



mental health
community coalition ACT

ANNUAL REPORT 2010-11

PEAK BODY FOR COMMUNITY
MENTAL HEALTH IN THE ACT





mental health community coalition ACT

Annual Report 2010 - 11

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MHCC ACT Strategic Plan 2010 - 2012

The Principles and Values that guide MHCC ACT

MHCC ACT has identified six guiding principles and values that underpin its charter and are integrated into its structures, processes and all services and programs:

1. MHCC ACT is a peak agency - representative and participatory - the consolidated views of the member organisations and the Consumer and Carer Caucus give the Coalition's advocacy and work program its direction and purpose.
2. MHCC ACT deeply respects that everyone comes with a story - even when it is not known. Members all strive to move beyond assumptions and stereotypes.
3. MHCC ACT operates with integrity, transparency, accountability and in line with all legal obligations.
4. MHCC ACT members strive for social justice, equity and to break down the stigma around mental health in every domain in which they operate.
5. MHCC ACT is a learning organisation committed to continuous improvement and innovation.
6. MHCC ACT members operate from a position of trust – trust in the frameworks, mechanisms and processes developed by the Coalition for its members.

What does MHCC ACT want to say about its work in two years?

Five strategic priorities have been identified. MHCC ACT will be able to say in two years that:

1. The Mental Health Community Coalition ACT is a member driven Coalition taking its members' voices to Government and influencing policy and service outcomes for the sector;
2. The Mental Health Community Coalition ACT has a clearly articulated governance framework supported by appropriate procedures and guidelines;
3. Caucus is revitalised;
4. The Mental Health Community Coalition ACT has strengthened relationships with its networks and partners; and
5. The Mental Health Community Coalition ACT has built capacity in the sector.

MHCC ACT will need to set in-train a series of activities over the next two years in order to bear witness to the five priorities. Progress indicators have also been listed which will allow MHCC ACT to reflect on the extent to which they are successful in meeting each one of their strategic priorities.

Board Members and Appointees 2010-11

Simon Rosenberg	Northside Community Service	President
John Wilkinson	Carer Representative	Vice President
Pam Boyer	MIEACT	Treasurer
Angie Ingram	Mental Health Foundation	Secretary (from Nov 2010)
David Lovegrove	Consumer Representative	
Rob Newman	Carer Representative	
Bradley Foxlewin	Consumer Representative	
Marcia Williams	Women's Centre for Health Matters	
Jackie Cook	Toora Women (retired April 2011)	
Tatiana Beljic	CatholicCare (from November 2010)	
Dalane Drexler	ACT Mental Health Consumer Network (from November 2010)	
Rod Aguilera	Mental Health Foundation (retired November 2010)	
Anne Kirwan	CatholicCare (retired November 2010)	
Keith Todd	Ozhelph (retired November 2010)	

Staff Members 2010 - 11



Brooke McKail
Laura McHugh (from June 2011)
Rachel Muller
Ray Veldre (from June 2011)

Christine Bowman
Margaret Charlton
Rafe Morris (July 2010 – March 2011)
Simon Viereck

Executive Officer's Report - Brooke McKail

Sitting down to try and describe a day in the life of the MHCC ACT office is an impossible task. A day for me might include:



- Editing a submission drafted by the policy team on future investment in mental health services;
- Planning the agenda for our next workshop regarding the implementation of the Community Sector Review;
- Approving changes to the website or e-bulletin layout;
- Checking the public liability insurance is up to date for our next big event;
- Chatting to a member organisation about what supports we can offer them around quality improvement;
- Attending a Mental Health, Justice Health and Alcohol and Drug Division meeting as the community sector representative;
- Sitting in on a Community Mental Health Australia teleconference;
- Finally sitting down for a cup of tea and slice of cake (probably home-made by Masterchef Ray) with the fantastic MHCC ACT team.

With a growing staff team, increasing media and community focus on mental health, and many changes ahead for the community sector, it can seem like there are never enough hours in the day.

But 2010-11 has been a hugely successful year of growth for MHCC ACT. We have brought on new staff to assist us in our work in the area of workforce development. Our membership numbers have increased significantly, showing the value that the sector is placing on our role as the peak body for community mental health services. We have received additional funding to support the sector in developing a minimum qualification strategy

Highlights of 2010-11 for me include:

- Hosting the first ever MHCC ACT Conference, Leading the Change;
- Securing ongoing funding for the Transforming Perceptions Program that allows us to expand and evolve this program, targeting stigma in multicultural communities and service provision;
- Receiving the Embracing Change Award at the ACTCOSS Diversity Ball for the Consumer and Carer Caucus. This award was a fantastic reflection of the work undertaken by caucus members, staff and board to ensure the Caucus is a strong and independent voice, with a key role in the strategic direction and work of MHCC ACT;
- Partnering with the Youth Coalition and the Alcohol, Tobacco and other Drug Association to roll out the Workplace Tobacco Management Project to nine pilot organisations. The Project has seen reductions in numbers of staff members smoking and changes in attitudes among staff and stakeholders about how they can support consumers to quit smoking;
- Partnering with the Alcohol, Tobacco and other Drug Association to secure important changes to the draft Working with Vulnerable People Checking System to reduce potential unintended impacts on mental health and drug and alcohol services, and current and future workers with lived experience of mental illness;
- Increasing the number of financial members of MHCC ACT by almost 50%;
- Working closely with ACT Health and other stakeholders to lead the sector in implementing the ACT Community Mental Health Sector Review;
- Partnering with Mental Health ACT (now Mental Health, Justice Health & Alcohol & Drug Division) to consult on the development of a Workforce Strategy for the ACT Mental Health Sector.

My thanks to the members of the MHCC ACT Board who all balance many other roles and wear many different hats, but are so committed to MHCC ACT and the work we do. It is a pleasure to work with people as dedicated and informed as the MHCC ACT Board members.

And final thanks to the MHCC ACT staff team, who continue to meet every challenge and make our office a welcoming, productive and fun place to be.



President's Report - Simon Rosenberg



This year has been one of significant achievement. A highly effective staff team under the leadership of Brooke McKail has moved the organisation to a very strong position.

Membership has almost doubled, as agencies have increasingly seen the benefits of the Coalition's advocacy and sector development work. Notably, a number of new members are not just specialist mental health agencies, but also larger and more diverse agencies

who see mental health as part of the response needed to meet people's needs in a more integrated way. Membership services have also improved through initiatives such as the regular Executive Officers meetings convened by Brooke, and the enhanced website providing a much richer source of information on current issues, training and development opportunities, and links to policy and service reforms.

The Coalition organised the first ever ACT Mental Health Conference, held in February. It was very well attended, with a range of stimulating speakers from Australia and overseas, and a strong theme of consumer participation.

The Commonwealth reforms in 2010/11 Budget provided a basis for much needed reforms at a national level. Through the Mental Health Council of Australia and Community Mental Health Australia, the Coalition will continue to work for a coordinated national approach, which properly meets untapped needs.

In what has become a parallel process, the Review of the ACT Community Mental Health Sector was released in June, along with the Government's response. The theme of more integrated service provision, workforce development and quality enhancements, and more systemic focus on consumer and carer input to service development, will set the sector up well for future development. We appreciate the continued funding and moral support of ACT Health in enabling the Coalition to play a leadership role with these reforms. And we were pleased to note that, through the 2010/11 Budget, the ACT Government is maintaining its commitment to a continued steady growth in mental health funding.

Finally, my thanks to all our skilled staff and a dedicated Board who have made my job as President increasingly easy over the last 12 months. At the end of 2011 a new President will be taking over, and I know I leave the organisation in excellent hands.

Treasurer's Report - Pam Boyer



This is my final Treasurer's report after a period of four years on the MHCC Board. It has been a great privilege to be involved with the Coalition during a time where it has grown and strengthened in size and status in the ACT. It is now an organisation that clearly is respected, and seen as vital in its role of representing the Community Mental Health Sector in the ACT.

I would like to thank Rebecca Lawrence and Lesley Hyndal from Brazen Books for their consistent and professional book

keeping. With their support, and the office coordination capably undertaken by Rachel and Brooke, the Coalition's finances have been in good hands, and well organised.

The funding for 2010/11 is still primarily from the ACT Health Directorate. We have two newer contracts for the minimum qualifications and workforce development projects. ACT Health Promotion Grant's funding for Transforming Perceptions is now complete but the project will continue to be funded recurrently in future years from the Directorate, showing recognition of the importance of Transcultural Mental Health promotion.

The income for the financial year 2010/11 was \$584, 397, a significant increase on previous years due to the project work requested by the Directorate. Expenses totalled \$503, 853 leaving a balance of \$80, 544.

I leave this role knowing that the Coalition is now in a very healthy state financially, and well positioned to continue its peak body role in future years.

Consumer and Carer Caucus Report

The ACT Consumer Carer Caucus is a forum for mental health consumers and carers in the ACT to meet, share information, form partnerships and be involved in mental health reform.

Caucus aims to utilise our lived experience and unique expertise to bring about positive change within the mental health sector.

In late 2010 Caucus farewelled its facilitator, Biff Ward, who had played a very important role in Caucus' development over the last few years, first as consultant on the review of Caucus, and afterwards as Caucus facilitator. We thank Biff whole-heartedly for her work.

Caucus hired consultants Cane & Gray as new facilitators in early 2011 in time for them to facilitate a Caucus-led session at the MHCC ACT Conference – Leading the Change. Caucus members also participated in the organisation of the conference as a whole.

Caucus has maintained good numbers at monthly meetings, with a mix of regular and less frequent participants. Over the last year new members have joined the group of regulars and some previous regulars have become infrequent participants. This fluid membership keeps Caucus alive with fresh ideas.

Caucus has established its place within MHCC ACT and routinely keeps informed on developments in the Review of the Mental Health Act, Workforce Development, and other issues. Among new initiatives is the development of brief papers outlining Caucus views on issues of interest. Brief Caucus Papers address issues as diverse as Intake Processes and Peer Support. Caucus also developed a submission on the National Disability Insurance Scheme.

Caucus maintains an involvement in the Quarterly Community Forums. Over the last year forums have been held on Supporting a Peer Workforce, Mental Health Services for Young People, and Trauma-informed care.

This year Caucus was also the proud winner of the "Embracing Change" award at the ACTCOSS Diversity Ball.

Finally Caucus owes a special thank you to John Wilkinson, who is retiring as Caucus Carer representative on the MHCC ACT Board after completing two two-year terms.

Carer Report – by Rob Newman & John Wilkinson

The past year has seen continued growth in representation and input by both consumers and carers at regular Caucus meetings and the Quarterly Forums, which have all been well attended. The appointment of Maureen Cane and Louise Gray as meeting facilitators in 2011 has enabled the continuation of the unique Caucus format, whereby both consumers and carers can openly discuss issues in a supportive environment, formulate relevant action and, through the consumer board representatives (David Lovegrove & Bradley Foxlewin) and carer board representatives (John Wilkinson & Rob Newman) ensure a flow of information to/from the MHCC ACT Board.

The main activities and initiatives of Caucus are detailed in the Caucus Report. Other matters discussed include recent changes to the Disability Support Pension (DSP). The positive side of the DSP changes is the ability, for those consumers who are able, to work more hours per week without losing the DSP. On the negative side are concerns that it will become harder to qualify for the DSP for new applicants.

At a more local level, Caucus maintained a strong interest in progress on the new Acute Adult Mental Health Inpatient Unit at Canberra Hospital and the new community health centres, including the drafting of a paper on Intake Processes.

In order to assist people who may find it difficult to attend Caucus meetings, a web-based Caucus Groupsite has been set up to enable Caucus members to collaborate and network.

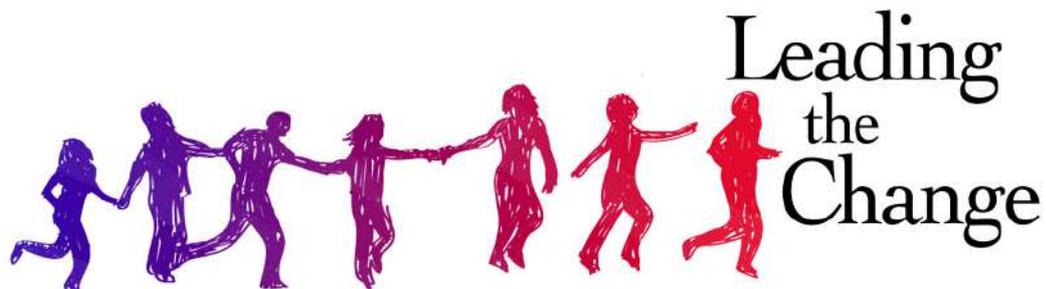
Lastly, it would be a pity to underestimate the importance of the informal benefits of Caucus meetings and Quarterly Community Forums to carers and all other stakeholders. These benefits include the opportunity during refreshments to make new friends and the chance to discuss issues and concerns in a friendly and supportive environment.

Consumer Report – by Ben Matthews

I first had the opportunity to participate in caucus 7 months ago. I found it quite bizarre at first – Here was a group of people whose passion was so readily apparent and my presence was welcomed without hesitation. Very quickly I felt a sense of belonging and shared purpose.

Over the months I have had a voice that really makes me feel heard. This is not as common as one may think. I have been given the opportunity to be a delegate at a conference and have given a presentation to the Quarterly Community Forum. Quite a lot in 7 months! The things that make it so important to me are the sense of democracy and respect that exists within this forum, the fact that anyone with a concern relating to Mental Health can participate, and that there are no expectations or obligations beyond tolerance and respect.

There are also added benefits beyond the serious stuff. I have been able to develop peer relationships and support my own mental illness through participating in caucus and the coalition. I can say with confidence that I will be around for some time to come.



On 17th February 2011, then Chief Minister Jon Stanhope opened the inaugural Mental Health Community Coalition Conference, Leading the Change. Being the first time MHCC ACT has convened an event of this size, the Conference was described by one attendee as “a coming of age for MHCC ACT.”

MHCC ACT was thrilled with the mix of attendees from the community sector, federal and ACT Government, consumers, carers and academics. One third of all registrations were from consumers and carers. A consumer and carer only workshop on day one produced a list of 10 priorities for action that will contribute to the planning of the Consumer and Carer Caucus.

A highlight of the conference was the art, music, films and theatre that were displayed during the two days. Just to mention a couple, before each keynote session the MIEACT Moving Minds digital stories were played. Powerful real stories of people’s journeys with mental illness, they were a true highlight. We also felt a little like the National Gallery of Australia, with our collection of artwork on loan from the Rainbow at the Mental Health Foundation which was displayed in the foyer. All artwork was by people living with mental illness involved with the Rainbow. On day two, the inspirational Canberra Playback Theatre blew us all away with their moving, humorous, touching playbacks of audience members stories.

The conference would not have been the event it was without the people who shared their personal stories, lent us their art, participated in the theatre session and were willing to get involved.

Over two days we had thirty-nine speakers, five key note lectures, thirteen workshops and 170 participants. With so much change in the air at a local and national level, it was inspiring and energising to have so many people working together to break down the silos between sectors and build a truly integrated, consumer focussed, nation leading mental health system. Chief Minister Stanhope said that the commitment of the ACT mental health sector “to work in partnership to achieve the best outcomes for mental health consumers and their carers is what puts the ACT at the front in mental health care” and Leading the Change was a fantastic example of that commitment.

Thanks must go to the many people who supported MHCC ACT to put on this event, including all our staff and board members, our wonderful volunteers (including the entire ATODA staff team), the Australian National University, the Department of Health and Ageing and the Mental Health Council of Australia who provided the grant to get the Conference off the ground.

Transforming Perceptions

Stigma Reduction in Multicultural Communities

Well what a year! The big news is of course that we secured recurring funding from the ACT Health Directorate for the Transforming Perceptions Program. This funding will allow us to expand the program to reach a wider and more diverse audience.

In 2010-11 we have been very fortunate to have the opportunity to deliver training to the following agencies:

- CatholicCare
- Australian Catholic University social work students
- Diploma of Case Management students
- ACT Mental Health Consumer Network
- Induction training for Health Directorate staff
- Psychiatric Registrars for ACT Health
- Samaritan House
- Mental Health, Justice Health & Alcohol & Drug Division Community Mental Health Teams
- Richmond Fellowship
- MIEACT
- Baptist Community Care
- Alzheimer's Australia
- Community Connections
- OZ Help
- Communities@Work

This training allowed us to assess both the content of the package and the need for it. Without a doubt service providers are hungry for information on stigma and ways to better serve their multicultural consumers.

One of the most heartening aspects of this year is knowing despite stretched resources, the majority of workers and organisations sincerely want to provide a quality service to people from culturally and linguistically diverse backgrounds and are willing to give up their time and energy to achieve that goal.

With secure funding comes the opportunity to further develop the current training package to allow for follow up workshops tailored to meet the needs of individual service providers. The continuing evolution and flexibility of this arm of the program is one of its great strengths. Along with that we now have a wonderful opportunity to engage with multicultural groups themselves to help develop, implement and evaluate the program from each community's perspective. Stigma reduction and mental ill health are not easy subjects but with the help of members of the interested communities

We look forward to making small, sustainable and genuine improvements in individual and community wellbeing.

We would like to thank the many people who were involved in focus groups (individuals, service providers, representatives of the DHN and members of the Canberra Multicultural Community Forum Seniors Group) who all gave their time generously and whose knowledge informed the submission and gave me insight into the road ahead.

We are grateful to be working in an environment that is rich with challenge and potential to make a difference and look forward to the coming year with a great deal of enthusiasm.

Policy and Sector Development

Explaining what the policy and sector development team at MHCC ACT do can be a challenge. Our major projects of developing a Workforce Development Strategy and developing training and supports for organisations in Continuous Quality Improvement are fairly clear and defined projects and we have now added developing a Qualification Strategy to that list. The challenge is rather to explain the myriad of other things we do.

The major item in the sector development space in 2010-11 was the first MHCC ACT Conference. This successful event provided a great opportunity for the community mental health sector to get together, talk, listen, and be inspired.

We also continued to host forums on interesting issues and provide a range of training courses. Workforce development funding received by MHCC ACT has allowed us to respond to the sector's identified training needs with subsidised training in areas such as leadership, comorbidity and introduction to Recovery. MHCC ACT partnered with government and other organisations in a range of initiatives, including the Workplace Tobacco Management project, Comorbidity Bus Tours, and 'Putting Men's Health on the Agenda', the first of a series of annual forums on men's mental health. We also support initiatives of importance to the sector as a whole, which includes our involvement in the Community Mental Health Sector Review, support for the Transcultural Mental Health Network (now Diversity Health Network), and support for consumer and carer participation.

The policy work of MHCC ACT is the least easy to explain. It includes representing the community mental health sector on a range of committees. Committee work tends to take a long time to produce big, newsworthy achievements, but it is important nonetheless in ensuring that the views of the community mental health sector are heard loud and clear in decision making processes and that policy developments are of a high standard and reflect up-to-date thinking on human rights. Priorities included the design and development of new inpatient mental health units, development of a Charter of Rights for MH Consumers, and, towards the end of this period, the Review of the Mental Health Act.

In conclusion the MHCC ACT Policy and Sector Development Team believe we are being responsive to sector needs in the sector development space and we know we are a respected voice in mental health policy in the ACT, and a vocal one where opportunities arise to further the interests of the community mental health sector. I would like to acknowledge the hard work of my policy team colleagues. To be really effective, however, we also need the support of our community and government partners, so our thanks go to them as well.

Workforce Development

In 2010-11, with the support of the Health Directorate, MHCC ACT invested significant resources into addressing the challenges faced by the community mental health sector workforce. Organisations continue to report difficulty in recruiting and retaining skilled staff, finding affordable, relevant and appropriate training and supporting the employment of people with lived experience in the sector.

Work on a Community Mental Health Sector Workforce Strategy is underway to address workforce issues over the longer term. Our vision is for a qualified and professional ACT Community Mental Health sector that values all its workers for the unique life experiences they bring and provides the best possible support for consumers through the recovery journey. We also envision a sector that is committed to continuous learning, and one that provides a flexible and attractive employment environment for workers of all ages.

To inform development of the Workforce Strategy staff met with members and stakeholders to discuss workforce needs and ideas for reform, and a review of developments from other jurisdictions was undertaken.

Two stand-alone consultations were convened seeking input from the community sector on workforce issues and strategies for workforce development. MHCC ACT also convened a working group of ACT peaks to discuss issues around workforce and training and identify opportunities for collaborative work.

In the peer workforce area, MHCC ACT has taken a lead in the development of the consumer and carer workforce through the formation of a steering group. This group has diverse membership, including ACT Health, mental health consumers and carers, community sector organisations and current peer workers.

2010-11 also saw the training program significantly expanded. Based on consultation with the sector, courses offered were a mix of short, unaccredited courses and three accredited courses, including Comorbidity, delivered in partnership with the Alcohol, Tobacco and other Drug Association (ATODA). In partnership with the Youth Coalition and ATODA we produce a bi-monthly training calendar to promote training opportunities, open forums and opportunities to network to the mental health, youth and alcohol, tobacco and other drug sectors.

At a national level MHCC ACT continued its involvement in the National NGO Mental Health Workforce Survey, and contributed as a financial partner to a National Mental Health Peer Workforce Forum held in Sydney. This forum was a partnership between CMHA, the National MH Consumer Carer Forum and Community Services & Health Industry Skills Council, and examined strategies to develop the peer workforce across Australia. We also continue our involvement in the exciting development of a Certificate IV in Mental Health Peer Work.

Quality Improvement

Supporting the development of strong quality improvement and self-assessment systems remains a key priority for MHCC ACT. In anticipation of the release of the revised National Standards for Mental Health Services (NSMHS) in September 2010, MHCC ACT staff met with member organisations one-on-one to discuss quality improvement.

MHCC ACT is committed to supporting the sector in implementation of quality improvement systems and the NSMHS in their organisations, and is developing a range of user-friendly tools and training to be rolled out in 2011-12 financial year. Tools developed include template documents for providing evidence, and guiding documents for establishing a self-assessment system. Raising the Standard has also been mapped against the NSMHS for those organisations required to report against both.

Committees / Working Groups

- MHCC ACT Forums
- ACTCOSS Policy Network
- Mental Health Week Organising Committee
- Collaborative Engagement Forum
- Consumer Carer Workforce Steering Group
- HASI Advisory Group
- MH Ministerial Advisory Committee
- MHCA Policy Forum
- Primary Healthcare Coalition
- Women & Mental Health Working Group
- Adolescent and Young Persons Mental Health Inpatient Unit Executive Reference Group
- Charter of Rights for Mental Health Consumers Advisory Group
- Community Mental Health Australia National Working Group
- Community Mental Health Sector Review Advisory Group
- Consumer Companion Project Steering Committee
- Diversity Health Network (formerly ACT Transcultural Mental Health Network)
- Joint Community and Government Reference group
- Mental Health Act Review Advisory Committee (RAC)
- RAC – Decision making Capacity Working Group
- RAC – Principles and Objective Working Group
- Mental Health Service Plan Strategic Oversight Group
- Mental Health Services Plan Executive Strategic Oversight Group
- MH, JH & AOD Divisional Executive/Mental Health ACT Strategic Executive
- Suicide Prevention Working Group – Men’s Health Workshops Planning Group
- Workplace Tobacco Management Project Advisory Committee
- CMHA Workforce Development Working Group
- ACT Peaks Forum
- ACT Drug Strategy Evaluation Group
- Community Integration Governance Group
- Comorbidity Strategic Working Group
- HASI Executive Committee
- Mental Health Works Steering Group
- MH PPEI Working Group
- Mindscapes Committee
- Transforming Perceptions Advisory Group
- CMHA Workforce Development Working Group

MHCC ACT Training

- Cultural Competence
- Stories Changing Minds (MIEACT model)
- Program Logic (1 day and 2 day course)
- Dual Diagnosis
- Mental Health Connect
- Comorbidity (Included accredited units from the Certificate IV in Mental Health/Alcohol and other Drugs)
- Leadership in Action (Advanced Diploma in Community Sector Management)

Publications and Submissions

- MHCC ACT Media Release, 11 October 2010, Time to talk about Suicide?
- MHCC ACT Media Release, 28 January 2011, Review of Government Services shows good outcomes in some areas but need for broader support
- MHCC ACT Media Release, 16 February 2011, Leading the Change in Mental Health Reform
- MHCC ACT Media Release, 3 May 2011, Mental Health focus remains on crisis care not early intervention
- Joint ACT Submission to the Productivity Commission Inquiry into Disability Care and Support (National Disability Insurance Scheme), May 2011
- MHCC ACT submission to DOHA Discussion Paper Flexible Care Packages for People with Severe Mental Illness, February 2011
- MHCC ACT & ATODA response to draft documentation and regulations regarding the Working with Vulnerable People Checking System, June 2011
- MHCC ACT & ATODA Sector Update on the Working with Vulnerable People Checking System (March 2011 & June 2011)
- MHCC ACT response to ACT Health Draft Charter of Rights for Mental Health Consumers, March 2011
- MHCC ACT submission to Draft Community Engagement Guide, Engaging Canberrans, December 2010
- MHCC ACT submission to DoHA consultation on Medicare Locals, Discussion Paper on Governance and Functions, November 2010
- MHCC ACT & ACTCOSS response to ACT Health Discussion Paper A Local Hospital Network for the ACT, December 2010
- MHCC ACT submission to the 2011-12 ACT Budget, December 2010
- MHCC ACT Position Paper A Mental Health Legal Service for the ACT, January 2011

Forums and Events

- Is the ACT Community Mental Health Sector Comorbidity Capable?
- IT and Electronic Communications
- Quality Improvement and Outcome Measurement
- Employment and Vocational Rehabilitation
- Supporting a Peer Workforce
- Mental Health Services for Young People
- MHCC ACT Conference, Leading the Change
- Mental Health Week 2010 Event, Towards Recovery; How do we talk about Suicide?

MHCC ACT Member Organisations 2010-11

- Red Cross
- Schizophrenia Fellowship NSW
- PANDSI
- St Vincent de Paul
- Mental Illness Education ACT
- Belconnen Community Services
- ADACAS
- Vista Vocational Services
- AIDS Action Council of Australia
- Women's Centre for Health Matters
- Mental Health Foundation ACT
- ACT Mental Health Consumer Network
- Nexus Human Services
- Majura Women's Community Group Inc
- Peak Achievement Solutions
- Havelock Housing Association
- Northside Community Services
- Youth Coalition of the ACT
- Alcohol Tobacco and Other Drug Association ACT
- Canberra and Queanbeyan ADD support group
- Marymead Child & Family Counselling Service
- Alcohol and Drug Foundation Australian Capital Territory Inc.
- Toora Women Inc
- Tandem Respite Inc
- Home Help Services
- UnitingCare Canberra City
- GROW
- ACT Division of General Practice Limited
- Richmond Fellowship of the ACT
- Mental Illness Fellowship Victoria
- CatholicCare
- Aged and Disability Services
- Woden Community Service Inc
- The Salvation Army
- Communities @ work
- OzHelp
- Barnardos
- Connections ACT

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

*Financial Statements
For The Year Ended 30 June 2011*

Houston & Hanna
Chartered Accountants
15/11 McKay Gardens
Turner ACT 2601

Phone: 02-62498515 Fax: 02-62496792
Email: kim@khanna.com.au

MENTAL HEALTH COMMUNITY COALITION 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 2011.

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

Simon Rosenberg
John Wilkinson
Pam Boyer
David Lovegrove
Robert Newman
Marcia Williams
Bradley Foxlewin
Angie Ingram
Tatiana Beljic Appt 11/10
Dalane Drexer Appt 11/10

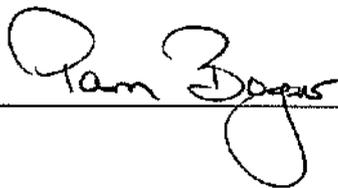
- 2.

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 surplus for the financial year ended 30 June 2011 was: \$ 80,544

Signed:



Date:

13.10.11

Signed:



Date:

13/10/11

MENTAL HEALTH COMMUNITY COALITION OF THE ACT INC

STATEMENT BY MEMBERS OF THE COMMITTEE

FOR THE YEAR ENDED 30 JUNE 2011

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 2011.
- (ii) the accompanying Statement of Financial Position 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 2011.
- (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 13th Day of October 2011

MENTAL HEALTH COMMUNITY COALITION OF THE ACT INC

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2011

2010		2011
\$	INCOME	\$
374,062	Government grants	504,605
2,614	Membership fees	8,493
11,431	Interest received	20,213
855	Workshops	51,086
2,924	Other income	-
<hr/>	TOTAL INCOME	<hr/>
391,885		584,397
	 EXPENSES	
9,992	Audit & bookkeeping fees	10,694
5,179	Marketing & promotions	7,213
545	Bank fees	639
2,905	Depreciation	2,706
4,410	General expenses (incl' subscriptions)	10,748
6,081	Insurance	6,302
12,372	IT support	5,662
14,300	Forum & meeting expenses	17,613
7,416	Printing & stationery	3,474
14,834	Rent & electricity	13,973
202,252	Employment costs	293,012
8,349	Staff training, conferences & workshops	28,697
27,439	Subcontractors/consultants	58,843
17,233	Superannuation	24,893
4,100	Telephone & internet	3,855
5,751	Travel & accommodation	15,530
<hr/>	TOTAL EXPENSES	<hr/>
343,158		503,853
 <hr/>	 OPERATING SURPLUS/(DEFICIT)	 <hr/>
48,727		80,544

MENTAL HEALTH COMMUNITY COALITION OF THE ACT INC

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2011

2010 \$		Note	2011 \$
	CURRENT ASSETS		
399,274	Cash and cash equivalents	2	423,899
1,459	Receivables		1,683
976	Prepayments		3,292
<u>401,708</u>	TOTAL CURRENT ASSETS		<u>428,874</u>
	NON-CURRENT ASSETS		
9,654	Property, plant & equipment @ WDV		19,551
<u>9,654</u>	TOTAL NON-CURRENT ASSETS		<u>19,551</u>
<u>411,362</u>	TOTAL ASSETS		<u>448,425</u>
	CURRENT LIABILITIES		
36,679	Trade and other payables	3	36,123
8,484	Staff leave provisions		16,337
159,582	Unexpended grants	4	108,804
<u>204,745</u>	TOTAL CURRENT LIABILITIES		<u>161,264</u>
	NON-CURRENT LIABILITIES		
2,713	Long service leave provisions		2,713
<u>2,713</u>	TOTAL NON-CURRENT LIABILITIES		<u>2,713</u>
<u>207,458</u>	TOTAL LIABILITIES		<u>163,977</u>
<u>203,904</u>	NET ASSETS		<u>284,448</u>
	MEMBERS FUNDS		
155,177	Accumulated funds at beginning of year		203,904
48,727	Current year surplus (deficit)		80,544
<u>203,904</u>	MEMBERS FUNDS AT END OF YEAR		<u>284,448</u>

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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2011**

NOTE 1: Statement of Significant Accounting Policies

The financial report is a general purpose financial report which has been prepared in accordance with Australian Accounting Standards 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%

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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2011**

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. 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.

g. 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.

MENTAL HEALTH COMMUNITY COALITION OF THE ACT INC

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2011

2010	Note 2	Cash and cash equivalents	2011
\$			\$
14,863		CBA- Premium business account	5,066
374,362		CBA- Investment account	418,442
10,000		Term deposit	-
48		Petty cash	390
<u>399,274</u>			<u>423,899</u>
	Note 3	Trade & other payables	
28,748		Trade creditors	26,476
(260)		Employee packaging	147
8,191		Accrued expenditure	9,500
<u>36,679</u>			<u>36,123</u>
	Note 4	Current liabilities- Other	
		Mental Health Council Workforce	
108,036		- Work Force Development	107,823
13,169		- Industry skills	-
38,377		- Transcultural	-
-		Diversity Health Network	982
<u>159,582</u>			<u>108,804</u>