



**Mental Health  
Australia**

**Annual  
Report  
16/17**



**Flannel Flower**

**Melinda Brown**

*Untitled, 2015*

Oil on Canvas

This painting represents the complexities experienced by people who have a mental illness. The small flower in the center of each circle represents the individual surrounded by a circle of love and support made up of family, community and support organisations.

The various tracks between the circles represent the linking of support to the wider community, and the larger yellow dots represent the healing track which supports the healing process. The different patches of coloured dots in the background indicate the many challenges which face people affected by mental illness.

The flannel flower is described as being “furnished with rays” and represents hope, and the flower’s ability to survive in difficult environments represents the resilience for those who suffer from mental illnesses.

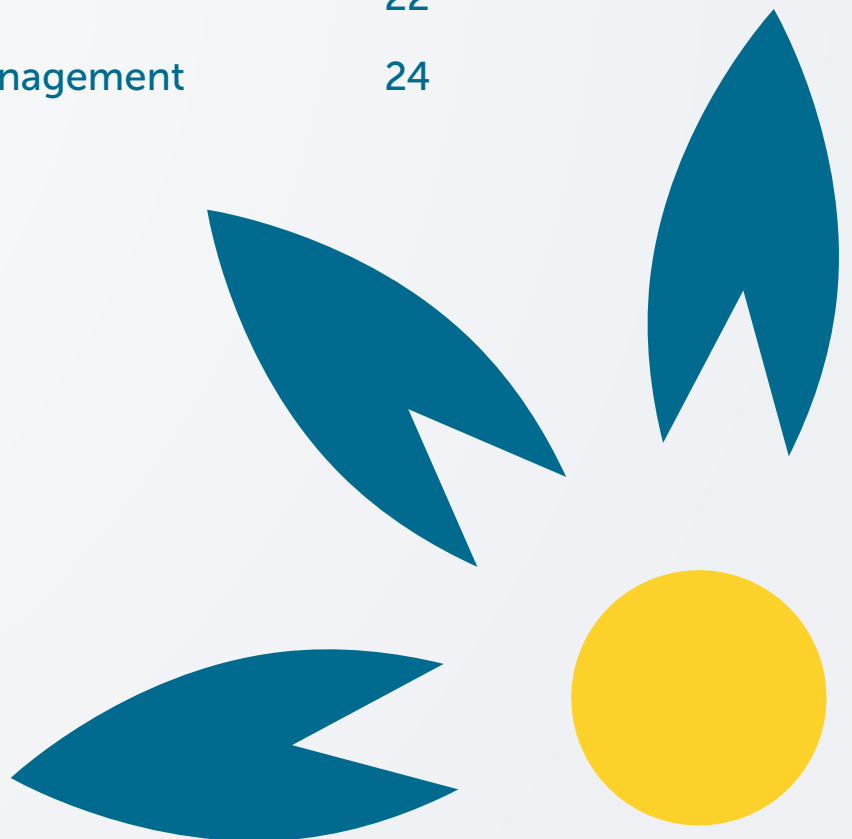
**Biography**

Melinda Brown is an Ngunnawal woman who now resides in the Northern Rivers, NSW, Bundjalung Nation. Mel has a Masters of Indigenous Studies – Healing and Trauma, and has spent the past 14 years as a Counsellor, Cultural Trainer, Artist and published Author. Mel’s passion is educating people in relation to improving services to Aboriginal communities and understanding the complexity of issues which affect Aboriginal Peoples.



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# OUR VISION

Mentally healthy people,  
mentally healthy communities



Mental Health Australia members and friends unite at the November 2016 Members Policy Forum in Canberra.

**Mental Health Australia, our members and stakeholders share a vision of a mentally healthy community where all people are treated with dignity and respect. Your support is crucial for Mental Health Australia to continue to be an effective advocate for change.**

**Become a member** – Organisations are invited to become a member and join our national network of mental health sector organisations advocating for reform. Members play a vital role in developing Mental Health Australia’s policy positions and ensuring the diversity of the sector is represented at the highest levels. Members also receive a range of benefits including sector-specific media and policy updates, access to face-to-face advocacy opportunities and attendance at networking events. Find out how to become a member on our website: [www.mhaustralia.org](http://www.mhaustralia.org).

**Become a Friend of Mental Health Australia** – Membership is not just for organisations, you too can add your voice to our work. Becoming a Friend of Mental Health Australia will keep you informed of opportunities to take action and important policy and sector updates.

**Corporate Friends** – The corporate world plays an important part in helping to break down the stigma associated with mental illness by providing people with lived experience a safe and caring work environment. Mental Health Australia is pleased to have Peninsula Hot Springs as a member of our current Corporate Friends program. Peninsula Hot Springs has a deep and fundamental desire to improve the wellbeing of Australians and connects well with the work of Mental Health Australia.

**Make a donation** – Mental Health Australia is a registered charity. All donations to Mental Health Australia are tax deductible and your funds go directly to our policy and advocacy work. Make a donation on our website at [www.mhaustralia.org](http://www.mhaustralia.org).

## Join the conversation

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# OUR VOICE

## From the Chair & CEO



Mental Health Australia Chair Jennifer Westacott and CEO Frank Quinlan present Prime Minister, The Hon Malcolm Turnbull MP with the pre-budget submission at the March 2017 Parliamentary Advocacy Day.

Starting 2016-17 with an election and finishing with an \$80 million commitment to psychosocial support in the federal budget, sums up another busy twelve months for all in the mental health sector.

Another year where Mental Health Australia, our members and stakeholders, continued to be at the forefront of advocating for change and reform.

A year where our election report card on mental health guided our pre-budget submission, following up on commitments made, highlighting gaps, and priority areas of reform. A year where our strong policy platform moved us closer to the realisation of our vision for mentally healthy people and mentally healthy communities.

It was a year where our support for Consumer and Carer participation and leadership continued to provide an important voice for true co-design. Where our member consultation on the Draft Fifth National Mental Health and Suicide Prevention Plan enabled a more comprehensive submission, and eventually a joint letter for change to First Ministers. A letter which was acknowledged and answered by the new Minister for Health, The Hon Greg Hunt MP.

A year where we completed our three year NDIS Capacity Building Project and continued to advocate to ensure NDIS policy, and NDIA process, better meets the needs of people with psychosocial disability. A year where we voiced our concerns about the mental health impacts of the marriage equality debate, and discrimination in the insurance industry.

Where our Parliamentary Advocacy Day in March saw the Prime Minister, Leader of the Opposition, Minister for Health, and Shadow Minister for Ageing and Mental Health address members and stakeholders on the importance of mental health reform and consumer and carer engagement. Where our pre-budget submission saw the government allocate resources to start to close the gap in psychosocial supports in the NDIS, in such a way as to bring state and territory governments to the negotiating table – to match Commonwealth funds.

While only a first step, this is the first time the government has given concrete recognition to the problem, and has taken responsibility for addressing it. This was a very significant breakthrough leaving three key challenges for the sector:

- to do all we can to bring state and territory governments to the negotiating table,
- to build confidence by doing all we can to demonstrate that mental health reform is possible and that outcomes can be improved, and
- to do all we can to be unified in our efforts to achieve future reform and investment.

Budget 2018 will be upon us before we know it. We have begun to prepare the way for more substantial reforms and investments.

In the year ahead we must continue to increase community engagement and awareness around the value of investing in mental health. Where the wider community breaks down stigma, broadens conversations and engages with the many successful campaigns including our own World Mental Health Day campaign by making a mental health promise.

In a political and policy environment that can often be more like a series of sprints than a marathon, we are lucky to have outstanding staff and a dedicated Board who are prepared to do both. Ready to continue to work towards achieving our vision of mentally healthy people, mentally healthy communities.

Finally, thank you to our members, upon whom we rely to help drive our reform agenda across Australia. The unity demonstrated this year has helped us achieve meaningful engagement with all sides of parliament on mental health reform, and while we all know there is still much work to be done, we know our voices are being heard.



**Jennifer Westacott**  
Chair



**Frank Quinlan**  
CEO

# OUR MEMBERS

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



Members gather at Parliament House in Canberra for the March 2017 Parliamentary Advocacy Day.



## Voting Members at 30 June 2017

Aftercare	Headspace	Private Mental Health
Alzheimer's Australia	Lifeline Australia	Consumer Carer Network
Australian Association for Developmental Disability Medicine	Mental Health Carers ARAFMI Aust	Psychosis Australia Trust
Australian Association of Social Workers	Mental Health Coalition of SA	Queensland Alliance for Mental Health
Australian College of Mental Health Nurses	Mental Health Community Coalition ACT	Queensland Centre for Mental Health Research
Australian Counselling Association Inc	Mental Health Coordinating Council	R U OK?
Australian Medical Association	Mental Health Council of Tasmania	ReachOut Australia
Australian Psychological Society	Mental Health First Aid Australia	Relationships Australia
Australian Rotary Health	Mental Health Professionals Network	Richmond Fellowship of Australia
Baby in Mind	Mental Illness Fellowship of Australia	Royal Australian College of General Practitioners
Beyondblue	Mind Australia	Royal Flying Doctor Service
Black Dog Institute	National Aboriginal Community Controlled Health Organisation	Rural & Remote Mental Health
Blue Knot Foundation	National Council of Intellectual Disability	SANE Australia
Brain and Mind Research Institute	National LGBTI Health Alliance	Society for Mental Health Research
Carers Australia	National Rural Health Alliance	Speech Pathology Australia
Catholic Health Australia	Neami National	Suicide Prevention Australia
Catholic Social Services Australia	NT Mental Health Coalition	The Butterfly Foundation
Centre for Mental Health Research (ANU)	Occupational Therapy Australia	The Pharmacy Guild of Australia
Dietitians Association of Australia	On The Line	TheMHS Learning Network
dnet - People Like Us	Orygen, The National Centre of Excellence in Youth	The Royal Australian and New Zealand College of Psychiatrists
Emerging Minds	Ostara Australia Limited	United Synergies
GROW	PACFA	VICSERV
	Perinatal Anxiety and Depression Australia (PANDA)	WA Association for Mental Health

## Non-Voting Members at 30 June 2017

ACT Mental Health Consumer Network	Converge International	Pathways Rehabilitation and Support Services
Anglicare Tasmania Inc	Eating Disorders Foundation of Vicotria	Pathways southwest
Anxiety Recovery Centre Victoria	Exercise & Sports Science Australia	Permanent Care and Adoptive Families
ARAFMI Queensland	Fernhills Clinic	Private Mental Health Alliance
Artius Group	Finding Workable Solutions	PTSD Australia New Zealand
Australian Kookaburra Kids Foundation	Flourish	Queensland Voice for Mental Health
Australian Red Cross	Gold Coast Centre Against Sexual Violence Inc	Richmond Fellowship Tasmania
Australian Society of Psychological Medicine	Graceville Centre	Richmond Wellbeing
Being - Mental Health & Wellbeing	Helping Minds	Ruah Community Services
Black Swan Health Limited	JobCo Employment Services	Supported Options in Lifestyle and Access Services
Break Thru People Solutions	Junaya Family Development Services	Tandem Carers
Brisbane North PHN	LAMP Inc	TeamHealth NT
Care Connect	Lives Lived Well	The MindShift Foundation
Carers ACT	Marathon Health	The Movember Foundation
CatholicCare NT	McAuley Community Services for Women	Tully Support Centre
Centacare Catholic Family Services	Mental Health Association NSW	University of Sydney
Centacare, Catholic Diocese of Ballarat Inc	Mental Health Partners	WayAhead - Mental Health Association NSW
Central Coast Family Support Service Inc	Mental Illness Education ACT	Wise Employment
CHES Employment and Support Services	Mental Illness Fellowship of North Queensland	WISHIN (Women's Information, Support and Housing in the North)
CoHealth	Mentally Healthy WA	
Connections	Mentis Assist	
	Mind Blank	
	NAB Foundation	
	Newcastle Family Support Services	
	Open Minds	

# OUR PEOPLE

## - Board and Staff



Mental Health Australia Board Members at the 2016 AGM  
Front Row (left to right) - Christine Morgan, Alison Xamon (outgoing), Geoff Harris, Jennifer Westacott, Robyn Kruk. Back Row (left to right) - Patrick Hardwick, Jonathan Nicholas, Arthur Papakotsias, Caroline Johnson

Mental Health Australia is governed by a Board of up to 10 Directors. The Board must consist of at least three and up to eight Elected Directors; and up to two Board Appointed Directors. Directors as at 30 June 2017 were:

**Chair - Ms Jennifer Westacott** - Board Appointed Director

**Deputy Chair - Ms Robyn Kruk** - Board Appointed Director

**Ms Clare Guilfoyle** - Elected Director

**Mr Patrick Hardwick** - Elected Director

**Mr David Butt** - Elected Director (from 2 Nov 2016)

**Mr Geoff Harris** - Elected Director

**Dr Caroline Johnson** - Elected Director

**Ms Christine Morgan** - Elected Director

**Mr Jonathan Nicholas** - Elected Director

**Mr Arthur Papakotsias** - Elected Director

**Ms Alison Xamon** - Elected Director (to 1 Nov 2016)

Mental Health Australia's success depends on the experience and dedication of its staff. The team combines skills in business, governance, policy and program development and management, planning, communications and event management and administration. Staff as at 30 June 2017 were:

**Frank Quinlan**

Chief Executive Officer

**Melanie Cantwell**

Deputy Chief Executive Officer/  
Company Secretary

**Josh Fear**

Director, Policy and Projects

**Kylie Wake**

Director, Consumer and Carer Programs

**Lachlan Searle**

Director, External Relations

**Felicity Wilkins**

Executive Assistant/Communications  
and Events Coordinator

**Belinda Highmore**

Manager, Policy and Projects

**Kim Knight**

Manager, PR and Communications

**Carolyn Murphy**

Manager, Finance and Corporate  
Services

**Delia Witney**

Human Resources Manager

**Emma Coughlan**

Policy & Projects Officer

**Kathryn Sequoia**

Executive Officer – NMHCCF and  
National Register

**Erina Sheely**

Corporate Governance and HR Officer

**Emma Judges**

Admin/Project Officer – NMHCCF and  
National Register

**Kaitlin Saunders**

Project Officer

**Alicia Wason**

Trainee, Business Administration

**Amy Byrne**

Finance/HR Officer (maternity leave)

# CONSUMER AND CARER PARTICIPATION AND LEADERSHIP

## National Mental Health Consumer and Carer Forum

The National Mental Health Consumer and Carer Forum (NMHCCF) is a united, independent and national voice of consumers and carers committed to reforming mental health in Australia. It is currently auspiced by Mental Health Australia.

Through its membership, the NMHCCF gives mental health consumers and carers the opportunity to meet, form partnerships and be involved in the development and implementation of mental health reform.

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

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

The NMHCCF met face to face three times in 2016/17. Throughout the year members also participated in the following working groups, to progress NMHCCF priorities and workplan activities:

- Psychosocial Disability Working Group\*
- Rights, Disability and Mental Health Working Group\*
- Communication, Partnerships and Promotion Working Group
- Advocacy Brief Editorial Working Group
- Consumer and Carer Participation Working Group
- Psychotropic Iatrogenic Disorders and Advocacy Working Group

\*The Psychosocial Disability Working Group and the Rights, Disability and Mental Health Working Group amalgamated in March 2017 and are now called the Rights and Practices Working Group.

In 2016/17 the NMHCCF contributed to the following consultations, reports, issues and policies:

- Australian Commission on Safety and Quality in Health Care (ACSQHC) Regulation Impact Statement regarding the National Safety and Quality Health Services Standards
- Australian NGO Coalition Submission to the United Nations Review of Australia Fifth Periodic Report under the International Covenant on Economic, Social and Cultural Rights (ICESR)
- ACSQHC Draft National Consensus Statement: Essential Elements for Recognising and Responding to Deteriorations in a Person's Mental State
- Australian Government Productivity Commission Inquiry into Human Services Preliminary Report
- Australian Government Department of Health Fifth National Mental Health Plan
- Australian Government Department of Social Services Draft Model for the Delivery of Carer Support Systems
- Royal Australian and New Zealand College of Psychiatrists (RANZCP) Code of Ethics

The NMHCCF also:

- formally endorsed the Civil Society NDIS Statement coordinated by the Disabled People's Organisations Australia
- co-signed an open letter with Mental Health Australia regarding the Fifth National Mental Health Plan
- wrote an article on Reasonable Adjustments which was published in the Summer 2017 issue of newparadigm – The Australian Journal of Psychosocial Rehabilitation
- co-signed letters with the Private Mental Health Consumer and Carer Network (PMHCCN) to the Minister for Health regarding increasingly discriminatory practices by health insurance funds to psychiatry cover
- participated in a Gaskin Research Project on behalf of the ACSQHC – tracking signs of deterioration in a person's mental state
- published a new Advocacy Brief on Supported Accommodation.

## NMHCCF Evaluation

In 2016/17, an independent evaluation of the NMHCCF was undertaken, at the request of the Mental Health Drug and Alcohol Principal Committee (MHDAPC), who provide operational funding to the NMHCCF.

The evaluation considered the entirety of the NMHCCF's achievements within current resources, limitations and opportunities, against the backdrop of a rapidly changing mental health policy and service landscape.

The evaluation included examination of the following elements:

- NMHCCF membership and reporting lines; constituency connections
- performance of the NMHCCF, including consideration of current funding
- current auspice arrangement and contractual/funding agreements
- governance and operational processes
- resources – management of funding and staffing
- collaboration and partnerships
- effectiveness of promotion, publications and advocacy tools.

The evaluation report was provided to MHDAPC in June 2017 for consideration.

For more information on the NMHCCF, please visit the website at [www.nmhccf.org.au](http://www.nmhccf.org.au)

## National Register of Mental Health Consumer and Carer Representatives

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

During 2016/17 the consumer and carer selection panel (NMHCCF Co-Chairs and the consumer and carer representatives on the Mental Health Australia Board) selected consumer and carer representatives from the NMHCCF and National Register for the following new opportunities:

- Monash University Department of General Practice, Clinical Guidelines for the Diagnosis and Management of Work Related Mental Health Problems Project
- Informa 4th Annual National Mental Health Conference – presentation
- Royal Australian College of General Practitioners (RACGP) workshop - presentation
- National Disability Insurance Agency (NDIA) and Mental Health Coordinating Council (MHCC) Advisory Group on National Psychosocial Online Resource Project
- National Mental Health Commission (NMHC) symposium and workshop on the economics of mental health
- NMHC and Carer Engagement Project Steering Group
- Australian Government Department of Health National Mental Health Reform Stakeholders Advisory Group
- Psychotherapy and Counselling Federation of Australia (PACFA) webinar panel on Trauma Informed Counselling Practices
- Primary Health Networks (PHN) Mental Health Panel

NMHCCF and National Register members also participated in the:

- Australian Government Department of Health Digital Mental Health Gateway Consultation
- Mental Health Australia Grace Groom Oration 2016 (NMHCCF Co-Chairs and Deputy Co-Chairs)
- Mental Health Australia Members Policy Forum - November 2016 (NMHCCF Co-Chairs and Deputy Co-Chairs)
- Australian Government Department of Health Consumer and Carer Fifth Plan Consultation Workshop - December 2016
- Australian Government Department of Health Fifth National Mental Health Plan and the NDIS Workshop - December 2016
- Australian Government Department of Health Key Stakeholder Group Workshops – February 2017 and April 2017
- Consumer and Carer Leadership Colloquium (hosted by Consumers Health Forum, National Rural Health Alliance and Mental Health Australia) – March 2017
- Mental Health Australia Parliamentary Advocacy Day – March 2017 (NMHCCF Co-Chair and Deputy Co-Chairs)

## National Register membership review and induction

In January and February 2017, Mental Health Australia sought applications from mental health consumer and carer representatives from across Australia to join the National Register. Applications were open to existing National Register members and potential members.

A total of 117 consumers and carers applied for this opportunity. The consumer and carer selection panel met in March 2017 to assess the applications and selected 60 members based on agreed selection criteria. Successful applicants come from all states and territories, and a diverse range of backgrounds.

National Register members attended a face to face induction workshop held in Canberra on 16 June 2017. The workshop provided an opportunity for members to meet one another and the secretariat, learn more about being a National Register member, hear from other consumer and carer leaders, and discuss national mental health reform, policy, and communications.

For more information on the National Register, please visit

<https://mhaustralia.org/report/national-register-mental-health-consumers-and-carers>

## Consumer and Carer Leadership Colloquium

Over 60 consumer and carers attended the Consumer and Carer Leadership Colloquium held in Canberra on 21 March 2017. Organised by Consumers Health Forum of Australia, in partnership with the National Rural Health Alliance and Mental Health Australia, the Colloquium provided an opportunity for participants to discuss issues of importance to health consumer and carer leaders, with a learning, development and planning focus.

Mental Health Australia supported ten representatives to attend – six emerging mental health consumer/carers selected through the National Register application process, and four existing mental health consumer/carers from the NMHCCF.

Key issues explored at the Colloquium included the current health reform environment, including implications and opportunities for consumers and carers, what effective advocacy involves, and what can be done to strengthen and support the consumer and carer voice.

## Mental Health in Multicultural Australia Project

The Mental Health in Multicultural Australia (MHiMA) Project provided a national focus for advice and support to providers and governments on mental health and suicide prevention for people from culturally and linguistically diverse (CALD) backgrounds. This involved representation and support for CALD communities' interests in the mental health sector and raising awareness of mental illness and suicide prevention in CALD communities.

Mental Health Australia was originally engaged by the Department of Health to manage the MHiMA Project from late September 2015 until 30 June 2016. In May 2016 the Department extended the MHiMA Project to 31 December 2016, as an interim measure while Government considered the findings from the Recommendations for future directions report, which Mental Health Australia provided to Government in March 2016. The report was formulated after extensive consultation with the multicultural and mental health sectors.

Key activities during the six month MHiMA Project extension included:

- Maintaining the MHiMA Project website and social media
- Providing input to national policy and initiatives related to multicultural mental health, including CALD mental health consumer and carer input to the draft Fifth National Mental Health Plan and the design of the Digital Mental Health Gateway
- Providing ongoing support to the Framework for Mental Health in Multicultural Australia.

The Recommendations for future directions report was publicly released in late 2016. The full report is available on the Mental Health Australia website.

In late 2016, and in response to the Recommendations report, the Minister for Health advised the Australian Government would continue to support the MHiMA Project beyond December 2016. A targeted competitive approach to market will be undertaken in 2017/18 to determine the most appropriate project lead for the longer term.

MHiMA Project activities were completed by Mental Health Australia on 31 December 2016. Mental Health Australia continues to maintain the MHiMA website, including the Framework elements, while waiting for Government to outline the process to determine the future project lead is undertaken.

More information on the MHiMA Project is available at <http://www.mhima.org.au/> and <https://mhaustralia.org/mental-health-multicultural-australia-project>.

# OUR POLICY SUBMISSIONS

Mental Health Australia developed a number of submissions throughout 2016/17, covering a range of national mental health issues. All submissions can be downloaded from the Mental Health Australia website.

## **September 2016** **Senate Economics Legislation Committee inquiry into the Budget Savings (Omnibus) Bill 2016**

This submission opposed the passage of the legislation on the basis that provisions in the Bill, such as removing social security payments from some people in psychiatric confinement and in remand, would further entrench systemic discrimination against people with a mental illness. In the event the measures were passed, the submission called for any savings to be redirected into other mental health services, in particular for people being released from prison, remand or other psychiatric confinement.

## **November 2016** **Parliamentary Joint Committee on Corporations and Financial Services inquiry into life insurance**

The submission explained how providers of life, income protection and travel insurance discriminate against people with mental illness, by treating all people who report a mental health condition, a history of having had a mental health condition, or having sought clinical assistance to navigate a difficult period of their life, as a homogenous group presenting a high risk to insurers. The submission called for evidenced-based approaches to assessing risk and decisions on insurance applications and claims to be underpinned by an independent actuarial study.

## **December 2016** **Draft Fifth National Mental Health Plan**

The submission on the Draft Fifth National Mental Health Plan addressed the high level concerns raised by participants in the consultation forums that were held around the country in November and December 2016:

- The vision for mental health in the plan is much narrower than that proposed by the NMHC Review, and therefore does not set a course of action to achieve a world leading mental health system that supports recovery and achieve sustainable improvements in consumer and carer outcomes

- The plan focusses on mental illness only, rather than mental health more broadly, and consequently represents old thinking
- There are no mechanisms for consumer and carer co-design.

The submission called for a substantially re-drafted Plan to:

- clarify roles and responsibilities of governments, and take a whole of government approach to mental health
- include targets and indicators
- reorient investment towards early intervention and prevention
- expand and embed community services, close to need
- be subject to careful revision and be submitted to Ministers in mid 2017, rather than being rushed through in early 2017.

## **February 2017** **Australian Health Ministers' Advisory Council review of health system performance information and reporting framework**

Mental Health Australia's submission called for the marrying and analysis of data on the social determinants of health, to assess the impact on the health system, targets for all indicators, and investment to drive improvements to the health system informed by performance information and reporting.

## **Joint Standing Committee on the National Disability Insurance Scheme into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition**

The submission described in detail the policy and operational issues that implementation of the NDIS has presented for people with psychosocial disability. Mental Health Australia made recommendations to overcome these issues to improve outcomes for people with psychosocial disability and their families.



On 28 April 2017, Mental Health Australia appeared before the Joint Standing Committee with the Mental Illness Fellowship of Australia, Community Mental Health Australia and Orygen.

On 19 May 2017 a joint supplementary submission was provided in response to the Committee's question on what needs to change for the Scheme to have a recovery focus for people with psychosocial disability. The submission provides options for addressing the various legislative, regulatory and operational provisions that are not conducive to recovery-oriented practice.

## March 2017

### Submission to the Senate Community Affairs Committee inquiry into the design, scope, cost-benefit analysis, contracts awarded and implementation associated with the Better Management of the Social Welfare System initiative

The submission highlighted that Centrelink's automated debt recovery process is complex and likely to cause undue distress for all customers, but particularly for those who are experiencing mental health issues. The submission emphasised the need for the Department of Human Services (DHS) to reinstate consumer, carer and stakeholder advisory groups for genuine engagement and co-design of their processes and communication protocols.

Frank Quinlan appeared before the committee on 21 April 2017. The Committee's final report included recommendations for DHS to ensure its systems have the necessary protocols to protect vulnerable cohorts, including people experiencing mental health issues, and for a whole-of-department change, including reconvening the Consumer Consultative Group, the Service Delivery Advisory Group and the Mental Health Advisory Working Party.

### 2017 pre-Budget submission

The submission called for a bi-partisan systematic approach to:

- Restoring then increasing funding levels to keep pace with demand for mental health services over the medium term
- Urgently addressing the gaps that are opening up in the mental health service system
- Urgent action to address the unprecedented levels of funding uncertainty, which is holding back co-investment and undermining mental health workforce retention and development
- Supporting consumer and carer engagement in order to build the consumer-centred mental health system of the future

The pre-Budget submission proposed seven key reforms:

1. Urgently fill the gaps that have opened up as psychosocial support programs are transitioned to the NDIS
2. Develop a long term, bi-partisan plan to increase future investment in mental health services and programs
3. Adopt national targets and indicators to guide planning and investment
4. Strengthen the role of the NMHC in order improve accountability and transparency
5. Improve the capacity of Primary Health Networks to commission high quality stepped care and psychosocial support

6. Focus future investment on early intervention and prevention
7. Support consumer and carer engagement, and other system enablers, in order build the consumer centred system of the future

The pre-Budget submission was provided to the Prime Minister and the Minister for Health at the Parliamentary Advocacy Day held on 23 March 2017.



Minister for Health, The Hon Greg Hunt MP speaks to members at the March 2017 Parliamentary Advocacy Day in Canberra.

### Productivity Commission NDIS Costs Study issues paper

The submission highlighted the major capability and capacity constraints within the National Disability Insurance Agency (NDIA) for people with mental illness and psychosocial disability and community based mental health services. Pointing out the inadequate resources for the NDIA to meet its transition targets, and the consequences on choice and control for NDIS participants, the submission encourages the Productivity Commission to give serious consideration to the resources required to manage transition successfully, as well as the NDIS's ongoing operational requirements.

In early July 2017, Mental Health Australia provided a comprehensive response to the Commission's Position Paper.

### April 2017 NDIS 2017 Price Controls Review

The submission highlighted that work sponsored by the NDIA to inform the NDIS pricing of psychosocial services was yet to be carried forward and reflected in realistic prices for these supports. It pointed out that lack of consultation with the sector had resulted in a mismatch between the hourly rate for psychosocial work paid by the NDIA and the reality of delivering safe and high-quality services, which in turn has the effect of reducing participant access to a range of supports that are delivered by appropriately skilled staff. The submission recommended the NDIA establish a discrete process, involving mental health consumers, carers and service providers, to set and review mental health pricing controls that reflect the true cost of sustainably delivering quality psychosocial services.

The submission led to the NDIA convening a specific pricing workshop on psychosocial disability support in Melbourne on 30 June 2017, attended by several providers and Mental Health Australia.

# OUR PROJECTS

## Mental Health Australia NDIS Capacity Building Project

Between 2014 and October 2016, Mental Health Australia was funded under the Australian Government NDIS Sector Development Fund to build the capacity of people with a psychosocial disability, their carers and service providers to engage with the National Disability Insurance Scheme (NDIS). Key achievements of the NDIS Capacity Building Project include:

- delivery of over 200 hours of training to over 1000 people across the country
- development of a range of resources, which are available online, including fact sheets, guides and webinars
- development of three detailed and comprehensive discussion papers
- building on a national NDIS Mental Health Network of over 3000 people.

A key strength of the project was its genuine engagement with mental health consumers, carers, service providers, peak bodies and other key stakeholders. Mental Health Australia also encouraged people with lived experience to carry out key project activities, such as facilitating workshops.

Peer education workshops to assist mental health consumers and carers to engage with the NDIS were delivered by Richmond Wellbeing to over 600 people in 19 locations. All consumer and carer participants reported an increased understanding of NDIS Principles and some indicated this was the best NDIS training they'd participated in.

National Disability Services also reached a wide audience, delivering NDIS organisational readiness workshops to over 300 people across the country. Over 95% of participants indicated they were satisfied with the workshop they attended.

Mental Health Australia presented and promoted project activities and resources at an additional 18 events, and the NDIS Mental Health Network mailing list (established during a prior NDIS Capacity Building Project) grew by over 100%, to more than 3,000 people over the course of this project.

## Advocacy work on the NDIS

During the year, Mental Health Australia devoted considerable time and effort to NDIS advocacy. The NDIS is much needed reform for mental health and our advocacy has focused on ensuring that NDIS policy and NDIA processes meet the needs of people with severe mental illness and psychosocial disability and aid their recovery. We have strongly advocated for:

- choice and control for people with psychosocial disability, their carers and families
- access to high quality supports, that are flexible and creative, predominantly capacity building and built around the very best of recovery orientated practice
- investment in early intervention and prevention activities, based on insurance industry principles to divert people who may be at risk of developing permanent disability
- seamless interface between the NDIS and psychosocial support programs outside the NDIS to ensure the effectiveness and sustainability of the NDIS
- seamless interface with mainstream systems
- co-design of Scheme policies and processes with consumers and carers
- appropriate pricing of NDIS supports for a viable psychosocial service 'market'
- access to psychosocial support services both within and outside the NDIS.

Through our advocacy we have developed strong and trusted relationships with NDIA officials and NDIS policy officials in the Department of Social Services. We are able to take the specific problems encountered by our members to officials to inform problem solving and improve the system overall. The NDIA Mental Health Section was established as a response to our sustained efforts to highlight how the NDIS should work to meet the unique needs of people with mental illness.

Mental Health Australia is actively involved with the NDIA's National Mental Health Sector Reference Group and the CEO attends the NDIA CEO Forum.

## Insurance Discrimination

Mental Health Australia continues to collaborate with beyondblue, the Public Interest Advocacy Centre and (more recently) Victoria Legal Aid to help people protect their rights and seek redress where insurance companies have treated them unfairly. These partnerships complement our work with government and industry to address systemic issues preventing people with a history of mental illness accessing insurance on fair terms.

There was a significant development at the end of 2016 in the area of travel insurance. In *QBE v Ingram* the Victorian Civil and Administrative Tribunal found that QBE had directly discriminated against Ms Ingram by providing her with a travel insurance policy that included a blanket exclusion for mental illness, and by relying on that exclusion to reject her claim for reimbursement of travel expenses. The Tribunal ruled that QBE's exclusion of all claims made because of a mental illness, regardless of the type, severity or circumstances of the illness, was discriminatory under the Equal Opportunity Act.

In 2016-17, our relationships with the life insurance sector in particular have strengthened, both at an industry-wide level and with individual insurers who are keen to improve their practices.

We also met with the Australian Treasury, the Australian Securities and Investments Commission and the Australian Human Rights Commission to share information and explore opportunities for future collaboration.

## Development of the Fifth National Mental Health and Suicide Prevention Plan

Throughout the year, Mental Health Australia was actively involved in the development of the Fifth National Mental Health and Suicide Prevention Plan (the Plan), as officially named in March 2017. Mental Health Australia provided our own policy input to the development of the Plan, coordinating advocacy by the mental health sector and facilitating the Commonwealth's public consultations.

In late 2016, Mental Health Australia partnered with the Department of Health to convene national consultation workshops (in November and December) on the draft Plan. Full day workshops were held in all states and territories, with representatives of Mental Health Australia attending each one. A specific consumer and carer consultation workshop was also held, along with workshops and discussions convened for the following special areas:

- Suicide prevention
- Workforce
- Eating disorders
- Rural and remote
- NDIS interface
- LGBTI

We reviewed the draft independent report on consultation findings and provided comment to ensure the report accurately reflected the views of stakeholders provided at the workshops.

In December 2016 we provided a comprehensive submission to the first consultation draft of the Plan (released in October). We also coordinated a joint letter to the First Ministers, signed by 57 mental health sector stakeholders, outlining the many shortcomings in the draft Plan and describing it as reflecting old modes of thinking and not reflecting a changing world. The letter called for substantial re-drafting of the Plan to:

- address the alarming gaps between previous commitments by the Council of Australian Governments (COAG) on mental health and the consultation draft Plan
- clarify roles and responsibilities of governments, and take a whole of government approach to mental health
- include targets and indicators
- reorient investment towards early intervention and prevention
- expand and embed community services, close to need.

Throughout the drafting process, Mental Health Australia provided comment directly to the Mental Health, Drug and Alcohol Principal Committee (MHDAPC) to influence its thinking on revisions to the Plan and the formulation of an implementation plan. In February 2017 we attended a targeted consultation on a revised Plan. Our comments consistently empathised the need for the Plan to include:

- clear accountability and monitoring, including a strengthened role for the National Mental Health Commission
- governance arrangements to keep states and territories, and the Commonwealth Government at the table
- clarity about the "who, what and when" for all the actions identified
- a structural response to consumer and carer "co-design"
- an explanation of the interface with mental health systems and the NDIS
- support for prevention, health promotion and early intervention, and
- actions to achieve digital transformation.

## World Mental Health Day - [www.1010.org.au](http://www.1010.org.au)

Mental Health Australia delivered another successful World Mental Health Day campaign in October 2016, encouraging all Australians to make and share a #mentalhealthpromise under the campaign theme of 'Mental Health begins with Me.'

Working in collaboration with 14 partner organisations nationally to facilitate and promote positive mental health the campaign reached a diverse and targeted audience. The online focus was supported by extensive collateral distribution, original quantitative research, and prominent media interest to achieve a record number of mental health promises made on the 1010.org.au website and posted onto the promise wall.

The discussion around mental health continues to increase and the positive nature of the 'Mental Health Begins with Me' campaign provides people with the opportunity to take action for themselves and commit to a #MentalHealthPromise.

As well as helping reduce stigma through facilitating discussion and community engagement, the campaign also promoted mental wellbeing, and provided pathways to seek help. Opening the door for positive and encouraging discussion on mental health is a significant strength of this campaign, coupled with the idea of making a promise to oneself.

Working with partners and supporters, Mental Health Australia was able to spread the message to achieve and succeed all agreed targets.

### Highlights

- **PROMISES** – The World Mental Health Day promise campaign continues to thrive with close to 16,000 promises now registered – including more than 3,500 on or around this year's World Mental Health Day on 10 October, 2016.
- **PROMINENT PROMISES** – More promises from politicians and prominent Australians than ever before, including the Prime Minister, Opposition Leader, Governor General, Minister for Health, the Wallabies and our last two flag bearers at the Olympic Games – Anna Mears and Lauren Jackson.
- **MEDIA** – World Mental Health Day was mentioned in a total of 2,179 Australian reports during this period. This coverage had a potential cumulative audience/circulation of 22,278,439 and equivalent advertising space rate of \$8,040,584.
- **SOCIAL MEDIA** – The focus for online activity for this reporting period was World Mental Health Day, delivered across several platforms including the Mental Health Australia website, the World Mental Health Day website (1010.org.au), Twitter, Facebook, YouTube and Instagram. The collaboration with partner organisations saw a greater reach via social media with the inclusion of a dozen digital tiles to promote World Mental Health Day, as well as a video highlighting partner images and promises which has received more than 3,500 views on YouTube
- **PARTNERSHIPS** – Partnerships with 14 organisations to promote the campaign including Australian Basketballers Association, Australian Psychological Society, Exercise & Sports Science Australia, Headspace, Lifeline, Mental Health Council of Tasmania, NT Mental Health Coalition, Principals Australia Institute Ltd, QLD Alliance for Mental Health, ReachOut, Sane Australia, Suicide Prevention Australia, Team Health NT, and Veterans and Veterans Families Counselling Service.



- **SUPPORTERS** – More than 120 organisations around Australia including mining companies, schools, universities, health care providers, cafes, hospitals, banks and not-for-profits within and beyond the mental health sector ordered World Mental Health Day promotional material including wrist bands, posters and postcards.



# OUR EVENTS



*beyondblue* Founder and Chairman, the Honourable Jeff Kennett AC, delivering the 2016 Grace Groom Memorial Oration at the National Arboretum in Canberra in November.

## **Grace Groom Memorial Oration**

2 November 2016 - National Arboretum, Canberra

The Hon Jeff Kennett AC delivered the 2016 Grace Groom Memorial Oration at the National Arboretum in Canberra and we were delighted that Grace's daughter Zahrah Roush was present for the event.

The oration reflected on his time at beyondblue, ahead of stepping down as Chair in June 2017, and the challenges faced in modern Australia, and across the mental health sector. It was an energetic call to unity, bipartisanship, early intervention and prevention, and capacity building continuing the tradition of wonderful orations conducted to honour the memory of our former CEO, Grace Groom.

## **Members Policy Forum**

3 November 2016 - Old Parliament House Canberra

More than 80 Members gathered for the Members Policy Forum at Old Parliament House in November where the Draft Fifth National Mental Health Plan was the number one item on the agenda. There was almost unanimous agreement about the main issues: disappointment with the Plan, especially its failure to give life to the principle of co-design; concern about the cut backs to community mental health; concern about the interface with the NDIS and the Digital Gateway; concern about how services will be integrated with services commissioned by Primary Health Networks; and more.

## Members Dinner

22 March 2017 - National Museum of Australia, Canberra

More than 80 Members and friends of Mental Health Australia gathered for a Members Dinner at the National Museum of Australia, ahead of the Parliamentary Advocacy Day. With entertainment provided by comedian Hannah Gadsby it was the ideal setting to network and reflect. Hannah's performance was not only a tribute to her comedic skills, but also highlighted her own mental health struggles and advocacy for equality.

## Parliamentary Advocacy Day and Members Policy Forum

23 March 2017 - Parliament House, Canberra

The 2017 Mental Health Australia Parliamentary Advocacy Day and Members Policy Forum on 23 March was a resounding success, presenting a united sector to politicians of all persuasions.

To have the Prime Minister, Leader of the Opposition, Health Minister and Shadow Minister for Ageing and Mental Health all address our delegation was a first for Mental Health Australia and the reason they came was because 50 member organisations, and consumers and carers, spoke with one, united voice.

These leaders and key decisions makers in the sector are passionate and engaged and our advocacy efforts clearly attracted the politician's attention with smaller delegations taking our key messages of reform to some 40 MPs and Senators. Adding to the success of the day was a period of strong discussion regarding reform and pre-budget strategy as part of the Members Policy Forum.



Prime Minister Malcolm Turnbull address members at the March 2017 Parliamentary Advocacy Day.

# OUR BUSINESS

## Representation of our workforce

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

### Workplace Profile

### Mental Health Australia

Occupational Profile Category	full time			part-time			casual			total employees		
	female	male	%	female	male	%	female	male	%	female	male	%
Board	5	5	50			0			0	5	5	50
Executive Management	1	2	33	1	1	50			0	2	3	40
Management	2	0	100	2	0	100	1	0	100	5	0	100
Policy/Project Officers	2	0	100	0	0	0			0	2	0	100
Administration Staff	4	0	100	1	0	100	0	0	0	5	0	100
<b>TOTAL</b>	<b>14</b>	<b>7</b>	<b>67</b>	<b>4</b>	<b>1</b>	<b>80</b>	<b>1</b>	<b>0</b>	<b>100</b>	<b>19</b>	<b>8</b>	<b>70</b>

### Gender Equality and Workforce Diversity

Mental Health Australia continues to be fully committed to raising awareness and promoting practice and attitudes that ensures an inclusive approach and values diversity. This was supported by the CEO formalising his role as the organisation's LGBTI Champion and the organisation making a statement of its commitment to equity, diversity and inclusion on its webpage. Mental Health Australia also continued to celebrate its diversity by recognising and participating in events of national significance to Aboriginal & Torres Strait Islander, CALD and LGBTI communities throughout the year. More than 40% of Mental Health Australia staff identify with lived experience as a mental health consumer and 37% as a mental health carer.

### Work Health and Safety

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

The Board and senior executive managers participated in Work Health and Safety (WHS) Due Diligence training, which was presented by WorkSafe ACT during the May 2017 board meeting. The training provided the Board and senior managers with an overview of the WHS Act 2011, including:

- Rights and responsibilities of an Officer, workers, contractors and others
- The Work Health and Safety Regulation 2011
- Codes of Practice
- Due diligence obligations of Officers



An internal review of Mental Health Australia's Work Health and Safety Management System was conducted during the year to determine the organisation's level of health and safety performance and compliance against key elements of the WHS Act, Codes of Practice and the Australian Standard AS/NZS 4801 Occupational Health and Safety Management System. As a result, a more robust safety process for contractors and visitors was implemented and further work was completed on reviewing and improving incident and hazard recording and reporting systems and definitions. The organisation also continued to identify a number of key WHS risks arising out of its operational activities and established appropriate controls to manage these.



Mental Health Australia Chair Jennifer Westacott welcomes Leader of the Opposition, The Hon Bill Shorten MP and Shadow Minister for Ageing and Mental Health, The Hon Julie Collins MP to the Parliamentary Advocacy Day.

### Mentally Healthy Workplace initiatives

Mental Health Australia continued to have a strong focus on building awareness and understanding of the importance of psychological wellbeing. The organisation promoted and offered a number of initiatives through its corporate health program, "Health in Mind" to all staff including Mental Health First-Aid training, corporate subsidy for individual health and fitness activities and arranged activities on national health observance days. Other health and wellbeing initiatives provided to staff included free on-site flu vaccinations; guidance on eye health in the workplace, ergonomic assessments, asthma friendly workplace training, online information and resources and targeted health awareness campaigns. Mental Health Australia's Employee Assistance Program also continued to be available and promoted to all employees and their immediate families.

### Participation on key advisory groups and committees

Mental Health Australia is a member of relevant national mental health advisory groups and committees, demonstrating its leadership role in representing the mental health sector on issues that are of interest to members and other stakeholders.

Examples include:

- Mental Health Information Strategies Standing Committee
- National Disability Insurance Agency National Mental Health Sector Reference Group
- Independent Hospital Pricing Authority Stakeholder Advisory Group on Activity Based Funding
- NDIA Provider Benchmarking Project Expert Advisory Group

### Our Reconciliation Action Plan

Mental Health Australia has continued to evolve and work on its Reconciliation Action Plan (RAP). In developing the Reflect RAP, we have committed to completing actions that will ensure we are well positioned to implement effective and mutually beneficial initiatives as part of a future RAP.

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

As at 30 June 2017 Mental Health Australia employed 14 people; none identify as Aboriginal and/or Torres Strait Islander.

# FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE REPORT

The audited financial statements for Mental Health Australia Limited for the year ended 30 June 2017 have been finalised and are available for download at [www.mhaustralia.org](http://www.mhaustralia.org).

At the Annual General Meeting in 2016, members endorsed the appointment of RSM Australia as the Auditors of Mental Health Australia. Therefore, this is the first year RSM Australia have conducted the audit.

The financial statements to 30 June 2017 were prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, the *Corporations Act 2001* and the Australian Accounting Standards – Reduced Disclosure Requirements. The Auditor’s Independent Report states the financial report gives a “true and fair view” of the company’s financial position and performance during the financial year and complies with Australian Accounting Standards.

Mental Health Australia’s operations for the year 2016/17 resulted in a profit of \$674. Total operating revenue was \$3,225,540 and total operating expenditure was \$3,224,866.

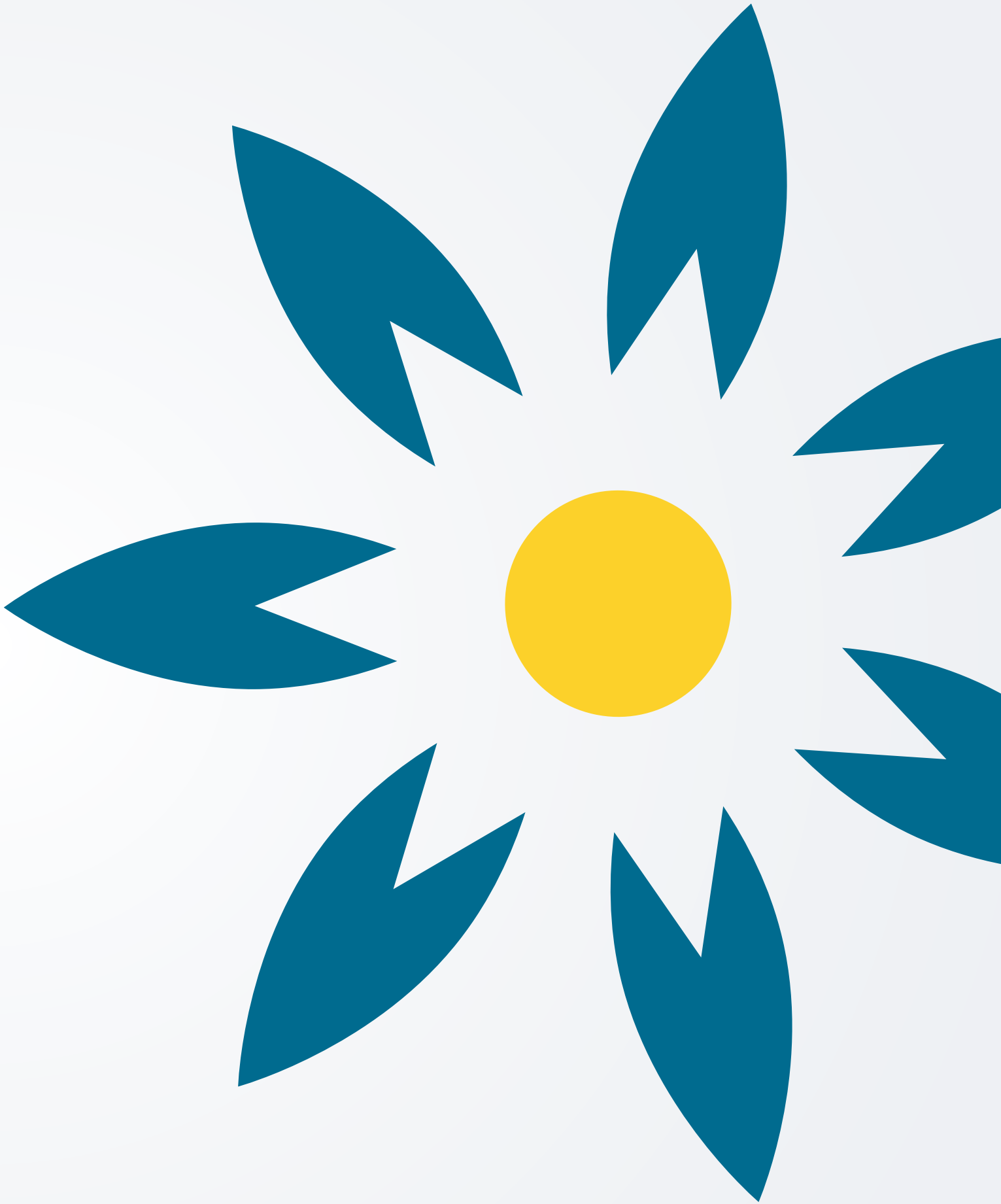
As at 30 June 2017, Total Assets of Mental Health Australia Limited were \$2,302,381 (2015/16 \$3,220,834) and Total Liabilities were \$508,336 (2015/16 \$1,495,513). Total Equity was \$1,706,794 (2015/16 \$1,706,120), represented by Working Capital of \$1,587,731 (2015/16 \$1,534,713), Property, Plant and Equipment of \$103,489 (2015/16 \$152,206), and Non-Current Liabilities (provision for employee entitlements) of \$87,251 (2015/16 \$19,201). From December 2016, Mental Health Australia Limited ceased accruing Long Service Leave Provisions with the ACT Long Service Leave Portable Scheme. The long service leave provision is being recognised on the balance sheet resulting in an increase in the Financial Accounts against the comparative figure from last year.

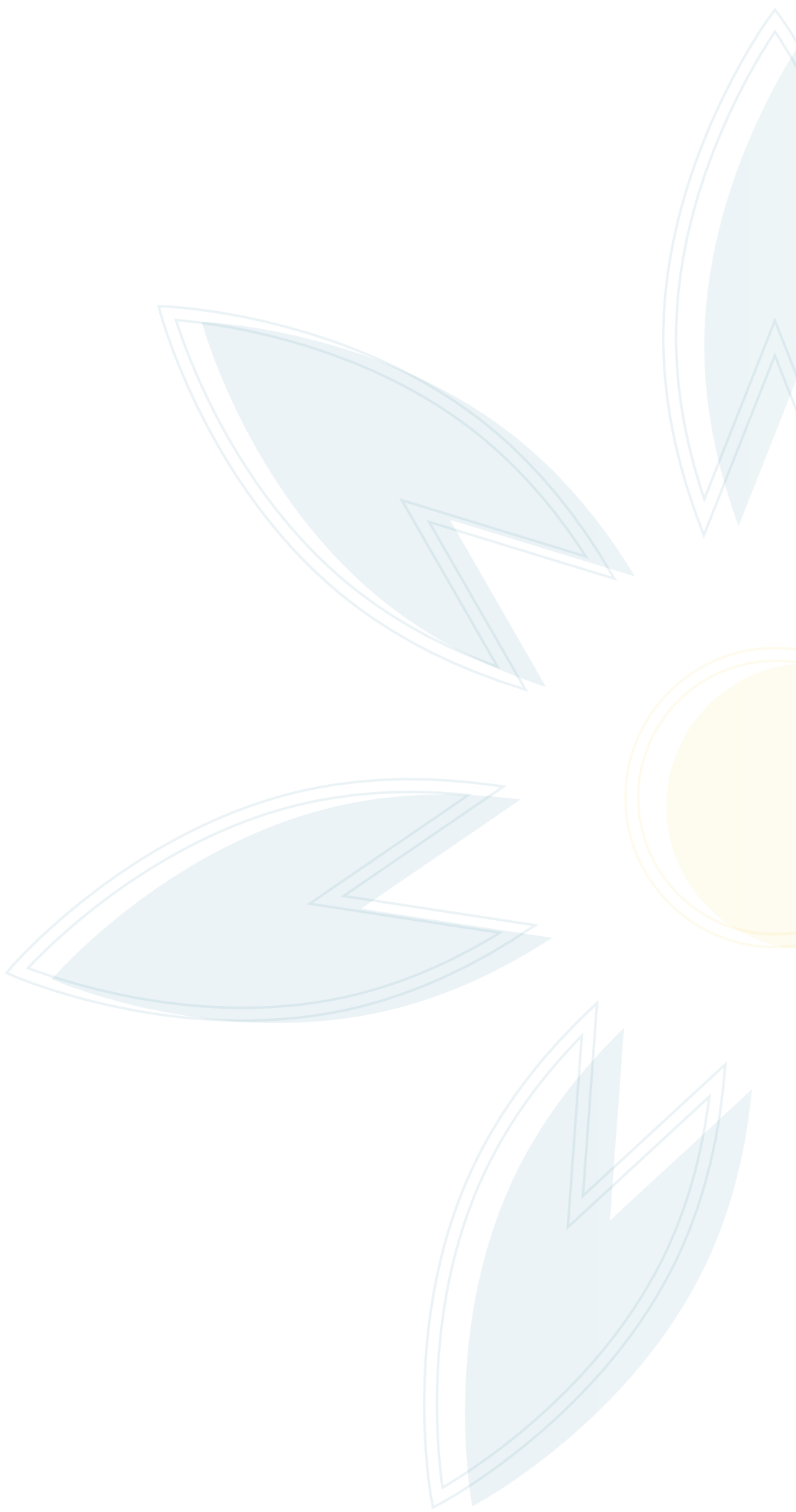
In the 2016/17 financial year, operating grants received of \$2,842,482 (2015/16 \$3,202,416) represented 88% (2015/16 91%) of the total revenue received. These funds were received from the Australian Government Department of Health; the Australian Government Department of Social Services; the National Mental Health Commission; and state governments supporting the NMHCCF to undertake contracted activities. These funds were expended to achieve the outcomes required in the various contracts.

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



**Arthur Papakotsias**  
Chair, Finance, Audit and Risk Management Committee





**Mental Health  
Australia**