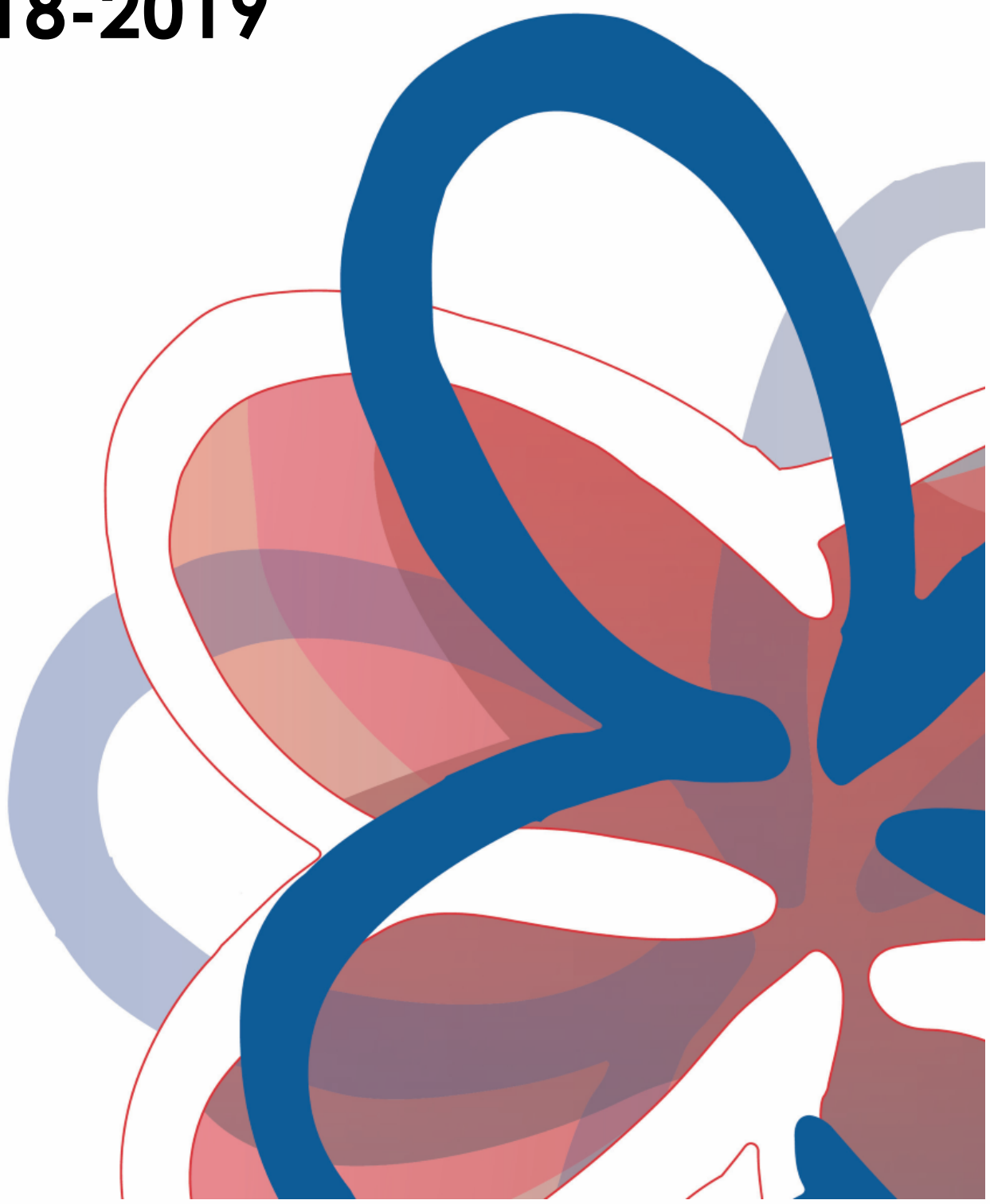
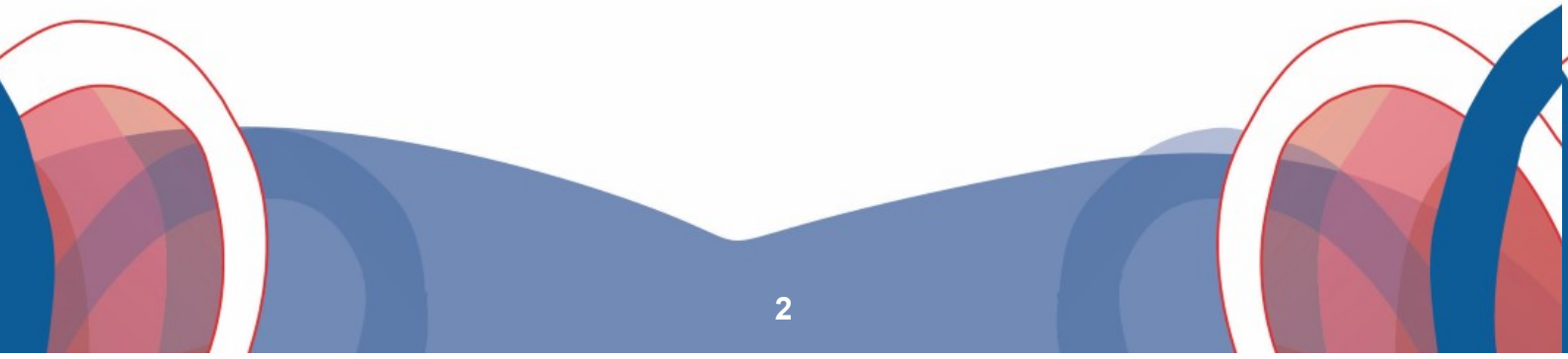




ACT  
Mental Health  
Consumer Network

# Annual Report 2018-2019





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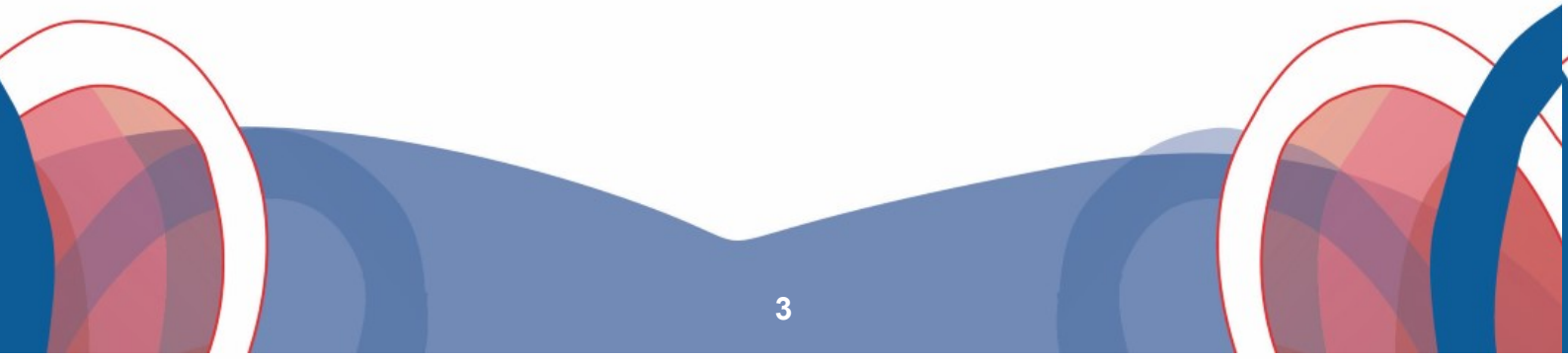
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## VISION

A community of connected voices achieving positive change.

## STATEMENT OF PURPOSE

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

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

## VALUES

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

## GUIDING PRINCIPLES

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

**V**alue of lived experience

**O**pen dialogue and advocacy

**I**ncreased self-awareness

**C**onsumer-driven recovery

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

**S**ense of community

## **BOARD 2018-19**

<b>Terri Warner</b>	Chair
<b>Chris Corcoran</b>	Deputy Chair
<b>Paul Thompson</b>	Treasurer (from 4 June 2019)
<b>Pratap Chandra</b>	Treasurer (until 30 May 2019)
<b>Dianna Smith</b>	Secretary
<b>Tony Fitzgerald</b>	Ordinary Member
<b>Kerry Fry</b>	Ordinary Member
<b>Jennifer Hodgson</b>	Ordinary Member
<b>Bianca Rossetti</b>	Ordinary Member
<b>Evalyn Smith</b>	Ordinary Member (from 17 July 2019)
<b>Thi-Nha Tran</b>	Ordinary Member (from 18 July 2019)
<b>Chris van Reyk</b>	Ordinary Member (from 18 July 2019)
<b>Uttam Kor Chandra</b>	Ordinary Member (until 30 May 2019)
<b>Deahnne McIntyre</b>	Ordinary Member (until 7 July 2019)

## **STAFF**

<b>Dalane Drexler</b>	Executive Officer
<b>Purity Goj</b>	Program Manager
<b>Jennifer Nixon</b>	Volunteer Coordinator
<b>Petra Kallay</b>	Community Education Coordinator
<b>Valan Phoenix</b>	Administration Officer
<b>Pema Choden</b>	Program Administrator (until 10 June 2019)
<b>Kathryn Dwan</b>	Program Manager (temp—from 25 June 2019)
<b>Allegra Senior</b>	Drop-In Volunteer (from 28 February 2019)

## **PEER CO-FACILITATORS**

<b>Jenny Adams</b>	
<b>Julia Bocking</b>	<b>Bianca Rossetti</b>
<b>Chris Corcoran</b> (also lead facilitator)	<b>Evalyn Smith</b>
<b>Graham Jackson</b>	<b>Thi-Nha Tran</b>
<b>Elizabeth Moran</b>	<b>Terri Warner</b> (also lead facilitator)

## CHAIR'S REPORT

This year marks both the 20<sup>th</sup> year since the Network's incorporation and my 5<sup>th</sup> year on the Network Board. The latter means that I will be handing over to a new Chair for the 2019-20 financial year. The position of Chair is a demanding and rewarding one, which I am sure the new Chair will take on with enthusiasm and skill. This is true of all the roles available at the Network – whether the role is as a voluntary board member, consumer representative, co-facilitator or any of the many ways in which lived (and living) experience is incorporated into the Network's functions at all levels.

This year has again seen changes in the mental health landscape, both locally and nationally. As ever, the Board has managed the strategic governance of the organisation in the context of these changes. I would like to acknowledge the work that the Board undertakes, which goes beyond attending and participating in scheduled Board meetings. Outside of these meetings, each Board member uses their expertise in governance and in other areas to support the organisation, and I am grateful to them for their contributions at every level.

I would also like to thank Dalane and the Network staff for their excellent work this year. They have admirably met the day to day requirements of their roles while at the same time navigating both internal and external changes. The Network's staff reaffirm for me annually my belief in the power of a group of dedicated people, whatever their number.

**Terri Warner**

Chair

## **FINANCE REPORT**

The auditor's report, indicating the Network's financial position for the 2018-2019 financial year, is located at the rear of this report.

The Network finished the year with a small deficit of \$5,327, which was better than expected. The Board had originally allowed for a larger deficit to enable the introduction of an administrator to support the program coordinators whilst also supporting a consumer to re-enter the workforce, but cost of this role was largely able to be covered without accessing any of our saved funds.

Additionally, the Network purchased some new furniture to allow more training sessions and meetings to be held in the Members Area, offsetting the cost we usually spend on external venue hire. The cost of this expenditure was almost fully offset this year through not having to hire many rooms, and this will continue to be a cost saving to us for many years to come.

Members funds at the end of the period totalled \$89,948, which is predominantly funds that are required for the continued operations of the organisation, rather than funding available for projects and other activities we would like to do. We will continue to look out for suitable funding sources to develop programs and other supports for consumers.

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

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

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

**ACT Mental Health Consumer Network Board**

## EXECUTIVE OFFICER'S REPORT

This year marks 10 years of service at the Network for me. I have been blessed with an amazing, professional staffing team who work very hard to meet the Network's strategic goals—particularly over these past few years.

It also marks five years' dedicated service of our Chair, Terri Warner, and Secretary, Dianna Smith who have both worked tirelessly in their respective roles and are due for a much needed break from the Board. The Board this year were a highly committed group of professionals who have supported and worked hard on several matters of importance, including our accreditation review which is scheduled for November 2019. The staffing team and I are always highly appreciative of our Board and their approachability and professionalism, whilst often juggling many hats in the organisation.

I'm pleased to report that after much lobbying in many places we were advised we would receive recurrent funding to deliver and further develop the My Rights, My Decisions (MRMD) training to educate consumers and the broader community on consumer rights under the *Mental Health Act 2015* (ACT). Through this program, consumers are also supported to start thinking about the things that are important to them with respect to treatment and other matters, such as care of children and pets when they become unwell.

Our permanent staffing team remained stable throughout the year, however Jennifer Nixon and Purity Goj both commenced extended periods of leave at or around the end of the year. Valan Phoenix has continued to be a strong administrator for the Network for the past seven years, Petra Kallay has been with us over five years now and developed yet another internal training course this year despite her small number of hours, and Pema Choden finished her extended yearlong contract in June—moving onto another role. We will have a packed year coming in 2019-20 with new staff on board and many sector changes to manage, but I am confident that the team will continue to move from strength to strength together. Jennifer Adams was also based in our offices, delivering the MRMD training to consumers and sector staffing through her role in Canberra Health Services.

I'd also like to thank our dedicated volunteers who work incredibly hard in their various roles as Consumer Representatives, Co-facilitators, Mentors and members of groups such as the Policy Reference Group and 20<sup>th</sup> Birthday Working Group. In addition to these roles we sometimes have volunteers who work in individual roles and this year we had Allegra Senior join us as Drop-In Volunteer through Volunteering ACT. Thank you all for your much appreciated service.

**Dalane Drexler**

Executive Officer





# Australian Service Excellence Standards

## ACT Mental Health Consumer Network Inc.

*for successfully achieving*

## Certificate Level

*Janet Haydon*  
**Janet Haydon**

Director,

Australian Service Excellence Standards

Date: 14/11/2016



**Expiry Date: 14 November 2019**

## MICHAEL FIRESTONE MEMORIAL SCHOLARSHIP

Every year the Network, in tandem with the Mental Health Month Awards, proudly administers and presents the Michael Firestone Memorial Scholarship.\* This scholarship is awarded in the memory of Michael Firestone who was both a colleague and member of the Network. Recognising mental health consumers who are furthering their education, the Scholarships are awarded to cover general education expenses such as computers, course-text and course fees.

In 2018, two Michael Firestone Memorial Scholarships were awarded including one to Sian Jackson who was nominated for a scholarship to assist her to purchase equipment required to undertake further studies in circus performance. We would like to congratulate the two 2017 Scholarship Winners and wish them all the best for their future studies and endeavours.



*Shane Rattenbury, Minister for Mental Health presenting Sian Jackson with her Michael Firestone Memorial Scholarship*

\* The Network also administers and presents the David Perrin Award and the Reciprocity Award as part of the Mental Health Month Awards

## COMMUNITY EDUCATION PROGRAM REPORT

The Community Education Program consists of our core courses (Self-Advocacy and Consumer Representation Training), which help our members develop skills needed for systemic change and consumer representation on committees.

Over time, we have also designed other training to support needs identified by our members (e.g. we now have courses about the NDIS, co-facilitation and mentoring). The last two in particular give eligible members an opportunity to further develop their skills and use their knowledge and lived experience in various volunteer roles.

The focus of the Community Education Program throughout 2018 –2019 was:

- ♦ Exploring ways to include the lived-experience and knowledge of our members in the development and delivery of training.
- ♦ To support our co-facilitators in their role
- ♦ Developing administration procedures that could make it easier to administer the Community Education Program effectively

Petra worked remotely between July and November 2018. A huge thanks to Terri Warner and our co-facilitators who supported the delivery of training over this time.

During some of the time Petra was away, she was able to concentrate on updating and editing the training resources, and developing the Mentoring training.

### Co-design and Valuing Lived Experience

The Network values lived experience and feels that it's important to give our members opportunities to develop new skills and be involved in different activities. Some ways that we do this is:

- ♦ Including consumers in identifying training needs and the design and development of training
- ♦ Including their knowledge and tips as part of course content (e.g. print and video resources)
- ♦ Providing training for our members to use their knowledge and lived experience as consumer representatives, mentors and co-facilitators

How we did this in 2018-2019:

- ♦ Held regular discussion groups to promote the Network's commitment to co-design. These were an opportunity for members to contribute to the content of training and give feedback about the training outline and resources. The Self-Advocacy and Consumer Representation Training resources were updated to include more input from consumers and Network members.

- ♦ Held discussion groups to help with the design and development of Mentoring Training.
- ♦ Held discussion groups to help us plan the approach and content for a training video resource project.
- ♦ Held a series of interviews with our members and external stakeholders that were professional videoed. The interviews will be used for the promotion, and as part of My Rights, My Decisions, Mentoring, Co-facilitation and Understanding the NDIS courses. The video interviews were recorded on 27 and 28 June, and we were able to record interviews with 17 different people!
- ♦ Facilitated Consumer Representation, Co-facilitation and Mentoring Training to help our members develop skills for volunteering in these roles.
- ♦ Included co-facilitators with lived experience for Community Education courses. Some of our co-facilitators have also had the opportunity to facilitate training sessions

### **Co-Facilitators**

Currently the Network has 13 qualified Co-facilitators, of these nine co-facilitated training in 2018-2019. Two of these also have facilitator experience.

An additional feature of 2018-19 have been Co-facilitator Quarterly Catch-ups. These are an opportunity for our Co-facilitators to exchange information, review and develop their skills, and celebrate their contribution to the Community Education Program. As a result of input from Co-facilitators, one of the activities during these catch-ups is to take turns in facilitating short activities as a refresher!

### **Self-Advocacy and Consumer Representation Training**

These courses continue to be a strong source of new membership as well as providing excellent skills and support for consumers who participate.

Some of the training was facilitated by Terri Warner, along with those who had just completed the co-facilitation training. This provided an opportunity to practice the skills learned during the course in their new co-facilitation role.

### **Understanding the NDIS Training**

Understanding the NDIS training continues to be a popular course. For many participants, this has been the first Network event they have attended.

### **Mentoring Training**

This course has been a while in the making! The pilot of the Mentoring Training was held with seven experienced Consumer Reps participating. This was an opportunity to trial the training outline and activities which were developed based on Discussion Group and surveys with our Members/Consumer Reps.



The training participants commented that the training was effective at building a new mentor's confidence to start mentoring. There was lively discussion including the importance of the peer experience in mentoring. The comments and feedback collected will help us to finalise the training activities and contents/outline. This will be a one day course and from now on, a requirement for new mentors

### **2018-2019 Active Community Education Co-Facilitators**

- ♦ Bianca Rossetti
- ♦ Chris Corcoran (Also Facilitator)
- ♦ Elizabeth Moran
- ♦ Evalyn Smith
- ♦ Graham Jackson
- ♦ Jenny Adams
- ♦ Julia Bocking
- ♦ Terri Warner (Also Facilitator)
- ♦ Thi-Nha Tran

**Petra Kallay**

Community Education Coordinator

## **POLICY AND PROJECTS PROGRAM REPORT**

### **Safety for consumers and health professionals**

Ensuring the safety of consumers and health professionals touches a lot of work the Network has undertaken this year. Two of the major issues are Canberra Health Services'

lack of progress in addressing ligature points, and the development of an Occupational Violence Strategy.

Restrictive practices are a further concern. The Network sees Safewards as an answer to many of these issues. Safewards is an evidence-based clinical model developed in the UK to promote safer, less coercive practices in mental health care and to reduce incidents of conflict involving consumers and staff.

The Network met with a senior practitioner to discuss restrictive practices in October 2018. We also met with the panel of the Independent Review into Workplace Culture within ACT Public Health Services and the Network subsequently made a formal submission (Nov 2018). At the meeting and in the submission the Network raised consumers' concerns about the increasing rates of seclusion and restraint, and the fishbowl effect of the reception area at the Adult Inpatient Mental Health Unit. The Network recommended

- the Safewards model to reduce restrictive practices and increase safety for all at inpatient units; and
- that the My Rights, My Decisions project be adequately funded and implemented through ACT Health Services and ACT Health Directorate.

### **Quarterly Forums**

Together, the Mental Health Community Coalition ACT, Mental Health Carers Voice and the Network ran two forums on topics of interest to consumers:

- Office for Mental Health and Wellbeing (Mar 2019); and
- Safewards (Jun 2019).

### **Police, Ambulance and Clinician Early Response**

The Network has been invited, alongside Carers ACT and MHCC ACT, to participate in the planning and design work for a Police, Ambulance and Clinician Early Response (PACER) service to better support people experiencing acute mental health episodes. This will focus on designing an integrated service model, which brings together police, ambulance paramedics and mental health clinicians to support the safe assessment and treatment of people experiencing acute mental health episodes. It aims to minimise both avoidable hospital presentations and contact with the justice system for people with mental health conditions. This is a welcome budget initiative and we look forward to organising opportunities for mental health consumers to contribute into the design of PACER.

## **Peer workers**

The Network made a successful submission to the Office for Mental Health and Wellbeing, and we received \$10,000 to host PeerZone training in Canberra. PeerZone is a peer-led, mental health workshop that provides resources and strategies to benefit others experiencing mental health distress. These workshops are facilitated by certified PeerZone educators with their own lived-experience, each group uses discussion and activities to explore mental health and find strategies to help manage day to day life. Participants who complete the training can then be registered for two years to provide training to others. The training will be delivered in the next reporting year.

## **ACT Regional Mental Health and Suicide Prevention Plan**

The Network is a member of the ACT Regional Mental Health and Suicide Prevention Plan Working Group coordinated by Capital Health Network (CHN). A public consultation was held in late August 2018. However, little progress was made so there is little to report. We expect to see progress over the coming months.

**Kathryn Dwan**

Program Manager (temp)

## CONSUMER REPRESENTATIVE PROGRAM REPORT

The Consumer Representative Program is the Network's foundation activity for advocacy within the ACT health system. Consumer representation is core to ensuring that the consumer voice is heard during policy development and project and service design across ACT Health Committees and non-ACT Health related committees. During the 2018-19 year 16 Consumer Representatives actively represented the consumer voice on 32 committees. Across the year 50 members maintained their eligibility to be Consumer Representatives.

The Network offers thanks to active, eligible and outgoing Consumer Representatives over the 2018-19 year for their ongoing systemic advocacy. Their efforts ensure that the consumer perspective is at the forefront of mental health forums, working groups and committee discussions. Consumer representation continues across the ACT Health Directorate and non-ACT Health committees with organisations such as the Capital Health Network and ACACIA: ACT Consumer and Carer Research Unit Advisory Group.

The Network's advocacy included working closely with Canberra Health Services and Carers ACT to address concerns regarding the operation of two committees, Seclusion Restraint and Review Meeting and the Consumer and Carer Feedback and Quality Committee. This included consumer representation at the Closed Circuit Television (CCTV) workshop and the workshop ultimately led to the Network working with the Mental Health Forum and Mental Health Consumer and Carer Caucus requesting broader consultation regarding the potential introduction of CCTV in patient areas.

A priority of the Consumer Representative Program during the year included the Network's Strategic Plan priority 'Grow, promote and support the CRP'. A Draft Terms of Reference was developed to support Consumer Representatives and the ongoing administration of the Consumer Representative Forums. As part of governance processes all active consumer representatives signed a Pledge of Confidentiality ensuring confidentiality is maintained at Consumer Representative Forums.

### **New committees in 2018-19**

- ACT Lifespan Steering Committee
- Adolescent Mental Health Unit (AdMHU) Working Group
- Canberra Health Services (CHS) Occupational Violence Strategy Committee
- Clinical Safety and Quality Committee
- Organisational Wide Mental Health Working Group
- Recognising and Responding to Acute Deterioration Committee
- University of Canberra (UCH) Facility Wide Operational Meeting



I would like to extend our sincere thanks to our active Consumer Representatives for 2018-19 who were as follows:

Rose Beard	Chris Corcoran	Peter Dwyer
Jane Grace	Patricia Green	Michael Hausch
Graham Jackson	Adele Lewin	Deahnnne McIntyre
Matthew Martin	Bianca Rossetti	Robert Pedlow
Thi-Nha Tran	Evalyn Smith	Terri Warner
Paul Thompson		

### **5 Years' Service Award**

This year the Network recognised Thi-Nha Tran for her outstanding contribution to consumer representation over the last five years on 12 committees. Thi-Nha received the 5 Years' Service Award and continues to represent the consumer voice on the AAMHS Clinical Governance Committee and the Recognising and Responding to Acute Deterioration Committee.

The Network extends thanks to Evalyn Smith who retired in early 2019 following five years as an active Consumer Representative. Evalyn continues to participate in other Network activities.

### **2018-2019 COMMITTEES**

- Adult Acute Mental Health Service (AAMHS) Clinical Governance Committee
- ACACIA: ACT Consumer and Carer Research Unit Advisory Group
- Access and Acute Collaborative Engagement Forum (renamed Collaborative Engagement Forum)
- ACT Lifespan Steering Committee
- Adolescent Mental Health Unit (AdMHU) Project Control Group
- Adolescent Mental Health Unit (AdMHU) Working Group
- Adult Community Model of Care Operational Readiness Working Group
- Adult Mental Health Service (AMHS) Collaborative Engagement Forum
- Adult Community Mental Health Model of Care Steering Committee
- Adult Community Mental Health Services (ACMHS) Physical Health Steering Group
- Canberra Health Services (CHS) Occupational Violence Strategy Committee

- Clinical Safety and Quality Committee
- Cohort Study Reference Group: Support Requirements and Accommodation Options for People with High and Complex Needs
- Consumer Handouts Committee
- Consumer and Carer Feedback and Quality Committee
- Detention Exit Community Mental Health Outreach Program Partnership Committee
- Dhulwa Mental Health Unit Seclusion, Restraint and Use of Force Committee
- Mental Health Alcohol & Drug Justice Health Integrated Care e-Record (MAJIC-eR) Advisory Committee
- Mental Health Act 2015 Implementation Evaluation and Monitoring Committee Meeting
- Mental Health Justice Health and Alcohol and Drugs Services (MHJHADS) Clinical Governance Committee
- MHJHADS Corporate Governance Committee
- MHJHADS Mental Health Act 2015 Implementation Evaluation and Monitoring Committee
- MHJHADS Mortality and Morbidity Committee
- MHJHADS Policy, Procedure and Guideline Development and Review Committee
- Mobile Dental Clinic Van User Group
- Recognising and Responding to Acute Deterioration Committee
- Recovery College Steering Committee
- Seclusion and Restraint Review Meeting
- Standard 2: Partnering With Consumers/Patient Experience Network Group
- University of Canberra Hospital (UCH) Facility Wide Operational Meeting
- UCH Facility Wide Operational Working Group

**Isobel Shearman**

CRP Coordinator (temp)

## PEER EDUCATION REPORT

The Network's My Rights, My Decisions (MRMD) education program was funded by Mental Health Justice Health and Alcohol and Drugs Services (MHJHADS) throughout most of the 2018-19 year, although the Education Officer, Jenny Adams, was predominantly situated in our office.

Since the program's launch in June 2018, Jenny HAS worked hard to educate consumers, carers and workers in the mental health sector about the program and related form kit. This included workshops for Mental Health Foundation, Woden Community Service, Wellways, ACTCOSS, Carers ACT and other organisations, as well as MHJHADS staff. Further sessions for carers, to be held in the evening, are being planned, and we have also had interest from CatholicCare.

The inclusion of speakers from ACT Disability, Aged and Carer Advocacy Service (ADACAS), Legal Aid ACT and the ACT Human Rights Commission are always well received, with consumers commenting that it made these organisations feel more accessible if they are needed in the future.

On 5 December 2018, the My Rights, My Decisions program was announced as the winner of the Person-centred category of the Quality in Healthcare ACT Awards 2018. This is a real testimony to the collaborative approach in developing My Rights, My Decisions, which encompassed several consumer forums and input from ACT Health, ACT Disability, ADACAS, ACT Human Rights Commission, Legal Aid ACT and Carers ACT. The Network proudly displays this award in its office.



My Rights, My Decisions (MRMD) training continued to have an overwhelmingly positive response from both ACT Health staff and consumers. However as the training has progressed, it has unearthed considerable issues with respect to the implementation of the program within ACT Health. For example, it was identified that Emergency Department staff do not have access to MAJIC-eR, the mental health system that will contain alerts indicating

when consumers have MRMD forms in place. This being the case, it needs to be resolved how ED staff can identify a consumer with MRMD. Another example is how Crisis Assessment and Treatment Team (CATT) staff would identify consumers with MRMD and incorporate this into their procedures so that dependents and pets can be looked after at the appropriate time, according to the consumers' wishes. In addition, it was difficult to engage Adult Mental Health Unit (AMHU) staff in training as only 30 minutes per session was allotted and participants often needed to leave the room due to needs on the ward. This left much uncertainty as to whether AMHU staff absorbed the necessary information for effective implementation.



*A small group of My Rights, My Decisions Consumer Training participants*

Many of the issues raised by training participants remain unresolved at the time of writing, causing difficulties with implementation. We are hopeful that this situation will improve shortly so that training can recommence and the important work of the program can continue.



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

## **Three-year operational funding for the NMHCCF (1 July 2019 – 30 June 2022)**

Core funding provides financial security for the National Mental Health Consumer and Carer Forum (NMHCCF) and enhances forward planning. Increased funding will allow for the third face-to-face meeting to continue and for project work. Current project work is being done out of session and without extra resources.

### **Request for additional funding**

The NMHCCF has requested additional funding to meet the increasing demand for informed representation and input national reform. Specifically, the NMHCCF requires additional funding to commence co-design activities. (NB The 2017 evaluation of the NMHCCF recommended initiating a process to co-design a new and strong national mental health lived experience voice.) The NMHCCF also require extra support to progress important policy and projects in line with mental health reform activities. The support being sought is a part-time policy officer in addition to the existing NMHCCF secretariat staff.

### **Operational funding to include Aboriginal and Torres Strait Islander consumer and carer representatives on the NMHCCF**

Aboriginal and Torres Strait Islander representation on the NMHCCF will support the priorities and actions in the Fifth Plan related to improving Aboriginal and Torres Strait Islander mental health and suicide prevention and recognising the importance of Aboriginal and Torres Strait Islander leadership in building better mental health services.

### **Request for Forum members to increase contribution**

For the last 11 years, NMHCCF operational funding has only increased in line with inflation. Therefore the Forum is requesting an increase from each state and territory per year for the next three years. The additional funding will cover operational activities, projects, engagement in national reform activities, a co-design workshop and staffing.

### **Operational Guidelines Working Group**

The Working Group has been set up to ensure the Forum is undertaking the activities the Forum was set up to undertake. The Forum understands the need to maintain relevance not only with the active mental health community but all sectors of the community which make up states and territories. Adjustment of the guidelines aims to do this.

### **Forum Members Engagement Working Group**

The Working Group is focused on linking the operational guidelines, and marketing and communication plan with the engagement of Forum members. It aims to identify the issues and needs of members for effective, efficient and economical participation with the Forum.

## **Productivity Commission Mental Health Inquiry**

The Forum received a presentation from Dr Stephen King, the Productivity Commissioner on the effectiveness of mental health service provision in Australia.

### *Housing*

Lack of housing is a primary challenge, as individuals without stable accommodation are unable to access health services and unable to gain lasting employment. Furthermore, individuals who are residing within mental health units or gaol find it difficult to access accommodation. Therefore, it is unsurprising that the most vulnerable, individuals without accommodation, exhibit high rates of recidivism.

### *Education programs*

There is no evidence as to whether mental health education in school programs are effective. The Commission believes that programs need to be evaluated against results to determine effectiveness. In addition, the term resilience is over used in the community and has been misused. Such terms need re-evaluation as it may mean different things to different people.

### *Service co-payments*

The Commission spoke at length on the ineffectiveness of co-payments in relation to psychological services for individuals. If an individual is requiring two appointments the individual must pay twice. This restricts access for the most vulnerable lower socio-economic community, and may result in further deterioration of their mental health. Mental health systems are designed and based on a physical model as such have systematic internal failure due to the episodic nature of mental health events.

### *Psychology graduates*

Third year students of psychology face significant barriers to enter the profession even though they represent a significant proportion of graduates. The extensive requirements for supervision are preventing new entrants. The psychology industry has a vested interest in reducing the number of new entrants to keep fees high and quarantine government support payments increasing the psychologist's income.

### *Workers compensation*

Claims for workers compensation connected to mental health are increasingly denied as the insurer is identifying external causes, outside the workplace, as the cause of the mental illness. Many claims are being made with a significant majority rejected creating further mental health issues for individuals.

**Matthew Martin**

ACT Consumer Representative on the NMHCCF

## ADMINISTRATION AND INFORMATION REPORT

As reported in the 2018 Annual Report, the Network engaged DevApp to provide support for our website and CiviCRM database needs. Due to a hack attempt on our old website, the Network took our website offline, with DevApp producing a new basic website for us in time for the My Rights, My Decisions launch in June 2018. Work continued following this to repopulate our website, including introducing more interactive elements such as training registrations etc. and finally being able to include items such as video files, which can be viewed on the Community Education page. Since the introduction of this interactivity, the Network has been receiving communications from members and the community via an online Contact form. In February we had received a notification via our website regarding the accessibility of the website for people with vision impairment. Our website had no (or compatible) screenreader, which pointed out that we were in violation to Disability Discrimination legislation. DevApp was contacted to rectify this issue, with a screenreader plug-in being purchased and installed.

As also previously reported, the Networks database underwent a major upgrade. Due to the amount of time and cost involved to fully replicate the previous version, some elements such as Event entries etc. was not migrated over. Conducted over the remainder of 2018, with the assistance of the Program Administrator, the relevant data was manually repopulated into the new version of CRM.

Late in the previous financial year, the Network was contacted regarding our phone services and if there was anything that we required. This provided an opportunity to ascertain whether the Network could begin reducing communication costs by switching to a VoIP service. Coming into the following financial year, this capability was investigated and deemed improbable with our current system. Following this, the Network began using our mobile phones to make outgoing calls, which has seen a slight drop in communication expenses.

Further upgrades of old PC desktops to laptops were made in late 2018.

Val was on extended leave from mid-October 2018 to complete full-time studies then taking some Long Service Leave, returning in February 2019. Administrative tasks within this period were divided amongst remaining staff members.

In February 2019 Allegra (Allie) Senior joined us as a Drop-In volunteer along with a support person. Allie's role is to assist people during Drop-In in finding out information etc., as well as organising special Drop-In events and occasionally undertaking some administrative tasks.

### Mental Health Month

Due to the success of our event for Mental Health Month in 2017, the Network again held 'A Beary Lovely Morning'. As expected, this event quickly became fully booked out, with a waiting list being required.



Planning for the Network's 2019 Mental Health Month event began in early March 2019. As 2019 marked the Network's 20th anniversary since Incorporation. In partnership with This Is My Brave Australia (TIMBA), the Network began planning a TIMBA-style performance titled 'This Is Our Brave'. A Working Group of staff and members was established to undertake the planning process. Deahne McIntyre began developing a Project Plan for the event as part of her Certificate IV in Mental Health placement that outlines all of the requirements in developing the event for members to work towards.

For this performance, we were looking for members and associates from all diversities who have been involved with the Network from different points in the Networks' history to tell their story. The stories that we were looking for include:

- Being a part of the Network and how this connection has contributed to your recovery journey;
- Instances where this connection had helped to facilitate a success in your life; and
- As an associate of the Network or a Network member, how this has had an impact in your life?

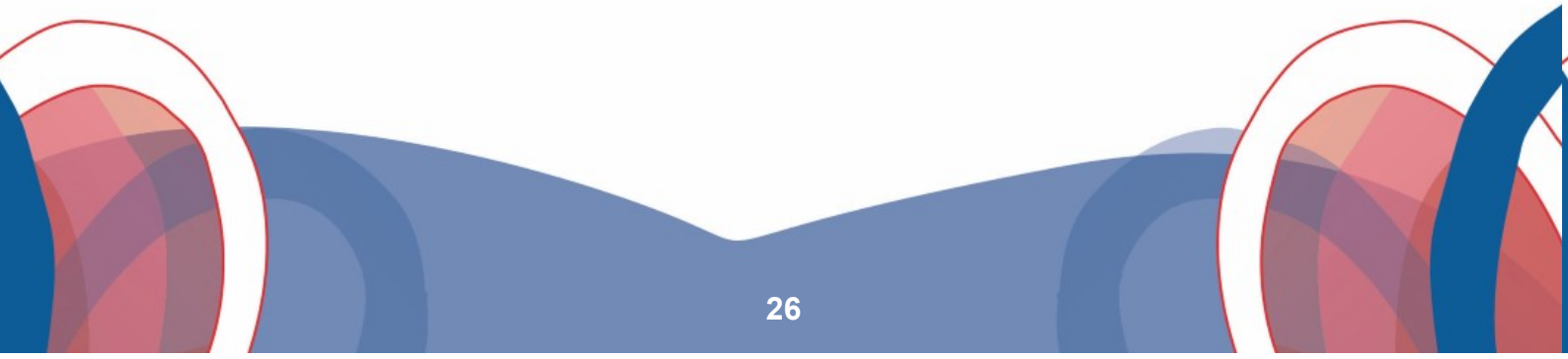




Auditions were scheduled to be held in early July 2019, but due to a low level of audition bookings, the decision was made to discontinue with this event and begin planning a new type of event was made in June 2019.

**Valan Phoenix**

Administration Coordinator



**ACT MENTAL HEALTH CONSUMER  
NETWORK INCORPORATED**

*Financial Statements  
For The Year Ended 30 June 2019*

# 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 2019.

### Committee Members

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

Terri Warner	<i>Chair</i>
Chris Corcoran	<i>Deputy Chair</i>
Dianna Smith	<i>Secretary</i>
Paul Thompson	<i>Treasurer</i>
Tony Fitzgerald	<i>Ordinary Member</i>
Kerry Fry	<i>Ordinary Member</i>
Jennifer Hodgson	<i>Ordinary Member</i>
Deahnne McIntyre	<i>Ordinary Member</i>
Bianca Rossetti	<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

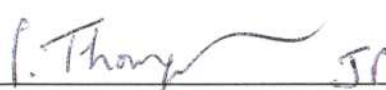


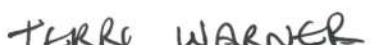
The operating surplus/(deficit) for the year ended 30 June 2019 was: \$ (5,327) Deficit

### 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 2019 and the results and cashflows of the Association for the year ended on that date in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements.

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

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

 _____ Signature	 _____ Signature
 _____ Name	 _____ Name

Dated this 2nd day of September 2019.

# A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

## STATEMENT of COMPREHENSIVE INCOME For the Year Ended 30 June 2019

<u>2018</u>	Income	<u>2019</u>
381,595	ACT Health - Operational & ERO Grants	401,931
14,960	Sundry/Training	6,401
948	Interest	616
<u>397,502</u>	<b>Total Income</b>	<u>408,948</u>
	<b>Expenses</b>	
	Salaries & Related Costs	
261,092	Wages	278,754
24,412	Superannuation Expense	26,123
2,944	Workers Comp. Insurance	2,910
1,986	Staff Recruitment/Health & Wellbeing	1,767
4,267	Staff Development	1,786
3,057	Staff Clinical Supervision	3,901
1,251	Travel costs	849
3,812	Long Service Provison & LSL Paid	3,300
4,431	Annual Leave Provison Expense	( 2,599)
<u>307,254</u>	<b>Total Salaries &amp; Related Costs</b>	<u>316,791</u>
	Office Support	
15,856	Rent	16,872
3,317	Electricity & Security	3,051
3,001	Telecommunication Support	2,844
7,286	Computer Systems Support	6,743
2,284	Insurances	2,331
9,148	Miscellaneous Office Support	8,688
<u>40,891</u>	<b>Total Office Support</b>	<u>40,529</u>
	Administration	
1,500	Audit	1,800
566	Bank Fees & Charges	327
1,947	Postage	2,791
	Meeting Expenses	
4,065	Venue Hire for Meetings	1,541
4,477	Catering for Meetings	4,921
2,129	Honorarium/Rewards	3,913
3,992	Photocopying/Printing	6,741
5,316	Publicity	1,187
3,135	Stationery & Other Resources	3,239
689	Membership Subscriptions/ donations	400
<u>27,817</u>	<b>Total Administration</b>	<u>26,859</u>
	Program/Consumer Support	
2,022	Taxi /Parking	1,941
7,705	Consumer Reimbursement	9,357
12,130	Conference Attendance	13,650
1,502	Accreditation/Activities Assistance	3,233
1,622	Mental Health Month	1,915
<u>24,980</u>	<b>Total Progam/Consumer Support</b>	<u>30,096</u>
<u>400,942</u>	<b>Total Expenses</b>	<u>414,275</u>
<u>( 3,440)</u>	<b>Operating Surplus (Deficit) for the Year</b>	<u>( 5,327)</u>

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

# A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

## STATEMENT OF FINANCIAL POSITION

As at 30 June 2019

<u>2018</u>		<u>2019</u>
		\$
	<b>Current Assets</b>	
124,255	Cash at Bank	128,072
168	Cash on Hand	13
8,111	Sundry debtors & Accrued Income	200
<u>132,533</u>	<b>Total Current Assets</b>	<u>128,284</u>
	<b>Non-Current Assets</b>	
1,344	Office Equipment - WDV	-
<u>1,344</u>	<b>Total Non-Current Assets</b>	
<u>135,221</u>	<b>Total Assets</b>	<u>128,284</u>
	<b>Current Liabilities</b>	
11,918	Trade Creditors	13,763
2,277	Sundry Creditors & Accrued Expenses	2,765
24,407	Leave Entitlements	21,808
<u>38,602</u>	<b>Total Current Liabilities</b>	<u>38,337</u>
	<b>Total Liabilities</b>	
<u>95,275</u>	<b>Net Assets</b>	<u>89,948</u>
	<b>Represented By:</b>	
98,715	Member's Funds at Beginning of Year	95,275
(3,440)	<b>Add Surplus( Loss) for the Year</b>	(5,327)
<u>95,275</u>	<b>Member's Funds at End the Year</b>	<u>89,948</u>



# A.C.T MENTAL HEALTH CONSUMER NETWORK INCORPORATED

## STATEMENT OF CASHFLOWS For the Year Ended 30 June 2019

<u>2018</u>		<u>2019</u>
	<b>Cashflows from Operating Activities</b>	<b>\$</b>
381,595	Receipts from Grants	401,931
948	Interest Received	616
14,960	Other Receipts	6,401
(402,612)	Payments to Suppliers & Employees	(405,087)
<u>( 5,110)</u>	<b>Total Cashflows from Operating Activities</b>	<u>3,861</u>
	<b>Cashflows Used in Investing Activities</b>	
( 1,344)	Capital Purchases	-
<u>( 1,344)</u>	<b>Total Cashflows from Operating &amp; Investing Activities</b>	<u>-</u>
130,876	<b>Add: Cash at Beginning of Period</b>	124,423
<u>124,423</u>	<b>Cash at End of Period</b>	<u>128,284</u>
	<b>Represented By:</b>	
73	Cash on Hand	168
130,803	Cash at Bank	128,072
<u>130,876</u>	<b>Total Cash</b>	<u>128,240</u>
	<b>Reconciliation of Operating Surplus with Net Cashflows from Operating Activities for the Period.</b>	
( 3,440)	<b>Operating Surplus (Loss)</b>	( 5,327)
-	Depreciation	1,344
	<b>Operating Surplus Adjusted for Non-Cash Items</b>	
6,370	(Increase)/Decrease in Prepayments	-
(5,567)	(Increase)/Decrease in Sundry Debtors & Accrued Income	8,111
442	Increase/(Decrease) in Trade Creditors	1,845
(7,347)	Increase/(Decrease) in Sundry Creditors & Accrued Expenses	488
4,431	Increase/(Decrease) in Provision for Employee Entitlements	(2,599)
<u>(5,110)</u>	<b>Net Cashflows from Operating Activities</b>	<u>3,861</u>

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

## **NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019**

### **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 2019**

### **e. Revenue**

#### *Government Grants*

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

#### *Donations*

Donation revenues are recognised when they are received.

#### *Sale of Goods and Disposal of Assets*

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

#### *Interest revenue*

Interest is recognised on an accrual basis.

### **f. Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

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

# HOUSTON & HANNA

## CHARTERED ACCOUNTANT

**K D Hanna FCA (Principal)**

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

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

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

### INDEPENDENT AUDIT REPORT TO THE MEMBERS OF THE ACT MENTAL HEALTH CONSUMER NETWORK INCORPORATED FOR THE YEAR ENDED 30 JUNE 2019

#### Scope.

I have audited the attached financial statements of the ACT Mental Health Consumer Network Incorporated (The Association) for the year ended 30 June 2019. 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.

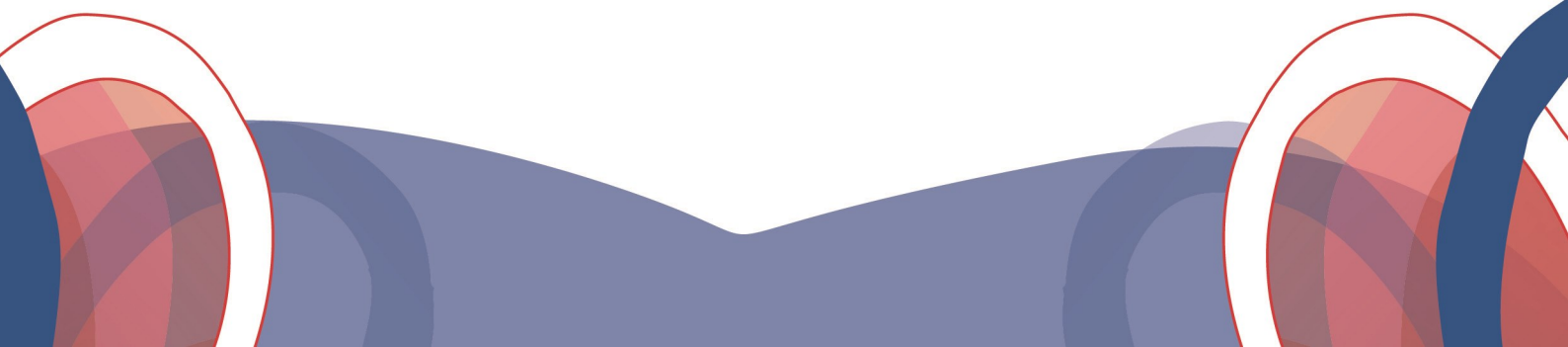
#### Audit Opinion.

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**

Date 5/9/19 .....





ACT Mental Health Consumer Network  
Phone: (02) 6230 5796 (02) 6230 5796  
P.O. Box 469, Civic Square, ACT 2608