

BECAUSE MENTAL HEALTH IS EVERYONE'S BUSINESS

2017/18
MHCC ANNUAL REPORT



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It has again been a year of tremendous change for MHCC both in the external environment in which we operate and internally with a change in CEO. November 2017 saw MHCC farewell Jenna Bateman after 17 years as CEO. In her time at the helm of MHCC, Jenna made an outstanding contribution to MHCC and the sector. It has been a privilege to have the opportunity to build on the strong foundations and legacy of Jenna's work.

Community managed mental health organisations continue to rise to the challenge of ever increasing demands and expectations placed upon them and the role of an effective peak body to advocate on behalf of members is more important than ever. In the past year MHCC has focussed on the key priority areas identified in our strategic plan providing policy leadership to influence reform and supporting the sector through research, training and developing resources.

The work of MHCC through numerous submissions, has informed discussion and debate and influenced mental health reform outcomes. Our recognised expertise in areas such as peer workforce development, recovery oriented and trauma-informed best practice approaches, psychosocial support, rehabilitation and the NDIS all continue to be highly valued by our sector, governments and policy makers alike.

In the past 12 months MHCC has contributed to two important processes involving key partner agencies - the review of the NSW Mental Health Commission and the development of the NSW Health Strategic Framework for Mental Health. The five year statutory review of the NSW Mental Health Commission was a requirement when the Commission was established in 2012. MHCC was represented on the committee overseeing the review and participated in the public consultation processes. MHCC works closely with the Mental Health Commission and was pleased to see the Government accept 16 of the 17 recommendations of the review, including a greater focus on mental health outcomes in the community and engagement of people living with mental health conditions.

The Strategic Framework for Mental Health and the Mental Health Workforce Plan also involved significant consultation. MHCC has long advocated for a strategic approach to mental health services and workforce development and made a number of submissions throughout this process. The release of these documents are further steps along the path to achieving the vision outlined in the Living Well Strategic Plan. While supportive of the framework, MHCC continues to argue for a framework for a contemporary NSW community mental health system, as recommended in Living Well.

A number of other issues of significance to members have been the focus of MHCC's advocacy. The HASI contestable tender process was undertaken in 2017 and many members involved had concerns which MHCC raised with the Ministry. Submissions to the Review of Seclusion, Restraint and Observation of Consumers with a Mental Illness in NSW Health Facilities, Review of the Guardianship Act and the Mental Health Tribunal Review were all opportunities to put forward the sectors views.

The NDIS has been an area of considerable activity for MHCC. The NDIS is providing many people with opportunities to live their lives with greater choice and control, however it is a profound change to the human service system and poses enormous challenges for potential participants and providers alike. There are concerns about the under representation of people with a psychosocial disability in the scheme, the cessation of Commonwealth funded mental health programs and the operational impact on CMO's through issues such as pricing, workforce and service quality and safety. The MHCC's online resource reimagine.today is well regarded as a tool to assist people to better navigate the NDIS. We were very pleased to receive a number of

grants to further our work in this space, including a grant to develop a community engagement education resource and a grant to enhance reimagine.today, making it more accessible for Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse people, Gay, Lesbian, Bisexual, Transgender, Queer and Intersex people and Regional and Rural communities.

MHCC has worked hard to support the sector, particularly in our role as an industry based registered training organisation - our training courses are tailored to members needs and include innovative modes such as fast track and part qualifications. Members have been able to connect and exchange ideas and information through our networking events, including our CEO and Meet Your Neighbour forums and the very successful Mental Health NDIS Conference held in conjunction with the CMHA. Information and resources include TICPOT and ROSSAT and during 2017/18 we launched the Trauma- Informed Events checklist and the second edition of the Recovery Oriented Language Guide. We have also worked in partnership with the Mental Health Commission and NADA through the CMHDARN Research Network to foster collaborative cross sectoral community-based research.

MHCC could not achieve all it has without a supportive, engaged board and members, passionate, hardworking staff and the support of our funding bodies. We want to thank NSW Health for the ongoing funding for MHCC which enables us to do our work. We want to thank the board for their time, leadership and commitment to wisely steering MHCC over the last 12 months. And we want to thank the dedicated MHCC staff who make sure that the organisation is able to deliver with quality, on so many fronts. The board and staff working together enable MHCC to continue to be a strong voice, speaking with authority and credibility on the needs and aspirations of community organisations across NSW that are supporting people on their recovery journey with hope and dignity.

“ The role of an effective peak body to advocate on behalf of members is more important than ever ”



Carmel Tebutt
Carmel Tebutt, CEO



Judi Higgin
Judi Higgin, Chairperson

MHCC Board



Mark Orr (Flourish Australia), Claire Vernon (Jewish Care), Cam Pham (University of Sydney), Judi Higgin (New Horizons), Margaret Bowen (The Disability Trust), Mariam Faraj (Central and Eastern Sydney PHN), Irene Gallagher (Being), Carmel Tebbutt (MHCC - CEO), Luke Butcher (Mission Australia), Jonathan Harms (Mental Health Carers NSW).

Membership

Mental health community managed organisations (CMO) are a crucial part of the mental health and human services system in NSW. Our members contribute to improved outcomes for people experiencing, or at risk of developing, mental health conditions and psychosocial disability. They play a key role in promotion, prevention, early intervention, and providing the supports that assist people to stay well in the community.

MHCC Members provide a range of services, including: self-help and peer support; information, advocacy and promotion; leisure and recreation; employment and education; accommodation support and outreach; family and carer support; primary healthcare; care and service coordination; helplines and counselling.

MHCC Members:

- Belong to a peak body that works with and for them
- Have a say in what we do
- Help make the sector dynamic and responsive
- Create impact through collaboration and shared experience
- Participate in policy consultation, advocacy, forums, working groups, committees and projects
- Have access to practical support including professional development, practice resources, seminars, forums and conferences, as well as evidence-based best practice from the latest research
- Have access to a research network that supports research and service evaluation activity
- Help the sector stay informed through shared experience

A big thank you to our members for your support in 2017/18. We achieved great things together. We look forward to continuing to work together to shape the community mental health sector.

ACON - Sydney
Action Foundation for Mental Health Inc
Anglicare Diocese of Sydney
Australian Kookaburra Kids Foundation Inc
Being | Mental Health & Wellbeing
Consumer Advisory Group
Bipolar Australia
Blue Knot Foundation
Bobby Goldsmith Foundation
Break Thru People Solutions - Head office (Parramatta)
Brown Nurses
CCNB Ltd
Centacare - South West NSW
Central & Eastern Sydney PHN - EIS Health Ltd
Central Coast Disability Network
CHESS Employment
Club Speranza
Community Links Wollondilly
Community Restorative Centre - Broadway
Coordinare - South Eastern NSW PHN
Family Drug Support
Flourish Australia
FND Hope AUS Inc
Foundation House
Grand Pacific Health PHN
GROW NSW
Heal for Life Foundation
Home in Queanbeyan
Independent Community Living Australia Ltd
Jewish House Limited
JewishCare - Fischl House
Justice Action
Link-Up (NSW) Aboriginal Corporation
Lou's Place

Lyndon Community Programs
Mental Health Carers NSW
Mind Australia - Central Office
Mission Australia
NALAG Centre for Loss & Grief Dubbo
Narrabri and District Community Aid Service
Neami National Hurstville
New Horizons - Head Office
Newtown Neighbourhood Centre Inc
One DOOR
ONE80TC
Open Minds
Parramatta Mission
Peer Support Foundation Limited
Peer Work Matters
Procure Australia Pty Ltd
St John of God (Richmond)
Survivors & Mates Support Network
Sydney Drug Education & Counselling Centre
Sydney Women's Counselling Centre
Ted Noffs Foundation
The Disability Trust
The Salvation Army - Recovery Services
The Station Ltd
The Wayside Chapel
Verge Collaborative Limited
Wagga Women's Health Centre
Wayahead - Mental Health Association
WAYS Youth and Family
Weave Youth and Community Services Inc
Wellways
Wentwest - Western Sydney Primary Health Network
Wesley Mission - Mental Health Support Services

OUR VISION

That people experiencing mental health conditions are supported to live meaningful lives in the communities of their choice.

OUR PURPOSE

To lead and support a strong, dynamic and sustainable community-managed mental health sector that provides effective health, psychosocial and wellbeing services and programs to the people of NSW.



248
TRAINING DAYS



22
SUBMISSIONS



116
SECTOR UPDATES



11
MHCC EVENTS

Seminars and presentations

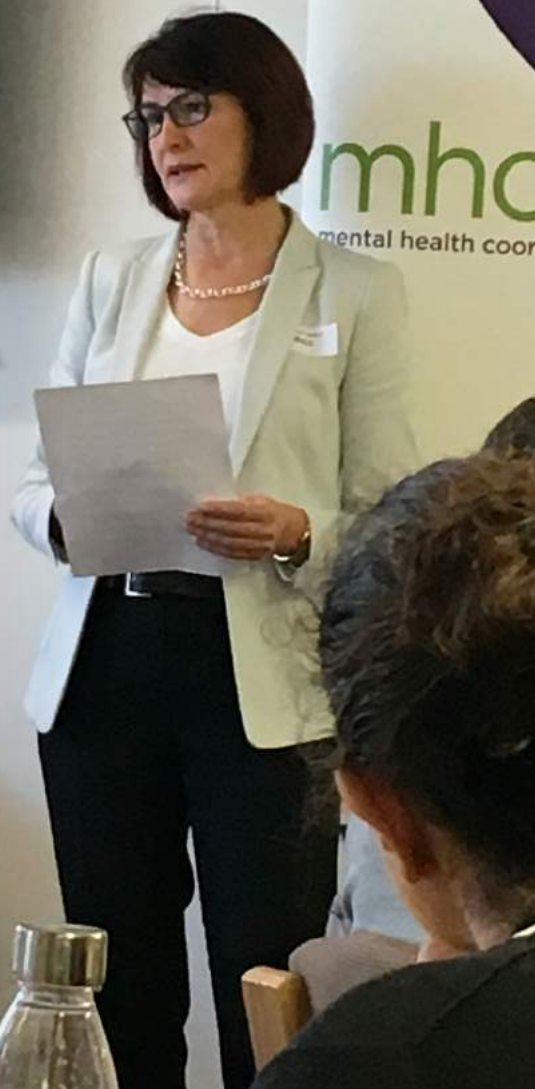
MHCC presented at key events throughout the year including TheMHS 2017, the inaugural NDIS and Mental Health Conference 'Towards a Good Life' and the CMHDARN Symposium.

The NDIS and Mental Health Conference was co-hosted by MHCC and the Western Australia Association for Mental Health on behalf of CMHA. There is a sector commitment to holding this event annually and the next will be in Melbourne in late 2018.

Throughout the year MHCC hosted six Meet Your Neighbour events to facilitate information sharing and foster cross-sectoral collaboration among organisations in NSW. Held in Hawkesbury, South Western Sydney, Eastern Suburbs, Blacktown, Lithgow and Cumberland, the success of these events was enhanced by partnering with local organisations. Co-hosts included local government, PHNs, Local Health Districts and community managed mental health organisations.

MHCC presented papers at a number of other conferences and forums including:

- MHCC CEO and Senior Managers Forum
- CMHDARN Symposium
- TheMHS Summer Forum 2018 'Trauma Matters'
- Public Guardian Supported Decision-Making Community of Practice
- Mental Health & Criminal Justice Human Rights Night: Panel discussion
- MHCC AGM & CEO & Senior Managers Forum
- Australian Housing Conference
- TheMHS Conference 'Embracing Change Through Innovation and Lived Experience' - co-hosted by MHCC, Sydney Local Health District and Partners in Recovery Inner West Sydney
- Roundtable event on establishing a Museum of the Mind
- Working Towards Integrated and Coordinated Health and Social Care: NDIS and Mental Health Reform Opportunities Symposium
- Trauma-Informed Care & Practice: Organisational Change and Implementation Symposium
- A further presentation was an individual paper: Supported Decision-Making. Supporting choice and control: skills for mental health workers



MHCC CEO, Carmel Tebbutt speaking at Meet Your Neighbour
Opposite clockwise from top left:
Strategic Partnerships for Workplace Learning, National NDIS Mental Health Conference, Meet Your Neighbour



Submissions and reports

MHCC provides a community mental health perspective on key policy proposals and legislative reviews. Our submissions are informed by extensive research and consultation with members, people living with mental health conditions, their carers and families and all important stakeholders. MHCC's work is highly regarded and valued for giving voice to sector concerns. The following papers were submitted:

- Review of the Guardianship Act 1987 (NSW)
- NSW Health Review of the Mental Health Tribunal in Respect of Forensic Patients
- Inquiry into the Management of Health Care Delivery in NSW
- Review of Seclusion, Restraint and Observation of Consumers with a Mental Illness in NSW Health Facilities
- Inquiry into the Provision of Services under the NDIS for People with Psychosocial Disabilities related to a Mental Health Condition
- Inquiry into Implementation of the NDIS and the provision of Disability Services in NSW
- Member Consultation Briefing Paper: Community Managed Mental Health Sector Development Strategy
- NSW Ministry of Health on NSW Strategic Framework for Mental Health 2018-2022:
- A Framework for NSW Health Services
- Mental Health Commission of NSW Suicide Prevention Framework
- Key Enablers for Building Effective Localised Community Based Services and Supports, Mental Health Commission NSW
- Establishment of a Public Advocate in NSW and the role of Community Advocacy

MHCC contributed to the following submissions:

- CMHA ANAO Audit of DSP
- CMHA Review of the National Disability Agreement
- CMHA Senate Standing Committee on Community Affairs Inquiry into Mental Health Services in Rural and Remote Australia

For a full list of MHCC submissions and reports visit mhcc.org.au



December Graduation

MHCC staff joined graduates to celebrate the students' completion of Certificate IV Mental Health and Certificate IV Mental Health Peer Work qualifications offered by MHCC. Certificates were presented by MHCC Board member Irene Gallagher, who said she felt privileged to be part of the students' journey. Graduate Kerry-Ann, a proud Wiradjuri woman, gave an Acknowledgement of Country and spoke about her experience as a student, saying this was the only training where people really cared about the outcome for her as a student.

Jae Radican, State Wide Mental Health Peer Workforce Coordinator - Ministry of Health, congratulated MHCC on its ongoing work to improve training for students. Jae Radican was previously a graduate of MHCC, undertaking the Advance Diploma in 2011. MHCC educator Tina shared her thoughts on how far mental health had come. She said people who had been locked up in Callan Park in earlier times would be amazed to see a group of people valued for their lived experience. MHCC Learning and Development Manager Jenny Reid congratulated the students and thanked the MHCC Learning and Development staff for their hard work over the year. "A lot of work goes on behind the scenes for training to happen," Jenny said.

New Course Development

Fast Track Qualification Mental Health and Peer Work

MHCC developed Fast Track courses for both the Certificate IV in Mental Health and Certificate IV in Mental Health Peer Work. This means that workers can attend a 6-day highly interactive course to utilise their experience and achieve their qualification faster. The pilot of this training received great feedback and MHCC continues to offer the Fast Track qualification for workers who have more than 2 years-experience.

Understanding Medication

MHCC developed this 2-day course to meet the needs of mental health support workers who need clarity on their role when working with people who take medication. The course is delivered by a registered nurse and aligns to an elective in the Certificate IV in Mental Health qualification.

Partnerships

Western Sydney Recovery College

One Door Mental Health and MHCC formed a partnership to tender for the Western Sydney Recovery College. One Door took the lead on the tender and MHCC provided the RTO component of the partnership. The tender was successful; One Door established the Western Sydney Recovery College and MHCC delivered the Certificate IV in Mental Health Peer Work to 26 students in Parramatta in November 2017.

Training for Specialist Homelessness Services

MHCC partnered with FACS to obtain funding for part qualification training for specialist homelessness workers. The training was delivered over four days and covered Nationally Recognised units of competency including, understanding and responding to trauma, increase the safety of individuals at risk of suicide and managing stress. The training was funded under the Smart and

Skilled Targeted Priorities program. Training was delivered in Lismore, Campbelltown, Sydney, Western Sydney (2 groups) and Armidale.

NSW Peer Work Scholarship Program

MHCC continues to partner with Ministry of Health to offer scholarships to consumers and carers who want to complete the Certificate IV in Mental Health Peer Work. An additional 36 scholarships were offered this year, ensuring the future of the peer workforce in NSW.

Legal Aid Domestic Violence Court Assistance Scheme

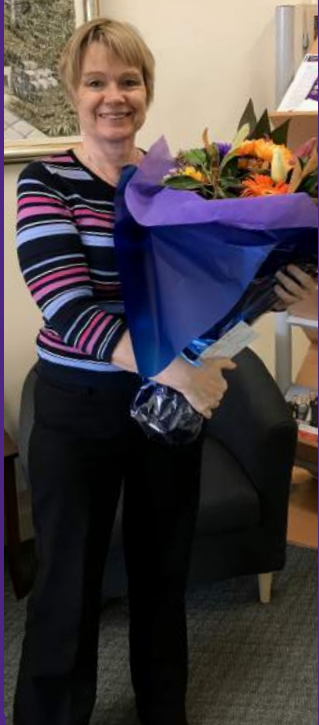
MHCC worked with Legal Aid to customise our trauma training to incorporate new policies and procedures relating to the NSW Domestic Violence Court Assistance scheme. MHCC delivered this training on four occasions and trained 80 workers in trauma-informed care and practice.



Graduation Day 2017



About MHCC in 2017/18



Jenna Bateman Farewell

MHCC members and supporters gathered at The Mint in November to farewell former MHCC CEO Jenna Bateman, who made the decision to retire after 17 years.

NSW Mental Health Commissioner Catherine Lourey thanked Jenna for sharing her extensive knowledge and support. Deputy Mental Health Commissioner and former MHCC Chair Karen Burns recounted Jenna's extraordinary negotiation skills, collaborative strength and her dedication to developing recovery oriented approaches. She thanked Jenna for being available round the clock to support others. "And I have been on the end of that," Karen told the gathering.

Past MHCC Chair Leonie Crayden noted Jenna's softly spoken yet highly effective advocacy. "Her style was never combative, that's why she did so well". Leonie summed up the significant body of work Jenna has overseen, including the Mental Health Rights Manual, Working Safe Toolkit, establishing MHCC Learning and Development and championing co-design. Then Chair of MHCC Board Pam Rutledge noted Jenna's incredible achievements and MHCC Principal Policy Advisor Corinne Henderson described Jenna's leadership as incisive, inclusive and inspiring.

Jenna recalled the words of Pat Deegan, that the goal of recovery is not about becoming normal, but to achieve our potential and to become the unique individuals that we are.



MHCC ACHS Accreditation

In March MHCC successfully gained re-accreditation for a further 4 years through the Australian Council on Healthcare Standards (ACHS). This is our third accreditation through ACHS which followed a comprehensive audit by ACHS surveyors across all our quality criteria. Audit preparation is always a welcome opportunity to consolidate and improve, and it helped our new CEO become familiar with our processes.

A New Garden at MHCC

MHCC got back to its roots in Autumn with a Quick Response Environment Grant from Inner West Council. With \$300 for native plants and the supervision of a Council Bushcare Officer, MHCC staff were able to mulch and plant out the lunch area to create a pleasant spot in keeping with the surrounding gardens. The seedlings have taken well and birds have discovered the new bird bath.



Community Mental Health Australia

CMHA represents the alliance of eight state and territory peaks at a national level. In 2017/18 Amanda Bresnan, Executive Director worked to advocate their joint interests, issued media responses and in consultation with the members engaged in a multitude of activities including providing submissions. The 2018/19 Federal Pre-budget submission proposed four initiatives to establish a national policy reform structure, establish an independent NDIS price regulatory body, develop an alternative gateway for psychosocial disability access to the NDIS and undertake a NDIS Act review.

Other submissions were to the Joint Standing Committee on the NDIS and the NDIS market readiness inquiry, Amendments to the NDIS Act, Social Services Legislation Amendment (Welfare Reform) Bill 2017, NDIS Quality and Safeguard Commission Rules and Worker Screening, Close the Gap Refresh, ACNC Legislation Review and the NDIS Quality and Safeguard Commission documents and processes. Several position papers were also published including Workforce and the Community Managed Mental Health Sector, IIMHL position statement on the psychosocial sector and Continuity of Support.

The Alliance tendered for the NDIS Transition and Aged Care Boosting the Local Care Workforce Grant Opportunity, the Disability Representative Organisation Grant to deliver systemic advocacy services under the Disabilities, Mental Health and Carers Program and the University of Sydney Mind the Gap Project/Report .

CMHA was invited to join a number of prestigious Expert Advisory Groups namely National Disability Service Providers Benchmarking Survey project, Centre of Research and Excellence in Disability and Health policy reform, PHN Advisory Panel on Mental Health, the NDIA CEO Forums, the ACOSS Board and the 5th National Mental Health Plan Working Group.

A member from each peak sits on the editorial group of *newparadigm*, the Australian Journal on Psychosocial Rehabilitation, published three times a year by Mental Health Victoria in partnership with CMHA. This journal encourages discussion on innovative service programs, new research and current thinking on policy and service provision. Three editions this year covered building capacity through change, the future of the mental health workforce, cultural diversity and mental health, exploring mental illness through a different lens and research into practice.



PROJECT STATUS

ONGOING



PROJECT OUTCOMES

Increased policy influence at national level, particularly relating to the NDIS, national mental health reform and Productivity Commission Inquiries.



newparadigm Winter edition

NDIS Conference

National NDIS Mental Health Conference, Sydney, November 2017

Organised by CMHA in association with MHCC and Western Australian Association for Mental Health (WAAMH), the theme of the inaugural 2017 National NDIS Mental Health Conference was 'Towards a Good Life'. Nearly 500 people from community-based organisations, government services and agencies gathered at the Sydney Masonic Centre with a diverse range of stakeholders including advocates with lived experience.

The overarching theme set the tone for recognising the significant opportunity the NDIS presents, whilst bringing stakeholders together to discuss concerns and work towards solutions. In the closing address Prof Allan Fels AO, National Mental Health Commission, said that gains from investment in mental health would far exceed that for investment in any other area, and that housing was a key to making NDIS implementation and mental health reform work. He went on to say that mental health was especially responsive to an insurance approach and that an investment in people with mental health conditions pays social and economic dividends. He also suggested that achieving an NDIS fit in the mental health space is a big challenge but that the Mental Health Commissions are more concerned about the gap that is arising (ie, people ineligible for individual funded services). He also commented that people not included in the 64,000 to access NDIS individual funded supports would have a big impact on both health and social services. He cautioned development of the proposed NDIS psychosocial disability access pathway in that this group of people could end up becoming a 'poor second cousin'.

Recommendations included affirmative action to ensure engagement, participation and co-design by people with lived experience and their families and the need for CMHA to continue to advocate for proactive outreach to people with complex needs including psychosocial disability - particularly in relation to Aboriginal and Torres Strait Islander communities, people from culturally and linguistically diverse communities and for homeless people.



National NDIS Mental Health Conference 2017

NDIS “Fully Operational” in NSW

Five years of NDIS in NSW has yielded many stories of hope, growth and inclusion for people living with mental health conditions. However, for too many people the NDIS is complicated and difficult to navigate.

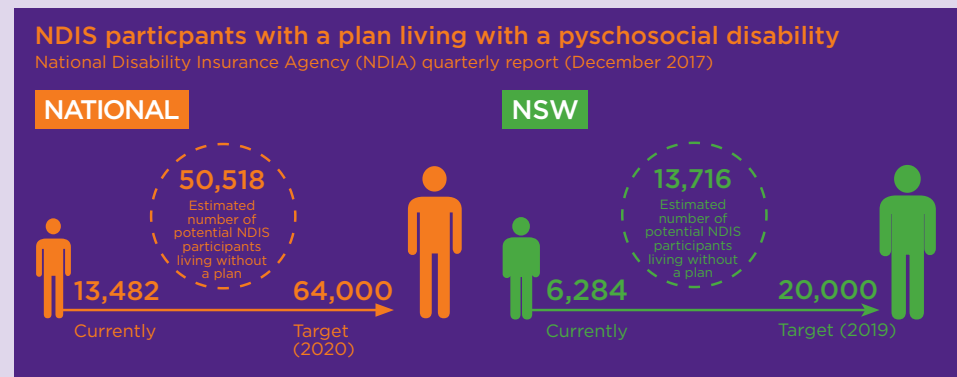
MHCC members who are registered NDIS providers continue to share stories of challenges including concerns about:

- Unstable pricing for working with people with complex needs
- Workforce shortages and skills reductions associated with low prices
- Erosions to service quality and safety
- An increasingly ‘thin market’ for people seeking quality psychosocial disability supports.

The NSW Government says the NDIS is ‘fully operational’ in NSW at the end of 2017/18. At the end of June, there are 84,594 people in NSW of all disability types accessing NDIS funded supports. This includes 6,284 people with psychosocial disability. Sadly, there is an under representation of people with mental health conditions, both in NSW and nationally, that should be accessing the scheme by full roll-out in 2020. Full rollout in NSW means that about 140,000 people of all disability types would be accessing the scheme.

The opportunity for self-directed funded supports that the NDIS brings people, and their families and communities, is immeasurable. However, the challenges associated with NDIS access and planning are considerable. MHCC welcomes the commitments of Australian Governments and the NDIA to quality improve the NDIS over time. For 2017/18, this has included numerous NDIS inquiries with the NDIA agreeing to implement many recommendations.

This includes the NDIA undertaking a Participants and Providers Pathway Review. Mental Health Australia undertook consultation on behalf of the NDIA to develop a psychosocial disability pathway.



Supporting Members: NDIS Training

Work undertaken by MHCC in 2017/18 to support member organisations around NDIS implementation and related mental health reforms includes the delivery of 21 ‘Navigating the NDIS and Mental Health’ training days across NSW. The NSW Ministry of Health funded the training that also allowed MHCC to learn from frontline workers about their experience of the NDIS. Workers everywhere told us about inconsistencies in access and planning with people living with mental health conditions and similar needs having different NDIS outcomes. Many people that could benefit from the NDIS are choosing not to apply, or withdrawing their applications, due to actual/perceived complexity. This will leave people seriously disadvantaged as the Commonwealth funded mental health programs end in June 2019. Primary health networks are to commission a Psychosocial Support Measure (for people not accessing the NDIS) and NDIS Continuity of Support funding (not mental health specific) in 2019, however, these programs lack detail and will not be sufficient to meet community need for services that support people’s recovery.

MHCC also received feedback about the value of the reimagine.today, an online resource to help people understand psychosocial disability and how the NDIS can support recovery. The NDIA funded Stage 1 of reimagine.today and it was launched in June 2017. The strong relationship that MHCC has developed with the NDIA mental health team has resulted in additional funding to undertake a further three NDIS and mental health projects from 2018 to 2020 (see “In the pipeline”). These projects will allow MHCC to continue conversations with our members about their NDIS journey.

Quality and Safeguards Commission

An important milestone in the NSW NDIS journey is the establishment of the NDIS Quality and Safeguards Commission that commenced operations in July 2018. The Commission represents a significant change in the delivery of quality services to people with disability and the prevention of neglect and abuse.

MHCC is attending and promoting information sessions to understand the Commission’s new regulatory environment and sharing this information with members. We have heard member feedback that NDIS registered providers want MHCC to support them in transitioning to the new regulatory environment. Organisations may find meeting the Commission’s service quality and safety requirements challenging given the pricing, workforce and ‘market’ issues that remain unresolved.

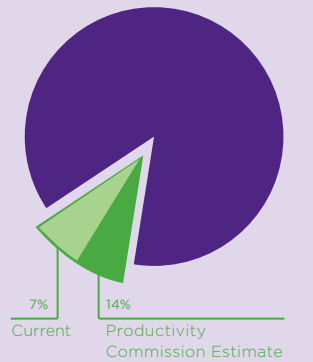
PROJECT STATUS

ONGOING

PROJECT OUTCOMES

Online NDIS resource reimagine.today is developed and launched with training across NSW to assist organisations in navigating the NDIS.

Under representation of NSW NDIS participants living with a primary psychosocial disability.



Community Mental Health Drug and Alcohol Research Network (CMHDARN)

The Community Mental Health and Drug and Alcohol Research Network (CMHDARN) is a partnership between the two peak bodies for community managed organisations in NSW in the mental health and alcohol and other drug fields, MHCC and the Network of Alcohol and Drug Agencies (NADA) and the Mental Health Commission of NSW (the Commission). CMHDARN was established in 2010 with funding from NSW Mental Health and Drug and Alcohol Office, to broaden involvement in practice-based research, promote translation of evidence into practice, and improve service delivery to people affected by mental health and alcohol and other drug issues. It has continued to pursue these objectives and further benefited from its collaboration with the Commission over the last three years.

Research Ethics Committee

During 2017/18 CMHDARN established a Research Ethics Consultation Committee (RECC). The RECC provides ethical guidance to researchers and research participants. It offers a researchers' forum for ongoing guidance in ethics regarding human research within the mental health and alcohol and other drug communities. It helps new researchers by reviewing proposed research methodology and considering projects from an ethical perspective. The RECC provides feedback on consultation proposals; data collection tools; confidentiality and privacy issues for example.

Seeding Grants

In 2017, MHCC and NADA member organisations were awarded Research Seeding Grants, allowing community-based mental health and/or alcohol and other drugs organisations to access one-off grants to do research (ie, to become 'research ready'). CMHDARN awarded seeding grants to nine organisations of up to \$10,000. Recipients said the grants enabled them to build research capacity, involve consumers in co-design and promote research into practice in a meaningful way. Most had collaborated with research partners.

Community Research Mentoring Project

Another initiative is the Community Research Mentoring Project. The NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS) at the National Drug and Alcohol Research Centre, UNSW, and CMHDARN have agreed to work in partnership to develop a mentoring scheme. Each year, experienced researchers mentor people in the MH and AOD sectors to grow their research activities. A new round of applications for mentoring closed at the end of June 2018, and successful mentees will be matched to mentors.

Symposium

On 20 June, CMHDARN held a one-day Symposium in Sydney. NSW Mental Health Commissioner Catherine Lourey gave the opening address in which she expressed support for the Network and highlighted the importance of collaboration, identifying CMHDARN as an important focus for the Commission's work to foster partnerships and integration across the two sectors. The three distinguished researchers provided keynote presentations - Dr Mindy Sotiri from the Community Restorative Centre; Associate Professor Kylie Valentine from the Social Policy Research Centre UNSW, and Dr Steph Kershaw from the National Drug and Alcohol Research Centre. The Symposium also provided an opportunity for the seeding grant recipients to present a snapshot of their projects, and a final evaluation report is now available describing all the projects and outcomes.

The Symposium gathered perspectives from participants on strategic directions for CMHDARN, facilitated by David McGrath, an independent consultant with understanding of cross-sectoral issues.

CMHDARN regularly places articles in both MHCC's and NADA's newsletters.



PROJECT STATUS

ONGOING



Thanks to the NSW Mental Health Commission for their ongoing support.

PROJECT OUTCOMES

Research Ethics Committee, Seeding Grants and Community Research Mentoring established.

Symposium gathers perspectives on strategic directions for CMHDARN.



CMHDARN Symposium 2018

Trauma-informed Care
Trauma-informed Events Checklist & Protocol

In 2017/18 MHCC progressed the trauma-informed care and practice agenda in numerous ways. Firstly we determined to develop an easy-to-use resource to help the sector ensure that events follow trauma-informed principles. It is not uncommon for sector organisations to facilitate conferences, forums, workshops, and training or conduct consultations which include presentations surrounding lived experience. When consumers and carers provide input, it may distress them and others attending the event. Frequently issues of safety are only applied if the subject matter is clearly identified as trauma related, but MHCC understands through experience that safety needs to be a consideration in every circumstance.

Armed with clear messages from members and the sector, together with our own experience, MHCC created resources to help plan an event and consider potential pitfalls. With the support of an Expert Reference Group, we co-designed a 'checklist' informed by a 'policy protocol' for any activity. Whilst the policy and protocol template is by no means comprehensive, it serves as an example for the development of a specific policy document as required. This is about embedding best practice principles into all activities at every level of engagement with people with lived experience, their carers and families, staff and the community during any event or activity. Its purpose is to foster a safe environment and minimise the potential for traumatisation, re-traumatisation and vicarious traumatisation during any event or activity.

The goal of the policy protocol is to promote a supportive culture that encourages a collaborative and trusting approach between the host organisation, presenters and attendees which builds on their shared interest in trauma-informed health and safety.

Agency for Clinical Innovation TICP guidance

MHCC is collaborating with the Agency for Clinical Innovation (ACI) by participating in both the Steering Group and Expert Working Group to provide evidence based guidance on the translation of TICP principles into practice in mental health settings. The objective is to improve outcomes for people who access mental health services in NSW through the development of evidence based approaches to TICP for Mental Health services in NSW.

PROJECT STATUS

COMPLETE



PROJECT OUTCOMES

Trauma-informed Events Checklist and Protocol developed and published.

Guidance provided to Agency for Clinical Innovation on evidence-based trauma-informed care.


Recovery Oriented Language Guide Second Edition

MHCC's second edition of the Recovery Oriented Language Guide was launched at the CEO and Senior Managers' Forum in May. The first edition published five years ago has been widely disseminated, used and praised. Acknowledging that language is dynamic MHCC produced a second edition which presents new information, aligned with trauma-informed care and practice principles, age-related language and the language of supported decision-making.

Development of the Guide was informed by international and Australian literature on recovery language, conversations with mental health practitioners and listening to the voices of lived experience concerning personal recovery. Since 'recovery' was originally defined from the perspectives of adult mental health consumers, we sought to identify whether this applies at different stages of life. The literature suggests that whilst the recovery oriented approach applies to everyone, the language and ways of communicating needs to be relevant to particular age groups. The Guide provides an opportunity for reflection on language we use.

PROJECT STATUS

COMPLETE



PROJECT OUTCOMES

Second edition Recovery Oriented Language Guide developed and published.



The 2nd Edition Recovery Oriented Language Guide can be found at www.mhcc.org.au

Recovery-Oriented Practice Expansion
ROSSAT


MHCC's Recovery-Oriented Service Self-Assessment Toolkit (ROSSAT) consultancies help organisations take a more holistic and person-centred approach to the people they support.

MHCC and Being, the NSW consumer advisory group, mapped the ROSSAT Tool for Organisations and Tool for Workers to the National Mental Health Standards. Alongside the optional MHCC consultancy, they provide excellent accreditation evidence, especially as this relates to the recovery standard.

MHCC continues to offer ROSSAT consultancy to a range of organisations to strengthen recovery orientation.

PROJECT STATUS

ONGOING



PROJECT OUTCOMES

Tool for Organisations and Tool for Workers mapped to the National Mental Health Standards.

Supported Decision-Making and the Guardianship Act

MHCC has developed additional professional development resources to support workers to maximise consumer autonomy. This followed earlier work conducted with Sydney University which looked at competences necessary to support people experiencing cognitive difficulties as a consequence of mental health conditions.

MHCC believes strong focus should be placed on promoting supported decision-making (SDM) to assist a person to live a more independent, dignified and meaningful life. Decision-making is a skill that can be developed with support, which is particularly important in relation to the NDIS and other emerging reform initiatives. SDM is an approach to support people living with mental health and coexisting conditions including cognitive difficulties to make important decisions, exercise legal capacity and exert greater choice and control.

In this year, MHCC completed the development of a second tailored product to meet mental health workforce training needs in anticipation of changes to the Guardianship Act 1987 (NSW). It is hoped the revised Act will provide a formal framework for supported decision-making and new general principles will reflect the UN Convention on the Rights of Persons with Disabilities giving effect to a person's will and preferences wherever possible.

“ It is hoped the revised Act will provide a formal framework for supported decision-making ”

PROJECT STATUS

COMPLETE



PROJECT OUTCOMES

A second training product was developed in anticipation of changes to the Guardianship Act.

Implementing Data Collection: Scoping Study

In early 2018 MHCC undertook 'Implementing the National Minimum Dataset for Mental Health Establishments (NGO-E) in NSW Community Managed Organisations: Scoping Study' Project. The Mental Health NGO Establishments National Minimum Data Set, developed in 2014, is a national collection of data on activity, expenditure and staffing for specialised CMO mental health services.

MHCC and CMOs in NSW have a history of advocating for effective data collection that contributes to the improvement of health outcomes for people living with mental health conditions, their families and carers. The ultimate data goal for CMOs is to 'collect once and use often'.

The project scoped the feasibility of implementing the National Minimum Dataset (MDS) for the NGO-E by NSW CMOs that provide NSW Government funded mental health support services. MHCC engaged consultant Julie Millard to undertake the study and consult with community managed organisations and government agencies. A review of the MDS data collection systems for CMOs in WA and QLD identified implementation issues and specific challenges for NSW.

A survey was distributed to CMOs who currently receive or may receive NSW Government mental health funds. Most agreed, 68.75%, that there was value in collecting an MDS for their organisation with 81.25% agreeing there was value for the mental health sector. Organisations identified a number of resources required to implement the MDS including database enhancement, increased resourcing and relevant staff training.

It was evident from the survey that CMOs welcome consistent data collection and a minimum data set, though CMOs have reservations about impact on employee time, cost and systems upgrades.

Stage 2 of the project commenced in July 2018.

PROJECT STATUS

IN PROGRESS



PROJECT OUTCOMES

Scoping study completed for CMOs that provide NSW Government-funded mental health support services.

“ The ultimate data goal for CMOs is to “collect once, use often ” ”

Strategic Planning Day

In August the Board and Senior Staff came together to discuss the next three years. Previous discussions identified that the key priorities of the current strategic directions were still relevant, so the day focussed on activities that would enable MHCC to meet these key priorities. The team broke into groups to identify areas for action within each key priority. The ideas that flowed were innovative, member-focussed and challenging but achievable. The next three years will see much change and MHCC aims to continue empowering Community Managed Mental Health in NSW. The new strategic plan will be finalised by the end of the year.

2017/18 KEY PRIORITY AREAS



In early 2018, the NDIA approved three MHCC grants for NDIS projects. These allow MHCC members to contribute to increasing the opportunities and reducing the challenges of NDIS implementation.

NSW ILC - Community Engagement Education Package

MHCC will work with people with lived experience to co-design a community engagement package to support people who are ineligible or do not want an NDIS plan. Two education programs will be trialed in a metropolitan and rural area, and feedback refined to scale-up both in NSW and nationally. The program will equip community workers to use recovery approaches when assessing the needs of people living with mental health conditions, enabling connection and increasing participation.

National ILC project - reimagine.today stage 2

Stage 2 of reimagine.today employs Peer Leaders to coordinate Peer Networks to co-design resources to support people with psychosocial disability. The Peer Networks will focus on marginalised groups including Aboriginal and Torres Strait Islander communities, people from culturally and linguistically diverse backgrounds, people in rural and remote areas and LGBTIQ+ communities. Through participation, peer participants will build decision-making, self-advocacy and plan management skills. The co-designed resources will be added to the reimagine.today website, supporting people with psychosocial disability to build capacity to self-advocate and self-manage choices about NDIS, mainstream and community services.

reimagine.today training - for NDIA & LAC staff nationally

MHCC is developing reimagine.today training for NDIA and Local Area Coordinator (LAC) Partners in the Community staff. People with lived experience will deliver the training at up to 20 locations across Australia by the end of June 2019. MHCC will develop an online learning component about using the reimagine.today website. The aim is to

increase awareness of the reimagine.today website and demonstrate to NDIA staff and LAC partners how to use it to support people living with a mental health condition.

Other projects in the pipeline are:

Monitoring and safeguards mechanisms in NSW

In Jan 2018, MHCC put a proposal to the NSW Health Mental Health Branch to investigate monitoring in mental health community managed services. A study will establish ways that services can access quality and safeguarding mechanisms to protect the rights of people receiving support and ensure they are not exposed to accountability gaps. The project will commence in 2018/19.

Implementing the National Minimum Dataset for Mental Health Establishments (NGOE) in NSW Community Managed Organisations: Scoping Study

MHCC has been funded by NSW Health Mental Health Branch to scope the feasibility of implementing the National Minimum Dataset for mental health CMOs in NSW. Stage 1 completed in June provides recommendations for consistent data collection across the state and nationally. Stage 2, in 2018/19, will review opportunities for the Mental Health NGO Establishments National Best Endeavours Dataset to align with current data collections and pilot the CMO Your Experience of Service survey.

Mental Health Rights Manual 4th Edition update

MHCC will develop an additional chapter and updates, describing the role of the Quality and Safeguards Commission, the changing jurisdiction of the NSW Ombudsman and the establishment of a Public Advocate as well as access to psychosocial support services. This will commence in late 2018.

2017/18 Financials

Statement of comprehensive income for the year ended 30 June 2018

	2018	2017
Revenue	2,526,216	2,394,354
Employee Expenses	(1,678,866)	(1,586,328)
Depreciation and Amortisation	(11,991)	(14,721)
Other Expenses	(947,132)	(664,714)
Current Year Surplus (deficit) before Income Tax	(111,773)	128,591
Total Comprehensive Income	(111,773)	128,591
Current Year Surplus (deficit) Attributable to Members	(111,773)	128,591

Statement of financial position for the year ended 30 June 2018

	2018	2017
Current Assets		
Cash and Cash Equivalents	3,574,253	2,477,914
Accounts Receivable and Other Debtors	170,314	280,736
Other Current Assets	5,531	-
Total Current Assets	3,750,098	2,758,650
Non-Current Assets		
Property, Plant and Equipment	47,012	64,787
Total Non-Current Assets	47,012	64,787
Total Assets	3,797,110	2,823,437
Current Liabilities		
Accounts Payable and Other Payables	35,014	101,656
Revenue in Advance	38,453	-
Provisions	180,059	436,085
Grants Received in Advance	906,987	274,074
Total Current Liabilities	1,160,513	811,815
Non-Current Liabilities		
Grants Received in Advance	736,748	-
Total Non-Current Assets	736,748	-
Total Liabilities	1,897,261	811,815
Net Assets	1,899,849	2,011,622

Statement of financial position for the year ended 30 June 2018

	2018	2017
Equity		
Retained Profits	1,899,849	2,011,622
Total Equity	1,899,849	2,011,622

Statement of changes in equity for the year ended 30 June 2018

	2018	2017
Opening Balance	2,011,622	1,883,031
Comprehensive Income		
Net Surplus Deficit for the Year	(111,773)	128,591
Total Comprehensive Income Attributable to Members	(111,773)	128,591
Closing Balance	1,899,849	2,011,622

Statement of cash flow for the year ended 30 June 2018

	2018	2017
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from:		
LDU Course and Project Income (inclusive of GST)	798,522	1,126,835
Seminar Income (inclusive of GST)	45,000	-
Receipts from Sale of Publications	-	14,175
Contributions Received from Members (inclusive of GST)	58,455	96,586
Government (State) Operating Received (inclusive of GST)	2,563,250	1,294,238
Grant Administration Fees	342,877	81,790
Consultancy & Co-ordinating Fee (inclusive of GST)	107	28,648
Interest Received	18,234	24,770
Other Receipts	35,082	1,384
Payments to Suppliers and Employees (inclusive of GST)	(2,765,188)	(2,717,704)
Net Cash Outflow from Operating Activities	1,096,339	(49,278)
CASH FLOWS FROM FINANCING ACTIVITIES		
Net Cash Used in Financing Activities:		
Net Decrease in Cash Held	1,096,339	(49,278)
Cash and Cash Equivalents as at 1 July	2,477,914	2,527,192
Cash and Cash Equivalents as at 30 June 2018	3,574,253	2,477,914



COME JOIN US
info@mhcc.org.au

Help MHCC set the agenda for our sector and define the messages that we campaign on and communicate to government agencies and service bodies. We need your experience to inform the future shape of our sector. Become an MHCC member today!

Thank you to all our staff

Carmel Tebbutt	Chief Executive Officer
Corinne Henderson	Principal Advisor – Policy and Legislative Reform
Tina Smith	Principal Advisor – Sector and Workforce Development
Erika Hewitt	Operations and HR Manager
Carrie Stone	Communications Team Leader
Elyse Aird	CMHDARN Project Coordinator
Ian Bond	Office Administration
Kat Fardian	Instructional Design – eLearning Specialist
Amira Robinson	Administration Support
Kim Shaw	Content Marketing Officer
Lara Summers	Digital Design Officer
Kathleen Consul	Digital Design Officer (Maternity Relief)
Wayne Willis	Finance Officer
Jenny Reid	Manager, Learning & Development
Vanessa Bell	Learning and Education Engagement Officer
Tina K	Internal Trainer and Assessor
Emma Paino	Internal Trainer and Assessor
Lisa Van Praag	Training Logistics Coordinator
Yvette Segal	Instructional Designer – VET Specialist
Paul Vescio	Student Support Administration Officer

**MENTAL HEALTH CO-ORDINATING
COUNCIL INCORPORATED
ABN 59 279 168 647**

**COMMITTEE REPORT
AND
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018**

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Auditor's Independence Declaration

To those charged with governance of
Mental Health Co-Ordinating Council Inc.

As auditor for the audit of Mental Health Co-ordinating Council Inc, for the financial year ended 30 June 2018, I declare that, to the best of my knowledge and belief, there have been no contraventions of the code of conduct relating to independence in APES 110 Code of Ethics for Professional Accountants issued by the Accounting Professional and Ethical Standards Board.

Dated this 25th day of October 2018



Bruce Lawrence

Auditor

Unit 6, 13 Larkin Street Riverwood NSW 2210

Correspondence to:

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Riverwood NSW 2210

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E admin@oneillobrien.com.au

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED
ABN 59 279 168 647

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE
INCOME FOR THE YEAR ENDED 30 JUNE 2018**

	Note	2018 \$	2017 \$
Revenue	2	2,526,216	2,394,354
Depreciation and Amortisation		(11,991)	(14,721)
Computer expenses		(87,353)	(76,670)
Employee expenses	3	(1,678,866)	(1,586,328)
Grant agreement expenses		(5,745)	-
Management and Admin Expenses		(78,210)	(58,505)
Motor Vehicle Expenses		(8,750)	(8,186)
Operating Expenses		(71,931)	(54,175)
Program Activity Expenses		(674,582)	(427,617)
Travel Expenses		(20,561)	(39,561)
Current year surplus/(deficit) before Income Tax		<u>(111,773)</u>	<u>128,591</u>
Income Tax expense	1a	-	-
Total comprehensive income for the year		<u>(111,773)</u>	<u>128,591</u>
Current year surplus / (deficit) attributable to members of the entity		<u>(111,773)</u>	<u>128,591</u>

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached .*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED**ABN 59 279 168 647****STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2018**

	Note	2018 \$	2017 \$
Assets			
Current Assets			
Cash and Cash Equivalents	5	3,574,253	2,477,914
Accounts receivable and other debtors	7	170,314	280,736
Other Current Assets	8	5,531	-
Total Current Assets		<u>3,750,098</u>	<u>2,758,650</u>
Non-Current Assets			
Property, Plant and Equipment	9	<u>47,012</u>	<u>64,787</u>
Total Non-Current Assets		<u>47,012</u>	<u>64,787</u>
Total Assets		<u>3,797,110</u>	<u>2,823,437</u>
Liabilities			
Current Liabilities			
Accounts payable and other payables	10	35,014	101,656
Provisions	11	180,059	436,085
Revenue in Advance	12	38,453	-
Grants Received in Advance	12	<u>906,987</u>	<u>274,074</u>
Total Current Liabilities		<u>1,160,513</u>	<u>811,815</u>
Non-Current Liabilities			
Grants Received in Advance	12	<u>736,748</u>	<u>-</u>
Total Non-Current Assets		<u>736,748</u>	<u>-</u>
Total Liabilities		<u>1,897,261</u>	<u>811,815</u>
Net Assets		<u>1,899,849</u>	<u>2,011,622</u>
Equity			
Retained Surplus	13	1,899,849	2,011,622
Total Equity		<u>1,899,849</u>	<u>2,011,622</u>

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached.*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED**ABN 59 279 168 647****STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2018**

	Total \$
Balance at 1 July 2016	1,883,031
Comprehensive income	-
Net surplus for the year	128,591
Total comprehensive income attributable to members of the entity	<u>128,591</u>
Balance at 30 June 2017	<u>2,011,622</u>
Balance at 1 July 2017	2,011,622
Comprehensive income	
Net deficit for the year	(111,773)
Total comprehensive income attributable to members of the entity	<u>(111,773)</u>
Balance at 30 June 2018	<u>1,899,849</u>

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached .*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
Cash Flows from Operating Activities			
Grants (state) operating received*		2,563,250	1,294,238
Grant administration Fees		342,877	81,790
Contributions received from members		58,455	96,586
LDU Course and Project income		798,522	1,126,835
Seminar income		45,000	-
Receipts from sale of publications		-	14,175
Consultancy & Co-ordinating Fees		107	28,648
Interest Received		18,234	24,770
Other Receipts		35,082	1,384
Payments to Suppliers and Employees		(2,765,188)	(2,717,704)
Net cash provided by operating activities		<u>1,096,339</u>	<u>(49,278)</u>
Cash Flows from Financing Activities			
Net Cash Used in Financing Activities:			
Net Increase / (Decrease) in Cash Held	6	1,096,339	(49,278)
Cash and Cash equivalents 1 July		<u>2,477,914</u>	<u>2,527,192</u>
Cash and Cash Equivalents 30 June	5	<u>3,574,253</u>	<u>2,477,914</u>

* Grant receipts include amounts shown in Revenue in Advance – See Note 14

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached .*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

The financial statements cover MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED as an individual entity domiciled in Australia. MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED is an association incorporated in New South Wales and operating pursuant to the *Associations Incorporation Act 2016 (NSW)* and the *Australian Charities And Not-For-Profits Commission (ACNC)*.

The financial statements were authorised for issue on 12th October 2018 by the Committee Members.

Note 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

These general purpose financial statements have been prepared in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

a. Income Tax

The income tax expense (income) for the year comprises current income tax expense (income) and deferred income tax expense (income).

Current income tax expense charged to profit or loss is the tax payable on taxable income for the current period. Current tax liabilities (assets) are measured at the amounts expected to be paid to (recovered from) the relevant taxation authority, using tax rates (and tax laws) that have been enacted or substantively enacted by the end of the reporting period.

Deferred income tax expense reflects movements in deferred tax asset and deferred tax liability balances during the year as well as unused tax losses.

Current and deferred income tax expense (income) is charged or credited outside profit or loss when the tax relates to items that are recognised outside profit or loss or arising from a business combination.

Except for business combinations, no deferred tax is recognised from the initial recognition of an asset or liability where there is no effect on accounting or taxable profit or loss.

Deferred tax assets and liabilities are calculated at the tax rates that are expected to apply to the period when the asset is realised or the liability is settled and their measurement also reflects the manner in which the committee expects to recover or settle the carrying amount of the related asset or liability. With respect to non-depreciable items of property, plant and equipment measured at fair value and items of investment property measured at fair value, the related deferred tax liability or deferred tax asset is measured on the basis that the carrying amount of the asset will be recovered entirely through sale. When an investment property that is depreciable is held by the association in a business model whose objective is to consume substantially all of the economic benefits embodied in the property through use over time (rather than through sale), the related deferred tax liability or deferred tax asset is measured on the basis that the carrying amount of such property will be recovered entirely through use.

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached.*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

Notes to the Financial Statements For the Year ended 30 June 2018

Deferred tax assets relating to temporary differences and unused tax losses are recognised only to the extent that it is probable that future taxable profit will be available against which the benefits of the deferred tax asset can be utilised.

Current tax assets and liabilities are offset where a legally enforceable right of set-off exists and it is intended that net settlement or simultaneous realisation and settlement of the respective asset and liability will occur. Deferred tax assets and liabilities are offset where: (i) a legally enforceable right of set-off exists; and (ii) the deferred tax assets and liabilities relate to income taxes levied by the same taxation authority on either the same taxable entity or different taxable entities, where it is intended that net settlement or simultaneous realisation and settlement of the respective asset and liability will occur in future periods in which significant amounts of deferred tax assets or liabilities are expected to be recovered or settled.

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the Income Tax Assessment Act 1997.

b. Inventories on Hand

Inventories held for sale are measured at the lower of cost and net realisable value. Costs are assigned on the basis of weighted average costs.

Inventories held for distribution are measured at cost adjusted, when applicable, for any loss of service potential.

Inventories acquired at no cost or for nominal consideration are measured at the current replacement cost as at the date of acquisition.

c. Fair Value of Assets and Liabilities

The association measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the association would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, information is extracted from the most advantageous market available to the entity at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached.*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

Notes to the Financial Statements For the Year ended 30 June 2018

The fair value of liabilities and the entity's own equity instruments (excluding those related to share-based payment arrangements) may be valued, where there is no observable market price in relation to the transfer of an identical or similar financial instrument, by reference to observable market information where identical or similar instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

d. **Property, Plant and Equipment**

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised in profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(g) for details of impairment).

The cost of fixed assets constructed by the association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and valuable overheads.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss during the financial period in which they are incurred.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Assets	Depreciation Rate
Plant and Equipment	20% - 37.5%
Computer Equipment	33% - 40%
Motor Vehicles	18.75%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing net proceeds with the carrying amount. These gains and losses are recognised in profit or loss when the item is derecognised. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

e. **Leases**

Leases of property plant and equipment, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the association, are classified as finance leases.

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached.*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

Notes to the Financial Statements For the Year ended 30 June 2018

Finance leases are capitalised by recognising an asset and a liability at the lower of the amount equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values.

Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the association will obtain ownership of the asset over the term of the lease.

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

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

f. Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) over the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of income or expense in profit or loss.

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

Notes to the Financial Statements For the Year ended 30 June 2018

- (i) *Financial assets at fair value through profit or loss*
Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in fair value (ie gains or losses) recognised in profit or loss.
- (ii) *Loans and receivables*
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.
- (iii) *Held-to-maturity investments*
Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the association's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.
- (iv) *Available -for-sale investments*
Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are not expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.
- (v) *Financial liabilities*
Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified into profit or loss at this point.

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached*

**Notes to the Financial Statements
For the Year ended 30 June 2018**

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payment; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables) a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance account.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the association recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

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

g. Impairment of Assets

At the end of each reporting period, the association assesses whether there is any indication that an asset may be impaired. The assessment will consider both external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of that asset, being the higher of the asset's fair value less costs of disposal and its value in use, to the asset's carrying amount. For non-cash generating specialised assets measured using the cost basis, the recoverable amount is determined using current replacement cost in AAB 13: *Fair Value Measurement*. Any excess of the asset's carrying amount over its recoverable amount is immediately recognised in profit or loss.

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

h. Employee Provisions

Short-term employee benefits

Provision is made for the association's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The association's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the association does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

Notes to the Financial Statements For the Year ended 30 June 2018

i. Cash on Hand

Cash on hand 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.

j. Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for goods and services sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(f) for further discussion on the determination of impairment losses.

k. Revenue and Other Income

Non-reciprocal grant revenue is recognised in profit or loss when the association obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the association and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before the entity is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the association incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor; otherwise the grant is recognised as income on receipt.

The association receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

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

l. Borrowing Costs

Borrowing costs directly attributable to the acquisition, construction or production of assets that necessarily take a substantial period of time to prepare for their intended use or sale are added to the cost of those assets, until such time as the assets are substantially ready for their intended use or sale.

All other borrowing costs are recognised in profit or loss in the period in which they are incurred.

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MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

Notes to the Financial Statements For the Year ended 30 June 2018

m. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

n. Comparative Figures

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

Where the association retrospectively applies an accounting policy, makes a retrospective restatement or reclassifies items in its financial statements, a third statement of financial position as at the beginning of the preceding period is presented in addition to the minimum comparative financial statements.

o. Accounts Payable and Other Payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

p. 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. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

q. Critical Accounting Estimates and Judgements

The committee evaluates estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the association.

Key estimates

Impairment

The association assesses impairment at the end of each reporting period by evaluating the conditions and events specific to the association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

Notes to the Financial Statements For the Year ended 30 June 2018

Key judgements

Provision for impairment of receivables

Included in account receivable and other debtors at the end of the reporting period are amounts receivable from clients dated older than 90 days. The committee has reviewed the amounts will be paid and therefore a provision for impairment of \$4,918 has been made. There has been no provision made in the 2017 reporting period.

r. New and Amended Accounting Policies Adopted by the Entity

Impairment measurement of specialised assets

Pursuant to AASB 2016-4: *Amendments to Australian Accounting Standards – Recoverable Amount of Non-Cash-Generating Specialised Assets of Not-for-Profit Entities* which is mandatorily applicable to annual reporting periods beginning 1 July 2017, the entity has amended its accounting policy on impairment testing of assets of specialised nature which are not held to primarily generate cash inflows. Accordingly, the recoverable amount of such assets is determined using current replacement cost by applying the relevant principles in AASB 13: *Fair Value Measurement*.

It has been determined by management that the above changes in the accounting policy do not have any material effect on the financial statements either in the current or prior periods presented.

s. New Accounting Standards for Application in future Periods

An assessment of Accounting Standards issued by the AASB that are not yet mandatorily applicable and their potential impact on the association when adopted in future periods is discussed below:

- AASB 9: *Financial instruments* and associated Amending Standards (applicable to annual reporting periods beginning on or after 1 July 2018).

The Standard will be applicable retrospectively (subject to the provisions on hedge accounting outlined below) and includes revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments, and simplified requirements for hedge accounting.

The key changes that may affect the association on initial application include certain simplifications to the classification of financial assets, simplifications to the accounting of embedded derivatives, upfront accounting for expected credit loss, and the irrevocable election to recognise gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. AASB 9 also introduces a new model for hedge accounting that will allow greater flexibility in the ability to hedge risk, particularly with respect to the hedging of non-financial items.

The financial assets held by the entity as at 30 June 2018 are account receivables and other debtors – the entity does not hold available for sale financial assets as at the reporting date. Adoption of AASB 9 is expected to increase the provisioning for account receivables and other debtors; the financial impact of which is not expected to be significant.

- AASB 16 *Leases* (applicable to annual reporting periods beginning on or after 1 January 2019).

When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: *Leases* and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases.

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**Notes to the Financial Statements
For the Year ended 30 June 2018**

The main changes introduced by the new Standard are as follows:

- Recognition of right-of-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets);
- Depreciation of right-of-use assets in line with AASB 116: *Property, Plant and Equipment* in profit or loss and unwinding of the liability in principal and interest components.
- Inclusion of variable lease payments that depend on an index or a rate in the initial measurement of the lease liability using the index or rate at the commencement date;
- Application of a practical expedient to permit a lessee to elect not to separate non-lease components and instead account for all components as a lease; and
- Inclusion of additional disclosure requirements.

The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108: *Accounting Policies, Changes in Accounting Estimates and Errors* or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.

Although members of the committee anticipate that the adoption of AASB 16 will impact the association's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

- AASB 1058: *Income of Not-for-Profit Entities* (applicable to annual reporting periods beginning on or after 1 January 2019).

This Standard is applicable to transactions that do not arise from enforceable contracts with customers involving performance obligations.

The significant accounting requirements of AASB 1058 are as follows:

- Income arising from an excess of the initial carrying amount of an asset over the related contributions by owners, increases in liabilities, decreases in assets and revenue should be immediately recognised in profit or loss. For this purpose, the assets, liabilities and revenue are to be measured in accordance with other applicable Standards.
- Liabilities should be recognised for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the entity to acquire or construct a recognisable non-financial asset that is to be controlled by the entity) over any related amounts recognised in accordance with the applicable Standards. The liabilities must be amortised to profit or loss as income when the entity satisfies its obligations under the transfer.

An entity may elect to recognise volunteer services or a class of volunteer services as an accounting policy choice if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been donated. Recognised volunteer services should be measured at fair value and any excess over the related amounts (such as contributions by owners or revenue) immediately recognised as income in profit or loss.

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MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

**Notes to the Financial Statements
For the Year ended 30 June 2018**

The transitional provisions of this Standard permit an entity to either, restate the contracts that existed in each prior period presented in accordance with AASB 108 (subject to certain practical expedients); or recognise the cumulative effect of retrospective application to incomplete contracts on the date of initial application. For this purpose, a completed contract is a contract or transaction for which the entity has recognised all of the income in accordance with AASB 1004: *Contributions*.

Although members of the committee anticipate that the adoption of AASB 1058 may have an impact on the association's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

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These financial statements should be read in conjunction with the attached*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED**ABN 59 279 168 647****Notes to the Financial Statements
For the Year ended 30 June 2018**

	2018	2017
	\$	\$
2. Revenue		
Revenue receipts are categorised as follows:		
Government grants	1,223,939	1,020,166
Member Subscriptions	58,455	96,586
Consultancy & Seminar Income	45,107	28,648
Sale of Training Packages & Publications	35,082	15,559
	<u>1,362,583</u>	<u>1,160,959</u>
Other Income		
Interest Received	18,234	24,770
LDU Course Payments	795,812	933,370
Grant Administration Fees	342,877	81,790
Sundry income	4,000	-
LDU Project Income	2,710	193,465
	<u>1,163,633</u>	<u>1,233,395</u>
	<u><u>2,526,216</u></u>	<u><u>2,394,354</u></u>

3. Employee Expenses

Wages & Salaries	1,468,583	1,419,342
Leave expense	10,688	13,286
Wages Agency Temps	-	4,510
Staff Recruitment	45,425	4,827
Staff Amenities and Training	15,317	8,606
Superannuation contributions	131,237	128,941
Workers Comp insurance	7,616	6,816
	<u>1,678,866</u>	<u>1,586,328</u>

4. Surplus/Deficit for the Year

Surplus / (Deficit) before income tax expense from continuing operations includes the following specific expenses:

Charging as Expense		
Finance Costs	474	223
Movements in Provisions		
Depreciation		
- Depreciation of Property, Plant and Equipment	11,991	14,721
	<u>11,991</u>	<u>14,721</u>
Net Expenses Resulting from Movement in Provisions		
	<u>11,991</u>	<u>14,721</u>

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MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
Bad & Doubtful Debts:-		
- Doubtful debts	4,918	211
- Bad debts written off	-	211
	<u>4,918</u>	<u>211</u>
 - Audit fees	 12,374	 6,000
	<u>12,374</u>	<u>6,000</u>
 Net Loss on Disposal of Non-Current Assets:-		
- Property, plant & equipment	5,783	-
	<u>5,783</u>	<u>-</u>
 Crediting as Income:		
Interest from :		
- Other Corporations	18,234	24,770
Total Interest Revenue	<u>18,234</u>	<u>24,770</u>
 5. Cash and Cash Equivalents		
Deposits	1,170	-
Cash Management Account	183,790	200,507
Cash on Hand	27	300
Security Deposit	400	400
Business Day Term Deposit	2,388,832	2,276,671
CBA IBD	1,000,000	-
PayPal Bank Account	34	36
	<u>3,574,253</u>	<u>2,477,914</u>
 Reconciliation of Cash		
Cash and Cash Equivalents	<u>3,574,253</u>	<u>2,477,914</u>
	<u>3,574,253</u>	<u>2,477,914</u>

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MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018 \$	2017 \$
6. Cash Flow Information		
Reconciliation of Cash Flow from Operations with Surplus / Deficit after Income Tax		
(Deficit)/Surplus after Income Tax	(111,773)	128,591
Adjustments for Non-Cash Components in (Deficit)/Surplus:		
Depreciation	11,991	14,721
Net Loss on Disposal of Property, Plant and Equipment	5,783	-
Changes in Assets and Liabilities		
Decrease in Accounts Receivable and Other debtors	104,893	127,829
Decrease in Accounts Payable and Other Payables	(66,642)	(208,437)
Decrease in provisions	(256,025)	(208,437)
Increase in advance revenue	1,408,112	(111,982)
Net Cash Increase in Cash Held	<u>1,096,339</u>	<u>(49,278)</u>
7. Accounts Receivable and Other Receivables		
Current		
Debtors	171,512	280,140
Less: Provision for doubtful debts	(4,918)	-
FBT Debtor	3,720	-
Loans to Employees	-	596
Total Accounts Receivable and Other Receivables	<u>170,314</u>	<u>280,736</u>
8. Other Assets		
Current		
Accrued Income	5,531	-
	<u>5,531</u>	<u>-</u>
9. Property, Plant and Equipment		
Plant and Equipment		
Plant & Equipment	191,123	191,123
Less Accumulated Depreciation	<u>159,703</u>	<u>154,733</u>
	31,420	36,390
Motor Vehicles	48,344	54,127
Less Accumulated Depreciation	<u>40,699</u>	<u>37,277</u>
	7,645	16,850
Computer Equipment	110,608	110,608
Less Accumulated Depreciation	<u>102,661</u>	<u>99,061</u>
	7,947	11,547
Total Plant and Equipment	<u>47,012</u>	<u>64,787</u>

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MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018 \$	2017 \$
10. Accounts Payable and Other Payables		
Current		
Payroll Tax Payable	16,496	16,585
Trade Creditors	8,705	12,287
Sundry Creditor	140	-
	<u>25,341</u>	<u>28,872</u>
GST Creditor	9,673	72,784
	<u>9,673</u>	<u>72,784</u>
Total Accounts Payable and Other Payables	<u>35,014</u>	<u>101,656</u>
11. Provisions		
Current		
Provision - Super Contributions	8,711	52
Provision for Holiday Pay	99,061	107,638
Provision for Long Service Leave	72,287	55,713
Provision for Training Venue	-	272,682
	<u>180,059</u>	<u>436,085</u>
Total Provisions	<u>180,059</u>	<u>436,085</u>
12. Revenue in advance		
Current		
Income in Advance	38,453	274,074
Grants in Advance *	906,987	-
	<u>945,440</u>	<u>274,074</u>
Non-Current		
Grants in Advance *	736,748	-
	<u>736,748</u>	<u>-</u>

* Note on NDIS ILC Grant National – income received in June 2018 has been apportioned between current and non-current liabilities. The agreement covers the period June 2018 to June 2020.

*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED**ABN 59 279 168 647****NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2018**

	2018 \$	2017 \$
13. Retained Earnings		
Retained Earnings at the Beginning of the Financial Year	2,011,622	1,883,031
Add		
Net surplus attributable to members of the company	-	128,591
Less		
Net deficit attributable to members of the company	(111,773)	-
Retained surplus at the End of the Financial Year	<u>1,899,849</u>	<u>2,011,622</u>

14. Auditors Remuneration

O'NEILL O'BRIEN were the auditors of MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

- Audit & review of financial reports	6,000	6,000
- Audit assurance conducted by Crowe Horwarth	6,374	-
	<u>12,374</u>	<u>6,000</u>

15. Contingent liabilities

There are no contingent liabilities that have been incurred by the entity in relation to 2018.

16. Capital commitments

There have been no additional commitments to capital in 2018. The historic provision for the training venue has been reduced to \$Nil in the 2018 year.

17. Fair value measurement of non-financial instruments

The entity is not is exposed to various risks in relation to financial instruments.

18. Property Lease agreement

The lease of Part Building 124 and Building 125 with Health Administration Corporation is governed by regulation set out in Callan Park (Special Provisions) Act 2002 No 139.
The current lease agreement with the Health Administration Corporation terminates on 31st October 2019.
As at the date of this report; the lease has not been renegotiated post lease termination date.

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MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$

19. Capital management policies and procedures

Management controls the capital of the entity to ensure that adequate cash flows are generated to fund its programs. The Board and management ensure that the overall risk management strategy is in line with this objective.

There have been no changes to the strategy adopted by management to control capital of the entity since the previous year.

20. Remuneration of Board Members

Income paid or payable, or otherwise made available to board members by the entity in connection with the management of affairs of the entity,	Nil	Nil
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The number of Board members whose total income from the entity or related parties was within the specified bands as follows:

Income Band \$0.00 to \$9,999	9	9
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21. Related Parties

The names of persons who were board members of the entity at any time during the financial year 2017-2018:

Luke Butcher	Judi Higgin
Margaret Bowen	Mark Orr
Mariam Faraj	Cam Pham
Irene Gallagher	Pam Rutledge
Sue Sacker	Jonathan Harms
Claire Vernon	

The following members resigned during the financial year 2017-2018:

Pam Rutledge	Sue Sacker
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*The accompanying notes form part of these financial statements.
These financial statements should be read in conjunction with the attached*

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee as set out in the accompanying financial statements:

- a) Presents a true and fair view of the financial position of MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED as at 30 June 2018 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
- b) At the date of this statement, there are reasonable grounds to believe that MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED will be able to pay its debts as and when they fall due.

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



President: Judith Higgin



Treasurer: Cam Pham

Dated

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

Report on the Financial Report

Opinion

I have audited the accompanying financial report of MENTAL HEALTH CO-ORDINATING COUNCIL INC, (hereinafter referred to as 'the registered entity' or 'association') which comprises the statement of financial position as at 30 June 2018, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by the committee.

In my opinion the financial report of the registered entity has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- a) Giving a true and fair view of the registered entity's financial position as at 30 June 2018 and of its financial performance and cash flows for the year ended on that date; and
- b) Complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-Profits Commission Regulation 2013*.

Basis of opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. I am independent of the registered entity in accordance with the auditor independence requirements of the Corporations Act 2001 and the ethical requirements of the Accounting professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

I confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the committee charged with governance, would be in the same terms if given to the committee as at the time of this auditor's report.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of management and those charged with governance for the financial report

Those charged with governance (the committee) of the registered entity, is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as determined is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the committee is responsible for assessing the association's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless those charged with governance either intend to liquidate the association or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibility for the audit of the financial report

My objective is to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED

ABN 59 279 168 647

**INDEPENDENT AUDITORS' REPORT
TO THE MEMBERS OF
MENTAL HEALTH CO-ORDINATING COUNCIL INCORPORATED**

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: <http://www.auasb.gov.au/Home.aspx>. This description forms part of my auditor's report.



Bruce Lawrence

Auditor

Unit 6, 13 Larkin Street Riverwood NSW 2210

Dated this 25th day of October 2018