

**Mental
Health
Council**
OF TASMANIA

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The peak body representing
the Tasmanian Community
Managed Mental Health Sector
and a state and national level.

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About the Mental Health Council of Tasmania

What does the Mental Health Council of Tasmania Do?

- Builds capacity within the sector.
- Educates the community about health and wellbeing.
- Advocates for a population health approach.
- Provides leadership in public mental health policy.

What Do We Stand For?

- Optimism and empowerment.
- Participation, collaboration and partnerships.
- Autonomy, responsibility and accountability.

We Believe That...

- Every person has the right to achieve their full potential and be able to participate meaningfully in their community.
- The collective efforts of individuals and organisations working together to improve mental health across the whole community are more effective than isolated efforts.
- All people have the right to make decisions about their health and wellbeing.
- Recovery of mental health is possible. This is assisted by a positive recovery-focused approach by all those involved.
- Effective public policy and its implementation will foster pathways to social inclusion for those living with mental illness.

Strategic Directions 2011–2013

Measures of Success

- Adequate funding for current operation and future growth.
- A diverse, skilled and representative board.
- A representative and engaged membership.
- Effective stakeholder management.
- An adequately resourced, skilled and motivated workforce.
- Partnerships and collaborations that support the strategic objectives of MHCT.
- Submissions and/or recommendations initiated by the MHCT that influence social policy.
- Participation on committees and working groups.
- An engaged membership who participate in the policy process.
- Promotion and adoption of recovery oriented culture and practice.
- Increased opportunity for workforce development.
- Community awareness campaign to reduce mental illness stigma and discrimination.
- Increased consumer and carer participation.

Members List (As at 30 June 2013)

Consumer Organisations

Club Haven
Eureka Clubhouse
GROW
Flourish
Tasmania Recovery form Eating Disorders

Carer Organisations

Mental Health Carers Tasmania
Carers Tasmania
Sage Hill Family & Friends

Service Providers

Advocacy Tasmania
Anglicare Tasmania
ASPIRE
Bethlehem House
Brain Injury Association of Tasmania
Care Connect
Caroline House
Centacare
Choose Life Services
CORES Australia
Cornerstone Youth Services
Family Based Care North
Headspace Hobart
Langford Support Services
Lifeline Hobart
Migrant Resource Centre
Mind Australia
Mission Australia
OzHelp Foundation
Rainbow Communities Tasmania
Red Cross
Relationships Australia
Richmond Fellowship
Rural Alive & Well
Salvation Army Bridge Program
The Hobart Clinic
WISE Employment Ltd
Working it Out
Youth & Family Focus

Individual Members

Brendan Charles
Lucy Lester
Therese Ryan
Ms Robin Wilkinson
Patrick Carlisle
Barry Lange
Harold Dunbavan
Lucy Henry

Life Member

Daryl Lamb

Board Members 30 June 2013



Chair

Claire Vissenga was elected to the MHCT Board in October 2008 and has been Chair since 2011. Claire is a member of the Audit and Risk Subcommittee and Chairs the HR Subcommittee. Claire has qualifications in BA, Hons (Psychology) Grad Dip (Psychology), Masters (Psychology), Graduate of the Australian Institute of Company Directors.



Vice Chair

Jane Carlson was appointed to the MHCT Board during 2008 and has been Vice Chair since 2011. Jane is a member of the Board Development Group and has a Bachelor of Social Work.



Secretary

Gillian Long was elected to the MHCT Board in 2011 as a service provider organisation nominee. Gillian is part of the Audit & Risk Sub-committee.



Treasurer

Patrick Carlisle was elected to the MHCT Board in 2012 and currently holds the position of Treasurer and chair of the Audit and Risk Sub-committee. Patrick has a Masters of Business.



**Wendy
Groot**

Board Member

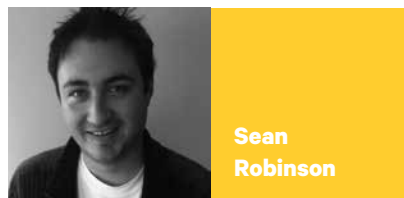
Wendy Groot was elected to the MHCT Board in 2011. Wendy is a member of the Board Development Group. Wendy is a member of the Australian Institute of Company Directors.



**Lucy
Henry**

Board Member

Lucy Henry was appointed to the MHCT Board during 2013. Lucy had a Bachelor Degree in Nursing and a Graduate Certificate in Journalism, Media and Communications. She is a member of the Audit and Risk Subcommittee. Lucy had been working in the mental health consumer community at both a state and national level since 2006. Sadly, in October 2013 Lucy ended her own life. She was a highly respected and valued colleague and friend to the MHCT board and staff.



**Sean
Robinson**

Board Member

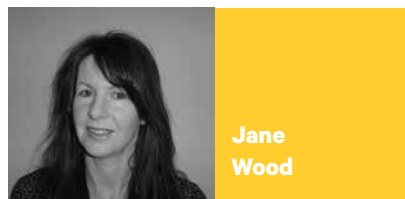
Sean Robinson was appointed to the MHCT Board during 2009 as a consumer organisation representative. Sean sits on the Board Development Group. Sean has been successfully advocating and lobbying for consumer issues for many years.



**Sharon
Scarlett**

Board Member

Sharon Scarlett was appointed to the board during 2013.



**Jane
Wood**

Board Member

Jane Wood was elected to the board in 2012 and sits on the Board Development Group.

Chair's Report



**Claire
Vissenga**

It is with pleasure that I reflect on the work of the Mental Health Council of Tasmania over the past year.

It has been a challenging and exciting year for the community mental health sector and MHCT has played a vital role in providing leadership, representation and advocacy on behalf of the sector and Tasmanians whose lives are affected by mental illness. This year has seen some dramatic changes that will affect the lives of Tasmanians living with mental illness. In particular, the passing of the Mental Health Bill 2012 will see, from January 2014, our state become only the second in the world to adopt a capacity based approach to involuntary mental health treatment. We can rightly be proud of the sectors' and the Mental Health Council of Tasmania's role in bringing about this legislative reform that enhances the human rights of some of the most vulnerable citizens in our community. We have also seen the introduction of a National Disability Insurance Scheme and whilst this is only a limited trial in Tasmania, and unlikely to affect many Tasmanians living with mental illness until the full roll out in 2016; it will lead to the biggest revolution of the community mental health sector in decades.

The leadership of MHCT as we adopt and adapt to this reform has been, and will remain vital to ensure the best outcomes for mental health consumers, their carers and organisations providing community mental health services. Internally, the Mental Health Council of Tasmania has continued to expand and evolve how it serves members and the community.

We have developed a new Strategic Plan and enhanced our evaluation framework. This latter change has elicited much richer and more rigorous feedback from our members enabling us to improve how we deliver services.

The feedback given by our members is included in this report. A significant highlight during the year was the largest revision of our constitution since the formation of MHCT. This sees MHCT transition to having a skills based board and it is anticipated this will ensure the Council has strong governance to lead it over coming years. Perhaps the best indication that MHCT is having an impact is the significant number of new organisations who have joined as full members.

None of the achievements of the Mental Health Council of Tasmania could be realised without the hard work and dedication of the staff. We appreciate all their efforts and congratulate the team for all their achievements, which are outlined elsewhere in this report. In particular, I would like to acknowledge the leadership of our CEO, Darren Carr. Darren has guided us through the many improvements over the last 12 months and now leads a strong, professional and talented team of staff.

I wish to thank my fellow board members for their confidence in electing me Chair and for their contribution and support of the Mental Health Council of Tasmania during the past year. I would also like to acknowledge the contributions of Miranda Ashby for her service on the board, which ended during the course of the 2012-13 year.

It is unusual in an annual report to comment on events after the end of the reporting financial year but this year there are extenuating and compelling circumstances. I would like to pay tribute to two board members

in particular. Sharon Scarlett joined the board during the year and resigned following the death of her daughter. Whilst only with us for a short time, Sharon made a valuable contribution in the boardroom and we were deeply saddened by her family's tragic loss.

Recently, our long serving board member and passionate mental health consumer advocate, Lucy Henry, ended her own life. At the time of writing, we are all grieving the tragic loss of our friend and colleague. All who served in the boardroom with Lucy, or attended any of the numerous events at which she spoke, will recall the passion and eloquence with which Lucy presented her message. In both her life and death, Lucy constantly reminded us that the most important voice in mental health is the consumers'.

Finally, it is with much regret that I must make this my final report to the membership of the Mental Health Council of Tasmania. After five years on the Board, it is time for me to move on. I believe I am leaving the council in a strong position with dedicated staff and members. I wish you all good fortune in your pursuit of a better mental health sector in Tasmania.

Claire Vissenga



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*Every person
has the right to
achieve their full
potential and be
able to participate
meaningfully in
their community.*

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Chief Executive Officer's Report



My second year as CEO of the Mental Health Council of Tasmania has been rewarding, challenging and productive. MHCT has continued to focus on providing strong collaborative leadership with the community mental health sector at a state and national level.

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We have advocated personally with a majority of state politicians over the past year and have played an active part in several key issues affecting the mental health of Tasmanians. In particular, we have provided strong advocacy on the new Mental Health Bill 2012, the push for marriage equality legislation and abortion law reform.

As well as lobbying for legislative reform, MHCT has represented the community mental health sector in a variety of other settings. Our highly capable Policy Officer, Elida Meadows, has prepared and presented numerous submissions on a variety of mental health issues to both state and federal bodies. These have received excellent feedback from recipients and several recommendations included in them have been subsequently adopted. Elida has also coordinated our regular Regional Mental Health Group networking events. These are the largest interaction MHCT has with people working in the sector and the number of people attending has continued to grow. This demonstrates the value people are receiving from so directly involved.

For the second year running, MHCT Workforce Development Officer Kris McCracken, has coordinated a sector wide bid to Skills Tasmania for vocational training. After a very successful bid last year, this year's bid was even larger, seeing nearly 250 learners from 26 member organisations undertaking over 28 nationally recognised qualifications and skills sets. The total value of subsidised

training obtained through these bids now sits at over \$500,000, representing outstanding value for members and a significant increase in the capacity of the community mental health sector to provide high quality services to clients. Kris has moved on from MHCT and we are delighted to welcome Russell Stevens into the role.

We enjoyed a close relationship with the National Mental Health Commission over the past year, hosting their visit from their CEO and Chair to Tasmania that saw detailed consultations with consumers and carers. We were subsequently invited to be part of the COAG Expert Reference Group that developed indicators for the next national mental health plan. Given their increased role in the national mental health landscape, our already strong relationship with NMHC stands MHCT in good stead to continue to influence the national mental health agenda.

Our Office Manager Nancy Hoskinson has also recently moved on and we appreciate Nancy's contribution to ensuring all facets of MHCT's work occur both efficiently and effectively. We have been delighted to welcome Sallie Neilson into the role as our new Office Manager.

Finally, I would like to acknowledge the contribution of the MHCT board during the past year. All board members donate their time to support the work of the Council and I appreciate their contribution and support. MHCT is excellently governed and the staff greatly appreciates the leadership and support of our board. All the staff were

Staff Members

CEO
Darren Carr

**Policy and Research
Officer**
Elida Meadows

**Workforce Development
Officer**
Kris McCracken

Office Manager
Nancy Hoskinson

devastated following the tragic events surrounding the recent departure from the board by Sharon Scarlett and the loss of Lucy Henry; and we appreciate and will remember their contribution to our organisation and sector.

A strong and healthy relationship between a CEO and Chair is vital for any organisation to succeed. As CEO of MHCT, I particularly want to acknowledge the support and wise counsel of MHCT Chair, Claire Vissenga, over the past two years. Many of the successes MHCT has enjoyed over that time have been built on the strong relationship forged between the board and staff, and the CEO and Chair in particular. MHCT is well placed to continue to play a leading role in improving the mental health of all Tasmanians.

Darren Carr

The collective efforts of individuals and organisations working together to improve mental health across the whole community are more effective than isolated efforts.

MHCT at Work

Budget Priority Statement 2013-2014

Each year, the MHCT prepares a submission for the state Budget, outlining the priorities we believe the state government should focus on as it prepared the following year's state budget. This is usually our largest submission and known as the Budget Priorities Statement (BPS). The 2013-2014 BPS contents were informed by consultations, which occurred over the year, and, in particular, the discussions held at Regional Mental Health Group meetings.

The biggest ticket on the agenda for the BPS this year was the allocation of funding adequate to resourcing the rollout of the Mental Health Act in January 2014. This included recommendations for extra funding for the Mental Health Tribunal, Advocacy Tasmania and Legal Aid. The outcome was that the Tribunal and Legal Aid received commitments to more funding, but not sufficient to cover the expected increase in demand arising from the new Mental Health Act. Advocacy Tasmania still reports a waiting list for mental health advocacy services and advocacy support for Tasmanians with mental health disorders remains critically deficient – with less than two full time advocates to cover the entire state.

We are happy to report that one of our recommendations – for the funding of an eating disorder information line – was successful but other, larger and critical submissions were not addressed at all. MHCT will continue to lobby for long-term supported housing, an anti-stigma campaign and a raft of workforce issues.

Regional Mental Health Group Meetings

This year has seen the usual robust discussion at the Southern, Northern and Northwestern Regional Mental Health Group meetings, which occur 3 times a year in May, August and November.

Issues that generated a lot of discussion over the past year included:

– **Seclusion and Restraint**

The discussion was mainly centred around the need to address continued unnecessary episodes of these. Group members gave us some dreadful examples of incidences of seclusion and restraint. Overall, there was consensus that while the aim is to eliminate Seclusion and Restraint, there may be some rare occasions where such interventions might be needed.

– **Maximising Recovery Panels**

Although members reported some improvements to the operation of these, some noted (particularly in the North) that they were still an unwieldy way to connect consumers to services. At times people can spend months on end waiting to hear if their application to a program has been approved by the MRP. Members told us that in the past, there has been a review of the MRP process between DHHS and NGOs, there was some negotiation and an alternative put forth; however, this was never implemented. The alternative did have the potential to be an easier and more streamlined process for people

wanting to access programs, but for whatever reason has now dropped off the radar. It was noted that other states do not use this clumsy mechanism so why does Tasmania. Some members were in favour of a system that allows consumers to deal directly with services.

– **Anti-stigma funding**

The issue of an anti-stigma campaign remains on the wish list of many members who noted the success of programs in overseas jurisdictions. The MHCT is taking this issue on board and our new Promotions Officer will be working towards this in the following year.

– **Workforce sector mapping**

This is essential for successful planning for workforce development, a critical issue in our sector. MHCT Members continue to be confounded by the lack of data on the sector and the apparent lack of will to address this.

– **A peer workforce**

This is an issue that continues to engage members, especially in light of the soon to be available Certificate IV in Peer Work. Many members were concerned that once people completed such a course, there should be paid work available to them, within mental health facilities, services and within government.

– **Educating employers around mental health**

Members noted that people on disability support payments still want to work and they feel they also have the capacity to work. It is difficult to find employers that are willing to employ people for limited hours. This issue requires more planning and resourcing.

– Carer issues

Particularly, members noted the need for greater appreciation of the people supporting the person with mental ill health as well as and the hidden carers. Members looked at what respite might mean to them and how services can better accommodate this.

– Collaboration and competition

Members were concerned that while the government likes services to work collaboratively; at funding times, it puts pressures on these collaborations due to having to compete against each other for funding.

MHCT “Stuck in myself”: isolation and mental health consumers research project

The MHCT began planning for the “Stuck in myself” isolation and mental health consumers research project in early 2013. Social isolation in people with mental health problems has a significant impact on wellbeing, recovery and participation in the community. People with severe mental illness are probably the most isolated social group of all. They fear rejection from others and may also

feel overwhelmed by the thought of attempting to socialise, join group activities, form new friendships, or even, in extreme cases, go out at all. They may also try to conceal their condition from others, resulting in additional stress, which can reinforce the impulse to isolate. Isolation by people with mental ill health also affects their families and carers. This project will be speaking to carers about how this issue affects them and their health and wellbeing and will also be seeking the views of agencies that currently provide social and recreational supports to consumers.

Project Planning work completed up to the end of June 2013

- Applied for and granted ethics approval from the Tasmanian Social Sciences Human Research Ethics Committee
- Applied for and received a Community Levy Grant
- Applied for successfully for two Year 4 UTAS student placements
- Applied for and received HWA grants to support two student placements
- Secured social worker supervisor for 2 UTAS students
- Tested the project topic with consumer and carer groups
- Prepared an MOU with Flourish and Mental Health Carers Tasmania
- Formed Project Advisory Group and TOR for the group
- Began a project Literature Review

We are currently conducting focus groups and interviews across the state in collaboration with Flourish and Mental Health Carers Tasmania and with the assistance of two final year social work students from UTas. We will be working on completing and launching the report by early February 2014.

Representations

The MHCT represents the community mental health sector on a variety of committees and working groups. During the 2012/13 financial year these included:

- Australian Skills Quality Authority (ASQA) Consultations
- CALD Community Connections – Migrant Resource Centre (Hobart)
- Community Mental Health Australia (CMHA) Board
- Community Mental Health Australia Executive Leadership Group
- Community Mental Health CEO/Managers Network Meeting
- Community Mental Health Australia’s National Workforce Development Advisory Group
- CMO Outcome Measurement Project
- Consumer Carer Participation Review Advisory Committee SMHS Workforce Development Unit
- CS&HISC 2013 Environmental Scan
- CSO/SMHS Interface Meeting
- Consumer and Carer Participation Strategic Oversight Group
- Department of Psychology Smoke Free Working Group
- Expert Reference Group – COAG Ten Year Road Map for Mental Health Reform
- Health Workforce Australia’s (HWA) National Framework Consultation
- HWA Rural and Remote Health Workforce Innovation and Reform Strategy
- Inter-Agency Working Group for Mental Health
- Mental Health Council of Australia’s Tasmanian Consultation
- Mental Health Diversion List Meetings
- Mental Health and Housing Forum (Northern Group)
- Mental Health In Touch
- The Mental Health Peer Workforce Competency Development Project – C&HISC
- MHCT Community Managed Mental Health Industry Workforce Advisory Group [convened]
- MHS PPEI and Suicide Prevention
- Web Working Group
- National Mental Health Commission Tasmanian Consultation
- Northern Regional Mental Health Group
- National VET E-learning Strategy’s Industry System Change activities
- North West Regional Mental Health Group
- Partners in Recovery Reference Group
- Peaks Network and Government Strategic Forum Workforce Audit
- Presentations at the 2013 Skills Tasmania Conference
- Salvation Army Inter-agency Collaboration Group
- Skills Tasmania’s Community Services Interface
- Skills Tasmania Industry Association Forum
- Skills Tasmania’s Workforce Development Steering Committee
- Skills Tasmania’s Workforce Development Community of Practice
- SMHS Workforce Development Unit Interface

All people have the right to make decisions about their health and wellbeing.



- Social Determinants of Health Advocacy Network
- Statewide Mental Health Week Committee
- Southern Mental Health Partnership Forum
- Southern Regional Mental Health Group
- Tasmanian Clinical Education Network
- Tasmanian Community Services Peaks Network
- Tasmanian Community Services Peaks Network and Government Strategic Forum
- Tasmanian Skills Institute Industry Interface
- Tasmanian Skills Institute/ MHCT/ ATDC Course Content Development Reference Group
- Tasmanian Peak's Network Community Sector Industry Plan
- Tasmanian Policy Network
- Tasmanian Social Policy Network
- Tasmanian Suicide Prevention Committee
- Tasmanian Suicide Prevention Community Network
- Tasmanian Transcultural Mental Health Advisory Group
- Tasmanian Transcultural Mental Health Network
- TasCOSS/ ASU/ HACSU/ Community Services Working Group
- The National VET E-learning Strategy's Industry System Change activities
- The Salvation Army Inter-Agency Collaboration Group
- The Tasmanian Clinical Education Network
- TasCOSS Health Policy Forum
- Industry Association Forums
- Northern Region Mental Health Housing Forum
- MH Southern Partnership Forums

Recovery of mental health is possible. This is assisted by a positive recovery-focused approach by all those involved.

Consultations, Forums, Seminars and Workshops

July	Peaks Network and Strategic Forum
	National Carer Strategy Stakeholder Consultation
August	2nd Draft National Recovery Framework Consultation
	ATSI Suicide Prevention Framework Consultation Risdon Cove
	National Mental Health Commission Consumer Consultation
	National Mental Health Commission Service Provider Consultation
	CCP SOG Workshop
September	PIR Forum Campbell Town
	SMH Partnership Forum
October	TasCOSS Gambling Forum – Criterion House
	Senator Penny Wright Service Provider Consultations
	October Peaks Network and Strategic Forum
November	Tasmanian Health Commission Consultation
	NDIS Consultation
	Tasmanian Health Package Workshop (element E)
December	Tasmanian Health Package Consultation – MH component
	HWA Health Leadership Forum
April	Senator Concetta Fierravanti-Wells
	Mental Health Council of Australia Consultation
June	Anglicare PIR Workshop
	NDIS Orientation

Presentations

August	TTMHN Annual Forum Bahai Centre – panel member
October	Flourish Q & A Ballroom Hobart Town Hall – panel member
November	Mental Health Carers – TasCOSS Conference – panel member and presenter
February	HWA Health Leadership Forum
March	Hobart Clinic Consumer Carer Forum



MHCT Submissions

One of the key functions of the MHCT is to provide input into policy development at a local, state and national level. This is achieved a variety of ways, including the preparation of written submissions, which are prepared with invaluable input from the MHCT membership. The following are the submissions that were submitted during the 2012/13 Financial Year:

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- Response to National Carer Strategy Implementation Plan Consultation Draft (August 2012)
- Response to National Recovery-Oriented Mental Health Practice Framework 2nd Consultation Draft (August 2012)
- Response PSA Mental Health Care Project: Developing a framework for pharmacists as partners in the mental health care team Consultation Paper (August 2012)
- Feedback from Mental Health Council of Tasmania to the COAG Ten Year Roadmap
- For National Mental Health Reform (September 2012)
- The Greens' Improving Mental Health Services in Country Australia discussion paper (November 2012)
- Response to NDIS Draft Legislation (January 2013)
- Response to Treasury re Draft Not-For-Profit Governance Standards (February 2013)
- Response to Hobart City Council Draft Housing Strategy 2012-2018 and Action Plan 2012-2018 (February 2013)
- Response to the Revised pregnancy termination laws proposed for Tasmania (March 2013)
- Joint Select Committee Preventative Health Care Inquiry (March 2013)
- A Tasmanian Government Framework for Community Engagement (April 2013)
- Response to the Quality and Safety Standards Framework for Tasmania's DHHS Funded Community Sector – Consultation Draft. (May 2013)
- National Summit on Physical and Mental Health: Addressing the premature death of people with mental illness (May 2013)
- Hobart City Council Draft Housing Strategy 2012-2018 and Action Plan 2012-2018
- National Summit on Physical and Mental Health
- A Continuum of Care To Prevent Youth Offending and Re-Offending
- Health Workforce Advisory Committee and Health Workforce review of the National Practice Standards for the Mental Health Workforce
- Assist Tasmanian Polytechnic in their review and forward planning of their delivery of Community Services qualifications
- The Australian Charities and Not-for-profits Commission reform process
- Health Workforce Australia Australian Health Leadership Framework consultation
- Tasmanian Mental Health Act, Tas Health Assistance Package (2 components),
- Input into Mental Health Carers Tasmania's submission to Carer framework
- Budget Priority Statement – Submission: Tasmanian Government 2013-14 State Budget
- Assist Tasmanian Polytechnic in their review and forward planning of their delivery of Community Services qualifications
- Tasmanian and national E-Learning initiatives
- The Australian Charities and Not-for-profits Commission reform process

Workforce Development

The past year of the Workforce Development (WFD) Officer position at the MHCT has proven a very busy one! On-going reform of the Australian health system and a growing demand for community-based mental health services has coincided with the reforms across both the Tasmanian and national training landscape.

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A critical component of the MHCT's WFD work has been the work overseen by Community Managed Mental Health Industry Workforce Advisory Group. This group facilitates a collaborative, cohesive and informed relationship between the peak body and the community managed mental health industry; and acts as a vital strategic linkage between employers/ service deliverers, training providers and funding bodies in relation to skills training and workforce development more generally. This Group has acted as the critical enabling agent to allow the MHCT to assume both a representative and brokerage role.

Alongside this, the Workforce Development Officer has engaged multiple stakeholders in the RTO space to develop and ensure adequate feedback loops between employers (the purchasers of training) and Registered Training Organisations (the deliverers of training). These loops are vital in ensuring that study materials and course delivery reflect current evidence-base concerning recovery and promotion, prevention and early intervention.

In addition to seeing the crop of learners receiving training brokered by the MHCT through Skills Tasmania's (former) Productivity Places Program+ (PPP+) we have been delighted to have been successful again in terms of its successor program, the Skills Fund. One bid has focused on broad qualifications needed in response to a training needs analysis exercises and the other focuses specifically on skills and qualifications in strategic human resource management, workforce planning and organisational development.

These tenders encompass funding for over twenty-five qualifications and skills sets, and means that we are currently seeing nationally accredited qualifications delivered to nearly 300 learners across more than twenty agencies. The combined total of the 2012 and 2013 contracts amounts to almost \$500,000 in training investment from Skills Tasmania into the community managed mental health sector since MHCT commenced its workforce development program. Critical to these successful bids has been embedding clear evaluative measures to ensure that a sound logic and evidence base supports the return on government investment, thus maximising this investment (and opening up opportunities for alternate sources of funding to implement further workforce development activities).

Outside of specific skills and training, the MHCT has played an active role in the current strategic workforce development and training environment over the life of this report. This work has encompassed organisational change management; negotiating the outsourcing of sub-acute care to non-

government services; the changing role of CSOs in the delivery of services and its workforce implications; the brokerage of training; engagement with RTOs; tendering for alternative funding sources and supporting members in their day-to-day operations.

This period has seen the reform of the Tasmanian public VET system through Skills Tasmania and the Tasmanian Department of Education and the streamlining of national VET qualifications through the Community Services and Health Industry Skills Council (CS&HISC). MHCT has been an active participant in various forums to both influence, and stay informed about, how these reforms impact the community mental health sector.

We have had an overwhelming amount of interest from a wide range of practitioners who have undertaken the Cannabis and Mental Illness Treatment workshop. It is great to see people keen to expand their skills base, and the feedback from the sessions has been very useful in informing the MHCT on possible workshop topics for the next year.

2012 Evaluation Report

The Mental Health Council of Tasmania is committed to continuous improvement and has consistently conducted an annual telephone survey of members to gauge their views on its' performance against a number of criteria, with these results published in the Annual Report.

The 2012/13 evaluation cycle marks changes in the feedback strategy to improve the rigour of the evaluation process. Specifically we:

- Expanded the range of stakeholders giving feedback.
- Increased the number of ways for stakeholders to provide feedback
- Following a competitive tender process, engaged an independent

consultant to facilitate one-on-one interviews and focus groups with a range of stakeholders.

- Applied a research-based evaluation methodology

The evaluation conducted in late 2012 and early 2013 certainly yielded much richer data to inform future planning and quality improvement than had previously been the case. Several respondents reported favorably about their experience with our new process, as captured in the following quotes:

"I applaud the council for asking service providers to openly provide feedback and comment on the role and efficacy of the council. It is a significant indication that the council does want to hear from its members and consumers re the good and the bad."

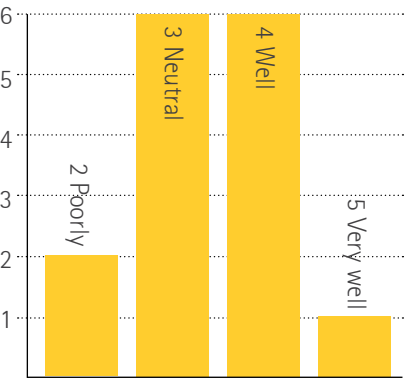
"An independent person to talk with makes a difference... you can put it

(responses) out there and not worry that you're upsetting someone or they will become defensive."

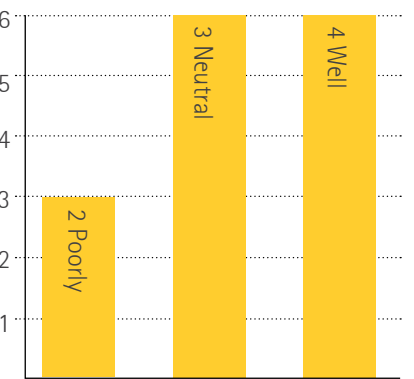
Aggregated feedback is detailed below for all criteria assessed as part of the evaluation, with a selection of quotes demonstrating some of the key feedback given during this process. MHCT will be repeating the evaluation process again, with slight modifications based on feedback from participants.

Performance by criteria/objectives

1. Identifying, developing and maintaining collaboration and partnership opportunities.

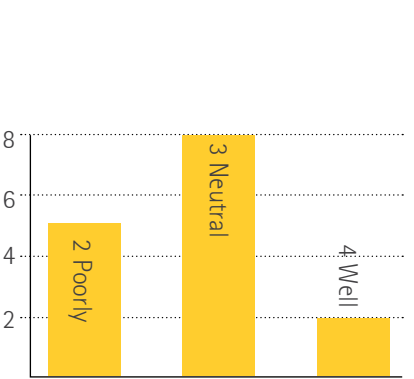


2. Lobbying government to gain and maintain adequate funding.



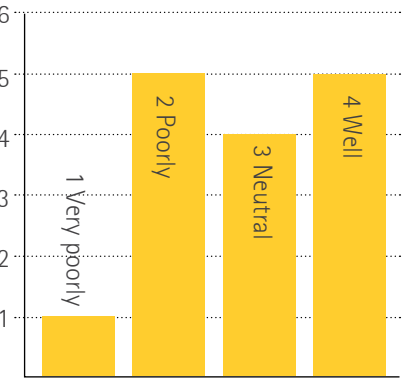
Evaluator comment: 1 x neutral response = don't know

3. Consulting research and conducting research to inform and influence public policy.



Evaluator comment: 1 x neutral response = don't know

4. Advocate for and contribute to the reduction of stigma within the community and promotion of social inclusion.



Strengths of MHCT

A few key themes emerged from respondents when asked about MHCT’s strengths:

A professional organisation – useful; and highly valued for workforce development:

- “Welcoming organisation and people”
- “A credible voice”
- “Professional feel”
- “Recruit quality staff – appropriate for roles and tasks”
- “Work force development has been brilliant, promote as model examples to other sectors (the requirement to undertake workforce planning prior to Skills fund applications, the informed commitment of participants in training, including employer, etc)”
- “Performing well in workforce development.”
- “Very good work with this – strong in pushing strong work force development and a strong community sector.”

Positioning and knowledge that benefits the sector:

- “A neutral space to bring the players together.”
- “Able to pull together astoundingly complex/diverse range of organisations / players in the landscape – this is a stand out feature of MHCT.”
- “Good connections with stakeholders and have a good feel for what is happening.”
- “Does well with collation of information to develop position papers and statements; papers are well-researched and valid.”

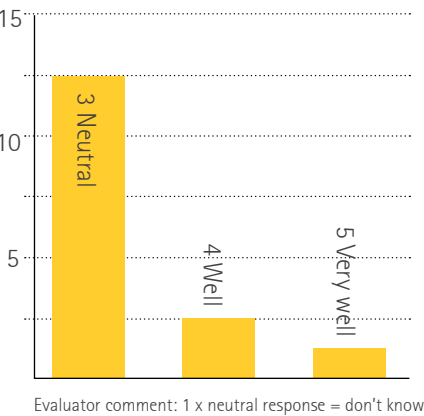
Sound performance:

- “Punching above their weight for a small organisation.”
- “MHCT meets our organisational needs”
- “Proactive particularly in upskilling workforce.”
- “Stable, always there.”
- “Communication, voice into media, polities, lobbying; information – gives a sense of what working on; grants and emails.”

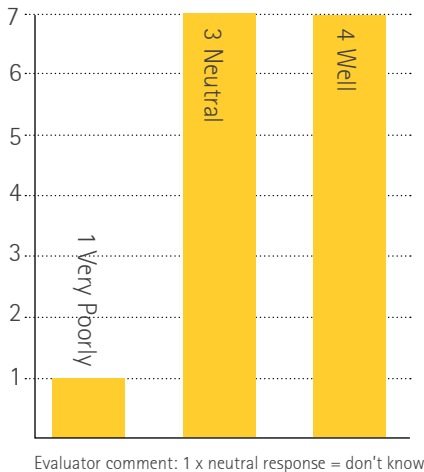
Qualified support:

- “MHCT has a really important strategic role but is under-resourced in what it is trying to do.”

5. Reorienting the sector to a recovery focus and whole of population health and wellbeing approach.



6. Advocating for opportunities for consumer, family and carer participation.



Optimism and empowerment

Continuous Improvement

When asked how MHCT could improve, respondents made a number of recommendations:

Profile of the organisation and futures planning:

- “MHCT has a vital role in promoting mental health and well being. Need to be frank and fearless. Grow their resource base, strengthen capacity.”
- “Focus on consumer, family and carer participation – can’t afford to drop this.”
- “For MHCT to grow it needs a greater case for more resources – catch 22 – say no or ask for more money from government at times – MHCT is picking up slack for <changes in> state MH structures.”

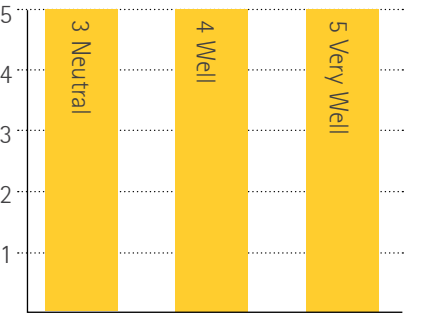
Strategic focus:

- “Strategy about relationship between clinical and community sector is vital – the MHCT has a key role in fostering a coordinated and cohesive approach.”

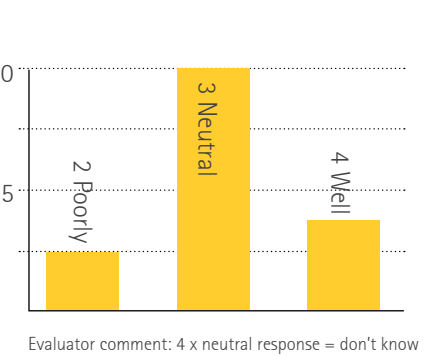
Research evidence:

- “Sector overall doesn’t capture and use data well to inform decision making.”
- “Research in the sector – draw on evidence in the field to gain key directions.”
- “Government is looking for ideas/ options/views from the sector – use research base and pull the issues out of it.”

7. Advocating for, and supporting workforce development of the community mental health sector.



8. Advocating for, and facilitating the implementation of, promotion, prevention and early intervention.



Initiating projects and dialogue:

"MHCT may have a role in seeking funding for pilot projects from those who have the most to gain from it e.g. Chamber of Commerce; Principals/schools in Tasmania; sit down with major rental players etc."

Consultation and collaboration with membership:

"Outcomes and action orientation in partnerships is needed."

"Emphasis around budget submissions would be good."

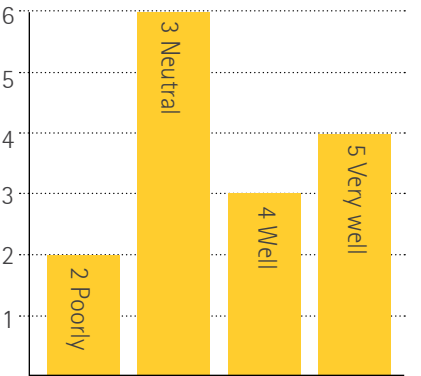
"More information about consultation process and transparency around engagement strategy."

Communication with membership:

"Website good for events and training but bland – could be something staff of organisations tap into."

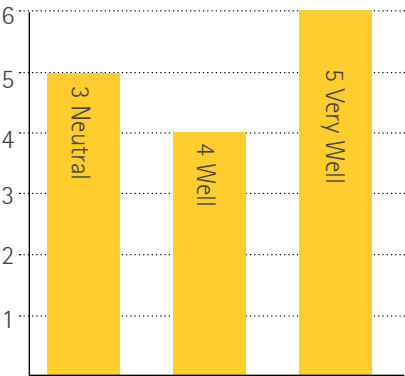
"Improve working relationships with consumer and carer organisations."

9. Providing value for money for members, funders and donors.



Evaluator comment: 1 x neutral response = don't know

10. Disseminating relevant and timely information to members and stakeholders.



Effective public policy and its implementation will foster pathways to social inclusion for those living with mental illness.

Financial Report for the year ended 30 June 2013

Mental Health Council of Tasmania Inc	
Board of Governance Report	
30 June 2013	
Your Board of Governance members submit the financial report of the Association for the financial year ended 30 June 2013.	
1. General information	
Board of Governance Members	
The names of Board of Governance members throughout the year are:	
Claire Vissenga	Chair
Patrick Carlisle	Treasurer
Jane Carlson	Vice-Chair
Gillian Long	Secretary
Wendy Groot	
Jane Wood	
Sharon Scarlett	Appointed May 2013
Sean Robinson	
Lucy Henry	
Miranda Ashby	Resigned May 2013
Principal Activities	
The principal activities of the Association during the year were:	
<ul style="list-style-type: none">representing the interests of community mental health consumer organisations, carer organisations and service provider organisations;providing a public voice for people affected by mental illness and the organisations in the community sector that work with them; andadvocating for effective public policy on mental health for the benefit of the Tasmanian community as a whole.	
Significant Changes	
No significant change in the nature of these activities occurred during the year.	
2. Operating Results and Review of Operations for the Year	
Operating result	
The surplus/(deficit) of the Association for the financial year amounted to \$ NIL (2012: \$ 3,863).	

Mental Health Council of Tasmania Inc

Board of Governance Report

30 June 2013

Meetings of members

During the year, 8 meetings of members were held. Attendances by each member during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Claire Vissenga	8	6
Patrick Carlisle	8	7
Jane Carlson	8	6
Gillian Long	8	7
Wendy Groot	8	8
Jane Wood	6	6
Sharon Scarlett	1	1
Sean Robinson	8	4
Lucy Henry	4	3
Miranda Ashby	7	2

Signed in accordance with a resolution of the Members of the Board of Governance:

Board of Governance Member [Signature]

Dated this 6th day of November 2013.

Mental Health Council of Tasmania Inc

Statement by the Board of Governance

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

In the opinion of the Board of Governance the financial report:

- 1. Presents a true and fair view of the financial position of the Mental Health Council of Tasmania Inc as at 30 June 2013 and its performance for the year ended on that date.
- 2. At the date of this statement, there are reasonable grounds to believe that the Mental Health Council of Tasmania Inc will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Governance and is signed for and on behalf of the Board of Governance by:

Chair [Signature]

Board of Governance Member [Signature]

Dated this 6th day of November 2013.

Statement of Comprehensive Income for the year ended 30 June 2013

	2013 \$	2012 \$
Income		
Donations	1 051	1 019
Grant monies	387 941	370 104
Grant monies to be carried forward	(22 791)	–
Interest income	9 478	10 250
Member subscriptions	12 655	11 384
Miscellaneous income	–	840
Total income	388 334	393 597
Less: Expenses		
Accounting & audit fees	2 896	3 493
Advertising & promotion	1 260	2 568
Assets purchased <\$5000	1 065	1 679
Bank charges	120	258
Board/governance expenses	3 737	6 400
Business planning	2 500	–
Cleaning & pest control	876	889
Client support consumables	186	513
Client support services	3 431	6 475
Computer expenses	5 436	6 345
Depreciation plant & equipment	3 440	5 771
Equipment hire/lease	7 103	2 696
Insurance general	6 744	8 730
Legal fees	–	2,933
Membership fees paid	3 573	7 297
Motor vehicle expenses	4 053	3 424
Printing, stationery and postage	4 359	6 730
Rent	27 273	26 727
Salaries & wages	259 408	246 648
Staff amenities	609	140
Staff training & development	2 692	2 758
Sundry expenses	1 861	1 463
Superannuation	22 786	20 940
Telephone/internet/fax	7 805	9 052
Travel & accommodation	10 164	10 628
Utilities/electricity	1 943	2 687
Workers compensation	3 014	2 490
Total Expenses	388 334	389 734
Surplus/(Deficit) for the year	–	3 863
Total comprehensive income	–	3 863

The accompanying notes form part of these financial statements.

Statement of Financial Position as at 30 June 2013

	Note	2013 \$	2012 \$
ASSETS			
Current assets			
Cash and cash equivalents	2	281 875	257 585
Trade and other receivables		4 296	–
Total current assets		286 171	257 585
NON-CURRENT ASSETS			
Property, plant and equipment	3	27 130	20 315
Total non-current assets		27 130	20 315
Total assets		313 301	277 900
LIABILITIES			
Current liabilities			
Trade and other payables	4	22 882	1 673
Financial liabilities	5	17 309	5 956
Provision for annual leave		2 989	9 745
Unspent grant funds liability	6	91 782	68 991
Total current liabilities		134 962	86 365
NON-CURRENT LIABILITIES			
Financial liabilities	5	–	13 196
Total non-current liabilities		–	13 196
Total liabilities		134 962	99 561
Net assets		178 339	178 339
EQUITY			
Accumulated surpluses		178 339	178 339
Total equity		178 339	178 339

The accompanying notes form part of these financial statements.

Statement of Changes in Equity
for the year ended 30 June 2013

	Accumulated surpluses \$	Total \$
2013		
Balance at 1 July 2012	178 339	178 339
Surplus/(deficit) for the year	–	–
Balance at 30 June 2013	178 339	178 339
	Accumulated surpluses \$	Total \$
2012		
Balance at 1 July 2011	174 476	174 476
Surplus/(deficit) for the year	3 863	3 863
Balance at 30 June 2012	178 339	178 339

Notes to the Financial Statements
for the year ended 30 June 2013

Note 1:

1. Summary of Significant Accounting Policies

(a) Basis of Preparation

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporations Act Tasmania. The Board of Governance has determined that the Association is not a reporting entity. The Association is a not-for-profit entity for financial reporting purposes.

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

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

(b) Comparative Figures

Where appropriate, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(c) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments, and bank overdrafts.

(d) Trade and other receivables

The Association considers accounts receivable to be fully collectible, accordingly no allowance for doubtful debts is required.

(e) Property, Plant and Equipment

The depreciable amount of all property, plant and equipment are measured at cost and are depreciated over the useful lives of the assets to the Association commencing from the time the asset is held ready for use. The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset

Motor Vehicles 33%
Office Equipment 25% - 33%

(f) Trade and other payables

Trade and other payables are stated at cost, which approximates fair value due to the short-term nature of these liabilities.

(g) Employee Benefits

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

A pro-rata liability for long service leave is recognised when an employee's service period has reached seven years.

Contributions made by the Association to an employee superannuation fund are charged as expenses when incurred.

(h) Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

(i) Income Tax

No provision for income tax has been raised as the Association is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(j) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payables in the statement of financial position are shown inclusive of GST.

(k) Economic dependence

The Mental Health Council of Tasmania Inc is dependent on the Department of Health and Human Services for the majority of its revenue used to operate the Association. At the date of this report the Board of Governance has no reason to believe the Department

of Health and Human Services will not continue to support the Mental Health Council of Tasmania Inc.

(l) Revenue and Other Income

Government grants are initially recognised as a liability and revenue is recognised as services are performed and conditions fulfilled. The unutilised amount of grants received is disclosed as a Government grant liability. Subscription income is recognised over the period to which the subscriptions relate. Interest revenue is recognised over the period for which the funds are invested. Donation income is recognised when the Association obtains control over the funds which is generally at the time of receipt. All revenue is stated net of the amount of goods and services tax (GST).

Note 2: Cash and Cash Equivalents

	2013 \$	2012 \$
Cash and Cash Equivalents		
Cash on hand	624	200
Cash at bank	58 910	6 376
Short-term bank deposits	222 341	251 009
Total	281 875	257 585

Note 3: Plant and Equipment

	2013 \$	2012 \$
Plant and equipment		
Motor vehicles	624	200
At cost	25 110	25 110
Accumulated depreciation	(7 953)	(4 795)
Total motor vehicles	17 157	20 315
Office equipment		
At cost	26,314	16,059
Accumulated depreciation	(16,341)	(16,059)
Total office equipment	9,973	–
Total property, plant and equipment	27,130	20,315

Note 4: Trade and Other Payables

	2013 \$	2012 \$
Trade payables	15 794	1 874
GST payable	7 088	(201)
Total	22 882	1 673

Note 5: Financial Liabilities

	2013 \$	2012 \$
Current		
Motor vehicle lease liability	17 309	5 956
	17 309	5 956
Non-current		
Motor vehicle lease liability	–	13 196
Total	–	13 196

Note 6: Unspent Grant Funds Liability

	2013 \$	2012 \$
Peak body activities	22 791	–
Social marketing	68 991	68 991
Total	91 782	68 991

Note 7: Capital and Leasing Commitments

(a) Operating lease commitments

There are no operating leases as at reporting date to be disclosed.

(b) Finance lease commitments

	2013 \$	2012 \$
Payable – minimum lease payments:		
– not later than 12 months	3 309	5 956
– between 12 months and 5 years	–	13 196
Total	3 309	19 152

The finance lease relates to a motor vehicle.

(c) Capital expenditure commitments

There are no capital commitments as at reporting date to be disclosed.

Note 8: Contingent Liabilities and Contingent Assets

There are no contingent liabilities or contingent assets as at reporting date to be disclosed.

Note 9: Events After the End of the Reporting Period

There are no events after balance date affecting these financial statements to be disclosed.

Note 10: Association Details

The registered office of the Association is:
Mental Health Council of Tasmania Inc
Suite 5, Mayfair Plaza
236 Sandy Bay Road
SANDY BAY TAS 7005



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Tasmania**
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Mental Health Council of Tasmania Inc

Auditors Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2013 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Australian Professional Ethical Standards in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.


Crowe Horwath Tasmania


Alison Flakemore
Audit Partner

Dated at Hobart this 30th day of October 2013.

Mental Health Council of Tasmania Inc

Independent Audit Report to the members of the Mental Health Council of Tasmania Inc

Report on the Financial Statements

We have audited the accompanying financial report, being special purpose financial report, of the Mental Health Council of Tasmania Inc (the Association), which comprise the statement of financial position at 30 June 2013 for the year ended, statement of comprehensive income, statement of changes in equity, and a summary of significant accounting policies, other explanatory notes and the statement by members of the Board of Governance.

Board of Governance's Responsibility for the Financial Statements

The Board of Governance of the Association is responsible for the preparation and fair presentation of the financial report and has determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the *Associations Incorporation Act (Tas) 1964* and are appropriate to meet the needs of the members. The Board of Governance's responsibility also includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

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

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

Mental Health Council of Tasmania Inc

Independent Audit Report to the members of the Mental Health Council of Tasmania Inc

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional ethical pronouncements.

Auditor's Opinion

In our opinion, the financial report of the Mental Health Council of Tasmania Inc present fairly in all material respects of the financial position of the Mental Health Council of Tasmania Inc as at 30 June 2013 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the *Associations Incorporation Act (Tas) 1964*.

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial statements, which describes the basis of accounting. The financial report has been prepared to assist the Mental Health Council of Tasmania Inc to meet the requirements of the *Associations Incorporation Act (Tas) 1964*. As a result, these financial report may not be suitable for another purpose.


Crowe Horwath Tasmania


Alison Flakemore
Audit Partner

Dated at Hobart this.....6th.....day of.....November.....2013.



**Mental
Health
Council**
OF TASMANIA

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Council of Tasmania**
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