Mental Health Community Coalition ACT

Annual Report 2024–25

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Publication inquiries:

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Acknowledgements

Acknowledgement of Country

Mental Health Community Coalition ACT is located on the lands of the Ngunnawal people. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and region and extend our acknowledgement to other First Nations people or families with connection to the lands of the ACT and surrounding region.

Acknowledgement of mental health lived experience

We also acknowledge the individual and collective expertise of those with a living or lived experience of mental health. We recognise their vital contribution at all levels and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

Contents

Vision and mission

Vision

Our vision is of an inclusive ACT that prioritises community-building and wellbeing in all policies.

Purpose

Our purpose is to ensure all Canberrans can find support where and when they need it.

We advocate for a mental health system that offers support and belonging within our community.

Strategic objectives

Strong services

To support providers to deliver quality, sustainable, responsive, recovery-oriented services, we will:

- be guided by lived experience and preserving human rights with honesty, integrity and accountability
- deliver on our commitment to equity and diversity

Valued sector

To recognise and value the role of community-managed services in supporting people's mental health and wellbeing, we will:

- attract, retain and appropriately remunerate a skilled workforce
- promote the sector's work with lived-experience advocates, consumers and carers and community members who benefit from the community-managed services available.

Effective sector

To reshape the mental health landscape to help providers better meet the needs of consumers and carers, we will:

- provide leadership to ensure community-based mental health care is prioritised
- contribute to access to a range of services and supports that allow people to live meaningful lives in the community of their choice
- contribute to better knowledge and understanding of needs and issues
- work towards sector reform.

Effective workplace

To be a dynamic peak body with robust governance, financial sustainability, active membership and engaged staff, we will:

- support staff wellbeing and provide development opportunities that honour diversity and inclusion
- be ethical, responsible and accountable.

President report

It has been a year of rejuvenation and growth at Mental Health Community Coalition ACT (MHCC ACT), and we have experienced a range of challenges along the way.

Change has been the theme of the year, with a turnover of staff, a change in Chair and new Board Directors. Through this we have revisited our purpose and confirmed our roots in advocacy and leadership. I am humbled and thankful for the significant support and encouragement we have received from our members during this time. They have inspired us to continue to ensure there is a strong voice for the community mental health sector in the ACT.

We were very pleased to announce the appointment of our new CEO, Lisa Kelly, in January 2025. Lisa brings a wealth of experience from her leadership roles at Lifeline Canberra, headspace, and most recently Carers ACT, where she achieved significant growth and strengthened advocacy for carers. Lisa's appointment marks a pivotal moment for MHCC ACT as we embark on a period of renewal and growth. Her leadership and vision will be instrumental in advancing our mission of ensuring accessible, community-managed mental health care for all Canberrans. She is committed to strengthening partnerships, amplifying the voices of those with lived and living experience and the services that support them, and ensuring mental health care is accessible and inclusive. Lisa's appointment added to our emerging team of skilled policy and operational staff and I am thrilled by what they are starting to achieve and excited about the future.

Through all this we had several highlights this year. We ran a successful election campaign raising issues of accessibility of mental health support, increasing loneliness and a desperate need for investment in a service system to support people experiencing perinatal mental health. We achieved commitment to a number of our initiatives and are working with government and our members to see these fulfilled.

On a national level we worked with our colleagues to raise awareness of the unmet psychosocial needs in our community. Not surprising to community mental health service providers, the analysis of unmet needs identified that there were 5,560 people with moderate mental illness and a further 5,830 people with severe mental illness in the ACT who were not having their needs met. This is the start of a long piece of advocacy work as we shift structures and systems such as the NDIS to readjust and increase funding into community services and spaces to meet this need. Alignment across the states, territories and federal government is the starting point, and that is no easy feat.

Along with our advocacy work we embarked on collaboratively co-leading two Alliances during the year. The first, with the Alcohol, Tobacco and Other Drug Association ACT, focused on building capability across the mental health and alcohol and other drug sectors to meet the needs of consumers with co-occurring issues. The second, with the Perinatal Wellbeing Centre, focused on building awareness, collaboration and referral pathways in the community. We have worked hard to form theories of change and outcome frameworks for both projects and are starting to see the impact of this work.

With support from the Office of Mental Health and Wellbeing we have conducted training programs with mental health workers and others who work with vulnerable people to increase skills to respond compassionately to people with thoughts of suicide.

We have continued to work with the sector, our members and the government to advance the commissioning work being undertaken across the ACT community sector. Energy during the year was focused on development of the strategic investment plan that outlines the funding priorities and procurement processes required for the next phase of the commissioning cycle.

Through all our challenges and achievements of MHCC ACT, our members have continued to turn up every day and provide a range of services, supports and interventions with people experiencing mental health concerns. We have continued to see increasing demand as the community struggles with cost-of-living pressures, decreased community cohesion, increased stress levels and relational strains. Each day our members provide hope and strength, optimism and connection, purpose and meaning to the people they support. The work they do has impact on individuals, families, workplaces and the community. It is not easy, it is not well resourced, it is often thankless and confronting but it is essential in a community that values human rights. Our community mental health providers are an important part of the fabric of our community and their voices are essential to ensuring we are building a community that is inclusive, compassionate and supportive of wellbeing.

We thank all of our members for the work they do, for sharing your stories and passion, for taking time to contribute to influencing policy and change, for being determined to create a space for everyone and for trusting us to represent your voice.

I would like to thank a number of people who have significantly helped us through our challenges this year. To Kylie Burnett who was central to ensuring the lights remained on, to Sue Webeck, Anne Kirwan, Brenton Higgins, Katerina Powick and Prue Slaughter who joined the Board and provided sound advice and leadership and to Bianca Rossetti and Rob Antich who remained steadfast and provided guidance. A particular thank you to Yvonne Luxford who provided leadership, determination, commitment and vision.

To the staff at MHCC ACT, I thank you for your work and your commitment to supporting and building an organisation and a community mental health sector grounded in excellence, compassion and leadership. I am thrilled to have you involved and certain that your achievements will grow in impactful ways.

Leanne Heald
President, MHCC ACT

Board members

At 30 June 2025, the MHCC ACT Board Directors are:

President:
Leanne Heald

Vice President:
Prudence Slaughter

Secretary:
Yvonne Luxford

Director:
Anne Kirwan

Director:
Brenton Higgins

Lived Experience Director, Carer:
Katerina Powick

Lived Experience Director, Consumer:
Bianca Rossetti

Over the course of the 2024–25 financial year, our Board also included:

Rocky Bali

Sue Webeck

Stephanie Stephens

Rob Antich

MHCC ACT members

Our network includes organisational and individual members who are highly engaged and collectively represent more than two-thirds of Canberra's mental health system, including soup kitchens, childcare centres, domestic violence shelters, health services for marginalised groups, and more.

As at 30 June 2025, our organisational members were:

- A Gender Agenda
- ACT Council of Social Service (ACTCOSS)
- ACT Disability, Aged and Carer Advocacy Service (ADACAS)
- ACT Mental Health Consumer Network
- ACT Shelter
- Advocacy for Inclusion
- Alcohol, Tobacco and Other Drug Association of the ACT (ATODA)
- Anglicare NSW South, NSW West & ACT
- Argyle Housing
- Barnardos Australia Canberra
- BPD Awareness ACT
- Capital Health Network
- Capital Region Community Services Ltd
- Care
- Carers ACT
- Communities@Work
- EveryMan Australia
- Fearless Women
- Grand Pacific Health - Headspace
- Koomarri
- Livability Australia
- Marymead CatholicCare
- Mental Health Foundation ACT
- Meridian ACT
- MIEACT
- Nexus Human Services
- Perinatal Wellbeing Centre
- Quest Group
- Richmond Fellowship ACT
- Rubies Nursing Care
- SiTara's Story
- St Vincent de Paul Society Canberra/ Goulburn
- Stride Mental Health
- Think Mental Health
- Toora
- VolunteeringACT
- Wellcare Australia
- Wellways
- Woden Community Service
- Women's Health Matters
- Youth Coalition of the ACT
- YWCA Canberra

We also have a range of individual associate members.

Treasurer's report

For the financial year ending 30 June 2025, MHCC ACT had an operational surplus of $20,553, compared to a $185,158 surplus in the previous year.

Total income over the 2024–25 financial year was $812,353, an 18% decrease compared to the previous financial year. This decrease is primarily due to a reduction in activities, mostly the delivery of training, during the year and approved funding contract extensions across financial years that resulted in an allocation of government revenue and expenditure into the 2025/26 financial year.

Total expenses over the financial year were $791,800, a 2% decrease from 2023–24. Given MHCC ACT's peak body role in advocacy, policy development and program coordination, the largest expense was employee wages and salaries.

MHCC ACT has no non-current debts and all current liabilities are related to operations.

Cash balance at the end of the year was $615,719, a 48% increase from the previous financial year. This increase is due to reduction in activity delivery and related costs during the year with the delivery and expenditure relating to this now planned through to June 2026.

Equity at the end of the year was $793,471.

MHCC ACT has a strong balance sheet with no insolvency concerns.

Please see the audited financial statements at the end of the report.

Hazel Bennett
Treasurer

CEO report

It is with great joy and pride that I write my first report as CEO of MHCC ACT. Having started in the role in April 2025 it has been a whirlwind of excitement, learning, connection and rejuvenation.

Mental Health and the Community Mental Health Sector are areas of passion for me, and it is fantastic to be back in the sector with the capacity to apply my full focus on working together to enhance the sector and outcomes for people with mental health concerns.

There is never a quiet year in the mental health sector, and this year has been no exception. We started the year in the midst of driving an election campaign to ensure a policy platform where mental health investment was high on the agenda. We successfully agitated for a range of initiatives including investment in specific cohorts including perinatal, children and young people, system wide initiatives such as a review of the Mental Health Act and access improvement initiatives including increased investment in more or expanded services. Mental health featured prominently in the election with increasing community concern about increasing levels of mental illness, loneliness, and a lack of community cohesion. We continued to work with the governing party to ensure early fulfilment of commitments to funding a range of youth mental health programs with funding announced in the first budget of the term.

Alongside the election, commissioning was the other local focus of the year. Having completed the design phase, we worked through the Mental Health Commissioning Advisory Group to inform the Sector Investment Plan. The election process caused continued delays to the process however this provides the sector with more time to consider the investment strategy and work towards building capability to ensure a successful procurement process resulting in a strong and contemporary sector. Commissioning has occupied significant time and focus, and it is essential that we maximise the opportunity to ensure an outcome that meets the needs of the community, people with mental health concerns and the sector.

Nationally the focus has been split into three main areas: Productivity Commission review of the National Mental Health Agreement, the NDIS Reform report and the Unmet Psychosocial Needs Report. Each are foundational areas for the future of the sector, the way money is distributed, the next decade of policy positions and the core outcomes of mental health service system. Much discussion has been undertaken on the intersection between mental illness and the NDIS with debate on foundational supports and unmet psychosocial needs being at the centre of this. Philosophically this has raised questions of mental illness as a disability and the contradictory theoretical perspectives of enduring and permanent models and recovery models. We continue to engage in discussions however we are focused on building a vision of what a psychosocial service system within the ACT would look like and advocating for investment in the coming 12 months.

The National Mental Health Agreement is a core document on the shared responsibility of mental health service support across federal, states and territories. The Productivity Commission review into the agreement has shown that we have not reached the aspirations nor delivered to the outcomes. As the Agreement nears its renewal date this review has provided crucial information to realign the shared responsibility and set clear and achievable outcomes to guide policy and investment. We await the final report and look forward to seeing a more action focused Agreement.

Alongside our local and national policy and advocacy efforts, we have delivered to three project areas during the year. Supporting the delivery of Compassion and Suicide Response training across the workforce has increased capability and ensures that people expressing thoughts of suicide are met with compassion and care.

Throughout the 2024-25 year, the ATOD-MH Alliance (a partnership between MHCC and the Alcohol, Tobacco and Other Drug Alliance) continued to play a meaningful role in building capacity and capability to deliver the right service, at the right time, for people with co-occurring mental health and alcohol and other drug needs. The Alliance focussed on the implementation of the set deliverables, allowing for the two sectors to strengthen their connections and relationships with one another.

We commenced our second Alliance in partnership with the Perinatal Wellbeing Centre, the Perinatal Mental Health (PMH) Alliance which brings together members to discuss how to reduce the fragmentation present for those seeking support for perinatal mental health.

MHCC has gone through some change and rejuvenation over the year. We have recruited a talented team committed to working towards building a high-quality contemporary service system that meets the needs of Canberrans. Through a commitment to raising the voice of the sector and the people they serve, informing policy, affecting change, growing the investment and supporting capability we strive to improve access and wellbeing across the community.

I am proud to highlight our 2024/25 achievements in this report. I would like to thank our members for their commitment to collaborating with MHCC to highlight the value of the sector and affect change. Your tireless work with individuals and community and your drive for quality are inspirational and make a significant impact every day. Thank you for the work you do. I would also like to thank the MHCC team for showing up, being agile, having optimism and sharing your desire to ensure high quality outcomes for our community.

Lisa Kelly
CEO MHCC ACT

Policy & advocacy

MHCC ACT continued to provide a strong voice for the community-managed mental health sector via policy development and systemic advocacy work.

2024–25 advocacy focus

We aim to improve the mental health of all Canberrans by advocating for policies that would improve everyone's wellbeing, making sure that help is available where and when we first need it.

Our policy work is based around four key thematic areas in which MHCC drove proactive advocacy and policy work, and two key areas concerning service delivery and programming.

The four thematic areas are:

1. loneliness
2. climate change and mental health
3. perinatal mental health
4. justice and mental health.

The two program/service delivery areas are:

1. ACT Government Commissioning process
2. The intersection of mental health and alcohol, tobacco and other drug (ATOD) sectors.

Loneliness

Over a quarter of Canberrans report feeling lonely 'often', according to the Living Well in the ACT Region Survey undertaken by the University of Canberra. We envision a Territory where everyone belongs. Our view is that addressing loneliness isn't just a matter of 'putting yourself out there' but instead changing the social conditions that separate us from one another.
For example:

- Improving work/life balance would enable people to have more leisure time to spend with their families and in their communities.
- Car dependency and urban sprawl make it hard to have important chance encounters with our neighbours. Instead, investing more in parks, accessible footpaths, and amenities that make it easy for people to spend leisure time in their neighbourhoods.
- We must find ways to prevent technologies such as social media from dividing us and instead foster greater connectivity.

Climate change and mental health

The changing climate and its associated impacts are a growing concern for many individuals in our community. Increased political attention and media coverage of extreme weather events, such as bushfires, floods, and heatwaves, can contribute to feelings of anxiety, fear, and uncertainty about the future. These anxieties, whether related to direct experiences or concerns about the planet's long-term health, can significantly impact mental wellbeing.

MHCC ACT recognises the distress these issues can cause and the imperative to supportindividuals and communities cope with the mental health challenges associated with climate change concerns.

We believe that fostering a sense of hope and empowerment in the face of uncertainty is crucial in navigating these challenges promoting mental wellbeing and supporting community resilience, MHCC ACT aims to help individuals feel better equipped to manage the emotional and psychological impacts of a changing climate.

Perinatal mental health

The perinatal period, during pregnancy, birth, and beyond, is a time of profound physical and emotional changes. Community-focused mental health initiatives provide essential support systems, offering peer connection, education, counselling, practical resources like clothing and change tables, and resources tailored to the unique challenges faced by expecting and new parents.

We champion efforts towards prevention, early intervention, stigma reduction, and fostering a nurturing cultural environment where parents feel understood and supported.

Investing in community mental health for perinatal care not only contributes to healthier parents but also lays the foundation for the long-term well-being of their children, creating a ripple effect that benefits families and communities as a whole.

Justice and mental health

Significant developments have been made in the ACT in the area of justice and mental health.

The Territory has taken a health-centred approach to drug use through decriminalisation laws. This change reflects a commitment to addressing substance abuse as a public health matter, acknowledging the potential mental health impacts of punitive drug policies.

Additionally, the territory has raised the age of criminal responsibility, a move that not only aligns with international standards but also reflects a nuanced understanding of the mental health and developmental considerations surrounding young individuals in the justice system.

Our advocacy work on justice will aim to create further opportunities for our members to deliver their services in humane, health-driven, evidence-based ways.

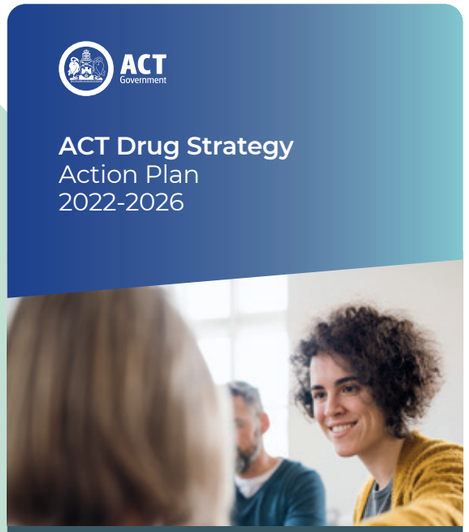
ACT Government Commissioning process

The ACT Government is moving towards a collaborative commissioning approach for the future provision of funding to community services. In our sector, Commissioning aims to create a mental health system that is outcomes-focused, client-centred and collaborative.

ACT Health has undertaken considerable consultation and developed an Insights Report to reflect findings from this consultation. It has now produced a draft Commissioning Strategic Investment Plan, which is currently under consideration by the Advisory Group. Further consultation with organisations is anticipated over the coming months.

As it stands, the first round of newly commissioned contracts should be in place by the end of 2025.

According to the most recent data published by the Australian Institute of Health and Welfare, non-government organisations (NGOs) probably account for around 10% of total mental health spending in the ACT (about $14m out of $140m in total). While NGO services may be central to the lives and welfare of many Canberrans with mental ill-health, they remain on the margins of the overall mental health service landscape.



Intersection of mental health and alcohol and other drug sectors

An ongoing challenge in the ACT is the need for an integrated governance framework for the mental health (MH) and ATOD sectors. Despite a strong commitment to improving integration, these sectors remain commissioned under separate frameworks and operate under distinct strategies, resulting in service delivery challenges that impact the entire ACT community and result in disrupted continuity of care for consumers.

The ACT Drug Strategy Action Plan 2022-2026 acknowledges the significant comorbidities between mental health and ATOD dependency and outlines goals to improve support, collaboration, and coordination across services.

To address this issue and work towards a collaborative structure across the two sectors, MHCC ACT and ATODA jointly deliver the ATOD-MH Alliance. The Alliance aims to achieve better outcomes for people experiencing co-occurring mental health and substance use issues in the ACT region by ensuring seamless on-the-ground service delivery through close coordination across services. It is funded by ACT Health.

ACT Election

We collaborated with our stakeholders to form an election campaign for the 2024 ACT election built on 4 key focal areas of Loneliness, Perinatal Mental Health, Climate Change and Justice. These reflected the issues raised with us over the previous 3 years as key to the sector and the community they serve. Our success in advocating for change is outlined below:

Pillar	Key Ask	Result
Loneliness	Build 4 new community mental health hubs that blend clinical and psychosocial services for holistic mental health care and access and navigation to other support services such as AOD and Housing	Commitment to mental health nurses in exiting walk-in centres
Loneliness	Ensure LGBTIA+ Canberrans can access all mental health services safely and that staff have the training and protocols in place to provide respectful care	Not met
Loneliness	Fund the Safe Haven to be open 7 days a week to enable opportunities for further hospital avoidance in mental health	Adopted and enacted
Perinatal Mental Health	Commit to building the residential parent-baby mental health unit that considers support to the whole family	Adopted and scoping work funded
Perinatal Mental Health	Develop and implement a world class perinatal mental health service model, with emphasis on community care and step-up step-down services, plus a mix of clinical and psychosocial support services	Adopted and underway
Climate Change	Include mental health in all ACT Government Climate Change related strategies and consider how best to manage and respond to community concerns about climate change, including through increased opportunities for volunteering and engagement in mitigation work for better community mental health	Not met
Justice	Extend the PACER program to include consumer and carer peer support as part of the participating response team	Not met
Justice	Increase access to Dialectical Behaviour Therapy for people in the justice system with mental health issues	Not met
Justice	Build a new custodial mental health model of care that describes how it will support the mental health and wellbeing of people in custody and their families and incorporates training on how to effectively communicate with empathy and understanding to people experiencing mental health challenges.	Not met

As part of our election campaign, we participated in a Town Hall on Disability in collaboration with Advocacy for Inclusion, WWDACT and Down Syndrome and Intellectual Disabilities.

Alcohol and Other Drugs – Mental Health Alliance

We deliver the Alcohol Tobacco and Other Drugs – Mental Health (ATOD-MH) Alliance jointly with the Alcohol, Tobacco and Other Drugs Association ACT (ATODA), with funding and participation from ACT Health.

The ATOD-MH Alliance aims to:

- play a meaningful role in ensuring seamless on-the-ground service delivery through close coordination across services
- provide ACT Health with well-coordinated, timely feedback, fostering innovation and effective implementation of policies.

2024–25 was the second year of the ATOD-MH Alliance. During the year, the alliance held meetings of the three working groups:

- Peer support, lived and living experience working group
- Capacity building working group
- Complex and co-occurring cohort advisory group.

During the year we ran regular bus tours, a workshop and developed of an online portal to enable collaboration.

Workshop 1

The first ATOD-MH Alliance workshop was held on 27 February 2025. Over 50 representatives from across the ATOD and mental health sectors attended the workshop, helping to further the essential work of the alliance.

The workshop provided attendees with opportunities to delve deep into cross-sector collaboration, highlighting how our sectors can work together to achieve the best outcomes for consumers.

The workshop featured:

- A presentation on the importance of compassionate approaches in ATOD and mental health sectors
- A panel discussion exploring how to enable cross-sector collaboration to enhance overall client outcomes
- A presentation on language in the ATOD and mental health sectors.
- An activity to gain input for developing an online portal to enable a Community of Practice (CoP) for the ATOD-MH Alliance.

Workshop 2

The second workshop was held on 6 August 2025. Over 30 mental health and alcohol and other drug sector workers attended, to learn about how services can build capacity and capability to support their workforce to work with people with co-occurring needs.

The workshop gave attendees the opportunity to discuss and delve deep into the topics of values and priorities needed to support their staff to work with co-occurring needs.

The workshop featured:

- A presentation on the Access Denied Report and its findings.
- A panel discussion, focusing on the potential improvements that could be implemented into the workforce, to sustain better outcomes for people with co-occurring needs
- Discussion groups with a focus on knowledge, skills and attributes, as well as capabilities and infrastructure needed to support good practice.

Feedback from the event was overwhelmingly positive, with the attendees stating that they found the groups discussions and collaboration with the other sectors to be extremely valuable.

Bus tours

One of the key themes from the ATOD-MH Alliance meetings in 2023–24 was that workers in the sectors lacked awareness of the organisations and referral pathways for people with co-occurring conditions.

To address this, we aimed to organise four free bus tours, each for up to 10 ATOD-MH Alliance members and others working in the sector, to gain an understanding of services available in the ATOD and MH sectors. The tours provided extremely popular, so we increased the offering and facilitated seven tours between February and July 2025, with plans to continue offering the tours throughout 2026 and 2027.

We had 51 registrations across these tours, representing 15 organisations. Attendees included administrative staff, managers, peer workers, recovery workers, counsellors, case workers, intake workers and more.

Of the attendees who completed our post-event surveys, the feedback was overwhelmingly positive, indicating high satisfaction with the tour and improved awareness of available services. Some of the feedback received is shown below:

- "It was valuable to learn about the organisations and services that I didn't know existed. I learned something new at each place we visited"
- "Being able to share knowledge between the services visited and between colleagues participating on the bus tour was extremely beneficial"
- "I was able to gain a greater understanding of other services that I knew about from their website, but it was so much better to get first-hand experience"

We also developed a booklet providing a brief overview of the consumer-facing AOD and mental health services provided by ATOD-MH Alliance members, as well as how to get more information about the services, to help bus tour attendees understand the breadth of services available. This covered programs and services provided by 25 ATOD-MH Alliance member organisations.

Online portal

During the reporting period, we developed an online portal to enable the ATOD-MH Alliance Community of Practice (CoP). This was designed to help facilitate and foster collaboration across the ACT ATOD and mental health sector workforce, through the sharing of knowledge, resources, techniques and developing practice and to enable networking opportunities.

Unlike most existing CoPs in the ATOD and MH sector, we proposed an online CoP due to:

- the ability to interact around existing commitments
- having a repository of resources available at any time
- quicker updates on topics relevant to the sector.

We consulted with ATOD-MH Alliance members to gain support for this approach and conducted an activity at the ATOD-MH Alliance workshop to determine member requirements for the platform.

The online portal launched at the second ATOD-MH Alliance workshop. It is available through the MHCC ACT website, where ATOD and mental health sector workers can apply for membership of the CoP.

Perinatal Mental Health Alliance

As part of our policy platform on improving perinatal mental health in the ACT, we sought funding from the ACT Government during the previous financial year to develop a Perinatal Mental Health Alliance (PMH Alliance).

The staffing changeover at the start of the financial year unfortunately reduced our capacity to engage and deliver on this project. However, starting in November 2024, we re-initiated this work.

The PMH Alliance aims to:

- connect members and service providers to enhance perinatal mental health and wellbeing outcomes for new families in the ACT
- reduce system fragmentation by improving the integration of services and delivering a comprehensive service system for perinatal mental health
- focus on three key areas—Residential Services, Screening and Data, and Service System Improvements—to ensure a targeted and effective approach
- raise community awareness, reduce stigma and provide culturally safe, trauma-informed and accessible services
- foster collaboration among service providers, community members and government, ensuring sustainable reforms and holistic support for parents and infants.

We identified relevant stakeholders across the ACT sector and invited 15 people, representing 13 organisations including MHCC ACT, to participate in the PMH Alliance.

Work has commenced on defining the core activities of the alliance and we are working towards a launch early in the 2025/26 financial year.

Submissions

A key part of our leadership and advocacy work is providing a strong voice for the sector on reform and structural change. Working in consultation with the sector, we produced a number of submissions representing the community-managed mental health sector in policy and legislative reforms. In addition to contributing to several joint submissions at an ACT and national level, MHCC submissions in 2024–25 included:

- Productivity Commission review of the National Mental Health and Suicide Agreement
- Unmet psychosocial needs.

Publications

In 2024–25, we published:

- An analysis of the ACT Government's 2024–25 Budget
- The results of Ipsos surveys we commissioned on:
  - Millennial and Gen Z self-reported social media harm in Australia
  - National attitudes towards housing and mental health
  - National attitudes towards youth justice and mental health.

Sector development

MHCC ACT is proud to offer development opportunities to improve the capacity of our sector and to support the careers and activities of hundreds of people within it.

We maintain an ongoing dialogue with the sector to ensure that our sector development program aligns with and meets the evolving needs of our stakeholders.

Our primary sector development initiative during the reporting period was the Connecting with People project.

Connecting with People

In June 2024, we partnered with the ACT Office for Mental Health and Wellbeing to facilitate Connecting with People (CwP) training developed and delivered by UK organisation 4 Mental Health (4MH).

Connecting with People is a training approach to suicide prevention that challenges the traditional notions of risk quantification, prediction, and management of suicidality. It is an internationally recognised suicide and self-harm mitigation and prevention program built upon latest evidence-based principles and best practice available in the field of suicide prevention.

The training suite equips participants with the tools to engage meaningfully with people experiencing suicidal distress within a compassion-based and evidence-informed suicide prevention framework. It fosters collaboration and the co-production of Safety Plans. In the ACT, MHCC managed the roll-out of the CwP training to the non-government mental health sector.

CwP is facilitated via a Train the Trainer model. Trainers become accredited through a three-day course delivered by master trainers from 4MH. Trainers co-deliver sessions in pairs to ensure psychosocial safety protocol is in place at all times.

A pool of 8 trainers from MHCC member organisations were selected and trained to deliver two modules from the CwP suite:

- **Compassion at Work:** Covers the science behind the compassion-based approach that is key to sustaining the wellbeing of staff in community organisations and the people they support.
- **Community Suicide Awareness:** Teaches safe ways to respond to people in suicidal distress and the co-production of Safety Plans.

Together the trainers delivered 11 Connecting with People half-day sessions in FY25, with plans to deliver 20 sessions by the end of the calendar year.

From February to July 2025 we received 170 registrations from over 30 organisations. Of these, we had 82 participants in total complete the Connecting with People half-day trainings, from a range of roles and areas within the community sector.

These included case managers, youth workers, mental health workers, counsellors, volunteers, outreach workers, employment services staff, child and family practitioners, out of home care workers, front desk staff, business and operations staff, centre coordinators, and network coordinators. The attendees comprised of entry level to senior management staff.

> “Together the trainers delivered 11 Connecting with People half-day sessions in FY25, with plans to deliver 20 sessions by the end of the calendar year”

Feedback

Overall feedback from the Community Suicide Awareness training was positive and enthusiastic, with survey evaluations showing 82% of attendees reporting greater understanding of suicide prevention, 94% reporting greater confidence in talking to someone in distress and 100% felt knowledgeable in creating Safety Plans for themselves and others.

Similarly, the Compassion at Work module supported 94% of attendees to deepen their understanding of compassion and its attributes, with 93% reporting better insight into how organisational culture and self-compassion influence their ability to sustain compassion for others. Importantly, 88% left with practical strategies to navigate barriers to compassion in the workplace.

Beyond skill-building in managing distress, the sessions fostered cross-sector connections and provided access to current research and approaches to compassion. These outcomes contribute to a more supported and sustainable workforce – whose efforts should be matched by a coordinated response across sectors and government to address the systemic challenges they face.

Sector engagement

In addition to working closely with our members and the mental health sector more broadly, we actively collaborate with other disability, ATOD and community sector peak organisations.

Consultation and Engagement

Our work is underpinned through consultations and engagement with our members and the broader mental health community. This understanding is fostered through regular consultations, active engagement, and comprehensive research involving member and sector consultations. The CEO undertook a comprehensive listening tour meeting with members and stakeholders, which has resulted in valuable insights that are directly informing our advocacy and policy planning.

During the year we implemented activities to ensure that our positions were underpinned by our represented body, including:

1. Re-instating our Member Leadership Think Tanks which operate monthly and bring together the CEO's and Executive Officers of member organisations to share information and identify key areas of concern and advocacy. These recommenced in May 2025.
2. Online, survey and in person consultations with sector representatives on the Mental Health Commissioning Strategic Investment Plan.
3. Discussions with other peak bodies and key stakeholders to inform our pending response to the Inquiry into Male Suicide
4. Conversations with key stakeholders on our response to the ACT Budget
5. Participation in ACTCOSS CEO and Member Forums
6. Co-conducted a consultation with Think Psychology on the development of the Tuggeranong Medicare Mental Health Centre
7. In partnership with Ipsos we conducted community surveys on:
   a. Millennial and GenZ self-reported social media harm in Australia
   b. National attitudes towards housing and mental health
   c. National attitudes towards youth justice and mental health

These survey results have influenced our understanding of community perspectives and provided a collective voice of influence in our policy an advocacy work.

National and cross-jurisdiction engagement

Our commitment to understanding and representing the voice of the sector also extends to national and cross-jurisdictional levels. MHCC ACT actively engages in forums organised by Mental Health Australia and the Mental Illness Fellowship of Australia, enabling us to stay informed about national policy developments.

We represent the ACT in the Community Mental Health Australia and State and Territory Peaks Network, the Mental Health Australia and State and Territory Peaks Network, the National Mental Health Workforce Advisory Group and the National Association of Psychosocial Support Providers. Through these platforms we ensure that the voices of ACT service providers, consumers, carers and the Community are heard and influence national policy and action. We influence these discussions by bring forward considered, informed and evidence-based positions that have been informed by our constant engagement with members, the sector, government and stakeholders.

Dialogue and participation

MHCC ACT maintains a regular dialogue with government stakeholders, key decision-makers, and funding bodies to ensure our activities remain well-informed about policy issues, developments, and sector trends.

In addition to regular communications on critical matters, we engage in structured dialogues through mechanisms such as:

- **Participation in Oversight Committees:** Our involvement in the Chief Psychiatrist Advisory Committee and the Mental Health Coordinating Committee allows us to provide expert insights.
- **Contributions to Regional Plans:** We actively participate in the Regional Mental Health & Suicide Prevention Plan Working Group, and the ACT Regional Mental Health and Suicide Prevention Steering Committee.
- Co-chairing the ACT Mental Health Commissioning Advisory Group, with ACT Health Directorate.

Lived and living experience

We emphasise the importance of including the lived and living experience of mental ill health in our policy formulation and processes, which in turn informs our advocacy efforts and contributions to service and policy development.

Our close and structured alliance work with the ACT Mental Health Consumer Network (MHCN) and Carers ACT supports our shared advocacy work.

To demonstrate our commitment to listening to lived experience voices, we have a Lived Experience Committee and two Lived Experience Directors on our Board.

Sector led Influence

Sector voices led our response to various key policy discussions and government decisions over the reporting period. Our focal areas for 2024-25 included:

Mental Health Commissioning

Ensured that the voices of organisations and community were represented and heard through the mental health commissioning process by:

- Co-chairing the Commissioning Advisory Group
- Supporting ACT Health Directorate led consultations
- Conducting consultations and making submissions and recommendations to ACT Health Directorate and Minister for Mental Health and Minister for Community Services

Unmet Psychosocial Needs and Foundational Supports

We have worked to ensure that the sector remains informed about unmet psychosocial needs and changes in NDIS including foundational supports. Through engagement in National networks and forums we have represented the concerns and ideas of the ACT to influence decision making in the area. We have actively engaged with Mental Health Australia and the State and Territory Peaks to represent the views of community mental health providers and consumers and carers to the Joint Health and Mental Health Ministers meetings. This also included briefing the territory minister and ACT Health Directorate.

MHCC alongside Community Mental Health Australia and their members met with the Department of Health, Disability and Ageing to discuss unmet psychosocial needs and the role that community mental health providers can play in meeting the needs of the community.

Peer engagement

Throughout the year, MHCC has continued to work in partnership with our ACT Peak Body colleagues as part of the ACT Community Peaks Network to collaborate on areas of intersectionality, pool our resources when appropriate, and influence how to incorporate the needs of the mental health sector into broader ACT advocacy. This collective work has resulted in the ACT for Community Campaign.

In collaboration with the ACT Community Peaks Network, the ACT for Community campaign was launched in July 2024. This campaign was proudly supported by 85 ACT community organisations, who actively amplified campaign messaging through their social media, mailing lists and newsletters – demonstrating a strong and united sector voice.

The key advocacy priorities – such as a population level adjustment and increased funding for the community sector – received cross party endorsement from multiple ACT candidates. These efforts were further strengthened by extensive media coverage, with 42 media mentions, including two dedicated article series negotiated by ACTCOSS with Region Canberra: one in the lead up to the lead up to the 2024 ACT election and another ahead of the 2025/26 ACT Budget, resulting in a total of 14 published articles.

These coordinated advocacy and communication efforts contributed directly to a landmark outcome: a $10 million investment in the community sector announced in the 2025/26 ACT Budget. MHCC contributed to this advocacy by sharing campaign messaging through our communication channels. This achievement highlights the power of collaboration and the effectiveness of our shared advocacy.

Communication and media

Our key communication focus areas in 2024–25 were further embedding our brand, following a rebrand in the previous financial year, and developing frameworks and standard processes to enable improved communication with our audiences.

Our new Member Engagement Specialist commenced in April 2025 and has spent time rebuilding our communication channels. Over the last quarter of 2024-25, through this work we have observed a notable increase in key social media metrics, including a significant rise in new followers and page impressions compared to the previous 90 days.

This growth indicates a successful expansion of our reach and visibility, suggesting that our content strategies are effectively engaging our target audience. The increase in followers reflects heightened interest and awareness of our brand, while the surge in impressions demonstrates that our content is being widely viewed.

E-Newsletter

Our Sector Update e-newsletter plays a pivotal role in keeping our members well-informed and alert to opportunities for capacity-building and participation in policy consultations.

This newsletter enjoys robust engagement, boasting an average open rate of 72.2%, compared to 51.96% the previous year and significantly exceeding industry averages.

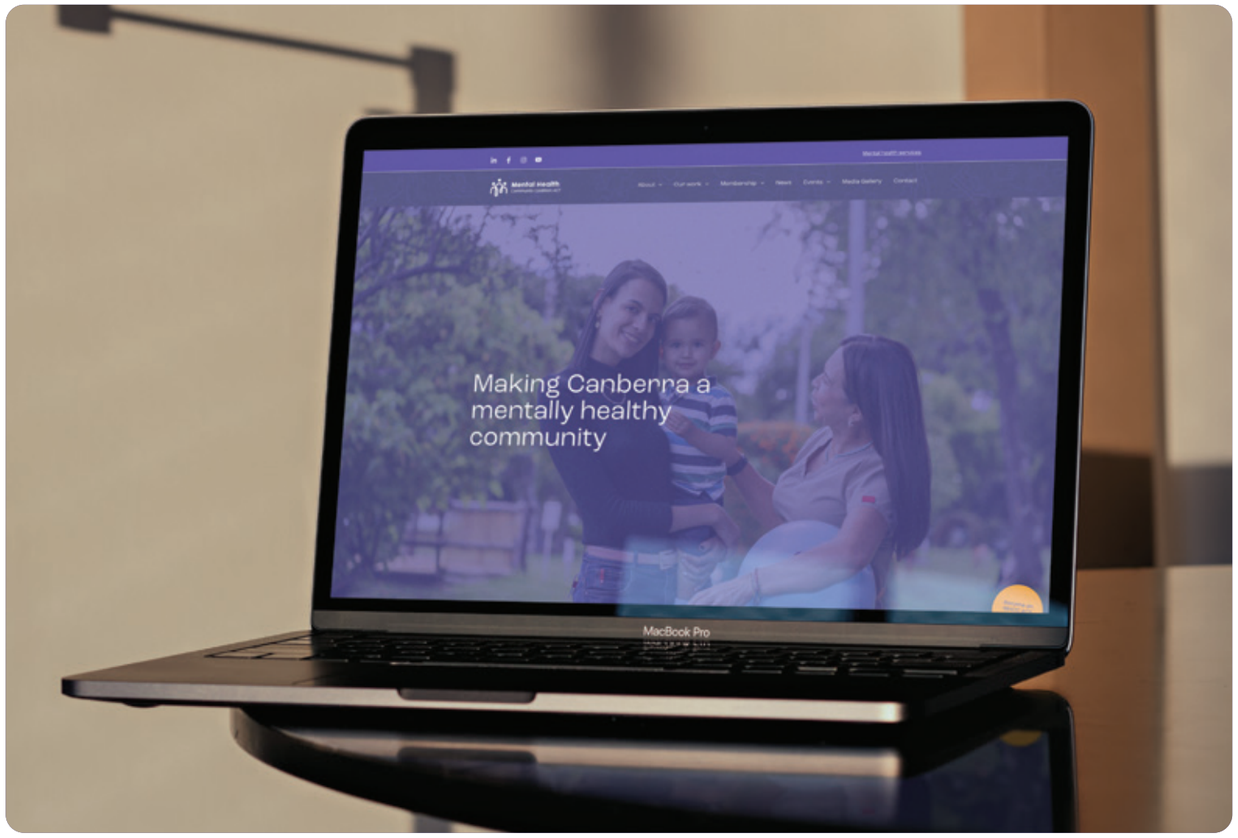
Social media engagement

We manage three social media accounts:

- **Facebook**: @MHCCACT
- **LinkedIn:** @mental-health-community-coalition-act
- **Instagram:** @ mentalhealthcommunitycoalition

Our social media engagement continues to grow across these channels.

Post reactions & likes		**Page & profile impressions**	
LinkedIn Page	**+276% → 466**	LinkedIn Page	**+179% → 14,452**
Instagram Business	**+80.3% → 110**	Instagram Business	**+149% → 5,368**
Facebook Page	**+88.9% → 85**	Facebook Page	**+134% → 7,738**



Website

During the reporting period, we made significant improvements to our website, including the development of portals to enable collaboration through the ATOD-MH Alliance and the Perinatal Mental Health Alliance.

Media engagement

Our media releases and coverage this year included:

- Disability Election Town Hall
- Unmet psychosocial needs
- ACT Budget Announcement of funding in Youth Mental Health
- ACT Budget Announcement of Community Sector Investment funding
- Comment on the Federal Election commitments in mental health
- MHCC election platform
- Closing of Interchange Health Centre

Mental Health Month ACT 2024

MHCC ACT is proud to facilitate the delivery of Mental Health Month ACT in October each year.

Due to our significantly reduced staffing from July to October 2024, we were unable to deliver a program as comprehensive as usual. As such, we focused attention on the Mental Health Month Grants and Awards programs.

MHM Grants

The reimbursements grant program continued in 2024, with three events were awarded funding.

Mental Health Month Awards

Each year, we are honoured to recognise the achievements of individuals, groups, organisations, businesses and initiatives in the area of mental health in the ACT through the Mental Health Month Awards.

These awards are a vital part of raising awareness, reducing stigma and encouraging more people to seek support in their mental health journeys. As Canberra continues to lead in mental health advocacy and peer support, these awards highlight the critical work being done at all levels to create a healthier, more supportive community.

The Mental Health Month 2024 Award recipients were:

General Community Awards

1. Community Connection through Recovery Award: Nova Marmion
2. Innovative Person-Centred Supports Award: Vendra Begonja
3. Leadership Through Lived Experience Award: Consumer: Beth Garwood
4. Mental Health Carer Award: Dalanglin Dkhar
5. Mentally Healthy Community Award (Group): Mental Illness Education ACT Volunteer Program
6. Mentally Healthy Community Award (Individual): Ravi Krishnamurthy

ACT Mental Health Consumer Network Awards

7. ACT Mental Health Consumer Network Scholarship: Julia Bocking
8. Lived Experience Ally Recognition Award (Group): ACT Aboriginal and Torres Strait Islander Suicide Prevention and Mental Health Partnership Group
9. Lived Experience Ally Recognition Award (Individual): Catherine Vonarx
10. David Perrin Award: Amy Warner
11. Consumer Small Business Grant: Felicity Maher

We were proud to celebrate our award recipients at the Mental Health Month Awards event on 30 October, where we were joined by around 50 representatives from across the sector.

Mental Health Community Coalition of the ACT

ABN 22 510 998 138

Annual Financial Report

For the Year Ended 30 June 2025

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

Contents

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

Committee Members' Report

30 June 2025

The committee members' present their report together with the financial statements of Mental Health Community Coalition of the ACT (the Association) for the financial year ended 30 June 2025 and the auditor's report thereon.

1. General Information

The committee members of the Association at any time during or since the end of the financial year are:

Name	Position	Appointed / (Resigned)
Leanne Heald	Director - President	
Yvonne Luxford	Director - Secretary	
Bianca Rossetti	Director - Lived Experience Consumer	
Prudence Slaughter	Director - Deputy President	Appointed 30 January 2025
Brenton Higgins	Director	Appointed 30 January 2025
Anne Kirwan	Director	Appointed 11 February 2025
Katerina Powick	Director - Lived Experience Carer	Appointed 11 February 2025
Hazel Bennett	Director – Treasurer Chair - Finance Committee	Appointed 1 July 2025
Stuart Althaus	Director – Governance Chair- Governance Committee	Appointed 1 July 2025
Bill Aldcroft	Director	(Resigned on 1 July 2024)
Rocky Bali	Director - Treasurer	(Resigned on 11 February 2025)
Stephanie Stephens	Director	(Resigned on 30 January 2025)
Kylie Burnett	Director	(Resigned on 24 May 2024)
Rob Antich	Director	(Resigned on 27 May 2025)
Sue Webeck	Director	(Resigned on 27 May 2025)

The committee members' have been in office since the start of the financial year to the date of this report unless otherwise stated.

2. Principal Activities

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

3. Operating Results and Review of Operations for the Year

The surplus of the Association for the year ended 30 June 2025 was $20,553 (2024: $185,158).

4. Significant Changes in State of Affairs

In the opinion of the committee members', there were no significant changes in the state of affairs of the Association that occurred during the financial year under review.

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

Committee Members' Report

30 June 2025

5. Events Subsequent to Reporting Date

No matters or circumstances have arisen since the end of the financial year which materially affected or may materially affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

6. Likely Developments

Likely developments in the operations of the Association and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the Association.

7. Environmental Regulation

The Association's operation is not subject to any significant environmental regulations under either Commonwealth or State legislation. However, the committee members believe that the Association has adequate systems in place for the management of its environmental requirements and is not aware of any breach of those environmental requirements as they apply to the Association during the period covered by this report.

8. Proceedings on Behalf of the Association

No person has applied to the Court to bring proceedings on behalf of the Association, or to intervene in any proceedings to which the Association is a party, for the purpose of taking responsibility on behalf of the Association for all or part of those proceedings

9. Auditor's Independence Declaration

The lead auditor's independence declaration in accordance with section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2025 has been received and can be found on page 3 of the financial report.

Signed in accordance with a resolution of the committee members:

Leanne Heald
Board Member (President)
28 October 2025

Hazel Bennett
Board Member (Treasurer)
28 October 2025

VINCENTS

Auditor's Independence Declaration

As lead auditor for the audit of Mental Health Community Coalition of the ACT for the year ended 30 June 2025, I declare that, to the best of my knowledge and belief, there have been:

(i) no contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

This declaration is in respect of Mental Health Community Coalition of the ACT during the period.

Victor Uson
Director
Vincents Audit and Assurance

Brisbane QLD
28 October 2025

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

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2025

	Note	2025 $	2024 $
Revenue	4	**748,037**	887,009
Other income	4	**64,316**	105,006
Employee benefits expense	5	**(584,843)**	(691,713)
Depreciation and amortisation expense		**(8,792)**	(10,042)
Other operating expenses		**(87,870)**	(59,304)
Project expenses		**(105,853)**	(42,555)
Staff and board amenities expenses		**(4,442)**	(3,215)
Finance expenses		**–**	(28)
Surplus for the year		**20,553**	185,158
Other comprehensive income for the year		**–**	–
Total comprehensive income for the year		**20,553**	185,158

The accompanying notes form part of these financial statements.

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

Statement of Financial Position

As at 30 June 2025

	Note	2025 $	2024 $
Assets			
Current assets			
Cash	6	**615,719**	416,588
Trade and other receivables	7	**–**	23,514
Other assets	8	**673,465**	634,500
Total current assets		**1,289,184**	1,074,602
Non-current assets			
Property, plant and equipment	9	**18,290**	10,853
Intangible assets	10	**6,421**	10,279
Total non-current assets		**24,711**	21,132
Total assets		**1,313,895**	1,095,734
Liabilities			
Current liabilities			
Trade and other payables	11	**62,865**	125,162
Provisions	12	**25,119**	15,704
Other liabilities	13	**432,440**	181,950
Total current liabilities		**520,424**	322,816
Total liabilities		**520,424**	322,816
Net assets		**793,471**	772,918
Equity			
Retained earnings		**793,471**	772,918
Total equity		**793,471**	772,918

The accompanying notes form part of these financial statements.

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

Statement of Changes in Equity

For the Year Ended 30 June 2025

	Retained Earnings $	Total $
2025		
Balance at 1 July 2024	**772,918**	**772,918**
Surplus for the year	**20,553**	**20,553**
Other comprehensive income for the year	**–**	**–**
Total comprehensive income for the year	**20,553**	**20,553**
Balance at 30 June 2025	**793,471**	**793,471**
2024		
Balance at 1 July 2023	587,760	587,760
Surplus for the year	185,158	185,158
Other comprehensive income for the year	–	–
Total comprehensive income for the year	185,158	185,158
Balance at 30 June 2024	772,918	772,918

The accompanying notes form part of these financial statements.

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

Statement of Cash Flows

For the Year Ended 30 June 2025

	Note	2025 $	2024 $
Cash flows from operating activities			
Receipts from customers		**1,024,158**	1,139,829
Payments to suppliers and employees		**(835,890)**	(896,590)
Cash generated from operating activities		**188,268**	243,239
Interest received		**23,234**	30,992
Interest paid		**–**	(28)
Net cash provided by/(used in) operating activities		**211,502**	274,203
Cash flows from investing activities			
Acquisition of plant and equipment		**(12,371)**	(6,069)
Transfer from cash to restricted cash		**–**	(634,500)
Net cash provided by/(used in) investing activities		**(12,371)**	(640,569)
Cash flows from financing activities			
Principal repayment of lease liabilities		**–**	(2,181)
Net cash provided by/(used in) financing activities		**–**	(2,181)
Net increase/(decrease) in cash held during the year		**199,131**	(368,547)
Cash at beginning of year		**416,588**	785,135
Cash at end of financial year	6	**615,719**	416,588

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2025

Reporting Entity

Mental Health Community Coalition of the ACT (the Association) is domiciled in Australia. The Association is a not-for-profit entity primarily involved in the provision of co-ordination, systematic representation and community / sector development service for mental health consumers, carers and community mental health service providers in the ACT.

Note 1: Basis of Preparation

These financial statements are tier 2 general purpose financial statements which have been prepared in accordance with Australian Accounting Standards - Simplified Disclosure Requirements adopted by the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*.

The financial statements were authorised for issue by the directors on 28 October 2025.

The financial statements have been prepared on the historical cost basis. These financial statements are presented in Australian dollars, which is the Association's functional currency.

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the Association's accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised prospectively.

Certain comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.

Note 2: Summary of Significant Accounting Policies

(a) Income Tax

The Association is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(b) Volunteer Services

No amounts are included in the financial statements for services donated by volunteers.

(c) Economic Dependence

The Association has a level of dependency on external funding to continue operating the entity. At the date of this report, the committee members' have no reason to believe that the external funding will not continue to support the Association.

Note 3: Critical Accounting Estimates and Judgments

The committee members' make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances. These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The material estimates and judgements made have been described below.

(i) Key estimates—provisions

As described in the accounting policies, provisions are measured at management's best estimate of the expenditure required to settle the obligation at the end of the reporting period. These estimates are made taking into account a range of possible outcomes and will vary as further information is obtained.

(ii) Key estimates—receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on best available information at the reporting date.

(iii) Key estimate—useful life of tangible and intangible assets

Management have incorporated judgement over the expected useful life of the tangible and intangible assets of the Associaton. The estimated useful life impacts the relevant depreciation and amortisation charges included within the profit or loss.

Note 4: Revenue

	2025 $	2024 $
Revenue		
Government grants	**731,307**	855,017
Membership fees	**13,230**	13,811
Sponsorships and donations	**3,500**	18,181
	748,037	887,009
Other income		
Workshop registration and training income	**41,046**	73,013
Sundry income	**36**	1,001
Interest income	**23,234**	30,992
	64,316	105,006

The Association derives revenue over time as follows:

	2025 $	2024 $
Revenue recognised over time		
Government grants	**731,307**	855,017
Membership fees	**13,230**	13,811
Sponsorships and donations	**3,500**	18,181
Interest income	**23,234**	30,992
Total	**771,271**	918,001

The Association derives revenue at a point in time as follows:

	2025 $	2024 $
Revenue recognised at a point in time		
Workshop registration and training income	**41,046**	73,013
Sundry income	**36**	1,001
Total	**41,082**	74,014

Accounting Policy

Revenue recognised over time

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Association expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1	→	2	→	3	→	4	→	5
Identify the contract with the customer		Identify the performance obligations		Determine the transaction price		Allocate the transaction price to the performance obligation		Recognise revenue as and when control of the performance obligations is transferred

Generally, the timing of the payment for rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

Revenue recognised at a point in time

Under AASB 1058, not-for-profit income is recognised when the entity gains control of an asset in a transaction where consideration is significantly less than fair value, or in a non-reciprocal transfer, without specific performance obligations. Income is generally recognised immediately upon receipt unless stipulations delay its use, in which case a deferred liability is recognised and released to income as those stipulations are met. This approach ensures income reflects resource transfers accurately and aligns with funding conditions.

(i) Specific revenue streams

Grant income

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the Association receives the grant, when it is probable that the entity will receive the economic benefits of the grant and the amount can be reliably measured. If the grant has performance obligations attached which must be satisfied before the entity is eligible to receive the grant, the recognition of revenue will be deferred until those specific obligations have been met.

Other income

Other income is recognised on an accruals basis when the Association is entitled to it.

Note 5: Expenses

	2025 $	2024 $
Employee benefits expense		
Salaries and wages	**327,980**	587,692
Superannuation	**31,038**	54,782
Consultants and other expenses	**225,825**	49,239
	584,843	691,713

Note 6: Cash

	2025 $	2024 $
Cash at bank	**615,719**	416,588
Cash in the statement of cash flows	**615,719**	416,588

Accounting Policy

Cash comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

Note 7: Trade and Other Receivables

	2025 $	2024 $
Trade receivables	**–**	9,996
Accrued income	**–**	13,014
Other receivables	**–**	504
	–	23,514

Accounting Policy

Trade receivables are initially recognised at fair value and subsequently at amortised cost using the effective interest method, less an allowance for expected credit losses (impairment provision). The carrying value of trade and other receivables, less impairment provisions, is considered to approximate fair value, due to the short-term nature of the receivables.

(i) Impairment of trade receivables

The collectability of trade and other receivables is reviewed on an ongoing basis. Individual debts which are known to be uncollectable are written off when identified. The Association recognises an impairment provision based upon anticipated lifetime losses of trade receivables. The anticipated lifetime losses are determined with

reference to historical experience and are regularly reviewed and updated. The amount of the impairment loss is recognised in profit or loss within other expenses.

Note 8: Other Assets

	2025 $	2024 $
Restricted cash	**660,528**	629,005
Prepayments	**12,937**	5,495
	673,465	634,500

Restricted cash refers to cash held by the Association in term deposits that is reserved for specific strategic or operational purposes. The use of these cash reserves require Board approval, and subject to purpose may also require consultation with ACT Government.

Note 9: Plant and Equipment

	Plant and Equipment $	Total $
30 June 2025		
Balance at beginning of the year	**10,853**	**10,853**
Additions	12,371	12,371
Depreciation	(4,934)	(4,934)
Balance at end of the year	**18,290**	**18,290**
Cost	**40,598**	**40,598**
Accumulated depreciation	(22,308)	(22,308)
Carrying value	**18,290**	**18,290**
30 June 2024		
Cost	28,227	28,227
Accumulated depreciation	(17,374)	(17,374)
Carrying value	10,853	10,853

Accounting Policy

(i) Recognition and measurement

Items of plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses. When parts of an item of plant and equipment have different useful lives, they are accounted for as separate items (major components) of plant and equipment.

Any gain or loss on disposal of an item of plant and equipment (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised in profit or loss, associated with the expenditure will flow to the Association. Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the Association. Ongoing repairs and maintenance are expensed as incurred.

(ii) Depreciation

Items of plant and equipment are depreciated from the date that they are installed and are ready for use, in respect of internally constructed assets, from the date that the asset is completed and ready for use. Depreciation is calculated to write-off the cost of property, plant and equipment values over their estimated useful lives. Depreciation is generally recognised in profit or loss, unless the amount is included in the carrying amount of another asset.

The estimated useful lives for the current and comparative years of classes of plant and equipment are as follows:

Fixed Asset Class	Depreciation Rate	Depreciation Method
Plant and Equipment	30-40%	Straight-Line

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

(iii) Impairment

The carrying amount of the Association's plant and equipment are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, the asset's recoverable amount is estimated.

Note 10: Intangible Assets

	Software $	Total $
30 June 2025		
Balance at beginning of the year	**10,279**	**10,279**
Amortisation	(3,858)	(3,858)
Balance at end of the year	**6,421**	**6,421**
Cost	**15,433**	**15,433**
Less accumulated amortisation	(9,012)	(9,012)
Carrying value	**6,421**	**6,421**
30 June 2024		
Cost	15,433	15,433
Accumulated depreciation	(5,154)	(5,154)
Carrying value	10,279	10,279

Accounting Policy

(i) Software

Software is recognised at cost of acquisition. Software has a finite life and are carried at cost less any accumulated amortisation and any impairment losses. Software is amortised over their useful life ranging from 3 to 5 years.

(ii) Amortisation

Amortisation is recognised in profit or loss on a straight-line basis over the estimated useful lives of intangible assets, from the date that they are available for use. Amortisation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

(iii) Impairment

The carrying amount of the Association's software are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, the asset's recoverable amount is estimated.

Note 11: Trade and Other Payables

	2025 $	2024 $
Trade payables	**27,924**	33,585
GST payable (receivable)	**(1,034)**	31,448
Accrued expense	**31,768**	60,129
Other payables	**4,207**	–
	62,865	125,162

Accounting Policy

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

(i) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of associated GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case it is recognised as part of the cost of acquisition of the asset or as part of the expenses. Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the assets and liabilities statement.

Note 12: Provisions

	2025 $	2024 $
Current		
Provision for annual leave	**25,119**	15,704
	25,119	15,704

Movements in employee benefits:

	Annual Leave $
Carrying amount as at 1 July 2024	**15,704**
Additions	29,541
Amounts charged	(20,126)
Carrying amount as at 30 June 2025	**25,119**

Accounting Policy

(i) Short-term employee benefits

Short-term employee benefits are expensed as the related service is provided. A liability is recognised for the amount expected to be paid if the Association has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

(ii) Long-term employee benefits

The Association's net obligation in respect of long-term employee benefits is the amount of future benefit that employees have earned in return for their service in the current and prior periods. That benefit is discounted to determine its present value. Remeasurements are recognised in profit or loss in the period in which they arise.

Note 13: Other Liabilities

Other liabilities at 30 June 2025 amounted to $432,440 (2024: $181,950). It relates to assessment and examination revenue received in advance, before the service is fully completed and the performance obligation is satisfied.

Mental Health Community Coalition of the ACT ABN 22 510 998 138
Notes to the Financial Statements
For the Year Ended 30 June 2025

Note 14: Auditor's Remuneration

	2025 $	2024 $
Audit of the financial statements	**6,560**	6,750
Other services		
—Assistance in preparing financial statements	**2,050**	–
	8,610	6,750

Note 15: Contingencies

In the opinion of the committee members', the Association did not have any contingencies at 30 June 2025 (30 June 2024: nil).

Note 16: Related Party Transactions

(a) Transactions with key management personnel compensation

The key management personnel compensation was $101,775 for the year ended 30 June 2025 (2024: $134,260). There were no other transactions with key management personnel during the current and prior financial year.

(b) Transactions with related parties

A number of key management personnel, or their related parties, hold positions in other entities that result in them having control or significant influence over the financial or operating policies of these entities. A number of these entities transacted with the Association in the reporting period.

The aggregate value of transactions and outstanding balances relating to key management personnel and entities over which they have control or significant influence were as follows:

	Transaction value 2025 $	Transaction value 2024 $	Balance outstanding 2025 $	Balance outstanding 2024 $
Community Mental Health Australia	**8,558**	8,051	–	–
Perinatal Wellbeing Centre	**360**	(1,670)	–	

Note 17: Subsequent Events

No item, transaction or event of a material and unusual nature is likely, in the opinion of the directors of the Association, to materially affect the operations of the Association, the results of those operations or the state of affairs of the Association, in future financial years.

Note 18: New Accounting Standards and Interpretations Issued but Not Yet Effective

There are no standards that are not yet effective and that are expected to have a material impact on the entity in the current or future reporting periods and on foreseeable future transactions.

Notes to the Financial Statements

For the Year Ended 30 June 2025

Note 19: Statutory Information

The registered office and principal place of business of the Association is:

Room 106, Level 1
The Griffin Centre
20 Genge Street
CANBERRA ACT 2601

Committee Members' Declaration

The committee members of the Association declare that:

1. The financial statements and notes, as set out on pages 4 to 17, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
   (a) comply with Australian Accounting Standards - Simplified Disclosures; and
   (b) give a true and fair view of the financial position as at 30 June 2025 and of the performance for the year ended on that date of the Association.
2. In the committee members' opinion, there are reasonable grounds to believe that the Association will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the committee.

Leanne Heald
Committee Member (President)
28 October 2025

Hazel Bennett
Committee Member (Treasurer)
28 October 2025

Independent Audit Report

To the directors of Mental Health Community Coalition of the ACT

Opinion

We have audited the financial report of Mental Health Community Coalition of the ACT (MHCC), which comprises the statement of financial position as at 30 June 2025, 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, and notes to the financial statements, including a summary of significant accounting policies, and the statement by members of the board.

In our opinion, the accompanying financial report of MHCC is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act), including:

(i) Gives a true and fair view of MHCC's financial position as at 30 June 2025 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements section* of our report. We are independent of MHCC in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial statements in Australia. We have also fulfilled our other responsibilities in accordance with the Code.

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

Emphasis of a Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling MHCC's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Information

Management is responsible for the other information. The other information obtained at the date of this auditor's report is information included in board's report (but does not include the financial report and our auditor's report thereon).

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

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of MHCC are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the ACNC Act. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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In preparing the financial statements, the directors are responsible for assessing MHCC's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate MHCC, or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Victor Uson
Director
Vincents Audit and Assurance

Brisbane QLD
28 October 2025

Mental Health Community Coalition ACT

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