

ANNUAL REPORT

2013-14



Mental
Health
Council
OF TASMANIA

The MHCT receives funding from the
Department Health and Human Services.





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About the Mental Health Council of Tasmania



Vision

A Tasmanian community based on human rights principles, where mental health and wellbeing are supported and promoted.

Mission

To represent, support and facilitate collaboration in the community mental health sector for the benefit of all Tasmanians.

Values

- Optimism and empowerment
- Diversity and participation
- Collaboration and partnerships
- Autonomy, responsibility and accountability

Strategic Directions 2013–2015

Goal 1

Stakeholders work with MHCT to achieve mutually supported goals.

Goal 2

Collaboration - The Tasmanian community mental health sector works collaboratively to achieve positive outcomes for the sector.

Goal 3

People directed services – Decision making in Mental Health Services is informed by consumers and carers.

Goal 4

MHCT promotes positive attitudes in Tasmania towards mental health and people living with mental illness.

Goal 5

A Community Mental Health Workforce that is adequately skilled and prepared to meet the needs of people impacted by mental illness in Tasmania.

Goal 6

Effectiveness - MHCT remains a relevant, viable and sustainable organisation.



Members

Individuals

Daryl Lamb (life Member)

Barry Lange

Clare Thompson

Emmanuelle Bostock

Harold Dunbavan

Jane Bower

Jennifer Rowallan

Lucy Lester

Robin Wilkinson

Patrick Carlisle

Therese Ryan

Organisations

Carers Tasmania

Club Haven

Flourish

GROW

Advocacy Tasmania

Angels Goal

Anglicare

Baptcare

Bethlehem House Tasmania Inc.

Brain Injury Association of Tasmania

Care Connect

Caroline House

Centacare

Choose Life Services

Colony 47

CORES Australia

Cornerstone Youth Services (Headspace)

Family Based Care North

Langford Support Services

Lifeline - Hobart

Mental Health Carers Tasmania

MI Fellowship (Aspire Services)

Migrant Resource Centre

Mission Australia

Oz Help

Rainbow Communities Tasmania Inc.

Red Cross

Relationships Australia

Richmond Fellowship Tasmania

Rural Alive and Well Inc.

Salvation Army Bridge Program

Tasmania Recovery from Eating Disorders

The Hobart Clinic

The Link Youth Health Service

WISE Employment Ltd

Working it Out

Youth & Family Community Connections

White Cloud Foundation

Board Members



Chair & Treasurer

Patrick Carlisle was elected to the Board in 2012 and currently holds the positions of Chair and Treasurer. Patrick also chairs the Audit and Risk Committee.



Debbie Evans was elected to the Board in November 2013.



Deputy Chair

Jane Bower was elected to the Board in 2012 and currently holds the position of Deputy Chair, as well as Chairing the Board Development Group.



Nevenka Alempijevic was elected to the Board in November 2013 and is a member of the Audit and Risk Committee.



Secretary

Sarah Sealy was appointed to the Board in January 2014 and currently holds the position of Secretary, as well as being a member of the Board Development Group.



Jade Barker was appointed to the Board in January 2014 and is a member of the Audit and Risk Committee.

Chair's Report



In late 2013, during the Special General Meetings, the construct of the MHCT Board was changed to a skills based Board. I had the privilege to be elected the Board Chair with four new members joining Jane Bower and I. We welcomed Debbie Evans; Jade Barker; Sarah Sealy and Nevenka Alempijevic to oversee the governance of the MHCT. The role of being Chair has been made easier by the strong support I have received from all the Board members and our CEO Darren Carr.

During the last 12 months, I have endeavoured to meet with most of our member organisations at functions like the CEO Managers Network meetings; the NDIS briefing meetings and other mental health forums.

This year has been a year of change with both new governments at the federal and state levels. Through the changes in political parties we have seen uncertainty as both governments determine their policies around mental health and community sector reforms.

At a Federal level, we have seen:

- The National Mental Health Commission has been tasked to review the existing mental health services and programs across all levels of government; the private sector and the community sector. The Commission is scheduled to present its report in November 2014. The focus will be assessing the efficiency and effectiveness of all programs and services.

- The roll out of the National Disability Insurance Scheme with pilot sites across Tasmania focusing on the 15 to 24 year old cohort. Of the over 900 case plans commenced in this period, approximately 2% have been granted for psychosocial disability as the primary diagnosis.
- The Horvath review of Medicare Locals will result in changes in the structure and work of the Medicare Locals and the service delivery to our client groups.
- COAG's new governance and accountability arrangements are being established over the 10-year road map for Mental Health.

With the roll out of the National Disability Insurance Scheme (NDIS), I have had the opportunity to speak to the National Disability Insurance Agency (NDIA) Independent Advisory Council about the exclusion of persons with a psychosocial disability and the potential impact on funded services in Tasmania. This was followed up recently with a statewide forum setup by NDIA to meet with Eddie Bartnik, Strategic Advisor to the NDIA. Eddie has been contracted to advise NDIA on psychosocial disability and the barriers to the NDIS for persons.

At a state level we have seen significant changes to the mental health sector that have prompted discussion and debate around future reforms.

- The commencement of the new Mental Health Act 2013 commenced operations in February 2014, with a new focus on rights and consumer centred.

- The go ahead of the "Rethink Mental Health review" being committed to by the state government.
- The pending merger of the three Tasmanian Health Organisations (THO's) into one statewide organisation potentially impacting on services delivered at local levels.
- Concern that the latest statistic that only 27% of mental health patients receive community follow up within a week of discharge.

Through our regional meetings and CEO Managers Networking Meetings the Mental Health Council has been able to garner information and provide feedback to the state government on the impact of these changes. We look forward to our participation in the Rethink Mental Health review.

The Mental Health Council of Tasmania's day-to-day work has been carried out admirably by our hard working and dedicated staff. We, the Board, congratulate the staff for their achievements against the organisation's strategic plan.

I would also like to acknowledge the fine work done by my predecessor Claire Vissenga under whose stewardship the Council moved through the change of CEOs and change of the Board construct to a skills based Board. Thanks also go to Board members who did not transition across, Jane Carlson; Wendy Groot; Lucy Henry; Darren Jiggins; Sean Robinson and Sharon Scarlett.

In conclusion, I wish to thank our members for their ongoing support of the Council and our work.

Patrick Carlisle

Chief Executive Officer's Report



The past year has been an exciting, busy and productive one for MHCT, with both triumphs and challenges. We finalised and launched the MHCT 2013-15 Strategic Plan, which has guided our work and will continue to be the framework on which we measure our success. Our engagement with members and other stakeholders has been strong throughout the year, with our CEO-Managers and Regional Mental Health Group meetings both having strong attendance and were well received by those attending. For the second consecutive year we conducted an independent evaluation, with stakeholders reporting very high levels of satisfaction with the Council and our work.

We launched the Act-Belong-Commit mental health promotion initiative, as well as taking responsibility for organising and coordinating Mental Health Week Grants program. In addition to fulfilling these responsibilities, our newly appointed Promotions Officer, Catherine Skeggs has had a major hand in raising the public profile of MHCT and improving our communications and presentation across all parts of the Council.

Our Policy and Advocacy work has continued strongly, with the state election in March 2014 being a major focus. Working in conjunction with others, we were able to make mental health an election issue, with all parties announcing commitments to increased funding for various mental health initiatives. Policy and Research Officer, Elida Meadows has authored and led the development of many strong

submissions to help shape mental health policy in Tasmania. Of particular note is our research project, 'Stuck in Myself', which investigated the experiences of social isolation by mental health consumers and carers in Tasmania. Over 60 people were interviewed, with two excellent UTAS Social Work students, Sarah Keating and Nina Djekanovic, taking on major roles in conducting this research.

Workforce Development remains an important priority for our members, with our Workforce Development Officer Russell Stevens continuing to co-ordinate sector wide vocational training funding bids. Every bid for training places has been successful.

Following the introduction of our new skills basis for determining electoral eligibility, there was strong interest in joining our board, with eight excellent candidates standing for two positions in the 2013 election. We have an extremely strong board and as CEO I greatly appreciate their support, advice and leadership. A strong Chair-CEO relationship in any organisation is vital for its success. During the year I have enjoyed the support and friendship of two excellent Chairs - Claire Vissenga and Patrick Carlisle. With our strong relationships with stakeholders, highly motivated and capable staff, excellent governance and leadership from the board; the Mental Health Council of Tasmania continues to play a significant role in representing community the mental health for the benefit of all Tasmanians.

Darren Carr

Staff Members

CEO

Darren Carr

Policy and Research Officer

Elida Meadows

Workforce Development Officer

Russell Stevens

Office Manager

Sallie Neilson

Promotions Officer

Catherine Skeggs

MHCT at Work

Representations

The MHCT represents the community mental health sector on a variety of committees and working groups. During the 2013/14 financial year, they included:

- Tasmanian representative on the Expert Reference Group developing indicators for the COAG Ten Year Roadmap for National Mental Health Reform
- Mental Health In Touch
- Regional Mental Health Group Meetings – South, North, North West
- MHCT CEO-Managers Network
- Tasmania Transcultural Mental Health Network
- Skills Tasmania
- Industry Association Forums
- Northern Region Mental Health Housing Forum
- Meetings with Industry members to progress WFD
- MH Southern Partnership Forums
- New Mental Health Act Implementation Steering Committee
- New Mental Health Act Consumer and Carers Working Group
- Seclusion and Restraint Oversight Committee
- Tasmanian Peaks Network
- Partners In Recovery Steering Committee
- TasCOSS Southern Regional Forum
- TasCOSS Southern Regional Council
- MHCT Community Mental Health Industry Advisory Group [convened]
- The Mental Health Peer Workforce Competency Development Project –C&HISC
- Skills Tasmania's Community Services Interface
- Health Workforce Australia's (HWA) National Framework Consultation
- The HWA-funded Tasmanian Clinical Supervision Support Project
- The Tasmanian Clinical Education Network
- Community Mental Health Australia's National Workforce Development Advisory Group
- Skills Tasmania's Workforce Development Community of Practice
- TasCOSS Industry Development Unit's Industry Interface
- The National VET E-learning Strategy's Industry System Change activities
- The Salvation Army Inter-Agency Collaboration Group
- TasCOSS health policy forum
- National Mental Health Commission Tasmanian Commission visit.
- Tasmanian Skills Institute Industry Interface
- Tasmanian Skills Institute/ MHCT/ ATDC Course Content Development Reference Group
- Peaks Network and Government Strategic Forum Workforce Audit
- CALD Community Connections Steering Committee
- SMHS PPEI and Suicide Prevention Web Working Group
- Tasmanian Transcultural Mental Health Advisory Group
- Tasmanian Policy Network
- Tasmanian Social Policy Council
- Social Determinants of Health Advocacy Network
- Tasmanian Suicide Prevention Committee
- Tasmanian Suicide Prevention Community Network
- SARC Natural Supports Research Project Reference Group
- CMHA Executive Leadership Group
- Glenorchy City Council Community Action Plan Leaders Group
- Richmond Fellowship Marketing and Communications Committee



Consultations

November	Seclusion and Restraint Forum Canberra
January	Beyond Blue Roadshow
April	MHCA Policy Forum
April	Coalition of Non-Government Organisations (CONGO) workshop
May	Discussion with TACH re peer workers in community houses

Forums, Seminars, Workshops

November	TasCOSS Measuring Social Outcomes
March	Act-Belong-Commit Forum
April	Partners in Recovery Strategic Planning Day
May	TasCOSS Outcomes Measurement Workshop
June	Tasmanian Collective Impact Practitioners Forum
June	TasCOSS GP co-payment Forum
July	TML Partnership Forum
January	Mental Health First Aid training for all staff
June	Meet the CEO and Deputy CEO of the National Disability Insurance Agency




Presentations

November	World Hearing Voices Congress, Melbourne – Policy Officer
February	Seclusion and Restraint In-Service MHADD – Campbell Town – Policy Officer
February	NDIS Preparation Workshop, Ba'Hai Centre - CEO
March	Southern Partnership Forum, Glenorchy Civic Centre – Policy Officer
May	Anglicare Mental Health Forum – CEO & Policy Officer
June	Glenorchy Budget Forum - CEO



Submissions



One of the key functions of MHCT is to provide input into policy development at a local, state and national level. This is achieved in a variety of ways, including the preparation of submissions, which are prepared with invaluable input from the MHCT membership.

The following are the submissions from the 2013/14 Financial Year:

- Response to National Carer Strategy Implementation Plan Consultation Draft (August 2012)
- A Continuum of Care To Prevent Youth Offending and Re-Offending (July 2013)
- Legislative Council Sessional Committee Government Administration A Reproductive Health (Access to Terminations) Bill 2013 (July 2013)
- National Mental Health Commission Draft Participation & Engagement Framework (August 2013)
- The framework of targets and indicators to drive mental health reform for the COAG Ten Year Roadmap for National Mental Health Reform. (August 2013)
- Mental Health Policy Recommendations to Tasmanian Liberal Party (August 2013)
- Mental Health Council of Tasmania Recommendations to The White Cloud Foundation (September 2013)
- Mental Health Council of Tasmania Response to LC Committee Reproductive Health Bill 2 (September 2013)
- Working with Vulnerable People (Background Checking) Bill 2013 (October 2013)
- Reduction of Seclusion and Restraint in Clinical Practice – Briefing Paper (October 2013)
- Letter of support for Tas Medicare Local - Review of Medicare Locals (December 2013)
- Mental Health – State Election 2014 Initiatives (February 2014)
- Amendments to the Racial Discrimination Act 1975 (April 2014)
- National Review of Mental Health Services and Programs (April 2014)
- Worked on the CMHA National Mental Health Review (May 2014)
- Long-term Supported Housing for Mental Health Consumers in Tasmania Advocacy Paper (with Advocacy Tasmania and Shelter) (May 2014)

Regional Mental Health Group Meetings

The Southern, Northern and North-western Regional Mental Health Group meetings are held 3 times a year in May, August and November. There were a number of key issues that generated engaging discussion, including:

National Disability Insurance Scheme (NDIS)

- Group members highlighted their concern for people with a psychosocial disability and a lack of clarity around eligibility within the NDIS. A significant issue raised was the episodic nature of mental illness and a lack of understanding around permanency, which will see people fall outside the system. It was suggested that self-management support groups should be encouraged and further education/training is required on this. The MHCT is actively working towards informing the NDIS about how it could progress to better support consumers and carers of people living with mental illness.

Partners in Recovery (PIR)

The PIR program roll out was discussed and to date has been considered a success over the latter part of 2013, with over 100 enquiries. Although it has taken time to disperse information and create awareness in the community, valuable partnerships are developing with service organisations. Members agreed that the PIR program should be a cohesive service and noted the importance of engaging with family and carers.

Youth of Tasmania

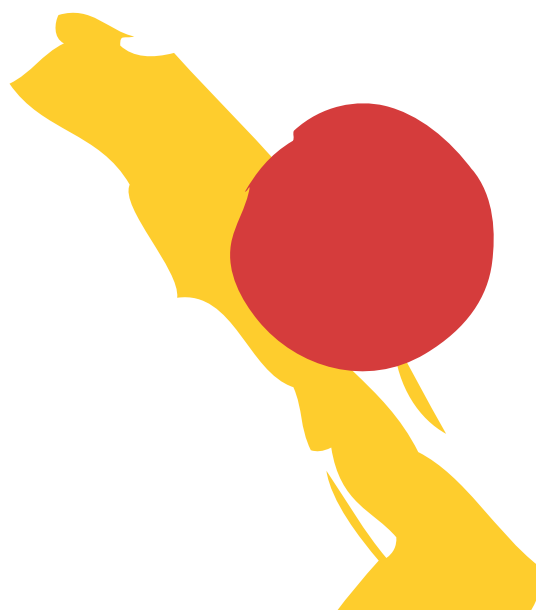
- The availability and diversity of pathways to education and employment was a notable issue for group members. Conversation evolved around the need to support students in their transition to higher education or the workforce, specifically if they are experiencing a mental health issue. The increased pressure under the government to 'earn or learn' means it will be crucial to have accessible support networks in place.

Peer workforce development

- We heard progress of the work experience project, aiming to place students in government and non-government agencies. Members were also happy to hear that the roll out of Certificate IV in Mental Health Peer Work was well underway. The MHCT is seeking funding for a mental health sector workforce to support peer workers.

Service provision

- The lack of services in remote and rural areas is still an issue of concern for the group. Although outreach programs are available, isolation and stigmatisation are common in many communities and it will be essential to address these barriers.





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. Despite the prevalence of loneliness and isolation among people with mental illness and the important role social contact has in helping people to recover, little research has been conducted on the issue, particularly in Australia.

The Project interviewed 42 consumers and 20 carers. Participants were largely recruited through community mental health organisations that provide social and recreational programs for people with mental illness and through Flourish, the peak mental health consumer organisation in Tasmania. Carers were recruited through Mental Health Carers Tasmania and other organisations providing services and support to carers.

The Minister for Human Services, Jacqui Petrusma, launched the 'Stuck in Myself' Isolation Project Report on 18 June at Parliament House. Its findings demonstrated that isolation in people with mental health problems and their carers has a significant impact on wellbeing, recovery and participation in the community.

To read or download the report, please go to the MHCT website: www.mhct.org/documents/Stuckinmyselfresearchproject.pdf

Long-term Supported Housing for Mental Health Consumers in Tasmania

In May 2014, the Mental Health Council of Tasmania, in collaboration with Advocacy Tasmania and Shelter Tasmania, released an Advocacy Paper on Long-term Supported Housing for Mental Health Consumers in Tasmania. The rationale for this is because a persistent message the MHCT, Advocacy Tasmania and Shelter Tasmania hears at its consultations around the state is that there is a small but significant cohort of people with severe psychosocial disability experiencing recurring homelessness. This is largely due to unsatisfactory, insufficient and/or inappropriate housing and support service and poor discharge planning.

These consumers require long-term supported accommodation because they:

- Have a psychosocial disability that is likely to be long-term or even, in some cases, permanent; and
- Have functional impairment in one or more areas affecting daily living, including self-care, decision-making, and learning.
- This work is ongoing. Through networking, cooperating, coordinating and collaborating we aim to secure long-term supported accommodation for mental health consumers with severe psychosocial disability in Tasmania.

To read or download the document please visit our website at: www.mhct.org/documents/Long-termSupportedAccommodationBriefingPaper2805.pdf

State Election

The March 2014 state election presented a key opportunity to influence government mental health policy. During preceding months MHCT lobbied all parties to influence their respective election promises. Our advocacy efforts were effective; with all three major parties announce specific mental health policies in the lead up to the election. The Greens and Liberals launched mental health policies at our February CEO-Managers meeting, with both receiving considerable publicity. The Greens' policy was based entirely on input from MHCT, with the Liberal's policy drawing very heavily from consultations with MHCT. The new State Government honoured all their pre-election mental health promises, totalling almost 5 Million dollars, in their first budget.



Budget Priorities Statement 2014–15

As is usual, the MHCT prepared a submission for the 2013-2014 Budget process – what we call the BPS. The contents were informed by consultations, which occurred over the year, and, in particular, the discussions held at Regional Mental Health Group meetings.

This time around the Council outlined areas for improvement noting that:

The National Mental Health Commission Report Card of 2012 outlines four priority areas of action to improve the current situation:

- Mental health must be a high national priority for all governments and the community.
- We need to provide a complete picture of what is happening and closely monitor and evaluate change.
- We need to agree on the best way to encourage improvements and get better results.
- We need to analyse where the gaps and barriers are to achieving a contributing life and agree on Australia's direction.

Ongoing workforce problems, persistent stigma and inadequate provision for early intervention and prevention – combined with an ad-hoc approach to the funding of programs in the community – means that the extent to which the increased investment has yielded improved health outcomes is questionable.

There are many investments that the Council believe are important to achieving a mental health system that will provide the best possible outcomes for consumers and workers in the sector and it was with difficulty that the MHCT isolated the following recommendations as priorities for better mental health service provision and mental ill health prevention in Tasmania. As always, we base our views on consultation with our members and stakeholders.

This year the new Tasmanian state government has announced a Rethink Mental Health Project and the council will be assisting with broad consultations across the state. We need your input because this is our chance to get it right.

For more details go to our website where you can download the BPS at: <http://www.mhct.org/documents/MHCTBPS2014-2015FINAL.pdf>

Workforce Development



MHCT is committed to sector capacity building with a continued focus on workforce development. One of six major areas of work in the strategic plan covering 2013-15 focuses on developing a community mental health workforce that is adequately skilled to meet the needs of people impacted by mental illness in Tasmania. MHCT brokered another three joint industry training subsidy tenders under Skills Tasmania's Skills Fund Program.

In November 2013 MHCT brokered an industry bid that resulted in 16 mental health service providers enrolling 26 staff in recognised vocational training courses and another 11 staff in skill sets. This attracted training subsidies of \$115,600.

Another two more bids were brokered in February 2014 that resulted in 8 providers enrolling 36 staff in training courses. These attracted another \$98,080 in training subsidies.

Since 2011-12 these successful tenders have provided funding for over 28 qualifications and skills sets, and means that nationally accredited qualifications are now being, or have been delivered to, over 460 learners across more than twenty member organisations.

The combined total of these tenders amounts to some \$964,000 in training investment from Skills Tasmania into the community managed mental health sector.

In March 2014, a grant application was submitted to Skills Tasmania for funding to develop a workforce development plan that includes strategies for preparing the sector workforce for the implementation of the NDIS and other changes that will impact on service providers. This is still being negotiated.

MHCT continued to review the range of existing and possible providers of qualifications for the Tasmanian community mental health industry, including interstate providers. At present, the MHCT is working closely with six existing Registered Training Organisations to ensure the qualifications and skill sets offered to the sector address identified industry needs. The MHCT partnered with RTO Connect (The Health Organisation – South) to seek funding through the “Local Innovations Fund” to commence a project to introduce Mental Health Peer Workers into the government and non-government workforces. This includes the accreditation of the new qualification of Certificate IV in Mental Health – Peer Work. The grant was approved in May 2014. The project is to commence on 1 July 2014 and be completed in June 2015. The course is expected to be accredited in August 2014.

During the year, workforce-planning implications were identified in policy, structural and funding changes being introduced nationally, and by the Tasmanian Government. Structural and funding changes are occurring with the implementation of the National Disability Scheme. The impacts documented in Tasmania's disability sector have brought organisational and workforce changes. In the mental health sector, these impacts have yet to be fully assessed given the very small number of mental health NDIS consumers (15 Tasmanian participants as at June 2014). However, once the target group is expanded beyond the current 17 to 24 years old age bracket, it is likely that more of these impacts will be felt.



MHCT Promotions

In July 2013, our new Promotions Officer, Catherine Skeggs, commenced her role at MHCT. A new position and direction for the Council, Catherine's role is to manage all Marketing and Communications for MHCT as well as implement and facilitate mental health promotion initiatives in Tasmania. The overall public profile of MHCT has increased, as has the amount of positive mental health related coverage in the media in Tasmania. MHCT will continue to promote the lived experience voice and provide guidance and expertise to media where possible.

The Mental Health Week Small Grants Program is coordinated by MHCT and we promote all events occurring across the state via our media engagement and networks. A total of 14 organisations were successful in obtaining grant funding toward their events as determined by the Mental Health Week grant assessment panel. A diverse and engaging range of events were held across the state ranging from community walks, art exhibitions, school activities, mental health expos and community forums. Mental Health Week in 2013 was a great success and MHCT will continue to play this key promotion and coordination role in the future.

The Act-Belong-Commit, Mentally Healthy TAS campaign was launched in March 2014 as part of a community forum. Over 100 people attended including representatives from number of mental health service providers, consumers, carers and community organisations from outside of the sector. This allowed the community to have ownership over the campaign and help to advise on the direction of Act-Belong-Commit in Tasmania.

A Steering Committee was then developed from interested attendees of the forum, and has met early in 2014 to discuss future outcomes for Act-Belong-Commit. The first of these events/programs was an interactive display at Agfest in May. This saw around 500 people over 3 days gain awareness of the campaign and take away resources around keeping 'Mentally Healthy'. The Agfest stall was run in conjunction with Richmond Fellowship Tasmania, which encouraged consumers to be involved with the campaign. Act-Belong-Commit will continue to expand and be a key element of MHCT mental health promotions.



2013–14 Member Survey Evaluation Report

The MHCT is committed to continuous improvement so has developed a rigorous evaluation methodology whereby an independent external consultant identifies a number of de-identified (to MHCT) stakeholders to assess their satisfaction with the performance of the MHCT. Thirteen stakeholders were interviewed. Additionally, an online stakeholder survey using the same questions is made available to stakeholders who are not offered an interview, with twenty-seven responses received from mental health consumers, carers, members' staff and others.

Evaluation results are used to:

- Enable stakeholder perceptions to be tracked over time
- Inform board and staff planning and improvement strategies
- Inform members on general trends, especially of positive performance and priority areas for improvement.

Of the nine questions included in the evaluation, stakeholders rated MHCT positively on all but one question. The highest average score related to the MHCT being relevant, viable and sustainable organisation, with the lowest score related to the MHCT providing culturally aware and appropriate services that meet the needs of aboriginal and culturally and linguistically diverse consumers. The averaged results for all questions are displayed in the chart on the page opposite.

From both the online survey and the individual interviews, the following aspects were identified as aspects of our work that MHCT does really well:

- Lobbying and briefing political parties and Government
- Bedding down governance and organisation within MHCT
- Media profile and mental health messages
- Member information and communications
- Policy development

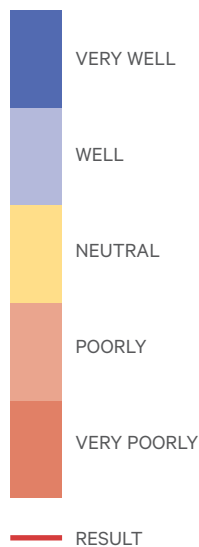
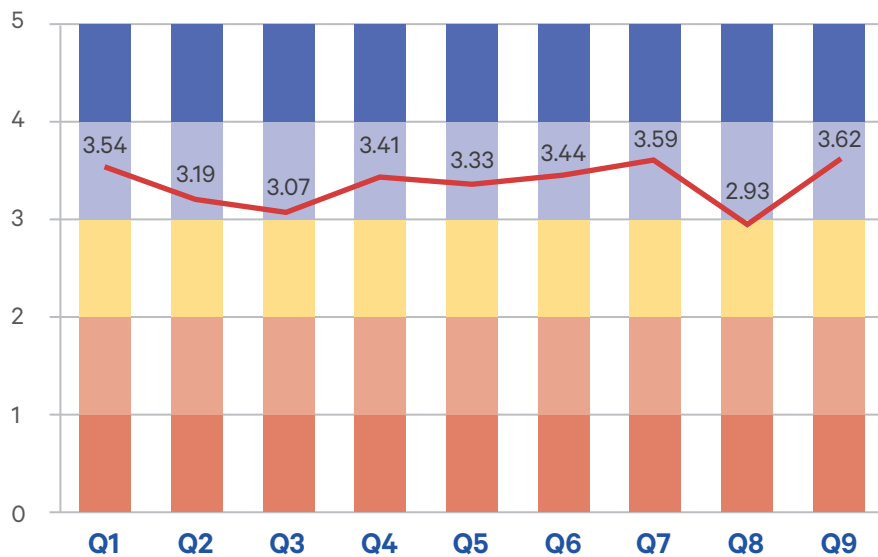
Areas that stakeholders identified as opportunities for improvement included:

- Improve stakeholder engagement with mental health sector members and stakeholders
- Conduct media/public awareness promotion campaigns
- Facilitate mental health sector reforms, including workforce skills and other partnership possibilities
- Ensure evidence based research and policy development

Full results of the evaluation are presented to the CEO-Managers Network each year and a copy of the full evaluation report is available on request.



SURVEY AVERAGE RESULT BY QUESTION



Q.1 MHCT works with stakeholders to achieve mutually supported goals.

Q.2 How well does the MHCT contribute to achieving the following objective: 'The Tasmanian community mental health sector works collaboratively to achieve positive outcomes for the sector'

Q.3 How well does MHCT perform in achieving the following objective: 'Decision making in Mental Health Services is increasingly led by consumers and carers'

Q.4 How well does MHCT contribute to influencing Tasmanians' attitudes towards mental health and people living with mental illness?

Q.5 How well does MHCT contribute to 'a Community Mental Health workforce that is adequately skilled and prepared to meet the needs of people impacted by mental illness in Tasmania'?

Q.6 How well does the MHCT ensure the community mental health sector is well informed of local, state and national issues?

Q.7 How does the MHCT perform in the provision of independent advice that contributes to the development of mental health policy?

Q.8 How well does the MHCT perform in the provision of culturally aware and appropriate services that meet the needs of aboriginal and culturally and linguistically diverse consumers?

Q.9 How is the MHCT performing in relation to remaining a relevant, viable and sustainable organisation?



Financial Report

For the Year Ended 30 June 2014

18	Board of Governance Report
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21	Statement of Comprehensive Income
22	Statement of Financial Position
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Mental Health Council of Tasmania Inc

Board of Governance Report

30 June 2014

Your Board of Governance members submit the financial report of the Association for the financial year ended 30 June 2014.

1. General information

Board of Governance Members

The names of Board of Governance members throughout the year are:

Claire Vissenga	Term Expired October 2013
Patrick Carlisle	Chair
Jane Carlson	Term Expired October 2013
Gillian Long	Term Expired October 2013
Wendy Groot	Term Expired October 2013
Jane Wood	Deputy Chair
Sharon Scarlett	Resigned September 2013
Sean Robinson	Term Expired October 2013
Lucy Henry	Deceased October 2013
Jade Barker	Appointed January 2014
Debbie Evans	Elected November 2013
Sarah Sealy	Appointed January 2014
Nevenka Alempijevic	Elected November 2013
Darren Jiggins	Term Expired October 2013

Principal Activities

The principal activities of the Association during the year were:

- 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; and
- advocating 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 (2013: \$ NIL).

Mental Health Council of Tasmania Inc

Board of Governance Report

30 June 2014

Meetings of members

During the year, 9 meetings of members were held. Attendances by each member during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Patrick Carlisle	9	8
Jane Wood	9	6
Debbie Evans	6	5
Jade Barker	5	3
Sarah Sealy	5	5
Nevenka Alempijevic	6	6
Gillian Long	5	2
Sean Robinson	5	1
Jane Carlson	5	2
Wendy Groot	5	1
Claire Vissenga	5	2
Sharon Scarlett	4	2
Darren Jiggins	5	3
Lucy Henry	4	2

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

Board of Governance Member 

Dated this 1st day of October 2014.

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 this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the 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 2014 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.....

Board of Governance Member.....

Dated this 1st day of October 2014.

Statement of Comprehensive Income

For the year ended 30 June 2014

	2014 \$	2013 \$
Income		
Donations	-	1,051
DHHS grant funding	408,311	367,054
Grants brought forward	22,791	(22,791)
Grants carried forward	(4,144)	-
Other grant funding	11,157	7,251
Social marketing grant funding	66,480	13,636
Interest received	8,509	9,478
Member subscriptions	14,075	12,655
Miscellaneous income	4,989	-
Total Income	532,168	388,334
Less: Expenses		
Accounting & audit fees	3,135	2,896
Advertising & promotion	10,011	1,260
Asset purchases <\$5000	3,837	1,065
Bank charges	98	120
Board/governance expenses	5,013	3,737
Business planning	4,375	2,500
Cleaning and pest control	1,681	876
Client support services	25,242	3,617
Computer expenses	7,851	5,436
Depreciation	14,152	3,440
Equipment hire/lease	2,574	7,103
Insurance	7,432	6,744
Membership fees paid	3,551	3,573
Motor vehicle expenses	5,596	4,053
Printing and stationery	8,538	4,359
Rent	29,818	27,273
Salaries & wages	318,100	259,408
Staff training and development	3,835	3,301
Sundry expenses	8,125	1,266
Superannuation	26,319	22,786
Telephone/internet and fax	8,793	7,805
Travel & accommodation	17,321	10,164
Electricity and water	1,719	1,943
Workers compensation	3,772	3,014
Legal fees	5,261	-
Meeting expenses	6,019	595
Total Expense	532,168	388,334

Statement of Financial Position

As at 30 June 2014

	Note	2014 \$	2013 \$
ASSETS			
CURRENT ASSETS		-	1,051
Cash and cash equivalents	2	180,916	281,875
Trade and other receivables		30	4,296
TOTAL CURRENT ASSETS		180,946	286,171
NON-CURRENT ASSETS			
Property, plant and equipment	3	33,537	27,130
TOTAL NON-CURRENT ASSETS		33,537	27,130
TOTAL ASSETS		214,483	313,301
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	4	9,542	22,882
Borrowings	5	-	17,309
Employee benefits		19,948	2,989
Unspent grant funds liability	6	6,654	91,782
TOTAL CURRENT LIABILITIES		36,144	134,962
TOTAL LIABILITIES		36,144	134,962
NET ASSETS		178,339	178,339
EQUITY			
Accumulated Surpluses		178,339	178,339
TOTAL EQUITY		178,339	178,339

Statement of Changes in Equity

For the year ended 30 June 2014

2014	Accumulated Surpluses \$	Total \$
Balance at 1 July 2013	178,339	178,339
Surplus/(deficit) for the year	-	-
Balance at 30 June 2014	178,339	178,339

2013	Accumulated Surpluses \$	Total \$
Balance at 1 July 2012	178,339	178,339
Surplus/(deficit) for the year	-	-
Balance at 30 June 2013	178,339	178,339

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the year ended 30 June 2014

Note 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

Property, plant and equipment are carried at cost, independent of Board's valuation. All assets excluding freehold land and buildings, are depreciated over their useful lives to the Association.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset

Motor Vehicles	15%
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.

The increase in employee entitlements is due in part to the inclusion of on-costs in the provisions.

(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

	2014	2013
	\$	\$
Cash on hand	695	624
Cash at Bank	16,333	58,910
Short-term bank deposits	163,888	222,341
	180,916	281,875

Note 3: Plant and Equipment

	2014	2013
	\$	\$
Motor vehicles at cost	31,189	25,110
Accumulated depreciation	(8,179)	(7,953)
Total motor vehicles	23,010	17,157
Office equipment at cost	32,052	26,314
Accumulated depreciation	(21,525)	(16,341)
Total office equipment	10,527	9,973
Total property, plant and equipment	33,537	27,130

Note 4: Trade and Other Payables

	2014	2013
	\$	\$
Trade Payables	2,075	15,794
GST Payable	7,467	7,088
	9,542	22,882

Note 5: Financial Liabilities

	2014	2013
	\$	\$
Current Vehicle Lease	-	17,309
	-	17,309

Note 6: Unspent Grant funds liability

	2014	2013
	\$	\$
Peak body activities	4,143	22,791
Social marketing	2,511	68,991
	6,654	91,782

Note 7: Capital and Leasing Commitments

	2014	2013
	\$	\$
a) Operating Lease commitments		
Payable - minimum lease payments:		
- no later than 1 year	2,376	
- between 1 year and 5 years	4,356	
Minimum lease payments	6,732	
b) Finance Lease commitments		
Payable - minimum lease payments:	2,075	15,794
- not later than 12 months	-	3,309
	-	3,309

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

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 2014 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Accounting 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 this 24th day of September 2014.

Hobart, Tasmania

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 2014 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.

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 Accounting 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 2014 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 this.....18.....day of.....October.....2014.

Hobart, Tasmania



**Mental
Health
Council**
OF TASMANIA

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Council of Tasmania**
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