



# ANNUAL REPORT 2013-14

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## 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 2013-14

<b>Ben Matthews</b>	Chair
<b>Kerry Fry</b>	Deputy Chair
<b>Jennifer Nixon</b>	Secretary
<b>Peter Dwyer</b>	Treasurer
<b>Phillip Green</b>	Ordinary Member
<b>Jon Kroschel</b>	Ordinary Member
<b>Julie McMahon</b>	Ordinary Member
<b>Kathie Potts</b>	Ordinary Member
<b>Chris van Reyk</b>	Ordinary Member
<b>Jennifer Williams</b>	Ordinary Member

## STAFF

<b>Dalane Drexler</b>	Executive Officer
<b>Amanda Davies</b>	Program Manager
<b>Purity Goj</b>	CRP Coordinator
<b>Richard Duckett</b>	CRP Coordinator (parental leave contract from Jun 14)
<b>Petra Kallay</b>	NDIS Education Project Officer (contract Feb-Jun 14)
<b>Valan Phoenix</b>	Administration Officer
<b>Christine Bowman</b>	ART Review Officer (contract Sep 13-Feb 14)
<b>Simon Jones</b>	Program Administrator (contract Feb-Jun14)

## **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*

## CHAIR'S REPORT

This has been my first year as Chair of the Network after taking on the Deputy Chair role in 2013. I have to say it is a privilege to represent consumers in this role and something that I really value.

2014 in many ways is the beginning of the beginning of the National Disability Insurance Scheme (NDIS) which has been and still is the major issue for mental health consumers. As the Chair I have been following the dialogue leading up to the roll out that occurred in July this year. The good news is that Mental Health Australia (formerly Mental Health Council of Australia) have managed to quarantine funding for people with psychosocial disabilities, however there is still a real concern for the future of services for those that don't qualify for funding under the NDIS.

Earlier this year the Network received funding to develop an NDIS training module to complement the Certificate IV in Mental Health Peer Work. Petra Kallay was recruited to develop this module and to deliver it to participants who had just finished the Certificate IV program. I have to compliment Petra on the program that she developed; it is highly professional and a program that the Network can take to other consumers and sector workers in the future.

Another issue that the Network has been monitoring is the roll out of the Working with Vulnerable People checks. While the Network supports the concept of this initiative there have been concerns raised by consumers including myself in the way consumers have to meet the requirements of these checks. Some of the issues being raised are consumers being asked to provide reports from psychiatrists in order to get the card, there have also been issues, unrelated to the care of vulnerable people, of consumers being required to account for events that happened over 20 years ago. The process is still being monitored by the Network for future developments.

As many of you would be aware the smoking cessation policy in the Adult Mental Health Unit is still causing considerable concern from the Network's perspective. There has been a rise in violent behaviour towards staff and greater instances of seclusion and restraint since the ban commenced. The unfortunate aspect of this is that the Network was the driving force within the seclusion and restraint committee over a number of years and was instrumental in reducing instances of seclusion and restraint to almost zero. While the Network still has highly competent consumer representatives on this committee there still seems to be problems with the ongoing implementation of the reforms initiated by the Network in the past. There is still a level of differing opinion between the Directorate and consumers as to whether there is a relationship between these matters and the smoking ban

In 2012 I was commissioned by the Mental Health Community Coalition of the ACT to develop and deliver a Certificate IV in Mental Health Peer Work, unfortunately funding has stopped and the Certificate is no longer being offered in the ACT. My personal observations would suggest that there is still mixed support in the sector for this qualification and also employing peer workers. On a national level there have been concerns regarding peer workers being exposed to stigma and discrimination in the sector. One particular concern is the casualisation of the peer workforce which means that if a peer became unwell they are without wages for that period. There might be an opportunity for the Network and other service providers to engage in further conversations on this matter.

Finally I would like to extend many thanks to Dalane Drexler and all the Network staff and Board for the hard work they have done and continue to do.

**Ben Matthews**

## EXECUTIVE OFFICER'S REPORT

The 2013-14 year has been even more demanding than previous years. With the looming introduction of the NDIS the Network took on a new role and project, and with so many goings on in the mental health sector our dedicated staff and Consumer Representatives have been busier than ever before.

We have had a great group of Board members this past year who have been committed participants to the Network's goals. Ben Matthews was a highly effective Chair throughout the year, supported by long-term Board member Kerry Fry as Deputy Chair. I would like to thank Ben, Kerry and the remaining Board members for their dedicated service throughout the year.

Once again I would like to make a special mention of the Network's loyal team of professional staff. Amanda Davies' role as program manager has continued to assist me and the staffing team through the provision of ongoing support, as well as taking the lead on key policy areas throughout the year. Petra Kallay joined the team on a short contract to develop and deliver our NDIS education module for peer workers. This project has now finished but we are always on the lookout for opportunities to continue delivering it to interested consumers. Purity Goj worked well as consumer representative program coordinator through the year, taking parental leave right at the end of the period to have her second child. We look forward to Purity's return late in the 2014-15 financial year, and while she is away Richard Duckett will be coordinating the consumer representative program while Petra Kallay remained on staff to deliver advocacy and representation training. Val Phoenix has continued to provide quality administrative support to the Network, including our annual events.

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.

### *Priority 1: Grow and strengthen advocacy grounded in consumer lived experience*

At the end of 2013 and beginning of 2014 the Network undertook a comprehensive review of the advocacy and representation training program. Led by Christine Bowman, a skilled community educator, the program is now robust and informative for consumers wishing to become consumer representatives or simply build on their existing skills in self-advocacy and representation.

The policy suite that has the specific purpose of providing solid foundation for the consumer representative program was reviewed during the financial year in order to ensure it is still working effectively for consumer representatives. During the process some changes were made following consultation with consumer representatives but each policy remains substantively unchanged.

The development of the NDIS peer education module has led to positive results in the sector, with several existing and potential peer workers approaching the Network to register their interest should we be able to run it again in future. This work also addresses some need in priority three.

### *Priority 2: Increase, engage and support the membership*

The Network's membership continued to grow with 259 primary members during the period, as well as 46 associate members. We are keen to see these numbers continue

to increase and welcome new members at any time who are then able to access the range of information and supports the Network has to offer.

A primary source of new members continues to be through the advocacy and representation training program, as well as via word of mouth.

We also prepared to undertake the 2014 consumer survey which will provide us with solid information for the enhancement of our programs and activities for consumers, and hopefully lead to an increase in membership and member engagement.

The Network met with consumers in the adult mental health unit on a number of occasions and look forward to continuing this activity in AMHU and the other mental health facilities in the ACT. This activity assists us to reach out to consumers who may not know about us and what we do, and also assists us to gather feedback of a systemic nature, is such issues arise.

*Priority 3: Further develop organisational capacity*

Throughout the year I engaged with a company that specialises in creating databases for community advocacy organisations. This process is still ongoing as we have some very specific needs that need to be met before we can transition to the new system, some of which do not currently exist in the database they provide however they are working on these inclusions to assist not only us but other organisations that might benefit from their service.

Personnel policies have been another area of focus in the regular review and development of internal policies and procedures. We still have some way to go in a number of policy areas and look forward to continuing this essential process over the coming year.

I have also been working on the Network's first Reconciliation Action Plan which is currently in rough first draft form. The Network has been working with Mental Illness Education ACT and the Mental Health Community Coalition of the ACT in this project as these organisations are also in the position of wanting to have their first RAP, which may lead to a combined RAP between the three organisations.

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 over the coming year.

Dalane Drexler  
Executive Officer

## **FINANCE REPORT**

The Network's financial position at the end of the financial year was solid, evidenced by our annual audit, attached at the end of this annual report.

A big thank you once again to our regular bookkeeper, Lesley Porroj, who continues to provide exceptional service to the Network in the regular keeping of our financial needs, completion of our business activity statements and the preparation for our annual audit.

Further, we would like to thank Peter Dwyer for his service as Treasurer during the financial year. Peter is very committed to his role and looks forward to seeing the Network move forward over the coming year.

The Network's primary source of income is a recurrent ACT Health funding grant which continues to be a much needed and much appreciated funding source. Overall we had an income of \$352,946 for the financial year 2013-14 and ended the year with a small deficit of \$2,750 which leaves the Network with a balance of \$78,202.

## **CONSUMER REPRESENTATIVE PROGRAM REPORT**

Over the 2013-2014 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 worked hard to review the CRP so that it is working effectively for existing and potential Consumer Representatives including the shift to having Consumer Representative Forums during the day and in evenings in alternating months. This allows Consumer Representatives who are not able to attend during business hours to participate more fully in CRP processes. We were very pleased to see a good number of new recruits through Advocacy and Representation training, some of whom have since nominated for representative opportunities. We have also had to say a sad farewell to some longer term Consumer Representatives who have moved into the paid workforce or for other personal reasons.

Purity Goj has taken parental leave for up to 12 months giving Richard Duckett the opportunity of coordinating the Consumer Representative Program from the middle of June 2014.

From our pool of close to 50 members eligible to be Consumer Representatives, we had 16 Consumer Representatives actively involved in ACT Health and other committees. 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. We are very fortunate to have such a multi-skilled pool of members; we continue to work hard to train more Consumer Representatives through our training held throughout the year.

### **2013-2014 CONSUMER REPRESENTATIVES**

John Brookes	Jon Kroschel
Samantha Davidson-Fuller	Adele Lewin
Ruth Dunncliff-Hagan	David Lovegrove
Peter Dwyer	Matthew Martin
Kerry Fry	Julie McMahon
Jane Grace	Ralph Nelson
Patricia Green	Mariana Oppermann
Nasreen Hafesjee	Thi-Nha Tran

### **MY EXPERIENCE OF ACT MENTAL HEALTH CONSUMER NETWORK REPRESENTATION**

*I have been a consumer representative for the Network for about two years. During this time representation of mental health consumers has been a privilege. As I continue upon my mental health journey, consumer representation enables me to assist others through advocating for systemic changes in mental health services in the ACT. I look forward to continuing my involvement with the Network advocating in the mental health community.*

*Matthew Martin  
Consumer Representative*

## **2013-2014 COMMITTEES**

### **ACT Health**

- Access and Acute Collaborative Engagement Forum
- ACT Canberra Hospital and Health Services Project Control Group
- Adult Mental Health Model of Care – Steering Committee
- Clinical Effectiveness Committee
- Community Health Centres Executive Reference Group
- Consumer and Carer Feedback Committee
- MHJHADS Electronic Clinical Records Steering Committee
- MHJHADS Executive Strategy and Business Planning Committee
- MHJHADS Information Management and Technology Committee
- MHJHADS Risk Management Committee
- MHJHADS Safety and Quality Committee
- MHJHADS Consumer and Carer Participation Action Plan Working Group
- Mental Health Act Review Advisory Committee and its working groups
- Mental Health Consumer and Carer Research Unit (ACACIA) Advisory Group
- Mental Health Services Plan Executive Strategic Oversight Group
- Mental Health Services Plan Strategic Oversight Group
- Partnering with Consumers Standards Group
- Policy and Standard Operating Procedure Development and Review Committee
- Promotion, Prevention and Early Intervention Implementation and Evaluation Working Group
- Publications Advisory Committee
- Seclusion and Restraint Review Meeting
- Secure Mental Health Unit Executive Reference Group
- Smoke Free Environments Working Group: Community Mental Health Services
- Smoke Free Environment Initiative Monitoring and Review Committee
- Suicide Prevention, Implementation and Evaluation Working Group
- Suicide and Contributing Factors in the ACT Population Advisory Group
- Transcultural Mental Health Group
- NDIS Implementation Steering Group
- University of Canberra Public Hospital Executive Reference Group

### **Other**

- ACT Crime Prevention and Community Safety Forum
- ACT Medicare Local Mental Health Advisory Committee
- Compeer Advisory Group
- Housing and Support Initiative Advisory Committee
- ACACIA Advisory Group
- Mental Health Week Planning Committee
- Mindscapes Festival Working Group
- National Mental Health Consumer and Carer Forum
- Transition to Recovery Advisory Group
- Women and Mental Health Working Group

**Richard Duckett**  
CRP Coordinator

## **CONSUMER EDUCATION PROGRAM REPORT**

### **ADVOCACY AND REPRESENTATION TRAINING**

Towards the end of 2013, the ART course was reviewed and updated by Christine Bowman with the assistance and consultation of members and other stakeholders who have participated in Forums and provided valuable suggestions along the way.

Following the highly successful review, two full courses of Self-Advocacy and Consumer Representation were delivered to 13 consumers to prepare them for roles as Consumer Representatives. We were very pleased to have a Consumer Co-facilitator as well as the assistance of several long time Consumer Representatives through the training. Several further courses are scheduled for the next reporting period and we look forward to continuing to reach Consumers throughout the ACT.

The course continues to contribute to the expanding volunteer base of the Network's Consumer Representative Program. Graduating participants from the ART 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!

### **Reviewed ART Course Structure**

#### **ART Module 1: Self-Advocacy**

Session 1: *Introduction and Self-Esteem*

Session 2: *Self Expression*

Session 3: *Self Confidence and Self Reliance*

Session 4: *Self Determination*

Session 5: *Self Development*

#### **ART Module 2: Consumer Advocacy**

Session 1: *Introduction to the Consumer Movement*

Session 2: *Principles of Social Justice and Legislations*

Session 3: *Committee Skills 1*

Session 4: *Committee Skills 2*

Session 5: *Committee Skills 3 and Experiential Committee*

### **MESSAGE FROM A GRADUATE**

*Strong consumer voices are still very much needed to promote understanding and positive change about issues that affect mental health consumers in Australia. As one of many Consumers who are passionate about individual and systemic advocacy, I found the Advocacy and Representation Training to be the perfect introduction to engaging with those processes. The training is engaging and informative. The modules in the Self-Advocacy training course are designed to empower consumers to become active in the management of their own mental health, and communicate effectively in challenging situations. The Consumer Representative training course introduced me to the mechanisms that drive change, and provided insight into the workings of the committees that are the decision-makers behind those mechanisms. I found that, both courses are excellent learning experiences that taught me valuable skills that I can apply across many areas of my life, as well as preparing me to engage in systemic advocacy as a Consumer Representative for the Network.*

*Terri Warner*

## **FUNDED PROJECT: NDIS WORKSHOP FOR MENTAL HEALTH PEER WORKERS**

In late 2013 the ACT Mental Health Consumer Network was funded under the DisabilityCare Australia Sector Development Grants, through the ACT NDIS Taskforce, to develop an education module for peer workers about the NDIS.

After consultation with consumers, mental health peer workers, MHCC ACT, NDIA and the community, the Network developed a two-day training program covering the following topics:

- What the NDIS is
- The roll-out of the Scheme in the ACT
- Recovery and the NDIS
- Supporting decision making
- Planning strategies
- Preparation for registration, planning and assessment
- Implementing and Managing Plans

The Network was able to deliver the workshop twice, in May and June 2014, delivering it to 17 participants over both workshops.

The participants commented that the workshop was worthwhile and helped them dispel 'myths' about the NDIS, and learn information that would be useful in a peer worker context. They commented that they particularly enjoyed having the guest speakers from the NDIA come because it helped them put a 'face' to the agency/scheme, and helped them feel more positive about it.

Since the Scheme had not yet been implemented in the ACT a discussion topic that kept coming up throughout the workshop was concern about how the peer workforce would fit within the NDIS, and what scope there might be for a future peer workforce

The ACT NDIS Taskforce has done a lot of work to raise awareness of the NDIS; nevertheless it was clear that the participants were not clear about the NDIS and how it would affect their sector. With the implementation of the NDIS in the ACT, it could be of great benefit for sector development if the workshop was accessible not just for peer workers but other workers within the mental health sector.

Participants said that they would recommend other staff within their organisations attend the training if it was offered in the future. Several people have already requested that their names be put down on a 'waiting list' in case the training is offered again.

**Petra Kallay**  
Community Education Coordinator

## POLICY AND PROJECTS PROGRAM REPORT

The Network facilitates and supports a strong Consumer voice on policy issues. Our Consumer Representatives voice the perspective of consumers when operational and strategic issues are considered by ACT Health and other committees. Our members give generously of their time and thoughts at forums, consultations and informal discussions, so that their lived experience can influence and improve the way in which mental health services are developed and delivered.

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

- ACT Law Reform Advisory Council Review of the *Discrimination Act 1991* (ACT)
- Secure Mental Health Unit Draft Model of Care
- ACT Budget 2014-15

Each of our submissions was based on consultations with our members. We also continued to participate in discussions on the *Mental Health (Treatment and Care) Amendment Bill 2014*, which was finally presented to the Legislative Assembly on 15 May 2014.

This year we focussed more on providing opportunities for discussion and direct comment than on writing formal submissions. These covered a wide range of topics and areas of interest. Several forums informed the review of the Advocacy and Representation Training and the development of the NDIS Education Module for Mental Health Peer Workers. The regular Consumer Representative Forums continued to engage with policy issues and to discuss and develop policy approaches to issues arising for Consumer Representatives in their committee work. These Forums are also increasingly taking a wider view and discussing policy issues more broadly.

We held forums and discussions to inform our submissions, such as on the ACT Budget and the Secure Mental Health Unit. We also convened and facilitated forums at which consumers, and in some cases consumers and carers, could provide views directly to ACT Health or its contractors. This has been particularly useful in the context of various Health Infrastructure Program projects, as it has enabled consumers to hear directly about the proposals, and for issues they raise to be discussed. During the reporting year there were three forums on the Secure Mental Health Unit Model of Care and facility planning, as well as forums on the University of Canberra Public Hospital and one to inform the Post Occupancy Evaluation of the Mental Health Assessment Unit.

The Network has continued to work closely with other organisations, particularly Carers ACT and Health Care Consumers' Association, as a collaborative approach to appropriate issues assists us to work most effectively with limited resources. As well as collaborating with Carers ACT on a forum for consumers and carers to provide input to the Post Occupancy Evaluation of the Mental Health Assessment Unit, we worked together to hold a very successful forum on Alcohol and Other Drugs related to mental health. Consumers and carers were able to find out about the range of community services in the ACT and their different approaches and to have their questions answered in a very informative session.

We also held or facilitated forums on Post Traumatic Stress Disorder and Access to Allied Psychological Services (ATAPS), and held drop in sessions to discuss ACT Health's smoke free policy and its implementation.

While there continue to be many areas in which consumers believe ACT Health needs to listen better to consumer views, the Network is very pleased at the willingness of Health staff to attend forums and discussions with consumers. We value the ability to engage in direct discussion about proposals and issues.

Members have also taken a keen interest in the work to establish a National Consumer Organisation. We would like to see an organisation that is able to bring a clear consumer voice to national issues. We held a forum to discuss the new organisation's draft constitution, and what its priorities should be. We also had discussions with members of the Consumer Reference Group, and attended a workshop they convened. We have supported calls for funding for the new national organisation, and hope that this will be forthcoming.

We held two planning sessions to identify priorities and make sure our processes are working for consumers. These have provided clear direction and led to stronger participation in policy discussions. They have also supported our work with other organisations, including further collaborative forums and consultations, and strengthening the Quarterly Community Forums.

A continuing focus throughout the reporting year was preparations for the introduction of the NDIS in the ACT. The Network participated in local and national discussions about various aspects of the NDIS, seeking to clarify aspects of the scheme for mental health consumers, and to ensure that consumers' concerns are addressed. We supported consumers to be involved in leading or participating in community conversations and other awareness raising activities, as well as working with the ACT Taskforce and ACT Health on preparedness and implementation.

The Network continues to take all opportunities to press for employment opportunities for peer workers. As well as our training activities, we have advocated for the NDIA to provide good opportunities for peer workers, and supported members in their endeavours to consider potential business and organisational structures to enable a peer workforce to develop in this context.

The Network's policy program can only be a true reflection of consumers' views if it is driven and guided by consumers. During 2013-14, we were very pleased to have such strong and committed contributions from a wide range of members, bringing their different experiences to the table to create a richer, better informed discussion.

**Amanda Davies**  
Program Manager

## **INFORMATION, EDUCATION AND TRAINING**

### **Drop-Ins and Other Events Hosted**

- Two Drop-Ins facilitated by Megan Chiu about the Smoke-free Evaluation Project
- One Consumer Consultation on the University of Canberra Public Hospital
- Four forums for the review of the ART course
- One strategic planning workshop
- One ACT Budget consultation
- Two forums on the Secure Mental Health Unit Models of Care and facility planning
- One NDIS/peer roles working group
- One consultation on ATAPS
- One PTSD Consumer Forum
- Members Planning Forum – discussed future information and issues forums and potential organisations that might participate
- National Mental Health Consumer Organisation – initial priorities
- Discrimination Act Review – to inform our submission
- Secure Mental Health Unit
- Mental Health Assessment Unit – Post Occupancy Evaluation (forum for consumers and carers)

### **Participation in Conferences, Training and Other Events**

- Consumer and Carer Caucus meetings
- Mindscapes Committee
- Youth Coalition's Comorbidity Bus Tour
- CDNet Working Group
- Australian Services Union meeting on MEA and Equal Pay Case
- The Mental Health Services (TheMHS) Forum
- Transcultural Mental Health Conference, Western Australia
- Integrating Mental Health into the NDIS Conference
- NDIS Consultations and other related activities
- HCCA Consumer Reps Training
- Mental Health First Aid
- Worksafe Bullying Awareness Training
- Applied Suicide Intervention Skills Training
- Mental Health Week Committee
- MHCCACT events including MHCC Board and 2014 Conference Committee, Mental Health Act forum for service providers and ACT Budget Forum
- The Mental Health Services (TheMHS) Summer Forum
- Mental Health EOs and Managers Meetings
- ACT Peaks meetings
- ACTCOSS Special General Meeting on constitutional changes
- Training related to appropriate communication, recruitment and retention, culture and heritage and other areas in relation to Aboriginal and Torres Strait Islander peoples
- Griffin Centre Tenants Meetings and Fire Warden training
- TheMHS 2015 organising committee
- Selection panels for ACT Health
- Grace Groom Oration
- Ongoing discussions relating to the Secure Mental Health Unit
- University of Canberra Public Hospital Briefings/Consultation/Presentation
- ACT Health Consumer Representatives Thank you Celebration
- Launch of Mental Health Week and Expo

### **Joint Forums and Partnerships**

- Four Quarterly Consumer, Carer, and Community Forums with MHCCACT, Carers ACT and ACT Health
- ART – Self-Advocacy course is partly funded by ADACAS by mutual arrangement to run four times per annum
- Mental Health Week conference with ACT Multicultural Mental Health Network
- MIEACT's Opening Minds radio show
- Alcohol and Other Drugs forum for mental health consumers with Carers ACT
- Hosting CDNet Working Group meetings
- Organisational Membership on the ACACIA Advisory Group
- Organisational Membership and Co-Chair on the Strategic Oversight Group
- Hosting TRec Working Group meetings
- Working with MHCA about National Consumer Organisation
- Regular joint meetings of staff with HCCA, and a joint consumer survey

**ACT MENTAL HEALTH CONSUMER  
NETWORK INCORPORATED**

*Financial Statements  
For The Year Ended 30 June 2014*

# 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 2014.

### Committee Members

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

Ben Mathews	<i>Chair</i>
Kerry Fry	<i>Deputy Chair</i>
Jennifer Nixon	<i>Secretary</i>
Peter Dwyer	<i>Treasurer</i>
Phillip Green	<i>Ordinary Member</i>
Jon Kroschel	<i>Ordinary Member</i>
Julie McMahon	<i>Ordinary Member</i>
Chris van Reyk	<i>Ordinary Member</i>
Jennifer Williams	<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

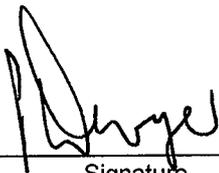
The operating surplus/(deficit) for the year ended 30 June 2014 was: \$ (2,750)

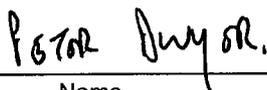
### Opinion

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.

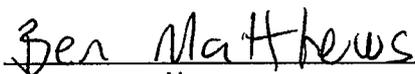
It is also the opinion of the committee that, at this date, there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

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

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Name

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Name

Dated this 3rd day of SEPTEMBER 2014.

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

**STATEMENT of COMPREHENSIVE INCOME**  
For the Year Ended 30 June 2014

<u>2013</u>	<b>Income</b>	<u>2014</u>
\$		\$
311,893	HACC Grant	320,783
-	Project Grant	900
-	NDIS Grant	27,273
6,478	Sundry/Training	893
2,152	Mental Health Week	-
603	Donations	-
3,407	Interest	3,097
<u>324,534</u>	<b>Total Income</b>	<u>352,946</u>
	<b>Expenses</b>	
	Salaries & Related Costs	
192,536	Wages	233,340
17,155	Superannuation Expense	21,298
2,484	Workers Comp. Insurance	2,597
2,858	Staff Recruitment	3,560
1,629	Staff Development	1,214
5,011	Staff Clinical Supervision	2,200
376	Travel costs	1,443
3,172	Long Service Provison & LSL Paid	2,913
4,406	Annual Leave Provison Expense	3,844
<u>229,627</u>	<b>Total Salaries &amp; Related Costs</b>	<u>272,408</u>
	Office Support	
13,678	Rent	14,287
334	Security	518
1,499	Electricity	1,595
3,366	Telecommunication Support	4,761
4,585	Computer Systems Support	4,684
2,381	Insurances	2,387
7,174	Depreciation	7,361
2,059	Miscellaneous Office Support	5,869
<u>35,075</u>	<b>Total Office Support</b>	<u>41,461</u>
	Administration	
1,000	Audit	500
484	Bank Fees & Charges	582
5,460	Bookkeeping	2,175
2,459	Postage	2,721
	Meeting Expenses	
1,630	Venue Hire for Meetings	1,740
4,698	Catering for Meetings	4,358
1,865	Honorarium/Rewards	1,400
4,513	Photocopying/Printing	5,171
1,802	Publicity	963
2,413	Stationery & Other Resources	2,600
1,084	Membership Subscriptions/ donations	1,204
<u>27,408</u>	<b>Total Administration</b>	<u>23,412</u>
	Program/Consumer Support	
1,429	Taxi Travel	1,455
2,126	Consumer Reimbursement	1,505
10,545	Conference Attendance	13,044
4,098	Mental Health Week	2,409
<u>18,198</u>	<b>Total Program/Consumer Support</b>	<u>18,413</u>
203	Consultancy Fees	-
<u>310,510</u>	<b>Total Expenses</b>	<u>355,695</u>
	Extraordinary Items	
2,034	ATO Adjustment pre June 2011	-
<u>2,034</u>	<b>Total Extraordinary items</b>	<u>-</u>
<u>11,989</u>	<b>Operating Surplus (Deficit) for the Year</b>	<u>( 2,750)</u>

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

**STATEMENT OF FINANCIAL POSITION  
As at 30 June 2014**

<u>2013</u>		<u>2014</u>
\$		\$
	<b>Current Assets</b>	
100,260	Cash at Bank	106,471
1,078	Cash on Hand	1,102
761	Sundry debtors & Accrued Income	-
2,278	Prepayments	2,413
<u>104,378</u>	<b>Total Current Assets</b>	<u>109,986</u>
	<b>Non-Current Assets</b>	
44,258	Plant & Equipment at Cost	45,493
(29,803)	Less: Accumulated Depreciation	(35,696)
11,223	Furniture & Fittings at Cost	11,223
(7,345)	Less: Accumulated Depreciation	(8,813)
<u>18,332</u>	<b>Total Non-Current Assets</b>	<u>12,206</u>
<u>122,710</u>	<b>Total Assets</b>	<u>122,192</u>
	<b>Current Liabilities</b>	
12,999	Trade Creditors	11,807
5,867	Sundry Creditors & Accrued Expenses	6,377
22,893	Leave Entitlements	25,806
<u>41,759</u>	<b>Total Current Liabilities</b>	<u>43,990</u>
	<b>Total Liabilities</b>	<u>43,990</u>
<u>80,951</u>	<b>Net Assets</b>	<u>78,202</u>
	<b>Represented By:</b>	
68,962	Member's Funds at Beginning of Year	80,951
11,989	<b>Add Surplus( Loss) for the Year</b>	(2,750)
<u>80,951</u>	<b>Member's Funds at End the Year</b>	<u>78,202</u>

# A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

## STATEMENT OF CASHFLOWS For the Year Ended 30 June 2014

<u>2013</u>		<u>2014</u>
\$		\$
	<b>Cashflows from Operating Activities</b>	
311,893	Receipts from Grants	348,955
3,407	Interest Received	3,097
9,234	Other Receipts	893
( 289,092)	Payments to Suppliers & Employees	( 346,343)
<b>35,442</b>	<b>Total Cashflows from Operating Activities</b>	<b>6,603</b>
	<b>Cashflows Used in Investing Activities</b>	
-	Capital Purchases	( 1,235)
49,261	<b>Total Cashflows from Operating &amp; Investing Activities</b>	5,368
81,207	<b>Add: Cash at Beginning of Period</b>	101,338
<b>101,338</b>	<b>Cash at End of Period</b>	<b>107,573</b>
	 <b>Represented By:</b>	
126	Cash on Hand	1,102
101,212	Cash at Bank	106,471
<b>101,338</b>		<b>107,573</b>
	 <b>Reconciliation of Operating Surplus with Net Cashflows from Operating Activities for the Period.</b>	
11,989	<b>Operating Surplus (Loss)</b>	( 2,750)
7,174	Depreciation & Loss on Disposal Equipment	7,361
19,163	<b>Operating Surplus Adjusted for Non-Cash Items</b>	4,611
1,095	(Increase)/Decrease in Prepayments	65
287	(Increase)/Decrease in Sundry Debtors & Accrued Income	561
( 2,057)	Increase/(Decrease) in Trade Creditors	( 1,191)
12,532	Increase/(Decrease) in Unexpended Funds	-
16	Increase/(Decrease) in Sundry Creditors & Accrued Expenses	325
4,406	Increase/(Decrease) in Provision for Employee Entitlements	2,232
<b>35,442</b>	<b>Net Cashflows from Operating Activities</b>	<b>6,603</b>

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

## **NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014**

### **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 2014**

**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 2014**

**Scope.**

I have audited the attached financial statements of the ACT Mental Health Consumer Network Incorporated (The Association) for the year ended 30 June 2014. 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.

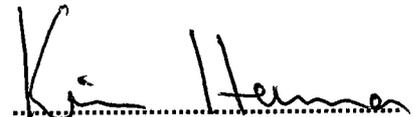
My audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. The procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the 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..... 9/9/14 .....