



# annual report 2007–2008

| <b>Contents</b>   | <i>page</i> |
|---|-------------|
| About MHCC ACT.....   | 2           |
| Board and Staff.....  | 3           |
| President’s Report – Winsome Willow.....                      | 5           |
| Treasurers report – Pam Boyer.....                            | 6           |
| Executive Officer’s Report – Barry Petrovski.....             | 7           |
| Carer Representative Report – Judy Bentley.....               | 8           |
| Sector Development and Policy Report – David Plant.....       | 9           |
| Policy and Project Consultant’s report – Dr Leanne Craze..... | 11          |
| Consumer and Carer Participation Report – Karen Blake.....    | 13          |
| 2007-2008 Audited Financial Report .....                      | 15          |
| Membership .....  | 16          |



# About MHCC ACT

The Mental Health Community Coalition ACT (MHCC ACT) is the peak body representing the not for profit Community Mental Health sector in the Australian Capital Territory. Founded in 2004 the organisation promotes a diverse range of community agencies and local consumer and carer groups that support people recovering from a mental illness in the community.

MHCC ACT works inclusively with all stakeholders to support the development of community based services and promotes the interests of consumers, carers and not for profit community organisations.

## Our Objectives

MHCC ACT seeks to promote and develop the Community Mental Health Sector through activities which support:

- organisational and service capacity building;
- workforce development, education and training;
- research and policy development;
- promotion of service partnerships and community care coordination;
- engagement with and promotion of sector interests to ACT, interstate and national stakeholders;
- information sharing; and
- consumer and carer participation.

### **Sector Development**

MHCC ACT supports the continued growth of community based services through collaborative program and policy development initiatives, education, research, and support for agency management and governance. We work closely with our member organisations to articulate policy positions on mental health and related community service development.

### **Representation**

We represent the interests of our members to a broad range of stakeholders through the preparation of submissions, policy statements, reports, community forums, and participation in meetings with key stakeholders such as politicians, government departments and industry bodies.

## **Information Provision**

MHCC ACT compiles information for members and the community from local, national and international sources. The organisation also undertakes relevant research into recovery focused mental health policy and consumer and carer participation.

## **Health Promotion**

The organisation works in partnership with member agencies and stakeholders to promote mental health awareness through a range of stigma reduction and service promotion campaigns such as Mental Health Week.

## **Membership**

MHCC ACT members receive a range of benefits and access to industry networks, policy and service development support, training and education. Membership is available to community organisations, individuals, government agencies and affiliated institutions and professional bodies.

## **Consumer and Carer Caucus**

MHCC ACT has a unique governance structure known as the Consumer and Carer Caucus. The Caucus is made up of consumer and carer representatives and ensures that the work of MHCC ACT is informed by the interests and views of mental health consumers and carers from across the region.

Caucus provides direct policy advice and elects four representatives to the Board. Caucus also hosts a range of forums, community education sessions and provides timely advice to government departments and stakeholders.



# Board Members

The MHCC ACT board is elected annually and consists of mental health community organisations and Consumer and Carer representatives. The board has played a pivotal role in establishing an effective governance structure and input into the agencies strategic planning and development.

**Winsome Willow, President**

**Judy Bentley, Vice President**

**Pam Boyer, Treasurer**

**Michael Firestone, Secretary**

**Paul Russell**

**David Lovegrove**

**John Wilkinson**

**Bernette Redwood**

**Keith Todd**

**Heide Seaman**

**Leigh Westcott**

Inanna & Raja Inc

Consumer and Carer Caucus

Mental Illness Education ACT

Consumer and Carer Caucus

Woden Community Services

ACT Mental Health Consumer Network

Consumer and Carer Caucus

Mental Illness Fellowship ACT

OZ Help Foundation

Richmond Fellowship ACT

Board Appointed Community Representative

## Staff

**Barry Petrovski**

Executive Officer

**David Plant**

Sector Development and Policy Consultant  
(October 2007–October 2008)

**Ms Louisa Dow**

Administration and Membership Officer  
(July 2008)

### STAFF APPOINTMENTS 2008–2009

**Narelle Hart**

Office Manager

**Leanne Craze**

Policy and Project Consultant

**Karen Blake**

Consumer and Carer Participation Officer

**Lauren Aynsley**

Administration Officer  
(March 2008)

**Martin Thomas**

Policy and Sector Development Manager

# President's Report **Winsome Willow**

During the year there have been many opportunities to celebrate the success of the Coalition.

This success is due to the work of Barry as the Executive Officer and the team at the Coalition. This includes David's quiet, thorough and uncomplicated view of what is needed in the mental health arena and Leanne's excited and connecting ways that work towards joining up the dots. During the year Karen had a shifting job description which enormously aided the advancement of the wish list of the Coalition. The office was also supported by at different times by Lauren and Louisa. Well done to all members for their unique and valuable contributions. Then there is the Board with the dedicated members turning up time after time, contributing their precious time and great ideas.

As this is my last report as President I've been reflecting on some of our achievements and what this might mean to our members and the sector. Over the last four years I have witnessed some significant changes and have been apart of the Coalition's forward development. We have done quite a lot in short amount of time and I believe created a new space for the sector to be promoted and recognised. This has occurred not only locally but also nationally through the formation of the new state and territory peaks Community Mental Health Alliance. The Coalition has also been quite effective in showcasing the richness of our sector and the unique things we achieve collectively.

I always read my astrological stars for the day and today mine asked 'why do people like puzzles and problems?' and the answer was that even if not known at the time there is always a solution. In the case of mental health the solution is to realise there is no one solution. It can be difficult to bring attention to the work of the sector and the issues it faces in a way that is both inclusive and progressive. Whilst at times it may appear difficult to represent the whole sector, this goal is not a impossibility. It will just take time to find the right balance and the right approach. There is no one solution and knowing that is the thing that makes us strong as a community.

In the Mental Health arena there is a saying "nothing about me without me". I know in my work I draw on my whole world for my wisdom and being in my family where there have been struggles has taught me much. I know from my family it wouldn't be ok for some of us to be doing ok and having lots and others not. It doesn't seem fair or right. I have always encouraged sharing and taking up someone else's share when and if they are not able so they keep within our family group. It's messy and complicated at times and there are no right ways to do it, but we do it anyway because what is the alternative? This is my hope for the Coalition and the sector more broadly. This would mean continuing to listen and learn and adjusting course so as a whole we keep together on the path. We look out for each other and that is an important part of any community where concern is fostered.

As the first president of the Board this has been a great privilege for me and I have certainly learnt a lot about possibilities for the Sector, for myself and for the people whose lives are at the centre of this Coalition. My hope is we find ways to keep on connecting to our heart and don't be too impressed by ourselves that we forget to value humility.

No one organisation or person got us here and no one will be able to take this forward, it does require us all being brave and speaking up and taking up some of the job. I have been involved in many ground swelling causes and it takes the people to join together to make it happen, to make it part of the community we want.

So my journey as President is ending now and I'd like to thank all members, staff and consumer and carers for assisting me in this role over the last four years. I am confident we can continue to grow and move forward but not at the expense of losing our connection to each other.



## Treasurers Report **Pam Boyer**

I am pleased to be presenting my first treasurer's report on behalf of the organisation and have enjoyed my role overseeing MHCC ACT's finances over this period.

The financial year 2007– 2008 has been a period of significant development and growth for the Coalition, a sign of the increased activity, visibility, and also allowing for improved financial consolidation.

The income for this period increased quite markedly on the previous financial year to \$337,811 with expenses totaling to \$318,481. Coming from last years small deficit the Coalition has achieved a modest surplus totaling \$19,330.

The Coalition's expanded program capacity now comes from a variety of sources, with new projects funded under a range of initiatives including ACT Health, Department of Families Housing Community Services and Indigenous Affairs (FAHCSIA), Adult Education ACT, Department Disability Housing and Community Services (DHCS) and HealthPACT.

I'd like to thank Lesley Hyndal from Brazen Books who continues to be a marvelous book keeper, coping with the increased complexity of the financial management of the organization.

The MHCC ACT team is to be congratulated for it's ability to diversify it's funding base and create greater organisational capacity over the period.

In addition, I'd like to take this opportunity to thank all of our funding partners and in particular ACT Health for assisting the Coalition to develop it's sector development program base over this financial period.

# Executive Officer's Report **Barry Petrovski**

The 2007- 2008 period has been an affirming year for the Coalition and one that I am pleased to report. This period has been significant and one which marks a positive growth direction for the organisation and the sector at large.

Building on our previous year's work the Coalition has achieved a range of outcomes and delivered several important initiatives over the period. Following the release of our Building Capacity report in May 2007 the Coalition has used this report as a basis to progress a range of policy and sector development initiatives and dialogue with key stakeholders.

Over this period we have worked attentively to present a consistent and strong message to government and the broader community that further investment, recognition and interconnectivity with the community sector is pivotal to addressing the longstanding service gaps and inadequacies of our mental health system.

This year has presented many opportunities for the community sector as we have seen new Federal and ACT Government funded programs roll out such as the PHAMs, Day to Day Living programs and ACT Health funded initiatives such as the Youth and and Adult Step Up step down programs.

These new programs embody a clear community recovery approach that offer new support options while complementing existing services in the sector. It has been great to watch these new programs get of the ground and see new workers join the sector. In addition, we have seen a new Federal Government take office and open a new dialogue with the community sector regarding homelessness, social inclusion and a community compact. We wait with anticipation to see the outcomes of these new directions and whether "cooperative federalism" will deliver better outcomes to consumers and their families.

A key milestone for MHCC and our sister peaks has been the creation of a new national alliance between the state and territory mental health peaks. The Community Mental Health Australia (CMHA) Alliance was formed in late 2007 with the aim of providing a more effective platform for the state and territory peaks to collaborate and progress shared sector development, workforce and policy issues. The alliance has provided a great opportunity for the peaks to work as a coordinated team rather than 8 separate organisations that in the past only come together for a dinner once in a while at a conference. The peaks are now focused on promoting a shared national understanding of the sector through several new projects.

Closer to home some stand out moments for the Coalition have been settling in to our new office in which we were very fortunate to secure additional office space in the Griffin Centre. A big thank you must go to all staff and members who were most patient during the renovations. We were also pleased to witness a significant increase in our membership from 26 to 40 community organisations over this period. Our quarterly consumer and carer forums have also been a great success and opportunity for our members and consumer and carer groups to have direct input into current policy debates including the review of the ACT Mental Health Treatment and Care Act, ACT Mental health Service's plan and other initiatives.

The Coalition also continues to participate in range of government forums and advisory groups including the Mental Health ACT Strategic Executive and numerous ACT Health working groups.

We have also participated in key cross department initiatives including the Joint Community Government Reference Group and DHCS Homelessness Strategy. We have also supported the valuable work of the ACT Transcultural Mental Health Network, Carers Alliance and assisted work in the area of Social Enterprises.

In light of our recent success we must also acknowledge the future challenges that beset us. One such area is the yet to be announced Commonwealth and State/Territory mental health funding arrangements. It is imperative that these new funding arrangements continue to build upon the positive investment in community sector services through the 2006 COAG National Action Plan. How many more government inquiries must take place before the debate shifts from more beds to one of greater accountability and community service options. Another key area that Coalition needs to address is finding more inclusive and supportive ways to keep consumers and carer's connected to our work and directions as an organisation. While this is a challenge it is also our greatest strength and an opportunity for meaningful dialogue and change.

Finally I'd like to thank the board and staff team for making 2007-2008 a truly successful year in particular David Plant for his work and efforts over the period. I'd like to also honour and thank our outgoing board members Winsome Willow, Judy Bentley and Bernette Redwood for their unique and inspired contribution to the Coalition. I have thoroughly appreciated working and learning from you all.

## Carer Representative Report **Judy Bentley**

It is with some sadness that I write my last carer representative report for the 2008 Annual General Meeting of the Mental Health Community Coalition of the ACT. After two consecutive two-year terms it is time for me to stand down and hand over to another mental health carer who will carry Caucus consumer and carer interests forward as a carer representative of the Caucus. John Wilkinson will continue to provide his well-considered advice and dedication for another term as carer representative.

There has been considerable growth in the workload of the Coalition since our first meeting in 2004. Community organisations are now being well supported to take over leading roles in mental health services, with the Coalition taking a primary role as the ACT peak body.

Mental health carers have appreciated the opportunities provided by the Coalition to participate in the regular Consumer and Carer Quarterly Forums. These forums have covered diverse and interesting mental health issues, with good attendance numbers. One of the most lively, entertaining and well-attended, was the 'Meet the Candidates' forum before the recent ACT election, where candidates discussed their policies for mental health services.

The Coalition has provided opportunities for consumers and carers to have input into responses to a number of Government mental health issues papers and proposals, including the review of the Mental Health (Treatment and Care) Act 1994, Evaluation of the ACT Mental Health Strategy and Action Plan, the Human Rights Commission and ACT Health joint review of the Psychiatric Services Unit and the Respite and Family Support program.

The regular E-Bulletins issued from the coalition have been greatly appreciated by consumers and carers. They have provided an important source of information and calendar of events of mental health activities provided by the various mental health support organisations in the ACT. Anyone not in receipt of the E-Bulletin should contact Narelle Hart from the Coalition on 6249 7756 to get on to the mailing list.

During 2008 there have been some changes in the way consumer and carer members of Caucus have participated in the Coalition. A survey is currently being sent to all members for their views on how well the Coalition is matching expectations – what things the Coalition is doing well, what things could be improved, what do members want from the Coalition. It is hoped that the information gained from this survey will assist the Coalition to better target consumer and carer issues and concerns.

Mental Health ACT has been very encouraging and supportive of consumer and carer representation on all their committees and working groups. Many consumers and carers are giving generously of their time and commitment to these roles. Consumer representatives have been very fortunate to have the backing and support of their excellent Mental Health Consumer Network. To support mental health carers to provide a combined carer voice, and with funding provided from Mental Health ACT, Carers ACT has recently taken on the role of facilitating a Mental Health Carer Representation and Research Program. This program will support carers to represent carer views on government or community services committees, provide training and information, maintain a register of carer representatives, provide a forum for exchange of information about carer issues of concern. The program co-ordinator is Margaret Wooldridge, who can be contacted at Carers ACT on 6296 9900.

I wish the Coalition success in the future as it continues to be the well-respected and influential peak body for mental health services in the ACT.

## Sector Development and Policy **David Plant**

This year has seen the Coalition establish new initiatives directed to progressing sector development objectives. Policy priorities for the sector have focussed on a proactive campaign to highlight the sector's achievements to date and the role it can play in an expanded and more responsive approach to mental health in the ACT community.

The Coalition has been an active participant in several government and other community mental health policy and sector development processes including the ACT Mental Health Services Plan Advisory Committee, the Care Coordination Advisory Committee and other committees.

The ACT Government submission to the Commonwealth Department of Family, Housing, Community Services and Indigenous Affairs regarding the establishment of an additional PHAMS site was also developed in collaboration.

## The Coalition's Sector Development Initiatives

### Sector Development Reference Group

The Sector Development Reference Group was formed following release of the "Building Capacity" report (see publications). This quarterly forum was established to bring together senior managers from member organisations to set the scene for engagement in sector development issues utilizing the framework and recommendations set out in the Building Capacity report.

The forum has established a practice of inviting participation from government representatives as a means of advancing discussion and projects on relevant issues including:

- Outcome measurement (and service evaluation);
- Core Pricing (see publications for MHCC ACT core pricing submission);
- Workforce Development (and workforce strategy);
- Care Coordination;
- Quality Improvement (uniform service standards and monitoring across the ACT); and
- The need to establish a comprehensive and proactive service development framework for the mental health community services sector.

This forum also provides an opportunity for senior staff in member agencies to share their knowledge and experience of organisational development and governance and to promote their interagency partnerships.

### Work Practices Forum

The quarterly work practices forum provides an opportunity for community support workers, clinicians and volunteers to share and reflect on work practice and care coordination issues. Case studies or other issues based practice materials are presented to further discussion on practice approaches, information sharing and referral.

## The Coalitions Mental Health Policy Initiatives

The MHCC ACT policy and research agenda is directed to the development of:

- Quality responses to government initiatives and inquiries; and
- The establishment of policy positions targeted to proactive leadership of debate on issues affecting the sector's viability and effectiveness.

Significant policy papers developed in 2007/8 are as follows:

- MHCC ACT & ACT COSS (2007), *Building capacity in the ACT Community Mental Health Sector*, MHCC ACT Canberra.
- MHCC ACT (2008), *Submission in Response to the Joint Community Government Reference Group's Discussion paper on Pricing Principles for Community Services in the ACT*.
- Mental Health Community Coalition ACT & Consumer and Carer Caucus (2007), *ACT Government Budget Submission 2007-2008*

Policy development in the ACT is increasingly being informed by and being undertaken in collaboration with the recently formed alliance of state and territory mental health peak organisations, Community Mental Health Australia. The Coalition coordinated and developed a joint submission to the 2007 Senate Enquiry into Mental Health Services. This was quite an achievement as it was the first time the peaks had developed a joint submission of this nature. In addition a briefing paper announcing the formation of this national alliance was released in January 2008 and a policy document titled Mental Health RICH in May 2008.

Policy papers which were under development at the close of 2007/8 included:

- a position paper on housing and mental health;
- a proposal outlining requirements for the planned development of mental health community services to support a community focused mental health services system by 2012; and
- a response to the Commonwealth government's green paper on homelessness issued in May 2008.

Additionally, MHCC ACT liaised with the Community Corrections Coalition in the development of their landmark publication *Healthy or Harmful: Mental Health and the operational regime of the New ACT Prison*, addressed the Alcohol and Other Drugs Forum on the topic of dual diagnosis response, and participated in Policy Officer forums auspiced by ACTCOSS.

## Policy and Project Consultant **Dr Leanne Craze**

The year 2007-2008 was a busy year which saw the resources of the Coalition stretched but prevailing to achieve a great deal. My involvement with the Coalition changed during this year, resulting in me assuming a greater role in policy development and project management. What were the highlights? Many, but below is a summary of key work areas.

### **Review of the ACT Mental Health (Treatment & Care) Act 1994**

At one stage it seemed like the MHCC ACT would provide endless responses to consecutive drafts of the Draft Options Paper. Then the final version of the Options Paper was finally released so that the Coalition could submit its final response. The next report of the Review outlining responses to the Options Paper revealed considerable progress and made a series of constructive recommendations for improving mental health legislation in the ACT. In between the various Draft Options Papers the Coalition joined with the ACT Mental Health Consumer Network, Carers and ACT Health to organise two important quarterly Forums which helped to further the debate.

The First was with Professor Duncan Chappell, a leading Mental Health Law commentator and practitioner. Professor Chappell outlined deficiencies in the current legislation and pointed the way to options for creating better provisions.

The second with Dr Penny Weller, Centre for Rethinking Mental Health Laws, Monash University. Dr Weller provided an overview of provisions for Advanced Care Directives from around the world and helped by discussing possible options for the ACT to consider.

Out of this forum, a group of consumers and carers began to meet with Karen Blake and Simon Viereck and out of their deliberations arose the ACT Mental Health Advanced Care Directives Working Group. The group is working toward resources and practical initiatives to support the increased use of Advanced Care Directives in the ACT.

## **Toward a Mental health Legal Services Program**

Throughout the Review of the ACT, the lack of legal advice and representation for people experiencing mental illness has been evident time and time again. The Coalition together with ACT Mental Health Consumer Network, Carers, Centre for Womens Health Matters, Legal Aid, Public Advocate, ACT Health began to meet to discuss what could be done. The group though willing in spirit became overwhelmed by work but is looking to pick this important matter up again in the New Year.

## **Conference Papers and Presentations**

Yet again a busy year!

- 'Telling It Like It Is' – consumer and carer led training in communications for relationships and families Hong Kong Sept 2007
- VICSERV Joining the Dots Conference April 2008
- A paper written with David Plant and edited by Michael Firestone, reflecting on 100 years of development of community mental health agencies in Australia and concluding with current day challenges associated with keeping consumers, families and communities central to sector and agency governance and development.
- World Promotion and Prevention Conference, Melbourne August 2008. Alternative legal frameworks to Stand Alone Mental Health Legislation.
- National Building Capacity in Community Mental Health Family Support and Carer Respite Project. A national project funded by FAHCSIA, administered by VICSERV and conducted by each of the Community Mental Health Peaks. The project got off to a flying start in the ACT with consultations, research and a Next Steps Forum, all in the space of three months. Since July, I have been working with interested agencies to develop partnership proposals to submit to the next round of the National Respite Development Funding.

## **Challenges for the Coming Year**

The main challenge I see is how to remain true to the history and community roots of the Coalition following rapid development. A critical task is to continue to ensure that the voice of consumers, carers and community groups are kept central to governance, decision making and service development. The centrality of this voice is a vulnerable concept. We must all strive to uphold it and let it flourish.

# Consumer and Carer Caucus Report **Karen Blake**

The 2007-2008 period has been a time of growth and 're-grouping' for the Consumer and Carer Caucus. This year marked the end of an era and the commencement of a new phase in Consumer and Carer representation. This resulted in the widening of membership of Caucus to include representatives from MHCC ACT member organisations and the establishment of a proposed training package on Consumer and Carer Participation in Governance for member organisations which is due to be completed in late 2008 early 2009.

The Caucus training "Telling it like it is: Mental Illness, Relationships and Communications" was held during Mental Health Week 2007 conducted by Dr Leanne Craze. The training proved very popular with around 40 people attending each of the four sessions.

Consumer and Carer Caucus members have also been hard at work on the ACT Mental Health (Treatment and Care) Act further developing the inclusion and status of Mental Health Advance Directives. This project was proposed by Deb Merrit (MH ACT Consumer Consultant) during the November 2007 Caucus meeting and a group of consumers got together to work on the issue. The issue proved to be a 'hot topic' with around nine consumers wanting to pursue the issue.

An Advance Directives Framework for Implementation was established to look at the issue from a Legal, Clinical and Consumer perspective and as a result Caucus Carers were invited to join the working group to add their perspective. The issues were highlighted in the May 2008 Consumer, Carer and Community Quarterly Forum where speakers from the Public Advocate, Monash University and MH ACT were invited to speak on the topic. The working group expects to grow and increase in momentum during the later half of the year.

Carer members also assisted in the establishment of the Mental Health Carers Alliance which has provided a new platform for carer representatives and community agencies to come together and share information and have input into specific mental health carer policy and service development.

We are pleased to see that Carers ACT have recently established a new Mental Health Carer Representation and Research Program that will lend further support to carer representatives and advocates into the future and provide a home for the group.

The achievements of Caucus for 2007-2008 include:

## **Training and Education for people living with a mental illness and their families**

- The ACE and HealthPact funded "Telling it like it is: Mental Illness, Relationships and Communication" attended by around 160 people.
- "Our unique role: Consumer and Carer Caucus" paper presentation at the 2008 VICSERV conference held in May 2008.



### **Consultations and Submissions**

- ACT Mental Health (Treatment and Care) Act 1994
- ACT Mental Health Consumer and Carer Participation Framework
- COAG National Homelessness White Paper
- ACT Mental Health Services Plan
- Advance Directives issues of implementation
- Caucus also provided input into the MHCC ACT Strategic Planning process.

### **Caucus Meetings**

- Eight Caucus meetings held during the year with 4-12 people and a total of 92 attendances
- Four Consumer, Carer and Community Quarterly Forums were held with 40-50 attendees at each meeting representing 200 people concerned with the issues raised for the community.

### **Contribution to consumer and carer participation capacity building and representation**

Coordination of the Consumer, Carer and Community Quarterly Forum Support to, and membership of the ACT Mental Health Carers Alliance

Support to, and membership of the National Mental Health Consumer and Carer Forum

Support to, and membership of the ACT Trans-cultural Mental Health Network

Most members of Caucus sit on a number of committees, boards and working groups both within ACT Health, Mental Health ACT and ACT Community Organisations.



# financial statements

for the year ended 30th June 2008

| <b>Contents</b>                        | <i>page</i> |
|--|-------------|
| Statement of Committee Members.....    | 16          |
| Statement by Committee Members.....    | 17          |
| Income and Expenditure Statement.....  | 18          |
| Balance Sheet.....                     | 19          |
| Notes to the Financial Statements..... | 20          |
| Auditors Report.....                   | 23          |
| MHCC Members.....                      | 24          |

## MENTAL HEALTH COMMUNITY COALITON OF THE ACT INC

### STATEMENT OF COMMITTEE MEMBERS

In accordance with the requirements of Section 73(1)(c) of the Associations Incorporation Act 1991, the Committee submits its report for the financial year 30 June 2008.

1. The names of each member of the Committee at the date of this report are:

|                   |                         |
|-------------------|-------------------------|
| Winsome Willow    | (President & Treasurer) |
| Judy Bentley      | (Vice President)        |
| Michael Firestone | (Secretary)             |
| Pam Boyer         | (Treasurer)             |
| David lovegrove   |                         |
| Jacqui Joyce      |                         |
| Bernette Redwood  |                         |
| Leigh Wescott     |                         |
| Paul Russell      |                         |
| Keith Todd        |                         |
| Heide Seaman      |                         |
| John Wilkinson    |                         |

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

There has been no change to this activity during the year.

3. The net profit for the financial year ended 30 June 2008 is \$ 19,330

Signed:  Date: 30.10.08

Signed:  Date: 30.10.08

**MENTAL HEALTH COMMUNITY COALITON OF THE ACT INC**

**STATEMENT BY MEMBERS OF THE COMMITTEE**

**FOR THE YEAR ENDED 30 JUNE 2008**

In the opinion of the Committee

- (i) the accompanying Statement of Financial Performance is drawn up so as to give a true and fair view of the results of Mental Health Community Coalition of the ACT Inc. For the year ended 30 June 2008.
- (ii) the accompanying Statement of Financial Postion is drawn up so as to give a true and fair view of the results of Mental Health Community Coaliton of the ACT Inc. for the year ended 30 June 2008.
- (iii) at the date of this statement there are reasonable grounds to believe that Mental Health Community Coalition of the ACT Inc. will be able to pay its debts as and when they fall due.

The financial report has been made out in accordance with Australian Accounting Standards and other mandatory professional reporting requirements.

This statement is made and signed on behalf of the Committee.

On behalf of the Committee

  
.....  
(Committee Member)

  
.....  
(Committee Member)

Dated this 30 Day of October 2008.

**MENTAL HEALTH COMMUNITY COALITION  
OF THE ACT INCORPORATED**

**Income and Expenditure Statement**

**(For the year ended 30 June 2008)**

| <b>2007</b>    |                                    | <b>2008</b>   |
|----------------|------------------------------------|---------------|
| <b>\$</b>      | <b>INCOME</b>                      | <b>\$</b>     |
| 158,452        | Government Grants                  | 319,876       |
| 2,210          | Membership fees                    | 6,978         |
| 2,753          | Interest Received                  | 4,505         |
| 3,849          | Workshops                          | 1,895         |
| 1,854          | Other                              | 4,557         |
| 169,118        | <b>TOTAL INCOME</b>                | 337,811       |
|                | <b>EXPENSES</b>                    |               |
| 4,144          | Accounting & Bookkeeping Fees      | 5,783         |
| 4,986          | Advertising & Promotion            | 12,460        |
| 625            | Annual Leave Expenses              | 2,825         |
| 1,860          | Audit Fees                         | 1,400         |
| 91             | Bank Fees                          | 260           |
| 2,513          | Computer Expenses                  | 4,969         |
| 41,568         | Consumer & Career Caucus Expenses  | 5,202         |
| 3,571          | Depreciation                       | 4,401         |
| 889            | Forum Expenses                     | 3,767         |
| 2,303          | General Expenses                   | 3,420         |
| 2,521          | Insurance                          | 5,125         |
| 375            | Library Resources                  | 393           |
| 1,216          | Board Meeting Expenses             | 9,673         |
| 1,878          | Office Equipment & Furniture       | 4,211         |
| 1,070          | Printing & Stationary              | 2,957         |
| 6,774          | Rent & Electricity                 | 10,151        |
| 843            | Repairs & Maintenance              | 3,918         |
| 79,636         | Salary & Wages                     | 127,780       |
| 4,200          | Staff Training                     | 4,836         |
| 1,340          | Subcontractors/Consultants         | 80,800        |
| 6,901          | Superannuation                     | 11,411        |
| 2,897          | Telephone & Internet               | 4,773         |
| 3,512          | Travel & Accommodation             | 7,966         |
| 175,713        | <b>TOTAL EXPENSES</b>              | 318,481       |
| <b>(6,595)</b> | <b>OPERATING SURPLUS/(DEFICIT)</b> | <b>19,330</b> |

**MENTAL HEALTH COMMUNITY COALITION  
OF THE ACT INCORPORATED**

**Balance Sheet  
(At the end of 30 June 2008)**

| 2007                 |  | Note | 2008                 |
|----------------------|--|------|----------------------|
| \$                   |  |      | \$                   |
|                      | <b>CURRENT ASSETS</b>                  |      |                      |
| 65,506               | Cash and Cash Equivalents              | 2    | 139,350              |
| 219                  | Receivables                            |      | 26,804               |
| 1,912                | Prepayments                            |      | 2,198                |
| <u>67,637</u>        | <b>TOTAL CURRENT ASSETS</b>            |      | <u>168,352</u>       |
|                      | <b>NON-CURRENT ASSETS</b>              |      |                      |
| <u>10,226</u>        | Property, Plant & Equipment            |      | <u>15,172</u>        |
| <u>10,226</u>        | <b>TOTAL NON-CURRENT ASSETS</b>        |      | <u>15,172</u>        |
| <u>77,863</u>        | <b>TOTAL ASSETS</b>                    |      | <u>183,524</u>       |
|                      | <b>CURRENT LIABILITIES</b>             |      |                      |
| 15,978               | Trade and Other Payables               | 3    | 45,315               |
| 2,050                | Provisions                             |      | 4,874                |
| 17,272               | Other                                  | 4    | 71,442               |
| <u>35,300</u>        | <b>TOTAL CURRENT LIABILITIES</b>       |      | <u>121,631</u>       |
| <u><b>42,563</b></u> | <b>NET ASSETS</b>                      |      | <u><b>61,893</b></u> |
|                      | <b>MEMBERS FUNDS</b>                   |      |                      |
| 49,158               | Accumulated Funds at beginning of year |      | 42,563               |
| (6,595)              | Current year surplus/(Deficit)         |      | 19,330               |
| <u><b>42,563</b></u> | <b>MEMBERS FUNDS AT END OF YEAR</b>    |      | <u><b>61,893</b></u> |

# MENTAL HEALTH COMMUNITY COALITION OF THE ACT INCORPORATED

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 1 : Statement of Significant Accounting Policies

The financial report is a general purpose financial report which has been prepared in accordance with Accounting Standards and Urgent Issues Group Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporation Act 1991.

The financial report covers Mental Health Community Coalition of the ACT Incorporated as an individual entity. The Association as an association incorporated in the ACT under Association Incorporation Act 1991.

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

#### **Basis of Preparation**

##### *Reporting Basis and Conventions*

The financial report has been prepared on an accruals basis and is based on historical costs modified by the revaluation of selected non-current assets, and financial assets and financial liabilities for which the fair value basis of accounting has been applied.

#### **Accounting Policies**

##### **a. Income tax**

No provision has been made for income tax as the Association is exempt from taxation under Section 50-5 of the Income Tax Assessment Act 1997.

##### **b. Property, Plant and Equipment**

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

Where an asset is acquired at no cost, the cost is its fair value as at the date of acquisition

The carrying amount of the assets is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows is discounted to their present values in determining recoverable amounts.

##### **Depreciation**

The depreciable amount of all fixed assets is depreciated on prime cost basis over its useful lives to the Association commencing from the time the asset is held ready for use.

The depreciating rates used for each class are:

| Class of Fixed Asset        | Rates     |
|-----------------------------|-----------|
| Computer & Office Equipment | 7.5 - 40% |

**c. Impairment of Assets.**

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

Where it is not possible to estimate the recoverable amount of an individual asset, the group estimates the recoverable amount of the cash-generating unit to which the asset belongs.

**d. Employee Benefits**

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

**e. Provisions**

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

**f. Cash and Cash Equivalents**

Cash and cash equivalents includes cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the balance sheet.

Cash flows are included in the statement of cash flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

**g. Revenue**

*Government Grants*

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

*Sales of goods and services*

Revenue is recognised upon the delivery of goods and services to customers.

*Donations*

Donations revenues are recognised when they are received.

*Interest revenue*

Interest is recognised on an accrual basis.

**h. Goods and Services Tax (GST)**

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

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

## Notes to the financial statement

| 2007          | Note 2 | Cash and cash equivalents      | 2008           |
|---------------|--------|--------------------------------|----------------|
| \$            |        |                                | \$             |
| 20,823        |        | CBA - Premium Business Account | 12,098         |
| 43,627        |        | CBA - Investment account       | 126,322        |
| 906           |        | Deposit in Transit             | 780            |
| 150           |        | Petty Cash                     | 150            |
| <u>65,506</u> |        |                                | <u>139,350</u> |
|               |        |                                |                |
|               | Note 3 | Trade & Other Payables         |                |
| 7,403         |        | Trade Creditors                | 17,491         |
|               |        | Accrued Expenditure            |                |
| 2,050         |        | Accounting                     | 1,600          |
| (327)         |        | Net GST                        | 8,886          |
| 6,794         |        | PAYG                           | 7,434          |
| -             |        | Other                          | 9,904          |
| <u>15,978</u> |        |                                | <u>45,315</u>  |
|               |        |                                |                |
|               | Note 4 | Current Liabilities - Other    |                |
|               |        | Grants Unexpended              |                |
| -             |        | - RESPITE                      | 58,817         |
| 14,929        |        | - ACE                          | 11,708         |
| 1,000         |        | - CALD                         | 917            |
| <u>15,929</u> |        |                                | <u>71,442</u>  |
|               |        |                                |                |
| 1,343         |        | Transcultural Funds Held       | -              |
| <u>17,272</u> |        |                                | <u>71,442</u>  |

**HOUSTON & HANNA**  
**CHARTERED ACCOUNTANT**

**K D Hanna FCA (Principal)**

**Telephone: (02) 6249 8515**

**(02) 6248 8175**

**Facsimile: (02) 6249 6792**

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

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

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF  
MENTAL HEALTH COMMUNITY COALITON OF THE ACT INC INCORPORATED  
FOR THE YEAR ENDED 30<sup>TH</sup> JUNE, 2008.**

**Scope.**

I have audited the attached financial statements of the Mental Health Community Coalition of the ACT Incorporated for the year ended 30<sup>th</sup> June, 2008. The Committee is responsible for the preparation and presentation of the financial statements and the information they contain. I have conducted an independent audit of these financial statements in order to express an opinion on them to the members of the Association.

My audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. The procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with Australian Accounting Standards and Statutory requirements so as to present a view which is consistent with our understanding of the Association's position and the results of its operations.

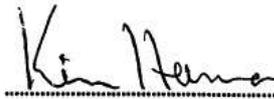
The audit opinion in this report has been formed on the above basis.

**Audit Opinion.**

In my opinion,

- (a) the financial statements of the Association are properly drawn up:
- (i) So as to give a true and fair view of matters required by subsection 72(2) of the Associations Incorporation Act 1991 to be dealt with in the financial statements
  - (ii) in accordance with the provisions of the Associations Incorporation Act 1991; and
  - (iii) in accordance with proper accounting standards, being Applicable Accounting Standards;
- (b) I have obtained all the information and explanations required;
- (c) Proper accounting records have been kept by the Association as required by the Act; and
- (d) The audit was conducted in accordance with the rules of

the Mental Health Community Coalition of the ACT Incorporated.

  
.....  
**Kim Hanna FCA**  
**Registered Company Auditor**  
Date..... 11/11/08 .....

# MHCC ACT Members

MHCC ACT is a membership-based organisation that includes; mental health consumers, carers and community organisations. Members are either individual Associate Members or Organisational Members. Associate Membership is also available to government agencies, professional bodies and interstate organisations. For further information please contact [admin@mhccact.org.au](mailto:admin@mhccact.org.au)

## Organisational members

ACT Division of General Practice

ADACAS

Barnardos – Canberra

Canberra Men’s Centre

Canberra & Queanbeyan ADD Support Group Inc

CANFaCS

Centacare Canberra & Goulburn

CISM

Community Connections

GROW

Mental Health Foundation Inc

Mental Illness Fellowship ACT

OzHelp Foundation

Southside Community Services Inc

Volunteering ACT

Women’s Centre for Health Matters Inc

Marymead

PANDSI

Lifeline Canberra Inc

St Benedict’s Community Day Centre

ACT Mental Health Consumer Network

Alcohol & Drug Foundation ACT (ADFACT)

Belconnen Community Service

Calwell Mental Welbeing Service

Carers ACT

CIT-Skills for Carers

Communities @ Work

Tandem

Inanna

Mental Illness Education ACT

Northside Community Service

Richmond Fellowship

Toora Women Inc

Woden Community Service Inc

Workways

Havelock Housing Association

AIDS Action Council ACT

Canberra Recovery Services

Beryl Woman Inc

## Individual Associate members

A total of 58 associate memberships issued during this reporting period