



**mental health**  
community coalition ACT Inc.

**Annual  
Report  
2016-2017**



# Mental Health Community Coalition of the ACT Inc

## Annual Report 2016-2017

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# Vision & Mission

**MHCC ACT is the voice for quality, community-managed mental health services in the ACT.**

Our aim is to support the capacity of the sector to deliver strong, innovative and inclusive services designed and developed upon a robust evidence-base in partnership with consumers and carers.

Our vision is for full inclusion of people experiencing or recovered from mental illness in a service system that offers access, equitable treatment, opportunity, enhanced wellbeing, dignity and respect to all members of the community in need of support.

This vision is supported by our work in four key areas:

**1**

## **Strengthening services**

We work to enhance the capacity of our members to deliver quality, inclusive, recovery-oriented services to improve the mental wellbeing of people in the ACT. We do this by fostering collaborative partnerships, advocating for sustainable funding, and promoting the value of outcomes delivered by community mental health services.

**2**

## **Learning and development**

In response to challenges in the operating environment of our members under the NDIS, we have stepped up our efforts to provide opportunities for training and professional development to help build a strong workforce for the sector. In addition to our training workshops, forums and conferences, we also provide training grants for members to undertake further study or training initiatives.

**3**

## **Policy and advocacy**

MHCC ACT represents a trusted and influential voice to Government on mental health policy and strategic reform. We advocate for the interests of community managed service providers by responding to emerging issues, government reviews and inquiries to address structural challenges that are important to our members.

**4**

## **Promoting the value of lived experience**

Our goal to ensure lived experience is at the heart of service delivery is supported by a commitment to engage consumers and carers in all areas of our work. We support our members to do the same by encouraging co-design and partnership approaches in all areas of service development and implementation.

# Board Report



**The pace of changes that we are watching unfold in the mental health sector at the moment is remarkable and impacts all stakeholders, including consumers and carers, organisations, clinical services and funding bodies.**

The role of the peak body is to keep abreast of these changes, but knowing and anticipating where to direct limited resources to monitor, to advocate, to inform and to support its members is a very challenging. MHCC ACT has been juggling these priorities for a couple of years now, being the first jurisdiction to feel the full impact of the NDIS alongside mental health reform and changed funding models. Changes in the make up of the sector, no longer being just the traditional NGO players, is also leading MHCC ACT to consider its membership base and the future role it may play with this widened sector.

MHCC ACT has been very active for several years during the NDIS implementation and trial. During this important reform MHCC ACT has kept the sector informed, worked to build a relationship between the NDIA and the local organisations, inputted important experience and knowledge into numerous enquiries and reviews, and also advocated strongly around arising issues that need a collective voice.

In addition, the changes brought about by the Mental Health Reform agenda, such as the influence of CHN as a funding body within our region, the loss of services to NDIS bilateral funding obligations, the yawning gaps as a result of this change, changing priorities within both local and federal governments, and now the inclusion of a local Minister for Mental Health with a proposed ACT Office for Mental Health, all make for a demanding agenda for a peak body.

I would like to thank Simon and his staff for their extremely high quality work and responses in these areas. They have continued to take on these challenges while also maintaining the usual

functions of our mental health peak body such as keeping our sector informed with updates and forums, supporting consumers, carers and organisations, being a central point of contact for government and organisational issues, and coordinating again a vibrant Mental Health Week calendar of events. They have also conducted the project of scoping an exciting potential Recovery College for Canberra, captivating many consumers, carers and workers in the promise of what this might yield.

The Board has also wrestled with many issues this year, including how to keep an organisation such as MHCC ACT relevant and dynamic with so many changes afoot. We have begun a process of reform by conducting a review of our Rules of Association, allowing us to rethink our scope of membership and our methods of consumer and carer engagement. My thanks to all Board members for their contributions and support this year.

MHCC ACT has hosted Amanda Bresnan, Executive Officer for Community Mental Health Australia (our national peak body) for more than a year now. This has dual benefits giving MHCC ACT staff direct access to what is happening on the national stage and giving CHMA an important secure base, with access to the centre of federal government. It has been gratifying to see CHMA build in strength and reputation over the past year year, giving important voice and representation for the community managed mental health sector.

**Pam Boyer**

PRESIDENT, MHCC ACT BOARD

# Board Members

CHAIR	<b>Pam Boyer</b> Director, Mental Health & Housing, Woden Community Services
DEPUTY-CHAIR	<b>Áine Tierney</b> Carer Representative
TREASURER	<b>Lachlan Atyeo</b> Regional Manager, Wellways Australia
SECRETARY	<b>Purity Goj</b> Programs Manager, ACT Mental Health Consumer Network
BOARD MEMBERS	<b>Sam Davidson-Fuller</b> Executive Officer, MIEACT
	<b>Peter Dwyer</b> Consumer Representative
	<b>Travis Gilbert</b> Executive Officer, ACT Shelter
	<b>Angie Ingram</b> CEO, Mental Health Foundation
	<b>Sue-Ann Polden</b> Director Youth, Mental Health, Homelessness, Family Support & Allied Health Network, Catholic Care
	<b>Jacqui Price</b> Consumer Representative
	<b>John Tucker</b> Carer Representative

# Executive Officer Report



**It has been another busy and eventful year for MHCC ACT. In an environment of constant and far-reaching change, the staff and Board have worked hard to keep on top of the changes and to advocate for the community-managed mental health sector in the ACT.**

A significant proportion of our energies in the last year were directed into responding to numerous inquiries, particularly regarding NDIS, both in our own right and through our national peak Community Mental Health Australia (CMHA). The impact of NDIS on the community mental health sector is far-reaching and no jurisdiction has fully come to terms with it yet. This is an area for further exploration in the coming year.

It has been interesting and mutually beneficial for MHCC ACT to host CMHA in our office throughout the year. Having CMHA Executive Director Amanda Bresnan based in our office gives us direct access to information from the national level and gives Amanda easy access to our knowledge about service-level issues and challenges.

The year also saw the announcement of a number of other significant plans and processes which impact on the community managed mental health sector:

- ACT Health developed a Territory-wide Health Services Framework as a high level strategic document to guide development of health services over the next 10 years,
- A 'Specialty Services Plan' for mental health is expected to be developed as a strategic services plan under the Framework,
- The 5<sup>th</sup> National Mental Health Plan was released and includes joint service planning processes between states and territories and primary health networks,
- Capital Health Network initiated development of a Regional Mental Health Plan, and
- ACT Health are planning a re-tendering of non-government health services.

This paints a picture of very broad-ranging uncertainty for the sector. It remains unclear how these different plans will actually fit together, what the timelines are, and exactly who will be responsible for them.

To support our members, MHCC ACT is engaging with all of the processes above, as well as continuing to engage with governments around issues with NDIS. We are also facilitating training and assisting members in other ways. The many reforms also mean that MHCC ACT itself is having to continually adapt and explore its role for the future to remain relevant and effective in a new environment.

I would like to thank MHCC ACT staff for their dedicated work. Office Manager Natasha Lobo continues to be the reliable backbone of the office. In the Policy & Sector Development Team

Rachael McMahon completed a contract and has moved on to other work. Recovery College Project Officer Karen Leary has done a great job of community engagement and making sense of a new and exciting area. The Communications Team farewelled the excellent Zoe Davies, who has taken our communications and Mental Health Week to a new level. Emily Roser is doing a sterling job of stepping into the gap left behind by Zoe.

My thanks to the MHCC ACT Board for their support throughout the year. And thank you to our members, without whom none of this would be possible. I look forward to working with you in the year ahead.

**Simon Viereck**  
EXECUTIVE OFFICER

## MHCC ACT Staff

<b>Simon Viereck</b>	Executive Officer
<b>Leith Felton-Taylor</b>	Policy and Sector Development Manager
<b>Natasha Lobo</b>	Office Manager
<b>Dianna Smith</b>	Policy and Sector Development Officer
<b>Charlie Richardson</b>	Policy and Sector Development Officer
<b>Anne Burnett</b>	Policy and Sector Development Officer
<b>Karen Leary</b>	Recovery College Project Officer
<b>Emily Roser</b>	Communications Officer
<b>Brittany Wolfhagen</b>	Intern (Communications & Events)

# Treasurer's Report



MHCC ACT audited financial statements for the 2016-17 financial year record a total income of \$757,084.00 (15/16: \$641,782.00) and total expenses of \$736,043.00 (15/16: \$607,523.00) for a surplus of \$21,041.00 (15/16: \$34,259.00).

The organisation experienced some changes to income. Firstly MHCC ACT received an increase in the MH Week grant from \$27,173 to \$48,499. Secondly the MHCC was granted additional income grant for a project to develop a design proposal for a Recovery College for the ACT. Finally, the CMHA Executive Director is also based with MHCC ACT and those wages form part of the overall MHCC ACT income and expenses. As usual, employment expenses and project expenses make up the vast majority of the organisation's total expenses.

Total assets of \$577,617.00 (15/16: \$435,117.00), and net assets of \$367,423.00 (15/16: \$346,382.00) provide the organisation with good contingency and a reasonable safety net for operating expenses.

During my time as treasurer I have also worked with the Board and the Executive Officer to better align decision making, financial management, risk management, policy, procedures and processes with the MHCC ACT Strategic Plan 2017-2021.

Also in line with these changes, a finance sub-committee was approved by the board to support this work, maintain good process and have a higher degree of transparency and accountability with regards to the financial management of the MHCC ACT.

Over the last few years the sector has seen quite significant changes to the operational landscape and as such financial management processes have been aimed towards supporting MHCC ACT to be responsive and flexible as a peak body in this changing environment.

Further, I would like to thank Natasha Lobo and Successful Alliances for providing MHCC ACT with another year of careful bookkeeping and payroll services, and MCS Audit for providing audit services to MHCC ACT.

I am also grateful to the MHCC ACT Board and the Finance & Audit Committee and Executive Officer for their support and their work to ensure good oversight and process of financial decisions over the year.

## **Lachlan Atyeo**

TREASURER



# Caucus Report

Since the introduction of the NDIS in 2014 the Caucus membership has been up and down with a number of members leaving and some new members coming on board.

The relationship between the MHCC ACT Board and Caucus had not been reviewed for some time, so a process of reviewing the relationship started these last twelve months with a core group of Caucus members forming the Caucus Rules Review Working Group and Fiona Tito-Wheatland engaged to facilitate the process. Various processes, such as a Healing Circle and a strong focus on co-design, were suggested to help with the process and to address concerns some consumers and carers feel around issues raised.

The MHCC ACT Board and Caucus relationship is at times a difficult one, and is often driven by ACT Health's agenda and tied to KPIs and outcomes largely driven by The Medical Model of mental health. Most of us in the Consumer and Carer perspective and contexts disagree with these modalities. We all agree that the medical model should also be informed by the Bio-psychosocial Holistic Model and empowerment models. This approach will be more sustainable and better for our society.

I am highly critical of the millions of dollars spent on inpatient mental health services at the expense of more community modelled solutions. Since the 70s when unemployment went through the roof, the lack of the right or ability to work has kept far too many consumers and carers without adequate financial resources to support an adequate standard of living.

The relationship between Caucus and MHCC ACT is still evolving and could take another six months to be finalised.

## **Peter Dwyer**

MHCC ACT BOARD CONSUMER REPRESENTATIVE



# Policy and Sector Development Report

After a couple of years very much focused on the ACT transition to the National Disability Insurance Scheme (NDIS) – first as a trial site and then moving into national rollout – we have made a concerted effort to diversify our policy and sector development work over the past 12 months.

Possibilities always seem to outweigh capacity in reality. Some things such as induction training for workers new to the ACT mental health space, data collection, and facilitating the matching of student placements with member organisations, are for the future. For a small team, however, we have managed to achieve quite a lot over the past 12 months. Feedback from our activities strongly indicates that what we have done has been well received.

We continue to host Amanda Bresnan, Executive Director of Community Mental Health Australia (CMHA), in the MHCC ACT office. CMHA is our national peak body and as well as hosting Amanda, MHCC ACT provides secretariat support for the CMHA Executive Leadership Group. Having Amanda in our office provides us with opportunities to provide strong and influential input into CMHA's work, including submissions. We thank our members who have provided case studies and experiences for this shared work.

## Sector Development

At times this year we have felt like event managers – it seemed that we just finished one event and there was another upon us! We have also put more emphasis on recording and analysing feedback from our events – the subject of a separate section of our report this year.

Our sector development work over 2016-17 has focussed on supporting our members and stakeholders with their training and development needs. Change to our member organisations' business models brought about by the NDIS have made it much more challenging to maintain adequate levels of training and development internally. While longer term strategies are needed to address this issue, in the short term at least we have been able to contribute to

the needs of our stakeholders. With this in mind, MHCC ACT has introduced a number of initiatives:

- Grants to support organisations and individuals attend training courses, conferences and other professional development activities with a mental health focus.
- Subsidised places for the Capacit-e and Shine e-learning modules. These are both introductory mental health courses.
- Bulk purchase of training provided to member organisation staff at significantly reduced price. Courses are on specific issues identified as priority areas for training by member organisations.

The idea of holding a research symposium has been in discussion for some time now, and finally in September we held "Evidence based practice – translating research into effective practice". We wanted to focus on the practical application of research, capitalising on the number of research and academic institutions in Canberra. Registrations exceeded expectations and we had many requests to make this a regular event.

With the amount of reform in mental health, MHCC ACT, organised a special Mental Health Week guest speaker evening on the theme of "Deinstitutionalisation – where are we now?" The three speakers presented quite different and thoughtful perspectives on this topic, and the evening was rounded off with a stunning performance from the Canberra Pop-Up Choir.

## Policy

The first five months of 2017 were spent responding to a stream of reports and inquiries into the NDIS. While it was encouraging to be asked about the ACT NDIS experience, the amount of work required for each meant that there was little time for anything else during this period. It did provide a good opportunity to check in with our members and to gather new case studies – unfortunately most of them did not make for happy reading – and therefore deepen our understanding of the ongoing impacts and unresolved issues with the NDIS.



## Mental Health Symposium 2017

1. The MHCC ACT Mental Health Symposium held on 12 September 2017 at ANU Commons attracted over 90 attendees who were presented with valuable insights from some of Australia's most prominent researchers and mental health practitioners
2. Sue Webeck and Peter Hyndall – advocates for Canberra's LGBTIQ+ community delivered presentations to improve mental health service provision for same-sex attracted and gender-diverse Canberrans at the Symposium

In August 2017 MHCC ACT wrote to ACT Government highlighting our concerns about what appeared to be a trend to dramatically cut NDIS participants' plans during the annual review process. One direct outcome from this is semi regular meetings between the NDIA, ACT Office for Disability and MHCC ACT.

Gradually we are seeing a wider acceptance of the issues associated with psychosocial disability and how it fits or otherwise within the NDIS framework. In general, MHCC ACT welcomes the recommendations from the reports arising from the above-mentioned submission processes. Like many others we want the NDIS to succeed as we know it has the potential to transform so many lives for the better. We remain concerned to see a solution to the gaps in service opening up as a result of the NDIS – for those who are ineligible for or unable to engage with the NDIS.

MHCC ACT and its stakeholders welcomed the appointment of the first Minister for Mental Health in the ACT late in 2016, and the commitment to establish an Office for Mental Health. The Minister has actively engaged with sector and MHCC ACT projects and events, including Mental Health Week, the Recovery College, and the Research Symposium. MHCC ACT were invited to a round table discussion with the Minister about the impact on service providers from the NDIS; we have also been included in consultation around establishment of an Office for Mental Health.

MHCC ACT continues to be represented on the ACT Government Steering Group for the new Adult Community Mental Health Services Model of Care. An important aspect of this work has been the development of a 'Framework for Partnering with Community Agencies' from which a joint work plan will be established. MHCC ACT is grateful for the input of the Reference Group of stakeholders who have contributed to this process.

Capital Health Network (CHN), the ACT Primary Health Network, plays an increasing role in the mental health sector. MHCC ACT is represented on key CHN committees, including the Primary Mental Health Strategic Reform Group, and Regional Mental Health Plan Working Group, and aims to work collaboratively with CHN in the best interest of the community mental health sector and the community. This is also an area for deeper engagement in the coming year.

### Collaboration and representation

Collaboration and representation are strong values of MHCC ACT. Working together with stakeholder organisations adds value to and strengthens outcomes. It helps keep mental health in conversations which in turn helps awareness of the importance of taking a broad view of the social and economic determinants of good mental health. It is also an important aspect of staff development.

During 2016-17 MHCC ACT were involved in a number of activities that involved collaboration between different parties, including:

- Co-hosted with ATODA, training for mental health workers on drug and alcohol issues.
- Sharing the ACT NDIS transition experience at South West Sydney NDIS and Mental Health Sector Collaboration Forum.
- Workshops to inform new ACT Health Specialist Youth Mental Health Outreach team.
- ACT Government/Purple Orange/MHCC ACT consultation on the possibility of an Office for Senior Practitioner.
- Capital Health Network assessment panel for the tender on Service Navigation and Vocational Support.
- Corporate Governance meeting of ACT Health's Mental Health, Justice Health and Alcohol and Drug Services – including preparations to tender for a new South-Side 'Step Up Step Down' unit.
- National Mental Health Commission Workshop on Housing, Homelessness and Mental Health.
- ACT Mental Health Act Evaluation Framework workshops.

MHCC ACT Staff were elected members of a number of Boards including Mental Illness Education ACT, ACT Mental Health Consumer Network, and ACT Council of Social Services.

MHCC ACT was represented at a range of ACT and national events, including:

- Mental Health Australia Parliamentary Advocacy Day and Policy Forum
- International Initiative for Mental Health Leadership (IIMHL)
- National Suicide Prevention Conference
- National LGBTI Mental Health and Suicide Prevention Roundtable

- Parliamentary Friends of Mental Illness.
- Embracing Change, Mental Health Services conference (TheMHS) 2017
- Choice and Control – Personalising the Mental Health System, TheMHS Summer Forum
- ACT Housing Summit.

MHCC ACT submissions include:

- Submission to the ACT Budget
- NDIS Code of Conduct Discussion Paper
- Joint Standing Committee on NDIS: Inquiry regarding the provision of services under the NDIS for people with psychosocial disabilities
- Australian National Audit Office: Audit of decision-making controls for sustainability – NDIS access
- Productivity Commission: Issues paper on NDIS Costs
- NDIA discussion paper: 2017 Price Controls Review
- Senate Standing Committees on Community Affairs: Inquiry into delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities.

MHCC ACT has also contributed articles to journals including:

- **'Transition to change: Reflections on the ACT NDIS Trial'**, in *Newparadigm*, Winter 2016. Also reproduced on the Power to Persuade blog.
- **'Measuring the unmeasurable – the culture that perpetuates mental health, its labelling, and measurement by psychiatric science'**, in *Newparadigm*, Winter 2017.
- **'Captured by the political narrative?'**, in *Canberra Disability Review*, Autumn 2017.

## Training and Development Events

### Symposium: ‘Evidence based practice in mental health – translating research into effective practice’

This Symposium, held on 12 September 2017 at the ANU Commons, was the first such event run by MHCC ACT, and concentrated on the mental health of three population groups – people who identify as LGBTI, Aboriginal and Torres Strait Islander people, and people who are or have been prisoners.

Attendance figures, along with anonymous formal and informal feedback, illustrated the success of the event. Over 90 people attended the Symposium; over and above the initial projected audience of 60-70. Feedback from audience members indicated that the event had been ‘very valuable’ in terms of providing relevant information and even changing the way service providers work with consumers.

Our audience was 62% paid workers (of which 75% were from non-profits), 19% volunteers, 46% consumers, 37% carers, 29% academics and 15% worked for member organisations. Note: Many attendees fitted more than one category.

Two examples of anonymous feedback:

*“I think it was very professional and well organised and well-paced. From great content and speakers to the quality of food, I can’t fault the day. Thank you.”*

*“It was structured really well, informative and engaging and enabled conversation that extended the understanding of presentation.”*

In an email sent the day after the event, our Keynote Speaker, Dr Brett Scholz, said:

*“I think the event was a big success – and a really valuable opportunity for us all to meet with people from across diverse parts of the sector. Thanks again and well done on all the hard work – it really paid off!”*

## Quarterly Forums

MHCC ACT, the ACT Mental Health Consumers Network (ACTMHCN) and Carers ACT have jointly presented four Quarterly Forums. The topics were:

- **‘The Capital Health Network (CHN) and Mental Health’** on Monday 5 September 2016,
- **‘Multicultural Mental Health and Wellbeing’** on Monday 21 November 2016,
- **‘The Integrated Carer Support Services Strategy’** on Monday 23 May 2017, and
- **‘The Mental Health of Prisoners’** on Wednesday 9 August 2017.

These four Quarterly Forums were attended by a total of 85 people. 20% of attendees were Consumers, 14% Carers, 52% Service Providers, 9% Clinicians and 7% ACT Government. Some fitted more than one category.

Across the four Quarterly Forums, feedback on the question ‘Did you find the Forum useful?’ was answered as follows:

1%*	24%	28%	45%
Not at all	Reasonably		Very

\* One person

MHCC ACT presented two other Forums which were:

- **‘The Federal Election Candidates Mental Health Forum’** at the ANU Commons, about 30 attendees. This was a valuable opportunity for people in our sector to quiz Liberal, Labor and Greens candidates on questions relevant to mental health services prior to the election.
- **‘Deinstitutionalisation – where are we now?’** at the ACT Legislative Assembly during 2017 MH Week. Speakers were Rob Ramjam, CEO, One Door Mental Health, Brenda Happell, Exec. Director, Synergy Nursing & Midwifery Research Centre, and Barnie van Wyk, CEO, St. Vincent de Paul Society, addressing the question: “has nation-wide deinstitutionalisation policy improved the lives of people with mental illness and their carers?”

In answer to the question “Did you find this event (‘Deinstitutionalisation’) relevant to your interests?” respondents answered as follows:

0%	13%	7%	80%
Not at all	Reasonably		Very

## Training and Professional Development

MHCC ACT supports the Training and Professional Development needs of the sector through:

### Training and Professional Development Grants Scheme

24 applications, 13 from workers at Member organisations and 11 from Consumers and Carers who are active in the sector. 19 were approved and five denied. Total value of approvals \$13,797.00, average value \$726.00.

Examples of the use to which these grants have been put are:

- Towards Elimination of Restrictive Practices 11th National Forum
- Working Therapeutically with Children and their Emotions
- Trauma-Focussed Therapy for Children and Adolescents
- Psychologist Supervisor Training
- TheMHS Conference
- ASIST Suicide Prevention
- National Borderline Personality Conference 2017
- National Suicide Prevention Conference 2017
- Master the Art of Grant-Seeking
- Treating emptiness, anhedonia, relationship chaos and difficult problems
- Drumbeat Facilitator Training.

## Two short, online recovery-oriented training courses

These are the ‘Capacit-e’ (produced by MHCC NSW) and ‘Shine’ (produced by WAAMH) online courses. Nine people have undertaken these courses.

## Ad hoc joint initiatives with other organisations

MHCC ACT also engages in ad hoc joint initiatives with other organisations in the sector to provide relevant training to Members and non-Members, such as:

- **‘Supported Decision Making’**, jointly with the Aging, Disability and Carers Advocacy Service (ADACAS) – 11 attendees, 9 feedback forms completed, 7 found it ‘Very Useful’, 2 close to ‘Very Useful’.
- **‘Alcohol, Tobacco and Other Drugs and Harm Reduction’**, jointly with the Alcohol, Tobacco and Other Drugs Association (ATODA), on Tuesday 6 June 2017. 26 attendees, 80% gave it 4 or 5 out of 5 for ‘improving knowledge of alcohol, tobacco and other drugs, 66% said it improved their knowledge of harm reduction.
- **‘BPD – From Stigma to Strength’**, jointly with BPD Awareness ACT, on Tuesday 26 September 2017. 28 Attendees. 65% found it ‘Very Useful’, 15% ‘Reasonably Useful’, 15% between ‘Very’ and ‘Reasonably’ and 5% (one person) between ‘Not at all’ and ‘Reasonably’.

## Bulk purchase of training packages

Since the end of the financial year, MHCC ACT has also undertaken the bulk-purchase of eight relevant training packages, offered at a discount to our Members. Two of these have been delivered, and a further six will follow within this new financial year.

# Recovery College Project

## Work began this year towards the design of a Recovery College for Canberra.

A Recovery College is an adult learning centre at which all courses focus on an individual's management of mental illness, and self-directed individual recovery.

MHCC ACT received funding in the 2016–17 ACT Budget for a project to produce a design brief and a submission to Government for funding, on behalf of the community mental health sector. We appointed a project officer in February 2017.

Work began with research into existing colleges in Australia and the UK, development of a project plan and establishment of a Steering Committee. The committee comprises representatives from MHCC ACT, the Mental Health Consumer Network, Carers ACT, the Canberra Institute of Technology (CIT), Mental Illness Education ACT, Richmond Fellowship, Wellways, ACT Health Policy, and the ACT Health Mental Health, Justice Health and Alcohol and Drug Services.

The next stage of the project involved three workshops with stakeholders and community members to build engagement and learn what the Canberra community wants to see from a recovery college.

Following the workshops we developed a design plan for submission to the ACT Government. The plan covers:

- an examination of Recovery Colleges as innovative, effective additions to mental health services, internationally and in Australia
- the case for a Recovery College in Canberra, including the mental health community's high level of support, and the anticipated benefits a college would bring to individuals, the community, the mental health sector and the government
- an examination of existing models for a Recovery College, internationally and in Australia
- a proposed model specifically tailored for the ACT community that combines the strengths and expertise of three critical sectors concerned with the mental health of the Canberra community.

The model put forward is a three-way partnership between the community mental health sector as represented by MHCC ACT, CIT and the ACT Government. CIT has provided valuable and practical input throughout the project and is committed to seeing the college established.

Recovery Colleges are based on the principles of co-design, co-production and co-facilitation, which means that all aspects of the college, especially courses, are designed, developed and delivered in collaborative partnerships between people with lived experience (including carers) and clinicians, support workers, other mental health professionals and educators. The use of co-design, co-production and co-facilitation enhances the transformative concepts embodied in the National Framework for Recovery-oriented Mental Health.

Throughout the year the Recovery College project implemented the principles of co-design through a number of workshops and working groups attended by consumers, carers and mental health professionals.

As an indication of the support for the project in the mental health community, the first workshop in May booked out in two days and a further two workshops had to be scheduled. Approximately equal numbers of consumers/carers and mental health professionals and educators attended the workshops. Following on from the workshops, a series of working group meetings were held in September and October, and are also scheduled for November and December. Topics discussed at the working groups include courses the college might offer, training in co-design and co-facilitation for educators, learning outcomes and student expectations and needs, and policies and procedures.

Whether the project is supported in the ACT Budget will not be known until June 2018. In the meantime the work towards designing and establishing the Recovery College is continuing.

### **Karen Leary**

RECOVERY COLLEGE PROJECT OFFICER

# Mental Health Week 2017



**This year's Mental Health Week saw a record number of community events take place across Canberra as part of an extended month-long calendar of events.**

The Reimbursement Grants Program successfully funded a total of 32 events organised and hosted by community organisations and not-for-profit groups. This year, there was a high number of events targeting minority and marginalised groups such as CALD and LGBTIQ+.

Mental Health Week in the ACT is coordinated by a committee comprised of 16 voluntary members from across the community sector and Government, as well as consumer and carer representatives. MHCC ACT provides secretariat support to the Committee. Four meetings of the Committee were held from April – July 2017.

The theme of Mental Health Week 2017 in the ACT was 'Stronger Together'. The aim of this campaign was twofold: to encourage the ACT community to view mental illness as a source of strength; and to remind people of our shared responsibility to reach out and support those in our community who suffer in silence.

To celebrate the strength and talent of those living with or recovered from mental illness, an inaugural outdoor concert was held in Glebe Park to launch Mental Health Week on the afternoon of Sunday 8 October. This live music event featured local artists whose experiences of mental illness have made them stronger. The idea behind the concert was to unite the community and – in line with the theme – to celebrate the idea that mental illness can be a source of strength, creativity and inspiration.

Unfortunately, the afternoon proved to be a damp one with showers descending on Civic most of the afternoon. The decision was made to go ahead with the event, but the rain affected audience numbers. None the less, local rapper 'Cappo', musician and comedian Chris Endrey, Eleanor Ailie and her band, and singer-songwriter Duncan Sargeant impressed the small crowd of approximately 45 patrons with energetic and moving performances.

Aunty Jannette Phillips performed the Welcome to Country and spoke about the lingering impact of the forcible removal Aboriginal children on the mental health of Aboriginal people today. ACT Minister for Mental Health, Shane Rattenbury, also attended the event to officially welcome the audience.

On World Mental Health Day, Tuesday 10 October 2017, the efforts and achievements of outstanding individuals and programs – focused on improving the mental health of Canberrans – were recognised at the annual Mental Health Week Awards. This year's awards attracted the highest number of nominations of any year, resulting in an impressive line-up of potential candidates from public, private, community and not-for-profit organisations. Genevieve Jacobs, host of ABC's Mornings Program and official patron of Mental Health Week in the ACT, delivered the opening address stressing the need for people to talk openly about mental health issues to break down stigma.



## Mental Health Week Launch



Stronger Together.

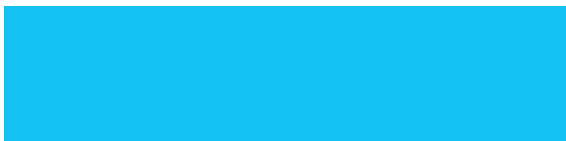


1. Parents of Friends of Lesbians and Gays (PFLAG) put on a sausage sizzle at the outdoor concert to launch Mental Health Week 2017 in the ACT
2. Jemuel "Cappo" Chadwick
3. ACT Minister for Mental Health, Shane Rattenbury, officially opens Mental Health Week 2017
4. Cappo and Chris Endrey entertain the audience at the outdoor concert in Glebe Park

## Mental Health Week Launch



The inaugural Mental Health Week outdoor concert in Glebe Park.



1. Despite the wet weather, a small crowd gathers to enjoy an afternoon of song and celebration of mental illness as a source of strength at the Mental Health Week launch concert
2. Singer-songwriter, Duncan Sargeant
3. Glebe Park, audience members enjoy the outdoors and talented performances by local musicians



## Mental Health Week Awards



1

**Outstanding achievements were recognised at the annual Mental Health Week Awards.**



2



3

1. Mental Health Week 2017 Award winners
2. Mental Health Week ACT Patron, Genevieve Jacobs and ACT Mental Health Consumer Network Board Chairperson, Terri Warner
3. Sophie Hope, winner of the 2017 David Perrin Award is presented her certificate by ACT Minister for Mental Health, Shane Rattenbury



This year's Mental Health Week Expo was held outdoors in City Walk, Garema Place for the second consecutive year and was the biggest yet, attracting approximately 1,650 patrons. This is an increase of approximately 450 people on the patronage of the 2016 event.

This year's Expo featured a popular sausage sizzle hosted by Tuggeranong Men's Shed and funded by the Committee. Live music performed by local artists with lived experience of mental illness was broadcast throughout the venue via a PA system donated by the Ted Noffs Street University. Patrons also enjoyed free water, fruit, lollies, an art exhibition, a visit from Hercules the Pet Therapy Alpaca and lots of interactive activities.

The purpose of the Expo is to build community awareness of local services and programs available in the ACT to assist people with mental health issues. The Expo is also a networking opportunity for service providers and a platform for workers to reach out and connect with members of the general public.

The success of the day was assisted by the glorious weather and feedback from patrons was overwhelmingly positive with 97% of respondents indicating that they would attend the event again in the future. Feedback also suggested that more promotion of the event is needed to increase public awareness of future Expos; the vast majority of patrons stumbled across the event by accident.

Community events comprising the Mental Health Week event calendar for 2017 included creative writing workshops, art exhibitions,

public seminars on nutrition and self-care, a gender-diverse Prom night and an overnight camping trip for young people with a mental illness. All of these events were made possible with funding from the Mental Health Week Reimbursement Grants program which this year allocated a total of \$24,550 to successful applicants. A number of schools throughout the community also received grant funding to host mental-health focused training, seminars and other activities for students throughout Mental Health Week.

Events were marketed through an official Mental Health Week Events Calendar. 5,000 copies of the calendar were distributed to venues around Canberra and an electronic version was published online. Increased web traffic to the Mental Health Week ACT site over consecutive years demonstrates a trend towards greater online engagement and increasing preference for online consumption of the Calendar, therefore fewer hard copies were distributed this year than in 2016. Website visits in October 2017 were more than 35% greater than October of the previous year, and 50% greater than October 2015.

As public awareness around Mental Health Week in the ACT continues to grow year after year, there has been a corresponding upsurge in interest and eagerness from stakeholders to be involved in the event. While this is encouraging, there is a need for additional staff resources to maximize opportunities and continue to ensure that Mental Health Week runs as smoothly and successfully as in previous years.



This year's Mental Health Week Expo was the biggest yet, attracting approximately 1,650 patrons.



1. Indigenous dancers from the Jannawi Dance Clan open the music program at the Mental Health Week Expo in Garema Place
2. ACT Minister for Mental Health meets Nils and Hercules the pet therapy alpaca
3. Purity Goj, ACT Mental Health Consumer Network and Christine English, Wellways, stallholders at the Mental Health Week Expo

## Mental Health & Wellbeing Expo



The Expo builds community awareness of local mental health services available in the ACT.



1. Volunteer members of Tuggeranong Men's Shed put on a free sausage sizzle for Expo patrons
2. Chris Van Reyk plays the harmonica as his band, The Creek, entertains a crowd gathered in the sunshine in Garema Place
3. Local Italian choir, Dante Viva Italia, continue the music program delighting Expo patrons and office-escapees on lunch-break alike





## Mental Health & Wellbeing Expo



The Expo is a networking opportunity for service providers to connect with members of the public.



1. The Lived Experience art exhibition showcases local artists living with or recovered from Mental illness
2. Vijaya Sen, local artist
3. Demonstration by artist showcasing a local art therapy workshop, one of the many interactive activities for patrons at this year's Expo
4. Volunteer exhibits branded calico bag distributed at the Expo
5. Balloons proved a big hit! Especially among the Expo's younger patrons

# MHCC ACT Members 2016-2017

Full Members		Associate Members
OzHelp Foundation	Catholic Care	Julie McMahon
Toora Women	Woden Community Service	Ralph Nelson
Wellways	Capital Health Network	Rose Beard
Volunteering ACT	Communities 4U Ltd.	Aine Tierney
Belconnen Community Services	Menslink	Dennis Strangman
ADACAS	Mental Health Foundation	Peter Dwyer
Directions ACT	St Vincent de Paul Society	Jacqui Price
MIEACT	Indigenist – Dameyon Bonson	David Lovegrove
Women Centre with Health Matters	JACS	John Tucker
Aid Action Council of ACT	Making Connections Together	William Kerley
Richmond Fellowship	Advocacy for Inclusion	Paul Adcock
Domestic Violence Crisis Service	ACT Mental Health Consumer Network	Peta Hunter
Marymead	ATODA	Gemma Nourse
Duo Services	Carers ACT	Hayley Purdon
PANDSI	ACT Shelter	David Griffiths
Sunflower Services	Women with Disability	Elizabeth Clark
Tedd Noffs Foundation	People with Disability	Shirley Campbell
Headspace Canberra	Youth Coalition ACT	Shamaruh Mirza
		Kalolaine Langi
		Harvinder More
		Judith King



# Financial Statements

**Mental Health Community Coalition of the ACT**  
**ABN: 22 510 998 138**

**Financial Statements**

For the Year Ended 30 June 2017

**Mental Health Community Coalition of the ACT**

**ABN: 22 510 998 138**

## **Contents**

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**Mental Health Community Coalition of the ACT**

**ABN: 22 510 998 138**

**Board's Report**

**30 June 2017**

Your board members submit the financial report of the Mental Health Community Coalition of the ACT for the financial year ended 30 June 2017.

**BOARD MEMBERS**

The names of board members throughout the year and at the date of this report are:

Pam Boyer	President
Aine Tierney	Vice President
Lachlan Atyeo	Treasurer
Purity Goj	Secretary
Sam Davidson-Fuller	Director
John Tucker	Director
Peter Dwyer	Director
Travis Gilbert	Director
Jacqui Price	Director
Sue Ann Polden	Director
Angie Ingram	Director

**OPERATING RESULT**

The result of the Association was a surplus of \$21,041 for the year ended 30 June 2017 compared to a surplus of \$34,259 for the year ended 30 June 2016.

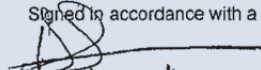
**PRINCIPAL ACTIVITIES**

The principal activity of the Association is provision of co-ordination, systemic representation and community/sector development service for mental health consumers, carers and community mental health service providers in the ACT.

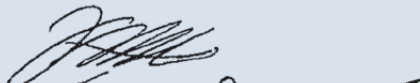
**SIGNIFICANT CHANGES**

No significant changes in the nature of these activities occurred during the year.

Signed in accordance with a resolution of the Board:

  
Lachlan Atyeo

Board member

  
Travis Gilbert

Board member

Dated this 7<sup>th</sup> day of November 2017

**Mental Health Community Coalition of the ACT**

**ABN: 22 510 998 138**

**AUDITOR'S INDEPENDENCE DECLARATION**

**UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES**

**AND NOT FOR PROFITS COMMISSION ACT 2012 TO THE BOARD MEMBERS OF**

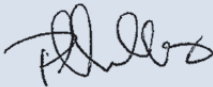
**MENTAL HEALTH COMMUNITY COALITION OF THE ACT**

As lead auditor for the audit of Mental Health Community Coalition of the ACT for the year ended 30 June 2017, I declare that to the best of my knowledge and belief, there have been:

-no contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit; and

-no contraventions of any applicable code of professional conduct in relation to the audit.

MCS Audit Pty Ltd



Phillip W Miller CA

Director

Dated in Canberra on: *7 November 2017*

**Mental Health Community Coalition of the ACT**

ABN: 22 510 998 138

**Statement of Profit or Loss and Other Comprehensive Income  
For the Year Ended 30 June 2017**

		2017	2016
	Note	\$	\$
Revenue	3	753,253	615,676
Other Income	3	3,831	26,106
Employee Benefits Expenses		(490,178)	(420,131)
Depreciation and Amortisation Expenses		(11,016)	(11,917)
Project Expenses		(138,186)	(91,361)
Staff & Board Amenities		(3,659)	(3,293)
Website Redevelopment		(2,027)	(4,290)
Other Expenses	4	(90,977)	(76,531)
<b>Profit before income tax</b>		<b>21,041</b>	<b>34,259</b>
Income Tax Expense		-	-
<b>Profit for the year</b>		<b>21,041</b>	<b>34,259</b>

The accompanying notes form part of these financial statements.

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**Mental Health Community Coalition of the ACT**

ABN: 22 510 998 138

**Statement of Financial Position**

30 June 2017

	Note	2017 \$	2016 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	6	542,133	400,554
Trade and Other Receivables	7	5,161	1,137
Other Assets	8	5,502	4,914
<b>TOTAL CURRENT ASSETS</b>		<b>552,796</b>	<b>406,605</b>
<b>NON-CURRENT ASSETS</b>			
Property, Plant and Equipment	9	24,821	28,512
<b>TOTAL NON-CURRENT ASSETS</b>		<b>24,821</b>	<b>28,512</b>
<b>TOTAL ASSETS</b>		<b>577,617</b>	<b>435,117</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	10	152,539	43,033
Provisions	11	35,755	45,702
Other Liabilities	12	21,900	-
<b>TOTAL CURRENT LIABILITIES</b>		<b>210,194</b>	<b>88,735</b>
<b>TOTAL LIABILITIES</b>		<b>210,194</b>	<b>88,735</b>
<b>NET ASSETS</b>		<b>367,423</b>	<b>346,382</b>
<b>EQUITY</b>			
Retained Earnings		367,423	346,382
<b>TOTAL EQUITY</b>		<b>367,423</b>	<b>346,382</b>

The accompanying notes form part of these financial statements.

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Mental Health Community Coalition of the ACT  
ABN: 22 510 998 138

### Statement of Changes in Equity For the Year Ended 30 June 2017

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2016	346,382	346,382
Net surplus for the year	21,041	21,041
Balance at 30 June 2017	<u>367,423</u>	<u>367,423</u>

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2015	312,123	312,123
Net surplus for the year	34,259	34,259
Balance at 30 June 2016	<u>346,382</u>	<u>346,382</u>

The accompanying notes form part of these financial statements.

**Mental Health Community Coalition of the ACT**

**ABN: 22 510 998 138**

**Statement of Cash Flows**

**For the Year Ended 30 June 2017**

	2017	2016
Note	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Receipts from customers	773,661	635,568
Payments to suppliers and employees	(634,104)	(575,772)
Interest received	9,347	9,123
Net cash provided by/(used in) operating activities	13 148,904	68,919
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of property, plant and equipment	(7,325)	(8,771)
Net cash used by investing activities	(7,325)	(8,771)
Net increase/(decrease) in cash and cash equivalents held		
	141,579	60,148
Cash and cash equivalents at beginning of year	400,554	340,406
Cash and cash equivalents at end of financial year	6 542,133	400,554

The accompanying notes form part of these financial statements.

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## Mental Health Community Coalition of the ACT

ABN: 22 510 998 138

### Notes to the Financial Statements

For the Year Ended 30 June 2017

#### 1 Basis of Preparation

The Mental Health Community Coalition of the ACT applies Australian Accounting Standards - Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*. The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

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

#### 1 Summary of Significant Accounting Policies

##### (a) Comparatives

The classification of comparative figures has been changed where the change improves the comprehension of the financial information.

##### (b) Cash and cash equivalents

Cash and cash equivalents include cash on hand and at call deposits with banks or financial institutions.

##### (c) Income tax

The Association is exempt from income tax in accordance with Section 50-5 of the Income Tax Assessment Act 1997.

##### (d) Leases

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

##### (e) Revenue and other income

###### Grant income

Project (reciprocal) grants are recognised as revenue to the extent that the monies have been applied in accordance with the conditions of the grant. Grant funds received prior to yearend but unexpended as at that date are recognised as grants in advance (liabilities, unearned revenue).

Operating (non-reciprocal) grants are brought to account as income at the commencement of the grant period.

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## Mental Health Community Coalition of the ACT

ABN: 22 510 998 138

### Notes to the Financial Statements

For the Year Ended 30 June 2017

#### 1 Summary of Significant Accounting Policies

- (e) **Revenue and other income**  
Operating grant funds received prior to the applicable grant funding period are recognised as grants in advance (liabilities, unearned revenue).

##### Other income

All other sources of income are brought to account as income when the related goods or services have been provided and the income earned.

##### Sale of Donated Goods

Revenue from the sale of donated goods and fundraising is brought to account when funds are received. The value of donated goods is not recognised as revenue by the Association.

- (f) **Goods and services tax (GST)**

All revenue and expenses are stated net of the amount of goods and services tax, except where in the amount of goods and services tax incurred is not recoverable from the Australian Taxation Office. In these circumstances the goods and services tax is recognised as part of the cost acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of goods and services tax.

- (g) **Property, plant and equipment**

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

##### 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.

- (h) **Impairment**

At each reporting date, the Association reviews the carrying values of its assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell or value in use, is compared to the assets carrying value. As a not-for-profit entity, value in use for the Association, according to AASB 136 Impairment of Assets, is depreciated replacement cost. Any excess of the asset's carrying value over its recoverable amount is recognised in the statement of profit or loss and other comprehensive income as an impairment loss.

- (i) **Employee benefits**

##### *Short-term employee benefits*

Provision is made for the Association's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to

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## Mental Health Community Coalition of the ACT

ABN: 22 510 998 138

### Notes to the Financial Statements

For the Year Ended 30 June 2017

#### 1 Summary of Significant Accounting Policies

(i) **Employee benefits**

be paid when the obligation is settled. The Association's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as a part of current trade and other payables in the statement of financial position.

*Long-term employee benefits*

The Association classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Association's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees to the extent that they are not funded by the ACT Community Sector Portable Long Service Leave Scheme. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the measurement of obligations for other long-term employee benefits, the net change in the obligations is recognised in profit or loss classified under employee benefits expense.

The Association's obligations for long-term employee benefits are presented as non-current liabilities in its balance sheet, except where the Association does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

(j) **Financial instruments**

*Recognition*

Financial instruments are initially measured at fair value on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Receivables

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are stated at amortised cost using the effective interest rate method.

Held-to-maturity investments

These investments have fixed maturities, and it is the Association's intention to hold these investments to maturity. Any held-to-maturity investments held by the Association are stated at amortised cost using the effective interest rate method.

Available-for-sale financial assets

Available-for-sale financial assets are reflected at fair value. Unrealised gains and losses arising from changes in fair value are taken directly to equity (available for sale revaluation reserve) until the investment is disposed of or is determined to be impaired, at which time the cumulative gain or loss previously recognised in the available for sale revaluation reserve included in the surplus or deficit for the period.

Financial liabilities

Non-derivative financial liabilities are recognised at amortised cost, comprising original debt less principal

## Mental Health Community Coalition of the ACT

ABN: 22 510 998 138

### Notes to the Financial Statements

For the Year Ended 30 June 2017

#### 1 Summary of Significant Accounting Policies

(j) **Financial instruments**  
payments and amortisation.

(k) **Cash flows**

For the purposes of the statement of cash flows, cash includes cash on hand, cash at bank and term deposits maturing within one year.

(l) **Fair value of assets and liabilities**

The Association measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price the Association would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date. As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liability that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (i.e. the market that maximised the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

#### 2 Critical Accounting Estimates and Judgments

The Association evaluates estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Association.

##### Key estimates

The Association assesses the impairment at each reporting date by evaluating conditions specific to the Association that may lead to impairment of assets. Should an impairment exist, the determination of the recoverable amount of the asset may require incorporation of a number of key estimates.

**Mental Health Community Coalition of the ACT**

ABN: 22 510 998 138

**Notes to the Financial Statements**

**For the Year Ended 30 June 2017**

**3 Revenue and Other Income**

	2017	2016
	\$	\$
- Government Grants	597,900	573,096
- Membership Fees	6,086	3,409
- Interest Received	9,347	9,123
- Other Income	3,832	26,106
- Mental Health Recovery College	28,100	-
- Mental Health Week	48,711	29,942
- Sponsorships / Donations	166	106
- CMHA Income	62,942	-
<b>Total Revenue and Other Income</b>	<b>757,084</b>	<b>641,782</b>

**4 Other Expenses**

Advertising	4,231	5,674
Accounting and Auditing	9,635	7,150
Bank Charges	1,013	951
Conference/Seminar Costs	1,092	2,373
Equipment < \$1000	3,333	216
Insurance	3,292	3,415
IT Expenses	13,933	10,670
Contract & Legal Expenses	230	69
Consumer/ Carer Meetings	2,719	619
Printing, Postage and Stationery	3,645	3,626
Office Expenses	30,605	28,674
Subscriptions	7,718	6,291
Telephone and Fax	4,387	4,331
Travel & Accommodation	3,644	2,472
Library and Resources	1,500	-
<b>Total Other Expenses</b>	<b>90,977</b>	<b>76,531</b>

**5 Auditor's Remuneration**

Remuneration of the auditor, for		
- auditing or reviewing the financial statements	3,625	3,500
<b>Total Auditor's Remuneration</b>	<b>3,625</b>	<b>3,500</b>

**6 Cash and Cash Equivalents**

Cash at Bank and in Hand	278,550	143,470
Short-term Deposits	263,497	256,839
Other Cash and Cash Equivalents	86	245
<b>Total Cash and Cash Equivalents</b>	<b>542,133</b>	<b>400,554</b>

**Mental Health Community Coalition of the ACT**

ABN: 22 510 998 138

**Notes to the Financial Statements**

For the Year Ended 30 June 2017

<b>7 Trade and Other Receivables</b>		
	2017	2016
	\$	\$
CURRENT		
Trade Receivables	1,382	-
Other Receivables	3,779	1,137
<b>Total Trade and Other Receivables</b>	<u>5,161</u>	<u>1,137</u>
<b>8 Other Assets</b>		
CURRENT		
Prepayments	5,502	4,914
<b>Total Other Assets</b>	<u>5,502</u>	<u>4,914</u>
<b>9 Property, Plant and Equipment</b>		
Property Plant and Equipment at Cost	81,828	81,828
Accumulated Depreciation	(69,252)	(60,867)
Total plant and equipment	<u>12,576</u>	<u>20,961</u>
Website at Cost	23,718	16,393
Accumulated Depreciation	(11,473)	(8,842)
Total of website	<u>12,245</u>	<u>7,551</u>
<b>Total Property, Plant and Equipment</b>	<u>24,821</u>	<u>28,512</u>

(a) **Movements in Carrying Amounts**

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Plant and Equipment	Website	Total
	\$	\$	\$
<b>Year ended 30 June 2017</b>			
Balance at the beginning of year	20,961	7,551	28,512
Additions	-	7,325	7,325
Depreciation expense	(8,385)	(2,631)	(11,016)
<b>Balance at the end of the year</b>	<u>12,576</u>	<u>12,245</u>	<u>24,821</u>

**Mental Health Community Coalition of the ACT**

ABN: 22 510 998 138

**Notes to the Financial Statements**

For the Year Ended 30 June 2017

**10 Trade and Other Payables**

	2017	2016
	\$	\$
CURRENT		
Trade Payables	81,170	15,825
GST Payable	39,505	4,311
Accrued Expenses	23,477	17,003
PAYG	4,672	3,218
Superannuation Payable	3,715	2,676
<b>Total Trade Creditors and Other Payables</b>	<b>152,539</b>	<b>43,033</b>

**11 Provisions**

CURRENT		
Provision for Employee Benefits	35,755	45,702
<b>Total Provisions</b>	<b>35,755</b>	<b>45,702</b>

**12 Other Liabilities**

CURRENT		
Grant in Advance	21,900	-
<b>Total Other Liabilities</b>	<b>21,900</b>	<b>-</b>

**13 Cash Flow Information**

**(a) Reconciliation of result for the year to cashflows from operating activities**

Reconciliation of net income to net cash provided by operating activities:

Profit for the year	21,041	34,259
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	11,016	11,917
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(4,024)	2,909
- (increase)/decrease in other assets	(588)	(2,433)
- increase/(decrease) in other liabilities	21,900	-
- increase/(decrease) in trade and other payables	109,506	(1,001)
- increase/(decrease) in provisions	(9,947)	23,268
Cashflows from operations	<b>148,904</b>	<b>68,919</b>

## Mental Health Community Coalition of the ACT

ABN: 22 510 998 138

### Notes to the Financial Statements

For the Year Ended 30 June 2017

#### 14 Contingencies

In the opinion of those charged with governance, the Company did not have any contingent liabilities or contingent assets at 30 June 2017 (30 June 2016: None).

#### 15 Related Parties

The members of the Association who served on the Board during the year ended 30 June 2017 (including the previous year's Board) were:

Marie Bennett	Pam Boyer
Sharon Leigh-Hazell	Jacqui Price
Purity Goj	Áine Tierney
Marina Glover	Jillian Thomsen
Emma Robertson	Lachlan Atyeo
Gavin Bussenschutt	Sam Davidson-Fuller
Peter Dwyer	John Tucker
Travis Gilbert	Sue Ann Polden
Angie Ingram	

There were no related party transactions during the year.

#### 16 Events after the end of the Reporting Period

There have been no events subsequent to the reporting date which would have a material impact upon the financial report.

#### (a) Segment Reporting

The Association operates in one industry being the community health and welfare sector and in one geographical location, Australia.

#### 17 Association Details

The principal place of business is:

Room 1.06, Level 1  
Griffin Centre  
20 Genge Street  
Canberra City ACT 2601



**Mental Health Community Coalition of the ACT**


ABN: 22 510 998 138

**Responsible Persons' Declaration**

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Board Member  Laetitia Ahyeo

Board Member  TRAVES GILBERT

Dated this 7 day of November 2017

**Mental Health Community Coalition of the ACT**

ABN: 22 510 998 138

**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF  
MENTAL HEALTH COMMUNITY COALITION OF THE ACT**

**Opinion**

I have audited the financial report of Mental Health Community Coalition ACT, which comprises the balance sheet as at 30 June 2017, the statement comprehensive income, statement of changes in equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible entities' declaration.

In my opinion the financial report of Mental Health Community Coalition ACT has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

**Basis for Opinion**

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of my report. I am independent of the registered entity in accordance with the auditor independence requirements of the Australian Charities and Not for-profits Commission Act 2012 (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

**Information Other than the Financial Report and Auditor's Report Thereon**

Those charged with governance are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 30 June 2017, but does not include the financial report and my auditor's report thereon.

My opinion on the financial report does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

**Responsibilities of Responsible Entities and the Board for the Financial Report**

The responsible entities of the registered entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, responsible entities are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of

accounting unless the responsible entities either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the registered entity's financial reporting process.

#### Auditor's Responsibilities for the Audit of the Financial Report

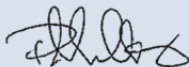
My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by responsible entities.
- Conclude on the appropriateness of the responsible entities' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Name of firm: MCS Audit Pty Ltd



Name of director: Phillip W Miller CA

Address: Unit 1/37 Geils Court, Deakin ACT 2600

Dated:

7 November 2017

