

# Annual Report

2013 - 2014

mental health  
association nsw



## Mental Health Association NSW

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## President's message

This year has been a productive one for the Mental Health Association NSW (MHA) with the continued expansion and consolidation of our projects. MHA has expanded a number of our ongoing initiatives in the past year, although mental health promotion remains a key part of our work.

The launch of Mental Health Month 2014 was a wonderful event with a fantastic group of very diverse winners of the Mental Health *Matters* Award winners. MHA continues the tradition of both honouring and initiating innovative work in mental health, and our history involves the participation of a number of high-profile advocates in mental health.

This year sadly saw the passing of some special people who have made a great contribution to community mental health during their lifetimes. Marjorie Bull was a life member of MHA and worked tirelessly for many years to raise awareness about mental health issues. Marjorie was active in the early days of MHA from the late 1950s, before people were released from psychiatric institutions to live in the community.

Pat Boydell ran the Northern Beaches Mental Health Support Group for over 20 years. Pat was a strong advocate for better mental health services on the Northern Beaches of Sydney, and for better support

for carers of people living with mental illness.

Wendy Weir worked in the 1980s to reform mental health legislation and to build community mental health support teams to integrate mental health services.

Their compassion, advocacy and inspiration contributed much to the wide range of mental health services we have today.

My special thanks also go to all the Board members of the MHA past and present who have volunteered their time and energy to develop MHA, and who have contributed so much to the excellent reputation this organisation enjoys. The size of the organisation has grown and - with changes to our constitution and a newly formed Board - we are entering a new phase of our organisation to better manage our projects. I look forward to working with all members of MHA in the coming year. Members are always welcome to bring new ideas to the Board to keep MHA at the cutting edge of change and innovation in community mental health care.



Dr. Meg Smith OAM  
**President**

## Chief Executive Officer's message

Much as it was last year, this year has been a time of anticipating and planning for change.

With the NSW NGO funding reforms due to come into place at the end of next financial year, MHA and our partner organisations ARAFMI and NSW CAG have been in deep discussion on how we can manage that change while still successfully meeting the needs of our key stakeholders.

We have made some crucial decisions, and also recognised that with change comes a level of risk.

The MHA Board has been diligent in its considerations and has taken many hours to consider our future. During the past 12 months the Board has agreed to move from an incorporated association registered in NSW to a company registered with ASIC. To some extent this is a symbolic gesture. It is a coming of age, and is an announcement that we have grown up and are now a national organisation and able to meet the requirements of more stringent accountability. We expect the company registration will be finalised at the end of 2014.



We are also skilling ourselves to be able to better compete in a competitive and commercial environment. With a likelihood that MHA will have to tender for projects rather than apply for recurrent grants, we are learning how to truly cost what we do and look at how we can be more efficient in the process. We will be competing with larger NGOs and also with private companies, and we have to be able to match them on their level. This is both concerning and exciting.

Part of being competitive involves considering how best to place ourselves within the sector. We have the opportunity to align ourselves with the NSW Mental Health Commission and we are working closely with them on shared goals and outcomes, and they have been very supportive of the process. We are also looking at other possible partnerships with like-minded organisations, and many possibilities have been found. In the next Annual Report we hope to announce some exciting new initiatives as a result of very constructive negotiations.

For greater efficiencies we are planning to expand our back office services with our partner organisations. Merging three office systems entails significant change management, and a high level of skill is needed if you want to do it well. A significant influence for change is the appeal of the WISE Group model based in New Zealand. NGOs in NZ went through a similar reform 20 years ago and small mental health NGOs were able to significantly improve their sustainability through shared services and the resulting cost efficiencies. It is a model based on the WISE Group that we would like to establish here in NSW, and we would like to thank Paul Ingle from WISE for his time and advice during 2013-2014 in helping us to avoid some of the pitfalls.

Another standout for me this year has been the refocusing of our message. To some extent we have been doing the same thing the same way for many years without the need to rethink how we engage our audience. Answering the phone, sending information in the mail and producing posters and postcards for circulation has been okay in the past, but it is no longer enough these days. With the massive changes in communication technology and with new generations seeking information electronically, we are now much more focused on the power of social media, instant communication, visual impact and appropriate targeting. We now use Facebook, Twitter, YouTube, and electronic news media far more and with greater skill.

This can be challenging for older staff members,

myself included, having to rely on the skills of the new generation of workers. But it is also essential for us to learn if we want to remain relevant and engaged. Engaging with people of all ages is essential for good mental health of the whole community, and the success of our programs. Thank you to all my staff for all their work, I feel that MHA has truly entered the 21st century over the next two or so years.

There are many people to thank for their significant contributions over this year. I apologize if I have forgotten some but I will endeavour to list all the wonderful people who have helped us take a positive step forward.

Firstly to the MHA board who have given more time this year than ever before in considering and addressing the many changes we face. It has often been difficult because they are now taking calculated risks to secure the future of MHA, and finding the right path has not been an easy task. All board members give their time voluntarily and I would be floundering without their support, advice and guidance.

Thank you also to my partner CEOs Peri O'Shea at NSW CAG and Jonathan Harms at ARAFMI. The three organisations are going through the process of change together and their mentoring and shared vision has been invaluable.

The NSW Mental Health Commissioner Mr John Feneley and the staff of the Mental Health Commission NSW have been stimulating and fun to work with. They have put a great deal of trust in the MHA staff, and I look forward to many more years working in partnership.

Our main funding source remains with South East Sydney Illawarra Local Health District, and I would particularly like to thank their NGO coordinator Yola Kaye. Yola has been managing our grants for some time now and she is very thorough, reliable and gives excellent advice in a very timely manner. Thanks Yola, I hope our relationship will continue in the years ahead.

I would finally like to thank all those people and organisations who continue to support MHA through membership, committee representation, partnership and friendship. You all contribute to MHAs work and our place in the sector and we would be at a loss without you. Thank you to everyone who crossed paths with MHA over the last 12 months. We hope the contact was as valuable to you as it was for us and that it will continue to be over the next 12 months and beyond.



Elizabeth Priestley  
**Chief Executive Officer**

# Who We Are

## About Us

The Mental Health Association NSW (MHA) is a non-government organisation and registered charity with the mission to work in partnership with others to address stigma and to promote mental health and wellbeing through education, support and advocacy.

We strive towards a community that embraces and maintains mental, social and emotional wellbeing for all people.

MHA is the principal non-profit in NSW providing mental health promotion interventions. We also run information and referral services, an education program in primary schools, and support and self-help groups for people with anxiety.

With the support of our Board, staff, members, volunteers and students, we work towards a society free from prejudice and discrimination against people living with mental illness. A core team of staff operate from Sydney and MHA's voluntary Board of Management is elected annually from among its members.

## Our Values

- Integrity and accountability
- A commitment to excellence
- Inclusivity and respect for diversity
- Social justice
- The empowerment of consumers and carers
- And we are committed to independence within the non-profit sector

## How to get involved

MHA is supported by members, donors, and volunteers who contribute towards the success of our work in mental health. You can sign up to become a financial member of MHA or donate to support our work by visiting our website at [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au) or by calling (02) 9339 6000 or emailing our Membership Officer at [mha@mentalhealth.asn.au](mailto:mha@mentalhealth.asn.au)

You can also access our online and information resources by:

- Download our mental health and information factsheets [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)
- Search for local mental health services near you [www.wayahead.org.au](http://www.wayahead.org.au)
- Read mental health and parenting Survival Tips for young parents and their friends and family [www.ivebeenthere.org.au](http://www.ivebeenthere.org.au)

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# Highlights from 2013-2014

**411,800**

resources  
distributed

**77**

small grants  
given

**4,863**

calls for help  
answered

**148**

people at the launch of  
Mental Health Month

**2715**

attendees at  
educational events

**279**

applications for  
funds received

**89**

volunteers  
and interns

**17**

staff  
members

**16,300**

social media and  
eNews subscribers

**1,363**

mentions of MHA  
and our programs in  
the media or online

**58**

free anxiety  
groups held

**23**

Board and  
Committee  
members

**166**

members

**228**

community  
events held

**135,200**

visits online

# What We Do

## Our Mental Health Promotion Programs

MHA currently runs a range of ongoing mental health promotion initiatives including: Mental Health Month NSW, the Workplace Health Promotion Network, the Mental Health *Matters* Awards, the Young and Parenting Project, and Postnatal Depression Awareness Week.

Our Mental Health Promotion Programs involve outreach to the local community and organisations such as workplaces, and often involve building and maintaining networks of individuals and organisations who are interested in promoting good mental health and wellbeing.

## Our Anxiety Programs

MHA currently runs a number of anxiety support and public education initiatives within NSW.

Monthly anxiety support groups are held in locations around Sydney and in regional NSW with the help of trained volunteers, and 12 week self-help group programs are run across the Greater Sydney area with the help of Australian College of Applied Psychology (ACAP) students and trained volunteers. MHA staff also travel to a variety of locations and schools across the state to run public education programs aimed at parents, teachers, and the general community.



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## Our Mental Health Information Programs

MHA currently maintains two information service phone lines providing support to callers across the state, as well as maintaining a range of information factsheets and providing ad hoc training and information sessions on request.

As part of this work, MHA has developed for many years the WayAhead Directory with listings of over 4200 services to help people to connect with local support options that best suit their mental health needs. In past annual reports we have been pleased to report the distribution of WayAhead via book and disc copy to individuals and organisations across the state, and this financial year we have been hard at work developing the online web based version of the directory.

## Our Communications Work

A large component of any modern NGOs work these days is involved in communicating with service users and the community about the work which we are doing.

Each of our three program areas described in this report have their own communications needs and strategies. MHA also undertakes other communications work.

This work is part of our efforts to raise awareness of mental illness, distribute mental health information and service awareness further among the community, and to help advocate for and raise the profile of important issues facing people who experience mental illness and their carers and communities. It also enables us to raise our profile, and expand the reach of each of our programs.



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# Mental Health *Matters* Awards

The Mental Health *Matters* Awards are unique awards designed to recognise the achievements of individuals and organisations who have achieved excellence in the previous twelve months in improving understanding, raising awareness, service provision, or impacting the general mental health of our community.

The Mental Health *Matters* Awards acknowledge the high standard and ongoing commitment demonstrated by those involved in innovative and effective programs which address key mental health issues at a local, regional or state-wide level. Further, the Awards encourage individuals and organisations to continue to strive for excellence in their daily work and to continue to enhance their skills and experience within the mental health field.

Our 2013 Mental Health *Matters* Awards were held at the launch of Mental Health Month on 1 October 2013 at NSW Parliament House. At the event, Mental Health Month was also

launched by Her Excellency Professor the Honourable Marie Bashir AC CVO and hosted by the then Minister for Mental Health and Healthy Lifestyles, the Hon. Kevin Humphries MP.

For the first time, the Mental Health *Matters* Awards also included the inaugural NSW Community Champion Award which was sponsored by the NSW Mental Health Commission. The inaugural Community Champion was Gabrielle Le Bon for her work on the Lived Experience project.

MHA engaged in a new promotional strategy for the Mental Health *Matters* Awards at the start of 2013 which was immensely successful, causing the number of award nominations to triple to 100.

This new strategy included investing funds in a one off printing of Mental Health *Matters* Awards application forms and information brochures, which were distributed to various organisations and locations across the state.



The Hon. Kevin Humphries MP, Minister for Mental Health, speaking at the awards ceremony.



St John of God Burwood Winners with their Mental Health Matters Award

## What is it like to win a Mental Health Matters Award?

June Mattner CEO/DON of St John of God (SJOG) Burwood and Merryn Lee from the Mother & Baby Unit at SJOG Burwood were presented with the **Excellence in Service or Program Delivery Award**. SJOG Burwood provides the only inpatient care in NSW for mothers who have a mental illness that allows the mother to have her treatment while remaining with her baby.

"It is highly regarded to have the mother and the baby staying together, and we feel very strongly that our service needs to be known to those that are able to be cared for in a private hospital. The award has assisted us in acknowledgement for our unique service delivery here in NSW of perinatal care to mothers and babies," said June Mattner about why they nominated for a Mental Health *Matters* Award.

"At the SJOG Burwood Mother & Baby Unit, the award has allowed acknowledgement to staff of their true commitment each day to this particular speciality group. This acknowledgement of staff allows them to be validated for what they do and also allows them the opportunity of a 'pat on the back'."

As a mental health provider, SJOG Burwood believes that perinatal mental health care is very valuable for the future of families. "Mental health care is often not news worthy for the positive aspects, and it is indeed a difficult area at times to be in so it is important that great outcomes are shared and that total holistic care is noted as excellence in mental health."

## Our 2013 Award Winners!

- Community Champion Award: Gabrielle Le Bon, The Lived Experience Project, Northern Rivers Social Development Council
- Culturally and Linguistically Diverse (CALD) Communities Award: 'Connecting with Carers from Culturally and Linguistically Diverse Backgrounds in Mental Health Settings' eLearning Module for Mental Health Clinicians, Mental Health Service and Multicultural Health Service, South Eastern Sydney Local Health District
- Aboriginal Social and Emotional Wellbeing Award: Waminda, South Coast Women's Health & Aboriginal Corporation
- Family and Carer Involvement and Engagement Award: Beautiful Minds Community Committee
- Mental Health Promoting Workplace Award: Healthy Minds@Work: Mind your Mind Program, The Department of Attorney General and Justice
- Consumer Involvement and Engagement Award: Heal for Life Foundation
- Research and Evaluation Award: Professor Gin S. Malhi, The CADE Clinic
- Local Media Award: 'Ending the Suicide Silence' Campaign, The Border Mail
- National/Statewide Media Award: Joel Magarey, Freelance Journalist
- Mental Health Promotion, Prevention of Mental Ill-Health and Early Intervention Award: Early Years Outreach Clinic, New England Medicare Local, University of Newcastle Department of Rural Health, St John of God Raphael Centre
- Cross Sector Collaboration Award: Project Air Strategy, Illawarra Health and Medical Research Institute, South Eastern Sydney Local Health District, Illawarra Shoalhaven Local Health District, Justice Health
- Excellence in Service or Program Delivery Award: Circle of Security Program, Mother & Baby Unit, St John of God Hospital Burwood

Joel Magarey accepting his award from MC Simon Marnie.



It also included investing time and resources in better communications and marketing research to develop an online promotion strategy to reach out with important deadline reminders to a wide range of eNewsletters across the sector.

148 people attended the launch event for Mental Health Month 2013 and the presentation of the awards. This is an increase in attendance that reflects the growth of our partnerships with other organisations and indicates growth in the profile of the awards



The 2013 Mental Health *Matters* Winners with the Minister for Mental Health and NSW Mental Health Commissioner



Award  
Winners  
with special  
guest Her  
Excellency  
Professor the  
Honourable  
Marie Bashir  
AC CVO

# Mental Health Month

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Mental Health Month NSW is part of a national mental health promotion campaign held in October each year. Mental Health Month centres around World Mental Health Day on October 10 and aims to promote mental health and wellbeing among the population of NSW, increase mental health literacy, and reduce stigma.

The Mental Health Month campaign includes a variety of initiatives to promote Mental Health Month to local communities in NSW. We offer small grants to general, Culturally and Linguistically Diverse (CALD), Aboriginal, and Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities to financially support their Mental Health Month events,

and offer free resources & free registration for promotion of Mental Health Month events. We also release a starter kit information booklet which is filled with information and tips for organising an event, getting sponsorship, promoting the event, and practical ideas of what event to hold.

The 2013 theme was 'Kindness: Little Acts, Big Impacts!' This theme aimed at promoting a holistic and empowered view of wellbeing that catered to the needs of a diverse audience and to provide practical actions that people could take to nurture their own wellbeing as well as the wellbeing of those around them. The theme was rated highly by local organisers and the Mental Health

## Who partners with Mental Health Month?

ACON has been a Mental Health Month NSW official partner organisation since 2012, when they became the sponsor of a new category of Small Grants specifically for promoting LGBTI mental health across NSW. The collaboration has been a roaring success, allowing both organisations to maximise the impact of the small grants program across LGBTI communities. Five \$1000 grants are given each year to community based initiatives, and LGBTI events have proven to be a popular small grants category.

Building both LGBTI-specific services and resources, and increasing the inclusivity of mainstream services, are both strategic priorities in ACON's mental health and wellbeing health strategies for 2013-2018. In particular, the partnership between ACON and the Mental Health Month NSW campaign has benefited LGBTI related events in regional centres that may not have received as much attention as stand-alone mental health events would have.

"The Mental Health Month grants have been a positive experience both for ACON and for the grant recipients. We would encourage other organisations to participate in this fantastic opportunity to showcase mental health related events that can serve to educate and promote wellness across a wide range of communities."

## What is it like to win a Small Grant?

Annelie Watt is a health promotion worker from the Central West Women's Centre and a member of the Bathurst Mental Health Month Committee, which received a Mental Health Month Small Grant in 2013.

"The Bathurst Mental Health Month Committee formed for the first time several years ago, and has been getting together every year to organise a campaign in Bathurst for Mental Health Month," says Annelie. The committee is made up of a range of local services and individuals with a commitment to improving the mental health of people in our community.

"The 2013 Mental Health Month theme of 'Kindness: Little Acts Big Impacts' inspired the committee to come up with the "Bathurst Be Kind Campaign" which aimed to increase awareness of mental health and the small things we can each do every day to promote our own wellbeing and the wellbeing of others!"

Using their small grant and donations of time and resources from people in the community, they created 'Bathurst Be Kind Cards' to work as a pay-it-forward system encouraging people to do small acts of kindness for one another without expecting anything in return.

They also created an information booklet about local events, and approached 150 local businesses, education providers, and community groups to act as promotional partners in the local community, and hosted a number of their own events. One of those events included 'Beyond the Rainbow' inviting the Bathurst community to show support for sexual and gender diversity.

"Mental Health Month is a great opportunity for people to come together to help break down the stigma around mental health. The themes are always relevant to each and every one of us, and provide an excellent opportunity to do something fun and creative in your community!" says Annelie about whether others should get involved in the campaign.



Annelie Watt



Some of the Bathurst Be Kind Cards

Promotion Reference Group co-ordinated by MHA.

86 applications were received for the 32 available general grants. 34 applications were also received for the 7 grants available for activities involving CALD communities, 12 applications were received for the 7 grants available for activities involving Aboriginal communities and 17 applications were also received for the 6 grants available for activities involving LGBTI communities.

Demand for MHA's free promotional resources again increased in 2013, with shortfalls rising from those recorded in 2012 and the amount available within funding restrictions despite MHA increasing the print runs each year.

A total of over 346,000 resources were distributed in 2013, including posters, postcards, factsheets, balloons, and USBs, which was an increase from over 283,000 individual resources distributed in 2012.

Event registrations declined from 169 in 2012, to 110 in 2013; however it is likely that more events occurred that were not registered.

Resources Distributed	Quantity Distributed 2012	Quantity Distributed 2013
Mental Health Month Posters	9,800	12,728
Mental Health Month Postcards	115,980	127,978
Stress Less Posters	9,800	15,971
Stress Less Postcards	127,980	159,990
Balloons	2,600	3,046
Printed Factsheet	16,500	18,078
Keeping Strong Fact Sheet	N/A	7,992



Our Mental Health Month and Stress Less Tips artwork distributed on posters and postcards in 2013.



## How are people with mental illness and their carers supported by Mental Health Month?

Irene Markee lives in the Wollondilly area and works as an employment consultant at Disability Services Australia's (DSA) Condell Park Australian Disability Enterprise, providing a range of supports for employees with a disability.

DSA has promoted Mental Health Month NSW internally for a number of years by utilising the resources made available each year by MHA. For the first time in 2013 DSA also held an external event during the month. The event was held in Picton with the intention of enhancing the mental health and wellbeing of people with a disability and their carers.

In addition to her work with DSA, Irene is also raising and caring for her young granddaughter Anastasia, a lively 6 year old girl who was born with Down Syndrome. Irene juggles full-time work with her caring role and takes very little time out for herself, which can negatively impact a carers mental health and wellbeing, and so she jumped at the opportunity to be involved in the Picton Carers Mental Health Month event. While she was there, she received a massage and participated in a guided relaxation exercise.

"It was fantastic to get some 'me' time that I don't usually get," said Irene about the day. "It was good to have help with Stasia on the day so I could benefit from the services on offer and also to have the chance to talk to others in the same situation. You can't do everything on your own and by networking with others in a similar situation you can share experiences and support needs," says Irene.

The small grant enabled DSA to engage with parent carers and employees who have carer responsibilities, like Irene, and get them thinking about how to be kind to themselves and look after their own mental health and wellbeing.

A lot was learned from holding the event and DSA established a kit of resources to use for similar events in other locations, and have since run a number of additional carer pampering events which incorporate mental health awareness for the carers of people with a disability.

DSA encourages other organisations to apply for a small grant. "The resources are fantastic and it is great to be able to get people together with a common aim of looking after their own mental health and wellbeing."



Irene Markee

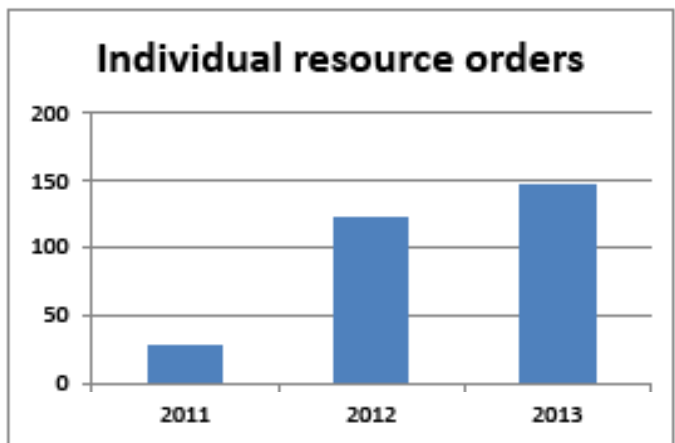
# Postnatal Depression Awareness Week

The Mental Health Association NSW (MHA), with support from the Mental Health and Drug and Alcohol Office, MH-Children and Young People (MH-CYP), began coordinating the Postnatal Depression Awareness Week NSW (PDAW) campaign in 2011 as part of the National Perinatal Depression Initiative. Currently the campaign has been continued by MHA beyond the end of the initiative in 2012-2013, offering a smaller community campaign than previous years but with resources and small grants still available to support local community events.

Despite the drop in funding, MHA was pleased to see many aspects of the campaign continuing to grow.

In 2013, a total of 930 postnatal

depression packs, containing a total of 27,900 postcards and 27,900 brochures were ordered for use during PDAW. This is a 43.5% increase from 2012. The number of individual organisations ordering resources also increased by 20% to 147 individual orderers in 2013. Both of these increases are shown below



PARENTS ARE PEOPLE TOO  
LOOKING AFTER YOUR FAMILY  
INCLUDES LOOKING AFTER YOU

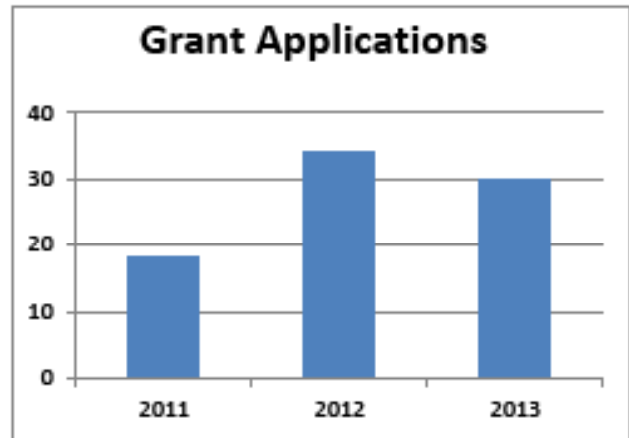
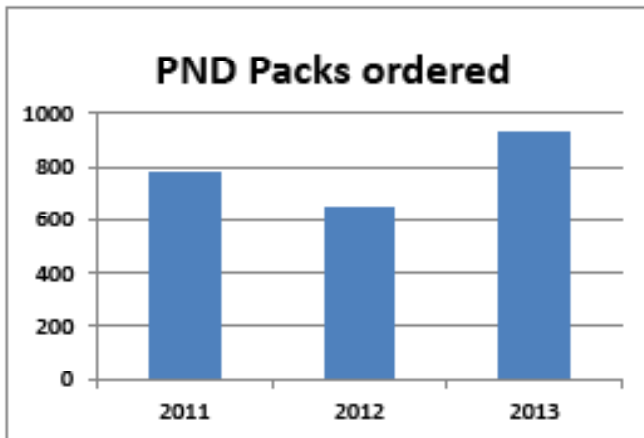


Our Postnatal Depression Awareness Week artwork in 2013.

## Grant applications and distribution

Feedback from 2012 included requests for smaller grant amounts, which was implemented in 2013. In 2013, we provided 10 small grants of \$500 each, and 10 small

grants of \$1000 each. This was well received and allowed a greater number of organisers access to grants. 30 grant applications were received in 2013. This was a slight decrease in comparison to 2012 applications, as shown below.



## How do Postnatal Depression Awareness Week events help the local community?

Libby O'Donnell has been a practicing midwife for twenty years, and has supported many women experiencing postnatal depression during her work. She says she is also very aware that in NSW there is only one Mother and Baby Unit available to women requiring hospitalisation, and that the unit is part of a private facility, something which can make appropriate treatment difficult for some mothers to obtain.

"As 1 in 7 women can experience postnatal depression, any activities that raise community awareness are beneficial," says Libby. "At the event we held in Bourke two participants shared their experience of postnatal depression. One woman had experienced a post-partum psychosis, a rare but very real and frightening event for this woman. We were all privileged and humbled to hear of her journey and how she navigated the health system."

Libby says that the event was colourful and had great food and wonderful care packages for the parents in attendance including drawstring bags, hand cream, lip balm, and a candle. Two women travelled a hundred kilometres each way to participate in the event which was also attended by Aboriginal women and many 'cross sections' of the people of Bourke and surrounding communities.

"Any event that breaks down the stigma that surrounds postnatal depression, and heightens public awareness and promotes self-care, is a positive step. I certainly would take part in another such event."

# Workplace Health Promotion Network (WHPN)

The Workplace Health Promotion Network (WHPN) was formed in October 2006 in Sydney and September 2012 in Brisbane with the aim of improving the health and wellbeing of the Australian working population. WHPN works towards this goal by resourcing and supporting organisations to create healthy workplaces.

As of July 2014 we have 55 paying members in Sydney. In the last financial year we lost 7 members but gained 16. The main reasons for the losses were budget reductions and redundancies within member organisations. Membership for Brisbane was at 6 organisations at the end of June 2013 and had grown to 14 by July 2014 which is a great result for the first full year.

MHA was delighted to also have our first member join us from a non-WHPN network state (WA) this year and we have also received interest from a handful of providers in VIC as well. We are excited by this new development and hopeful for more memberships in the next financial year.

Meeting attendance has also gone up over the last year from just under 40 per meeting to just under 50 people per meeting in Sydney and averaged around 14 in Brisbane. The Annual Forum reached 90 people, with 40% of attendees surveyed working in wellbeing/health roles, 20% in HR roles, and 20% in WH&S roles.

Early in 2014 MHA also updated the WHPN

## Meet WHPN member Jen

Jen Maxwell is the Senior Co-ordinator of Active Living at the National Heart Foundation of Australia, and one of WHPN's Sydney members. Jen first attended a WHPN meeting in Brisbane at a previous place of employment, and after moving to Sydney and starting work with the Heart Foundation, the organisation became a Sydney member of the network.

"WHPN has been a great way to network with other people who work in workplace health and to learn ways in which organisations engage their employees in health and wellbeing programs. In addition to this, learning about new research, trends, programs, and resources, has been valuable in helping our program evolve over the year," says Jen.



website to make it easier for members to find information; separate information sections were added on the home page for our Sydney and Brisbane members, and a new resources section was added for members with over 700 web links to resources on various topics. This was based on member feedback that they didn't have the time or capacity to search for resources and information, and provides a new form of value adding to the membership cost for organisations to be a part of WHPN.

### WHPN Speakers in 2013-2014

- Dr Jennifer Bowers from the Australasian Centre for Rural and Remote Mental Health, "Innovative, preventative interventions for rural and remote Australia"
- Prue Cameron from The Australia Institute, "Hard to Get a Break?"
- Dr Janine Clarke from the Black Dog Institute, "myCompass: using mobile phone and web-based technology to improve mental health in the workplace"
- Simone Cook from Bankstown City Council, "Developing Leadership Capability at Bankstown"
- Felicity Evans from the Sydney Opera House
- Julie Fox from Q-Comp, "A Teaspoon of Cement – Mental Resiliency in the Workplace"
- Dr Genevieve Healy from the University of Queensland, "Getting office workers to stand up, sit less and move more – why? What works?"
- Catherine Gillespie from Workplace Conflict Resolution, "Managing Conflict in the Workplace"
- Dr Sam Harvey from the University of NSW, "What does research tell us about how to create more mentally healthy workplaces?"



Photos from our 2014 Annual Forum

Photos from our 2014 Annual Forum



- Adam Hatcher from the Fair Work Commission
- Alison Hill from Pragmatic Thinking, "Dealing with the Tough Stuff: How to achieve results from the key conversations"
- Danni Hocking from AON Hewitt, "Understanding your total cost of people risk and linking wellness ROI"
- Marie Jepson from the Tristan Jepson Memorial Foundation, "Psychological Wellbeing: Best Practice Guidelines for the Legal Profession"
- Geraldine King from Transgrid
- Jo Kitney, from Kitney Occupational Health and Safety, "Management Commitment"
- Kathleen Kluska from Gregory Commercial Furniture, "Ergonomic seating and the Benefits to your Staff"
- Brendan Maher from R U OK?
- Peter McClelland, Jorgen Gullestrup and Mark Bannan from Mates in Construction, "An overview of the Mates in Construction Suicide Prevention General Awareness Training"
- Krystyna McIntosh from Minter Ellison, "ResilientME: Building a resilient workforce"

## Meet WHPN member Richard

Richard High is the Health and Wellness Manager for the NSW Ambulance Service. Richard values the opportunity to find out about how other organisations are doing workplace health and wellbeing programs, and to find out what sorts of services and supports are available for his own programs.

He also says that the networking opportunities are invaluable, allowing him to discuss health and wellness issues in the workplace with other people in similar roles.

"I always come away motivated to keep pushing health in the workplace, and it is comforting to know that we are on the right path with our own program that is constantly evolving," says Richard.



## Meet WHPN member Megan

Megan Kingham is the Manager for Health and Wellbeing at Optus, and first learned about WHPN when working for a previous employer.

She says that the networking is invaluable as well as the opportunity it provides to advise and mentor people who are new to working to workplace wellness, and that the opportunity for practitioners to swap ideas as well as success and failure stories is unique.

“Organisations that are starting out in the area of wellbeing would find WHPN membership extremely beneficial. Learning what works and what doesn’t can help prevent some mistakes that otherwise may take a toll on the programs budget and credibility,” says Megan.

“There is a lot of information out there, and it is hard to know where to start... As organisations evolve they continue to benefit, as it is often WHPN members who know what’s current, topic, and upcoming in the area of corporate wellbeing and can discuss different ways of addressing issues.”

- James Rutherford from AON Hewitt, “Good Leaders: what makes them and how to grow them”
- Susan Smith from Mars Food Australia, “Evaluation of the Believe Program”
- William Smith-Stubbs from Spur Projects
- Nicole Vernon from the Department of Attorney General and Justice, “Healthy Minds@ Work: Mind your Mind”
- Katrina Walton from Wellness Designs, “Simply Irresistible: The 10 secrets for engaging key stakeholders in your wellness program” interactive session
- Jimmy Wright from RED by RedBalloon, “Life Behind the Big Red Door”
- Paul Wyles from Brisbane City Council, “Developing a holistic wellness strategy to support Zero Harm and injury reduction in the workplace.”
- And a Panel Discussion about how to get leaders on board with creating healthy workplaces, involving: Dr William DeJean from Inspiration Unleashed, Alex Gorman from The Positivity Institute, Gavin Farley from the Farley Group, and Michele Grow from Davidson Trahaire Corpsych.

Photos from our 2014 Annual Forum including (top) Megan Kingham speaking with a stall holder on the day



# Young and Parenting Project

'I've Been There', available online at [ivebeenthere.org.au](http://ivebeenthere.org.au), is the culmination of a multi-year Young and Parenting Project which MHA undertook in partnership with MH-CYP, NSW Ministry of Health, to improve the mental health and wellbeing of young parents in NSW. The primary aims of the project included:

- Raising awareness of mental health problems and/or mental illness during the perinatal period;
- Motivating positive strategies including help-seeking behaviour and relapse prevention strategies; and
- Preventing health problems and mental illness in the target group.

A website was developed as the most appropriate communication channel through which to reach out to young people, and after an extensive developing, testing, and piloting period, the website is now live and available for all to freely access.

In previous years, MHA undertook a range of activities that contributed to the final development of the website as launched. These activities included research, a literature review, and extensive consultation with young parents within NSW. The initial scoping phase of the project identified two primary behavioural targets: encouraging help-seeking and mobilising social

supports. In addition low self-esteem was identified as an important risk factor, as was the importance of engagement in and continuance of treatment and contact with health professionals for young parents with prior or current experience of mental illness.

MHA worked with creative agency Digital Eskimo in 2012-2013 to develop a website that was appealing to young parents, and a range of content to promote mental health to them including animated videos, extensive online 'survival tips' to cover a range of parenting and mental health issues that young parents reported dealing with, and a magnetised postcard which could be given to health professionals to distribute to young parents they work with.

In the lead up to Postnatal Depression Awareness Week, MHA began promoting the website to health professionals and accepting orders for the magnetised postcards. This proved to be an excellent way to spread the word to health professionals already working in the perinatal mental health area, with many postcards requested. As with many of MHA's other postcard based resources, demand outstripped supply and we were unable to fill all orders and requests during the promotional period.

Since the launch in November 2013, there have been 6193 total web views, of which 4984 were unique views. This compares very favourably with many of our previous new mental health websites (with WHPN only achieving 1200 total visits in the first full twelve month period after launch), and is also a wonderful success given the small niche size of the target audience.

Our magnetised postcards





## The launch of the 'I've Been There' website

The new website was launched by the Hon. Kevin Humphries MP, then Minister for Mental Health, on 18 November 2013. The launch was held at a Postnatal Depression Awareness Week event run by POPPY Playgroup in Kingsgrove.

At the launch the Minister along with MHA CEO Elizabeth Priestley and Karen Raine from MH-CYP, NSW Ministry of Health, met with mothers and their children to discuss the new website.



(above) Elizabeth Priestley and Karen Raine displaying the new site at the launch; (left) the new website; (below) the Minister speaking with mothers.



# Small Steps

One anxiety initiatives include the Small Steps Program. This program involves going into primary schools and presenting seminars to teachers and parents. One in ten children have a diagnosable anxiety disorder, so during the seminars we aim to raise awareness of anxiety disorders in children, the signs and symptoms and where to get help and support for children who may be exhibiting signs of an anxiety disorder.

During the past 12 months MHA has presented 78 Small Steps Seminars, with 2046 attendees including 978 teachers and 1068 Parents.

Evaluations showed that 98.7% of Parents and 89.1% of Teachers said that the seminar had taught them the difference between normal anxiety and an anxiety disorder. This year's program included six Small Steps Seminars were held in rural and regional schools in Dubbo, Gilgandra, Wellington and Narromine, these were very well received and other rural trips have been requested for the 2014-15 year.

Comments from parents and teachers included:

- I loved that it was approached in an easy to understand manner. I felt comfortable and at ease to ask questions.
- I liked the personal referral and stories that helps me relate to where my child sits on the anxiety continuum.
- I value this organisation raising awareness of this very important issue, being proactive in relation to early intervention.
- The reference material provided was excellent.
- The personal experiences of young people made the seminar more real.
- Enlightening, terrific hints to look for in students.
- It was non-threatening and we had the opportunity to ask questions, booklets are a great resource.

DISTRICT	No. of Schools	Parents	Teachers
Northern Sydney Central Coast	25	381	272
Sydney Local	9	127	96
South Western	1	20	-
Western NSW	4	189	156
Western Sydney	6	38	62
Nepean Blue Mountains	1	35	-
South Eastern	22	149	297
South Western Sydney	10	149	95

## How the Small Steps Co-ordinator uses her lived experience with OCD to help children with anxiety

Julie Leitch is the Small Steps Co-ordinator at MHA. The program was started in 2000 with the main aim of ensuring that children with anxiety were assessed early, treated, and could successfully finish school. "We just want kids to be assessed, have treatment and be able to live their life controlling their anxiety, rather than their anxiety controlling them," says Julie.

Julie had Obsessive Compulsive Disorder (OCD) from the age of five, and went untreated for 25 years before she was diagnosed. If she had been treated earlier she says that she would have been able to finish school and choose a career path. It took her a long time to overcome this disappointment.

"I've now been recovered from OCD for 25 years. Going to support groups and hearing other peoples stories inspires me to stay well," says Julie.

"The most 'enlightening' thing that had ever happened to me was going to an OCD Support group at age 31. I was unaware of what I had. I thought I had quirky ways which I knew was a bit strange. I was 30 before I found out. Part of my OCD was the fear someone in my family, usually my father or husband, would die if I didn't do things properly."



Julie Leitch

"I had OCD as a child and couldn't finish school, partly due to the rituals or obsessions which made it difficult to finish assignments. This is why I'm passionate about helping school children," says Julie, whose daughter also has generalised anxiety. "Having a lived experience means I can make the presentations more real. I've lived through mine, and I've lived through my daughters. I'm able to put it all across in a non-clinical way."

# Anxiety Self-Help Groups

Facing Anxiety Self-Help Groups are run as a 12 week structured behaviour therapy program. The groups are free for participants, and are suitable for people with social anxiety disorder, obsessive compulsive disorder, panic disorder, and specific phobias.

The program is continuing to grow and the partnership with the Australian College of Applied Psychology (ACAP) has proven to be a valuable asset. ACAP selects students who have an interest in undertaking placement as group leaders with the self-help group program and who meet the criteria to undertake placement in this role. The criteria take into account the maturity of the students and the subjects that they are studying. Each self-help group is run by two group leaders who are trained to facilitate groups and are

supported by the Self-Help Group's Officer. The students receive clinical supervision by ACAP whilst they are leading the groups. ACAP also facilitates a workshop half way through the placement. This workshop gives the students an opportunity to discuss their experiences with their respective groups and also gives the students an opportunity to interact with other groups leaders. The Self-Help Group Officer attends this workshop along with the students.

During 2013-2014 groups ran across locations including Bondi Junction, Clovelly, Crows Nest, Fairfield, Glebe, Malabar, Manly, Mosman, Mt Druitt, Padstow, Parramatta, Redfern, Surry Hills, Thornleigh and Waverley.

Two Facing Anxiety self-help group leader

## How can spending 12 weeks in an Anxiety Self-Help Group help people with anxiety?

"I was a painfully shy kid who had trouble connecting with other people," says Gavin. While he was able to find a supportive group of friends, he still felt tense and insecure.

"After our outings, I'd go home and ruminate over what I'd said and done, and would often feel as though I'd made all the wrong moves. My self-doubt had become very confining." Just after he finished high school, Gavin did a google search about anxiety and happened to find the Facing Anxiety self-help group webpage.

It was in the group that Gavin found strength in others' experiences. "It was so helpful for me to hear about other people's experiences with anxiety, even though they may have differed from my own in some ways, as it helped me feel less lonely. I listened to tales about how people had made steps towards overcoming their fears, and it gave me hope that my own struggles (would not last forever)."

The experience also allowed him to examine his mindset. "The time I spent in the program shed light

Group Facilitator Lauren Bourke (right) with Self-Help Group Officer Linda June (left)



training days were held during 2013-2014. Clinical psychologists Alison Mahony and Elizabeth Mason from St Vincent's Hospital were an integral part of the training day and gave presentations on anxiety disorders and

were available to answer any questions from the students. This year the one day training was enhanced by a half-day workshop at ACAP with one of their educators running a group work workshop.

on beliefs I was barely conscious of, and made me realise how much unnecessary distress they were causing. On one occasion, I told the group of the time I avoided sitting directly next to a fellow student during class, believing that it contravened social etiquette. My leader pointed out that people don't 'own' the seats next to them in a classroom any more than a driver 'owns' the spaces surrounding their vehicle in a car park. It was quite a revelation to me!"

Gavin was further able to watch others' growth and celebrate milestones with them. "My fellow participants would tell me about the ways in which they felt limited by their anxiety. I offered a sympathetic ear and acknowledged what they were going through. When they made a breakthrough, however minor it may have seemed to them, we would celebrate it as a step in the right direction. As an outsider, I could recognise how much someone else was improving, and point it out to them."

Gavin says that he would recommend the self-help groups to anyone experiencing anxiety. The groups, he says, "offer a safe environment for people to talk about their concerns and experiences, and receive helpful feedback from others who have faced comparable challenges."

Gavin has recovered from his anxiety to the extent that he wouldn't continue on with the self-help group, "but in many ways I have the self-help group to thank for that!"

# Anxiety Support Groups

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The Anxiety Disorders Support Groups are free, monthly support groups led by trained volunteer facilitators that provide support, education and information to people living with anxiety disorders and their family and friends. Group members meet in a friendly atmosphere to offer each other support and share their experiences. The Anxiety Support Groups are run in partnership with many local

councils, clubs and community centres that provide venues for the groups.

During the 2013-14 financial year the MHA ran 28 support groups for people with anxiety disorders, which provided 1355 occasions of service to participants during the year. This is a 4% increase on last year.

New Anxiety Support Groups were established

## Why do people volunteer their time to facilitate monthly Anxiety Support meetings?

"If things don't change, they will remain the same" is a quote from John's father that eventually inspired him to search for a solution to his anxiety disorder. John is a support group facilitator who had previously struggled with social anxiety for his whole life. He first joined the support groups eight years ago when he saw an ad promoting it. He says he put it off at first, but after avoiding various social functions he became tired of setbacks and realised that it was time to confront his fears.

He said that attending the group has played a major part in his recovery because it is "like getting a booster shot every month," as you can sit down and talk with others who understand what you're going through.

"I felt so welcomed at the beginning of the support group that I decided I needed to give back what I had been given," says John. He has been a support group leader for six years now, and is very thankful for his experiences. "Being in a support group lets you see how others change as they get past their struggles and get more comfortable with themselves."



John with his dog

## How can attending to a monthly Anxiety or OCD Support Group meeting help?

"When I first came to the support group, my social anxiety disorder had virtually left me housebound," says Amber. She had trouble with tasks like walking out her front door, maintaining basic conversation, eating dinner with others, catching public transport, going to a checkout, and working. "After attending my first peer support group meeting, it gave me hope that I would be able to manage my anxiety so I'd be capable of performing these daily tasks."

Amber is 26 and her anxiety began in 2003. She now has been participating in support groups through MHA for over a year. Along with self-help books, Cognitive Behavioural Therapy, mindfulness meditation, and monitoring self-talk, Amber rates the success of her support group participation as 10/10 for helping her with her anxiety.

"By helping others, we have a direct impact on another person's life," she says. "This provides each member with self-worth. It gives each member a valuable place in the community and a valuable place in each other's lives. Being a member of a peer support group provides us a place to use our mental health issues positively."

Amber recommends the support group to others and plans to continue attending. "The peer support group has been one of the main reasons why I have been able to manage my extremely high levels of social anxiety within one year of attending."

in Dapto, Manly, Moss Vale, Padstow, Smeaton Grange, Springwood, Ulladulla, Windsor and Wyoming. New obsessive compulsive disorder (OCD) Support Groups were established in Belmont and Springwood. This is an increase of 17% on last year in the number of new groups started.

Attendees were asked to complete an evaluation form about their experience of the groups during the year. Respondents said they participated in support group meetings to learn more about their disorder and find out strategies for managing it, as well as to interact more with others. Of those, 99% reported that these objectives were achieved.

During the 2013-2014 financial year the MHA trained 26 volunteers for the support group facilitator role. 12 of these volunteers have

begun facilitating Anxiety or OCD Support Groups. The training was carried out by Associate Professor and Clinical Psychologist Rocco Crino from Charles Sturt University, and Julie Leitch and Rachel Flint from MHA.

To promote the support groups and recruit suitable participants MHA distributed hundreds of flyers and submitted regular adverts in the community notices/calendars section of the newspaper. There were also local radio interviews and articles in local newspapers. The Ulladulla Facilitator attended the Community Support Services Expo at Sanctuary Point and the Bega Valley facilitator attended the Lenno Footprint Foundation Family Fun Day in Bega. These promotion strategies were successful in boosting support group attendance.

# Public Anxiety Education Forums

MHA holds free public education forums across the state about anxiety and other mental health and wellbeing issues. The events are free to attend and to request, and provide information to local communities about mental illness, mental health and wellbeing, and treatment and support options available in their area.

Our Public Anxiety Forums are held in partnership with Charles Sturt University, and include speakers Julie Leitch, speaking about her experience living with and her treatment for Obsessive Compulsive Disorder, and Associate Professor and Clinical Psychologist Rocco Crino. Special guests included Mayor

Doug Batten in Gilgandra, and the Hon. Kevin Humphries MP, then NSW Minister for Mental Health and the Minister for Moree.

The Public Forums attracted 669 attendees in 2013-2014 across Port Macquarie (65 attendees), Dubbo (120), Gilgandra (110), Bathurst (80) and Moree (55).

According to our survey, 80% of attendees found the forums "very beneficial" and 20% found them "somewhat beneficial". Comments from attendees included messages such as:

- Thank you for giving me a better understanding of myself.

## How can attending a Public Forum help?

Ashlee, aged 42, has experienced panic attacks since she was 16 years old. She had sought treatment twice with a counsellor when she was 18, both times for six months each, and again at age 30. "This was talking therapy and other than having someone to talk to each fortnight, it did not really address the panic attacks. At times they left me housebound for days or weeks on end."

At the forum, she learned about evidence-based treatments. "I have decided to look for someone to do the cognitive behaviour therapy for my panic attacks and if I cannot find someone in the Gilgandra or Dubbo areas I will travel to Sydney if I must."

The forum was empowering for Ashlee. "It is great to know that you can get better and have panic attacks under control. I do not want this anxiety disorder to take another day away from me."

Ashlee would like to thank the people who organised the Public Forum and for the speakers who gave their time to educate and give hope to people in rural areas. "Thank you so much, I think this will change my life. Instead of thinking that this is how I have to live, I now know that there is hope and a different life for me."



## Why do people host a Public Forum?

"It was a great success," said Jill Blackman, Manager of Community Care Gilgandra Shire Council. "Those who attended were from Coonabarabran, Coonamble, Gulargambone, Dubbo, Cobar and across the Gilgandra Shire. Many were professionals, others from the general population." She said that guest speakers Rocco and Julie were excellent, knew their topics well and answered many questions from the floor of the gathering.

The Council and the Community Care team were pleased to be able to support this activity which informed and educated the local community about Anxiety Disorders. "It was a pleasure to have been able to work with MHA and Julie Leitch. We look forward to many more such opportunities over the coming years," says Jill.



(from left) Prof. Michael Keirnan, Julie Leitch from MHA, A/Prof Rocco Crino, Elizabeth Priestley CEO of MHA, Jill Blackman, and May/Doug Batten, at the Gilgandra Forum.

- Very useful in my work with patients who experience acute episodes which result in self harm and sometime end in suicide. Understanding how debilitating OCD can be and how real it is and that a support group exists.
- The personal stories were much appreciated – powerful and instructive. Dr Crino is a gold mine of information and makes a lot of sense. Thanks for putting on the show.
- This helps you realise you are not alone.

## Why speak at a Public Forum?

"I have presented at a considerable number of Anxiety Disorder Public Forums for MHA. The forums are always very well attended whether in metropolitan or rural and remote regions, with participants being a mix of consumers, carers and health providers," says Dr Rocco Crino.

He noted that the high attendance of the forum is an indication of both the degree of interest in anxiety disorders, particularly in understanding, recognising and treating them.

"Questions asked by participants are invariably positive and intelligent. The satisfaction surveys and individual feedback strongly suggest that such forums fulfil a community need, and the primary satisfaction for all presenters is the knowledge that participants leave the forums with a better understanding of anxiety disorders and evidence based treatments."

# Our Information Service Phonedlines

The Mental Health Information service (MHIS) 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 WayAhead Database.

The service provides personalised and anonymous information and referral to a range of support options in NSW. The information staff at MHA take email enquiries and operate two 1300 telephone lines. Last year the staff responded to 3208 enquiries.

In line with previous years, the majority of callers to the service were female (61%) compared to male (31%). The remaining callers were unspecified or not recorded (8%).

Callers were identified as:

- Consumers (41%)
- Family (19%)
- Service providers and professionals (14%)
- Carers and friends (10%)

## What sort of calls do we receive from carers?

Answering the information service lines always presents challenges as each caller's needs are different and their situations vary from a concerned family member to a consumer who is in crisis and doesn't know what to do, or a school counsellor faced with a student situation and not sure how to handle it.

I might speak with a mother\* who had been trying to seek help for her young adult son for a couple of years. Her son might be angry, aggressive, and paranoid, blaming her for his problems, unable to work, and she might be struggling to envisage him becoming self-sufficient unless he accepted that he needed help. Each time she mentioned his seeing a doctor or psychologist, he became angry and aggressive towards her. Callers may end up in tears as the conversation progresses and I can often feel their frustration and helplessness with this sort of situation.

I would often advise at this point that if he was unwilling to seek help it becomes very difficult to find intervention. I might suggest she offer him the contact of a local youth mental health team and let him know how concerned she is for his wellbeing. I also suggest speaking with the mental health team in her area to express concerns and determine if they were able to assist. My final suggestion is often to seek support for herself through a carer's support group or carer's organisation such as ARAFMI, so that she would be able to learn how to manage and cope with the situation. Although callers might not seem confident of a resolution in this situation, they are often grateful that there are a couple of options of support for them as well and may have renewed hope that the person they are caring for would take the help being offered.

*\*note: all calls are private and confidential, the stories here are fictional examples.*

## What sort of calls do we receive from people with mental illness?

I might speak with a young person\* living on her own, away from her family with whom she has little contact with. Her ambitions might be to attend university and pursue a marketing career, ambitions which had come to a halt when she was faced with severe anxiety resulting in fear of leaving home. She found she was unable to leave the house to attend her classes, or work, and if she did it resulted in panic attacks and an overall sense of unease. Some days she could not face going out at all. This also prohibited her from seeing a doctor to get help. Her distress was apparent in her voice and her sense of giving up on ever becoming well.

I could suggest she consider an anxiety clinic in her area, but might find that she was not able to drive there herself and would not be able to attend even if someone drove her. I would give her a contact number for a youth mental health program so that she would be able to speak with a counsellor. I might then suggest she try an interactive online counselling program that would offer her ongoing support and counselling. After she had engaged in the counselling, I would also recommend a support group in her area where she could share her experiences with others who had similar anxiety disorders. Callers in these circumstances are often receptive to online treatment and some say that they now finally have some hope of leading a normal life.

*\*note: all calls are private and confidential, the stories here are fictional examples.*

- Unknown (12%)
- Remaining callers were students, neighbours or young people (4%)
- South Eastern Sydney / Illawarra AHS (23.5%)
- Sydney South West (13%)
- Sydney West (13%)
- Not Specified (10.5%)

Most calls were handled within 10 minutes (76.5%) while others took between 10 and 20 minutes (17%) Calls taking longer than 20 minutes were (3%) and the remaining (3.5%) were not recorded.

The majority of callers identified themselves as being from within NSW in the following areas:

- Greater Southern AHS (6%)
- Greater Western AHS (4%)
- Hunter / New England AHS (9.5%)
- North Coast AHS (6.5%)
- North Sydney / Central Coast AHS (14%)

We don't just give referrals over the phone, we also make these handy wallet cards with important numbers people can call for help and support.



# The WayAhead Directory

The WayAhead Directory is a comprehensive mental health resource that has been updated annually since 1985, provided as part of the Mental Health Association NSW (MHA)'s Mental Health Information Service (MHIS).

The WayAhead Directory has information on over 4200 mental health services through NSW, and some interstate. During 2013-2014 the directory was only accessible via mental health phone-lines: MHA's Mental Health Information Service and Anxiety Disorders Information Service, and also to the information officers taking calls on the ARAFMI NSW's Carer Helpline.

However, during 2013-2014 MHA worked closely with Medicare Locals and Partners in Recovery to complete the process of bringing WayAhead to an online audience. The website for the WayAhead Directory has been underway since the previous financial year, and we have been pleased to receive support from selected Medicare Locals and Partners in Recovery to complete this project and make the website available to the general public.

MHA is grateful for the support we've

received in the final stages of the project. Thank you to:

- Medicare Local Sydney North Shore and Beaches
- Eastern Sydney Medicare Local
- Northern Sydney Medicare Local
- North Coast NSW Medicare Local
- Northern Sydney Partners in Recovery
- South Eastern Medicare Local
- South Eastern Sydney Partners in Recovery
- Community Connect Northern Beaches

The website will be available at [www.wayahead.org.au](http://www.wayahead.org.au) from September 2014. Once the website is live it will enable people with mental illness, their carers, and health professionals and mental health organisations to more easily access the directory and find their local services and support options available in their area. It will also enable people across NSW to access the WayAhead Directory 24/7, where currently calls are limited to business hours.



The WayAhead Directory website development was proudly supported by:



## What sort of calls do we receive from mental health professionals?

A case manager might ring one of MHA's information phone services looking for assistance for a teenage boy with mental health issues as well as drug and alcohol problems. He had left home on his parents request and was then taken into custody by police, and later transferred to a temporary refuge. The case worker would need longer term accommodation for the young person as he was going to be homeless once released in a couple of days. The boy would also require ongoing treatment and support for rehabilitation.

Since there were several issues involved here - drugs, alcohol, mental illness, and homelessness - it is often difficult to find services that would cover all of these areas, particularly for a teenager. I'm often able to find several organisations that offer long term accommodation and support for young people, as well as high level support with medication and case management. We would be hopeful that the family would reconsider allowing him to return home, otherwise the case manager might consider foster care. I might refer the case manager to six organisations that fit the boys needs and also suggest the involvement of the adolescent mental health team to assist with ongoing care and treatment.

*\*note: all calls are private and confidential, the stories here are fictional examples.*

# Information Resources and Factsheets

MHA provides a wide range of factsheets and other informational resources beyond the WayAhead Directory and Information Service Phonedines.

The Mental Health Resource Centre was established in MHA's current office for the benefit of mental health workers, students, consumers, carers, and anyone interested in mental health issues. Borrowing facilities are available to financial members of MHA, and anyone can visit our offices to browse the library on site.

MHA also produces information factsheets on mental health and related subjects, they are available for download from our website or can be picked up from our Mental Health Resource Centre. MHA currently has close to 60 factsheets, primarily focused on mental illnesses, carer support, and how to support your own mental health and wellbeing.

During 2013-2014 approximately 4000 factsheets were printed and distributed to people calling MHA's Information Phone lines, to visitors to the Resource Centre, and were printed for conferences and community events in NSW.

MHA would also like to thank Chérie Carlton from the Institute of Psychiatry. Over the past 12 months Chérie has reviewed many of the current fact sheets free of charge. We are extremely grateful as it is vital that the fact sheet information be kept up to date, and Chérie's expertise in this endeavour was much appreciated.

Our current Mental Illness Factsheets include the following available online:

- Agoraphobia
- Alcohol and Other Drugs
- Alcohol Related Harm
- Anger Management
- Anxiety Factsheet
- Anxiety Kit
- Attention Deficit Hyperactivity Disorder
- Bipolar Disorder Factsheet
- Bipolar Disorder Kit
- Body Dysmorphic Disorder
- Childhood Disorders
- Childhood Anxiety Kit
- Dementia
- Depression Factsheet
- Depression Kit



We don't just make factsheets, we also distribute our anxiety wallet cards with tips for people who experience panic attacks

## How do MHA's Factsheets help others?

David works for Mental Health Carers ARAFMI NSW Inc, and as part of his role he collects information from various sources pertaining to mental health issues. He has found MHA's Factsheets to be a valuable resource in the work that he does, particularly when a large section of the factsheets have been written for the benefit of carers for people with mental illness. In his work with ARAFMI, David also answers their Carer Helpline.

"There is an assortment of many other factsheets available on a variety of mental health related subjects that could benefit so many other people, if only they knew about them," says David.

"They are a great resource to give to people when they have first been diagnosed with a mental illness, when a friend or family member has been diagnosed, or even if they suspect that they or someone else may have a mental health problem."



David at his desk in the ARAFMI Sydney office.

- Dissociative Identity Disorder
- Dual Diagnosis
- Eating Disorders Factsheet
- Eating Disorders Kit
- Frequent Questions about Mental Illness
- Generalised Anxiety Disorder
- Grief and Loss
- Impulse Control Disorders
- Involuntary admission to hospital
- Mental health during pregnancy and after
- Obsessive Compulsive Disorder
- Panic Disorder
- Personality Disorders Fact Sheet
- Post Traumatic Stress Disorder
- Psychosis
- Schizophrenia Factsheet
- Schizophrenia Kit
- Self Harm
- Social Phobia
- Somatisation Disorder

We also have factsheets about wellbeing and for carers available on our website for free download, and many of our other resources such as our current and previous Mental Health Month and Stress Less artworks can also be downloaded and printed!

# Mental Health Matters Magazine

MHA has offered a quarterly print magazine to members for many years, and it has gone through multiple rounds of changes and improvements in that time. Over the last twelve months, MHA has again gone back to the drawing board to revise and further improve the magazine.

We had recently revised the appearance of the magazine by developing a new look in 2011-2012 to include more colours and engaging photographic content, and this financial year we extended those improvements to the written and editorial content of the magazine. This included bringing in a greater variety of content, and expanding the content to include a mix of MHA content and more news and information from the wider mental health sector. This has included sourcing content from volunteer contributors in other organisations, and also reaching out to individuals to source personal stories from people who have experienced mental illness and their carers.

An extensive review of these changes was done close to the end of the financial year to gather

feedback and comments from members and other readers. Responses were very positive, with high ratings and positive comments on the changes made.

Another area we sought feedback on included whether members would like to see the magazine available in an online format. MHA feels that online content is an important area to explore for the magazine. Many members surveyed do not have any or frequent access to the internet, so we will continue to print the magazine in addition to exploring online options in the future.

## Some of our articles:

- Using art to manage complex PTSD
- Why Austerity Kills
- The benefits of Online Communities for young people with mental illness
- Walk Your Blues Away: the benefits of community walking groups
- How kindness can improve your mental health
- Andrew Lawes on the benefits of sharing his story online
- Jen Wight, on yoga and postnatal depression and psychosis
- Sian Prior, on writing her memoir about social phobia
- Amanda Turner, postnatal depression and the importance of a good GP
- Margo Orum, on being a psychologist who has experienced bipolar
- Christopher Banks, successful mental health management at work





## What is it like to volunteer as a writer for our quarterly magazine?

My name is Natalie Ippolito and I'm a psychology honours graduate. I am currently working at the Schizophrenia Fellowship of NSW as the Assistant Coordinator of the Telephone, Referral, Information and Support Service. Within this role, I provide crisis support, counselling and information/referrals to a multifaceted range of inbound callers (including consumers, carers, health professionals and members of the community across NSW), as well as train, mentor and supervise our team of volunteers in ensuring the department continues to provide effective support to our clients. We also run a rural outreach program known as Support-A-Mate, providing emotional support and referrals to isolated individuals living within rural communities.

I have been interested in the area of mental health for many years, and hope to become a practicing clinical psychologist in the future. I am particularly passionate about the areas of personality, eating, and psychotic disorders.

Writing for Mental Health Matters has offered me the unique opportunity to explore practical and theoretical concepts within the field of mental health. It provides great freedom in investigating, researching and formulating a piece of writing on a particular issue of interest which might be as of yet largely unexplored, or potentially topical within the community at



Natalie Ippolito

present. It has been exceedingly useful to contribute to this magazine, providing me with the opportunity to expand my knowledge base and hone my research and writing skills.

It has been a wonderful experience to be a part of an ongoing project that sheds light on controversial issues within the mental health arena, adds fascinating new perspectives to existing research, and broadens the scope of community knowledge of mental illness. Reading and regularly contributing to Mental Health Matters has been a continually rewarding experience in many regards, and I would absolutely recommend it to any individuals who are passionate about more deeply understanding mental health issues, and critically exploring the theoretical and social constructs behind psychopathologies and related topics.



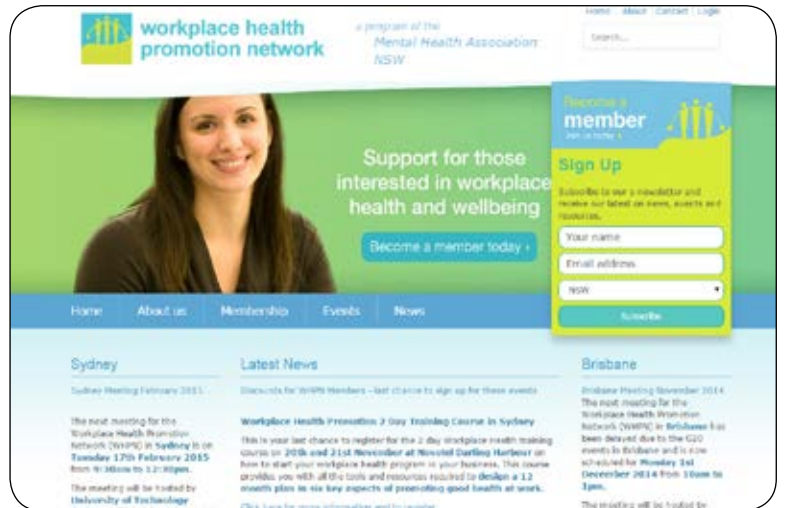
(far left and left) Covers of recent magazine editions in 2014.

# Websites and Social Media

MHA continues to focus on maintaining an online presence to support the provision of mental health information and the effective implementation of our programs and campaigns.

We have also added the first of multiple new websites to our online portfolio this year, with the launch of 'I've Been There' for young parents and their friends and families at [www.ivebeenthere.org.au](http://www.ivebeenthere.org.au) in November 2013.

Our website at [www.whpn.org](http://www.whpn.org)



Our website at [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)



[www.mentalhealth.asn.au](http://www.mentalhealth.asn.au) web traffic has continued to increase, with the most popular pages including our support group listings, stress less tips, Mental Health Month, and mental illness factsheets.

	2012-2013	2013-2014
Unique Visitors	66 792	98 270
Total visitors	93 356	126 017

[www.whpn.org](http://www.whpn.org) web traffic has increased very effectively in its second year. A highlight of the WHPN website in 2013-2014 has been the development of a member only Resource Section listing over 700+ resources in an online database. This necessitated coding and design changes to the members' only section to allow for easy organisation, tagging, and browsing of the resources for the members. The most popular pages include the resources, membership information, and about WHPN pages.

	2012-2013	2013-2014
Unique Visitors	1263	2051
Total visitors	1908	3155

[www.ivebeenthere.org.au](http://www.ivebeenthere.org.au) web traffic has been going strong with over 6000 visits in the first year since its launch. This compares very favourably with many of our previous new mental health websites (with

WHPN only achieving 1200 total visits in the first full twelve month period after launch), and is also a wonderful success given the small niche size of the target audience.

MHA also continues to maintain a presence of social media platforms including Facebook, Twitter, Youtube, LinkedIn, and HealthShare. Facebook and Twitter continue to be the primary growth platforms for MHA's social media audience.

MHA's Facebook likes have continued to grow during 2013-2014, increasing our ability to promote our programs and information to the general community. MHA's Twitter followers have also continued to grow in 2013-2014.

	2011-2012	2012-2013	2013-2014
Facebook likes	1786	2891	3671
Twitter followers	3624	5960	7774

For Mental Health Month 2013 MHA capitalised on the popularity of our postcard and poster Mental Health Month artworks (the theme and the 10 Tips to Stress Less) and released each of the 10 Tips in the lead up to and during October as ten individual artworks sized for social media.

MHA also currently produces two eNewsletters which are delivered to subscribers email inboxes. *Mind matters* is MHA's general eNewsletter, and provides a monthly round-up of alerts about MHA activities, sector news, and interesting links. The Workplace Health Promotion Network (WHPN) also produces a bi-monthly eNewsletter which includes resources, information, and upcoming event alerts.

	2012-2013	2013-2014
mind <i>matters</i> monthly eNews	3800	4461
WHPN bi-monthly eNews	460	600+

Reach of Stress Less Tips on Facebook	2013-2014
Call a friend and catch up	779
Offer and accept help	1429
Do one thing at a time	2136
Go out of your way to make someone's day	1255
Walk wherever you can	959
Surround yourself with reminders of what you love	2263
Learn more about something that amazes you	866
Make time for fun	971
Write it down	792
Let go of what you can't control	5162



Some of our individual Stress Less Tips which we distributed on Facebook in 2013.



# Press and Media Outreach

MHA engages in a variety of promotional and press activities to help connect local communities with programs and campaigns we have available for them, and also to raise MHA's profile and do advocacy work within the mental health arena.

In 2013-2014 MHA developed more comprehensive media materials to be used in our outreach efforts. This included sourcing spokespeople and developing two new media kits for some of our events: the Workplace Health Promotion Network Annual Forum, and Postnatal Depression Awareness Week.

In 2013-2014 we also undertook our first year long comprehensive media monitoring effort, where we had previously only undertaken media monitoring during October for Mental Health Month.

The results of the media monitoring can be found over the page, and reflected our previous assumptions: that Mental Health Month and Postnatal Depression Awareness Week have been our highest draw cards for media attention and online promotion. However we did also capture results, particularly for our anxiety programs, which previously went only minimally monitored and demonstrated more local media attention to our support groups than previously known.

Both of these expansions to our media efforts have allowed us to polish our media materials and also to take a more comprehensive look at our communications achievements, while also identifying areas requiring further support and expansion. We look forward to continuing to improve our media efforts in 2014-2015.

## Seeking Help

Mums and dads concerned about mental health in pregnancy or early parenthood can learn more and seek help by visiting [www.justspeakup.com.au](http://www.justspeakup.com.au) (*beyondblue*) or [www.panda.org.au](http://www.panda.org.au)

The theme for Postnatal Depression Awareness Week 2013 is *Parents are People too: looking after your family includes looking after you*. This theme encourages parents to take time for themselves and to maintain their positive mental health as a new parent.

A whole range of things might be appropriate and parents should make time for themselves in the ways that suit their situations best. Some ideas include taking time out to see friends, asking a loved one to babysit or help at home, taking time to nap or cook healthy food, or reaching out to other new parents.

Parents currently experiencing distress should contact their local GP or another health professional for support and advice, or they can contact Lifelines 24 hour counselling line on 13 11 14.

## When is Postnatal Depression Awareness Week?

Sunday, 17 November – Saturday, 23 November 2013.

## What happens during the week?

Postnatal Depression Awareness Week is an opportunity to raise awareness about perinatal mental health issues in your local community. It is a time to increase community knowledge about antenatal and postnatal depression and other mental illnesses experienced during the perinatal period and eliminate the stigma attached so that those affected can feel free to seek help.

In line with these goals the Mental Health Association NSW is encouraging individuals and community organisations to get involved in Postnatal Depression Awareness Week by holding Parents' Events.

Parents events are a way for new and expectant parents to share information about parenting and perinatal mental health while offering a time of fun and relaxation.

An event calendar and more information can be found on [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)

## Who is the Mental Health Association NSW (MHA)?

A number of organisations around the country are involved in raising awareness and promoting mental health during Postnatal Depression Awareness Week.

One of the oldest mental health advocacy organisations in Australia, established in 1932, the Mental Health Association NSW (MHA) is an NGO and registered charity with 25 years of experience in coordinating health promotion campaigns, including Postnatal Depression Awareness Week.

More information can be found at [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)

## Jargon Buster

**Antenatal:** occurring before birth or during pregnancy

**Postnatal:** occurring after having a baby

**Perinatal:** occurring around the time of birth. Here we are using perinatal to mean the period including pregnancy and 1 year after having a baby.

## Case Studies and Photographs

Photographs are available for use, interview and photograph opportunities are available on request.

### Jen Wight

After Jen's first child was born she experienced postpartum psychosis for about seven weeks, and then a few weeks after recovering from the psychosis she also experienced a very severe postnatal depression that lasted for another twelve months.

In 2013, Jen has published her first book *Day Six: When Motherhood and Madness Collide* to raise awareness. She has found since her illness that there is still a taboo and a lot of women and men suffer in silence.

The book is a story about really tough times but it is also a love story about the love her husband had for her during her illness, the love they each had for their baby, and the love of her parents during such a difficult time.

Jen now wants to be a voice saying that there is nothing to be ashamed of and that postnatal depression is just an illness like any other illness.

In addition to her work as a non-profit fundraiser, Jen has applied a whole range of approaches to maintaining her mental health - including making sure she takes time for herself. She's also a strong believer in yoga and sleeping well, and credits her wonderful husband and parents for their support.



### Emma Morris

Emma had heard of postnatal depression, but never thought it would happen to her. She had attended antenatal classes and read all the usual books. She says she felt reasonably prepared for motherhood.

After her first daughter, Lucy, was born in November 2011, a midwife mentioned that Emma had many of the 'risk factors' making her vulnerable to postnatal depression.

A fortnight after Lucy's birth, Emma was diagnosed with severe postnatal depression and hospitalised for a short time. However, six months later things had changed for the better.



## Case Studies and Photographs

Photographs are available for use, interview and photograph opportunities are available on request.

### Emma Morris (cont.)

Emma believes it is important to talk about postnatal depression because of the stigma, spoke to one other person who have experienced postnatal depression except for other hospital with her, and wants to encourage other women affected by postnatal depression to seek help and share their successful recovery story.



### Amanda Turner

Amanda experienced intense postnatal depression three after the birth of her first son, Zach, in 2010. She previously experienced depression and anxiety but her postnatal depression felt completely different. She was admitted to hospital within 24 hours, where she stayed in a mother and baby unit for six weeks.

With her husband in the Defence Force and she had moved to Victoria, Amanda felt isolated and like she had everything figured out herself. After her son's birth, Amanda attended an outpatient program for six weeks. She was able to move back to Sydney where she was able to see a perinatal and postnatal specialist, found the right support for her, and improved further.

Amanda has since had a beautiful second child Jacob, and did not experience postnatal depression after the birth.

Amanda remains a strong supporter of other women in perinatal distress, starting a Facebook group with other mums from her hospital for sharing their stories, and the group is still continuing to grow. She says the peer support mums can offer each other has proved incredibly important, providing a gentle and respectful space for women to connect with each other and share part of that burden. Amanda says that it doesn't feel so lonely when you can share your story with others.



Enquiries: C'an Kemp, Senior Project Officer, Communications - (02) 9339 6007 - ckemp@mentalhealth.asn.au

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Postnatal Depression Awareness Week 2013  
media kit

Postnatal Depression Awareness Week 2013  
media kit

Postnatal Depression Awareness Week 2013  
media kit

Pages from our Postnatal Depression Awareness Week Media Kit in 2013.

# Meet one of our Media Spokespeople

Amanda Turner experienced intense postnatal depression from day three after the birth of her first son, Zach, in 2009. She had previously experienced depression and anxiety but says that her postnatal depression felt completely different. Amanda was admitted to hospital within 24 hours, where she remained in a Mother and Baby Unit for six weeks.

With her husband in the Defence Force and having recently moved to Victoria, Amanda felt isolated and like she had to have everything figured out herself. After her stay in hospital, Amanda attended an outpatient program for six months until moving back to Sydney where she was able to connect with a perinatal and postnatal specialist, found the right treatment for her, and improved further.

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Amanda with her son Zach.

## Perinatal Mood Disorders Background

The Mental Health Association NSW (MHA) is raising awareness of common perinatal mood disorders in the lead up to Postnatal Depression Awareness Week (17-23 November).

We've developed a positive call to action about the importance of mothers and fathers taking care of themselves and their mental wellbeing to ensure the best possible outcomes for both themselves and their children, and we'd love you to share it and generate discussion around it.

## Postnatal Depression and Anxiety in Australia

- Up to 1 in 10 women experience depression during pregnancy
- Up to 1 in 7 experience depression in the year following birth.

**Anxiety Disorders** are also common and can occur alone or with depression.

**Fathers and partners** can also experience mental health problems around this time

## Symptoms of Postnatal Depression and Anxiety

Symptoms of postnatal depression are no different to those of depression which can occur at any stage of life, but they can be harder to recognise. Some of the challenges that occur with being a new parent can also be symptoms of depression. For example, parenthood is a time of great change and irregular sleeping patterns are common, however changes in sleeping patterns are also a known symptom of depression.

**Symptoms can include:** feelings of persistent low mood, inadequacy or failure, exhaustion or emptiness, sadness, guilt, shame, confusion, and fear.

Parents may be unable to think clearly or make decisions, lack their normal concentration and memory skills, want to run away, have loss or increase in appetite, lack of interest or pleasure in usual activities, decreased energy and motivation, or be withdrawn, irritable, moody, or unable to cope with routine tasks.

## Causes and Risk Factors

Exact causes vary from person to person but often involve factors such as hormonal changes in the body, personal or family histories of mental illness, or lack of support networks or perceived lack of support. Risk factors can also include but are not limited to some of the following:

- stressful pregnancy
- long labours and/or difficult births
- premature, postmature or multiple births
- challenges with the baby such as difficulties with bonding, feeding or sleeping
- challenges with practical, financial or emotional support
- being a single parent
- lack of sleep
- unrealistic or unmet expectations of parenthood

## The Baby Blues

Postnatal depression and anxiety should also not be confused with the 'baby blues'.

The baby blues are experienced by up to 80 percent of women 3-10 days after giving birth, and usually passes within a few days.

Enquiries: Cran Kemp, Senior Project Officer, Communications - (02) 9339 6007 - ckemp@mentalhealth.nsw.au

Postnatal Depression Awareness Week 2013  
media kit

request.

She only ever  
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## Meet one of our Media Spokespeople

After Jen Wight's first child was born she experienced postpartum psychosis for about seven weeks, and then a few weeks after recovering from the psychosis she also experienced a very severe postnatal depression that lasted for another twelve months.

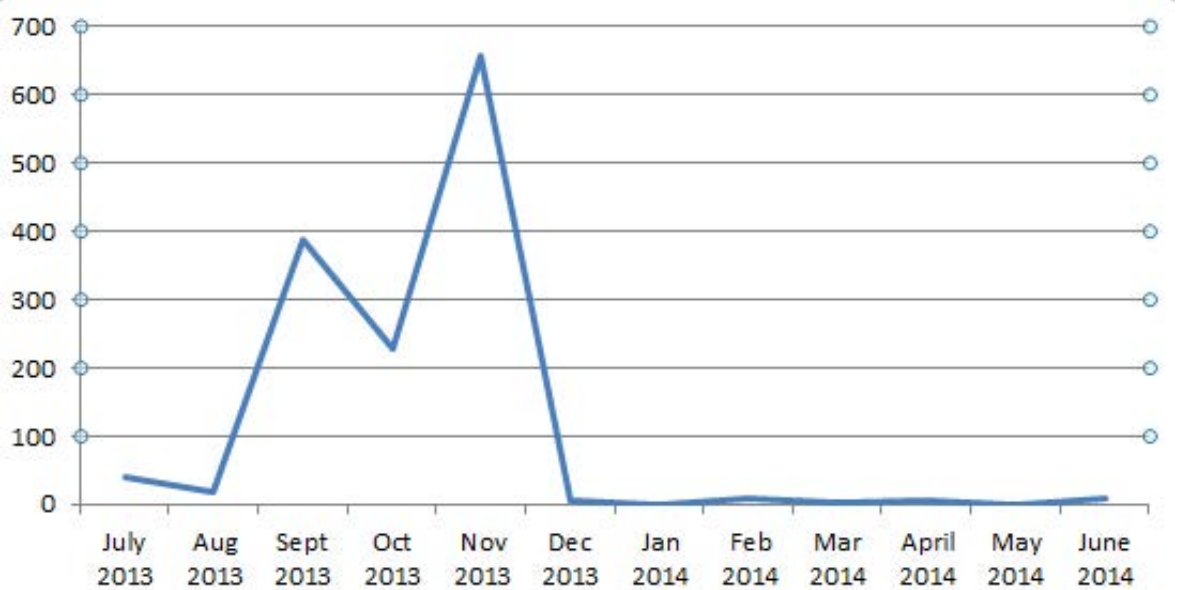
In 2013, Jen published her first book *Day Six: When Motherhood and Madness Collide* to raise awareness. She has found since her illness that there is still a taboo and a lot of women and men suffer in silence.

The book is a story about really tough times but it is also a love story about the love her husband had for her during her illness, the love they each had for their baby, and the love of her parents during such a difficult time.



Jen Wight

Our online media results for mentions of MHA our programs during 2013-2014. Note these figures don't include print and radio mentions that aren't also posted online, so the actual number is higher.



Pages from our Workplace Health Promotion Network Annual Forum Media Kit in 2014.



Workplace Health Promotion Network (WHPN)

excellence knowledge leadership



Workplace Health Promotion Network (WHPN)

### What is WHPN?

The Workplace Health Promotion Network (WHPN) was formed in October 2006 in Sydney with the goal of improving the health of Australia's working population.

WHPN achieves this by resourcing and supporting organisations to create healthy workplaces.

Today WHPN includes members based across the country, with regular events being held in Sydney and Brisbane.

WHPN is coordinated by the Mental Health Association NSW, a registered health promoting charity. While mental health issues are a key concern within Australian workplaces, the network also resources its members in all aspects of workplace health and wellbeing.

### The WHPN Annual Forum

The Workplace Health Promotion Network Annual Forum is held in the middle of each year. It provides an opportunity

for members to present their own work, network, and take part in discussions, and is the penultimate event in the WHPN calendar.

The day includes expert guest speakers and a 'Q&A' style discussion panel. A range of corporate providers are present on the day to discuss challenges facing members and their organisations.

### Membership benefits and activities

WHPN quarterly events and the Annual Forum are a great way to network, to learn from peers, listen to experts in the field, and find out the best way to address workplace health and wellbeing issues.

Members also have the opportunity to consult with the WHPN co-ordinator about unique challenges their organisations might be facing.

## WHPN and the Annual Forum at a glance



Workplace Health Promotion Network (WHPN)

### Katrina Walton Director

Katrina has over 18 years of experience in developing programs for small to large businesses, as a regular speaker and writer.

"WHPN provides a wonderful opportunity for wellness colleagues across the country to share the latest trends and develop a gap in the field."

"A successful organisation needs strong leaders. In the climb to success, it is important for leaders to role model together with their team."

### Diana Black Wellness Director

Diana appreciates the opportunity to provide good opportunities for all to share a common interest in workplace mental health in the context of a professional and educational environment.

"WHPN members are passionate about their engagement at the meeting, both formally and informally," says Diana.

excellence knowledge leadership



Jen now wants to be a voice saying that there is nothing to be ashamed of and that postnatal depression is just an illness like any other illness.

In addition to her work as a non-profit fundraiser, Jen has applied a whole range of approaches to maintaining her mental health - including making sure she takes time for herself. She's also a strong believer in yoga and sleeping well, and credits her wonderful husband and parents for their support.

## Help for young mums and dads at risk

Nov. 20, 2013, 12:11 p.m.

Young mothers at risk of perinatal mental health issues will have instant access to expert advice following the launch of a new mental health awareness online resource by the Minister for Mental Health, Kevin Humphries.

Mr Humphries said National Postnatal Depression Awareness Week, which began on Monday, was the perfect time to launch the innovative website [www.ivebeenthere.org.au](http://www.ivebeenthere.org.au)

"The perinatal period - including pregnancy and year following childbirth - is a time of great change for women, their partners and families," Mr Humphries said.

"It is because of this that a woman is more likely to experience depression and anxiety after following childbirth than at any other time in her life. Men can also experience depression and anxiety after childbirth and parenting."

Mr Humphries said perinatal mental health issues can have a significant and devastating impact on a mother, her baby

## Belmont becomes home to Lake Macquarie's first OCD support group

By GEORGIA OSLAND June 23, 2014, 5:09 p.m.



### Mental health facility is blooming

WHAT a busy Mental Health Month! It was great to see so many mental health events happening in the Macarthur region, from footy through to flower selling. Beautiful Minds held its inaugural Waratah re-

Waratah, our acute, adult mental health unit at Campbelltown Hospital.

Facilities like Waratah are often at the back of the hospital, under-funded, over-used and poorly maintained. They are forgotten places receiving little attention or support from the community, yet more than 1000 locals receive treatment in Waratah every year.

Beautiful Minds, in partnership with Waratah staff, have been working hard to bring positive change within the tall walls of this facility. We have created a better environment with the addition of sensory gardens, exercise equipment, more. We are on the path to our main goal, which is for patients to know the mental health recovery



Sandra McDonald and RN Barry.

Waratah Day was a day managed to see the flowers bloom.

ed this initiative, we are sowing the seeds and seedling us to use the space for providing space for Craig and Shane to bloom and

d have already seen a sense of a place of ser-

support from the handsome community took on the back of the Macarthur community have made Beautiful Minds

## OPINION To be kind to others be kind to yourself

By KATIE MCGILL Oct. 30, 2013, 10 p.m.



Clinical psychologist Katie McGill is program manager of the family and carer team at the Hunter Institute of Mental Health.

ARE you taking time to rest, refresh and refuel?

We all know that to keep a car going, we have to fill it with petrol. To grow a plant, we need to give it regular water and sunlight. To see a bank balance grow, we need to make steady deposits. But how often do we regularly take the time to refuel ourselves?

Life is often filled with necessary, but not necessarily fulfilling, activities such as doing the shopping, picking up the kids and following up on that missed bill.

## Case studies

Wellness Designs, and Adjunct Lecturer, Griffith University... experience in the development multi award-winning wellbeing organisations, both nationally and internationally, and is a on the subject of workplace wellness.

ful opportunity to network and benchmark with like-minded a range of organisations and sectors, while keeping abreast of opment," says Katrina. "I believe WHPN fulfills a much needed

m relies on having healthy, resilient, and high-performing corporate success, many leaders neglect their personal health

to be well to lead well. It is critical that leaders "walk the walk" and serve as effective actively and visibly contributing to building a wellness culture within the organisation."

Development Consultant, Bupa

ights she gets at the WHPN meetings. "The WHPN meetings is to hear from a range of organisations and industries who st in employee wellness. Recently the Mates in Construction pri 2014 highlighted the valuable work being done to improve

ernal Employee Wellbeing Program and recognises the value ucational network such as WHPN can provide.

sionate about employee wellness. There is a high level of ings and there are opportunities to continue conversations



knowledge leadership

workplace health promotion network

A selection of media coverage we obtained during 2013-2014. This is not a comprehensive set of examples, but provides a broad overview of the type of media coverage we were able to obtain.

# Advocacy and Policy

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The Advocacy & Policy team at MHA is committed to producing evidence based policy positions on matters of importance to people with lived experience of mental illness, their friends and families, carers, and the mental health sector at large. We use these researched policy positions to advocate and communicate at external community sector and government events, as well as in correspondence with the relevant Ministers and Public Service Representatives. Our aim is to create and influence positive change for our stakeholders through the encouragement of policy decisions based on both well intentioned and well evidenced positions.

In 2013-2014 MHA revisited our Advocacy and Policy work, and began the process of expanding our efforts in this area. This included re-invigorating our Advocacy and Policy Committee in conjunction with the Partners in Mental Health organisations ARAFMI and NSW CAG, and creating a part-time Advocacy and Policy Officer role to increase the strength of our effort and advocacy profile.

Our first Advocacy and Policy Officer joined us part-time for six months, representing MHA in a range of capacities and undertaking research on new and current MHA policies.

In the first half of 2014, the Advocacy and Policy officer was able to participate in/contribute to:

- NCOSS's Health Policy Advisory Group which advocated to NSW Health Director of the Activity Based Funding Task Force, Neville Onley, for greater representation of promotion and prevention within their new Activity Based Funding framework
- NSW Health 2014 State Budget Briefing advocating for NSW Health taking on some of the funding for the National Partnership Agreement on Preventative Health's National Eating Disorders Collaboration as part of their move to pick up some of the slack left by the Commonwealth Government withdrawing funding for the National Partnership Agreements
- The National Disability Insurance Scheme Factsheet Feedback Forum advocating for a complete rewrite of the NDIS factsheets commissioned by the National Disability Insurance Agency on the grounds that the eleven 2-5 page factsheets were completely inaccessibly written to anyone without a tertiary qualification in Law or Government.
- Meet Your Neighbour gatherings to discuss the work of MHA and to hear what others are doing
- The 2014 Annual Housing and Mental Health Forum advocating for a closing of the gap of 2 weeks advanced rent required for entering social housing not loaned/granted by Housing NSW or Centrelink (they currently offer combined cover of only 4 weeks of the 4 weeks + 2 weeks bond required in advance) based on research and questions designed by an MHA Policy Volunteer





- FONGA (Forum of Non-Government Agencies) where we raised awareness of the Commonwealth Government's plans to remove mental health consumers from the Disability Support Pension
- To the NSW ACT Alcohol Policy Alliance where we are signed up in support of tighter alcohol laws and better management of alcohol induced violence.

MHA is intending to capitalise on the success of this six month role by incorporating advocacy into one of our Senior Project Officer roles. It is hoped that this will increase MHA's profile as an organisation actively working in advocacy and policy areas in the next financial year. There are a number of

policy projects in the works that began in 2013-2014 which will be completed in 2014-2015, including:

- Ministerial correspondence with Federal Health Minister Peter Dutton on the future of ATAPS once Medicare Locals are gone and the future of the National Eating Disorders Collaboration cut in the budget
- Joint submission with NSW CAG and ARAFMI to the McClure Review of Welfare advocating against disturbing changes to income support for mental health consumers and carers
- Continued correspondence with NSW FACS on social housing policy relating to

# Who We Work With

A large part of what we do at MHA involves working with other organisations and communities across the state. Our work with others more effectively enables us to support people with mental illness and their carers, as well as address stigma and promote mental health and wellbeing. The organisations and communities we work with are valued funders, partners, and participants in our programs, and we are grateful to each for their contribution to our work.

## Partners in Mental Health

MHA continues to work closely with our partners in the office, ARAFMI and NSW CAG. In fact we are working closer than we have in the past. The most significant joint project we are currently working on is developing our expanded back office services. This will involve possible shared human resource management, finances, administration and reception, and some shared staff. This will be a significant development for all three organisations and in some respects completes the scope of the original plans for the co-location. Margaret Scott from MC Consulting has been contracted to help with

the change management process needed for this significant restructure. With her help we are ensuring that the key stakeholders are consulted and as involved as possible in making decisions that affect their workplace.

MHA would like to thank the CEO's and staff of our partner organisations. Their support and presence add a great deal to making our workplace a happy and co-operative office.

## Official Visitors Answering Service

Official Visitors (OV) are appointed by the NSW Minister for Health to visit people in mental health inpatient facilities in NSW and are available to assist consumers on community treatment orders.

OVs are independent from the health system and come from the community with a range of cultural, professional and personal backgrounds.

They aim to safeguard standards of treatment and care, and advocate for the rights and dignity of people being treated under the NSW Mental Health Act 2007.

They make regular visits to all inpatient psychiatric facilities across NSW, they talk to patients, inspect records and registers, and report on the standard of facilities and services. They liaise with staff about any issues or concerns and report any problems to the



## Other Partnerships and MoUs in 2013-2014

- Aboriginal Health & Medical Research Council
- ACON
- ARAFMI NSW Mental Health Carers
- Australian College of Applied Psychology (ACAP)
- *beyondblue*
- Black Dog Institute
- Charles Sturt University - Psychology Department
- EWON
- Family and Friends of Missing Person Unit, Attorney General's Department
- Forum of Non-Government Agencies
- Happy Body at Work – ABC Commercial
- HealthDirect Australia
- Homeless NSW
- Justice Action/Breakout
- Lifeline
- Macquarie University – Psychology Department
- Mental Health Australia
- Mental Health Commission NSW
- MH-Children and Young People (MH-CYP)
- NCOSS
- NSW Consumer Advisory Group – Mental Health (NSW CAG)
- NSW Farmers Rural Mental Health Network
- NSW Institute of Psychiatry
- NSW Ministry of Health
- Remind Mental Health Training and Education
- South East Sydney Local Health District
- St George Mental Health Interagency Healthy Minds Expo Steering Committee
- St Vincents Hospital
- Transcultural Mental Health Centre
- Ulladulla Schizophrenia Fellowship
- University of Western Sydney

Principal OV and/or the Minister for Health.

OVs can listen to patients' or carers' concerns and help to resolve them, or, with permission, they can act to resolve it on their behalf.

The Mental Health Association NSW has provided the telephone answering service for the Official Visitors Program since November, 2004, and continued to do so in 2013-2014.

	2010-2011	2011-2012	2012-2013	2013-2014
OV calls answered by MHA staff	2031	1674	1624	1655

# Our People

## Our Board Members

Officers of the Board:

- Dr. Meg Smith OAM, President
- Ms Jill Faddy OAM, Vice-President
- Mr Frank Flannery, Vice-President
- A/Prof Janette Perz, Honorary Treasurer
- Mr Peter Trebilco OAM, retired as Chairperson in September 2013

Board Member	Attendance at Executive Committee Meetings (out of possible 7) (# not required to attend but chose to do so)	Attendance at Board Meetings (out of possible 5) (* out of a possible 4)
<b>Officers of the Board:</b>		
Dr Meg Smith OAM – President	5	3
Ms Jill Faddy OAM- Vice-President	7	4
Mr Frank Flannery – Vice President	5	3
A/Prof Janette Perz – Honorary Secretary	3	3
Mr Stephen Jasek – Honorary Treasurer	6	3
Mr Peter Trebilco OAM- (Retired as Chairperson September 2013)	1	5
Mr Scott Mahony (Elected Chairperson September 2013)	2	4
<b>Ordinary Members:</b>		
Dr Nick O’Connor – Deputy Chairperson		2
Dr Leanne Craze		3*
Mr Fred Kong		2
MS Sharyn McGee		4
Ms Megan Wintle		5
Ms Liz Mullinar		3*
Mr Gary Moore		3
Mr David Harper	2#	4
Ms Judith Nicholas		3*
Ms Ci’an Kemp (Staff rep.)		4*

- Mr Scott Mahony, elected Chairperson in September 2013

Ordinary Members:

- Dr Nick O'Connor, Deputy Chairperson
- Dr Leanne Craze
- Mr Fred Kong
- Ms Sharyn McGee
- Ms Megan Wintle
- Ms Liz Mullinar
- Mr Gary Moore
- Mr David Harper
- Ms Judith Nicholas
- Ms Ci'an Kemp, Staff Representative

## Members of our Technical Advisory Committee

Mr David Harper – Chair

Mr John Tserkezis,

Mr Guenter Koerner

Mr Jonathan Harms

Ms Elizabeth Priestley

Ms Ci'an Kemp

Ms Karina Ko

Mr Terry Kirkpatrick

## Members of our Advocacy and Policy Committee

- Mr Fred Kong – Chair
- Mr Jonathan Harms
- Ms Jill Faddy OAM
- Dr Terry Kirkpatrick
- Ms Sharyn McGee
- Mr Gary Moore
- Ms Elizabeth Priestley
- A/Prof Meg Smith OAM
- Mr Murray Mayes

## National Volunteers Week

National Volunteers Week 2014 was held on 12-18 May. MHA, along with co-location partners NSW CAG and ARAFMI, like to thank our many volunteers during the week each year. Thus, as in previous years, we held an afternoon tea for our many volunteers.

This year it was held in the boardroom of our office. We had approximately 50 people attend the afternoon tea where many stories of their experiences as a volunteer were exchanged.

A very special thank you to Peter Trebilco who is always willing to help at MHA, whether on the Board, conducting interviews for new staff, with Mental Health Month, or many other activities. Peter has now been volunteering his time and expertise with MHA for 37 years. Thank you very much to Peter and to all of our wonderful volunteers both long standing and new.

## Our Staff

- Ms Elizabeth Priestley – Chief Executive Officer
- Ms Lai Ha Wu – Finance Manager
- Ms Ci'an Kemp – Senior Project Officer, Communications
- Ms Sharon Leadbetter – Workplace Health Promotion Network (WHPN) Coordinator
- Ms Mehna Alacozy – Project Officer, Mental Health Promotion
- Ms Linda Junee – Facing Anxiety Self Help Groups Officer
- Ms Julie Leitch – Small Steps/ADIS Information Officer
- Ms Vassilka Dimitrova 'Isbell – MHIS/ADIS Information Officer
- Ms Terri Marsh – MHIS Information Officer/ Resource Centre Officer
- Ms Rachel Flint – Anxiety Support Groups/ MHIS/ADIS Information Officer
- Ms Jamie Saltoon – Way Ahead Project Officer/Student Coordinator/MHIS Information Officer (from February)
- Ms Suzanne Weber – Administration/ Membership Officer
- Mr Murray Mayes – Advocacy & Policy Officer
- Ms Madeleine Fabian – Senior Project Officer, Mental Health Promotion

Three staff members left MHA during 2013-2014. All left for new opportunities and experiences, and everyone at MHA wishes them well. Staff farewells included:

- Dr Terry Kirkpatrick – Deputy CEO
- Ms Ellen Woodcock – WayAhead Project Officer/Student Volunteer Coordinator/ MHIS Information Officer
- Ms Linda Manoukian – Anxiety Support Groups/MHIS/ADIS Information Officer



Some of our staff and volunteers at the Mental Health Month launch in 2014.

## Members of our Mental Health Promotion Reference Group

- Lucy Abbott – Aboriginal Health & Medical Research Centre
- Ms Jenice Alliston, Central Coast Mental Health Service, Northern Sydney Central Coast Health
- Dr Alan Avery – Hunter/New England LHD
- Karen Bedford – Australian Health Promotion Association NSW Branch
- Ms Cherie Carlton – NSW Institute of Psychiatry
- Tony Cotton – Australian Public Service Commission
- Mr Johann Kolstee – ACON
- Ms Gillian Murphy – University of Western Sydney
- Ms Julie Osborne – Mental Health Drug and Alcohol Officer, NSW Health
- Ms Esther Pavel-Wood – NSW Consumer Advisory Group (NSW CAG)
- Julie Proctor – Greater Western LHD
- Ms Michele Sapucci – Transcultural Mental Health Centre
- Tim Sharpe – The Happiness Institute
- Dr Husna Razee – University of NSW
- Mr Peter Trebilco, OAM – MHA Board

### Our Volunteers

#### General Volunteers

- Nicholas Horn
- Vu Nguyen
- Mohong Zhou
- Joanna Um

#### Health Promotion Volunteers

- Frank Ji

- Jacqui Abbott

- Jezreel Besterwitch

- Murray Mayes

#### Media and Communications Interns

- Damien Chung
- Erin Stewart
- Isabel de Vroom

- Jackie Johnson

- Matthew Keighery

- Michael Rosser

- Nick Surjadinata

#### Anxiety Support Group Volunteers

- Agnes Starnawski
- Alexandra Rodriguez

### MHA Advisors

- Ms Janet Meagher AM – Consumer Advisor
- Mr Shah Rusti – Honorary Solicitor from Teece, Hodgson and Ward

- Alison Young
- Andrew McManus
- Andrew Murnieks
- Anna Pockaj
- Anthony Winning
- Ayesha Sadozai
- Belinda MacMahon
- Catherine Steer
- Colin Bull
- Colleen Faes
- Dan Thompson
- Danielle Koncz
- David Hanson
- Elizabeth Banks
- Emmy Yiannopoulos
- Fiona Treacy

## MHA's Honorary Life Members

- Ms Janet Meagher AM
- Dr Donald Scott-Orr
- Huy Pham
- Isabelle Adam
- Jamie Saltoon
- Jenni Sheridan Latham
- Jess Manfre

## Meet one of our volunteers who has a lived experience of mental illness

Tina is a volunteer with lived experience of mental illness who originally started volunteering as a way to get back into the work force. She was working full time previously but due to her illness was unable to continue. When Tina first joined MHA as a volunteer she was hesitant and self-conscious about being in an office, particularly making phone calls to other organisations. After a few weeks, Tina began to open up to other MHA staff; she expanded her volunteer work to two days a week, and also started working with the anxiety support group team.

Since she first began with us, Tina has also introduced herself to NSW CAG and participated in their art exhibition earlier this year. She has shared a beautiful portfolio of her paintings and drawings that illustrate her experience with mental illness. Tina now is looking to promote her own art work by making cards which she hopes to one day sell at markets.

We have seen positive changes in Tina. She has become an important part of our team, and has shown confidence and enthusiasm with her ongoing work and involvement with MHA. She has told us that she loves working here, and her willingness to help and share ideas has truly been a benefit. She feels she has somewhere to go and that she is making a difference, which she is.



One of Tina's artworks.



## Meet one of our volunteers who is a carer

One day, Matt became a carer. It was sudden and without warning. Like many people in a similar circumstance he used the internet to find information, and he started to support organisations that provided information and promoted openness about mental health – including MHA, which he ‘liked’ on Facebook.

In 2013 MHA posted on Facebook looking for volunteers to help with Media and Communications and he put his hand up. He says the experience was informative and he found himself writing about things that he knew little about. “It seems incredible now, but I had very little knowledge of anxiety, and a common task was to try and get media coverage for the Anxiety Support Groups. I realised that MHA’s experience with anxiety was one of its strengths and that the media liked to hear from people who had a personal experience, could back it up with accurate information, and were engaging,” says Matt.

“This fitted well with me as a carer. I also wanted to learn more about other people’s experiences, so I kept my eyes and ears open for their knowledge and stories. Of course, everyone’s experience provided me with more insight,” says Matt. “Listening to their stories also gave me much pleasure. Even though the story was often touched by sadness, I felt I was privileged to hear them. Many times, I heard how people got better or got by. Quite often, I heard how people felt that their lives were richer for the experience, just like mine is.”

- Jill Edmondson
- John Young
- Joyce Ma
- Julie Leitch
- Laeonie Forster
- Lauren Brady
- Maggie Morriss
- Maree Richards
- Mark Smith
- Michelle Laving
- Olivier Delorme
- Rachel Flint
- Rebecca Cefai
- Sandra Ali
- Terry Clendon
- Trudy Ricketts
- **Self-Help Group Students and Volunteers**
- Wafa Alsatravi
- Cashel Ardouin
- Fatmata Bangura
- Teija Boscoe
- Alexandra Bowen
- Marguerite Brenac
- Kylie Carroll
- Nathaniel Casella
- Sarah Dean
- Xenia Demetriou
- Arabella El Alami
- Gavin Entwistle
- Anna Ford
- Benjamin Green
- Caitlin Hall
- Linda Kennedy
- Linda Kim
- Gail Lee
- Hayley Mayer
- Laetitia Maynard
- Pippa McFall
- Vivienne Morrow
- Kathy Nguyen
- Marissa Nolan
- Karine Rayson
- Niccole Rowe
- Fahad Shahid
- Nerine Strachan
- Matthew Sutton
- Myrene Tabas
- Andrea Turner
- Gabrielle Tydd
- Archana Waller
- Quang Yuy Pham
- Elizabeth Yopez

# Sustainability

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## Governance

During the last 12 months, the MHA has undergone a review of its governance structure including assessing current board skills and looking at where we need to build our strengths. Part of that process involved giving serious consideration to moving from an Incorporated Association registered through Fair Trading in NSW to a Not-For-Profit Company registered with the Australian Securities Investment Commission (ASIC). The Board has agreed that this is an appropriate move for MHA, recognising our potential income, responsibilities to our members and funders, and also our plan to provide limited services in other states. The driver for this change was Scott Mahony, our Chair during the financial year. Scott has strong governance skills and he worked hard to influence change and shift the thinking of the board.

A new draft constitution has been written and it will go to our members for approval in the next financial year. If approved, MHA will apply for registration with ASIC and will reduce the board member number from the current 17 to 9 elected members. This is a significant change and it symbolises MHA moving into another chapter in its long life. MHA would particularly like to thank our Honorary Solicitor Shah Rusiti from Teece Hodgson & Ward. Shah spent many hours assisting us in developing our constitution and advising us on the process to become a company. Many of these hours were done in his own time and his assistance was invaluable.

## QIC Quality Improvement

MHA was previously externally reviewed for accreditation under QIC standards in 2012. At that time we met or exceeded all the benchmarks and we have continued reviewing our systems and processes as part of that continuous quality improvement. We are due for our next external review in early 2015 and we are looking forward to meeting the requirements and working on new and revised recommendations over the three year cycle.

## Staff Wellbeing Initiatives

As part of sharing knowledge and starting to develop best practice in workplace health and wellbeing at MHA, the WHPN Co-ordinator has organised a range of workplace wellbeing initiatives for MHA and its co-location Partners in Mental Health - the NSW Consumer Advisory Group (NSW CAG) and the Association of Relatives and Friends of the Mentally Ill (ARAFMI). A survey of the MHA staff was conducted first to see what they would be interested in doing. The co-ordinator then began undertaking initiatives based on what staff requested, including:

- Morning teas provided as a thank you for work done by staff
- Staff attended a morning tea hosted by Outdoor Media to raise money at Australia's Biggest Morning Tea
- Created compliment certificate templates for staff to acknowledge and praise each other

- Staff were encouraged to get involved in Stress Less Day by wearing pyjamas to work and to fundraise for Lifeline
- A shared team lunch is held at the end of every month
- Morning tea has always been provided historically for staff birthdays
- Encourage attendance at a regular lunch time meditation class for a gold coin donation at a local meditation centre
- Encourage attendance at a regular walking group run by the Heart Foundation for anyone in the building
- Encourage attendance at a regular yoga class run by the Heart Foundation
- Organised a chocolate tour of the city on a weekend for staff
- Co-ordinated a jewellery fundraiser with other staff members which raised \$675 for MHA
- Organised a clothing swap with the CEO that was held in the MHA office which raised \$80 and created contacts with others in the building and an interest to run another one in 2014
- Encourage staff to join the blood donation group
- Encourage staff to obtain discounted gym memberships for staff at the local gym
- Organised ergonomic assessments for staff workstations
- Provided flu shots in association with the Heart Foundation
- Held two financial awareness talks from HESTA, our superannuation provider
- Organised a free meditation lunch time class for all of the charities on this floor and others in the building. This session is kindly run by MHA staff member Jamie who is also a trained meditation teacher and offered her services free to her co-workers.



# Financial Reports

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

## **STATEMENT BY MEMBERS OF THE COMMITTEE**

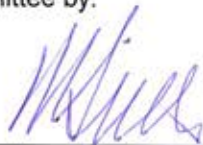
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The Committee has determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

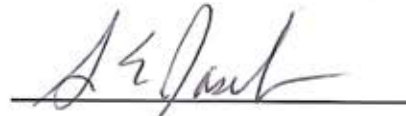
In the opinion of the Committee the financial report:

1. Presents a true and fair view of the financial position of Mental Health Association NSW Inc. as at 30 June 2014 and its performance for the year ended on that date.
2. The financial statements and notes satisfy the requirements of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act).
3. 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, 26 September, 2014

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

**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30TH JUNE 2014**

	Notes	2014 \$	2013 \$
<b>Current assets</b>			
Cash assets	5	1,045,964	976,708
Receivables	6	53,242	42,410
Inventories	7	1,598	2,085
<b>Total current assets</b>		<u>1,100,804</u>	<u>1,021,203</u>
<b>Non-current assets</b>			
Property, plant and equipment	8	13,691	27,123
<b>Total non-current assets</b>		<u>13,691</u>	<u>27,123</u>
<b>Total assets</b>		<u>1,114,495</u>	<u>1,048,326</u>
<b>Current liabilities</b>			
Payables	9	142,417	96,227
Provisions	10(a)	66,506	89,043
Other	11	279,824	279,824
<b>Total current liabilities</b>		<u>488,747</u>	<u>465,094</u>
<b>Non-current liabilities</b>			
Provisions	10(b)	66,090	56,297
<b>Total non-current liabilities</b>		<u>66,090</u>	<u>56,297</u>
<b>Total liabilities</b>		<u>554,837</u>	<u>521,391</u>
<b>Net assets</b>		<u>559,658</u>	<u>526,935</u>
<b>Members Funds</b>			
Retained funds	15	559,658	526,935
<b>Total Members Funds</b>		<u>559,658</u>	<u>526,935</u>

**STATEMENT OF PROFIT OR LOSS AND COMPREHENSIVE INCOME  
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2014**

	Notes	2014 \$	2013 \$
Revenue from ordinary activities	2	1,694,903	1,682,205
Expenses from ordinary activities:			
Cost of goods sold	3	1,478	628
Employee expenses		922,007	887,944
Professional and consultancy fees		71,380	14,664
Occupancy expenses	3	240,236	233,645
Other expenses from ordinary activities		427,079	522,797
<b>Surplus / (deficit) from ordinary activities before income tax expense</b>		<b>32,723</b>	<b>22,527</b>
Income tax revenue / (expense) relating to ordinary activities	4	-	-
<b>Surplus / (deficit) from ordinary activities after related income tax expense</b>		<b>32,723</b>	<b>22,527</b>
Other comprehensive income		-	-
<b>Total comprehensive income attributable to the members of the entity</b>		<b>32,723</b>	<b>22,527</b>

*The Statement of Profit or Loss and Other Comprehensive Income should be read in conjunction with the notes to the financial statements.*

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2014**

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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 and have been prepared to meet the requirements of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act). The Committee members have determined that the association is not a reporting entity.

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.

**(d) Employee entitlements**

Provision is made for the Association's liability for employee entitlements arising from services rendered by employees to the end of the reporting period. Employee provisions have been measured at the amounts expected to be paid when the liability is settled.

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2014

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

**(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.



NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2014

	2014 \$	2013 \$
<b>Note 2 - Revenue</b>		
Revenue from operating activities		
Membership fees	19,082	23,580
Publication / Promotional sales	1,959	2,439
	<u>21,041</u>	<u>26,019</u>
Revenue from outside the operating activities		
Donations and bequests	58,762	20,652
Co-location grants received	325,745	317,800
Grants received	1,138,173	1,212,173
Interest received	37,816	57,808
Other income	73,956	38,613
Income - Support	39,410	9,140
	<u>1,673,862</u>	<u>1,656,186</u>
Revenue from ordinary activities	<u>1,694,903</u>	<u>1,682,205</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	1,478	628
Depreciation	15,381	18,607
Rental expense	240,236	233,645

**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	336	400
Cash at bank - Head office	280,819	235,473
Cash at bank - Mood Disorders Program	-	680
Term Deposit – Security for lease	58,412	58,412
Cash at bank - FAP	-	-
Cash at bank - Shipp fund	1,015	1,011
Cash at bank - Gilgandra	255	254
Short term deposits	705,127	680,478
	<u>1,045,964</u>	<u>976,708</u>

Cash is bearing an interest rate of between 0% and 4.0%, (2013: 0% and 5.50%) 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 2014**

	2014 \$	2013 \$
<b>Note 6 - Current assets - Receivables</b>		
Security deposit	2,251	2,259
Sundry debtors	15,428	7,947
Trade debtors	35,563	32,204
	<u>53,242</u>	<u>42,410</u>
<b>Note 7 - Current assets - Inventories</b>		
Stock on hand - publications	1,598	2,085
	<u>1,598</u>	<u>2,085</u>
<b>Note 8 - Non-current assets - Property, plant and equipment</b>		
Plant and equipment - at cost	73,873	73,873
Less: accumulated depreciation	(68,538)	(63,332)
	<u>5,335</u>	<u>10,541</u>
Office furniture and equipment - at cost	200,074	198,124
Less: accumulated depreciation	(194,765)	(190,362)
	<u>5,309</u>	<u>7,762</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	(22,608)	(16,835)
	<u>3,046</u>	<u>8,819</u>
	<u>13,691</u>	<u>27,123</u>
<b>Note 9 - Current liabilities - Payables</b>		
Income received in advance (Note 16)	43,882	36,910
Grants in advance	48,639	6,815
Trade creditors	7,035	24,208
Sundry creditors & Accruals	42,861	28,294
	<u>142,417</u>	<u>96,227</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 2014**

	2014 \$	2013 \$
<b>Note 10- Provisions</b>		
<b>(a) Current</b>		
Provision for annual leave	<u>66,506</u>	<u>89,043</u>
	<u>66,506</u>	<u>89,043</u>
<b>(b) Non-current</b>		
Provision for long service leave	<u>66,090</u>	<u>56,297</u>
	<u>66,090</u>	<u>56,297</u>
<b>Note 11 - Current liabilities - Other</b>		
Wooton bequest	160,988	160,988
Cobbold bequest	51,836	51,836
S Nick	<u>67,000</u>	<u>67,000</u>
	<u>279,824</u>	<u>279,824</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	336	400
Deposits at call	763,539	738,890
Cash at bank	<u>282,089</u>	<u>237,418</u>
	<u>1,045,964</u>	<u>976,708</u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
 FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2014**

	2014 \$	2013 \$
<b>Note 13 - Statement of Cash Flows (continued)</b>		
<b>(b) Reconciliation of cash provided by / (used) in operating activities</b>		
Operating surplus / deficit	32,723	22,527
Non-cash flows in operating surplus		
Depreciation	15,381	18,607
Changes in assets and liabilities		
(Increase) / decrease in receivables	(10,831)	(17,704)
(Increase) / decrease in inventories	487	(309)
Increase / (decrease) in payables	46,190	(128,960)
Increase / (decrease) in provisions	(12,744)	13,446
Increase / (decrease) in other current liabilities	-	73,322
	<u>71,206</u>	<u>(19,071)</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 2014.

**Note 15 - Retained funds**

Movements in retained funds are summarised as follows:

Retained funds at the beginning of the financial year	526,935	504,408
Current year surplus / (deficit)	<u>32,723</u>	<u>22,527</u>
Retained funds at the end of the financial year	<u>559,658</u>	<u>526,935</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 2014**

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**2014**  
**\$**

**2013**  
**\$**

**Note 16- Income received in Advance**

Income received in advance represents subscription or other income received for the year beginning 1 July 2014.

The amounts included in Income received in advance are as follows

Income received in advance - others	43,882	35,937
Howarth Foundation	-	973
	<u>43,882</u>	<u>36,910</u>

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

Not later than one year	-	251,727
Later that one year but not later than two years	-	-
Later that two year but not later than five years	-	-
Minimum lease payments	<u>-</u>	<u>251,727</u>

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

**MENTAL HEALTH ASSOCIATION NSW INC.**  
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**STATEMENT OF CASH FLOWS**  
**FOR THE FINANCIAL YEAR ENDED 30TH JUNE 2014**

	Notes	2014 \$ Inflows (Outflows)	2013 \$ Inflows (Outflows)
<b>Cash flows from operating activities</b>			
Interest received		37,816	57,808
Receipts from government grants		1,502,383	1,389,928
Membership fees		19,082	23,580
Other receipts		148,621	152,342
Payments to suppliers and employees		<u>(1,636,696)</u>	<u>(1,642,729)</u>
<b>Net cash provided by / (used in) operating activities</b>	13(b)	<u>71,206</u>	<u>(19,071)</u>
<b>Cash flow from investing activities</b>			
Payments for property, plant and equipment		(1,950)	(6,753)
Proceeds from the sale of property, plant and equipment		<u>-</u>	<u>-</u>
<b>Net cash provided by / (used in) investing activities</b>		<u>(1,950)</u>	<u>(6,753)</u>
Net increase / (decrease) in cash held		69,256	(25,824)
Cash at the beginning of the financial year		<u>976,708</u>	<u>1,002,532</u>
<b>Cash at the end of the financial year</b>	13(a)	<u><u>1,045,964</u></u>	<u><u>976,708</u></u>

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

# THOMAS DAVIS & CO.

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CHARTERED ACCOUNTANTS

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

LEVEL 20  
68 PITT STREET  
SYDNEY NSW 2000

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

**AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 60-40  
OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012  
TO THE COMMITTEE OF MENTAL HEALTH ASSOCIATION NSW INC.**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014 there have been no contraventions of any applicable code of professional conduct in relation to the audit.



THOMAS DAVIS & CO.



J. G. Ryan

Partner

Chartered Accountants

Sydney 26 September, 2014

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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 2014, and the statement of profit or loss and other comprehensive income and the statement of cash flows for the year then ended, notes comprising summary of significant accounting policies, other explanatory notes and the certification by members of the committee on the annual statements giving true and fair view of the financial position and performance of the association.

### *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 the requirements of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) 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 gives a true and fair view and 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.

*Opinion*

In our opinion, the financial report gives a true and fair view in all material respects, the financial position of Mental Health Association NSW Inc. as of 30 June 2014 and of its financial performance and its cash flows for the year then ended in accordance with accounting policies described in Note 1 to the financial statements, and complies with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the the reporting requirements of the Australian Charities and Not-for-profits Commission Regulation 2013.

*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 for the purpose of fulfilling Mental Health Association NSW Inc., financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose.



**THOMAS DAVIS & CO.**



J G RYAN

PARTNER

Chartered Accountants

SYDNEY, 26 September, 2014

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# Our Supporters and Donors

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MHA's Board gratefully acknowledges the ongoing support of NSW Health and the NSW Mental Health Commission as well as the contribution of funds to its programs by our donors and 166 members in 2013-2014, including our 21 new members who joined during this financial year.

MHA also offers special thanks to **Teece Hodgeson & Ward**, our honorary solicitors providing pro bono legal advice.

## Thank you to our donors

Jenny Armstrong

Renee Louise Azzopardi

Annie Behrns

Jill Blackman

Patricia Brady

Gary Chalmers

Gillian Church

Ray Clarke

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Dianne Whiteman

Megan Wintle

Helen Wotherspoon

Lorraine Wright





## Mental Health Association NSW

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association nsw



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