



# Annual Report

## FINANCIAL YEAR 2011-2012

*Our vision is for all people with a lived experience of mental illness to be able to participate meaningful in society and to experience fair access to quality recovery focused services which reflect their needs.*

**NSW Consumer Advisory Group - Mental Health Inc**

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*It has been a pleasure working with NSW CAG for the past 6 years as a board member and as Chairperson of the Board of Trustees. I wish the Board and the staff of NSW CAG all the best in the future and look forward to working alongside the teams in other capacities.*

## To Our Stakeholders from the Chair

### Strategic Highlights

NSW Consumer Advisory Group - Mental Health Inc. (NSW CAG) is in the midst of implementing our five year Strategic Plan. The focus areas we set for ourselves are:

- Lead: To provide leadership in our sector on issues relevant to mental health consumers
- Extend: To enhance the ways in which we work to ensure consumers' voices are heard
- Strengthen: To build a sustainable and capable organisation

As you will see throughout this year's annual report we are well on the way to achieving some of the goals we set. The Board of Trustees has enjoyed seeing the Strategic Plan that we assisted develop be put into action.

### Highlights

NSW CAG has increased membership of the organisation by 16 % this year; we have held consultations with more consumers than ever before in one year; we have begun new specialised projects supporting the participation of consumers in policy decisions; and we have continued supporting consumer workers. We have built new relationships with consumers and groups across the state with a real focus on the regional areas of NSW; we have visited people in forensic mental health units to hear their opinions on what affects them most; we have made new friends from cultural and linguistically diverse backgrounds; and we have started working hard to involve young people in NSW CAG. We have also joined the online world through Facebook and Twitter and we have spent a lot of time updating our website to make it more accessible and informative.

NSW CAG's financial position remains stable and all projects ran within budget.

### Looking Ahead

Our Board of Trustees, staff, and volunteers are excited about the opportunities for NSW CAG for the next year and I personally look forward to hearing about the future achievements of the organisation. I am sure there will be many.

On behalf of the Board of Trustees I would like to thank Dr. Peri O'Shea, NSW CAG CEO, and the staff and the volunteers for all of their hard work this year.



Allison Kokany  
Chairperson  
NSW CAG Board of Trustees

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## From the CEO

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The 2011 - 2012 financial year has been one of continued advancement for NSW CAG. Whilst there have been some challenges, we have continued to facilitate a strong voice for consumers expanding our policy, consultative, representative and project work.

NSW CAG is in a unique position to achieve an in-depth understanding of the mental health system from the experiences and perspectives of the people who use the services across the state. Through our work, we develop an understanding of the gaps in the system and work with people with a lived experience of mental illness to improve the system.

Our work with people with a lived experience of mental illness informs our representation at forums, conferences, workshops, Senate Inquiries, committees, and to policy and strategy developments and other inquiries. It also informs our media releases and policy positions. We facilitate the voice of consumers at both state and national levels, and influence the direction of policies, legislation, strategies and the overall mental health system.

This year we have continued to strengthen our presence and ability to influence policy decisions. Through the work we do and the outcomes it produces for consumers, NSW CAG has significant respect within the sector and within NSW Health. Our strong relationships and partnerships with other organisations that service mental health consumers enable NSW CAG to have a greater impact in change in the mental health system so that it better meets the needs of mental health consumers in NSW.

In this last year we have continued to substantiate our position as the State-wide peak body representing people with a lived experience of mental illness, facilitating the voice of consumers within policy debate, and progressing genuine consumer participation within the mental health system. There have been many significant achievements have been accomplished at NSW CAG many of which are featured in this annual report.

Below are some highlights of the last year.

NSW CAG undertook significant work to ensure consumer perspectives were central to the establishment of a NSW Mental Health Commission. During 2011/2012 NSW CAG went on trips across NSW to speak with consumer about what they thought the Mental Health Commission should look like and what the focus areas for the commission should be. We developed two reports; 'Beautiful rhetoric': views from consumers and carers on the proposed NSW Mental Health Commission and Border to Border; Visions of Hope. I would like to thank the Policy Team for their tireless efforts to ensure that the Commission could read and understand the stories of the struggles people go through every day to get mental health support.

This past year we have continued to work with the Mental Health and Drug and Alcohol Office (MHDAO), NSW Health to enhance consumer participation in NSW. This includes co-chairing the Consumer Sub-Committee to the Mental Health Program Council. This Sub-Committee has grown significantly in the past year with consumer representatives for almost all specific groups, including Young People, lesbian, gay, bisexual, trans/transgender and intersex people, people from Culturally

and Linguistically Diverse backgrounds, people who have experienced the Forensic Mental Health system, people from rural or remote areas of NSW and people with a dual diagnosis of mental illness and an intellectually disability.

NSW CAG also has a seat on the Mental Health Program Council (MHPC) along with a Consumer Representative from the Consumer Sub-Committee, The MHPC is the peak governance body for public mental health services in NSW. Chaired by the Director, Mental Health and Drug & Alcohol Programs, the MHPC provides advice and makes recommendations on the full range of finance, activity and management issues of the mental health program in NSW. The links between the Consumer Sub-Committee and the Mental Health Program Council facilitates consumer involvement at the highest level of decision making within the public mental health system and in the governance of this system. This ensures that the consumer perspective is considered in decisions about the governance and financing of public mental health system across NSW.

Another very important component of NSW CAG's work and achievements in advancing consumer participation is our project work.

The MH-CoPES project continued to cover new ground in 2011/12. Ongoing work includes: the continuation of Stage 4 implementation; the engagement of a Research Team to code, analyse and report on the written comments from the MH-CoPES questionnaires; the commencement of research into the inclusivity of the MH-CoPES Frameworks for Culturally and Linguistically Diverse consumers, the scoping of MH-CoPES for older consumers, and; with implementation of the Action and Change trials, examples of tangible changes on the ground which are improving service experiences and relationships between staff and consumers. I wish to congratulate our Projects Manager, Louisa Riste, and the rest of the MH-CoPES team (past and present) for the ongoing success and the growing recognition and respect with consumers, practitioners and policy makers, for this ground-breaking project.

The Consumer Workers Forum (CWF) Project has continued to progress thanks to Karen Oakley and the support of NSW CAG Projects Manager Louisa Riste and more recently the new Project Officer Alison Grant. Process in the 2011-12 year has included organising the Consumer Workers Annual Forum in November 2011, conducting consultations with consumer workers and LHD Directors (or their representatives) to finalise the development of a draft Framework for the Consumer Workforce in public mental health services in NSW. We now look forward to supporting the Consumer Worker Annual Forum in November 2012 and launching the Final Framework in early 2013.

In November 2011 we held our third Recovery Forum which focused on the interconnections between Recovery and Trauma Informed Care. More than 70 consumers and other stakeholders attended and, from the evaluation feedback, most people found the day to be interesting, enjoyable and informative. We look forward to the 2012 Recovery Forum where the focus will be on 'participation'.

As our main Mental Health month event we were very proud last October to officially open the NSW CAG inaugural Recovery in Art exhibition. This exhibition was opened by the Minister for Mental Health the Hon Kevin Humphries, and included speeches from the artists. The official opening was attended by more than 60 people whom of least half were people with a lived experience of mental illness. We are now

looking forward to 2012 Recovery in Art Exhibition and have already received some wonderful art work depicting people's personal experiences of recovery.

This year Jenna Bateman, the CEO of the Mental Health Coordinating Council and I went to a number of large National and International conferences to introduce and promote the Recovery Oriented Service Self Assessment Toolkit (ROSSAT). The ROSSAT is a tool which helps community managed (non-government) mental health organisations to deliver recovery oriented services and we found that service providers were really excited about implementing ROSSAT in their services.

All of these projects together further embed consumer participation within the mental health system in NSW.

NSW CAG has continued to generate strong, effective representation work largely thanks to the innovative, proficient and energetic approach of our team members throughout this year. I thank all of the staff and volunteers who have worked with us in the past year. Your dedication, commitment and passion are acknowledged and appreciated. (a full list of staff is provided later in this report).

This Annual Report provides a small snapshot of the outstanding work NSW CAG staff have done over the past year. Of course none of this would be possible without the participation and support of all the consumers who work with us, through our projects such as MH-CoPES, through committees such as the CWF and the Consumer Sub-committee and through participation in our face to face and 'virtual' consultations. I wish to personally thank all of you for keeping us informed about what is important to you, so we can identify what the pressing systemic issues are for people with a lived experience of mental illness. I look forward to working with you to develop recommendations on how these issues can be addressed at the policy and practical implementation level to assist each and every one of you in your personal recovery journeys.

I also wish to thank the NSW CAG Board of Trustees for their continued support to me and NSW CAG.

I look forward to leading NSW CAG, to continue to grow and learn, working with consumers and policy makers to fully realise our vision:

*For all people with a lived experience of mental illness to be able to participate meaningfully in society and to experience fair access to quality and recovery focused services which reflect their needs;*



Dr. Peri O'Shea  
Chief Executive Officer  
Wednesday, October 10, 2012

## NSW CAG Policy and Representation Work

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NSW CAG's Policy Team works with people who have a lived experience of mental illness (consumers) to facilitate consumers' participation and to voice consumer issues in policy debate, development, implementation and review. We work from the premise that consumer participation results in more effective public policy and facilitates individual recovery. We also work to build consumers and services' capacity for consumer participation.

To facilitate consumer participation, NSW CAG carries out a variety of activities; including consumer forums, face to face focus groups and online surveys. Consumers' issues and views gathered through these processes inform our consumer work, such as committees, submission writing and advocacy projects.

To inform and enhance consumers' capacity to participate in systemic advocacy, NSW CAG disseminates information to consumers and others about policies, services and other systemic issues. We also work with services and government agencies to build their capacity for consumer participation through activities such as conference and in-house presentations.

### Policy and Representation Highlights for 2011-2012

#### Building connections

One of the most successful achievements of the past year has been NSW CAG's continued success in building connections with communities and services across the State. In the last year, NSW CAG has strengthened its networks in regional, rural and remote NSW areas by consulting with communities and visiting services outside of metropolitan Sydney. We have also had increased participation by people from whom we don't often obtain feedback, such as young people, older people, people from culturally and linguistically diverse backgrounds, and people in the forensic mental health system.

In our endeavour to be as accessible as possible, we have adopted a number of strategies to enhance communication with consumers. We have created a specific email address and an online form for members of the public to communicate directly with the Policy Team. We have also consistently used a multi-pronged approach to facilitate consumer participation in our consultative work. For example, in our project on priorities for the NSW Mental Health Commission, we gathered consumer input through face to face consultations, an online survey, emails, telephone interviews, and written surveys that were returned to us by fax or post.

We strive to be as accessible as possible; to promote consumer's views effectively and truthfully; to be responsive to issues; and to work to bring about positive change.

### Health Care Complaints Commission Consultations

In February 2012, NSW CAG responded to a NSW Parliamentary inquiry held by the Health Care Complaints Committee. The Inquiry wanted to know if health consumers in rural and regional areas had a different experience and levels of satisfaction with making health care complaints. The Committee also wanted to know what health consumers knew about complaint handling systems.

In order to provide current feedback from mental health consumers, NSW CAG consulted with 97 people between December 2011 and January 2012. We ran an online survey as well as face to face consultations in regional and metropolitan NSW. The consultations were held in a range of settings, including inpatient units, community mental health services and community (non-government) managed services.

NSW CAG's submission made a number of recommendations, including ways for the Health Care Complaints Commission (HCCC) to improve people's awareness and understanding of the health care complaint systems in NSW, as well as ways for the HCCC to improve its complaints handling process.

### Domestic Violence

In September 2011, NSW CAG made a joint submission with Dr Sue Webster (Senior Lecturer, clinician, and researcher) to the NSW Parliament's Social Issues Committee on Domestic Violence: trends and issues in NSW. The submission commented on issues for women with mental illness, women from culturally and linguistically diverse backgrounds, and the needs of children affected by domestic violence.

In May 2012, at the request of the Committee, NSW CAG attended a Committee Hearing to further discuss our submission. NSW CAG also submitted written feedback to the Committee to address the prevalence of mental illness in perpetrators of domestic violence. Our feedback challenged the stereotype that people with mental illnesses are violent, and it highlighted the problems caused by a crisis driven human services system. It called for government commitment to develop a better knowledge base on people who perpetrate domestic violence, as well as better resourcing across the spectrum of prevention, early intervention and crisis services.

### NSW MHC

NSW CAG conducted two series of consultations to hear people's views on the NSW Government's proposal to establish a NSW Mental Health Commission. The first series of consultations was conducted in July 2011 to find out if consumers wanted a Commission, and if so, what they wanted it to look like. Over two hundred people participated in the consultations. Most of the recommendations in our report were adopted in the legislation to establish the Commission.

Following the Government's commitment to establish the Commission, NSW CAG went on to carry out a second series of consultations to hear people's views on the priorities for the Commission and how people wanted to participate in the Commission. Consultations were held between February and June 2012, with a focus on hearing from people in regional, rural and remote NSW areas. In conjunction with an online survey, 33 face to face consultations were held across NSW, and over 490 people participated. The project continued into the following financial year.

An article on this project was published in the July 2012 issue of Parity.

### Annual Recovery Forum

The focus of the 2011 forum was on Trauma Informed Care (TIC): what it is, who is using it, and how it could be implemented into services that do not currently apply it. Dr Cathy Kezelman was the keynote speaker and a panel of informed speakers added further depth to the dialogue on TIC.

After lunch, 4 workshops took place. These ranged from a theatre workshop visualising a trauma informed service to a tai chi class to more traditional ways of working out challenges and solutions to implementing TIC like working together on a plan of action for 2012.

Approximately 70 individuals attended, with over half giving the forum a rating of good to excellent.

The presentation can be found on the website at -

[www.nswcag.org.au/presentations\\_from\\_2011\\_annual\\_recovery\\_forum\\_trauma\\_informed\\_care.html](http://www.nswcag.org.au/presentations_from_2011_annual_recovery_forum_trauma_informed_care.html)

### Recovery in Art Exhibition 2011

In October 2011, NSW CAG held its inaugural Recovery in Art exhibition in celebration of Mental Health Month. The exhibition was officially opened on 21 October by the Hon. Kevin Humphries, NSW Minister for Mental Health.

Art is seen by mental health consumers as a way to express themselves and a way to tell their stories. The 30 artworks displayed at the exhibition were a perfect example of how different and unique each person's journey to recovery is.



*The Hon. Kevin Humphries, NSW  
Minister for Mental Health addressing the  
audience at the 2011 Inaugural Recovery in  
Art Exhibition*

## Committee Representation

Throughout 2011-2012, NSW CAG sat on a total of 31 committees, which exceeded the organisation's target.

This included:

- 2 national committees
- 20 NSW Health committees
- 1 NSW Health short term committee/working group and
- 8 other committees (external to NSW Health)

### *National Committees:*

- National Mental Health Consumer & Carer Forum
- National Consumer Experience of Care Project Expert Advisory Group

### *NSW Department of Health Committees:*

- Adult Non-Acute Inpatient Mental Health Benchmarking Committee
- Children and Adolescent Mental Health Sub-committee
- Chronic & Continuing Care Rehabilitation & Recovery Committee
- Consumer Sub-Committee to the Program Council
- Justice Health Consumer and Community Group
- Keep Them Safe - Whole Family Team
- Linking Mental Health with Physical Health Working Group (short term)
- Mental Health & Drug & Alcohol RCA Review Sub-Committee
- Mental Health Nutrition in Inpatient Units
- Mental Health Promotion, Prevention and Early Intervention Sub-Committee
- MH-CoPES Statewide Implementation Committee
- Multicultural Mental Health Plan Implementation Committee
- NSW Health Advance Planning for Quality Care at End of Life Strategic & Implementation Framework
- North Coast Consumer and Carer Participation Steering Committee
- NSW Health Mental Health Program Council
- NSW Mental Health Clinical Advisory Council
- Older People's Mental Health Working Group
- Psychiatric Emergency Care Service Review Advisory Committee
- Sexual Safety Project Reference Group
- Statewide Seclusion Reduction Project
- Suicide Prevention Campaign Advisory Group

*Non Department of Health Committees*

- NSW Mental Health Consumer Workers' Committee
- Health Consumers NSW Interim Committee
- Health Care Complaints Commission Consumer Consultative Committee (HCCC)
- National Disability Network Forum
- Mental Health Coordinating Council Board
- NSW Mental Health Promotion Reference Group (Mental Health Association)
- Official Visitor's Advisory Committee
- NCOSS Health Policy Advisory Group (National Council of Social Services)

## Consultations and Submissions

NSW CAG spoke to around 700 people from all over NSW during 2011- 2012. Below lists all the consultations and subsequent submissions that NSW CAG produced in the last year.

Face to face consultations were held in 11 Local Health Districts.

1. Central Coast
2. Far West
3. Hunter New England
4. Mid North Coast
5. Murrumbidgee
6. Nepean Blue Mountains
7. Northern NSW
8. South Western Sydney
9. Southern NSW
10. Sydney
11. Western NSW

NSW CAG also carried out three online surveys and one online forum.



*NSW CAG Policy team members visiting Blayney Health Service in  
Western NSW and  
Dubbo & Region Mental Health and Drug and Alcohol Services  
Consultations carried in March 2012*

*Face to face consultations:*

July 2011

<b>Name</b>	<b>Where</b>
Mad Youth Pride Event	Sydney
Morisset FLAMES	Morisset
Kaiyu Konnect	Newcastle
PRA	Newcastle
MH Clinic	La Perouse
Guthrie House	Sydney
Consumer Subcommittee	Sydney
Carinya Boarding House	Sydney
Billabong Clubhouse	Tamworth
Denroma Boarding house	Sydney
Ryde Consumer Forum	Sydney

January 2012

<b>Name</b>	<b>Where</b>
PRA	Armidale
Banksia	Tamworth
Adult Acute Inpatient Unit	Liverpool
PRA Buckingham House	Sydney
PRA Flowerdale Cottage	Liverpool
Fernhill Rehab	Wollongong
Better Days Group	Wollongong
Fairfield Rehab Centre	SSW

February 2012

<b>Name</b>	<b>Where</b>
Neighbourhood Centre	Port Macquarie

Neighbourhood Centre	Coffs Harbour
Headspace	Coffs Harbour
Ace Community College	Lismore
Ace Community College	Tweed Heads
Croydon College	Sydney
Old District Hospital	Cootamundra
Aftercare Tuggerah	Tuggerah
Neighbourhood Centre	Griffith
Wagga Council Chambers	Wagga
Adult Acute Inpatient unit	Lismore

March 2012

<b>Name</b>	<b>Where</b>
Albury Council	Albury
Community Hall	Broken Hill
Rural Transaction Centre	Menindee
Community Hall	Wilcannia
Broken Hill Youth Service	Broken Hill
Aftercare	Bathurst
Lee Hostel	Blayney
Mission Australia	Orange
Benevolent Society	Mudgee
Schizophrenia Fellowship	Dubbo
Community Mental Health	Dubbo

April 2012

<b>Name</b>	<b>Where</b>
Transcultural Mental Health Consumer Reference Group	Parramatta
Raising Awareness of Mental Health Issues Group	Katoomba

Vale St. Recreation Centre	Katoomba
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May 2012

Name	Where
Richmond Fellowship, Goulburn	Goulburn
Goulburn Community Health Service	Goulburn

June 2012

Name	Where
Long Bay Forensic Hospital	Sydney

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## Project reports

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### Mental Health Consumer Perceptions and Experiences of Services (MH-CoPES) Project

The MH-CoPES Project, has been conducted by NSW CAG in partnership with the Mental Health, Drug and Alcohol Office (MHDAO), NSW Ministry of Health. The objective of the MH-CoPES project is to develop, test, refine and implement a statewide approach (The MH-CoPES Framework) for mental health services in NSW to hear and respond to consumers' views of services, as part of their continuing quality improvement processes.

The overall vision of the MH-CoPES Framework is to improve mental health services by:

- Consumers' voices being recognised in practice.
- Services being more responsive and accountable to consumers.
- Continuous improvement in mental health services incorporating consumers' views.
- Dialogue and partnership between services and consumers, building stronger local problem solving capacities.

In Australia, at both national and state levels, policy direction clearly mandates meaningful consumer participation in mental health service planning, provision and evaluation. The introduction of the MH-CoPES Framework plays a significant role in achieving that mandate.

**Stage 1 of the MH-CoPES Project** (2004-2006) worked with consumers and other stakeholders to develop a draft Questionnaire to facilitate consumer evaluation of mental health services and a draft Framework to facilitate consumer participation in quality service improvement.

**Stage 2 of the MH-CoPES Project** (2006-2009) built on the work conducted in Stage 1 to finalise the MH-CoPES Questionnaire and MH-CoPES Framework for implementation. This was done through a trial to test a series of protocols for the MH-CoPES Framework and then a pilot to test the Questionnaires and the revised protocols. The Questionnaires were found to be psychometrically sound and the MH-CoPES Framework was found to be acceptable to staff and consumers.

**Stage 3 of the MH-CoPES Project** (2009-2010) prepared adult, public mental health services in NSW for the implementation of the MH-CoPES Framework and Questionnaires. This was achieved through the development of a comprehensive statewide implementation plan.

This plan:

- Provided NSW Ministry of Health with a comprehensive statewide strategy for the implementation of MH-CoPES.
- Provided NSW Ministry of Health with a detailed cost analysis and costing options for the statewide implementation in the form of a recurrent Treasury bid.
- Provided Area Mental Health Services (AMHSs) with a structure for their local implementation of MH-CoPES.
- Developed resources including training resources, guidelines, and promotional materials to support NSW Ministry of Health and AMHSs in the implementation of MH-CoPES.
- Provided support to AMHSs to develop local implementation plans and policies for the implementation of the MH-CoPES Framework.

**Stage 4 of the MH-CoPES Project** (2010 – 2012) lead on from the preparation completed in the Stage 3 Project and provide the support needed by AMHSs/Local Health Districts (LHDs) as they began to implement the full MH-CoPES Framework throughout their services.

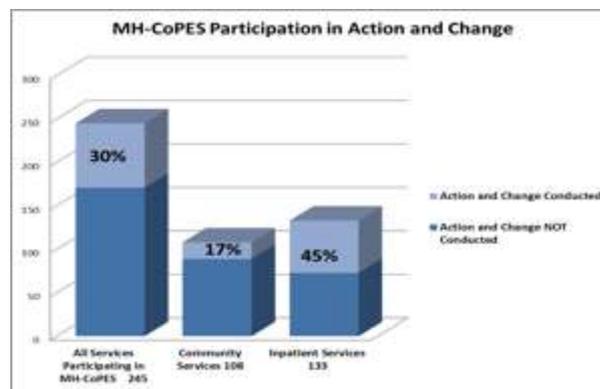
In addition to providing support to services as they began to implement the full MH-CoPES Framework, the Stage 4 Project also prepared Justice Health for implementation of the MH-CoPES Framework, as new participants in their engagement with the Framework. Further, the Stage 4 Project scoped the statewide development and roll out of the MH-CoPES Questionnaires and Framework for Culturally and Linguistically Diverse (CALD) consumers, though a trial, research and a series of consultations.

The MH-CoPES Stage 4 project has achieved the following objectives:

1. A statewide governance and communications structure including a communication strategy for MH-CoPES was produced to guide *Reporting and Feedback* (Framework Step 3) and *Action and Change* (Framework Step 4) at a state level.
2. AMHSs/LHDs were supported in the first year of the statewide implementation of the MH-CoPES Framework.
3. Plans were developed to respond to cultural and change management issues within AMHSs/LHDs. This included a bi-monthly Statewide Implementation Committee meeting, service training and resource development.
4. Training resources were received by AMHSs/LHDs.
5. Promotional activities occurred with AMHSs/LHDs, including in total 863 staff have attended 88 training sessions and presentations on MH-CoPES.
6. A review was undertaken of local policies and procedures for adoption or development online with the MH-CoPES Framework.
7. The MH-CoPES Project team worked with Justice Health to develop an implementation plan for the Forensic Hospital with a view to trialing it for further expansion across all of Justice Health.

8. A qualitative data analysis was undertaken for one reporting period.
9. A scoping document for statewide development and roll out of the MH-CoPES Questionnaires and Framework for CALD consumers was developed for submission to NSW Ministry of Health.
10. A trial was conducted of the MH-CoPES Framework and Questionnaires with one CALD population.
11. An Evaluation Framework of the CALD trial was created. This Evaluation Framework outlined rationale, objectives, key questions, data sources, indicators, measures and process plans. This Framework was approved by the CALD Trial Implementation Committee (TIC) at the beginning of the process and used as the guiding document for the evaluation.
12. Management and training structures were established for the employment of consumers to conduct the qualitative analysis of MH-CoPES data.
13. The implementation of the full MH-CoPES Framework commenced in all AMHSs/LHDs.
14. The Project delivered on time and in budget.

An external evaluation of the MH-CoPES Framework has been planned for the next financial year to further support a future recurrent funding application. This evaluation will assess the effects and benefits of the Framework on consumer participation in service evaluation and service improvement. This evaluation will be conducted as part of the *MH-CoPES Stage 4 Extension Project (2012-2013)*.



## NSW Consumer Workers Project

The Consumer Workers' Project (formerly known as the 'Consumer Workers' Forum Project') (CWP) is being conducted by NSW CAG in collaboration with the NSW Mental Health Consumer Workers' Committee, formerly the Consumer Workers' Forum Organising Committee (MH CWC). The Project is funded by NSW Health through Western Sydney Local Health District.

During the first bi-monthly meeting in February 2012, the Consumer Workers' Forum Organising Committee made the decision to rename itself the MH CWC to reflect its expanded responsibilities, its renewed membership and focus for 2012.

As part of the CWP, NSW CAG has been contracted to provide secretariat support to MH CWC.

The 2011 Consumer Workers' Annual Forum was held on Friday 18th November 2011 at the Menzies Hotel, Sydney. 44 out of a possible 58 consumer workers from across NSW attended the forum, which equates to 76% of the NSW consumer workforce.

The day included:

- An update on, and opening of, an EOI regarding the 2012 MH CWC.
- A professional development session.
- A Consultation on the Draft Framework for the NSW Public Mental Health Consumer Workforce.
- A guest speaker.
- A best practice sharing session.

Based on feedback from consumer workers who attended the 2011 Consumer Workers' Annual Forum, the event was a great success.

*2011 Consumer Workers Annual Forum Stage 2 of the CWP: Drafting the NSW Public Mental Health Consumer Workers' Framework.*

Throughout the 2011 – 2012 financial year, NSW CAG assisted MH CWC in carrying out Stage 2 of the CWP. This specifically involved bringing together findings and research from previous stages of the CWP to develop a framework for the consumer workforce in NSW (the Framework). The Framework will clearly set out the roles and functions of the consumer worker force in NSW public mental health services, as well as outlining minimum training and professional development standards and a Code of Professional Standards. Once the Framework is finalised by NSW CAG, it will be approved by MH CWC and then presented to the Mental Health Program Council for final approval and endorsement. In November 2011 the draft framework for the NSW Public Mental Health Consumer Workforce (the Draft Framework) was released and presented to consumer workers at the 2011 Consumer Workers' Annual Forum. The Draft Framework was drafted by Karen Oakley (NSW CAG former CEO) based on feedback obtained from consultations held over a number of years across NSW with key stakeholders. From November 2011 to January 2012, key stakeholders were invited to provide their feedback on the Draft Framework. In May 2012, a new Consumer Workers' Project Officer was appointed by NSW CAG. Over the 2012-13 financial year, the focus for the CWP will be on holding final consultations with the MH CWC and LHD management on the draft framework, with the aim of finalising the Framework ready for approval in early 2013.



## Enhancing Consumer Participation in NSW Health Project

The Enhancing Consumer Participation within NSW Health Project is about promoting consumer participation in mental health policies and practices. A key focus has been working closely with the Mental Health Consumer Sub-Committee to the Program Council. Members have been supported with providing feedback on draft policy, advice on strategies to how to develop and maintain their networks and ways for promoting participation activities with consumers.

Key achievements this year have been a successful Expression of Interest process for the recruitment of vacant positions on the Consumer Sub-Committee. Two information sessions were held to promote the process and explain the work of the committee. All committee positions are now represented. A *“Meet & Greet”* took place for existing and new members in August which was a great opportunity to bring everyone together and to identify the various networks members are linked into. The enthusiasm from all committee members has been fantastic, and it is very exciting to be working with members from such a varied and diverse background. Over the next few months the NSW CAG Senior Policy Officer is looking forward to spending time with new members and exploring how they are engaging with their networks and learning about the groups that they represent.

It was exciting that two of our long serving members of the committee Fay Jackson (consumer representative who is not employed in a consumer position) and Lily Wu (consumer representing people from culturally or linguistically diverse backgrounds) were appointed to sit on the National Consumer Reference Group to set up the new National Mental Health Consumer Organisation.

Another part of the Enhancing Consumer Participation in NSW Health Project involves making links with key stakeholders to increase consumer participation and involvement. Links have been made with Network of Drug and other Agencies (NADA) and the NSW CAG Senior Policy Officer has been a member of NADA’s advisory group to develop a participation template for their members. Links have also been made with The Benevolent Society and Mission Australia to identify ways of bringing participation into their work, and also with Transcultural Mental Health to identify ways of strengthening the CALD consumer participation movement in NSW.

## Audited Financial Statements

### Statement of Financial Position as at 30th June 2012

	Notes	2012 \$	2011 \$
<b>Current assets</b>			
Cash assets	5	534,111	695,921
Receivables	6	-	9,521
<b>Total current assets</b>		<u>534,111</u>	<u>705,442</u>
<b>Non-current assets</b>			
Property, plant and equipment	7	<u>14,700</u>	<u>20,868</u>
<b>Total non-current assets</b>		<u>14,700</u>	<u>20,868</u>
<b>Total assets</b>		<u>548,811</u>	<u>726,310</u>
<b>Current liabilities</b>			
Payables	8	20,609	17,852
Provisions	9	<u>48,150</u>	<u>22,593</u>
<b>Total current liabilities</b>		<u>68,759</u>	<u>40,445</u>
<b>Non-current liabilities</b>			
Provisions	9	<u>3,106</u>	<u>2,794</u>
<b>Total non-current liabilities</b>		<u>3,106</u>	<u>2,794</u>
<b>Total liabilities</b>		<u>71,865</u>	<u>43,239</u>
<b>Net assets</b>		<u>476,946</u>	<u>683,071</u>
<b>Members Funds</b>			
Retained funds	13	<u>476,946</u>	<u>683,071</u>
<b>Total Members Funds</b>		<u>476,946</u>	<u>683,071</u>

### Statement of Comprehensive Income for the Financial Year Ended 30th June 2012

2012 2011

	Notes	\$	\$
Revenue from ordinary activities	2	982,324	1,189,555
Expenses from ordinary activities:			
Employee expenses	3	814,157	860,631
Other expenses from ordinary activities	3	374,292	268,823
Surplus / (deficit) from ordinary activities before income tax expense		(206,125)	60,101
Income tax revenue / (expense) relating to ordinary activities	4	-	-
Other Comprehensive Income		-	-
Total Comprehensive Income for the Year		<u>(206,125)</u>	<u>60,101</u>

**Statement of Cash Flows  
for the Financial Year Ended 30th June 2012**

	Notes	2012 \$ Inflows (Outflows)	2011 \$ Inflows (Outflows)
<b>Cash flows from operating activities</b>			
Cash Receipts		989,039	1,204,988
Cash payments to suppliers and employees		<u>(1,150,849)</u>	<u>(1,143,489)</u>
<b>Net cash provided by / (used in) operating activities</b>	11(b)	<u>(161,810)</u>	<u>61,499</u>
<b>Cash flow from investing activities</b>			
Payments for property, plant and equipment		<u>-</u>	<u>15,385</u>
<b>Net cash provided by / (used in) investing activities</b>		<u>-</u>	<u>(15,385)</u>
Net increase / (decrease) in cash held		(161,810)	46,114
Cash at the beginning of the financial year		<u>695,921</u>	<u>649,807</u>
<b>Cash at the end of the financial year</b>	11(a)	<u><u>534,111</u></u>	<u><u>695,921</u></u>

**Detailed Income Statement  
for the Financial Year Ended 30th June 2012**

	2012	2011
	\$	\$
<b>Revenue</b>		
Consulting & Committee Works	-	200
Infrastructure Grants Income	-	12,000
Core Funding (NSW) Health	513,800	501,300
CoPES Funding (NSW) Health	-	411,800
Interest Received	3,520	6,359
Management Fees	30,076	75,840
NSW CAG Resources	50	60
Anti-Stigma Project	177	496
Project Grants	434,700	181,500
	<u>982,324</u>	<u>1,189,555</u>
<b>Expenditure</b>		
Accounting Fees	4,100	4,100
Advertising	1,416	2,813
Bank Charges	690	312
Catering & Hospitality	4,029	4,082
Computer Software	16,063	6,023
Contractor Fees	89,699	59,981
Consumer sub-committee reimbursement	-	-962
Conferences & Meetings	18,871	7,219
Co-Location Costs	1,632	-
Courier & Postage Costs	3,696	5,937
Sponsorship	73	-
MH CoPES Return Boxes	2,400	-
Depreciation	6,166	9,301
Hire of Conference Room	10,447	4,408
Insurance	2,439	3,123
Legal Costs	198	202
Long Service Leave	312	525
Management Fees	30,076	75,840
Board Professional Development	19,970	6,203

**Detailed Income Statement  
for the Financial Year Ended 30th June 2012 (continued...)**

	2012	2011
	\$	\$
<b>Expenditure</b> (continued...)		
Office Equipment - Non Capital	25,600	9,520
Office Supplies	4,755	6,878
Printing & Photocopying	7,982	14,851
Annual Leave	25,556	-24,705
Promotional Material & Events	11,079	3,597
Reference materials	276	447
Repairs & Maintenance	3,004	811
Consultation Costs	4,122	-
Staff Recruitment	984	-
Staff Training & Welfare	23,461	7,083
Staff Amenities	2,854	2,398
Subscriptions	2,363	2,839
Superannuation Contributions		
- Employees	61,375	64,043
Supervision	3,300	570
Telephone & Internet	7,541	5,298
Travelling-Members & Subsistence	4,027	9,622
Travelling-Staff & Subsistence	31,235	34,989
Wages	752,782	796,589
Workers Compensation	3,874	5,520
	<u>1,188,449</u>	<u>1,129,454</u>
	<u>(206,125)</u>	<u>60,101</u>

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## Notes to Financial Statements

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### Notes to and Forming Part of the Financial Statements for the Financial Year Ended 30<sup>th</sup> June 2012

#### Note 1 - Statement of significant accounting policies

The financial statements are special purpose financial statements prepared for use by the committee of the association. The committee members have determined that the association is not a reporting entity.

The financial statements have been prepared in accordance with the requirements of the following Australian Accounting Standards:

AASB 1031	Materiality
AASB 110	Events after the Reporting Period

No other Australian Accounting Standards or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

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

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

#### a) Plant and equipment

Plant and equipment is brought to account at cost or at an independent committee's valuation.

The depreciable amount of all plant and equipment is depreciated on a straight line basis over the useful lives of the assets of the Association commencing from the time the asset is held ready for use.

The carrying amount of plant and equipment is reviewed annually by the committee to ensure it is not in excess of the recoverable amount from these assets.

The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

**b) Employee entitlements**

Provision is made for the Association's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at their nominal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

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

**c) Taxation**

The activities of the Association are exempt from income tax.

**d) Revenue recognition**

Amounts disclosed as revenue are net of returns, trade allowances and duties and taxed paid. Revenue is recognised for the major operating activities as follows:

**(i) Government grants**

Grants received are brought to account as income on a progressive basis over either the period to which the grant relates or the period over which the grant is expended.

**e) Receivables**

All trade debtors are recognised at the amounts receivable as they are due for settlement no more than 30 days from the date of recognition.

Collectability of trade debtors is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for doubtful debts is raised when some doubt as to collection exists.

**f) Deferred income / divisional results**

Grants received are brought to account as income on a progressive basis over either the period to which the grant relates or the period over which the grant is expended.

Accordingly, where grants are brought to account on a progressive basis over the period to which the grant relates, there exists the likelihood that grant income will exceed costs associated with the project in some financial periods (divisional profit), and that such a divisional profit will be absorbed in future periods by subsequent divisional losses.

The following grants have carried forward profits from 2011 that were partly absorbed in 2012 and will continue be absorbed in future periods by subsequent losses:

Engagement Project - (Core Surplus 2010/2011)	10,026
Core Surplus 2011/2012	10,253
NHPA	117,694
Untied Funds	33,824

The Health Participation Framework project has a surplus of \$281,101 for the year ending 30 June 2012. NSW CAG is awaiting instructions from the Mental Health and Drug and Alcohol Office (MHDAO), New South Wales in regards to this project.

The MH CoPES Stage 4 project has a surplus of \$1,836.49 for the year ending 30 June 2012. The funds would be utilized for adjusting the deficit in the MH-Copes extension project based on guidelines by the NSW Health Department.

The Consumer Workers Committee project has a surplus of \$62,308 for the year ending 30 June 2012. The use of this surplus in future periods is pending approval by the NSW Health Department.

Where the grant is recognised as income in advance of the expenditure being incurred, the divisional profit will form part of the retained profits.

### Notes to and Forming Part of the Financial Statements for the Financial Year Ended 30<sup>th</sup> June 2012 (continue...)

	2012	2011
	\$	\$
<b>Note 2 - Revenue</b>		
Revenue from operating activities		
Grants received	948,500	1,106,600

	<u>948,500</u>	<u>1,106,600</u>
Revenue from outside the operating activities		
Interest received	3,520	6,359
Other income	30,126	75,900
Anti-Stigma Project	177	496
Consult & Committee Works	-	200
	<u>33,823</u>	<u>82,955</u>
Revenue from ordinary activities	<u><u>982,324</u></u>	<u><u>1,189,555</u></u>

**Note 3 - Surplus / (deficit) from ordinary activities**

**Net gains and expenses**

Profit from ordinary activities before income tax expense includes the following specific net gains and expenses:

**Expenses**

Advertising	1,416	2,813
Bank Charges	690	312
Insurance	2,439	3,123
Printing & Photocopying	7,982	14,851
Repairs & Maintenance	3,004	811
Telephone & Internet	7,541	5,298
Depreciation	6,166	9,301
Other Expenses	1,159,211	1,092,945
	<u><u>1,188,449</u></u>	<u><u>1,129,454</u></u>

**Notes to and Forming Part of the Financial Statements  
for the Financial Year Ended 30<sup>th</sup> June 2012 (continue...)**

	2012	2011
	\$	\$

**Note 4 - Income tax**

As indicated in Note 1, the company is exempt from income tax.

**Note 5 - Current assets - Cash assets**

Cash on hand	500	3,300
Cash at bank	533,611	692,621
	<u>534,111</u>	<u>695,921</u>

**Note 6 - Current assets - Receivables**

GST Receivable	-	6,713
Prepayments	-	2,808
	<u>-</u>	<u>9,521</u>

**Note 7 - Non-current assets - Property, plant and equipment**

Office furniture and equipment - at cost	77,584	77,585
Less: accumulated depreciation	(62,884)	(56,717)
	<u>14,700</u>	<u>20,868</u>

**Note 8 - Current liabilities - Payables**

GST Payable	7,269	-
Accrual & Creditors	203	6,962
PAYG Withheld	13,137	10,890
	<u>20,609</u>	<u>17,852</u>

**Notes to and Forming Part of the Financial Statements  
for the Financial Year Ended 30<sup>th</sup> June 2012 (continue...)**

	2012	2011
	\$	\$
<b>Note 9- Provisions</b>		
<b>(a) Current</b>		
Provision for annual leave	48,150	22,593
	<u>48,150</u>	<u>22,593</u>
<b>(b) Non-current</b>		
Provision for long service leave	3,106	2,794
	<u>3,106</u>	<u>2,794</u>

**Note 10 - Segment reporting**

NSW Consumer Advisory Group - Mental Health Inc. is a non-government organisation actively involved in promoting the understanding of Mental Health problems in the community in New South Wales.

**Note 11 - Cash Flow Statement****(a) Reconciliation of cash**

Cash at the end of the financial year as shown in the statement of cash flow is reconciled to the related items in the statement of financial position as follows:

Cash on hand	500	3,300
Cash at bank	533,611	692,621
	<u>534,111</u>	<u>695,921</u>

**Notes to and Forming Part of the Financial Statements  
for the Financial Year Ended 30<sup>th</sup> June 2012 (continue...)**

	2012	2011
	\$	\$
<b>Note 11 - Cash Flow Statement (continued)</b>		
<b>(b) Reconciliation of cash provided by / (used) in operating activities</b>		
Operating surplus / deficit	(206,125)	60,101
Non-cash flows in operating surplus		
Depreciation	6,166	9,301
Changes in assets and liabilities		
(Increase) / decrease in GST Receivable	6,713	15,433
(Increase) / decrease in Prepayments	2,808	3,389
Increase / (decrease) in payables	2,759	(2,545)
Increase / (decrease) in employee	25,869	(24,180)

provisions	<u>(161,810)</u>	<u>61,499</u>
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The Association has no credit stand-by or financing facilities in place.

There were no non-cash financing or investing activities during the period.

**Note 12 - Events subsequent to  
balance date**

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association in financial years subsequent to the financial year ended 30 June 2012.

**Notes to and Forming Part of the Financial Statements  
for the Financial Year Ended 30<sup>th</sup> June 2012 (continue...)**

	2012	2011
	\$	\$
<b>Note 13 - Retained funds</b>		
Movements in retained funds are summarised as follows:		
Retained funds at the beginning of the financial year	683,071	622,970
Current year surplus / (deficit)	<u>(206,125)</u>	<u>60,101</u>
Retained funds at the end of the financial year	<u>476,946</u>	<u>683,071</u>

## Board of Trustees Declaration

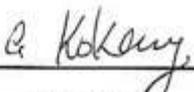
### Statement by Members of the Committee

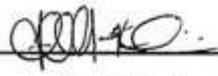
The Committee has determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Committee the financial report:

1. Presents a true and fair view of the financial position of NSW Consumer Advisory Group - Mental Health Inc. as at 30 June 2012 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that NSW Consumer Advisory Group - Mental Health Inc. Inc. will be able to pay its debts as and when they fall due.

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

  
Allison Kokany

  
Jenny Mackellin

SYDNEY,  
3rd September 2012

## Independent Auditor's Report

### Independent Auditor's Report to the Members of NSW Consumer Advisory Group – Mental Health Inc. ABN 82 549 537 349

We have audited the accompanying financial report, being a special purpose financial report, of NSW Consumer Advisory Group - Mental Health Inc., which comprises the statement of financial position as at 30 June 2012, and the statement of comprehensive income and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the statement by the members of the committee.

#### *The Responsibility of members of the committee for the Financial Report*

The members of the committee of the association are responsible for the preparation of the financial report have determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the Associations Incorporations Act 2009 NSW and is appropriate to meet the needs of the members. The Committee of Management's responsibility also includes such internal control as the Committee determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

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

estimates made by the Committee of Management, as well as evaluating the overall presentation of the financial report

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

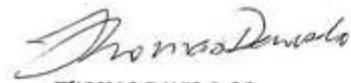
Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of

NSW Consumer Advisory Group - Mental Health Inc. as of 30 June 2012 and of its financial performance and its cash flows for the year then ended in accordance the financial reporting requirements of the Associations Incorporation Act 2009 NSW.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist NSW Consumer Advisory Group - Mental Health Inc., to meet the requirements of the Associations Incorporation Act 2009 NSW. As a result, the financial report may not be suitable for another purpose.



THOMAS DAVIS & CO.  
P.L. WHITEMAN PARTNER

Chartered Accountants

SYDNEY,  
3rd September 2012

## **Staff Information 2011-2012**

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### **Management**

- Peri O'Shea, Chief Executive Officer
- Louisa Riste, Projects Manager
- Sage Telford, Policy, Engagement and Operations Manager

### **Administration**

- Cecilia Rais, Executive Support Officer
- Maureen O'Keeffe, Administration Officer

### **Policy team**

- Christopher Hartley, Senior Policy Officer
- Tara Dias, Senior Policy Officer
- Ka Ki Ng, Senior Policy Officer
- Susan Horsley, Policy Officer
- Ella Graham, Policy Officer
- Gwen Scotman, Policy Officer

### **MH-CoPES project team**

- Edward Coney, Senior Liaison Officer
- Maya Romic, Liaison Officer
- Lucille Schackleton, Liaison Officer
- Hannah Gardner, Senior Research Officer
- Yana Pak, Research Assistant
- Rachel Waters, Research Assistant
- Lisa Williams, Research Assistant
- Alexandra Ellison, Research Assistant

### **Enhancing Participation with NSW Health Project**

- Reena Masrani, Senior Policy Officer: Participation Advisor

### **Consumer Workers' Project**

- Alison Grant, Project Officer

**Committee Representatives and Casual Staff**

- Magi Rai
- Lily Wu
- Susan Louise Palmer
- Karen Oakley
- Gillian Malins
- Jamie McDonald
- Susan Rix

**Students and Volunteers**

- Ryan Moir
- Jenny Nguyen
- Michelle Schnickert
- Esther Pavel-Wood



*NSW CAG Staff*  
*October 2011*

*MH-CoPES Team*  
*August 2012*



## Organisational Information

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NSW Consumer Advisory Group - Mental Health Inc

Suite 501, 80 William Street

East Sydney NSW 2011

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**Fax** 02 9332 0299

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