



ANNUAL REPORT

2017/18



**Mental Health
Australia**





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Our Vision

Mentally healthy people, mentally healthy communities.

Our Mission

To create the best mental health system in the world, characterised by:

- Full and meaningful participation by consumers and carers
- Priority given to mental health promotion, prevention and early intervention
- Recovery orientation
- Seamless integration and coordination of policies, services and programs
- Accessibility, effectiveness and efficiency.

Our Objectives

As the national peak body for mental health, Mental Health Australia works to advocate for a better mental health system for all Australians and a better operating environment for service providers.

To deliver on our vision, and to continue representing and promoting the interests of our Members and the Australian mental health sector, our work over the coming three years will focus on the following core objectives:



Growing the long-term investment in mental health



Improving systems design and interface



Enhancing the sustainability of Mental Health Australia

Mental Health Australia Board

Left to right: Patrick Hardwick, Geoff Harris, Sam Refshauge, Jennifer Westacott AO, Arthur Papakotsias, Georgie Harman, Jonathan Nicholas, and Christine Morgan. Absent: Robyn Kruk AO and Janne McMahon OAM.



Strategic Plan 2017-2018

Mental Health
Australia

OUR VISION
*Mentally healthy people,
mentally healthy communities*

OBJECTIVES

**GROW THE LONG-TERM
INVESTMENT IN MENTAL HEALTH**

**TARGET 2018 FEDERAL BUDGET
INVESTMENT IN MENTAL HEALTH**

Develop and deliver a detailed
campaign to provide the rationale for
new investment in mental health

PRE-ELECTION STRATEGY

Develop and deliver an election campaign
strategy to highlight key concerns for members,
key mental health issues by electorate, with a
focus on marginal electorates

**IMPROVE SYSTEMS DESIGN
AND INTERFACE**

**MAINTAIN AND ADVANCE
ADVOCACY INFLUENCE**

To highlight and fix gaps within the NDIS
through the Productivity Commission Review
and other relevant processes

PRIMARY HEALTH NETWORKS

Continue establishing strong relationships

LONG TERM INVESTMENT

Continue to push for reinvestment 'upstream' over
the long-term, as recommended by the National
Mental Health Commission's Review

**SUSTAINABILITY OF
MENTAL HEALTH AUSTRALIA**

**MAINTAIN AND INCREASE OUR OWN
REVENUE AND RESOURCE CAPABILITY**

Improved and reliable funding is required to fully
achieve our vision of mentally healthy people, in
mentally healthy communities

Strategic Plan

Our Voice

From the Chair and CEO

As we edge towards another federal election and look back on what Mental Health Australia and the wider sector has been able to achieve in 2017/18, we are buoyed by gains that have been made, but also driven by the need to do more.

As always, we begin by acknowledging the hard work and growing voices of our consumers and carers.

Mental Health Australia is honoured to continue to support the National Mental Health Consumer and Carer Forum (NMHCCF) and the National Register of Mental Health Consumer and Carer Representatives. We are also looking forward to engaging with consumers and carers as part of the new National Multicultural Mental Health Project to be delivered over the next three years.

The return of the Multicultural Project was a real highlight for the year, with Mental Health Australia partnering with the Federation of Ethnic Communities' Councils of Australia and the National Ethnic Disability Alliance to deliver a project which focuses on mental health and suicide prevention for people from culturally and linguistically diverse backgrounds.

Another highlight was the second Federal Budget in a row where increased funding commitments were made to mental health services and reform, particularly around the gaps in NDIS for those in need of psychosocial support, an issue which has been at the centre of our advocacy work for some time now.

In November 2017, Health Minister the Hon Greg Hunt MP delivered our annual Grace Groom Memorial Oration at Old Parliament House in Canberra and in doing so committed further welcome investment to Mental Health Australia to continue to advocate for the wider sector.

Shortly after this announcement, we welcomed the history-making Marriage Equality Bill in early December. Another issue Mental Health Australia and many others had advocated for, knowing that LGBTIQ Australians experience triple the rate of depression and double the rate of anxiety when compared to the rest of the population.ⁱ



ⁱ National LGBTI Health Alliance, 2018, The Statistics at a Glance: The Mental Health of Lesbian, Gay, Bisexual, Transgender and Intersex People in Australia, <https://lgbtihealth.org.au/statistics/>

Around the same time, our policy team began work with KPMG on a pro-bono basis to look at mental health spending and investment from a new perspective, and a new pragmatic approach to the scale of the task of reforming our mental health system.

Investing to Save: The economic benefits for Australia of investment in mental health reform, is not just another report into mental health reform. It will provide governments and the business community alike with a clear pathway for how the right investment can not only improve productivity but ultimately save lives. The launch of *Investing to Save* was another key highlight for the organisation and we are thankful to the team at KPMG for their work and commitment to this important report.

For our members, and for the wider mental health community, we continued to play an active role on a number of national mental health advisory groups and committees, including co-chairing the Primary Health Network Mental Health Advisory Panel, the Department of Health's Mental Health Reform Stakeholder Group, the National Disability Insurance Agency's National Mental Health Sector Reference Group, the Independent Hospital Pricing Authority's Stakeholder Advisory Committee, and the Australian National Advisory Council on Alcohol and Drugs, among many others (detailed on page 19).

From World Mental Health Day to our two Members Policy Forums in November 2017 and March 2018, the support and feedback from our members continues to enable Mental Health Australia to engage and push for lasting mental health reform.

As always, there is more we can all do, and will strive to do. However it is clear the collective efforts of so many continue our progress, and our collaboration and cohesion as a sector is paramount if we are to thrive in the often unstable political environment in which we operate.

Thank you to our hardworking, committed staff who are small in number but large in output and influence, and also our dedicated Board Directors who are all prepared to continue to advocate for mental health reform on a daily basis.

Finally, thank you again to those consumers and carers, members and other stakeholders who help us drive and deliver our reform agenda to achieve our vision of mentally healthy people, and mentally healthy communities.



Jennifer Westacott
Chair



Frank Quinlan
CEO



Our Members

As the national peak body representing the mental health sector in Australia, Mental Health Australia advocates on behalf of a wide range of people working to improve the mental health and wellbeing of all Australians. This includes consumers and carers, practitioners, service providers, researchers and policy makers. Our members play a vital role in helping to fulfil our advocacy role and ensure a united voice is heard in the development of key national mental health reform priorities. We thank our Members for their continued support.

Voting Members | at 30 June 2018





Non-voting Members | at 30 June 2018



Our People

Board and Staff

Mental Health Australia is governed by a Board of up to ten Directors. The Board must consist of at least three and up to eight Elected Directors; and up to two Board Appointed Directors.

Directors as at 30 June 2018 were:

NAME	POSITION
Jennifer Westacott AO	Board Appointed Director, Chair
Robyn Kruk AO	Board Appointed Director, Deputy Chair
David Butt <i>(to 5 September 2017)</i>	Elected Director
Clare Guilfoyle <i>(to 28 November 2017)</i>	Elected Director
Patrick Hardwick	Elected Director
Georgina Harman <i>(from 28 November 2017)</i>	Elected Director
Geoff Harris	Elected Director
Caroline Johnson <i>(to 28 November 2017)</i>	Elected Director
Janne McMahon OAM <i>(from 28 November 2017)</i>	Elected Director
Christine Morgan	Elected Director
Jonathan Nicholas	Elected Director
Arthur Papakotsias	Elected Director
Sam Refshaug <i>(from 28 November 2017)</i>	Elected Director

Secretariat Staff

Mental Health Australia's success depends on the experience and dedication of its staff. The team combines skills in business, governance, policy and program development and management, planning, communications and event management and administration.

Many of our staff work part-time as part of our commitment to a mentally healthy and flexible workplace.

Staff as at 30 June 2018 were:

NAME	POSITION
Frank Quinlan	Chief Executive Officer
Melanie Cantwell	Deputy Chief Executive Officer/ Company Secretary
Josh Fear	Director, Policy and Projects
Kylie Wake	Director, Consumer and Carer Programs
Lachlan Searle	Director, External Relations
Felicity Wilkins	Executive Assistant/ Communications & Events Coordinator
Belinda Highmore	Manager, Policy and Projects
Emily Roser	Communications and Membership Officer
Kylie Bartlett	Finance and Corporate Services
Delia Witney	Human Resources Manager
Emma Coughlan	Senior Policy and Projects Officer
Kathryn Sequoia	Senior Policy and Projects Officer
Kaitlin Saunders	Project Officer, National Multicultural Mental Health Project
Victoria Wilson	NMHCCF/National Register, Executive Officer
Amy Byrne	Corporate Services Officer

Consumer and carer participation and leadership

National Mental Health Consumer and Carer Forum

The National Mental Health Consumer and Carer Forum (NMHCCF) is a combined national voice for mental health consumers and carers. Members listen, learn, influence and advocate in matters of mental health reform. The NMHCCF is currently auspiced by Mental Health Australia.

Membership of the NMHCCF is comprised of one consumer representative and one carer representative from each Australian state and territory, and representatives from some population groups and national consumer and carer organisations.

NMHCCF members represent mental health consumers and carers on a large number of national bodies, such as government committees and advisory groups, professional bodies and other consultative forums and events. Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers.

The NMHCCF met three times face to face in 2017/18. Reports from the two-day face to face meetings are available on the NMHCCF website.

The NMHCCF contributed to the following consultations, reports, issues and policies this year:

- Royal Australian and New Zealand College of Psychiatrists clinical practice guideline for the treatment of panic disorder, social anxiety disorder, and generalised anxiety disorder
- Senate Community Affairs Legislation Committee inquiry into the National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017
- Office of the Australian Information Commissioner consumer resources related to data breach notifications and what to do after a data breach
- Senate Community Affairs References Committee inquiry into the accessibility and quality of mental health services in rural and remote Australia.

In 2017/18 NMHCCF members published one new advocacy brief, Co-Design and Co-Production and updated four advocacy briefs, Borderline Personality Disorder, Stigma and Discrimination, Seclusion and Restraint, and Supported Accommodation.

The NMHCCF launched the *Critical Literature Review of the Direct, Adverse Effects of Neuroleptics – Essential Information for Mental Health Consumers, Carers, Families, Supporters and Clinicians* and accompanying booklet *What you may not know about antipsychotics* at the 2017 TheMHS Conference.

The NMHCCF Executive election for 2018/20 was conducted in March 2018. The new NMHCCF Executive Committee consists of:

Consumer Co-Chair

Carer Co-Chair

Deputy Consumer Co-Chair

Deputy Carer Co-Chair

Ordinary Consumer Member

Ordinary Carer Member

Lorraine Powell, WA Consumer representative

Emma Donaldson, Bluevoices Carer representative

Lyn English, SA Consumer representative

Elida Meadows, TAS Carer representative

Jan West, TAS Consumer representative

Katrina Clarke, VIC Carer representative

In 2017/18 the NMHCCF also finalised their 2018-2021 Strategic Plan and Workplan. The Strategic Plan identifies the goals and priorities of the NMHCCF. The Workplan identifies actions to achieve these goals.

More information on the NMHCCF can be found at: mhaustralia.org/nmhccf

National Register of Mental Health Consumer and Carer Representatives

The National Register is made up of 60 mental health consumer and carer representatives from around Australia. These representatives are available to sit on national committees, boards, planning groups and participate in national forums as consumer or carer representatives.

During 2017/18 the consumer and carer selection panel (NMHCCF Co-Chairs and the Consumer and Carer Directors on the Mental Health Australia Board) selected consumer and carer representatives from the NMHCCF and National Register for the following new opportunities:

Department of Health

- Primary Health Network Mental Health Lead Site Evaluation Advisory Group
- National Assessment - Referral and Triage Project Expert Advisory Group

National Mental Health Commission

- Advisory Committee - National Mental Health Commission Reporting Framework
- Housing, Homelessness and Mental Health Investigative Panels 1 and 2

Mental Health Principal Committee sub-committees and working groups

- Safety and Quality Partnership Standing Committee
- Mental Health Information Strategy Standing Committee
- Reducing Stigma and Discrimination Working Group

Australian Institute of Health and Welfare

- National Mental Health Performance Subcommittee
- Authoring Group, 3rd edition of National Mental Health Information Priorities

Australian Mental Health Outcomes and Classification Network

- Working group on the development of a new consumer rated measure of the National Mental Health Information Development Expert Advisory Panel
- Reference group to support the development of a version of the Your Experience of Service survey suitable for use in Primary Health Networks

Private Mental Health Consumer Carer Network

- Project reference group for the project to undertake a feasibility study into the establishment of a member based peer workforce organisation

RMIT University

- Expert symposium on the implementation of Optional Protocol to the Convention against Torture (OPCAT)

Australian Society for Psychological Medicine

- Interviewees for GP Counselling training

Mental Health Australia

- Project management group, Optimising Support for Psychosocial Disability Project

Independent Hospital Pricing Authority

- Mental Health Phase of Care Project

Australian College of Mental Health Nurses

- Nursing Workforce Project 1 Expert Reference Group

NMHCCF and National Register members also participated in:

- The national launch of Equally Well – July 2017
- Australian College of Mental Health Nurses: Seclusion and Restraint Project findings briefing – August 2017
- Consumer Privacy Network: Consumer Privacy Network meeting – August 2017
- National Mental Health Commission Emergent Leadership Program within the Mental Health Sector - Advisory Committee – September 2017
- Mental Health Australia Members' Dinner – November 2017
- Grace Groom Memorial Oration 2017 by Hon Greg Hunt MP – November 2017
- Mental Health Australia's Member's Policy Forum – November 2017
- Australian Human Rights Commission: Canberra OPCAT Roundtable meeting – December 2017
- National Mental Health Commission Best Buys Workshop – March 2018
- Australian Human Rights Commission Roundtable on violence against people with disability in institutional settings – April 2018
- Australian Mental Health Outcomes and Classification Network Workshop for NMHCCF and National Register members – June 2018.

Annual National Register and NMHCCF Issues Forum/Workshops

Mental Health Australia hosted two workshops for NMHCCF and National Register members in 2017/18. The workshops included an exploration of key national mental health issues, peer master-classes, and sessions with invited speakers. Participants discussed a range of issues important to mental health consumers and carers, and had opportunities to network and share representative experiences.

The 2017 Annual Issues and Opportunities Workshop was held in September 2017. The Workshop was attended by 50 mental health consumer and carer representatives. The theme for the Workshop was 'Effective Communication in Systemic Advocacy'.



The theme for the 2018 Annual Issues and Opportunities Workshop was 'Advancing the consumer and carer perspective through a human rights lens'. This workshop was held in May 2018 and was attended by 55 mental health consumer and carer representatives. The Hon Greg Hunt MP, Minister for Health was an invited guest speaker and joined the workshop for a Q&A session on the second day.

Our Policy Submissions

Mental Health Australia developed a number of submissions throughout 2017/18, covering a range of mental health issues. All submissions can be downloaded from the Mental Health Australia website.

JULY 2017

RESPONSE TO THE PRODUCTIVITY COMMISSION NDIS COSTS STUDY

Mental Health Australia lodged a comprehensive response to the Productivity Commission's Position Paper on its NDIS Costs study.

The submission emphasised that the 'one size fits all' approach, coupled with the lack of internal expertise in the NDIA, is not meeting the needs of people with psychosocial disability. Recommendations focused on tailoring NDIS processes specifically for people with psychosocial disability. The submission highlighted the opaque accountability of governments to meet the needs of the community, and called for systemic and individual advocacy in governance arrangements to include mental health consumers, carers, private sector service providers, community managed organisations' representatives and experts in mental health disability.

AUGUST 2017

SUBMISSION TO THE PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NDIS TRANSITIONAL ARRANGEMENTS INQUIRY

The submission described the effects of the transition process, noting the hastily planned and poorly communicated arrangements had created significant gaps in psychosocial services for people with psychosocial disability who are ineligible for the NDIS, and less than desirable experiences and outcomes for NDIS participants.

Nine recommendations were made to improve the transition period, covering:

- co-designing improvements to the NDIS pathway for both access and planning
- monitoring and reporting on the NDIA's performance
- providing funding for specialist assertive outreach and psychosocial services for those who are ineligible for NDIS.

AUGUST 2017

SUBMISSION TO THE SENATE COMMUNITY AFFAIRS LEGISLATION COMMITTEE INQUIRY INTO THE NDIS AMENDMENT (QUALITY AND SAFEGUARDS COMMISSION AND OTHER MEASURES) BILL

Schedule 2 of the Bill contained a range of amendments to the National Disability Insurance Act 2013 (the Act) as a result of the 2015 review of the Act by Ernst and Young.

The submission asked the Committee to consider amendments to section 24 of the Act to address the eligibility requirement that impairments be permanent, in order for the NDIS to properly respond to the needs of people with severe mental illness and psychosocial disability.

OCTOBER 2017

SUBMISSION TO THE NDIS INDEPENDENT PRICING REVIEW

The submission highlighted the unique aspects of providing support to people with psychosocial disability and the experiences of providers of psychosocial services. It offered a range of pricing arrangements for services provided by the community mental health sector for the review to explore. The submission urged the review to undertake deep engagement with the sector to identify the right solutions for a viable and stable psychosocial services market that provides services people with psychosocial disability need and want to aid their recovery.

MARCH 2018

SUBMISSION TO THE PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NDIS MARKET READINESS INQUIRY

The submission discussed the impact of both organisational transition requirements and NDIS pricing on organisational viability, workforce structure, and quality and safeguarding. It recommended Government consider a program to support providers of psychosocial services to re-orient their business practices and service delivery models to ensure a viable market that provides choice to NDIS participants. The submission suggested the NDIA investigate specific funding arrangements for assertive outreach for providers to work with people, assisting them to become NDIS participants.

MARCH 2018

PRE-BUDGET SUBMISSION

The 2018 pre-Budget submission proposed the following priorities for strong economic and social returns on investment:

- Funding for implementation of the Fifth National Mental Health and Suicide Prevention Plan and transparency in the Budget of the funding commitment
- Consumer and carer co-design in all areas of policy, oversight and service design
- Integration of mental health services for older Australians with residential and home aged care services
- First class mental health and emotional wellbeing services for Indigenous Australians
- Mentally healthy workplaces, through targeted incentives to change workplace practice
- Peer workforce for employment opportunities and better outcomes for people recovering from mental ill health
- Assertive outreach and suicide prevention for people who have sought hospital treatment for injury relating to a suicide attempt
- Primary care data management and reporting to better understand mental health outcomes managed in the primary care setting.

MAY 2018

SUBMISSION TO THE SENATE COMMUNITY AFFAIRS COMMITTEE INQUIRY INTO RURAL AND REMOTE MENTAL HEALTH SERVICES

In collaboration with the Royal Flying Doctor Service and the National Rural Health Alliance, the submission recommended the COAG Health Council be tasked to develop a rural mental health strategy, informed by a collation prepared by the National Mental Health Commission of the PHN service mapping in rural and remote areas and other key data that identifies service shortfalls. The Commission should also be tasked with monitoring and overseeing implementation of the strategy, reporting back directly to the COAG Health Council. The submission highlighted responsibility for mental health in rural and remote Australia needs to be shared by all levels of government, across portfolios.

Our Advocacy & Projects

The National Multicultural Mental Health Project

The Australian Government Department of Health undertook a selective tender process for a new National Multicultural Mental Health Project in July 2017. Mental Health Australia was invited to apply along with other selected national mental health organisations.

On 4 May 2018, the Hon Greg Hunt MP publicly announced Mental Health Australia as the successful applicant and new project lead. The project is funded over three years. Project activities will be completed by 31 December 2020.

The National Multicultural Mental Health Project provides a national focus on mental health and suicide prevention for people from culturally and linguistically diverse (CALD) backgrounds, and builds on the work of previous national projects in this important area.

The key objectives of the project are:

- CALD consumers and carers effectively participate at all levels of mental health service planning, delivery and evaluation
- Improved outcomes in access, coordination across the continuum of care, quality and safety for CALD mental health consumers, carers and their families
- Increased mental health awareness, knowledge and capacity in CALD communities via culturally inclusive promotion, prevention and early intervention initiatives
- A culturally responsive and diverse mental health workforce which is supported to deliver culturally and linguistically inclusive practice.

To deliver the project, Mental Health Australia has formed an Alliance with the Federation of Ethnic Communities' Councils of Australia (FECCA), the National Ethnic Disability Alliance (NEDA) and CALD mental health consumer and carer representatives. The Alliance will be informed by two project advisory groups: a CALD Mental Health Consumer and Carer Group, including consumers and carers from each state and territory; and a Stakeholder Group.

From the time of contract execution to 30 June 2018, the project's activities were focused on establishing governance and advisory arrangements, recruiting the project team, and developing activity work plans and core policies. A range of targeted activities will be undertaken over the course of the project, including further development and national promotion of the Framework for Mental Health in Multicultural Australia which is a key priority.

More information on the project is available at mhaustralia.org/national-multicultural-mental-health-project.

Investing to Save: ***The economic benefits for Australia of investment in mental health reform***

Mental Health Australia formed a partnership with leading consulting firm KPMG to explore the economic benefits for Australia of investment in mental health. With KPMG providing their time, skills and expertise on a pro-bono basis, the report was informed by Mental Health Australia's key policy objectives and consultation with high profile identities in the mental health sector.

As a result of these consultations and data, KPMG were able to research and model the mental health initiatives that provide the greatest return on investment. The final report was launched at a formal function on 1 May 2018 at KPMG in Sydney.

The KPMG report is different to the myriad of reports on mental health reform because it offers governments clear priorities for mental health reform implementation by recommending interventions that:

- Have been recommended in past reports and inquiries on mental health
- Are evidence based
- Enable a cost-benefit analysis from which to calculate the return on investment.

The report identifies investments of \$2,976 million that can deliver long-term savings of \$10,223 million in three broad categories:

- 1) Supporting people with a mental illness to gain and maintain employment, and maintain the mental health of the existing workforce
- 2) Minimising avoidable emergency department presentations and hospitalisations
- 3) Reinvesting in promotion, prevention and early intervention.



CEO Frank Quinlan presents the final *Investing to Save* report to federal Minister for Health the Hon Greg Hunt MP

NDIS Quality and Safeguarding arrangements

Mental Health Australia's ongoing engagement in the development of the NDIS Quality and Safeguarding Framework seeks to ensure appropriate psychosocial support services are provided to NDIS participants with psychosocial disability. During the year, feedback was provided on the NDIS Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017 and the associated draft rules and guidance. Two overarching issues regarding psychosocial support services guide our feedback:

- the administrative burden on providers to comply with the National Standards for Mental Health Services and the NDIS Practice Standards
- the lack of specific reference to recovery oriented practice in the Quality Indicators and Practice Standards.

Design of a NDIS Psychosocial Pathway

In January 2018, the National Disability Insurance Agency (NDIA) engaged Mental Health Australia to conduct consultations to inform the design of a tailored National Disability Insurance Scheme (NDIS) pathway to improve the experiences of people with psychosocial disability accessing the Scheme.

Mental Health Australia conducted workshops in Melbourne, Sydney, Perth and Townsville, with over 170 attendees including NDIS participants and their carers, service providers, health professionals and NDIA officials. A dedicated health professional consultation was also held.

A report was provided to the NDIA with recommendations on:

- how the NDIS can respond appropriately to the needs and concerns of people with psychosocial disability
- strategies that will enable NDIS staff to appropriately interact with participants and prospective participants with psychosocial disability, and their carers and families.

Optimising Psychosocial Supports

Mental Health Australia managed the Optimising Psychosocial Supports project, which was led and funded by eight providers of psychosocial services and the National Mental Health Commission.

The aim of the project was to assist the NDIS to provide people with psychosocial disability with the optimal services and packages of care that support economic participation and social inclusion.

A list of optimal psychosocial support services and typical support packages was developed by aggregating service level data, informed by literature and expert opinion. The project methodology delivered credible evidence to inform a new approach to psychosocial disability by the National Disability Insurance Agency (NDIA). The project outputs will underpin the mental health sector's advocacy for improvements to the NDIS for people with psychosocial disability.

National Disability and Carer Alliance

The National Disability and Carer Alliance was first formed in 2009 by National Disability Services, Carers Australia and the Australian Federation of Disability Organisations. The Alliance developed the Every Australian Counts (EAC) campaign, which mobilised strong public and political support for a national scheme to support people with disability.

The Alliance was recently funded by the Victorian government to help build public understanding of and support for the NDIS. Mental Health Australia was invited to join as a fourth member organisation. Reflecting both the Alliance's changed membership and its new operating environment, the EAC campaign was updated to focus on the implementation challenges that people with disability (including people with psychosocial disability) face as they try to access support through the NDIS.



World Mental Health Day

Mental health awareness continues to build momentum in Australia, and this was reflected in record levels of partner collaboration and public engagement in the 2017 World Mental Health Day campaign.

The 2017 campaign marked the beginning of the *Do You See What I See?* theme, which aimed to challenge perceptions about mental illness and encourage everyone to look at mental health in a more positive light. It saw a comprehensive redevelopment of the World Mental Health Day website (1010.org.au) and associated promotional material, along with 12 national mental health organisations coming together on Bondi Beach to collaborate and celebrate World Mental Health Day 2017.

The reinvigorated campaign reached a broad and diverse national audience, with record numbers of campaign partners, promotional material orders, event registrations, and national social media reach. The #MentalHealthPromise initiative was also a continued success, with promises received from many well-known Australians as well as more than 3,000 members of the public.

All these efforts were supported by extensive resources and information about mental health and support services listed on the campaign website 1010.org.au, with the ultimate aim of reducing stigma to make way for more people to seek help.

Mental Health Australia met all agreed targets and budgetary commitments from the World Mental Health Day 2017 Campaign Strategy and Activity Plan, and engaged an external provider for an evaluation to be submitted to the Department of Health in early 2018.

CAMPAIGN HIGHLIGHTS



NEW THEME – The ‘Do You See What I See?’ theme provided a reinvigorated platform for the campaign, and saw a comprehensive redevelopment of the www.1010.org.au website and associated promotional material.



PARTNERSHIPS – A record 28 partnerships were established with a range of organisations from across mental health, education, government, corporate, community, sports and entertainment sectors, to help reach a broad and diverse national audience.



SUPPORTERS – An unprecedented number of individuals and organisations ordered promotional material this year, with over 500 deliveries of posters and postcards made nationally. Orders came from schools, hospitals, not-for-profits, government departments, major retailers, banks, law firms, airlines, supermarket chains, mining companies and many others, and represented an increase of more than four times the supporters in 2016.



EVENTS – More than 200 events celebrating WMHD were registered on the campaign website, an increase of approximately six times the events registered in 2016. In addition to these independently run events, Mental Health Australia also supported campaign partner OneWave to host a targeted event on WMHD at Bondi Beach, in collaboration with ten other mental health organisations.



PROMISES – The #MentalHealthPromise initiative was a continued success, with nearly 4,000 promises received on or around World Mental Health Day 2017, bringing the promise total to 20,000 by the end of the 2017 campaign period.



MEDIA & HIGH PROFILE ENGAGEMENT – Media coverage in Australia was extensive during this period, with a potential cumulative audience of 15,529,628 and an advertising space rate value of \$4,543,761. High profile promises were received from the Hon Bill Shorten MP, former PM the Hon Julia Gillard, the Hon Greg Hunt MP and many more federal and state politicians, chairs, CEOs, directors and well-known Australians.



SOCIAL MEDIA – A wide range of content was developed for and shared across Mental Health Australia social media platforms including Facebook, Twitter, Instagram and YouTube. In collaboration with our partners, this content had an extensive national reach, with one single campaign video reaching over 129,000 people via Facebook and YouTube.



Our representation on key advisory groups and committees

Mental Health Australia aims to represent Members and the wider mental health sector by providing an informed and influential voice to policy makers on the interests of mental health service providers, consumers and carers. We provide a unified voice for the sector and advocate for improvements to mental health services, sustainable funding models, and mental health reform.

Representation over the past year included:

Department of Health

- Australian National Advisory Council on Alcohol and Drugs (ANACAD)
- Primary Health Network Advisory Panel on Mental Health
- Mental Health Reform Stakeholder Group
- Digital Mental Health Gateway Advisory Group and stakeholder workshops
- Digital Mental Health Advisory Committee
- Private Health Insurance Improved Models of Care Working Group

NDIA

- CEO Forum meeting
- National Mental Health Sector Reference Group
- Expert Advisory Group for the National Disability Service Providers Benchmarking Survey

Independent Hospital Pricing Authority

- Stakeholder Advisory Committee
- Mental Health Working Group

COAG Health Council subcommittees

- Mental Health Information Strategies Standing Committee
- Safety and Quality Partnership Standing Committee

National Mental Health Commission

- Equally Well Implementation Committee
- Economics of Mental Health Steering Committee
- Consumer and Carer Engagement and Participation Steering Group

Australian Health Ministers Advisory Committee/ Subcommittees

- Reducing Adverse Medicines Events Working Party
- Safety and Quality Partnerships Standing Committee

Other

- National Disability and Carer Alliance
- Department of Social Services National Disability and Carers Advisory Council
- Financial Services Council Mental Health Roundtable
- Mentally Healthy Workplace Alliance Steering Committee
- My Health Record Expansion Steering Group
- Reducing Stigma and Discrimination Working Group

Our Events

Members Dinner

28 November 2017, Canberra

More than 80 Members and guests celebrated in 2017 with a formal dinner at the National Portrait Gallery in Canberra, following the Mental Health Australia Annual General Meeting. The dinner was a chance to relax and network, ahead of the Grace Groom Memorial Oration and Members Policy Forum the following day at Old Parliament House in Canberra.

Grace Groom Memorial Oration

29 November 2017, Canberra

The Annual Grace Groom Memorial Oration was delivered in November 2017 by Minister for Health the Hon Greg Hunt MP at Old Parliament House. In front of around 100 guests, the Minister honoured the late Grace Groom and announced an increase in core funding to Mental Health Australia, as well as a commitment to prevention, research and practical solutions, allocating more than \$53 million to fund some 47 mental health projects nationwide.

Members' Policy Forum

20 March 2018, Parliament House Canberra

In addition to the November 2017 Members Policy Forum, Mental Health Australia held another Forum in March 2018 with more than 80 delegates in attendance to discuss and provide input to our *Investing to Save* report, NDIS pathways project, Federal Budget submission and much more. ABC Political Editor Andrew Probyn was also a guest speaker on the day.

Grace Groom Memorial Oration



Background

In November 2006 the Mental Health Council of Australia (now Mental Health Australia) established the Grace Groom Memorial Oration to pay tribute to the former Chief Executive Officer of the Mental Health Council and to extend the debate on mental health in Australia.

Ms Grace Groom became Chief Executive Officer of the MHCA in July 2002 and left the Council in early 2005. She sadly passed away in 2006. Her knowledge, energy and enthusiasm gained the respect of all those involved in mental health reform. She had a capacity to marry strong strategic understanding with an appreciation of the practical issues involved in reform for health professionals, consumers, and carers.

List of Orators

2007	Professor Ian Hickie AM
2008	The Hon Nicola Roxon MP
2009	Professor Geoff Gallop AC
2010	Professor Pat McGorry AO
2011	Mr Craig Hamilton
2012	Ms Jessica Rowe AM
2013	Ms Jennifer Westacott AO
2014	Vice Admiral Ray Griggs AO
2015	Professor Mike Slade
2016	The Hon Jeff Kennett AC
2017	The Hon Greg Hunt MP

Our Business

Workforce

The representation of Mental Health Australia's workforce continues to demonstrate a strong commitment towards gender equality, most notably at the Board and management level.

Mental Health Australia													
Occupational Profile	Full time		%	Part-time		%	Casual		%	Total Employees			%
Category	female	male	female	female	male	female	female	male	female	female	male	female	
Board	5	5	50							5	5	50	
Executive Management	2	3	40							2	3	40	
Management	2		100	1		100	1		100	4		100	
Policy/Project Officers	3		100							3		100	
Administration Staff	2		100	1		100				3		100	
TOTAL	14	2	64	2		100	1		100	17	8	68	

Gender Equity and Workforce Diversity

Mental Health Australia strongly promotes a culture for all employees to proactively participate in and apply its gender equality and diversity policies and programs through effective leadership and communication. The organisation offers a broad range of flexible working arrangements to support diversity and an inclusive culture.

Mental Health Australia continued to celebrate its diversity by recognising and participating in events of national significance to Aboriginal & Torres Strait Islander, CALD and LGBTIQ communities throughout the year.

Work Health and Safety

Mental Health Australia had another excellent result this year with no lost time to injuries or workers compensation claims.

Mentally Healthy Workplace initiatives

Mental Health Australia continues to have a strong focus on developing practical ideas and resources designed to help with the promotion and management of psychological wellbeing. Under the Corporate Health Program 'Health in Mind', employees were provided *Accidental Counsellor Training*, subsidised for individual health and fitness activities, and team events were arranged on national health observance days.

Other health and wellbeing initiatives provided to staff included free on-site flu vaccinations, guidance on eye health in the workplace, ergonomic assessments and online information and resources and targeted health awareness campaigns. Mental Health Australia's Employee Assistance Program also continued to be available and promoted to all employees and their immediate families.

Our Reconciliation Action Plan

Mental Health Australia has continued to evolve and work on its Reconciliation Action Plan (RAP).

Through the RAP, Mental Health Australia will continue to focus on building relationships both internally and externally, and raising awareness with our stakeholders to ensure there is shared understanding and ownership of the principles of reconciliation.

One of the many activities undertaken as part of the Mental Health Australia RAP was participating in the Garma Festival at Gulkala, East Arnhem Land – celebrating the culture and country of the Yolgnu peoples. In August 2017, the CEO and other Mental Health Australia staff attended with a delegation from Carers Australia, and spent time with senior officers from the Commonwealth departments of Health, and Social Services, and the National Disability Insurance Agency. The CEO also undertook a tour of local Aboriginal health services particularly the Miwatj Mental Health Program.

As at 30 June 2018 Mental Health Australia employed 14 people; none identify as Aboriginal and/or Torres Strait Islander.



Federal Minister for Health the Hon Greg Hunt MP presents the 2017 Grace Groom Memorial Oration at Old Parliament House, Canberra.

Finance, Audit and Risk Management Committee Report

The audited financial statements for Mental Health Australia Limited for the year ended 30 June 2018 have been finalised and are available for download at www.mhaustralia.org.

At the Annual General Meeting in 2017, members endorsed the appointment of RSM Australia as the Auditors of Mental Health Australia. This is the second year RSM Australia have conducted the audit.

The financial statements to 30 June 2018 were prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, the Corporations Act 2001 and the Australian Accounting Standards – Reduced Disclosure Requirements. The Auditor’s Independent Report states the financial report gives a “true and fair view” of the company’s financial position and performance during the financial year and complies with Australian Accounting Standards.

Mental Health Australia’s operations for the 2017/18 year resulted in a deficit of \$13,983. Total operating revenue was \$3,478,270 and total operating expenditure was \$3,492,253.

As at 30 June 2018, Total Assets of Mental Health Australia Limited were \$3,649,882 (2016/17 \$2,302,381) and Total Liabilities were \$1,957,074 (2016/17 \$595,587). Total Equity was \$1,692,811 (2016/17 \$1,706,794), represented by Working Capital of \$1,692,808 (2016/17 \$1,587,731), Property, Plant and Equipment of \$76,044 (2016/17 \$103,489), and Non-Current Liabilities (provision for employee entitlements) of \$120,608 (2016/17 \$87,251). From December 2016, Mental Health Australia Limited ceased accruing Long Service Leave Provisions with the ACT Long Service Leave Portable Scheme. The long service leave provision is being recognised on the balance sheet, resulting in an increase against the comparative figure from last year.

In the 2017/18 financial year, operating grants received of \$2,826,097 (2016/17 \$2,842,482) represented 81% (2016/17 88%) of the total revenue received. These funds were received from the Australian Government Department of Health; the Australian Government Department of Social Services; the National Mental Health Commission; and state governments supporting the NMHCCF to undertake contracted activities. These funds were expended to achieve the outcomes required in the various contracts.

The CEO, Deputy CEO and all staff should be commended for maintaining their commitment in working towards the provision of the best mental health services for consumers and carers across Australia. The Finance, Audit & Risk Management Committee commend the financial result during a time of ongoing funding uncertainty, and recommend the financial statements to the Mental Health Australia Limited members.



Arthur Papakotsias

Chair, Finance, Audit and Risk Management Committee



Mental Health Australia Ltd

ABN 57 600 066 635

Concise Financial Statements

For the year ended 30 June 2018



RSM Australia Partners

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Mental Health Australia Limited for the year ended 30 June 2018, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

RSM Australia Partners

Ged Stenhouse
Partner

Canberra, Australian Capital Territory
Dated: 21 September 2018

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Mental Health Australia Ltd
Concise Statement of profit or loss and other comprehensive income
For the year ended 30 June 2018

	2018	2017
	\$	\$
Revenue	3,478,270	3,225,540
Expenses		
Travel	(149,150)	(335,859)
Other expenditure	(69,199)	(151,504)
Meeting costs	(146,673)	(63,437)
Sitting fees	(79,322)	(87,475)
Marketing and fundraising	(100,208)	(78,227)
Employee costs	(1,989,748)	(1,693,359)
Office and administration costs	(432,076)	(312,186)
Consultancy and accounting expenditure	(472,505)	(448,696)
Depreciation	(53,372)	(54,123)
	<u>(3,492,253)</u>	<u>(3,224,866)</u>
Total Comprehensive (loss) income for the Year	<u><u>(13,983)</u></u>	<u><u>674</u></u>

Mental Health Australia
Concise Statement of financial position
As at 30 June 2018

	2018	2017
	\$	\$
Assets		
Current assets		
Cash and cash equivalents	2,365,628	1,087,311
Trade and other receivables	101,480	16,258
Other financial assets	1,061,387	1,061,387
Other assets	45,343	33,936
Total current assets	<u>3,573,838</u>	<u>2,198,892</u>
Non-current assets		
Property, plant and equipment	76,044	103,489
Total non-current assets	<u>76,044</u>	<u>103,489</u>
Total assets	<u>3,649,882</u>	<u>2,302,381</u>
Liabilities		
Current liabilities		
Trade and other payables	1,673,407	407,729
Current tax liabilities	29,174	2,247
Provisions	133,882	98,360
Total current liabilities	<u>1,836,463</u>	<u>508,336</u>
Non-current liabilities		
Provisions	120,608	87,251
Total non-current liabilities	<u>120,608</u>	<u>87,251</u>
Total liabilities	<u>1,957,071</u>	<u>595,587</u>
Net assets	<u>1,692,811</u>	<u>1,706,794</u>
Equity		
Retained earnings	<u>1,692,811</u>	<u>1,706,794</u>
Total equity	<u>1,692,811</u>	<u>1,706,794</u>

Mental Health Australia Ltd
Concise Statement of changes in equity
For the year ended 30 June 2018

	Retained surpluses	Total equity
	\$	\$
Balance at 1 July 2016	1,706,120	1,706,120
Profit attributable to members of the entity	674	674
Balance at 30 June 2017	<u>1,706,794</u>	<u>1,706,794</u>
Balance at 1 July 2017	1,706,794	1,706,794
Loss attributable to members of the entity	(13,983)	(13,983)
Balance at 30 June 2018	<u>1,692,811</u>	<u>1,692,811</u>

Mental Health Australia Ltd
Concise Statement of cash flows
For the year ended 30 June 2018

Cash flows from operating activities

Receipts from customers	3,696,271	3,558,212
Payments to suppliers and employees	(2,458,029)	(4,375,491)
Interest received	46,002	53,654
Net cash provided by (used in) operating activities	<u>1,284,244</u>	<u>(763,625)</u>

Cash flows from investing activities

Purchase of property, plant and equipment	(5,927)	(5,406)
Payment for held-for-trading investments	-	(3,919)
Net cash used in investing activities	<u>(5,927)</u>	<u>(9,325)</u>

Net increase (decrease) in cash and cash equivalents	1,278,317	(772,950)
Cash and cash equivalents at the beginning of the financial year	1,087,311	1,860,261
Cash and cash equivalents at the end of the financial year	<u>2,365,628</u>	<u>1,087,311</u>

Mental Health Australia Ltd
Independent auditor's review report to the members of Mental Health Australia Ltd

NOTE 1. Basis of Preparation of the Concise Financial Report

The concise financial report of Mental Health Australia Ltd (the Company) is an extract from the full financial report for the year ended 30 June 2018. The concise financial report has been prepared in accordance with Accounting Standards AASB 1039: Concise Financial Reports, and the Australian Charities and Not-for-profit Commission Act 2012 (Cth).

The financial statements, specific disclosures and other information included in the concise financial report are derived from, and are consistent with, the full financial report of the Company. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of the Company as the full financial report. A copy of the full financial report and auditor's report is available from the Mental Health Australia website.

The presentation currency used in this concise financial report is Australian dollars.

NOTE 2. DISCUSSION AND ANALYSIS OF THE FINANCIAL STATEMENT

This discussion and analysis is provided to assist Members in understanding the concise financial report. The discussion and analysis are based on the Company's financial statements and information contained in the concise financial report. This information has been derived from the full financial report of Mental Health Australia Limited.

Statement of Comprehensive Income

The Company's operations for the year ended 30 June 2018 resulted in a loss of \$13,983 (2017: profit of \$674). From a strong financial base (see below), Mental Health Australia planned to return a deficit result this financial year allowing the Company to continue to maintain its staffing profile to meet its strategic objectives.

Overall total income for the year was \$3,478,270 (2017: \$3,225,540). Key new grants included funding for the national multicultural mental health project, a multi-partner-funded project and Department of Social Services-funded projects relating to the NDIS, as well as additional core funding. Other income increased to \$504,875 (2017: \$274,256).

Total expenses for the year were \$3,492,253 (2017: \$3,224,866). The largest increases included: Employee Costs of \$1,989,748 (2017: \$1,693,359); and Meeting Costs of \$146,673 (2017: \$63,437), which reflected the NDIS-related projects that had a number of external workshops and associated costs.

Statement of Financial Position

Total assets increased to \$3,649,048 in 2018 (2017: \$2,302,381). Cash and Cash Equivalents increased this financial year largely reflecting government grant funding received towards the end of the financial year, which was unable to be fully expended by 30 June 2018 and has been carried forward as Deferred Income.

Total liabilities increased to \$1,957,071 in 2018 (2017: \$595,587). As at 30 June 2018, Mental Health Australia Net Assets were \$1,692,811.

Statement of changes in equity

Total equity decreased \$13,983 to \$1,692,811 in 2018 (2017: \$1,706,794), being the addition of the net loss for the year.

Statement of Cash Flows

Cash flows indicate a net increase in Cash and Cash Equivalents. An increase in cash flows from operating activities occurred primarily through the increases in grant funding as outlined above, particularly for those grants which were received late in the financial year.



Jennifer Westacott, Director



Arthur Papakotsias, Director



RSM Australia Partners

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INDEPENDENT AUDITOR'S REPORT ON THE CONCISE FINANCIAL REPORT

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TO THE MEMBERS OF MENTAL HEALTH AUSTRALIA LIMITED

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Opinion

We have audited the Concise Financial Report of Mental Health Australia Limited, which comprises the Statement of Financial Position as at 30 June 2018, the Statement of Profit and Loss and other Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows for the year then ended, and related notes, derived from the audited financial report of Mental Health Australia Limited (the Company), for the year ended 30 June 2018.

In our opinion, the accompanying Concise Financial Report complies with Accounting Standard AASB 1039 Concise Financial Reports.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities section of our report. We are independent of the Company 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 our audit of the concise financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Concise Financial Report

The Concise Financial Report does not contain all the disclosures required by the Australian Accounting Standards. Reading the Concise Financial Report and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The Concise Financial Report and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 21 September 2018.

Responsibilities of the Directors for the Concise Financial Report

The Directors of the Company are responsible for the preparation of the concise financial report in accordance with Accounting Standard AASB 1039 Concise Financial Reports, and the Corporations Act 2001, and for such internal control as management determines is necessary to enable the preparation of the Concise Financial Report. The Directors are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the Concise Financial Report, complies in all material respects, with AASB 1039 Concise Financial Reports based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

RSM Australia Partners

Ged Stenhouse
Partner

Canberra, Australian Capital Territory
Dated: 21 September 2018

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MENTAL HEALTH AUSTRALIA IS COMMITTED TO RECONCILIATION IN AUSTRALIA

Based in Deakin in the ACT, we acknowledge the Ngunnawal peoples as the traditional custodians of the land.

We respect and recognise the importance of the continued connection of the Ngunnawal peoples to their land, waters and culture, and we pay our respects to their Elders past, present and emerging.

We believe that together we can achieve a reconciled, just and equitable country.





**Mental Health
Australia**