

Annual Report

2011 - 2012

mental health
association nsw



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Mental Health Association (NSW)

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 and wellbeing 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 within the not-for-profit sector



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

The oldest mental health advocacy organisation in Australia, MHA was established in 1932 and the organisation celebrates its 80th birthday in 2012.

As a registered charity MHA relies on funding 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
- Promotion of good mental health through public education

A core team of staff operate from Sydney and MHA's voluntary Board of Management is elected annually from among its members.

Highlights from 2011 – 2012

1. The Partners in Mental Health held a successful **conference together for people with a mental illness, carers and people working in the sector**. 100 people attended the conference entitled: *Living Well; mental health across the lifespan*.



2. **Mental Health Month** was again a great success with more than 160 events held in NSW to promote positive mental health to the larger community.

6. MHA's **Groupsnet** program was launched. **Groupsnet** is a support network for people who are Support Group Leaders.

3. The **Mental Health Matters Awards** were also launched at a formal event held at NSW Parliament House, hosted by the ABC's Sophie Scott. The NSW Minister for Mental Health also addressed an audience of around 100 people on the day.

7. On 22 June, Fair Work Australia issued their final decision on the ASU's **Equal Pay Case**, ensuring Social and Community Service Workers (SACS) will receive a fair pay increase. Many SACS workers support people with mental illness.

4. Expansion of the Mental Health Promotion program to include **Perinatal Depression and Anxiety**. For the first time ever the Mental Health Association NSW was a partner in the Postnatal Depression Awareness Week campaign, and also started work on the Young and Parenting Project.

5. The number of MHA **Self-Help Groups** increased from a handful to more than 20 in the last year, and over 40 people have been trained as Group Leaders to facilitate these groups.

President's message



This year we celebrate our 80th Anniversary. Since its inception as the Council for Mental Hygiene NSW in the 1930s, the Association has a proud history of innovation in community support for people living with mental illness and their families, as well as mental health promotion to the wider community.

In 80 years we have been at the cutting edge of advocacy to change the ways mental health care is delivered; with dignity and respect. Our Members over the years have been active and vocal in lobbying for change in the mental health area – from changes to legislation, complaints and inquiries into health care practice, development of new models of mental health care, promotion of mental health, and support for particular groups of people in the community who are seeking a voice in their own care and treatment.

My first memories of the Association were in the 1970s: the Association had a reputation for forming working groups who got together to lobby for change. Many of us working in the public health system turned to MHA as a resource to share our ideas to bring about change. Both ARAFMI (the Association for Relatives and Friends of the Mentally Ill), and Alzheimer's Australia NSW formed out of these groups.

In the 1980s, our Board members Donald Scott Orr and Professor John Snowdon put psychiatric disability on the agenda of the Commonwealth Government – and opened up funding for supported employment, accommodation and community services for people living with mental illness.

There are many more people in our history who, in many ways, contributed to the reform of mental health services and the wider involvement of families and people living with mental illness in their care. It has been a great privilege to work with pioneers in public health such as Dr Peter Trebilco, our current chairperson. In the 1980s, we sponsored a number of support groups for people living with depression, anxiety, bipolar disorder and family

members of victims of suicide. The Ryde Bipolar group, which started in the old cottages in Victoria Road in Gladesville celebrated its 30th anniversary last year.

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. The Way Ahead directory moves into a new format this year – freely available for everyone to access in the form of a website.

Increased funding for mental health services and community support for people living with mental illness has created a number of opportunities for the Association and our partners in mental health. We have been active in the past year in a number of working parties to ensure that funding continues to be allocated to the people who need it most and that the rights and dignity of people living with mental health issues are respected.

Our past and current Board members continue to be active in advocacy and policy development at State and Commonwealth levels. We congratulate Janet Meagher, our first consumer advocate, on her appointment as a Commissioner with the National Mental Health Commission. The National Mental Health Commission and the newly established NSW Mental Health Commission will play key roles in ensuring that funding goes to the people who most need it and ensure that services are available and accessible to people living with mental illness and their families.

My special thanks go to all our Members of the Association past and present, who have volunteered their passion, time and energy to change the lives of people living with mental health issues, and who have contributed so much to the excellent reputation this organisation enjoys.

A handwritten signature in black ink, appearing to read 'Meg Smith'.

Associate Professor, Meg Smith OAM
President

Chief Executive Officer's message



Welcome to MHA's Annual Report for 2011/12. The last 12 months has been an exciting, busy, challenging and rewarding year for MHA.

Exciting. Because **MHA celebrates its 80th birthday in 2012.** Along with other prominent NSW and Australian icons: the Sydney Harbour Bridge, Sydney Symphony orchestra and the ABC. Obviously an important year in Australia's history!

On 13 April 1932 a group of prominent citizens, chaired by Professor Harvey Sutton met at BMA House in Sydney with a shared goal of improving the mental health for citizens of NSW.

Improving mental health meant reducing youth suicide and looking after the mental health of refugees fleeing the consequences of the Depression and the rise of Nazi Europe; a reminder of how things change and how they stay the same. Thank you to all those people from 1932 onwards who have kept MHA alive and well for so long.

Busy. There has been a considerable change in focus for MHA. We have taken on new projects like Groupsnet, a network for Support Group Leaders. We have long been committed to the value of consumer/carer facilitated groups and know that the demand for local groups remains high.

For many years MHA has struggled to keep the Self-Help Groups program alive. But now, thanks to a valuable partnership with ACAP, we have 43 trained facilitators and 18 groups currently operating.

MHA's database of mental health services, Way Ahead, is soon to be launched into cyber space. We have evolved the directory from a book, into a CD, and now on to the internet. This will allow many more people to access correct and current information on mental health services throughout NSW.

Postnatal and perinatal depression are also a new focus for MHA. For the first time ever we ran a Postnatal Depression Awareness Week campaign in 2011 and started research around the wellbeing of young and expectant parents. This work will develop into a new project to be launch in 2013.

This has been made possible thanks to funds provided by MHKids (NSW Ministry of Health).

Challenging. NGOs are currently facing many challenges. The Mental Health Drug and Alcohol Office (MHDAO) has been under a review, as have all government departments due to budget cuts and new ideas from a new State government. The NSW Ministry of Health is conducting a review of its own health services and those they fund through NGOs. No new money has been allocated to new services and all current services will be evaluated against long and short term outcomes. It is challenging but also provides us an opportunity to look closely at what we do and how we can report positive outcomes for our clients and our community.

Rewarding. For over 80 years MHA has had the privilege of being part of the lives of many amazing people; our clients, stakeholders, students, volunteers, staff and Board Members. As CEO, it has been a pleasure for me to have known many of them. This year I would like to thank MHA's wonderful staff who have battled good times and not so good times this last year. Also, the MHA Board - the most skilled, supportive and dedicated group of 17 people. They make my work here so much easier. The students and volunteers who come and go and often come back again deserve a special thank you because they provide invaluable support to our staff.

With our co-location partners , Mental Health Carers (ARAFMI) NSW and NSW Consumer Advisory Group -Mental Health Inc. (NSWCAG) , we have built a lovely synergy that builds on our knowledge of the all-important human rights of people with mental illness and their carers.

Lastly, to the NSW Ministry for Health and MHDAO. Without their financial support and guidance we would not be able to do what we do. They have supported us for many years and our relationship has grown in strength; and I am hoping that will continue into the next 80 years.

Elizabeth Priestley
Chief Executive Officer

Outline of 3 strategic goals for 2011 – 2014

Goal 1

Program growth and impact

Expanded reach and impact of programs and services

Goal 2

Profile and influence

Leadership and advocacy in mental health promotion and support

Goal 3

Sustainability

Dynamic, accountable and sustainable organisation



Goal 1

Program growth and impact - Expanded reach and impact of programs and services

1.1 Expanded reach with CALD and Indigenous population and progressing reconciliation

Mental Health Association NSW (MHA) has partnered with Reconciliation Australia and established a Statement of Commitment to Reconciliation.

MHA is continuing to develop and implement a Reconciliation Action Plan and has facilitated workshops for the Brightside Project at the National Centre of Indigenous Excellence.

MHA staff also attended the Aboriginal Workforce and Development Forum at the National Centre of Indigenous Excellence.

The Outback Meets the Beach Program was also supported by MHA; with resources promoting mental health to young Indigenous people from a range of communities.

For the first time ever, the Mental Health Month small grants program provided grants specifically for groups planning activities for Indigenous communities.

Mental Health *Matters* awards were granted in the Indigenous Social and Emotional Wellbeing category, and in the Culturally and Linguistically Diverse Communities category of the annual Mental Health Matters awards. These categories were sponsored by the Transcultural Mental Health Centre.

Local organisers of Mental Health Month

activities were asked to specify the target groups for their events; 17 per cent of respondents included Indigenous communities and 18 per cent included culturally and linguistically diverse communities as a target group for their event.

1.2 Partnership with Transcultural Mental Health

The Mental Health Month partnership with the Transcultural Mental Health Centre (TMHC) continued in 2011 with TMHC funding and translating the Mental Health Month factsheet into ten community languages including Arabic, both simplified and traditional Chinese, French, Greek, Hindi, Italian, Korean, Spanish and Vietnamese.

The Transcultural Mental Health Centre also sponsored seven small grants for Mental Health Month activities involving culturally and linguistically diverse communities.



1.3 Mental Health Information Service and Anxiety Disorders Information Service

Operate and develop the Mental Health Information Service

The Mental Health Information Service and the Anxiety Disorders Information Service (ADIS) provide members of the public, mental health professionals and service providers with an up-to-date and reliable referral service using the Way Ahead database.

The service provides personalised and anonymous information and referral to a range of government and non-government mental health, welfare and support services across NSW.

The service operates two 1300 telephone information lines during working hours; the Mental Health Information Service and the Anxiety Disorders Information Service.

The MHIS responded to a total of 5620 inquiries.

The Way Ahead directory, listing more than 2000 services, was completely updated in early 2012 in preparation for eventually making the directory available to the public as an independent website.

User analysis

In line with previous years, the majority of callers to the service were female (63 per cent).

The majority of enquiries were from people identifying themselves as consumers (44 per cent) with carers, family and friends at 30 per cent.

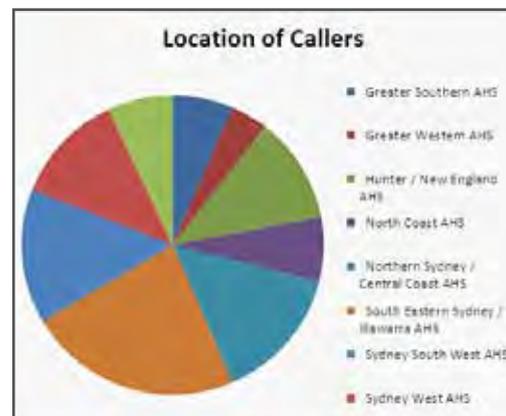
Professionals and service providers made up

10 per cent of callers and the remaining 16 per cent were students, neighbors, and callers who were young people, and thus unable to indicate.



Most calls were handled within 10 minutes: 73 per cent, while 19 per cent required between 10 and 20 minutes, and the remaining 8 per cent of calls taking longer than 20 minutes.

25 per cent of callers wanted the number for a local mental health team.



Greater Southern AHS	6.5 %
Greater Western AHS	4 %
Hunter / New England AHS 1	1.5 %
North Coast AHS	7 %
Northern Sydney / Central Coast AHS	14.5 %
South Eastern Sydney / Illawarra AHS	23 %
Sydney South West AHS	14.5 %
Sydney West AHS	12 %
Not specified	7 %

The majority of callers were from South Eastern Sydney, the Illawarra, Northern Sydney, Central Coast, and South West Sydney.

MHIS was active in promoting its services and mental health by holding information stalls and giving talks to community groups about mental health topics.

Stalls were held at the following events:

- Mental Health Month - Wellbeing Festival in Parramatta
- The Learning Difficulties, Disabilities and Early Intervention Expo - for families of children under 16 years, in Caringbah
- The Thirteenth Annual Transition Careers Expo - for School Leavers and High School-Aged Students with Disabilities
- FestofAll Expo - a day at Luna Park for young carers
- The Unraveling Physical Health Issues Associated With Mental Illness Forum, at the Wesley Conference Centre

The 'Our Programs' webpage is the fourth most popular page on MHA's website - with 4,733 page views. This page is where people view all the programs run as part of the Mental Health Information Service.

Understanding Anxiety campaign - NSW Ministry of Health

Mental Health Association NSW (MHA) was pleased to participate in the NSW Ministry of Health media campaign to boost anxiety awareness in 2012.

Understanding Anxiety followed preliminary market research conducted in 2009-10.

The campaign ran television, radio and print media commercials during May and June, and the NSW Ministry of Health established a website (www.understandinganxiety.com.au) and provided the Mental Health Association NSW's 1300 phone number as the contact.

The awareness campaign had three objectives:

1. to increase awareness and extent of anxiety and related disorders in the community
2. to increase knowledge of support and treatment options for the target audience
3. to increase access by the target audience to appropriate information, support and treatment options.





While suitable for the general public, the campaign's primary target audience was 26-45 years old who have

- (a) experienced symptoms of anxiety but never sought help, or
- (b) sought help for symptoms of anxiety but have never been diagnosed with anxiety disorder.

The secondary target audience includes family and friends of people with a diagnosed or suspected anxiety disorder, health professionals and non-government organisations.

There was an increase of 150 per cent in the number of calls to MHA's 1300 Anxiety Disorders Information Line during the campaign. It was interesting to note that many of those calls were from people who were severely distressed and possibly with symptoms beyond a simple diagnosis of anxiety.

This was somewhat unexpected and the MHA staff taking these calls often found themselves in a position of accidental counsellor. MHA appreciated the opportunity to participate in the campaign and if and when it is repeated, we will have a better understanding of the type of caller to can expect, and how to respond to their particular needs.

MHIS fact sheets and resources

Around 6000 fact sheets about mental health issues were distributed at conferences and community events.

More than 9400 fact sheets were printed and placed on the fact sheet stand in the William Street Resource Centre during the year.

Many fact sheets were also mailed out to people requesting them through the MHIS.

Over 50 factsheets, providing information about a range of mental health issues, were available for download on MHA's website. The webpage where people download fact sheets remains the third most popular webpage with 6,393 page views.

MHA's free wallet cards promoting various helpline numbers remained extremely popular with service providers and the public. The yellow card was re-designed and more than 10,000 were distributed.

1.4 Official Visitors Answering Service

The Mental Health Association NSW (MHA) has provided the telephone answering service for the Official Visitors (OV) Program since November, 2004.

The partnership between the OV Program and the Mental Health Association NSW operates under a Memorandum of Understanding that was reviewed and renewed in August 2011.

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

All mental health facilities in NSW are provided with posters and cards informing patients, consumers and carers about the program; encouraging them to report any concerns or complaints to the 1800 number.

MHA staff take these calls and pass on the details to the specific Official Visitor rostered for that day.

There has been a decline in the number of calls from last year (2032 calls were taken). This year 1674 calls were taken on the OV line.

1.5 Small Steps

MHA runs its Small Steps seminars for parents and teachers of primary school children; in order to raise awareness of signs and symptoms of anxiety disorders.

A total of 39 Small Steps seminars were held in New South Wales and over 1030 parents and teachers attended. Of the 39 seminars; 16 seminars were presented to parents and 23 seminars were presented to teachers.

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.



1.6 Anxiety Disorders Support Groups

MHA ran Support Groups for people with an Anxiety Disorder or Obsessive Compulsive Disorder in 14 locations, including new groups which were established in Five Dock, Chatswood, and Blue Haven this year.

These free, monthly support groups are open to people living with mental illness as well as 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.

Support Groups for people with an anxiety disorder ran in the following locations:

- Bankstown
- Bondi Junction
- Blue Haven
- Chatswood
- Epping
- East Sydney
- Five Dock
- Glebe
- Gosford
- Gordon
- Jesmond (Newcastle)
- Macarthur
- Parramatta
- Sutherland

Obsessive Compulsive Disorder Support Groups were held at:

- Blacktown
- Kogarah

MHA also held two training days for 50 new group facilitators, with the training carried out by Associate Professor Rocco Crino from the

University of Western Sydney.

To promote the support groups and recruit suitable participants an MHA staff member presented as a guest speaker at a public forum on Anxiety Disorders held in Campbelltown.

MHA also distributed hundreds of flyers and many media releases profiling group leaders in different suburbs. Regular adverts in the Community Notices / Calenders of local newspapers also boosted attendance. The Anxiety Support Groups web page received 4,036 page views in the last year.

1.7 Self Help Groups

The Self Help Groups program has grown phenomenally in the last 12 months as a result of a partnership with the Australian College of Applied Psychology (ACAP). More than 18 groups have run this year, in: Bathurst, Baulkham Hills, Bondi Junction, Burwood, Central Coast, Dapto, Dee Why, Enmore, Glebe, Gordon, Five Dock, Maroubra, Manly, Narellan, Neutral Bay, Newtown, Paddington, and Surry Hills.

The Self Help Groups are run as 12-week, structured behaviour therapy program. The

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

Each group is run by two group leaders who are trained to facilitate groups and are supported by staff at MHA.

MHA revised its training manuals and conducted two training days for more than 40 new group leaders in February and June 2012. The majority of trainees were students from ACAP with an interest in undertaking a placement with MHA. Dr, Elizabeth Mason from the Clinical Research Unit for Anxiety Disorders at St. Vincent's Hospital assisted with the training of new group leaders.

This program has also boosted its promotions significantly in the last year by engaging local newspapers to promote the groups more effectively through media releases and interviews with the local group leaders.

More than a dozen local newspapers have promoted MHA's Self Help Groups this year. The Self Help Groups webpage has also received 2,912 page views in the last year.

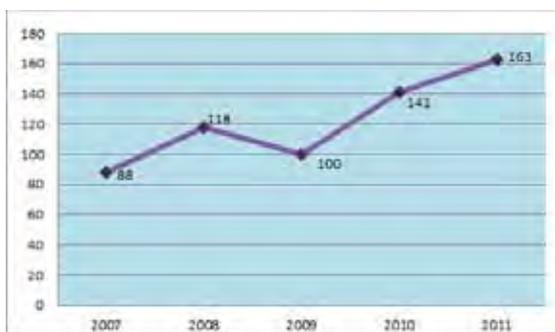


1.8 Mental Health Promotion

Expanded reach of Mental Health Month

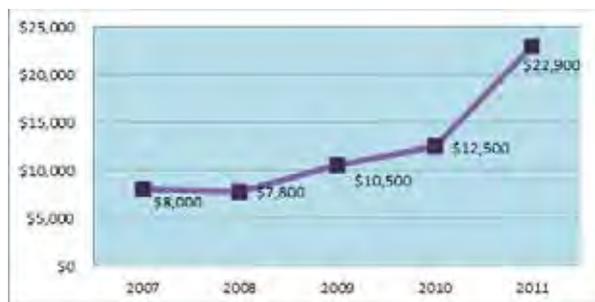
A total of **163 Mental Health Month events** were registered with the Mental Health Association NSW in 2011.

54 events were held in the Sydney metropolitan area, and **109 in regional and rural NSW**. This represents an increase from the 141 registered events in 2010.

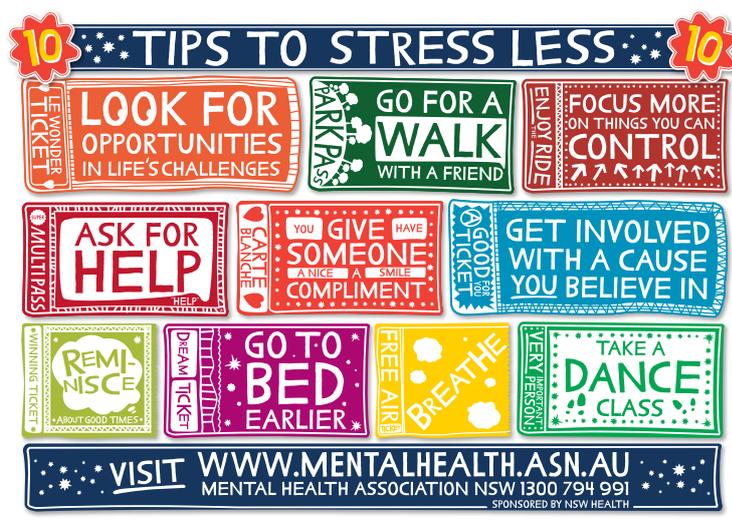


Number of Mental Health Month events registered with MHA 2007-11

Mental Health Association NSW consistently receives more grant applications than can be accommodated. In 2011 the total value of grants available was \$22,900, up from \$12,500 the year before. The chart below reflects the efforts to increase grant opportunities.



Total value of grants from 2007 to 2011



2011 saw significantly more free resources distributed for Mental Health Month than in previous years. The table below compares the 2011 and 2010 distributions.

Resource	Qty distributed 2010	Qty distributed 2011
Mental Health Month postcards via the MHA	60 000	112 320
Mental Health Month postcards via Avant Card	15 000	18 000
Mental Health Month posters	5 700	9 950
Stress Less postcards via the MHA	62 490	120 960
Stress Less postcards via Avant Card	22 000	21 000
Stress Less posters	6 200	11 300
Balloons	12 000	23 800
Printed factsheet (English)	N/A	16 900
Translated Factsheets on USB	N/A	300

Free promotional resources; quantities distributed 2010 and 2011



ABC Health reporter Sophie Scott and the NSW Minister for Mental Health present awards at the Mental Health Month launch in 2011



1.9 Perinatal Mental Health

For the first time, the Mental Health Association NSW (MHA) expanded the Mental Health Promotion work to include perinatal depression and anxiety issues.

Postnatal Depression Awareness Week 2011

The National Perinatal Depression Initiative aims to improve prevention and early detection of antenatal and postnatal depression and provide better support and treatment for expectant and new mothers experiencing depression.

In line with these goals, and with the support of MH-Kids, Mental Health and Drug and Alcohol Office, NSW Health, the Mental Health Association NSW encouraged community organisations to get involved in Postnatal Depression Awareness Week (13-19 November 2011) by holding Mums' Time events.

This was a new initiative for the Mental Health Association NSW in 2011. Good participation and positive feedback means the campaign will be repeated in November 2012.

Young and Parenting Project

Young parents have both universal and specific needs during the perinatal period. With the support of MH-Kids, Mental Health and Drug and Alcohol Office, NSW Health, the Mental Health Association NSW is developing a mental health promotion campaign for young parents aged 20 years and under.

2011-2012 saw the completion of the scoping phase of this project which involved focus group and survey research with the target group. An extension to the contract for this project was approved in April 2012.

Additional funds of \$41,500 were allocated to the campaign, primarily directed to external creative for a literacy based website. Development is now underway for the literacy based website to promote a number of positive mental health and parenting related behaviours among young parents. The project is due to be completed by 28 February 2013.

1.10 Workplace Health Promotion Network

The Workplace Health Promotion Network (WHPN) had a successful year with over 50 organisations participating as paid members. Members are mostly large employers and are spread across education, health, law, emergency services, finance and community services sectors.

Four quarterly events were held for WHPN members in 2011-2012. At these events, members networked with like-minded professionals, heard from expert guest speakers, and shared their own experiences of implementing health and wellbeing programs.

Guest speakers included:

- Scott Dunn, Heart Foundation: *The Healthy Workplace Guide – 10 steps to implementing a workplace health program*
- Jacqueline Burke, NSW Rape Crisis Centre: *Vicarious trauma in the workplace*
- Cath Winter, Department of Health and Ageing: *An update on the Australian Government Healthy Workers' Initiative*
- Bevan Burkin, Disability Employment Australia: *The Job in Jeopardy Program*
- Dr Timothy Sharp (Dr Happy), The Happiness Institute: *Using positive psychology to encourage participation in workplace health and wellbeing programs*

WHPN also ran an annual Members' Forum which showcased practical case studies of members' and guests' workplace health and wellbeing programs.

The Members' Forum was held on 20 June

at King & Wood Mallesons and attracted 80 attendees including the Minister for Mental Health, Kevin Humphries, who opened the proceedings.

Professor John Buchanan from the Workplace Research Centre was the keynote speaker and gave an overview of the findings of the Australia at Work study. The event was complimented by an expo of corporate health providers.

In addition to events, WHPN members were exposed to best practice in workplace health promotion through regular communications and a new website www.whpn.org which was launched in late 2011.



Katrina Davis interviewed by media at a WHPN forum



L - R: WHPN Co-ordinator Stacey Young, Dr Happy, and Mental Health Promotion Manager Katrina Davis

1.11 Formal links with clinical services

Macquarie University Anxiety Clinic

The Mental Health Association NSW (MHA) has been taking referrals for The Wellbeing Course: an online, Cognitive Behavioural Therapy-based educational course developed by a team of psychologists at Macquarie University.

The Wellbeing Course will be run as an open trial in collaboration with the eCentreClinic at Macquarie University to learn how effective the course is with clients of MHA.

The online course aims to teach people core skills to help them to manage symptoms of anxiety and depression and is available to people with symptoms of depression, generalised anxiety disorder, social phobia and panic disorder.

The course is designed to improve and maintain good emotional wellbeing. It is a semi self/clinician guided course and participants are expected to work their way through the material available to them each week and will be contacted on a weekly basis to check in on their progress and have their questions answered.

The delivery of online courses is a new and exciting initiative still in the preliminary stages of development at MHA. With continued collaboration with the eCentreClinic team at Macquarie University, MHA hopes to deliver a range of clinical, evidence based online courses to MHA clients at no cost.

1.12 Formal links/partnerships with educational institutions

The Mental Health Association NSW (MHA) has maintained and strengthened its formal

partnership with the Australian College of Applied Psychology (ACAP).

ACAP provides a variety of undergraduate and post-graduate courses in the social sciences including courses in counselling and psychology. In the past year several ACAP counselling students completed first and second placements at MHA.

First placement students completed their initial placement within the Mental Health Information Service. Students on this placement assisted with updating service listings in Way Ahead, adding new services to the database, and also assisting with answering calls on the Mental Health Information Service and Anxiety Disorder Information Service. All students completing their first placement at MHA also expressed interest in continuing their practical experience with our organisation by leading an MHA self-help group as part of their second placement.

MHA staff attended a placement Expo at ACAP in May and provided information about placement opportunities at MHA. Students expressed a great deal of interest in completing placements with MHA.

Other links and partnerships with educational institutions include:

- Staff from the Mental Health Association NSW providing a lecture in Master of Public Health program at the University of NSW.
- Staff from the Mental Health Association NSW providing a seminar/workshop about issues in mental health to undergraduates at the University of Technology, Sydney.
- Staff from the Mental Health Association NSW providing clinical supervision for

ACAP students facilitating Anxiety Self Help Groups and providing lectures at ACAP as part of the lunch-time information series.

- The Centre of Professional Psychology was a gold level sponsor for MHA's *Living Well: Mental health across the lifespan conference in May*.

1.13 Increased information distribution using new and current technology - distributing information using a variety of communication methods

MHA Website

MHA's website had **28,600 unique visitors** (and over 41,700 visits in total) in the last year.

The majority of webpages in the MHA website have been revised and re-written in the last year, updated with the details of new services, events, board members, support groups and self-help groups.

MHA also uploaded many media releases to the website, as well as media stories that promote the organisation.

MHA has also been extremely active building its profile and audience using social media. *See item 2.5 for more details and statistics.*

Way Ahead directory website

Way Ahead is a comprehensive directory resource that has been updated annually by MHA since 1985. The directory lists over 2000 NSW mental health services and is used by staff answering calls through the Mental Health Information Service.

There has been a strong level of support

amongst stakeholders in the mental health sector to launch the Way Ahead directory online.

The new edition will be launched online for the first time in the new financial year - meaning it will be accessible for consumers, carers, families, friends, professionals, and the general public.

MHA has been working closely with the web developers to create a web site that will be easily accessible, disability friendly and contains a wealth of information about mental health services in NSW.

Site users will be able to search for mental health services in particular areas of NSW and also using key word terms to locate services.

Furthermore the site will include information about mental health, mental illness, where to get help, specific mental health legislation and programs pertaining to mental health care including Medicare rebates, common mental health terms, and factsheets on mental illness

1.14 Improved services through Groupsnet

The Groupsnet network for Support Group Leaders was established in August 2011 and has secured a healthy level of engagement with over 35 Support Group Leaders now members.

The network's e-newsletter is sent to almost 300 recipients and the program has its own webpage which has been viewed 1,878 times since the network was established.

Groupsnet holds regular 'Meet and Greet' events for members and these are usually attended by 20 - 35 people each time. A training and networking day was also held

November, attended by 21 people.

MHA would like to acknowledge the organisations hosting *Groupsnet* events for support group leaders :

- Cassia Community Centre, Pendle Hill
- Co.A s.It. Leichardt

MHA would like to thank the guest speakers presenting at *Groupsnet* events:

- Jane Massa, Croydon Health Centre
- Michele Sapucci, Dora Onesemo and Una Turalic, Transcultural Mental Health Centre
- Gavin Deadman, AON
- Kelly Dean, Environment NSW

1.15 Expand joint projects with co-location partners (Partners in Mental Health (PiMH))

Three mental health organisations make up the Partners in Mental Health (PiMH):

- Mental Health Association NSW (MHA)
- NSW Consumer Advisory Group - Mental Health (NSW CAG)
- Mental Health Carers (AFAFMI NSW)



Dr Peri O'Shea (L) & Kieran Booth (R) with the NSW Minister for Mental Health, the Hon. Kevin Humphries

The three organisations moved into 501/80 William Street, Woolloomooloo in 2006, with MHA funded as the lead organisation. Through the generosity of the NSW Ministry of Health the partnership has:

- enabled shared centrally located premises providing easy access to our clients, visitors, staff and volunteers
- provided the opportunity for all three organisations to work together on joint projects and back office services for more efficient and effective outcomes
- enabled the PiMH to discuss policy and advocacy issues from their own particular viewpoint and expertise and work collaboratively on joint submissions if appropriate
- enabled the partners to make better use of resources and compliment each others work rather than duplicate programs and information. This includes sharing information tables at conferences and distributing information on behalf of partner(s)
- contributed to 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.

Specifically in the last year:

- MHA worked with ARAFMI to help facilitate forums for carers NSW Mental Health Commission
- MHA hosted a visit by a team of Mental Health Workers from South Korea exploring community based treatment and support programs run by non-

government organisations

- MHA worked with ARAFMI to share information relating to implementation of Equal Pay Case and migrating staff from the SACS Award to the SCHADS Award
- MHA worked with ARAFMI and NSW CAG on the Pharmacy Mental Health Project Advisory Group

Operate the Mental Health Resource Centre

The Mental Health Resource Centre, located at 80 William Street, is a partnership project between the Partners in Mental Health. The Centre is library holding an extensive range of mental health related reports.

In the past 12 months more than 800 people registered as visiting the Resource Centre; including staff, students, volunteers, people attending workshops and meetings in the conference room. In the past 12 months 138 loans were recorded.

MHA would like to thank the NSW Ministry of Health, particularly the Mental Health Drug and Alcohol Office (MHDAO), and the staff of both NSW CAG and ARAFMI for their ongoing support, knowledge, friendship, cooperation,

and for contributing to this successful co-location partnership.

1.16 Sharing of advocacy resources and distributing joint public statements

The Mental Health Association NSW's (MHA) Communications Manager worked closely with staff from NSW CAG to help draw media attention to the great work NSW CAG is doing with its MH-COPES program.

The media release was picked up by the Sydney Morning Herald and the ABC. The story ran on 20 December 2011

Joint conferences - *Living Well: mental health across the lifespan*

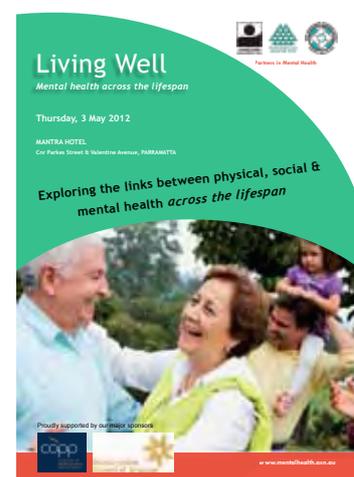
The *Living Well* conference, held on 3 May at the Mantra Hotel in Parramatta, was a partnership project between the Partners in Mental Health.

Originally planned as a two day event, it was later reduced to a single-day forum with the emphasis on consumer and carer participation.

Sebastian Rosenberg was MC for the event which was officially launched by the NSW Minister for Mental Health, the Hon Kevin Humphries MP.



Guest speaker panel at *Living Well*



The conference was run in three streams: mental health in young people, adults and older people.

The entire conference was extremely interactive and engaged participants with a 'hypothetical' session and several interactive workshops for both carers and consumers.

The evaluation of the conference showed how much carers and consumers valued the opportunity to share experiences and discuss services and treatments that are beneficial and cost effective.

It also highlighted how consumers and carers appreciate having a mixed audience that includes mental health professionals, health professionals, bureaucrats and service providers.

The mix of a peak consumer, peak carer and generalist mental health organisation was complimentary and it is likely we will partner again in a joint conference or forum.

1.17 MOUs established with Mental Health Associations in other states.

The Mental Health Association NSW (MHA) has signed MOU's with the following organisations:

- ACON
- Centre for Emotional Health Macquarie University
- NSW Institute of Psychiatry
- NSW Consumer Advisory Group – Mental Health
- Mental Health Carers (ARAFMI) NSW
- Transcultural Mental Health Centre
- Western Australian Association of Mental Health
- Mental Health Carers ARAFMI NSW (*Groupsnet*)

1.18 Engagement with Mental Health Interagencies

MHA participated in the following:

- Anxiety Professionals Network facilitated by Westmead Hospital
- Community Guidelines for Reporting Suicide Working Group facilitated by MHDAO and Ministry of Health
- Energy and Water Ombudsman (EWON) Council representing people on low incomes
- Forum of Non Government Agencies
- Farmers Federation Rural Network
- Mental Health Professionals Network facilitated by Sydney Central Division of GP's
- Mental Health Sports Network facilitated by Schizophrenia Fellowship
- NSW Health Promotion , Prevention and Early intervention Sub-Committee
- NSW Health Anxiety Campaign Advisory Committee
- NSW Health NGO Advisory Committee
- NSW Mental Health Commission Forum
- NCOSS Health Policy Advisory Group
- National Anxiety Disorders Organisation Network (NADON)
- NADA Health Promotion subcommittee
- NSW Institute of Psychiatry's Community Education Committee
- Oral Health Alliance
- Physical Health Industry Reference Group facilitated by MHCC and Richmond PRA.
- Pharmacy Mental Health Project Advisory Group facilitated by Pharmacy Society NSW
- Rural Mental Health Network
- Sydney Mental Health Advisory Forum facilitated by Dept of Human Services and Centrelink
- Steering Committee overseeing the Hunter New England Health Research project for Community Guidelines for Reporting Suicide Working Group facilitated by MHDAO and Ministry of Health

Goal 2

Profile and influence - Leadership and advocacy in mental health promotion and support

2.1 Effective advocacy; MHA policies developed on issues relevant to mental health /mental illness

Mental Health Association NSW (MHA) this year re-established its Advocacy and Policy Committee.

This Committee is an advisory committee and will report on its work each year at the AGM. The Committee is chaired by MHA Board member Fred Kong.

The role of the Advocacy and Policy Committee is to:

- Identify issues that may usefully be advocated for at the Commonwealth and State Government levels,
- Review existing position statements,
- Develop new position statements as the need arises, and
- Ensure all policy statements are clear, unambiguous and evidence based.

Several policy statements are in development and others have been updated and endorsed.

2.2 Promotion of MHA as a vocal advocate for better mental health services

As well as re-establishing the Advocacy and Policy Committee, MHA has contributed to a

number of submissions during the year.

These have been joint submissions with our co-location partner ARAFMI NSW; contributing to and endorsing policies submitted by our two peak organizations (NCOSS and MHCC).

MHA is a member of advocacy groups such as NCOSS Health Policy Advisory Group; the NSW Oral Health Alliance and the Forum of Non Government Agencies (FONGA).

Over the last year, MHA has supported various causes and positions on relevant mental health issues. These include:

- Taking a position on changes to the Mental Health Act 2007 and its legislative review,
- Advocating for separating the Mental Health Review Tribunal and the Guardianship Tribunal from its proposed merger into one 'Super' State Tribunal,
- Supporting the establishment of the Mental Health Commission with a key role for a mental health consumer or carer,
- Supporting funding for the continuation of KYDS, an early intervention program for adolescents, and
- Ongoing support for the Equal Pay Case by the Australian Services Union for community sector wage increases.

2.3 Provide sector and associated organisations with appropriate training and information sessions

Opportunities tailored and affordable to all requiring mental health training

The Mental Health Association NSW (MHA) provided mental health training sessions for:

- UNSW (Master of Public Health Program)
- Electoral Office Staff at Parliament House
- Northside Community Connect staff
- Northside Community Connect carers program
- Lalor Park Community Centre
- Cromer Community Centre
- BUPA Workplace Mental Health Education
- FBEU State Committee of Management Surry Hills
- UTS (Undergraduate Social Sciences Program)
- National Centre of Indigenous Excellence
- Parramatta Neighbourhood Centre
- Physical and Mental Health Conference at Wesley Centre
- NSW Association of Children with a Disability
- Kareena Hospital
- Meadowbank TAFE Healthy Workplace Forum
- Mental Health and Diabetes Forum Macquarie Hospital

2.4 Grow MHA profile using new and current media options

Online

The Mental Health Association NSW (MHA) Communications Manager has grown the online profile of the organisation steadily in the last 12 months using online marketing techniques, targeted posts and giveaways and strategic relationship building. *See item 1.13 for more detail.*

Social media



The Facebook page of the Mental Health Association NSW has **1,786** people who have 'Liked' it and follow the news feed on MHA's 'timeline wall'.

The most popular post this year was a health promotion postcard which generated 56 comments, 213 Likes and the artwork was Shared by 432 people. Facebook reports that this post 'reached' more than 12,000 people.



Media coverage obtained through MHA press releases in partnership with NSW CAG



MHA's Twitter account has **3,624** followers and a reasonably high level of engagement with other mental health NGO's and campaigns, mental health advocates, politicians, health journalists like Sophie Scott and celebrities like Jessica Rowe.

MHA also set up a profile on HealthShare in 2011 and maintains an ongoing positive working relationship with HealthInSite which it is in the process of an upgrade.

MHA also sends out an E-newsletter named *The Mind Reader*. This is emailed to about **3,400** people monthly and maintains an open-rate of 25-35 per cent, which is quite good by e-marketing standards.

Media

The organisation employed a Communications Manager in September 2011 to boost its ability to promote itself in free media. Since then MHA has distributed about 50 media releases, most of which have been successful at gaining the attention of local newspaper journalists.

MHA's media support for events run during Mental Health Month and Postnatal Depression Awareness Week has been boosted significantly and both programs now have a strategic Media Plan to take them into the second half of 2012.

MHA is developing a much closer working relationship with key NSW media that cover health and wellbeing stories through both email and Twitter communications.



MHA CEO Elizabeth Priestley interviewed by Ten News

Patients want more choice, says mental health survey

December 20, 2011

Amy Corderoy

Email article Print



To eye the progress report today... NSW Minister for Mental Health, Kevin Humphries...

HALF the patients in NSW psychiatric wards found it hard to see doctor choice in their treatment, the largest ever survey of Australian mental health patients.

The survey of 3500 patients in hospital and in community care is part of districts can use the feedback to make changes to their services.

More than 100 changes have been made as a result of the first year of presented to the Minister for Mental Health, Kevin Humphries, today.

The *Action and Change in NSW Mental Health Services* report found 1 see a doctor when they felt they needed to and 55 per cent said they d

It also found patients in the community and in hospital wanted more inf

Peri O'Shea, the chief executive of the Consumer Advisory Group - Me survey, said the biggest message to come from it was that patients war so overworked they don't have time to build the relationships with cons

Nearly 80 per cent of people in community care were satisfied their infc treated with respect.

Changes in response to patient complaints included increasing doctors on their rights and notepads to record it, and increasing carer involvem

More than 100 mental health service providers used the survey and of

th.com.au/nationalhealth/patients-want-more-choice-says-mental-health-survey-20111219



2.5 Produce high quality and in-demand resources

MHA's quarterly magazine; *Mental Health Matters* has undergone a significant design and editorial revamp this year.

It has been distributed to more than **1000** different individuals this year including: MHA members, stakeholders, health journalists, service providers, politicians, and people who engage the MHA through social media.

MHA also designed and printed its first brochure that summarizes all the different services provided by the organisation in one comprehensive document. Almost 1000 of these have been distributed already.

The design of the following brochures has also been revised: Self-Help Groups brochure, Self-Help Groups flyer, Groupsnet brochure, Small Steps brochure, and the 'crisis telephone line' palm cards (right) which are extremely popular and have been distributed to **10,000** people in the last year.



Mental Health Information Service: 1300 794 991

Resources and information on all mental health support services in NSW (weekdays)

Anxiety Disorder Information Service: 1300 794 992

(weekdays)

Mental Health Line: 1800 011 511

24 hour telephone service and triage provided by NSW Health

Produced by Mental Health Association NSW

www.mentalhealth.asn.au



Goal 3

Sustainability - Dynamic, accountable and sustainable organisation

3.1 Revised staffing structure with shared purpose and identity

Following the adoption of the Mental Health Association's new Strategic Plan for 2011 - 2014, and the timely renewal of its NSW Ministry of Health grants, MHA's staff have settled into positions with some variations in responsibilities. These changes reflect a new focus that emphasizes the organisation's strengths, experience, and goes some way to meeting identified needs for service delivery.

Some of the changes reflect the way clients seek information. MHA now employs a full time Communications Manager with the skills to manage publications, online marketing and social media strategy.

Other changes recognize outside initiatives, such as the new 24-hour NSW Mental Health Line, the establishment of Medicare Locals, and a new national focus on mental health through the Commonwealth Mental Health Commission.

These new programs enable MHA to reduce duplication of resources and to strategically position staff to provide services that are needed and are not in competition with others.

New programs include *Groupsnet* (establishing a network of support group leaders), and The Wellbeing Course (an expansion of anxiety programs by trialling a virtual clinic in partnership with Centre for Emotional Health

at Macquarie University). MHA has also put additional time and resources into the new Way Ahead directory - creating a free online database of mental health services that allows clients to easily search for local mental health services without a phone call being their only option

3.2 Grow independent funding for MHA

Fundraising strategy and action plan

The Mental Health Association NSW recognises the need to have an income source that is not tied to agreed projects, one-off or recurrent grants. It is common for grant funds to be a contribution to the cost of a program rather than the true cost.

In order for MHA to fund programs it must make up the shortfall. MHA does this through bank interest, membership, donations, and charging for certain services and activities.

The last year has been difficult financially. Donations are low and NSW funding has been hard to come by. At the same time MHA has restructured and developed new programs and considered new initiatives. This has been achieved without growth in resources.

Therefore it has become more and more imperative that MHA seek new funding and take the opportunity to think outside the box when it comes to new and exciting projects. MHA has not achieved it this financial year

however this will take a high priority in 2012 – 2013 and beyond.

In 2011 – 2012 MHA received three recurrent NSW Ministry of Health grants:

1. Core/Anxiety Program grant (two grants now rolled into one)
2. The Mental Health Promotion grant
3. The Mental Health Month grant

MHA has had five project grants:

1. Perinatal Mental Health Grant (MH-Kids)
2. Postnatal Depression Awareness Week grant (MH-Kids)
3. Official Visitors Phone Service (Official Visitors)
4. Mental Health Council of Australia Conference grant
5. Mental Health Coordinating Council Infrastructure grant (for accreditation)

MHA also administers the Partners in Mental Health Colocation Grant (office accommodation) from MHDAAO.

3.3 Grow MHA Membership

The management team at the Mental Health Association NSW are constantly seeking information from members on how we can better meet their needs and welcome their feedback and support.

The organisation's membership fees have remained unchanged for many years as MHA staff are committed ensuring that membership is affordable and available to all irrespective of income.

Member benefits include:

- 10 per cent off MHA events, seminars and workshop
- 10 per cent off MHA merchandise
- Quarterly *Mental Health Matters* magazine
- Monthly e-newsletter

MHA has a stable membership base of more than 300 people and organisations. These members are entitled to member benefits and to stand for Board elections and vote for candidates. Many members attend MHA events and ask little in return, simply interested in supporting the cause for better mental health.

MHA does keep an email list of over 3400 supporters who receive a e-newsletter and who participate in many of MHA programs including Mental Health Month, Postnatal Depression Awareness Week and *Groupsnet*.



3.4 Strong Governance

New Board members recruited on a skill basis and Board members reviewed for performance on an annual basis

This year the Mental Health Association NSW (MHA) attracted four new Board members adding valuable skills to its 17-member Board.

Les Bursill OAM is a Dharawal historian, archaeologist, anthropologist and publisher. He has extensive experience in counseling, drug and alcohol and mental health. Les worked as court advisor assisting magistrates in sentencing decisions and as a lecturer with the NSW Police Force.

Stephen Jasek accepted the casual vacancy position as Treasurer and has given his valuable expertise and time to ensure MHA's financial and relevant reporting system meets the expectations of the Board. Steve is an academic with a background in business administration and governance.

Gary Moore is CEO of Homelessness NSW and ex-Director of NCOSS, the NSW peak Health and Community NGO. Gary has also worked for state and local government and has a wealth of expertise in management and governance over 30 years working in organizations and for NFP Boards.

David Harper has worked in IT since 2004. He identifies as a consumer and co-facilitates the Ryde Bi-Polar Support Group. David has an interest in young people with Asperger's Syndrome and is also involved in the Autism Spectrum Association.

The full Board meets six times a year including at the AGM, and a seven-member Executive meet another 12 times a year.

MHA does establish project committees from

time to time along with permanent standing committees and Board members are requested to chair all committees. The large number of Board members provides significant expertise and also choice when establishing committees.

With Board members serving a three year term there is a low-risk of a high turnover in any year, reducing the risk of the loss of organisational knowledge or history. It also allows for new blood and an opportunity for discussion with a mixture of new and older knowledge and skills around the boardroom table. The model works well for MHA.

3.5 Maintain Continuous Quality Improvement

The Mental Health Association NSW (MHA) maintained its program of continuous quality improvement using the standards established by the Quality Improvement Council (QIC) of Australia. The Contract with Quality Management Services Inc (QMS) was extended in 2011 and in February 2012.

MHA was externally reviewed by a senior review team from QMS; the review established that MHA met all the standards and received accreditation from QIC for the next three years.

Continuous quality improvement is embedded in the MHA's internal procedures and systems and remains a standard agenda item at all internal meetings. CMS has become an important part of the culture of the organisation.



4.0 Our people

4.1 Board members and meeting reports

Member	Executive Finance Committee (out of 11)	Board (out of 5)
Officers of the Board:		
A/Professor Meg Smith OAM – President	7	5
Ms Jill Faddy OAM – Vice President	8	5
Mr Frank Flannery – Vice President	7	5
A/Professor Janette Perz – Honorary Secretary	9	5
Mr Phillip French – Honorary Treasurer	3 (resigned as Treasurer February 2012)	1
Mr Stephen Jasek – Honorary Treasurer	3 (Treasurer since February 2012)	4
Mr Peter Trebilco OAM - Chairperson	11	5
Ordinary Members:		
Dr Nick O'Connor – Deputy Chairperson	0*	5
Mr Scott Mahony	0*	4
Mr Fred Kong	0*	4
Ms Sharyn McGee	0*	4
Ms Megan Wintle	0*	5
Mr Ken Neyle	0*	4
Mr Gary Moore	0*	1
Mr David Harper	8*	4
Mr Les Bursill OAM	0*	4
Ms Katrina Davis (Staff Rep)	1*	5

Notes : * These Board members are not expected to attend these meetings.



4.2 Our staff (at 30 June 2012)

Ms Elizabeth Priestley.....	Chief Executive Officer
Mr Terry Kirkpatrick.....	Manager
Ms Katrina Davis.....	Mental Health Promotion Manager
Ms Lai Ha Wu.....	Accounts Manager
Ms Natasha Webb.....	Communications Manager
Ms Stacey Young.....	Mental Health Promotion Officer
Ms Madeleine Fabian.....	Mental Health Promotion Officer
Ms Linda Junee.....	Facing Anxiety Self Help Project Officer
Ms Julie Leitch.....	Small Steps/Anxiety Information Officer
Ms Vassilka Dimitrova 'Isbell.....	GroupsNet Project /MHIS Information Officer
Ms Linda Manoukian.....	Anxiety Support Groups/Anxiety Information Officer
Ms Terri Marsh.....	MHIS Information Officer/Resource Centre Officer
Ms Ellen Woodcock.....	Way Ahead Project Officer/Student Coordinator/ Mental Health Information Service
Ms Kate Odgers.....	Administration/Membership Officer
Casual staff.....	Ms Talya Rabinovitz
Casual staff.....	Ms Mehna Alacozy
Staff Farewells	
Mr David Belasic.....	Small Steps
Mr Gerard Newham.....	Acting MHIS Coordinator
Ms Sandra Sutalo.....	Acting MHIS Coordinator/MHA Website



4.3 Members of standing, advisory and steering committees 2011 - 2012

Anxiety Disorders Advisory Committee

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

Advocacy and Policy Committee

Mr Fred Kong – Chair
 Ms Katrina Davis
 Ms Jill Faddy OAM
 Dr Terry Kirkpatrick
 Ms Sharyn McGee
 Mr Gary Moore
 Ms Liz Priestley
 A/Prof Meg Smith OAM
 Ms Natasha Webb

Mental Health Promotion Reference Group members

Ms Karen Bedford, Sydney South West Area Health Service
 Ms Peri O'Shea, NSW Consumer Advisory Group
 Ms Husna Razee, Australian Public Health Association
 Ms Jenice Alliston, Central Coast Mental Health Service, Northern Sydney Central Coast Health
 Ms Cherie Carlton, NSW Institute of Psychiatry
 Mr John Spiteri, Transcultural Mental Health Centre
 Ms Kaz Knights, Macquarie Hospital
 Ms Gillian Murphy, University of Western Sydney
 Mr Peter Trebilco, OAM, Mental Health Association NSW
 Mr Alan Avery, Hunter New England Area Health Service
 Mental Health Promotion

Groupsnet Advisory Committee

Ms Elizabeth Priestley MHA CEO
 Dr. Terry Kirkpatrick Manager MHA
 A/Prof Meg Smith OAM
 Ms Vicki Katsifis TMHC
 Ms Vassilka Dimitrova-Isbell
 Mr Gerard Newham - ARAFMI

Mr Jonathan Harris - ARAFMI
 Mr Les Bursill OAM
 Ms Julie Leitch
 Ms Linda Manoukian

Publications Advisory Committee

Ms Jill Faddy OAM – Chair
 Dr Nick O'Connor
 Associate Prof Meg Smith OAM
 Ms Megan Wintle
 Mr 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 Janet Meagher AM
 Dr Donald Scott-Orr

Gilgandra Branch

Ms Jill Blackman – President

Recovery Bus Project Advisory Committee

Dr Nick O'Connor – Chair
 Ms Paula Hanlon
 Ms Lynda Hennessy
 Mr Douglas Holmes
 Ms Liz Priestley

Volunteers

Aleco Sioco
 Amy Dryden
 Catherine Arnott
 Ci'an Kemp
 David Bryant
 Glen D'Costa
 Milena Mijas
 Megan Davis
 Mehna Alacozy
 Nicole Liz
 Natalie Mell
 Patricia Dell'Olio

Support group volunteers

Agnes Starnawski
 Anthony Winning
 Christie Smirnios
 Claudia Virgona
 Danielle McEvoy
 Danielle Goldstein
 Debbie Admoni
 Frances Szabo
 Grant Tomkins

Jaqueline Davis
 Jennifer Tomkins
 Jasmine Roberts
 John Young
 John Cranfield
 Joyce Ma
 Kathleen Dack
 Laeonie Forster
 Liz Hickey
 Marie Richards
 Mark Smith
 Sarah Hariz
 Simon Garisch
 Toni-Marie Dempsey

Students and interns

Clare Cronan
 Huy Pham
 James Whyte
 Jessica Tsui
 Melisa Tonge
 Romila Bonney

Self-help group volunteers

Alexis Rabin
 Allira Garrad
 Amanda Mitchell
 Andrew Jerovich
 Angela Susanto
 Anne Silver
 Ashley Rebecchia
 Bronwyn Campbell
 Cashel Ardouin
 Caren Lockhart
 Chris Sciberras
 Colin North
 Claireissa Holm
 Daria Florea
 Deanna Bayeh
 Deidre DeHaas
 Emma Gillyon
 Gregory White
 Janis MacDonald
 Jason Usher
 Jennifer Hogarth
 Joanne Sullivan
 Karyn Tait
 Kathryn Froggat
 Kathryn McKenna
 Kristin Maloney
 Laura Abley
 Marisa Piombo
 Marguerite Brenac
 Natasha Dertadian
 Nicola Probert
 Pauline Dudley
 Rebecca Chown
 Renae Puckeridge
 Sofie Schreuders
 Susan Shannon
 Toby Guildford
 Tara Maloney

5.0 Financial report for the year ended 30 June 2012

MENTAL HEALTH ASSOCIATION NSW INC.
A.B.N. 11 326 095 224

STATEMENT BY MEMBERS OF THE COMMITTEE

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 2012 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:



Meg Smith OAM
President



Stephen Jasek
Treasurer

SYDNEY, 9/8/2012

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

STATEMENT OF FINANCIAL POSITION
AS AT 30TH JUNE 2012

	Notes	2012 \$	2011 \$
Current assets			
Cash assets	5	1,002,532	805,651
Receivables	6	24,706	45,819
Inventories	7	1,776	4,410
Total current assets		<u>1,029,014</u>	<u>856,080</u>
Non-current assets			
Property, plant and equipment	8	38,977	65,658
Total non-current assets		<u>38,977</u>	<u>65,658</u>
Total assets		<u>1,067,991</u>	<u>921,938</u>
Current liabilities			
Payables	9	225,187	121,292
Provisions	10(a)	79,456	63,727
Other	11	206,502	206,502
Total current liabilities		<u>511,145</u>	<u>391,521</u>
Non-current liabilities			
Provisions	10(b)	52,438	31,268
Total non-current liabilities		<u>52,438</u>	<u>31,268</u>
Total liabilities		<u>563,583</u>	<u>422,789</u>
Net assets		<u>504,408</u>	<u>499,149</u>
Members Funds			
Retained funds	15	504,408	499,149
Total Members Funds		<u>504,408</u>	<u>499,149</u>

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

STATEMENT OF COMPREHENSIVE INCOME
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2012

	Notes	2012 \$	2011 \$
Revenue from ordinary activities	2	1,559,575	1,465,628
Expenses from ordinary activities	3		
Cost of goods sold		3,481	5,499
Employee expenses		847,123	785,478
Professional and consultancy fees		-	15,288
Occupancy expenses		224,417	245,918
Other expenses from ordinary activities		479,295	410,001
Surplus / (deficit) from ordinary activities before income tax expense		5,259	3,454
Income tax revenue / (expense) relating to ordinary activities	4	-	-
Surplus / (deficit) from ordinary activities after related income tax expense		5,259	3,454
Other comprehensive income		-	-
Total comprehensive income attributable to the members of the entity		5,259	3,454

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 2012

	Notes	2012 \$ Inflows (Outflows)	2011 \$ Inflows (Outflows)
Cash flows from operating activities			
Interest received		36,919	49,500
Receipts from government grants		1,514,881	1,355,996
Membership fees		12,214	22,512
Other receipts		103,815	70,839
Payments to suppliers and employees		(1,457,654)	(1,450,696)
Net cash provided by / (used in) operating activities	13(b)	<u>209,975</u>	<u>48,151</u>
Cash flow from investing activities			
Payments for property, plant and equipment		(13,294)	(35,837)
Proceeds from the sale of property, plant and equipment		-	18,183
Net cash provided by / (used in) investing activities		<u>(13,294)</u>	<u>(17,654)</u>
Net increase / (decrease) in cash held		196,681	30,497
Cash at the beginning of the financial year		805,851	775,354
Cash at the end of the financial year	13(a)	<u>1,002,532</u>	<u>805,851</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 2012**

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 Reporting Period

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 2012

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.

Collectability 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 2012

	2012 \$	2011 \$
Note 2 - Revenue		
<i>Revenue from operating activities</i>		
Membership fees	12,214	22,512
Publication / Promotional sales	3,789	11,177
	<u>16,003</u>	<u>33,689</u>
<i>Revenue from outside the operating activities</i>		
Donations and bequests	19,504	21,609
Co-location grants received	310,000	300,000
Grants received	1,126,199	1,025,675
Interest received	36,919	49,500
Gain on sale fixed asset	-	(3,051)
Other income	42,542	33,945
Income - Support	8,408	4,259
	<u>1,543,572</u>	<u>1,431,937</u>
Revenue from ordinary activities	<u>1,559,575</u>	<u>1,465,626</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	3,481	5,489
Depreciation	40,175	54,884
Rental expense	224,417	245,918
	<u>268,073</u>	<u>306,291</u>
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	403,573	188,708
Cash at bank - Mood Disorders Program	678	2,081
Term Deposit - Security for lease	58,412	58,412
Cash at bank - FAP	-	10,364
Cash at bank - Shopp fund	1,008	1,004
Cash at bank - Gilgandra	246	205
Short term deposits	538,215	544,677
	<u>1,002,532</u>	<u>809,851</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 2012**

	2012 \$	2011 \$
Note 6 - Current assets - Receivables		
Security deposit	8,780	886
Sundry debtors	6,377	29,209
Trade debtors	9,549	15,724
	<u>24,706</u>	<u>45,819</u>
Note 7 - Current assets - Inventories		
Stock on hand - publications	1,776	4,410
	<u>1,776</u>	<u>4,410</u>
Note 8 - Non-current assets - Property, plant and equipment		
Plant and equipment - at cost	67,756	68,630
Less: accumulated depreciation	(57,187)	(61,221)
	<u>10,569</u>	<u>7,609</u>
Office furniture and equipment - at cost	197,488	193,121
Less: accumulated depreciation	(183,672)	(155,236)
	<u>13,816</u>	<u>37,885</u>
Telephone system - at cost	19,970	19,970
Less: accumulated depreciation	(19,969)	(19,969)
	<u>1</u>	<u>1</u>
Motor vehicles - at cost	25,654	25,654
Less: accumulated depreciation	(11,083)	(8,291)
	<u>14,571</u>	<u>20,363</u>
	<u>38,977</u>	<u>65,858</u>
Note 9 - Current liabilities - Payables		
Deferred income (Note 16)	28,252	9,362
Grants in advance	124,205	51,698
Trade creditors	16,685	37,220
Sundry creditors & Accruals	56,045	23,012
	<u>225,187</u>	<u>121,292</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 2012**

	2012 \$	2011 \$
Note 10- Provisions		
(a) Current		
Provision for annual leave	<u>79,456</u>	<u>63,727</u>
	<u>79,456</u>	<u>63,727</u>
(b) Non-current		
Provision for long service leave	<u>52,438</u>	<u>31,268</u>
	<u>52,438</u>	<u>31,268</u>
Note 11 - Current liabilities - Other		
Wootton 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	598,627	603,089
Cash at bank	<u>405,505</u>	<u>202,362</u>
	<u>1,002,532</u>	<u>805,851</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 2012

	2012 \$	2011 \$
Note 13 - Statement of Cash Flows (continued)		
(b) Reconciliation of cash provided by / (used) in operating activities		
Operating surplus / deficit	5,259	3,454
Non-cash flows in operating surplus		
Depreciation	40,175	54,884
Profit on sale of non current assets	-	3,051
Changes in assets and liabilities		
(Increase) / decrease in receivables	21,113	(32,063)
(Increase) / decrease in inventories	2,634	4,413
Increase / (decrease) in payables	103,895	47,444
Increase / (decrease) in provisions	35,899	(53,032)
	<u>209,975</u>	<u>48,151</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 2012.

Note 15 - Retained funds

Movements in retained funds are summarised as follows

Retained funds at the beginning of the financial year	499,149	495,695
Current year surplus / (deficit)	<u>5,259</u>	<u>3,454</u>
Retained funds at the end of the financial year	<u>504,408</u>	<u>499,149</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 2012

	2012 \$	2011 \$
Note 16- Deferred Income		
Deferred income represents grants received prior to 30 June 2012 which are to be acquitted during the period commencing 1 July 2012.		
The amounts included in deferred income are as follows:		
Deferred income - others	27,279	8,389
Howard(1) Foundation	973	973
	<u>28,252</u>	<u>9,362</u>
Note 17 - Non-Cancellable Operating Lease Commitments		
Not later than one year	244,395	237,277
Later than one year but not later than two years	251,727	244,395
Later than two year but not later than five years	-	251,727
Minimum lease payments	<u>496,122</u>	<u>733,399</u>

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

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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 2012, 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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THOMAS DAVIS & CO.

(Chartered Accountants)

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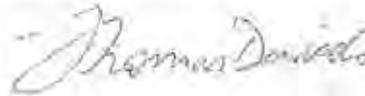
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69 PITT STREET
SYDNEY NSW 2000

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 2012 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 2009 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,

9 August 2012

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5.1 Acknowledgement of 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 providing pro bono legal advice.

MHA also offers special thanks to the **College of Applied Psychology (COPP)** as the Gold Sponsor of the *Living Well; mental health across the lifespan* conference.

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