



ANNUAL REPORT 2008-09





**THE MENTAL HEALTH COUNCIL OF AUSTRALIA (MHCA) IS THE PEAK,
NATIONAL NON-GOVERNMENT ORGANISATION REPRESENTING AND
PROMOTING THE INTERESTS OF THE AUSTRALIAN MENTAL HEALTH SECTOR,
COMMITTED TO ACHIEVING BETTER MENTAL HEALTH FOR ALL AUSTRALIANS.**

© Mental Health Council of Australia 2009

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the Mental Health Council of Australia.

Mental Health Council of Australia

P.O. Box 174, Deakin West, ACT 2600.

Phone: 02 6285 3100

Facsimile: 02 6285 2166

Email: admin@mhca.org.au

Website: www.mhca.org.au.

Design: Levitate Graphic Design

CONTENTS

MHCA Strategic Plan	4
Chair's Report	6
Chief Executive Officer's Report	7
Treasurer's Report	10
MHCA Patrons	11
Key Achievements	12
· Launch of Major Reports and Publications	
· Grace Groom Memorial Lecture	
· World Mental Health Day	
· National Advisory Council on Mental Health	
· Stakeholder Relationships	
· Pharmaceutical Collaboration	
· Members Policy Forum (MPF)	
· Carers Engagement Project	
· NGO Capacity Grants	
· National Mental Health Consumer and Carer Forum (NMHCCF)	
Appendices	27
· MHCA Staff	
· MHCA Members	
· MHCA Sub-committee Members	
· National Mental Health Consumer and Carer Forum Members	
· MHCA Publications and Submissions	
· MHCA Representation and Advice	
· MHCA Presentations	
· MHCA Media Releases	
Financial Statements	34

MENTAL HEALTH COUNCIL OF AUSTRALIA, STRATEGIC PLAN 2006-9

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians.

OUR VISION

Quality mental health for all.

OUR MISSION

To ensure all Australians have accessible, affordable, quality mental health services and to provide national leadership on mental health reform and policy implementation.

OUR VALUES

- Equity and justice
- Inclusiveness and collaboration
- Tolerance and understanding of diversity
- Responsiveness to need
- Integrity and diligence
- Professional competence

OUR STRATEGIC BREAKTHROUGH ISSUES

National Leadership

Continually articulate what is required to improve the quality of life for people with a mental illness, carers, and families.

Credibility

Credibility with all Australian Governments, stakeholders, media and the Australian community.

Report on National Mental Health Reform

Monitor, evaluate and report on the national mental health reform agenda, including that of the Council of Australian Government's (COAG) National Action Plan.

A Sustainable Organisation

An organisation that meets governance standards, is financially secure and inclusive of members.

OUR STRATEGIES

Strategic Break-through issues	Strategies	Outcomes	Key Performance Indicators
National Leadership	Provide strategic leadership to inform and influence mental health reform, policy development and implementation.	MHCA is perceived by governments and the mental health sector to be providing leadership on national issues.	- Member and stakeholder assessment - Number of partnerships - Number of community Mental Health Promotion programs (initiated with MHCA) - MHCA member satisfaction with participatory process - Number of media reports - Number of committees/ working parties - Access to MHCA services - Corporate governance best practice index - Employee satisfaction - Employee retention - Revenue per employee
	Promote innovation and service excellence.	Quality information is accessible on innovative models and services.	
	Educate the Australian community on mental health issues and promote mentally healthy communities.	More communities active in implementing mental health promotion programs.	
	Undertake significant national projects, including research, to build MH sector capacity.	The needs of consumer, carer and community sector organisations are understood. Strategies to build MH sector capacity in place.	
Credibility	Establish effective linkages to State/Territory governments and oppositions.	The MHCA is a valued collaborator with State/Territory governments.	
	Establish partnerships with organisations within and beyond the mental health sector.	Strong bonds within the mental health sector and productive partnerships beyond the sector.	
	Establish effective mechanisms for communication and consultation with the membership and the broader MH sector.	A range of effective and inclusive participatory structures and processes for members and sector generally.	
	Establish communication & marketing programs to support Council objectives.	Be a trusted and respected source for the Australian media.	
Report on National Mental Health Reform	Monitor, analyse and report on national mental health reform including COAG National Action Plan.	Reports that inform and influence the national reform agenda.	
	Report on the experiences of consumers, carers, clinicians and member bodies in relation to government policies and programs.	Independent reporting of the experience of care.	
	Represent the membership in national forums with government.	The community sector as a full partner with government in mental health reform.	
	Inform the sector on key reform issues.	Accessible and informative information on reform issues.	
A Sustainable Organisation	Implement effective corporate governance practices.	An independent, well managed, transparent and accountable peak community organisation.	
	Build capacity in human resources.	MHCA as a learning organisation.	
	Attract and retain high quality staff.	MHCA a preferred non-government employer in Canberra.	
	Identify and respond to appropriate opportunities.	A financially secure organisation.	

Note: The KPIs do not align with specific strategies or outcomes – they are whole-of-organisation in scope.

CHAIR'S REPORT

Perhaps the most significant challenge for the MHCA in 2008-09 has been to keep the ball rolling. The issue of mental health reached new levels of political and policy prominence with the *Not for Service Report*, the Senate Inquiry and the National Action Plan established by CoAG.

The newly elected Rudd Government chose to investigate fundamental health reform. It set up the National Health and Hospitals Reform Commission as well as Task Forces in primary care and preventative health. In this space, the pursuit of mental health reform can be crowded out.

The MHCA has tried to counter this potential in several ways.

In my own role on the Reform Commission, I was conscious of the need to maintain a focus on mental health in the course of our deliberations. To be honest, this task was made considerably more simple given that this was a view generally shared by my fellow commissioners. The inclusion of stand-alone recommendations in relation to mental health in the final report of the Commission I think bears this out. As 2009 closes, the Government is carrying out nationwide consultations on the Commission's finding and the MHCA is part of that process. A health-specific CoAG meeting is due to be held before the end of 2009 to determine the Government's response to the Commission's recommendations.

The MHCA launched its landmark report into mental health and homelessness in March 2009. This report was designed in part to respond to the Government's own White paper and continue to pressure for better allocation of more resources to this key area.

The MHCA has been an active contributor to broader governmental considerations with regard to social inclusion and the role of the NGO sector. These are critical issues for people with a mental illness who, as highlighted by the recent Australian Bureau of Statistics survey, are likely not to be receiving regular mental health care. The MHCA's NGO capacity building project was another important project undertaken in regard to this year. We distributed around \$5 million worth of grants to over 200 organisations nationwide to boost the sustainability of the sector.

The low rate of access to care in Australia for mental health manifests itself in the stresses of being a carer of a person with a mental illness. Throughout 2008-09, the MHCA has carried over 110 workshops nationally to gauge the mood of mental health carers, particularly those in non-urban areas, indigenous and CALD carers and young carers. This work will result in the first ever national survey of mental health carers, to be launched by the MHCA in October 2009 to coincide with National Carers' Week. The issues and problems facing carers, and therefore policy makers could not be more stark.

The MHCA has maintained its focus on accountability. We were asked by the new National Advisory Council on Mental Health (NACMH), chaired by John Mendoza, to prepare advice on a new national mental health report card for Australia. This was done and formed a key part of the NACMH's advice to Health Minister Nicola Roxon.

But there is still so much to do. The 4th National Mental Health Plan has now been signed by all health ministers. A commitment to develop an implementation plan over the next 12 months has been given. It would be a great disappointment to the sector if this plan had no greater level of accountability than preceding plans. We must move to a situation in which the measures of our progress towards reform drive activity. Too often in the past, we have focused on the activity rather than the measures.

And when we consider these measures we must never lose sight of the holistic goals and needs of people with a mental illness. To gauge how well these needs are met, we must look more broadly than just health and pursue data which reveals the impact of programs and services on housing, employment, social participation and so on. Establishing accountability at this level is critical to us building confidence in the community that it has access to the responsive and high quality mental health system it so clearly desires.



The Hon. Rob Knowles
MHCA Chair

CHIEF EXECUTIVE'S REPORT

INTRODUCTION

I cannot remember a time when there has been so much discussion about health and social policy in Australia, and this has made our work over the past 12 months quite challenging.

The MHCA continues to grow in both its capacity and influence with increasing membership and a positive balance sheet. We are not a rich organisation by any means, but we are in a position to support a strong secretariat, maintain an employer of choice status amongst our staff, and offer increasingly comprehensive advocacy and information services to members.

The structure of the MHCA also continues to serve the organisation well with the success of the bi-annual Members Policy Forum (MPF) approach to prioritising our current work and identifying emerging issues. While there will always be different views on policy and particular issues that are of more or less significance to each organisation, the reality is that the core issues in mental health reform remain relatively constant: the need for increased accountability; better services for people with a mental illness particularly in areas such as employment and housing; increased consumer and carer input; and increased investment in research.

A critical part of the MHCA structure and leadership is the Board of Directors and I want to pay tribute to our Chair, Rob Knowles, who has provided very wise counsel as well as being a very effective advocate for mental health in a number of key areas of mental health policy. He is very well supported by a Board that has shown a willingness to not only work collaboratively together, but also make a genuine commitment to ensuring the MHCA is fulfilling the needs of members as an effective peak national body.

The staff of the MHCA continue to extend their performance well beyond their role descriptions. I would particularly like to highlight the outstanding support provided by Sebastian Rosenberg, Simon Tatz and Melanie Cantwell, our leadership team. MHCA members are very well served with a highly competent and informed secretariat, and the whole staff team should feel very proud of their work.

I would like to acknowledge all those who have supported us or joined in our activities and projects. Without your support, the MHCA would be much poorer.

In particular, I would like to acknowledge the Department of Health and Ageing (DoHA) for generously supporting many of our activities, FAHCSIA for the Carers Engagement Project support, and those companies in the Pharma Collaboration that have provided the resources we need to extend our activities beyond what we might normally be able to do.

There is still so much to do if effective mental health reform is to become a reality in Australia. The MHCA looks forward to working with you to translate capacity, commitment and belief into real outcomes for mental health carers and consumers across Australia.

Continuing to build on our success and further establish the MHCA promises to be an exciting journey as we head into another pre election year.

POLICY AND ADVOCACY

Keeping across developments in the broader health reform agenda has been difficult enough over the last 12 months, but we have also seen significant policy developments in areas like housing, employment, the role of not for profits and Australia's response to the Global Financial Crisis.

Within the mental health policy area there has been preparatory work undertaken for the new 4th National Mental Health Plan which has evolved from a revised National Mental Health Policy, and reviews of community mental health programs and services.

The MHCA continues to push for increased accountability measures within mental health. This became the basis of considerable work and debate through both the National Advisory Council on Mental Health and the Mental Health Steering Committee over the last 12 months, and will continue as implementation strategies are developed for the soon to be released 4th National Mental Health Plan. It has also informed the publication of key MHCA reports

including *Home Truths* and the updated report into the *Better Access Program* (MBS data). There was also considerable ongoing advocacy in key areas including:

- Active participation in developing the response to the Global Financial Crisis through membership of the Community Response Task Force and other activities;
- Responding to the National Health and Hospitals Reform Commission report;
- Supporting the development of positions for the new Preventative Health Task Force;
- Finalising the Carer Engagement Project involving 116 workshops across Australia and reaching more than 1,500 mental health carers;
- Supporting increased engagement with mental health consumers and carers;
- The release and follow-up on the *Home Truths* report into mental health, housing and homelessness;
- Continuing the work with *beyondblue*, the insurance industry and other mental health partners to increase access to insurance for people with a mental illness;
- Ongoing engagement with the development and implementation of the new National Mental Health and Disability Employment Strategy;
- Engaging in the new social inclusion agenda including development of a new national compact between the government and non-ZSgovernment organisations;
- Continuing to identify the need for much stronger research capacity;
- Advocating for a new level of community care in a number of areas including actively supporting the proposed national disability insurance scheme;

- Supporting increased community mental health organisational capacity through the innovative capacity building grants program and small grants sponsorship program
- Strongly supporting the further development and formal recognition of the National Mental Health Consumer and Carer Forum;
- Continuing to respond to various parliamentary inquiries and requests for policy briefs.

MEDIA

The MHCA continues to play an active role and maintain a credible profile in all major media.

There have been a number of important information platforms over the last 12 months including *World Mental Health Day*, the Grace Groom Memorial Lecture, the release of *Home Truths* and the updated *Better Access Program* MBS data report.

These have all provided an opportunity to engage with the media. The MHCA also play a significant role in publishing opinion pieces and supporting members who are actively seeking to gain media coverage of their views or their reports and events. Simon Tatz, our Communications Director, is often in a situation where he becomes a media adviser providing consultation to members, helping them build profile for their activities.

The MHCA also works proactively with various media outlets to ensure accurate and timely information about mental health issues is available to them – whether it comes from MHCA spokespeople or others. In general, the MHCA avoids being overly reactive and providing quick grabs, preferring to develop more in depth views and strategically target media. This strategy has ensured the MHCA maintains a credible media profile while still being able to gain significant coverage at appropriate times.

ADMINISTRATION, STAFFING AND INFRASTRUCTURE

The MHCA is continuing to increase capacity at an administrative and infrastructure level, and has strengthened its financial position over the last 12 months.

The MHCA maintained a very stable staff with only one senior staff member leaving in the last 12 months – Amanda Bresnan was elected to the ACT Legislative Assembly. There were only three other staff changes, one of which involved our policy officer, Anna Wise, leaving to take a more senior role at the Consumers Health Forum of Australia.

The MHCA has conducted a review of our Human Resources management practices and will be implementing a number of changes over the coming months. The external reviewer noted that the MHCA was already an employer of choice for many people given some of the staff could earn more money elsewhere, but chose to stay because of the positive team environment, the level of flexibility, and responsibility provided to staff.

The IT system and webpage have been upgraded and planning has commenced for a new external data base system to better manage a range of our information needs. Knowledge management systems are seen as crucial to further enhancing organisational capacity.

The development of a business engagement strategy was a positive initiative for the MHCA with a view to eventually build a network of supporters and diversify the income base. This work is part of the longer term planning being supported by the business and marketing sub-committee of the Board.

The finance and administrative systems continue to work well and have proved very resilient even when administering small grants to over 300 community mental health organisations.

The strong financial position of the organisation provides testimony to the efficiency and effectiveness of these systems.

SUMMARY

Again, I would like to formally acknowledge the wonderful support I have received in my role from the Board, staff, members, partners and supporters.

The positive achievements of the MHCA over the last 12 months are a testimony to the energy, commitment, experience, knowledge and skill of a diverse Board, staff and membership. Together I believe we can look forward to the MHCA playing a key role in mental health reform across Australia over the coming 12 months.



David Crosbie

Chief Executive Officer

AUDIT AND COMPLIANCE COMMITTEE REPORT

The Audit and Compliance Committee Report

The Mental Health Council of Australia's Financial Statements for the year ended 30 June 2009 have been finalised. The reports were prepared as General Purpose Reports. The Auditors have stated that the reports are a 'true and fair view' of the Council's financial position as at that date. The Auditors have issued an unqualified audit report.

For the 2009 financial year, total revenue was \$7,254,502 and total expenditure was \$6,931,947, compared to revenue of \$2,613,104 and expenditure of \$2,222,068 for the 2008 financial year. The result was a surplus of \$322,555 (2008 surplus \$391,036).

As at 30 June 2009, the Council's total assets were \$2,495,773 (2008 \$7,689,591) and total liabilities were \$1,441,078 (2008 \$6,957,451). Total Members' Funds were \$1,054,695 (2008 \$732,140), represented by working capital of \$854,175 (2008 \$509,430), Grace Groom Memorial Foundation funds of \$32,401 (2008 \$29,428) and Property, Plant and Equipment of \$200,520 (2008 \$222,710).

As part of its commitments under the COAG arrangements, the MHCA continued to receive the CSSS grant - \$574,460 - as part of the three year agreement signed in 2007. This commitment from the Government continues to give the MHCA a firm financial basis for its core operations. The Government funded the MHCA under the *Stronger Consumer and*

Carer Participation in Mental Health Care in Australia Program in the amount of \$282,500 in 2009.

A number of government funded projects were operated during the financial year, the largest of which is the NGO Small Grant program, which will be completed during the 2010 financial year. The program is designed to provide capacity building grants to small non government organisations. The government also provided funding to the Council for the management of World Mental Health Day, the National Mental Health Week activities and the Mental Health Conference Program.

The CEO, Deputy CEO and other staff have worked tirelessly and effectively during the past twelve months to work towards the provision of the best mental health services so desperately needed by consumers and carers and to ensure their voice is heard through the MHCA. The Audit and Compliance Committee congratulate them on an excellent result.

Professor Lyn Littlefield

Chair, Audit and Compliance Committee



MHCA PATRONS

The MHCA Board is pleased to have the support of several eminent Australians who share the Council's vision of quality mental health care for everyone in Australia. Throughout the year the Council Patrons have provided much appreciated advice and assisted with the promotion of mental health issues to our elected representatives, the media and the Australian people.

New Patron – Jonathan Welch

Inspired by the Montreal Homeless Men's Choir and his previous experience with the Sydney Street Choir, former Opera Australia Tenor Jonathon Welch formed a partnership with ABC TV, Fremantle Media and RecLink Australia to document the creation of the Choir of Hard Knocks. Formed in September 2006, the Choir of Hard Knocks is made up of a group of 50 diverse and eclectic individuals who responded to a call to form a community street choir. Their incredible journey was recorded and broadcast by the ABC and touched the lives of millions of viewers across Australia.

Since that time the Choir have recorded 2 CDs. Their first release, *Songs from the Series*, has won an ARIA Award and sold in excess of 110,000 copies while their second album *Songs of Hope and Inspiration* was released at Christmas. In Canberra for Australia Day 2008, Jonathon Welch was recently acclaimed the Australian of the Year: Local Hero, while the Choir were hosted by none less than the Prime Minister himself.



David Galbally QC



Professor Alan Fels AO



Mr Peter Overton and Ms Jessica Rowe

SPECIAL MESSAGE FROM MHCA PATRON MR PETER OVERTON

I am often asked, why did you become a patron of the Mental Health Council of Australia? The answer is "love".

Let me explain. My love for fellow patron Jessica Rowe led to marriage and also to an extraordinary insight into an area of health that I had never thought much about.

Mental Illness affects one-in-five Australians. Jessica's mum Penny was my very real introduction to just how ravaging and raw a mental illness can be. You see, Penny has bipolar disorder.

When I met Jessica, I naturally got to know her family story a story of growing up and caring for a mum with bipolar and at the same time nurturing as best she could, her two younger sisters. The story of ten year old Jessica standing on her school case to pull the bus chord on the way to the psychiatric hospital to visit her mum, moves me every time I think about it.

Fortunately, I have seen Penny only seriously ill on a handful of occasions. The first time affected me greatly. "How's your mum?" I asked Jessica one day. "Not great", she said. We went to see her. The week before I was in the company of the Penny I knew - vivacious, enthusiastic, loving. Now I was an eyewitness to the stark reality of mental illness. The Penny I have just described was now grey in the face, eyes sunken and her thoughts rambling. For my wife, my sister-in-law and Penny's husband, a well worn plan was initiated and I went along for the ride. My education into mental illness had just been well and truly cranked up and to this day it hasn't stopped.

In my eight years as a reporter for 60 Minutes, I tried to do a story on mental illness at least once a year - that was a way I thought I could help in trying to de-stigmatise the disease. It was also a way of letting those who suffer a mental illness and their families know that they are not alone. I am often asked in radio and print interviews about the best reports I have filed for 60 Minutes. My answer is my Mental Illness reports - the response is always overwhelming because, as we know, at least one in five Australians are affected.

I am proud to be a patron of the Mental Health Council of Australia and share my story.

Peter Overton
News Presenter

KEY ACHIEVEMENTS

RELEASE OF REPORTS AND DOCUMENTS

During the financial year 2008-09, the MHCA released:

1. *COAG Mental Health Reform. Mental Health and the new Medicare Services: 2nd Report November 2006 – August 2008* (September 2008).
2. *Home Truths: Mental Health, Housing and Homelessness in Australia* (March 2009).

COAG Mental Health Reform: Mental Health and the New Medicare Services: 2nd Report November 2006 – August 2008

On World Mental Health Day, 10 October 2008, the MHCA released a new report revealing that Australians were accessing mental health care at unprecedented levels with the cost of the new Medicare items for mental health services three times higher than the initial budget estimate.

The *2nd Report on the Mental Health and the New Medicare Services* revealed that since the introduction of the new Medicare items for mental health services:

- Demand for mental health services continues to increase with over 5 million Medicare Benefits Schedule (MBS) payments being made since November 2006;
- GPs have received over \$215 million in payments for mental health consultations and psychologists have received over \$250 million since November 2006 with the highest levels of payments occurring in recent months;
- Over 900,000 Australians now have mental health plans prepared by their GP;
- Women are twice as likely as men to get care under the new MBS services;
- People living in rural Australia have less access to the new MBS services, indicating a lack of

appropriate health professionals and mental health specialists in rural Australia;

- Young people, and particularly young men, are under-represented in the new services despite their high level of need;
- Out of pocket expenses are higher for services where the Medicare rebate is less than the scheduled fee – this includes psychological and psychiatric services; and
- Although the previous government increased budget funding for the new measures to \$753m for the period 2006-11, this increase falls way short of current levels of demand.

In launching this report, CEO David Crosbie said, “We still know very little about the million people using the Better Access Programs, their conditions, their treatment and the degree to which the new mental health services are helping people and their families. Hopefully these issues will be addressed as part of the Rudd Government’s commitment to evaluate these new measures.”

***Home Truths: Mental Health, Housing and Homelessness in Australia* (March 2009).**

On 19 March 2009, the Minister for Housing, the Hon Tanya Plibersek MP, officially launched *Home Truths*, which was prepared and published by the MHCA after an extensive review of relevant literature and research.

Home Truths explores the relationships between housing, homelessness and mental health. The report considers appropriate models to support and accommodate people experiencing mental illness.

A home is about having more than just four walls and a roof. It is about safety and security, and, through that safety and security, developing a strong sense of self. A home also helps to develop community connections. Adequate, appropriate and affordable housing is an essential part of social inclusion and participation. Having a place to call ‘home’ is integral to everyone’s mental health.

Stable and secure housing is essential to the well-being of all Australians, but it is especially critical for people with mental health problems who face a range of additional barriers. Obtaining and keeping adequate, affordable and secure accommodation remains difficult, if not impossible, for many people living with mental illness. Lack of access to safe and secure accommodation creates real obstacles and difficulties. A home is not only important for the individual in building resilience and recovery. It is also fundamental in maintaining connections with family, friends and the community.

Yet for many people with a mental illness, achieving or maintaining a stable home is not that easy and too many people slip into unstable housing or homelessness. The lack of a stable home can cause the development of a mental illness or increase existing symptoms that were previously manageable. Being homeless also creates a range of complex mental and physical health problems.

Launch

There was an excellent turn-out at the launch, with approximately 100 attendees from all sides of Parliament and the mental health and housing/homelessness sectors. Members of Parliament in attendance included the Hon Tanya Plibersek MP, Senator the Hon Ursula Stephens, Senator Kate Lundy, Senator Claire Moore, Scott Morrison MP (representing the Hon Malcolm Turnbull MP), the Hon Brendan Nelson MP and Shayne Neumann MP. Representatives of the Pharmaceutical Collaboration, which funded the launch, were also in attendance.

Other organisations represented included ACT Shelter, Anglicare Australia, the Australian Association of Social Workers, the Australian National Council on Drugs, the Australian Housing and Urban Research Institute, the Australian Institute of Health and Welfare, Carers Australia, the Centre for Mental Health Research, Centrelink, Consumers Health Forum, Department of Families, Housing, Community Services and Indigenous Affairs, Department of Veterans' Affairs, the Dieticians Association of Australia, HomeGround Services, Homelessness Australia, Lifeline Australia,

Mental Health Carers Arafmi, the National Advisory Council on Mental Health, the National Health and Hospitals Reform Commission, the National Mental Health Consumer and Carer Forum, the Private Mental Health Consumer Carer Network, the Royal Australian and New Zealand College of Psychiatrists, the Salvation Army, St Vincent de Paul and St Vincent's Public Health.

David Crosbie, CEO of the MHCA, opened proceedings and highlighted the importance of the issues covered in the report, before welcoming the first speaker, Senator the Hon Ursula Stephens, Parliamentary Secretary for Social Inclusion and the Voluntary Sector. In her speech, Senator Stephens provided support for the issues raised in the report:

Addressing homelessness and disadvantage among people with mental illness is a very important part of our agenda. This is because people with mental illness who are homeless often suffer the greatest exclusion of all. They can be frozen out of making choices about their lives. They also struggle to secure work and participate in their community, and generally have greater difficulty accessing services.

Wayne Chamley, MHCA Board Member and Chair of the Working Group on Mental Health, Housing and Homelessness, was the next speaker, and spoke of the processes that had led to the completion of the report. Wayne also spoke from a personal perspective, telling of how he had often seen evidence of people living rough in drains, and argued that:

For the mentally ill, a recognition of the important links between stable housing and better management of the illnesses is paramount. Public housing stocks need to increase, new and novel arrangements for private property rental need to be introduced and special housing services, that are already known to be cost-effective, need to be rolled out. I look forward to the day when I can no longer see items of bedding and clothing under bridges, along river banks and around the openings of large city drains.

Minister Tanya Plibersek then delivered the keynote speech, outlining the Government's latest initiatives on homelessness and launching the report. Speaking of how she would view success of the Government's homelessness initiatives, Minister Plibersek said that:

Success is not possible without the tireless work and strong commitment of people working on the front line - those at home caring for a relative with mental illness, those working in our mental health services, shelters and hospitals.

It is also not possible without the benefit of reports such as Home Truths which usefully highlights the specific housing needs of people with mental illness and lays out strategies for addressing these critical needs.

GRACE GROOM MEMORIAL LECTURE – 14 MAY 2009

In 2007 the MHCA established the Grace Groom Memorial Lecture to pay tribute to the former CEO of the MHCA, Grace Groom, who sadly passed away in 2006.

Grace left an outstanding legacy and her contribution to mental health reform in Australia is recognised in this annual lecture, which aims to extend the debate on mental health in Australia and raise funds for continued mental health reform.

For the 2009 Grace Groom Lecture, former Western Australian Premier the Hon. Geoff Gallop AC was the guest speaker. Professor Gallop, who resigned from State Parliament in order to recover from depression, is currently Professor and Director of the Graduate School of Government at Sydney University. In June 2008 Dr Gallop was awarded a Companion in the Order of Australia (AC) for his distinguished service to the Parliament of Western Australia, to the promotion of economic development and environmental sustainability and to the community through educational, health and social reform.

For the third year running, there was a 'full house' at the National Press Club in Canberra for the Grace Groom Lecture. The MHCA arranged to have the event filmed and we hope to have the DVD available on our website in the future.

Professor Gallop's lecture was titled *The Well-Being Agenda*. He concluded his stimulating, challenging and extremely interesting lecture by saying:

"We need more discussion and debate around the question: What does it mean to live in a healthy society?"

It is not as if we don't have mountains of evidence about the factors that can create a better context for life. Indeed what we call the well-being agenda has made significant progress in recent years sharpening its definitions, placing a stronger focus on the social and economic determinants of health (rather than the subjective and individualised emphasis in some of the earlier work), and developing relevant indicators for researchers and governments.

Living in a democratic and stable society that provides for its material needs is one of those factors. So too is having supportive friends and family, having rewarding and engaging work with adequate income, being free of violence and abuse and being part of a community that cares for the health of all of its citizens. New thinking and practice is going to be needed around the 'balance' questions - the work/life balance, the liberty/equality balance, the regulation/deregulation, and growth/environment balance. These are legitimate issues for governments as well as individuals to ponder when considering policy options, including urban and environmental planning. As Hugh Mackay put it recently:

"If we believe in the benefits that flow from being part of a functioning community, the real challenge is to find more ways of bringing people together again."

"Refocussing our collective efforts in these ways is not going to be easy. Government is all about priorities and I have already noted the powerful forces in modern society and modern thought which devalue a wider commitment to well-being. Already we can see how the global economic downturn is feeding this reductionist view of human circumstances.

This is not the time, many are saying, to focus on anything but the state of the economy. However, if we are entering a period of constrained growth – as I believe we are – the level of sophistication in our thought and in our politics is going to have to improve. I predict a battle of ideas in which the simplicities of an economically charged populism will fight hard for preservation against the alternative concepts of fairness, sustainability and community well-being.

WORLD MENTAL HEALTH DAY 2008

The MHCA held a very successful launch of World Mental Health Day (WMHD) at the National Museum of Australia, on Friday 10 October, 2008.

The theme of WMHD 2008 was advocacy and participation. This was a positive message about consumer and carer participation, especially in employment and community engagement. WMHD also provided an opportunity to acknowledge Australia's achievements in mental health over the past year.

The World Federation for Mental Health adopted 'Making Mental Health a Global Priority: Scaling up Services through Citizen Advocacy and Action' as the theme for 2008. As the World Federation brought to the fore, the most effective way to create change is through determined action and advocacy.

Advocacy is central to the role of the MHCA. In 2007, the MHCA began advocating for the removal of barriers to employment for people with mental illness. Many of the recommendations contained in the MHCA's influential report *Let's Get To Work: A National Mental Health Employment Strategy for Australia* (Nov 2007) are currently being examined by the Rudd Government.

Launch Day

MHCA patron and well known journalist Jessica Rowe officiated at the launch of WMHD. Jessica has been a strong advocate for mental health issues and an enthusiastic supporter of a number of charities, and she certainly brought her skills and dedication to the launch. Jessica's warmth, interest, engagement and commitment was evident and she made this year's launch one of the best in memory.

A packed audience heard from a variety of speakers on a range of topics relating to mental health.

Ms Rowe began by telling the audience that we all share the goal of seeing a better world for mental health care, treatment, and promotion.

The statistics about mental health highlight the extent of the challenge. Mental disorders affect nearly 12 per cent of the world's population. Approximately 450 million, or one out of every four people around the world, will experience a mental illness. Mental health and mental illness is a part of every country, culture, age group and socio-economic status. In Australia, the level of funding and awareness has increased, however

mental health services and mental health promotion still lag well behind demand.

MHCA CEO, David Crosbie, launched the *2nd Report on Mental Health and the New Medicare Services* (see above). The MHCA's new report found Australians are accessing mental health care at unprecedented levels with the cost of the new Medicare Items for mental health services now three times higher than the initial budget estimate.

Ms Dawn O'Neil, CEO of Lifeline Australia and Deputy Chair of the MHCA launched the Lifeline Calls Profile on Indigenous Lifeline Caller Statistics. The fifth in a series (reports have previously examined issues such as loneliness, help seeking behaviour of rural men, and metropolitan versus regional callers), the new report examined Indigenous Lifeline Caller Statistics.

Dawn noted that the purpose of the Lifeline report is to gain an insight into Indigenous callers who use Lifeline's counselling service. This insight allows Lifeline to better understand the needs of Indigenous help seekers, and inform decisions for awareness campaigns and future service delivery. The statistics collected and interpreted include both demographic data and behavioural data, including the issues affecting Indigenous callers.

This calls profile was developed as part of the Usage of Lifeline by Indigenous Australians Project funded by the Rural Health and Palliative Care Branch of the Department of Health and Ageing.

Telstra has been a proud supporter of WMHD and as with previous years, Telstra displayed WMHD promotional material across the country and within their organisation. This year, Mr Richard Coleman, Telstra's Director of Health, Safety and Environment, spoke about Telstra's 'whole body' approach to the health of its employees.

Mr Coleman said, "Giving people access to the right tools and information means that we can help [our] employees take better care of themselves and their families."

The relationship between the mental health sector and the police is critical. Over the past few years, the MHCA and the Australian Federal Police (AFP) have been working closely together, especially on Missing Persons Week. The AFP has been a strong supporter of the MHCA and Mandy Newton, Assistant Commissioner of the Australian Federal Police, spoke about mental illness and research into missing persons. Assistant Commissioner Newton said the AFP began

working with the Mental Health Council in 2007 and acknowledged the close link between those suffering from a mental illness and missing persons. This year the AFP held a research forum to scope a national missing persons diversity research agenda.

Diahann Lombardozi, a consumer advocate for Multicultural Mental Health Australia – which is a national program that promotes mental health awareness and suicide prevention to Australians from culturally and linguistically diverse backgrounds – spoke with great insight about employment and breaking down the stigma associated with mental illness.

MIEACT (Mental Illness Education ACT) produced a very important and groundbreaking book *Stories Changing Minds*. As part of WMHD '08, ACT Attorney General, Simon Corbell launched *Stories Changing Minds*. Simon Corbell openly talked about his own depression and its impact on his working life, delivering a fascinating insight into depression and politics.

The Prime Minister, Kevin Rudd, was unable to attend the launch of WMHD, however the Member for Canberra, Ms Annette Ellis MP, represented both the Prime Minister and the Minister for Health. Ms Ellis, who at the time chaired the inquiry into carers, outlined the achievements and budget measures initiated by the federal government.

To close the day, HOZA – a Canberra band that draws its inspiration from the traditional and infectious rhythms from across the African continent, entertained guests with their vibrant African music.

NATIONAL ADVISORY COUNCIL ON MENTAL HEALTH (NACMH)

On 12 June 2008, at the Grace Groom Memorial lecture, Health Minister Nicola Roxon announced the formation and composition of the National Advisory Council on Mental Health. Although this announcement was made prior to the 2008-09 financial year, the NACMH did not convene until after July 2008.

Fulfilling an election commitment (by both major parties), Minister Roxon announced the formation of a Mental Health Advisory Council, saying: “We take very seriously our responsibility to deliver the leadership needed to implement the reforms and investment required to improve mental health services and bring tangible positive results to our communities. But expert advice from people who know the issues and

the sector is vital and will enhance our capacity to drive this reform and the development of sound policy. The Advisory Council is not a representational body – there still remains an important and complementary role to be played by advocacy and representational groups, such as the Mental Health Council of Australia.

“The Advisory Council will provide a formal mechanism for our Government to gain independent, balanced and confidential advice from a wide range of experts to inform national mental health reform efforts and provide continuing impetus for reform. I am delighted to take the opportunity now to announce the membership of the Council. The membership comprises an experienced and distinguished collection of individuals who have a wide range of experiences in the mental health sector.”

National Advisory Council on Mental Health members:

- John Mendoza (Chair), former CEO of the MHCA and co-author of the seminal *Not for Service* report;
- David Crosbie, CEO of the MHCA;
- Dawn O’Neil, CEO of Lifeline Australia and MHCA Deputy Chair;
- Ian Hickie, Professor of Psychiatry at the University of Sydney and Executive Director of the Brain and Mind Research Institute;
- Alan Fels, Dean of the Australia and New Zealand School of Government, an MHCA Patron whose daughter has schizophrenia;
- Michael Burge, consumer consultant/advocate for the Toowoomba District Mental Health Service and member of the National Mental Health Consumer and Carer Forum;
- Neil Cole, Associate Professor in the Monash Medical School, who has bipolar disorder, and is a former Victorian Member of Parliament;
- Lyn Littlefield, Executive Director of the Australian Psychological Society and MHCA Board member;
- Helen Milroy, descendant of the Palyku people in the Pilbara, Child and Adolescent Psychiatrist, Associate Professor and Director for the Centre for Aboriginal Medical and Dental Health at UWA; and
- Rob Walters, general practitioner and former chair of the Australian Divisions of General Practice.

The MHCA's role as the peak body advocating on behalf of the mental health sector will not change with the formation of the new Advisory Council. The Advisory Council will complement the role of the MHCA by providing a range of independent and confidential advice to the Government.

PHARMACEUTICAL COLLABORATION

The Council is able to supplement its resources via a Pharmaceutical Collaboration to advocate more effectively for people with mental illness and carry out research. Medicines Australia attends Collaboration meetings as an observer.

The Collaboration operates under an MOU with the following mission:

The Pharmaceutical Industry and MHCA working together to support consumers, carers and health professionals to improve the quality of mental health care and outcomes for people with mental health problems by promoting the development and effective implementation of mental health policy.

The MOU is the formal basis of the agreement between the Council and five Collaboration partners: GlaxoSmithKline, Eli Lilly, Pfizer, Wyeth and AstraZeneca.

The MOU is framed in accordance with the guidelines developed jointly by Medicines Australia and the Consumers' Health Forum entitled Working Together: A Guide for Relationships between Health Consumer Organisations and Pharmaceutical Companies. This Guide was launched in 2005.

Some of the key achievements of the Collaboration in 2008-09 were:

1. World Mental Health Day 2009 – the Collaboration have supported events on this day and in 2009 the MHCA hosted a debate on the role of primary care and mental health, fitting in with the theme as determined by the World Federation for Mental Health (see full report on this activity included in this Annual Report;
2. Quality Use of Medicines – QUM has been a shared interest of all Collaboration members. Building on past activities, 2008-09 saw the Collaboration

work with the Mental Health Standing Committee's Reducing Adverse Medication Events Working Party in their development of a QUM pathway in mental health. The aim of this work is to map the interactions between a mental health consumer and a range of health and other services to consider what information is required at each point in order to optimise the quality use of medicines. The project is considering what information is currently available at each point, where there are gaps and how information could be improved;

3. Mental Health Promotion - the Collaboration has funded some of the MHCA's activities in regards to mental health promotion. A working group of MHCA members has been established, chaired by Jeff Cheverton, to develop the MHCA's approach to mental health promotion and prepare recommendations to government;
4. Parliamentary Launch of Carers Report – October 2009 saw the Collaboration support the launch at Parliament House by Minister Macklin of Australia's first ever national survey into mental health carers entitled Adversity to Advocacy.

MEMBERS' POLICY FORUM

There were two MHCA Members Policy Forums held in the last 12 months, one in November 2008 and the second in May 2009. Both were very well attended and included sessions of interaction and direction setting involving all participants. An outline of each is presented below.

MHCA Members Policy Forum, 18 November 2008, Common Room, University House, ACT

Policy and Project Updates

COAG Community Mental Health Program Funding

Mr David Crosbie spoke about the possibility of the COAG Community Mental Health program funding, principally from FAHCSIA, being handed over to the states and territories. Concerns were raised in regards to accountability, and the prospect of funds being transferred by the states from the community sector into acute care.

The membership agreed that a communiqué should be released by the MHCA regarding the way in which this decision was being made without consultation with the sector. The MHCA will continue to focus on calling for accountability.

National Compact

Mr Crosbie gave an overview of the creation of the National Compact. Whilst this group is not able to directly influence the COAG process, many members of this group are working on taskforces, committee, and advisory groups and are able to influence via these means. Although Mr Crosbie said that engagement with government on subjects other than finance was currently very low. Mr Crosbie also said that the prospect of a meaningful new NGO compact would depend on the willingness of government to put significant resources into achieving this outcome.

4th National Mental Health Plan

The Chair reported on his involvement in the drafting of the next National Mental Health Plan. Consumer and carer representatives on this group had been nominated through the MHCA and the NMHCCF. The re-draft has not yet been endorsed and is subject to ongoing discussion.

Housing

The Housing report titled *Home Truths* will be launched in early 2009. The report drafting is largely finished but the final report must await the Government's White Paper and take this into account. The MHCA is currently in discussion with the Minister for Housing and Status of Women, the Hon. Tanya Plibersek to launch the report.

Insurance

The insurance project is an ongoing project funded principally by Beyondblue. The first report monitored the number of applications for insurance which were declined. This report showed a remarkable improvement in the number of people able to obtain insurance. The relationship with the Insurance and Financial Service Association (IFSA) is very positive and the MoU with the IFSA group was recently renewed for another three years. David Crosbie will Chair this group for the next 12 months.

Carers Workshops

Linda Rosie, Project Manager of the Carer Engagement Workshops reported on the success of the 87 workshops conducted during 2008. With available funds the MHCA will be conducting a further 20 workshops in early 2009. Information has gone out via the MHCA network to engage local coordinators for the 2009 workshops. This project is yielding valuable new insights into the circumstances and needs of mental health carers across Australia.

National Mental Health Consumer and Carer Forum (NMHCCF)

The MHCA and the NMHCCF executive have met on a number of occasions and have signed an MOU which better directs and supports their relationship. All requests to the MHCA for consumer or carer representation are now determined through a process which involves the Forum. The NMHCCF are currently developing papers on privacy and confidentiality and also seclusion and restraint

Indigenous Health

The MHCA is currently undertaking a literary search on alcohol and drug use in rural and remote areas. This will give the MHCA a base for proposing further work.

The Prevention Agenda

Jeff Cheverton presented to the MHCA membership a collection of mental health promotion campaign adverts from around the globe. The presentation is now available in the members area of the MHCA web site. The membership agreed that they would like to see the MHCA develop a similar promotion and social inclusion marketing campaign. The MHCA agreed to establish a working party which would ensure we optimise the outcome of the current focus on prevention.

Accountability and Outcomes

Sebastian Rosenberg, the Deputy CEO of the MHCA, gave a presentation on the accountability framework that is currently in development. The presentation can be found in the member area of the MHCA website.

The membership discussed a range of indicators including:

Health

- Mental health prevalence
- Percentage of people receiving mental health care
- Death rates by all causes within 3 and 12 months
- Suicide rates

Social

- Participation in employment
- Access to stable housing
- Community attitudes, stigma, discrimination
- Participation in education and training by young people

Systems/Processes

- Percentage of people seen by a community based partitioner within 7 days of discharge
- Re admission rates to hospital within 28 days
- Re presentation to emergency within 28 days
- Experiences of care by consumers and carers

The Chair suggested that the membership consider the term “rationalising”. The Australian Institute of Health and Welfare have been through a similar process and worked out that there was over 7000 pieces of data already being collected, although much of the information went unanalysed. The membership should consider how we can collect meaningful data that will be analysed and reported on.

MHCA members should note that the discussion paper “*No Quick Fix – transforming mental health in Australia through a new accountability framework*” is now available for comment in the members area of the MHCA website.

The Five Key Priority Areas

The current key priority areas are:

1. Accountability
2. Employment
3. Housing
4. Engagement of Consumers and Carers
5. Research

The MHCA members felt that education and training was missing from the priorities and that it should be included along with employment. It was suggested and agreed that the employment report needed another component, which would be education and better ways to work.

MHCA Members Policy Forum, 14 May 2009

The 14 May 2009 MPF was a Strategic Planning Day. The agenda was based around an update on MHCA activities by MHCA Chair, Rob Knowles, CEO, David Crosbie and Deputy CEO, Sebastian Rosenberg. This was followed by a facilitated discussion on the MHCA Strategic Plan 2010-2012. This process will be used to inform the development of the next MHCA Strategic Plan. Some of the outcomes from this Strategic Planning Day include:

Prioritised selection from each group:

Group 1

1. Representative

- a) Increase in diversity of members on incremental basis
- b) Attendance at MHCA meeting should be 85% of total members

2. Cutting Edge

- a) 4 Research/Policy or Projects completed
- b) Number of times MHCA requested to provide expert advice

3. Accountable

- a) Biannual external review of Board performance
- b) Quality Framework

4. Defensive Reasoning Free

- a) Reduction in reported incidents
- b) Mistake not repeated

5. Inspirational

- a) Impact of policy development
- b) Number of times the MHCA is reprimanded

6. Effective

- a) Delivering contracts on time
- b) Number of times MHCA submissions are taken up

7. Collaborative

- a) Three strategic partnerships with defined outcomes
- b) Number of times the MHCA is invited to form collaborations

8. Sought After

- a) Number of invitations to present

The list of words to describe the MHCA

<i>Accountable</i>	<i>Reliable</i>	<i>Efficient</i>
<i>Inclusive</i>	<i>Accountable</i>	<i>Relevant</i>
<i>Respected</i>	<i>Harmonious</i>	<i>Leading</i>
<i>Effective</i>	<i>Trusted</i>	<i>Constructive</i>
<i>Authoritative</i>	<i>Courageous</i>	<i>Representative</i>
<i>Collaborative</i>	<i>Inspiring</i>	<i>Innovative</i>
<i>Visionary</i>	<i>Understanding</i>	<i>Aspiration</i>
<i>Cutting Edge</i>	<i>Professional</i>	<i>Dynamic</i>
<i>Balanced</i>	<i>Proactive</i>	<i>Honest</i>
<i>Democratic</i>	<i>Advocacy</i>	<i>Employer of Choice</i>
<i>Human Rights Focus</i>	<i>Taking the Lead</i>	<i>Mentally Healthy</i>
<i>Responsive</i>	<i>Opportunistic</i>	<i>Strategic</i>
<i>Recognised</i>	<i>Culturally Diverse</i>	<i>Sensitive</i>
<i>Exceeding</i>	<i>Inspirational</i>	<i>Sought After</i>
<i>Collective</i>	<i>Optimistic</i>	<i>Evidence Based</i>
<i>Well Known</i>	<i>Defence Reasoning</i>	<i>Highly Regarded</i>
<i>High Profile</i>	<i>Well Remunerated</i>	

- b) Number of times the MHCA views are reported

9. Highly regarded

- a) Number of external Board / Advisory Committee appointments
- b) Regular survey of members experience of service provision

10. Pro-active

- a) Number of new issues for public debate as a result of MHCA initiation

Group 2

- 1. Influential
- 2. Effective
- 3. Collaborative
- 4. Accountable
- 5. Pro-active

Group 3

1. Effective

- a) Improvement in mental health spending to 10% of health spending within 3 years
- b) Establishment of an independent body for mental health accountability

2. Accountable

- a) Public reporting on the meeting identified strategic outcomes
- b) Strong engagement (70%) of members and

stakeholder with the strategic plan

3. Human Rights Focus // Inclusive

- a) Clear description of human rights/inclusion targets
- b) Indicators that key targets are being met

4. Taking the Lead

- a) Measured number of times the MHCA's opinions are sought
- b) Clear policy positions on emerging issues

5. Employer of Choice

- a) Model for mental healthy workplace practice
- b) Attract and retain high quality, well qualified staff.

Group 4

1. Accountable

- a) Progress on 80% of all other priorities and measures are documented in the MHCA Annual Report.
- b) Bi-annual, independent audit of compliance

2. Authoritative

- a) Each year 5 key examples of MHCA output being used by other agencies and bodies
- b) Each of the 5 MHCA priorities being focussed on at least once in the three year period

3. Inclusive

- a) Using surveys – 100% of members are consulted on key proposals
- b) 80% of members agree the their views are being considered and represented

4. Effective

- a) MHCA uses and promotes initiatives that have been carried out by member organisations
- b) Annual independent audit of compliance

5. Collaborative

- a) Demonstrated linkages with business and other peak bodies which result in an output. (Report, proposal, analysis etc). At least three over three years.
- b) These outputs (above) are communicated to member organisations

CARER ENGAGEMENT PROJECT

The Carer Engagement Project (CEP) was envisaged as a response to the need of current and ongoing carer comment on issues that affect their lives. The project was designed in two parts, part one involved seeking out carers from all parts of Australia, those from a CALD and Indigenous backgrounds and young carers; provide them with a full day workshop and elicit from them the major issues which affect their lives. Part two involves ongoing, annual contact with the carers (including carers new to the project) to see if their lives have improved by the standards they first highlighted or if the situation has deteriorated.

The CEP was run across the financial years 2007-08 and 2008-09, however in the interests of presenting a complete picture, the entire program is outlined here.

Part One - The Workshops

A full day workshop was provided to 116 groups accessing over 1500 carers throughout Australia. Carers were asked to highlight the issues which most affected their lives as mental health carers. Coping strategies were discussed and insights offered. Guest speakers were invited to the workshops. At most workshops a representative of the police and Centrelink were present along with other services that provided support to carers. Carers were encouraged to ask questions and provide feedback comments to the guest speakers.

Workshops were devised for general mental health carers and three specific workshops were developed and delivered to individual groups which were:

- CALD communities with or without spoken English
- Aboriginal people with or without spoken English
- Young carers

However Indigenous people, people from a CALD background and young carers also attended the general workshops. Two thirds of the workshops were conducted in rural, remote or regional locations.

A list of the CEP workshop locations:

State	Workshop Location	Type
ACT	Belconnen	General
	Civic Canberra	General
NSW	Albury	General
	Albury	Indigenous
	Alstonville	General
	Bankstown	CALD
	Bega	General
	Bombala	General
	Broken Hill	General
	Broken Hill	General
	Campbelltown	General
	Canley Vale	Culturally and Linguistically Diverse
	Canley Vale	General
	Chatswood	Special Workshop
	Deniliquin	General
	Dubbo	General
	Gosford	General
	Gunnedah	General
	Lake Macquarie	General
	Lightning Ridge	Culturally and Linguistically Diverse
	Lockhart	General
	Moruya	General
	Muswellbrook	General
	Newcastle	General
	North Ryde	General
	Orange	General
	Port Macquarie	General
	Queanbeyan	General
	Sydney SW	Culturally and Linguistically Diverse
	Sydney SW	Culturally and Linguistically Diverse
	Sydney SW	Culturally and Linguistically Diverse
	Sydney SW	Culturally and Linguistically Diverse
	Tamworth	General
	Temora	General
	Wagga Wagga	General
	Wagga Wagga	Young Carers
	Woollahra	Culturally and Linguistically Diverse
	Woollahra	Culturally and Linguistically Diverse
	Woollahra	Culturally and Linguistically Diverse
	Wyong/Toukley	General
	Young	General

NT	Alice Springs	General
	Darwin	General
	Darwin	General
	Katherine/Bachelor	General
QLD	Biloela	General
	Brisbane	General
	Brisbane	Indigenous
	Brisbane Lutwyche	General
	Brisbane PA Hospital	General
	Brisbane Redlands	General
	Brisbane Woolloongabba	General
	Cairns	General
	Gladstone	General
	Gympie	General
	Hervey Bay	General
	Ipswich	General
	Logan	General
	Maroochydore	General
	McKay	General
	Robina	General
SA	Rockhampton	General
	Roma	General
	Toowoomba	General
	Townsville	General
	Adelaide	Young Carers
	Adelaide Fullarton	General
	Berri	General
	Cooper Pedy	Indigenous
	Copley	Indigenous
	Keswick	General
	Marion	General
	Modbury	General
	Murray Bridge	General
	Naracoorte	General
	Port Augusta	Indigenous
	Port Augusta	General
TAS	Port Lincoln	General
	Victor Harbour	General
VIC	Hobart	General
	Launceston	General
VIC	Bairnsdale	General
	Ballarat	Indigenous
	Camperdown	General
	Coburg	General
	Fairfield	Special Workshop
	Frankston	Young Carers
	Geelong	Culturally and Linguistically Diverse
	Hawthorn/Richmond	General
	Inverloch	General
	Kilsyth	Young Carers
	Korumburra	General
	Melbourne E Alfred	General

	Melbourne SW	General
	Mildura	General
	Parkville/ Moonee Ponds	General
	Preston	General
	Sunshine	General
	Traralgon	General
	Warracknabeal	General
	Warrnambool	General
	Warrnambool	Young Carers
WA	Albany	General
	Broome	Indigenous
	Bunbury	General
	Carnarvon	General
	Geraldton	General
	Geraldton	Indigenous
	Kalgoorlie	General
	Mandurah	General
	Mandurah	Indigenous
	Mirrabeeka	Culturally and Linguistically Diverse
	Perth	General
	Perth	General
	Perth E	Young Carers
	Perth SW	Young Carers

The issues highlighted by carers at the workshops were collated and 15 emerged as strong concerns into which all other items raised were incorporated. *Adversity to Advocacy– the Lives and Hopes of Mental Health Carers*, a report of the findings of the workshops, including the top 15 issues mental health carers highlighted as severely affecting their lives, was launched at a Parliamentary Breakfast by Minister Jenny Macklin on October 21st 2009.

The issues highlighted by mental health carers in order of priority were:

1. Listen to and respect carers
2. Integrated recovery-based care for the consumer
3. More and better trained staff at all levels
4. Knowledge and information for carers
5. Carer and Consumer education for all professional groups and agencies
6. Support systems, services and processes established for carers
7. Acute care to be therapeutic and accessible
8. Stigma, discrimination and isolation for carers and consumers

9. Accommodation options for consumers at all levels of care

10. Financial costs to carers

11. Physical and mental health of carers

12. Flexible respite options for carers

13. Privacy and confidentiality issues

14. Early intervention at each episode of care

15. Employment options for carers

Part Two – Ongoing Reporting of Carer Issues

Each year the carers who attended the workshop and other mental health carers who wish to be included will be invited to complete a simple survey addressing the fifteen issues identified by the carers at the workshops.

The combined collection and collation of information from carers will form a strong measurement of carer response to the lives they lead and the issues that confront them.

Each year the MHCA will produce a report which will monitor if things are getting better for carers and if the issues they identified as severely affecting their lives are being addresses.

NGO CAPACITY DEVELOPMENT PROJECT

The NGO Capacity Development Project was designed to deliver strategic infrastructure investment to small mental health NGOs to boost the capacity and sustainability of this part of the community health sector. The project was administered by the Mental Health Council of Australia and funded by the Commonwealth Department of Health and Ageing.

The need for investment infrastructure was clear to the MHCA and with \$6 million received from DoHA considerable time was spent planning how best to deploy this one-off program funding to achieve capacity growth in the sector. Consultations were held between MHCA members, including state peak bodies and some of the practices that have been employed elsewhere in the community sector were reviewed and considered. For example, the work of Non Profit Australia and the reform that has taken place with the infusion of new national funding into the alcohol and other drugs sector provided some useful guidelines on

how non-government organisational capacity building can work.

After this process had taken place, it was agreed that the design of the project should incorporate two key elements including a series of organisation possibilities workshops and a capacity enhancement grants program.

Firstly a series of workshops were held which prepared them for submitting a grant application. This was done because of a realisation that many of the potential applicant organisations would have little to no experience in preparing grant submissions of this sort. The grants were offered in ten core capacity areas.

The project has been an enormous success with 212 organisations receiving 335 grants, of up to \$20,000 per grant. Of those, all but four organisations proceed with their project as originally outlined in their grant submission.

The grants were mostly used for the core capacity areas including Information Technology, Community Awareness, Human Resource Management and Business Planning. The success of the projects as judged by the applicant agencies was very high with 95% of grant recipients indicating that the project met or exceeded their expectations. They also reported an increased level of functioning in the core capacity area of their grant as well as increased technical and skills acquisitions and sustainability for their organisation.

One commonly reported by-product of the project was the development of skills in engaging consultants to conduct internal development work.

There were a number of difficulties experienced by the grant recipients in completing their project and these generally fell into one of four areas. These included accessing or dealing with consultants or tradesmen, problems to do with the original project methodology that hadn't been anticipated, projects being too big for the agency compared to their available resources and other agency specific crises that were unrelated to the project.

An observation by MHCA project staff was that these reported difficulties impacted most commonly upon organisations' ability to complete their projects according to the originally set timeline. The majority of organisations completed their projects and submitted the required reporting requirements anywhere from a few weeks to several months after the due date. Another observation was that the majority of organisations lack basic skills in the areas of contract

management, particularly relating to reporting requirements. The sector generally would benefit from skills development in these areas.

To date, the majority of organisations have completed their projects with only a few still to be completed. The evaluation phase of the project revealed that the vast majority of grant recipients had satisfactory outcomes of the projects, consistent with the aims of their original grant applications, and were largely satisfied with the grant program administered by the MHCA. Grant recipients were very positive in their views of the MHCA's implementation and management of the project generally.

A report is currently being prepared for submission to the Commonwealth regarding the project outcomes, including the future of the sector and including recommendations about future funding directions.

NATIONAL MENTAL HEALTH CONSUMER AND CARER FORUM

The National Mental Health Consumer and Carer Forum (NMHCCF) provides a combined voice for both consumers and carers participating in the development of mental health policy and sector development in Australia. It was set up in 2002 by the Australian Health Ministers Advisory Council Mental Health Standing Committee (MHSC) and is funded through contributions from each state and territory government and the Australian Government Department of Health and Ageing. It is auspiced by the MHCA.

Through its membership, the NMHCCF gives mental health consumers and carers the opportunity to meet, form partnerships and be involved in the development and implementation of mental health policy reform.

Membership of the NMHCCF comprises one consumer representative and one carer representative nominated by each state / territory government and representatives from the following national health consumer and carer organisations:

- blueVoices, the consumer and carer reference group for beyondblue
- Carers Australia
- Consumers' Health Forum of Australia
- GROW Australia

- Mental Health Carers Arafmi Australia
- Private Mental Health Consumers and Carers Network (Australia)
- Australian Mental Health Consumer Network¹

During 2008-09 the NMHCCF met four times; 14-15 August 2008 (face-to-face), 9 December 2008 (teleconference), 26-27 March 2009 (face-to-face) and 24 June 2009 (teleconference).

The NMHCCF had many important achievements in 2008-09.

Members developed and endorsed the NMHCCF Forward Plan 2009-2011, with the following key areas for the 2009-10 work plan:

- National audit on effectiveness of consumer and carer participation
- Advocacy briefs for consumers and carers
- National mental health consumer and carer accountability framework
- Position paper on cost-benefits and opportunities for involving consumers and carers in the workforce.

NMHCCF members helped develop the agenda and plan the two-day annual National Register of Consumers and Carers (National Register) & NMHCCF Workshop. The workshop, held in April 2009, was attended by 55 mental health consumers and carers and provided networking and skill development opportunities. A key outcome from the workshop was the development and release of a joint National Register and NMHCCF communiqué about improvements that could be made to the draft 4th National Mental Health Plan.

A consultation version of the NMHCCF Statement on Seclusion and Restraint was distributed widely. The Statement was also presented to the National Register & NMHCCF Workshop and formally presented to the National Seclusion and Restraint Forum in Sydney in May 2009. The final version of the statement will be published and launched in 2009-10.

The NMHCCF made a submission to the Department of Education Employment and Workplace Relations'

Disability Employment Services Review in January 2009. In April 2009 a joint Media Release was developed, with the MHCA, in response to the Family, Community, Housing and Youth Committee's *Who Cares...? Report on the inquiry into better support for carers*.

The NMHCCF profile has been raised through the creation and distribution of the NMHCCF brochure and the development of the NMHCCF website – www.nmhccf.org.au. The website went live in June 2009 and will be launched in 2009-10. It provides information about NMHCCF activities and publications (including advocacy briefs, submissions and position statements). There is also a member's only section.

In 2008-09 two NMHCCF members – Isabell Collins (consumer representative) and Judy Bentley (carer representative) – became members of the Mental Health Standing Committee.

The NMHCCF Secretariat, located within the MHCA, also expanded in 2008-09. The Department of Health and Ageing provided funding for an Administration/Project Officer position, in addition to the existing Executive Officer position.

¹ The Australian Mental Health Consumer Network ceased operations in late 2008. The MHSC has provided in principle agreement that the former AMHCN representative should remain on the NMHCCF as a consumer representative until the new peak national mental health consumer organisation is established.

National Consumer and Carer Forum Membership (as at 30 June 2009)

State / Organisation	Representative
Australian Capital Territory	David Lovegrove (consumer)
	Judy Bentley (carer)
New South Wales	Allison Kokany (consumer)
	Eileen McDonald (carer Co-Chair)
Northern Territory	Gregory Johnson (consumer)
	Doreen Dyer (carer)
Queensland	Noel Muller (consumer)
	Jean Platts (carer)
South Australia	Lyn English (consumer)
	Maureen Healey (carer)
Tasmania	Paris Shacklock (Deputy Consumer Co-Chair)
	Anne Bevan (carer)
Victoria	Isabell Collins (Consumer Co-Chair)
	Jenny Burger (carer)
Western Australia	Lloyd Marsh (consumer)
	Tony Fowke (carer)
blueVoices	Mitchell Wall (consumer)
	Lyn Chaplin (carer)
Carers Australia	Pat Sutton (carer)
Consumers Health Forum of Australia	Janet Meagher (consumer)
Grow Australia	Neville Bradbury (consumer)
Mental Health Carers Arafmi Australia	Keiran Booth (Deputy Carer Co-Chair)
Private Mental Health Consumer Carer Network Australia	Patrick Hardwick (carer)
Interim representative from the former Australian Mental Health Consumer Network	Michael Burge (consumer)

APPENDICES

APPENDIX 1

MHCA Secretariat Staff *(as at June 30 2009)*

Mr David Crosbie

Chief Executive Officer

Mr Sebastian Rosenberg

Deputy Chief Executive Officer

Ms Melanie Cantwell

Director, Policy and Projects

Ms Amanda Bresnan

A/g Director, Policy and Projects
(left in November 2008)

Mr Simon Tatz

Director, Marketing and Communications

Mr Robin Memory

Business Engagement Manager

Dr Sue Thompson

Senior Policy Officer

Ms Rachelle Irving

Project Manager

Ms Anna Wise

Policy Officer

Ms Liz Ruck

Project Officer

Ms Kim Harris

Administration and Project Officer

Ms Toni Maxfield

Corporate Services Manager

Ms Stephanie Way

Corporate Support Officer

Ms Anne Nelson

Finance Manager

Ms Amy Waterford

Finance Officer

Mr Julian Roetzer

IT Support Officer

Ms Linda Rosie

Consumer and Carer Project Officer

These people were also employed for part of 2008/2009:

Emma De Tassanyi

Sangita Devi – Kumar

Christine Millwodd

APPENDIX 2

MHCA Members *(as of end June 2009)*

******indicates new member during 08/09 financial year

Adults Surviving Child Abuse

PO Box 597

MILSONS POINT NSW 1565

****Alcohol and other Drugs Council of Australia**

PO Box 269

WODEN ACT 2606

Mental Health Carers ARAFMI Australia

182 Lord Street

EAST PERTH WA 6004

Australian College of Mental Health Nurses

PO Box 154,

DEAKIN WEST ACT 2600

Australian Association of Developmental Disability Medicine

Centre for Developmental Disability Health Victoria

Building One, Omnico Business Park

270 Ferntree Gully Rd

NOTTING HILL VIC 3168

Australian Association of Occupational Therapists (OT Australia)

6/340 Gore Street

FITZROY VIC 3065

Australian Association of Social Workers

PO Box 4956

KINGSTON ACT 2604

Australian College of Psychological Medicine

GPO Box 1979

SYDNEY NSW 2001

Australian Counselling Association

PO Box 88
GRANGE QLD 4051

****Australian General Practice Network**

PO Box 4308
Manuka ACT 2603

**Australian Infant, Child, Adolescent and Family
Mental Health Association**

PO Box 387
STEPNEY SA 5069

Australian Medical Association

PO Box 6090
KINGSTON ACT 2604

Australian Mental Health Consumer Network Inc

PO Box 3317
SOUTH BRISBANE BC QLD 4101

Australian Neuroscience Society

PO Box 2331
KENT TOWN SA 5071

Australian Psychological Society

PO Box 38
FLINDERS LANE PO VIC 8009

Australian Rotary Health Research Fund

PO Box 3455
PARRAMATTA NSW 2124

Australasian Society for Psychiatric Research

Department of Psychology
12th Floor, Redmond Barry Building
The University of Melbourne, Swanston Street
MELBOURNE VIC 3010

Black Dog Institute

Hospital Road, Prince of Wales Hospital
High Street
RANDWICK NSW 2031

Blue Voices

PO Box 6100
HAWTHORN WEST VIC 3122

Brain and Mind Research Institute

100 Mallett Street
CAMPERDOWN NSW 2050

Carers Australia

1/16 Napier Close
DEAKIN ACT 2600

Catholic Health Australia Inc

PO Box 330
DEAKIN WEST ACT 2600

Centre for Mental Health Research

College for Medicine and Health Sciences
63 Eggleston Road
ANU ACT 0200

Crisis Support Services

PO Box 2335
FOOTSCRAY VIC 3011

Dietitians Association of Australia

1/8 Phipps Close
DEAKIN ACT 2600

DepressioNet

PO Box 2375
RICHMOND VIC 3121

GROW

PO Box 178
HOLLAND PARK QLD 4121

Healthscope Limited

PO Box 7586
MELBOURNE VIC 3004

Inspire Foundation

PO Box 1790
ROZELLE NSW 2039

Institute of Australasian Psychiatrists

PO Box 665
LIVERPOOL NSW 2170

Lifeline Australia

PO Box 173
DEAKIN WEST ACT 2600

Mental Health Coalition of South Australia

408 King William Street,
ADELAIDE SA 5000

Mental Health Community Coalition of the ACT

Level 1, Griffin Centre
20 Genge Street
CANBERRA CITY ACT 2601

Mental Health Coordinating Council

PO Box 668
ROZELLE NSW 2039

Mental Health Council of Tasmania

Suite 5 Mayfair Plaza
236 Sandy Bay Road
SANDY BAY TAS 7005

Mental Health Research Institute

Locked Bag 11
PARKVILLE VIC 3051

Mental Illness Education Australia

PO Box 533
COOLUM BEACH QLD 4573

Mental Health Foundation Australia

270 Church Street
RICHMOND VIC 3121

Mental Illness Fellowship of Australia Inc

PO Box 844
MARLESTON SA 5033

Multicultural Mental Health Australia

Locked Bag 7118
PARRAMATTA NSW 2150

National Aboriginal Community Controlled Health Organisation

PO Box 5120
BRADDON ACT 2612

National Rural Health Alliance

PO Box 280
DEAKIN WEST ACT 2601

Northern Territory Mental Health Coalition

PO Box 1128
NIGHTCLIFF NT 0818

ORYGEN Research Centre

Locked Bag 10
PARKVILLE VIC 3052

OSTARA Australia

PO Box 2055
RANGEVIEW VIC 3132

Pharmaceutical Society of Australia

PO Box 21
CURTIN ACT 2605

The Pharmacy Guild of Australia

PO Box 7036
CANBERRA BC ACT 2610

Private Mental Health Consumers Carer Network (Australia)

PO Box 542
MARDEN SA 5070

Psychotherapy and Counselling Federation of Australia Inc

290 Parkes Street
FITZROY NORTH VIC 3068

Queensland Alliance of Mental Illness & Psychiatric Disability Groups

PO Box 919
SPRING HILL QLD 4004

Queensland Centre for Mental Health Research

Locked Bag 500
RICHLANDS QLD 4077

Ramsay Health Care Ltd

Level 9, 154 Pacific Highway
ST LEONARDS NSW 2065

Richmond Fellowship of Australia

PO Box 83
Curtain ACT 2605

Royal Australian and New Zealand College of Psychiatrists

309 La Trobe Street
MELBOURNE VIC 3000

Royal Australian College of General Practitioners

College House, 1 Palmerston Crescent
SOUTH MELBOURNE VIC 3205

SANE Australia

PO Box 226
SOUTH MELBOURNE VIC 3205

Suicide Prevention Australia

PO Box 729
LEICHARDT NSW 2040

The Mental Health Services Conference Inc (TheMHS Conference)

PO Box 192
BALMAIN NSW 2041

Psychiatric Disability Services of Victoria (VICSERV)

PO Box 1117
ELSTERNWICK VIC 3185

Western Australian Association for Mental Health

City West Lotteries House, 2 Delhi Street
WEST PERTH WA 6005

APPENDIX 3**MHCA Sub-committees and Working Group Members****Audit and Compliance Committee**

Chair: Lyn Littlefield
Members: Dawn O'Neil, Jeff Cheverton,
Tony Fowke, Wayne Chamley

Research Committee

Chair: Ian Hickie
Secretary: Sebastian Rosenberg
Members: Helen Christensen, Tony Jorm,
Pat McGorry, Jeff Fuller,
Margaret Brooks, Michael Dudley,
Val Gerrand, Margaret Cook,
Colin Masters

Business Planning Working Group

Chair: Katie Spearritt
Members: Lyn Littlefield, Jeff Cheverton,
Wayne Chamley

Housing and Homelessness Working Group

Chair: Wayne Chamley
Members: Leone Crayden, Sally Edwards,
Julian Freiden, Valerie Gerrand,
Douglas Holmes, Felicity Reynolds,
Geoff Smith, Karyn Walsh,
Alan Woodward.

Mental Health and Insurance Working Group

Chair: Noel Muller (Chair)
Members: Janet Meagher (Consumer rep),
Tony Fowke (Carer rep),
Maria Tomasic (RANZCP),
Nicole Highet (beyondblue)

APPENDIX 4

MHCA Publications and Submissions

Publications

- COAG Mental Health Reform: Mental Health and the New Medicare Services: An Analysis of the First Six Months (July 2007)
- Let's Get to Work. A National Mental Health Employment Strategy for Australia (Nov 2007)
- Reforming Welfare to Work: The Key Priorities (February 2008)

Submissions

- Submission on *Exposure Draft Human Services (Enhanced Service Delivery) Bill 2007* (August 2007)
- Submission to the Senate Community Affairs Committee *Inquiry into mental health services in Australia* (August 2007)
- Submission to the Senate Employment, Workplace Relations and Education Committee *Inquiry into the Social Security Amendment (2007 Measures No. 2) Bill 2007* (September 2007)
- Submission to the Australian Competition and Consumer Commission for its *Report to the Australian Senate on anti-competitive and other practices by health funds and providers in relation to private health insurance* (October 2007)
- Submission on National Health and Medical Research Council *Australian Alcohol Guidelines for low risk drinking* (December 2007)
- Submission to *Review of Employment Services* (February 2008)
- Submission to *Review of the Job Capacity Assessment (JCA) Program* (February 2008)
- Submission to *Senate Community Affairs Inquiry into Mental Health Services in Australia* (May 2008)
- Submission on Australian Government Homelessness Green Paper *Which Way Home? A New Approach to Homelessness* (June 2008)

- Submission to the House of Representatives Standing Committee on Family, Community, Housing and Youth *Inquiry into Better Support for Carers* (June 08)

APPENDIX 5

MHCA Presentations

- NRHA Seminar, National War Memorial, Canberra, 7 August 2007 (David Crosbie).
- National Missing Persons Week, Canberra, 5 August 2007 (David Crosbie).
- 2007 Prime Minister's Employer of the Year Awards, Parliament House, 9 August 2007 (David Crosbie).
- ANEX illegal drugs and mental health conference, Melbourne, 3-4 September 2007, (David Crosbie).
- TheMHS Conference, Melbourne, 5-7 September 2007 (David Crosbie).
- Active Citizenship, ACT Govt, 20 September 2007 (David Crosbie).
- CRS Australia Forum, 9 October 2007 (Simon Tatz).
- Personal Support Programme Conference, National Mental Health Employment Strategy, Thursday 11 October 2007.
- AMHWAC, 18 October 2007 (David Crosbie).
- 4th Australasian Drug Strategy Conference, 23- 26 October 2007, Gold Coast (David Crosbie).
- Australian Psychological Society Sydney Branch AGM, Where to Next? – the Future of Mental Health Reform in Australia, 25 October 2007. (Who?)
- Jobs Australia Conference, Why Australia Needs a National Mental Health Employment Strategy, 31 October 2007 (David Crosbie).
- ADFACT Co-Morbidity Forum, 6 November 2007 (David Crosbie).
- ADGP National Conference Hobart, 15 November 2007 (David Crosbie).

- Mindframe Media Workshop – 16 November 2007 (Simon Tatz).
- 10th Annual Health Facilities Planning and Design Summit, Community Attitudes as Drivers for Facility Design – Mental Health, 21 Nov 2007 (Sebastian Rosenberg).
- Mental Health @ Work Conference, Let's Get to Work A National Mental Health Employment Strategy for Australia, November 2007 (Sebastian Rosenberg).
- Mental Health and the Not So Gentle Art of Persuasion, Associations Forum, 29 November 2007 (Sebastian Rosenberg).
- The power and the passion: making service delivery count, Altered States Conference Date? 2007 (David Crosbie).
- NATIONAL MENTAL HEALTH CONSUMER AND CARER FORUM, Face-to-Face meeting 13 and 14 March 2008 Sydney (David Crosbie).
- Mental Health and Insurance Discrimination – at Joining the Dots: Creating Community, the conference of Psychiatric Disability Services of Victoria (VICSERV), May 8-9 2008, Melbourne (Anna Wise).
- Sport, the Media and Mental Health, Sports Knowledge Australia seminar, June 2008 (Simon Tatz).
- Drug Action Week, 23 June 2008 (David Crosbie).
- DVA and mental health– Reaching target audiences with mental health messages, Department of Veterans Affairs, June 2008 (Simon Tatz).

APPENDIX 6

Media Releases

8 September 2008 - Mental health services failing young people

A Sydney university survey has highlighted the urgent need for early intervention in diagnosing and helping young people with mental health problems, the MHCA said today.

25 September 2008 - New Senate report a road map to mental health reform

The release today of the Senate Community Affairs Committee Inquiry into Mental Health Services -Towards Recovery: Mental Health Services in Australia – provides the basis of genuine reform in mental health for all Australians. The Report has been commended by the Mental Health Council of Australia (MHCA).

10 October 2008 - Over 900,000 Australians now have mental health plans

A new report has found Australians are accessing mental health care at unprecedented levels with the cost of the new Medicare Items for mental health services now three times higher than the initial budget estimate. The 2nd Report on the Mental Health and the New Medicare Services released today by the Mental Health Council of Australia (MHCA) also revealed that since the introduction of the new Medicare Items for mental health services...

13 October 2008 - Insurance Industry takes steps to reduce mental health discrimination

A Memorandum of Understanding between Mental Health Sector Stakeholders (MHSS), Investment & Financial Services Association (IFSA) and the Financial Planners Association (FPA) will be signed today under the auspice of the Minister for Superannuation and Corporate Services, Senator the Honourable Nick Sherry.

13 October 2008 - Mental health community and life insurance industry sign MOU. Improved access to life and risk products continues

Today's signing of the Memorandum of Understanding between the Life Insurance Industry and Mental Health Sector at Old Parliament House in Canberra is a historic event. The parties began working together in 2001 to improve life insurance outcomes for Australians suffering from, or with a history of mental

illness. This unique collaboration was formalised in 2003 and was again signed in 2004 and 2006 - and remains a world first.

16 October 2008 - Justice Issues for Drug Use

The Australian National Council on Drugs together with the Mental Health Council of Australia will be holding a breakfast at the Mural Hall, Parliament House, co-hosted by The Hon Bob Debus and Senator Ursula Stephens on Thursday 16th of October

16 October JOINT MEDIA RELEASE –

2008 Australian National Council on Drugs and Mental Health Council of Australia Parliamentary Forum Discusses Justice and Drugs

Ministers, Members of Parliament, the Australian Federal Police and representatives of the mental health and drug and alcohol sectors met at Parliament House this morning to discuss critical issues relating to the justice system and drug and alcohol use in Australia.

22 October 2008 - Keep the money – give me proper care!

“Most mental health carers would gladly refund their one-off Christmas bonus if they could be guaranteed better mental health services for the person they are caring for,” according to David Crosbie, CEO of the Mental Health Council of Australia (MHCA).

23 October 2008 - Over 2 million Australians have unmet mental health needs

A new national survey of mental health (the first in ten years) released today by the Australian Bureau of Statistics (ABS) has revealed the extent of mental health problems across Australia.

19 November 2008 - Communiqué from Mental Health Council of Australia - Members' Policy Forum

The Members' Policy Forum (MPF) of the Mental Health Council of Australia (MHCA) met in Canberra on 19 November 2008. The MPF is the biannual gathering of the 58 major mental health organisations which make up the MHCA.

21 November 2008 - Mental Health Council welcomes campaign against binge drinking

The Mental Health Council of Australia (MHCA) has

welcomed the Rudd Government's new youth binge drinking campaign – ‘Don't Turn a Night Out into a Nightmare’.

4 December 2008 - Disability Employment Model will open opportunities for mental health consumers

A new federal model for disability employment services has been warmly welcomed by the Mental Health Council of Australia (MHCA) as an excellent advance in opening up participation and support for people with a mental illness.

22 December 2008 - MHCA Welcomes Homelessness White Paper

The MHCA welcomes the Australian Government's White Paper on Homelessness, *The Road Home: A National Approach to Reducing Homelessness*.

The strategies presented in the White Paper target issues of homelessness and unstable housing holistically, looking beyond housing to address other needs of the homeless population, including employment, education, health and social support.

13 January 2009 - MHCA Welcomes New Services in NSW and the ACT

Two new services offering real prospects of improved access to quality mental health care have been made available to people living in NSW and the ACT.

16 February 2009 - Health Commission Report = Blueprint for Mental Health Reform

The Health and Hospital Reform Commission report released today highlights fundamental issues about our health system and the importance of reforming the way we respond to mental health.

26 February 2009 - New PHaMs funding welcomed by MHCA

The Mental Health Council of Australia (MHCA) today welcomed the selection of the latest (3rd) round of funding for PHaMs - the Personal Helpers and Mentors program.

5 March 2009 - Mental Health TV – A World First

A new internet channel, *Mentalympians.tv*, will be launched at the 6th Annual International Initiative for Mental Health Leadership in Brisbane today.

19 March 2009 - MHCA Launches *Home Truths: Mental Health, Housing and Homelessness in Australia*

The Minister for Housing, the Hon Tanya Plibersek MP today launched *Home Truths: Mental Health, Housing and Homelessness in Australia*, a landmark report by the Mental Health Council of Australia (MHCA).

1 May 2009 - *Who Cares...?* launched – but what next for carers of people with mental illness?

The Mental Health Council of Australia (MHCA) and the National Mental Health Consumer and Carer Forum (NMHCCF) today welcomed many of the recommendations in *Who Cares...?* Report on the inquiry into better support for carers, but want to see a strong Government commitment to ongoing funding and support for their implementation.

1 May 2009 - Inquiry will improve mental health of Australian Defence Forces

The Mental Health Council of Australia (MHCA) today welcomed the Dunt review of mental health services in the ADF and congratulated the Government on initiating measures which will improve the mental health of members of the Australian Defence Forces and ex-service men and women.

8 May 2009 - Beer tax increase doesn't go far enough

Federal Government moves to increase the excise on beer are not only welcomed, but should be expanded to apply an increased excise on all alcohol products, David Crosbie, CEO of the Mental Health Council of Australia, said today.

12 May 2009 - New money or new systems?

Accountability of mental health services critical in 2009 Budget

Unlike many other lobby groups, the Mental Health Council of Australia (MHCA) has not called on the Rudd Government for more funds in the 2009 budget, despite clear evidence of a growing demand for mental health services and prevention.

28 July 2009 - *By Any Measure, Suicide Data* Reveals Disturbing Picture

The Review of Suicide Statistics in Australia released today by the Australian Institute of Health and Welfare presents a disturbing picture, according to the CEO of the Mental Health Council of Australia, Mr David Crosbie.

MENTAL HEALTH COUNCIL OF AUSTRALIA INCORPORATED

FINANCIAL REPORT

FOR THE YEAR ENDED 30TH JUNE 2009

CONTENTS

BOARD MEMBERS' REPORT

INDEPENDENT AUDITOR'S REPORT

STATEMENT BY MEMBERS OF THE BOARD

INCOME STATEMENT

BALANCE SHEET

STATEMENT OF RECOGNISED INCOME AND EXPENDITURE

CASH FLOW STATEMENT

NOTES TO THE FINANCIAL STATEMENTS

MENTAL HEALTH COUNCIL OF AUSTRALIA INCORPORATED

BOARD MEMBERS' REPORT

The board members of the Mental Health Council of Australia Incorporated present their report for the financial year ended 30th June 2009.

Board members

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

Current

The Hon Rob Knowles Chairperson

Ms Dawn O'Neil Deputy Chairperson

Dr Lyn Littlefield

Mr Tony Fowke AM

Mr Jeff Cheverton

Mr Wayne Chamley

Dr Katie Spearritt

Dr Geoff Smith

Ms Melanie McMillan Appointed 17th November 2008

Former

Mr Gary Beck Resigned 17th November 2008

Principal activities

The principal activities of the Mental Health Council of Australia Incorporated during the year were to promote quality mental health for everyone in Australia as well as represent and promote the interests of the Mental Health sector. There were no significant changes in the nature of these activities during the year.

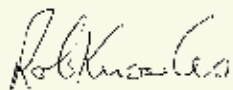
Operating results

The operating surplus/(deficit) for the financial year was \$322,555 [2008: \$391,036].

Members' funds

The board members have committed to building the accumulated surplus of the Mental Health Council of Australia to an amount sufficient to cover the cost of twelve months operating activity.

Signed in accordance with a resolution of the members of the board.



The Hon Rob Knowles

Chairperson

Dated: 21st October 2009

Canberra



Ms Dawn O'Neil

Deputy Chairperson

INDEPENDENT AUDITOR'S REPORT

To the members of Mental Health Council of Australia Incorporated

Report on the Financial Report

We have audited the accompanying financial report of Mental Health Council of Australia Incorporated (the Association), which comprises the balance sheet as at 30th June 2009, and the income statement, statement of recognised income and expenditure, cash flow statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the statement by members of the board.

Board's Responsibility for the Financial Report

The Board of the Association is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act (ACT) 1991. This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control

relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

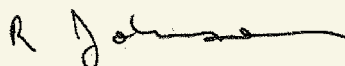
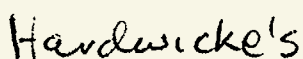
Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Auditor's Opinion

In our opinion:

- a) the financial report of the Mental Health Council of Australia Incorporated is in accordance with Associations Incorporation Act (ACT) 1991, including:
 - i) giving a true and fair view of:
 - the Association's financial position as at 30th June 2009 and of its performance for the year ended on that date; and
 - the other matters required by Section 72(2) of the Associations Incorporation Act (ACT) 1991 to be dealt with in the financial report;
 - ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act (ACT) 1991; and
- b) from proper accounting and other records which have been kept by the Association; and
- c) the audit was conducted in accordance with the rules of the Association.



HARDWICKE'S
Chartered Accountants
Dated: 21st October 2009.
Canberra

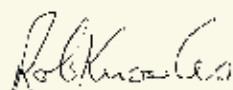
Robert Johnson, F.C.A

STATEMENT BY MEMBERS OF THE BOARD

In the opinion of the board members, the financial report comprising the Balance Sheet, Statement of Recognised Income and Expenses, Income Statement, Cash Flow Statement and Notes to the Financial Statements:

1. Presents a true and fair view of the financial position of the Mental Health Council of Australia Incorporated as at 30th June 2009 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that the Mental Health Council of Australia Incorporated will be able to pay its debts as and when they fall due.

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



The Hon Rob Knowles
Chairperson
Dated: 21st October 2009
Canberra



Ms Dawn O'Neil
Deputy Chairperson

INCOME STATEMENT FOR THE YEAR ENDED 30TH JUNE 2009

	Note	2009 \$	2008 \$
Revenue	2	7,254,502	2,613,104
Employee benefits expense		(841,291)	(887,252)
Depreciation expense		35,128	(32,396)
Grant payments		(5,124,995)	–
Other expenses		(930,533)	(1,302,420)
Surplus/(deficit) before income tax		322,555	391,036
Income tax expense		Nil	Nil
Surplus/(deficit) after income tax		322,555	391,036

BALANCE SHEET AS AT 30TH JUNE 2009

CURRENT ASSETS

Cash and cash equivalents	4	1,800,478	7,218,161
Trade and other receivables	5	434,717	150,867
Financial assets	6	37,242	68,585
Other assets	7	22,816	29,268
Total Current Assets		2,295,253	7,466,881

NON-CURRENT ASSETS

Property, plant & equipment	8	200,520	222,710
Total Non-Current Assets		200,520	222,710

TOTAL ASSETS

2,495,773 7,689,591

CURRENT LIABILITIES

Trade and other payables	9	1,433,260	6,952,782
Total Current Liabilities		1,433,260	6,952,782

NON-CURRENT LIABILITIES

Long-term provisions	10	7,818	4,669
Total Non-Current Liabilities		7,818	4,669

TOTAL LIABILITIES

1,441,078 6,957,451

NET ASSETS

1,054,695 732,140

MEMBERS' FUNDS

Accumulated surplus		1,054,695	732,140
---------------------	--	-----------	---------

TOTAL MEMBERS' FUNDS

1,054,695 732,140

The accompanying notes form part of these financial statements.

STATEMENT OF RECOGNISED INCOME AND EXPENDITURE FOR THE YEAR ENDED 30TH JUNE 2009

	Accumulated surplus \$	Total \$
Balance at 1st July 2007	341,104	341,104
Surplus	391,036	391,036
Balance at 30th June 2008	732,140	732,140
Surplus	322,555	322,555
Balance at 30th June 2009	1,054,695	1,054,695

The accompanying notes form part of these financial reports

CASH FLOW STATEMENT FOR THE YEAR ENDED 30TH JUNE 2009

	Note	2009 \$	2008 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		2,422,390	8,945,394
Payments to suppliers and employees		(7,997,535)	(2,411,395)
Interest received		139,057	67,548
Net cash provided by/(used in) operating activities	13(b)	(5,436,088)	6,601,547
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from investments		34,293	53,950
Payment for investments		(2,950)	—
Payment for plant & equipment		(12,938)	(92,337)
Net cash provided by/(used in) investing activities		18,405	(38,387)
Net increase/(decrease) in cash held		(5,417,683)	6,563,160
Cash at the beginning of the year		7,218,161	655,001
Cash at the end of the year	13(a)	1,800,478	7,218,161

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2009

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report covers Mental Health Council of Australia Incorporated as an individual entity. Mental Health Council of Australia Incorporated is an Association incorporated in Australian Capital Territory under the Associations Incorporation Act (ACT) 1991.

Basis of preparation

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations and the Associations Incorporation Act (ACT) 1991. Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial report containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of this financial report are presented below. They have been consistently applied unless otherwise stated. The financial report has been prepared on an accruals basis and is based on historical costs

modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Accounting policies

a) Revenue and other income

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers. Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods. Grant revenue is recognised in the income statement when the Association obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably. If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied. Donations are recognised as revenue when received. Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets is the rate inherent in the instrument.

All revenue is stated net of the amount of goods and services tax (GST).

The accompanying notes form part of these financial reports

b) Income tax

The Association is considered to be an organisation established for charitable purposes and is therefore exempt from income tax under subdivision 50-B of the Income Tax Assessment Act 1997.

c) Unexpended grants

The Association receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the Association to treat grant monies as unexpended grants in the balance sheet where the Association is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

d) Property, plant and equipment

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

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. The carrying amount of plant and equipment is reviewed annually by the board members to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight line basis over the asset's useful life to the Association commencing from the time the asset is held ready for use. The depreciation rates used for office furniture & equipment are 7.5-33.33%.

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date. Asset classes carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount. Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the income statement.

e) Leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Association, are classified as finance leases. Finance leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Leased assets are depreciated on a straight line basis over their estimated useful lives where it is likely that the Association will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the term lease.

f) Employee benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance sheet date. Employee benefits expected to be settled within one year together with benefits arising from wages, salaries and annual leave which may be settled after one year, have been measured at the amounts expected to be paid when the liability is settled. Other employee benefits payable later than one year have been measured at the net present value. Contributions are made by the Association to employee superannuation funds and are charged as expenses when incurred.

g) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other shortterm highly liquid investments with original maturities of three months or less, and bank overdrafts.

h) 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 Taxation 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.

i) Impairment of assets

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

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the Association would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an assets class, the Association estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

j) Financial instruments

Initial recognition and initial measurement

Financial assets and financial liabilities are recognised when the Association becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the Association commits itself to either purchase or sell the asset (ie trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Finance instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Association's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Impairment

At each reporting date, the Association assesses whether there is objective evidence that a financial instrument has been impaired. Impairment losses are recognised in the income statement.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Association no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

k) Comparative figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

l) Critical accounting estimates and judgments

The board members evaluate estimates and judgments 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 – Impairment

The Association assesses impairment at each reporting date by evaluation of conditions and events specific to the Association that maybe indicative of impairment

triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

m) New accounting standards for application in future periods

The AASB has issued new, revised and amended standards and interpretations that have mandatory application dates for future reporting periods. The Association has decided against early adoption of these standards. A discussion of those future requirements and their impact on the Association is as follows:

AASB 101: Presentation of Financial Statements, AASB 2007-8 Amendments to Australian Accounting Standards arising from AASB 101, and AASB 2007-10: Further amendments to Australian Accounting Standards arising from AASB 101 (all applicable to annual reporting periods commencing from 1 January 2009). The revised AASB 101 and amendments supersede the previous AASB 101 and redefines the composition of financial statements including the

inclusion of a statement of comprehensive income. There will be no measurement or recognition impact on the Association. If a Association has made a prior period adjustment or reclassification, a third balance sheet as at the beginning of the comparative period will be required.

AASB 2008-5: Amendments to Australian Accounting Standards arising from the Annual Improvements Project (July 2008) (AASB 2008-5) and AASB 2008-6: Further amendments to Australian Accounting Standards arising from the Annual Improvements Project (July 2008) (AASB 2008-6) detail numerous non-urgent but necessary changes to accounting standards arising from the IASB's annual improvements project. No changes are expected to materially affect the Association.

The Association does not anticipate early adoption of any of the above reporting requirements and does not expect them to have any material effect on the Association's financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2009

	Note	2009	2008
		\$	\$
NOTE 2 REVENUE AND OTHER INCOME			
Revenue			
Grants received		6,965,469	2,455,864
Interest received		135,387	64,558
Expense recovery		112,566	—
Subscriptions		5,850	5,772
Donations		6,292	4,618
Sundry income		28,938	82,292
Total revenue		7,254,502	2,613,104
NOTE 3 SURPLUS			
Surplus/(deficit) has been determined after:			
(a) Expenses			
Rental expense on operating leases - minimum lease payments		137,589	129,480
NOTE 4 CASH AND CASH EQUIVALENTS			
Petty cash		200	200
Public gift accounts		38,007	32,387
Cheque accounts		263,411	608,924
Cash management account		1,498,860	6,576,650
		1,800,478	7,218,161

NOTE 5 TRADE AND OTHER RECEIVABLES

	Note	2009 \$	2008 \$
Current			
Trade receivables		434,717	148,339
Accrued income		–	2,528
		434,717	150,867

(i) Provision for impairment

Current trade receivables are generally on 30 day terms. These receivables are assessed for recoverability and a provision for impairment is recognised when there is objective evidence that an individual trade receivable is impaired. No provision for impairment was required at 30th June 2009 (2008: Nil).

(ii) Credit risk – trade and other receivables

The Association does not have any material credit risk exposure to any single receivable or group of receivables. The following table details the Association's trade and other receivables exposed to credit risk with ageing analysis and impairment provided thereon. Amounts are considered as 'past due' when the debt has not been settled within the terms and conditions agreed between the Association and the customer or counter party to the transactions. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the Association. The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

	Gross amount \$	Past due and impaired \$	Past due but not impaired (days overdue)				Within initial trade terms \$
			< 30 \$	31-60 \$	61-90 \$	>90 \$	
2009							
Trade and other receivables							
	434,717	–	198,147	236,570	–	–	434,717
2008							
Trade and other receivables							
	148,339	–	122,950	24,003	–	1,386	148,339

The Association does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired. There are no balances within trade and other receivables that contain assets that are not impaired and are past due. It is expected that these balances will be received when due.

NOTE 6 FINANCIAL ASSETS

	Note	2009 \$	2008 \$
Current			
Held-to-maturity financial assets			
- Fixed interest securities`		37,242	68,585

NOTE 7 OTHER ASSETS

Current			
Prepayments		2,816	29,268

NOTE 8 PROPERTY, PLANT & EQUIPMENT

	Note	2009 \$	2008 \$
Office furniture & equipment – at cost		91,835	78,897
Accumulated depreciation		(64,179)	(44,808)
		27,656	34,089
Leasehold improvements – at cost		210,097	210,097
Accumulated depreciation		(37,233)	(21,476)
		172,864	188,621
Total property, plant & equipment		200,520	222,710

Movement in carrying amounts

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

	Leasehold improvements	Office furniture & equipment	Total
Balance at 1st July 2007	143,009	19,760	162,769
Additions at cost	60,096	32,241	92,337
Depreciation expense	(14,484)	(17,912)	(32,396)
Balance at the beginning of the year	188,621	34,089	222,710
Additions at cost	—	12,938	12,938
Depreciation expense	(15,757)	(19,371)	(35,128)
Carrying amount at the end of the year	172,864	27,656	200,520

NOTE 9 TRADE AND OTHER PAYABLES

	Note	2009 \$	2008 \$
Current			
Trade payables		165,858	622,193
Grants & income in advance		1,154,955	6,130,493
Accruals		64,491	155,631
Short-term employee benefits		47,956	44,465
		1,433,260	6,952,782
(a) Financial liabilities at amortised cost classified as trade and other payables			
Trade and other payables – current		1,433,260	6,952,782
Less grants & income in advance		(1,154,955)	(6,130,493)
Less leave entitlements		(47,956)	(44,465)
Financial liabilities as trade and other payables		230,349	777,824

NOTE 10 PROVISIONS

	Note	2009 \$	2008 \$
Non-Current			
Long-term employee benefits		7,818	4,669
		7,818	4,669
		Long-term employee benefits	
Opening balance at 1st July 2008		4,669	
Additional provisions raised during year		3,149	
Balance at 30th June 2009		7,818	

A provision has been recognised for employee entitlements relating to long service leave. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria relating to employee benefits have been included in Note 1 to this report.

NOTE 11 RELATED PARTY TRANSACTIONS

No board member, or parties related to them, received any remuneration from the Association during the year other than reimbursement for expenses incurred.

NOTE 12 KEY MANAGEMENT PERSONNEL COMPENSATION

	Short-term benefits \$	Post employment benefits \$	Total \$
2009			
Total compensation	408,857	—	408,857
2008			
Total compensation	355,625	—	355,625

NOTE 13 CASH FLOW INFORMATION

Note	2009 \$	2008 \$
a) Reconciliation of cash		
Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:		
Petty cash	200	200
Public gift accounts	38,007	32,387
Cheque accounts	263,411	608,924
Cash management account	1,498,860	6,576,650
	1,800,478	7,218,161
b) Reconciliation of cash flows from operations with surplus/(deficit)		
Surplus/(deficit)	322,555	391,036
Non-cash flows in surplus/(deficit)		
Depreciation	35,128	32,396
Changes in assets and liabilities		
Increase/(decrease) in payables	(452,844)	466,974
Increase/(decrease) in grants & income in advance	(4,975,538)	5,443,895
Increase/(decrease) in accruals	(91,140)	131,748
Increase/(decrease) in provisions	3,149	4,669
(Increase)/decrease in receivables	(283,850)	132,028
(Increase)/decrease in prepayments	6,452	(1,199)
Cash flows from operations	(5,436,088)	6,601,547
c) The Association has credit card facilities setup with their main bank with general terms and conditions being set. Interest rates are variable and subject to adjustment.		
Credit facility	25,000	25,000
Amount utilised	(3,401)	(5,811)
	21,599	19,189
d) There were no non-cash financing or investing activities during the year.		

NOTE 14 AUDITORS' REMUNERATION

Remuneration of the auditor for:		
– auditing the financial report	5,800	3,745
– other services	860	2,300
	6,660	6,045

NOTE 15 LEASING COMMITMENTS

Operating lease commitments

Non-cancellable operating leases contracted for but not capitalised in the financial statements

Payable – minimum lease payments:

– not later than 12 months	145,955	134,011
– later than 12 months but not later than 5 years	32,746	151,510
	178,701	285,521

The property lease is a non-cancellable lease with a 4 year term expiring on 31st August 2010, with rent payable monthly in advance. Contingent rental provisions within the lease agreement require the minimum lease payments shall be increased by 4% per annum. An option exists to renew the lease at the end of the 4 year term for an additional 4 years.

NOTE 16 SEGMENT REPORTING

The Association operates predominantly in one business and demographic segment, being the Mental Health sector in Australia.

NOTE 17 FINANCIAL RISK MANAGEMENT

The Association's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable. The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2009 \$	2008 \$
Financial assets			
Cash and cash equivalents	4	1,800,478	7,218,161
Receivables	5	434,717	150,867
Held-to-maturity investments			
– fixed interest securities	6	37,242	68,585
		2,272,437	7,437,613
Financial liabilities			
Trade and other payables	9	230,349	777,824

Financial risk management policies

The board members' risk management strategy seeks to assist the Association in meeting its financial targets whilst minimising potential adverse effects on financial performance. Risk management policies are approved and reviewed by the board on a regular basis. These include credit risk policies and future cash flow requirements. Specific financial risk exposures and management

The main risks the Association is exposed to through its financial instruments are interest rate risk, liquidity risk and credit risk.

(a) Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at reporting date whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments.

(b) Liquidity risk

Liquidity risk arises from the possibility that the Association might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The Association manages this risk through the following mechanisms:

- preparing forward looking cash flow analysis in relation to its operational, investing and financing activities;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets;
- investing cash only with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

The table below reflects an undiscounted contractual maturity analysis for financial liabilities. Cash flows realised from financial assets reflect the board members' expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed. The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates.

Financial liability and financial asset maturity analysis

	Within 1 year \$	1 to 5 years \$	Over 5 years \$	Total contractual cash flow \$
2009				
Financial liabilities due for payment				
Trade and other payables (excluding estimated annual leave and grants & income in advance)	230,349	—	—	230,349
Total expected outflows	230,349	—	—	230,349
Financial assets - cash flows realisable				
Cash and cash equivalents	1,800,478	—	—	1,800,478
Trade and other receivables	434,717	—	—	434,717
Other investments	37,242	—	—	37,242
Total anticipated inflows	2,272,437	—	—	2,272,437
Net (outflow)/inflow on financial instruments	2,042,088	—	—	2,042,088
2008				
Financial liabilities due for payment				
Trade and other payables (excluding estimated annual leave and grants & income in advance)	777,824	—	—	777,824
Total expected outflows	777,824	—	—	777,824
Financial assets - cash flows realisable				
Cash and cash equivalents	7,218,161	—	—	7,218,161
Trade and other receivables	150,867	—	—	150,867
Other investments	68,585	—	—	68,585
Total anticipated inflows	7,437,613	—	—	7,437,613
Net (outflow)/inflow on financial instruments	(6,659,789)	—	—	(6,659,789)

(c) Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counter parties of contract obligations that could lead to a financial loss to the Association.

Credit risk is managed through the maintenance of procedures ensuring to the extent possible, that customers and counter parties to transactions are of sound credit worthiness. Such monitoring is used in assessing receivables for impairment. Credit terms are generally 30 days from the invoice date.

Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating.

Credit risk exposures

The maximum exposure to credit risk by class of recognised financial assets at balance date is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the balance sheet.

Trade and other receivables that are neither past due or impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed in Note 5. The Association does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the Association. The trade receivables balance at 30th June 2009 and 30th June 2008 do not include any counter parties with external credit ratings. Customers are assessed for credit worthiness using the criteria detailed above. Credit risk related to balances with banks and other financial institutions is managed by the board members' in accordance with approved Board policy.

Net fair values

Fair value estimation

The fair values of the financial assets and financial liabilities approximate their carrying values as presented in the balance sheet and in the notes to the financial statements. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Fair values derived maybe based on information that is estimated or subject to judgment, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgment and the assumptions have been detailed below. Differences between fair values and carrying values of financial instruments with fixed interest rates are due to the change in discount rates being applied by the market since their initial recognition by the Association. Most of these instruments which are carried at amortised cost are to be held until maturity and therefore the net fair value figures calculated bear little relevance to the Association. The fair values of financial assets and financial liabilities as disclosed in the balance sheet and in the notes to the financial statements have been determined based on the following methodologies: Cash and cash equivalents, trade and other receivables and trade and other payables are short-term instruments in nature whose carrying value is equivalent to fair value. Trade and other payables exclude amounts provided for relating to annual leave and grants & income in advance which are not considered to be financial instruments.

Sensitivity analysis

The following table illustrates sensitivities to the Association's exposure to changes in interest rates. The table indicates the impact on how the surplus reported at balance sheet date would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

Surplus

Note	2009 \$	2008 \$
+/- 2% in interest rates	+/-36,000	+/-145,000
Members' funds		
+/- 2% in interest rates	+/-36,000	+/-145,000

The above interest rate sensitivity analysis has been performed on the assumption that all other variables remain unchanged.

NOTE 18 CAPITAL MANAGEMENT

The board members of the Association control the capital of the Association to ensure that adequate cash flows are generated to fund its operations and that returns from investments are maximised. The Board ensures that the overall risk management strategy is in line with this objective.

Risk management policies are approved and reviewed by the Board on a regular basis. These include credit risk policies and future cash flow requirements.

The Association's capital consists of financial liabilities, supported by financial assets.

The board members of the Association effectively manage the Association's capital by assessing the Association's financial risks and responding to changes in these risks and in the market. These responses may include the consideration of debt levels.

There have been no changes to the strategy adopted to control the capital of the Association since the previous year. This strategy is to ensure that there is sufficient cash to meet trade and other payables. The Association is working to compile an Investment Policy to assist with the management of capital.

The gearing ratios for the year ended 30th June 2009 and 30th June 2008 are as follows:

	Note	2009	2008
		\$	\$
Total borrowings		—	—
Less cash and cash equivalents	4	(1,800,478)	(7,218,161)
Net debt		(1,800,478)	(7,218,161)
Total equity		1,054,695	732,140
Total capital		(745,783)	(6,486,021)
Gearing ratio		—	—

NOTE 19 ASSOCIATION DETAILS

The principal place of business of the association is:

Mental Health Council of Australia Incorporated
 ALIA House
 1st Floor, 9-11 Napier Close
 Deakin ACT 2600

