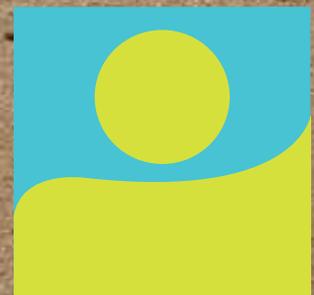


# Annual Report 2010-2011



mental health  
association nsw

# Mental Health Association (NSW)

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Mental Health Association NSW (MHA) is a not-for-profit, non-political, community organisation.

The oldest mental health advocacy organisation in NSW, MHA was established in 1932 and celebrated its 79th birthday this year.

As a registered charity MHA relies on funds granted by NSW Health, as well as membership contributions and donations from individuals and organisations.

The primary focus of MHA includes:

- The provision of information about mental health as well as actively engaging and supporting consumers, their families, and carers, through the Facing Anxiety Program which specialises in anxiety disorders
- Advocacy on mental health issues in NSW
- The promotion of good mental health, through public education

A core team of staff operate from Sydney as well as a small branch operating from Gilgandra in Western NSW. MHA's voluntary Board of Management is elected annually from among its members.

## Vision

A society that understands, values and actively supports the best possible mental health and wellbeing for people.

## Purpose

- To work in partnership with others to address the stigma around mental illness, and to promote mental health through education, support and advocacy
- To work in an inclusive, non-discriminatory way using a whole-of-community approach

## Values

The Mental Health Association values:

- integrity and accountability
- a commitment to excellence
- inclusivity and respect for diversity
- social justice
- the empowerment of consumers and carers
- and is committed to independence

# Contents

President's message .....	4
Chief Executive Officer's message .....	5
Outline of the four strategic goals.....	6
<b>Goal 1:</b> Promote good practice in mental health .....	7-10
<b>Goal 2:</b> Increase community awareness of mental illness and promote mental health .....	11-14
<b>Goal 3:</b> Inform and support people to access appropriate mental health interventions.....	15-18
<b>Goal 4:</b> Continually improve the viability, capacity and operation of MHA .....	19-21
Board members and meeting reports .....	22
Committees: Members of standing, advisory and steering committees.....	23
Acknowledgement of volunteers, students and staff .....	24
Financial report .....	25-38
Acknowledgement of donations.....	39

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# Presidents Message

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The Association expanded a number of programs in the past year although mental health promotion remains a key part of our program and the staff achieved a high profile for the organisation in this area in 2010 -2011.

We farewelled our long standing Executive Director, Gillian Church, who has taken up a position on the Mental Health Review Tribunal. Gillian was directly responsible for a number of successful grants and the development of a many of our key programs.

During her tenure, Gillian's greatest achievement was to secure the funding required to move out of the cottage on the old Gladesville Hospital campus and into our present East Sydney location.

Co-location with the NSW Consumer Advisory Group (CAG) and ARAFMI (Association of Relatives and Friends of the Mentally Ill) has enabled all three organisations to share both the premises as well as resources; working together on social policies, reform in mental health, advocacy, and support networks.

For MHA, the Mental Health Information Service and the Way Ahead directory continue to provide a key service to the community in accessing mental health services, as well as community resources across regional New South Wales. New programs this year include the Small Steps Parent Self Help Program and the development of the Support Group Network.

More funding than ever before has now been allocated to mental health by both State and Commonwealth Governments. The Association maintains a vigilant watch on the appropriate use of this funding to ensure it benefits people living with mental illness, their families, and carers.

The Association continues the tradition of initiating innovative programs in mental health and our history involves the participation of a number of high-profile advocates in mental health.

I would like to give special acknowledgement to Janet Meagher, our first consumer advocate; Margaret Lukes, who pioneered support for relatives and friends; Jill Faddy who advocated for community support for people with dementia and their families; Alan Rosen who played a key role in community outreach and services for people living with mental illness; and Frank Flannery, who developed the concept of consumer consultants in psychiatric facilities.

There are many more people in our history who in many ways contributed to the reform of mental health services across New South Wales.

We also welcomed some new staff this year; Elizabeth Priestley, our new Chief Executive Officer, and Terry Kirkpatrick, our new Manager, have already steered the Association toward the development of even more innovative programs in mental health.

My special thanks go to all the Board members of the MHA past and present, who have volunteered their time and energy to develop the Association, and who have contributed so much to the excellent reputation this organisation enjoys.



**Associate Professor  
Meg Smith OAM  
President**

# CEO's Message

The last 12 months has been a time of incredible change for our organisation, both internally, and within the broader context of mental health within New South Wales.

The year began with the resignation of our long time CEO Gillian Church. Gillian was at the helm for 14 years between 1996 until 2010, and she had a positive impact on both the growth and direction of MHA during those years. I am fortunate to have Gillian's ongoing support and advice from the verandah of her home on the NSW far north coast.

Three other staff: Nataly Bovopoulos, Christina Ip and Pam Verrall, also left to take up new challenges and each has left us a legacy of strong foundations to build on.

On a sad note, I mention the passing of our Life Member, Margaret Lukes OAM. Margaret started work with MHA as a social worker in the early 1970's and was deeply affected by the plight of the carers of people living with mental illness. It wasn't long before she started a support group for mental health carers. Over time this grew into the Association of Relatives and Friends of the Mentally Ill (ARAFMI), now our co-location partner here on William Street.

Margaret later became an MHA Board member and never lost any enthusiasm for the wellbeing of carers. In later years Margaret became my boss, my friend and my mentor. She is missed by many including myself.

Externally, the mental health sector has changed greatly this year with the Commonwealth Health Reforms disbanding the Area Health Services we are familiar with, and replacing them with Local Hospital Districts and Medicare Locals.

Of equal significance was the change of Government in March 2011. For the first time in New South Wales history, mental health was taken out of the Health portfolio, where it was often seen as the poor cousin of the public hospital system.

The Hon. Kevin Humphries MP was duly appointed the Minister for Mental Health and Healthy Lifestyles. This embodies a convenient synergy for MHA with our priorities being the promotion and prevention of mental health; a cause closely linked with healthy lifestyle issues.

Prior to the election we were fortunate to have the Hon. Barbara Perry MP as the Minister assisting the Minister for Health (Mental Health). Barbara was a true supporter of our work and we appreciated her time, interest and understanding of the needs of consumers, carers and community wellbeing.

Some of the personal highlights in my first year as CEO include:

MHA has made a formal commitment to undertake the process of Aboriginal Reconciliation. This process is being led by our new Manager Terry Kirkpatrick, and is being implemented in partnership with Reconciliation Australia.

In April 2011 MHA ran its second Annual Conference; Mental Health in the Land of Droughts and Flooding rains. The conference provided us the opportunity to connect to people in rural and remote parts of Australia and MHA is now a member of the NSW Farmers Association Mental Health Network.

MHA has also been active in recognizing and promoting the relationship between mental and physical health. MHA is now a member of the Physical Health Reference group and Terry Kirkpatrick has been busy with the new YMCA program for people with mental illness, named Brightside.

MHA submitted an expression of interest to become a member of the Oral Health Alliance. The alliance is made up of organisations advocating for improved dental services for low income earners, providing them with better access to preventive dentistry. People living with mental illness often face a high risk of dental problems due to their medication, lifestyle issues and low incomes.

Finally, the end of this financial year coincided with the end of our 2007-2011 Strategic Plan, which coincided with the renewal of our grants-based funding.

This has provided us with an opportunity to renew ourselves; reviewing our direction, vision and focus on MHA's role providing mental health and wellbeing services over the next three years.

Last but not least, I'd like to extend a sincere 'thank you' to all the MHA Board members and staff who have guided me in my current role as CEO of this wonderful organisation. I believe we have a great team, and I am looking forward to many years of working in partnership with these skilled and dedicated people.



A handwritten signature in blue ink, appearing to read 'Elizabeth Priestley'.

**Elizabeth Priestley**  
Chief Executive Officer

# Our strategic goals

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## Goal 1 Promote good practice in mental health

- 1.1 Advocacy and policy
- 1.2 Work to eliminate stigma and discrimination for people with mental illness
- 1.3 Seek opportunities to work in partnership with other NGOs or community organisations on new and existing projects

## Goal 2 Increase community awareness of mental illness and promote mental health

- 2.1 Enhance programs that identify MHA as the leading NGO in mental health promotion in New South Wales
- 2.2 Provide education programs
- 2.3 Publish Mental Health Matters magazine quarterly
- 2.4 Develop a policy and implement a plan for the usage of the Mental Health Information Service database (The Way Ahead) by other organisations

## Goal 3 Inform and support people to access appropriate mental health interventions

- 3.1 Operate and develop the Mental Health Information Service (MHIS)
- 3.2 Increase use of MHIS by identified groups
- 3.3 Support the establishment of local groups
- 3.4 Operate the Resource Centre in partnership with Partners in Mental Health (PiMH)
- 3.5 Produce the Way Ahead Directory annually

## Goal 4 Continually improve the viability, capacity and operation of MHA

- 4.1 Develop and adopt a strategic approach for the future direction of Mental Health Association NSW (MHA)
- 4.2 Submit new and recurrent funding applications
- 4.3 Oversee, support and liaise with branch(es), including development of new branches
- 4.4 Increase membership of the MHA
- 4.5 Develop and support co-location partnership joint projects
- 4.6 Regularly review occupational health and safety in accordance with the OH&S Act and regulations
- 4.7 Maintain Continuous Quality Improvement

## Goal 1 Promote good practice in mental health

### 1.1 Advocacy and policy

During the year MHA contributed to a number of submissions by other organisations, including our partner organisations; the NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) and the Association of Relatives and Friends of the Mentally Ill (AFAFMI), as well as the Council of Social Services NSW (NCOSS) and Mental Health Coordinating Council (MHCC).

MHA is a member of the NCOSS Health Policy Advisory Group and Oral Health Alliance as well as other organisations that have an advocacy role. Submissions included deciding on priorities in mental health funding for the 2011 NSW state budget.

MHA also surveyed all lower house candidates prior to the NSW state election in March, asking them to detail their policies on mental health and mental illness. The responses were put on our website and our stakeholders were encouraged to consider those responses when voting for their candidate.

MHA supported certain causes with some relevance to mental health and wellbeing in the last 12 months including:

- Free driving lessons by responsible and skilled teachers for vulnerable young people in care
- Funding for oral health care to allow people on disability pensions to have access to preventative dental care on a regular basis.
- Supporting continuation of the National Rental Affordability Scheme, to allow people on low income to access private rental-accommodation.
- Lobbying on behalf of a carers and consumers from the North Shore who had to wait over 12 months to see a psychiatrist attached to the community mental health team (despite having a serious psychotic illness and having no income other than a disability and carer pension).

#### MHA was a member on 12 different committees in the last year:

- NSW Health Drug and Alcohol Health Promotion sub-committee
- NCOSS Health Policy Advisory Group
- Forum of Non-Government Agencies
- NSW Health, Mental Health Anxiety Promotion Prevention & Early Intervention subcommittee
- NSW Health Anxiety Campaign Advisory Group
- Oral Health Care Alliance
- Physical Health Reference Group facilitated by MHCC, supported by Psychiatric Rehabilitation Australia
- National Anxiety Disorders Organisations Network
- Mental Health Monitoring Group (Changes to Review Tribunal)
- NADA Health Promotion subcommittee
- NSW Institute of Psychiatry's Community Education committee
- Sydney Mental Health Advisory Forum

#### MHA participated in:

- NSW Whole of Government Mental Health Framework consultations
- NSW Housing workshops to develop the Housing and Mental Health Agreement to improve housing outcomes and general wellbeing for people with mental health problems
- NSW Health Promotion, Prevention and Early intervention Sub-Committee
- NSW Health, Mental Health Anxiety Campaign Advisory Committee
- NCOSS Health Policy Advisory Group
- Consultation on the changes to legislation affecting the operations of the Mental Health Review Tribunal



### MHA staff also participated in 11 roundtables, briefings, meetings, campaigns, surveys forums, workshops and other activities:

- Stakeholder Briefing on Commonwealth Health Reform
- Liberal and National Roundtable on Mental Health
- Attorney Generals Roundtable meeting representing people with a mental illness or cognitive impairment looking at solutions to unpaid fines of people with a mental illness or cognitive impairment
- Meeting on the uses of the Callan Park Site organised by MHCC
- Campaign supporting ongoing funding for CREATE's 'Driven for Employment' project which assists young people coming from Out of Home Care to obtain a driving licence.
- Aboriginal Self Determination forum at Parliament House where one focus was mental and physical health issues
- Surveys for the State Election asking Legislative Assembly members a series of questions on their mental health policies going to the election
- NSW Health Forum on the Mental Health Framework
- Workshop on the Housing and Mental Health Agreement
- Advocating for the continuation of the National Rental Affordability Scheme
- Equal Pay Case and campaign, organised by the Australian Services Union

## 1.2 Work to eliminate stigma and discrimination for people with mental illness

### Mental Health *Matters* Awards

To eliminate stigma and discrimination for people with mental illness MHA conducts a high-profile health promotion campaign annually.

As part of the Mental Health Month campaign MHA presents Mental Health *Matters* Awards to those individuals and organisations working to improve understanding, awareness and service provision in mental health within NSW.

In 2010, there were 11 award winners recognised over nine different categories.

Each was invited to a special luncheon at NSW Parliament House to receive their award from the Hon. Barbara Perry MP.

MHA is passionate about valuing and encouraging those individuals and organisations making a difference in mental health.



## Mental Health Matters Award 2010 winners

Award category	Award recipient
Innovation in Service or Program Delivery	Psychiatric Rehabilitation Australia for the Back on Track Health (BOTH) Project
Cross Sector Collaboration	B Miles Women's Foundation
Research and Evaluation	Dr Frances Kay-Lambkin and Professor Amanda Baker for the SHADE (Self-Help for Alcohol/other drug use and DEpression) Program
Mental Illness Prevention and Early Intervention	KYDS counselling service for the Paying Attention to Self program
Mental Illness Prevention and Early Intervention	'Stay and Play' Parent and Infant Interaction Group. Jade House-Perinatal Day Unit, Karitane
Mental Health Promotion	KYDS counselling service for the Young Women's Program
Media	Mick McGlone, The Border Mail 'STEP BY STEP': Story on OCD
Media	Quentin McDermott, Ivan O'Mahoney, Anne Connolly, and Kate Wild, ABC Four Corners for the 'Lethal Force' program
Indigenous Mental Health	Rex Marshall (OAM) for his Aboriginal mental health awareness programs
Carer Involvement and Engagement	The Children's Hospital at Westmead, Eating Disorders Service for the Nourish Parent Group Program
Consumer Involvement and Engagement	ROOMIES Art Space, Newtown Neighbourhood Centre

### Quentin McDermott, Ivan O'Mahoney, Anne Connolly and Kate Wild

#### ABC Four Corners 'Lethal Force' program

In the documentary 'Lethal Force', reporter Quentin McDermott takes a detailed look at four events in different parts of Australia, where individuals experiencing a mental illness or psychological distress died after being shot or tasered by police. The program asked: Are police officers abusing the use of lethal force? The episode argues that the police should be provided with adequate training to help reduce potentially violent situations involving members of the public who are experiencing mental illness or who are in distress.

### Psychiatric Rehabilitation Australia

#### Back on Track Health (BOTH)

BOTH is an innovative program addressing the physical health needs of individuals living with a mental health problem. The project is engaged in health promotion and early intervention to encourage people who are supported by Psychiatric Rehabilitation Australia to actively participate in self-care management and improvement of physical health. Resources employed such as My Health Needs Checklist, My Green Book and the My Health Questions Wallet Card were designed and developed to support individuals to self-manage their health care needs and detect any health risks. The BOTH project currently supports more than 3300 people.

### Dr Frances Kay-Lambkin and Professor Amanda Baker

#### Self-Help for Alcohol/other drug use and Depression (SHADE)

The SHADE Program is a computerised project of psychological treatment for co-occurring depression and alcohol/other drug use problems. The program uses motivational and cognitive behavioural strategies and mindfulness-based approaches, and contains interactive components, video demonstrations, voice-overs and in session exercises. Feedback from previous trials has led to the development of a more "skills-based" version of the program which allows more flexibility for users.

### ROOMIES Art Space

#### Newtown Neighbourhood Centre

Roomies Artspace is a community based art project that started in 1996 under the auspices of the Newtown Neighbourhood Centre's Boarding House Project. Roomies Artspace provides a place for artists to work, ongoing artist developmental learning, exposure, and the opportunity for participants of being valued and recognised as serious artists in the broader artistic community. To the general community Roomies Artspace makes an important contribution to the growing awareness of the issues around mental illness, disability and homelessness.



### 1.3 Seek opportunities to work in partnership with other NGOs or community organisations on new and existing projects

#### Mental Health Month Partnerships

Mental Health Month is coordinated by MHA, but is in essence a partnership with many mental health services, non-government organisations, local councils, libraries, educational institutions, and companies who commit to planning and staging Mental Health Month events in their own communities, schools and/or workplaces.

In 2010, more than 70 per cent of the local organising partners rated the assistance received from MHA as either 'excellent' or 'good'.

MHA also continued its engagement with people from culturally and linguistically diverse (CALD) communities during Mental Health Month through its small grants program, and with the translation of MHA factsheets funded by the Transcultural Mental Health Centre.

#### Physical Health Industry Reference Group

MHA has partnered with the following to form the Physical Health Industry Reference Group: Mental Health Coordinating Council (MHCC), Psychiatric Rehabilitation Australia (PRA), Mental Health Carers (ARAFMI) NSW, Neami, and the Black Dog Institute.

The group's focus is to promote the importance of exercise and physical activity as part of achieving mental health, and to help manage a range of physical problems associated with mental health issues.

#### Brightside Project

MHA has been working with the YMCA to run the Brightside Project at YMCA gymnasiums and fitness centres throughout New South Wales.

The project has been funded by MLC and allows a client to take advantage of 60 days free gym membership once a GP or psychologist has written them a referral.

Clients receive a physical assessment and take part in a personalised exercise program involving individual sessions with a personal trainer and group training sessions. MHA provides training and education to the fitness leaders from all participating YMCA gyms.



#### Mental Health Sports Network

MHA also partnered with Schizophrenia Fellowship NSW, NSW Health, Department of Sport and Recreation, Uniting Care, Psychiatric Rehabilitation Australia (PRA), MHCC, and other organisations interested in providing organised sporting opportunities for people with a mental illness. A website has been developed and sporting events were conducted throughout the year including: cricket, table tennis, ten pin bowling and tennis.

## Goal 2 Increase community awareness of mental illness and promote mental health

### 2.1 Enhance programs that identify MHA as the leading NGO in mental health promotion in NSW

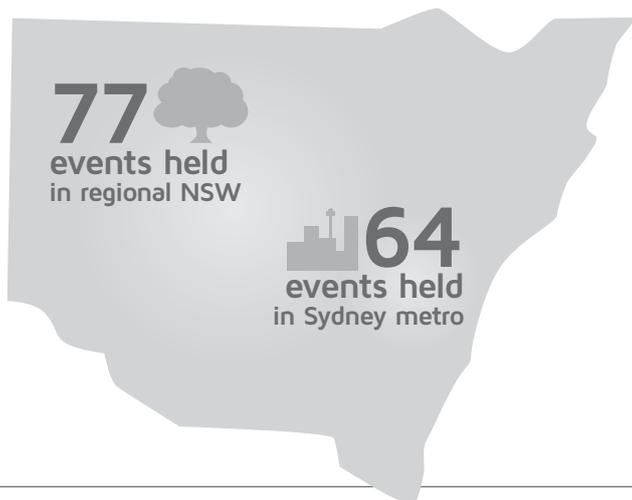


#### Mental Health Month

MHA made a strategic decision to extend its 'Mental Health Week' campaign to cover the entire month of October in 2010. The annual campaign will henceforth be known as 'Mental Health Month'. A new logo was also developed to reflect this change.

The decision to extend October into 'Mental Health Month' allows event organisers greater flexibility in coordinating their events across New South Wales.

A total of 141 events were officially registered with MHA in 2010; a 41 per cent increase on 2009.



Mental Health Month is an annual mental health promotion campaign and is funded by NSW Health. Held in October, Mental Health Month aims to enhance the lives of people in NSW by increasing mental health literacy, and by promoting practices that support good mental health.

The focus of Mental Health Month in 2010 was, "Building Resilience: Good friends help us bounce back", promoting the importance of building and maintaining good friendships to strengthen our personal resilience.

Each year, MHA produces several resources to assist local organisers in planning and implementing their events:

- a starter kit, including the new logo for Mental Health Month
- posters, postcards and balloons
- factsheets

Mental Health Month was also considered to be a success because the orders for free promotional resources far exceeded the quantity that MHA was able to produce for distribution, in spite of MHA increasing the number of resources available in 2010.

Resource	Qty available	Qty ordered and distributed	Shortfall
Mental Health Month postcards	57 600	108 330	-50 730
Mental Health Month posters	5 500	9 384	-3 884
Stress Less postcards	58 290	119 580	-61 290
Stress Less posters	6 000	10 049	-4 049
Information Kits	1 050	1 360	-310
Balloons	11 700	25 960	-14 260

MHA's partnership with the Transcultural Mental Health Centre allowed both organisations to distribute Mental Health Month resources that were translated into 10 different languages for culturally and linguistically diverse (CALD) communities. A number of small grants were also available for Mental Health Month events specifically targeting these CALD communities.



### Mental Health Month events organised by MHA

The official launch of Mental Health Month was an outdoor event held on 12 October at Church St Mall in Parramatta. The main stage event attracted hundreds of enthusiastic participants between 11 am and 2 pm with entertainment provided by performers, special guests, and comedian Julie McCrossin who acted as MC. Fourteen mental health organisations also held stalls the Church St Mall festival area, from which people could obtain information and resources.

To reflect the growing prestige of the Mental Health Matters Awards a dedicated awards ceremony and luncheon was held at NSW Parliament House on 29 October. Almost 100 people attended the event, which was considered to be a highlight for the campaign.

Australian celebrity Jessica Rowe was MC for the event, while the awards were presented by the Hon. Barbara Perry MP, and Associate Professor John Allan (NSW Chief Psychiatrist) fulfilled the role of guest speaker.

As part of Mental Health Month, MHA also organised the premiere screening of a film called *The Snowman* on the 7 October. The event was a fundraiser for MHA and the audience was addressed by Her Excellency Professor Marie Bashir AC CVO, Governor of NSW as well as the Minister Assisting the Minister for Health (Mental Health), the Hon. Barbara Perry MP.



### Workplace Health Promotion Network

Membership fees were introduced for this popular and growing program with considerable success for the first time this year. More than 45 organisations have signed up as financial members of the network.

Network members attend quarterly meetings where they are addressed by experts in some area of workplace health promotion. Guest speakers for 2010-11 included:

- Fay Jackson, Vision in Mind: Talking about mental health issues in the workplace – a personal and practical perspective
- Andrew Noblet, Deakin University: A pro-active, systems-based approach to preventing and managing work-related stress
- Athena Koelmeyer, Workplace Law: Psychological issues in the workplace - an Intersection of Legal Obligations
- Lesley Morrison, Comcare: Recovery of an [psychologically injured] employee - a manager's approach

The flagship event on the Workplace Health Promotion Network calendar is the Annual Members' Forum which seeks to showcase practical case-studies of members' and guests' workplace wellbeing programs. The Members' Forum was held on 16 June, attracting more than 50 people this year including the Minister for Mental Health, Kevin Humphries. The event was also complimented by an expo of corporate health providers such as The Black Dog Institute, the ORS Group and the Workplace Research Centre.

The Workplace Health Promotion Network aims to promote employee health and wellbeing by resourcing employers, primarily through their Human Resource and Occupational Health and Safety staff.



## Young and Parenting Project

With the support of MH-Kids, Mental Health and Drug and Alcohol Office, and NSW Health, the Mental Health Association NSW began the Young and Parenting Project in 2011.

MHA has been tasked to scope, develop and implement a mental health promotion campaign to assist new and expectant parents aged 20 years and younger. A part-time project officer has been employed and the first half of 2011 has been taken up with the scoping phase of this project.

## 2.2 Provide education programs

MHA runs several programs in an effort to inform and educate people in NSW about mental illness and mental health.

### Small Steps Program

MHA runs its Small Steps program for parents and teachers of primary school children in order to raise awareness of signs and symptoms of anxiety disorders. This is put into action through a series of free seminars and Parent Education Groups.

A total of 68 Small Steps seminars were held in greater Sydney, as well as in Dubbo, Gilgandra, Wollongong and the Hunter New England area. This is a 26 per cent increase on the number of seminars held last year.

More than 1890 people attended the seminars; a 42 per cent increase on the previous year, and 98 per cent of participants rated the sessions as either 'excellent' or 'very good'.

The seminars conducted in schools give teachers and parents an opportunity to learn about the most common types of anxiety disorders in children, the signs, symptoms and causes of anxiety and what can be done to support children and help them deal with a range of anxiety issues in a positive way that empowers them to have more control.

The MHA Education Officer also ran three Parent Education Groups within the Sydney metro region (Chatswood, Five Dock, and Granville).

Participants in the Parent Education Groups meet over a four week period to learn strategies to help manage anxiety in children, with a strong focus on mutual support and encouragement. 100 per cent of group members rated these groups as either 'extremely helpful' or 'helpful'.

Towards the end of the year, the Health Education Officer, David Belasic, resigned to take up the offer of a full-time place in a graduate program at a University in Melbourne. Julie Leitch has now taken over the co-ordination of program in his place.

The Small Steps program continues to grow in popularity and Demand. An evaluation of the program indicates that there is a clear need for it.

### Other education opportunities

Throughout the year MHA provided education about mental health issues to a range of organisations and agencies.

A series of four seminars were conducted for the electoral office staff of the Members of the NSW Parliament. These sessions were conducted at NSW Parliament House.

A number of workshops were conducted on behalf of BUPA to explore mental health issues in the workplace. These workshops were conducted for Rinnai at Wetherill Park, Northside Community Connect in Cromer, and Smartskips in Western Sydney.

A lecture was also presented at the University of NSW in the Graduate Public Health Program.

### Annual Conference

#### *Mental Health in the land of droughts and flooding rains...impacts and interventions*

Attended by more than 80 people, the conference was officially opened on 1 June by MHA patron Her Excellency Professor Marie Bashir AC CVO, Governor of NSW, and the newly elected NSW Minister for Mental Health, Hon Kevin Humphries MP who welcomed guests as the first speaker.

Conference speakers raised the issue of increasing anxiety levels with climate change and increasingly common natural disaster in Australia. They also raised the importance of communities offering support, and stressed how it is possible to strengthen our own resilience.

Guest speakers included:

- Associate Professor Helen Berry, a psychiatric epidemiologist, spoke on: investigating social capital and mental health, and their associations with health and wellbeing
- Professor John Wiseman from the Sustainable Society Institute, spoke on: the personal, professional and political challenges facing mental health professionals
- Daryl Taylor, a Black Saturday survivor, spoke on: rebuilding his life after losing his home and community in Kinglake

The general consensus reflected that participants thought the range of speakers was excellent, and that decision to explore the consequences of climate change in relation to mental health provided a unique perspective.

Feedback gathered from conference evaluation forms showed that 100 per cent of attendees either 'agreed' or 'strongly agreed' that the content was of a high quality. 66 per cent also 'strongly agreed' that the sessions provided stimulus for further discussion.

MHA staff felt that the conference achieved many positive outcomes. It provided an opportunity to network with previously unknown organisations and individuals.

As a result, MHA is now a member of the NSW Farmer's Association Mental Health Network and is looking to partner with the State Emergency Services (SES) in promoting the mental health of workers and volunteers.

The conference was made possible because of the kind support the following sponsors:

- Commonwealth Department of Health and Ageing - through the Mental Health Council of Australia
- Energy Australia
- Heal for Life Foundation
- Hunter Institute of Mental Health
- The Richmond Fellowship NSW
- State Emergency Services (SES)

## 2.3 Publish *Mental Health Matters* magazine quarterly

Four editions of MHA's member magazine *Mental Health Matters* were published in the last year. The magazine is written with the interests of our members in mind including: consumers (people who have or experience mental illness), carers of people with a mental illness, and mental health professionals.

Opinion pieces have been introduced to the magazine this year and have been well received by its readers. The opinion pieces are contributions from individuals with a particular perspective on a topic in mental health.

This year we said farewell to the magazine's Editor Pam Verrall who resigned at the end of 2010 and we wish her well in her new career. Sandra Sutalo took over the role of Editor and her skill in putting together the last two bumper editions have been praised by readers.

## 2.4 Develop a policy and implement a plan for the usage of the Mental Health Information Service database (*The Way Ahead*) by other organisations

MHA heightened its campaign to secure the funds necessary for the Way Ahead directory to be made available to all people at no cost, by creating a website for it.

This directory of mental health services has been produced by MHA since the mid 1980s and currently holds the details of more than 2000 services in NSW.

MHA would like to thank the following organisations for their support in requesting NSW Health to consider funding the Way Ahead as a freely available online resource for all:

- Mental Health Coordinating Council
- General Practice NSW (GP NSW)
- Central Sydney GP Network
- Hastings Macleay General Practice Network
- Pharmaceutical Society of Australia (NSW)
- ARAFMI – Mental Health Carers
- Fitness Australia
- St John of God Health Care
- Parklea Correction Centre – Justice Health
- Family & Carer Consultant, COPMI & Multicultural MH Representative, Statewide Forensic Mental Health, Justice Health
- Ryde Bipolar Support Group

Following this effort MHA submitted a proposal for NSW Health to fund the ongoing maintenance of the Way Ahead. Although The Minister for Mental Health Kevin Humphries has been very responsive to the argument, MHA is still waiting to hear whether the campaign has been successful.



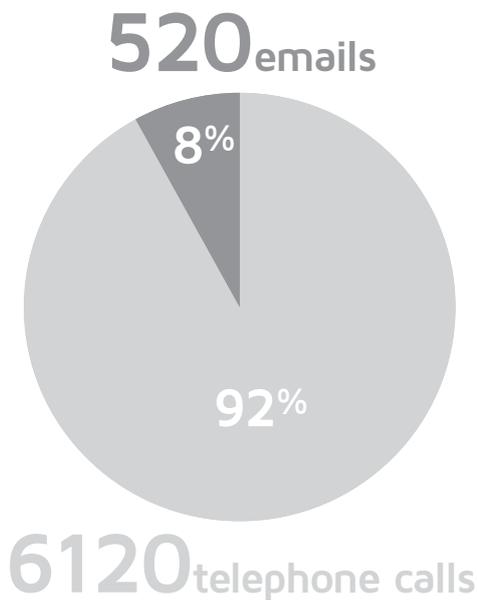
# Goal 3 Inform and support people to access appropriate mental health interventions

## 3.1 Operate and develop the Mental Health Information Service (MHIS)

Both the Mental Health Information Service (MHIS) and the Anxiety Information Service (AIS) provide members of the public with a personalised, anonymous helpline via telephone and email.

Both 1300 numbers offer information about mental health issues based on a reliable, up-to-date referral service. The 1300 phone lines are open Monday - Friday between 9.00am-5.00pm.

The MHIS and AIS services responded to a total of 6640 inquiries between 2010 and 2011, (up from 5686 between 2009 and 2010).



### User analysis

In line with previous years, the majority of callers to the 1300 MHIS and AIS telephone lines were female (60% female callers to MHIS and 63% female callers to the AIS line).

The majority of enquiries were from consumers / people experiencing mental illness (39%), followed by family members (21%).

75% of calls were handled within 10 minutes, with 14% requiring between 10 to 20 minutes, and the remaining taking longer than 20 minutes.

Figure 1: Caller type

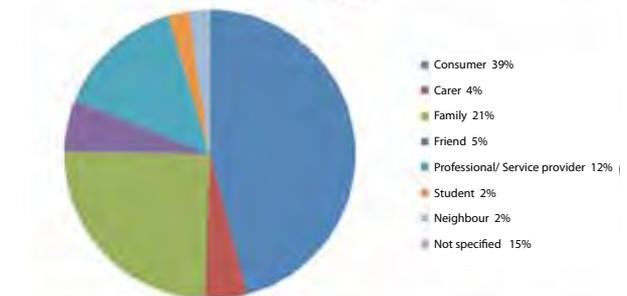
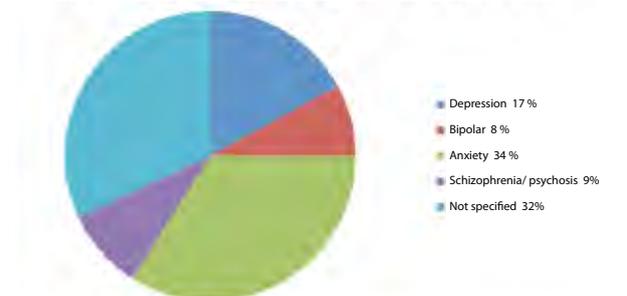


Figure 2: Assistance requested by disorder

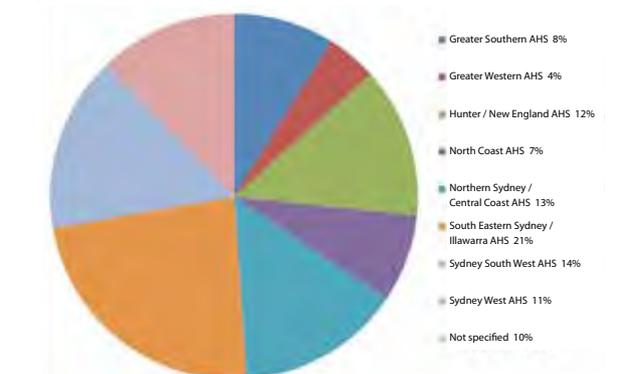


As Figure 2 shows, the most common requests were for information relating to depression and anxiety disorders.

The nature of the assistance requested was recorded under 18 different categories including mental disorders, health services, accommodation, employment, law and justice, and practical support services.

Almost 70% of calls requested information about mental disorders (44%) and health services (25%). Most health services requests were for the contact details of local a Community Mental Health Centre (18%).

Figure 3: Location of callers



More than half of those using the service were from Sydney metro and the Central Coast.



## Promoting the Mental Health Information Service (MHIS)



mental health  
information service

The MHIS service was promoted widely throughout the year through information placed on stalls at events and by giving talks to community groups about mental health.

The 'wallet cards' and posters developed during the previous year are still popular with service providers and the general public. Stocks were exhausted during the year another 20,000 cards have been ordered for 2011 - 2012.

## Factsheets

It is estimated that MHA distributed 16 000 factsheets in the 2010-2011 period.

There are now 54 factsheets available from MHA spanning a wide range of issues including: anxiety disorders, mental illness, childhood disorders, anger management building resilience, grief and loss, postnatal depression, managing stress, self harm, suicide, workplace bullying, and eating disorders, among many others.

The fact sheets have always been very popular and can be downloaded from our website.

Almost 10 000 factsheets were distributed via the Resource Centre at 80 William Street, or posted to the individuals and organisations requesting them through the Mental Health Information Service or the Anxiety Information Service.

Another 6000 factsheets were distributed at conferences and community events including: Mental Health Month events, the annual MHA conference, Wellbeing Expos at various TAFE locations and universities, and an event at Central station marking International Day of People with Disability

## Official Visitors Line

MHA has provided a telephone answering service for the Official Visitors Program (OV) program since 2004, under a Memorandum of Understanding agreement.

Official Visitors are appointed by the Minister of Health to inspect hospital and community mental health services on a regular basis, enquire as necessary into the care and treatment of patients, and report back to the Principal Official Visitor and to the Minister.

Each mental health facility in NSW displays posters informing consumers and carers about the Official Visitors Program and encouraging them to call with any concerns or complaints they may have. MHA staff take these telephone calls and relay them to the specific Official Visitor rostered on for that day.

The service has continued to operate smoothly with 2032 calls taken this year. This represents a 33 per cent increase on the previous year, when 1526 calls were taken.

MHA renewed the Memorandum of Understanding in July 2011 and will continue to provide the OV answering service for another two years.

## Online

MHA engages the public using several online avenues including: its website, a Twitter account, a Facebook page, and a You Tube channel.

Embracing social media provides an opportunity to engage more people with mental health prevention and promotion messages.

The Facebook page has engaged a steady stream of two-way dialogue with more than 1000 people 'liking' it and commenting on updates.

The Twitter account has been useful for engaging key players in the Australian mental health sector including politicians, journalists and other service providers. MHA has almost 2000 'followers' on Twitter who have subscribed to receive its 'tweets' or updates.

In addition to this, MHA has been actively generating online partnerships with other information and service providers including: Healthshare.com.au, Health InSite and Health On The Net.

This helps people find MHA's website more easily when searching through these credible health and medical databases online.

### 3.2 Increase use of MHIS by identified groups

MHA is committed to engaging with Indigenous groups in an appropriate way to promote social and emotional wellbeing, and to help deal with the mental health issues faced by Aboriginal people throughout NSW.



Throughout the year, the Manager of MHA facilitated a consultation process with the Board, staff, stakeholders and a number of Indigenous agencies and groups; to produce a Statement of Commitment to Develop a Reconciliation Action Plan.

This statement was launched as part of National Sorry Day on 26 May 2011, with the Council of Social Service of New South Wales (NCOSS).

In addition to this, MHA staff, Board and members took part in an 'Introduction to Indigenous Australia and Cultural Competence' workshop in March 2011. The workshop was held by Les Bursill, a Dharawal Aboriginal Australian. Les is also a historian, archaeologist, anthropologist and publisher.



### 3.3 Support the establishment of local groups

#### Facing Anxiety Program: Support Groups for Anxiety Disorders and Obsessive Compulsive Disorder

MHA ran Anxiety Disorder Support Groups or Obsessive Compulsive Disorder Support Groups in 13 locations this year.

These groups provided 1027 occasions of service to participants during the year, an increase of 20 per cent on last year.

The support groups are open to people living with mental illness and their family, friends and carers. Led by trained, volunteer facilitators, the groups meet monthly in a friendly atmosphere and share their experiences, support, education and information.

Group members were asked to complete an evaluation form about their experience of the groups and over 300 members offered feedback.

Many respondents said they participated in support group meetings to learn strategies and to interact more with others. Of those, 99 per cent reported that these objectives were achieved. In addition, 72 per cent stated that the groups were of 'major benefit' to them.

Anxiety Disorder Support Groups ran in the following locations this year:

- Bankstown
- Bondi Junction
- East Sydney
- Epping
- Glebe
- Gordon
- Gosford / Niagara
- Jesmond (Newcastle)
- Kingsgrove
- Macarthur
- Parramatta
- Sutherland
- Warringah

Obsessive Compulsive Disorder Support Groups run in:

- Blacktown
- Kogarah

MHA also held training days for 16 new group facilitators on two occasions this year, with the training carried out by Associate Professor Rocco Crino. Most of the new volunteers replaced the existing group facilitators.

In an effort to promote the support groups and recruit suitable members the Support and Information Officer presented as a guest speaker at six public forums, and was featured in two radio and television interviews. MHA also mailed over 130 information packs.

## Facing Anxiety Program: Self Help Groups



facing anxiety

MHA's Self Help Groups are run as 12-week, structured behaviour therapy programs. MHA established groups this year in Campbelltown, East Sydney, Maroubra and Newtown.

The groups are conducted free of charge and are suitable for people with: social anxiety disorder, obsessive compulsive disorder, panic disorder and specific phobias.

Each group is run by a pair of group leaders who are trained in facilitation and supported by MHA.

MHA conducted a full day of training for new group leaders in February 2011. The majority of participants were students from the Australian College of Applied Psychology with an interest in undertaking a placement with MHA.

Dr Alison Mahoney from the Clinical Research Unit for Anxiety Disorders at St Vincent's Hospital, presented to students on the treatment of anxiety disorders with behaviour therapy, and students learnt valuable facilitation skills. The Self Help Group manuals (for group leaders and for members) are also being revised.

## Groupsnet; a mental health support group network

MHA and Mental Health Carers (ARAFMI) NSW partnered in a new project this year, named Groupsnet. Groupsnet is a mental health support group network and has been established to replace the now dissolved Depression and Mood Disorders Association.

GroupsNet will provide information, education and networking opportunities to all NSW support group leaders regardless of whether they facilitate groups supporting people with mental illness, cancer, diabetes, weight loss, or other health and wellbeing issues. Groupsnet will also establish a web-based 'clearinghouse' of resources and templates for support group leaders.

MHA would like to express its appreciation to Enrique 'Topo' Rodriguez, a former MHA board member who has given much enthusiasm, drive and warmth to support this project throughout the year.

Both MHA and ARAFMI are committed to keeping the network alive and aim to bring in the funds necessary to grow Groupsnet and meet the needs of NSW support group leaders.

## 3.4 Operate the Resource Centre in partnership with Partners in Mental Health

MHA runs the Mental Health Resource Centre at 80 William St East Sydney. The resource centre operates like a library is run in partnership with the Consumer Advisory Group – Mental Health Inc. (CAG) and the Mental Health Carers ARAFMI NSW (ARAFMI).



The centre is open Monday to Friday from 9 am to 5 pm and features a borrowing library and an extensive range of reports on mental health.

In the past 12 months 1079 people visited the centre, including volunteers, people attending workshops and meetings in the conference room, staff, students and those people who making a special trip just to visit or borrow the resources.

More than 170 loans were recorded in the last 12 months. This indicates a small increase on the number of visitors and loans from last year.

MHA would to thank those people who kindly donated books to the centre this year.

## 3.5 Produce the Way Ahead Directory annually

MHA has produced this directory of mental health services since the mid 1980's and it currently holds the details of more than 2000 services in NSW making it the most comprehensive database of NSW service providers available.

This database, called the Way Ahead directory, has also been maintained an electronic form for more than over 10 years.

The Way Ahead provides the user with information and contacts for services across 15 different categories including: supported and emergency accommodation, emergency services, health education, legal services, practical support services, leisure services and a broad spectrum of health and mental health services.

This year MHA submitted a proposal to NSW Health, to consider funding to a custom-built website that will enable MHA to provide the database to everyone, for free.

Free access to this database will benefit all mental health services, allied services, health professionals, private practitioners, carers, and people with mental illness in NSW.

Service providers and private practitioners benefit by knowing that there are trained, attentive mental health oriented workers involved in updating the database – ensuring accuracy and relevancy.

MHA is still waiting to hear whether the proposal has been successful (see 2.4).

## Goal 4 Continually improve the viability, capacity and operation of MHA

### 4.1 Develop and adopt a strategic approach for the future direction of the Mental Health Association NSW

MHA's four-year strategic plan was due to conclude in June 2011; paving the way for the development of a new strategic plan for the organisation spanning 2011-2014.

Conveniently, all of MHA's government grants, including recurrent grants, were also in their final year. This allowed the organisation to genuinely take advantage of this opportunity to embrace change.

The NSW election resulted in a new State Government during the year, resulting in the first time appointment of a NSW Minister for Mental Health, the Hon. Kevin Humphries.

This political change meant some uncertainty for MHA, along with all the non-government organisations that rely on regular funding from NSW Health in order to meet the needs of the community. It should be noted that this was of particular concern for MHA throughout the year, with its funding up for renewal.

MHA was fortunate in that the new Minister has responded favourably to its cause, and to the new direction outlined in MHA's strategic plan for 2011-2014, which can be found on the MHA website.

### 4.2 Submit new and recurrent funding applications

As mentioned above, MHA finalised all four of the recurrent and long term NSW Health Grants this financial year.

This included the two recurrent grants: the MHA Core Grant and the Facing Anxiety Grant. It also included the three year grants being the: Mental Health Promotion and Information Grant, and the Colocation Rental Grant. MHA expects all four grants to be renewed shortly.

Other funds received during this year include

- Mental Health Month grant
- Perinatal Research Project grant (MH Kids)
- Official Visitors Answering Service grant
- Mental Health Coordinating Council's Infrastructure grant (for accreditation & continuous quality improvement)

### 4.3 Oversee, support and liaise with branches

#### Gilgandra Branch

The Gilgandra branch of MHA has been active since 2002 and in this time the Branch President, Jill Blackman, has been concerned about the lack of professional mental health services for local residents and the need to support people with mental illness. Jill also aims to reduce the stigma which proves to be an obstacle to people seeking help, as well as promoting wellbeing programs to create a healthy and active local community

The last 12 months have been difficult for the branch. As with most voluntary committees they are dependent on a few dedicated people to give time and money in order to keep their cause alive. Members of the committee have, for various reasons, ceased to be active this year, which has left just three working members who continue to do valuable work.

They attended local Shows and worked with Area Health on a major project; they sponsored a Poetry Competition during the Cooe Festival which coincides with Mental Health Month, and the President is also working on developing a suicide awareness training program that can be delivered in the region.

MHA is very appreciative of the work of Jill Blackman and her band of helpers. Their work is a confirmation of the dedication and commitment of those who are passionate about improving mental health services in regional and isolated rural areas of NSW.





#### 4.4 Increase membership of the MHA

MHA has made a considerable effort to deliver better services to its members; offering the option of Associate membership which is free but does not include voting rights. This option was taken up by some people, but did not reduce the number of full members.

MHA's membership fees have remained unchanged as the organisation is committed to ensuring that membership is affordable and available to all.

The management team are constantly seeking information from members on how we can better meet their needs and welcome any feedback.

MHA provides the following benefits to its valued members:

- 10% off all our events, seminars and workshop
- 10% off MHA merchandise
- 10% off the Way Ahead Directory
- Quarterly *Mental Health Matters* magazine
- Monthly e-newsletter

#### 4.5 Develop and support co-location partnership joint projects

The Partners in Mental Health (PiMH) refers to three organisations:

- Mental Health Association NSW
- NSW Consumer Advisory Group – Mental Health Inc.
- Mental Health Carers AFAFMI NSW

The three organisations moved in together in 2006, with MHA as the lead organisation. All three organisations continue to work in co-operation and partnership; sharing the premises at 80 William Street which enables an easy sharing of client resources and some back-office services.

Through the generosity of NSW Health the partners have:

- Shared, centrally located premises so the community has easier access to a comprehensive amount of information about mental health when visiting the Resource Centre on William Street
- Greater accessibility for our client groups, particularly those from rural and remote locations as well as people with physical disabilities

#### To become a member or renew a lapsed membership:

Phone: (02) 9339 6000

Email: [mha@mentalhealth.asn.au](mailto:mha@mentalhealth.asn.au)

Visit: <http://www.mentalhealth.asn.au/get-involved/membership.html>

- Better access to public transport which benefits staff and visitors
- The opportunity for all three organisations to work together on joint projects for more efficient and effective outcomes
- Made better use of resources and complement each others work, rather than duplicating it
- Improved staff morale and skill development as a result of a larger group of professionals working together closely for a common cause, as well as shared social activities and networking opportunities
- Increased community reach for each of the three organisations; enhancing delivery of services and information to target groups by sharing some networks and contacts

MHA would like to thank the staff and management of NSW CAG and ARAFMI for their ongoing support, knowledge friendship, cooperation, and for contributing to this successful co-location partnership.

## 4.6 Regularly review occupational health and safety in accordance with the OH&S Act and regulations

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MHA reviewed and updated all occupational health and safety (OH&S) forms 2011.

The annual Staff Satisfaction Survey included questions and opportunities for feedback relating to workplace health and safety.

OH&S is a standard agenda item at all internal meetings and staff and volunteers are encouraged to report any matters on concern. Any OH&S issues identified are documented, assessed, controlled and reported to the Board.

In an effort to promote wellbeing, MHA staff are encouraged to walk to appointments in the city rather than driving or catching public transport, and a number of staff are using standing desks.

Staff and volunteers have recommended exercises that can be done at the desk to promote a level of physical activity while at work, and all staff have ergonomic chairs.

## 4.7 Maintain Continuous Quality Improvement

---

MHA maintained its program of continuous quality improvement (CQI) throughout the year, following the standards established and set by the Quality Improvement Council (QIC) for community organisations.

MHA was pleased to be included in the funding provided by NSW Health that allowed non-government organisations to achieve their initial accreditation with the QIC. The cost of ongoing accreditation makes it difficult for small organisations relying on government funding.

The contract with Quality Management Services Inc (QMS) was renewed in 2011 and MHA is preparing for an external accreditation review early in 2012.

Continuous quality improvement had become embedded into MHA's internal procedures and systems, setting an internal benchmark. CQI is a standard agenda item at all internal meetings and has become an important part of the culture of the organisation.

# Board members and meeting reports

Member	Executive Finance Committee (out of 12)	Board (out of 5)
<b>OFFICERS OF THE BOARD:</b>		
A/Professor Meg Smith OAM – President	11	4
Ms Jill Faddy OAM – Vice President	10	4
Ms Tony Ovadia – Vice President	(3 out of 3) Resigned Sept 2010	(1 out of 1)
Dr Janette Perz – Honorary Secretary	7	1
Mr Phillip French – Honorary Treasurer	(2 out of 3)	(1 out of 2)
Mr Jay Myers – Honorary Treasurer	(5 out of 7) Resigned February 2011	(1 out of 3)
Mr Frank Flannery	9	3
Mr Peter Trebilco OAM – Chairperson	11	5
<b>ORDINARY MEMBERS:</b>		
Dr Nick O'Connor – Deputy Chairperson	0*	5
Mr Enriquez Rodriguez	0*	(1 out of 3) Resigned February 2011
Mr Scott Mahony	0*	(1 out of 1)
Mr Fred Kong	0*	3
Ms Sharyn McGee	0*	4
Ms Megan Wintle	0*	3
Mr Ken Neyle	0*	4
Ms Faye McMillan***	0*	3
Ms Nataly Bovopoulos (Staff rep)	0*	(1 out of 1) Resigned November 2010
Ms Katrina Davis (Staff rep)	0*	(3 out of 3)
<b>BRANCH DELEGATES:</b>		
Ms Jill Blackman – President, Gilgandra Branch	0*	0

Notes:

\* Ordinary board members and branch delegates are not expected to attend these meetings.

\*\* Ken Neyle resigned from the Board during the year and the temporary vacancy was filled by Jay Myers.

# Members of standing, advisory and steering committees 2010 – 2011

MHA is extremely grateful to the individuals who volunteer their time, energy and support to assist and enhance the work of the MHA.

## Anxiety Disorders Advisory Committee

Dr Nick O'Connor – Chair  
 Mr David Belasic  
 Mr Larry Billington  
 Dr Rocco Crino  
 Dr Adam Guastella  
 Ms Linda Junee  
 Ms Julie Leitch  
 Mr Gerard Newham  
 Ms Liz Priestley  
 Dr David Rouen  
 Ms Tamsen St Clare  
 Dr Lexie Stapinski  
 Dr Nick Titov  
 Mr Brad Upex  
 Dr Anne Wignall

## Mental Health Promotion Reference Group

Ms Karen Bedford  
 Mr Peter Trebilco, OAM ED  
 Dr Husna Razee  
 Ms Lauren Whibley  
 Mr Lawrence Fong  
 Ms Jenice Alliston  
 Mr John Spiteri  
 Mr Tim Sharp  
 Ms Judy Jones  
 Ms Cherie Carlton  
 Ms Anita Pesa  
 Ms Bernadette Rose  
 Dr Alan Avery  
 Ms Gillian Murphy  
 Ms Kaz Knights

## Publications Advisory Committee

Ms Jill Faddy OAM – Chair  
 Dr Nick O'Connor  
 Associate Professor Meg Smith OAM  
 Ms Megan Wintle  
 Peter Trebilco OAM ED

## MHA NSW Advisers

Ms Janet Meagher AM – Consumer Advisor  
 Mr Richard Neal – Honorary Solicitor (Teece, Hodgson and Ward)

## Honorary Life Members

Ms Marjorie Bull  
 Ms Margaret Lukes OAM (Margaret Lukes passed away on 29 June 2011)  
 Ms Janet Meagher AM  
 Dr Donald Scott-Orr

## Gilgandra Branch

Ms Jill Blackman – President  
 Mr Terry Cotter  
 Ms Marie Dell  
 Ms Kath Hutchison  
 Ms Natalie Lummis  
 Ms Cherie Milgate  
 Ms Jan Raines  
 Mr Brian Riley

## Student Volunteers

Ms Tessa Huet  
 Ms Alice Hsieh

Ms Madeleine Gough  
 Ms Rebecca Lam  
 Ms Lucy Arblaster  
 Ms Eve Batchelor  
 Ms Katrina Champion  
 Ms Jess Costello  
 Ms Meg Cunningham  
 Ms Angela Geltch  
 Ms Kathryn Haglund  
 Ms Kendra Jones  
 Mr Tito Malula  
 Mr Jamie McDonald  
 Ms Jessica Payne  
 Ms Gabrielle Pilgrim  
 Ms Joanna Pietrzyk  
 Ms Helen Pritchard  
 Ms Biljana Tasevska  
 Ms Angela Zhang

## Volunteers

Ms Skye Dong  
 Ms Debbie Kearns  
 Ms Kerrie-Anne Ho  
 Ms Natalie Sin  
 Ms Harriet Sciberras  
 Ms Shailaja Bodas  
 Ms Akira Wong  
 Mr Ryan Keating  
 Ms Ulyana Pak  
 Ms Jasmine Khan  
 Ms Joan D'Souza  
 Mr Ken Davis  
 Ms Wendy Davis  
 Ms Ros Clee  
 Ms Louise Young  
 Ms Megan Davis  
 Ms Amy Leitch

Ms Shailaja Bodas  
 Ms Elise Hart  
 Ms Lauren Howells  
 Ms Jenny La  
 Ms Rosemary Lee  
 Ms Patricia McIlroy  
 Ms Ethel Rhine  
 Ms Thurid Zettler  
 Staff from the Richmond Fellowship

## Volunteers - Mental Health Information Service

Ms Susan Seif  
 Ms Sarah Hariz

## Volunteer Group Leaders - Anxiety Support Groups

Ms Anet Babakhani  
 Ms Belinda Baker  
 Mr Phillip Ball  
 Ms Suzana Bicanic  
 Ms Trish Bowie  
 Ms Dianne Brooks  
 Ms Lyrin Brooks  
 Ms Narelle Connelly  
 Ms Kathleen Dack  
 Ms Joanna Das  
 Ms Jacqueline Davis  
 Ms Lyn Fouracre  
 Ms Angela Geltch  
 Ms Candice Green  
 Ms Kate Johnson  
 Ms Victoria Kiambi  
 Ms Sharita Lobo  
 Ms Linda Manoukian  
 Ms Samantha Murphy  
 Ms Maree Richards  
 Ms Venessa Rossi  
 Ms Sarah Ryan  
 Ms Sophie Schneider  
 Ms Emily Smith  
 Ms Ali Sullivan  
 Mr Greg Swan  
 Ms Frances Szabo  
 Ms Keang Thai  
 Ms Belinda Wood  
 Mr John Young

## Volunteer Group Leaders - Self Help Groups

Ms Bronwyn Campbell  
 Ms Karen Draper  
 Ms Sarah Draper  
 Ms Pauline Dudley  
 Ms Elaine Efstratiou  
 Ms Allira Garrad  
 Ms Susan Shannon  
 Ms Karyn Tait





### Staff (at 30 June 2011)

Ms Elizabeth Priestley ..... Chief Executive Officer  
 Mr Terry Kirkpatrick ..... Manager  
 Ms Katrina Davis ..... Mental Health Promotion Manager  
 Ms Lai Ha Wu ..... Accounts Manager  
 Ms Sandra Sutalo ..... Information Officer, Website, Acting MHIS Coordinator  
 Ms Linda Junea ..... Facing Anxiety Self Help Project Officer  
 Ms Julie Leitch ..... Facing Anxiety Support Groups/Information Coordinator  
 Ms Terri Marsh ..... MHIS Information Officer/Resource Centre Officer  
 Ms Linda Manoukian ..... MHIS Information Officer  
 Mr Gerard Newham ..... Acting MHIS Coordinator  
 Ms Stacey Young ..... Mental Health Promotion Officer  
 Mr David Belasic ..... Health Education Officer  
 Ms Vassilka Dimitrova-Isbell ..... Administration/ Personal Assistant

#### Staff Farewells

Ms Gillian Church ..... Chief Executive Officer  
 Ms Nataly Bovopoulos ..... Mental Health Promotion Manager  
 Ms Christina Ip ..... Administration/ Membership Officer  
 Ms Pamela Verrall ..... MHIS Coordinator

# FINANCIAL REPORT

For the year ended  
30 June 2011

**MENTAL HEALTH ASSOCIATION NSW INC.**  
**A.B.N. 11 326 005 224**

**STATEMENT BY MEMBERS OF THE COMMITTEE**

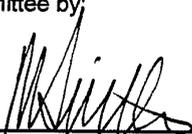
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The Committee has determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Committee the financial report:

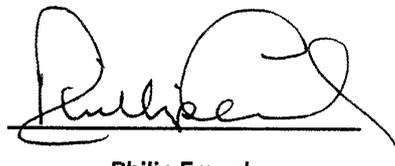
1. Presents a true and fair view of the financial position of Mental Health Association NSW Inc. as at 30 June 2011 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Mental Health Association NSW Inc. will be able to pay 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:



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**Meg Smith OAM**  
**President**



---

**Philip French**  
**Treasurer**

SYDNEY, *14th September 2011*

THOMAS DAVIS & CO.  
(ESTABLISHED 1894)

CHARTERED ACCOUNTANTS

Liability limited by a scheme approved  
under Professional Standards Legislation

PLEASE ADDRESS ALL LETTERS TO  
BOX 492 G.P.O.  
SYDNEY, N.S.W. 2001

TELEPHONE: (02) 9232 1188  
FACSIMILE: (02) 9231 6792  
EMAIL: mail@thomasdavis.com.au

LEVEL 20  
68 PITT STREET  
SYDNEY NSW 2000

**INDEPENDENT AUDITOR'S REPORT**

**TO THE MEMBERS OF MENTAL HEALTH ASSOCIATION NSW INC.**

**ABN 11 326 005 224**

We have audited the accompanying financial report, being a special purpose financial report, of Mental Health Association NSW Inc., which comprises the statement of financial position as at 30 June 2011, and the statement of comprehensive income and the statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the statement by the members of the committee.

*The Responsibility of members of the committee for the Financial Report*

The members of the committee of the association are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the Associations Incorporations Act 2009 NSW and is appropriate to meet the needs of the members. The Committee's responsibility also includes such internal control as the Committee determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

*Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Committee as well as evaluating the overall presentation of the financial report.

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



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116

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SYDNEY NSW 2000

### Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of Mental Health Association NSW Inc. as of 30 June 2011 and of its financial performance and its cash flows for the year then ended in accordance the financial reporting requirements of the Associations Incorporation Act 1984 NSW.

### Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Mental Health Association NSW Inc., to meet the requirements of the Associations Incorporation Act 2009 NSW. As a result, the financial report may not be suitable for another purpose.

  
**THOMAS DAVIS & CO.**  
  
P.L. WHITEMAN PARTNER

Chartered Accountants

SYDNEY,

14 September 2011

**Liability Limited by a scheme approved under professional standards legislation.**



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116

**MENTAL HEALTH ASSOCIATION NSW INC.**  
**A.B.N. 11 326 005 224**

**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30TH JUNE 2011**

	Notes	2011 \$	2010 \$
<b>Current assets</b>			
Cash assets	5	805,851	775,354
Receivables	6	45,819	13,756
Inventories	7	4,410	8,823
<b>Total current assets</b>		<u>856,080</u>	<u>797,933</u>
<b>Non-current assets</b>			
Property, plant and equipment	8	65,858	106,139
<b>Total non-current assets</b>		<u>65,858</u>	<u>106,139</u>
<b>Total assets</b>		<u>921,938</u>	<u>904,072</u>
<b>Current liabilities</b>			
Payables	9	121,292	73,848
Provisions	10(a)	63,727	74,774
Other	11	206,502	206,502
<b>Total current liabilities</b>		<u>391,521</u>	<u>355,124</u>
<b>Non-current liabilities</b>			
Provisions	10(b)	31,268	53,253
<b>Total non-current liabilities</b>		<u>31,268</u>	<u>53,253</u>
<b>Total liabilities</b>		<u>422,789</u>	<u>408,377</u>
<b>Net assets</b>		<u>499,149</u>	<u>495,695</u>
<b>Members Funds</b>			
Retained funds	15	499,149	495,695
<b>Total Members Funds</b>		<u>499,149</u>	<u>495,695</u>

**MENTAL HEALTH ASSOCIATION NSW INC.**  
**A.B.N. 11 326 005 224**

**STATEMENT OF COMPREHENSIVE INCOME**  
**FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2011**

	Notes	2011 \$	2010 \$
Revenue from ordinary activities	2	1,465,626	1,499,524
Expenses from ordinary activities:	3		
Cost of goods sold		5,489	8,430
Employee expenses		785,476	780,985
Professional and consultancy fees		15,288	400
Occupancy expenses		245,918	236,176
Other expenses from ordinary activities		410,001	486,143
<b>Surplus / (deficit) from ordinary activities before income tax expense</b>		<b>3,454</b>	<b>(12,610)</b>
Income tax revenue / (expense) relating to ordinary activities	4	-	-
<b>Surplus / (deficit) from ordinary activities after related income tax expense</b>		<b>3,454</b>	<b>(12,610)</b>
Other comprehensive income		-	-
<b>Total comprehensive income attributable to the members of the entity</b>		<b>3,454</b>	<b>(12,610)</b>

*The Statement of Comprehensive Income should be read in conjunction with the notes to the financial statements.*

**MENTAL HEALTH ASSOCIATION NSW INC.**  
**A.B.N. 11 326 005 224**

**STATEMENT OF CASH FLOWS**  
**FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2011**

	Notes	2011 \$ Inflows (Outflows)	2010 \$ Inflows (Outflows)
<b>Cash flows from operating activities</b>			
Interest received		49,500	26,563
Receipts from government grants		1,355,996	1,322,682
Membership fees		22,512	13,903
Other receipts		70,839	362,637
Payments to suppliers and employees		<u>(1,450,696)</u>	<u>(1,731,338)</u>
<b>Net cash provided by / (used in) operating activities</b>	13(b)	<u>48,151</u>	<u>(5,553)</u>
<b>Cash flow from investing activities</b>			
Proceeds from the sale of investments		-	-
Payments for property, plant and equipment		(35,837)	(27,969)
Proceeds from the sale of property, plant and equipment		<u>18,183</u>	<u>18,090</u>
<b>Net cash provided by / (used in) investing activities</b>		<u>(17,654)</u>	<u>(9,879)</u>
Net increase / (decrease) in cash held		30,497	(15,432)
Cash at the beginning of the financial year		<u>775,354</u>	<u>790,786</u>
<b>Cash at the end of the financial year</b>	13(a)	<u>805,851</u>	<u>775,354</u>

*The Statement of Cash Flows should be read in conjunction with the notes to the financial statements.*

**MENTAL HEALTH ASSOCIATION NSW INC.**  
**A.B.N. 11 326 005 224**

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2011**

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**Note 1 - Statement of significant accounting policies**

The financial statements are special purpose financial statements prepared for use by the committee of the association. The Committee members have determined that the association is not a reporting entity.

The financial statements have been prepared in accordance with the requirements of the following Australian Accounting Standards:

AASB 1031    Materiality  
AASB 110    Events after the Balance Sheet Date

No other Australian Accounting Standards or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial statements are prepared on an accruals basis and are based on historic costs and do not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following specific accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of the financial statements.

**(a) Current investments**

Investments are brought to account at cost or at Committee members' valuation. The carrying amount of investments is reviewed annually by the Committee to ensure it is not in excess of the recoverable amount of these investments. The recoverable amount is assessed from the investments' current market value. The gains or losses, whether realised or unrealised, are included in net profit.

**(b) Plant and equipment**

Plant and equipment is brought to account at cost or at an independent Committee's valuation.

The depreciable amount of all plant and equipment is depreciated on a straight line basis over the useful lives of the assets of the Association commencing from the time the asset is held ready for use.

The carrying amount of plant and equipment is reviewed annually by the Committee to ensure it is not in excess of the recoverable amount from these assets.

The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

**(c) Inventories**

Inventories are measured at the lower of cost and net realisable value.

**MENTAL HEALTH ASSOCIATION NSW INC.**  
**A.B.N. 11 326 005 224**

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2011**

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**Note 1 - Statement of significant accounting policies (continued)**

**(d) Employee entitlements**

Provision is made for the Association's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at their nominal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Association to employee superannuation funds and are charged as expenses when incurred.

**(e) Taxation**

The activities of the Association are exempt from income tax.

**(f) Revenue recognition**

Amounts disclosed as revenue are net of returns, trade allowances and duties and taxed paid. Revenue is recognised for the major operating activities as follows:

**(i) Government grants**

Grants received are brought to account as income on a progressive basis over either the period to which the grant relates or the period over which the grant is expended.

**(g) Receivables**

All trade debtors are recognised at the amounts receivable as they are due for settlement no more than 30 days from the date of recognition.

Collectibility of trade debtors is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for doubtful debts is raised when some doubt as to collection exists.

**(h) Deferred income / divisional results**

Grants received are brought to account as income on a progressive basis over either the period to which the grant relates or the period over which the grant is expended.

Accordingly, where grants are brought to account on a progressive basis over the period to which the grant relates, there exists the likelihood that grant income will exceed costs associated with the project in some financial periods (divisional profit), and that such a divisional profit will be absorbed in future periods by subsequent divisional losses.

Where the grant is recognised as income in advance of the expenditure being incurred, the divisional profit will form part of the retained profits.

**(i) Bequests**

Bequests received by the Association are included in Other Current Liabilities (being deferred income) in the Statement of Financial Position and are used for specific projects.

**MENTAL HEALTH ASSOCIATION NSW INC.**  
**A.B.N. 11 326 005 224**

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2011**

	<b>2011</b>	<b>2010</b>
	<b>\$</b>	<b>\$</b>
<b>Note 2 - Revenue</b>		
Revenue from operating activities		
Membership fees	22,512	13,903
Publication / Promotional sales	11,177	32,395
	<u>33,689</u>	<u>46,298</u>
Revenue from outside the operating activities		
Donations and bequests	21,609	42,537
Co-location grants received	300,000	295,192
Grants received	1,025,675	1,021,837
Interest received	49,500	26,563
Gain on sale fixed asset	(3,051)	510
Other income	33,945	66,587
Income - Support	4,259	-
	<u>1,431,937</u>	<u>1,453,226</u>
Revenue from ordinary activities	<u>1,465,626</u>	<u>1,499,524</u>

**Note 3 - Surplus / (deficit) from ordinary activities**

**Net gains and expenses**

Profit from ordinary activities before income tax expense includes the following specific net gains and expenses:

**Expenses**

Cost of goods sold	5,489	8,430
Depreciation	54,884	57,806
Rental expense	245,918	236,176

**Note 4 - Income tax**

As indicated in Note 1, the company is exempt from income tax.

**Note 5 - Current assets - Cash assets**

Cash on hand	400	400
Cash at bank - Head office	188,708	220,530
Cash at bank - Mood Disorders Program	2,081	3,934
Term Deposit - Security for lease	58,412	58,412
Cash at bank - FAP	10,364	9,608
Cash at bank - Shipp fund	1,004	1,001
Cash at bank - Gilgandra	205	431
Short term deposits	544,677	481,038
	<u>805,851</u>	<u>775,354</u>

Cash is bearing an interest rate of between 0% and 6.10%, (2010 0% and 8.4%) depending on the terms and conditions in respect of the various accounts.

MENTAL HEALTH ASSOCIATION NSW INC.  
A.B.N. 11 326 005 224

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2011

	2011 \$	2010 \$
<b>Note 6 - Current assets - Receivables</b>		
Security deposit	886	550
Sundry debtors	29,209	10,117
Trade debtors	15,724	3,089
	<u>45,819</u>	<u>13,756</u>
<b>Note 7 - Current assets - Inventories</b>		
Stock on hand - publications	4,410	8,823
	<u>4,410</u>	<u>8,823</u>
<b>Note 8 - Non-current assets - Property, plant and equipment</b>		
Plant and equipment - at cost	58,830	49,325
Less: accumulated depreciation	(51,221)	(44,181)
	<u>7,609</u>	<u>5,144</u>
Office furniture and equipment - at cost	193,121	192,443
Less: accumulated depreciation	(155,236)	(116,999)
	<u>37,885</u>	<u>75,444</u>
Telephone system - at cost	19,970	19,970
Less: accumulated depreciation	(19,969)	(16,142)
	<u>1</u>	<u>3,828</u>
Motor vehicles - at cost	25,654	26,133
Less: accumulated depreciation	(5,291)	(4,410)
	<u>20,363</u>	<u>21,723</u>
	<u>65,858</u>	<u>106,139</u>
<b>Note 9 - Current liabilities - Payables</b>		
Deferred income (Note 16)	9,362	7,308
Grants in advance	51,698	8,742
Trade creditors	37,220	27,412
Sundry creditors & Accruals	23,012	30,386
	<u>121,292</u>	<u>73,848</u>

**MENTAL HEALTH ASSOCIATION NSW INC.**  
**A.B.N. 11 326 005 224**

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2011**

	2011 \$	2010 \$
<b>Note 10- Provisions</b>		
<b>(a) Current</b>		
Provision for annual leave	<u>63,727</u>	<u>74,774</u>
	<u>63,727</u>	<u>74,774</u>
<b>(b) Non-current</b>		
Provision for long service leave	<u>31,268</u>	<u>53,253</u>
	<u>31,268</u>	<u>53,253</u>
<b>Note 11 - Current liabilities - Other</b>		
Wooton bequest	154,666	154,666
Cobbold bequest	<u>51,836</u>	<u>51,836</u>
	<u>206,502</u>	<u>206,502</u>

**Note 12 - Segment reporting**

Mental Health Association NSW Inc. is a non-government organisation actively involved in promoting the understanding of Mental Health problems in the community in New South Wales.

**Note 13 - Statement of Cash Flows**

**(a) Reconciliation of cash**

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:

Cash on hand	400	400
Deposits at call	603,089	539,450
Cash at bank	<u>202,362</u>	<u>235,504</u>
	<u>805,851</u>	<u>775,354</u>

**MENTAL HEALTH ASSOCIATION NSW INC.**  
**A.B.N. 11 326 005 224**

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
 FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2011**

	2011 \$	2010 \$
<b>Note 13 - Statement of Cash Flows (continued)</b>		
<b>(b) Reconciliation of cash provided by / (used) in operating activities</b>		
Operating surplus / deficit	3,454	(12,610)
Non-cash flows in operating surplus		
Depreciation	54,884	57,806
Profit on sale of non current assets	3,051	(510)
Changes in assets and liabilities		
(Increase) / decrease in receivables	(32,063)	5,173
(Increase) / decrease in inventories	4,413	(6,803)
Increase / (decrease) in payables	47,444	(55,460)
Increase / (decrease) in provisions	(33,032)	23,916
Increase / (decrease) in other current liabilities	-	(17,065)
	<u>48,151</u>	<u>(5,553)</u>

The Association has no credit stand-by or financing facilities in place.

There were no non-cash financing or investing activities during the period.

**Note 14 - Events subsequent to balance date**

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association in financial years subsequent to the financial year ended 30 June 2011.

**Note 15 - Retained funds**

Movements in retained funds are summarised as follows:

Retained funds at the beginning of the financial year	495,695	508,305
Current year surplus / (deficit)	3,454	(12,610)
Retained funds at the end of the financial year	<u>499,149</u>	<u>495,695</u>

**MENTAL HEALTH ASSOCIATION NSW INC.**  
**A.B.N. 11 326 005 224**

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2011**

	<b>2011</b>	<b>2010</b>
	<b>\$</b>	<b>\$</b>
<b>Note 16- Deferred income</b>		
Deferred income represents grants received prior to 30 June 2011 which are to be acquitted during the period commencing 1 July 2011.		
The amounts included in deferred income are as follows		
Beyond Blue	-	507
Deferred income - others	8,389	4,387
Howarth Foundation	973	2,414
	<u>9,362</u>	<u>7,308</u>

**Note 17 - Non-Cancellable Operating Lease Commitments**

	<b>2011</b>	<b>2010</b>
	<b>\$</b>	<b>\$</b>
Not later than one year	237,277	213,916
Later that one year but not later than two years	244,395	213,916
Later that two year but not later than five years	251,727	216,931
Minimum lease payments	<u>733,398</u>	<u>644,763</u>

The Association receives a Co-location rental grant to cover these lease commitments.

# Acknowledgements and donations

MHA's Board gratefully acknowledges the ongoing support of NSW Health and the contribution of funds to its programs by our members and donors.

MHA offers special thanks to Teece Hodgson & Ward, our honorary solicitors who provide pro bono legal advice.

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