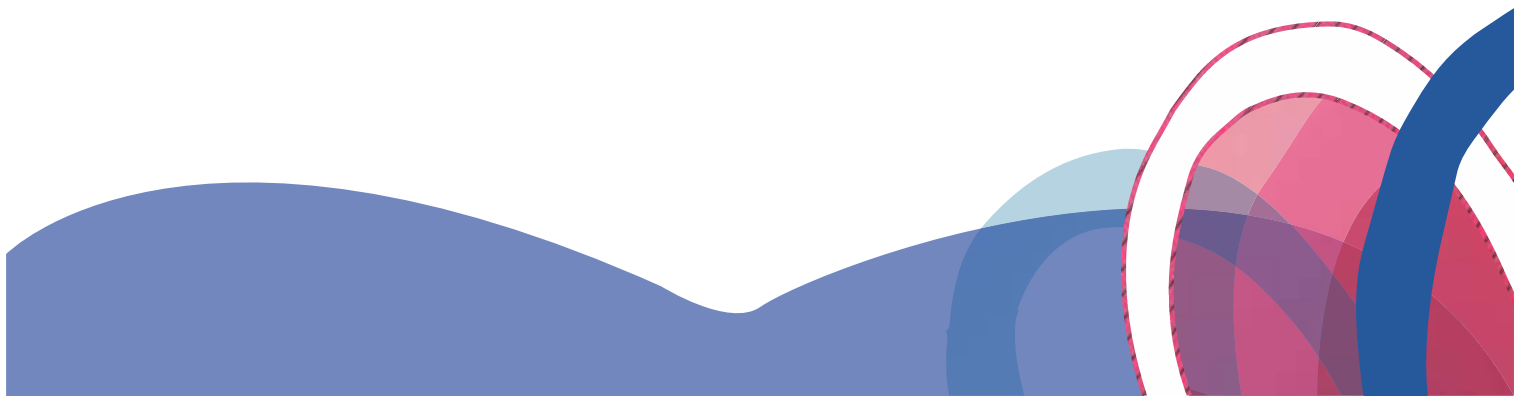
- Psychosocial Disability
- Consumer & Carer leadership
- Peer Workforce
- Advocacy, and
- Other

Position Statements and Advocacy Briefs can still be found on the NMHCCF website:

<https://nmhccf.org.au/>

Paul Thompson

NMHCCF Consumer Member for the ACT



Community Education Program

Over the past year, our Community Education Program (CEP) has continued to grow in reach and impact, supporting consumers, peer workers, and the broader mental health community through training, resources, and collaborative learning.

Co-Design at the Heart of Our Work

Our Education Reference Group (ERG) played a central role in shaping the content and direction of our training. Together, we reviewed and refined the *Peer Co-Facilitator Training* and several workshop modules, ensuring they remain grounded in lived experience and relevant to the needs of our community.

One highlight was the *Self-Advocacy Workshop Series*, delivered to ERG members between March and May. These sessions sparked rich discussions and helped us fine-tune learning outcomes and identify content suitable for future eLearning.

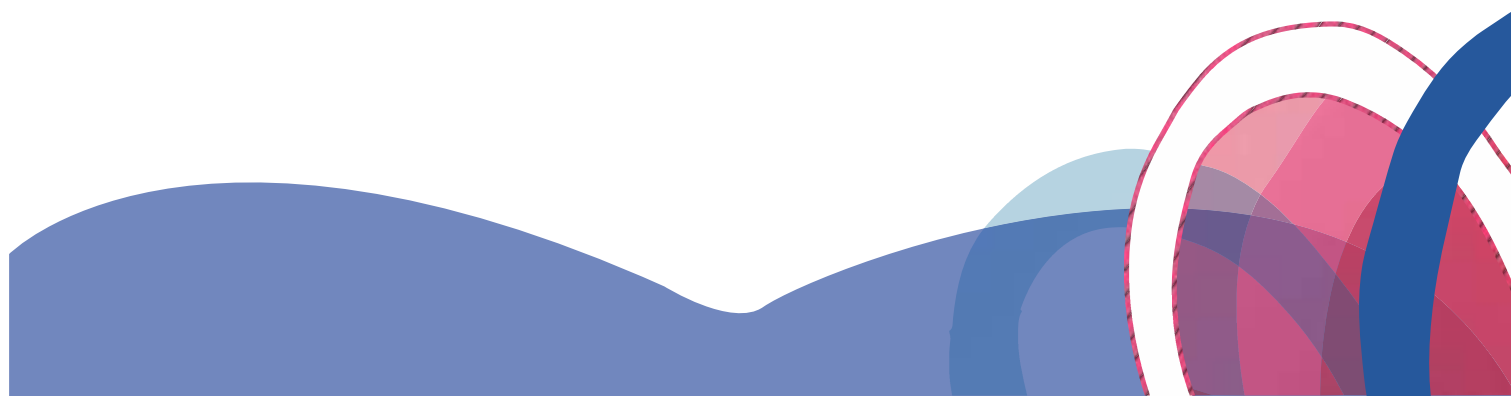
Overall a damn fine distillation of useful information from some deep and hefty topics... well done!

Making Training More Accessible

In April 2025, we introduced a self-paced hybrid format for our Consumer Representation Training, combining online modules with two group workshops offered both in-person and online. This flexible approach made it easier for people to participate around their existing commitments.

For some, this was their first-ever connection with the Network, and the accessible format allowed individuals who hadn't been able to attend previous sessions to finally take part. We were really pleased to see strong interest in the training, and even more so to welcome five new eligible Consumer Representatives who completed the full course.

Given the success of this model, we're excited to continue offering flexible training options in the future to ensure more people can engage, learn, and contribute.



This was a really useful introduction to committees and how to make systemic change... I feel like I learnt a lot.

The online delivery was really useful for me because it meant I could pre-arrange some hours off work to attend.

Ongoing Learning for Consumer Reps

Our CRP Masterclasses offered Consumer Representatives opportunities to deepen their skills and confidence throughout the year. Topics included:

- Finding your “why” as a rep
- Planning for the year ahead
- Developing key position statements
- Navigating mental health committees

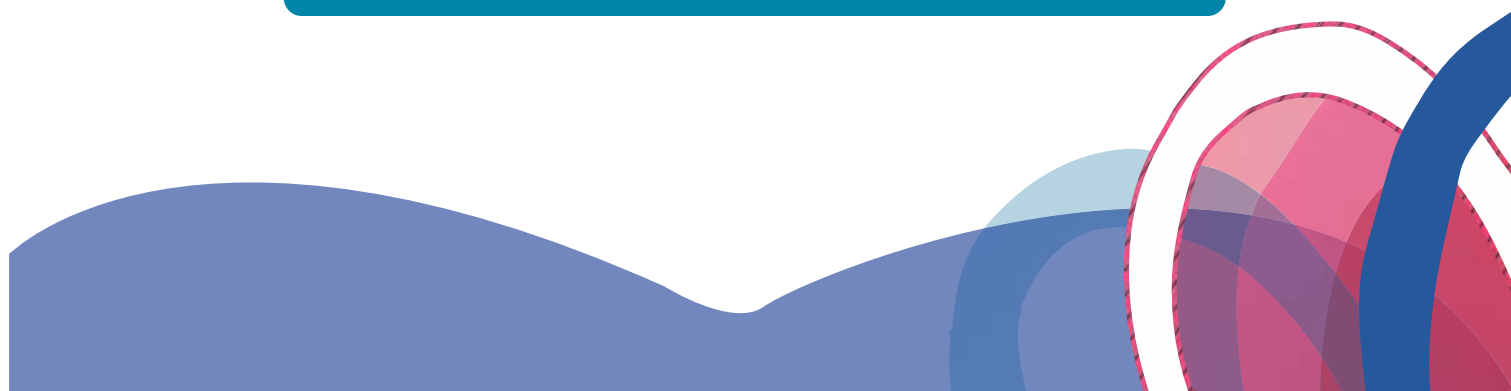
These sessions were designed to be practical, reflective, and empowering—helping reps feel more prepared and connected in their roles.

My Rights, My Decisions (MRMD): Expanding Reach and Impact

The MRMD program continued to grow, helping consumers and professionals understand and use the Form Kit to support mental health advance care planning. We delivered workshops to a wide range of audiences—from GPs and clinicians to community organisations and peer workers.

We also developed a suite of fact sheets to support understanding and implementation of the *My Rights, My Decisions Form Kit*. These resources are tailored to meet the needs of different audiences, including carers, clinicians, and GPs - and aim to make the information more accessible and relevant.

Thank you so much for your time! I learnt a lot and have so much more information around the topic. This will be an incredible help.



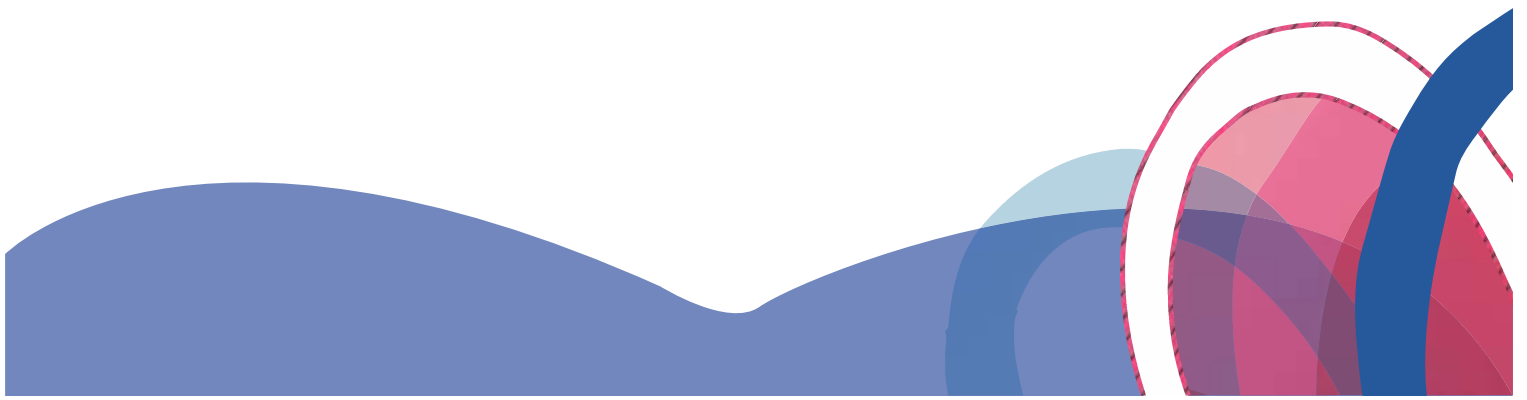
While the *My Rights, My Decisions (MRMD) Form Kit* was created with consumers in mind, we know that its impact depends on broader awareness and support across the health and community sectors. That's why we've been working closely with organisations like Capital Health Network, Migrant and Refugee Settlement Services (MARSS), Mental Health, Justice Health and Alcohol and Drugs Services (MHJHADS), and HealthCare Consumers Association (HCCA) to bring MRMD into more settings where it can make a real difference.

For example, we've been exploring ways to better engage general practitioners—helping them become more familiar with MRMD and how it can support their patients. We're also working to make MRMD easily accessible to clinicians through the Digital Health Record (DHR), so that when a consumer presents at a hospital, their preferences are visible and respected.

Together, these efforts are helping to build a stronger, more informed network of support around consumers and their rights.

Petra Kallay & Jo Harper

Community Education Team



Policy & Participation Program

This past financial year has been challenging yet very important for the Policy and Participation Program. At the end of 2024, the Network farewelled Jen Nixon and Dia Andrews assumed responsibility for the Policy and Participation role. Around this time, the Network also finalised the agreement with the National Mental Health Consumer Alliance (the Alliance) and commenced work for this partnership. The the Barriers to Access Research Project came to fruition with the publication and launch of Access Denied. We hired a temporary Policy & Research Officer, Cass Heffernan, to work on work on national policy issues with the Alliance.

National Mental Health Consumer Alliance

In late 2024, the Network entered into a formal partnership with Alliance that includes funding for staffing and advocacy projects. The Alliance is a new organisation composed of state and territory peak consumer advocacy organisations. Policy and Programs is the portfolio responsible for coordinating and fulfilling the Network's responsibilities under the signed agreement.

We hired a temporary Policy & Research Officer, Cass Heffernan, to work on work on policy issues with the Alliance. This included establishing a Consumer Advisory Group (CAG), participating in policy meetings, contributing to NMHCA submissions and facilitating consumer input among other tasks.

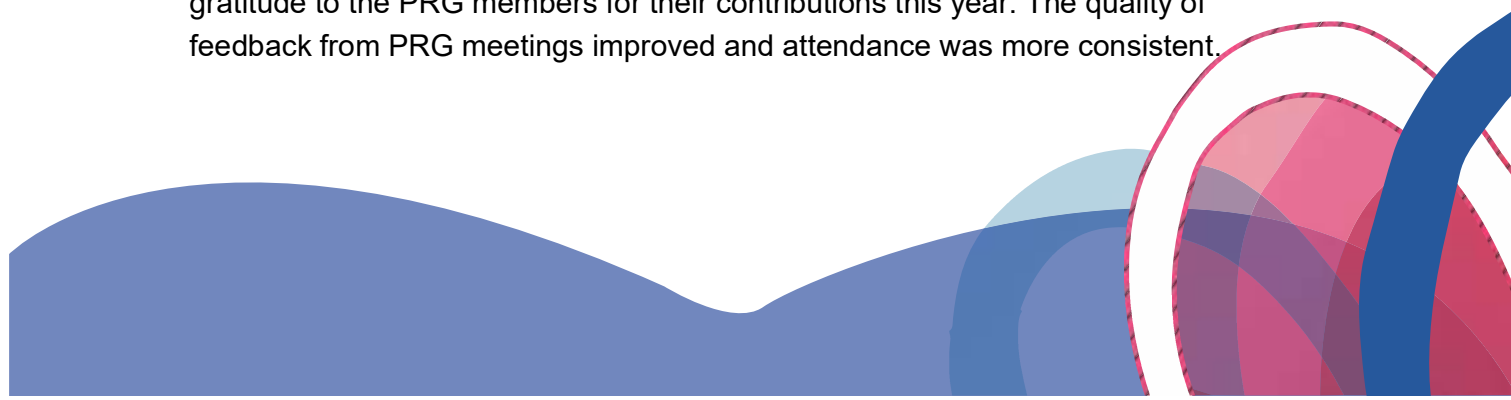
Consumer Advisory Group to the Alliance

As a part of the Network's agreement with Alliance, the Network established a Consumer Advisory Group (CAG). The role of the CAG is to provide consumer feedback and input into national mental health system issues that the Alliance is working on. Under this understanding of the group, two meetings were held and two submissions were prepared:

- CAG Review of the Productivity Commission's Final Review of the National Mental Health Suicide Prevention Agreement
- CAG Feedback on the NMHCA Strategic Plan

Policy Reference Group

The PRG was refreshed with new members in March 2025 and it continues to be the central pillar of the Policy and Participation Program. Dia would like to extend her gratitude to the PRG members for their contributions this year. The quality of feedback from PRG meetings improved and attendance was more consistent.

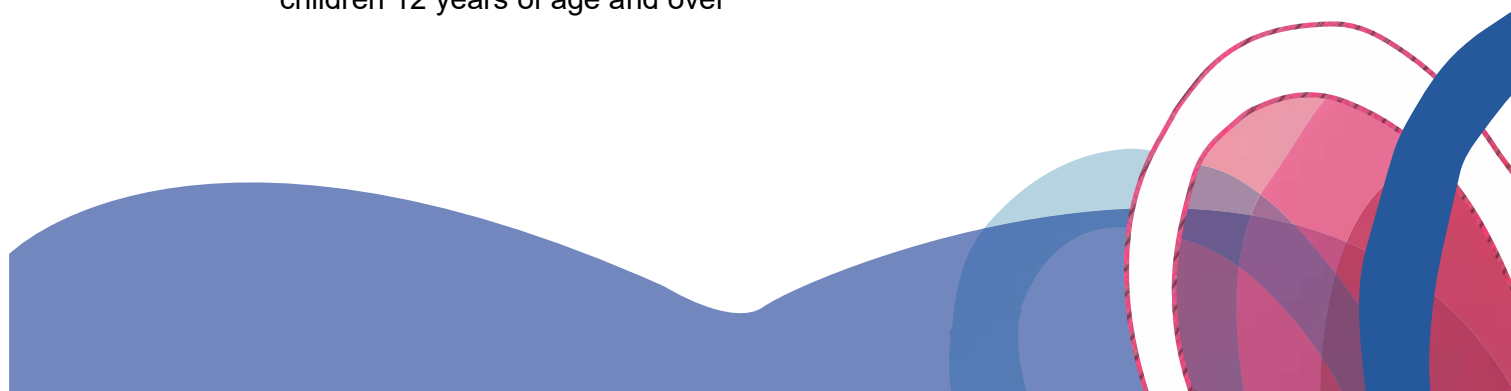


Cooperation with Mental Health Justice Health and Alcohol and Drugs Services (MHJHADS) also improved by means of implementing a quarterly meeting for reviewing and discussing upcoming consultation requests. The PRG Program still requires additional work for the purposes of improving the consumer experience and the clarity of PRG procedures.

Submissions

Submissions are produced to provide consumer feedback received during PRG meetings, forums and, when appropriate, internally prepared advice. The following submissions were produced in 2024-2025, with most being made publicly available on the Submissions page of our website including in response to:

- Canberra Health Services (CHS) Exceptional Care Framework 2024-2027
- CHS Consumer Privacy Policy
- CHS Mental Health, Justice Health and Alcohol & Drugs Services (MHJHADS) Supported Accommodation Procedure
- CHS MHJHADS Specialty Services Model of Care
- CHS QSII Consumer, Carer and Community Representative Reimbursement Procedure
- CHS Observation through Therapeutic Engagement in
- MHJHADS MH inpatient settings procedure
- CHS Patient identification and procedure matching
- Office of the Chief Psychiatrist (OCP) Eating Disorders Residential Treatment Centre (EDRTC) Briefing Paper
- CHS MHJHADS Initial management, assessment and intervention for a person vulnerable to suicide procedure
- CHS Intimate body care and/or examination of patients or
- clients by healthcare workers
- CHS MHJHADS Sharing information with carers - Mental health adult in-patient units procedure
- CHS MHJHADS Safety Plan
- The Choice and partnership approach, child and adolescent mental health services (CAMHS) Community teams procedure
- CHS MHJHADS Non-urgent escort and transport of consumers of MHJHADS procedure
- CHS Electroconvulsive therapy (ECT) neurostimulation (NS) - adults and children 12 years of age and over



- CHS Consultation Paper: Transition of North Canberra Hospital (NCH) mental health services to MHJHADS
- CHS Sexual Safety Procedure

Direct consultations & Policy Forums

If the PRG is unable to review a document and an internal review is inappropriate, the Network arranges either a direct consultation or a policy forum where consumers and members are invited to provide feedback and perspective on a document or proposal. For 2024-2025, the Network hosted the following direct consultations and/or policy forums:

- 25 November 2024, MHJHADS Peer Led Service Workshop
- 15 April 2025, Tuggeranong Medicare Mental Health Centre Consultation
- 12 June 2025, ACTHD Draft Strategic Investment Plan

Other external policy activities

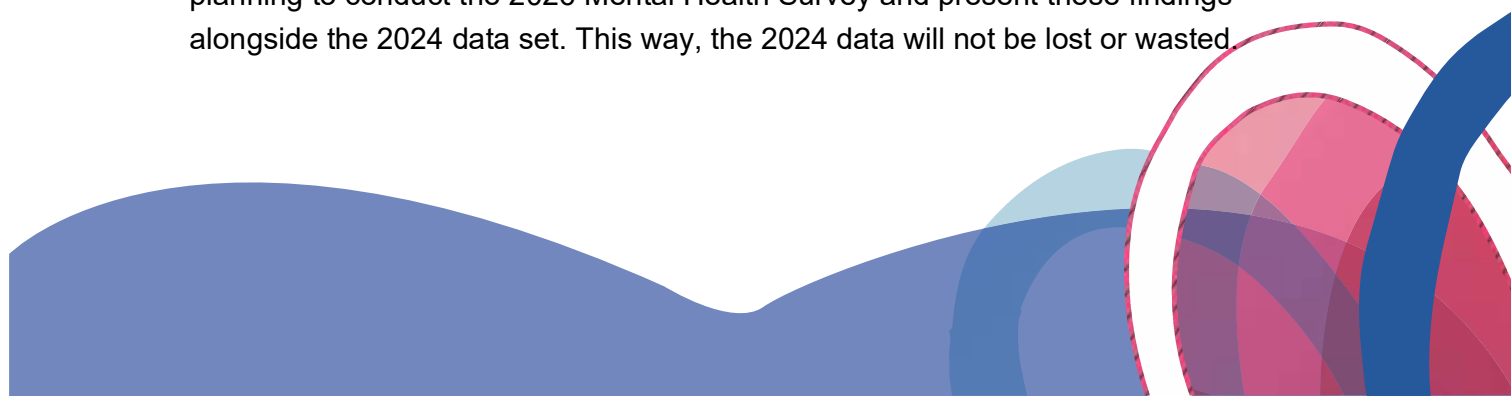
Some of the Network's advocacy and policy work does not fit neatly into the other categories due to being an invitation for non-public consultation or a staff initiative but these are no less important.

- 18 July 2024, Community meeting with Minister for Mental Health Emma Davidson.
- 5 December 2024, Review of Mental health commissioning strategic investment plan version 6.
- 30 April 2025, Open meeting with the ACT Chief Psychiatrist Anthony Cidoni

Research Activities

With the conclusion of the Barriers to Access Research Project in early 2024, Dia drafted and finalised Access Denied: A consumer led study into accessing mental health services in the ACT. With editorial review by Deigh Drexler and support from the whole Network team, Access Denied was launched on 18 June 2025. This involved publishing Access Denied in print and digital formats, circulating the report across the ACT and to other Australian consumer organisations. The launch event was attended by the Minister for Mental Health Rachel Stephen-Smith, community mental health organisations, sector counterparts and local media.

Due to disruptions and capacity limits, no further work has been undertaken on the 2024 Mental Health Survey. With the next Mental Health Survey due in 2026, we are planning to conduct the 2026 Mental Health Survey and present these findings alongside the 2024 data set. This way, the 2024 data will not be lost or wasted.



Organisational Representation/Engagement.

The Network continues to stay actively involved with other peak organisations and community service organisations, including regularly collaborating and consulting with a range of bodies and groups. The past year has seen a significant change in the committees and organisations that Policy & Programs portfolio is involved with. Many committees from 2023-2024 have been concluded while new ones have been established in the 2024-2025 financial year.

- ACT Council of Social Services (Multiple committees and select meetings)
- ACT Health Directorate
 - Mental Health Commissioning Advisory Group
 - Safe Haven Expansion
 - Consumer and Carer Peaks Committee
 - Perinatal Mental Health Project
- Alcohol, Tobacco and Other Drugs Alliance (Multiple working groups)
- National Mental Health Consumer Alliance
- Mental Health Community Coalition ACT
- Mental Health, Justice Health Alcohol and Drugs Division, Canberra Health Services, Peer-led Service Advisory Group
- Office of Mental Health and Wellbeing
 - Universal Aftercare Steering Group (Concluded, 2025)
 - Mental Health Suicide Prevention Plan
- Office of the Chief Psychiatrist, Review of the EDRTC Reclassification Approval

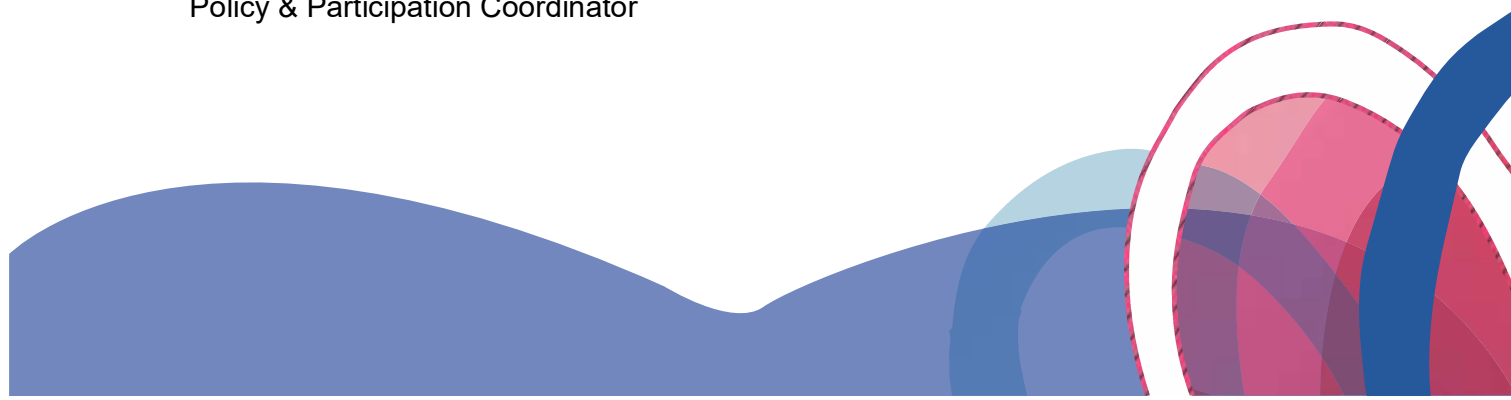
The Policy and Programs portfolio also had responsibility for engaging with a number of issue meetings and key stakeholder meetings. These included standing meetings with officials such as the Minister for Mental Health Rachel Stephen Smith and the Chief Psychiatrist Anthony Cidoni.

The organisational representation and engagement component of the Policy and Programs portfolio requires additional work in the next financial year to improve record keeping, management of commitments, and tracking of committee progress.

Thank you to all members that participated in our policy work this year. It has been a challenging year, but it is a successful one nonetheless.

Dia Andrews

Policy & Participation Coordinator

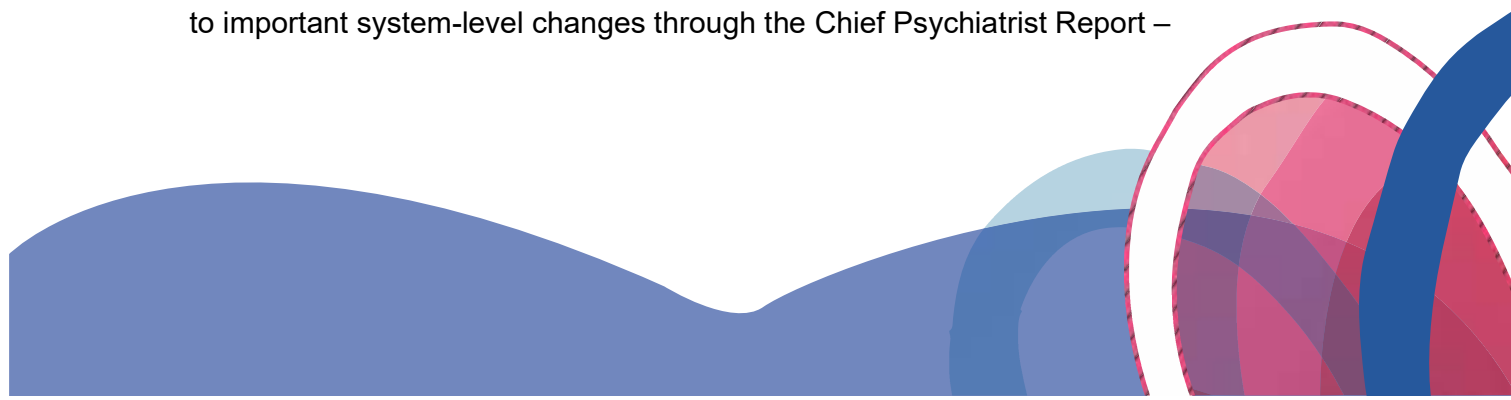


Consumer Representative Program

Over the past year, we've made some great improvements to the Consumer Representative Program (CRP) to better support our volunteers. We created a CRP Induction Pack to help new Consumer Representatives feel prepared and confident from the start. For those already involved, we introduced a simple spreadsheet to help track reimbursements for attending committee meetings. We also updated the CRP Mentoring Program and added a new section to our forums called Consumer Rep Spotlight / Peer Perspectives, where members share their stories and experiences. To better support volunteers, we increased the reimbursement rate from \$75 to \$100 per meeting, following the CHS Consumer, Carer and Community Representative Reimbursement Policy. We're now working with other organisations to make sure this rate is consistent across the board.

This year, some of our Consumer Representatives had the chance to share their personal experiences during Orientation Training sessions for Mental Health, Justice Health, and Alcohol & Drug Services (MHJHADS). In their presentations, they talked about how the Network helps make sure consumer voices are heard in the healthcare system. They introduced key programs like Self-Advocacy and Consumer Representation Training, My Rights My Decisions, the Consumer Representation Program, and the Policy and Participation Program. They also explained what it means to be a Consumer Representative and why it's important to include consumers in decision-making. Most importantly, they shared what consumers need from Canberra Health Services staff, talked about their experiences on committees, and spoke openly about their journeys in advocacy—bringing real stories and perspectives to the conversation.

The 2024–2025 year opened up a range of exciting new opportunities for our Consumer Representatives to contribute their lived experience and insights across the health sector. These included joining the Safe Haven Expansion Project Co-Design Group, and participating in several working groups under the Alcohol Tobacco and Other Drug Association ACT (ATODA) Mental Health Alliance, such as Peer Support & Lived Experience, Capacity Building, and the Complex & Co-occurring Cohort Advisory Group. Consumer Reps also played a key role in the ANU School of Medicine and Psychology Community Engagement Group, and contributed to important system-level changes through the Chief Psychiatrist Report –



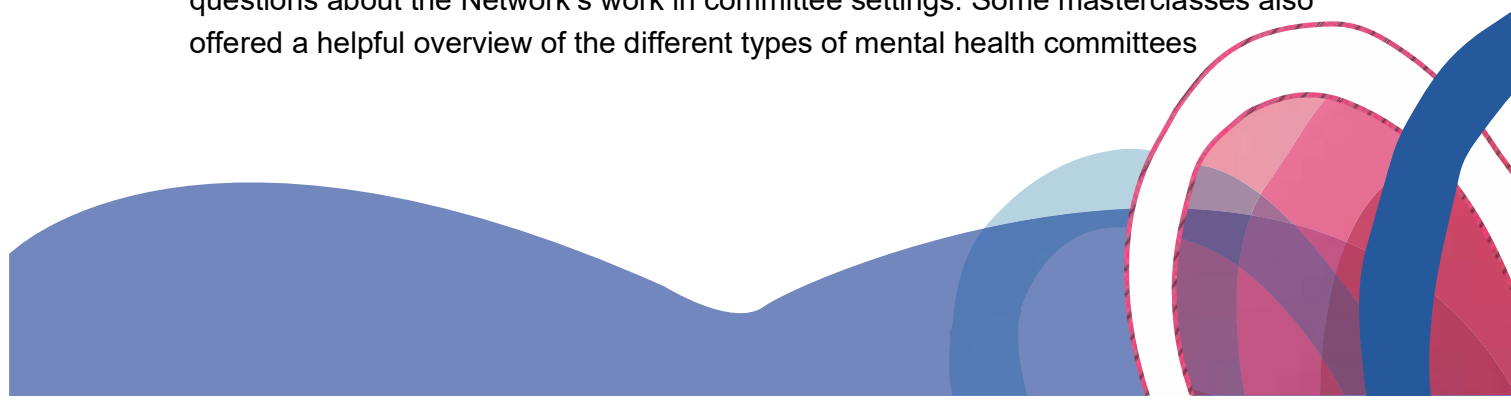
Legislative and Clinical Implementation Working Groups. Additionally, they were involved in shaping clinical practice as part of the Intramuscular Medication Administration Project (IMAP) Steering Committee. These opportunities reflect the growing recognition of consumer voices in shaping more responsive, inclusive, and effective health services.

Paul Thompson proudly represented the ACT as a Consumer Representative on the National Mental Health Consumer and Carer Forum (NMHCCF). With a long-standing and active involvement in the Network, Paul brings a wealth of experience and passion for consumer advocacy to the national stage. His latest NMHCCF report are shared later in this Annual Report.

We were excited to welcome two new Consumer Representatives to the Network. Congratulations to Michael Forrest, who completed the Consumer Representation training through HCCA, and to Katie Moritz, who successfully completed the Network's own training program. Their commitment to learning and advocacy is a fantastic addition to our growing community of passionate consumer voices.

Consumer Representatives have been actively involved in both their committees and the CRP Forums, bringing energy and insight to important discussions. In the Forums, they discussed key issues such as confidentiality in committee feedback, the need for better data practices, and how hospital services can be more responsive to consumer needs. Many shared positive reflections on their committee experiences, highlighting how they've helped bring consumer perspectives into decision-making spaces. Those who attended the 2024 Mental Health Services (TheMHS) Conference also shared thoughtful feedback—raising concerns about technology challenges, the lack of consumer-led content, and the importance of presenters tailoring their messages to the audience. Their voices continue to shape conversations and push for meaningful change across the system.

Petra Kallay, our Community Education Coordinator, led a series of engaging CRP Masterclasses during the Forums, diving into topics that matter most to Consumer Representatives. These sessions explored the My Rights My Decisions (MRMD) program, encouraged reflection and goal-setting in the Consumer Rep role, and helped participants develop clear position statements to confidently respond to questions about the Network's work in committee settings. Some masterclasses also offered a helpful overview of the different types of mental health committees



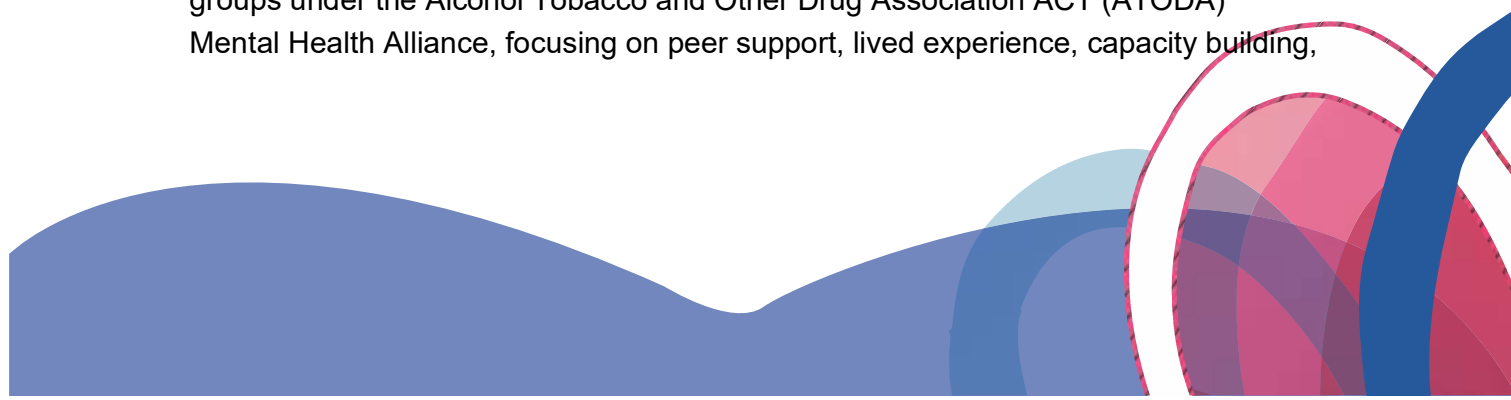
Consumer Representatives may encounter, building knowledge and confidence for future involvement. At the October Forum, we were also joined by Sonny Ward, Director of Nursing at MHJHADS, Canberra Health Services, who delivered a powerful presentation on the strategies being used to prevent, reduce, and eliminate restrictive practices—sparking important conversations and reflections among attendees.

One of the highlights of my role has been the opportunity to check in with our Consumer Representatives. These conversations give me a chance to hear how they're going, learn about their experiences in the Consumer Representation Program, and understand how we can better support them in their roles. It's always inspiring to hear their insights and reflections, and I'm looking forward to continuing to build these connections and strengthen our community moving forward.

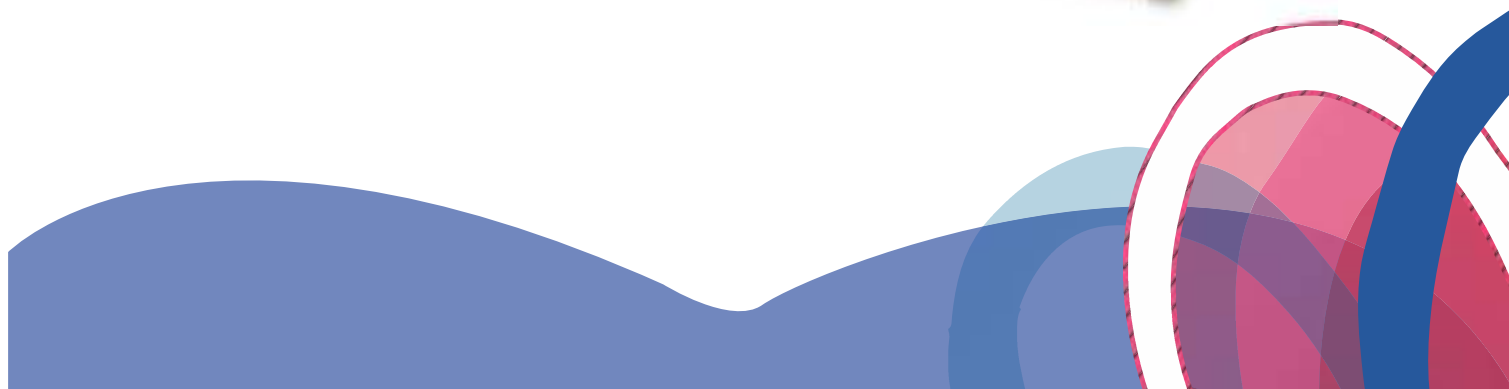
In December 2024, the Network proudly celebrated a special milestone—recognising Consumer Representative Paul Thompson for five years of dedicated volunteer service. Paul Thompson's long-standing commitment to advocacy and consumer voice has made a lasting impact, and we're incredibly grateful for the passion and insight they continue to bring to the Network.

Thank you to all eighteen Consumer Representatives listed at the beginning of this Annual Report. We really appreciate your ongoing commitment to advocacy and the positive, thoughtful way you take part in this work. Your voices make a real difference, and we're grateful for everything you bring to each meeting and conversation. We also want to take a moment to acknowledge and sincerely thank the three Consumer Representatives who stepped down during the financial year. Their contributions, insights, and dedication during their time with the Network have been truly valued, and we're grateful for the impact they've made in advancing consumer advocacy.

Throughout the year, our dedicated Consumer Representatives brought the mental health consumer voice to 46 different committees—an incredible effort that reflects their deep commitment to advocacy and change. Their involvement spanned a wide range of important issues, including contributing to the ACT Mental Health & Suicide Prevention Regional Plan – Plan at a Glance, and participating in several working groups under the Alcohol Tobacco and Other Drug Association ACT (ATODA) Mental Health Alliance, focusing on peer support, lived experience, capacity building,



and complex/co-occurring needs. They also provided valuable consumer and community perspectives to the ANU School of Medicine and Psychology committee, influencing education, research, and service delivery. Additionally, Consumer Representatives played a key role in committees responding to the Chief Psychiatrist's Report on care and support for individuals deemed not guilty due to mental impairment, helping shape legislative and clinical reforms. Their voices were also central to ongoing work in policy development, governance, and the review of guidelines, handouts, and pamphlets—ensuring that consumer perspectives remain at the heart of mental health system improvements.



2024-25 COMMITTEES

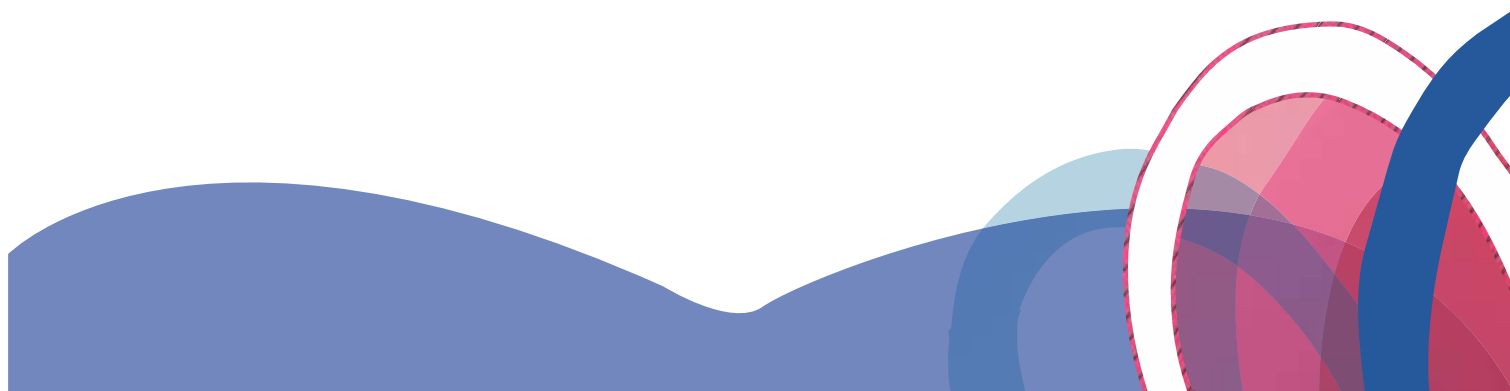
- Adult Community Mental Health Service (ACMHS) Governance Committee
- Adult Inpatient Mental Health Services (AIMHS) Governance Committee
- ACT Consumer and Carer Research Unit Advisory Group (ACACIA)
- ACT Corrective Services (ACTCS) Disability Expert Reference Group
- ACT Electoral Commission Disability Advisory Committee (Closed)
- ACT Health Infrastructure Consumer Reference Group
- ACT Mental Health and Suicide Prevention Coordinating Group
- ACT Mental Health Commissioning Advisory Group
- ACT Quality and Safety Leadership Network (QLSN)
- ACT Safe Haven Café Steering Group (Closed)
- ACT Safe Haven Expansion Steering Group (Closed)
- ACT Safe Haven Expansion Co-Design Group (Closed)
- ACT Suicide Prevention Coordinating Committee
- ACT Universal Aftercare Steering Group
- Alcohol, Tobacco and Other Drug (ATOD) and Mental Health Alliance
- Alcohol, Tobacco and Other Drug (ATOD) and Mental Health Alliance Working Group (Closed)
- Alcohol Tobacco and Other Drug Association ACT (ATODA) Mental Health Alliance – Capacity building working group (Closed)
- ATODA Mental Health Alliance – Peer support, lived and living experience working group (Closed)
- ATODA Mental Health Alliance – Complex and Co-occurring Cohort advisory group (Closed)
- ANU School of Medicine and Psychology Community Engagement Group (New)
- Capital Health Network Community Advisory Council (Closed)
- Child and Adolescent Mental Health Service (CAMHS) Team Managers' Governance Committee
- Chief Psychiatry Advisory (Mental Health Act 2015 Oversight) Committee
- Chief Psychiatrist Report - Legislative Implementation Working Group (New)



- Chief Psychiatrist Report - Clinical Implementation Working Group (New)
- Consumer Advisory Group – ACT Ambulance Service
- Consumer Handouts Committee
- Development and Implementation Committee
- Digital Health Record Consumer Experience Committee
- Eating Disorder Residential Treatment Centre (EDRTC) - Clinical Working/Workstream Group (Closed)
- Health Planning Unit (HPU) 132 Child and Adolescent Mental Health Unit (National Committee) (Closed); 133 Psychiatric Emergency Care Centre (PECC) (National Committee) (Closed); and 137 Mental Health – Intensive Care Units Committee (National Committee) (Closed)
- Intramuscular Medication Administration Project (IMAP) Steering Committee (New)
- Lived Experience Reference Group (New)
- Mental Health Week Advisory Committee
- Mental Health Standard Components (National Committee) (Closed)
- MHJHADS Governance Committee
- MHJHADS Mortality and Morbidity Committee
- MHJHADS Physical Health Steering Group Committee
- MHJHADS Prevention, Reduction and Elimination of Restrictive Practices (PRERP) Steering Committee (Closed)
- MHJHADS Restraint, Seclusion, Restrictive Practices Review (RSRPR) Committee
- National Mental Health Consumer and Carer Forum (Closed)
- Southside Community Step-Up Step-Down Governance Committee
- The Way Back Support Services Governance Group
- Tuggeranong Head to Health Working Group (Closed)

Eva Damarjati

Consumer Representative Program Officer



Administration and Communication Report

This year the Network made several changes to its services and communications.

These changes reflect the Network's ongoing commitment to adapting to consumer needs, improving operational efficiency, and exploring new ways to connect with the community.

Closure of the Drop-In Service

In July 2024 the Drop-In service was officially closed after many years of operation. This decision was based on a combination of factors:

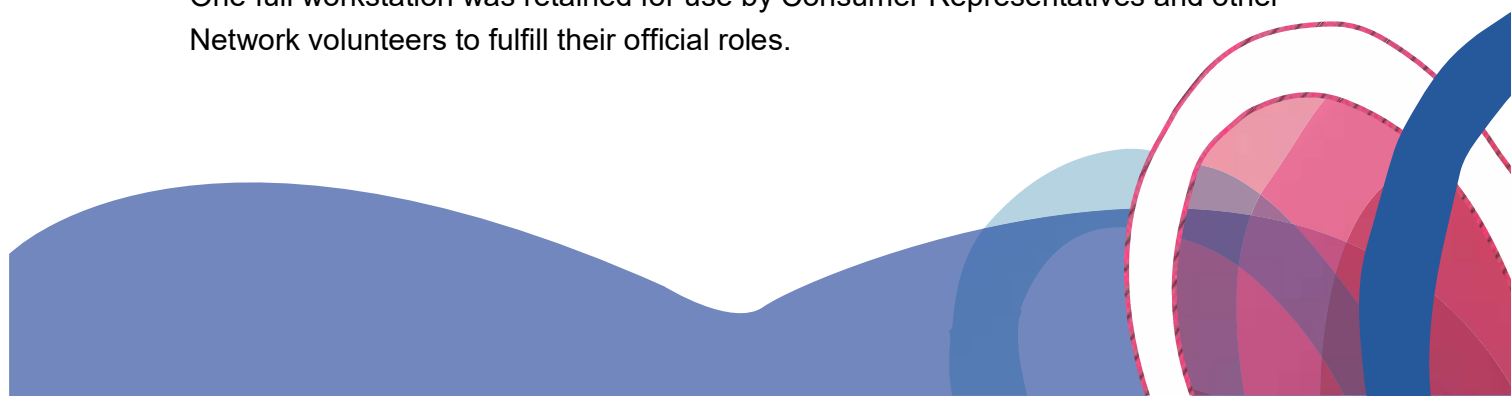
- **Low demand:** Fewer consumers were using the service over time, with long periods of no attendance.
- **Staffing limitations:** There were challenges in maintaining staff availability to run the service.
- **Changing consumer needs**

Despite efforts to promote the service and engage consumers more through a dedicated Drop-In Officer funded by the NDIS Information, Linkages and Capacity Building (ILC) grant (2020–2024) provided by the Department of Social Services, participation remained minimal. The monthly Mental Health Justice Clinic held during Drop-In, did continue to be held following the closure.

Members were notified of the closure, with a mixed response—some supported the decision, while others expressed disappointment. A very small number of members belatedly showed interest in using the Members Area for their self-advocacy needs. In response a 6-month trial was launched allowing bookings on Wednesday mornings. However, since no bookings were made the trial ended in January 2025.

Due to similar low engagement, the Mental Health Justice Clinic was also discontinued being hosted at the Network by agreement. A new format was trialled of running legal information workshops followed by time for individual consultations with a solicitor. The first workshop was held in March 2024 with a small turnout of participants. Feedback was unable to be collected to assess the benefit to consumers. Because of this and a saturation of similar services within other community organisations, the workshops were not continued.

Equipment from the Drop-In service was repurposed for broader organisational use. One full workstation was retained for use by Consumer Representatives and other Network volunteers to fulfill their official roles.



The Members Area remains available for use by organisations for their meetings etc.



Newsletter Distribution Changes

Australia Post announced postage price increases for 2025, affecting both regular and bulk mail services. With postage costs steadily rising in recent years, this prompted a review of how the quarterly *Network News* newsletter is distributed in print.

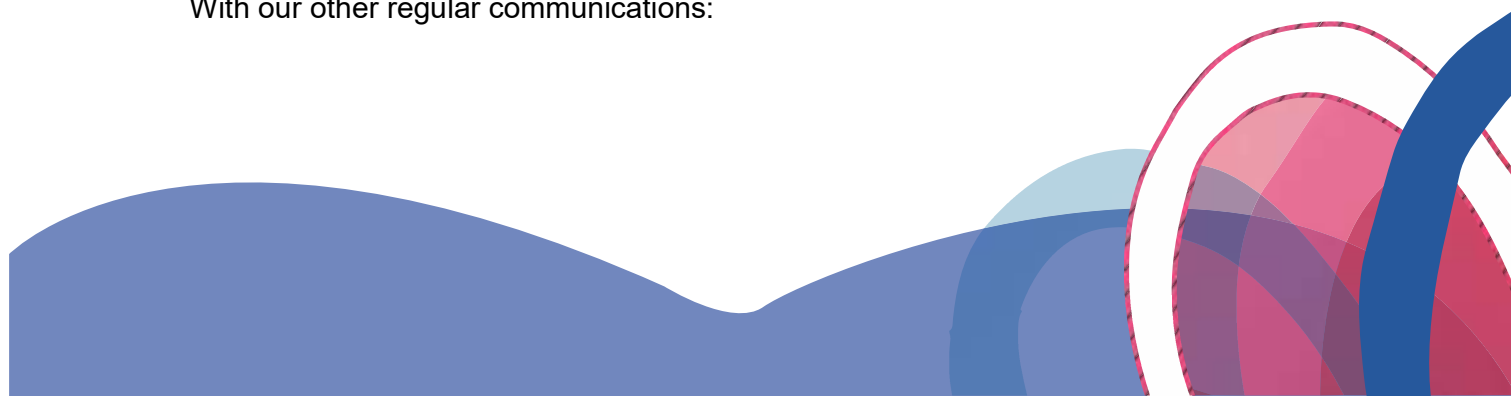
From the Autumn 2025 edition onward, newsletters were only mailed to:

- Members who specifically requested it or regularly engage with it
- Community/public organisations and outlets

This change was announced in the Summer 2024 edition. Additional public outlets were added to the print mailing list, with copies now available at local locations like the Community Info Hub.

A newsletter stand was installed at the front door of our office for easy public access. Informal tracking suggests this method is effective. Since the change, no former recipients have contacted the Network to request a mailed copy.

With our other regular communications:



- The **Network Navigator e-bulletin** was changed to a **fortnightly** schedule due to the time required to compile each issue.
- There were **no changes** to how Annual or Special General Meeting notices are sent.
- **Facebook engagement** saw a small increase at the end of the financial year.



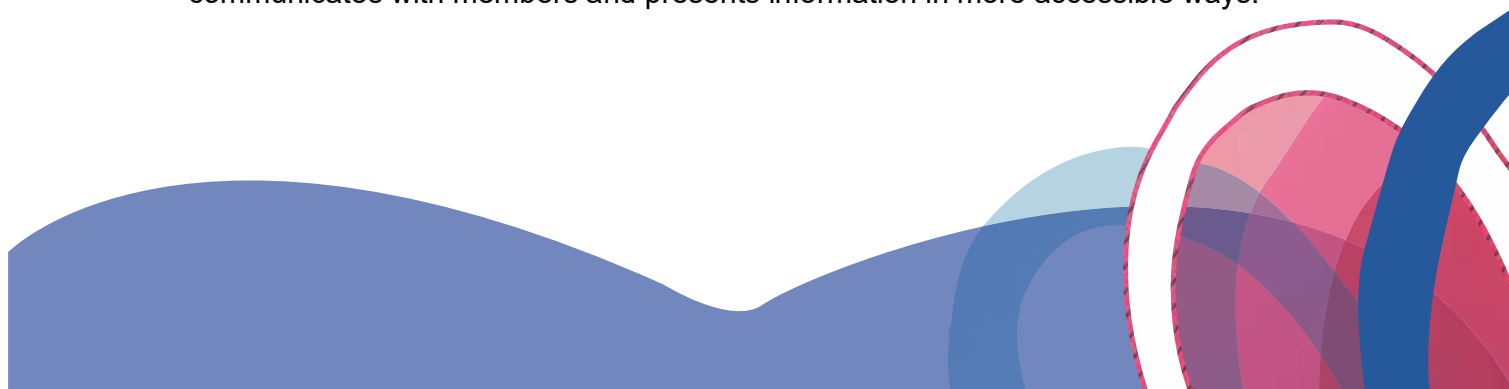
Emerging technology

The hot topic administratively now is all about Artificial Intelligence (AI), with the Network being no exception.

The Network has started using AI tools for non-generative (ie. data creation) tasks such as:

- Summarising and simplifying written content into plain English (such as this report)
- Creating images for events and promotional materials

While AI is not yet a perfect tool, it is proving useful in improving how the Network communicates with members and presents information in more accessible ways.



Events

Rhythm 'n Tea

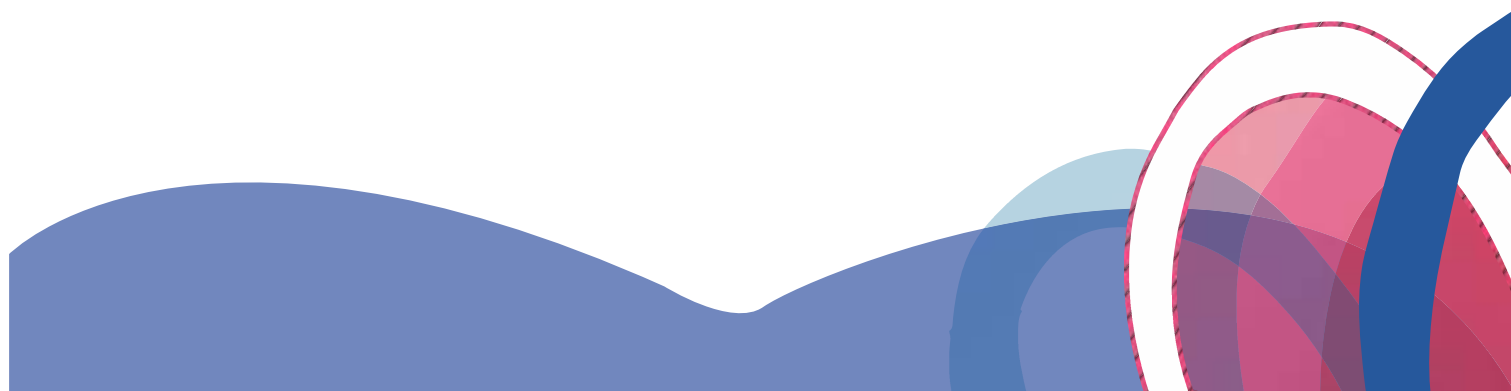
For Mental Health Month, the Network combined a **Wellbeing Priori-Tea** with a **Drumming Workshop** into an event called *Rhythm 'n Tea*. Held at the Salthouse Community Centre in Haig Park, Braddon on Thursday 23 October, the event was well attended by both new and familiar faces.

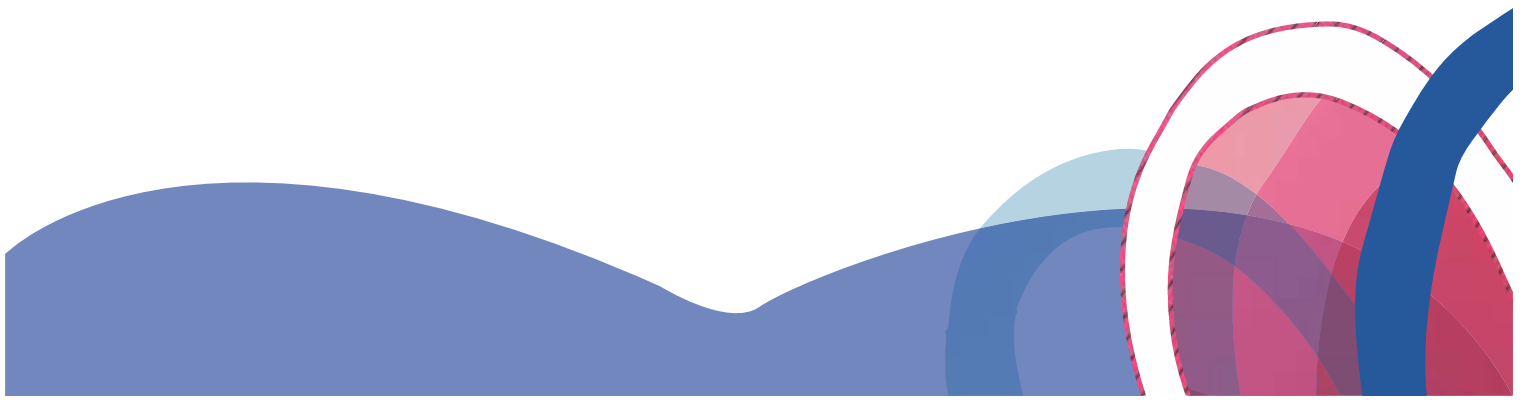
Despite the overcast weather, feedback was positive, with participants enjoying both the activity and the venue—which we also used for our end-of-year barbecue. The drumming circles, led by Britt and Susan from Safe Space Counselling, encouraged collaboration and creativity. Catering was provided by Tree83, and we thank both businesses for helping make the day special.

A dedicated webpage was created for advertising and registration, and AI tools were used to help promote the event and capture interest. Recordings from the drumming sessions are available on our website: <https://actmhcn.org.au/latest-news> or by clicking on each button below if reading this report electronically.

One drum at a time
9.30am

One drum at a time
10.45am

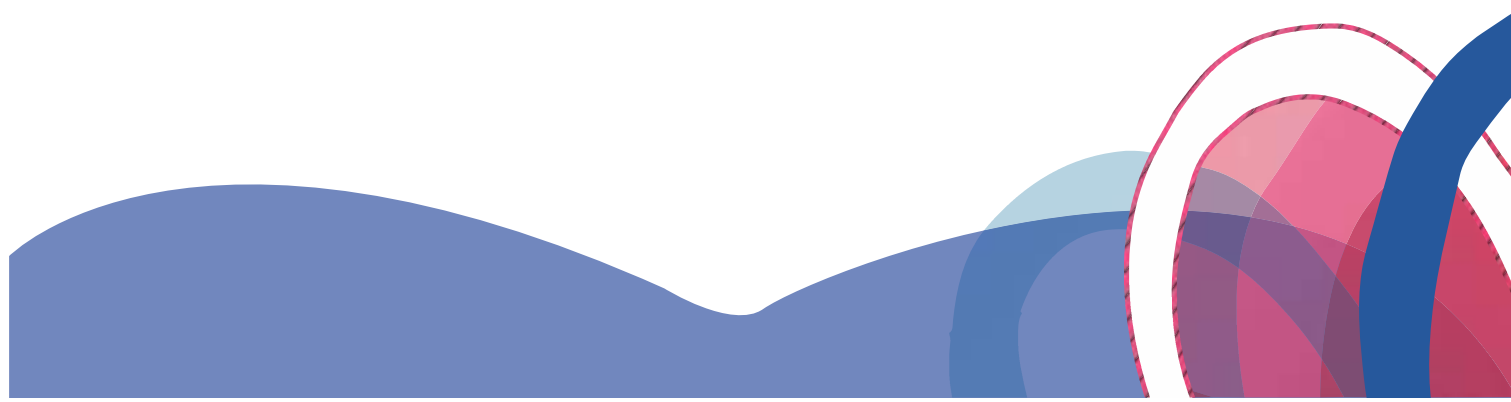




Mental Health Australia Expo

On Wednesday 9 October 2024 the Network was represented at the **Mental Health Australia Expo** at Parliament House by Val and Board Members Assunta (Secretary) and Paul (Chair). The Expo aimed to showcase mental health organisations from across Australia to Parliamentarians.

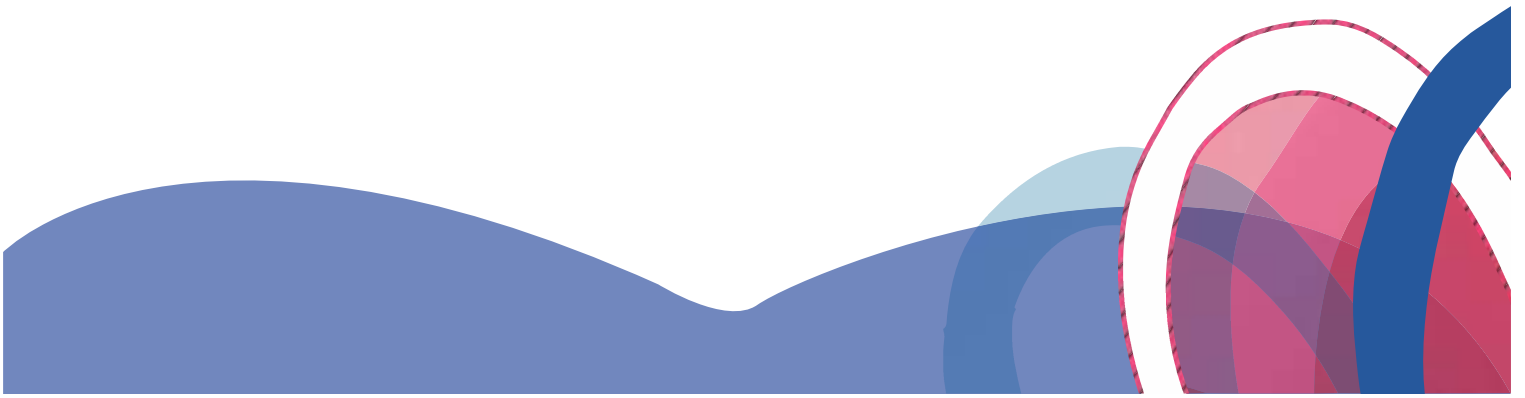
Unfortunately, due to a rescheduled Question Time, very few MPs or their staff were able to attend. However, the event still provided a valuable opportunity for networking and learning about initiatives in other States and Territories.



Annual General Meeting



Volunteer Thank You Morning Tea

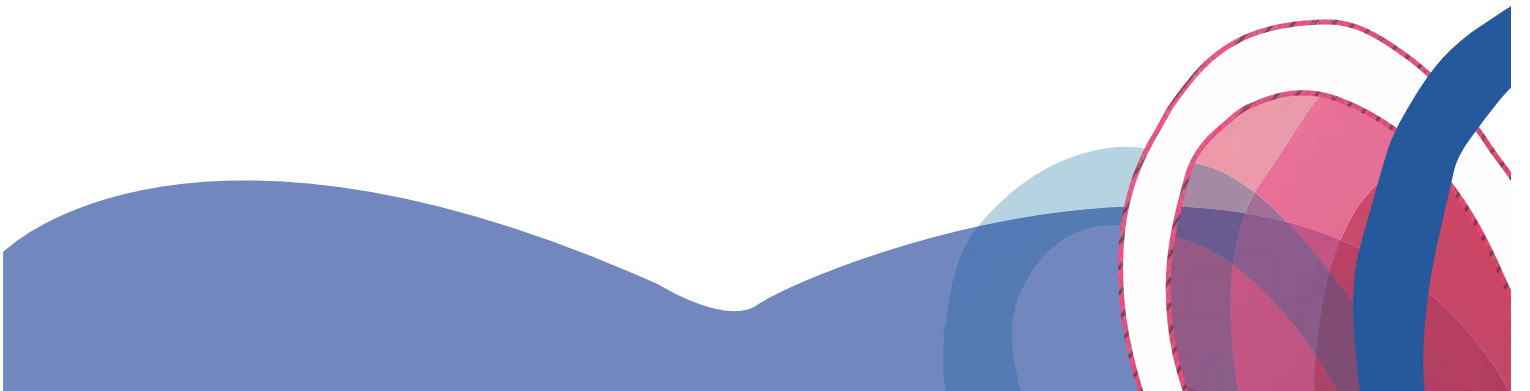


Other events

CRP catch up guest ACT Policing



Training – Consumer Representation (self-paced) - in-person session

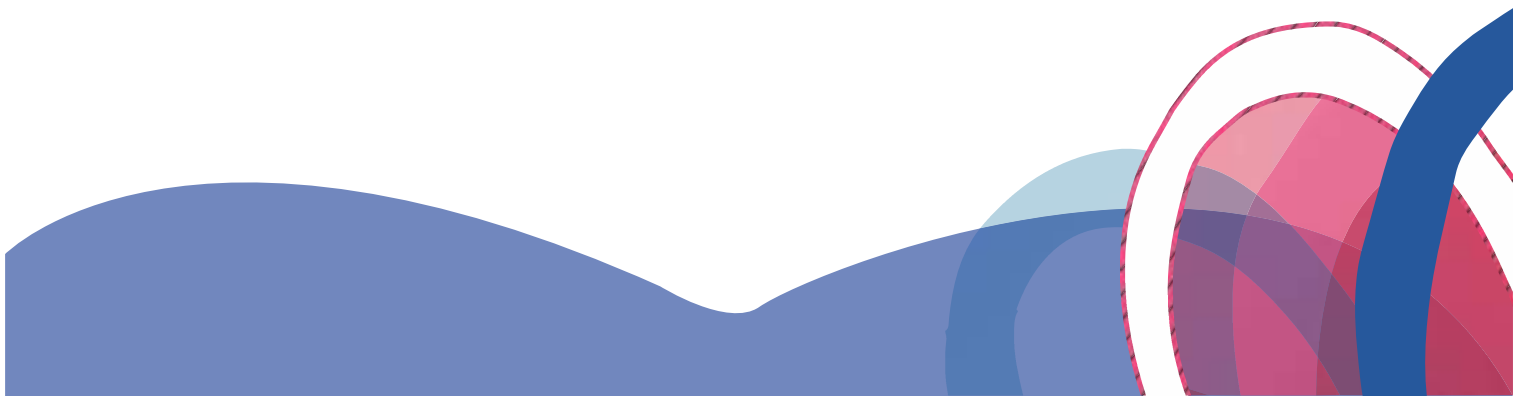




End of year barbecue

To celebrate the end of 2024, the Network hosted a barbecue at the Salthouse Community Centre on Wednesday 11 December. The sunny summer day was perfect for an outdoor gathering, and it was great to see a mix of long-time and new members.

Special thanks to Felicity for sharing her homemade chocolates and to Bryan for contributing photos from the day, which have been included alongside our own.





Membership

During the year, the Network welcomed

- **24 new Primary Members** (consumers with lived experience who live in or access services in the ACT)
- **13 new Individual Associates** (supporters or people with lived experience outside the ACT)
- **1 new Associate Organisation**

Most new Individual Associate memberships are existing Primary Members who we can no longer contact by any method and are formally having their memberships cancelled in accordance with the Constitution. Many new members tend to join online, which shows a change in how consumers access information and engage with services. New members are automatically added to the membership database and mailing lists are updated accordingly. Existing members can also update their details online. An online cancellation method for Primary members has also been developed and that meets the requirements outlined in our Constitution.

Vale to some valued members

Sadly, we received notifications of the passing of a few long-time members.

Michael Alexander

Michael Alexander passed away in October 2023 following a short illness. We have no further details about where Michael may have been buried or cremated.

John Brookes

John passed away on Monday 10 February 2025. John first joined the Network in 2013 where soon after he did a short stint working at the Network developing an advertising/promotion strategy and plan for our workshops and other activities.

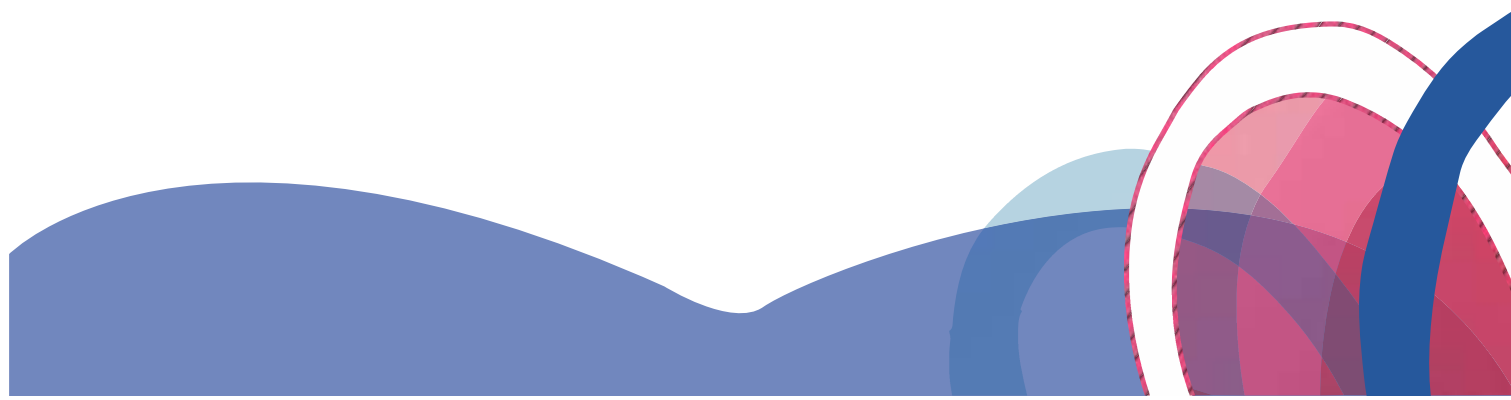
John's participation at our policy and other events showed that he cared deeply about improving mental health services and we greatly appreciate his contributions.

Rudi de Jong

Rudi passed away some time back in July of 2022. People who knew Rudi would remember him as a gentle soul and poet.

Val Phoenix

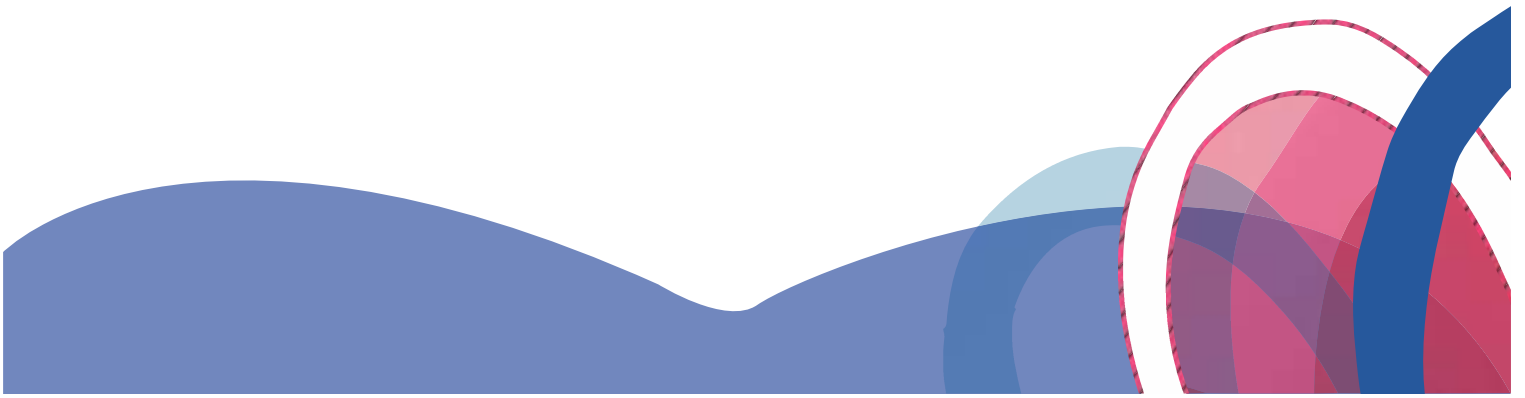
Administration Coordinator



Audited Financial Statements

For The Year Ended 30 June 2025

8 pages to follow



ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025**

**ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED
FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2025**

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**ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED
REPORT OF THE COMMITTEE**

Your committee members submit the financial report of ACT Mental Health Consumer Network Incorporated for the financial year ended 30 June 2025.

Board Committee members

The names of Committee members of ACT Mental Health Consumer Network Incorporated throughout the year and at the date of this report are:

Name	Position (2 yr terms)	Date Appointed
Paul Thompson	Chair	21/11/2023
LewChing Yip	Deputy Chair	19/11/2024
Kathryn Dwan	Secretary	21/11/2023
Assunta Arioli	Treasurer	19/11/2024
Bridget Berry	Ordinary Member	19/11/2024
Zac Chu	Ordinary Member	21/11/2023
Lucas Spensberger	Ordinary Member	05/12/2023
Thi Nha Tran	Ordinary Member	12/12/2023
Lachlan Atyeo	Ordinary Member	19/11/2024
Jennyfer Taylor	Ordinary Member	24/06/2025
Scott Sharpe	Ordinary Member	19/11/2024

Previous Members - July 1 2024 to 30 June 2025

Name	Position	Date Appointed	Date Ended
Lachlan Atyeo	Deputy Chair	15 November 2022	19 November 2024
Bridget Berry	Ordinary Member	15 November 2022	19 November 2024
Chris Corcoran	Ordinary Member	15 November 2022	19 November 2024
LewChing Yip	Ordinary Member	1 May 2024	19 November 2024

Committee members have been in office since the start of the financial year to the date of this report unless otherwise stated.

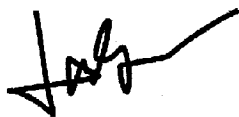
Principal Activities

The principal activity of ACT Mental Health Consumer Network Incorporated during the year 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.

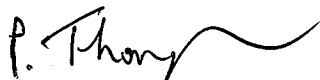
Operating Result

The surplus for the year amounted to \$10,265 (2024: deficit of \$35,634).

Signed in accordance with a resolution of the Members of the Committee.



Committee Member



Committee Member

Dated this 22nd day of JULY 2025.

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED

Scope

I have audited the accompanying financial report of the ACT Mental Health Consumer Network Incorporated for the financial year ended 30 June 2025, including the statement of financial position, statement of comprehensive income and statement of cash flows for the year then ended a summary of significant accounting policies and other explanatory information and the statement by members of the Committee.

Committee's Responsibility for the Financial Report

The Committee of the Association is responsible for the preparation and fair presentation of the financial report and has determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the *Associations Incorporation Act 1991* (ACT) and are appropriate to meet the needs of members. The Committee's responsibilities also include designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the organisation's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I followed applicable independence requirements of Australian professional ethical pronouncements.


Basis of Accounting

Without modifying my opinion, we draw attention to Note 1 of the financial report which describes the basis of accounting. The financial report is a special purpose financial report and has been prepared by the Committee to satisfy the requirements of the reporting obligations to the ACT Mental Health Consumer Network Incorporated and to meet the needs of members. As a result, the financial report may not be suitable for another purpose.

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED**

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the ACT Mental Health Consumer Network Incorporated as at 30 June 2025 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and the *Associations Incorporated Act 1991* (ACT).



David Perceval
Fellow of the Institute of Chartered
Accounts of Australia
ICAA Member #45109

31st July 2025
Canberra, ACT

ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2025

	2025 \$	2024 \$
Revenue		
ACT Health – Operational & ERO Grants	585,147	564,814
NMHCA Grant	65,000	-
ACTEWAGL Grant	-	19,671
NDIS ILC Grant	-	31,436
Sundry/Training	12,639	18,716
Interest	1,716	2,401
Total Revenue	<u>664,602</u>	<u>637,038</u>
Expenses		
Salaries and Wages	503,347	513,896
Office Support	52,224	53,972
Administration	33,123	34,239
Program/Consumer Support	65,643	70,564
Total Expenses	<u>654,337</u>	<u>603,404</u>
Net surplus/(deficit) for the year	<u>10,265</u>	<u>(35,634)</u>

ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2025

	2025 \$	2024 \$
ASSETS		
CURRENT ASSETS		
Cash at Bank	190,365	164,570
Trade and other receivables	1,432	935
TOTAL CURRENT ASSETS	<u>191,797</u>	<u>165,505</u>
NON-CURRENT ASSETS		
Office Equipment WDV	2,746	7,156
TOTAL NON-CURRENT ASSETS	<u>2,746</u>	<u>7,156</u>
TOTAL ASSETS	<u>194,543</u>	<u>172,661</u>
LIABILITIES		
Trade Creditors	17,428	17,328
Sundry Creditors	15,291	11,992
Provision for Employee Entitlements	26,736	18,519
TOTAL LIABILITIES	<u>59,455</u>	<u>47,839</u>
NET ASSETS	<u>135,088</u>	<u>124,822</u>
REPRESENTED BY:		
Members Funds at the Beginning of Year	124,823	160,457
Retained earnings	10,265	(35,634)
MEMBERS FUNDS AT END OF YEAR	<u>135,088</u>	<u>124,823</u>

ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED
CASHFLOW STATEMENT
FOR THE YEAR ENDED 30 JUNE 2025

	2025 \$	2024 \$
Cash Flows from Operating Activities		
Receipts from Grants	650,147	619,529
Interest received	1,716	2,401
Other Receipts	12,639	18,715
Payments in the course of operations	<u>(690,297)</u>	<u>(696,133)</u>
Net cash outflow from operating activities	<u>25,795</u>	<u>(55,488)</u>
Increase in Investing Activities		
Purchase of plant and equipment	<u>-</u>	<u>-</u>
Net cash outflow from investing activities	<u>-</u>	<u>-</u>
Cash and cash equivalents at the beginning of the financial year	<u>164,570</u>	<u>220,058</u>
Cash and cash equivalents at the end of the financial year	<u>190,365</u>	<u>164,570</u>
<i>Represented by:</i>		
Cash at Bank	190,340	164,516
Petty Cash	<u>25</u>	<u>54</u>
	<u>190,365</u>	<u>164,570</u>
Reconciliation of Operating Surplus with Net Cashflows from Operating Activities for the Period.		
Operating (Deficit)/Surplus	10,265	(35,634)
Depreciation	<u>4,411</u>	<u>4,548</u>
Operating Surplus Adjusted for Non-Cash Items		
(Increase)/Decrease in Sundry Debtors & Accrued Income	(497)	3,608
Increase/(Decrease) in Trade Creditors	100	(10,326)
Increase/(Decrease) in Sundry Creditors & Accrued Expenses	3,299	1,701
Increase/(Decrease) in Unexpended Grants	-	(19,517)
Increase/(Decrease) in Provision for Employee Entitlements	8,217	132
Net Cashflows from Operating Activities	<u>25,795</u>	<u>(55,488)</u>

ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a special purpose financial report which has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations and the *Associations Incorporations Act 1991* (ACT).

The financial report covers the ACT Mental Health Consumer Network Incorporated as an individual entity. The Association as an association incorporated in the ACT under the *Association Incorporation Act 1991* (ACT).

The following is a summary of the material accounting policies adopted by the economic entity in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

Basis of Preparation

Reporting Basis and Conventions

The financial report has been prepared on an accrual basis and is based on historical costs modified by the revaluation of selected non - current assets, and financial assets and financial liabilities for which the fair value basis of accounting has been applied.

Accounting Policies

a. Income tax

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

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

Where an asset is acquired at no cost, the cost is its fair value as at the date of acquisition.

The carrying amount of the assets is reviewed annually by directors to ensure it is not more than the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows is discounted to their present values in determining recoverable amounts.

c. Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over its useful lives to the Association commencing from the time the asset is held ready for use.

The depreciating rates used for each class are:

Class of Fixed Asset	Rates
Plant & Equipment	25%
Theatre Equipment	30%

ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

d. Impairment of Assets

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

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

e. Employee Benefits

Provision is made for the Association'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.

f. Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result, and that outflow can be reliably measured.

g. Cash and Cash Equivalents

Cash and cash equivalents include 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.

Cash flows are included in the Statement of Cash Flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

h. Revenue

Grants & Fees

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

Donations

Donations revenues are recognised when they are received.

Interest revenue

Interest is recognised on an accrual basis.

ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

i. 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.

**ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED
STATEMENT BY MEMBERS OF COMMITTEE**

In the opinion of the Committee the financial report

1. Presents a true and fair view of the financial position of ACT Mental Health Consumer Network Incorporated as at 30 June 2025 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that ACT Mental Health Consumer Network Incorporated will be able to pay its debts as and when they fall due.

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



Committee Member

Dated this 22nd day of July 2025