



Annual Report

**15/16**

**Mental Health  
Australia**

Mental Health Australia Ltd



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# Like our work? Support Mental Health Australia today

*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.*

You can support our work in the following ways:

**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. Visit [www.mhaustralia.org](http://www.mhaustralia.org) for more information.

**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. This year, Mental Health Australia launched the Corporate Friends program as a way for organisations to support the vision of mentally healthy people, mentally healthy communities.

The first Corporate Friend, *Peninsula Hot Springs*, was welcomed in February. *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.

To become a Mental Health Australia Corporate Friend, visit [www.mhaustralia.org](http://www.mhaustralia.org).

**Make a donation** – 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.

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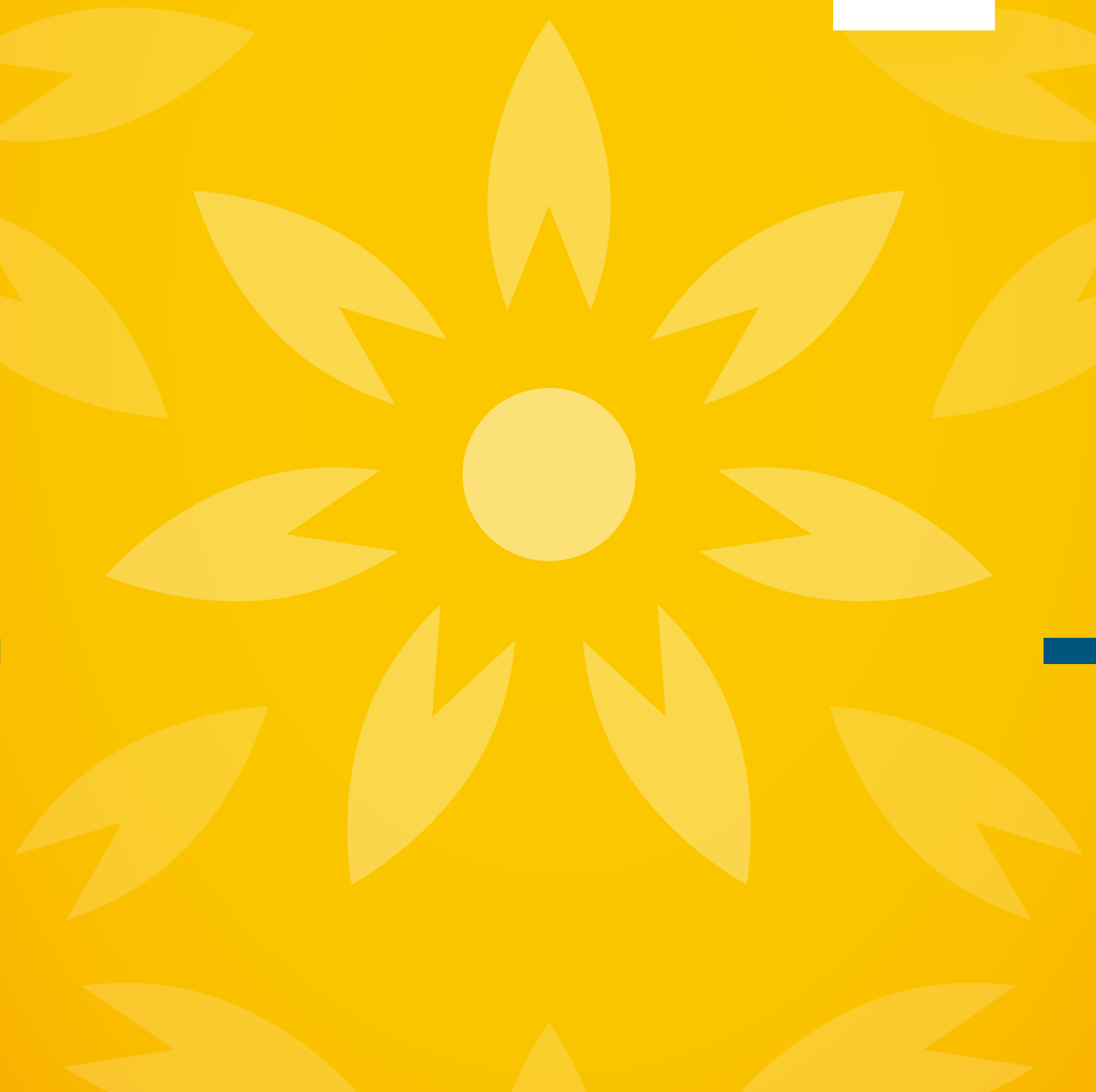
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From the  
Chair & CEO

1



# 1. From the Chair and CEO

*The 2015–16 year has been one of great challenge and, at times, uncertainty for our sector, but also a time of making visible steps toward meaningful reform.*

The strength of Mental Health Australia lies in our broad membership and we strive to ensure the voice of members, consumers and carers, and other stakeholders continues to be heard by those in high office holding the keys to unlock change.

While we focused on protecting the future of our sector and representing the views of our members, we faced our own challenges with core funding uncertainty.

Funding uncertainty makes for difficult times delivering outcomes on behalf of members. Thankfully, ongoing funding was addressed and, despite the challenge, Mental Health Australia continued to be at the forefront of advocating for reform, with a strong policy platform geared towards the realisation of our vision for mentally healthy people and mentally healthy communities.

2015–16 was also a crucial time for Australia's mental health sector. During the year, the Government released its response to the National Mental Health Commission (NMHC) Review of Mental Health Programmes and Services, outlining a major role for new Primary Health Networks (PHNs) in commissioning mental health services at a regional level.

Bilateral agreements were finalised between the Commonwealth and most states and territories to guide the transition of existing programs (including mental health programs) into the National Disability Insurance Scheme (NDIS), and preparations began in earnest for the commencement of a national transition to the NDIS from 1 July 2016.



We received funding through the NDIS Sector Development Fund to help build the capacity of mental health consumers, carers and service providers to engage with the NDIS. A range of programs and projects were delivered in support of this, including a national series of workshops to help mental health consumers and carers engage with the NDIS and organisational readiness training for mental health service providers. These programs continue to be vitally important during a complex time of transition.

We work hard to stay front and centre influencing government on matters affecting our sector, and our policy area continues to be responsive to the views of our members. We pride ourselves on providing insightful policy analysis to member organisations, distilling complex information and providing advice. 2015–16 saw many opportunities for ensuring our members received timely analysis of complex policy impacting the sector. We are proud to say that this provision of analysis has been identified as a useful and highly valued member service.

Stakeholder engagement continues to grow with our social media channels playing a significant role in the increased reach of our communication campaigns. Nowhere was this more evident than the highly successful 2015 World Mental Health



Day campaign, with over 12,500 people throughout Australia and globally – including many high profile politicians and celebrities – making a personal promise via the [1010.org.au](https://www.1010.org.au) website to take action on mental health.

While we have made visible progress towards meaningful reform this year, there is still much to be done to achieve our vision. We are lucky to have outstanding staff and a dedicated Board ready to continue to work towards achieving our goals.

Finally, thank you to our members, on whom we rely to help drive our reform agenda across Australia. We must keep working together to ensure our voice is powerful and effective in achieving meaningful reform and a mental health system we can all be proud of; one where everyone receives the timely help they need first time, every time.

A handwritten signature in black ink, appearing to read 'Jennifer Westacott'.

Jennifer Westacott  
Chair

A handwritten signature in black ink, appearing to read 'Frank Quinlan'.

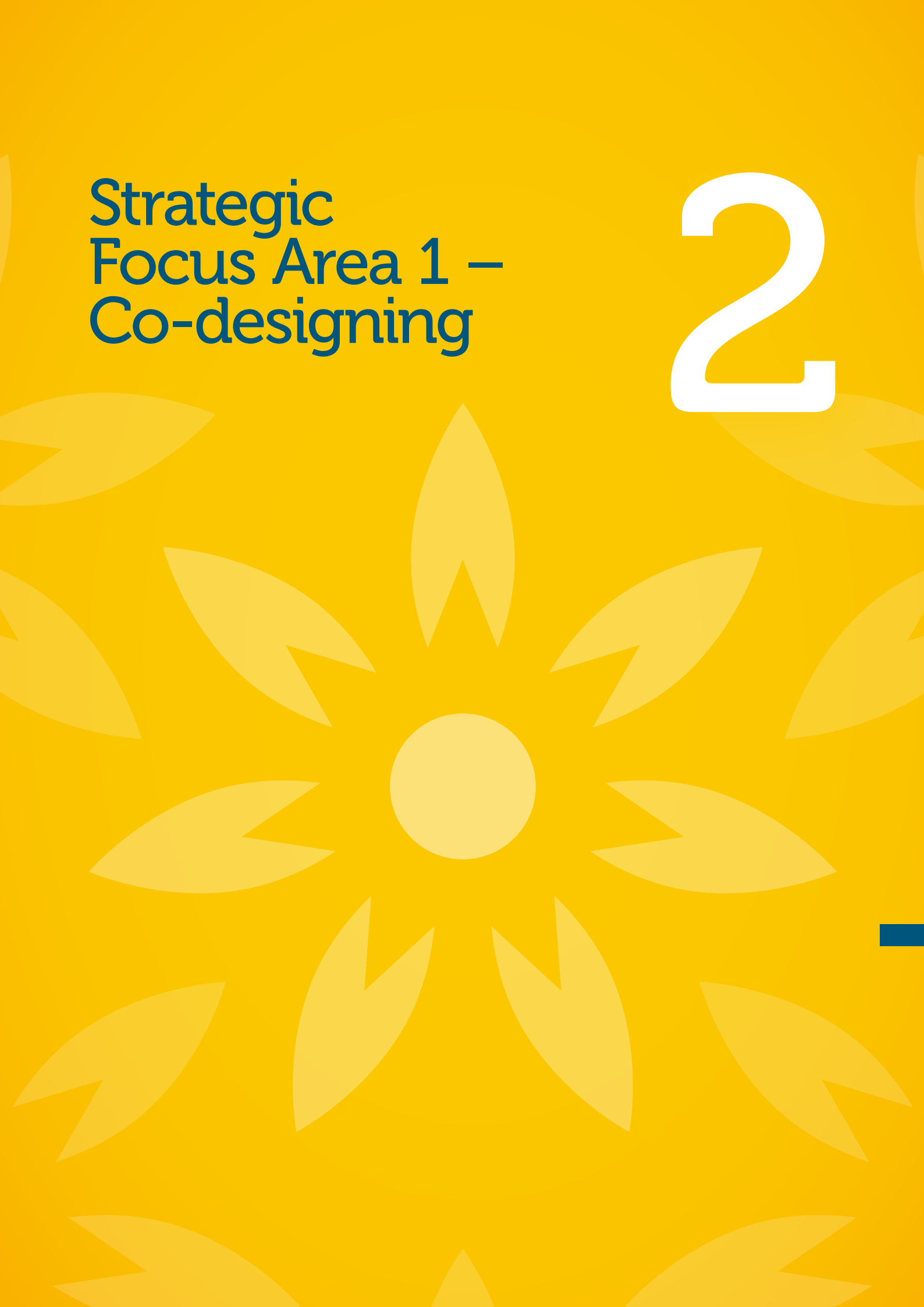
Frank Quinlan  
CEO





Strategic  
Focus Area 1 –  
Co-designing

2



## 2. Strategic Focus Area 1 – Co-designing

*To co-design and model the best mental health system in the world in conjunction with consumers and carers, members, government and other stakeholders.*

### Highlights 2015–16

2015–16 was a crucial time for Australia’s mental health sector. During the year:

- the Government released its response to the National Mental Health Commission (NMHC) Review of Mental Health Programmes and Services, outlining a major role for new Primary Health Networks (PHNs) in commissioning mental health services at a regional level.
- Bilateral agreements were finalised between most states/territories and the Commonwealth to guide the transition of existing programs (including mental health programs) into the NDIS.
- Preparations were underway in earnest for the commencement of national transition to the NDIS from 1 July 2016.

### A world leading mental health system

In April 2015, the Government publicly released the NMHC Review and announced the formation of an Expert Reference Group (ERG) to advise Government on how to implement the Review’s recommendations.

To inform the deliberations of the ERG and the Government, Mental Health Australia convened an Extraordinary Policy Forum on 5 August 2015. Representatives of around 60 non-government organisations came together at short notice to provide feedback that informed a submission to the Department of Health.

Members and stakeholders reached overriding consensus on the following messages for government:

- The reform process must be a true partnership between governments, consumers, carers, providers, clinicians and other experts.
- We must invest in strong community based mental health services outside the NDIS. Consistent with the Review’s

recommendations,<sup>1</sup> programs currently in scope for the NDIS should not be cashed out.

- There is much to be done before the broader mental health sector can embrace the central role for PHNs envisaged by the Review.
- As a matter of urgency, the Commonwealth Government should adopt and implement a Transition Plan aimed at minimising any further reduction in sector capacity or service access.
- Government commitment to reform is absolutely necessary, but on its own will not be enough to drive sustainable improvements in mental health outcomes.

The Government formally responded to the NMHC Review in November 2015. The new policy arrangements included significant reallocation of resources to PHNs, that became responsible for planning and commissioning mental health services at a regional level from 1 July 2016.

<sup>1</sup> Recommendation 3(2): ‘Do not cash out existing mental health and other associated programs (e.g. carer and respite program) into the NDIS until there is evidence as to eligibility for people with a psychosocial disability, and clarity about ongoing support for those who are eligible for Tier 2 support.’

Despite the new directions outlined in the Government's response to the Review, the first half of 2016 was characterised by significant uncertainty as implementation plans and funding guidance were developed. Mental Health Australia's position remains that successful implementation of well-intentioned and much needed reforms requires the mobilisation and goodwill of the whole mental health sector, including consumers and carers, clinicians and other frontline workers, community-managed organisations and each level of government. Unlike other areas of substantial Government reform, governments have not yet invested adequately in change management to achieve these mental health reforms.

Unless there is adequate investment in change management, there remains a real risk of unintentionally removing access to services for some consumers and carers. The mental health sector supports reform, having sought it for years, but the task of adapting to change will be much harder (and in some cases impossible) if services continue to face unsustainable pressures and uncertainties relating to funding and workforce.

## 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 2015–16 and throughout the year contributed to the following consultations, reports, issues and policies:

- Australian Human Rights Commission *Willing to Work: National Inquiry into Employment Discrimination against Older Australians and Australians with Disability*.
- Attorney-General's Department *Protective Security Better Practice Guide – Managing security aspects of mental health treatment*.
- Safety and Quality Partnership Standing Committee (SQPSC) *National Principles for Communicating about Restrictive Practices with Consumers and Carers*.
- Australian Human Rights Commission *Guidelines for Providers of Insurance and Superannuation under the Disability and Discrimination Act 1992 (Cth)*.

In 2015–16 NMHCCF members published one new advocacy brief, *Person Centred Approaches to Care and Support* and updated the advocacy brief, *Physical Health Impacts of Mental Illness and its Treatments*.

During 2015–16, the NMHCCF re-signed its Memorandum Of Understanding (MOU) with the National Mental Health Commission, and signed a new MOU with the Australian Federation of Disability Organisations (AFDO).

The NMHCCF Workplan for 2015–17 was finalised in November 2015. The Workplan follows the priorities and outcomes identified in the NMHCCF Strategy 2014–17 and details the core activities and actions for six strategies: Collaboration, Promotion, Capacity, Advocacy, Practices and Knowledge.

During 2015–16 members participated in the following NMHCCF working groups:

- Psychosocial Disability Working Group
- Rights, Disability and Mental Health Working Group
- Communication, Partnerships and Promotion Working Group
- Advocacy Brief Editorial Working Group
- Workplan (2015–2017) Working Group
- Consumer and Carer Participation and Peer Work Modelling Working Group
- Psychotropic Iatrogenic Disorders and Advocacy Working Group

NMHCCF promotional materials and documents were distributed at various national events and meetings in 2015–16, including the 2015 TheMHS Conference and the Reconnexion 8th National Anxiety and Depression Conference.

The NMHCCF Executive election for 2016–18 was conducted in March/ April 2016. The new NMHCCF Executive Committee consists of:

Consumer Co-Chair:	Lyn English (SA Consumer)
Carer Co-Chair:	Elida Meadows (TAS Carer)
Deputy Consumer Co-Chair:	Noel Muller (QLD Consumer)
Deputy Carer Co-Chair:	Eileen McDonald (NSW Carer)
Ordinary Consumer member:	Lorraine Powell (WA Consumer)
Ordinary Carer member:	Katrina Clarke (VIC Carer)

### *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 2015–16 the consumer and carer selection panel (NMHCCF Co-Chairs and the consumer and carer directors on the Mental Health Australia Board) selected consumer and carer

representatives from the NMHCCF and National Register for the following new opportunities:

- Australian Commission on Safety and Quality in Health Care (ACSQHC) Mental Health Advisory Group
- Royal Australian College of General Practitioners (RACGP) – interview
- ZEST Health Strategies Patient Centred Care Seminar – speaker and panellist
- ACSQHC Workshop on the *National Consensus Statement: Essential Elements for Recognising and Responding to the deterioration in a Person's Mental State*
- Child and Adolescent Mental Health Information Development Expert Advisory Panel
- Australian Government Department of Health Mental Health Reform Stakeholder Group
- Lifeline Roundtable on Tele-Web Services Reform
- Shadow Minister for Mental Health Roundtable discussion – travel insurance cover for people with a mental illness
- Implementing Mental Health Reform Conference – presentation
- Psychotherapy and Counselling Federation of Australia (PACFA) – conference speakers
- RACGP – audio interview on Cognitive Behavioural Therapy and Mental Illness

Some NMHCCF and National Register members also participated in the:

- Mental Health Australia Grace Groom Oration 2015
- Mental Health Australia Members Policy Forum October 2015 (NMHCCF Executive)
- Mental Health Australia Members Policy Forum March 2016 (NMHCCF Executive)
- The Mental Health Services Conference 2015 (TheMHS) – information stand and participation.

### *Annual National Register and NMHCCF Issues Forum/Workshop*

The annual National Register and NMHCCF Annual Issues and Opportunities Workshop was held 9–10 May 2016 in Melbourne and attended by 55 consumers and carers. The theme for the workshop was 'Be bold, be brave, we're united for change'.

The workshop included exploration of key national mental health issues, peer master-classes, and sessions with invited peer speakers. Participants discussed a range of issues, including:

- stigma and discrimination
- the current national mental health landscape
- recovery
- effective advocacy
- the impact on physical health for those with a mental illness
- peer support
- culturally and linguistically diverse (CaLD) populations.

### *Mental Health in Multicultural Australia Project*

The Mental Health in Multicultural Australia (MHiMA) Project is funded by the Australian Government Department of Health to provide a national focus for advice and support to providers and governments on mental health and suicide prevention for people from CaLD backgrounds. This involves 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 engaged by the Department of Health to manage the MHiMA Project from 18 September 2015 until 30 June 2016. The focus during this period was on engaging with key stakeholders, and seeking appropriate advice and information to produce a recommendations report on the future of the MHiMA Project for Government.

Key achievements during this period included:

- reviewing the activities, arrangements and outputs of the most recent Project (to 30 June 2015, managed by another entity)
- continuing engagement with the National CALD Consumer and Carer Working Group (NCCCWG), including seeking their views on the future of the MHiMA Project and other national mental health reform initiatives
- establishing a Project Advisory Group with representation from all jurisdictions, CALD consumers and carers, and CALD views and expertise outside of the mental health sector, and seeking their advice on the future of the MHiMA Project

- conducting a national public consultation on the future of the MHiMA project, which received 75 responses from a diverse range of individuals and organisations
- finalising a review of the Framework for Mental Health in Multicultural Australia, undertaken by the Australian Health Services Research Institute (AHSRI), and maintaining ongoing engagement with Framework implementation pilot sites
- maintaining communication with the broader CALD and mental health sectors through Mental Health Australia CEO updates as well as the MHiMA Project website and social media
- producing a recommendations report on the future of the MHiMA Project, informed by the advice received from key stakeholders as well as the broader CALD and mental health sectors and community.

The recommendations report on the future of the MHiMA Project was submitted to the Department of Health in late March 2016. In May 2016, the Department extended the MHiMA Project to 31 December 2016, while Government considers the report's findings.

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



Strategic  
Focus Area 2 –  
Monitoring

3





# 3. Strategic Focus Area 2 – Monitoring

*To monitor and evaluate the performance of mental health systems and the progress of national reform, including the interface between the mental health system and other services and programs.*

## Highlights 2015–16

- Delivered federal budget analysis to members, highlighting positive measures and issues of concern
- Mental Health Australia released and actively promoted the report *Commissioning and Contracting for Better Mental Health Outcomes*, and began to progress discussions about how to improve relationships between the government and non-government sectors.
- Continued partnership with the Independent Hospitals Pricing Authority (IHPA) to work with the community mental health sector to improve understanding of activity based funding and its impacts.

## Analysis of the 2016–17 Federal Budget

Within hours of the 2016–17 Budget announcement, Mental Health Australia released an initial summary, with more detailed analysis delivered in the days and weeks following.

Analysis highlighted a number of positive measures, including new funding for mental health services for current and former members of the Australian Defence Force, as well as measures that could have a negative impact, including review of access to the Disability Support Pension for current recipients.

The budget analysis provided members with timely access and context on issues that impact the sector and has become a highly valued member service.

## Commissioning and Contracting Report

In November 2015, Mental Health Australia released the report *Commissioning and Contracting for Better Mental Health Outcomes*, written by Professor Gary Sturgess and John Schwartzkoff. The report examined a range of ways in which commissioning and contracting arrangements might be improved to achieve a more effective and efficient Australian mental health system. The study involved a review of published and unpublished literature in Australia and elsewhere, guided by consultation with relevant practitioners and specialists.

The report's findings have relevance for several areas of national reform, including the White Paper on the Reform of the Federation, the finalisation of arrangements for full rollout of the National Disability Insurance Scheme and the establishment of Primary Health Networks.



Mental Health Australia actively promoted this report, and began working with a range of Government agencies, including the Commonwealth Department of Finance, to progress discussions about how to improve relationships between the government and non-government sectors.

## Australian Mental Health Care Classification Project

In 2015–16, Mental Health Australia continued to partner with the Independent Hospitals Pricing Authority (IHPA) to work with the community mental health sector to improve understanding of activity based funding and its impacts. Mental Health Australia also assisted IHPA to engage the sector in the development of the Australian Mental Health Care Classification (AMHCC).

Beyond this funded project, Mental Health Australia continued to be part of IHPA's Mental Health Working Group and Stakeholder Advisory Group.

## 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:

- Australian National Advisory Council on Alcohol and Drugs
- Department of Health Digital Mental Health Advisory Committee
- Department of Health Mental Health Information Strategies Standing Committee (MHISSC)
- Safety and Quality Partnerships Standing Committee (SQPSC) and various subcommittees including the Reducing Adverse Medication Events on Mental Health Services Working Party
- National Disability Insurance Agency (NDIA) National Mental Health Sector Reference Group
- Independent Hospital Pricing Authority Stakeholder Advisory Group on Activity Based Funding
- Mindframe Communications Advisory Group
- Department of Health Partners in Recovery Expert Advisory Group
- Partners in Recovery Capacity Building Project National Reference Group
- Suicide Prevention Australia's Working Group on planning for World Suicide Prevention Day
- NewAccess Stakeholder Advisory Group
- Queensland Transition to NDIS for Mental Health Strategic Forum



Strategic  
Focus Area 3 –  
Encouraging

4



# 4. Strategic Focus Area 3 – Encouraging

*To advocate for policies, services and systems that work effectively and efficiently together.*

## Highlights 2015–16

- Commenced work to build the capacity of mental health consumers, carers and service providers to engage with the NDIS
- Delivered 19 workshops nationally to help mental health consumers and carers engage with the NDIS
- Released regular updates to the sector on the NDIS Mental Health Network
- Seven high quality policy submissions were released during 2015–16

## National Disability Insurance Scheme

### *Mental Health Australia NDIS Capacity Building Project*

Mental Health Australia received funding through the NDIS Sector Development Fund to build the capacity of mental health consumers, carers and service providers to engage with the NDIS.

During 2015–16 Mental Health Australia undertook the following activities:

- Engaged Richmond Wellbeing to deliver 19 workshops nationally to help mental health consumers and carers engage with the NDIS.
- Engaged National Disability Services to deliver NDIS organisational readiness training to mental health service providers and sought advice from Community Mental Health Australia about how best to tailor this training for mental health providers.
- Finalised and published the Mental Health Carers NDIS Guide and Checklist, in collaboration with Carers Australia.
- Finalised issues papers on the NDIS and mental health including:
  - NDIS and the mental health workforce (in collaboration with Community Mental Health Australia)
  - Mental health carers and the NDIS (in collaboration with Carers Australia)
  - Psychosocial disability, supported decision making and the NDIS (in collaboration with the ACT Disability, Aged and Carer Advocacy Service).
- Published a video on supported decision making on the Mental Health Australia website.
- Engaged Community Mental Health Australia to conduct national consultations regarding a project on the design of NDIS supports for people with psychosocial disability.
- Released regular NDIS Mental Health Network updates.
- Circulated information to and received policy advice from a NDIS Community of Interest.
- Provided strategic NDIS policy and implementation advice to the National Disability Insurance Agency and the Department of Social Services as requested.

- Gave presentations at workshops provided by the Department of Social Services on transition to the NDIS.
- Updated the NDIS and Mental Health Information Portal on the Mental Health Australia website.

## Policy Submissions

Mental Health Australia developed a number of high quality submissions throughout the 2015–16 financial year, covering a range of national mental health issues. All submissions can be downloaded from the [Mental Health Australia website](#).

### April 2016

#### [Submission on Information, Linkages and Capacity Building \(ILC\) Framework](#)

This submission was made in two parts, the first focused on the details of the ILC Commissioning Framework, and its implications for people with psychosocial disability.

The second submission focused more broadly than mental-health specific issues and considered the issues around preparing the sector for the proposed outcomes-based commissioning being proposed by the National Disability Insurance Agency (NDIA).

#### [Submission to NDIA on 2016 Pricing Review](#)

This submission called on the NDIA to consider a range of important pricing issues relating to the Personal Care and Community Participation 2016–17 Price Review.

#### [Submission on Draft Pharmaceutical Benefit Advisory Committee \(PBAC\) Guidelines](#)

This submission highlighted a range of issues with potential to impact negatively on the mental health of the many Australians who rely on appropriate pharmacotherapies as part of their management and treatment of mental illness.

### December 2015

#### [Submission on Disability Employment Framework](#)

While welcoming the Government's desire to improve the current disability employment system and support more people with a disability, including psychosocial disability, into the workforce, this submission acknowledged that market-based

competition can have unintended consequences for non-government organisations operating collaboratively and in partnership with each other; the importance of providing support to providers during transition to a new system, in order to ensure long-term sustainability of service access and consumer choice; and for market effectiveness, participants need both knowledge and support – recognising there is an important role for advocacy in improving participant outcomes.

### October 2015

#### [National Disability Insurance Scheme \(NDIS\) Act Review Submission](#)

Three key areas of concern were highlighted in this submission - access criteria, nominee provisions and governance arrangements.

### September 2015

#### [Submission to the Department of Health - Priorities for Mental Health Reform](#)

This submission considered some of the major areas of reform proposed by the National Mental Health Commission's Review of Mental Health Programmes and Services.

### August 2015

#### [Opening Statement to the Senate Select Committee on Health](#)

The opening statement conveyed the views of Mental Health Australia on the importance of true partnerships in reform process and encouraged investment in strong community based mental health services outside the NDIS. Mental Health Australia also conveyed concerns about the proposed role of Primary Health Networks (PHNs) and raised the importance of having the 5th National Mental Health Plan signed by the Prime Minister and First Ministers, rather than health ministers.



Strategic  
Focus Area 4 –  
Engaging

5



# 5. Strategic Focus Area 4 – Engaging

To help the mental health sector share information and work together.

## Highlights 2015–16

- Audiences continue to grow for all Mental Health Australia publications and social media platforms.
- Successful World Mental Health Day campaign with over 12,500 promises being submitted to the [1010.org.au](http://1010.org.au) website.
- The annual Grace Groom Memorial Oration delivered by UK mental health expert Professor Mike Slade.
- Launch of the Guide to Working with Carers of People with a Mental Illness.

## Communications and Public Relations

In 2015–16, Mental Health Australia continued to focus on improving sector knowledge and capacity through dissemination of information, sharing of activity and provision of a platform to reduce stigma in the community. This is achieved through a number of channels.

The weekly CEO Update newsletter continues to be sent to members and stakeholders, outlining work being done by Mental Health Australia, and alerting readers to sector information and events. The weekly update contains a mix of Mental Health Australia news, broader mental health and related sector news, parliamentary news, information about government policy, opportunities for input and funding, and information items from a range of government, NGO and broad stakeholders. The number of people subscribing to the update continues to increase with over 2,700 subscriber individuals and organisations in 2015–16.

All Mental Health Australia publications, media releases and policy statements are distributed to

members, uploaded to the website and advertised through updates, social media and email notifications. Social media engagement continues to grow, with the Twitter audience increasing by 69% and Facebook by 68%, throughout 2015–16.

An electronic magazine, *Perspectives*, is released bi-monthly and features articles contributed by member organisations and encourages discussion on key issues facing the sector. The number of subscribers for this publication during 2015–16 was 2,200.

The Mental Health Australia website continues to expand as a critical communication channel with audience engagement growing. The site received 217,616 page views during the 2015–16 financial year.

## World Mental Health Day – 10 October

October 2015 saw an extremely successful national campaign for World Mental Health Day. The campaign focused on three themes: reducing stigma, encouraging help seeking and bringing



communities together. The campaign continued to utilise an interactive concept and online platform, with a broad invitation for the people of Australia to make a mental health promise to themselves, regardless of their personal mental health history.

The 2015 campaign also introduced a partnership approach where mental health sector organisations and other interested groups co-branded materials and assisted with promotion. The campaign achieved the following highlights:

- A campaign launch on the HitFM Radio Network, broadcast over 40+ stations nationally.
- Nine partner organisations agreed to co-brand and promote the campaign to their audiences – Telstra, the Department of Defence, headspace, Lifeline, the Mental Health Council of Tasmania, Neami National, the Pharmacy Guild of Australia, Top End Mental Health and the Commonwealth Treasury Department.
- ABC2 rebroadcast the documentary 'Felicity's Mental Mission' which featured Australian comedian Felicity Ward exploring mental health and actively encouraging Australians to get involved in the *Mental Health Begins with Me* campaign and make their own mental health promise.
- Extensive media coverage including over 1,700 media mentions of the campaign across print, broadcast and online platforms.
- Over 12,500 promises for mental health appearing on the promise wall.
- Cross promotion through Mental Health Australia members and stakeholders including R U OK?, Lifeline, *beyondblue* and SANE Australia.
- 40,000 wristbands, 20,000 posters, and 360,000 postcards distributed nationally.
- The campaign achieved a global reach, engaging audiences in the USA, UK, New Zealand and parts of Europe, Asia and the Americas.

The campaign will continue in 2016, with deeper engagement from partner organisations and a more grassroots approach to advertising.

## Grace Groom Memorial Oration

The annual Grace Groom Memorial Oration was held at the National Press Club in October 2015. UK mental health expert Professor Mike Slade delivered the Oration and discussed a range of issues including the need to focus on recovery in the treatment of mental illness, the role of peer support workers, and the importance of ensuring the voice of people with lived experience of mental illness becomes a central driver in shaping mental health system reform for the future.

The inaugural Grace Groom Memorial Scholarship was awarded to PhD student Kathina Ali to support research into an online program to improve body image among young people. The Scholarship is a partnership between Mental Health Australia and the Australian National University and awards a \$5,000 cash prize to a student studying ways to improve the lives of people with a lived experience of mental illness and their carers.

## Members Policy Forum

Mental Health Australia convened two Members Policy Forums over the course of the 2015–16 financial year, the first in October 2015 and the second in March 2016.

The October 2015 forum was held at Parliament House and a range of politicians addressed delegates including the Minister for Health, the Hon Sussan Ley; the Hon Jenny Macklin; Senator Jan McLucas; Senator Katy Gallagher; and Senator Janet Rice. UK mental health expert Professor Mike Slade also held a Q&A session to further discuss themes outlined in his Grace Groom Memorial Oration that was delivered the evening before.

The March 2016 forum was held at Old Parliament House and included discussions on the formation of Primary Health Networks, an update on the transition to the NDIS and discussions on contracting reforms.

In August 2015 Members were invited to attend an Extraordinary Policy Forum, convened to help inform the Government's response to the National Mental Health Commission Review. The forum delegates responded to specific consultation questions posed by the Department of Health.

## Alliances and collaborations

### *Mentally Healthy Workplace Alliance*

The Mentally Healthy Workplace Alliance brings together a range of organisations committed to working with businesses to create mentally healthy workplaces. Mental Health Australia is one of the founding members and the CEO is on the Mentally Healthy Workplace Alliance Steering Committee.

Mental Health Australia continues to advise and participate on this important initiative, including supporting the promotional work being undertaken by the Alliance in workplaces through the Heads Up campaign, in conjunction with *beyondblue*.

### *National Suicide Prevention Alliance*

Mental Health Australia is part of the National Suicide Prevention Alliance and provides advice on communications and campaigns through participation in the Alliance's Communications Managers Workshop held annually in April, in the lead up to Suicide Prevention Day in September each year.

### *Practical Guide for Working with Carers of People with a Mental Illness*

In 2015, Mental Health Australia contributed to the development of the '*Practical Guide for Working with Carers of People with a Mental Illness*'.

A consortium of experts in mental health care contributed to the guide, including Helping Minds, Mind Australia, Private Mental Health Consumer Carer Network (Australia), Mental Health Australia and Mental Health Carers ARAFMI Australia.

The guide, which was launched at the March 2016 Mental Health Australia Members Policy Forum, offers practical assistance to providers to work with carers in a meaningful, mutually beneficial way.

Strategic  
Focus Area 5 –  
Managing

6



# 6. Strategic Focus Area 5 – Managing

To ensure Mental Health Australia is an influential, innovative, financially secure, robust, and well governed organisation.

## Highlights 2015–16

- Second annual employee engagement survey with results demonstrating a highly engaged and satisfied workforce.
- 'Care Aware' Program participation.
- Staff participation in events of significance relating to Aboriginal & Torres Strait Islander, cultural and linguistic diversity and gender and sexuality diversity peoples.

## Our People

### Representation of our workforce

Mental Health Australia continues to demonstrate a strong commitment to gender equality, most notably at the Board and management level.

#### WORKPLACE PROFILE:

	Full-time		%	Part-time		%	Casual		%	Total employees		%
	F	M	F	F	M	F	F	M	F	F	M	F
Board	6	4	60			0			0	6	4	60
Executive Management	1	2	33	2		100			0	3	2	60
Management	1		100		1	0	1		100	2	1	67
Project Officers	3	1	75	3		100			0	6	1	86
Administration Staff	2		100	0		0			0	2		100
<b>TOTAL</b>	<b>13</b>	<b>10</b>	<b>57</b>	<b>5</b>	<b>1</b>	<b>83</b>	<b>1</b>	<b>0</b>	<b>100</b>	<b>19</b>	<b>11</b>	<b>63</b>

## *Gender Equality and Workforce Diversity*

Mental Health Australia strives to create an inclusive culture and prioritises equity, diversity and inclusion.

Mental Health Australia continued to build on previous years' efforts to achieve a sustainable culture of gender equity, diversity and inclusion under its five year Diversity Management Plan. The Plan covers all areas of the business helping drive the way employees relate to colleagues, the organisation, stakeholders and the community it serves.

In addition to both educational and cultural activities across the year, an LGBTI Inclusion Plan was established and professional development in LGBTI inclusion was provided to all employees.

Mental Health Australia also recognised and participated in events of national significance celebrating Aboriginal & Torres Strait Islander culture, cultural and linguistic diversity and gender and sexuality diversity.

### *Measuring our organisational health*

This year, Mental Health Australia conducted a second employee engagement survey, to compare with baseline data recorded in 2014.

The results were very positive, and demonstrated a highly engaged workforce.

The survey also informs Mental Health Australia of the views and concerns of employees and provides information to enhance planning, policies and programs for staff.

### *Work Health and Safety*

In the 2015–16 financial year, Mental Health Australia achieved another outstanding work health and safety result, with no lost time to due to injuries or workers compensation claims.

#### **Mentally Healthy Workplace initiatives**

Mental Health Australia continued to support and promote the wellbeing of employees in 2015–16, with the successful corporate health program, Health in Mind.

Activities included free on-site influenza vaccination, corporate subsidy for individual

health and fitness activities, ergonomic assessments, arranged activities on national health observance days and practical support and encouragement of healthy eating with a popular weekly fresh fruit provision.

This program supports other health and wellbeing initiatives such as the employee assistance program; Heads Up action plan, a tailored strategy to make the workplace more mentally healthy; Accidental Counsellor training; online information and resources; and targeted health awareness campaigns.

## **Staff**

The experience and dedication of the Mental Health Australia staff plays a critical role in the ongoing success of Mental Health Australia. The team combined skills in business, finance, program management, policy development, planning, communications and administration.

#### **Staff at 30 June 2016:**

Mr Frank Quinlan  
Chief Executive Officer

Ms Melanie Cantwell  
Deputy Chief Executive Officer & Company Secretary

Mr Josh Fear  
Director, Policy and Projects

Ms Kylie Wake  
Director, Consumer and Carer Programs

Ms Joanne Huxley  
Director, External Relations

Mr Daniel Casey  
Manager, Policy and Projects

Ms Carolyn Murphy  
Manager, Finance and Corporate Services

Ms Delia Witney  
Human Resources Manager

Ms Emma Coughlan  
Policy & Projects Officer

Ms Kathryn Sequoia  
Executive Officer – NMHCCF and National Register

Ms Emma Judges  
Admin/Project Officer – NMHCCF and National Register

Ms Felicity Wilkins  
Executive Assistant/Corporate Support Officer

Ms Amy Byrne  
Finance/HR Officer

Ms Kaitlin Saunders  
Project Officer – MHIMA Project

Ms Áine Tierney  
NCCCWG Support Officer

## Governance

The Mental Health Australia governance structure ensures the Board, staff and member organisations collaborate effectively to support the vision of mentally healthy people and mentally healthy communities.

The Mental Health Australia Board is made up of ten members – six elected directors drawn from the membership, two Board-appointed directors and one consumer and one carer elected director from the membership.

As per Mental Health Australia's constitution, Board elections were undertaken via electronic voting ahead of the October 2015 Annual General Meeting. Members reported high levels of satisfaction with the process and it was encouraging so many strong candidates nominated to serve Mental Health Australia and its members.

The Mental Health Australia Board oversees its Finance, Audit and Risk Management (FARM) Committee, which meets at least four times per year to review the organisation's finances and risks. The FARM committee reviews and prepares a number of reports for the Board in relation to the financial reports, WH&S, business continuity and risk management, and the oversight of various Mental Health Australia projects.

The Mental Health Australia Board Governance Committee meets at least once per year and also on an ad hoc basis and considers applications for membership for endorsement by the Board. The committee provides oversight of all governance related activities.

Mental Health Australia has extensive internal processes and procedures to ensure best practice in financial management, risk management and employment, ensuring Mental Health Australia remains compliant with legislation and regulatory bodies (i.e. the Australian Charities and Not-for-Profits Commission (ACNC), Australian Tax Office, and the Australian Securities and Investments Commission).

Mental Health Australia undertakes all relevant reporting based on a compliance calendar, for example submitting the Annual Information Statement to the ACNC.

## Reflect Reconciliation Action Plan

Mental Health Australia has developed a Reflect Reconciliation Action Plan (RAP), to support the implementation of effective and mutually beneficial initiatives as part of a future RAP. This Reflect RAP, and the future RAP, will identify relationships, respect and opportunities specific to Mental Health Australia's business and sphere of influence.

Mental Health Australia's Reflect RAP can be downloaded from [www.mhaustralia.org](http://www.mhaustralia.org).

## Members

Mental Health Australia values the support and input received from member organisations, all of whom play a direct role in achieving strategic priorities. Mental Health Australia would like to acknowledge and thank members for their support.

**Members at 30 June 2016 were:**

### *Voting Members*

Aftercare

Alzheimer's Australia

Australian Association of Development Disability Medicine

Australian Association of Social Workers

Australian College of Mental Health Nurses

Australian Counselling Association

Australian Infant Child Adolescent and Family Mental Health Association

Australian Medical Association  
Australian Psychological Society  
Australian Rotary Health  
Australian Society of Psychological Medicine  
*beyondblue*  
Black Dog Institute  
BlueKnot Foundation  
Brain & Mind Research Institute  
Carers Australia  
Catholic Health Australia  
Catholic Social Services Australia  
Centre for Mental Health Research, Australian National University  
Dietitians Association of Australia  
dNet – People Like Us  
Grow  
headspace  
International Association of Infant Massage, Australia Inc  
Lifeline Australia  
Mental Health Carers ARAFMI Australia  
Mental Health Coalition of South Australia  
Mental Health Community Coalition of the ACT  
Mental Health Coordinating Council  
Mental Health Council of Tasmania  
Mental Health First Aid Australia  
Mental Health Professionals Network  
Mental Illness Fellowship of Australia Inc  
Mind Australia  
National Aboriginal Community Controlled Health Organisation  
National LGBTI Health Alliance  
National Rural Health Alliance  
Neami National  
Northern Territory Mental Health Coalition  
National Council of Intellectual Disability  
Occupational Therapy Australia  
On the Line  
ORYGEN The National Centre of Excellence in Youth Mental Health  
Ostara Australia  
Pharmaceutical Society of Australia

PANDA – Perinatal Anxiety and Depression Australia  
Private Mental Health Alliance  
Private Mental Health Consumer Carer Network (Australia)  
Psychiatric Disability Services of Victoria (VICSERV)  
Psychosis Australia Trust  
Psychotherapy and Counselling Federation of Australia (PACFA)  
Queensland Alliance for Mental Health  
Queensland Centre for Mental Health Research  
Ramsay Health Care  
ReachOut Australia  
Relationships Australia  
Richmond Fellowship of Australia  
Royal Australian College of General Practitioners  
Royal Flying Doctor Service  
R U OK? Foundation  
SANE Australia  
Society for Mental Health Research  
Speech Pathology Australia  
Suicide Prevention Australia  
The Butterfly Foundation  
The Pharmacy Guild of Australia  
The Royal Australian and New Zealand College of Psychiatrists  
TheMHS Learning Network Inc  
United Synergies  
WA Association for Mental Health

### *Non-Voting Members*

ACT Mental Health Consumer Network  
Anxiety Recovery Centre Victoria  
ARAFMI Queensland  
Artius Pty Ltd  
ASPIRE  
Australian Red Cross  
Being – Mental Health & Wellbeing Consumer Advisory Group  
Break Thru People Solutions  
Brisbane North PHN  
Care Connect



CatholicCare NT  
Centacare Catholic Diocese of Ballarat Inc  
Centacare Catholic Family Services  
Central Coast Family Support Services Inc  
Coffs Harbour Employment Support Services Limited  
Cohealth  
Connections Inc  
Converge International Ltd  
Dulwich Centre Foundation  
Eating Disorders Foundation of Victoria Inc  
Exercise and Sports Science Australia  
Fernhills Clinic  
Finding Workable Solutions  
Gold Coast Centre Against Sexual Violence Inc  
Graceville Centre  
HelpingMinds  
JobCo Employment Services Inc  
Karakan Hostels  
Kookaburra Kids  
Lamp Inc  
Lives Lived Well  
Marathon Health  
McAuley Community Services for Women  
Mental Health Association NSW  
Mental Illness Education ACT  
Mental Illness Fellowship of North Queensland Inc  
Mental Illness Fellowship of Queensland  
Mentally Healthy WA  
MindShift Foundation  
Movember  
NAB Foundation  
Newcastle Family Support Services Inc  
Open Minds  
Pathways South West Inc  
Pathways Rehabilitation and Support Services  
Peninsula Support Services Inc  
Permanent Care and Adoptive Families  
Post Placement Support Service  
Queensland Voice for Mental Health  
Richmond Fellowship Queensland

Ruah Community Services  
Social Firms Australia  
Tandem Inc  
TEAMhealth  
Tully Support Centre  
WISE Employment Ltd  
WISHIN Inc

## Patrons and Partners

Mental Health Australia is privileged to welcome the prestigious support of several eminent Australians who share the vision of mentally healthy people and mentally healthy communities.

Throughout the year Patrons have provided much appreciated advice and assisted with the promotion of mental health issues to the media and the Australian people.

With special thanks to the Patrons of Mental Health Australia in 2015–16:

Ms Jessica Rowe  
Mr Peter Overton  
Mr Jonathan Welch  
Mr David Galbally QC

## Corporate Friends

The corporate world plays an important role in helping to break down the stigma associated with mental illness by providing people with lived experience a safe and caring work environment. In 2016, Mental Health Australia launched the Corporate Friends program as a way for organisations to support the vision of mentally healthy people, mentally healthy communities.

The first Corporate Friend, *Peninsula Hot Springs*, was welcomed in February. *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.



# Finance, Audit & Risk Management Committee Report

# 7



# 7. Finance, Audit and Risk Management Committee Report

*The audited financial statements for Mental Health Australia Limited for the year ended 30 June 2016 have been finalised and are available for download at [www.mhaustralia.org](http://www.mhaustralia.org).*

The financial statements to 30 June 2016 were prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. The Auditor's Independent Report states that 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 2015/16 resulted in a surplus of \$9,084. Total operating revenue was \$3,518,412 and total operating expenditure was \$3,509,328.

As at 30 June 2016, Total Assets of Mental Health Australia Limited were \$3,220,834 (2014/15 \$2,742,226) and Total Liabilities were \$1,495,513 (2014/15 \$1,026,007). Total Equity was \$1,706,120 (2014/15 \$1,697,036), represented by Working Capital of \$1,534,713 (2014/15 \$1,505,519), Property, Plant and Equipment of \$152,206 (2014/15 \$191,516), and Non-Current Liabilities (provision for employee entitlements) of \$19,201 (2014/15 \$19,183).

In the 2015/16 financial year, operating grants received of \$3,202,416 (2014/15 \$3,725,972) represented 91% (2014/15 91%) of the total revenue received. These funds were received from the Australian Government departments of health, and social services; the National Mental Health Commission; the Independent Hospital Pricing Authority and state governments supporting the NMHCCF to undertake contracted activities. These funds were expended to achieve the outcomes required in the various contracts.

In late 2015, Mental Health Australia Limited went through a period of funding uncertainty due to the introduction of a new core funding program within the Australian Government Department of Health. Mental Health Australia Limited received

notification of its continued funding mid-December 2015.

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 through a very difficult period. 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

[mhaustralia.org](https://mhaustralia.org)

