



Mental Health
Council of Australia



Annual Report

2012-13

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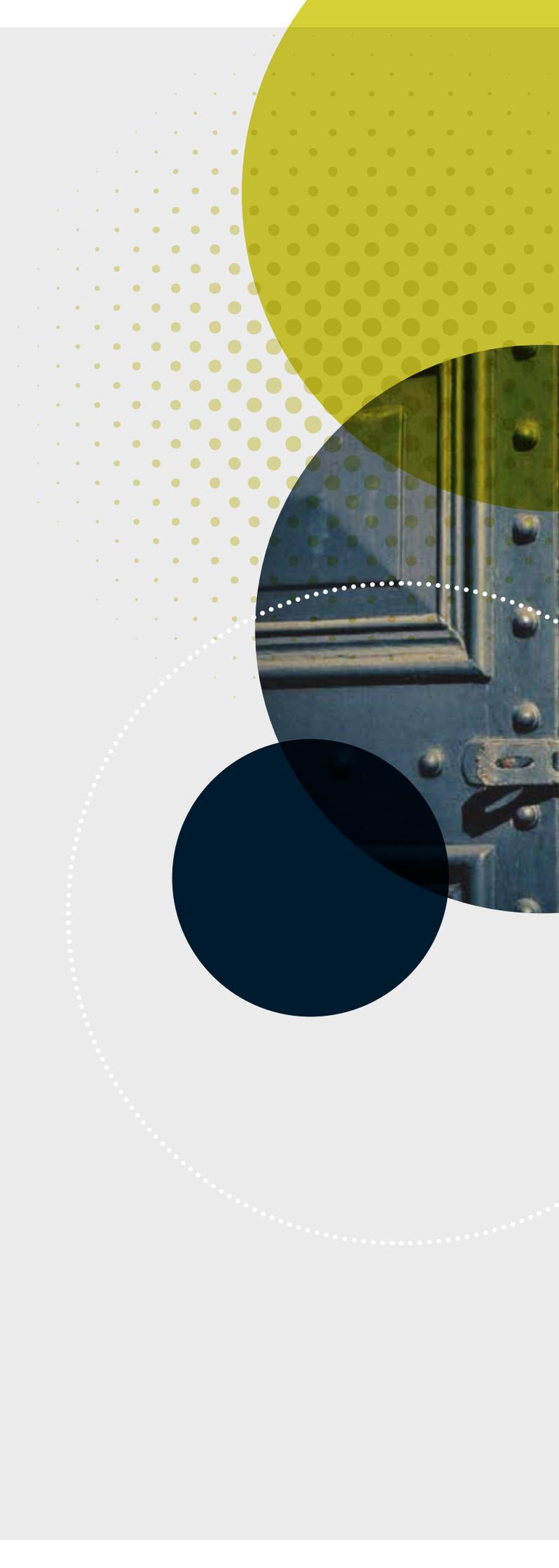
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Who we are

The 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 achieve better mental health in Australia through strategic engagement in policy, practice and research.

Our principles

1. Equity and social justice
2. Inclusiveness and collaboration
3. Integrity and diligence
4. Responsiveness to need
5. Tolerance and understanding of diversity
6. Professional competence



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A big year behind us, a big year ahead...



*From the
Chair & CEO:*

*Welcome to the
2012-13 Annual
Report for the MHCA*

*This year has seen a
number of challenging
changes within the
mental health sector,
many with far reaching
implications for
our members and
Australians living
with a mental illness
and their carers.*

To begin on the home front, the MHCA is reaching the end of its current strategic plan. In the pages of this report, you will see the range of projects that have been achieved against this strategic framework. All in all, we are very pleased with our achievements over the past four years. However, even as we go to print, we are working to assess what has, and hasn't, been achieved, and what we will need to focus on for the next period of strategic activity.

One thing we can reveal, even at this early stage, is that the MHCA will be focussing its resources on helping to design and implement the best mental health system in the world, for Australia.

This can only be achieved through significant reform of the current mental health system; reform already underway thanks to much of the hard work this past year.

Successes for 2012-13

This financial year has seen a period of ongoing consultation with the mental health sector and beyond. A serious focus for the organisation during 2012-13 has been working closely with governments and the sector on a number of important and meaningful issues.

MHCA undertook broad nation-wide consultations as part of our work developing national targets and indicators for good mental health, in partnership with the National Mental Health Commission (NMHC). In addition, our sector's collaborative approach to lobbying has achieved some real success in having mental illness recognised as part of the National Disability Insurance Scheme (NDIS). These achievements will lead to real outcomes for people who live with mental illness every day.

Our work with consumers and carers expanded in 2012-13, with a number of important workshops and consultations. We continued our work on creating a consumer peak organisation, due to be launched in 2014, as well as our ongoing commitment to the National Mental Health Consumer and Carer Forum (NMHCCF) and the National Register of Consumer and Carer Representatives. This work ensures a level of inclusiveness and representation from those who matter most to us.

This year we also broadened our program of undertaking submissions, publications and media activity, informing government and the public of the work of the sector. We also ran another successful World Mental Health Day campaign, and ramped up our work to end unfair practices in insurance. Through this, we continue to inform the policy debate, while working to address the ongoing issues of stigma and discrimination.

Sadly, this year we also farewelled our long serving Board Chair, The Hon Rob Knowles. Rob's outstanding commitment and contribution to both the MHCA and to the mental health sector as a whole has been incredible. We will miss his sage wisdom and guidance.

Priorities for the future

2013-14 will see the MHCA working hard to continue our push for long term commitment to mental health reform. We want to move the focus from looking inward, to a sector that acknowledges and seeks the input of the broader community.

We want to continue our work with the housing, education and employment sectors, amongst others, to ensure we are working toward creating the best possible mental health system for the people of Australia.

This work includes an ongoing focus on consumers and carers.

It also includes more work on NDIS, insurance discrimination, and targets and indicators, and more work on activity based funding arrangements between the states and the commonwealth, a largely unnoticed part of major mental health reform. Our continued work on reducing stigma and discrimination, connecting communities and encouraging help seeking is far from done.

As always, we look forward to collaborating with our members and stakeholders to ensure we have the best knowledge base possible, and the resources we need to keep this important reform going.

A busy time ahead for us all.



Jennifer Westacott
Board Chair



Frank Quinlan
Chief Executive Officer

Audit & Compliance Committee Report

The MHCA's Audited Financial Statements for the year ended 30 June 2013 have been finalised and are available for download at mhca.org.au.

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 2013 financial year, total revenue was \$4,148,890 and total expenditure was \$4,104,513, compared to revenue of \$3,101,497 and expenditure of \$2,837,572 for the 2012 financial year. The result was a surplus of \$44,377 (2012 surplus \$263,925).

As at 30 June 2013, the Council's total assets were \$3,151,845 (2012 \$3,371,454) and total liabilities were \$1,368,398 (2012 \$1,632,384). Total Equity was \$1,783,447 (2012 \$1,739,070), represented by working capital of \$1,526,578 (2012 \$1,555,676), Grace Groom Memorial Foundation funds of \$35,978 (2012 \$35,072), Property, Plant and Equipment of \$238,807 (2012 \$161,882), and non-current liabilities (provision for employee entitlements) of \$17,916 (2012 \$13,560).

In the 2013 financial year, operating grants received of \$3,826,591 (2012 \$2,769,001) represented 92% (2012 89%) of the total revenue received. These funds were received from the Department of Health & Ageing;

the Department of Families, Housing, Community Services and Indigenous Affairs; the NMHC; the Pharma Collaboration; and state governments supporting the National Mental Health Consumer and Carer Forum to undertake contracted activities. These funds were expended to achieve the outcomes required in the various contracts. A further \$60,722 was invested by the Council in undertaking the State Consultation Workshops.

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.

Arthur Papakotsias

Chair, Audit and
Compliance Committee

Our Strategic Framework

The following strategic priorities are drawn from the MHCA Strategic Plan 2010-2013. The strategic plan is divided into six key areas of achievement with twelve measurable outcomes. A new strategic planning framework for the period 2014-2016 is currently being formulated.

Priorities	Measurable Outcomes
<p>Priority 1 <i>Achieves Real Outcomes</i></p> <p>To be an effective national peak body achieving real outcomes for people affected by mental illness, members and the broader community</p>	<ul style="list-style-type: none"> vii. The number of changes in mental health policy as a consequence of MHCA action and advocacy including adoption by government and other groups of MHCA recommendations viii. Increased level of resources allocated in the areas the MHCA has advocated for including government budget allocations to services, research and monitoring of mental health programs and services ix. Increased level of consumers and carers in mental health research, policy and service provision
<p>Priority 2 <i>Collaborative Engagement</i></p> <p>To be a collaborative organisation that is actively engaged in strategic partnerships and alliances</p>	<ul style="list-style-type: none"> x. Number of times the MHCA participates in government forums to advance mental health xi. Number of MHCA initiated linkages with government, business and other peak bodies which result in change in mental health policy and practice
<p>Priority 3 <i>Accountability</i></p> <p>To be an accountable organisation that monitors and publicly reports performance</p>	<ul style="list-style-type: none"> xii. Biennial, independent audit of Board performance and demonstration of organisational compliance with all statutory requirements including appropriate risk/opportunity management practices xiii. Annual public reporting against strategic goals
<p>Priority 4 <i>Representative and Inclusive</i></p> <p>To be an organisation that is both representative and inclusive of members</p>	<ul style="list-style-type: none"> xiv. Increase in diversity of the membership and level of participation in membership activities including policy forums, Annual General Meetings and ongoing policy input
<p>Priority 5 <i>Sustainable Organisation</i></p> <p>To be an organisation that has the capacity to fulfill its mission and objectives</p>	<ul style="list-style-type: none"> xv. The MHCA has an increasingly diversified financial base with reserves that would enable the organisation to implement the strategic plan for a period of 12 months without receiving any income xvi. The MHCA is an Equal Opportunity employer that demonstrates the capacity to attract and retain high quality, well qualified staff
<p>Priority 6 <i>Credibility</i></p> <p>To be an organisation that is respected as a credible and influential advocate</p>	<ul style="list-style-type: none"> xvii. The level to which the MHCA is an active participant in key policy making bodies at a national level xviii. The level to which MHCA views and recommendations are reported and discussed both at a public level (media) and in relation to relevant policy

Policy & Projects

The MHCA has continued to build on its leadership role in the mental health sector with a number of high profile advocacy projects achieving success in 2012-13. The organisation's collaborative approach to lobbying resulted in psychosocial disability being recognised as part of the NDIS and the development of national targets and indicators for good mental health will lead to better outcomes for people affected by mental illness as well as their families. The following section details the key achievements in this area throughout the year.

Major Projects

National Disability Insurance Scheme

This work contributes to strategic priorities 1, 2 and 6

The MHCA has been a conduit for the exchange of information between Government and the broader mental health sector about the NDIS, or DisabilityCare Australia (DCA).

In addition, the MHCA has been actively involved in liaising with and lobbying Government in relation to the design and delivery of the scheme and, in particular, access and eligibility for people with psychosocial disability.

Some of this work was supported by funding from the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) who sought specific input on the development of the NDIS rules.

As well as making written submissions, our advocacy and lobbying included responses to requests for input in relation to the scheme and direct liaison with Departmental, Ministerial and Transition Agency Staff.

The MHCA foresees an ongoing role in building the capacity of the mental health sector and in particular mental health consumers and carers to participate to the fullest extent possible in the scheme.

It will be important to ensure that we have sufficient information to assist consumer and carer organisations and services supporting people with psychosocial disability to understand the eligibility criteria and the types of services and supports they can reasonably expect DCA to fund should they be deemed eligible for an individualised package of support through DCA.

Targets and Indicators Project – driving mental health reform

This work contributes to strategic priorities 1, 2, 4 and 6

Following the inaugural CONGO meeting in October 2012, the NMHC worked with the MHCA to undertake a series of consultations across the mental health and social services sectors to gather views on the most appropriate targets and indicators to drive long-term mental health reform.

In April and May 2013, the MHCA convened consultations with more than 400 stakeholders including members and consumer and carer representatives. Feedback from these consultations was used to present a list of key targets and indicators with the backing of the non-government mental health sector to the NMHC, which is acting as secretariat for an Expert Reference Group tasked with providing an indicative set of targets and indicators to the Council of Australian Governments.

The final report on the MHCA consultations on targets and indicators to drive mental health reform was submitted to the NMHC in June 2013 and is available to download from mhca.org.au.

MHCA Pharma Collaboration

This work contributes to strategic priorities 2 and 5

The MHCA Pharma Collaboration provides an opportunity for the sector to maintain a relationship with the medicines industry. Partners in 2012-13 were AstraZeneca Australia Pty Ltd; Eli Lilly Australia Pty Ltd.; Janssen-Cilag Australia Pty Ltd; Lundbeck Australia Pty Ltd; Pfizer Australia Pty Ltd.; Servier Australia Pty Ltd.; and Medicines Australia (the peak body for the prescription medicines sector).

The Pharma Collaboration agreed on a work plan covering:

- Provision of consumer and carer support to attend World Mental Health Day activities
- Engagement with Aboriginal and Torres Strait Islander leaders and the development of a publication on mental health and drug and alcohol comorbidity
- Data analysis and reporting on a survey of mental health practitioners' experiences of shared decision making.

The Pharma Collaboration generously supports other activities undertaken by the MHCA, including World Mental Health Day.

Carer Engagement Project

This work contributes to strategic priorities 1 and 6

Through funding from FaHCSIA, the MHCA completed the Carer Engagement Project, with a particular focus in the 2012 survey on Indigenous, Culturally and Linguistically Diverse (CALD) communities and young carers.

The Mental Health Carers Report 2012 was launched by the Hon. Mark Butler (then Minister for Mental Health and Ageing) and the Hon. Jan McLucas (then Parliamentary Secretary for Mental Health and Ageing), and drew on the findings from consultations that were held across Australia in 2012. The report provides a valuable insight into the experiences and the lives of some of the most dedicated, yet vulnerable members of the community: people who regularly care for someone with a mental illness.

Insurance

Discrimination Project

This work contributes to strategic priorities 1, 2 and 6

The MHCA and beyondblue are continuing to work together to reduce discrimination against people with experience of mental illness in their dealings with insurance.

Despite our concerted engagement with insurance sector representatives and other stakeholders for over ten years, improvements in this area have been slow.

The MHCA is now targeting its efforts towards awareness-raising activities, to encourage consumers to come forward with their experiences of mental illness and insurance.

The MHCA is considering what legal options might be available in this area. We have engaged Herbert Smith Freehills, which is assisting on a pro bono basis. We have also partnered with the Public Interest Advocacy Centre, which is offering free legal advice and, where appropriate, representation to consumers who may have experienced unlawful discrimination by insurers on the basis of mental illness.

Other streams of work are continuing, including the MHCA's ongoing liaison with industry, parliamentarians, ministerial offices and policy makers. The MHCA made joint submissions with beyondblue to Treasury on unfair contract provisions in general insurance, and to the Senate Inquiry into the draft Human Rights and Anti-Discrimination Bill 2012, to which both organisations gave evidence in person. We have pushed for a number of specific improvements, including training for insurance providers and underwriters and an independent inquiry into the actuarial basis for insurers' decisions with respect to mental illness.

Consultations & Forums

Focus on Carers

This work contributes to strategic priorities 1, 2, 4 and 6

In July 2012, the MHCA conducted a series of workshops with key mental health carer stakeholder representatives to seek their input to the expansion of FaHCSIA's Mental Health Respite: Carer Support Program.

As part of the National Mental Health Reforms announced in the 2011-12 Federal Budget, the Commonwealth allocated \$54.3 million over five years to expand mental health respite and carer support services to give approximately 1,100 families and carers of people with mental illness greater access to flexible respite and support services.

More than 90 mental health carers and respite service providers from across Australia attended workshops on 2 July 2012 (mental health carers) and 9 July 2012 (respite services) to discuss and inform decisions about how the key strengths of the current mental health carer support program could be carried forward into new and expanded services.

Council of Non-Government Organisations (CONGO) on Mental Health

This work contributes to strategic priorities 1, 2, 4 and 6

On 9 October 2012, the MHCA and the NMHC hosted Australia's inaugural CONGO on Mental Health in Canberra.

The aim of the CONGO was to bring together senior representatives from leading organisations across the mental health, employment, housing and social welfare sectors to discuss how Australia's non-government organisations can foster a better integrated, better coordinated response to mental health.

The gathering committed to establishing a national vision for Australia to lead the world in mental health by 2022, so that within 10 years Australia is acknowledged internationally as a world leader in mental health services, programs, and outcomes.

This led to a letter to COAG urging governments to set real and measurable targets for national mental health reform. The focus of the letter was on the Roadmap for National Mental Health Reform and outlined a range of measurable targets supported by more than 70 mental health advocates and organisations.

On 21 May 2013, the MHCA convened the second meeting of the CONGO. The focus of the second meeting was to develop a set of priority domains, targets and indicators that, if adopted by COAG, would drive mental health reform for the benefit of consumers and carers over the next decade.

The establishment of the CONGO and the high level of engagement with its ongoing work by members and other stakeholders demonstrate the degree to which the broader community sector shares a vision for long-term mental health reform.

The report on the outcomes from the CONGO workshop is available to download from mhca.org.au.

Member Policy Forum

This work contributes to strategic priorities 2 and 4

The MHCA convened two Member Policy Forums over the course of the 2012-13 financial year, the first of which was held in October 2012 and the second in May 2013.

The forums provide the MHCA with an opportunity to inform our members about key mental health policy issues affecting the sector and give members an opportunity to discuss the current state of the mental health sector.

State and Territory Consultation Workshops

This work contributes to strategic priorities 2, 4 and 6

The MHCA has run many consultations across the sector over the past year, which in turn provides us with a way to feed member perspectives into government decision-making.

In April 2013, the MHCA held consultation workshops in every State and Territory. A total of 401 members and stakeholders attended.

The workshops provided an opportunity for the MHCA to inform attendees about the work of the organisation over the past 12 months as well as the current national policy environment.

In addition we used the workshops to ascertain from participants:

- Priorities for mental health policy in the context of the 2013 Federal election.
- Issues that members and stakeholders want the MHCA to prioritise through our advocacy, lobbying and policy efforts over the next 12 months.
- Indicators and targets to drive mental health reform for the benefit of consumers and carers and lead to measurable improvements in whole-of-life outcomes over the next ten years.
- The most important issues and challenges that the MHCA should work to address in the mental health space.

A copy of the key findings from the consultations is available to download from mhca.org.au.

1 in 5

*Australians
will experience
mental illness
this year*



Submissions

This work contributes to strategic priorities 1, 2, 4 and 6

The following submissions were completed by the MHCA during the year. All submissions can be downloaded from mhca.org.au

August 2012

Submission on the 2nd Consultation Draft National Recovery Framework

The MHCA applauds the Safety and Quality Partnership Subcommittee's recognition of the role of recovery as critical to better mental health services and encourages an organisational learning approach and the establishment of a national strategy.

August 2012

Submission on the Homelessness Bill 2012 Exposure Draft Consultation 2012

The MHCA strongly supports initiatives to further the interests of Australia's most vulnerable people. There are few groups more marginalised than people with mental illness who are homeless or at risk of homelessness.

September 2012

Submission on the National Preventative Health Research Strategy Consultation 2012

In this submission the MHCA argues that the burden of disease and cost to the economy from both mental illness and co-occurring physical health conditions cannot be ignored and recommends that the National Preventative Health Agency identify the prevention of mental illness as an issue of growing importance and include it as a research priority.

October 2012

Submission to the preparation of the ACCC Report to the Senate on Private Health Insurance 2012

In this submission to the Australian Competition and Consumer Commission (ACCC) regarding private health insurance, the MHCA has highlighted a number of issues that have the potential to disadvantage mental health consumers, carers and allied health professionals.

October 2012

Submission on NDIS eligibility and reasonable and necessary support 2012

The second consultation draft has significantly clarified the framework's purpose and provides greater clarity around recovery models and the translation of recovery principles into action by mental health services.

January 2013

Submission to the Senate Inquiry into the draft Human Rights and Anti-Discrimination Bill 2012

This joint submission by MHCA and beyondblue draws attention to the negative experiences of people with a mental illness who try to access insurance and proposes amendments to the Bill to ensure that insurers who are granted an exemption from anti-discrimination law are held accountable.

February 2013

Improving the Employment Participation of People with a Disability in Australia

In December 2012 the Department of Employment Education and Workplace Relations sought input on their discussion paper “Improving the employment participation of people with a disability in Australia”. The MHCA made this submission on the discussion paper.

February 2013

Submission to the National Disability Scheme Joint Taskforce Consultation Regulation Impact Statement National Disability Insurance Scheme

Input from the MHCA to the COAG National Disability Joint Taskforce on the regulatory impact of the NDIS launch.

February 2013

Submission to the Senate Community Affairs Legislation Committee Inquiry into the NDIS Bill 2012

During December 2012 the Bill to establish the National Disability Insurance Scheme Launch Transition Agency was tabled in Parliament. Public comment was sought by the Senate Community Affairs Legislation Committee and the MHCA made this submission with input from its NDIS Special Interest Advisory Group.

March 2013

Submission on the NDIS Rules

This submission on the draft Rules to support the NDIS Bill 2012 outlines the MHCA concerns that the needs of many people with psychosocial disability and other episodic conditions will be ignored under the proposed provisions.

May 2013

Submission to the Senate Inquiry into Care and Management of Behavioural and Psychiatric Symptoms of Dementia

This submission highlights the MHCA concern about the availability and quality of mental health support for older people particularly in aged care and acute settings. The MHCA believes that all governments should better protect the rights of older people and those with dementia by providing better access to appropriate mental health service support in the primary health, acute and aged care settings.

Committees, Reference Groups & Working Groups

**This work contributes to
strategic priorities 1, 2 and 6**

The MHCA was represented on the following committees, reference groups and working groups:

- Department of Human Services (Service Delivery Advisory Group)
- Department of Human Services Mental Health Working Group
- Department of Human Services Council on Strategy and Innovation
- Expert Reference Group on Mental Health Reform
- FaHCSIA Disability Support Pension (DSP) Advisory Group
- Health Workforce Australia Standing Advisory Committee for NGO and Private Sector
- Health Workforce Australia Mental Health Workforce Reform Program
- Homelessness Australia/ BeyondBlue Project Reference Group
- Insurance Reform Advisory Group Working Group
- Jobs Australia 2015 Project Steering Committee
- Mental Health Information & Strategy Standing Committee
- Safety and Quality Partnership Standing Committee
- NDIS Expert Group on Eligibility and Assessment
- Mindframe National Communication Managers Group
- National Mental Health Commission Messaging Sub Group



Consumer & Carer Programs

The MHCA's work with consumers and carers expanded in 2012-13, with a number of important workshops and consultations. Work on the creation of a mental health consumer peak organisation continued as did our commitment to the National Mental Health Consumer and Carer Forum and the National Register of Consumer and Carer Representatives. This critical area of work ensures a level of inclusiveness and representation from those who matter most to us.

National Mental Health Consumer Organisation Establishment Project

This work contributes to strategic priorities 1 and 2

The project to establish the new national mental health consumer organisation commenced in July 2012. The project has been funded until September 2014.

Governed by, and for, people with lived experience of mental health issues, the new organisation will have an inclusive and diverse membership. The focus of the new organisation will be on human rights and social justice approaches to mental health consumer issues and interests.

The MHCA and the Consumer Reference Group (CRG) are working together to develop the foundations and good governance for the new organisation. These foundations will support a sustainable, independent national mental health consumer organisation in the long term.

The CRG and MHCA met in August and November 2012, and February and May 2013.

A governance expert is providing advice on good governance and has begun drafting the constitution for the new organisation, with advice from the CRG and MHCA. The MHCA Board has endorsed the first recommendation from the CRG, that the new organisation be a company limited by guarantee. The CRG are currently considering charity type, along with membership and Board structures.

Interest in the project continues to grow via the online registered interest list, which currently stands at 520 people. Members of the registered interest list receive updates and are advised of opportunities to be involved in the project.

In 2012-13 this included stakeholder surveys on engaging hard to reach and marginalised groups, and vision and mission statements for the new organisation. Information about the project, including updates and the results of both surveys, is available on the project website

mhconsumer.org.au.

A communications expert is currently developing an engagement and communication strategy for the project. The strategy will be completed in August 2013 and include recommendations for processes to improve linkages, communications and engagement with stakeholders, and promote inclusion in every stage of the project.

National Mental Health Consumer and Carer Forum

This work contributes to strategic priorities 1 and 2

The NMHCCF is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia. The NMHCCF 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 reform.

Membership of the NMHCCF comprises one consumer representative and one carer representative nominated by each state/territory government and representatives from seven national health consumer and carer organisations. During 2012-13 one CALD representative and one Aboriginal and Torres Strait Islander (ATSI) representative were involved in NMHCCF meetings and activities.

The NMHCCF met in September and November 2012, and in March and June 2013. Memoranda of Understanding were signed with the MHCA and the NMHC.

NMHCCF submissions were made to the following consultations:

- Draft Proposal for Reducing the Use of Restrictive Practices in the Disability Service Sector
- National Summit on Addressing the Premature Death of People with Mental Illness
- National Carer Strategy Implementation and Action Plan Consultation Drafts
- Second Consultation Draft National Recovery-Oriented Mental Health Practice Framework

The NMHCCF Strategic Directions 2012-2015 document (Forward Plan) was revised and endorsed in March 2013.

All NMHCCF publications and submissions are available at nmhccf.org.au

National Register of Consumer and Carer Representatives

This work contributes to strategic priorities 1 and 2

The National Register is made up of 60 mental health consumer and carer representatives from around Australia. Members provide expertise to organisations requiring consumer and carer representatives who can work effectively at the national level.

During 2012-13 the consumer and carer selection panel (NMHCCF Co-Chairs and the consumer and carer representatives on the MHCA Board) selected representatives from the NMHCCF and National Register for 32 consumer and 32 carer representative positions across national mental health reform, health workforce development and mental health service planning initiatives.

Joint National Register/ NMHCCF Workshops and Forums

This work contributes to strategic priorities 1, 2, 4 and 6

Throughout the year NMHCCF members participated in the following forums:

Rights, Disability and Mental Health Forum on 30 November 2012, attended by 39 mental health consumers and carers. The purpose of this forum was for participants to learn about the UN Convention on the Rights of Persons with a Disability (CRPD) and discuss the opportunities for linkages between the disability and mental health sectors.

Indicators and Targets to Drive Mental Health Reform Workshop on 6 May 2013. This workshop was co-hosted by the MHCA and the NMHC to discuss appropriate indicators and targets to monitor the success of mental health reform in Australia.

National Mental Health Commission Participation and Engagement Workshop on 7 May 2013. This workshop was also co-hosted by MHCA and NMHC to discuss the development of a NMHC Participation and Engagement Framework.

Annual National Register and NMHCCF Issues Forum/Workshop on 16-17 May 2013, attended by 50 mental health consumers and carers. The focus of the workshop was on rights and recovery and using this to shape consumer and carer advocacy efforts.

Carers Roundtable

This work contributes to strategic priorities 1, 2, 4 and 6

Carers Australia and the MHCA co-hosted a mental health carers roundtable on 27 March 2013.

Participants included representatives from Carers Australia, MHCA, NMHCCF, Mental Health Carers Arafmi Australia, Mental Health in Multicultural Australia (MHiMA), beyondblue, Victorian Mental Health Carers Network (VMHCN), Private Mental Health Consumer and Carer Network (PMHCCN) and COPMI national initiative.

The meeting provided an opportunity for mental health carers and carer organisations to discuss issues of national importance and consider how to collaboratively strengthen the national carer voice.

The group agreed that they would work together to develop a strong national representative mental health carer voice that ensures mental health carers have a voice in national reform.

Communications

In 2012-13 the Board invested in a communications team to improve both internal and external communications, with an eye on increasing the membership, engaging with consumers and carers and raising the profile of mental health in Australia.

The team consists of the new Director of Communications, an Online Manager who is responsible for the MHCA's digital footprint; a Communications and Stakeholder Manager, looking after internal communications and stakeholder strategy; and a Communications Coordinator who will primarily be delivering public relations including the annual World Mental Health Day (WMHD) campaign.

Redevelopment of the MHCA website and membership database

This work contributes to strategic priority 6

The communications team is redeveloping the MHCA website and membership database as a result of findings of a strategic communications audit undertaken in early 2013.

The new MHCA website and membership database aim to manage all stakeholder requirements, as well as increase traffic to the MHCA website through improved navigation and architecture, and advanced communications tools.

The communications team has undertaken a detailed assessment of MHCA's online content and is in production of a new website which will include features such as polling, surveys, social media integration and improved communication tools. In May, MHCA staff participated in training for the new website and membership database.

Throughout the year, the team also continued to manage the existing MHCA websites, as well as social media tools. The organisation's following on social media (Twitter and Facebook) continued to grow throughout the financial year with 2000 Twitter followers in June 2013 (an increase of 1300), and 4000 "likes" featuring on MHCA Facebook page.



World Mental Health Day Campaign

This work contributes to strategic priorities 1, 2 and 6

Each year, as part of our strategic emphasis on raising awareness of mental health in Australia, the MHCA is funded by the Department of Health and Ageing to deliver a campaign that marks World Mental Health Day.

New activities and an increased emphasis on social media in 2012 saw the campaign expand significantly over previous years, both in audience reach and event attendance.

A major revision of campaign materials and messages, based on a new round of focus testing with audiences (including mental health consumers and carers), saw a shift in emphasis to a more positive and inclusive suite of messages for campaign materials and media activity.

Highlights of the 2012 campaign included:

- **Launch of WMHD and campaign resources** by then Minister for Mental Health, the Hon Mark Butler MP, at Australian Parliament House.
- **Radio Community Service Announcements (CSAs)** through the Austereo network featuring MHCA Patrons promoting key messages. Patrons playing an active role in 2012 included Jessica Rowe, Peter Overton, Jonathon Welch and David Galbally QC. Actress Samara Weaving also recorded a CSA and supported the campaign as a Youth Ambassador.
- **The development of a new website, 1010.org.au**, in August-September 2012 dedicated to WMHD. This website included an events map developed in collaboration with the NMHC. This site went live in mid-September and had more than 18,000 visits during the campaign, including 4,000 visits of the events map and 2,936 visits over the month for the photography competition.
- **Targeted social media presence.** The MHCA actively sought social media participation from well-known figures inviting them to participate in the national conversation about mental health. This was a successful approach with contributions from our Youth Ambassador Samara Weaving (22,000 followers) and key parliamentarians from all major parties. Using the hashtag #wmhd2012, the MHCA reached in excess of one million people with WMHD messages for the first time. In addition, the MHCA received an increase of 300 followers in the month leading up to WMHD, as well as 192 retweets and 240 mentions of @TheMHCA.
- **Use of other social media tools** for the first time including Soundcloud (audio) and YouTube (video) were integrated into the website. 1010.org.au
- **A national photography competition** was held through Facebook reaching 90,000 to 120,000 users per week during September and October.
- **Billboards** were placed outside Canberra and Sydney airports
- More than **32,000 free Avant Card mini posters** distributed through schools, universities and cafes nationally.
- The annual **Grace Groom Memorial Oration** in Canberra was delivered by Ms Jessica Rowe to an audience of almost 100 MHCA members and friends (including members of Grace's family) who gathered from across Australia to honour Grace's memory and to celebrate Jessica Rowe's journey of hope.
- **Youth advertisements** were published in *S-Press* – Australia's largest circulation student/school publication (more than 90,000 magazines distributed and 5,000 tablet subscribers).
- **National advertisements** were published in a range of magazines and newspapers.
- Almost **500 guests** attended the Canberra and Sydney VIP screenings of the film, *Mental*.





Media Releases

This work contributes to strategic priorities 1, 2 and 6

*The following media statements were released throughout 2012-13.
All media releases can be downloaded from mhca.org.au*

19 September 2012

*New legislation welcomed
by advocates*

The MHCA today welcomed the introduction of Commonwealth legislation to protect the ability of contracted non-government organisations to advocate for better policy and legislation.

9 October 2012

*Historic meeting of non-government
organisations influencing COAG
plans for mental health*

The inaugural meeting of the CONGO on Mental Health will see members of the sector discussing issues and challenges experienced by those designing and delivering mental health policy and services. Measurable action will be high on the agenda as the non-government mental health community comes together formally for the first time on Tuesday 9 October 2012.

10 October 2012

*Mental illness – it's more
common than you think*

One in five people will experience mental illness this year. It's an astounding statistic but one that for too long has not made headlines. Mental illness is more common than you think and it touches people of all ages and from all walks of life. This is what the MHCA addressed in its national campaign for WMHD 2012.

10 October 2012

*Australian Parliament recognises
World Mental Health Day*

The Hon. Mark Butler MP, Minister for Mental Health will join fellow parliamentarians and mental health sector advocates and stakeholders at a breakfast to officially launch WMHD 2012 at Parliament House on 10 October 2012. Attendees will include representatives from across the Australian mental health sector.

22 November 2012

*Mental Health Organisations join
forces to create a better deal on
mental health*

More than ninety mental health and social services organisations have joined forces to review the way services are provided to people affected by mental illness in Australia, following their first ever CONGO on Mental Health meeting in Canberra.

27 November 2012

*MHCA welcomes National
Report Card*

The MHCA has welcomed the release of Australia's first National Report Card on Mental Health and Suicide Prevention.

28 November 2012

Recognition and Respect: Mental Health Carers Report 2012

Recognition and Respect: Mental Health Carers Report 2012 will be officially launched today by the Hon Mark Butler, Minister for Mental Health and Ageing, Senator Jan McLucas, Parliamentary Secretary for Disabilities and Carers and Jackie Crowe, National Mental Health Commissioner, at Parliament House. The report provides an insight into the lives of some of the most dedicated yet vulnerable members of our community: people who regularly care for someone with a mental illness.

6 December 2012

Mental health sector calls COAG to action

The mental health sector has united in its call on COAG to renew its joint commitment to Australia's mental health by setting real and measurable targets for National Mental Health Reform. Without real and measurable targets, the promised Roadmap for Mental Health will fall well short of what the recent National Report Card on Mental Health and Suicide Prevention suggests Australia needs to support what it calls "a contributing life" for those who experience mental illness.

23 January 2013

Have you had a mental illness? Insurance companies don't want to know you

People with a history of mental illness are regularly discriminated against when they apply for insurance. The MHCA has heard many shocking stories of unfair treatment by insurers, who often reject people with mental illness when they try to purchase life

insurance, income protection insurance, total and permanent disability insurance and travel insurance. Claims associated with mental illness are usually explicitly excluded in many insurance policies.

20 February 2013

MHCA welcomes Jennifer Westacott as new Chair

The MHCA is pleased to announce the appointment of Jennifer Westacott as Chair of its Board. Ms Westacott has been Chief Executive Officer at the Business Council of Australia since 2011 and was previously a Senior Partner at KPMG. She has extensive policy experience in both the public and private sectors and has over 20 years' experience in leadership positions in the New South Wales and Victorian Governments, including as Director of Housing and Secretary of Education and Training in Victoria. Ms Westacott led a major review of the NSW Health system in 2000, entitled the Health Council Report. Jennifer was also a Commissioner on the Commonwealth Grants Commission.

14 May 2013

"A stronger economy, a smarter nation and a fairer society" needs a longer term investment in mental health reform

The MHCA has described tonight's federal budget as a missed opportunity to continue to build on much needed investment in mental health reform.

15 May 2013

Answer is care, not fear. Letter published in The Australian, 15 May 2013

Responding to an article published in **The Weekend Australian** magazine, the MHCA joined with the Mental Illness Fellowship of Australia and SANE Australia to set the record straight on the need to destigmatise people living with schizophrenia.

21 May 2013

Experts map future of mental health in Australia - CONGO gathers in Canberra

A gathering of more than 140 experts from the mental health and community sectors are meeting in Canberra to discuss the future of mental health reform in Australia. Hosted by the MHCA and the NMHC, the meeting will focus on outlining the NGO sector's ambitions for improving the lives of people who experience mental illness, and their carers, over the next 10-20 years.

23 May 2013

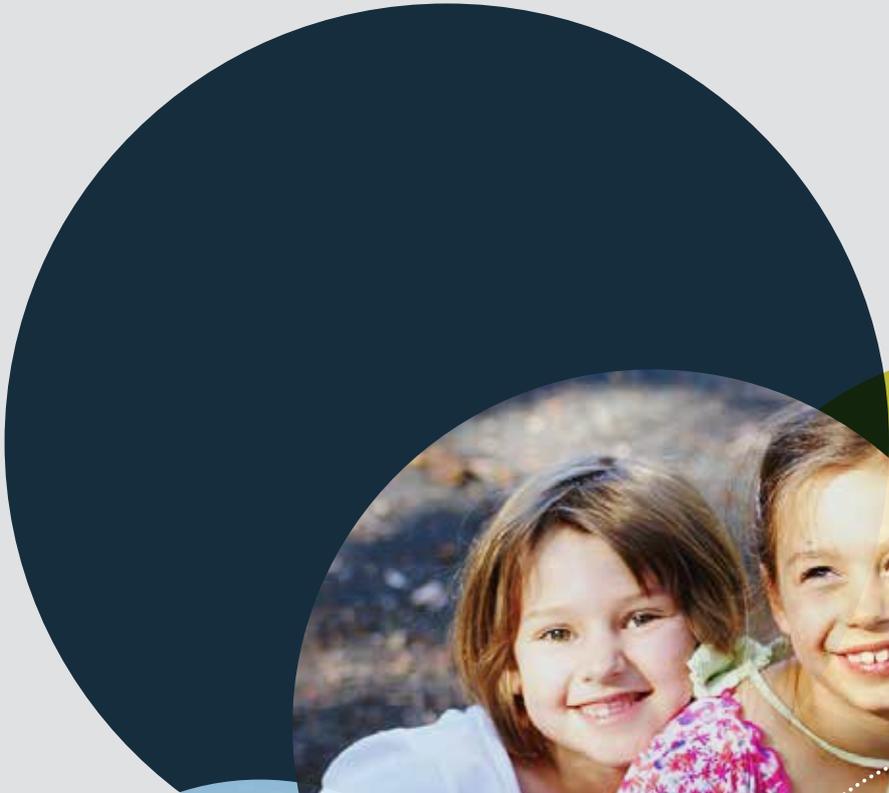
Council applauds Indigenous Suicide Prevention Strategy

The MHCA today welcomed the announcement of the first national whole-of-government suicide prevention strategy for ATSI people.

6 June 2013

Funding will support sector transition

The MHCA has today welcomed the injection of \$440,000 from the Gillard Government to help build the capacity of the mental health sector to transition to DisabilityCare Australia.



Governance

Our governance structure ensures that the Board, staff and member organisations collaborate effectively to support the organisation's purpose of achieving quality mental health for all.

Board

This work contributes to strategic priority 3

The MHCA is governed by a Board of up to ten members. The Board consists of up to eight delegates from the MHCA membership, including a consumer and a carer representative, and an additional two independent members are drawn from outside the MHCA membership.

The Board members in June 2013 were:

Chair Ms Jennifer Westacott

Independent Member

Jennifer Westacott took up the role of Chief Executive at The Business Council of Australia (BCA) in April 2011. Previously, she was a Director and National Lead Partner at KPMG, heading up the firm's Sustainability, Climate Change and Water practice and its NSW State Government practice. Jennifer has extensive policy experience in both the public and private sectors. Jennifer has a Bachelor of Arts (Honours) from the University of New South Wales where she is an Adjunct Professor at the City Research Futures Centre.

She was a Chevening Scholar at the London School of Economics. In October 2012 Jennifer was appointed as a National Fellow of the Institute of Public Administration Australia.

Deputy Chair – Professor Lyn Littlefield

Full member representative

Lyn is the Executive Director of the Australian Psychological Society, which represents the largest mental health workforce in Australia. She is a Registered Psychologist and Member of the Australian Psychological Society Colleges of Clinical, Counselling and Community Psychologists with over 20 years of experience in mental health in hospital and community settings. Lyn has devoted much of this time to attempting to improve mental health services in these contexts.

*Member –
Ms Clare Guilfoyle*

Consumer representative

Clare Guilfoyle is CEO of GROW (Australia). GROW has operated for over 50 years and was established and developed by people living with a mental illness. Clare is committed to promoting consumer leadership and advocates for greater participation by people with experience of mental illness in planning, policy and service delivery. Clare has worked in the health and community sector for over 25 years. Clare has a degree in Science (Nursing) and has experience that extends from the clinical setting, policy development, governance and strategic business development, education and research. Clare's research background is in online health and she has published articles in refereed journals and held an appointment as Honorary Fellow at the Queensland University of Technology where she was involved in post graduate education and curriculum development.

*Member –
Mr Tony Fowke AM*

Carer representative

Tony is the President of Mental Health Carers Arafmi Australia which is the only body that solely represents mental health carers. Tony has been a mental health carer for more than 25 years. Whilst he has retired from active practice as a lawyer he sits on the Mental Health Review Board in Perth and provides pro bono advice on mental health issues. On Australia Day 2003 Tony was appointed to be a Member of the Order of Australia for his role as an advocate for the advancement of mental health services in Australia and to the community. Tony is also a Past President of the World Federation for Mental Health, a role that had never previously been held by a carer.

*Member –
Mr Arthur Papakotsias*

Full member representative

Arthur has just recently celebrated 20 years as the Chief Executive Officer of Neami Limited. Neami is an accredited, national, community based provider of mental health rehabilitation, housing and support services. With a background in Psychiatric Nursing as well as completion of post graduate studies in management at RMIT Melbourne, Arthur is highly experienced with all aspects of management and service delivery of mental health services. Arthur currently sits as a Board member of On The Line in Victoria and is completing a chapter for the Oxford University Press Third Edition of Mental Health in Australia, to be published in 2012. Arthur is a member of the Australian Institute of Company Directors.

*Member –
Dr Caroline Johnson*

Full member representative

Dr Caroline Johnson is a General Practitioner in Melbourne. Her interest in primary mental health care grew out of her experience providing professional development activities for GPs as a medical educator at the RACGP Victorian Faculty from 1996 until 2002. This led to a lecturer position at the Department of General Practice, University of Melbourne, where Caroline has had the opportunity to teach GPs at undergraduate, vocational and postgraduate levels. She is a member of the RACGP National Standing Committee – Quality Care and has represented the RACGP on a variety of committees related to mental health, including the Mental Health Professionals Association. She is currently completing a PhD at the University of Melbourne, researching the monitoring of depression in the GP setting.

*Member –
Mr Geoff Harris*

Full member representative

Geoff is currently the Executive Director of the Mental Health Coalition of SA Inc which is the peak body for mental health in South Australia. With over 15 years of experience working in health and mental health, Geoff has also served on a range of Boards including a previous stint on the MHCA and current roles on the Health Performance Council (SA) and on SACOSS Policy Council. Through previous work in central Australia, Geoff gained an understanding of many of the rural and remote mental health, social and emotional well-being issues.

*Member –
Mr Jack Heath*

Full member representative

Jack Heath is the CEO of SANE Australia, a national charity working for people directly affected by mental illness. Prior to SANE, and following on from the suicide of his 20 year old cousin, Jack founded the Inspire Foundation in 1997 with the idea of using the Internet to prevent youth suicide. Jack was Inspire Australia's Executive Director from 1997 to 2007, Inspire's Global CEO from 2008-09 and Inspire USA's CEO from 2010-11. While working with Inspire USA, Jack was appointed to the Executive Committee of the US National Action Alliance for Suicide Prevention, a position he still holds today. Jack graduated from the University of Melbourne with an Honours Arts/Law degree in 1984. A former diplomat, Jack also served as a senior adviser to both Prime Minister Paul Keating and Foreign Minister Kevin Rudd. He has received a number of awards including a Centenary Medal and Ernst & Young's Australian Social Entrepreneur of the Year in 2007.

*Member –
The Hon Craig Knowles*

Independent member

The Hon Craig Knowles is the former Minister for Health, Planning and Infrastructure, Housing and Natural Resources in the NSW Government. He holds a range of Board and advisory positions as well as serving on a number of not for profit and charitable boards. He is a fellow of the Australian Property Institute.

*Member –
The Hon Rob Knowles*

Full member representative

The Hon. Rob Knowles is the former Member of the Victorian Parliament for 24 years serving as Minister for Health, Aged Care and Housing in the Kennett Government. After leaving Parliament, Rob served as Chair of Food Standards Australia New Zealand from 2002 to 2008. He was a Member of the Australian Government's National Health and Hospital Reform Commission which completed its work in 2009. In addition to holding several Chair and Director positions in a range of organisations, Rob has also been the Chair of the MHCA since 2006, standing down in February 2013. Rob's outstanding contribution to the work of the MHCA is greatly appreciated.

Equity and Workforce Diversity

This work contributes to strategic priorities 3 and 5

The MHCA's commitment to Equal Employment Opportunity (EEO)/Diversity is reflected in its 5 year EEO/Diversity Management Plan. This Plan has been developed to guide programs and actions that identify and remove systemic barriers relating to the participation and promotion in employment of EEO groups.

This new strategic direction builds on our commitment to ensure EEO principles are reflected in the organisation's overall mission to achieve better mental health in Australia through strategic engagement in policy, practice and research.

The strategy places stronger focus on building and supporting engagement at all stages of the employment cycle:

1. Creating a working environment where every employee feels included, valued and respected.
2. Developing an employee and stakeholder base that reflects the community we serve.
3. Attracting, engaging and retaining a workforce committed to our strategic intent.

A number of initiatives were undertaken during the first year of the plan that support our existing strategies for EEO groups. These include:

- Proactive compliance with the Workforce Gender Equality Act 2012 and reporting on the organisation's workforce profile.

- An Equity and Diversity Officer has been appointed to increase the profile of EEO/Diversity across the organisation and to collect qualitative information from employees for diversity planning and input into decision making.
- Equity standards of all employment policies are regularly appraised by HR. Policies are reviewed annually to ensure they match equity standards and reflect the intent and priorities of the organisation's strategic planning framework.
- Flexible work practices are available and regularly communicated to all staff.
- Annual performance review and training plans are in place for all employees to better facilitate skill development and career progression.
- Elements of the recruitment process are regularly diagnosed to identify factors that may contribute to or detract from the goal of EEO representation within the organisation.
- Continued integration of EEO and diversity principles into all employee training, including induction, performance management and leadership development.
- Evaluation of all positions and determination of salary levels using Hay Group's job sizing process. This has allowed the organisation to be more responsive to pay equity laws as the process evaluates jobs (not people) and reduces any potential differences that may have existed in the average earnings of men and women employees.

Workforce Profile Report for reporting period 1 July 2012 to 30 June 2013

Workplace Profile

Occupational	Category	Board	Executive Management	Management	Project/ Policy Officers	Administration Staff	TOTAL
Full time	Female	4	2	2	1	5	14
	Male	6	4		1	1	12
%	Female	40	33	100	50	83	54
Part-time	Female			5	2	2	9
	Male						
%	Female			100	100	100	100
Casual	Female			1			1
	Male				1		1
%	Female			100			50
Total Employees	Female	4	2	8	3	7	24
	Male	6	4		2	1	13
%	Female	40	33	100	60	88	65

Community Service - MHCA



Safety Performance & Employee Health & Wellbeing

This work contributes to strategic priority 5

Safety

The MHCA had another excellent result this year with no lost time injuries or workers compensation claims.

Health in Mind Program

The Health in Mind Program is the MHCA's health promotion program. While its primary goal is to decrease the risk of workplace injuries and improve the overall health of our employees, it extends well beyond the basics of health education. Initiatives include Mental Health First-Aid training, psychological health workshops, ergonomic assessments, a subsidy for health and fitness activities, fully subsidised influenza vaccination, arranged activities on national health observance days, promotional material and support for employees participating in community events and regular health information about general health issues.

Employee Support Programs

The MHCA offers all employees enhanced parental leave benefits and flexibility in balancing work and family responsibilities. MHCA also has an Employee Assistance Program that provides confidential counselling services to employees and their immediate families.

Workplace Relations

The MHCA's workforce has continued to grow to meet the challenges of delivering better mental health in Australia through strategic engagement in policy, practice and research. Most employees are covered by the modern award, Social, Community, Home Care & Disability Services Award 2010 and are paid wages that are based on competitive market rates.

The Management/Staff Consultative Committee continued to meet quarterly throughout the reporting period to consult with each other about matters involving changes to the organisation and performance of work.

Staff

The MHCA's success depends on the experience and dedication of its staff. The team combines skills in business, financial and program management, policy development, planning, accounting, communications and administration.

The MHCA staff as at 30 June 2013 were:

Mr Frank Quinlan
Chief Executive Officer

Ms Melanie Cantwell
Deputy Chief Executive Officer

Mr Josh Fear
Director, Policy and Projects

Ms Kylie Wake
Director, Consumer and Carer Programs

Mr Chris Wagner
Director of Communications

Ms Liz Ruck
Senior Policy Officer

Ms Sarah Morrison
Online Manager

Ms Shelley McKinnon
Corporate Services Manager

Ms Delia Witney
Human Resources Manager

Ms Mardi Savill
Finance Manager

Ms Emily Clay
Policy Officer

Mr Travis Gilbert
Policy Officer

Ms Jodie Fisher
Project Manager – NMHCO

Ms Keah Woodgate
Admin/Project Officer – NMHCO

Ms Kathryn Sequoia
Executive Officer –
NMHCCF and National Register

Ms Kim Harris
Admin/Project Officer –
NMHCCF and National Register

Ms Sue Thompson
Research Officer

Ms Sandra Mortimer
Executive Assistant/
Corporate Support Officer

Ms Amy Waterford
Finance/HR Officer

Ms Anne Nelson
Consultant Chief Financial Officer

Our Supporters

The MHCA is pleased to have the support of eminent Australians who share our vision of quality mental health care for everyone.

Throughout the year our 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.

MHCA Patrons

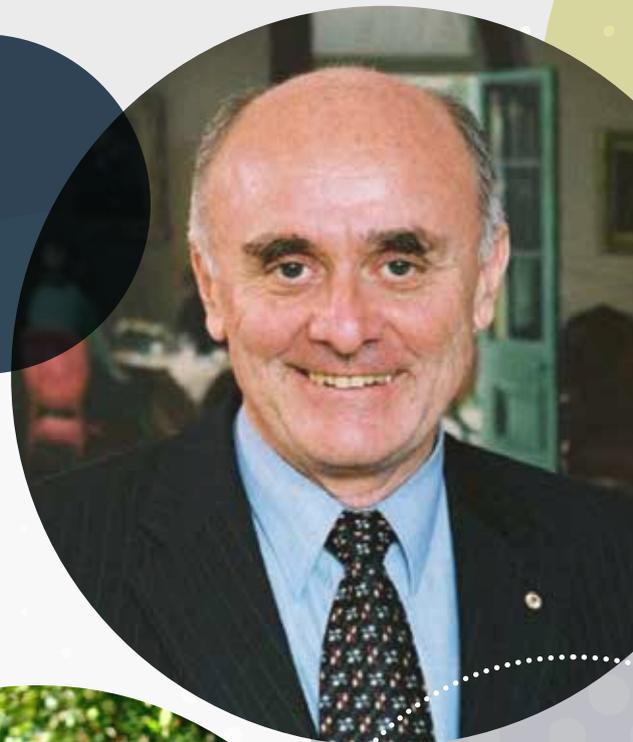
Professor Allan Fels AO

Mr Peter Overton

Ms Jessica Rowe

Mr Jonathan Welch

Mr David Galbally QC





Images

Bottom left:
Mr Peter Overton
& Ms Jessica Rowe

Middle:
Professor Allan Fels AO

Top right:
Mr Jonathan Welch

Bottom right:
Mr David Galbally QC

Members

The MHCA values the support and input received from our member organisations, all of whom play a direct role in achieving our strategic priorities. We would like to acknowledge and thank you for your support.

Full Members

Adults Surviving Child Abuse (ASCA)
Alcohol and other Drugs Council of Australia (ADCA)
Alzheimer's Australia
ANU Centre for Mental Health Research
Australasian Society of Psychiatric Research
Australian Association of Development Disability Medicine
Australian Association of Social Workers
Australian College of Mental Health Nurses
Australian Counselling Association
Australian Infant Child Adolescent and Family Mental Health Association
Australian Medical Association
Australian Psychological Society
Australian Rotary Health
Australian Society of Psychological Medicine
beyondblue
Black Dog Institute
Brain & Mind Research Institute
Carers Australia
Catholic Health Australia
Catholic Social Services Australia
Dietitians Association of Australia
GROW
headspace
Healthscope – The Melbourne Clinic
Inspire Foundation
International Association of Infant Massage, Australia Inc
Lifeline Australia
Mental Health Carers ARAFMI Australia
Mental Health Coalition of South Australia
Mental Health Community Coalition of the ACT
Mental Health Coordinating Council
Mental Health Council of Tasmania
Mental Health Foundation Australia
Mental Health Professionals Network
Mental Health Research Institute
Mental Illness Fellowship of Australia Inc
National Aboriginal Community Controlled Health Organisation
National Anxiety Disorders Organisations Network (NADON)
National Council of Intellectual Disability
National LGBTI Health Alliance
National Rural Health Alliance
NEAMI Limited
Northern Territory Mental Health Coalition
Occupational Therapy Australia
On the Line
ORYGEN Youth Health Research Centre
Ostara Australia
Pharmaceutical Society of Australia
Private Mental Health Consumer Carer Network (Australia)
Psychiatric Disability Services of Victoria (VICSERV)
Psychotherapy and Counselling Federation of Australia (PACFA)
Queensland Alliance
Queensland Centre for Mental Health Research
Ramsay Health Care
Richmond Fellowship of Australia
Royal Australian College of General Practitioners
SANE Australia
Suicide Prevention Australia
The Mental Health Services Conference Inc (TheMHS Conference)
The Pharmacy Guild of Australia
The Royal Australian and New Zealand College of Psychiatrists
WA Association for Mental Health



Associate Members

ACT Mental Health
Consumer Network
Anxiety Recovery Centre Victoria
ARAFMI Queensland
Artius Pty Ltd
ASPIRE
Bipolar Education Foundation
blueVoices
Bunbury Pathways '92 Inc
CatholicCare NT
Centacare Catholic Diocese
of Ballarat Inc
Centacare Catholic Family Services
Central Coast Family Support
Services Inc
CHESS EMPLOYMENT &
Support Services (CHESS)
Club Haven
Converge International Ltd
Dulwich Centre Foundation
Eating Disorders Foundation
of Victoria Inc
Fernhills Clinic
Finding Workable Solutions
Gold Coast Centre Against
Sexual Violence Inc
Graceville Centre
Homecare Services Pty Ltd
JobCo Employment Services Inc

Junaya Family
Development Services
Karakan Hostels
Lamp Inc
Lives Lived Well
McAuley Community Services
for Women
Melaleuca Refugee Centre, Torture
and Trauma Survivor Service NT
Mental Health Association NSW
Mental Illness Education ACT
Mental Illness Fellowship of
North Queensland Inc
Mental Illness Fellowship
of Queensland
Mentally Healthy WA
Mothers Against Drugs
Newcastle Family Support
Services Inc
Norwood Association Inc
NSW Consumer Advisory
Group – Mental Health Inc
Open Minds
Peer Support Foundation Ltd
Peninsula Support Services Inc
Post Placement Support Service
Queensland Voice for Mental Health
Reconnexion Inc
Ruah Community Services

Social Firms Australia
Supported Options in Lifestyle
and Access Services Inc
The Australasian Centre for Rural
& Remote Mental Health
The Compassionate Friends VIC Inc
Tully Support Centre
UCare Gawler Inc
Vietnam Veterans & Veterans
Foundation ACT
WISE Employment Ltd
WISHIN Inc
Workability
Youth and Family Service
(Logan City) Inc

Financial Statements

Mental Health Council Of Australia Incorporated

ABN 67 592 218 493

For the Year Ended 30 June 2013

Mental Health Council of Australia Incorporated

ABN 67 592 218 493

Board Members' Report

For the Year Ended 30 June 2013

Your board members submit the financial statements of the Association for the financial year ended 30 June 2013.

1. General information

Board Members

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

Ms Jennifer Westacott	Chairperson, appointed: March 2013
Professor Lyn Littlefield	Deputy Chairperson
Mr Tony Fowke AM	
Ms Clare Guilfoyle	
Mr Geoff Harris	
Mr Jack Heath	Appointed: October 2012
Dr Caroline Johnson	
The Hon Craig Knowles	
Mr Arthur Papakotsias	
Dr Valerie Gerrand	Resigned: October 2012
The Hon Rob Knowles	Resigned: June 2013

Principal Activities

The principal activities of the Association during the financial year were to promote quality mental health for everyone in Australia as well as represent and promote the interests of the Mental Health sector.

Significant Changes

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

2. Operating Results

The profit of the Association for the financial year amounted to \$ 44,377 (2012: \$ 263,925).

Signed in accordance with a resolution of the Members of the Board:

Board Member: 
Ms Jennifer Westacott

Board Member: 
Mr Arthur Papakotsias

Dated: 13 September 2013

Mental Health Council of Australia Incorporated

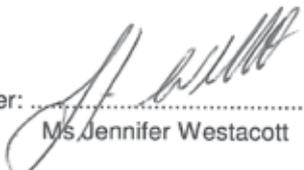
ABN 67 592 218 493

Statement by Members of the Board

In the opinion of the Board the financial statements as set out on pages 3 to 27:

1. Present a true and fair view of the financial position of the Mental Health Council of Australia Incorporated as at 30 June 2013 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:

Board Member: 
Ms. Jennifer Westacott

Board Member: 
Mr. Arthur Papakotsias

Dated: 13 September 2013

Mental Health Council of Australia Incorporated

ABN 67 592 218 493

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2013

	Note	2013 \$	2012 \$
Revenue	9	<u>4,148,890</u>	<u>3,101,497</u>
Administrative expenses	10	(433,404)	(565,827)
Grant payments		(427,876)	(463,737)
Other operating grants expenditure		(1,524,589)	(549,120)
Employee benefits expense		(1,679,998)	(1,226,463)
Depreciation expense		<u>(38,646)</u>	<u>(32,425)</u>
Profit before income tax		44,377	263,925
Income tax expense		-	-
Profit for the year		<u>44,377</u>	<u>263,925</u>
Total comprehensive income for the year		<u>44,377</u>	<u>263,925</u>

The accompanying notes form part of these financial statements.

Mental Health Council of Australia Incorporated

ABN 67 592 218 493

Statement of Financial Position

As At 30 June 2013

	Note	2013 \$	2012 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	2	2,442,589	2,229,938
Trade and other receivables	3	364,432	891,262
Other financial assets	4	48,015	40,117
Other assets	5	58,002	48,255
TOTAL CURRENT ASSETS		2,913,038	3,209,572
NON-CURRENT ASSETS			
Property, plant and equipment	6	238,807	161,882
TOTAL NON-CURRENT ASSETS		238,807	161,882
TOTAL ASSETS		3,151,845	3,371,454
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	1,350,482	1,618,824
TOTAL CURRENT LIABILITIES		1,350,482	1,618,824
NON-CURRENT LIABILITIES			
Provisions	8	17,916	13,560
TOTAL NON-CURRENT LIABILITIES		17,916	13,560
TOTAL LIABILITIES		1,368,398	1,632,384
NET ASSETS		1,783,447	1,739,070
EQUITY			
Retained earnings		1,783,447	1,739,070
TOTAL EQUITY		1,783,447	1,739,070

The accompanying notes form part of these financial statements.

Mental Health Council of Australia Incorporated

ABN 67 592 218 493

Statement of Changes in Equity

For the Year Ended 30 June 2013

2013

	Retained Earnings	Total
Note	\$	\$
Balance at 1 July 2012	1,739,070	1,739,070
Profit attributable to members of the entity	44,377	44,377
Balance at 30 June 2013	1,783,447	1,783,447

2012

	Retained Earnings	Total
Note	\$	\$
Balance at 1 July 2011	1,475,145	1,475,145
Profit attributable to members of the entity	263,925	263,925
Balance at 30 June 2012	1,739,070	1,739,070

The accompanying notes form part of these financial statements.

Mental Health Council of Australia Incorporated

ABN 67 592 218 493

Statement of Cash Flows

For the Year Ended 30 June 2013

	2013	2012
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from customers	4,708,785	3,267,532
Payments to suppliers and employees	(4,435,272)	(2,981,847)
Interest received	62,607	99,005
Net cash provided by (used in) operating activities	14(b) <u>336,120</u>	<u>384,690</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of held-to-maturity investments	(7,898)	-
Purchase of property, plant and equipment	(115,571)	(19,689)
Net cash used in investing activities	<u>(123,469)</u>	<u>(19,689)</u>
Net increase (decrease) in cash held	212,651	365,001
Cash and cash equivalents at beginning of financial year	<u>2,229,938</u>	<u>1,864,937</u>
Cash and cash equivalents at end of financial year	14(a) <u><u>2,442,589</u></u>	<u><u>2,229,938</u></u>

The accompanying notes form part of these financial statements.



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Hardwickes
ABN 35 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Liability limited by a scheme
approved under Professional
Standards Legislation

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, which comprises the statement of financial position as at 30 June 2013, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and statement by members of the board.

Board Members' Responsibility for the Financial Report

The board members are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Associations Incorporation Act 1991 (ACT)*, and for such internal control as the board members determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about 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 Association's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the board members, 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.





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Independent Auditor's Report

To the members of Mental Health Council of Australia Incorporated

Opinion

In our opinion, the financial report gives a true and fair view of the financial position of Mental Health Council of Australia Incorporated as at 30 June 2013, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and the *Associations Incorporation Act 1991 (ACT)*.

Hardwickes
Chartered Accountants

Robert Johnson FCA
Partner

Canberra

Dated: 13 September 2013

