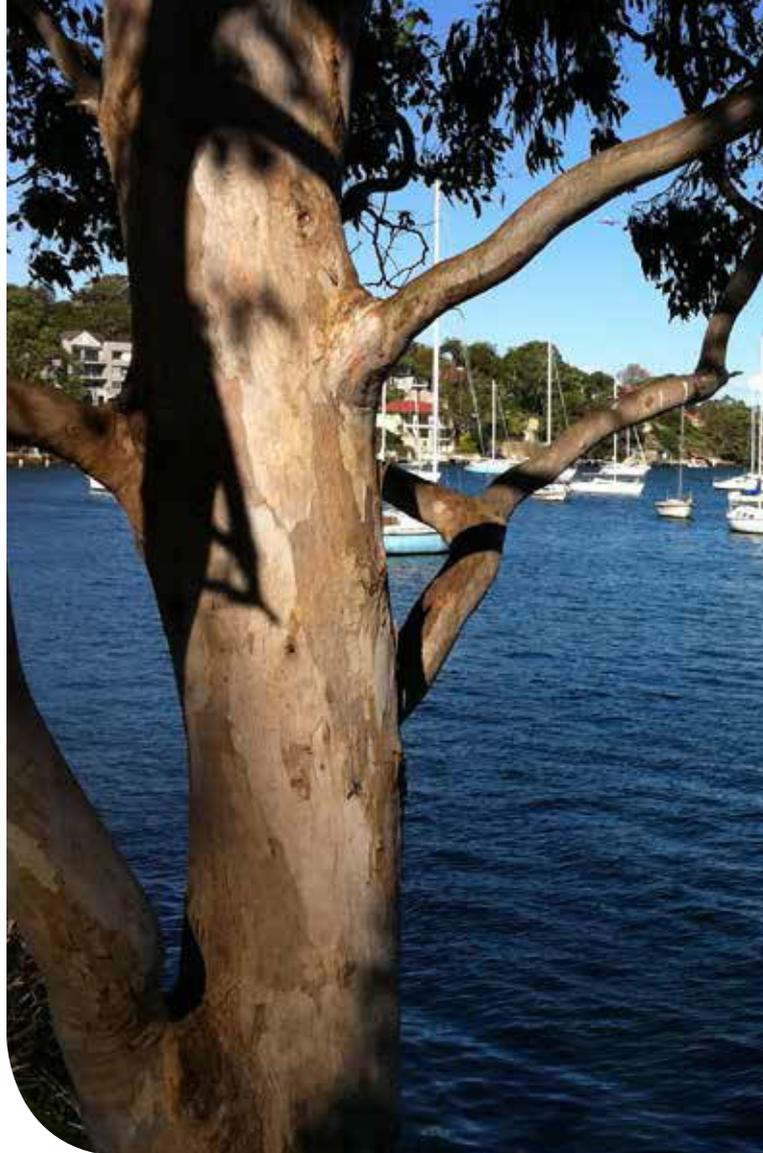




# Annual Report 2012-2013



**Mental Health Commission**  
of New South Wales



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Left: Bedlam Bay - next to the former Gladesville Hospital campus

Cover: Eucalyptus tree near the Commission's office building in the former Gladesville Hospital campus



The Hon. Kevin Humphries, MP  
Governor Macquarie Tower  
Level 31, 1 Farrer Place  
Sydney NSW 2000

Dear Minister Humphries

I have pleasure in submitting the Annual Report of the Mental Health Commission of New South Wales for the year ended 30 June 2013.

The report details the progress and relevant statutory and financial information of this agency.

The report is for your submission to the Parliament of NSW and has been prepared in accordance with the *Annual Reports (Statutory Bodies) Act 1984*, the *Annual Reports (Statutory Bodies) Regulation 2010*, and the *Public Finance and Audit Act 1983*.

**John Feneley**  
NSW Mental Health Commissioner  
October 2013

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This report is available on our website:  
[www.nswmentalhealthcommission.com.au](http://www.nswmentalhealthcommission.com.au)

This report was produced in-house by Commission staff. A consultant was used to produce some content at a cost of \$1320.

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# Highlights

## 2011

- July** - Taskforce to Establish a Mental Health Commission in NSW begins community consultations
- November** - The Hon. Kevin Humphries MP, Minister for Mental Health and Healthy Lifestyles, introduces the Mental Health Commission Bill in NSW Parliament on 24 November 2011

## 2012

- March** - *Mental Health Commission Act 2012* is passed into law
- July**
  - The Mental Health Commission of NSW is established
  - The Commission begins a five year lease from the NSW Ministry of Health for Building 11, Shea Close on the former Gladesville Hospital site
  - A temporary Executive Director, NSW Mental Health Commission, is appointed to assist with the finalisation of the organisational structure and implementation of the structure
- August**
  - John Feneley is appointed as the inaugural NSW Mental Health Commissioner for a five year term
  - The Commissioner begins his community engagement work - see a full list of meetings and forums for 2012-2013 on page 30 of this report.
- September**
  - An interim staff team is appointed to assist the Commission through its early months of operation. The NSW Community Advisory Group Mental Health (NSW CAG) and the NSW Mental Health Association (MHA) both contribute team members during this phase
  - The interim organisation structure is approved by the Director General of NSW Health
- October** - Official launch of the NSW Mental Health Commission at Government House
- December** - Commission's website is launched

## 2013

- January** - Team managers appointed
- March**
  - Four Deputy Commissioners appointed
  - Refurbishment of the Commission's offices in Gladesville including improved disability access
- April** - Community Advisory Council members appointed
- May**
  - First Community Advisory Council meeting held at the Commission office
  - Executive Director appointed

**We wish to pay respect to Aboriginal elders - past, present and emerging - and acknowledge the important role of Aboriginal people and culture within the NSW community.**

**The Commission acknowledges the lived experience of people recovering from mental distress, and of those who offer them support and hope. We are committed to guiding NSW towards full recognition of the rights of people whose lives are affected by mental illness and away from stigma and discrimination.**

# Commissioner's message



“

In reviewing and monitoring the NSW mental health system the lens through which we will examine things will be to determine whether they assist people who experience mental illness to remain well in the community...

”

Welcome to the first annual report of the Mental Health Commission of NSW.

The Commission's role under its founding legislation is to monitor, review and improve the mental health system and the mental health and wellbeing of the people of NSW. This presents a unique opportunity to make a real difference in the lives of people in NSW who experience mental illness - a group that has been persistently and systematically marginalised both in its access to Government supports and more widely in the community.

The establishment on July 1, 2012, of the Commission represented a pivotal moment of acknowledgement in NSW that mental illness is different.

For most people mental illness is episodic and fluctuates in intensity. Its complexities can easily be overwhelmed within the context of a broader public health system focused on acute illness and hospital care. It is not only a health issue, but is also about families, friends, work and communities.

This is recognised in the clear legislated authority the Commission has been given to pursue a change agenda across the whole of Government, and the Commission, which reports to the Minister for Mental Health, this year laid strong foundations as it began this work.

During the 2012-13 financial year a number of important establishment initiatives were undertaken:

- The Commission received its delegations from the Ministry of Health, enabling it to start operating as an independent entity
- The first permanent staff members were appointed from early 2013, working alongside an earlier team seconded from Government agencies and community managed organisations
- An organisational structure and internal operating practices and policies were developed
- The Commission took over responsibility for managing the Government contracts of four

organisations: The NSW Consumer Advisory Group Mental Health (NSW CAG), Mental Health Carers ARAFMI NSW, the Mental Health Association NSW and beyondblue.

Four Deputy Commissioners were appointed in March 2013 bringing distinctive skills and achievements to these part-time leadership roles. The Deputy Commissioners, two of whom have lived experience of mental illness, embody the core values of the Commission as it seeks to emphasise diversity, consumer voices and the value of support in the community. (More information on the Deputy Commissioners on pages 13-15.)

A Community Advisory Council was established in April 2013, with 15 members who represent NSW's diverse geography and cultures and have expertise in a variety of areas related to mental health. The Council, on which I also sit, is a sounding board for the Commission as it develops proposals for mental health reform, and it may also independently advise the Commission on any mental health topic it considers important. (More information on the Community Advisory Council on pages 18-20.)

These crucial foundational tasks and appointments were undertaken at the same time as the Commission's central piece of policy work was beginning: a draft Strategic Plan for Mental Health in NSW to be delivered to Government in March 2014. Preparations and consultation began in 2012, when preliminary meetings were held with key stakeholder groups, including consumers of mental health services and carers, the community-managed sector and key agencies.

I have travelled widely across NSW with Commission staff, to meet groups and services in regional, rural and remote communities and to ensure our planning reflects the great geographic and demographic variety of this State.

The draft Plan will for the first time set out ideas for reform across the whole of government rather than just health services. This is important because we

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know housing, education, employment, social services and the justice system can all have as large if not a larger effect on the lives of people who experience mental illness than the health care they receive.

Considering the breadth of engagement necessary to inform change on this scale and scope, the timeframe for delivery of the draft Plan is highly compressed. But the community has been immensely supportive of the Commission's work, and hundreds of people have signed up via our website to be part of an innovative online consultation process which opened in May.

This online collaboration allows participants to comment on ideas and early drafts of elements of the Plan, ensuring the final documents resonate with those who would be affected by policy change.

As it develops its unique role, the Commission has also partnered with Government and sector organisations on a range of important policy initiatives, many of which are described in more detail elsewhere in this report.

It is hugely exciting to me as the inaugural Commissioner to be part of a reform movement through which the capabilities, rights, wishes and aspirations of people who live with mental illness will be appreciated and honoured.

This year the Commission has built solid foundations for an intensive program of policy work in the short term, and beyond that to ensure the changes we recommend are supported and implemented.

It has been thrilling but sometimes overwhelming, and I would like to thank all the staff who worked with

us, however briefly, for their patience, and the mental health sector – both Government and community organisations – for the warmth of their welcome and the invaluable assistance they have given the Commission to reach out to the community.

Most of all I would like to pay tribute to the hundreds of people in NSW who are affected by mental illness either in their own lives or as carers, and who have taken the time and trouble to tell the Commission what changes would make things better for them. They are and will continue to be at the heart of everything we do.



John Feneley  
**NSW Mental Health Commissioner**

# About the Commission

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The community wanted an independent body that would take a holistic approach to addressing the needs of people who experience mental illness across Government and across the whole of life.

## Establishment

Many people with mental illness, their families and their carers, as well as clinicians, policy makers, community-managed organisations and concerned citizens, have argued for the need for reform in mental health. The Commission is the result of an extensive consultation process with the community.

In 2011, the NSW Government set up the Taskforce to Establish a Mental Health Commission in NSW. The role of the Taskforce was to consult, research and advise on what should be in legislation to establish a mental health commission to respond to the specific mental health needs of NSW. The Taskforce consulted people in metropolitan, rural and regional areas of NSW, people with mental illness, families, carers, clinicians, service providers, government agencies, the community-managed sector and the general community. Mental health commissions in Canada, New Zealand, California and Western Australia were also consulted.

The consultations demonstrated that the community wanted an independent body that would take a holistic approach to addressing the needs of people with mental illness across government and across the whole of life. The community also voiced a desire for a body that would focus on the 'big picture' systemic issues, and be an authentic champion of reform.

The Mental Health Commission of New South Wales (the Commission) was established under the *Mental Health Commission Act 2012*.

An effective mental health system requires a co-ordinated and integrated approach across all levels of government and the community-managed organisations responsible for health, housing, employment, education and

justice. The Commission has a clear mandate to work across government and other service providers to drive reform across the mental health sector. In doing so, the Commission will operate as a bridge between services to identify new ways they can work together to help people live well in the community.

The Commission began operating on 1 July 2012.

The Commission was launched by the Hon. Jillian Skinner MP, Minister for Health and the Hon. Kevin Humphries MP, Minister for Mental Health, on 15 October 2012. The Commissioner, the Commission's interim staff, and representatives from the government and community mental health sector attended the launch. The Hon. Barry O'Farrell MP, Premier of NSW, congratulated the Commissioner on his appointment.

## The Charter

While the *Mental Health Commission Act 2012* (the Act) sets out the role, functions and guiding principles of the Commission, the Charter is a more detailed document provided by the Minister with the Government's immediate priorities for the Commission.

The Charter requires the Commission to:

- prepare and submit a draft Strategic Plan for Mental Health in NSW to the Minister by March 2014
- prepare a research implementation framework
- develop a knowledge-sharing and information dissemination strategy with other mental health agencies and organisations
- consider how the Mental Health Review Tribunal may operate more effectively and in a more integrated way with the Official Visitors Program to assist people who have

difficulty accessing mental health care to navigate the system

- review the work of academic and other institutions in NSW receiving mental health funding and prepare advice to the Minister as to how activity might be better integrated and coordinated.

The Charter also states how important it is for the Commission to take a consultative and collaborative whole-of-government and whole-of-community approach in its work and endorses regular ongoing consultation across the community and across NSW.

## Our role

The Mental Health Commission of NSW is an independent body which helps drive reform that benefits people who experience mental illness and their families and carers.

The Commission is working with the community towards sustained improvement in the support offered to people who experience mental illness and in their access to employment, education, housing, justice and general health care.

As drivers of reform, we are committed to:

- developing a whole of Government draft Strategic Plan for Mental Health in NSW to support people who experience mental illness, their families and their carers to live full and rewarding lives
- monitoring and reporting on its implementation
- reviewing, evaluating, reporting on and advising on services and programs
- undertaking and commissioning research and policy development
- promoting innovative programs and sharing knowledge about

good practices in mental health promotion, early recognition and response to mental distress and support for people who experience mental illness.

The Commission does not:

- investigate individual complaints
- provide services or advice to individuals
- penalise or sanction doctors, nurses or others
- hold the budget for government expenditure on mental health services.

Whilst not specifically referred to in the Act or in the Charter, the Commission manages a number of contracts on behalf of Government including:

- NSW Consumer Advisory Group Mental Health (NSW CAG)
- Mental Health Carers ARAFMI NSW (ARAFMI)
- NSW Mental Health Association (MHA)
- beyondblue.

## What we believe

- A person's mental health is dependent upon their general wellbeing which is influenced by their social, emotional, physical, cultural and spiritual health.
- People who experience mental illness should receive the care and support they need, at the time they need it, and as close to where they live as possible.
- Responsibility for providing this care and support is shared between the Commonwealth and NSW Governments and the community.
- People who experience mental illness, their families and carers should be treated with respect and dignity.
- People who experience mental illness, their families and carers should be given all the information they need to be meaningful participants in making decisions about their own recovery.
- Government and the community must support people who experience mental illness and their families and carers to lead full and rewarding lives. This should be done by providing person-centred care and support, and by taking a coordinated and integrated approach at a local level across all levels of Government and community-managed sectors, including housing, employment, health, education and justice.

## How we work

- We are driven by the lived experience of people with mental illness.
- We are open, transparent and accountable.
- We work in partnership with people with mental illness, their families and carers, and with stakeholders across all levels of Government and community-managed sectors, including housing, employment, health, education and justice.
- We stay informed on mental health issues through our Community Advisory Council and by valuing and developing our relationships with broad networks of stakeholders.
- We acknowledge and respect the perspective of Aboriginal people on mental health and social and emotional wellbeing.
- We challenge stigma and discrimination against people who experience mental illness.
- We will drive the reform of the NSW mental health system and will monitor the progress of Government and community-managed sectors towards agreed goals.
- We will promote innovation, share knowledge and encourage cooperation to ensure that best practice continues to evolve, and to ensure that it is disseminated rapidly around the state.

# Our work

## Draft Strategic Plan for Mental Health in NSW

The development of a draft Strategic Plan for Mental Health in NSW is the Commission's central task during its first years of operation under both its establishment Act and its Charter. Foundational work on the draft Strategic Plan, which must be presented to Government in March 2014, has been the Commission's priority in 2012-13.

The Plan must be consistent with the goals and targets of NSW 2021, and "take into account the need to respond effectively to the range of significant issues that impact on individuals with mental health problems, their families and carers across health, housing, education, employment, the criminal justice system and other key portfolio areas." It is to have a 10 to 15 year time horizon.

The Commission's preliminary work during the year has emphasised the development of relationships with key agencies, service provider organisations, representative groups and the wider community, to ensure their perspectives can be sought and taken into account in the shaping of the draft Strategic Plan. An additional focus has been to increase the Commission's awareness and understanding of other key mental health policy initiatives and research work – in NSW, Australia and internationally – that form the wider context for the Plan.

During the remainder of 2013, this work will be drawn together to form ideas for system change that can then be refined and tested with stakeholders.

Whatever the final conclusions and directions recommended through the draft Strategic Plan for Mental Health in NSW, some core principles and values will be embedded, and some key issues will be addressed:

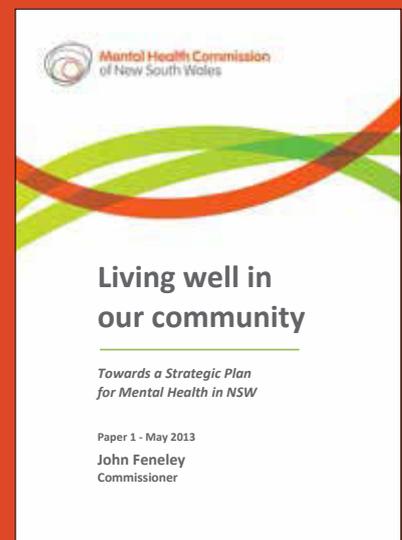
- Whole of Government, whole of community: The focus will be much broader than health and health services. We need to consider the sum of people's lives as they manage their mental illness or help a loved one. Housing, employment, income, education, justice and social inclusion can have an overwhelming influence on a person's mental health.
  - Whole of life: The draft Strategic Plan will recognise that different mental health concerns may arise at different stages of life, and that the NSW mental health system needs to respond appropriately and equitably to children and young people, adults and older adults. It will focus on these specific needs as well as considering system issues that are relevant across the whole life span.
  - The community at the centre: NSW has emphasised hospital care at the expense of support provided in the community close to where people
- live. This needs to change to ensure that people are not dislocated from their work, education and relationship at times when they need more structured support. We also need to empower individuals, families and the community to find their own solutions in times of distress; there are many occasions when formal mental health support may not be appropriate.
  - Equity and access: People who experience mental illness sometimes report that they cannot find support in the early stages of becoming unwell. Without the opportunity to prevent their illness from worsening, they may experience longer periods of ill health and may lose jobs, friends and homes. We need to ensure people across the state have access to services that are just as responsive as those offered to people who experience physical illness.
  - Dignity, autonomy, respect, recovery: People who experience mental illness can become well and thrive. People's right to choose the supports they require must be a central tenet of the system. Treating people respectfully as individuals, with regard to their dignity as well as to their rights, promotes recovery and this will be a key element of the draft Strategic Plan.

The draft Strategic Plan for Mental Health in NSW will only be valuable if it genuinely reflects the needs, wishes and priorities of people with mental illness – in all parts of the state and of all ages and cultural backgrounds. We also want to encourage psychological and social wellbeing across the whole of our community, and we are seeking everyone's views on how to achieve that.

Responsibility for meeting the needs of people who

experience mental illness, and their families, carers and supporters, does not lie only within the health sector. The draft Strategic Plan will recognise that mental health is a shared concern of many NSW Government and Commonwealth agencies and the wider community.

The Commission's initial planning principles are set out in *Living well in our community* - Paper 1, published in May 2013 on the Commission website.



## YEAR IN BRIEF

In its first year the Mental Health Commission of NSW has focused on engaging with the community about its new role in setting and monitoring a state-wide agenda for mental health reform.

It has articulated key values and principles for the provision of support for people who experience mental illness - Autonomy, Recovery and Community.

The Commission has applied those principles in the preliminary stages of development of a draft Strategic Plan for Mental Health in NSW.

Behind the scenes but just as importantly the Commission has worked to develop robust systems of internal and external accountability and to build capacity and processes. This will help it manage a growing volume of critical policy work supporting positive change that will make a real difference to the lives of people who experience mental illness.

## AUTONOMY

The right of people to choose support according to their own wishes and preferences

## RECOVERY

The notion that the goal of mental health support should be to make things better, not just to control symptoms

## COMMUNITY

The critical importance of social structures in mental health and the need to maintain social connection during periods of ill health

OUR VALUES

## Public profile

The Commission intends to be a community-facing organisation with a strong public presence in discussion and debate around mental health in NSW. During 2012-13 it made significant steps towards establishing its organisational identity and developing public recognition for its unique role in driving change.

### Branding, corporate materials and website

A corporate identity for any new organisation is crucial and this is particularly so for one such as the Commission that has been tasked with an extensive and widespread consultative role. External agencies were engaged to work with the Commission's staff to design and develop a visual identity and other communication tools.

Logo and branding design was developed and applied to a range of collateral such as stationery and signage.

The interim version of the Commission's website was launched in December 2012. Later in 2013 the Commission expects to specify and contract for the next version of the site, capable of handling the greater data requirements of the stakeholder and community engagement around the draft Strategic Plan for Mental Health in NSW and the

escalation in the Commission's work program more generally.

Foundation messages that informed the Commission's early communications were developed, such as our website content.

### Formal speaking opportunities

The Commissioner has participated in many mental health community forums, conferences and events.

In August 2012, the Commissioner wrote to all key government agencies to introduce the Commission and to express interest in meeting with heads of agencies to discuss opportunities for future partnerships and development of the draft Strategic Plan. As a result of the introductory communication,

in September and October, the Commissioner had meetings with key government agencies and peak community-managed agencies across the State.

### Media coverage

The Commission and its new role in mental health reform have attracted significant media attention. Commissioner John Feneley contributed a number of opinion pieces including two published in the *Sydney Morning Herald* and has been interviewed by several state and local radio stations. The Deputy Commissioners have also spoken about the Commission and their own backgrounds and roles on radio and to local and regional newspapers and websites.



## Mental Health Commission of New South Wales

The Commission logo consists of a collection of overlapping elliptical shapes of different sizes and colours. The smallest circle resting in the centre of the design is represented in orange and symbolises the person at the centre of all services.

As a set, they suggest the various stakeholders in the mental health sector - government, community-managed sector and the community - coming together to collaborate and exchange information for the benefit of people with a mental illness, their families and carers.

## Commission website

The Commission's website was launched in December 2012, and by 30 June 2013 had attracted 8,662 visits, with a total of 30,552 page views.

The most popular pages on the website were:

- Homepage – 8,496 page views
- What's new – 2,154 page views
- Working for us – 2,024 page views

Days with most visits:

- **245 visits** made on June 6 – after online registration for the draft Strategic Plan development process was promoted by email.
- **157 visits** made on March 11 – Deputy Commissioners were announced in the media.

## Twitter profile @MHCNSW

The Commission established a Twitter profile in June 2013 to demonstrate the Commission's commitment to engaging with the community and industry through social media, in order to deliver improved services and enhance transparency and participation, in line with the recently released NSW Government Social Media Policy and Guidelines.

The Twitter profile gives the Commission the opportunity to:

- share information efficiently with people and organisations that, by following the Commission, have already indicated they are interested in what the Commission has to say
- be part of an informal knowledge sharing enterprise with organisations overseas as well as in Australia and NSW
- show that the Commission is serious about engaging with the widest possible range of stakeholders
- develop a network of stakeholders, for greater reach in future consultations
- monitor who is mentioning us and following the Commission.

## Stakeholder engagement

The Commission is required through its establishment legislation to consult widely with the community, including people who experience mental illness and their families and carers, and with organisations and agencies which offer mental health support. The authority of the Commission's reform work will depend on how authentically it reflects the needs, wishes and priorities of people whose lives are affected by mental illness, as well as the realities – and sometimes frustrations – of Government and community-managed agencies, professional groups and community groups which provide care and support.

During 2012-13 the Commission has prioritised the development of positive relationships with individual people, groups and agencies across NSW, as it establishes a long-term dialogue with the community about the future of mental health care and support.

In October 2012, the Commissioner released an open letter to the community to provide an overview of the Commission's progress since its establishment and plans for the remainder of the year. The letter was made available to the community with the assistance of NSW Community Advisory Group Mental Health (NSW CAG), Mental Health Carers ARAFMI NSW (ARAFMI), NSW Mental Health Association (MHA) and the Mental Health Coordinating Council (MHCC).

A further open letter was made available in December. The letters are available on the Commission website.

To begin the process of working with stakeholders to achieve positive and sustained change for mental health in NSW, the Commissioner spent a lot of time meeting with consumers, carers and their families, as well as the organisations that represent them or provide services.

The Commissioner and staff have also had meetings with many community-managed organisations, clinicians, service providers, Commissioners from other states and abroad and other local and international experts in mental health. The Commissioner has also met with Ministers, state and national government agencies, members of parliaments and academics, attended MHCC regional forums and participated in public meetings held throughout NSW as a member of the Mental Health Act Review Community Consultation Panel.

The Deputy Commissioners and staff from the Commission have met with consumers, service providers and Aboriginal elders on regional visits with NSW CAG. The Commission began the process of engagement with local communities in regional NSW and discussed ways of keeping in touch via email, video conferencing or mail.

## Community forums

### Mental Health Community Forums

The Commissioner has participated in many mental health community forums, conferences and events.



The Commissioner with members of the Queanbeyan community in February 2013

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## Mental Health Co-ordinating Council (MHCC) Regional Forums

In September, the Commissioner attended all of the four one-day Regional Forums conducted by the MHCC to connect with its members and other interested people. At the forums the Commissioner delivered a presentation introducing the Commission and led an interactive discussion session titled: *The NSW Mental Health Commission: Potential for change and innovation.*

## Mental Health Act Review Community Forums

The Commissioner attended six of eight community consultation forums held across NSW as a member of the Mental Health Act Review Community Consultation Panel. The other panel members were: Sebastian Rosenberg (Facilitator, Academic in Mental Health Policy), The Hon. Rob Knowles (one of the ten National Mental Health Commissioners) and Dr Lynne Lane (New Zealand Mental Health Commissioner).

## Other meetings

### Knowledge exchange

The Commission took part in a meeting of the International Knowledge Exchange Network for Mental Health (IKEN-MH) in March 2013 in Auckland, New Zealand. The Network is a joint vision of the Mental Health Commission of Canada and the International Initiative for Mental Health Leadership (IIMHL). The intent of IKEN-MH is to increase the capacity for effective knowledge exchange in mental health by connecting people, ideas and resources on a global level. The key issues the Network is addressing are to reduce the time taken to translate evidence into practice and to support research, practice and policy partnerships in the area of knowledge exchange. The meeting provided the Commission with an opportunity to learn about knowledge exchange initiatives being undertaken globally, as well as contribute to global discussion, better equipping us to meet our own goal to promote and facilitate sharing of knowledge and ideas about mental health issues.

## Meeting of International and National Mental Health Commissions

The meeting addressed knowledge exchange, seclusion and restraint, Aboriginal and First Nations mental health, work and mental health and international benchmarking. The meeting provided a forum for discussion and the sharing of experiences, and also created the foundation for fostering partnerships and sharing resources in relation to common program areas. Participants identified areas of potential joint activity, noting that the experience of care is the group's focus and that improvements towards a fully contributing life for consumers, families and their carers is the goal. Australian participants scheduled a second meeting to advance the issues discussed at the March meeting and to consider how best to continue to work with international partners and networks.

For a list of meetings and forums attended by the Commissioner see page 30.

## Policy and strategy

### Homelessness

The Commission is contributing to the work of the NSW Premier's Council on Homelessness on the focus area of mental health and homelessness. The Commission engaged the Australian Housing and Urban Research Institute (AHURI) to prepare a research synthesis report outlining evidence from published research and evaluations and held a stakeholder forum on 13 May 2013. More than 60 representatives from Government and community-managed organisations that provide relevant services or programs as well as other subject matter experts and academics participated in the stakeholder forum. The report and forum focused on:

- access to services and support for people with mental illness living in boarding houses
- delivery of mental health services and support to people with mental illness sleeping rough or staying in crisis or temporary accommodation
- delivery of mental health services to people living in social housing with a focus on keeping tenancies and prevention of homelessness.

Participants at the stakeholder forum developed a set of recommendations that were considered by the non-government members of the Premier's Council at an out-of-session meeting on 26 June. Based on these discussions, the non-government members were expected to submit recommendations to Government at a full session of the Premier's Council later this year.

### Access to care

In February 2013, the Commission requested feedback from the community on people's experiences accessing mental health hospital-based care in a crisis. Of the 87 respondents, 49 identified as carers, 23 as consumers, and five as service providers. Other participants did not identify themselves by those categories. The information is being used to inform the development of the draft Strategic Plan for Mental Health in NSW and the Commission's other policy and reform activities. Issues identified through this project were:

- the rights and role of carers in assessment, treatment plans and discharge planning
- navigation of the mental health system for consumers and carers when needing in-patient or community-based services
- the need for consistent communication of information between service providers, consumers and carers to support accurate assessments and appropriate care and treatment plans
- the need to promote the wellbeing of carers through respite services and support groups
- social isolation and stigma which affect both consumers and carers.

### Suicide prevention

The Commission has been tasked by the NSW Minister for Mental Health to provide advice on the recommendations of the NSW Ministerial Advisory Committee on Suicide Prevention and with developing a draft NSW Suicide Prevention Implementation Plan with a view to facilitating progression of the recommendations to action.

## Research

Two evidence check reviews commissioned from the Sax Institute were released by the Commission in June 2013. The reviews investigated the costs and benefits of interventions in mental health and the costs and impacts on the economy and productivity due to mental health.

### **The costs and benefits of interventions in the area of mental health: a rapid review**

This review examined the evidence on the costs and benefits of interventions in mental health. A total of 50 studies were identified and included in this review.

### **The evidence on the costs and impacts on the economy and productivity due to mental ill health: a rapid review**

This review examined the costs and impacts on the economy and productivity due to mental illness (broken down by mental health disorder). A total of 45 studies were identified and included in this review.

### **Research implementation framework**

Through the Charter, the Minister for Mental Health has requested that the Commission:

- develops a research implementation framework
- identifies opportunities to link with existing knowledge sharing organisations to avoid duplication and ensure the effective propagation of evidence based knowledge and ideas
- works with existing organisations to build an information dissemination strategy where information is accessible to consumers and service providers
- identifies strategic directions and possible partnerships for research.

The Research Advisory Group has been established to advise on the development of the framework and has an ongoing role in informing the Commission's advice to Government about research needs and priorities.

The first meeting of the Research Advisory Group was held in June 2013.

## Research Advisory Group members as at June 2013

### **Professor Tony Butler**

Professor Butler has a special interest in prisoner mental health and wellbeing. He is Professor and Program Head at the Kirby Institute for infection and immunity in society at the University of New South Wales.

### **Professor Vaughan Carr**

Professor Carr has trained as a psychiatrist and has held senior positions in several research centres in NSW. He is currently Professor of Schizophrenia Epidemiology and Population Health at the University of New South Wales.

### **Professor Helen Christensen**

Professor Christensen is the Director of the Black Dog Institute, University of New South Wales, and a National Health and Medical Research Centre (NHMRC) Senior Principal Research Fellow. She has a special interest in e-health initiatives and is the author of several website, some of which deliver automated cognitive therapy for depression.

### **Associate Professor Kimberlie Dean**

Professor Dean holds the inaugural chair in Forensic Mental Health, a joint appointment between the University of New South Wales School of Psychiatry and the NSW Justice Health & Forensic Mental Health Network. Professor Dean is a consultant forensic psychiatrist with current clinical responsibility for in-patients at the high security Forensic Hospital, Malabar.

### **Professor Ian Hickie**

Professor Hickie is a Commissioner with the National Mental Health Commission which oversees enhanced accountability for mental health reform in Australia. He has held senior positions with beyondblue and the Brain and Mind Institute and been a member of Advisory Councils and expert groups.

### **Professor Brian Kelly**

Professor Kelly is Professor and Head of the Discipline of Psychiatry in the University of Newcastle's Faculty of Health and Medicine, where he leads a range of research programs in population mental health, with a focus on the mental health needs of people across rural and remote NSW, mental

health services research, and the mental health aspects of physical illness such as cancer.

### **Mr Jonathan Nicholas**

Mr Nicholas is CEO of Inspire Australia – the organisation behind the youth mental health service ReachOut.com. He has a special interest in how technology can be used to improve the wellbeing of children and young people.

### **Professor Prasuna Reddy**

Professor Reddy holds a joint appointment at the University of Newcastle, within the School of Medicine and Public Health and the Centre for Rural and Remote Mental Health, one of Australia's leading clinical and community health initiatives. Professor Reddy has considerable international and Australian experience in related disciplines of health psychology, behavioural medicine, public health research, organisational psychology, health services research, and the supervision of doctoral students

### **Professor Maree Teesson**

Professor Teesson is an NHMRC Senior Research Fellow at the National Drug and Alcohol Research Centre, University of New South Wales, and Director of the NHMRC Centre of Research Excellence in Mental Health and Substance Use. Professor Teesson has made a major contribution to Australia's health and medical research effort in the field of mental health and substance use. In particular, she is known nationally and internationally for her research on the comorbidity between mental health and substance use disorders.

### **Associate Professor Julian Trollor**

Professor Trollor is a neuropsychiatrist and holds the inaugural Chair of Intellectual Disability Mental Health at the University of New South Wales, where he also heads the Department of Developmental Disability Neuropsychiatry within the School of Psychiatry. Professor Trollor is involved in diverse research programs including ageing and cognitive decline in intellectual disability, intellectual disability in the criminal justice system, human rights and healthcare in intellectual disability, and ageing studies in the general population.

# Our Commissioners



From left: Commissioner John Feneley with Deputy Commissioners Professor Alan Rosen, Bradley Foxlewin, Dr Robyn Shields AM and Fay Jackson

## Commissioner

Mr Feneley was appointed as the inaugural Commissioner of the Mental Health Commission of NSW on 1 August 2012. He brings to the position extensive experience within the mental health sector as Deputy President of the Mental Health Review Tribunal (2007 to 2012) and prior to that through mental health policy and law reform work as Assistant Director General, NSW Department of Attorney General and Justice. He has served on the board of the Schizophrenia Fellowship and government boards and committees such as the Youth Justice Advisory Committee, the Child Death Review Team and the Legal Profession Admission Board. Mr Feneley is also a former Deputy Commissioner of the Independent Commission Against Corruption.

## Deputy Commissioners

Under the *Mental Health Commission Act 2012*, the Governor may appoint one or more Deputy Mental Health Commissioners, for an initial three year term, who may be appointed for two successive terms of office. Additionally, under the Act, the Commissioner or at least one Deputy Commissioner must be a person who has or has had a mental illness.

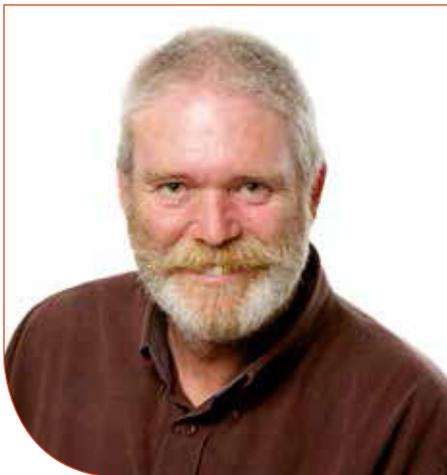
The role of the Deputy Commissioners is to support the Commission and the mental health community by speaking up about the issues that matter to people with a mental illness, their families and carers. The Commission's work will be informed by the diverse expertise of the Deputy Commissioners, and importantly by the insight of those

Deputy Commissioners who have a lived experience of mental illness.

A call for Expressions of Interest was advertised in September 2012. Fifty-four applications were received before the October closing date and interviews conducted. Four Deputy Commissioners, two of whom have lived experience of mental illness, were appointed in March 2013.

## Bradley Foxlewin

Community Educator, Consumer Researcher



On his property with his four horses in southern NSW Bradley Foxlewin feels safe. It is where he returns for restoration, having learned that his health depends on regular time out from the stresses of the wider world.

"I have ongoing challenges that mean I have to look after myself carefully and

I access counselling and psychological services," says Mr Foxlewin, 52, who suffers anxiety, dissociation and depression.

He alternates one month engaging the world with a month where he regroups at home with his wife and daughter.

"I've created a work/life balance that's suitable for me," says Mr Foxlewin, who leads training courses that educate government and community sector agencies on how to accommodate the needs of people in mental distress.

"When people are treated as second class citizens, they're not valued and the system teaches them to be helpless," says Bradley, who encourages people to make their own decisions around care and how to live, supported if necessary by professionals.

Mr Foxlewin says people with mental illness frequently self-stigmatise, taking on roles well below their capability. "Understanding how that works has been one of the biggest parts of the recovery process for me. Now I'm

delighted to take up the role of Deputy Commissioner of the Mental Health Commission of NSW."

Mr Foxlewin has advocated strongly against seclusion and restraint in support of better outcomes for people with mental illness, describing the practices as retraumatising to people who are likely to experience them as terrifying. He was instrumental in the ACT government's commitment to reduce incidents of seclusion or restraint in its mental health system, and he brings this knowledge and expertise to the Commission.

- Chair, ACT Mental Health Consumers Network, 2010
- Member, National Mental Health Consumer and Carer Forum
- Institute of Criminology and Heads of Government, Australian Violence Prevention Award and Certificate of Merit 1998
- ACT Mental Health Outstanding Service Awards, Seclusion Review Meeting, 2009

## Fay Jackson

CEO, Vision In Mind



"When I was diagnosed with bipolar disorder I mourned deeply for weeks," says Fay Jackson. "It felt like the death of who I thought I was and who I hoped I would become."

Jackson, now 52, had experienced symptoms of mental illness since age 10. Her teenage years were filled with fear, angst and disappointment. Despite doctors telling her she would never hold down meaningful work or be a contributing member of society, she fought back to become an accomplished

artist, public speaker, trainer, service director and CEO.

Though initially floored by the diagnosis, 15 years ago, the mother and grandmother of two picked herself up after the death of an adored brother, ABC children's programmer Peter Jackson, to become a potent champion for people with mental illness.

By speaking as a consumer of mental health services at public events – one of the first people in Australia to do so regularly – she emphasised the potential of people with a lived experience of mental illness and the importance of their contributions. This led to Ms Jackson's first permanent job, as an advocate for people with mental illness within the area health service covering her south coast home.

"In Australia only 27 to 29 per cent of people with mental illness have a job," Ms Jackson says, a lower proportion than comparable countries, which typically achieve a rate of about 60 per cent.

Ms Jackson's company Vision In Mind focuses on mental health in the workplace – "how to work and stay safe and well, how to come back to the workplace after a period of illness, and

how to manage people with mental illness ... Given the opportunity we can work hard, succeed in our careers and be positive contributors to our workplaces and communities," she says.

As a Deputy Commissioner of the Mental Health Commission of NSW, Ms Jackson wants to maintain her focus on employment issues, as well as support for students to stay in school, TAFE or university while they have mental health issues.

She will also work to raise awareness of the particular needs of people in rural areas, destigmatise mental illness, raise awareness of prevention and recovery, and of the needs of children whose parents have a mental illness.

- Inaugural Mental Health First Aid Champion Award, 2012
- Australian Society for Psychiatric Research, Consumer Research Award, 2005
- Meritorious Service to the Australian Community Medal, Rotary Health Research Fund, 2004
- Mental Health Association State Service Award, 2003

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## Professor Alan Rosen

**Brain and Mind Research Institute,  
Sydney Medical School, University of  
Sydney and School of Public Health,  
University of Wollongong**



In nearly 30 years as consultant psychiatrist, director and clinical director of the Royal North Shore Hospital and Community Mental Health Services, Professor Alan Rosen's work has focused on the integration of hospital and community services, while involving consumers and families directly in their management.

Professor Rosen has forged strong partnerships with other clinical disciplines, including general practice, and community agencies, shifting the centre of gravity from hospitals offering occasional outreach, towards a model based on people's home and community, with hospital care only when really necessary.

A 24-hour crisis intervention research project conducted in the early 1980s by Dr John Hoult with Professor Rosen demonstrated that most service users, even when very unwell, could be effectively treated and cared for at home if adequate support services were available around the clock.

Professor Rosen was also involved in research demonstrating that people who had lived for many years in psychiatric institutions could flourish in community residences supported by familiar staff.

Further research into early intervention in psychosis contributed to reforms in NSW and the National Mental Health Strategy, leading to the replacement of institutions with community mental health teams, residential alternatives and local inpatient facilities, supported by local general health facilities.

Professor Rosen's current interests include services, research and policy development concerning remote and Aboriginal communities, the involvement of peer workers in mental health care, stigma, and the measurement of outcomes including of recovery.

The key to achieving reform, Professor Rosen believes, is valuing real, detailed and continuing consultation with all parties, especially the consumer and family movements.

"They give a lot back and they keep my thinking grounded," Professor Rosen says. "They tell you what's worth doing,

what makes a service better, and then they work tirelessly towards achieving it."

As a Deputy Commissioner Professor Rosen wants to encourage greater reliance in NSW on research evidence to guide how individuals are treated and how mental health services can work in more effective and less alienating ways that are oriented towards recovery and full citizenship in the community.

But despite the importance of science, he says clinicians should never forget one fundamental: "Our basic tool is a relationship. If you haven't got time to engage the person in a therapeutic alliance you're not going to achieve all the rest."

- Member of the Project Management and Steering Groups for the Development and Review of the Australian National Mental Health Standards, 1993-2009
- Member of Binational Management Committee for The Mental Health Services (TheMHS) Conference of Australia & New Zealand, 1992 – current
- Member of the Ministerial Taskforce to form a Mental Health Commission in NSW, 2011
- Member of the Independent Hospital Pricing Authority National Mental Health Advisory Group, 2012

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## Dr Robyn Shields AM

**Registrar in Psychiatry**



Growing up in the shadow of the Sandy Gallop Asylum in Ipswich, south east Queensland, Dr Robyn Shields' first impression of mental illness was as something that was to be locked away and could not be discussed.

"I didn't know what it was about until I found myself having a professional career there," recalls Shields of the institution, which is now closed. "I was amazed by the treatment mentally ill people were given in those days. It was awful."

Dr Shields worked in the mental health sector for many years and is now undertaking specialist training as a psychiatrist.

She has concentrated on raising the status of mental illness in the public consciousness, and developing new

models of care for the mentally ill people in the most disadvantaged groups, particularly Indigenous people and forensic patients.

As a proud Indigenous person, Dr Shields is acutely aware of the need for communities to design and control their own services, "because of distrust and mistrust from a long history with government departments and particularly in mental health," she says. "There's no easy fix but it's essential it never gets put off the agenda."

- Member, NSW Mental Health Review Tribunal
- Member, Aboriginal Health & Medical Research Ethics Committee
- Order of Australia (AM division) for development of Aboriginal mental health services, 2004

# Our people

## From the Executive Director



The people who make up the staff of the NSW Mental Health Commission are a group of exceptional individuals who have worked with immense dedication throughout this first year to get a new agency not just off the ground but fully launched as a driving force and a new voice for mental health in the NSW community.

The Commission has benefitted from the diversity of professional backgrounds of those who worked with us during the year, including expertise acquired in government, community-managed, clinical and commercial sectors, which ensures we approach our work with a range of valuable perspectives. The team has grown together to create an environment in which important ideas can be effectively identified, developed, tested and respectfully challenged.

The establishment of a new agency has created the opportunity to develop organisational practices and a culture consistent with the Commission's broader values. The team has grasped this opportunity to create an effective, inclusive and supportive workplace, forming the best possible foundation for the years ahead as we work together to improve the mental health and wellbeing of people in NSW.

In a brand new agency there is no comfort zone. Everything needs to be done from scratch – from designing stationery and setting up phone numbers, right through to developing protocols for engagement with other organisations, audits and accounting practices.

Our people have carried their complex and rapidly growing workload in the glare of the high expectations the community rightly holds for the Commission. It is a responsibility that I know every single one of our staff takes seriously and personally, to their great credit and I applaud their commitment and goodwill.

**Darryl O'Donnell**

## Executive Unit



**Darryl O'Donnell**  
Executive Director

The executive team supports the Commissioner and Deputy Commissioners and leads the Commission's relationship with the NSW Government.



**Sarah Hanson**  
Executive Officer



**Renee Kayser**  
Executive Assistant



**Denise Moleveld**  
Executive Support Officer

## Strategy and Policy



**Kerri Lawrence**  
Manager, Strategy and Policy

The Policy and Strategy team develops the Commission's perspectives on all aspects of mental health support and works with other organisations to advance a positive mental health policy agenda.



**Neda Dusevic**  
Senior Advisor



**Sage Telford**  
Senior Advisor



**Katrina Davis**  
Advisor

## Communications and Stakeholder Relations



**Julie Robotham**  
Manager, Communications and Stakeholder Relations

The Communications and Stakeholder Relations team manages the Commission's events, publications, media, and outreach activities with community and specialist groups.



**Elizabeth Story**  
Senior Communications Advisor, External Relations



**Joanna Durney**  
Senior Communications Advisor, Publications



**Lisa Michalanney**  
Media and Communications Advisor

## Business Operations



**Darryl Brown**  
Manager, Business Operations

The Business Operations team manages all aspects of the Commission's financial, audit, human resources, operations, facilities and support functions.



**Nick Malaxos**  
Project Officer, Business Operations



**Merily Matowski**  
Business Services Coordinator



**Pingping Chen**  
Business Services Coordinator

The Commission thanks the other people who worked with us during our first year, but departed before 30 June including:

- Louise Hirst, Senior Policy Officer
- Susan Horsley, Policy Advisor
- Eve Honeywill, Project/Policy Officer
- Tricia O'Riordan, Senior Policy Officer
- Mel Rogers, Records Management Consultant
- Carlton Quartly, Acting Executive Director
- Kelly Weir, Senior Policy Officer
- Nirvana Zreika, Executive Assistant.

The staff featured in this report are those who were working with the Commission on 30 June 2013 and who consented to being included. They include permanent and temporary employees and contractors.

The number of people and their roles reflect an organisation still under development. This results in some inconsistency between the staff positions presented here and the Commission's organisation chart on page 21 of this report.

# Community Advisory Council

The NSW Mental Health Commission is supported in its work by a number of expert bodies. Key among these is the Mental Health Community Advisory Council which is formally established under the *Mental Health Commission Act 2012*.

Setting up the Council was one of the first priorities for the newly-formed Commission and in late 2012 a recruitment process was undertaken. In providing recommendations to the Minister the Commission considered well over 100 applications. On the basis of this advice 15 appointments were made in March 2013. Membership of the Council consists of these appointed members and the NSW Mental Health Commissioner, John Feneley. Karen Burns was appointed as the inaugural Chair of the Council.

According to the Act, the Council must reflect the diversity of the community and include representatives of the following groups: people who have a mental illness and their families and carers, mental health service providers, people living in regional and remote NSW, culturally and linguistically diverse communities, and Aboriginal people. Council members also have a depth of expertise including in areas such as residential care, housing and homelessness, transcultural mental health, trauma, and business. Members include service managers, clinicians, and peer workers.

The Council met for the first time over two days in May 2013 at the Gladesville office of the Commission. The Minister addressed the first meeting, thanking Council members for their service and wishing them well in these new roles.



Community Advisory Council members who met at the Commission in May 2013

Induction for the Council members included a briefing on the establishment of the Commission and work conducted to date. Information on the work towards a draft Strategic Plan for Mental Health in NSW was provided. The Council also turned its attention to the governing documents required to operate as a constructive and ethical body, including the Terms of Reference and Code of Conduct.

The Council is called upon to provide advice on mental health issues referred to it by the Commission. In support of a national consultative activity, Council members were asked at the May meeting to provide advice on national indicators and targets for mental health reform.

It is intended that the Council will meet four times a year. Outside of formal meetings Council members will be provided with updates on matters relevant to the work of the Commission and may be called upon to provide out-of-session advice.

As well as consideration of matters referred to it by the Commission, the Council may also provide advice on any mental health issue it considers appropriate. Mechanisms have been developed to facilitate the listing of such matters on Council meeting agendas.

The Council has a busy year ahead. Reflecting the current priorities of the Commission, the Council will have a key role in the development of the draft Strategic Plan for Mental Health in NSW. It will be asked to provide advice on other areas of concern for the Commission including suicide prevention and consumer participation, peer support, and the consumer workforce in NSW.

More information about the Council can be found on our website.

## Council members as at June 2013:

### **Mr Murray Bleach**

Mr Bleach brings extensive experience from the business sector, having been recently the CEO of ASX-listed roads company Intoll and formerly a regional CEO and Chairman/Director of numerous Macquarie Group entities. Mr Bleach holds a number of current directorships and is the Co-Chair of Suicide Prevention Australia.

### **Mr Tom Brideson**

Mr Brideson is an Aboriginal man who has provided leadership in the field of Aboriginal mental health for many years. Mr Brideson is currently employed as the NSW State-wide Coordinator for the NSW Aboriginal Mental Health Workforce Program.

### **Ms Karen Burns (Chair)**

Ms Burns has extensive experience in the mental health sector and is currently the CEO of Uniting Care Mental Health, providing a range of state and national services. Ms Burns is also Chair of the Board of the Mental Health Coordinating Council, the peak body for community mental health organisations in NSW.

### **Ms Maria Cassaniti**

Ms Cassaniti's key area of interest is in the development of mental health services that respond to the needs of diverse populations. With a background in social work, Ms Cassaniti has worked for the Transcultural Mental Health Centre since 1994 and has been employed as its Manager since 2006.

### **Ms Sue Cripps**

Ms Cripps currently runs a social policy, strategy and change management consultancy. Sue has extensive experience in the areas of housing and homelessness and from 2004 to 2011 was CEO of Homelessness NSW. Ms Cripps is a registered psychiatric and general nurse.

### **Ms Paula Hanlon**

Ms Hanlon is employed as the Manager, Consumer Services for North Shore Ryde Mental Health Service. Ms Hanlon also has experience working in the NGO mental health sector and currently serves on the NSW Mental Health Consumer Sub-Committee and as Chair of the NSW Mental Health Consumer Workers Committee.

### **Mr Tim Heffernan**

Mr Heffernan is currently employed as a Consumer Peer Support Worker for the Illawarra Shoalhaven Local Health District. Mr Heffernan serves on the board of the NSW Consumer Advisory Group and volunteers as a Community Presenter/Ambassador for the Black Dog Institute.

### **Dr Cathy Kezelman**

Dr Kezelman worked for 20 years as a medical practitioner. Dr Kezelman is currently President of Adults Surviving Child Abuse (ASCA) and advocates for services for complex trauma consumers as well as a trauma-informed approach to care.

### **Mr Christopher Maylea**

Mr Maylea is a social worker with lived experience of mental illness. Until recently Mr Maylea was employed as the Mental Health Services Manager for On Track Community Programs, Lismore. Mr Maylea is currently teaching social work and social policy at RMIT University and completing his doctoral studies.

### **Dr Diana McKay**

Dr McKay is currently employed as Senior Staff Specialist in Psychiatry, Northern Beaches Mental Health Service and is a Visiting Medical Officer at Coffs Harbour Mental Health Service. Dr McKay is a general adult psychiatrist, with an interest in emergency psychiatry and experience in the training of psychiatry registrars.

### **Ms Jenni Campbell**

In her position as Acting Director of Mental Health, Murrumbidgee Medicare Local, Ms Campbell manages a range of mental health services. Ms Campbell has worked in the field of mental health for more than a decade and holds tertiary qualifications in social work and human services management.

### **Hon. Dr Brian Pezzutti**

Dr Pezzutti is a registered medical practitioner and is currently employed as a Director, Department of Anaesthesia and Perioperative Care within the Northern NSW Local Health District. Dr Pezzutti was a member of the NSW Legislative Council from 1988-2003 and has also enjoyed a military career.

### **Mr Vince Ponzio**

Mr Ponzio is currently employed as Service Director of the Forensic Hospital, Justice Health & Forensic Mental Health Network. Mr Ponzio has extensive experience in the sector and has a background as a psychologist. Mr Ponzio has also served on the NSW Mental Health Review Tribunal.

### **Dr Russell Roberts**

Dr Roberts is the Director, Mental Health and Drug and Alcohol Services, Western NSW Local Health District. Prior to this Dr Roberts held a number of senior positions in mental health. Dr Roberts has been involved in a large number of research projects and has a background as a clinical psychologist.

### **Ms Erica Roy**

Ms Roy is currently employed as the Regional Residential Manager – Sydney Region for Baptist Community Services and has held a number of other positions in residential care settings. Ms Roy is a registered nurse and holds post-graduate management qualifications. Ms Roy is a carer of loved ones with mental illness.

# Community Advisory Council Chair's message

Karen Burns

Energy. Passion. Commitment. Diversity. Experience. These are all words that spring to mind when I think of what the 16 members of the Mental Health Community Advisory Council bring to the task. To chair this group is something of which I am extremely proud, and their motivation is inspiring.

The Council is in its infancy – we have met only a couple of times – but we recognise we have been given a fantastic opportunity to make a difference. We have important and pressing work to do in advising the Mental Health Commission of NSW and helping it to refine a reform agenda to improve the mental health and wellbeing of people in this state in a whole-of-life, whole-of-system context.

The members of the Council reflect the diversity of NSW; they represent rural and regional communities, Aboriginal communities, and communities that are culturally and linguistically diverse. All are people with personal or professional experience of mental illness. This broad base is the Council's strength – every time we meet, voices from across the spectrum are heard and a range of views elaborated.

In the short term, the Council's primary task is to make a full and meaningful contribution to the Commission's development of a draft Strategic Plan for Mental Health in NSW by commenting and advising on key themes and ideas for system change.

The approach for the Strategic Plan, in tackling mental health as a series of journeys across the lifespan, is one that has our strong support. People's mental health and wellbeing is everyone's business. It is the concern of the teacher, the employer, the parent, the friend, the neighbour, the GP. And it affects every stage and aspect of life – from infancy to old age, from education and employment to relationships and housing.

We on the Council need to be champions for the Strategic Plan project, working hard to support the Commission to make it as comprehensive and as engaging as it can possibly be. The clock is ticking, with the plan due to be tabled by March

2014. There is an opportunity for us all to have a voice – we must ensure it is heard.

While it is early days for the Council, one of the hot issues for members is the peer workforce – how can we support, integrate and grow a workforce of people who have experienced mental illness. What exists is small but punching above its weight. It must be helped to flourish. Peer workers have much to contribute – from changing the culture of the mental health system to taking their place in multi-disciplinary care teams.

While recognising that there is much to be done, we should not be negative. There is a need for good news stories in the mental health system to be heard. Experiences of recovery and hope are ones we must hold close.

Mental health is a dynamic space as we anticipate the reforms that will come in the months and years ahead. The establishment of the Commission has been an enormous journey in itself, and has led to a rapid rise in community expectations. The scrutiny is already intense, and will only grow with the development of the Strategic Plan.

At the same time, we are still finding our feet and aware that the sort of transformation we are seeking does not happen overnight. People in NSW hold clearly articulated and justifiable hopes for the Commission and its role in securing meaningful, positive change.

The Community Advisory Council is cognisant of the responsibility we have been given to support the Commission in building a better mental health system for the people of this state. Yes, there is a long road ahead, but we have a great opportunity to make a difference. The Council's diversity is its strength and it offers us the best chance to make a valuable contribution.



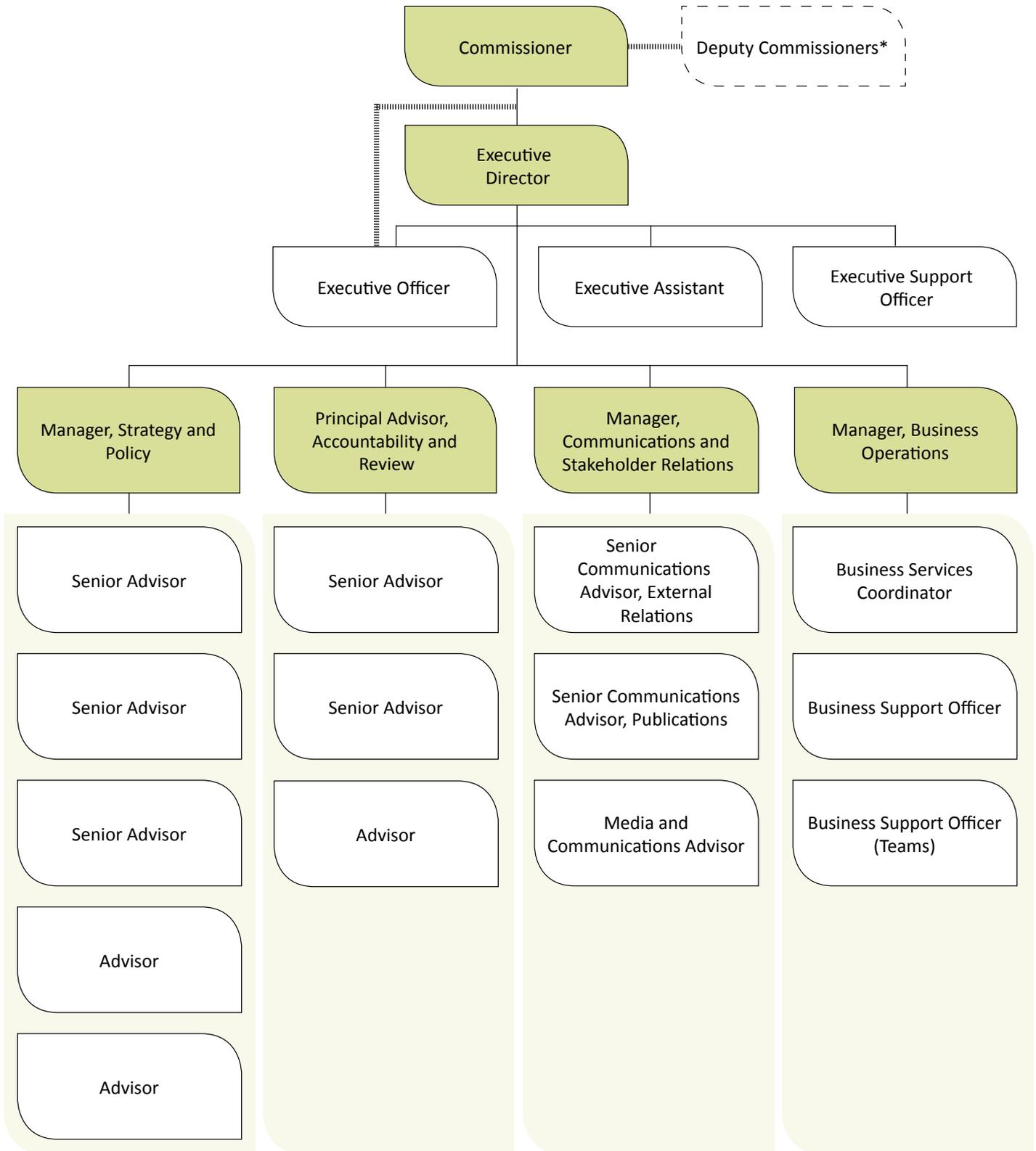
“

...there is a long road ahead, but we have a great opportunity to make a difference. The Council's diversity is its strength and it offers us the best chance to make a valuable contribution.

”

# Appendices

## Appendix 1: Staffing



- Executive positions
- Functional relationship
- Reporting line

\* The Deputy Commissioner positions are not counted in the staffing establishment numbers.

## Human resources

A challenge in the early stages of the Commission's operation was the absence of staff. An interim manager was seconded from NSW Health to 'kick start' the Commission and engage human resources to commence operations. This role was subsequently reconfigured as acting Executive Director as the Commission's organisational structure developed.

A small interim team of full time and part time administrative, policy and project staff was incrementally employed via recruitment agencies from 1 August 2012. The staff worked on individual and team projects to get the Commission up and running, developing internal policies and procedures at the same time as creating the foundations for mental health policy and reform work. In October 2012, the Commission seconded two more part time staff from NSW Consumer Advisory Group Mental Health (NSW CAG) to join the team and a further staff member from the Mental Health Association NSW.

Between August and September, a proposal for an interim organisational structure for the Commission was developed. The interim structure was approved by the Director General of NSW Health at the end of September. This allowed for the recruitment of permanent staff members through JobsNSW.

### Learning and development

The Commission is committed to the ongoing development of staff to increase or maintain their skills, knowledge and experience. A formal learning and development and performance management program will be implemented in 2013-2014.

### Requirements arising from employment arrangements

The Mental Health Commission of NSW is the controlling entity of the Mental Health Commission Division. The Mental Health Commission Division is a not for profit division of the Government Service established pursuant to Part 2 of Schedule 1 to the *Public Sector Employment and Management Act 2002*. The Division's objective is to provide personnel services to the Mental Health

## Staff profile

### Number of permanent employees by remuneration level

Remuneration level	Total	Male	Female
\$0 - \$62,487	0	0	0
\$62,487 - 68,531	0	0	0
\$73,882 - 81,520	0	0	0
\$83,962 - \$92,940	1	0	1
\$95,710 - \$105,469	4	0	4
\$110,699 - \$128,023	4	1	3
> \$128,023 (SES)	1	1	0
<b>TOTAL</b>	<b>10</b>	<b>2</b>	<b>8</b>

At the end of the reporting period, the Commission employed 10 FTE staff (excluding contractors) across its four functional areas, from the 23 FTE positions approved in its staff establishment. All appointed staff were in full-time positions.

Of the 10 staff working at the Commission, nine were employed on a permanent basis, and one staff member was employed in a Senior Executive Service (SES) Level 2 contract position.

As a statutory office holder, the Commissioner has not been included in this count. The Deputy Commissioners are not counted in the staffing establishment numbers.

Commission of NSW. It is consolidated as part of the NSW Total State Sector Accounts.

The financial statements of the Division showing the cost of personnel services for the reporting period are included in the financial information section of this report.

### Commissioner, Deputy Commissioner and Community Advisory Council

The Governor of NSW appointed John Feneley NSW Mental Health Commissioner for a five-year term, which commenced on 1 August 2012.

Mr Feneley is a statutory officer holder in the NSW public sector. The Commissioner is fully independent in the advice he offers to Government through the draft Strategic Plan for Mental Health in NSW and other reports prepared by the Commission. He reports to the Minister for Mental Health in relation to the exercise of his additional functions.

Mr Feneley's conditions of employment are outlined in his instrument of appointment, and his salary is paid in

line with the determination provided by the Statutory and Other Officers Remuneration Tribunal (SOORT). His salary was \$278,800 and no fringe benefits were paid during the relevant reporting period. In its annual determination, SOORT awarded a 2.5% increase, effective from 1 October 2012.

The *Mental Health Commission Act 2012* also provides that part-time Deputy Commissioners be paid "such remuneration and allowances as the Minister may from time to time determine". There are also 15 members on the Community Advisory Council who are paid an allowance by the Commission.

### Executive management

In 2012-13, the Commission's executive management team consisted of:

- John Feneley, Commissioner
- Carlton Quartly, Acting Executive Director (to 21/5/13)
- Darryl O'Donnell, Executive Director (from 22/5/13).

There were no female executive officers during 2012-2013.

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## Appendix 2: Internal audit, risk management and insurance

### Audit and risk management

The Commission is committed to managing risk and established its Audit and Risk Committee (ARC) during 2012-2013.

The objective of the ARC is to provide independent assistance to the Commission by overseeing and monitoring the Commission's governance, risk and control frameworks, and its external accountability requirements.

A key role of the committee is to monitor progress on agreed management action arising out of recommendations made by the Commission's independent internal auditors.

The Committee was established in March 2013, with the appointment of an independent Chair, Ms Carolyn Walsh. Carolyn joins Mr Peter Scarlett, the independent member and Sarah Hanson, the non-independent member, on the Committee.

In 2012-13, two ARC meetings were held and the Chair facilitated a workshop in June 2013 to assist management to identify and discuss the key risks that face the Commission, for inclusion in the agency's initial Risk Register.

During the reporting period, two internal audits were undertaken. They related to:

- processes managed by the shared services provider, NSW Businesslink
- progress towards establishing a Risk Management Framework.

Recommendations have been scheduled for action and progress will be monitored by the Audit and Risk Committee at quarterly meetings.

### Insurance

The NSW Treasury Managed Fund provides insurance cover for all of the Commission's activities.

Under current staff employment arrangements, Commission staff are covered under the NSW Treasury Managed Fund workers compensation insurance policy held by the NSW Ministry of Health. During the reporting period, the Ministry covered the

Commission's share of the cost of the workers' compensation policy.

Public liability, property and miscellaneous insurance cover is held under separate NSW Treasury Managed Fund policies. The deposit premium for these insurances for the first year of operations was \$3,350. There were no claims against these policies during the reporting period.

## Appendix 3: Systems and infrastructure

### Information technology

The start-up phase of a new organisation presents many opportunities to embed good practice as well as many potential hurdles.

From start-up in August 2012, the Commission has been operating under the information communications and technology (ICT) infrastructure of NSW Health.

The Commission plans to cut over to a new supplier for all its ICT requirements, and move away from the corporate technology platform provided by NSW Health. This project will give the Commission greater flexibility in specifying its hardware and software platforms along with greater independence as befits a statutory agency with a mandate to recommend reform of Government mental health practice.

In March 2013, a contract was signed with First Focus Pty Ltd for the provision of an independent information communication and technology service.

Implementation is progressing and is subject to the provision of new internet and telephony service lines by Telstra, and coordination of cut-over activities with NSW Health. It is anticipated that this project will be completed in the second quarter of 2013-14.

### Shared corporate services

In 2012, the Commission entered into a shared corporate services arrangement with NSW Businesslink. Under this arrangement, the Commission procures the following services on a fee-for-service basis:

- payroll administration
- employee self-service for leave applications and claims for allowances and expenses
- financial, taxation, asset accounting, reporting and payments.

Staff of the Commission actively monitor the services provided by Businesslink including logging, reporting and discussing service issues at monthly relationship meetings.

## Appendix 4: Consumer response/Guarantee of service

The Commission provides no services to the public. The Commission received no complaints about its work during 2012-13.

The Commission received a number of complaints or comments about other agencies or more general situations. In these circumstances it directed the correspondent towards the relevant avenues for their complaint or comment. Additionally, when the matter in question related to a mental health system issue the Commission advised that the correspondence would be retained on file to inform the Commission's policy advice work.

## Appendix 5: Privacy and personal information

The Commission is required to include a statement on how it has complied with the *Privacy and Personal Information Protection Act 1998* and detail any reviews conducted by or on behalf of the Commission under Part 5 of the PPIPA.

The Commission does not routinely collect personal information. When people volunteer personal information to support the Commission's policy and reform activities, the Commission ensures it is retained only according to their instruction and used only for the purposes for which it was offered.

As of 30 June 2012, there were no requests by individuals to update or access personal information, and the Commission did not release any personal information to any other organisation. There were no reviews conducted by or on behalf of the Commission under Part 5 of the PPIPA.

## Appendix 6: Public information and access

Under section 7 of the Government Information (*Public Access*) Act 2009 (GIPA), agencies must review their programs for the release of government information to identify the kinds of information that can be made publicly available. This review must be undertaken at least once every 12 months.

As part of its website development program the Commission has reviewed its approach to information release and has sought proactively to publish a wide range of documents, including details of meetings and committee minutes, to support its objective of being a transparent, accountable organisation. This process will continue into 2013-14 as the Commission acquires more technical and human capacity to support the routine publication of information about its work.

The Commission received no requests under the GIPA Act during 2012-13. The tables below are set out in accordance with the provision of the GIPA Act and the Government Information (Public Access) Regulation 2009.

### Number of GIPA applications by type of applicant and outcome\*

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	0	0	0	0	0	0	0
Members of the public (other)	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to the table below.

### Number of GIPA applications by type of application and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Personal information applications**	0	0	0	0	0	0	0	0
Access applications (other than personal information applications)	0	0	0	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*\* A "personal information application" is an access application for personal information (as defined in clause 4 of Schedule 4 of the GIPA Act) about the applicant (the applicant being an individual).

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### Invalid GIPA applications

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the GIPA Act)	0
Application is for excluded information of the agency (section 43 of the GIPA Act)	0
Application contravenes restraint order (section 110 of the GIPA Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

### Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the GIPA Act

Description of consideration	Number of times consideration used
Overriding secrecy laws	0
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

### Other public interest considerations against disclosure: matters listed in table to section 14 of the GIPA Act

	Number of occasions when application not successful
Responsible and effective government	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	0
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate freedom of information legislation	0

### Timeliness

	Number of occasions when application not successful
Decided within the statutory timeframe (20 days plus any extensions)	0
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
Total	0

### Number of applications reviewed under Part 5 of the GIPA Act (by type of review and outcome)

	Decision varied	Decision upheld	Total
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

\* The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made.

### Applications for review under Part 5 of the GIPA Act (by type of applicant)

	Number of applications for review
Applications by access applicants	0
Applications by persons to whom information the subject of access application relates (see section 54 of the GIPA Act)	0

## Appendix 7: Engagement and use of consultants

### Consultancies equal to or more than \$50,000

Consultant	Project	Actual costs
Synergia Pty Ltd	To undertake consultation and engagement with consumers, families and carers, public agencies, community managed organisations and other stakeholders on the scope of issues and opportunities for mental health reform	\$55,000
Synergia Pty Ltd	To assist in the development of the draft Strategic Plan for Mental Health in NSW (Planning Project)	\$217,000

### Consultancies less than \$50,000

Number of engagements: 3

Total cost: \$82,000

## Appendix 8: Payment of accounts

### Aged analysis at end of each quarter 2012–13

Quarter	Current. (i.e.) within due date	Less than 30 days overdue	Between 30 and 60 days overdue	Between 60 and 90 days overdue	More than 90 days overdue
<i>All suppliers</i>					
Sep 12	0	0	0	0	0
Dec 12	0	0	0	0	0
Mar 13	\$1,275.56	0	0	0	0
Jun 13	\$858.00	0	0	0	0
<i>Small business suppliers</i>					
Sep 12	0	0	0	0	0
Dec 12	0	0	0	0	0
Mar 13	0	0	0	0	0
Jun 13	0	0	0	0	0

## Time for payment of accounts

Measure	September 2012	December 2012	March 2013	June 2013
<i>All suppliers</i>				
Number of accounts due for payment	0	120	154	213
Number of accounts paid on time	0	120	154	213
Actual percentage of accounts due for payment	0	100%	100%	100%
Dollar amount of accounts due for payment	0	\$316,773.51	\$1,344,260.52	\$1,621,962.08
Dollar amount of accounts paid on time	0	\$316,773.51	\$1,344,260.52	\$1,621,962.08
Actual percentage of accounts paid on time (based on \$)	0	100%	100%	100%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0
<i>Small business suppliers</i>				
Number of accounts due for payment	0	3	2	1
Number of accounts paid on time	0	3	2	1
Actual percentage of accounts due for payment	0	100%	100%	100%
Dollar amount of accounts due for payment	0	\$10,146.88	\$8,525.00	\$2,475.00
Dollar amount of accounts paid on time	0	\$10,146.88	\$8,525.00	\$2,475.00
Actual percentage of accounts paid on time (based on \$)	0	100%	100%	100%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

There were no instances where interest was paid due to late payments during the 2012-2013 financial year.

### Appendix 9: Credit card certification

The Commissioner certifies that credit card usage in the Commission has met best practice guidelines in accordance with Premier's Memoranda and Treasury Directions.

### Appendix 10: Heritage management

Work was undertaken to fit out office accommodation for Building 11, Shea Close in the former Gladesville Hospital campus to provide a suitable work environment for staff. The Gladesville Campus is under the management of the NSW Ministry of Health.

Relevant permissions were sought to ensure the fit-out was in accordance with heritage guidelines.

### Appendix 11: Overseas travel

Overseas travel in 2012–13\*

Name of officer	Date of travel	Destination	Purpose	Amount (\$)
John Feneley, Commissioner	27 Nov to 1 Dec 2012	New Zealand	Attended meetings as part of study tour hosted by New Zealand Mental Health Commission	\$2,626.82
Neda Dusevic, Senior Advisor, Strategy and Policy	3 to 5 March 2013	New Zealand	Representing the Commissioner to attend a meeting of the International Knowledge Exchange Network for Mental Health (IKEN-MH)	\$1,012.99

\*Does not include an overseas travel expense for a candidate to attend a recruitment interview which was paid by the Commission - \$642.00

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## Appendix 12: Funds granted to non-government community organisations

In March 2013 the Commission provided the organisations listed below with formal notification of the transfer of responsibility for funding agreements from the NSW Ministry of Health to the Commission. The transfer of these relationships was designed to establish clear governance frameworks in mental health by removing areas of potential duplication between the Ministry and the Commission based on the Commission's statutory functions that commenced on 1 July 2012.

The amounts paid to each organisation in the reporting period were:

Organisation	Amount (\$)
NSW Consumer Advisory Group Mental Health (NSW CAG)	\$195,466*
Association of Relatives and Friends of the Mentally Ill (ARAFMI)	\$337,600
Mental Health Association of NSW	\$435,500
beyondblue	\$1,200,000
<b>Total paid during the year</b>	<b>\$2,168,566</b>

\* Net of repayment of unused funds carried forward from previous year.

## Appendix 13: Exemptions

As a small statutory organisation the Commission need only report on certain required items in the NSW Treasury Annual Report Compliance Checklist on a triennial basis and so will be reporting on the following areas in 2014-2015:

- Disability Plan
- Equal Employment Opportunity
- Ethnic affairs priorities statement
- Work Health and Safety
- Waste.

## Appendix 14: Statutory reporting compliance checklist

	<i>Page</i>		<i>Page</i>
Access details	92	Legal change	N/A
After balance date events	N/A	Letter of submission	2
Agreements with the Community Relations Commission	N/A	Liability management performance	N/A
Aims and objectives	6	Management and activities	22-23
Application for extension of time	N/A	Management and structure	13-17, 21
Audit opinion	38	Organisation structure chart	21
Audited financial statements	42-88	Overseas travel	27
Availability of this annual report	2	Payment of accounts	26
Budgets	36	Privacy and personal information	23
Charter	6	Promotion	9-11, 27
Consumer response	23	Public availability of report	2
Consultants - engagement and use of	26	Public information and access	24
Contact details and website address	92	Public Interest Disclosures	N/A
Credit card certification	27	Research	12
Disability plan (see Exemptions)	N/A	Requirements arising from employment arrangements	22
Disclosure of controlled entities	N/A	Risk management	23
Disclosure of subsidiaries	N/A	Senior executive remuneration, performance and numbers	22-23
Economic or other factors affecting performance and achievement	N/A	Summary review of operations	8-12
Electronic service delivery	10	Table of contents	2
Equal Employment Opportunity (see Exemptions)	N/A	Time for payment of accounts	27
Ethnic Affairs Priority Statement (see Exemptions)	N/A	Unaudited financial statements	N/A
Exemptions	28	Waste (see Exemptions)	N/A
External cost for production of report	2	Work Health and Safety (see Exemptions)	N/A
Financial statements	37-88	Staff profile	22
Funds granted to non-government community organisations	28		
Government Information (Public Access) Act 2009	24	N/A = not applicable	
Guarantee of service	23		
Heritage management	27		
Human resources	22		
Implementation of price determination	N/A		
Inclusion of unaudited financial statements	N/A		
Insurance activities	23		
Internal audit	23		
Investment performance	N/A		
Land disposal	N/A		

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## Appendix 15: List of meetings and forums attended by Commissioner

### August 2012

- 1 - Dr Mary Foley, Director General and Rohan Hammett, Deputy Director General, Ministry of Health
- 2 - Graeme Head, Commissioner, NSW Public Service Commission
- 8 - Rohan Hammett, Deputy Director General, Strategy and Resources, Ken Whelan, Deputy Director General, System Purchasing and Performance, David McGrath, Director, Mental Health, Drug & Alcohol Office, Ministry of Health
  - Robyn Kruk and Georgie Harmon, National Mental Health Commission
  - Jenna Bateman, CEO, Mental Health Coordinating Council
- 9 - Dr Peter McGeorge, Former New Zealand Commissioner
  - Opening of Official Visitors Conference
- 13 - Jenny Learmont, Member of Mental Health Review Tribunal
  - Professor David Chaplow, Justice Health
- 14 - Professor Alan Rosen
  - Dr John Allan, NSW Chief Psychiatrist
- 15 - Suicide prevention meeting
  - Dr Cath Hickie
- 16 - Jonathan Harms, Association of Relatives and Friends of the Mentally Ill (ARAFMI)
  - Steve Kinmond, Deputy Ombudsman, Kathryn McKenzie, NSW Ombudsman
  - Chris Eccles, Director General, Department of Premier and Cabinet
  - Colman O'Driscoll, Jennifer Nobbs, Minister Humphries Office
- 17 - Mental Health Program Council
- 20 - David McGrath, Colman O'Driscoll, Jennifer Nobbs and Dr Sam Harvey, Minister Kevin Humphries' Office
  - beyondblue dinner with Directors
- 21 - Elizabeth Priestley, Mental Health Association NSW, Dr Peri O'Shea, NSW Consumer Advisory Group, Jonathan Harms, Association of Relatives and Friends of the Mental Ill (ARAFMI)
- 22-24 - Mental Health Conference
- 23-24 - Mental Health Commissioners' meetings, Cairns conference
- 27 - Louise Bradley, Commissioner, Mental Health Commission of Canada
  - Positive Living in Aged Care Awards
- 28 - Phil Minns, Department of Premier and Cabinet
  - NSW Mental Health Employment Roundtable
- 29 - Dr Louise Nash, Institute of Psychiatry

- Dr Adrian Keller and Dr Victor Storm, Royal Australian and New Zealand College of Psychiatrists
- 30 - NSW Rural Mental Health Conference
- 31 - Vicki D'Adam, Department of Premier and Cabinet
  - Symposium on Urban Mental Health and Wellbeing

### September 2012

- 03 - Roberto Mezzina, Colman O'Driscoll, Jennifer Nobbs
  - John Jenkins, International Mental Health Collaborating Network
- 04 - David McGrath and Carolyn Butcher, Mental Health Drug and Alcohol Office
  - Elayne Mitchell, Official Visitors
  - Dr Choong-Siew Yong and Fiona Davies, Australian Medical Association NSW
  - Ros Montague, Institute of Psychiatry
- 05 - Jenna Bateman, CEO, Mental Health Coordinating Council
  - beyondblue event to launch national campaign
- 06 - Elayne Mitchell and Jan Roberts, Official Visitors
  - Roderick McKay
  - Mark Webb, NSW Public Service Commission
- 07 - Eileen Baldry, University of NSW
  - Mental Health Coordinating Council forum
- 10 - Ed Santow, CEO, Public Interest Advocacy Centre
- 11 - Bill Grant, CEO, Legal Aid
  - Rick Sondalini and Gordon Leggoe, NSW Treasury
  - Anthony Stratford, Parliament House
- 12 - Lismore Mental Health Coordinating Council regional forum
- 13 - Heather Gray, Health Education and Training Institute
  - Australian Psychological Society
- 14 - David McGrath, NSW Health
  - Megan Mitchell, Commissioner, Children and Young People
  - Professor Clifford Hughes, Clinical Excellence Commission
- 17 - Professor Ian Hickie, Brain & Mind Research Institute
  - Dr Peri O'Shea, NSW Consumer Advocacy Group
- 18 - The Hon. Pru Goward MP, Minister for Family and Community Services
  - Parramatta Mental Health Coordinating Council regional forum
- 19 - Greg Smith, Attorney General
  - Rob Mathie, Assistant Auditor General, Audit Office
  - Professor Gillian Triggs, President, Human Rights Commission
  - Mr Mick Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner, Australian Human Rights Commission

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- 20 - Professor Brian Kelly
    - Newcastle Mental Health Coordinating Council regional forum
  - 21 - Mark Ragg, Ragg Ahmed
  - 24 - Ken Whelan, Deputy Director General, System Purchasing and Performance Division, NSW Health
    - Professor Alan Rosen
    - Mental Health Act review meeting
  - 25 - Wagga Wagga Mental Health Coordinating Council regional forum
  - 26 - Peter Severin, Corrective Services NSW
  - 27 - Arthur Papakotsias, CEO, NEAMI
    - beyondblue
  - 28 - MIND Australia

### October 2012

- 2 - Mental Health Act review Orange community forum
- 3 - Mental Health Act review Penrith community forum
- 4 - Professor Helen Christensen, Executive Director, Black Dog Institute
  - Keiran Pehm, Commissioner, Health Care Complaints Commission
  - Karen Burns and Malcolm Choat, Uniting Care
  - Elayne Mitchell and Jan Roberts, Official Visitors
- 5 - Nigel Lyons, CEO, NSW Agency for Clinical Innovation
  - Dr Jonathan Champion, Director for Public Mental Health and Consultant Psychiatrist (London, UK)
  - Colman O'Driscoll, Minister Humphries' Office
- 8 - Mental Health Act review Lismore community forum
- 10 - Mental Health Act review Redfern community forum  
Launch of Mental Health Month
- 11 - Tom Bathurst, Chief Justice of NSW
- 12 - Synergia Workshop
- 15 - Christopher Puplick, Chair, Justice Health & Forensic Mental Network
  - NSW Mental Health Commission Launch
- 16 - The Hon. Victor Dominello MP, Minister for Citizenship and Communities, and Minister for Aboriginal Affairs
- 17 - Julie Babineau, CEO, Justice Health
  - The Hon. Jillian Skinner MP, Minister for Health, and Minister for Medical Research
  - Peter Achterstraat, Auditor General
- 18 - Mental Health Act review Shellharbour community forum
- 19 - Mental Health Act review Albury community forum
- 24 - Christine Morgan, CEO, The Butterfly Foundation
  - Jim Moore, Jim Longley, Mike Allen, Maree Walk, Maura Boland (Department of Family and Community Services), Jan Newland
  - The Royal Australian and New Zealand College of Psychiatrists

- 25 - Kids of Prisoners (with Mental Health Coordinating Council)
- 26 - Launch of Recovery in Art exhibition with NSW Consumer Advisory Group Mental Health (NSW CAG)
- 29 - Dr Mary Foley, Deputy Director General, NSW Health
  - Grant Sara and Brian Woods, InforMH, NSW Health
  - Andrew Scipione, Commissioner, NSW Police
- 30 - Dr Lynne Lane, Commissioner, Health and Disability, New Zealand
  - Valda Ruis, Acting Chief Executive, Juvenile Justice
  - Ross Woodward, CEO, Department of Local Government
  - Rebecca Lewis, R U OK
  - Aboriginal Cultural Healing
- 31 - Megan Kirchner, Executive Director, NSW Department of Premier and Cabinet
  - David McGrath, Brian Woods, Fiona Wynn, Karen Price, Maryanne Mitchell, John Allan, NSW Health

### November 2012

- 1 - Heads of Mental Health Tribunals
- 2 - Homelessness Forum
  - Mental Health and Aged Care Forum with Mental Health Coordinating Council
- 5 - Jim Longley, CEO, Department of Ageing, Disability and Home Care
  - NSW Premier's Council on Homelessness
- 7 - Dr Lindsay Oades, University of NSW
  - Beth Kotze, Director, MHKids
  - Jaelea Skehan, Acting Director, The Hunter Institute of Mental Health
- 8 - Mental Health and Mining Industry Symposium
- 9 - Accreditation Seminar
- 12 - Laurie Glanfield, Director General, Attorney General and Justice
  - Dr Joanne Bradbury, Southern Cross University
- 13 - Colman O'Driscoll, Jennifer Nobbs, Minister Humphries' Office
  - Nicolas Parkhill, CEO, ACON
  - Jan Robert and Elayne Mitchell, Official Visitors
  - Professor Ian Hickie, Brain and Mind Research Institute, Dr Helen Christensen, Black Dog Institute
  - Australian Medical Association dinner
- 14 - Karen Lines and David Chaplows, Justice Health
  - Megan Mitchell and Gregor Macfie, Commission for Children and Young People
- 15 - Michael Moore, CEO, Medicare Local Inner West Sydney
  - Professor Keith Kennett, Action Intelligence
  - Ross Woodward, CEO, Department of Local Government

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- 16 - Peter Marshall, CFO, WorkCover
  - Kevin McLaughlin, General Manager Mental Health, NSW Ambulance
  - 19 - Knowledge session at Sax Institute
  - Deborah Banks, Executive Manager, Lou's Place
  - 20 - NEAMI/ Way2Home
  - Sydney Health Policy Network Mental Health Special Interest Group
  - 21 - The Hon. Don Page MP, Minister for Local Government
  - 22 - Joanna Holt, CEO, NSW Children and Families
  - NSW Carer Advisory Group Recovery Forum
  - 23 - Kate Carnell, CEO, beyondblue
  - Clinical Advisory Council
  - 26 - Lyn Harrison, CEO, Rosemount Good Shepherd
  - 26 - Professor Alan Rosen
  - 27 - National Mental Health Commission Launch of Report Card
  - 28 - Jude Sprott, Regional Operations Manager for Pathways, Tupu Ake Service, New Zealand
  - Adrian Field, Director, Synergia
  - Barbara Disley, CEO, Richmond New Zealand Trust
  - Robyn Shearer, CEO, Te Pou
  - Helen Wood, General Manager, Waitemata & Auckland DHB Mental Health Services
  - David Todd, Director, Synergia
  - 29 - New Zealand Ministry of Health
  - The Hon. Peter Dunne MP, Associate Minister of Health, NZ
  - 30 - Ana Sokratov, Health & Disability Commissioner NZ
  - Anil Thapliyal, Presentation at Health TRx, NZ
  - Derek Wright, CEO, Recover Solutions, NZ
  - Tom Brideson, State-wide Coordinator, NSW Aboriginal Mental Health Workforce Program, Greater Western Area Health Service
  - 13 - Professor Prasuna Reddy and Trevor Hazell, Centre for Rural and Remote Mental Health
  - Homelessness NSW General Meeting
  - 17 - The Hon. Kevin Humphries MP, Minister for Mental Health
  - Jan Roberts and Elayne Mitchell, Official Visitors
  - Dr Cathy Kezelman, Adults Surviving Child Abuse
  - 18 - Rick Sondalini, NSW Treasury
  - Dr Robyn Shields
  - Megan Mitchell and Gregor MacFie, Commission for Children and Young People
  - 19 - David McGrath and John Allan, Mental Health and Drug and Alcohol Office
  - Clifford Hughes, Clinical Excellence Commission
  - Fay Jackson, CEO, Vision in Mind
  - Professor Brin Grenyer, University of New South Wales, Project Air
  - Rob Ramjan, Schizophrenia Fellowship
  - Professor Tim Lambert, Brain & Mind Research Institute
  - 20 - Jaelea Skehan, The Hunter Institute of Mental Health
  - Dr Claire O'Reilly and Mr Stephen Drew, Pharmaceutical Society of Australia
  - Robyn Kruk, CEO, National Mental Health Commission
  - Ken Zulumovski, Chair, Gamarada Indigenous Healing and Life Training
  - 21 - Professor Eileen Baldry
  - Rob Ramjan, Schizophrenia Fellowship
  - Christine Morgan, The Butterfly Foundation

### December 2012

- 3 - Professor Alan Rosen
- 4 - Paul Fanning
- 5 - David McGrath and Kathy Meleady
- Reports on Programs & General Resource Distribution Formula, David McGrath, Brian Woods, Alfa Damato, GP Unity
- Richmond PRA Board Meeting
- 6 - Kristen Burriel, POPPY
- Greg Prior, Deputy Director General, Schools
- 7 - Dr Lindsay Oades, University of Wollongong
- 11 - David Todd and Phil Gandar, Synergia
- Professor Alan Rosen
- Premier's Council on Homelessness
- 12 - David Todd and Phil Gandar – Synergia
- Sebastian Rosenberg and Jennifer Smith-Merry, University of Sydney

### January 2013

- 16 - The Hon. Kevin Humphries MP, Minister for Mental Health
- 17 - Maureen Tangey, Gaby Carney and Bridget O'Keefe, Department of Attorney General and Justice
- Ken Whelan and David McGrath, Ministry of Health
- Peter Bazzana
- 18 - Nicholas Parkhill, ACON
- Alison Peters, Director and Solange Frost, Senior Policy Officer NSW Council of Social Services
- 22 - Dr Michele Bruniges, Director General, Department of Education
- Jim Moore, Department of Family and Community Services, Dr Mary Foley, Ministry of Health
- 23 - Karen Crawshaw, Deputy Director, Ministry of Health
- Yvonne Grant
- 24 - Bruce Armstrong and Kim Browne, Bureau of Health Information

- Jonathan Harms, Association of Relatives and Friends of the Mentally Ill (ARAFMI), Dr Peri O'Shea, NSW Consumer Advisory Group
- Michael Perusco, CEO, St Vincents de Paul
- 25 - John Weeks, Scott James and Steve Zolezzi, Knox Grammar School
- 29 - Claire Pamenter and Luis Salvador-Carulla, National Centre for Classification in Health & Centre for Disability Research & Policy, University of Sydney
- Jenna Bateman, CEO, Mental Health Coordinating Council
- 30 - Ros Montague, NSW Institute of Psychiatry
- Alan Woodward, Executive Director, Lifeline
- Sue Murray, CEO, Suicide Prevention Australia

### February 2013

- 1 - Jonatham Harms, ARAFMI
- Trevor Danos, Stephen Price and Robert Regan, Corrs Chambers Westgarth
- 5 - NSW State Health Plan Think Tank
- John Dobson, President and Michael Tidball, CEO, Law Society
- 6 - Her Excellency, Marie Bashir, Governor
- David McGrath and Brian Woods, Mental Health and Drug and Alcohol Office
- Schizophrenia Fellowship Dinner
- 7 - Karen Lines, Executive Director, Justice Health
- 8 - Peggy Brown, ACT Government
- Peri O'Shea, NSW Consumer Advisory Group
- 11 - Broken Hill district visit
- 12 - The Hon. Kevin Humphries MP, Minister for Mental Health
- 13 - Broken Hill Sub Acute Unit opening
- 14 - Anthony Stratford, MIND Australia
- 15 - Holly King, PwC
- 18 - Rod Mackay, Tim Coombs, Sarah Anstee
- Wellbeing in Policy Workshop
- 19 - James McPherson and John Walsh, PwC
- Marion Bennett, Department of Family and Community Services
- National Disability Insurance Scheme Steering Committee
- 20 - Jan Roberts and Elayne Mitchell, Official Visitors
- 21 - NSW Carers Advisory Council meeting
- 22 - Mental Disorders and Physical Health Linking Body and Mind Conference
- 25 - Steve Kinmond and Kathryn McKenzie, NSW Ombudsman
- Adan Amir and Ataseven Metin, Swedish Parliamentarians
- 26 - NSW Health Council of Boards Chairs meeting
- 28 - Rural networking southern NSW managers and district LHDs

### March 2013

- 1 - Professor Michael Farrell, National Drug and Alcohol Research Centre
- David le Couteur and Professor Tim Lambert, University of New South Wales
- Megan Mitchell and Gregor MacFie, Commission for Children and Young People
- Inspire Foundation event, ReachOut.com
- 4 - National Disability Insurance Scheme Committee Hearing
- Sebastian Rosenberg, University of Sydney
- 5 - Graeme Innes, Australian Human Rights Commission
- 6 - Neville Onley, Alfa d'Amanto, David McGrath, Brian Woods and Jenna Bateman, ABF Taskforce
- Mental Health Coordinating Council and Friends of Callan Park
- 7 - Ken Whelan, Deputy Director General, Ministry of Health
- Centre for Disability Research and Policy launch
- 8 - Presentation to Council of Boards
- Sandra Bailey, Director, Aboriginal Health & Medical Research Council NSW
- Tom Powell, Founder, Red Dust Healing
- 11 - International Commissioners meeting
- Louise Bradley, Consulate General of Canada
- 13 - Margaret Grigg, Deputy Chief Executive, Mind Australia
- 14 - Kensington College University of New South Wales Commencement Dinner
- 15 - Matt Hingerty, Barton Deakin Government Relations and St Vincent's Health Australia
- Liz Develin, Ministry of Health
- 18 - Ian Webster, National Mental Health Commissioner
- Susan Pearce and Paul de Carlo, Nursing Midwifery Office
- Sylvia Grant, Neami National
- Jenna Bateman, CEO, Mental Health Coordinating Council
- Gary Moore, Homelessness NSW
- Maura Boland, Department of Family and Community Services
- 19 - Wagga Wagga Aboriginal Mental Health Workers forum
- 20 - Deputy Commissioners' briefing
- The Hon. Kevin Humphries MP, Minister for Mental Health and Deputy Commissioners Dinner
- 21 - Bridget O'Keefe and Gaby Carney, NSW Department of Attorney General and Justice
- Professor Lambert, Future Planning and Reform

- Henry Brodaty, dementia specialist, Orange
- 22 - Australian and New Zealand Association of Psychiatry, Psychology and Law, Orange
- 25 - Review of Mental Health Act Expert Reference Group
  - Minister Humphries' Office
  - Larry Pierce, CEO, and Mark Buckingham, President, Network of Alcohol and Other Drug Agencies
  - Karen Legge, Division of Local Government
  - Peter Collicot, Mental Health Services Southern NSW
- 27 - Professor Dan Howard SC
  - Kevin Corcoran, Blue Print Corrective Services 2030
  - Craig Jones, Programs Evaluation Unit
- 28 - Julian Trollor, University of NSW
  - Rob Watkins, National Disability Insurance Scheme

### April 2013

- 3 - Morisset Hospital consumer BBQ
  - Morisset Hospital staff meeting
  - Hunter Institute dinner
- 5 - David McGrath, Mental Health and Drug and Alcohol Office
- 9 - Jonathan Nicholls, CEO, Inspire Foundation
  - Sister Myree Harris
  - Senator Ferriavanti Wells
  - Peter McGeorge, St Vincent's Hospital
  - Judge Syme, Chair, Institute of Psychiatry
- 10 - Expert Reference Group
  - Peter Severin, Commissioner, Corrective Services NSW
- 11 - Batyr Australia
- 12 - Institute of Psychiatry review
- 15 - Mental Health Coordinating Council graduations
  - Lyn Harrison, Rosemount Good Shepherd Youth and Family Services
- 16 - Marek Stepniak, McKinsey
  - Commissioners' meeting
- 17 - Jill Carman, National Disability Insurance Scheme
- 18 - Peter McGeorge, Partnerships in Urban Health symposium
  - Mind Conference Dinner
- 22 - Review of Mental Health Act Expert Reference Group
- 23 - Nick Zwar and Mark Harris, GP training
  - Sharon Tovey, NSW Older People's Mental Health Policy Unit
- 24 - Hunter New England Local Health Board meeting

### May 2013

- 2 - Consumer Issues Conference symposium
  - Ken Whelan, Deputy Director General, Ministry of Health
- 3 - Jenna Bateman, CEO, and Tina Smith, Senior Policy Officer, Mental Health Coordinating Council

- 4 - Art from adversity: a life with bipolar' launch
- 7 - Jan Roberts, Official Visitors
  - Elizabeth Priestley, Linda Hennessey, Douglas Holmes
  - Jenna Bateman, CEO, Mental Health Coordinating Council
- 8 - Jon McGregor, Australian Drug Foundation
- 9 - Dr Stephen Allnut and Julian Trollor, University of NSW
  - Dr Saretta Lee, Royal Australian and New Zealand College of Psychiatrists
  - Maura Boland, Department of Family and Community Services
- 10 - NSW Health Second Annual Symposium, health reform
- 13 - Homelessness stakeholder forum
- 17 - Mental Health Coordinating Council CEO and senior management forum
- 18 - Care Assist annual symposium
- 21 - David Kalisch and Gary Hanson, Australian Institute of Health and Welfare
  - David Bowen, Families, Commonwealth Department of Community Service and Indigenous Affairs
- 22 - Intellectual disability round table
- 23 - David McGrath, Mental Health, Drug and Alcohol Office
- 24 - National summit addressing the premature death of people with a mental illness
- 26 - Royal Australian and New Zealand Institute of Psychiatrists Annual Congress
- 27 - Senior leadership forum, Justice Health, Catholic Services NSW/ACT branch meeting
- 28 - Diane Watson, National Health Performance Authority
- 29 - The Hon. Kevin Humphries MP, Minister for Mental Health
  - Terry Froggatt and Susan Liersch, University of Wollongong
  - Chris Lines, Neami National
- 30 - Kinchela Boy's Home Aboriginal Corporation

### June 2013

- 3 - Ben Veness, Director, Australian Medical Students Association
  - Department of Family and Community Services and Ministry of Health collaboration meeting
  - Mental Health Commission Research Advisory Group
- 4 - National Mental Health Commission Expert Reference Group
  - Hunter New England sub committee
  - NSW Institute of Psychiatry Conference
- 5 - Ian Roberts, Official Visitors
- 6 - Eddie Bartnik, Commissioner, WA Mental Health Commission

- 
- Nathan Gibson, WA Chief Psychiatrist's Office
  - Rod Astbury, Executive Director, Western Australian Association for Mental Health
  - Deborah Colvin, WA Official Visitors
  - 7 - Nicole O'Keefe, Office of Mental Health, WA
  - Judy Edwards, Alzheimer's Association, WA
  - 11 - Maura Boland, Department of Family and Community Services
  - Ken Zulumovski, Gamarafa Healing and Leadership Program
  - 12 - Eamon Waterford, Youth Action NSW
  - Jenna Bateman, CEO, Mental Health Coordinating Council
  - 13 - David McGrath, Mental Health and Drug and Alcohol Office
  - 14 - Amanda Larkin and Phil Harris, South Western Sydney LHD
  - Ben Middleton, Australian Medical Students Association
  - 17 - Minister Humphries Office
  - Sam Sangster, Health Infrastructure
  - 18 - Sue Murray, CEO, Suicide Prevention Australia
  - 19 - National Disability Insurance Scheme Steering Committee
  - Julian Trollor, University of NSW
  - 20 - Community Sector Benchmarking
  - Sax Institute planning discussion
  - 21 - Minister Humphries' Office
  - Nursing and Midwifery Committee
  - Dr Sadanand Rajkumar and Maria Cassaniti, Transcultural Mental Health
  - David Dossetor, Westmead Hospital
  - 24 - Ken Whelan, Deputy Director, Ministry of Health
  - Michael Woodhouse, Department of Family and Community Services
  - Postvention Australia launch
  - Royal Australian and New Zealand College of Psychiatrists branch discussion
  - 25 - Leigh White and Wendy Foster, Wings of Hope
  - Premiers Council on Homelessness
  - 27 - Keith Garner, Wesley Mission
  - Anthony Llewellyn, Louise Nash and Cate Dingelstad, Health Education and Training Institute
  - 28 - Australian Guidance and Counselling Conference

# Budgets

The NSW Government has committed to providing \$30 million over three years for the establishment and operations of the Commission.

The Commission's 2012-13 initial budget was \$8.3 million. As our expenses were lower than anticipated during this start-up year, the Commission advised the Ministry of Health (as the lead agency in the Health cluster) and Treasury that it would not require the full \$8.3 million.

Accordingly, \$2 million of the Commission's 2012-13 grant funding was rolled over into 2013-14, resulting in a revised budget of \$6.3 million in 2012-13.

In not expending these funds during 2012-13 the Commission acted responsibly by ensuring that only those public funds required by the Commission during the year were retained for use.

The balance of the government's \$30 million commitment will be available to the Commission during the 2013-14 and 2014-15 years.

The balance of funds available to the Commission will be utilised for initiation, implementation and innovation activities supporting the draft NSW Strategic Plan for Mental Health in NSW, which is to be delivered to government in March 2014, as well as broader activities associated with the Commission's statutory functions.

## Detailed Budget 2012-2013

<i>Description</i>	<i>Amount \$'000</i>
<b>EXPENSES</b>	
<b>Operating Expenses</b>	
Employee Related	4,231
Other Operating Expenses	524
<b>Depreciation and Amortisation</b>	
<b>Grants and Subsidies</b>	3,545
<b>Total Expenses</b>	<b>8,300</b>
<b>REVENUE</b>	
Recurrent Grant from Ministry of Health	8,300
<b>Total Revenue</b>	<b>8,300</b>
<b>Net Result</b>	<b>0</b>

## Budget Outline 2013-2014

<i>Description</i>	<i>Amount \$'000</i>
<b>EXPENSES</b>	
<b>Operating Expenses</b>	
Employee Related	3,814
<b>Other Operating Expenses</b>	2,277
<b>Depreciation and Amortisation</b>	85
Grants and Subsidies	4,290
<b>Total Expenses</b>	<b>10,466</b>
<b>REVENUE</b>	
Recurrent Grant from Ministry of Health	10,487
<b>Total Revenue</b>	<b>10,487</b>
<b>Net Result</b>	<b>21</b>

# Financial overview

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## Statement of Comprehensive Income

The Commission's favourable net result was due to the startup of Commission operations during 2012-13.

### Operating result 2012–13

	<i>\$'000</i>
Expenses	5,225
Revenue	6,428
Net result	1,203

### Financial position 2012–13

	<i>\$'000</i>
Assets	2,120
Liabilities	917
Net Assets	1,203

#### Revenue

The main source of revenue is a grant from the NSW Treasury, received via the cluster head, the Ministry of Health (\$8.3 million). Other revenue includes interest from investments and acceptance by the Crown Entity of employee benefits and other liabilities. The Commission does not provide services.

#### Expenses

Total expenses were \$5.225 million, including employee-related expenses of \$1.052 million, other operating expenses \$1.467 million and Grants and Subsidies of \$2.672 million.

#### Assets

Assets of \$2.120 million comprised mainly cash of \$1.583 million and office fit-out, office furniture and information technology equipment of \$399,000.

#### Liabilities

Liabilities amount to \$917,000 comprising provisions, accrued salaries and other operating expenses.

A 'make-good' provision of \$99,000 was also made, arising out of the Commission's office accommodation lease.

#### Net Equity

Equity amounts to \$1.203 million being the difference between the assets and liabilities.



### INDEPENDENT AUDITOR'S REPORT

#### Mental Health Commission of New South Wales

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of Mental Health Commission of New South Wales (the Commission), which comprise the statement of financial position as at 30 June 2013, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information of the Commission and the consolidated entity. The consolidated entity comprises the Commission and the entities it controlled at the year's end or from time to time during the financial year.

#### Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Commission and the consolidated entity as at 30 June 2013, and of their financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 41B of Public Finance and Audit Act 1983 (the PF&A Act) and the Public Finance and Audit Regulation 2010.

My opinion should be read in conjunction with the rest of this report.

#### The Mental Health Commissioner's Responsibility for the Financial Statements

The Mental Health Commissioner is responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the Mental Health Commissioner determines is necessary to enable the preparation of the financial statements that give a true and fair view and that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about 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 statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, 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 statements that give 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 Mental Health Commissioner, as well as evaluating the overall presentation of the financial statements.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

My opinion does *not* provide assurance:

- about the future viability of the Commission or consolidated entity
- that they have carried out their activities effectively, efficiently and economically
- about the effectiveness of internal control
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about any other information, that may have been hyperlinked to/from the financial statements
- about the assumptions used in formulating the budget figures disclosed in the financial statements.

### **Independence**

In conducting my audit, I have complied with the independence requirements of the Australian Auditing Standards and other relevant ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their role by the possibility of losing clients or income.



Peter Coulogeorgiou  
Director, Financial Audit Services

20 September 2013  
SYDNEY



t: 9275 7156  
ref: D1330080/1624

Mr John Feneley  
Mental Health Commissioner  
Mental Health Commission of NSW  
Locked Bag 5013  
GLADESVILLE NSW 1675

20 September 2013

Dear Mr Feneley

## STATUTORY AUDIT REPORT

for the year ended 30 June 2013

### Mental Health Commission of New South Wales

I have audited the financial statements of the Mental Health Commission of New South Wales (the Commission) as required by the *Public Finance and Audit Act 1983* (the Act). This Statutory Audit Report outlines the results of my audit for the year ended 30 June 2013, and details matters I found during my audit that are relevant to you in your role as one of those charged with the governance of the Commission. The Act requires that I send this report to the Commission, the Minister and the Treasurer.

This report is not the Independent Auditor's Report, which expresses my opinion on the Commission's financial statements. I have enclosed the Independent Auditor's Report, together with the Commission's financial statements.

My audit is designed to obtain reasonable assurance the financial statements are free from material misstatement. It is not designed to identify and report all matters you may find of governance interest. Therefore, other governance matters may exist, which have not been reported to you.

My audit is continuous. If I identify further significant matters, I will report these to you immediately.

### Audit Result

I expressed an unmodified opinion on the Commission's financial statements and I have not identified any significant matters.

### Misstatements in the Financial Statements

The financial statements contained misstatements which are listed in the attached Appendix.

### **Compliance with Legislative Requirements**

My audit procedures are targeted specifically towards forming an opinion on the Commission's financial statements. This includes testing whether the Commission has complied with legislative requirements that may materially impact on the financial statements. The results of the audit are reported in this context. My testing did not identify any instances of non-compliance with legislative requirements.

### **Quality and Timeliness of Financial Reporting**

Treasury Circular TC 13/01 *Mandatory early close procedures for 2013* required the Commission to prepare certain aspects of the financial statements before year-end and provide the outcomes to the audit team. The Commission was required to submit its year-end information to Treasury and its financial statements to audit on 29 July 2013.

The Commission completed the mandatory early close procedures set out in the Circular and supplied the outcomes to the Audit Office within the specified timeframe. The Commission also submitted financial information to Treasury and the financial statements and supporting working papers to the Audit Office by the due dates. I endorse this activity and recommend the agency continue to identify ways to meet an earlier reporting timetable.

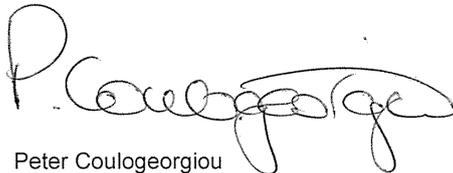
### **Auditor-General's Report to Parliament**

As I have not identified any significant matters, commentary on the Commission's financial operations will not appear in the Auditor-General's Report to Parliament. Appendix 1 to that Report will advise the audit result for the Commission.

### **Acknowledgment**

I thank the Commission's staff for their courtesy and assistance.

Yours sincerely



Peter Coulogeorgiou  
Director, Financial Audit Services

**Mental Health Commission  
of New South Wales**

**Financial Statements**

**30 June 2013**

### **MENTAL HEALTH COMMISSION of NEW SOUTH WALES**

#### **STATEMENT BY THE COMMISSIONER**

**For and on behalf of the MENTAL HEALTH COMMISSION of NEW SOUTH WALES**

I state that in my opinion

1. The accompanying financial statements exhibit a true and fair view of the financial position of the Commission as at 30 June 2013 and its financial performance for the year then ended.
2. The statements have been prepared in accordance with the provisions of the *Public Finance and Audit Act 1983*, the *Public Finance and Audit Regulation 2010*, applicable Australian Accounting Standards, Australian Accounting Interpretations and the *Treasurer's Directions, and the Financial Reporting Code for NSW General Government Sector Entities*.

As at 19 September, 2013, I am not aware of any circumstances, which would render any particulars included in the financial statements to be misleading or inaccurate.



John Feneley  
Commissioner  
For and on behalf of the  
Mental Health Commission of New South Wales

19 September 2013

Start of Audited Financial Statements

MENTAL HEALTH COMMISSION of NSW

Statement of comprehensive income for the year ended 30 June 2013

	Notes	Consolidated	Parent	
		Actual 2013 \$'000	Actual 2013 \$'000	Budget 2013 \$'000
<b>Expenses excluding losses</b>				
Employee related expenses	2(a)	1,052	-	-
Personnel services	2(b)	-	965	4,231
Other operating expenses	2(c)	1,467	1,467	524
Depreciation and amortisation	2(d)	31	31	-
Grants and subsidies	2(e)	2,672	2,672	3,545
Finance Costs	2(f)	3	3	-
<b>Total expenses excluding losses</b>		<b>5,225</b>	<b>5,138</b>	<b>8,300</b>
<b>Revenue</b>				
Investment revenue	3(a)	27	27	-
Grants and contributions	3(b)	6,314	6,314	8,300
Acceptance by the Crown Entity of employee benefits and other liabilities	3(c)	87	-	-
<b>Total Revenue</b>		<b>6,428</b>	<b>6,341</b>	<b>8,300</b>
<b>Net result</b>		<b>1,203</b>	<b>1,203</b>	<b>-</b>
<b>Other comprehensive income</b>		<b>-</b>	<b>-</b>	<b>-</b>
<b>Total other comprehensive income</b>		<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>1,203</b>	<b>1,203</b>	<b>-</b>

**MENTAL HEALTH COMMISSION of NSW**  
**Statement of financial position as at 30 June 2013**

	Notes	Consolidated	Parent	
		Actual 2013 \$'000	Actual 2013 \$'000	Budget 2013 \$'000
<b>ASSETS</b>				
<b>Current Assets</b>				
Cash and cash equivalents	5	1,583	1,583	-
Receivables	6	138	138	-
<b>Total Current Assets</b>		<b>1,721</b>	<b>1,721</b>	<b>-</b>
<b>Non-Current Assets</b>				
Plant and equipment	7	399	399	-
<b>Total Non-Current Assets</b>		<b>399</b>	<b>399</b>	<b>-</b>
<b>Total Assets</b>		<b>2,120</b>	<b>2,120</b>	<b>-</b>
<b>Current Liabilities</b>				
Payables	8	734	816	-
Provisions	9	81	-	-
<b>Total Current Liabilities</b>		<b>815</b>	<b>816</b>	<b>-</b>
<b>Non-Current Liabilities</b>				
Provisions	9	102	101	-
<b>Total Non-Current Liabilities</b>		<b>102</b>	<b>101</b>	<b>-</b>
<b>Total Liabilities</b>		<b>917</b>	<b>917</b>	<b>-</b>
<b>Net Assets</b>		<b>1,203</b>	<b>1,203</b>	<b>-</b>
<b>EQUITY</b>				
Accumulated funds		1,203	1,203	-
<b>Total Equity</b>		<b>1,203</b>	<b>1,203</b>	<b>-</b>

The accompanying notes form part of these statements

MENTAL HEALTH COMMISSION of NSW

Statement of changes in equity for the year ended 30 June 2013

2013	Notes	Consolidated Accumulated Funds \$'000	Parent Accumulated Funds \$'000
<b>Balance at 1 July 2012</b>		-	-
Net result for the year		1,203	1,203
Other comprehensive income:		-	-
<b>Total other comprehensive income</b>		-	-
Total comprehensive income for the year		1,203	1,203
<b>Balance at 30 June 2013</b>		1,203	1,203

MENTAL HEALTH COMMISSION of NSW

Statement of cash flows for the year ended 30 June 2013

	Notes	Consolidated	Parent	
		Actual 2013 \$'000	Actual 2013 \$'000	Budget 2013 \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Payments</b>				
Employee related expenses		(862)	-	-
Personnel services		-	(862)	(4,231)
Grants and subsidies		(519)	(519)	(3,545)
Other		(835)	(835)	(524)
<b>Total Payments</b>		<b>(2,216)</b>	<b>(2,216)</b>	<b>(8,300)</b>
<b>Receipts</b>				
Interest received		2	2	-
Grants and contributions		4,150	4,150	8,300
<b>Total Receipts</b>		<b>4,152</b>	<b>4,152</b>	<b>8,300</b>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	13	<b>1,936</b>	<b>1,936</b>	<b>-</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
Purchases of land and buildings and plant and equipment		(353)	(353)	-
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<b>(353)</b>	<b>(353)</b>	<b>-</b>
<b>NET INCREASE/(DECREASE) IN CASH</b>		<b>1,583</b>	<b>1,583</b>	<b>-</b>
Opening cash and cash equivalents		-	-	-
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	5	<b>1,583</b>	<b>1,583</b>	<b>-</b>

The accompanying notes form part of these statements

**Mental Health Commission of NSW**  
**Notes to the financial statements**  
**for the year ended 30 June 2013**

### **1 Summary of significant accounting policies**

#### **(a) Reporting Entity**

The Mental Health Commission of NSW, is a NSW government entity. The Mental Health Commission is a not-for-profit entity as profit is not its principal objective and it has no cash generating units. The reporting entity is consolidated as part of the NSW Total State Sector Accounts. The Mental Health Commission, as a reporting entity, comprises Mental Health Commission of NSW Division under its control. In the process of preparing the consolidated financial statements for the economic entity, consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated. The Commission is domiciled in Australia and its principal office is at Gladesville, NSW.

These financial statements for the year ended 30 June 2013 have been authorised for issue by the Commissioner on 19 September 2013.

#### **(b) Basis of preparation**

The financial statements of the Commission are general purpose financial statements prepared on an accruals basis and in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Public Finance and Audit Act 1983, the Public Finance and Audit Regulation 2010 and the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or Issued by the Treasurer.

Except for certain assets and liabilities, which are measured at fair value as noted, the financial statements are prepared in accordance with the historical cost convention.

Judgements, key assumptions and estimations that management has made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian Currency.

##### *(i) New Australian Accounting Standards Issued but not effective*

In the current year the Commission has adopted all of the new and revised Standards and Interpretations issued by the AASB that are relevant to the operations and effective for the current reporting period. Details of the impact of the adoption of these new accounting standards are set out in the individual accounting policies notes in the financial statements.

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2013 reporting period. In accordance with the NSW Treasury mandate (TC 13/02), the Commission did not early adopt any of these accounting standards and interpretations that are not yet effective.

The Commission's assessment of the impact of these new standards and interpretations is that they will not materially affect any of the amounts recognised in the financial statements or significantly impact the disclosures in relation to the Commission.

##### *(ii) Statement of Compliance*

The financial statements and notes comply with Australian Accounting Standards, which include Australian Accounting Interpretations.

**Mental Health Commission of NSW**  
**Notes to the financial statements**  
**for the year ended 30 June 2013**  
**(continued)**

### **1 Summary of significant accounting policies (continued)**

#### **(c) Cash and cash equivalents**

Cash and cash equivalents are cash on hand and at bank.

For the purposes of the statement of cash flows, cash and cash equivalents includes cash on hand and at bank.

#### **(d) Trade and Other Receivables**

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. Receivables are recognised initially at fair value, based on the original invoice. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment. Any changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process. An impairment provision is recognised when there is objective evidence that the Commission will not be able to collect the receivable. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Debts which are known to be uncollectible are written off as identified.

#### **(e) Plant and equipment**

##### *(i) Acquisition of assets*

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Commission. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, subject to the capitalisation threshold test, are initially recognised at their fair value at the date of acquisition.

Fair value is the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. The deferred payment amount is effectively discounted at an asset-specific rate.

##### *(ii) Capitalisation thresholds*

The capitalisation threshold is \$5,000 for physical non-current assets including computer equipment. Networked assets are tested individually under this policy.

**Mental Health Commission of NSW**  
**Notes to the financial statements**  
**for the year ended 30 June 2013**  
**(continued)**

**1 Summary of significant accounting policies (continued)**

*(iii) Revaluation of property, plant and equipment*

Physical non-current assets are valued in accordance with the "Valuation of Physical Non-Current Assets at Fair Value" Policy and Guidelines Paper (TPP 07-01). This policy adopts fair value in accordance with AASB 116 "Property, Plant and Equipment".

Plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment.

Fair value of plant and equipment is determined based on the available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence, the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

Most of the Commission's assets (hardware, equipment, motor vehicles and furniture) are non-specialised with short useful lives and are therefore measured at depreciated historical cost, as a surrogate for fair value.

*(iv) Depreciation*

Depreciation is calculated on a straight-line basis so as to write off the depreciable amount of each asset over its estimated useful life. Leasehold improvements are depreciated over the period of the lease.

Estimations on remaining useful lives are made on an annual basis. The assets' residual values, useful lives and amortisation methods are reviewed, and adjusted if appropriate, at each financial year end. The expected useful lives are:

<b>Asset Class</b>	<b>2013</b>
Office equipment	5 years
Office furniture	4 or 5 years
Computer equipment	4 years
Motor vehicles	7 years
Leasehold improvements	Term of Lease

*(v) Derecognition*

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

*(vi) Impairment of plant and equipment*

As a not-for-profit entity with no cash generating units, the Commission is effectively exempted from AASB 136 Impairment of Assets and impairment testing. This is because AASB 136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are material. Selling costs are regarded as immaterial.

*(vii) Restoration Costs*

The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability.

Mental Health Commission of NSW  
Notes to the financial statements  
for the year ended 30 June 2013  
(continued)

**1 Summary of significant accounting policies (continued)**

*(viii) Maintenance Costs*

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a part or component of an asset, in which case the costs are capitalised and depreciated.

**(f) Leases**

Where a non-current asset is acquired by means of a finance lease, at the commencement of the lease term, the asset is recognised at its fair value or, if lower, the present value of the minimum lease payments, at the inception of the lease. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are charged to the statement of comprehensive income in the periods in which they are incurred.

**(g) Trade and other payables**

These amounts represent liabilities for goods and services provided to the Commission and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. The amounts are unsecured and usually paid within 30 days of recognition.

**Mental Health Commission of NSW**  
**Notes to the financial statements**  
**for the year ended 30 June 2013**  
**(continued)**

### **1 Summary of significant accounting policies (continued)**

#### **(h) Provisions**

The Commission employs staff through The Mental Health Commission of NSW Division and there are no provisions for employee entitlements in the parent entity.

##### *(i) Salaries and wages, annual leave, sick leave and on-costs*

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that are due to be settled within 12 months after the end of the period in which the employees render the service are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

Long-term annual leave that is not expected to be taken within twelve months is measured at present value in accordance with AASB 119 *Employee Benefits*. Market yields on Commonwealth government bonds are used to discount long-term annual leave.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

##### *(ii) Long service leave and superannuation*

The Commission's liabilities for long service leave and defined benefit superannuation are assumed by the Crown Entity. The Commission accounts for the liability as having been extinguished, resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown Entity of employee benefits and other liabilities'.

Long service leave is measured at present value in accordance with AASB 119 *Employee Benefits*. This is based on the application of certain factors (specified in NSW TC 12/06) to employees with five or more years of service, using current rates of pay. These factors were determined based on an actuarial review to approximate present value.

The superannuation expense for the financial year is determined by using the formulae specified in the Treasurer's Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

Other provisions are recognised when the Commission has an obligation (legal or constructive) to make a future sacrifice of economic benefits to other entities as a result of past transactions or other past events and such future sacrifice of economic benefits is probable and the amount can be measured reliably.

**Mental Health Commission of NSW**  
**Notes to the financial statements**  
**for the year ended 30 June 2013**  
**(continued)**

### **1 Summary of significant accounting policies (continued)**

Provisions are measured at the present value of management's best estimate of the expenditure required to settle the present obligation at the reporting date. The discount rate used to determine the present value reflects current market assessments of the time value of money and the risks specific to the liability. The increase in the provision due to the passage of time is recognised in finance costs.

Provisions relate to Make Good costs on the Commission's leased office premises. The provision is calculated using an average rate of \$150.00 per square metre for office accommodation assets indexed for inflation using the budget rate of 2.5% and discounted to present value using an interest rate reflective of the relevant time period.

#### **(i) Borrowings**

Loans are not held for trading or designated at fair value through profit or loss and are recognised at amortised cost using the effective interest rate method. Gains or losses are recognised in the net result for the year on derecognition.

Borrowings are classified as current liabilities unless the Commission has an unconditional right to defer settlement of the liability for at least 12 months after the reporting date.

The Commission recognises borrowing costs as an expense in the period in which it is incurred, in accordance with Treasury's Mandate to not-for-profit general government sector entities.

#### **(j) Insurance**

The Commission's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government agencies. The expense (premium) is determined by the Fund Manager based on past claim experience.

#### **(k) Revenue recognition**

Revenue is measured at the fair value of the consideration or contribution received or receivable.

Revenue from rendering of services is recognised when the service is provided.

Revenue is recognised when the Commission has received or has the right to receive inflows of economic benefits, and the right to receive them is probable and can be reliably measured. Interest revenue is recognised as it accrues, using the effective interest method.

Grants from government are recognised as revenue when the Commission obtains control over the assets comprising the grant. Control over the contributions is normally obtained upon the receipt of the cash provided there are no conditions attached.

**Mental Health Commission of NSW**  
**Notes to the financial statements**  
**for the year ended 30 June 2013**  
**(continued)**

**1 Summary of significant accounting policies (continued)**

**(l) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of GST receivable or payable. The net GST recoverable from, or payable to, the taxation authority is included within other receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to the ATO are classified as operating cash flows.

**(m) Equity - Accumulated Funds**

The category accumulated funds includes all current and prior period retained funds.

**(n) De-recognition of Financial Assets and Financial Liabilities**

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the Commission transfers the financial asset:

- Where substantially all the risks and rewards have been transferred; or
- Where the Commission has not transferred substantially all the risks and rewards, if the entity has not retained control.

Where the Commission has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Commission's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged, cancelled or expires.

**(o) Budgeted amounts**

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period, as adjusted for section 24 of the PFAA where there has been a transfer of functions between departments. Other amendments made to the budget are not reflected in the budgeted amounts.

**(p) Comparative information**

As the Commission was only established effective 1 July 2012 no comparative information is available and hence has not been reported in the financial statements.

MENTAL HEALTH COMMISSION of NSW

	2013 Consolidated \$'000	2013 Parent \$'000
<b>2. Expenses excluding losses</b>		
<b>(a) Employee related expenses</b>		
Salaries and wages (including recreation leave)	883	-
Superannuation - defined contribution plans	37	-
Long service leave	87	-
Workers' compensation insurance	1	-
Payroll tax and fringe benefit tax	44	-
	<u>1,052</u>	<u>-</u>
<b>(b) Personnel services</b>		
Salaries and wages (including recreation leave) (i)	-	883
Superannuation - defined contribution plans	-	37
Workers' compensation insurance	-	1
Payroll tax and fringe benefit tax	-	44
	<u>-</u>	<u>965</u>
<b>(c) Other operating expenses</b>		
Auditor's remuneration - audit of the financial statements	27	27
Audit and Risk Committee Remuneration & Internal Audit	25	25
Advertising	85	85
Cleaning	11	11
Computer maintenance, software licences and other related expenditure	8	8
Consultants	355	355
Contractors and short term staff	459	459
Corporate shared services fees	87	87
Equipment	24	24
Fee for services rendered	75	75
Insurance	2	2
Maintenance (i)	4	4
Motor vehicle running costs	1	1
Operating lease rental expense-minimum lease payments	143	143
Telecommunications	4	4
Printing, postage and stationery	57	57
Staff development	19	19
Travelling, removal and subsistence	61	61
Other	20	20
	<u>1,467</u>	<u>1,467</u>
<b>(i) Reconciliation - Total Maintenance</b>		
Maintenance expense - contractor labour and other (non-employee related), as above	4	4
Personnel related maintenance expense included in Note 2 (a)	-	-
<b>Total maintenance expenses included in Note 2 (a) and 2 (b)</b>	<u>4</u>	<u>4</u>

MENTAL HEALTH COMMISSION of NSW

	2013 Consolidated S'000	2013 Parent S'000
<b>(d) Depreciation and amortisation expense</b>		
<b>Depreciation</b>		
Computer equipment	5	5
Furniture and equipment	6	6
	<u>11</u>	<u>11</u>
<b>Amortisation</b>		
Leasehold improvements	20	20
	<u>20</u>	<u>20</u>
	<u>31</u>	<u>31</u>
<b>(e) Grants and subsidies</b>		
NSW Consumer Advisory Group - Mental Health Inc (NSW CAG)	195	195
Mental Health Association NSW (MH Association NSW)	436	436
Mental Health Carers ARAFMI NSW INC	338	338
Beyond Blue Limited	1,200	1,200
NSW Consumer Advisory Group - Mental Health Inc (NSW CAG)	466	466
Australian Housing and Urban Research Institute (AHURI)	32	32
Suicide Prevention Australia	5	5
	<u>2,672</u>	<u>2,672</u>
<b>(f) Finance costs</b>		
Unwinding of discount rate	3	3
	<u>3</u>	<u>3</u>

MENTAL HEALTH COMMISSION of NSW

	2013 Consolidated S'000	2013 Parent S'000
<b>3. Revenues</b>		
<b>(a) Investment revenue</b>		
Interest received on bank accounts	27	27
	<u>27</u>	<u>27</u>
<b>(b) Grants and contributions</b>		
<b>State</b>		
Operating grant from the NSW Ministry of Health	6,300	6,300
Assets Gifted from the NSW Ministry of Health	14	14
Total Grants and Contributions	<u>6,314</u>	<u>6,314</u>
<b>(c) Acceptance by the Crown Entity of Employee Benefits and Other Liabilities</b>		
The following liabilities and / or expenses have been assumed by the Crown Entity or other government agencies:		
Long service leave	87	-
	<u>87</u>	<u>-</u>

**4. Conditions on contributions**

The Mental Health Commission of NSW does not have any conditions attached to the grants received from the NSW Ministry of Health.

MENTAL HEALTH COMMISSION of NSW

	2013 Consolidated \$'000	2013 Parent \$'000
<b>5. Current Assets - Cash and Cash Equivalents</b>		
Cash at bank and on hand	1,583	1,583
Total cash and cash equivalents	<u>1,583</u>	<u>1,583</u>

For the purposes of the statement of cash flows, cash and cash equivalents includes cash on hand, cash at bank, short term deposits and bank overdraft.

Cash and cash equivalent assets recognised in the statement of financial position are reconciled at the end of financial year to the Cash Flow Statement as follows:

Cash and Cash equivalents (per statement of financial position)	1,583	1,583
Closing cash and cash equivalents (per statement of cash flows)	<u>1,583</u>	<u>1,583</u>

The entity has the following banking facilities as at 30 June 2013.

- Cheque cashing authority of \$2000 per fortnight non-cummulative which is the total amount of encashment facility provided to regions to enable recoupment of urgent and minor expenses.

- Mastercard facility of \$20,000 which is the total of the credit limit for all issued credit cards.

An application under the *Public Authorities (Financial Arrangements) Act 1987* seeking approval of these facilities, was submitted to the NSW Treasury on 27 June 2013.

Refer Note 14 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

**6. Current/non-current assets - receivables**

**Current**

Sundry receivables	8	8
Less : Allowance for impairment	-	-
	<u>8</u>	<u>8</u>
Prepayments - Other	36	36
Interest receivable	25	25
GST receivable (net)	69	69
	<u>138</u>	<u>138</u>

**Non-current**

	<u>-</u>	<u>-</u>
<b>Total receivables</b>	<u>138</u>	<u>138</u>

### MENTAL HEALTH COMMISSION of NSW

#### 7. Non-current Assets - Property, Plant and Equipment

##### Consolidated and Parent

2013

	Plant and Equipment \$'000	Computer Equipment \$'000	Furniture and Equipment \$'000	Leasehold Improvements \$'000	Total \$'000
<b>At 1 July 2012 -fair value</b>					
Gross carrying amount	-	-	-	-	-
Accumulated depreciation and impairment	-	-	-	-	-
Net Carrying Amount	-	-	-	-	-
<b>At 30 June 2013 - fair value</b>					
Gross carrying amount	38	22	59	311	430
Accumulated depreciation and impairment	-	(5)	(6)	(20)	(31)
Net Carrying Amount	38	17	53	291	399

Works in Progress totalling \$Nil. are included in property plant and equipment.

##### Reconciliations

Reconciliations of the carrying amounts of each class of property, plant and equipment at the beginning and end of the current financial year are set out below:

2013

	Plant and Equipment \$'000	Computer Equipment \$'000	Furniture and Equipment \$'000	Leasehold Improvements \$'000	Total \$'000
<b>Period ended 30 June 2013</b>					
Net Carrying Amount at start of year	-	-	-	-	-
Additions	38	8	59	212	317
Assets Gifted from the NSW Ministry of Health	-	14	-	-	14
Make good	-	-	-	99	99
Depreciation expense	-	(5)	(6)	(20)	(31)
Net Carrying Amount at end of year	38	17	53	291	399

### MENTAL HEALTH COMMISSION of NSW

	2013 Consolidated S'000	2013 Parent S'000
<b>8. Current/Non-Current Liabilities - Payables</b>		
<b>Current Liabilities - Payables</b>		
Accrued operating expenditure	734	682
Amounts owing to other government agencies	-	134
<b>Total payables</b>	<b>734</b>	<b>816</b>

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are included in Note 14.

#### 9. Current / Non-Current Liabilities - Provisions

##### Current

##### Employee benefits and related on-costs

Recreation leave	70	-
Long service leave on-costs	11	-
	<b>81</b>	<b>-</b>

The current provision includes \$70k of annual leave entitlements and oncosts accrued of which 50% is expected to be taken within 12 months.

##### Non-current

##### Employee benefits and related on-costs

Long service leave on-costs	1	-
	<b>1</b>	<b>-</b>

##### Other Provisions

Restoration	101	101
<b>Total non-current provisions</b>	<b>102</b>	<b>101</b>

<b>Total Provisions</b>	<b>183</b>	<b>101</b>
-------------------------	------------	------------

Restoration provision is the present value of the Commission's obligation to make-good leased premises at the reporting date. The assumed settlement is based on contractual lease term. The amount and timing of each estimate is reassessed annually.

##### Aggregate employee benefits and related on-costs

Provisions - current	81	-
Provisions - non-current	1	-
Accrued salaries, wages and on-costs (Note 8)	33	-
	<b>115</b>	<b>-</b>

#### Movement in provisions (other than employee benefits)

##### Restoration

2013	Consolidated S'000	Parent S'000
Carrying amount at the beginning of the financial year	-	-
Additional provision recognised	99	99
Change in discount rate	2	2
<b>Carrying amount at the end of the financial year</b>	<b>101</b>	<b>101</b>

MENTAL HEALTH COMMISSION of NSW

	2013 Consolidated \$'000	2013 Parent \$'000
<b>10. Commitments for Expenditure</b>		
<b>Operating Lease Commitments</b>		
Future non-cancellable operating lease rentals not provided for and payable:		
Not later than one year	130	130
Later than one year but not later than five years	411	411
Total (including GST)	541	541

Operating leases relate to office accommodation. The entity does not have an option to purchase the leased asset at the expiry of the lease period. These commitments will be met from future grants from the NSW Ministry of Health.

These commitments are not recognised in the financial statements as liabilities. The total commitments above include input tax credits of \$0.049m that are expected to be recovered from the Australian Taxation Office.

**11. Contingent Liabilities and Contingent Assets**

**Contingent Liabilities**

No claims have been made against the entity which, if successful, would result in financial liabilities to the entity.

**Contingent Assets**

No claims have been made by the entity which, if successful, would result in financial benefits to the entity.

### MENTAL HEALTH COMMISSION of NSW

#### 12. Budget Review

##### General

The Commission was established under the Mental Health Commission Act 2012, which came into effect on 1 July 2012. Operations commenced with the appointment of Mr John Feneley as Commissioner on 1 August 2012. Business activity commenced in late 2012 following recruitment of key staff and other personnel. The NSW State Government committed \$30,000,000 to the activities of the Commission to be provided over three years.

##### Net Cost of Services

The actual net result was favourable by \$1,203,000, primarily due to savings in Personnel Services and the ear-marking of recurrent funds to offset capital expenditure of \$430,000 for which no budget was provided.

Of the \$8,300,000 recurrent funds provided in this start-up year, \$2,000,000 was identified as savings for which approval was gained to rollover into the 2013-14 year. This is reflected in the total revenue result.

Savings in personnel services reflects the incremental staff recruitment process that commenced in October 2012 and continues in progress as at the reporting date.

Other operating expenditure of \$1,467,000 exceeded the start-up budget by \$943,000. The actual expenditure is indicative of the funds required for future years and may increase when staffing and operations reach their budgeted levels.

##### Assets and Liabilities

No budget was provided for assets or liabilities in the 2012-13 start-up budget.

Capital expenditure of \$430,000 was incurred primarily to meet accommodation fit-out, initiate an independent information technology network, some minor plant and equipment and to provide for "make-good" costs on termination of the lease.

Total current liabilities (\$816,000) consisted mainly of sundry creditors (\$682,000) and a current employee entitlements and accruals (\$134,000). The payable in the Parent entity to the Mental Health Commission of NSW Division results from personnel service arrangements as provided for in NSW TC 11/19 of 21 December 2011 "Financial and Annual Reporting requirements arising from personnel service arrangements".

The Non-current liability is the first time recognition of the Commission's premises lease make good provision of \$101,000 due to be realised at the end of the lease in June 2017.

##### Cash Flows

Of the Commission's recurrent grant of \$8,300,000, \$2,413,000 was withheld by the Ministry of Health to manage grants to non-government organisations and to effect initial payment processing on our behalf in this start-up year. A further \$2,000,000 was identified by the Commission as savings for which approval was sought and obtained to rollover to the next financial year. These material items are reflected in the actual total receipts against budget.

	2013 Consolidated \$'000	2013 Parent \$'000
<b>13. Reconciliation of net cash flows from operating activities to Net result</b>		
Net cash used on operating activities	1,936	1,936
Assets Gifted from the NSW Ministry of Health	14	14
Depreciation and amortisation	(31)	(31)
Finance costs	(2)	(2)
Decrease / (increase) in creditors	(735)	(816)
Decrease / (increase) in provisions	(81)	-
Increase / (decrease) in prepayments and other assets	102	102
<b>Net result</b>	<b>1,203</b>	<b>1,203</b>

MENTAL HEALTH COMMISSION of NSW

14. Financial Instruments

The entity's principal financial instruments are outlined below. These financial instruments arise directly from the entity's operation or are required to finance the entity's operations. The entity does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes. The entity's main risks arising from financial instruments are outlined below, together with the entity's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements. The Commissioner has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the entity, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed by the Commissioner on a continuous basis. The Commissioner receives advice in relation to risks from the independent Audit and Risk Committee that was established in April 2013.

The Entity holds the following financial instruments. Statutory assets or liabilities that are not contractual (e.g. taxes, GST) as well as prepayments and unearned revenue are not financial liabilities or assets. Therefore, they are excluded from AASB 7 Financial Instruments: Disclosures.

(a) Financial Instrument Categories

Financial Assets	Note	Category	2013	2013
			Consolidated	Parent
			Carrying Amount	Carrying Amount
<b>Class:</b>			<b>\$'000</b>	<b>\$'000</b>
Cash and cash equivalents	5	N/A	1,583	1,583
Receivables	6	Loans and receivables (at amortised cost)	33	33

Financial Liabilities	Note	Category	2013	2013
			Consolidated	Parent
			Carrying Amount	Carrying Amount
<b>Class:</b>			<b>\$'000</b>	<b>\$'000</b>
Payables	8	Financial liabilities measured (at amortised cost)	706*	817

\*Excludes statutory payables in Payables (i.e. not within scope of AASB 7)

(b) Credit Risk

Credit risk arises when there is the possibility of the entity's debtors defaulting on their contractual obligations, resulting in a financial loss to the entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the entity, including cash and receivables. No collateral is held by the entity. The entity has not granted any financial guarantees. Credit risk associated with the entity's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.

Cash

Cash comprises cash on hand and bank balances within the NSW Treasury Banking System. Interest is earned on daily bank balances at the monthly average NSW Treasury Corporation (TCorp) 11am unofficial cash rate, adjusted for a management fee to NSW Treasury.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectibility of trade debtors is reviewed on an ongoing basis. Procedures as established in the Treasurer's Directions are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectible are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect all amounts due. This evidence includes past experience, and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors. Sales are made on 30 day terms.

The entity is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2013: \$Nil) and not less than 6 months past due (2013: \$Nil) are not considered impaired and together these represent \$ Nil of the total trade debtors.

There are no debtors which are currently not past due or impaired whose terms have been renegotiated.

The only financial assets that are past due or impaired are 'sales of goods and services' in the 'receivables' category of the statement of financial position.

2013	\$'000	\$'000	\$'000
	Total	Past due but not impaired	Considered Impaired
< 3 months overdue	-	-	-
3 months - 6 months overdue	-	-	-
> 6 months overdue	-	-	-

MENTAL HEALTH COMMISSION of NSW

14. Financial Instruments (continued)

The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 and excludes receivables that are not past due and not impaired. Therefore the total will not reconcile to the receivable total recognised in the statement of financial position.

Each column in the table reports gross receivables.

(c) Liquidity risk

Liquidity risk is the risk that the entity will be unable to meet its payment obligations when they fall due. The entity continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets.

No assets have been pledged as collateral. The entity's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk. The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in NSW TC 11/12. For small business suppliers, where terms are not specified, payment is made no later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise. For payments to other suppliers, the Commissioner (or a person appointed by the Commissioner) may automatically pay the supplier simple interest. Interest paid on late payments in 2012-13 was \$72.06.

The table below summarises the maturity profile of the entity's financial liabilities, together with the interest rate exposure.

Maturity Analysis and interest rate exposure of financial liabilities

Consolidated	Weighted Average Effective Interest rate	Interest Rate exposure		Maturity Dates	
		\$'000	\$'000	\$'000	\$'000
2013	Nominal Amount (1)	Non Interest Bearing	< 1 year	1- 5 years	
<i>Payables:</i>					
Payables	-	706	706	706	-
Other	-	-	-	-	-
<b>Total Financial Liabilities</b>		<b>706</b>	<b>706</b>	<b>706</b>	<b>-</b>

Parent	Weighted Average Effective Interest rate	Interest Rate exposure		Maturity Dates	
		\$'000	\$'000	\$'000	\$'000
2013	Nominal Amount (1)	Non Interest Bearing	< 1 year	1- 5 years	
<i>Payables:</i>					
Payables	-	817	817	817	-
Other	-	-	-	-	-
<b>Total Financial Liabilities</b>		<b>817</b>	<b>817</b>	<b>817</b>	<b>-</b>

(1) The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities, therefore the amounts disclosed above will not reconcile to the statement of financial position.

MENTAL HEALTH COMMISSION of NSW

14. Financial Instruments (continued)

(d) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The entity's exposure to market risk is primarily through interest rate risk on the entity's cash balances. The entity has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the entity operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the statement of financial position date. The analysis assumes that all other variables remain constant.

Interest rate risk

Interest rate risk is the risk that the value of financial instruments will fluctuate due to changes in market interest rates. A reasonably possible change of +/- 1% is used, consistent with current trends in interest rates. The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility. The entity's exposure to interest rate risk is set out below.

2013	Carrying Amount	Profit	Equity	Profit	Equity
				S'000	
				-1%	+1%
<b>Financial Assets</b>					
Cash on hand	2	-	-	-	-
Cash at bank	1,581	( 16)	( 16)	16	16

(e) Fair Value

Financial instruments are generally recognised at cost. The amortised cost of financial instruments recognised in the statement of financial position approximates the fair value, because of the short term nature of many of the financial instruments.

15. Events after the Reporting Period

There were no after balance date events that require disclosure in the Financial Statements.

End of Audited Financial Statements

Appendix

**Misstatements in the Financial Statements**

The following tables detail the effect of the misstatements in the financial statements originally submitted for audit.

The nature and quantity of the corrected and uncorrected misstatements reported below indicates weaknesses in controls over the financial statement preparation process. Management can avoid this in future by implementing additional review procedures.

**Corrected Monetary Misstatements**

Management has made the following entries in this period to correct misstatements.

Description	Assets	Liabilities	Retained earnings/Equity	Comprehensive income
Effect of correction	Increase/ (Decrease) \$'000	(Increase)/ Decrease \$'000	(Increase)/ Decrease \$'000	(Increase)/ Decrease \$'000
<b>Misstatements identified in this period</b>				
<b>Factual misstatements</b>				
The Commission did not recognise a provision for employee related oncosts.	--	(23)	--	23
The Commission did not recognise gifted network computer assets from Ministry of Health at their fair value at the date of transfer.	14	--	--	(14)
The Commission understated its accrued expenditure at 30 June 2013.	8	(11)	--	3
The Commission understated its depreciation expense as a result of: - delays in capitalising assets - not capitalising gifted assets from the Ministry of Health.	(9)	--	--	9
The Commission misclassified \$36,000 of IT equipment (desktop, printers and servers) as property, plant and equipment. It should have recognised this as a prepayment because the assets had not been delivered at 30 June 2013. This misclassification does not affect total assets.	--	--	--	--

Description	Assets	Liabilities	Retained earnings/Equity	Comprehensive income
Effect of correction	Increase/ (Decrease) \$'000	(Increase)/ Decrease \$'000	(Increase)/ Decrease \$'000	(Increase)/ Decrease \$'000
Training and development costs of \$19,000 had been incorrectly included in the Division's financial statements. These costs were incurred by the Commission.	--	--	--	--
<b>Total impact of corrected misstatements</b>	<b>13</b>	<b>(34)</b>		<b>21</b>

### Corrected Disclosure Deficiencies

AASB/Treasury Directions reference	Disclosure title	Description of disclosure deficiency
TC11/19 AASB 127	Financial statements and related notes	The Commission did not prepare consolidated financial statements, separately showing the financial position and financial performance of: <ul style="list-style-type: none"> <li>- the Commission</li> <li>- the economic group (the Commission together with the Division).</li> </ul>
TC12/06	Acceptance by the Crown Entity	The Commission did not separately disclose the Crown's acceptance of long service leave and defined superannuation.
AASB 101	Note 1 – Reporting entity	This note did not accurately reflect the economic group which includes the Division.
AASB 101	Various titles	References to the 'period ended 30 June 2013' were replaced with 'year ended 30 June 2013'.
AASB 107	Statement of Cash Flows	Cash payments of \$15,000 should be recorded in 'Grants and subsidies' instead of 'Other'. Cash receipt from 'Grants and Contributions' is understated by \$8,000. Cash payment in 'employee related expenses' is understated by \$8,000.
AASB 101	Provisions	The Commission did not disclose how much of the annual leave provision it expects to settle in the next 12 months.
AASB 7	Financial Instruments	Statutory payables totalling \$29,159 should not be included in the financial instruments analysis as they are outside of the scope of AASB 7.

### Uncorrected Monetary Misstatements

I reported the following disclosure deficiencies to management, which have not been corrected in the financial statements. I have received written representations from them confirming their belief the effect of not correcting these deficiencies is immaterial to the financial statements taken as a whole. I agree with management's determination and do not consider the uncorrected misstatements significant enough to modify the opinion in the Independent Auditor's Report.

Description	Assets	Liabilities	Retained earnings/Equity	Comprehensive income
Effect of potential correction	Increase/ (Decrease) \$'000	(Increase)/ Decrease \$'000	(Increase)/ Decrease \$'000	(Increase)/ Decrease \$'000
<b>Misstatements identified in this period</b>				
<b>Factual misstatements</b>				
The Commission has incorrectly classified council members and committees fees as employee related expenses. These expenses are more in the nature of operating expenses. This misclassification does not affect total expenses.	--	--	--	--
<b>Total impact if misstatements were corrected</b>	--	--	--	--

### Uncorrected Disclosure Deficiencies

There are no uncorrected disclosure deficiencies in the Commission's financial statements.



## INDEPENDENT AUDITOR'S REPORT

### Mental Health Commission Division

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of Mental Health Commission Division (the Division), which comprise the statement of financial position as at 30 June 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information.

### Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Division as at 30 June 2013, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

My opinion should be read in conjunction with the rest of this report.

### The Mental Health Commissioner's Responsibility for the Financial Statements

The Mental Health Commissioner is responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the Mental Health Commissioner determines is necessary to enable the preparation of financial statements that give a true and fair view and that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about 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 statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Division's preparation of the financial statements that give a true and fair view in order to design audit procedures appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Division's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Mental Health Commissioner, as well as evaluating the overall presentation of the financial statements.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

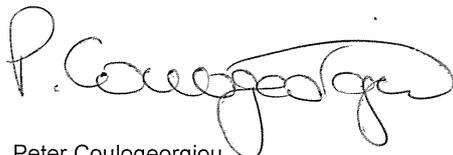
My opinion does *not* provide assurance:

- about the future viability of the Division
- that it has carried out its activities effectively, efficiently and economically
- about the effectiveness of its internal control
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about other information which may have been hyperlinked to/from the financial statements.

### Independence

In conducting my audit, I have complied with the independence requirements of the Australian Auditing Standards and other relevant ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies, but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by the possibility of losing clients or income.



Peter Coulogeorgiou  
Director, Financial Audit Services

20 September 2013  
SYDNEY



t: 9275 7156  
ref: D1330081/1624

Mr John Feneley  
Mental Health Commissioner  
Mental Health Commission of NSW  
Locked Bag 5013  
GLADESVILLE NSW 1675

20 September 2013

Dear Mr Feneley

## STATUTORY AUDIT REPORT

for the year ended 30 June 2013

**Mental Health Commission Division**

I have audited the financial statements of the Mental Health Commission Division (the Division) as required by the *Public Finance and Audit Act 1983* (the Act). This Statutory Audit Report outlines the results of my audit for the year ended 30 June 2013, and details matters I found during my audit that are relevant to you in your role as one of those charged with the governance of the Division. The Act requires that I send this report to the Division, the Minister and the Treasurer.

This report is not the Independent Auditor's Report, which expresses my opinion on the Division's financial statements. I have enclosed the Independent Auditor's Report, together with the Division's financial statements.

My audit is designed to obtain reasonable assurance the financial statements are free from material misstatement. It is not designed to identify and report all matters you may find of governance interest. Therefore, other governance matters may exist, which have not been reported to you.

My audit is continuous. If I identify further significant matters, I will report these to you immediately.

### **Audit Result**

I expressed an unmodified opinion on the Division's financial statements and I have not identified any significant matters.

### **Misstatements in the Financial Statements**

The financial statements contained misstatements which are listed in the attached Appendix.

### **Compliance with Legislative Requirements**

My audit procedures are targeted specifically towards forming an opinion on the Division's financial statements. This includes testing whether the Division has complied with legislative requirements that may materially impact on the financial statements. The results of the audit are reported in this context. My testing did not identify any instances of non-compliance with legislative requirements.

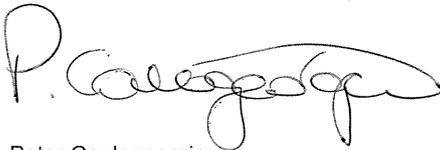
### **Auditor-General's Report to Parliament**

As I have not identified any significant matters, commentary on the Division's financial operations will not appear in the Auditor-General's Report to Parliament. Appendix 1 to that Report will advise the audit result for the Division.

### **Acknowledgment**

I thank the Division's staff for their courtesy and assistance.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P. Coulogeorgiou', written in a cursive style.

Peter Coulogeorgiou  
Director, Financial Audit Services

**Mental Health Commission Division**

**Financial Statements**

**30 June 2013**

### MENTAL HEALTH COMMISSION DIVISION

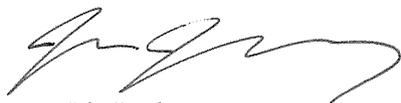
#### STATEMENT BY THE COMMISSIONER

For and on behalf of the MENTAL HEALTH COMMISSION DIVISION

I state that in my opinion

1. The accompanying financial statements exhibit a true and fair view of the financial position of the Division as at 30 June 2013 and its financial performance for the year then ended.
2. The statements have been prepared in accordance with the provisions of the *Public Finance and Audit Act 1983*, the *Public Finance and Audit Regulation 2010*, applicable Australian Accounting Standards, Australian Accounting Interpretations and the *Treasurer's Directions*, and the *Financial Reporting Code for NSW General Government Sector Entities*.

As at 19 September, 2013, I am not aware of any circumstances, which would render any particulars included in the financial statements to be misleading or inaccurate.



John Feneley  
Commissioner  
For and on behalf of the  
Mental Health Commission Division

19 September 2013

Start of Audited Financial Statements

**MENTAL HEALTH COMMISSION DIVISION**

**Statement of comprehensive income for the year ended 30 June 2013**

	Notes	Actual
		2013 \$'000
<b>Expenses excluding losses</b>		
Operating expenses		
Personnel services	2(a)	1,052
<b>Total expenses excluding losses</b>		1,052
<b>Revenue</b>		
Personnel services revenue		965
Acceptance by the Crown Entity of employee benefits and other liabilities	3(a)	87
<b>Total Revenue</b>		1,052
<b>Net result</b>		-
<b>TOTAL COMPREHENSIVE INCOME</b>		-

The accompanying notes form part of these statements

**MENTAL HEALTH COMMISSION DIVISION**

**Statement of financial position as at 30 June 2013**

	Notes	Actual 2013 \$'000
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and cash equivalents		-
Receivables	4	134
<b>Total Current Assets</b>		134
<b>Total Assets</b>		134
<b>Current Liabilities</b>		
Payables	5	52
Provisions	6	81
		133
<b>Total Current Liabilities</b>		133
<b>Non-Current Liabilities</b>		
Provisions	6	1
<b>Total Non-Current Liabilities</b>		1
<b>Total Liabilities</b>		134
<b>Net Assets</b>		-
<b>EQUITY</b>		
Accumulated funds		-
<b>Total Equity</b>		-

The accompanying notes form part of these statements

**MENTAL HEALTH COMMISSION DIVISION**

**Statement of changes in equity for the year ended 30 June 2013**

2013	Notes	Accumulated Funds \$'000	Total \$'000
Balance at 1 July 2012		-	-
Net result for the year		-	-
Other comprehensive income:		-	-
Total comprehensive income for the year		-	-
Balance at 30 June 2013		-	-

The accompanying notes form part of these statements

**MENTAL HEALTH COMMISSION DIVISION**

**Statement of cash flows for the year ended 30 June 2013**

	Notes	Actual
		2013 \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
<b>Payments</b>		
Personnel services		-
Other		-
<b>Total Payments</b>		-
<b>Receipts</b>		
Sale of goods and services		-
<b>Total Receipts</b>		-
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>		-
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		-
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>		-
<b>NET INCREASE/(DECREASE) IN CASH</b>		-
<b>CLOSING CASH AND CASH EQUIVALENTS</b>		-

The accompanying notes form part of these statements

**Mental Health Commission Division**  
**Notes to the financial statements**  
**for the year ended 30 June 2013**

### **1 Summary of significant accounting policies**

#### **(a) Reporting Entity**

The Mental Health Commission Division is a Division of the Government Service established pursuant to Part 2 of Schedule 1 to the *Public Sector Employment and Management Act 2002*. It is a not-for-profit entity as profit is not its principal objective. The Mental Health Commission Division's objective is to provide personnel services to Mental Health Commission of New South Wales. It is consolidated as part of the NSW Total State Sector Accounts. It is domiciled in Australia and its principal office is at Gladesville, NSW.

These financial statements for the year ended 30 June 2013 have been authorised for issue by the Commissioner on 19 September 2013.

#### **(b) Basis of preparation**

The financial statements of the Division are general purpose financial statements prepared on an accruals basis and in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Public Finance and Audit Act 1983, the Public Finance and Audit Regulation 2010 and the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or Issued by the Treasurer.

Except for certain assets and liabilities, which are measured at fair value as noted, the financial statements are prepared in accordance with the historical cost convention.

Judgements, key assumptions and estimations that management has made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian Currency.

##### *(i) New Australian Accounting Standards Issued but not effective*

In the current year the Division has adopted all of the new and revised Standards and Interpretations issued by the AASB that are relevant to the operations and effective for the current reporting period. Details of the impact of the adoption of these new accounting standards are set out in the individual accounting policies notes in the financial statements.

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2013 reporting period. In accordance with the NSW Treasury mandate (TC 13/02), the Division did not early adopt any of these accounting standards and interpretations that are not yet effective.

The Division's assessment of the impact of these new standards and interpretations is that they will not materially affect any of the amounts recognised in the financial statements or significantly impact the disclosures in relation to the Commission.

**Mental Health Commission Division**  
**Notes to the financial statements**  
**for the year ended 30 June 2013**  
**(continued)**

**1 Summary of significant accounting policies (continued)**

*(ii) Statement of Compliance*

The financial statements and notes comply with Australian Accounting Standards, which include Australian Accounting Interpretations.

**(c) Trade and Other Receivables**

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. Receivables are recognised initially at fair value, based on the original invoice. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment. Any changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process. An impairment provision is recognised when there is objective evidence that the Division will not be able to collect the receivable. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Debts which are known to be uncollectible are written off as identified.

**(d) Trade and other payables**

These amounts represent liabilities for goods and services provided to the Division and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. The amounts are unsecured and usually paid within 30 days of recognition.

**(e) Employee benefits and other provisions**

*(i) Salaries and wages, annual leave, sick leave and on-costs*

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that are due to be settled within 12 months after the end of the period in which the employees render the service are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

Long-term annual leave that is not expected to be taken within twelve months is measured at present value in accordance with AASB 119 *Employee Benefits*. Market yields on Commonwealth government bonds are used to discount long-term annual leave.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

Mental Health Commission Division  
Notes to the financial statements  
for the year ended 30 June 2013  
(continued)

**1 Summary of significant accounting policies (continued)**

*(ii) Long service leave and superannuation*

The Division's liabilities for long service leave and defined benefit superannuation are assumed by the Crown Entity. The Division accounts for the liability as having been extinguished, resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown Entity of employee benefits and other liabilities'.

Long service leave is measured at present value in accordance with AASB 119 *Employee Benefits*. This is based on the application of certain factors (specified in NSW TC 12/06) to employees with five or more years of service, using current rates of pay. These factors were determined based on an actuarial review to approximate present value.

The superannuation expense for the financial year is determined by using the formulae specified in the Treasurer's Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

**(f) Revenue recognition**

Revenue is measured at the fair value of the consideration or contribution received or receivable.

Revenue from rendering of services is recognised when the service is provided.

Revenue is recognised when the Division has received or has the right to receive inflows of economic benefits, and the right to receive them is probable and can be reliably measured. Interest revenue is recognised as it accrues, using the effective interest method.

Grants from government are recognised as revenue when the Division obtains control over the assets comprising the grant. Control over the contributions is normally obtained upon the receipt of the cash provided there are no conditions attached.

**(g) Comparative information**

As the Division was only established effective 1 July 2012 no comparative information is available and hence has not been reported in the financial statements

MENTAL HEALTH COMMISSION DIVISION

	2013 \$'000
<b>2. Expenses Excluding Losses</b>	
<b>(a) Personnel services</b>	
Salaries and wages (including recreation leave)	883
Superannuation - defined contribution plans	37
Long service leave	87
Workers' compensation insurance	1
Payroll tax and fringe benefit tax	44
	<u>1,052</u>

	2013 \$'000
<b>3. Revenues</b>	
<b>(a) Acceptance by the Crown Entity of Employee Benefits and Other Liabilities</b>	
The following liabilities and / or expenses have been assumed by the Crown Entity or other government agencies:	
Long service leave	<u>87</u>
	<u>87</u>

	2013 \$'000
<b>4. Current/non-current assets - receivables</b>	
<b>Current</b>	
Amounts due from other government agencies	<u>134</u>
Total receivables	<u>134</u>

MENTAL HEALTH COMMISSION DIVISION

	2013 \$'000
<b>5. Current/Non-Current Liabilities - Payables</b>	
<b>Current Liabilities - Payables</b>	
Accrued salaries, wages and on-costs	33
Creditors	9
Accrued operating expenditure	10
Total payables	<u>52</u>

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are included in Note 9.

	2013 \$'000
<b>6. Current / Non-Current Liabilities - Provisions</b>	
<b>Current</b>	
<b>Employee benefits and related on-costs</b>	
Recreation leave	70
Long service leave on-costs	11
<b>Total current provisions</b>	<u>81</u>
<b>Non-current</b>	
<b>Employee benefits and related on-costs</b>	
Long service leave on-costs	1
Total non-current provisions	<u>1</u>
Total Provisions	<u>82</u>
<b>Aggregate employee benefits and related on-costs</b>	
Provisions - current	81
Provisions - non-current	1
Accrued salaries, wages and on-costs (Note 5)	33
	<u>115</u>

The current provision includes \$70k of annual leave entitlements and oncosts accrued of which 50% is expected to be taken within 12 months.

**MENTAL HEALTH COMMISSION DIVISION**

**7. Commitments for Expenditure**

**2013  
\$'000**

**Capital Commitments**

The entity does not have any capital commitments as at 30 June 2013.

**Operating Lease Commitments**

The entity does not have any operating lease commitments as at 30 June 2013.

**8. Contingent Liabilities and Contingent Assets**

**2013  
\$'000**

**Contingent Liabilities**

No claims have been made against the entity which, if successful, would result in financial liabilities to the entity.

**Contingent Assets**

No claims have been made by the entity which, if successful, would result in financial benefits to the entity.

MENTAL HEALTH COMMISSION DIVISION

9. Financial Instruments

The entity's principal financial instruments are outlined below. These financial instruments arise directly from the entity's operation or are required to finance the entity's operations. The entity does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes. The entity's main risks arising from financial instruments are outlined below, together with the entity's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout this financial report. The Commissioner has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the entity, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed by the Commissioner on a continuous basis. The Commissioner receives advice in relation to risks from the independent Audit and Risk Committee that was established in April 2013.

The entity holds the following financial instruments. Statutory assets or liabilities that are not contractual (e.g. taxes, GST) as well as prepayments and unearned revenue are not financial liabilities or assets. Therefore, they are excluded from AASB 7 Financial Instruments: Disclosures.

(a) Financial Instrument Categories

2013

Financial Assets	Note	Category	Carrying Amount
Class:			\$'000
Cash and cash equivalents		N/A	-
Receivables	4	Loans and receivables (at amortised cost)	134

Financial Liabilities	Note	Category	Carrying Amount
Class:			\$'000
Payables	5	Financial liabilities measured (at amortised cost)	23

(b) Credit Risk

Credit risk arises when there is the possibility of the entity's debtors defaulting on their contractual obligations, resulting in a financial loss to the entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the entity, including cash and receivables. No collateral is held by the entity. The entity has not granted any financial guarantees. Credit risk associated with the entity's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.

Cash

Cash comprises cash on hand and bank balances within the NSW Treasury Banking System. Interest is earned on daily bank balances at the monthly average NSW Treasury Corporation (TCorp) 11am unofficial cash rate, adjusted for a management fee to NSW Treasury.

MENTAL HEALTH COMMISSION DIVISION

9. Financial Instruments (continued)

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectibility of trade debtors is reviewed on an ongoing basis. Procedures as established in the Treasurer's Directions are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectible are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect all amounts due. This evidence includes past experience, and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors. Sales are made on 30 day terms.

The entity is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2013: \$Nil) and not less than 6 months past due (2013: \$Nil) are not considered impaired and together these represent \$Nil of the total trade debtors.

There are no debtors which are currently not past due or impaired whose terms have been renegotiated.

The only financial assets that are past due or impaired are 'sales of goods and services' in the 'receivables' category of the balance sheet.

	\$'000	\$'000	\$'000
2013	Total	Past due but not impaired	Considered Impaired
< 3 months overdue	-	-	-
3 months - 6 months overdue	-	-	-
> 6 months overdue	-	-	-

The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 and excludes receivables that are not past due and not impaired. Therefore the total will not reconcile to the receivable total recognised in the balance sheet. Each column in the table reports gross receivables.

(c) Liquidity risk

Liquidity risk is the risk that the entity will be unable to meet its payment obligations when they fall due. The entity continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets.

No assets have been pledged as collateral. The entity's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk. The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in NSW TC 11/12. For small business suppliers, where terms are not specified, payment is made no later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise. For payments to other suppliers, the Commissioner (or a person appointed by the Commissioner) may automatically pay the supplier simple interest.

The entity has access to the following lines of credit with Westpac Bank:

	2013 \$'000
Cheque Cashing Authority	-
Mastercard facility (total of the credit limit for all issued credit cards)	-

The above value represent NSW Treasury approved limits for the facilities.

MENTAL HEALTH COMMISSION DIVISION

9. Financial Instruments (continued)

The table below summarises the maturity profile of the entity's financial liabilities, together with the interest rate exposure.

Maturity Analysis and interest rate exposure of financial liabilities

	S'000	S'000	S'000
		Interest Rate exposure	Maturity Dates
2013	Weighted Average Effective Interest rate	Nominal Amount (1)	Non Interest Bearing
			< 1 year
<i>Payables:</i>			
Payables	-	23	23
Other	-	-	-
<b>Total Financial Liabilities</b>		<b>23</b>	<b>23</b>

(1) The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities, therefore the amounts disclosed above will not reconcile to the balance sheet.

(d) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The entity's exposure to market risk is primarily through interest rate risk on the entity's cash balances. The entity has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the entity operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the statement of financial position date. The analysis assumes that all other variables remain constant.

Interest rate risk

The Division has no financial instruments and as a result, there is no interest rate risk.

10. Events after the Reporting Period

There were no after balance date events that require disclosure in the Financial Statements.

End of Audited Financial Statements

Appendix

**Misstatements in the Financial Statements**

The following tables detail the effect of the misstatements in the financial statements originally submitted for audit.

**Corrected Monetary Misstatements**

Management has made the following entries in this period to correct misstatements.

Description	Assets	Liabilities	Retained earnings/Equity	Comprehensive income
Effect of correction	Increase/ (Decrease) \$'000	(Increase)/ Decrease \$'000	(Increase)/ Decrease \$'000	(Increase)/ Decrease \$'000
<b>Misstatements identified in this period</b>				
<b>Factual misstatements</b>				
The Commission did not recognise a provision for employee related oncosts.	--	(23)	--	23
<b>Total impact of corrected misstatements</b>	<b>--</b>	<b>(23)</b>	<b>--</b>	<b>23</b>

**Uncorrected Monetary Misstatements**

There are no uncorrected monetary misstatements in the Division's financial statements.

**Corrected Disclosure Deficiencies**

AASB/Treasury Directions reference	Disclosure title	Description of disclosure deficiency
AASB 101	Title	The entity's proper name was not reflected in the financial statements.
AASB 108	Significant Account Policies	This was omitted from the financial statements.
AASB 101	Provisions	The Division did not correctly reflect the amount of annual leave provision it expects to settle in the next 12 months.
AASB 7	Financial Instruments	Accrued PAYG tax \$10,145 should not be included in the financial instruments analysis as it is outside of the scope of AASB 7.

**Uncorrected Disclosure Deficiencies**

There are no uncorrected disclosure deficiencies in the Division's financial statements.









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